Mid-Nottinghamshire Integrated Care Partnership

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Single Oversight Framework

Reporting Period: Month 11

2020/21

Inspected and rated
Good
CareQuality Commission

Single Oversight Framework – Month 11 Overview

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care (exception reports pages 10 - 14)	During February 2021, the care delivered to our patients has been safe and of 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, however in February 2021 the Trust position of 6.84 is slightly above the national average of 6.63 per 1000 bed days. Hospital acquired pressure ulcers (PU) remains consistently low and during February 2021 there were 4 hospital acquired category 2 pressure ulcers, all low harm. 3 of the 4 were facial damage following proning of Covid patients in ICCU. An improvement plan is in place to prevent moisture and pressure damage following proning, which has resulted in a reduction in incidents and severity of damage from previous months. There are 5 exception reports for February 2021; • CDIF: this year we have seen an increase in the number of CDIF cases at SFH to date we have had 68 trust attributed cases, compared to 56 in total time last year. 10 of these are not hospital onset due to timing of sampling and we are appealing these with the CCG. • Covid-19 hospital acquired; there were 9 definite hospital onset cases during February 2021 this represents a significant reduction. Covid-19 outbreaks are being managed in accordance with national guidance and are overseen by NHS England and Improvement and Public Health England. • Maternity recommendation rate; performance 87.5% (YTD 88.8%). We saw a 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 113.1 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

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Domain	Overview & risks	Lead
People & Culture (exception reports)	Overall, in M11 COVID-19 has impacted on Staff Health and Wellbeing at the Trust. Sickness Absence levels have shown a decrease from M10 (January 21) to 4.4%, and sits marginally above the target and below the upper SPC level, this is as a result of the secondary impact of COVID19. The Trust has vaccinated 4700 (87%) of substantive staff, with 2153 (40%) receiving their second dose. Also vaccinated 82% of front line staff, with 35% receiving their second dose. To support the recovery of services dedicated supportive Health and Wellbeing packages have been developed to support service areas that have been impacted the most. A joint approach with the Clinical Psychologist and Lead for Physical Health Psychology in conjunction with Nottinghamshire Health Care Trust has enabled some of our more impacted workforce to get access to focussed support. 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 of final level was 87.4%, this is the highest level achieved. Compliance against Mandatory and Statutory Training continue to be impacted due to COVID-19 pandemic but improvements have been evidenced noting the back drop of a 2nd period of COVID surge, and mandatory training be paused in order to maximise staffing availability. Vacancy levels continue to fall and sit at the lowest in a rolling 12 month period, with the current level sitting equivalent to the lower SPC limit. Appraisal compliance shows an increase from the last month, with the current level sitting equivalent to above 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 colleagues, as part of their appraisal process, that will be formally introduced from April 2021. Also in train is the establishment of the role of a Wellbeing Guardian in SFH, a NHS People Plan action. SFH has an identified a Wellbeing Guardian at an Non Executive level and this role will evolve through on going work at both a national and regional level.	DOP, DCI

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Timely care (exception reports pages)	As colleagues will be aware from the weekly **Emergency care** updates, SFH continue to provide some of the best timely care for emergency patients in the NHS (ranked 12th in the NHS). Performance was above the agreed NHSIE trajectory. During February, ambulance arrival demand was at 100% of previous years, however walk in demand to Majors and Resus was lower, reflecting some of the trends seen in previous lockdowns. Ambulance handovers remained safe with the % waiting over 30 minutes the lowest within the EMAS catchment. There were improvements from January levels in the number of patients waiting for onward care who are medically safe for transfer. The ED expansion project continues and the first phases of increased capacity in ambulatory care are now open. Winter bed capacity remains open, but most of the Covid surge capacity over and above winter will be stood down by the end of March All **Cancer services** continue to be available. A significant increase in 2WW referrals is evidenced throughout February. Local and National campaigns continue to urge patients to contact their GP if worried about symptoms. FDS performance remains good for January at 75% of patients being diagnosed or given the all clear within 28 days. The increase in referrals is causing additional pressure and extended waits within diagnostic capacity notably CT colon (LGI) and template biopsy (Urology). This, in addition to extended waits for oncology (provided by the tertiary centre) has led to the volume of patients waiting over 62 days exceeding trajectory in January and into February. Average waits for treatment is 56 days (50 days in March 2020) and the 85th percentile wait is 82 days (79 days March 2020) are similar to pre-pandemic levels. The key focus remains on the capacity within the early diagnostic phase; a programme of work to reduce waits in this phase in LGI will commence in March. The **Elective waiting list** remains stable at between 36k-37k. The shape of the waiting list has changed with the volume of 52+ week waiting now at 1,385. Operative capacity will be revised from 29th March for 4 weeks to support a programme of rest and recovery for anaesthetic, critical care and theatre staff whilst delivering a small increase in theatre time for priority patients. The daily clinically led surgical prioritisation group remains in place to ensure that P2 patients (urgent and cancer) are allocated theatre time. In addition, 52 week RTT breach patients have a health check call by a Clinical Nurse Specialist to assess any potential impact to the patient from delays in care physically and psychologically. From an Outpatient perspective, activity is consistently between 80-85% when compared to last year. In the region of 30-40% of appointments are being undertaken using virtual methods for appointments. It is a key priority to sustain this over the coming year. Diagnostics continue to perform relatively well, the significant contributor to the >6 week backlog is ECHO equating to over 50% of the breaches. A plan is in place with recovery expected by the end of Quarter one 2021/22.	COO

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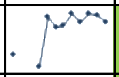
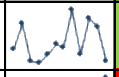
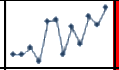
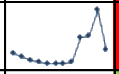
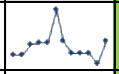
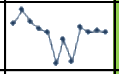
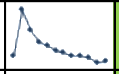
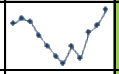
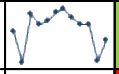
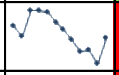
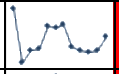
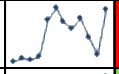
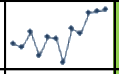
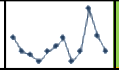
Domain	Overview & risks	Lead
Best Value care	During February the Trust reported a year-to-date deficit of £6.27m. This £1.14m better than the Phase 3 Plan. This includes year-to-date total expenditure of £360.52m, of which £20.03m is Covid-19 related. The forecast outturn is a £9.60m deficit, £0.39m worse than plan. This includes NHSEI 'allowables' for annual leave creditor movement of £2.97m and "Lost other income" of £1.09m, so taking these into account the adjusted deficit is £5.54m, £3.67m better than plan. Capital expenditure at the end of February is above phased plan by £0.66m and includes Covid-19 related Capital expenditure. The Trust is forecasting to exceed its capital expenditure plan by £8.22m due to additional funding awarded in respect of Emergency / Resus department, Adult Critical Care, Endoscopy (Adapt and Adopt), Breast Screening, LIMS, HSLI Capacity and Flow, HSCN Firewall, EPR, Air Scrubbers and Critical Infrastructure projects.	CFO

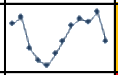
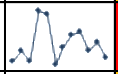
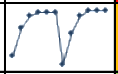
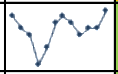
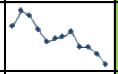
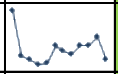
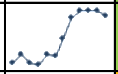
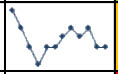
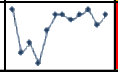
Single Oversight Framework – Month 11 Overview (1)

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%	Feb-21	97.3%	97.5%		G	MD/CN
		Admission of term babies to neonatal care as a % of all births	6%	Feb-21	3.6%	2.2%		G	CN
		Clostridium Difficile infection rate per rolling 12 months 100,000 OBD's	22.6	Feb-21	21.28	43.73		R	MD
		Covid-19 Hospital acquired cases	0	Feb-21	89.0	9		R	MD
		MRSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	0	Feb-21	0.00	0.00		G	MD
		MSSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	17	Feb-21	11.55	14.58		G	MD
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Nov-20	94.7%	95.0%		G	CN
		Safe staffing care hours per patient day (CHPPD)	>8	Feb-21	11.0	9.5		G	CN
	Caring	Recommended Rate: Friends and Family Accident and Emergency	93.0%	Feb-21	91.8%	95.7%		G	MD/CN
		Recommended Rate: Friends and Family Inpatients	93.0%	Feb-21	97.9%	97.0%		G	MD/CN
		Recommended Rate: Friends and Family Maternity	93.0%	Feb-21	88.8%	87.5%		R	MD/CN
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Feb-21	36.9%	42.9%		R	MD/CN
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Nov-20	113.1	-		R	MD
		SHMI	100	Sep-20	97.72	-		G	MD
		Cardiac arrest rate per 1000 admissions	0.83	Feb-21	0.97	0.74		G	MD

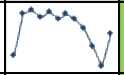
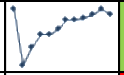
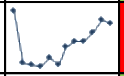
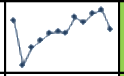
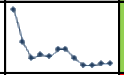
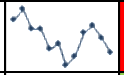
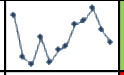
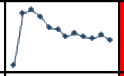
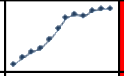
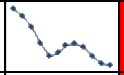
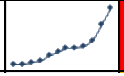
Single Oversight Framework – Month 11 Overview (2)

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%	Feb-21	4.6%	4.4%		A	DOP
		Take up of Occupational Health interventions	1000 - 1250	Feb-21	26842	1725		R	DOP
		Flu vaccinations uptake - Front Line Staff	90.0%	Feb-21	87.4%	-		A	DOP
		Employee Relations Management	10	Feb-21	73	10		G	DOP
	Resourcing	Vacancy rate	7.5%	Feb-21	5.3%	4.0%		G	DOP
		Turnover in month (excluding rotational doctors)	0.8%	Feb-21	0.4%	0.4%		G	DOP
		Number of apprenticeships on programme	100	Feb-21	154	-		G	DOP
		Mandatory & Statutory Training	93%	Feb-21	90.6%	90.0%		A	DOP
		Appraisal	95%	Feb-21	86.6%	89.0%		R	DOP

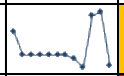
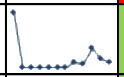
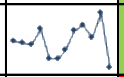
Single Oversight Framework – Month 11 Overview (3)

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	91.4%	Feb-21	94.1%	92.2%		G	COO
		General & Acute Bed Occupancy	95.4%	Feb-21	71.6%	81.4%		G	COO
		Number of inpatients >21 days	74	Feb-21	-	141		R	COO
		Number of Ambulance Arrivals	3113	Feb-21	33570	3082		G	COO
		Percentage of Ambulance Arrivals > 30 minutes	8.4%	Feb-21	3.6%	3.1%		G	COO
	Cancer Care	62 days urgent referral to treatment	82.7%	Jan-21	67.6%	63.5%		R	COO
		Cancer faster diagnosis standard	73.0%	Jan-21	76.1%	75.4%		G	COO
	Elective Care	Diagnostic waiters, 6 weeks and over-DM01	0.9%	Jan-21	-	29.8%		R	COO
		Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	26430	Jan-21	-	36895		R	COO
		% of patients within 18 weeks referral to treatment time - incomplete pathways	87.5%	Feb-21	-	62.1%		R	COO
		Number of cases exceeding 52 weeks referral to treatment	0	Feb-21	4996	1385		R	COO

Single Oversight Framework – Month 11 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	Feb-21	£1.14m	-£0.19m		A	CFO
		Underlying financial position against strategy	£0.00m	Feb-21	-£24.48m	-£1.13m		R	CFO
		Trust level performance against FIP plan	£0.00m	Feb-21	£1.13m	£0.17m		G	CFO
		Capital expenditure against plan	£0.00m	Feb-21	£0.66m	-£0.67m		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	RAG Rating	Executive Director
Clostridium Difficile infection rate per rolling 12 months 100,000 OBD's	22.6	Feb-21	21.28	43.73		R	MD

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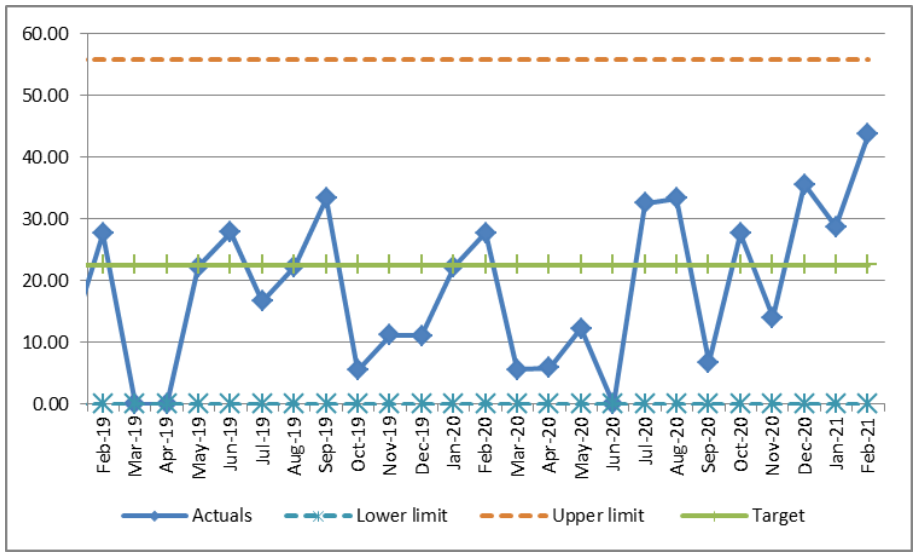
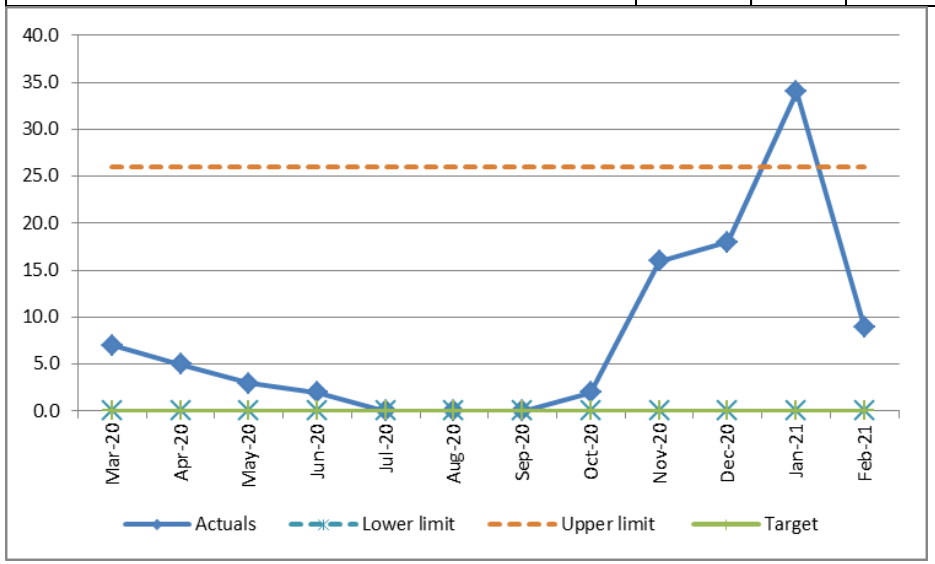


National position & overview

- 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 reporting that they are within the number of cases they had last year.
- Over the last few months the Trust have seen and increase in the number of Trust attributed cases of Cdiff,.
- Total Trust Attributed Cdiff cases to date for this year is 68, compared to 56 in total time last year.

Root causes	Actions	Impact/Timescale
A review of all 68 cases has taken place and found • 6 patients are on the figures twice	• Review of retesting SOP with the laboratory	• 31 March 2021
• 5 had samples taken just over 48 hours of admission	• Reminders on timely sampling being prepared as part of the IPC campaign.	• 26 March 2021
• 10 patients had only had interaction with the Trust in WTC, Endoscopy or 2 hours in EAU/Ward 25 in the previous 4 weeks.	• Discussions in progress with CCG to see if the 10 can be removed from our numbers.	• Request has been sent to CCG and response is being reviewed.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Covid-19 Hospital acquired cases	0	Feb-21	89.0	9		R	MD



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National position & overview

- All cases of Covid-19 deemed to be hospital associated, requires completion of an RCA
- New cases identified 8 days post admission are deemed probable hospital onset and new cases identified 15 days or more after admission are definite hospital onset cases
- During February we had 9 definite hospital onset cases

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. • There were some delays in sampling	• All clinical areas in the Trust are now cleaned with Chlorine as a standard • All high risk areas are to receive twice daily cleaning • 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 • Regular monitoring of screening compliance now in place	• To reduce environmental contamination • To monitor compliance with guidance and provide any learning required • To review cases and development and action any learning • To ensure all patients are screening at the required time to monitor for asymptomatic carriage of Covid

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Recommended Rate: Friends and Family Maternity	93.0%	Feb-21	88.8%	87.5%		R	MD/CN

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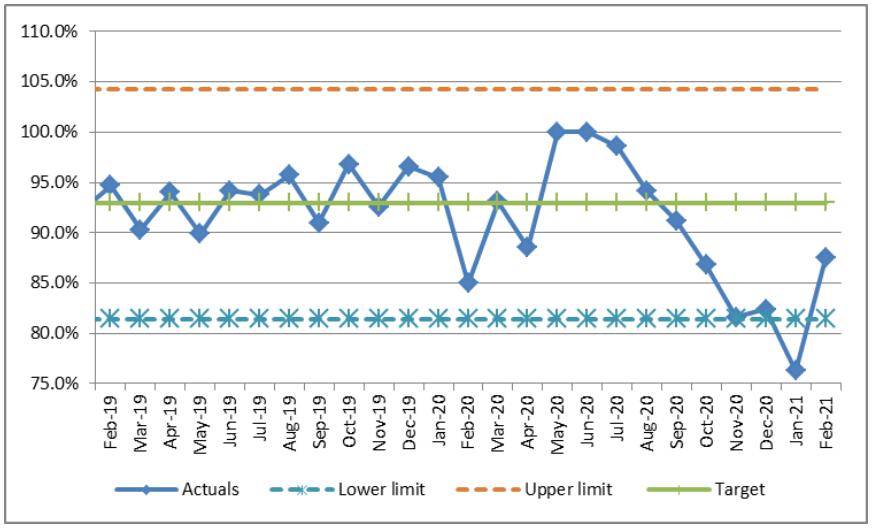

National position & overview

- There is no FFT national or regional data available from March 2020 to provide comparison of response and recommendation rates due to the pause with NHS E reporting.
- The FFT response rate for the Maternity division for February 2021 has slightly increased, and additional modes of data collection in place from March 2021.
- Within the antenatal clinic there is a trend with comments say clinic is late for the appointments. There is also a trend in patient's comments with regards to midwives communication to one another.
- Review of National and Regional FFT data as soon as published to track SFH response and recommendation rates.

Root causes	Actions	Impact/Timescale
Exceptionally low response rate caused by: • Discontinuation of paper and responses via an ipad due to Covid-19 • Over 50% of text messages have not delivered successfully • Text messages have been sent very early in the morning	• Work with IQVIA to resolve the timing that SMS text messages are sent and adjusted and reminder messages will be sent. • Weekly monitoring of response rates. • March 21 reintroduction of Ipad and papers surveys to support response and recommendation rate whilst resolving SMS issue. • Themes and trends collated to ensure we continue to learn	• Completed • On going • Completed • Monitored as part of monthly ward assurance and divisional governance meetings

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%	Feb-21	36.9%	42.9%		R	MD/CN

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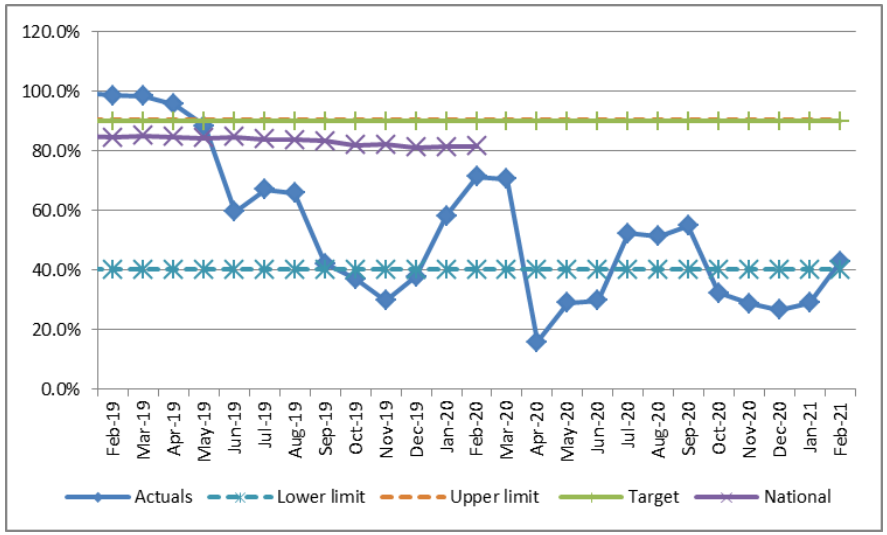

National position & overview

- 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.
- Completion over the last year has been poor due to both the pandemic, and responsibility being passed to medical rather than nursing staff

Root causes	Actions	Impact/Timescale
Assessments not being completed on Nervecentre by medical teams.	• It was agreed between service lead, nurse specialist and chief nurse that registered nurses (RN) can complete the assessment. • Development of a SOP for nursing staff to complete. • The Nervecentre team has opened up the assessments to all RN's, with them being able to complete the assessments from March 1st although it is too early yet to review progress of this	• Completed • Completed • Review during April 2021
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.	• On hold due to current pandemic

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Nov-20	113.1	-		R	MD

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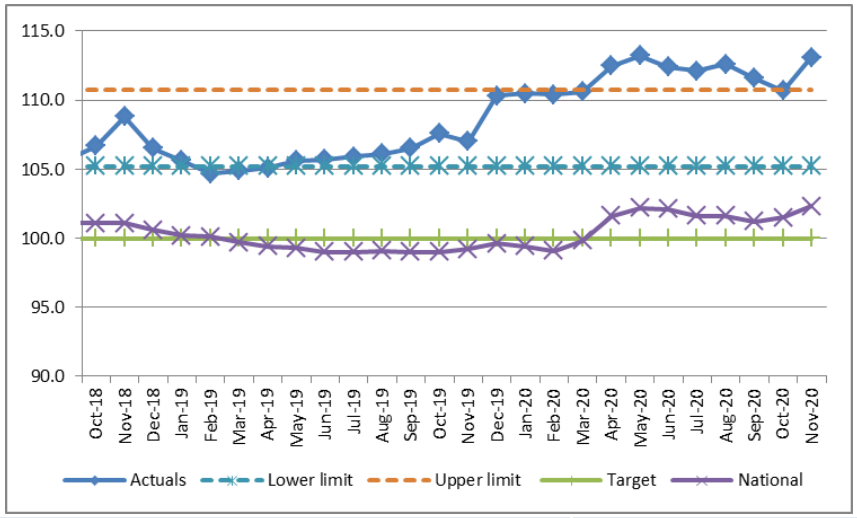

National position & overview

- SFH seems to continue to track national trends
- Cause of on going outlier status remains unclear but as **SHMI is "as expected"** we suspect this may be related to coding.
- Work on individual outliers continues with clinical teams- no further update at this time

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.	• Update at the end of Q4
• Upper GI haemorrhage	• Specialty review of cases complete. Significant issues around coding revealed.	• Update at the end of Q4
• 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 at the end of Q4
• Palliative Care Coding	• Coding is not picking up the actual levels of activity- particularly telephone advice. Documentation solutions in development.	• Update at the end of Q4

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Health & Well Being Sickness Absence	3.5%	Feb-21	4.6%	4.4%		A	DOP

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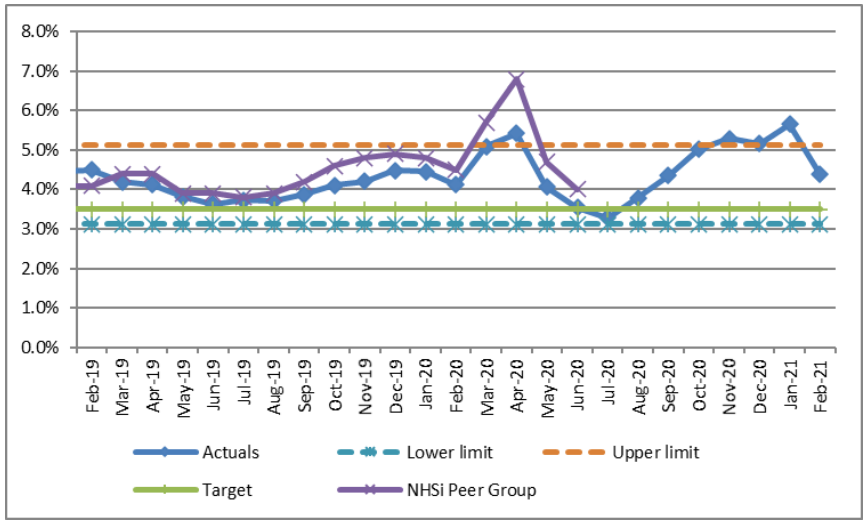

National position & overview

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 December 2020. The national median was 5.44% , SFH median was 5.17%.

Trust's performance is 37th out of 135 Trusts in December 2020 (Performance was within quartile 1 of 4) Position declined from 36th in November 2020.

Root causes

The sickness levels have decreased from last month (5.7%) to 4.4% in February 2021, and sits below the upper SPC level. The elevated level is related to the pandemic.

The short term sickness absence rate for February 21 is 2.5%. (January 21– 3.7%).

The long term sickness absence rate for February 21 is 1.8%. (January 21– 1.8%.)

COVID related absence make up 1.0% of the absence level (showing an decrease from January 21 – 2.2%).

Staff self-isolating is recorded at 1.0% (January 21 – 1.9%) and staff shielding recorded at 0.9% (0.7% in January 21).

Actions

The decrease in absence levels coincidences with the decrease nationally with the COVID second surge and the gradual development of test and trace systems and roll out of the COVID vaccination.

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

Impact/Timescale

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

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

The announcement of shielding colleagues being able to return from 31st March 2021 is also expected to contribute towards a further reduction in levels of absence.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Take up of Occupational Health interventions	1000 - 1250	Feb-21	26842	1725		R	DOP

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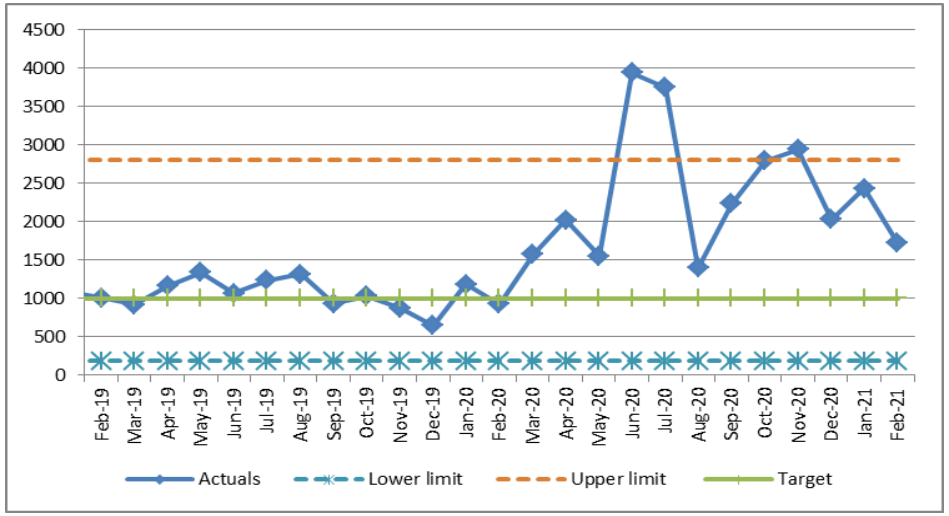

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Root causes

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. However we have seen a reduced level, this is reflective of the local pandemic position.

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 entered 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

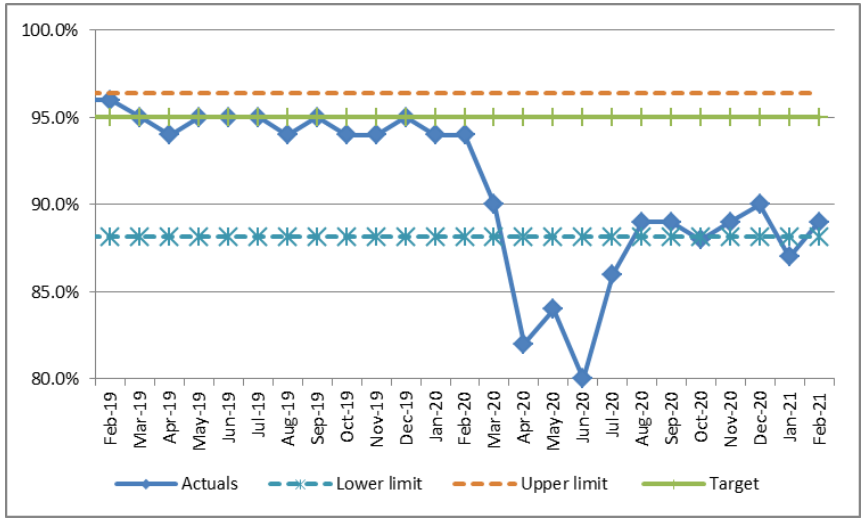
Additional resource secured as part COVID-19 pandemic has been extended to the end of 2021/22 Q1 to support the recovery stage of 2nd surge the Trust has experienced

Impact/Timescale

A further decrease in activity levels is likely to continue and it is anticipated that numbers of interventions will show some reduction in the next quarter.

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
Appraisal	95%	Feb-21	86.6%	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%.	As we are seeing the end of the 2nd COVID surge, expectations are that we will see an increase to the appraisals levels. 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 June 2021.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
62 days urgent referral to treatment	82.7%	Jan-21	67.6%	63.5%		R	COO

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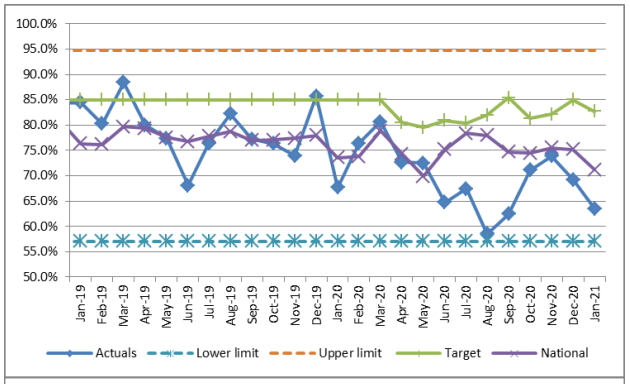

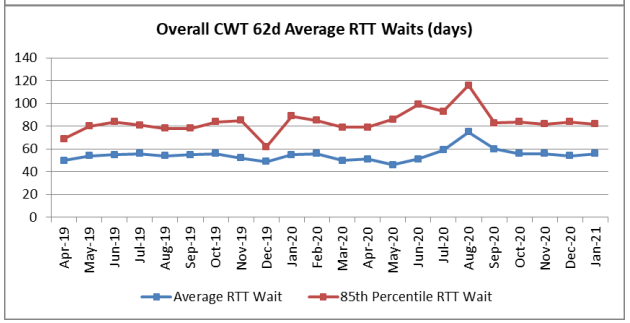

National position & overview

- Nationally, for the month of January 71.2% of people treated began first definitive treatment within 62 days of referred for suspected cancer (75.2% in December).
- Based on 74 treatments and 27 breaches the Trust delivered 63.5% for January (69.2% in December) giving an indicative national ranking of 99th from 129 Trusts. Performance as a Nottinghamshire system was 68.5%. The tumour site with the highest volume of breaches for January was Breast (10).
- The average wait for treatment has remained relatively stable for the last five months at 56 days and the 85th percentile at 82 days.
- Performance for February is expected to be in the region of 70%.
- Whilst 2WW referrals remain c10% lower year to date. The 2nd week in February was the highest for 2WW referrals in the last 2 year, this trend has continued into March. The increase is predominantly seen within Breast, Lower GI, Gynae and Urology.

Root causes

- All Cancer services continue to be available.
- Whilst FDS performance remains good for January at 75% the increase in 2WW referrals is causing additional pressure and extended waits within diagnostic capacity notably CT colon (LGI) and template biopsy (Urology).
- Other key breach reasons include:
- Extended waits for an oncology appointment (provided by the tertiary centre)
- Delays to triple assessment clinic in Breast due to changes to the first contact.

Actions

- Daily surgical prioritisation of cancer patients in place
- Increased oversight of oncology waits across all sites to ensure equity of capacity. Weekly calls in place.
- LGI Improvement programme developed with a focus on straight to test, decision making and reducing the number of admin contacts, commences March 2021. The outcome is expected to reduce time to diagnosis by 10 days and increase FDS performance from 58% to 75%.
- Urology to commence local anaesthetic templates from 01/04/21, reducing waits from 23 days to <14 days.
- Review Breast RCAs and agree steps from referral to assessment with the tumour site lead by 31/03/2021

Impact/Timescale

- Forecast for February is 70%.
- Detail performance against backlog trajectory on next slide.

Cancer 62 day and 104+ Waits

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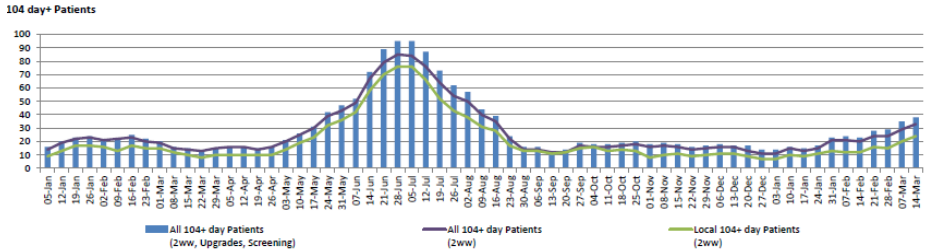
Graph 1: 104+ waits



Graph 2: All 62+ waits

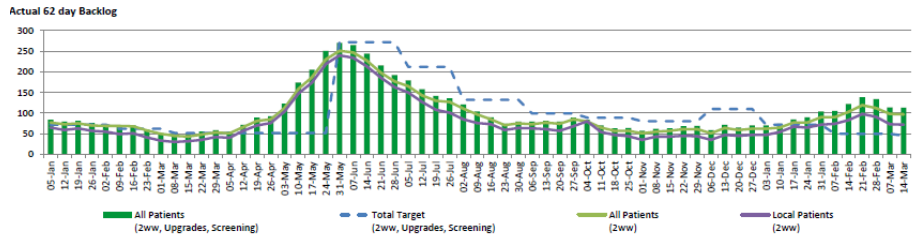


Table 1: Local 62+ waits

Tumour site	Previous Months Actual											In Month Actual
	April	May	June	July	August	September	October	November	December	January	February	14-Mar
Breast	3	28	30	28	15	15	8	7	7	16	13	6
Lung	3	4	2	3	2	0	2	2	4	1	0	0
Haem	2	1	2	1	1	1	1	3	2	1	6	5
UGI	11	20	8	7	7	7	2	6	5	2	7	5
LGI	29	115	71	31	20	22	20	16	12	22	33	33
Skin	1	3	6	5	0	5	1	1	0	2	4	4
Gynae	11	18	9	8	3	4	1	2	9	3	4	4
Urology	6	21	13	7	9	12	9	4	10	4	12	8
Head and Neck	10	30	22	18	10	4	4	2	4	8	9	5
Grand Total	76	240	163	108	67	70	48	43	53	60	88	70

Overview

- Graph 1 shows all 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 21/03/2021 is 40 of which:
  - 18 patients have a treatment date in March or are awaiting treatment dates at the Tertiary Centre.
  - 22 are patients are undergoing diagnostics , awaiting results or next steps.
- 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 is 121 as at 21/03/2021.
- Table 1 is the **local position only** and represents the activity that is monitored by NHSI/E . A trajectory was set in August 2020 to deliver at least the March 20 position (33) by March 2021. The current position is 70.
- The number of patients waiting over 62 days has grown since early February in the main due to increasing 2WW referrals from December 2020 leading to:
  - Extended waits for CT Colon >28 days
  - Template Biopsy wait 23 days
  - Number of patients awaiting confirmation of FDS status notably within LGI

Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
Diagnostic waiters, 6 weeks and over-DM01	0.9%	Jan-21	-	29.8%		R	COO

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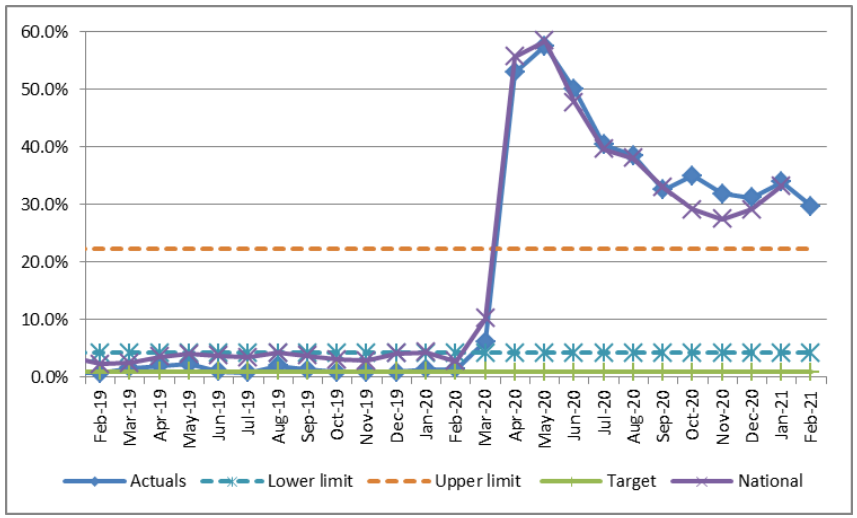


National position & overview

- At the end of February 2021 the Trust failed the DM01 standard with performance of 29.8% against a standard of <1%, however this is an improved position from January. Performance is based on 2,370 breaches from a waiting list of 7,967 procedures.
- The test with the smallest proportion of patients waiting six weeks or more is Uro-dynamics with 0.04%. The tests with the highest proportion are ECHO at 53% and CT at 18%
- At time of writing National data for February remains unpublished. January 2021 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 equates to over 50% of the total backlog .
- Ability to retain centrally funded CT mobile capacity.

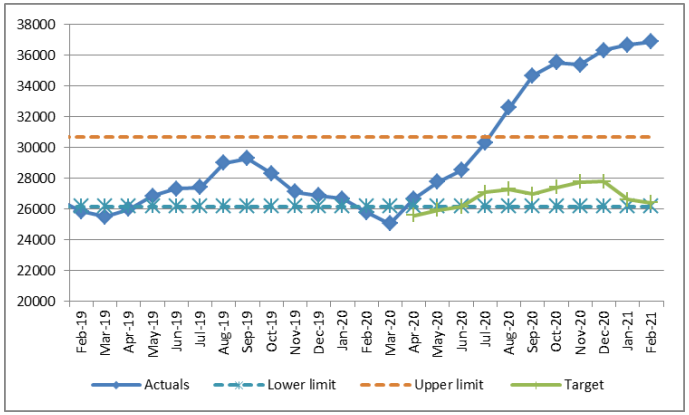
Actions

- Modelling continues to be undertaken across the ICS with a focus on Radiology and Endoscopy capacity in the first instance. Internal modelling has been completed in line with planning timelines.
- On-going discussions with the regional team to secure additional CT capacity.
- ECHO recovery plan in place with a 14 week timeline:
  - Increase productivity within existing capacity to meet demand – 10 per week
  - Outsourcing 40 per week
  - Recruiting a further internal locum – 40 per week

Impact/Timescale

- Increased productivity for ECHO in existing capacity is evidenced with a reduction in the backlog in February.
- ECHO and overarching DM01 Recovery expected in Q1 2021/22.

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)	26430	Jan-21	-	36895		R	COO



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National position & overview

- Nationally, the number of RTT patients waiting to start treatment at the end of January was 4.59 million.
- For the Trust the volume of patients on an Incomplete RTT pathway rose by 1% from December 36,327 to January at 36,680. Growth to the February position is 0.6% to 36,895.

Root causes

The key cause of the 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 are 26% lower year to date.
- Total outpatient activity remains at c.85% of 2019/20 levels.
- Day case and Inpatient activity at 72 and 55% respectively.

Actions

- Elective steering Group established – first meeting, chaired by the COO will be on 30th March 2021. Key objective is to "embed further digital solutions to reduce unnecessary face to face activity, increase productivity by reducing the impact of IPC constraints and identify clinical time and physical capacity to reduce the backlogs built up during the pandemic"
- Delivered by:
  - Seeing and treating patients in clinical priority order
  - Agreeing a capacity baseline for 21/22 planning (as at October 2020)
  - Identifying the constraints in place to deliver 2019/20 activity levels
  - Identifying the capacity required or increased productivity opportunity to deliver a backlog reduction
- Other actions include:
  - Daily surgical prioritisation in place
  - Complete nationally funded validation programme
  - On-going use of the Independent sector access in place
  - Implement an Elective Hub in place across the ICS
  - Review of unobserved referrals with the ICP and PCN, by GP practice

Impact/Timescale

- The RTT waiting lists is expected to remain adverse to plan for the remainder 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	87.5%	Feb-21	-	62.1%		R	COO

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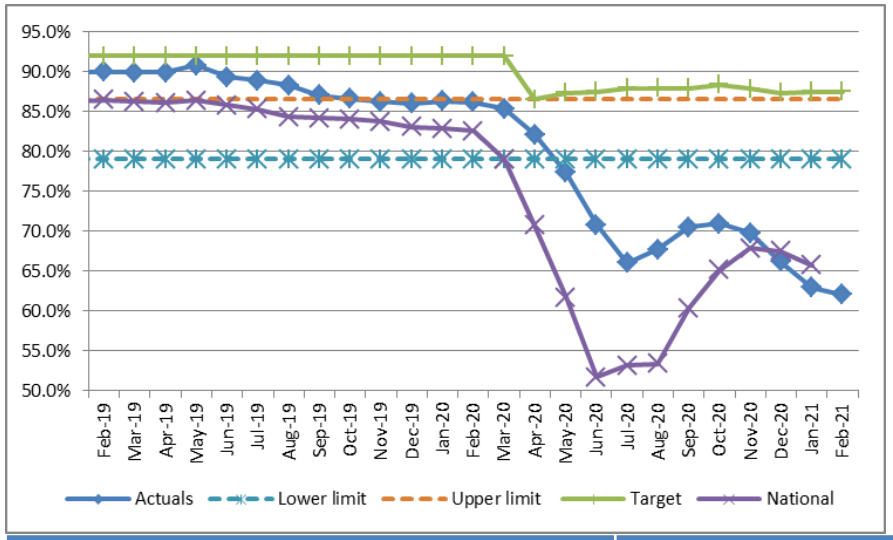

National position & overview

- At time of writing February's performance remains unpublished. Nationally, at the end of January 2021 performance of the Incomplete standard was 66%. The Trust delivered 63% for January and 62.1% for February.
- National ranking for January was 94th from 133 organisations.
- For patients waiting to start treatment at the end of January, nationally the median waiting time was 12.0 weeks and 92nd percentile is 50 weeks. For the Trust the median wait was 13 weeks and 92nd percentile was 42 weeks. These remain consistent for the Trust for February.

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 COVID - leading to extended waits for routine patients
2. Focus on urgent and cancer P2 activity (low wait stops)
3. Increased volume of overdue follow ups added to the waiting list.

Actions

- Elective Steering Group implemented as per the previous slide by 30/03/2021.
- Implement the new theatre time timetable in 2 phases. Phase 1 29/03/2021 to 25/04/2021. Increased operating available for priority patients. Phase 2 26/04/2021 – revised BAU timetable.
- Undertake a specialty by specialty review of residual constraints to increase outpatient activity to 2019/20 levels – timeframe end of April 2021.
- Link the Outpatient Innovation Programme with the Primary and Community Care Partnership Programme with a focus on increasing use of existing OP capacity, virtual appointments, advice and guidance and direct access to diagnostics. First joint meeting early April.

Impact/Timescale

- 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	Feb-21	4996	1385		R	COO

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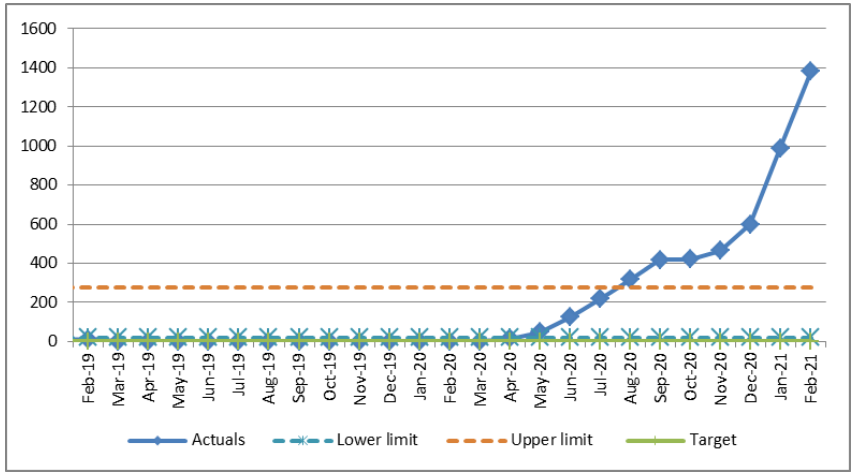

National position & overview

Performance for February (at time of writing) is unpublished however the Trust has reported 1,385 52+ waits. Split 40% admitted and 60% non admitted

Top 5 specialties:

- Ophthalmology – 383
- ENT – 345
- Trauma and Orthopaedics – 282
- General Surgery – 125
- Oral Surgery – 60)

- Nationally at the end of January 304,044 patients were waiting more than 52 weeks.

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.
- Additionally the focus on low wait cancer and urgent activity has extended waits for routine surgery and follow up activity.

Actions

- Weekly RTT meetings in place securing plans for long wait patients. During February 270 patients waiting over 52 week wait pathways were completed.
- A robust mechanism for recording the clinical priority status and reviews undertaken is in place. Focus on the daily surgical prioritisation call remains on ensuring theatre capacity for P2 and cancer patients.
- Undertake a specialty by specialty review of residual constraints to increase outpatient activity to 2019/20 levels – timeframe end of April 2021. Key specialties are ENT, Ophthalmology, Cardiology.
- Independent Sector access remains in place for Quarter four 2020/21 and Quarter one 2021/22.

Impact/Timescale

- Work is on-going to model the size and shape of the waiting list based on the activity levels within existing capacity plus the required capacity to deliver a pre-covid position. The latter will need to be supported by national recovery monies.