Mid-Nottinghamshire Integrated Care Partnership

NHS Sherwood Forest Hospitals NHS Foundation Trust

Single Oversight Framework

Reporting Period: Q2 2021/22

Inspected and rated Good CareQuality Commission

Single Oversight Framework – Q2 Overview (1)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care (exception reports pages)	During Q2 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 are 3 exception reports for Q2: • Never Events: During Q2 we have declared 1 Never Event again under the Wrong Site Surgery category. This brings the total number of Never Events under this category to 6 in the last 21 months. The exception report details the work underway across the Trust to address the issues identified during investigation. • C-Difficile: This year the organisation has been given a trajectory for Cdiff of 57 cases; to date this year SFH has declared 49 Trust acquired cases as compared to 37 at this point in 2020 /21. • Dementia Case Finding Question: Progress continues to be made in achieving the Trust target of 90%. Q2 has demonstrated a significant improvement . In addition we have provided an update on falls following a request from board to separate out 'assisted to the floor' from true falls. Work continues with regard to mobilisation . The exception report details the breadth of the falls prevention work being undertake	MD, CN

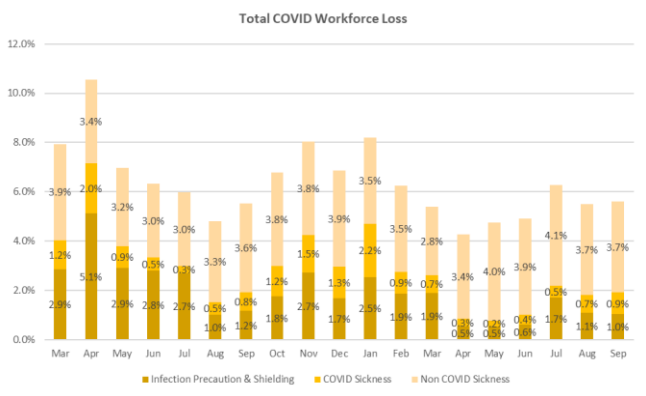
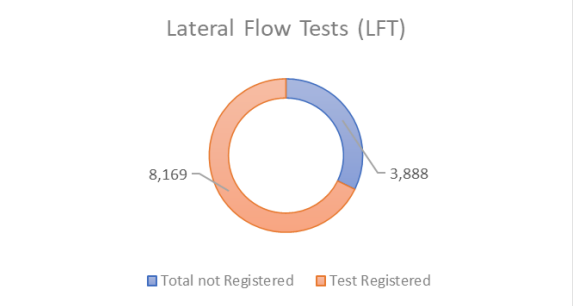
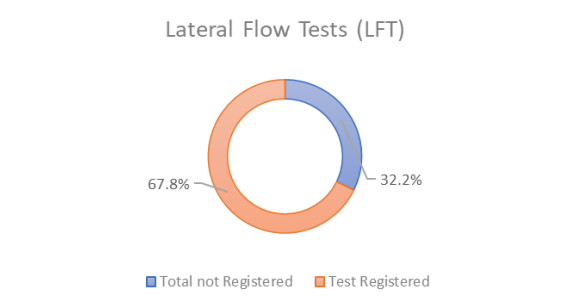
Single Oversight Framework – Q2 Overview (2)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
People & Culture (exception reports)	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 (August 21 – 4.4%) to 4.6%, and sits higher to the Trust target, this is as a result of the regional/national trend and impact of COVID19. Continued activity is evidenced through the services provided from the Trust Occupational Health Service, and this has seen a increase in demand since May 21. It is noted that there are capacity challenges, however there has been an increase in the investment across this service. Overall resourcing indicators for Q1 are positive with levels of vacancy's and turnover remaining low. Mandatory and Statutory Training along with Appraisals have been impacted along side the pressures noticed across the Trust. There has been a focus on increasing access for colleagues staff Covid-19 vaccine and the Booster vaccine. COVID vaccine resulted in 96% (4817/5020) of substantive staff receiving both doses. With 51% (or 2568/5020) having their Booster vaccine. We have commenced the flu vaccine programme and currently we are reporting a 47% uptake (as at 20th October). It is noted that the Trust is still monitoring levels and is developing and supporting staff well-being initiatives post pandemic to support staff to remain at work and prevent distress or burnout. Our vision for 'Continuous Improvement at SFH' was approved and mandated by the Executive Team and year 1 actions are well under way, commencing with a maturity assessment of continuous improvement at SFH. Improvement training numbers (silver level) were achieved for Quarter 2, but were amber rated for bronze level. Bronze level training only re-started in July 21 due to a refresh of the offer to align with Covid challenges, and it is anticipated to be achieved at Q3. Good news in that the SFH colleague welfare and wellbeing offer was shortlisted in the 2021 HSJ Patient Safety awards in the category 'best mental health initiative' and although we did not win, it recognises the incredible work and support to colleagues. We are also finalists in the HRZone 'Culture Pioneers' awards 2021. The NHS Quarterly Staff Pulse Survey was relaunched w/c 10th July (Q2). This is the first quarterly survey since the national Staff Survey in October 2020. Results have been reviewed and communicated internally and the national results will be available in late October 2021. In summary, across all 10 questions within the survey, colleagues continue to regard the Trust very highly and we are proud that we have sustained results of the 2020 national staff survey.	DOP, DCI

Single Oversight Framework – Q2 Overview (3)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
People & Culture (exception reports)	**COVID Absence -** The Trust produces a daily Workforce SitRep for the organisation; the workforce loss includes the sickness absence figures, but also includes those staff absent due to shielding and isolation (infection precaution), this estimates the 'total workforce loss'. When this is reviewed the total workforce loss for September 2021 was 5.6%, (August 2021 5.5%), this includes the following: Workforce loss since March 2020 is expressed below.  **Lateral Flow Tests** – Overall there were 12,057 test distributed, with 8,169 test registered (67.8%). Of the completed tests there has been 343 positive test (0.2% positive results).   	DOP, DCI

Single Oversight Framework – Q2 Overview (4)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Timely care (exception reports pages)	Emergency access deteriorated in September. The main driver of this is increased ED demand and admission demand along with the increase in the number of patients who are medically safe waiting for home care. This latter issue has significantly deteriorated during September and is driven by severe workforce capacity issues in the homecare market. To manage this additional beds have been opened as well as additional staffing for ED, notably in the evenings, although fill rates are variable. A recovery plan is being developed across the system to improve access to home care for patients waiting for it. For Cancer services whilst adverse to trajectory throughout Quarter 2, the number of patients waiting more than 62 days on a suspected cancer pathway remained relatively stable. The backlog position at the end of September was 130 patients waiting against a trajectory of 65. An exception report detailing the root cause and actions being taken is included. For the faster diagnosis standard the data submitted nationally for August was unvalidated. The submission process has been reviewed and the validated position is 75.3% of patients were given the all clear or a diagnosis of cancer within 28 days of referral. National performance is 73%, the Trusts national ranking is 59th. 62 day performance for August was 68.9% giving a national ranking of 79th/126 (rank 87th In July). System performance for August was 67%. The average wait for first definitive treatment in August was 56 days (55 in March 21 and 50 days in March 2020). The number of patients waiting 104 days at the end of August was 24. For Elective Care in Quarter 2 the Trust delivered 98% of 19/20 activity; this is despite sustained pressures from emergency care, COVID and peak annual leave. For the month of September 99% of 19/20 activity was delivered. Both Outpatients and Day case continued to perform well with inpatient activity increasing month on month to 83%. The root cause for inpatient elective activity being below 19/20 levels is mainly driven by a shift to day case activity; an exception report is included. For the accelerator programme the mobile Endoscopy unit and mobile CT are operational and key outpatient and ad-hoc schemes are on-going, this additional activity has been built into the H2 plan. The waiting list at the end of Quarter 2 has risen from 37,400 to 38,600 which is consistent with clock starts remaining higher than clock stops in each month. This is driven by a 10% increase in referrals when compared to Quarter 1. Whilst the the number of patients waiting has increased, the number of patients waiting 52 weeks or more has decreased to 1,040 (a 35% reduction from the start of Q1). The published national median wait for Incomplete pathways at the end of August was 12 weeks and 92nd percentile 44 weeks; for the Trust it was 11 and 38 and for September it is 10 and 35 weeks. This compares to a pre pandemic wait for the Trust at 7 and 22 weeks. Diagnostics continue to perform well despite increased pressure particularly for CT from both emergency and cancer pathways. Significant improvement has been made on the ECHO backlog with a 50% reduction in Quarter 2 from over 1,000 patients waiting longer that 6 weeks to 450 by the end of September. Non obstetric ultrasound is now the biggest contributor for diagnostic breaches, driven by increasing referrals and staffing gaps.	COO

Single Oversight Framework – Q2 Overview (5)

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Domain	Overview & risks	Lead
Best Value care (exception reports pages)	The Trust has reported a deficit of £1.63m for the month of September 2021. This includes the removal of estimated Elective Recovery Fund (ERF) income relating to August 2021, due to the validated system-level position falling short of the thresholds. September expenditure totals £38.88m and includes the direct Covid-19 costs of £1.41m and costs relating to the Covid-19 vaccination programme of £1.75m, with offsetting income of £1.75m assumed. The reported position to the end of H1 of the H1 period is a deficit of £1.86m, compared to a planned break-even position. This included the impact of the August ERF adjustment noted above, in addition to the previous forecast deficit of £1.30m for the H1 period. This reflects the revision to the ERF thresholds announced by NHS England & NHS Improvement (NHSE/I) in July 2021, which resulted in a £2.90m reduction in expected ERF income. A financial plan for the H2 period will be submitted to NHSE/I in November 2021. Future updates will report progress against this plan. The Financial Improvement Programme (FIP) was delivered in full for the H1 period, with savings of £0.45m reported against a plan of £0.40m. The current forecast for the full year 2021/22 shows a shortfall against plan of £1.10m and work is underway to identify opportunities to mitigate this. Capital expenditure for September totals £1.92m, which is £0.82m more than planned. The capital expenditure programme remains behind schedule for the year-to-date; however the current shortfall of £0.34m is forecast to be recovered by the year-end. The closing cash position is £7.59m. This is £4.59m below plan, reflecting the year-to-date deficit and delayed payments of ERF.	CFO

Single Oversight Framework – Q2 Overview (1)

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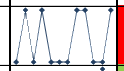
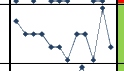
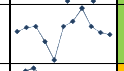
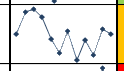
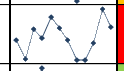
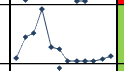
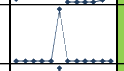
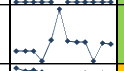
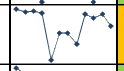
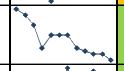
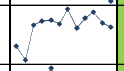
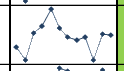
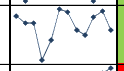
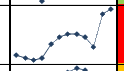
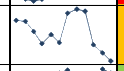
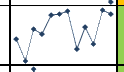
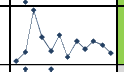
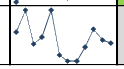
At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
QUALITY CARE	Safe	Rolling 12 month count of Never Events	0	Sep-21	3	-		R	MD/CN	Q
		Serious Incidents including Never Events (STEIS reportable) by reported date	<12	Sep-21	9	5		G	MD/CN	Q
		Patient safety incidents per rolling 12 month 1000 OBDs	>41	Sep-21	49.29	47.52		G	MD/CN	M
		All Falls per 1000 OBDs	6.63	Sep-21	6.73	7.07		A	CN	M
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Sep-21	26.30	36.42		R	CN	M
		Covid-19 Hospital onset	<37	Sep-21	4	3		G	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Sep-21	0.0	0.0		G	CN	M
		Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Sep-21	10.12	12.14		G	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jul-21	94.6%	93.9%		A	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	Sep-21	9.0	8.7		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Sep-21	1.87	1.82		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<90%	Sep-21	91.4%	92.2%		G	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	<96%	Sep-21	97.8%	97.5%		G	MD/CN	M
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Sep-21	56.6%	76.4%		R	MD/CN	Q
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Jun-21	104.0	-		A	MD	Q
		SHMI	100	Feb-21	97.6	-		G	MD	Q
		Cardiac arrest rate per 1000 admissions	<1.0	Sep-21	0.92	0.63		G	MD	M
		Cumulative number of patients participating in research	2500	Sep-21	729	-		on target	MD	Q

Single Oversight Framework – Q2 Overview (2)

Sherwood Forest Hospitals
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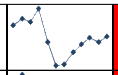
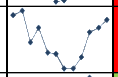
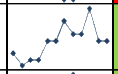
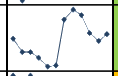
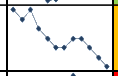
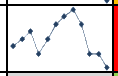
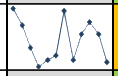
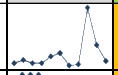
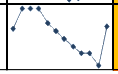
Staff health & well being	Sickness Absence	3.5%	Sep-21	4.2%	4.6%		R	DoP	M
	Take up of Occupational Health interventions	800 - 1200	Sep-21	11573	2672		R	DoP	M
	Employee Relations Management	<10-12	Sep-21	70	10		G	DoP	M
Resourcing	Vacancy rate	≤6.0%	Sep-21	6.4%	5.9%		G	DoP	M
	Mandatory & Statutory Training	>90%	Sep-21	87.8%	86.0%		A	DoP	M
	Appraisals	≥95%	Sep-21	89.2%	85.0%		R	DoP	M
Talent & Personal development	SFFT / Pulse Survey	≥80%	Qtr2 2021/22	80.0%	80.0%		G	DoCI	Q
Organisational Culture	Qi Training - Bronze	>40	Qtr2 2021/22	82	38		A	DoCI	Q
	Qi Training - Sliver	>10	Qtr2 2021/22	25	13		G	DoCI	Q
Quality Improvement	Registered Bright Sparks and Qi Projects	>45	Qtr2 2021/22	93	35		A	DoCI	Q
	Number of Registered Apprentices	>180	Qtr2 2021/22	153	-		A	DoCI	Q

Single Oversight Framework – Q2 Overview (3)

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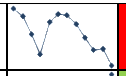
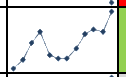
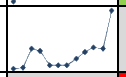
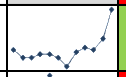
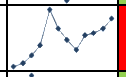
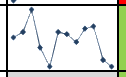
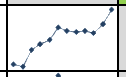
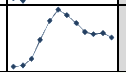
Emergency Care	Number of patients waiting >4 hours for admission or discharge from ED	>90%	Sep-21	88.0%	82.6%		R	COO	M
	Mean waiting time in ED (in minutes)	220	Sep-21	173	192		G	COO	M
	Number of patients who have spent 12 hours or more in ED from arrival to departure	TBC	Sep-21	247	111			COO	M
	Mean number of patients who are medically safe for transfer	22	Sep-21	57	74		R	COO	M
	Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<10%	Sep-21	3.9%	6.6%		G	COO	M
Cancer Care	Number of patients waiting over 62 days for Cancer treatment	61	Sep-21	-	130		R	COO	M
	Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Aug-21	78.0%	75.3%		G	COO	M
Elective Care	Elective Day Case activity against Yr2019/20	95.0%	Sep-21	98.4%	95.2%		G	COO	M
	Elective Inpatient activity against Yr2019/20	95.0%	Sep-21	69.7%	83.2%		R		
	Elective Outpatient activity against Yr2019/20	95.0%	Sep-21	97.1%	99.8%		G		
	Number of patients on the elective PTL	-	Sep-21	-	38626			COO	M
	Number of patients waiting over 1 year for treatment	-	Sep-21	-	1040			COO	M

Single Oversight Framework – Q2 Overview (4)

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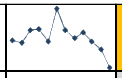
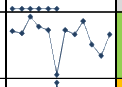
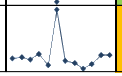
Finance	Trust level performance against Plan	£0.00m	Sep-21	-£1.86m	-£2.29m		A	CFO	M
	Underlying financial position against strategy	£0.00m	Sep-21	tbc	tbc			CFO	M
	Trust level performance against FIP plan	£0.00m	Sep-21	£0.05m	£0.05m		G	CFO	M
	Capital expenditure against plan	£0.00m	Sep-21	-£0.34m	£0.82m		A	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
Rolling 12 month count of Never Events	0	Sep-21	3	-		R

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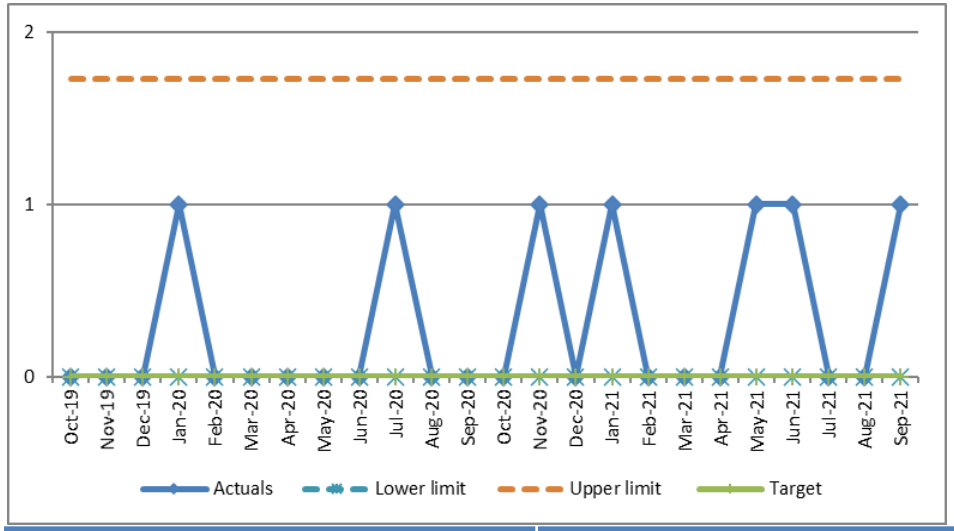

National position & overview

- Never Events are serious incidents that are considered by NHSE to be entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- In September a 'Wrong Site Surgery' Never Event declared by the Trust.
- During the last 15 months the Trust has declared 6 Never Events all categorised as 'Wrong Site Surgery'. It should be noted that 2 of these incidents relate to the removal of the wrong tooth. NHSE has since removed wrong tooth removal from the Never Event list as currently there are no nationally identified protective barriers to prevent this type of incident from occurring.

Root causes

Never Events declared since July 2021:

- September 2021: Wrong shoulder injected – investigation commenced.
- During the last 21 months the Trust has declared 6 Never Events all categorised as 'Wrong Site Surgery'.

Recurring themes:

- Poor use/non use of WHO Checklist/equivalent – or not in place.
- Sites not being marked.
- Positive Patient Identification process not being followed.

Actions

A number of actions are already underway as a result of the learning from previous Never Events:

- Formal WHO checklist audits for all procedures/departments where LocSSIPs/NatSSIPs are in place.
- PPI learning events delivered in September 2021. Content being developed into e-learning package for ease of access going forward.
- July 2021 – the medical director has commissioned a piece of work to pull together learning from all 'Wrong Site Surgery ' Never Events for dissemination and circulation across the Trust . Completion has been delayed due to author redeployment to ITU.

Impact/Timescale

- November SIMPLE themed around PPI Never events – cases presented and discussed.
- Development of PPI e-learning package.
- Dissemination of combined Never Event learning and themes by end December 2021.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
All Falls per 1000 OBDs	6.63	Sep-21	6.73	7.07		A

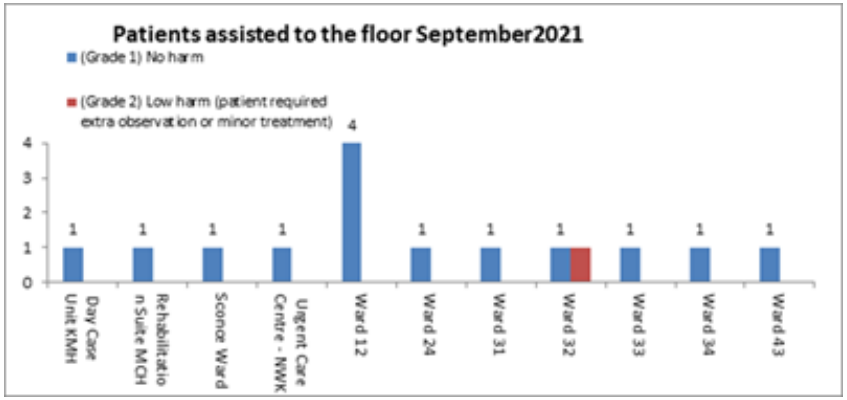

Fig 1.
Patients mobilising with direct supervision and are assisted safely to the floor will be measured in Sept/Oct/Nov to provide indicative rate against OBD and reported in the SOF going forward

Root Cause, Action and Time Scales on the next slide….

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National position & overview

- The falls rate for September is 7.07 above the national average of 6.63 OBD
- One third of all falls at SFH in September occurred whilst the patient was mobilising or participating in meaningful activity.
- There have been 2 Femur Fractures. 1 has been reviewed with no lapses in care and the second is currently being scoped
- There had been no moderate harms reported for 9 months
- Nationally deconditioning is a pandemic for people at home and in hospital.
- Increasing numbers of patients admitted with COVID 19 in September.
- Increasing numbers of medically safe patients in acute beds due inability to safely discharge,

Root causes	Actions	Impact/Timescale
• Significant trend in September of highest number of falls occurring when patient is standing and/or mobilising, this is a positive as we encourage movement and mobility within SFH. • Incredible audit results on ward 41, increase from 65% in July out of bed by mid day to 82% in August. • Community acquired functional decline identified as a root cause of some inpatient falls. Patients are deconditioned and ability to function is compromised. • Hotspots identified on wards where increased incidence of falls reported, visibility, ergonomics footfall to be explored. • High numbers of patients attending ED and reduced numbers of pathway 1 discharges causing bottle necks and waits. Increased number of falls in ED , 20 in month, 12 last month. • Clinicians have advised that Mobility and Falls documentation is complex/challenging and time consuming. • Posture and seating, basic fundamentals need revisiting/knowledge/education. • Patients still can be reluctant to use call bells, as concerns that nursing staff are too busy so they prefer to try on their own, or forget to ask for help. • Continues to be a deterioration in the health of our inpatients and a significant number of falls in those with COVID and/or withdrawing from alcohol/drugs. Hypoxia related confusion and post COVID delirium. • Workforce has been challenged through August due to absence/vacancies ,bank and agency utilisation has been high. • Focused work on ward 51 in July has shown a significant reduction in falls in August and September	• End PJ Paralysis audit live on AMaT, all medical wards participating in month and roll out to other areas planned. Data shared at harms free group. • 15 assisted to floor suggests we are safely mobilising with appropriate supervision – to be included in SOF going forward • I can posters in use successfully in 3 ward areas, plan to roll out. • Fall Prevention Practitioner's continue to visit wards and departments in hours and OOH to provide support. • Live datix review for trends/themes and real time intervention/support. • Multiple service improvement projects in place as part of ward accreditation and pathway to excellence where reduction in falls is central. • Ward maps have been obtained and team will identify area of fall and help to understand if there is a pattern/re occurrence. • Planning audit for falls documentation. • Review of all falls documentation has started, meeting with clinicians to continue review • Midlands Falls Network is to collate local data to provide some local trends/comparisons . • Connected Champions, Falls/Dementia/M&H re launch and training dates confirmed due 23/9 • Falls awareness week/ events/education/participation/communications • Themes of the month established: August will include sleep and deconditioning. Seating and posture will also be covered as a theme and training given to champions. • Refresh of 'don't fall, just call' posters, designed, going to networks for approval then roll out, posters ready to go. • Involvement in Nottinghamshire-wide Community of Practice and Falls and Loneliness task and finish group	• Current • Current • Current • Current • On-going • On-going • Early October • Late October • September • September • September • On going • October • September/October

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Sep-21	26.30	36.42		R

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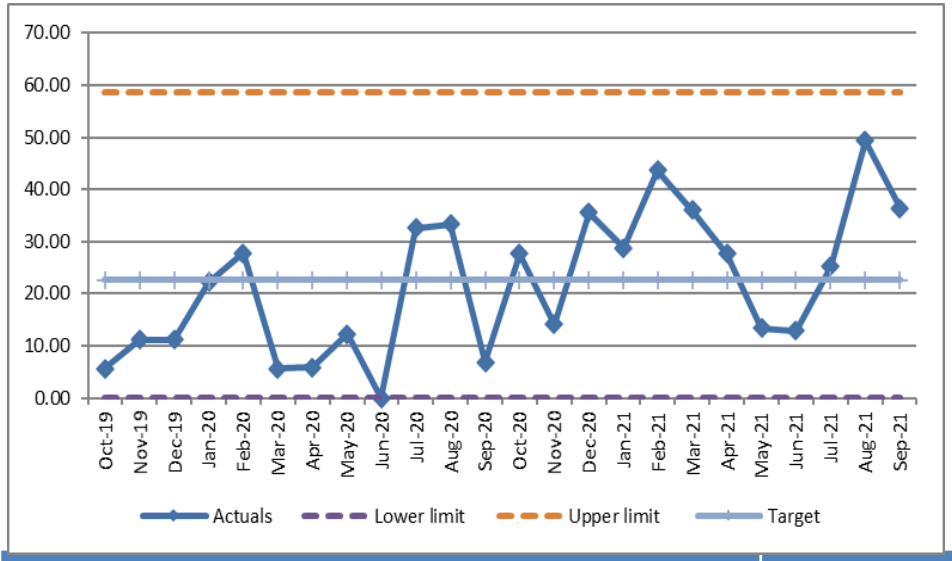

National position & overview

- This year the organisation has been given a trajectory for Cdiff of 57 cases.
- This is challenging target against a backdrop of increasing use of anti-microbial nationally
- The Trust have seen and increase in the number of hospital onset hospital acquired cases of Cdiff when compared to 2020 and 2019
- The trust has also seen an increase in community onset hospital acquired Cdiff cases
- Total Trust Attributed Cdiff cases to date for this year is 49, compared to 37 in 2020 /21

Root causes	Actions	Impact/Timescale
• 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.	• All possible samples have been sent to Leeds for ribotyping;	Ongoing
	• Case review with individual prescriber	October 2021
	• Shared learning via medical managers	September 2021
• There have also been delays in sampling which have not contributed to the cause of the Cdiff.	• Review of antimicrobial prescribing being conducted by NHSE/I Antimicrobial Pharmacist	October 2021
• There has been interruption to the provision of UV cleaning and HPV cleaning.	• Deep clean programme to commence 25th October – this will now include bed cleaning by the decontamination team.	Ongoing
• Due to unavailability of a decant ward the deep clean programme has been paused	• We have held a system wide meeting to review and themes and practices requiring improvement. We are now working together with the IPCT in the community to do a deep dive into the treatment provided to patients with a community onset case of CDiff	Ongoing
• There are 7 patients who have had a recurrence of their Cdiff and have been report a second time	• A gap analysis has been conducted against the Cdiff – How to deal with the problem document	Complete
	• An exec led Cdiff taskforce is being established	October 2021
	• New hand hygiene posters to be distributed around the Trust	October 2021
	• To develop Comms on when to use soap and water and when to use gel	October 2021
	• Peer review to be conducted by NHSE/I , UKHSA and CCG	November 2021

Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Sep-21	56.6%	76.4%		R	MD/CN	Q

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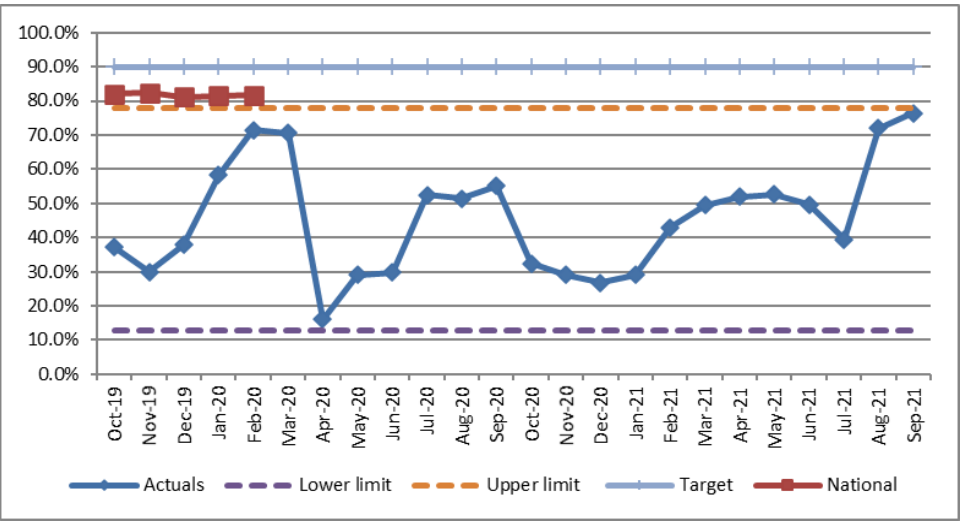

National position & overview

- All patients 65yrs + admitted to the Trust for 72hrs and above to have a dementia screen completed
- The Trust continues to aim for a target of 90% of these screens despite the national reporting being cancelled
- Monthly data collected
- Prior to May 2019 the Trust achieved this target
- May 2019 an electronic screening method introduced in to the organisation
- Decision made that doctors should complete the assessment by clinical lead for dementia, March 2021 nurses provided access and guidance on how to complete assessment
- Band 3 Health Care worker appointed to assist process Jan 2020, returned from redeployment wit h family liaison team in June 2021
- Updates given to the senior nurses which included reminders of the assessment and offer of assistance
- Action plan developed August 2021 and individual actions almost completed

Root causes	Actions	Impact/Timescale
Assessments not being completed on Nervecentre.	• Nursing staff to assist with the completion of assessments, it is a joint approach to completion and a flow chart identifies the format that should be followed. • The Nervecentre team have made amendments to the assessment tool and re-launched, we were unable to make any major changes like splitting the assessments. • A targeted approach undertaken to embed the process of assessments, action plan provided and carried out, wards visited frequently, individual meetings with all ward leaders, cake offered as an incentive to those that achieve 90% for 4 weeks.	• The compliance rate has increased as the percentage identifies, two wards have achieved 90% target and will receive cake next week. • Pockets of resistance have been identified and the respective ward leaders/matrons informed.
Nervecentre AMT assessment not implemented in ED.	• Nervecentre for observations only implemented in ED, UCC at Newark. Clinical lead for ICT indicates that AMT via nerve centre is not for implementation in the near future. Clarity re how to progress this is require	• Barrier faced currently according to the ICT lead the implementation of assessments will not be approached until the company have developed a version that allows the information completed in ED to transfer with the patient, currently this does not occur.
The HCW has secured a TNA position leaving the DNS to implement the dementia agenda	• As the post was a secondment there is no plan to replace the individual, how this impacts on the figures will be closely monitored	• The next 2 months will provide some guidance to the impact felt.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Take up of Occupational Health interventions	800 - 1200	Sep-21	11573	2672		R	DoP	M

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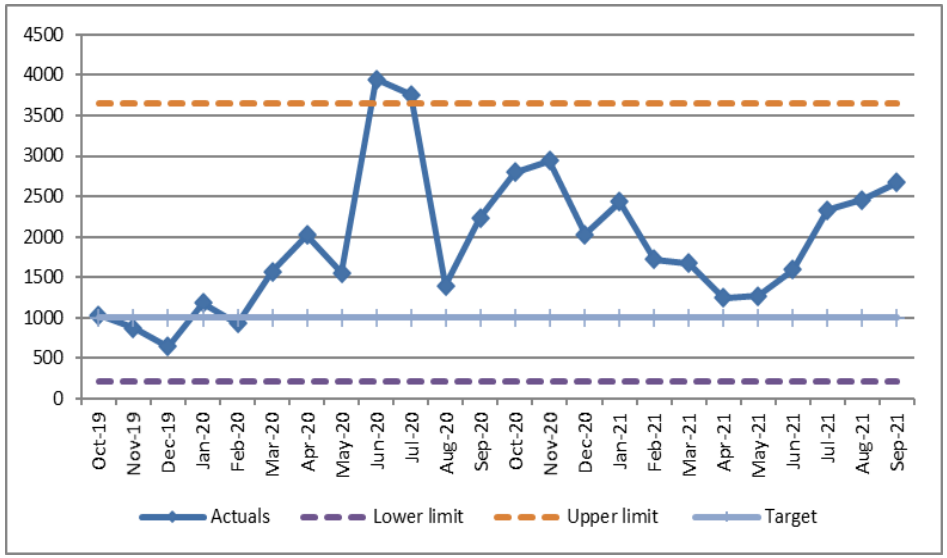

National position & overview

Local intelligence suggests the Trust is not a 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 and additional workload via the flu campaign and winter pressures.

Actions

The additional workload is being managed by:

- 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

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	<95%	Sep-21	85.30	86.50		R	DoP	M

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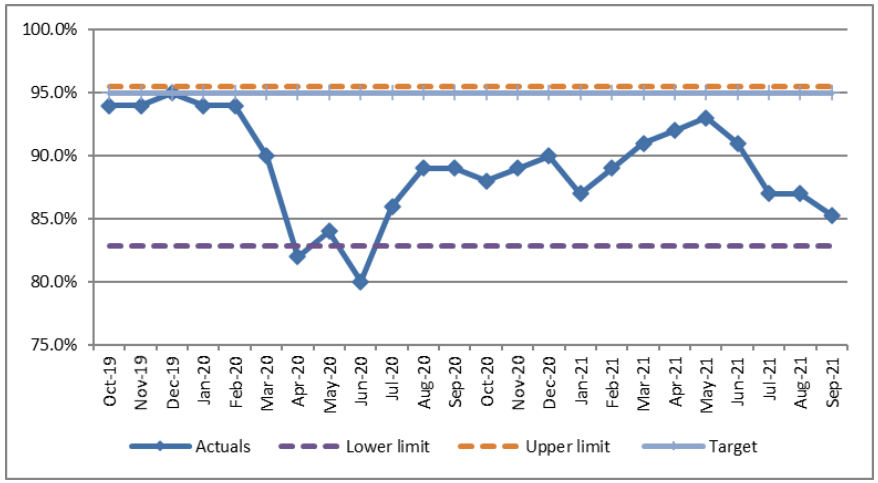

National position & overview

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 pandemic and winter pressures. Divisions are undertaking Appraisals, however we are anticipating a increasing level of workforce loss between November and January and as such we may see a further deterioration in compliance levels	The Human Resources Business Partners are supporting discussions with line managers at confirm and challenge sessions to identify appraisals which are outstanding and seeking assurance regarding timescales for completion.	Appraisal compliance to 95% by end of March 22

Number of patients waiting >4 hours for admission or discharge from ED	>90%	Sep-21	88.0%	82.6%		R	COO	M

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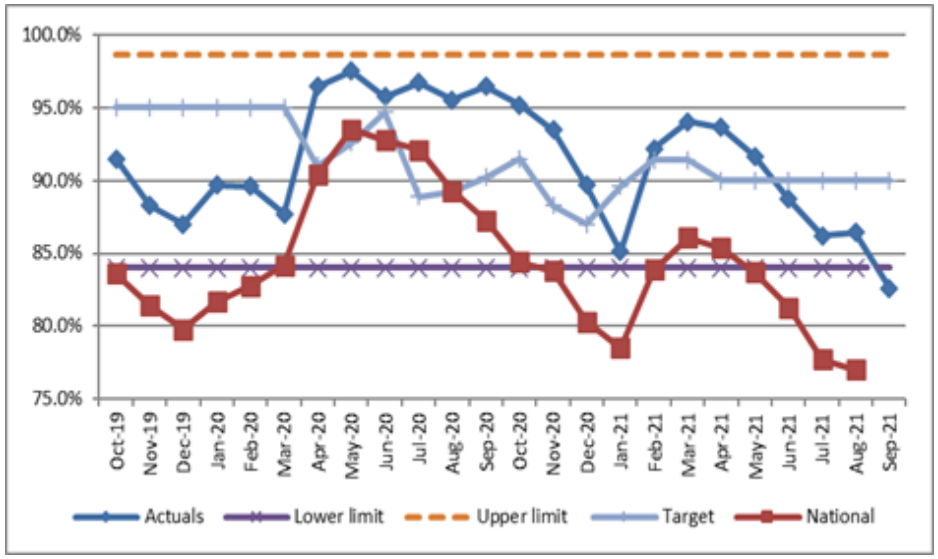

National position & overview

- SFH 82.6% - performance driven by increase ED and admission demand
- National rank 12th out of 117 reporting Trusts
- Attends to KMH ED 3% higher than September 2019 and 11% higher than Sept 2018, Attends overall are 8% higher than in Sept 2019 and 15% higher than in Sept 2018
- PC24 had 314 more patients wait over 4 hours than Sept 2019 and this also contributed to SFH position
- Newark UTC performance was excellent at 96.7%
- Bed pressure continued during September and were particularly acute in the first week of the month – this was subject to a briefing note to Board members – this is mainly driven by reduced discharges due to MSFT delay to home care, along with Covid admissions. Admission demand was 7% higher than Sept 2019
- The number of MSFT patients remained in excess of the ICS agreed threshold throughout the month and is showing a deteriorating position

Root causes	Actions	Impact/Timescale
• **Demand growth** across KMH ED & PC24 well in excess of previous years, notably ambulance demand leading to high admission growth.	• As with SFH, much of the analysis from the Nottinghamshire ICS AEDB continues to show that there is demand pressure across the NHS in hospitals, primary care, 111 and EMAS. • Work is underway with primary care on attendances and the COO is now the Executive sponsor for an ICS wide ambulance conveyance programme which is hoped will get patents conveyed to the right service first time	• In place
• **Capacity pressure** – bed pressures have continued. 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.	• 26 additional beds continue to be open and Ward 41 has been converted from a pure rehabilitation ward to a sub-acute rehabilitation ward giving greater flexibly for admission • Additional medical and nursing shifts continue to be rostered in ED, but fill rates continue to be variable • The maximisation of Same Day Emergency care continues to be successful and 437 (64%) more patients were seen in this service than in September 19, thereby avoiding admission to a bed • Capacity planning work for 2021/22 H2 has commenced against a 4% growth on 2019. The H2 capacity is plan is updated is the subject of a separate paper to the Board this month.	• In place • Ongoing • Ongoing • November 21’

Mean number of patients who are medically safe for transfer	22	Sep-21	57	74		R	COO	M

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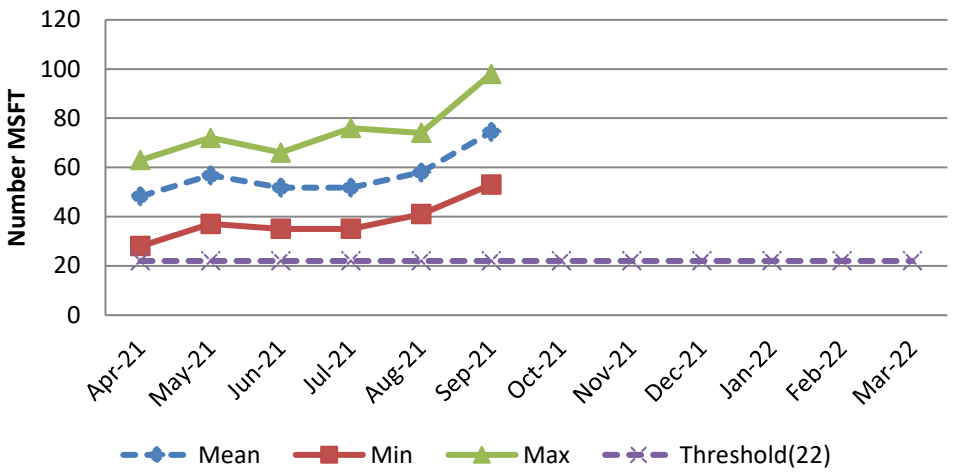
Monthly trends - Year 2021/22



National position & overview

- The local position has worsened and remains above the agreed threshold of 22 patients in the acute trust in delay
- The worsening position is a direct link to workforce issues within adult social care, and to a degree, community partners and closed care homes. In part annual leave cycles exacerbate the gap.
- Additional bed capacity remains open: 27 beds Ashmere, 16 beds SFH, an additional 6 beds used to surge with over 40 medical and surgical outliers into respective areas
- There have been up to 45 patients in delay residing in an acute care beds

Root causes	Actions	Impact/Timescale
• Pathway 1 demand and the available capacity to meet the variation in demand. This reflects the lack of available staff in care agencies (on the framework) to meet demand in particular for double up care QDS and TDS , as well as availability of social workers to manage the allocations. Recruitment into care and social worker roles is proving very difficult with posts unfilled and no agency cover. • Care home closures for staffing and infection prevention issues have also contributed to delayed discharge allocation. • The MADE pilot has had to be temporarily postponed for the second time due to community staffing loss again increasing delays. • Internal process issues contributing to referral delays outside the 48hr window have improved but work is on-going as a small few remain.. This allows more time for social care to allocate/ find care.	• CURTT are working closely with Tuvida agency to increase availability of care packages. and undertake joint assessments. • Community/ASC teams continue with recruitment and there needs to be more visibility of this plan in the system. • Joint work with ASC and Tuvida for additional care offers. • Joint communication with care home cell and CHC on a 1:1 basis to place patients safely where possible. • Emphasis to utilise Virtual Hospital for non covid resp **Escalation** • Delays and workforce issues escalated through CEO group, D2A Board with daily system conversations. • Visibility of system workforce plans for assurance- required. • Covid impact on staff/ care home capacity. • Potential patient harms as becoming unwell whilst waiting to be discharged and FTCC becoming EoL.	• Will allow the MADE pilot to recommence Nov 21 • On-going

Number of patients waiting over 62 days for Cancer treatment	61	Sep-21	-	130		R	COO	M

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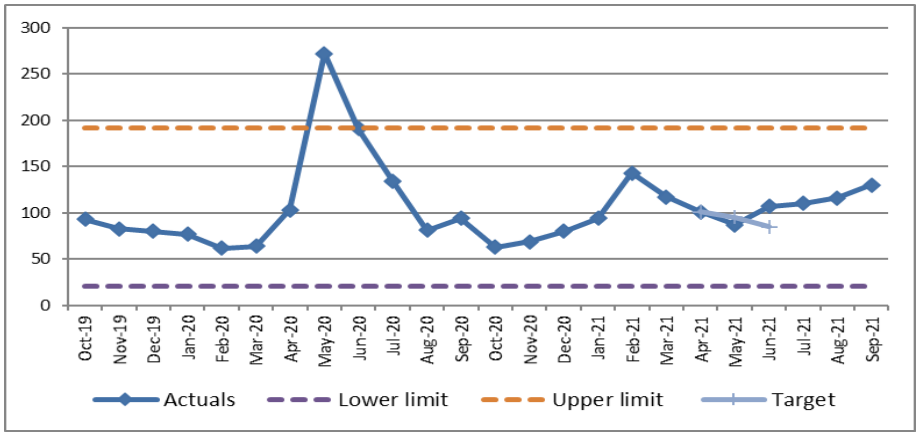

	Actual vs trajectory						Re-forecast vs trajectory					
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Original trajectory	98	95	85	74	65	61	56	56	61	54	49	45
Actual/re-forecast	101	87	110	110	116	130	140	132	129	129	127	126

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 seen in February 20 (45 patients for SFH).
- A trajectory was developed in March 21 with 5 key risks to delivery highlighted: demand, diagnostic capacity, lower GI, dependency on the tertiary provider and the residual impact of covid. A re-forecast was shared with Board in October 21. Performance against both is shown in the table.
- The latest wait data shows average waits at 56 days for August 21 against 54 days for August 19, with 85th percentile waits at 91 days (78 days August 19).

Root causes

- Year to date referrals 20% above the 19/20 average.
- Referral increase impact on diagnostic capacity such as CT colon; compounded by a high volume of DNA/patient cancellations.
- Other diagnostic and treatment delays provided by the tertiary centre including EFGR in Lung, PET scans, surgical dates and oncology.

Actions

- New LGI cancer support worker (CSW) triage role in place. Call reminder and DNA audit trial launched.
- New referral form process introduced in LGI aligned to wider Nottinghamshire system.
- Increasing patients per CTC list by utilising imaging assistants for cannulation and preparation.
- Radiology trialling reduced prep to support better backfill for short notice cancellations.
- Pathology independent sector outsourcing EGFR to improve turnaround times.
- Urgent actions being explored with NUH to mitigate the loss of oncology staff i.e. redistributing staff and better use of space.
- Mobile endoscopy and CT in place. Expansion of mobile endoscopy to 7 days is being explored with the provider.

Impact/Timescale

- CSW induction through September. Independent triage expected in November.
- Mandatory LGI referral information to be in place for GPs November 21.
- Radiology had intended to use bank staffing but staff absences have limited impact. East Midlands Cancer Alliance funding is sought to recruit fixed term roles.
- Reduced prep trial complete as of mid-October. Audit taking place in November.
- EGFR outsourcing continues and average turnaround times have been reduced from 21 days to 10.
- Oncology pressures continue to be jointly managed with NUH.
- Units fully open as of October. Increased endoscopy is sought with the provider to start in December.

Elective Inpatient activity against Yr2019/20	95.0%	Sep-21	69.7%	83.2%		R	COO	M

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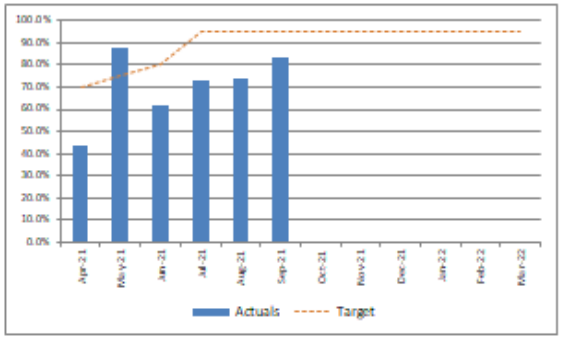
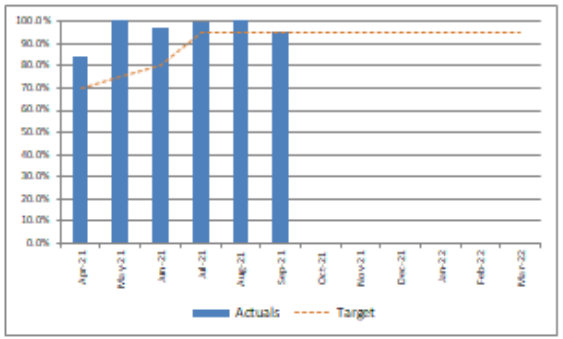
NHS Foundation Trust

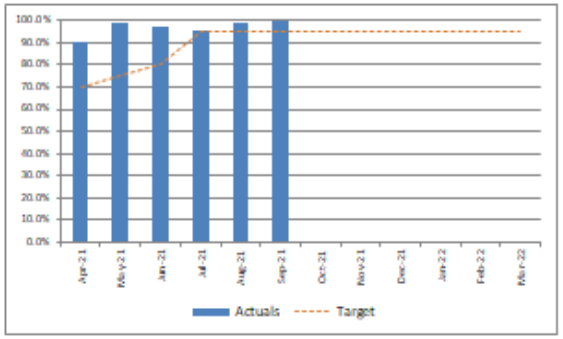
Elective Inpatient activity against Yr2019/20



Elective Day Case activity against Yr2019/20



Elective Outpatient activity against Yr2019/20



National position & overview

- For September 2021 (working day adjusted) the activity volume is at 99.4% when compared to September 2019 (42,431 vs. 42,680)
- This is further split by:
  - Day case - 95% (3,150 vs. 3,307)
  - Outpatient - 100% (38,954 vs. 38,980)
  - Elective inpatient - 83% (327 vs. 393)
- The Trust has exceeded the Elective Recovery Fund (ERF) threshold in all months year to date. Note for H2 the allocation of ERF will be based on the volume of **RTT clock stops** compared to 19/20 and will remain on a system basis. It is important to continue to recognise 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. Operating remains in priority order with an elective hub in place across the system to identify where there may be a disparity in waits.

Root causes	Actions	Impact/Timescale
• 40% of the gap to 19/20 is where medical specialties have seen a shift to day case. This is in a number of areas such as Gastroenterology, Cardiology and Clinical Haematology and is driven by case mix, use of MDCU and some cancellations to facilitate non-elective care. • 30% is in Urology and is due to the shift to day case from overnight stays and commencing nephrectomies in August which means a reduction in the number of patients on a specific list from 4 to 1 patient • 30% is the Paediatric comparison to 19/20 when a backlog of sleep studies was cleared.	• Baseline adjustments to be factored into H2 planning for shift from elective to day case activity if possible. • Specialty plans have been agreed for H2 incorporating accelerator, targeted investment fund (TIF) and any other elective funding. • Conversion of activity plan to clock stop plan required for H2 and updated modelling to forecast the impact on the size and shape of the waiting list.	• Updated elective plans for H2 submitted 21/10 final version due 16/11. • Review of specialty clock stop conversion rates and revised impact on waiting list expected by 09/11.

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H2 Plan

- The financial framework for H2 covering the period 1st October 2021 to 31st March 2022 has now been published and the Trust and ICS are preparing detailed plans for submission to NHSE/I.

H1Summary

- The Trust has reported a H1 deficit of £1.86m against a plan of break-even.
- H1 Capital expenditure was £6.23m, which is £0.34m lower than planned.
- Closing cash at 30th September was £7.59m, which is £4.59m below plan. This is mainly due to the YTD deficit being £1.86m worse than plan.

	September In-Month			Forecast H1		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	38.30	37.36	(0.94)	224.83	219.12	(5.71)
Expenditure	(37.64)	(38.99)	(1.34)	(224.83)	(220.98)	3.85
Surplus/(Deficit) - Break-even Requirement Basis	**0.66**	**(1.63)**	**(2.29)**	**0.00**	**(1.86)**	**(1.86)**
Capex (including donated)	(1.10)	(1.92)	(0.82)	(6.58)	(6.23)	0.34
Closing Cash	12.18	7.59	(4.59)	12.18	7.59	(4.59)

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Break-even Requirement All values £'m

	In Month					H1 Out-turn				
	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance
Income:										
Block Contract	23.85	23.26	0.00	23.26	(0.60)	143.10	142.74	0.00	142.74	(0.36)
Top-Up System	3.71	3.71	0.00	3.71	0.00	22.27	22.27	0.00	22.27	0.00
ERF	2.94	(0.64)	0.00	(0.64)	(3.58)	12.86	4.16	0.00	4.16	(8.70)
COVID Income	1.73	1.05	0.68	1.73	(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	3.57	3.57	0.00	3.57	0.00
Other Income	5.45	8.59	0.00	8.59	3.14	32.49	35.74	0.00	35.74	3.25
Total Income	**38.28**	**36.57**	**0.68**	**37.25**	**(1.03)**	**224.68**	**214.78**	**4.10**	**218.87**	**(5.81)**
Expenditure:										
Pay - Substantive	(18.30)	(20.26)	(0.19)	(20.46)	(2.16)	(109.71)	(107.60)	(0.82)	(108.42)	1.29
Pay - Bank	(4.77)	(3.08)	(0.45)	(3.53)	1.24	(27.47)	(21.08)	(2.31)	(23.39)	4.08
Pay - Agency	(1.01)	(1.32)	(0.31)	(1.63)	(0.63)	(6.23)	(6.54)	(0.71)	(7.26)	(1.02)
Pay - Other (Apprentice Levy and Non Execs)	(0.09)	(0.13)	0.00	(0.13)	(0.04)	(0.56)	(0.86)	0.00	(0.86)	(0.30)
Total Pay	(24.17)	(24.80)	(0.95)	(25.75)	(1.58)	(143.98)	(136.08)	(3.84)	(139.93)	4.05
Non-Pay	(11.12)	(10.32)	(0.46)	(10.77)	0.35	(66.59)	(65.11)	(1.71)	(66.81)	(0.22)
Depreciation	(1.11)	(1.13)	0.00	(1.13)	(0.02)	(6.68)	(6.54)	0.00	(6.54)	0.14
Interest Expense	(1.22)	(1.22)	0.00	(1.22)	(0.00)	(7.43)	(7.45)	0.00	(7.45)	(0.02)
PDC Dividend Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Non-Pay	(13.45)	(12.67)	(0.46)	(13.13)	0.32	(80.70)	(79.10)	(1.71)	(80.80)	(0.10)
Total Expenditure	**(37.62)**	**(37.47)**	**(1.41)**	**(38.88)**	**(1.26)**	**(224.68)**	**(215.18)**	**(5.55)**	**(220.73)**	**3.95**
Surplus/(Deficit)	**0.66**	**(0.91)**	**(0.72)**	**(1.63)**	**(2.29)**	**0.00**	**(0.41)**	**(1.45)**	**(1.86)**	**(1.86)**

The table above shows the H1 deficit of £1.86m. This reflects a) the impact of a change in ERF thresholds, which reduced the level of ERF income available to support the Trust's elective recovery programme, and b) ERF income being dependent on the performance of the ICS which has meant that SFH has not received all of the ERF income earned on an individual Trust basis.

H1 Covid-19 costs of £5.55m are £1.45m higher than planned. This reflects the increased pressures driven by Covid-19 from July, with an increase in positive patients and in workforce unavailability.

The table includes the Vaccination Programme, H1 costs of £13.57m (£12.50m Pay and £1.07m Non pay), are £2.45m lower than planned. This cost is a pass through and it has been assumed that this is fully offset in income.

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FY22 Target		FY22 Forecast Plan		FY22 Variance		M6 Forecast Plan		M6 Actual		M6 Variance		YTD Forecast Plan		YTD Actual		YTD Variance	
FIP £5.37m	ERF £1.84m	FIP £4.27m	ERF £1.84m	FIP (£1.10m)	ERF £0.00m	FIP £0.24m	ERF £0.16m	FIP £0.29m	ERF £0.16m	FIP £0.05m	ERF £0.00m	FIP £1.70m	ERF £0.89m	FIP £1.75m	ERF £0.89m	FIP £0.05m	ERF £0.00m
£7.21m		£6.11m		(£1.10m)		£0.40m		£0.45m		£0.05m		£2.59m		£2.64m		£0.05m	

Overall Status

A

Amber rated due to cumulative achievement at month 6; but with gap in full year forecast

1. As suggested by Finance Committee members, the Transformation and Efficiency Delivery Report now only includes cost reduction schemes and schemes that are predicated on the delivery of Elective Recovery Funding (ERF). Collectively this is referred herein as the Financial Improvement Plan (FIP). 'Additional' ERF is reported separately.

2. At month 6 the FIP is ahead of plan by £0.05m. The main drivers of the over delivery are the Orthopaedics element of the Theatres Programme (£0.69m) and Corporate non-recurrent underspends (£0.62m).

3. Programmes behind plan are Procurement (£0.06m) and the Variable Pay Programme (£0.03m). Both Programmes are forecast to start delivering in H2, and further work continues to ensure they 'catch-up'.

4. Based on our current understanding of the H2 planning guidance and the requisite Financial Efficiency Requirement; we are forecasting a full-year under delivery of £1.1m (based on a £7.21m target).

5. Urgent mitigation work is therefore underway and will focus on:
Non-medical pay underspends and 'general' underspends across all budget lines;
Expediting the medical variable pay programme and quantifying the Nursing, Midwifery and AHP programme;
Generating additional elective activity to allow us to 'draw down' additional ERF; and
The redeployment of resource to help the ICS deliver specific programmes e.g. backroom functions.

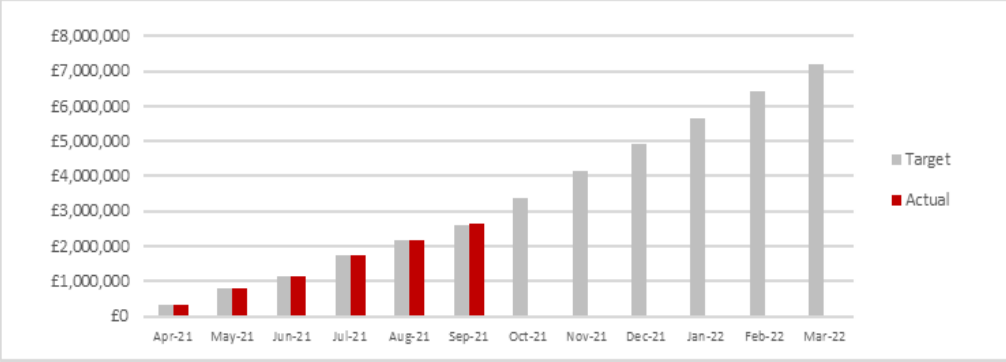
Item 2: Summary by Programme

(Note: ERF actual figures are estimated)

Key: > 95% | > 75% | < 75%

Programme	Month 6 YTD Forecast			Month 6 YTD Actual			Delivery RAG
	FIP	ERF	Total	FIP	ERF	Total	
Outpatients Innovation	£6,369	£546,000	£552,369	£6,332	£546,000	£552,332	
Theatres Productivity	£108,400	£340,909	£449,309	£177,320	£340,909	£518,229	
Variable Pay Programme	£30,667	£0	£30,667	£0	£0	£0	
Comparative and Benchmarking - Procurement	£57,100	£0	£57,100	£0	£0	£0	
Comparative and Benchmarking - Estates and Facilities	£0	£0	£0	£0	£0	£0	
Pathology Transformation	£0	£0	£0	£10,140	£0	£10,140	
Transactional - Trust Wide	£1,139,000	£0	£1,139,000	£1,139,000	£0	£1,139,000	
Transactional - Corporate	£248,455	£0	£248,455	£307,000	£0	£307,000	
Transactional - D&O	£96,345	£0	£96,345	£100,175	£0	£100,175	
Transactional - Medicine	£0	£0	£0	£0	£0	£0	
Transactional - Surgery	£10,167	£0	£10,167	£10,167	£0	£10,167	
Transactional - UEC	£0	£0	£0	£0	£0	£0	
Transactional - W&C	£520	£0	£520	£520	£0	£520	
Total	£1,697,023	£886,909	£2,583,932	£1,750,654	£886,909	£2,637,563	

Item 1: Cumulative Phased Forecast Savings Plan



Item 3: T&E Movement Plan vs Actual