

**ANNUAL REVIEW OF THE
INTEGRATED PERFORMANCE REPORT (IPR)**

JULY 2024

Sherwood Forest Hospitals Foundation Trust (SFH) undertake a full review of the IPR indicators annually to ensure that they reflect changing guidance and priorities.

The 2024/25 review consisted of a 'sense check' of indicators with each responsible Director (or their representative) to agree any changes to the IPR indicators for 2024/25. All areas have engaged in the process. Colleagues were asked to consider any amendments following the national operational planning guidance and the NHS standard contract (including the quality schedule) being published.

The proposed changes to indicators reported in the IPR to Board are detailed in the tables below.

Table 1: Indictors to Change

Indicator	Change	Lead Director
Vacancy rate	Update target from <6% in 2023/24 to <8.5% in 2024/25 to account for a revision to the reporting methodology.	Director of People
Employee Relations Management	Update target from <12 in 2023/24 to <17 in 2024/25. This revision is to acknowledge the sustained increase in employee relations figures across the last 2 years.	
Agency Usage (%)	Updated target from <3.7 in 2023/24 to <3.2 in 2024/25 in line with the new national target.	
Agency (Off Framework)	Update target from <6% in 2023/24 to 0% in 2024/25 to account for the zero off framework expectations in the NHS planning guidance.	
Agency (Over Price Cap)	Update target from <30% in 2023/24 to <40% in 2024/25. This revision is to acknowledge the sustained increase in over price cap across the last 2 years and forecasting a realistic target.	
Diagnostic DM01 <6 weeks	Update target from pre-pandemic national standard to our 2024/25 operational plan value to align with measure of success being monitored by NHS England.	Chief Operating Officer
31-day combined performance (%)		
62-day combined performance (%)		
Number of local 2ww 62-day backlog patients	Amended to reflect revision to cancer waiting time standards. The 62-day backlog will now include 2-week wait patients, consultant upgrades and screening patients.	
Cash balance	Amend indicator to actual cash balance with the standard set as the NHS England Minimum Cash Balance (£1.5m).	Chief Financial Officer

Table 2: Indicators to Remove

Indicator	Reason for Removal	Lead Director
Venous Thromboembolism (VTE) risk assessments	This level of detail is not considered necessary for Board oversight and will be monitored moving forwards via a Quality dashboard.	Chief Nurse
Ambulance turnaround times <15 mins (%)	Primary focus in national operational planning guidance is 30-minute standard which remains in the IPR. Monitored by Emergency Care Steering Group.	Chief Operating Officer
Mean waiting time in ED (in minutes)	This metric was proposed several years ago to replace the 4-hour standard. The 4-hour standard remains the primary measure for A&E access and is included in the IPR.	
ED 12-hour DTA breaches	Primary focus in the national operational planning guidance is performance against the ED 12-hour length of stay (LOS) metric (delivery of which will support elimination of 12-hour DTA breaches). 12-hour LOS metric remains in the IPR. Monitored by Emergency Care Steering Group.	
Remote attendances (%)	Not referenced in the operational planning guidance for 2024/25. Monitored by Planned Care Steering Group.	
Completed admitted RTT pathways against plan	This level of detail is not considered necessary for Board oversight. These metrics relate closely to activity levels which are detailed in the report. Any specific key messages relating to these metrics that require Board oversight will be communicated through the existing planned care elements of the IPR. Monitored as part of compliance verses operational plan.	
Completed non-admitted RTT pathways against plan		
Incomplete RTT pathways +104 weeks	Consistently meet this target. Focus is now on eliminating >78 and 65-week pathways (which remain reported metrics to Board).	
Diagnostic DM01 Waiting List	This level of detail is not considered necessary for Board oversight. Contextual information that will be reference in the main body of the report if felt necessary. Monitored by Planned Care Steering Group.	

Table 3: Indicators to Add

Indicator	Reason for Addition	Lead Director
Sepsis – details to be confirmed	Indicator to be scoped and developed for inclusion from 2024/25 quarter three report due to Trust-wide focus.	Chief Nurse
Bank Usage (%)	Key area of focus in 2024/25.	Director of People
Proportion of outpatient attends that are first or follow up with a procedure	New metric described in the 2024/25 national operational planning guidance.	Chief Operating Officer
Value weighted elective activity (%)	Priority as set out in the national operational planning guidance and measured against NHS England target.	Chief Financial Officer

Further work is underway to understand and agree appropriate improvement metrics to include in the IPR.

Within the IPR balanced scorecard we propose grouping the activity items that are spread across the timely care domain into a consolidated activity section. The activity items are contextual metrics which impact across multiple domains; hence, the proposal. The activity section will include the following metrics:

- Number of A&E attendances against plan
- Number of NEL admissions against plan
- Average daily elective referrals
- Outpatients - first appointment against plan
- Outpatients - follow up against plan
- Daycase activity against plan
- Elective inpatient activity against plan
- Diagnostics activity against plan.

We do not intend to have a specific activity narrative or exception report(s). The activity metrics are contextual information that will support narrative relating to either delivery, or under delivery, against key metrics in the domain reports.

The current IPR provides monthly data with performance verses target for SFH (reported quarterly to Board). Benchmarking information is available for several indicators. We are exploring options of how best to present visually the relative SFH benchmark performance and, subject to Board agreement, will include details in the timely care section of the quarter two report (prior to rolling out across other domains).

Trust Board is requested to:

1. Note the contents of this paper.
2. Agree to the indicator changes detailed above. If agreed, these will be reflected in the 2024/25 quarter one report unless specified. A sample of the scorecard metrics is included in Appendix A.
3. Agree to timely care benchmarking data to be visualised and included in the quarter two report. If positive feedback is received from Board following the quarter two report, we will expand the benchmarking approach across the other domains.
4. Agree to receive further reports on an annual basis.

Appendix A: Proposed indicator list for 2024/25

Domain		Indicator	Executive Director
Quality of Care	Safe	Falls with lapse in care	CN
		Falls per 1000 occupied bed days	CN
		Never events	MD/CN
		MRSA reported in month	CN
		Cdifficile reported in month	CN
		Ecoli blood stream infections (BSI) reported in month	CN
		Klebsiella BSI reported in month	CN
		Pseudomonas BSI reported in month	CN
		HAPU (cat 2) per 1000 occupied bed days with a lapse in care	CN
		HAPU (cat 3/4) and ungradable pressure ulcers with lapse in care	CN
	Sepsis (<i>metric to be defined</i>)	CN	
	Caring	Case finding question, or diagnosis of dementia or delirium	MD/CN
		Complaints per 1000 occupied bed days	CN
		Compliments received in month	CN
	Effective	HSMR (basket of 56 diagnosis groups)	MD
SHMI		MD	
Still birth rate		CN	
Early neonatal deaths per 1000 live births		CN	
People and Culture	Belonging in the NHS	Engagement score	DoP
	Growing the Future	Vacancy rate	DoP
		Turnover in month	DoP
		Appraisals	DoP
		Mandatory & statutory training	DoP
	Looking after our People	Sickness absence	DoP
		Total workforce loss	DoP
		Flu vaccinations uptake (front line staff)	DoP
		Employee relations management	DoP
	New Ways of Working	Bank usage	DoP
Agency usage		DoP	
Agency (off framework)		DoP	
Agency (over price cap)		DoP	
Timely Care	Urgent Care	Ambulance turnaround times <30 mins	COO
		Ambulance delays >60 mins	COO
		ED 4-hour performance	COO
		ED 12-hour length of stay performance	COO
		SDEC rate	COO
		Adult G&A bed occupancy	COO
		Long length of stay (21+) occupied beds	COO
		Inpatients medically safe for transfer for greater than 24 hours	COO
	Electives	Advice & guidance	COO
		Added to Patient Initiated Follow Up (PIFU) pathway	COO
		Proportion of outpatient attends that are first or follow up with a procedure	COO
		Incomplete RTT waiting list	COO
		Incomplete RTT pathways +52 weeks	COO
		Incomplete RTT pathways +65 weeks	COO
	Diagnostics	Incomplete RTT pathways +78 weeks	COO
Diagnostic DM01 backlog		COO	
Cancer	Diagnostic DM01 performance under 6-weeks	COO	
	Cancer 28-day faster diagnosis standard	COO	
	Cancer 31-day treatment performance	COO	
	Cancer 62-day treatment performance	COO	
		Number of suspected cancer patients waiting over 62-days	COO
Best Value Care	Finance	Income & expenditure against plan	CFO
		Financial Improvement Programme (FIP) against plan	CFO
		Value weighted elective activity (%)	CFO
		Capital expenditure against plan	CFO
		Cash balance	CFO
		Agency expenditure against plan	CFO
Activity (for context)	Urgent Care	Number of A&E attendances	
		Number of non-elective admissions	
	Electives	Average daily elective referrals	
		Outpatients - first appointment	
		Outpatients - follow up	
		Daycase	
		Elective inpatient	
Diagnostics	Diagnostics		