Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Sherwood Forest Hospitals

Integrated Performance Report

Reporting Period: 2024/25 Quarter 1

Integrated Scorecard

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

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	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	✓ 0
		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	✓ 6.3
		Never events	0	0	✓ 0	✗ 1	✓ 0	✗ 1	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✓ 0	✓ 0	✗ 1	✗ 1
		MRSA reported in month	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	✓ 13
		Ecoli blood stream infections (BSI) reported in month	≤22	≤22	✓ 0	✓ 6	✓ 5	✓ 11	✓ 3	✓ 5	✓ 3	✓ 11	✓ 5	✓ 1	✓ 4	✓ 10	✓ 10
		Klebsiella BSI reported in month (hospital onset)	≤1	≤1	✓ 1	✓ 1	✓ 1	✗ 3	✗ 2	✓ 1	✓ 0	✗ 3	✓ 0	✓ 1	✗ 2	✗ 3	✗ 3
		Pseudomonas BSI reported in month	≤3	≤3	✓ 0	✓ 1	✓ 1	✓ 2	✓ 2	✓ 1	✓ 1	✗ 4	✓ 0	✓ 0	✓ 1	✓ 1	✓ 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	0.1
		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	✗ 2
		Patient Safety Incident Investigations (PSII)			1	2	2	5	2	1	0	3	3	4	-	-	7
	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	✓ 1.0
		Compliments received in month			103	158	150	411	151	122	120	393	161	138	151	450	450
	Effective	HSMR (basket of 56 diagnosis groups)	≤100	≤100	✗ 127	✗ 125	✗ 126	✗ 126	✗ 131	✗ 129	✗ 126	✗ 126	✗ 129	✗ 126	✗ 124	✗ 124	✗ 124
		SHMI	≤100	≤100	✗ 108	✗ 107	✗ 107	✗ 107	✗ 108	✗ 109	✗ 109	✗ 109	✗ 109	✗ 108	✗ 107	✗ 107	✗ 107
		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	✓ 0.0	✓ 1.2	✓ 1.2
		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
People and Culture	Belonging in the NHS	Engagement score	≥6.8%	≥6.8%	-	-	-	✓ 7.3	-	-	-	-	-	-	-	-	-
	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%	✓ 8.1%
		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%
		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%	✗ 88.4%
		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%	✓ 91.0%
	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%	✗ 4.4%
		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%	✓ 6.5%
		Flu vaccinations uptake (front line staff)	≥80%	≥80%	✗ 38.3%	✗ 44.8%	✗ 55.9%	✗ 55.9%	✗ 58.0%	✗ 58.0%	-	✗ 58.0%	-	-	-	-	-
		Employee relations management	<12	<17	✗ 21	✗ 23	✗ 18	✗ 21	✗ 20	✗ 17	✗ 21	✗ 19	✗ 20	✗ 23	✗ 23	✗ 22	✗ 22
	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%	9.0%
		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%	✗ 4.7%
		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%
		Agency (over price cap)	≤30.0%	≤40.0%	✗ 51.0%	✗ 55.7%	✗ 57.0%	✗ 54.3%	✗ 54.6%	✗ 47.4%	✗ 54.4%	✗ 52.0%	✗ 54.5%	✗ 54.1%	✗ 57.4%	✗ 55.4%	✗ 55.4%
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%	✓ 96.1%
		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%	✗ 0.1%
		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%	✗ 72.8%
		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%	✗ 2.5%
		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%	✓ 38.2%
		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%	✗ 94.4%
		Long length of stay (21+) occupied beds	≤Plan	≤Plan	✓ 100	✗ 109	✗ 100	✗ 103	✗ 116	✗ 116	✗ 107	✗ 116	✗ 124	✓ 96	✓ 91	✓ 110	✓ 110
		Inpatients medically safe for transfer for greater than 24 hours	≤40	≤40	✗ 90	✗ 98	✗ 92	✗ 94	✗ 93	✗ 105	✗ 101	✗ 98	✗ 91	✗ 64	✗ 71	✗ 75	✗ 75
	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%	-	-	✓ 25.1%
		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%	✓ 6.0%	✓ 6.0%	✓ 6.0%
		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	✗ 35,720
		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	✓ 1,177
		Incomplete RTT pathways +65 weeks	≤Plan	≤Plan	✗ 362	✗ 337	✗ 418	✗ 418	✗ 399	✗ 347	✗ 157	✗ 157	✓ 140	✓ 129	✗ 109	✓ 109	✓ 109
		Incomplete RTT pathways +78 weeks	0	0	✗ 7	✗ 5	✗ 14	✗ 14	✗ 17	✗ 12	✗ 5	✗ 5	✗ 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	3,861
		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%	✗ 70.5%
	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%	-	-	✓ 77.7%
		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%	-	-	✓ 88.7%
		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%	-	-	✗ 64.0%
		Suspected cancer patients waiting over 62-days			89	86	89	89	76	50	52	52	80	69	70	70	70
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	✗ -£0.61
		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	✓ £1.59
		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	✗ £5.07
		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	£1.50
		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%
		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	✗ -£0.76
		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	£3.87
		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	£7.72
Activity (for context)	Urgent Care	A&E attendances	≤Plan	≤Plan	✗ 109.1%	✗ 109.1%	✗ 104.3%	✗ 107.5%	✗ 108.1%	✗ 112.3%	✗ 114.2%	✗ 111.5%	✗ 113.2%	✗ 111.5%	✗ 109.2%	✗ 111.2%	✗ 111.2%
		Non-elective admissions	≤Plan	≤Plan	✗ 121.4%	✗ 124.2%	✗ 114.1%	✗ 119.9%	✗ 119.9%	✗ 118.6%	✗ 116.0%	✗ 118.2%	✗ 111.4%	✗ 116.8%	✗ 110.8%	✗ 113.0%	✗ 113.0%
	Electives	Average daily elective referrals			310	316	260	295	314	327	304	315	343	340	325	336	336
		Outpatients - first appointment	≥Plan	≥Plan	✓ 102.9%	✓ 109.1%	✓ 96.4%	✓ 103.0%	✓ 108.3%	✓ 106.3%	✓ 109.7%	✓ 108.1%	✗ 99.3%	✗ 93.2%	✗ 93.1%	✗ 95.1%	✗ 95.1%
		Outpatients - follow up	≤Plan	≤Plan	✗ 102.1%	✗ 108.1%	✓ 95.1%	✗ 101.9%	✗ 107.5%	✗ 105.0%	✗ 106.2%	✗ 106.2%	✓ 100.0%	✓ 99.2%	✓ 93.0%	✓ 97.4%	✓ 97.4%
		Outpatients - procedures	≥Plan	≥Plan	✓ 113.9%	✓ 126.4%	✓ 116.0%	✓ 118.9%	✓ 121.7%	✓ 125.3%	✓ 123.0%	✓ 123.3%	✓ 133.0%	✓ 129.1%	✓ 115.1%	✓ 125.5%	✓ 125.5%
		Day case	≥Plan	≥Plan	✗ 86.7%	✓ 101.3%	✗ 91.8%	✗ 93.3%	✓ 100.2%	✓ 101.5%	✓ 109.8%	✓ 103.7%	✗ 96.3%	✗ 96.1%	✗ 95.4%	✗ 96.0%	✗ 96.0%
		Elective inpatient	≥Plan	≥Plan	✗ 86.8%	✓ 108.9%	✓ 107.1%	✓ 100.7%	✓ 101.9%	✓ 110.8%	✓ 129.3%	✓ 113.5%	✗ 92.5%	✗ 94.6%	✗ 92.9%	✗ 93.4%	✗ 93.4%
	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%	✓ 103.2%

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Quality of Care

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Domain Summary: Quality of Care

Overview	Lead: Chief Nurse/Medical Director

In 2024/25 quarter one (Apr-Jun) there is a continued high volume of people accessing urgent care, with the Trust at surge capacity. This prolonged, unrelenting period of operational pressure impacts on our ability to provide good, safe patient care. Long waits for admission and overcrowding impact on our patients and staff within our Emergency Department (ED). The British Medical Association (BMA) Industrial Action (IA) has continued during quarter one with four days of action at the end of Jun-24. During quarter one we received 490 compliments, 435 concerns, 64 formal complaints, and we closed 541 concerns and 80 formal complaints. We continue to identify actions and themes which are tracked through the Patient Experience Committee.

The Patient Safety Incident Response Framework (PSIRF) is now well embedded in the Trust and from Apr-24, Infection Prevention and Control (IPC) is aligned with the PSIRF model. All hospital associated infections have a rapid review completed to look at alternative root causes including waiting for procedures or recurrent infections. PSIRF does not impact or change current methods of mandatory reporting of key alert infections such as MRSA, E.coli, Pseudomonas aeruginosa, Klebsiella, MSSA bacteraemia's and C. difficile. There remains a zero tolerance for MRSA bacteraemia and thresholds in place for C. difficile and the Gram-Negative bacteraemia, national trajectories have not yet been released but are expected imminently.

The Trust has not had an MRSA bacteraemia for two years (and we are the only Trust in the region not to have had one this financial year). We have seen a reduction in the number of C. difficile cases compared with the same period last year and we are maintaining our trajectory for E.coli and Pseudomonas cases.

Seven Patient Safety Incident Investigations (PSIIs) were commissioned by the Patient Safety Incident Response Group (PSIRG) following in-depth discussion during which the Integrated Care Board (ICB) were represented. There is one confirmed coroner's investigation in relation to the delay in recognising a low magnesium PSII. This has been RAG-rated as red by the Trust legal team.

There are six indicators reported on as off track in 2024/25 quarter one:

- **Falls per 1000 occupied bed days**: Falls rate for Jun-24 was 6.7. This is slightly above the national target of 6.63; however, we remain on track for quarter one with a strong performance in Apr-24 and May-24.
- **Never Events:** Apr-24 we reported an incident relating to wrong site surgery in Dermatology. This was reported as a PSII and the investigation is underway.
- **The gram-negative blood stream infections:** Klebsiella. Three cases reported in 2024/25. We are currently benchmarking against our peer organisation as showing to have the second lowest number of cases with numbers of Klebsiella increasing in the region. Work is underway locally and at a system level to address the learning from reported cases.
- **Hospital Acquired Pressure Ulcers (HAPU):** Two avoidable category three pressure ulcers. The process for investigating pressure ulcers has been reviewed in line with Learning from Patient Safety Events (LFPSE). After action reviews (AAR) are completed for all hospital acquired pressure ulcers involving the Tissue Viability team, ward leaders, matrons and staff involved in the incident. AAR's continue to be presented and discussed at the monthly pressure ulcer panel meeting. Learning from incidents is shared widely by the Tissue Viability team. There is currently no national system in place for comparison; however, SFH pressure ulcer figures are significantly lower compared to data shared regionally by Tissue Viability colleagues.
- **HSMR:** Remains above expected but an overall downward trend has been sustained alongside individual month reporting remaining "as expected", despite re-basing and reported national data issues.
- **SHMI:** Continues to remain as expected.

Further details relating to Quality-of-Care metrics are included in the following pages.

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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	2024/25 YTD
Safe	Falls with lapse in care	≤2	≤2	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
	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	✓ 6.3
	Never events	0	0	✓ 0	✗ 1	✓ 0	✗ 1	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✓ 0	✓ 0	✗ 1	✗ 1
	MRSA reported in month	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	✓ 13
	Ecoli blood stream infections (BSI) reported in month	≤22	≤22	✓ 0	✓ 6	✓ 5	✓ 11	✓ 3	✓ 5	✓ 3	✓ 11	✓ 5	✓ 1	✓ 4	✓ 10	✓ 10
	Klebsiella BSI reported in month (hospital onset)	≤1	≤1	✓ 1	✓ 1	✓ 1	✗ 3	✗ 2	✓ 1	✓ 0	✗ 3	✓ 0	✓ 1	✗ 2	✗ 3	✗ 3
	Pseudomonas BSI reported in month	≤3	≤3	✓ 0	✓ 1	✓ 1	✓ 2	✓ 2	✓ 1	✓ 1	✗ 4	✓ 0	✓ 0	✓ 1	✓ 1	✓ 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	0.1
	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	✗ 2
	Patient Safety Incident Investigations (PSII)			1	2	2	5	2	1	0	3	3	4	-	-	7
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	✓ 1.0
	Compliments received in month			103	158	150	411	151	122	120	393	161	138	151	450	450
Effective	HSMR (basket of 56 diagnosis groups)	≤100	≤100	✗ 127	✗ 125	✗ 126	✗ 126	✗ 131	✗ 129	✗ 126	✗ 126	✗ 129	✗ 126	✗ 124	✗ 124	✗ 124
	SHMI	≤100	≤100	✗ 108	✗ 107	✗ 107	✗ 107	✗ 108	✗ 109	✗ 109	✗ 109	✗ 109	✗ 108	✗ 107	✗ 107	✗ 107
	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	✓ 0.0	✓ 1.2	✓ 1.2
	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

Indicator in Focus: Falls per 1000 occupied bed days

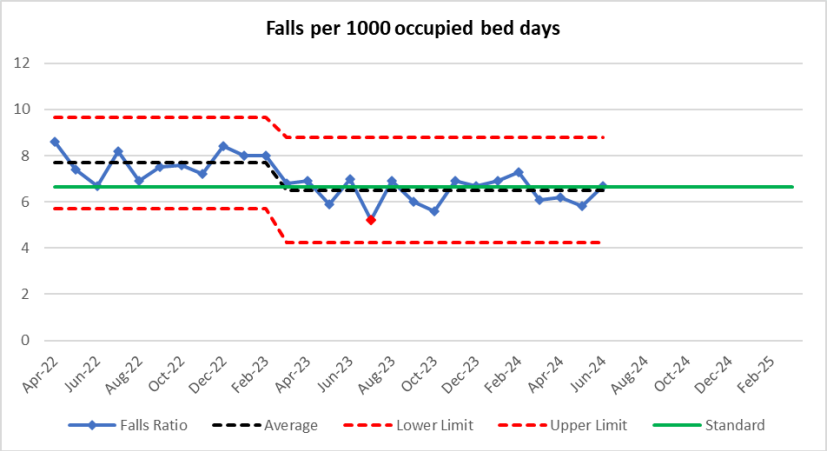
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- The falls rate for Jun-24 is 6.7 this is slightly above the national target of 6.63 per thousand occupied bed days.
- Jun-24 saw an increase in falls with 142 overall and an increase in repeat falls.
- High volume of people accessing urgent care and high (albeit reducing) numbers of medically safe patients remain in acute beds.
- Community of Practice have pulled together data and summarised this through a report for Trusts. The next Community of Practice meeting will be held Sep-24
- There have been no lapses in care reported post falls (currently awaiting two to be discussed at PSIRG).
- One coronial inquest; awaiting date.

Root causes	Actions and timescale	Impact
Increase in the number of inpatient falls for June 2024. There has been a limited falls service for May-24 and Jun-24.	• Recruitment for additional Falls Prevention Practitioner currently advertised.	• Sep-24
	• Implementation of After-Action Reviews post falls in line with PSIRF.	• Sep-24
	• Visual Acuity check is with the digital developers awaiting roll out plan.	• Ongoing
	• Training sessions planned for Falls Champions.	• Oct-24
	• Essential for role training commenced involving patient stories related to falls.	• Twice a month – ongoing
Nationally deconditioning of the population has been highlighted as a concern for the increase of falls.	• NNICS work continues to look at how Trusts are alerted about the history of falls when a patient is admitted. Working with the system and the digital team.	• Ongoing
	• Lying and standing blood pressure on Nervecentre (hospital information system), aligned to national recommendations. Training rolled out Trust-wide.	• Ongoing

Data



Indicator in Focus: Never Events

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

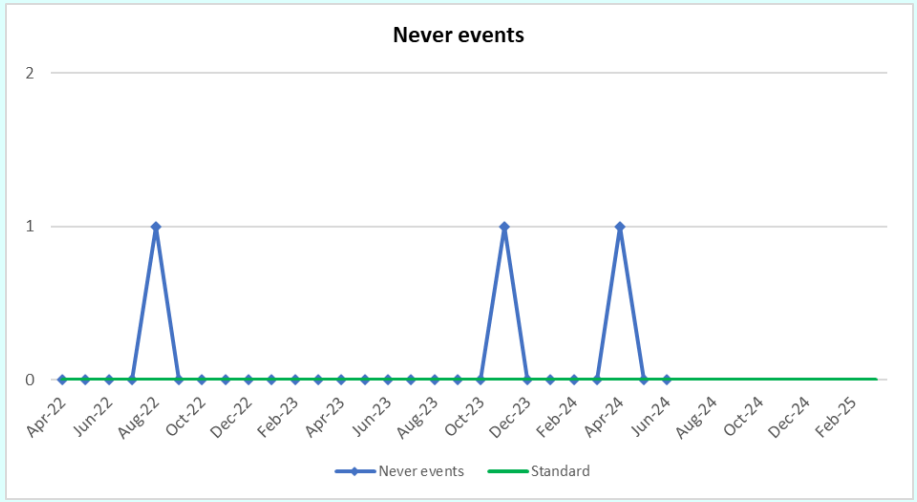
NHS England state that: “Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.” (Never Events policy and framework, Jan-18).

At the time of this report being produced the Provisional Never Events 2024/2025 data: 1 April 2024- 31 May 2024 has been published indicating there were 51 Never Events reported Nationally of which 6 were wrong skin lesion removed/ biopsy.

In Apr-24 SFH reported an incident relating to wrong site surgery in Dermatology:
Patient attended clinic for punch biopsies of two lesions one on the left cheek and the other was on upper lip. She attended ED later that day due to pain at the operation site. On removal of the wound dressing, the patient reported that the biopsy taken from her cheek was not the lesion for which the punch biopsy was planned - incorrect site skin lesion biopsy.
An external review has been commissioned and is being undertaken by colleagues from Nottingham University Hospitals NHS Trust (NUH). This had a target completion date of 10th Jul-24; however, the investigation is ongoing.

Root causes	Actions and timescale	Impact
The incident has been reported on Strategic Executive Information System (STEIS) and declared a Never Event. A formal investigation is being undertaken using an external investigator from NUH.	• Policies will need updating at a Trust and divisional level taking recommendations from National Safety Standards for Invasive Procedures (NATSSIPS) 2. • Moving forwards and until leaning has been identified and actions put in place these procedures and biopsies to be undertaken by substantive staff. • External review required – whilst waiting for the external review, look at the previous Never Event in Dermatology and establish whether environmental factors contributed to these. Surgery within Dermatology is performed outside of the theatres, using a clinical area. Is this contributing to a difference in the formality of a WHO? • Review human factors elements of the incident / process / cultural differences.	• Ongoing.

Data



Date reported	Detail	Division	Specialty
17/08/22	Removal of wrong skin mole – left scapula	Medicine	Dermatology
04/12/2023	Removal of wrong skin lesion - back	Medicine	Dermatology
16/04/2024	Removal of wrong skin lesion - face	Medicine	Dermatology

Indicator in Focus: Klebsiella BSI reported in month

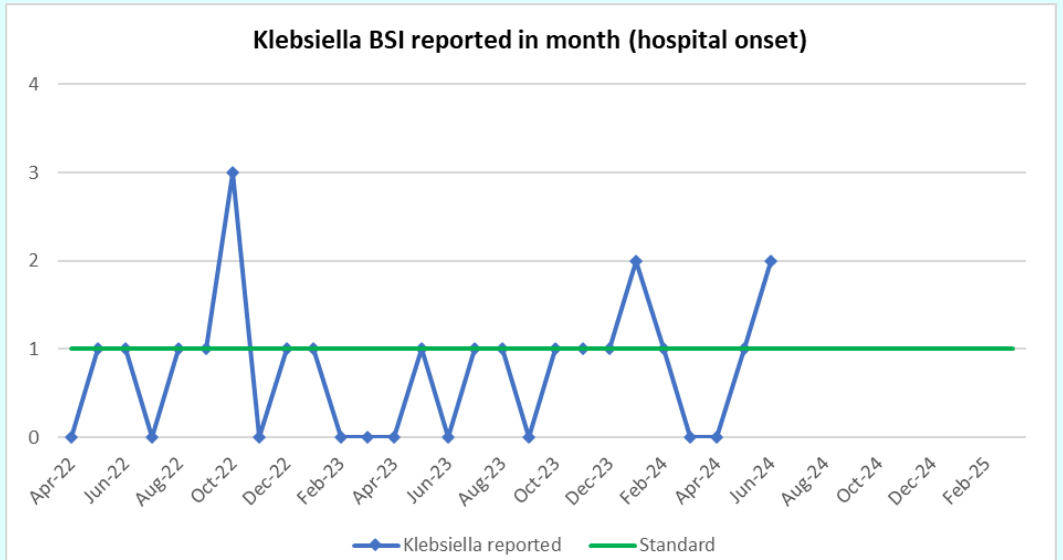
Sherwood Forest Hospitals NHS Foundation Trust

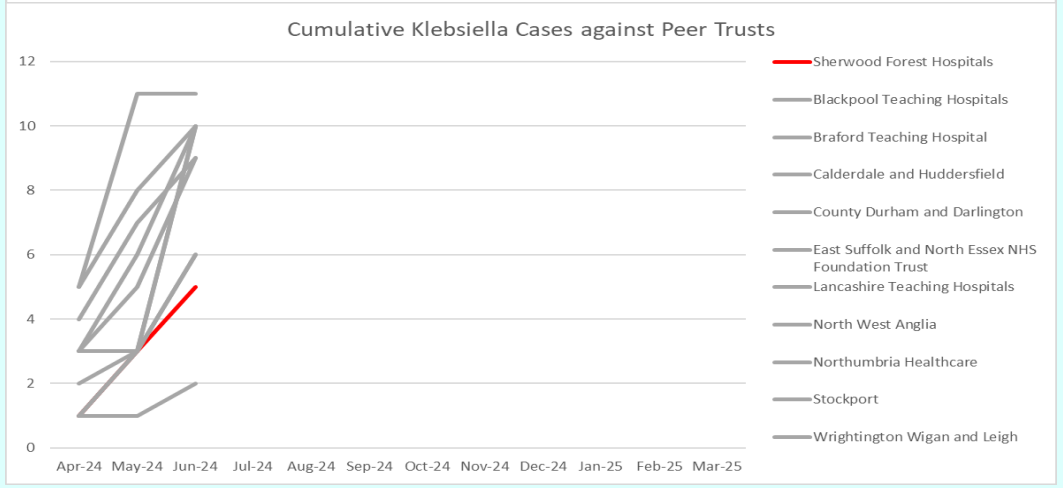
Overview and national position

The national trajectories have not yet been released, although it is believed they will be the same as last year and the Trusts for Klebsiella was 22. We have had five hospital associated cases during 2024/25 quarter one (three hospital onset and two community onset). When benchmarked against our peer trusts for all hospital associated cases we have the second lowest number of cases. Numbers of Klebsiella have been increasing in the region.

Root causes	Actions and timescale	Impact
Four out of five of the bacteraemia's were caused by Urinary Tract Infections (UTI'S), one related to a catheter.	• A UTI strategy is being developed at a system level (lead by ICB) to support work on reducing UTI's in the region. Currently out for comment and for ratification in Aug-24.	• To support with a region wide reduction in UTI's.
	• A UTI awareness campaign will be held in Aug-24.	• Raise awareness on how to prevent UTI's.
	• Urinary catheter project is underway to reduce the length of time catheters are in-situ.	• Reduce catheter UTI's.
Three of the five UTI's have had recurrent infections.	• A joint healthcare-associated infection (HCAI) review meeting has been commenced with the ICB Infection Prevention and Control team to discuss and review these types of cases to enable actions to be undertaken by both the General Practitioner (GP) and the Hospital.	• Joint working in the reduction of UTI's.

Data





Indicator in Focus: Hospital Acquired Pressure Ulcers (HAPU)

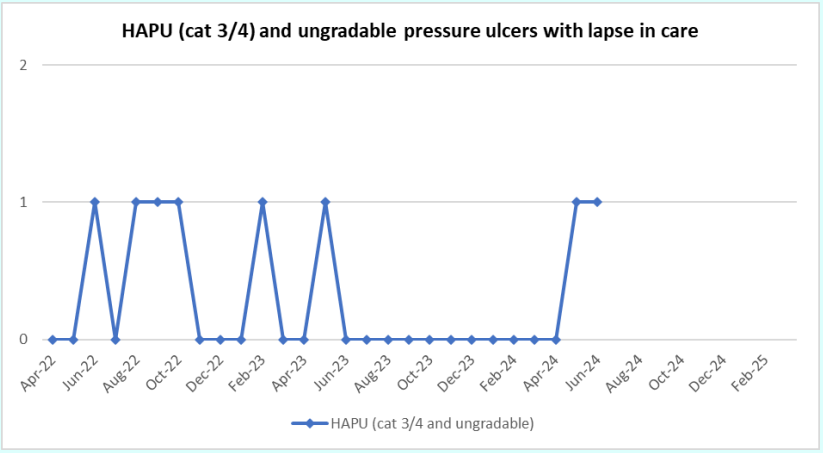
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

Pressure ulcers are reported as 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 Trust position is that all Trust acquired pressure ulcers are investigated to identify learning. Pressure ulcers (PU) are categorised as having 'no lapses in care' or 'avoidable' where learning is identified.
In 2024/25 quarter one SFH has had two avoidable category three pressure ulcers:

- ED investigated a category three PU to a patient's wrist which was found on removal of a back-slab in theatre. The back slab had been applied two weeks prior to surgery in ED. The Orthopaedic Senior House Officer (SHO) had performed 'swell checks' below the back-slab prior to surgery.
- Ward 31 investigated new category three pressure damage to a patient's ischium. The patient was admitted with an existing complex category four PU to her sacral area. Multiple MDT meetings have taken place and the Safeguarding team are involved with this patient.

Data



Root causes	Actions and timescale	Impact
ED: No skin check recorded in ED prior to application of back-slab; no clear record regarding application of cast in ED.	• Communication and education in ED. • Review of skin check procedure prior to cast application in ED. • Review of how patients with vulnerable skin are identified pre and post cast application.	• Actions complete.
Swell checks performed on ward 12 by the SHO; However, no record noted of skin condition or developing PU.	• Incident to be shared and discussed at Orthopaedic divisional governance forums and learning to be disseminated to junior teams.	• Actions complete.
Ward 31: Omissions in wound assessments of ischial and sacral assessment.	• Audits and monitoring in place to increase percentage in compliance in fully completing wound assessments in line with policy and procedure. • Ward staff attending Tissue Viability training. • Risk management for patients making unwise decisions to be incorporated into Tissue Viability training. Tissue Viability team to advocate early use of high-risk immersion therapy mattresses.	• Actions complete. Ongoing monitoring.

Indicator in Focus: Patient Safety Incident Investigations (PSII)

Sherwood Forest Hospitals NHS Foundation Trust

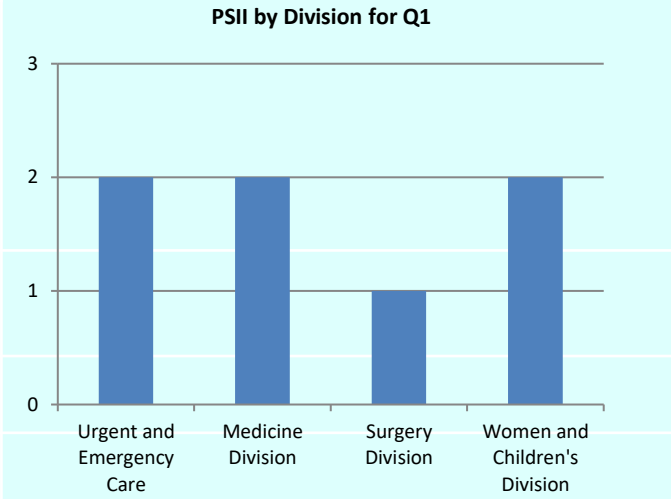
Overview and national position

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 2024/25 quarter one, seven 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 seven patients have died; however ,there is currently only one confirmed coroner's investigation in relation to the magnesium delay in care PSII. This has been RAG-rated as red by the Trust legal team.	None commenced.	One - see earlier slide for details (not included in table below).

Data

Root causes	Actions and timescale	Impact
Possible missed Acute Kidney Injury (AKI) which was may have contributed to the death of the patient.	PSII commissioned, no immediate learning. Potential coronial involvement, however, not yet listed on Trust legal dashboard.	Ongoing investigation.
A repeat blood test indicative of magnesium levels of 0.3 (significantly below the reference range 0.7-1.0) was not reviewed and acted upon.	Legal team informed that PSII in progress. Urgent learning identified: •Urgent conversation to be had with the pathology labs around the immediate process for communicating and highlighting critically abnormal results. •Urgent communication is required to the wards around the handling of the critically abnormal results that are handed back and how these are communicated and acted on appropriately. •To consider whether the magnesium results can go at the top of the results page, so they are more easily noticeable	Immediate comms undertaken. PSII ongoing.
Reoccurring theme in relation to missed opportunities to identify patients who meet the criteria for a silver trauma CT scan and escalation to the trauma team.	PSII commissioned. Immediate learning: Emergency Department Governance Lead to cascade reminder of criteria for silver trauma with all departmental clinicians.	Learning cascaded PSII ongoing.
Hospital acquired C-Diff listed in part one of patient's death certificate.	Potential coronial involvement; however, not yet listed on Trust legal dashboard. No immediate learning identified.	Ongoing PSII.
Significant delay in a gynaecology patient returning to theatre for an emergency laparotomy.	Immediate review of initial surgery undertaken completed and concerns around technique used by the lead surgeon discussed within the team.	Ongoing PSII.
Near miss case whereby a patient was identified to have socks tied around their neck which were removed with a ligature cutter.	Immediate learning: Communications to all staff to ensure they are aware of where ligature cutters are located and where to obtain additional training on use of these if required.	Immediate learning completed PSII ongoing.



Indicator in Focus: Summary Hospital-level Mortality Indictor (SHMI)

Sherwood Forest Hospitals NHS Foundation Trust

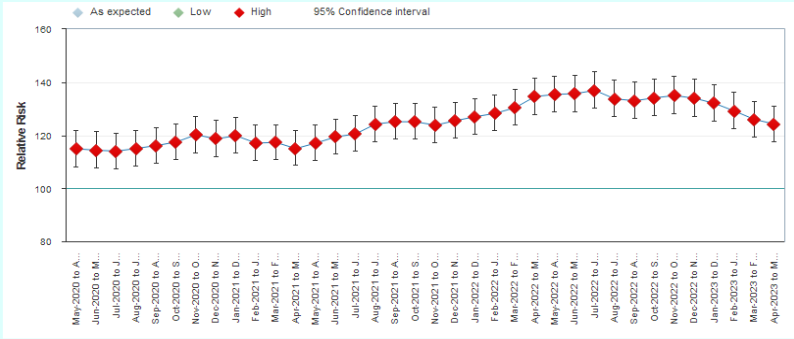
Overview and national position

HSMR- Latest 12-monthly rolling figure = 126.9 (Apr-23 to Mar-24). Remains above expected but an overall downward trend has been sustained alongside individual month reporting remaining "as expected", despite re-basing and reported national data issues.
SHMI- Latest **reporting** = 108.0 (May-24); this continues to remain as expected.

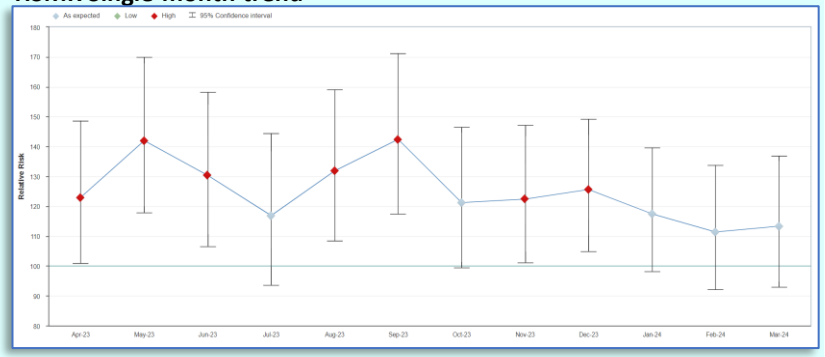
Root causes	Actions and timescale	Impact
Data Quality- Emphasis on timely diagnosis, documentation, coding and co-morbidity capture.	• Continued monitoring of documentation, specifically review of admission clerking workbook, alongside further divisional and individual meetings with an emphasis on accuracy and capture of co-morbidities and diagnosis. Promotion of culture to establish timely diagnosis, signposting and management.	Will take 12 months after action to see signs of impact.
Pathways and Patient Flow- Review of admission pathways, use of management bundles and signposting pathways.	• Continued emphasis on senior decision making to support timely and effective management, thereby enabling right care, first time and helping reduce unnecessary referrals or transfers of care. • Review of patient flow and how this may impact data capture and coding; including ED, SDEC, consultant episodes and inter-specialty. • Outlier reviews continue within context of HSMR reporting and Learning from Deaths, to identify Trust opportunities for improvement and acknowledgement of "system-wide" challenges.	As above; forms part of overall working approach.
Palliative Care Coding- **(**Remains lowest, nationally).	• Clinical review of Front Door Specialist Palliative Care (SPC) intervention, with local provider, to promote timely recognition of status and needs, ensure effective coding and capture of SPC activity, whilst identifying improvement opportunities and supporting clinical teams.	SPC low activity compared to overall. Requires Trust and ICB resource / investment.
Other areas: **Data Intelligence-** Benchmarking, analysis and triangulation of other intelligence (eg ME, ICS and BI). **External peer review / support-** **New Initiatives / Collaboration-** **Data Benchmarking**	• Close working with Telstra, provision of data analytics and wider benchmarking intelligence. Continued data interrogation, targeted reviews, internal audits and deep dives with focus on clinical ownership • Learning from Deaths (LfD) as the vehicle for review, monitoring and action. • HSMR methodology changes (HSMR+) are awaited (retrospective review has shown, what would be, a general improvement in HSMR) • Meeting with Dudley Group undertaken and planned visit to better understand approaches, review coding practice and gain support. • ICS-wide Patient Safety meetings with LfD as part of this. • "Interface Workstream" now in place and facilitating targeted work, alongside developing collaborative relationships and understanding. • Benchmarking tool tender process to ensure value and meets needs.	National data issues have led to reporting delays; now resolved. HSMR+ to be monitored until implementation. Benefits realisation are not anticipated until 12 months effect of any actions. Implementation awaited.

Data

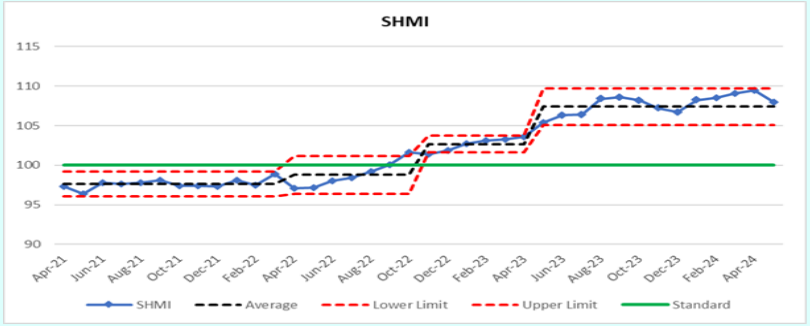
HSMR 3 yearly (12 month rolling) trend



HSMR Single-month trend



SHMI



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Compassionate People,
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People and Culture

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Domain Summary: People and Culture

Overview	Lead: Director of People

Between Apr-24 and Jun-24, it has been a busy time across the hospital and within the ICS, with 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.

Our Mandatory and Statutory Training (MaST) position is positive where 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 one (88.4%) sits marginally below the Trust target (90%), we have noted a static position in compliance over the last few quarters. During Jun-24 the level sits at 88.1%; however, this is still a strong level of performance. We have undertaken an audit around appraisals where we have received a high assurance level.

Over 2024/25 quarter one our sickness absence level is reported at 4.4% (2023/24 quarter four was 4.6%), this does sit higher than Trust target (4.2%) and sits between the upper and lower statistical process control levels.

There has been an increase with employee relations cases over the quarter (average 22). We have seen a marginal increase over the quarter with Jun-24 recorded at 23 cases, this sits above our target (17) and within the statistical process control limits. The Trust has seen several formal disciplinary cases being concluded between Apr-24 and Jun-24 and as a result there has been an increase in the number of appeals. This increase in appeals was anticipated.

Within Nottinghamshire our Integrated Care Board (ICB) has been flagged for high agency usage and we have a system programme to review our agency usage. Across the ICB we are active in this agency working group and we do understand where we have high usage within the Trust. We also have developed internal control meetings that are supporting our financial improvements. Our current agency position for quarter one is reported at 4.7%, when we exclude Elective Recovery Fund schemes from the agency level this reduces to 4.1%.

Over the quarter, of the agency shifts filled, we have seen very low levels of those filled by off framework workers over the last quarter and for May-24 and Jun-24 we have seen zero off framework. From Jul-24 new rules commence where the is an expectation to have a zero off framework usage.

During quarter one, 55.4% of total agency shifts filled were ‘on framework’ staff but above the recommended NHS England price cap. During the last quarter significant work has commenced that aligns to our 100 days plan and ambition to reduce our reliance on agency usage and financial recovery challenge. We are currently advertising a significant level of medical consultant posts and are confident this will directly impact on the levels of agency usage.

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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	2024/25 YTD
Belonging in the NHS	Engagement score	≥6.8%	≥6.8%	-	-	-	✓ 7.3	-	-	-	-	-	-	-	-	-
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%	✓ 8.1%
	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%
	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%	✗ 88.4%
	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%	✓ 91.0%
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%	✗ 4.4%
	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%	✓ 6.5%
	Flu vaccinations uptake (front line staff)	≥80%	≥80%	✗ 38.3%	✗ 44.8%	✗ 55.9%	✗ 55.9%	✗ 58.0%	✗ 58.0%	-	✗ 58.0%	-	-	-	-	-
	Employee relations management	<12	<17	✗ 21	✗ 23	✗ 18	✗ 21	✗ 20	✗ 17	✗ 21	✗ 19	✗ 20	✗ 23	✗ 23	✗ 22	✗ 22
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%	9.0%
	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%	✗ 4.7%
	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%
	Agency (over price cap)	≤30.0%	≤40.0%	✗ 51.0%	✗ 55.7%	✗ 57.0%	✗ 54.3%	✗ 54.6%	✗ 47.4%	✗ 54.4%	✗ 52.0%	✗ 54.5%	✗ 54.1%	✗ 57.4%	✗ 55.4%	✗ 55.4%

Indicator in Focus: Appraisals

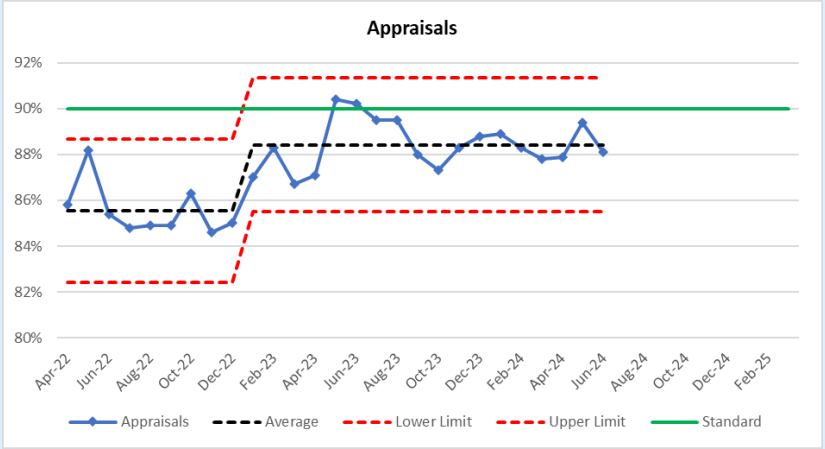
Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

Our appraisal level sits below the Trust target (90%), we have noted the appraisal level is at a similar level to 2023/24 quarters three and four. The 2024/25 quarter one average sitting at 88.4%. Over the quarter the level ranged from 87.9% to 88.1%. Although we are marginally under the standard this is still a strong level of performance.

Local benchmarking shows that the ICB provider appraisal level is reported at 86.1%. National levels within the model hospital are reported at 82.5% (Sep-23).

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 addition 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 how to report this via the Electronic Staff Record (ESR).	• Training and coaching managers on how to enter appraisals onto ESR is on 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 one our overall sickness absence level was 4.4%, this sits above our standard (4.2%). During the quarter, a gradual increase in the level is noted. The position for Jun-24 is reported at 4.7%. Our position for quarter one 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 5.2% (Mar-24).

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 out Full Capacity Protocol (FCP).

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

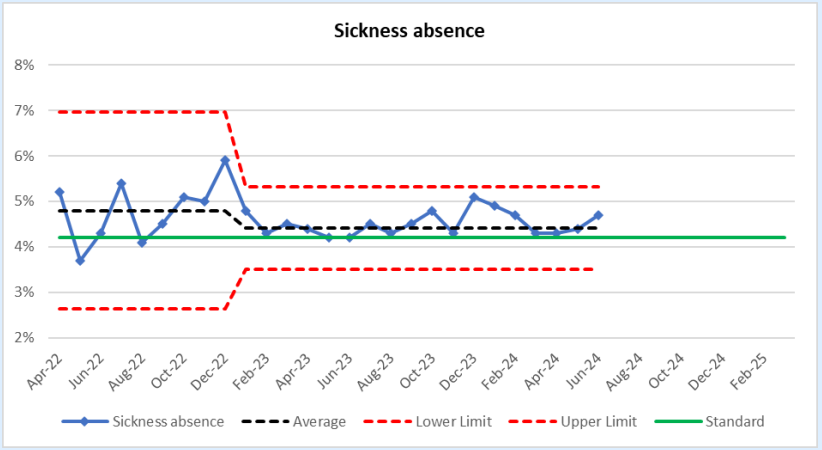
Actions and timescale

- 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.

Data



Indicator in Focus: Employee Relations Management

Sherwood Forest Hospitals NHS Foundation Trust

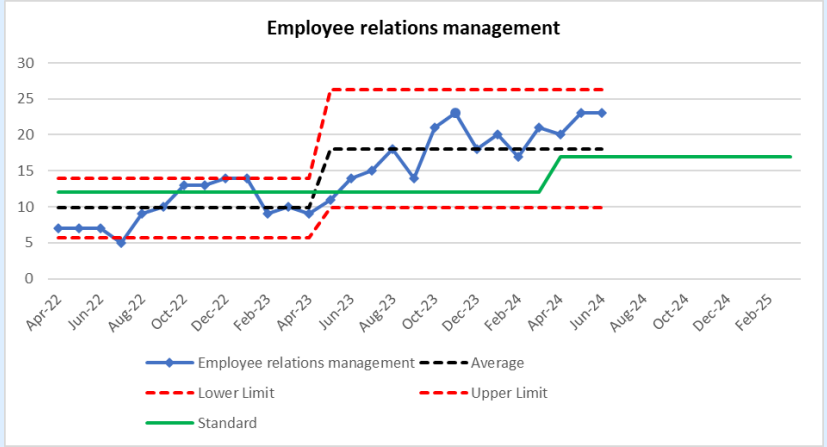
Overview and national position

Since Feb-24 we have seen a gradual increase to the employee relations cases, currently we are reporting 22 cases for 2024/25 quarter one.

During quarter one this level has fluctuated and in Jun-24 we reported 23 cases. Our current level sits above the standard and sits between the statistical process control levels.

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

Data



Root causes

The Trust has seen several formal disciplinary cases being concluded between Apr-24 and Jun-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 are we move into 2024/25 quarter two. 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)

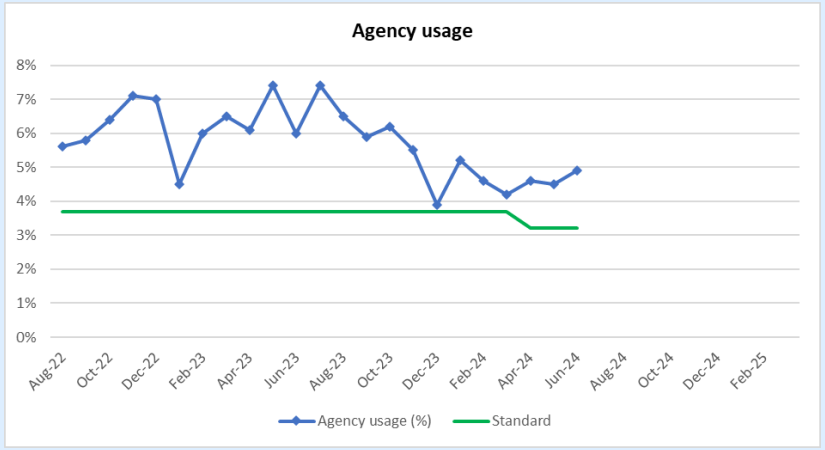
Sherwood Forest Hospitals NHS Foundation Trust

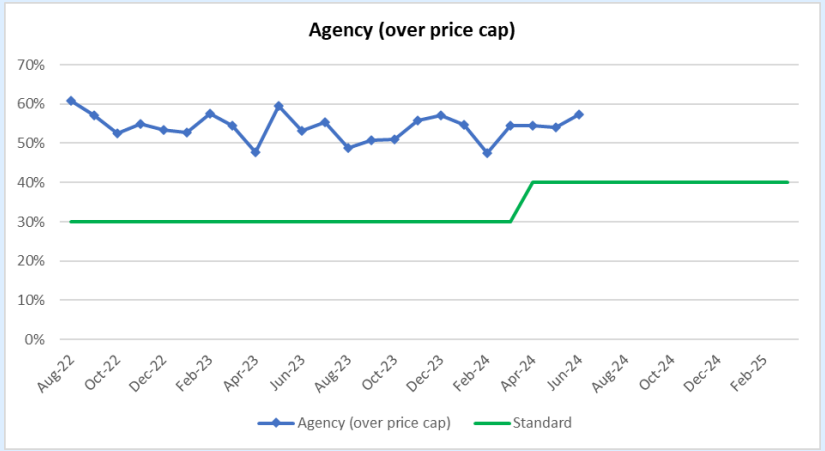
Overview and national position

Our overall agency position across 2024/25 quarter one was 4.7% (excluding Elective Recovery Fund initiatives this reduces to 4.1%), this does sit above the target level of 3.2%. We have modelled this with plans over the 2024/25 period to reduce to the NHS Planning guidance and our target of 3.2%.

The reduction to this is aligned to 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 were 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, the reduction are noted across the 2024/25 period.
	• We continue to advertise and fill medical posts, that 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 one (Apr-Jun) we continued to experience surging numbers of A&E attends (over 11% more than plan) and ambulance arrivals in Jun-24 were amongst the highest levels we have ever seen. Non-elective (NEL) admission demand was 13% above our plan (which included 0.6% growth on 2023/24 levels) meaning that pressures on our clinical teams and on our bed-base remained high despite Medically Safe for Transfer (MSFT) and long stay patient numbers being at some of the lowest levels we have seen outside of the peak pandemic periods of 2020 and 2021. 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, mismatches in admission and discharge times meant that, at times, patient demand exceeded the capacity of our hospitals. This mismatch in demand and capacity resulted in us starting the day on Operational Pressures Escalation Level (OPEL) 4 on 50 days during quarter one (14 in Apr-24, 17 in May-24 and 19 in Jun-24) 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 the challenges, 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. We have continued additional emergency department staffing schemes introduced in Mar-24 throughout quarter one to help manage the high attendance demand. We are working with our system partners to try and gather a more detailed understanding of the drivers of the high urgent care demand. Due to the actions taken, our 4-hour performance has remained stronger in quarter one than the winter period despite the increasing pressures caused by the sustained high demand.

In quarter one we had a further period of Industrial Action that resulted in curtailments in elective activity (particularly outpatients) which adversely impacts on our elective activity, backlog and performance metrics. Despite this, we have still managed to reduce the number of long waiting patients, delivering against the plans we set for 2024/25 at the end of the last financial year. We continue to work together as a system with patients being transferred between providers to support equity of access. We are benefiting from support from Nottingham University Hospitals (NUH) to help with our Echocardiograph position, one of our underperforming diagnostic tests, which together with insourcing plans is gradually helping us to reduce the significant backlog. 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 above plan for outpatient procedures. We have a stretching plan for outpatient first attends and are implementing our Getting It right First time (GIRFT) action plans together with insourcing to further improve our outpatient offer. We remain a strong performer in our provision of Advice and Guidance and have consistently exceeded the 5% Patient Initiated Follow Up (PIFU) target.

In terms of our Cancer metrics, we continue our strong delivery of the national 28-day faster diagnostic standard exceeding the national standard. At month two (May-24) we delivered against our planning trajectory for cancer 31-day treatments. Unfortunately, we are off track against our planning trajectory for the cancer 62-day treatment standard with our focus being on Lower GI recovery. We have further work to do to improve performance in the treatment phase of the pathway, with our benchmark position for both the 31-day and 62-day standards needing to improve.

Further details relating to Timely Care metrics are included in the following pages with metrics grouped together within the relevant care pathways.

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Scorecard: Timely Care

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

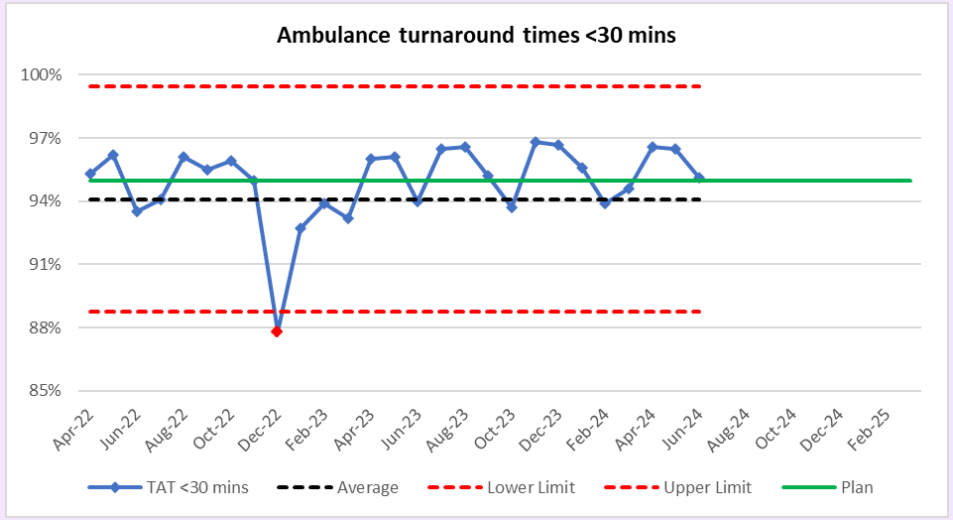
At a Glance	Indicator	2023/24 Standard	2024/25 Standard	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	Apr-24	May-24	Jun-24	2024/25 Qtr 1	2024/25 YTD
Urgent Care	Ambulance turnaround times <30 mins	≥95%	≥95%	✗ 93.7%	✓ 96.8%	✓ 96.7%	✓ 95.7%	✓ 95.6%	✗ 93.9%	✗ 94.6%	✗ 94.7%	✓ 96.6%	✓ 96.5%	✓ 95.1%	✓ 96.1%	✓ 96.1%
	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%	✗ 0.1%
	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%	✗ 72.8%
	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%	✗ 2.5%
	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%	✓ 38.2%
	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%	✗ 94.4%
	Long length of stay (21+) occupied beds	≤Plan	≤Plan	✓ 100	✗ 109	✗ 100	✗ 103	✗ 116	✗ 116	✗ 107	✗ 116	✗ 124	✓ 96	✓ 91	✓ 110	✓ 110
	Inpatients medically safe for transfer for greater than 24 hours	≤40	≤40	✗ 90	✗ 98	✗ 92	✗ 94	✗ 93	✗ 105	✗ 101	✗ 98	✗ 91	✗ 64	✗ 71	✗ 75	✗ 75
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%	-	-	✓ 25.1%
	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%	✓ 6.0%	✓ 6.0%	✓ 6.0%
	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	✗ 35,720
	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	✓ 1,177
	Incomplete RTT pathways +65 weeks	≤Plan	≤Plan	✗ 362	✗ 337	✗ 418	✗ 418	✗ 399	✗ 347	✗ 157	✗ 157	✓ 140	✓ 129	✓ 109	✓ 109	✓ 109
	Incomplete RTT pathways +78 weeks	0	0	✗ 7	✗ 5	✗ 14	✗ 14	✗ 17	✗ 12	✗ 5	✗ 5	✗ 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	3,861
	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%	✗ 70.5%
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%	-	-	✓ 77.7%
	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%	-	-	✓ 88.7%
	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%	-	-	✗ 64.0%
	Suspected cancer patients waiting over 62-days			89	86	89	89	76	50	52	52	80	69	70	70	70

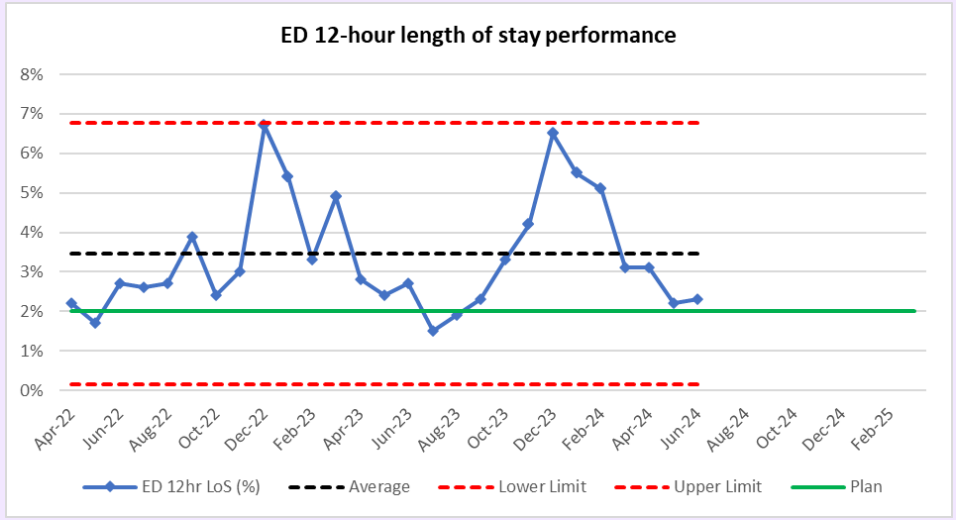
Note: Within the reported cancer treatment standards, we have aligned our reporting to match with the national cancer waiting time standards which remove auto upgrades. The reported position for the last two months for the cancer treatment standards can move as provisional cancer waiting time data is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

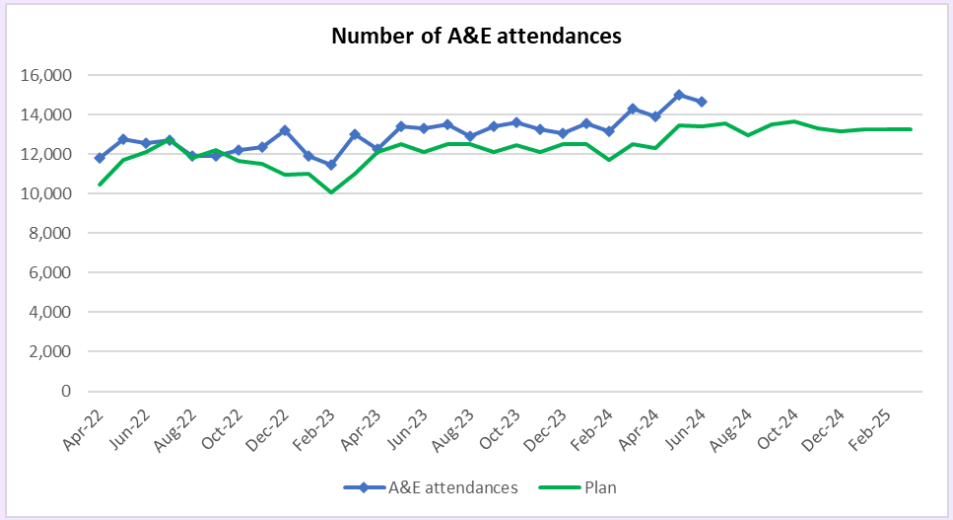
Indicators in Focus: Urgent Care – A&E (1/2)

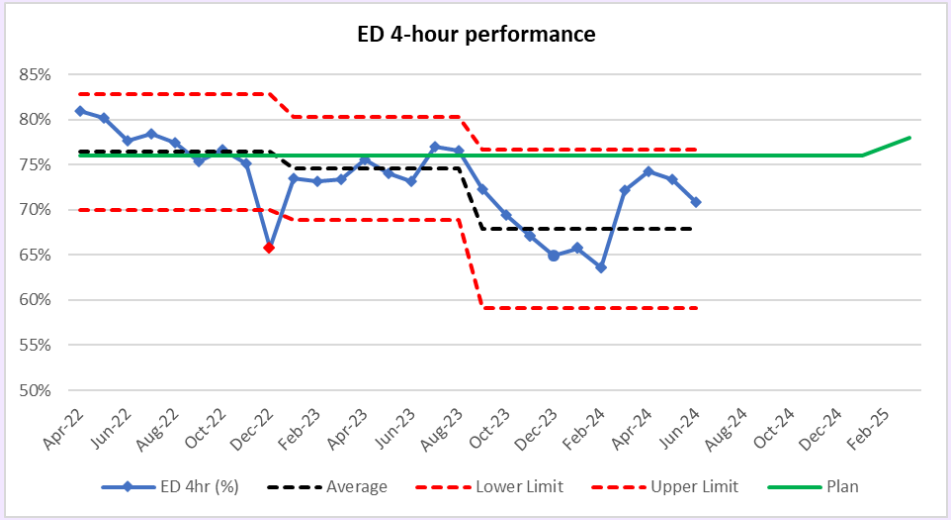
Sherwood Forest Hospitals NHS Foundation Trust

Data









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

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- Our ambulance handover position is significantly better than the East Midlands Ambulance Service (EMAS) average and amongst the best nationally:
  - Frequently best in Midlands, within top 10 nationally for ambulance handovers less than 30 mins, and the only Trust in England with 0% over 60 minutes in May and Jun-24.
  - EMAS average handover time 35 minutes, SFH 15 minutes.
- Accident and Emergency (A&E) attends over 111% of planned levels in 2024/25 quarter one (plan included 0.6% growth on 2023/24 levels). Our type one attendance demand growth is upper quartile nationally (amongst the highest in the country).
- Our 4-hour benchmark position in Jun-24 was 67th nationally out of 121 providers.
- 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.

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.	• Reduction in out of area conveyances. • Reduction in category 3 ambulance conveyances. • Reduction in over 65-year-olds where length of stay 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.	• Increase in patients through Frailty 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 CFS >6.
Insufficient staffing to manage ED demand.	• Review staffing at local organisations and comparison of King's Mill Hospital ED productivity. • Continuation of additional staffing schemes throughout quarter two and business case to be developed to identify options to close the capacity gap in response to continued increase in demand. • Agency fill of additional ED shifts.	• 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%. • Reduction in non-admitted breaches and increased 4-hour performance to 76% with plan to increase to 78% by Mar-25.
ED overcrowding driven by bed capacity pressures and mismatches in admission and discharge demand.	• Develop robust frailty offer as part of new Discharge Lounge pathways to support the transfer of patients out of ED.	• Improve patient experience as patients will be waiting to leave from discharge lounge rather than ED.
	• Improved overall hospital flow.	• See next two slides.

Indicators in Focus: Urgent Care – Hospital Flow (1/3)

Sherwood Forest Hospitals NHS Foundation Trust

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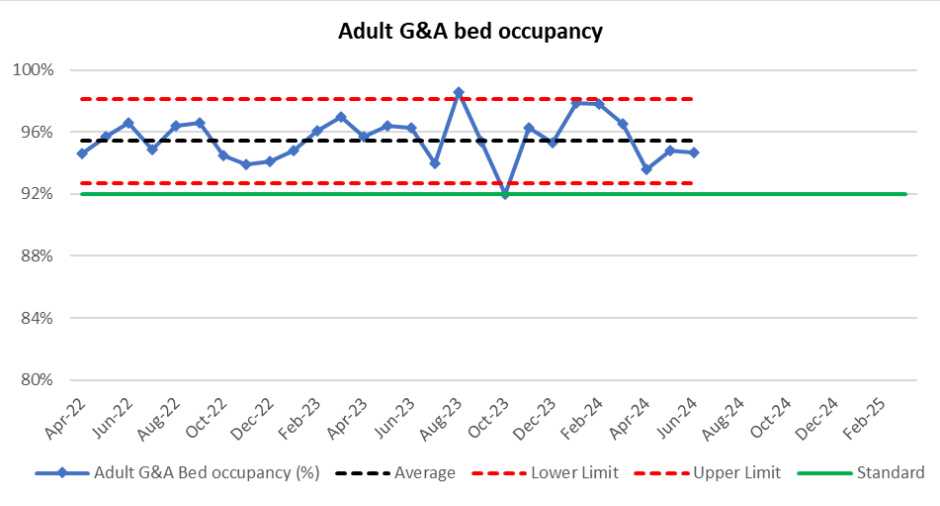
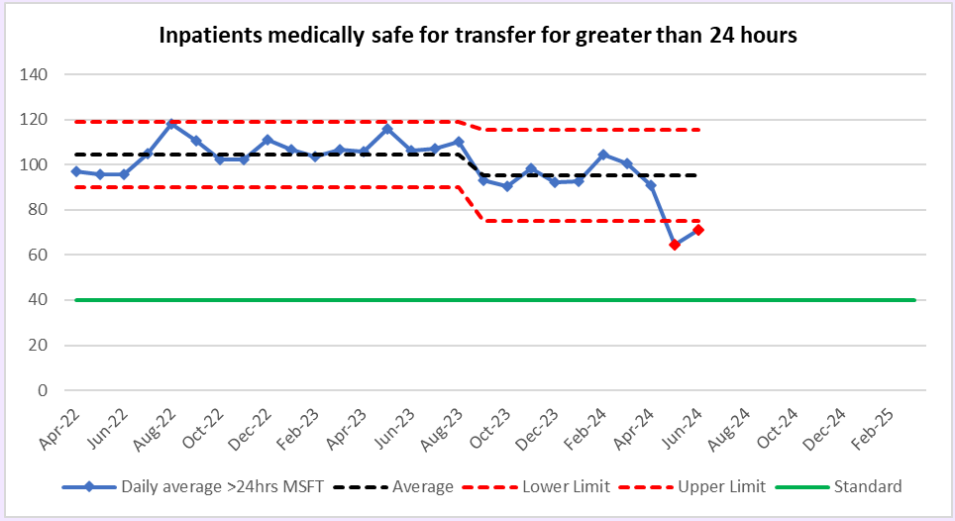
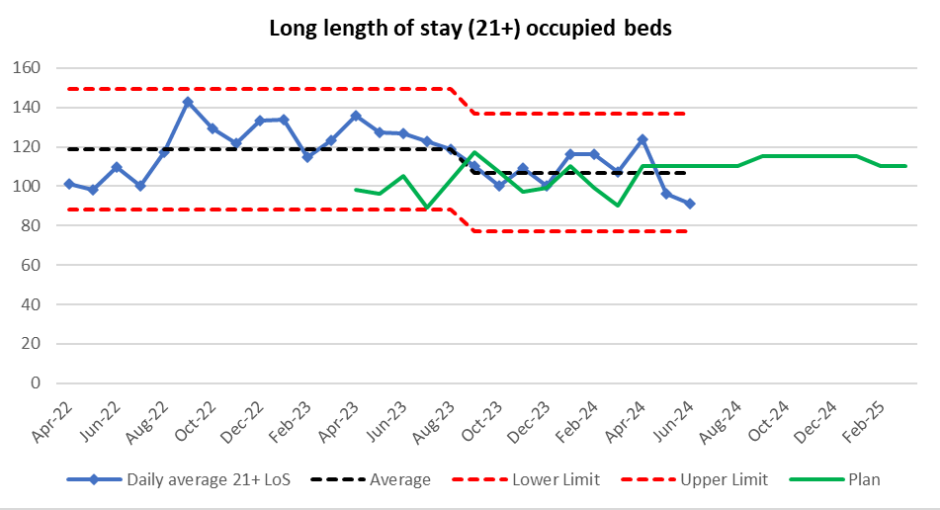
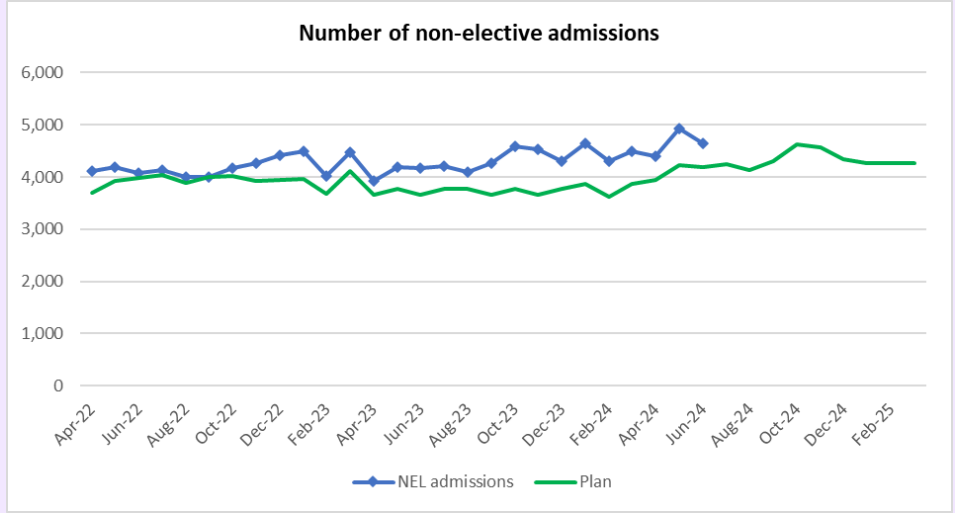








Indicators in Focus: Urgent Care – Hospital Flow (2/3)

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 one was above planned levels at 113% (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. 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 in May and Jun-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 across King's Mill, Mansfield Community Hospital and Newark Hospital wards.	• LOS meetings identify opportunities for utilising virtual wards and early identification of potential barriers to discharge to support reduced LOS.
	• In 2024/25 quarter one a new team of discharge coordinators has been deployed to dedicated wards prioritising wards with the highest number of supported discharges. These coordinators work with ward and hub staff supporting patients and their families with complex discharge planning.	• Enhanced discharge coordination will support successful discharge planning from point of admission to reduce length of stay.
Delays to post-medically safe discharge processes.	• Transfer of Care Hub continues to work well. The hub undertakes a daily review of all patients that have been medically safe for greater than 24 hours to identify actions to support timely discharge.	• Reduce discharge delays and reduce the number of medically safe patients in our hospitals.
	• New team member in the Transfer of Care hub who is focusing on securing pathway three placements.	• Reduce delays in the pathway three discharge processes supporting an overall reduction in the number of medically safe patients in our hospitals.
	• We continue to see a high number of patients with complex housing issues. Age UK and local authorities are supporting resolving housing issues. We have a strong relationship with a local housing maintenance services company that supports preparing patients homes to be suitable for discharge.	• Reduce delays in the pathway one discharge processes for patients with complex housing issues supporting an overall reduction in the number of medically safe patients in our hospitals.
	• Patient Transport Services (PTS) continue to be a challenge to timely discharge. We have AmbiCorp contract in place to mitigate for a lack of commissioned PTS capacity to meet discharge demand. Ongoing system conversation about contracting arrangements for the future.	• Eliminate barriers to discharge and reduce the number of abandoned discharges.
Insufficient community capacity to meet supported discharge demand (with a specific focus on out of area patients).	• We continue to see delays to discharge for patients requiring packages of care and placements in Derbyshire. We have a daily review meeting with Derbyshire to discuss and escalate patients waiting for 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.

Indicators in Focus: Urgent Care – Hospital Flow (3/3)

Sherwood Forest Hospitals NHS Foundation Trust

Discharge Lounge

Following the completion of capital works in Apr-24, our new discharge lounge opened. Initially, when the discharge lounge transferred to the new facility it was open Monday to Friday during daytime hours. In early May-24, we transitioned to a trial of 24/7 opening.

The new discharge lounge can cater for patients that are ambulatory and able to sit in a chair/recliner and patients that need to remain in a bed. In our old discharge lounge, we could only care for patients that were ambulatory. Within the larger discharge lounge foot-print we can accommodate patients waiting on transport from other areas of the hospital e.g. our Emergency Department.

The adjacent graph shows the total weekly number of patients leaving King's Mill Hospital via the discharge lounge. The number of patients going through our discharge lounge has more than doubled (from circa 120 patients per week to between 250 and 290 patients per week). We continue our communications with wards to encourage early in the day transfer of patients to the discharge lounge to help bridge the gap between the peak time of admission and peak time of discharge.

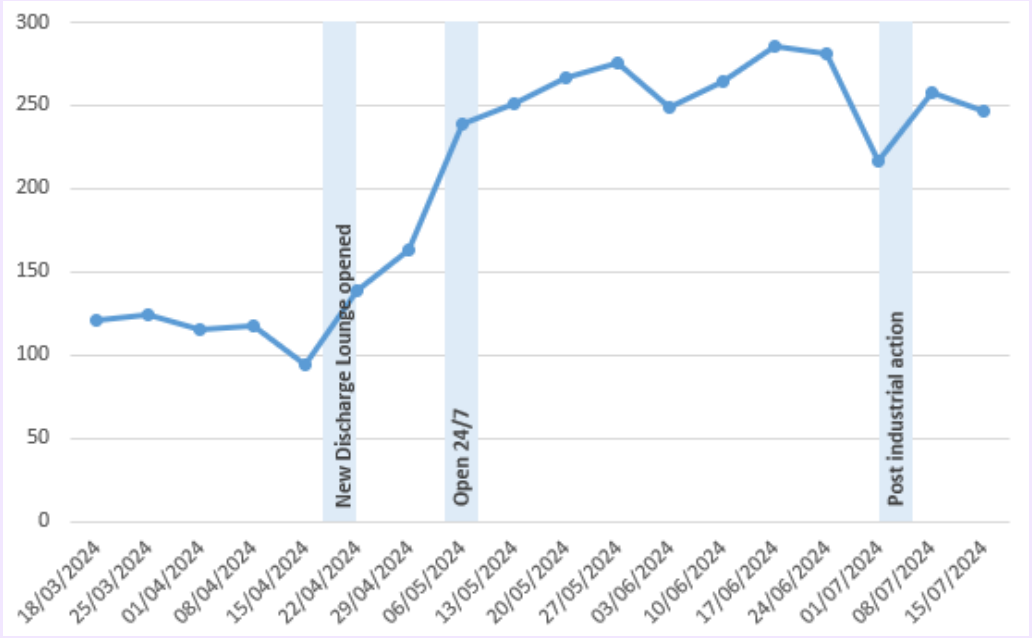
Staff feedback has been exceptionally positive in terms of the working environment and the future potential to expand services that are offered. However, staff have raised concerns around the reliance on bank and agency staff to cover the shifts and how this adds further pressure on those substantive members of staff on shift. Our nursing staff have also raised that having a dedicated Flow Co-ordinator would help release the nursing colleagues to spend more time to care for patients reducing the administration burden of tracking patients and updating hospital computer systems. We have taken this feedback onboard and are formulating a proposal for a future workforce model based on Observational Audits supported by the Improvement Faculty.

Patient feedback has been positive and following the daily Divisional Leadership Team walkarounds we are working on revamping the friends and family feedback we receive to generate more useful insight.

In Jul-24 a Trust Governor has visited to speak directly to patients regarding their Discharge experience and we have created a QR code to obtain staff feedback after each shift to inform future development of the service.

Data

Weekly number of patients transferred to the Discharge Lounge



Indicators in Focus: Outpatients (1/2)

Sherwood Forest Hospitals NHS Foundation Trust

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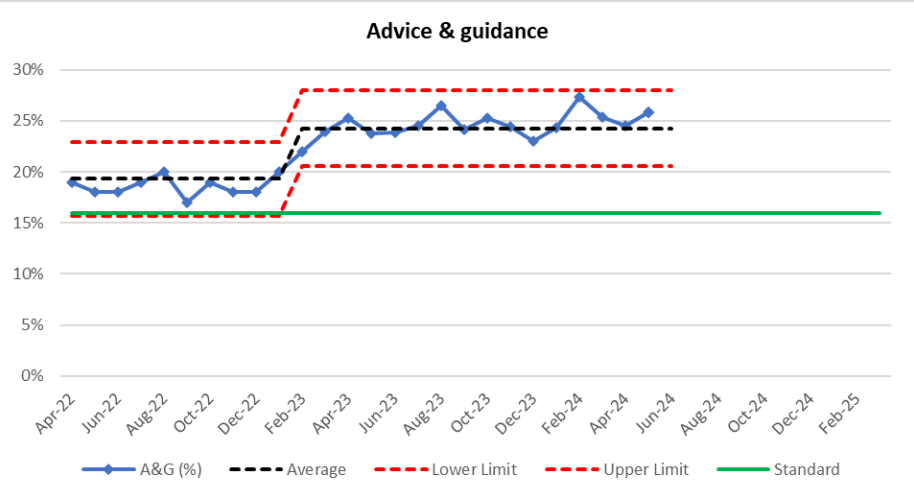

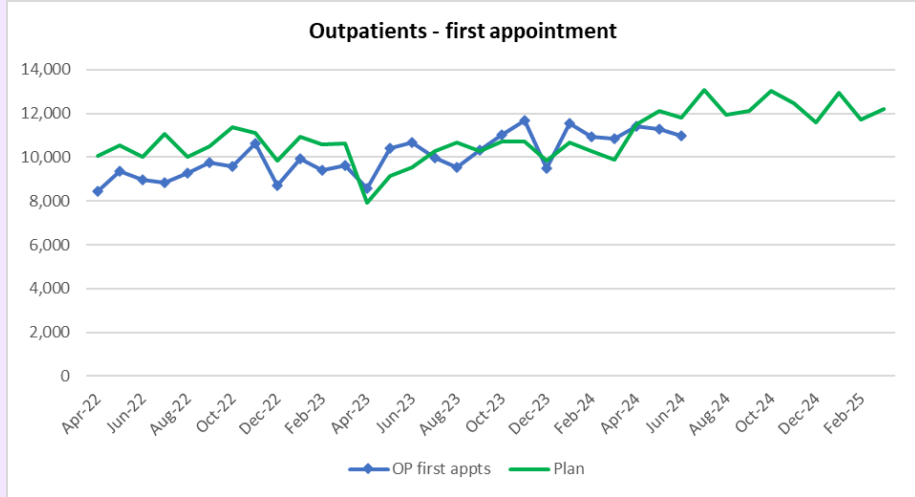

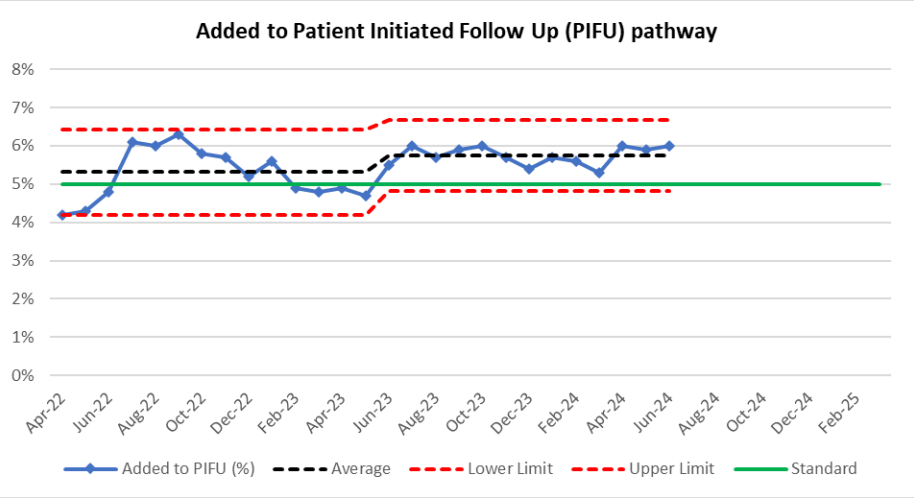

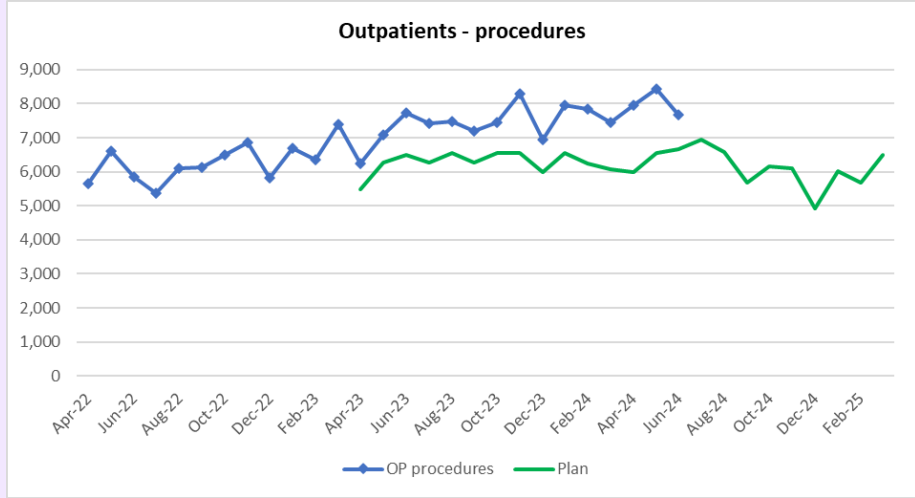

Indicators in Focus: Outpatients (2/2)

Sherwood Forest Hospitals NHS Foundation Trust

Overview and national position

- We consistently perform above the 5% Patient Initiated Follow Up (PIFU) target and in recent benchmark data we were within the top ten nationally.
- Our volume of advice and guidance surpasses national targets, and we are responding to 95% of requests in less than five days.
- Trust outpatient first attendance activity levels have remained at strong levels throughout 2024; however, we have a very ambitious plan, and we need to deliver a further rise in the remainder of the year.
- 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.
- Outpatient procedure volumes are consistently exceeding planned levels. We have a new planning guidance metric that considers the proportion of outpatient attends that are first or follow up with a procedure. This metric is being added to our Integrated Performance Report scorecard and is not available at time of writing this report. However, high levels of outpatient procedures will support delivery against this new ambition.

Root causes	Actions and timescale	Impact
Lack of physical clinic space to increase activity levels.	• Outpatient team review of all clinic space to ensure fit for generic use.	• Flexibility of space across the organisation.
	• Electronic system introduce in 2024/25 quarter one to support clinic booking across the trust.	• Improved utilisation of the clinic space and increased activity.
	• GIRFT (Getting It Right First Time) Further Faster toolkits were launched in 2023/24 quarter four to all divisions to support improvement programme and identify productivity opportunities. Action plans developed in quarter one and will be delivered in the rest of 2024/25.	• Improvement across all outpatient metrics including DNA rates (that have improved in 2024/25 quarter one), reducing overdue reviews, and increasing first outpatient activity.
Staffing constraints to deliver planned activity levels.	• Insourcing in Gastroenterology to increase outpatient volumes.	• Insourcing to deliver circa 3,000 appointments per year.
	• Use of locums to support increased outpatient volumes as part of the Elective Recovery Fund (ERF).	• ERF outpatient schemes to deliver over 13,000 new appointments in 2024/25.
Industrial Action (IA) impacting the delivery of planned care activity levels due to medical workforce being redeployed to support urgent and emergency care pathways.	• Continue to operationally manage instances of IA with a focus on what we can deliver whilst ensuring clinical prioritisation.	• Minimise the number of patients who have their outpatient appointments delayed during IA.

Indicators in Focus: Referral To Treatment (1/2)

Sherwood Forest Hospitals NHS Foundation Trust

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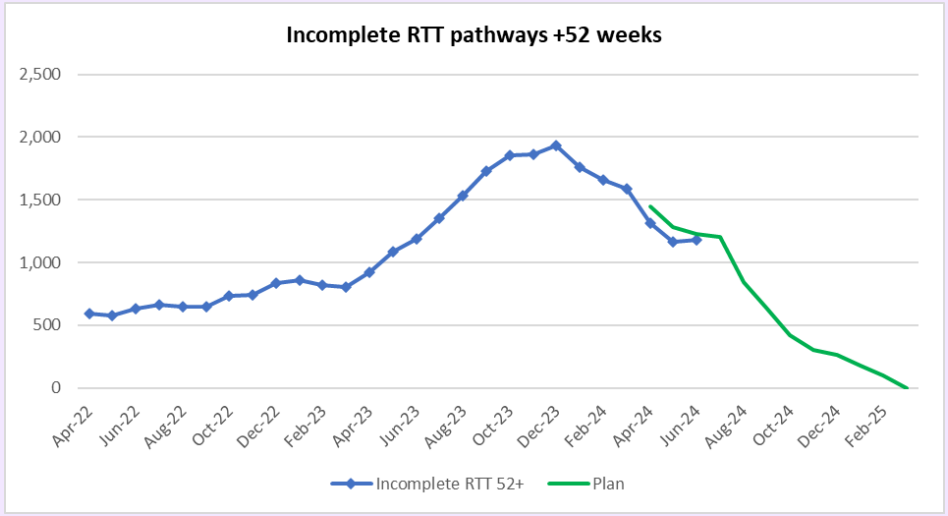

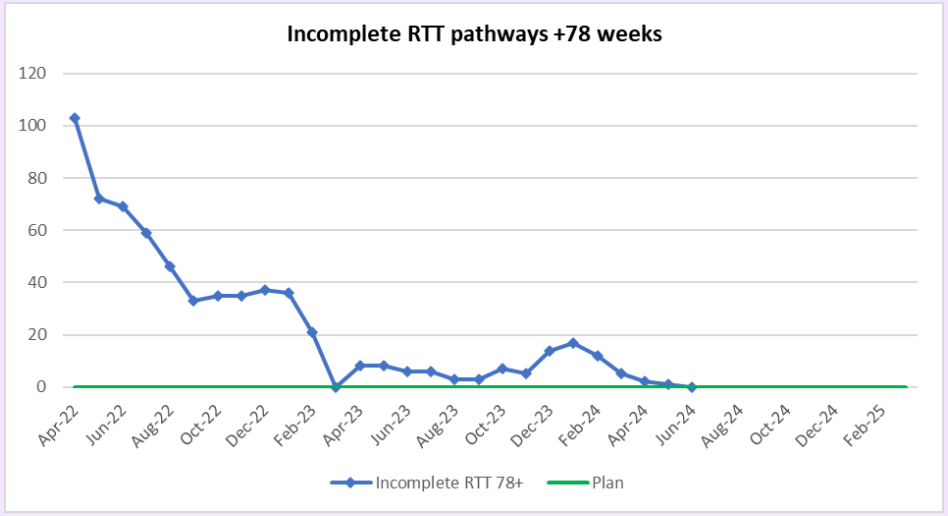

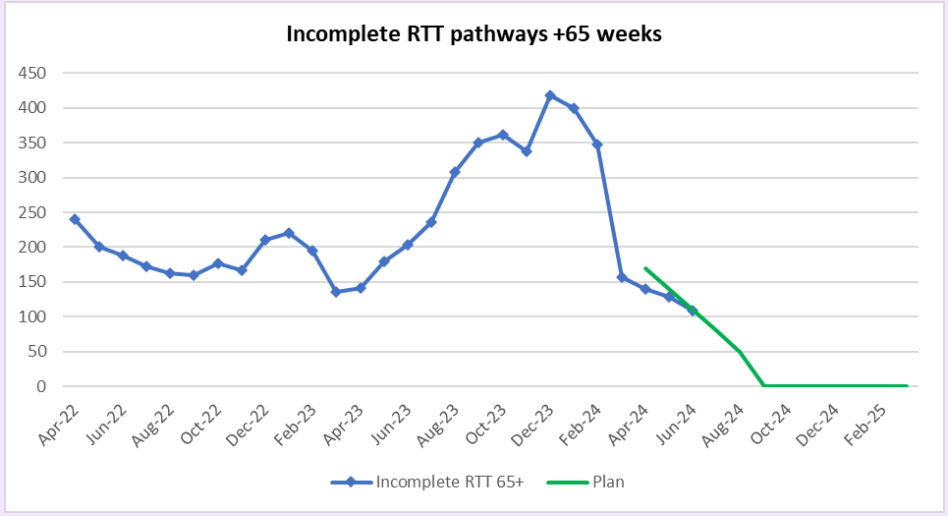

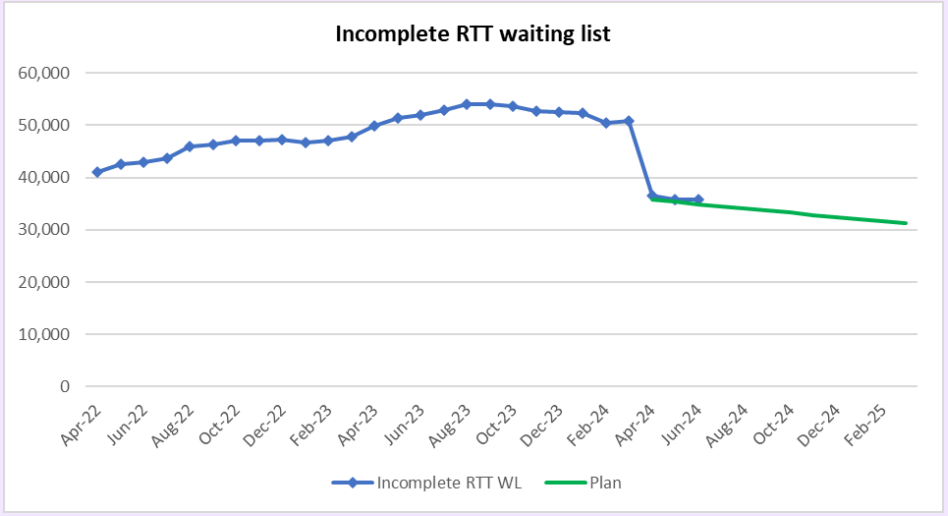

Indicators in Focus: Referral To Treatment (2/2)

Sherwood Forest Hospitals NHS Foundation Trust

National position & overview

- Referral to Treatment (RTT) waiting times across England has stabilised at 7.6 million. Nationally reporting of long wait patients more than 52 weeks wait remains at circa 307,000 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 2024/5 quarter one and 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 and we remain on target to deliver zero 65-week wait patients by the end of quarter two. We have a few challenged specialties, predominantly ENT, Cardiology and General Surgery and the provision of system support could create further challenges towards the late summer period.
- Despite the ongoing pressures of Industrial Action (IA), we are performing well against our plan for no patients waiting longer than 52-weeks for treatment by the end of Mar-25.

Root causes	Actions and timescale	Impact
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 to enable mass validation programme.	• PTL will be 'clean' and represent only those patients genuinely waiting treatment. Reduction in overall PTL size.
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 and Urology. We are about to commence transferring Audiology and MRI patients in summer 2024. • System support by Nottingham University Hospitals to see Sherwood Forest Hospitals patients waiting for Echocardiography. There are plans to transfer Endocrinology and Vascular patients in summer 2024.	• Equalise waits across the system. This could adversely impact on reported positions for long waits at a provider level.
Industrial Action (IA) impacting the delivery of planned care activity levels due to medical workforce being redeployed to support urgent and emergency care pathways.	• Continue to operationally manage instances of IA with a focus on what we can deliver whilst ensuring clinical prioritisation.	• Minimise the number of patients who have their planned care delayed during IA. • Focus on treating patients in order of clinical priority.

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 Apr-24 was just over 376,000. This meant that 77% of patients nationally were seen within 6-weeks against the interim national standard of 95% by Mar-25. The local position at the end of Apr-24 was 72.7% of patients seen within 6-weeks; below the national position.
- Across SFH at the end of Jun-24 there were just over 13,000 patients waiting for DM01 reportable diagnostic tests of which circa 3,800 patients were waiting greater than 6-weeks. Most patients are awaiting Echocardiography.

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.	
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.
Cystoscopy waiting list management and processes causing increase in overall diagnostic patient tracking list size since Sep-23.	• Review of rota planning and additional capacity took place in Jul-24.	• Lists fully utilised to achieve zero patients over 13 weeks by Sep-24.
	• Training teams and updating training and supporting documentation throughout Jul-24.	• Increased accuracy in patient tracking list and validation.

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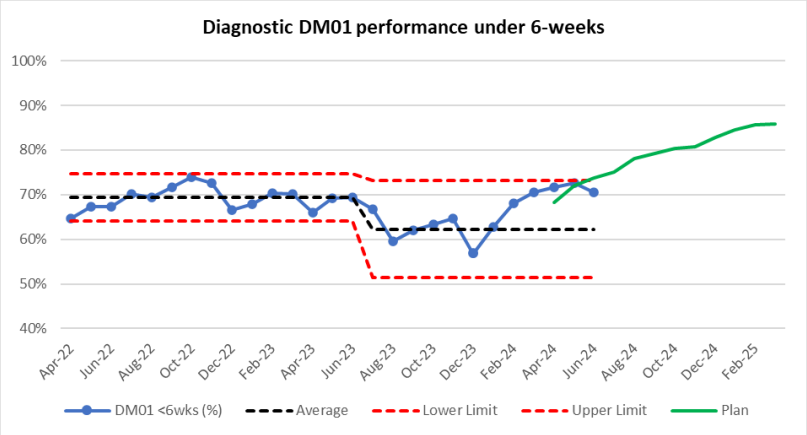

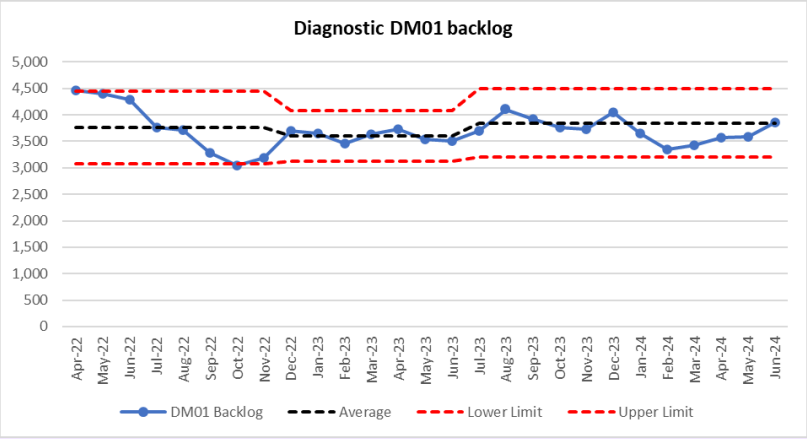

Indicators in Focus: Cancer (1/2)

Sherwood Forest Hospitals NHS Foundation Trust

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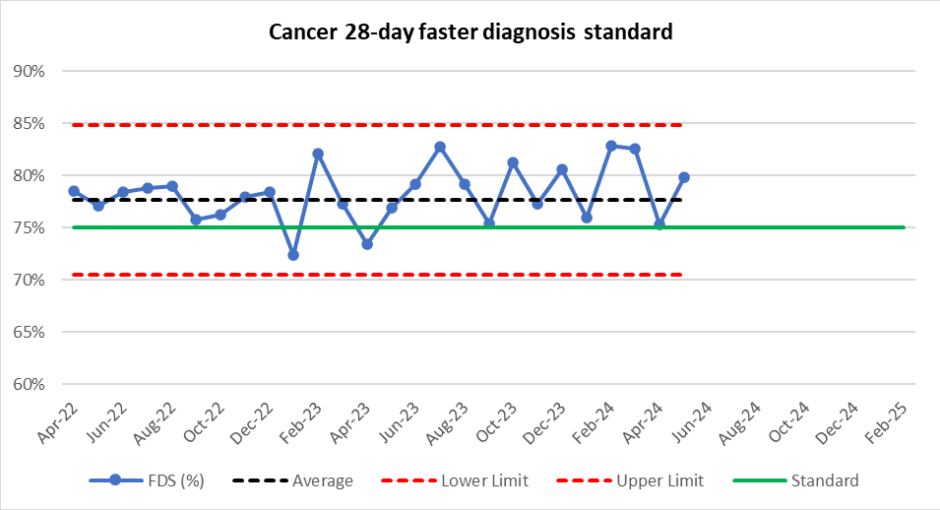

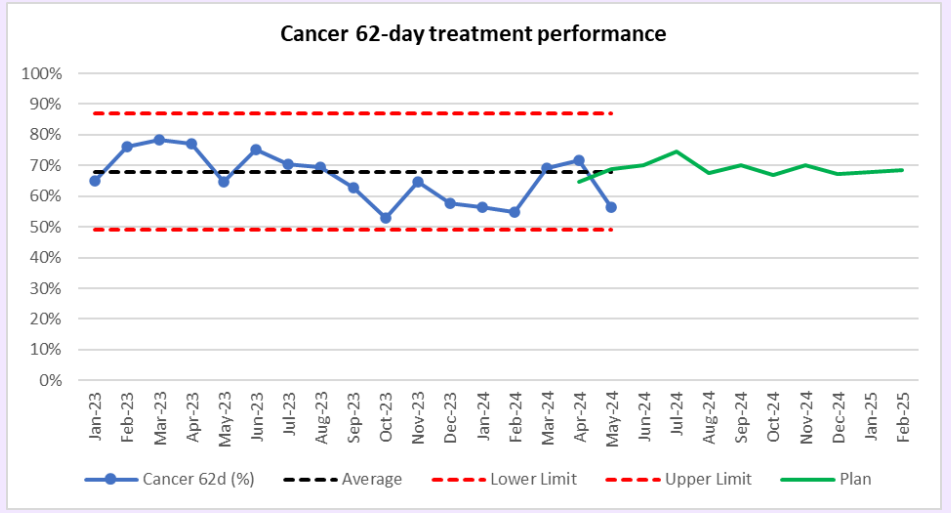

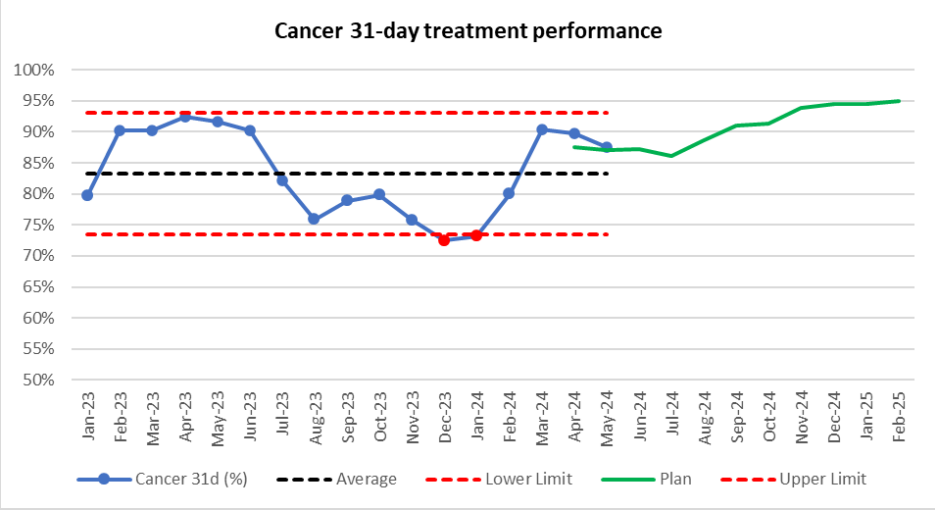

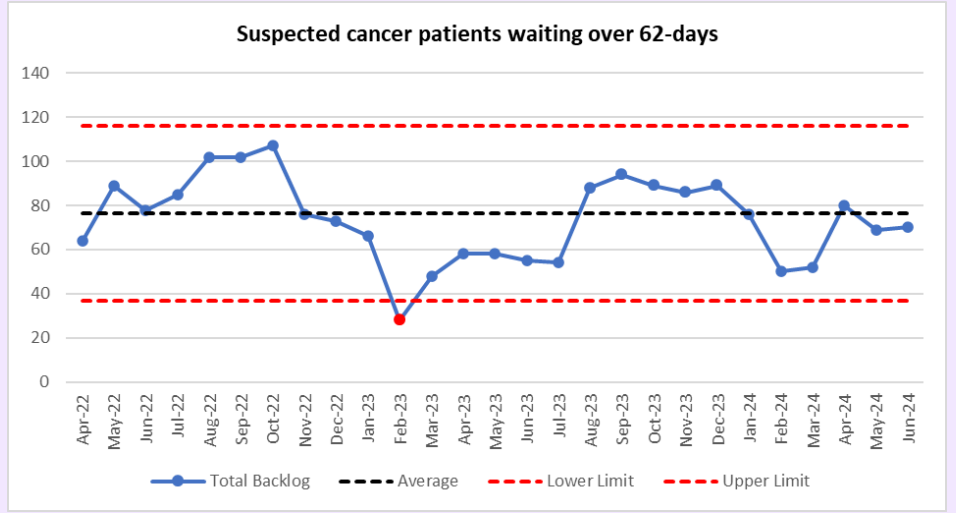

Revised national cancer waiting time standards launched in Oct-23 with the original 10 standards reduced to three. The 31-day and 62-day standards present validated month-end, published data against the new standards from Oct-23. The historical data is based on a proxy as these metrics did not exist 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 (May-24):

- Nationally Faster Diagnosis Standard (FDS) is 76.4% against the 75% standard. Our position is performing better than the England position. In May-24 we ranked 61st out of 142 providers nationally.
- Nationally 31-day treatment performance (first treatment) is 91.8% against the 96% standard. Our performance is below the England position and the national standard. In May-24 we ranked 121st out of 141 providers nationally.
- Nationally 62-day performance is 65.8% against the interim 70% standard. Our performance is below the England position and interim standard. In May-24 we ranked 124th out of 149 providers nationally.

Root causes	Actions and timescale	Impact
62-day standard - Lower GI has workforce challenges, high referral demand and difficulties with patient engagement.	• Locum consultant Colorectal sessions were provided in Jun-24 to create additional routine capacity to free up colorectal cancer consultants. The Consultant role is now substantive.	• Increased capacity to improve FDS, 31-day and 62-day performance. Additional capacity per week: two clinics, half day theatre session and one endoscopy session per week.
	• Patient information video filming complete and process for sign off underway. The video will be launched in Jul-24.	• Improve engagement and increase test compliance.
	• Daily nurse triage to review results to determine patient discharge, consultant face to face or daily virtual review commencing Jul-24.	• Improved FDS and 62-day - reduced number of consultant clinical reviews required and increase timeliness of clinical reviews.
	• Nurse-led face to face clinics commenced Jul-24.	• Reduced number of patients requiring consultant face to face capacity.
	• 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.
31-day standard - Skin tumour site referral demand.	• Tele-dermatology King's Mill Hospital trial complete and fully operational. Service commenced at Newark Hospital.	• 137 patients seen via tele-dermatology in Jun-24, reducing the number of face-to-face appointments to 235. First seen average reduced from 12 to 6 days for tele-dermatology patients compared to those requiring a face-to-face appointment.
	• Insourcing options being reviewed to support routine activity to release clinical time for complex cancer patients.	• To be confirmed.
Industrial Action (IA) impacting the delivery of tumour site activity levels and pathway development.	• Continue to operationally manage instances of IA with a focus on what we can deliver whilst ensuring clinical prioritisation to minimise the number of cancer patients who have their pathway delayed.	• 14 outpatient appointments and one daycase cancelled from the recent Jun/Jul-24 period. All rescheduled within one week.

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

Income and Expenditure

- The Financial Plan for 2024/25 is to deliver a deficit of £14.0m. This is aligned to the Trust's share of the 2024/25 Revenue Plan Limit set for the Nottingham and Nottinghamshire ICB by NHS England.
- The 2024/25 quarter one position is a deficit of £11.0m, which is £0.6m adverse to the planned deficit of £10.4m for this period. This accounts for the financial impact of industrial action (£0.2m relating to the expenditure impact and £0.2m because of income lost) as well as £0.2m of unplanned redundancy costs linked to the Covid Vaccination Service.
- The costs of managing the continued emergency and non-elective demand pressures faced over the quarter one period included capacity costs of £3.9m, compared to a year-to-date plan of £3.6m. This overspend has been offset by underspends on other divisional budgets in the period.
- The forecast for the remainder of the year aligns to the delivery of the £14.0m planned deficit. It includes an assumption that the costs and lost income relating to industrial action are covered by supporting allocations later in the year, and that elective activity levels are accelerated through the year. The forecast also assumes full efficiency delivery and that the overspends on escalation capacity are managed back to budgeted levels.

Financial Improvement Programme

- The 2024/25 quarter one Financial Improvement Programme (FIP) delivery is £5.5m against a plan of £3.9m. The £1.6m favourable variance to plan largely relates to vacancy control. However, if we continue to deliver at the existing run rate of £5.5m per quarter the annual achievement would be £16.5m below the annual FIP target of £38.5m. There is a sustained focus on the identification and implementation of additional efficiency schemes across the organisation.

Capital

- 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 one capital expenditure totalled £3.0m, which is £5.0m lower than initially planned. 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.

Cash

- Closing cash on 30 June was £1.50m, which is £20k 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

- Value weighted Elective activity in quarter one was 108.8% against the baseline, which exceeds the NHS England target of 105.0%. 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.

Agency

- In 2024/25 quarter one we have spent £3.9m on agency, which is £0.8m higher than the plan of £3.1m. This represents 4.7% 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	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	✗-£0.61
	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	✓£1.59
	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	✗£5.07
	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	✓£1.50
	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%
	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	✗-£0.76
	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	£3.87
	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	£7.72

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 deficit position of £14.0m 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 Trust has an adverse variance to plan of £0.6m in 2024/25 quarter one, reporting a deficit of £11.0m against a plan of £10.4m.

Root causes	Actions and timescale	Impact
Unfunded costs and lost income due to industrial action, including the costs of covering staffing gaps and an estimate of lost income relating to cancelled activity.	• The forecast includes an assumption that the costs and lost income relating to industrial action are covered by supporting allocations later in the year, and that elective activity levels are accelerated through the year.	• Annual plan achieved.
Escalation spend over-commitment against the planned allocation.	• The forecast assumes any overspends are reduced back to budgeted levels.	• 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 July 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 manged 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 July 2024.	
	• Allocation agreed with Integrated Care System (ICS) partners for 2024/25.	
Requirement for Public Dividend Capital (PDC) to support plan £13.6m.	• PDC request to be prepared and submitted in July 2024 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 quarter one the cash position is £0.20m lower than planned but remains above the minimum cash balance.
- Plan and actual required revenue borrowing Public Dividend Capital (PDC) cash support from DHSC of £14.0m.

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 suppler 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 revenue 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 to be prepared and submitted Jul-24 in relation to the agreed 2024/25 capital plan.	• Extended payment terms to suppliers. • Failure to achieve Better Payment Practice code

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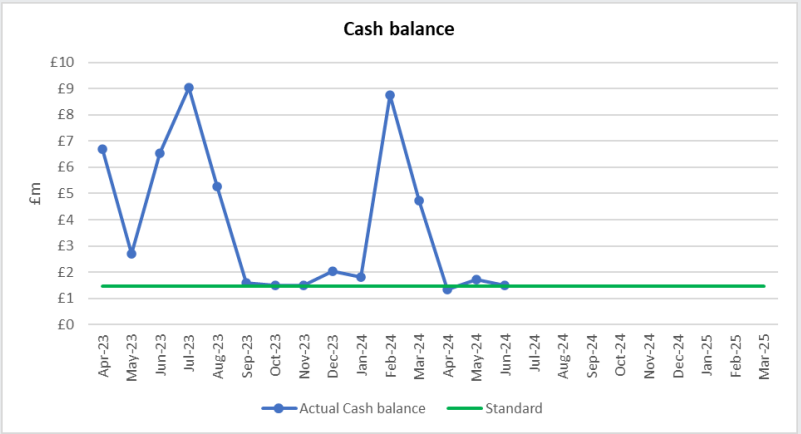

Indicator in Focus: Agency Expenditure Against Plan

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 £3.9m for 2024/25 quarter one; this is £0.8m adverse to the planned level of spend.
- Agency expenditure accounts for 4.7% 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. • All medical agency bookings that are above cap to be reviewed at weekly vacancy control panels. • From July 2024 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.	• Reduced agency run rate to achieve financial plan.

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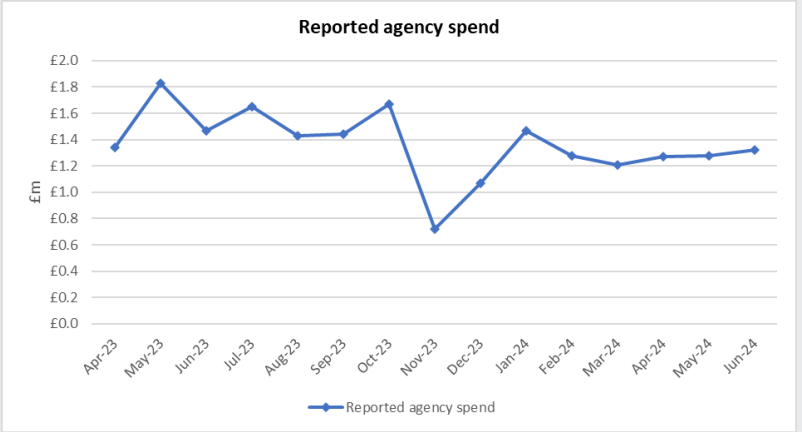

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Scorecard: Activity (for context)

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	2024/25 YTD
Urgent Care	A&E attendances	≤Plan	≤Plan	✗109.1%	✗109.1%	✗104.3%	✗107.5%	✗108.1%	✗112.3%	✗114.2%	✗111.5%	✗113.2%	✗ 111.5%	✗109.2%	✗111.2%	✗111.2%
	Non-elective admissions	≤Plan	≤Plan	✗121.4%	✗124.2%	✗114.1%	✗119.9%	✗119.9%	✗118.6%	✗116.0%	✗118.2%	✗111.4%	✗ 116.8%	✗110.8%	✗113.0%	✗113.0%
Electives	Average daily elective referrals			310	316	260	295	314	327	304	315	343	340	325	336	336
	Outpatients - first appointment	≥Plan	≥Plan	✓102.9%	✓109.1%	✗ 96.4%	✓103.0%	✓108.3%	✓106.3%	✓109.7%	✓108.1%	✗99.3%	✗ 93.2%	✗93.1%	✗95.1%	✗ 95.1%
	Outpatients - follow up	≤Plan	≤Plan	✗102.1%	✗108.1%	✓ 95.1%	✗101.9%	✗107.5%	✗105.0%	✗106.2%	✗106.2%	✓100.0%	✓ 99.2%	✓ 93.0%	✓ 97.4%	✓ 97.4%
	Outpatients - procedures	≥Plan	≥Plan	✓113.9%	✓126.4%	✓116.0%	✓118.9%	✓121.7%	✓125.3%	✓123.0%	✓123.3%	✓133.0%	✓ 129.1%	✓115.1%	✓125.5%	✓125.5%
	Day case	≥Plan	≥Plan	✗ 86.7%	✓101.3%	✗ 91.8%	✗ 93.3%	✓100.2%	✓101.5%	✓109.8%	✓103.7%	✗96.3%	✗ 96.1%	✗ 95.4%	✗ 96.0%	✗ 96.0%
	Elective inpatient	≥Plan	≥Plan	✗ 86.8%	✓108.9%	✓107.1%	✓100.7%	✓101.9%	✓110.8%	✓129.3%	✓113.5%	✗92.5%	✗ 94.6%	✗ 92.9%	✗ 93.4%	✗ 93.4%
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%	✓103.2%