



# Single Oversight Framework

Reporting Period: Q4  
2021/22

Inspected and rated

Good



# Single Oversight Framework – Q4 Overview (1)



Sherwood Forest Hospitals  
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care	<p>During quarter 4 we continued to experience the significant impact of Covid-19 variants, this presented significant workforce loss across the system and increased external delays for patients medically safe for discharge. This has resulted in continued crowding within the Emergency Department and opening of additional inpatient capacity above what was scheduled as part of the 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 a priority, both in terms of our continued Covid-19 response and executive focus on the reduction hospital associated Cdfff cases.</p> <p>During quarter 4 there are 8 exception reports:</p> <ul style="list-style-type: none"> <li>• <b>Rolling 12 month never events:</b> 2 never events declared during this period. Year to date we have had 5, with 4 being categorised wrong site surgery and compliance with WHO checklist, positive patient identification and marking of the surgical site. A thematic review of all has been commissioned.</li> <li>• <b>STESIS reportable incidents:</b> 8 declared during quarter 4. 5 related to Nosocomial Covid-19 deaths. All incidents are currently being investigated in accordance with trust process.</li> <li>• <b>Falls:</b> the falls rate for quarter 4 is 8.45, which remains above the national average of 6.63. Extensive work is being undertaken by the falls team to reduce falls with significant progress being made to reduce the number of repeat fallers.</li> <li>• <b>COVID-19:</b> during March we have had 26 hospital acquired cases (YTD 111). Covid-19 outbreaks are being managed in accordance with UKHSA/NHS I/E guidance. All hospital associated cases undergo root cause analysis.</li> <li>• <b>VTE risk assessments:</b> performance 92.5% (YTD 93.2%) target 95%. Manual data collection recommenced and data collection has significantly improved.</li> <li>• <b>Dementia:</b> current performance 87.4% (YTD 70.6%) against a target of &gt;90%. The compliance rate has remained greater than 80% for the last 6 months. Improvement plan continues to be delivered successfully.</li> <li>• <b>HSMR:</b> YTD 113.1. The learning from deaths update in April demonstrated that Covid-19 continues to impact on HSMR data.</li> <li>• <b>Cardiac arrests rate:</b> performance 1.20 (YTD 1.21) against a threshold of &lt;1.0. A thematic review has been considered by the Quality Committee which demonstrates our rate is in line with the national average and below peer trusts.</li> </ul>	MD, CN

# Single Oversight Framework – Q4 Overview (2)



Sherwood Forest Hospitals

Domain	Overview & risks	Lead
<p><b>People &amp; Culture</b></p>	<p><b>People</b></p> <p>During Q4 we saw fluctuations in our sickness absence levels and overall workforce loss, sickness absence levels peaked in January 2022 to 6.8%, which sat higher than the Trust target, this is as a result of the regional/national trend and impact of COVID19, this was an expected increase. However since January 2022 absence levels have remained high and showed an additional peak in March 2022 (6.2%).</p> <p>Although this second peak we influenced by COVID we are also seeing elevated non COVID absence level. The data shows this as an increase in stress and anxiety reasons, which we are planning how we can support.</p> <p>Additional activity is evidenced through the services provided from the Trust <b>Occupational Health</b> Service, during Q4 there has been increased activity due to the Flu vaccine delivery and wider impact of the pandemic and additional omicron wave, We have seen a reduction to the overall levels since last quarter this still remains above target.</p> <p>Overall resourcing indicators between January to March 2022 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.</p> <p>Across Q4 <b>appraisals</b> levels have been relatively stable and currently sit at 85%, 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.</p> <p>Our Mandatory <b>Training and Development</b> compliance has seen a strong increase and currently sits at 90%. Mandatory Training workbook reviews are currently underway, with ToR for a Learning Governance Group being established that will provide a more uniform and considered approach to the discussion around MAST learning activity, along with exploring portability around learning from existing NHS Providers for new starts as part of their induction to the Trust.</p> <p>There has been a focus on increasing access for colleagues to the <b>Covid-19 vaccine</b> across Q4 due to the requirements at the time to meet Vaccination as a condition of deployment (VCOD) for all healthcare workers, that was subsequently revoked. The coordinated efforts resulted in 95.2% of substantive workforce receiving 2 vaccines and 80% of the substantive workforce receiving a Booster vaccine.</p> <p>The annual flu campaign also concluded in Q4 with a final uptake figure of 76%, the uptake was lower than past years and consistent with other Trusts, but performance was significantly above the national uptake average of 60.5%, and Midlands region of 61.5%</p>	<p>DOP, DCI</p>

# Single Oversight Framework – Q4 Overview (2)



Sherwood Forest Hospitals

Domain	Overview & risks	Lead
<p><b>People &amp; Culture</b></p>	<p><b>Improvement</b></p> <p>As part of the vision for Continuous Improvement at SFH, a QI Maturity Matrix survey was deployed with the senior leadership team in December 21, with the results being collated by EMHSN for formal feedback in in June 22. Ensuing actions will feedback into the PCI Strategy. Face to face QSIR ‘silver level’ training resumed in March 22 and 39 colleagues have undergone QI training in Q1 as part of both bronze and silver level offers. There was a reduction in QI projects and Bright Spark ideas over Q4 due to organisational challenges and lack of colleague engagement activities – team leader and shared governance training opportunities; the delayed ‘QI module’ is due to be launched in April 22, which will mitigate this. Significant progress continues at system level to develop an integrated QI/OD approach.</p> <p><b>Cultural Engagement</b></p> <p>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%. Key headlines from Picker reports were released from embargo at the end of March 22. Engagement of the results is well in train across the Trust and Divisional level to determine associated priorities for improvement. The Trust sits very favourably ranking 1st in the Midlands and overall 3rd nationally across the People Promise pillars.</p> <p>A new SFH culture insights tool was shared at the People, Culture and Improvement Committee with implementation due in June 22.</p> <p>Winter Wellbeing campaigns ran throughout Jan-March 22, providing support to keep colleagues well and at work. Offers in place including NHSI Leadership Circles and ‘go to’ partnership model.</p>	<p>DOP, DCI</p>

# Single Oversight Framework – Q4 Overview (3)



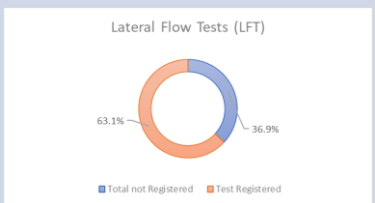
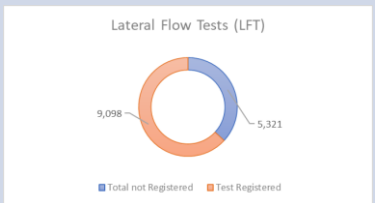
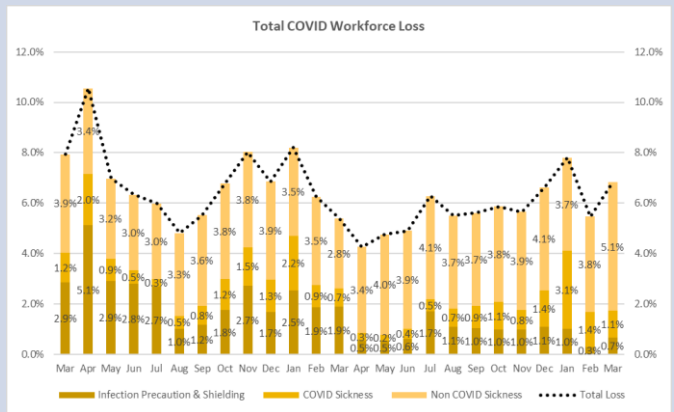
Sherwood Forest Hospitals  
NHS Foundation Trust

Domain	Overview & risks	Lead
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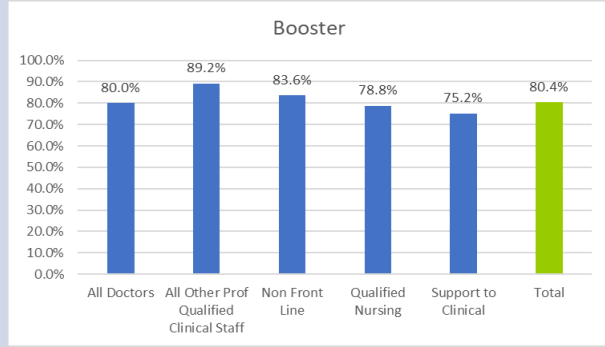
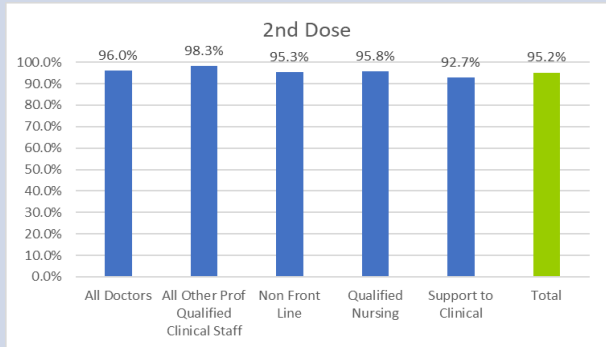
People & Culture

**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 March 2022 was 6.8%, (February 2022 5.5%). **Lateral Flow Tests** – Overall there were 14,419 test distributed, with 9,098 test registered (63.1%). Of the completed tests there has been 2,363 positive test (0.8% positive results). This increase is due to the Omicron variance.

DOP, DCI



**COVID Vaccination** – The charts below represent our vaccination levels, however these show a position as at February 2022. This gap in reporting is due to the national removal of NIMs, that we used for all vaccination reporting. The access to this is under consultation and as a result we are only able to under that vaccination levels at the beginning of February 2022. However we are looking at internal sources of reporting to mitigate this issue.



# Single Oversight Framework – M10 Overview



Sherwood Forest Hospitals  
NHS Foundation Trust

Domain	Overview & risks	Lead
<p><b>Timely care (exception reports pages)</b></p>	<p>Emergency attendances in March increased by 8% with an average of 495 per day against 456 in the month of February. This was also 30% higher than March 2021 where there was 378 per day. This was further exacerbated with attendances peaking at or around 500 11 times over the 31 day period, with one day exceeding 600. Overall occupancy within the trust remained high with peak days reaching to almost 98%. The increase in the number of patients who are medically safe waiting for home care remains the key driver in high bed occupancy. 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+ absence and nursing home closures. Additional SFH beds remain open to try to suppress occupancy 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 MFFD growth with a trajectory in place, but at this stage is not having the desired impact.</p> <p>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 99 patients, adverse to the original trajectory set in H1 but better than the re-forecast position of 126 set in H2. An exception report detailing the root cause and actions being taken is included. The number of patients waiting 104 days at the end of February was 51 (54 in February 21). The Faster Diagnosis Standard (FDS) achieved the 75% standard in March at 81.7%.</p> <p>For elective care in March the data baseline comparator month was affected by the start of the COVID 19 pandemic and the reduction in elective procedures and outpatient appointments in response to the national incident. March 2020 activity is low therefore the % impact when comparing March 2022 shows a higher percentage against 2019/2020 activity than is expected. It will also affect March 2023 activity position for the same reason as we will still be using 2019/2020 as a comparator year. The number of patients waiting over 52 weeks are still well under trajectory and at the end of March there were 6 patients waiting 104+ weeks, a mix of complexity, COVID (patient and staff) and patient choice. This compares well to other Trusts in the midlands</p> <p>Diagnostic performance against the DMO1 has improved from the previous month (reporting period Feb vs Jan) however it is not achieving the 99% target of patients receiving diagnostics under 6 weeks. The main areas of delay are , Echocardiogram, Non Obstetric Ultrasound, Urodynamics and Cystoscopy. This is monitored weekly and mutual aid discussions are taking place with NUH.</p>	<p>COO</p>

# Single Oversight Framework – Q4 Overview (5)



Sherwood Forest Hospitals  
NHS Foundation Trust

Domain	Overview & risks	Lead
<p><b>Best Value care</b></p>	<p>The Trust has reported a deficit of £13.3m for the financial year 2021/22 (on an ICS Achievement basis), compared to a planned break-even position. This is consistent with the deficit that has been forecast throughout Quarter 4.</p> <p>The adverse financial variance to plan was caused by two key factors.</p> <ol style="list-style-type: none"> <li>1) Additional Covid-19 costs compared to those expected in the plan, due to surges in demand and staffing unavailability in Summer 2021 and over the winter period.</li> <li>2) An under-recovery of Elective Recovery Fund income compared to planned levels, which had three contributory factors. These were an in-year change to the threshold targets, the system-level calculation basis of performance, and the additional unplanned demand experienced in the latter half of the financial year.</li> </ol> <p>The reported expenditure for the financial year includes £11.6m of costs relating to Covid-19 and a further £21.0m of costs relating to the Covid Vaccination Programme.</p> <p>The Financial Improvement Programme (FIP ) delivered savings of £0.6m in March 2022, compared to a plan of £ 0.9m, and full-year savings of £5.8m for 2021/22. This represents a shortfall against plan of £2.0m.</p> <p>Capital expenditure for the financial year 2021/22 totalled £19.3m. This was £4.6m higher than the original plan, due to additional funding awarded during the year for specific projects (including Critical Care improvements and equipment to support elective recovery). The ‘business as usual’ capital plan funded by the ICS capital envelope was delivered in full.</p> <p>The closing cash position for the year is £6.3m. This is £5.9m lower than planned due to the late receipt of capital funds.</p>	<p>CFO</p>

# Single Oversight Framework – Q4 Overview (1)



Sherwood Forest Hospitals  
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Safe	Rolling 12 month count of Never Events	0	Mar-22	5	-		R	MD/CN	Q
	Serious Incidents including Never Events (STEIS reportable) by reported date	<12	Mar-22	26	8		R	MD/CN	Q
	Patient safety incidents per rolling 12 month 1000 OBDs	>41	Mar-22	45.86	44.65		G	MD/CN	M
	All Falls per 1000 OBDs	6.63	Mar-22	7.14	8.45		A	CN	M
	Number of Assisted Falls	TBC	Mar-22	114.00	7.00				
	Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Mar-22	20.78	11.33		G	CN	M
	Covid-19 Hospital onset	<37	Mar-22	111	26		R	CN	M
	Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Mar-22	0.94	0.00		G	CN	M
	Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Mar-22	9.44	0.00		G	CN	M
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Mar-22	93.2%	92.5%		R	CN	M
Safe staffing care hours per patient day (CHPPD)	>8	Mar-22	9.0	8.9		G	CN	M	
Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Mar-22	1.54	1.98		G	MD/CN	M
	Recommended Rate: Friends and Family Accident and Emergency	<90%	Mar-22	91.3%	90.7%		G	MD/CN	M
	Recommended Rate: Friends and Family Inpatients	<96%	Mar-22	97.8%	97.4%		G	MD/CN	M
	Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Mar-22	70.6%	87.4%		A	MD/CN	Q
Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Dec-21	113.1	-		R	MD	Q
	SHMI	100	Jul-21	97.25	-		G	MD	Q
	Cardiac arrest rate per 1000 admissions	<1.0	Mar-22	1.20	1.21		R	MD	M
	Cumulative number of patients participating in research	2500	Mar-22	2763	-		on target	MD	Q

QUALITY CARE



# Single Oversight Framework – Q4 Overview (2)



Sherwood Forest Hospitals  
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency	
PEOPLE & CULTURE	Staff health & well being	Sickness Absence	3.5%	Mar-22	4.9%	6.3%		R	DoP	M
		Take up of Occupational Health interventions	800 - 1200	Mar-22	27236	2295		R	DoP	M
		Employee Relations Management	<10-12	Mar-22	115	8		G	DoP	M
	Resourcing	Vacancy rate	≤6.0%	Mar-22	5.1%	3.0%		G	DoP	M
		Mandatory & Statutory Training	>90%	Mar-22	87.4%	90.0%		A	DoP	M
		Appraisals	≥95%	Mar-22	87.5%	85.0%		R	DoP	M
	Talent & Personal development	Recommendation of place to work and receive care	≥80%	Qtr4 2021/22	82.0%	83.1%			DoCI	Q
	Organisational Culture	Qi Training - Bronze	>40	Qtr4 2021/22	203	26		A	DoCI	Q
		Qi Training - Sliver	>10	Qtr4 2021/22	60	13		G	DoCI	Q
	Quality Improvement	Registered Bright Sparks and Qi Projects	>45	Qtr4 2021/22	140	14		R	DoCI	Q
Number of Registered Apprentices		>180	Qtr4 2021/22	209	-		G	DoCI	Q	

# Single Oversight Framework – Q4 Overview (3)



Sherwood Forest Hospitals  
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency	
Timely Care	Emergency Care	Number of patients waiting >4 hours for admission or discharge from ED	>90%	Mar-22	85.7%	80.2%		R	COO	M
		Mean waiting time in ED (in minutes)	220	Mar-22	179	199		G	COO	M
		Number of patients who have spent 12 hours or more in ED from arrival to departure	TBC	Mar-22	1208	263			COO	M
		Mean number of patients who are medically safe for transfer	22	Mar-22	71	94		R	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<10%	Mar-22	3.9%	5.2%		G	COO	M
	Cancer Care	Number of patients waiting over 62 days for Cancer treatment	45	Mar-22	-	99		R	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Feb-22	74.1%	81.7%		G	COO	M
	Elective Care	Elective Day Case activity against Yr2019/20	95.0%	Mar-22	100.0%	135.5%		G	COO	M
		Elective Inpatient activity against Yr2019/20	95.0%	Mar-22	75.4%	109.6%		G		
		Elective Outpatient activity against Yr2019/20	95.0%	Mar-22	100.8%	113.8%		G		
		Number of patients on the elective PTL	38729	Mar-22	-	39383			COO	M
		Number of patients waiting over 1 year for treatment	937	Mar-22	-	613			COO	M
		Number of patients waiting over 2 years for treatment	0	Mar-22	-	6			COO	M
		Number of completed RTT Pathways against Yr2019/20	≥89%	Mar-22	101.1%	94.8%				

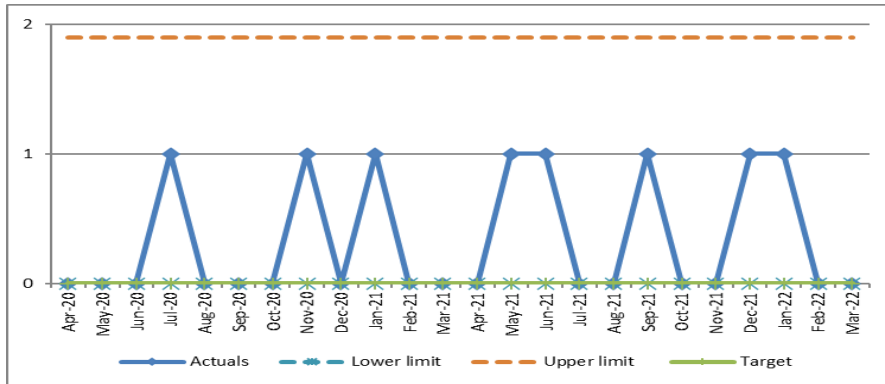
# Single Oversight Framework – Q4 Overview (4)



Sherwood Forest Hospitals  
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Best Value Care	Finance	Trust level performance against Plan	Mar-22	-£13.29m	-£5.11m		R	CFO	M
		Underlying financial position against strategy	Mar-22	tbc	tbc			CFO	M
		Trust level performance against FIP plan	Mar-22	-£1.99m	-£0.30m		R	CFO	M
		Capital expenditure against plan	Mar-22	£4.56m	£6.42m		R	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month count of Never Events	0	Mar-22	5	-		R	MD/CN	Q

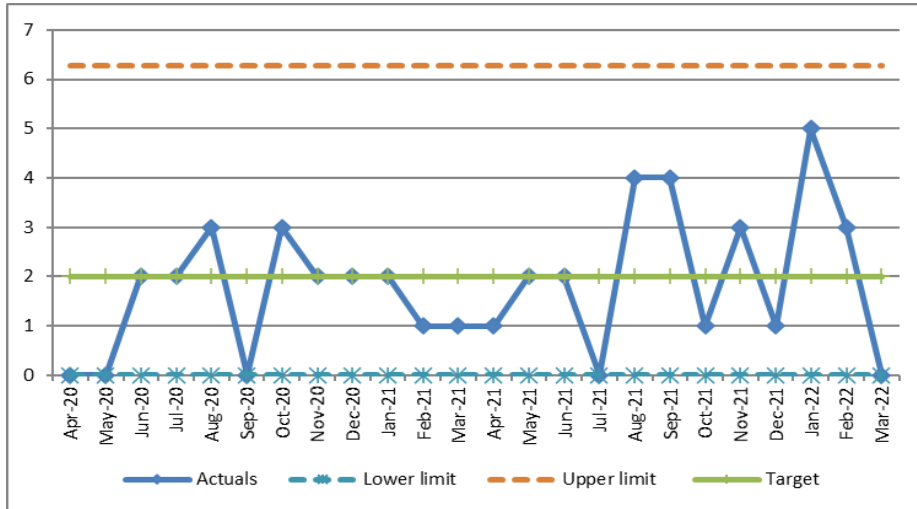


### National position & overview

- Never Events are serious incidents that are defined by NHS England/Improvement as entirely preventable events. Due to guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- During this reporting period 2 Never Events have been formally declared on STEIS.
- During the last 12 months the Trust has declared 5 Never Events 4 of which are categorised as ‘Wrong Site Surgery’.

Root causes	Actions	Impact/Timescale
<p>During this reporting period 2 Never Events have been formally declared on StEIS:</p> <ul style="list-style-type: none"> <li>• January 2022: Retained guide wire. This is currently under investigation</li> <li>• February 2022: Wrong lesion removed. This is currently under investigation.</li> <li>• During the last 21 months the Trust has declared 7 Never Events all categorised as ‘Wrong Site Surgery’. This includes the wrong lesion removal declared in February</li> <li>• <b>Recurring themes from concluded reports:</b></li> <li>• Inconsistent use of WHO Checklist/equivalent – or not in place.</li> <li>• Surgical sites not being marked.</li> <li>• Positive patient Identification (PPI) process not being followed.</li> </ul>	<p>A number of actions are on-going as a result of the learning from previous Never Events:</p> <ul style="list-style-type: none"> <li>• SIMPLE event themed around PPI Never Events – cases presented and discussed.</li> <li>• Formal WHO checklist audits for all procedures/departments where LocSSIPs/NatSSIPs are in place.</li> <li>• PPI learning events delivered in September 2021. Content to be developed into e-learning package for ease of access going forward. The development of this package has been recommenced now staff have returned from redeployment to ITU.</li> <li>• The medical director has commissioned a program of piece of work to further investigate and ensure and disseminate pull together learning from all ‘Wrong Site Surgery’ Never Events for dissemination and circulation across the Trust. This work has now recommenced following the return of staff to GSU from redeployment and is being led by the Director of Patient safety.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Completed</li> <li>• Ongoing</li> <li>• Update end of quarter 1</li> <li>• June 22</li> </ul>

Indicator	Plan/Standard	Period	YTD Actuals	Monthly/Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Serious Incidents including Never Events (STEIS reportable) by reported date	<12	Mar-22	26	8		R	MD/CN	Q



### National position & overview

- Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. 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, CQC and NHSE/I.

During Q4 there have been 8 incidents reported meeting the SI Framework criteria for escalation to StEIS:

- X5 Nosocomial Covid-19 deaths
- X2 Treatment and Care
- X1 Delay in Care

Root causes	Actions	Impact/Timescale
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**January 22 x 5 incidents reported meeting SI criteria:**

- Retained guide wire. Also declared as a Never Event. This is currently under investigation
- Unfortunately a delay in diagnosis of cancer. This is currently under investigation.
- X 3 Nosocomial Covid-19 related deaths.

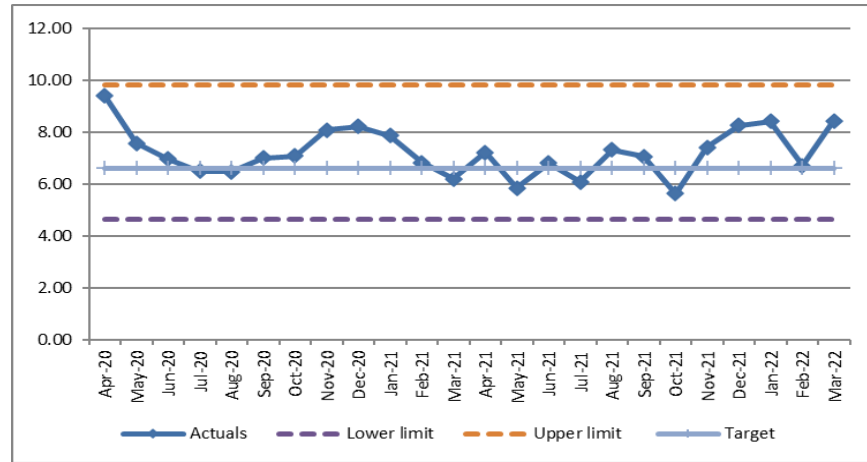
**February 22 x 3 incidents reported meeting SI criteria:**

- Vision loss due to medication toxicity.
- X 2 Nosocomial Covid-19 related deaths.

- All incidents have been reported on STEIS awaiting completion of investigations.
- Nosocomial Covid-19 deaths are investigated by the Infection Control Team with support from GSU.
- Trial of MDT Rapid Review panels as an investigation methodology for completion of STEIS level investigations.
- The CCG maintain representation at all Scoping and Sign Off meetings and remain robustly assured by SFH incident investigation rigour.

- Ongoing.
- Ongoing
- Evaluation at the end of quarter 1
- Ongoing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
All Falls per 1000 OBDs	6.63	Mar-22	7.14	8.45		A



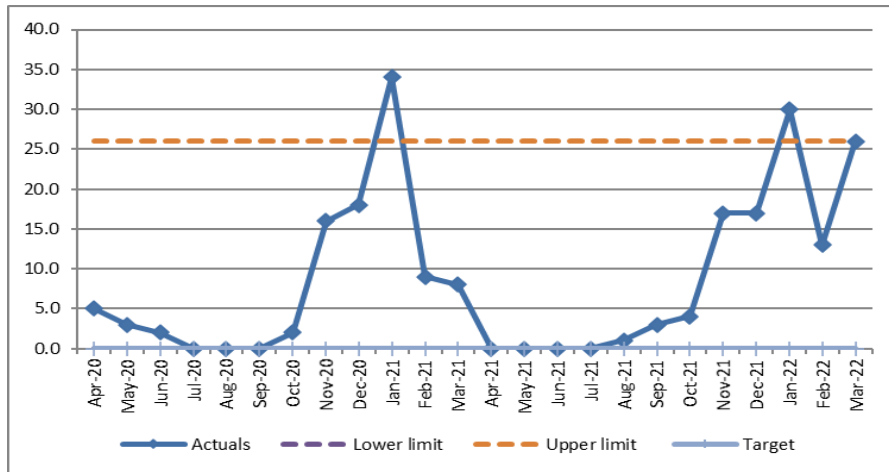
### National position & overview

- The falls rate for March is 8.45 above the national average of 6.63 per thousand bed days
- There has been one severe harm reported for March 22
- Reduction in repeat fallers In March 22
- Pandemic continues to reduce opportunity for older adults to be active, leading to decline in muscle mass, increased frailty, physical and cognitive deconditioning and associated increased risk of falls.
- Continue to have high numbers of MFFD patients due to insufficient capacity for community care, delaying D/C.
- Focus in month at SFH on improving systems for falls monitoring, investigation and learning.

Root causes	Actions	Impact/Timescale
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<ul style="list-style-type: none"> <li>• Covid-19 cases have increased again in month mostly incidental, this causes continued challenges for use of cubicles/bays, observation and visibility.</li> <li>• In month high numbers of falls in cubicles reported.</li> <li>• High volume of pathway 1 patients, MFFD residing, due to insufficient community capacity for placement/ package of care. These patients are at high risk of falls.</li> <li>• We continue to have high numbers of patients with LOS &gt; 21 days, as LOS increased in MFFD patients so does falls rates.</li> <li>• All additional bed capacity remains open within across all 3 sites.</li> <li>• Older adults struggling to work towards reconditioning</li> <li>• Increased acuity of inpatients</li> </ul>	<ul style="list-style-type: none"> <li>• Multifactorial falls risk assessment and falls care plan assurance audit completed, now being analysed.</li> <li>• Falls and mobility care plan agreed for print, person centred, focus on primary prevention, simple to follow and quality content.</li> <li>• Falls Investigation template to be combined and embedded within datix</li> <li>• Partnership working with local NHS trusts, sharing good practice.</li> <li>• Further Champion session completed March 2022 excellent feedback</li> <li>• Review of Champion workstream and planning for 2022/3, analyse gaps in attendance and delivery into 2022/2023.</li> <li>• Review of NAIF continues with recommended national actions and translation into our work in the Trust. QI opportunities for 2022/2023</li> <li>• Revisit Falls group TOR , membership and the Falls strategy</li> <li>• Nottingham/Nottinghamshire wide Falls Prevention Activity Promotion COP, spring event planned.</li> <li>• Attended geriatrics governance, to promote work further attendance April confirmed.</li> <li>• Agreed extension of secondment of therapy FPP to continue to support the trust.</li> <li>• Connected care with EPO and dementia teams continues.</li> </ul>	<ul style="list-style-type: none"> <li>• June 2022</li> <li>• Completed</li> <li>• April 2022</li> <li>• Ongoing</li> <li>• Completed</li> <li>• May 2022</li> <li>• June 2022</li> <li>• June 2022</li> <li>• May 2022</li> <li>• May 2022</li> <li>• April 2022</li> <li>• Ongoing</li> </ul>
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Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Covid-19 Hospital onset	<37	Mar-22	111	26		R	CN	M

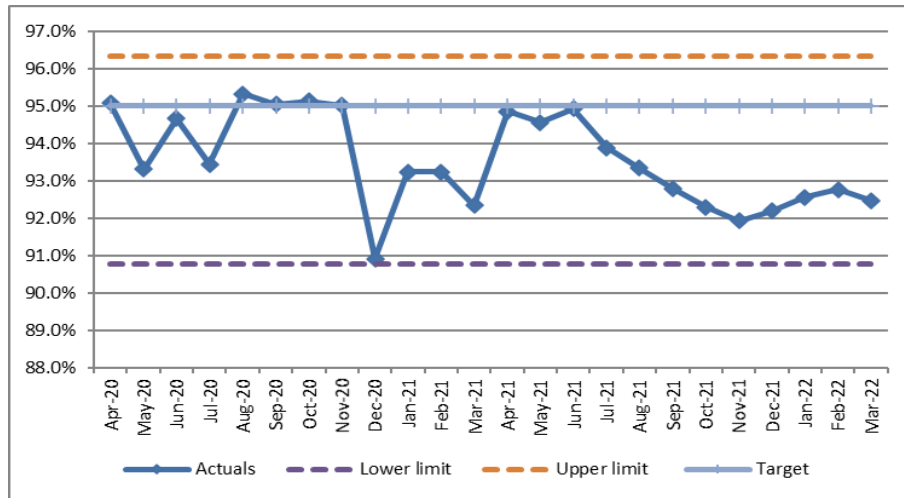


### National position & overview

- In accordance with national guidance all cases of Covid-19 deemed to be hospital associated, requires completion of 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 March we had 18 cases post 8-14 days of admission and 26 cases post 15 days of admission.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• Unfortunately during March we encountered an increased number of active Covid-19 outbreaks compared with February. During March we had 7 active outbreaks involving 31 patient with a nosocomial covid-19.</li> <li>• The other cases identified were sporadic and it was identified there was some community transmission from visitors who asymptomatic and aware they were positive at the time of visiting.</li> <li>• The position at Sherwood is consistent with other organisations.</li> </ul>	<ul style="list-style-type: none"> <li>• All outbreak areas and high risk areas continue to have enhanced cleaning by Medirest</li> <li>• Daily hand hygiene, PPE and social distancing audits of any areas with an outbreak of cases of Covid are being conducted</li> <li>• Regular outbreak meetings with NHSE/I and PHE to monitor progress of the outbreaks</li> <li>• RCA are completed for all nosocomial outbreaks by the wards and these are fed back at the IPC RCA feedback meeting, to review for any lapse in care.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Ongoing</li> <li>• Ongoing</li> <li>• Ongoing</li> </ul>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Mar-22	93.2%	92.5%		R	CN	M




### National position & overview

- National reporting of VTE risk assessment screening was stopped in March 2020 in response to the developing Covid-19 pandemic. SFH continued with data collection for our own internal assurance process.
- The national target for VTE screening on admission to hospital is set at 95%.
- The resumption of the pre-Covid method of data collection has improved the compliance score; March's compliance standing at 92.47%
- Despite screening compliance not meeting the desired 95% target, the Trust incidence of hospital acquired VTE remains low. There has been one case, in Surgery during November 2021, in the past two years. The patient was successfully treated and made a good recovery.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• The data collection process for VTE risk assessment is currently a manual, paper based process, requiring a significant number of hours to complete.</li> <li>• Currently awaiting roll out of mandatory electronic VTE screening tool via NerveCentre and linked to EPMA.</li> </ul>	<ul style="list-style-type: none"> <li>• The GSU team resumed the pre Covid method of form collection from 1<sup>st</sup> April 21.</li> <li>• GSU continue to work with the NerveCentre team to support development of the electronic screening tool and reporting functionality.</li> <li>• Electronic screening tool now built based on NG89 standards.</li> <li>• Plans for EPMA roll out presented at PSC in April 22. Agreed roll out with EPMA to go ahead.</li> <li>• A VTE Screening Tool Hazard Workshop is planned for 9<sup>th</sup> May 2022.</li> </ul>	<ul style="list-style-type: none"> <li>• Completed</li> <li>• Ongoing</li> <li>• Completed</li> <li>• May 2022</li> </ul>



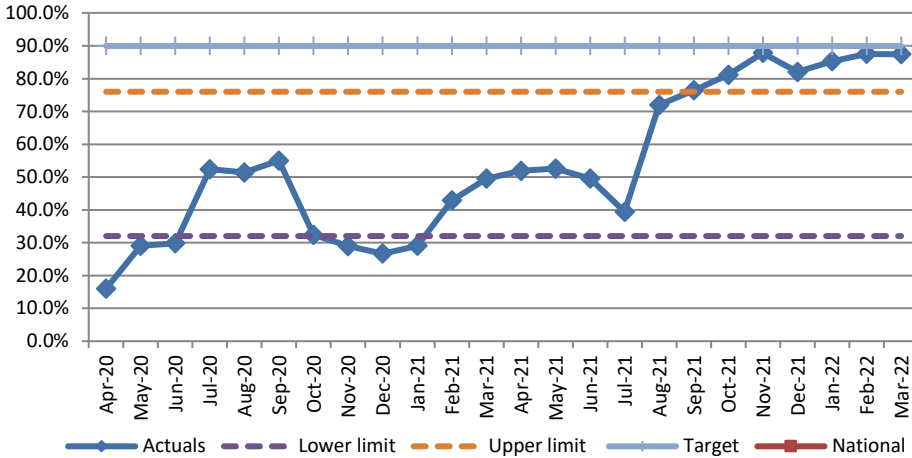
Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating
Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Mar-22	70.6%	87.4%		A



**Sherwood Forest Hospitals**  
NHS Foundation Trust

**National position & overview**

- All patients 65yrs + admitted to the Trust for 72hrs or more require a dementia assessment
- The Trust continues to aim for a target of 90% of these screens despite the national reporting being cancelled
- March 2021 it was agreed for registered nurses following training could complete the assessment
- January 2022 Health Care worker appointed to assist process



Root causes	Actions	Impact/Timescale
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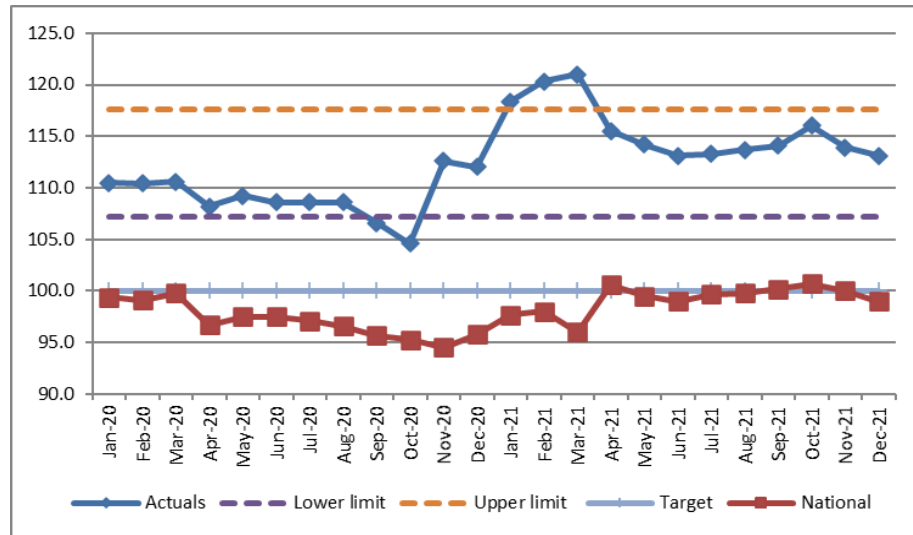
Assessments not being completed on Nervecentre.

Nervecentre AMT assessment not implemented in ED.

- Development of guidance on how to complete the assessment
- Amendments made to tool were limited and have had little effect on compliance.
- Embed the assessment process into ward routine. Support provided to areas as required to embed process
- Focus on assessment completion during May 2022
- Nervecentre for observations only implemented in ED, UCC at Newark. Clinical lead for ICT indicates that AMT via nerve centre is not for implementation in the near future.

- Completed
- Completed
- Ongoing
- May 2022
- On hold

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Dec-21	113.1	-		R	MD	Q



## National position & overview

- The HSMR for the 12 months to December 2021 is at 113.1 and statistically 'above expected'.
- HSMR for the 12 months to December 21 removing covid is 105.9 and is statistically 'as expected'. Work to understand how Covid might have had this disproportional impact on our HSMR is ongoing
- Palliative Care: The Trust continues to see a low rate with both the HSMR and across all activity. This will continue to impact on the Dr Foster model (HSMR) but will not impact the SHMI.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• COVID-19 deaths - Observed and expected deaths has a widening gap which has led to the increase (slight) in the HSMR</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor and review the HSMR / SHMI on a monthly basis</li> <li>• Review and consider the implications of COVID-19 on the standardised mortality metrics.</li> <li>• Review outcome of initial COPD analysis</li> <li>• Complete an initial review of the low volume diagnosis groups and continue to monitor both the relative risk and CUSUM.</li> <li>• Continue work internally on Liver disease, alcohol related.</li> <li>• Review the findings of 360Assurance audit of our mortality data. Early indications are that the isolated elevation of HSMR is not truly representative of underlying problems with mortality.</li> </ul>	<ul style="list-style-type: none"> <li>• On going</li> <li>• On going</li> <li>• Completed</li> <li>• March 2022</li> <li>• On going</li> <li>• July 2022</li> </ul>

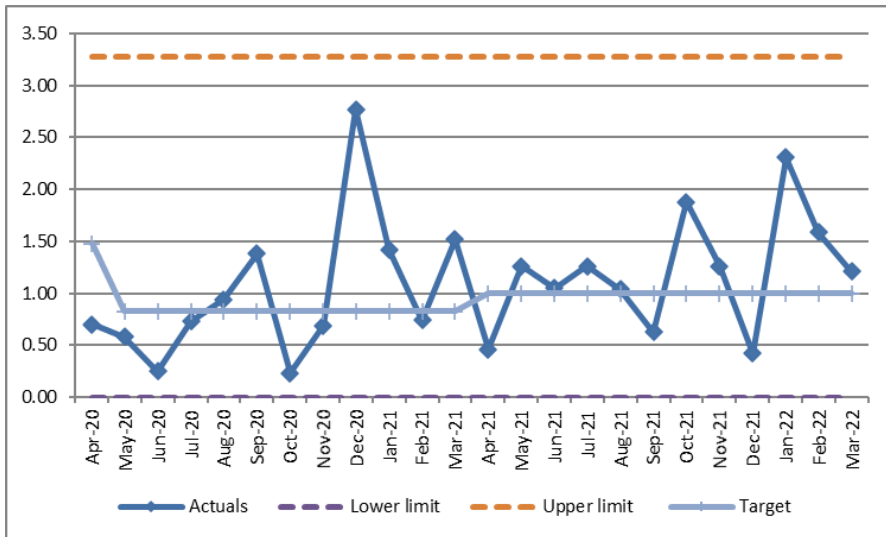
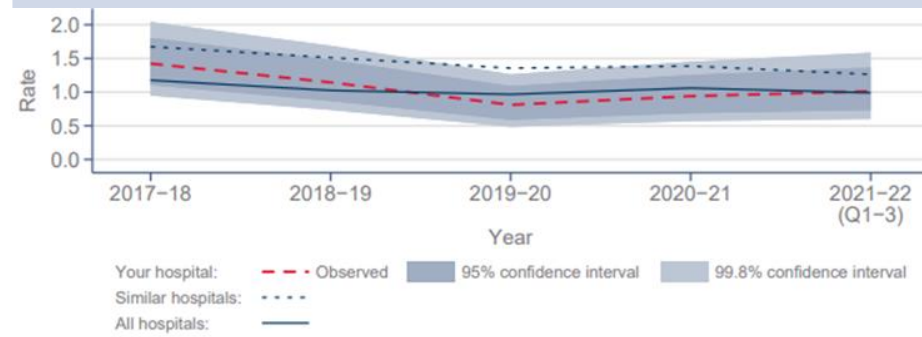
Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Cardiac arrest rate per 1000 admissions	≤1.0	Mar-22	1.20	1.21		R	MD	M



## Sherwood Forest Hospitals NHS Foundation Trust

### National position & overview

- Slightly above national average but below that for similar hospitals.

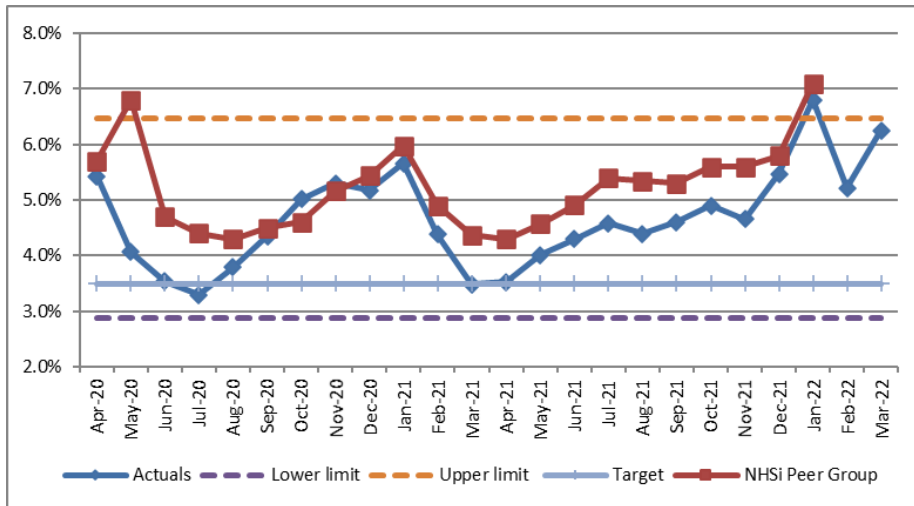


Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>No single root cause.</li> <li>All events reviewed in depth as per Cardiac Arrest governance process, no trends around locations or times identified.</li> <li>Single avoidable CPR event (new terminology agreed with lead for ReSPECT development) - patient had DNACPR decision but validity questioned at point of cardiac arrest.</li> <li>When recalculated without avoidable CPR events the YTD activity figure becomes 0.95 per 1000 admissions.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to fully review all cardiac arrest events.</li> <li>Work with ReSPECT development group to agree which level of doctors can validate ReSPECT forms on completion.</li> <li>Continue work to reduce avoidable CPR events across all workstreams.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>July 2022</li> <li>Ongoing</li> </ul>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Sickness Absence	3.5%	Mar-22	4.9%	6.3%		R	DoP	M



## Sherwood Forest Hospitals NHS Foundation Trust



### 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 (6.6%)

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

### Root causes

Sickness absence levels has shown an increase since from last month (5.2%). 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 March 2021 (3.5%)

The short term sickness absence rate for March 22 is 4.6%. (February 2022 – 3.3%).

The long term sickness absence rate for March 22 is 1.7%. (February 2022 – 1.9%).

COVID related absence make up 0.7% of the sickness absence level and has shown an increase from last month

Non COVID related absence has seen an gradual increase.

### Actions

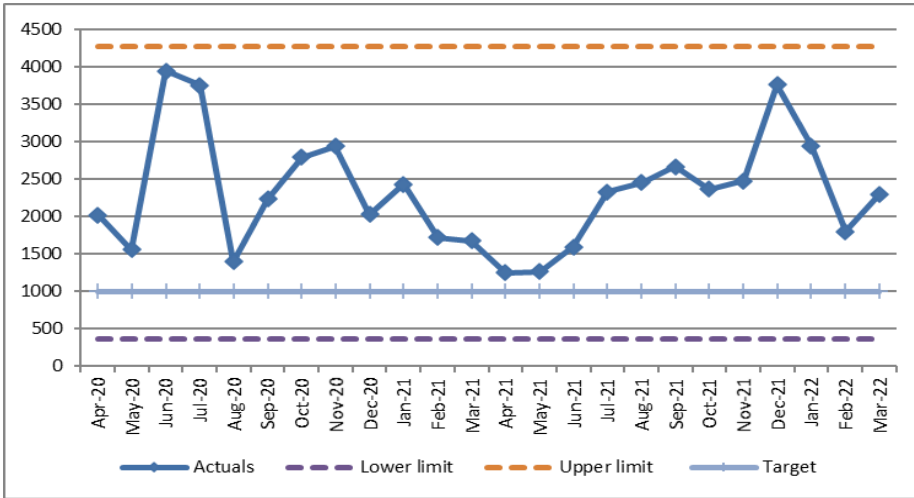
The increase in absence levels coincidences with the increase nationally with the COVID surge and pressure noted across the Hospital, however there is an increase in staff reporting anxiety & stress sickness reasons. To ensure this isn't a trend we will review this and support staff where necessary

We have forecasted an decrease in sickness absence level over the next few months, to support our workforce during this period we have well being programmes and interventions, however we will ensure these are effective and support our workforce.

### Impact/Timescale

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

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Take up of Occupational Health interventions	800 - 1200	Mar-22	27236	2295		R	DoP	M



### National position & overview

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

Root causes	Actions	Impact/Timescale
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Over the last month there has been an increase in the overall workload, and 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 around COVID.

The additional workload is being managed by:

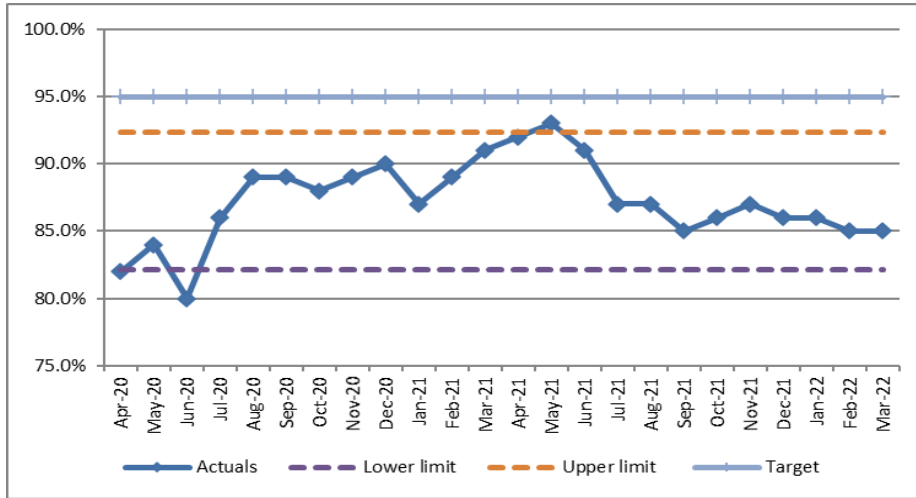
- New ways of working (Telephone /virtual consultations)
- Paper screening for work health assessments instead of face to face
- Smart working
- All substantive OH staff working overtime
- Bank admin support

Our Occupational Health department has also moved location to a more appropriate location, purposeful location.

The expectations are that this workload will continue to show a decrease over 2022/23.

Pre COVID-19 pandemic, the Occupational Health service had already experienced a substantial increase in utilisation of the service with a 51% increase in overall activity seen over the last 5 years

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	≥95%	Mar-22	87.5%	85.0%		R	DoP	M



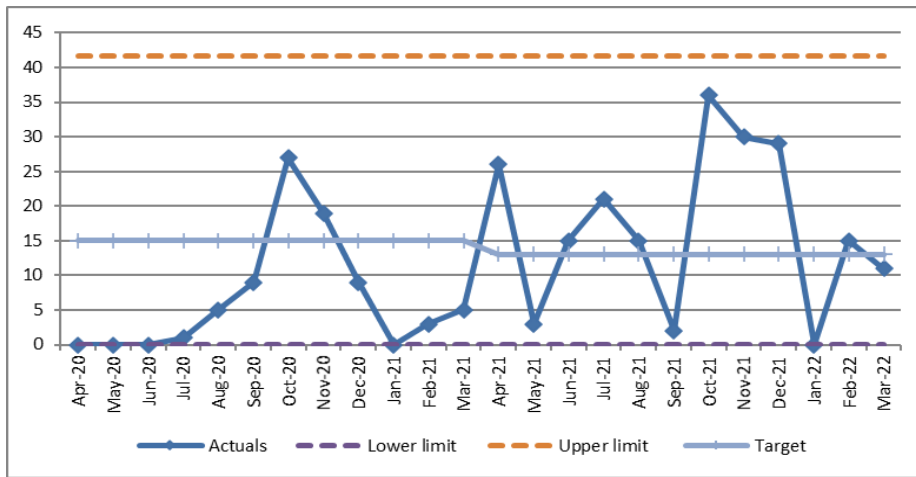
### National position & overview

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
<p>The Appraisal position is reported at 85.0%, and shows a position that is the similar to the previous month (February 2022 – 85.1%)</p> <p>The key cause of below trajectory performance on the appraisal compliance is related to the delivery and capacity issues associated with the pandemic and hospital pressures.</p>	<p>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.</p>	<p>Appraisal compliance to 90% by end of June 22</p>


Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Registered Bright Sparks and Qi Projects	>45	Qtr4 2021/22	140	14		R	DoCI	Q



### National position & overview

Local target, with no national comparison

Root causes	Actions	Impact/Timescale
<p>The majority of QI projects and Bright Spark ideas are captured during face to face interactions with colleagues, and these opportunities has been much reduced over the past 2 years, resulting the 'peaks' and 'troughs' visible in the data.</p> <p>Colleagues are encouraged to capture QI projects on AMAT - the digital clinical audit system - that raises visibility and shares information across the organisation. Our SOF data is taken directly from entries in AMAT. This system was introduced in September 2020, and we have been waiting for the designers to launch the standalone QI module since June 2021 (delayed by Covid). This has resulted in a 'clunky' fit for colleagues to lodge their ideas within the system.</p>	<p>Face to face training has now resumed, with more opportunities for colleagues to capture their QI projects and improvements; conversation are being held to advance these at pace and scale via team or role time out events.</p> <p>The QI module in AMAT is due on 27<sup>th</sup> April 2022, and this will provide a tailored platform for colleagues to work through QI tools and capture outcomes and learning. It aligns with the ICS-wide QI approach and tools. A comprehensive Trust-wide communications launch will flag this platform to colleagues.</p> <p>A bid for a single digital portal for ideas, requests for QI, OS, Research and Transformation input has been submitted to the 'Q Exchange' as part of a provider collaborative approach with NHCT and NUH, which will simplify the process for colleagues to have 'one route' to lodge ideas or requests for support, as opposed to the current many</p>	<p>Expected to recover to in Q1 22/23 with the return to face to face training/coaching opportunities.</p> <p>Expected to recover in Q1 22/23 with the launch of the QI module and subsequent communication campaign.</p> <p>Further information on bid expected in early May. This will simplify and give a single portal for colleagues to share ideas and also to request support.</p>

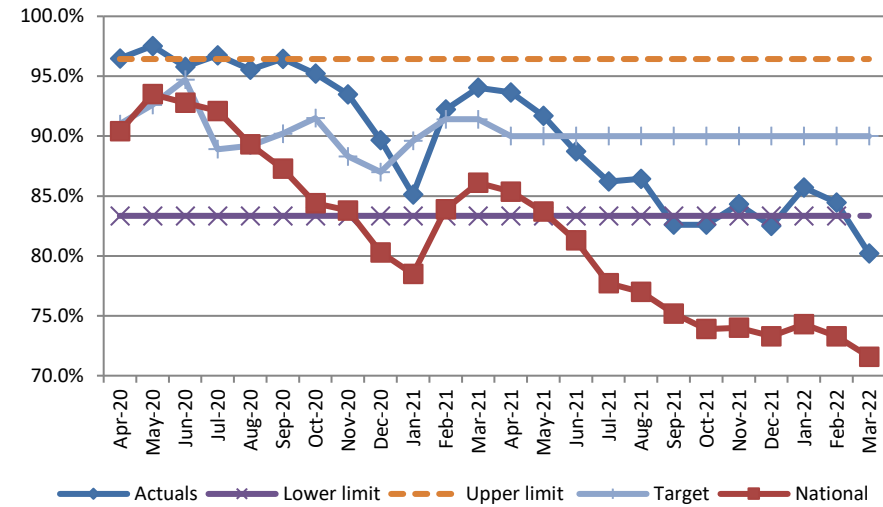
Number of patients waiting >4 hours for admission or discharge from ED	>90%	Mar-22	85.7%	80.2%		R	COO	M
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**Sherwood Forest Hospitals**  
NHS Foundation Trust


**National position & overview**

- SFH 80.2% for March and 85.7% ytd. Performance continues to be driven mainly by exit block and high numbers of MSFT, although attendances were up for the month in comparison to March 2021
- National rank 7th out of 108 reporting Trusts
- Attends overall are higher than in March 2021. This is likely to be due to the surge in Covid-19
- Newark UTC was 96.9% which is lower than last month but still well above the 95% standard
- 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 a threshold of one. This is shown in a further slide later in the SOF
- There were 49 patients who waited over 12 hours for admission to a bed, the majority of these were at the end of the month when attendances were high to ED.



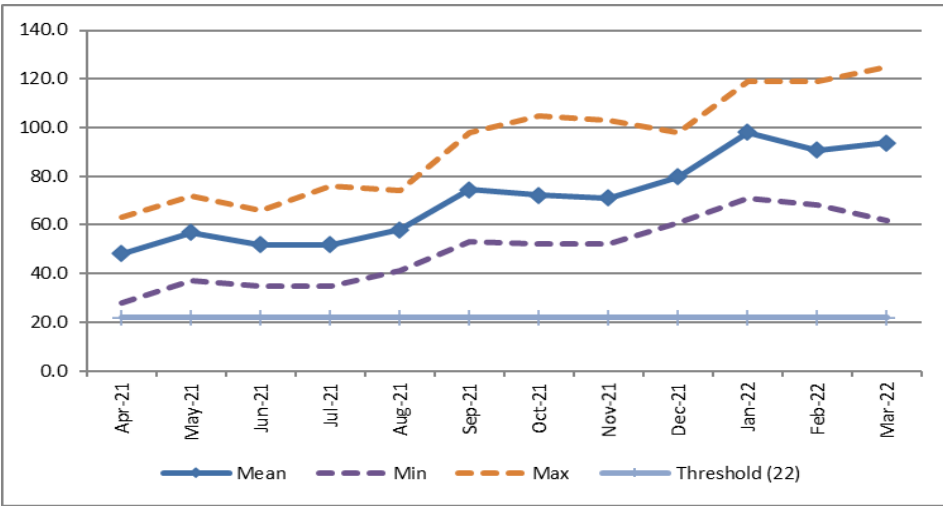
Root causes	Actions	Impact/Timescale
<p><b>Bed capacity pressure</b></p> <p>The Trust continues to experience delays in the discharge of patients who require social care support following discharge. There continues to be 4 wards worth of capacity that is currently being used solely for the care of patients who are medically fit but have no onward destination.</p> <p>Attendances also increased throughout the month of March with high peaks of activity through the KMH and Newark sites.</p>	<p>In line with the winter plan agreed at Board in November, the Orthopaedic elective ward which became a medical ward as part of the plan was returned as planned in early March. There were further beds opened/moved to mitigate the loss across Medicine, Women’s and Children’s and Surgical Divisions and these will remain open until the end of April.</p> <p>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</p> <p>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. The benefits of this plan are yet to be evidenced within the Trust</p> <p>Internal flow transformation plan in development</p>	<ul style="list-style-type: none"> <li>• Implemented</li> <li>• Implemented</li> <li>• Ongoing</li> <li>• Development</li> </ul>



Mean number of patients who are medically safe for transfer	22	Mar-22	71	94		R	COO	M
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**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.
- MADEs continue to deliver some outputs with support from NHSEI
- Further national drive to support the roll out of Virtual Wards for early supported discharge is in progress with an ICS submission planned for the 6<sup>th</sup> June

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Care home closures for staffing and infection prevention issues have also contributed to delayed discharge allocation.</li> <li>• Internal process issues contributing to referral delays due to minimum staffing numbers on the wards and IPC issues.</li> </ul>	<ul style="list-style-type: none"> <li>• HoS commences 25<sup>th</sup> April</li> <li>• MADE events continue to deliver some outputs</li> <li>• T2A process with ASC continues to develop</li> <li>• Continuation of Tuvida winter capacity</li> <li>• Extension of 25 beds at Ashmere care homes</li> <li>• Planning to open 20 additional beds in a care home facility</li> <li>• Virtual ward ICS business case 1<sup>st</sup> draft end April</li> </ul> <p><b>Escalation</b></p> <ul style="list-style-type: none"> <li>• Delays and workforce issues escalated through CEO group, D2A Board with daily system conversations.</li> <li>• Potential patient harms as becoming unwell whilst waiting to be discharged</li> <li>• Observe the capacity open in addition to support flow</li> </ul>	<ul style="list-style-type: none"> <li>• 25<sup>th</sup> April</li> <li>• Ongoing</li> <li>• Ongoing</li> <li>• Complete</li> <li>• Complete</li> <li>• April 30<sup>th</sup></li> <li>• 27<sup>th</sup> April</li> </ul>

Number of patients waiting over 62 days for Cancer treatment	45	Mar-22	-	99		R	COO	M
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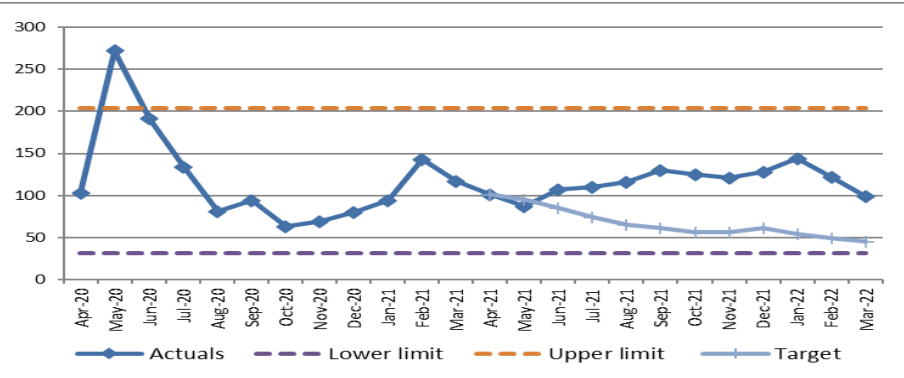


## Sherwood Forest Hospitals

NHS Foundation Trust

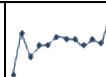
### National position & overview

- 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)
- March ended with a backlog of 99 which was above the trajectory of 45 but below the reforecast of 126. 6 out of 9 tumour sites are ahead of forecast.
- 104 day backlog is 51 (54 in February 2021)



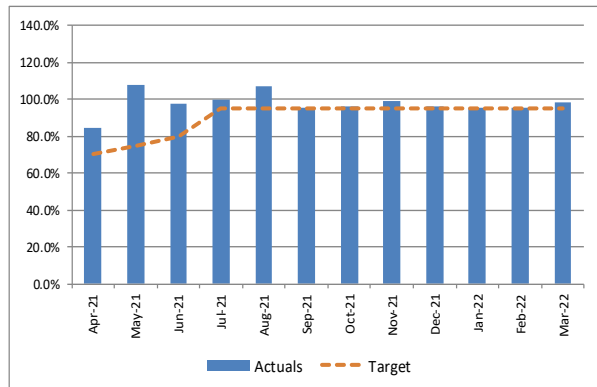
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Original trajectory	98	95	85	74	65	61	56	56	61	54	49	45
Re-forecast							140	132	129	129	127	126
Actual	101	87	110	110	116	130	125	121	128	144	122	99

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> <li>Year to date <b>referrals 20% above the 19/20</b> average (average is currently 1,500 per month compared to 1,270). LGI has seen a 30% increase.</li> <li>Referral increase <b>impact on diagnostic capacity</b> such as CT colon; compounded by a high volume of DNA/patient cancellations.</li> <li><b>Other diagnostic and treatment delays due to tertiary provider capacity</b>, including PET scans, surgical and OP dates (most significantly in lower GI) and oncology.</li> </ul>	<ul style="list-style-type: none"> <li>Increasing CTC list capacity by 1 patient per list (14%) by utilising imaging assistants for cannulation and preparation.</li> <li>Increase outpatient/triage and testing capacity through Rapid Diagnostic Centre funding: <ul style="list-style-type: none"> <li>Gynae – increase consultant workforce, expand see and treat capacity, streamline straight to test (STT)</li> <li>Urology and head and neck – expand STT capacity</li> </ul> </li> <li>ICS assessment and review of sustained increased demand</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Appointments started in January 22. Training will be complete by March 22.</li> <li>Throughout Q4 21/22 into Q1 22/23: <ul style="list-style-type: none"> <li>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).</li> <li>CSW in post (Jan 22), locum in place (Feb 22).</li> </ul> </li> <li>Underway – 1<sup>st</sup> D&amp;C session to take place wc25/4</li> <li>Weekly meetings in place. Supporting protocols have been developed and the first patient has been transferred. Ongoing impact to be confirmed.</li> </ul>

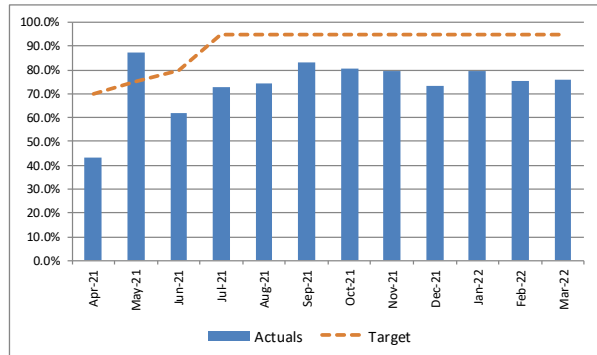


# Sherwood Forest Hospitals

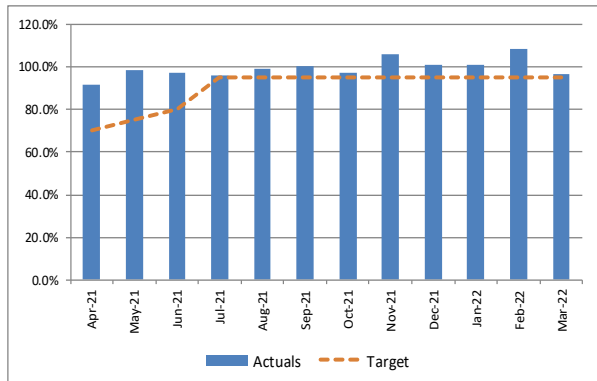
Elective Day Case activity against Yr2019/20



Elective Inpatient activity against Yr2019/20



Elective Outpatient activity against Yr2019/20



## National position & overview

- For March 2022 the activity volume is 109.6% against March 2020. This is due to the baseline data being low at the end of the month as the COVID pandemic started.
- When comparing the March projection to February activity for both years:
  - Day case - 2020 March – 2578, Feb – 3371 (-793) 2022 March – 3493, Feb – 3225 (268)
  - Outpatient: 2020 March – 35473, Feb – 32767 (2706) 2022 March – 40382, Feb – 35541 (4841)
  - Elective inpatient – 2020 March – 323, Feb 344 (-21) 2022 March – 354, Feb 259 (95)
- The on-going risk to elective activity due to the Omicron variant of Covid 19 continued throughout March. Staffing absence has continued to impact however where possible theatre lists were merged or re-ordered to ensure that negative patients were not cancelled. Patient cancellations have also been high during March due to the prevalence of Covid within the local community

## Root causes

- Some Surgical specialties are struggling for capacity due to a number of issues including covid absence, general absence and the inability to generate a pre op list that can be called off at short notice due to current covid regulations. Those specialties are specifically:
    - Urology,
    - T&O
    - General Surgery
- Mutual aid is being explored where appropriate at NUH and the IS and some of the short term absence will resolve in April to provide more capacity.

## Actions

- Daily surgical prioritisation call established from 04/01

## Impact/Timescale

- Staffing and patient position reviewed daily flexing capacity where required to ensure that cancer / urgent and long wait patient operating is maintained.

### 2021/22 Outturn

- The Trust has reported an outturn deficit of £13.29m for 2021/22, a marginal improvement on the previous forecast deficit of £13.34m. Further details on the drivers of this deficit are provided on the following page.
- Capital expenditure for the financial year 2021/22 totalled £19.25m. This was £4.56m higher than the original plan, due to additional in-year funding from NHSE/I for specific projects such as the Elective Accelerator Programme and the Targeted Investment Fund.
- Closing cash at 31st March was £6.32m. This is £5.85m lower than planned due to the late receipt of capital PDC.

	March In-Month (H2 Plan)			Out-Turn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	37.64	47.70	10.06	451.64	451.81	0.17
Expenditure	(37.31)	(52.48)	(15.17)	(451.64)	(465.10)	(13.46)
<b>Surplus/(Deficit) - ICS Achievement Basis</b>	<b>0.33</b>	<b>(4.78)</b>	<b>(5.11)</b>	<b>(0.00)</b>	<b>(13.29)</b>	<b>(13.29)</b>
Capex (including donated)	(0.99)	(7.41)	(6.42)	(14.69)	(19.25)	(4.56)
Efficiencies (FIP)	0.00	0.00	0.00	0.00	0.00	0.00
Closing Cash	12.18	6.32	(5.85)	12.18	6.32	(5.85)

## 2021/22 Outturn

The outturn deficit position of £13.29m is due to:

- Elective Recovery Fund Income below plan – impact £9.42m. This includes the impact of a change in ERF thresholds, which reduced the level of ERF income available to support the Trust’s elective recovery programme, the 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, and the impact of emergency demand which has limited the Trust’s ability to deliver the planned levels of elective recovery.
- Covid-19 costs of £11.58m are £2.39m higher than planned. This reflects the increased pressures driven by surges through the year, 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.
- Other variances across services amounting to £1.48m

The variance is therefore predominantly driven from income (ERF shortfall) however this is not clear at an organisational level due to the impact of pass through costs and income. The table below removes the impact of these adjustments.

	Income			Expenditure			Net organisational Variance		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
<b>Reported Surplus/(Deficit) - ICS Basis</b>	<b>451.64</b>	<b>451.81</b>	<b>0.17</b>	<b>(451.64)</b>	<b>(465.10)</b>	<b>(13.46)</b>	<b>0.00</b>	<b>(13.29)</b>	<b>(13.29)</b>
<b>Less effect of pass-through costs:</b>									
Central Fund (DH) Pension Contributions	0.00	(10.34)	(10.34)	0.00	10.34	10.34	0.00	0.00	0.00
Charitable Fund Donations	0.00	(0.34)	(0.34)	0.00	0.34	0.34	0.00	0.00	0.00
Donated Revenue Consumables (PPE)	0.00	(1.51)	(1.51)	0.00	1.51	1.51	0.00	0.00	0.00
Vaccination Programme	(24.42)	(21.05)	3.37	24.42	21.05	(3.37)	0.00	0.00	0.00
NHIS	(14.02)	(15.70)	(1.68)	14.02	15.70	1.68	0.00	0.00	0.00
<b>Reported Surplus/(Deficit) excl. Pass-Through</b>	<b>413.21</b>	<b>402.88</b>	<b>(10.33)</b>	<b>(413.21)</b>	<b>(416.17)</b>	<b>(2.96)</b>	<b>0.00</b>	<b>(13.29)</b>	<b>(13.29)</b>

<b>Explained by:</b>									
COVID	(9.19)	(9.19)	0.00	9.19	11.58	2.39	0.00	2.39	2.39
Elective Recovery Fund H1 (Threshold Change)	(7.07)	(4.16)	2.91	0.00	0.00	0.00	(7.07)	(4.16)	2.91
Elective Recovery Fund H1 (System Performance)	(0.53)	0.00	0.53	0.00	0.00	0.00	(0.53)	0.00	0.53
Elective Recovery Fund H2 (System Performance)	(2.73)	0.00	2.73	0.00	0.00	0.00	(2.73)	0.00	2.73
Elective Recovery Fund H2 (SFH Performance)	(3.77)	(0.52)	3.25	0.00	0.00	0.00	(3.77)	(0.52)	3.25
<i>All Other Budget Lines</i>	<i>(389.91)</i>	<i>(389.00)</i>	<i>0.91</i>	<i>404.02</i>	<i>404.59</i>	<i>0.57</i>	<i>14.11</i>	<i>15.59</i>	<i>1.48</i>
			<b>10.33</b>			<b>2.96</b>			<b>13.29</b>

## Best Value Care

### ICS Achievement Basis, All values £'m

	In Month					Full Year 2021/22				
	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance
<b>Income:</b>										
Block Contract	23.82	23.96	0.00	23.96	0.14	286.04	285.93	0.00	285.93	(0.11)
Top-Up System	3.71	3.71	0.00	3.71	0.00	44.54	44.54	0.00	44.54	0.00
ERF	0.99	0.00	0.00	0.00	(0.99)	19.36	4.68	0.00	4.68	(14.68)
COVID Income	1.73	0.88	0.85	1.73	(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	7.14	7.14	0.00	7.14	0.00
Other Income	7.63	17.76	0.00	17.76	10.13	82.39	88.19	0.00	88.19	5.80
<b>Total Income</b>	<b>38.48</b>	<b>46.91</b>	<b>0.85</b>	<b>47.76</b>	<b>9.28</b>	<b>460.26</b>	<b>442.07</b>	<b>9.19</b>	<b>451.26</b>	<b>(8.99)</b>
<b>Expenditure:</b>										
Pay - Substantive	(18.09)	(18.71)	(0.09)	(18.80)	(0.71)	(225.56)	(219.57)	(1.48)	(221.05)	4.51
Pay - Bank	(3.83)	(3.37)	(0.50)	(3.87)	(0.04)	(52.03)	(38.45)	(5.51)	(43.96)	8.07
Pay - Agency	(1.44)	(1.77)	(0.04)	(1.81)	(0.37)	(14.28)	(15.69)	(1.20)	(16.88)	(2.60)
Pay - Other (Apprentice Levy and Non Execs)	(0.13)	(10.42)	0.00	(10.42)	(10.29)	(1.34)	(11.96)	0.00	(11.96)	(10.62)
<b>Total Pay</b>	<b>(23.49)</b>	<b>(34.26)</b>	<b>(0.64)</b>	<b>(34.90)</b>	<b>(11.41)</b>	<b>(293.21)</b>	<b>(285.66)</b>	<b>(8.19)</b>	<b>(293.85)</b>	<b>(0.63)</b>
Non-Pay	(11.64)	(14.26)	(0.35)	(14.61)	(2.96)	(138.46)	(138.61)	(3.39)	(142.00)	(3.55)
Depreciation	(1.05)	(1.08)	0.00	(1.08)	(0.03)	(13.10)	(13.16)	0.00	(13.16)	(0.06)
Interest Expense	(1.26)	(1.26)	0.00	(1.26)	0.00	(14.85)	(14.87)	0.00	(14.87)	(0.02)
PDC Dividend Expense	(0.64)	(0.68)	0.00	(0.68)	(0.04)	(0.64)	(0.68)	0.00	(0.68)	(0.04)
<b>Total Non-Pay</b>	<b>(14.60)</b>	<b>(17.28)</b>	<b>(0.35)</b>	<b>(17.63)</b>	<b>(3.03)</b>	<b>(167.04)</b>	<b>(167.31)</b>	<b>(3.39)</b>	<b>(170.71)</b>	<b>(3.66)</b>
<b>Total Expenditure</b>	<b>(38.09)</b>	<b>(51.55)</b>	<b>(0.99)</b>	<b>(52.54)</b>	<b>(14.45)</b>	<b>(460.26)</b>	<b>(452.97)</b>	<b>(11.58)</b>	<b>(464.55)</b>	<b>(4.30)</b>
<b>Surplus/(Deficit)</b>	<b>0.39</b>	<b>(4.64)</b>	<b>(0.14)</b>	<b>(4.78)</b>	<b>(5.17)</b>	<b>0.00</b>	<b>(10.90)</b>	<b>(2.39)</b>	<b>(13.29)</b>	<b>(13.29)</b>

The table includes Covid Vaccination Programme costs of £21.05m (£19.08m Pay and £1.97m Non pay), which are £3.37m lower than planned. This cost is a pass through and it has been assumed that this is fully offset in income.

## Best Value Care

FY22 Target		FY22 Forecast		FY22 Variance		M12 Target		M12 Actual		M12 Variance	
FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF
£5.95m	£1.84m	£4.19m	£1.61m	£1.75m	£0.23m	£0.71m	£0.16m	£0.41m	£0.16m	£0.30m	£0.00m
<b>£7.79m</b>		<b>£5.80m</b>		<b>(£1.99m)</b>		<b>£0.87m</b>		<b>£0.57m</b>		<b>(£0.30m)</b>	

Overall Status	
R	Red rated due to full year actual delivery v Target.

### Target v Full-year Delivery

1. The full year delivery is £1.99m below target. This is due primarily to:

- The removal of savings associated with the Same Day Emergency Care Programme (SDEC), due to difficulties in agreeing the quantification of financial benefits (£0.9m);
- The Estates and Facilities Programme, whereas the Medirest scheme has slipped into 2022-23 (£0.16m);
- The Procurement programme, due to a number of consumable schemes that have slipped into 2022-23 (£0.20m);
- The Variable Pay programme, whereas all schemes have slipped into 2022-23 (£0.47m);
- Under achievement of schemes such as Cessation of Ophthalmology Outsourcing and additional ERF schemes within W&C (£0.15m);
- Schemes not identified (£0.15m); and
- Elective Recovery Funding under achievement (£0.23m).

2. Corporate non-recurrent pay underspends, Orthopaedic Prosthesis project and the D&O Divisional Financial Improvement Plan have delivered above their target (£0.29m).

### 2022/23 – 2024/25 Planning

- Support continues to be targeted at Divisions to help review and evaluate the Benchmarking information provided to inform their Transformation and Efficiency plans.
- 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.
- 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 2: Summary by Programme

(Note: ERF actual figures are estimated)

Key	> 95%	> 75%	< 75%

Programme	Month 12 YTD Target			Month 12 YTD Actual			Delivery RAG
	FIP	ERF	Total	FIP	ERF	Total	
Outpatients innovation	£12,884	£1,092,000	£1,104,884	£18,221	£1,269,261	£1,287,482	
Theatres Productivity	£338,240	£750,000	£1,088,240	£339,577	£340,909	£680,486	
Variable Pay Programme	£475,800	£0	£475,800	£0	£0	£0	
Comparative and Benchmarking - SDEC	£900,000	£0	£900,000	£0	£0	£0	
Comparative and Benchmarking - Procurement	£171,300	£0	£171,300	£0	£0	£0	
Comparative and Benchmarking - Estates & Facilities	£100,000	£0	£100,000	£0	£0	£0	
Comparative and Benchmarking - Work force	£33,000	£0	£33,000	£0	£0	£0	
Pathology Transformation	£0	£0	£0	£20,400	£0	£20,400	
Transactional - Trustwide	£2,278,000	£0	£2,278,000	£2,278,000	£0	£2,278,000	
Transactional - Corporate	£498,000	£0	£498,000	£728,000	£0	£728,000	
Transactional - D&O	£192,689	£0	£192,689	£223,586	£0	£223,586	
Transactional - Medicine	£30,000	£0	£30,000	£0	£0	£0	
Transactional - Surgery	£102,973	£0	£102,973	£88,533	£0	£88,533	
Transactional - UEC	£0	£0	£0	£0	£0	£0	
Transactional - W&C	£51,040	£0	£51,040	£10,400	£0	£10,400	
Covid spend Reduction	£500,000	£0	£500,000	£499,999	£0	£499,999	
Unidentified	£155,593	£0	£155,593	£0	£0	£0	
<b>Total</b>	<b>£5,945,300</b>	<b>£1,842,000</b>	<b>£7,787,300</b>	<b>£4,913,57</b>	<b>£1,610,170</b>	<b>£5,801,527</b>	

### Item 1: Cumulative Phased Forecast Savings Plan

