Mid-Nottinghamshire
Integrated Care Partnership

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Single Oversight Framework

Reporting Period: Month 7 2020/21

Inspected and rated
Good

Single Oversight Framework – Month 7 Overview

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Overview	The SOF covers month seven (October). 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 and we are receiving a separate report about EU Exit.	CEO
Quality Care (exception reports pages 9 - 13)	During October 2020, the care delivered to our patients has been safe and a high quality, nursing and midwifery staffing levels have remained with the expected range and no serious incidents have been declared. Improvement work continues to reduce the number of falls, we continue to see a reduction in falls compared to March 2020. The trust Falls Lead Nurse is providing focused support to clinical areas to reduce falls. Hospital acquired pressure ulcers (PU) remains consistently low, the last category 3 PU was Nov 2018 and no category 4s since Aug 2017. There are five exception reports for October 2020; • CDIFF; An increase in cases at SFHFT and other healthcare providers has been observed; during the last 3 months we have seen a reduction in the number of CDIF cases. RCA's are completed for all cases. • Covid-19 hospital acquired; 2 hospital acquired cases during October 2020. Covid 19 outbreaks are being managed in accordance with PHE/NHS I/E guidance. Asymptomatic testing programme in place from November 2020. • VTE risk assessments; performance 94.7% (YTD 94.3%) target 95%, manual data collection recommenced. It is anticipated when EPMA is implemented data accuracy issue will be resolved. • Dementia screening; whilst showing a continued improvement in YTD performance, is still remains below the expected compliance rate. • HSMR; performance 111.8 against a target of 100. Steady increase in HSMR superimposed on fluctuations tracking the nation trends. A series of actions are scheduled to improve performance.	MD, CN

Single Oversight Framework – Month 7 Overview

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
People & Culture (exception reports page 14 – 18)	Overall, in M7 COVID-19 has impacted on Staff Health and Wellbeing at the Trust. Sickness Absence levels have shown an increase from M4 (July 20) to 5.0%, and sits marginally above the target and the upper SPC level, this is as a result of the secondary impact of COVID19. Additional activity is 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 we are performing well against national and local peers. Our levels are reported at **81.9%** (25th November), the CQUIN target this season is 90% front line uptake, last season CQUIN target was 80%. It is expected that we may not hit the 90% CQUIN target. Compliance against Mandatory and Statutory Training continue to be impacted due to COVID-19 pandemic but improvements across the Month have been evidenced and this is showing an increasing trend. It has been agreed that during the COVID 2nd surge mandatory training will be paused in order to maximise staffing availability. Appraisal compliance shows a reduction from the last month, with the current level sitting below the lower SPC limit. NHS People Plan actions of Wellbeing input at Inductions and introducing 'Health and Wellbeing Conversations' as part of the appraisal process are being piloted over November 20. This is being delivered through associated training sessions supported by the Clinical Psychology team to support managers in having effective and 'safe' conversations with colleagues. 'Wellbeing Roadshows' take offers directly to the services, and have been held across Urgent and Emergency Care, Theatres and Rheumatology since October. A 'Rest, Refuel and Recuperate' communications campaign has been launched. Our aim is to ensure that colleagues basic needs are being met during this challenging time.	DOP, DCI

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Domain	Overview & risks	Lead
Timely care (exception reports pages 20 - 26)	SFH continue to provide some of the best timely care for emergency patients in the NHS, above trajectory and above the current national standard. Non-elective admission demand has returned to 2019 levels. 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, there is continued work to safely increase the number of new outpatients being seen and this will be a continuous improvement, particularly alongside reducing variation in the use of virtual appointments. The objective is to maintain these elective activity levels as best as possible over the coming months. Cancer remains fully restored and the focus on long waits is having a detrimental impact on 62 day performance. This is expected to improve over the coming months as the backlog reduces, but to pre-Covid levels as the long reported, fundamental demand and capacity gaps, particularly in the diagnostic phase are to be bridged.	COO

Single Oversight Framework – Month 7 Overview

Sherwood Forest Hospitals
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Domain	Overview & risks	Lead
Best Value care (exception reports pages 27 - 28)	The financial framework for the NHS was revised with effect from 1st October 2020 and the Trust will no longer be able to claim additional retrospective funding to cover actual costs. The Trust submitted a financial plan for the period October 2020 to March 2021 which showed a deficit of £9.2m compared to the funding allocation set by NHS England & NHS Improvement (NHSE/I). For the month of October the Trust has reported a deficit of £0.6m, which is £0.1m adverse to the Phase 3 plan. This includes Covid-19 related expenditure incurred during the month of £1.2m (year to date total £12.9m). The Trust has incorporated a non-recurrent financial improvement target of £2.7m into the Phase 3 plan. In October the Trust has reported £0.5m of non-recurrent FIP savings, which is £0.1m higher than planned. The financial regime for the first half of 2020/21 included no requirement of financial improvement planning to allow Trusts to facilitate the response to Covid-19. As a result the Trust has not delivered the level of 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 £7.9m (£1.13m per month). In addition, the Trust's underlying position at the end of 2019/20 was £12.1m adverse to the strategy. Capital expenditure in October is £0.8m (£0.4m higher 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 planned capital expenditure in full and awaits NHSI approvals regarding Covid-19 requests.	CFO

Single Oversight Framework – Month 7 Overview (1)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
QUALITY CARE	Safe	% of patients receiving harm free care	95%	Oct-20	96.8%	98.5%		G	MD/CN
		Admission of term babies to neonatal care as a % of all births	6%	Oct-20	3.5%	6.0%		G	CN
		Clostridium Difficile infection rate per rolling 12 months 100,000 OBD's	22.6	Oct-20	16.58	27.67		R	MD
		Covid-19 Hospital acquired cases	0	Oct-20	12.0	2		R	MD
		MRSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	0	Oct-20	0.00	0.00		G	MD
		MSSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	17	Oct-20	13.81	6.92		G	MD
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jun-20	94.3%	94.7%		A	CN
		Safe staffing care hours per patient day (CHPPD)	>8	Oct-20	12.1	10.3		G	CN
	Caring	Recommended Rate: Friends and Family Accident and Emergency	93.0%	Oct-20	90.8%	90.5%		R	MD/CN
		Recommended Rate: Friends and Family Inpatients	93.0%	Oct-20	98.2%	98.2%		G	MD/CN
		Recommended Rate: Friends and Family Maternity	93.0%	Oct-20	93.6%	86.8%		R	MD/CN
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Oct-20	40.6%	32.4%		R	MD/CN
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Jul-20	111.8	-		R	MD
		SHMI	100	May-20	96.97	-		G	MD
		Cardiac arrest rate per 1000 admissions	0.83	Oct-20	0.69	0.23		G	MD

Single Oversight Framework – Month 7 Overview (2)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
PEOPLE & CULTURE	Staff health & well being	Health & Well Being Sickness Absence	3.5%	Oct-20	4.2%	5.0%		R	DOP
		Take up of Occupational Health interventions	1000 - 1250	Oct-20	17332	2796		R	DOP
		Flu vaccinations	90.0%	Oct-20	60.6%	-		on target	DOP
		Employee Relations Management	10	Oct-20	43	8		G	DOP
	Resourcing	Vacancy rate	7.5%	Oct-20	5.7%	5.6%		G	DOP
		Turnover in month (excluding rotational doctors)	0.8%	Oct-20	0.4%	0.4%		G	DOP
		Number of apprenticeships on programme	100	Oct-20	152	-		G	DOP
		Mandatory & Statutory Training	93%	Oct-20	90.0%	92.0%		A	DOP
		Appraisal	95%	Oct-20	85.0%	88.0%		R	DOP

Single Oversight Framework – Month 7 Overview (3)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Timely Care	Emergency Care	Emergency access within four hours Total Trust	91.5%	Oct-20	96.2%	95.2%		G	COO
		General & Acute Bed Occupancy	91.0%	Oct-20	65.3%	77.4%		G	COO
		Number of inpatients >21 days	58	Oct-20	-	104		R	COO
		Number of Ambulance Arrivals	3431	Oct-20	20549	3272		G	COO
		Percentage of Ambulance Arrivals > 30 minutes	11.9%	Oct-20	4.0%	3.5%		G	COO
	Cancer Care	62 days urgent referral to treatment	85.4%	Sep-20	65.9%	62.4%		R	COO
		Cancer faster diagnosis standard	72.0%	Sep-20	74.3%	79.0%		G	COO
	Elective Care	Diagnostic waiters, 6 weeks and over-DM01	0.9%	Oct-20	-	35.0%		R	COO
		Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	27431	Oct-20	-	35534		R	COO
		% of patients within 18 weeks referral to treatment time - incomplete pathways	88.4%	Oct-20	-	71.0%		R	COO
		Number of cases exceeding 52 weeks referral to treatment	0	Oct-20	1558	421		R	COO

Single Oversight Framework – Month 7 Overview (4)

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At a Glance		Indicator	YTD 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	Oct-20	-£0.07m	-£0.07m			CFO
		Underlying financial position against strategy	£0.00m	Oct-20	-£19.98m	-£1.13m			CFO
		Trust level performance against FIP plan	£0.00m	Oct-20	£0.13m	£0.13m			CFO
		Capital expenditure against plan	£0.00m	Oct-20	-£0.22m	£0.36m			CFO
		Procurement League Table Score	49.8	2019/20	41.9	41.9			CFO

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Clostridium Difficile infection rate per rolling 12 months 100,000 OBD's	22.6	Oct-20	16.58	27.67		R	MD

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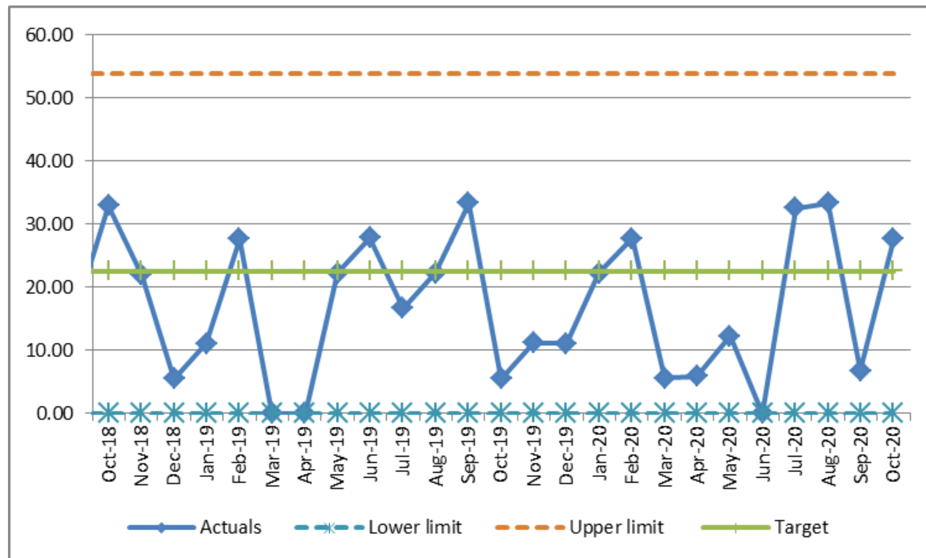


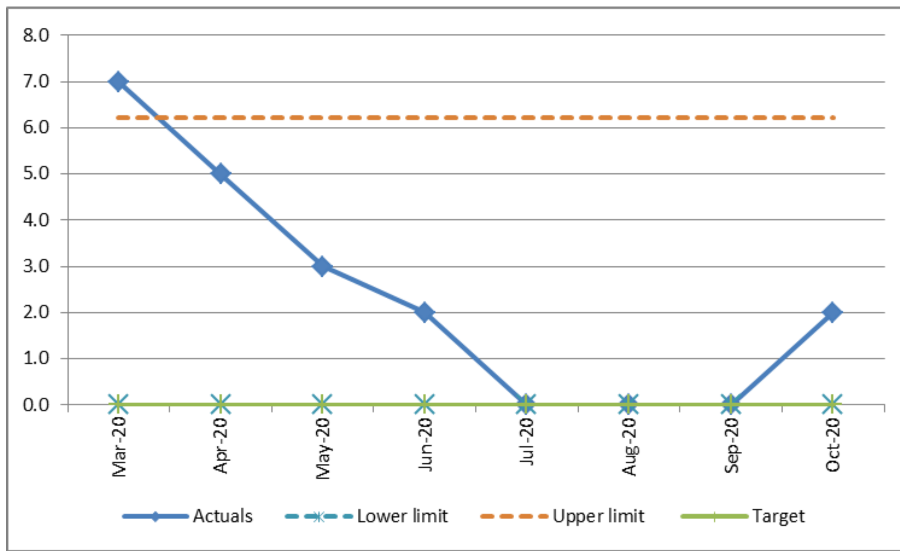
National position & overview

- This year the organisation has not been given a trajectory for Cdiff due to the COVID 19 pandemic. We have been given the instruction to continue as we did last year, with all of the same reporting mechanisms.
- System partners are also reporting increases in the number of cases they are seeing.
- Despite seeing an increase in the number of Trust attributed cases of Cdiff, in July 2020, there has been a 3 month reduction in cases August 2020; 9 cases. September 2020; 5 cases. October 2020; 5 cases).
- Total Trust Acquired Cdiff cases to date for this year is 38, compared to 39 at the same point last year.

Root causes	Actions	Impact/Timescale
Root causes continue to be related to • Antibiotic stewardship • Patient factors	• All cases continue to have an RCA completed. • Antimicrobial Prescribing Working Group to devise an antimicrobial stewardship audit to carried out in all areas. • Samples sent for Ribotyping • Thematic review of all cases attributed to the Trust.	• 14 days allocated per RCA to be completed. To establish root cause and any lapse in care. • January 2021 for medical teams to complete the audit and review prescribing practice and develop learning. • On going. Current delay in receiving results owing to labs running at reduced capacity due to Covid-19 • Completed

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Covid-19 Hospital acquired cases	0	Oct-20	12.0	2		R	MD

Sherwood Forest Hospitals NHS Foundation Trust



National position & overview

- All cases of Covid-19 deemed to be hospital acquired, requires completion of a RCA.
- New cases identified 8 days post admission are deem probable hospital acquired and new cases identified >15 days after admission are classified as hospital acquired cases.
- During October 2020 we had 2 cases post 15 days of admission.

Root causes	Actions	Impact/Timescale
Both post 15 days cases were on the same Ward and related to a ward outbreak of Covid-19 involving both patients and Staff.	• Enhanced cleaning of all areas in the Trust is in place.	• To reduce environmental contamination. On going
	• Daily hand hygiene, PPE and social distancing audits of any areas with an outbreak or cluster of cases of Covid are being conducted	• To monitor compliance with guidance and provide any learning required. On going
	• Regular outbreak meetings with NHSE/I and PHE to monitor progress of the outbreaks	• To review cases and development and action any learning. On going whilst we have outbreaks of Covid- 19.
The index case has been attributed to a patients family member visiting a inpatient area symptomatic of Covid 19, (unfortunately they had not been tested).	• Visiting stopped whilst outbreak was being managed screening programme commenced for both staff and patients.	• To establish if any further spread of Covid to other patients and to reduce footfall to the ward.
	• External communication continue to reiterate to visitors not to visit the hospital if they are unwell.	• On going
	• Temperature checks for all visitors on arrival	• Complete

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jun-20	94.3%	94.7%		A	CN

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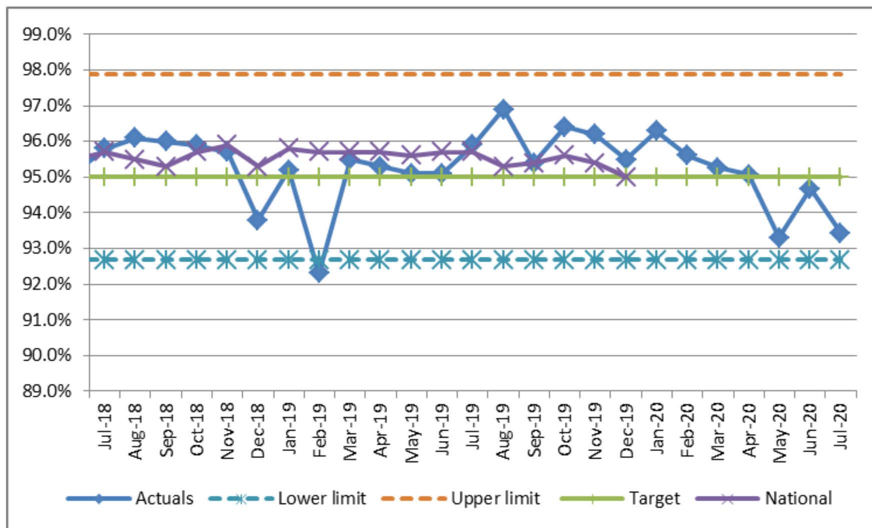

National position & overview

- 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

- 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 discharged.

Actions

- 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 ran from September 2019 – March 2020 but was extended by 3 months over the Covid first wave period.

Impact/Timescale

- Pilot expected February 2021
- Audit timescales TBC.
- On going
- GIRFT survey has been received and is now with the VTE lead for validation/review.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Oct-20	40.6%	32.4%		R	MD/CN

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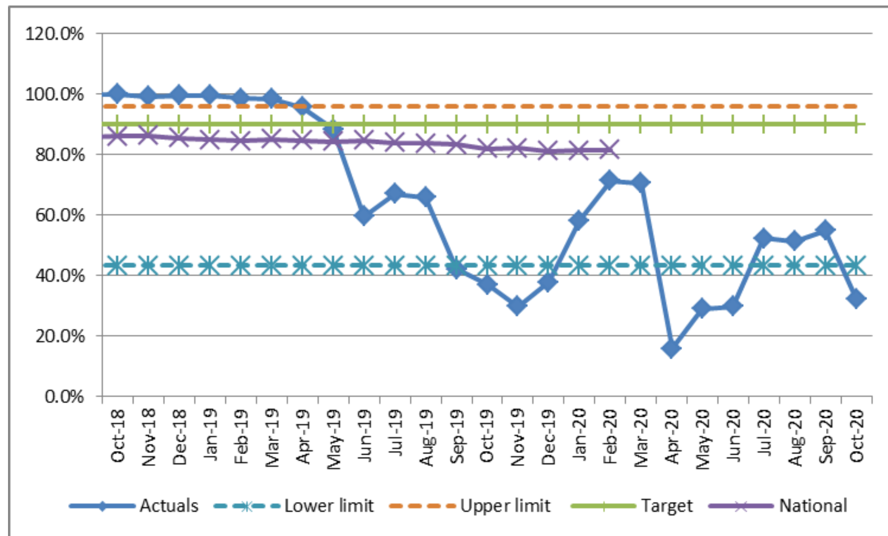

National position & overview

- All patients 75yrs + admitted to the Trust for 72hrs and above to have a dementia screen completed.
- Trusts provided with a target to achieve 90% of these screens.
- Monthly data collected and uploaded to the UNIFY record.
- Prior to May 2019 the Trust achieved this target.
- May 2019 an electronic screening method introduced in to the organisation
- Decision made that doctors to complete the assessment by clinical lead for dementia
- Band 3 Health Care worker appointed to assist process Jan 2020
- Assessments stood down due to Covid-19 April- June 2020 and recommenced mid July 20, now stood down permanently at direction of Nursing, Midwifery and Allied Healthcare Professionals Board.

Root causes	Actions	Impact/Timescale
• Assessments not being completed on Nervecentre by medical teams.	• 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, decision made at the board that nursing will not undertake the assessment and also that the HCA (see above) can no longer undertake the assessments, as was previous practice.	• Completed. • Completed.
• Nervecentre AMT assessment not implemented in ED.	• 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. Awaiting confirmation of a implementation date from Clinical Lead for Digital Innovation and Transformation.	• December 2020.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Jul-20	111.8	-		R	MD

Sherwood Forest Hospitals
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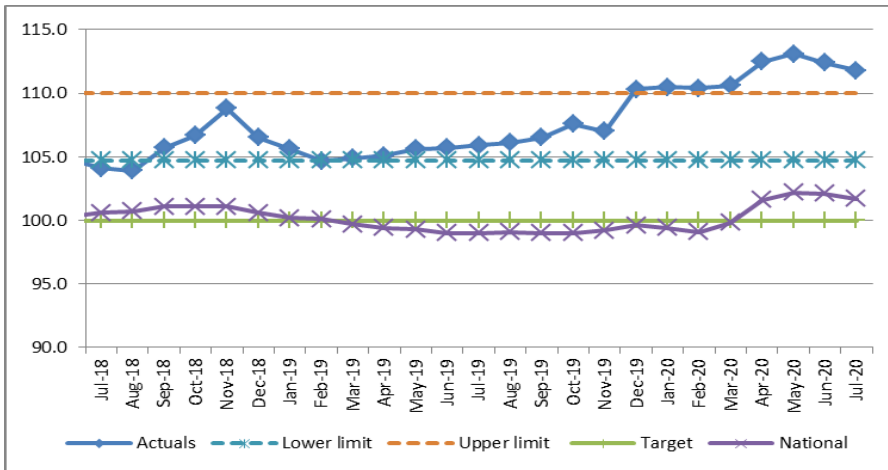

National position & overview

- HSMR continues to be statistically high but tracks national trends
- SHMI is on target
- Preliminary analysis to allow for low Palliative care coding indicates that if our coding were to reflect national averages this would reduce HSMR accordingly and align with SHMI (there are a number of assumptions involved though)

Contributory factors	Actions	Impact/Timescale
• Fractured neck of femur	• No longer an outlier overall although excess mortality in patients delayed to theatre. • Independent internal review underway and will inform possible external review.	• Improved understanding of factors driving changes. • November 2020.
• Upper GI Haemorrhage	• Specialty review of cases complete and presented to LFD group most cases were not in fact GI bleeds and there are concerns around coding and documentation.	• To be escalated via QASC in December 2020
• Alcohol related liver disease	• Specialty review of cases complete and presented to LFD groups. Issues around use of care bundles (particularly in ED) highlighted- usability could be a problem. QR codes being explored to improve access.	• Working group to be established focus being care bundles in Jan 2021
• Palliative care coding	• Significant discrepancy identified between number of cases where specialist Palliative Care has been involved and episodes coded as such. Solution to improve this being sought.	• Update quarter 3

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Health & Well Being Sickness Absence	3.5%	Oct-20	4.2%	5.0%		R	DOP

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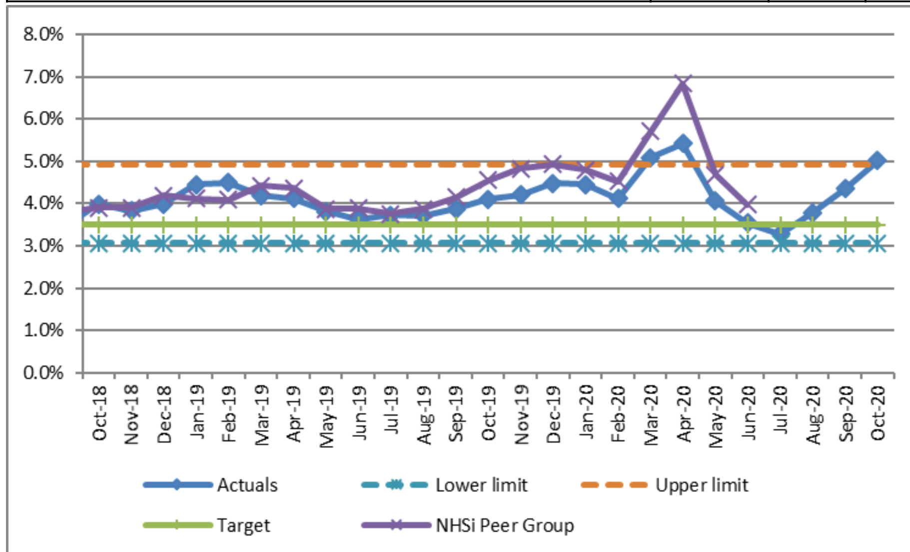

National position & overview

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 August 2020. The national median was 3.87% , SFH median was 3.51%.

Trust's performance is 36th out of 135 Trusts in August 2020 (Performance was within quartile 1 of 4) Position improved declined from 22nd in July 2020.

Root causes

The sickness levels have increased from last month (4.4%) to 5.0% in October 2020.

The short term sickness absence rate for October 2020 is 2.7%. (September 20 – 2.5%).

The long term sickness absence rate for October 2020 is 2.3%. (September 2020 – 1.8%.)

COVID related absence make up 0.7% of the absence level (showing an increase from September 20 – 0.4%).

Staff self-isolating is recorded at 1.6% (September 20 – 0.5%) and staff shielding recorded at 0.2% (0.2% in September 20).

Actions

Confirm and challenge sessions facilitated by the Human Resources Business Partners, to support leaders implement person centred decision when managing sickness absence.

The increase in absence levels coincides with the increase nationally with the COVID second surge and the gradual development of test and trace systems.

Impact/Timescale

The sickness levels are recorded above the Trust target (3.5%), however this sits above the upper SPC level.

It is expected that this will continue to increase over the next few months as a result of the pandemic.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Take up of Occupational Health interventions	1000 - 1250	Oct-20	17332	2796		R	DOP

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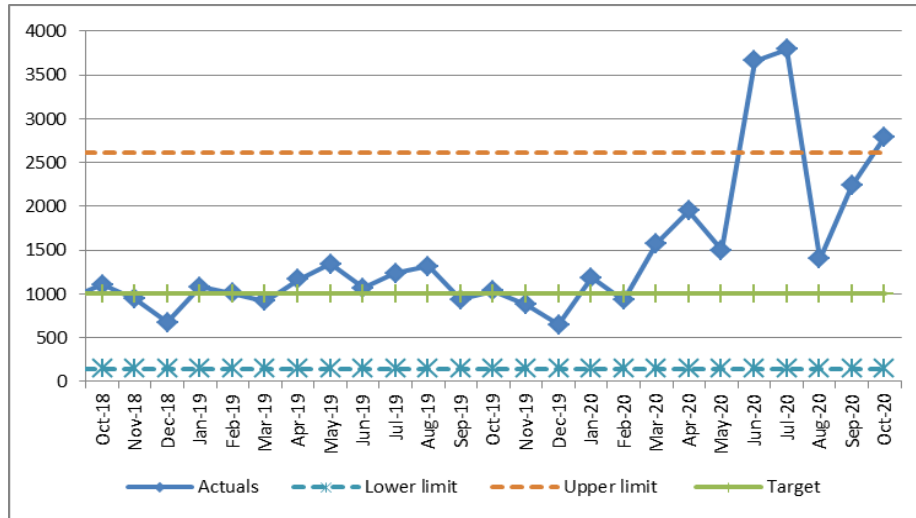

National position & overview

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

The Trust benchmarks favourably against a national sickness figure.

The data from model hospital is only available as at August 2020. The national median was 3.87% , SFH median was 3.51%.

Trust's performance is 36th out of 135 Trusts in August 2020 (Performance was within quartile 1 of 4) Position improved declined from 22nd in July 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 Actuals	Trend	RAG Rating	Executive Director
Mandatory & Statutory Training	93%	Oct-20	90.0%	92.0%		A	DOP

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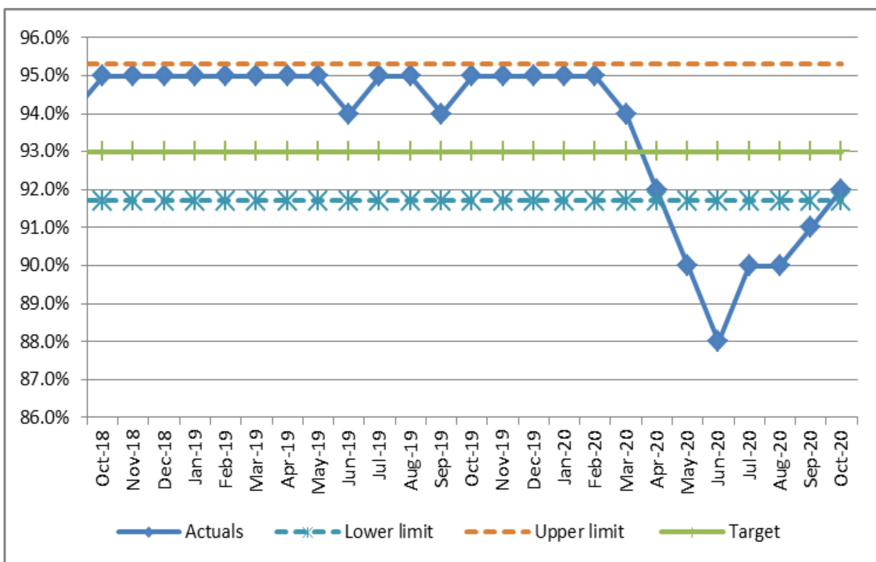

National position & overview

The Trust benchmarks favourably nationally and local intelligence suggests the Trust's training rates are amongst the highest in the region.

Root causes

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 92.0%.

Actions

The People and Inclusion Cabinet are 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.

It has been agreed that during the COVID 2nd surge mandatory training will be paused in order to maximise staffing availability.

Impact/Timescale

Due to the pausing of mandatory & statutory training the compliance target to 93% by end of December 2020 is to be delayed.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Appraisal	95%	Oct-20	85.0%	88.0%		R	DOP

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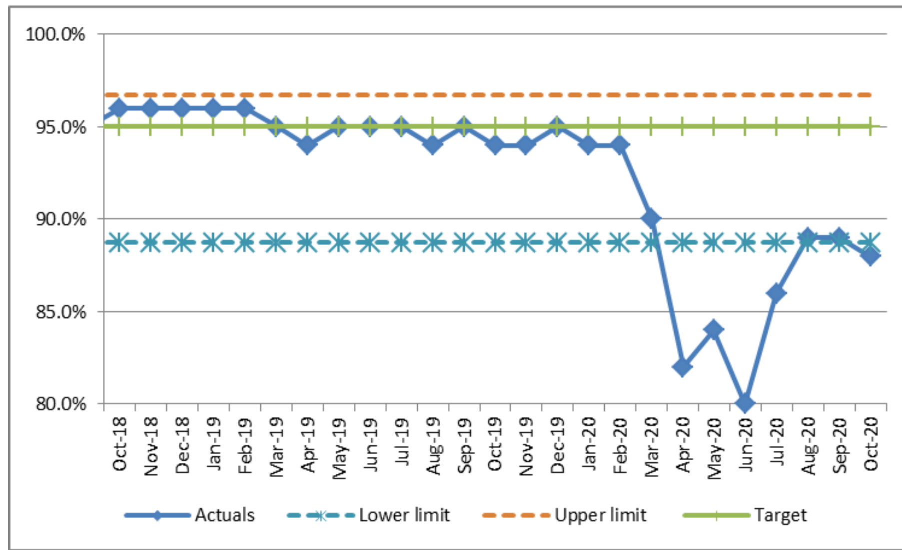

National position & overview

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 was undertaken since June 20 and a gradual increase in the figures was note. However, the current level shows a slight reduction and now reported at 88.0%. This reduction coincides with the COVID 19 second surge.

Actions

The People and Inclusion Cabinet are 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.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Flu vaccinations	90.0%	Oct-20	79.8%	-		on target	DOP

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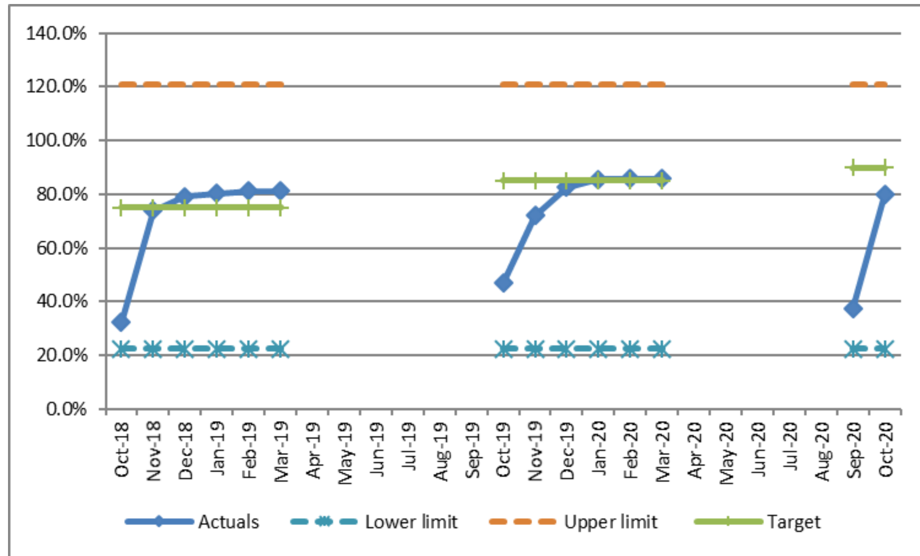

National position & overview

The Trust benchmarks favourably against a national Flu Return rates.

Trust's performance is 2nd out of 40 Trusts across the region.(The Trust is best performing Acute Trust in the region)

Position improved from 3rd on 2nd November.

The Trust are not expected to achieve the national CQUIN target for 2020/21 of 90%, this is due to the COVID pandemic.

Root causes

As at 25th November 2020 figures for the Flu vaccination for front line workers were reported at 81.9%, this is at a similar level to the previous periods.

Divisional & Staff Group breakdowns are:

- Women's & Children – 85%
- Medicine – 78.7%
- Corporate – 75.3%
- Urgent & Emergency Care – 75.2%
- Diagnostics & Outpatients – 66.8%
- Surgery – 65.2%

- Other Professional Qualified Clinical Staff – 99.6%
- Doctors – 85.4%
- Support to Clinical - 77.9%
- Nurses – 77.7%

Actions

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.

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.

Impact/Timescale

Roll out programme is forecasting the achievement of a 90% CQUIN target

Phase 3 Recovery Headlines – August to October 2020

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- Red: Below Trust Trajectory / Activity plan
- Yellow: Within 10% of Trust Trajectory / Activity plan
- Green: Above Trust Trajectory / activity plan

Activity compared to LAST YEAR

Year	Month	Day case	Elective	OP First	OP Follow Up
	August	2,789	502	7,868	17,959
	September	3,304	392	8,876	20,745
	October	3,491	400	8,688	20,866
1920 Activity		**6,795**	**792**	**17,564**	**41,611**
	August	2,114	350	5,623	15,361
	September	2,749	345	6,663	18,599
	October	2,923	348	6,753	18,209
2021 Activity		**5,672**	**693**	**13,416**	**36,808**
	August Phase 3 ask	*70%*	*70%*	*90%*	*90%*
	August Trajectory	57%	73%	82%	82%
	August Actual	76%	70%	71%	86%
	September Phase 3 ask	*80%*	*80%*	*100%*	*100%*
	September Trajectory	80%	80%	88%	93%
	September Actual	83%	88%	75%	90%
	October Phase 3 ask	*90%*	*90%*	*100%*	*100%*
	October Trajectory	80%	90%	93%	96%
	October Actual	84%	87%	78%	87%

Activity compared to PLAN

Year	Month	DC	EL	OP First	OP Follow Up
	August	1,590	366	6,452	14,726
	September	2,646	314	7,771	19,340
	October	2,793	360	8,045	19,927
2021 Plan		**5,439**	**674**	**15,816**	**39,267**
	August	2,114	350	5,623	15,361
	September	2,749	345	6,663	18,599
	October	2,923	348	6,753	18,209
2021 Activity		**5,672**	**693**	**13,416**	**36,808**
	August Actual	133%	96%	87%	104%
	September Actual	104%	110%	86%	96%
	October Actual	105%	97%	84%	91%

Overview

- The Trust has recovered elective activity well when compared to other organisations in the region.
- Day case activity has increased month on month, exceeding the phase 3 plan.
- Elective Inpatients have remained consistent , marginally missing plan for October.
- First outpatient activity has improved month on month but remains below plan . Follow up outpatient activity has remained relatively stable delivering >90% of plan.

Actions

Current objectives:

- Supporting colleagues to deliver activity aligned to elective surge plans where it is safe and appropriate to do so.
- Remain focussed on cancer and urgent activity / outpatients / diagnostics and utilisation of Independent Sector capacity.

Plan November to March 2021:

- Continue to monitor progress against the activity plan submitted as part of the Phase 3 submission
- Awaiting further guidance from National team - steer is to remain agile and understand the variation to the Phase 3 activity submission
- Variance to plan likely to increase in certain areas and specialties notably elective surgery, some day case surgery and Respiratory outpatient activity.
- Continue to report variation to the Phase 3 activity to Board via the SOF

Risks

- Impact of critical care surge plan on theatre capacity. Phase 2 critical care surge plan starting to impact w/c 16/11.
- Staffing levels due to:
  - Isolation
  - Shielding
  - Asymptomatic staff testing.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
62 days urgent referral to treatment	85.4%	Sep-20	65.9%	62.4%		R	COO

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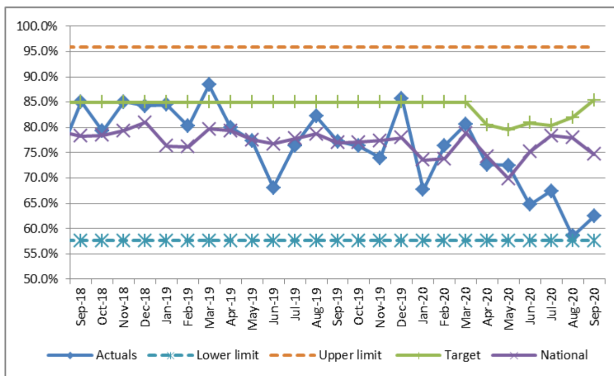

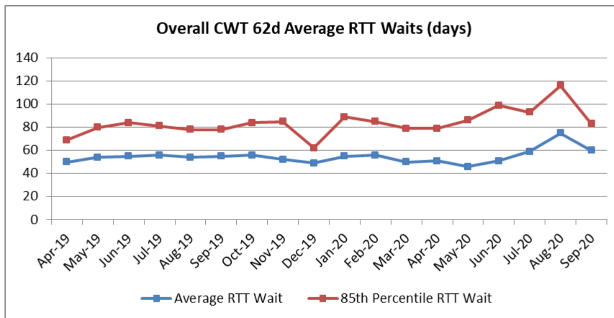

National position & overview

- Nationally, for the month of September 74.7% of people treated began first definitive treatment within 62 days of referred for suspected cancer (77.9% in August).
- Based on 86.5 treatments and 32.5 breaches the Trust delivered 62.4% (58.55% in August) giving an indicative national ranking of 112th from 134 Trusts. Performance as a Nottinghamshire system was 73.3%. The tumour site with the highest volume of breaches for September was Breast (11).
- The average wait for treatment has remained relatively stable with a peak in August due to patients receiving definitive treatment following temporising Endocrine treatment during the pandemic.
- Performance for the remainder of the year is expected to be in the region of 70-75%. This assumes referrals remain at 2019/20 levels, a conversion rate to treatment of 7% and the volume of breaches remaining consistent with current levels.

Root causes

- In the first quarter of 20/21 delays to definitive diagnosis or treatment centred on COVID restrictions, patient concerns and changes to 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 September this reduced to 70.
- Cancer capacity is fully restored, however it remains fragile to staffing levels impacted by COVID. Safety net to flag patients requiring treatment is in place locally and across the Region.

Actions

- 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. Welfare calls in place to support patient anxiety.
- Establish a strategic approach to reducing the Endoscopy and other diagnostic capacity gap, both in the short term and medium term. Plans for Community Diagnostic Hub (CDH) and Rapid Diagnostic Centre (RDC) in development with ICS.

Impact/Timescale

- Detail performance against backlog trajectory on next slide.
- RDC plan for vague symptom pathway progressing / Pathways for LGI and UGI to be confirmed in December 2020.

Cancer 62 day and 104+ Waits

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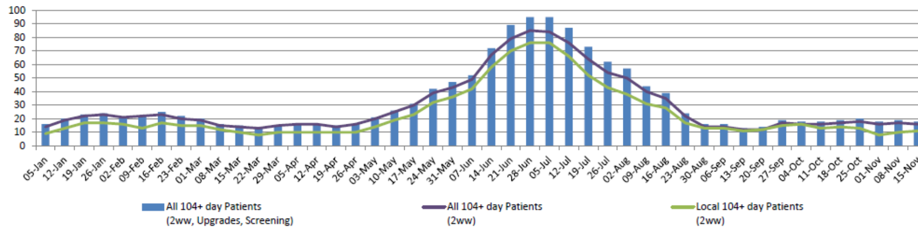
Graph 1: 104+ waits



Graph 2: All 62+ waits

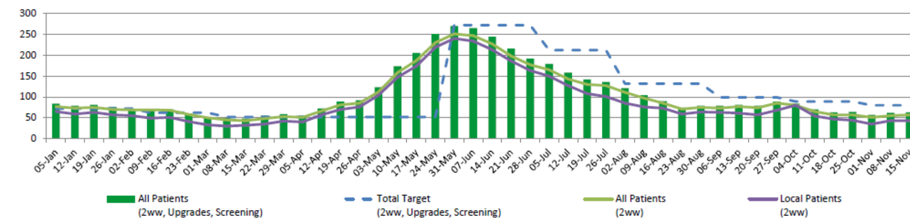


Table 1: Local 62+ waits

Tumour site	Previous months actual							Current month Trajectory	
	April	May	June	July	August	September	October	November	15-Nov
Breast	3	28	30	28	15	15	8	16	5
Lung	3	4	2	3	2	0	2	1	2
Haem	2	1	2	1	1	1	1	1	0
UGI	11	20	8	7	7	7	2	2	5
LGI	29	115	71	31	20	22	20	22	21
Skin	1	3	6	5	0	5	1	2	1
Gynae	11	18	9	8	3	4	1	3	2
Urology	6	21	13	7	9	12	9	4	3
Head and Neck	10	30	22	18	10	4	4	8	4
Grand Total	76	240	163	108	67	70	48	59	43

Overview

- Graph 1 shows the sustained return to pre-COVID levels 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 23/11/2020 is 15 of which:
  - 2 patients haves a treatment date in November and 1 in December
  - 4 patients are awaiting treatment dates at the Tertiary Centre
  - 8 patients are undergoing diagnostics or are awaiting 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 67 as at 23/11/2020.
- 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 82% from the peak in May.
- The trajectory has been set in future months to deliver at least the March 20 position (33) by March 2021.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Diagnostic waiters, 6 weeks and over-DM01	0.9%	Oct-20	-	35.0%		R	COO

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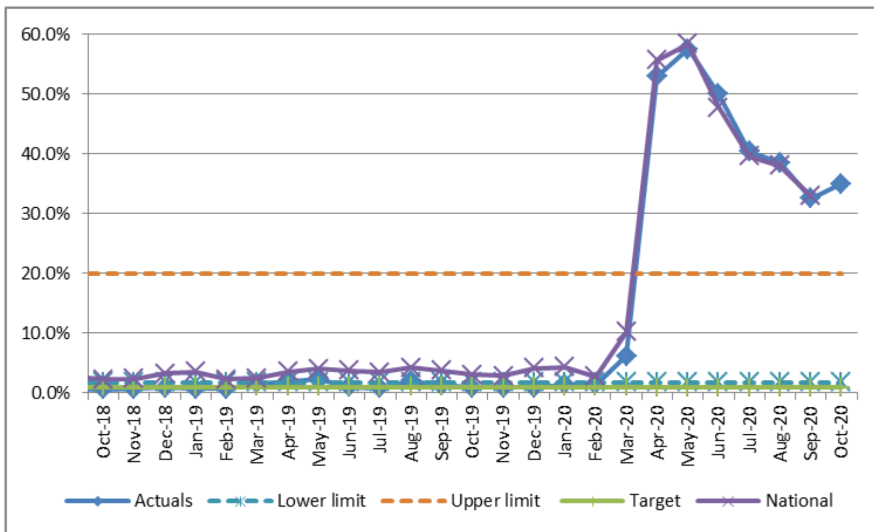

National position & overview

- At the end of October 2020 the Trust failed the DM01 standard with performance of 35% against a standard of <1%. Performance is based on 2,665 breaches from a waiting list of 7,604 procedures.
- The test with the smallest proportion of patients waiting six weeks or more is uro-dynamics with 0.2%. The tests with the highest proportion are ECHO at 45% and Colonoscopy at 11%
- At time of writing National data for October remains unpublished. September National performance was 33%

Root causes

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

Whilst most modalities have made significant progress the key risk areas are:

- ECHO at c65% of capacity restored due to the impact of cleaning and PPE requirements.
- Ability to retain centrally funded CT mobile capacity.

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 with a focus on MRI capacity in the first instance.
- Continued use of the Independent Sector for additional MRI and Endoscopy capacity.
- Improved scheduling and utilisation of ECHO capacity (Inpatient and weekends) to return to pre-COVID levels.
- Additional external ECHO capacity required to reduce the backlog.

Impact/Timescale

- Elective imaging activity restoration is progressing well and is being supported by mobile scanners.
- Recovery for Endoscopy will be dependent on securing capacity across the system. Mobile capacity has been identified.
- Increased productivity for ECHO expected from 28/11/20.
- Plan for external ECHO support to be secured in December 2020.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	27431	Oct-20	-	35534		R	COO

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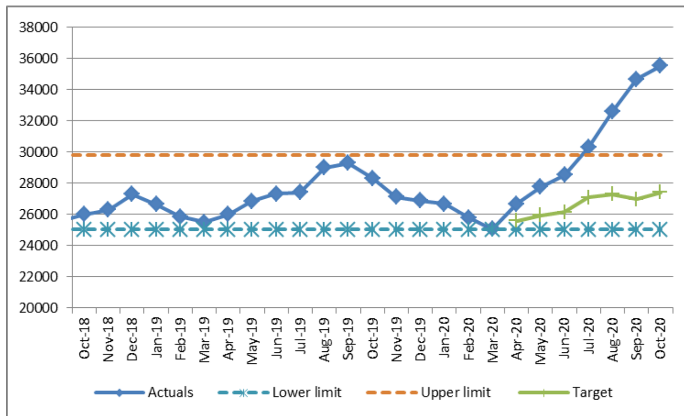


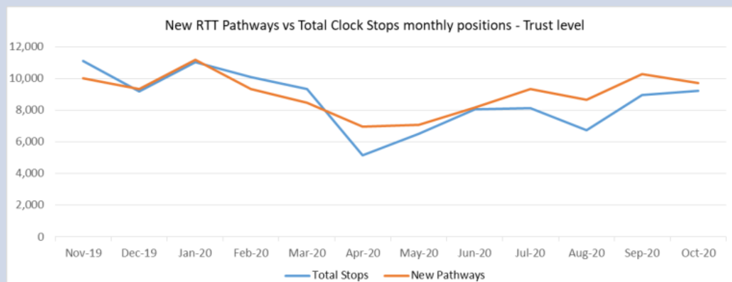
National position & overview

- Nationally, the number of RTT patients waiting to start treatment at the end of September was 4.35 million. Of those 139,545 patients were waiting more than 52 weeks.
- For the Trust the volume of patients on an Incomplete RTT pathway rose by 2.4% from September 34,695 to October at 35,531. Whilst this is adverse to trajectory (33,912) it is the smallest % increase recorded since June 2020.

Root causes

The key cause of current size of the RTT waiting list due to the following factors:

- Reduced routine elective operating and diagnostic activity in response to the COVID pandemic leading to extended waits for routine patients.
- GP referrals reduced to below 50% of the average in April and May, have been steadily rising and returned to previous years rates with September 20 referrals 1% higher than September 19 referrals. A reduction is noted for October.
- Reduce outpatient activity in quarter 1 has led to an increased volume of overdue follow ups added to the waiting list
- Divergence of clock starts to clock stops - October is closing.



Actions

- Maintaining elective activity where it is safe and appropriate to do so during the second wave of the pandemic.
- Daily review of Inpatient activity / ITU requirements.
- Continued focus on outpatient activity, increasing the volume of 1st outpatients – face to face and non-face to face.
- Independent sector access in place. Next phase January to March to be agreed with CCG and providers. Aim to continue with current capacity plus additional for Orthopaedics.

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

- The RTT waiting lists is expected to remain adverse to plan for the rest of 20/21

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
% of patients within 18 weeks referral to treatment time - incomplete pathways	88.4%	Oct-20	-	71.0%		R	COO

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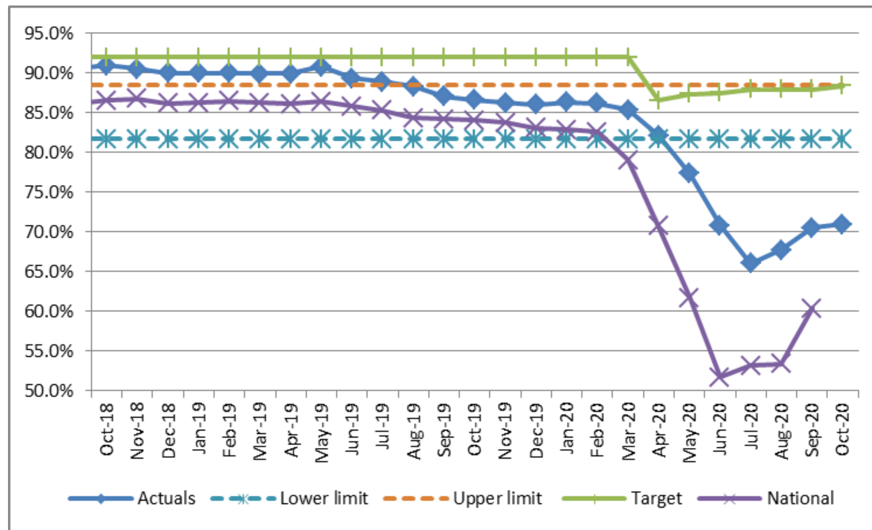

National position & overview

- At time of writing Octobers performance remains unpublished. Nationally, at the end of September 2020 performance of the Incomplete standard was 60.6%. The Trust delivered 70.6% for September and 71.01% for October.
- National ranking for September was 27th from 136 organisations.
- For patients waiting to start treatment at the end of September , the median waiting time was 12.0 weeks. For the Trust it was 9.7 weeks (October 10.4 weeks). Nationally, the 92nd percentile waiting time was 43.7 weeks, the Trust was 35.9 (October 37.7 weeks).

Root causes	Actions	Impact/Timescale
The key cause for current performance is the shift in the shape of the waiting list due to 3 factors: 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.	• Maintaining elective activity where it is safe and appropriate to do so during the second wave of the pandemic. • Daily review of Inpatient activity / ITU requirements. • Increase availability of 1st OP slots aligned to the recovery trajectories (face to face and non face to face) • Clinical validation and Prioritisation Programme commenced in October. 1,700 admitted patients without a TCI have been sent a letter 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. • Independent Sector access in place. Next phase January to March to be agreed with CCG and providers. Aim to continue with current capacity plus additional for Orthopaedics.	• RTT Incomplete performance is expected to remain adverse to plan for the rest of 20/21.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Number of cases exceeding 52 weeks referral to treatment	0	Oct-20	1555	418		R	COO

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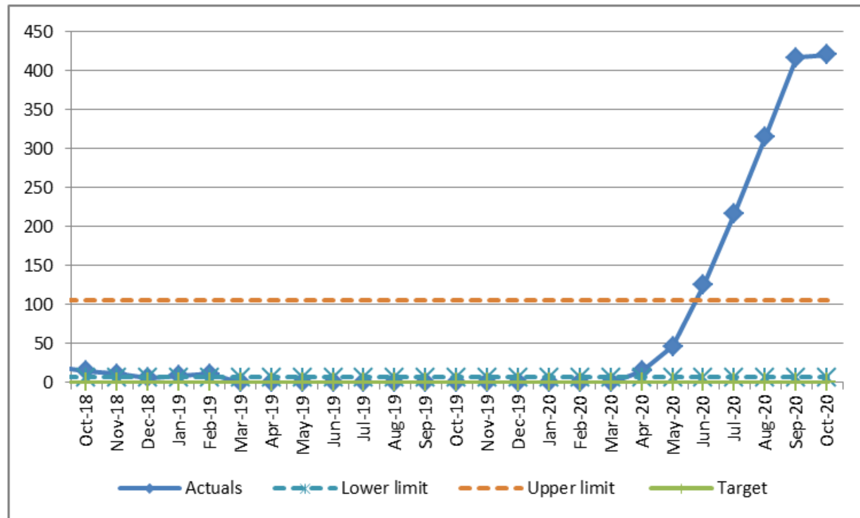

National position & overview

Performance for October (at time of writing) is unpublished however the Trust has reported 418 52+ waits.

Top 5 specialties:

- Ophthalmology – 114 (September 140)
- Trauma and Orthopaedics – 91 (September 96)
- ENT – 70 (September 69)
- General Surgery – 48 (September 34)
- Urology – 30 (September 31)

Nationally at the end of September the number of RTT patients waiting more than 52 weeks was 139,545.

Root causes

- 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.

Actions

- Weekly RTT meetings in place securing plans for long wait patients in line with specialty restoration and recovery plans – During October 240 over 52 week wait pathways were completed this is an increase from 200 in September and 115 in August.
- Review of waiting list to ensure all admitted patients have the appropriate clinical priority code and manage waits that exceed the priority parameters.
- Independent Sector access in place. Next phase January to March to be agreed with CCG and providers. Aim to continue with current capacity plus additional for Orthopaedics.

Impact/Timescale

- The phase 3 final trajectory is:
  - 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. performance is expected to remain adverse to plan for the rest of 20/21.

Best Value Care

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For M1 to M6 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.

As part of the NHSE/I Phase 3 planning process a detailed organisational plan for M7-M12 was 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. The Phase 3 plan assumes a deficit of £9.21m for the M7-M12 period.

NHSE/I has combined the periods above into a single plan for the year (M1-M6 plan, matched to actuals) and M7-M12 as submitted by the Trust. Performance against this overall plan is summarised below.

	October In-Month			Year to Date (YTD)			Annual Plan	Forecast	Forecast Variance
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	£m	£m	£m
Income	32.20	32.01	(0.20)	225.56	225.37	(0.20)	384.26	385.52	1.27
Expenditure	(32.78)	(32.65)	0.13	(226.14)	(226.01)	0.13	(393.47)	(394.74)	(1.27)
Surplus/(Deficit)	**(0.58)**	**(0.64)**	**(0.07)**	**(0.58)**	**(0.65)**	**(0.07)**	**(9.21)**	**(9.21)**	**(0.00)**
Capex (including donated)	(0.42)	(0.78)	(0.36)	(5.18)	(4.96)	0.22	(16.03)	(18.95)	(2.91)
Efficiencies (FIP)	0.40	0.53	0.13	0.40	0.53	0.13	2.70	2.70	0.00
Closing Cash	33.65	36.61	2.96	33.65	36.61	2.96	6.70	6.70	0.00

Capital expenditure at M07 is lower than planned and includes Covid-19 related Capital expenditure. The Trust is forecasting to exceed its capital expenditure plan by £2.91m due to additional funding awarded in respect of the emergency department, adult critical care, endoscopy (Adapt and Adopt) and video conferencing.

The Phase 3 plan identifies £2.70m of efficiencies in M7-M12, which the Trust is on track to achieve.

Closing cash at M07 is £36.61m, which is £2.96m 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 £6.70m at 31st March 2021.

Best Value Care

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All values £'000 - Control Total Basis	In Month					Year-to-Date					Forecast				
	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Forecast	Covid Forecast	Total Forecast	Variance
Income:															
Block Contract	23,313	23,313	0	23,313	0	163,721	163,721	0	163,721	0	280,287	280,287	0	280,287	0
Top-Up Value	3,693	3,693	0	3,693	0	20,704	20,704	0	20,704	0	39,169	39,169	0	39,169	0
Growth	467	467	0	467	0	467	467	0	467	0	2,800	2,800	0	2,800	0
Retrospective True-Up Value	0	0	0	0	0	9,017	9,017	0	9,017	0	9,017	9,017	0	9,017	0
COVID Income	1,717	0	1,717	1,717	0	13,369	0	13,369	13,369	0	21,952	0	21,952	21,952	0
Other Income	2,990	2,788	0	2,788	(202)	18,111	17,913	(4)	17,909	(202)	30,730	31,992	(4)	31,988	1,258
Total Income	**32,180**	**30,261**	**1,717**	**31,977**	**(202)**	**225,388**	**211,821**	**13,365**	**225,186**	**(202)**	**383,955**	**363,265**	**21,948**	**385,213**	**1,258**
Expenditure:															
Pay - Substantive	(16,748)	(16,763)	(82)	(16,845)	(97)	(116,730)	(115,095)	(1,732)	(116,827)	(97)	(204,684)	(203,096)	(3,481)	(206,576)	(1,893)
Pay - Bank	(1,369)	(1,445)	(672)	(2,117)	(748)	(11,870)	(8,510)	(4,108)	(12,618)	(748)	(19,658)	(14,050)	(5,525)	(19,575)	83
Pay - Agency	(1,228)	(1,032)	(175)	(1,207)	21	(8,588)	(6,746)	(1,821)	(8,567)	21	(15,322)	(12,339)	(2,994)	(15,332)	(11)
Pay - Other (Apprentice Levy and Non Execs)	(88)	(91)	0	(91)	(3)	(619)	(622)	0	(622)	(3)	(1,060)	(1,065)	0	(1,065)	(5)
Total Pay	(19,433)	(19,331)	(929)	(20,261)	(828)	(137,807)	(130,974)	(7,661)	(138,635)	(828)	(240,723)	(230,549)	(11,999)	(242,549)	(1,825)
Non-Pay	(11,076)	(9,755)	(306)	(10,061)	1,015	(72,798)	(66,560)	(5,222)	(71,783)	1,015	(125,826)	(118,154)	(7,013)	(125,166)	659
Depreciation	(996)	(1,046)	0	(1,046)	(50)	(6,707)	(6,757)	0	(6,757)	(50)	(11,860)	(11,952)	0	(11,952)	(92)
Interest Expense	(1,254)	(1,254)	0	(1,254)	(0)	(8,654)	(8,655)	0	(8,655)	(0)	(14,761)	(14,761)	0	(14,761)	(0)
PDC Dividend Expense	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Non-Pay	(13,326)	(12,054)	(306)	(12,360)	966	(88,160)	(81,972)	(5,222)	(87,194)	966	(152,447)	(144,867)	(7,013)	(151,880)	567
Total Expenditure	**(32,759)**	**(31,385)**	**(1,236)**	**(32,621)**	**138**	**(225,967)**	**(212,946)**	**(12,884)**	**(225,829)**	**138**	**(393,171)**	**(375,417)**	**(19,012)**	**(394,429)**	**(1,258)**
Surplus/(Deficit)	**(579)**	**(1,125)**	**481**	**(644)**	**(65)**	**(579)**	**(1,125)**	**481**	**(644)**	**(65)**	**(9,215)**	**(12,151)**	**2,936**	**(9,215)**	**0**

The table above shows that the Trust is £0.07m behind plan at the end of M7.

Whilst Covid expenditure of £1.23m is £0.48m less than the Covid block income received in month, it is £0.58m higher than planned due to the surge in 2nd wave Covid cases being earlier than planned. Overall it is currently forecast that total Covid expenditure in 2020/21 will be £0.58m higher than assumed in the Phase 3 plan.

The forecast continues to assume that Covid costs can be managed within overall resources and that the overall Phase 3 plan will be achieved.