



Single Oversight Framework

Reporting Period: Month 1
2022/23

Inspected and rated

Good



Single Oversight Framework – Month 1 Overview (1)



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
<p>Quality Care</p>	<p>During April 2022 we continue to experience crowding within the Emergency Department and additional inpatient capacity remaining open, alongside the opening of Sherwood Community Unit. Despite this, the experience of those accessing our services remains positive. We have had no serious incidents declared that were attributed to staffing levels. Hospital acquired pressure ulcers remain consistently low. Infection control remains a priority, both in terms of our continued Covid-19 and response to C.diff.</p> <p>During April 2022 there are 5 exception reports:</p> <ul style="list-style-type: none"> • Falls: The falls rate for April is 8.43, which remains above the national average of 6.63 with 2 individuals sustaining severe harm. Work is being undertaken by the falls team to reduce falls, with progress being made to reduce the number of repeat fallers. • C.diff: There have been 4 cases of hospital acquired C.diff in April. All patients received appropriate antibiotics. • MRSA: One patient has had a MRSA bacteraemia infection. This is the same patient as the case reported in February 2022. The source of this bacteraemia has been investigated and cannot be determined. • VTE risk assessments: Performance was 92.5% (YTD 93.2%). Target is 95%. GSU are working with the NerveCentre team to support the roll out of the electronic screening and supporting EAU with daily prompts. • FFT: April’s Friends and Family inpatient test score was 94.7% against a standard of 96%. The existing providers contract ended in March 2022, with the new system requiring training to be provided to staff members, giving an understanding of the new system and its functions. 	<p>MD, CN</p>

Single Oversight Framework – M1 Overview



Domain	Overview & risks	Lead
People & Culture	<p>People</p> <p>In M1 our sickness absence levels and overall workforce loss have shown a reduction from last month. The current sickness level is reported as 5.2% and has reduced from 6.2% in March 2022. This sits above the revised trust target (4%) and between the upper and lower SPC levels. The main reasons for sickness are reported as Chest and Respiratory problems and Stress and Anxiety.</p> <p>COVID is still a concern across the Trust with Chest and Respiratory the top reason for absence and the reason recorded. We have seen an increase in the number of Stage 2 meetings within the Trust which indicates an increased level of activity of sickness absence management. We are still seeing a high proportion of absences relating to stress and anxiety but our soft intelligence informs us this related to personal stressors outside of the workplace rather than work related reasons. Wellbeing support continues across the Trust and embedded within the divisions. Clinical Psychology support is now in place on a permanent basis for staff support. Divisional coaching and support for managers is in place with the People Partner team.</p> <p>Overall resourcing indicators for April 2022 are positive, our overall vacancy's show an increase, however this is an artificial increase due to the increase in establishment levels that have distorted the vacancy level Establishment increases are noted in Diagnostics and Outpatients and Women & Children's.</p> <p>Improvement</p> <p>The final report of the 360 review of Clinical Audit was formally received in April giving 'limited assurance' for Clinical Audit. It was recognised that the pandemic has had a significant impact on clinical audit activity and visibility, but that there were also internal governance issues to rectify. An action plan is in place and this is being reviewed on a monthly basis at senior level. Progress is being made to raise the visibility of the SFH Continuous Improvement approach within the PCI and the Quality strategy. A significant 'Transfer of Care' Improvement Programme is being scoped for launch in May, focussing on improving the patient pathway and experience from admission avoidance through to leaving the hospital to return home or to the community. This is sponsored by the Deputy Chief Operating Officer.</p> <p>Cultural Engagement</p> <p>2021 Staff Survey results were released from embargo at the end of March 22. This identified 3 key themes for commitment to improve; valuing you, caring about you and developing you. Engagement was completed with all Divisional teams across April to determine priorities for improvement in each area, this information is currently being collated to help define actions.</p> <p>Proud2bAdmin Week was held during 25th-29th April to celebrate and recognise our colleagues in line with Admin Professionals Day (21st April) a variety of virtual events took place, including our first Proud2bAdmin Awards which had a great response (218 nominations).</p> <p>The quarterly pulse survey ran across April facilitated by our new provider Cisco – results and response rate are currently being analysed.</p> <p>Learning and Development</p> <p>Our Mandatory Training and Development compliance has marginally reduced and currently sits at 87%. This was expected as some training was cancelled due to site pressures and is part of an expected fluctuation that should settle quickly. Mandatory Training workbook reviews continued throughout April, with ToR for a Learning Governance Group being established that will provide a more uniform and considered approach to the discussion around MAST learning activity, a new process was trialled in April to support this approach, introducing a 'Request for new workbooks' form which has been well received. We will also explore portability around learning from existing NHS Providers for new starts as part of their induction to the Trust.</p> <p>Appraisals levels have been relatively stable and currently sit at 85.8%, this is below the Trust target however appraisals were paused at the end of December to increase workforce capacity to meet anticipated hospital surge.</p>	DOP, DCI

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<p>People & Culture</p>	<p>COVID Absence - The Trust produces a daily Workforce SitRep for the organisation; this includes all COVID related absence elements which are wider than the sickness element reported above. When this is reviewed the total COVID related absence for April 2022 was 5.2%, (March 2022 6.2%).</p> <p>Lateral Flow Tests – Overall there were 14,419 test distributed, with 9,110 test registered (63.2%). Of the completed tests there has been 2,540 positive test (0.9% positive results).</p> <div data-bbox="266 505 1103 1011"> <p>Total COVID Workforce Loss</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Infection Precaution & Shielding</th> <th>COVID Sickness</th> <th>Non COVID Sickness</th> <th>Total Loss</th> </tr> </thead> <tbody> <tr><td>Mar</td><td>2.9%</td><td>3.9%</td><td>1.2%</td><td>3.9%</td></tr> <tr><td>Apr</td><td>2.9%</td><td>5.1%</td><td>2.0%</td><td>3.4%</td></tr> <tr><td>May</td><td>0.9%</td><td>3.2%</td><td>0.5%</td><td>3.0%</td></tr> <tr><td>Jun</td><td>0.8%</td><td>3.0%</td><td>0.3%</td><td>3.0%</td></tr> <tr><td>Jul</td><td>1.0%</td><td>3.3%</td><td>0.5%</td><td>3.3%</td></tr> <tr><td>Aug</td><td>1.2%</td><td>3.6%</td><td>0.8%</td><td>3.6%</td></tr> <tr><td>Sep</td><td>1.8%</td><td>3.8%</td><td>1.2%</td><td>3.8%</td></tr> <tr><td>Oct</td><td>2.7%</td><td>3.8%</td><td>1.5%</td><td>3.8%</td></tr> <tr><td>Nov</td><td>1.7%</td><td>3.9%</td><td>2.2%</td><td>3.5%</td></tr> <tr><td>Dec</td><td>2.5%</td><td>3.5%</td><td>2.2%</td><td>3.5%</td></tr> <tr><td>Jan</td><td>1.9%</td><td>3.5%</td><td>2.2%</td><td>3.5%</td></tr> <tr><td>Feb</td><td>1.9%</td><td>3.5%</td><td>2.2%</td><td>3.5%</td></tr> <tr><td>Mar</td><td>0.5%</td><td>3.4%</td><td>0.7%</td><td>2.8%</td></tr> <tr><td>Apr</td><td>0.5%</td><td>4.0%</td><td>0.7%</td><td>4.0%</td></tr> <tr><td>May</td><td>0.5%</td><td>3.9%</td><td>0.7%</td><td>3.9%</td></tr> <tr><td>Jun</td><td>0.5%</td><td>4.1%</td><td>0.7%</td><td>4.1%</td></tr> <tr><td>Jul</td><td>0.7%</td><td>3.7%</td><td>0.9%</td><td>3.7%</td></tr> <tr><td>Aug</td><td>1.1%</td><td>3.7%</td><td>0.9%</td><td>3.7%</td></tr> <tr><td>Sep</td><td>1.0%</td><td>3.8%</td><td>0.8%</td><td>3.8%</td></tr> <tr><td>Oct</td><td>1.0%</td><td>3.9%</td><td>0.8%</td><td>3.9%</td></tr> <tr><td>Nov</td><td>1.1%</td><td>4.1%</td><td>0.8%</td><td>4.1%</td></tr> <tr><td>Dec</td><td>1.1%</td><td>3.7%</td><td>1.1%</td><td>3.7%</td></tr> <tr><td>Jan</td><td>0.3%</td><td>3.8%</td><td>1.1%</td><td>3.8%</td></tr> <tr><td>Feb</td><td>0.7%</td><td>5.1%</td><td>0.7%</td><td>5.1%</td></tr> <tr><td>Mar</td><td>0.7%</td><td>3.5%</td><td>0.4%</td><td>3.5%</td></tr> <tr><td>Apr</td><td>0.1%</td><td>3.5%</td><td>0.4%</td><td>3.5%</td></tr> </tbody> </table> </div> <div data-bbox="1151 505 1682 786"> <p>Lateral Flow Tests (LFT)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Total not Registered</td> <td>9,110</td> </tr> <tr> <td>Test Registered</td> <td>5,309</td> </tr> </tbody> </table> </div> <div data-bbox="1151 805 1682 1086"> <p>Lateral Flow Tests (LFT)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Total not Registered</td> <td>63.2%</td> </tr> <tr> <td>Test Registered</td> <td>36.8%</td> </tr> </tbody> </table> </div>	Month	Infection Precaution & Shielding	COVID Sickness	Non COVID Sickness	Total Loss	Mar	2.9%	3.9%	1.2%	3.9%	Apr	2.9%	5.1%	2.0%	3.4%	May	0.9%	3.2%	0.5%	3.0%	Jun	0.8%	3.0%	0.3%	3.0%	Jul	1.0%	3.3%	0.5%	3.3%	Aug	1.2%	3.6%	0.8%	3.6%	Sep	1.8%	3.8%	1.2%	3.8%	Oct	2.7%	3.8%	1.5%	3.8%	Nov	1.7%	3.9%	2.2%	3.5%	Dec	2.5%	3.5%	2.2%	3.5%	Jan	1.9%	3.5%	2.2%	3.5%	Feb	1.9%	3.5%	2.2%	3.5%	Mar	0.5%	3.4%	0.7%	2.8%	Apr	0.5%	4.0%	0.7%	4.0%	May	0.5%	3.9%	0.7%	3.9%	Jun	0.5%	4.1%	0.7%	4.1%	Jul	0.7%	3.7%	0.9%	3.7%	Aug	1.1%	3.7%	0.9%	3.7%	Sep	1.0%	3.8%	0.8%	3.8%	Oct	1.0%	3.9%	0.8%	3.9%	Nov	1.1%	4.1%	0.8%	4.1%	Dec	1.1%	3.7%	1.1%	3.7%	Jan	0.3%	3.8%	1.1%	3.8%	Feb	0.7%	5.1%	0.7%	5.1%	Mar	0.7%	3.5%	0.4%	3.5%	Apr	0.1%	3.5%	0.4%	3.5%	Category	Count	Total not Registered	9,110	Test Registered	5,309	Category	Percentage	Total not Registered	63.2%	Test Registered	36.8%	<p>DOP, DCI</p>
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Single Oversight Framework – M1 Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
<p>Timely care</p>	<p>April was a challenging month for the emergency pathway, with the trust declaring an internal critical incident in the week before the Easter bank holiday. The trust had been on OPEL level 4 for 5 days leading up to the bank holiday, had experienced long delays in ED, resulting in overcrowding and high occupancy throughout the base wards with 10 consecutive days at over 92%. Average attendances were slightly lower than March 2022 (475 v 495) but considerably higher than April 2021 (407). The increase in the number of patients who are medically safe waiting for home care remains the key driver in high bed occupancy. The trauma and orthopaedic ward was returned to surgery mid March and further bed moves allowed the additional capacity beds to remain open throughout April. A recovery plan has been developed across the ICS to mitigate the impact of the increased MFFD patients in acute beds and a trajectory is in place however no tangible improvement has been seen.</p> <p>For cancer services, the number of patients waiting more than 62 days on a suspected cancer pathway in April was 121 patients which is below trajectory. The current target for the waiting list is to be lower than February 2021 (70) by the end of 2022/23. An exception report detailing the root cause and actions being taken is included, with a brief description of the new governance arrangements to ensure better sight of the cancer agenda and actions. 62 day performance for March was 67.6% which holds the Trust national ranking at 73/125 which is an improved position from February. The number of patients waiting 104 days at the end of March was 15.5. The Faster Diagnosis Standard (FDS) achieved the 75% standard in March at 81.9%.</p> <p>In the 2022/23 planning guidance, systems were asked to exceed 2019/20 activity to a target of 110% activity/104% value, it has not been possible to give the usual breakdown due to data issues for month 1 activity. In month 1, Overall RTT waiting list numbers were higher than planned which can be attributed in part to our response to increasing emergency flow pressure over Easter. The number of patients waiting over 52 weeks is as per the trajectory for April and 78 weeks is under trajectory. The 104 week position is still on track for 0 by the end of Q1 however this may be affected by sickness/COVID/patient choice nearer the time. All long wait (52+) patients are monitored on a weekly basis.</p> <p>Diagnostic performance against the DMO1 has deteriorated from last month (reporting period April vs March) and is not achieving the 99% target of patients receiving diagnostics under 6 weeks. The main areas of delay are , Echocardiogram, Non Obstetric Ultrasound, Urodynamics and Cystoscopy. This is monitored weekly and mutual aid discussions are taking place with NUH.</p>	<p>COO</p>

Single Oversight Framework – Month 1 Overview (5)



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Best Value care	<p>Income & Expenditure:</p> <ul style="list-style-type: none">The Trust and Nottinghamshire ICS partners submitted a financial plan for 2022/23 on 28 April 2022, in line with the timescales set out by NHS England & NHS Improvement (NHSE/I). The financial plan for SHF shows a deficit of £13.7m, while the overall planned deficit for the ICS is £64.7m.The deficit values include ‘excess inflation’ costs of £8.5m for SFH and £45.8m for the ICS, which are the costs relating to energy and RPI inflation on excess of the inflationary uplift applied to allocations. NHSE/I has signalled that additional uplifts will be applied to the original allocations, and this should offset some or all of the excess costs included within the plan.The Trust has reported a deficit of £1.1m for the month of April 2022 (on an ICS Achievement basis). This is a marginal adverse variance to the planned deficit.The Trust continues to incur costs relating to Covid-19, which includes the costs of covering for increased staff absence as well as infection prevention measures. For April these costs totalled £1.0m. Costs relating to the Covid Vaccination Programme continue to be reimbursed on a pass-through basis. These totalled £1.0m in Month 1.Elective Recovery Fund (ERF) income of £0.8m has been included in the Month 1.The forecast outturn reported at Month 1 is aligned to the financial plan, as a deficit of £13.7m. There are a number of risks inherent in the 2022/23 financial plan and sensitivity analysis is being worked up in relation to these. <p>Financial Improvement Programme (FIP):</p> <ul style="list-style-type: none">The Financial Improvement Programme (FIP) delivered savings of £0.4m in April 2022, compared to a plan of £ 0.2m. The expected full-year savings for 2022/23 total £13.9m, including the expected benefit of Elective Recovery Funding (ERF). <p>Capital Expenditure & Cash:</p> <ul style="list-style-type: none">The Trust has an indicative capital expenditure plan of £19.5m for the financial year 2022/23. This is still to be confirmed and agreed at an ICS level. Capital expenditure of £0.3m has been reported for Month 1.The closing cash position at 30 April was £6.2m, which is £2.3m higher than planned. The Trust has complied with the 95% Better Payment Practice Code (BPPC) target in month.	CFO

Single Oversight Framework – Month 1 Overview (1)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency	
Quality Care	Safe	Patient safety incidents per rolling 12 month 1000 OBDs	>44	Apr-22	45.60	45.60		G	MD/CN	M
		All Falls per 1000 OBDs	6.63	Apr-22	8.43	8.43		R	CN	M
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Apr-22	22.35	22.35		A	CN	M
		Covid-19 Hospital onset	<37	Apr-22	15	15		G	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Apr-22	5.59	5.59		R	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Mar-22	93.2%	92.5%		R	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	Apr-22	9.0	9.0		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Apr-22	1.40	1.40		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<90%	Apr-22	91.1%	91.1%		G	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	<96%	Apr-22	94.7%	94.7%		A	MD/CN	M
Effective	Cardiac arrest rate per 1000 admissions	<1.0	Apr-22	0.65	0.65		G	MD	M	

Single Oversight Framework – Month 1 Overview (2)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency	
People and Culture	Staff health & well being	Sickness Absence	<4.0%	Apr-22	5.2%	5.2%		R	DoP	M
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	Apr-22	7.3%	7.3%		A	DoP	M
		Employee Relations Management	<10-12	Apr-22	7	7		G	DoP	M
	Resourcing	Vacancy rate	≤6.0%	Apr-22	4.5%	4.5%		G	DoP	M
		Turnover in month (excluding rotational Drs.)	<0.9%	Apr-22	0.6%	0.6%		G	DoP	M
		Mandatory & Statutory Training	>90%	Apr-22	87.0%	87.0%		A	DoCI	M
		Appraisals	≥95%	Apr-22	86.0%	86.0%		R	DoCI	M

Single Oversight Framework – Month 1 Overview (3)



Sherwood Forest Hospitals
NHS Foundation Trust


At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency	
Timely Care	Emergency Care	Number of patients waiting >4 hours for admission or discharge from ED	90.0%	Apr-22	80.9%	80.9%		R	COO	M
		Mean waiting time in ED (in minutes)	220	Apr-22	199	199		G	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	Apr-22	4.7%	4.7%		G	COO	M
		Number of patients who have spent 12 hours or more in ED from arrival to departure as a % of all ED Attendances	shadow monitoring	Apr-22	2.2%	2.2%			COO	M
		Mean number of patients who are medically safe for transfer	<22	Apr-22	98	98		R	COO	M
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Apr-22	93.8%	93.8%		A	COO	M
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Apr-22	17.9%	17.9%		R	COO	M
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	on trajectory	Apr-22	4.2%	4.2%		A	COO	M
		Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	Apr-22	12.4%	12.4%		R	COO	M
		Elective Day Case activity against Plan	on trajectory	Apr-22	94.2%	94.2%		A	COO	M
		Elective Inpatient activity against Plan	on trajectory	Apr-22	90.9%	90.9%		A	COO	M
		Elective Outpatient activity against Plan	on trajectory	Apr-22	95.3%	95.3%		A	COO	M
	Diagnostics	Diagnostics activity increase against Yr2019/20	on trajectory	Apr-22	107.8%	107.8%		G	COO	M
	RTT	Number of patients on the incomplete RTT waiting list	on trajectory	Apr-22	-	40996		A	COO	M
		Number of patients waiting 78+ weeks for treatment	on trajectory	Apr-22	-	103		G	COO	M
		Number of patients waiting 104+ weeks for treatment	on trajectory	Apr-22	-	6		G	COO	M
		Number of completed RTT Pathways against Yr2019/20	on trajectory	Apr-22	91.2%	91.2%		A	COO	M
	Cancer Care	Number of patients waiting over 62 days for Cancer treatment	100	Apr-22	-	121		R	COO	M
Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral		75.0%	Mar-22	77.4%	81.9%		G	COO	M	

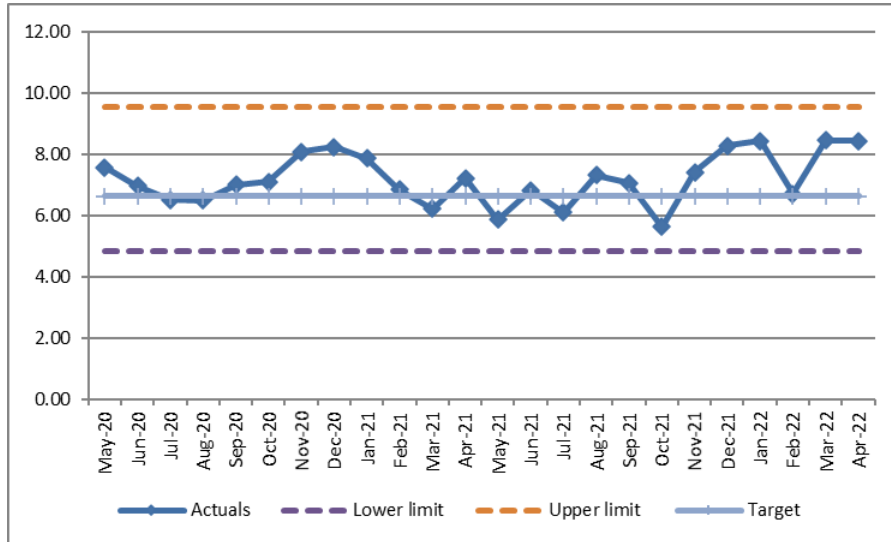
Single Oversight Framework – Month 1 Overview (4)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Best Value Care	Finance	Trust level performance against Plan	Apr-22	-£0.02m	-£0.02m		G	CFO	M
		Underlying financial position against strategy	Apr-22	tbc	tbc			CFO	M
		Trust level performance against FIP plan	Apr-22	£0.18m	£0.18m		G	CFO	M
		Capital expenditure against plan	Apr-22	£0.52m	£0.52m		A	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
All Falls per 1000 OBDs	6.63	Apr-22	8.43	8.43		R	CN	M

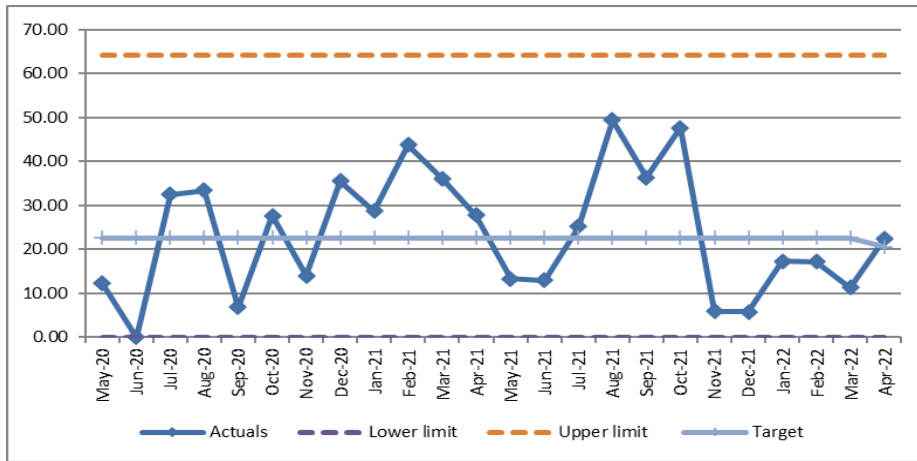


National position & overview

- The falls rate for April 2022 is 8.43 which is above the national ambition of 6.63 per thousand bed days.
- Nationally, deconditioning continues to affect both people at home and in hospital.
- A number of medically safe patients remain in acute beds due to reduced capacity for community care and limiting ability to safely discharge.
- Length of stay remains increased.
- 2 severe harm, 131 recorded as no harm.
- Increased number of mobility falls against falls from bed/chair.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> High volume of pathway 1 patients, MFFD residing, due to insufficient community capacity for placement/POC's. These patients are at high risk of falls. We continue to have high numbers of patients with LOS > 21 days, as the LOS increases in MFFD patients so does falls rates. All additional bed capacity remains open across 3 sites. The impact of the pandemic continues to reduce opportunity for older adults to be active, contributing to deconditioning and associated increased risk of falls. Older adults struggling to work towards reconditioning Increased acuity of inpatients 	<ul style="list-style-type: none"> Multifactorial falls risk assessment and falls care plan assurance audit Falls and mobility care plan now in place Planning visits to local Trusts – networking and sharing good practise Review of Champion session for 2022/3 NAIF recommended actions and translated into our work in the Trust Review , reflect and re –engage on the work in 2021/22-annual plan Falls group TOR , membership and the Falls Strategy discussed #Walk this May - Mobility and deconditioning focus Falls awareness week planning for September 2022 with East Midlands Falls group. Also in-house seminar planned for November 2022. Meet with clinical audit dept to look at falls data and analysis going forward System Community of Practice event planned for next quarter Connected Care within the organisation linking dementia and EPO with falls team will continue Discuss falls at Quality Committee and Council of Governors 	<ul style="list-style-type: none"> May 2022 Complete Ongoing 2022 May 2022 June 2022 June 2022 June 2022 May 2022 On going May 2022 June 2022 On going Completed

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Apr-22	22.35	22.35		A	CN	M

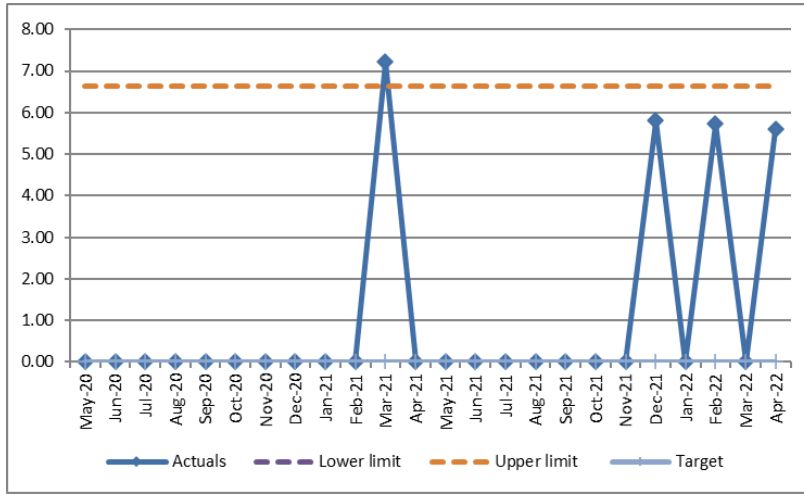


National position & overview

- This year the organisation has been given a threshold for C.diff of 92 cases.
- The Trust have seen a reduction in the number of hospital associated cases of C.diff when compared with the same time last year.
- The total Trust Attributed C.diff cases to date for this year is 4, compared to 9 in 2021/22

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • There have been 4 cases of hospital acquired Cdiff in April 2022. • All cases had received antibiotics which were appropriate for their condition. 	<ul style="list-style-type: none"> • All possible samples are still being sent to Leeds for ribotyping. • Bed cleaning programme has been extended and is working well. • Second Peer review to be conducted by NHSE/I , UKHSA and CCG • RCA's are being carried out on all 4 cases. • IPC team are following up all patients who have been re-admitted and had C.diff previously to identify earlier if any indication of continuing infection. • Chief Nurse Clinical Fellow for C.diff is now in post for a year. • In response to the national "C.diff what is the problem" commence a Chief Executive lead C.diff group 	<ul style="list-style-type: none"> • On going • On going • July 2022 • May 2022 • On going • Completed • Completed

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Apr-22	5.59	5.59		R	CN	M

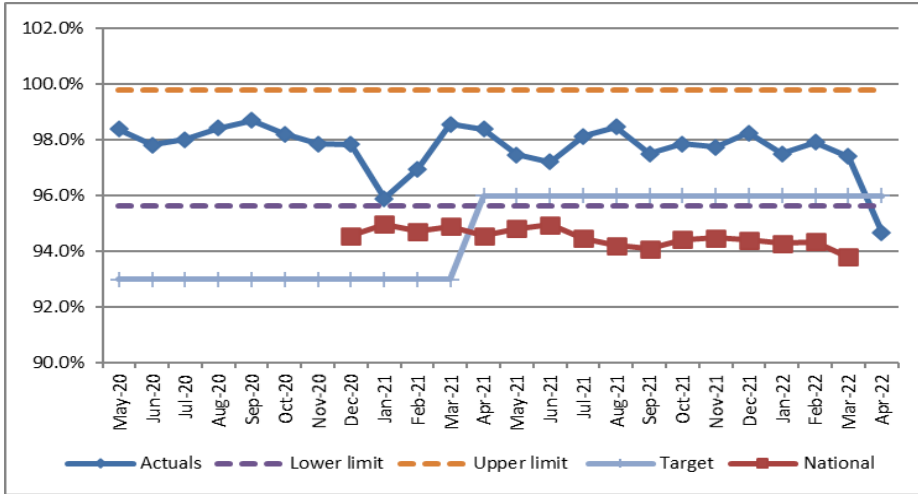


National position & overview

- The Trusts national threshold for MRSA bacteraemia is zero for 2022-23.
- All organisations nationally now have a zero target for MRSA.
- This MRSA case is the same patient as the case in February 2022. They are colonised with MRSA, which has been found on routine swabs that have been taken.

Root causes	Actions	Impact/Timescale
<p>The direct source of this bacteraemia has been investigated and cannot be determined.</p> <p>Learning points identified are that the patient was not screened within the first 24 hours of admission and they were not commenced on the decolonisation therapy required for patients who have had MRSA previously.</p>	<p>All patients with an infection tag on Careflow are now followed up by the IPC team on readmission to ensure correct isolation and treatment are commenced where required.</p> <p>Snap shot decolonisation audit to be undertaken.</p>	<ul style="list-style-type: none"> • Ongoing • June 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Recommended Rate: Friends and Family Inpatients	<96%	Apr-22	94.7%	94.7%		A	MD/CN	M



National position & overview

The Friends and Family Test (FFT) gives patients the opportunity to share feedback on our services, collating results on a scale of extremely unlikely to extremely likely. Results are then benchmarked against a positive or negative approach. The data provides a total response rate, overall responses, and the percentages of a positive or negative experience.

April inpatient area score:
 91.86% Positive
 4.81% Negative
 With a response rate of 26%.

Root causes	Actions	Impact/Timescale
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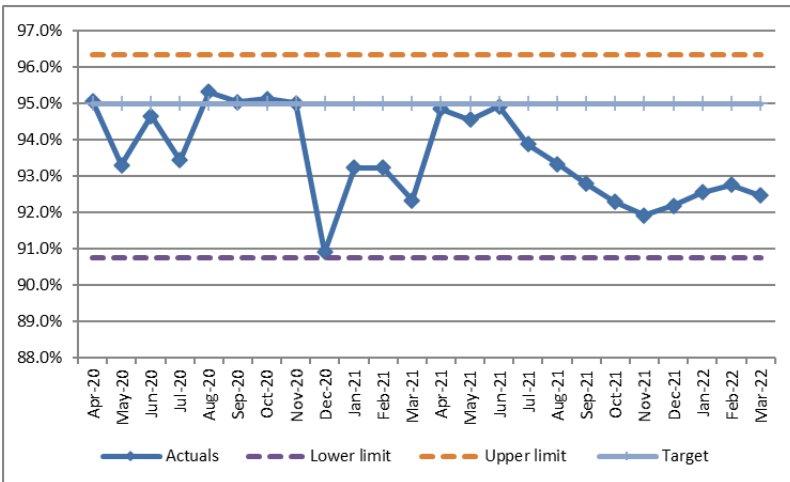
The Trust's previous provider's contract came to an end in March 2022. As a result, we explored other options and companies that were able to provide the survey requirements for the FFT to add extra support concerning training, reports, feedback and local surveys to help locate the key issues within our services.

During April 2022, access to paper surveys was the only option with no SMS, online, or QR codes available.

- Implement the new system. Including SMS, QR codes, and online surveys, with the development of a landing pad on all Nerve Centre devices, giving people easy access to the FFT on their handheld devices.
- Provide training to staff members, on the new system and its reporting functions.
- Use our feedback to focus on key areas for service improvement.

- May 2022
- July 2022
- On going

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



National position & overview

- National reporting of VTE risk assessment screening was stopped in March 2020 in response to the Covid pandemic. SFH continued with data collection for our own internal monitoring process.
- The national target for VTE screening on admission to hospital is set at 95%.
- The resumption of the pre-Covid method of data collection initially significantly improved the compliance score; the data has since demonstrated a steady downward trajectory with April 2022 compliance standing at 92.5%

Root causes	Actions	Impact/Timescale
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- The data collection process for VTE risk assessment is currently a manual, paper based process, requiring a significant number of hours to complete.
- Roll out of electronic VTE screening tool via NerveCentre commenced May 2022.

- The GSU team resumed the pre Covid method of form collection from April 2022.
- GSU continue to work with the NerveCentre team to support the roll out of the electronic screening tool and reporting functionality.
- Electronic screening tool now rolled out across Medicine and based on NG89 standards.
- Paper based pink form collection continues across Surgery (due to EPMA in place across the organisation).
- GSU continue with daily prompts across admissions areas to aid completion of the VTE assessment.

- Completed
- On going
- On going
- August 2022
- On going

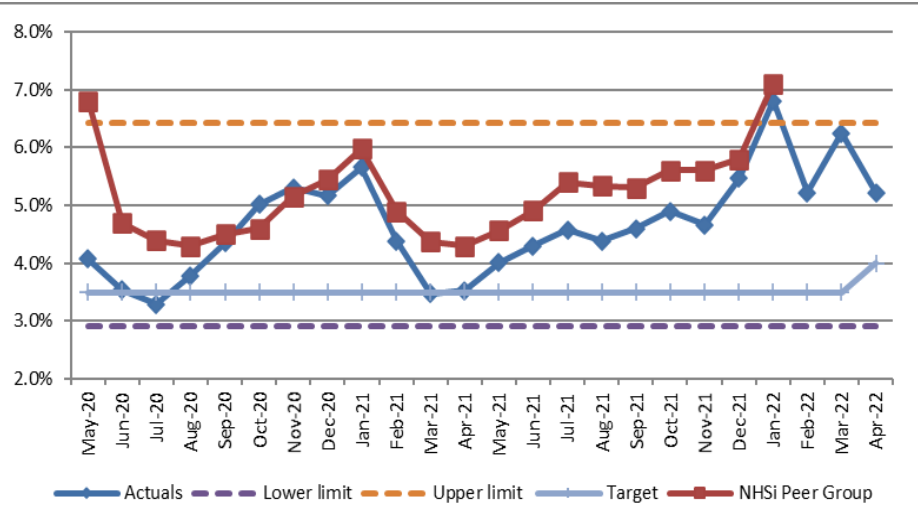
Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Sickness Absence	<4.0%	Apr-22	5.2%	5.0%		R	DoP	M

National position & overview

The Trust benchmarks favourably against a national and localised sickness figure, across NHS providers in Nottinghamshire SFH sits below the ICS average (6.6%)

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

We have reviewed our overall trust sickness target based on the last 24 months data and we have set a differential divisional sickness targets, the Trust targets has moved from 3.5% to 4.0%.



Root causes

Sickness absence levels has shown an decrease since from last month (5.2%). This sits above the Trust Target (4.0%). The sickness absence levels is above the sickness absence level in April 2021 (3.5%)

The short term sickness absence rate for April 22 is 3.6%. (March 2022 – 4.6%).

The long term sickness absence rate for April 22 is 1.6%. (March 2022 – 1.7%).

COVID related absence make up 1.2% of the sickness absence level and has shown an increase from last month

Non COVID related absence has seen an decrease.

Actions

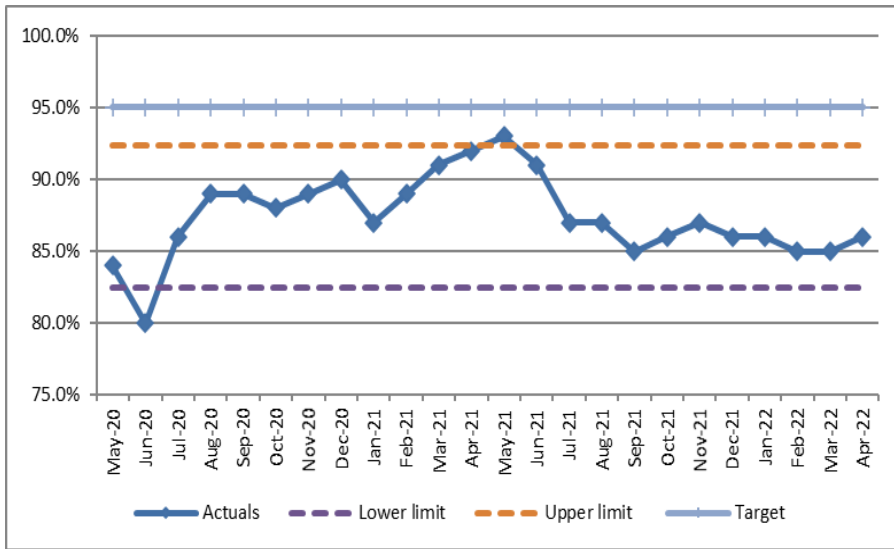
The decrease in absence levels coincidences with the decrease nationally with the COVID surge and pressure noted across the Hospital, however there is an increase in staff reporting anxiety & stress sickness reasons. To ensure this isn't a trend we will review this and support staff where necessary

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

Impact/Timescale

The sickness levels are recorded above the Trust target (4.0%)

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	≥95%	Apr-22	86.0%	87.0%		R	DoP	M



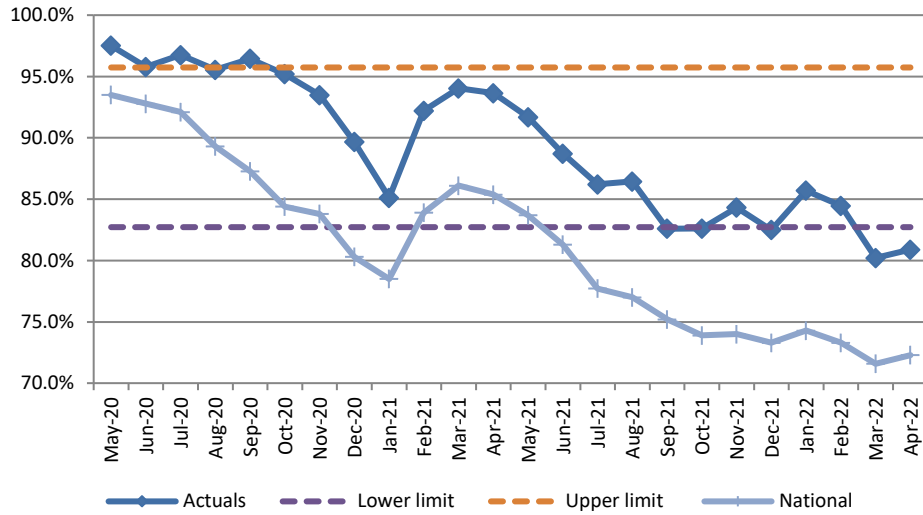
National position & overview

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

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

Root causes	Actions	Impact/Timescale
<p>The Appraisal position is reported at 85.8%, and shows a position that is the similar to the previous month (March 2022 – 85.0%)</p> <p>The key cause of below trajectory performance on the appraisal compliance is related to the delivery and capacity issues associated with the pandemic and hospital pressures.</p>	<p>The Human Resources Business Partners are supporting discussions with line managers at confirm and challenge sessions to identify appraisals which are outstanding and seeking assurance regarding timescales for completion.</p> <p>Ongoing actions: Consider including appraisals within Protected Learning Time Policy (PLT) to ensure appraisals are prioritised.</p> <p>Consider removing Talent Management from appraisals and dedicate separate time to this to avoid consumption of conversations.</p>	<p>Appraisal compliance to 90% by end of June 22</p> <p>To be assessed – by end 22/23</p>

Number of patients waiting >4 hours for admission or discharge from ED	>95%	Apr-22	80.9%	80.9%		R	COO	M
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National position & overview

- A critical incident was called in April as the trust had been on OPEL L4 for 5 consecutive days, had reduced discharges, high MSFT numbers, high occupancy and an overcrowded ED with long waiting patients
- SFH performance was 80.9% for April. Performance continues to be driven mainly by exit block and high numbers of MSFT, although average attendances were up for the month in comparison to April 2021
- National rank 4th out of all comparison Trusts
- Newark UTC performed well with an average 99.54% of patients seen and treated under 4 hrs, well above the 95% standard
- Bed pressure was a key driver of performance. The number of MSFT patients remained in excess of the ICS agreed threshold throughout the month and is showing a deteriorating position. MSFT is driving a total of 4 wards worth of demand against a threshold of one. This is shown in a further slide later in the SOF

Root causes	Actions	Impact/Timescale
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Bed capacity pressure
The Trust continues to experience delays in the discharge of patients who require social care support following discharge. There continues to be 4 wards worth of capacity that is currently being used solely for the care of patients who are medically fit but have no onward destination.

An internal critical incident was called to take extraordinary action due to 5 consecutive days of high pressure, low discharges and high occupancy

In line with the winter plan agreed at Board in November, the Orthopaedic elective ward which became a medical ward as part of the plan was returned as planned in early March. There were further beds opened/moved to mitigate the loss across Medicine, Women's and Children's and Surgical Divisions which have remained open

The maximisation of Same Day Emergency care continues to be successful and 40-50% more patients are seen in this service than in 2019, thereby avoiding admission to a bed

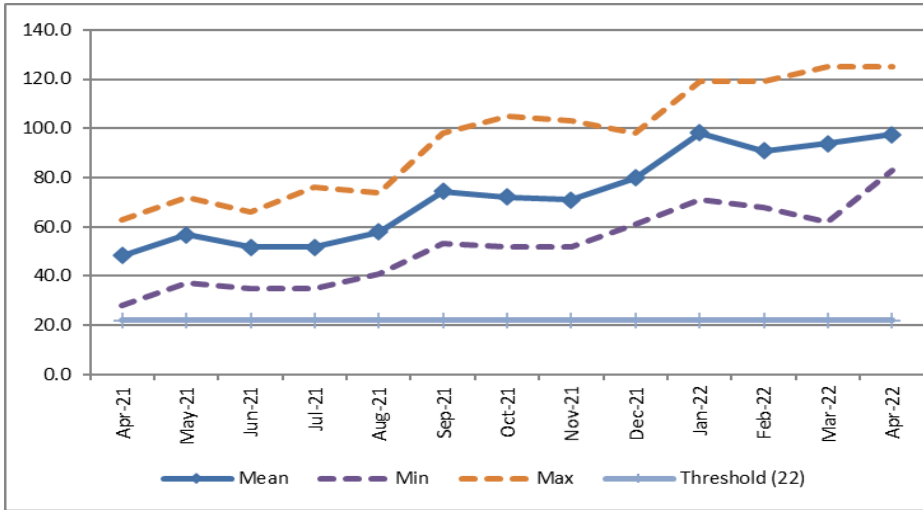
A mitigation plan has been developed across the system for the opening of capacity to reduce patients waiting times for their onward needs when they are MSFT, this has been presented and there is now a weekly improvement trajectory the system is monitoring. The benefits of this plan are yet to be evidenced within the Trust

The trust opened Sherwood Community Care Home to mitigate a number of MSFT patients in response to the internal critical incident. These beds will remain open for 13 weeks. These beds did not mitigate the MSFT risk fully.

Internal flow development transformation plan in development

- Implemented
- Implemented
- Ongoing
- Implemented
- Development

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Mean number of patients who are medically safe for transfer	<22	Apr-22	98	98		R	COO	M

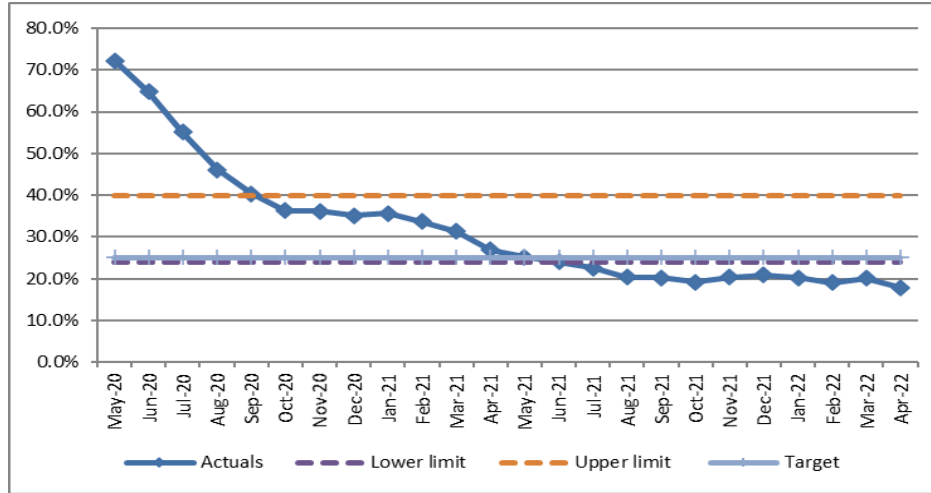


National position & overview

- The local position continues to significantly worsen and remains above the agreed threshold of 22 patients in the acute trust, in delay.
- The worsening position is a direct continuing link to workforce issues within adult social care and care agency hand back of care
- Additional surge capacity being remains open with” winter “capacity also remaining open.
- Further national drive to support the roll out of Virtual Wards for early supported discharge is in progress with an ICS submission planned for the 6th June

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Pathway 1 and 2 demand and the available capacity to meet the variation in demand. This reflects the lack of available staff in care agencies (on the framework) to meet demand in particular for double up care QDS and TDS , as well as availability of social workers to manage the allocations. Recruitment into care and social worker roles is proving very difficult with posts unfilled and no agency cover. • Care home closures for staffing and infection prevention issues have also contributed to delayed discharge allocation although this has significantly improved • Internal process issues contributing to referral delays due to EPMA and TTO, and ability to prepare for early discharge • No visible workforce plan/ timelines to improve the position in the system 	<ul style="list-style-type: none"> • T2A process with system partners continues to develop • Continuation of winter capacity • D2A business case circa £8m allocated (£2.5 as new with £5.5m already in system run rate) • VW system business case submission 6th June with SFH looking to “go at risk” to start service in June for IV home therapy, respiratory and frailty • System wide agreement continues to progress for FNC assessments, interim placements and wider bedded capacity access • Opening of Sherwood Community Care Home to mitigate a proportion of the number of MSFT patients in acute beds <p>Escalation</p> <ul style="list-style-type: none"> • Delays and workforce issues escalated through CEO group, D2A Board with daily system conversations. • Potential patient harms as deconditioning whilst waiting 	<p>Workshop 24th May 22 to progress plan Linked to the above</p> <p>6th June 22</p> <p>June 22</p> <p>April 2022 for 13 weeks</p>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Remote Attendances as a percentage of Total Outpatient Attendances	>25%	Apr-22	17.6%	17.9%		R	COO	M



National position & overview

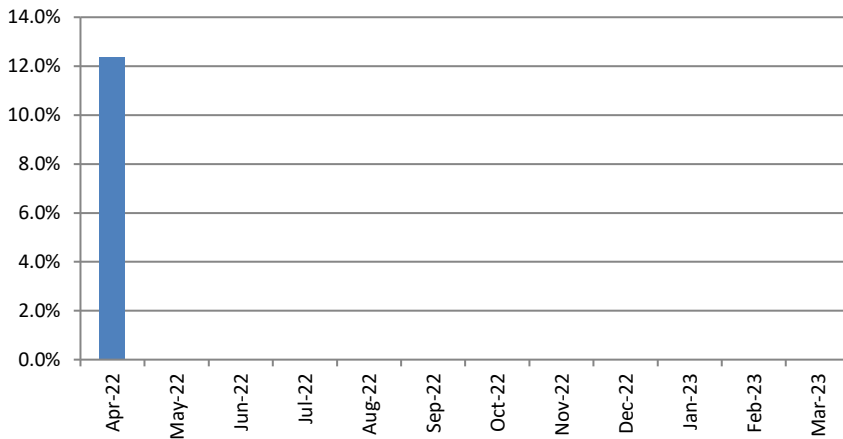
- The 2022/23 plan details a desire to increase the numbers of patients who are able to access a virtual appointment to 25% of total OP attendances.
- Remote attendances include both Telephone and Video consultations
- There was an increase in the number of patients choosing virtual appointments during the COVID pandemic
- The % of patients being seen virtually is declining, this may be due to clinical staff preferring face to face appointments
- A strategy for this programme is under development within the OP Transformation Group

Root causes	Actions	Impact/Timescale
1. There is an emerging preference for face to face consultations amongst clinicians	Targeting roll out in core specialties ENT suggested as initial specialty, Benefits mapping exercise to be undertaken and clinical drop in session set up	<ul style="list-style-type: none"> • Underway as part of OP transformation group
2. There are a number of barriers including: equipment, signal issues, support for staff and patients to conduct 'virtual' sessions, fixed clinic sessions for video consultation.	Exploration around the role of a virtual receptionist Good practice shared by Derby and knowledge of a pilot at NUH. Scoping exercise underway to understand if we have the 'right' video consultation technology to take the agenda forward.	<ul style="list-style-type: none"> • Bid for funding planned to enable this to be piloted at SFH.
3. Some specialties not reporting their telephone and advice line activity	Process for recording and reporting this activity agreed. SOP has been drafted Promoting wider awareness amongst clinicians.	<ul style="list-style-type: none"> • Inclusion of missing specialties will positively impact the position from June.
4. 22/23 plans for 'virtual' appointments need to be signed off.	Meeting planned 24/05 to agree plan.	<ul style="list-style-type: none"> • June

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Follow Up Outpatient Attendances reduce against Yr2019/20	>25%	Apr-22	12.4%	12.4%		R	COO	M

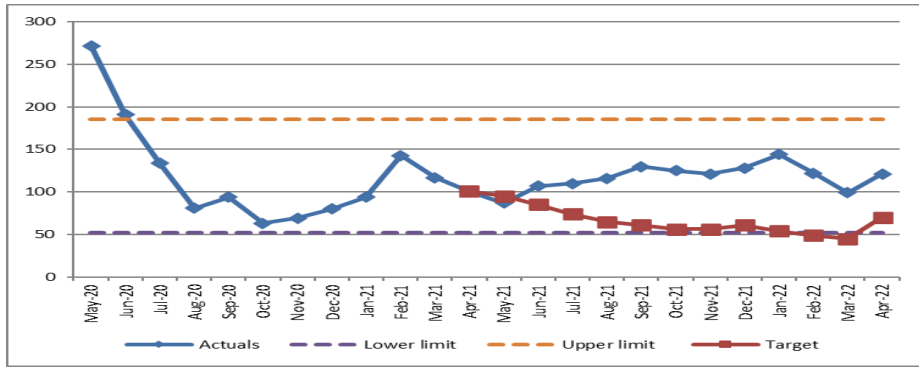
National position & overview

- National Planning 2022/23 target to reduce follow up appointments by 25% of 2019/20 actuals
- SFH submitted a plan declaring that would not be compliant with the target in 2022/23 due to the size of the current overdue review backlog and activity plan aim to achieve 110% of 2019/20 activity
- The target will still be monitored and reported against at a trust level
- Most acute trusts in the midlands declaring a non compliant position
- Alternatives to Follow Up are being progressed through Patient Initiated Follow Up (PIFU)



Root causes	Actions	Impact/Timescale
1. PIFU pathways are not set up in all specialities.	<ul style="list-style-type: none"> • PIFU working group established • Project plan developed – sign off 24/05 • Two cohorts. Cohort 1: Review of specialties using open appts and PIFU. Cohort 2: specialties only using open appts. 	Plan to move all open appts over to PIFU pathways by Nov.
2. Standard PIFU pathways not suitable for patients with long term conditions.	Development of a PIFU pathway for patients with long term conditions (PIFU SOS) will need to be established to enable all open appts to be transferred to PIFU pathways, as these patients will not be discharged.	PIFU SOS will be included in the PIFU plan.
3. Patient Knows Best (PKB) tool is in use within the clinical specialties but not being rolled out at the pace required. This tool allows patients to monitor and manage their own conditions and reduce the need to attend hospital unnecessarily (Non PIFU but an enabler)	Deputy DGMs from Medicine and Surgery to progress PKB and report back to the Board with support offered via the Transformation team.	Supports the SOS agenda, by reducing the number of patients attending for routine monitoring.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of patients waiting over 62 days for Cancer treatment	70	Apr-22	-	121		R	COO	M



	April	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
19/20 Backlog	70	85	93	92	108	112	93	83	80	77	62	64
22/23 Trajectory	123	110	105	97	102	104	90	85	88	99	91	85
22/23 Actual	121											

National position & overview

- In the 2022/23 priorities and operational planning guidance, NHS England (NHSE) set out a key objective: As a priority, complete any outstanding work on the post-pandemic cancer recovery objectives - return the number of people waiting for longer than 62 days to the level in February 2020 (based on the national average in February 2020) For SFH this was 45 at month end in February 2020, the average in February 2020 was 70.
- SFH were ranked 73rd out of 125 providers for 62 wait for first treatment
- SFH were ranked 16th out of 129 providers for Faster Diagnosis Standard
- A trajectory was developed in March 22 with 5 key risks to delivery highlighted: demand, diagnostic capacity, lower GI, dependency on the tertiary provider and the residual impact of covid. April ended at 121, above the February 2020 average of 70 but below the reforecast of 123.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> Delays to STT in Gynae due to Hysteroscopy capacity Urology, Head and Neck clinic waits both locally and at the tertiary centre due to consultant leave. Lower GI impacted by consultant leave due to both annual leave and covid sickness Other diagnostic and treatment delays provided by the tertiary centre including PET scans, surgical dates and oncology. 	<ul style="list-style-type: none"> Gynae – Expand see and treat capacity, streamline straight to test (STT) Additional lists provided throughout May to support STT. Head and neck working with NUH colleagues to understand gap and address clinic capacity. Urology working to increase template capacity with the start of MRI fusion in outpatients. Lower GI to add additional clinics and theatres where possible. ICS assessment and review of sustained increased demand New cancer Steering Group in place to give greater focus to the cancer agenda and reducing patient waits 	<ul style="list-style-type: none"> Impact of additional lists, should be seen in June, with a reduction in days to first seen. For Gynae STT. Head and Neck looking to increase additional theatres for June Throughout Q1 and Q2 22/23. Underway – discussions ongoing between COO and Director of Commissioning Throughout Q1 and Q2 22/23:

M1 Summary

- The Trust has reported a deficit of £1.09m for the month of April 2022 (on an ICS Achievement basis). This is a marginal adverse variance to the planned deficit of £1.06m.
- The forecast outturn reported at Month 1 is aligned to the financial plan, as a deficit of £13.66m.
- Capital expenditure was £0.33m. This was £0.52m lower than plan primarily relating to MRI where funding has yet to be formally approved.
- Closing cash at 30th April was £6.15m, which is £2.31m higher than planned. The Trust has complied with the 95% BPPC target in month.

	April In-Month			Annual Plan	Forecast	Forecast Variance
	Plan £m	Actual £m	Variance £m			
Income	37.26	37.06	(0.19)	441.10	440.91	(0.19)
Expenditure	(38.32)	(38.15)	0.17	(454.76)	(454.57)	0.19
Surplus/(Deficit) - ICS Achievement Basis	(1.06)	(1.09)	(0.02)	(13.66)	(13.66)	(0.00)
Capex (including donated)	(0.85)	(0.33)	0.52	(19.46)	(19.46)	0.00
Closing Cash	3.84	6.15	2.31	1.55	1.55	0.00

Best Value Care

ICS Achievement Basis, All values £'m

	In Month					Forecast				
	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Forecast	Covid Forecast	Total Forecast	Variance
Income:										
Contract Income	29.07	28.94	0.00	28.94	(0.13)	348.81	348.69	0.00	348.69	(0.13)
ERF	0.83	0.83	0.00	0.83	(0.00)	9.92	9.92	0.00	9.92	(0.00)
Other Income	6.66	6.59	0.00	6.59	(0.06)	73.93	73.87	0.00	73.87	(0.06)
Total Income	37.23	37.05	(0.01)	37.04	(0.19)	440.80	440.62	(0.01)	440.61	(0.19)
Expenditure:										
Pay - Substantive	(20.34)	(20.08)	(0.02)	(20.10)	0.25	(238.57)	(237.49)	(0.81)	(238.30)	0.27
Pay - Bank	(2.30)	(2.25)	(0.65)	(2.90)	(0.60)	(23.22)	(22.27)	(1.55)	(23.82)	(0.60)
Pay - Agency	(0.82)	(0.75)	(0.08)	(0.83)	(0.01)	(15.04)	(14.97)	(0.08)	(15.05)	(0.01)
Pay - Other (Apprentice Levy and Non Execs)	(0.11)	(0.10)	0.00	(0.10)	0.01	(1.35)	(1.34)	0.00	(1.34)	0.01
Total Pay	(23.58)	(23.19)	(0.74)	(23.93)	(0.35)	(278.18)	(276.06)	(2.44)	(278.51)	(0.33)
Non-Pay	(12.11)	(11.39)	(0.25)	(11.64)	0.47	(143.54)	(141.99)	(1.09)	(143.08)	0.46
Depreciation	(1.24)	(1.19)	0.00	(1.19)	0.05	(14.80)	(14.74)	0.00	(14.74)	0.05
Interest Expense	(1.37)	(1.37)	0.00	(1.37)	(0.00)	(16.64)	(16.64)	0.00	(16.64)	(0.00)
PDC Dividend Expense	0.00	0.00	0.00	0.00	0.00	(1.31)	(1.31)	0.00	(1.31)	0.00
Total Non-Pay	(14.71)	(13.94)	(0.25)	(14.19)	0.52	(176.29)	(174.68)	(1.09)	(175.77)	0.52
Total Expenditure	(38.29)	(37.13)	(0.99)	(38.13)	0.17	(454.46)	(450.74)	(3.53)	(454.28)	0.19
Surplus/(Deficit)	(1.06)	(0.08)	(1.00)	(1.09)	(0.02)	(13.66)	(10.12)	(3.54)	(13.66)	(0.00)

The table above shows the deficit position of £1.09m for Month 1 (April 2022).

Income is adverse to plan mainly due to the adjustment required around NHS England commissioned high cost drugs, which vary based on usage. This adjustment is offset within non-pay. The Trust has reported full receipt of planned ERF income. Although the Trust performance for April was below the plan, the plan has been achieved at an ICS level.

Pay expenditure exceeded plan in Month 1 due to additional bedded capacity above planned levels and staffing unavailability due to covid again higher than planned levels.

The Month 1 forecast outturn is aligned to plan. There are various risks inherent within the 2022/23 financial plan a sensitivity analysis is being worked up, which takes into account the current bed pressures, ERF & FIP achievement, Covid costs, some of the assumed income streams and excess inflation.

FY23 Target		FY23 Forecast		FY23 Variance		M1 Target		M1 Actual		M1 Variance		YTD Target		YTD Actual		YTD Variance		Overall Status
FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	
£11.73m	£2.21m	£11.73m	£2.21m	£0.00m	£0.00m	£0.04m	£0.18m	£0.00m	£0.40m	£0.03m	£0.21m	£0.04m	£0.18m	£0.00m	£0.40m	£0.03m	£0.21m	
£13.94m		£13.94m		£0.00m		£0.22m		£0.40m		£0.18m		£0.22m		£0.40m		£0.18m		

Financial Improvement Plan Delivery

a. In-month delivery was slightly behind plan due to a delay in procurement savings; though these are expected to catch-up. Digital letters continued to achieve above plan.

Elective Recovery Funding (ERF)

- a. The Transformation & Efficiency Programme continues to contribute to the delivery of ERF. This will however be reported separately. Should activity exceed plan however, and this results in the delivery of additional ERF, this additional funding will be allocated to the FIP.
- b. In-month delivery is above the planned trajectory overall, however the Theatres Transformation activity is below plan. The overall impact on the achievement of ERF in month 1 is not yet known. The figures shown are therefore indicative at this stage.
- c. The planned trajectory for 2022-23 is being reviewed, in line with revised (stretch) targets.

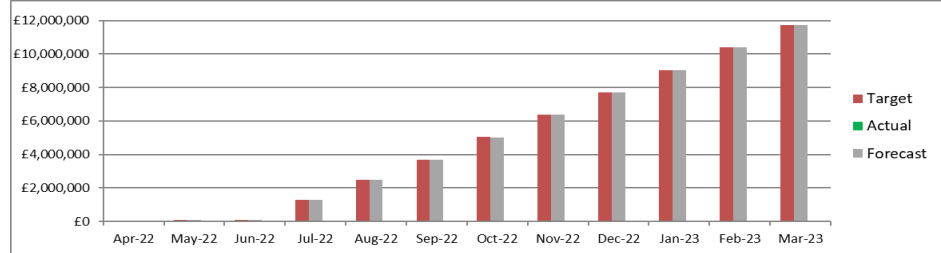
Full Year Forecast

- a. It has been assumed, at this stage, that the 2022-23 FIP will be delivered in full by the end of the year. The 'overall status' therefore has been rated green.
- b. The Medical, NMAHP and Procurement Programmes are expected to be included in month 2 reporting.
- c. There is currently £3.8m unallocated FIP, which has notionally been assigned to individual divisions. There are 50+ programme specific ideas currently being worked up, with an additional 40+ schemes on the idea's log. These ideas will help address the unallocated amount.

Issues and Risks

- a. Although a large-scale Transformation and Efficiency programme has been worked up, there is (as noted above) £3.8m currently unallocated. As well as continuing to work up new ideas, a Transformation and Efficiency working group is being established. This will be an opportunity for Divisional and clinical colleagues to explore, identify and scope new financial saving opportunities.
- b. Delays in the re-establishment of 'pre-Covid bank rates' will potentially delay savings identified as part of the NMAHP Transformation Programme.

Item 1: Cumulative Phased Forecast Savings Plan (excl. ERF)



Item 2: Summary by Programme

Key > 95% > 75% < 75%

Programme	Month 1 In-Month Target			Month 1 In-Month Actual			Delivery RAG
	FIP	ERF	Total	FIP	ERF	Total	
Outpatients Innovation	£1,667	£121,979	£123,646	£2,197	£397,592	£399,789	
Theatres Transformation	£0	£62,500	£62,500	£0	£0	£0	
NMAHP Transformation	£0	£0	£0	£0	£0	£0	
Medical Transformation	£0	£0	£0	£0	£0	£0	
Pathology Transformation	£0	£0	£0	£0	£0	£0	
Diagnostics Transformation Programme	£0	£0	£0	£0	£0	£0	
Ophthalmology Transformation	£0	£0	£0	£0	£0	£0	
Corporate Services	£33,333	£0	£33,333	£0	£0	£0	
Divisional Schemes	£0	£0	£0	£0	£0	£0	
Total	£35,000	£184,479	£219,479	£2,197	£397,592	£399,789	