Mid-Nottinghamshire Integrated Care Partnership

NHS Sherwood Forest Hospitals NHS Foundation Trust

Single Oversight Framework

Reporting Period: Month 8

2020/21

Inspected and rated Good CareQuality Commission

Single Oversight Framework – Month 8 Overview

Sherwood Forest Hospitals NHS Foundation Trust

Domain	Overview & risks	Lead
Overview	The SOF covers month eight (November). It is shorter in length, it uses statistical process control graphs and it is designed to focus attention on the key areas. You will see throughout the SOF clear references to the impact at Sherwood of Covid and increased winter activity.	CEO
Quality Care (exception reports pages 10 - 15)	During November 2020, the care delivered to our patients has been safe and 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) remain consistently low, the last category 3 PU was Nov 2018 and no category 4s since Aug 2017. There are six exception reports for October 2020; • Covid-19 hospital acquired; 16 hospital acquired cases during November 2020. Covid 19 outbreaks are being managed in accordance with PHE/NHS I/E guidance. Asymptomatic testing programme commenced in November 2020. Lateral flow implemented in December 2020 (4,096 kits distributed, 2,228 kits registered). • ED recommendation rate; performance 90.5% (YTD 90.8%). Our action plan implementation continues to address key themes. Issues remain with the data accuracy particularly in minors. • Maternity recommendation rate; performance 86.8% (YTD 93.6%). Low response rate across all 4 touch points, action plan in place to address recommendation rate. • Dementia screening; whilst showing a continued improvement in YTD performance, is still remains below the expected compliance rate. • HSMR; performance 113.2 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. • Cardiac arrests per 1000 admissions was elevated during November 2020, this is attributed to the inclusion of ED, Critical Care and theatres to capture and review all in-hospital arrests. We will benchmark with other trusts over the coming months to establish appropriate methodology and tolerance.	MD, CN

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Sherwood Forest Hospitals
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People & Culture (exception reports page 16 - 20)	Overall, in M8 COVID-19 has impacted on Staff Health and Wellbeing at the Trust. Sickness Absence levels have shown an increase from M4 (July 20) to 5.3%, 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 86.1**%**, 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 overall increasing trend, however is has slightly fallen from the previously month. 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 increase from the last month, with the current level sitting equivalent to the lower SPC limit. NHS People Plan Wellbeing actions have been delivered in terms of having HWB input at Induction and HWB Conversations are now being piloted with 50 colleagues, as part of their appraisal process. A review of the Time to Change Champions and 'Health Heroes' role is underway, in preparation for a Trust-wide 'Champions Event' to be run in January 21, to highlight HWB resources available to colleagues at Divisional level. These are being supported by Welfare and Wellbeing Roadshows held in service areas, which take wellbeing offers directly to colleagues; over 12 Roadshows have been held to date. A week long Mid-Nottinghamshire ICP Wellbeing Fayre was held in December, attracting over 132 colleagues from across health, social care and the third sector. A campaign to support colleagues struggling at Christmas was launched on 18th December, inviting colleagues to have an informal and virtual chat over the Christmas and New Year period. There is a continued focus on Rest, Hydrate and Refuel, with a new colleague rest area being introduced in Critical Care, with SFH Involvement providing drinks and sustenance to other key Covid areas. 10 QSIR Practitioners completed their QI training during December.	DOP, DCI

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Timely care (exception reports pages 21 - 27)	SFH continue to provide some of the best timely care for emergency patients in the NHS, with performance above trajectory and non-elective admission demand returning to 2019 levels. Relative positive progress continues to be made against the elective recovery activity trajectories. There has been excellent recovery against the inpatient and day case trajectories, however the second surge has impacted on some inpatient activity in November. Work continues to safely increase the number of new outpatients being seen and 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 with referrals back to pre-Covid levels. Whilst the focus on long waits is having a detrimental impact on delivery of the 62 day standard, performance has improved over the last two months as the volume of patients waiting over 62 days for treatment has reduced. Treating cancer patients remains a priority with local and regional system partners; regular calls are in place to ensure that capacity across the system is equitably utilised.	COO

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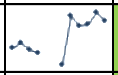
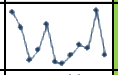
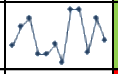
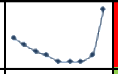
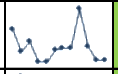
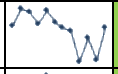
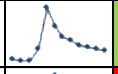
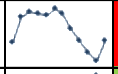
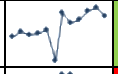
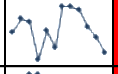
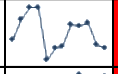
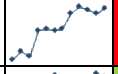
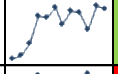
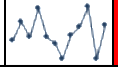
Best Value care (exception reports pages 28- 29)	For the month of November the Trust has reported a deficit of £1.0m, which is £0.3m adverse to the Phase 3 plan (year to date deficit £1.6m, which is £0.3m adverse to plan). This includes Covid-19 related expenditure incurred during the month of £1.6m (year to date total £14.5m). The Trust has incorporated a non-recurrent financial improvement target of £2.7m into the Phase 3 plan. In November the Trust has reported £0.5m of non-recurrent FIP savings, which is £0.1m higher than planned (year to date total £1.0m, which is £0.2m 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 £9.0m (£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 £1.0m (£0.5m 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

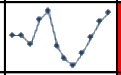
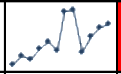
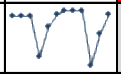
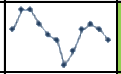
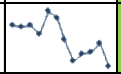
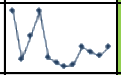
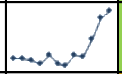
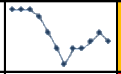
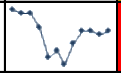
Single Oversight Framework – Month 8 Overview (1)

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%	Nov-20	96.9%	97.6%		G	MD/CN
		Admission of term babies to neonatal care as a % of all births	6%	Nov-20	3.4%	2.7%		G	CN
		Clostridium Difficile infection rate per rolling 12 months 100,000 OBD's	22.6	Nov-20	16.28	14.07		G	MD
		Covid-19 Hospital acquired cases	0	Nov-20	28.0	16		R	MD
		MRSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	0	Nov-20	0.00	0.00		G	MD
		MSSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	17	Nov-20	13.03	7.03		G	MD
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Aug-20	94.4%	95.3%		G	CN
		Safe staffing care hours per patient day (CHPPD)	>8	Nov-20	11.8	10.1		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%	Nov-20	38.9%	29.0%		R	MD/CN
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Aug-20	113.2	-		R	MD
		SHMI	100	Jun-20	96.75	-		G	MD
		Cardiac arrest rate per 1000 admissions	0.83	Nov-20	0.73	0.95		R	MD

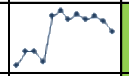
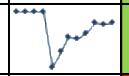
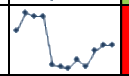
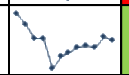
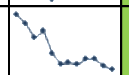
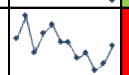
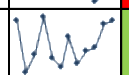
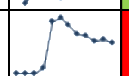
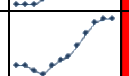
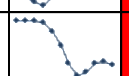
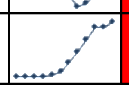
Single Oversight Framework – Month 8 Overview (2)

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%	Nov-20	4.4%	5.3%		R	DOP
		Take up of Occupational Health interventions	1000 - 1250	Nov-20	20273	2941		R	DOP
		Flu vaccinations uptake - Front Line Staff	90.0%	Nov-20	81.9%	-		on target	DOP
		Employee Relations Management	10	Nov-20	49	6		G	DOP
	Resourcing	Vacancy rate	7.5%	Nov-20	5.6%	4.9%		G	DOP
		Turnover in month (excluding rotational doctors)	0.8%	Nov-20	0.4%	0.5%		G	DOP
		Number of apprenticeships on programme	100	Nov-20	160	-		G	DOP
		Mandatory & Statutory Training	93%	Nov-20	91.0%	91.0%		A	DOP
		Appraisal	95%	Nov-20	86.0%	89.0%		R	DOP

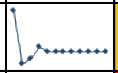
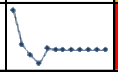
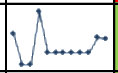
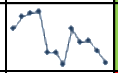
Single Oversight Framework – Month 8 Overview (3)

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	88.3%	Nov-20	95.9%	93.5%		G	COO
		General & Acute Bed Occupancy	92.2%	Nov-20	67.1%	78.8%		G	COO
		Number of inpatients >21 days	59	Nov-20	-	103		R	COO
		Number of Ambulance Arrivals	3452	Nov-20	23729	3180		G	COO
		Percentage of Ambulance Arrivals > 30 minutes	12.9%	Nov-20	3.9%	2.9%		G	COO
	Cancer Care	62 days urgent referral to treatment	81.3%	Oct-20	66.7%	71.1%		R	COO
		Cancer faster diagnosis standard	76.0%	Oct-20	75.1%	79.7%		G	COO
	Elective Care	Diagnostic waiters, 6 weeks and over-DM01	0.9%	Nov-20	-	31.9%		R	COO
		Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	27769	Nov-20	-	35379		R	COO
		% of patients within 18 weeks referral to treatment time - incomplete pathways	87.9%	Nov-20	-	69.8%		R	COO
		Number of cases exceeding 52 weeks referral to treatment	0	Nov-20	1558	465		R	COO

Single Oversight Framework – Month 8 Overview (4)

Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Best Value Care	Finance	Trust level performance against FIT target	£0.00m	Nov-20	£0.00m	£0.00m		A	CFO
		Underlying financial position against strategy	£0.00m	Nov-20	-£21.10m	-£1.13m		R	CFO
		Trust level performance against FIP plan	£0.00m	Nov-20	£1.02m	£0.49m		G	CFO
		Capital expenditure against plan	£0.00m	Nov-20	-£6.00m	-£1.04m		G	CFO
		Procurement League Table Score	49.8	2019/20	41.9	41.9		R	CFO

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend
Covid-19 Hospital acquired cases	0	Nov-20	28.0	16	

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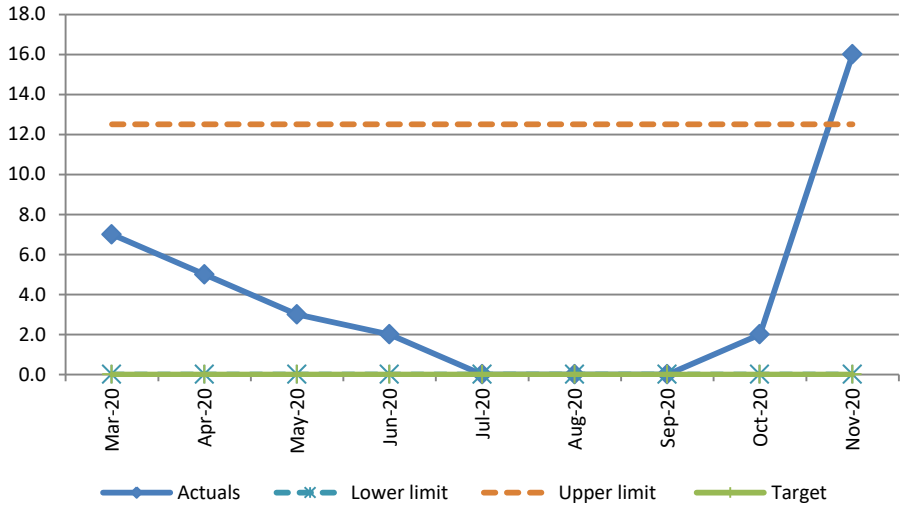

National position & overview

- All cases of Covid-19 deemed to be hospital acquired, requires completion of an RCA.
- Current review of new Covid-19 variant taking place
- New cases identified 8 days post admission are deem probable hospital acquired and new cases identified 15 days or more after admission are definite hospital acquired cases.
- During November we had 16 cases post 15 days of admission.

Root causes	Actions	Impact/Timescale
The majority of the post 15 days cases were related to a ward outbreak or cluster of Covid-19 involving both patients and Staff.	• Enhanced cleaning of all areas in the Trust is now in place • Daily hand hygiene, PPE and social distancing audits of any areas with an outbreak or cluster of cases of Covid are being conducted • Regular outbreak meetings with NHSE/I and PHE to monitor progress of the outbreaks • Visiting stopped whilst outbreak on going and ward closed whilst other patients screened • Increased patient surveillance • To send a selection of the samples of to the PHE reference lab for serotyping for monitoring for the new variant of Covid-19	• To reduce environmental contamination. • To monitor compliance with guidance and provide any learning required. On going • On going whilst we have outbreaks of Covid-19. • The aim is to reduce footfall on the ward, on going as part of outbreak management. • To identify patient who are Covid-19 positive at the earliest opportunity • On going

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Recommended Rate: Friends and Family Accident and Emergency	93.0%	Oct-20	90.8%	90.5%		R	MD/CN

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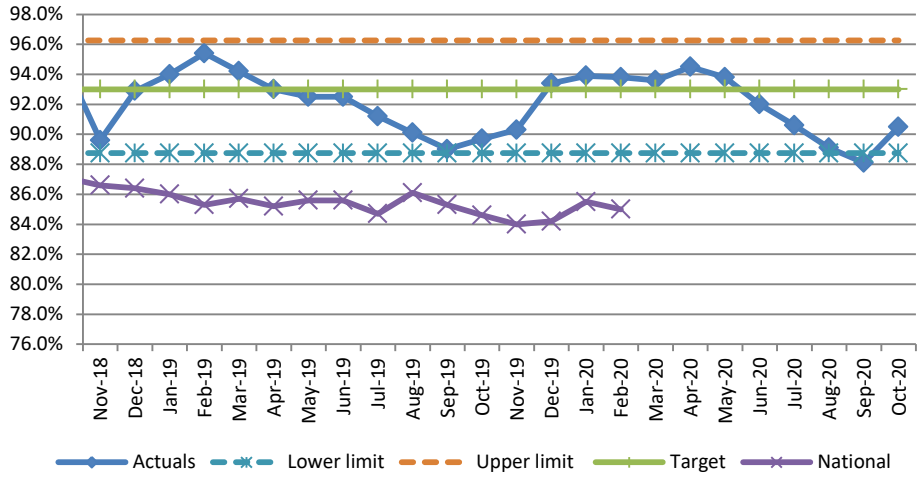

National position & overview

- Recommendation rate remains below the Trust target of 93%, October 2020 performance 90.8% (YTD actual). The national data collection has been paused and so SFH is unable to benchmark itself against peer organisations.
- The low recommendation rates is attributable to a low response rate. The data team continues to investigate whether there is an issue with the data interface resulting in completed FFT's not being captured in the data reporting. Current results are not reflective of current activity.
- 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
Data quality issue specifically low response rates Majors response rate is 23.39% (1,693 eligible patients 396 responses) Minors response rate is 2.24% (2,459 eligible patients 55 responses)	• Awaiting advice from IVQIA IT team to resolve data accuracy issue.	• January 2021
Theme around patient expectations.	• To review the information on ED screens in the waiting areas to ensure they are being to utilised to the best potential.	• Completed
Consistent positive feedback that patients feel safe and cared for whilst in the organisation.	• Share positive feedback with the team via existing communication channels.	• December 2021

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Recommended Rate: Friends and Family Maternity	93.0%	Oct-20	93.6%	86.8%		R	MD/CN

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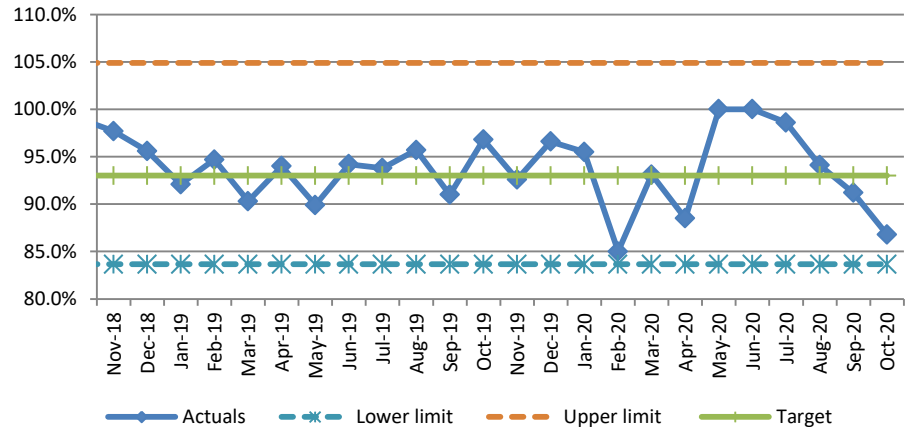

National position & overview

- On-going challenge around admission of partners across pregnancy pathway
- COVID Wave 2 and introduction of staff testing has had an impact on staffing availability across all aspects of service
- National and local maternity safety reports expected to impact on public confidence in maternity services

Root causes	Actions	Impact/Timescale
Data validation issues with November returns (including correct alignment of touch points)	• Meeting held with data analyst 15.12.20 to ensure correct alignment of touch points	• Changes to be made ASAP
Touch points 2-4 will not be triggered until December at the earliest, which contributes to low response/returns	• Continue to review monthly returns into Q4 in order to develop overview of themes and trends	• March 21
Review of narrative comments shows that the concerns expressed relate mainly to partners access/absence in antenatal clinic and on postnatal ward	• Work with divisional, Trust and regional colleagues to accommodate partners in line with national guidance	• Reinstatement of partners across all aspects of service 21.12.20

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%	Nov-20	38.9%	29.0%		R	MD/CN

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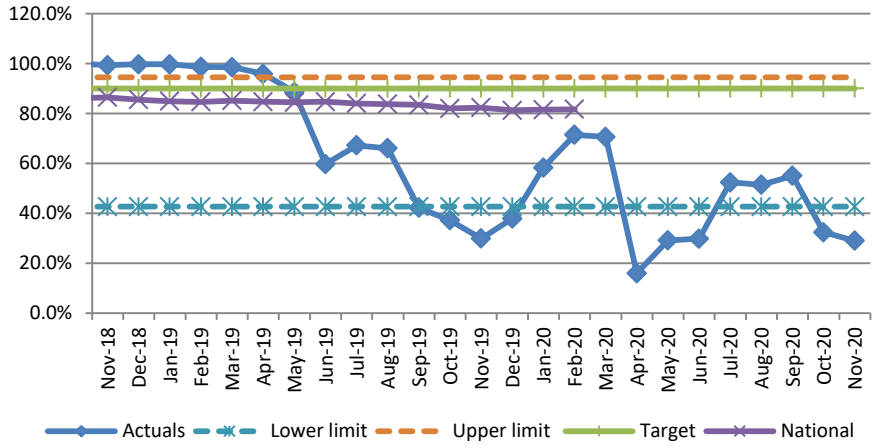

National position & overview

- 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 should complete the assessment by clinical lead for dementia.
- Band 3 Health Care worker appointed to assist process Jan 2020.
- Assessments suspended between April-June 2020 due to Covid-19 recommencing mid July 20, HCA now stood down permanently from completing assessments at direction of Nursing, Midwifery and Allied Healthcare Professional Board.

Root causes	Actions	Impact/Timescale
Assessments not being completed on Nervecentre by medical teams.	• Non compliance was escalated to Quality Cabinet in September 2020– for discussion with chief nurse and medical director. • A questionnaire sent out for doctors to complete, saw only 60 responses despite them being hand delivered and collected. • Gap analysis was presented to N,MW and AHP 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.	• January 2021. • Completed • Completed
Nervecentre AMT assessment not implemented in ED.	• Nervecentre (Eobs) fully implemented in ED and UCC at Newark. Introduction of assessments was due to be commenced in October 2020 unfortunately this has been delayed. Awaiting confirmation of a implementation date from Clinical Lead for Digital innovation and transformation.	• January 2021

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Aug-20	113.2	-		R	MD

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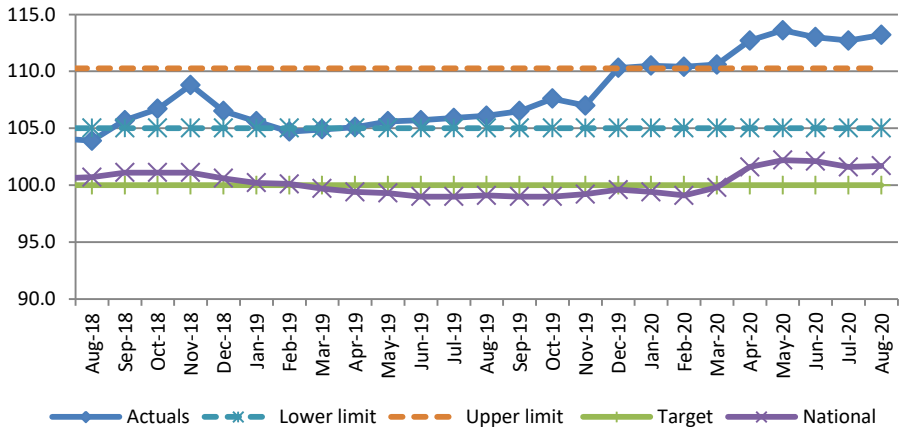

National position & overview

- Steady increase in HSMR superimposed on fluctuations tracking the national trends
  - Incomplete data submission due to PAS update may have been skewing HSMR since 04/20.
- Fractured neck of femur, upper gastrointestinal haemorrhage and alcohol related liver disease have been identified as significant contributory factors
  - Specialty reviews have been 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

Contributary factors	Actions	Impact/Timescale
• Incomplete Data	• Postcodes have been missing from some data, which effects our deprivation rating. Refreshed data has been submitted. Investigation recommended.	• May reduce HSMR slightly but does not explain all variance
• Fractured neck of femur	• Independent internal review complete and report pending. External review may still be required.	• Report beginning of Q4
• Upper GI haemorrhage	• Specialty review of cases complete. Significant issues around coding revealed.	• Update next quarter
• Alcohol related liver disease	• Specialty review of cases complete. Use of care bundles in early phases of admission requires improvement. Work with Gastro and UEC begun to map pathways and review guidelines.	• Update next quarter
• Palliative Care Coding	• Coding is not picking up the actual levels of activity- particularly telephone advice. Documentation solutions in development.	• Update next quarter

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Cardiac arrest rate per 1000 admissions	0.83	Nov-20	0.73	0.95		R	MD

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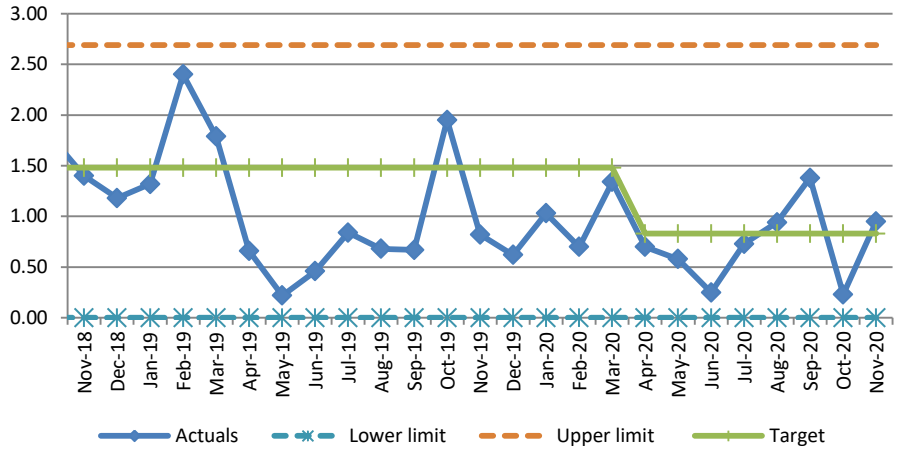

National position & overview

- NCAA report 2019/20 demonstrates we sit in the lower third of the national picture for our rate of in hospital cardiac arrests.
- Theatres, Emergency department and critical care were previously excluded and were not part of the objective review process.
- The YTD is 0.73%
- Arrests have not significantly increased in November the change is attributed to comprehensive data captured.

Root causes	Actions	Impact/Timescale
• Increase in the number of arrests.	• Continue to review all in hospital cardiac arrests for identified learning. In the event any lapses in care are identified incidents to be managed in across with governance process.	On going
• The metric has not previously captured all in-hospital arrests	• Review methodology from other organisations to ensure data capture is consistent and robust.	March 2021
	• Establish appropriate tolerance for the metric using the national evidence base.	March 2021

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Health & Well Being Sickness Absence	3.5%	Nov-20	4.2%	5.3%		R	DOP

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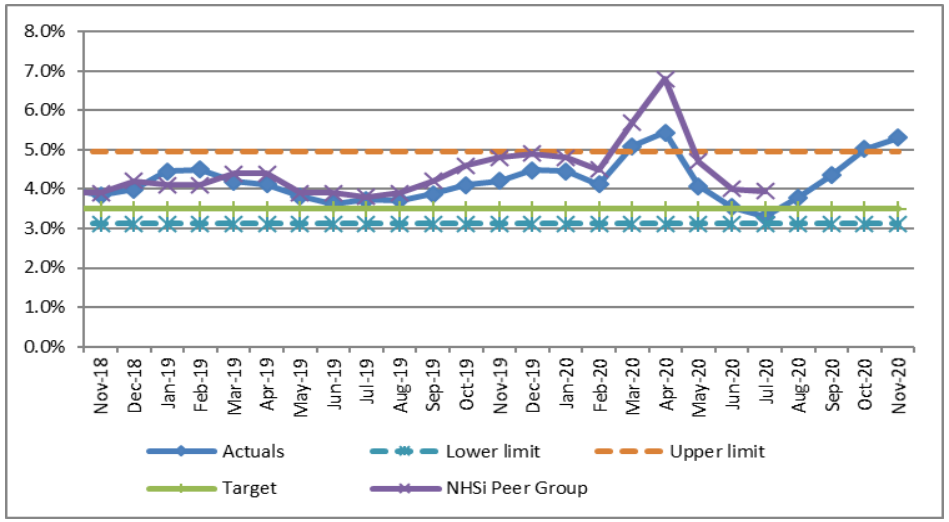

National position & overview

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 September 2020. The national median was 4.19% , SFH median was 3.95%.

Trust's performance is 31st out of 135 Trusts in August 2020 (Performance was within quartile 1 of 4) Position improved from 36th in August 2020.

Root causes

The sickness levels have increased from last month (5.0%) to 5.3% in November 2020. and sits above the upper SPC level. The increase is related to the pandemic.

The short term sickness absence rate for November 2020 is 3.4%. (October 20 – 2.7%).

The long term sickness absence rate for November 2020 is 1.9%. (October 2020 – 2.3%.)

COVID related absence make up 1.8% of the absence level (showing an increase from October 20 – 0.7%).

Staff self-isolating is recorded at 2.2% (October 20 – 1.6%) and staff shielding recorded at 0.5% (0.2% in October 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 coincidences 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	Nov-20	20273	2941		R	DOP

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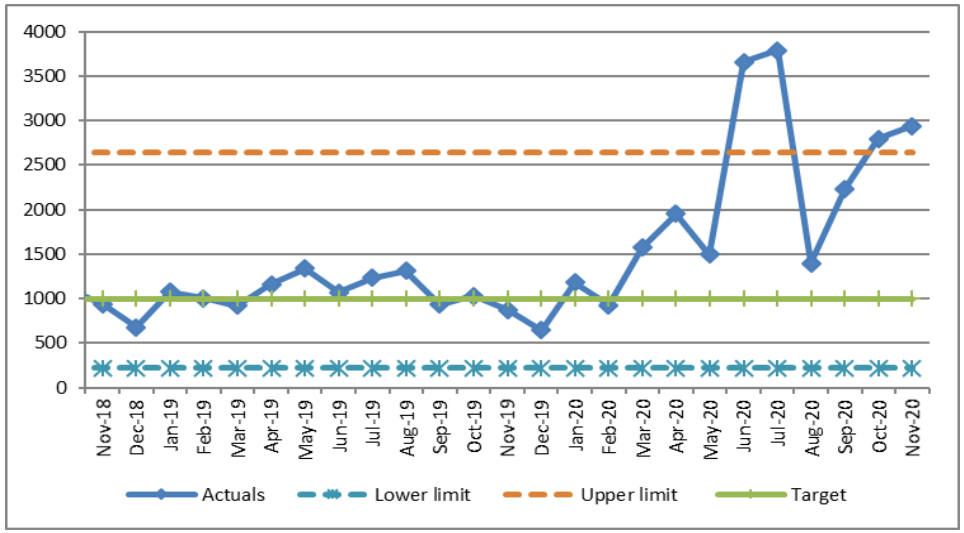

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Root causes

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
- Lateral Flow Testing Programme

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%	Nov-20	90.0%	91.0%		A	DOP

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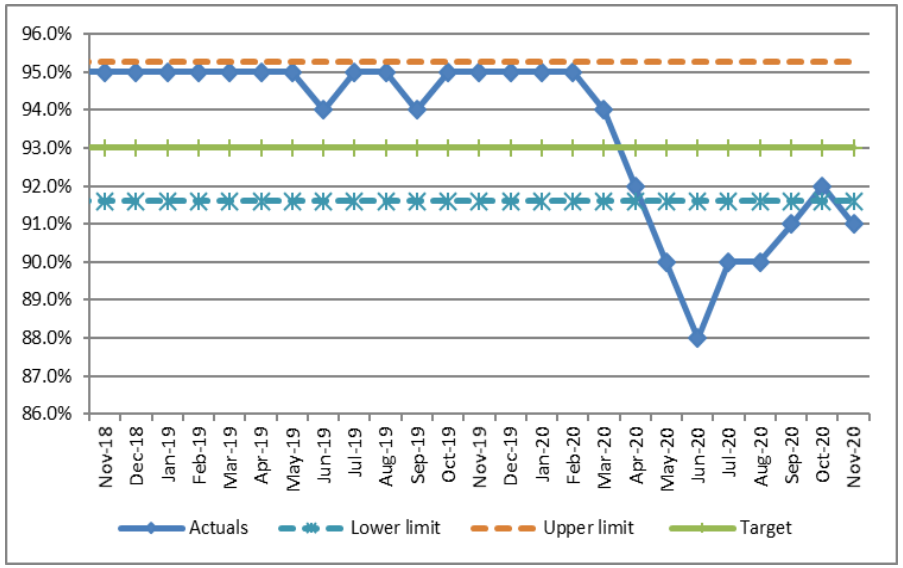

National position & overview

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 91.0%.

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. Staff due to attend mandatory training during this paused have been re-booked onto alternative sessions.

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%	Nov-20	85.0%	89.0%		R	DOP

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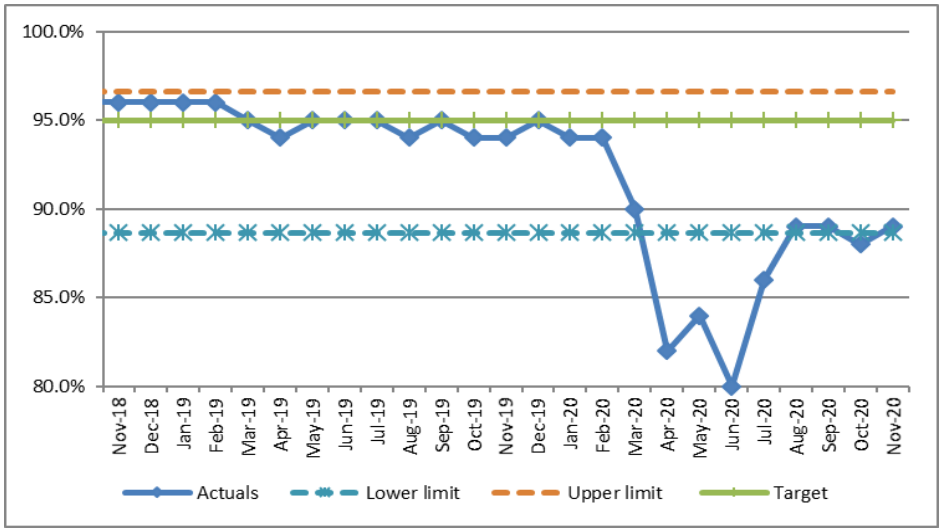

National position & overview

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

Root causes	Actions	Impact/Timescale
The key cause of below trajectory performance on the appraisal compliance is related to the delivery and capacity issues associated with the COVID-19 Pandemic. However, significant work was undertaken since June 20 and a gradual increase in the figures was noted. However, the current level shows a slight increase and now reported at 89.0%.	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.	Appraisal compliance to 95% by end of March 2021.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Flu vaccinations uptake - Front Line Staff	90.0%	Nov-20	81.9%	-		on target	DOP

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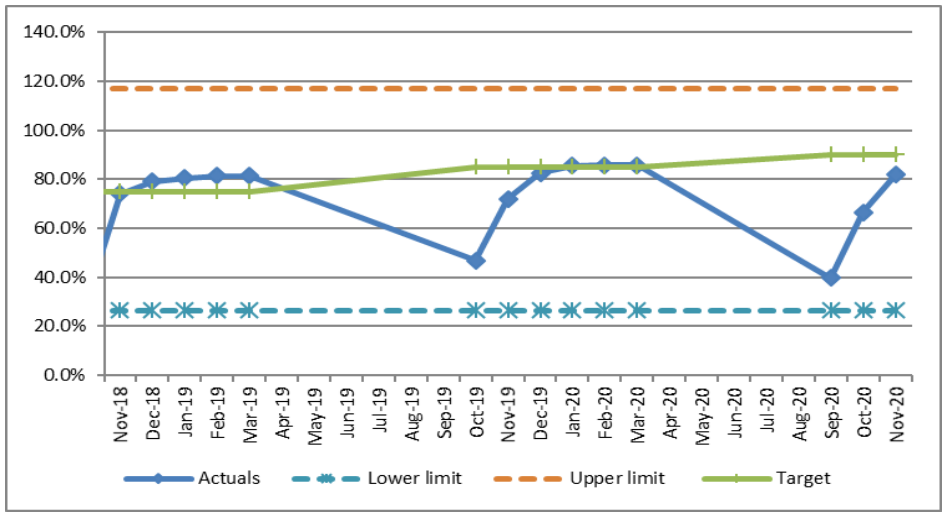

National position & overview

The Trust benchmarks favourably against a national Flu Return rates.

Trust's performance is 3rd out of 40 Trusts across the region.(The Trust is best performing Acute Trust in the region)

To date performance across the Trust is at a level that has never been achieved before, and out performance last years record uptake.

The Trust is unlikely to achieve the national CQUIN target for 2020/21 of 90%, this is due to the COVID pandemic.

Root causes

Current flu levels are recorded at 86.1% and we are progressing against our planned trajectory.

Divisional breakdowns are:

- Women's & Children – 85.2%
- Medicine – 81.7%
- Corporate – 78.2%
- Urgent & Emergency Care – 76.6%
- Diagnostics & Outpatients – 72.2%
- Surgery – 69.2%

Staff group breakdown

- Other Professional Qualified Clinical Staff – 99.8%
- Doctors – 91.6%
- Support to Clinical Staff – 83.1%
- Qualified Nurses – 81.2%

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 November 2020

Below Trust Recovery Plan
Within 10% of Trust Recovery Plan
Above Trust Recovery Plan

Sherwood Forest Hospitals
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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
	November	3,337	423	8,631	20,257
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
	November	2,767	279	6,846	18,589
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%**
	November Actual	**83%**	**66%**	**79%**	**92%**

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
	November	2,670	381	7,993	19,342
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
	November	2,767	279	6,846	18,589
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%
	November Actual	104%	73%	86%	96%

Overview

- The Trust has recovered elective activity well when compared to other organisations in the region.
- Day case activity has remained stable and exceeded the Phase 3 plan in all months.
- Elective activity had also remained consistent, the reduction in November was due to the impact of the critical care surge plan into theatre capacity.
- First Outpatient activity has increased month on month but remains below plan.
- Follow up Outpatient activity continues to deliver >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.

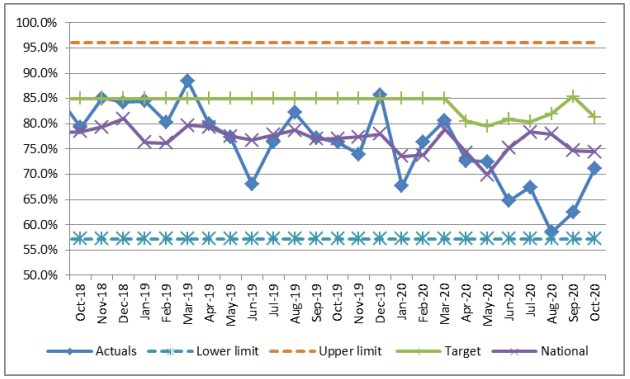
Plan November to March 2021:

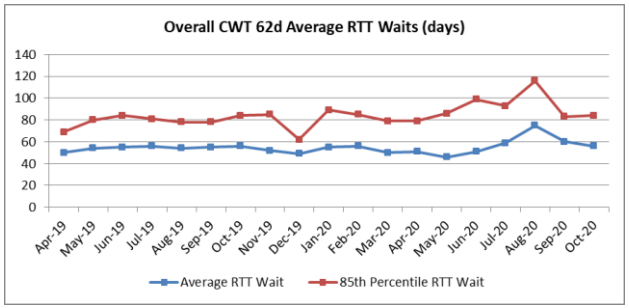
- Continue to monitor progress against the activity plan submitted as part of the Phase 3 submission. Awaiting further guidance from National team - steer is to remain agile and understand the variation to the Phase 3 activity submission
- Variance to plan likely to increase in certain areas and specialties 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

- Critical care surge plan has been impacting on theatre capacity from w/c 16/11.
- In November (28) routine patients were cancelled due to the critical care surge plan into theatre capacity.
- 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	81.3%	Oct-20	66.7%	71.1%		R	COO





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National position & overview

- Nationally, for the month of October 74.5% of people treated began first definitive treatment within 62 days of referred for suspected cancer (74.7% in September).
- Based on 79.5 treatments and 23 breaches the Trust delivered 71.1% for October (62.4% in September) giving an indicative national ranking of 91st from 134 Trusts.
- Performance as a Nottinghamshire system was 74.6%. The tumour sites reporting the highest volume of breaches were Breast, Upper GI, Lower GI and Head and Neck with 4 each.
- The average and 85th percentile wait for treatment is consistent with October 2019 at 56 days and 84 days respectively.
- 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 November this reduced to 43.
- October saw a number of breaches due to both patient fitness and patient choice. Five patients breached due to having complex pathways with multiple diagnostics required.

Actions

- Continue to protect cancer capacity during a surge notably diagnostics / cancer nurse specialists / access to theatre and plan for critical care if required. Welfare calls in place to support patient anxiety.
- Respond to national cancer recovery plan three key aims:
  - Restore demand at least to pre-pandemic levels
  - Take immediate steps to reduce the number of people waiting over 62 days from urgent referral
  - Ensuring sufficient capacity to meet demand is in place

Impact/Timescale

- Cancer capacity is fully restored, however it remains fragile to staffing levels impacted by COVID. A safety net (Hub) to flag patients requiring treatment is in place locally and across the Region.
- System calls currently in place for access to Lower GI operating.
- Referrals have returned to pre-pandemic levels.
- Screening capacity restored
- Use of Independent Sector in place
- Vague symptom pathway in place (RDC pathway)
- Targeted lung Health checks to commence March 2021
- Detail performance against backlog trajectory on next slide.

Cancer 62 day and 104+ Waits

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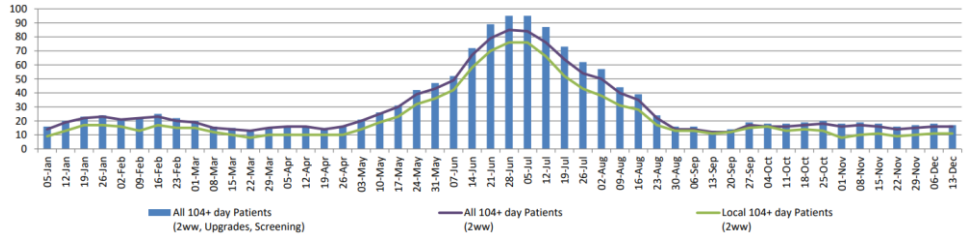
Graph 1: 104+ waits



Graph 2: All 62+ waits

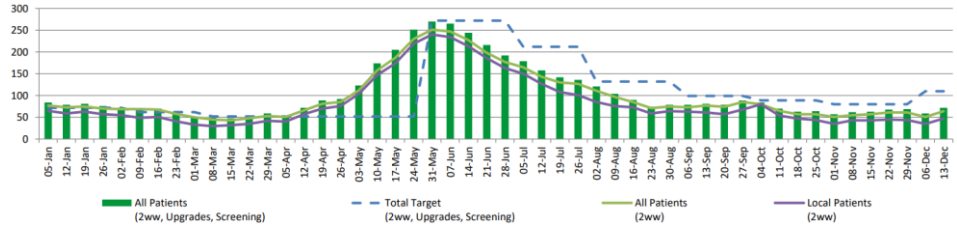


Table 1: Local 62+ waits

Tumour site	Previous months actual								In-month actual	Current month Traj
	April	May	June	July	August	Sep	Oct	Nov	13-Dec	Dec
Breast	3	28	30	28	15	15	8	7	7	22
Lung	3	4	2	3	2	0	2	2	2	2
Haem	2	1	2	1	1	1	1	3	2	2
UGI	11	20	8	7	7	7	2	6	3	3
LGI	29	115	71	31	20	22	20	16	13	30
Skin	1	3	6	5	0	5	1	1	0	3
Gynae	11	18	9	8	3	4	1	2	5	4
Urology	6	21	13	7	9	12	9	4	10	6
Head and Neck	10	30	22	18	10	4	4	2	4	10
Total	76	240	163	108	67	70	48	43	46	81

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 104+ position as at 20/12/20 is 17 of which:
  - 5 patients are awaiting a treatment date in December at the Tertiary Centre
  - 2 patients are awaiting treatment dates at the Tertiary Centre
  - 2 have a treatment date at SFH
  - 8 patients are undergoing diagnostics or are awaiting appointment outcomes
  - 2 patients wish to wait for treatment due to COVID 19
- 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 65 as at 20/12/2020.
- 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%	Nov-20	-	31.9%		R	COO

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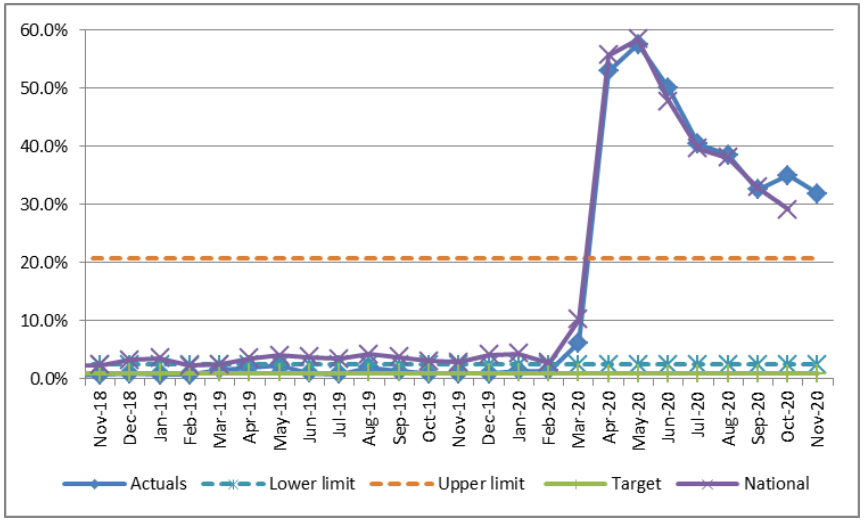


National position & overview

- At the end of November 2020 the Trust failed the DM01 standard with performance of 32% against a standard of <1%. Performance is based on 2,461 breaches from a waiting list of 7,712 procedures.
- The test with the smallest proportion of patients waiting six weeks or more is Urodynamics with 0.1%. The tests with the highest proportion are ECHO at 53% and CT at 11%
- At time of writing national data for November remains unpublished. October national performance was 29%

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.

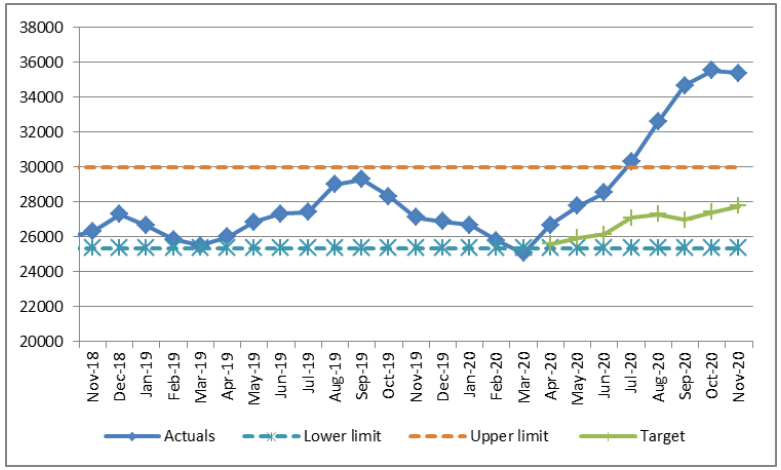
Actions

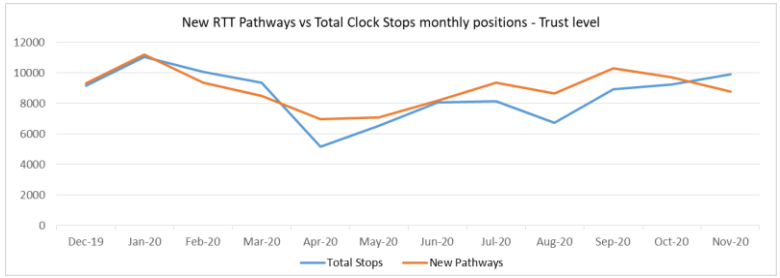
- First draft modelling being undertaken to scope the imaging diagnostic and endoscopy capacity required to recover the activity deficit since Mid – March. A more detailed exercise is being undertaken by the ICS with a focus on MRI capacity in the first instance.
- Continued use of the Independent Sector for additional MRI and Endoscopy capacity.
- Improved scheduling and utilisation of ECHO capacity (Inpatient and weekends) to return to pre-COVID levels.
- Continue to secure additional ECHO capacity required to reduce the backlog.

Impact/Timescale

- Impact of plans for additional ECHO capacity seen from the end of November. Weekly activity in the 1st 3 weeks of December is showing a reduction in the backlog of c. 100
- Recovery for Endoscopy will be dependent on securing capacity across the system or via mobile capacity. This will link with plans for community diagnostic hubs / rapid diagnostic centres.
- Additional Independent sector capacity has been secured for Endoscopy for January to March.

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)	27769	Nov-20	-	35379		R	COO





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National position & overview

- Nationally, the number of RTT patients waiting to start treatment at the end of October rose by 50,000 to 4.44 million. Of those 162,888 patients were waiting more than 52 weeks. At time of writing Novembers national data remains unpublished.
- For the Trust the volume of patients waiting to start treatment at the end of November reduced by 152 to 35,379. This reduction is driven by two elements:
    - On average a 15% decrease in referrals in November 2020 when compared to November 2019
    - An increase in pathway stops notably within Urology, Cardiology and ENT when compared to October

Root causes	Actions	Impact/Timescale
The key cause of current size of the RTT waiting list is the reduced routine elective operating and diagnostic activity in response to the pandemic.	• Maintaining elective activity where it is safe and appropriate to do so during the pandemic surge. Maintaining activity at Newark On-going review of Inpatient activity / ITU requirements. • Independent Sector access in place. Next phase January to March in final stages of agreement with CCG and providers. Aim to continue with current activity levels plus additional for Orthopaedics. • Engaged with external support to model the size of the waiting list if current activity levels are maintained. Model will be flexible to variables such as any change to referrals and to National expectations when published.	• The RTT waiting lists is expected to remain adverse to trajectory for the remainder of 20/21: November – 33,082 December – 33,570 January – 33,042 February – 32,036 March – 31,619 • Modelling to report to Board in February / March 2021

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
% of patients within 18 weeks referral to treatment time - incomplete pathways	87.9%	Nov-20	-	69.8%		R	COO

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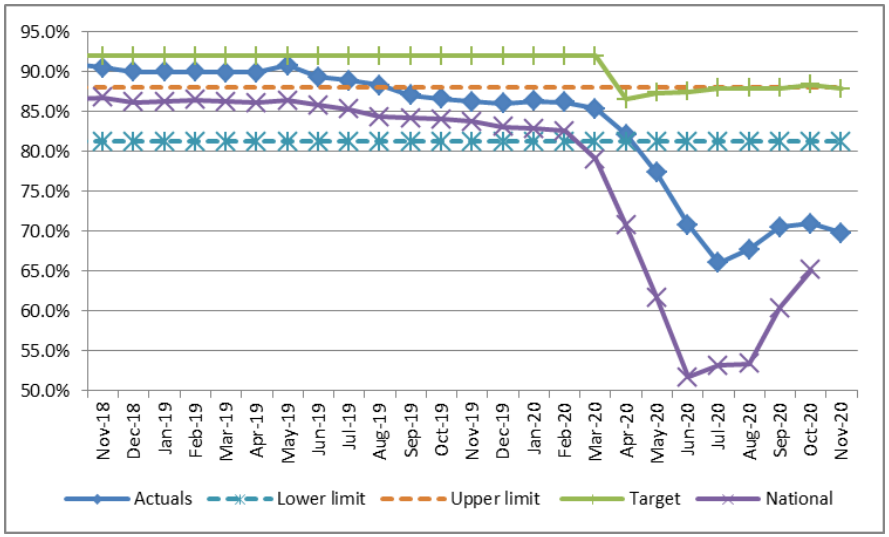

National position & overview

- At time of writing Novembers national performance remains unpublished. The Trust delivered 70%.
- Nationally, at the end of October 2020 performance of the Incomplete standard was 65.5%. The Trust delivered 71% giving a national ranking for of 49th from 133 organisations.
- For patients waiting to start treatment at the end of October, the national median waiting time was 12 weeks. For the Trust it was 10 weeks (November is 11 weeks). Nationally, the 92nd percentile waiting time at the end of October was 45 weeks, the Trust was 38 weeks (November 39 weeks).

Root causes

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 the pandemic 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.

Actions

- Maintaining elective activity where it is safe and appropriate to do so during the second wave of the pandemic.
- On-going 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 with the first phase to be completed by 31st December 2020. 37 patients requested a review. 12 requested to be removed from the waiting list
- 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 in final stages of agreement with CCG and providers. Aim to continue with current activity plus additional for Orthopaedics.

Impact/Timescale

- RTT Incomplete performance is expected to remain adverse to plan for the rest of 20/21.
- 91.5% of the admitted pathway has a priority code.
- Independent sector activity plans in place for MRI, Endoscopy, Urology, Gynaecology, Ophthalmology and Orthopaedics.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Number of cases exceeding 52 weeks referral to treatment	0	Nov-20	1558	465		R	COO

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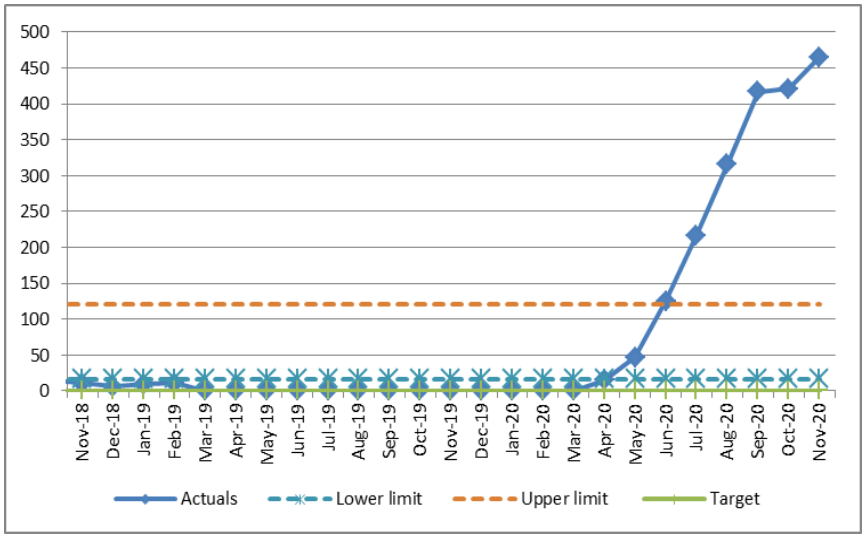

National position & overview

Performance for November (at time of writing) is unpublished however the Trust has reported 465 52+ waits.

Top 5 specialties:

- Trauma and Orthopaedics – 119 (October 91)
- Ophthalmology – 114 (October 114)
- ENT – 66 (October 70)
- General Surgery – 51 (October 48)
- Urology – 36 (October 30)

Nationally at the end of October the number of RTT patients waiting more than 52 weeks was 162,888. The Trust reported 421 giving a ranking of 47/133

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.
- Impact of critical care surge plan into theatre leading to a small number of long wait routine cancellations

Actions

- Weekly RTT meetings in place securing plans for long wait patients in line with specialty restoration and recovery plans – During November 198 over 52 week wait pathways were completed.
- 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:
  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

Sherwood Forest Hospitals
NHS Foundation Trust

For M1 to M6 the Trust has been paid the retrospective top-up values requested and has therefore met 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.

Discussions continue with NHSE/I and the ICS regarding the overall ICS forecast deficit level. As part of these discussions SFH has reviewed and reduced its 2020/21 forecast deficit to £7.21m.

	November In-Month			Year to Date (YTD)			Annual Plan	Forecast	Forecast Variance
	Plan	Actual	Variance	Plan	Actual	Variance			
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	31.70	33.07	1.36	257.27	258.44	1.17	384.26	387.31	3.05
Expenditure	(32.44)	(34.06)	(1.62)	(258.59)	(260.07)	(1.49)	(393.47)	(394.52)	(1.05)
Surplus/(Deficit)	**(0.74)**	**(0.99)**	**(0.25)**	**(1.32)**	**(1.64)**	**(0.32)**	**(9.21)**	**(7.21)**	**2.00**
Capex (including donated)	(0.55)	(1.04)	(0.49)	(5.73)	(6.00)	(0.27)	(16.03)	(18.94)	(2.91)
Efficiencies (FIP)	0.40	0.49	0.09	0.80	1.02	0.22	2.70	2.70	0.00
Closing Cash	36.10	36.52	0.42	36.10	36.52	0.42	6.70	9.18	2.48

Capital expenditure at M08 is marginally above phased plan 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 M08 is £36.52m, which is £0.42m 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 exceed its cash plan of £6.69m at 31st March 2021 by £2.48m largely as a result of the improvement in the forecast deficit of £2m.

Best Value Care

Sherwood Forest Hospitals
NHS Foundation Trust

All values £'000

	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	187,034	187,034	0	187,034	0	280,287	280,287	0	280,287	0
Top-Up Value	3,693	3,693	0	3,693	0	24,397	24,397	0	24,397	0	39,169	39,169	0	39,169	0
Growth	467	467	0	467	0	933	933	0	933	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	15,086	0	15,086	15,086	0	21,952	0	21,952	21,952	0
Other Income	2,515	3,880	0	3,880	1,365	20,801	21,974	(4)	21,969	1,169	31,030	34,084	(4)	34,080	3,050
Total Income	**31,705**	**31,353**	**1,717**	**33,069**	**1,365**	**257,268**	**243,355**	**15,082**	**258,436**	**1,169**	**384,255**	**365,357**	**21,948**	**387,305**	**3,050**
Expenditure:															
Pay - Substantive	(16,766)	(16,869)	(91)	(16,960)	(195)	(133,496)	(131,964)	(1,824)	(133,788)	(292)	(204,612)	(201,643)	(2,105)	(203,748)	864
Pay - Bank	(1,432)	(1,471)	(811)	(2,281)	(849)	(13,302)	(9,981)	(4,918)	(14,899)	(1,597)	(19,756)	(14,694)	(7,221)	(21,915)	(2,159)
Pay - Agency	(1,294)	(1,241)	(194)	(1,435)	(141)	(9,882)	(7,987)	(2,015)	(10,002)	(120)	(15,295)	(12,859)	(2,607)	(15,466)	(170)
Pay - Other (Apprentice Levy and Non Execs)	(88)	(92)	0	(92)	(3)	(707)	(714)	0	(714)	(7)	(1,060)	(1,070)	0	(1,070)	(10)
Total Pay	(19,580)	(19,672)	(1,096)	(20,768)	(1,188)	(157,387)	(150,646)	(8,757)	(159,403)	(2,016)	(240,723)	(230,266)	(11,933)	(242,199)	(1,475)
Non-Pay	(10,643)	(10,610)	(474)	(11,084)	(441)	(83,617)	(77,353)	(5,696)	(83,049)	568	(126,125)	(118,657)	(6,971)	(125,627)	498
Depreciation	(1,008)	(997)	0	(997)	11	(7,715)	(7,753)	0	(7,753)	(38)	(11,860)	(11,932)	0	(11,932)	(72)
Interest Expense	(1,213)	(1,213)	0	(1,213)	(0)	(9,868)	(9,868)	0	(9,868)	(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	(12,864)	(12,819)	(474)	(13,293)	(429)	(101,200)	(94,974)	(5,696)	(100,670)	530	(152,746)	(145,350)	(6,971)	(152,321)	425
Total Expenditure	**(32,444)**	**(32,491)**	**(1,570)**	**(34,061)**	**(1,617)**	**(258,587)**	**(245,620)**	**(14,454)**	**(260,073)**	**(1,487)**	**(393,470)**	**(375,616)**	**(18,904)**	**(394,520)**	**(1,050)**
Surplus/(Deficit)	**(739)**	**(1,139)**	**147**	**(992)**	**(253)**	**(1,319)**	**(2,265)**	**628**	**(1,637)**	**(318)**	**(9,214)**	**(10,259)**	**3,045**	**(7,214)**	**2,000**

The table above shows that the Trust is £0.32m behind plan at the end of M8.

Whilst Covid expenditure of £1.57m is £0.15m less than the Covid block income received in month, it is £0.86m 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 £0.46m higher than assumed in the Phase 3 plan.

Following on-going challenge of the ICS Phase 3 plan by NHSE/I, and review of its M8 YTD position the Trust has reviewed and revised it's forecast outturn to £7.21m deficit, a £2m improvement on its Phase 3 plan.