



Integrated Performance Report

Reporting Period: Q3
2023/24



Domain Summary: Quality Care

Overview	Lead
<p>2023/24 Q3 (Oct-Dec) seasonal pressures continue, 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 and patient and staff impact, within the Emergency Department. The 2023 BMA Industrial Action has continued during Q3 with 2 very disruptive junior doctor strikes.</p> <p>The Patient Safety Incident Response Framework (PSIRF) went live on the 2nd October 2023 and during Q3, 5 Patient Safety Incident Investigations (PSII) were commissioned. Themed under:</p> <ul style="list-style-type: none"> 1 - Treatment & Care to include concerns over appointments, admission, transfer & discharge 1 - Delays in care 2 - Communication - Consent / DoLS / MCA 1 - Never Event <p>A PSIRF Oversight Group will commence in February 2023 tasked with enabling divisions to provide assurance around the incidents they have reviewed, actions taken and Duty of Candour compliance. Q3 has seen the falls rate per 1000 bed days for November & December 2023 above the national average, this can in part be attributed to a high number of medically safe patients remaining in acute beds due to reduced capacity for community care and ability to discharge. When compared to December 2022 data this represents a decrease in overall falls and we remain on track for the quarter. Themes and trends are being explored and provision of bespoke training from Falls Prevention Practitioners (FPP) continues. Project work with the digital team to ensure assessments such as lying and standing blood pressure and visual acuity are aligned to national guidance is underway as is the use of AMAT for audits of falls risk assessments and bed rail assessments, providing assurance of compliance to policy. Investigation of all falls continues to report no of lapses in care.</p> <p>Venous Thromboembolism (VTE) risk assessment are on track for Q3. There was concern that the data would be reported at a lower level, linking information services and clinical informatics has identified a gap in the query where it excluded from the point of decision to admit – on the medical pathway only checking EAU onwards. As a result of EPMA, this assessment is being undertaken earlier. Work is ongoing around VTE with the link from assessment to a prescription and timing for further assessments. This represents a patient safety improvement story where VTE consideration has been moved back from some time on the admission ward to the point where decision to admit is made in ED, alongside removing the need for resources to chase completion of the paper forms.</p> <p>There are 5 domains during Q3 which will be reported on as off track:</p> <ul style="list-style-type: none"> • Never Events - November 2023 we reported an incident relating to wrong site surgery in Dermatology: reported as a PSII – investigation underway • The Gram Negative blood stream infections: Klebsiella reported in YTD: Offtrack however our Klebsiella trajectory this year, we have a target of 22 and our current position is 12 cases at the end of Q3. At the same time last year we were on 18 cases, showing a good improvement. Currently benchmarking against our peer organisation we are showing to have the second lowest number of cases. As an ICB we are in red for our performance, we have arranged a meeting with the ICB IPC Leads from each organisation to look at any trends and themes and put a plan together to reduce these moving forwards. As a Trust we are currently working on our thematic review to support this. • Case finding question, or diagnosis of dementia or delirium: Our compliance has improved considerably, with the percentage rate consistently >80%. Dementia screening is no longer reported nationally • HSMR had followed a general and gradual upward trend; although the latest data shows an improving picture in 4 out of the last 5 months but the 12-month rolling figure will understandably continue to be elevated. The latest monthly HSMR for Sept 23 (Dec23 report) is 121.3- “within expected”. This is the fourth consecutive month where the single month HSMR has reported “within expected” (first time in over two years). • SHMI remains “as expected” at 107.19 for the rolling 12-month period August 22 to Jul 2023. The upward trend we were concerned about in the last update has not continued. 	<p>MD, CN</p>

Scorecard: Quality Care

At a Glance	Indicator	Standard	2023/24			2023/24	2023/24			2023/24	2023/24			2023/24
			Apr-23	May-23	Jun-23		Qtr 1	Jul-23	Aug-23		Sep-23	Qtr 2	Oct-23	
Safe	Falls with lapse in care	≤2	✓ 0	✓ 0	✓ 0	✓ 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	✓ 5.6	✗ 6.9	✗ 6.7	✓ 6.4
	Never events	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✓ 0	✗ 1
	Hospital acquired infection MRSA > 48 hours	0	✓ 0	✓ 0	✓ 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	✓ 1	✓ 5	✓ 6	✓ 12
	Hospital acquired infection Ecoli BSI > 48 hours	≤22	✓ 2	✓ 3	✓ 5	✓ 10	✓ 2	✓ 2	✓ 6	✓ 10	✓ 0	✓ 6	✓ 5	✓ 11
	Hospital acquired infection Klebsiella BSI > 48 hours	≤1	✓ 0	✓ 1	✓ 0	✓ 1	✓ 1	✓ 1	✓ 0	✗ 2	✓ 1	✓ 1	✓ 1	✗ 3
	Hospital acquired infection Pseudomonas BSI > 48 hours	≤3	✓ 2	✓ 0	✓ 0	✓ 2	✓ 2	✓ 0	✓ 0	✓ 2	✓ 0	✓ 1	✓ 1	✓ 2
	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	0.2	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	✓ 0	✓ 0	✓ 0	✓ 0
Venous Thromboembolism (VTE) risk assessments	≥95%	✗ 92.4%	✗ 94.6%	✗ 94.4%	✗ 93.8%	✓ 95.0%	✗ 94.7%	✗ 94.2%	✗ 94.6%	✓ 95.6%	✗ 94.9%	✗ 94.5%	✓ 95.0%	
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%	✗ 83.5%	✗ 85.4%	✗ 86.6%	✗ 85.2%
	Complaints per 1000 OBDs	≤1.9	✓ 1.1	✓ 1.2	✓ 1.0	✓ 1.1	✓ 1.5	✓ 1.3	✓ 1.3	✓ 1.4	✓ 1.1	✓ 1.2	✓ 1.3	✓ 1.2
	Compliments received in month		90	146	123	359	165	150	135	450	103	158	150	411
Effective	HSMR (basket of 56 diagnosis groups)	≤100	✗ 127	✗ 128	✗ 131	✗ 131	✗ 131	✗ 130	✗ 130	✗ 130	✗ 127	✗ 125	✗ 126	✗ 126
	SHMI	≤100	✗ 104	✗ 105	✗ 106	✗ 106	✗ 106	✗ 108	✗ 109	✗ 109	✗ 108	✗ 107	✗ 107	✗ 107
	Still birth rate	≤4.4	✓ 3.6	✓ 0.0	✓ 3.4	✓ 2.2	✓ 0.0	✓ 3.7	✓ 0.0	✓ 1.2	✓ 3.5	✓ 0.0	✗ 6.7	✓ 3.3
	Early neonatal deaths per 1000 live births	≤1	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✗ 6.9	✓ 0.0	✗ 3.3	✗ 3.5	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0

Indicators in Focus: Quality Care – Never Events

National position & overview

Never Events are serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing national guidance or safety recommendations.

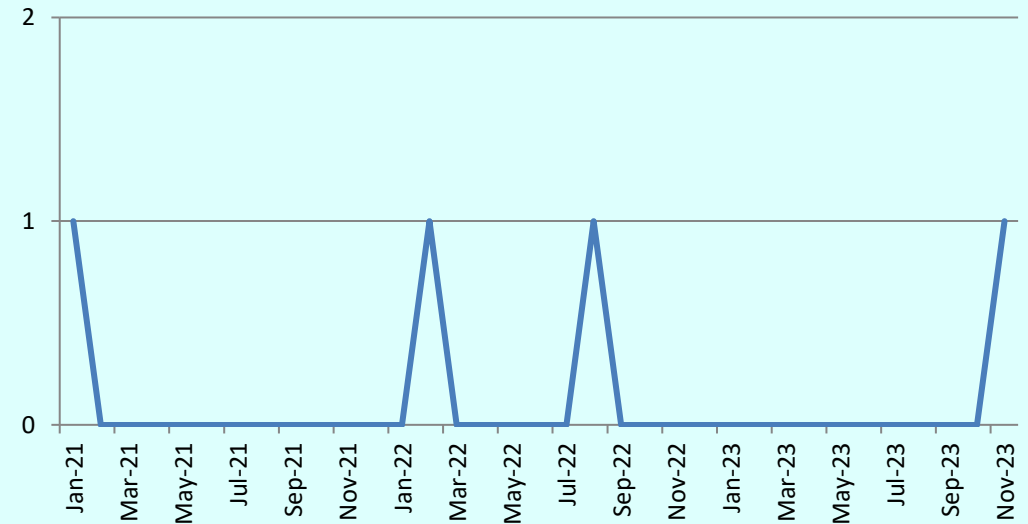
- Nationally 247 Never Events were reported as occurring between 1 April 2023 – 30 November 2023.
- 39 of these were wrong skin lesion biopsy/removed

In November 2023 we reported an incident relating to wrong site surgery in Dermatology:
The patient was booked and consented for excision of a lesion on the mid upper back, a lesion was excised from the left scapula region.
In response to this incident the ICB & CQC were informed, and immediate learning was cascaded across the organisation.
Staff involved have been offered support and Duty of Candour undertaken with patient. An apology was given and date provided for removal of correct lesion. No / low harm identified.

This is the 4th Never Event relating to Wrong skin lesion biopsy/removed since 2021. All involved removal of the incorrect lesion from the patients back.
The Director of Nursing, Quality & Governance is the appointed investigator and expected investigation completion date is end February 2024.

Data

Dermatology Never Events Reported Jan 2021 to Jan 2024.



Root causes

The incident is under investigation and a thorough review is underway involving staff interviews and a review of the current process.

Actions

- Review of previous Never events to understand if suggested actions were appropriately implemented and audited
- Review of induction process in relation to WHO checklist and access to electronic systems
- Review of Electronic systems

Impact/Timescale

Complete

Expected to be complete by end January

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

National position & overview

There is a national increase in the rates of Gram negative blood stream infections with trajectories set out by NHS England being difficult to achieve. A full review of all Hospital onset Healthcare associated (HOHA) and Community onset healthcare associated (COHA) blood stream infections is being undertaken by the IPC team

- E-coli.**
- This year's trajectory is set at 86.
 - The trust has currently had 62 patients who have isolated E-coli with a current even split of 31 HOHA and 31 COHA infections.
 - The ICB has the highest rates of E-coli blood stream infections within the region – All the leads within the ICB are undertaking a thematic review to identify any themes and trends and meeting will be undertaken on the 07/02/2024.

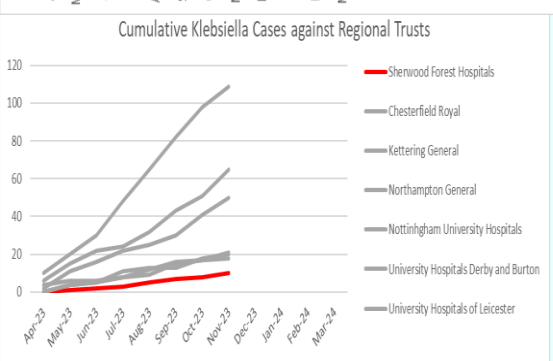
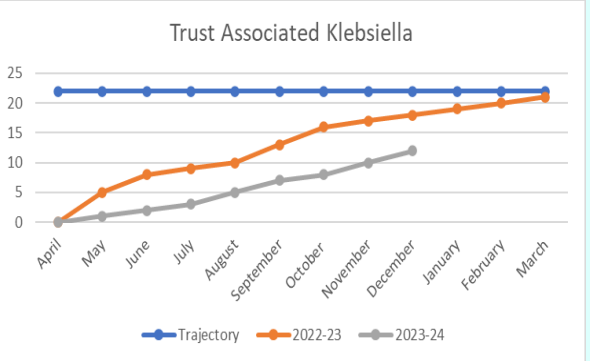
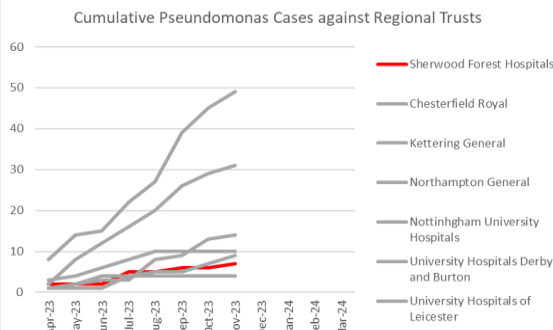
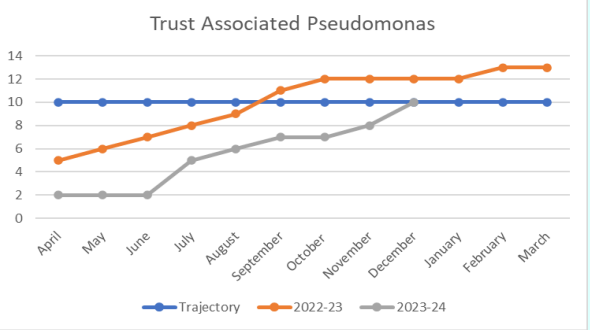
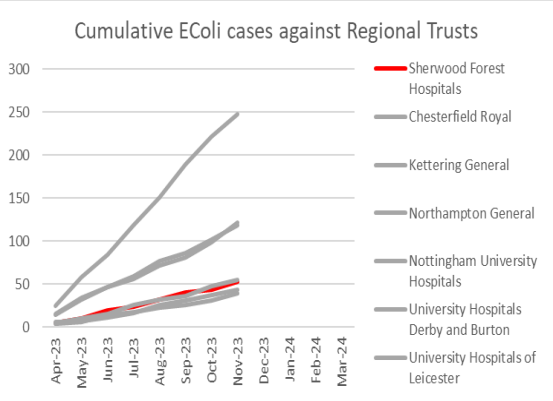
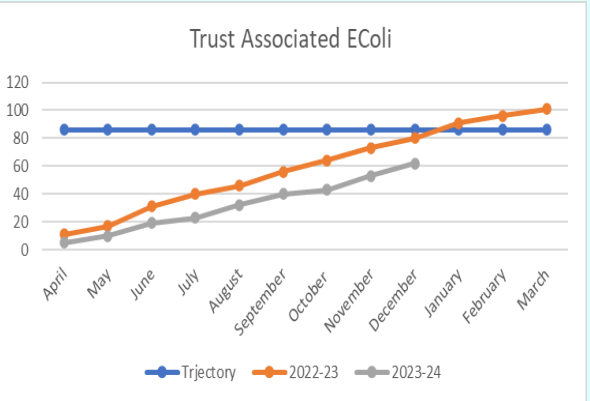
- Pseudomonas Aeruginosa.**
- This year's trajectory is set at 10, the trust is at this trajectory with 10 patients isolating the infection. With a split of 6 HOHA and 4 COHA. Our current position is 10 cases (end of Q3) at the same time last year we were on 12 cases (based on this current position we will breach our target this year). Currently benchmarking against our peer organisation we are showing to have the fourth lowest number of cases

- Klebsiella.**
- This year's trajectory is set at 22.
 - Whilst it is noted within the last 2 quarters the trust is over its standard of less than 1 per quarter, the trust overall position has improved with 12 patients isolating a blood stream infection this is an improvement of 6 compared to the end of quarter 3 last year.

As an organisation we have seen an improvement with all of our gram negatives compared with last year's quarter 3

Root causes	Actions	Impact/Timescale
Thematic review being undertake by whole ICB in relation to E-Coli Blood stream infections.	• ICB to review themes and trends identified and review recommendations	Meeting 07/02/2024.

Data



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

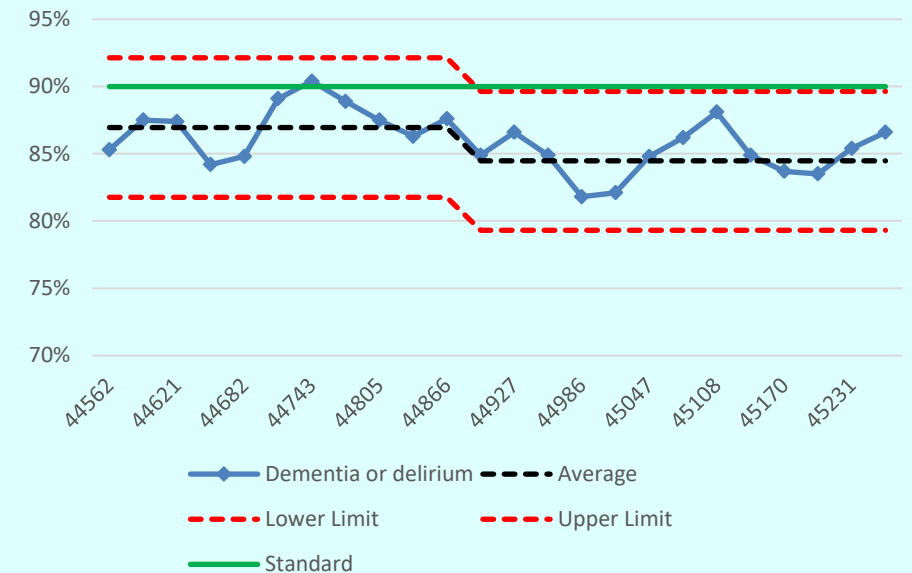
National position & overview

- All patients 65 years + admitted to the Trust for 72 hours and above are required to have a Dementia screen completed, this incorporates the SQiD screening for delirium. The screen is completed by both Nursing and Medical staff and is supported by the Dementia Team. This has seen an increase in compliance with the percentage rate consistently >80%.
- Dementia screening is no longer reported nationally (stopped since 2020) due to the pandemic and then following a consultation process, reporting has continued at Sherwood Forest Hospitals.
- Delirium assessments scores are required as part of the data submitted for the Yearly National Audit of Dementia, the team continue to focus and educate on the impact Delirium can have on a patient's journey including mortality, patient experience and length of stay.
- Sherwood Forest Hospitals has introduced the first Admiral Nurse to the organisation, part of their role will be to support patients, relatives/carers and staff.

Root causes	Actions	Impact/Timescale
Whilst we have achieved compliance >80% of Dementia screening, we have not reached the Trust target of >90%	<ul style="list-style-type: none"> • Emphasis on identifying patients with delirium and supporting patients with dementia, including their carers as part of the 'Dementia Well Pathway'. • Tier 1 Dementia training to be reinstated on the Mandatory programme • Consider Tier 2 training for Dementia champions • Review of current Dementia service provision 	<p>Underway</p> <p>Tier 1 training will be reinstated end March 2024</p> <p>Tier 2 training for Dementia champions - underway</p> <p>Underway – working with Improvement Faculty (biannual update to PSC)</p>

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” (126.23), recognising this represents a 12-month rolling position (representing the period October 2022-September 2023) but has started to trend down. Our in-month HSMR for September 2023 which is the latest reported month is 121.3 which is “within expected” for the 4th consecutive month (and 5th in the last 6)

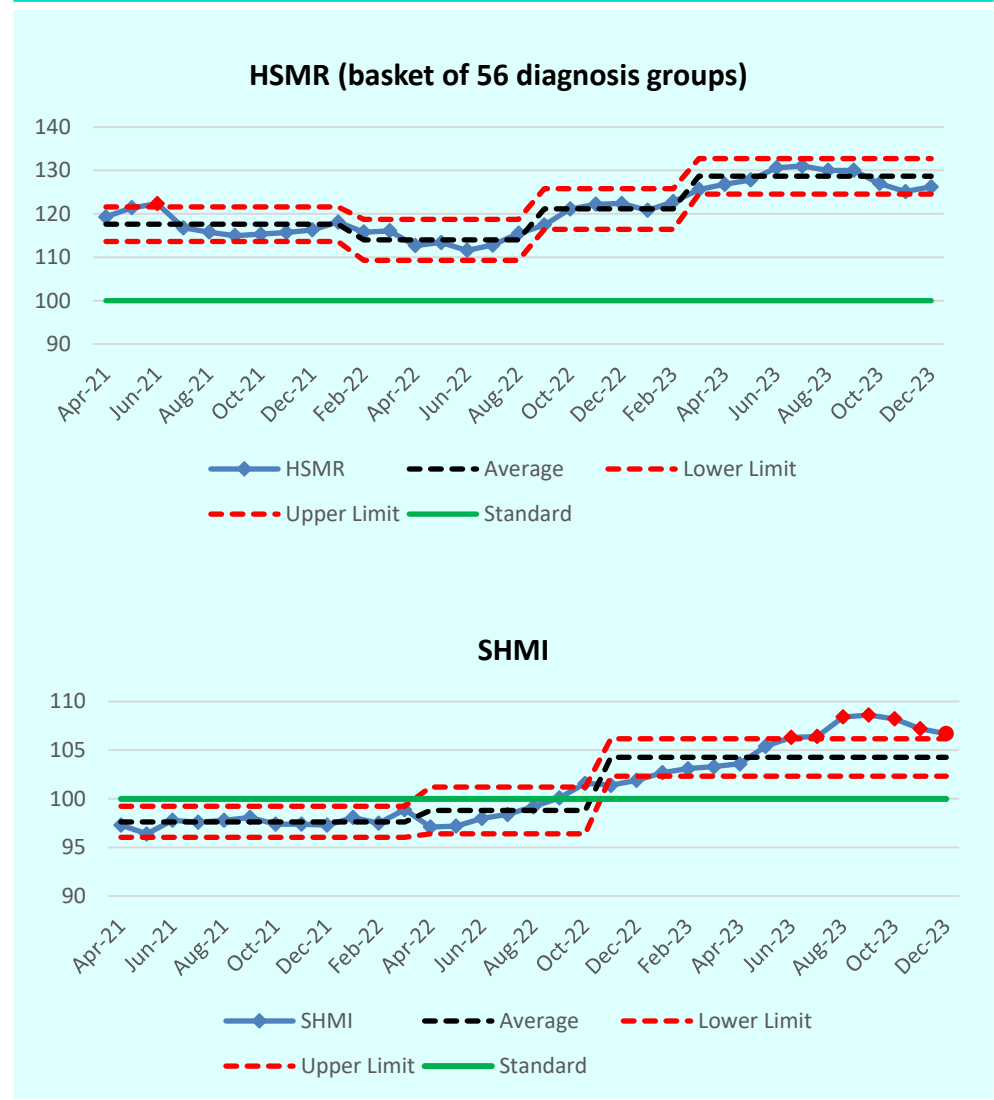
SHMI remains “as expected” at 107.19 for the rolling 12-month period August 22 to Jul 2023. The upward trend we were concerned about in the last update has not continued.

Whilst the underlying causes are complex, at this point in time it appears that the ongoing measures described and updated below are having a positive effect. The difference in the two metrics is likely attributable to data handling (specifically with respect to Specialist Palliative Care (SPC), in the HSMR) and cases included. We would not expect the gap to close (HSMR move towards SHMI) until after changes in configuration of SPC services. It is reassuring that positive changes are reflected in both metrics which is what we would expect from general interventions such as improved coding. We are additionally reassured that triangulation of mortality intelligence has identified no new concerns, but we will remain vigilant.

Engagement sessions for Non-executive Directors and Governors have been well received and we hope that an improved shared understanding of these metrics and their interpretation is providing additional assurance.

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. Discussions are taking place at system level and there is visibility of the issue and the impact it is having on our data at ICB level	Requires significant investment at Trust/ ICB levels
Coding/ Documentation of diagnosis and comorbidities	Intensive programme of communication and education around importance of coding. Implementation of a redesigned admission workbook has begun	Will take up to 12 months due to rolling nature of metrics

Data



Domain Summary: People and Culture

Overview

Lead

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 2-5th October (Consultant 44% loss / Juniors 62% loss) and 20-23rd December (Junior - 77% loss).

DOP

We have undertaken the National Staff Survey, we are analysing the results that are currently embargoed, as such we are unable to release these in any public forum.

Over the last three months we have seen a decrease in the Trust **vacancy** level, over the quarter this is recorded at 3.7% (Q2 – 5.4%), with the rate for December 2023 at 3.6%.

Our **Mandatory and Statutory Training (MaST)** position is really positive where we are continuing to report levels above the Trust targets.

Currently we are reporting 55.9% of staff have had a **Flu vaccine**, nationally there is an ambitions target of 80%. To promote the take up of the vaccine we are offering drop-in clinics across all sites and different times, we are also looking at the data around low take up areas and hard to reach groups to try and maximise the overall flu vaccine level.

Appraisal level for quarter 3 (88.1%) sits below the Trust target (90.0%), we have noted a reduction in compliance over quarter 3. During December 2023 the level sits at 88.8%, however, this is still a strong level of performance. During quarter 3 we have re-launched and embedded our revised appraisal paperwork, this should support more meaningful discussion, around a less cumbersome process.

Over quarter 3 our **sickness absence** level is reported at 4.8% (Q1 – 4.4%), this is a seasonally expected increase but does sit higher than Trust target (4.2%) and between the upper and lower SPC levels. We have seen a peak in December, but this is aligned to the hospital acuity and episodes of influenza and covid.

There has been an increase with **employee relations** cases over the quarter (ave. 21). We have seen a marginal reduction over the quarter with December 23 recorded at 18 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 grievance 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.

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.

During quarter 3, 54.3% 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%). During the last quarter significant work has commenced that aligns to our 100 days plans and ambition to reduce our reliance on agency usage and financial recovery challenge. We are currently advertising a significant level of medical consultant posts and are confident this will direct impact on the levels on our agency usage.

Additionally, of the agency shifts filled we have seen very low levels of those filled by **off framework** workers over the last quarter (October – December 2023). To note there has been 0.1% off framework agency workers.

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. We are also working closely with Remedium looking at longer term medical workforce plans.

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	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	2023/24 YTD
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%	✓ 5.4%	✓ 5.4%	✓ 4.0%	✓ 3.4%	✓ 3.6%	✓ 3.7%	✓ 5.2%
	Turnover in month	≤0.9%	✓ 0.80%	✓ 0.40%	✓ 0.40%	✓ 0.50%	✓ 0.70%	✓ 0.50%	✓ 0.50%	✓ 0.50%	✓ 0.50%	✓ 0.40%	✓ 0.60%	✓ 0.50%	✓ 0.50%
	Appraisals	≥90%	✗ 87.1%	✓ 90.4%	✓ 90.2%	✗ 89.3%	✗ 89.5%	✗ 89.5%	✗ 88.0%	✗ 89.0%	✗ 87.3%	✗ 88.3%	✗ 88.8%	✗ 88.1%	✗ 88.8%
	Mandatory & Statutory Training	≥90%	✓ 90.0%	✓ 90.0%	✓ 91.0%	✓ 90.3%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 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%	✗ 4.8%	✗ 4.3%	✗ 5.1%	✗ 4.8%	✗ 4.5%
	Total Workforce Loss	≤7.0%	✓ 6.2%	✓ 6.1%	✓ 6.3%	✓ 6.2%	✓ 6.5%	✓ 6.4%	✓ 6.6%	✓ 6.5%	✓ 6.9%	✓ 6.4%	✗ 7.3%	✓ 6.9%	✓ 6.5%
	Flu vaccinations uptake - front line staff	≥80%	-	-	-	-	-	-	-	-	✗ 38.3%	✗ 44.8%	✗ 55.9%	✗ 38.3%	✗ 38.3%
	Employee Relations Management	<12	✓ 9	✓ 11	✗ 14	✓ 11	✗ 15	✗ 18	✗ 14	✗ 16	✗ 21	✗ 23	✗ 18	✗ 21	✗ 16
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%	✓ 0.0%	✓ 0.0%	✓ 0.1%	✓ 0.1%	-
	Agency (Over Price Cap)	≤30.0%	✗ 47.7%	✗ 59.6%	✗ 53.1%	✗ 53.3%	✗ 55.3%	✗ 48.9%	✗ 50.8%	✗ 51.5%	✗ 51.0%	✗ 55.7%	✗ 57.0%	✗ 54.3%	✗ 53.0%
	Agency Usage (%)	<3.7%	✗ 6.1%	✗ 7.4%	✗ 6.0%	✗ 6.5%	✗ 7.4%	✗ 6.5%	✗ 5.9%	✗ 6.6%	✗ 6.2%	✗ 5.5%	✗ 3.9%	✗ 5.2%	✗ 6.1%

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 3, with the average sitting at 88.1%. During December 2023 the level has increased to 88.8%, Although we are marginally under the standard this is still a strong level of performance and over the quarter we are showing an improved level.

Local benchmarking shows that the ICB provider appraisal level is reported at 81.9%. National levels within the model hospital are reported at 80.9% (October 2023).

Root causes

As stated, we have seen an increase in the overall appraisal level over the last few months, we are marginally below the standard and this lower level reduction does align to the acuity of the hospital.

In some instances, we have received feedback that managers have raised concerns how to report this via ESR.

Actions

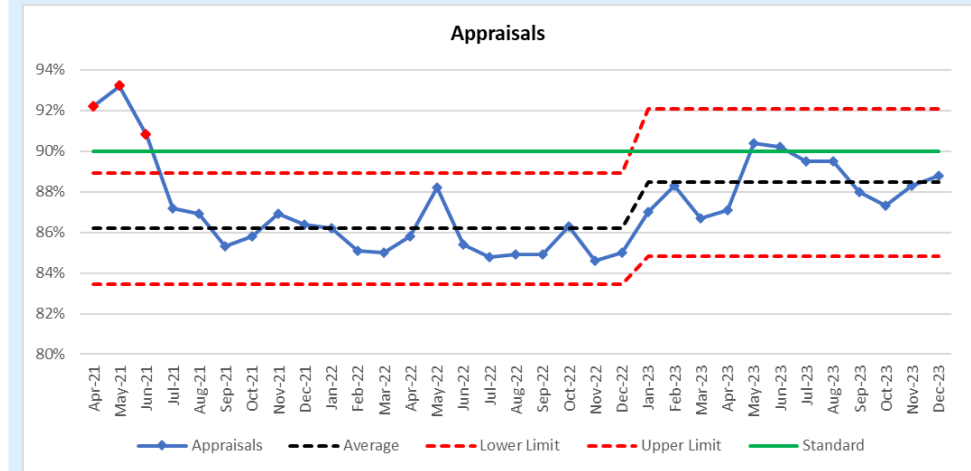
Service lines with low appraisal rates are supported to develop action plans to work on improving appraisal compliance. In addition, Service Lines are sighted on non-compliance rates and assurance is sought via Performance meetings on improving compliance. There are specific case conversations take place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

We are also supporting areas how the enter appraisals onto ESR and have developed a video clip to support our written user guidance.

Impact/Timescale

As we move into Quarter 4 winter, we expect this level to gradually increase, with an ambition to see levels above the standard.

Data



Indicators in Focus: People and Culture – Sickness Absence

National position & overview

During quarter 3 our overall sickness absence level has been above our standard (4.2%) and has seen fluctuations around our rolling average sickness levels (4.8%). Sickness is seasonal and we do expect a higher level during quarter 3, however our position for quarter 3 sits between the upper and lower SPC levels

As a result of a higher sickness level, we have seen an increase in our workforce loss level, this sits above our standard (7.0%), the rate for December 2023 is reported at 7.3%, with the quarter 3 position at 6.9%. Of the workforce loss percentage 5.1% relates to sickness with 2.2% relating to Maternity absence.

Local benchmarking shows that the ICB provider sickness absence level is reported at 5.9% (December 2023). National levels within the model hospital are reported at 80.9% (October 2023 – 4.9%).

Root causes

Our sickness level increases are as a relation to the season variations specifically norovirus and increase in COVID short term absences. Secondly, we are noting an increase due to longer waiting and treatment times.

Actions

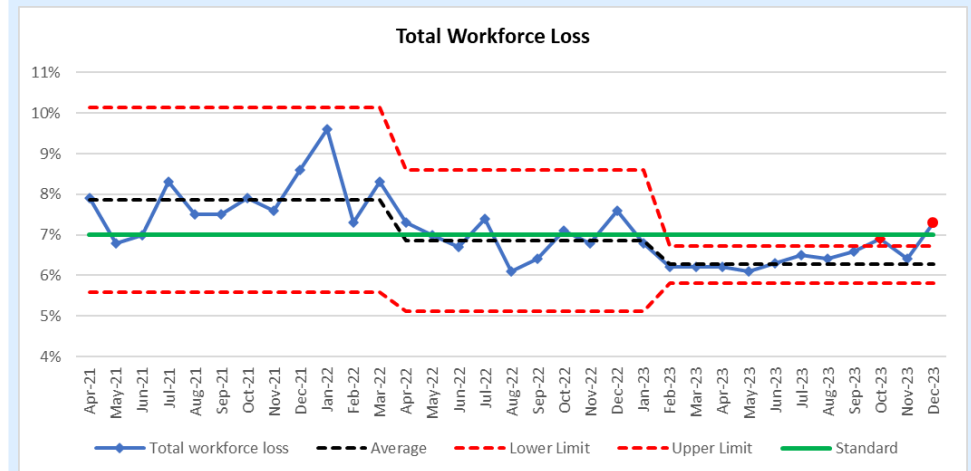
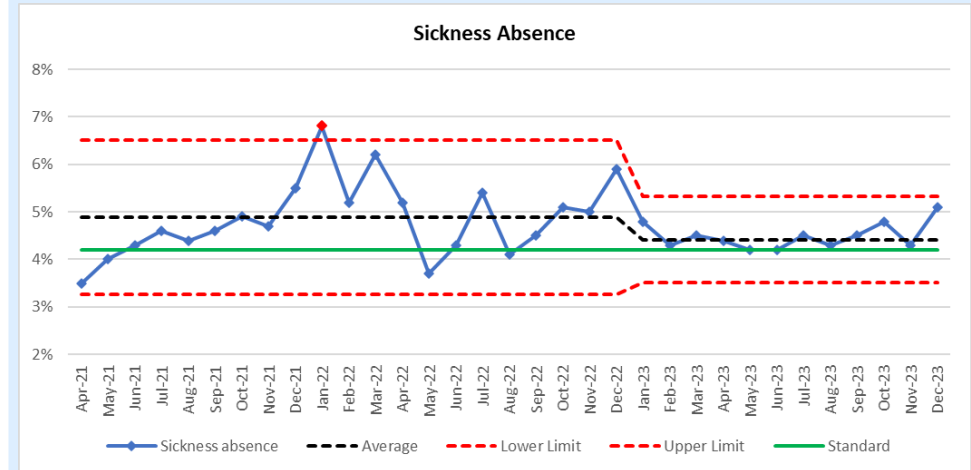
Service lines with high sickness absence rates are supported with managing sickness cases, and these are discussed and reported via Divisional Performance Reviews (DPRs).

We review short and term cases and manage sickness in line with policy. 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 for quarter 3, however during December 23 we have noted a decrease in the overall number of cases to 18.

Our current level sits above the standard and sits between the SPC levels.

Root causes

Since April we have seen a gradual increase in Employee Relation cases, we have noted an increase in stage 2 sickness cases, that have contributed to high levels. During the latter point of Q3 we have seen a reduction.

Actions

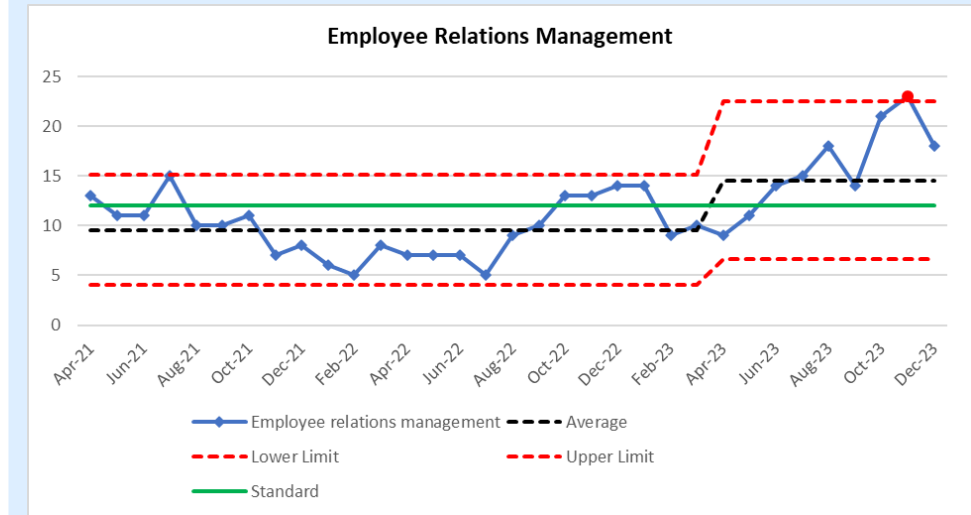
We are supporting from a people leads perspective and manage cases on an individual basis. Local intelligence indicates there has been gradual increases across other providers in Employee Relation cases showing Sherwood is not an outlier.

During Q4 we are reviewing a number of policies and guidance documents to ensure they are not only in line with Just Culture but also to outline support to all involved and greater clarity on processes, these include Grievance, Dignity at Work and Sickness Absence policies.

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

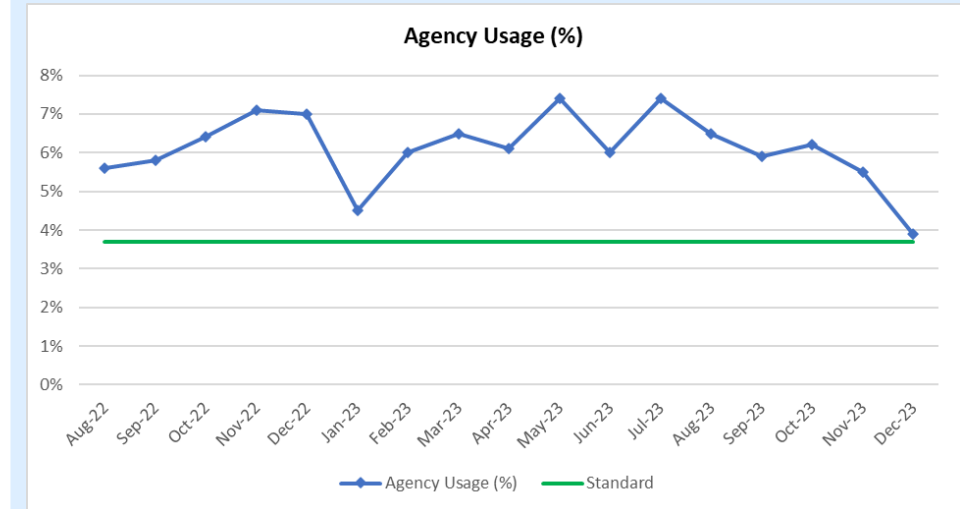
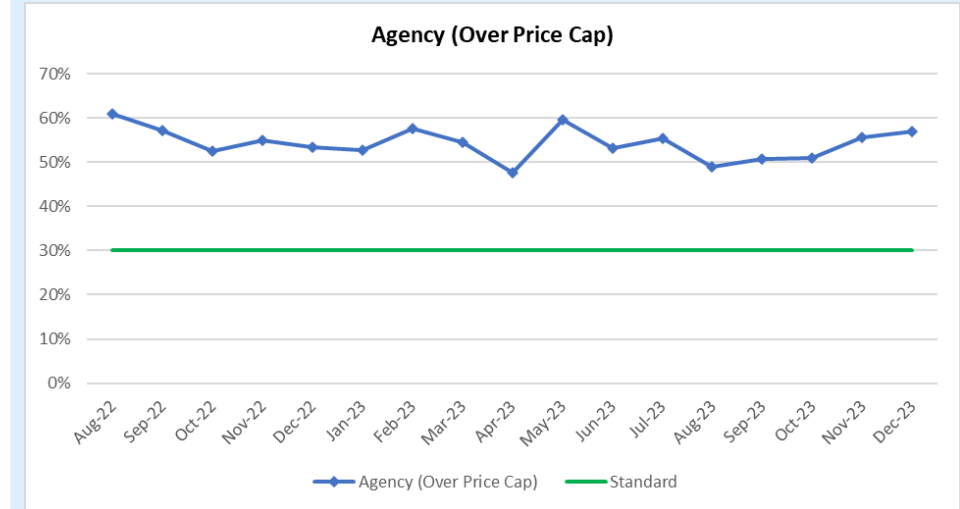
Our overall agency position across the quarter is reported at 5.2%, this does sit above the target level of 3.7%, and on framework over price cap is reported at 54.6% and is above our target 30.0%. These metrics have been impacted by the medical industrial action episodes and acuity of the hospital.

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 3.6%, with the percentage over price cap at 56.8%, however there is a relationship with off framework where the ICS figures is 0.24% (SFH report 0.1%).

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 were there are national speciality shortages.	<p>During the last quarter significant work has commenced that aligns to our 100 days plans and ambition to reduce our reliance on agency usage and financial recovery challenge. We are currently advertising a significant level of medical consultant posts and are confident this will direct impact on the levels on our agency usage.</p> <p>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.</p> <p>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.</p>	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



Indicators in Focus: People and Culture – Flu Vaccinations

National position & overview

Our Staff Flu take up is reported at 55.9%, it is acknowledged that this is lower than in previous years (61.9% - Dec 22), however nationally the NHS are reporting lower figures, 38.5% of eligible healthcare workers nationally having had a flu vaccine.

Root causes

Across the Trust we are actively promoting Flu vaccinations and are linking this into our Health & Wellbeing campaigns, aligning to the keeping well during winter programmes.

Additionally, to support the take up across SFH we are adopting different measures and where possible are taking the vaccines to staff as we accept the acuity of the hospital has had an impact on vaccination levels.

Verbal reports from regional Occupational Health colleagues echoes the experience currently at SFH. Low staff engagement with flu vaccination which is mirrored by the national picture.

Actions

Flu vaccine continues to be offered to all attendees to the Occupational Health Department and the Mass Vaccination team continue to undertake daily roving clinics taking vaccination direct to staff in clinical areas.

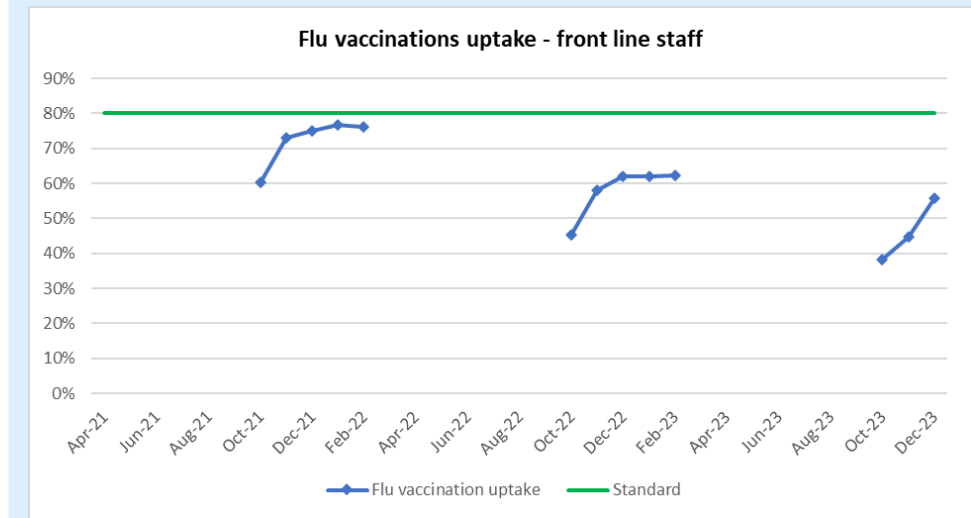
Work in the last month of the programme to identify which staff groups have a particularly low uptake and target directly.

Impact/Timescale

February 2024 to target low uptake groups.

Programme ends 29th February 2024.

Data



Domain Summary: Timely Care

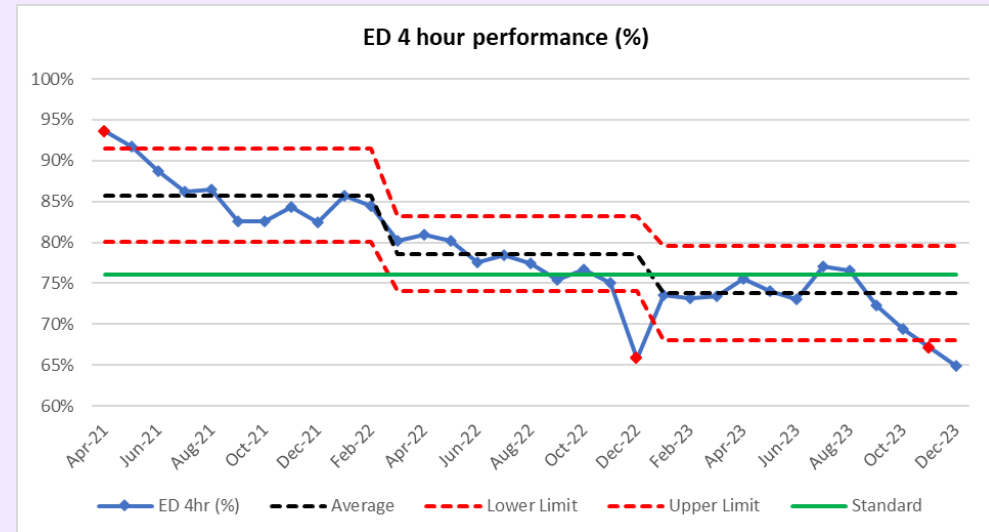
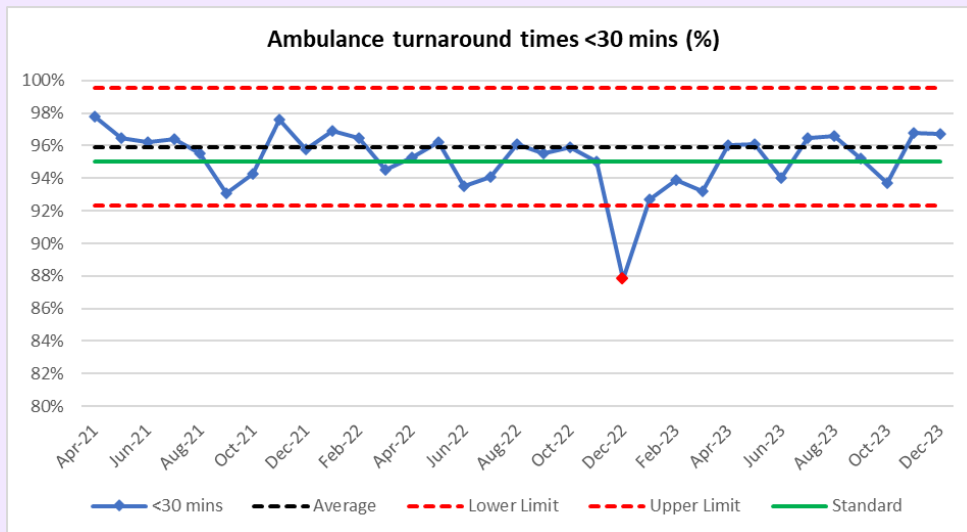
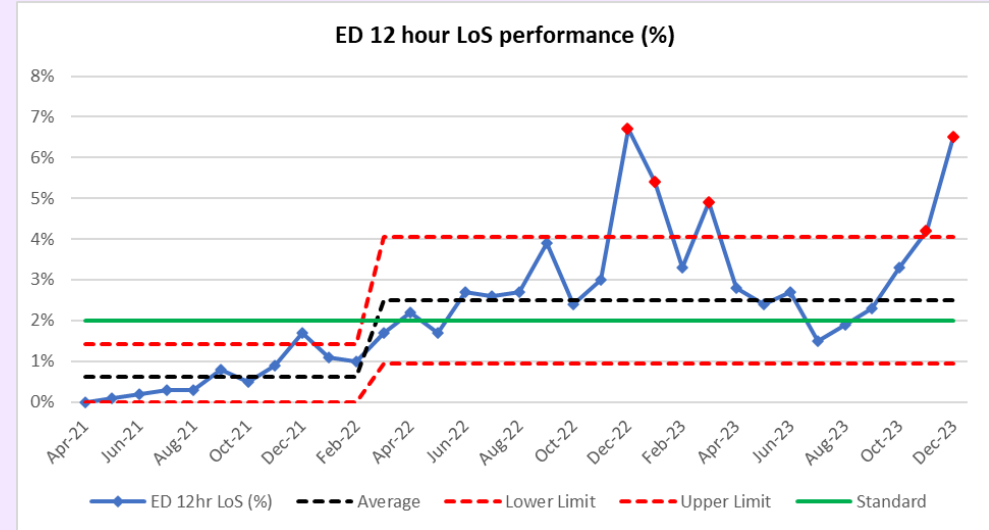
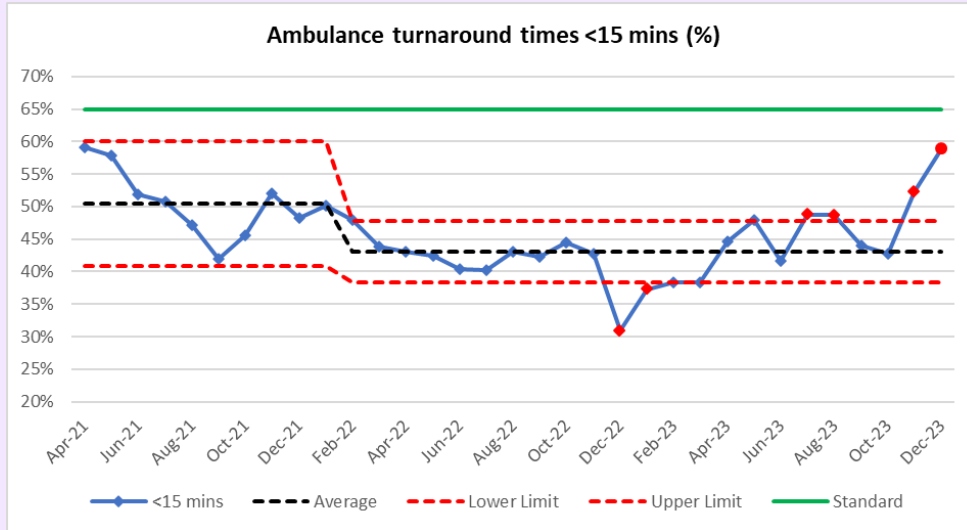
Overview	Lead
<p>In 2023/24 Q3 (Oct-Dec) seasonal pressures continued to build with high numbers of A&E attends and ambulance arrivals at the highest levels since the summer of 2022. Non-elective admission demand was unusually high for the time of year in Oct and Nov-23 resulting in the benefits of reduced Medically Safe for Transfer (MSFT) and long stay patients not translating into improved patient flow through our hospitals. The pressure on our services has been sustained for many months, much like many acute Trusts across the country. The combination of high attendance and admission 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 65 days during Q3 (23 in Oct-23, 18 in Nov-23 and 24 in Dec-23) with patients experiencing 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 and making a step change improvement against the 15-minute standard after making changes to our handover processes; and have a strong medical Same Day Emergency Care (SDEC) offer exceeding national targets. The subsequent pages highlight several key actions being taken to improve timely care, some of which are divisionally-led.</p> <p>Whilst the interplay between emergency and elective pathways continues to create challenges, it has been the ongoing instances of Industrial Action (IA) that have resulted in curtailments in elective activity which adversely impacted on our elective activity, backlog and performance metrics. This can be evidenced in Q3 when considering our strong performance against planned care activity metrics in Nov-23 (the only month without IA). The national requirement to meet zero 78-week waiters continues to be missed due to capacity, complexity or patient choice. Unfortunately, the number of 65-week waiting patients has increased during Q3 as clinicians have needed to be redeployed from planned care to support urgent and emergency care services. On a positive, the new theatre opened at Newark hospital in Nov-23 as part of our Targeted Investment Fund (TIF) development to support our elective pathway. 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 Q3. 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.</p> <p>Key metrics relating to the delivery of timely cancer care have overall remained stable in Q3 as we saw more instances of industrial action at both the start and the end of the quarter. We continue our strong delivery of the national 28-day faster diagnostic standard exceeding the national standard. Revised national cancer waiting time standards were launched in Oct-23 with the original 10 standards reduced to three. This report has been updated to reflect the changes.</p> <p>Further details relating to timely care metrics are included in the following pages with metrics grouped together within the relevant care pathways.</p>	<p>COO</p>

Scorecard: Timely Care – Urgent Care

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	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	2023/24 YTD
Urgent Care	Ambulance turnaround times <15 mins (%)	≥65%	✗ 44.6%	✗ 48.0%	✗ 41.7%	✗ 44.8%	✗ 48.8%	✗ 48.7%	✗ 44.0%	✗ 47.2%	✗ 42.7%	✗ 52.3%	✗ 58.8%	✗ 51.4%	✗ 47.9%
	Ambulance turnaround times <30 mins (%)	≥95%	✓ 96.0%	✓ 96.1%	✗ 94.0%	✓ 95.4%	✓ 96.5%	✓ 96.6%	✓ 95.2%	✓ 96.1%	✗ 93.7%	✓ 96.8%	✓ 96.7%	✓ 95.7%	✓ 95.7%
	Ambulance delays >60 mins (%)	0.0%	✗ 0.1%	✓ 0.0%	✗ 0.3%	✗ 0.2%	✗ 0.1%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✗ 0.1%	✗ 0.2%	✗ 0.1%	✗ 0.1%
	ED 4 hour performance (%)	≥76%	✗ 75.6%	✗ 74.0%	✗ 73.1%	✗ 74.2%	✓ 77.0%	✓ 76.6%	✗ 72.3%	✗ 75.3%	✗ 69.4%	✗ 67.1%	✗ 64.9%	✗ 67.2%	✗ 72.2%
	Mean waiting time in ED (in minutes)	≤200	✗ 209	✗ 212	✗ 217	✗ 213	✓ 199	✓ 199	✗ 218	✗ 205	✗ 236	✗ 247	✗ 269	✗ 251	✗ 223
	ED 12 hour LoS performance (%)	≤2%	✗ 2.8%	✗ 2.4%	✗ 2.7%	✗ 2.6%	✓ 1.5%	✓ 1.9%	✗ 2.3%	✓ 1.9%	✗ 3.3%	✗ 4.2%	✗ 6.5%	✗ 4.7%	✗ 3.1%
	ED 12 hour DTA breaches	0	✗ 84	✗ 84	✗ 78	✗ 246	✗ 32	✗ 58	✗ 65	✗ 155	✗ 125	✗ 147	✗ 284	✗ 556	✗ 957
	Number of A & E attendances against plan	≤Plan	✓ 14,571	✗ 15,900	✗ 15,720	✗ 46,191	✗ 15,921	✓ 15,080	✗ 15,730	✗ 46,731	✗ 15,932	✗ 15,465	✗ 15,568	✗ 46,965	✗ 139,887
	Number of NEL admissions against plan	≤Plan	✓ 3,429	✓ 3,587	✓ 3,643	✓ 10,659	✓ 3,661	✓ 3,605	✓ 3,649	✓ 10,915	✗ 3,969	✗ 3,863	✓ 3,668	✗ 11,500	✓ 33,074
	SDEC activity (%)	≥33%	✓ 37.5%	✓ 37.6%	✓ 37.6%	✓ 37.5%	✓ 37.2%	✓ 36.5%	✓ 36.8%	✓ 36.9%	✓ 39.8%	✓ 37.1%	✓ 36.2%	✓ 37.7%	✓ 37.4%
	Adult G&A bed occupancy (%)	≤92%	✗ 95.7%	✗ 96.4%	✗ 96.3%	✗ 96.1%	✗ 94.0%	✗ 98.6%	✗ 95.4%	✗ 96.0%	✓ 92.0%	✗ 96.3%	✗ 95.3%	✗ 94.6%	✗ 95.5%
	Long length of stay (21+) occupied beds	≤Plan	✗ 136	✗ 127	✗ 127	✗ 130	✗ 123	✗ 119	✓ 110	✗ 118	✓ 100	✗ 109	✗ 100	✗ 103	✗ 117
	Inpatients MSFT >24 hours	≤40	✗ 106	✗ 116	✗ 106	✗ 109	✗ 107	✗ 110	✗ 93	✗ 104	✗ 90	✗ 98	✗ 92	✗ 94	✗ 102

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

Data



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

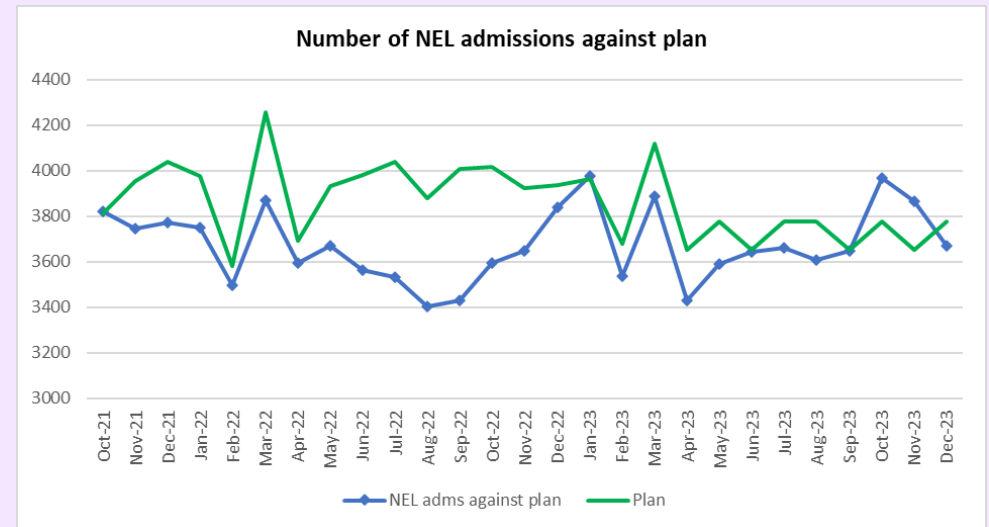
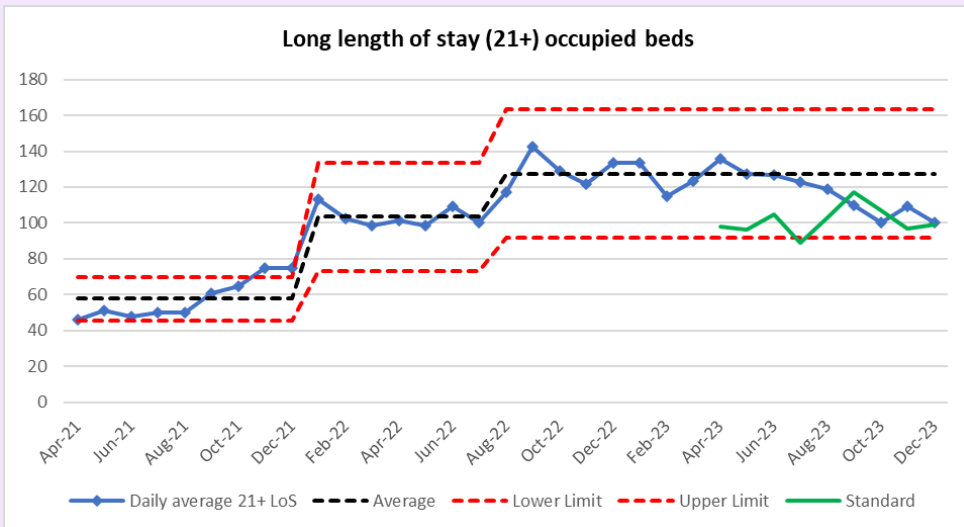
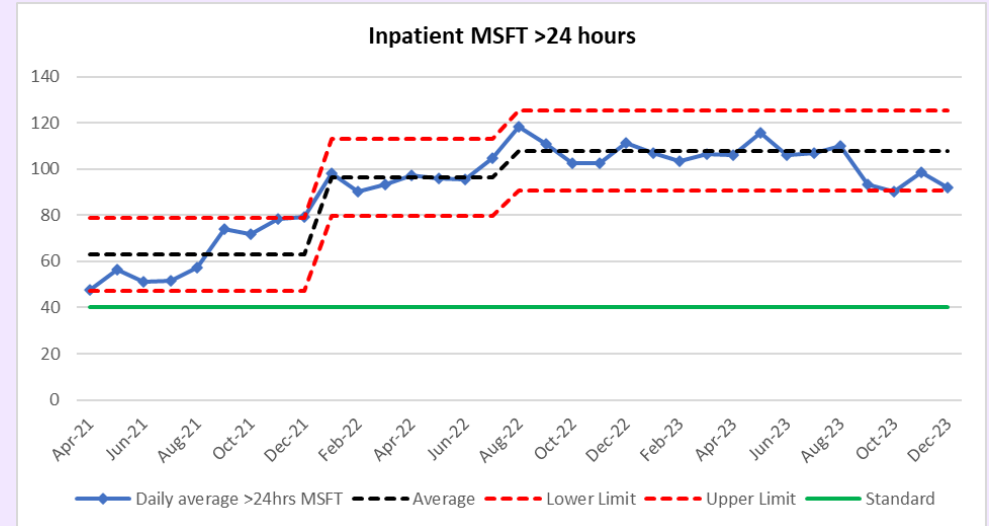
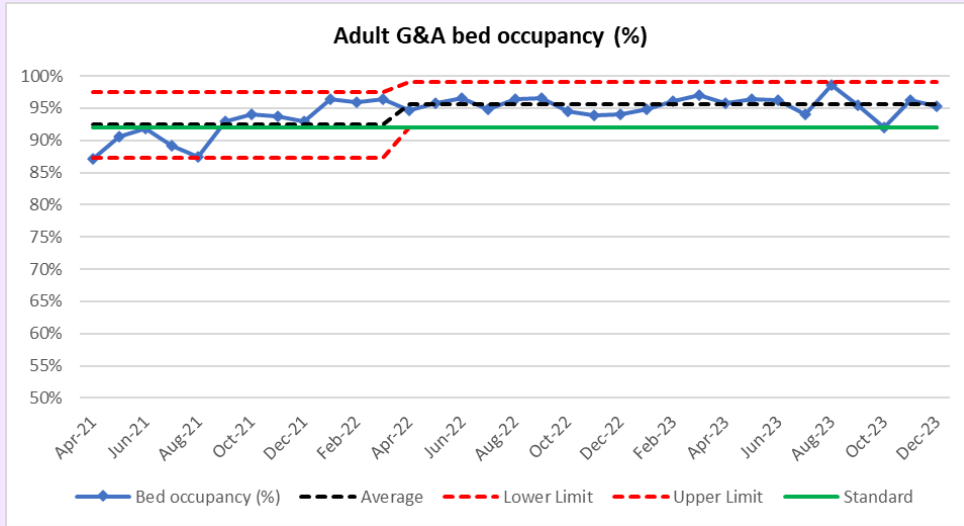
National position & overview

- Our ambulance handover position is significantly better than the EMAS average and amongst the best nationally:
 - Average regional handover time for EMAS is 41 minutes with SFH at 15 minutes with significant improvement (special-cause variation) against the 15-minute target in Dec-23 following the launch of STREAM (a new handover process) in our King’s Mill Hospital ED.
 - 35% of regional EMAS ambulance handovers were over 30 minutes with SFH at 3% in Q3. At SFH the 30-minute target in the operational planning guidance is consistently being achieved.
 - Benchmark as best ambulance turnaround site in the Midlands against the 15-minute standard and fourth best nationally. Against the 30-minute standard we are the second best nationally. Against the 60-minute standard we are the best nationally.
- 4-hour benchmark position is eighth in the Midlands region and 55th nationally. Trust 4-hour performance of 67.2% in Q3 (against an operational planning target of 76% by Mar-24). Newark Urgent Treatment Centre is performing at 99%.
- 12-hour benchmark position is now 42nd nationally.
- ED attends 6.5% year to date increase compared to 2022/23 at KMH and 12% at Newark. At KMH increases across minor injury (sprains and breaks) and resuscitation (specifically lower respiratory tract infections).

Root causes	Actions and timescale	Impact
Increased ED attendance demand.	Expand hospital Same Day Emergency Care (SDEC) services through: <ul style="list-style-type: none"> • Expansion of medical SDEC direct access to EMAS / GP and 111 from Oct-23. • Frailty SDEC in the new Discharge Lounge currently scheduled to open Apr-24. • Surgical SDEC following surgical/medical ward reconfigurations that will take place in Q4. 	<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.
	<ul style="list-style-type: none"> • Review and revision of Emergency Nurse Practitioner (ENP) working patterns extending later into the evenings/overnight due to injuries presentation patterns. 	<ul style="list-style-type: none"> • Reduction in waiting to be seen times in ED.
	<ul style="list-style-type: none"> • Review of Primary Care (PC) 24 bookable appointments and Directory of Service. 	<ul style="list-style-type: none"> • Redirection of suitable patients to PC24 to decongest ED.
	<ul style="list-style-type: none"> • Assist and facilitate the review of NEMS supporting EMAS. 	<ul style="list-style-type: none"> • Reduction in EMAS conveyances.
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 Jan-24. 	<ul style="list-style-type: none"> • Average (mean) time in Department - non-admitted patient reduction to <180 mins. • Time to initial assessment for arrivals to A&E % seen within <= 15 minutes greater than 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.	<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 and expanded footprint due to open in Apr-24.	<ul style="list-style-type: none"> • Improve patient experience as patients will be waiting to leave from discharge lounge rather than the Emergency Department.
	Post strike learning built into 2024/25 planning and service improvement initiatives.	<ul style="list-style-type: none"> • Improved hospital flow with an estimated impact of circa 6-8 beds.

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

Data



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. In addition, 39 rehabilitation beds are available and used at Ashmere care home group.
- Despite the winter plan increasing our capacity, we continue to operate at bed occupancy levels significantly higher than 92%. Our bed occupancy is routinely higher than the Midlands average.
- The number of patients Medically Safe For Transfer (MSFT) over 24 hours has stabilised at the lowest level seen since 2022/23 Q1. However, the improved 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. We have less long stay patients than the Midlands regional average.
- Non-elective admission demand was unusually high for the time of year in Oct and Nov-23 resulting in the benefits of reduced MSFT and long stay patients not translating into improved patient flow through our hospitals.

Root causes	Actions and timescale	Impact
Delays to pre-medically safe processes on inpatient wards.	<ul style="list-style-type: none"> • Reinvigorated rolling programme board and ward round improvement which commenced with Stroke and Respiratory wards in Oct-23. Long length of stay (LOS) meetings for pre-medically safe patients on acute wards commenced in Dec-23 to identify early opportunities for discharge planning. 	<ul style="list-style-type: none"> • Delivery of today's work today and early identification of potential discharge barriers will lead to reduced LOS.
	<ul style="list-style-type: none"> • Ongoing mapping of patient journey with focus on discharge planning from point of admission. We have now developed three new live flow pages on Nervecentre which help identify patients ready for discharge planning. These will be launched, communicated and embedded during Q4. 	<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 timely 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 Apr-24 (originally Oct-23; however, delayed by contractors undertaking the capital works). 	<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 is working well and now seeking to draw in further support from housing and voluntary sector in Q4 as there continues to be a small number of people delayed because of local housing issues. 	<ul style="list-style-type: none"> • Focus on key themes in reducing delays for specific patient groups. • This will continue the downward trend in the number of long stay patients and the average LOS for the trust.
	<ul style="list-style-type: none"> • The Improvement Faculty continue their improvement projects around TTOs and Transport. • We are working with the Nottinghamshire ICS system to focus on patient transport issues ahead of re-contracting ready for Apr-25. 	<ul style="list-style-type: none"> • Eliminate barriers to discharge and reduction in the number of abandoned discharges.
Insufficient community capacity to meet supported discharge demand (with a specific focus on out of area patients)	<ul style="list-style-type: none"> • To resolve issues with availability of Derbyshire packages of care, we have requested a member of the Derbyshire Adult social care team to have a presence in our Transfer of Care Hub during Q4. • Additional pathway three beds in Nottinghamshire commissioned in Dec-23 by Continuing Health Care team to facilitate prompt patient discharge. • 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. • Early escalation of out of area discharge problems via refined reporting mechanisms. 	<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 for discharge.

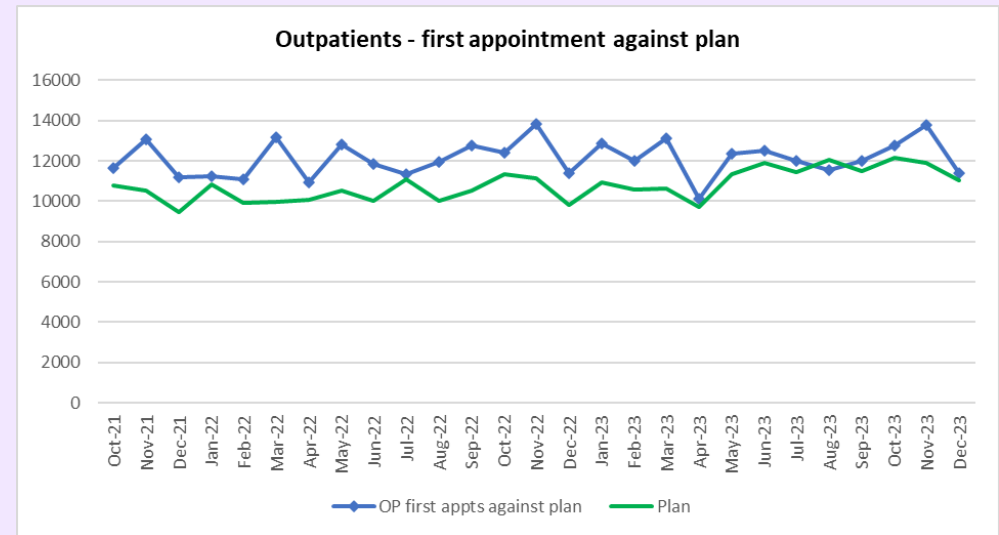
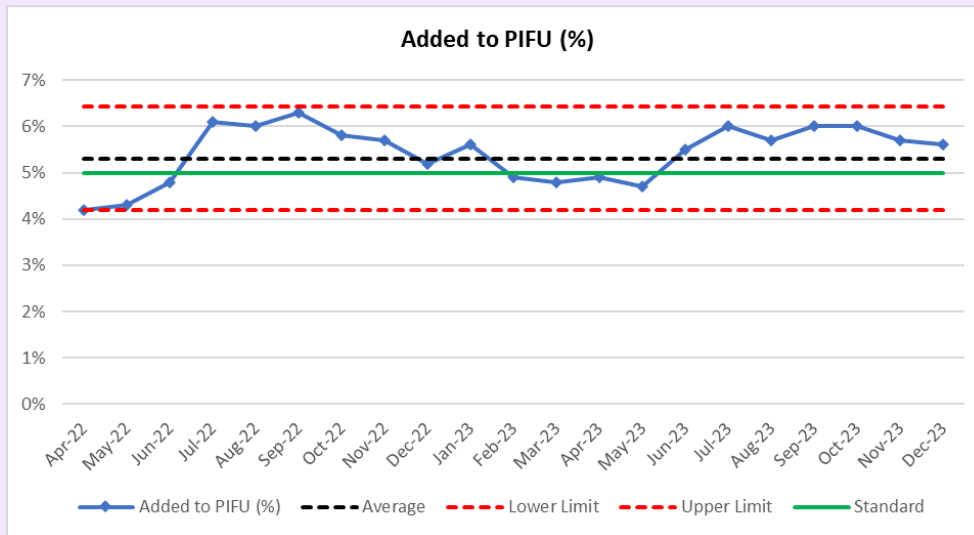
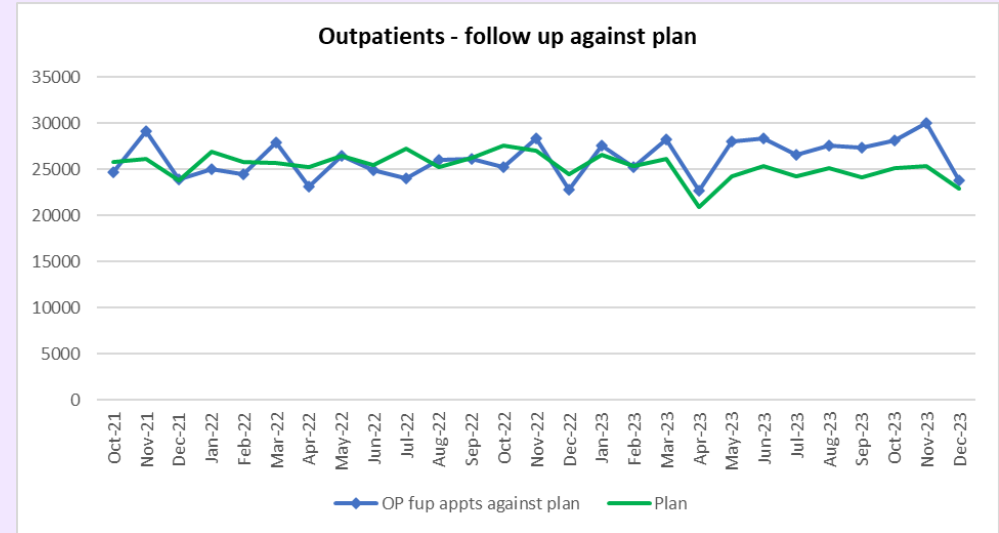
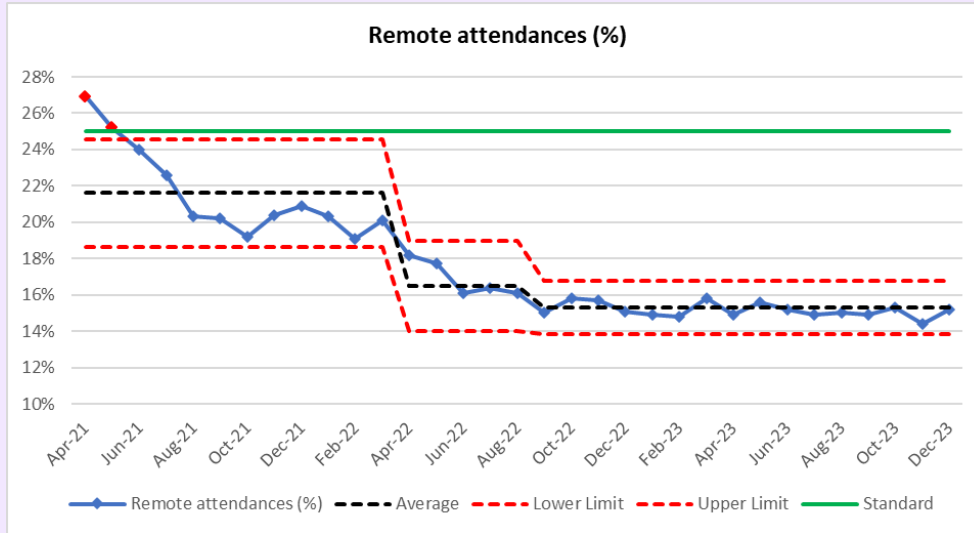
Scorecard: Timely Care – Electives, Diagnostics and Cancer

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	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	2023/24 YTD
Electives	Advice & guidance (%)	≥16%	✓ 26.0%	✓ 24.0%	✓ 22.0%	✓ 24.0%	✓ 25.0%	✓ 27.0%	✓ 23.0%	✓ 25.0%	-	-	-	-	✓ 24.5%
	Remote attendances (%)	≥25%	✗ 14.9%	✗ 15.6%	✗ 15.2%	✗ 15.3%	✗ 14.9%	✗ 15.0%	✗ 14.9%	✗ 14.9%	✗ 15.3%	✗ 14.4%	✗ 15.2%	✗ 14.9%	✗ 15.0%
	Added to PIFU (%)	≥5%	✗ 4.9%	✗ 4.7%	✓ 5.5%	✓ 5.0%	✓ 6.0%	✓ 5.7%	✓ 6.0%	✓ 5.9%	✓ 6.0%	✓ 5.7%	✓ 5.6%	✓ 5.8%	✓ 5.6%
	Average daily referrals		274	311	341	309	316	309	304	305	310	316	-	313	310
	Outpatients - first appointment against plan	≥Plan	✓ 10,131	✓ 12,349	✓ 12,513	✓ 34,993	✓ 11,992	✗ 11,540	✓ 12,004	✓ 35,536	✓ 12,786	✓ 13,793	✓ 11,415	✓ 37,994	✓ 108,523
	Outpatients - follow up against plan	≤Plan	✗ 22,687	✗ 28,059	✗ 28,397	✗ 79,143	✗ 26,597	✗ 27,584	✗ 27,343	✗ 81,524	✗ 28,170	✗ 29,993	✗ 23,828	✗ 81,991	✗ 242,658
	Daycase activity against plan	≥Plan	✓ 2,908	✓ 3,421	✓ 3,429	✓ 9,758	✓ 3,330	✗ 3,308	✗ 3,267	✗ 9,905	✗ 3,183	✓ 3,689	✗ 3,045	✗ 9,917	✗ 29,580
	Elective inpatient activity against plan	≥Plan	✗ 295	✗ 339	✗ 343	✗ 977	✗ 297	✗ 308	✗ 336	✗ 941	✗ 323	✓ 405	✓ 361	✓ 1089	✗ 3007
	Completed admitted RTT pathways against plan	≥Plan	✗ 910	✓ 1,179	✓ 1,163	✓ 3,252	✗ 1,044	✗ 1,033	✗ 1,072	✗ 3,149	✗ 993	✓ 1,206	-	✗ 2,199	✗ 8,600
	Completed non-admitted RTT pathways against plan	≥Plan	✗ 6,453	✓ 8,908	✓ 9,257	✗ 24,618	✗ 8,402	✗ 8,207	✓ 9,214	✗ 25,823	✓ 9,209	✓ 9,821	-	✗ 19,030	✗ 69,471
	Incomplete RTT waiting list against plan	≤Plan	✗ 49,956	✗ 51,459	✗ 51,946	✗ 51,946	✗ 52,814	✗ 54,047	✗ 53,949	✗ 53,949	✗ 53,708	✗ 52,717	✗ 52,569	✗ 52,569	✓ 39,616
	Incomplete RTT pathways +52 weeks against plan	≤Plan	✗ 924	✗ 1,087	✗ 1,186	✗ 1,186	✗ 1,349	✗ 1,532	✗ 1,728	✗ 1,728	✗ 1,851	✗ 1,858	✗ 1,933	✗ 1,933	✗ 1,933
	Incomplete RTT pathways +65 weeks against plan	≤Plan	✓ 141	✗ 180	✗ 203	✗ 203	✗ 236	✗ 308	✗ 350	✗ 350	✗ 362	✗ 337	✗ 418	✗ 418	✗ 418
	Incomplete RTT pathways +78 weeks	0	✗ 8	✗ 8	✗ 6	✗ 6	✗ 6	✗ 3	✗ 3	✗ 3	✗ 7	✗ 5	✗ 14	✗ 14	✗ 14
	Incomplete RTT pathways +104 weeks	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 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	✗ 12,510	✗ 13,428	✓ 12,886	✓ 38,824	✓ 118,554
	Diagnostic DM01 Waiting List		10,952	11,476	11,462	11,462	11,121	10,155	10,377	10,377	10,238	10,563	9,377	10,563	10,563
	Diagnostic DM01 Backlog		3,737	3,538	3,508	3,508	3,704	4,101	3,928	3,928	3,761	3,726	4,055	3,726	3,726
	Diagnostic DM01 <6 weeks	≥99%	✗ 65.9%	✗ 69.2%	✗ 69.4%	✗ 69.4%	✗ 66.7%	✗ 59.6%	✗ 62.1%	✗ 62.1%	✗ 63.3%	✗ 64.7%	✗ 56.8%	✗ 56.8%	✗ 56.8%
Cancer	Faster Diagnosis Standard (FDS) Combined (%)	≥75%	✗ 73.4%	✓ 76.9%	✓ 79.2%	✓ 76.6%	✓ 82.8%	✓ 79.2%	✓ 75.4%	✓ 79.2%	✓ 81.3%	✓ 77.3%	-	✓ 79.3%	✓ 78.3%
	31 day combined performance (%)	≥96%	✗ 92.4%	✗ 91.6%	✗ 90.3%	✗ 90.3%	✗ 81.5%	✗ 75.9%	✗ 78.9%	✗ 78.6%	✗ 80.0%	✗ 75.2%	-	✗ 77.3%	✗ 83.5%
	62 day combined performance (%)	≥85%	✗ 76.0%	✗ 64.9%	✗ 76.5%	✗ 76.5%	✗ 70.8%	✗ 68.9%	✗ 63.6%	✗ 67.7%	✗ 52.9%	✗ 65.7%	-	✗ 59.7%	✗ 67.6%
	Number of local 2ww 62d backlog patients	≤Plan	✓ 58	✓ 58	✓ 55	✓ 55	✓ 54	✗ 88	✗ 94	✗ 94	✗ 89	✗ 86	✗ 89	✗ 89	✗ 89

Revised national cancer waiting time standards launched in Oct-23 with the original 10 standards reduced to three. The 31-day and 62-day standards present validated month-end, published data against the new standards for Oct-23 and Nov-23. The historical data is based on a proxy as these metrics did not exist pre-Oct-23; as such the Apr-23 to Sep-23 data should be used as a guide and does not reflect the month-end, validated and published data.

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

Data



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

National position & overview

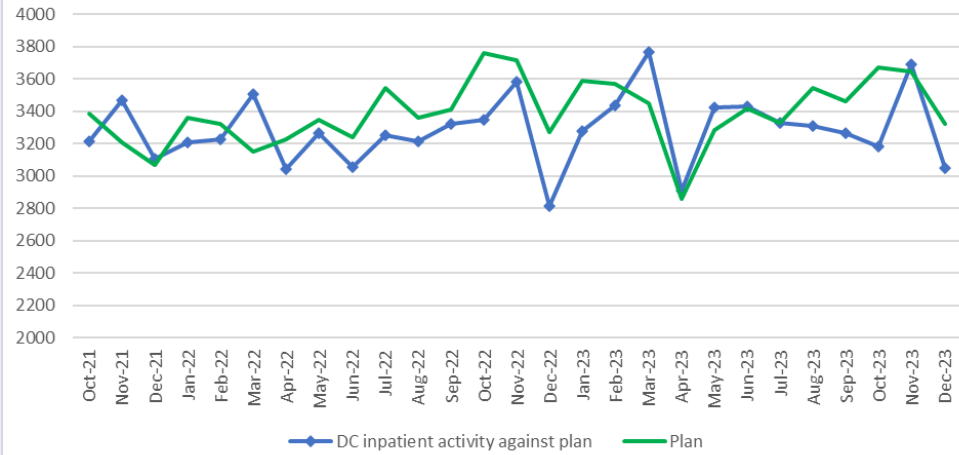
- We consistently deliver on Patient Initiated Follow Up (PIFU) and advice and guidance performance surpassing national targets.
- Trust outpatient first attendance activity levels remain consistently above planned activity levels. Nov-23 was a particularly strong month for activity levels across all planned care pathways as we benefited from a month without any Industrial Action (IA).
- 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% this 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). Total Patient Tracking List (PTL) size continues to reduce.
	Insourcing in specialties with high overdue review lists. Specifically, Gastroenterology insourcing commenced in Oct-23. Insourcing to remain in place until at least Mar-24.	Insourcing to deliver circa 4,000 appointment split between new and 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.
	GIRFT (Getting It Right First Time) Further Faster toolkits to be launched in Q4 to all divisions to support improvement programme and identify productivity opportunities.	Improvement across all outpatient metrics including DNA rates, reducing overdue reviews, and increasing 1 st outpatient activity.
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 launch delayed from Q3 due to re-establishment of the Outpatient Improvement Programme; the toolkit will now launch in Q4.	Incremental increase in the percentage of remote attendances with the aim to achieve 17% by the end of the financial year.

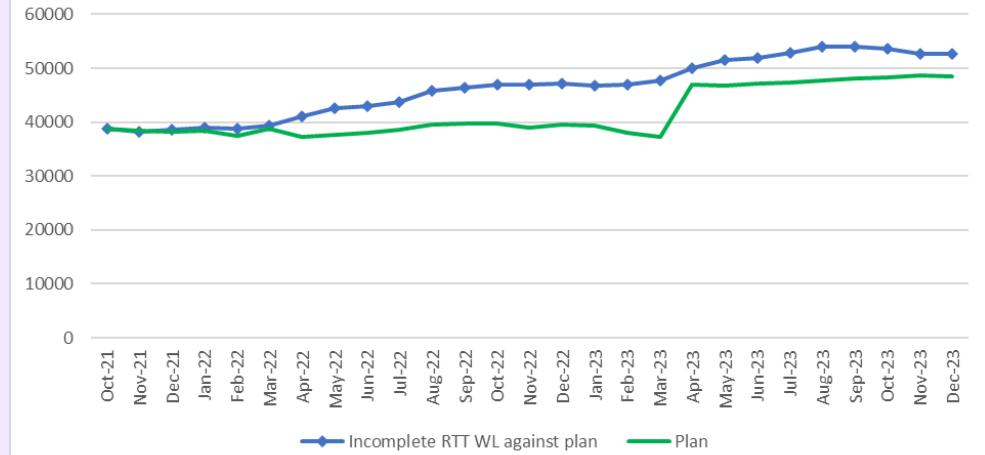
Indicators in Focus: Timely Care – Elective activity and waiting list metrics (1/2)

Data

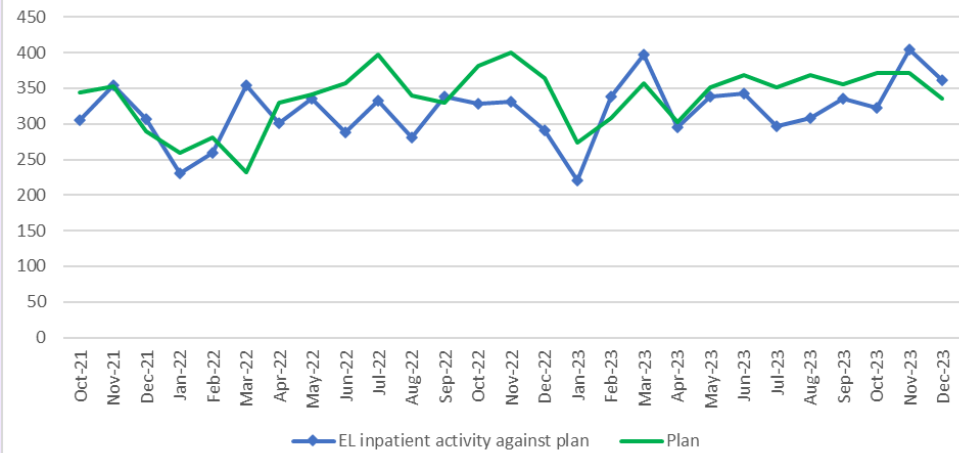
Daycase activity against plan



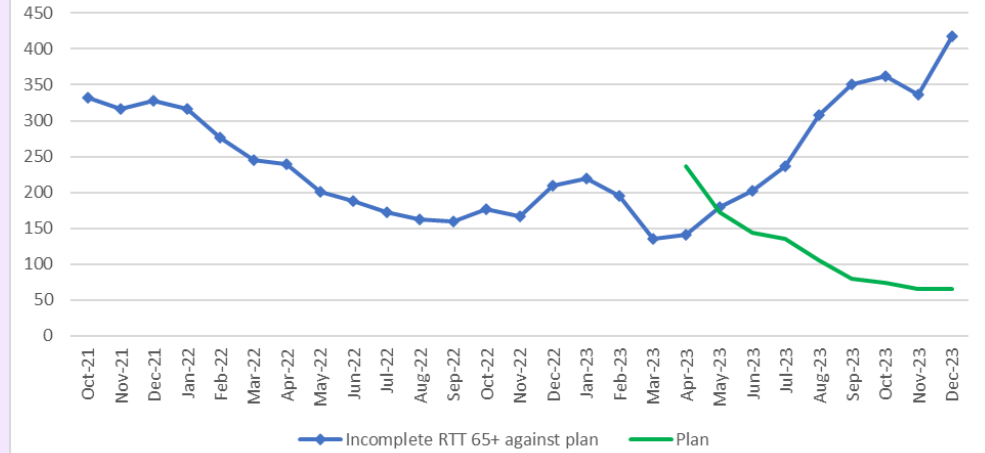
Incomplete RTT waiting list against plan



Elective inpatient 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 the impact of Industrial Action (IA). The increase in the Nov-23 activity position shows what SFH can achieve during a month of no IA. As seen nationally, IA has meant that available clinical time has been directed to support urgent and emergency care pathways.
- 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 Oct-23. At SFH the RTT waits pre-pandemic was 26,000 patients and has continued to grow to a peak of just over 54,000 at the end of Aug-23. Since Aug-23 the PTL started to slowly reduce to just over 52,500 at the end of Dec-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 14 patients waiting over 78 weeks at the end of Dec-23 (eight patients choosing to wait, three patients awaiting cardiology diagnostics or appointments, two patients with complex diagnostic pathways and health needs, and one complex pathway where the patient will be treated at NUH in Jan-24).
- Considering Nov-23 nationally reported data from 169 providers we have the 59th largest PTL. Only seven providers with an equivalent or larger PTL have fewer long waits (65ww and 78ww). 25 providers with smaller PTLs have more patients waiting greater than 65-weeks than SFH. When comparing SFH with 10 providers with similar sized PTLs, we are the third best in terms of the number of patients waiting more than 65-weeks.

Root causes	Actions and timescale	Impact
IA impacting the delivery of planned care activity levels due to medical workforce being redeployed to support urgent and emergency care pathways.	Continue to operationally manage instances of IA with a focus on what we can deliver whilst ensuring clinical prioritisation.	Minimise the number of patients who have their planned care delayed during IA. Focus on treating patients in order of clinical priority.
Challenges with workforce availability due to hard to fill vacancies, particularly in Anaesthetics.	Backfill 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 implement recruitment incentives expected to have a positive impact.	Additional clinics and theatre lists. Better theatre session utilisation continuing improving trend (from low in Jul-23 of 63%; Dec-23 position 77%).
	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.
	Insourcing Gastroenterology outpatient appointments from Oct-23 to reduce long waiting pathways.	Insourcing to deliver circa 4,000 appointment split between new and follow up appointments by Mar-24. Whilst this will increase follow up activity it will support a reduction in the number patients waiting for 1 st outpatient appointment.
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.	New theatre opened in Nov-23 and delivered 72 cases in the first month.
	As part of the Targeted Investment Fund (TIF) refurbish three existing procedure rooms due for completion Feb-24 to deliver increased Dermatology capacity.	Increase of four procedures per week leading to a reduction in Cancer and RTT waiting times.

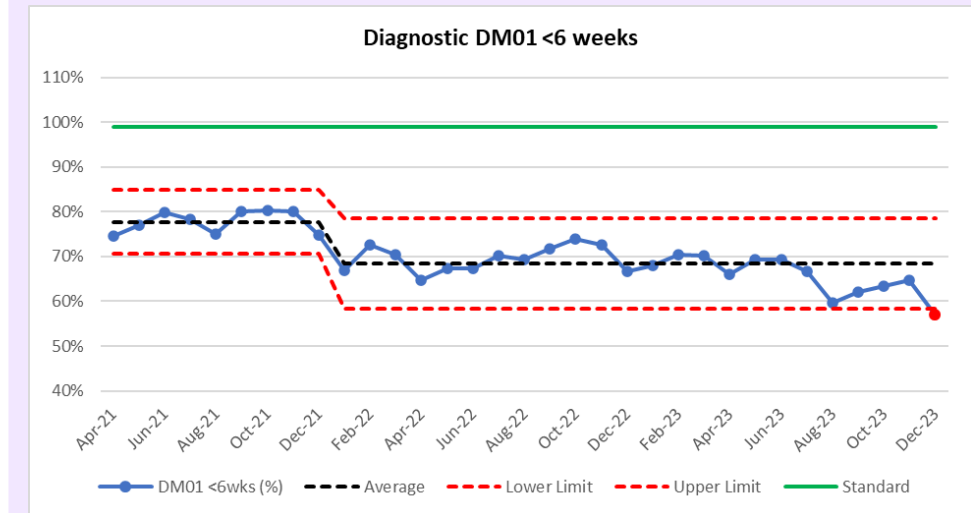
Indicators in Focus: Timely Care – Diagnostic metrics

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 Nov-23 was just over 375,000. This meant that circa 77% of patients nationally were seen within 6-weeks against the national standard of 99%. The local position at the end of Nov-23 was 64.7% of patients seen within 6-weeks; below the national position.
- Across SFH at the end of Nov-23 there were a total of 10,563 patients waiting for DM01 reportable diagnostic tests of which 3,726 patients were waiting greater than 6-weeks, this a reduction from a peak of 4,101 in Aug-23. Most are awaiting Echocardiography.
- Sleep DM01 performance previously reported as an issue has significantly improved following the purchase of additional devices and undertaking weekend sessions (performance increased to 92.1% in Oct-23 from 30.7% in Jan-23).

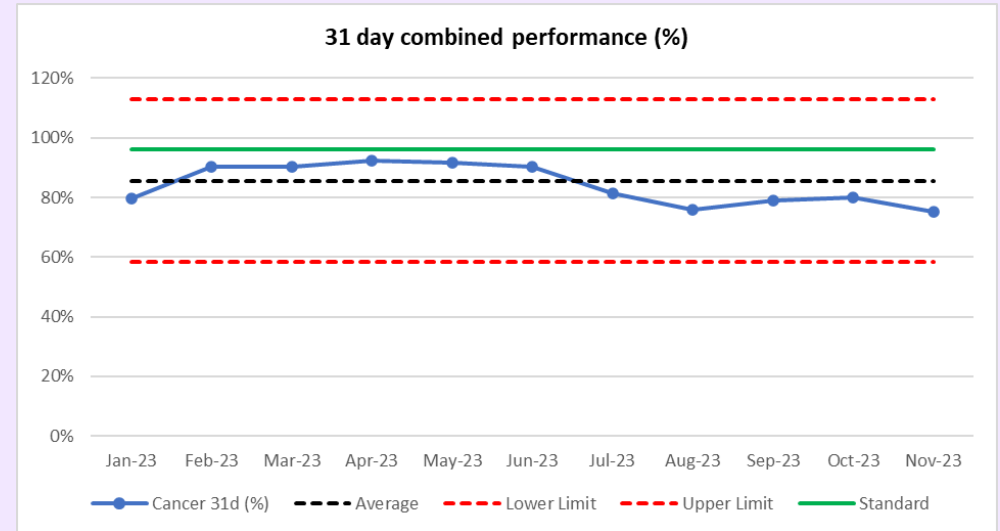
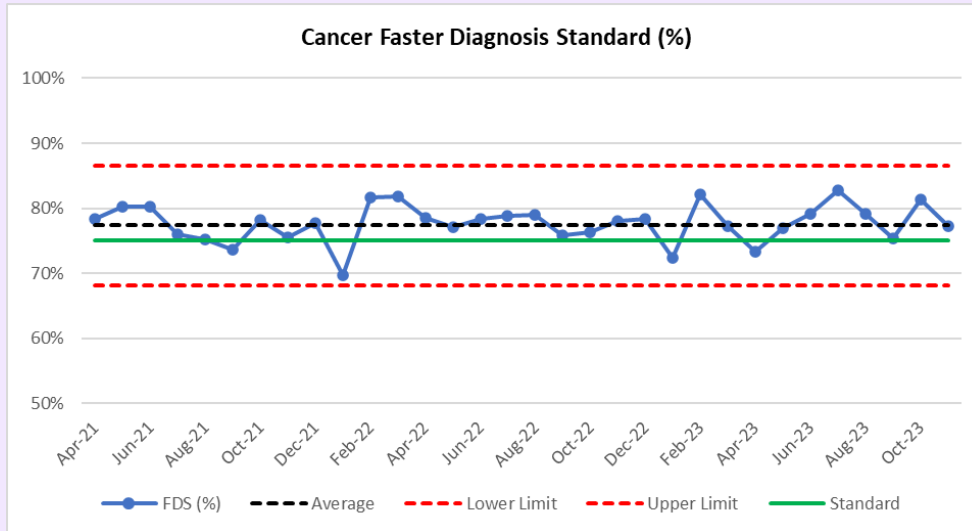
Root causes	Actions and timescale	Impact
Echo backlog and insufficient workforce to meet demand. Equipment and physical space are constraining backlog recovery alongside the workforce challenges.	Enhanced rates of pay to enable weekend working with existing teams from Jul-23 to Mar-24.	7 additional cases 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.
	Insourced activity delivered at Mansfield Community Hospital in a newly equipped facility funded through CDC slippage.	60 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. DM01 performance increased to 29% in Nov-23 from 24% in Aug-23.	
CT Cardiac increase in demand (50% 2022-23) further driven by the targeted lung health check programme expansion.	Integrated Care System partial approval of capital case to increase CT Cardiac capacity through the purchase of a new scanner. Final approval for full costs and implementation subject to internal approval for 2024/25 Q1/2 go live.	Up to 20 CT Cardiac cases per day.
Equipment failure in radiology has unfortunately impacted DM01 performance across CT, MRI and Urodynamics. Mitigations were in place to prioritise inpatient activity and flow during this time.		

Data

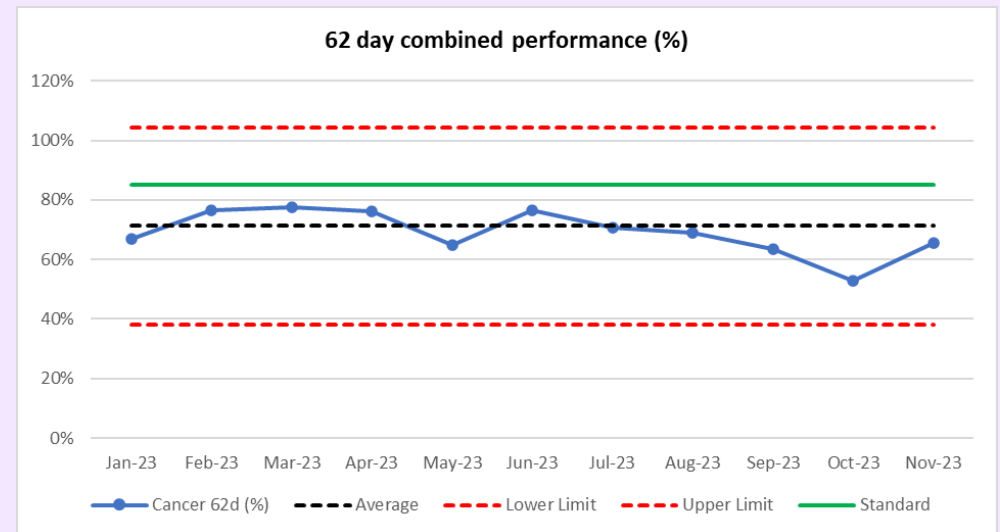


Indicators in Focus: Timely Care – Cancer metrics (1/2)

Data



Revised national cancer waiting time standards launched in Oct-23 with the original 10 standards reduced to three. The 31-day and 62-day standards present validated month-end, published data against the new standards for Oct-23 and Nov-23. The historical data is based on a proxy as these metrics did not exist pre-Oct-23; as such the Jan-23 to Sep-23 data should be used as a guide and does not reflect the month-end, validated and published data.



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

National position & overview

Considering the latest national data (Nov-23):

- Nationally Faster Diagnosis Standard (FDS) is 71.9% against the 75% standard. Our position is performing better than the England position and meeting the national standard.
- Nationally 31-day treatment performance (first treatment) is 90.1% against the 96% standard. Our position is performing below the England position.
- Nationally 62-day performance is 65.2% against the 85% standard. Our position is performing marginally better than the England position.

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 – time out planned for Jan-24. Clinical Nurse Specialist (CNS) recruitment complete and training underway.	Improved productivity within existing resources.
	Tumour site optimal timed pathway development and working group in place since Apr-23.	Reduction in pathway delays.
	In Q4 update patient information and launch a video for supporting patients with bowel preparation. Audit completed Oct-23, script development and test video underway. Final version to be launched on Trust internet and accessible via patient information leaflet QR code in Feb-24.	Improve engagement and increase test compliance.
31-day standard - 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 completed Nov-23. • Equipment purchased as planned and delivered Dec-23. • Quality impact assessment completed and signed off via Medicine and CSTO divisional governance. • Launch date remains on track for Jan-24. 	Reduce outpatient demand. Review patients earlier in their cancer pathway and improve patient experience.
	Increase operating capacity from Feb-24 following full completion of Targeted Investment Fund programme at Newark.	Four procedures per week activity increase leading to a reduction in waiting time and improvement in 31-day performance.
Industrial Action (IA) impacting the delivery of tumour site activity levels and pathway development.	Continue to operationally manage instances of IA with a focus on what we can deliver whilst ensuring clinical prioritisation.	Minimise the number of cancer patients who have their pathway delayed during IA.

Performance against 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 Q3 shows an improving trajectory which largely relates to additional income received and a reduction in expenditure run rate. Although some of this relates to non-recurrent actions, it also demonstrates progress from the Financial Recovery Cabinet workstreams. The Trust reported a deficit of £0.9m for the Q3 period, this represents a favourable variance to plan of £2.07m. Giving a year to date deficit of £11.39m against a plan of £11m, showing an adverse position of £0.39m. The period saw the continuation of many of the challenges faced in previous quarters with continued industrial action impact, the level of capacity open and high demand for beds and the cost of surge capacity when the Trust enacts the Full Capacity Protocol. 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 £3.1m spent in Q3 on additional capacity and £9.2m year to date which includes beds open above levels assumed in planning, the costs of surge capacity and winter pressures. The Q3 position also sees the continuation of unplanned costs relating to the industrial action, with a direct financial impact that includes costs of covering gaps, an estimation of lost income relating to cancelled activity and during December accounts for missed efficiency opportunity. Missed efficiency opportunity has not previously been specified however, this has been calculated in December in-line with NHS England guidance to reflect the indirect impact of industrial action on management time. Q3 saw the continuation of assumed income brought forwards for CDC October - December element of £1.4m which was planned for later in the year FIP is adverse to plan largely due to the missed efficiency opportunity due to impact of industrial action. In addition, FIP achievement largely relates to non recurrent underspends and non divisional FIP. Following the H2 re-set of likely forecast outturn the trust revised outturn was agreed at £8.5m deficit. This was before the impact of the December and January industrial action. The revised forecast outturn now includes the impact of this action which increased the agreed forecast outturn by a further £4.2m revising the likely outturn to £12.7m. This position then assumes no further industrial action. . <p>Capital Expenditure & Cash:</p> <ul style="list-style-type: none"> Capital expenditure is favourable to plan of £7.72m or Q3, with 2023/24 outturn expenditure currently forecast at £33.4m. This is £5.86m less than the financial plan due to changes in the CDC and EPR planned expenditure across financial years. The year to date cash balance stands at £2.04m, which is £0.59m higher than planned. <p>Agency Expenditure:</p> <ul style="list-style-type: none"> The Trust reported agency expenditure of £3.46m during Q3, with 2023/24 outturn expenditure forecast at £16.74m. 	<p>CFO</p>

Scorecard: Best Value Care

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	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	2023/24 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	✗ -£1.33	✓ £0.82	✓ £2.58	✓ £2.07	✗ -£0.40
	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	✗ -£0.38	✗ -£0.17	✗ -£0.80	✗ -£1.35	✗ -£3.35
	Capital expenditure against Plan (£m)	≤£0.00m	✗ £0.23	✗ £1.15	✗ £4.91	✗ £6.29	✗ £3.87	✗ £1.29	✗ £3.52	✗ £8.68	✗ £3.19	✓ -£0.70	✗ £5.23	✗ £7.72	✗ £22.69
	Cash balance against Plan (£m)	≥£0.00m	✗ -£8.73	✓ £4.35	✓ £5.10	✓ £0.72	✓ £5.17	✗ -£2.52	✗ -£3.43	✗ -£0.78	✗ -£0.84	✓ £0.97	✓ £0.53	✓ £0.66	✓ £0.60
	Agency expenditure against Plan (£m)	≥£0.00m	✓ £0.02	✗ -£0.32	✗ -£0.16	✗ -£0.46	✗ -£0.20	✓ £0.06	✗ -£0.10	✗ -£0.24	✗ -£0.21	✓ £0.62	✓ £0.29	✓ £0.70	✓ £0.00

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 deficit of £0.9m for the Q3 period, this represents a favourable variance to plan of £2.07m. Giving a year to date deficit of £11.39m against a plan of £11m showing an adverse position of £0.39m.
- Subsequently the Trust has negotiated a deficit outturn with NHSE of £8.5m plus the financial impact of Industrial Action in December and January. The Trust is on track against this revised trajectory.

Root causes

- The adverse variance is due to
- The level of demand impacting on Full Capacity measures and additional capacity open this financial year including winter capacity pressures.
 - Unfunded cost and income loss relating to the industrial action, including the costs of covering staffing gaps, an estimate of lost income relating to cancelled activity and missed efficiency opportunity. To date £3.4m additional income has been received to mitigate cost pressures in excess of £5m
 - Q3 improved run rate position due to additional income received and expenditure run rate reduction which is mainly non recurrent actions but does show progress from the Financial Recovery Cabinet workstreams.

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
- Revised forecast outturn position following H2 re-set of £12.7m deficit. This is the agreed £8.5m with the addition of £4.2m for December and January industrial action impact in line with national guidance

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
- Revised forecast outturn from Q3

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 £3.32m which is £3.38m 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 and efficiency miss of £0.8m has been declared in December.

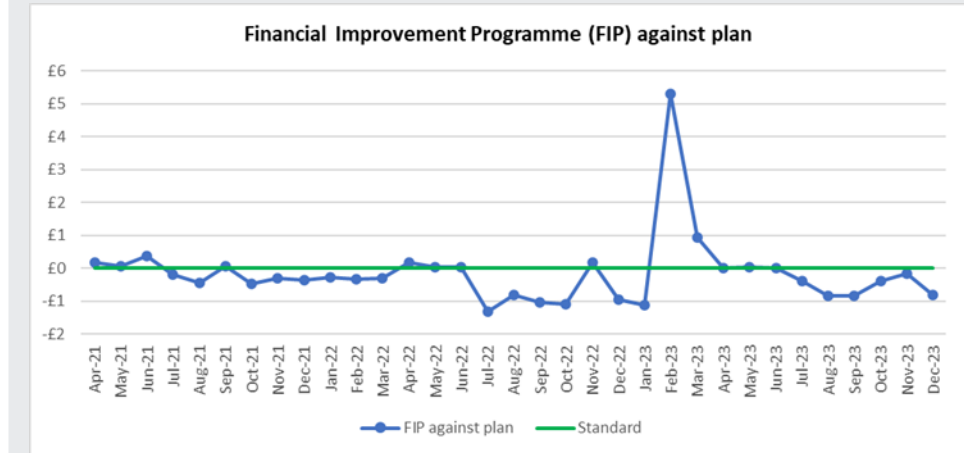
Actions

- Financial Recovery Cabinet in place with FIP being a key workstream in this process. Currently reviewing opportunities through 100 day workstream plans
- Schemes are in the process of Quality Impact Assessment sign off and do continuously move to 'In-Delivery'

Impact/Timescale

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

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.

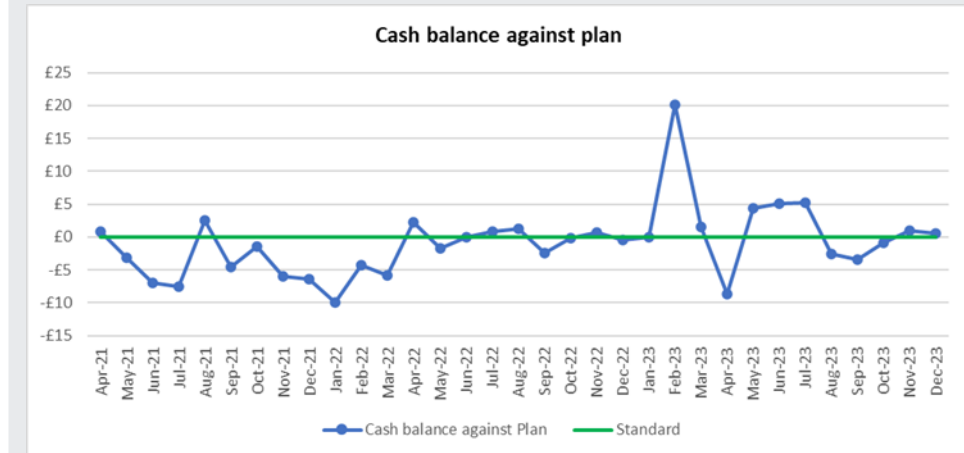
Actions

- Quarterly borrowing submission submitted to DHSC
- All revenue PDC for 23/24 has been requested and approved and no additional deficit borrowing above plan has been requested.
- All approved capital PDC needs to be drawn down in February, March. Last date for request 10 March 2024.
- A cash transfer managed by the ICB occurred through Q3 and the repayment is also being managed by the ICB through Q4.

Impact/Timescale

Management of accounts payable supplier payment to match available cash.

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, Mansfield CDC and Newark Car Park lease.
- Plan requires capital borrowing support of £6.49m from DHSC, 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.

Root causes

Variance is primarily being driven by the phasing of Mansfield CDC, EPR and Newark Car Park lease.

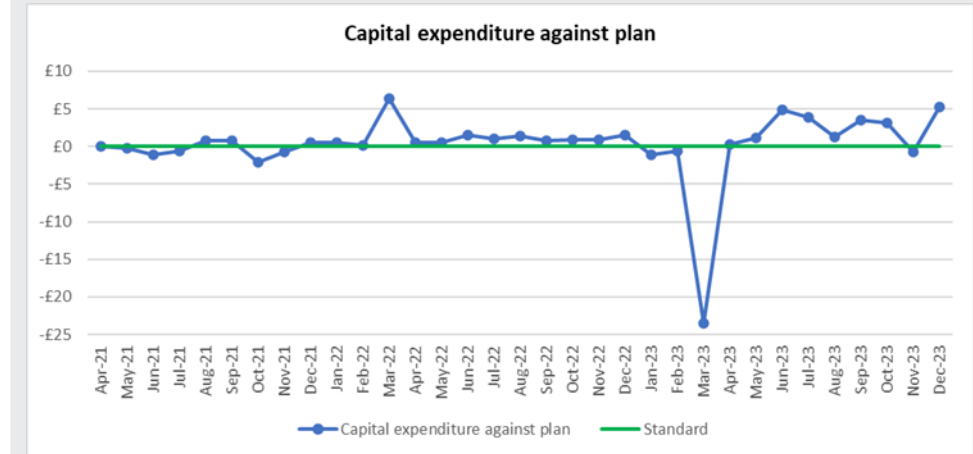
Actions

- 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.
- 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 already incurred to be managed within overall cash balances and may impact of planned delivery in Q4, due to availability of funds.
Would present an increased risk to underlying cash balances in 2024/25.

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 £3.46m for Q3, this is £0.7m favourable to the planned level of spend. This is primarily due to backdated accrual releases

Root causes

- Mainly due to the additional capacity that has remained open above planned levels which is covered by variable pay (including agency). As beds have become substantivised this level of expenditure has reduced.
- ERF scheme agency usage equates to £0.45m during Q3 for which there was minimal spend in previous quarters. This expenditure is offset by additional ERF income.

Actions

- Executive approved changes to substantivise '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

