Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Sherwood Forest Hospitals

Integrated Performance Report

Reporting Period: 2024/25 Quarter 2

Integrated Scorecard

The Integrated Scorecard together with graphs for all indicators is included in appendix A.

The graphs present monthly data typically from Apr-22. Where appropriate, the graphs are statistical process control (SPC) charts.

Performance is assessed as met/did not meet the standard set for the financial year. Where the metric is being assessed against plan; details of the plan are included in the graphs in the appendix.

Green tick = target met/exceeded; Red cross = target not met

Category	At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	2024/25 YTD
Quality of Care	Safe	Falls with lapse in care	≤2	≤2	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 1	✓ 0	✓ 0	✓ 1	✓ 1
		Falls per 1000 occupied bed days	≤6.63	≤6.63	✓ 5.6	✗ 6.9	✗ 6.7	✓ 6.4	✗ 6.9	✗ 7.3	✓ 6.1	✗ 6.7	✓ 6.2	✓ 5.8	✗ 6.7	✓ 6.3	✗ 6.7	✓ 5.9	✓ 6.2	✓ 6.3	✓ 6.3
		Never events	0	0	✓ 0	✗ 1	✓ 0	✗ 1	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✓ 0	✓ 0	✗ 1	✓ 0	✓ 0	✗ 1	✗ 1	✗ 2
		MRSA reported in month	0	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
		Cdifficile reported in month	≤13	≤13	✓ 1	✓ 5	✓ 6	✓ 12	✓ 1	✓ 3	✓ 5	✓ 9	✓ 4	✓ 4	✓ 5	✓ 13	✓ 4	✓ 3	✓ 4	✓ 11	✗ 24
		Ecoli blood stream infections (BSI) reported in month	≤22	≤22	✓ 0	✓ 6	✓ 5	✓ 11	✓ 3	✓ 5	✓ 3	✓ 11	✓ 5	✓ 1	✓ 4	✓ 10	✓ 3	✓ 5	✓ 2	✓ 10	✓ 20
		Klebsiella BSI reported in month	≤1	≤1	✓ 1	✓ 1	✓ 1	✗ 3	✗ 2	✓ 1	✓ 0	✗ 3	✓ 0	✓ 1	✗ 2	✗ 3	✓ 1	✓ 1	✓ 0	✗ 2	✗ 5
		Pseudomonas BSI reported in month	≤3	≤3	✓ 0	✓ 1	✓ 1	✓ 2	✓ 2	✓ 1	✓ 1	✗ 4	✓ 0	✓ 0	✓ 1	✓ 1	✓ 0	✓ 0	✓ 0	✓ 0	✓ 1
		HAPU (cat 2) per 1000 occupied bed days with a lapse in care			0.2	0.1	0.0	0.1	0.2	0.2	0.1	0.2	0.0	0.1	0.2	0.1	0.0	0.0	0.1	0.0	0.1
		HAPU (cat 3/4) and ungradable pressure ulcers with lapse in care	0	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✗ 1	✗ 2	✓ 0	✓ 0	✗ 1	✗ 1	✗ 3
		Patient Safety Incident Investigations (PSII)			1	4	2	7	2	2	1	5	3	4	0	7	0	2	2	4	11
		Sepsis (metric to be defined)			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Caring	Complaints per 1000 occupied bed days	≤1.9	≤1.9	✓ 1.1	✓ 1.2	✓ 1.3	✓ 1.2	✓ 1.1	✓ 1.1	✓ 0.8	✓ 1.0	✓ 0.7	✓ 1.5	✓ 0.9	✓ 1.0	✓ 1.5	✓ 0.8	✓ 0.8	✓ 1.0	✓ 1.0
		Compliments received in month			103	158	150	411	151	122	120	393	161	138	151	450	155	120	119	394	844
	Effective	HSMR (basket of 56 diagnosis groups)	≤100	≤100	✗ 127	✗ 125	✗ 126	✗ 126	✗ 131	✗ 129	✗ 126	✗ 126	✗ 129	✗ 126	✗ 124	✗ 124	✗ 124	✗ 122	✗ 124	✗ 124	✗ 124
		SHMI	≤100	≤100	✗ 108	✗ 107	✗ 107	✗ 107	✗ 108	✗ 109	✗ 109	✗ 109	✗ 109	✗ 108	✗ 107	✗ 107	✗ 106	✗ 106	✗ 106	✗ 106	✗ 106
		Still birth rate	≤4.4	≤4.4	✓ 3.5	✓ 0.0	✗ 6.7	✓ 3.3	✓ 3.2	✗ 11.5	✓ 3.7	✗ 5.9	✓ 0.0	✓ 3.2	✓ 4.2	✓ 2.3	✓ 0.0	✗ 6.8	✗ 6.4	✓ 4.4	✓ 3.4
		Early neonatal deaths per 1000 live births	≤1	≤1	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✗ 3.2	✗ 1.1	✓ 0.6
People and Culture	Belonging in the NHS	Engagement score	≥6.8%	≥6.8%	-	-	-	✓ 7.3	-	-	-	✓ 6.9	-	-	-	✓ 6.8	-	-	-	-	-
	Growing the Future	Vacancy rate	≤8.5%	≤8.5%	✓ 6.9%	✓ 5.8%	✓ 5.2%	✓ 6.0%	✓ 5.1%	✓ 4.7%	✓ 4.5%	✓ 4.7%	✓ 8.2%	✓ 8.0%	✓ 8.1%	✓ 8.1%	✓ 8.4%	✓ 7.7%	✓ 7.4%	✓ 7.9%	✓ 8.0%
		Turnover in month	≤0.9%	≤0.9%	✓ 0.5%	✓ 0.4%	✓ 0.6%	✓ 0.5%	✓ 0.4%	✓ 0.4%	✓ 0.4%	✓ 0.4%	✓ 0.5%	✓ 0.2%	✓ 0.6%	✓ 0.5%	✓ 0.5%	✓ 0.6%	✓ 0.5%	✓ 0.5%	✓ 0.5%
		Appraisals	≥90%	≥90%	✗ 87.3%	✗ 88.3%	✗ 88.8%	✗ 88.1%	✗ 88.9%	✗ 88.3%	✗ 87.8%	✗ 88.3%	✗ 87.9%	✗ 89.4%	✗ 88.1%	✗ 88.4%	✗ 89.9%	✗ 89.7%	✗ 89.5%	✗ 89.7%	✗ 89.1%
		Mandatory & statutory training	≥90%	≥90%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 92.0%	✓ 91.3%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.4%	✓ 91.3%	✓ 90.9%	✓ 91.2%	✓ 91.1%
	Looking after our People	Sickness absence	≤4.2%	≤4.2%	✗ 4.8%	✗ 4.3%	✗ 5.1%	✗ 4.8%	✗ 4.9%	✗ 4.7%	✗ 4.3%	✗ 4.6%	✗ 4.3%	✗ 4.4%	✗ 4.7%	✗ 4.4%	✗ 4.9%	✗ 4.2%	✗ 4.6%	✗ 4.6%	✗ 4.5%
		Total workforce loss	≤7.0%	≤7.0%	✓ 6.9%	✓ 6.4%	✗ 7.3%	✓ 6.9%	✗ 7.3%	✓ 6.9%	✓ 6.4%	✓ 6.9%	✓ 6.4%	✓ 6.4%	✓ 6.8%	✓ 6.5%	✓ 6.9%	✓ 6.3%	✓ 6.7%	✓ 6.6%	✓ 6.6%
		Flu vaccinations uptake (front line staff)	≥80%	≥75%	✗ 38.3%	✗ 44.8%	✗ 55.9%	✗ 55.9%	✗ 58.0%	✗ 58.0%	-	✗ 58.0%	-	-	-	-	-	-	-	-	✗ 0.0%
		Employee relations management	<12	<17	✗ 21	✗ 23	✗ 18	✗ 21	✗ 20	✗ 17	✗ 21	✗ 19	✗ 20	✗ 23	✗ 15	✗ 19	✗ 20	✗ 20	✗ 21	✗ 20	✗ 20
	New Ways of Working	Bank usage			8.3%	7.8%	8.9%	8.3%	8.8%	7.7%	10.8%	9.1%	8.2%	10.3%	8.6%	9.0%	9.8%	10.3%	8.1%	9.4%	9.2%
		Agency usage	<3.7%	<3.2%	✗ 6.2%	✗ 5.5%	✗ 3.9%	✗ 5.2%	✗ 5.2%	✗ 4.6%	✗ 4.2%	✗ 4.7%	✓ 4.6%	✗ 4.5%	✗ 4.9%	✗ 4.7%	✗ 5.4%	✗ 4.4%	✗ 3.5%	✗ 4.4%	✗ 4.6%
		Agency (off framework)	≤6.0%	0.0%	✓ 0.0%	✓ 0.0%	✗ 0.1%	✗ 0.1%	✗ 0.1%	✗ 0.1%	✓ 0.0%	✓ 0.0%	✗ 0.1%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%
		Agency (over price cap)	≤30.0%	≤40.0%	✗ 51.0%	✗ 55.7%	✗ 57.0%	✗ 54.3%	✗ 54.6%	✗ 47.4%	✗ 54.4%	✗ 52.0%	✗ 55.1%	✗ 55.6%	✗ 59.7%	✗ 57.1%	✗ 60.3%	✗ 53.4%	✗ 53.4%	✗ 55.6%	✗ 56.4%
Timely Care	Urgent Care	Ambulance turnaround times <30 mins	≥95%	≥95%	✗ 93.7%	✓ 96.8%	✓ 96.7%	✓ 95.7%	✓ 95.6%	✗ 93.9%	✗ 94.6%	✗ 94.7%	✓ 96.6%	✓ 96.5%	✓ 95.1%	✓ 96.1%	✓ 95.6%	✓ 96.8%	✗ 93.5%	✓ 95.3%	✓ 95.7%
		Ambulance delays >60 mins	0.0%	0.0%	✗ 0.1%	✗ 0.2%	✗ 0.1%	✗ 0.1%	✗ 0.2%	✗ 0.2%	✗ 0.5%	✗ 0.3%	✗ 0.2%	✓ 0.0%	✓ 0.0%	✗ 0.1%	✗ 0.2%	✗ 0.1%	✗ 0.2%	✗ 0.2%	✗ 0.1%
		ED 4-hour performance	≥76%	≥76%	✗ 69.4%	✗ 67.1%	✗ 64.9%	✗ 67.2%	✗ 65.7%	✗ 63.6%	✗ 72.2%	✗ 67.3%	✗ 74.2%	✗ 73.4%	✗ 70.9%	✗ 72.8%	✗ 71.7%	✗ 82.0%	✗ 73.6%	✗ 75.6%	✗ 74.2%
		ED 12-hour length of stay performance	≤2%	≤2%	✗ 3.3%	✗ 4.2%	✗ 6.5%	✗ 4.7%	✗ 5.5%	✗ 5.1%	✗ 3.1%	✗ 4.5%	✗ 3.1%	✗ 2.2%	✗ 2.3%	✗ 2.5%	✗ 2.9%	✓ 0.9%	✗ 3.0%	✗ 2.3%	✗ 2.4%
		SDEC rate	≥33%	≥33%	✓ 39.8%	✓ 37.1%	✓ 36.2%	✓ 37.7%	✓ 38.3%	✓ 38.1%	✓ 37.8%	✓ 38.1%	✓ 38.2%	✓ 37.7%	✓ 38.6%	✓ 38.2%	✓ 38.1%	✓ 41.3%	✓ 39.0%	✓ 39.4%	✓ 38.8%
		Adult G&A bed occupancy	≤92%	≤92%	✓ 92.0%	✗ 96.3%	✗ 95.3%	✗ 94.6%	✗ 97.9%	✗ 97.8%	✗ 96.5%	✗ 97.4%	✓ 93.6%	✗ 94.8%	✗ 94.7%	✗ 94.4%	✗ 95.5%	✗ 92.2%	✗ 93.8%	✗ 93.9%	✗ 94.1%
		Long length of stay (21+) occupied beds	≤Plan	≤Plan	✓ 100	✗ 109	✓ 100	✗ 103	✗ 116	✗ 116	✗ 107	✗ 116	✗ 124	✓ 96	✓ 91	✓ 110	✓ 102.0	✓ 105.0	✓ 103.0	✓ 104.0	✓ 103
		Inpatients medically safe for transfer for greater than 24 hours	≤40	≤40	✗ 90	✗ 98	✗ 92	✗ 94	✗ 93	✗ 105	✗ 101	✗ 98	✗ 91	✗ 64	✗ 71	✗ 75	✗ 84	✗ 65	✗ 57	✗ 69	✗ 72
	Electives	Advice & guidance	≥16%	≥16%	✓ 25.3%	✓ 24.4%	✓ 23.0%	✓ 24.3%	✓ 24.3%	✓ 27.3%	✓ 25.4%	✓ 25.6%	✓ 24.5%	✓ 25.8%	✓ 22.0%	✓ 24.1%	✓ 25.2%	-	-	-	-
		Added to Patient Initiated Follow Up (PIFU) pathway	≥5%	≥5%	✓ 6.0%	✓ 5.7%	✓ 5.4%	✓ 5.7%	✓ 5.7%	✓ 5.6%	✓ 5.3%	✓ 5.5%	✓ 6.0%	✓ 5.9%	✓ 5.9%	✓ 5.9%	✓ 6.2%	✓ 6.1%	✓ 6.5%	✓ 6.3%	✓ 6.1%
		Outpatient attends that are first or follow up with a procedure		≥Plan	43.2%	43.7%	44.0%	43.6%	43.2%	43.7%	43.8%	43.5%	✗ 43.3%	✗ 40.7%	✗ 43.9%	✗ 42.6%	✗ 43.6%	✗ 42.2%	✓ 42.7%	✗ 42.9%	✗ 42.7%
		Incomplete RTT waiting list	≤Plan	≤Plan	✗ 53,708	✗ 52,717	✗ 52,569	✗ 52,569	✗ 52,377	✗ 50,534	✗ 50,757	✗ 50,757	✗ 36,584	✗ 35,858	✗ 35,720	✗ 35,720	✗ 35,251	✗ 35,165	✗ 35,507	✗ 35,507	✗ 35,507
		Incomplete RTT pathways +52 weeks	≤Plan	≤Plan	✗ 1,851	✗ 1,858	✗ 1,933	✗ 1,933	✗ 1,759	✗ 1,662	✗ 1,591	✗ 1,591	✓ 1,312	✓ 1,162	✓ 1,177	✓ 1,177	✓ 1,080	✗ 1,019	✗ 870	✗ 870	✗ 870
		Incomplete RTT pathways +65 weeks	≤Plan	≤Plan	✗ 362	✗ 337	✗ 418	✗ 418	✗ 399	✗ 347	✗ 157	✗ 157	✓ 140	✓ 129	✓ 109	✓ 109	✓ 77	✗ 105	✗ 50	✗ 50	✗ 50
		Incomplete RTT pathways +78 weeks	0	0	✗ 7	✗ 5	✗ 14	✗ 14	✗ 17	✗ 12	✗ 5	✗ 5	✗ 2	✗ 1	✓ 0	✓ 0	✗ 2	✗ 1	✓ 0	✓ 0	✓ 0
	Diagnostics	Diagnostic DM01 backlog			3,761	3,726	4,055	4,055	3,659	3,344	3,430	3,430	3,569	3,584	3,861	3,861	4,295	3,634	2,558	2,558	2,558
		Diagnostic DM01 performance under 6-weeks	≥99%	≥Plan	✗ 63.3%	✗ 64.7%	✗ 56.8%	✗ 56.8%	✗ 62.8%	✗ 68.1%	✗ 70.5%	✗ 70.5%	✓ 71.6%	✓ 72.7%	✗ 70.5%	✗ 70.5%	✗ 69.5%	✗ 70.2%	✗ 76.3%	✗ 76.3%	✗ 76.3%
	Cancer	Cancer 28-day faster diagnosis standard	≥75%	≥75%	✓ 81.3%	✓ 77.3%	✓ 80.6%	✓ 79.7%	✓ 76.0%	✓ 82.9%	✓ 82.6%	✓ 80.6%	✓ 75.3%	✓ 79.8%	✓ 79.2%	✓ 78.2%	✓ 81.6%	✓ 81.6%	-	-	-
		Cancer 31-day treatment performance	≥96%	≥Plan	✗ 79.8%	✗ 75.8%	✗ 72.5%	✗ 75.9%	✓ 73.2%	✗ 80.0%	✓ 90.4%	✓ 81.4%	✓ 89.8%	✓ 87.5%	✓ 88.3%	✓ 88.6%	✓ 95.0%	✓ 91.1%	-	-	-
		Cancer 62-day treatment performance	≥85%	≥Plan	✗ 52.8%	✗ 64.8%	✗ 57.7%	✗ 58.6%	✗ 56.5%	✗ 54.7%	✗ 69.2%	✗ 60.4%	✓ 71.8%	✗ 56.3%	✓ 70.3%	✗ 66.1%	✗ 71.4%	✓ 67.9%	-	-	-
		Suspected cancer patients waiting over 62-days			89	86	89	89	76	50	52	52	80	69	70	70	68	87	83	83	83
Best Value Care	Finance	Income & expenditure against plan	≥£0.00m	≥£0.00m	✗ -£1.33	✓ £0.82	✓ £2.58	✓ £2.07	✗ -£0.76	✓ £2.33	✗ -£12.76	✗ £11.19	✗ -£0.02	✓ £0.02	✗ -£0.61	✗ -£0.61	✗ -£0.33	✗ -£0.31	✓ £0.44	✗ -£0.20	✗ -£0.81
		Financial Improvement Programme (FIP) against plan	≥£0.00m	≥£0.00m	✗ -£0.38	✗ -£0.17	✗ -£0.80	✗ -£1.35	✓ £1.27	✗ -£0.43	✓ £0.54	✓ £1.38	✗ -£0.55	✓ £1.48	✓ £0.66	✓ £1.59	✗ -£1.61	✗ -£1.38	✗ -£1.57	✗ -£4.56	✗ -£2.97
		Capital expenditure against plan	≤£0.00m	≤£0.00m	✗ £3.19	✓ -£0.70	✗ £5.23	✗ £7.72	✓ -£2.01	✓ -£0.88	✗ -£12.53	✓ -£15.42	✗ £1.61	✗ £2.07	✗ £1.39	✗ £5.07	✗ £1.55	✗ £1.28	✗ £1.27	✗ £4.10	✗ £9.17
		Cash balance	-	≥£1.45m	✓ £1.49	✓ £1.51	✓ £2.04	✓ £2.04	✓ £1.80	✓ £8.76	✓ £4.74	✓ £4.74	✗ £1.34	✓ £1.73	✓ £1.50	✓ £1.50	✗ £0.32	✗ -£0.15	✗ £0.05	✗ £0.05	✓ £1.50
		Implied Productivity 2023/24 v 2024/25	-	3.1%	-	-	-	-	-	-	-	-	-	-	-	-	✓ 6.7%	-	-	-	-
		Value weighted elective activity	-	105%	✗ 99.6%	✓ 110.7%	✓ 108.6%	✓ 106.3%	✓ 113.2%	✓ 114.2%	✓ 127.1%	✓ 118.2%	✗ 103.5%	✓ 110.9%	✓ 112.0%	✓ 108.8%	✓ 108.8%	✓ 118.7%	✓ 118.5%	✓ 115.3%	✓ 112.1%
		Agency expenditure against plan	≥£0.00m	≥£0.00m	✗ -£0.21	✓ £0.62	✓ £0.29	✓ £0.70	✗ -£1.36	✗ -£1.17	✗ -£1.09	✗ -£3.62	✗ -£0.18	✗ -£0.29	✗ -£0.29	✗ -£0.76	✗ -£0.39	✗ -£0.24	✓ £0.01	✗ -£0.62	✗ -£1.38
		Reported agency spend			£1.67	£0.72	£1.07	£3.46	£1.47	£1.28	£1.21	£3.96	£1.27	£1.28	£1.32	£3.87	£1.44	£1.17	£0.93	£3.54	£7.41
		Reported bank spend			£2.30	£2.10	£2.71	£7.11	£3.36	£2.01	£3.69	£9.06	£2.25	£2.88	£2.59	£7.72	£2.75	£2.89	£2.22	£7.86	£15.58
Activity (for context)	Urgent Care	A&E attendances (inc. PC24)	≤Plan	≤Plan	✗ 104.4%	✗ 104.7%	✗ 102.0%	✗ 103.7%	✗ 104.5%	✗ 111.1%	✗ 111.6%	✗ 109.0%	✗ 111.5%	✗ 106.8%	✗ 104.1%	✗ 107.3%	✗ 106.5%	✓ 96.7%	✗ 102.0%	✗ 101.7%	✗ 104.5%
		Non-elective admissions	≤Plan	≤Plan	✗ 121.4%	✗ 124.2%	✗ 114.1%	✗ 119.9%	✗ 119.9%	✗ 118.6%	✗ 116.0%	✗ 118.2%	✗ 111.3%	✗ 110.4%	✗ 103.3%	✗ 108.3%	✗ 105.5%	✗ 102.1%	✗ 101.3%	✗ 103.0%	✗ 105.6%
	Electives	Average daily elective referrals			310	316	260	295	314	327	304	315	343	340	325	336	348	320	-	-	-
		Outpatients - first appointment	≥Plan	≥Plan	✓ 102.9%	✓ 109.1%	✗ 96.4%	✓ 103.0%	✓ 108.3%	✓ 106.3%	✓ 109.7%	✓ 108.1%	✗ 99.3%	✗ 84.0%	✗ 94.0%	✗ 92.3%	✗ 90.5%	✗ 86.0%	✗ 90.9%	✗ 89.2%	✗ 90.7%
		Outpatients - follow up	≤Plan	≤Plan	✗ 102.1%	✗ 108.1%	✓ 95.1%	✗ 101.9%	✗ 107.5%	✗ 105.0%	✗ 106.2%	✗ 106.2%	✓ 100.0%	✗ 102.4%	✓ 94.1%	✓ 98.9%	✓ 99.1%	✓ 93.0%	✓ 95.1%	✓ 95.8%	✓ 97.3%
		Outpatients - procedures	≥Plan	≥Plan	✓ 113.9%	✓ 126.4%	✓ 116.0%	✓ 118.9%	✓ 121.7%	✓ 125.3%	✓ 123.0%	✓ 123.3%	✓ 133.0%	✓ 129.3%	✓ 114.4%	✓ 125.3%	✓ 122.7%	✓ 115.7%	✓ 136.5%	✓ 124.4%	✓ 124.8%
		Day case	≥Plan	≥Plan	✗ 86.7%	✓ 101.3%	✗ 91.8%	✗ 93.3%	✓ 100.2%	✓ 101.5%	✓ 109.8%	✓ 103.7%	✗ 96.3%	✗ 96.1%	✗ 96.0%	✗ 96.1%	✓ 102.7%	✓ 101.3%	✓ 100.0%	✓ 101.3%	✗ 98.8%
		Elective inpatient	≥Plan	≥Plan	✗ 86.8%	✓ 108.9%	✓ 107.1%	✓ 100.7%	✓ 101.9%	✓ 110.8%	✓ 129.3%	✓ 113.5%	✗ 92.5%	✗ 94.6%	✗ 90.0%	✗ 92.4%	✗ 84.0%	✗ 99.8%	✗ 96.9%	✗ 93.4%	✗ 92.9%
	Diagnostics	Diagnostics	≥Plan	≥Plan	✗ 91.5%	✗ 99.9%	✓ 112.4%	✓ 100.6%	✓ 102.6%	✓ 103.9%	✓ 106.8%	✓ 104.4%	✓ 102.6%	✓ 109.2%	✗ 98.1%	✓ 103.2%	✓ 104.9%	✓ 111.4%	✓ 112.5%	✓ 109.5%	✓ 106.4%

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Quality of Care

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Domain Summary: Quality of Care

Overview	Lead: Chief Nurse/Medical Director

During 2024/25 quarter two, we received 411 compliments, 429 concerns, 61 formal complaints, and closed 49 formal complaints. We continue to identify actions and themes that are tracked through the Patient Experience Committee.

The Patient Safety Incident Response Plan has been refreshed and approved by the Patient Safety Committee. It will be presented to Quality Committee for final ratification. The Trust has not had an MRSA bacteraemia for over two years (we are the only Trust in the region not to have had one this financial year). National targets for infection prevention and control were released in Aug-24; we have had increases for CDiff to 65 and Pseudomonas to 14 and reductions for Klebsiella to 16 and Ecoli to 83. Infection Prevention Control (IPC) have commenced rapid reviews for all hospital associated infections and had completed 125 at the end of Aug-24 with learning being shared as part of all divisional governance reports. There have been two reported CDiff deaths, and investigations have taken place for both which have identified that both patients received the appropriate treatment and care.

Two Patient Safety Incident Investigations (PSII) were commissioned by the Patient Safety Incident Response Group (PSIRG) in Aug-24 and two PSII's were commissioned in Sep-24; this followed an in-depth discussion during which representatives from the Integrated Care Board (ICB) were present. There is one confirmed coroner's investigation in relation to the delay in Cardiology processes and task list issues, which has been RAG-rated red by the Trust Legal Team. Further information in relation to the patient involved in the Never Event has been requested by the coroner. It is not thought that this incident contributed to the patient's death, and a Structured Judgement Review (SJR) has been commissioned to look at the episode of care. The falls per 1,000 occupied bed days rate for Jul-24 is 6.7; this is slightly above the national target of 6.63. We remain on track for quarter two.

There are five off-track metrics during 2024/25 quarter two:

- **Never Events**: In Sep-24, we reported an incident relating to a 'retained surgical instrument/ part of a surgical instrument' reported as a PSII – investigation underway.
- **Category 3/4 Hospital Acquired Pressure Ulcers (HAPU) and ungradable pressure ulcers with lapses in care**: SFH has had one avoidable category 3 pressure ulcer.
- **Hospital Standardised Mortality Ratio (HSMR)**: Latest 12-monthly rolling figure= 122.14 (Jun-23 – May-24); (quarter one report 126.9). Remains above expected but a continued downward trend, alongside individual month reporting remaining "as expected" (awaited changes to HSMR+ methodology).
- **Summary Hospital-level Mortality Indicator (SHMI)**: Latest reporting = 105.96 (May 23- Apr 24); (quarter one report 108.0). Remains as expected.
- **Early neonatal deaths**: There were four stillbirths and one early neonatal death in quarter two.

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Scorecard: Quality of Care

Green tick = target met/exceeded; Red cross = target not met

At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	2024/25 YTD
Safe	Falls with lapse in care	≤2	≤2	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 1	✓ 0	✓ 0	✓ 1	✓ 1
	Falls per 1000 occupied bed days	≤6.63	≤6.63	✓ 5.6	✗ 6.9	✗ 6.7	✓ 6.4	✗ 6.9	✗ 7.3	✓ 6.1	✗ 6.7	✓ 6.2	✓ 5.8	✗ 6.7	✓ 6.3	✗ 6.7	✓ 5.9	✓ 6.2	✓ 6.3	✓ 6.3
	Never events	0	0	✓ 0	✗ 1	✓ 0	✗ 1	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✓ 0	✓ 0	✗ 1	✓ 0	✓ 0	✗ 1	✗ 1	✗ 2
	MRSA reported in month	0	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
	Cdifficile reported in month	≤13	≤13	✓ 1	✓ 5	✓ 6	✓ 12	✓ 1	✓ 3	✓ 5	✓ 9	✓ 4	✓ 4	✓ 5	✓ 13	✓ 4	✓ 3	✓ 4	✓ 11	✗ 24
	Ecoli blood stream infections (BSI) reported in month	≤22	≤22	✓ 0	✓ 6	✓ 5	✓ 11	✓ 3	✓ 5	✓ 3	✓ 11	✓ 5	✓ 1	✓ 4	✓ 10	✓ 3	✓ 5	✓ 2	✓ 10	✓ 20
	Klebsiella BSI reported in month	≤1	≤1	✓ 1	✓ 1	✓ 1	✗ 3	✗ 2	✓ 1	✓ 0	✗ 3	✓ 0	✓ 1	✗ 2	✗ 3	✓ 1	✓ 1	✓ 0	✗ 2	✗ 5
	Pseudomonas BSI reported in month	≤3	≤3	✓ 0	✓ 1	✓ 1	✓ 2	✓ 2	✓ 1	✓ 1	✗ 4	✓ 0	✓ 0	✓ 1	✓ 1	✓ 0	✓ 0	✓ 0	✓ 0	✓ 1
	HAPU (cat 2) per 1000 occupied bed days with a lapse in care			0.2	0.1	0.0	0.1	0.2	0.2	0.1	0.2	0.0	0.1	0.2	0.1	0.0	0.0	0.1	0.0	0.1
	HAPU (cat 3/4) and ungradable pressure ulcers with lapse in care	0	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✗ 1	✗ 2	✓ 0	✓ 0	✗ 1	✗ 1	✗ 3
	Patient Safety Incident Investigations (PSII)			1	4	2	7	2	2	1	5	3	4	0	7	0	2	2	4	11
	Sepsis *(metric to be defined)*																			
Caring	Complaints per 1000 occupied bed days	≤1.9	≤1.9	✓ 1.1	✓ 1.2	✓ 1.3	✓ 1.2	✓ 1.1	✓ 1.1	✓ 0.8	✓ 1.0	✓ 0.7	✓ 1.5	✓ 0.9	✓ 1.0	✓ 1.5	✓ 0.8	✓ 0.8	✓ 1.0	✓ 1.0
	Compliments received in month			103	158	150	411	151	122	120	393	161	138	151	450	155	120	119	394	844
Effective	HSMR (basket of 56 diagnosis groups)	≤100	≤100	✗ 127	✗ 125	✗ 126	✗ 126	✗ 131	✗ 129	✗ 126	✗ 126	✗ 129	✗ 126	✗ 124	✗ 124	✗ 124	✗ 122	✗ 124	✗ 124	✗ 124
	SHMI	≤100	≤100	✗ 108	✗ 107	✗ 107	✗ 107	✗ 108	✗ 109	✗ 109	✗ 109	✗ 109	✗ 108	✗ 107	✗ 107	✗ 106	✗ 106	✗ 106	✗ 106	✗ 106
	Still birth rate	≤4.4	≤4.4	✓ 3.5	✓ 0.0	✗ 6.7	✓ 3.3	✓ 3.2	✗ 11.5	✓ 3.7	✗ 5.9	✓ 0.0	✓ 3.2	✓ 4.2	✓ 2.3	✓ 0.0	✗ 6.8	✗ 6.4	✓ 4.4	✓ 3.4
	Early neonatal deaths per 1000 live births	≤1	≤1	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✗ 3.2	✗ 1.1	✓ 0.6

Indicator in Focus: Never Events

Sherwood Forest Hospitals NHS Foundation Trust

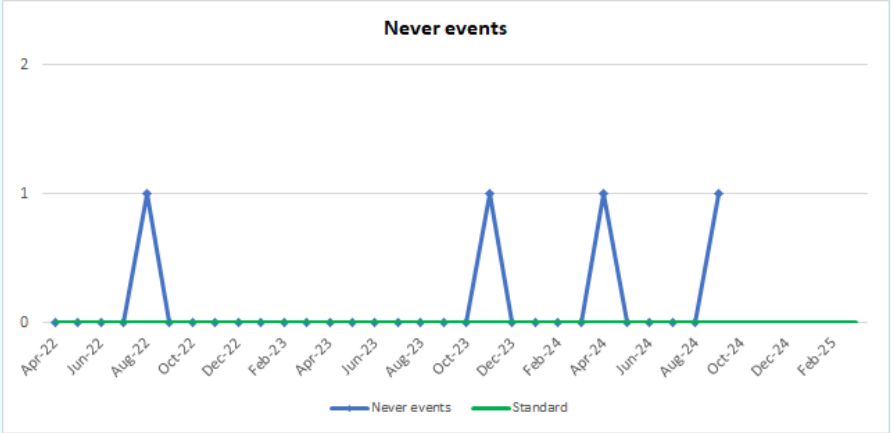
Overview and national position

NHS England definition of a Never Event is: “Never Events are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.”

At the time of this report being produced, the Provisional Never Events 2024/25 data: 1 Apr-24 - 31 Jun-24 has been published, indicating there were 120 Never Events reported nationally, of which 3 were ‘retained surgical instrument/ part of surgical instrument’.

In Sep-24, SFH reported an incident when following a surgical procedure, it was identified that a drill bit used during the procedure had broken. Upon review of the image intensifier, it has been confirmed that the broken drill bit can be seen in the patient’s elbow which had not been recognised prior to completion of the surgery. A Patient Safety incident investigation has been commissioned.

Data



Root causes	Early/ urgent learning identified	Impact
The incident has been reported on Transfer of Strategic Executive Information System (STEIS) and declared a Never Event. A formal investigation is being undertaken.	Following identification of the incident immediate action has been taken and drill bits are now single use pending a formal divisional review of how process can be strengthened to prevent broken drill bits going unidentified. It has been confirmed that additional drill bits have been ordered to ensure there are no supply issues. In addition, at the end of procedures the user of the drill now holds the drill bit up and confirms it is intact with another member of staff in the operating theatre as an additional visual check.	Ongoing

Date reported	Detail	Division	Speciality
04/12/2023	Removal of wrong skin mole	Medicine	Dermatology
16/08/2024	Removal of wrong skin mole	Medicine	Dermatology
10/09/2024	Retained part of Instrument	Surgery	Orthopaedics

Indicator in Focus: Hospital Acquired Pressure Ulcers (HAPU)

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

Pressure ulcers are in the 'top 10 harms' to patients (NHS England, 2024). Although there is no longer a national recommendation for identifying avoidable/unavoidable pressure damage, the current SHF Trust position is that all Trust acquired pressure ulcers are investigated to identify learning. Pressure ulcers are categorised as 'avoidable' where learning is identified or having 'no lapses in care'.

In 2024/25 quarter two SFH has had one avoidable category 3 pressure ulcer:

- RSU investigated new category 3 pressure damage to a patient's heel. This 83-year-old gentleman also sustained category 2 damage to his hallux and category 1 damage around his toes. The patient was frail and general condition was deteriorating, patient has since died. Anti-embolic stockings (AES) were prescribed after stopping Warfarin due to a raised International Normalised Ratio (INR). Unfortunately, a diagnosis of significant peripheral vascular disease (PVD) had not been acknowledged within the admission details. The prescription for AES was discontinued on Electronic Prescribing and Medicines Administration (EPMA), however the stockings were left in place for a further five days and removed when the damage was found by a Registered Nurse.

Root causes

- Lapses in recognising diagnosis of PVD and prescribing of AES in patient with contra-indication.
- Lapses in skin checks and failure to remove stockings after prescription was stopped.
- Lapses in communication to ensure stockings were removed when the prescription was stopped.

Actions and timescale

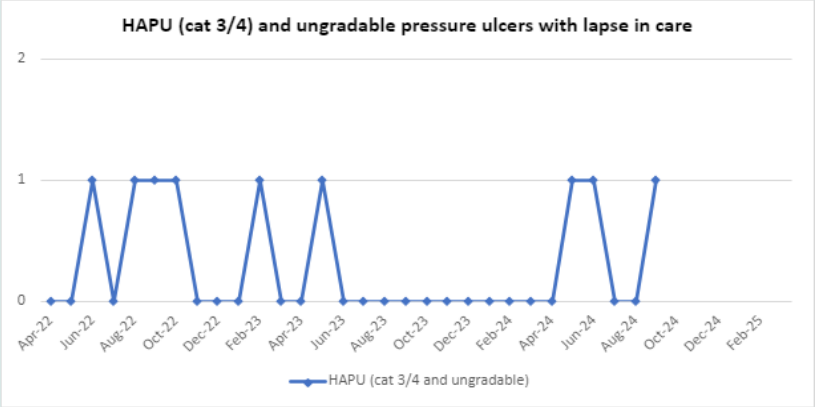
All actions to be completed through Oct-Dec 24:

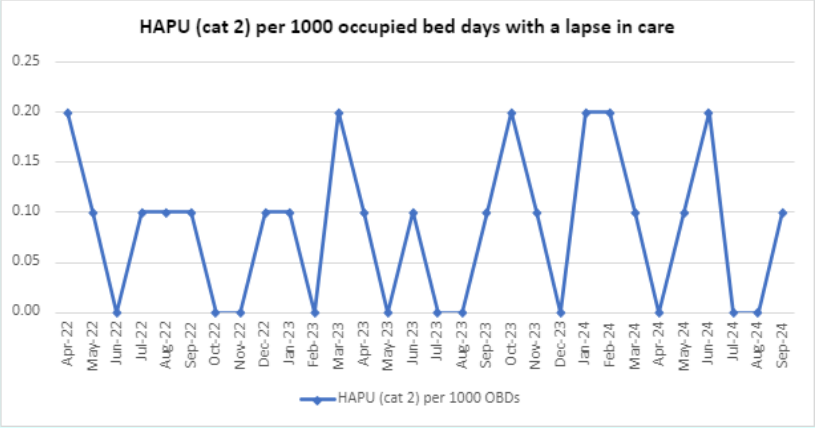
- Lead respiratory consultant to review VTE assessment procedure on Nervecentre and VTE prescribing with EPMA team.
- Review of staff involved in the incident and nursing reflective statements obtained and discussed (completed). Consideration given to staff involved in previous incidents.
- Ward nursing documentation to be audited.
- Learning board to be produced to highlight management of patients in AES and contra-indications for use.
- Incident shared at Respiratory and Medical divisional governance, COEC, Safety and staffing meetings, Tissue Viability (TV) champions.
- Incident to be incorporated into 2025 TV education.

Impact

- AES used in all divisions therefore learning to be shared Trust-wide.

Data





Indicator in Focus: Patient Safety Incident Investigations (PSII)

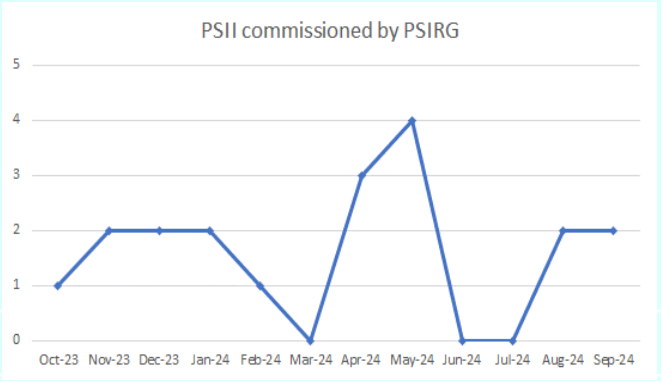
Sherwood Forest Hospitals NHS Foundation Trust

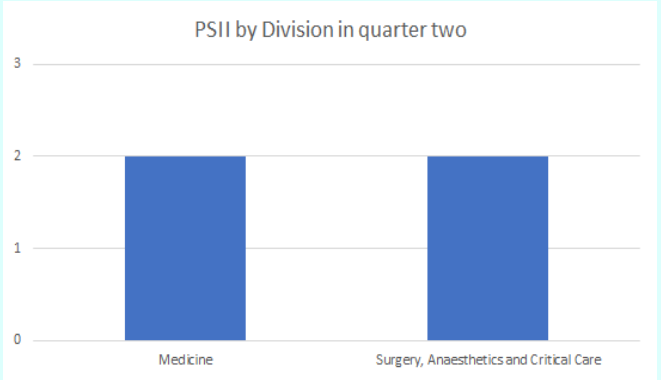
Overview and national position

NHS England states that "A PSII offers an in-depth review of a single patient safety incident or cluster of incidents to understand what happened and how."
In line with SFH's Patient Safety Incident Response Plan during quarter two, four PSII's were commissioned by the Patient Safety Incident Response Group (PSIRG) following in-depth discussion during which the ICB were present.

PSII with potential coronial interest	MSNI investigation	Never Events
Three of the four patients have died however, there is currently only one confirmed coroner's investigation into Cardiology delay in care PSII. This has been RAG rated as red by the Trust Legal Team.	None commenced	1- see slide 5 for details (Not included in table below)

Data





Root causes	Actions and timescale	Impact
Commissioned in Aug-24: Review current process: task lists, referrals, paper systems as there is a theme of concern around these in Cardiology. Review of process to ensure that it is in line with guidance and meeting the needs of service and our patients.	PSII commissioned, no immediate learning. Coronial involvement.	Ongoing investigation
Delay in cancer diagnosis resulting in more extensive surgery. The PSII was commissioned to investigate the management of diagnostic results and the cancer tracking processes.	Delays in review of the partial booking list at the time of the incident was due to administration capacity and this has been addressed and the booking list streamlined. At the time of the incident there was a backlog of filing which has been addressed.	PSII ongoing
Commissioned in Sep-24: Healthcare-associated infection CDiff acquired during admission.	Rapid review undertaken: Ensure indication listed for antibiotics. All policies and procedures were carried out as per protocol. Staff to continue to follow. IPC guidelines and management of patients with loose stools.	PSII ongoing

Indicator in Focus: Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI)

NHS Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

HSMR: Latest 12-monthly rolling figure= 122.14 (Jun 23 – May 24); (Q1 report 126.9). Remains above expected but a continued downward trend, alongside individual month reporting remaining "as expected". (Note- awaited changes to HSMR+ methodology).

SHMI: Latest reporting = 105.96 (May 23- Apr 24); (Q1 report 108.0). Remains as expected.

Crude Rate: Previously higher crude rate, suggested as being a driver of HSMR (by Telstra), has seen a downward trend over recent months.

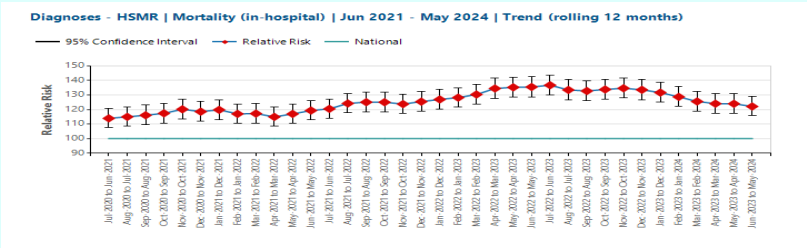
Root causes	Actions and timescale	Impact
Data Quality- Timely diagnosis, documentation, coding, co-morbidity capture	• Monitoring of documentation; emphasis on accuracy, capture of co-morbidities and diagnosis. • Working, specifically with senior clinical colleagues and decision makers, to develop a culture of "change" in relation to timely diagnosis, signposting and management, with an increased focus on post-take ward round decision making.	HSMR (+) figure will not, necessarily, reflect until 12 months after action commenced.
Patient Flow- Clinical pathways, management bundles and effective signposting.	• Continued emphasis on senior decision making to support timely and effective management. • Review of patient flow and pathways to establish how this impacts coding and data and whether this provides a true reflection of activity. • Targeted reviews, as part of the wider Learning from Deaths (LfD) process, to understand "outlier areas and identify Trust opportunities for improvement.	As above; forms part of overall working approach
Palliative Care Coding- (Remains low, nationally)	• Clinical review of Front Door Specialist Palliative Care (SPC) intervention and End Of Life (EOL). • Discussion with local SPC provider to identify opportunities for improvement, support clinical teams and consider system intervention to enhance patient journey and care.	SPC low activity compared to overall. Requires Trust & ICB resource / investment.

Learning from Deaths (LfD)-	• LfD continues to be the vehicle by which trends are reviewed, discussed and action instigated.
	  • Includes representation from ME service, divisional leads, ICS and BI
	  • Close working with Telstra (data analytics / HSMR provider), for benchmarking analysis, supporting triangulation and subsequent advice / signposting.
	  • Actions include data interrogation, targeted reviews / deep dives and audit.
	  • Continued strong emphasis on the need for clinical ownership and responsibility.
		Shared understanding and action with improved clinical engagement and "ownership" from teams.

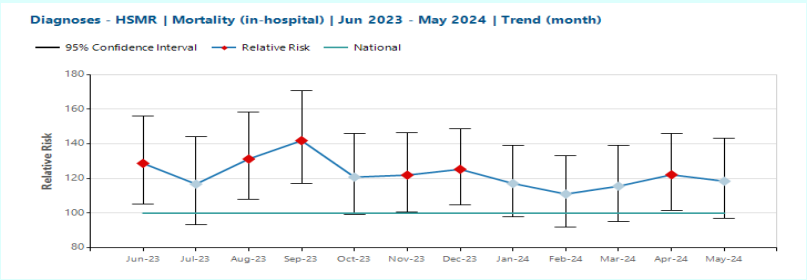
Data Intelligence and benchmarking-	• 12m renewal of Telstra contract to allow further review of needs and wider / ICB discussion. • HSMR+ (plus) is due to "go live" quarter three; it is understood, changes in methodology mean an improved HSMR+ and trend when compared to HSMR and expected values.	HSMR+ to be monitored until full implementation
External peer review-	• Visit to Dudley Group Hospitals (DGH) undertaken 1 Oct-24 with an emphasis on Learning from Deaths and to review processes, approaches to engagement and coding practice.	Development of improved mortality review processes.
Wider accountability-	• Meeting with ICB Medical Director (19 Sep-24) to review HSMR, assurance measures and consider approach to Learning from Death, both as an organisation and on ICS footprint. • Development of quality dashboard which will summarise a range of key patient safety metrics ongoing – (draft to Quality Committee in Nov-24)	Greater assurance and understanding
Collaboration-	• "Interface Workstream" in place to support developing collaborative relationships, wider understanding and promote pathways for future working, locally and on ICS footprint.	Whole pathway approach and system understanding.

Data

HSMR 3 yearly (12 month rolling) trend

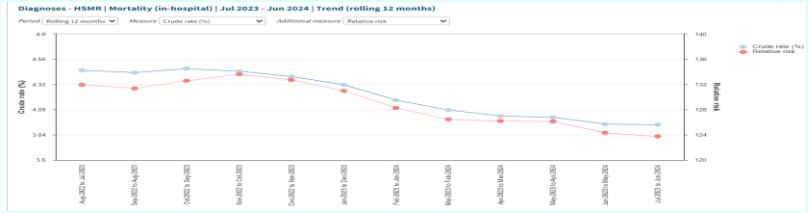


HSMR Single-month trend



SHMI: Rolling 12 months (Latest- May 23-Apr 24)

HSMR- Crude Rate (12m) v Relative Risk)



Indicator in Focus: Still Birth Rate & Early Neonatal Deaths per 1000 live births

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

In 2024/25 quarter two, there were four stillbirths (two in Aug-24 and two in Sep-24), and one early neonatal death. Each case received an individual review as outlined below and has been reported through the PMRT process where they will receive a further review. All cases were reported within the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) recommended timescales.

Aug-24:

- Stillbirth at 37 weeks and 5 days gestation, inpatient with recurrent reduced movements and pregnancy induced hypertension, re-presented following discharge home with a further episode of reduced movements and an IUFD was identified. Reviewed through weekly review meeting and all care appropriate, Perinatal Mortality Review Tool (PMRT) review ongoing. Postmortem examination accepted – results pending.

- Stillbirth at 30 weeks and 3 days gestation. Attended with reduced fetal movements and an intrauterine fetal death (IUFD) was identified. PMRT review completed to draft pending results. Scan pathways were incorrect antenatally. Postmortem examination accepted – awaiting results.

Sep-24:

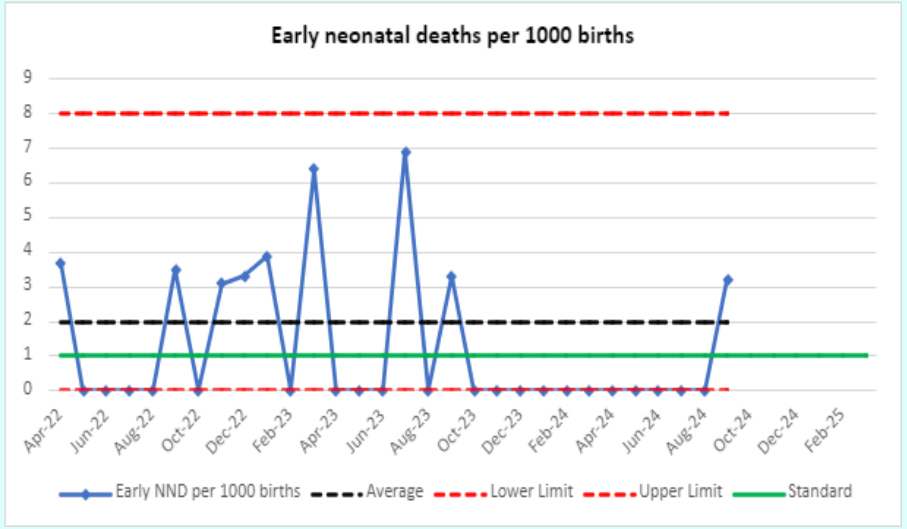
- Twin pregnancy, IUFD of Twin 2 diagnosed at 29 weeks and 5 days gestation, progressed to Stillbirth at 34 weeks and 1 day gestation. Twin 1 was born in good condition and remains alive and well. On review, correct scan pathways were not followed. PMRT review ongoing, postmortem examination declined.

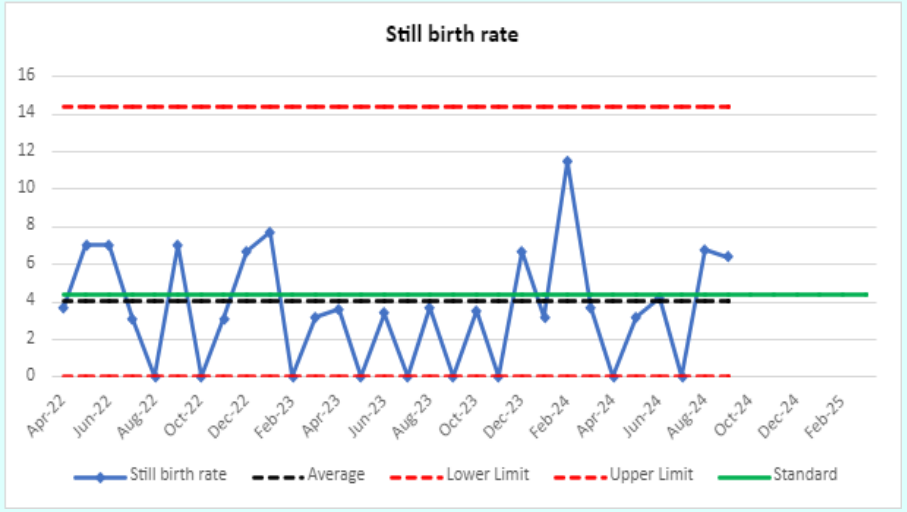
- Stillbirth at 24 weeks and 6 days gestation. Attended for a planned scan, no fetal heart identified on scan. PMRT ongoing. Postmortem examination accepted – results pending.

- 25 weeks and 1 day gestation, presented in advanced pre-term labour and rapidly gave birth, baby was transferred to a tertiary unit by 6 hours of age and sadly passed away 17 days later. Cultures grew pseudomonas. PMRT reported and led by the tertiary unit. Trust review through PMRT and graded our care involvement as A (*'The review group concluded that there were no issues with care identified up the point that the baby was born.')*

Root causes	Early/ urgent learning identified	Impact
Incorrect scan pathways was a theme across two of the cases and in previous reviews.	Cases presented to Divisional rapid review meeting. Although the scan pathways did not impact on the outcome in these cases, it was recognised as a theme and a cluster review was commissioned.	Cluster review - Ongoing

Data





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People and Culture

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Domain Summary: People and Culture

Overview	Lead: Director of People

In 2024/25 quarter two, our hospitals and the wider Integrated Care System (ICS) remained busy, with a spell of industrial action; requiring extra controls and governance needing to be mobilised at short notice to support our financial position. However, over the quarter we have noted some positive performance across people and culture metrics. We have also commenced the development our People Strategy from 2025 to 2029.

Our Mandatory and Statutory Training (MaST) position is positive; we are continuing to report levels above the Trust standards. Vacancy and turnover rates sit below our standard. During May-24 and Jun-24, we have used zero off-framework agency.

Appraisal level for 2024/25 quarter two (89.7%) sits marginally below the Trust target (90%), and over the quarter we have noted a strong and constant performance level. We have undertaken an audit around appraisals, where we have received a high assurance level.

Over 2024/25 quarter two our sickness absence level is reported at 4.6% (2024/25 quarter one was 4.4%); this sits higher than the Trust target (4.2%); however, within the statistical process control limits.

Employee relations cases over the quarter have remained at a steady level (average 20). We have seen a marginal increase from quarter one (recorded at 19). This sits above our target (17), but within the statistical process control limits. The Trust has seen the conclusion of several formal disciplinary cases between Jul-24 and Sep-24. As a result, there has been an increase in the number of appeals. This increase in appeals was anticipated.

We monitor our agency levels frequently and the reduction of this level is aligned with some of our efficiency programmes. Our current agency position for quarter two is reported at 4.4%. For Sep-24, this is reported at 3.5%. When excluding Elective Recovery Fund schemes from the agency level, this reduces to 2.8%. Over the quarter we have seen zero off-framework workers; this reduction follows amended agency rules that came into force from Jul-24.

During quarter two, 55.7% of total agency shifts filled were ‘on-framework’ staff and above the recommended NHS England price cap. During the last quarter, significant work has commenced that aligns to our efficiency programme. Over the quarter we have seen the level drop from 60.3% to 53.4%. This is above our target and the NHS England expectation (40%). However, the work we have commenced is showing positive signs and we are planning to hit this target by Mar-25.

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Scorecard: People and Culture

Green tick = target met/exceeded; Red cross = target not met

At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	2024/25 YTD
Belonging in the NHS	Engagement score	≥6.8%	≥6.8%	-	-	-	✓ 7.3	-	-	-	✓ 6.9	-	-	-	✓ 6.8	-	-	-	-	-
Growing the Future	Vacancy rate	≤8.5%	≤8.5%	✓ 6.9%	✓ 5.8%	✓ 5.2%	✓ 6.0%	✓ 5.1%	✓ 4.7%	✓ 4.5%	✓ 4.7%	✓ 8.2%	✓ 8.0%	✓ 8.1%	✓ 8.1%	✓ 8.4%	✓ 7.7%	✓ 7.4%	✓ 7.9%	✓ 8.0%
	Turnover in month	≤0.9%	≤0.9%	✓ 0.5%	✓ 0.4%	✓ 0.6%	✓ 0.5%	✓ 0.4%	✓ 0.4%	✓ 0.4%	✓ 0.4%	✓ 0.5%	✓ 0.2%	✓ 0.6%	✓ 0.5%	✓ 0.5%	✓ 0.6%	✓ 0.5%	✓ 0.5%	✓ 0.5%
	Appraisals	≥90%	≥90%	✗ 87.3%	✗ 88.3%	✗ 88.8%	✗ 88.1%	✗ 88.9%	✗ 88.3%	✗ 87.8%	✗ 88.3%	✗ 87.9%	✗ 89.4%	✗ 88.1%	✗ 88.4%	✗ 89.9%	✗ 89.7%	✗ 89.5%	✗ 89.7%	✗ 89.1%
	Mandatory & statutory training	≥90%	≥90%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 92.0%	✓ 91.3%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.4%	✓ 91.3%	✓ 90.9%	✓ 91.2%	✓ 91.1%
Looking after our People	Sickness absence	≤4.2%	≤4.2%	✗ 4.8%	✗ 4.3%	✗ 5.1%	✗ 4.8%	✗ 4.9%	✗ 4.7%	✗ 4.3%	✗ 4.6%	✗ 4.3%	✗ 4.4%	✗ 4.7%	✗ 4.4%	✗ 4.9%	✓ 4.2%	✗ 4.6%	✗ 4.6%	✗ 4.5%
	Total workforce loss	≤7.0%	≤7.0%	✓ 6.9%	✓ 6.4%	✗ 7.3%	✓ 6.9%	✗ 7.3%	✓ 6.9%	✓ 6.4%	✓ 6.9%	✓ 6.4%	✓ 6.4%	✓ 6.8%	✓ 6.5%	✓ 6.9%	✓ 6.3%	✓ 6.7%	✓ 6.6%	✓ 6.6%
	Flu vaccinations uptake (front line staff)	≥80%	≥75%	✗ 38.3%	✗ 44.8%	✗ 55.9%	✗ 55.9%	✗ 58.0%	✗ 58.0%	-	✗ 58.0%	-	-	-	-	-	-	-	-	✗ 0.0%
	Employee relations management	<12	<17	✗ 21	✗ 23	✗ 18	✗ 21	✗ 20	✗ 17	✗ 21	✗ 19	✗ 20	✗ 23	✓ 15	✗ 19	✗ 20	✗ 20	✗ 21	✗ 20	✗ 20
New Ways of Working	Bank usage			8.3%	7.8%	8.9%	8.3%	8.8%	7.7%	10.8%	9.1%	8.2%	10.3%	8.6%	9.0%	9.8%	10.3%	8.1%	9.4%	9.2%
	Agency usage	<3.7%	<3.2%	✗ 6.2%	✗ 5.5%	✗ 3.9%	✗ 5.2%	✗ 5.2%	✗ 4.6%	✗ 4.2%	✗ 4.7%	✗ 4.6%	✗ 4.5%	✗ 4.9%	✗ 4.7%	✗ 5.4%	✗ 4.4%	✗ 3.5%	✗ 4.4%	✗ 4.6%
	Agency (off framework)	≤6.0%	0%	✓ 0.0%	✓ 0.0%	✓ 0.1%	✓ 0.1%	✓ 0.1%	✓ 0.1%	✓ 0.0%	✓ 0.0%	✗ 0.1%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	0.0%
	Agency (over price cap)	≤30.0%	≤40.0%	✗ 51.0%	✗ 55.7%	✗ 57.0%	✗ 54.3%	✗ 54.6%	✗ 47.4%	✗ 54.4%	✗ 52.0%	✗ 55.1%	✗ 55.6%	✗ 59.7%	✗ 57.1%	✗ 60.3%	✗ 53.4%	✗ 53.4%	✗ 55.6%	✗ 56.4%

Indicator in Focus: Appraisals

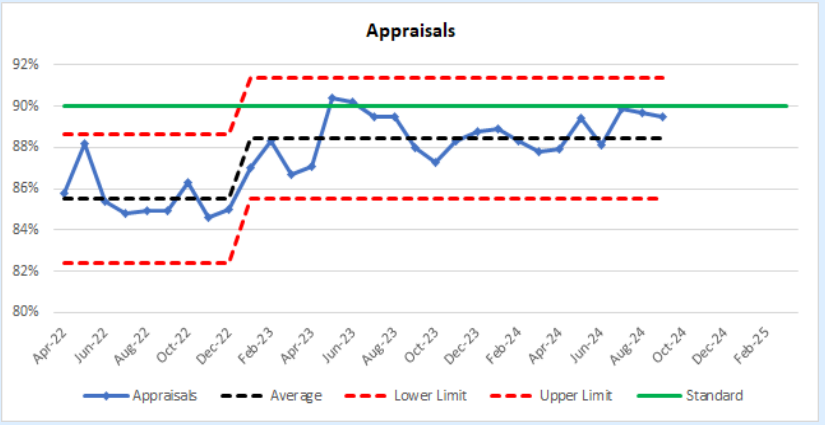
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

Our appraisal level sits below the Trust target (90%). We are showing a really strong performance within appraisal compliance with the quarter two average at 89.7%, and the year-to-date average at 89.1%. Over the quarter, the compliance levels ranged from 89.9% to 89.5%.

Local benchmarking shows that the ICB provider appraisal level is reported at 84.3% (Aug-24). The NHS Corporate Benchmarking exercise indicates that over 2023/24, our appraisal compliance is in the upper quartile. The national median is reported at 81.6%, with the upper quartile reported at 86.9%.

Data



Root causes	Actions and timescale	Impact
Patient demand and hospital acuity has impacted on compliance.	• Service lines with low appraisal rates are supported to develop trajectories for improvement. • In addition, service lines are sighted on non-compliance rates and assurance is sought via monthly service line performance meetings. This is additional to monthly People and Performance review meetings within each department.	• Appraisal compliance levels to gradually increase, with an ambition to see levels of 90%.
In some instances, we have received feedback that managers have raised concerns on how to report this via the Electronic Staff Record (ESR).	• Training and coaching managers on how to enter appraisals onto ESR is in place along with a “how to” video guide to support our written user guidance.	

Indicator in Focus: Sickness Absence

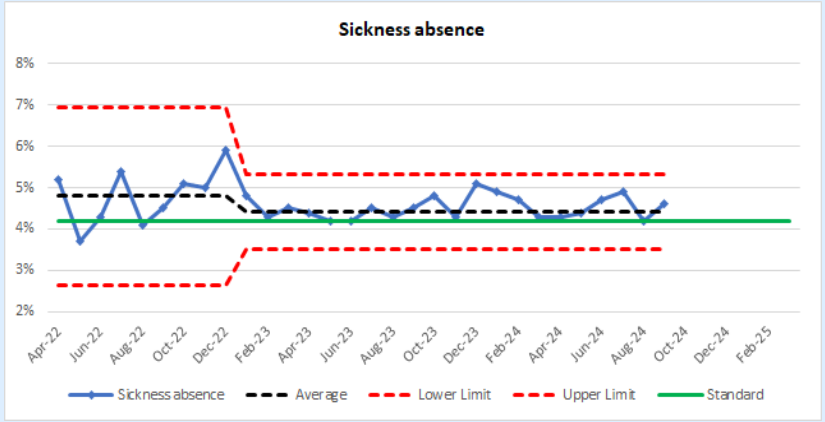
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

During 2024/25 quarter two, our overall sickness absence level was 4.6%; this sits above our standard (4.2%). The position for Sep-24 is reported at 4.6%. Our position for quarter two sits between the upper and lower statistical process control levels.

Local benchmarking shows that the Integrated Care Board (ICB) provider sickness absence level is reported at 5.0% (Aug-24).

Data



Root causes

Our sickness level is reflective of the acuity of the hospital, including being on a high Operational Pressures Escalation Level (OPEL) and at times implementing our Full Capacity Protocol (FCP).

We are noting an increase in length of absences due to the impact of NHS waiting and treatment times.

Actions and timescale

- All services are supported with one-to-one support from the Divisional People Lead teams with sickness absence management on a case-by-case basis and in line with policy.
- Sickness absences key performance indicators are monitored through People and Performance meetings, Service Line meetings and via Divisional Performance Reviews (DPRs).
- A person-centred approach is taken in relation to sickness absence management.

Impact

- We actively manage sickness cases through a person-centred approach and are aware of outside influences that are contributing to an elevated sickness level.

Indicator in Focus: Employee Relations Management

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

During 2024/25 quarter two, the employee relations level fluctuated between 20 and 21 cases, with the average of quarter one being 19 cases.

The increased level of employee relations has primarily been related to formal disciplinary processes.

There are several other cases which have proceeded under a Some Other Substantial Reason (SOSR) process. These cases relate to safeguarding concerns, which are of a sensitive nature and/or where there has been third party involvement. This includes colleagues working under Agenda for Change and Medical and Dental terms and conditions. Continued actions are being put in place to ensure training and support is available for all colleagues involved in employee relations matters with specific Trust psychological support to the Employee Relations and Divisional People Lead teams.

SFH is not an outlier in relation to Employee Relations casework with other organisations reporting an ongoing increase in Employee Relations case management.

The 2023/24 NHS Corporate Benchmarking exercise reports our employee relation cases at 7.2 cases per 1,000 headcount. This ranks us within the second quartile, with the national median being 9.5 cases. The lower quartile is reported at 6.6 and the upper quartile is at 16.7 cases.

Data

Root causes

The Trust has seen several formal disciplinary cases being concluded between Jul-24 and Sep-24 and, as a result, there has been an increase in the number of appeals. This increase in appeals was anticipated.

Disciplinary investigations are the key Employee relations reason within the quarter.

Actions and timescale

- All cases are managed using Just Culture Principals and take a person-centred approach with additional training taking place.
- Partnership working continues with Staff Side representatives, Clinical colleagues and People Directorate colleagues in management of cases.
- Enhanced wellbeing support has been developed to support colleagues who are part of any employee relations process.
- Person-centred approach is in place in relation to Sickness Absence management.
- Specialist panel advisers from Safeguarding and included in all safeguarding hearings.
- Re-emphasis on an informal resolution to incidents, concerns and adverse events, where possible.

Impact

- The work we undertake supports our workforce as we move into 2024/25 quarter three. We do not expect this to reduce immediately; however, we hope this returns to the average level of 2023/24 quarters three and four.

Indicator in Focus: Agency Usage (including off framework and over price cap)

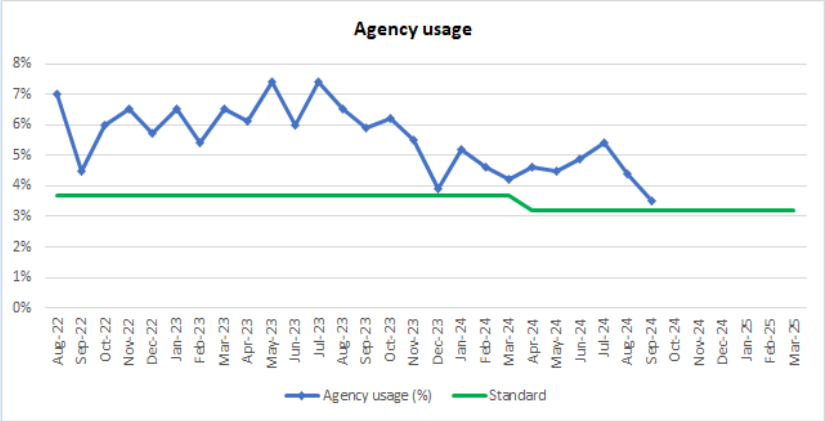
Sherwood Forest Hospitals NHS Foundation Trust

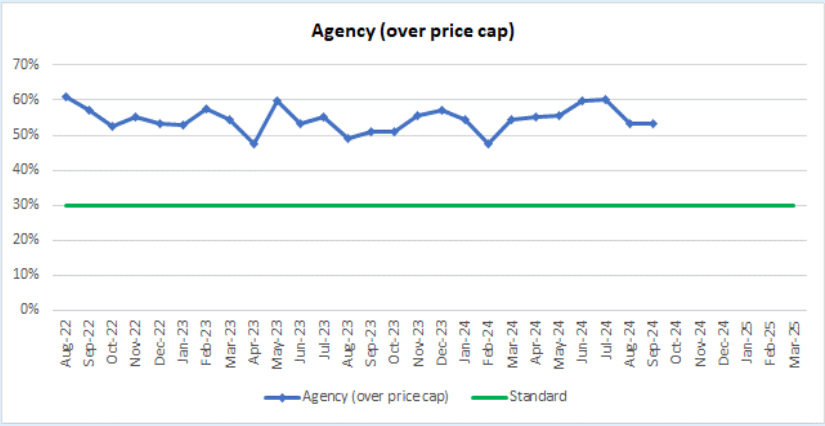
Overview and national position

Our current agency position for 2024/25 quarter two is reported at 4.4%, and for Sep-24 this is reported at 3.5%. When excluding Elective Recovery Fund (ERF) schemes from the agency level, this reduces to 2.8%. We have modelled this with plans over the 2024/25 period to reduce to the NHS planning guidance and our target of 3.2%.

We are noting a gradual reduction to our 'on-framework, over price cap' position. Within quarter two, we are reporting 55.7%, which shows a decrease from quarter one (57.1%). The reduction to this is aligned to our workforce efficiency programmes and the work we are undertaking on the 'on-framework, over price cap', as key reductions in over price cap support reductions to the overall agency target.

Data





Root causes	Actions and timescale	Impact
As the data informs us, our biggest risk is medical and dental staff over the NHS England price cap; these are also impacted by some of our fragile services, where there are national speciality shortages.	• During 2024/25, we have continued the significant work to reduce reliance on agency usage and support the financial recovery challenge.	• We have been actively filling medical roles and have had success in some key specialities; reductions are noted across the 2024/25 period.
	• We continue to advertise and fill medical posts, which has gradually reduced our agency level. We organise medical speciality groups where there is a focus on agency spend and vacancies, with a view to support our service lines in filling these roles substantively, if not moving staff, where possible, on to direct engagement contracts.	• Over the 2024/25 period we are focusing on medical staff who are on framework, but over the NHS England price cap, and are developing plans to exit these agency workers and replace with substantive roles.
	• A strict authorisation process for approval of shifts for Thornbury has been implemented in Nursing. Detailed reports illustrating areas using all agency, with Thornbury highlighted, are produced for the Deputy Chief Nurse.	

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Timely Care

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Domain Summary: Timely Care

Overview	Lead: Chief Operating Officer

In 2024/25 quarter two, we continued to experience surging numbers of A&E attends above plan during quarter two (1.7%), though not at the margin above plan observed in quarter one (7.3%). Compared to 2023/24 quarter two, attends increased by 5.6%. We saw a significant reduction in attends during Aug-24 during the school summer holidays (3% below plan), resulting in improved performance in A&E for Aug-24, with 4-hour performance above plan and national target, and among the highest national levels. Our type one attendance demand growth is upper quartile nationally (amongst the highest in the country). We have refreshed our planned A&E activity levels for the remainder of the year to resolve an error with the original plan. This is reflected in this report, has been communicated to the ICB, and will be monitored going forward.

Non-elective admission demand eased to be 3% above planned levels in quarter two, with a year-to-date position of almost 6% above planned levels. These elevated levels resulted in pressures on our clinical teams and on our bed-base, despite Medically Safe for Transfer (MSFT) patient numbers being at some of the lowest post-pandemic levels. The pressure on our services has been sustained for many months, much like many acute Trusts across the country. The combination of high attendance and admission demand, and mismatches in admission and discharge times meant that, at times, patient demand exceeded the capacity of our hospitals, resulting in us often starting the day at our highest level of escalation, with patients experiencing delays to admission due to a lack of beds. In response to these pressures, we enacted escalation actions and, at times, our full capacity protocol. Despite these pressures, the Getting It Right First Time (GIRFT) Emergency Medicine Index of patient flow (GEMI) ranking at SFH is 14; this ranks us 6th best in England for flow in A&E. We continued to provide strong ambulance handover, consistently performing as one of the best in the country; and have a strong medical Same Day Emergency Care (SDEC) offer exceeding national targets.

In quarter two, we have continued to reduce the incomplete RTT waiting list and the number of 52-week waits. We also continue to reduce our 65-week waits, although we are slightly off plan, in part driven by the support we are offering across the system, together with the need to prioritise cancer pathways and staff availability over the holiday period. We continue to work together as a system with patients being transferred between providers to support equity of access. Our DM01 performance is now 76.5%, the highest level since Dec-21. Our Echocardiography position has improved significantly and is now ahead of plan, largely due to insourcing plans that have gradually helped us to reduce the significant 6-week backlog. We are also receiving Echocardiography support from Nottingham University Hospitals (NUH). We are providing support to NUH across ENT, Ophthalmology and Urology. Further support offers continue to be reviewed.

In outpatients, activity levels remain strong and favourable to plan for outpatient follow ups and procedures. We consistently exceed the 5% Patient Initiated Follow Up (PIFU) target and benchmark within the top 15 Trusts nationally (10th best in Aug-24). In Sep-24, we exceeded our plan for the first time in 2024/25 against the new outpatient metric measuring the proportion of outpatient attends that are first or follow up with a procedure.

In terms of our Cancer metrics, we continue our strong delivery of the national 28-day faster diagnostic standard, exceeding the national standard. As of Aug-24, we have consistently delivered against our planning trajectory for cancer 31-day treatments. We also delivered against our planning trajectory for the cancer 62-day treatment standard in Aug-24 after falling off-track in Jul-24, though we fell below the interim standard of 70%. However, we are better than the England average position for the cancer 62-day standard.

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Scorecard: Timely Care

Timely Care

Green tick = target met/exceeded; Red cross = target not met

Green tick = Best performing 40%
Amber dash = Middle performing 20%
Red cross = Worst performing 40%

At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	2024/25 YTD	Latest Benchmark Position (Aug 24)
Urgent Care	Ambulance turnaround times <30 mins	≥95%	≥95%	✗ 93.7%	✓ 96.8%	✓ 96.7%	✓ 95.7%	✓ 95.6%	✗ 93.9%	✗ 94.6%	✗ 94.7%	✓ 96.6%	✓ 96.5%	✓ 95.1%	✓ 96.1%	✓ 95.6%	✓ 96.8%	✗ 93.5%	✓ 95.3%	✓ 95.7%	✓ 7 / 173
	Ambulance delays >60 mins	0.0%	0.0%	✗ 0.1%	✗ 0.2%	✗ 0.1%	✗ 0.1%	✗ 0.2%	✗ 0.2%	✗ 0.5%	✗ 0.3%	✗ 0.2%	✓ 0.0%	✓ 0.0%	✗ 0.1%	✗ 0.2%	✗ 0.1%	✗ 0.2%	✗ 0.2%	✗ 0.1%	✓ 7 / 174
	ED 4-hour performance	≥76%	≥76%	✗ 69.4%	✗ 67.1%	✗ 64.9%	✗ 67.2%	✗ 65.7%	✗ 63.6%	✗ 72.2%	✗ 67.3%	✗ 74.2%	✗ 73.4%	✗ 70.9%	✗ 72.8%	✗ 71.7%	✓ 82.0%	✗ 73.6%	✗ 75.6%	✗ 74.2%	✓ 34 / 140
	ED 12-hour length of stay performance	≤2%	≤2%	✗ 3.3%	✗ 4.2%	✗ 6.5%	✗ 4.7%	✗ 5.5%	✗ 5.1%	✗ 3.1%	✗ 4.5%	✗ 3.1%	✗ 2.2%	✗ 2.3%	✗ 2.5%	✗ 2.9%	✓ 0.9%	✗ 3.0%	✗ 2.3%	✗ 2.4%	✓ 19 / 174
	SDEC rate	≥33%	≥33%	✓ 39.8%	✓ 37.1%	✓ 36.2%	✓ 37.7%	✓ 38.3%	✓ 38.1%	✓ 37.8%	✓ 38.1%	✓ 38.2%	✓ 37.7%	✓ 38.6%	✓ 38.2%	✓ 38.1%	✓ 41.3%	✓ 39.0%	✓ 39.4%	✓ 38.8%	– 86 / 173
	Adult G&A bed occupancy	≤92%	≤92%	✓ 92.0%	✗ 96.3%	✗ 95.3%	✗ 94.6%	✗ 97.9%	✗ 97.8%	✗ 96.5%	✗ 97.4%	✗ 93.6%	✗ 94.8%	✗ 94.7%	✗ 94.4%	✗ 95.5%	✗ 92.2%	✗ 93.8%	✗ 93.9%	✗ 94.1%	– 75 / 178
	Long length of stay (21+) occupied beds	≤Plan	≤Plan	✓ 100	✗ 109	✗ 100	✗ 103	✗ 116	✗ 116	✗ 107	✗ 116	✗ 124	✓ 96	✓ 91	✓ 110	✓ 102	✓ 105	✓ 103	✓ 104	✓ 103	
	Inpatients medically safe for transfer for greater than 24 hours	≤40	≤40	✗ 90	✗ 98	✗ 92	✗ 94	✗ 93	✗ 105	✗ 101	✗ 98	✗ 91	✗ 64	✗ 71	✗ 75	✗ 84	✗ 65	✗ 57	✗ 69	✗ 72	
Electives	Advice & guidance	≥16%	≥16%	✓ 25.3%	✓ 24.4%	✓ 23.0%	✓ 24.3%	✓ 24.3%	✓ 27.3%	✓ 25.4%	✓ 25.6%	✓ 24.5%	✓ 25.8%	✓ 22.0%	✓ 24.1%	✓ 25.2%	-	-	-	-	✓
	Added to Patient Initiated Follow Up (PIFU) pathway	≥5%	≥5%	✓ 6.0%	✓ 5.7%	✓ 5.4%	✓ 5.7%	✓ 5.7%	✓ 5.6%	✓ 5.3%	✓ 5.5%	✓ 6.0%	✓ 5.9%	✓ 5.9%	✓ 5.9%	✓ 6.2%	✓ 6.1%	✓ 6.5%	✓ 6.3%	✓ 6.1%	✓ 10 / 134
	Outpatient attends that are first or follow up with a procedure		≥Plan	43.2%	43.7%	44.0%	43.6%	43.2%	43.7%	43.8%	43.5%	✗ 43.3%	✗ 40.7%	✗ 43.9%	✗ 42.6%	✗ 43.6%	✗ 42.2%	✓ 42.7%	✗ 42.9%	✗ 42.7%	
	Incomplete RTT waiting list	≤Plan	≤Plan	✗ 53,708	✗ 52,717	✗ 52,569	✗ 52,569	✗ 52,377	✗ 50,534	✗ 50,757	✗ 50,757	✗ 36,584	✗ 35,858	✗ 35,720	✗ 35,720	✗ 35,251	✗ 35,165	✗ 35,507	✗ 35,507	✗ 35,507	
	Incomplete RTT pathways +52 weeks	≤Plan	≤Plan	✗ 1,851	✗ 1,858	✗ 1,933	✗ 1,933	✗ 1,759	✗ 1,662	✗ 1,591	✗ 1,591	✓ 1,312	✓ 1,162	✓ 1,177	✓ 1,177	✓ 1,080	✗ 1,019	✗ 870	✗ 870	✗ 870	– 75 / 156
	Incomplete RTT pathways +65 weeks	≤Plan	≤Plan	✗ 362	✗ 337	✗ 418	✗ 418	✗ 399	✗ 347	✗ 157	✗ 157	✓ 140	✓ 129	✓ 109	✓ 109	✓ 77	✗ 105	✗ 50	✗ 50	✗ 50	– 78 / 156
	Incomplete RTT pathways +78 weeks	0	0	✗ 7	✗ 5	✗ 14	✗ 14	✗ 17	✗ 12	✗ 5	✗ 5	✗ 2	✗ 1	✓ 0	✓ 0	✗ 2	✗ 1	✓ 0	✓ 0	✓ 0	– 68 / 156
Diagnostics	Diagnostic DM01 backlog			3,761	3,726	4,055	4,055	3,659	3,344	3,430	3,430	3,569	3,584	3,861	3,861	4,295	3,634	2,558	2,558	2,558	
	Diagnostic DM01 performance under 6-weeks	≥99%	≥Plan	✗ 63.3%	✗ 64.7%	✗ 56.8%	✗ 56.8%	✗ 62.8%	✗ 68.1%	✗ 70.5%	✗ 70.5%	✓ 71.6%	✓ 72.7%	✗ 70.5%	✗ 70.5%	✗ 69.5%	✗ 70.2%	✗ 76.3%	✗ 76.3%	✗ 76.3%	✗ 101 / 134
Cancer	Cancer 28-day faster diagnosis standard	≥75%	≥75%	✓ 81.3%	✓ 77.3%	✓ 80.6%	✓ 79.7%	✓ 76.0%	✓ 82.9%	✓ 82.6%	✓ 80.6%	✓ 75.3%	✓ 79.8%	✓ 79.2%	✓ 78.2%	✓ 81.6%	✓ 81.6%	-	-	-	✓ 38 / 141
	Cancer 31-day treatment performance	≥96%	≥Plan	✗ 79.8%	✗ 75.8%	✗ 72.5%	✗ 75.9%	✗ 73.2%	✗ 80.0%	✗ 90.4%	✗ 81.4%	✓ 89.8%	✓ 87.5%	✓ 88.3%	✓ 88.6%	✓ 95.0%	✓ 91.1%	-	-	-	✗ 101 / 141
	Cancer 62-day treatment performance	≥85%	≥Plan	✗ 52.8%	✗ 64.8%	✗ 57.7%	✗ 58.6%	✗ 56.5%	✗ 54.7%	✗ 69.2%	✗ 60.4%	✓ 71.8%	✗ 56.3%	✓ 70.3%	✗ 66.1%	✗ 71.4%	✓ 67.9%	-	-	-	✗ 98 / 141
	Suspected cancer patients waiting over 62-days			89	86	89	89	76	50	52	52	80	69	70	70	68	87	83	83	83	

Notes:

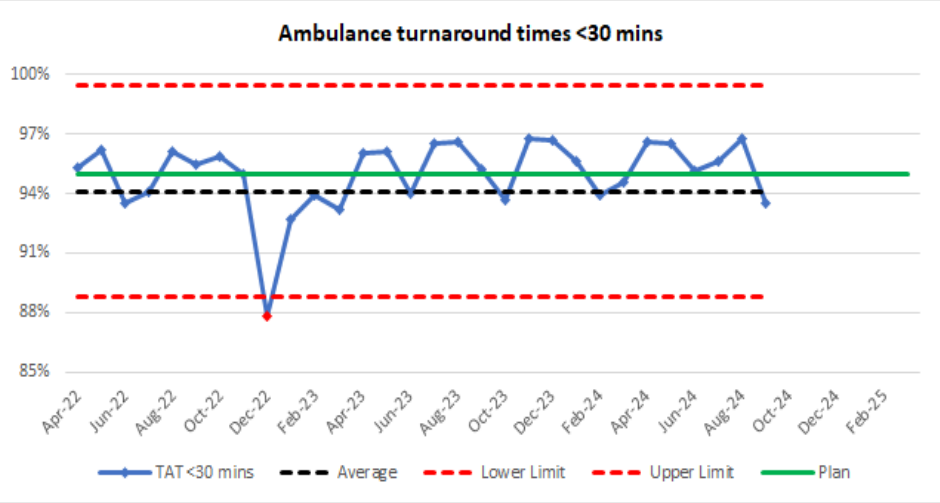
(1) Within the reported cancer treatment standards, we have aligned our reporting to match with the national cancer waiting time standards which remove auto upgrades. The reported position for the last two months for the cancer treatment standards can move as provisional cancer waiting time data is validated. We align the reported position in the Integrated Performance Report to the national reported position.

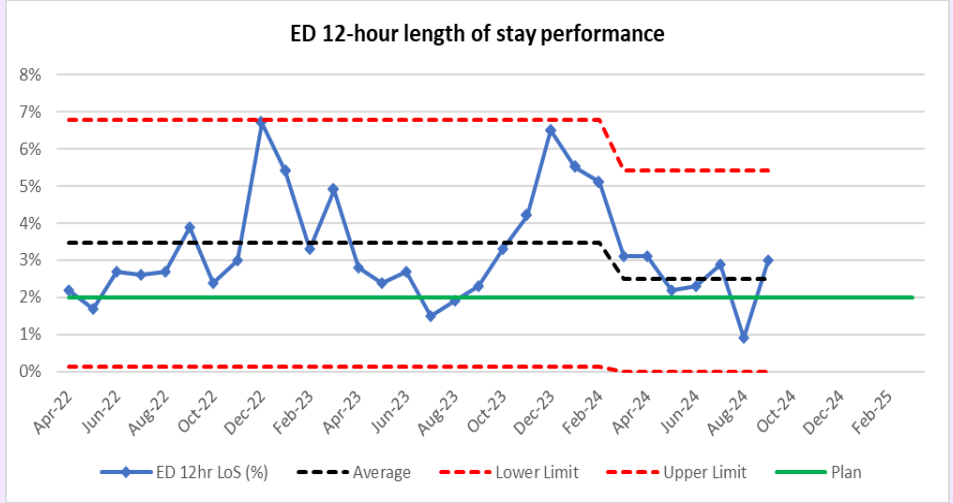
(2) As part of the IPR annual review undertaken in 2024/25 quarter one, we agreed to add benchmarking data to the timely care domain in the quarter two report. This has been added to the above scorecard and referenced as appropriate in the following pages. If Trust Board are happy with the way benchmarking data has been presented, we will expand into the other domains in future reports. Appendix B to the IPR includes some guidance on benchmarking.

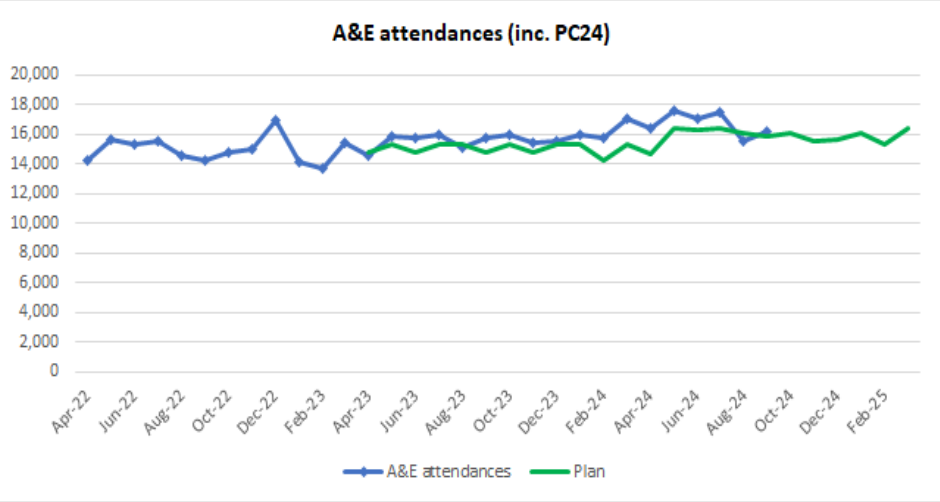
Indicators in Focus: Urgent Care – A&E (1/3)

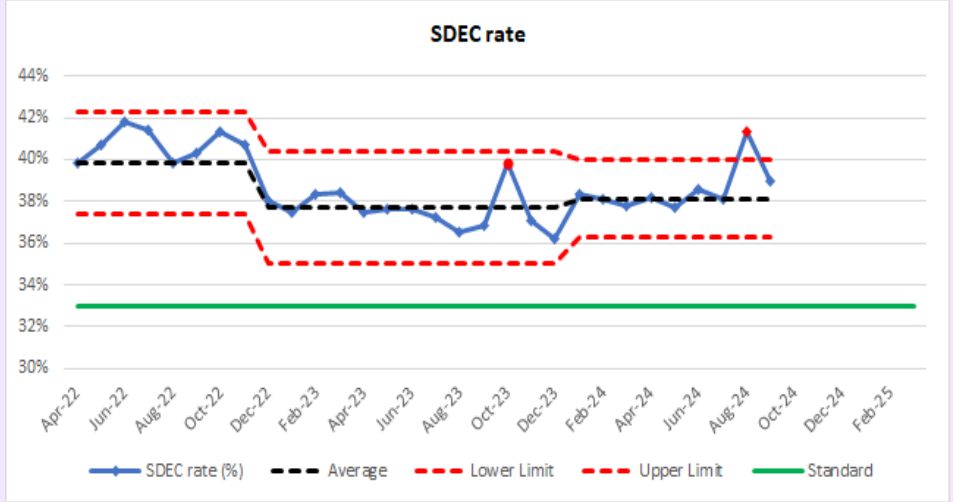
Sherwood Forest Hospitals NHS Foundation Trust

Data









Indicators in Focus: Urgent Care – A&E (2/3)

Sherwood Forest Hospitals NHS Foundation Trust

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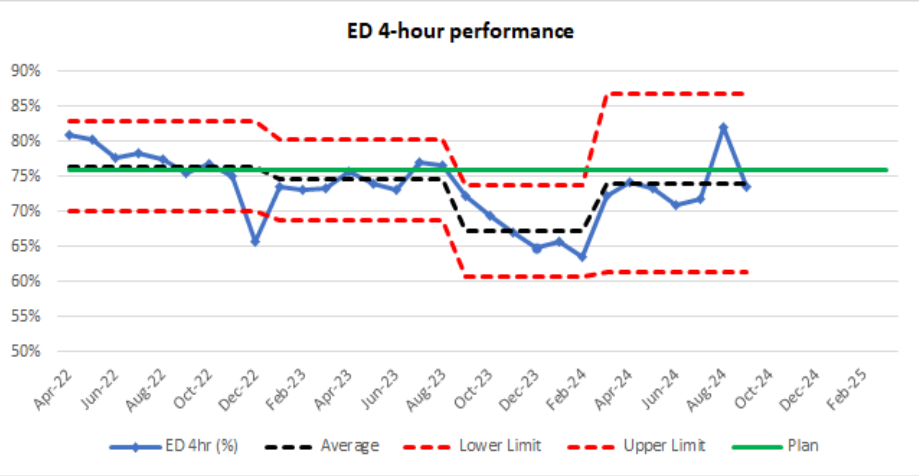
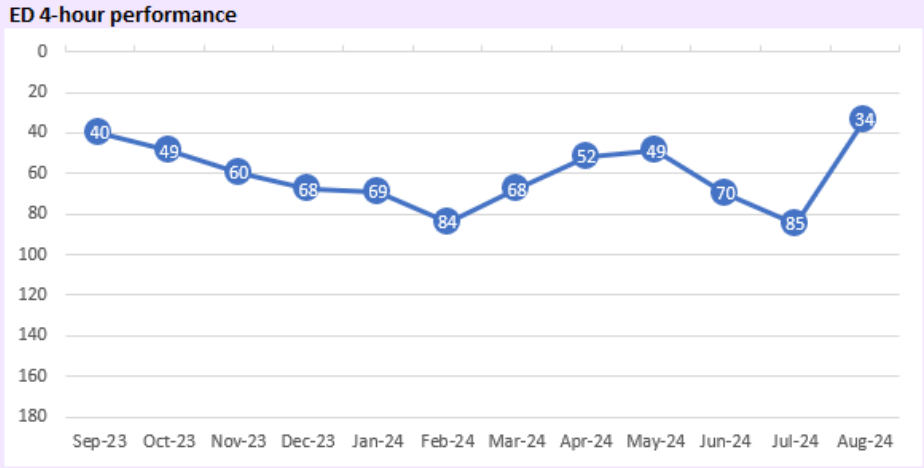
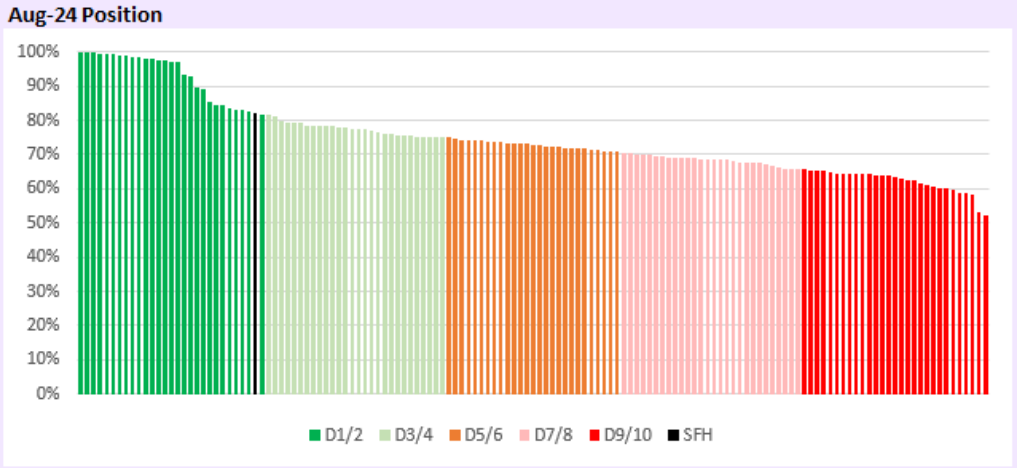


Overview and national position

- Our ambulance handover position is significantly better than the East Midlands Ambulance Service (EMAS) average and amongst the best nationally (6th best average time):
  - Frequently best in Midlands, within top 10 nationally for ambulance handovers.
  - EMAS average handover time 35 minutes, SFH 15 minutes.
  - A&E attends dropped in Sep-24 to be 102% against planned levels. This remains at a low level of growth when compared to quarter one and is driven by type three PC24 attendance levels being consistently below plan. Note: the plan included 0.6% growth on 2023/24 levels. Type one attendance demand growth is in the upper quartile nationally (amongst the highest in the country).
  - Expectation that as the planned activity over winter remains relatively static, we may see big variances against planned levels of attendances.
- The Getting It Right First Time (GIRFT) Emergency Medicine Index of patient flow (GEMI) ranking at SFH is 14; this ranks us 6th best in England in A&E.
- Our strong Aug-24 4-hour emergency access performance resulted in our benchmark position improving to be top quartile. This evidences that when demand falls within manageable levels, we have strong systems and processes to deliver timely patient care.





Indicators in Focus: Urgent Care – A&E (3/3)

Sherwood Forest Hospitals NHS Foundation Trust

Root causes	Actions and timescale	Impact

Increased ED attendance demand.	• Admission and attendance avoidance with system partners to include:
	  – Focus on frailty attendances – call before you convey, use of urgent care response teams.
	  – Develop pathways out of the Urgent Care Co-ordination Hub.
	  – Review all category 3 activity for missed opportunities. Category 3 activity is urgent patients but not life-threatening (category 1) or emergency calls (category 2).
	  – Review of attendance demand with system partners for walk in attendances and ambulance conveyance with postcode analysis to try and identify the drivers for increased demand.
	• Extension of Newark Urgent Treatment Centre (UTC) opening hours – commencing 11 Nov-24.
		• Reduction in out of area conveyances.
		• Reduction in category 3 ambulance conveyances.
		• Reduction in over 65-year-olds where length of stay is one day plus.

	• Optimise approach to Same Day Emergency Care (SDEC) for patients who would otherwise be admitted to hospital and develop frailty and respiratory Virtual Ward at scale to maximising opportunities for admission avoidance. • Criteria to Admit Lead trial post (externally funded for 3 months).	• Increase in patients through Frailty and Surgical SDEC. • Early identification of Frailty through Clinical Frailty Scale (CFS) score being recorded in our Emergency Department (ED). • Decrease in mean time in department for non-admitted patients identified with a Clinical Frailty Score (CFS) >6.
	• We are working with systems partners to better understand the increase in the number of Mental Health presentations in ED.	• Reduce ED overcrowding and improve staff:patient ratio through reduction in 1:1s required.
Insufficient staffing to manage ED demand.	• Business case supported for four additional Consultants and two Speciality Doctors to support (but not fully mitigate) the increased demand and reduce variable pay costs. • Agency and bank fill of additional ED shifts until substantive appointment.	• Decrease in mean time in department for non-admitted patient to <180 mins. • Time to initial assessment for arrivals to A&E seen within 15 minutes to greater than 60%.
ED overcrowding driven by bed capacity pressures and mismatches in admission and discharge demand.	• Develop robust frailty offer as part of the winter plan to trial an Acute Frailty Unit and pathways to support the transfer of patients out of ED and avoid admission.	• Early identification of Frailty through Clinical Frailty Scale (CFS) score being recorded in our emergency Department (ED). • Decrease in mean time in department for non-admitted patients identified with a CFS >6.
	• Improved overall hospital flow.	• See next slides.

Indicators in Focus: Urgent Care – Hospital Flow (1/2)

Sherwood Forest Hospitals NHS Foundation Trust

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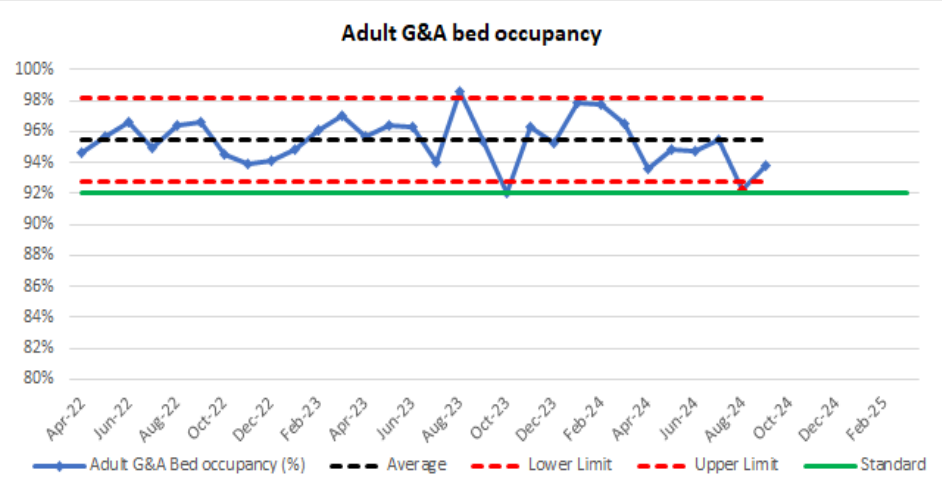
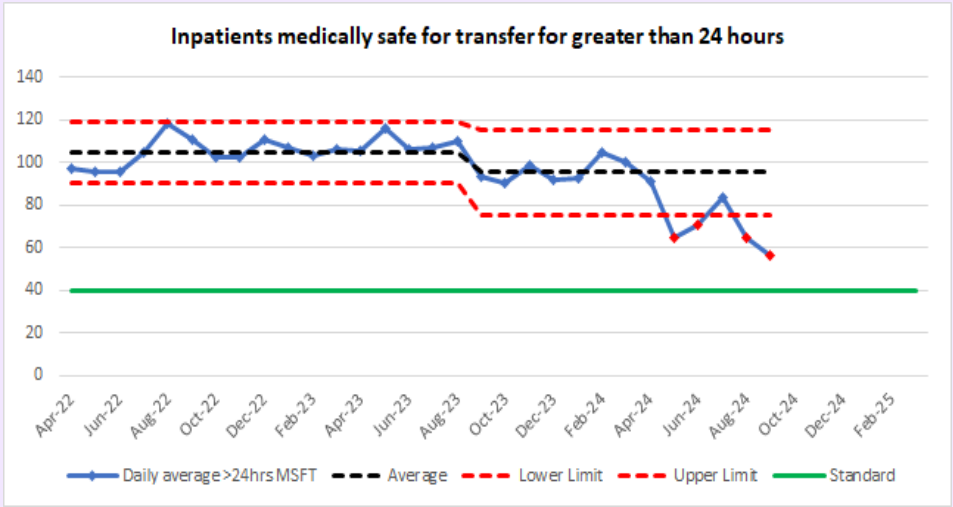
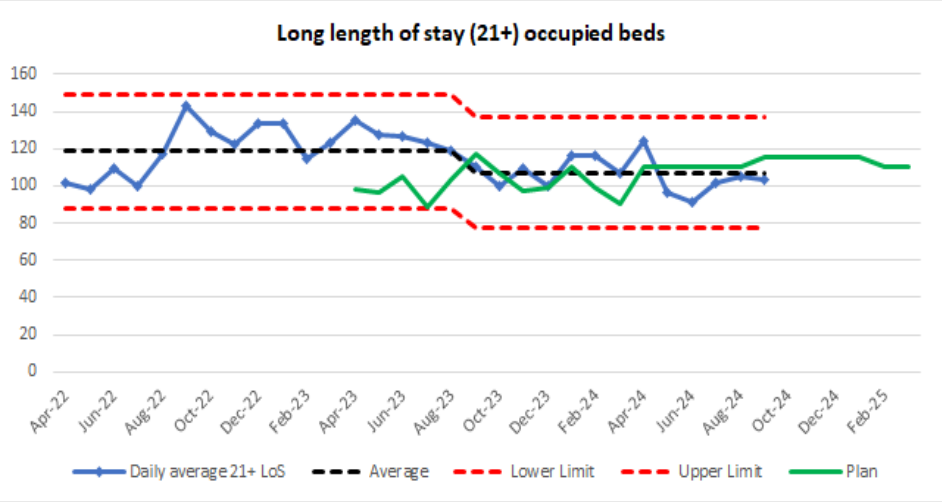
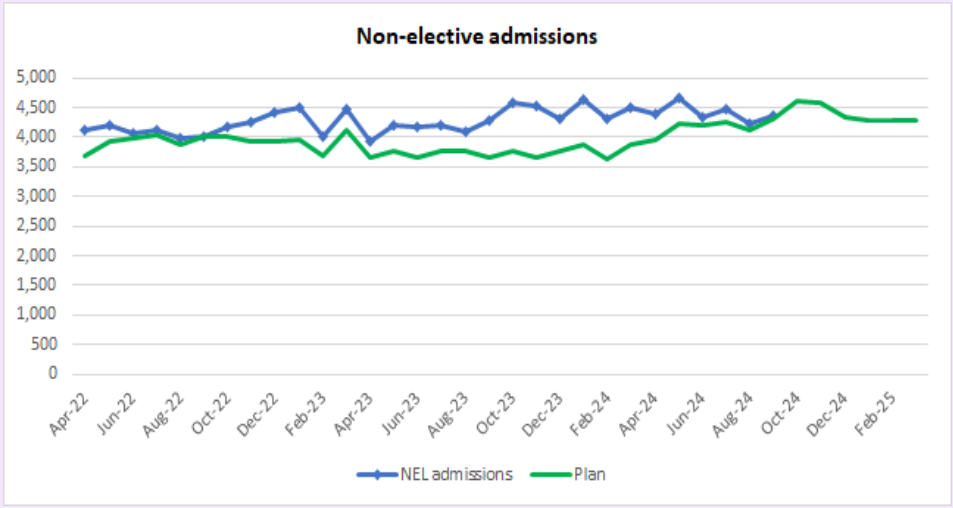








Indicators in Focus: Urgent Care – Hospital Flow (2/2)

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

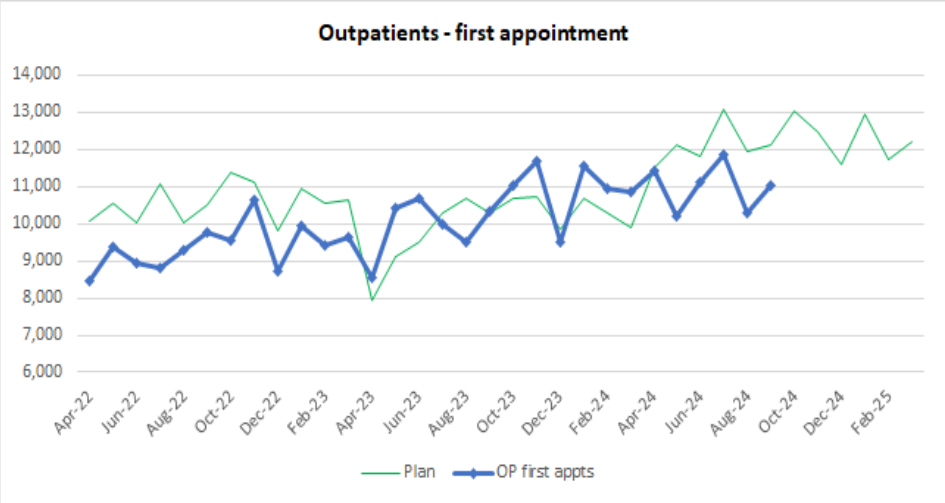
- Non-elective admission demand has continued to be high throughout 2024, and in 2024/25 quarter two was above planned levels by 3.0% (our plan included 0.6% growth on 2023/24 levels). Our discharge levels have been strong; however, the demand for beds remains high.
- The number of patients Medically Safe For Transfer (MSFT) over 24 hours reduced significantly to flag as special cause variation on the statistical process control chart in quarter two. This reduction is a combination of a recording practice change (whereby patients receiving ongoing rehabilitation and reablement under the nationally recognised discharge pathway two in our peripheral bed base are no longer considered medically safe until their rehabilitation and/or reablement is complete) and genuine improvement in internal and system discharge processes.
- The number of long stay patients has followed a similar trend to MSFT inpatient numbers due to similarities in the patient cohort with our position being better than our 2024/25 plan since May-24.

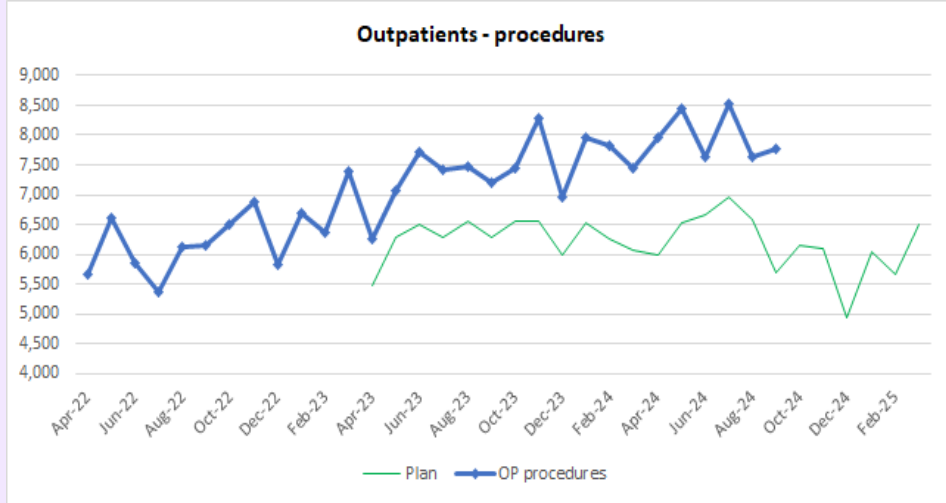
Root causes	Actions and timescale	Impact
Delays to pre-medically safe processes on inpatient wards.	• Long length of stay (LOS) meetings embedded for both pre and post medically safe patients. • Dedicated ward Discharge Coordinators engage early with patients and families.	• LOS meetings identify opportunities for alternative pathways and early engagement with partner agencies to support discharge. • Early identification of potential barriers to discharge.
	• A programme 'Getting the Basics Right ' championed by the Chief Operating Officer and Medical Director continues to focus on board rounds and ward processes to support consistency of clinical documentation and clear recording of decisions.	• Review of discharge definitions including 'medically safe' will help us plan discharges in a timely way. Communication plan for winter, including training video for all ward-based or supporting staff, to ensure all staff aware of their role in supporting flow and discharge.
	• Continued recruitment to nurse vacancies within the discharge team.	• Consistency of discharge nurses across wards will benefit patient and family conversations to support timely discharge.
Delays to post-medically safe discharge processes.	• Transfer of Care Hub continues to work well. Dedicated staff focus on Pathway 3 patients and those with housing and homelessness issues.	• Reduce discharge delays and reduce the number of medically safe patients in our hospitals.
	• The discharge team undertake a daily review of all patients that have been medically safe for greater than 24 hours to identify actions to support timely discharge.	• Improve LOS for complex discharges across our hospitals.
	• Review funding of Street Health service which is non recurrently funded until April 2025. Liaising with current funders to agree next year's plan around this essential service to ensure continuity of service.	• Reduce delays in discharge processes for patients with complex housing issues supporting overall reduction in the number of medically safe inpatients.
	• Patient Transport Services (PTS) continue to be a challenge to timely discharge. Both EMED and Ambicorp conveyances now under both local and system wide review.	• Identify opportunity for operational and financial efficiency. • Eliminate barriers to discharge and further reduction in (good progress already seen) the number of abandoned discharges.
Insufficient community capacity to meet supported discharge demand.	• Daily reviews and escalation of Derbyshire patients to identify barriers and develop solutions for patients awaiting discharge.	• Rapid resolution of complex issues through multi agency working to support continued reductions in number of supported patients waiting more than 24 hours for discharge.
	• Twice-daily review of patients awaiting Nottinghamshire packages of care (POC); there are issues around those who are non-weight bearers.	• Identify trends in delays to discharge to enable further conversations with system partners around best use of capacity to maximise flow.

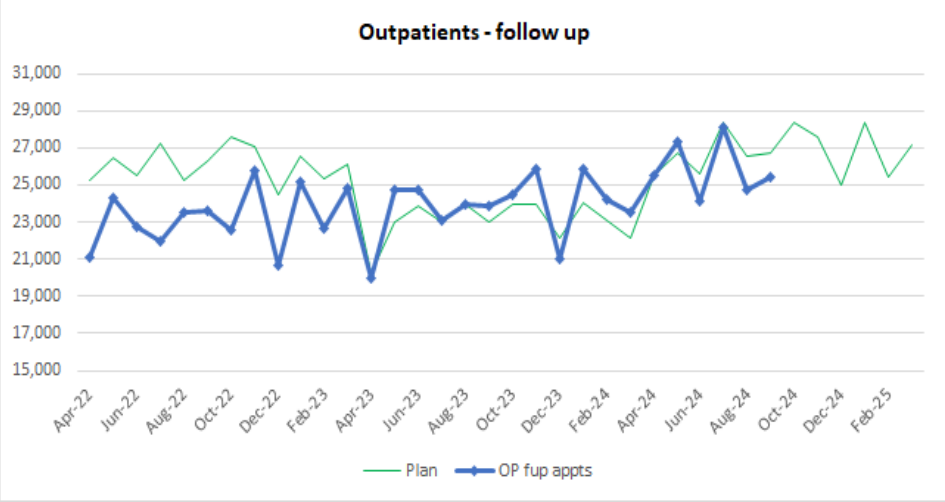
Indicators in Focus: Outpatients (1/2)

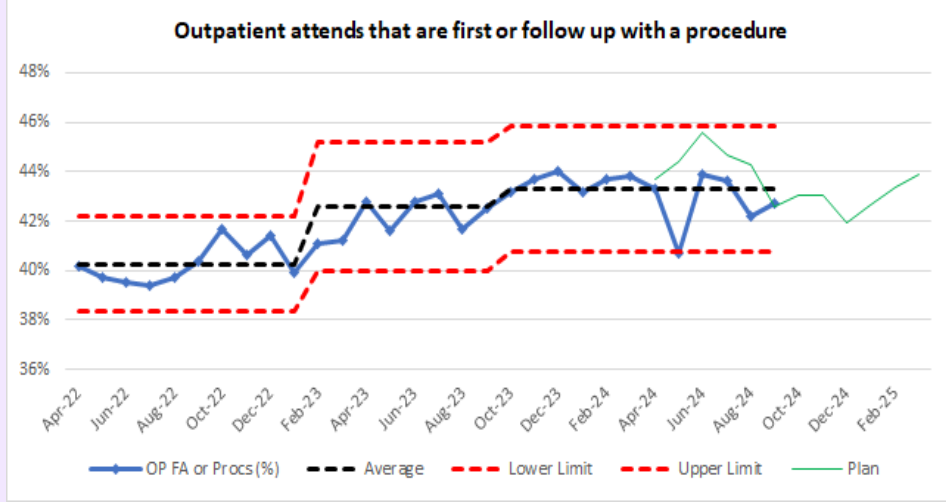
Sherwood Forest Hospitals NHS Foundation Trust

Data









Indicators in Focus: Outpatients (2/2)

Sherwood Forest Hospitals NHS Foundation Trust

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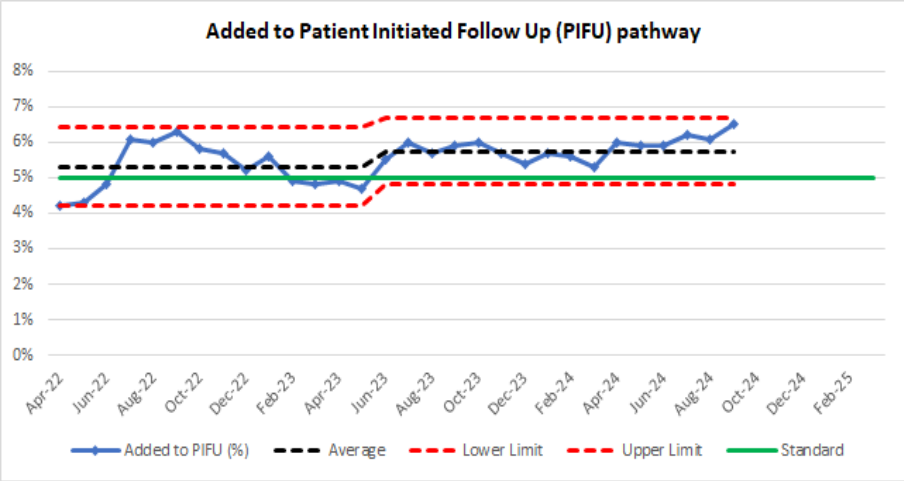
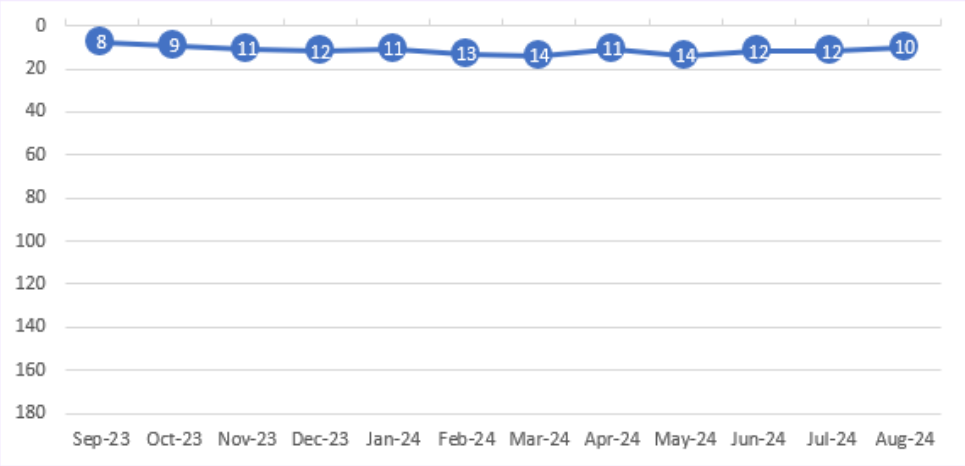


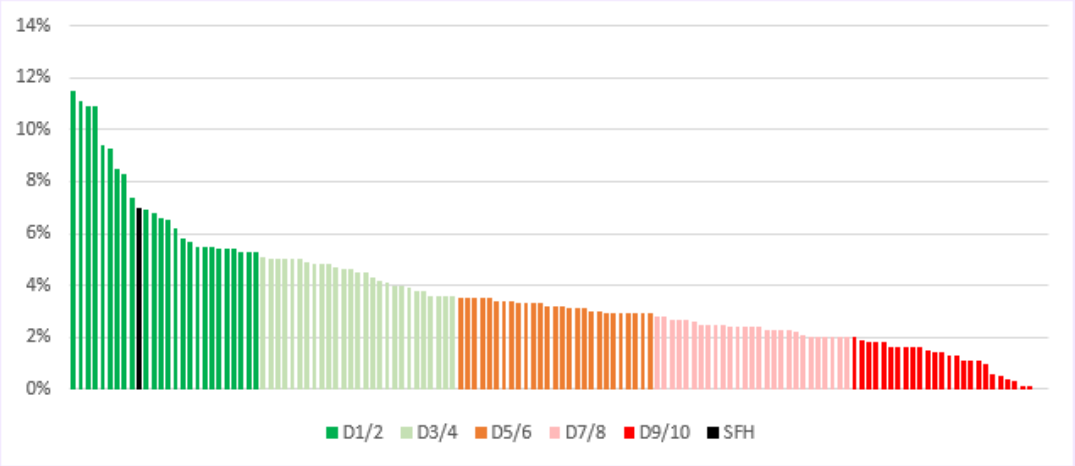
Overview and national position

- We consistently perform above the 5% Patient Initiated Follow Up (PIFU) target and benchmark strongly (see below).
- Our volume of advice and guidance surpasses national targets, and we are responding to 97.6% of requests in less than five days.
- We have an outpatient improvement programme in place. Since the programme went live, it has delivered just over £0.5m in improvements (vs a plan of £71,000) based on a circa 3% improvement in DNA (did not attend) rates and a circa 2% improvement in clinic utilisation. As of the middle of Oct-24, the programme is forecast to continue to over-deliver. Key schemes implemented through the programme are "Queuebuster", the "Room and Resource system" and text reminder optimisation.
- Trust outpatient first attendance and procedure activity levels have increased through 2024/25.
- Our outpatient follow up activity levels have been below our planned levels, which is positive in the context of the national ambition to reduce the volume of patients returning for follow up outpatient appointments.
- There are no specific escalations to raise for our outpatient metrics for this report.

Added to Patient Initiated Follow Up (PIFU) pathway



Aug-24 Position



Indicators in Focus: Referral To Treatment (1/3)

Sherwood Forest Hospitals NHS Foundation Trust

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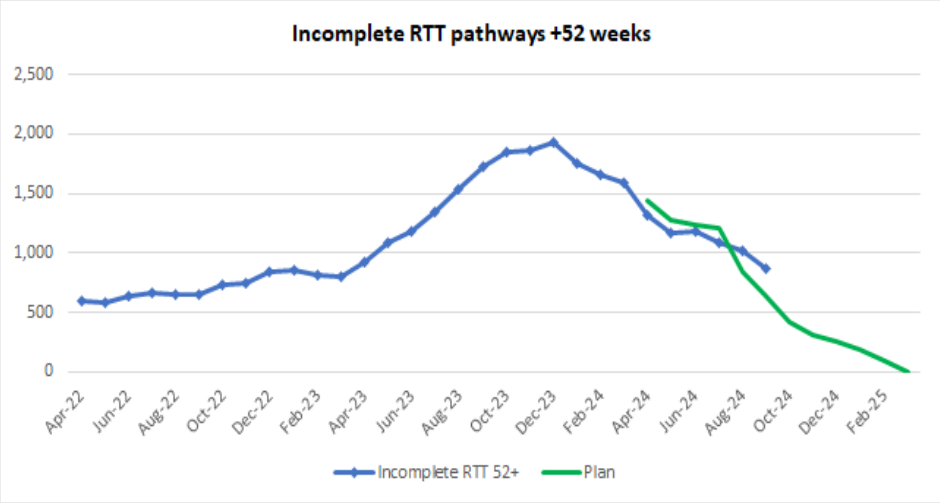
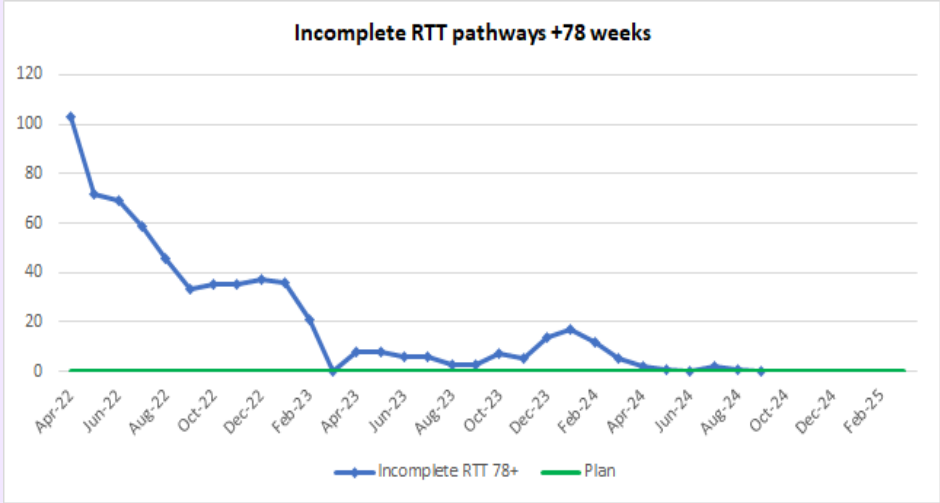
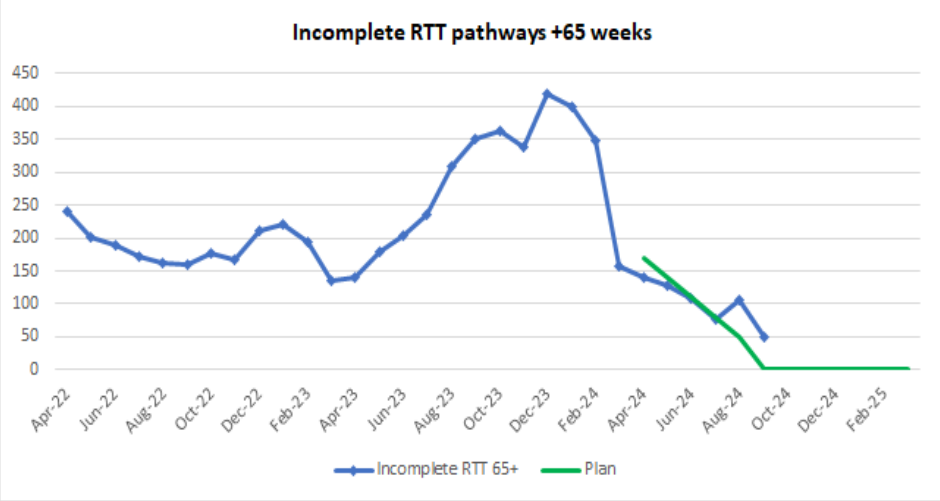
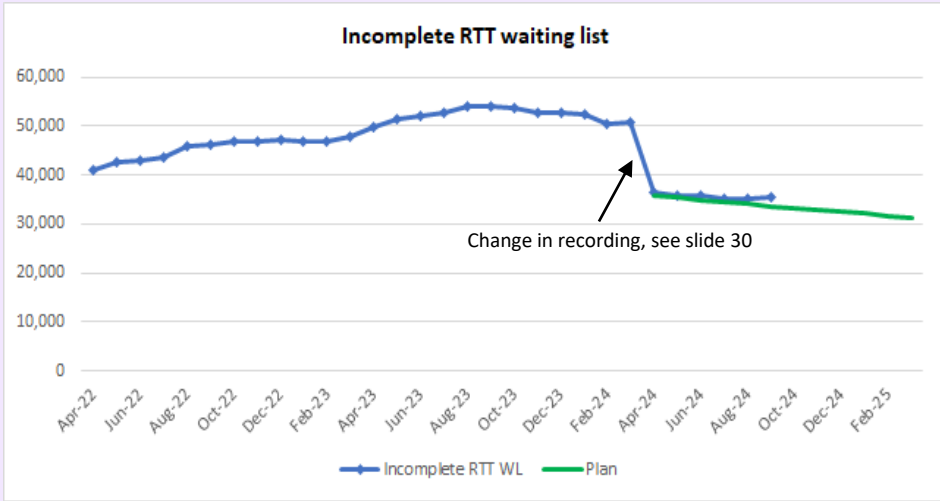






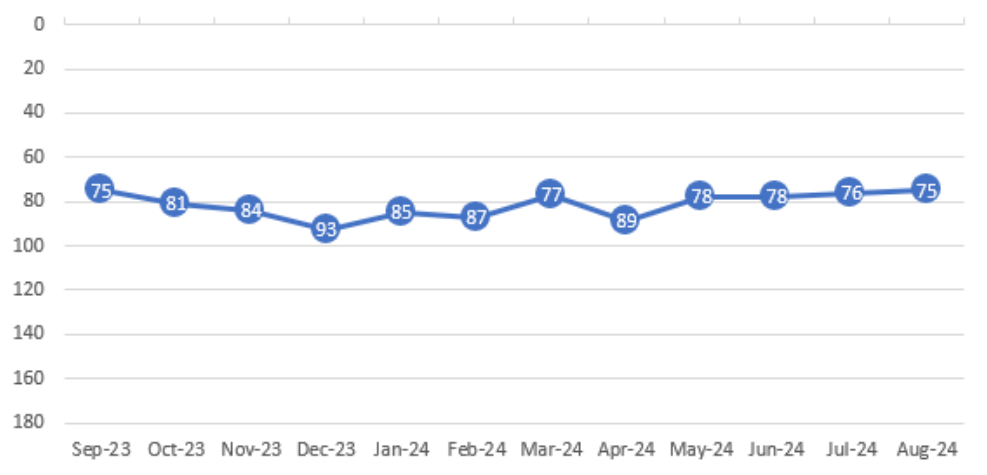


Indicators in Focus: Referral To Treatment (2/3)

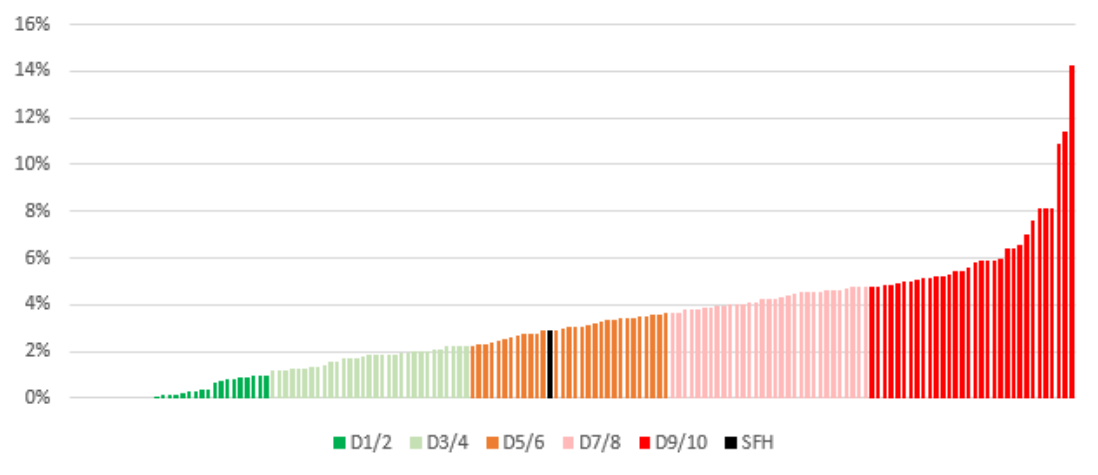
Sherwood Forest Hospitals NHS Foundation Trust

Data

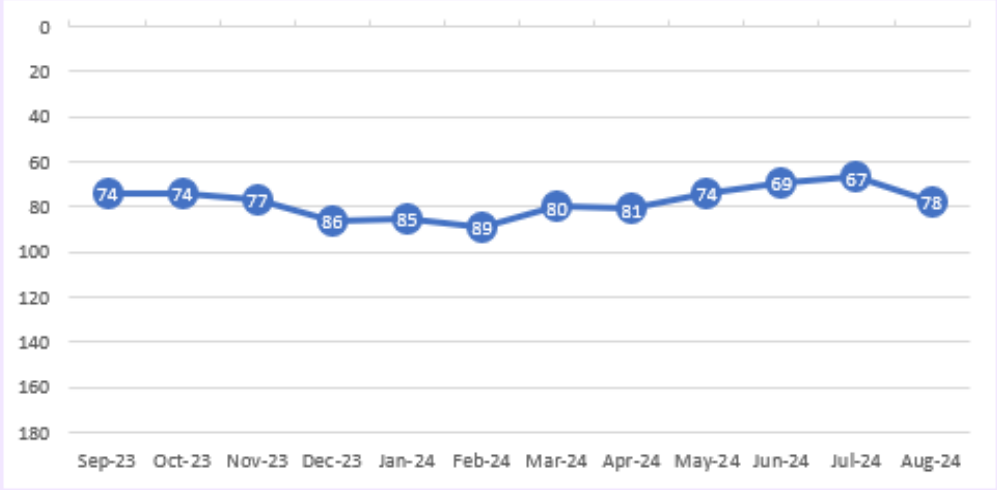
Incomplete RTT pathways +52 weeks



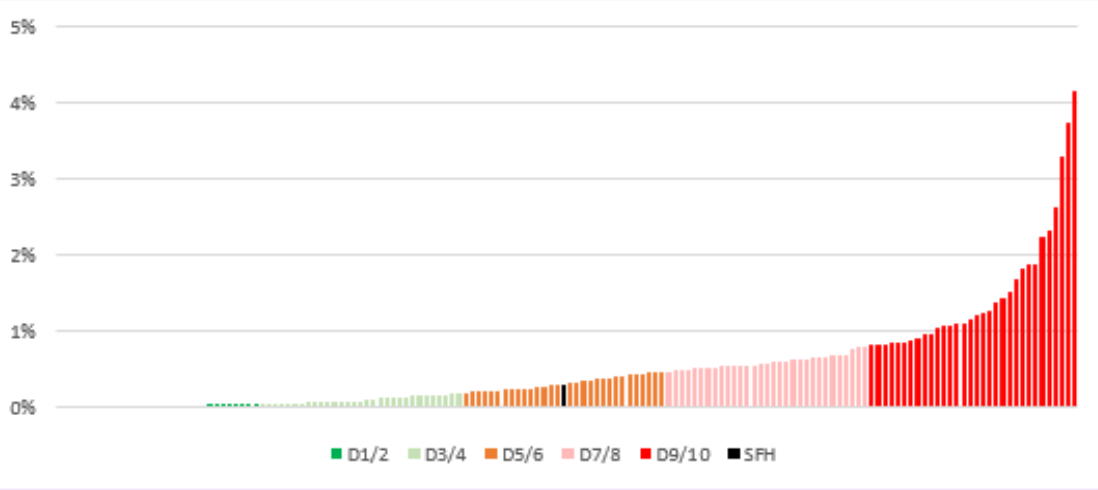
Aug-24 Position



Incomplete RTT pathways +65 weeks



Aug 24 Position



Indicators in Focus: Referral To Treatment (3/3)

Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

- Referral to Treatment (RTT) waiting times across England has stabilised at 7.6 million. National reporting of long wait patients more than 52 weeks wait has reduced to 290,000 pathways. The emphasis within the planning guidance for referral to treatment focuses on continuing to reduce the volume of long waiting pathways and overall Patient Tracking List (PTL) size.
- Following updated guidance for RTT reporting within the Waiting List Minimum Data Set (WLMDS), we no longer report our overdue review appointments within or PTL. From Apr-24, this resulted in a significant step change (reduction) in our overall reported incomplete pathways size from approximately 52,000 pathways to 37,000. We are seeing a reduction in line with (however, marginally above) our plan.
- 78-week waits were eliminated from the end of 2024/25 quarter one. However, in Jul-24, one patient breached due to complexity of pathway and patient engagement issues. In Aug-24, one patient breached due to requiring a rare diagnostic test at another provider to proceed for surgery that was cancelled multiple times due to unforeseen circumstances (kit and solution were not available). Despite this, we are looking to continue with zero tolerance for the reminder of 2024/25.
- 65-week wait patient volumes have been in line with our 2024/25 plan, the position deteriorated in Aug-24 as the provision of system support created further challenges towards the late summer period, specifically in ENT, which is a national trend. At the end of Sep-24 there were 50 patients waiting over 65 weeks.

Root causes	Actions and timescale	Impact
Inequity of waits for treatment across the system meaning that patients may need to transfer between providers altering reported positions.	• System support by Sherwood Forest Hospitals to see Nottingham University Hospital patients across ENT, Ophthalmology, Audiology, Urology and MRI.	• Equalise waits across the system. This could adversely impact on reported positions for long waits at a provider level.
	• System support by Nottingham University Hospitals to see Sherwood Forest Hospitals patients waiting for Echocardiography.	
Capacity in ENT and General Surgery due to prioritisation of cancer pathways, and late inter consultant referrals from Gastroenterology and Endocrinology.	• Continue to review patients booked weekly to ensure booking in clinical priority and then order of wait.	• Focus on treating patients in order of clinical priority.
	• Increased capacity in Gastroenterology through insourcing and Endocrinology through locum appointment to reduce waits for first appointments.	• Patients referred to General Surgery at a shorter wait.
Quality of data within our PTL. Patients potentially no longer needing or wanting treatment remaining on our waiting list.	• Investment in electronic patient-centred validation system (DrDoctor) to enable mass validation programme. Partial launch from Sep-24 full roll out by the end of quarter two.	• PTL will be ‘clean’ and represent only those patients genuinely waiting treatment. Reduction in overall PTL size.

Indicators in Focus: Diagnostics

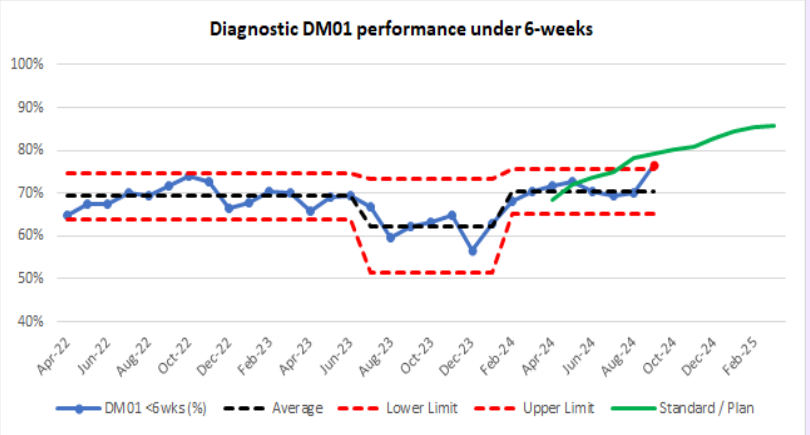
Sherwood Forest Hospitals NHS Foundation Trust

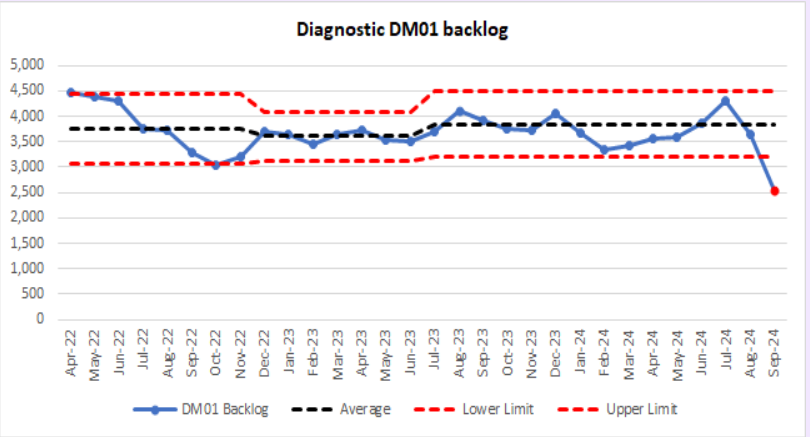
Overview and national position

- Nationally, the total number of patients waiting six weeks or more from referral for one of the 15 key diagnostic tests at the end of Aug-24 was just over 373,100. This meant that 76% of patients nationally were seen within 6-weeks against the interim national standard of 95% by Mar-25.
- We have observed significant improvements in DM01 performance and in 6 and 13-week backlog levels over the last two months. The local position at the end of Sep-24 improved to 76.5% of patients seen within 6-weeks (Sep-24 awaiting publication); in line with the national position.
- Across SFH at the end of Sep-24 there were just over 10,800 patients waiting for DM01 reportable diagnostic tests, down from a peak of circa 14,000 in Jul-24. Of these, circa 2,500 patients were waiting greater than 6-weeks, down from a peak of circa 4,300. The greatest quarter two improvements have been seen in Echocardiography.
- The DM01 13-week backlog has seen a significant reduction, from 1,837 in Apr-24 to 387 patients waiting at the end of Sep-24.

Root causes	Actions and timescale	Impact
Echocardiography backlog and insufficient workforce to meet demand. Equipment and physical space are constraining backlog recovery alongside the workforce challenges.	• Enhanced pay rates paper submitted for Echo Physiologists to increase volunteers for additional weekend working.	• 64 patients per month from Jul-24 to end of Mar-25.
	• Insourced activity at King's Mill and Newark Hospitals.	• 110-130 cases per week.
	• Insourced activity delivered at Mansfield Community Hospital in a newly equipped facility.	• 60 cases per week.
	• System support from Nottingham University Hospitals since Aug-23.	• 7 cases per week.
	• The combined impact of the above mitigations will support gradual backlog reduction.	• Sep-24 DM01 performance strongest position since Dec-21.
CT Cardiac increase in demand (50% since 2022-23) further driven by the targeted lung health check programme expansion.	• Successful funding for new scanner to increase capacity for targeted lung health check expansion and CT Cardiac capacity, working towards 2024/25 quarter three installation.	• Up to 20 CT Cardiac cases per day.
	• Mutual support arrangements in place with NUH and Doncaster and Bassetlaw Teaching Hospitals (DBTH).	• 12 scans per week (8 NUH and 4 DBTH).
	• Additional capacity provided by the independent sector.	• 15 scans per month.

Data





Indicators in Focus: Cancer (1/2)

Sherwood Forest Hospitals NHS Foundation Trust

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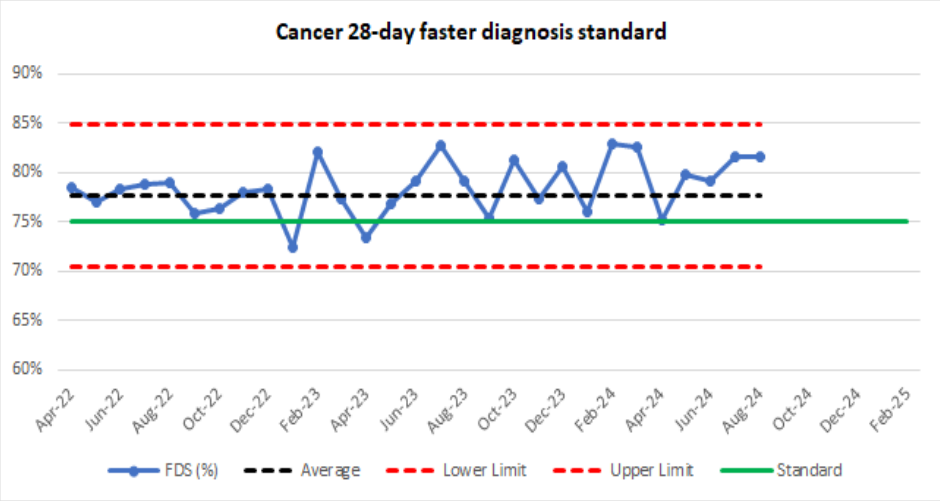

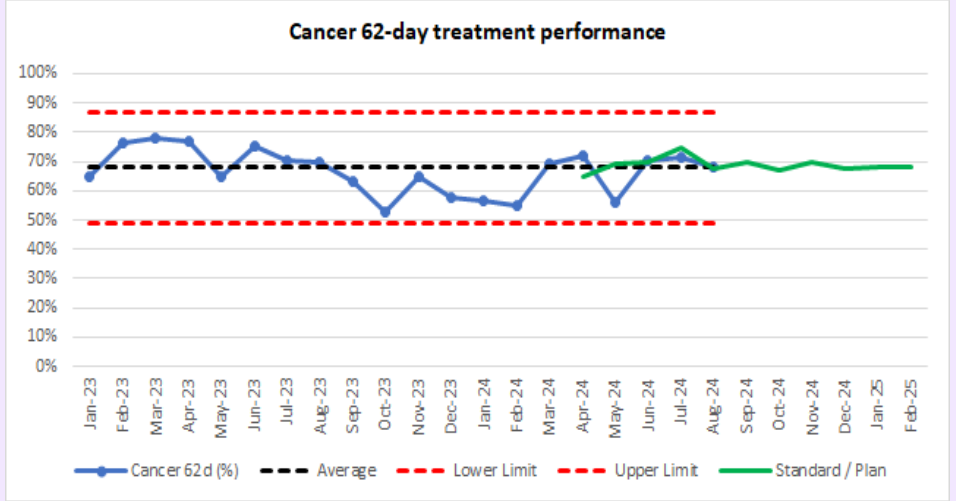

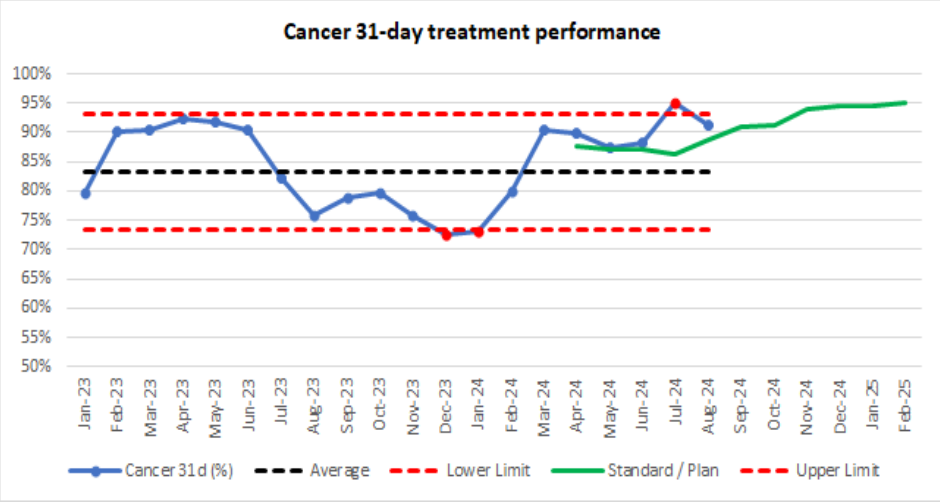

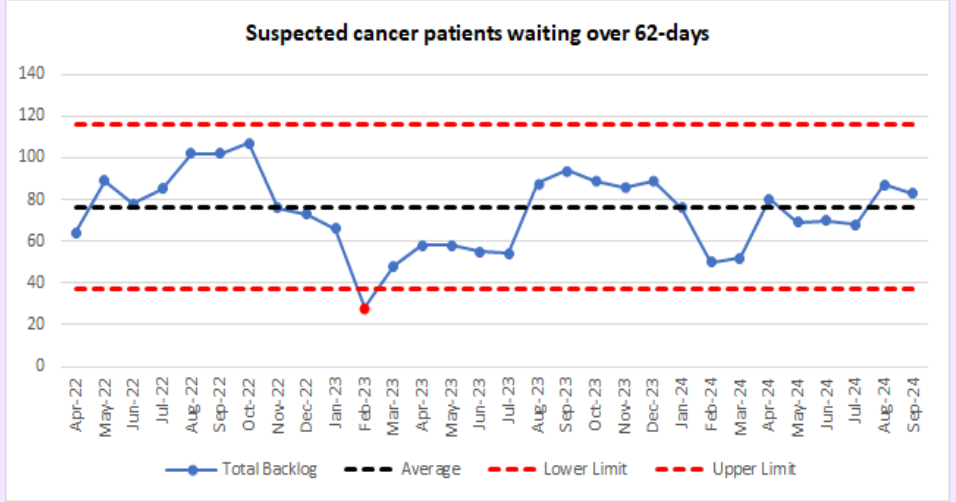

Revised national cancer waiting time standards launched in Oct-23 with the original 10 standards reduced to three. The 31-day and 62-day standards present validated month-end, published data against the new standards from Oct-23. The historical data is based on a proxy as these metrics did not exist pre-Oct-23; as such the Jan-23 to Sep-23 data should be used as a guide and does not reflect the month-end, validated and published data.

We have aligned our reporting of the 31-day and 62-day treatment standards to match with the national cancer waiting time standards which remove auto upgrades. The reported position for the last two months for the cancer treatment standards can move as provisional cancer waiting time data is validated. We align the reported position in the Integrated Performance Report to the national reported position.

Indicators in Focus: Cancer (2/2)

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

Considering the latest national data (Aug-24):

- Nationally, 28-day Faster Diagnosis Standard (FDS) is 82% against the 75% standard. SFH is performing better than the England position and above the national standard. In Aug-24 we ranked 38 out of 141 providers.
- Nationally, 31-day treatment performance (first treatment) is 91% against the 96% standard. SFH is performing just below the England position and the national standard. In Aug-24 we ranked 101 out of 141 providers.
- Nationally, 62-day performance is 68% against the interim 70% standard. SFH is performing just below the England position and the national standard. In Aug-24 we ranked 98 out of 141 providers.

Root causes	Actions and timescale	Impact
62-day standard – All tumour sites except for skin and Upper GI. Due to capacity, histology turnaround, patient complexity, fitness and patient engagement.	• Best practice timed pathway improvement groups in place for Head and Neck, Prostate, Lower GI, Breast , Upper GI and Teledermatology	• Streamlining pathways towards best practice timed pathways to improve 28, 31 and 62-day performance.
	• Daily clinical reviews being undertaken within Gynaecology and Urology.	• Improved 28 and 62-day performance by increased timeliness of consultant decisions to progress next steps.
	• Recruitment to additional Consultant Radiology capacity to increase capacity and reporting turnaround.	• Improved 28, 31 and 62-day performance by reducing waits for diagnostic tests and reports.
	• Daily nurse triage to review results to determine patient discharge, consultant face to face or daily virtual review commenced Jul-24.	• Reduced number of Consultant clinical reviews required and increase timeliness of clinical reviews.
	• Endoscopy direct line bookable appointments for Lower GI.	• Reduce number of days lost to appointment booking and increase patient engagement and compliance with test. Increase timeliness of test turnaround.
	• Lower GI patient information video launched.	• Improve engagement and increase test compliance.
	• Successful funding for new scanner to increase capacity for CT Colons, working towards 2024/25 quarter three installation.	• Increased diagnostic capacity and improved FDS and 62-day.
	• Recruitment to additional Consultant Radiology capacity to increase capacity and reporting turnaround.	• Improved 28, 31 and 62-day performance by reducing waits for diagnostic tests and reports.
	• Additional Consultant capacity for histopathology.	• Improved histopathology turnaround and increased compliance with the 10-day standard.
31-day standard – Skin and Lower GI surgical capacity.	• Audit of all 31-day breaches in LGI commenced Oct-24 to inform action plan. • LGI demand and capacity modelling underway to 'rightsize' theatre capacity. • Theatres transformation workstream to improve booking process and timely access to theatres for Breast and LGI.	• Increase timely surgical capacity • Improve 31-day performance.
	• Locum Consultant appointed in Skin.	• 31-day performance achieved >96% in Aug-24.

Performance against 62-day standards will temporarily reduce as the backlog is cleared. Once the backlog is reduced, we will be in a more sustainable position for future delivery.

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Best Value Care

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Domain Summary: Best Value Care

Overview	Lead: Chief Financial Officer

The Financial Plan for 2024/25 is to deliver a break-even plan. This has changed in 2024/25 quarter two from a deficit plan of £14.0m due to non-recurrent deficit funding being provided by NHS England in 2024/25. The quarter two position is a deficit to plan variance of £0.2m. This is a year-to-date deficit of £0.8m adverse to the break-even plan. This accounts for the financial impact of industrial action; including £0.3m relating to the income lost as well as £0.2m of unplanned redundancy costs linked to the Covid Vaccination Service and £0.3m underfunded consultant pay award. The costs of managing the continued emergency and non-elective demand pressures faced over the quarter two period included capacity costs of £3.5m, compared to a quarter two plan of £3.5m. Although this spend is on plan for bedded capacity the non-bedded capacity element has seen a cost pressure in quarter two of £0.1m due to agreed schemes to enhance ED staffing. The forecast for the remainder of the year aligns to the break-even plan, which includes an assumption that the lost income relating to industrial action is addressed and assumes full efficiency delivery. The current forecast risk to delivery is being reviewed through a stocktake of the first two quarters. This stocktake is being fully reviewed through Trust Management Team (TMT) and Finance Committee for next steps and actions to be agreed.

Financial Improvement Programme (FIP) delivery in quarter two is £7m against a plan of £11.5m. The £4.5m adverse variance to plan largely relates to unachieved divisional FIP, which is being partly offset by an over delivery on non-recurrent vacancy factor slippage. The current unweighted forecast is for full FIP delivery, however the risk adjusted forecast is not at the same level. Schemes continue to be worked on at pace to de-risk and progress schemes.

The 2024/25 Capital Expenditure Plan was initially phased in equal twelfths across the financial year, due to delays in finalising allocations and plans across the Integrated Care System (ICS). Quarter two capital expenditure totalled £3.74m, which is £3.65m lower than initially planned. Following the Board approval of the final re-prioritised capital plan in Jul-24, a reprofiling exercise has been completed to align the forecast delivery dates. The current full year forecast is £2.5m less than the original plan due to re-phasing of nationally allocated Electronic Patient Record (EPR) funding into 2025/26.

Closing cash on 30 September was £1.5m, which is £12k adverse to plan. However, this masks an underlying pressure on available revenue cash resource, as it is being supported by Revenue Support.

Value weighted elective activity in quarter two was 116% against the baseline, which exceeds the NHS England target of 105%. The Trust has set an ambitious Elective Recovery Fund (ERF) plan for 2024/25, and further work is being undertaken to identify opportunities to improve the levels of value weighted elective activity as the year progresses.

In 2024/25 quarter two, we have spent £3.5m on agency, which is £0.6m higher than the plan of £2.9m. This represents 4.2% of our total pay bill and exceeds the 3.2% NHS England target. The main reasons for agency use are sickness and vacancies, while a proportion also related to ERF initiatives to increase activity and reduce patient waiting list backlogs.

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Scorecard: Best Value Care

Green tick = target met/exceeded; Red cross = target not met

At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	2024/25 YTD
Finance	Income & expenditure against plan	≥£0.00m	≥£0.00m	✗-£1.33	✓£0.82	✓£2.58	✓£2.07	✗-£0.76	✓£2.33	✗£12.76	✗£11.19	✗-£0.02	✓£0.02	✗-£0.61	✗-£0.61	✗-£0.33	✗-£0.31	✓£0.44	✗-£0.20	✗-£0.81
	Financial Improvement Programme (FIP) against plan	≥£0.00m	≥£0.00m	✗-£0.38	✗-£0.17	✗-£0.80	✗-£1.35	✓£1.27	✗-£0.43	✓£0.54	✓£1.38	✗-£0.55	✓£1.48	✓£0.66	✓£1.59	✗-£1.61	✗-£1.38	✗-£1.57	✗-£4.56	✗-£2.97
	Capital expenditure against plan	≤£0.00m	≤£0.00m	✗£3.19	✓-£0.70	✗£5.23	✗£7.72	✓-£2.01	✓-£0.88	✓£12.53	✓£15.42	✗£1.61	✗£2.07	✗£1.39	✓£5.07	✗£1.55	✗£1.28	✗£1.27	✗£4.10	✗£9.17
	Cash balance	-	≥£1.45m	✓£1.49	✓£1.51	✓£2.04	✓£2.04	✓£1.80	✓£8.76	✓£4.74	✓£4.74	✗£1.34	✓£1.73	✓£1.50	✓£1.50	✗£0.32	✗-£0.15	✗£0.05	✗£0.05	✓£1.50
	Implied Productivity 2023/24 v 2024/25	-	3.1%	-	-	-	-	-	-	-	-	-	-	-	-	✓6.7%	-	-	-	-
	Value weighted elective activity	-	105%	✗99.6%	✓110.7%	✓108.6%	✓106.3%	✓113.2%	✓114.2%	✓127.1%	✓118.2%	✗103.5%	✓110.9%	✓112.0%	✓108.8%	✓108.8%	✓118.7%	✓118.5%	✓115.3%	✓112.1%
	Agency expenditure against plan	≥£0.00m	≥£0.00m	✗-£0.21	✓£0.62	✓£0.29	✓£0.70	✗-£1.36	✗-£1.17	✗-£1.09	✗-£3.62	✗-£0.18	✗-£0.29	✗-£0.29	✗-£0.76	✗-£0.39	✗-£0.24	✓£0.01	✗-£0.62	✗-£1.38
	Reported agency spend			£1.67	£0.72	£1.07	£3.46	£1.47	£1.28	£1.21	£3.96	£1.27	£1.28	£1.32	£3.87	£1.44	£1.17	£0.93	£3.54	£7.41
	Reported bank spend			£2.30	£2.10	£2.71	£7.11	£3.36	£2.01	£3.69	£9.06	£2.25	£2.88	£2.59	£7.72	£2.75	£2.89	£2.22	£7.86	£15.58

Indicator in Focus: Income and Expenditure Against Plan

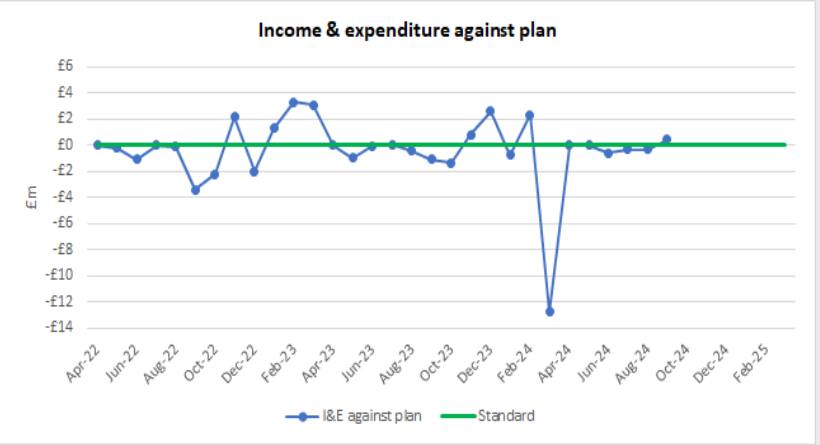
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- The standard is the Trust financial plan, which is a break-even position for 2024/25. This is aligned to the Trust's share of the 2024/25 Revenue Plan Limit set for the Nottingham & Nottinghamshire ICB by NHS England.
- The Trusts annual plan has moved from a deficit of £14m this year to a break-even position, due to non-recurrent deficit funding being provided by NHSE in 2024/25.
- The Trust has an adverse variance to plan of £0.2m in 2024/25 quarter two, and £0.8m year-to-date against this break-even plan.

Root causes	Actions and timescale	Impact
Lost income due to industrial action relating to cancelled activity.	• The forecast includes an assumption that the lost income relating to industrial action is covered by supporting allocations later in the year, and that elective activity levels are accelerated through the year.	• Annual plan achievement.
Capacity spend over-commitment against the planned allocation.	• The forecast assumes any overspends against the non-bedded capacity e.g. bed waiters are reduced back to budgeted levels.	• Annual plan achievement.
Pay award	• Forecast assumes current pressure from the consultant pay award, which has not been fully funded will be managed in the total Trust position; and that pay awards due in Oct-24 and Nov-24 do not cause further cost pressures.	• Annual plan achievement.
Forecast Risks	• Assumes remaining pay awards are fully funded, and that winter pressures do not require any elective activity to be cancelled. The forecast excludes impact of band 2 to band 3 pay claim as we do not expect to be able to mitigate this. • Multiple contractual discussions are taking place with the ICB regarding funding for services, value-based commissioning and outcome from service reviews. This may cause a risk in current forecast • Remainder of the year holds a risk of a reduced level of income being received including energy funding and non-recurrent revenue support received in quarter two. • Financial recovery actions are being reviewed with executive leads.	• Annual plan achievement.

Data



Indicator in Focus: Financial Improvement Plan

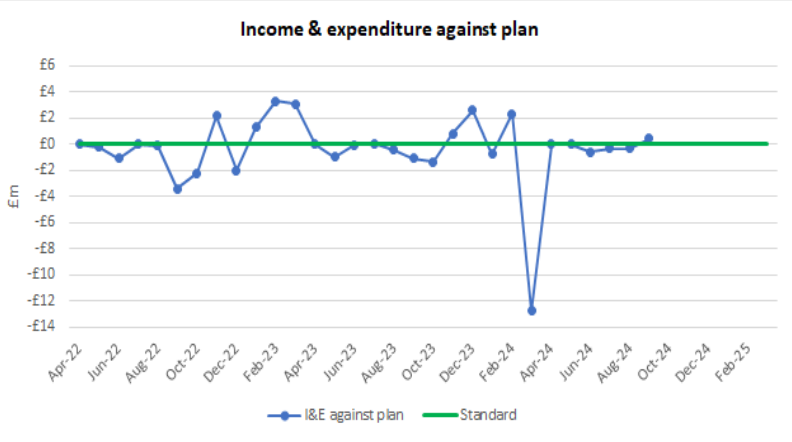
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- The standard is the Trust Financial Improvement Plan.
- The Trust has a £38.4m Efficiency Programme for 2024/25, which is currently £2.85m behind plan.

Root causes	Actions and timescale	Impact
• Failure to identify schemes in time to deliver savings in line with the plan.	• In quarters one and two, we have an efficiency shortfall of £2.9m. • Regular financial efficiency meetings are in place with addition of the phase two support from an external company, which has recently been brought in to support with de-risking our FIP programme. • New opportunities continue to be identified and quantified to move opportunities into delivery. • Work is underway to determine options for increasing capacity across all aspects of the efficiency programme. • Targeted work is underway with external support to triage, quantify and validate pipeline schemes.	• Annual plan achievement.
• Scheme recurrency	• Of the £12.6m efficiency delivered to date, only £2m has been delivered on a recurrent basis, with £10.6m delivered on a non-recurrent basis. The reliance on non-recurrent efficiency delivery will only provide us with higher targets to deliver in 2025/26. • The current weighted forecast is £26.6m against the plan of £38.4m leaving us with an efficiency shortfall of £11.8m at the end of Mar-25. This shortfall in performance will drive us away from our financial plan in the second half of the year and will need mitigating.	• Annual plan achievement.

Data



Indicator in Focus: Capital Expenditure Against Plan

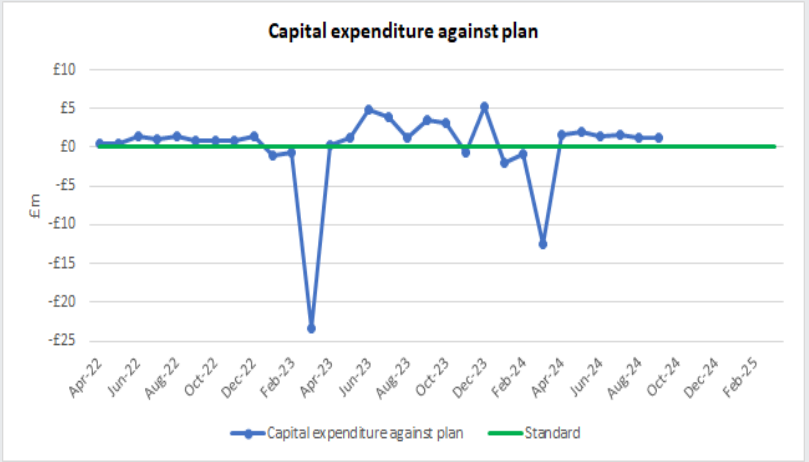
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- The standard is the 2024/25 Capital Expenditure Plan. Following the Board approval of the final re-prioritised capital plan in Jul-24, a reprofiling exercise will be completed to align to forecast delivery dates.
- The current forecast is £2.5m less than the original plan due to re-phasing of nationally allocated Electronic Patient Record (EPR) funding into 2025/26.
- The plan requires capital borrowing support from the Department of Health and Social Care (DHSC), which presents a risk due to timing of spend compared to receipt of Public Dividend Capital (PDC) support.
- There are known overspends in relation to capital schemes agreed in the 2023/24 plan, which need to be managed in-year against the 2024/25 allocation.

Root causes	Actions and timescale	Impact
Outturn variance across schemes driven by the re-phasing of EPR and reallocation of plan to cover known overspends.	• Agreed re-phasing of EPR.	
	• Reprioritised 2024/25 Capital Expenditure Plan agreed by the Board in Jul-24.	
	• Allocation agreed with Integrated Care System (ICS) partners for 2024/25.	
Requirement for Public Dividend Capital (PDC) to support plan £13.35m.	• PDC request prepared and submitted in Aug-24 in relation to the agreed 2024/25 capital plan.	• No agreement in place for PDC, current spending is at risk. • Risk that the application will not be approved, which would adversely impact of cash and delivery of Capital Plan.

Data



Indicator in Focus: Cash Balance

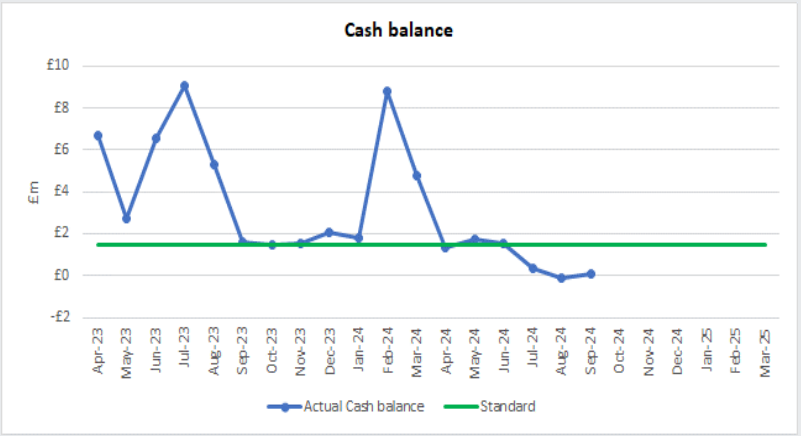
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- The standard is the minimum cash balance (£1.45m) as set by the Department of Health and Social Care (DHSC) as a condition of revenue cash support.
- At the end of 2024/25 quarter two the cash position is £0.012m lower than planned but remains above the minimum cash balance.
- Plan required revenue borrowing Public Dividend Capital (PDC) cash support from DHSC of £14.0m. This will be replaced by revenue deficit support funding in quarter three.

Root causes	Actions and timescale	Impact
Standard is the plan and the minimum cash balance required by DHSC of £1.45m as part of our support.	• Management of available cash balances to accounts payable payments due. • Prioritisation matrix of supplier payments agreed at the Trust Management Team.	• Requirement to ensure minimum balance is met/ maintained.
Plan and actual required revenue borrowing PDC cash support from DHSC and 2024/25 forecast indicates a further requirement for working capital support.	• Plan and actual required revenue borrowing PDC cash support from DHSC and 2024/25 forecast indicates a further requirement for revenue support. • Revenue support application submitted for 2024/25 quarters one and two. • PDC request submitted Aug-24 in relation to the agreed 2024/25 capital plan.	• Extended payment terms to suppliers. • Failure to achieve Better Payment Practice code.

Data



Indicator in Focus: Agency Expenditure Against Plan

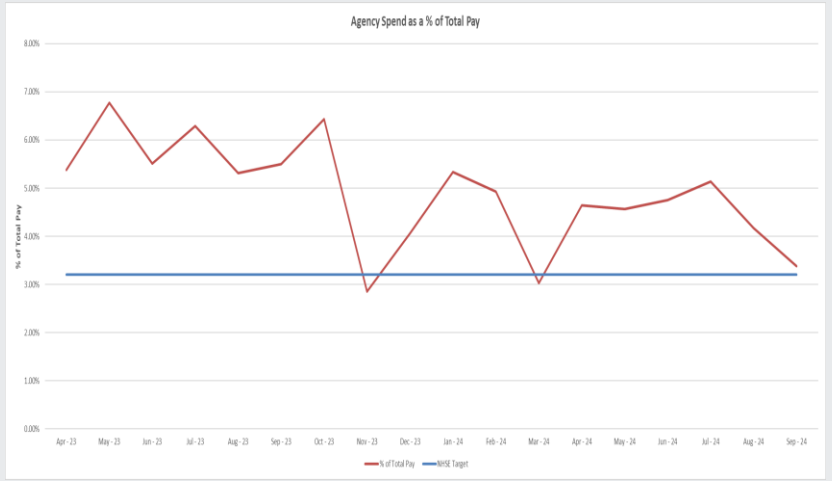
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- The standard is the planned agency expenditure for 2024/25.
- The Trust has reported agency expenditure of £3.5m for 2024/25 quarter two; this is £0.6m adverse to the planned level of spend.
- Agency expenditure in quarter two accounts for 4.2% of our total pay bill and exceeds the 3.2% NHS England target.

Root causes	Actions and timescale	Impact
Level of vacancies and sickness.	• Enhanced financial governance focus on agency spend and compliance at Divisional Performance Reviews and Divisional Finance Committees. • Medical posts being filled and reviewed at medical specialty groups.	• Reduced agency run rate to achieve financial plan.
	• All medical agency bookings that are above cap to be reviewed at weekly vacancy control panels. There are still shifts filled over cap but this has begun to reduce in quarter two.	
	• From Jul-24, the use of off-framework agencies is not permitted. Any exceptions are to be approved by the Chief Executive Officer. All internal escalation forms have been updated to reflect this. • Quarter two saw zero off-framework shifts covered.	

Data



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Scorecard: Activity (for context)

Green tick = target met/exceeded; Red cross = target not met

At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	Jul-24	Aug-24	Sep-24	2024/25 Qtr 2	2024/25 YTD
Urgent Care	A&E attendances (inc. PC24)	≤Plan	≤Plan	✗104.4%	✗104.7%	✗102.0%	✗103.7%	✗104.5%	✗111.1%	✗111.6%	✗109.0%	✗111.5%	✗106.8%	✗104.1%	✗107.3%	✗106.5%	✓96.7%	✗102.0%	✗101.7%	✗104.5%
	Non-elective admissions	≤Plan	≤Plan	✗121.4%	✗124.2%	✗114.1%	✗119.9%	✗119.9%	✗118.6%	✗116.0%	✗118.2%	✗111.3%	✗110.4%	✗103.3%	✗108.3%	✗105.5%	✗102.1%	✗101.3%	✗103.0%	✗105.6%
Electives	Average daily elective referrals			310	316	260	295	314	327	304	315	343	340	325	336	348	320	-	-	-
	Outpatients - first appointment	≥Plan	≥Plan	✓102.9%	✓109.1%	✗96.4%	✓103.0%	✓108.3%	✓106.3%	✓109.7%	✓108.1%	✗99.3%	✗84.0%	✗94.0%	✗92.3%	✗90.5%	✗86.0%	✗90.9%	✗89.2%	✗90.7%
	Outpatients - follow up	≤Plan	≤Plan	✗102.1%	✗108.1%	✓95.1%	✗101.9%	✗107.5%	✗105.0%	✗106.2%	✗106.2%	✓100.0%	✗102.4%	✓94.1%	✓98.9%	✓99.1%	✓93.0%	✓95.1%	✓95.8%	✓97.3%
	Outpatients - procedures	≥Plan	≥Plan	✓113.9%	✓126.4%	✓116.0%	✓118.9%	✓121.7%	✓125.3%	✓123.0%	✓123.3%	✓133.0%	✓129.3%	✓114.4%	✓125.3%	✓122.7%	✓115.7%	✓136.5%	✓124.4%	✓124.8%
	Day case	≥Plan	≥Plan	✗86.7%	✓101.3%	✗91.8%	✗93.3%	✓100.2%	✓101.5%	✓109.8%	✓103.7%	✗96.3%	✗96.1%	✗96.0%	✗96.1%	✓102.7%	✓101.3%	✓100.0%	✓101.3%	✗98.8%
	Elective inpatient	≥Plan	≥Plan	✗86.8%	✓108.9%	✓107.1%	✓100.7%	✓101.9%	✓110.8%	✓129.3%	✓113.5%	✗92.5%	✗94.6%	✗90.0%	✗92.4%	✗84.0%	✗99.8%	✗96.9%	✗93.4%	✗92.9%
Diagnostics	Diagnostics	≥Plan	≥Plan	✗91.5%	✗99.9%	✓112.4%	✓100.6%	✓102.6%	✓103.9%	✓106.8%	✓104.4%	✓102.6%	✓109.2%	✗98.1%	✓103.2%	✓104.9%	✓111.4%	✓112.5%	✓109.5%	✓106.4%

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Appendix A: Integrated Scorecard & Graphs for each indicator

The Integrated Scorecard together with graphs for all indicators is included as a separate file.

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Appendix B: Benchmarking Guidance (1/3)

How can we use benchmarking?

Benchmarking can tell us:

Are we different?

- Looking at the available evidence, is there a difference between our organisation and other comparable organisations?
- Evidence can be qualitative or quantitative (focus of this will be on quantitative).

How are we different?

- Does the evidence show that we are better or worse than comparators?
- Are we significantly different, or is the difference just normal variation?
- Can we easily explain the difference?

Why are we different?

- What are the better performing Trusts doing differently to us?
- Look at data for correlations of performance.
- Review any literature available relating to those organisations e.g. Benchmarking Network good practice compendiums.
- Contact other organisations.

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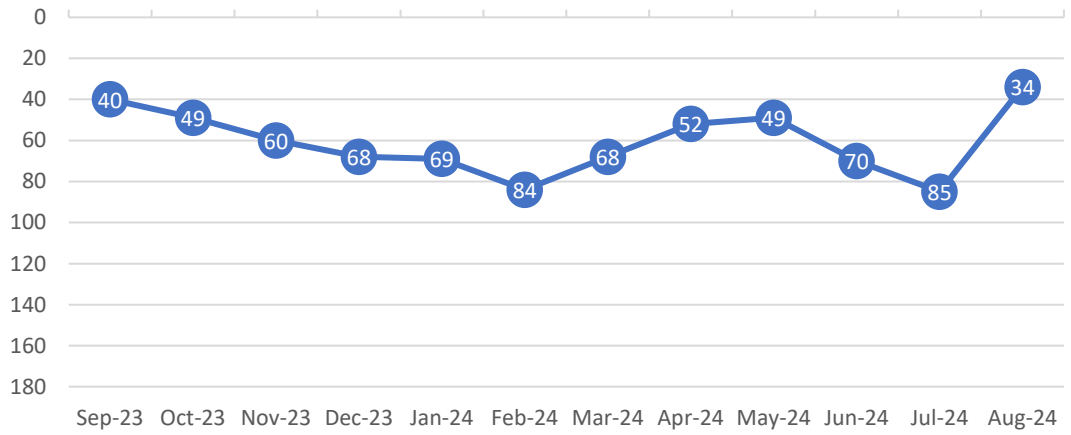
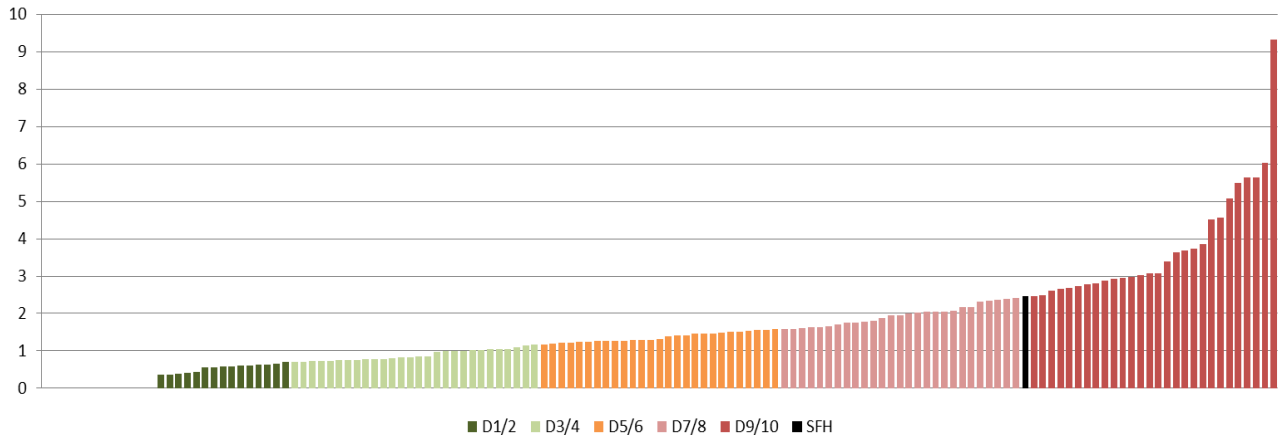
Appendix B: Benchmarking Guidance (2/3)

Reading the benchmarking charts:

The Trend Chart



The Bar Chart



The trend chart shows the SFH position relative to other Trusts nationally over time.

This gives us an indication if changes to our own rates are internally driven i.e. something the Trust is doing differently, or if the changes are related to wider environmental factors that will impact every Trust.

In the case of these charts, a lower number is always considered to be the better performing i.e. the chart shows our rank with 1 being the best in the country.

The bar chart shows the SFH position compared to other acute Trusts nationally; each bar represents a Trust, with the different colours each representing two deciles, or 20% of Trusts nationally (dark red being the worst performing 20%, dark green being the best performing) with SFH coloured black.

This allows us to see the comparative spread of performance, and the gap from the SFH position to the national average (median).

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Appendix B: Benchmarking Guidance (3/3)

Peer Groups are a group of Trusts that share similar characteristics with one another. Benchmarking against peers can give a more realistic position. For example:

- Size
- Locality
- Demographics
- Student staff (teaching verses non-teaching)
- Staff mix
- Specialty-specific

SFH peers (from NHS Peer Finder):

Code	Organisation name	Organisation Type	Absence Rate	Age 0-15	Age 60-74	Attendances	CCGs	Day beds	Degree of specialisation	Deprivation	Diagnosis	DTO
RK5	Sherwood Forest Hospitals NHS Foundation Trust	Acute - Medium	3.9%	11.5%	24.2%	893,175	197	94.0%	20,570.8	25.7	21.2%	69
RNQ	Kettering General Hospital NHS Foundation Trust	Acute - Small	4.5%	11.7%	24.3%	557,360	199	92.2%	8,045.6	19.6	23.3%	50
RWY	Calderdale and Huddersfield NHS Foundation Trust	Acute - Large	3.8%	12.8%	21.1%	904,590	198	85.6%	37,741.3	24.9	21.1%	38
RNS	Northampton General Hospital NHS Trust	Acute - Medium	4.5%	11.2%	23.8%	928,285	198	98.3%	28,354.4	18.4	20.6%	50
RFS	Chesterfield Royal Hospital NHS Foundation Trust	Acute - Small	4.6%	10.3%	22.8%	639,535	193	0.0%	-2,132.5	22.0	19.9%	22
RWP	Worcestershire Acute Hospitals NHS Trust	Acute - Large	4.1%	8.8%	26.5%	1,242,600	199	92.1%	112,225.9	17.6	20.0%	63
RFF	Barnsley Hospital NHS Foundation Trust	Acute - Small	4.3%	12.5%	22.0%	588,855	193	99.2%	-10,572.6	28.6	22.7%	3
RCF	Airedale NHS Foundation Trust	Acute - Small	4.3%	12.7%	22.7%	360,580	192	95.3%	-24,804.9	21.1	21.6%	14
RXW	Shrewsbury and Telford Hospital NHS Trust	Acute - Large	4.4%	9.2%	25.0%	1,056,320	197	85.4%	155,738.4	19.8	16.9%	23
RLT	George Eliot Hospital NHS Trust	Acute - Small	4.2%	9.0%	24.7%	438,300	194	100.0%	-32,895.4	21.6	23.6%	33
RXF	Mid Yorkshire Hospitals NHS Trust	Acute - Large	4.7%	12.0%	21.7%	1,263,370	201	71.4%	130,189.8	27.1	16.2%	1,11