Mid-Nottinghamshire Integrated Care Partnership

NHS Sherwood Forest Hospitals NHS Foundation Trust

Single Oversight Framework

Reporting Period: M8

2021/22

Inspected and rated Good CareQuality Commission

Single Oversight Framework – M8 Overview (1)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care (exception reports pages)	During November 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 despite the on-going capacity and flow pressures experienced by the Trust and the impact of Covid-19 related absence. Infection control remains high on the agenda, both in terms of our Covid-19 response and continued focus on CDiff. There are 2 exception reports for November: • FFT response rate in ED. The response rate remains low but feedback themes identified with regard to waiting times and communication. On a positive note feedback has also been received about ED staff being caring and professional. Work is on-going to improve the return rate. • Cardiac arrest rate per 1000 bed days. There were 6 cardiac arrests during November two of which were deemed likely unavoidable. The team have highlighted a concern with regard to ReSPECT forms being unclear about resuscitation status. Another incident is currently being investigated by the Division to inform learning and actions.	MD, CN

Single Oversight Framework – M8 Overview (2)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
People & Culture (exception reports)	**People** During November 2021 the Trust has noted an impact on Staff Health and Wellbeing at the Trust. **Sickness Absence levels** have shown a in decrease from the last month (October 21 – 4.9%) to 4.7%, and sits higher to the Trust target, this is as a result of the regional/national trend and impact of COVID19. Additional activity is evidenced through the services provided from the Trust **Occupational Health** Service as expected but presents capacity challenges, however these is a noted reduction in activity levels from October 21. Overall resourcing indicators for M8 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. **Appraisals** levels have increased to 87%, this sees an increase from last month (86%) and sits below the Trust target. The low level are a direct impact from the COVID surge. There has been a focus on increasing access for colleagues to the **Covid-19 Booster vaccine**. This has resulted in 71% of substantive staff receiving the Booster vaccine. The current front line flu uptake is 76.2%. We have set up an internal working group that is reviewing the guidance for **Mandatory Vaccinations for Healthcare Workers**. We have identified impacted individuals and have sent letters to these staff. This will also be followed up with a supportive conversations so we fully understand any vaccination hesitancy. **MAST compliance**. A recent review has been undertaken of the Trust information and reporting on MAST compliance. These have been enhanced to provide managers and leaders with greater insight of compliance, with the intent to strengthen support and compliance across professional staff groups and course. A T&F group will be established in the new year to work across professional groups and with system partners to review MAST requirements, improve compliance and support colleagues. **Cultural Development** During November we held our first ever **SFH Proud2bAdmin** Event. The live virtual event ran over 2 days and was supported by external leaders, national partners and SFH colleagues. The event was the launch of the Proud2bAdmin Network, its purpose to develop, connect and recognise administration professionals across SFH. This will be a key priority for the Trust in 22/23. The **National Staff Survey** closed at the end of November, with its best ever response rate to date (66.4%). This is credit to all leaders and colleagues. The results of the survey will be made available by Picker in early February and nationally published some time in March (still to be confirmed). Learning from the survey will be taken in to actions at a Trust, Division and Service Line level. Looking ahead, the cultural development teams will work together to support colleagues keeping well and at work this winter. This is a key priority for Sherwood.	DOP, DCI

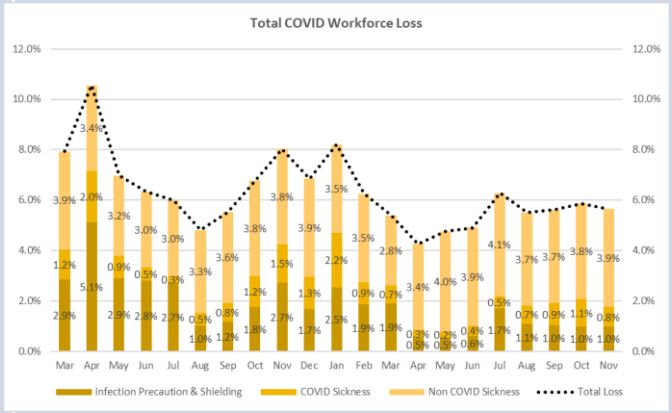
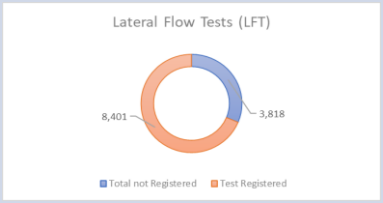
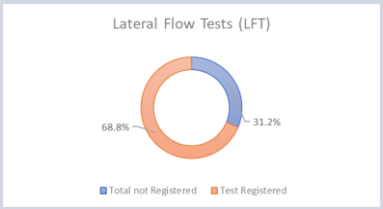
Single Oversight Framework – M8 Overview (3)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
People & Culture (exception reports)	**Improvement** As part of the Continuous Improvement strategy, funding for a 12 month Chief Nurse Fellow post was secured with SFH Charities to advance a standardised approach to providing psychological support for colleagues involved in human-centred critical incidents. Interviews will take place in December. Both bronze and silver level QI training targets have been achieved, despite current organisational challenges, and significant support has been provided at ward level to advance the Pathway to Excellence work as part of the Nursing, Midwifery and AHP agenda. System level OD and QI collaboration was advanced with an event held on 17th November, with positive evaluation and feedback.	DOP, DCI

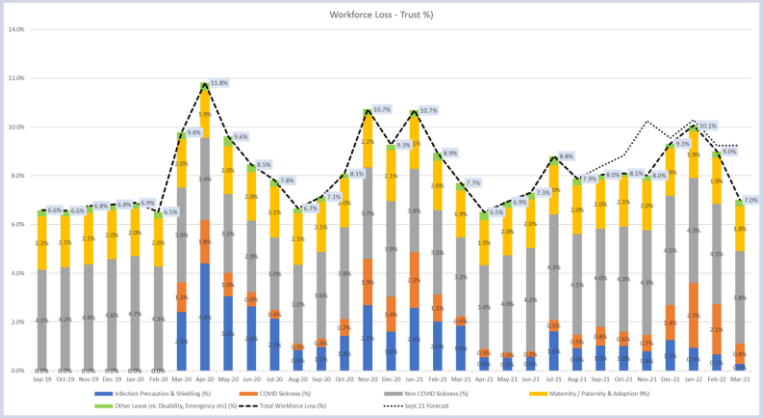
Single Oversight Framework – M8 Overview (4)

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 November 2021 was 5.7%, (October 2021 5.9%), workforce loss since March 2020 is expressed below. **Lateral flow tests** – Overall there were 12,219 test distributed, with 8,401 test registered (68.8%). Of the completed tests there has been 420 positive test (0.2% positive results).    .	DOP, DCI

Single Oversight Framework – M8 Overview (5)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
People & Culture (exception reports)	We have undertaken some **forecasted sickness modelling** until March 22. The forecasts includes Infection Precaution / Shielding, COVID and non COVID sickness, maternity and other leave types (inc emergency leave etc). We have also attempted to mitigate for the impact of the Omicron variant . The modelling shows that our sickness will peak in January to a level of 10.1%. This has been discussed at ICT and support actions taken across the hospital. 	DOP, DCI

Single Oversight Framework – M8 Overview (6)

Sherwood Forest Hospitals
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Domain	Overview & risks	Lead
Timely care (exception reports pages)	Emergency access remains at similar levels to previous months. 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 maintained the deteriorated position reported previously 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. An implementation recovery plan has been developed across the ICS to mitigate the impact of this growth with a trajectory in place. For cancer services, the number of patients waiting more than 62 days on a suspected cancer pathway has remained relatively stable. At the end of November 21, 121 patients were waiting in the backlog which is better than the expected re-forecast position of 132 but remains adverse to the original trajectory set in H1. An exception report detailing the root cause and actions being taken is included. 62 day performance for October was 62.4% giving a national ranking of 91st/126 (rank 96th In September). October's 62 day performance nationally was 67.8% and as a Nottinghamshire system 64.7%. The average wait for first definitive treatment in October was 84 days (56 in October 19). The number of patients waiting 104 days at the end of October was 39 (37 in September 21). The Faster Diagnosis Standard (FDS) returned to achievement of the 75% standard in October at 78.2%, giving a national ranking of 37th/125 (rank 55th in September). For Elective Care in November the Trust delivered 104% of 19/20 activity levels; achieving better than the size of PTL, 52+ and 104+ week wait trajectories as submitted in the H2 plan. Outpatient and Day case activity continues to perform well with Inpatient activity at 80% against 19/20 levels. The root cause of inpatient activity below 19/20 remains the shift to day case activity predominantly in medical specialties but also with gynaecology. The published national median wait for Incomplete pathways at the end of October was 12 weeks and 92nd percentile 44 weeks; for the Trust it was 10 and 34 and for November it is 10 and 33 weeks. Pre pandemic waits for the Trust were at 7 and 22 weeks. RTT Clock stops for November were 105% of 19/20 levels, exceeding the 89% target set in the national operational planning guidance. Diagnostics continue to perform well despite increased pressure particularly for CT from both emergency and cancer pathways. Mutual aid is in place across the Nottinghamshire system for MRI and CT capacity with both trusts supporting each other where there is inequity of wait.	COO

Single Oversight Framework – M8 Overview (7)

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Domain	Overview & risks	Lead
Best Value care (exception reports pages)	The Trust has reported a deficit of £0.23m for the month of November 2021. This represents a favourable variance to plan of £0.40m. Expenditure for the month totals £37.81m and includes the direct Covid-19 costs of £0.98m and costs relating to the Covid-19 vaccination programme of £1.41m, with offsetting income of £1.41m assumed. Based on the initial system-level calculation of elective recovery, Elective Recovery Fund (ERF) income of £0.61m is included for the month of November. The reported year-to-date position to the end of November 2021 is a deficit of £3.35m, an adverse variance of £1.90m compared to the year-to-date plan. This includes the deficit of £1.86m previously reported for the H1 period (01 April to 31 September 2021). The Financial Improvement Programme (FIP) delivered savings of £0.59m in November, compared to a plan of £0.87m. Year-to-date savings of £3.58m have been reported and the current forecast for the full year 2021/22 shows expected savings of £7.23m, which represents a shortfall against revised plan of £0.56m. Capital expenditure for the year-to-date totals £7.66m, which is £3.05m lower than planned due to delays in the Estates element of the capital plan. The Capital Oversight Group continues to monitor progress of existing schemes and provide assurance on deliverability of the full year capital plan. The closing cash position is £6.25m. The cash flow forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required.	CFO

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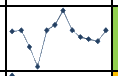
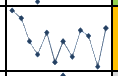
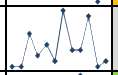
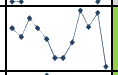
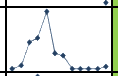
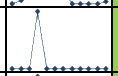
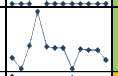
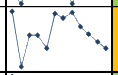
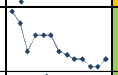
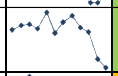
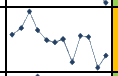
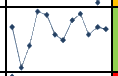
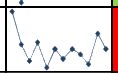
At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
QUALITY CARE	Safe	Patient safety incidents per rolling 12 month 1000 OBDs	>41	Nov-21	47.94	51.49		G	CN	M
		All Falls per 1000 OBDs	6.63	Nov-21	6.68	7.42		A	CN	M
		Number of Assisted Falls	TBC	Nov-21	79	7				
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Nov-21	25.68	5.87		G	CN	M
		Covid-19 Hospital onset	<37	Nov-21	25	17		G	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Nov-21	0.00	0.00		G	CN	M
		Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Nov-21	9.54	5.87		G	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Oct-21	93.8%	92.3%		A	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	Nov-21	9.0	8.9		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Nov-21	1.64	1.06		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<90%	Nov-21	90.9%	89.6%		A	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	<96%	Nov-21	97.8%	97.7%		G	MD/CN	M
	Effective	Cardiac arrest rate per 1000 admissions	<1.0	Nov-21	1.09	1.26		R	MD	M

Single Oversight Framework – M8 Overview (2)

Sherwood Forest Hospitals
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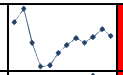
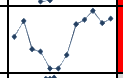
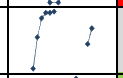
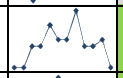
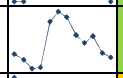
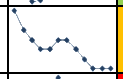
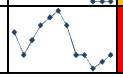
Staff health & well being	Sickness Absence	3.5%	Nov-21	4.4%	4.7%		R	DoP	M
	Take up of Occupational Health interventions	800 - 1200	Nov-21	16427	2482		R	DoP	M
	Flu vaccinations uptake - Front Line Staff	TBC	Nov-21	73.1%	-				DoP
	Employee Relations Management	<10-12	Nov-21	88	7		G	DoP	M
Resourcing	Vacancy rate	>6.0%	Nov-21	6.0%	4.6%		G	DoP	M
	Mandatory & Statutory Training	<90%	Nov-21	87.4%	86.0%		A	DoP	M
	Appraisals	<95%	Nov-21	88.5%	87.0%		R	DoP	M

Single Oversight Framework – M8 Overview (3)

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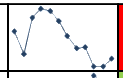
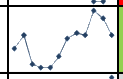
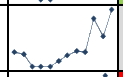
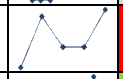
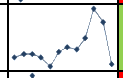
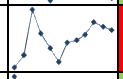
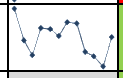
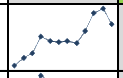
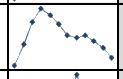
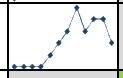
Emergency Care	Number of patients waiting >4 hours for admission or discharge from ED	>90%	Nov-21	86.9%	84.3%		R	COO	M
	Mean waiting time in ED (in minutes)	220	Nov-21	176	175		G	COO	M
	Number of patients who have spent 12 hours or more in ED from arrival to departure	TBC	Nov-21	448	129			COO	M
	Mean number of patients who are medically safe for transfer	22	Nov-21	61	71		R	COO	M
	Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<10%	Nov-21	3.9%	2.4%		G	COO	M
Cancer Care	Number of patients waiting over 62 days for Cancer treatment	56	Nov-21	-	121		R	COO	M
	Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Oct-21	77.3%	78.2%		G	COO	M
Elective Care	Elective Day Case activity against Yr2019/20	95.0%	Nov-21	98.2%	99.3%		G	COO	M
	Elective Inpatient activity against Yr2019/20	95.0%	Nov-21	72.1%	79.6%		R	COO	M
	Elective Outpatient activity against Yr2019/20	95.0%	Nov-21	98.2%	104.7%		G	COO	M
	Number of patients on the elective PTL	38317	Nov-21	-	38,140			COO	M
	Number of patients waiting over 1 year for treatment	903	Nov-21	-	743				
	Number of patients waiting over 2 years for treatment	5	Nov-21	-	2				
	Number of completed RTT Pathways against Yr2019/20	≥89%	Nov-21	101.7%	105.4%		G	COO	M

Single Oversight Framework – M8 Overview (4)

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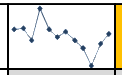
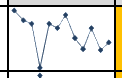
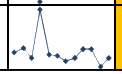
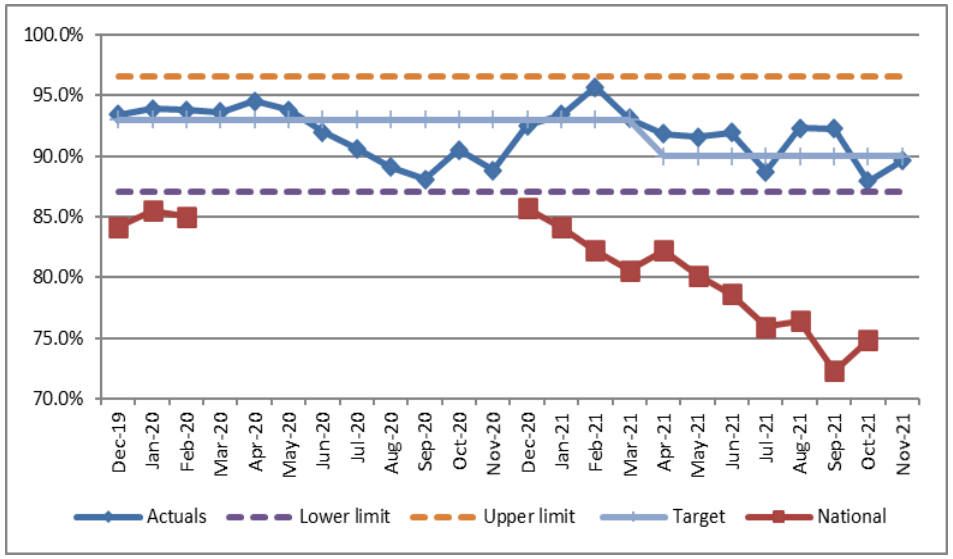
Best Value Care	Finance	Trust level performance against Plan	£0.00m	Nov-21	-£1.90m	£0.40m		A	CFO	M
		Underlying financial position against strategy	£0.00m	Nov-21	tbc	tbc			CFO	M
		Trust level performance against FIP plan	£0.00m	Nov-21	-£0.72m	-£0.29m		A	CFO	M
		Capital expenditure against plan	£0.00m	Nov-21	-£3.05m	-£0.66m		A	CFO	M

Recommended Rate: Friends and Family Accident and Emergency	<90%	Nov-21	90.9%	89.6%		R	MD/CN	M



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National position & overview

- 5658 eligible patients in November and 382 responses. Therefore response rate really low which impacts recommended rate as not a true sample size.
- Themes around waiting times and communication of plans
- Positive themes identified around staff being caring and professional
- ED experienced periods of crowding and admission delays in November

Root causes	Actions	Impact/Timescale
• Response rate remains low	• Communication to go out to public to encourage patients to complete a response. • Ensure multiple collection methods are well publicised • Implement 'you said, together we did' to show feedback makes a difference.	Jan 2022
• Themes around waiting times and communication of plans	• Fed back themes to ED team and discussed in combined speciality and divisional governance meetings. • Working with volunteers to understand how family liaison can support communication	Dec 2021
• Positive themes identified around staff being caring and professional	• Fed back themes to ED team and discussed in combined speciality and divisional governance meetings.	Dec 2021

Cardiac arrest rate per 1000 admissions	<1.0	Nov-21	1.09	1.26		R	MD	M

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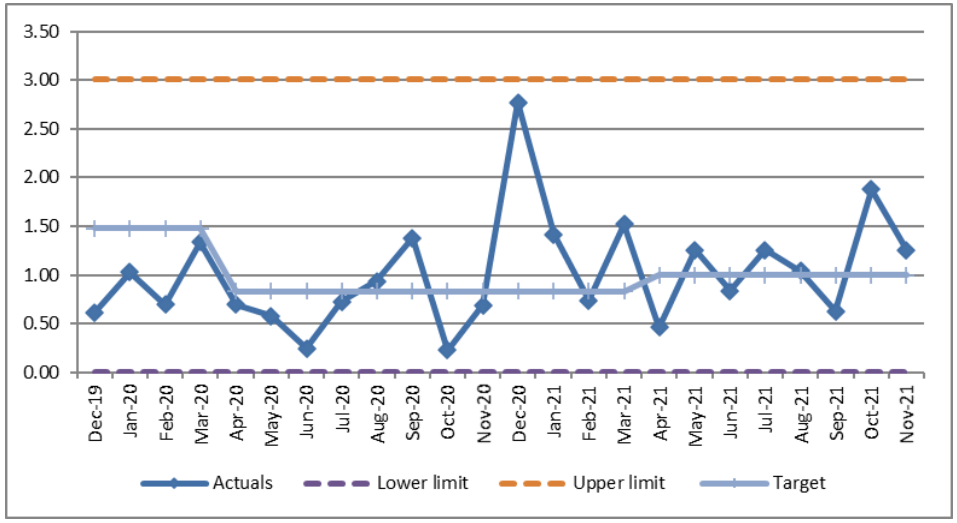

National position & overview

- Awaiting quarter 2 report from NCAA to update national position.

Root causes	Actions	Impact/Timescale
• This activity constitutes 6 cardiac arrest events across the trust. • 2 of these events are deemed to be potentially avoidable: ▪ Unclear DNACPR on patients ReSPECT form	• Ongoing work via ReSPECT group regarding ongoing education around the ReSPECT process. • Consideration by Resuscitation services for reinstating sessions or developing resources around resuscitation decision making. This is currently impacted by limited department staffing and increasing workload demands. A report has been escalated via line management and business case is being developed to expand the team.	• Ongoing • Quarter 2 2022 • Not currently identified.
▪ Lack of escalation and treatment around fluid management and AKI	• Awaiting findings of divisional scoping to inform learning and ongoing action.	• January 2022

Sickness Absence	3.5%	Nov-21	4.4%	4.7%		R	DoP	M

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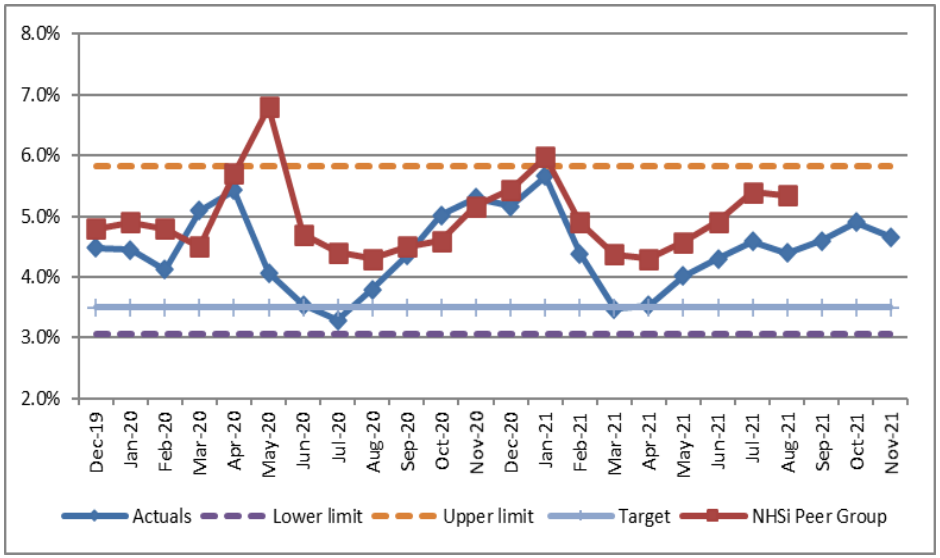

National position & overview

The Trust benchmarks favourably against a national and localised sickness figure

Our NHSi peer group follows a similar trend to the sickness absence level at Sherwood Forest Hospitals, however the Trust level has sat below the NHSi peer group.

Root causes

Sickness absence levels have shown an gradual increase since April 2021 to a position of 4.7% in November 2021. This does sit below the upper SPC, however this does show an upward trend. The sickness absence levels is below the sickness absence level in November 2020 (5.4%)

The short term sickness absence rate for November 21 is 2.6%. (October 21– 2.8%).

The long term sickness absence rate for November 21 is 2.0%. (October 21– 2.1%.)
COVID related absence make up 0.8% of the sickness absence level and has shown a gradual increase over the last few months

Non COVID related absence has seen an gradual increase, however this is an expected annual movement.

Actions

The increase in absence levels coincidences with the increase nationally with the COVID surges and sicknesses associated with the winter period (Cold, Coughs and Flu)

We have forecasted an increase in sickness absence level over the next few months, to support our workforce during this period we have developed a Winter Wellbeing programme and are continuing to promote the COVID Booster and Influenza vaccine

Impact/Timescale

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

We have forecasted that sickness will marginally increase during the next few months

Take up of Occupational Health interventions	800 - 1200	Nov-21	16427	2482		R	DoP	M

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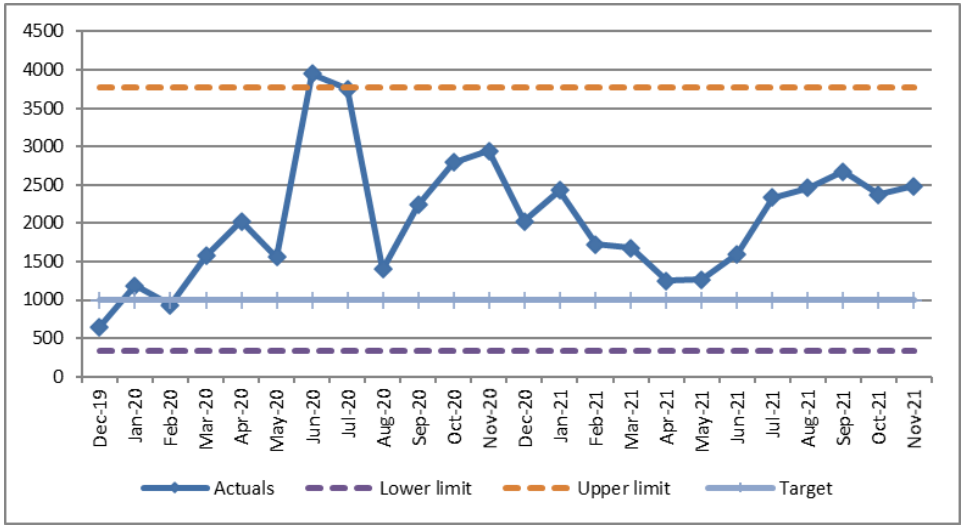

National position & overview

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

Root causes	Actions	Impact/Timescale
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.	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	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

Appraisals	<95%	Nov-21	88.5%	87.0%		R	DoP	M

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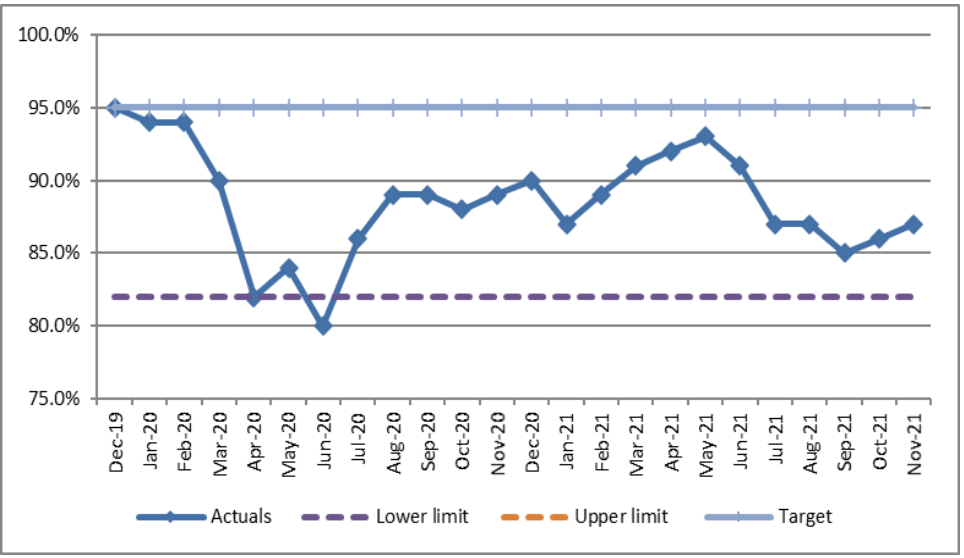
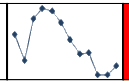


National position & overview

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 Appraisal position is reported at 87%, and shows a positive movement from September 21 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 90% by end of March 22

Number of patients waiting >4 hours for admission or discharge from ED	>90%	Nov-21	86.9%	84.3%		R	COO	M

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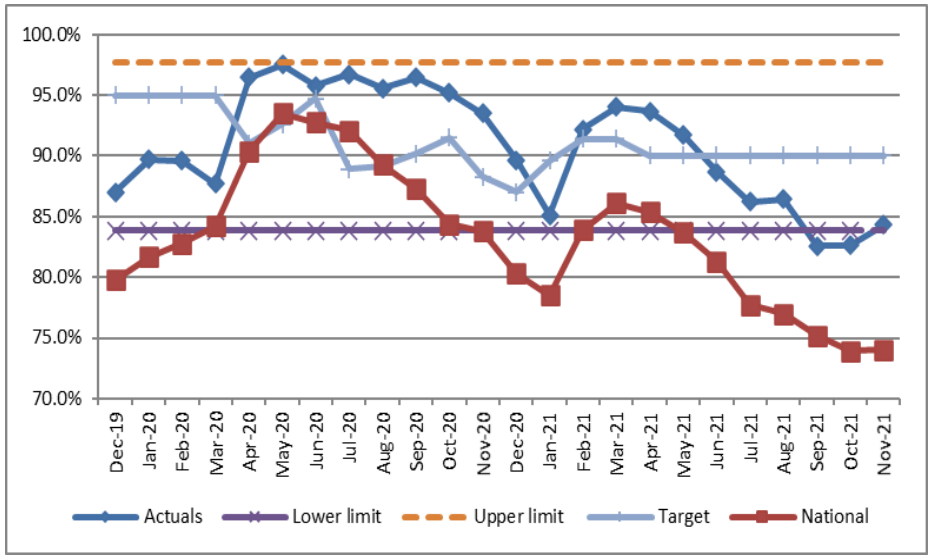

National position & overview

- SFH 84.3% - performance driven by increase ED, admission demand along with increasing occupancy due to increases in medically safe patients waiting onward care
- National rank 5th out of 117 reporting Trusts
- Attends overall are 2% higher than Nov 2019 and 7% higher than in Nov 2018
- PC24 had 217 more patients wait over 4 hours than Oct 2019 and this also contributed to SFH position
- Newark UTC performance was excellent at 97%
- Bed pressure was a key driver of performance. The number of MSFT patients remained in excess of the ICS agreed threshold throughout the month and is showing a deteriorating position. MSFT is driving a total of 3 wards worth of demand against 2 in the spring and against a threshold of 1. This is shown in a further slide later in the SOF.

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 – most of these attendances are now being streamed to PC24 • ICS wide ambulance conveyance programme which is having some success in accessing urgent GP support and 2 hour community response	• In place • December 21’
• **Capacity pressure** – bed pressures have continued, mainly driven by demand growth in admissions (1 wards worth of demand growth) and increasing numbers of patients who are medically safe for transfer – MSFT- (1 wards growth since spring/summer). Workforce supply to put up lots of additional capacity remains a challenge, particularly with recent Covid pressures on isolation.	• In line with the winter plan agreed at Board in November, 38 additional beds continue to be open during November. Respiratory Support Unit is due to open on 29/12/21 and Orthopaedic elective ward will become a medical ward for 2 months from 4/1/22. • 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 40-50% more patients are seen in this service than in 2019, thereby avoiding admission to a bed • A mitigation plan has been developed across the system for the opening of capacity to reduce patients waiting times for their onward needs when they are MSFT, this has been presented and there is now a weekly improvement trajectory the system is monitoring	• In place • Ongoing • Ongoing • December 21’

Mean number of patients who are medically safe for transfer	22	Nov-21	61	71		R	COO	M

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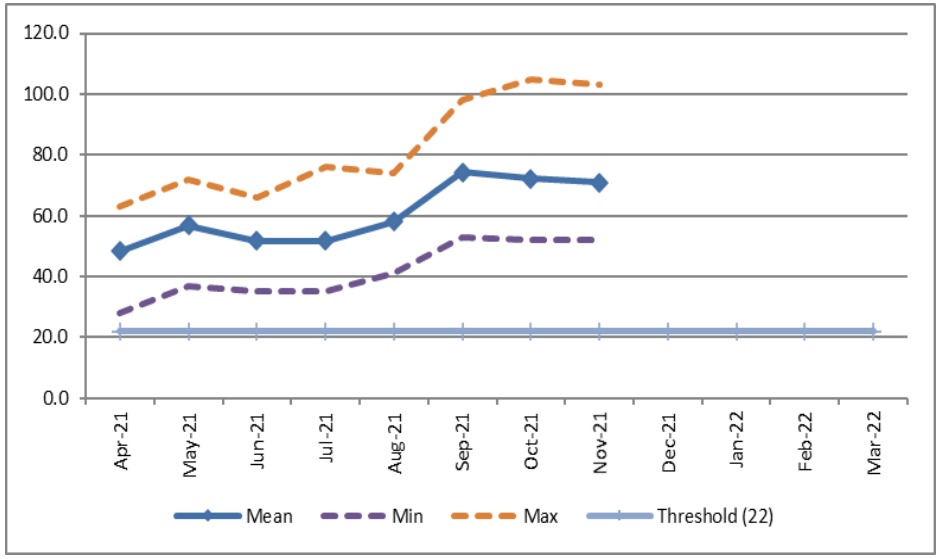
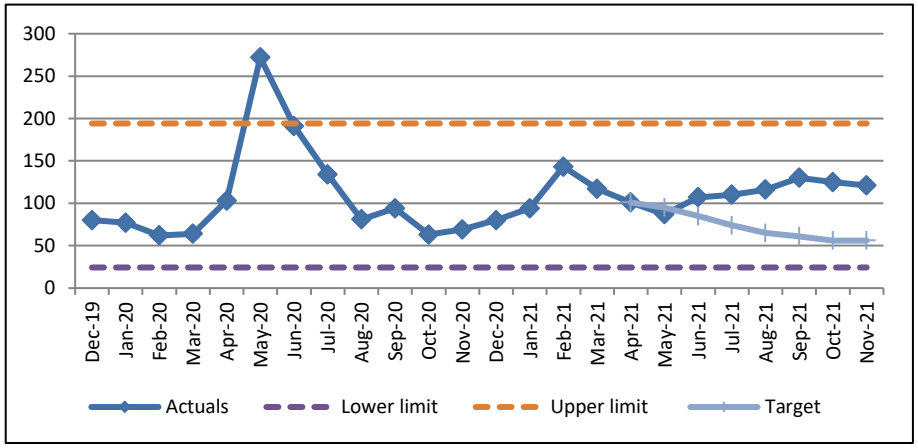


National position & overview

- The local position continues to significantly worsen 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, care agency hand back of care, closed care homes and further covid impact.
- All winter capacity is open at SFH including the continuation of 27 beds with Ashmere care homes.
- Incident Level 4 has called for rapid action and providers are working together to expedite discharge.

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.	• Work in progress with SFH,NHCT and ASC to screen potential referrals to try and reduce demand for PoC.	• 13 December
	• Referring into beds in the south and additional interim and care beds as they become available.	• 13 December
	• More Trusted Assessors coming on line to manage functional referrals to START.	• 20 December
	• Collective work with system partners to manage elderly with ReSpect forms and training for care home staff.	• 20 December
	• CURRT are standing down planned care to align resources to SFH discharges.	• 16 December
• Care home closures for staffing and infection prevention issues have also contributed to delayed discharge allocation.	• Internal ward process supported through discharge tools • Tuvida recruiting to support SFH	• On-going • 8 staff = 6 QDS patients from 20 December
• Internal process issues contributing to referral delays due to minimum staffing numbers on the wards and competency.	**Escalation** • Delays and workforce issues escalated through CEO group, D2A Board with daily system conversations. • Potential patient harms as becoming unwell whilst waiting to be discharged	

Number of patients waiting over 62 days for Cancer treatment	56	Nov-21	-	121		R	COO	M



	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
Re-forecast							140	132	129	129	127	126
Actual	101	87	110	110	116	130	125	121				

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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 (left). November ended at 121, above the trajectory of 56 but below the reforecast of 132.
- The latest wait data shows average waits at 84 days for October 21 against 56 days for October 19, with 85th percentile waits at 104 days (84 days October 19).

Root causes

- Year to date **referrals 20% above the 19/20** average (average is currently 1490 per month compared to 1270)
- 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 allowing nurses to focus on assessing patients and arranging appropriate onward diagnostic tests.
- Increasing CTC list capacity by 1 patient per list (14%) by utilising imaging assistants for cannulation and preparation.
- Temporary mutual aid CTC capacity underway with NUH creating appointments for up to 30 SFH patients (7 days of capacity at SFH).
- Radiology trialling reduced prep to support better backfill for short notice cancellations.
- Increase outpatient/triage capacity in Head and Neck, gynae and urology to help manage demand, aiding one stop testing where possible.

Impact/Timescale

- CSW now triaging independently as of 29/11.
- Recruitment underway to start in January 22 with training complete by March 22.
- Mutual aid commenced 15 November for 6 weeks, reducing CTC waits at SFH by up to 7 days.
- Reduced prep trial successful and approved. Patients attending from 1 January 22 will follow new process.
- Through Cancer Alliance Rapid Diagnostic Centre funding, various post are being recruited including Clinical Nurse Specialist and administrative roles. Start dates expected Feb/March 22.

Elective Inpatient activity against Yr2019/20	95.0%	Nov-21	72.1%	79.6%		R	COO	M

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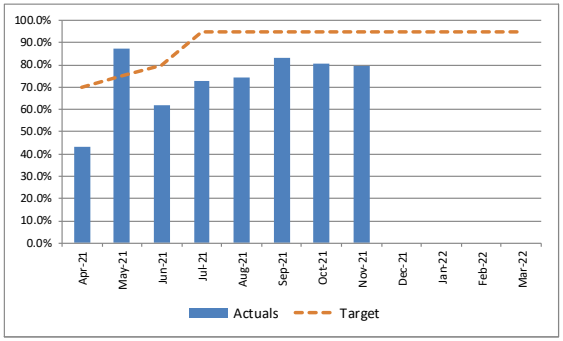
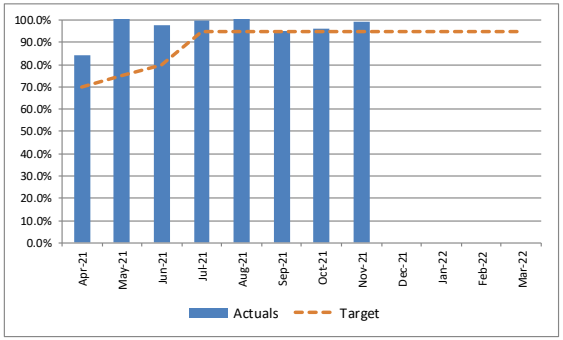
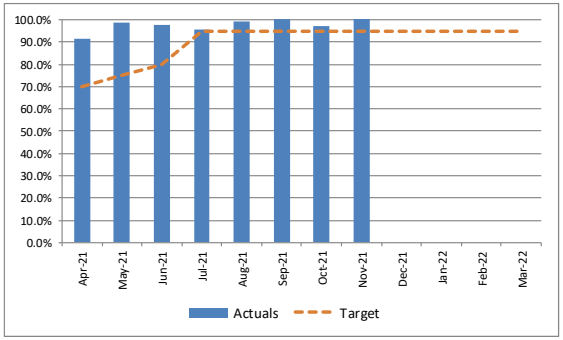
Elective Inpatient activity against Yr2019/20



Elective Day Case activity against Yr2019/20



Elective Outpatient activity against Yr2019/20



National position & overview

- For November 2021 (working day adjusted) the activity volume is at 104% when compared to November 2019 (45,488 vs. 43,724)
- This is further split by:
  - Day case - 99% (3,466 vs. 3,490)
  - Outpatient – 105% (41,688 vs. 39,789)
  - Elective inpatient – 80% (354 vs. 445)
- For H2 the allocation of ERF is based on the volume of RTT clock stops compared to 19/20 and remains on a system basis. For November the volume of clock stops is 105% of 19/20 levels. It is important to continue to recognise the on-going risk to elective activity due to the pandemic surge plan. The key risk is workforce and the impact of surge on ITU and therefore theatres. Operating remains in priority order with an elective hub in place across the system to identify and support mutual aid where there may be a disparity in waits. The Elective response to the potential impact of the Omicron variant is included in a separate paper to Board

Root causes	Actions	Impact/Timescale
• 30% 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. • 40% is due to surgical specialties notably Urology. This is due to unexpected short term capacity issues • 30% is due to Gynaecology and is a shift to more day case procedures.	• Baseline adjustments to be factored into H2 planning for shift from elective to day case activity if possible. • Short term urology locum is being sourced.	• Elective plans for H2 submitted 16/11 baseline adjustments could not be made. • Oct 21 to March 21 elective plan is set to deliver 1,760 elective Inpatient spells and 19,500 day case spells. Collectively this delivers an activity level of 90% when compared to 19/20.

Best Value Care

Sherwood Forest Hospitals
NHS Foundation Trust

M8 Summary

- The Trust has reported a YTD deficit of £3.35m against a plan of £1.45m deficit. The adverse variance is due to ERF delivery.
- The Trust is currently forecasting a breakeven position for 2021/22 and the forecast across the ICS is to break-even. However, there are risks with the delivery of this plan.
- Month 8 Capital expenditure was £7.66m, which is £3.05m lower than planned due to delays in the Estates element of the capital plan and the phasing of delivery of the Cardiac Cath lab.
- Closing cash at 30th November was £6.25m. The forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required

	November In-Month (H2 Plan)			YTD			Plan	Forecast	Forecast Variance
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m			
Income	37.43	37.58	0.16	300.44	293.28	(7.16)	451.64	446.97	(4.68)
Expenditure	(38.06)	(37.81)	0.24	(301.90)	(296.64)	5.26	(451.64)	(446.97)	4.68
Surplus/(Deficit) - ICS Achievement Basis	**(0.63)**	**(0.23)**	**0.40**	**(1.45)**	**(3.35)**	**(1.90)**	0.00	0.00	**0.00**
Capex (including donated)	(1.51)	(0.85)	0.66	(10.71)	(7.66)	3.05	(14.69)	(17.51)	(2.81)
Closing Cash	12.18	6.25	(5.93)	12.18	6.25	(5.93)	12.18	2.99	(9.18)

Best Value Care

Sherwood Forest Hospitals
NHS Foundation Trust

ICS Achievement Basis, All values £'m	In Month					Year-to-Date					Forecast				
	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Forecast	Covid Forecast	Total Forecast	Variance
Income:															
Block Contract	23.82	23.88	0.00	23.88	0.05	190.75	190.41	0.00	190.41	(0.34)	286.04	285.70	0.00	285.70	(0.34)
Top-Up System	3.71	3.71	0.00	3.71	0.00	29.69	29.69	0.00	29.69	0.00	44.54	44.54	0.00	44.54	0.00
ERF	0.71	0.61	0.00	0.61	(0.11)	14.65	4.81	0.00	4.81	(9.85)	19.36	10.70	0.00	10.70	(8.66)
COVID Income	1.73	0.88	0.85	1.73	(0.00)	13.85	8.06	5.79	13.85	(0.00)	20.78	11.59	9.19	20.78	(0.00)
Growth and SDF	0.60	0.60	0.00	0.60	0.00	4.76	4.76	0.00	4.76	0.00	7.14	7.14	0.00	7.14	0.00
Other Income	6.84	7.08	0.00	7.08	0.23	46.21	49.18	0.00	49.18	2.97	73.20	77.47	0.00	77.47	4.27
Total Income	**37.41**	**36.75**	**0.85**	**37.60**	**0.18**	**299.92**	**286.91**	**5.79**	**292.71**	**(7.22)**	**451.06**	**437.14**	**9.19**	**446.33**	**(4.73)**
Expenditure:															
Pay - Substantive	(19.75)	(18.56)	(0.10)	(18.67)	1.09	(149.14)	(144.38)	(1.04)	(145.42)	3.73	(226.60)	(216.73)	(1.46)	(218.20)	8.40
Pay - Bank	(3.15)	(2.47)	(0.52)	(2.99)	0.15	(33.78)	(26.65)	(3.37)	(30.03)	3.75	(45.63)	(37.66)	(5.19)	(42.84)	2.79
Pay - Agency	(1.34)	(1.55)	(0.11)	(1.67)	(0.32)	(8.85)	(9.48)	(0.94)	(10.42)	(1.57)	(13.81)	(15.13)	(1.40)	(16.54)	(2.73)
Pay - Other (Apprentice Levy and Non Execs)	(0.13)	(0.13)	0.00	(0.13)	(0.00)	(0.82)	(1.12)	0.00	(1.12)	(0.30)	(1.34)	(1.64)	0.00	(1.64)	(0.31)
Total Pay	(24.38)	(22.72)	(0.74)	(23.46)	0.92	(192.59)	(181.64)	(5.35)	(186.99)	5.61	(287.38)	(271.17)	(8.05)	(279.22)	8.16
Non-Pay	(11.37)	(11.79)	(0.24)	(12.02)	(0.66)	(90.03)	(88.19)	(2.23)	(90.42)	(0.39)	(135.10)	(135.23)	(3.15)	(138.39)	(3.29)
Depreciation	(1.08)	(1.12)	0.00	(1.12)	(0.05)	(8.83)	(8.71)	0.00	(8.71)	0.12	(13.10)	(13.21)	0.00	(13.21)	(0.12)
Interest Expense	(1.22)	(1.22)	0.00	(1.22)	0.00	(9.92)	(9.94)	0.00	(9.94)	(0.02)	(14.85)	(14.87)	0.00	(14.87)	(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	(0.64)	(0.64)	0.00	(0.64)	0.00
Total Non-Pay	(13.67)	(14.13)	(0.24)	(14.37)	(0.70)	(108.78)	(106.85)	(2.23)	(109.07)	(0.29)	(163.68)	(163.95)	(3.15)	(167.11)	(3.42)
Total Expenditure	**(38.04)**	**(36.85)**	**(0.98)**	**(37.83)**	**0.22**	**(301.38)**	**(288.48)**	**(7.58)**	**(296.06)**	**5.31**	**(451.06)**	**(435.12)**	**(11.20)**	**(446.33)**	**4.73**
Surplus/(Deficit)	**(0.63)**	**(0.10)**	**(0.13)**	**(0.23)**	**0.40**	**(1.45)**	**(1.57)**	**(1.78)**	**(3.35)**	**(1.90)**	**0.00**	**2.02**	**(2.01)**	**0.00**	**0.00**

The table above shows the YTD deficit of £3.35m, £1.90m adverse to plan. 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.

YTD Covid-19 costs of £7.58m are £1.60m 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, YTD costs of £16.27m (£15.02m Pay and £1.25m Non pay), are £2.55m lower than planned. This cost is a pass through and it has been assumed that this is fully offset in income.

Best Value Care

Sherwood Forest Hospitals
NHS Foundation Trust

FY22 Target		FY22 Forecast		FY22 Variance		M8 Target		M8 Actual		M8 Variance		YTD Target		YTD Actual		YTD Variance	
FIP £5.95m	ERF £1.84m	FIP £5.73m	ERF £1.65m	FIP (£0.37m)	ERF (£0.19m)	FIP £0.71m	ERF £0.16m	FIP £0.46m	ERF £0.13m	FIP (£0.26m)	ERF (£0.03m)	FIP £3.09m	ERF £1.21m	FIP £2.57m	ERF £1.01m	FIP (£0.52m)	ERF (£0.19m)
£7.79m		£7.23m		(£0.56m)		£0.87m		£0.59m		(£0.29m)		£4.30m		£3.58m		(£0.72m)	

Overall Status

A — Amber rated due to YTD and full year forecast delivery.

Target

1. The 2021-22 Financial Improvement Plan (FIP) target has been revised, based on H2 planning guidance. The revised target is £7.79m (previously £6.4m). Delivery of the target will be made up of £5.95m cost reduction schemes and a further £1.84m from schemes that are predicated on the delivery of Elective Recovery Funding (ERF).
2. Based on current forecasts the full year variance will be £0.56m below target.

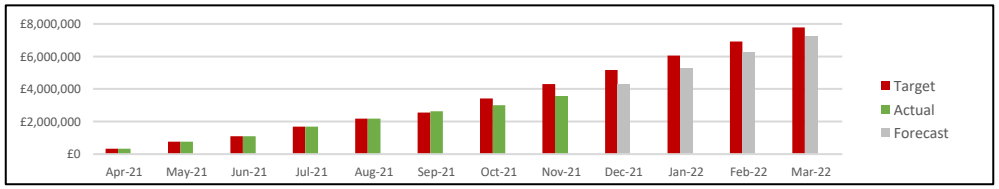
YTD Delivery

1. As at month 8 the YTD delivery is behind target by £0.72m. The main drivers are the Same Day Emergency Care Programme (SDEC) (£0.30m), the Procurement Programme (£0.06m), the Variable Pay Programme (£0.16m) and the Estates & Facilities Programme (£0.05m). We also have £0.05m unallocated FIP.
2. The Estates & Facilities Programme is expected to deliver against target in quarter 4. Urgent work however is ongoing in relation to ensuring the Procurement, Variable Pay and SDEC Programmes 'catch-up',
3. The schemes predicated on Elective Recovery Fund Income are also behind plan (£0.19m). Although the individual schemes have delivered against their objectives, ERF is predicated on system delivery which has resulted in a much lower-than-anticipated payment.
4. The main programmes ahead of plan are the Pathology Programme (£0.01m) and the Corporate Division FIP (£0.10m).

Mitigation

Urgent mitigation work continues to focus on:
1. Non-medical pay underspends and 'general' underspends across all budget lines;
2. Expediting and changing the way the medical variable pay programme is supported and quantifying the Nursing, Midwifery and AHP programme (which has now been constituted as a formal programme);
3. Exploring options for additional elective activity to allow us to 'draw down' additional ERF; and
4. The redeployment of resource to help the ICS deliver specific programmes e.g. Backroom Functions and Ophthalmology.

Item 1: Cumulative Phased Forecast Savings Plan



Item 2: Summary by Programme

(Note: ERF actual figures are estimated)

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

Programme	Month 8 YTD Forecast			Month 8 YTD Actual			Delivery RAG
	FIP	ERF	Total	FIP	ERF	Total	
Outpatients Innovation	£8,443	£728,000	£736,443	£8,773	£673,067	£681,840	
Theatres Productivity	£224,160	£477,273	£701,433	£256,660	£340,909	£597,569	
Variable Pay Programme	£158,600	£0	£158,600	£0	£0	£0	
Comparative and Benchmarking - SDEC	£300,000	£0	£300,000	£0	£0	£0	
Comparative and Benchmarking - Procurement	£57,100	£0	£57,100	£0	£0	£0	
Comparative and Benchmarking - Estates and Facilities	£53,333	£0	£53,333	£0	£0	£0	
Comparative and Benchmarking - Workforce	£11,000	£0	£11,000	£0	£0	£0	
Pathology Transformation	£0	£0	£0	£13,560	£0	£13,560	
Transactional - Trust Wide	£1,518,667	£0	£1,518,667	£1,518,667	£0	£1,518,667	
Transactional - Corporate	£324,000	£0	£324,000	£427,000	£0	£427,000	
Transactional - D&O	£128,460	£0	£128,460	£148,089	£0	£148,089	
Transactional - Medicine	£10,000	£0	£10,000	£0	£0	£0	
Transactional - Surgery	£61,102	£0	£61,102	£26,796	£0	£26,796	
Transactional - UEC	£0	£0	£0	£0	£0	£0	
Transactional - W&C	£17,360	£0	£17,360	£693	£0	£693	
COVID Spend Reduction	£166,667	£0	£166,667	£166,667	£0	£166,667	
Unallocated	£51,864	£0	£51,864	£0	£0	£0	
Total	**£3,090,756**	**£1,205,273**	**£4,296,029**	**£2,566,905**	**£1,013,976**	**£3,580,881**	