

Single Oversight Framework

Reporting Period: Quarter 2
2020/21

Inspected and rated

Good



Single Oversight Framework – Quarter 2



Sherwood Forest Hospitals
NHS Foundation Trust

Overview

Domain	Overview & risks	Lead
Overview	<p>The SOF covers month six (September) and quarter two 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. Detailed updates on workforce, quality, access and money are provided and a report about HSMR is coming back to board in December, once it has been through the quality committee..</p>	CEO
Quality Care (exception reports pages 9 - 18)	<p>During quarter 2, the care delivered to our patients has remained safe and high quality, nursing staff levels have remained within the expected range and no serious incidents have been declared that were attributed to staffing levels. Improvement work continues to reduce the number of falls, we continue to see a reduction in falls compared to March 2020. During September 2020 we had 2 falls which resulted in 2 harms being reported no omissions in care identified. Pressure ulceration remain consistently low, there have been no category 3 PUs since November 2018 and no category 4s since August 2017. There are 9 exception report for quarter 2;</p> <p>Never events; 1 declared in July 2020, which is currently being investigated.</p> <p>Incidents per rolling 12 month; 3242 incidents reported during quarter 2. Incidents are investigated and escalated in accordance with SFH procedures.</p> <p>VTE risk assessments; performance 93.4% (YTD 94%) target 95%, manual data collection has recommenced. It is anticipated when EPMA is implemented data accuracy issue will be resolved.</p> <p>Complaints per 12 months; increase in complaints received in quarter 2, complaints remain low compared to other acute Trusts.</p> <p>ED recommendation rate; performance 88.1% (YTD 90.8%). Our action plan implementation continues to address key themes. However issues remain with the data accuracy as for the 2nd consecutive month responses remain low particularly in minors.</p> <p>Maternity recommendation rate; performance 91.2% (YTD 94.6%). Low response rate across all 4 touch points, action plan in place to address recommendation rate.</p> <p>Dementia screening; whilst showing a continued improvement YTD performance, it remains below the expected compliance rate.</p> <p>HSMR; performance 112.3 against a target of 100. Steady increase in HSMR superimposed on fluctuations tracking the national trends. A series of actions are scheduled to improve performance.</p> <p>Cardiac arrest rate per 1000 admissions; performance 1.38 against a standard of 0.83 (YTD 0.78). All arrests are reviewed to identify areas of good practice as well as areas for potential learning and improvement.</p>	MD, CN

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NHS Foundation Trust

Overview

Domain	Overview & risks	Lead
<p>People & Culture (exception reports 19 - 31)</p>	<p>Overall, in Q2 the Covid-19 has impacted on Staff Health and Wellbeing at the Trust, however this was lower than anticipated, levels of absence across the Q2 were higher than 2019 levels. Additional activity was evidenced through the services provided from the Trust Occupational Health Service as expected but presents capacity challenges. The annual HCW flu vaccination programme has commenced and our levels are reported at 56.1% (28th October) the CQUIN target this season is 90% front line uptake, last season CQUIN target was 80%. Overall resourcing indicators for Q2 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 Q3. Additional mandatory training sessions including twilight and weekend sessions have been put in place to help improve compliance. Across Q2 a variety of inclusion events have taken place through the trusts staff networks BAME, LGBT, WAND, Time to Change, along with the formal sign off of the WRES and WDES. There has been a focus on embedding staff Covid-19 risk assessments and also staff ability to access testing. There has been a pause on Improvement training due to Covid-19, which resumed in July 2020. An Improvement 'knowledge management' database has also recently been launched, which will connect and quantify improvement initiatives across the organisation. 6 citizen 'Improvement Partners' have been recruited, to date, with improvement training being undertaken over November. SFH Welfare and Wellbeing approach presented nationally at NHS Fab Academy conference in October and expanding its SFH offer in terms of service level 'Welfare and Wellbeing Road shows'. Talent conversations compliance have decreased in Q2 as the number of leaders who are first year in post have now completed their first year but have not received a talent conversation as part of their appraisal as these were stood down during Covid-19. Appraisals recommenced in August and all managers have been contacted to ensure talent conversations take place in order to increase compliance. Targeted talent conversation training has also been targeted at new senior leaders in post to ensure timely talent conversations take place.</p>	<p>DOP, DCI</p>

Single Oversight Framework – Quarter 2



Overview

Domain	Overview & risks	Lead
<p>Timely care (exception reports pages 32 - 41)</p>	<p>As has been the case over recent months, the availability of timely care for emergency patients continues to be strong, above trajectory and above the current national standard. Non-elective admission demand has returned to 2019 levels. The ICS demand cell continues to try to influence demand across the patch, particularly with regard to ambulance demand.</p> <p>As reported to the Recovery Committee absolute and relative positive progress is being made against the recovery activity trajectories. Comparative to the midlands, SFH is doing greater activity as a proportion of 2019 than most other Trusts. There is excellent progress against the inpatient and day case trajectories, but there continues to be more work to do with outpatients and this will be a continuous improvement. Cancer remains fully restored and the long waits on the PTL have returned to pre-Covid levels, but the focus on long waits is having a detrimental impact on 62 day performance.</p>	<p>COO</p>
<p>Best Value care (42 - 43)</p>	<p>The revised NHS Financial Regime has been extended to September. For Financial Year to the end of September 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 £0.7m (year to date total £11.7m).</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 £6.8m (£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 September is £0.6m (£0.2m 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 its capital expenditure plan in full and awaits NHSI approvals regarding Covid-19 requests.</p>	<p>CFO</p>

Single Oversight Framework – Quarter 2

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	Sep-20	2	-		R	MD/CN
		Serious Incidents including Never Events (STEIS reportable) by reported date	2	Sep-20	6	0		G	MD/CN
		Patient safety incidents per rolling 12 month 1000 OBDs	67	Sep-20	68.97	77.49		R	MD/CN
		% Harm-free SFH care	95%	Sep-20	96.4%	97.3%		G	MD/CN
		Admission of term babies to neonatal care as a % of all births	6%	Sep-20	3.1%	3.3%		G	CN
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Sep-20	14.87	6.80		G	MD
		Covid-19 Hospital acquired cases	0	Sep-20	10.0	0		G	MD
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Sep-20	0.00	0.00		G	MD
		Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Sep-20	14.87	13.61		G	MD
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jul-20	94.0%	93.4%		G	CN
		Safe staffing care hours per patient day (CHPPD)	>8	Sep-20	12.5	10.7		G	CN
		Number of 12 hour waits for inpatient mental health services	0	Sep-20	0	0		G	MD/CN
	Caring	Complaints per rolling 12 months 1000 OBD's	1.63	Sep-20	1.44	1.70		R	MD/CN
		Recommended Rate: Friends and Family Accident and Emergency	93.0%	Sep-20	90.8%	88.1%		R	MD/CN
		Recommended Rate: Friends and Family Inpatients	93.0%	Sep-20	98.2%	98.7%		G	MD/CN
Recommended Rate: Friends and Family Maternity		93.0%	Sep-20	94.6%	91.2%		R	MD/CN	
Eligible patients asked case finding question, or diagnosis of dementia or delirium		≥90%	Sep-20	42.5%	55.0%		R	MD/CN	
Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Jun-20	112.3	-		A	MD	
	SHMI	100	Apr-20	95.6	-		G	MD	
	Cardiac arrest rate per 1000 admissions	0.83	Sep-20	0.78	1.38		R	MD	
	Cumulative number of patients participating in research	2500	Sep-20	1809	-		on target	MD	

Single Oversight Framework – Quarter 2

Overview (2)

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	Qtr2 2020/21	15	9		G	DCI
		Number of registered improvement projects	5	Qtr2 2020/21	11	11		G	DCI
		10 citizens trained in Sherwood Six Step (bronze level) QI Approach	10	Qtr2 2020/21	0	0		R	DCI
	Staff health & well being	Health & Well Being Sickness Absence	3.5%	Sep-20	4.1%	4.4%		A	DOP
		Take up of Occupational Health interventions	1000	Sep-20	14530	2230		R	DOP
		Flu vaccinations	90.0%	Sep-20	37.3%	-		on target	DOP
		Employee Relations Management	10	Sep-20	35	9		G	DOP
	Resourcing	Vacancy rate	7.5%	Sep-20	5.7%	5.3%		G	DOP
		Turnover in month (excluding rotational doctors)	0.8%	Sep-20	0.4%	0.5%		G	DOP
		Number of apprenticeships on programme	100	Sep-20	131	-		G	DOP
		Mandatory & Statutory Training	93%	Sep-20	90.0%	91.0%		A	DOP
		Appraisal	95%	Sep-20	85.0%	89.0%		R	DOP

Single Oversight Framework – Quarter 2

Overview (3)



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 access within four hours Total Trust	90.2%	Sep-20	96.4%	96.5%		G	COO	
	General & Acute Bed Occupancy	92.2%	Sep-20	63.2%	77.9%		G	COO	
	Emergency Care	Number of inpatients >21 days	56	Sep-20	-	94		R	COO
		Number of Ambulance Arrivals	3177	Sep-20	17277	3013		G	COO
		Percentage of Ambulance Arrivals > 30 minutes	9.3%	Sep-20	4.1%	4.4%		G	COO
	Cancer Care	62 days urgent referral to treatment	82.0%	Aug-20	66.8%	58.6%		R	COO
		Cancer faster diagnosis standard	76.0%	Aug-20	73.4%	74.5%		R	COO
	Elective Care	Diagnostic waiters, 6 weeks and over-DM01	0.9%	Sep-20	-	32.6%		R	COO
		Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	26994	Sep-20	-	34,695		R	COO
		% of patients treated within 18 weeks	88.0%	Sep-20	-	70.6%		R	COO
		Number of cases exceeding 52 weeks referral to treatment	0	Sep-20	1137	417		R	COO

Single Oversight Framework – Quarter 2

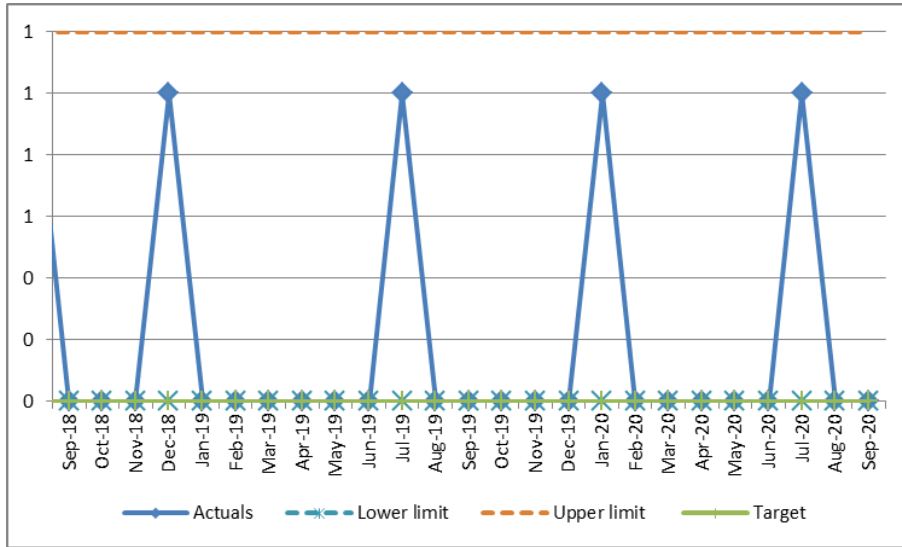
Overview (4)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Best Value Care	Finance	Trust level performance against FIT target	£0.00m	Sep-20	£0.00m	£0.00m		G	CFO
		Underlying financial position against strategy	£0.00m	Sep-20	-£18.85m	-£1.13m		R	CFO
		Trust level performance against FIP plan	£0.00m	Sep-20	N/A	N/A		G	CFO
		Capital expenditure against plan	£0.00m	Sep-20	£0.58m	£0.17m		G	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	Sep-20	2	-		R	MD/CN



National position & overview

- Never Events are defined as Serious Incidents that are preventable because guidance or safety recommendations that are available at a national level and should have been implemented by all healthcare providers.
- When a Never Event occurs, it is imperative that the lapses in care are identified and analysed through full investigation enabling effective and targeted action to prevent recurrence.
- In Q2 SFH declared one Never Event that occurred during July 2020 when a knee aspiration was carried out on the wrong patient. The patient suffered no harm as a consequence of the procedure and may have benefitted as she had a small effusion aspirated from her knee.
- This incident has been reported to STEIS under the category of ‘wrong site surgery’.
- The investigation has not yet concluded/ signed off and is due for submission to the CCG on 3 November 2020.

Root causes	Actions	Impact/Timescale
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<ul style="list-style-type: none"> • The investigation into this incident has not yet concluded. • The immediate issues identified at Scoping were: <ul style="list-style-type: none"> • Positive patient identification • Consent 	<ul style="list-style-type: none"> • Incident reported on STEIS as a ‘wrong site surgery’ Never Event. Investigation commenced. • Currently graded as ‘no harm’ but this will be reviewed on conclusion of the investigation. • Fine-needle aspiration of fluid from a joint added to the list of surgical invasive procedures designated as LocSSIPs performed in the Division of Medicine. • Circulate i-Care/ Learning matters relating to consent and positive patient identification. 	<ul style="list-style-type: none"> • November 2020 • November 2020 • Completed • Completed
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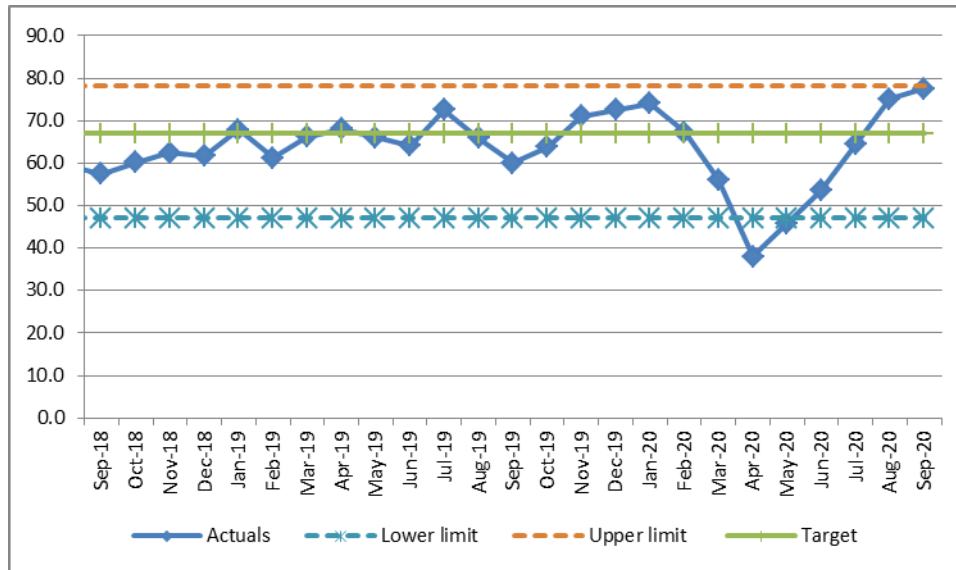
Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Patient safety incidents per rolling 12 month 1000 OBDs	67	Sep-20	68.97	77.49		R	MD/CN

National position & overview

After a dramatic decrease in the number of incidents reported during Q1 (due to the reduction in activity across the Trust due to Covid19). Q2 has seen an increase in the number of incidents reported on Datix. SFH and NHSI encourage a reporting culture, as it demonstrates an open learning and reporting culture. The latest NRLS report shows us nationally sitting among the good reporting Trusts. The NRLS figures are calculated by per 1000 bed days:

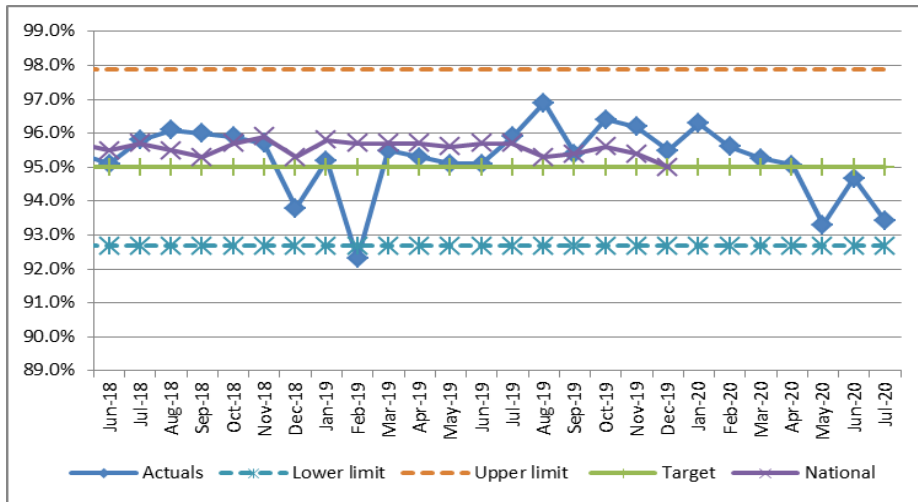


It is also encouraging that the vast majority of all incidents reported are low or no harm incidents and the number of STEIS reportable incidents have remained largely static over the past 12 months with a general reduction in numbers over the previous 12 months.



Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> A total of 3242 incidents were reported on Datix during Q2. 1 reported as 'catastrophic harm' reported on STEIS. The highest reported incident remains Pressure Ulcers – the vast majority being present on admission. Medication incidents remain the second highest followed by Treatment and Care. Staff are actively encouraged to report incidents via training and monthly incident updates delivered across a variety of forums. There has been a recent drive to encourage the reporting of medication incidents. 	<ul style="list-style-type: none"> Continue to monitor reporting rates and identify themes and trends. Investigate/ escalate incidents in accordance with Trust policy. Encourage staff to report incidents when they are identified. Continue to share the learning from incidents through existing platforms whilst developing innovative new methods to disseminate learning. Continue to encourage reporting and identified shared learning from incidents. 	<ul style="list-style-type: none"> November 2020 November 2020 November 2020 November 2020

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jul-20	94.0%	93.4%		A	CN

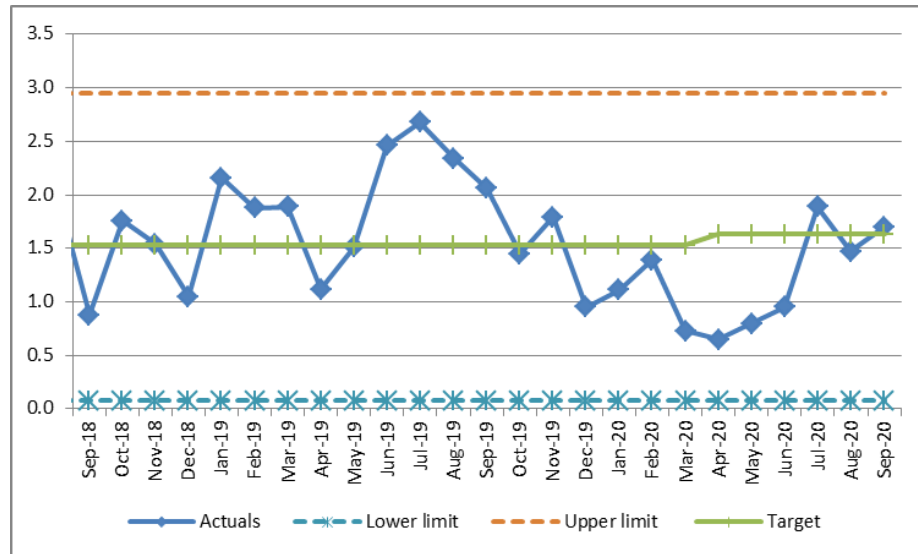


National position & overview

- National reporting of VTE risk assessment screening was stopped in March 2020 in response to the developing Covid19 crisis.
- SFH continued with data collection for our own internal monitoring process.
- The data collection process for VTE risk assessment is a manual process.
- Infection control measures necessary during this current time have significantly restricted the scope of the staff who manually collect the data to contribute to the Trust reaching the 95% target.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Due to Covid19 infection control measures the team who collected the data are no longer able to visit clinical areas. Pre Covid19 the 95% target was achieved by visiting clinical areas twice a day to identify the blank and missing forms and escalate to the doctors. • The VTE data collection has been reinstated by ward receptionists on EAU collecting forms from the medical notes on patients discharge and then a case notes mopping up exercise for any missing forms. 	<ul style="list-style-type: none"> • Introduction of EPMA will resolve the data collection issues as the VTE assessment will be included. • An audit of anticoagulation prescribing is planned. • Ward teams to manually collect the forms on discharge. • SFH has taken part in the GIRFT VTE Survey which originally ran from September 2019 – March 2020 but was extended by 3 months over the Covid19 first wave period. 	<ul style="list-style-type: none"> • Pilot expected February 2021 • Audit timescales TBC • On going • GIRFT data not yet available

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Complaints per rolling 12 months 1000 OBD's	1.63	Sep-20	1.44	1.70		R	MD/CN

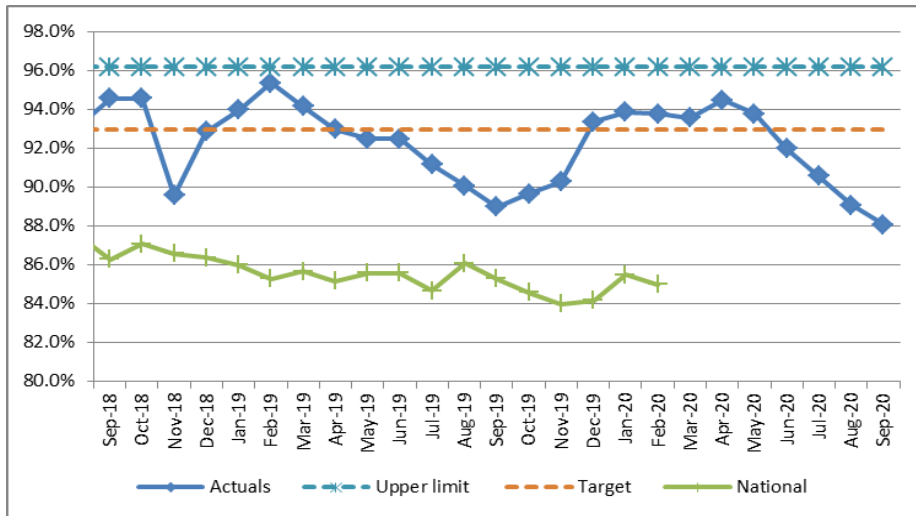


National position & overview

- Overall increase in complaints for October – an increase of 3 complaints
- Increases reported in Medicine, Surgery and Women's and Children Divisions
- Number of complaints remain low compared to other acute hospital Trusts. The response time target was missed due to inpatient activity

Root causes	Actions	Impact/Timescale
<p>Themes include:</p> <ul style="list-style-type: none"> • 27% - Procedural assessment & diagnosis • 20% - Dr and Nursing attitudes and communications • 15% delay in results and waiting times to be seen 	<ul style="list-style-type: none"> • Care and treatment provided in Sherwood Birthing Unit and Maternity Ward currently being investigated. No themes identified as yet. • Following investigations specialities have requested reflective pieces from individual staff and learning with wider team for learning. • Actions taken to improve communications with Next of Kin/ Care Home when patients are admitted/ discharged. • Escalated to BSU and resolved where possible. Generally delays are due to the Covid19 delays. 	<ul style="list-style-type: none"> • All complaints data is reviewed monthly as part of Divisional KPI Dashboards and PET Dashboards. • All upheld complaints result in an action plan, which are tracked and evidence obtained to monitor effectiveness of lessons learnt. • On going. • SOF will continue to monitor complaint numbers and performance.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Recommended Rate: Friends and Family Accident and Emergency	93.0%	Sep-20	90.8%	88.1%		R	MD/CN

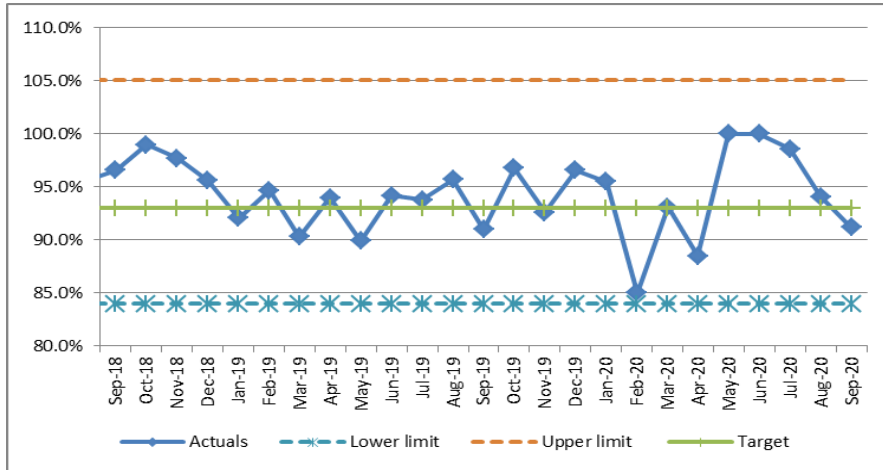


National position & overview

- Response rate still remains low for September 2020. Data team continues to investigate whether all the completed FFT's are being captured in the data reporting. The results are reflective of current activity.
- Only one response for minors for two consecutive months.
- Consistent themes that patients feel safe and cared for.
- Themes relating to patient expectations about waiting to be seen times continues.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Second consecutive month only 1 response for minors out of over 3000 eligible patients. On-going discussions to attempt to find if there is a process problem with the data. No assurance of information feeding back into the organisation from external provider. • Theme around patient expectations. • Consistent positive feedback that patients feel safe and cared for whilst in the organisation. 	<ul style="list-style-type: none"> • To continue to work with information analysts and external provide to clarify accuracy of the FFT data. • To review the information on ED screens in the waiting areas to ensure they are being to utilised to the best potential. • Share positive feedback with the team. 	<ul style="list-style-type: none"> • December 2020 • November 2020 • November 2020

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Recommended Rate: Friends and Family Maternity	93.0%	Sep-20	94.6%	91.2%		R	MD/CN

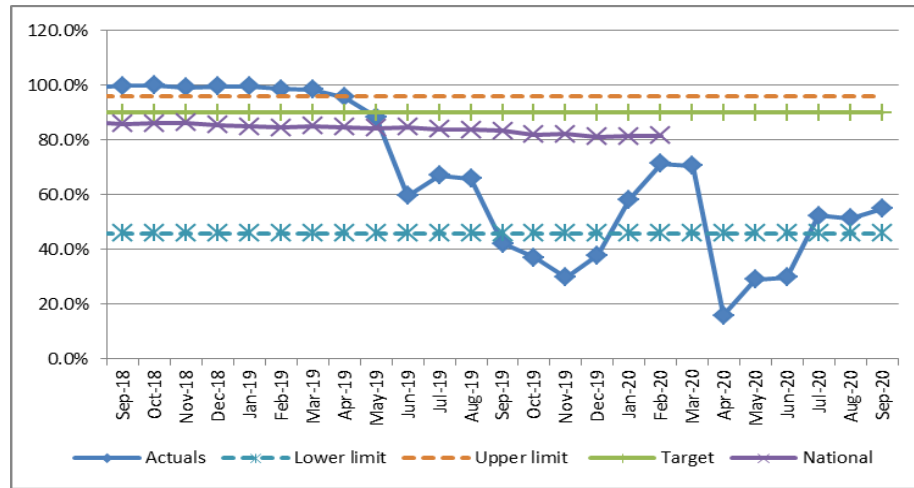


National position & overview

- All actions completed from Q1 to improve process for collection of responses.
- FFT information now shared more robustly with divisional team.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Very low response rate across all four touch points June/July 2020 – improved in September 2020. • Touch Point 1 (antenatal care) has low recommendation rate (78.4%) - 4/37 neutral and 4/37 unlikely to recommend. Only one negative comment around waiting time in antenatal clinic. • Recommendation rate 98.5% across Touch Points 2 (labour and birth), 3 (Hospital postnatal) and 4 (community postnatal). 	<ul style="list-style-type: none"> • Continue with roll out of SMS follow up as planned. • Maintain information sharing with women and families around waiting times in clinic. • None required. 	<ul style="list-style-type: none"> • Launch 1 November 2020 • On-going

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%	Sep-20	42.5%	55.0%		R	MD/CN



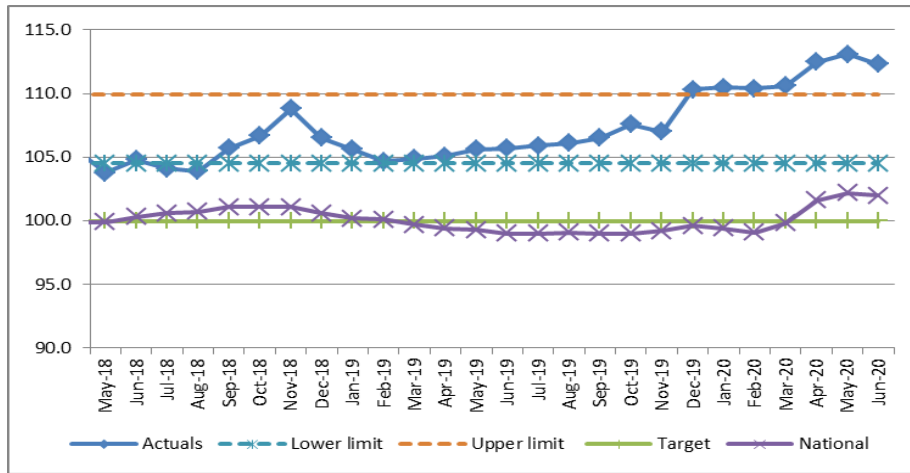
National position & overview

- All patients 75yrs+ admitted to the Trust for 72hrs and above to have a dementia screen completed.
- Trusts target to screen 90% of eligible patients.
- Monthly data collected and uploaded to the UNIFY record.
- Prior to May 2019 the Trust achieved this target.
- May 2019 electronic screening method introduced into 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 January 2020
- Assessments stood down due to Covid19 April - June 2020 recommenced mid July 2020, now stood down permanently at direction of NMAHP Board.

Root causes	Actions	Impact/Timescale
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<ul style="list-style-type: none"> • Assessments not being completed on Nervecentre by medical teams. 	<ul style="list-style-type: none"> • Drs are aware of the screening and how to complete, reminders have been given and these will be undertaken again. Non compliance was escalated to Quality Cabinet in September – for discussion with medical director. • Gap analysis was presented to NMAHP Board in September to explore the option to open the assessment up to nursing staff, this will be reviewed at the QPSC. 	<ul style="list-style-type: none"> • Completed • December 2020
<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 and UCC at Newark. Introduction of assessments was due to commenced in October 2020 unfortunately this has been delayed. 	<ul style="list-style-type: none"> • December 2020

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Jun-20	112.3	-		A	MD

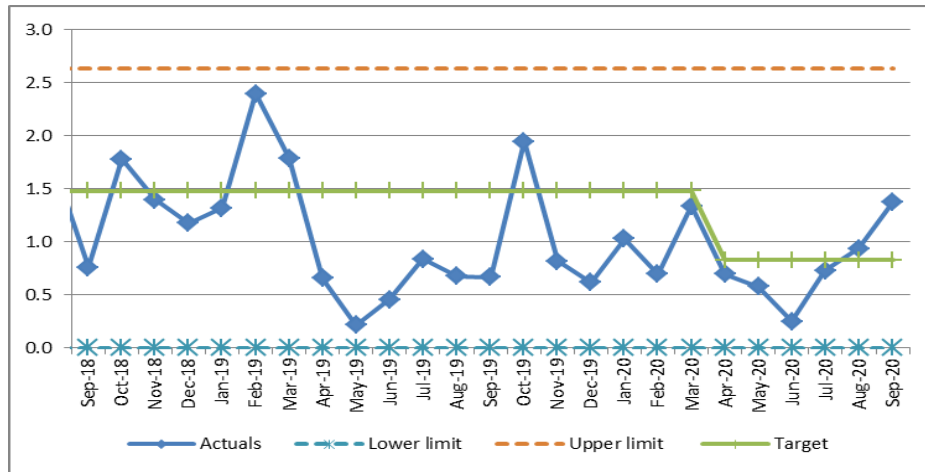


National position & overview

- Steady increase in HSMR superimposed on fluctuations tracking the nation trends.
- Fractured neck of femur, upper gastrointestinal haemorrhage and alcohol related liver disease have been identified as significant contributory factors
 - Specialty reviews are being undertaken to further understand.
- Trust has significantly and consistently low palliative care coding against a national picture of increase which may explain part of this.
- MD has appointed a Project Lead to independently examine those groups which are significant contributors.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Fractured neck of femur 	<ul style="list-style-type: none"> • No longer an outlier overall although excess mortality in patients delayed to theatre. • Independent internal review under way. 	<ul style="list-style-type: none"> • Improved understanding of factors driving changes • November 2020
<ul style="list-style-type: none"> • Upper GI haemorrhage 	<ul style="list-style-type: none"> • Secure funding to undertake an External review requested from British Orthopaedic Association (BSO) pending findings of and to be informed by internal review. 	<ul style="list-style-type: none"> • To be arranged
<ul style="list-style-type: none"> • Alcohol related liver disease 	<ul style="list-style-type: none"> • Specialty review of cases complete, to be presented at learning from deaths (LFD) group November 2020. For further independent internal review following this. 	<ul style="list-style-type: none"> • Update quarter 3
<ul style="list-style-type: none"> • Palliative Care Coding 	<ul style="list-style-type: none"> • Specialty review to be completed for presentation at LFD group November 2020. For further independent internal review following this. • Review of position by End of Life Care and Coding teams. 	<ul style="list-style-type: none"> • Update quarter 3 • Update quarter 3

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Cardiac arrest rate per 1000 admissions	0.83	Sep-20	0.78	1.38		R	MD



National position & overview

- NCAA report 2019/20 demonstrates we sit in the lower third of the national picture for our rate of in hospital cardiac arrests.
- This data is currently anonymised so it is impossible to benchmark against similar organisations, but there is a move this year to report this data publicly and identifiable by organisation, we are awaiting final conformation from the NCAA team with regard to this.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • The threshold for 2020/21 has reduced • The activity for August (8) and September (7) 2020 are showing as outliers against this new target. Of these arrests no trends were identified in terms of contributing factors and only 1 (September) was classed as potentially avoidable due to DNACPR concerns. • Some of the shift in activity (total arrests; including those not reported under the specific NCAA criteria) is due to better reporting of arrest events via Datix in areas that do not summon the cardiac arrest team (ICCU, ED, theatres) which has increased the numbers being reported to board. 	<ul style="list-style-type: none"> • To seek benchmark the threshold and ensure it is appropriate • To monitor the on-going arrest rate trend. • To take a broad view approach to safety by continuing to fully examine each arrest event in detail to identify and feedback areas of good practice as well as areas for potential learning and improvement. • To review new NCAA data format and benchmark our performance against similar organisations. Seek to learn from the experience of others within this category. 	<ul style="list-style-type: none"> • December 2020 • December 2020. • On-going • March 2021

Single Oversight Framework – Quarter 2

Quality Care



Potential Risks	Mitigation
Covid-19 hospital outbreak – 5 outbreaks reported in quarter 2	<ul style="list-style-type: none">• Robust application of infection prevention and control measures i.e. cleaning, wearing of masks etc.• Strict adherence to test and trace guidance.• Use of early warning metrics.• Strict adherence to social distancing.• Review of potential impact on services, divisions are proactively taking steps to maintain service delivery.

Single Oversight Framework – Quarter 2

People and Culture



Sherwood Forest Hospitals
NHS Foundation Trust

Talent and Personal Development (1)

- The Trust currently has **131 new apprenticeships** on programme against a target of 100.
- A new cohort of **22 Trainee Nurse Associates** have started in October 2020.
- Our first Senior Leadership MSC Apprentice Cohorts in conjunction with Nottinghamshire Health Care commence in November and April 2021 with 30 staff from each Trust.
- Since 2018 the Trust has invested £686,520 of its **Apprenticeship Levy in developing its workforce**. Regrettably £438,120 has been reclaimed in unused Levy which is a national challenge for all employers. All ICS Trusts in Nottinghamshire have had to repay a combined total £1.2m in unspent Apprenticeship Levy. A Government consultation is underway on allowing employers to use its Levy to support backfill costs which is the single biggest barrier for all employers to release staff to attend training with no backfill support.
- SFH has been asked to lead on the development of the Nottinghamshire Careers Academy **CARE4NOTTS**, which will be a system owned and led one stop shop for people who want to embark on a career in health and social care. **This will launch in January 2021**. This is part of the Trust's ambition to become an **'Anchor Organisation'** for its local community.

Single Oversight Framework – Quarter 2

People and Culture

Talent and Personal Development (2)

- As part of our commitment to retain staff, the Learning and Development Team have launched a range of new **career development initiatives** in October including training for staff in applying for jobs, careers advisory clinics and interview skills training.
- We are planning to recruit our very **first cohort of Registered Nurse Degree Apprenticeships** from our local community in 2021 which will enable local people to work and care for their local community. This is part of the Trust's ambition to become an 'Anchor Organisation' for its local community.
- The Trust will be planning a **celebration event** during **National Learning at Work Week** to celebrate some of our first apprenticeships being completed.

People and Culture

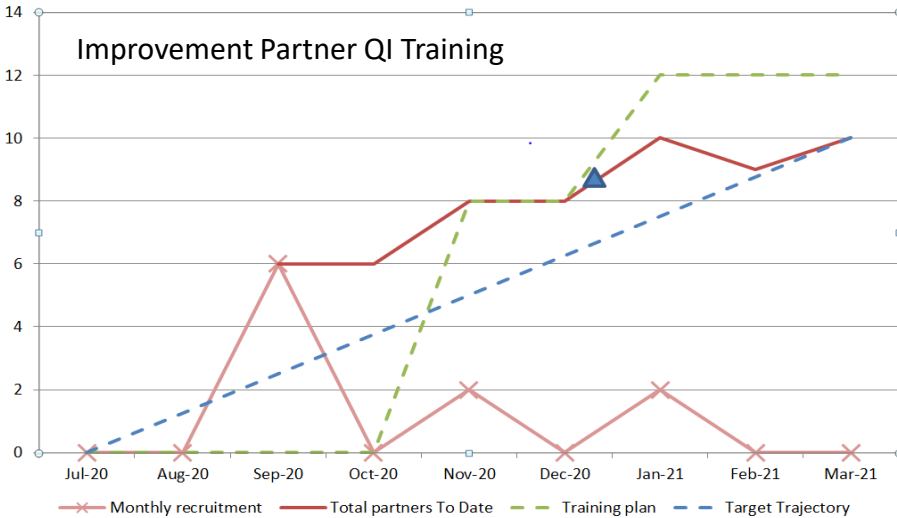
Organisational Culture

- **Re-engagement** sessions commenced with all Divisions focussed on staff survey results and learning from Covid.
- **Wellbeing and Welfare** positive feedback from NHSE/I on range of offers in place to colleagues. Presented approach at national **Fab NHS Change conference**.
- **Datix/Greatix review** to embed principles of ‘Just Culture’
- **Staff Survey 2020** planning and engagement plan in train from October – November completion. Sherwood response rate is currently above national average.
- **Bullying & Harassment** improvement plan in train in response to staff survey results and feedback from colleagues. Working in partnership with Chief Nurse, leading national standards in violence reduction. Public facing campaign to be launched in Mid-November with ICP partners.

Quality Improvement (1)

- **Citizen ‘Improvement Partners’** 6 recruited, to date, with a further 3 expressing an interest in the role. QI training to start in November.
- **Virtual QSIR** training reinstated during October, with ICS partners.
- **Clinical Audit and Improvement ‘Knowledge Management’ system** launched in September, to register improvement initiatives, and to allow sharing and learning of outcomes across the organisation
- **Improvement Practitioners** fully assigned to support SFH Transformation Programme
- **PASCAL** patient safety culture survey ‘high level’ results to be shared within the organisation from November
- **HSJ Patient Safety Award Finalist 2020**, and Improvement Team shortlisted as ‘Most Improved Team’ in SFH Staff Excellence Awards 2020.
- **Coaching for Improvement** – 13 QI coaches have been trained, and are available via the Coaching Network.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
10 citizens trained in Sherwood Six Step (bronze level) QI Approach	10	March 21	0	-		R	DCI



National position & overview

The indicator is on target to be achieved by Q4

Root causes

All QI training was paused during Covid and was recommenced in July. This was traditionally delivered face to face, which posed difficulties for people trying to access training from home.

All Improvement Partners are unable to access the site directly at this time, due to Covid restrictions.

Actions

We have moved to a virtual QI training offer during August, to enable more people to access it.

6 Improvement Partners will be taking their QI training during November.

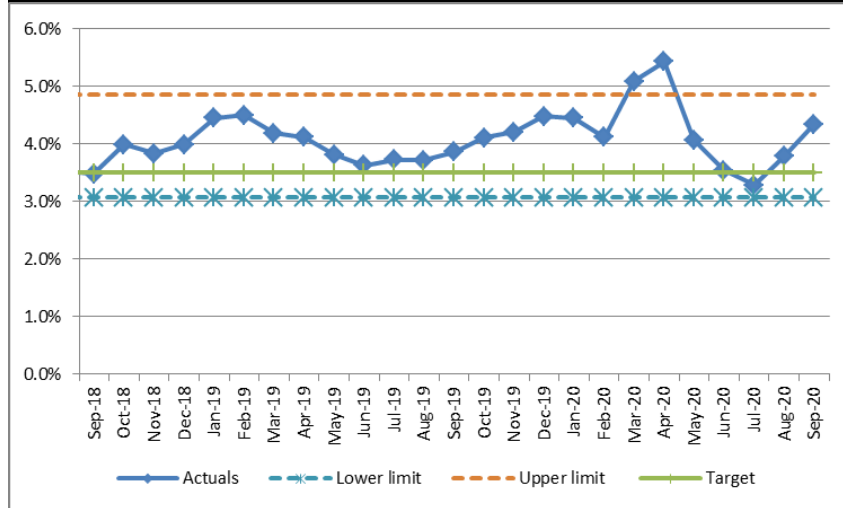
Impact/Timescale

There are a further 3 Improvement Partners that have expressed an interest in the model, and it is anticipated that the indicator will be achieved by the timescale stipulated.

Staff health and wellbeing (1)

- Absence levels have **increased across Q2**. Higher than 2019, but **lower than national benchmarks**
- Significant **increase in Occupational Health interventions** across Q2
- **24/7 EAP service firmly embedded** within the culture of the Trust
- Annual **Flu vaccination programme commenced**, **66.5%** of front line staff have received a **flu vaccination** (as at 28/10/20)
- Robust **procedures** in place for **timely symptomatic staff/household contact PCR swabbing**
- **Dedicated** self referral staff helpline provided through Nottinghamshire Healthcare for staff in acute distress and requiring immediate mental health support.
- **HWB** discussion introduced at Trust Orientation
- **Pilot annual HWB** conversation introduced, full role out in Q3.
- Employee relation cases **lower** than a normal quarter.
- **‘Welfare and Wellbeing Roadshows’** at service level piloted in UEC, Anaesthetics and Respiratory in October.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Health & Well Being Sickness Absence	3.5%	Sep-20	4.1%	4.4%		A	DOP



National position & overview

Local intelligence suggests the Trust is not an anomaly due to national and regional increase in absence .

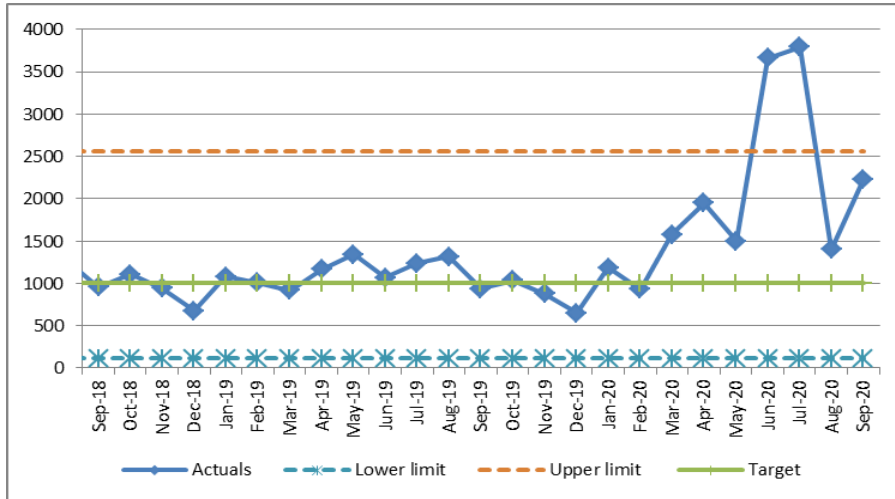
The Trust benchmarks favourably against a national sickness figure.

The data from model hospital is only available as at July 2020. The national median was 4.12% , SFH median was 3.30%.

Trust’s performance is 22nd out of 135 Trusts in July 2020 (Performance was within quartile 1 of 4) Position improved from 27th in June 2020.

Root causes	Actions	Impact/Timescale
<p>The sickness levels have increased from last month (3.8%) to 4.4% in September 2020.</p> <p>The short term sickness absence rate for September 2020 is 2.5%. (August 20 – 2.1%).</p> <p>The long term sickness absence rate for September 2020 is 1.8%. (August 2020 – 1.7%).</p> <p>COVID related absence make up 0.4% of the absence level (showing an increase from August 20 – 0.2%),</p> <p>Staff self-isolating is recorded at 0.5% (August 20 – 0.3%) and staff shielding recorded at 0.2% (0.4% in August 20).</p>	<p>Confirm and challenge sessions facilitated by the Human Resources Business Partners, to support leaders implement person centred decision when managing sickness absence.</p> <p>The increase in absence levels coincidences with the increase nationally with the COVID second surge and the gradual development of test and trace systems.</p>	<p>The sickness levels are recorded above the Trust target (3.5%), however this sits below the upper SPC level.</p> <p>It is expected that this will continue to increase over the next few months as a result of the pandemic</p>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Take up of Occupational Health interventions	1000	Sep-20	14530	2230		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 July 2020. The national median was 4.12% , SFH median was 3.30%.

Trust’s performance is 22nd out of 135 Trusts in July 2020 (Performance was within quartile 1 of 4) Position improved from 27th in June 2020.

Root causes

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

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

Actions

Normal levels of core OH services were continued to be provided during the 1 surge of the pandemic and will follow the same methods as we enter the 2nd surge. This was achieved through:

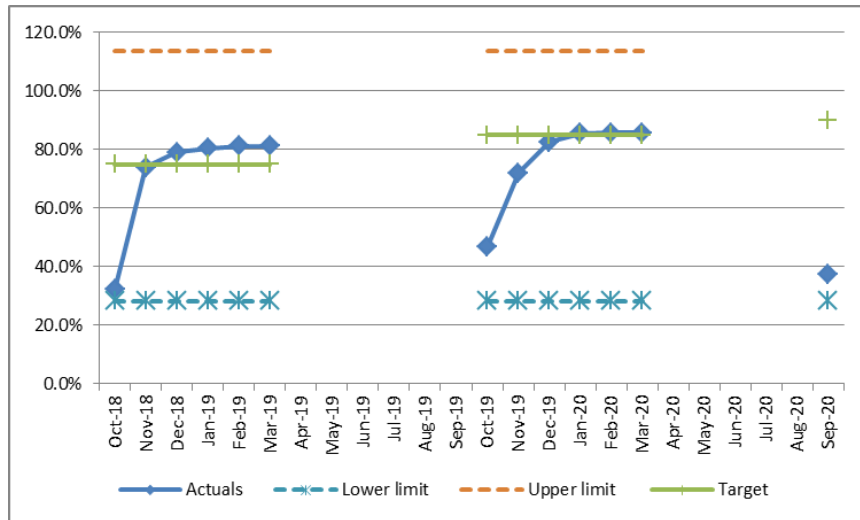
- New ways of working (Telephone /virtual consultations)
- Paper screening for work health assessments instead of face to face
- Smart working
- All substantive OH staff working overtime
- Bank admin support

Impact/Timescale

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

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

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Flu vaccinations	90.0%	Sep-20	37.3%	-		-	DOP



National position & overview

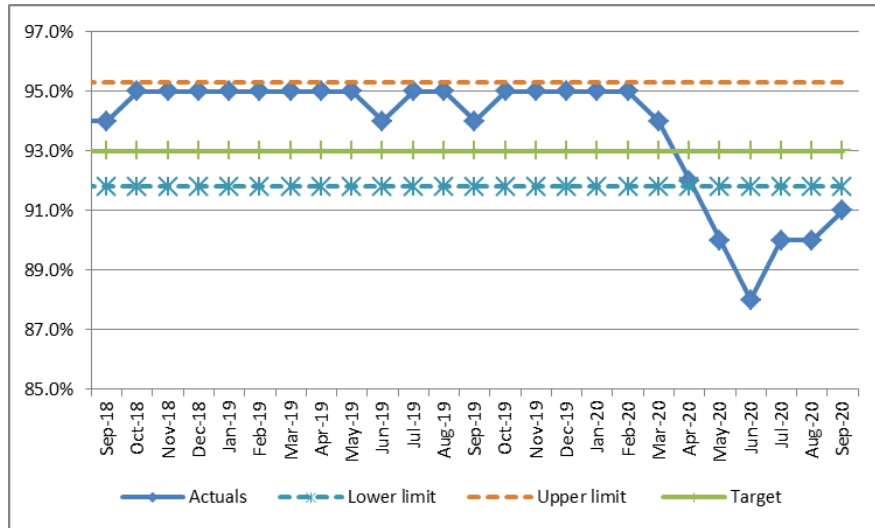
The Trust are expected to achieve the national CQUIN target for 2020/21 of 90%

Root causes	Actions	Impact/Timescale
<p>September figures for the Flu vaccination for front line workers were reported at 37.3%, this is at a similar level to the previous periods starting point.</p> <p>Current flu levels are recorded at 59.1% (28th October 2020) and we are progressing against our planned trajectory. Divisional breakdowns are:</p> <ul style="list-style-type: none"> • Women's & Children – 65.8% • Urgent & Emergency Care – 64.0% • Surgery – 53.4% • Medicine – 52.3% • Diagnostics & Outpatients – 49.5% • Corporate – 51.1% 	<p>This years the vaccine will be delivered in stages and the first delivery of vaccines was on the 18th September 2020. As such the management of vaccines is being closely monitored.</p> <p>The Occupational Health department are actively promoting the flu programme and progressing the implementation of the flu vaccines and are closely monitoring the flu compliance level.</p>	<p>The final delivery of the flu vaccine arrived on 23rd October.</p> <p>Roll out programme is forecasting the achievement of a 90% CQUIN target</p>

Resourcing

- Turnover and vacancy levels **lower than anticipated across Q2**
- **Embedded of new recruitment branding** “a great place to.....”
- Introduction of **new** dedicated **recruitment microsite**
- **Expansion** and growth of **Trust internal staff bank**
- **System collaboration** offering a **system wide bank offer** to care homes across Nottinghamshire
- Mandatory and Statutory Training along **with Appraisals and talent conversations have been impacted** due to Covid-19 across Q2 but **progress is being made**

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Mandatory & Statutory Training	93%	Sep-20	90.0%	91.0%		A	DOP



National position & overview

Root causes

Actions

Impact/Timescale

The key cause of below trajectory performance on the mandatory & statutory training compliance is related to the delivery and capacity issues associated with the COVID-19 Pandemic. During the pandemic Mandatory training was paused to enable services to concentrate to delivering clinical services.

Mandatory training restarted in August with a new trial format consisting of additional E-Learning training materials and half day face to face session to cover training that has to be delivered face to face.

Significant work has been undertaken since June 20 and a gradual increase in the figures is noted, the current level is now reported at 91.0%.

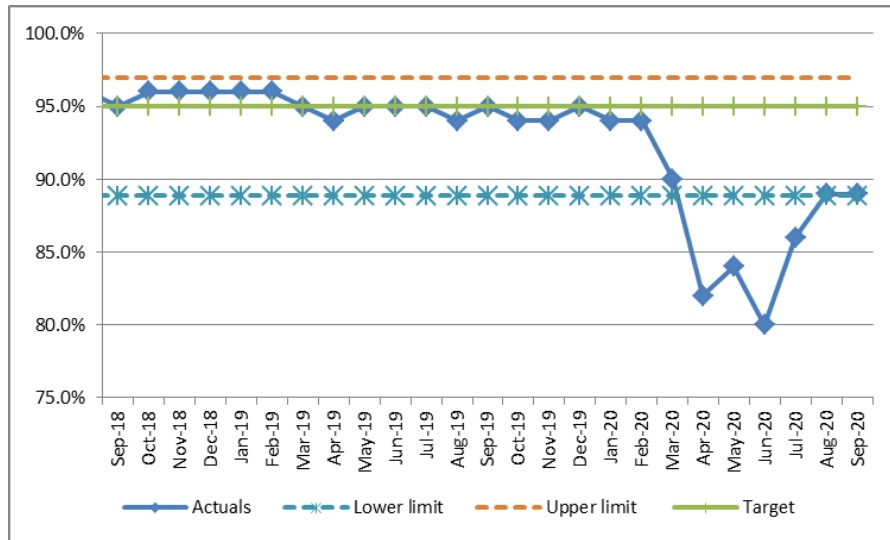
The Workforce Group to keep a watching brief on the COVID 2nd surge and where appropriate, based on total workforce loss, discuss the re-pausing of mandatory & statutory training to support divisional capacity.

57 sessions have been planned from September to December including additional weekend and evening sessions which have never happened before, these have been arranged to ensure mandatory training compliance is achieved.

In November Training and Development will be carrying out an annual review of mandatory training which will include reflections from staff on the new approach and social distancing regulations.

Increase in mandatory & statutory training compliance to 93% by end of December 2020.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Appraisal	95%	Sep-20	85.0%	89.0%		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

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.

However, significant work has been undertaken since June 20 and a gradual increase in the figures is noted, the current level is now reported at 89.0%.

Actions

The Workforce Group to keep a watching brief on the COVID 2nd surge and where appropriate, based on total workforce loss, discuss the re-pausing of appraisals to support divisional capacity.

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.

Impact/Timescale

Appraisal compliance to 95% by end of March 2021.

Single Oversight Framework – Quarter 2

People and Culture



Sherwood Forest Hospitals
NHS Foundation Trust

Inclusion

- **Submission of WRES and WDES** on national portal
- Agreed focused **action plan for WRES and WDES**
- **Board development** session regarding Equality and Diversity held in August 2020
- **Modernisation of recruitment practices** underway including the introduction of a EDI representative on interview panels
- Development of **stretched Model Employer goals**
- **Just culture principals** to support elimination of the ethnicity gap when entering into a formal processes
- Celebration of **Black History month** across October 2020

Elective Phase 3 Recovery



	Sep-20	Sep-19		Sep-20	Sep-19
First Outpatients	7,772	8,876	MRI	2,080	2,080
Actual	6,663	6,663	Actual	1,870	1,870
% of Plan	86%	75%	% of Plan	90%	90%
Follow Up Outpatients	19,345	20,745	Computed Tomography	2,763	2,763
Actual	18,599	18,599	Actual	3,007	3,007
% of Plan	96%	90%	% of Plan	109%	109%
Outpatient Attendances	27,117	29,621	Non-Obstetric Ultrasound	4,169	4,169
Actual	25,262	25,262	Actual	4,335	4,335
% of Plan	93%	85%	% of Plan	104%	104%
Day Case	2,648	3,304	Colonoscopy	325	465
Actual	2,749	2,749	Actual	452	452
% of Plan	104%	83%	% of Plan	139%	97%
Ordinary Electives	316	392	Flexi Sigmoidoscopy	95	136
Actual	348	348	Actual	178	178
% of Plan	110%	89%	% of Plan	187%	131%
DC and Ordinary Electives	2,964	3,696	Gastroscopy	325	464
Actual	3,097	3,097	Actual	513	513
% of Plan	104%	84%	% of Plan	158%	111%

Overview

The Trust continues to perform well against the phase 3 plan. For September, all aspects either exceeded or were within 10% of plan except for first outpatients.

- Day case activity delivered better than trajectory for August and September and is on plan for October.
- Electives were better than trajectory for August and September and are forecast to deliver for October.
- OP First and Follow up are below trajectory. The root cause is understood and remedial actions are in place.

Key risks remain as:

- ITU surge into theatre reducing operating capacity at KMH site and Staffing availability due to isolation or increased sickness

Actions

- Trajectories revised in line with Final Phase 3 submission for Day case and Elective
- 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
- Clinical prioritisation and validation of the admitted waiting list to commence in October. Lead identified and process agreed across Nottinghamshire and with NHSI/E.

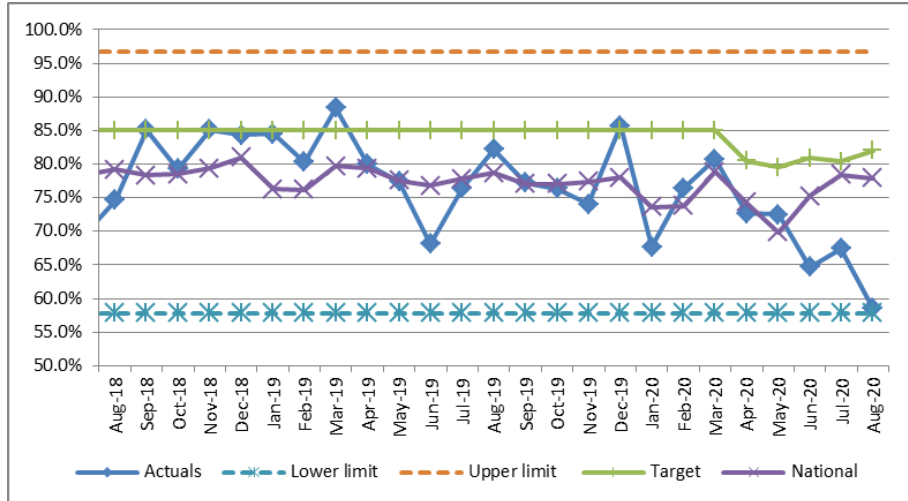
Impact/Timescale

- Complete
- Complete
- Complete – HCA support and changes to slot times to be effective from 01/11. Increasing capacity by 4 per day
- Audiology complete – delay in outcomes to hearing aid appointments resolved
- Orthopaedics – additional room space identified and clinics set up in October
- Ophthalmology review of slots and streams in OPD undertaken. Additional clinics set up in October.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
62 days urgent referral to treatment	82.0%	Aug-20	66.8%	58.6%		R	COO

National position & overview

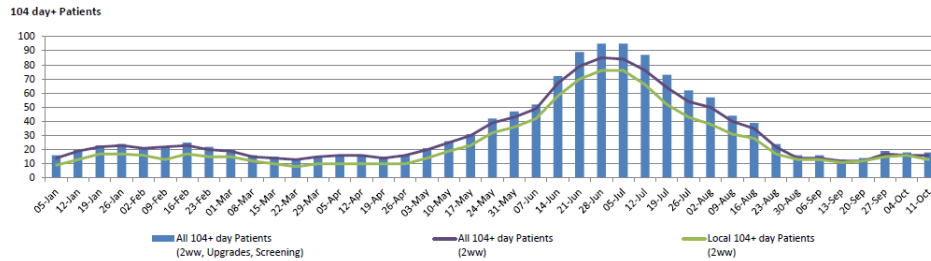
- Nationally, for the month of August 77.9% of patients began their first definitive treatment within 62 days of referral for suspected cancer (78.4% in July 2020). Quarter 2 performance will be published in November.
- Based on 76 treatments and 31.5 breaches the Trust delivered 58.55% giving an indicative national ranking of 127 from 134 Trusts. Performance as a Nottinghamshire system was 70%.
- The main driver for performance remaining below standard is the focus to reduce the volume of patients whose treatment or diagnosis was delayed due to COVID.



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. In the first quarter of 20/21 delays to definitive diagnosis or treatment have centred on COVID restrictions, patient concerns and changes to existing pathways to ensure clinical safety. This led to a backlog of patients waiting >62 days which at its peak in May was 240 patients. At the end of August this reduced to 67. Cancer capacity is fully restored and teams continue to diagnose and treat >62 day and new patients. 	<ul style="list-style-type: none"> 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. Continue to protect cancer capacity during a second surge – notably diagnostics / cancer nurse specialists / access to theatre and plan for critical care if required. Reintroduce welfare calls if patient anxiety raised. Establish a strategic approach to reducing the Endoscopy capacity gap, both in the short term and medium term. 	<ul style="list-style-type: none"> Detail performance against backlog trajectory on next slide. Pandemic plan in place. Strategic plan for Endoscopy to be completed by December 2020.

62 day and 104+ Waits

Graph 1: 104+ waits



Graph 2: All 62+ waits

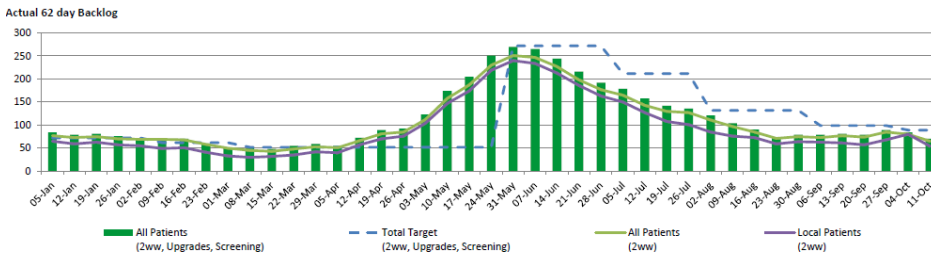


Table 1: Local 62+ waits

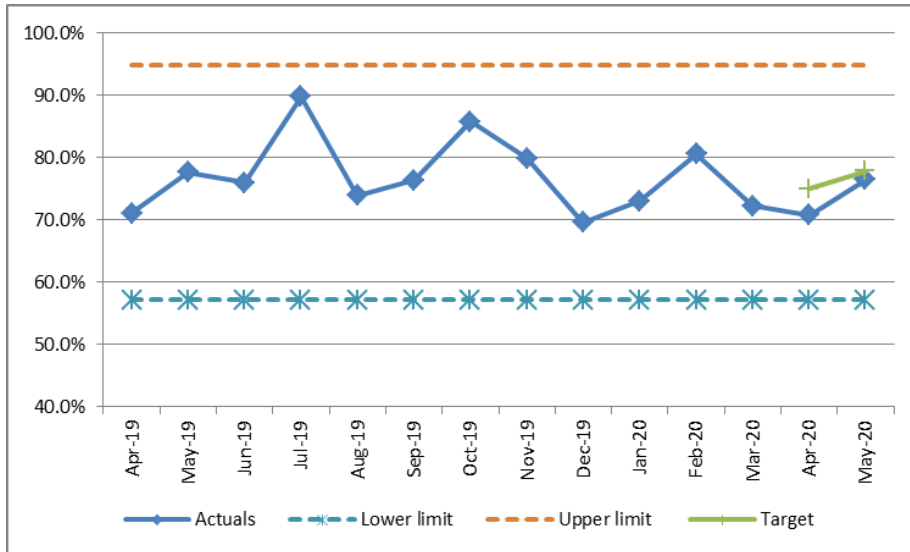
Local patients excluding screening and upgrades

Tumour site	Previous months actual						In-month actual	Current month Trajectory
	April	May	June	July	August	September	18-Oct	October
Breast	3	28	30	28	15	15	5	18
Lung	3	4	2	3	2	0	2	1
Haem	2	1	2	1	1	1	2	1
UGI	11	20	8	7	7	7	4	3
LGI	29	115	71	31	20	22	18	24
Skin	1	3	6	5	0	5	4	3
Gynae	11	18	9	8	3	4	1	3
Urology	6	21	13	7	9	12	9	5
Head and Neck	10	30	22	18	10	4	5	9
Grand Total	76	240	163	108	67	70	50	66

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 20/10/2020 is 19 of which:
 - 2 patients have a treatment date in October
 - 4 patients are awaiting treatment dates.
 - 7 patients are undergoing diagnostics
 - 6 patients are awaiting MDT / appointment outcomes
- 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 57 as at 11/10/20.
- A high volume of breast patients were treated after day 62 in August and September this is due to receiving a temporising Endocrine treatment during the pandemic. National guidance does not permit this as first definitive treatment, patients therefore remained on the PTL until they received surgery.
- Table 1 is the local position only and represents the activity that is monitored by NHSI/E. The backlog has reduced by just under 80% from the peak in May.
- The trajectory has been set in future months to deliver at least the March 20 position (33) by March 21.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Cancer faster diagnosis standard	76.0%	Aug-20	73.4%	74.5%		R	COO



National position & overview

Planning guidance for 2020/21 outlined from April 2020 Trusts should be meeting the Faster Diagnosis Standard (FDS) at an initial threshold of at least 70%. Cancer waiting times guidance (v.11) is 75%

Nationally, there has been no publication of FDS data to date.

For the month of August the Trust delivered 74.5% against a planning trajectory of 76%.

Root causes	Actions	Impact/Timescale
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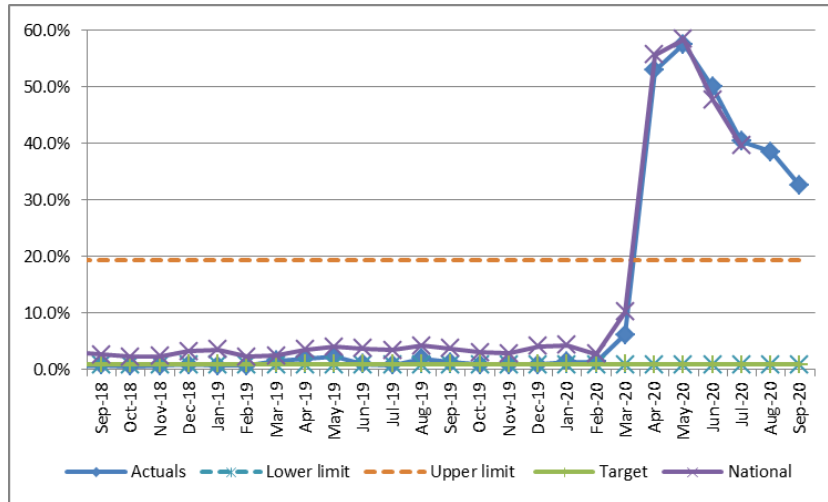
There are 3 main drivers to deliver the FDS standard. They are:

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

- 2WW capacity continues to be right-sized as part of the restoration of outpatient capacity. All tumour sites are restoring with a mix of face to face, non face to face appointments and triage straight to test where appropriate.
- Continue to monitor diagnostic capacity notably Endoscopy and Radiology at 7, 10 and 14 days.
- 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.

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

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Diagnostic waiters, 6 weeks and over-DM01	0.9%	Sep-20	-	32.6%		R	COO



National position & overview

At the end of September 2020 the Trust failed the DM01 standard with performance of 32.6% against a standard of <1%. Performance was based on 2,735 breaches from a waiting list of 8,386 procedures. This is a month on month improvement which for Quarter 2 delivered 37.4% against the standard of <1% (Quarter 1 was 53.3%)

The test with the smallest proportion of patients waiting six weeks or more was Uro-dynamics with 0.5%. The tests with the highest proportion were ECHO at 33% and Non-Obstetric Ultrasound at 11%

At time of writing National data for September remains unpublished. August National performance was 38%

Root causes

Routine diagnostic test activity and waiting times were significantly impacted by the COVID crisis.

Key risk areas:

- 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

Actions

- 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 is on-going with a focus on MRI capacity in the first instance.
- Continued use of the Independent Sector for additional MRI and Endoscopy capacity.
- Review of IPC guidance for ECHO undertaken resulting in 2 actions to increase capacity by 4 slots per day.

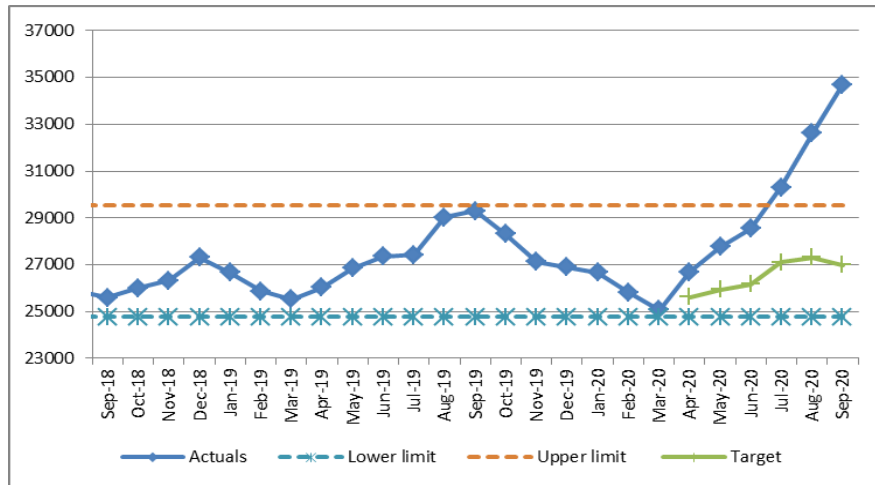
Impact/Timescale

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. Mobile capacity has been identified.

Increased productivity for ECHO expected from 01/11/2020.

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)	26994	Sep-20	-	34,695		R	COO



National position & overview

- Nationally, the number of RTT patients waiting to start treatment at the end of September (Quarter 2) is unpublished. For the end of August the number rose to c4.2 million
- For the Trust by the end of September the number of RTT patients waiting to start treatment rose by 6% to 34,695 which is in line with the phase 3 trajectory.
- The quarterly movement in the size of the waiting list from Q1 to Q2 is +20%.

Root causes

- The size of the waiting list is driven by 3 elements:
- New referrals (Clock start)
 - Overdue reviews (Clock start)
 - Treatment or removal (Clock stop)

	Q1	Q2
Total Stops	19,741	23,705
New Pathways	22,242	28,306

- Q2 New referrals have significantly increased compared to Q1 but remain at c70% of 2019 levels
- Overdue reviews have increased from 6,000 at the end of Q1 to 12,000 at the end of Q2
- Clock stops rose by 4,000 in Q2

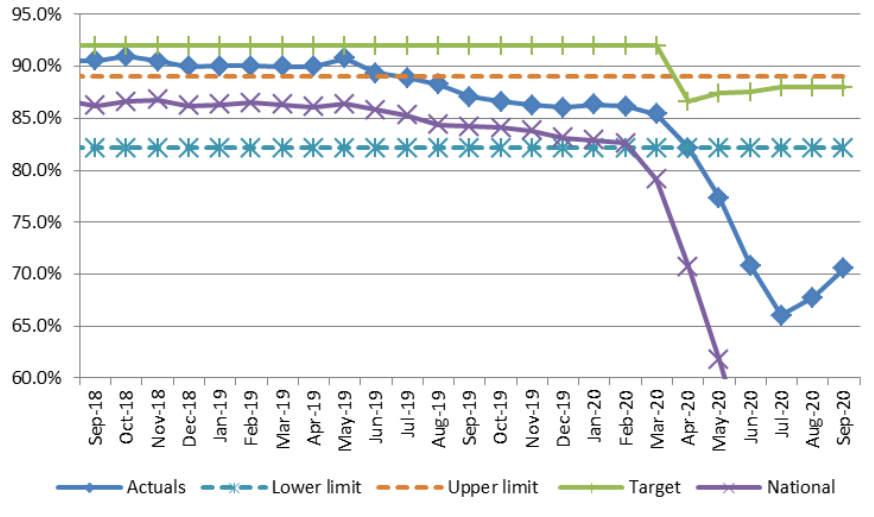
Actions

- Increase availability of OP slots in October aligned to the recovery trajectories.
- On-going use of the Independent sector and operating at Newark
- Elective response to second surge in place.
- Clinical validation and Prioritisation Programme to commence in October. Writing to admitted patients without a TCI to offer a clinical review before 31st December 2020.
- Review of waiting list to ensure all admitted patients have the appropriate clinical priority code and manage waits that exceed the priority parameters

Impact/Timescale

- The phase 3 trajectory is:
 - 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 and the Trust Pandemic plan

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
% of patients treated within 18 weeks	88.0%	Sep-20	-	70.6%		R	COO

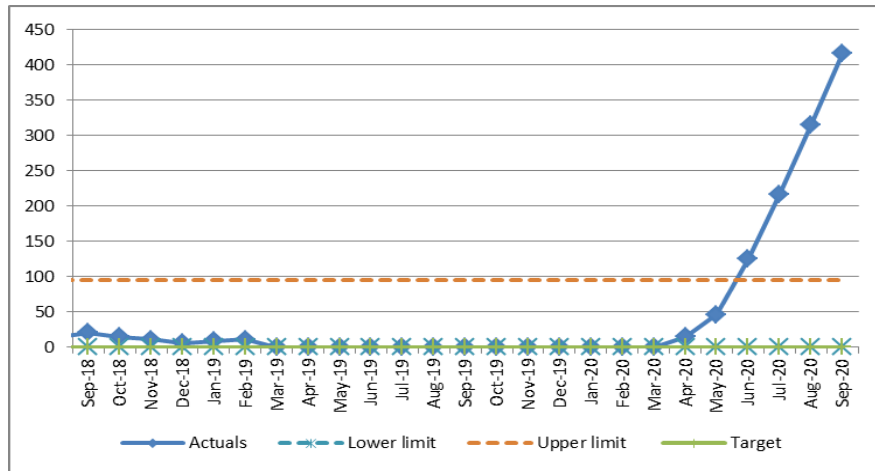


National position & overview

- Referral to Treatment performance for September at time of writing is unpublished however at 70.6% it is 18% adverse to plan.
- Nationally, for the month of August performance was 53.6%. Trust performance for August at 67.7% ranked 22nd from 136 Trusts
- For patients waiting to start treatment at the end of August, the Trust median waiting time was 10 weeks (National 15 weeks). The 92nd percentile waiting time was 34 weeks (National 42 weeks).

Root causes	Actions	Impact/Timescale
<p>The key cause for performance is the shift in the shape of the waiting list due to 3 factors:</p> <ol style="list-style-type: none"> 1. Reduced routine elective operating and diagnostic activity in response to COVID - leading to extended waits for routine patients 2. Focus on urgent and cancer activity (low wait stops) 3. Increased volume of overdue follow ups added to the waiting list 	<ul style="list-style-type: none"> • Increase availability of OP slots in October aligned to the recovery trajectories. • On-going use of the Independent sector and operating at Newark. • Elective response to second surge in place. • Clinical validation and Prioritisation Programme to commence in October. Writing to admitted patients without a TCI to offer a clinical review before 31st December 2020. • Review of waiting list to ensure all admitted patients have the appropriate clinical priority code and manage waits that exceed the priority parameters. 	<ul style="list-style-type: none"> • Performance is expected to remain below plan for the rest of 20/21

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Number of cases exceeding 52 weeks referral to treatment	0	Sep-20	1137	417		R	COO



National position & overview

Performance for September (at time of writing) is unpublished however the Trust has reported 417 52+ waits.

Top 5 specialties:

- Ophthalmology – 140
- Trauma and Orthopaedics – 91
- ENT – 69
- General Surgery – 44
- Urology – 31

Nationally at the end of August the number of RTT patients waiting more than 52 weeks rose to 111, 026. The Trust is in the top third of Trusts with the lowest volume of 52+

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. • A small volume is due to planned changes to the PTL script to align pathway start dates between ERS and Medway. 	<ul style="list-style-type: none"> • Weekly RTT meetings in place securing plans for long wait patients in line with specialty restoration and recovery plans - During September 200 over 52 week wait pathways were completed this is an increase from 115 in August. • Additional administrative oversight in place during October, notably for ENT. Expect additional clinics set up in October and November follow up patients. • Review of waiting list to ensure all admitted patients have the appropriate clinical priority code and manage waits that exceed the priority parameters. 	<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 • Risk to delivery due to further pandemic surges and the impact on routine operating

Single Oversight Framework – Quarter 2

Timely Care



Sherwood Forest Hospitals
NHS Foundation Trust

The availability of timely care for patients arriving as an emergency remained 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 Q2, however throughout the quarter there has been growth in the numbers of patients attending and now non-elective admissions are broadly at 2019 levels.

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.

For elective and cancer care, the key focus in the quarter has been on recovery of activity levels as part of the 'Phase 3' NHS approach to the Covid-19 pandemic. Good progress has been made and the Trusts is ahead of plan that was presented to September Board for elective and day case care. For outpatients, the Trust is within 10% of plan. Across all elective services the Trust is recovering activity at a rate better than most Trusts in NHS Midlands.

Performance against the Cancer, diagnostics, RTT standards, long waits remains a product of the Covid pause period in the spring.

Single Oversight Framework – Quarter 2

Timely Care

Looking forward to quarter 3 20/21 and indeed Q4, the focus will be managing expected Covid surges **via the Covid-19 surge plan**, the delivery of safe, timely and effective care to emergency patients **via the winter plan**, and the continued restoration and sustaining of elective activity to levels **within the recovery plan** to September Board. We wish to try to achieve this whilst ensuring SFH has a sustainable working pattern for SFH colleagues ensuring we are looking after each other and ourselves.

It is likely to be a challenging quarter looking to balance all these aspects:

2020/21 CANCER AND ELECTIVE CARE RESTORATION

Activity and the recovery challenge

50 speciality and service restoration plans have been developed, agreed and are being implemented



Much of the uncertainty is related to the size and frequency of Covid-19 surges that due to surge capacity could have impact on capacity required for other patients, either emergency, cancer or elective care dependant on the size or duration. The other key risk is that there will be higher than normal (for this time of year) reductions in workforce availability (due to infection or isolation) and of course this presents a risk to service availability and cost.

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 M06 position is in the table below, which shows that additional retrospective top-up funding of £20.7m has been assumed to achieve break-even, £11.7m to cover the direct costs of Covid-19 and £9.0m to cover the shortfall in Block contract and Top up funding.

The Trust has received the retrospective top-up payments of £17.4m requested for Months 1 to 5. The retrospective top-up payment for Month 6 is expected in November 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	140,406	140,407	0	140,407	1
Top-Up Value	2,834	2,835	0	2,835	1	17,004	17,011	0	17,011	7
Other Income	3,793	(1,697)	0	(1,697)	(5,490)	22,758	15,126	(4)	15,122	(7,636)
Finance Income	8	0	0	0	(8)	48	(1)	0	(1)	(49)
Total Income	30,036	24,539	0	24,539	(5,497)	180,216	172,543	(4)	172,539	(7,677)
Expenditure:										
Pay - Substantive	(15,669)	(17,077)	50	(17,027)	(1,358)	(94,014)	(98,332)	(1,650)	(99,982)	(5,968)
Pay - Bank	(1,388)	(1,133)	(252)	(1,385)	3	(8,328)	(7,066)	(3,435)	(10,501)	(2,173)
Pay - Agency	(1,071)	(927)	(189)	(1,116)	(45)	(6,426)	(5,714)	(1,646)	(7,360)	(934)
Pay - Other (Apprentice Levy and Non Execs)	(83)	4,218	0	4,218	4,301	(498)	(459)	0	(459)	39
Total Pay	(18,211)	(14,918)	(392)	(15,310)	2,901	(109,266)	(111,571)	(6,732)	(118,303)	(9,037)
Non-Pay	(9,683)	(9,999)	(346)	(10,345)	(662)	(58,098)	(56,877)	(4,916)	(61,793)	(3,695)
Depreciation	(851)	(969)	0	(969)	(118)	(5,106)	(5,711)	0	(5,711)	(605)
Interest Expense	(1,219)	(1,213)	0	(1,213)	6	(7,314)	(7,401)	0	(7,401)	(87)
PDC Dividend Expense	(72)	0	0	0	72	(432)	0	0	0	432
Total Non-Pay	(11,825)	(12,182)	(346)	(12,528)	(703)	(70,950)	(69,989)	(4,916)	(74,906)	(3,956)
Total Expenditure	(30,036)	(27,100)	(738)	(27,838)	2,198	(180,216)	(181,560)	(11,648)	(193,208)	(12,992)
Retrospective Top-Up Requirement	0	(2,561)	(738)	(3,299)	(3,299)	0	(9,017)	(11,652)	(20,669)	(20,669)

Best Value Care

	September In-Month			Year to Date (YTD)		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Income	30.04	28.58	(1.46)	180.22	193.36	13.14
Expenditure	(30.04)	(28.58)	1.46	(180.22)	(193.36)	(13.14)
Surplus/(Deficit) - Break-even Requirement Basis	(0.00)	0.00	0.00	0.00	0.00	0.00
Capex (including donated)	(0.72)	(0.55)	0.17	(4.76)	(4.18)	0.58
Closing Cash	1.57	33.48	31.91	1.57	33.48	31.91

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. As part of the NHSE/I Phase 3 planning process a detailed organisational plan for M7-M12 is due to be submitted to NHSE/I on 22nd October. This is a detailed forecast based on extrapolation of M01-M06 run-rate overlaid with the estimated impact of the recovery & restoration of services, acknowledged cost pressures, COVID costs and winter plans.

Capital expenditure at M06 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 M06 is £33.48m, which is £31.91m 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.