



Single Oversight Framework

Reporting Period: Month 7
2022/23

Inspected and rated

Good



Single Oversight Framework – Month 7 Overview



Domain	Overview & risks	Lead
Quality Care	<p>In October 2022 the Trust continued to experience significant pressure across all services and pathways. Throughout the month additional capacity was flexed to meet the demand, the Full Capacity Protocol was enacted, and the Trust has been required to utilise super-surge.</p> <p>The Emergency Department has been under significant pressure and on occasions significant overcrowding, with extended waiting times for patients waiting for a bed. This has impacted on the medical and nursing staff to provide timely care and treatment of patients, and this does not allow our patients to have a good experience at the front door to our Trust. The Emergency Assessment Unit has also been impacted by the Full Capacity Protocol and have been required to increase their bed capacity to 46 beds, this has been assessed and a Quality Impact Assessment has been completed and signed off by the Chief Nurse and Medical Director to support this decision.</p> <p>The Trust has undertaken a comparative risk assessment on the areas which are opened within the Full Capacity Protocol, and this has informed senior managers decision making in the opening of additional capacity.</p> <p>The staff in all areas have experienced the significant pressure, which has impacted on their experience and their morale during these times, and despite these challenges medical and nursing, midwifery and AHP staff have continued to provide outstanding care and treatment.</p> <p>There are three exception reports to note for October 2022:</p> <p>Exception reports:</p> <p>Covid-19 Hospital onset – There has been a decrease in nosocomial cases of Covid-19 within the Trust, with 14 definite hospital acquired Covid-19 and 6 possible cases.</p> <p>Rolling 12 month MRSA bacteraemia infection rate as per 100,000 OBDs – The Trust has breached the MRSA bacteraemia target for 2022/23, and the trajectory was set at ‘0’. There has been no further bacteraemia since July 2022.</p> <p>Recommended Rate: Friends & Family Accident & Emergency – There has been a slight improvement in the Friends & Family in the Emergency Department, the overall year to date compliance is 89.1%.</p>	MD, CN

Single Oversight Framework – Month 7 Overview



Domain	Overview & risks	Lead
<p>People & Culture</p>	<p>People</p> <p>In October 2022 (M7) our sickness absence levels and overall workforce loss has increased. The current sickness level is reported as 5.1% which is an increase when compared to 4.5% in September 2022, this sits above the Trust target 4.0%. The main reasons for sickness are reported as Stress and Anxiety and Chest and Respiratory problems. Across the ICS the sickness level for M7 are recorded at 5.5%.</p> <p>Total workforce loss (Inc. sickness, maternity and infection precaution) sits at 7.1%, this sits above the target 6.5%.</p> <p>As part of the Trusts Health and Wellbeing (HWB) approach we are developing approaches to raise awareness of the impact of menopause on colleagues and taking positive action to change perceptions. We held a successful menopause conference in October 2022 to align with World Menopause Day. Our wellbeing programme is also focusing on financial wellbeing, staff mental health and physical health, with programmes around World Mental Health Day and focuses on loneliness.</p> <p>For Month 7 our Flu vaccination take up is reported at 42.5%, it is acknowledged that this isn't where we have been in previous years, however nationally the NHS are reporting lower figures. To support the take up across SFH we are adopting different measures and where possible are taking the vaccine to staff. Actions we have undertaken are: we are holding pop up clinics at different locations, delivering joint vaccines with COVID that are both supported with clear communications.</p> <p>We have noticed an upward trajectory within our employee cases figures, analysis of this identifies 3 main areas, these include grievances and counter grievance relating to civility, ongoing concerns around clinical staff wearing face-masks and staff speaking up about racism (from both being on the receiving end or witnessing racism).</p> <p>Several Trade Unions have balloted or are balloting their members at the Trust for industrial action including strike action. The RCN ballot closed on the 2 November 2022. The results were published on 10 November 2022 which outlined the RCN did not meet the threshold to take strike action at Sherwood Forest Hospitals NHS Foundation Trust. Unison the Union and the Royal College of Midwives are currently conducting ballots for industrial action including strike action. The industrial action is in relation to the pay award and conditions of employment. To support the Trusts preparedness for any industrial action including strike action, an Industrial Action Group has been developed which meets weekly, this group is planning to ensure the Trust are able to respond to any notification from the Trade Unions regarding strike action to ensure essential services are delivered and staff are supported.</p> <p>Overall resourcing indicators for M7 are positive, our overall vacancy's has marginally reduced and is under target and turnover sits under the trust target.</p> <p>Supporting the winter plan and a planned reduction of our vacancy levels, we recent held successful recruitment fairs and continue to have the programme scheduled over the next few months.</p>	<p>DOP, DCI</p>

Single Oversight Framework – Month 7 Overview



Domain	Overview & risks	Lead
<p>People & Culture</p>	<p>Culture and Engagement</p> <p>The National Staff Survey for 2022 launched on Monday 3rd October remains open until Friday 25th November. Supporting teams with engagement in the survey has been the priority action for the Culture and Engagement team in month 7.</p> <p>In addition, the newly established OD Partner team have continued to review and revise the core OD offer into the organisation with a view to relaunching and formally introducing the team to the organisation in January. The core offers will focus on:</p> <ul style="list-style-type: none"> - Embedding a coaching culture - Moving Civility, Respect and Kindness into action through our new ACTIVATE team programme offer - Team development day to include personality profiling and team charter - 360 degree facilitation - Mediation in particular support of FTSU <p>The People Directorate Senior Leadership Team have continued their commitment to visit all sites across the organisation in pairs on a minimum of a monthly basis, although most pairs are making more frequent visits than this to support increased visibility of the team and the support that can be offered.</p> <p>Reward and Recognition continues to be a key focus for the team and Trust with regards 'getting the foundations right'. New foundations such as retirement acknowledgement and better long service acknowledgement are now in place with plans to relaunch monthly CARE values from the New Year. The SFH George Cross pin badge has also proven a positive engagement opportunity with colleagues, with excellent feedback and over 5000 now in circulation with colleagues across SFH.</p> <p>Learning & Development</p> <p>Our Mandatory Training and Development compliance currently sits at 87.0%. this is below our Trust target (90%). Training has now resumed as normal, and our Task & Finish Group have been working together to improve compliance. Training rates for our ICS are reported at 83.1% and show reductions over the last few months, within SFH we have seen a constant level showing our strong performance across mandatory training.</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. The revised workbook offer is in its final stages.</p> <p>We expect to see an upturn in compliance during the coming months. The new induction process was introduced from mid-October and as such, increased assurance and compliance of all MAST requirements.</p> <p>Appraisals levels sit at 86% for October 2022, this is below the Trust target but favourable in comparison to National/local levels. This reflects the workforce loss during July due to COVID absences, along with Annual Leave impact during School summer holidays.</p> <p>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). This appraisal has been shared with TMT with a recommendation to implement revised paperwork from 1 April 2023. Next steps will be to introduce the new process and support ongoing development of quality of appraisals.</p>	<p>DOP, DCI</p>

Single Oversight Framework – Month 7 Overview



Domain	Overview & risks	Lead
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People & Culture **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 October 2022 was 7.2%, (September 2022 6.6%). This is expressed in figure 1.

DOP, DCI

Lateral Flow Tests – Overall there were 14,419 test distributed, with 9,123 test registered (63.2%). Of the completed tests there has been 3,894 positive test (1.1% positive results). This is expressed in figure 2.

Figure 1 – Total COVID Workforce Loss

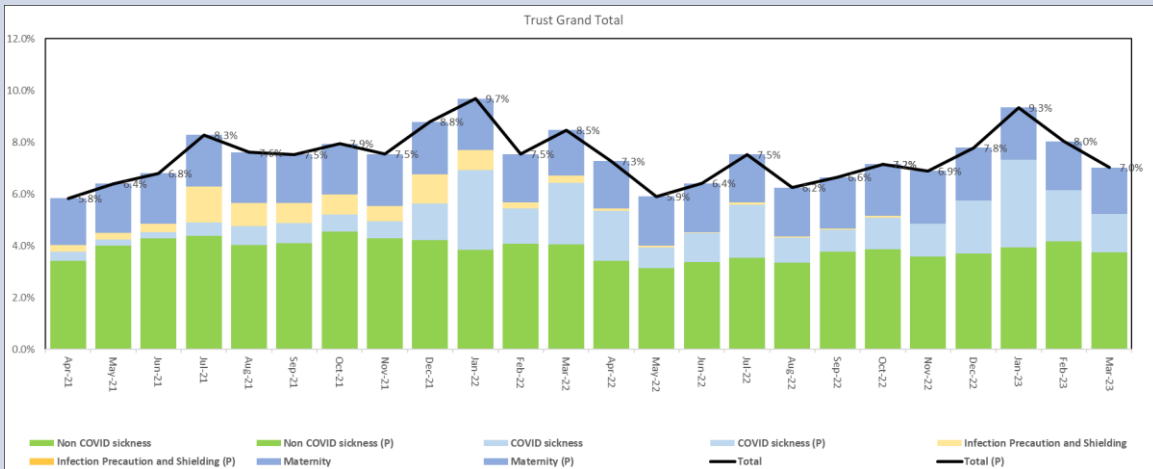
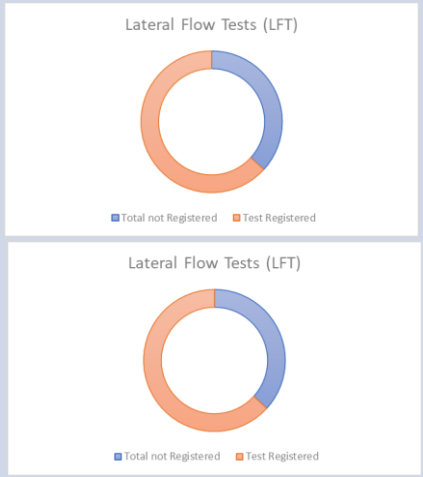


Figure 2 – Lateral Flow Tests



Single Oversight Framework – Month 7 Overview



Domain	Overview & risks	Lead
<p>Timely care</p>	<p>October continued to be challenging across the emergency pathway. Bed pressures derived from excessive numbers of delayed medically safe for transfer (MSFT) patients were a key driver for performance against the 4 hour standard, which improved in October 2022 to 76.7% from 75.4% in September 2022. Whilst this is some way short of the 95% of patients being seen under the 4 hour standard, the trust continues to be one of the best performers nationally and regionally with the trust ranked 11th in the country and 3rd regionally.</p> <p>MSFT patient numbers improved slightly during October dropping from 111 to 103 which may be as a result of the implementation of the Integrated Care Hub and some system wide improvement schemes coming on line (D2A, VW). The data to measure success was not available at trust level to understand impact however this is being developed. MSFT remains significantly above the agreed position of 22 patients in delay.</p> <p>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 94.7% for 24 days out of 30, 18 of those days were over 95%.</p> <p>To date the reduction against the 25% follow up target, has been limited (4.8%) and due to the size of the overdue review list it is unlikely that this will change significantly. Good progress continues to be made against the 5% Patient Initiated Follow Up target with performance exceeding the target at 5.8%.</p> <p>Elective day case and elective inpatients fell behind plan in October, despite our highest number of day case procedures per month in this financial year. Key challenges are utilisation and staffing capacity.</p> <p>The number of patients waiting more than 62 days on a suspected cancer pathway in October was 107 which is over trajectory. 62 day performance for September improved slightly on the previous month increasing to 64.4% against a standard of 85%. Faster Diagnosis Standard (FDS) performance continues to be in target at 75.8% against the 75% standard.</p> <p>Patients waiting over 78 weeks dipped slightly in October, 35 patients against a trajectory of 31. Cardiology diagnostics and mutual aid were the main challenges in achieving trajectory.</p>	<p>COO</p>

Single Oversight Framework – M7 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 deficit of £2.0m for Month 7 (October 2022), which is £2.2m adverse to plan. Year-to-Date performance for the period to the end of October 2022 is a deficit of £11.5m, which is £7.0m adverse to plan. The adverse variance in the year-to-date position is caused by: <ul style="list-style-type: none"> Non-receipt of expected Community Diagnostics Centre (CDC) funding Unplanned capacity costs, including the costs of additional beds and Covid-19 expenditure An out of area Elective Recovery Funding (ESRF) shortfall The net impact of Financial Improvement Programme (FIP) under-delivery, offset in part by other divisional underspends The forecast outturn at Month 7 shows delivery of the planned £4.7m deficit for the financial year. However, a risk assessed forecast outturn suggests that this is unlikely to be delivered, due to the ongoing challenges noted above. NHS England have now published a protocol for changes to in-year revenue financial forecasts. The Financial Improvement Programme (FIP) has delivered savings of £2.4m to the end of Month 7, which is £4.0m lower than planned. <p>Capital Expenditure & Cash:</p> <ul style="list-style-type: none"> Capital expenditure remains behind plan, and although the phasing of the plan contributes to this an acceleration of key schemes is needed to ensure delivery. Capital leads remain confident in our ability to meet the full-year capital expenditure plan. Although closing cash is slightly 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 we are 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"> Additional capacity and agency covering vacancies within Divisions continues to cause pressures against the agency expenditure plan, with YTD costs exceeding plan by £2.1m. Executive led programmes to reduce overall agency expenditure, as well as price cap and framework breaches, are in place. 	CFO

Single Oversight Framework – Month 7 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	Oct-22	46.57	48.72		G	MD/CN	M
		All Falls per 1000 OBDs	6.63	Oct-22	7.57	7.63		A	CN	M
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Oct-22	17.94	20.93		A	CN	M
		Covid-19 Hospital onset	<37	Oct-22	133	17		R	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Oct-22	2.24	0.00		R	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Sep-22	96.3%	99.1%		G	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	Oct-22	8.8	8.7		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Oct-22	1.22	1.05		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<90%	Oct-22	89.1%	87.4%		R	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	<96%	Oct-22	95.2%	95.3%		A	MD/CN	M
Effective	Cardiac arrest rate per 1000 admissions	<u><1.0</u>	Oct-22	0.89	0.85		G	MD	M	

Single Oversight Framework – Month 7 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%	Oct-22	4.6%	5.1%		R	DoP	M
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	Oct-22	6.8%	7.1%		A	DoP	M
		Flu vaccinations uptake - Front Line Staff	>90%	Oct-22	45.2%	-		A		
		Employee Relations Management	<10-12	Oct-22	59	14		A	DoP	M
	Resourcing	Vacancy rate	≤6.0%	Oct-22	4.7%	5.2%		G	DoP	M
		Turnover in month (excluding rotational Drs.)	<0.9%	Oct-22	0.6%	0.7%		G	DoP	M
		Mandatory & Statutory Training	>90%	Oct-22	87.0%	87.0%		A	DoCI	M
		Appraisals	≥95%	Oct-22	85.6%	86.0%		R	DoCI	M

Single Oversight Framework – Month 7 Overview (3)



Sherwood Forest Hospitals
NHS Foundation Trust

Timely Care	Emergency Care	Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	Oct-22	78.1%	76.7%		R	COO	M
		Mean waiting time in ED (in minutes)	220	Oct-22	208	207		G	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	Oct-22	4.7%	4.0%		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	Oct-22	2.6%	2.4%			COO	M
		Mean number of patients who are medically safe for transfer	<22	Oct-22	104	103		R	COO	M
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Oct-22	95.4%	94.7%		R	COO	M
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Oct-22	16.4%	15.3%		R	COO	M
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	on trajectory	Oct-22	5.2%	5.8%		G	COO	M
		Follow Up Outpatient Attendances reduce against Yr2019/20	on trajectory	Oct-22	-4.8%	-13.1%		R	COO	M
		Elective Day Case activity against Plan	on trajectory	Oct-22	94.2%	89.0%		R	COO	M
		Elective Inpatient activity against Plan	on trajectory	Oct-22	89.2%	86.4%		R	COO	M
		Elective Outpatient activity against Plan	on trajectory	Oct-22	100.8%	95.0%		A	COO	M
	Diagnostics	Diagnostics activity increase against Plan	on trajectory	Oct-22	111.0%	110.3%		G	COO	M
	RTT	Number of patients on the incomplete RTT waiting list	on trajectory	Oct-22	-	46978		A	COO	M
		Number of patients waiting 78+ weeks for treatment	on trajectory	Oct-22	-	35		R	COO	M
		Number of patients waiting 104+ weeks for treatment	on trajectory	Oct-22	-	0		G	COO	M
		Number of completed RTT Pathways against Yr2019/20	on trajectory	Oct-22	96.9%	93.1%		A	COO	M
	Cancer Care	Number of local 2ww patients waiting over 62 days for cancer treatment	75	Oct-22	-	107		R	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Sep-22	77.6%	75.8%		G	COO	M

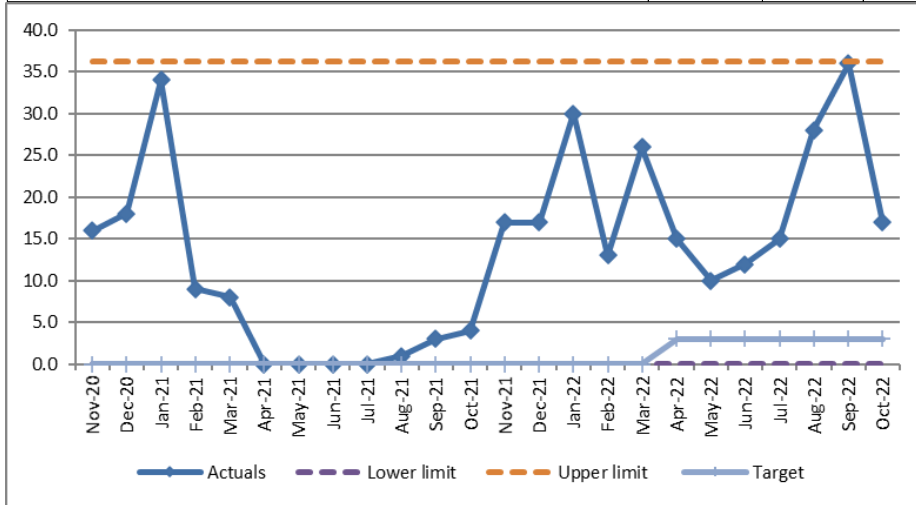
Single Oversight Framework – Month 7 Overview (4)



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	Oct-22	-£7.02m	-£2.22m		A	CFO	M
		Financial Improvement Programme - Trust level performance against Plan	Oct-22	-£3.98m	-£1.03m		A	CFO	M
		Capital expenditure against Plan	Oct-22	£6.57m	£0.92m		A	CFO	M
		Cash balance against Plan	Oct-22	£0.08m	-£0.18m		G	CFO	M
		Agency expenditure against Plan	Oct-22	-£2.10m	-£0.06m		A	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Covid-19 Hospital onset	<37	Oct-22	133	17		R	CN	M

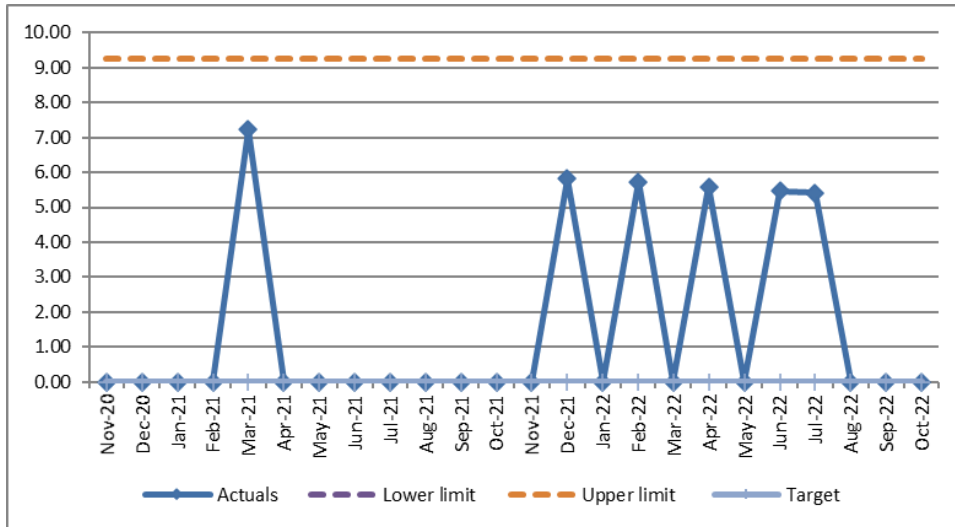


National position & overview

During October we saw 14 cases of definite hospital acquired Covid-19 and 6 probable cases. This is a decrease of 16 cases from September 2022.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> The majority of our cases in October were related to visitors non-compliant with mask wearing within the clinical environment or were the contact of a community positive case. 	<ul style="list-style-type: none"> Continuation of asymptomatic testing within the Trust; 48 hour testing for patients identified as care home discharges; 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. Review of current mask wearing and testing regime guidance planned 	<ul style="list-style-type: none"> 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	Oct-22	2.24	0.00		R	CN	M

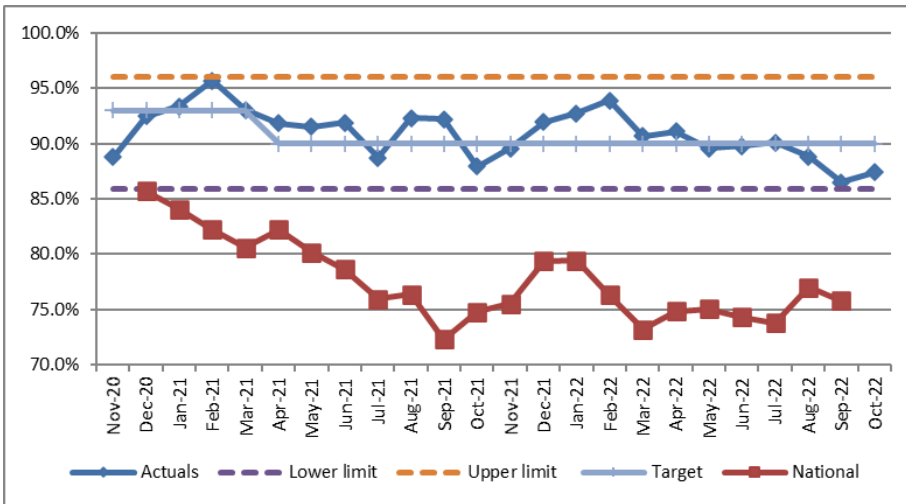


National position & overview

- 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.
- All other organisation in our region have also breached their target and 7 of our peer Trust.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • There have been no further cases of MRSA bacteraemia in October. 	<ul style="list-style-type: none"> • Fundamentals of IPC training is being carried out by the Infection Prevention & Control team on all wards and departments. 	<ul style="list-style-type: none"> • To support all patients who are high risk getting the correct treatment in a timely manner. • Decolonisation will be on Nerve Centre which should improve compliance.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Recommended Rate: Friends and Family Accident and Emergency	<90%	Oct-22	89.1%	87.4%		R	MD/CN	M

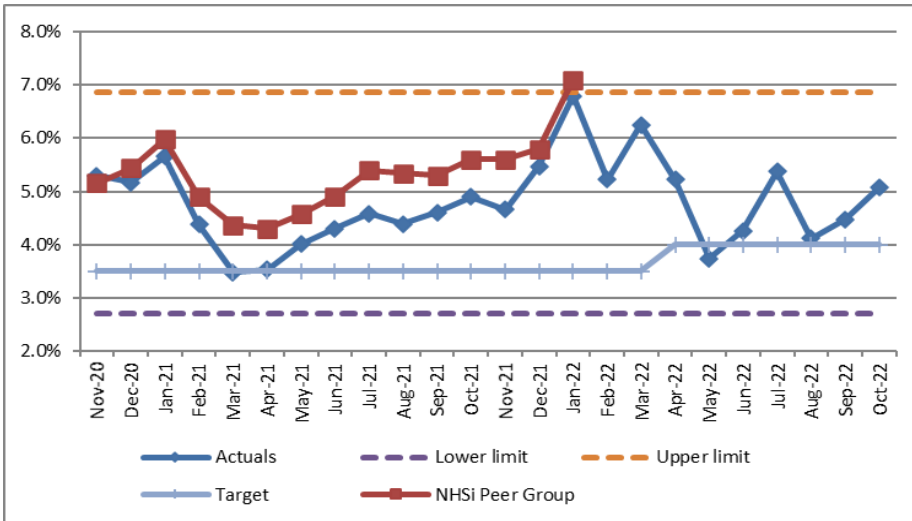


National position & overview

- Nationally all Emergency Departments are under extreme pressure and overcrowding, and the Trust's Friend & Family reflects the national picture.
- The Trust is currently 87.4% compliant on the Friends and Family in Emergency Department and has improved slightly in month, with a year to date average of 89.1% compliance.
- Nationally the compliance year to date is 54.9% compliance.

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 Friend & Family. 	<ul style="list-style-type: none"> Volunteers are supportive in ED and lead nurse/ Head of Nursing will discuss with the Volunteer Manager to establish if this is something that is within their remit. 	<ul style="list-style-type: none"> Improvements by January 2023

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Sickness Absence	<4.0%	Oct-22	4.6%	5.1%		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 (5.5%)

Our NHSi peer group follows a similar trend to the sickness absence level at Sherwood Forest Hospitals, however the Trust level has sat below the NHSi peer group. We are currently waiting for updates to Model system so we can updated our benchmarks

Root causes

Sickness absence levels has shown a increase since August 2022 to a position of 5.1% in October 2022. This sits below the upper SPC and sits above the Trust Target (3.5%). The sickness absence levels is above the sickness absence level in October 2021 (4.9%)

The short term sickness absence rate for October 22 is 3.1%. (September 2022 – 3.1%).

The long term sickness absence rate for October 22 is 2.0%. (September 2022 – 1.4%).

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

Non COVID related absence has seen an gradual increase, however this is an expected annual movement.

Actions

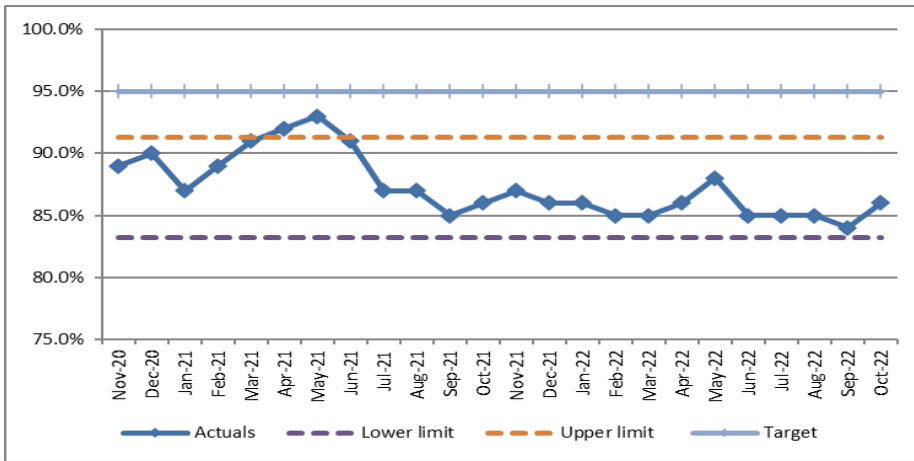
The increase in absence levels coincidences with the increase nationally with the COVID surges and sicknesses associated with the winter period (Cold, Coughs and Flu)

We have forecasted an increase in sickness absence level over the next few months, to support our workforce during this period we have developed a Winter Wellbeing programme and are continuing to promote the COVID Booster and Influenza vaccine.

Impact/Timescale

The sickness levels are recorded above the Trust target (3.5%), and sits below the upper SPC level.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	≥95%	Oct-22	85.6%	86.0%		R	DoP	M



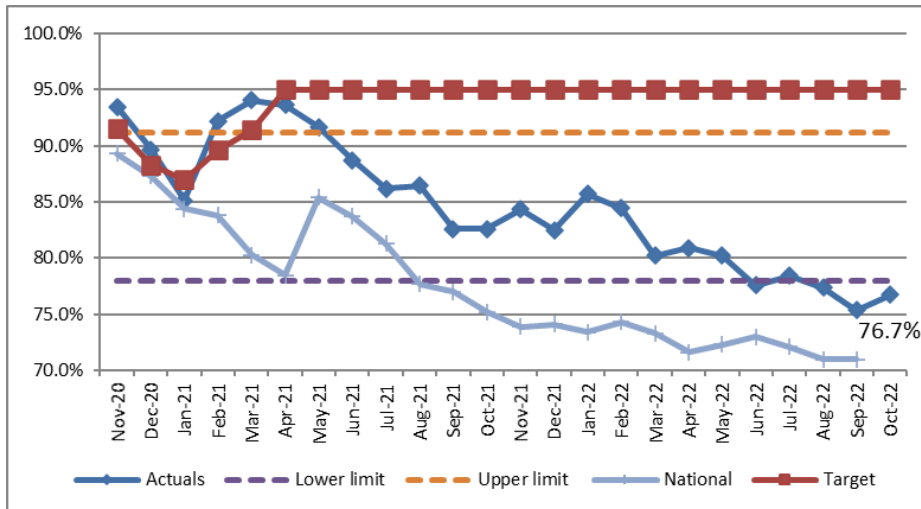
National position & overview

The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers. Across the ICB the appraisal level for M7 2022 is recorded at 79.8%.

The NHS Corporate Benchmarking exercise indicates the Trust compliance level on appraisal is in the upper quartile, with the national NHS median at 76.3%, and the upper quartile at 82.2%. These figures are for 2021/22.

Root causes	Actions	Impact/Timescale
<p>The Appraisal position is reported at 86.0%, and is at a higher level than last month.</p> <p>The key cause of below trajectory performance on the appraisal compliance is related to workforce loss during August 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: Options appraisal as regards the digital vs paper-based approach. Options Appraisal due to go out to group for consideration. Agreement to pursue a digital model was made and a first version to be commissioned and demonstrated in the coming weeks. 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.</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>Build first version of new system to showcase at next iteration of TMT.</p> <p>Update PLT policy and highlight through relevant cabinets then nursing / midwifery cabinet.</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%	Oct-22	78.1%	76.7%		R	COO	M

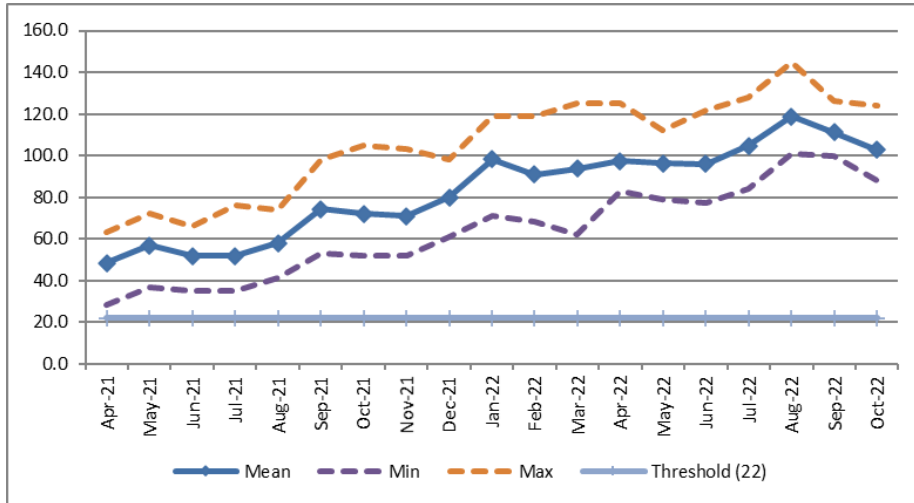


National position & overview

- SFH performance was 76.7% for October 2022.
- Performance continues to be driven mainly by exit block and high numbers of MSFT
- Newark UTC performed well with an average 99.0% of patients seen and treated under 4 hrs.
- National rank 11th out of all comparison Trusts
- Regional rank 3rd
- Bed pressure was a key driver of performance.
- Medically Safe For Transfer is driving a total of 4 wards worth of demand against a threshold of one.
- 12 hr Discharge to Assess - 98, rank 45th out of 107 comparison trusts.
- Average attendances were 476, with 7 days of the month exceeding 500
- In the month of October, the trust hit OPEL level 4, 14 days out of 31 but was also able to hit and maintain OPEL level 2 for 3 consecutive days mid month.

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 4 wards worth of capacity that is currently being used solely for the care of patients who are medically fit but have no onward destination. 	<p>Oakham ward was opened to 12 beds with the remaining beds to be opened early December.</p> <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 (package of care) over night/for a few hours.</p>	<ul style="list-style-type: none"> • December 2022 • In place
<p>Waiting to be seen / Time to Decision</p> <ul style="list-style-type: none"> • Attendances in October were 14,751 (average of 476 per day) which continues to be more than planned capacity coupled with increased acuity. 	<p>ED workforce capacity paper was presented and agreed at TMT.</p> <p>The Optimising Patient Journey (OPJ) Improvement Programme is conducting a rapid improvement cycle across all adult wards throughout November and December, with outcomes reported into the Emergency Care Steering Group.</p>	<ul style="list-style-type: none"> • Recruitment underway • On-going

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	Oct-22	104	103		R	COO	M



National position & overview

- Whilst there has been an improvement in October, the local position remains significantly above the agreed threshold of 22 patients in the acute trust.
- There are currently over 4 wards worth of patients in delay .
- Additional winter capacity as described in the winter plan has opened.
- The SFH and Notts Health Care Respiratory Virtual Ward pathway start date was delayed due to staffing issues with NHT.
- System D2A programme started and has had some success but not meeting the required trajectory.
- Working with system discharge lead to improve internal discharge process.
- Provider collaborative work with NHT to increase home care packages has had small success in October.

Root causes

- 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).

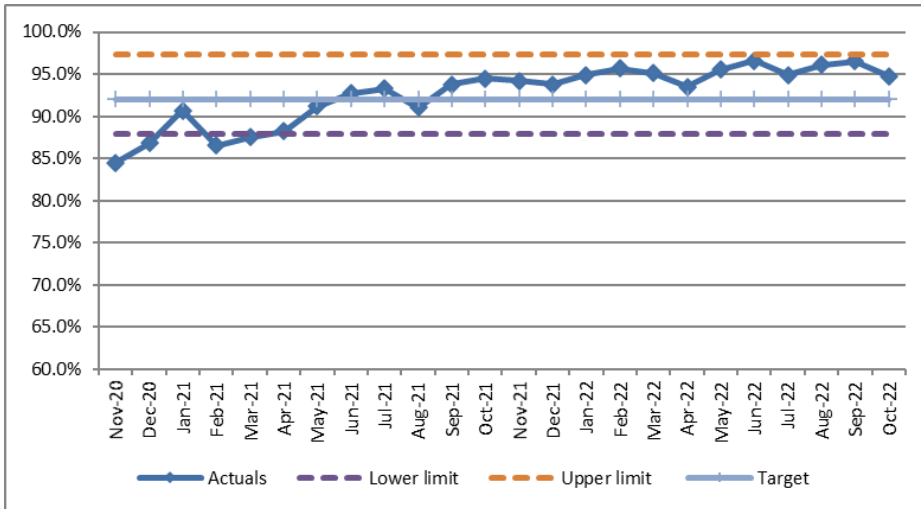
Actions

- Working with adult social care and ICB to significantly improve the interim bed offer process.
- Transfer of Care Hub opened 17 October.
- 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.

Impact/Timescale

- Ongoing
- Complete
- 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%	Oct-22	95.4%	94.7%		R	COO	M

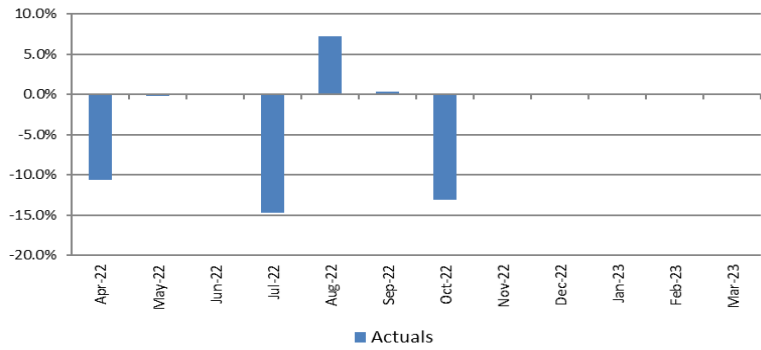


National position & overview

- The trust continues to operate at occupancy levels significantly higher than the planned 92%.
- Delays to the onward care of medically safe for transfer (MSFT) patients continue to have a detrimental effect on capacity and flow.
- Throughout October the trust operated above 92% occupancy on 24 days out of 30 days, of those, 18 were over 95%.
- Additional winter capacity is open.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • 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 associated increasing length of stay. 	<ul style="list-style-type: none"> • 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. • 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 ward process rapid improvement cycle commenced 	<ul style="list-style-type: none"> • Ongoing • Ongoing • Ongoing • In place • Complete • Complete • Ongoing • Ongoing

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	Oct-22	-4.8%	-13.1%		R	COO	M



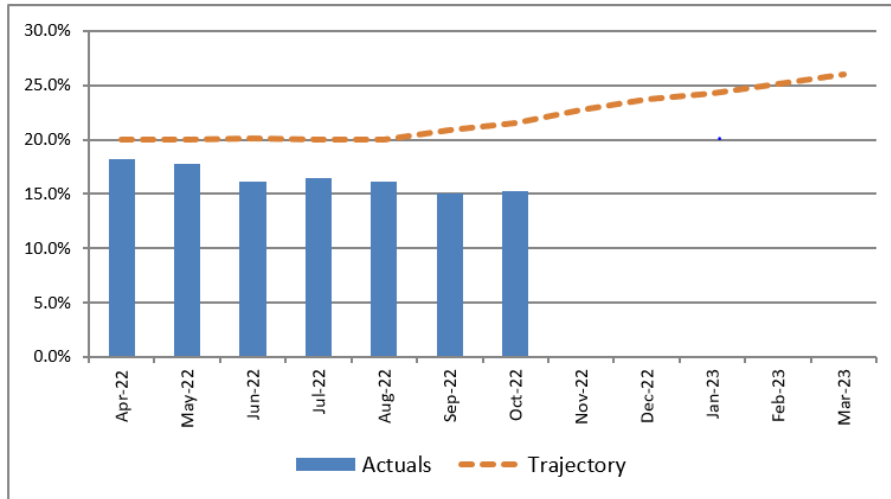
National position & overview

- 13.1% more follow-up appointments delivered in October 2022 versus October 2019, with 4.8% more follow-up appointments delivered YTD against 19/20. SFH submitted a non-compliant plan against this metric in ICS planning round.
- National target to achieve a 25% reduction in follow-up outpatient attendances; due to the volume of overdue reviews the Trust will not achieve a 25% reduction.

Root causes	Actions	Impact/Timescale
<p>Backlog volume and overdue reviews which are driving an increase in activity.</p> <p>Improvement productivity workstreams to reduce backlogs.</p> <p>Patient Initiated Follow Up (PIFU) pathways are not in place for all specialities.</p>	<ul style="list-style-type: none"> • DNA rate of 7% in October, lowest % since November 2021: <ul style="list-style-type: none"> - Text message reminders are now being sent to all patients at Day 5, in addition to the existing Day 10 and Day 3 reminder messages - An audit of clinic codes not linked to text message reminders when they should be is being conducted; patients booked into these clinics will now receive text reminders for their upcoming appointment (46 clinic codes have been identified so far) - Text reminders now include the name of the specialty the appointment relates to, which is clearer for patients who are being seen under multiple specialties - Additional comms in outpatient areas is being planned to emphasise the impact of missed appointments • Focus on boosting outpatient productivity through tighter control of booking processes and more efficient backfill of short-notice cancellations • Focus on maximising utilisation of available outpatient estate – vacant sessions available across Newark Hospital have been escalated to divisional leads to understand where there is appetite/ability to deliver additional activity; additional gynae clinics to go live from mid-December, and additional Respiratory Physiology clinics to go live from early January. Process to be replicated for King’s Mill in coming weeks • Continued work to improve use of PIFU (Trust already performing above target; 5.8% outpatient attendances added to PIFU in October) and introduce in specialties where it is not currently utilised. Comms strategy to promote PIFU both to clinicians and patients has been developed. Plan to go-live in the New Year. • NHSE support to pilot online forms to help validate waiting lists and support moving additional patients to a PIFU pathway 	<p>On-going - monitored through bi-weekly outpatient utilisation meetings</p> <p>On-going</p> <p>December 2022</p> <p>January 2023</p> <p>January 2023</p>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Remote Attendances as a percentage of Total Outpatient Attendances	on trajectory	Oct-22	16.4%	15.3%		R	COO	M

Remote Attendances as a percentage of Total Outpatient Attendances

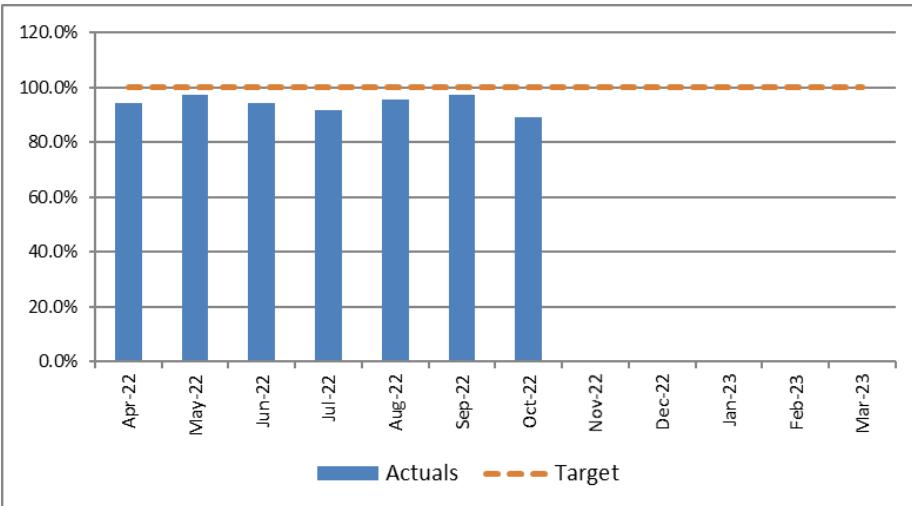


National position & overview

- National target to deliver 25% of all outpatient attendances virtually (telephone or video).
- In October 2022, 15.3% of outpatient consultations were delivered 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. 	<ul style="list-style-type: none"> • Project Team established o define problems and actions to address. • Specialities are being individually reviewed to understand how we can increase virtual attendances • The Video Appointment webpage is now live. • Workstreams established across internal processes and clinical governance, data (reporting and recording) • Targeted meetings with specialties with significant opportunity to improve. To provide specialties with data and discuss approaches to improving position. • Exploring enabling approach to support accessibility in Newark area by providing a room for patients with equipment to access virtual appointment 	<ul style="list-style-type: none"> • Ongoing • Underway • Webpage providing information and reassurance to patients • Meetings taking place November / December • Potential being scoped in late November early December

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Elective Day Case activity against Plan	on trajectory	Oct-22	94.2%	89.0%		R	COO	M

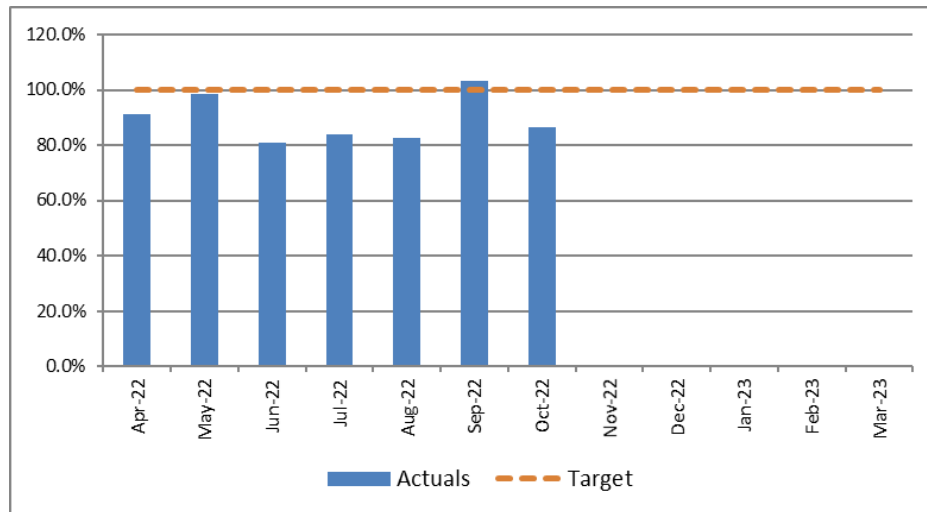


National position & overview

- For October 2022 activity performance against plan is 89%.
- Activity volume was 3345 (highest to date financial year) against the 2022/23 plan of 3757
- When comparing October 2022 projection to October 2019, activity for both years, Elective DC was 3345 V 3328 (+17)
- In October there were 8 cancellations in total, 5 were patient initiated cancellations; 2 due to clinical reasons and 1 due to non-clinical reason.

Root causes	Actions	Impact/Timescale
<p>Insufficient activity to meet anticipated plan.</p> <p>Theatre session utilisation.</p> <p>Staffing capacity across anaesthetics, theatres and specialty consultants.</p>	<p>Currently assessing approaches to implement an increase in theatre utilisation by minimising the number of vacant sessions.</p> <p>Recruitment underway for anaesthetics and theatres and plan for further recruitment later in the year being developed.</p> <p>Urology biopsies to be moved out of theatres into clinic to provide additional theatre capacity.</p> <p>Target Investment Funds secured for expansion of theatres at Newark.</p> <p>Getting it right first time workstreams underway in Urology, Orthopaedics and Breast. ENT is due to commence soon.</p>	<p>To be fully scoped December 2022</p> <p>October/November 2022</p> <p>Phase 1 underway; Phase 2 December 2022.</p> <p>April 2023.</p> <p>Ongoing.</p>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Elective Inpatient activity against Plan	on trajectory	Oct-22	89.2%	86.4%		R	COO	M



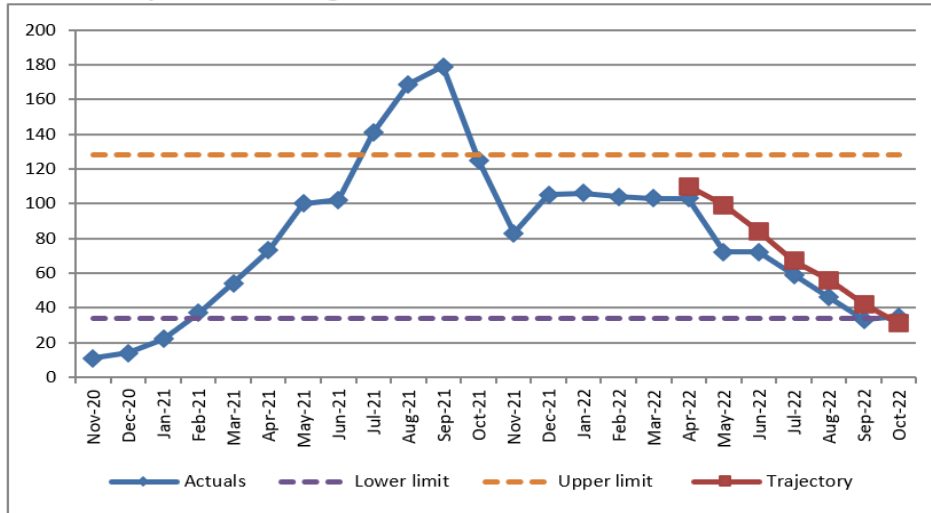
National position & overview

- For October 2022 activity performance against plan is 89%.
- Activity volume was 329 against the 2022/23 plan of 381
- When comparing October 2022 projection to October 2019, activity for both years:
 - Elective IP –329 V 375 (-46)
- In October there were 5 cancellations in total, 4 patient initiated cancellations and 1 due to clinical reasons.

Root causes	Actions	Impact/Timescale
<p>Insufficient activity to meet anticipated plan.</p> <p>Theatre session utilisation.</p> <p>Staffing capacity across anaesthetics, theatres and speciality consultants.</p>	<p>Currently assessing approaches to implement an increase in theatre utilisation by minimising the number of vacant sessions.</p> <p>Recruitment underway for anaesthetics and theatres and plan for further recruitment later in the year being developed.</p> <p>Urology biopsies to be moved out of theatres into clinic to provide additional theatre capacity.</p> <p>Target Investment Funds secured for expansion of theatres at Newark.</p> <p>Getting it right first time workstreams underway in Urology, Orthopaedics and Breast. ENT is due to commence soon.</p>	<p>To be fully scoped December 2022</p> <p>October/November 2022</p> <p>Phase 1 underway; Phase 2 December 2022.</p> <p>April 2023.</p> <p>Ongoing.</p>

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of patients waiting 78+ weeks for treatment	on trajectory	Oct-22	-	35		R	COO	M

Number of patients waiting 78+ weeks for treatment



National position & overview

- In October there were 35 patients waiting over 78 weeks behind a trajectory of 31
- Working across the Integrated Care System to equalise waits

Root causes

- Insufficient capacity for Cardiology diagnostics, particularly ECHO and CT which are nationally challenged diagnostics (2 patients)
- Mutual aid in Urology and ENT have increased the size of the waiting list making it more difficult to meet trajectory in these specific specialties. (This relates to 2 patients)

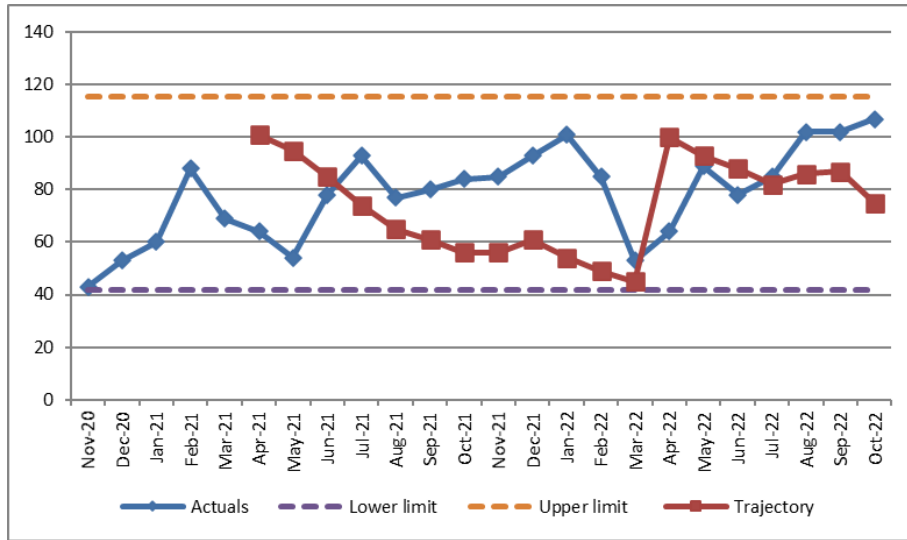
Actions

- Alternative access for provision of independent sector support or insourcing to increase capacity is being explored.
- Request for mutual aid has been raised with the mutual aid hub. As nationally challenged diagnostic this has been unsuccessful so far
- Support workers to increase capacity within existing clinics being explored
- Monitoring all patients over 78 weeks and approaching 78 weeks through patient tracking and validation, including all incoming mutual aid.

Impact/Timescale

- December 2022
- Ongoing
- January 2022
- Ongoing

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	75	Oct-22	-	107		R	COO	M



National position & overview

- October 2022 backlog is 107 against a trajectory of 75.
- 64.4% of patients in September were within 62 days against a target of 85% (97 patients in total were within target with 34.5 breaches) – the Trusts national ranking was 54 (of 127).
- The average wait for first definitive treatment in September was 64 days.
- The number of patients that waited >104 days at September month end was 28.
- The Faster Diagnosis Standard (FDS) performance was 75.8% achieving the 75% standard in August, giving a national ranking of 28 (of 125).

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Lower GI contributes to over 50% of the 62 day cancer backlog. • 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 prostate capacity. 	<ul style="list-style-type: none"> • Pathway improvement project commenced. Shadowing and scoping complete. Pathway review and process mapping sessions taking place during November to agree and finalise action plans. • Clinical cancer lead appointment made and commenced in post. • Additional administrative support identified to support consultant reviews. • Locum consultant recruitment underway to increase capacity. • Locum consultant appointed and started 1 November to increase establishment to improve the capacity gap. • Optimal timed pathway improvement agreed for commencement to lead transformation improvements e.g. teledermatology and straight to biopsy. • Engaging with the NHS England workshop to learn about new solutions and resources. • Pilot of biopsies in a clinic setting as opposed to in theatres to increase capacity by 75% and reduce waiting times to deliver in line with optimal prostate timed pathways. Phase 1 commenced. 	<ul style="list-style-type: none"> • Underway • Completed • Commences December 2022 • Interview planned for 13 December 2022 • November 2022 • Underway • 22 November • Phase 2 commences 5 December

Best Value Care

Income & Expenditure <i>Trust Level Performance against Plan</i>	In-Month	(£2.22m)	The Trust has reported a deficit of £1.99m for Month 7 (October 2022), on an ICS Achievement basis. This is a £2.22m adverse variance to the planned deficit.
	Year-to-Date	(£7.02m)	The Trust has reported a deficit of £11.53m for the Year-to-Date, on an ICS Achievement basis. This is a £7.02m adverse variance to the planned deficit.
	Forecast Outturn	£0.00m	The forecast outturn reported at Month 7 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	(£1.03m)	The Trust has reported FIP savings of £0.49m for Month 7 (October 2022), which is £1.03m lower than planned.
	Year-to-Date	(£3.98m)	The Trust has reported FIP savings of £2.35m for the Year-to-Date, which is £3.98m lower than planned.
	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	£0.92m	Capital expenditure in Month 7 (October 2022) totalled £1.00m, which is £0.92m less than planned.
	Year-to-Date	£6.57m	Capital expenditure totals £4.59m for the Year-to-Date, which is £6.57m 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	(£0.18m)	The Trust's cash balance decreased by £0.03m in Month 7 (October 2022), which is an adverse variance of £0.18m compared to the plan.
	Year-to-Date	£0.08m	The Trust reported a closing cash balance of £1.70m as of 31st October 2022, which is £0.08m 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	(£0.06m)	The Trust has spent £1.50m in month 7 (October 2022). This is a £0.06m adverse variance to the planned level of spend.
	Year-to-Date	(£2.10m)	The Trust has spent £10.40m for the Year-to-Date on agency, This is a £2.10m adverse variance to the planned level of spend.
	Forecast Outturn	(£3.27m)	The forecast outturn reported at Month 7 is to spend £17.88m on agency. This will be £3.27m adverse to the planned level of spend.

M7 Summary

- The Trust has reported a year to date deficit of £11.53m for the period up to the end of October 2022 on an ICS Achievement basis. This is an adverse variance of £7.02m to the planned deficit of £4.51m.
- The ICS forecast outturn reported at Month 7 is a £4.65m deficit in line with the 22/23 financial plan.
- Capital expenditure for Month 7 (October 2022) was £1.00m. This was £0.92m 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 NHSE/I for review and approval.
- Closing cash on the 31st October was £1.70m, which is £0.08m 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 for support in November and December. 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 £4.37m has been approved for November.
- The Trust has year to date expenditure of £10.40m of agency costs. This is £2.10m adverse to the planned spend of £8.30m due to additional capacity opened and agency covering vacancies within Divisions.

	October 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	38.25	38.02	(0.23)	269.30	268.46	(0.84)	459.48	463.01	3.54
Expenditure	(38.03)	(40.01)	(1.98)	(273.87)	(279.95)	(6.08)	(464.23)	(467.65)	(3.42)
Surplus/(Deficit) - ICS Achievement Basis	0.23	(1.99)	(2.22)	(4.51)	(11.53)	(7.02)	(4.65)	(4.65)	(0.00)
Capex (including donated)	(1.92)	(1.00)	0.92	(11.16)	(4.59)	6.57	(19.46)	(19.46)	-
Closing Cash	0.15	(0.03)	(0.18)	1.62	1.70	0.08	1.45	1.45	-
Agency Spend	(1.44)	(1.50)	(0.06)	(8.30)	(10.40)	(2.10)	(14.61)	(17.88)	(3.27)

FY23 Target		FY23 Forecast		FY23 Variance		M7 Target		M7 Actual		M7 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 £1.34m	ERF £0.18m	FIP £0.27m	ERF £0.22m	FIP (£1.07m)	ERF £0.04m	FIP £5.03m	ERF £1.29m	FIP £0.83m	ERF £1.51m	FIP (£4.20m)	ERF £0.22m	
£13.95m		£13.95m		£0.00m		£1.52m		£0.49m		(£1.03m)		£6.32m		£2.35m		(£3.98m)		

Section 2 - Financial Improvement Plan Actual Delivery (Month 7)

Year To Date Delivery

- In-month FIP delivery is behind plan. **We have delivered £833k against a plan of £5,033k.**
- There are currently 20 schemes in delivery (an increase of 3 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 8.
- The Medical and Nursing, Midwifery & AHP Transformation programmes were planned to start delivering in July. 3 schemes have started to deliver in August. Projects such as 'Reduction of Bank Rates' where costs were previously aligned to the 'Covid' budget, may now be classed as Cost Avoidance.
- The savings planned for Ophthalmology Transformation were due to start in July. Forecast delivery for this programme is however £144k ahead of target.
- 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, an additional opportunity re: Unitary Charge credits has been forecast for delivery of £333k.
- 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, plus mitigate against corporate overspends which are impacting on transactional FIP delivery.
- Operational capacity has undoubtedly been impacted by the recent critical incident (and ongoing pressure); divisional FIP engagement has therefore been understandably 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			Women's & Children's 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	£1,316	£77		£0	£0		£38	£0		£603	£0		£323	£77		£249	£0		£103	£0	
Nursing Midwifery and AHP Transformation	£893	£173		£0	£3		£30	£0		£381	£85		£178	£48		£162	£44		£143	£-6	
Ophthalmology Transformation	£22	£81		£0	£0		£0	£0		£0	£0		£22	£81		£0	£0		£0	£0	
Outpatients Innovation	£12	£21		£12	£21		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Pathology Transformation	£18	£3		£0	£0		£18	£3		£0	£0		£0	£0		£0	£0		£0	£0	
Procurement	£233	£34		£53	£0		£12	£0		£88	£34		£58	£0		£12	£0		£12	£0	
Estates & Facilities	£143	£319		£143	£319		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Other Corporate Services	£604	£0		£604	£0		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Diagnostics Transformation	£89	£0		£0	£0		£89	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Divisional Schemes	£1,702	£123		£391	£29		£271	£14		£409	£7		£342	£46		£151	£0		£138	£27	
Total	£5,033	£833		£1,203	£372		£457	£17		£1,481	£126		£923	£252		£574	£44		£395	£21	