



Single Oversight Framework

Reporting Period: Month 4
2022/23

Inspected and rated

Good



Single Oversight Framework – Month 4 Overview (1)



Domain	Overview & risks	Lead
<p>Quality Care</p>	<p>During July we continued to experience exceptional ‘summer’ pressure across all our services and pathways. All additional bed capacity including that over and above our initial ‘winter’ plan has remained open into July, with the requirement for super-surgings on 2 further occasions. This activity was replicated across our acute provider partners and a Nottinghamshire system wide critical incident was declared during this period. Whilst the impact of this activity is felt across our organisation, usually this is most tangible in our Emergency Department with occasions of overcrowding impacting on our ability to provide safe, consistent and quality care and patient experience, in the manner that we would wish for. There is also a collateral staff experience effect of this, which is deeply felt by our colleagues and results in a tangible impact.</p> <p>Despite these difficulties and challenges, our teams continue to focus on delivering as good quality care as possible in as safe a way as possible.</p> <p>Hospital acquired pressure ulcer rates remain consistently low despite the described challenges. There is a specific focus on non COVID and wider IPC practices.</p> <p>During July there are 5 exception reports:</p> <ul style="list-style-type: none"> • Falls per 1000 OBD: 8.17 (YTD 7.63) against a standard of 6.63. Increase of patients in delay within acute ward bed base and an increase noted in patients experiencing repeat falls. There continues to be a focus on promoting mobilisation. Deep dive review under way for presentation to Sept Quality Committee. • CDIFF: 27.03 (YTD 20.27) against a standard of 20.6. A reduction in the number of hospital associated cases of Cdiff when compared with the same time last year, although this has been raised for July for the second consecutive month with 5 cases noted. NHSE peer review planned • Rolling 12 month MRSA bacteraemia: performance 5.41 (TYD 4.05) against a standard of 0. A further case has been identified in July. Benchmarking against peer organisations undertaken. • COVID 19 Hospital Onset 15 (YTD 52) against a standard of less than 37. Correlated with a further wave and increased rates of COVID with a significant number of outbreaks noted within the trust during this period. • Cardiac Arrest rate per 1000 admissions 1.28 (YTD 0.8) against a standard of less than 1.0 	<p>MD, CN</p>

Single Oversight Framework – Month 4 Overview (2)

Domain	Overview & risks	Lead
People & Culture	<p>People</p> <p>In July 2022 (M4) our sickness absence levels and overall workforce loss has increased. The current sickness level is reported as 5.4% which is an increase when compared to 4.3% in June 2022 This sits above the revised Trust target 4.0%. The main reasons for sickness are reported as Stress and Anxiety and Chest and Respiratory problems. 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.</p> <p>As part of the Trusts HWB approach we are developing approaches to raise awareness of the impact of menopause on colleagues and taking positive action to change perceptions. A working group has been developed and we are currently focusing on planning a menopause conference in October 2022 to align with World Menopause Day.</p> <p>Total workforce loss (Inc. sickness, maternity and infection precaution) sits at 7.6%, this sits above the target 6.5%. These increases are a direct consequence of the COVID surge, we are anticipating a reduction in these level over the next few months.</p> <p>Overall resourcing indicators for M4 are positive, our overall vacancy's has marginally increased and is under target and turnover sits under the trust target.</p> <p>On 19 July 2022 the government announced the pay award for NHS in England. The announced identified a minimum uplift of £1,400 backed to 1 April 2022 for staff employed on Agenda for Change Terms and Conditions and 4.5% will receive 4.5% (not including those already covered by a multi-year pay deal). The details of the pay award are being worked through with appropriate plans put in place to meet national requirements.</p> <p>Improvement</p> <p>Update regarding the 'SFH QI Maturity Matrix' shared with PCI Committee in Jul-22 following independent analysis by EMAHSN and Year 2 actions due to be presented in Aug-22. Our aim is to increase visibility and understanding of our Improvement offer at SFH through a simplified message – action plan currently being developed as a team. Following feedback to SLT a Board development session on Improvement is planned for Aug-22.</p> <p>Comms launch plan developed in Jul-22 for the Optimising the Patient Journey Programme of Improvement; initial focus on pillar lead recruitment and collation of stories from colleagues/patients.</p> <p>Culture and Engagement</p> <p>Engagement and actions of 2021 National Staff Survey results continues – results were analysed with 3 theme commitments identified focussed on 'Valuing You' 'Caring about You' and 'Developing You'. Progress at a Trust level against these themes is underway with updates reported through existing governance frameworks and Trust communications channels. Divisional and team actions continue to be supported at a local level with progress discussed as part of the DPR process quarterly. Preparation is under way for the National Staff Survey 2022 with a multi-professional task and finish group in place to drive engagement.</p> <p>The Q2 2022 quarterly pulse survey ran across July with a 23.7% response rate which is the highest response rate to date. A review of results is in train to then be shared internally with key leadership teams and leads.</p> <p>Regular visits to our sites throughout July were undertaken to engage with colleagues regarding the People, Culture and Improvement Strategy for 2022-2025 whilst also taking the opportunity to check-in and support colleague wellbeing during the heatwave.</p> <p>Reward and Recognition has been a key focus for the team and Trust with regards 'getting the foundations right'. A review and approach was approved at TMT and ET. Feedback has also been sought from Divisions to ensure the approach is in touch with colleagues needs currently. Aim to introduce from September 22.</p>	DOP, DCI

Single Oversight Framework – Month 4 Overview (2)



Domain	Overview & risks	Lead
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People & Culture

Learning and Development

Our **Mandatory Training and Development** compliance currently sits at 86%. This is below the Trust target (90%). This is marginally below the Trust target (90%). Training has now resumed as normal and our Task & Finish Group who have been working to improve compliance was closed in July-22. We are developing plans to support increasing capacity due to relaxing of IPC regulations and implementation plans for the new MAST and induction programmes. Roll out of the revised workbook offer and implementation of Learning Governance Groups (to manage the process ongoing) are due to be in place by Sept-22. We hope to see an upturn in compliance over the months that follow.

Appraisals levels sit at 85% for July, this is below the Trust target but favourable in comparison to National/local levels. This is a reflection of workforce loss during July due to COVID absences, along with Annual Leave impact. A working group is in place to improve compliance and experience, the outcome of the Jul-22 meeting was the production of an options appraisal proposal (digital vs paper-based approach)

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 July 2022 was 5.5%, (June 2022 4.5%). This is expressed in figure 1.

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

DOP,
DCI

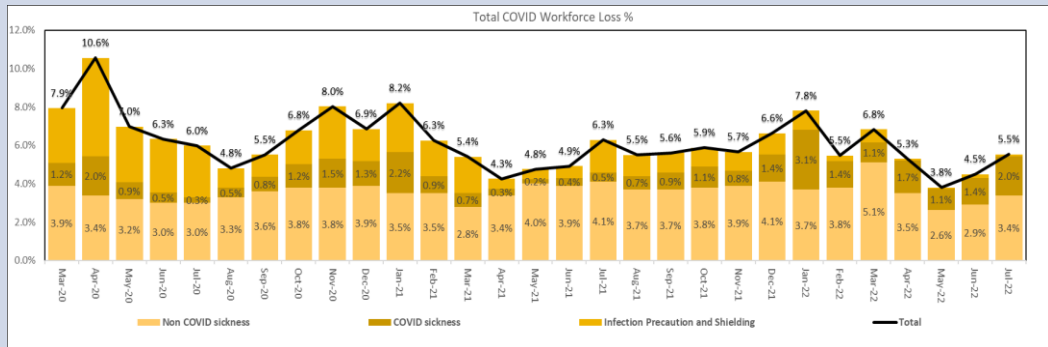


Figure 1 – Total COVID Workforce Loss

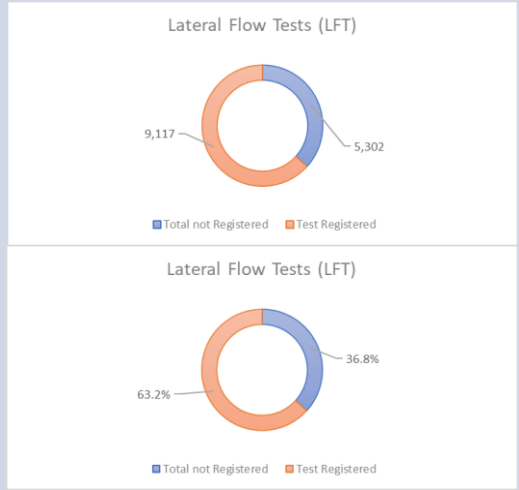


Figure 2 – Lateral Flow Tests

Single Oversight Framework – Month 4 Overview (3)



Domain	Overview & risks	Lead
<p>Timely care</p>	<p>July continued to be challenging across the emergency pathway with average daily attendances of over 500. 6 days of the month saw attendances over 550. Performance against the 4 hour standard improved slightly in July from 77.6% to 78.4%. There was a national deterioration in performance with trusts achieving between 47% and 89.5%, over half below 70%. The trust ranked 8th in the country and 2nd regionally. In response to the increasing attendance pressures and increased numbers of MSFT in our beds, the trust had to take extraordinary actions opening a further 27 beds on top of the winter and escalation beds already open, to decongest a significantly overcrowded ED. Due to the hard work and continued dedication of colleagues throughout the trust, the beds were closed again 48 hours later. The system was also under pressure and a systemwide critical incident was declared 27th July and stood down 1 August.</p> <p>MSFT patient numbers continued to increase over the month to a mean average of 105. The trust continued to declare OPEL level 4 throughout the majority of the month, with patients experiencing long delays in ED. Bed occupancy remains higher than the national target (92%) at 94.9% resulting in long waits for patients and over crowding in ED.</p> <p>Elective inpatient procedures continued to be adversely affected over the month of July. In the main this was due to reduced activity as a result of leave, reduced anaesthetic cover and clinical cancellations, which included patients unfit for surgery, followed by non clinical cancellations due to theatre capacity and staffing availability.</p> <p>The trust submitted a non compliant plan against the follow up reduction target of 25% in the 2022/23 planning round. To date the reduction made has been small but is improving (6.8%) and due to the size of the overdue review list it is unlikely that this will improve significantly. Good progress has been made against the 5% Patient Initiated Follow Up target with performance exceeding the target at 6.1%.</p> <p>The number of patients waiting more than 62 days on a suspected cancer pathway in July was 126 which is over trajectory. 62 day performance for June was 45.1% against the national average of 59.8% and the ICS average of 47.9%. The average wait for first definitive treatment in June was 70 days (55 in June 2019). The Faster Diagnosis Standard (FDS) performance was 76.7% against the 75% standard with SFHT ranked 34th out of 125 trusts.</p>	<p>COO</p>

Single Oversight Framework – M2 Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Best Value care	<p>Income & Expenditure:</p> <ul style="list-style-type: none"> The Trust has reported a break-even position for Month 4 (July 2022). This includes an estimated benefit on ERF, which offsets an overspend elsewhere. The ERF benefit follows national guidance; however a risk remains due to ambiguity in the application of this. Year-to-Date performance for the period to Month 4 is a deficit of £5.2m, which is £1.3m adverse to plan. This is mainly due to the continued need for additional bed capacity above the budgeted bed baseline. The reported position includes year-to-date expenditure of £3.3m for COVID-19 and Covid-19 Vaccination Programme costs of £3.2m. The forecast outturn at Month 4 shows delivery of the planned £4.7m deficit for the financial year. The key risks to delivery remain: <ul style="list-style-type: none"> Elective Recovery Funding Transformation & Efficiency Plan Covid Expenditure Operational Pressure and Additional Capacity <p>Financial Improvement Programme (FIP):</p> <ul style="list-style-type: none"> The Financial Improvement Programme (FIP) delivered savings of £0.1m in July 2022, compared to a plan of £ 1.4m. 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"> Capital expenditure of £0.8m has been reported for Month 4, against a plan of £1.8m. The year-to-date capital expenditure is £1.8m, which is £3.4m lower than planned. The phasing of the plan contributes to this. The Trust’s Capital Oversight Group continues to monitor progress and will carry out a detailed review of the capital expenditure forecast, including potential mitigations, in September 2022. Closing cash for the period was £3.8m, which is £1.4m better than plan. The forecast continues to demonstrate sufficient cash to comply with the minimum cash balance required; however this does rely on the delivery of cash releasing efficiency savings. 	CFO

Single Oversight Framework – Month 4 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	Jul-22	46.72	50.22		G	MD/CN	M
		All Falls per 1000 OBDs	6.63	Jul-22	7.63	8.17		R	CN	M
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Jul-22	20.27	27.03		R	CN	M
		Covid-19 Hospital onset	<37	Jul-22	52	15		R	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Jul-22	4.05	5.41		R	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jun-22	94.3%	98.5%		G	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	Jul-22	9.0	8.9		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Jul-22	1.27	1.41		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<90%	Jul-22	90.1%	90.1%		G	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	<96%	Jul-22	95.5%	96.8%		G	MD/CN	M
Effective	Cardiac arrest rate per 1000 admissions	<1.0	Jul-22	0.80	1.28		R	MD	M	

Single Oversight Framework – Month 4 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%	Jul-22	4.7%	5.4%		R	DoP	M
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	Jul-22	7.2%	7.6%		A	DoP	M
		Employee Relations Management	<10-12	Jul-22	26	5		G	DoP	M
	Resourcing	Vacancy rate	≤6.0%	Jul-22	4.6%	4.7%		G	DoP	M
		Turnover in month (excluding rotational Drs.)	<0.9%	Jul-22	0.7%	0.7%		G	DoP	M
		Mandatory & Statutory Training	>90%	Jul-22	87.0%	86.0%		A	DoCI	M
		Appraisals	≥95%	Jul-22	86.0%	85.0%		R	DoCI	M

Single Oversight Framework – Month 4 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%	Jul-22	79.3%	78.4%		R	COO	M
		Mean waiting time in ED (in minutes)	220	Jul-22	204	207		G	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	Jul-22	5.1%	5.7%		A	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	Jul-22	2.3%	2.6%			COO	M
		Mean number of patients who are medically safe for transfer	<22	Jul-22	99	105		R	COO	M
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Jul-22	95.1%	94.9%		R	COO	M
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Jul-22	17.1%	16.3%		R	COO	M
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	on trajectory	Jul-22	-	6.1%		G	COO	M
		Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	Jul-22	-6.8%	-15.4%		A	COO	M
		Elective Day Case activity against Plan	on trajectory	Jul-22	94.4%	91.8%		A	COO	M
		Elective Inpatient activity against Plan	on trajectory	Jul-22	88.4%	83.9%		R	COO	M
		Elective Outpatient activity against Plan	on trajectory	Jul-22	99.2%	91.0%		A	COO	M
	Diagnostics	Diagnostics activity against Plan	on trajectory	Jul-22	110.7%	109.6%		G	COO	M
	RTT	Number of patients on the incomplete RTT waiting list	on trajectory	Jul-22	-	43733		A	COO	M
		Number of patients waiting 78+ weeks for treatment	on trajectory	Jul-22	-	59		G	COO	M
		Number of patients waiting 104+ weeks for treatment	on trajectory	Jul-22	-	0		G	COO	M
		Number of completed RTT Pathways against Yr2019/20	on trajectory	Jul-22	95.6%	95.0%		A	COO	M
	Cancer Care	Number of patients waiting over 62 days for Cancer treatment	93	Jul-22	-	126		R	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Jun-22	77.4%	76.7%		G	COO	M

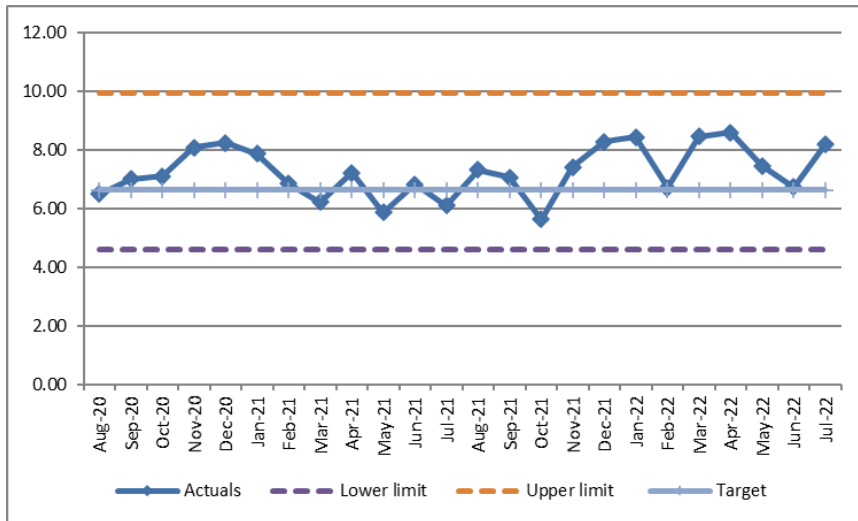
Single Oversight Framework – Month 4 Overview (4)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Best Value Care	Finance	Income & Expenditure - Trust level performance against Plan	Jul-22	-£1.33m	-£0.01m		A	CFO	M
		Financial Improvement Programme - Trust level performance against Plan	Jul-22	-£1.24m	-£1.14m		A	CFO	M
		Capital expenditure against Plan	Jul-22	£3.43m	£0.98m		A	CFO	M
		Cash balance against Plan	Jul-22	£1.43m	£0.83m		G	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
All Falls per 1000 OBDs	6.63	Jul-22	7.63	8.17		R	CN	M



National position & overview

- The falls rate for July is 7.73 above the national average of 6.63 per thousand bed day
- Harms in month for mod/severe are at zero
- Nationally deconditioning of population and opportunity to recondition/maintain condition is a huge challenge.
- High numbers of medically safe patients remain in acute beds due to reduced capacity for community care and ability to discharge, reduces inpatient bed availability.
- High volume of people consistently accessing urgent care.
- In patient length of stay remains increased.
- High level of admissions through ED.

Root causes

- 30 repeat fallers in month over 50% of which are attributable to 2 patients.
- High numbers of unwitnessed falls in month
- High numbers of falls in cubicles in month
- High volume of patients outlied in month due to extreme systems pressures and residing in beds often outside of their speciality.
- High volume of patients medically fit for discharge awaiting POC's with 21 days and above LOS. Clear evidence states increased LOS leads to increased inpatient falls in patients that are medically fit for discharge.
- Additional bed capacity opened in month/ Newark site.
- w/c 11th July and w/c 18th July highest numbers of falls seen in month, triangulates against hospital pressures.

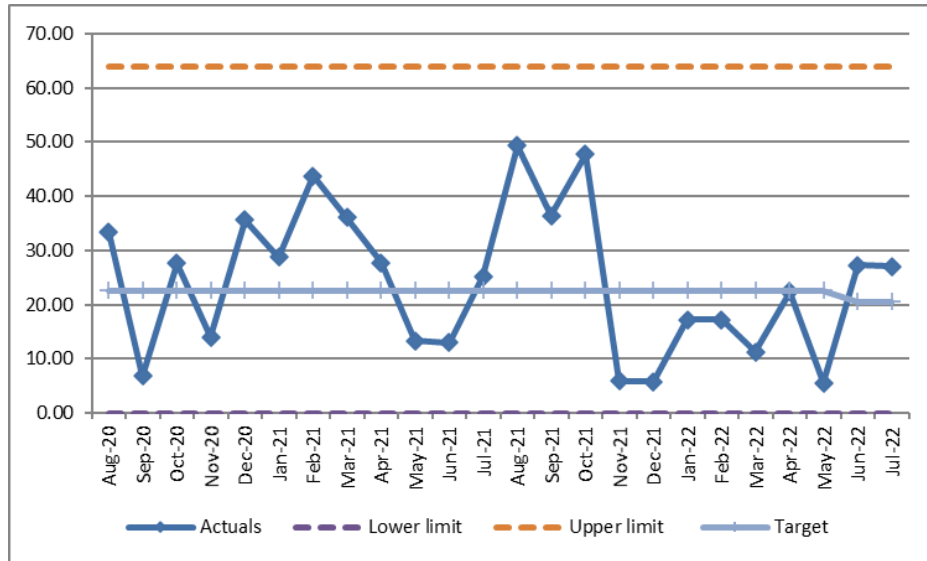
Actions

- Liaising with EPO Matron re EPO falls related incidents cited on Datix and discussed at Falls scoping meetings. Connected Care.
- Joint assurance meeting for no harms/low harms with tissue viability/ IPC/ falls – generic SOP for RCAs going forward. Ward based learning.
- PJP audit being reviewed, to feedback to matrons and ward leaders.
- Bed rail assessment now electronic on nerve centre.
- Falls awareness week planning for September with Midlands Falls Network. Also in-house activity promotion/prevention of deconditioning seminar planned for November 18th.
- Falls and Physical Activity community of practice grows, further event 23/09/2022 and an online space being compiled to connect members across the ICS between events. (NHS future Platforms)
- FPP's working alongside ward areas with high number of falls in month, great actions and plans in place.
- Engaging with NUH & Notts HC to plan 'Winter deconditioning games'
- Ensure increased rounding/care and comfort for MFFD patients.
- Scope possibility of additional activity coordinators.
- Cubicle consideration and additional steps if patient at risk of falls.
- MFFRA completion by other professionals consideration

Impact/Timescale

- Ongoing
- October 22
- September 22
- Complete
- Ongoing planning
- Long Term High impact
- On going/continual
- Winter 2022/2023
- Ongoing High impact
- TBC
- Ongoing High impact
- October 2022

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	Jul-22	20.27	27.03		R	CN	M

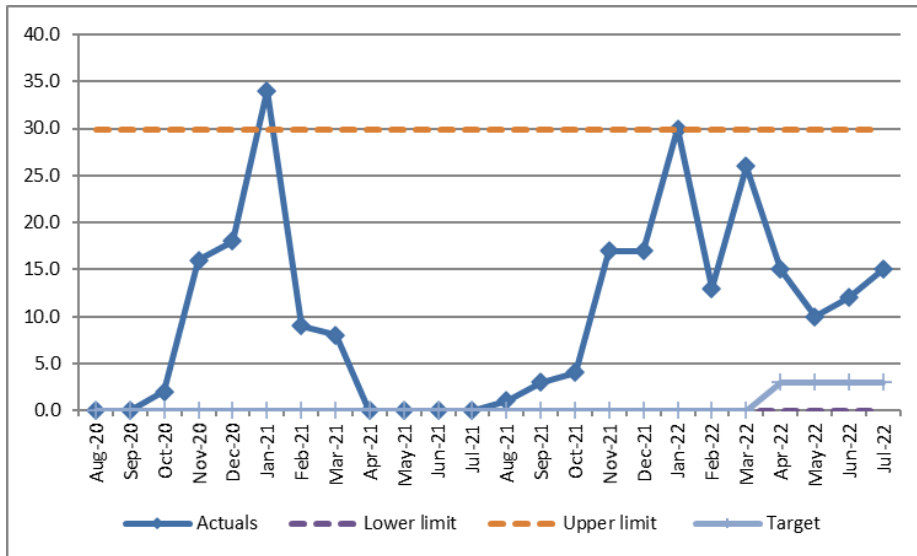


National position & overview

- This year the organisation has been given a trajectory for Cdiff of 92 cases, however this is higher than usual and is currently under review therefore we are continuing to work to our previous trajectory of 57.
- The Trust have seen a reduction in the number of hospital associated cases of Cdiff when compared with the same time last year, although there has been a slight increase during June and July.
- Total Trust Attributed Cdiff cases to date for this year is 27, compared to 29 in 2021 /22
- There is an increase in Cdiff cases nationally and Cdiff Collaboration meetings have been established by NHSE/I
- Following benchmarking against our peer Trusts we are sitting in the middle of the group with our number.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • There have been 5 cases of hospital acquired Cdiff in July. • 2 patients have died and Cdiff is on their death certificate as cause of death • 1 outbreak involving 2 patients from 1 ward, both samples have identical ribotype and MLVA type, therefore strongly indicating cross infection. 	<ul style="list-style-type: none"> • Fundamentals of IPC training is being carried out by the IPC team on all wards and departments • Full end to end investigation into both the patient deaths is underway, this is including a review of what interaction the patients had with any healthcare prior to admission with support from the community IPC team. • Deep clean of the outbreak ward has taken place • Second Peer Review by NHSE/I is being arranged, awaiting dates from Kirsty Morgan. 	<ul style="list-style-type: none"> • October 2022 • 15/09/2022 • Complete • October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Covid-19 Hospital onset	<37	Jul-22	52	15		R	CN	M

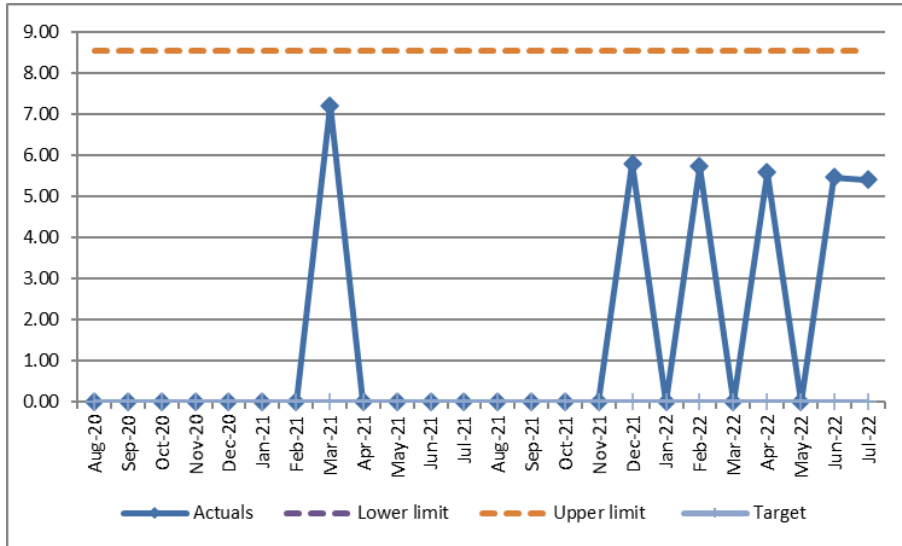


National position & overview

- National guidance changed in June to reduce mask wearing in healthcare establishments. As a Trust we complied with this guidance
- New cases identified 8 days post admission are deemed probable hospital acquired and new cases identified 15 days or more after admission are definite hospital acquired cases.
- During July the Trust identified 22 cases of probable or definite hospital acquired cases.
- Nationally there has been an increase and further wave of Covid-19

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • From the 23rd June we declared 32 Outbreaks and Clusters of Covid-19 across the organisation and the majority of the probable or definite cases were involved with these outbreaks or were contacts of community positives. • We also had some positive visitors identified 	<ul style="list-style-type: none"> • Universal mask wearing was reintroduced in the Trust • Enhanced cleaning was implemented in all outbreak/cluster areas • Regular outbreak meetings with NHSE/I and PHE to monitor progress of the outbreaks 	<ul style="list-style-type: none"> • To reduce the impact of asymptomatic carriage of covid, e.g. visitors who tested positive shortly after visiting • To further reduce environmental contamination • To monitor cases and capture learning early

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	Jul-22	4.05	5.41		R	CN	M



National position & overview

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

Root causes

- The cause of this bacteraemia is osteomyelitis. This patient has a history of MRSA and has been recently treated for an infection.
- Decolonisation treatment was not commenced on admission for the patient in spite of them being high risk.

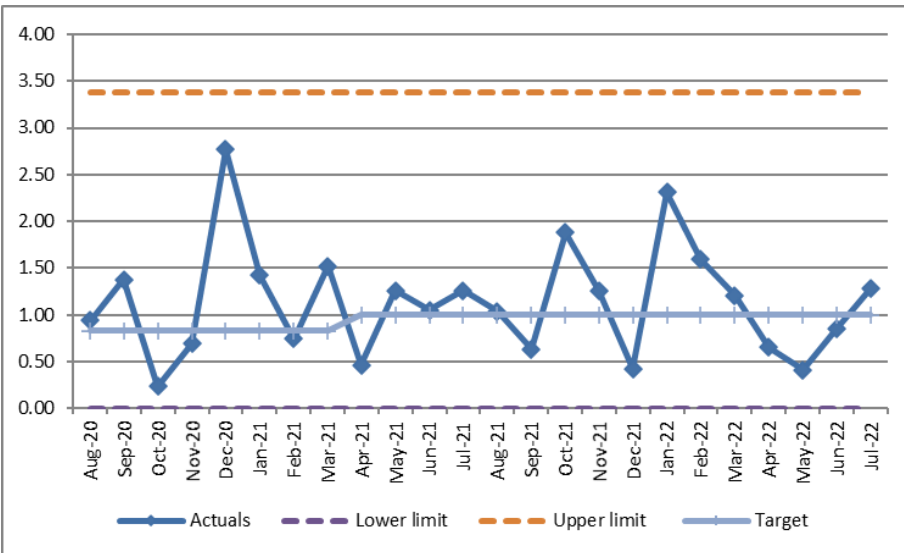
Actions

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

Impact/Timescale

- October 2022
- October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Cardiac arrest rate per 1000 admissions	<1.0	Jul-22	0.80	1.28		R	MD	M

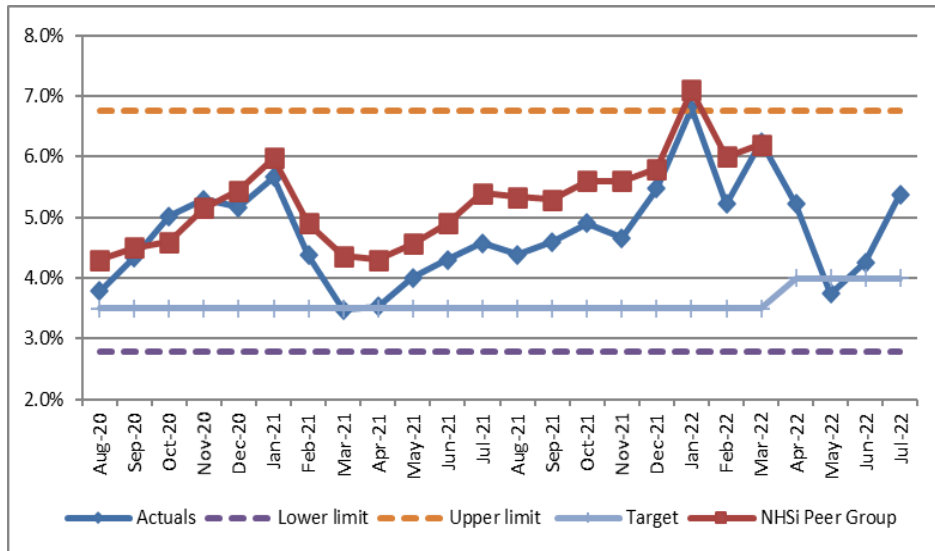


National position & overview

- Q4 2021-22 NCAA report – 67 reported events.
- Rate of cardiac arrests per 1000 admissions at 1.18 is above national average but below what NCAA classifies as ‘similar’ (no definition is offered by them as to how this classification is reached) hospitals.
- Risk adjusted outcomes for cardiac arrest survival are all within 95% predicted range and RAG rated as green.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • 6 cardiac arrest events in July 2022. - 1x call was 2222 team response to PC24 – GI bleed patient who collapsed and received CPR. - 1x call was a patient who briefly received chest compression when found collapsed but rapidly regained pulse and was thought to have had a stroke (once chest compressions are administered this becomes a reportable cardiac arrest). - 1x call was a patient who had DNACPR decision made but communication breakdown at ward level led to CPR being commenced. This is being scoped and investigated at divisional level. • Inclusion of these calls to National Cardiac Arrest Audit has pushed July over target threshold but this is a single data point so can be considered normal cause variation and is well within upper control limit. 	<ul style="list-style-type: none"> • 2222 team support to remain in place for PC24 for these types of events to provide support. • There is no means to mitigate these events, staff acted in the interests of patient safety with the information available to them at the time. • Division to scope event and identify contributing factors. Ongoing work at local, ICS and national level to make ReSPECT forms electronic and allow them to work across different systems to improve visibility and communication flow. Work monitored by ReSPECT development group. 	<ul style="list-style-type: none"> • Immediate and ongoing. • N/A. • Ongoing, not possible to predict.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Sickness Absence	<4.0%	Jul-22	5.1%	5.4%		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 (5.9%)

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

Root causes	Actions	Impact/Timescale
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Sickness absence levels has shown an increase since from last month (4.3%) and has shown an increase over the last few months. This sits above the Trust Target (4.0%). The sickness absence levels is above the sickness absence level in July 2021 (4.6%)

COVID related absence make up 2.0% of the sickness absence level and has shown an increase from last month.

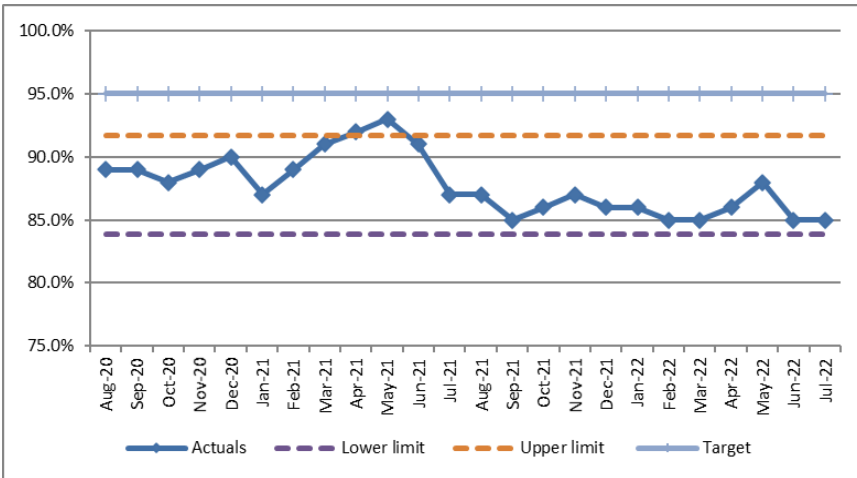
Non COVID related absence has seen an increase from 2.9% to 3.4% in July 2022.

The increase in absence levels coincidences with the increase nationally with the COVID surge and pressure noted across the Hospital, however there is an increase in staff reporting anxiety & stress sickness reasons. We continue to 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.

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%	Jul-22	85.9%	85.0%		R	DoCI	M

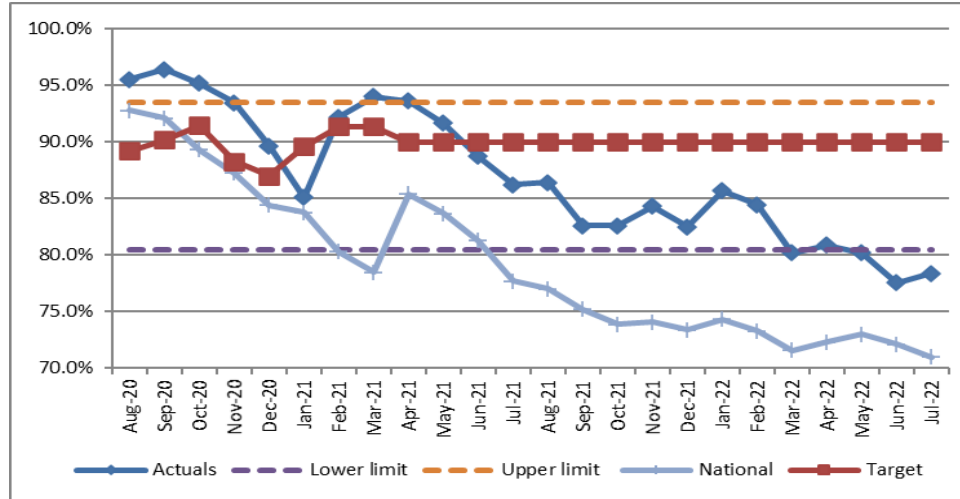


National position & overview

The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers in Nottinghamshire SFH sits above the ICS average (81.0%)

Root causes	Actions	Impact/Timescale
<p>The Appraisal position is reported at 85.0%, and is at the same level as last month.</p> <p>The key cause of below trajectory performance on the appraisal compliance is related to workforce loss during July due to COVID absences, along with Annual Leave impact.</p>	<p>Our People Partners will continue to support discussions with Line Managers at confirm and challenge sessions seeking assurance and offering guidance.</p> <p>Ongoing actions: 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>Appraisals working group meeting went ahead in July, producing an options appraisal as regards the digital vs paper-based approach. Options Appraisal due to go out to group for consideration</p>	<p>We will continue to strive for improvements in compliance between now and September, but recognise there will be a higher level of annual leave , so will continue to monitor</p> <p>By end 22/23</p> <p>Options Appraisal feedback to be reviewed to identify next steps by end of Q2.</p>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	Jul-22	79.3%	78.4%		R	COO	M



National position & overview

- SFH performance was 78.4% for July 2022 (71% nationally) and continues to be driven mainly by exit block and high numbers of MSFT, although attendances continue to be significantly higher than plan and 2021/22.
- National rank 8th out of all comparison Trusts
- Regional rank 2nd out of all comparison Trusts
- July average attendances were above 500, with 6 days of the month exceeding 550
- 12 hr DTA , 125, rank 50th out of 106 comparison trusts
- Newark UTC averaged at 98.6% of patients seen and treated under 4 hrs.
- Bed pressure was a key driver of performance
- 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
- System wide critical incident declared 27th July and stood down 1st August

Root causes

- Bed capacity pressure**
- The Trust continues to experience delays in the discharge of patients who require social care support following discharge.
- Extraordinary Demand**
- Attendances in July were 15,559 (average of 501 per day) which continues to increase and be significantly more than planned capacity.

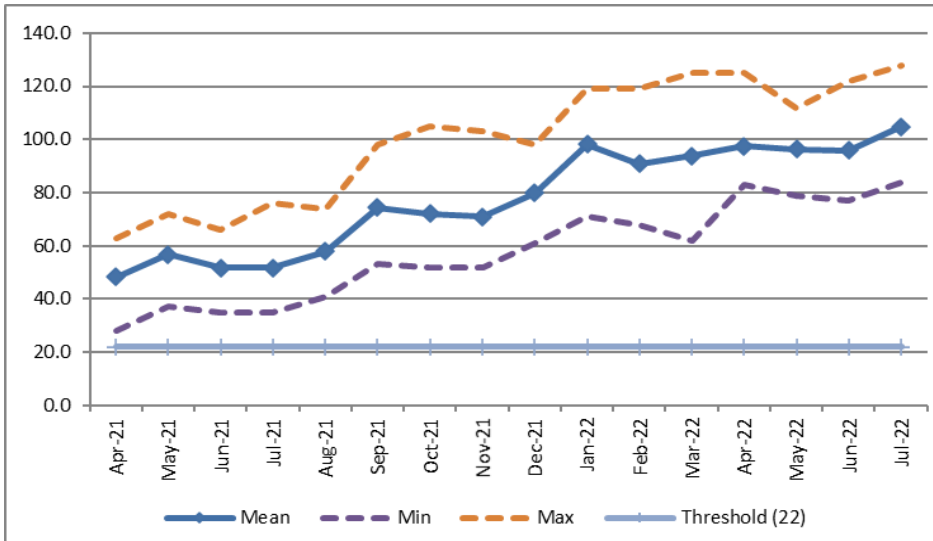
Actions

- Extended the use of Sherwood Care Home and increased the number of beds at Newark Hospital on Castle Ward - These beds did not mitigate the MSFT risk fully.
- Capacity and Demand exercise complete across ED Nursing and Medical staffing – business case in development and to be presented in August 2022.
- Extraordinary actions were taken in the last week of the month that saw the trust open a further 27 beds on top of the winter beds that have not closed. These beds were in cath lab, EAU and SSU. All extraordinary capacity was closed 48hrs after opening. The system subsequently declared a critical incident on 27th
- An internal improvement programme has been launched to optimise the patient journey. This work also feeds into the nation 100 day discharge challenge

Impact/Timescale

- Implemented
- Development
- 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	Jul-22	99	105		R	COO	M



National position & overview

- The local position continues to remain significantly above the agreed threshold of 22 patients in the acute trust, in delay.
- The position is a direct link to capacity issues within adult social care and care agencies
- Additional winter and surge capacity remains open, additional capacity was opened 25th July to cope with extraordinary demand
- System Virtual Ward Business Case has been signed off
- System D2A business case has been signed off.
- Provider collaborative to pull forward ideas from health providers as winter mitigation
- System 'what good looks like' session to take place end of July to identify a system approach to MSFT
- 100 day discharge challenge task and finish group in place
- Discharge is one of the pillars of the internal Optimising Patient Journey (OPJ) improvement programme, pillar lead required

Root causes	Actions	Impact/Timescale
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- Lack of staff within care agencies to support P1 discharges.
- School holidays
- Care homes closing due to covid affecting P2 and P3.
- Ongoing delays to the pathway for patients requiring a DST, significant delays due to lack of clarity around funding arrangements
- Some delays in ward process, elongating discharge delays
- Deteriorating relationships between health and social care

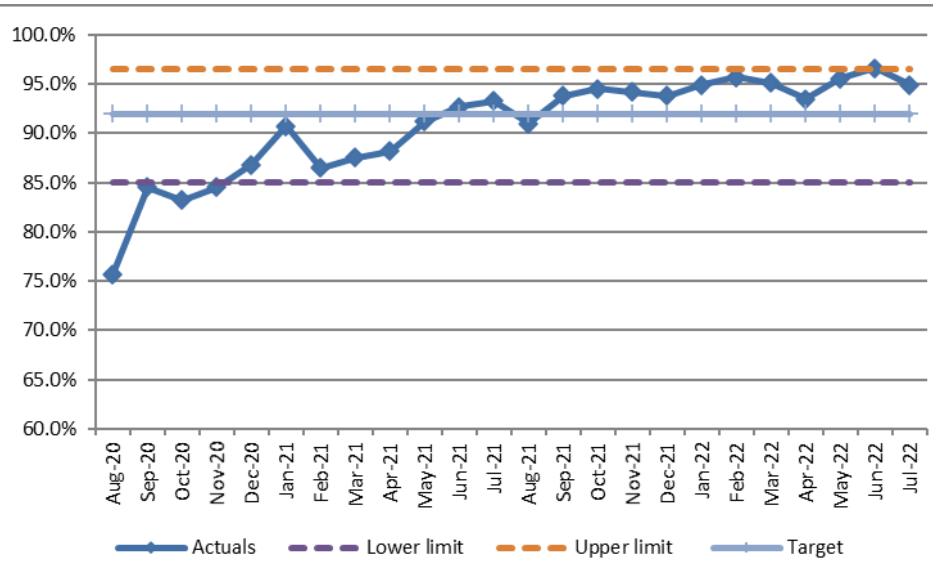
- Working with ASC and CCG to significantly improve the interim bed offer process.
- Escalated DST delays to ICB
- Working with IDAT and therapy to ensure D2A information is right first time, reducing delays in rereferral.
- Continue to implement the D2A hubs which will enable partner organisations to physically be in the same room together, which will significantly improve decision making and communication.

- Developing
- Escalated
- Developing
- Developing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Jul-22	95.1%	94.9%		R	COO	M

National position & overview

- The trust continues to operate at occupancy levels significantly higher than the planned 92%
- Delays to the onward care of MSFT patients continue to have a detrimental effect on capacity and flow
- Occupancy reduction will form part of the Optimising Patient Journey programme launched in July 2022 by the COO and MD, through focussed discharge projects
- Throughout July the trust operated above 92% occupancy on 22 days out of 31 days, of those, 8 were over 95%



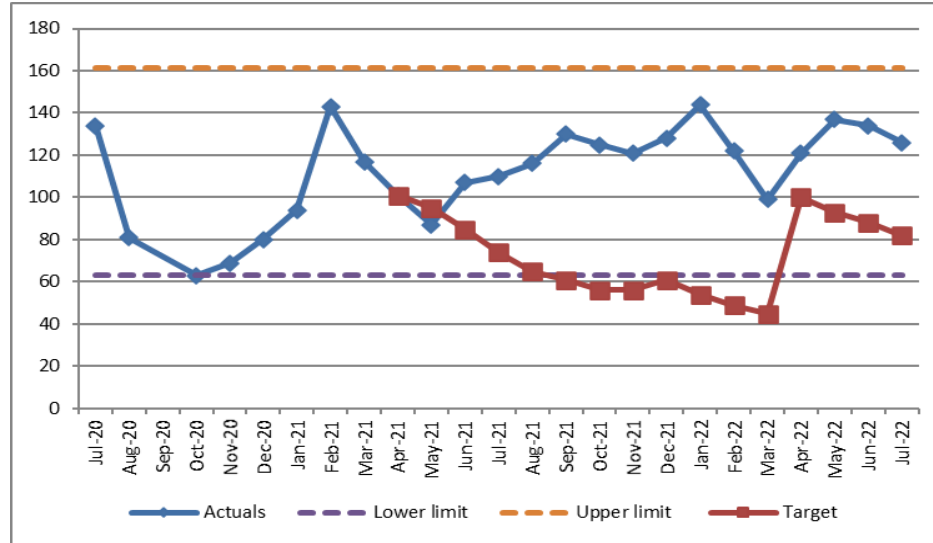
Root causes	Actions	Impact/Timescale
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- The Trust continues to experience delays in the discharge of patients who are MSFT
- There are 4 wards of patients who are medically fit for transfer but have no onward destination.
- Bed modelling shows that the occupancy of the trust is almost entirely driven by increasing MSFT numbers and increasing length of stay

- Occupancy reduction will form part of the Optimising Patient Journey programme launched in July 2022 by the COO and MD
- Daily MSFT calls with system to place patients. Escalation to daily system call.
- System calls attended by DCOO to ensure appropriate challenge to partners
- Continue to utilise SDEC and Streaming pathways to turn patients around at the front door and avoid admission
- Progressing alternative discharge pathways with system colleagues through the Provider Collaborative

- Developing
- Implemented
- Implemented
- Implemented
- Developing

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	93	Jul-22	-	126		R	COO	M



National position & overview

- SFH were ranked 34^h out of 125 providers for Faster Diagnosis Standard achieving 76.7% against the 75% standard
- SFH were ranked 112th out of 125 providers for 62 day performance
- SFH 62 day waiting time was 45.1% for June, against the national 59.8% and ICS 47.9%
- The average wait for definitive treatment in June was 70 days (55 in June 2019)
- 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.
- The 62 day backlog trajectory for June was 126 for all patients which was above trajectory of 93.
- The local backlog for June was 101 against the local trajectory of 75 (excludes patients transferred to the tertiary centre).

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Delays to STT in Gynae due to Hysteroscopy capacity 	<ul style="list-style-type: none"> • Gynae – Expand see and treat capacity, streamline straight to test (STT) Additional lists provided throughout July has made a significant improvement to waits 90% seen within 14 days in the last week. 	<ul style="list-style-type: none"> • Implemented
<ul style="list-style-type: none"> • Delays to first seen in Skin due to clinic capacity 	<ul style="list-style-type: none"> • Skin – Additional clinic capacity being put in place for August and returned to original clinic space. Locum support being put in place in August 	<ul style="list-style-type: none"> • Implemented
<ul style="list-style-type: none"> • Head and Neck clinic waits both locally and at the tertiary centre have increased due to consultant leave. 	<ul style="list-style-type: none"> • Head and neck working with NUH colleagues to understand gap and address clinic capacity. 	<ul style="list-style-type: none"> • Developing
<ul style="list-style-type: none"> • Urology clinic capacity has been a challenge due to consultant leave. This has been further impacted by bereavement leave in the team. 	<ul style="list-style-type: none"> • Urology team are working to ensure waits for clinic are mitigated. 	<ul style="list-style-type: none"> • Developing
<ul style="list-style-type: none"> • Lower GI impacted by consultant leave and STT CNS vacancy. 	<ul style="list-style-type: none"> • Lower GI to add additional clinics and theatres where possible. Division currently in discussion to out locum support in place. 	<ul style="list-style-type: none"> • Developing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Jul-22	17.1%	16.3%		R	COO	M

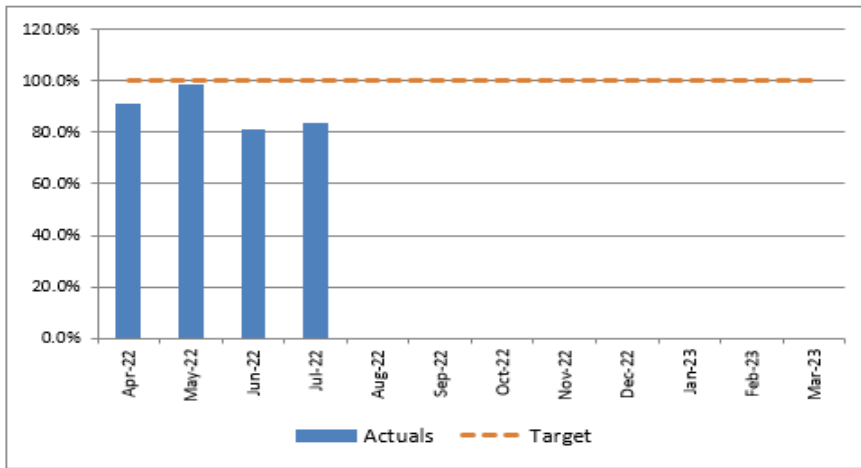


National position & overview

- 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
- Specialities are being individually reviewed to understand why there has been deterioration against previous performance and to learn best practice from those specialities where it is working well
- Most acute trusts in the midlands declaring a non compliant position
- Alternatives to Follow Up are being progressed through Patient Initiated Follow Up (PIFU). Current year to date position against plan is 6.1%
- Currently delivering 16% of outpatient consultations virtually against the national target of 25%

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Clinical appetite to progress 'virtual' agenda, preference to see patients face to face • 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. • Review of existing telephone and email advice lines not currently recorded or reported. 	<ul style="list-style-type: none"> • A virtual core project team has been set up by the transformation team to lead on improving the virtual position against the national target • A questionnaire for clinical teams has been developed to better understand their views of the challenges and opportunities for virtual appointments • A report summarising the finding is due in September/October to compliment the already completed patient experience analysis 	<ul style="list-style-type: none"> • Implemented • Implemented • Developing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Elective Inpatient activity against Plan	on trajectory	Jul-22	88.4%	83.9%		R	COO	M



National position & overview

- July 2022 activity volume is 83.9% against the 2022/23 plan and 69.8% against 2019/20 activity.
- When comparing the July 2022 projection to June 2019, activity for both years:
- Elective inpatient –333 v 477 (–144)
- Elective IP activity throughout July continues to be adversely affected due to increased emergency pathway pressures and capacity.
- Throughout July there were 8 elective inpatient cancellations for non clinical reasons and a further 17 cancellations due to patient and clinical cancellations.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Sustained urgent and emergency care pathway pressures • Anaesthetic capacity 	<ul style="list-style-type: none"> • Additional lists to make up the lost capacity • Plans to increase the number of lists available • Plans to use external agency to ‘insource’ anaesthetists • Successful recruitment of anaesthetists in June, the benefit of which may not be seen until July/August • Flexibly using available lists across all specialties and trauma to ensure that patients are seen in a timely way 	<ul style="list-style-type: none"> • Implemented • Implemented • Implemented • Implemented • Implemented

Best Value Care

Income & Expenditure <i>Trust Level Performance against Plan</i>	In-Month	(£0.01m)	The Trust has reported a surplus of £0.05m for Month 4 (July 2022), on an ICS Achievement basis. This is a £0.01m adverse variance to the planned deficit.
	Year-to-Date	(£1.33m)	The Trust has reported a deficit of £5.19m for the Year-to-Date, on an ICS Achievement basis. This is a £1.33m adverse variance to the planned deficit.
	Forecast Outturn	£0.00m	The forecast outturn reported at Month 3 is aligned to the 2022/23 financial plan, as a deficit of £4.65m.
Financial Improvement Programme <i>Trust Level Performance against Plan</i>	In-Month	(£1.32m)	The Trust has reported FIP savings of £0.06m for Month 4 (July 2022), which is £1.14m lower than planned (includes notional Elective Recovery Fund (ERF) of £0.0m).
	Year-to-Date	(£1.97m)	The Trust has reported FIP savings of £0.07m for the Year-to-Date, which is £1.24m lower than planned (includes notional Elective Recovery Fund (ERF) of £0.00m).
	Forecast Outturn	£0.00m	The Trust has forecast FIP savings of £13.94m for the Financial Year 2022/23, which is aligned to the plan (includes notional Elective Recovery Fund (ERF) of £2.21m).
Capital Expenditure Programme <i>Trust Level Performance against Plan</i>	In-Month	£0.98m	Capital expenditure in Month 4 (July 2022) totalled £0.75m, which is £0.98m less than planned.
	Year-to-Date	£3.43m	Capital expenditure totals £1.09m for the Year-to-Date, which is £2.45m less than planned.
	Forecast Outturn	£0.00m	The Trust has forecast capital expenditure totalling £19.46m for the Financial Year 2022/23, which is aligned to the plan.
Cash Balance <i>Trust Level Performance against Plan</i>	In-Month	£0.83m	The Trust's cash balance increased by £0.92m in Month 4 (July 2022), which is a favourable variance of £0.83m compared to the plan.
	Year-to-Date	£1.43m	The Trust reported a closing cash balance of £3.81m as of 31 st July 2022, which is £1.43m higher than planned.
	Forecast Outturn	£0.00m	The Trust has forecast a year end cash balance of £1.45m for the Financial Year 2022/23, which is aligned to the plan.

M4 Summary

- The Trust has reported a year to date deficit of £5.19m for the period up to the end of July 2022 on an ICS Achievement basis. This is an adverse variance of £1.33m to the planned deficit of £3.86m.
- The forecast outturn reported at Month 4 is a £4.65m deficit in line with the 2022/23 financial plan (on an ICS achievement basis).
- Capital expenditure for month 4 (July 2022) was £0.75m. This was £0.98m lower than plan primarily relating to MRI where funding has yet to be formally approved.
- Closing cash on the 31st July was £3.81m, which is £1.43m higher than planned. The cashflow forecast continues to demonstrate sufficient cash to comply with the minimum cash balances required. However there are some timing issues on receipts and payments which will need to be closely monitored and managed.

	July In-Month			Year to Date			Forecast		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	38.14	39.33	1.19	150.55	151.43	0.88	450.10	445.91	(4.19)
Expenditure	(38.09)	(39.28)	(1.19)	(154.45)	(156.57)	(2.12)	(454.85)	(450.58)	4.27
Surplus/(Deficit) - ICS Achievement Basis	0.07	0.05	(0.01)	(3.86)	(5.19)	(1.33)	(4.65)	(4.65)	(0.00)
Capex (including donated)	(1.73)	(0.75)	0.98	(5.27)	(1.84)	3.43	(19.46)	(19.46)	0.00
Closing Cash	0.09	0.92	0.83	2.38	3.81	1.43	1.45	1.45	-

FY23 Target		FY23 Forecast		FY23 Variance		M4 Target		M4 Actual		M4 Variance		YTD Target		YTD Actual		YTD Variance		Overall Status
FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	
£11.73m	£2.21m	£11.73m	£2.21m	£0.00m	£0.00m	£1.20m	£0.18m	£0.06m	£0.00m	£1.14m	£0.18m	£1.30m	£0.74m	£0.07m	£0.00m	£1.24m	£0.74m	
£13.94m		£13.94m		£0.00m		£1.38m		£0.06m		(£1.32m)		£2.04m		£0.07m		(£1.97m)		A Amber rated due to YTD shortfall to plan and potential impact on full year forecast.

Section 2 - Financial Improvement Plan Actual Delivery (Month 4)

Year To Date Delivery

- In-month delivery is behind plan. **We have delivered £66k against a plan of £1,301k.**
- There are currently 10 schemes in delivery, an increase of 8 from last month which include pacing consumables, discretionary spend and various pathology repatriation of tests.
- Procurement savings were phased to start delivering from April. There is however currently only one scheme in delivery (started in July) for pacing consumables. It is anticipated more consumables schemes will be included from month 5.
- The Medical and Nursing, Midwifery & AHP Transformation programmes were planned to start delivering in July. Although significant progress is being made on several projects within these programmes, none have been fully implemented and the savings logic is still being validated. Concerns have been raised for projects such as 'Reduction of Bank Rates' where costs were previously aligned to the 'Covid' budget and may now be classed as Cost Avoidance.
- The savings planned for Ophthalmology Transformation were due to start in July. Delivery for this programme is anticipated to catch-up
- The savings planned for Diagnostics Transformation were due to start in July. Delay to the appointment of the Diagnostics Improvement Programme Manager has had an impact on delivery. Interviews were held on the 8th August for this post.
- Pathology savings planned for July will now start in August, though more opportunities need to be found.
- Other Corporate Services projects have been delayed, such as a decision to delay the re-introduction of parking charges for staff and awaiting for the outcomes of the National Consultation on uniforms. Further work is required to identify other opportunities to replace projects such electric car charging points which at this stage has been deemed unfeasible.

Programme	FIP Delivery – Year to Date (Month 4) (£000)																				
	Overall Trust Target v Delivery (£000)			Corporate Services			Diagnostics & Outpatients			Medicine			Surgery, Anaesthetics & Critical Care			Urgent and Emergency Care			Women's & Children's		
	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG	Target	Delivery	RAG
Medical Transformation	£329	£0	Red	£0	£0	Grey	£10	£0	Red	£150	£0	Red	£81	£0	Red	£62	£0	Red	£26	£0	Red
Nursing Midwifery and AHP Transformation	£223	£0	Red	£0	£0	Grey	£8	£0	Red	£95	£0	Red	£44	£0	Red	£40	£0	Red	£35	£0	Red
Ophthalmology Transformation	£6	£0	Green	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey	£6	£0	Red	£0	£0	Grey	£0	£0	Grey
Outpatients Innovation	£7	£11	Green	£7	£11	Green	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey
Pathology Transformation	£4	£0	Red	£0	£0	Grey	£4	£0	Red	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey
Procurement	£133	£15	Red	£30	£0	Red	£7	£0	Red	£50	£15	Red	£33	£0	Red	£7	£0	Red	£7	£0	Red
Estates & Facilities	£0	£0	Yellow	£0	£0	Yellow	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey
Other Corporate Services	£151	£0	Red	£151	£0	Red	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey
Diagnostics Transformation	£22	£0	Red	£0	£0	Grey	£22	£0	Red	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey	£0	£0	Grey
Divisional Schemes	£426	£40	Red	£98	£0	Red	£68	£0	Red	£102	£0	Red	£86	£40	Red	£38	£0	Red	£34	£0	Red
Total	£1,301	£66	Red	£286	£11	Red	£120	£0	Red	£397	£15	Red	£250	£40	Red	£146	£0	Red	£103	£0	Red