

Integrated Performance Report

Reporting Period: Q2
2023/24



Domain Summary: Quality Care

Overview	Lead
<p>During Q2 the Organisation has seen some of the highest ever attends via the emergency pathways. This prolonged, unrelenting period of operational pressure impacts on our ability to provide good, safe patient care. We continue to see long waits for admission beds and over-crowding, within the Emergency Department. This continues to impact on our patients, carers and our colleagues.</p> <p>The 2023 BMA Industrial Action has intensified during Q2 with September seeing for the first time in the history of the NHS, four days in which junior doctors and consultants coordinated industrial action. During the four days we saw “Christmas Day” levels of staffing from both groups. With Industrial Action still occurring, a paper representing the current view on the impact across quality, access, people and financial metrics was commissioned by Quality committee and has been sent to all non-Executive Directors highlighting our concerns and impact on our patients and colleagues.</p> <p>The data review in this report highlighted that as a direct result of the Trust detailed preparation and subsequent implementation of a well-rehearsed and planned detailed mitigation process during periods of industrial action, the quality of care and safety of inpatients has been enacted effectively. There has however been significant numbers of patients who have seen their outpatient appointments, surgery, and procedures delayed disrupted or cancelled. The hidden consequences of strike action include reduced access to health care, increased strain on remaining healthcare staff, disruption to elective care and knock on effects on the waiting lists and much of the impact remains hidden and may never be truly revealed. This will be particularly relevant in the true patient experience and impact, colleague’s moral injury and impact, organisation affect and hidden financial costs.</p> <p>Q2 has seen the continued reduction in falls per 1000 bed days and zero falls with lapses in care</p> <p>There are 5 domains during Q2 which will be reported on as off track:</p> <ul style="list-style-type: none"> • Clostridium difficile reported in YTD: Offtrack however cases reported in Q2 considerably lower than in Q1, mirroring the pattern for this time past year. Nationally there continues to be an increase in Cdiff cases and organisations trajectories are going to be difficult to meet. Regional summit has been attended to examine themes and share best practice and task and finish groups being convened, with a view to expanding the review of each patients care to include all community and acute care in a specific time period. • Gram Negative blood stream infections: The national picture for all Gram Negative blood stream infections (includes Klebsiella and Pseudomonas) continues to deteriorate with an increasing number of cases. However our compliance as an organisation has improved since last year with our cases reducing and are at a similar rate to 2021-22 for both. We have identified 2 cases of Trust acquired Klebsiella and 2 cases of Pseudomonas during Quarter 2. The factors that may have affected our rate reduction include the environmental changes we have made to reinstate the deep clean programme and the continuation of the bed cleaning programme. • Case finding question, or diagnosis of dementia or delirium: Our compliance has improved considerably in recent years and although we fall below the high standard of 90% we can see an improving picture in Q2. • HSMR (12-month rolling position) remains “higher than expected” however in month position for June 2023 is within expected. SHMI remains “as expected” • Early neonatal deaths per 10000 live births. Currently we are looking at the data displayed to align to our child death processes – ensuring that we are only reporting inborn. 	<p>MD, CN</p>

Scorecard: Quality Care

At a Glance	Indicator	Standard	2023/24			2023/24 Qtr 1	2023/24			2023/24 Qtr 2	2023/24 YTD
			Apr-23	May-23	Jun-23		Jul-23	Aug-23	Sep-23		
Safe	Falls with lapse in care	≤2	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
	Falls per 1000 OBDs	≤6.63	✗ 6.9	✓ 5.9	✗ 7.0	✓ 6.6	✓ 5.2	✗ 6.9	✓ 6.0	✓ 6.1	✓ 6.3
	Never events	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
	Hospital acquired infection MRSA > 48 hours	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
	Hospital acquired infection C difficile > 48 hours	≤13	✓ 4	✓ 6	✗ 5	✓ 15	✓ 4	✓ 0	✓ 2	✓ 6	✗ 21
	Hospital acquired infection Ecoli BSI > 48 hours	≤22	✓ 2	✓ 3	✓ 5	✓ 10	✓ 2	✓ 2	✓ 6	✓ 10	✓ 20
	Hospital acquired infection Klebsiella BSI > 48 hours	≤1	✓ 0	✓ 1	✓ 0	✓ 1	✓ 1	✓ 1	✗ 0	✓ 2	✗ 3
	Hospital acquired infection Pseudomonas BSI > 48 hours	≤3	✓ 2	✓ 0	✓ 0	✓ 2	✓ 2	✓ 0	✓ 0	✓ 2	✗ 4
	HAPU (cat 2) per 1000 OBDs with a lapse in care		0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.1
	HAPU (cat 3/4) and ungradable pressure ulcers with lapse in care	0	✓ 0	✗ 1	✓ 0	✗ 1	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1
Caring	Case finding question, or diagnosis of dementia or delirium	≥90%	✗ 82.1%	✗ 84.8%	✗ 86.2%	✗ 84.4%	✗ 88.1%	✗ 84.9%	✗ 83.7%	✗ 85.6%	✗ 85.0%
	Complaints per 1000 OBDs	≤1.9	✓ 1.1	✓ 1.2	✓ 1.0	✓ 1.1	✓ 1.5	✓ 1.3	✓ 1.3	✓ 1.4	✓ 1.2
	Compliments received in month		90	146	123	359	165	150	135	450	809
Effective	HSMR (basket of 56 diagnosis groups)	≤100	✗ 127	✗ 128	✗ 131	✗ 131	✗ 131	✗ 130	✗ 130	✗ 130	-
	SHMI	≤100	✗ 104	✗ 105	✗ 106	✗ 106	✗ 106	✗ 108	✗ 109	✗ 109	-
	Still birth rate	≤4.4	✓ 3.6	✓ 0.0	✓ 3.4	✓ 2.2	✓ 0.0	✓ 3.7	✓ 0.0	✓ 1.2	✓ 1.7
	Early neonatal deaths per 1000 live births	≤1	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✗ 6.9	✓ 0.0	✗ 3.3	✗ 3.5	✗ 1.7

Indicators in Focus: Quality Care – C Difficile & Gram Negative Blood Stream Infections

National position & overview

C Difficile:

- This year our trajectory has been set at 57
- Nationally there continues to be an increase in CDiff cases and organisations trajectories are going to be difficult to meet.
- We continue to review our cases on rates per occupied bed days which shows last year we had our lowest rates during this time and this year we are following a similar pattern.
- Regional summit has been attended to examine themes and share best practice. There are new task and finish groups being convened, with a view to expanding the review of each patients care to include all community and acute care in a specific time period.

Gram Negative blood stream infections (Klebsiella & Pseudomonas)

- The national picture for Klebsiella & Pseudomonas as with all Gram Negative blood stream infections continues to deteriorate with increasing number of cases. However, our compliance as an organisation has improved since last year with our cases reducing and are at a similar rate to 2021-22.

Root causes

The root cause of the CDiff cases have been unavoidable due to patients being treated with antibiotics for other infections

Actions

- Deep clean programme recommenced at KMH
- Changed the daily cleaning products from a chlorine base used by Medirest to a Peracetic Acid based cleaner which is a sporicidal
- We are auditing the trollies used in the Trust for patients and looking at if we can implement the bed cleaning process with these also.

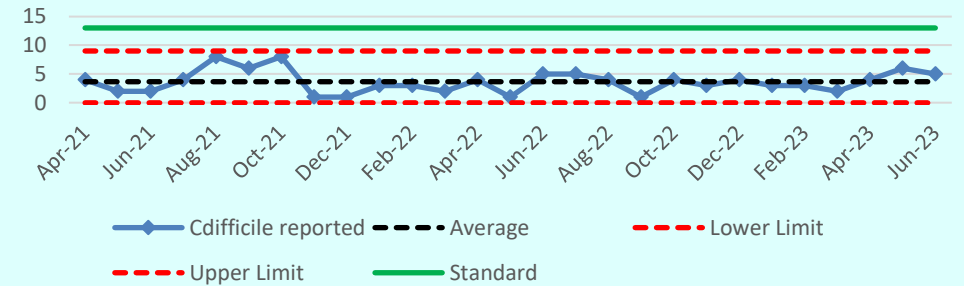
Impact/Timescale

September 2023
September 2023

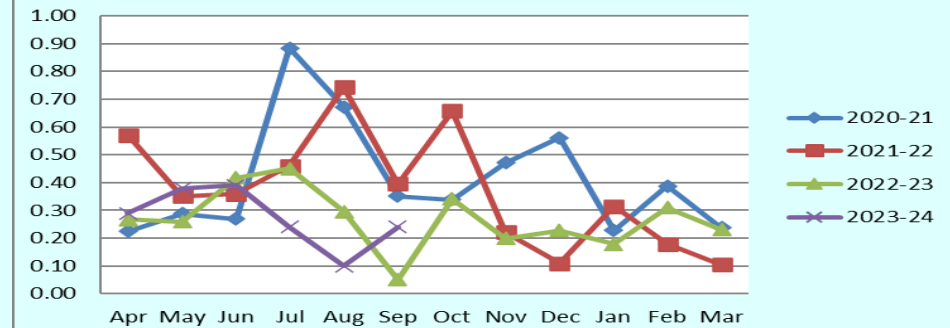
October 2023

Data

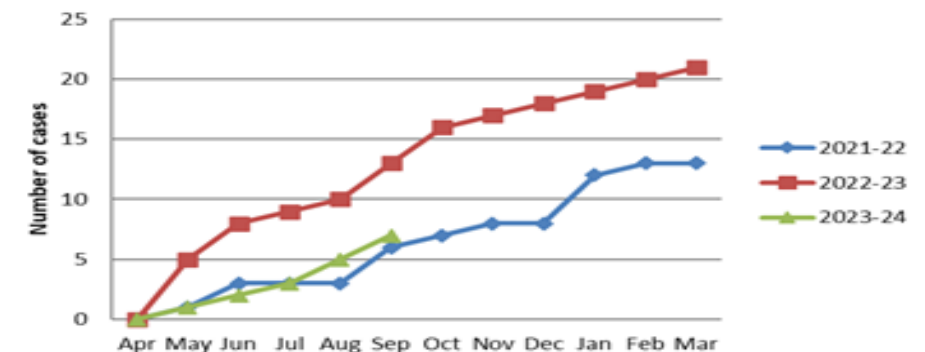
Cdifficile reported in month



CDiff rate per 1000 OBDs



Sherwood Forest Hospitals NHS Foundation Trust: cumulative total of hospital onset Klebsiella cases by FY



Indicators in Focus: Quality Care – Dementia or delirium case finding

National position & overview

- All patients 65 years + admitted to the Trust for 72 hours and above are required to have a Dementia screen completed, this incorporates the Squib screening for delirium. The screen is completed by both Nursing and Medical staff and is support by the Dementia Team. This has seen an increase in compliance with the percentage rate consistently >80%.
- National reporting of the Dementia screening started in September 2013 until February 2020, this was paused due to the pandemic between April 202 and June 2021. Consultation followed and it was agreed that reporting nationally would be stepped down, although this has continued at Sherwood Forest Hospitals.
- The Dementia Nurse Specialist Nurse identifies patients that have not had a Dementia screen during admission to audit the potential issues and this is escalated through COEC.
- The National Dementia Audit results from 2022/2023 are now available and have highlighted that from the eligible patient group 95% of patients had a delirium screen on admission.

Root causes

Actions

Impact/Timescale

Whilst we have achieved compliance >80% of Dementia screening, we have not reached the Trust target of >90%

- Previous action included that the compliance target of >90% is changed to reflect national guidance. The emphasis should be identifying patients with delirium and supporting patients with dementia, including their carers as part of the 'Dementia Well Pathway'.

Work is ongoing with the Digital Team to align the screening tool to capture delirium by using the 4AT on Nervecentre. The Dementia Team are liaising with RRLP to develop this. This will be tracked through governance meetings.

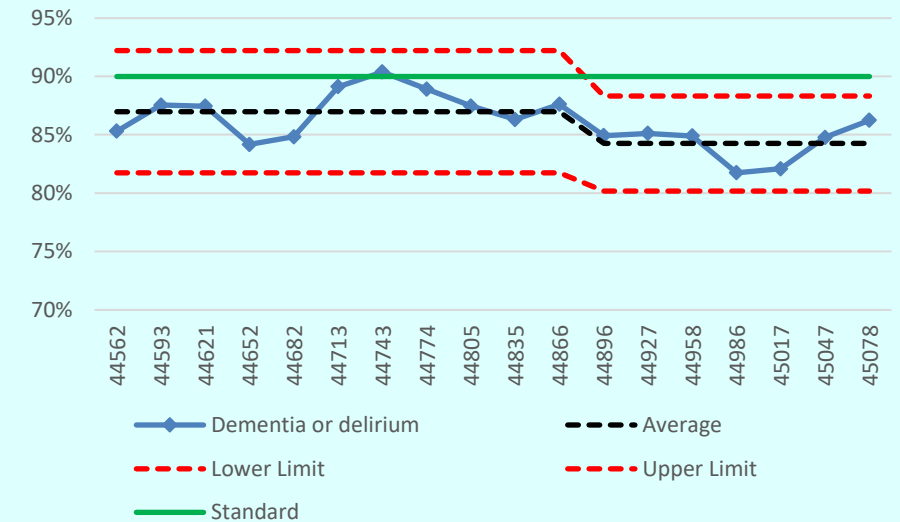
Delayed National Dementia Audit results from 2022/2023

- The lead Geriatrician and Dementia Team to analyse the audit results to identify any gaps/actions.

Findings from the analysis will be shared Trustwide, with an action plan formulated from the findings to improve the patient journey.

Data

Case finding question, or diagnosis of dementia or delirium



Indicators in Focus: Quality Care – HSMR and SHMI

National position & overview

HSMR remains “higher-than-expected” (130.37), recognising this represents a 12-month rolling position and our in-month HSMR for June 2023 which is the latest reported month is 116.0 which is “within expected”

SHMI remains “as expected” at 108.64 for the rolling 12-month period to April 2023 although if the upward trend continues this will become “higher-than-expected” within the next few months.

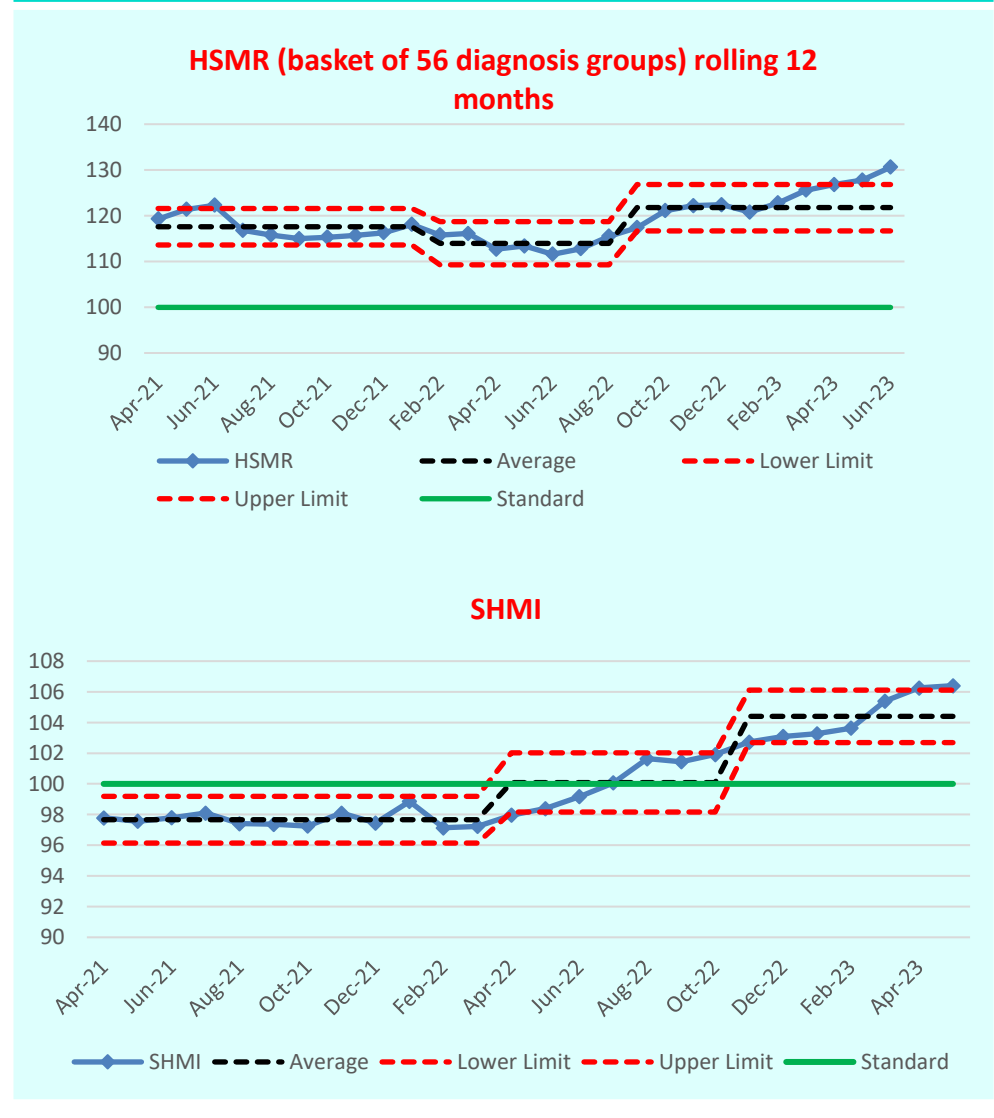
A key factor driving the difference between these two metrics is believed to be specialist palliative care (SPC) for which we are a nationally low outlier.

Increasing upward trends in both metrics are likely due to ongoing issues with accurate capture of diagnosis and co-morbidity coding in clinical documentation without which it is not possible to code. We believe this is artificially lowering our “expected” mortality across both metrics

Our Learning from Deaths programme remains the vehicle for identifying and understanding signals from these metrics. Stronger signals are followed up with clinical case reviews which confirm issues around diagnosis coding. The work programmes tackling these includes improving our palliative care provision, admission workbook redesign and targeted case review, undergoes regular scrutiny via Quality Committee.

Root causes	Actions	Impact/Timescale
SPC coding	We have improved capture of SPC activity due to changes referral pathways, introduction of stickers to flag activity in notes	Small as SPC activity remains low.
Low level of SPC activity	Reconfiguration of SPC service to increase activity	Requires significant investment at Trust/ ICB levels
Coding/ Documentation of diagnosis and comorbidities	Intensive programme of communication and education around importance of coding. Redesigned admission workbook awaiting implementation.	Will take up to 12 months due to rolling nature of metrics

Data



Domain Summary: People and Culture

Overview	Lead
<p>During the quarter we have seen continued events of Industrial Action held by the British Medical Association (BMA), there were a mix of junior doctors and consultant strikes held between July 13-18th (Juniors - 85% loss) July 20-21st (Consultant - 29.9% loss) July 11-14th (Junior - 81% loss), August 24-25th (Consultant 55% loss) and September 19-22nd (Consultant 31% loss / Juniors 63% loss).</p> <p>Our engagement score has remained at a high level and for quarter 2 is report at 7 (this is between a range of 1-10)</p> <p>Over the last three months we have seen a decrease in the Trust vacancy level, over the quarter this is recorded at 5.3% (Q1 – 6.5%), with the rate for September 2023 at 5.1%.</p> <p>Our Mandatory and Statutory Training (MaST) position is really positive where we are reporting above the Trust targets.</p> <p>Appraisal level for quarter 2 (89.0%) sits below the Trust target (90%), we have noted a reduction in compliance over quarter 2. During September 2023 the level has reduced to 88%, however, this is still a strong level of performance. During September we have re-launched our revised appraisal paperwork, this should support more meaningful discussion, around a less cumbersome process.</p> <p>Over Q2 our sickness absence level is reported at 4.4% (Q1 – 4.2%) and over the last few months has shown a gradual increase. Sickness does sit higher then Trust target (4.2%) and between the upper and lower SPC levels.</p> <p>There has been an increase with employee relations cases over the quarter (ave. 19) with September 23 recorded at 21 cases, this sits above our target (n.12) and above the upper SPC limit. Whilst there has been an increase in the number of formal cases we have seen an increase in support required for Managers relating to increases in stage 2 sickness cases and grievances cases, one of the key reasons for the increase in grievance cases is mainly relating to concerns being raised around attitude and behaviours and disagreement with outcomes at an informal stage.</p> <p>We are aware that across Nottinghamshire our ICB has been flagged for high agency usage and we have a system programme to review our agency usage. Across the ICB we are active in this agency working group and we do understand where we have high usage within the Trust. We also have developed internal control meetings that are supporting our financial improvements. Our current agency position is reported at 5.9%, with the quarterly position reported at 6.6%, although this does sit above the target level of 3.7% this has been impacted by the junior medical industrial action episodes and we have seen a reduction over the quarter.</p> <p>During quarter 2, 51.7% of total agency shifts filled were ‘on framework’ staff but above the recommended NHSE price cap, we have set a target of 30% for this metric, the majority of this sits with our medical workforce (98.6%). Over the year we aim to move towards this target.</p> <p>Additionally, of the agency shifts filled we have seen low levels of those filled by off framework workers over the last quarter (July - September 2023). To note there has been 0% off framework agency workers.</p> <p>We have arranged medical speciality groups where there is a focus on agency spend and vacancies, with a view to support our service lines in filling these roles substantively, if not moving staff, where possible, on to direct engagement contracts. As an example, we have had success with Intensive Care and Anaesthetics and are scoping out where we have risk and are developing a programme to enable these discussions and associated actions to be delivered.</p>	<p>DOP</p>

Scorecard: People and Culture

At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	Jul-23	Aug-23	Sep-23	2023/24 Qtr 2
Belonging in the NHS	Engagement Score	≥6.8%	-	-	-	✓ 7.0				✓ 7.0
Growing the Future	Vacancy rate	≤6.0%	✗ 6.9%	✓ 5.8%	✗ 6.6%	✗ 6.5%	✓ 5.4%	✓ 5.3%	✓ 5.1%	✓ 5.3%
	Turnover in month	≤0.9%	✓ 0.79%	✓ 0.37%	✓ 0.36%	✓ 0.51%	✓ 0.65%	✓ 0.47%	✓ 0.47%	✓ 0.53%
	Appraisals	≥90%	✗ 87.1%	✓ 90.4%	✓ 90.2%	✗ 89.3%	✗ 89.5%	✗ 89.5%	✗ 88.0%	✗ 89.0%
	Mandatory & Statutory Training	≥90%	✓ 90.0%	✓ 90.0%	✓ 91.0%	✓ 90.3%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%
Looking after our People	Sickness Absence	≤4.2%	✗ 4.4%	✓ 4.2%	✓ 4.2%	✓ 4.2%	✗ 4.5%	✗ 4.3%	✗ 4.5%	✗ 4.4%
	Total Workforce Loss	≤7.0%	✓ 6.2%	✓ 6.1%	✓ 6.3%	✓ 6.2%	✓ 6.5%	✓ 6.4%	✓ 6.6%	✓ 6.5%
	Flu vaccinations uptake - front line staff	≥80%	-	-	-	-	-	-	-	-
	Employee Relations Management	<12	✓ 11	✗ 14	✗ 15	✗ 13	✗ 18	✗ 17	✗ 21	✗ 18
New Ways of Working	Agency (Off Framework)	≤6.0%	✓ 0.1%	✓ 0.1%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%
	Agency (Over Price Cap)	≤30.0%	✗ 47.7%	✗ 59.6%	✗ 53.1%	✗ 53.3%	✗ 55.3%	✗ 48.9%	✗ 50.8%	✗ 51.7%
	Agency Usage (%)	<3.7%	✗ 6.1%	✗ 7.4%	✗ 6.0%	✗ 5.9%	✗ 7.4%	✗ 6.5%	✗ 5.9%	✗ 6.6%

Indicators in Focus: People and Culture – Appraisals

National position & overview

The charts below express that our appraisal level sits below the Trust target (90%), we have noted a reduction in the appraisal level over quarter 2, with the average sitting at 89%. During September 2023 the level has reduced to 88%, however, this is still a strong level of performance.

Local benchmarking shows that the ICB provider appraisal level is reported at 80%.

Root causes

As stated, we have seen a decrease in the overall appraisal level over the last few months, this reduction does align to the acuity of the hospital.

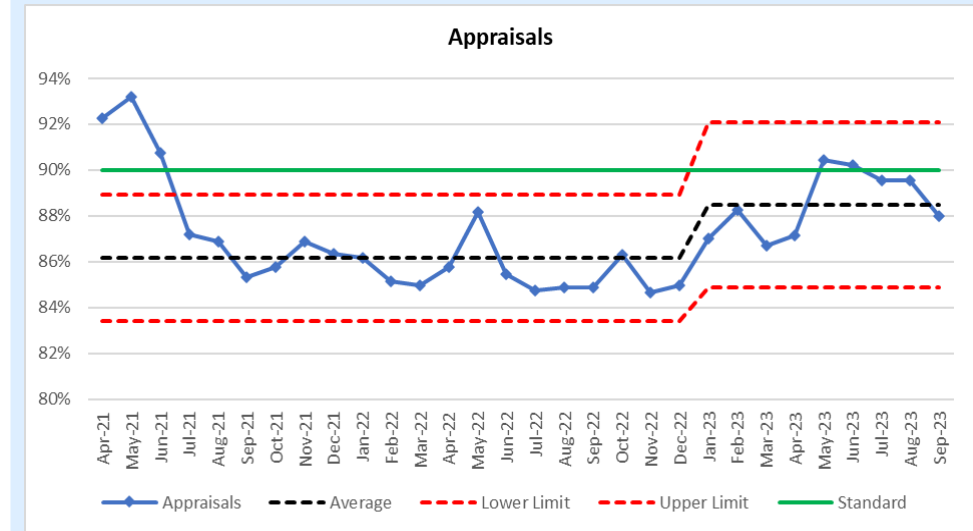
Actions

Service lines with low appraisal rates are supported to develop action plans to work on improving appraisal compliance. In addition, Service Lines are sighted on non-compliance rates and assurance is sought via Performance meetings on improving compliance. There are specific case conversations take place during monthly People & Performance reviews

Impact/Timescale

As we move into winter, we expect this level to fluctuate, this is largely due to acuity and winter pressures.

Data



Indicators in Focus: People and Culture – Sickness Absence

National position & overview

During quarter 2 our overall sickness absence level has been above our standard (4.2%) and has seen fluctuations around our rolling average sickness levels (4.4%). The position for quarter 2 sits between the upper and lower SPC levels.

Since April 2023 we have seen a steady level, with no significant variations.

Local benchmarking shows that the ICB provider sickness absence level is reported at 5.7%.

Root causes

Our sickness level increases are as a relation to the industrial action, this is across two elements. Initially, the additional pressure and workload as a result on the numerous strikes. Secondly, we are noting an increase due to longer waiting and treatment times.

Actions

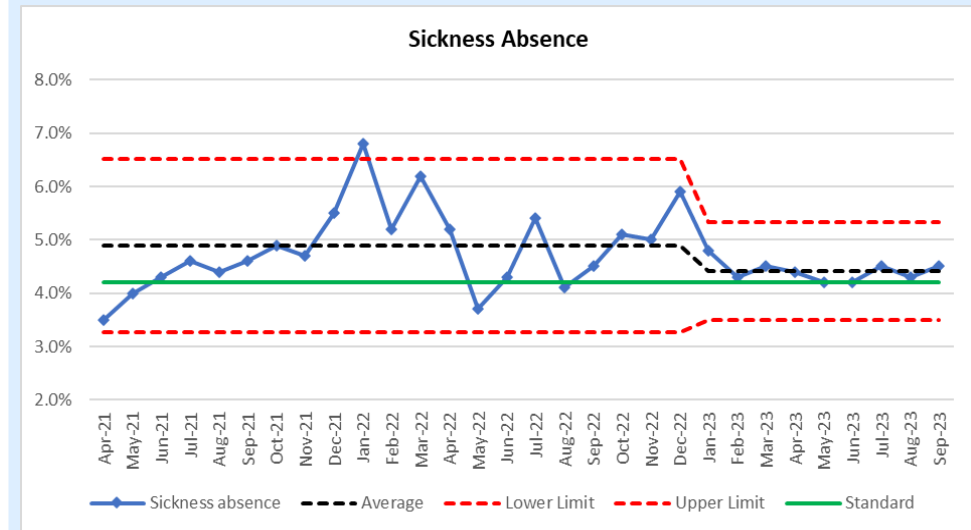
Service lines with high sickness absence rates are supported with managing sickness cases, and these are discussed and reported via Divisional Performance Reviews (DPRs).

We review short and term cases and manage these using difference strategies, We also support where there are specific case conversations take place.

Impact/Timescale

We actively manage sickness cases and are aware of outside influences that are contributing to an elevated sickness level.

Data



Indicators in Focus: People and Culture – Employee Relations

National position & overview

Since April 2023 we have seen a gradual increase to the employee relations cases, currently we are reporting 21 cases

Our level sits above the standard and is above the upper SPC level.

Root causes

Since April we have seen a gradual increase in Employee Relation cases, we have noted an increase in stage 2 sickness cases and grievances cases, one of the key reasons for the increase in grievance cases is mainly relating to concerns being raised around attitude and behaviours and disagreement with outcomes at an informal stage.

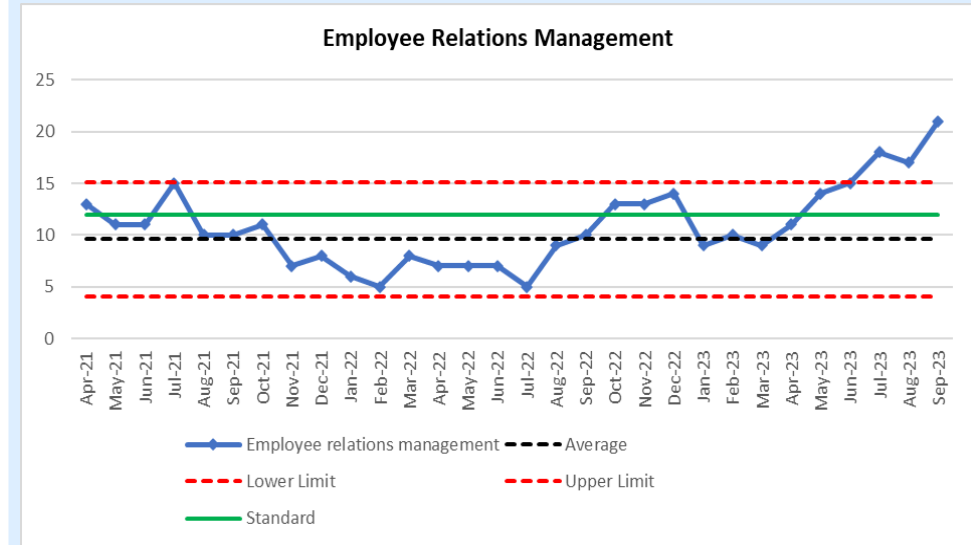
Actions

We are supporting from a people leads perspective and will bring this intelligence into the Divisional People Boards. Local intelligence indicates there has been gradual increases across other providers in Employee Relation cases showing Sherwood is not an outlier.

Impact/Timescale

We actively manage employee relation cases and are supporting services lines with these.

Data



Indicators in Focus: People and Culture – Agency Usage

National position & overview

Our overall agency position is reported at 5.9%, although this does sit above the target level of 3.7%, and on framework over price cap is reported at 50.8% and is above our target 30.0%. This has been impacted by the medical industrial action episodes and acuity of the hospital

We are aware that across Nottinghamshire our ICB has been flagged for high agency usage and we have developed programmes to review our agency usage. Across the ICB we are active in this agency working group and we do understand where we have high usage within the Trust.

Local benchmarking shows that the ICB provider agency level is reported at 5.1%, with the percentage over price cap at 28.8%, however there is a relationship with off framework where the ICS figures is 4.2% (SFH report 0%).

Root causes	Actions	Impact/Timescale
-------------	---------	------------------

As the data informs us our biggest risk is medical & dental staff over the NHSE price cap, these are also impacted by some of our fragile services where there are national speciality shortages.

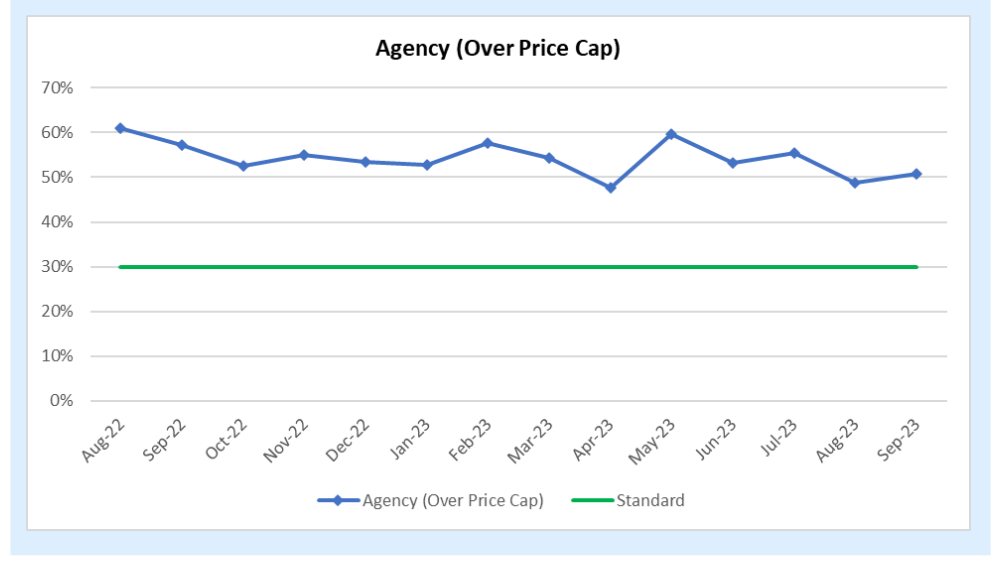
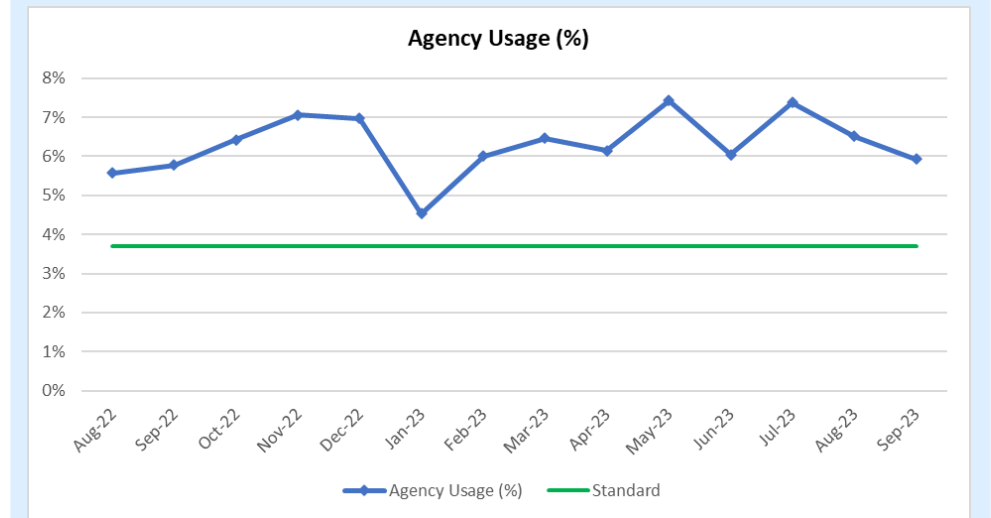
To address this we are developing 100 day action plans that are aligned to our Financial Improvement Cabinet, also supporting this we do discuss agency usage in the medical operational workforce group, with the information being discussed at Divisional Performance reviews (DPR's).

We organise medical speciality groups where there is a focus on agency spend and vacancies, with a view to support our service lines in filling these roles substantively, if not moving staff, where possible, on to direct engagement contracts.

A strict authorisation process for approval of shifts for Thornbury has been implemented in Nursing. Detailed reports illustrating areas using all Agency with Thornbury highlighted are produced for the Deputy Chief Nurse.

We have been actively filling medical roles, and have had success in some key specialities. We are continuing this work as well as provide the right level of intelligence within working groups and within DPRs.

Data



Domain Summary: Timely Care

Overview	Lead
<p>In 2023/24 Q2 (Jul-Sep) our services have continued to operate under sustained pressure not usually seen over the summer period, much like many acute Trusts across the country. The combination of high attendance demand, length of stay pressures and mismatches in admission and discharge times meant that, at times, patient demand exceeded the capacity of our hospitals. This mismatch in demand and capacity resulted in us starting the day on OPEL 4 on 23 days during Q2 (six in Jul-23, six in Aug-23 and 11 in Sep-23). At times, patients experienced delays to admission due to a lack of beds. In response to these pressures, we enacted escalation actions and, where necessary, our full capacity protocol. Despite the challenges, we continued to provide strong ambulance handover consistently meeting the 30-minute standard; benchmarked well in terms of our four-hour performance; and have a strong medical Same Day Emergency Care (SDEC) offer exceeding national targets. When looking across the suite of Integrated Performance Report (IPR) metrics; although several of the timely care metrics are underperforming, the patient safety metrics overall remain strong indicating that patient care remains good. The subsequent pages highlight several key actions being taken to improve timely care, some of which are divisionally-led and others with the support and leadership of our Improvement Faculty.</p> <p>Whilst the interplay between emergency and elective pathways continues to create challenges, it has been the ongoing instances of industrial action that have resulted in curtailments in elective activity which adversely impacted on our elective activity, backlog and performance metrics. The national requirement to meet zero 78-week waiters has been narrowly missed. At the end of Sep-23 we had three 78-week wait patients for capacity-related reasons. We have successfully increased the number of first outpatients to above planned levels. We intend to expand planned care activity levels from Nov-23 as our Targeted Investment Fund (TIF) development opens at Newark hospital. We continue to work together as a system with patients being transferred between providers as part of mutual aid arrangements; this has resulted in us inheriting some long wait patients. We are benefiting from some mutual aid to help with our Echocardiograph position; one of our underperforming diagnostic tests, which together with insourcing plans will help us reduce the significant backlog.</p> <p>In Outpatients, we have consistently exceeded the 5% Patient Initiated Follow Up (PIFU) target and the 16% Advice and Guidance target throughout Q2. We continue to see in the region of 15% of outpatient non-face-to-face; we recognise that we have further work to ensure that we make full benefit of remote outpatient attendances; embedding the learnings from the height of the pandemic. Our outpatient improvement programme is maturing and launching a toolkit to support clinicians to drive increased, appropriate use of virtual appointments.</p> <p>Key metrics relating to the delivery of timely cancer care have deteriorated in Q2 as we saw more instances of industrial action. Like other organisations we have seen growth in Cancer two-week referrals. We continue our strong delivery of the national 28-day faster diagnostic standard with our ICS being one of the best in the Midlands region. Revised national cancer waiting time standards launched in Oct-23 with the original nine standards reduced to three. This report will be updated in Q3 to reflect the changes.</p> <p>Further details relating to timely care metrics are included in the following pages with some metrics grouped together within the relevant care pathways.</p>	<p>COO</p>

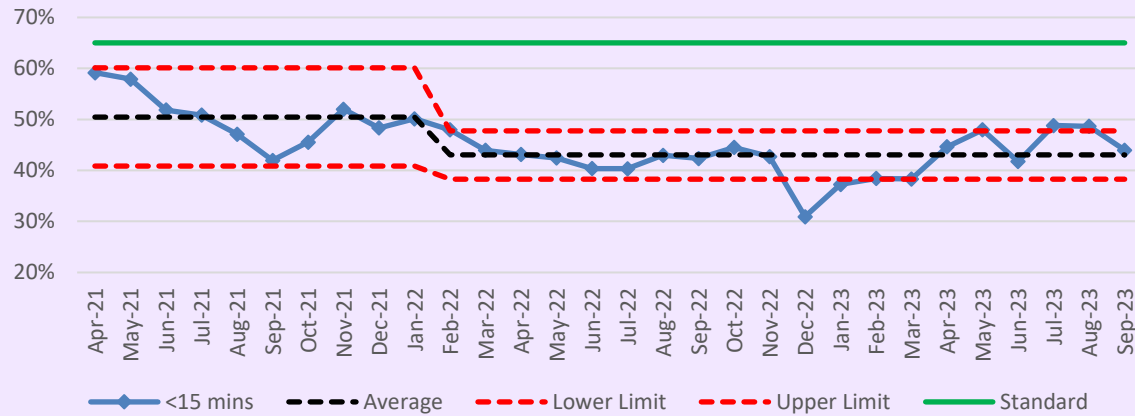
Scorecard: Timely Care – Urgent Care

At a Glance	Indicator	Standard	2023/24			2023/24			2023/24 YTD		
			Apr-23	May-23	Jun-23	Qtr 1	Jul-23	Aug-23		Sep-23	Qtr 2
Urgent Care	Ambulance turnaround times <15 mins (%)	≥65%	✗ 44.6%	✗ 48.0%	✗ 41.7%	✗ 44.8%	✗ 48.8%	✗ 48.7%	✗ 44.0%	✗ 47.2%	✗ 46.0%
	Ambulance turnaround times <30 mins (%)	≥95%	✓ 96.0%	✓ 96.1%	✗ 94.0%	✓ 95.4%	✓ 96.5%	✓ 96.6%	✓ 95.2%	✓ 96.1%	✓ 95.8%
	Ambulance delays >60 mins (%)	0.0%	✗ 0.1%	✓ 0.0%	✗ 0.3%	✗ 0.2%	✗ 0.1%	✓ 0.0%	✓ 0.0%	✗ 0.0%	✗ 0.1%
	ED 4 hour performance (%)	≥76%	✗ 75.6%	✗ 74.0%	✗ 73.1%	✗ 74.2%	✓ 77.0%	✓ 76.6%	✗ 72.3%	✗ 75.3%	✗ 74.7%
	Mean waiting time in ED (in minutes)	≤200	✗ 209	✗ 212	✗ 217	✗ 213	✓ 199	✓ 199	✗ 218	✗ 205	✗ 209
	ED 12 hour LoS performance (%)	≤2%	✗ 2.8%	✗ 2.4%	✗ 2.7%	✗ 2.6%	✓ 1.5%	✓ 1.9%	✗ 2.3%	✓ 1.9%	✗ 2.3%
	ED 12 hour DTA breaches	0	✗ 84	✗ 84	✗ 78	✗ 246	✗ 32	✗ 58	✗ 65	✗ 155	✗ 401
	Number of A & E attendances against plan	≤Plan	✓ 14,571	✗ 15,900	✗ 15,720	✗ 46,191	✗ 15,921	✓ 15,080	✗ 15,730	✗ 46,731	✗ 92,922
	Number of NEL admissions against plan	≤Plan	✓ 3,429	✓ 3,587	✓ 3,643	✓ 10,659	✓ 3,661	✓ 3,605	✓ 3,649	✓ 10,915	✓ 21,574
	SDEC activity (%)	≥33%	✓ 37.5%	✓ 37.6%	✓ 37.6%	✓ 37.5%	✓ 37.2%	✓ 36.5%	✓ 36.8%	✓ 36.9%	✓ 37.2%
	Adult G&A bed occupancy (%)	≤92%	✗ 95.7%	✗ 96.4%	✗ 96.3%	✗ 96.1%	✗ 94.0%	✗ 98.6%	✗ 95.4%	✗ 96.0%	✗ 96.1%
	Long length of stay (21+) occupied beds	≤Plan	✗ 136	✗ 127	✗ 127	✗ 130	✗ 123	✗ 119	✓ 110	✗ 118	✗ 124
	Inpatients MSFT >24 hours	≤40	✗ 106	✗ 116	✗ 106	✗ 109	✗ 107	✗ 110	✗ 93	✗ 104	✗ 107

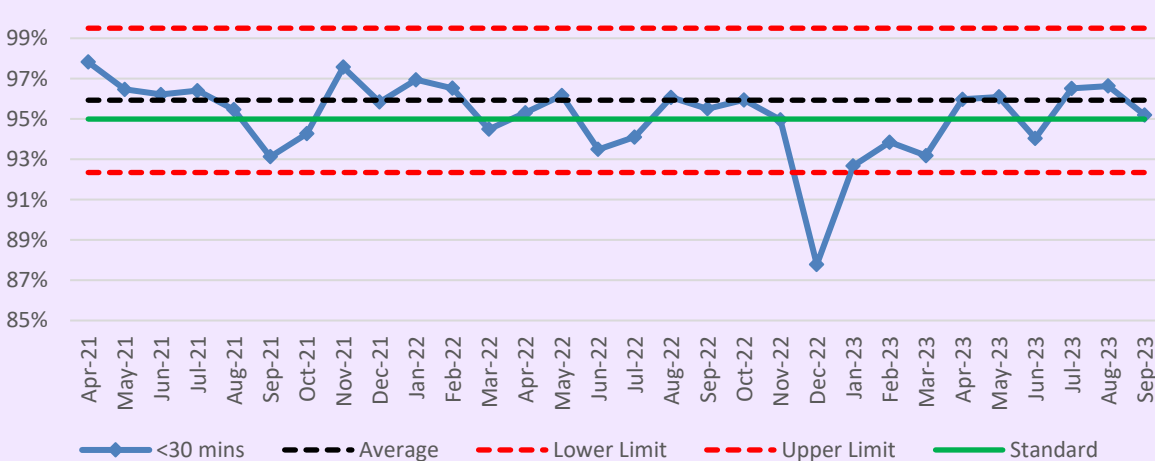
Indicators in Focus: Timely Care – ED metrics (1/2)

Data

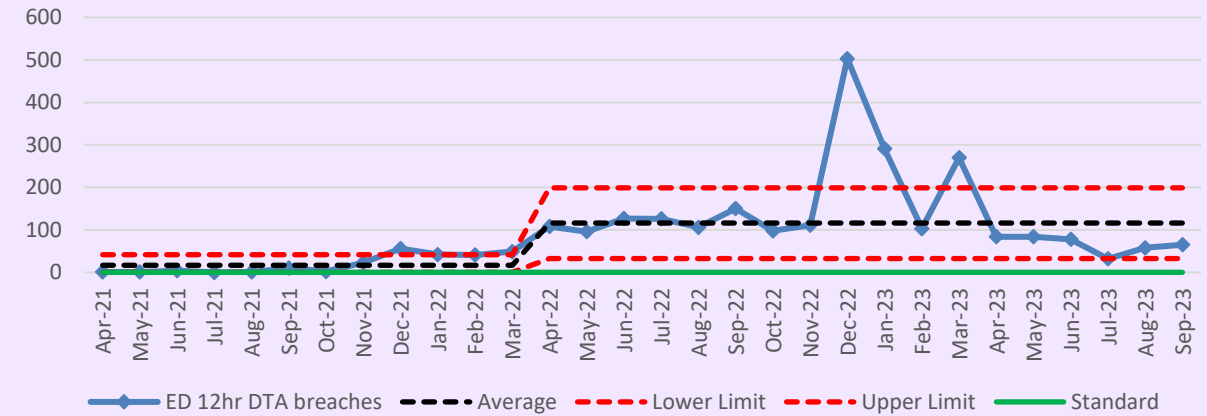
Ambulance turnaround times <15 mins (%)



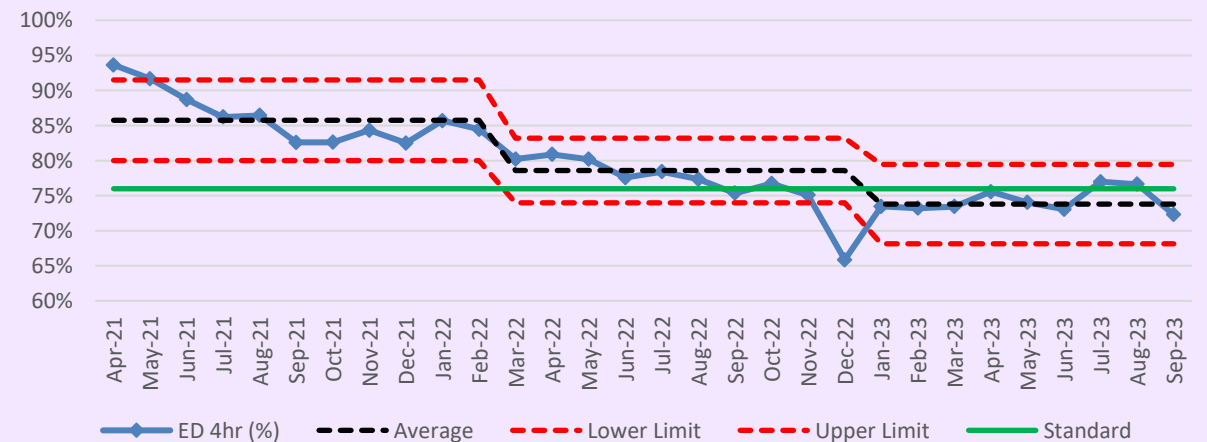
Ambulance turnaround times <30 mins (%)



ED 12 hour DTA breaches



ED 4 hour performance (%)



Indicators in Focus: Timely Care – ED metrics (2/2)

National position & overview

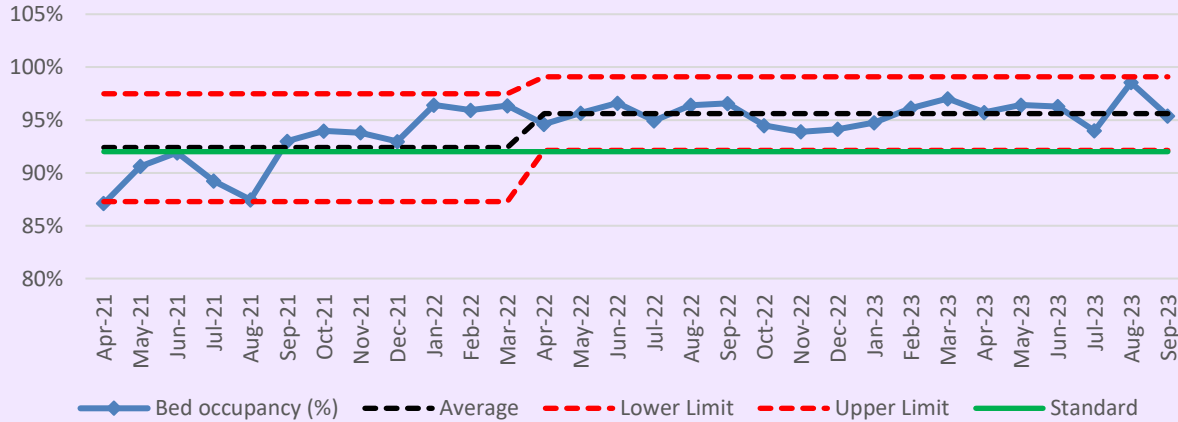
- Our ambulance handover position is significantly better than the EMAS average:
 - Average regional handover time for EMAS is 30.1 mins with SFH at 16.5 mins.
 - 17.7% of regional EMAS ambulance handovers were over 30 minutes with SFH at 3.9% in Q2. At SFH the 30-minute target in the operational planning guidance is consistently being achieved.
 - 8.4% of regional EMAS ambulance handovers were over 60 minutes with SFH at zero in Aug-23 and Sep-23.
- 4-hour benchmark position is 2nd in the Midlands region and 15th nationally (improved from 24th nationally).
- Trust overall 4-hour performance of 75.3% in Q2 (against an operational planning guidance target of 76% by Mar-24). Newark Urgent Treatment Centre is performing at 99%.
- 12-hour benchmark position is now 50th nationally (in the Q1 report we were 61st) out of 120 providers submitting data.
- ED attends 6% year to date increase compared to 2022/23 and 11% increase compared to 2019/20.

Root causes	Actions and timescale	Impact
Increased ED attendance demand.	Undertake a trial of a Rapid Assessment and Treatment area in Red Majors as part of a review of senior streaming and team-based nursing - scheduled for Dec-23 / Jan-24.	<ul style="list-style-type: none"> • Support ability to maintain Ambulance Turnaround time during increased demand – 95% within 30 minutes.
	Expand hospital Same Day Emergency Care (SDEC) services through: <ul style="list-style-type: none"> • Creation of Frailty SDEC with Geriatric input to be incorporated with the creation of the new Discharge Lounge currently scheduled to open Feb-24. • Introduction of a Surgical SDEC - reliant upon capital works to be undertaken on Wards 14 and 33 planned to commence in Q3. • Expansion of medical SDEC direct access to EMAS / GP and 111 from Oct-23. 	<ul style="list-style-type: none"> • Reduction in Frail patients in ED by 20 hours per day. • Increase in SDEC will support decongestion of Emergency Department and reduce the average time spent in department supporting improved 4-hour performance.
	Introduce Virtual Fracture Clinic to increase Orthopaedic capacity to review patients in ED from Jan-24.	<ul style="list-style-type: none"> • Time to review in ED <60mins in Orthopaedics
	Joint working with Urgent Community Response, Mental Health services and EMAS to improve pre-hospital pathways to expand admission avoidance options. Working groups underway in Q3.	<ul style="list-style-type: none"> • Decreased conveyance rates from Q4.
Insufficient staffing to manage ED demand.	Implementing recruitment against ED business case: <ul style="list-style-type: none"> • Nursing rota from Apr-23 • Junior Doctor rota from Aug-23 • Tier 3/4 rota from Nov-23 	<ul style="list-style-type: none"> • Average (mean) time in Department - non-admitted patient reduction to <180 mins. • Time to initial assessment KMH ED - Time to initial assessment for arrivals to A&E % seen within <= 15 minutes > 60% in Q4.
	Develop new, expanded 'Fit to Sit' area with the 12 spaces currently situated in Minors moving to be collocated with Majors to support enhanced patient flow and with an improved staffing model. Timescale to be determined following completion of estates scoping work to be undertaken in Q3.	<ul style="list-style-type: none"> • Reduction in overcrowding in ED and timely transfer from ED.
ED overcrowding driven by bed capacity pressures and mismatches in admission and discharge demand.	Develop Discharge Lounge pathways in line with new location due to open in Feb-24. Further actions relating to improving hospital flow are detailed in the following slides.	<ul style="list-style-type: none"> • Improve patient experience as patients will be waiting to leave from discharge lounge rather than the Emergency Department. • Improved hospital flow between 6-8 beds.

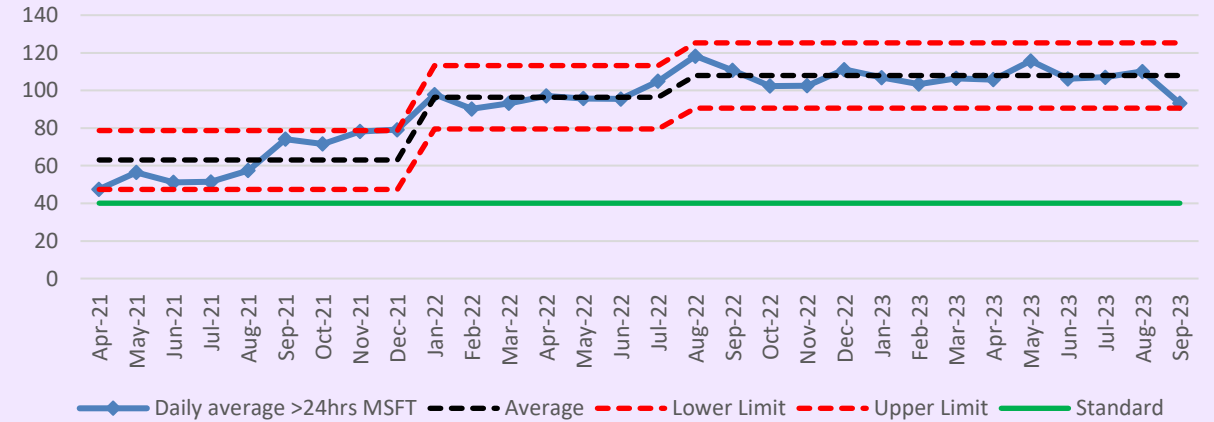
Indicators in Focus: Timely Care – Hospital flow metrics (1/2)

Data

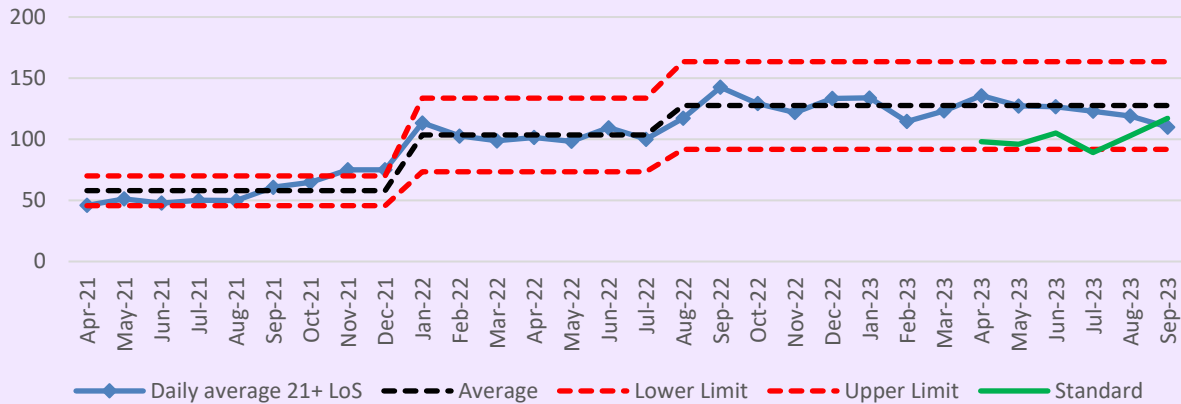
Adult G&A bed occupancy (%)



Inpatient MSFT >24 hours



Long length of stay (21+) occupied beds



Indicators in Focus: Timely Care – Hospital flow metrics (2/2)

National position & overview

- All community wards remain open; three at Mansfield Community Hospital and two at Newark Hospital.
- Our hospitals continue to operate at bed occupancy levels significantly higher than 92%; like many other Trusts nationally. Lower bed occupancy supports stronger 4-hour performance (as experienced in mid-Jul-23).
- The number of patients Medically Safe For Transfer (MSFT) over 24 hours has reduced towards the end of Q2. The local position remains above the agreed threshold both in terms of the 2023/24 plan value and the 2022/23 national planning guidance ambition (latter standard used on the chart).
- The number of long stay patients have followed a similar trend to MSFT inpatient numbers due to similarities in the patient cohort.

Root causes	Actions and timescale	Impact
Delays to pre-medically safe processes on inpatient wards.	<ul style="list-style-type: none"> • The Improvement Faculty is leading board and ward round improvement programmes starting in Q3, focusing initially on Stroke and Respiratory wards. 	<ul style="list-style-type: none"> • Delivery of today's work today and early identification of potential discharge barriers will lead to reduced length of stay (LOS).
	<ul style="list-style-type: none"> • Mapping of patient journey with focus on discharge planning from point of admission. During Q3 we are revising, updating and communicating information relating to key discharge fields on NerveCentre. 	<ul style="list-style-type: none"> • Improvements to NerveCentre will enable us to track patients across the system highlighting gaps in discharge planning or resources required to facilitate discharge.
Delays to post-medically safe discharge processes.	<ul style="list-style-type: none"> • Development of a new Discharge Lounge (19 beds and 22 chairs) due to open Feb-24. 	<ul style="list-style-type: none"> • Facilitate timely flow through the hospital by freeing up beds earlier in the day to enable admissions. Based upon indicative numbers we forecast a release of 6-8 base ward beds.
	<ul style="list-style-type: none"> • Transfer of Care Hub continues to develop. From Oct-23 it has moved to operating 6 days per week. The hub and discharge teams are now focussing on current delay themes including patients with housing issues and those from out of area. 	<ul style="list-style-type: none"> • Specific focus on key themes will reduce long LOS for specific patient groups. This will continue the downward trend in the number of long stay patients.
	<ul style="list-style-type: none"> • The Improvement Faculty are now pursuing bespoke improvement projects around TTOs and Transport that are commencing in Q3 with project plans now being developed. 	<ul style="list-style-type: none"> • Elimination of barriers to discharge and reduction in the number of abandoned discharges.
Insufficient community capacity to meet supported discharge demand.	<ul style="list-style-type: none"> • Weekly SFH specific discharge group now running with attendance from senior representatives from all system partners to problem solve live issues and current discharge delay themes. 	<ul style="list-style-type: none"> • Rapid resolution of complex issues through multi agency working to support continued reductions in number of supported discharges waiting more than 24 hours.

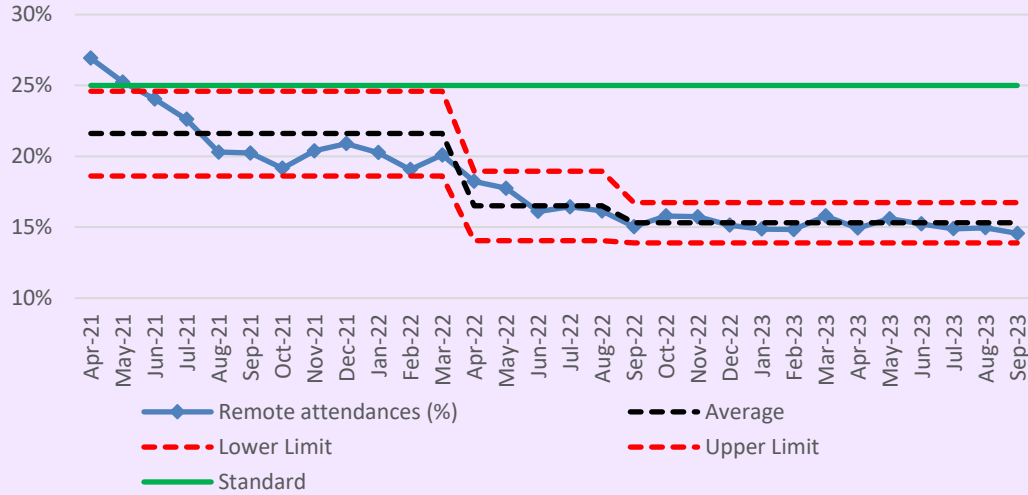
Scorecard: Timely Care – Electives, Diagnostics and Cancer

At a Glance	Indicator	Standard	2023/24			2023/24				2023/24 YTD	
			Apr-23	May-23	Jun-23	Qtr 1	Jul-23	Aug-23	Sep-23		Qtr 2
Electives	Advice & guidance (%)	≥16%	✓ 25.3%	✓ 23.8%	✓ 23.9%	✓ 24.3%	✓ 24.5%	✓ 26.5%	✓ 22.5%	✓ 24.5%	✓ 24.4%
	Remote attendances (%)	≥25%	✗ 14.9%	✗ 15.6%	✗ 15.2%	✗ 15.3%	✗ 14.9%	✗ 15.0%	✗ 14.6%	✗ 14.8%	✗ 15.0%
	Added to PIFU (%)	≥5%	✗ 4.9%	✗ 4.7%	✓ 5.5%	✓ 5.0%	✓ 6.0%	✓ 5.7%	✓ 6.0%	✓ 5.9%	✓ 5.5%
	Average daily referrals		274	311	341	309	316	309	-	-	-
	Outpatients - first appointment against plan	≥Plan	✓ 10,131	✓ 12,349	✓ 12,513	✓ 34,993	✓ 11,992	✗ 11,540	✓ 11,781	✓ 35,313	✓ 70,306
	Outpatients - follow up against plan	≤Plan	✗ 22,687	✗ 28,059	✗ 28,397	✗ 79,143	✗ 26,597	✗ 27,584	✗ 26,850	✗ 81,031	✗ 160,174
	Elective inpatient activity against plan	≥Plan	✗ 295	✗ 339	✗ 343	✗ 977	✗ 297	✗ 308	✗ 336	✗ 941	✗ 1918
	Daycase activity against plan	≥Plan	✓ 2,908	✓ 3,421	✓ 3,429	✓ 9,758	✗ 3,330	✗ 3,308	✗ 3,267	✗ 9,905	✗ 19,663
	Completed admitted RTT pathways against plan	≥Plan	✗ 910	✓ 1,179	✓ 1,163	✓ 3,252	✗ 1,044	✗ 1,033	✗ 1,072	✗ 3,149	✗ 6,401
	Completed non-admitted RTT pathways against plan	≥Plan	✗ 6,453	✓ 8,908	✓ 9,257	✗ 24,618	✗ 8,402	✗ 8,207	✓ 9,214	✗ 25,823	✗ 50,441
	Incomplete RTT waiting list against plan	≤Plan	✗ 49,956	✗ 51,459	✗ 51,946	✗ 51,946	✗ 52,814	✗ 54,047	✗ 53,949	✗ 53,949	-
	Incomplete RTT pathways +52 weeks against plan	≤Plan	✗ 924	✗ 1,087	✗ 1,186	✗ 1,186	✗ 1,349	✗ 1,532	✗ 1,728	✗ 1,728	-
	Incomplete RTT pathways +65 weeks against plan	≤Plan	✓ 141	✗ 180	✗ 208	✗ 208	✗ 236	✗ 309	✗ 352	✗ 352	-
	Incomplete RTT pathways +78 weeks	0	✗ 8	✗ 8	✗ 6	✗ 6	✗ 6	✗ 3	✗ 3	✗ 3	-
	Incomplete RTT pathways +104 weeks	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	-
Diagnostics	Diagnostics activity against plan	≥Plan	✓ 12,704	✓ 13,335	✗ 13,795	✓ 39,834	✓ 13,845	✓ 13,453	✗ 12,598	✓ 39,896	✓ 79,730
	Diagnostic DM01 Waiting List		10,952	11,476	11,462	11,462	11,121	10,155	10,377	10,377	-
	Diagnostic DM01 Backlog		3,737	3,538	3,508	3,508	3,704	4,101	3,928	3,928	-
	Diagnostic DM01 <6 weeks	≥99%	✗ 65.9%	✗ 69.2%	✗ 69.4%	✗ 69.4%	✗ 66.7%	✗ 59.6%	✗ 62.1%	✗ 62.1%	-
Cancer	Two week wait Cancer Referrals		1,417	1,527	1,669	4,613	1,721	1,748	-	-	-
	Cancer 2 week wait performance (%)	≥93%	✓ 93.4%	✓ 96.0%	✓ 94.4%	✓ 94.6%	✗ 91.6%	✗ 91.5%	-	-	-
	Faster Diagnosis Standard (%)	≥75%	✗ 73.4%	✓ 76.9%	✓ 79.2%	✓ 76.6%	✓ 82.8%	✓ 79.2%	-	-	-
	First definitive cancer treatments		115	124	147	386	102	123	-	-	-
	Cancer 31 day treatment performance (%)	≥96%	✗ 93.0%	✗ 91.1%	✗ 89.8%	✗ 91.2%	✗ 80.4%	✗ 74.8%	-	-	-
	Cancer 62 day performance (%)	≥85%	✗ 76.3%	✗ 63.7%	✗ 78.6%	✗ 72.4%	✗ 70.1%	✗ 72.4%	-	-	-
	2ww patients waiting >62 days for treatment	≤Plan	✓ 58	✓ 58	✓ 55	✓ 55	✓ 54	✗ 88	✗ 94	✗ 94	-

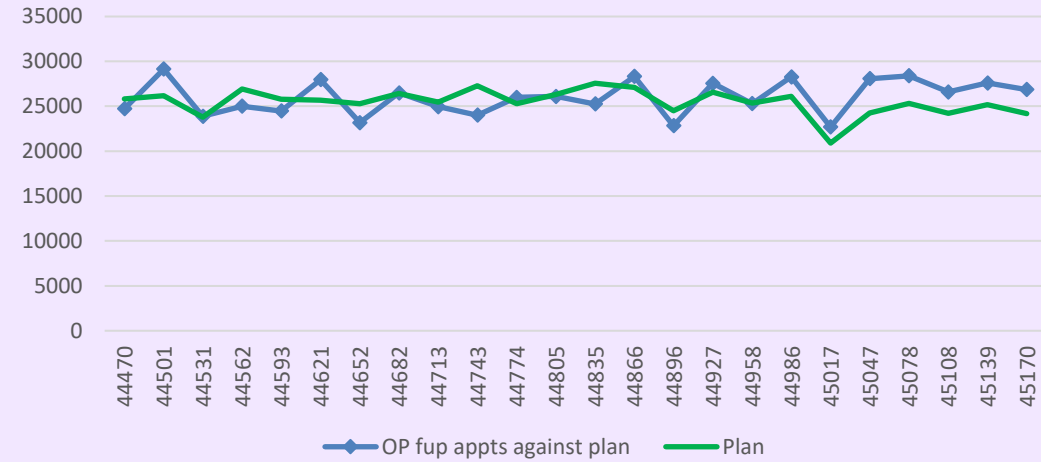
Indicators in Focus: Timely Care – Outpatient metrics (1/2)

Data

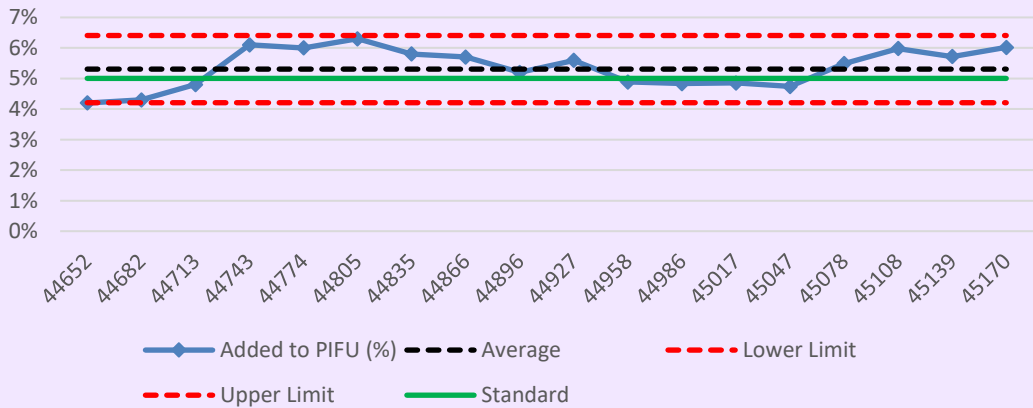
Remote attendances (%)



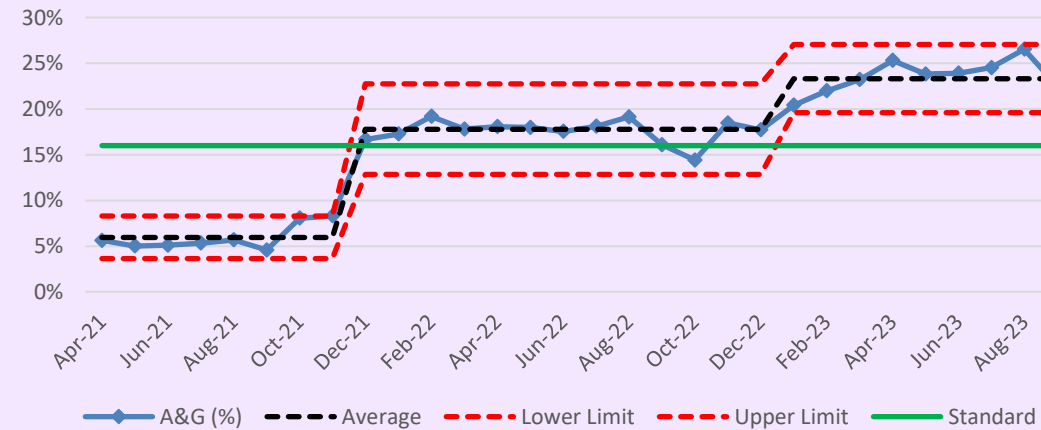
Outpatients - follow up against plan



Added to PIFU (%)



Advice & Guidance (%)



Indicators in Focus: Timely Care – Outpatient metrics (2/2)

National position & overview

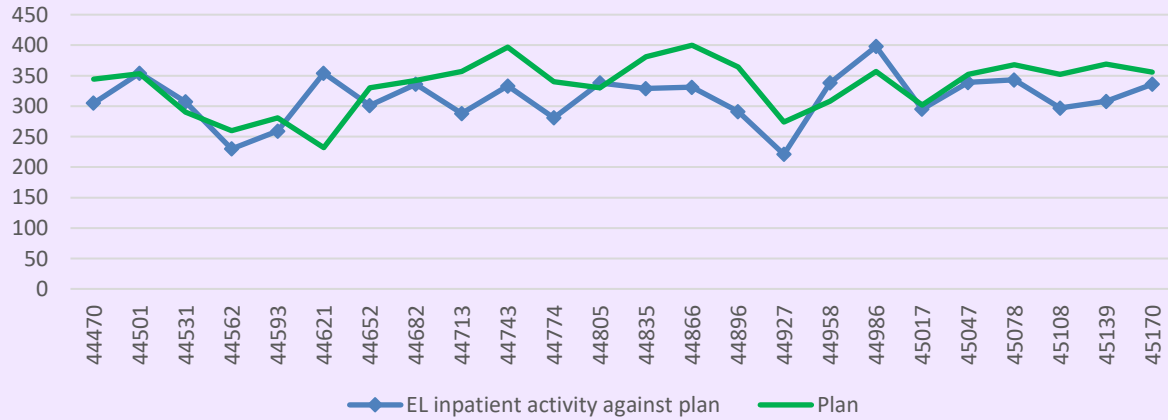
- We consistently deliver on Patient Initiated Follow Up (PIFU) and Advice and Guidance performance surpassing national targets. Regionally we are recognised for our PIFU work in Ophthalmology.
- Trust outpatient first attendance activity levels remain consistently above planned activity levels.
- SFH (and the system) submitted a non-compliant plan against the outpatient follow-up reduction target of 25% in the 2022/23 and 2023/24 planning rounds. Our outpatient follow up activity levels have been above our non-compliant plan whilst we continue to experience challenges with patients waiting for overdue follow up reviews.
- The remote appointments agenda remains an area of underperformance across the Trust. The Operational Planning Guidance indicated that at least 25% of outpatient appointments should be delivered remotely via telephone or video consultation. We are currently delivering circa 15% which has been a stable position over the past year.

Root causes	Actions and timescale	Impact
Significant backlog of overdue reviews that developed during the Covid-19 pandemic due to lower outpatient activity levels as a result of social distancing and reduced clinician time allocated to seeing outpatients (focus on patients with higher clinical needs).	Rolling validation of the patients on the overdue review list to check if they still require their appointment.	Around 8% of patients contacted are removed from the waiting list. We typically contact 200 patients per week (approx. 16 patients removed from waiting list per week).
	Insourcing in specialties with high overdue review lists. Gastroenterology insourcing commenced in Oct-23. Insourcing to remain in place until at least Mar-24.	Insourcing to deliver circa 4,000 follow up appointments by Mar-24. Whilst this will increase follow up activity it will support a reduction in the number of overdue reviews which is better for patients and will place us in a stronger position for 2024/25.
Remote attendances below target due to clinician preference to see patients face-to-face.	Toolkit developed to assess at a specialty-level the current virtual attendance position, relevant benchmarking, potential trajectories, challenges and risks to inform clinical assessment of opportunity. Toolkit being launched during Q3.	Incremental increase in the percentage of remote attendances with the aim to achieve 17% by the end of the financial year.

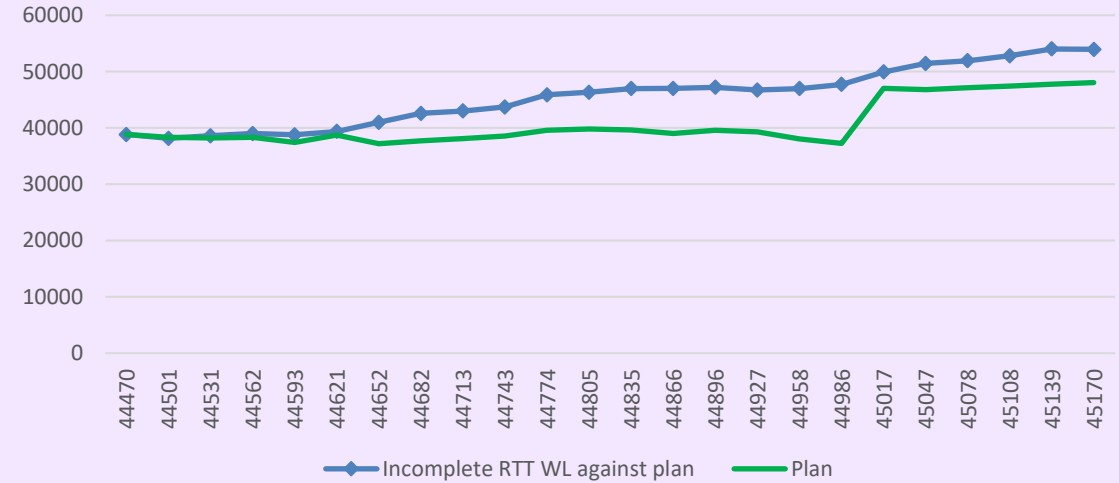
Indicators in Focus: Timely Care – Elective activity and waiting list metrics (1/2)

Data

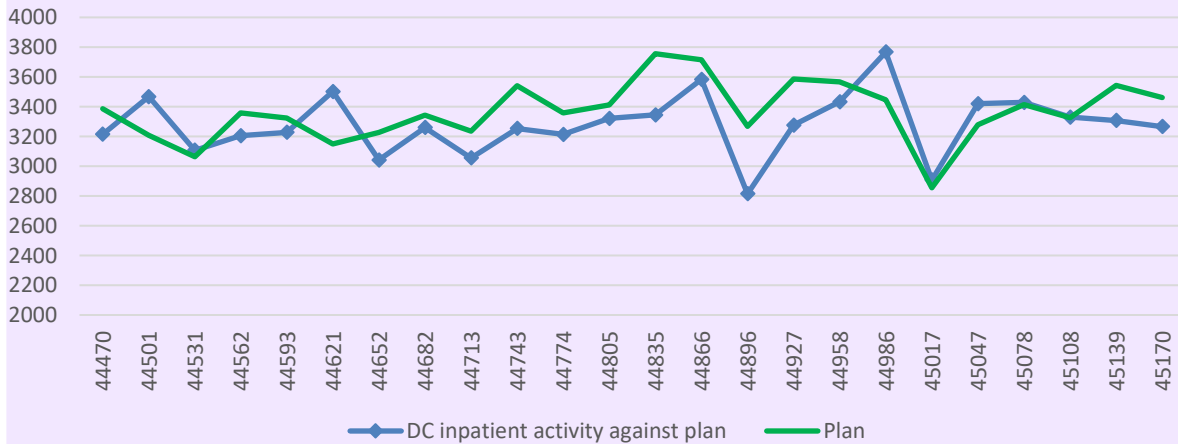
Elective inpatient activity against plan



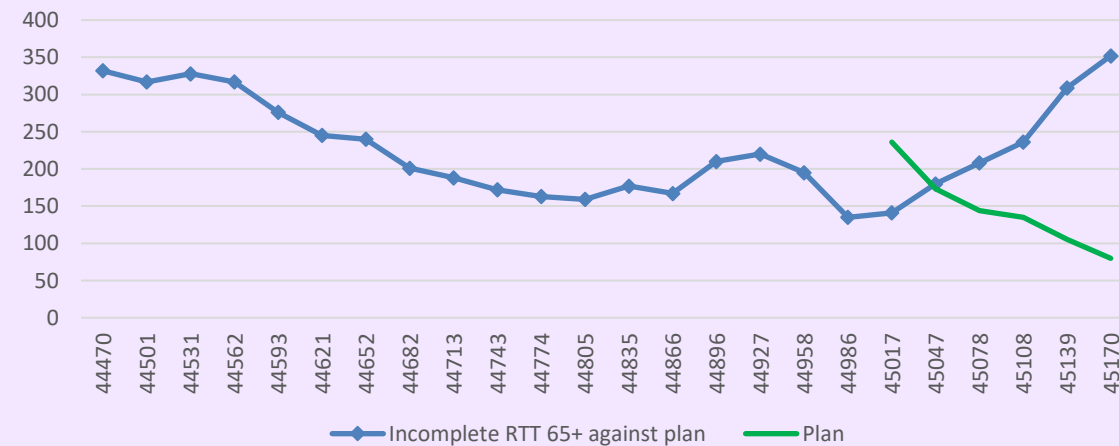
Incomplete RTT waiting list against plan



Daycase activity against plan



Incomplete RTT pathways +65 weeks against plan



Indicators in Focus: Timely Care – Elective activity and waiting list metrics (2/2)

National position & overview

- Elective inpatient and daycase activity has been below planned levels throughout 2023/24 primarily due to industrial action. As seen nationally, industrial action has meant that available clinical time has been directed to support urgent and emergency care.
- Referral to treatment (RTT) waiting times across England continue to rise. Prior to the pandemic in Feb-20 there were nationally circa 4 million people on the waiting list, this has grown to circa 7.7 million by Aug-23. At SFH the RTT waits pre-pandemic was 26,000 patients and has continued to grow to just over 54,000 at the end of Sep-23.
- The national requirement was to have no patients on an RTT pathway waiting greater than 78-weeks by end of Mar-23. At SFH there were 3 patients waiting over 78 weeks at the end of Sep-23 – two due to capacity issues in pH manometry (consultant sickness) and one due to a patient being cancelled too late in the month with no capacity to rearrange in-month. We are currently 6th best (out of 23 trusts) in the Midlands region for the number of 78-week wait patients.
- While the actual 65-week wait patient numbers are above plan, the 65-week wait total cohort (considering those patients forecast to breach) is ahead of plan for Mar-24 delivery of the national requirement (zero patients waiting over 65-weeks).

Root causes	Actions and timescale	Impact
Industrial action impacting the delivery of planned care activity levels due to medical workforce constraints.	Continue to operationally manage instances of industrial action with a focus on what we can deliver whilst ensuring clinical prioritisation.	Minimise the number of patients who have their planned care delayed during industrial action. Focus on treating patients in order of clinical priority.
Challenges with workforce availability due to hard to fill vacancies, particularly in Anaesthetics.	Backfilling of in-week theatre lists and use of additional clinics and theatre lists at weekends via Waiting List Initiatives. Recruitment to anaesthetic vacancies ongoing, recent agreement to recruitment incentives proposal expected to have impact.	Additional 356 clinics since the start of 2023/24. Work underway to quantify impact of additional theatre lists - session utilisation for September, excluding impact of industrial action, was at 82.3%.
	Outsourcing services throughout 2023/24 (e.g. Ophthalmology cataract referrals) and utilisation of local Independent Sector for Orthopaedics, General Surgery and Urology.	Ophthalmology outsourcing delivering 20 cases per month. Independent Sector delivering 40 cases per month. Independent Sector activity will support backlog reduction; however, activity levels not currently counted by SFH but this will change pending new sub-contract arrangements from late Q3.
Lack of physical space and infrastructure to enable increased activity required to reduce backlogs.	Newark Targeted Investment Fund (TIF) development to expand procedures in Gynaecology and ENT and support the transfer of Orthopaedic activity from King's Mill to Newark to release capacity for more complex, long waiting patients. Building works due to complete at the end of Oct-23 with patients treated in the new facility in Nov-23.	A detailed operational plan is in development to maximise the level of activity through the TIF development in line with business case aspirations.
National focus on long waiting patients leading to provision of mutual aid within the system and an increase of long wait patients referred to Newark Hospital from Lincolnshire. Newark Hospital has limited capacity to receive the mutual aid referrals.	During Sep-23 patients referred from Lincolnshire to Newark Hospital have been contacted and offered an appointment at King's Mill Hospital. We will continue to triage Lincolnshire referrals to offer choice.	Mutual aid patients are given opportunity to receive care at either Newark Hospital or King' Mill Hospital with the intention to minimise the length of their wait. 60% of the Lincolnshire patients have agreed to be seen at King's Mill.

Indicators in Focus: Timely Care – Diagnostic metrics

National position & overview

- Nationally, the total number of patients waiting six weeks or more from referral for one of the 15 key diagnostic tests at the end of Aug-23 was 429,422. This meant that 73% of patients nationally were seen within 6-weeks against the national standard of 99%. The local position at the end of Q2 was 62% of patients seen within 6-weeks; below the national position.
- Across SFH there were a total of 10,154 patients waiting for DM01 reportable diagnostic tests of which 4,101 patients were waiting greater than 6 weeks. Most patients are awaiting Echocardiography where there is national shortages of Cardiac Physiologists.

Root causes

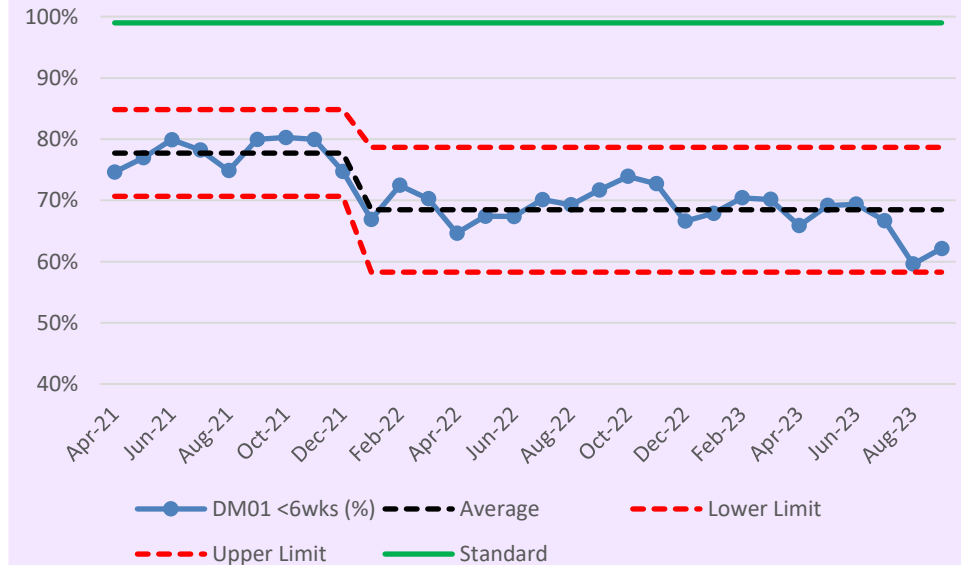
Actions and timescale

Impact

Echo backlog and insufficient workforce to meet demand. Equipment and physical space are constraining backlog recovery alongside the workforce challenges.	Insourcing at King’s Mill Hospital in Sep-23 and Oct-23.	250 additional cases.
	Enhanced rates of pay to enable weekend working with existing teams from Jul-23 to Mar-24.	7 additional cases per week.
	Community Diagnostic Centre (CDC) funding insourcing for Newark Hospital to increase from 3 to 5 days from early Q4.	50 additional cases per week.
	Newly equipped CDC accelerator capacity at Mansfield Community Hospital to open early Q4.	50 additional cases per week.
	Mutual aid from NUH from Aug-23.	7 additional cases per week.
	The combined impact of the above mitigations will support gradual backlog reduction. Full recovery will require actions to continue into 2024/25.	
Sleep study backlog driven by increase in referrals and insufficient workforce to meet demand.	Additional adult sleep devices procured in May-23 to increase existing capacity.	DM01 performance increased to 78.56% in September from 30.72% in Jan-23.
	Additional weekend sessions from Jan-23 to Mar-24.	
	Paediatric pathway development underway in Q4 to move from inpatient to home sleep studies.	Impact to be quantified as part of the pathway development.
CT Cardiac backlog following continued increase in demand (50% 2022- 2023) further driven by the targeted lung health check programme expansion.	Capital case submitted to the Integrated Care System in Oct-23 to increase CT Cardiac capacity through the purchase of a new scanner. Implementation subject to external funding and bid approval.	Up to 20 CT Cardiac cases per day.

Data

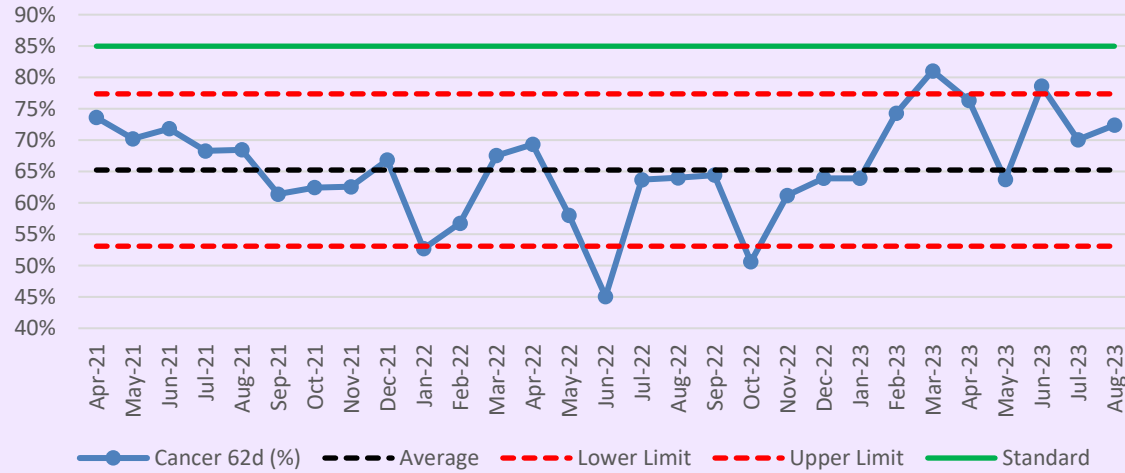
Diagnostic DM01 <6 weeks



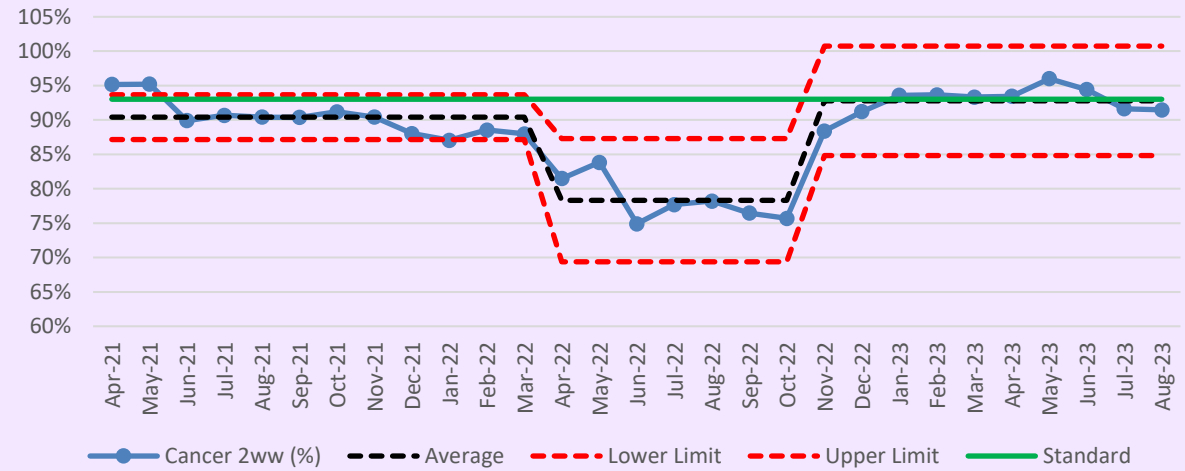
Indicators in Focus: Timely Care – Cancer metrics (1/2)

Data

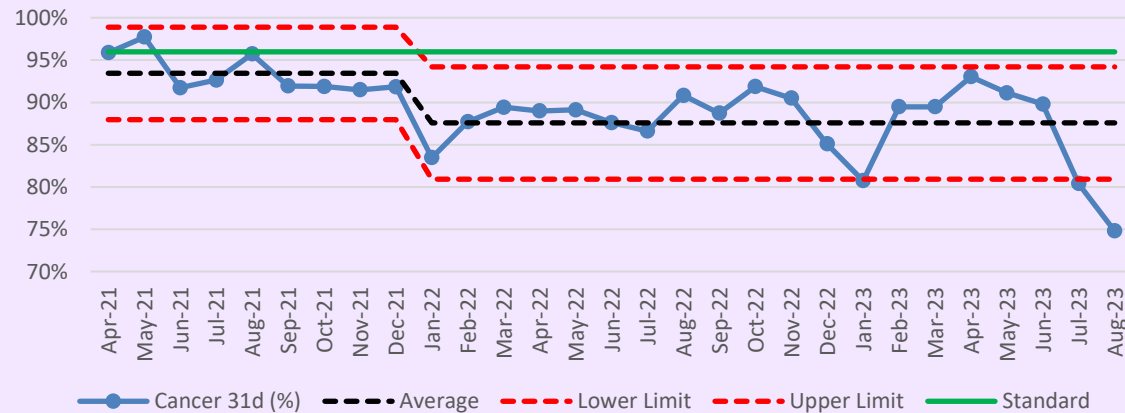
Cancer 62 day performance (%)



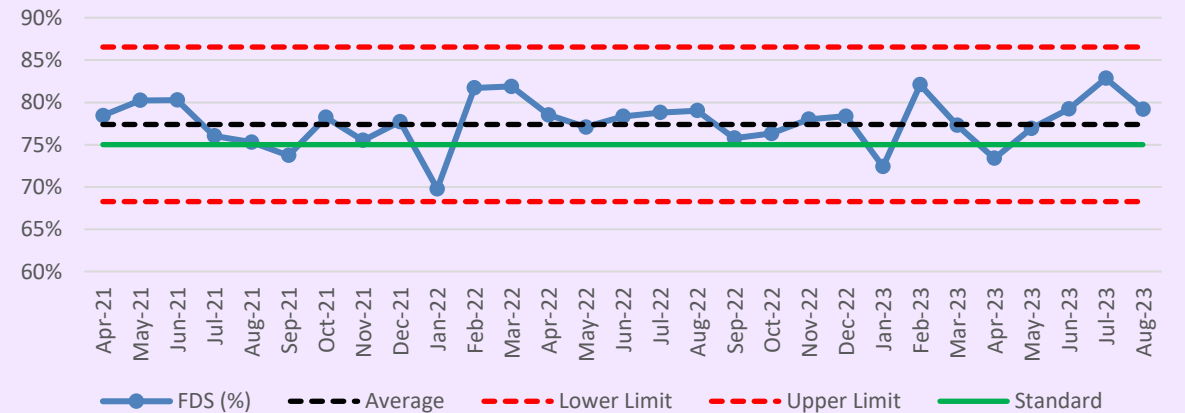
Cancer 2 week wait performance (%)



Cancer 31 day treatment performance (%)



Cancer Faster Diagnosis Standard (%)



Indicators in Focus: Timely Care – Cancer metrics (2/2)

National position & overview

Considering the latest national data (Aug-23):

- Nationally 31-day treatment performance (first treatment) is 91% against the 96% standard; Midlands combined 88.5%.
Our position is performing below the Midlands and England position and national standard.
- Nationally 62-day performance (urgent GP suspected cancer) 62.8% against the 85% standard; Midlands combined 56.1%.
Our position is performing above the Midlands and England position; however, below the national standard.
- The Faster Diagnosis Standard (FDS) of 75% was achieved in Aug-23 at 79.2% and predicted to achieve in Sep-23.
- The two-week wait standard of 93% was below target in Aug-23 at 91.3% and predicted to be below the target in Sep-23. Previously achieved this standard from Jan-23 to Jun-23 consistently.
- The revised cancer waiting times standards launched on 1 Oct-23; this included removal of the two-week wait standard and terminology - now Urgent Suspected Cancer Referral. The nine standards have been reduced to three and include: 28-day faster diagnosis; 62-day (combined), 31-day (combined). Reporting against the revised standards will be available from Dec-23. This report will be updated to reflect the new standards for Q3.

Root causes	Actions and timescale	Impact
62-day standard - Lower GI has workforce challenges, high referral demand and difficulties with patient engagement.	Demand and capacity modelling complete and review with operational and clinical team underway.	Improved productivity within existing resources
	Tumour site optimal timed pathway development and working group in place since Apr-23.	Reduction in pathway delays
	By Q3 produce updated patient information and video for supporting bowel preparation. Audit completed Oct-23.	Improve engagement and increase test compliance.
2ww/31-day standards - Seasonal Skin tumour site referral demand.	Tele-dermatology working group established Nov-22 to be launched in Jan-24: <ul style="list-style-type: none"> • Bid to East Midlands cancer alliance for funding approved in July-23. • Recruitment of staff commenced July-23 and due for completion Dec-23. • Kit identified and to be purchased in Dec-23. 	Reduce outpatient demand. Review patients earlier in their cancer pathway and improve patient experience.
Industrial action impacting the delivery of tumour site activity levels and MDTs due to medical workforce constraints.	Continue to operationally manage instances of industrial action with a focus on what we can deliver whilst ensuring clinical prioritisation.	Minimise the number of cancer patients who have their pathway delayed during industrial action.

Performance against 31-day and 62-day standards will temporarily reduce as the backlog is cleared. Once the backlog is reduced, we will be in a more sustainable position for future delivery.

Domain Summary: Best Value Care

Overview	Lead
<p>Income & Expenditure:</p> <ul style="list-style-type: none"> The reported financial position for Q2 highlights some of the challenges the Trust is continuing to face in meeting the planning ambition to deliver a breakeven financial position The Trust reported a deficit of £5.7m for the Q2 period, this represents an adverse variance to plan of £1.4m. Giving a year to date deficit of £10.5m against a plan of £8m showing an adverse position of £2.5m. The period saw the continuation of many of the challenges faced in the previous year and Q1 with the level of capacity open and high demand for beds. The level of patients medically fit for discharge has remained at levels above those assumed in the 2023/24 annual plan The costs of additional capacity remains the largest element of the adverse variance to plan, with £2.8m spent in Q2 on escalation capacity and £6.1m year to date which is above levels assumed in planning. The Q2 position also sees the continuation of unplanned costs relating to the Industrial action, with a direct financial impact that includes costs of covering gaps and an estimation of lost income relating to cancelled activity. Q2 saw the continuation of assumed income brought forwards for CDC July-September element of £1.4m which was planned for later in the year Although FIP is favourable to plan, this largely relates to non recurrent underspends and non divisional FIP. The outturn position is currently forecast to breakeven with risks given the continuation of additional capacity open and continued industrial action. <p>Capital Expenditure & Cash:</p> <ul style="list-style-type: none"> Capital expenditure of £1.8m has been reported for the Q2 period, with 2023/24 outturn expenditure currently forecast at £31m. This is £8.3m less than the financial plan due to changes in the CDC and EPR planned expenditure across financial years. The cash balance at the end of Q2 stands at £1.6m, which is £0.1m lower than planned. <p>Agency Expenditure:</p> <ul style="list-style-type: none"> The Trust reported agency expenditure of £4.5m during Q2, with 2023/24 outturn expenditure forecast at £14.8m. 	<p>CFO</p>

Scorecard: Best Value Care

At a Glance	Indicator	Standard	2023			2023/24			2023/24			2023/24
			Apr-23	May-23	Jun-23	Qtr 1	Jul-23	Aug-23	Sep-23	Qtr 2	YTD	
Finance	Income & expenditure against plan (£m)	≥£0.00m	✓ £0.00	✗ -£0.98	✗ -£0.06	✗ -£1.04	✓ £0.06	✗ -£0.43	✗ -£1.06	✗ -£1.43	✗ -£2.47	
	Financial Improvement Programme (FIP) against plan (£m)	≥£0.00m	✓ £0.01	✓ £0.03	✓ £0.00	✓ £0.04	✗ -£0.38	✗ -£0.83	✗ -£0.83	✗ -£2.04	✗ -£2.00	
	Capital expenditure against Plan (£m)	≤£0.00m	✗ £0.23	✗ £1.15	✗ £6.71	✗ £8.09	✗ £2.08	✗ £1.29	✗ £6.35	✗ £9.72	✗ £17.81	
	Cash balance against Plan (£m)	≥£0.00m	✗ -£8.73	✓ £4.35	✓ £5.10	✓ £0.72	✓ £5.17	✗ -£2.52	✗ -£3.43	✗ -£0.78	✗ -£0.06	
	Agency expenditure against Plan (£m)	≥£0.00m	✓ £0.02	✗ -£0.32	✗ -£0.16	✗ -£0.46	✗ -£0.20	✓ £0.06	✗ -£0.10	✗ -£0.24	✗ -£0.70	

Indicators in Focus: Best Value Care – Income and expenditure

Standard & overview

- The standard is the Trust financial plan which is a breakeven position for 2023/24
- The Trust has reported a Q2 deficit position of £5.7m which is £1.4m adverse to plan. Year to date the Trust has reported deficit position of £10.5m which is £2.5m adverse to the planned deficit position of £8m

Root causes

- The adverse variance is mainly due to the level of escalation beds that have remained open this financial year above planned levels
- Position also includes unplanned costs relating to the industrial action, including the costs of covering staffing gaps and an estimate of lost income relating to cancelled activity.
- Q2 deterioration position against run rate due to removal of income from NHSE to support the costs of capital

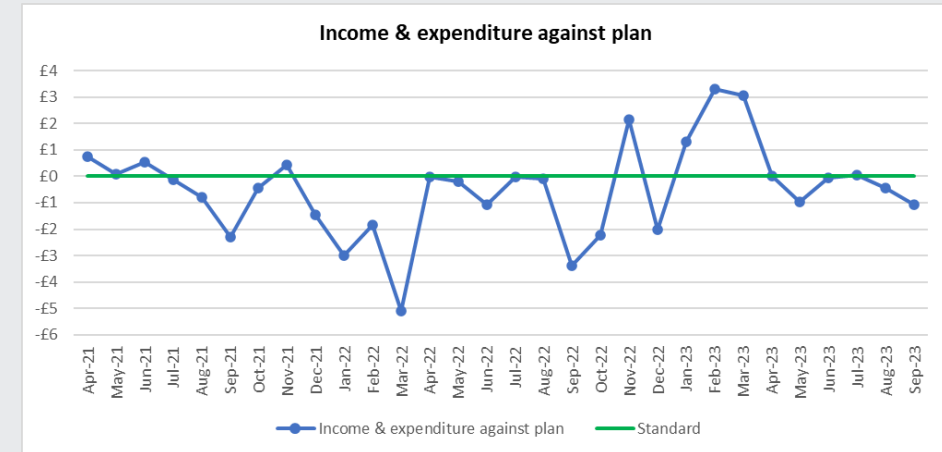
Actions

- CDC continuation of brought forward income from Q4 to be phased throughout the year ahead of plan
- Financial Recovery Cabinet in place reviewing opportunities through 100 day workstream plans
- Enhanced Financial Governance in place

Impact/Timescale

- CDC income brought forward from Q4 to be phased throughout the year ahead of plan
- 100 day Financial Recovery Workstream plans being reviewed, and opportunities being worked up
- Enhanced Financial Governance

Data



Indicators in Focus: Best Value Care – Financial Improvement Plan

Standard & overview

- The standard is the Trust financial Improvement Plan
- The Trust has a £10m Divisional Financial Improvement Programme which has reported year to date savings of £1.32m which is £2.0m behind plan.

Root causes

- The adverse variance is mainly due to delays in identifying schemes in time to deliver savings in line with plan. Current escalation capacity and Industrial Action will have taken time away from Divisions bandwidth to progress schemes.

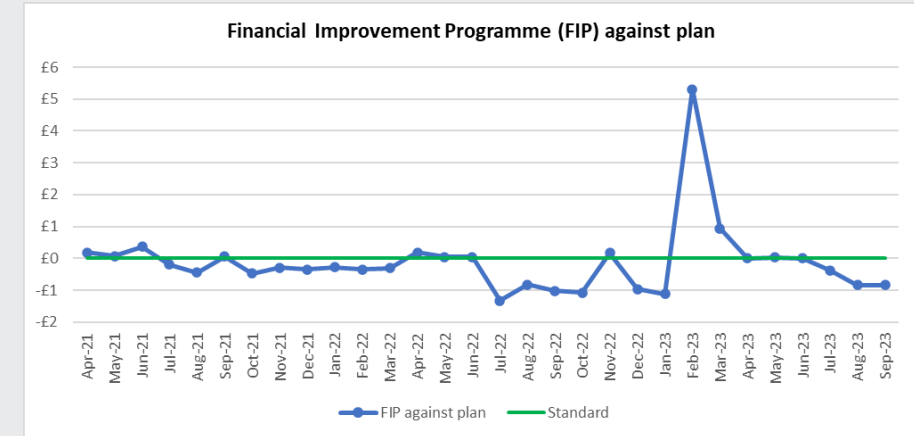
Actions

- Financial Recovery Cabinet in place with FIP being a key workstream in this process. Currently reviewing opportunities through 100 day workstream plans
- Several schemes are in the process of Quality Impact Assessment sign off and will move to 'In-Delivery' for month 7 reporting.

Impact/Timescale

- 100 day FIP Financial Recovery Workstream plans being reviewed, and opportunities being worked up
- Pipeline schemes progress to in-delivery for month 7 reporting.

Data



Indicators in Focus: Best Value Care – Cash Balance

Standard & overview

- Standard is the plan and the minimum cash balance required by DHSC of £1.45m as part of our support.
- Marginal variance year to date to plan.
- Plan and actual requires revenue borrowing PDC cash support from DHSC.

Root causes

Planned deficit and forecast deficit is driving the need for additional cash support above plan.

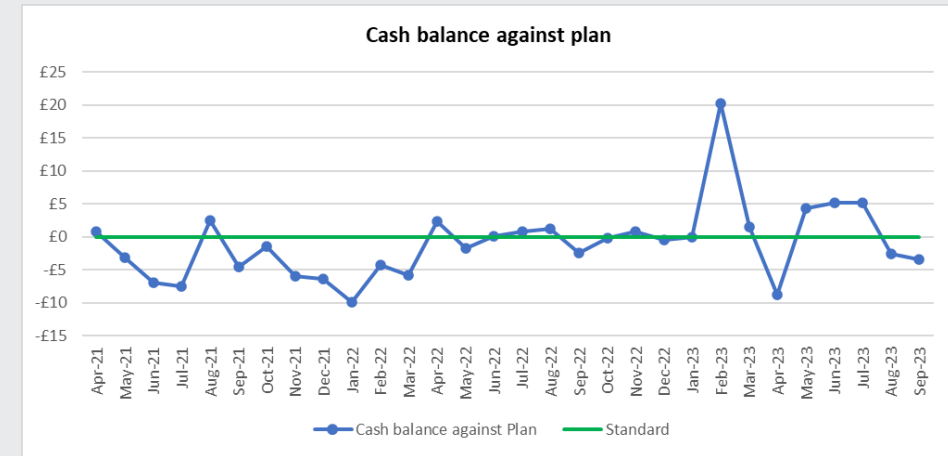
Actions

- Quarterly borrowing submission submitted to DHSC
- DHSC advised as part of Q2 submission likely that cash support above plan will be required in Q4.
- Agreement in principle for cash transfer Q3 to be repaid Q4.

Impact/Timescale

Risk to Q3 if cash transfer between Trusts does not materialise. May require reforecast of borrowing to DHSC which would be above the deficit plan.

Data



Indicators in Focus: Best Value Care – Capital expenditure

Standard & overview

- Standard is the plan.
- Significant variance year to date to plan due to the phasing of EPR and Mansfield CDC.
- Plan requires capital borrowing support of £6.49m, which presents a risk to the forecast expenditure if not approved, due to cash position of the Trust.
- Known forecast overspends in relation to discharge lounge and Newark TIF capital schemes.
- Plan and actual requires Capital PDC borrowing from DHSC.

Root causes

Variance is primarily being driven by the phasing of Mansfield CDC and EPR.

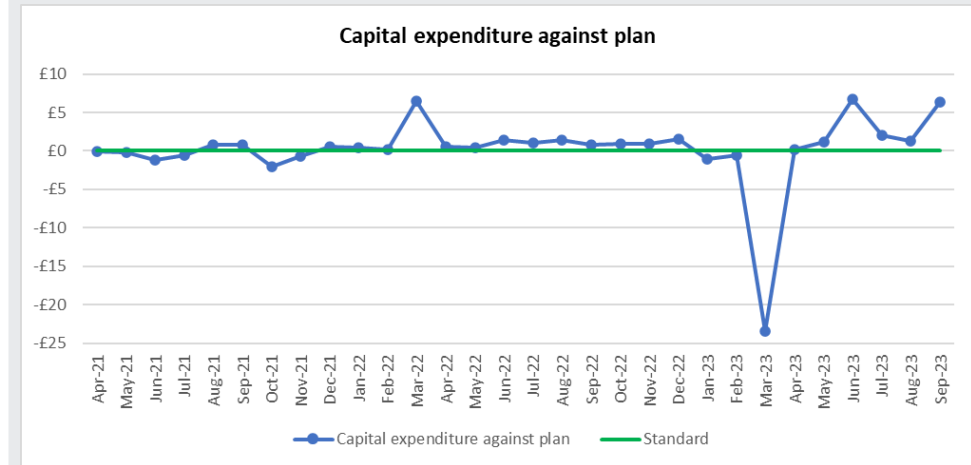
Actions

- Agreed with NHSE reprofiling of the expenditure and associated borrowing relating to CDC, £2m and EPR £6.31m removed from 2023/24 and rephased into 2024/25.
- Capital plan has been reforecast in year to cover known overspends in relation to Discharge lounge and Newark TIF.
- Capital leads reforecasting planned expenditure profile for 2023/24.
- Monthly monitoring via Capital Resources Oversight Group.
- Capital loan submitted and with NHSE for approval and submission to DHSC.
- 5 year capital plan currently being refreshed as part of financial planning.

Impact/Timescale

Risk to capital plan delivery and cash until capital borrowing confirmed. If rejected would require capital spend to be halted in year, due to availability of funds.

Data



Indicators in Focus: Best Value Care – Agency expenditure

Standard & overview

- The standard is the planned agency spend
- The Trust has reported agency expenditure of £4.5m for Q2, this is £0.2m adverse to the planned spend of

Root causes

- Mainly due to the additional capacity that has remained open above planned levels which is covered by variable pay (including agency)

Actions

- Executive approved changes to substantivize 'priority 1 & 2' beds will mean a reduction on reliance of variable pay cover in these areas.
- Enhanced financial governance focus on agency spend and compliance at Divisional Performance Reviews, Divisional Finance Committee's and Financial Recovery Cabinet
- Focussed reduction in off framework usage
- Continued reviews of direct engagement bookings

Impact/Timescale

- Revised divisional governance structures to include agency spend & compliance reviews
- Continued reviews of long line bookings and market re-test as required

Data

