

# Single Oversight Framework

Reporting Period: Quarter 1  
2020/21

Inspected and rated

Good



# Single Oversight Framework – Quarter 1



Sherwood Forest Hospitals  
NHS Foundation Trust

## Overview

Domain	Overview & risks	Lead
<b>Overview</b>	This is the third use of our new Single Oversight Framework (SOF) and the first time we have used it for a quarterly review. 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
<b>Quality Care (exception reports pages 8 - 14)</b>	This Q1 report sees the inclusion of six exception reports with regard to Dementia Screening, Harm Free Care, FFT in ED, Never Events HSMR and Hospital Acquired Covid infections, however on the whole the care delivered to our patients has remained safe and of a high quality. Staffing levels continue to be high and despite the acuity of ward patients throughout the Covid-19 period, the overall rates of avoidable pressure ulceration has reduced and examples of good documentation have been identified. There have been no category 3 PUs since Nov 18 and no category 4s since August 2017. The falls rate for Q1 remains very slightly above the national average and this quarter saw the commencement of a raft of falls prevention measures including rapid reviews of every fall that occurs within the Trust to raise awareness and identify learning. There have been two serious incidents declared on STEIS during Q1, both declared during June in Maternity. The collection of VTE screening compliance has been a challenge due to the pandemic related restrictions but the data available demonstrates continued compliance. This has continued to be an unprecedentedly busy time for the Infection Control Team who have done an outstanding job in supporting patients and staff to stay safe during this time. In Q1 there have been no Covid 19 outbreaks reported.in the Trust	MD, CN

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NHS Foundation Trust

## Overview

Domain	Overview & risks	Lead
<b>People &amp; Culture</b> (exception reports 15 - 28)	<p>Overall, in Q1 the Covid-19 has impacted on Staff Health and Wellbeing at the Trust, however this was lower than anticipated, normal levels of absence did return by the end of Q1. Additional activity was evidenced through the services provided from the Trust Occupational Health Service as expected but presents capacity challenges. Overall resourcing indicators for Q1 are positive with levels of vacancy's and turnover remaining low however compliance against Mandatory and Statutory Training along with Appraisals have been impacted due to Covid-19 across Q1 and actions are in place to address this during Q2. Across Q1 a variety of inclusion events have taken place through the trusts staff networks BAME, LGBT, WAND, Time to Change. There has been a focus on undertaking staff Covid 19 risk assessments and also staff antibody testing. There has been a pause on Improvement training due to Covid and also the establishment of an Improvement database. Plans are in place for improvement training to resume and capturing improvement practice across SFH.</p>	DOP, DCI
<b>Timely care</b> (exception reports pages 29 – 35))	<p>The availability of timely care for patients arriving as an emergency remains strong. This is supported by a reduced number of patients attending the emergency department during Q1, largely related to the Covid-19 pandemic and a likely bi-product of enhanced IPC in the community . The ICS are leading work to main lower levels of demand where it is safe to do so for patients.</p> <p>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 first meeting of the Recovery Sub-Committee of the Board met on 22<sup>nd</sup> July. National expectations with regard to the recovery of waiting times are still awaited and will be incorporated into the recovery plan paper to Board in September.</p>	COO
<b>Best Value care</b> (36-37)	<p>The revised NHS Financial Regime has been in place for the first quarter of the year and is now being extended to August and possibly September. During the quarter 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 first 3 months of the year are £7.88m.</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 quarter. This has resulted in an expenditure run rate position which is adverse to the strategy by £3.4m (£1.13m per month).</p> <p>Capital costs incurred in the quarter are funded via 2 mechanisms. Firstly, business as usual capital (£0.94m) is incorporated within the ICS system envelope. Further capital expenditure of £1.79m has been incurred in response to Covid-19 and has caused an adverse capital position of £0.41m against plan until re-imburement is received from NHSI.</p>	CFO

# Single Oversight Framework – Quarter 1

## Overview (1)



Sherwood Forest Hospitals  
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	
QUALITY CARE	Safe	Rolling 12 month count of Never Events	0	Jun-20	-	2		R	MD/CN
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Jun-20	2	2		G	MD/CN
		Patient safety incidents per rolling 12 month 1000 OBDs	67	Jun-20	48.15	54.64		G	MD/CN
		% Harm-free SFH care	95%	Jun-20	93.1%	93.1%		A	MD/CN
		Admission of term babies to neonatal care as a % of all births	6%	Jun-20	3.0%	2.0%		G	CN
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Jun-20	6.11	0.00		G	MD
		Covid-19 Hospital acquired cases	0	Jun-20	10.0	2		R	MD
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Jun-20	0.00	0.00		G	MD
		Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Jun-20	10.18	12.63		G	MD
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Apr-20	95.1%	95.1%		G	CN
		Safe staffing care hours per patient day (CHPPD)	>8	Jun-20	13.7	11.8		G	CN
		Number of 12 hour waits for inpatient mental health services	0	Jun-20	0	0		G	MD/CN
	Caring	Complaints per rolling 12 months 1000 OBD's	1.63	Jun-20	0.84	0.95		G	MD/CN
		Recommended Rate: Friends and Family Accident and Emergency	93.0%	Jun-20	93.3%	92.0%		R	MD/CN
		Recommended Rate: Friends and Family Inpatients	93.0%	Jun-20	97.7%	97.8%		G	MD/CN
Recommended Rate: Friends and Family Maternity		93.0%	Jun-20	95.2%	100.0%		G	MD/CN	
Eligible patients asked case finding question, or diagnosis of dementia or delirium		≥90%	Jun-20	27.5%	29.8%		R	MD/CN	
Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Mar-20	105.8	-		A	MD	
	SHMI	100	Jan-20	95.89	-		G	MD	
	Cardiac arrest rate per 1000 admissions	0.83	Jun-20	0.49	0.25			MD	
	Number of patients participating in research		Jun-20	1047	309			MD	

# Single Oversight Framework – Quarter 1

## Overview (2)



Sherwood Forest Hospitals  
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	
PEOPLE & CULTURE	Talent & Personal development	Number of talent conversations held with colleagues at Bands 8a and above	70.0%	Qtr1 2020/21	66.0%	66.0%		A	DCI
	Organisational Culture	Staff Survey - SFH Recommended as a place to receive care	85.0%	Qtr4 2019/20	85.4%	87.0%		G	DCI
		Staff Survey - SFH Recommended as a place to work	75.0%	Qtr4 2019/20	75.1%	76.1%		G	DCI
	Quality Improvement	Number of staff trained in Sherwood Six Step (bronze level) QI Approach	15	Qtr1 2020/21	0	0		R	DCI
		Number of registered improvement projects	5	Qtr1 2020/21	0	0		R	DCI
		10 citizens trained in Sherwood Six Step (bronze level) QI Approach	10	Qtr1 2020/21	0	0		R	DCI
	Staff health & well being	Health & Well Being Sickness Absence	3.5%	Jun-20	4.4%	3.5%		G	DOP
		Take up of Occupational Health interventions	1000	Jun-20	7240	3791		R	DOP
		Employee Relations Management	10	Jun-20	30	2		G	DOP
	Resourcing	Vacancy rate	7.5%	Jun-20	6.2%	5.7%		G	DOP
		Turnover in month (excluding rotational doctors)	0.8%	Jun-20	0.3%	0.3%		G	DOP
		Number of apprenticeships on programme	100	Jun-20	106	-		G	DOP
		Mandatory & Statutory Training	93%	Jun-20	90.0%	88.0%		A	DOP
		Appraisal	95%	Jun-20	82.0%	80.0%		R	DOP

# Single Oversight Framework – Quarter 1

## 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	
Timely Care	Emergency Care	Emergency access within four hours Total Trust	94.7%	Jun-20	96.6%	95.8%		G	COO
		General & Acute Bed Occupancy	90.7%	Jun-20	54.7%	66.7%		G	COO
		Number of inpatients >21 days	76	Jun-20	-	53		G	COO
		Number of Ambulance Arrivals	3152	Jun-20	8197	2912		G	COO
		Percentage of Ambulance Arrivals > 30 minutes	9.8%	Jun-20	4.1%	3.9%		G	COO
	Cancer Care	62 days urgent referral to treatment	79.5%	May-20	72.6%	72.5%		R	COO
		Cancer faster diagnosis standard	77.9%	May-20	73.7%	76.5%		R	COO
	Elective Care	Diagnostic waiters, 6 weeks and over-DM01	0.9%	Jun-20	-	50.0%		R	COO
		Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	26161	Jun-20	-	28,539		R	COO
		% of patients treated within 18 weeks	87.5%	Jun-20	-	70.8%		R	COO
		Number of cases exceeding 52 weeks referral to treatment	0	Jun-20	187	125		R	COO

# Single Oversight Framework – Quarter 1

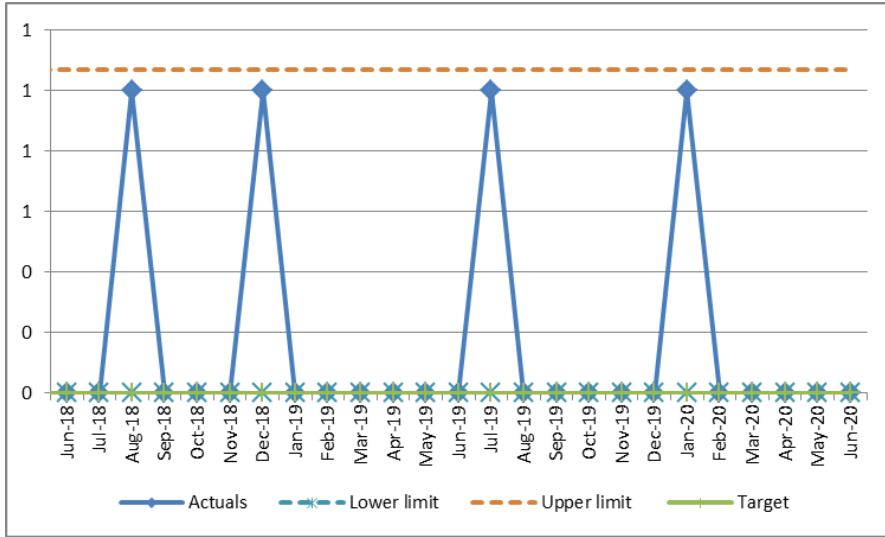
## Overview (5)



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	Jun-20	£0.00m	£0.00m		G	CFO
	Underlying financial position against strategy	£0.00m	Jun-20	-£15.48m	-£1.13m		R	CFO	
	Trust level performance against FIP plan	£0.00m	Jun-20	N/A	N/A		G	CFO	
	Capital expenditure against plan	£0.00m	Jun-20	£0.41m	£0.42m		R	CFO	
	Procurement League Table Score	49.8	2019/20	41.9	41.9		R	CFO	

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Rolling 12 month count of Never Events	0	Jun-20	-	2		R	MD/CN



### National position & overview

Never Events are serious incidents that are considered by NHSE to be entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.

In the past rolling 12 month period, June 2019 – June 2020 there have been 2 Never Events declared at the Trust .

In July 2019 a Never Event was declared under the category Wrong Site Surgery when the operation performed was not the one that had been consented for.

In January 2020 a Never Event was declared under the category Wrong Site Surgery when the wrong tooth was extracted.

Root causes	Actions	Impact/Timescale
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July 2019: The investigation found that all pre-operative safety checks were undertaken correctly and it was a combination of human factors that contributed to the mistake made. These included that the patient was unsure which procedure he would like and changed his mind several times on the day of surgery, including in the anaesthetic room. There were 3 other patients on the same list having the same procedure as the one that was incorrectly undertaken (this was also one of the procedure options for the patient).

January 2020: The investigation found that there was a misidentification of the correct tooth for removal at the point of surgery due to crowding, a lack of additional investigations and no routine 'stop' moment in dental surgery prior to commencing extraction.

- This incident has been widely shared within the Surgery Division.
- The Consent Group were tasked with review of the management of patient when remaining uncertain about their procedure on the day of operation .

The action plan has been completed with all actions. The Consent review Group concluded that taking consent on the day is not ideal and the patient should have a 'cooling off' period to reflect on decisions and options.. Consideration now needs to be given as to whether the Consent Policy requires amendment to reflect this.

- Where an impacted tooth is observed in an area of crowding other diagnostic tests should be considered, including but not limited to CT scans, to enable correct identification in theatre.
- A stop moment prior to extraction should be implemented to minimise the risk of wrong tooth removal.
- Where the service is primarily delivered by visiting consultants' governance processes and structures should

There is an on-gong action plan in place to address issues identified in the investigation.



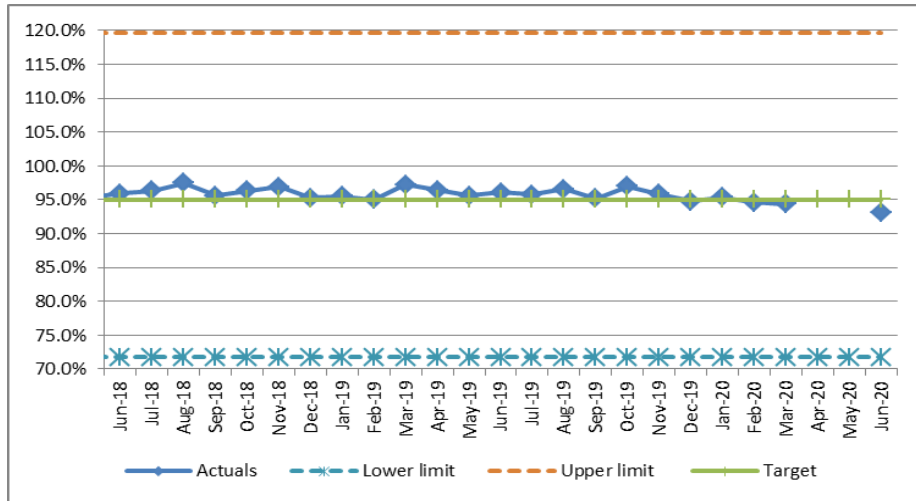
Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
% Harm-free SFH care	95%	Jun-20	93.1%	93.1%		A	MD/CN

## National position & overview

The Safety Thermometer commenced in 2010 and provided a monthly snapshot audit to monitor and promote an environment free of harm for our patients. National collection of this data was stopped at the end of March 2020 in recognition that the data being collected had now served its purpose and in response to feedback about the usefulness/accuracy of the data generated by it. There are plans to replace this in the future but there is no information about what that might look like as yet.

SFH did not collect any data during April and May however, in the absence of any replacement measurement tool a decision was taken to continue with the audit in house from June onwards. The audit looks at 'harms' in relation to pressure ulcers, falls, VTE, catheters and UTIs - both 'old' and 'new.'

The data collected for June demonstrated an overall rate of 93.1% which is below the target of 95%. The dip appears to have been caused by the number of 'old' pressure ulcers present on admission which contribute to the overall harm free compliance score.



Root causes	Actions	Impact/Timescale
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The audit looks at both 'old' and 'new' harms. For pressure ulcers this includes pressure ulcers which were present on admission to the hospital .

In June the audit demonstrated a total of 13 pressure ulcers – 12 falling under the 'old' category (present on admission to the auditing ward) and 1 falling into the 'new' category (acquired on the auditing ward).

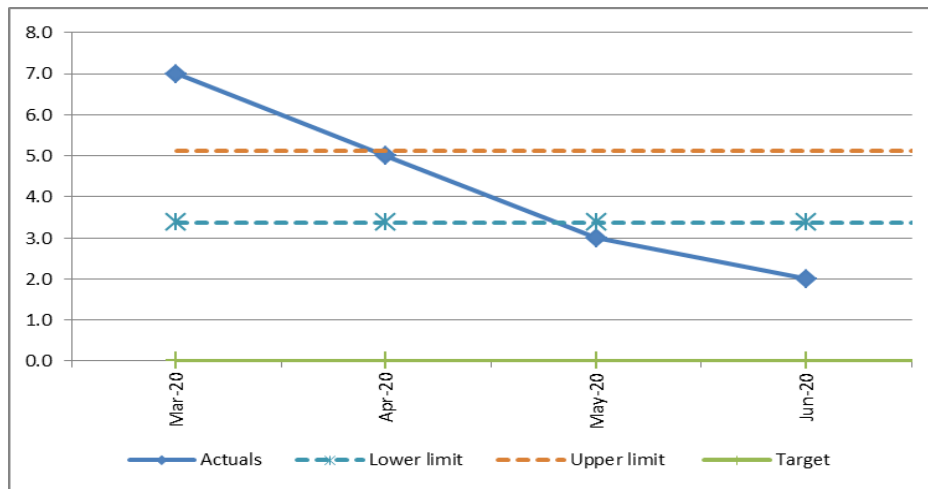
The data for June with regard to pressure ulcers was triangulated with the Ward Assurance data. The Ward Assurance data demonstrates that in June 2020 there were only 2 hospital acquired pressure ulcers where as 13 pressure ulcers identified using the Safety Thermometer tool were included in the June calculation of the Trust's harm free care compliance.

When the 11 pressure ulcers present on admission to the Trust are removed from the Harm Free calculation, the overall compliance rate for June rises to 95.8%

The Safety Thermometer served an important purpose in raising the importance of having a focus on harm free care delivery and nationally there has been much improvement work done on the back of it. However it also had its limitations – the inclusion of 'old' harms in the calculation of compliance being one of them.

As the Safety Thermometer data is no longer collected nationally it is proposed that going forward Harm Free compliance for the Trust is calculated using only 'harms' that have actually been acquired in the Trust thus providing data that is more reflective of the actual position.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Covid-19 Hospital acquired cases	0	Jun-20	10.0	2		R	MD

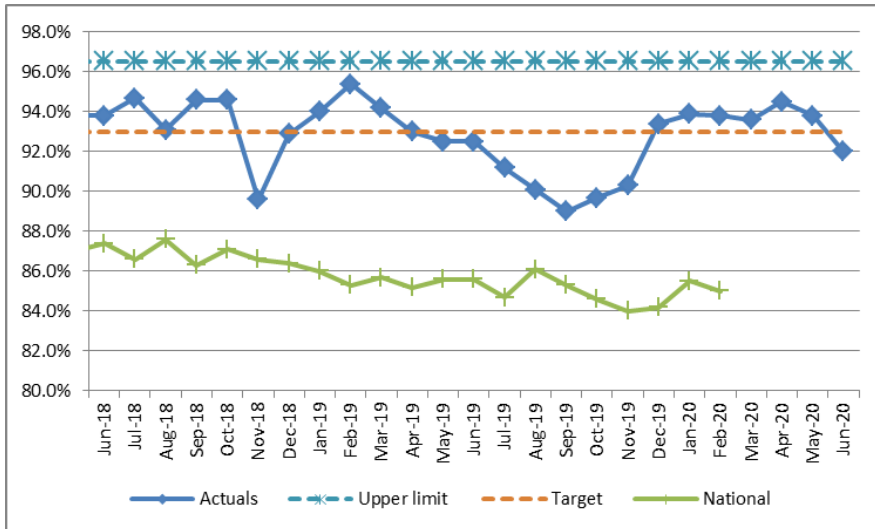


### National position & overview

- Patient who acquire Covid-19 as an inpatient are at risk of poorer clinical outcomes
- More emphasis is now being placed on hospital acquired cases of Covid-19 and as of July all cases identified now need an RCA completing. This will formalise the current review process.
- These RCA's will be required to be sent to NHSE/I once completed.

Root causes	Actions	Impact/Timescale
<p>Both cases were identified in different areas of the trust and were not related to each other.</p> <p>The patients potentially acquired Covid-19 from the environment, staff or another patient.</p>	<ul style="list-style-type: none"> <li>• Audits of PPE usage to take place</li> <li>• Audits of hand hygiene to take place</li> <li>• Reviews of all hospital acquired cases implemented</li> <li>• Regular PPE reminders in Trust wide communications</li> <li>• Robust implementation of the IPC board assurance framework</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly audits in place and continue in all areas, feedback is given for any areas of non-compliance and Wards action each of these.</li> <li>• There are improvements overall each week on the audits.</li> </ul>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Recommended Rate: Friends and Family Accident and Emergency	93.0%	Jun-20	93.3%	92.0%		R	MD/CN

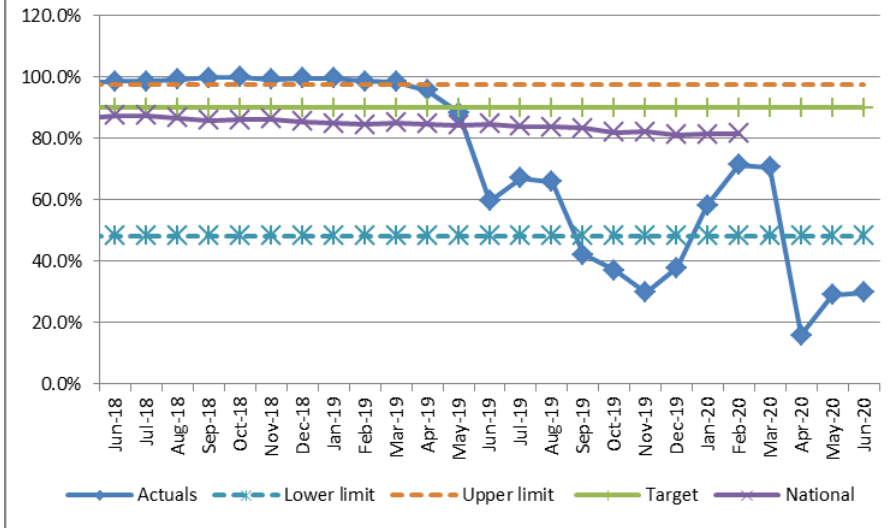


### National position & overview

- Low response rate in June therefore smaller sample size that would have had an impact on recommended rate.
- Theme around patients and staff wearing masks and how this has affected communication
- Theme around waiting times

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• Low response rate potentially impacted the recommended rate due to sample size. The low response rate is possibly attributed to a proportion of the data feeding through to the old link therefore the new survey not being updated. Resulting in 468 responses being sent to the wrong link and are not showing in the current ED scores.</li> <li>• From the responses received we have identified themes around patients wearing masks and finding them uncomfortable – impacts on communication.</li> <li>• Theme around waiting times being long</li> </ul>	<ul style="list-style-type: none"> <li>• To explore when the issue will be resolved</li> <li>• To increase comfort rounds for patients wearing masks, offer drinks where appropriate. Identify early, communication difficulties and consider how masks may impact this.</li> <li>• To communicate where possible any delays in care early. Manage patients expectation of times to be reviewed early in the patients journey and ensure regular communication is maintained.</li> </ul>	<ul style="list-style-type: none"> <li>• 31<sup>st</sup> August 2020</li> <li>• 31<sup>st</sup> August 2020</li> <li>• 31<sup>st</sup> August 2020</li> </ul>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Jun-20	27.5%	29.8%		R	MD/CN



### National position & overview

- All patients 75yrs + admitted to the Trust for 72hrs and above should have a dementia screen completed
- National target to complete screen on 90% of patients
- Monthly data collected and uploaded to the UNIFY record
- Prior to May 2019 the 90% target was achieved by the Trust
- In May 2019 an electronic screening method introduced in the organisation
- Dementia Clinical lead made decision for assessments to be completed by doctors
- Band 3 multi skilled worker appointed to support the process 2020 on a secondment basis for 11 months
- Reports externally stood down from April 2020 initially for 3 months extended to 6 months.

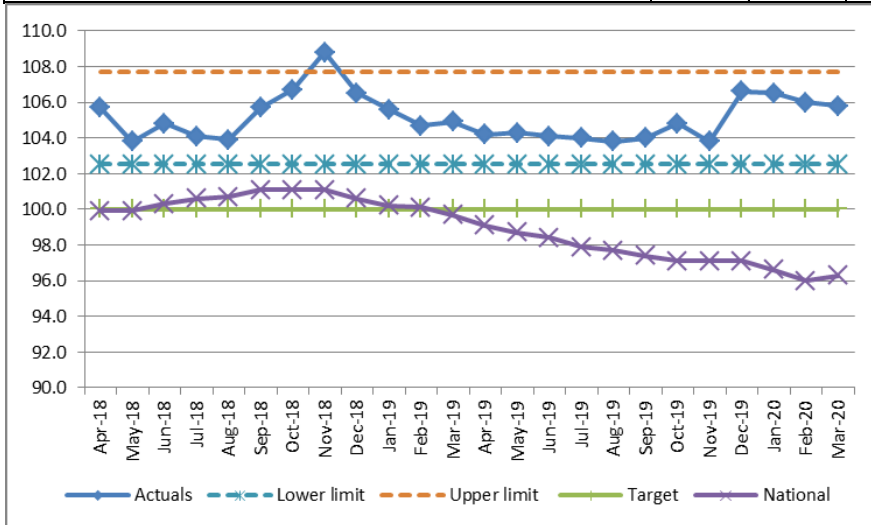
Root causes	Actions	Impact/Timescale
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- Assessments not being completed on Nervecentre by medical teams
- Donning and doffing causing delays with assessment process for multi-skilled worker
- Assessments on Nervecentre not yet available in ED

- The Drs have full awareness of the screening process and how to complete, they have been reminded of the need to use the electronic tool, multi-skilled worker has been supporting completion in EAU/SAU
- Clinical lead and dementia nurse specialist to meet with medical director and chief nurse as previously agreed at quality committee.
- The number of assessments the Multi skilled worker can complete has reduced as communication in a mask causing difficulties, will continue to persevere, but consideration of additional support would be welcomed.
- The Nervecentre team are yet to provide a date to commence assessments in ED, prior to this it is hoped to have amendments made to the process, negotiation

- Multiskilled worker to continue to support in Admission areas - on-going
- Meeting that was previously cancelled due to Covid-19 to be rearranged
- Will form part of the discussion with chief nurse and medical director, consideration for a business case
- Will allow the assessment to be completed in ED during clerking process no date yet available

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Mar-20	105.8	-		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
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Small spikes in mortality in a number of diagnostic categories	<p>Complete clinical reviews alongside Mathew Perry of Dr Foster to understand this data further</p> <p>Commission the services of an external assessor to understand HSMR</p> <p>Work with clinical coding and EOL team to ensure palliative care is being captured appropriately</p>	<p>We will understand the HSMR in detail for each diagnostic category</p> <p>We will have a clear plan to address this concern</p> <p>Our coding will reflect the care given</p>
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# Single Oversight Framework – Quarter 1

## Quality Care



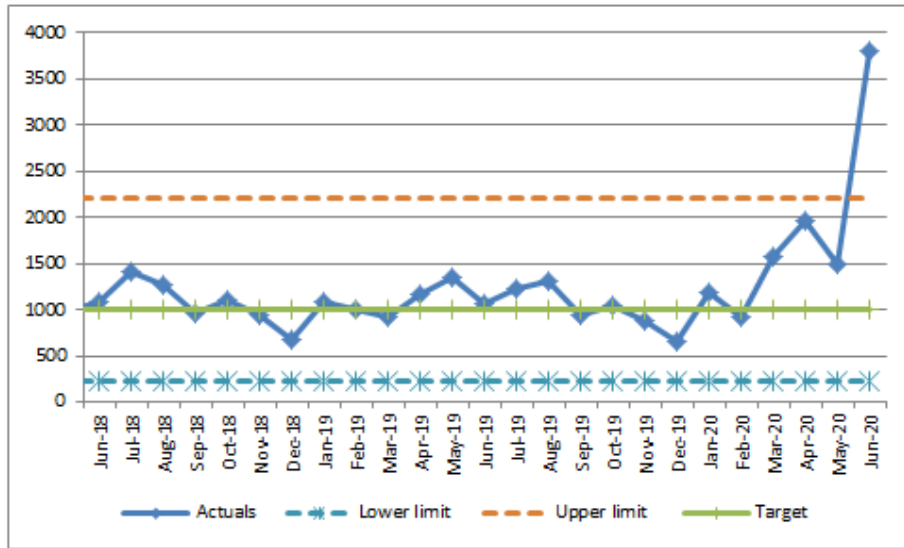
Sherwood Forest Hospitals  
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Potential Risks	Mitigation
Covid-19 hospital outbreak	<ul style="list-style-type: none"> <li>Robust application of infection prevention and control measures</li> <li>Strict adherence to test and trace guidance</li> <li>Use of early warning metrics</li> </ul>
Increased rates of C Difficile infection	<ul style="list-style-type: none"> <li>Robust application of infection prevention and control measures</li> <li>Close collaboration with community partners to ensure good anti-microbial stewardship</li> </ul>
Increasing incidence of patient harm Covid-19 and non-Covid	<ul style="list-style-type: none"> <li>Systematic approach to identifying harm across the system</li> <li>Streamlining of division clinical governance process to support rapid shared learning</li> </ul>

### Staff health and wellbeing

- Absence levels lower than anticipated across Q1
- Significant increase in Occupational Health interventions across Q1
- New ViVup counselling service introduced
- Annual Flu vaccination planning commenced
- Employee relation cases lower than a normal quarter

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Take up of Occupational Health interventions	1000	Jun-20	7240	3791		R	DOP



### 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 April 2020. The national median was 7.61% , SFH median was 5.12%.

Trust’s performance is 27th out of 135 Trusts in March 2020 (Performance was within quartile 1 of 4) Position improved from 49<sup>th</sup> in March 2020.

Root causes	Actions	Impact/Timescale
<p>The key cause of above trajectory performance on the take up of Occupational Health interventions is associated with the COVID-19 Pandemic.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>• Staff PCR COVID swab testing (and symptomatic household contacts)</li> <li>• Staff COVID antibody testing</li> <li>• Provision of dedicated COVID OH telephone helpline Mon-Fri 0945-1630</li> <li>• COVID specific manager referral service</li> <li>• COVID Risk assessments</li> </ul>	<p>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:</p> <ul style="list-style-type: none"> <li>• New ways of working (Telephone /virtual consultations)</li> <li>• Paper screening for work health assessments instead of face to face</li> <li>• Smart working</li> <li>• All substantive OH staff working overtime</li> <li>• Bank admin support</li> </ul> <p>Additional longer term resource options currently being explored to sustain the increase in workload.</p>	<p>By April 2020 the service had experienced a doubling of overall work activities, and by June 2020 a quadrupling.</p> <p>Increased activity levels are likely to continue, however is anticipated that numbers of interventions will show some reduction in the next quarter.</p>



### Resourcing

- Turnover and vacancy levels lower than anticipated across Q1
- Introduction of new recruitment branding “a great place to.....”
- Successful recruitment of international nursing cohort
- Cohort of Trust Health Care Support Workers to take the OSCI which will lead to NMC registration
- Mandatory and Statutory Training along with Appraisals have been impacted due to Covid-19 across Q1

**A great place to work**

Find out more at [www.sfh-tr.nhs.uk/work-for-us](http://www.sfh-tr.nhs.uk/work-for-us)

**Best NHS Acute Trust in the Midlands**  
(NHS Staff Survey 2018 & 2019)

#Team SFH

**A great place to work**

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(NHS Staff Survey 2018 & 2019)

#Team SFH

**A great place to work**

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#Team SFH

**A great place to lead**

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#Team SFH

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**A great place to belong**

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#Team SFH

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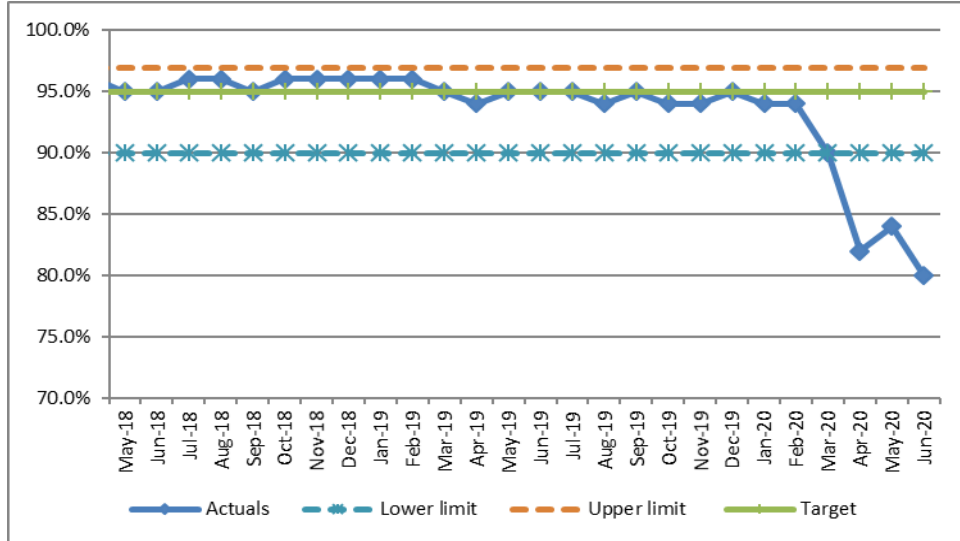
**A great place to work**

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#Team SFH

Best NHS Acute Trust in the Midlands 2018 and 2019 NHS Staff Survey. NHS Foundation Trust. © NHS Publishing (Hospital) Design 2017

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Appraisal	95%	Jun-20	82.0%	80.0%		R	DOP



### 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
<p>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.</p> <p>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.</p>	<p>Develop communications following the review of the pause process to provide clarity and requirements for managers and staff.</p> <p>To amend the appraisal guidance providing advice regarding conducting appraisals for staff who are working remotely utilising digital technology.</p> <p>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.</p>	<p>Addition supportive Communications to be issued July 2020.</p> <p>Increase in Appraisal compliance to 90% by end of Q2.</p>

### Inclusion

- A variety staff network events held across Q1
- BAME / Black lives matters (June Board)
- Annual Equality and Diversity report published (May Board)
- Question and Answers events held chaired by CEO
- WRES and WDES 2020 data collection underway
- Pride Month July (July Board)
- Individual risk assessments compliance

# Single Oversight Framework – Quarter 1

## People and Culture



Sherwood Forest Hospitals  
NHS Foundation Trust

- NHSi/E wrote to all NHS providers in June 2020 asking for assurance associated with 4 key questions
- Trust expected to achieve 100% compliance with BAME colleagues receiving a risk assessment by 31<sup>st</sup> July 2020

Question	Response as at 30/07/2020
Have you offered a risk assessment to all staff ?	Yes
what percentage (%) of all your staff have you risk assessed?	39%
what percentage (%) of risk assessment have been completed for staff who are known to be at risk, with mitigating steps agreed where necessary?	93 %
What percentage (%) of risk assessments have been completed for staff who are known to be from a BAME background, with mitigating step necessary?	94 %

### Quality Improvement

- **Improvement Partners:** Improving Together initiative has been advertised and recruitment commenced supported by SFH Lead Governor.
- **QSIR** training stood down due to Covid-19. ICS aim to reinstate Sept/Oct . E-Learning platform being explored for SFH use.
- Introduction of a new **Clinical Audit and Improvement database.** Delayed due to Covid-19 and re-prioritisation of resources
- Assignment of Improvement Practitioners to **SFH Transformation Programme**
- **PASCAL patient safety culture survey** across all wards. Survey completion August and follow up visits during September
- **Coaching for Improvement** – Coaching programme commenced

## People and Culture

### Organisational Culture

- **Learning from Covid:** Learning from Covid focus group sessions with +550 colleagues, colleague experience survey with 1,200 responses, feedback from service team conversations, team-time swartz rounds and over 50 my covid stories.
- **Re-engagement** sessions commenced with all Divisions focussed on staff survey results and learning from covid.
- **Wellbeing and Welfare** offer sustained and development of a long term strategy has commenced. Recognised by NHSE/I.
- **Feel Good** images created and displayed across sites.
- **Staff Survey 2020** planning and engagement plan in train for October – November completion.

### Talent and Personal Development

- **Clinical Leadership Development:** Presentation of a bespoke development programme to support key clinical roles
- **Review and update of leadership development offer:** Current Leadership Development Programme has been refined and adapted to meet organisational needs and comply with covid safety guidance.
- **Establishment of an SFH Coaching Network:** Investment to develop people and establish an SFH Coaching Network.
- **Talent Map:** Delay in completion of Appraisals due to Covid. Aim is to meet 90% appraisals by end of July 2020.



# 'Improving Together'



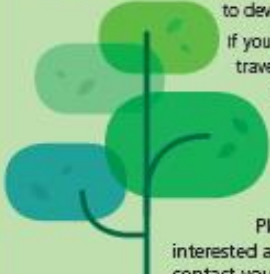
Sherwood Forest Hospitals  
NHS Foundation Trust



## Can you help us to Continuously Improve at Sherwood Forest Hospitals NHS Foundation Trust?

In 2020, SFHFT was rated by the Care Quality Commission as 'Good' overall, with King's Mill Hospital rated 'Outstanding'. As an organisation, our aim is to continuously improve for the benefit of our patients, users, staff and community, and we need your active input and voice to help shape this agenda, as part of our Improvement Partner's role.

We currently have a range of exciting and dynamic improvement projects about to start, and we would like you to share your views and give active support on how they are taken forward. You may have direct experience of the hospitals and services that you would like to share. You may have professional and transferable skills either from current or past employment that will add value to our process. You may have very definite ideas around how you would like your local hospital to develop!

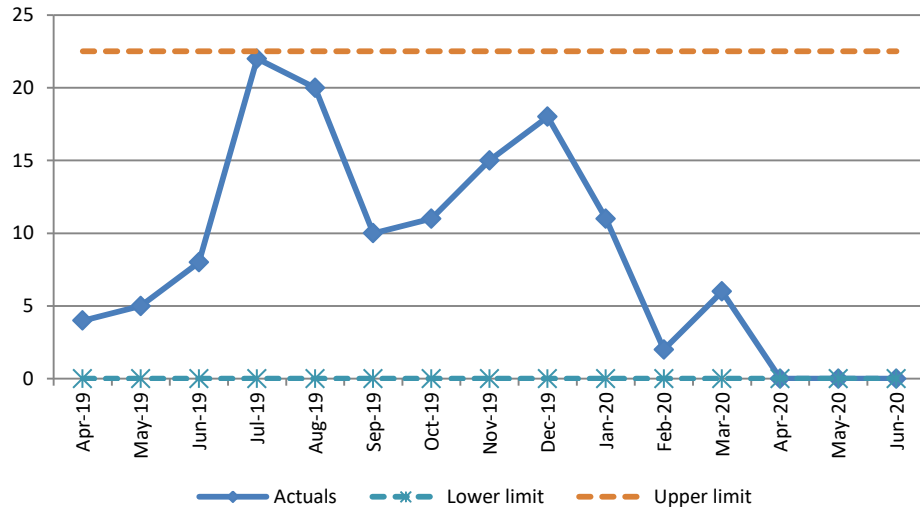
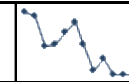


If you can offer any time to engage with our Improvement Team, we will reimburse any travel expenses plus any other agreed expenses that you might incur for providing this support. In turn, we will provide Quality Improvement training so that you are familiar with our Improvement approach, we will provide full support via the Improvement Team so that you are an 'equal partner' and we hope that you will find the experience rewarding and enjoyable.

### Interested in becoming an Improvement Partner?

Please email: [sfh-tr.sfhimprovement@nhs.net](mailto:sfh-tr.sfhimprovement@nhs.net) including why you are interested and what you would bring to the role; the Improvement Team will then contact you to answer any questions.





National position & overview

In line with other organisations nationally, non essential training was stepped down due to Covid19. QI sessions reduced from February 2020 at SFH, and stopped in March 2020.

Root causes

Cessation of all non essential training due to Covid19.

Actions

- Utilising a virtual platform for QSIR/silver level QI training from August 2020, and will explore a virtual offer for the bronze level 'Sherwood Six Step' training, to prepare for any other surges.

Impact/Timescale

Face to face Sherwood Six Step training to resume in August 2020, but with reduced numbers due to social distancing.

Number of registered Improvement Projects	5	Jun-20	0	0		R
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**National position & overview**

No national benchmarks available.

Root causes	Actions	Impact/Timescale
<p>Delay in procurement of Audit and Improvement database/knowledge repository due to Covid19, It was anticipated to be in place by February 2020, but was actually commissioned in July 2020. The 'Improvement' module will now be live from October 2020.</p>	<ul style="list-style-type: none"> <li>To communicate the Improvement module to staff from September 2020 as a means to register improvement projects</li> <li>Develop an alternative way to capture improvement projects to mitigate any risks of the module not going live in October 2020</li> </ul>	<p>Improvement module due to go live in October 2020. A mitigating plan to capture projects from October 2020 will be developed.</p>

10 citizen's trained in Sherwood Six Step (bronze level) QI approach	10	Jun-20	0	0		R
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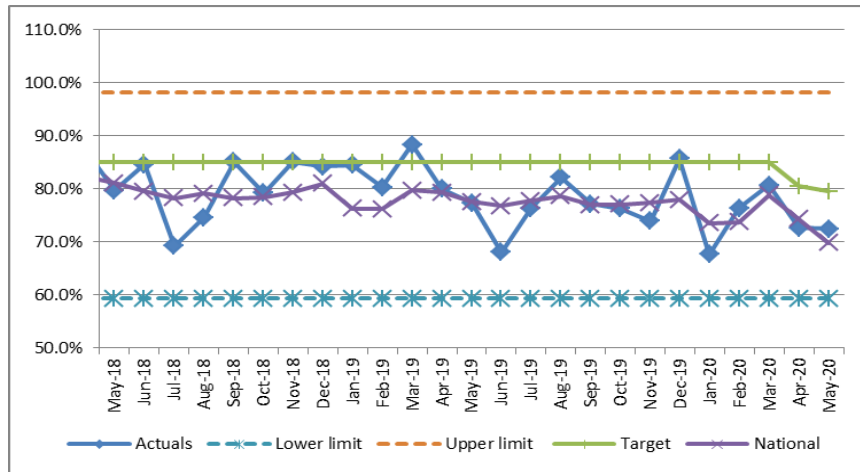


**National position & overview**

No national benchmark's available

Root causes	Actions	Impact/Timescale
<p>This target has not been achieved as all QI training was stepped down in March 2020 due to Covid19</p>	<ul style="list-style-type: none"> <li>The 'Improving Together' Improvement Partner role was launched in June 2020 and we have identified a few citizens to undertake training, once this is resumed during August 2020</li> <li>This will need to be face to face whilst a virtual offer is developed, and will be dependent on hospital guidelines relating to citizen visiting requirements</li> </ul>	<p>.QI training to resume from August 2020</p>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
62 days urgent referral to treatment	79.5%	May-20	72.6%	72.5%		R	COO

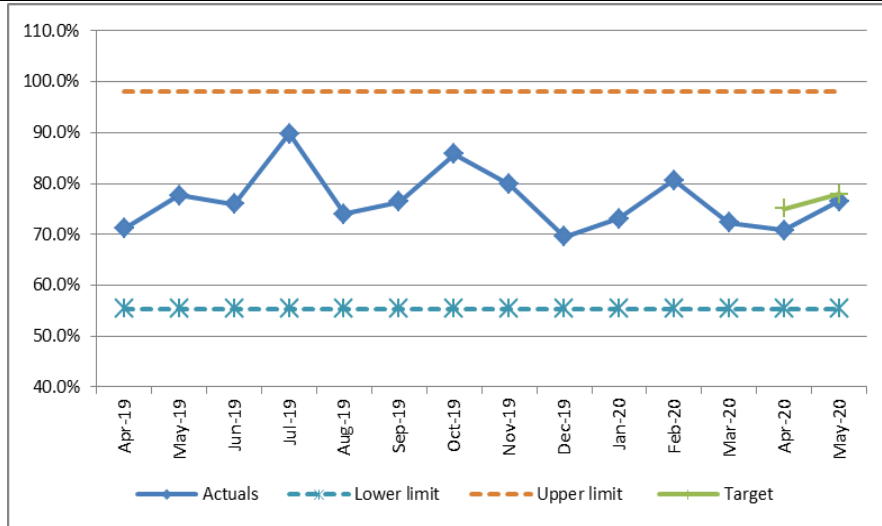


### National position & overview

- Nationally, for the month of May 69.9% of patients began their first definitive treatment within 62 days of referral for suspected cancer (74.3% in April 2020). Due to the timing of reporting June and Quarter 1 remains unpublished.
- The Trust sustained performance at 72.6% for May giving an indicative national ranking of 61 from 131 Trusts.
- At the end of May the **total** volume of patients waiting >62 days peaked at 270 of which 41 were waiting 104+ days. Whilst the proportion of 104+ waits has grown over the quarter the overall volume of patients waiting >62 days reduced by c.50% to 142 as at 26/07/20.
- The drive from the national team has been to continue to reduce the volume of **local** 62 day waits by 20% by 21<sup>st</sup> August 2020. A trajectory has been set by and will monitored via the SOF as an additional indicator.

Root causes	Actions	Impact/Timescale
<p>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 &amp; Endoscopy. Other causes include:</p> <ul style="list-style-type: none"> <li>Multiple tests</li> <li>Patient choice</li> <li>Treatment delayed for medical reasons</li> <li>Administrative delays</li> </ul>	<ul style="list-style-type: none"> <li>Deliver at least a 20% reduction in the volume of &gt;62 day patients by 21/08/20 underpinned by a clear set of actions.</li> <li>Plan for all patients at 104+ days to have a treatment date or next step in place by 21/08/20</li> <li>Additional MR scanner to be added as the first phase of the Radiology strategy</li> <li>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</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Local volume of patients waiting 62 day will be at 101 or below by 21/08/20 (based on 20% reduction of 12/07/2020 position)</li> <li>104+ waits to reduce from baseline of 73 as at 12/07/20</li> <li>Increase percentage first seen within 7 days of referral from current position of 50% to 70%+</li> </ul>

Cancer faster diagnosis standard	77.9%	May-20	73.7%	76.5%		R	COO
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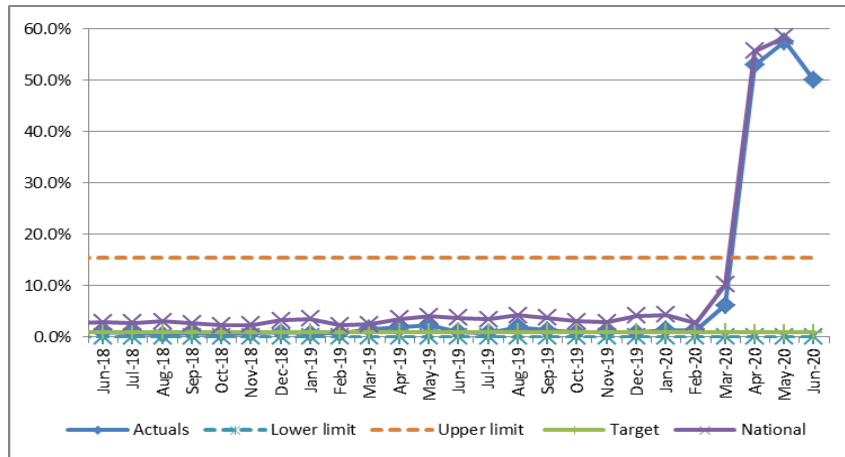


**National position & overview**

- The 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 May the Trust delivered 76.6% against a planning trajectory of 75%.

Root causes	Actions	Impact/Timescale
<p>There are 3 main drivers to deliver the FDS standard. They are:</p> <ul style="list-style-type: none"> <li>• Time to first seen and test - 2WW and diagnostic capacity gaps</li> <li>• The volume of tests required to confirm or rule out cancer</li> <li>• Method of communication – mainly face to face but where it is non face to face there remains a strong reliance on letters.</li> <li>• The key tumour sites that fail the standard are: Lower GI / Haematology and Head and Neck. Breast, Lung and Skin traditionally perform well.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Continue to restore and monitor diagnostic capacity notably Endoscopy and Radiology.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Patient choice remains a risk with many choosing to decline appointments due to COVID fears.</li> </ul>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Diagnostic waiters, 6 weeks and over-DM01	0.9%	Jun-20	-	50.0%		R	COO



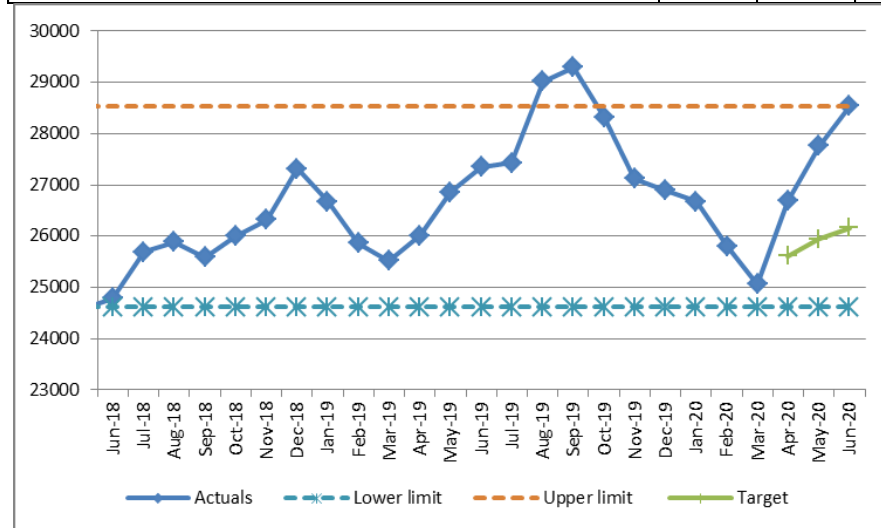
### National position & overview

- At the end of June 2020 the Trust failed the DM01 standard with performance of 50% against a standard of <1%. Performance was based on 5,000 breaches from a waiting list of 9,999 procedures. Q1 performance was 46.7%.
- The test with the smallest proportion of patients waiting six weeks or more was Uro-dynamics with 0.9%. The tests with the highest proportion were Non-Obstetric Ultrasound at 24% and MRI at 18%
- At time of writing National data for June remains unpublished. May National performance was 55.7%

Root causes	Actions	Impact/Timescale
<p>Routine diagnostic test activity and waiting times have been significantly impacted by the COVID crisis with half of the waiting list is now waiting over 6 weeks (DM01)</p> <p>Key risk areas:</p> <ul style="list-style-type: none"> <li>• Endoscopy with 58% of previous capacity available due to IPC regulations and the classification of endoscopy as an Aerosol Generating Procedure (AGP)</li> <li>• CT Cardiac requiring Cardiology nursing support</li> <li>• Non Obstetric Ultrasound due to volume</li> </ul>	<ul style="list-style-type: none"> <li>• 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 by the end of August 20.</li> <li>• Newark CT upgrade to support CT cardiac capacity completed 6<sup>th</sup> July. Plan to support with Cardiology nursing to double throughput to be in place by Mid-August.</li> <li>• Continued use of the Independent Sector for additional MRI and Endoscopy capacity.</li> <li>• Expand use of breast ultrasound kit with additional probes to support wider use.</li> </ul>	<ul style="list-style-type: none"> <li>• 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 90% of previous levels even within IPC and social distancing.</li> <li>• Recovery for Endoscopy will be dependent on securing mobile capacity</li> </ul>



Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	26161	Jun-20	-	28,539		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 Q1 the number of RTT patients waiting to start treatment rose by c.14% from the end of March 20 (25,059) to the June position of 28,535. Growth between March and April was 6%, and subsequent months 4% and 3%.
- Nationally, the number of RTT patients waiting to start treatment at the end of June 2020 is unpublished. For the end of May the number was 3.9 million (excluding estimate for missing data).

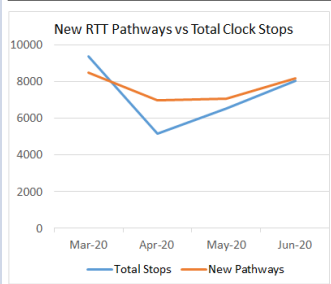
Root causes	Actions	Impact/Timescale
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- The root cause is the response to the COVID-19 pandemic which, led to a pause of routine elective outpatients, diagnostics and operating from mid-March.

- 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 W/C 20/07. 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 forecast to start late August
- 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.

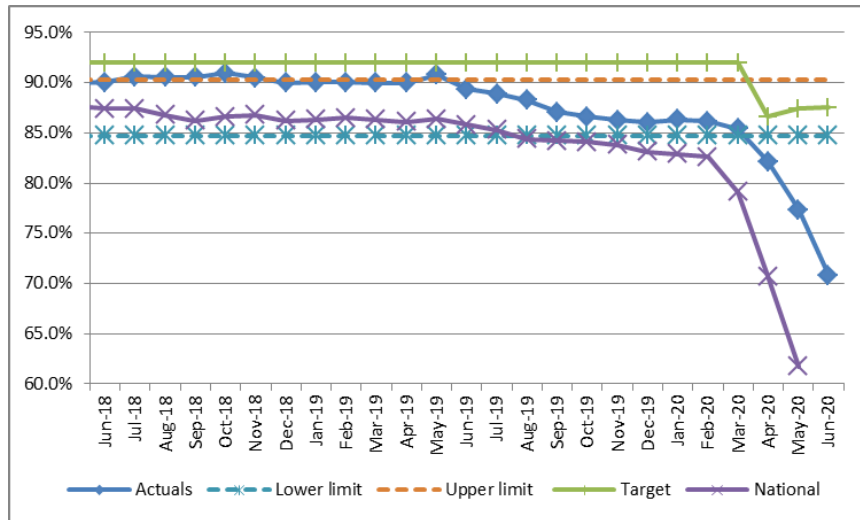
- As expected the size of the PTL has continued to grow throughout Q1.
- Whilst GP referrals remain at 50-60% of pre-Covid, the volume of overdue reviews has increased impacting on clock starts.
- A national data validation exercise is being undertaken – In line with all Trusts, SFH have submitted data and will incorporate any findings into the recovery plan.
- Recovery plan to be presented to Board in September 2020.

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





Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
% of patients treated within 18 weeks	87.5%	Jun-20	-	70.8%		R	COO

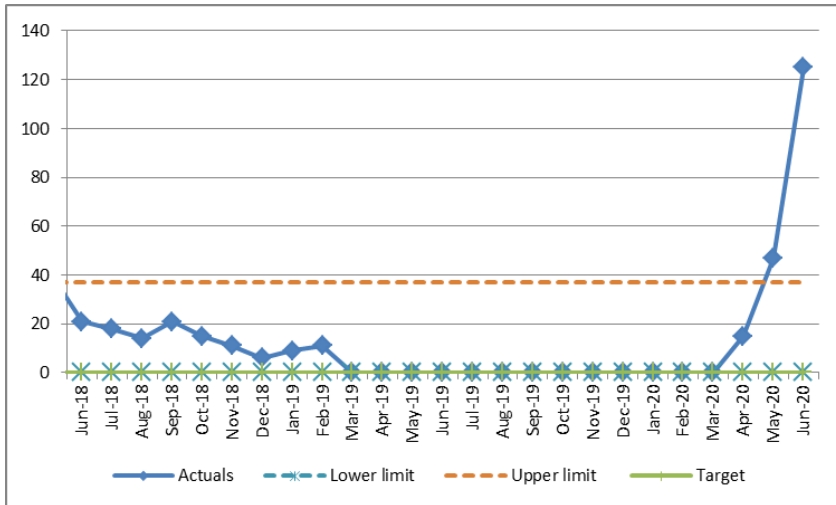


### National position & overview

- Referral to Treatment performance for June at time of writing is unpublished however at 70.8% it is 16% adverse to plan. For Quarter 1 performance was 76.65%
- Nationally, for the month of May performance was 62.2%. Trust performance for May at 77.4% ranked 14th from 133 Trusts
- For patients waiting to start treatment at the end of May 2020, the Trust median waiting time was 11 weeks (National 15 weeks). The 92nd percentile waiting time was 28 weeks (National 34 weeks).

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• The key cause of below trajectory performance is the shift in the shape of the waiting list due to 3 factors: <ul style="list-style-type: none"> <li>• Reduced referrals (low wait clock starts)</li> <li>• Reduced elective activity in response to COVID (long wait stops)</li> <li>• Focus on urgent and cancer activity (low wait stops)</li> </ul> </li> <li>• The specialties with the largest proportion of patients waiting &gt;18 weeks are: <ul style="list-style-type: none"> <li>• Ophthalmology</li> <li>• Orthopaedics</li> <li>• ENT</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 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 W/C 20/07. Ophthalmology remains an area of concern – reviewing capacity across the system to support.</li> <li>• On-going use of the Independent sector for Orthopaedics, Urology, Gynae, Radiology and Endoscopy – Completed in place.</li> <li>• 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.</li> <li>• Orthopaedics at Newark is forecast to start late August</li> <li>• 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.</li> <li>• Await NHSIE guidance on recovery – expected by the end of July 20</li> </ul>	<ul style="list-style-type: none"> <li>• Recovery plan to be presented to Board in September 2020.</li> </ul>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Number of cases exceeding 52 weeks referral to treatment	0	Jun-20	187	125		R	COO



### National position & overview

- Performance for June (at time of writing) is unpublished however the Trust has reported 125 52+ waits. Top 5 specialties:
  - Ophthalmology – 40
  - Trauma and Orthopaedics – 25
  - ENT – 22
  - Cardiology – 11
  - General Surgery – 9
- Nationally at the end of May the number of RTT patients waiting more than 52 weeks rose to 26,029. The Trust reported 47.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• The key cause for waits greater than 52 weeks at the end of June is the response to the COVID-19 pandemic which led to a pause of routine elective outpatients, diagnostics and operating.</li> <li>• However, as previously noted extended waits and their root cause were being actively managed pre-COVID in the following specialties:</li> <li>• Ophthalmology - capacity gap c.18 clinics per week for 1st Outpatient / wait for an overdue follow up</li> <li>• T&amp;O – due to reduced elective operating over Winter.</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly RTT meetings were re-instated from W/C 15/06/2020 chaired by the Deputy COO.</li> <li>• Focus on securing plans for long wait patients in line with specialty restoration and recovery plans.</li> <li>• 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 W/C 20/07. Ophthalmology remains an area of concern – reviewing capacity across the system to support.</li> <li>• On-going use of the Independent sector – Completed in place.</li> <li>• Orthopaedics at Newark forecast to start late August</li> <li>• Await NHSIE guidance on 52+ recovery – expected by the end of July 20</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> </ul>

# Single Oversight Framework – Quarter 1



Sherwood Forest Hospitals  
NHS Foundation Trust

## Timely Care

The availability of timely care for patients arriving as an emergency was strong in Q1. The levels of demand have been a historic challenge within this domain and key to this consistent level of good access for emergency patients has been the reduced number of patients attending the emergency department during Q1, largely related to the Covid-19 pandemic and a likely bi-product of enhanced IPC in the community. The ICS are leading work to main lower levels of demand where it is safe to do so for patients and this work is critical if this positive position for patients is to continue into Q2. The internal best practice on the emergency pathway has remained strong with 30%+ of medical admissions being treated as same day emergency care, an ALOS lower than the previous year and a significant reduction in patients in hospital over 21 days.

Cancer and elective care waiting lists and times have increased due to the national pause to create capacity for Covid-19. All services are now restored, but mainly due to appropriately stricter infection control procedures the productivity of some services is reduced. The first meeting of the Recovery Sub-Committee of the Board met on 22nd July. National expectations with regard to the recovery of waiting times are still awaited and will be incorporated into the recovery plan paper to Board in September.

Looking forward to Q2 20/21, the focus will be on the development and particularly the delivery of the Trusts recovery plan and winter plan, both of which are connected. These two plans will be critical for the improvement of the access related metrics for the rest of 2020/21.

SFH awaits clarification from NHSIE about what the recovery plan trajectory should be (although there is a short term trajectory for the reduction of the number of patients waiting over 62 days within the SOF). Once this guidance is received it may lead to some of the metric parameters changing based on the national expectations. Longer waits times on the cancer pathway are now reducing which is positive and this progress will need to continue in Q2. Whilst the majority of services will be able to have a plan to reduce waiting times there is a risk that there may be some services where it will be a significant challenge to reduce waiting times safely due to required enhanced infection control procedures and the protection of both patient and SFH colleagues. Diagnostics services such as imaging and endoscopy where there was a capacity constraint pre-Covid are likely to be more constrained in the next phase.

This risk that this creates will be mitigated to an extent by the clear clinical priority stratification of patients. Elements of the recovery plan will have a cost attached to them and risk decisions will need to be made on the funding of elements of the plan. However, there is also opportunity for redesign within some of the services, most notably outpatients. It is likely that the local Independent sector will be needed to support.

## Best Value Care

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.

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 Quarter 1 position is in the table below, which shows that additional 'True-Up' funding of £11.6m has been assumed to achieve break-even, £7.9m to cover the direct costs of Covid-19 and £3.7m to cover the shortfall in Block contract and Top up funding.

The Trust has received True-Up payments of £8.0m which covers the full value of requests for Months 1 and 2. The True Up payment for Month 3 is expected in August 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
<b>Income:</b>										
Block Contract	23,401	23,401	0	23,401	0	70,203	70,204	0	70,204	1
Top-Up Value	2,834	2,835	0	2,835	1	8,502	8,505	0	8,505	3
Other Income	3,793	2,576	0	2,576	(1,217)	11,379	7,415	0	7,415	(3,964)
Finance Income	8	0	0	0	(8)	24	(1)	0	(1)	(25)
<b>Total Income</b>	<b>30,036</b>	<b>28,813</b>	<b>0</b>	<b>28,813</b>	<b>(1,223)</b>	<b>90,108</b>	<b>86,123</b>	<b>0</b>	<b>86,123</b>	<b>(3,985)</b>
<b>Expenditure:</b>										
Pay - Substantive	(15,669)	(16,327)	(401)	(16,728)	(1,059)	(47,007)	(48,761)	(1,231)	(49,992)	(2,985)
Pay - Bank	(1,388)	(1,006)	(604)	(1,610)	(222)	(4,164)	(3,587)	(2,589)	(6,176)	(2,012)
Pay - Agency	(1,071)	(883)	(209)	(1,092)	(21)	(3,213)	(2,882)	(961)	(3,843)	(630)
Pay - Other (Apprentice Levy / Pension)	(71)	(79)	0	(79)	(8)	(213)	(234)	0	(234)	(21)
<b>Total Pay</b>	<b>(18,199)</b>	<b>(18,294)</b>	<b>(1,214)</b>	<b>(19,508)</b>	<b>(1,309)</b>	<b>(54,597)</b>	<b>(55,464)</b>	<b>(4,781)</b>	<b>(60,246)</b>	<b>(5,649)</b>
Non-Pay	(9,695)	(9,636)	(966)	(10,601)	(906)	(29,085)	(27,570)	(3,101)	(30,671)	(1,586)
Depreciation	(851)	(964)	0	(964)	(113)	(2,553)	(2,792)	0	(2,792)	(239)
Interest Expense	(1,219)	(1,213)	0	(1,213)	6	(3,657)	(3,681)	0	(3,681)	(24)
PDC Dividend Expense	(72)	(103)	0	(103)	(31)	(216)	(310)	0	(310)	(94)
<b>Total Non-Pay</b>	<b>(11,837)</b>	<b>(11,917)</b>	<b>(966)</b>	<b>(12,882)</b>	<b>(1,045)</b>	<b>(35,511)</b>	<b>(34,352)</b>	<b>(3,101)</b>	<b>(37,453)</b>	<b>(1,942)</b>
<b>Total Expenditure</b>	<b>(30,036)</b>	<b>(30,211)</b>	<b>(2,179)</b>	<b>(32,391)</b>	<b>(2,355)</b>	<b>(90,108)</b>	<b>(89,817)</b>	<b>(7,882)</b>	<b>(97,699)</b>	<b>(7,591)</b>
<b>True-Up Requirement</b>	<b>0</b>	<b>(1,399)</b>	<b>(2,179)</b>	<b>(3,578)</b>	<b>(3,578)</b>	<b>0</b>	<b>(3,694)</b>	<b>(7,882)</b>	<b>(11,576)</b>	<b>(11,576)</b>
<b>Not Included Above</b>										
Pension Top-Up Income	0	716	0	716	716	0	2,147	0	2,147	2,147
Pension Top-Up Expenditure	0	(716)	0	(716)	(716)	0	(2,147)	0	(2,147)	(2,147)
<b>Sub-Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Best Value Care

	June 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	33.13	3.10	90.11	99.92	9.81	360.43	411.08	50.65
Expenditure	(30.04)	(33.13)	(3.10)	(90.11)	(99.92)	(9.81)	(360.43)	(411.08)	(50.65)
<b>Surplus/(Deficit) - Break-even Requirement Basis</b>	<b>(0.00)</b>	<b>(0.00)</b>	<b>(0.00)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Capex (including donated)	(0.67)	(1.09)	(0.42)	(2.32)	(2.73)	(0.41)	(16.47)	(16.47)	0.00
Closing Cash	1.51	29.35	27.84	1.51	29.35	27.84	1.69	1.69	0.00

It is assumed that the Trust will be paid the True 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 Quarter 1, based on extrapolation of M1-M3 run-rate overlaid with the estimated impact of the recovery & restoration of services and winter plans.

Capital expenditure at Quarter 1 is above 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 Quarter 1 is £29.35m, which is £27.84m 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 31<sup>st</sup> March 2021.