



Single Oversight Framework

Reporting Period: Month 5
2022/23

Inspected and rated

Good



Single Oversight Framework – Month 5 Overview (1)



Domain	Overview & risks	Lead
<p>Quality Care</p>	<p>August continued to be a prolonged period of exceptional' pressure across all services and pathways within the organisation. All additional bed capacity including that over and above our initial 'winter' plan has remained open with the requirement for super-surgings described last month again being enacted on a number of occasions. This pressure has been felt across the organisation including within the Emergency Department with ongoing episodes of overcrowding noted and impacting on our ability to provided safe, consistent and quality care and patient experience, in the manner that we would desire. This negative impact on staff experience and morale is also recognised Despite these difficulties and challenges, our teams continue to focus on delivering good quality care in the safest manner possible. The inpatient falls rate has reduced and hospital acquired pressure ulcer rates remain consistently low despite the described challenges.</p> <p>There are 3 exception reports to note this month</p> <p>Exception reports: C-DIFF: 21.35 (YTD 20.29) against a standard of 20.6. A reduction in the number of hospital associated cases of C-Diff when compared with the same time last year. We have 4 hospital acquired C-Diff subject to full end to end review due October 2022. COVID-19: During August we monitored 3 outbreaks and clusters across the organisation. In line with NHSE advice we introduced enhanced cleaning, environmental audits and placed air scrubbers in affected areas. Outbreak meetings have been held weekly and provide the assurance required to the regional team. MRSA: Although we continue to report as red we have had no additional MRSA cases in the organisation.</p>	<p>MD, CN</p>

Single Oversight Framework – Month 5 Overview (2)



Domain	Overview & risks	Lead
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<p>People & Culture</p>	<p>People</p> <p>In August 2022 (M5) our sickness absence levels and overall workforce loss has decreased. The current sickness level is reported as 4.1% which is an decrease when compared to 5.4% in July 2022 This sits marginally above the revised Trust target 4.0%. The main reasons for sickness are reported as Stress and Anxiety and Chest and Respiratory problems. Across the ICB the sickness level for M5 are recorded at 5.7%.</p> <p>As part of the Trusts HWB approach we are developing approaches to raise awareness of the impact of menopause on colleagues and taking positive action to change perceptions. A working group has been developed and we are currently focusing on planning a menopause conference in October 2022 to align with World Menopause Day. Our wellbeing programme is also focusing on financial wellbeing, staff mental health and physical health, with programmes around World Mental Health Day and focuses on loneliness.</p> <p>The Trust are aware the Trade Unions are preparing to ballot members for industrial action in relation to the recent pay award. To support the Trusts preparedness for any industrial action including strike action, an Industrial Action Group has been developed to ensure the Trust are able to respond to any notification from the Trade Unions regarding strike action to ensure essential services are delivered and staff are supported.</p> <p>Total workforce loss (Inc. sickness, maternity and infection precaution) sits at 6.1%, this sits below the target 6.5%. These are really positive indicators.</p> <p>Overall resourcing indicators for M5 are positive, our overall vacancy's has marginally reduced and is under target and turnover sits under the trust target.</p> <p>Supporting the winter plan and a planned reduction of our vacancy levels we recent held a successful recruitment fair, were we recruited 114 staff, we have arranged a further fair during October 22.</p> <p>Improvement</p> <p>Update on QI Maturity Matrix Year 2 actions presented to TMT and further update to PCI Committee in Aug-22. Full support to progress key priority areas in line with our Vision for Continuous Improvement.</p> <p>Our aim is to increase visibility and understanding of our Improvement offer at SFH through a simplified message. In August a dedicated Board Development session was delivered on our vision and approach to Improvement in SFH.</p> <p>Key progress areas includes July/Aug launch of the Optimising the Patient Journey Programme of Improvement; initial focus on pillar lead recruitment and collation of stories from colleagues/patients.</p> <p>Culture and Engagement</p> <p>Engagement and actions of 2021 National Staff Survey results continues – results were analysed with 3 theme commitments identified focussed on 'Valuing You' 'Caring about You' and 'Developing You'. Progress at a Trust level against these themes is well underway with updates reported through existing governance frameworks and Trust communications channels. Divisional and team actions continue to be supported at a local level with progress discussed as part of the DPR process quarterly. Preparation is under way for the National Staff Survey 2022 with a multi-professional task and finish group in place to drive engagement. NSS22 launch 3rd October 22.</p>	<p>DOP, DCI</p>
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Single Oversight Framework – Month 5 Overview (2)



Domain	Overview & risks	Lead
<p>People & Culture</p>	<p>Culture and Engagement (Continued)</p> <p>The Q2 2022 quarterly pulse survey ran across July with a 23.7% response rate which is the highest response rate to date. A review of results has been shared with key leadership teams and leads. There has been deterioration in some scores however SFH benchmarks positively when compared to peers nationally.</p> <p>The last of our site visits around Kings Mill Hospital were undertaken in August, to engage with colleagues following the introduction of our People, Culture and Improvement Strategy for 2022-2025 whilst also taking the opportunity to check-in and support colleague wellbeing. This follows visits to all 3 sites across July/Aug.</p> <p>Reward and Recognition has been a key focus for the team and Trust with regards 'getting the foundations right'. A review and approach was approved at TMT and ET. Feedback has also been sought from Divisions to ensure the approach is in touch with colleagues needs currently. Aim to relaunch offers October 22.</p> <p>OD team have focussed on planning and promoting the upcoming Civility, Kindness and Respect week (Sept-22) in partnership with Nottinghamshire ICS.</p> <p>Learning and Development</p> <p>Our Mandatory Training and Development compliance currently sits at 87%. This is below the Trust target (90%). Training has now resumed as normal and our Task & Finish Group have been working together to improve compliance.</p> <p>The group is developing plans to support increasing capacity due to relaxing of IPC regulations and implementation plans for the new MAST and induction programmes. Sign off of the revised workbook offer is underway and implementation of Learning Governance Groups (to manage the process ongoing) are due to be in place by end Oct-22.</p> <p>We expect to see an upturn in compliance during the coming months. The new induction process is due to be introduced from mid-October and as such, increased assurance and compliance of all MAST requirements.</p> <p>Appraisals levels sit at 85% for August, this is below the Trust target but favourable in comparison to National/local levels. This is a reflection of workforce loss during July due to COVID absences, along with Annual Leave impact during School summer holidays.</p> <p>A working group is in place to improve compliance and experience, the outcome of the Jul-22 meeting was the production of an options appraisal proposal (digital vs paper-based approach). This appraisal has been shared with TMT with support to move to a more digitally focussed process. Next steps will be to introduce the new process and support ongoing development of quality of appraisals.</p>	<p>DOP, DCI</p>

Single Oversight Framework – Month 5 Overview (2)

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 August 2022 was 4.1%, (July 2022 5.5%). This is expressed in figure 1.

DOP, DCI

Lateral Flow Tests – Overall there were 14,419 test distributed, with 9,117 test registered (63.2%). Of the completed tests there has been 3,438 positive test (1.1% positive results). This is expressed in figure 2.

Figure 1 – Total COVID Workforce Loss

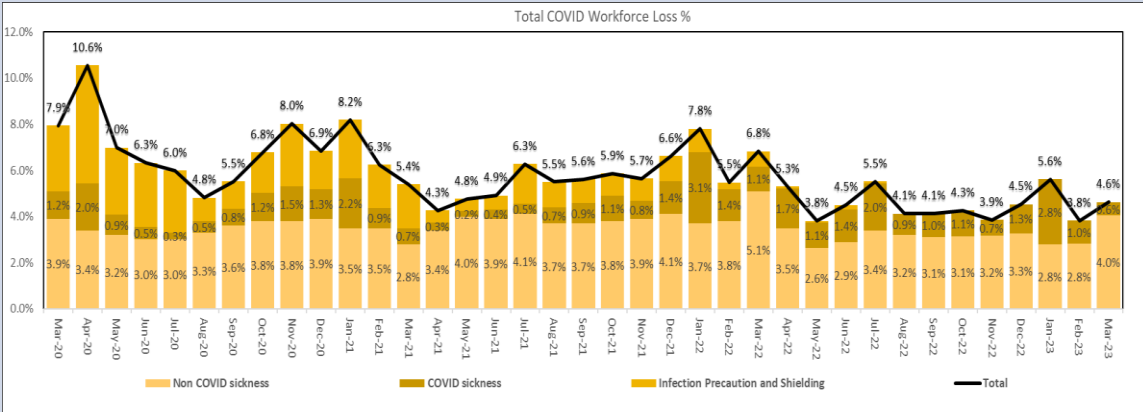
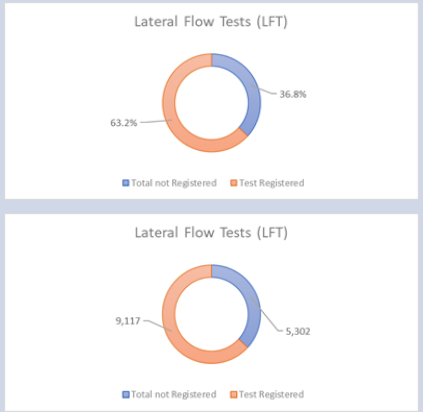


Figure 2 – Lateral Flow Tests



Single Oversight Framework – Month 5 Overview (3)



Domain	Overview & risks	Lead
<p>Timely care</p>	<p>August continued to be challenging across the emergency pathway with average daily attendances of 469. 5 days of the month saw attendances over 500. Performance against the 4 hour standard worsened in August 2022 to 77.4%. There was a national deterioration in performance with trusts achieving between 40.6% and 71.8%, over two thirds were below 60%. The trust ranked 15th in the country and 2nd regionally. In response to the increasing attendance pressures, the trust, at points, had to take extraordinary actions opening a further 27 beds on top of the winter and escalation beds already open, to decongest a significantly overcrowded ED. Due to the hard work and continued dedication of colleagues throughout the trust, the beds were closed as soon as pressure allowed.</p> <p>MSFT patient numbers continued to increase over the month to a mean average of 119. The trust continued to declare OPEL level 4 throughout the month, with patients experiencing long delays in ED. Bed occupancy remains higher than the national target (92%) at 94.4%, 13 days of 95%, reaching up to 98% resulting in long waits for patients and over crowding in ED.</p> <p>Elective inpatient procedures continued to be adversely affected over the month of August. In the main this was due to reduced activity as a result of leave, emergency pressures and reduced anaesthetic cover due to vacancies.</p> <p>The trust submitted a non compliant plan against the follow up reduction target of 25% in the 2022/23 planning round. To date the reduction made has been small (4.3%) and due to the size of the overdue review list it is unlikely that this will improve significantly. Good progress has been made against the 5% Patient Initiated Follow Up target with performance exceeding the target.</p> <p>The number of patients waiting more than 62 days on a suspected cancer pathway in August was 102 which is over trajectory. 62 day performance for July improved on the previous month to 63.7% against the national average of 61.6% and the ICS average of 55%. The average wait for first definitive treatment in July was 64 days (58 in July 2021). The Faster Diagnosis Standard (FDS) performance improved to 78.8% against the 75% standard with SFHT ranked 37th out of 125 trusts.</p>	<p>COO</p>

Single Oversight Framework – M5 Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Best Value care	<p>Income & Expenditure:</p> <ul style="list-style-type: none"> The Trust has reported a deficit of £0.6m for Month 5 (August 2022). Year-to-Date performance for the period to Month 5 is a deficit of £5.8m, which is £1.4m adverse to plan. This reflects the continued need for additional bed capacity above the budgeted bed baseline and a shortfall on Financial Improvement Programme savings. The reported position includes year-to-date expenditure of £3.9m for COVID-19 and Covid-19 Vaccination Programme costs of £3.6m. The forecast outturn at Month 5 shows delivery of the planned £4.7m deficit for the financial year. The key risks to delivery remain as reported in previous months, in particular Elective Recovery Funding, Transformation & Efficiency Plan, Covid Expenditure and Capacity relating to operational pressures. <p>Financial Improvement Programme (FIP):</p> <ul style="list-style-type: none"> The Financial Improvement Programme (FIP) delivered savings of £0.4m in August 2022, compared to a plan of £ 1.2m. The forecast savings for 2022/23 total £13.9m, including the expected benefit of Elective Recovery Funding (ERF). <p>Capital Expenditure & Cash:</p> <ul style="list-style-type: none"> Capital expenditure of £0.6m has been reported for Month 5, against a plan of £2.1m. The year-to-date capital expenditure is £2.5m, which is £4.9m lower than planned. The phasing of the plan contributes to this. The Trust's Capital Oversight Group continues to review progress on key schemes and has received assurances relating to the full-year delivery. Closing cash for the period was £4.8m, which is £2.6m higher than planned. The forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required; however this does rely on the delivery of cash releasing efficiency savings. <p>Agency Expenditure:</p> <ul style="list-style-type: none"> The Trust has year to date expenditure of £7.6m of agency costs. This is £2.3m adverse to the planned spend of £5.2m due to additional capacity opened and agency covering vacancies within Divisions. The Nottingham & Nottinghamshire ICB has been set a system agency ceiling of £54.6m by NHSE/I for 2022/23, which represents a reduction of 29% compared to 2021/22 reported expenditure. The indicative SFH ceiling is £14.7m, which is aligned to the financial plan. 	CFO

Single Oversight Framework – Month 5 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	
QUALITY CARE	Safe	Patient safety incidents per rolling 12 month 1000 OBDs	>44	Aug-22	46.46	47.73		G	MD/CN	M
		All Falls per 1000 OBDs	6.63	Aug-22	7.56	6.91		A	CN	M
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Aug-22	20.29	21.35		R	CN	M
		Covid-19 Hospital onset	<37	Aug-22	80	28		R	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Aug-22	3.20	0.00		R	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jul-22	95.2%	97.8%		G	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	Aug-22	8.9	8.7		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Aug-22	1.31	1.55		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<90%	Aug-22	89.8%	88.9%		A	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	<96%	Aug-22	95.4%	94.9%		A	MD/CN	M
Effective	Cardiac arrest rate per 1000 admissions	<1.0	Aug-22	0.81	0.85		G	MD	M	

Single Oversight Framework – Month 5 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	<4.0%	Aug-22	4.5%	4.1%		A	DoP	M
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	Aug-22	6.7%	6.1%		G	DoP	M
		Employee Relations Management	<10-12	Aug-22	35	9		G	DoP	M
	Resourcing	Vacancy rate	≤6.0%	Aug-22	4.6%	4.7%		G	DoP	M
		Turnover in month (excluding rotational Drs.)	<0.9%	Aug-22	0.6%	0.5%		G	DoP	M
		Mandatory & Statutory Training	>90%	Aug-22	87.0%	87.0%		A	DoCI	M
		Appraisals	≥95%	Aug-22	86.0%	85.0%		R	DoCI	M

Single Oversight Framework – Month 5 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	90.0%	Aug-22	78.9%	77.4%		R	COO	M
		Mean waiting time in ED (in minutes)	220	Aug-22	205	208		G	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	Aug-22	4.8%	3.9%		G	COO	M
		Number of patients who have spent 12 hours or more in ED from arrival to departure as a % of all ED Attendances	shadow monitoring	Aug-22	2.4%	2.7%			COO	M
		Mean number of patients who are medically safe for transfer	<22	Aug-22	103	119		R	COO	M
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Aug-22	95.3%	96.1%		R	COO	M
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Aug-22	16.9%	16.0%		R	COO	M
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	on trajectory	Aug-22	-	6.0%		G	COO	M
		Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	Aug-22	-4.3%	5.5%		R	COO	M
		Elective Day Case activity against Plan	on trajectory	Aug-22	94.6%	95.5%		A	COO	M
		Elective Inpatient activity against Plan	on trajectory	Aug-22	87.3%	82.6%		R	COO	M
		Elective Outpatient activity against Plan	on trajectory	Aug-22	100.5%	104.9%		G	COO	M
	Diagnostics	Diagnostics activity against Plan	on trajectory	Aug-22	111.1%	112.3%		G	COO	M
	RTT	Number of patients on the incomplete RTT waiting list	on trajectory	Aug-22	-	45889		A	COO	M
		Number of patients waiting 78+ weeks for treatment	on trajectory	Aug-22	-	46		G	COO	M
		Number of patients waiting 104+ weeks for treatment	on trajectory	Aug-22	-	0		G	COO	M
		Number of completed RTT Pathways against Yr2019/20	on trajectory	Aug-22	97.4%	105.2%		G	COO	M
	Cancer Care	Number of patients waiting over 62 days for Cancer treatment	86	Aug-22	-	102		R	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Jul-22	77.7%	78.8%		G	COO	M

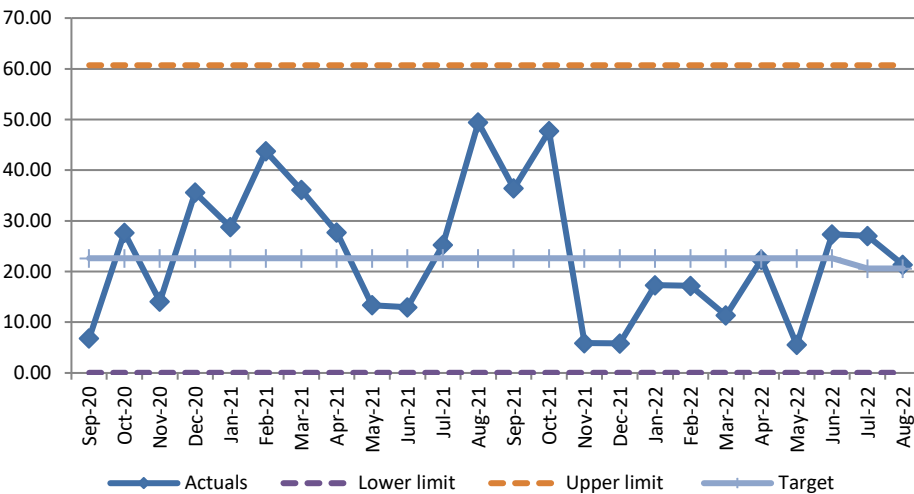
Single Oversight Framework – Month 5 Overview (4)



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	Income & Expenditure - Trust level performance against Plan	£0.00m	Aug-22	-£1.42m	-£0.09m		A	CFO	M
	Finance	Financial Improvement Programme - Trust level performance against Plan	£0.00m	Aug-22	-£1.94m	-£0.82m		A	CFO	M
	Finance	Capital expenditure against Plan	£0.00m	Aug-22	£4.88m	£1.45m		A	CFO	M
	Finance	Cash balance against Plan	£0.00m	Aug-22	£2.64m	£1.21m		G	CFO	M
	Finance	Agency expenditure against Plan	£0.00m	Aug-22	-£2.34m	-£0.18m		A	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Aug-22	20.29	21.35		R	CN	M



National position & overview

- This year the Trust has been given a trajectory of 92 cases of C-diff, however this is higher than usual and is currently under review therefore we are continuing to work to our previous trajectory of 57;
- The Trust have seen a reduction in the number of hospital associated cases of C-diff when compared with the same time last year, although there was a slight increase during June and July 2022;
- Total Trust Attributed C diff cases to date for this year is 32, compared to 42 in 2021 /22;
- There is an increase in C-diff cases nationally and C-diff Collaboration meetings have been established by NHSE/I;
- Following benchmarking against our peer Trusts we are in the middle.

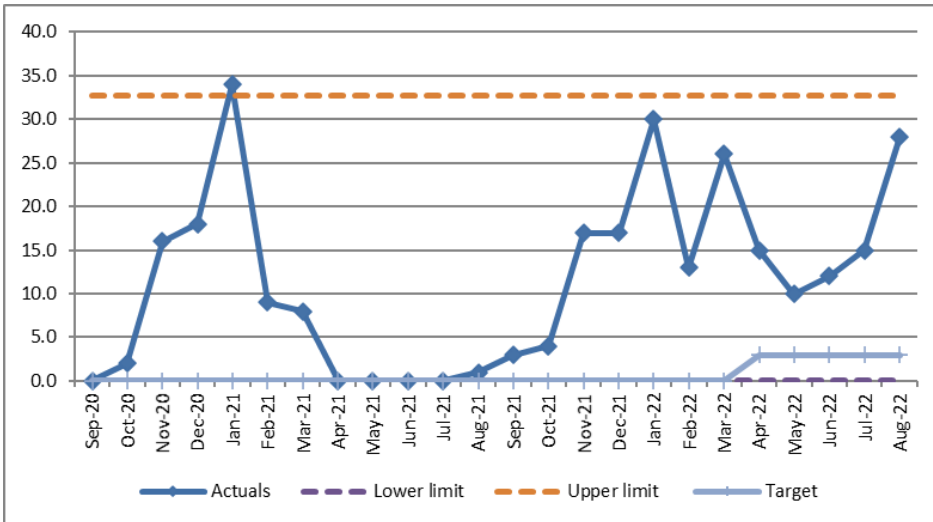
Root causes	Actions	Impact/Timescale
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- Two C diff deaths 2022/2023
- There have been 4 cases of hospital acquired C-diff in August 2022.
- RCA's sent out to the wards;
- 2 awaiting completion of RCA by the ward;
- 1 RIP and awaiting the Cause of death from a post-mortem;
- 1 case has had the ward meeting and awaiting feedback.

- Fundamentals of IPC training is being carried out by the IPC team on all wards and departments;
- Full end-to-end investigation into both the patients death is underway, this is including a review of what interaction the patients had with any healthcare prior to admission with support from the community IPC team;
- Deep clean of the outbreak ward has taken place;
- Second Peer Review by NHSE/I is being arranged, awaiting dates.

- October 2022
- October 2022
- Complete
- October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Covid-19 Hospital onset	<37	Aug-22	80	28		R	CN	M

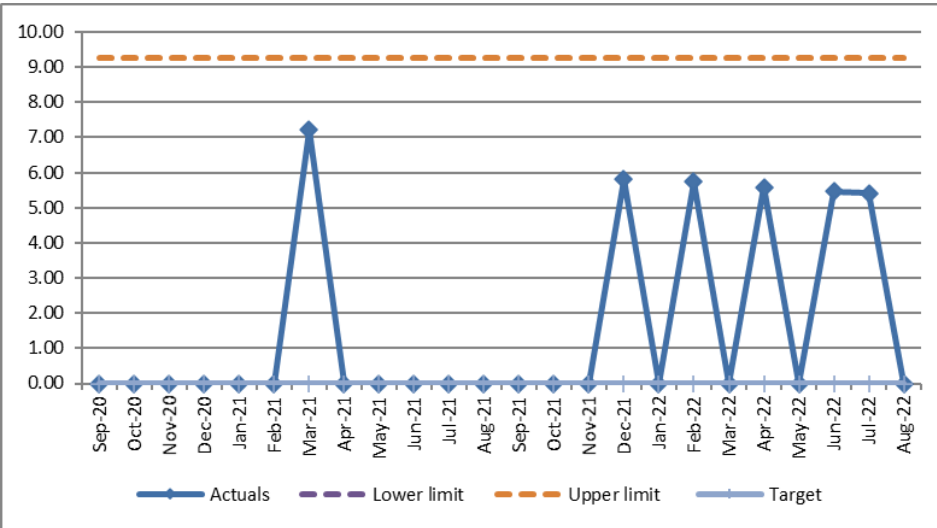


National position & overview

- 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 August 2022 the Trust identified 19 cases of probable or definite hospital acquired cases.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • In August 2022 we declared 3 Outbreaks and Clusters of Covid-19 across the organisation and the majority of the probable or definite cases were involved with these outbreaks or were contacts of community positives; • We also had some positive visitors identified; • RCA's also identified COVID positive care home discharge swabs. 	<ul style="list-style-type: none"> • Universal mask wearing was reintroduced in the Trust in June 2022; • Enhanced cleaning was implemented in all outbreak/cluster areas; • Regular outbreak meetings with NHSE/I and PHE to monitor progress of the outbreaks • The introduction of 48 hour swabbing once a patient is identified as a care home discharge. 	<ul style="list-style-type: none"> • To reduce the impact of asymptomatic carriage of covid, e.g. visitors who tested positive shortly after visiting; • To further reduce environmental contamination; • To monitor cases and capture learning early; • To identify COVID infections early to help prevent delayed discharges to care home.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Aug-22	3.20	0.00		R	CN	M



National position & overview

- The Trusts national trajectory for MRSA bacteraemia is zero for 2022-23;
- All organisations nationally have a zero target for MRSA;
- The Trust have now had 3 MRSA Bacteraemia this year;
- Other organisations in the region are also seeing an increase in MRSA blood stream infections;
- 5 out of 11 peer Trusts have also had 1 or more MRSA bacteraemia to date this year.

Root causes

- In August 2022 we have not had any cases of MRSA bacteraemia.

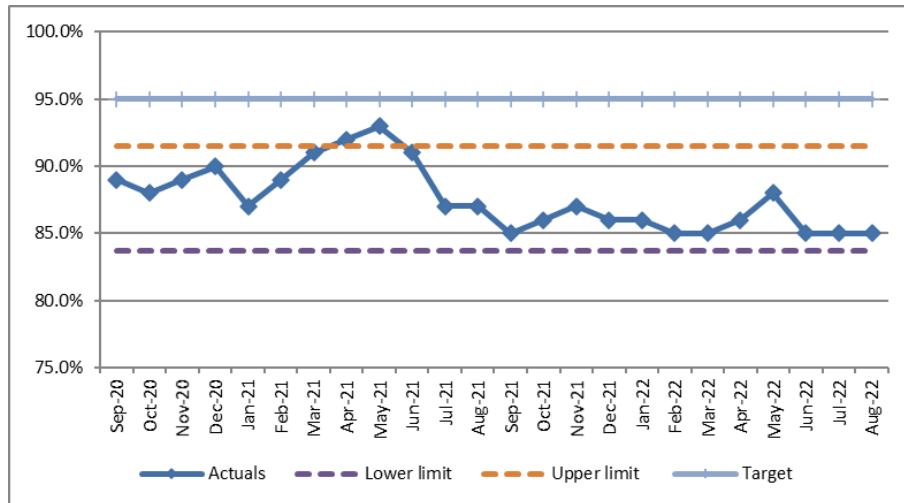
Actions

- Fundamentals of IPC training is being carried out by the IPC team on all wards and departments
- Working with Claire Madon (CNIO) and the Nerve centre team to add the MRSA decolonisation treatment to this now we are using EPMA, as it used to be pre printed on the drug chart.

Impact/Timescale

- October 2022
- October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	≥95%	Aug-22	86.0%	85.0%		R	DoCI	M

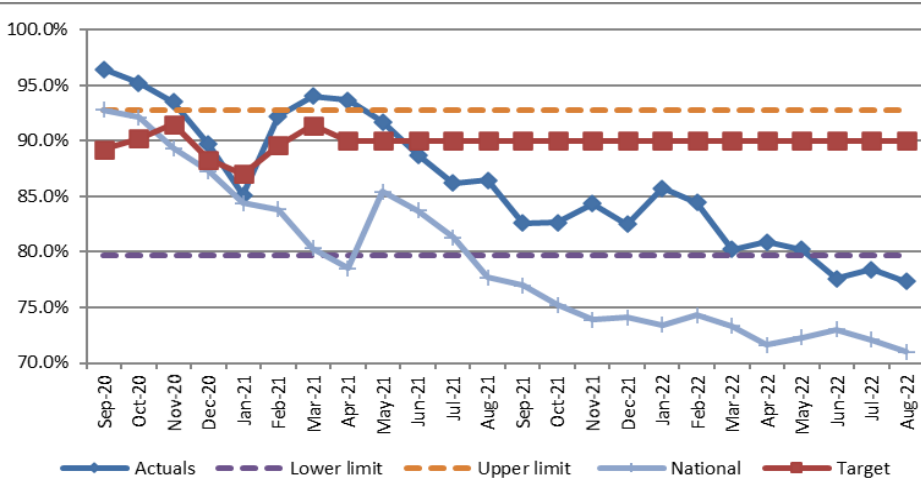


National position & overview

The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers. Across the ICB the appraisal level for M5 are recorded at 81.8%.

Root causes	Actions	Impact/Timescale
<p>The Appraisal position is reported at 85.0%, and is at the same level than last month.</p> <p>The key cause of below trajectory performance on the appraisal compliance is related to workforce loss during August due to COVID absences, along with Annual Leave impact.</p>	<p>Our People Partners will continue to support discussions with Line Managers at confirm and challenge sessions seeking assurance and offering guidance.</p> <p>Ongoing actions: Options appraisal as regards the digital vs paper-based approach. Options Appraisal due to go out to group for consideration. Agreement to pursue a digital model was made and a first version to be commissioned and demonstrated in the coming weeks. The move to a digital platform is thought to offer as more streamlined and collaborative approach to undertaking appraisals, moving away from the clunky paper-based approaches. PLT policy will also protect time around appraisal activity to ensure that staff feel the importance of quality appraisal.</p>	<p>We will continue to strive for improvements in compliance between now and September, but recognise there will be a higher level of annual leave, so will continue to monitor</p> <p>By end 22/23</p> <p>Build first version of new system to showcase at next iteration of TMT.</p> <p>Update PLT policy and highlight through relevant cabinets then nursing / midwifery cabinet.</p>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Percentage of patients waiting >4 hours for admission or discharge from ED	95%	Aug-22	78.9%	77.4%		R	COO	M



National position & overview

- SFH performance was 77.4% for August 2022.
- Performance continues to be driven mainly by exit block and high numbers of MSFT
- National rank 15th out of all comparison Trusts
- Regional rank 2nd out of all comparison Trusts
- Average attendances were 469, with 5 days of the month exceeding 500
- 12 hr DTA , 106, rank 50th out of 107 comparison trusts
- Newark UTC averaged at 99% of patients seen and treated under 4 hrs.
- Bed pressure was a key driver of performance
- MSFT is driving a total of 5 wards worth of demand against a threshold of one. This is shown in a further slide later in the SOF
- The trust hit OPEL level 4 on 8 days during August

Root causes

Bed capacity pressure

- Delays in the discharge of patients who require social care support following discharge.
- 5 wards currently being used solely for medically fit patients with no onward destination

Waiting to be seen / Time to Decision

- 10% increased attendances which continues to be more than planned capacity
- 31% increased workload in department (bed waits and overcrowding)

Actions

Extended the use of Sherwood Care Home and increased the number of beds at Newark Hospital on Castle Ward - These beds do not mitigate the MSFT risk fully

Utilising the Urgent Community Response (UCR) capacity for 'settling in' where patients who attend ED are able to be discharged safely with the UCR team to bridge any gap in smaller packages of care over night/for a few hours

Capacity and Demand exercise complete across ED Nursing and Medical staffing – business case finalised and to TMT 5th October 2022.

Actions from the Optimising Patient Journey will be expedited to focus on ward process, patient expectation re discharge and communication/IT solutions. A weekly task and finish group is now in place with key members of the trust senior leadership team.

Impact/Timescale

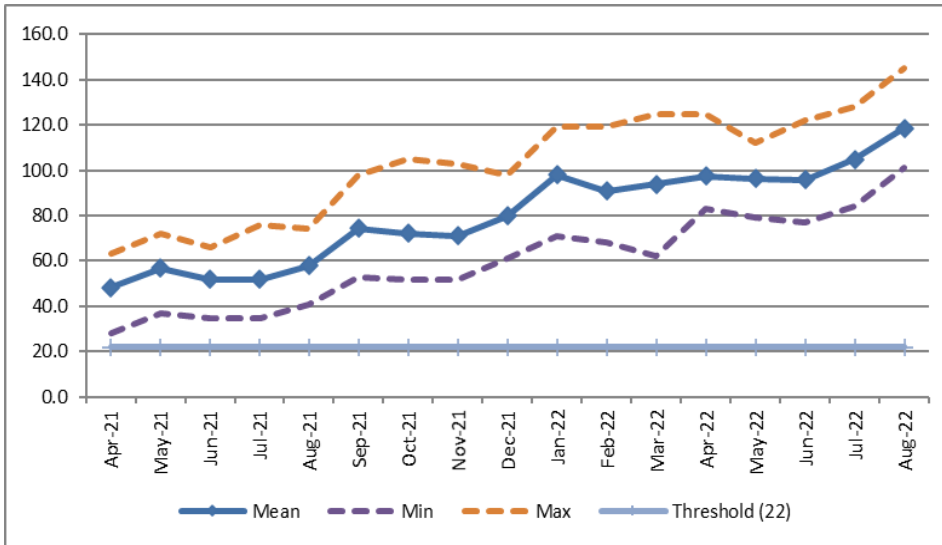
- In place

- In place

- October 2022

- October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Mean number of patients who are medically safe for transfer	<22	Aug-22	103	119		R	COO	M



National position & overview

- local position continues to remain significantly above the agreed threshold of 22 patients in the acute trust, in delay.
- There are currently 5 wards worth of patients in delay
- The position is a direct link to capacity issues within adult social care and care agencies
- Additional winter and surge capacity remains open, additional capacity opened at short notice as part of escalation on OPEL L4
- System Virtual Ward Business Case signed off but delayed start and reduced numbers due to Notts Health care staffing shortages
- System D2A business case due to start November 2022 for SFH

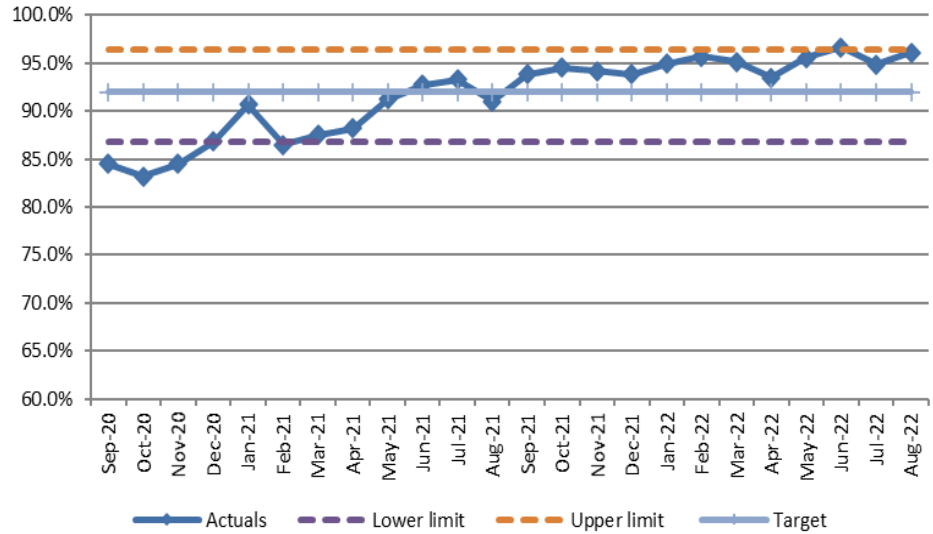
Root causes	Actions	Impact/Timescale
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- Lack of staff within care agencies to support P1 discharges, exacerbated by school holidays
- Interface between acute trust and system partners requires further development
- Funding for ongoing health requirements beyond discharge process inconsistencies

- Working with Adult Social Care and ICB to significantly improve the interim bed offer process.
- Discharge to Assess (D2A) programme to commence November 2022 for SFH
- Transfer of Care Hub (TOCH) start date Mid October
- Electronic solution for D2A form to ensure agencies all have up to date information for decision making and forward planning should be live mid October
- Provider collaborative action with Notts health Care to expand current scheme to deliver home care
- Internal audit of bed designation taking place to inform system wide actions
- Weekly TOCH meeting to build relationships and prepare partners for working together
- Working with system discharge lead to improve internal discharge process

- In progress
- November 2022
- Mid October 2022
- Mid October 2022
- November 2022
- In progress
- In place
- In progress

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Aug-22	95.3%	96.1%		R	COO	M



National position & overview

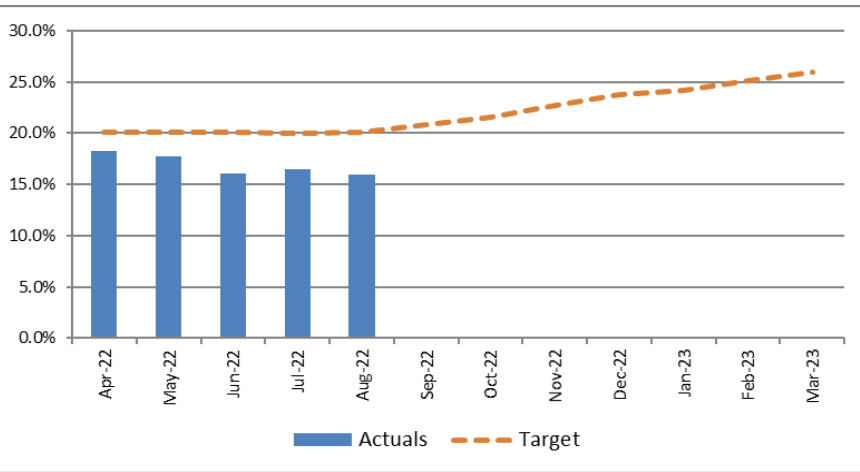
- The trust continues to operate at occupancy levels significantly higher than the planned 92%
- Delays to the onward care of MSFT patients continue to have a detrimental effect on capacity and flow
- In August the trust experienced occupancy above 92% on 23 days out of 30, 13 of those days were over 95%
- Additional capacity is opened and closed in response to internal bed flow pressures which temporarily improves occupancy

Root causes	Actions	Impact/Timescale
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- The Trust continues to experience delays in the discharge of patients who are MSFT
- There are 5 wards of patients who are medically fit for transfer but have no onward destination.
- Bed modelling shows that the occupancy of the trust is almost entirely driven by increasing MSFT numbers and associated increasing length of stay

Actions are as illustrated in previous two slides

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Aug-22	16.9%	16.0%		R	COO	M

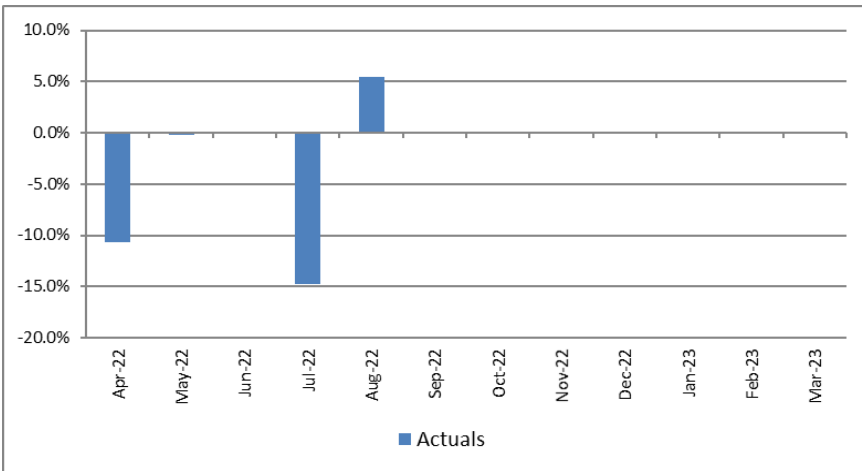


National position & overview

- National target to deliver 25% of all outpatient attendances virtually
- Currently delivering 16% of outpatient consultations virtually against the national target of 25%

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Clinical preference for face to face consultations • Infrastructure issues with regards to connectivity, space and support • Capacity of comms/IT colleagues to develop patient information repository to support virtual appointments 	<ul style="list-style-type: none"> • A virtual core project team has been set to define problems and actions to address • A questionnaire for clinical teams to gain insight into delays with implementation and actions required • patient experience analysis complete, action plan under development • Patient facing comms on trust website in place about how to access remote appointments and what to expect, • Individual specialty review to increase usage 	<ul style="list-style-type: none"> • Established and ongoing • October 2022 • October 2022 • October/November 2022 • October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	Aug-22	-4.3%	5.5%		R	COO	M

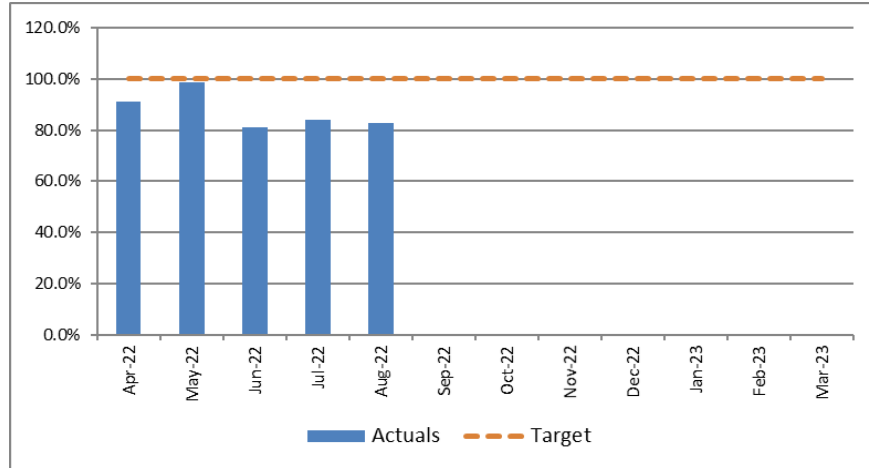


National position & overview

- The Trust delivered 5.5% more follow-up appointments in August 2022 versus 19/20. Year to date, the Trust have reduced follow-up appointments by 4.3% compared to 19/20, against the 25% target.
- The Trust still have a significant volume of overdue reviews which is impacting on the ability to reduce overall follow up attendances
- The Trust have currently discharged 6% of patients to a Patient Initiated Follow-Up (PIFU) pathway, against a national target of 5% by March 2023
- ‘Broadcast’ text messages are now being sent out to patients for clinics where there have been short-notice cancellations, to flag that an appointment has become available. The slot is offered on a first-come, first-served basis

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Overdue review backlog circa 14,000 • Patient Initiated Follow Up (PIFU) not in place in all specialties (PIFU pathways are not suitable for patients with long term conditions) • Expand the use of Patient Knows Best 	<p>The trust we have been clear that due to the size of the overdue review list, we will not achieve the 25% reduction this year. A non compliant position was reported in the 2022/23 planning submission</p> <ul style="list-style-type: none"> • Comms to be sent to patients in coming weeks to confirm whether they still require an appointment. • Introduction of PIFU in specialties underway • PIFU See On Symptoms pathways are already in place in some specialties, such as Gastroenterology and Orthotics; further work needs to be done to introduce PIFU SOS for other long-term conditions 	<ul style="list-style-type: none"> • October/November 2022 • October/November 2022 • November 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Elective Inpatient activity against Plan	on trajectory	Aug-22	87.3%	82.6%		R	COO	M

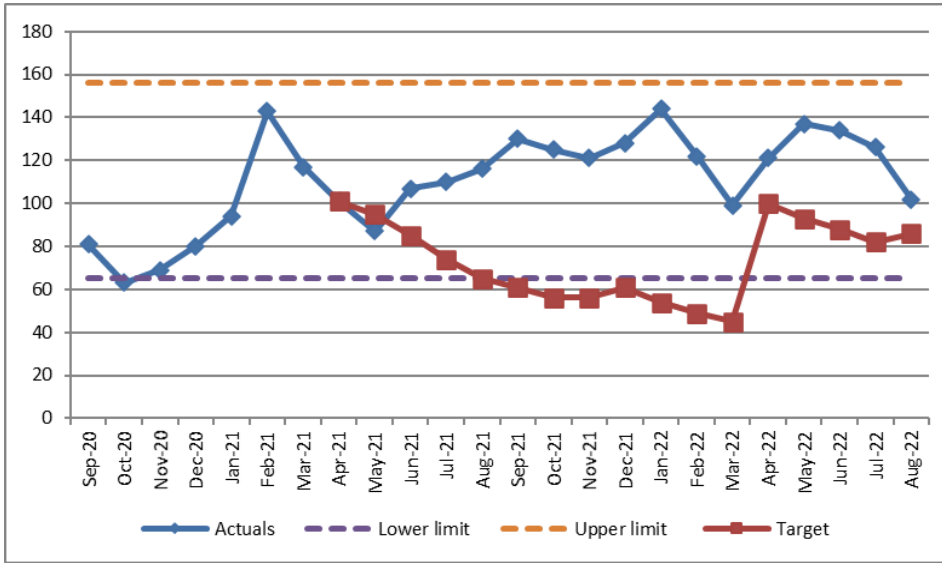


National position & overview

- August 2022 activity volume is 82.6% against the 2022/23 plan and 63.1% against 2019/20 activity
- When comparing August 2022 (281) to August 2019 (445) there is a shortfall of 164 IP procedures
- Elective IP activity throughout August continues to be adversely affected due to increased emergency pathway pressures and capacity
- Throughout August there were 6 elective inpatient cancellations within 24 hrs of their operation

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Sustained urgent and emergency care pathway pressures • Anaesthetic capacity • Annual leave and inability to back fill sessions and weekend lists that would usually run 	<ul style="list-style-type: none"> • Additional lists to make up the lost capacity in September • Weekend lists are taking place in September • 2 new starters in anaesthetic rota, locum consultant and registrar level anaesthetists • Flexibly using available lists across all specialties and trauma to ensure that patients are seen in a timely way 	<ul style="list-style-type: none"> • September • September • September • September

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of patients waiting over 62 days for Cancer treatment	86	Aug-22	-	102		R	COO	M



National position & overview

- Backlog target 70 for SFH to achieve by April 2023
- 74th out of 125 providers for 62 backlog
- 37th out of 125 providers for Faster Diagnosis Standard achieving 78.8% against the 75% standard
- 62 day waiting time was 63.7% for July, (national 61.6% and ICS 55%)
- The average wait for definitive treatment in July was 64 days against 57 for July 2021
- 27 patients were waiting over 104 days in July, of those 13 received treatment in month
- August backlog 102, above trajectory of 86

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Delays to skin 2WW clinic appointments due to increased referral demand and consultant vacancy • Head and Neck reduced capacity provided by visiting consultants due to cover arrangements at tertiary centre • Lower GI impacted by delays to clinical decision making due to process management issues from turnover of supporting staff. Capacity issues due to increased referral demand. • Diagnostic and treatment delays at tertiary centre, including surgical and oncology treatment and diagnostic dates • Urology impacted by TEMPLATE biopsy capacity. 	<ul style="list-style-type: none"> • Recruiting locum and advertising. Additional lists are being provided through Waiting List Initiatives (WLI) • Undertaking demand and capacity analysis • Working with NUH colleagues to jointly fund locum cover to create regular capacity. Work with NUH colleagues in developing job planning. • Implementing new processes to improve timeliness of clinical decision making. • To undertake demand and capacity planning to understand correct core capacity and the required split between 'straight to test' and clinic demand. • ICS assessment and review of sustained increased demand • Urology – plans in place to increase capacity by moving TEMPLATE biopsies in to an outpatient setting. 	<ul style="list-style-type: none"> • Sustainable improvement once substantive vacancy filled • November 2022 • Developing • October 2022 • October 2022 • TBC • November 2022

Best Value Care

Income & Expenditure <i>Trust Level Performance against Plan</i>	In-Month	(£0.09m)	The Trust has reported a deficit of £0.60m for Month 5 (August 2022), on an ICS Achievement basis. This is a £0.09m adverse variance to the planned deficit.
	Year-to-Date	(£1.42m)	The Trust has reported a deficit of £5.79m for the Year-to-Date, on an ICS Achievement basis. This is a £1.42m adverse variance to the planned deficit.
	Forecast Outturn	£0.00m	The forecast outturn reported at Month 5 is aligned to the 2022/23 financial plan, as a deficit of £4.65m.
Financial Improvement Programme <i>Trust Level Performance against Plan</i>	In-Month	(£0.82m)	The Trust has reported FIP savings of £0.57m for Month 5 (August 2022), which is £0.82m lower than planned (includes notional Elective Recovery Fund (ERF) of £0.00m).
	Year-to-Date	(£1.94m)	The Trust has reported FIP savings of £1.48m for the Year-to-Date, which is £1.94m lower than planned (includes notional Elective Recovery Fund (ERF) of £0.00m).
	Forecast Outturn	£0.00m	The Trust has forecast FIP savings of £13.94m for the Financial Year 2022/23, which is aligned to the plan (includes notional Elective Recovery Fund (ERF) of £2.21m).
Capital Expenditure Programme <i>Trust Level Performance against Plan</i>	In-Month	£1.45m	Capital expenditure in Month 5 (August 2022) totalled £0.64m, which is £1.45m less than planned.
	Year-to-Date	£4.88m	Capital expenditure totals £2.48m for the Year-to-Date, which is £4.88m less than planned.
	Forecast Outturn	£0.00m	The Trust has forecast capital expenditure totalling £19.46m for the Financial Year 2022/23, which is aligned to the plan.
Cash Balance <i>Trust Level Performance against Plan</i>	In-Month	£1.21m	The Trust's cash balance increased by £0.93m in Month 5 (August 2022), which is a favourable variance of £1.21m compared to the plan.
	Year-to-Date	£2.64m	The Trust reported a closing cash balance of £4.75m as of 31 st August 2022, which is £2.64m higher than planned.
	Forecast Outturn	£0.00m	The Trust has forecast a year end cash balance of £1.45m for 2022/23, which is aligned to the plan, but which requires working capital borrowing support.

Best Value Care

Agency Expenditure Against Plan <i>Trust Level Performance against Plan</i>	In-Month	(£0.18m)	The Trust has spent £1.63m in month 5 (August 2022). This is a £0.18m adverse variance to the planned level of spend.
	Year-to-Date	(£2.34m)	The Trust has spent £7.57m for the Year-to-Date on agency, This is a £2.34m adverse variance to the planned level of spend.
	Forecast Outturn	(£2.56m)	The forecast outturn reported at Month 5 is to spend £17.24m on agency. This will be £3.58m adverse to the planned level of spend.

M5 Summary

- The Trust has reported a year to date deficit of £5.79m for the period up to the end of August 2022 on an ICS Achievement basis. This is an adverse variance of £1.42m to the planned deficit of £4.36m.
- The ICS forecast outturn reported at Month 5 is a £4.65m deficit in line with the 22/23 financial plan.
- Capital expenditure for month 5 (August 2022) was £0.64m. This was £1.45m lower than plan primarily relating to MRI where funding has yet to be formally approved. The capital plan requires PDC capital support, and the associated request has been submitted to NHSE/I for review and approval.
- Closing cash on the 31st August was £4.75m, which is £2.64m higher than planned. The cashflow forecast demonstrates that working capital PDC support is required to support the forecast cash outflow. A submission has been made to DHSC in September for support in October. This is a consequence of delays in receiving funding, current slippage to plan including delivery of cash releasing efficiency savings and utilisation of balance sheet items which are not cash backed in year.
- The Trust has year to date expenditure of £7.57m of agency costs. This is £2.34m adverse to the planned spend of £5.24m due to additional capacity opened and agency covering vacancies within Divisions.

	August In-Month			Year to Date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	38.02	38.59	0.57	188.58	190.02	1.45	450.14	449.32	(0.83)
Expenditure	(38.53)	(39.19)	(0.65)	(192.98)	(195.76)	(2.77)	(454.89)	(453.96)	0.93
Surplus/(Deficit) - ICS Achievement Basis	(0.50)	(0.60)	(0.09)	(4.36)	(5.79)	(1.42)	(4.65)	(4.65)	0.00
Capex (including donated)	(2.09)	(0.64)	1.45	(7.37)	(2.48)	4.88	(19.46)	(19.46)	-
Closing Cash	(0.28)	0.93	1.21	2.10	4.75	2.64	1.45	1.45	-
Agency Spend	(1.45)	(1.63)	(0.18)	(5.24)	(7.57)	(2.34)	(14.68)	(17.24)	(2.56)

FY23 Target		FY23 Forecast		FY23 Variance		M5 Target		M5 Actual		M5 Variance		YTD Target		YTD Actual		YTD Variance		Overall Status
FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	
£11.73m	£2.21m	£11.73m	£2.21m	£0.00m	£0.00m	£1.20m	£0.18m	£0.36m	£0.21m	(£0.84m)	£0.02m	£2.50m	£0.92m	£0.43m	£1.06m	(£2.07m)	£0.13m	
£13.95m		£13.95m		£0.00m		£1.38m		£0.57m		(£0.82m)		£3.42m		£1.48m		(£1.94m)		

Section 2 - Financial Improvement Plan Actual Delivery (Month 5)

Year To Date Delivery

- In-month delivery is behind plan. **We have delivered £359k against a plan of £1,196k.**
- There are currently 16 schemes in delivery, an increase of 6 from last month which includes schemes within the Nursing, Medical and Divisional Programmes.
- Procurement savings were phased to start delivering from April. There is however currently only one scheme in delivery (started in July) for pacing consumables. It is anticipated more consumables schemes will be included from month 6.
- The Medical and Nursing, Midwifery & AHP Transformation programmes were planned to start delivering in July. 3 schemes have started to delivery in August, concerns continue for projects such as 'Reduction of Bank Rates' where costs were previously aligned to the 'Covid' budget and may now be classed as Cost Avoidance.
- The savings planned for Ophthalmology Transformation were due to start in July. Delivery for this programme is anticipated to catch-up
- The savings planned for Diagnostics Transformation were due to start in July. Delay to the appointment of the Diagnostics Improvement Programme Manager has had an impact on delivery. The new Programme Manager is due to start on the 19th September.
- Within Corporate Services, electricity savings have been delivered non recurrently in month of £319k.
- Other Corporate Services projects have been delayed such as a decision to delay the re-introduction of parking charges for staff and awaiting for the outcomes of the National Consultation on uniforms. Further work is required to identify other opportunities to replace projects that won't deliver such electric car charging points and vacancy underspends.

Programme	Overall Trust Target v Delivery			FIP Delivery – Year to Date (£000)																	
	Target	Delivery	RAG	Corporate Services Division			Diagnostics & Outpatients Division			Medicine Division			Surgery, Anaesthetics & Critical Care Division			Urgent and Emergency Care Division			Women's & Children's Division		
				Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG
Medical Transformation	£658	£0		£19	£0	£0	£301	£0		£161	£0		£124	£0		£52	£0		£19	£0	
Nursing Midwifery and AHP Transformation	£447	£15		£16	£0	£0	£191	£6		£89	£3		£80	£3		£71	£1		£16	£0	
Ophthalmology Transformation	£11	£0		£0	£0		£0	£0		£11	£0	£0	£0	£0		£0	£0		£0	£0	
Outpatients Innovation	£8	£14		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Pathology Transformation	£9	£1		£9	£1	£0	£0	£0		£0	£0		£0	£0		£0	£0		£9	£1	£0
Procurement	£167	£27		£8	£0		£63	£27		£42	£0		£8	£0		£8	£0		£8	£0	
Estates & Facilities	£0	£319		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Other Corporate Services	£302	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Diagnostics Transformation	£44	£0		£44	£0	£0	£0	£0		£0	£0		£0	£0		£0	£0		£44	£0	£0
Divisional Schemes	£851	£50		£136	£5		£204	£7		£171	£39		£76	£0		£69	£0		£136	£5	
Total	£2,497	£425		£232	£5		£759	£40		£474	£41		£288	£3		£200	£1		£232	£5	