Mid-Nottinghamshire Integrated Care Partnership

NHS Sherwood Forest Hospitals NHS Foundation Trust

Single Oversight Framework

Reporting Period: Q3 2021/22

Inspected and rated Good CareQuality Commission

Single Oversight Framework – Q3 Overview (1)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care (exception reports pages)	We remain in a level 4 national incident as a result of the global pandemic. December saw high demand coupled with increased workforce loss as a result of the new highly transmissible Omicron variant. Recognising the overarching healthcare impact of the pandemic, during quarter 3 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 increased staffing workforce absence. Hospital acquired pressure ulcers remain consistently low. Infection control remains high on the agenda with unrelenting focus, both in terms of our Covid-19 response and continued focus on other healthcare associated infections as we move into the traditional non-Covid 'virus' season. There are 7 exception report to note for quarter 3: • **Never events:** Year to date (YTD 21-22) we have had 3 never events, a cluster review of wrong site surgery cases has concluded. Learning themes have been identified and actions identified to help to reduce the occurrence of future incidents. • **Serious incidents including never events (STEIS reportable):** there have been 2 incidents uploaded to STEIS, Investigations have not yet concluded. Early learning has already been shared. • **COVID-19:** during this quarter we have had 17 hospital acquired cases which are mainly related to outbreaks (YTD 42). Covid 19 outbreaks are being managed in partnership with UKHSA and NHSE/I, with MD/ CN scrutiny. • **MRSA bacteraemia:** we have had 1 MRSA bacteraemia in quarter 3. This is still currently being investigated; teams have been reminded of best practice in relation to intravenous access care and blood culture sampling • **MSSA bacteraemia:** Increase in the number of incidents (3 in December totalling 16 YTD), further analysis required to establish source. Early review has not identified any evidence of cross contamination. • **VTE risk assessments:** performance 91.9% in quarter 3 (YTD 93.6%) target 95%, manual data collection continues however redeployments from the GSU team are impacting on the teams ability to remind teams in real-time. An electronic solution is being developed. • **Dementia: P**erformance 82% (YTD 65.6) target of 90%. This represents an improving position and a clear plan is in place to improve compliance.	MD, CN

Single Oversight Framework – Q3 Overview (2)

Sherwood Forest Hospitals
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Domain	Overview & risks	Lead
People & Culture (exception reports)	**People** During Q3 we saw a gradual increase in our sickness absence levels and overall workforce loss, sickness absence levels peaks in December 21 to 5.5%, this 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, during Q3 there has been increased activity due to the Flu vaccine delivery and wider impact of the pandemic and additional omicron wave, this given additional pressures between October 21 to December 21 Overall resourcing indicators between October 21 to December 21 are positive with levels of vacancy's showing a reduction, additional to this to support winter pressure we have seen an increase to our overall staffing levels both in substantive and our bank workforce, we have also seen some internal redeployment of staff to support pressure areas, such as the vaccination centres. Across Q3 **appraisals** levels have been relatively stable and currently sit at 86%, this is below the Trust target however appraisals were paused at the end of December to increase possible workforce capacity to meet anticipated hospital surge. Our **Training and Development** compliance has remained static across Q3 where focus has been on essential mandatory training only. There has been a focus on increasing access for colleagues to the **Covid-19 Booster vaccine**. This has resulted in 85% of substantive staff receiving the Booster vaccine. The current front line flu uptake is 75%.(I think this my now be 76.1%) During December 21 we have response to the national request and started the work around vaccination as a condition of deployment (VCOD) for healthcare workers. We have set up 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. We have also followed up with a supportive conversations so we fully understand any vaccination hesitancy. **Improvement** SFH QI Maturity Matrix deployed in December 21, with results expected at end of Q4. Significant restoration and progress achieved in Q3 with over 117 colleagues undergoing QI training as part of both bronze and silver level offers, and mainly driven by delivering the Pathway to Excellence QI capability training. There was a reduction in QI projects and Bright Spark ideas over the quarter, and this will be addressed via a Bright Spark re-launch and the launch of the AMAT QI module in Q1 22/23. Significant progress being made at system level to develop QI/OD approach. **Cultural Engagement** The National Staff Survey ran from 04.10.21 to 26.11.21. The survey closed with SFH's highest response rate to date of 66.4%. Reports from Picker are due in late Jan/Feb 22 and remain embargo until March 22 when all results are published nationally. The team are preparing to support teams with dissemination of the results and associated action planning for improvement. Engagement focus over winter designed to support keeping colleagues well and at work. Offers in place including NHSI Leadership Circles and 'go to' partnership model.	DOP, DCI

Single Oversight Framework – Q3 Overview (3)

Sherwood Forest Hospitals
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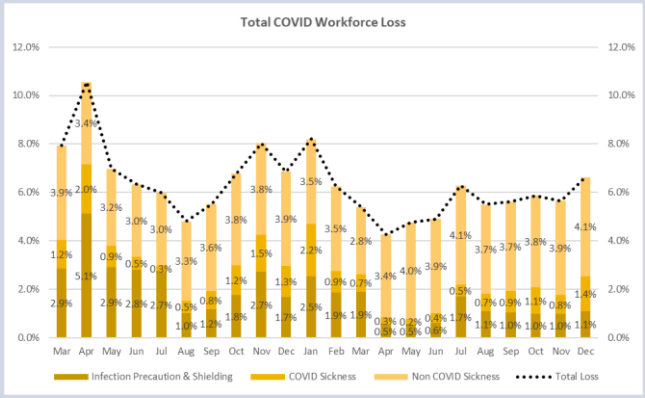
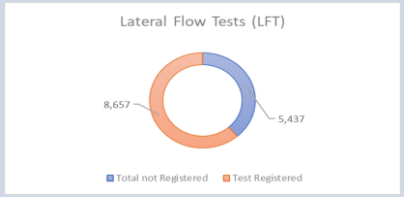
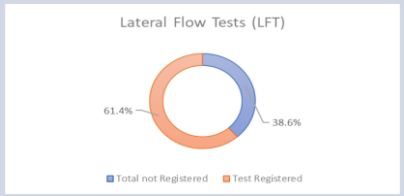
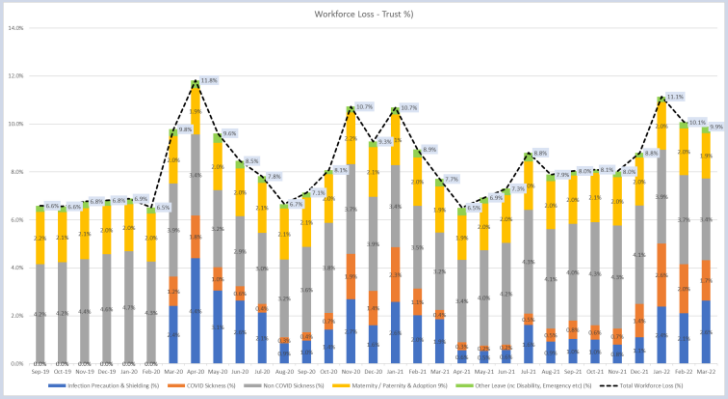
Domain	Overview & risks	Lead
People & Culture (exception reports)	**COVID Absence -** The Trust produces a daily Workforce SitRep for the organisation; this includes all COVID related absence elements which are wider than the sickness element reported above. When this is reviewed the total COVID related absence for December 2021 was 6.6%, (November 2021 5.7%). **Lateral Flow Tests** – Overall there were 11,248 test distributed, with 7,472 test registered (66.4%). Of the completed tests there has been 267 positive test (0.2% positive results).    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). 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 – Q3 Overview (4)

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Domain	Overview & risks	Lead
Timely care (exception reports pages)	Emergency access remains at similar levels to previous months overall, but the period between Christmas & New year was challenging due to the significant surge in Covid+ inpatients, requiring the implementation of the Trusts 'super surge' plan. The increase in the number of patients who are medically safe waiting for home care remains a critical driver in high bed occupancy. The position has deteriorated further and is driven by severe workforce capacity issues in the homecare market, exacerbated by Covid+ colleagues working in that sector. 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 stable. At the end of December 21, 128 patients were waiting which is better than the expected re-forecast position of 129 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 November was 62.6% which holds the Trust national ranking at 91st/126. November's 62 day performance nationally was 67.5% and as a Nottinghamshire system 62.8%. The average wait for first definitive treatment in November was 59 days (52 in November 19). The number of patients waiting 104 days at the end of November was 38 (23 in November 19). The Faster Diagnosis Standard (FDS) achieved the 75% standard in November at 75.5%, giving a national ranking of 51st/125 (rank 37th in October). For elective care in December the Trust delivered 100% of 19/20 activity levels and whilst the size of the waiting list was 1% higher than planned the number of patients waiting over 52 weeks and 104+ weeks remain well below trajectory. All long wait (78+) patients are monitored on a weekly basis, with a plan for next steps agreed. Outpatient and day case activity continues to perform well with inpatient activity at 73% against 19/20 levels. The root cause of inpatient activity below 19/20 remains the shift to day case activity predominantly in medical specialties although December has a greater reduction in surgical specialties as a result of short term staffing pressures and a greater number of patients cancelling after testing positive for covid. The published national median wait for incomplete pathways at the end of November was 12 weeks and 92nd percentile 43 weeks; for the Trust it was 10 and 33, these waits have been maintained for December. Pre pandemic waits for the Trust were at 7 and 22 weeks. RTT clock stops for December were 104% of 19/20 levels, exceeding the 89% target set in the H2 national operational planning guidance. Diagnostics continue to perform well despite increased pressure from both emergency and cancer pathways. A plan to reduce the volume of patients waiting for a non obstetric ultrasound is being developed and insourcing capacity has been extended to support a rising volume of waits for an ECHO. Mutual aid remains in place across the Nottinghamshire with both trusts supporting each other where there is inequity of wait.	COO

Single Oversight Framework – Q3 Overview (5)

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Best Value care (exception reports pages)	The Trust has reported a deficit of £1.63m for the month of December 2021. This represents an adverse variance to plan of £1.47m. Expenditure for the month totals £40.10m and includes the direct Covid-19 costs of £0.92m and costs relating to the Covid-19 vaccination programme of £1.77m, with offsetting income of £1.77m assumed. Based on the initial system-level calculation of elective recovery, no Elective Recovery Fund (ERF) income is included for the month of December. The reported year-to-date position to the end of 2021/22 Quarter 3 is a deficit of £4.99m, an adverse variance of £3.37m 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 impact of the operational pressures caused by the Omicron variant have been factored into the financial forecast. This includes the impact on elective recovery across the ICS, which reduces the likelihood of further ERF income during Q4. In addition, cost pressures linked to increased levels of staffing unavailability and the introduction of additional surge capacity have been factored in. As a result the reported forecast outturn has been amended to a deficit of £13.3m. The Financial Improvement Programme (FIP) delivered savings of £0.52m in December, compared to a plan of £0.87m. Year-to-date savings of £4.10m have been reported and the current forecast for the full year 2021/22 shows expected savings of £6.35m, which represents a shortfall against revised plan of £1.44m. Capital expenditure to the end of Quarter 3 totals £9.12m, which is £2.53m lower than planned. This is due to delays in the Estates element of the capital plan and the phased delivery pf the Cardiac Cath Lab; however December saw a partial recovery of this slippage as £0.53m of additional capital expenditure compared to plan. The closing cash position is £5.74m. The cash flow forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required.	CFO

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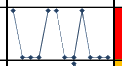
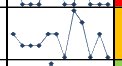
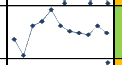
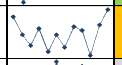
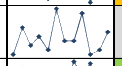
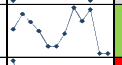
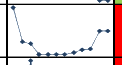
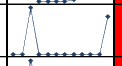
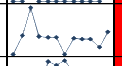
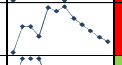
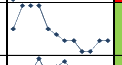
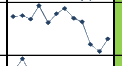
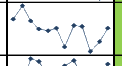
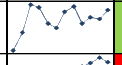
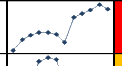
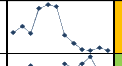
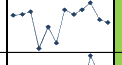
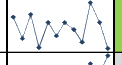
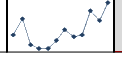
At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
QUALITY CARE	Safe	Rolling 12 month count of Never Events	0	Dec-21	3	-		R	MD/CN	Q
		Serious Incidents including Never Events (STEIS reportable) by reported date	<12	Dec-21	14	2		A	MD/CN	Q
		Patient safety incidents per rolling 12 month 1000 OBDs	>41	Dec-21	47.47	47.86		G	MD/CN	M
		All Falls per 1000 OBDs	6.63	Dec-21	6.86	8.27		A	CN	M
		Number of Assisted Falls	TBC	Dec-21	90.00	11.00				
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Dec-21	23.23	5.81		G	CN	M
		Covid-19 Hospital onset	<37	Dec-21	42	17		R	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Dec-21	0.65	5.81		R	CN	M
		Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Dec-21	10.33	17.42		R	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Nov-21	93.6%	91.9%		R	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	Dec-21	9.0	8.9		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Dec-21	1.60	1.39		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<90%	Dec-21	91.0%	92.0%		G	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	<96%	Dec-21	97.9%	98.2%		G	MD/CN	M
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Dec-21	65.6%	82.0%		R	MD/CN	Q
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Sep-21	101.0	-		A	MD	Q
		SHMI	100	Jul-21	97.25	-		G	MD	Q
		Cardiac arrest rate per 1000 admissions	<1.0	Dec-21	1.01	0.42		G	MD	M
		Cumulative number of patients participating in research	2500	Dec-21	1966	-		on target	MD	Q

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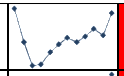
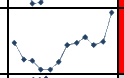
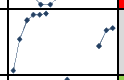
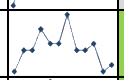
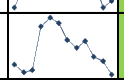
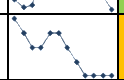
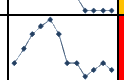
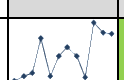
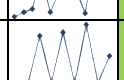
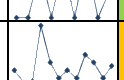
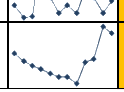
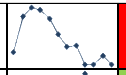
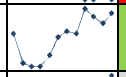
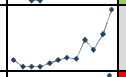
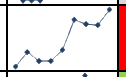
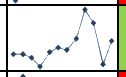
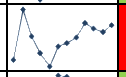
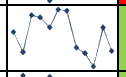
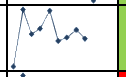
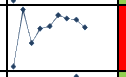
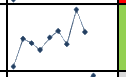
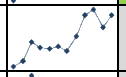
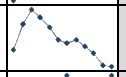
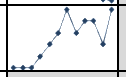
Staff health & well being	Sickness Absence	3.5%	Dec-21	4.5%	5.5%		R	DoP	M
	Take up of Occupational Health interventions	800 - 1200	Dec-21	20195	3768		R	DoP	M
	Flu vaccinations uptake - Front Line Staff	TBC	Dec-21	75.0%	-				DoP
	Employee Relations Management	<10-12	Dec-21	96	8		G	DoP	M
Resourcing	Vacancy rate	≤6.0%	Dec-21	5.7%	3.8%		G	DoP	M
	Mandatory & Statutory Training	>90%	Dec-21	87.2%	86.0%		A	DoP	M
	Appraisals	≥95%	Dec-21	88.0%	86.0%		R	DoP	M
Talent & Personal development	Recommendation of place to work and receive care	≥80%	Qtr2 2021/22	80.0%	80.0%			DoCI	Q
Organisational Culture	Qi Training - Bronze	>40	Qtr2 2021/22	177	95		G	DoCI	Q
	Qi Training - Sliver	>10	Qtr2 2021/22	47	22		G	DoCI	Q
Quality Improvement	Registered Bright Sparks and Qi Projects	>45	Qtr2 2021/22	126	33		A	DoCI	Q
	Number of Registered Apprentices	>180	Qtr2 2021/22	175	-		A	DoCI	Q

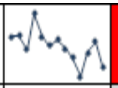
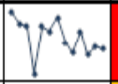
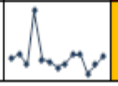
Single Oversight Framework – Q3 Overview (3)

Sherwood Forest Hospitals
NHS Foundation Trust

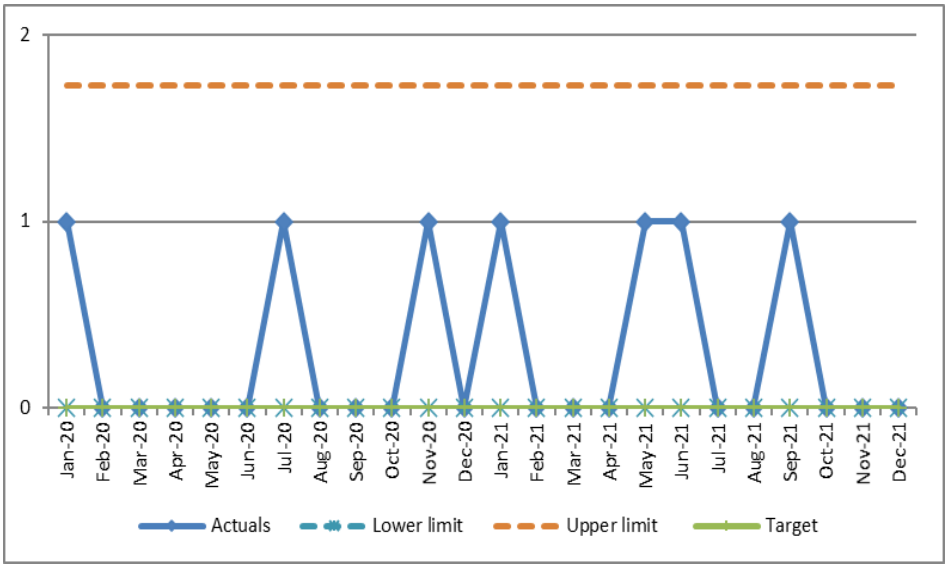
Emergency Care	Number of patients waiting >4 hours for admission or discharge from ED	>90%	Dec-21	86.4%	82.5%		R	COO	M
	Mean waiting time in ED (in minutes)	220	Dec-21	177	189		G	COO	M
	Number of patients who have spent 12 hours or more in ED from arrival to departure	TBC	Dec-21	671	223			COO	M
	Mean number of patients who are medically safe for transfer	22	Dec-21	63	80		R	COO	M
	Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<10%	Dec-21	4.0%	4.2%		G	COO	M
Cancer Care	Number of patients waiting over 62 days for Cancer treatment	61	Dec-21	-	128		R	COO	M
	Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Nov-21	77.1%	75.5%		G	COO	M
Elective Care	Elective Day Case activity against Yr2019/20	95.0%	Dec-21	97.9%	95.8%		G	COO	M
	Elective Inpatient activity against Yr2019/20	95.0%	Dec-21	72.3%	73.4%		R		
	Elective Outpatient activity against Yr2019/20	95.0%	Dec-21	98.5%	100.5%		G		
	Number of patients on the elective PTL	38206	Dec-21	-	38617			COO	M
	Number of patients waiting over 1 year for treatment	936	Dec-21	-	710			COO	M
	Number of patients waiting over 2 years for treatment	9	Dec-21	-	5			COO	M
	Number of completed RTT Pathways against Yr2019/20	≥89%	Dec-21	102.2%	103.6%				

Single Oversight Framework – Q3 Overview (4)

Sherwood Forest Hospitals
NHS Foundation Trust

Best Value Care	Finance	Trust level performance against plan	£0.00m	Dec-21	-£3.37m	-£1.47m		R	CFO	M
		Underlying financial position against strategy	£0.00m	Dec-21	tbc	tbc			CFO	M
		Trust level performance against FIP plan	£0.00m	Dec-21	-£1.07m	-£0.35m		R	CFO	M
		Capital expenditure against plan	£0.00m	Dec-21	-£2.53m	£0.53m		A	CFO	M

Rolling 12 month count of Never Events	0	Dec-21	3	-		R	MD/CN	Q



Sherwood Forest Hospitals
NHS Foundation Trust

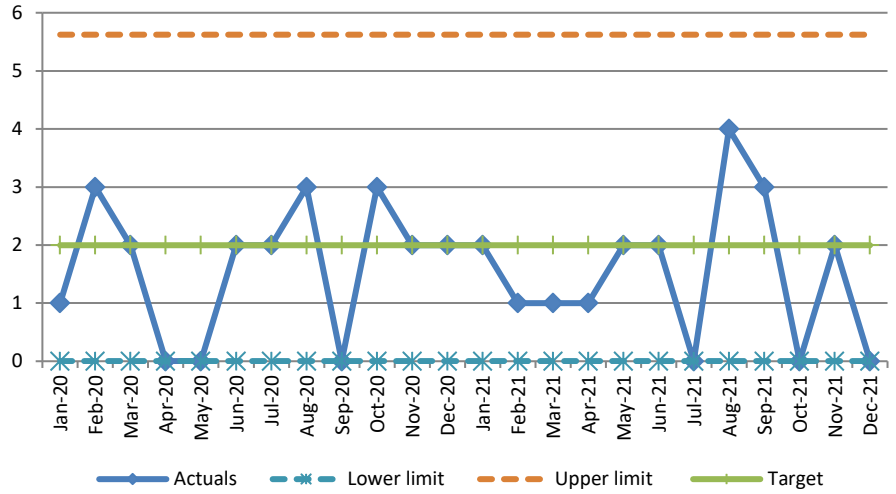
National position & overview

- Never Events are serious incidents that are defined by NHSE to be entirely preventable event.
- During this reporting period no Never Events have been formally declared on StEIS.
- In December 21 an incident regarding a retained guide wire was reported and declared on StEIS in January 22.
- During the last 15 months the Trust has declared 6 Never Events all categorised as 'Wrong Site Surgery', 2 of these incidents relate to the removal of a wrong tooth although with different compounding factors and causation. 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. The majority of the NE occur outside of the traditional operating theatre environment and the traditional WHO checklist process.

Root causes	Actions	Impact/Timescale
There have been no Never Events formally declared since October 2021. However:	A number of actions are on-going as a result of the learning from previous Never Events:	
• December 2021: Incident reported in relation to a retained insertion guide wire. This has been scoped by Division and was reported to StEIS as a Never Event in January 2022.	• Formal WHO checklist audits for all procedures/departments where LocSSIPs/NatSSIPs are in place.	• Completed
	• PPI learning events delivered in September 2021. Content to be developed into e-learning package for ease of access going forward. Unfortunately the development of this package has been paused due to staff redeployment to ITU.	• April 2022
• The investigation into 6 wrong site surgery incidents has now concluded. Identified themes: 1. Inconsistent use of WHO Checklist/equivalent – or not in place. 2. Sites not being marked. 3. Positive Patient Identification process not being followed.	• Observational audit of the safety checklist process	• March 2022
	• Consider feasibility of a mandatory training programme for WHO surgical checklist	• March 2022

Serious Incidents including Never Events (STEIS reportable) by reported date	<12	Dec-21	14	2		A	MD/CN	Q

Sherwood Forest Hospitals
NHS Foundation Trust



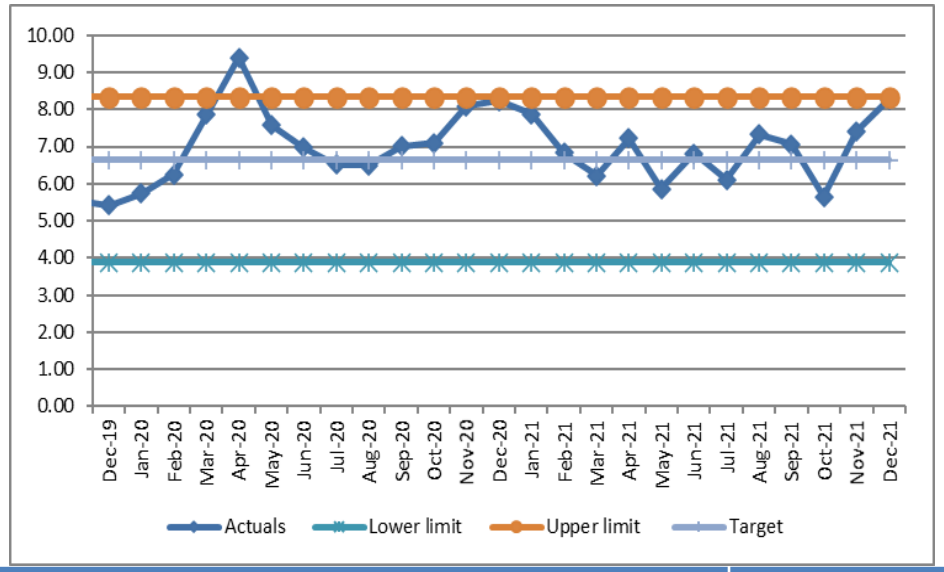
National position & overview

Serious incidents are defined in health care where the potential for learning, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant a comprehensive review of the incident. They include acts or omissions in care that result in: unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm – including those where the injury required treatment to prevent death or serious harm. Incidents meeting this criteria are reported on Strategic Executive Information System (STEIS) and monitored by the CCG.

During Q3 there have been 2 incidents uploaded to STEIS.

Root causes	Actions	Impact/Timescale
December 21 x 2 StEIS reportable incidents declared:		
Hospital Acquired VTE: Prophylactic anticoagulant therapy was not prescribed on admission. VTE screening form was not filled on admission. The patient developed pulmonary embolism and required therapeutic anticoagulant therapy.	• Investigation not yet concluded • Appointment of a medical lead for VTE remains dependent on incomplete and is related to our Haematology medical staffing issues • Findings from rapid review shared at medical managers meeting	• On-going
Ruptured Uterus: Concerns raised with regard to timeliness of escalation and listening to the woman (HSIB reportable).	• HSIB investigation continues • Findings from rapid review shared across the emergency department and maternity service	• On-going All StEIS investigations are on hold in recognition of the current significant pressures on the clinical teams.

All Falls per 1000 OBDs	6.63	Dec-21	6.86	8.27		A	CN	M



Sherwood Forest Hospitals
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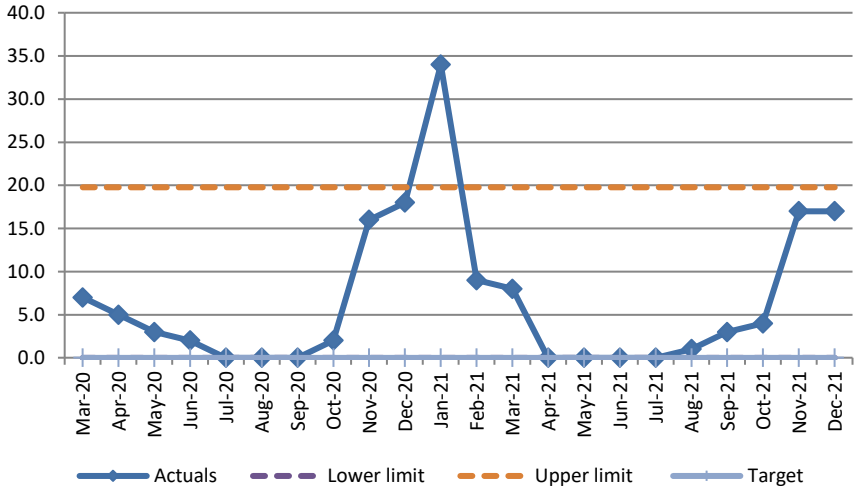
National position & overview

- The SFH falls rate for December is 8.27 above the national average of 6.63 per thousand bed days
- There have been no severe harms reported for December at SFH
- Nationally the pandemic of deconditioning continues and this is being reflected by the health of the nation and inactivity of people, especially older adults, which further increases risk of falls.
- Further increasing numbers of medically safe patients in acute beds due to reduced capacity for care/nursing home placements.
- Additional beds/ wards have opened in month to support demand and flow, nationally.

Root causes	Actions	Impact/Timescale
• December has seen an increase in Covid-19 cases across all wards resulting in contact cases having to isolate: posing environmental/ergonomic challenges for wards.	• Falls/Safer mobility practitioners continue to visit and support ward areas and departments.	• On-going
• Highest numbers of falls during the quarter unwitnessed.	• Redeployment plan for practitioners being worked through for end December through January 2022.	• Feb 2022
• 15 repeat falls in month all same patient same ward.	• Redeployment plan for physiotherapist within the team to HCOP to work clinically , will support/focus on falls in this area.	• On-going
• Most falls in month by bedside or in cubicle/bay. Only 5 falls from a chair.	• Commence a focused campaign across all professional groups that focuses on #thinkfalls	• On-going
• Times of falls most frequent 05:00hrs-06:00hrs and 14:00hrs-15:00hrs.	• December Hybrid champions training day went ahead and was a success.	• March 2022
• Crowding in ED due to flow challenges.	• ED yellow blanket trial discussions to alert those at risk of falls (on hold)	• Complete
• Further increase in medically fit patients/ Pathway 1 residing in acute beds due to capacity for care in the community.	• 60 pairs of slippers purchased via charitable funds-	• Feb 2022
• Inefficiencies due to flow in transfer of pathway 2 patients due to availability of beds.	• New mandatory update and induction review in progress for 2022/3	• Complete
• Additional beds opened to support demand and flow in month.	• Audit planned for multifactorial falls assessment and falls care plan.	• Feb 2022
• Further increase in the number of frail, deconditioned patients being admitted to our hospitals.	• Hot topic for January will roll into February “Falls and continence”	• March 2022
• Patients often reluctant to use call bells as don’t want to bother staff.	• Falls practitioner to have 2:1 model for student supervision, students will be completing falls related projects virtually to add value.	• Feb 2022
	• Grand round session –Falls / deconditioning/ connection with medics	• On going
	• NAIF report gap analysis to be completed	• Feb 2022
	• On-going attendance in the Midlands Regional Falls Network to problem solve region-wide issues and share learning	• On-going
		• April 2022

Covid-19 Hospital onset	<37	Dec-21	42	17		R	CN	M

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- All cases of Covid-19 deemed to be hospital associated, requires completion of an RCA.
- New cases identified 8 days post admission are deem probable hospital acquired and new cases identified 15 days or more after admission are definite hospital acquired cases.
- During December we had 17 cases post 8-14 days of admission and 17 cases post 15 days of admission.
- During the same month in 2020-21 there were 31 cases post 8-14 days of admission and 18 cases post 15 days of admission.

Root causes	Actions	Impact/Timescale
• The majority of the cases were related to a ward outbreaks of Covid-19 involving both patients and colleagues. • Sampling delays resulting in delayed isolation of positive patients • Reduced social distancing within the emergency department as a result of demand	• To reduce environmental contamination. All outbreak areas and high risk areas are having enhanced cleans • To monitor compliance with guidance and provide any learning required. Daily hand hygiene, PPE and social distancing audits of any areas with an outbreak of cases of Covid are being conducted • Regular outbreak meetings with NHSE/I and PHE to monitor progress of the outbreaks • All patients are to be screened every 48 hours on the wards to enable early identification of Covid infection and prevent ongoing transmission. • Additional winter capacity and super surge to reduce crowding in the emergency department	• On-going • On-going • On-going • Ongoing • Completed

Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Dec-21	0.65	5.81		R	CN	M

Sherwood Forest Hospitals
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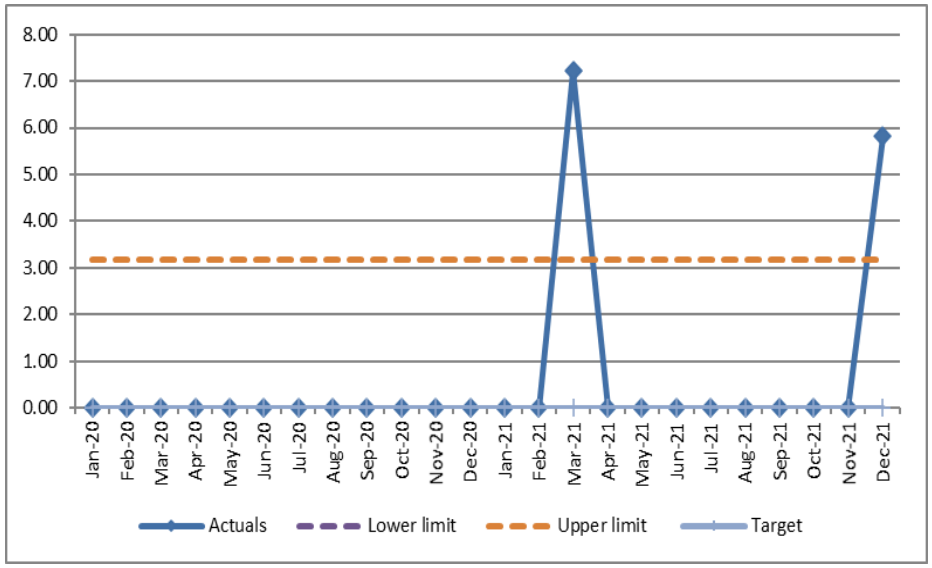
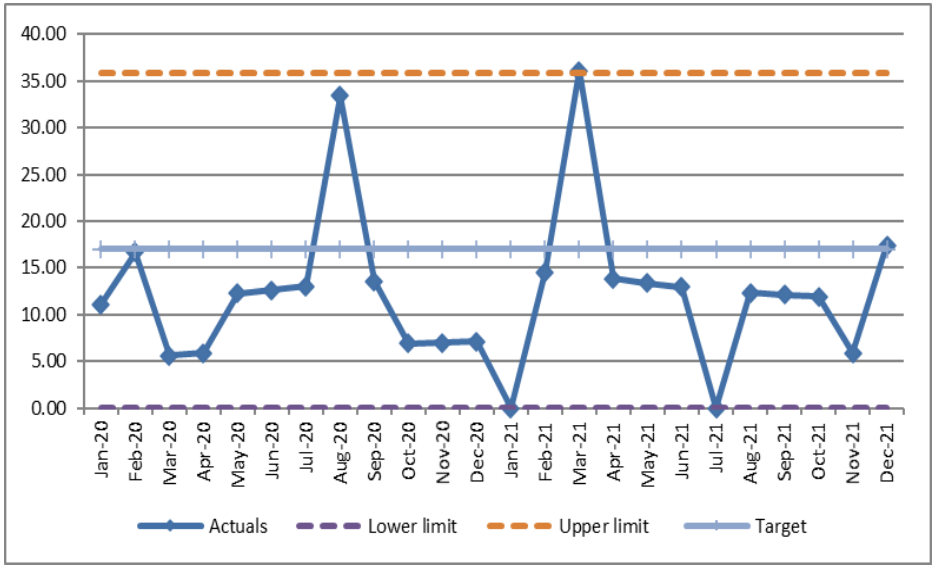


National position & overview

The Trusts national trajectory for MRSA bacteraemia is zero for 2021-22.
This is our first MRSA bacteraemia this financial year, our last case was March 2021.

Root causes	Actions	Impact/Timescale
The root cause is currently being investigated and is potentially related to an intravenous cannula	• Review our practice and compliance with the visual infusion phlebitis score when maintaining cannula's on the ward	• Feb 2022
	• Review practice in relation to blood culture sampling	• Feb 2022
	• Monthly observational audits carried out on wards and frequency increased if compliance reduces.	• Feb 2022
	• Share learning from this case with EMAS who cited cannula	• On-going

Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Dec-21	10.33	17.42		R	CN	M



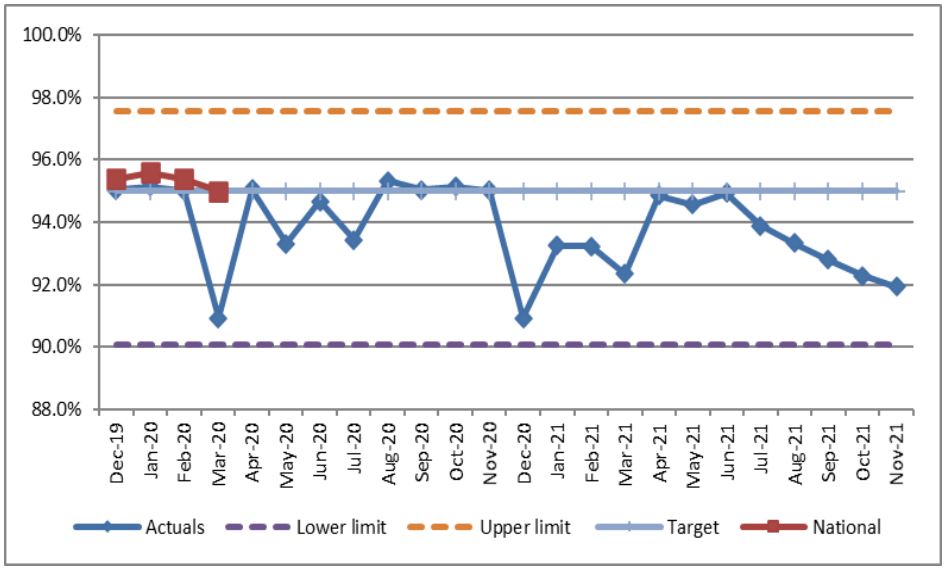
NHS
Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

- The Trust have seen 3 Trust acquired cases in December 2021.
- The Trust total cases for 2021/22 to date is 16 compared to 17 for the same period in 2020/21.

Root causes	Actions	Impact/Timescale
All cases have been reviewed and no clear focus of infection has been identified. None of the cases related to a specific area and were across medicine and surgery divisions, therefore no cross infection occurred.	• To review each case with lead Microbiologist for IPC. • To review staphylococcus aureus infections across each area to identify any correlation/increase in cases • Review our practice and compliance with the visual infusion phlebitis score when maintaining cannula's on the ward • Review practice in relation to blood culture sampling	• Feb 2022 • Feb 2022 • Feb 2022 • Feb 2022

Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Nov-21	93.6%	91.9%		R	CN	M



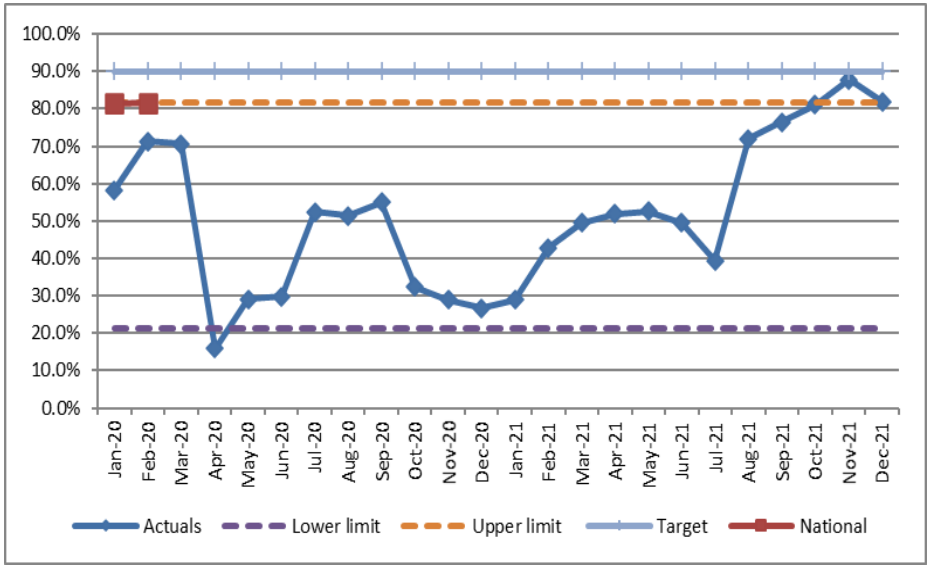
Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

- National reporting of VTE risk assessment screening was stopped in March 2020 in response to the developing Covid pandemic.
- SFH continued with data collection for our own internal monitoring process. The data collection process for VTE risk assessment is a manual process requiring a significant number of man hours to achieve.
- The national target for VTE screening on admission to hospital is set at 95%.
- Covid infection control requirements changed the manual collection processes which has had a detrimental impact on compliance figures.
- Pre-Covid method of data collection restarted initially significantly improved the compliance score the data for June and July has demonstrated a downward trajectory with Julys compliance standing at 93.6%

Root causes	Actions	Impact/Timescale
• The GSU team have resumed the pre Covid method of form collection from 1 April 21.	• Continue with Pre-Covid method of form collection from 1 April 21.	• Completed
• The data collection process for VTE risk assessment is a manual process requiring a significant number of hours to complete the collection.	• EPMA/NerveCentre will resolve the data collection issues as the VTE assessment will be included as part of the package and will be mandatory.	• On-going- Await EPMA/NerveCentre electronic VTE screening tool roll out planned for late April 2022.
	• The EPMA/NerveCentre VTE screening tool will be based on the NG89 standards.	
• Currently awaiting an electronic solution which will be via our NerveCentre EPMA.	• NerveCentre team has developed an agreed electronic screening template.	• On going
	• Attendance at medical managers meeting to remind all of the need to document this assessment.	• Completed
	• Appointment of a trust wide VTE lead, no medical applicants despite 2 adverts	• Paused pending review of alternative non-medical models

Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Dec-21	65.6%	82.0%		R	MD/CN	Q



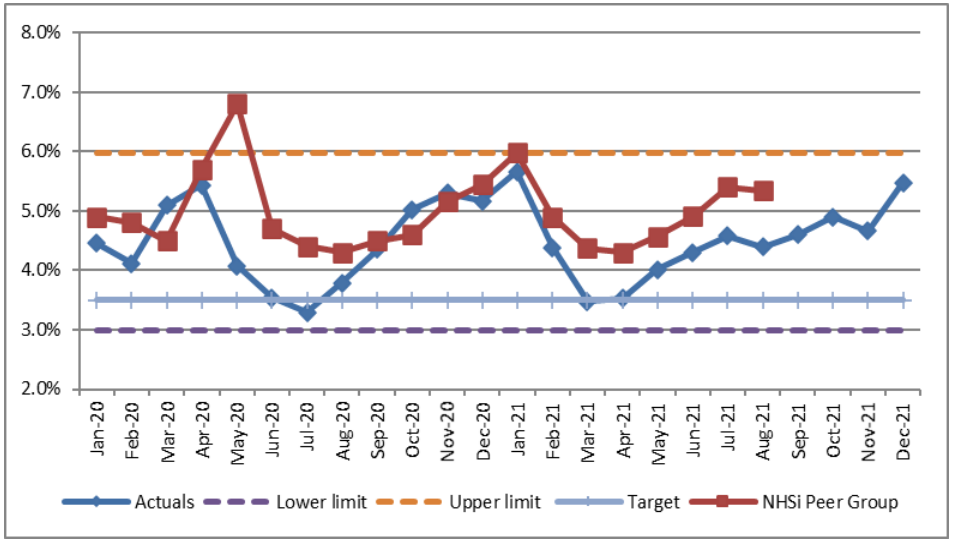
Sherwood Forest Hospitals
NHS Foundation Trust

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
- March 2021 registered nurses provided with access and guidance on how to complete assessment
- Jan 2022 Substantive Band 3 Health Care worker appointed to assist process
- Updates given to the senior nurses which included reminders of the assessment and offer of assistance
- Action plan developed August 2021 and all elements currently achievable complete

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.	• Completed
	• The Nervecentre team made amendments to the assessment tool and re-launched	• Completed
	• A targeted approach undertaken to embed the process of assessments, action plan provided and carried out, wards visited frequently to prompt the completion of assessments	• On-going
Nervecentre AMT assessment not available in ED.	• Nervecentre are currently working on a solution that enables assessments completed in ED to transfer with the patient.	• On hold,
Vacancy within the support team	• As the post was previously a secondment, a decision was made to secure funding for permanent position, recruitment process undertaken and individual appointed.	• Completed

Sickness Absence	3.5%	Dec-21	4.5%	5.5%		R	DoP	M



Sherwood Forest Hospitals
NHS Foundation Trust

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 5.5% in December 2021. This sits below the upper SPC and shows an upward trend. The sickness absence levels is above the sickness absence level in November 2020 (4.7%)

The short term sickness absence rate for December 21 is 3.3%. (November 21– 2.6%).

The long term sickness absence rate for December 21 is 2.2%. (November 21– 2.0%.)

COVID related absence make up 1.4% 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)

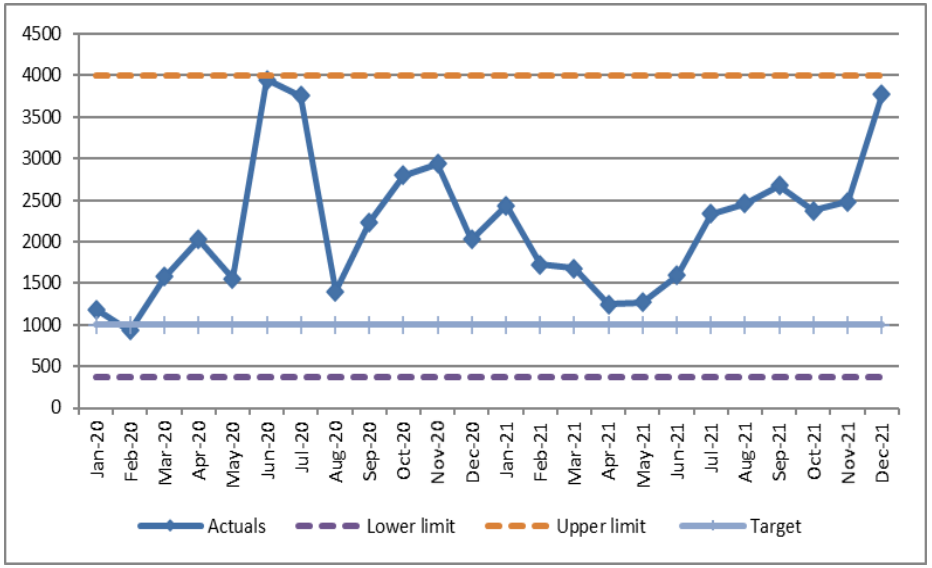
We have forecasted an increase in sickness absence level over the next few months, to support our workforce during this period we have developed a Winter Wellbeing programme and are continuing to promote the COVID Booster and Influenza vaccine

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	Dec-21	20195	3768		R	DoP	M



Sherwood Forest Hospitals
NHS Foundation Trust

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

Over the last month there has been a large increase in workload 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:

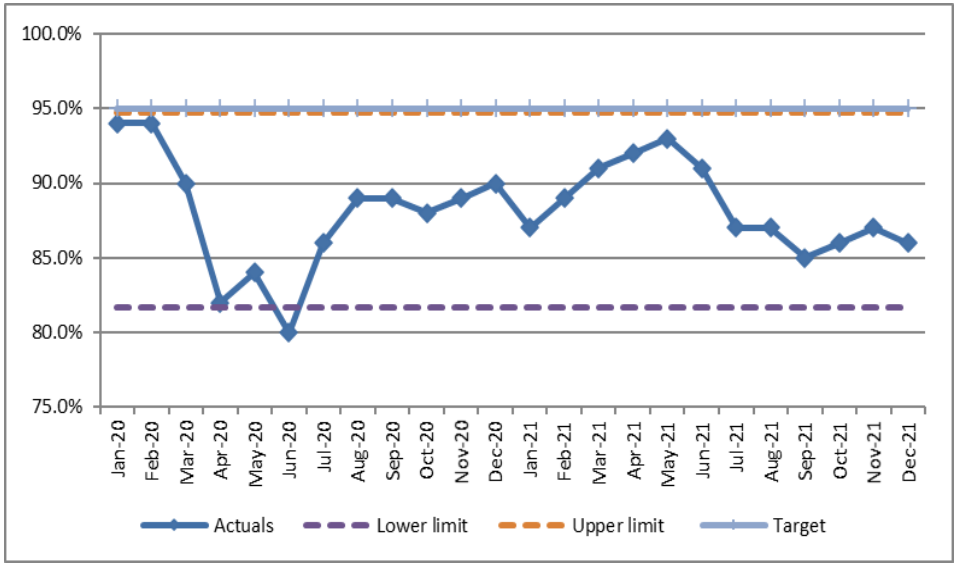
- New ways of working (Telephone /virtual consultations)
- Paper screening for work health assessments instead of face to face
- Smart working
- All substantive OH staff working overtime
- Bank admin support

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

Appraisals	≥95%	Dec-21	88.0%	86.0%		R	DoP	M



Sherwood Forest Hospitals
NHS Foundation Trust

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

The Appraisal position is reported at 86%, and shows a negative movement from November 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.

As a result of the pandemic derogations were put in place until January 22, as a result we expect to se a further reduction in the compliance levels.

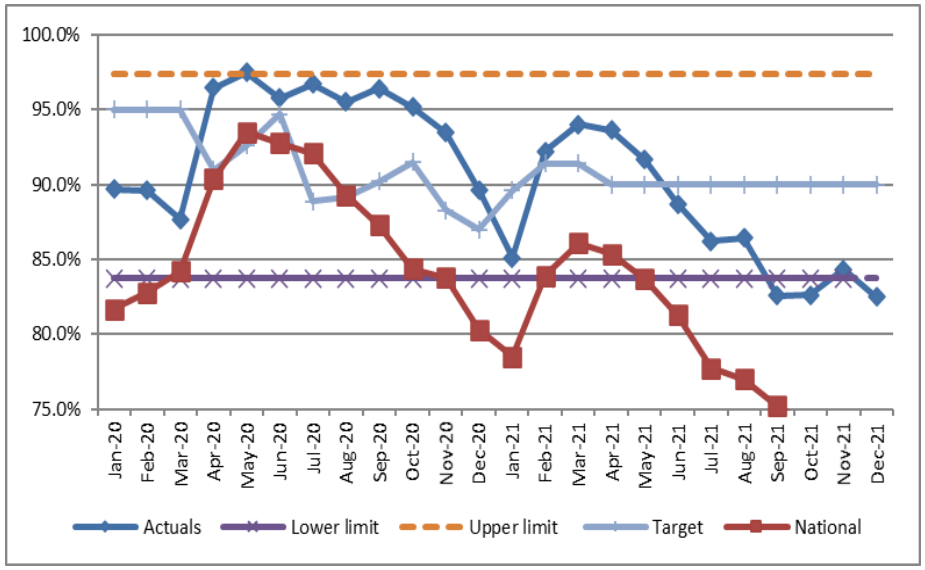
Actions

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.

Impact/Timescale

Appraisal compliance to 90% by end of March 22

Number of patients waiting >4 hours for admission or discharge from ED	>90%	Dec-21	86.4%	82.5%		R	COO	M



NHS
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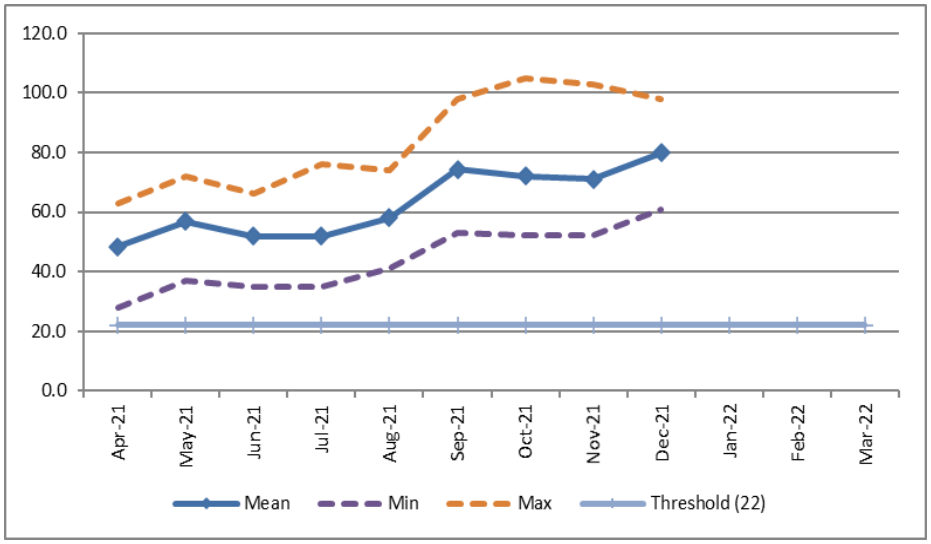
NHS Foundation Trust

National position & overview

- SFH 82.5% - performance driven by increase ED, admission demand along with increasing occupancy due to increases in medically safe patients waiting onward care
- National rank 4th out of 117 reporting Trusts
- Attends overall are lower then in Dec 2019, but majors & resus attendances (the sickest patients) were up by 7% on Dec 2019, mainly driven by walk in attendances. Admissions were similar to Dec 2019, but this was a very high month
- Newark UTC performance was excellent at 98%
- 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
- There were 56 patients who waited over 12 hours for admission to a bed, all between the Christmas & New Year period as the system saw a surge in Omicron admission.
- SFH was the second most surged Trust in the Midlands for Covid+ admissions in late December

Root causes	Actions	Impact/Timescale
• **Demand growth –** demand growth in majors and resus attendances (sickest patients) were higher than Dec 19 by 7%, although attendances overall were lower than Dec 19 which is positive	• Work continues 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'
• **Bed 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 Covid+ infections at a higher level in the community. The Christmas and New Year period saw a significant surge in Covid-19 admissions and this has been subject to a briefing note to Board members	• In line with the winter plan agreed at Board in November, 66 additional beds continue to be open during December. The Respiratory Support Unit opened on 29/12/21 and Orthopaedic elective ward will become a medical ward for 2 months from 4/1/22. • An additional 46 beds were identified to open as part of a wider surge plan to manage increasing admission and lower discharges due to the Omicron variant. • 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. However, this group continues to increase (as shown on a separate exception report to Board)	• In place • Ongoing • Ongoing • December 21'

Mean number of patients who are medically safe for transfer	22	Dec-21	63	80		R	COO	M



Sherwood Forest Hospitals
NHS Foundation Trust

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.
- Including winter and super surge capacity;, SFH has an additional 96 beds open to try to mitigate demand growth and safely look after patients waiting to move to their onward destination
- Incident Level 4 remains in place nationally with a focus to discharge being driven by extraordinary Multi-agency Discharge Events across the system (MADE)

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. • Internal process issues contributing to referral delays due to minimum staffing numbers on the wards and competency.	• Internal focus on P0- audit and assessment against the criteria to reside. ECIST supported. • Partnership MADE event to focus on P1-3. • Personalised health care budget Lead to in reach, working with IDAT , to expedite discharge with families. • QI programme commencing to focus on ward based discharge process • Daily allocation partnership meetings in place to allocate into spot purchase beds. • Datix profile changed to capture delayed patients and significant harms to commence reporting. • System homecare deficit mitigation plan in place, mainly with the provision of interim care beds – currently not on track, but some of this is related to covid being the root cause of capacity closures **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	W/C 17th Jan 22 19th Jan 22 starts W/C 17th Jan 22 W/C25th Jan 22 On going and commenced Monthly commencing end Jan 22 Commenced

Number of patients waiting over 62 days for Cancer treatment	61	Dec-21	-	128		R	COO	M

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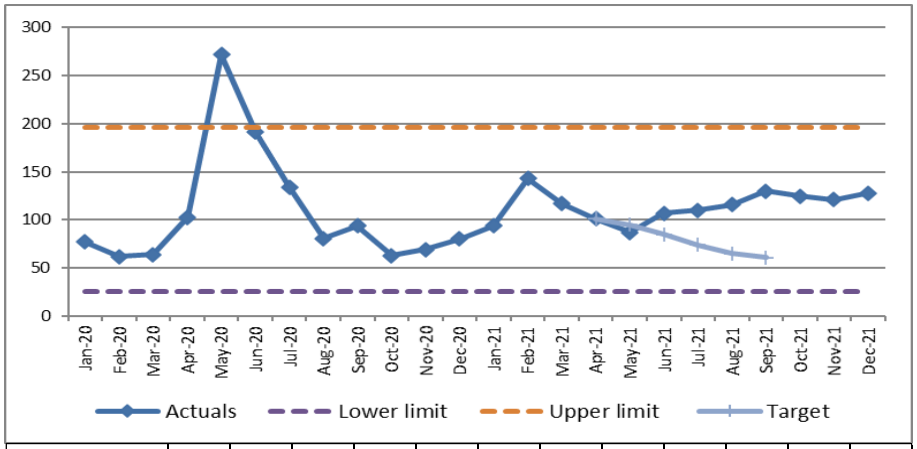


	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Original trajectory	98	95	85	74	65	61	56	56	61	54	49	45
Re-forecast							140	132	129	129	127	126
Actual	101	87	110	110	116	130	125	121	128			

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). December ended at 128, above the trajectory of 61 but below the reforecast of 132.
- The latest wait data shows average waits at 59 days for November 21 against 52 days for November 19, with 85th percentile waits at 79 days (85 days November 19).

Root causes

- Year to date **referrals 20% above the 19/20** average (average is currently 1,500 per month compared to 1,270). LGI has seen a 30% increase.
- 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 PET scans, surgical dates and oncology.

Actions

- 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 bowel prep medication to support better backfill for short notice cancellations.
- Increase outpatient/triage and testing capacity through Rapid Diagnostic Centre funding:
  - Gynae – increase consultant workforce, expand see and treat capacity, streamline straight to test (STT)
  - Urology and Head and neck – expand STT capacity

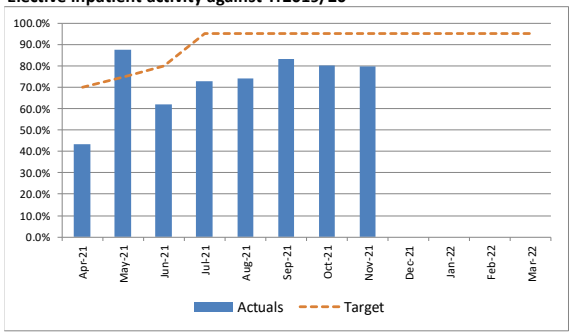
Impact/Timescale

- Appointments made with start dates in January 22. Training will be complete by March 22.
- Mutual aid has now ceased. Waits reduced by 7-14 days.
- Patients now receive reduced bowel prep as of 4 January.
- Throughout Q4 21/22 into Q1 22/23:
  - Consultant recruitment underway, new treatment scopes expected in March, STT pilot data has reduced test time by 7 days
  - CSW in post (Jan 22), further recruitment underway – expected in post in Q4.

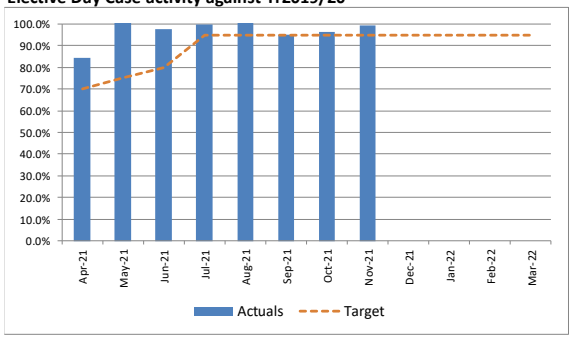
Elective Inpatient activity against Yr2019/20	95.0%	Dec-21	72.3%	73.4%		R	

Sherwood Forest Hospitals

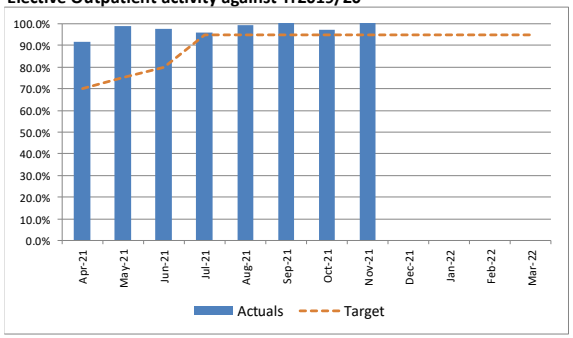
Elective Inpatient activity against Yr2019/20



Elective Day Case activity against Yr2019/20



Elective Outpatient activity against Yr2019/20



National position & overview

- For December 2021 (working day adjusted) the activity volume is at 100% when compared to December 2019 (38,281 vs. 38,320)
- This is further split by:
  - Day case - 96% (3,105 vs. 3,241)
  - Outpatient – 101% (34,870 vs. 34,662)
  - Elective inpatient – 73% (306 vs. 417)
- For H2 the allocation of elective recovery funds (ERF) is based on the volume of RTT clock stops compared to 19/20 and remains on a system basis. For December the volume of clock stops is 104% of 19/20 levels (admitted 82% and non admitted 107%) this is against a backdrop towards the end of the month of the rising impact of the Omicron variant.
- The on-going risk to elective activity due to the Omicron variant has continued in to January. A number of medical specialties planned to reduce or convert their OP workload to virtual to support the wards. From a surgical perspective the first 2 weeks of January saw an increase in cancellations by patients due to testing positive for covid. Staffing absence has impacted too however where possible theatre lists were merged or re-ordered to ensure that negative patients were not cancelled.

Root causes	Actions	Impact/Timescale
• 65% is due to surgical specialties notably General Surgery, T & O and Urology. This is due to unexpected short term capacity issues and increased patient cancellations after testing positive.	• Daily surgical prioritisation call established from 04/01/2022	• Staffing and patient position reviewed daily flexing capacity where required to ensure that cancer / urgent and long wait patient operating is maintained.
• 35% 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.	• A shift to day case where appropriate to do continues to be supported	

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Sherwood Forest Hospitals
NHS Foundation Trust

Q3 Summary

- The Trust has reported a YTD deficit of £4.99m to the end of Quarter 3, against a plan of £1.62m deficit. The adverse variance is due to ERF delivery.
- The Trust has updated the forecast outturn at Quarter 3, to a forecast deficit position of £13.67m for 2021/22.
- Capital expenditure to the end of Quarter 3 was £9.12m, which is £2.53m lower than planned due to delays in the Estates element of the capital plan and the phasing of delivery of the Cardiac Cath lab. £0.53m of the YTD slippage at M8 has been caught-up in December.
- Closing cash at 31st December £5.74m. The forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required

	December In-Month (H2 Plan)			YTD			Plan	Forecast	Forecast Variance
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m			
Income	37.51	38.48	0.97	337.95	331.76	(6.19)	451.64	444.26	(7.39)
Expenditure	(37.67)	(40.11)	(2.44)	(339.57)	(336.75)	2.82	(451.64)	(457.93)	(6.29)
Surplus/(Deficit) - ICS Achievement Basis	**(0.16)**	**(1.63)**	**(1.47)**	**(1.62)**	**(4.99)**	**(3.37)**	0.00	(13.67)	**(13.67)**
Capex (including donated)	(0.94)	(1.46)	(0.53)	(11.65)	(9.12)	2.53	(14.69)	(19.44)	(4.75)
Closing Cash	12.18	5.74	(6.44)	12.18	5.74	(6.44)	12.18	2.99	(9.18)

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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	23.91	0.00	23.91	0.08	214.57	214.32	0.00	214.32	(0.25)	286.04	285.79	0.00	285.79	(0.25)
Top-Up System	3.71	3.71	0.00	3.71	0.00	33.40	33.40	0.00	33.40	0.00	44.54	44.54	0.00	44.54	0.00
ERF	0.89	(0.11)	0.00	(0.11)	(1.00)	15.54	4.69	0.00	4.69	(10.85)	19.36	4.69	0.00	4.69	(14.67)
COVID Income	1.73	0.88	0.85	1.73	(0.00)	15.59	8.94	6.64	15.59	(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	5.36	5.36	0.00	5.36	0.00	7.14	7.14	0.00	7.14	0.00
Other Income	6.74	8.63	0.00	8.63	1.89	52.96	57.81	0.00	57.81	4.86	73.20	80.68	0.00	80.68	7.48
Total Income	**37.49**	**37.61**	**0.85**	**38.46**	**0.97**	**337.42**	**324.53**	**6.64**	**331.17**	**(6.25)**	**451.06**	**434.43**	**9.19**	**443.62**	**(7.44)**
Expenditure:															
Pay - Substantive	(19.36)	(18.40)	(0.12)	(18.52)	0.83	(168.50)	(162.79)	(1.16)	(163.94)	4.56	(225.57)	(219.48)	(1.58)	(221.06)	4.51
Pay - Bank	(3.54)	(3.19)	(0.50)	(3.69)	(0.14)	(37.33)	(29.85)	(3.87)	(33.72)	3.61	(46.23)	(38.45)	(8.44)	(46.88)	(0.65)
Pay - Agency	(1.37)	(1.37)	(0.06)	(1.42)	(0.05)	(10.22)	(10.84)	(1.00)	(11.84)	(1.62)	(14.24)	(15.88)	(1.18)	(17.06)	(2.82)
Pay - Other (Apprentice Levy and Non Execs)	(0.13)	(0.13)	0.00	(0.13)	(0.00)	(0.95)	(1.26)	0.00	(1.26)	(0.31)	(1.34)	(1.65)	0.00	(1.65)	(0.31)
Total Pay	(24.40)	(23.10)	(0.67)	(23.77)	0.63	(217.00)	(204.73)	(6.02)	(210.76)	6.24	(287.38)	(275.45)	(11.21)	(286.66)	0.72
Non-Pay	(10.91)	(13.72)	(0.25)	(13.96)	(3.05)	(100.95)	(101.91)	(2.47)	(104.38)	(3.44)	(135.10)	(138.17)	(3.71)	(141.88)	(6.78)
Depreciation	(1.08)	(1.10)	0.00	(1.10)	(0.02)	(9.91)	(9.81)	0.00	(9.81)	0.10	(13.10)	(13.26)	0.00	(13.26)	(0.16)
Interest Expense	(1.26)	(1.26)	0.00	(1.26)	0.00	(11.18)	(11.20)	0.00	(11.20)	(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	(13.25)	(16.08)	(0.25)	(16.33)	(3.07)	(122.04)	(122.92)	(2.47)	(125.40)	(3.36)	(163.69)	(166.93)	(3.71)	(170.64)	(6.96)
Total Expenditure	**(37.66)**	**(39.18)**	**(0.92)**	**(40.10)**	**(2.44)**	**(339.03)**	**(327.66)**	**(8.50)**	**(336.16)**	**2.88**	**(451.06)**	**(442.38)**	**(14.92)**	**(457.30)**	**(6.24)**
Surplus/(Deficit)	**(0.16)**	**(1.56)**	**(0.07)**	**(1.63)**	**(1.47)**	**(1.62)**	**(3.13)**	**(1.85)**	**(4.99)**	**(3.37)**	**0.00**	**(7.95)**	**(5.72)**	**(13.68)**	**(13.68)**

The table above shows the YTD deficit of £4.99m, £3.37m 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 £8.50m are £1.69m higher than planned. This reflects the increased pressures driven by Covid-19 from July, with an increase in positive patients, workforce unavailability and super surge mitigations including Cardiac Cath beds, Discharge Lounge beds, Lyndhurst Ward and enhanced cleaning costs.

The table includes the Vaccination Programme, YTD costs of £18.04m (£16.43m Pay and £1.61m Non pay), are £2.18m 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		FY22 Variance		M9 Target		M9 Actual		M9 Variance		YTD Target		YTD Actual		YTD Variance	
FIP £5.95m	ERF £1.84m	FIP £4.92m	ERF £1.43m	FIP (£1.02m)	ERF (£0.41m)	FIP £0.71m	ERF £0.16m	FIP £0.38m	ERF £0.14m	FIP (£0.26m)	ERF (£0.03m)	FIP £3.80m	ERF £1.36m	FIP £2.95m	ERF £1.15m	FIP (£0.86m)	ERF (£0.21m)
£7.79m		£6.35m		(£1.44m)		£0.87m		£0.52m		(£0.35m)		£5.17m		£4.10m		(£1.07m)	

Overall Status	
R	Red 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 £1.44m below target.

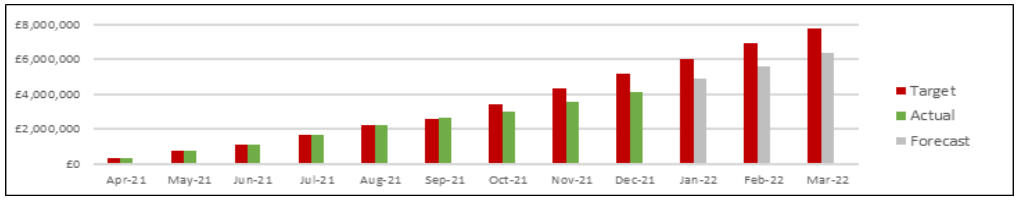
YTD Delivery

1. As at Q3 the YTD delivery is behind target by £1.07m. The main drivers are the Same Day Emergency Care Programme (SDEC) (£0.45m), the Procurement Programme (£0.08m), the Variable Pay Programme (£0.23m) and the Estates and Facilities Programme (£0.08m).
2. The Estates and Facilities Programme is expected to deliver against target in Q4. Urgent work is ongoing in relation to ensuring the Procurement and SDEC Programmes 'catch-up'.
3. The schemes predicated on Elective Recovery Fund (ERF) income are also behind plan (£0.21m) which is mainly due to COVID related pressures resulting in an increase in non-elective activity. ERF is predicated on system delivery which has resulted in a much lower-than-anticipated payment; a position that could get worse as operational pressures continue to worsen.
4. The main programmes ahead of plan are the D&O Division FIP (£0.02m), Pathology Programme (£0.02m) and the Corporate Division FIP (£0.11m).

Mitigation

1. Mitigation work has up until now focused on expediting the variable pay programme and increasing Elective Activity. COVID related pressures are however making it difficult to reduce variable pay levels (due to staff absences) and increase elective activity levels (due to non-elective demand).
2. Mitigation will therefore focus, in the immediate term, on non-medical pay underspends and 'general' underspends across all budget lines.
3. We are also focusing on determining the impact that the SDEC unit and associated pathways have had on the Trusts underlying financial position.

Item 1: Cumulative Phased Forecast Savings Plan



Item 2: Summary by Programme

(Note: ERF actual figures are estimated)

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

Programme	Month 9 YTD Forecast			Month 9 YTD Actual			Delivery RAG
	FIP	ERF	Total	FIP	ERF	Total	
Outpatients Innovation	£9,498	£819,000	£828,498	£10,410	£813,754	£824,164	
Theatres Productivity	£252,180	£545,455	£797,635	£277,842	£340,909	£618,751	
Variable Pay Programme	£237,900	£0	£237,900	£0	£0	£0	
Comparative and Benchmarking - SDEC	£450,000	£0	£450,000	£0	£0	£0	
Comparative and Benchmarking - Procurement	£85,650	£0	£85,650	£0	£0	£0	
Comparative and Benchmarking - Estates and Facilities	£80,000	£0	£80,000	£0	£0	£0	
Comparative and Benchmarking - Workforce	£16,500	£0	£16,500	£0	£0	£0	
Pathology Transformation	£0	£0	£0	£15,270	£0	£15,270	
Transactional - Trust Wide	£1,708,500	£0	£1,708,500	£1,708,500	£0	£1,708,500	
Transactional - Corporate	£364,500	£0	£364,500	£477,500	£0	£477,500	
Transactional - D&O	£144,517	£0	£144,517	£166,497	£0	£166,497	
Transactional - Medicine	£15,000	£0	£15,000	£0	£0	£0	
Transactional - Surgery	£86,570	£0	£86,570	£41,730	£0	£41,730	
Transactional - UEC	£0	£0	£0	£0	£0	£0	
Transactional - W&C	£25,780	£0	£25,780	£780	£0	£780	
COVID Spend Reduction	£250,000	£0	£250,000	£250,000	£0	£250,000	
Unallocated	£77,797	£0	£77,797	£0	£0	£0	
Total	£3,804,392	£1,364,455	£5,168,847	£2,948,529	£1,154,663	£4,103,192	