



Single Oversight Framework

Reporting Period: Quarter 2
2022/23

Inspected and rated

Good



Single Oversight Framework – Q2 Overview (1)



Domain	Overview & risks	Lead
Quality Care	<p>In September 2022 (M06 – Q2) our prolonged period of exceptional pressure across all services and pathways within the Trust. Throughout the month additional bed capacity was flexed to meet the demands (Full Capacity Protocol), and the Trust remains above the initial ‘winter plan’ and this has required the Trust to utilise super-surge, as has previously been described.</p> <p>The pressure has been felt across the organisation including within the Emergency Department with ongoing episodes of overcrowding and long waits, which impacts on the nursing and medical staff to give care and treatment in a safe, consistent manner and does not allow our patients to have a good positive experience. The Emergency Assessment Unit has had the impact of the ‘one over’ Standard Operating Procedure, which has been risk assessed and a Quality Impact Assessment has been undertaken.</p> <p>The staff have also had an impact on their experience and morale during these difficult times, and despite these challenges and difficulties our teams have continued to focus on delivering good quality care in the safest manner possible.</p> <p>There are five exception reports to note for September 2022:-</p> <p>Exception reports:</p> <p>Covid-19 Hospital onset – there has been an increase in nosocomial cases of Covid-19 across the regional, which is reflected in the Trust and this has increased by over 84% in the last few weeks (regionally).</p> <p>Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBDs – the trust has breached the MRSA trajectory for the year, the number was set at 0, and to date the Trust has had 3 cases. The last case was reported in July 2022.</p> <p>Recommended Rate: Friends and Family Accident & Emergency – there has been a downward trend in the FFT nationally, and this has been reflected at the Trust, although the Trust is above the national picture, and just below the planned trajectory.</p> <p>Rolling 12 months HSMR (basket of 56 diagnosis group)</p> <p>Cardiac arrest rate per 1000 admissions – low numbers of annual cardiac arrests within the Trust, means that staff are not exposed to the emergency situation. Looking at simulation cardiac arrests to support confidence.</p>	MD, CN

Single Oversight Framework – Q2 Overview (2)

Domain	Overview & risks	Lead
<p>People & Culture</p>	<p>People</p> <p>In Q2 our sickness absence levels and overall workforce loss has fluctuated The current sickness level is reported as 4.5% which is an increase when compared to 4.3% in June 2022 (Q1) This sits above the revised trust target 4.0% The main reasons for sickness are reported as Chest and Respiratory and Stress and Anxiety problems. Total workforce loss (Inc sickness, maternity and infection precaution) sits at 6.6% this sits above the target 6.3%.</p> <p>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 Measures to support this include:</p> <ul style="list-style-type: none"> • Wellbeing support continues across the Trust via a dedicated wellbeing team which is ensuring this is embedded within the division and corporate areas • Directorate support and visibility walk arounds by the People, Culture and Improvement Directorate • Divisional coaching and specific sickness and wellbeing conversation to support for managers is in place with the People Partner team, • Development of financial wellbeing group to offer support to staff in the context of a cost of living crisis • A range of online sickness absence management training is also available via Sherwood E Academy • Dedicated sickness absence training for Medirest Colleagues to support ROE staff health and wellbeing • Colleague support leaflet introduced for both wellbeing and financial wellbeing and circulated to all managers through People and Performance <p>Overall resourcing indicators for Q2 2022 are positive, however our overall vacancy’s have remained at the same level, but turnover has increased, but sits under the Trust target.</p> <p>On the 18 October 2022 the Trust held a menopause conference on world menopause day. This event was attended by over 60 colleagues and provided information and support to colleagues regarding the menopause. In addition October is Black History month and there have been a number of events which have celebrated black history. There was a successful Reach Out Event to celebrate Black History month for colleagues, which recognised, embraced and celebrates diversity within the Trust.</p> <p>We have developed and agreed a Wellbeing plan for next few months to support our Trust Winter plans, the focus is on physical, mental and financial wellbeing. This has all been signed off and agreed and over Q3 we will focus on the implementation of this.</p> <p>Following the Board of Directors meeting (6th October) we have an agreed Strategic People Plan. We are now developing an implementation programme to enable us to mobilise the strategic people plan, as part of this we will be undertaking the development of tactical people plans that will aim to identify service line risks both 0-12 months, 12-36 months and 36-60 months.</p> <p>Tactical people plans will be developed in collaboration with services to identify the current risks and support decision making aligning to service development. We will focus these where we have hard to fill roles, high vacancy areas or high agency usage. In addition, the plans will prioritise future challenges, fragile services, and winter services. The plan is to prioritise these areas so we can maximise our impact.</p> <p>As part of the Strategic People Plan there is also on-going work to support the Trust to delivery its winter plan. Currently an additional 175.5 WTE have been identified as being required to deliver the plan. 135.5 WTE are already within the establishment with an additional 40 WTE required, and which will form part of the Trust’s substantive and temporary workforce recruitment plans.</p>	<p>DOP</p>

Single Oversight Framework – Q2 Overview (2)

Domain	Overview & risks	Lead
<p>People & Culture</p>	<p>Culture and Engagement</p> <p>Successful National Staff Survey 2022 launch on 3rd October. Focussing on ensuring we continue to progress with and update colleagues on action against our 2021 results in line with our 3 theme commitments focussed on 'Valuing You' 'Caring about You' and 'Developing You'. Divisional and Trust Wide 'You said Together we did' action will be shared as part of the NSS22 communications plan with Divisional focus weeks planned in throughout October and November.</p> <p>Reward and Recognition continues to be a key focus for the team and Trust with regards to '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. A number of new offers including better recognising retirement from the Trust are being introduced across the Autumn. Funding has also be secured for the Charity to support out welcome to SGH sense of belonging work, with Team SFH lanyards and welcome postcards on their way. We have also taken receipt of 5000 George Cross pin badges aimed to recognise colleagues efforts during Covid especially.</p> <p>The OD team contributed to a system with Civility, Kindness and Respect week (Sept-22) run in partnership with Nottinghamshire ICS, and are moving into trailblazer phase for our new 'ACTIVATE' programme designed to bring CRK to life at a team level.</p> <p>Our Mandatory Training and Development compliance currently sits at 88% this is up from 87% last month but still sits below the Trust target (90%). Training has now resumed as normal and our Task & Finish Group have been working together to improve compliance.</p> <p>The group is developing plans to support increasing capacity due to relaxing of IPC regulations and implementation plans for the new MAST and induction programmes. Sign off of the revised workbook offer is underway and implementation of Learning Governance Groups (to manage the process ongoing) are due to be in place by end Oct-22.</p> <p>We expect to see an upturn in compliance during the coming months. The new induction process is due to be introduced from mid-October and as such, increased assurance and compliance of all MAST requirements.</p> <p>Appraisals levels sit at 83.7% for September, this is sits below the Trust target. And is showing a declining trend. This is a reflection of workforce loss during Q2 due to COVID absences, along with Annual Leave impact during School summer holidays.</p> <p>Divisional trajectories have been sent to support improving compliance to 90% by the end of December 2022 and 95% by 31 March 23 - all dependant upon capacity and ensuring we undertake quality appraisals rather than a tick box. A working group is in place to improve compliance and experience, agreement is look at revised paperwork as an interim measure with digitalisation during 22/23.</p> <p>Improvement</p> <p>Following a QI Review session with the SLT in June, a Board development session on QI was held in August.</p> <p>48 colleagues have undergone bronze QI training in Q2, uptake was reduced over summer holidays as expected and there were no cohorts of silver level training within the quarter but this will increase again in Q3 including a first trial of delivering the ICS programme at Kings Mill to improve access for colleagues across the north of the county.</p> <p>The number of QI projects registered in Q2 was lower than expected over Q2, and this may be a reflection on organisational challenges over this period, annual leave and the capacity of the Audit team to support information capture. The Audit and Improvement team is working at a third of its capacity until new team members join in December and January : this is impacting negatively on clinical audit and improvement activities</p>	<p>DOP</p>

Single Oversight Framework – Month 5 Overview (2)

Domain	Overview & risks	Lead
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People & Culture	<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 September 2022 was 4.5%, (August 2022 4.1%). This is expressed in figure 1.</p> <p>Lateral Flow Tests – Overall there were 14,419 test distributed, with 9,123 test registered (63.3%). Of the completed tests there has been 3,815 positive test (1.2% positive results). This is expressed in figure 2.</p>	DOP, DCI
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Figure 1 – Total COVID Workforce Loss

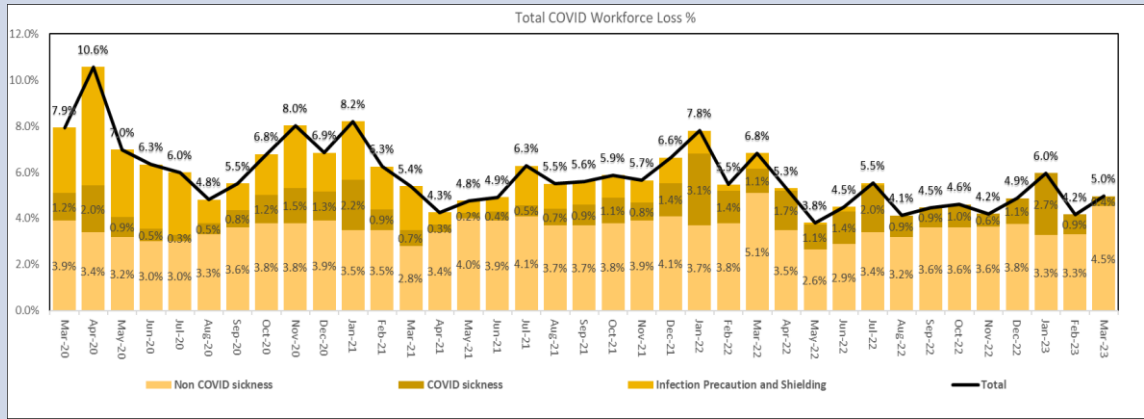
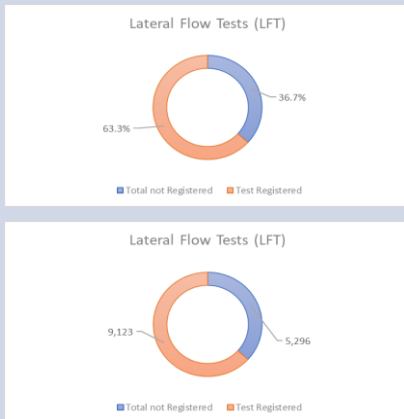


Figure 2 – Lateral Flow Tests



Single Oversight Framework – Q2 Overview (3)



Domain	Overview & risks	Lead
Timely care	<p>September continued to be an increasing challenge across the emergency pathway with average daily attendances of 475. 8 days of the month saw attendances over 500. Performance against the 4 hour standard worsened in September 2022 to 75.4%. The trust ranked 19th in the country and 4th regionally. A System wide critical incident was declared 29th September and stood down 5th October.</p> <p>In response to the increasing attendance pressures, the trust extended use of Sherwood Care Home and increased the number of beds at Newark. 5 wards continue to be used for the care of patients that are medically fit requiring social care support.</p> <p>MSFT patient numbers have improved slightly in September dropping from 119 to 111 but significantly above the agreed position of 22. The trust continued to declare OPEL level 4 throughout the month, with patients experiencing long delays in ED. Bed occupancy remains higher than the national target (92%) at 96.6% 24 days out of 30, 18 days were over 95%.</p> <p>The trust submitted a non compliant plan against the follow up reduction target of 25% in the 2022/23 planning round. To date the reduction made has been small (4.3%) and due to the size of the overdue review list it is unlikely that this will improve significantly. Good progress has been made against the 5% Patient Initiated Follow Up target with performance exceeding the target.</p> <p>The number of patients waiting more than 62 days on a suspected cancer pathway in September was 102 which is over trajectory. 62 day performance for August improved slightly on the previous month increasing to 64% against a standard of 85%. Faster Diagnosis Standard (FDS) performance continues to be in target. September achievement was 75.9% against the 75% standard.</p>	COO

Single Oversight Framework – Q2 Overview (4)



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Best Value care	<p>Income & Expenditure:</p> <ul style="list-style-type: none"> The Trust has reported a deficit of £3.8m for Month 6 (September 2022), which is £3.4m adverse to plan. This includes the removal of £2.8m of planned Community Diagnostic Hub (CDH) funding, which is yet to be confirmed. Year-to-Date performance for the period to the end of Quarter 2 is a deficit of £9.5m, which is £4.8m adverse to plan. As well as the £2.8m income adjustment noted above, this also reflects cost pressures of £1.9m relating to Covid-19 expenditure and the additional bed capacity that has remained in place. The forecast outturn at Quarter 2 shows delivery of the planned £4.7m deficit for the financial year. However, a risk assessed forecast outturn has been calculated which estimates an adverse variance to plan of £13.4m. This includes the risks of continued Covid-19 expenditure (£5.3m) and non-receipt of the CDH funding (£5.5m). Other risks include the receipt of Elective Recovery Funding, the delivery Transformation & Efficiency savings and ongoing cost pressures relating to additional capacity. <p>Financial Improvement Programme (FIP):</p> <ul style="list-style-type: none"> The Financial Improvement Programme (FIP) has delivered savings of £0.6m to the end of Quarter 2, which is £3.1m lower than planned. A reprioritisation of Transformation and Efficiency Programme resources has been agreed by the Executive Team, to ensure a focus on projects and programmes that are more likely to deliver benefits in the remainder of 2022/23. <p>Capital Expenditure & Cash:</p> <ul style="list-style-type: none"> Capital expenditure of £1.1m has been reported for Month 6, against a plan of £1.9m. The year-to-date capital expenditure is £3.6m, which is £5.7m lower than planned. The phasing of the plan contributes to this. The Trust's Capital Oversight Group continues to review progress on key schemes and has received assurances relating to the full-year delivery. Closing cash at 30th September 2022 was £1.7m, which is £0.3m higher than planned. The year-to-date deficit means that the Trust has required working capital PDC support. A detailed daily cash flow forecast is being maintained and the Trust is liaising with ICB partners and NHS England colleagues to ensure sufficient cash is available to manage our position. <p>Agency Expenditure:</p> <ul style="list-style-type: none"> The Trust has reported year-to-date agency expenditure of £8.9m. This is £2.0m adverse to the planned spend of £6.9m, largely due to additional capacity opened and agency covering vacancies within Divisions. The Nottingham & Nottinghamshire ICB has been set a system agency ceiling of £54.6m by NHSE/I for 2022/23, which represents a reduction of 29% compared to 2021/22 reported expenditure. The indicative SFH ceiling is £14.7m, which is aligned to the financial plan. 	CFO

Single Oversight Framework – Q2 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	Rolling 12 month count of Never Events	0	Sep-22	1	-		A	MD/CN	Q
		Serious Incidents including Never Events (STEIS reportable) by reported date	<21	Sep-22	18	9		G	MD/CN	Q
		Patient safety incidents per rolling 12 month 1000 OBDs	>44	Sep-22	46.66	50.04		G	MD/CN	M
		All Falls per 1000 OBDs	6.63	Sep-22	7.56	7.54		A	CN	M
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Sep-22	17.61	5.28		G	CN	M
		Covid-19 Hospital onset	<37 PA	Sep-22	116	36		R	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0 PA	Sep-22	2.64	0.00		R	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Aug-22	95.7%	97.9%		G	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	Sep-22	8.9	8.6		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Sep-22	1.26	1.06		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<90%	Sep-22	89.3%	86.5%		R	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	<96%	Sep-22	95.1%	94.1%		A	MD/CN	M
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Sep-22	87.5%	87.5%		A	MD/CN	Q
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Jun-22	121.4	-		R	MD	Q
		SHMI	100	Jun-22	101.64	-		A	MD	Q
		Cardiac arrest rate per 1000 admissions	≤1.0	Sep-22	0.89	1.28		R	MD	M
Cumulative number of patients participating in research		2200	Sep-22	1167	-		G	MD	Q	

Single Oversight Framework – Q2 Overview (2)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency	
PEOPLE & CULTURE	Staff health & well being	Sickness Absence	<4.0%	Sep-22	4.5%	4.5%		A	DoP	M
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	Sep-22	6.7%	6.5%		G	DoP	M
		Employee Relations Management	<10-12	Sep-22	45	10		G	DoP	M
	Resourcing	Vacancy rate	<6.0%	Sep-22	4.7%	4.9%		G	DoP	M
		Turnover in month (excluding rotational Drs.)	<0.9%	Sep-22	0.6%	0.5%		G	DoP	M
		Mandatory & Statutory Training	>90%	Sep-22	87.0%	88.0%		A	DoCI	M
		Appraisals	>95%	Sep-22	85.5%	84.0%		R	DoCI	M
	Culture & Improvement	Recommendation of place to work	≥80%	Qtr2 2022/23	78.7%	78.7%		A	DoCI	Q
		Recommendation of place to receive care	≥80%	Qtr2 2022/23	84.1%	84.1%		G	DoCI	Q
		Qi Training - Bronze	>60	Qtr2 2022/23	107	48		A	DoCI	Q
		Qi Training - Silver	>15	Qtr2 2022/23	14	0		R	DoCI	Q
		Number of QI Projects	>40	Qtr2 2022/23	36	10		R	DoCI	Q

Single Oversight Framework – Q2 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	Percentage of patients waiting >4 hours for admission or discharge from ED	Sep-22	78.3%	75.4%		R	COO	M	
		Mean waiting time in ED (in minutes)	Sep-22	208	224		A	COO	M	
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	Sep-22	4.8%	4.5%		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	Sep-22	2.6%	3.9%			COO	M
		Mean number of patients who are medically safe for transfer	Sep-22	104	111		R	COO	M	
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	Sep-22	95.5%	96.6%		R	COO	M	
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Sep-22	16.7%	15.5%		R	COO	M
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	on trajectory	Sep-22	5.2%	6.3%		G	COO	M
		Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	Sep-22	-3.4%	-0.5%		R	COO	M
		Elective Day Case activity against Plan	on trajectory	Sep-22	95.1%	97.2%		A	COO	M
		Elective Inpatient activity against Plan	on trajectory	Sep-22	90.1%	105.2%		G	COO	M
		Elective Outpatient activity against Plan	on trajectory	Sep-22	101.4%	103.1%		G	COO	M
	Diagnostics	Diagnostics activity increase against Yr2019/20	on trajectory	Sep-22	111.2%	111.7%		G	COO	M
	RTT	Number of patients on the incomplete RTT waiting list	on trajectory	Sep-22	-	46346		A	COO	M
		Number of patients waiting 78+ weeks for treatment	on trajectory	Sep-22	-	33		G	COO	M
		Number of patients waiting 104+ weeks for treatment	on trajectory	Sep-22	-	0		G	COO	M
		Number of completed RTT Pathways against Yr2019/20	on trajectory	Sep-22	97.7%	98.9%		A	COO	M
	Cancer Care	Number of local 2ww patients waiting over 62 days for cancer treatment	87	Sep-22	-	102		R	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Aug-22	78.0%	79.0%		G	COO	M

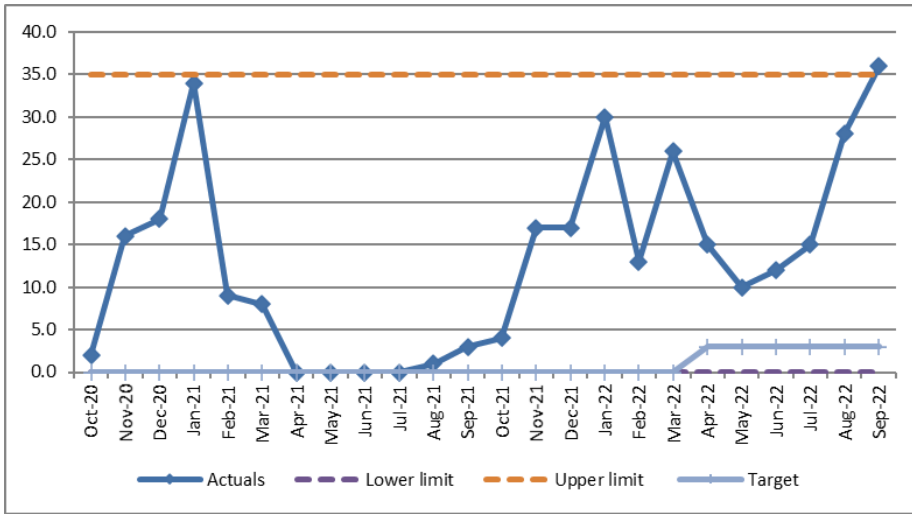
Single Oversight Framework – Q2 Overview (4)



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	Sep-22	-£4.80m	-£3.38m		A	CFO	M
		Financial Improvement Programme - Trust level performance against Plan	Sep-22	-£2.95m	-£1.02m		A	CFO	M
		Capital expenditure against Plan	Sep-22	£5.65m	£0.77m		A	CFO	M
		Cash balance against Plan	Sep-22	£0.26m	-£2.38m		G	CFO	M
		Agency expenditure against Plan	Sep-22	-£2.04m	£0.30m		A	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Covid-19 Hospital onset	<37 PA	Sep-22	116	36		R	CN	M



National position & overview

Regionally nosocomial cases of Covid-19 have increased by over 84% in the last few weeks.

During September we saw 36 cases of definite hospital acquired Covid-19 and 10 probable cases. This is an increase of 16 cases from August.

Root causes

- The majority of our cases in September were related to our open outbreaks or were the contact of a community positive case.

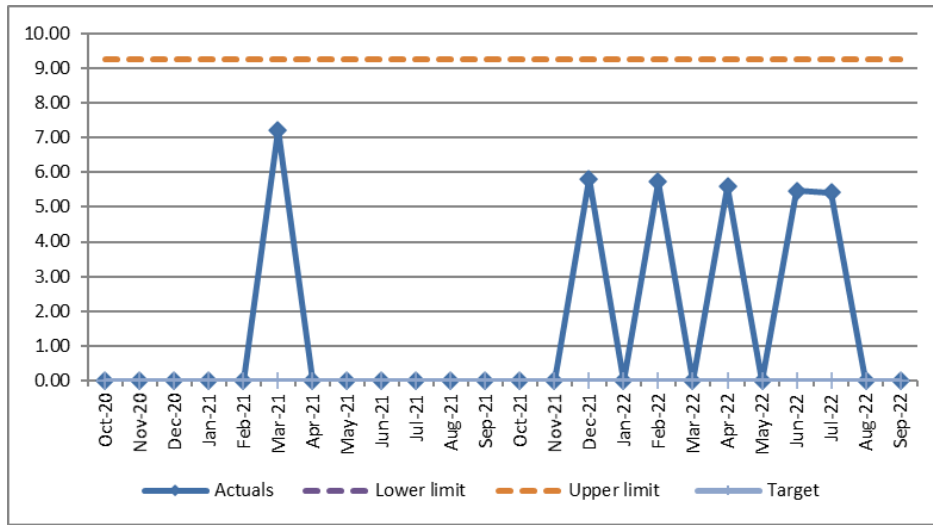
Actions

- Continuation of asymptomatic testing within the Trust
- Maintaining the use of chlorine for cleaning areas that have Covid-19 cases.
- Additional communications to visitors to wear masks during their visit to the hospital

Impact/Timescale

- To identify Covid-19 cases as early as possible and commence isolation.
- To reduce environmental contamination
- To reduce the risk of cross infection from visitors who may be asymptomatic for Covid-19.

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 PA	Sep-22	2.64	0.00		R	CN	M



National position & overview

- The trust has breached our MRSA trajectory for the year, which was set at 0 and we have now had 3 cases. The last case being in July 2022.
- All other organisation in our region have also breached their target and 7 of our peer Trusts.

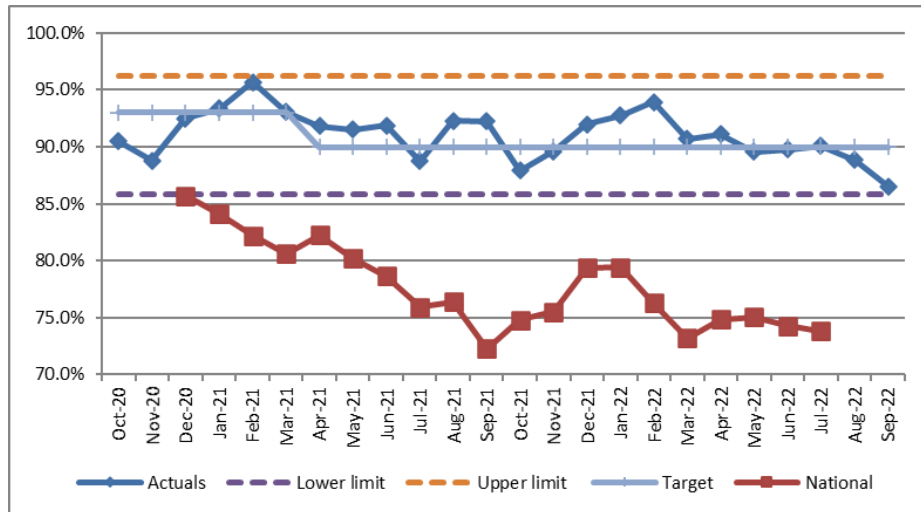
Root causes	Actions	Impact/Timescale
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- There have been no further cases of MRSA in September 2022.

- The representative from Schulke who provide our decolonisation treatment have agreed to come to the Trust to do some additional training on why and how to use the products effectively. They will be able to visit each area.

- To support all patients who are high risk getting the correct treatment in a timely manner.


Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Recommended Rate: Friends and Family Accident and Emergency	<90%	Sep-22	89.3%	86.5%		R	MD/CN	M



National position & overview

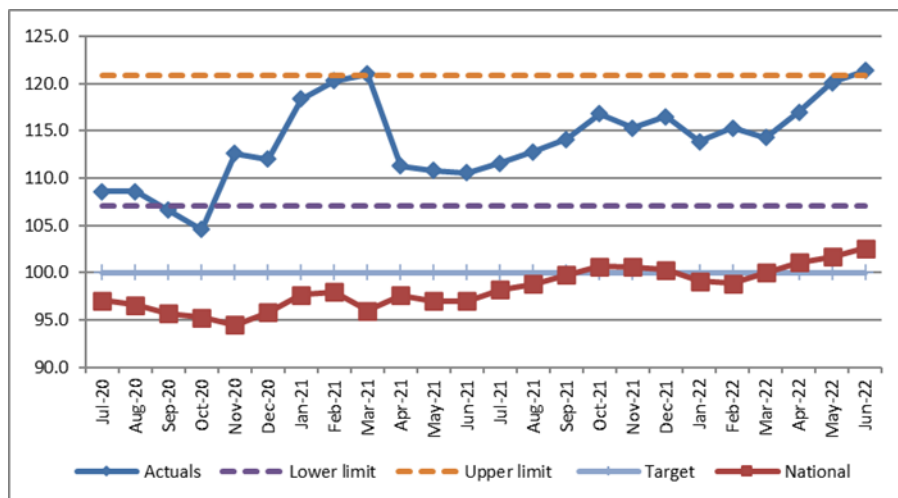
- In comparison to other local Trusts the Friends and Family is below the plan and standard. Nationally all Emergency Departments are under extreme pressure and overcrowding, and the Trust's actual reflects the national picture.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> The pressures in the Emergency Department with the Full Capacity Protocol being enacted majority of the time, have not allowed the staff time to hand out the FFT. St Johns Ambulance have had a positive impact in ED over the last 2 years during the pandemic, and had been supporting this function, but these have now stopped. 	<ul style="list-style-type: none"> Volunteers are supporting in ED and lead nurse will discuss with the Volunteer Manager to establish if this is something that is within their remit. 	<ul style="list-style-type: none"> Improved FFT within three months.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Jun-22	121.4	-		R	MD	Q



Sherwood Forest Hospitals NHS Foundation Trust



National position & overview

The trust has seen a continuing upward trajectory of the HSMR and the remaining position is that of “significantly higher than expected”.

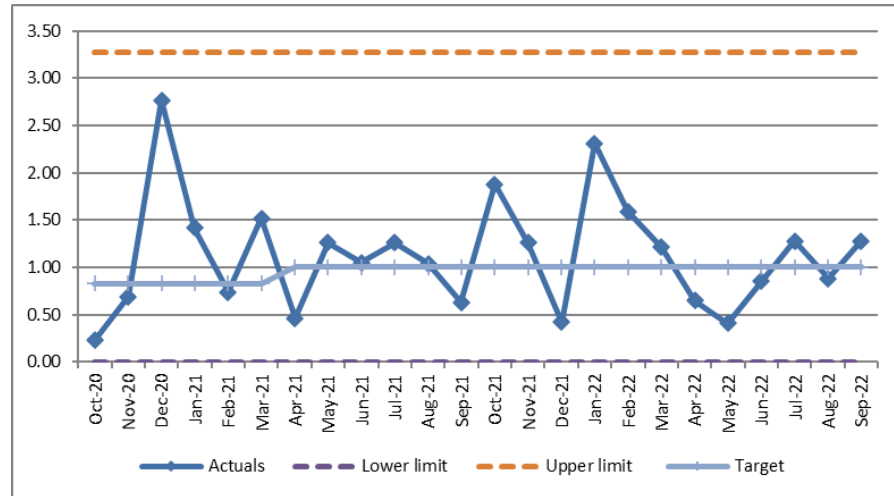
The SHMI has also seen a rise above 100 but remains “as expected”.

12-month benchmarking and regional variance have been particularly volatile, partly as a result of Covid related activity. This continues to impact reliability of peer-comparison and ability to provide internal assurance.

Triangulation of other soft and hard markers of mortality and quality do not support the elevated HSMR.

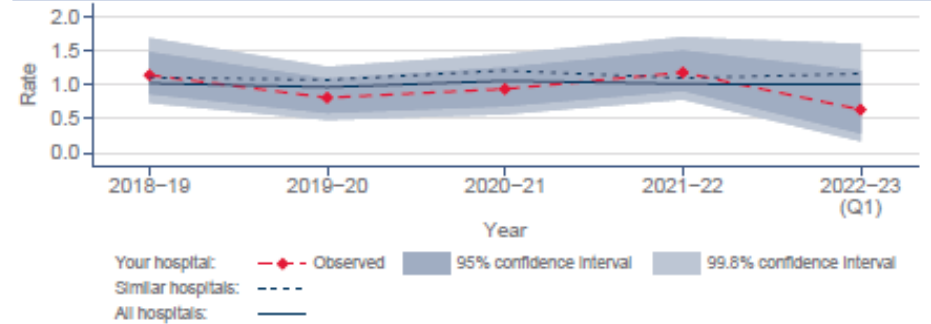
Root causes	Actions	Impact/Timescale
<p>Crude Mortality Rate-</p> <ul style="list-style-type: none"> Trust remains higher than the peer, regional or national average. Trust “Expected” rates are lower than peers but we have been seeing a rising volume of deaths; the crude rate is not following regional or national trends. <p>Palliative care</p> <ul style="list-style-type: none"> Continues to be a key driver for HSMR outlier position. <p>Documentation of clinical co-morbidities and accuracy of coding-</p> <ul style="list-style-type: none"> Felt to have an additional impact on wider HSMR data. <p>Dr Foster toolkit-</p> <ul style="list-style-type: none"> Appears little used by trust colleagues / divisions with need for greater ownership and pro-active approach of data and actions. 	<p>Coding Activity and Data Quality-</p> <ul style="list-style-type: none"> The trust has commenced initial discussions with Maxwell Stanley Consulting to consider opportunities to review activity data through their mortality algorithm, particularly focussing on Charlson Co-morbidity indices. <p>Use of Data-</p> <ul style="list-style-type: none"> Key stakeholder meeting to agree how patient re-identification processes are undertaken Learning from Deaths to identify “outlier” areas (triangulated through Dr Foster and CUSUM trends) for divisional targeted review. <p>Palliative Care-</p> <ul style="list-style-type: none"> The trust has been looking into “standards” of coding against undertaken activity with regard to palliative care (Z515 Specialist Palliative Care / Z518 Non-specialist) as this continues to be recognised and felt to have a marked impact on the both overall HSMR but also data within individual elements of the basket. As part of a wholesale review of processes and flow, an external quality control coding audit is being undertaken, stage 2 involving a case-note review and due to commence November 2022. 	<ul style="list-style-type: none"> Agreed use of the Dr Foster toolkit (HIP) and patient re-identification processes will enable divisions (via mortality leads) to better understand their data, track trends, proactively respond to outlier alerts and take greater ownership. Targeted caseload reviews / deep to be reported into Learning from Deaths and, alongside internal morbidity / mortality meetings help guide any next steps in a more pro-active and formal manner It is envisaged changes could take 6-12 months to show true impact on HSMR reporting data but, with greater use of toolkit and pro-active approach, local intelligence and on the ground experience should identify variation or see improvements sooner.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Cardiac arrest rate per 1000 admissions	<1.0	Sep-22	0.89	1.28		R	MD	M



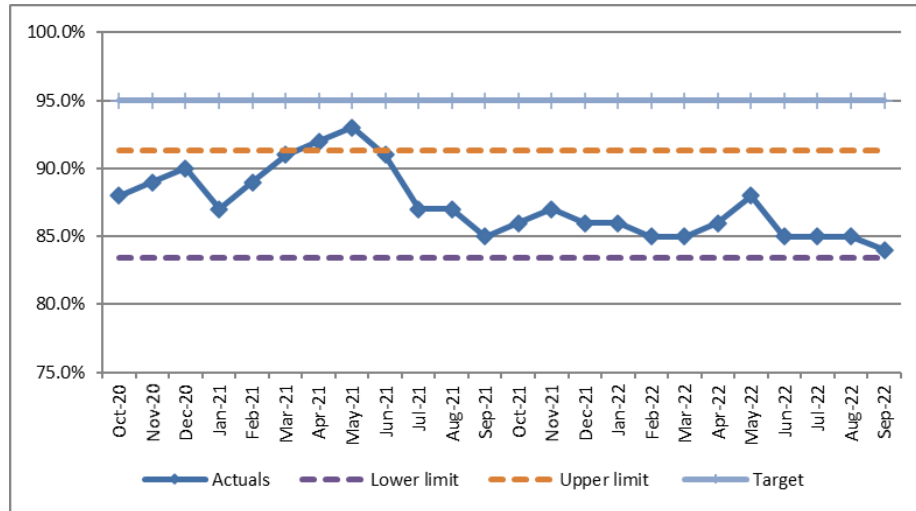
National position & overview

NCAA report Q1 22-23
Nationally comparable (NCAA reporting trusts) cardiac arrest rate per 1000 admissions:



Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> 6 total NCAA reportable cardiac arrests, 2 of which are considered (subjectively) avoidable by the resuscitation services team: <p>EAU 02/09/2022 (DW173380) patient had previous ReSPECT/DNACPR in old notes, identified as DNACPR on post take ward round but no form completed. As no form completed nursing staff commenced CPR at point of arrest as per trust protocol.</p> <p>Ward 42 08/09/2022 (DW173671) ward team acted quickly with information immediately available and commenced CPR. Patient rapidly recovered – unlikely cardiac arrest but has to be reported under NCAA criteria.</p>	<ul style="list-style-type: none"> Flagged to UEC division via datix for investigation and learning. Under current process the physical form is the trigger for CPR/no CPR for the clinical team, form must exist and be present for decision to be actioned. This is being reinforced during training with all groups – Resus services will discuss at next respect meeting ?presentation/discussion of case at grand round. Low number of annual cardiac arrest events = low staff exposure = significant stress effect at bedside when patient ‘appears’ in arrest. Staff act in interests of patient to provide robust and timely care. ? Would insitu ‘mock arrest events’ support building workforce confidence – this is not currently resourced within the trust. 	<ul style="list-style-type: none"> Ongoing work to reduce the number of patients with DNACPR who receive CPR. Compare 21-22 to 22-23 data April 23. Exploratory discussions in trust around resourcing robust ‘insitu’ simulation programme. Timescale unknown.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	>95%	Sep-22	85.5%	84.0%		R	DoCI	M



National position & overview

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

Root causes

The Appraisal position is reported at 84%, and is at a lower level than last month.

The key cause of below trajectory performance on the appraisal compliance is related to workforce loss during Q2 is due to COVID absences, along with Annual Leave impact during School summer holidays.

Actions

Our People Partners will continue to support discussions with Line Managers at confirm and challenge sessions seeking assurance and offering guidance.

Ongoing actions:
A working group is in place to improve compliance and experience, agreement is look at revised paperwork as an interim measure with digitalisation during 22/23. The move to a digital platform is thought to offer as more streamlined and collaborative approach to undertaking appraisals, moving away from the clunky paper-based approaches.

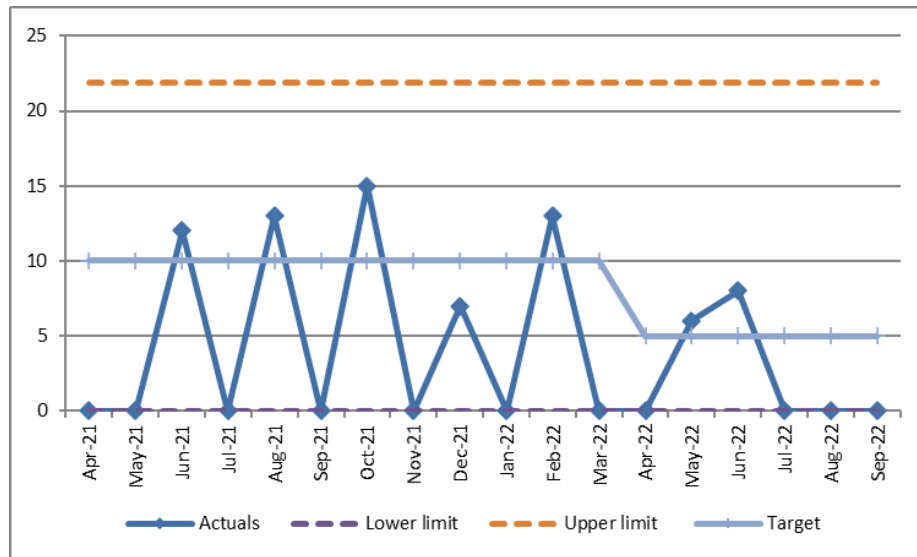
PLT policy will also protect time around appraisal activity to ensure that staff feel the importance of quality appraisal.

Impact/Timescale

Divisional trajectories have been sent to support improving compliance to 90% by the end of December 2022 and 95% by 31 March 23. This is dependant upon capacity and ensuring we undertake quality appraisals rather than a tick box

Update PLT policy and highlight through relevant cabinets then nursing / midwifery cabinet.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
QI Training - Silver	>15	Qtr2 2022/23	14	0		R	DoCI	Q



National position & overview

No national overview on performance.

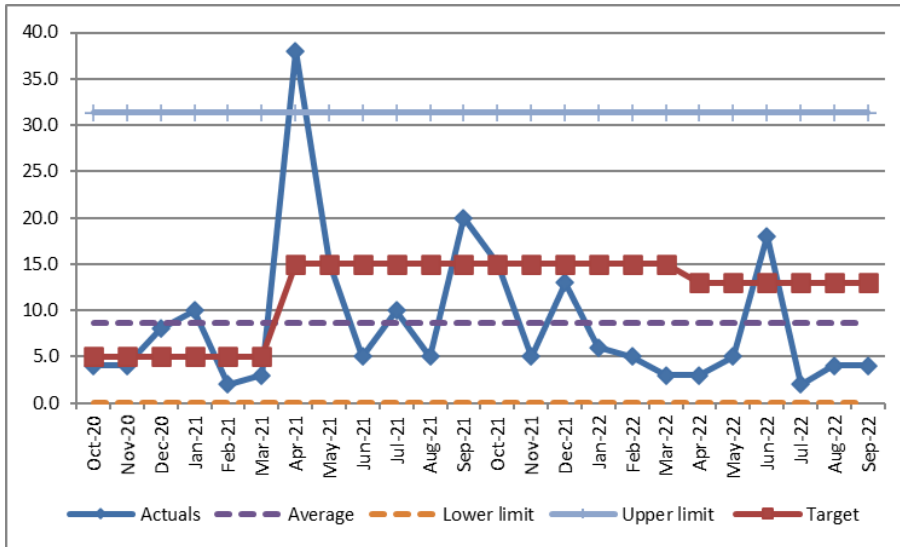
Root causes	Actions	Impact/Timescale
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The silver 'Quality Service Improvement Redesign' offer is a 5 day course that equips colleagues to have a robust knowledge and understanding of Improvement tools and science. It is run as an ICS-wide offer, with delivery shared across provider organisations. There was no scheduled 5 day training held in July and August as up take has historically been weaker over this period.

A cohort started in mid September with completion in October, and this metric is expected to be back in green in Q3 to reflect the on-going and scheduled cohorts until end 22/23.

We are expecting to be reporting as green in Q3 and Q4. .

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of QI Projects	>40	Qtr2 2022/23	36	10		R	DoCI	Q



National position & overview

No national position to report on.

Root causes

The number of Improvement projects on AMAT has flagged as red in Q2, with 10 being registered on the system. This is due to a lack of visibility of the tool, lack of capacity within the Audit and Improvement team to support colleagues to input this data and a combination of annual leave and organisational challenges.

Actions

As part of the review of Improvement (QI, Transformation Team, Patient Safety) the use and utilisation of this platform to capture knowledge and information on improvement activities will be reviewed.

The Improvement team have been sharing the tool with corporate functions – Finance, People etc to encourage colleagues to add Improvement projects to the system, as well as coordinating outputs from the ward accreditation process and team leadership training.

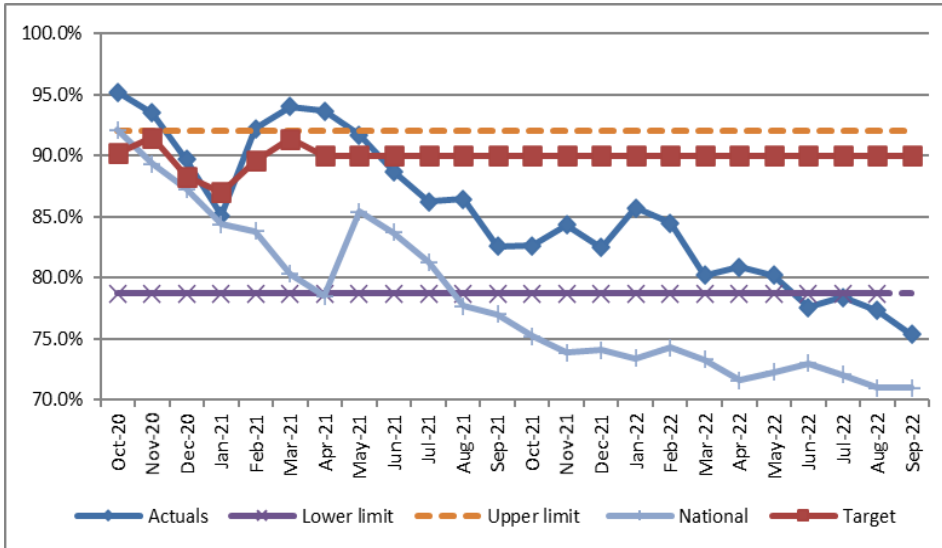
The Audit and Improvement team is operating at a third of its capacity until new team members join in December and January, and the team has scaled back promoting AMAT to focus on core business.

Impact/Timescale

Over Q3, this platform will be considered as part of the Improvement review, with recommendations made over November.

Two new members will join the Audit and Improvement team in Q3 which will free up capacity to promote AMAT across the organisation.

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%	Sep-22	78.3%	75.4%		R	COO	M

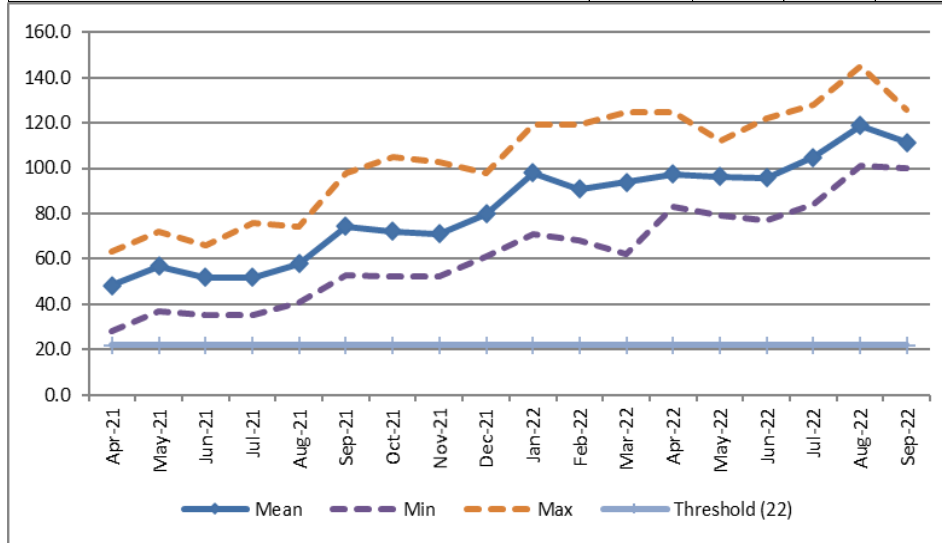


National position & overview

- SFH performance was 75.4% for September 2022.
- Performance continues to be driven mainly by exit block and high numbers of MSFT, although there was a slight improvement on August MSFT numbers.
- National rank 19th out of all comparison Trusts.
- Regional rank 4th out of all comparison Trusts.
- September average attendances were 475, with 8 days of the month exceeding 500.
- 12 hr DTA, 150, rank 50th out of 107 comparison trusts.
- Newark UTC averaged at 98.74% 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 29th September and stood down 5th October.

Root causes	Actions	Impact/Timescale
<p>Bed capacity pressure</p> <ul style="list-style-type: none"> The Trust continues to experience delays in the discharge of patients who require social care support following discharge. There continues to be 5 wards worth of capacity that is currently being used solely for the care of patients who are medically fit but have no onward destination. 	<p>Extended the use of Sherwood Care Home and increased the number of beds at Newark Hospital on Castle Ward - These beds do not mitigate the MSFT risk fully.</p> <p>The opening of Oakham ward at MCH has been delayed due to estates issues. Mitigation put in place to enable 12 beds to open on 1 November with the remaining 12 opening towards the end of November.</p>	<ul style="list-style-type: none"> In place November 2022
<p>Waiting to be seen / Time to Decision</p> <ul style="list-style-type: none"> Attendances in July were 14, 258 (average of 475 per day) which continues to be more than planned capacity coupled with increased acuity. The opening of Oakham ward at MCH has been delayed due to estates issues. Mitigation put in place to enable 12 beds to open on 1 November with the remaining 12 opening towards the end of November. 	<p>Utilising the UCR capacity for 'settling in' where patients who attend ED are able to be discharged safely with the UCR team to bridge any gap in smaller POC over night/for a few hours.</p> <p>Capacity and Demand exercise complete across ED Nursing and Medical staffing – business case finalised pending, subject to TMT approval.</p> <p>The Optimising Patient Journey (OPJ) Improvement Programme focus and approach has been mandated by the Executive Team, following wide clinical engagement. A four week rapid improvement cycle across all adult wards begins on 31st October, with outcomes reported into the Emergency Care Steering Group.</p>	<ul style="list-style-type: none"> November 2022 November 2022 October 2022

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Mean number of patients who are medically safe for transfer	<22	Sep-22	104	111		R	COO	M

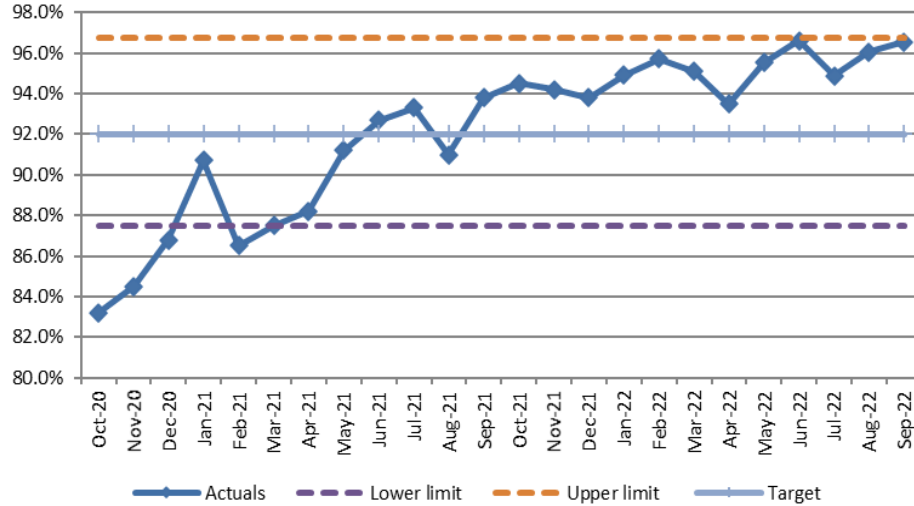


National position & overview

- Whilst there has been a slight improvement in September from the August position, the local position remains significantly above the agreed threshold of 22 patients in the acute trust, in delay.
- There are currently over 5 wards worth of patients in delay .
- The position is a direct link to capacity issues within adult social care and care agencies.
- Additional winter and surge capacity remains open, additional capacity opened at short notice as part of escalation on OPEL 4.
- System Virtual Ward Business Case signed off but delayed start and reduced numbers due to Notts Health care staffing shortages.
- System D2A business case due to start November 2022 for SFH.
- Working with system discharge lead to improve internal discharge process.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Lack of staff within care agencies to support P1 discharges. • Ongoing delays for patients requiring Decision Support Tool (DST) assessment for higher level Funded Nursing Care (FNC). 	<ul style="list-style-type: none"> • Working with adult social care and ICB to significantly improve the interim bed offer process. • Transfer of Care Hub opened. • Electronic solution for D2A form to ensure agencies all have up to date information for decision making and forward planning will be live for start of TOCH. • Provider collaborative action with Notts health Care to expand current scheme to deliver home care. • Internal audit of bed designation taking place to inform system wide actions. 	<ul style="list-style-type: none"> • Ongoing • Mid October • Mid October • In place • Complete

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%	Sep-22	95.5%	96.6%		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.
- Throughout September the trust operated above 92% occupancy on 24 days out of 30 days, of those, 18 were over 95%.
- Additional capacity is opened and closed in response to internal bed flow pressures which temporarily improves occupancy.

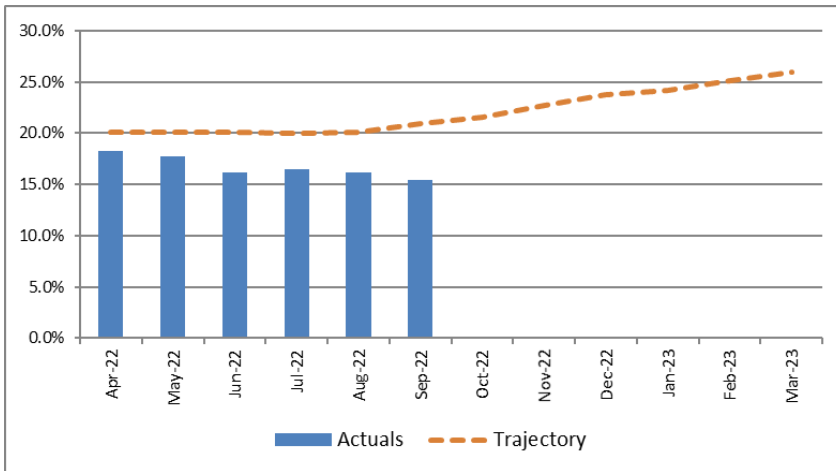
Root causes	Actions	Impact/Timescale
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- The Trust continues to experience delays in the discharge of patients who are MSFT.
- There are 5 wards of patients who are medically fit for transfer but have no onward destination.
- Bed modelling shows that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

- 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.
- D2A programme due to start for SFH in November 2022.
- Transfer of Care Hub opened.
- Audit to understand the numbers of delayed patients by pathway within the organisation to inform system conversation.
- Proactively working with system discharge lead to review internal discharge process and improvements.
- OPJ actions regarding ward process brought forward to achieve occupancy reduction before onset of winter.

- Ongoing
- Ongoing
- Ongoing
- In place
- November 2022
- Mid October 2022
- Complete
- November 2022
- October 2022

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	Sep-22	16.7%	15.5%		R	COO	M

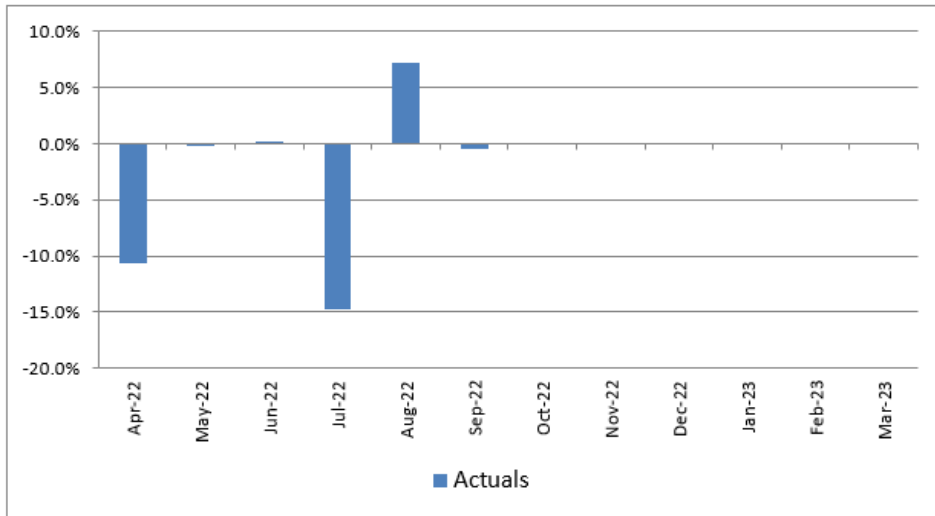


National position & overview

- National target to deliver 25% of all outpatient attendances virtually.
- Currently delivering 15.5% of outpatient consultations virtually against the national target of 25%.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Clinical preference for face to face consultations. • Infrastructure issues with regards to connectivity, space and support. • Capacity of comms/IT colleagues to develop patient information repository to support virtual appointments. 	<ol style="list-style-type: none"> 1. A project team has been set to define problems and actions to address. 2. Analysis of Regional Benchmarking & SFH Virtual Appointments Dashboard To understand where the opportunities for development may be. 3. Engagement - Survey of clinicians - Views of virtual appointments (appetite, challenges and perceived benefits), Equipment needs, Space requirements. 4. Engagement with Clinical Chairs - Senior clinical buy-in for increased use of virtual appointments. 5. PID & QIA completed – stage 2 QIA required. 6. Implementation Plan – developed, outlines 4 workstreams to increase virtual attendances, these are: Data (ensuring our recording and reporting is correct) Admin processes (Ensure our processes support virtual consultations) Governance & Safeguarding (Ensure we have Trust wide processes in place) Priority Areas of Focus – The priority areas for phase 1 are: Rheumatology, Diabetes, Clinical Haematology where regional benchmarking shows there is the largest opportunity. 	<ul style="list-style-type: none"> • Complete • Complete • Complete • Complete • November 2022 • November 2022 to March 2023

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	Sep-22	-3.4%	-0.5%		R	COO	M

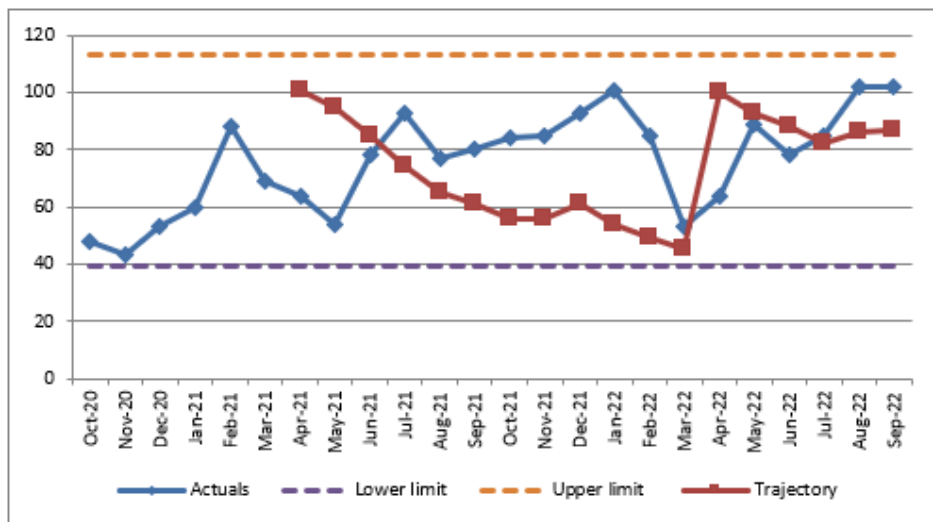


National position & overview

- The Trust delivered 5.5% more follow-up appointments in August 2022 versus 19/20. Year to date, the Trust have reduced follow-up appointments by 4.3% compared to 19/20, against the 25% target.
- The Trust still has a significant volume of overdue reviews which is impacting on the ability to reduce overall follow up attendances.
- The Trust have currently discharged 6% of patients to a Patient Initiated Follow-Up (PIFU) pathway, against a national target of 5% by March 2023.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Overdue review backlog circa 14,000. • Patient Initiated Follow Up (PIFU) pathways are not in place for all specialities. 	<p>The trust have been clear that due to the size of the overdue review list, we will not achieve the 25% reduction this year. A non-compliant position was reported in the 2022/23 planning submission.</p> <p>SFH have expressed an interest to be part of the NHS E/I online forms pilot that will implement a number of forms to patients preventing the need for further appointment due to assurance received. Forms can be linked to patients on the waiting lists, PIFU, pre-op and much more. The initial meeting to discuss the pilot start is 26/10.</p> <p>Expansion of PIFU pathways underway. Phase 2 PIFU Plan focussed on specialities with open appointments, an audit of current PIFU Pathways and development of patient comms. Paediatrics is the remaining speciality to move to PIFU under phase 2 plan and discussions are planned in November to progress. Audits are underway and improvements have been recommended to specialities. Patient related comms due to commence in November.</p> <p>Phase 3 plan is in development, this will focus on expanding the use of PIFU for patients with long term conditions who are not discharged.</p>	<ul style="list-style-type: none"> • October/November 2022 • October/November 2022 • Phase 2 – June 2022 –March 2023 • Phase 3 – November 2022 – March 2023

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of local 2ww patients waiting over 62 days for cancer treatment	87	Sep-22	-	102		R	COO	M



National position & overview

- September 2022 backlog is 102 against a trajectory of 87.
- Breast, Gynaecology, Haematology, Head and Neck and Upper GI were on or ahead of trajectory at the end of September.
- Lower GI, Lung, Skin and Urology were behind trajectory at the end of September.
- 64% of patients in August were within 62 days against a target of 85% (75 patients in total were within target with 27 breaches).

Root causes	Actions	Impact/Timescale
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- Lower GI contributes to over 50% of the 62 day cancer backlog. Increase in referrals of 36% *in comparison to pre covid Feb 20* has not been matched by a proportionate increase in diagnostic or treatment capacity.
- Overall increase in average number of weekly referrals from 314 pre-covid to 381, with an upper limit of 473.
- Skin affected by consultant capacity.
- Urology affected by waits for biopsy's.

- Targeted improvement support has been identified to support lower GI with demand and capacity review and improvement actions required to address capacity gap.
- Locum consultant recruitment underway to bolster routine clinics to release time for cancer clinics.
- Additional dedicated Corporate Cancer PTL focused on Lower GI.
- PTL deep dive with tumour site and cancer clinical lead.
- Locum consultant appointed to start end of October.
- Speciality consideration of alternatives e.g. teledermatology.
- Pilot of biopsy's in a clinic setting as opposed to in theatres to increase capacity by 75% and reduce waiting times to deliver in line with optimal prostrate timed pathways.

- Commencing October 2022
- Underway
- Commenced October 2022
- 26 October 2022
- Appointed to
- Initial meeting to be held early November
- Phase 1 commencing end of October 2022

Best Value Care

Income & Expenditure <i>Trust Level Performance against Plan</i>	In-Month	(£3.38m)	The Trust has reported a deficit of £3.75m for Month 6 (September 2022), on an ICS Achievement basis. This is a £3.38m adverse variance to the planned deficit.
	Year-to-Date	(£4.80m)	The Trust has reported a deficit of £9.54m for the Year-to-Date, on an ICS Achievement basis. This is a £4.80m adverse variance to the planned deficit.
	Forecast Outturn	£0.00m	The forecast outturn reported at Month 6 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	(£1.02m)	The Trust has reported FIP savings of £0.36m for Month 6 (September 2022), which is £1.02m lower than planned (includes notional Elective Recovery Fund (ERF) of £0.00m).
	Year-to-Date	(£2.95m)	The Trust has reported FIP savings of £1.85m for the Year-to-Date, which is £2.95m lower than planned (includes notional Elective Recovery Fund (ERF) of £0.00m).
	Forecast Outturn	£0.00m	The Trust has forecast FIP savings of £13.95m 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	£0.77m	Capital expenditure in Month 6 (September 2022) totalled £1.10m, which is £0.77m less than planned.
	Year-to-Date	£5.65m	Capital expenditure totals £3.59m for the Year-to-Date, which is £5.65m 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	(£2.38m)	The Trust's cash balance decreased by £3.01m in Month 6 (September 2022), which is an adverse variance of £2.38m compared to the plan.
	Year-to-Date	£0.26m	The Trust reported a closing cash balance of £1.73m as of 30th September 2022, which is £0.26m higher than planned.
	Forecast Outturn	£0.00m	The Trust has forecast a year end cash balance of £1.45m for 2022/23, which is aligned to the plan, but which requires working capital borrowing support.

Best Value Care



Sherwood Forest Hospitals
NHS Foundation Trust

Agency Expenditure Against Plan <i>Trust Level Performance against Plan</i>	In-Month	£0.30m	The Trust has spent £1.33m in month 6 (September 2022). This is a £0.30m favourable variance to the planned level of spend.
	Year-to-Date	(£2.04m)	The Trust has spent £8.90m for the Year-to-Date on agency, This is a £2.04m adverse variance to the planned level of spend.
	Forecast Outturn	(£3.42m)	The forecast outturn reported at Month 6 is to spend £18.10m on agency. This will be £3.42m adverse to the planned level of spend.

M6 Summary

- The Trust has reported a year-to-date deficit of £9.54m for the period up to the end of September 2022 on an ICS Achievement basis. This is an adverse variance of £4.80m to the planned deficit of £4.74m.
- The forecast outturn reported at Month 6 is a £4.65m deficit in line with the 2022/23 financial plan.
- Capital expenditure for Month 6 (September 2022) was £1.10m. This was £0.77m lower than plan primarily relating to MRI where funding has yet to be formally approved. The capital plan requires PDC capital support, and the associated request has been submitted to NHS England for review and approval.
- Closing cash as at 30th September was £1.73m, which is £0.26m higher than planned. The cashflow forecast demonstrates that working capital PDC support is required to support the forecast cash outflow. A submission has been made to DHSC in October for support in November. This is a consequence of delays in receiving funding, current slippage to plan including delivery of cash releasing efficiency savings and utilisation of balance sheet items which are not cash backed in year. Cash support of £2.413m was received in October.
- The Trust has reported year-to-date agency expenditure of £8.90m. This is £2.04m adverse to the planned spend of £6.86m due to additional capacity opened and agency covering vacancies within Divisions.

	September 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	42.47	40.42	(2.05)	231.05	230.45	(0.60)	459.31	461.09	1.78
Expenditure	(42.86)	(44.18)	(1.32)	(235.84)	(239.94)	(4.10)	(464.06)	(465.73)	(1.67)
Surplus/(Deficit) - ICS Achievement Basis	(0.38)	(3.75)	(3.38)	(4.74)	(9.54)	(4.80)	(4.65)	(4.65)	(0.00)
Capex (including donated)	(1.88)	(1.10)	0.77	(9.24)	(3.59)	5.65	(19.46)	(19.46)	-
Closing Cash	(0.63)	(3.01)	(2.38)	1.47	1.73	0.26	1.45	1.45	-
Agency Spend	(1.62)	(1.33)	0.30	(6.86)	(8.90)	(2.04)	(14.68)	(18.10)	(3.42)

FY23 Target		FY23 Forecast		FY23 Variance		M6 Target		M6 Actual		M6 Variance		YTD Target		YTD Actual		YTD Variance		Overall Status
FIP £11.73m	ERF £2.21m	FIP £11.73m	ERF £2.21m	FIP £0.00m	ERF £0.00m	FIP £1.20m	ERF £0.18m	FIP £0.13m	ERF £0.22m	FIP (£1.06m)	ERF £0.04m	FIP £3.69m	ERF £1.11m	FIP £0.56m	ERF £1.29m	FIP (£3.13m)	ERF £0.19m	
£13.94m		£13.94m		£0.00m		£1.38m		£0.36m		(£1.02m)		£4.80m		£1.85m		(£2.95m)		

Section 2 - Financial Improvement Plan Actual Delivery (Month 6)

Year To Date Delivery

- In-month FIP delivery is behind plan. **We have delivered £0.60m against a plan of £3.7m.**
- There are currently 17 schemes in delivery (an increase of 1 from last month).
- 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 schemes will be included from month 7.
- The Medical and Nursing, Midwifery & AHP Transformation programmes were planned to start delivering in July. 3 schemes have started to deliver in August, concerns continue for projects such as 'Reduction of Bank Rates' where costs were previously aligned to the 'Covid' budget and may now be classed as Cost Avoidance.
- The savings planned for Ophthalmology Transformation were due to start in July. Delivery for this programme is anticipated to catch-up.
- The savings planned for Diagnostics Transformation were due to start in July. Delay to the appointment of the Diagnostics Improvement Programme Manager has had an impact on delivery. The new Programme Manager started on the 19th September.
- Within Corporate Services, energy savings have been delivered non recurrently in month of £0.3m.
- Other Corporate Services projects have been delayed such as a decision to delay the re-introduction of parking charges for staff and awaiting for the outcomes of the National Consultation on uniforms. Further work is required to identify other opportunities to replace projects that won't deliver such as electric car charging points and vacancy underspends.
- Operational capacity has been impacted by the recent critical incident; divisional FIP engagement has understandably been challenging.

Programme	Overall Trust Target v Delivery			FIP Delivery - Year to Date																	
	Target £'000	Actual Delivery £'000	Delivery RAG	Corporate Services Division			Diagnostics & Outpatients Division			Medicine Division			Surgery, Anaesthetics & Critical Care Division			Urgent and Emergency Care Division			Womens & Childrens Division		
				Target £'000	Delivery £'000	Delivery RAG	Target £'000	Delivery £'000	Delivery RAG	Target £'000	Delivery £'000	Delivery RAG	Target £'000	Delivery £'000	Delivery RAG	Target £'000	Delivery £'000	Delivery RAG	Target £'000	Delivery £'000	Delivery RAG
Medical Transformation	£987	£9		£0	£0		£28	£0		£452	£0		£242	£9		£187	£0		£78	£0	
Nursing Midwifery and AHP Transformation	£670	£98		£0	£2		£23	£0		£286	£55		£133	£20		£121	£28		£107	£-8	
Ophthalmology Transformation	£17	£0		£0	£0		£0	£0		£0	£0		£17	£0		£0	£0		£0	£0	
Outpatients Innovation	£10	£18		£10	£18		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Pathology Transformation	£13	£2		£0	£0		£13	£2		£0	£0		£0	£0		£0	£0		£0	£0	
Procurement	£200	£31		£45	£0		£10	£0		£75	£31		£50	£0		£10	£0		£10	£0	
Estates & Facilities	£0	£319		£0	£319		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Other Corporate Services	£453	£0		£453	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Diagnostics Transformation	£67	£0		£0	£0		£67	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Divisional Schemes	£1,277	£81		£293	£0		£203	£9		£307	£7		£257	£42		£113	£0		£103	£23	
Total	£3,693	£559		£802	£340		£344	£11		£1,120	£93		£699	£72		£431	£28		£298	£16	