



Single Oversight Framework

Reporting Period: Month 4
2021/22

Inspected and rated

Good



Single Oversight Framework – M4 Overview (1)



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
<p>Quality Care (exception reports pages)</p>	<p>During quarter 2 the care delivered to our patients has remained safe and of a high quality. We have had no serious incidents declared that were attributed to staffing levels. Falls reduction work remains high on the agenda with a continued focus on reducing deconditioning through mobility awareness to promote patient independence. Hospital acquired pressure ulcers remain consistently low, there have been no category 3 PUs since Nov 18 and no category 4s since August 2017. During Q2 we had 3 category 2PU's (1 avoidable, 2 no lapses in care). All these have been reviewed and action plans put in place to address identified issues.</p> <p>Dementia assessment: board requested an update in relation to dementia assessment. An improvement action plan is underway and is included in the reading room. A manual audit has been undertaken focusing on areas with <70% assessment recorded as completed on Nervecentre. 7 wards met the criteria, the audit identified : 60 eligible patients, 8 patient unable to participate in the assessment. 52 patients had received a full AMT which had been recorded in the paper medical notes but not electronically.</p> <p>There are 5 exception reports:</p> <p>CDIF; YTD we have had 25.24 cases per hundred thousand bed days compared to 19.93 cases in 2020. A trajectory of 57 cases per year has been given, with our YTD position being 29. Thematic review has been completed for all 29 cases and a call with the regional team has taken place with clear actions.</p> <p>VTE risk assessments: performance 94.9% (YTD 94.0%) target 95%, manual data collection continues and this represents an improving position.</p> <p>Complaints: Current performance 2.08 (YTD 1.62) against a standard of ,1.9. The 3 top themes identified are clinical care and treatment, clinical diagnosis and admissions/transfers/discharge . Divisional teams continue to work on action plans and managing the complaint outcomes. Medicine will pilot a clinical first contact on receipt of a complaint to support informal resolution.</p> <p>ED friends and family recommendation: performance 88.7% (YTD 91.0%) against a target of 94%. Work with IQVIA and PET is on-going to address key themes and improve the overall response rate. The national data collection has now recommenced and we remain better than the national average.</p> <p>Cardiac arrest rate: performance 1.26 (YTD 0.97) against a target of <1.0. 2 patients received active resuscitation despite DNAR's being in place. A benchmarking exercise will be completed externally to ensure our systems and processes are in line with best practice.</p>	<p>MD, CN</p>

Single Oversight Framework – M4 Overview (2)



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
<p>People & Culture (exception reports)</p>	<p>Overall, from Q1 COVID-19 has impacted on Staff Health and Wellbeing at the Trust. Sickness Absence levels have shown a increase from the last month (June 21 – 4.3%) to 4.6%, and sits higher to the Trust target. Workforce capacity has also been affected by Covid 19, making the overall absence in June 4.9% and 6.3% in July 2021.</p> <p>Additional activity is evidenced through the services provided from the Trust Occupational Health Service as expected but presents capacity challenges.</p> <p>Overall resourcing indicators for Q2 are positive with levels of vacancy's and turnover remaining low however compliance against Mandatory and Statutory Training has been impacted due to Covid-19 across Q1 but shows a gradual improvement.</p> <p>Appraisals levels show a reduction from the last few months to 87.0%, the reduction is a direct impact from the COVID surge.</p> <p>There has been a focus on increasing access for colleagues staff Covid-19 vaccine. This has resulted in 5053 (94%) of substantive staff, with 4893 (97%) receiving their second dose. We have vaccinated 92% of BAME staff, 98% of our over 60 and 93% of CEV staff.</p> <p>During July (Q2) a new quarterly staff survey was introduced. This was previously known as the national Staff Friends and Family Test (SFFT) survey released 3 times a year. The new survey contains 10 questions and the initial summary of feedback indicates a positive picture in terms of colleagues reporting Sherwood as a great place to work and receive care and that patients remain a top priority. There are areas where we need to do better and this includes experience of uncivil behaviours and diversity and inclusion. Overall results are being completed and these will be shared across the organisation and with leaders for review and actions to improve.</p> <p>In July a 'Fitness for All' Challenge opened to all colleagues. The challenge was introduced following feedback from colleagues and with the intent to motivate and get people moving to support their physical and mental health. During July, participants recorded over 179,045 minutes across 2,664 physical activities. Over 660 colleagues posted their stories , 21 average posts per day, compared with just 4 the previous months. Recognition was rewarded each week and in process is a feedback survey to take any learning in to action for upcoming engagement and wellbeing interventions.</p> <p>In July, the quality improvement and clinical psychology team presented as finalist in the HSJ Patient Safety Award for the Best Mental Health Initiative of the year. The awards ceremony will take place in late September where will winners will be announced.</p> <p>Preparation has commenced for the upcoming new and updated NHS Staff Survey 2021. Live 4th October to 30th November 2021.</p>	<p>DOP, DCI</p>

Single Oversight Framework – M3 Overview (3)



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
<p>People & Culture (exception reports)</p>	<p>Workforce Capacity - The Trust produces a daily Workforce SitRep for the organisation; this includes all COVID related absence elements as well as non Covid sickness absence. When this is reviewed the total workforce loss for July 2021 was 6.3%, (4.6% of this was non Covid sickness absence). During June the total workforce loss was 4.9% (4.3% of this was non Covid sickness absence).</p> <p>Workforce loss since March 2020 is expressed below.</p> <p>Lateral Flow Tests – Overall there were 11,248 test distributed, with 7,472 test registered (66.4%). Of the completed tests there has been 267 positive test (0.2% positive results).</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="251 999 676 1235"> </div> <div data-bbox="705 999 1130 1235"> </div> </div>	<p>DOP, DCI</p>

Single Oversight Framework – M4 Overview (4)



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
<p>Timely care (exception reports pages)</p>	<p>Emergency access saw a slight deterioration in the levels of wait driven by admission demand and access remained comparatively positive, ranked 12th in the NHS. Demand continues to be high in June and has been even higher in July PC 24 felt a lot of this increasing demand as well. The number of MSFT patients remains consistently above the ICS agreed threshold, mainly for home care (pathway 1 packages). To manage this additional beds have been opened as well as additional staffing for ED, notably in the evenings, although fill rates are variable.</p> <p>For Cancer services the number of patients waiting more than 62 days on a suspected cancer pathway at the end of July 21 is behind plan with 110 patients waiting against a trajectory of 74. An exception report detailing the root cause and actions being taken is included. For the faster diagnosis standard, the Trust rank in the top third nationally with 80% of patients being given the all clear or a diagnosis of cancer within 28 days of referral. 62 day performance for June was 71.8% giving a national ranking of 75th/128 (rank 92nd In May). System performance for June was 70.6%. Average waits for first definitive treatment in June have reduced to 53 days (55 in March 21 and 50 days in March 2020). The number of patients waiting 104 day waits at the end of June remains consistent with last month at 23.</p> <p>For Elective Care despite the pressures from emergency care and Wave 3 of Covid starting in July elective activity has continued in line with clinical priority with the waiting list at the end of July remaining stable at 37,304. The number of patients waiting over 52 weeks has reduced to 1,096 (March 1,618). The published national median wait for RTT Incomplete pathways at the end of June was 10 weeks and 92nd percentile 44 weeks; for the Trust it was 10 weeks and 42 weeks and for July it is 10 and 40 weeks. Pre Pandemic the median wait for the Trust was 7 weeks and 92nd percentile 22 weeks. For July the Trust has delivered 96% of 19/20 elective activity levels. An exception report for elective inpatient activity is included. The elective accelerator schemes have supported an additional 12,000 patients above the original activity plan to be seen and/or treated since May. The mobile Endoscopy unit is expected on site early September and operational from early October. A programme of work to identify any health inequalities on the waiting list has commenced with a pilot looking at managing raised diabetes and weight loss pre-surgery. Further postcode analysis and key themes around DNA, language and communication will follow.</p> <p>Diagnostics continue to perform relatively well, ECHO continues to be the significant contributor to the 6 week backlog an improvement in the volume of patients waiting over 6 weeks is noted in August. Demand for CT has been increasing, with the service under significant pressure from both the emergency and elective pathways.</p>	<p>COO</p>

Single Oversight Framework – M4 Overview (5)



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
<p>Best Value care (exception reports pages)</p>	<p>The Trusts financial position for the month of July is a deficit of £0.1m, compared to a break-even plan for the month. A year-to-date deficit of £0.2m has been reported, which compares favourably to plan by £1.2m. July expenditure totals £35.9m and includes the direct Covid-19 costs of £0.9m and costs relating to the Covid-19 vaccination programme of £2.4m, with offsetting income of £2.4m assumed.</p> <p>An adjustment to the forecast for the H1 period (April to September) has been reported in July, with the revised forecast deficit of £1.3m reflecting a revision to the Elective Recovery Fund thresholds announced by NHS England & NHS Improvement. The new thresholds have been retrospectively applied from 1 July 2021 and result in a £2.9m reduction in expected ERF income.</p> <p>Capital expenditure for July totals £0.7m, which is £0.6m less than planned due to delays on the ED/Resus and Mansfield Community Hospital schemes.</p> <p>The closing cash position is £7.5m lower than planned at £3.9m. This is due to delays in the receipt of ERF and Covid-19 Vaccination Programme income.</p>	<p>CFO</p>

Single Oversight Framework – M4 Overview (1)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Safe	Patient safety incidents per rolling 12 month 1000 OBDs	>41	Jul-21	52.10	51.73		G	CN	M
	All Falls per 1000 OBDs	6.63	Jul-21	6.49	6.10		G	CN	M
	Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Jul-21	18.93	25.24		R	CN	M
	Covid-19 Hospital onset	<37	Jul-21	0.0	0		G	CN	M
	Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Jul-21	0.00	0.00		G	CN	M
	Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Jul-21	9.46	0.00		G	CN	M
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Apr-21	94.9%	94.9%		A	CN	M
	Safe staffing care hours per patient day (CHPPD)	>8	Jul-21	9.1	8.9		G	CN	M
Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Jul-21	1.62	2.08		A	MD/CN	M
	Recommended Rate: Friends and Family Accident and Emergency	<94%	Jul-21	91.0%	88.7%		R	MD/CN	M
	Recommended Rate: Friends and Family Inpatients	<96%	Jul-21	97.8%	98.1%		G	MD/CN	M
Effective	Cardiac arrest rate per 1000 admissions	≤1.0	Jul-21	0.97	1.26		R	MD	M

Single Oversight Framework – M4 Overview (2)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Staff health & well being	Sickness Absence	3.5%	Jul-21	4.1%	4.6%		R	DoP	M
	Take up of Occupational Health interventions	800 - 1200	Jul-21	6441	2332		R	DoP	M
	Employee Relations Management	<10-12	Jul-21	50	15		A	DoP	M
Resourcing	Vacancy rate	>6.0%	Jul-21	6.7%	5.9%		G	DoP	M
	Mandatory & Statutory Training	<90%	Jul-21	88.5%	88.0%		A	DoP	M
	Appraisals	<95%	Jul-21	90.8%	87.0%		R	DoP	M

Single Oversight Framework – M4 Overview (3)



Sherwood Forest Hospitals
NHS Foundation Trust


At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency	
Timely Care	Emergency Care	Number of patients waiting >4 hours for admission or discharge from ED	>90%	Jul-21	89.9%	86.2%		R	COO	M
		Mean waiting time in ED (in minutes)	220	Jul-21	164	177		G	COO	M
		Number of patients who have spent 12 hours or more in ED from arrival to departure	TBC	Jul-21	98	41			COO	M
		Mean number of patients who are medically safe for transfer	22	Jul-21	52	52		R	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<10%	Jul-21	3.2%	3.5%		G	COO	M
	Cancer Care	Number of patients waiting over 62 days for Cancer treatment	74	Jul-21	-	110		R	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Jun-21	79.6%	80.3%		G	COO	M
	Elective Care	Elective Day Case activity against Yr2019/20	95.0%	Jul-21	97.3%	100.3%		G	COO	M
		Elective Inpatient activity against Yr2019/20	95.0%	Jul-21	65.9%	73.0%		R	COO	M
		Elective Outpatient activity against Yr2019/20	95.0%	Jul-21	95.9%	95.7%		G	COO	M
		Number of patients on the elective PTL	-	Jul-21	-	37,304			COO	M
		Number of patients waiting over 1 year for treatment	-	Jul-21	-	1096			COO	M

Single Oversight Framework – M4 Overview (4)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Best Value Care	Finance	Trust level performance against Plan	Jul-21	£1.23m	-£0.13m		G	CFO	M
		Underlying financial position against strategy	Jul-21	tbc	tbc			CFO	M
		Trust level performance against FIP plan	Jul-21	£0.44m	-£0.19m		G	CFO	M
		Capital expenditure against plan	Jul-21	-£1.96m	-£0.55m		A	CFO	M

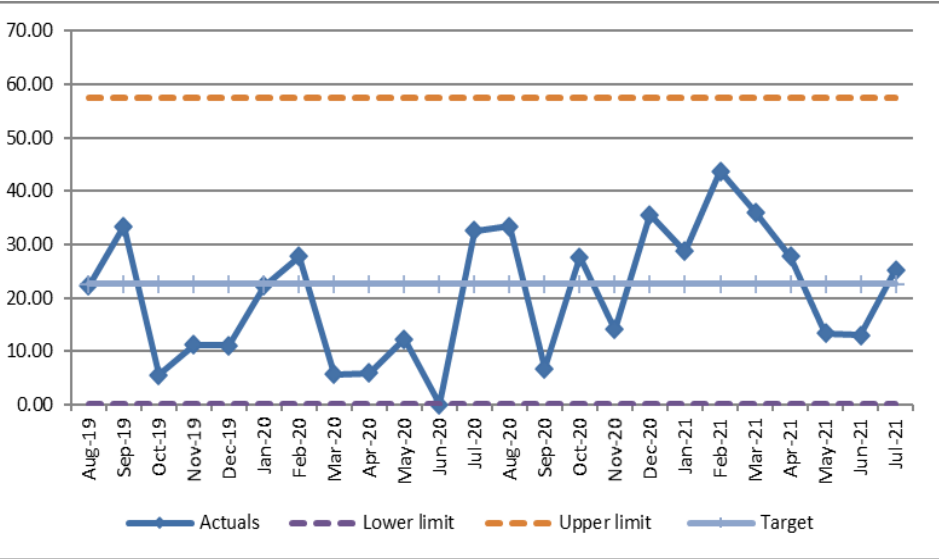
Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Jul-21	18.93	25.24		R	CN	M
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Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

- This year the organisation has been given a trajectory for Cdiff of 57 cases.
- The Trust have seen and increase in the number of hospital onset hospital acquired cases of Cdiff when compared to 2020 but not 2019
- The trust has also seen an increase in community onset hospital acquired Cdiff cases – this is significantly higher
- Total Trust Attributed Cdiff cases to date for this year is 29, compared to 19 in 2020 and 20



Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • None of the cases are related to each other and have all been on different wards. • There have been some lapses in care identified which have contributed to the cause of the Cdiff in these patients. These include 2 cases where antibiotics given were inappropriate. • There have also been delays in sampling which have not contributed to the cause of the Cdiff. • There has been interruption to the provision of UV cleaning and HPV cleaning. 	<ul style="list-style-type: none"> • All possible samples have been sent to Leeds for ribotyping; <ul style="list-style-type: none"> • 10 different ribotypes • 6 samples were unable to be sent as not enough available • 2 samples did not grow Cdiff • 5 results are awaited • Case review with individual prescriber • Antimicrobial pharmacists to be re-assigned to antimicrobial duties • Shared learning via medical managers • Discussed with ward leaders/matrons the importance of timely sampling • IPC campaign launched • New equipment purchased to ensure availability of UV and HPV at all times. • Deep clean programme to recommence 5 beds at a time. • We have met with Debra Adams (NHSE/I) to review our increased rates and our largest increase is from the Community Onset Hospital Associated (COHA) cases. • Conduct a gap analysis against the Cdiff – How to deal with the problem document 	<p>Ongoing</p> <p>September 2021</p> <p>September 2021</p> <p>September 2021</p> <p>Complete</p> <p>Complete</p> <p>September 2021</p> <p>Ongoing</p> <p>September 2021</p>

Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Apr-21	94.9%	94.9%		A	CN	M
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National position & overview

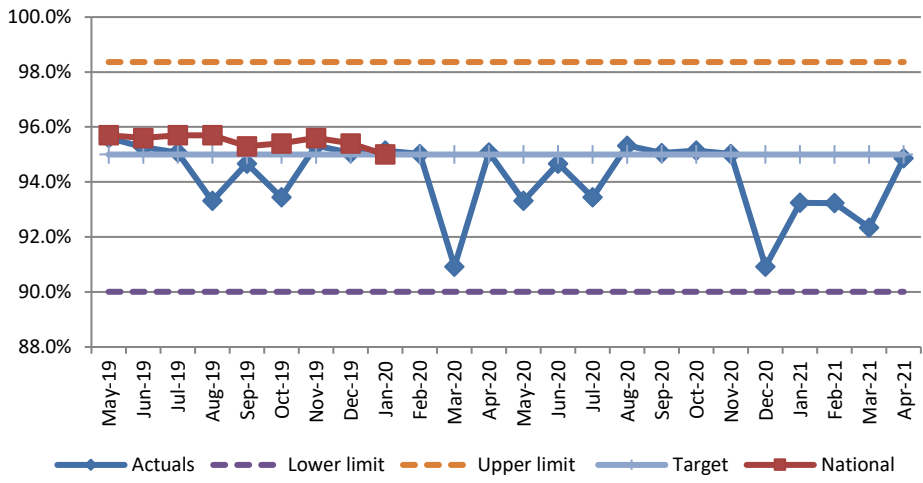
In response to the emerging COVID pandemic National reporting of VTE risk assessment screening was stopped in March 2020.

SFH continued with data collection for our own internal monitoring process. The data collection process for VTE risk assessment is a manual process requiring a significant number of hours to achieve.

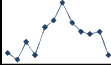
The national target for VTE screening on admission to hospital is set at 95%.

Covid infection control requirements changed the manual collection processes which has had a detrimental impact on compliance figures.

The pre-Covid method of data collection resumption has significantly improved the compliance score for April 21 and has seen the best score since November 2020.



Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> The GSU team have resumed the manual method of form collection from 1 April 21. This has significantly improved the compliance with April's data being below the 95% target. The data collection process for VTE risk assessment is a manual process requiring a significant number of hours to complete the collection. Currently awaiting an electronic solution which may be via EPMA or via NerveCentre. 	<ul style="list-style-type: none"> The GSU team to resume the pre Covid method of form collection from 1 April 21. EPMA/NerveCentre will resolve the data collection issues as the VTE assessment will be included as part of the package and will be mandatory. The EPMA/NerveCentre VTE screening tool will be based on the NG89 standards. A one off audit undertaken by Pharmacy in November 2020 demonstrated : <ul style="list-style-type: none"> 97% of patients have the correct decision made in relation to their VTE prophylaxis requirements. The majority of patients have a dose prescribed, if pharmacological prophylaxis is required, that is appropriate for their current renal function. <p>There are no plans/current resource to undertake this audit on a regular basis.</p>	<ul style="list-style-type: none"> Completed On-going- Await EPMA/NerveCentre electronic VTE screening tool roll out. Completed

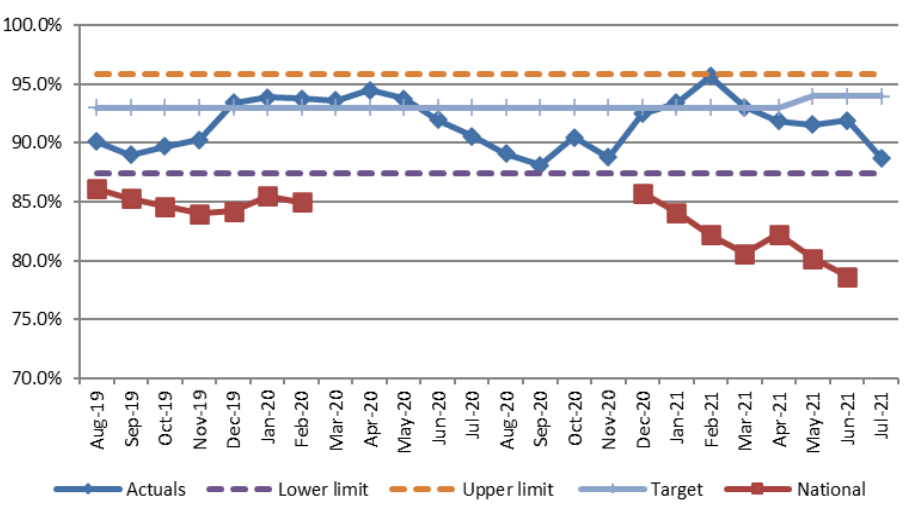
Recommended Rate: Friends and Family Accident and Emergency	<94%	Jul-21	91.0%	88.7%		R	MD/CN	M
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Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

- SMS are not sent to patients under 18 but they are classed as eligible patients.
- If the eligible response rate is not accurate this will impact on the recommendation rate.
- Response rate remains low, this impacts on the recommended rate.
- A themes of waiting times in the department continues



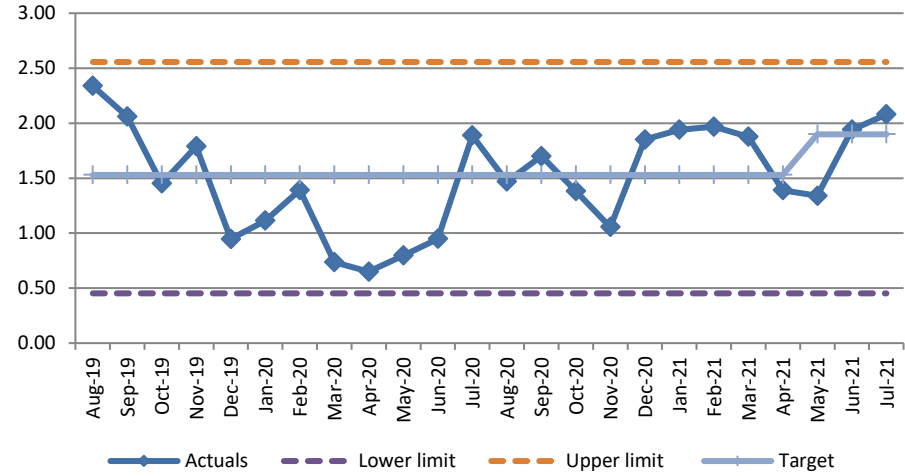
Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • SMS not sent to under 18 year olds due to potential confidentiality/Information governance breach. 	<ul style="list-style-type: none"> • Explore how we can ensure text messages are sent to under 18 year old patients. Further work needs to be undertaken to ensure patients demographics are updated when self-presenting to ED. 	<ul style="list-style-type: none"> • September 2021
<ul style="list-style-type: none"> • Low response rate 	<ul style="list-style-type: none"> • To start trial of QR code response in ED from 6 September 2021, work to commence to promote trial. • Develop external communications to be shared on social media platforms promoting the importance of providing feedback/FFT response. • Weekly feedback from the PET team to be shared with the team in ED. 	<ul style="list-style-type: none"> • September 2021 • Completed • On going
<ul style="list-style-type: none"> • Themes around long wait times 	<ul style="list-style-type: none"> • Continue to monitor FFT data and share with ED team 	<ul style="list-style-type: none"> • On going

Complaints per rolling 12 months 1000 OBD's	<1.9	Jul-21	1.62	2.08		A	MD/CN	M
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Sherwood Forest Hospitals

NHS Foundation Trust



National position & overview

- Since the Q4 SOF Report there has been a total of 152 complaints received up to end July 2021.
- While the number of complaints continues to fluctuate the numbers have not reached the pre-Covid -19 rates.
- Pre Covid-19 SFH would expect to receive between 30 and 40 complaints per month. For the five months reported here there has been an average of 30.4 complaints per month.
- The highest numbers of complaints relate to the Medicine and UEC Divisions with 42 and 35 complaints respectively during this reporting period. Surgery have received 34
- The Covid-19 Vaccination programme has received 19 complaints during the same time period.

Root causes

- Top 3 themes identified :
- Clinical Care & Treatment
- Clinical Diagnosis
- Admission/transfers/discharge procedure.

	Mar	Apr	May	Jun	Jul	Total
Covid Vaccination Programme	5	5	5	2	2	19
Corporate Division	0	0	0	0	0	0
Diagnostics and Out-patients	0	1	2	0	3	6
Emergency Urgent Care	3	8	5	10	9	35
Medicine Division	8	9	6	8	11	42
Surgery Division	7	7	7	7	6	34
Women and Children's Division	4	3	1	5	3	16
Total	27	33	26	32	34	152

Actions

- The Divisions are working on action plans and managing the complaint outcomes in accordance with Trust policies and procedures to ensure improvements are implemented
- Compare complaints totals with the previous quarter
 - Medicine Division (28%)
 - Emergency Urgent Care (23%)
 - Surgery (22%)
 - Vaccination Programme (12.5%)
 - Women's and Children's (10.5%)
 - Diagnostic and Outpatients (4%)
- Pilot of clinical contact with patient at receipt of complaint within medicine
- Complaints are reported to Nursing, Midwifery and AHP Committee monthly.

Impact/Timescale

- On going
- Completed. Divisional complaint totals is consistent with previous quarters:
- September 2021
- On going

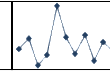
Cardiac arrest rate per 1000 admissions

<1.0

Jul-21

0.97

1.26



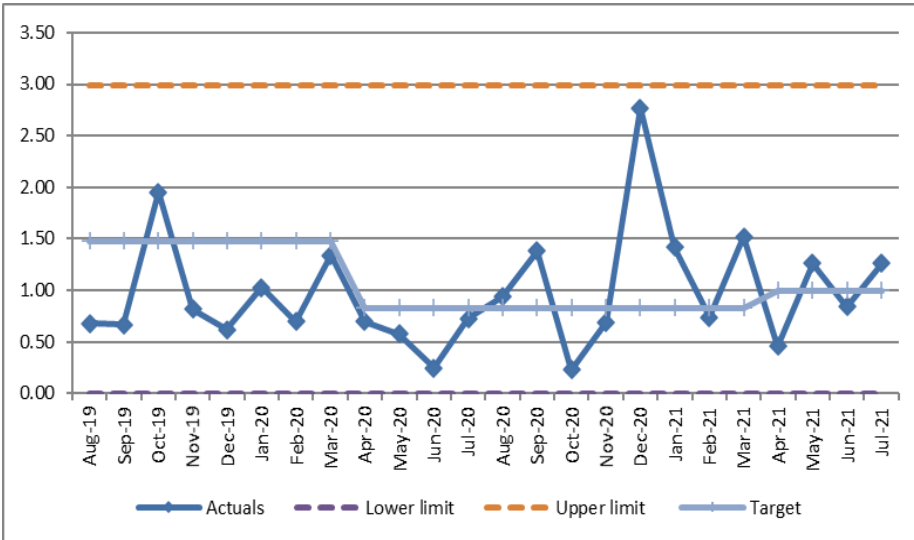
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Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

No update has yet been provided from the NCAA about the planned de-anonymisation and public reporting of cardiac arrest data which was due to begin in 2020.

Quarter 4 NCAA report showed we had moved further up the ‘in-hospital arrests’ chart – 69th of 157 for 20-21 against 53rd of 162 for 19-20. It is essential to note that the data used for this chart is not risk adjusted and as it is anonymous it is impossible to compare ourselves against organisations similar to our own in terms of size, services and patient population.

Root causes

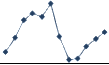
- Cardiac arrest activity for July comprises of 6 National Cardiac Arrest Audit (NCAA) events.
- 2 out of these 6 events were patients who had DNACPR orders in place as part of the ReSPECT process but CPR was performed.

Actions

- Continue to monitor/audit cardiac arrests, escalating any
- These events have been reported to the medical teams via the datix system for a review of communication processes and feedback to Resuscitation Services of any identified issues and areas for learning and improvement to be shared via Deteriorating Patient and Harms Free Groups.
- The resuscitation team have asked to benchmark our process for identifying patients who are not for DNAR externally to ensure our methodology is in line with best practice

Impact/Timescale

- On going
- September 2021
- October 2021

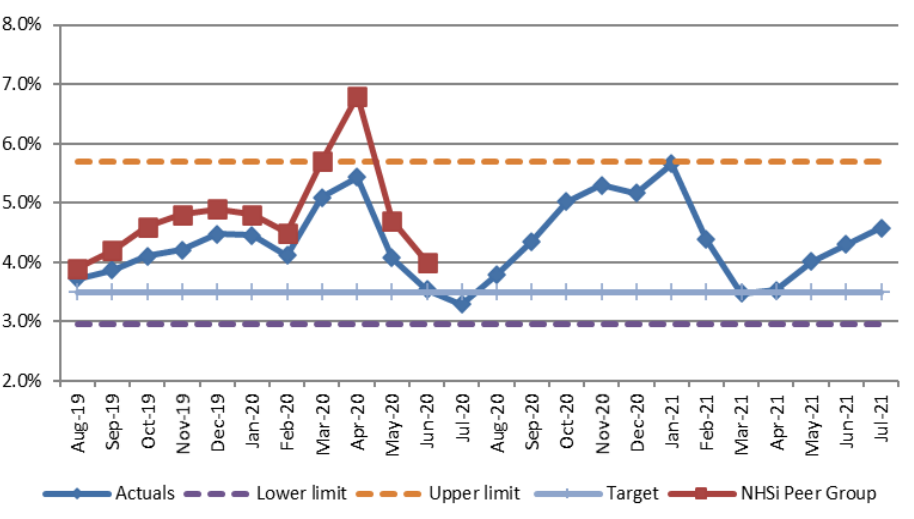
Sickness Absence	3.5%	Jul-21	4.1%	4.6%		R	DoP	M
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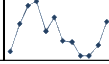
Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

- The Trust benchmarks favourably against a national sickness figure.
- The data from model hospital is only available as at July 2020. The national median was 4.7% , SFH median was 4.2%.



Root causes	Actions	Impact/Timescale
<p>The sickness levels have decreased from last month (4.3%) to 4.6% in June 2021, and sits equivalent to the trust target.</p> <p>The short term sickness absence rate for July 21 is 2.4%. (June 21– 2.4%).</p> <p>The long term sickness absence rate for July 21 is 2.2%. (June 21– 1.9%).</p>	<p>To support the noted increases confirm and challenge sessions facilitated by the Human Resources Business Partners, to support leaders implement person centred decision when managing sickness absence.</p>	<p>Sickness levels are recorded above the Trust target (3.5%). Colleagues are being supported through the staff health and wellbeing offer with targeted support also provided. An enhanced wellbeing offer is being developed to be deployed to support colleagues through the next few months.</p>

Take up of Occupational Health interventions	800 - 1200	Jul-21	6441	2332		R	DoP	M
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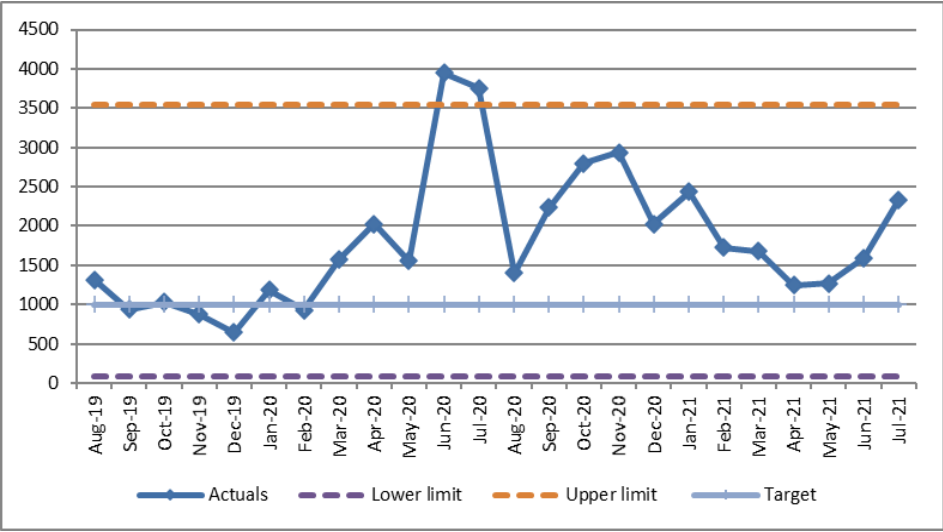


Sherwood Forest Hospitals
NHS Foundation Trust

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.



Root causes

The key cause of above trajectory performance on the take up of Occupational Health interventions is mainly associated with the enhanced national increase with the pandemic.

Actions

- This was additional 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

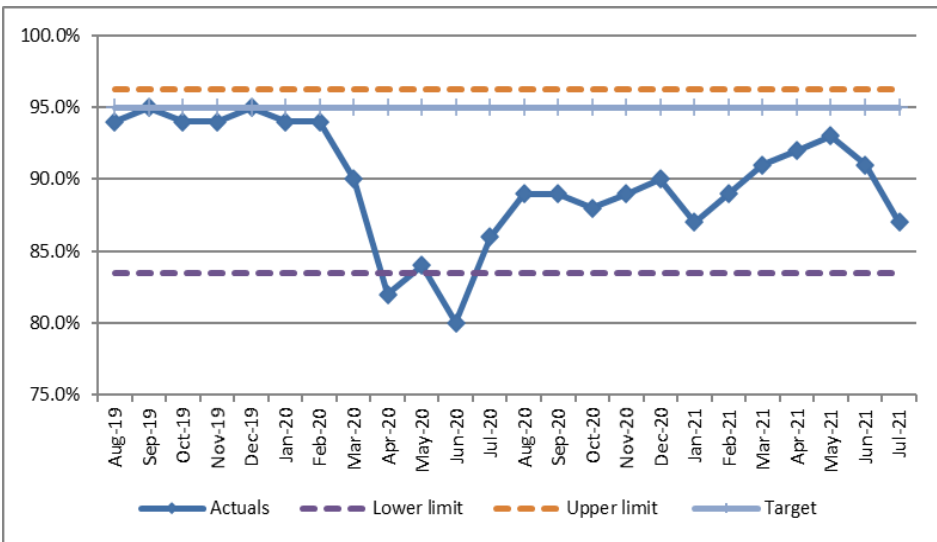
Impact/Timescale

This elevated level is expected to continue with additional expectations around IPC and COVID.

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

National position & overview

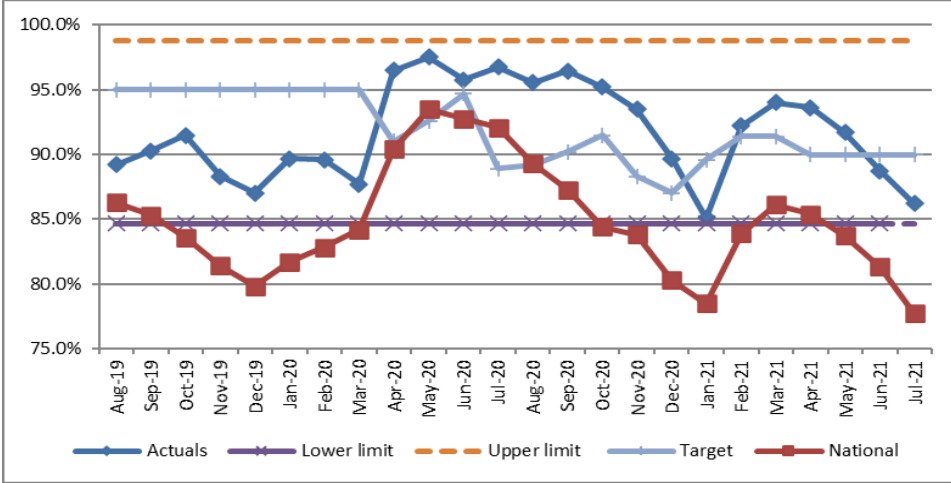
The Trust benchmarks favourably nationally and local intelligence suggests the Trust's appraisal rates are amongst the highest in the region.



Root causes	Actions	Impact/Timescale
<p>The key cause of below trajectory performance on the appraisal compliance is related to the delivery and capacity issues associated with the surge in the COVID-19 Pandemic.</p> <p>However, significant work was undertaken since January 21 and a gradual increase in the figures was noted. However, the current level shows a decrease and now reported at 87.0%.</p>	<p>The People and Inclusion Cabinet are to keep a watching brief on the COVID surge and where appropriate, based on total workforce loss, discuss the re-pausing of appraisals to support divisional capacity.</p> <p>The Human Resources Business Partners to have discussions with line managers at confirm and challenge sessions to identify appraisals which are outstanding and seeking assurance regarding timescales for completion.</p>	<p>Appraisal compliance to 95% by end of December 2021.</p>

National position & overview

- SFH 86.2%, 3.8% below the local H1 aim
- National rank 13th out of 117 reporting Trusts
- Similar attendance levels to July 2019, but 8% growth on July 2018
- PC24 performance dropped by 3% compared to July
- KMH ED performance had a 4% growth in attends on June and performance fell by an equivalent level. KMH ED saw 384 more patients during July
- Newark UTC performance was excellent at 98.4%
- Bed pressure was more acute in July than in recent months with a 9% increase in admissions against July 2019, mainly due to delayed attendance by patients through lockdowns. Covid admissions began to return at a higher level during July as part of Wave 3.
- The number of MSFT patients remained in excess of the ICS agreed threshold throughout the month, but remains less than 10% of the bed base



Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Demand growth across KMH ED & PC24 well in excess of previous years, notably ambulance demand leading to high admission growth. • Capacity pressure – admission pressures have been similar to winter, but winter capacity has unable to be fully replicated given the requirement to provide some priority to elective care. H1 funding methodology has also constrained some of this. Workforce supply to put up lots of additional capacity remains a challenge, particularly with recent Covid pressures on isolation. Increasing Covid admissions during July has also increase pressure on isolation capacity. 	<ul style="list-style-type: none"> • Much of the analysis from the Nottinghamshire ICS AEDB shows that there is demand pressure across the NHS in hospitals, primary care, 111 and EMAS. • Work is underway with the Locality Director for Primary care in Mid Notts to understand variability in ED attend levels despite the significant increases in activity being undertaken by primary care • 26 additional beds (10 more than last month) have now been opened and Ward 41 has been converted from a pure rehabilitation ward to a sub-acute rehabilitation ward giving greater flexibility for admission • Additional medical and nursing shifts have been rostered in ED, but fill rates are variable, particularly recently due to the Covid isolation • Work continues to ensure the maximisation of Same Day Emergency care and 254 (46%) more patients were seen in this service than in July 19, thereby avoiding admission to a bed • Winter planning for 2021/22 H2 has commenced against a 4% growth on 2019. At present this represents a material gap in capacity and it is likely that elective activity may be impacted. The winter plan is the subject of an additional plan to the Trust Board in September 	<ul style="list-style-type: none"> • In place • In place • Ongoing • September 21'

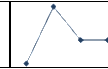
Mean number of patients who are medically safe for transfer

22

Jul-21

52

52



R

COO

M

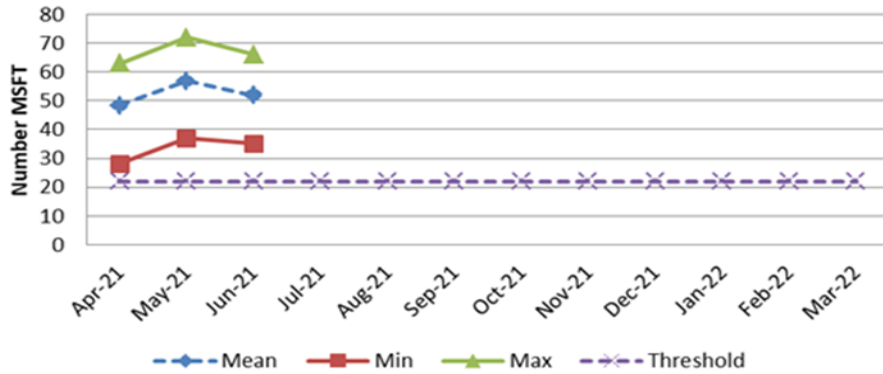


Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

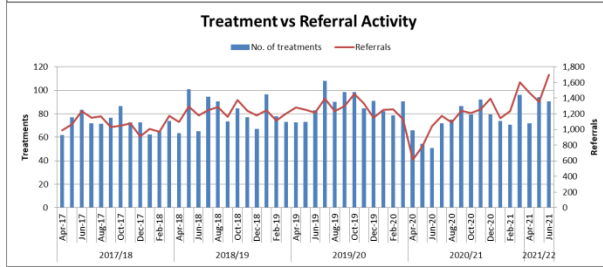
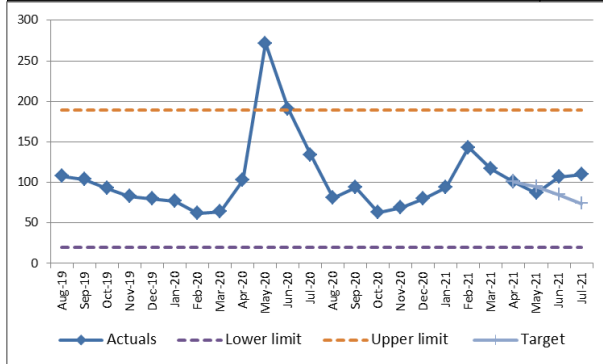
- The local position has improved slightly in June although still not at the agreed threshold of 22 (red line)
- The improvement reflects an additional therapist added to the discharge screening team and CCG spot purchase of care home beds
- Additional bed capacity remains open at Ashmere care homes (26) and 16 beds at SFH to offset the impact
- There have been up to 25 delayed patients in an acute bed impacting upon the non elective patient pathway

Monthly trends ; Year 2021/22



Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Pathway 1 demand and the available capacity to meet the variation in demand. This reflects the lack of available care agencies (on the framework) to meet the demand and in particular for double up care QDS and TDS. Recruitment to the care agency and social sector is proving difficult with posts unfilled. Covid isolation is exacerbating this further. The right size of Pathway 1 capacity remains to be commissioned • Internal process issues contributing to referrals made into D2A same day or outside of the 48hr window. This gives social care less time to respond to the discharge. 	<ul style="list-style-type: none"> • Process improvements for early pre noon discharge- golden patients, transport and medication preparation continue • Internal work to improve the information available on Nerve Centre to allow a timely referral (within 48hrs) to the D2A hub. • Focus on improving same day discharge once MSFT • Re instated > 14 >21 weekly review lead by HOO • Learning from ECIST event and continuing to take 10-15 discharges home first per week • Planned transformational change to support the national discharge policy recommendations- integrated workforce in discussion with staff side • Multiple partner discussions to support both process and resource within Mid notts • Social care recruiting 16 more care workers through Tuvida (EDASS) • Escalated actions required from system in support of covid and managing demand <p>Escalation</p> <ul style="list-style-type: none"> • Escalated delays and issues through CCG and also via the Mid Notts ICP Discharge Group, CEO group • Covid impact and preparedness to support delayed discharges • Exacerbation of P1 capacity availability due to covid impact 	<p>August 2021-result</p> <p>August 2021-result July 2021-in place 90% same day discharge</p> <p>August 2021-complete plan</p> <p>On going action September 21 On going action</p>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Number of patients waiting over 62 days for Cancer treatment	74	Jul-21	-	110		R	COO



National position & overview

- In the 2021/22 operational planning guidance, NHS England (NHSE) set out a key objective to return the number of people waiting for longer than 62 days (“the backlog”) to the level observed in February 20 (45 patients for SFH). Latest national data available ranks SFH as 49th / 137 Trusts for size of backlog.
- In June, the paper to Board outlined the trajectory to deliver the February 2020 position. At time of writing there were 5 key risks to delivery:
 1. Demand
 2. Diagnostic Capacity
 3. Lower GI
 4. Dependency on Tertiary Provider
 5. Residual Impact of COVID
- Risks 1 and 2 are the main cause for the adverse position to trajectory.
- There have been 2 significant peaks in demand (March and June), the March peak superseded the development of the 62 day backlog trajectory.
- The latest wait data shows average waits at 53 days for June 21 against 55 days for June 19, with 85th percentile waits at 82 days (84 days June 19).

Root causes

- Year to date referrals remain 20% higher than the 19/20 average, predominantly in lower GI & breast.
- Referral increase impact on diagnostic capacity such as CT colon with waits reaching up to 42 days; compounded by a high volume of DNA/patient cancellations. Lower GI are most effected by these waits.
- Other diagnostic delays including Lung (EGFR) and PET scan provided by the tertiary centre and clinical decision making in Gynae.

Actions

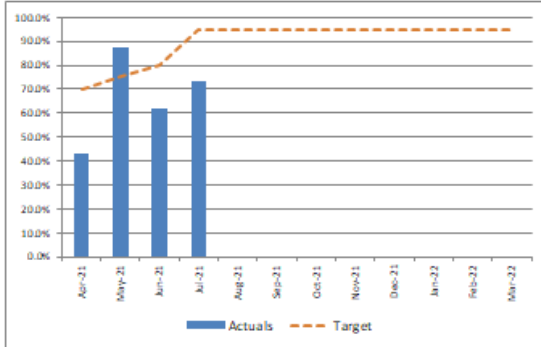
- New LGI cancer support worker (CSW) role in place
- Specialist nurses to follow up appointments with the patient with a CT Colon leaflet, highlighting key information and the importance of attending. Call reminder and DNA audit trial to also take place.
- Radiology has shadowed another centre who run an increased list (9 patients) by utilising an imaging assistant to support cannulation and preparation of patients. The service is now exploring recruiting this type of role. Radiology is trialling reduced prep which would support better utilisation of short notice cancellations
- Pathology are exploring outsourcing EGFR to improve turnaround times.
- Review of MDT / establish weekend hysteroscopy sessions
- Whilst the trajectory will remain the same a re-forecast of the backlog will be undertaken underpinned by updated assumptions for referrals and other variables.

Impact/Timescale

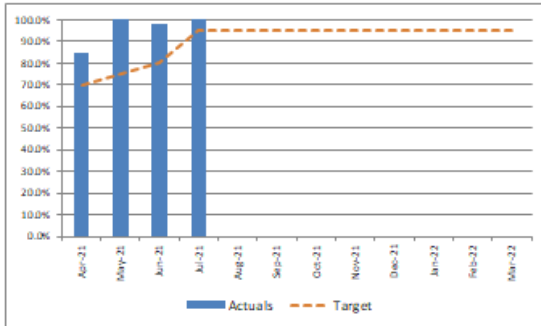
- CSW triage implementation delayed until September due to annual leave.
- CT Colon leaflet in place. Call reminder and audit in September.
- Radiology commenced recruitment of bank roles to test the concept.
- Reduced prep trial commenced July.
- EGFR IS provider has been identified and trial commenced mid-August.
- Reforecast to be reported to Board in October.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Elective Inpatient activity against Yr2019/20	95.0%	Jul-21	65.9%	73.0%		R	COO

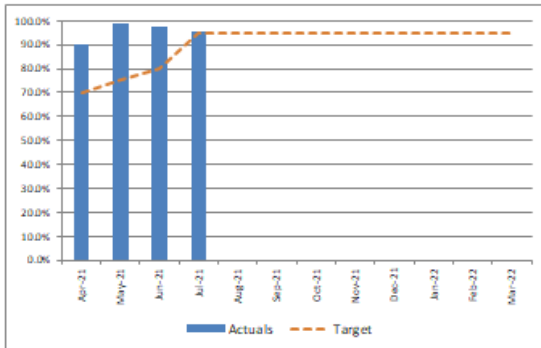
Elective Inpatient activity against Yr2019/20



Elective Day Case activity against Yr2019/20



Elective Outpatient activity against Yr2019/20



National position & overview

- For July 2021 (working day adjusted) the activity volume is at 96% when compared to July 2019 (40,754 vs. 42,537). This is further split by:
 - Day case - 100% (3,183 vs. 3,175)
 - Outpatient - 96% (37,201 vs. 38,855)
 - Elective inpatient - 73% (370 vs. 507)
- Nationally, additional funding was made available via the Elective Recovery Fund (ERF) to deliver activity above set thresholds. The threshold level was set against a baseline value of all elective activity delivered in 2019/20. For April 2021 it was set at 70%, May 75%, June 80% and 95% from July. The Trust has delivered above threshold in all months YTD.
- It is important to note the on-going risk to surgical elective inpatient activity due to the surge plan for ITU, in particular the impact it has on orthopaedic elective operating (theatre 8).

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> Pre-op capacity due to vacancies and backlog (gap 75 appointments weekly) compounded by vacancies and sickness in the waiting list team. Impact of Trauma on Elective Orthopaedic operating capacity. Medical specialties have seen a shift to DC in a number of areas such as Gastroenterology, Cardiology and Clinical Haematology driven by case mix, use of MDCU and some cancellations to facilitate non-elective care. 	<ul style="list-style-type: none"> Weekly pre-op task and finish group focusing on recruitment, process improvement and short term additional staffing to restore the capacity gap. Use of the independent sector for orthopaedics, gynaecology, urology and general surgery continues. Baseline adjustments to be factored into H2 planning for shift from elective to daycase activity. 	<ul style="list-style-type: none"> Pre-op capacity gap reduced to 20 from 75. Independent sector use is on-going. First daft elective plan for H2 expected end of August 21

Best Value Care

H1 / H2 Plan

- The Trust has submitted a plan to NHS England & NHS Improvement covering the period 1st April 2021 to 30th September 2021. This is referred to as the '2021/22 H1 Plan'. An updated version of the plan including rephased Elective Recovery Fund (ERF) income was submitted 22nd June. The values in these slides reflect this updated plan.
- The H1 Plan shows a break-even financial position for the period, however the phasing of the plan includes surplus or deficit positions in each month. This is due to the expected timing of income and expenditure.
- The financial framework for H2 covering the period 1st October 2021 to 31st March 2022 has still to be published and so is not reflected in this report. It is expected however that H2 will be on a similar basis to H1 and detailed planning work has commenced on this basis.

Month 4 Summary

- The Trust has reported a YTD deficit of £0.18m for July, which is £1.23m better than the planned deficit of £1.41m.
- YTD Capital expenditure to July was £2.36m, which is £1.96m lower than planned.
- Closing cash at the end of July was £3.85m, which is £7.51m below plan. This is due to delays in the receipt of cash income relating to the Elective Recovery Fund (ERF) and the Covid Vaccination Programme.

	July In-Month			YTD			Forecast H1		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Income	38.32	35.84	(2.48)	148.54	145.77	(2.77)	224.86	217.83	(7.03)
Expenditure	(38.32)	(35.97)	2.35	(149.95)	(145.95)	4.00	(224.86)	(219.12)	5.73
Surplus/(Deficit) - Break-even Requirement Basis	0.00	(0.13)	(0.13)	(1.41)	(0.18)	1.23	0.00	(1.30)	(1.30)
Capex (including donated)	(1.26)	(0.71)	0.55	(4.32)	(2.36)	1.96	(6.58)	(4.94)	1.64
Closing Cash	11.36	3.85	(7.51)	11.36	3.85	(7.51)	12.18	12.18	0.00

Best Value Care

Break-even Requirement All values £'m

	In Month					Year-to-Date					H1 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	23.85	23.93	0.00	23.93	0.08	95.40	95.57	0.00	95.57	0.17	143.10	143.27	0.00	143.27	0.17
Top-Up System	3.71	3.71	0.00	3.71	0.00	14.85	14.85	0.00	14.85	0.00	22.27	22.27	0.00	22.27	0.00
ERF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COVID Income	1.73	1.05	0.68	1.73	(0.00)	6.93	4.20	2.73	6.93	(0.00)	10.39	6.29	4.10	10.39	(0.00)
Growth and SDF	0.60	0.60	0.00	0.60	0.00	2.38	2.38	0.00	2.38	0.00	3.57	3.57	0.00	3.57	0.00
Other Income	8.41	5.84	0.00	5.84	(2.56)	28.89	25.93	0.00	25.93	(2.95)	45.37	38.16	0.00	38.16	(7.21)
Total Income	38.30	35.13	0.68	35.81	(2.48)	148.44	142.92	2.73	145.65	(2.79)	224.71	213.57	4.10	217.66	(7.04)
Expenditure:															
Pay - Substantive	(18.42)	(17.61)	(0.10)	(17.71)	0.71	(73.23)	(70.15)	(0.52)	(70.67)	2.56	(109.74)	(105.70)	(0.90)	(106.61)	3.14
Pay - Bank	(5.14)	(2.73)	(0.47)	(3.20)	1.94	(18.28)	(14.89)	(1.45)	(16.34)	1.94	(27.47)	(22.09)	(2.26)	(24.35)	3.12
Pay - Agency	(1.02)	(1.00)	(0.10)	(1.10)	(0.08)	(4.18)	(4.14)	(0.37)	(4.51)	(0.33)	(6.23)	(6.58)	(0.37)	(6.95)	(0.72)
Pay - Other (Apprentice Levy and Non Execs)	(0.09)	(0.19)	0.00	(0.19)	(0.10)	(0.37)	(0.60)	0.00	(0.60)	(0.22)	(0.56)	(0.86)	0.00	(0.86)	(0.30)
Total Pay	(24.68)	(21.53)	(0.68)	(22.21)	2.47	(96.07)	(89.77)	(2.34)	(92.11)	3.96	(144.01)	(135.23)	(3.54)	(138.77)	5.24
Non-Pay	(11.24)	(11.14)	(0.23)	(11.37)	(0.13)	(44.37)	(43.52)	(0.90)	(44.42)	(0.05)	(66.58)	(64.70)	(1.49)	(66.19)	0.40
Depreciation	(1.11)	(1.10)	0.00	(1.10)	0.02	(4.45)	(4.33)	0.00	(4.33)	0.12	(6.68)	(6.56)	0.00	(6.56)	0.12
Interest Expense	(1.26)	(1.26)	0.00	(1.26)	(0.00)	(4.96)	(4.97)	0.00	(4.97)	(0.01)	(7.43)	(7.45)	0.00	(7.45)	(0.01)
PDC Dividend Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Non-Pay	(13.62)	(13.50)	(0.23)	(13.73)	(0.12)	(53.78)	(52.82)	(0.90)	(53.72)	0.06	(80.70)	(78.71)	(1.49)	(80.19)	0.50
Total Expenditure	(38.30)	(35.04)	(0.90)	(35.94)	2.35	(149.85)	(142.59)	(3.25)	(145.83)	4.01	(224.71)	(213.94)	(5.02)	(218.96)	5.74
Surplus/(Deficit)	0.00	0.09	(0.22)	(0.13)	(0.13)	(1.41)	0.34	(0.51)	(0.18)	1.23	0.00	(0.37)	(0.93)	(1.30)	(1.30)

The table above shows that the YTD Trust deficit of £0.18m reported for Month 4 is £1.23m better than the phased H1 plan deficit.

M4 YTD Covid-19 costs of £3.25m are £0.11m lower than planned. However, forecast H1 Covid-19 spend is £5.02m, £0.93m more than planned. This reflects the increased pressures driven by Covid-19 in July, with an increase in positive patients and in workforce unavailability.

The table includes the Vaccination Programme, M4 YTD costs of £9.99m (£9.20m Pay and £0.79m Non pay), are £0.69m lower than planned. This cost is a pass through and is fully offset by income.

The Trust's H1 forecast has been revised to a £1.3m deficit at Month 4. This reflects the impact of a change in ERF thresholds announced by NHSE/I, which reduces the level of ERF income available to support the Trust's elective recovery programme. This is a system issue and the Nottingham & Nottinghamshire ICS has requested support from the NHSE/I regional team to mitigate the impact.