



Single Oversight Framework

Reporting Period: Q4
2022/23

Inspected and rated

Good



Single Oversight Framework – Q4 Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care	<p>During Q4 the Organisation has remained extremely busy, with prolonged periods of pressure which has again included long waits in the Emergency Department and additional surge and super surge bed capacity remaining opened. There continue to be large numbers of patients medically safe for discharge awaiting in our inpatient wards, and medical outliers continue in surgical beds. The staff continue to support patients in the care and treatment they receive, even though at times this has been difficult, particularly within the Emergency Department and in those escalation areas opened for capacity which are not normally established inpatient areas.</p> <p>Although the Organisation was not directly impacted by the recent RCN nursing industrial action, there was an impact from other local Organisations whose Registered Nurses chose to take action and we contributed through ICB business continuity plans and Industrial Action meetings. In March 2023, there was the first Junior Doctors Strike since 2016, which the Trust prepared for and implemented a well planned detailed mitigation process to ensure all patients were safe, and this was managed and enacted effectively.</p> <p>There are five domains during Q4 which will be reported on below:</p> <ul style="list-style-type: none"> • Serious Incidents including Never Events (STEIS reportable) by reported date • Patient Safety Incidents per rolling 12 months 1000 OBDs • All Falls per 1000 OBDs • Covid – 19 Hospital on-set • Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBDs 	MD, CN

Single Oversight Framework – Q4 Overview



Domain	Overview & risks	Lead
<p>People & Culture</p>	<p>People & Culture Strategy</p> <p>During the quarter we started to updated our People Culture Strategy and have re-defined our internal governance arrangements. We have set our focus areas for 2022-2025 around 4 delivery pillars that are aligned to the national people promise.</p> <p>Our action plans will be delivered through our operational sub-cabinets, these will provide progress updates on action plans and key success measures in a bottom-up approach starting with highlight reports to our People Cabinet.</p> <p>We have also re-defined how we report our people SOF metrics aligning these to our delivery pillars, we will implement this during 2023/24.</p> <p>People</p> <p>Over Q4 (January 2023 – March 2023) our sickness absence level is reported at 4.6% and over the last few months has shown a gradual decrease to a level of 4.5% in March 2023. 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 (February 2023 – 5.5%).</p> <p>Total workforce loss (Inc. sickness, maternity and infection precaution) for Q4 is reported at 6.8% and current sits at 6.5% (March 2023), this sits equivalent to our target.</p> <p>A key pillar of support to our people has been the focused Wellbeing programme in Q3 and 4 that continues to provide support for teams and focuses on 3 key areas of support;</p> <ul style="list-style-type: none"> • Financial Wellbeing- All staff received Financial Wellbeing letter from Director of People with Financial Wellbeing supported information. Continuation of Medirest offer of 50% off hot food at level 6 “Spice of Life”. Launch of Financial Wellbeing course in conjunction with West Notts College. • Mental Wellbeing –Time to Talk sessions promoted and well attended. Management Toolkit relaunched to help managers to support colleagues. Managers sessions introduced educating on Menopause support for colleagues. Extended support through clinical psychology team. • Physical Wellbeing. - Wellbeing Champion led Fitness for All monthly challenges, 1 hours Walk and Talk promoted with Executive colleagues, January focus on No smoking campaigns , Veganuary and dry January. Improvements made to physio service for colleagues <p>Schwartz rounds continue to support all focus areas above with themes relating to; Its ok not to be ok, Eating Disorders and a focused round for Wellbeing Champions.</p> <p>Wellbeing support has been provided by the People Directorate and Chaplaincy during Industrial action and these have included wellbeing checks ins, provision of food and drink and re-enforcement of the Rest Rehydrate and Refuel messages. A critical incident food package has been launched to support at times of a declared critical incident to support colleagues to ensure basic wellbeing provisions are met overnight.</p> <p>Clinical De brief project taken forward with recruitment for proposed 16 TRIM practitioners to be trained during June/July 2023. Flu campaign promoted across the Trust with a 62.2% front line take up.</p>	<p>DOP, DCI</p>

Single Oversight Framework – Q4 Overview

Domain	Overview & risks	Lead
People & Culture	<p>We have noticed a reduction within our employee relation cases over the quarter and this sits towards below our target (n.10) and between the upper and lower SPC limit. Whilst there has been a reduction in the number of formal cases we have seen and increase in support required for Managers for informal concerns relating to perceived breaches of our CARE values and teams and individuals working together.</p> <p>Over the last three months we have seen a gradual decrease in the Trust vacancy level, over the quarter this is recorded at 3.8% (Q2 – 5.0%), with the rate for March 2023 at 3.3%. Local benchmarking shows that the ICB provider vacancy level is reported at 12.5%.</p> <p>Supporting our vacancy reductions, we are active in recruitment and have recent held successful recruitment fairs and careers event and continue to have a really active and engaged programme that has scheduled events over the next few months.</p> <p>During the quarter we have seen 2 events of Industrial Action held by the British Medical Association (BMA), these were held in March and April 2023. Over both periods we experiences approx. 85% workforce loss of Junior Medical Staff.</p> <p>It is indicated that there will be a further episode of industrial action in May 2023.</p> <p>Culture and Engagement</p> <p>The National Staff Survey for 2022 results were made public on 9th March 2023. As an organisation we finished with a 61% response rate which was the 3rd highest response rate for an Acute/Acute Community Trust in the Country. Overall, SFH benchmarked extremely well, placing 1st or 2nd in the Midlands (and top 6 in the country) across all 7 of the People Promise themes, plus Staff Engagement and Staff Morale.</p> <p>The team are now focussed in Q1 on in depth analysis of the results and ensuring that colleagues are engaged with this, making results available to all via our internal survey explorer tool. The Head of Culture and Engagement is also attending key forums to support leaders in their understanding of the data and how they make translate these into discussion with their teams. Key themes for improvement will be identified with clear actions for improvement described to the organisation.</p> <p>Outside of NSS22 engagement, the OD Partner team have continued to develop the core OD offer into the organisation but from 01.04.23 are carrying a 1 WTE vacancy (50% of the team) which will lead to a temporarily reduced service focussing on priority areas for intervention agreed in partnership with Divisions and Department leadership teams, taking NSS22 results into account to help identify these areas. OD interventions continue to focus largely on team coaching in response to requests to improve team dynamics and relationships. Some examples of dedicated support in line with key transformation programmes include; Theatres, Pharmacy, Ophthalmology for example.</p> <p>Reward and Recognition also continues to be a key focus for the team with a particular focus on staff recognition around long service and retirement. Touch points across the year are being scoped to give colleagues key set recognition points across the year with a refreshed reward and recognition offer to be presented to the organisations key committees for approval in Q1.</p>	DOP, DCI

Single Oversight Framework – Q4 Overview



Domain	Overview & risks	Lead
<p>People & Culture</p>	<p>Learning & Development</p> <p>Mandatory and Statutory Training (MaST) performance levels are reported at 90.0% across Q4, with our Q4 level recorded at 87.3% (this is higher than our Q3 figures – 87.3%). Training rates for our ICS are reported at 83.9% and within SFH we have seen a constant level showing our strong performance across mandatory training.</p> <p>The new Mandatory and Statutory Training Governance Group is now in place with new TOR and membership. The Group has met twice since March, the group has an agreed work plan which looks at improvements to compliance, quality, accessibility and transferability. A discussion paper was presented to the last group (19th April) outlining all of the actions currently in place to address compliance, all of the actions that are in progress and some further new ideas.</p> <p>The groups was able to identify further new ideas which are being reviewed and tested. Some of the actions currently in progress are:</p> <ul style="list-style-type: none"> • Agreeing transferability of MAST across NUH, NHT and SFH saving training being repeated, • Creating a link between ESR and the e-academy to allow managers to see their employee’s e-learning status and MAST compliance, • Reviewing information in letters and emails to new starters (make things as clear as possible), • Improving navigation of MAST (IG now in workbooks, new section being built for non-clinical staff), • Understand how some MAST elements can be delivered directly to Medirect staff or testing their use of the external e-academy for e-learning, • New reminder process for new starters around MAST as compliance, • Re-introduction of the incremental payment pause for those not compliant with MAST from 1st June 23, • Ongoing improvements to the Intranet page containing all MAST requirements for staff and links to learning, <p>In the future moving to a single booking system for all training making it easier to book. A MAST Deep Dive report has also recently been completed by the People Partners building on the areas for Improvement and giving further insight into areas of concern which will be picked up by the group.</p> <p>Appraisals performance levels across Q4 are reported at 88.0%, with our Q3 level recorded at 85.3%. Our ambition was to achieve a 90% target at the end of quarter 4, this was not achieved.</p> <p>Our ambition was by the end of 2022/23 was to see significant improvements to our compliance levels, however the key cause of below trajectory performance on the appraisal compliance is related to workforce loss linked to the hospital acuity, the impact of annual leave and industrial action.</p> <p>Supporting increases to the compliance levels and moving into 2023/24 we are launching revised paperwork supported with a clear training package that is integrated into the leadership development programme and aiming to launch during May 2023. From the 1st June 2023 we are reintroducing of the pay progression process. These should support positive movements in appraisal levels.</p>	<p>DOP, DCI</p>

Single Oversight Framework – Q4 Overview



Domain	Overview & risks	Lead
People & Culture	<p>Improvement</p> <p>Following a re-organisation of portfolios, the development of the Improvement Faculty has been agreed aligning Improvement, Transformation, Planning and Patient Safety. 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>	DOP, DCI

Single Oversight Framework – Q3 Overview



Domain	Overview & risks	Lead
<p>Timely care</p>	<p>In 2022/23 Q4 (Jan-Mar) our services have continued to operate under sustained pressure much like many acute Trusts across the country. The combination of admission demand and length of stay pressures meant that, particularly at the start of the quarter, patient demand exceeded the capacity of our hospitals. This mismatch in demand and capacity resulted in us starting the day on OPEL 4 on almost 50% of the days during Q4. At times, patients experienced delays to admission due to a lack of beds. In response to the pressures described above, we enacted escalation actions, our full capacity protocol and at the peak (Jan-23) opened an additional 74 beds beyond our winter plan (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. Despite the challenges, we continued to provide timely ambulance handover; benchmarked well in terms of our four-hour performance (top quartile nationally); and have a strong Same Day Emergency Care (SDEC) offer exceeding national targets.</p> <p>The interplay between emergency and elective pathways meant that as our emergency pathway surged, elective activity levels reduced. During the Critical Incident at the start of Jan-23 non-cancer and non-urgent elective activity was paused which adversely impacted on our elective and RTT performance. Activity fully resumed before the end of Jan-23 although challenges for elective inpatients continue. The heightened backlog of elective patients that developed over the course of the early phase of the pandemic continues to have an adverse impact on our ability to deliver against the national planned care standards. The national requirements to meet zero 78-week waiters by Mar-23 was missed by eight patients – one due to patient choice and seven patients that we took in mutual aid. We have successfully increased the number of outpatient and daycase procedures to above pre-pandemic levels with further expansion planned in 2023/24 as our Targeted Investment Fund (TIF) development opens at Newark hospital in autumn 2023.</p> <p>The Trust submitted a non-compliant plan against the outpatient follow-up reduction target of 25% in the 2022/23 planning round. In 2022/23 the reduction made was small (at 1.1%) 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 above target for both Q4 and the 2022/23 year. Whilst we continue to see in the region of 15% of outpatients non-face-to-face, we recognise that we have further work to ensure that we make full benefit of remote outpatient attendances; embedding the learnings from the height of the pandemic.</p> <p>Key metrics relating to the delivery of timely cancer care have generally improved during 2022/23. Like other organisations we have seen growth in Cancer two-week referrals following a similar increasing trend seen over the last decade. Our two week wait performance improved to be above the national target in Jan and Feb-23 for the first time since Spring 2021. We continue our strong delivery of the national 28-day faster diagnostic standard with our ICS being one of only two in the Midlands region to meet the national standard. The number of two-week wait suspected cancer patients waiting over 62 days for treatment has reduced during 2022/23 exceeding both our local target and the target set by the national team to be achieved by Mar-24. The proportion of urgent GP cancer referrals waiting over 62-days at our Trust is the lowest in the Midlands region. The reduced backlog of patients waiting has supported our 62-day performance to be at the highest-level post-pandemic in Feb-23.</p>	<p>COO</p>

Single Oversight Framework – Q4 Overview



Domain	Overview & risks	Lead
Best Value care	<p>Income & Expenditure:</p> <ul style="list-style-type: none"> The Trust reported a surplus of £7.7m for the Q4 period, resulting in a outturn deficit for 2023/24 totalling £3.9m. This represents a favourable variance to plan of £0.76m. This outturn position was in line with the expected position following an adjustment of further system resource allocation. In total we received further system resource allocation of £7.60m to support our deficit position, in recognition of the operational and financial challenges faced during the financial year. Without this our outturn deficit position would have been £11.50m, which includes mitigating actions taken during Q4. The costs of additional capacity presented the biggest financial challenge throughout the year, with £4.2m spent in Q4 against an original plan of £1.5m. Full year costs of additional capacity total £12.6m, which is £7.1m higher than the allocated budget and funding. Covid expenditure over Q4 totalled £0.53m. 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 full year outturn costs of Covid total £6.14m, which is £2.64m higher than planned. <p>Capital Expenditure & Cash:</p> <ul style="list-style-type: none"> Capital expenditure of £29.44m has been reported for the Q4 period, with 2022/23 outturn expenditure totalling £35.70m. This Q4 significant increase in capital expenditure meant that the Trust’s share of the ICB capital allocation of £11.1m was spent in full. In addition the Trust has progressed schemes that have been funded by specific allocations, including the Newark elective developments and digital infrastructure. The cash balance at the end of Q4 stands at £23.54m, which is higher than planned, driven by additional capital PDC. This is offset by a significant increase in capital creditors, which will unwind in Q1 of 2023/24 as invoices are paid. <p>Agency Expenditure:</p> <ul style="list-style-type: none"> The Trust reported agency expenditure of £4.64m during Q4, with 2022/23 outturn expenditure totalling £18.15m. Overall expenditure in Q4 was similar to that reported in Q3 (£4.61m), but progress has been made in reducing the number of agency bookings that do not comply with NHSE price cap and framework rules. 	CFO

Single Oversight Framework – Q4 Overview (1)



Sherwood Forest Hospitals
NHS Foundation Trust

QUALITY CARE	Safe	Rolling 12 month count of Never Events	0	0	0	0	-	1		A	MD/CN	Q
		Serious Incidents including Never Events (STEIS reportable) by reported date	<21	3	3	2	8	41		R	MD/CN	Q
		Patient safety incidents per rolling 12 month 1000 OBDs	>44	47.69	39.42	41.57	42.88	43.64		R	MD/CN	M
		All Falls per 1000 OBDs	6.63	7.99	7.95	6.82	7.58	7.61		A	CN	M
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	20.6	15.11	14.95	9.86	13.29	17.06		G	CN	M
		Covid-19 Hospital onset	<37 PA	18	14	35	67	212		R	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0 PA	0.00	0.00	0.00	0.00	1.23		R	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	99.0%	99.5%	99.6%	99.4%	97.9%		G	CN	M
		Safe staffing care hours per patient day (CHPPD)	>8	8.7	8.7	8.6	8.7	8.8		G	CN	M
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	0.96	1.00	0.94	0.96	1.16		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	>90%	93.0%	88.3%	90.0%	90.7%	89.1%		A	MD/CN	M
		Recommended Rate: Friends and Family Inpatients	>96%	94.0%	94.8%	94.6%	94.5%	94.8%		A	MD/CN	M
	Effective	Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	85.1%	84.9%	81.8%	83.9%	86.2%		A	MD/CN	Q
Rolling 12 months HSMR (basket of 56 diagnosis groups)		100	122.5 (Oct-22)	124.5 (Nov-22)	126.0 (Dec-22)	-	126.0		R	MD	Q	
Rolling 12 months SHMI		100	103.09 (Sep-22)	103.27 (Oct-22)	103.64 (Nov-22)	-	103.64		A	MD	Q	
Cardiac arrest rate per 1000 admissions		<1.0	0.61	1.32	0.80	0.90	0.88		G	MD	M	
	Cumulative number of patients participating in research	2200	262	254	240	756	2809		G	MD	Q	

Single Oversight Framework – Q4 Overview (2)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency	
PEOPLE AND CULTURE	Staff health & well being	Sickness Absence	<4.0%	4.8%	4.3%	4.5%	4.6%	4.7%		A	DoP	M
		Total Workforce Loss (inc Sickness, Maternity, Infection Precaution)	<6.5%	6.8%	6.2%	6.3%	6.4%	6.8%		A	DoP	M
		Flu vaccinations uptake - Front Line Staff	>90%	62.1%	62.2%	-	-	62.2%		R	DoP	M
		Employee Relations Management	<10-12	9	10	9	9.3	9.4		G	DoP	M
	Resourcing	Vacancy rate	<6.0%	4.0%	4.1%	3.3%	3.8%	4.8%		G	DoP	M
		Turnover in month (excluding rotational Drs.)	<0.9%	0.4%	0.3%	0.7%	0.5%	0.6%		G	DoP	M
		Mandatory & Statutory Training	>90%	89.0%	90.0%	90.0%	89.7%	87.0%		A	DoP	M
		Appraisals	>95%	89.0%	88.3%	86.7%	88.0%	85.0%		R	DoP	M
	Culture & Improvement	Recommendation of place to work	≥80%	-	-	-	73.4%	76.2%		A	DoSP	Q
		Recommendation of place to receive care	≥80%	-	-	-	77.8%	81.2%		G	DoSP	Q
		Qi Training - Bronze	>60	44	9	20	73	256		G	DoSP	Q
		Qi Training - Silver	>15	0	12	0	12	40		G	DoSP	Q
Number of QI Projects		>40	3	2	3	8	55		G	DoSP	Q	

Single Oversight Framework – Q4 Overview (3)



Sherwood Forest Hospitals
NHS Foundation Trust

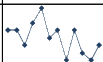
At a Glance	Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency	
TIMELY CARE	Emergency Care	Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	73.5%	73.2%	73.4%	73.4%	75.6%		R	COO	M
		Mean waiting time in ED (in minutes)	220	237	223	230	230	220		G	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	6.9%	6.0%	6.8%	6.6%	5.7%		A	COO	M
		Number of patients who have spent 12 hours or more in ED from arrival to departure as a % of all ED Attendances	shadow monitoring	5.4%	3.3%	4.9%	4.6%	3.3%			COO	M
		Mean number of patients who are medically safe for transfer	<22	107	104	107	106	105		R	COO	M
		Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	97.1%	96.8%	97.5%	97.1%	95.9%		R	COO	M
	Elective Care	Remote Attendances as a percentage of Total Outpatient Attendances	25.0%	14.9%	14.8%	15.8%	15.2%	16.0%		R	COO	M
		Outpatient Episodes moved / discharged to a Patient Initiated Follow-up Pathway	5.0%	5.4%	5.0%	4.8%	5.1%	5.3%		G	COO	M
		Follow Up Outpatient Attendances reduce against Yr2019/20	-25.0%	-1.4%	0.8%	17.0%	5.0%	-1.1%		R	COO	M
		Elective Day Case activity against Plan	on trajectory	91.3%	96.3%	106.2%	97.8%	94.7%		A	COO	M
		Elective Inpatient activity against Plan	on trajectory	81.8%	110.1%	114.3%	103.4%	91.0%		A	COO	M
		Elective Outpatient activity against Plan	on trajectory	107.7%	103.8%	110.7%	107.4%	103.3%		G	COO	M
	Diagnostics	Diagnostics activity increase against Plan	on trajectory	110.1%	108.9%	116.0%	111.7%	111.0%		G	COO	M
	RTT	Number of patients on the incomplete RTT waiting list	40288	46742	47001	47729	47729	-		R	COO	M
		Number of patients waiting 78+ weeks for treatment	0	36	21	1	1	-		R	COO	M
		Number of patients waiting 104+ weeks for treatment	0	0	0	0	0	-		G	COO	M
		Number of completed RTT Pathways against Plan	on trajectory	109.3%	99.8%	99.16%	102.71%	99.2%		A	COO	M
	Cancer Care	Number of local 2ww patients waiting over 62 days for cancer treatment	67	66	28	48	48	-		G	COO	M
Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral		75.0%	72.3%	82.1%	-	-	77.9%		G	COO	M	

Single Oversight Framework – Q4 Overview (4)



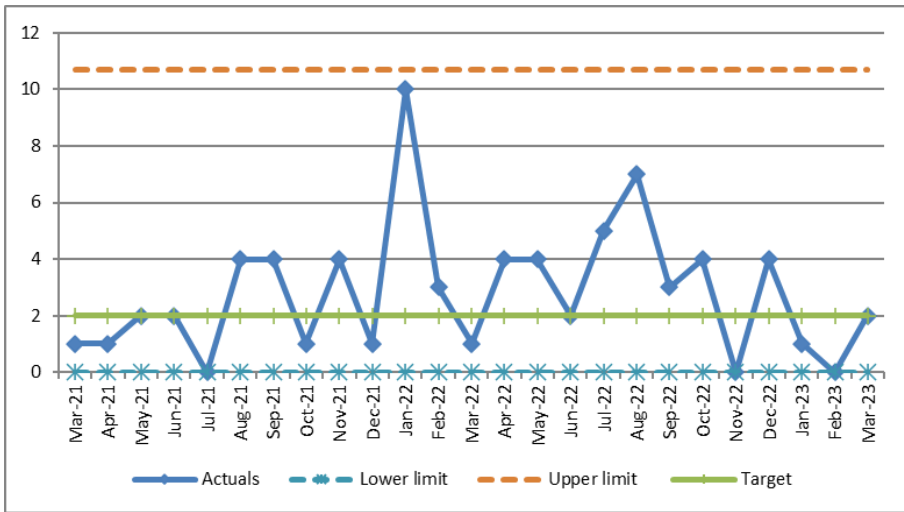
Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
BEST VALUE CARE	Income & Expenditure - Trust level performance against Plan	£0.00m	£1.30m	£3.30m	£3.06m	£7.66m	£0.76m		G	CFO	M
	Financial Improvement Programme - Trust level performance against Plan	£0.00m	-£1.12m	£5.30m	£0.94m	£5.12m	£0.35m		G	CFO	M
	Capital expenditure against Plan	£0.00m	-£1.10m	-£0.63m	-£23.45m	-£25.18m	-£16.24m		R	CFO	M
	Cash balance against Plan	£0.00m	£0.00m	£20.18m	£1.49m	£21.67m	£22.09m		G	CFO	M
	Agency expenditure against Plan	£0.00m	-£0.13m	-£0.11m	-£0.49m	-£0.73m	-£3.47m		R	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Serious Incidents including Never Events (STEIS reportable) by reported date	<21	Mar-23	28	3		R	MD/CN	Q



Sherwood Forest Hospitals NHS Foundation Trust



National position & overview

- During Q4 we reported seven incidents that met the StEIS criteria.
- No never Events were reported in Q4.
- It should be noted that this data is based on date of incident.
- The National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS) is being replaced by Learn from Patient Safety Events (LFPSE) service, a new national NHS service for the recording and analysis of patient safety events.
- The switch to the LFPSE service at Sherwood will be coordinated with the implementation of the Patient Safety incident Response Framework (PSIRF).

Root causes	Actions	Impact/Timescale
<p>Each incident has been investigated and any themes identified:</p> <ul style="list-style-type: none"> • 2 incidents related to imaging, • 2 related to IPC. • 1 maternity incident was reported 	<ul style="list-style-type: none"> • All immediate actions identified have been completed and learning identified has been shared with wards / departments. • Staff involved in the incidents have been offered support and opportunities to reflect. 	<p>In line with the National Patient Safety Incident Response Framework the Trust is currently undertaking a detailed review of the top 5 categories of incident, themes, trends, locations/services and have a clear focus on the learning from these enabling the embedding of identifiable improvements/service changes</p>

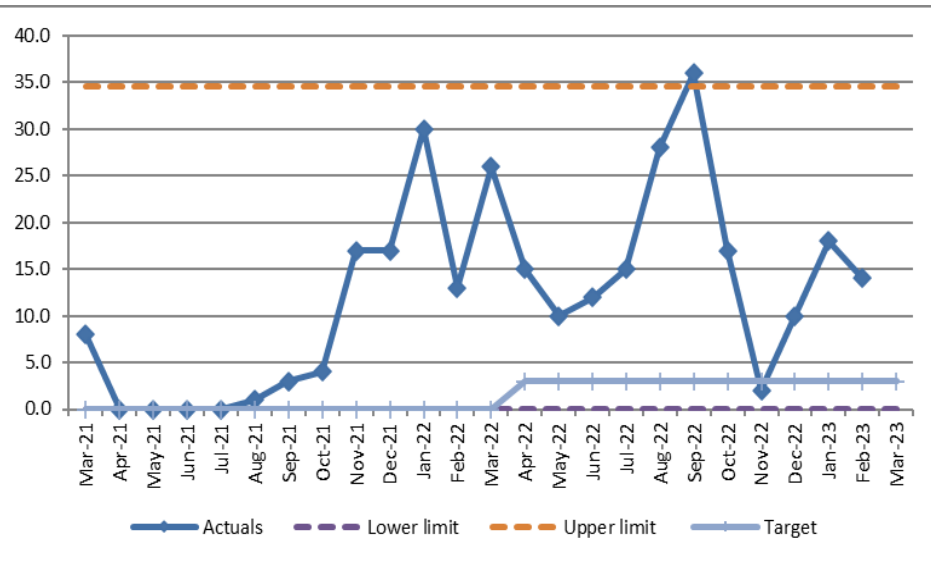
Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Covid-19 Hospital onset	<37 PA					R	CN	M



Sherwood Forest Hospitals
NHS Foundation Trust

National position & overview

- During Quarter 4 we observed a further wave of Covid-19 case and this was reflected nationally.
- There was an increase in the number of nosocomial cases identified in the region and nationally during this time.
- The number of nosocomial cases identified each month where:
 - January - 27,
 - February - 19 and
 - March - 61




Root causes	Actions	Impact/Timescale
-------------	---------	------------------

- There have been three outbreaks during Quarter 4 involving over 30 patients;
- The other cases identified were sporadic and it was identified there was some community transmission from visitors who were not aware they were positive at the time of visiting.

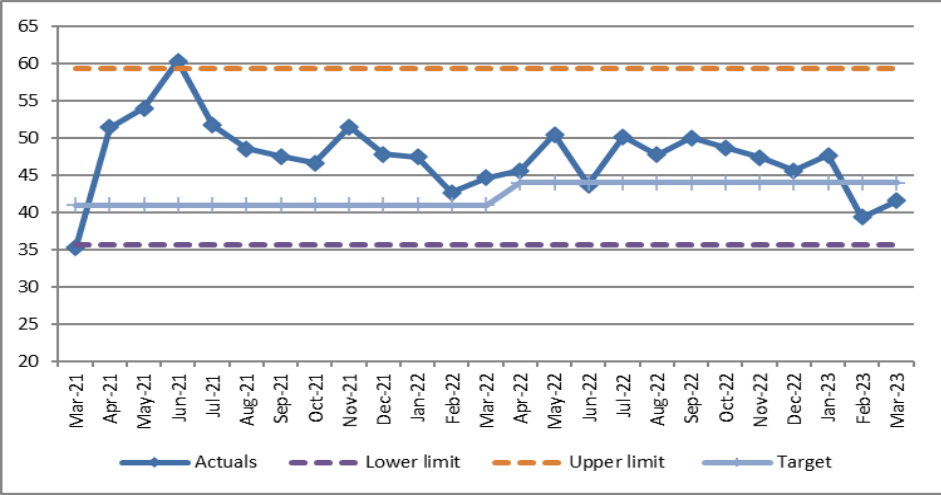
- All outbreak areas and high risk areas continue to have enhanced cleaning by Medirest;
- Regular hand hygiene, Personal Protective Equipment (PPE) audits of any areas with an outbreak of cases of Covid are being conducted;
- Regular outbreak meetings with NHSE and UKHSA to monitor progress of the outbreaks;
- Root Cause Analysis (RCA) are completed for all nosocomial outbreaks by the wards and these are fed back at the Infection Prevention & Control (IPC) RCA feedback meeting, to review for any lapse in care.

- To reduce environmental contamination.
- To monitor compliance with guidance and provide any learning required
- To review cases and development and action any learning
- To gain learning to support in prevention of further cases and share good practice between areas.

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Patient safety incidents per rolling 12 month 1000 OBDs	>44	47.69	39.42	41.57	42.88	43.64		R	MD/CN	M



Sherwood Forest Hospitals
NHS Foundation Trust



National position & overview

Sherwood Forest Hospitals continue to be a strong reporter of Patient Safety Incidents and are committed to identifying incidents, recognising the needs of those affected, examining what happened to understand the causes and responding with action to mitigate risks

The Trust encourages an open reporting patient safety culture. All incidents reported are reviewed and validated by the Governance Support Unit prior to upload to the National Reporting and Learning System (NRLS).

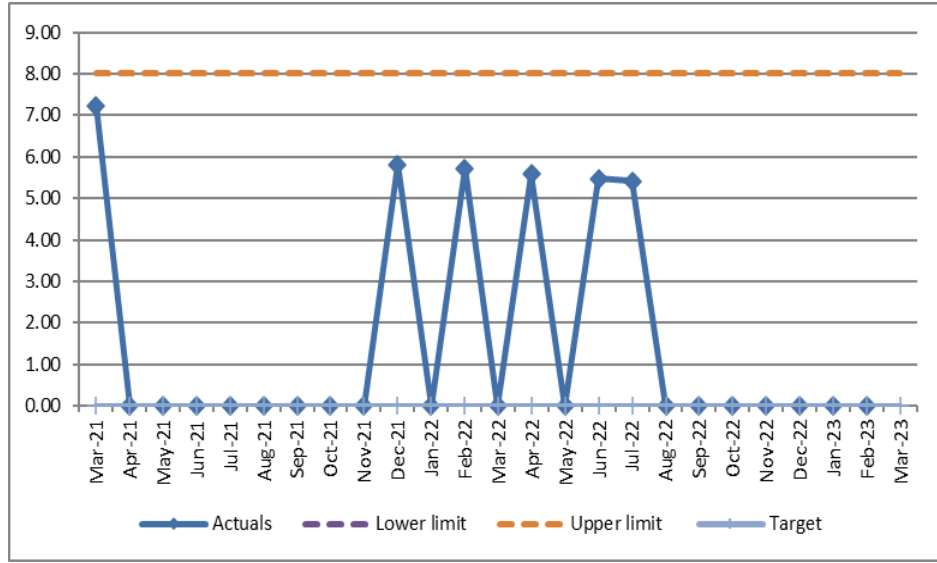
An analysis of the reported incidents for Q4 has not identified any issues with reporting.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> A review of the Q4 data has not highlighted any cause for the variation. A review of the incidents reported in Feb 23 (<40 per 1000 OBD) has not highlighted any particular category of incident that was under reported. 	<ul style="list-style-type: none"> Continue to monitor and review all Patient Safety Incidents Continue to escalate any concerns that may lead to underreporting. 	<ul style="list-style-type: none"> Ongoing Ongoing



Sherwood Forest Hospitals
NHS Foundation Trust

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0 PA	0.00	0.00	0.00	0.00	1.23		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 9 of the 10 Trusts have also breached their target with between 1 and 5 cases to date this year.

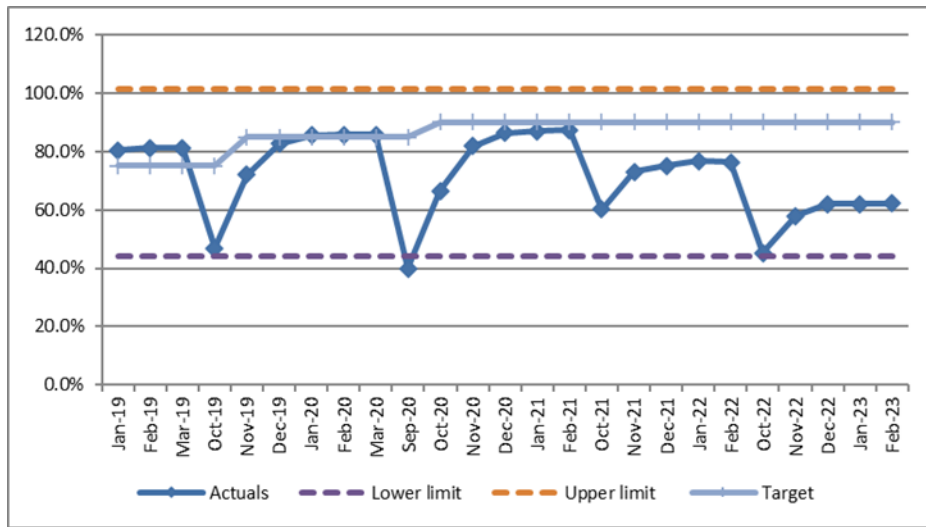
Root causes	Actions	Impact/Timescale
-------------	---------	------------------

• 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	Actuals	Trend	RAG Rating	Executive Director	Frequency
Flu vaccinations uptake - Front Line Staff	>90%	Mar-23	62.2%	-		R	DoP	M



National position & overview

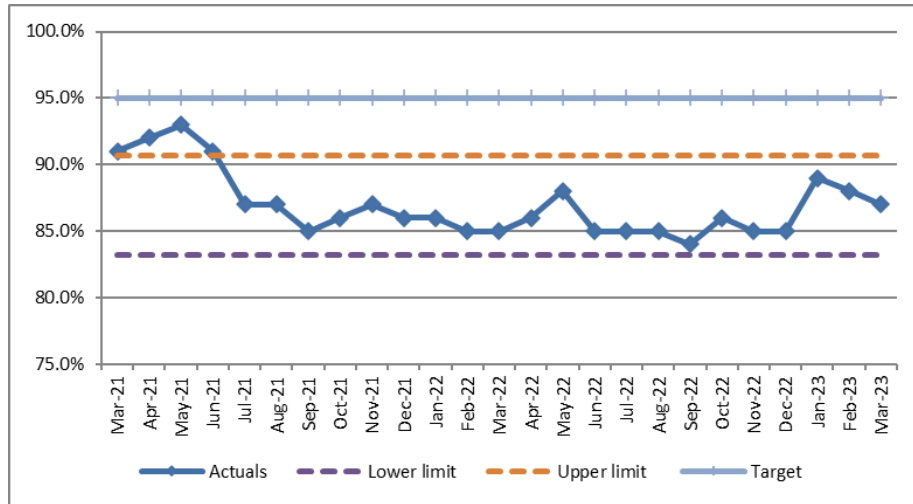
Our Frontline Staff **Flu take** up is reported at 62.2%, it is acknowledged that this is lower than in previous years,

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.

Root causes	Actions	Impact/Timescale
<p>Across the Trust we have seen our Flu vaccination level at a lower level, and this has been replicated regionally and nationally.</p>	<p>We actively promoted Flu vaccinations and linked this into our Health & Wellbeing campaigns, aligned to the keeping well during winter programmes.</p> <p>Additionally, to support the take up across SFH we are adopted different measures and where possible are taking the vaccines to staff as we accepted the acuity of the hospital has had an impact on vaccination levels</p>	-



Indicator	Plan/Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Appraisals	>95%	Mar-23	86.1%	87.0%		R	DoSP	M



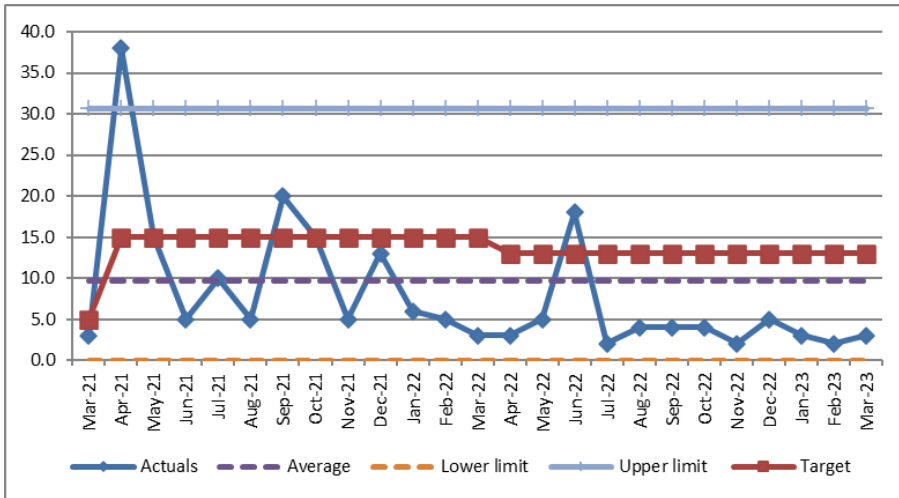
National position & overview

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 87.8% Q4, and is at a higher level than last quarter (85.3%).</p> <p>The key cause of below trajectory performance on the appraisal compliance is related to workforce loss linked to the hospital acuity impact of Annual Leave and Industrial Action.</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 during Q1 2023/24.</p>	<p>By end 22/23</p> <p>Agree talent management content within appraisal paperwork - Complete</p> <p>Pilot paperwork – will go ahead in May 2023.</p> <p>Paper to TMT to agree to progress digital solution, integrate piloted paperwork into the digital solution. – late 2023/24</p> <p>Launch Electronic solution – 2024/25</p>

Indicator	Plan / Standard	Period	YTD Actuals	Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of QI Projects	>40	Qtr4 2022/23	55	8		R	DoSP	Q



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 2023/34, with corporate colleagues being encouraged to register Improvement projects in the platform

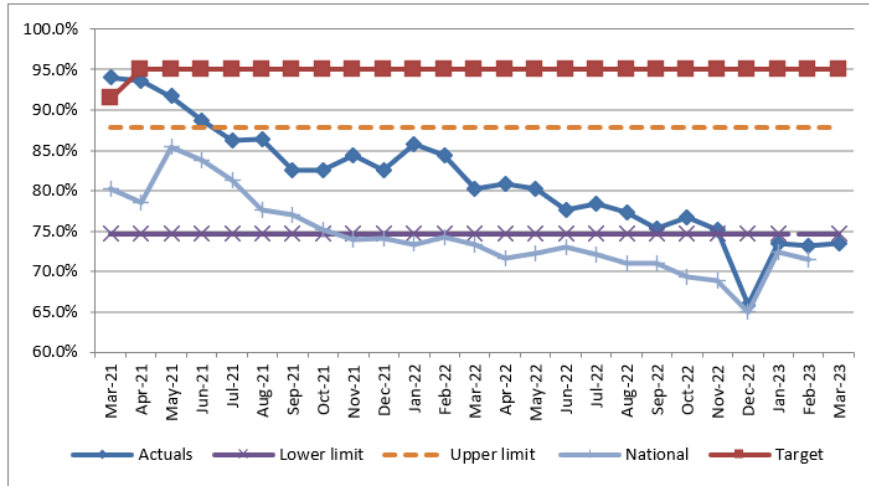
Improvement and Clinical Audit team will be at full complement from February 2023, and will focus on supporting a communication campaign

Impact/Timescale

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

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	73.5%	73.2%	73.4%	73.4%	75.6%		R	COO	M
Mean waiting time in ED (in minutes)	220	237	223	230	230	220		G	COO	M
Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	6.9%	6.0%	6.8%	6.6%	5.7%		A	COO	M

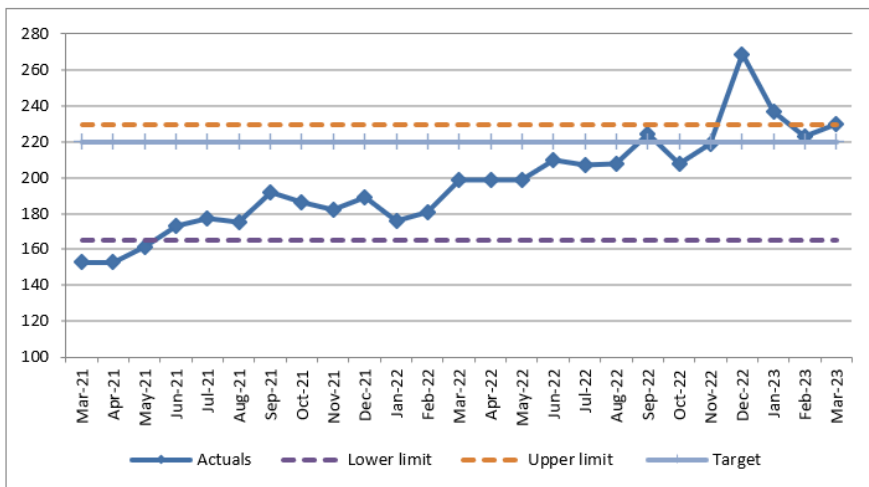
Percentage of patients waiting >4 hours for admission or discharge from ED



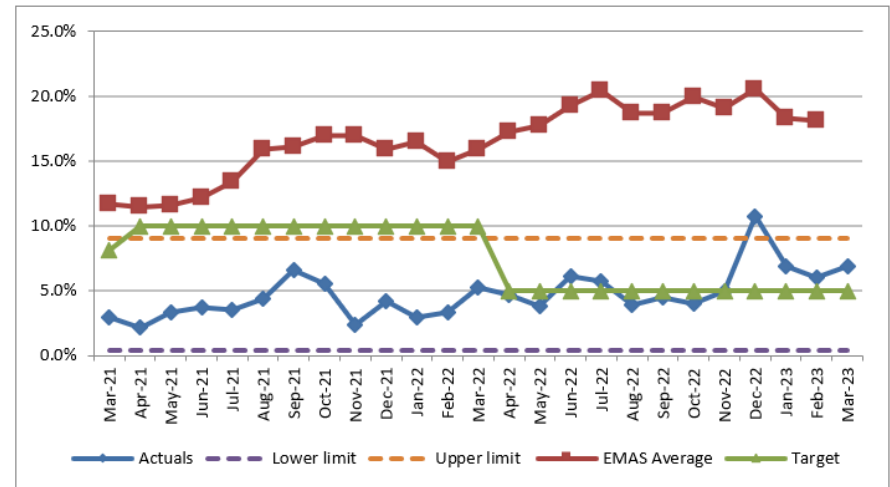
National position & overview

- SFH Critical Incident from 29-Dec to 9-Jan with ICS system-wide Critical Incident from 29-Dec to 12-Jan.
- 44 days out of 90 days at OPEL 4 during 2022/23 Q4.
- 4-hr benchmark position is 37th best nationally (out of 111 providers submitting data).
- Performance during 2022/23 Q4 was primarily driven by challenges 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 (see later slide).
- 4-hour performance was strong at Newark UTC at 99%.
- Ambulance handover delays reduced from Dec-22 peak; however, remain at an elevated level just outside target. Our ambulance handover position is significantly better than the EMAS average.
- 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

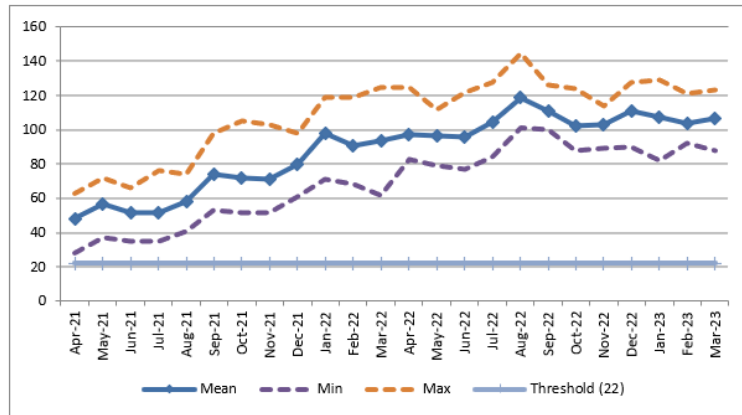


Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Percentage of patients waiting >4 hours for admission or discharge from ED	95.0%	73.5%	73.2%	73.4%	73.4%	75.6%		R	COO	M
Mean waiting time in ED (in minutes)	220	237	223	230	230	220		G	COO	M
Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<5%	6.9%	6.0%	6.8%	6.6%	5.7%		A	COO	M

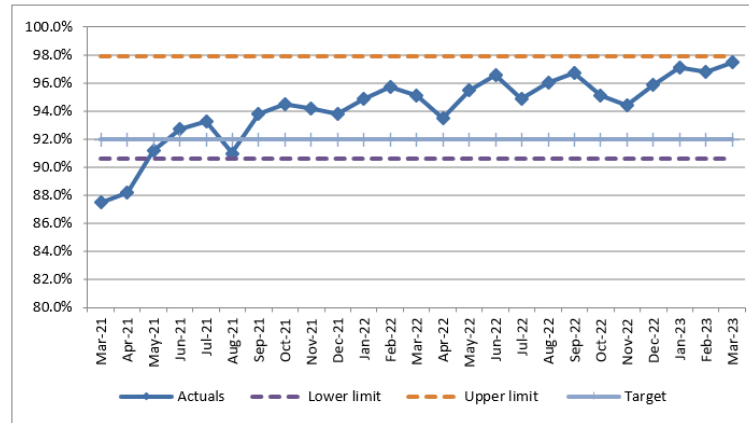
Root causes	Actions	Impact/Timescale
<p>Attendance demand & ED overcrowding</p> <ul style="list-style-type: none"> Attendance growth throughout the quarter. 15% attendance growth when compared to 21/22 with a 32% increase in Mar-23 (compared with Mar-22). 	<ul style="list-style-type: none"> In Q4 we started the day in OPEL 4 on 23 days in Jan-23, 3 days in Feb-23 and 18 days in Mar-23 with associated actions in place with oversight via flow and capacity meetings that take place five times each day. Trialled (4th Feb) and now business as usual 'Fit to Sit' where clinically appropriate patients are moved off trolleys to a chair to support a reduction of overcrowding in Majors. Proposal to expand ED footprint discussed at Trust Management Team (TMT) on 18-Jan, agreement to work up full business case. 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 Conversion maintained through Q4 (22%). 	<ul style="list-style-type: none"> Use of OPEL action cards and fit to sit are business as usual. Full business case to TMT in Jul-23. ED recruitment underway – all doctor and ACP posts filled and awaiting start dates. Nurse recruitment ongoing. New rota starting 4-May.
<p>Bed capacity pressure (see next slide)</p>		

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Mean number of patients who are medically safe for transfer	<22	107	104	107	106	105		R	COO	M
Adult G&A Bed Occupancy (8:00am position as per U&EC Sitrep)	<92%	97.1%	96.8%	97.5%	97.1%	95.9%		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) over 24 hours has been relatively stable over the past 6 months with the 2022/23 Q4 average being 106 patients. The local position remains significantly above the agreed threshold and the 2022/23 national planning guidance ambition.
- Additional winter capacity as described in the SFH winter plan was opened. In addition, to mitigate extraordinary UEC pressures and ED overcrowding, a peak of 75 surge beds were opened at the end of Q3 and remained in place during Jan-23. The surge capacity was largely closed by early Feb-23; although our underlying bed base remains open to the highest level recorded in recent years. Medical patients were also outlied in increased numbers into surgical capacity at the start of 2022/23 Q4 limiting the amount of elective activity undertaken. The increased number of occupied and open beds meant the bed occupancy numerator and denominator increased whilst the occupancy level remained fairly stable at an elevated level. The pressure on our beds is a combination of strong admission demand and pressures on length of stay (pre and post medically safe).
- Our hospitals continue to operate at occupancy levels significantly higher than the planned 92%; like many other Trusts nationally (in excess of 97% during Q4 on average).

Root causes

- The Trust continues to experience delays in the discharge of patients who are MSFT with a detrimental effect on acute capacity and flow. In Q4 there were on average 107 patients (over the equivalent of four wards) MSFT waiting for discharge for greater than 24 hours.
- Continued high bed occupancy despite increasing bed capacity.
- Length of stay remaining high (partly driven by the medically safe position).

Actions

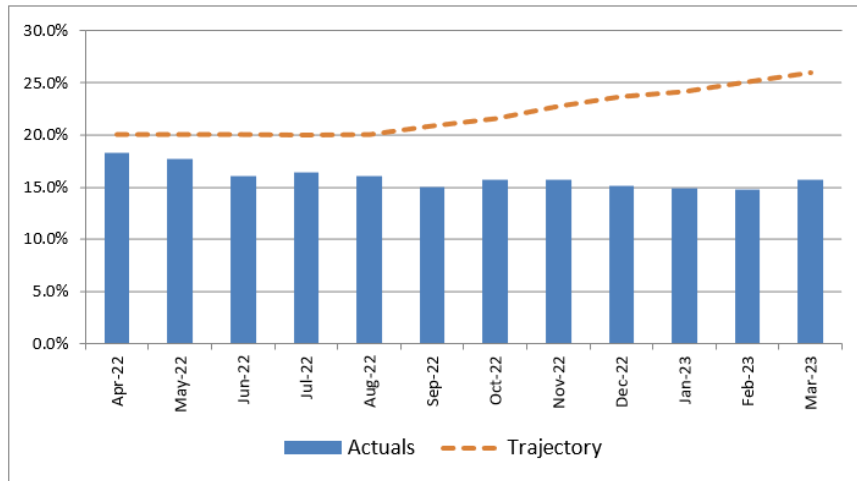
- System discharge to assess programme in place.
- Transfer of Care hub MDT pathway 1-3 referral reviews three-times daily.
- Daily attendance at system calls to ensure appropriate challenge to partners.
- Continue to utilise SDEC and streaming pathways to avoid admission where possible with planned expansion of surgical SDEC in 2023/24.
- System discharge lead supporting us to improve internal discharge processes.
- Optimising the Patient Journey (OPJ) improvement programme underway.
- Bi-weekly long length of stay reviewing meetings in place.
- Continued efforts to transfer patients onto both existing and new Virtual Wards.
- Additional bed capacity opened as previously described.

Impact/Timescale

- The first eight actions are all ongoing into 2023/24.
- Dec-22 to Feb-23.

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Remote Attendances as a percentage of Total Outpatient Attendances	25.0%	14.9%	14.8%	15.8%	15.2%	16.0%		R	COO	M

Remote Attendances as a percentage of Total Outpatient Attendances



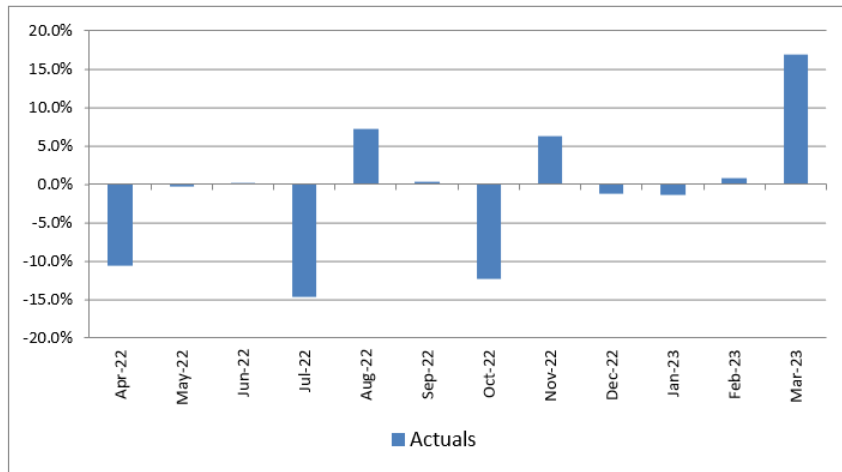
National position & overview

- The virtual appointments agenda remains an area of underperformance across the Trust.
- The 2021/22 Priorities and Operational Planning Guidance indicated that at least 25% of outpatient appointments should be delivered remotely via telephone or video consultation.
- The Trust's performance peaked at 78% in Apr-20 (height of the first wave of the pandemic).
- Currently, around 15% of outpatient appointments are delivered virtually; this is a relatively stable position over the past 10 months.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Clinician preference to see patients face-to-face. 	<ul style="list-style-type: none"> • Presenting benchmarking data to Divisions and specialties to ask what scope there is to increase the proportion of appointments carried out virtually. • Identifying specialties at neighbouring Trusts that are performing significantly better than at SFH and find out the actions that they are taking. • Based on national guidance, developing a toolkit to assess suitability and appetite for each speciality to understand current virtual attendance position, potential trajectories, challenges and risks. • Ask specialties to trial capturing patient amenability to a virtual follow up appointment via reconciliation slips. • Develop communications to share with clinicians to highlight the benefits of virtual appointments. 	<ul style="list-style-type: none"> • All actions to be complete by the end of 2023/24 Q1.

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Follow Up Outpatient Attendances reduce against Yr2019/20	-25.0%	-1.4%	0.8%	17.0%	5.0%	-1.1%		R	COO	M

Follow Up Outpatient Attendances reduce against Yr2019/20



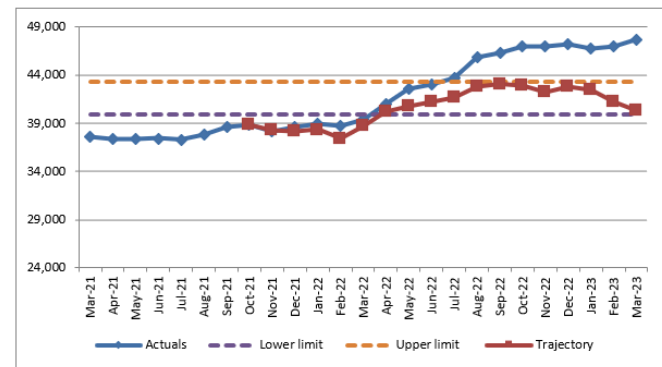
National position & overview

- There has been an increase in the Trust’s volume of planned overdue reviews over recent months from circa 10,500 at the start of Q4 to just over 11,000 at the end of Q4. Four specialties make up 50% of this list; Ophthalmology, Gastroenterology, Cardiology and ENT.
- SFH (and the system) submitted a non-compliant plan against the outpatient follow-up reduction target of 25% in the 2022/23 and 2023/24 planning round.
- Between Apr-22 and Feb-23, the Trust were able to repurpose over 14,500 outpatient appointments through use of Patient Initiated Follow Up (PIFU).
- Analysis and benchmarking of the Trust’s main outpatient specialties indicates that SFH could achieve a PIFU rate of 8%. This corresponds to moving circa an additional 3,500 patients to PIFU over the next year.
- Mar-23 is compared against Mar-20; Mar-20 was the only month of 2019/20 that was not representative of pre-pandemic activity due to the start of the pandemic and national lockdown.

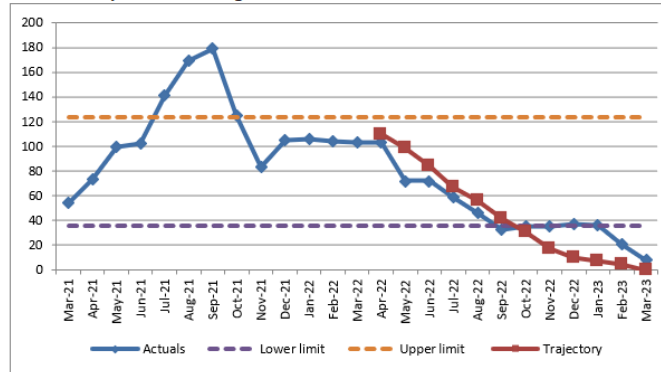
Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • The Trust continues to have a significant overdue review list. Ophthalmology, Gastroenterology, Cardiology and ENT are the specialties with the highest volume of overdue reviews. Together, these specialties represent 50% of the Trust’s total overdue review backlog. • PIFU pathways are not in place for all specialties. 	<ul style="list-style-type: none"> • PIFU is due to go-live across Paediatrics and General Surgery in May-23. • A Staff Bulletin article celebrating the success of PIFU will be published; the project team are also seeking a steer as to where there may be opportunities to further improve performance. • Specialty-level PIFU analysis shared to encourage specialties to incorporate PIFU into planned care recovery plans. • Link with specialties where there may be opportunity to either introduce PIFU where it is not currently in place, or to increase/expand its use. Surgery have been identified to explore pilot. 	<ul style="list-style-type: none"> • May-23 • May-23 • May-23 • During 2023/24 Q1

Indicator	Plan / Standard	Jan-23	Feb-23	Mar-23	Actuals - Q4	YTD Actuals	Trend	RAG Rating	Executive Director	Frequency
Number of patients on the incomplete RTT waiting list	40288	46742	47001	47729	47729	-		R	COO	M
Number of patients waiting 78+ weeks for treatment	0	36	21	8	8	-		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 7.2 million by Jan-23.
- At SFH we have seen a significant rise from 26,000 RTT waiters pre-pandemic to just over 47,700 at the end of Mar-23. The rate of increase has varied post-pandemic with relatively small rate of increase during 2022/23 Q4.
- The national requirement was to have no patients on an RTT pathway waiting greater than 78 weeks by end of Mar-23. The number of 78 week wait patients reduced during 2022/23 Q4 with eight patients waiting at the end of Mar-23 – one due to the patient choosing to wait for treatment and seven patients that we took in mutual aid.

Root causes

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

Actions

- Increase the number of services offering Referral Assessment Services (RAS) to direct patients to the most appropriate next steps at point of referral e.g. straight to test.
- Focused administrative validation of the ASI lists to ensure all patients waiting for an appointment are appropriately managed and clinically prioritised.
- Clinical validation and review of all 65-week wait cohort patients.
- Daily tracking of all patients to prevent 78-week breaches post Mar-23.
- 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.
- Options paper to address increasing demand for technical and administrative validation of the full Patient Tracking List (PTL) in line with increased size of the PTL.
- Newark Targeted Investment Fund (TIF) development to expand procedures in Gynaecology and ENT and support the transfer of activity from King's Mill to Newark to release capacity for more complex, long waiting patients.

Impact/Timescale

- The first six actions are ongoing in 2023/24.
- Further drive on PIFU in 2023/24.
- Q2 2023/24.
- Opening scheduled for Oct-23.

Best Value Care

Income & Expenditure <i>Trust Level Performance against Plan</i>	Quarter 4	£7.65m	The Trust has reported a surplus of £7.69m for Q4 (January - March 2023), on an ICS Achievement basis. This is a £7.66m favourable variance to the planned deficit.
	Outturn	£0.76m	The Trust has reported a deficit of £3.89m for the 2022/23 outturn, on an ICS Achievement basis. This is a £0.76m favourable variance to the planned deficit.
Financial Improvement Programme <i>Trust Level Performance against Plan</i>	Quarter 4	£5.12m	The Trust has reported FIP savings of £9.69m for Q4 (January-March 2023), which is £5.12m more than planned.
	Outturn	£0.35m	The Trust has reported FIP savings of £14.29m for the 2022/23 outturn, which is £0.35m favourable to plan
Capital Expenditure Programme <i>Trust Level Performance against Plan</i>	Quarter 4	(£25.18m)	Capital expenditure in Q4 (January - March 2023) totalled £29.44m, which is £25.18m more than planned.
	Outturn	(£16.24m)	Capital expenditure totals £35.70m for the 2022/23 outturn, which is £16.24m more than planned.
Cash Balance <i>Trust Level Performance against Plan</i>	Quarter 4	£21.67m	The Trust's cash balance increased by £21.59m in Q4 (January - March 2023), which is a favourable position of £21.67m compared to the plan.
	Outturn	£22.09m	The Trust reported a closing cash balance of £23.54m as of 31st March 2023, which is £22.09m higher than planned.
Agency Expenditure Against Plan <i>Trust Level Performance against Plan</i>	Quarter 4	(£0.73m)	The Trust has spent £4.64m in Q4 (January - March 2023). This is a £0.73m adverse variance to the planned level of spend.
	Outturn	(£3.47m)	The Trust has spent of £18.15m for the 2022/23 outturn. This a £3.47m adverse variance to the planned level of spend.

Quarter 4 Summary

- The Trust has a Q4 surplus of £7.69m, on an ICS achievement basis. This is a favourable variance of £7.65m to the planned surplus of £0.03m. This has resulted in an outturn deficit of £3.89m which is £0.76m favourable to plan. This outturn position was in line with the expected position following last month's post period adjustment of further system resource allocation. In total we received further system resource allocation of £7.60m to support our deficit position. Without this our outturn deficit position would have been £11.50m which at Q4 we put in mitigation actions to achieve.
- Capital expenditure for Q4 was £29.44m. This was £25.18m higher than plan due to the significant additional expenditure that was approved by DHSC in year. The outturn position of expenditure of £35.70m was an adverse variance of £0.50m to the final full year approved funding.
- Closing cash on the 31st March was £23.54m, which is £22.09m higher than planned, driven by additional capital PDC. This is offset by a significant increase in capital creditors which will unwind in Q1 of 2023/24.
- The Trusts Q4 agency expenditure was £4.64m which was £0.73m adverse to plan. The 2022/23 outturn expenditure of £18.15m agency costs was £3.47m adverse to the planned spend of £14.68m due to additional capacity opened and agency covering vacancies within Divisions.

	Quarter 4			Outturn		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	114.06	150.48	36.42	459.29	499.71	40.42
Expenditure	(110.75)	(138.76)	(28.01)	(430.90)	(469.94)	(39.04)
Donated Assets & Disposals	(3.28)	(4.03)	(0.75)	(33.05)	(33.67)	(0.63)
Surplus/(Deficit) - ICS Achievement Basis	0.03	7.69	7.65	(4.65)	(3.89)	0.76
Capex (including donated)	(4.26)	(29.44)	(25.18)	(19.46)	(35.70)	(16.24)
Closing Cash	(0.08)	21.59	21.67	1.45	23.54	22.09
Agency Spend	(3.91)	(4.64)	(0.73)	(14.68)	(18.15)	(3.47)

Overall Status

G

Green rated due to full year achievement

FY23 Target		FY23 Forecast		FY23 Variance		Q4 Target		Q4 Actual		Q4 Variance	
FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF	FIP	ERF
£11.73m	£2.21m	£11.73m	£2.21m	£0.00m	£0.00m	£4.02m	£0.55m	£9.04m	£0.65m	£5.02m	£0.10m
£13.94m		£14.29m		£0.35m		£4.57m		£9.69m		£5.12m	

Section 1 - Financial Improvement Plan Outturn Position

Full Year FIP Position

- a. In month 12 the 2022-23 FIP target of £11.73m has been achieved. The main driver for this delivery is the inclusion of non-recurrent underspends, which were not previously accounted for through FIP. Some of these underspends will be fortuitous, however a significant yet-to-be-quantified proportion will be as a result of improved financial management, the indirect consequence of Transformation Scheme and investment slippage.
- b. The total breakdown of recurrent and non recurrent delivery is £1.36m and £10.37m respectively.
- c. The full-year-effect value is £2.25m
- d. Performance by Programme across the Division's can be found at table 1
- e. The recurrency split across the Division's can be found at table 2

Elective Recovery Funding (ERF)

- a. The Transformation & Efficiency Programme continues to contribute to the delivery of ERF. This will however be reported separately.
- b. In month 12 the notional ERF delivery is £2.56m against a plan of £2.21m
- c. The delivery comes from the Outpatient A&G and PIFU schemes. Theatres has not delivered any notional ERF.

Table 2 – Recurrent v Non Recurrent Delivery by Division

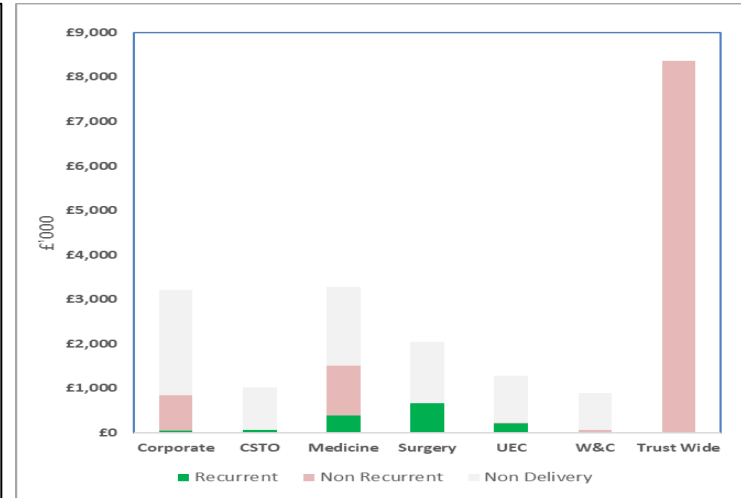


Table 1 – Programme Delivery by Division

Programme	FIP Delivery Forecast - Divisional Breakdown																							
	Overall Trust Target v Delivery			Trust Wide			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	Forecast 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	Target £'000	Delivery £'000	Delivery RAG
Medical Transformation	£2,960	£1,432	Red	£0	£0	Red	£0	£0	Red	£84	£0	Red	£1,358	£1,155	Yellow	£725	£217	Red	£562	£61	Red	£232	£0	Red
Nursing Midwifery and AHP Transformation	£2,010	£712	Red	£0	£0	Red	£4	Green	£66	£1	Red	£858	£291	Red	£400	£242	Red	£365	£155	Red	£321	£20	Red	
Ophthalmology Transformation	£50	£140	Green	£0	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red	£50	£140	Green	£0	£0	Red	£0	£0	Red
Outpatients Innovation	£20	£39	Green	£0	£0	Red	£20	£39	Green	£0	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red
Pathology Transformation	£40	£3	Red	£0	£0	Red	£0	£0	Red	£40	£3	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red
Procurement	£400	£177	Red	£0	£0	Red	£90	£117	Green	£20	£0	Red	£150	£59	Red	£100	£0	Red	£20	£0	Red	£20	£0	Red
Estates & Facilities	£860	£652	Yellow	£0	£0	Red	£860	£652	Yellow	£0	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red
Other Corporate Services	£1,360	£0	Red	£0	£0	Red	£1,360	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red
Diagnostics Transformation	£200	£0	Red	£0	£0	Red	£0	£0	Red	£200	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red
Divisional Schemes	£3,830	£205	Red	£0	£0	Red	£880	£29	Red	£610	£55	Red	£920	£7	Red	£770	£67	Red	£340	£0	Red	£310	£46	Red
Other Trust wide	£0	£8,372	Green	£0	£8,372	Green	£0	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red	£0	£0	Red
Total	£11,730	£11,730	Green	£0	£0	Green	£3,210	£841	Red	£1,019	£59	Red	£3,286	£1,511	Red	£2,045	£665	Red	£1,287	£216	Red	£883	£66	Red