Outstanding Care, Compassionate People, Healthier Communities



Trust Board Cover Sheet

Subject:	Half Year Performance Review			Date:	07/11/2024
Prepared By: Andrew Graham, Deputy Chief Financial Officer					
Chris Dann, Deputy Chief Operating Officer Deborah Kearsley, Deputy Chief People Officer					
Approved Dv					
Approved By: Richard Mills, Chief Financial Officer Presented By: Richard Mills, Chief Financial Officer					
Purpose					
	st Board with an	overview of H1 pe	erformance and	Approval	
To present Trust Board with an overview of H1 per an initial outlook for H2.			orronnance and	Assurance	
				Update	Х
				Consider	
Strategic Obje	ctives				
Provide	Empower and	Improve health	Continuously	Sustainable	Work
outstanding	support our	and wellbeing	learn and	use of	collaboratively
care in the	people to be	within our	improve	resources and	with partners in
best place at	the best they	communities		estates	the community
the right time	can be		X	X	
X			Α	Α	
Identify which Principal Risk this report relates to:					
PR1 Significant deterioration in standards of safety and care					Х
PR2 Demand that overwhelms capacity X					
PR3 Critical shortage of workforce capacity and capability X					
PR4 Insufficient financial resources available to support the delivery of services X					
PR5 Inability to initiate and implement evidence-based Improvement and innovation					
PR6 Working more closely with local health and care partners does not fully deliver the					
required benefits					
PR7 Major disruptive incident					
PR8 Failure to deliver sustainable reductions in the Trust's impact on climate change					
Committees/groups where this item has been presented before					
Trust Management Team Finance Committee					
T mance committee					
Acronyms					
H1 = 1 st half of the financial year (April 24 to ICB = Integrated Care Board					
September 24) SLAM = Service Line Activity Management					
H2 = 2 nd half of the financial year (October 24 to BPPC = Better Payment Practice Code					
March 25) WTE = Whole Time Equivalent					
FYE = Full Year Effect A&E = Accident and Emergency FDS = Factor Diagnosis Standard					
YTD = Year to Date YTG = Year to Go FDS = Faster Diagnosis Standard SFH = Sherwood Forest Hospital NHS					
YTG = Year to Go NHSE = NHS England SFH = Sherwood Forest Hospital NHS Foundation Trust					
PDC = Public Dividend Capital GI = Gastrointestinal					
PFI = Private Finance Initiative SOP = Standard Operating Procedure					
FOT = Forecast Out-Turn MSFT = Medically Safe for Transfer					
I&E = Income and Expenditure					
ERF = Elective Recovery Fund					
FIP = Financial Improvement Programme					

Executive Summary

The accompanying slides present the Trust Board with an overview of the organisational H1 position looking through the domains of finance, workforce, activity, and performance.

The Trust now has a H1 deficit of £0.8m. This deficit is following the non-recurrent deficit support funding (£13.6m) provided by NHSE.

The £0.8m deficit is being driven by

- £0.3m Industrial Action income loss
- £0.2m for redundancy costs on the vaccination service
- £0.3m for the impact of the consultant pay award not being fully funded

The unmitigated forecast for the financial year is £29.1m however there are a range of opportunities within the slides that look to mitigate this back to a break-even position in-line with the submitted plan to NHSE.

From a workforce perspective, our overall workforce, inclusive of Substantive, Bank, and Agency together the Trust was 0.6% or circa 32.3 WTE below plan, this is lower than Month 5 where the Trust was 0.03% above plan.

The Trust continues to see increasing levels of activity across all points of delivery, which is greater than the planned 0.6% growth that was included in our baseline for in 24/25. Despite the pressure this creates, the Trust has delivered relatively strong performance across several key metrics such as diagnostics and referral to treatment.

There are some positive measures reported under the quality of care domain such as the Trust have not had an MRSA bacteraemia for over two years, and the only organisation in the region to not have one this financial year. Our national inpatient survey demonstrated that 22 scores are in the top 20% range, 26 are in the intermediate-60%, and 1 is in the bottom 20%. There were some areas to learn and improve on which are demonstrated in the two never events and the coronial matters reported in H1.