Mid-Nottinghamshire Integrated Care Partnership

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Single Oversight Framework

Reporting Period: M11

2021/22

Inspected and rated
Good
CareQuality Commission

Single Oversight Framework – Month 11 Overview (1)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care (exception reports pages 11 -14)	During February we continued to experience the impact of the Omicron variant against a back drop of increased external delays for patients medically safe for discharge. This has unfortunately resulted in crowding within the Emergency Department and opening of additional capacity over and above the ambitious winter plan. Despite this the care delivered to our patients has remained as safe as possible and of high quality. We have had no serious incidents declared that were attributed to staffing levels. Hospital acquired pressure ulcers remain consistently low. Infection control remains high on the agenda, both in terms of our Covid-19 response and continued focus on reduction of Cdiff cases. There are 4 exception reports for February 2022: **COVID-19**: during February we had 13 hospital acquired cases (YTD 85). Covid 19 outbreaks are being managed in accordance with national guidance with oversight from UKHSA and NHSE/I. All hospital aacuired cases are subject to root cause analysis to ensure a cycle of continuous improvement. **MRSA**: performance 2 cases this financial year. Detailed review across the system has taken taken place with learning identified and associated actions being delivered. **VTE risk assessments**: performance 92.6% (YTD 93.3%) target 95%. Manual data collection recommenced and compliance with this care process is expected to improve. **Cardiac arrest rate**: performance 1.59 (YTD 1.18) against a target of <1.0. Rate remains low, all cardiac arrests have been reviewed, no lapses in care contributing to deterioration.	MD, CN

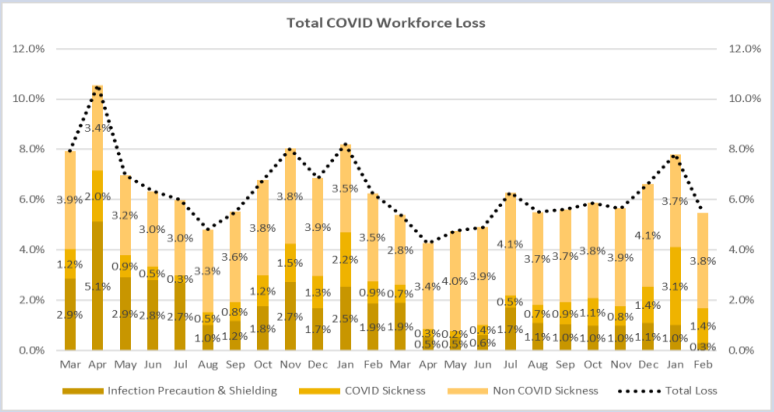
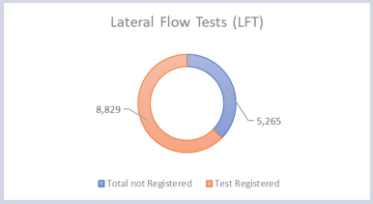
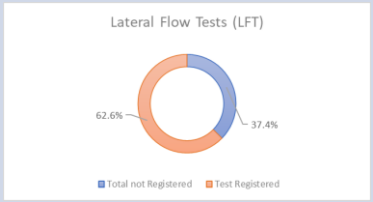
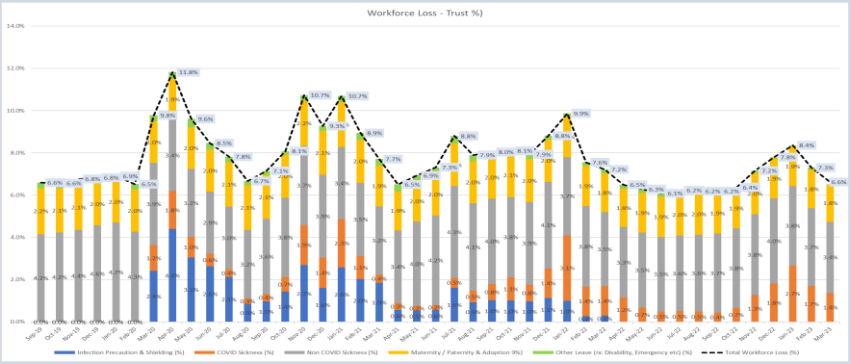
Single Oversight Framework – 11 Overview (2)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
People & Culture (exception reports)	**People** During M10 we have noted a decrease in the overall sickness absence level, sickness absence levels were recorded at 5.2%. It also sits the Trusts performance below the upper SPC level but above the Trust target (3.5%). Our workforce loss forecasting predicts this will continue to reduce over the next few months. Additional activity is evidenced through the services provided from the Trust **Occupational Health** Service, during M10 there has been decreased activity level, however the activity still sits above plan. It I anticipated that this level will continue to decrease over the next few months. Across M10 **appraisals** levels have shown a marginal decrease and currently sit at 85%, this is below the Trust targe, we are anticipating a continual increase to the appraisal levels over the next few months. People, Culture and Improvement strategy and key priorities identified for 2022/2025, latest draft shared at Culture and Improvement Cabinet on 15th February, along with a Q3 update on 21/22 priorities. **Culture and Engagement** ▪ Update provided to Culture and Improvement Cabinet on a Culture Insights process and key themes. April agenda item on PCI Committee. ▪ National Staff Survey 21 closed at 66.4% embargo lifted and nationally released 30 March. Ongoing internal communications and planning. ▪ New OD and Engagement Partner model deployed to support Divisions and increase visibility and organisational insight. ▪ SFH Proud2bAdmin event in planning stage to celebrate World Admin Day in April. **Improvement** ▪ F2F ICS-wide QI training restarted with QSIR Cohort 12 on 23rd Feb ▪ Second cohort of trainee doctors 'QIP Club' launched to coach through Clinical Audit and Improvement ▪ Review and re-set of Improvement and Learning Sub Cabinet with 22/23 focus including increasing visibility of QI offer and increasing citizen engagement in QI ▪ QI project on Discharge and flow scoped in February, ready for launch in April ▪ SFH QI Maturity Matrix closed end Feb with EMAHSN collating the results independently ▪ 360 Clinical Effectiveness Review concluded and report due in April ▪ SCORE Safety Attitude Questionnaire Business Case approved by Executive Team and currently being commissioned. **Learning and Development** ▪ People Development Sub-Cabinet held with good attendance and ToR approved ▪ Mandatory & Statutory Training Compliance as of end of Feb shows 88%, increasing from 86% in Jan. MAST Recovery Task & Finish Group launched in Feb, key actions identified; workbook reviews with subject leads and the creation of a Governance group to be developed.	DOP, DCI

Single Oversight Framework – Month 11 Overview (3)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
People & Culture (exception reports 15 - 17)	**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 February 2022 was 5.5%, (January 2022 7.8%). **Lateral Flow Tests** – Overall there were 14,094 test distributed, with 8,829 test registered (62.6%). Of the completed tests there has been 1,622 positive test (0.6% positive results). This increase is due to the Omicron variance    We have undertaken some **forecasted sickness modelling** until March 2023. The forecasts includes Infection Precaution, COVID and non COVID sickness, maternity and other leave types (inc emergency leave etc). The modelling shows that our sickness will peak each Winter. We have assumed that after March there will not be a need to self isolate. 	DOP, DCI

Single Oversight Framework – M10 Overview

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Timely care (exception reports pages 18-22)	Emergency attendances in February slightly increased at 456 against the month of January, which had an average daily attendance of 424. This was further exacerbated with attendances peaking at or around 500 18 times over the 28 day period. Overall occupancy within the trust remained high with peak days reaching above 98%. The increase in the number of patients who are medically safe waiting for home care remains the key driver in high bed occupancy as demand has actually fallen below 19/20 corresponding months in the past quarter (although some this may be Covid related in January 22). The number of patients who are MFFD awaiting onward placement has increased further and is driven by severe workforce capacity issues in the homecare market, exacerbated by Covid+ colleagues working in that sector. Additional beds remain open and additional staffing is still in place 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, but at this stage is not having the impact forecast on the trajectory. For cancer services, the number of patients waiting more than 62 days on a suspected cancer pathway at the end of February has reduced to 122 patients, adverse to the original trajectory set in H1 but better than the re-forecast position of 127 set in H2. An exception report detailing the root cause and actions being taken is included. 62 day performance for January was 52.7% which holds the Trust national ranking at 100th/126. January's 62 day performance nationally was 61.8% and as a Nottinghamshire system 56.6%. The average wait for first definitive treatment in January was 67 days (55 in January 20) and the 85th percentile wait was 93 days v 89 days in Jan 20'. The number of patients waiting 104 days at the end of January was 39 (23 in January 20). The Faster Diagnosis Standard (FDS) failed to achieve the 75% standard in January at 69.7%, giving a national ranking of 50th/125 (rank 36th in December). For elective care in February the Trust delivered 106% of 19/20 activity levels and whilst the size of the waiting list was 3.6% 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 76% against 19/20 levels. As previously reported to Board the root cause of inpatient activity below 19/20 remains the shift to day case activity predominantly in medical specialties in addition to surgical specialties (specifically general surgery and urology) as a result of short term (now resolved) urology staffing pressures and patients cancelling after testing positive for covid. The published national median wait for incomplete pathways at the end of January was 12 weeks and 92nd percentile 37 weeks; for the Trust it was 10 and 33, these waits have been maintained for February. Pre pandemic waits for the Trust were at 7 and 22 weeks. Diagnostics continue to perform well despite increased pressure from both emergency and cancer pathways. Insourcing has begun to reduce the volume of patients waiting for a non obstetric ultrasound. Mutual aid remains in place across the Nottinghamshire with both trusts supporting each other where there is inequity of wait.	COO

Single Oversight Framework – Month 11 Overview (5)

Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Best Value care (exception reports pages 23 - 25)	The Trust has reported a deficit of £1.18m for the month of February 2022 (Month 11). This represents an adverse variance to plan of £1.83m. Expenditure for the month totals £38.36m and includes the direct Covid-19 costs of £0.90m and costs relating to the Covid-19 vaccination programme of £1.11m, with offsetting income of £1.11m assumed. Based on the initial system-level calculation of elective recovery, no Elective Recovery Fund (ERF) income is included for the month of February. The reported year-to-date position to the end of February 2022 is a deficit of £8.51m, an adverse variance of £8.19m 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 forecast outturn for 2021/22 remains at a deficit of £13.34m (on an ICS achievement basis). The Financial Improvement Programme (FIP) delivered savings of £0.53m in February, compared to a plan of £0.87m. Year-to-date savings of £5.23m have been reported and the current forecast for the full year 2021/22 shows expected savings of £6.36m, which represents a shortfall against revised plan of £1.68m. Capital expenditure to the end of February 2022 totals £11.84m, which is £1.87m lower than planned. The closing cash position is £7.85m. The cash flow forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required.	CFO

Single Oversight Framework – M11 Overview (1)

Sherwood Forest Hospitals
NHS Foundation Trust

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Patient safety incidents per rolling 12 month 1000 OBDs	>41	Feb-22	46.47	42.67		G	CN	M
All Falls per 1000 OBDs	6.63	Feb-22	7.00	6.71		A	CN	M
Number of Assisted Falls	TBC	Feb-22	107	7				
Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Feb-22	21.87	17.18		G	CN	M
Covid-19 Hospital onset	<37	Feb-22	85	13		R	CN	M
Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Feb-22	1.04	5.73		R	CN	M
Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Feb-22	10.41	11.46		G	CN	M
Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jan-22	93.3%	92.6%		R	CN	M
Safe staffing care hours per patient day (CHPPD)	>8	Feb-22	9.0	9.0		G	CN	M
Complaints per rolling 12 months 1000 OBD's	<1.9	Feb-22	1.52	1.43		G	MD/CN	M
Recommended Rate: Friends and Family Accident and Emergency	<90%	Feb-22	91.4%	93.9%		G	MD/CN	M
Recommended Rate: Friends and Family Inpatients	<96%	Feb-22	97.8%	97.9%		G	MD/CN	M
Cardiac arrest rate per 1000 admissions	<1.0	Feb-22	1.18	1.59		R	MD	M

Single Oversight Framework – M11 Overview (2)

Sherwood Forest Hospitals
NHS Foundation Trust

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Sickness Absence	3.5%	Feb-22	4.8%	5.2%		R	DoP	M
Take up of Occupational Health interventions	800 - 1200	Feb-22	24941	1799		R	DoP	M
Flu vaccinations uptake - Front Line Staff	TBC	Feb-22	76.3%	-				DoP
Employee Relations Management	<10-12	Feb-22	107	5		G	DoP	M
Vacancy rate	>6.0%	Feb-22	5.3%	3.0%		G	DoP	M
Mandatory & Statutory Training	<90%	Feb-22	87.0%	88.0%		A	DoP	M
Appraisals	<95%	Feb-22	88.0%	85.0%		R	DoP	M

Single Oversight Framework – M11 Overview (3)

Sherwood Forest Hospitals
NHS Foundation Trust

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of patients waiting >4 hours for admission or discharge from ED	>90%	Feb-22	86.2%	84.5%		R	COO	M
Mean waiting time in ED (in minutes)	220	Feb-22	177	181		G	COO	M
Number of patients who have spent 12 hours or more in ED from arrival to departure	TBC	Feb-22	945	133			COO	M
Mean number of patients who are medically safe for transfer	22	Feb-22	68	91		R	COO	M
Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<10%	Feb-22	3.8%	3.3%		G	COO	M
Number of patients waiting over 62 days for Cancer treatment	49	Feb-22	-	122		R	COO	M
Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Jan-22	76.4%	69.7%		R	COO	M
Elective Day Case activity against Yr2019/20	95.0%	Feb-22	97.5%	95.6%		G	COO	M
Elective Inpatient activity against Yr2019/20	95.0%	Feb-22	73.0%	75.6%		R	COO	M
Elective Outpatient activity against Yr2019/20	95.0%	Feb-22	99.6%	107.2%		G	COO	M
Number of patients on the elective PTL	37408	Feb-22	-	38,779			COO	M
Number of patients waiting over 1 year for treatment	1006	Feb-22	-	622				
Number of patients waiting over 2 years for treatment	22	Feb-22	-	16				
Number of completed RTT Pathways against Yr2019/20	≥89%	Feb-22	102.6%	103.6%		G	COO	M

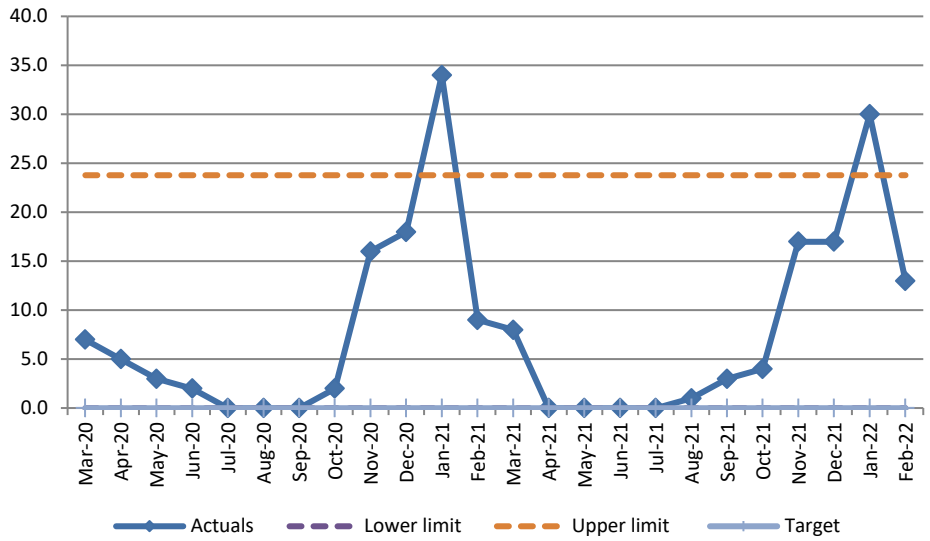
Single Oversight Framework – M11 Overview (4)

Sherwood Forest Hospitals
NHS Foundation Trust

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Trust level performance against Plan	£0.00m	Feb-22	-£8.19m	-£1.83m		R	CFO	M
Underlying financial position against strategy	£0.00m	Feb-22	tbc	tbc			CFO	M
Trust level performance against FIP plan	£0.00m	Feb-22	-£1.68m	-£0.34m		R	CFO	M
Capital expenditure against plan	£0.00m	Feb-22	-£1.87m	£0.19m		A	CFO	M

Covid-19 Hospital onset	<37	Feb-22	85	13		R	CN	M

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- All cases of Covid-19 deemed to be hospital associated are subject to an RCA.
- New cases identified 8 days post admission are deemed probable hospital acquired and new cases identified 15 days or more after admission are definite hospital acquired cases.
- During February we had 9 cases post 8-14 days of admission and 13 cases post 15 days of admission. This is a significant decrease on the number of cases in January which totalled 42.

Root causes	Actions	Impact/Timescale
• The majority of the cases were related to a ward outbreaks of Covid-19 involving both patients and Staff.	• Enhanced cleaning is in place across all outbreak and high risk areas • Daily hand hygiene, PPE and social distancing audits of any areas with an active • Regular outbreak meetings with NHSE/I and UKHSA to monitor progress of the outbreaks • Ensure patients are screened every 48 hours to enable early identification of Covid infection and prevent ongoing transmission. • Ventilation supported by use of mobile ventilation systems in outbreak areas • Colleagues encouraged to utilise lateral flow testing and receive vaccination • Restricted visiting in outbreak areas	• All in place

Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Feb-22	1.04	5.73		R	CN	M

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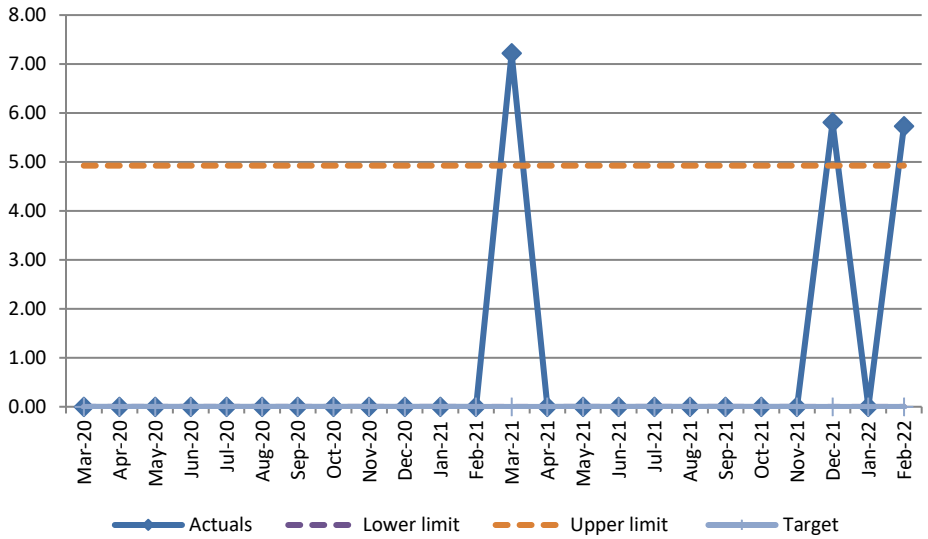


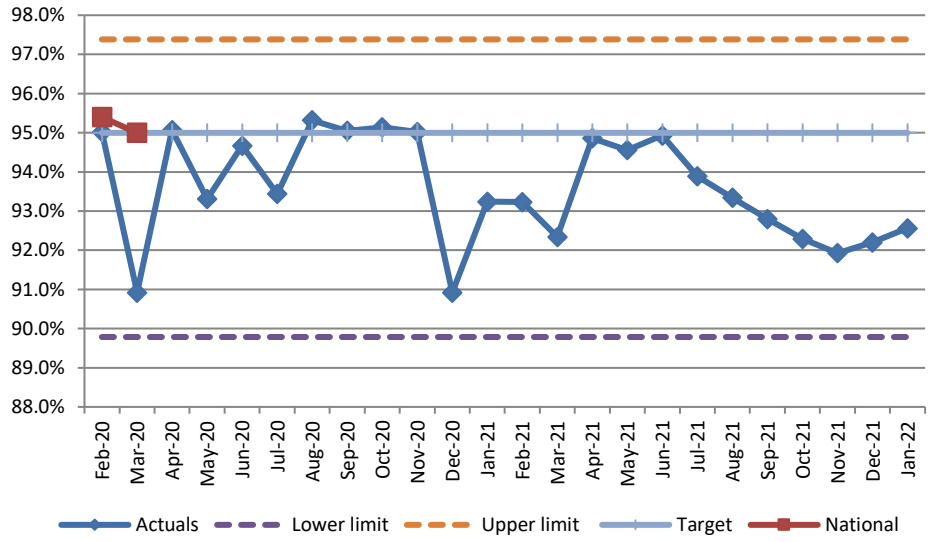
National position & overview

- The Trusts national trajectory for MRSA bacteraemia is zero for 2021-22.
- This is our second MRSA bacteraemia this financial year.
- We reported one case in 2020-21.
- Regionally Chesterfield Royal Hospital is the only organisation that has not breached the zero threshold.

Root causes	Actions	Impact/Timescale
Patient agitated and colonised with MRSA on admission. It is most likely the MRSA entered the blood stream via a cannula. The cannula was deemed to still be required as part of the RCA and had been re-sited.	• Review our practice when maintaining IV access on the ward; particularly in patients who are agitated. • Raise on external meeting to identify any learning from external colleagues on managing complex cases • Undertake monthly audits on cannula care processes. • Increase frequency of audits if compliance reduces. • IPC Team to provide additional update training on cannula management. • Identify an IPC lead nurse for IV Access	• Completed • Completed • On going • On going • April 2022 • April 2022

Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jan-22	93.3%	92.6%		R	CN	M

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- National reporting of VTE risk assessment screening was paused in March 2020 in response to the pandemic. SFH continued with data collection for our own internal monitoring process.
- The national target for VTE screening on admission to hospital is 95%.
- The resumption of the pre-Covid method of data collection, January's compliance standing at 92.56%

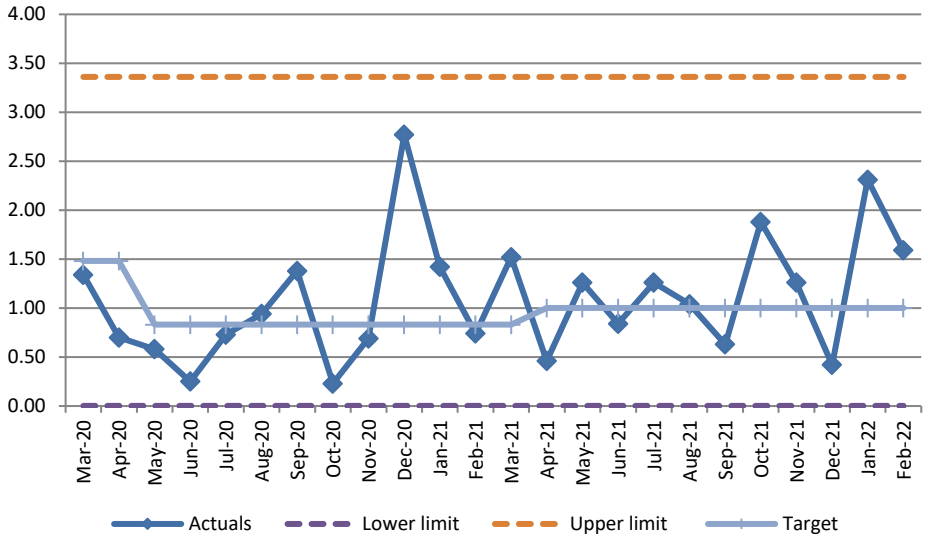
Medicine	97.84%
Surgery	96.71%
Urgent Care	84.12%
W & C	95.55%

- Despite screening compliance not meeting the desired 95% target, the Trust incidence of hospital acquired VTE remains low. There has been one case during November 2021, in the past two years. The patient was successfully treated and has since made a good recovery.

Root causes	Actions	Impact/Timescale
• The GSU team have resumed the pre Covid method of form collection from 1 April 21.	• The GSU team resumed the pre Covid method of form collection from 1st 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.	• GSU to meet with NerveCentre colleagues to support development of the electronic screening tool.	• Completed
	• Electronic screening tool now built based on NG89 standards.	• Completed
• Currently awaiting an electronic solution which may be via EPMA or via NerveCentre.	• Plans for EPMA roll out currently being finalised for presentation to the Executive team for approval.	• EPMA roll out planned to commence end April 2022.
	• NerveCentre VTE screening implementation is strategy not yet agreed/confirmed. A Hazard Workshop is planned (date to be confirmed) where the best approach to roll out will be agreed.	• On going
	• VTE Hazard Workshop to be arranged to identify safe roll out plan.	• Spring 2022

Cardiac arrest rate per 1000 admissions	<1.0	Feb-22	1.18	1.59		R	MD	M

Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

- The annual incidence of in hospital cardiac arrest (IHCA) is 1 to 1.5 per 1,000 hospital admissions (Resus Council UK, 2021)
- We continue to report into NCAA and receive reports. With Low numbers of arrests and wide confidence intervals, continuing caution is needed in interpreting results.

Root causes	Actions	Impact/Timescale
• Cardiac arrest numbers are low across the trust after sustained reductions year on year since 2010. Small to moderate fluctuations in activity appear significant due to this.	• Deep dive of cardiac arrests presented to the QC for assurance • Align SOF threshold to annual incidence of in-hospital cardiac arrest for 2022/23.	• Complete • April 2022
• 1 cardiac arrest was deemed avoidable as patient had DNACPR in place. Community DNACPR was not transferred with the patient to hospital	• Escalated to responsible medical teams for review regarding why lack of form not identified and addressed on admission.	• On going

Sickness Absence	3.5%	Feb-22	4.8%	5.2%		R	DoP	M

Sherwood Forest Hospitals
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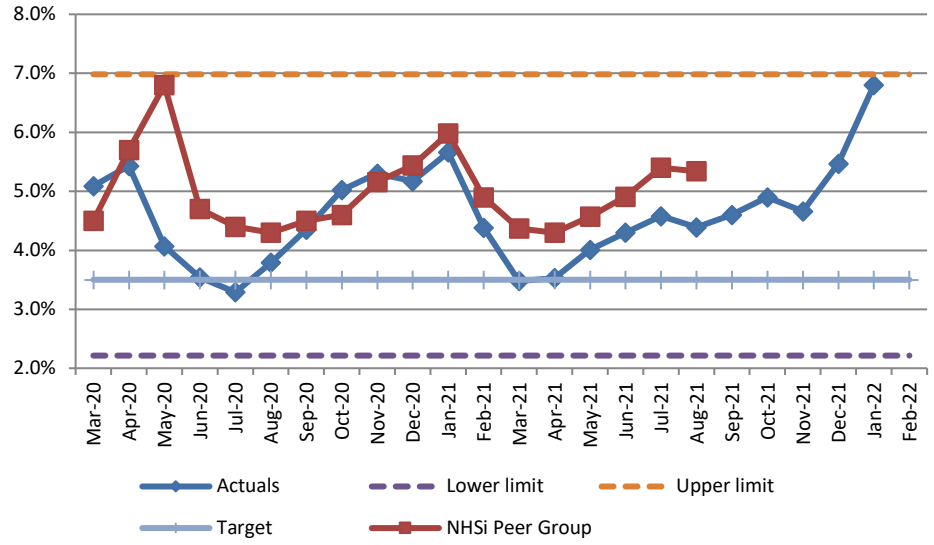


National position & overview

The Trust benchmarks favourably against a national and localised sickness figure, across NHS providers in Nottinghamshire SFH sits below the ICS average (5.9%)

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 has shown a decrease since January 2022 to a position of 5.2% in February 2022. This now sits below the upper SPC and shows and sits above the Trust Target (3.5%). The sickness absence levels is above the sickness absence level in February 2021 (4.2%)

The short term sickness absence rate for February 22 is 3.3%. (January 2021 – 4.9%).

The long term sickness absence rate for February 22 is 1.9%. (January 2022 – 2.0%).

COVID related absence make up 1.4% of the sickness absence level and has shown a gradual decrease from last month

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

Actions

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

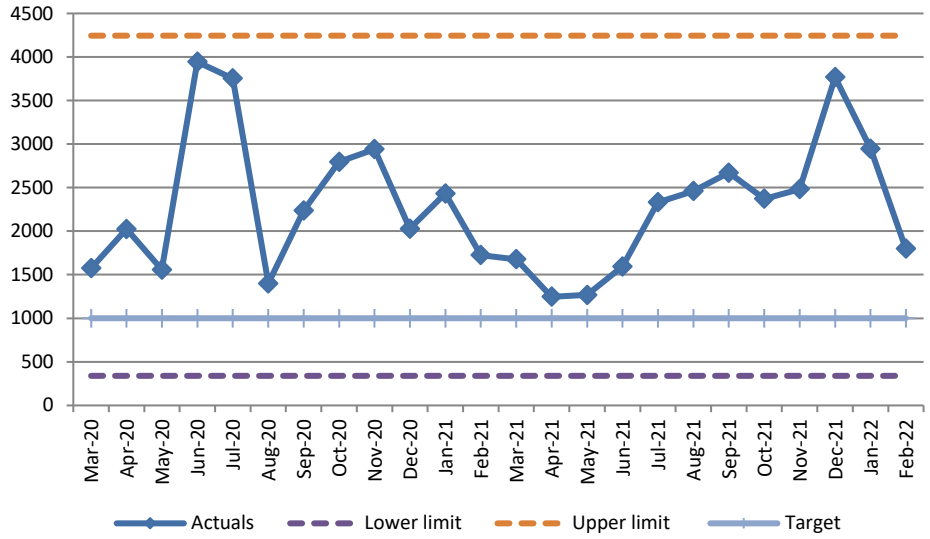
We have forecasted an decrease in sickness absence level over the next few months, to support our workforce during this period we have developed a Winter Wellbeing programme and are continuing to promote the COVID Booster and Influenza vaccine.

Impact/Timescale

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

Take up of Occupational Health interventions	800 - 1200	Feb-22	24941	1799		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.

The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers in Nottinghamshire SFH sits above the ICS average (83.6%)

Root causes

Over the last month there has been a further reduction in the overall workload, however this still remains above the target. The key cause of the increased levels and the 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

The expectations are that this workload will continue to show a decrease until March 22.

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%	Feb-22	88.0%	85.0%		R	DoP	M

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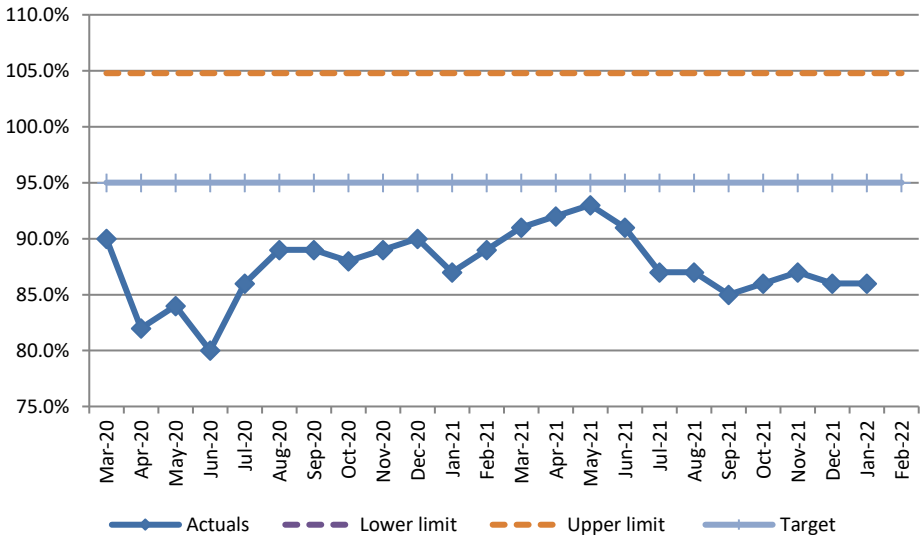
NHS Foundation Trust



National position & overview

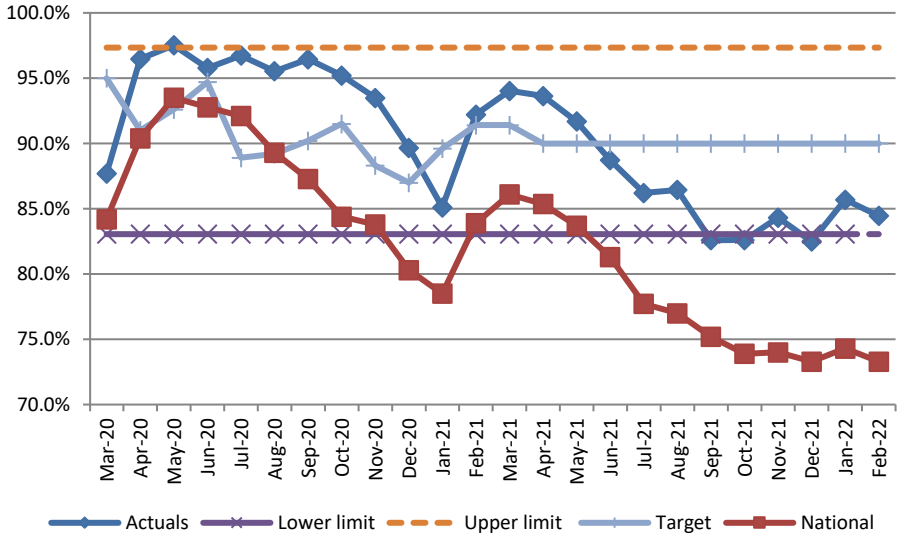
The Trust benchmarks favourably nationally and local intelligence suggests the Trust's appraisal rates are amongst the highest in the region.

The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers in Nottinghamshire SFH sits above the ICS average (83.6%)

Root causes	Actions	Impact/Timescale
The Appraisal position is reported at 85.0%, and shows a reduction from to last month (January – 86.2%) 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.	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%	Feb-22	86.2%	84.5%		R	COO	M

Sherwood Forest Hospitals NHS Foundation Trust

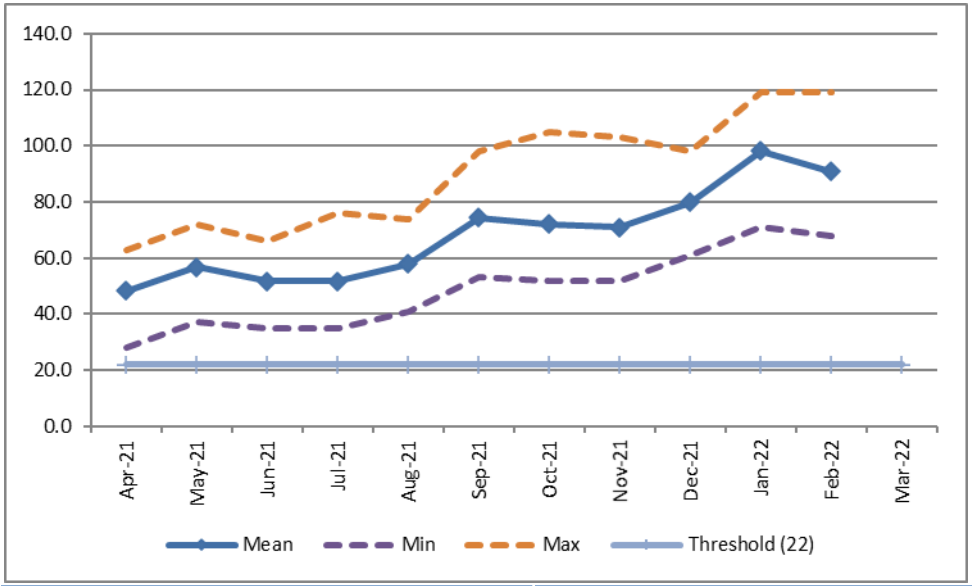


National position & overview

- SFH 84.5% - performance driven by bed exit block from ED which is mainly caused by high numbers of medical fit for discharge patients awaiting onward care outside of SFH.
- National rank 5th out of 111 reporting Trusts
- Attends overall are higher than in February 2020. This is likely to be due to the surge in Covid-19
- Newark UTC performance remained excellent at 99%
- 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 4 wards worth of demand against 3 in January and against a threshold of 1. This is shown in a further slide later in the SOF
- There were 41 patients who waited over 12 hours for admission to a bed, all in the middle of the month where the trust saw a surge in Omicron admission. A sample of these patients have had harm reviews that will go to the patient safety committee for review

Root causes	Actions	Impact/Timescale
Bed capacity pressure – The Trust saw a further surge in COVID admissions mid February which significantly affected performance and the ability to move patients through the urgent and emergency care pathway in a timely way. This was further exacerbated by the increased numbers of MSFT patients which represented 4 wards worth of capacity pressure above the agreed threshold	In line with the winter plan agreed at Board in November, 66 additional beds continue to be open during February. The Respiratory Support Unit opened on 29/12/21 and the Orthopaedic elective ward became a medical ward as planned and will be returned to Orthopaedics in early March. 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. 30 of these beds were opened in January and remained open for the whole of February. 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). The benefits of this plan are yet to be evidenced within the Trust	• Implemented • Implemented • Ongoing • Ongoing

Mean number of patients who are medically safe for transfer	22	Feb-22	68	91		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.
- The super surge capacity has closed with winter capacity remaining open.
- Further work is being undertaken locally to focus on P0 as well as continuing work on P1-P3
- Further national drive to support the roll out of Virtual Wards for early supported discharge is in progress.
- Internal

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.	• Report on P0-3 audit presented internally • Changes to daily meeting escalation process from the MADE outputs • QI programme commencing to focus on ward based discharge process- audit outcomes required • Daily bed capacity received • NHSEI supporting complex transfers and placements • Virtual ward T+F group in progress to launch broader service from 1st April 22 • Trusted Assessor development and training commenced • HoS recruited	March 2022 In place April 22 In place As required on individual basis 1st April 20th March 22 full impact Start date TBC
• 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 IPC issues.	**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	49	Feb-22	-	122		R	COO	M

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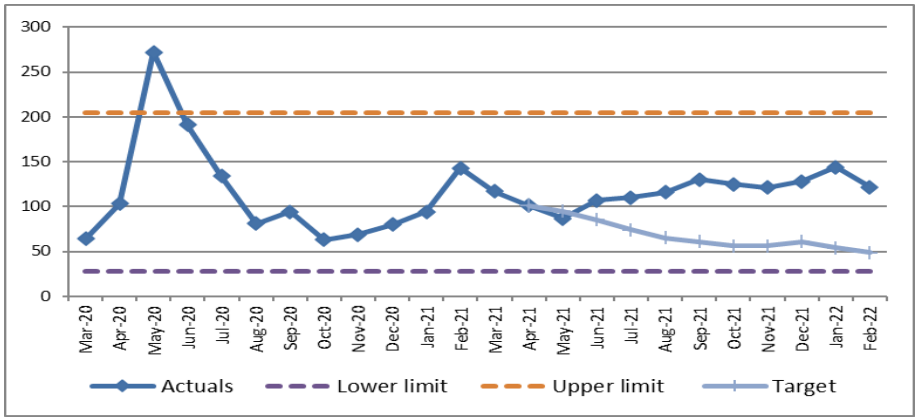

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Original trajectory	98	95	85	74	65	61	56	56	61	54	49	45
Re-forecast							140	132	129	129	127	126
Actual	101	87	110	110	116	130	125	121	128	144	122	

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). February ended at 122, above the trajectory of 49 but below the reforecast of 127.
- The latest wait data shows average waits at 67 days for January 22 against 55 days for January 20 with 85th percentile waits were at 93 days (89 days December 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.
- 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
- ICS assessment and review of sustained increased demand
- Gynaecology mutual aid meetings set up to support tertiary provider with capacity. Likely to extend SFH waits further but support an overall reduction across the system. Derby also supporting tertiary provider with complex cases.

Impact/Timescale

- Appointments started in January 22. Training will be complete by March 22.
- Throughout Q4 21/22 into Q1 22/23:
  - Consultant interviews planned, sufficient capacity now in place with additional sessions planned in March to reduce waits further (waits reduced by 10+ days to date).
  - CSW in post (Jan 22), locum in place (Feb 22).
- Underway – discussions ongoing between COO and Director of Commissioning
- Weekly meetings in place. Supporting protocols have been developed and the first patient has been transferred. Ongoing impact to be confirmed.

Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Jan-22	76.4%	69.7%		R	COO	M

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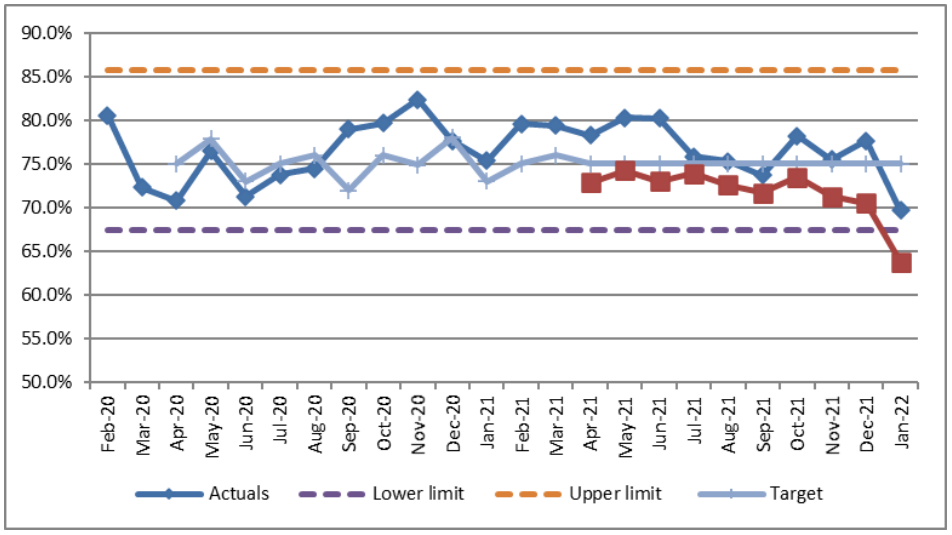

National position & overview

- In the 2021/22 operational planning guidance, NHS England (NHSE) set out a key objective for systems to meet the Faster Diagnosis Standard (FDS) from October 21, initially set at a level of 75%. Data has been published since spring 21.
- In January, 69.7% of patients received their diagnosis by day 28 at SFH, compared to 63.8% nationally and 71.1% as a Nottingham system.
- February's forecast is 82.1%, returning to achievement of the standard.
- The latest FDS data shows average waits for a patient to be informed of their diagnosis to be 23.7 days for January 22 (19.1 days January 21), with 85th percentile waits at 42 days January 22 (36 in January 20).

Root causes	Actions	Impact/Timescale
• Referral increases continue to drive pressure on **triple assessment clinics in breast services**, particularly in terms of radiology staffing and the ability to expand first seen capacity.	• Breast and radiology services are working together closely to review expansion, considering providers and working towards the development of a case. In the meantime, additional capacity is being provided on an ad-hoc basis.	• Ongoing
• A combination of referral increases and staffing challenges have seen pressure in **lower GI**, in terms of **CTC reporting and clinical capacity**. The service continues to see almost 30% more referrals compared to 19/20.	• Radiology continue to outsource reporting however through January, both SFH staff and the external provider's staff experienced increased rates of covid and therefore loss of staff. • Whilst lower GI has made significant improvements in it's backlog with 25 patients in the backlog at the end of February compared to a re-forecast of 50, additional capacity is regularly sought to allow timely clinical review of patients. • A root cause analysis of worsening underperformance has been requested of the lower GI team.	• Resolved • Ongoing

Elective Inpatient activity against Yr2019/20	95.0%	Feb-22	73.0%	75.6%		R	COO	M

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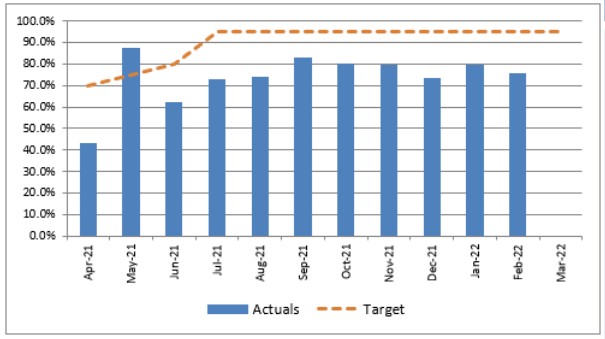
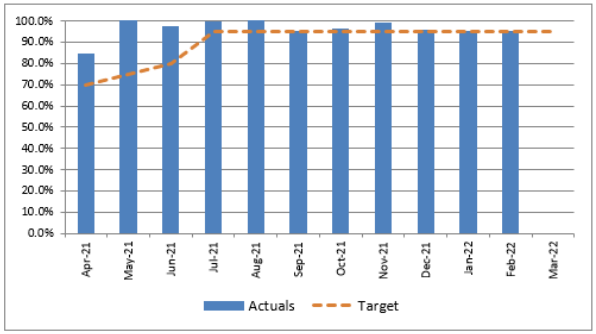
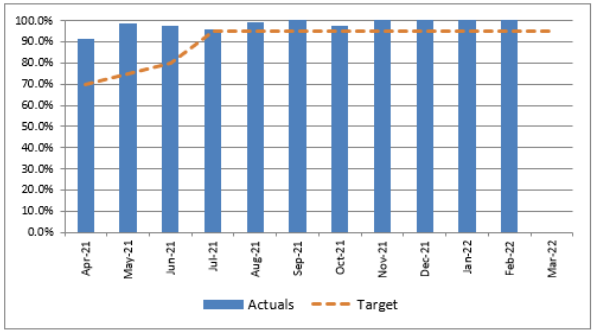
Elective Inpatient activity against Yr2019/20



Elective Day Case activity against Yr2019/20



Elective Outpatient activity against Yr2019/20



National position & overview

- For February 2022 (working day adjusted) the activity volume is at 106% when compared to February 2020 (36,482 vs. 38,620)
- This is further split by:
  - Day case - 96% (3,223vs. 3,371)
  - Outpatient – 107% (35,137 vs. 32,767)
  - Elective inpatient – 76% (260 vs. 344)
- 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 February the volume of clock stops is 104% of 19/20 levels (admitted 90% and non admitted 106%) this is against a backdrop of the impact of the Omicron variant.
- The on-going risk to elective activity due to the Omicron variant continued into early February, although an improved position was noted compared to January. Staffing absence has continued to impact however where possible theatre lists were merged or re-ordered to ensure that negative patients were not cancelled.

Root causes	Actions	Impact/Timescale
• 44% of the IP gap is in surgical specialties, notably in General Surgery and Urology. This continues to be driven by short term capacity issues in urology and is forecast to improve in March. Increased patient cancellations after testing positive have impacted both specialties. • 13% of the gap sits within gynaecology due to reduced theatre capacity, allowing specialties with greater numbers of urgent cases to take priority. • 43% 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.	• Daily surgical prioritisation call established from 04/01 • A shift to day case where appropriate to do continues to be supported	• Staffing and patient position reviewed daily flexing capacity where required to ensure that cancer / urgent and long wait patient operating is maintained.

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M11 Summary

- The Trust has reported a YTD deficit of £8.19m at M11, against a plan of £0.33m deficit.
- The Trust's forecast deficit position of £13.34m for 2021/22 is unchanged from M10.
- Capital expenditure YTD was £11.84m, which is £1.87m lower than planned due to delays in the Estates element of the capital plan.
- Closing cash at 28th February £7.85m. The forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required

	February In-Month (H2 Plan)			YTD			Plan	Forecast	Forecast Variance
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m			
Income	37.88	37.20	(0.68)	414.00	404.11	(9.89)	451.64	442.16	(9.48)
Expenditure	(37.23)	(38.38)	(1.15)	(414.33)	(412.62)	1.71	(451.64)	(455.50)	(3.86)
Surplus/(Deficit) - ICS Achievement Basis	**0.65**	**(1.18)**	**(1.83)**	**(0.33)**	**(8.51)**	**(8.19)**	0.00	(13.34)	**(13.34)**
Capex (including donated)	(0.98)	(1.17)	(0.19)	(13.71)	(11.84)	1.87	(14.69)	(19.81)	(5.12)
Closing Cash	12.18	7.85	(4.33)	12.18	7.85	(4.33)	12.18	8.60	(3.58)

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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	23.75	0.00	23.75	(0.08)	262.22	261.97	0.00	261.97	(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	40.83	40.83	0.00	40.83	0.00	44.54	44.54	0.00	44.54	0.00
ERF	1.27	0.00	0.00	0.00	(1.27)	18.37	4.68	0.00	4.68	(13.69)	19.36	4.68	0.00	4.68	(14.68)
COVID Income	1.73	0.88	0.85	1.73	(0.00)	19.05	10.71	8.34	19.05	(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	6.55	6.55	0.00	6.55	0.00	7.14	7.14	0.00	7.14	0.00
Other Income	6.73	7.39	0.00	7.39	0.66	66.42	70.43	0.00	70.43	4.01	73.20	78.61	0.00	78.61	5.41
Total Income	**37.86**	**36.33**	**0.85**	**37.18**	**(0.68)**	**413.44**	**395.16**	**8.34**	**403.50**	**(9.93)**	**451.06**	**432.35**	**9.19**	**441.54**	**(9.52)**
Expenditure:															
Pay - Substantive	(19.12)	(19.48)	(0.12)	(19.60)	(0.48)	(206.56)	(200.87)	(1.39)	(202.25)	4.31	(224.87)	(221.28)	(1.52)	(222.80)	2.06
Pay - Bank	(3.19)	(2.64)	(0.54)	(3.18)	0.02	(43.88)	(35.08)	(5.01)	(40.09)	3.80	(46.90)	(37.48)	(5.55)	(43.03)	3.87
Pay - Agency	(1.32)	(1.42)	(0.03)	(1.46)	(0.14)	(12.85)	(13.92)	(1.15)	(15.07)	(2.23)	(14.29)	(15.61)	(1.19)	(16.81)	(2.52)
Pay - Other (Apprentice Levy and Non Execs)	(0.13)	(0.14)	0.00	(0.14)	(0.01)	(1.21)	(1.53)	0.00	(1.53)	(0.33)	(1.34)	(1.67)	0.00	(1.67)	(0.33)
Total Pay	(23.76)	(23.68)	(0.69)	(24.37)	(0.62)	(264.50)	(251.40)	(7.55)	(258.94)	5.55	(287.39)	(276.04)	(8.27)	(284.30)	3.08
Non-Pay	(11.25)	(11.52)	(0.21)	(11.73)	(0.48)	(123.64)	(124.35)	(3.04)	(127.40)	(3.76)	(135.09)	(138.50)	(3.43)	(141.93)	(6.84)
Depreciation	(1.07)	(1.12)	0.00	(1.12)	(0.05)	(12.05)	(12.07)	0.00	(12.07)	(0.03)	(13.10)	(13.14)	0.00	(13.14)	(0.04)
Interest Expense	(1.14)	(1.14)	0.00	(1.14)	(0.00)	(13.59)	(13.60)	0.00	(13.60)	(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	(13.46)	(13.78)	(0.21)	(13.99)	(0.53)	(149.27)	(150.03)	(3.04)	(153.07)	(3.81)	(163.67)	(167.15)	(3.43)	(170.58)	(6.91)
Total Expenditure	**(37.21)**	**(37.46)**	**(0.90)**	**(38.36)**	**(1.15)**	**(413.76)**	**(401.43)**	**(10.59)**	**(412.02)**	**1.75**	**(451.06)**	**(443.19)**	**(11.69)**	**(454.88)**	**(3.82)**
Surplus/(Deficit)	**0.65**	**(1.13)**	**(0.05)**	**(1.18)**	**(1.83)**	**(0.33)**	**(6.27)**	**(2.25)**	**(8.51)**	**(8.19)**	**0.00**	**(10.84)**	**(2.50)**	**(13.34)**	**(13.34)**

The table above shows the YTD deficit of £8.51m, £8.19m 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 £10.59m are £2.19m 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 £20.12m (£18.24m Pay and £1.88m Non pay), are £2.89m 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		M11 Target		M11 Actual		M11 Variance		YTD Target		YTD Actual		YTD Variance	
FIP £5.95m	ERF £1.84m	FIP £4.18m	ERF £1.56m	FIP (£1.77m)	ERF (£0.28m)	FIP £0.71m	ERF £0.16m	FIP £0.41m	ERF £0.12m	FIP (£0.30m)	ERF (£0.04m)	FIP £5.23m	ERF £1.68m	FIP £3.78m	ERF £1.45m	FIP (£1.45m)	ERF (£0.23m)
£7.79m		£5.74m		(£2.05m)		£0.87m		£0.53m		(£0.34m)		£6.91m		£5.23m		(£1.68m)	

Overall Status

R — Red rated due to YTD and full year forecast delivery.

Forecast Movement

1. Based on current forecasts the full year variance will be £2.05m below target. This has deteriorated by £0.63m from month 10. This is due primarily to:

a. The removal of savings associated with the Same Day Emergency Care Programme (SDEC), due to difficulties in agreeing the quantification of financial benefits (£0.3m);
b. The Estates and Facilities Programme, whereas the Medirest scheme has slipped into 2022-23 (0.16m);
c. The Procurement programme, due to a number of consumable schemes that have slipped into 2022-23 (£0.13m); and
d. Elective Recovery Funding under achievement (£0.07m).

2. Corporate non-recurrent pay underspends, the Orthopaedic Prosthesis project and the D&O Divisional Financial Improvement Plan have improved their individual forecasts (£0.04m).

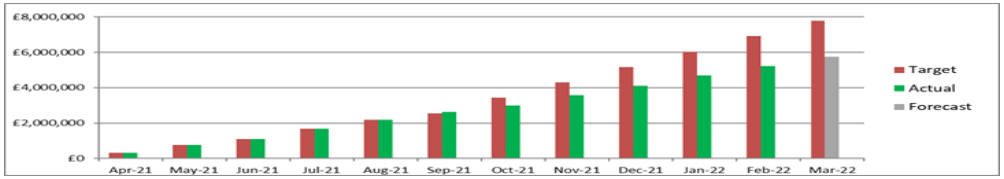
Mitigation

1. Mitigation work continues to focus on non-medical pay underspends and 'general' underspends across all budget lines. We are also pursuing all opportunities to realise benefits earlier than originally planned.

2022/23 – 2024/25 Planning

1. Support continues to be targeted at Divisions to help review and evaluate the Benchmarking information provided to inform their Transformation and Efficiency plans.
2. Focused work continues with programmes and/or individual schemes that did not deliver in 2021-22 (such as the Variable Pay Programme, Procurement Programme and Estates and Facilities Programme). These have all been transferred to 2022-23.
3. Work continues with the Divisional Finance Managers to understand the bridge of opportunities from 2019-20 spend to 2022-23 budgets, to highlight 'cost increase-cost out' opportunities.

Item 1: Cumulative Phased Forecast Savings Plan



Item 2: Summary by Programme

(Note: ERF actual figures are estimated)

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

Programme	Month 11 YTD Target			Month 11 YTD Actual			Delivery RAG
	FIP	ERF	Total	FIP	ERF	Total	
Outpatients innovation	£11,609	£1,001,000	£1,012,609	£14,024	£1,110,694	£1,124,718	
Theatres Productivity	£308,220	£681,818	£990,038	£312,626	£340,909	£653,535	
Variable Pay Programme	£396,500	£0	£396,500	£0	£0	£0	
Comparative and Benchmarking - SDEC	£750,000	£0	£750,000	£0	£0	£0	
Comparative and Benchmarking - Procurement	£142,750	£0	£142,750	£0	£0	£0	
Comparative and Benchmarking - Estates & Facilities	£133,333	£0	£133,333	£0	£0	£0	
Comparative and Benchmarking - Workforce	£27,500	£0	£27,500	£0	£0	£0	
Pathology Transformation	£0	£0	£0	£18,690	£0	£18,690	
Transactional - Trustwide	£2,088,167	£0	£2,088,167	£2,088,167	£0	£2,088,167	
Transactional - Corporate	£445,500	£0	£445,500	£654,000	£0	£654,000	
Transactional - D&O	£176,632	£0	£176,632	£203,029	£0	£203,029	
Transactional - Medicine	£25,000	£0	£25,000	£0	£0	£0	
Transactional - Surgery	£137,506	£0	£137,506	£71,599	£0	£71,599	
Transactional - UEC	£0	£0	£0	£0	£0	£0	
Transactional - W&C	£42,620	£0	£42,620	£963	£0	£963	
Covid spend Reduction	£416,667	£0	£416,667	£416,666	£0	£416,666	
Unidentified	£129,661	£0	£129,661		£0	£0	
Total	£5,231,664	£1,682,818	£6,914,482	£3,779,754	£1,451,603	£5,231,357	