



Single Oversight Framework

Reporting Period: Q3
2022/23

Inspected and rated

Good



Single Oversight Framework – Q3 Overview



Domain	Overview & risks	Lead
Quality Care	<p>In Q3 our prolonged period of exceptional pressure across all services and pathways within the Trust has continued. Throughout Q3 additional bed capacity has been flexed to meet the demands (Full Capacity Protocol), and the Trust remains above the Winter Plan and this has required the Trust to utilise super-surge.</p> <p>The pressure has been felt across the organisation, and particularly with Emergency Department with ongoing episodes of overcrowding and exceptionally 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 experience.</p> <p>The pressures were particularly heightened during the Christmas and New Year holidays where exceptional capacity was opened to support capacity and flow.</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 care in the safe manner possible.</p> <p>There are five exception reports to note for Q3:</p> <ol style="list-style-type: none"> 1. Serious Incidents including Never Events (reportable STEIS) by reported date 2. All falls per 1000 OBDs 3. Covid-19 Hospital onset 4. Rolling 12 months MRSA bacteraemia infection rate per 100,000 OBDs 5. Eligible patients asked the case finding questions or diagnosis of dementia or delirium 	MD, CN

Single Oversight Framework – Q3 Overview



Domain	Overview & risks	Lead
	<p>People</p> <p>Over Q3 (October 2022 – December 2022) our sickness absence level over the last few months has shown a gradual increase to a level of 5.9% in December 2022. Sickness does sit above the Trust target (4.0%) and between the upper and lower SPC levels. Benchmarked levels show that the Sherwood Forest absence rate is below our ICB provider partners (December 6.2%).</p> <p>Total workforce loss (Inc. sickness, maternity and infection precaution) sits at 7.9%, this sits above the target 6.5%.</p> <p>A key pillar of support to our people has been the focused Wellbeing programme that continues to provide support for teams and focuses on 3 key areas of support;</p> <ul style="list-style-type: none"> Financial Wellbeing- Citizen Advice Bureau have attended site to support staff with advice and guidance with positive engagement and uptake. Open appointments are available for staff to access Citizen advice off site. Financial Wellbeing leaflet developed, Talk Money week focus, Team Brief focus on Financial Wellbeing. Medirest offer of 50% off hot food at level 6 “Spice of Life” till 31st March 2023. Mental Wellbeing -Stress Awareness week focus, Resilience and mindfulness training implemented, National Grief week recognition, Domestic abuse training offered Physical Wellbeing. - Movember campaign supporting Men's Health messaging and Wellbeing Champion led Physical Activity Advent Calendar <p>Schwartz rounds continue to support all themes above.</p> <p>Critical incident support has been provided by the People Directorate and Chaplaincy to support during critical times and these have included wellbeing checks ins, delivery of critical incident food parcels and re-enforcement of the Rest Rehydrate and Refuel messages. The People Directorate facilitated a 'festive thank you' for all staff to access a hot drink and mince pie in December 2022.</p> <p>Menopause conference delivered in person and streamed online with topics including HRT, male menopause, Physiotherapy and Psychological support along with some real stories from our colleagues’ experiencing symptoms of the Menopause. 90 attendees from Sherwood Forest and additional colleagues from the ICS.</p> <p>We have noticed an upward trajectory within our employee relation cases and this sits towards our upper SPC limit. Since October 2022 our figures do include formal stage 2 cases, and we have seen an increase in the number of grievances raised. To support the increases, we are directly working with service lines undertaking focused work, while understanding any root cause for the increase.</p> <p>Over the last two months we have seen a gradual increase in the Trust vacancy level, currently this is recorded at 5.6%, with our Q3 level recorded at 5.0% (this is higher than our Q2 figures – 4.7%). Local benchmarking shows that the ICB provider vacancy level is reported at 11.5%. Part of this increase is due to investments that show an uplift in establishment levels and are sat within the recruitment process.</p> <p>Supporting the winter plan and a planned reduction of our vacancy levels we recent held successful recruitment fairs and continue to have a really active and engaged programme that has scheduled events over the next few months. We have recent held 2 very successful events, one a Newark Hospital and one at West Nottinghamshire College.</p>	<p>DOP, DCI</p>

Single Oversight Framework – Q3 Overview

Domain	Overview & risks	Lead
People & Culture	<p>A number of Trade Unions have conducted ballots of their members at Sherwood Forest Hospitals NHS Foundation Trust for action short of strike action and strike action, this includes the Royal College of Nursing (RCN), UNISON and Chartered Society of Physiotherapists (CSP).</p> <p>These ballots have not met the legal threshold for action to take place at the Trust. Nevertheless, our system partners have met the threshold and industrial action, including strike action has impacted on their services. With this in mind, the Trust has had representation at system incident meetings to ensure the services at the Trust are prepared for any impact to our services while also offering support to our system partners. It is also important to note the British Medical Association (BMA) are currently balloting junior doctors at the Trust for strike action.</p> <p>This ballot opened on 9 January 2023 and closes on 20 February 2023. The Trust has a well-established Industrial Action Group which is meeting on a fortnightly basis to plan for any industrial action. This group is also considering the impact of other industry on our people and services.</p> <p>Culture and Engagement</p> <p>The National Staff Survey for 2022 launched on Monday 3rd October and closed Friday 25th November. Supporting teams with engagement in the survey has been a focus for Q3. Results are expected Q4.</p> <p>The OD Partner team continued to develop 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>Reward and Recognition continues to be a key focus for the team with key deliverables in Q3;</p> <ul style="list-style-type: none"> • SFH George Cross pin badges distribution to over 5000 colleagues across SFH, Medirest and Skanska. • Festive Thank you – Free hot drink and mince pie to all staff to say Thank you with Exec leads supporting at the Voluntary Café. Engagement and feedback were positive <p>Further to this the department are provided dedicated support for key transformation programmes; Theatres, Maternity, Case Notes and Ophthalmology</p>	DOP

Single Oversight Framework – Q3 Overview



Domain	Overview & risks	Lead
People & Culture	<p>Learning & Development</p> <p>Mandatory and Statutory Training (MaST) performance levels are reported at 87.3%, with our Q3 level recorded at 87.3% (this is higher than our Q2 figures – 87.0%). We have also had IPC requirements lifted and as such our Education Centre is up to full capacity.</p> <p>During Quarter 3 we commenced a small group looking at Mandatory Training with the focus predominantly being the revised matrix for 23/24 and new training requests. The next steps are to re-instated the Full Mandatory Training Group to start to agree action to improve compliance levels (group to be live early February). In the interim there is some focused work underway with Maternity services to agree tangible actions to address low compliance areas and both Line Managers and People Partners are pushing the need for compliance at a service level.</p> <p>From 1st April 2023 it is possible that the pause on Mandatory training compliance linked to pay increments will be removed which will encourage some staff to improve their completion rate, a paper to approve this has not yet been agreed. Training rates for our ICS are reported at 83.4% and show reductions over the last few months, within SFH we have seen a constant level showing our strong performance across mandatory training. We expect to see an upturn in compliance during the coming months.</p> <p>Appraisals performance levels are reported at 85.0%, with our Q3 level recorded at 85.2% (this is marginally higher than our Q2 figures – 84.7%). Our ambition was to achieve a 90% target at the end of quarter 3, this was not acheived.</p> <p>Across Service Lines we have been actively encouraging the completion of appraisals. Service lines with low appraisal rates have been supported to develop action plans to work on improving appraisal compliance. In addition, Service Lines are sighted on non-compliance rates and assurance is sought via Performance meetings on improving compliance. Our focus has been on those employees who haven't had appraisal for over 18 months, as part of this we are ensuring managers are appropriate trained and staff are engaged in this process.</p> <p>By quarter 4 we envisage we will be ready to launch our revised paperwork for appraisals, we are also planning to have our appraisal compliance level at 90%.</p> <p>Improvement</p> <p>Following a re-organisation of portfolios, the intention to develop an Improvement Faculty aligning Improvement, Transformation, Planning and Patient Safety has been shared and approved at Trust-wide fora. The Faculty will be launched in Q1 2023/24. This will ensure that resources and learning are optimised to focus on quality, safety, efficiency and value, as part of our continuous improvement approach.</p> <p>Over Q3, the number of QI projects registered on AMAT, our knowledge management platform, dropped significantly and is reported as red. We are aware that there are a number of QI projects underway, having led several internal QI training courses over this period, but due to organisational challenges and vacancies in the Improvement team, colleagues have had less capacity to input and register them. The Improvement team will be up to full complement in Q4, and will ensure that this is a focus going forward.</p>	<p>DOP</p> <p>DOSP</p>

Single Oversight Framework – Q3 Overview

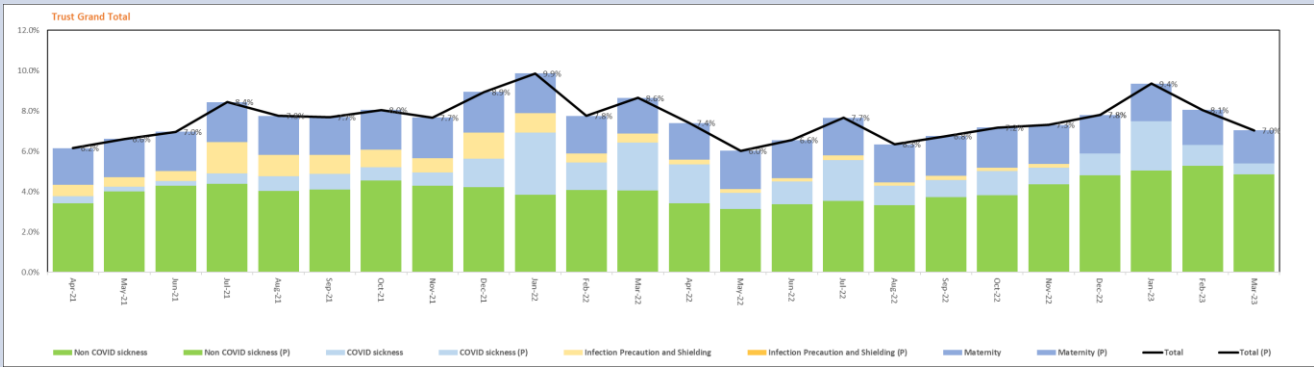
Overview & risks

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 December 2022 was 7.8%, (November 2022 67.3%). This is expressed in figure 1.

DOP

Figure 1 – Total COVID Workforce Loss



Vaccinations

Our Frontline Staff **Flu take up** is reported at 62.9%, it is acknowledged that this is lower than in previous years, however nationally the NHS are reporting lower figures, 50.2% of eligible healthcare workers nationally having had a flu vaccine and regional (Nottinghamshire) figures reporting 54.2% of eligible healthcare workers vaccinated.

The **COVID booster** vaccination level for Nottinghamshire sits at 47.16%, this sits at a higher level compared to midlands figures (45.97%), and the national level (reported at 46.43%).

Across the Trust we are actively promoting COVID and Flu vaccinations and are linking this into our Health & Wellbeing campaigns, aligning to the keeping well during winter programmes. Additionally, to support the take up across SFH we are adopting different measures and where possible are taking the vaccines to staff as we accept the acuity of the hospital has had an impact on vaccination levels.

Actions we have undertaken include:

- pop up vaccination clinics at different locations, including a return to the KTC
- Supporting the implementation of access to staff flu vaccination at the vaccine hub in TB3
- offering COVID and Flu vaccinations together at the vaccine hub and during pop up clinics
- Implementing a plan for roaming clinics around the hospitals as well as a “call out” service for staff to request a visit to their area.

All COVID and Flu plans supported with clear communications.

Single Oversight Framework – Q3 Overview



Domain	Overview & risks	Lead
Timely care	<p>In 2022/23 Q3 (Oct-Dec) our services have operated under sustained and increasing pressure much like many acute Trusts across the country. Towards the end of the quarter we saw attendance and admission levels due to influenza, Covid-19 and other respiratory illnesses surge across our adult services following pressure in paediatric services. In Dec-22 we saw our highest ever recorded daily ED attendances across our King’s Mill and Newark sites of 703 patients (on 19/12/22) compared to a Dec-22 average of 547. As attendance levels surged, we saw increased levels of admissions via ED. The combination of the increased demand and continued high levels of medically safe patients waiting to leave our hospitals meant that, particularly towards the end of the quarter, patient demand exceeded the capacity of our hospitals. This mismatch in demand and capacity resulted in Critical Incidents being declared from 14 to 16-Dec and from 29-Dec to 9-Jan. The post-Christmas Critical Incident was ICS-wide with the system remaining in incident until 12-Jan.</p> <p>As a result of the attendance demand pressures and the challenge in transferring patients out of our ED in a timely manner, unfortunately in Dec-22 we saw a decline in a number of our emergency care metrics. Performance against the 4-hour standard dropped sharply to 66% (previous low of circa 75%); mean time in ED rose to almost 270 minutes (previous high of circa 220 minutes); ambulance handovers over 30 minutes increased to almost 11% (previous high in 2022 of circa 6%); and the proportion of ED 12-hour length of stay patients rose to over 6.5% (previous high of 4%). Despite the sharp downturn in performance, our relative performance nationally and regionally remains good, for example, we are the third best in the region against the 4-hour standard (32nd in the country) and our ambulance handover performance remains one of the best in the region.</p> <p>In response to the pressures described above, we enacted escalation actions and our full capacity protocol and at the peak opened an additional 74 beds beyond our winter plan (and many in areas not intended for inpatient clinical use) and converted two elective wards to care for medical patients. These actions meant that whilst our bed occupancy remained relatively stable, we saw an increase in the total number of beds in use across our hospitals.</p> <p>The interplay between emergency and elective pathways meant that as our emergency pathway surged, elective activity levels reduced. During the Critical Incidents non-cancer and non-urgent elective activity was paused which adversely impacted on our elective and RTT performance. Activity is now resumed although challenges for elective inpatients continue given ongoing flow and reduced elective bed capacity. The national requirements to meet zero 78-week waiters by Mar-23 is currently off trajectory; however, plans are underway to date all patients before 31-Jan. The provision of mutual aid is a risk to achieving the 78-week wait trajectory.</p> <p>The Trust submitted a non-compliant plan against the outpatient follow-up reduction target of 25% in the 2022/23 planning round. To date, the reduction made has been small (3.1%) 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 (PIFU) target with performance continuing to exceed the target. Remote attendance levels are stable with improvement required to meet trajectory. We are relaunching to Outpatient Improvement Programme.</p> <p>The Cancer 28-day Faster Diagnosis Standard (FDS) performance continues to be above target. The number of patients waiting more than 62-days on a suspected cancer pathway in Dec-22 was 73 which is ahead of trajectory and showing an improving position. 62-day performance for Nov-22 was 61% which improved on the previous month 50.6%, against a standard of 85%.</p>	COO

Single Oversight Framework – Q3 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 reported a deficit of £2.1m for the Q3 period, resulting in a YTD deficit to the end of Q3 totalling £11.7m. This represents an adverse variance to plan of £7.0m. The period saw the continuation of many of the challenges faced in earlier periods. The costs of additional capacity remains the largest element of the adverse variance to plan, with £3.8m spent in Q3 against an original plan of £1.1m. YTD costs of additional capacity total £8.4m, which is £4.4m higher than the allocated budget. Covid expenditure over Q3 totalled £1.2m. In-line with guidance, no budget was allocated for Covid costs after August 2022 and therefore this represents an overspend against the financial plan. The YTD costs of Covid total £5.6m, which is £2.1m higher than planned. Other financial challenges include a shortfall on Out of Area Elective Services Recovery Funding (ESRF), additional financing costs (Public Dividend Capital and Depreciation) and a shortfall in Financial Improvement Programme savings, although this is offset in part by other divisional underspends. The impact of these challenges will impact the forecast outturn and the Trust continues to review opportunities to minimise the impact. NHS England has published a protocol for changes to forecast and we are working with ICB partners to agree a stretching but realistic outturn. <p>Capital Expenditure & Cash:</p> <ul style="list-style-type: none"> Capital expenditure of £2.7m has been reported for the Q3 period, with YTD expenditure totalling £6.3m. A significant increase in capital expenditure is forecast in Q4 to ensure that the Trust's share of the ICB capital allocation is £11.1m is spent in full. In addition the Trust is progressing schemes that have been funded by specific allocations, including the Newark elective developments and digital infrastructure. The cash balance at the end of Q3 stands at £2.0m, which is slightly higher than planned. The financial deficit and the timing of cash receipts and fixed payment points continues to present challenges to cash flow; this is being actively managed by the Trust. <p>Agency Expenditure:</p> <ul style="list-style-type: none"> The Trust reported agency expenditure of £4.6m during Q3, with YTD expenditure totalling £13.5m. Despite the operational pressures experienced over the period, the Q3 position demonstrates a reduction in overall agency expenditure as well as a reduction in the total value of price cap and framework override breaches. 	CFO

Single Oversight Framework – Q3 Overview (1)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan/ Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	
QUALITY CARE	Safe	Rolling 12 month count of Never Events	0	Dec-22	1	-		A	MD/CN
		Serious Incidents including Never Events (STEIS reportable) by reported date	<21	Dec-22	28	6		R	MD/CN
		Patient safety incidents per rolling 12 month 1000 OBDs	>44	Dec-22	45.61	45.66		G	MD/CN
		All Falls per 1000 OBDs	6.63	Dec-22	7.63	8.40		R	CN
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	Dec-22	17.59	20.43		G	CN
		Covid-19 Hospital onset	<37 PA	Dec-22	145	10		R	CN
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0 PA	Dec-22	1.70	0.00		R	CN
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Nov-22	97.1%	99.5%		G	CN
		Safe staffing care hours per patient day (CHPPD)	>8	Dec-22	8.8	8.5		G	CN
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Dec-22	1.17	1.12		G	MD/CN
		Recommended Rate: Friends and Family Accident and Emergency	<90%	Dec-22	88.5%	84.0%		R	MD/CN
		Recommended Rate: Friends and Family Inpatients	<96%	Dec-22	95.0%	94.1%		A	MD/CN
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Dec-22	87.0%	84.9%		R	MD/CN
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Sep-22	124.6	-		R	MD
		SHMI	100	Jul-22	101.91	-		A	MD
		Cardiac arrest rate per 1000 admissions	≤1.0	Nov-22	0.83	0.42		G	MD
Cumulative number of patients participating in research		2200	Dec-22	2048	-		G	MD	

Single Oversight Framework – Q3 Overview (2)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	
PEOPLE & CULTURE	Staff health & well being	Sickness Absence	<4.0%	Dec-22	4.8%	5.9%		R	DoP
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	Dec-22	6.9%	7.9%		A	DoP
		Flu vaccinations uptake - Front Line Staff	>90%	Dec-22	62.6%	-		A	DoP
		Employee Relations Management	<10-12	Dec-22	85	14		A	DoP
	Resourcing	Vacancy rate	<6.0%	Dec-22	4.8%	5.6%		G	DoP
		Turnover in month (excluding rotational Drs.)	<0.9%	Dec-22	0.6%	0.5%		G	DoP
		Mandatory & Statutory Training	>90%	Dec-22	87.0%	88.0%		A	DoSP
		Appraisals	>95%	Dec-22	85.0%	85.0%		R	DoSP
	Culture & Improvement	Recommendation of place to work	≥80%	Qtr2 2022/23	78.7%	78.7%		A	DoSP
		Recommendation of place to receive care	≥80%	Qtr2 2022/23	84.1%	84.1%		G	DoSP
		Qi Training - Bronze	>60	Qtr3 2022/23	183	76		G	DoSP
		Qi Training - Silver	>15	Qtr3 2022/23	28	14		A	DoSP
		Number of QI Projects	>40	Qtr3 2022/23	47	11		R	DoSP

Single Oversight Framework – Q3 Overview (3)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	
TIMELY CARE	Emergency Care	Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	Dec-22	76.2%	65.8%		R	COO
		Mean waiting time in ED (in minutes)	220	Dec-22	217	269		R	COO
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	Dec-22	5.4%	10.8%		R	COO
		Number of patients who have spent 12 hours or more in ED from arrival to departure as a % of all ED Attendances	shadow monitoring	Dec-22	3.1%	6.7%			COO
		Mean number of patients who are medically safe for transfer	<22	Dec-22	105	111		R	COO
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Dec-22	95.3%	95.7%		R	COO
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	25.0%	Dec-22	16.3%	15.3%		A	COO
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	5.0%	Dec-22	5.2%	5.2%		G	COO
		Follow Up Outpatient Attendances reduce against Yr2019/20	-25.0%	Dec-22	-3.1%	-1.6%		R	COO
		Elective Day Case activity against Plan	on trajectory	Dec-22	93.6%	86.0%		R	COO
		Elective Inpatient activity against Plan	on trajectory	Dec-22	87.4%	79.9%		R	COO
		Elective Outpatient activity against Plan	on trajectory	Dec-22	101.9%	98.8%		A	COO
	Diagnostics	Diagnostics activity increase against Plan	on trajectory	Dec-22	110.8%	105.4%		G	COO
	RTT	Number of patients on the incomplete RTT waiting list	42853	Dec-22	-	47225		R	COO
		Number of patients waiting 78+ weeks for treatment	10	Dec-22	-	37		R	COO
		Number of patients waiting 104+ weeks for treatment	0	Dec-22	-	0		G	COO
		Number of completed RTT Pathways against Plan	on trajectory	Dec-22	98.0%	98.3%		A	COO
	Cancer Care	Number of local 2ww patients waiting over 62 days for cancer treatment	74	Dec-22	-	73		G	COO
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Nov-22	77.5%	78.0%		G	COO

Single Oversight Framework – Q3 Overview (4)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director
BEST VALUE CARE	Finance	Income & Expenditure - Trust level performance against Plan	Dec-22	-£6.99m	-£2.09m		A	CFO
		Financial Improvement Programme - Trust level performance against Plan	Dec-22	-£4.77m	-£0.96m		A	CFO
		Capital expenditure against Plan	Dec-22	£8.94m	£1.50m		A	CFO
		Cash balance against Plan	Dec-22	£0.41m	-£0.41m		G	CFO
		Agency expenditure against Plan	Dec-22	-£2.74m	-£0.22m		A	CFO

Key to Executive Director Roles:

MD = Medical Director

CN = Chief Nurse

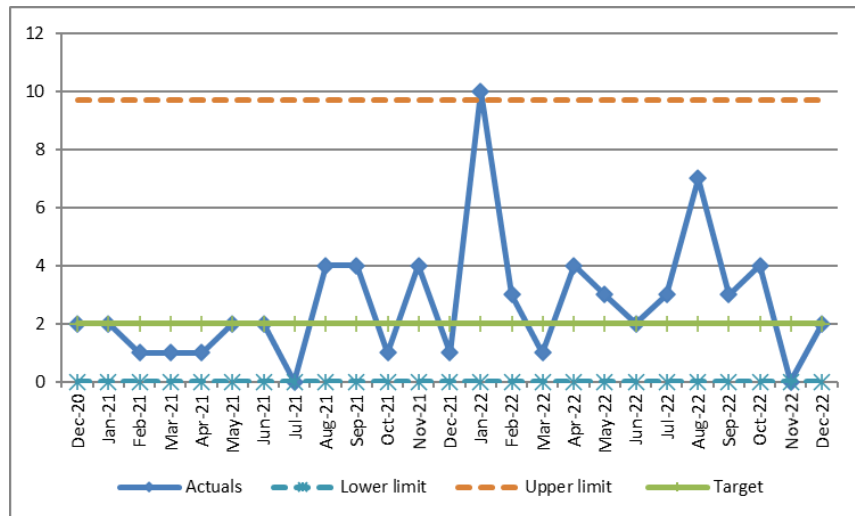
DoP – Director of People

DoSP – Director of Strategy and Partnerships

COO – Chief Operating Officer

CFO – Chief Finance Officer

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Serious Incidents including Never Events (STEIS reportable) by reported date	<21	Dec-22	28	6		R	MD/CN	Q

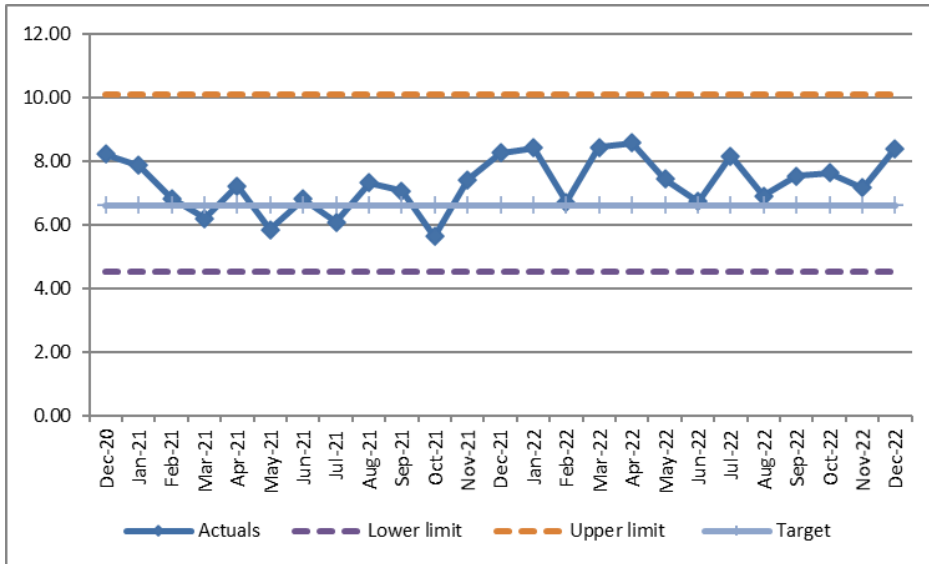


National position & overview

- There has been one Never Event in 2022/23;
- In December there were 3 serious incidents reported on STEIS, one Urgent & Emergency Care and two in Maternity (relating to neonatal deaths – currently being investigated by HSIB);
- No STEIS in November 2022.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Two maternity incidents relating to neonatal deaths; • Child death in Emergency Department; 	<ul style="list-style-type: none"> • Awaiting the results of the HSIB investigations • Awaiting STEIS investigation and report 	<ul style="list-style-type: none"> • Ongoing • Ongoing

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
All Falls per 1000 OBDs	6.63	Dec-22	7.63	8.40		R	CN	M

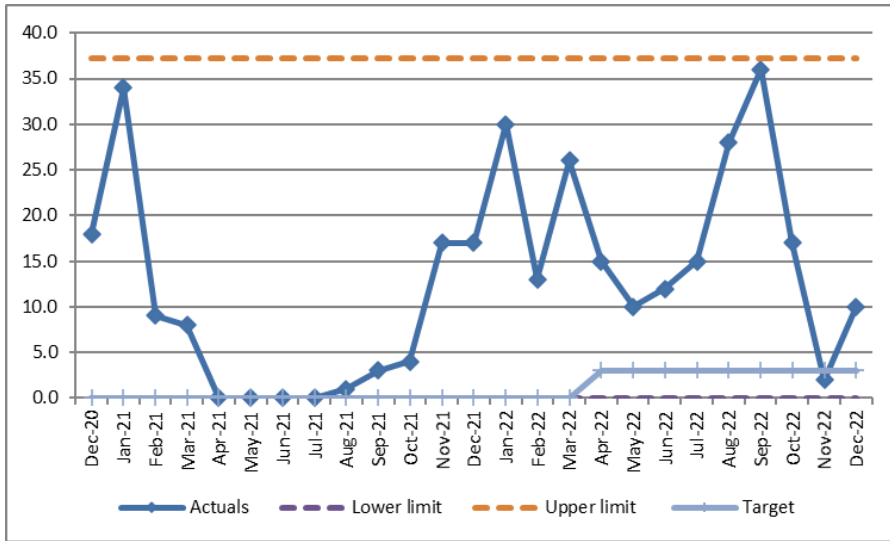


National position & overview

- The falls rate for December was 8.40, above the national average of 6.63 per thousand occupied bed days (OBDs)
- 5 severe harms for the month
- High volume of patients accessing emergency care
- High number of patients medically fit, with length of stay over 21 days
- Additional bed capacity opened
- Critical incident declared three times throughout December
- Increased number of frail, older people in hospital, increases risk of falls
- Insufficient strength and balance provision across the community.
- Increased incidence of adults, especially over 75, less physically activity at home and deconditioned, pre hospital admission (impact of C19)

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Increased number of patients with a length of stay over 21 days. Evidence suggests this increases the risk of falls • Additional bed capacity 	<ul style="list-style-type: none"> • Disseminate learning from incidents using ICare regarding equipment (commodes), escalated to the Harms Free Care Group and Mobility and Falls Group • Project to be initiated in the Emergency Department, visual cueing in falls management, using yellow socks and blankets for high-risk patients • Project to initiate visual acuity checks electronically • Recruitment to the Mobility and Falls Team • Target wards with high falls • Target repeat fallers • Raise awareness amongst health care professionals and share trends • Focussed review of recent falls completed and discussion planned for NMAHP committee 	<ul style="list-style-type: none"> • Completed • Ongoing • Ongoing • Ongoing/ Advert closes 31/01/23 • Ongoing • Ongoing • Ongoing • Ongoing • Review complete

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Covid-19 Hospital onset	<37 PA	Dec-22	145	10		R	CN	M



National position & overview

- During Quarter 3 we observed a steady increase in the number of Covid-19 case and this was reflected nationally.
- There was almost double the number of cases identified in the region during December
- The number of nosocomial cases identified each month where:
 - October - 25,
 - November - 2 and
 - December - 17

Root causes

- We have had 3 outbreaks during Quarter 3, which involved 19 patients and the key theme from each was contact with a community positive case.
- Also during Quarter 3 we reduced our level of asymptomatic testing in line with national guidance.
- We also identified a high number of asymptomatic positive cases when carry out the routine testing required for discharge to a care home in line with national guidance. These patients would not have been screened prior to this since admission.

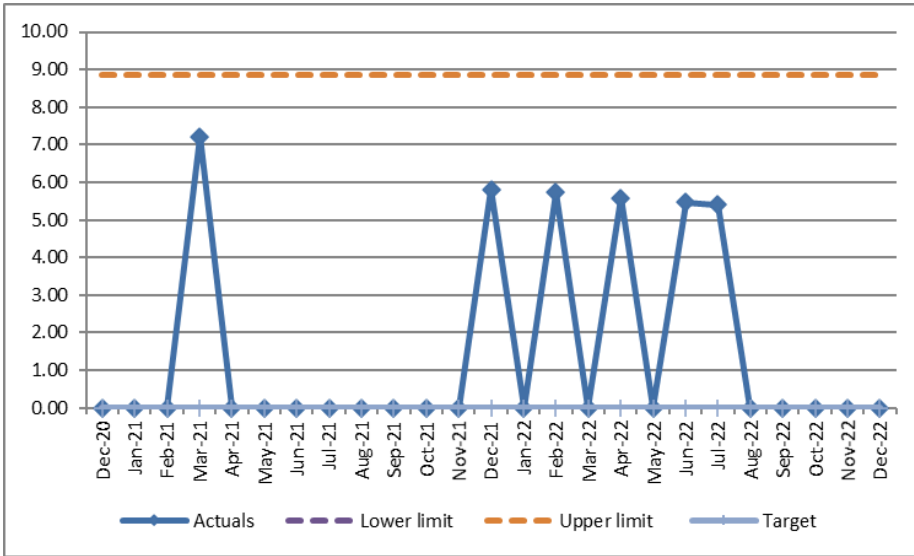
Actions

- Continue to conduct Covid-19 testing on all patients at time of admission.
- Enhanced cleaning was implemented in all outbreak/cluster areas
- Regular outbreak meetings with NHSE/I and PHE to monitor progress of the outbreaks
- To screen all patients from or going to a care home every 48 hours to identify any asymptomatic cases earlier.

Impact/Timescale

- To establish a point in time baseline for that patient
- To further reduce environmental contamination
- To monitor cases and capture learning early

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0 PA	Dec-22	1.70	0.00		R	CN	M

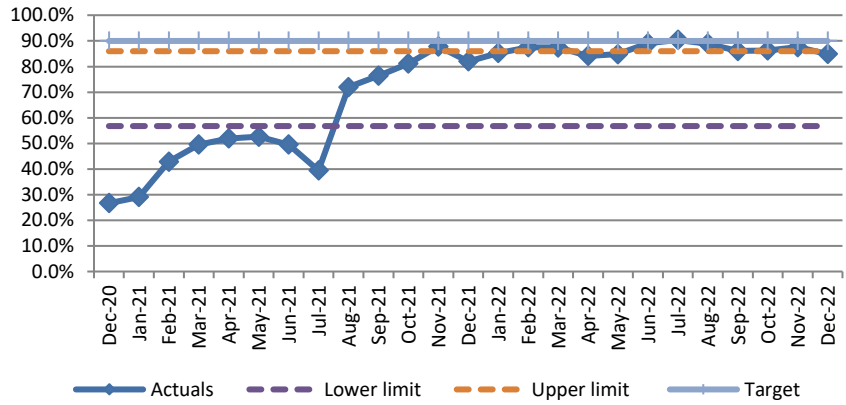


National position & overview

- For this year we have had 3 cases of MRSA bacteraemia, with the last one being in July 2022, breaching our target of 0.
- When monitoring our position against other Trusts in the region, we have all breached our target with between 1 and 5 bacteraemia this year to date.
- With regards to our peer Trusts 7 of the 10 Trusts have also breached their target with between 1 and 4 cases to date this year.

Root causes	Actions	Impact/Timescale
There have been no cases of MRSA bacteraemia since July 2022	We are maintaining our emergency and elective screening of patients for MRSA. We continue to use decolonisation for all high risk patients who are admitted.	To monitor for carriage To reduce the risk if patients are carrying it on their skin.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Dec-22	87.0%	84.9%		R	MD/CN	Q

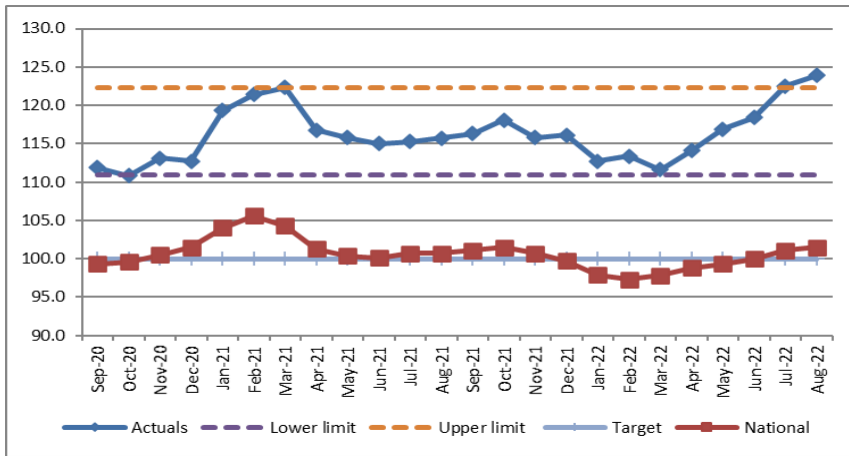


National position & overview

- All patients 65yrs + admitted to the Trust for 72hrs and above to have a dementia screen completed which incorporates the SQuib screening for delirium
- The Trust continues to aim for a target of 90% completion rate of these screens despite the national reporting no longer required
- Reporting changed to quarterly 2021 and the decision made in 2022 that action plans required only when rag rating red

Root causes	Actions	Impact/Timescale
Data completion rate for October 86.3%, November 87.6% and December 84.9% with the average for the quarter 86.2%	The monthly actual for December 84.9% has been identified as the figure receiving a red rag rating and requiring an action plan	As the figure has been consistently achieving the required 85% and above, the team will continue to encourage completion
Data has not been reviewed since July 2022 despite attempts made to obtain	Data to be requested each month until a live dashboard can be created to enable closer monitoring	This will ensure the achievement is maintained
Discussion with other organisations during the National Dementia Audit process has identified that dementia screening only occurs if long term confusion identified when completing the Squib for delirium	Meeting undertaken with RRLP, plan to discuss with Nervecentre team the option of changing the screening tool	The changes will reduce the inappropriate referrals to RRLP, and the time frame will depend upon the Nervecentre team

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	Sep-22	124.6	-		R	MD	Q



National position & overview

- National figures show upward trend (last 6 data points increasing)
- Local data does indicate additional special cause variation
- SHMI is also rising, although, remains “as expected”.
- Learning from Deaths have instigated a process whereby diagnoses triggering in HSMR, CuSUM and SHMI, or other identified escalation, undergo focussed clinical case-note review in attempt to understand causation or separate signal from noise. Current ongoing areas:
 - Fractured Neck of Femur (#NOF)
 - Liver disease (alcohol / other)
 - Pleurisy, pneumothorax, pulmonary collapse
 - The local HSMR trend is thought, in part, to be driven by a reduction in expected rate combined with a stable or increasing crude rate.

Root causes

HSMR - As previously reported and scrutinised at Quality committee, there are a number of data, coding and SFH specific variances to account for the rise in HSMR

As discussed and explained previously the 12 month rolling HSMR will show this increase until remedial actions to data quality, coding and other actions impact and full 12-month impact realised.

Specifically specialist palliative care (SPC) coding, co-morbidity coding and consultant fixed spells are all contributing to this rise.

SHMI - A recent rise in SHMI is thought, in part, to be due to a decreasing “expected” against a relatively stable (or lesser rise in) observed. No clear clinical evidence for “less poorly” patients but depth of coding tailing off, especially in non-elective care

Actions

Deep-dive analysis and review undertaken via learning from deaths and HSMR sub-group. Coding review and “look backs” in progress, alongside engagement discussions with clinical teams around coding diagnosis, co-morbidities and admission documentation completion

Clinically-led task and finish group to review admission documentation under DMD. Focussed clinical reviews requested

Report into “missed coding” due to non-documentation of chronic disease

Discussions between external palliative care service around service delivery whilst ensuring contacts with specialist palliative care and End of Life (EOL) services are recorded and subsequently coded

Continued triangulation with other quality markers to ensure earlier identification of potential or actual patient harm

Impact/Timescale


Rolling 12-month HSMR negates any immediate impact and project work is anticipated to take 12 months
Targeted reviews are agreed to report into Learning from Deaths the following month (Ongoing)

T&F group is due to meet imminently with good initial engagement from clinical areas.

Report awaited

Ongoing- any service changes are intended to see immediate “on the ground” impact but will, unlikely, reflect in HSMR trends for up to 12 months.

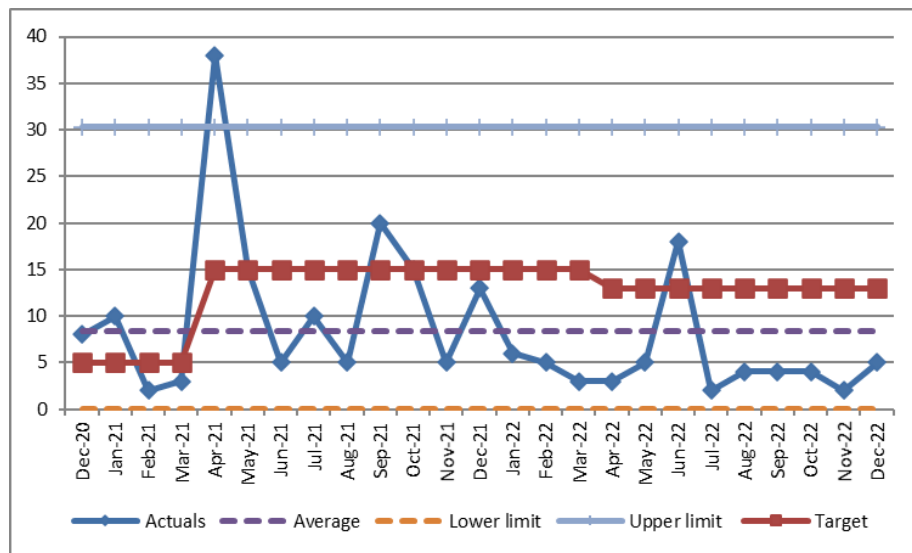
Forms part of wider Learning from Deaths but also feeds into Quality Committee.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of QI Projects	>40	Qtr3 2022/23	47	11		R	DoCI	Q



Sherwood Forest Hospitals

NHS Foundation Trust



National position & overview

- Data demonstrates that QI projects are not being registered on AMAT, the Trust's knowledge management platform, to the extent that we know that QI projects are being undertaken. The 'QI project' module went live in June 2022, as projects were previously captured and reported from the 'Clinical Audit' module.
- The QI module of AMAT is better equipped to lead colleagues through using tools and the methodology, and is simple and intuitive. Most clinical colleagues are familiar with AMAT from the ward/clinical audit process, so are familiar with how it works.
- There needs to be a communication campaign to raise the visibility of AMAT within corporate teams, and the launch of the Improvement Faculty will support this.

Root causes

- The Improvement and Clinical Audit team has carried 2 x wte vacancies since July 2022 (out of a team of 6) and this has impeded our capacity to support and remind colleagues to register QI projects on AMAT
- Whilst clinical colleagues are aware of AMAT, there is a lack of visibility with corporate colleagues on what and how they should register, although there are clear guides available on the intranet
- Organisational challenges have impeded capacity for colleagues to register QI projects

Actions

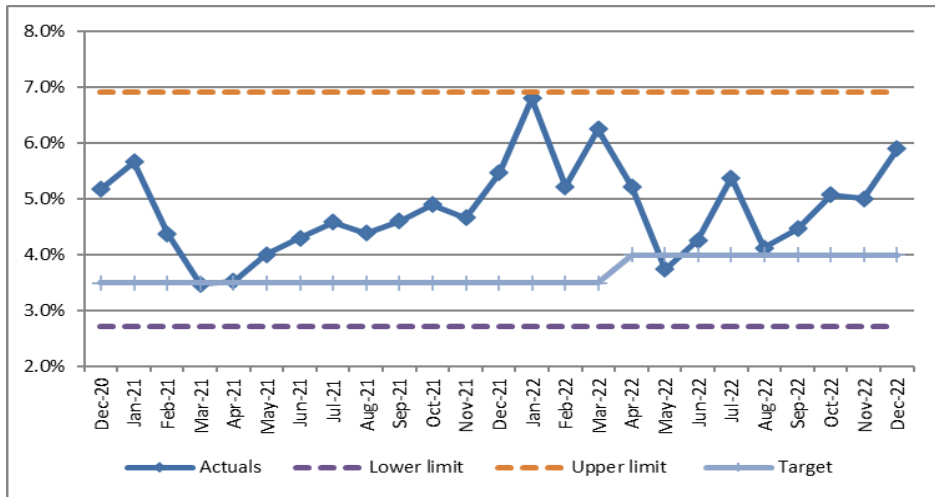
A full re-launch of AMAT as part of the Improvement Faculty offer in Q1 2023/24, with corporate colleagues being encouraged to register Improvement projects in the platform

Improvement and Clinical Audit team will be at full complement from February 2023, and will focus on supporting a communication campaign

Impact/Timescale

QI projects registered on AMAT to increase to the higher level of performance over Q1 2023/24.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Sickness Absence	<4.0%	Dec-22	4.80%	5.30%		R	DoP	M



National position & overview

The Trust benchmarks positively against a national and localised sickness figure, across NHS providers in Nottinghamshire SFH sits below the ICS average (6.2%)

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	Actions	Impact/Timescale
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Sickness absence levels has shown a increase since November 2022 to a quarterly position of 5.3% (Q3) and 5.9% in December 2022. This sits below the upper SPC but above the Trust Target (4.0%). The sickness absence levels is above the sickness absence level in December 2021 (5.5%)

Our main areas for sickness absence are recorded as stress & anxiety, chest & respiratory and cold, cough & flu.

COVID related absence make up 1.1% of the sickness absence level and has shown a gradual increase from last month

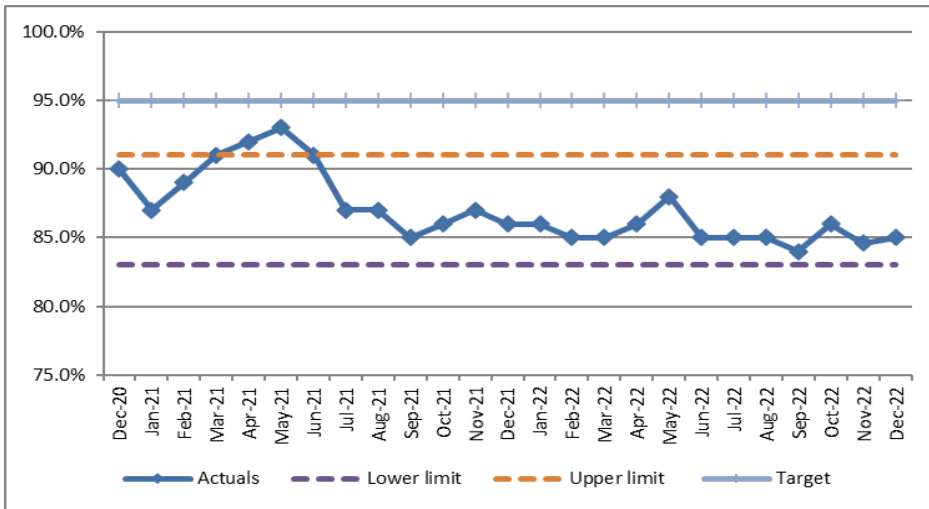
Non COVID related absence has seen a gradual increase, however this is an expected annual movement.

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 a decrease 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.

The sickness levels are recorded above the Trust target (4.0%) and sits below the upper SPC level.

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	>95%	Dec-22	85.40%	85.20%		R	DoCI	M



National position & overview

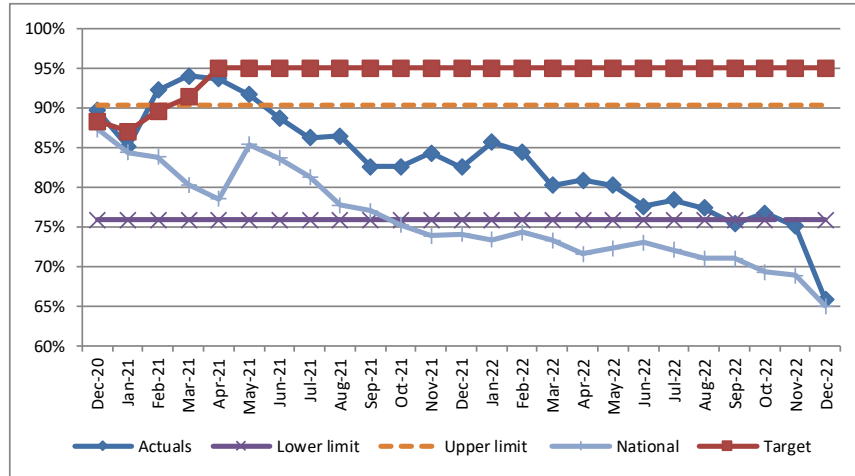
The Trust benchmarks favourably against a national and localised appraisal figure, across NHS providers. Across the ICB the appraisal level for Q3 2022 is recorded at 80.9%.

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 85.2%, 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 linked to the hospital acuity, 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:</p> <p>Draft paperwork developed but requires the inclusions of a revised Talent Management Framework – then to be piloted.</p> <p>The move to a digital platform will offer a more streamlined and collaborative approach to undertaking appraisals, moving away from the clunky paper-based approaches. This is being explored further due to the additional benefits it will bring the People Development function.</p> <p>We will continue to strive for improvements in compliance between now and March 2023 but recognise there will be a higher level of annual leave, so will continue to monitor.</p>	<p>By end 22/23</p> <p>Agree talent management content within appraisal paperwork</p> <p>Pilot paperwork.</p> <p>Paper to TMT to agree to progress digital solution, integrate piloted paperwork into the digital solution.</p> <p>Launch</p>

Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	Dec-22	76.2%	65.8%		R	COO	M
Mean waiting time in ED (in minutes)	220	Dec-22	217	269		R	COO	M
Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	Dec-22	5.4%	10.8%		R	COO	M

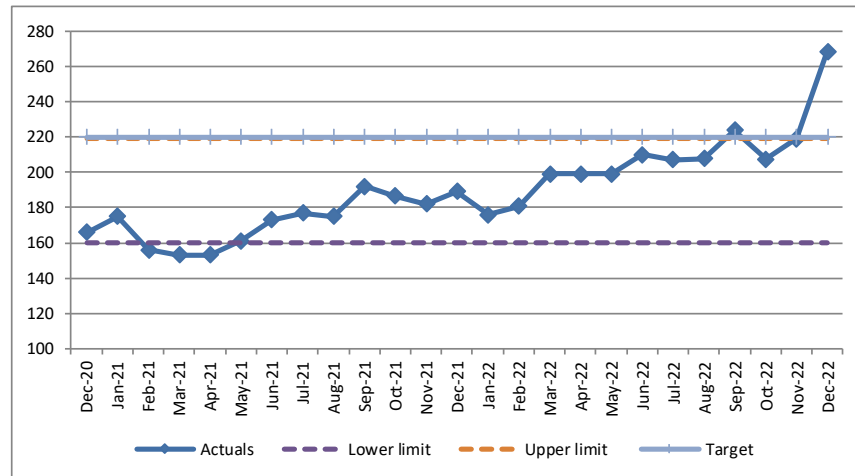
Percentage of patients waiting >4 hours for admission or discharge from ED



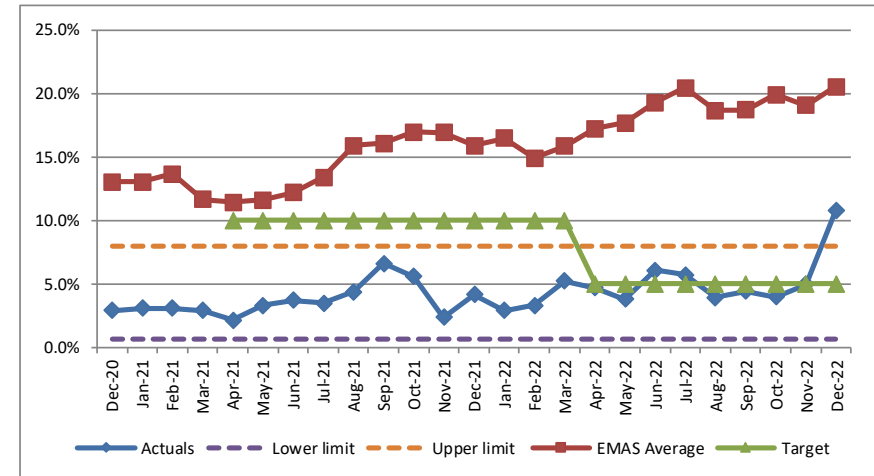
National position & overview

- SFH Critical Incidents from 14 to 16-Dec and 29-Dec to 9-Jan.
- ICS system-wide Critical Incident from 29-Dec to 12-Jan.
- SFH 4-hour performance 65.8% in Dec-22 with a ED mean wait of 269 minutes.
- 4-hour rank 3rd (regional) and 32nd (national).
- Number of patients spending greater than 12 hours from decision to admit to admission - 502, national rank 64th.
- Performance, particularly in Dec-22 was driven by attendance demand pressures and the challenge in transferring patients out of our ED in a timely manner due to our bed constraints. We continue to see high levels of medically safe patients in our acute and sub-acute bed base.
- In Dec-22 we saw our highest ever daily ED attendances across our King's Mill and Newark sites of 703 patients compared to a in-month average of 547.
- 4-hour performance strong at Newark UTC at 92.8%.
- Ambulance handover delays reached the highest ever levels in Dec-22.
- 20.5% of regional EMAS ambulance handovers were over 30 minutes (SFH 10.8%).
- 24.4% of regional EMAS ambulance handovers were over 60 minutes (SFH 1.4%).
- Average regional handover time for EMAS 64 mins (King's Mill: 20mins, Newark: 6mins).

Mean waiting time in ED (in minutes)



Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes

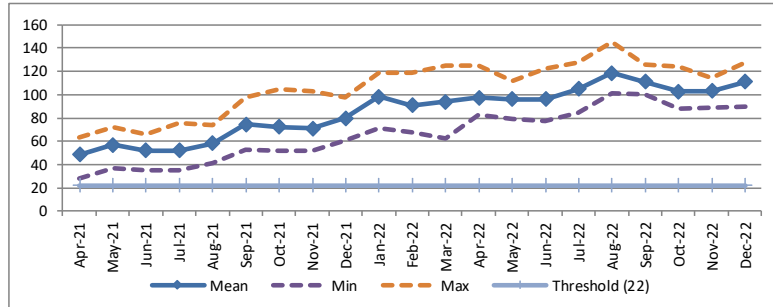


Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	Dec-22	76.2%	65.8%		R	COO	M
Mean waiting time in ED (in minutes)	220	Dec-22	217	269		R	COO	M
Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	Dec-22	5.4%	10.8%		R	COO	M

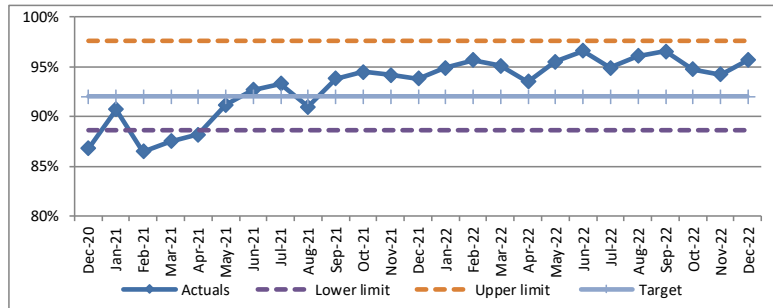
Root causes	Actions	Impact/Timescale
<p>Attendance demand & ED overcrowding</p> <ul style="list-style-type: none"> Attendance growth throughout the quarter. In Dec-22 there were an average of 547 attends per day which continues to be above planned capacity. High attends were coupled with increased acuity. Paediatric attendances 30% increase in Dec-22 due to STREP A concerns. Average occupancy between 14:00 and 20:00 in majors and resus departments at 161% due to high attendance demand and admissions pressures (detailed below) resulting in patients waiting in ED for a bed. <p>Admission demand and bed capacity pressure</p> <ul style="list-style-type: none"> Continued high bed occupancy despite increasing bed capacity due to admission demand increasing during the quarter and length of stay remaining high (partly driven by the medically safe position). The Trust continues to experience delays in the discharge of medically safe patients. 	<ul style="list-style-type: none"> OPEL 4 declared 29 out of 31 days in Dec-22 with associated actions in place with oversight via flow and capacity meetings that take place five times each day. Utilisation of X-Ray as additional majors capacity. Proposal to expand ED footprint discussed at Trust Management Team on 18 January, agreement to work up full business case. Extended opening hours of Children’s Assessment Unit (CAU). Utilisation of Paediatric waiting area for adult bed waits. Recruitment of additional medical resource in line with ED business case agreed at Trust Board to reduce time to be seen for our patients. Continued focus on Same Day Emergency Care (SDEC) to avoid admission – up to 25% of attendances were streamed to SDEC in Dec-22. Conversion rate to inpatient admission reduced in Dec-22 (22%). We enacted escalation actions and our full capacity protocol and at the peak opened an additional 74 beds beyond our winter plan and converted two elective wards to care for medical patients (much of this capacity has returned to elective care). Utilised theatre recovery overnight for elective cancer patients (now closed). Paused non-cancer and non-urgent elective operating (now restarted). Converted Ward 43 (Orthopaedics) and Ward 14 to medical wards (transferring back to surgical capacity). Optimising the Patient Journey improvement programme commenced. Please see the next page. 	<ul style="list-style-type: none"> Ongoing. As required during escalation. To be confirmed. Ongoing. As required during escalation. ED recruitment underway – all doctor and ACP posts filled and awaiting start dates. Nurse recruitment ongoing. Dec-22 to Jan-23 for the first four listed actions. Ongoing during Q4 and into 2023/24.

Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Mean number of patients who are medically safe for transfer	<22	Dec-22	105	111		R	COO	M
Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	Dec-22	95.3%	95.7%		R	COO	M

Mean number of patients who are medically safe for transfer



Adult G&A Bed Occupancy @ 8:00am (U&EC Sitrep)



National position & overview

- The number of patients medically safe for transfer (MSFT) reduced at the start of 2022/23 Q3 (Oct-22); however, once again increased in Dec-22.
- The local position remains significantly above the agreed threshold.
- Additional winter capacity as described in the winter plan was opened.
- To mitigate extraordinary UEC pressures and ED overcrowding, a peak of 75 escalation and surge beds were open by the end of Q3. Medical patients were also outlied into surgical capacity limiting the amount of elective activity undertaken.
- System D2A programme commenced; however, further progress is required to meet medically safe trajectories.
- System discharge lead supporting us to improve internal discharge processes.
- Our hospitals continue to operate at occupancy levels significantly higher than the planned 92% (94.2% during Q3 on average; 95.2% in Dec-22).
- Delays to the onward care of MSFT patients continue to have a detrimental effect on acute capacity and flow.

Root causes

- The Trust continues to experience delays in the discharge of patients who are MSFT. In Dec-22 there were over 110 patients (over the equivalent of four wards) MSFT for greater than 24 hours waiting for discharge.
- Continued high bed occupancy despite increasing bed capacity due to admission demand increasing during the quarter and length of stay remaining high (partly driven by the medically safe position).

Actions

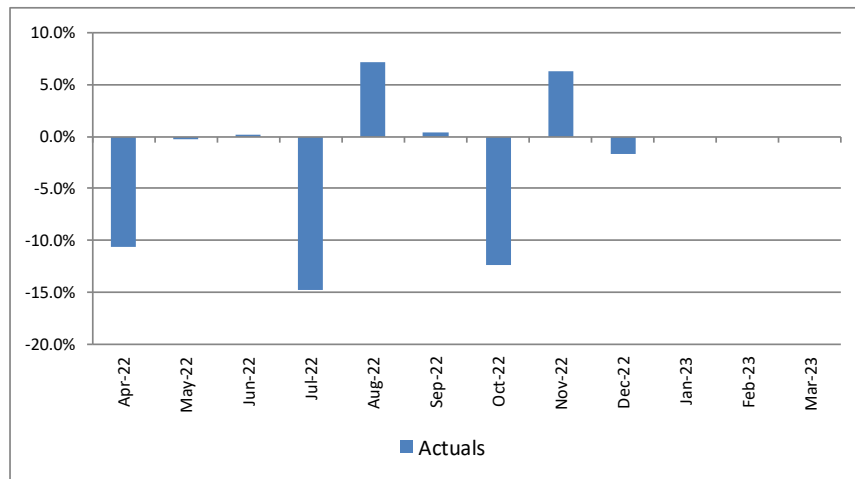
- Transfer of Care hub MDT pathway 1-3 referral reviews three-times daily.
- Daily attendance at system calls to ensure appropriate challenge to partners.
- Continue to utilise SDEC and streaming pathways to avoid admission where possible.
- System discharge lead supporting us to improve internal discharge processes.
- Optimising the Patient Journey improvement programme commenced.
- Additional bed capacity opened as previously described.
- Virtual ward due to reopen at the end of Jan-23 after being paused in Dec-22 whilst system and process improvements were implemented.

Impact/Timescale

- The first six actions are all ongoing.
- Jan-23.

Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Follow Up Outpatient Attendances reduce against Yr2019/20	-25.0%	Dec-22	-3.1%	-1.6%		R	COO	M

Follow Up Outpatient Attendances reduce against Yr2019/20



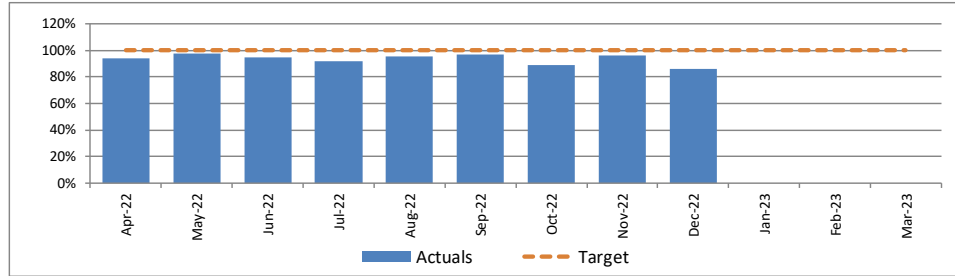
National position & overview

- The Trust (and system) submitted a non-compliant plan against the outpatient follow-up reduction target of 25% in the 2022/23 planning round.
- Within our Trust there remains a significant volume of overdue reviews which is impacting on the ability to reduce overall follow-up attendances.
- The Trust have currently discharged 5.2% of patients to a Patient Initiated Follow-Up (PIFU) pathway, against a national target of 5% by March 2023.

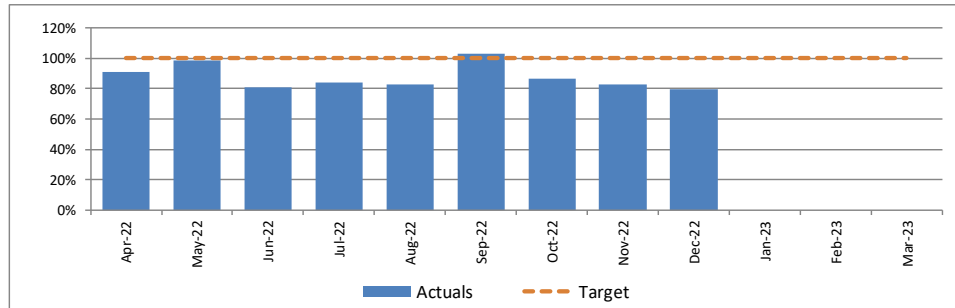
Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • At mid-Jan-23, the Trust continues to have a significant overdue review list. • Ophthalmology, ENT and Gastroenterology represent the specialties with the highest volume of overdue reviews. Together, these specialties represent 43% of the Trust's total overdue review backlog. • PIFU pathways are not in place for all specialties. 	<ul style="list-style-type: none"> • The Trust is utilising PIFU to support a reduction in follow-up attendances. A PIFU project group meets on a weekly basis to explore how use of PIFU can be improved. • A PIFU SOP is in development with General Surgery, to launch in the coming weeks. • Specialty meetings, to understand any challenges/barriers in discharging a higher percentage of patients to PIFU, are planned with ENT and Gynaecology where PIFU utilisation is below 5%. • Meetings planned with specialties that do not currently have PIFU in place, including Diabetes & Endocrine, Geriatrics, Rheumatology, Breast, and Paediatrics to understand whether it would be clinically appropriate to introduce. These were due to go ahead in early Jan-23; however, were stood down as a result of the Critical Incident. • Benchmarking PIFU performance at a specialty-level against neighbouring Trusts is being conducted to support a gap analysis and identify areas for potential improvement. • Patient leaflets for both standard and long-term condition PIFU have been developed to support patient uptake. 	<ul style="list-style-type: none"> • Ongoing. • Mar-23. • Feb-23. • Feb-23. • Feb-23. • Feb-23.

Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Elective Day Case activity against Plan	on trajectory	Dec-22	93.6%	86.0%		R	COO	M
Elective Inpatient activity against Plan	on trajectory	Dec-22	87.4%	79.9%		R	COO	M

Elective Day Case activity against Plan



Elective Inpatient activity against Plan



National position & overview

- Elective daycase and inpatient activity throughout Dec-22 was adversely affected due to the emergency pathway pressures previously described. These pressure will continue to impact the start of 2022/23 Q4.

Daycase

- Dec-22 daycase activity volume is 86% against the 2022/23 plan and 90.9% against 2019/20 activity levels.
- When comparing Dec-22 (2,812) to Dec-19 (3,095) there is a shortfall of 283 daycase procedures.

Inpatient

- Dec-22 inpatient activity volume is 79.9% against the 2022/23 plan and 72.2% against 2019/20 activity levels.
- When comparing Dec-22 (291) to Dec-19 (403) there is a shortfall of 112 inpatient procedures.

Root causes

- Anaesthetic and theatre staff shortages.
- Bed pressures, actions in response to the Critical Incidents and more recently lack of daycase capacity to support electives.
- Peak holiday period in Dec-22 together with reduced working days due to the bank holidays.
- Increased focus on reducing cancer backlog meaning case numbers may be less on certain elective lists (i.e. general surgery 1 case on a cancer list compared to 2-3 on a standard list).

Actions

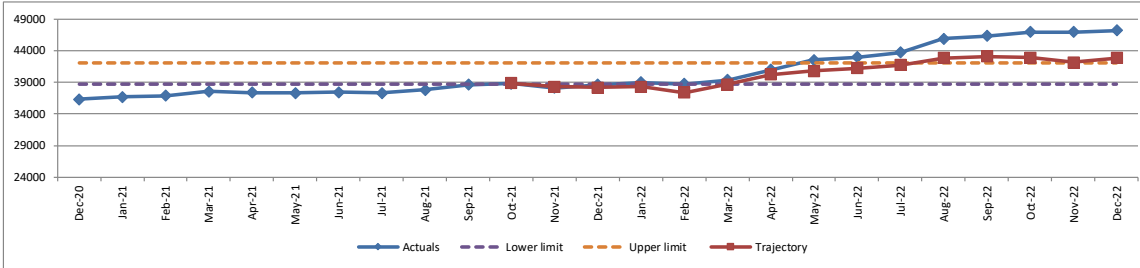
- Bed base to be handed back to surgery to allow electives to run.
- Poor performing specialities theatre utilisation to be addressed through service line meetings.
- Cancellations to be backfilled wherever possible, appreciating this can be difficult at short notice.
- Effective theatre scheduling to ensure maximum efficiencies on lists.

Impact/Timescale

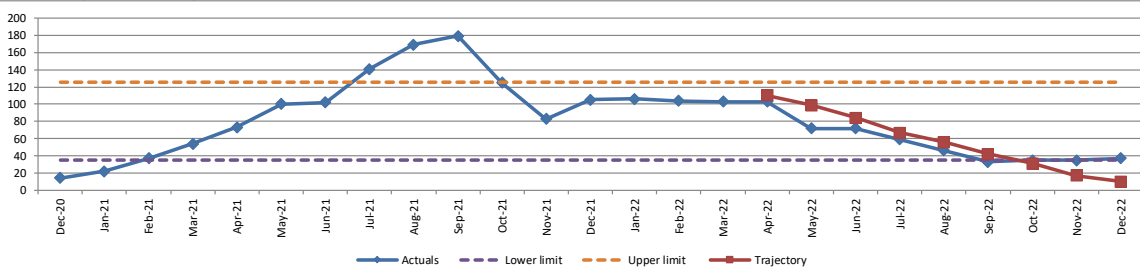
- Jan-23.
- Ongoing during Q4 and into 2023/24.
- Ongoing.
- Ongoing.

Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of patients on the incomplete RTT waiting list	42853	Dec-22	-	47225		R	COO	M
Number of patients waiting 78+ weeks for treatment	10	Dec-22	-	37		R	COO	M

Number of patients on the incomplete RTT waiting list



Number of patients waiting 78+ weeks for treatment



National position & overview

- Referral to treatment (RTT) waiting times across England continues to rise.
- Prior to the pandemic in Feb-20 there were nationally circa 4 million people on the waiting list, this has grown to circa 7 million in 2022/23 Q3.
- At SFH we have seen a significant rise from 26,000 RTT waiters pre-pandemic to 47,000 in Dec-22.
- National requirement to have no patients on an RTT pathway waiting greater than 78 weeks by Mar-23.

Root causes

- Cancellation of procedures during and since the pandemic due to emergency pressure and recent Critical Incidents.
- Availability of cardiology diagnostic tests and delays in reporting.
- Demand for new outpatient services resulting in a significant rise in the number of Appointment Slot Issues (ASIs) and overdue routine follow-up appointment numbers increasing.
- Workforce capacity issues (e.g. anaesthetic cover for elective lists).
- Physical space and infrastructure to enable increased activity required to recover the position.
- National focus on long waiting patients (78+ weeks), including provision of mutual aid, increasing backlogs below 78 weeks.

Actions

- Increase the number of services offering Referral Assessment Services to direct patients to the most appropriate next steps at point of referral e.g. straight to test.
- Validation of the ASI list to ensure all waiters are appropriately managed and clinically prioritised, including clinical review of all 78-week cohort patients.
- Use of additional clinics and theatre lists, outsourcing services (e.g. ophthalmology cataract referrals) and insourcing services to increase capacity.
- Continue use of private sector for routine elective procedures.
- Use and expansion of PIFU (Patient Initiated Follow-Up) pathways.
- Daily tracking of all patients to prevent 78-week breaches post Mar-23.

Impact/Timescale

- The first four actions are ongoing during Q4 and into 2023/24.
- Please see earlier page for PIFU.

Best Value Care

Income & Expenditure <i>Trust Level Performance against Plan</i>	In-Month	(£2.09m)	The Trust has reported a deficit of £2.44m for Month 9 (December 2022), on an ICS Achievement basis. This is a £2.09m adverse variance to the planned deficit.
	Year-to-Date	(£6.99m)	The Trust has reported a deficit of £11.67m for the Year-to-Date, on an ICS Achievement basis. This is a £6.99m adverse variance to the planned deficit.
	Forecast Outturn	£0.00m	The forecast outturn reported at Month 9 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	(£0.96m)	The Trust has reported FIP savings of £0.56m for Month 9 (December 2022), which is £0.96m lower than planned.
	Year-to-Date	(£4.77m)	The Trust has reported FIP savings of £4.61m for the Year-to-Date, which is £4.77m 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	£1.50m	Capital expenditure in Month 9 (December 2022) totalled £1.23m, which is £1.50m less than planned.
	Year-to-Date	£8.94m	Capital expenditure totals £6.26m for the Year-to-Date, which is £8.94m less than planned.
	Forecast Outturn	£11.95m	The Trust has forecast capital expenditure totalling £31.41m for the Financial Year 2022/23, allowing for additional national approved capital submissions in year.
Cash Balance <i>Trust Level Performance against Plan</i>	In-Month	(£0.41m)	The Trust's cash balance decreased by £0.63m in Month 9 (December 2022), which is an adverse variance of £0.41m compared to the plan.
	Year-to-Date	£0.41m	The Trust reported a closing cash balance of £1.95m as of 31st December 2022, which is £0.41m 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

Agency Expenditure Against Plan <i>Trust Level Performance against Plan</i>	In-Month	(£0.22m)	The Trust has spent £1.44m in month 9 (December 2022). This is a £0.22m adverse variance to the planned level of spend.
	Year-to-Date	(£2.74m)	The Trust has spent £13.51m for the Year-to-Date on agency, This is a £2.74m adverse variance to the planned level of spend.
	Forecast Outturn	(£3.94m)	The forecast outturn reported at Month 9 is to spend £18.62m on agency. This will be £3.94m adverse to the planned level of spend.

M9 Summary

- The Trust has reported a year to date deficit of £11.67m for the period up to the end of Quarter 3 (December 2022) on an ICS Achievement basis. This is an adverse variance of £6.99m to the planned deficit of £4.69m.
- The ICS forecast outturn reported at Month 9 is a £4.65m deficit in line with the 22/23 financial plan.
- Capital expenditure for month 9 (December 2022) was £1.23m. This was £1.50m lower than plan primarily relating to MRI where funding is now being utilised to deliver CDC in quarter 4, throughout 2023/24 and quarter 1 of 2024/25. The base capital plan requires PDC capital support, and the associated request has been submitted to NHSE/I for review and approval. Significant additional expenditure has been approved by the DHSC in year which is reflected in the year end outturn. This is a significant challenge to deliver, however Operational Estates and Finance colleagues are all actively engaged in managing delivery of the revised forecast outturn.
- Closing cash on the 31st December was £1.95m, which is £0.41m 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 December. This is a consequence of 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 £1.60m has been approved for January 2023.
- The Trust has year to date expenditure of £13.51m of agency costs. This is £2.74m adverse to the planned spend of £10.77m due to additional capacity opened and agency covering vacancies within Divisions.

	December 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	37.90	39.21	1.31	345.23	349.66	4.43	459.53	464.67	5.14
Expenditure	(38.25)	(41.80)	(3.55)	(349.99)	(361.43)	(11.44)	(464.28)	(469.49)	(5.21)
Donated Assets & Disposals	0.01	0.15	0.15	0.07	0.10	0.02	0.09	0.17	0.07
Surplus/(Deficit) - ICS Achievement Basis	(0.34)	(2.44)	(2.09)	(4.69)	(11.67)	(6.99)	(4.65)	(4.65)	(0.00)
Capex (including donated)	(2.73)	(1.23)	1.50	(15.20)	(6.26)	8.94	(19.46)	(31.41)	(11.95)
Closing Cash	(0.21)	(0.63)	(0.41)	1.53	1.95	0.41	1.45	1.45	-
Agency Spend	(1.21)	(1.44)	(0.22)	(10.77)	(13.51)	(2.74)	(14.68)	(18.62)	(3.94)

FY23 Target		FY23 Forecast		FY23 Variance		M9 Target		M9 Actual		M9 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 £0.35m	ERF £0.21m	FIP £0.99m	ERF £0.03m	FIP £7.71m	ERF £1.66m	FIP £2.69m	ERF £1.92m	FIP £5.02m	ERF £0.26m	
£13.94m		£13.94m		£0.00m		£1.52m		£0.56m		(£0.96m)		£9.37m		£4.61m		(£4.77m)		

Section 2 - Financial Improvement Plan Actual Delivery (Month 9)

Year To Date Delivery

- a. In-month FIP delivery is behind plan. **We have delivered £2,690k against a plan of £7,712k.**
- b. There are currently 25 schemes in delivery (an increase of 3 from last month).
- c. Procurement and Medical Transformation have see an increase in their anticipated YTD delivery due to receipt of rebates and improved vacancy management (£117k and £15k respectively)
- d. The Medical and Nursing, Midwifery & AHP Transformation programmes projects such as 'Reduction of Bank Rates' where costs were previously aligned to the 'Covid' budget, may now be classed as Cost Avoidance.
- e. 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. No savings have yet been identified for 2022-23.
- f. 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.
- g. Operational capacity has undoubtedly been impacted by the recent critical incident (and ongoing pressure); divisional FIP engagement has therefore been understandably challenging.
- h. Work is on-going to align underspends against FIP delivery.

Programme	FIP Delivery - Year to Date																				
	Overall Trust Target v Delivery			Corporate Services Division			Clinical Support, Therapies and Outpatients Division			Medicine Division			Surgery, Anaesthetics & Critical Care Division			Urgent and Emergency Care Division			Women's & Children's Division		
	Target £'000	Actual 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	Target £'000	Delivery £'000	Delivery RAG
Medical Transformation	£1,973	£1,232		£0	£0		£56	£0		£905	£1,077		£484	£142		£374	£13		£155	£0	
Nursing Midwifery and AHP Transformation	£1,340	£358		£0	£3		£44	£0		£572	£157		£267	£117		£243	£82		£214	£-1	
Ophthalmology Transformation	£33	£105		£0	£0		£0	£0		£0	£0		£33	£105		£0	£0		£0	£0	
Outpatients Innovation	£15	£28		£15	£28		£0	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Pathology Transformation	£27	£6		£0	£0		£27	£6		£0	£0		£0	£0		£0	£0		£0	£0	
Procurement	£300	£162		£68	£117		£15	£0		£113	£45		£75	£0		£15	£0		£15	£0	
Estates & Facilities	£430	£652		£430	£652		£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	£133	£0		£0	£0		£133	£0		£0	£0		£0	£0		£0	£0		£0	£0	
Divisional Schemes	£2,553	£147		£587	£29		£407	£23		£613	£7		£513	£54		£227	£0		£207	£35	
Total	£7,409	£2,690		£1,704	£830		£682	£29		£2,203	£1,286		£1,372	£418		£859	£95		£590	£34	