

Integrated Performance Report

Reporting Period: Q4
2023/24



Domain Summary: Quality Care

Overview

Lead

2023/24 Q4 (Jan - Mar) There is a continued high volume of people consistently 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. We continue to see long waits for admission beds and over-crowding and patient and staff impact, within the Emergency Department.

The 2023 BMA Industrial Action has continued during Q4.

The Patient Safety Incident Response Framework (PSIRF) is now well embedded in the Trust and during Q4 4 Patient Safety Incident Investigations (PSII) were commissioned. Themed under:

1 - Treatment & Care to include concerns over appointments, admission, transfer & discharge

1 - Delays in care

2 - Communication - Consent / DoLS / MCA

The First PSIRF Oversight Group was held in February with good attendance from the Divisions, ICB representation and one of Patient Safety Partner's (PSP's) was also present. The divisions each gave an overview of any matters of concern, key risks, work on-going and positive assurances to highlight. The divisional reports presented varied in relation to content and a discussion was held on how, moving forwards, these reports can be more closely aligned. Duty of Candour compliance remains 100%

Q4 has seen the falls rate per 1000 bed days for January & February above the national average, this can in part be attributed to a high number of medically safe patients remaining in acute beds due to reduced capacity for community care and ability to discharge. When compared to December 2022 data this represents a decrease in overall falls and although we were off track for the quarter we remained on track for the annual target. Themes and trends are explored and provision of bespoke training from Falls Prevention Practitioners (FPP) continues. Project work with the digital team to ensure assessments such as lying and standing blood pressure and visual acuity are aligned to national guidance is underway as is the use of AMAT for audits of falls risk assessments and bed rail assessments, providing assurance of compliance to policy. Comprehensive investigation of all falls continues to report no of lapses in care.

As an organisation we have seen an improvement with our gram negatives blood stream infections compared with the last financial year and continue to compare cases against our Peer Trusts and the regional Hospital Trusts, we also review against our position as an ICB.

Venous Thromboembolism (VTE) risk assessments are on track for Q4. Work is ongoing around VTE with the link from assessment to a prescription and timing for further assessments.

There are 5 domains during Q4 which will be reported on as off track:

- The Gram Negative blood stream infections: For our Klebsiella trajectory this year we have a target of 22 and our end of year position is 16 cases this is a reduction of 5 cases from last year (see graph 9) showing a good improvement. Currently benchmarking against our peer organisations we are showing to have the second lowest number of cases, for our Pseudomonas trajectory this year we have a target of 10 and our end of year position shows we breached this with 15 cases, at the same time last year we were on 13 cases
- Falls per 1000 bed days
- Case finding question, or diagnosis of dementia or delirium: Our compliance has improved considerably, with the percentage rate consistently >80%, we expect this improvement to continue.
- HSMR remains "higher-than-expected" (126.3), recognising this represents a 12-month rolling position (representing the period January 2023-December 2023) Our in-month HSMR for December 2023 which is the latest reported month is 116.2 which is "within expected". There is no validated HSMR data after Dec 23.
- SHMI remains "as expected" at 108.6 for the rolling 12-month period November 22 to October 2023. The upward trend we were concerned about in the last update did not continue and has begun to reverse. There is no SHMI data after October 23.

MD, CN

Scorecard: Quality Care



At a Glance	Indicator	Standard				2023/24				2023/24				2023/24			2023/24	2023/24		
			Apr-23	May-23	Jun-23	Qtr 1	Jul-23	Aug-23	Sep-23	Qtr 2	Oct-23	Nov-23	Dec-23	Qtr 3	Jan-24	Feb-24	Mar-24	Qtr 4	YTD	
Safe	Falls with lapse in care	≤2	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	
	Falls per 1000 OBDs	≤6.63	✗ 6.9	✓ 5.9	✗ 7.0	✓ 6.6	✓ 5.2	✗ 6.9	✓ 6.0	✓ 6.1	✓ 5.6	✗ 6.9	✗ 6.7	✓ 6.4	✗ 6.9	✗ 7.3	✓ 6.1	✗ 6.7	✓ 6.5	
	Never events	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	✓ 0	✗ 1	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1	
	Hospital acquired infection MRSA > 48 hours	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	
	Hospital acquired infection C difficile > 48 hours	≤13	✓ 4	✓ 6	✓ 5	✗ 15	✓ 4	✓ 0	✓ 2	✓ 6	✓ 1	✓ 5	✓ 6	✓ 12	✓ 1	✓ 3	✓ 0	✓ 4	✗ 37	
	Hospital acquired infection Ecoli BSI > 48 hours	≤22	✓ 2	✓ 3	✓ 5	✓ 10	✓ 2	✓ 2	✓ 6	✓ 10	✓ 0	✓ 6	✓ 5	✓ 11	✓ 3	✓ 5	✓ 3	✓ 11	✗ 42	
	Hospital acquired infection Klebsiella BSI > 48 hours	≤1	✓ 0	✓ 1	✓ 0	✓ 1	✓ 1	✓ 1	✓ 0	✗ 2	✓ 1	✓ 1	✓ 1	✗ 3	✗ 2	✓ 1	✓ 0	✗ 3	✗ 9	
	Hospital acquired infection Pseudomonas BSI > 48 hours	≤3	✓ 2	✓ 0	✓ 0	✓ 2	✓ 2	✓ 0	✓ 0	✓ 2	✓ 0	✓ 1	✓ 1	✓ 2	✓ 2	✓ 1	✓ 1	✗ 4	✗ 10	
	HAPU (cat 2) per 1000 OBDs with a lapse in care		0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.2	0.1	0.0	0.1	0.2	0.2	0.2	0.2	0.2	0.1
	HAPU (cat 3/4) and ungradable pressure ulcers with lapse in care	0	✓ 0	✗ 1	✓ 0	✗ 1	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✗ 1
	Venous Thromboembolism (VTE) risk assessments	≥95%	✗ 92.4%	✗ 94.6%	✗ 94.4%	✗ 93.8%	✓ 95.0%	✗ 94.7%	✗ 94.2%	✗ 94.6%	✓ 95.6%	✗ 94.9%	✗ 94.5%	✓ 95.0%	✗ 94.7%	✗ 94.6%	✓ 95.9%	✓ 95.0%	✗ 94.6%	
Caring	Case finding question, or diagnosis of dementia or delirium	≥90%	✗ 82.1%	✗ 84.8%	✗ 86.2%	✗ 84.4%	✗ 88.1%	✗ 84.9%	✗ 83.7%	✗ 85.6%	✗ 83.5%	✗ 85.4%	✗ 86.6%	✗ 85.2%	✗ 84.8%	✗ 84.5%	✗ 84.0%	✗ 84.4%	✗ 84.9%	
	Complaints per 1000 OBDs	≤1.9	✓ 1.1	✓ 1.2	✓ 1.0	✓ 1.1	✓ 1.5	✓ 1.3	✓ 1.3	✓ 1.4	✓ 1.1	✓ 1.2	✓ 1.3	✓ 1.2	✓ 1.1	✓ 1.1	✓ 0.8	✓ 1.0	✓ 1.2	
	Compliments received in month		90	146	123	359	165	150	135	450	103	158	150	411	151	122	120	393	1613	
Effective	HSMR (basket of 56 diagnosis groups)	≤100	✗ 127	✗ 128	✗ 131	✗ 131	✗ 131	✗ 130	✗ 130	✗ 130	✗ 127	✗ 125	✗ 126	✗ 126	✗ 131	✗ 129	✗ 126	✗ 126	✗ 126	
	SHMI	≤100	✗ 104	✗ 105	✗ 106	✗ 106	✗ 106	✗ 108	✗ 109	✗ 109	✗ 108	✗ 107	✗ 107	✗ 107	✗ 108	✗ 109	✗ 109	✗ 109	✗ 109	
	Still birth rate	≤4.4	✓ 3.6	✓ 0.0	✓ 3.4	✓ 2.2	✓ 0.0	✓ 3.7	✓ 0.0	✓ 1.2	✓ 3.5	✓ 0.0	✗ 6.7	✓ 3.3	✓ 3.2	✗ 11.5	✓ 3.7	✗ 5.9	✓ 3.1	
	Early neonatal deaths per 1000 live births	≤1	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✗ 6.9	✓ 0.0	✗ 3.3	✗ 3.5	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.9	

Indicators in Focus: Quality Care – Gram Negative Blood Stream Infections



National position & overview

There is a national increase in the rates of Gram negative blood stream infections with trajectories set out by NHS England being difficult to achieve. A full review of all Hospital onset Healthcare associated (HOHA) and Community onset healthcare associated (COHA) blood stream infections is being undertaken by the IPC team

- E-coli.**
- This year's trajectory is set at 86.
 - The trust has ended the year with 86 patients who have isolated E-coli which is on the target. There is an even split of 42 HOHA and 44 COHA infections.
 - The ICB has the highest rates of E-coli blood stream infections within the Country

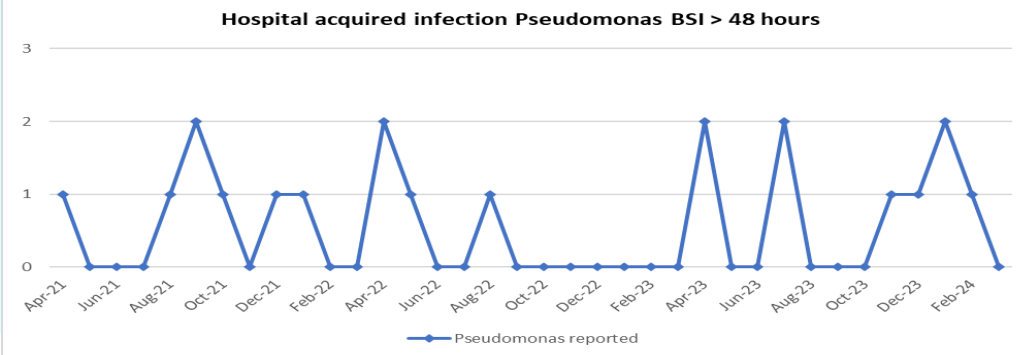
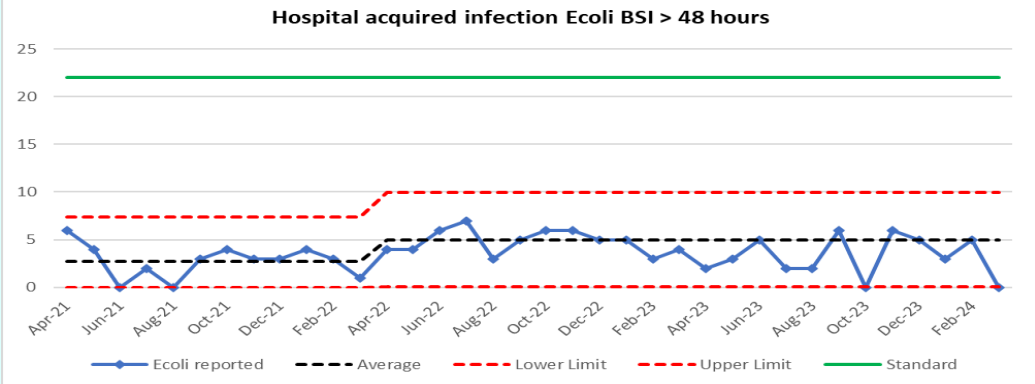
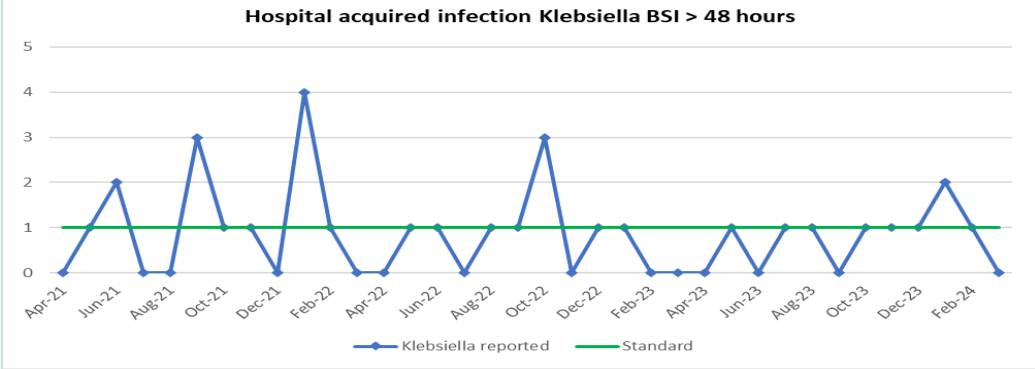
- Pseudomonas Aeruginosa.**
- This year's trajectory is set at 10, the trust have breached this trajectory with 15 cases identified this year. With a split of 10 HOHA and 5 COHA. A high number of our peer organisation have also breached their trajectory.

- Klebsiella.**
- This year's trajectory is set at 22.
 - Although the trust is over its standard of less than 1 per quarter, the trust overall position for the year is 16 cases identified, this has improved by 5 cases from last year when we recorded 21.

As an organisation we have seen an improvement with our gram negatives blood stream infections compared with the last financial year.

Root causes	Actions	Impact/Timescale
Over 50% of our gram negative infections are related to urinary tract infections.	<ul style="list-style-type: none"> • To have a regional focus on reducing urinary tract infections including the use of urinary catheters. • To develop an ICB urinary tract infection strategy 	<p>October 2024</p> <p>May 2024</p>

Data



Indicators in Focus: Quality Care – Falls

National position & overview

- The falls rate for February 2024 is 7.59 which is above the national average of 6.63 per thousand bed days, comparable to 7.95 in February 2023 this is a decrease in overall falls.
- March 2024 has shown a decrease at 6.25 – the lowest since October 2023
- No reports of lapses in care.
- There is a continued high volume of people consistently accessing urgent care, with the Trust at surge capacity.
- Patients' length of stay remains increased

Root causes

Increase in the number of inpatient falls for February 2024

Actions

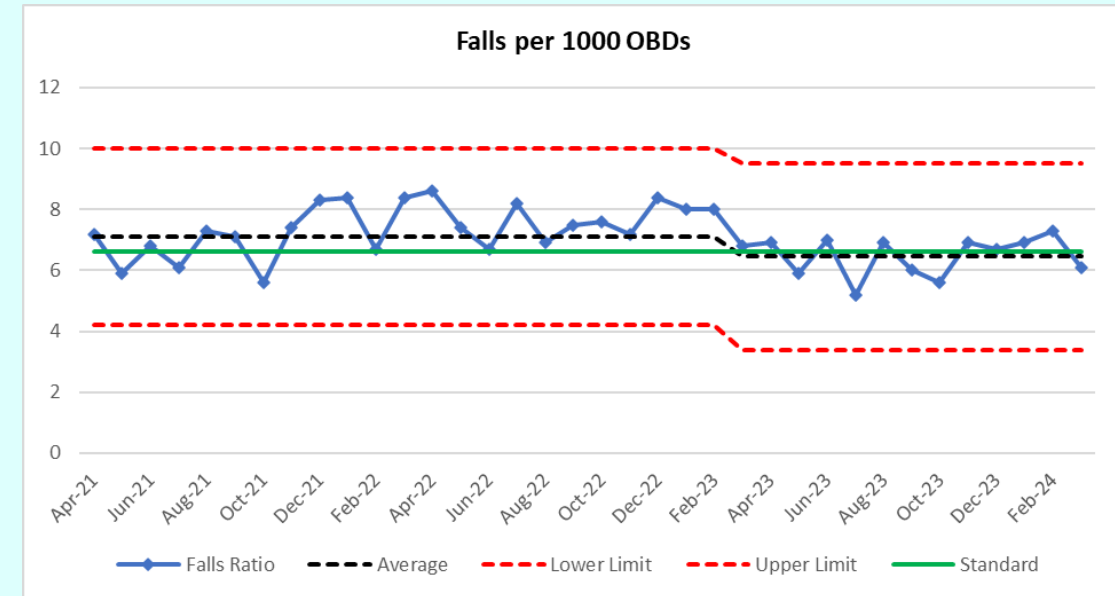
Patients who have fallen more than twice are seen by the FPP and recommendations suggested. Falls with harm are scoped all scoped by the FPP and presented with any concerns to governance scoping meetings. Themes are explored and escalated at governance meetings with any actions taken as required. Monthly data is sent to all ward /dept areas for awareness and discussion at ward /dept level. Bespoke education by the Falls PP is provided as required. Project work with the digital team to ensure assessments such as lying and standing blood pressure and visual acuity are aligned to national guidance. Continued clinical visibility across all 3 sites by the Fall PP

Impact/Timescale

All actions ongoing, with a view of the digital work being live by May 2024.

Ongoing monthly reports / data for awareness .

Data



Indicators in Focus: Quality Care – HSMR and SHMI

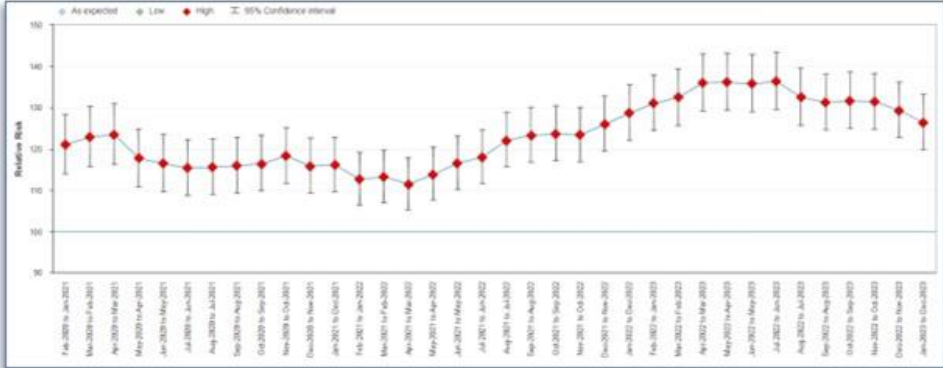
National position & overview

HSMR- Latest 12-monthly rolling figure= 126.3. Remains above expected but both 12 month-rolling and individual month reporting have seen recent trend of improvement, with 4 out of 6 of the latest individual months being as expected
SHMI- Latest report = 108.6 and remains as expected.

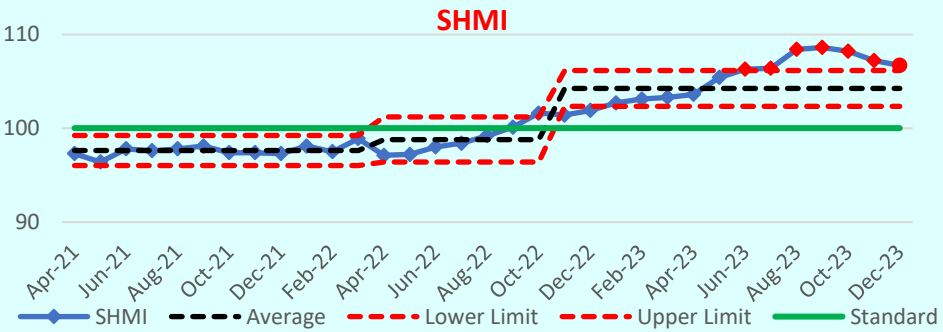
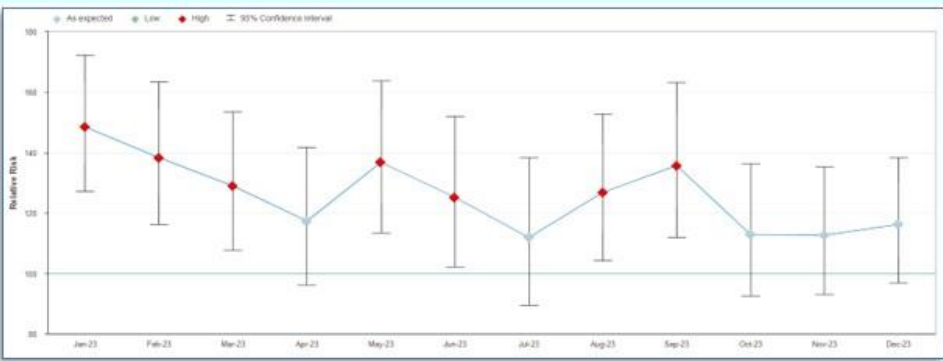
Root causes	Actions	Impact / Timescale
Data Quality- Emphasis on timely diagnosis, documentation, coding and co-morbidity capture	Educational meetings and divisional presentations undertaken, to highlight importance of documentation and coding, alongside revision of admission clerking booklet.	Will take 12 months after action to see signs of impact
Pathways and Patient Flow- Review of admission pathways, use of management bundles and signposting pathways	Focus on enhancing senior decision making, mitigating inappropriate consultant transfers of care and supporting timely management <ul style="list-style-type: none"> Eg SDEC, evaluation of consultant episodes and specialty ownership; review of outlier groups (eg ALD) to identify Trust opportunities for improvement and “system-wide” challenges. 	As above; forms part of overall working approach
Specialist Palliative Care (SPC) Coding- Remains lowest, nationally.	Working with local provider to identify opportunities and support clinical teams; focus on timely (early) recognition of status and needs, coding and capture of SPC activity, alongside system-wide provision	SPC is of low activity compared to overall. Requires Trust & ICB resource / investment.
Other areas: Data Intelligence- Close working with data provider (Telstra), triangulation with other intelligence (eg ME service and BI) and feeding into LfD External peer review / support- New Initiatives and Collaboration- Internal data review / audit- Data Benchmarking-	Initial data interrogation, targeted reviews and deep dives with focus on ownership by clinical teams and subsequent reporting into LfD. Notification, from Telstra, of intended changes to several areas related to HSMR methodology, including Palliative Care coding Recent connection with Dudley Group, having been on similar journey and offer of support “Interface Workstream” to develop improved understanding, education, collaborative relationships and system-wide approaches to effective management Alongside clinical support, identification of opportunities for improvement in co-morbidity capture Evaluation of current tools and procurement / tender exercise to ensure best value and meets needs for Trust as a whole.	Will take at least 12 months after commencing actions to see signs of benefit realisation.

Data

HSMR 3 year (12 monthly rolling) trend



HSMR Single Month Trend



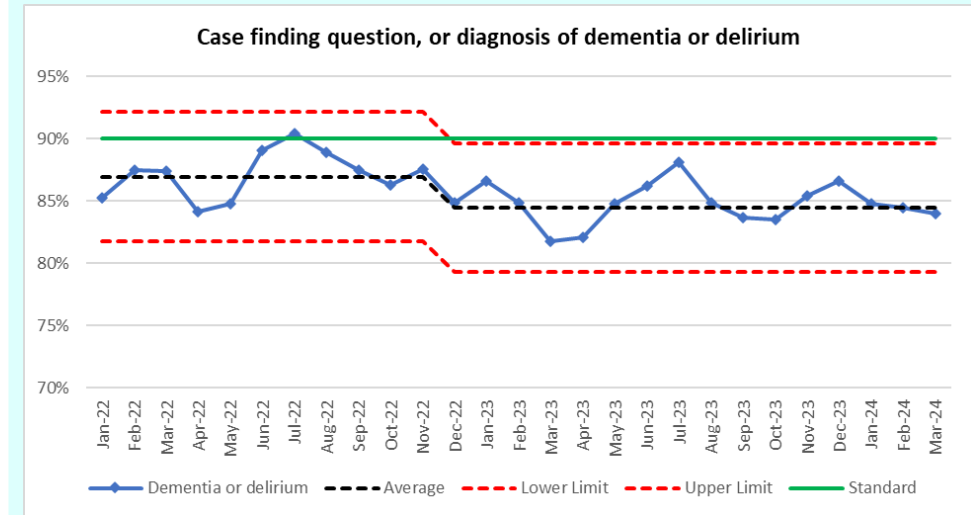
Indicators in Focus: Quality Care – Dementia or delirium case finding

National position & overview

- All patients 65 years + admitted to the Trust for 72 hours and above are required to have a Dementia screen completed, this incorporates the SQiD screening for delirium. The screen is completed by both Nursing and Medical staff and is supported by the Dementia Team. This has seen an increase in compliance with the percentage rate consistently >80%.
- Dementia screening is no longer reported nationally (stopped since 2020) due to the pandemic and then following a consultation process, reporting has continued at Sherwood Forest Hospitals.
- Delirium assessments scores are required as part of the data submitted for the Yearly National Audit of Dementia, the team continue to focus and educate on the impact Delirium can have on a patient's journey including mortality, patient experience and length of stay.
- Following the recruitment of the Admiral Nurse, the Standard Operating Policy has been completed. Digital work with nervecentre to be launched April/May 24, includes lying and standing blood pressures and visual acuity.

Root causes	Actions	Impact/Timescale
Whilst we have achieved compliance >80% of Dementia screening, we have not reached the Trust target of >90%	<ul style="list-style-type: none"> • Emphasis on identifying patients with delirium and supporting patients with dementia, including their carers as part of the 'Dementia Well Pathway'. • Tier 1 Dementia training to be reinstated on the Mandatory programme • Consider Tier 2 training for Dementia champions • Review of current Dementia service provision 	<p>Underway</p> <p>Tier 1 training reinstated</p> <p>Tier 2 training for Dementia champions - underway</p> <p>Underway – working with Improvement Faculty (biannual update to PSC)</p>

Data



Domain Summary: People and Culture

Overview	Lead
<p>During the quarter we have seen continued events of Industrial Action held by the British Medical Association (BMA), there were a mix of Junior Doctors and Consultant strikes held between 3-9th January 2024 (Juniors 82% loss) and 24-28th February 2024 (Junior - 65% loss).</p> <p>We have undertaken the National Staff Survey, and the results are extremely positive, with the Trust ranked as the best NHS Acute Trust nationally for staff morale, staff engagement and in the best midlands to work for and for patients receiving standards of care staff would want for friends and family.</p> <p>Over the last three months we have seen a decrease in the Trust vacancy level, over the quarter this is recorded at 3.1% (Q2 – 3.7%), with the rate for March 2024 at 2.9%.</p> <p>Our Mandatory and Statutory Training (MaST) position is really positive where we are continuing to report levels above the Trust targets.</p> <p>Our final Flu vaccine reporting level was 58.9%, nationally there was an ambitions target of 80%. It is acknowledged that this is lower than in previous years (61.9%), however nationally the NHS are reporting lower figures, 43.0% of eligible healthcare workers nationally having had a flu vaccine.</p> <p>Appraisal level for quarter 4 (88.3%) sits below the Trust target (90.0%), we have noted a static position in compliance over quarter 4. During March 2024 the level sits at 87.8%, however, this is still a strong level of performance. During quarter 3 we have re-launched and embedded our revised appraisal paperwork, and during quarter 4 we are asking for feedback on this to ensure this works for our managers and employees. Trajectories for improvement in areas of low compliance have been set</p> <p>Over quarter 4 our sickness absence level is reported at 4.6% (Q3 – 4.8%), this is a seasonally expected level but does sit higher than Trust target (4.2%) and between the upper and lower SPC levels. During quarter 4 we are seeing a reduce absence level.</p> <p>There has been an increase with employee relations cases over the quarter (ave. 19). We have seen a marginal increase over the quarter with March 2024 recorded at 21 cases, this sits above our target (n.12) and above the upper SPC limit. Previously there have been a high level of grievance cases however in recent months we have seen an decrease in these but an increase in formal disciplinarys. Stage 2 Sickness absence cases remain consistent.</p> <p>We are aware that across Nottinghamshire our 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 is reported at 4.2%, when we exclude ERF schemes from the agency level this reduces to 3.3% for March 2024. The quarterly position reported at 4.7% (exc ERF 3.8%), although this does sit above the target level of 3.7% this has been impacted by the junior medical industrial action episodes and we have seen a reduction over the quarter.</p> <p>During quarter 4, 52.1% of total agency shifts filled were ‘on framework’ staff but above the recommended NHSE price cap, we have set a target of 30% for this metric, the majority of this sits with our medical workforce (98.6%). During the last quarter significant work has commenced that aligns to our 100 days plans 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 direct impact on the levels on our agency usage.</p> <p>Additionally, of the agency shifts filled we have seen very low levels of those filled by off framework workers over the last quarter (January – March 2024). To note there has been 0.1% off framework agency workers.</p> <p>We have arranged 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. As an example, we have had success with Intensive Care and Anaesthetics and are scoping out where we have risk and are developing a programme to enable these discussions and associated actions to be delivered. We are also working closely with Remedium looking at longer term medical workforce plans.</p>	<p>DOP</p>

Scorecard: People and Culture

At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	Jul-23	Aug-23	Sep-23	2023/24 Qtr 2	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	2023/24 YTD
Belonging in the NHS	Engagement Score	≥6.8%	-	-	-	✓ 7.0	-	-	-	✓ 7.0	-	-	-	✓ 7.0	-	-	-	-	-
Growing the Future	Vacancy rate	≤6.0%	✗ 6.9%	✓ 5.8%	✗ 6.6%	✗ 6.5%	✓ 5.4%	✓ 5.3%	✓ 5.4%	✓ 5.4%	✓ 4.0%	✓ 3.4%	✓ 3.6%	✓ 3.7%	✓ 3.4%	✓ 2.9%	✓ 2.9%	✓ 3.1%	✓ 4.6%
	Turnover in month	≤0.9%	✓ 0.80%	✓ 0.40%	✓ 0.40%	✓ 0.50%	✓ 0.70%	✓ 0.50%	✓ 0.50%	✓ 0.50%	✓ 0.50%	✓ 0.40%	✓ 0.60%	✓ 0.50%	✓ 0.40%	✓ 0.40%	✓ 0.43%	✓ 0.41%	✓ 0.50%
	Appraisals	≥90%	✗ 87.1%	✓ 90.4%	✓ 90.2%	✗ 89.3%	✗ 89.5%	✗ 89.5%	✗ 88.0%	✗ 89.0%	✗ 87.3%	✗ 88.3%	✗ 88.8%	✗ 88.1%	✗ 88.9%	✗ 88.3%	✗ 87.8%	✗ 88.3%	✗ 88.7%
	Mandatory & Statutory Training	≥90%	✓ 90.0%	✓ 90.0%	✓ 91.0%	✓ 90.3%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 91.0%	✓ 92.0%	✓ 91.3%	✓ 90.9%
Looking after our People	Sickness Absence	≤4.2%	✗ 4.4%	✓ 4.2%	✓ 4.2%	✓ 4.2%	✗ 4.5%	✗ 4.3%	✗ 4.5%	✗ 4.4%	✗ 4.8%	✗ 4.3%	✗ 5.1%	✗ 4.8%	✗ 4.9%	✗ 4.7%	✗ 4.3%	✗ 4.6%	✗ 4.5%
	Total Workforce Loss	≤7.0%	✓ 6.2%	✓ 6.1%	✓ 6.3%	✓ 6.2%	✓ 6.5%	✓ 6.4%	✓ 6.6%	✓ 6.5%	✓ 6.9%	✓ 6.4%	✗ 7.3%	✓ 6.9%	✗ 7.3%	✓ 6.9%	✓ 6.4%	✓ 6.9%	✓ 6.6%
	Flu vaccinations uptake - front line staff	≥80%	-	-	-	-	-	-	-	-	✗ 38.3%	✗ 44.8%	✗ 55.9%	✗ 55.9%	✗ 58.0%	✗ 58.0%	-	✗ 58.0%	✗ 51.0%
	Employee Relations Management	<12	✓ 9	✓ 11	✗ 14	✓ 11	✗ 15	✗ 18	✗ 14	✗ 16	✗ 21	✗ 23	✗ 18	✗ 21	✗ 20	✗ 17	✗ 21	✗ 19	✗ 17
New Ways of Working	Agency (Off Framework)	≤6.0%	✓ 0.1%	✓ 0.1%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✓ 0.1%	✓ 0.1%	✓ 0.1%	✓ 0.0%	✓ 0.0%	✓ 0.1%	✓ 0.0%
	Agency (Over Price Cap)	≤30.0%	✗ 47.7%	✗ 59.6%	✗ 53.1%	✗ 53.3%	✗ 55.3%	✗ 48.9%	✗ 50.8%	✗ 51.5%	✗ 51.0%	✗ 55.7%	✗ 57.0%	✗ 54.3%	✗ 54.6%	✗ 47.4%	✗ 54.4%	✗ 52.1%	✗ 53.0%
	Agency Usage (%)	<3.7%	✗ 6.1%	✗ 7.4%	✗ 6.0%	✗ 6.5%	✗ 7.4%	✗ 6.5%	✗ 5.9%	✗ 6.6%	✗ 6.2%	✗ 5.5%	✗ 3.9%	✗ 5.2%	✗ 5.2%	✗ 4.6%	✗ 4.2%	✗ 4.7%	✗ 5.7%

Indicators in Focus: People and Culture – Appraisals

National position & overview

The charts below express that our appraisal level sits below the Trust target (90%), we have noted a reduction in the appraisal level during quarter 4, and this has remained at the same level as seen in quarter 3. The quarter 4 average sitting at 88.3%. During March 2024 the level has decreased to 87.8%, Although we are marginally under the standard this is still a strong level of performance and over the quarter we are showing an improved level.

Local benchmarking shows that the ICB provider appraisal level is reported at 82.6%. National levels within the model hospital are reported at 80.9% (October 2023).

Root causes

As stated, we have seen a static position in the overall appraisal level over the last few months, we are marginally below the standard and this lower level reduction does align to the acuity of the hospital.

In some instances, we have received feedback that managers have raised concerns how to report this via ESR.

Capacity and industrial action has also had an impact on compliance

Actions

Service lines with low appraisal rates are supported to develop trajectories for improvement in areas of low compliance have been set

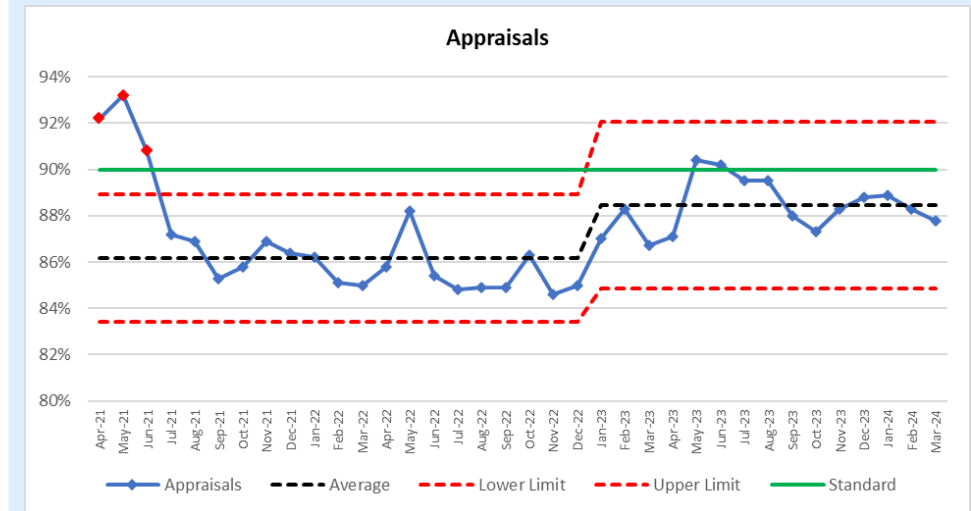
In addition, Service Lines are sighted on non-compliance rates and assurance is sought via monthly service line performance meetings. This is addition to monthly People and Performance review meetings within each department

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.

Impact/Timescale

As we move into 2024/2025 we expect Appraisal compliance levels to gradually increase, with an ambition to see levels of 90%

Data



Indicators in Focus: People and Culture – Sickness Absence

National position & overview

During quarter 4 our overall sickness absence level has been reported 4.6%, this sits above our standard (4.2%), during the quarter a gradual reduction in the level is noted. The position for March 2024 is reported at 4.3%. Sickness is seasonal and we do expect a higher level during quarter 3 and gradually reducing during quarter 4. Our position for quarter 4 sits between the upper and lower SPC levels.

Local benchmarking shows that the ICB provider sickness absence level is reported at 5.4% (February 2024). National levels within the model hospital are reported at 4.9% (October 2023).

Root causes	Actions	Impact/Timescale
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Our sickness level show seasonal variations, and are reflective of the acuity of the hospital, specifically norovirus and increase in respiratory short term absences.

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

All services are supported with 121 support from the Divisional People Lead teams with sickness absence management on a case by case basis and in line with policy.

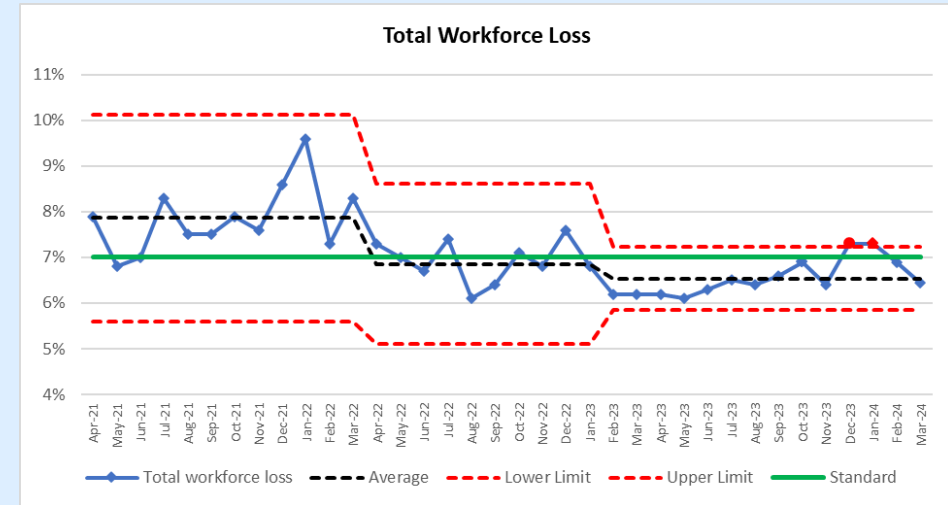
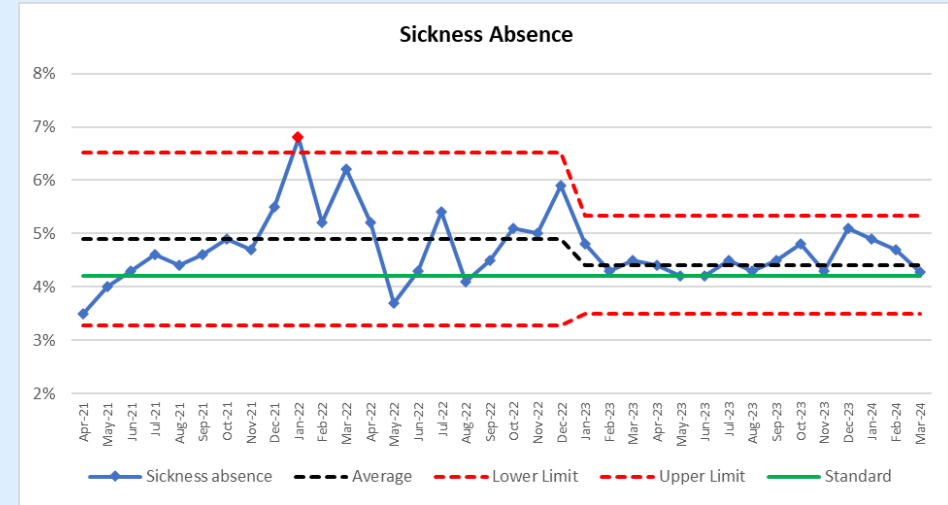
Sickness absences KPIs are monitored through People and Performance meetings, Service Line meetings and via Divisional Performance Reviews (DPRs).

A person centred approach is taken in relation to Sickness Absence management

Coaching is in place for management of absences along with training session delivery.

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



Indicators in Focus: People and Culture – Employee Relations

National position & overview

Since April 2023 we have seen a gradual increase to the employee relations cases, currently we are reporting 19 cases for quarter 4.

During quarter 4 this level has fluctuated and in In March 2024 we have noted a increase in the overall number of cases to 21.

Our current level sits above the standard and sits between the SPC levels.

Root causes

Within Q3 and Q4, the Trust has seen a number of formal grievances being concluded, but a marked increase in the number of appeals within Q4. The number of appeals is currently submitted to the Trust are higher than seen throughout 23/24.

Previously there have been a high level of grievance cases however in recent months we have seen an decrease in these but an increase in formal disciplinarys. These mainly relate a rise in Attitude and Behaviours but also in Safeguarding concerns outside of the workplace.

Stage 2 Sickness absence cases remain consistent.

Local intelligence suggests that Sherwood is not an outlier in relation to Employee Relations casework with other organisations reporting a significant increase in Employee Relations cases.

Actions

All cases are managed using Just Culture Principals and taking a person centred approach with additional training taking place

New policies and procedures have been devised to help support both colleagues and managers

Existing policies and procedures have been refined to help support.

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 ER process

Person centred approach is in place in relation to Sickness Absence management

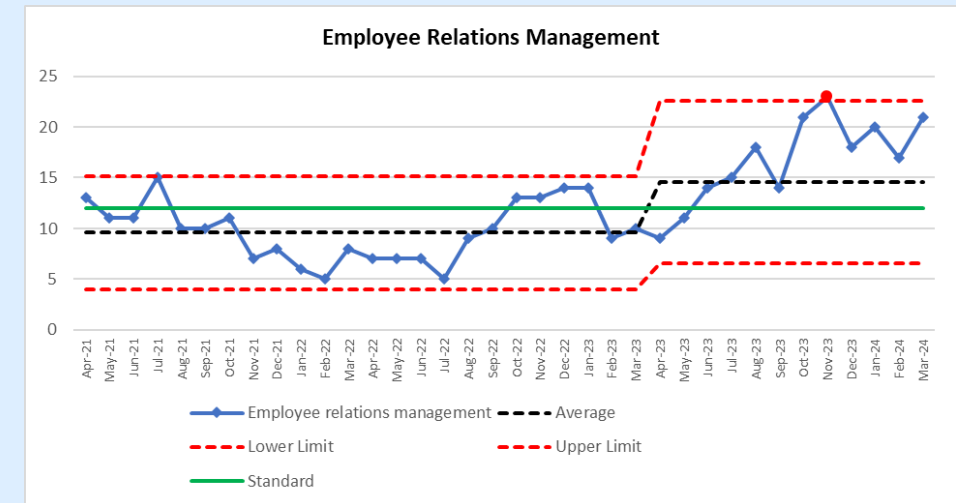
Specialist panel advisers from Safeguarding and included in all safeguarding hearings.

Re emphasis an informal resolution to incidents, concerns and adverse events, where possible.

Impact/Timescale

As we move to 2024/2025 we do not expect case levels to significantly decrease but it is hoped to return to average levels

Data



Indicators in Focus: People and Culture – Agency Usage

National position & overview

Our overall agency position across the quarter is reported at 4.7% (excluding ERF this reduces to 3.8%), this does sit above the target level of 3.7%. Our March 2024 position is reported at 4.2% (excluding ERF reduces to 3.3%).

On framework, over price cap is reported at 52.1% and is above our target 30.0%. These metrics have been impacted by the BMA industrial action episodes and acuity of the hospital.

Local benchmarking shows that the ICB provider agency level is reported at 3.7%, which is the NHSE Target. For 2024/25 the NHSE target will reduce to 3.2%.

Over the 2023/24 period we have seen a constant reduction in our agency level, showing a reduction from Q1 (6.5%) to Q4 position at 4.7%, and as noted above with ERF this closely aligns to the expected agency level (3.7%).

Our plans over 23/24 were to exit long term locum roles, which we have been undertaking successfully. Over the 24/25 period we will be focusing on those locum who are 'on framework' and 'over price cap', with plans to replace with substantive roles, this will further reduce our 'over price cap' compliance leave and reduce the agency usage level.

Root causes

As the data informs us our biggest risk is medical & dental staff over the NHSE price cap, these are also impacted by some of our fragile services where there are national speciality shortages.

Actions

During the last 2 quarters significant work has commenced that aligns to our 100 days plans and ambition to reduce our reliance on agency usage and financial recovery challenge. Over 2023/24 we have advertised and filled 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.

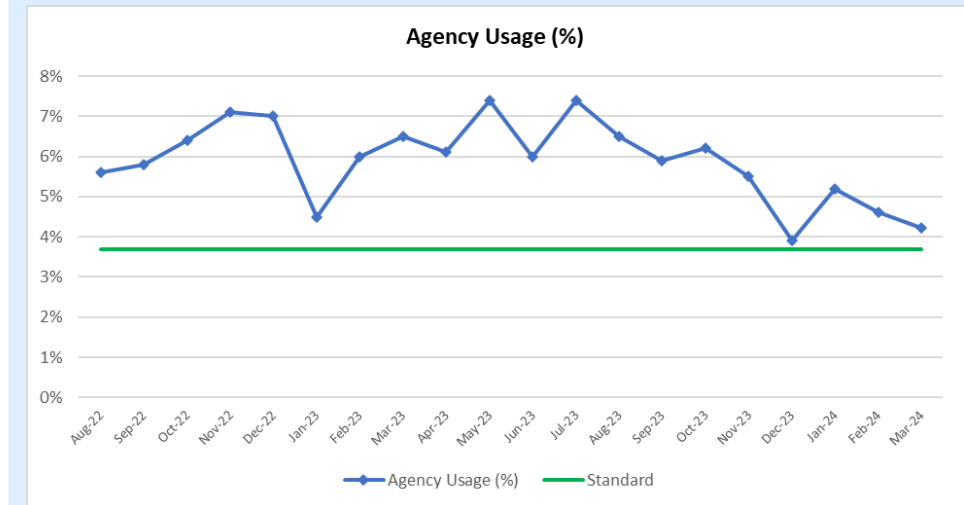
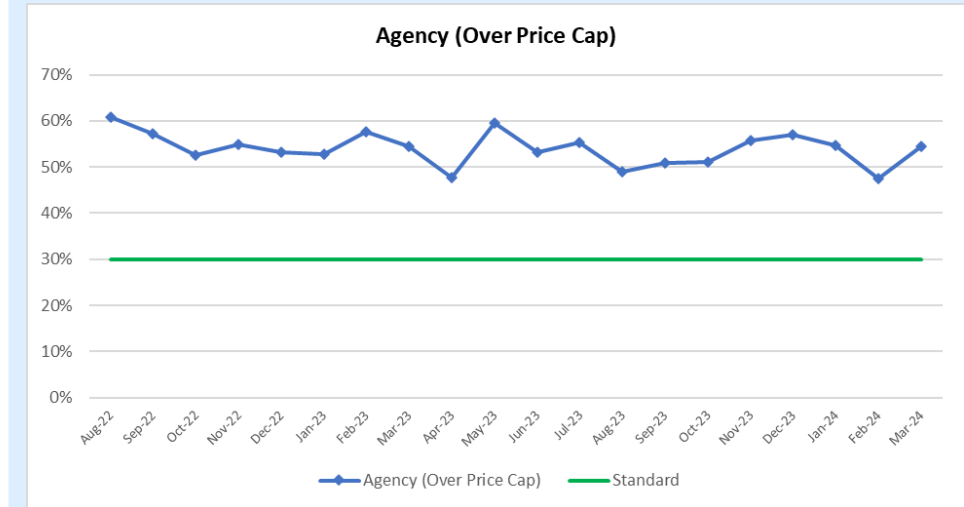
A strict authorisation process for approval of shifts for Thornbury has been implemented in Nursing. Detailed reports illustrating areas using all Agency with Thornbury highlighted are produced for the Deputy Chief Nurse.

Impact/Timescale

We have been actively filling medical roles and have had success in some key specialities, the reduction are noted across the 2023/24 period.

Over the 24/25 period we are focusing on medical staff who are on framework, but over the NHSE price cap and are developing plans to exit these agency workers and replace with substantive roles.

Data



Indicators in Focus: People and Culture – Flu Vaccinations

National position & overview

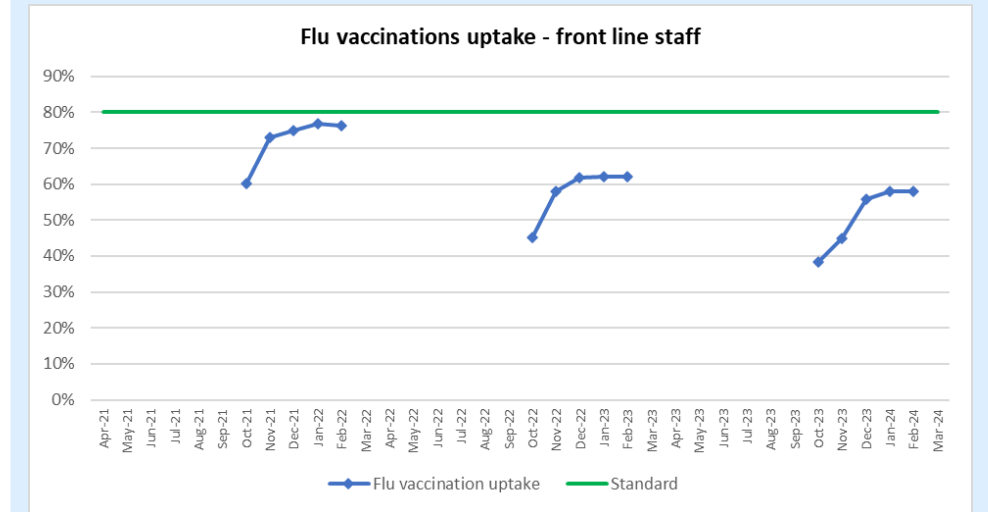
Our Staff Flu take up is reported at 58.9%, it is acknowledged that this is lower than in previous years (61.9% - Dec 22), however nationally the NHS are reporting lower figures, 38.5% of eligible healthcare workers nationally having had a flu vaccine.

The flu programme has now closed for 2023/24, however we did actively promote Flu vaccinations and linked this into our Health & Wellbeing campaigns, aligned to the keeping well during winter programmes.

Looking forward into 2024/25 we will review what went well across the programme and plan how we can maintain or increase our overall level.

Root causes	Actions	Impact/Timescale
<p>Across the Trust we actively promoted Flu vaccinations and linked this into our Health & Wellbeing campaigns, this was aligned to the keeping well during winter programmes.</p> <p>To promote the take up across SFH we adopted different measures and where possible took the vaccines to staff. We did note that the acuity of the hospital has had an impact on vaccination levels.</p> <p>Verbal reports from regional Occupational Health colleagues echoes the experience currently at SFH. Low staff engagement with flu vaccination which is mirrored by the national picture.</p>	<p>Before the next flu period we will be reviewing what went well over the flu period and look how we can develop improvements to attempt to increase of vaccinations compliance.</p> <p>We will also be reviewing are where we have low compliance over differing lenses, so we can further target hard to reach groups.</p>	<p>Programme ended 29th February 2024.</p>

Data



Domain Summary: Timely Care

Overview	Lead
<p>In 2023/24 Q4 (Jan-Mar) seasonal pressures continued with surging numbers of A&E attends (at times over 11% greater than plan) and ambulance arrivals at the highest levels since the summer of 2022. Non-elective admission demand was more than 3% above our plan meaning that pressures on our bed base remained high despite Medically Safe for Transfer (MSFT) and long stay patient numbers being lower than in Q1 and Q2. 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, length of stay pressures and 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 OPEL 4 on 55 days during Q4 (19 in Jan-24, 17 in Feb-24 and 19 in Mar-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. In Mar-24 we increased focus on the 4-hour access target in line with a national focus to support timely patient care and to decongest our Emergency Department. Our efforts delivered a 9%-point improvement in 4-hour performance between Feb-24 and Mar-24. The subsequent pages highlight several key actions being taken to improve timely care, some of which are divisionally-led.</p> <p>Whilst the interplay between emergency and elective pathways continues to create challenges, it has been the ongoing instances of Industrial Action (early Jan-24 and late Feb-24 in Q4) that have resulted in curtailments in elective activity which adversely impact on our elective activity, backlog and performance metrics. In 2023/24 we had 10 instances of Junior Doctor Industrial Action. The national requirement to meet zero 78-week waiters continues to be missed due to a mixture complexity or patient choice with five patients waiting greater than 78-weeks at the end of Mar-24. The number of 65-week waiting patients has reduced during Q4 with further work required in 2024/25 Q1 and Q2 to ensure no patients are waiting more than 65-weeks unless due to patient choice. We continue to work together as a system with patients being transferred between providers as part of mutual aid arrangements. We are benefiting from some mutual aid 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.</p> <p>In Outpatients, activity levels remain strong and above plan. We have consistently exceeded the 5% Patient Initiated Follow Up (PIFU) target. We continue to see in the region of 15% of outpatient non-face-to-face; we recognise that we have further work to ensure that we make full benefit of remote outpatient attendances; embedding the learnings from the height of the pandemic.</p> <p>In terms of our Cancer metrics, we continue our strong delivery of the national 28-day faster diagnostic standard exceeding the national standard. In Q4 we have successfully reduced the number of two-week wait patients waiting over 62-days for treatment delivering against our original 23/24 planning trajectory for the end of Mar-24.</p> <p>Further details relating to timely care metrics are included in the following pages with metrics grouped together within the relevant care pathways.</p>	<p>COO</p>

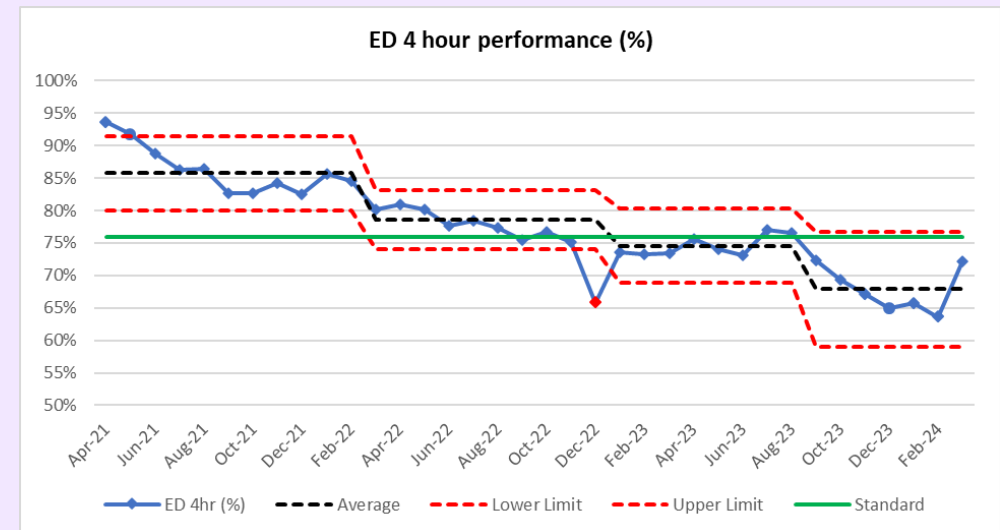
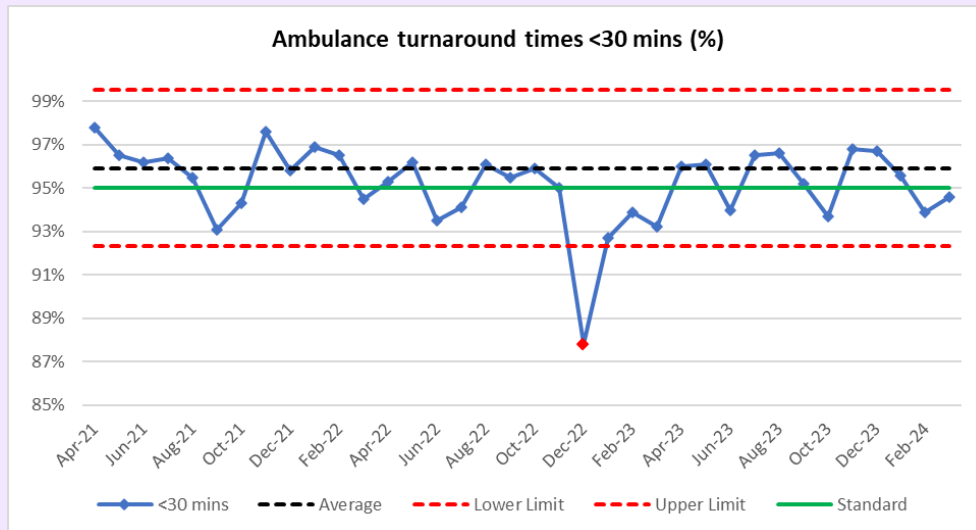
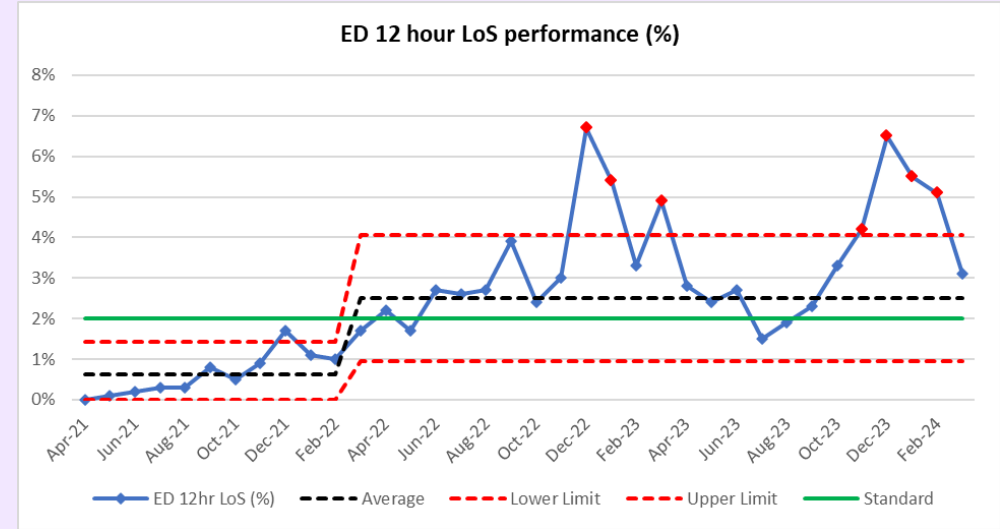
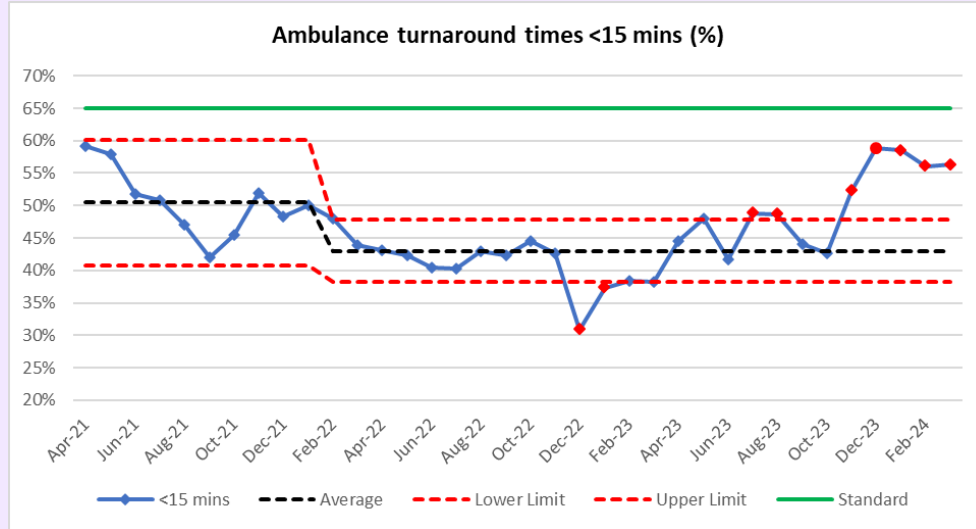
Scorecard: Timely Care – Urgent Care

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

At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	Jul-23	Aug-23	Sep-23	2023/24 Qtr 2	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4	2023/24 YTD
Urgent Care	Ambulance turnaround times <15 mins (%)	≥65%	✗ 44.6%	✗ 48.0%	✗ 41.7%	✗ 44.8%	✗ 48.8%	✗ 48.7%	✗ 44.0%	✗ 47.2%	✗ 42.7%	✗ 52.3%	✗ 58.8%	✗ 51.4%	✗ 58.5%	✗ 56.1%	✗ 56.3%	✗ 57.0%	✗ 50.2%
	Ambulance turnaround times <30 mins (%)	≥95%	✓ 96.0%	✓ 96.1%	✗ 94.0%	✓ 95.4%	✓ 96.5%	✓ 96.6%	✓ 95.2%	✓ 96.1%	✗ 93.7%	✓ 96.8%	✓ 96.7%	✓ 95.7%	✓ 95.6%	✗ 93.9%	✗ 94.6%	✗ 94.7%	✓ 95.5%
	Ambulance delays >60 mins (%)	0.0%	✗ 0.1%	✓ 0.0%	✗ 0.3%	✗ 0.2%	✗ 0.1%	✓ 0.0%	✓ 0.0%	✓ 0.0%	✗ 0.1%	✗ 0.2%	✗ 0.1%	✗ 0.1%	✗ 0.2%	✗ 0.2%	✗ 0.5%	✗ 0.3%	✗ 0.2%
	ED 4 hour performance (%)	≥76%	✗ 75.6%	✗ 74.0%	✗ 73.1%	✗ 74.2%	✓ 77.0%	✓ 76.6%	✗ 72.3%	✗ 75.3%	✗ 69.4%	✗ 67.1%	✗ 64.9%	✗ 67.2%	✗ 65.7%	✗ 63.6%	✗ 72.2%	✗ 67.3%	✗ 70.9%
	Mean waiting time in ED (in minutes)	≤200	✗ 209	✗ 212	✗ 217	✗ 213	✓ 199	✓ 199	✗ 218	✗ 205	✗ 236	✗ 247	✗ 269	✗ 251	✗ 259	✗ 265	✗ 228	✗ 250	✗ 230
	ED 12 hour LoS performance (%)	≤2%	✗ 2.8%	✗ 2.4%	✗ 2.7%	✗ 2.6%	✓ 1.5%	✓ 1.9%	✗ 2.3%	✓ 1.9%	✗ 3.3%	✗ 4.2%	✗ 6.5%	✗ 4.7%	✗ 5.5%	✗ 5.1%	✗ 3.1%	✗ 4.5%	✗ 3.4%
	ED 12 hour DTA breaches	0	✗ 84	✗ 84	✗ 78	✗ 246	✗ 32	✗ 58	✗ 65	✗ 155	✗ 125	✗ 147	✗ 284	✗ 556	✗ 244	✗ 144	✗ 109	✗ 497	✗ 1,454
	Number of A & E attendances against plan	≤Plan	✓ 98.6%	✗ 104.1%	✗ 106.4%	✗ 103.1%	✗ 104.3%	✓ 98.8%	✗ 106.5%	✗ 103.1%	✗ 104.4%	✗ 104.7%	✗ 102.0%	✗ 103.7%	✗ 104.5%	✗ 111.1%	✗ 111.6%	✗ 109.0%	✗ 104.7%
	Number of NEL admissions against plan	≤Plan	✓ 93.9%	✓ 95.0%	✓ 99.8%	✓ 96.2%	✓ 97.0%	✓ 95.5%	✓ 99.9%	✓ 97.4%	✗ 105.1%	✗ 105.8%	✓ 97.3%	✗ 102.7%	✗ 103.4%	✗ 103.6%	✗ 102.0%	✗ 103.0%	✓ 99.8%
	SDEC activity (%)	≥33%	✓ 37.5%	✓ 37.6%	✓ 37.6%	✓ 37.5%	✓ 37.2%	✓ 36.5%	✓ 36.8%	✓ 36.9%	✓ 39.8%	✓ 37.1%	✓ 36.2%	✓ 37.7%	✓ 38.3%	✓ 38.1%	✓ 37.8%	✓ 38.1%	✓ 37.6%
	Adult G&A bed occupancy (%)	≤92%	✗ 95.7%	✗ 96.4%	✗ 96.3%	✗ 96.1%	✗ 94.0%	✗ 98.6%	✗ 95.4%	✗ 96.0%	✓ 92.0%	✗ 96.3%	✗ 95.3%	✗ 94.6%	✗ 97.9%	✗ 97.8%	✗ 96.5%	✗ 97.4%	✗ 96.0%
	Long length of stay (21+) occupied beds	≤Plan	✗ 135.6	✗ 127.3	✗ 126.7	✗ 130.0	✗ 123.0	✗ 119	✓ 110	✗ 118	✓ 100	✗ 109	✗ 100	✗ 103	✗ 116	✗ 116	✗ 107	✗ 116	✗ 117
	Inpatients MSFT >24 hours	≤40	✗ 106	✗ 116	✗ 106	✗ 109	✗ 107	✗ 110	✗ 93	✗ 104	✗ 90	✗ 98	✗ 92	✗ 94	✗ 93	✗ 105	✗ 101	✗ 98	✗ 102

Indicators in Focus: Timely Care – ED metrics (1/2)

Data



Indicators in Focus: Timely Care – ED metrics (2/2)

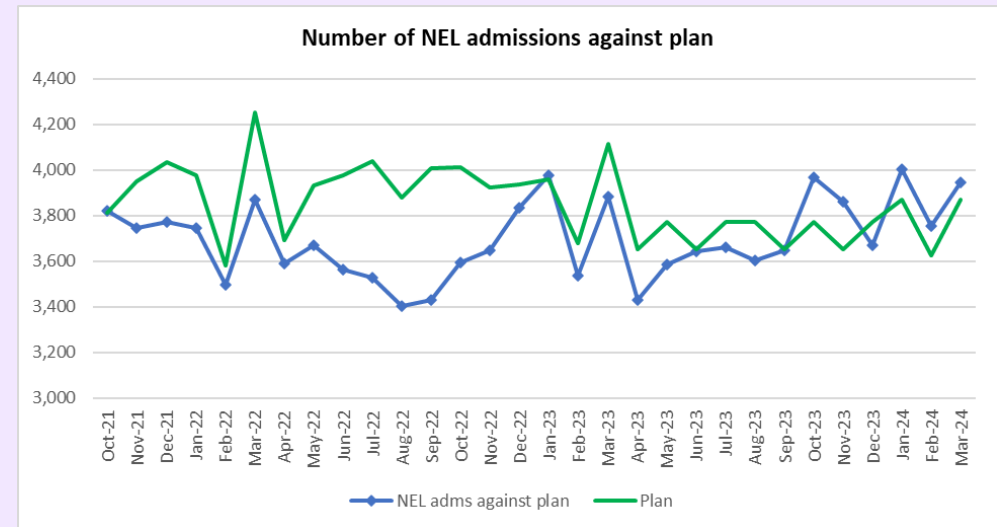
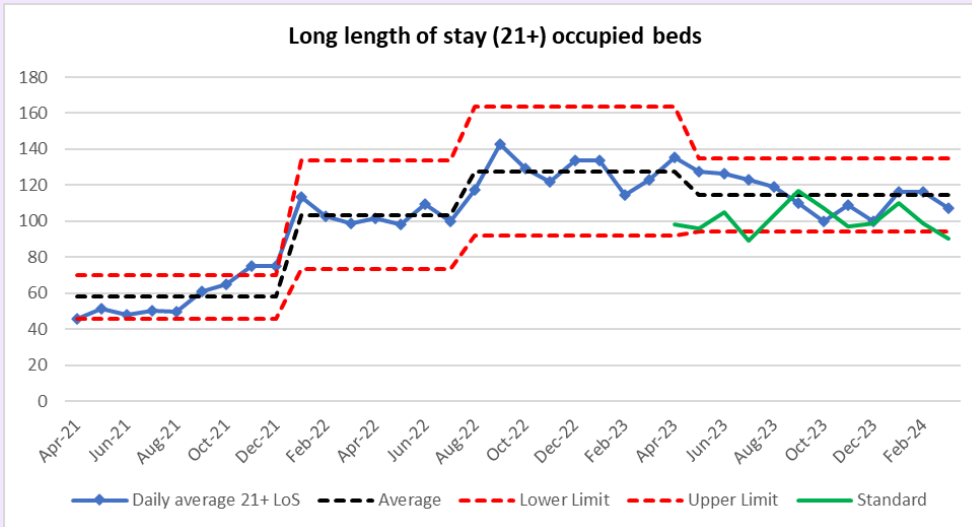
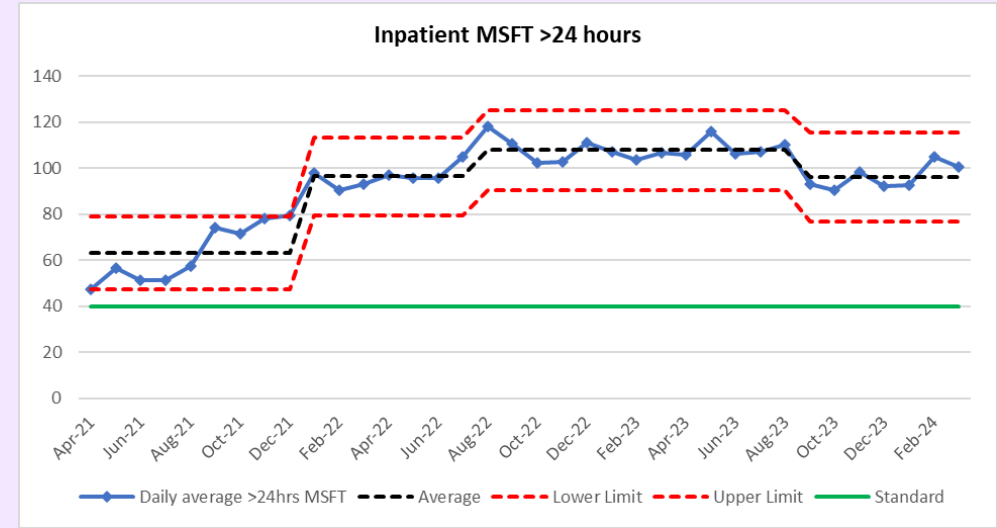
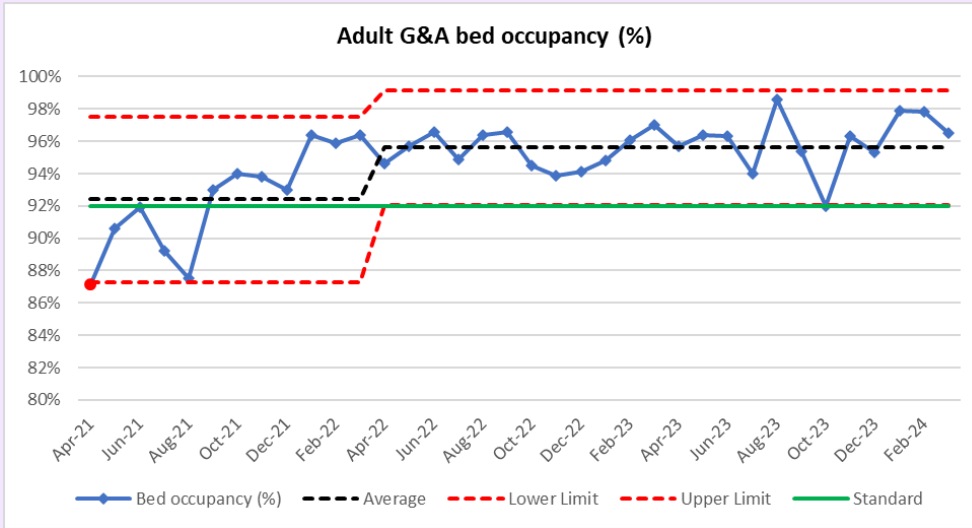
National position & overview

- Our ambulance handover position is significantly better than the East Midlands Ambulance Service (EMAS) average and amongst the best nationally:
 - Frequently best in Midlands and within top 10 nationally for Ambulance handovers less than 30 mins.
 - EMAS average handover time 44 minutes, SFH 15 minutes.
- 4-hour and 12-hour benchmark position has improved in Mar-24 as additional actions were put in place to support increased demand. Exact position to be confirmed once Mar-24 benchmark data is published.
- ED Attends 15% more in Feb-24 than Feb-23 and 11% more than planned levels. This places us in the top third of Trusts nationally in terms of the level of attendance growth.

Root causes	Actions and timescale	Impact
Increased ED attendance demand.	Expand hospital Same Day Emergency Care (SDEC) services through: <ul style="list-style-type: none"> • Frailty SDEC in the new Discharge Lounge currently scheduled to open 6 May in line with the Discharge Lounge trial of 24/7 working. • Surgical SDEC trial commences 8 April 2024. 	<ul style="list-style-type: none"> • Reduction in Frail patients in ED by 20 hours per day. • Increase in SDEC will support decongestion of Emergency Department and reduce the average time spent in department supporting improved 4-hour performance.
	<ul style="list-style-type: none"> • Review of attendance variance with partners (ICB / EMAS) for walk in attendances and ambulance with postcode analysis 	<ul style="list-style-type: none"> • Reduction in out of area conveyances
Insufficient staffing to manage ED demand.	<ul style="list-style-type: none"> • Senior Nurse Initial Triage. • Additional senior decision makers based on attendance and breach analysis. • 24/7 Band 7 registered nurse to provider oversight and leadership for quality and performance from 1 April 2024. • Command centre updated to give oversight of live daily performance. • Daily huddles and validation of breaches. 	<ul style="list-style-type: none"> • Average (mean) time in Department - non-admitted patient reduction to <180 mins. • Time to initial assessment for arrivals to A&E % seen within <= 15 minutes greater than 60% in Q4. • Reduction in non-admitted breaches and increased 4-hour performance by 6% from Feb-24 to Mar-24.
	Develop new, expanded 'Fit to Sit' area with the 12 spaces currently situated in Minors moving to be collocated with Majors to support enhanced patient flow and with an improved staffing model. Timescale to be determined following completion of estates scoping work.	<ul style="list-style-type: none"> • Reduction in overcrowding in ED and timely transfer from ED.
ED overcrowding driven by bed capacity pressures and mismatches in admission and discharge demand.	Develop Discharge Lounge pathways to support the transfer of patients out of ED e.g for patients awaiting transport from May-24 (when discharge lounge is open 24/7).	<ul style="list-style-type: none"> • Improve patient experience as patients will be waiting to leave from discharge lounge rather than the Emergency Department.
	Improved overall flow.	<ul style="list-style-type: none"> • See next two slides.

Indicators in Focus: Timely Care – Hospital flow metrics (1/2)

Data



Indicators in Focus: Timely Care – Hospital flow metrics (2/2)

National position & overview

- Non-elective admission demand has been high in Q4, above our planned levels by circa 3-4%. Our discharge levels have been strong; however, the demand for beds remains high.
- Despite the winter plan increasing our capacity, we continue to operate at bed occupancy levels greater than 97%. Our bed occupancy is routinely higher than the Midlands average (typically 94-95%) and the planning guidance ambition of 92%.
- The number of patients Medically Safe For Transfer (MSFT) over 24 hours increased marginally in Q4 however remains lower than Q1 and Q2. The improved local position remains above the agreed threshold both in terms of the 2023/24 plan value and the 2022/23 national planning guidance ambition (latter standard used on the chart).
- The number of long stay patients have followed a similar trend to MSFT inpatient numbers due to similarities in the patient cohort. We have less long stay patients than the Midlands regional average (13-15% of our bed based compared with 16-17% regional average).

Root causes	Actions and timescale	Impact
Delays to pre-medically safe processes on inpatient wards.	<ul style="list-style-type: none"> • Board and ward round improvement programmes support our daily focus on timely discharge. The focussed programme with the Stroke wards continues and a new one with Ward 32 (medical outliers) has commenced. • Long length of stay (LOS) meetings for pre-medically safe patients on acute wards gathering momentum. 	<ul style="list-style-type: none"> • Delivery of today's work today and early identification of potential discharge barriers will lead to reduced LOS. • LOS meetings for pre medically safe patients identify opportunities for utilising virtual wards and early identification of potential barriers to discharge.
	<ul style="list-style-type: none"> • Nervecentre improvements are ongoing, and use of the live flow dashboards is being embedded with ward teams and discharge staff. • A new team of discharge coordinators have been recruited and trained. From Apr-24, they will start to be deployed to dedicated wards, embedding in the ward teams and working with patients and families. 	<ul style="list-style-type: none"> • The new Nervecentre dashboards are helping to better identify where patients are in their hospital journey and how we can prevent delays to their discharge. • Enhanced discharge coordination will support successful discharge planning from point of admission.
Delays to post-medically safe discharge processes.	<ul style="list-style-type: none"> • Opening of a new Discharge Lounge (19 beds and 22 chairs) on 22 Apr-24 with aspiration to move patients within 30 minutes of being identified as a definite discharge on Nervecentre. 	<ul style="list-style-type: none"> • Facilitate timely flow through the hospital by freeing up beds earlier in the day to enable admissions. Estimate to release 6-8 base ward beds.
	<ul style="list-style-type: none"> • Transfer of Care Hub continues to work well. We now have a regular member of the team from Age UK as well as the Home from Hospital Service situated in the Hub which supports the solution of several potential barriers to discharge. We continue to see a higher than previous number of patients with complex housing issues which we are discussing with the ICB to identify potential solutions. 	<ul style="list-style-type: none"> • Focus on key themes in reducing delays for specific patient groups. • This will continue the downward trend in the number of long stay patients and the average LOS for the trust.
	<ul style="list-style-type: none"> • A 3-month trial with EMED patient transport service commences on 8 April booking patient discharges into time-specific slots. 	<ul style="list-style-type: none"> • Eliminate barriers to discharge and reduce the number of abandoned discharges. • Improve allocation of vehicles and process on inpatient wards.
Insufficient community capacity to meet supported discharge demand (with a specific focus on out of area patients)	<ul style="list-style-type: none"> • We continue to see delays to discharge for patients requiring packages of care and placements in Derbyshire. We have been unable to secure a member of their team physically in the hub but now hold regular progress reviews with them to expedite timely discharges. • There is a growing concern around discharging Pathway 1 patients with health needs which is leading to an increased number of delays. CHC are setting up a forum to discuss with the ICB. • Daily escalation of Derbyshire discharge problems via refined reporting mechanisms. 	<ul style="list-style-type: none"> • Rapid resolution of complex issues through multi agency working to support continued reductions in number of supported discharges waiting more than 24 hours for discharge.

Scorecard: Timely Care – Electives, Diagnostics and Cancer

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

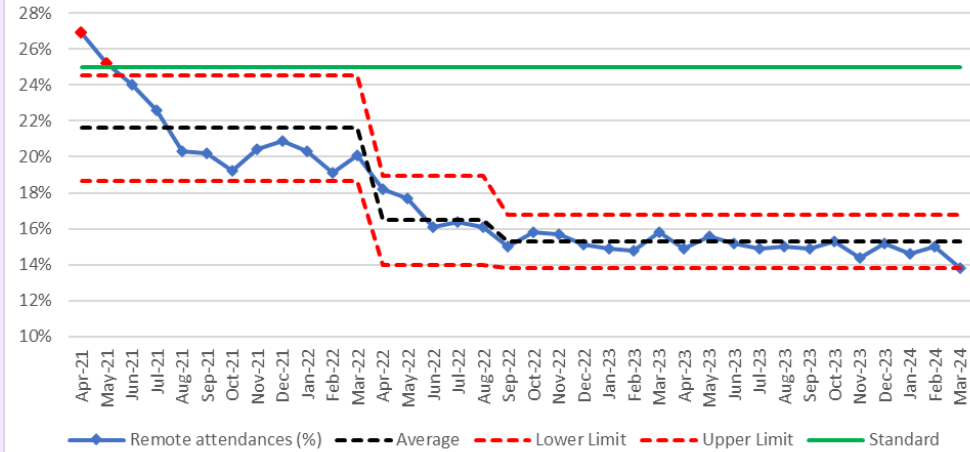
At a Glance	Indicator	Standard	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	2023/24	
			Apr-23	May-23	Jun-23	Qtr 1	Jul-23	Aug-23	Sep-23	Qtr 2	Oct-23	Nov-23	Dec-23	Qtr 3	Jan-24	Feb-24	Mar-24	Qtr 4	YTD	
Electives	Advice & guidance (%)	≥16%	✓ 25.3%	✓ 23.8%	✓ 23.9%	✓ 24.3%	✓ 24.5%	✓ 26.5%	✓ 24.1%	✓ 25.0%	✓ 25.3%	✓ 24.4%	✓ 23.0%	✓ 24.3%	✓ 24.3%	✓ 27.3%	✓ 25.6%	✓ 25.7%	✓ 24.8%	
	Remote attendances (%)	≥25%	✗ 14.9%	✗ 15.6%	✗ 15.2%	✗ 15.3%	✗ 14.9%	✗ 15.0%	✗ 14.9%	✗ 14.9%	✗ 15.3%	✗ 14.4%	✗ 15.2%	✗ 14.9%	✗ 14.6%	✗ 15.0%	✗ 13.8%	✗ 14.5%	✗ 14.9%	
	Added to PIFU (%)	≥5%	✗ 4.9%	✗ 4.7%	✓ 5.5%	✓ 5.0%	✓ 6.0%	✓ 5.7%	✓ 6.0%	✓ 5.9%	✓ 6.0%	✓ 5.7%	✓ 5.6%	✓ 5.8%	✓ 5.7%	✓ 5.6%	✓ 5.4%	✓ 5.6%	✓ 5.6%	
	Average daily referrals		274	311	341	309	316	309	304	305	310	316	260	295	314	327	-	-	-	-
	Outpatients - first appointment against plan	≥Plan	✓ 104.4%	✓ 108.8%	✓ 105.3%	✓ 106.2%	✓ 104.9%	✗ 95.7%	✓ 104.5%	✓ 101.6%	✓ 105.4%	✓ 115.9%	✓ 105.2%	✓ 108.9%	✓ 112.5%	✓ 111.1%	✓ 111.8%	✓ 111.8%	✓ 111.8%	✓ 107.1%
	Outpatients - follow up against plan	≤Plan	✗ 108.6%	✗ 115.8%	✗ 112.2%	✗ 112.3%	✗ 109.9%	✗ 109.5%	✗ 113.2%	✗ 110.8%	✗ 112.1%	✗ 118.1%	✗ 106.2%	✗ 112.3%	✗ 116.9%	✗ 116.5%	✗ 117.4%	✗ 116.9%	✗ 116.9%	✗ 113.1%
	Daycase activity against plan	≥Plan	✓ 101.9%	✓ 104.3%	✓ 100.4%	✓ 102.2%	✓ 100.1%	✗ 93.3%	✗ 94.3%	✗ 95.8%	✗ 86.8%	✓ 101.2%	✗ 91.7%	✗ 93.3%	✓ 100.2%	✓ 101.5%	✓ 109.2%	✓ 103.5%	✓ 103.5%	✗ 98.6%
	Elective inpatient activity against plan	≥Plan	✗ 97.7%	✗ 96.3%	✗ 93.2%	✗ 95.6%	✗ 84.4%	✗ 83.5%	✗ 94.4%	✗ 87.4%	✗ 86.8%	✓ 108.9%	✓ 107.4%	✓ 100.8%	✓ 102.4%	✓ 110.8%	✓ 131.6%	✓ 114.5%	✓ 114.5%	✗ 99.6%
	Completed admitted RTT pathways against plan	≥Plan	✗ 910	✓ 1,179	✓ 1,163	✓ 3,252	✗ 1,044	✗ 1,033	✗ 1,072	✗ 3,149	✗ 993	✓ 1,206	✗ 951	✗ 3,150	✗ 1,082	✗ 954	✓ 1,117	✗ 3,153	✗ 12,704	
	Completed non-admitted RTT pathways against plan	≥Plan	✗ 6,453	✓ 8,908	✓ 9,257	✗ 24,618	✗ 8,402	✗ 8,207	✓ 9,214	✗ 25,823	✓ 9,209	✓ 9,821	✗ 7,696	✓ 26,726	✓ 9,509	✗ 8,718	✓ 8,579	✓ 26,806	✗ 103,973	
	Incomplete RTT waiting list against plan	≤Plan	✗ 49,956	✗ 51,459	✗ 51,946	✗ 51,946	✗ 52,814	✗ 54,047	✗ 53,949	✗ 53,949	✗ 53,708	✗ 52,717	✗ 52,569	✗ 52,569	✗ 52,377	✗ 50,534	✗ 50,757	✗ 50,757	✗ 50,757	
	Incomplete RTT pathways +52 weeks against plan	≤Plan	✗ 924	✗ 1,087	✗ 1,186	✗ 1,186	✗ 1,349	✗ 1,532	✗ 1,728	✗ 1,728	✗ 1,851	✗ 1,858	✗ 1,933	✗ 1,933	✗ 1,759	✗ 1,662	✗ 1,591	✗ 1,591	✗ 1,591	
	Incomplete RTT pathways +65 weeks against plan	≤Plan	✓ 141	✗ 180	✗ 203	✗ 203	✗ 236	✗ 308	✗ 350	✗ 350	✗ 362	✗ 337	✗ 418	✗ 418	✗ 399	✗ 347	✗ 157	✗ 157	✗ 157	
	Incomplete RTT pathways +78 weeks	0	✗ 8	✗ 8	✗ 6	✗ 6	✗ 6	✗ 3	✗ 3	✗ 3	✗ 7	✗ 5	✗ 14	✗ 14	✗ 17	✗ 12	✗ 5	✗ 5	✗ 5	
Incomplete RTT pathways +104 weeks	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0		
Diagnostics	Diagnostics activity against plan	≥Plan	✓ 111.2%	✓ 108.1%	✗ 98.6%	✓ 105.5%	✓ 106.7%	✓ 102.3%	✗ 96.7%	✓ 101.9%	✗ 91.5%	✗ 99.9%	✓ 112.4%	✓ 100.6%	✓ 102.6%	✓ 103.9%	✓ 106.8%	✓ 104.4%	✓ 103.0%	
	Diagnostic DM01 Waiting List		10,952	11,476	11,462	11,462	11,121	10,155	10,377	10,377	10,238	10,563	9,377	10,563	9,836	10,471	11,607	11,607	11,607	
	Diagnostic DM01 Backlog		3,737	3,538	3,508	3,508	3,704	4,101	3,928	3,928	3,761	3,726	4,055	3,726	3,659	3,344	3,430	3,430	3,430	
	Diagnostic DM01 <6 weeks	≥99%	✗ 65.9%	✗ 69.2%	✗ 69.4%	✗ 69.4%	✗ 66.7%	✗ 59.6%	✗ 62.1%	✗ 62.1%	✗ 63.3%	✗ 64.7%	✗ 56.8%	✗ 64.7%	✗ 62.8%	✗ 68.1%	✗ 70.4%	✗ 70.4%	✗ 70.4%	
Cancer	Faster Diagnosis Standard (FDS) Combined (%)	≥75%	✗ 73.4%	✓ 76.9%	✓ 79.2%	✓ 76.6%	✓ 82.8%	✓ 79.2%	✓ 75.4%	✓ 79.2%	✓ 81.3%	✓ 77.3%	✓ 80.6%	✓ 79.7%	✓ 76.0%	✓ 82.9%	-	-	-	
	31 day combined performance (%)	≥96%	✗ 92.4%	✗ 91.6%	✗ 90.3%	✗ 90.3%	✗ 81.5%	✗ 75.9%	✗ 78.9%	✗ 78.6%	✗ 80.0%	✗ 75.2%	✗ 72.5%	✗ 75.7%	✗ 73.0%	✗ 80.0%	-	-	-	
	62 day combined performance (%)	≥85%	✗ 76.0%	✗ 64.9%	✗ 76.5%	✗ 76.5%	✗ 70.8%	✗ 68.9%	✗ 63.6%	✗ 67.7%	✗ 52.9%	✗ 65.7%	✗ 57.7%	✗ 59.1%	✗ 58.6%	✗ 55.5%	-	-	-	
	Number of local 2ww 62d backlog patients		58	58	55	55	54	88	94	94	89	86	89	89	76	50	52	52	52	

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 for Oct-23 and Nov-23. The historical data is based on a proxy as these metrics did not exist pre-Oct-23; as such the Apr-23 to Sep-23 data should be used as a guide and does not reflect the month-end, validated and published data.

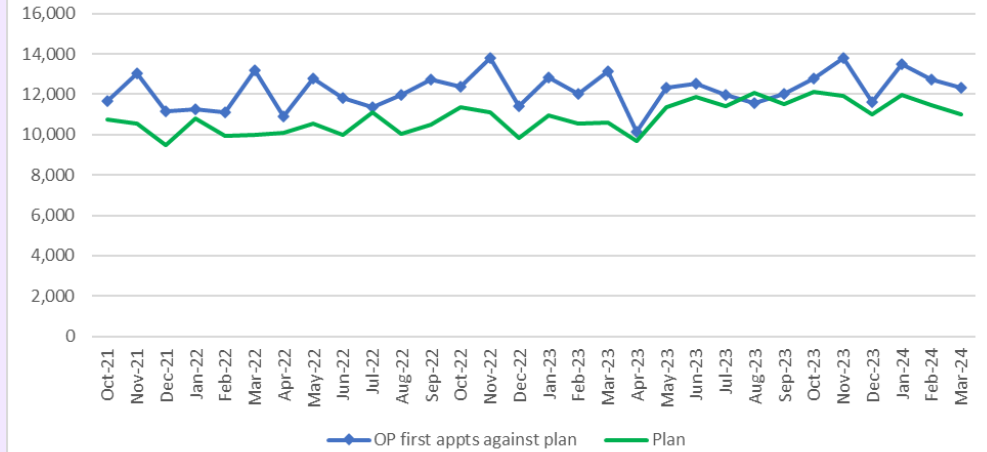
Indicators in Focus: Timely Care – Outpatient metrics (1/2)

Data

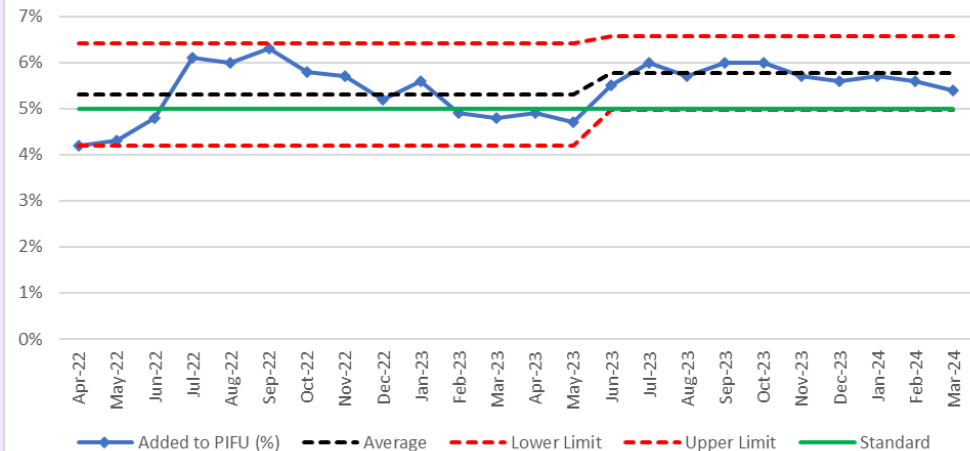
Remote attendances (%)



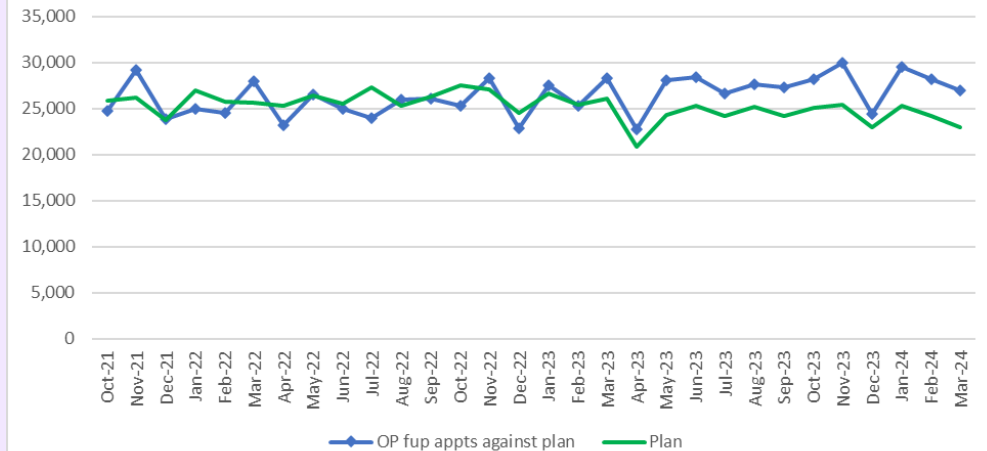
Outpatients - first appointment against plan



Added to PIFU (%)



Outpatients - follow up against plan



Indicators in Focus: Timely Care – Outpatient metrics (2/2)

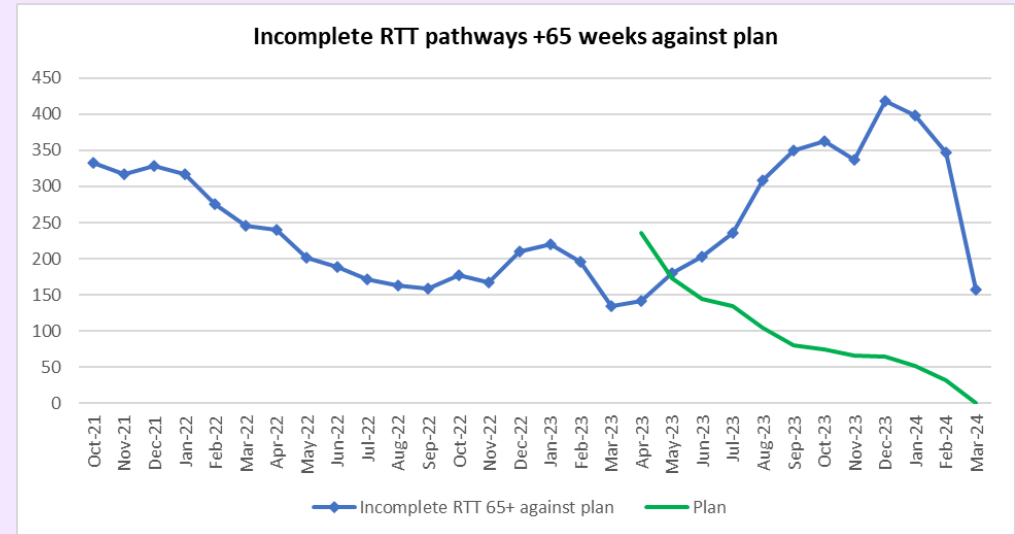
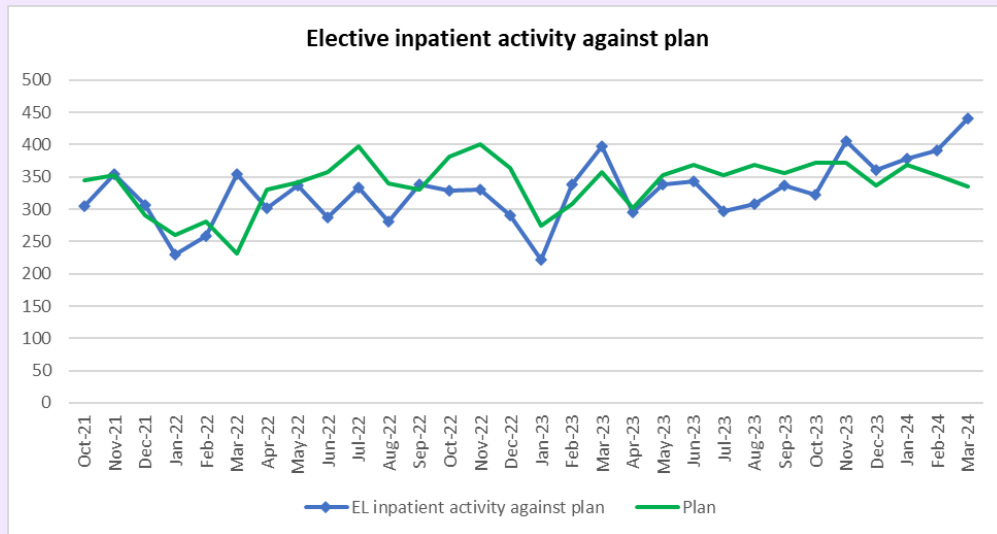
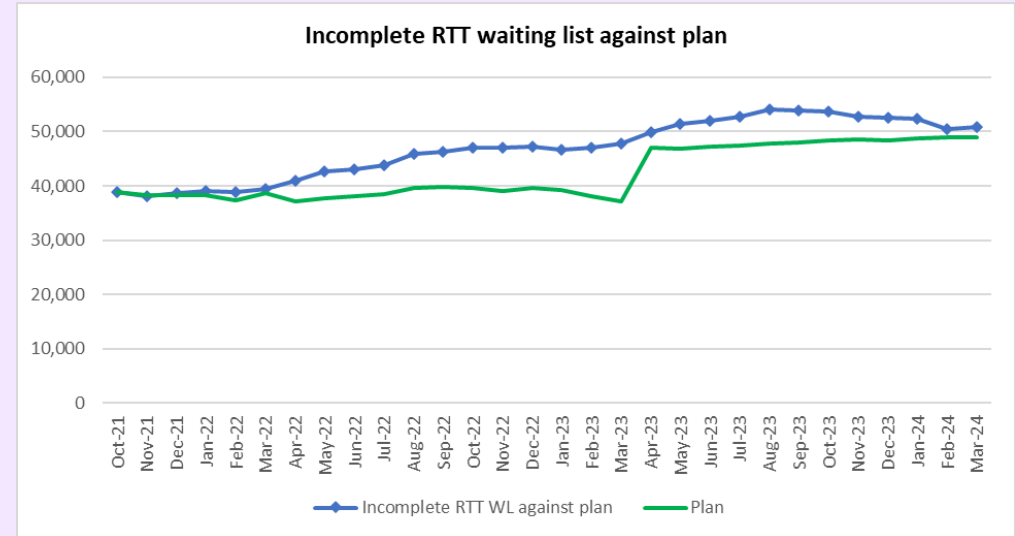
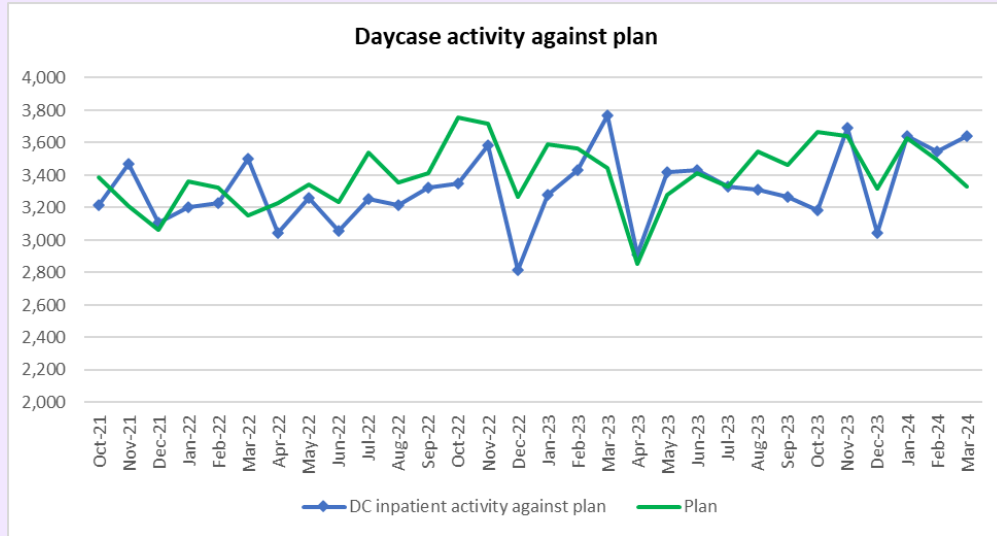
National position & overview

- We consistently deliver on Patient Initiated Follow Up (PIFU) and advice and guidance performance surpassing national targets. SFH have been in the top 10 Nationally for PIFU performance.
- Trust outpatient first attendance activity levels remain consistently above planned activity levels. Feb-24 was a strong month for activity levels across outpatient pathways despite Industrial Action (IA) in month.
- SFH (and the system) submitted a non-compliant plan against the outpatient follow-up reduction target of 25% in the 2022/23 and 2023/24 planning rounds. Our outpatient follow up activity levels have been above our non-compliant plan whilst we continue to experience challenges with patients waiting for overdue follow up reviews.
- The remote appointments agenda remains an area of underperformance across the Trust. The Operational Planning Guidance indicated that at least 25% of outpatient appointments should be delivered remotely via telephone or video consultation. We are currently delivering circa 15% this has been a stable position over the past year.

Root causes	Actions and timescale	Impact
Significant backlog of overdue reviews that developed during the Covid-19 pandemic due to lower outpatient activity levels as a result of social distancing and reduced clinician time allocated to seeing outpatients (focus on patients with higher clinical needs).	Rolling validation of the patients on the overdue review list to check if they still require their appointment.	Around 8% of patients contacted are removed from the waiting list. We typically contact 200 patients per week (approx. 16 patients removed from waiting list per week). Total Patient Tracking List (PTL) size continues to reduce.
	Insourcing in specialties with high overdue review lists. Specifically, Gastroenterology insourcing commenced in Oct-23. Insourcing to continue into 2024/25 to see any patients requiring follow up from the insourcing contract.	Insourcing to deliver circa 3,000 appointments split between new and follow up appointments by Mar-25. This will ensure any new appointments are followed up by the insourcing contract.
	GIRFT (Getting It Right First Time) Further Faster toolkits were launched in Q4 to all divisions to support improvement programme and identify productivity opportunities. Completion of toolkits and action plans developed by end of Q1.	Improvement across all outpatient metrics including DNA rates, reducing overdue reviews, and increasing 1 st outpatient activity.
	Using the Further Faster toolkits to continue to embed PIFU to ensure patients only return to hospital when needed. Actions to be underway following Q1.	Reduced backlogs of patients awaiting follow up appointment and improvement in the ratio of new appointments to follow up. Exact impact will be realised once action plans have been developed.
Remote attendances below target due to clinician preference to see patients face-to-face.	Toolkit developed to assess at a specialty-level the current virtual attendance position, relevant benchmarking, potential trajectories, challenges and risks to inform clinical assessment of opportunity. Toolkit is in place and supports the actions identified in the Further Faster workbooks.	Incremental increase in the percentage of remote attendances with the aim to achieve 17% by the end of the financial year.
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 to be in place to support clinic booking across the trust. Online from May-24.	Improved utilisation of the clinic space and increased activity

Indicators in Focus: Timely Care – Elective activity and waiting list metrics (1/2)

Data



Indicators in Focus: Timely Care – Elective activity and waiting list metrics (2/2)

National position & overview

- Year to date we are below planned levels for elective inpatient and daycase activity, although we have had strong months when there has not been Industrial Action (IA). Activity levels in Feb-24 for daycase were strong despite IA, Elective Recovery Schemes coming online in Feb-24 have driven the increases in daycase activity levels.
- Referral to Treatment (RTT) waiting times across England continue to rise. Prior to the pandemic in Feb-20 there were nationally circa 4 million people on the waiting list, this is now 7.6 million by Jan-24. At SFH the RTT waits pre-pandemic was 26,000 patients and has continued to grow to a peak of just over 54,000 at the end of Aug-23. Since Aug-23 the PTL started to slowly reduce to just over 50,534 at the end of Feb-24.
- The national requirement was to have no patients on an RTT pathway waiting greater than 78-weeks by end of Mar-23. At SFH there were 5 patients waiting over 78 weeks at the end of Mar-24 (two patients awaiting cardiology diagnostics or appointments, one patient with complex diagnostic pathways and health needs, and two complex patients not well enough to be treated in month).
- Considering Jan-24 nationally reported data from 169 providers we have the 59th largest PTL. Only four providers with an equivalent or larger PTL have fewer long waits (65ww and 78ww). 21 providers with smaller PTLs have more patients waiting greater than 65-weeks than SFH.

Root causes	Actions and timescale	Impact
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.
Challenges with workforce availability due to hard to fill vacancies, particularly in Anaesthetics.	Backfill in-week theatre lists and use of additional clinics and theatre lists at weekends via Waiting List Initiatives. Recruitment to anaesthetic vacancies ongoing, recent agreement to implement recruitment incentives expected to have a positive impact.	Additional clinics and theatre lists. Theatre session utilisation has shown a steady trend between 80% and 85% since Feb-23. However, saw a dip in performance in Aug-23 and Dec-23.
	Outsourcing services throughout 2023/24 (e.g. Ophthalmology cataract referrals) and utilisation of local Independent Sector for Orthopaedics, General Surgery and Urology.	Ophthalmology outsourcing delivering 20 cases per month. Independent Sector delivering 40 cases per month. Independent Sector activity will support backlog reduction.
	Mutual aid between Sherwood Forest and Nottingham University hospitals continues to progress in pathways where waits are not equal across Nottinghamshire.	Equalise waits across the Nottinghamshire system.
Lack of physical space and infrastructure to enable increased activity required to reduce backlogs.	Newark Targeted Investment Fund (TIF) development to expand procedures in Gynaecology and ENT and support the transfer of Orthopaedic activity from King's Mill to Newark to release capacity for more complex, long waiting patients. New theatre opened in Nov-23.	Delivered circa 200 cases per month in 2024/25 Q4 in line with activity plan.
	As part of the Targeted Investment Fund (TIF) refurbish three existing procedure rooms due for completed delivering increased Dermatology capacity from Mar-24.	Increase of four procedures per week leading to a reduction in Cancer and RTT waiting times.
Opportunities for productivity gains.	Three of the Theatre Improvement Programme workstreams, scheduling, list timing and patient engagement underpinning actions will lead to improvements in elective activity and backlogs in 2024/25.	Elective Session Utilisation improvement from 75% to 77% in year 1 Capped in-session utilisation improvement from 77% to 80% for year 1 On-day cancellations at 8.9% reduced by 1% in year 1.

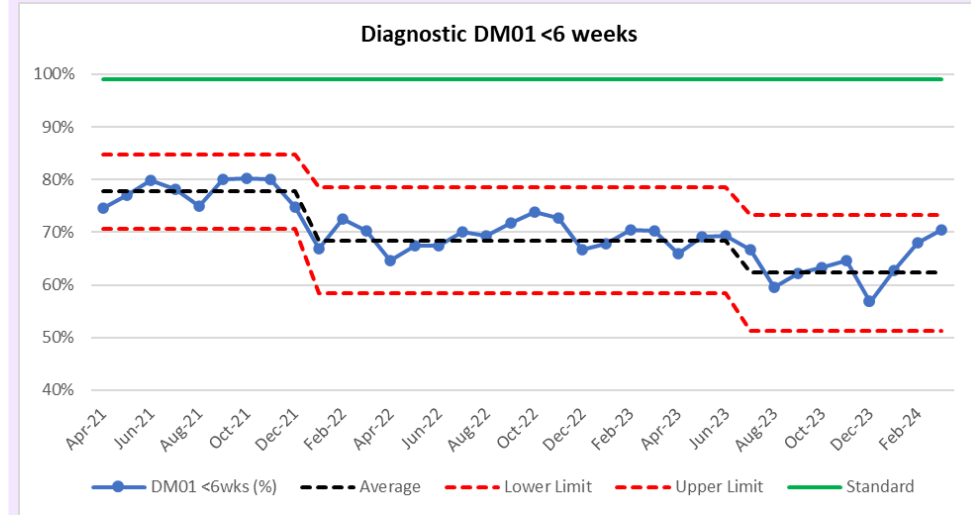
Indicators in Focus: Timely Care – Diagnostic metrics

National position & overview

- 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 Jan-24 was just over 414,3500. This meant that 73.8% of patients nationally were seen within 6-weeks against the national standard of 99%. The local position at the end of Jan-24 was 68% of patients seen within 6-weeks; below the national position.
- Across SFH at the end of Jan-24 there were a total of 10,471 patients waiting for DM01 reportable diagnostic tests of which 3,344 patients were waiting greater than 6-weeks, this a reduction from Dec-23. Most are awaiting Echocardiography.
- Audiology, Dexa and Non-Obstetric Ultrasound achieved DM01 compliance >99% in Jan-24.
- In Mar-24, Quality Committee considered a paper outlining the current diagnostic position, risks and actions underway.

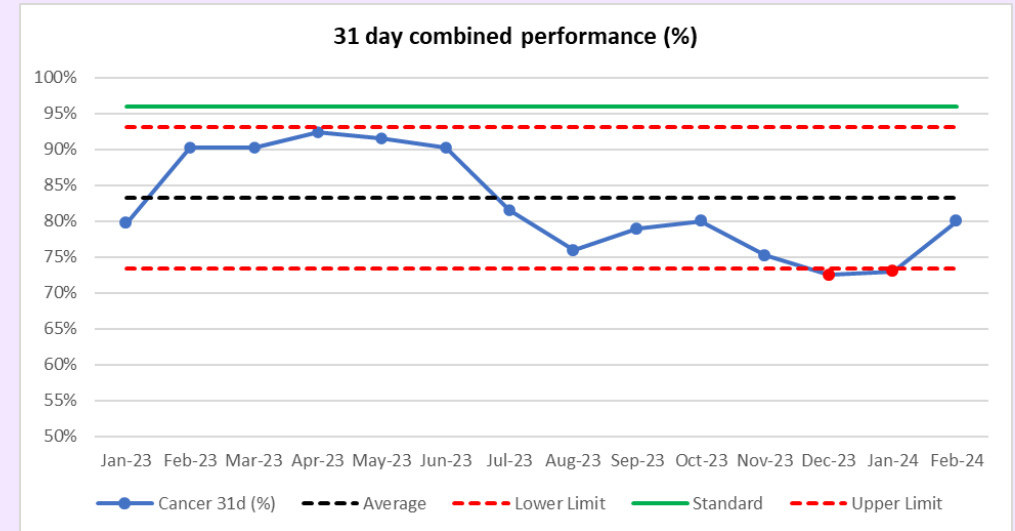
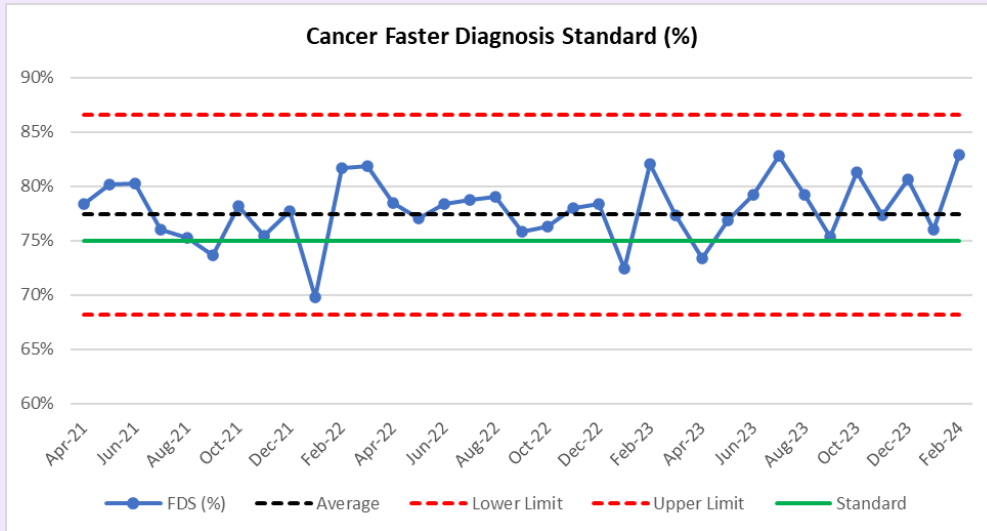
Root causes	Actions and timescale	Impact
Echo backlog and insufficient workforce to meet demand. Equipment and physical space are constraining backlog recovery alongside the workforce challenges.	Enhanced rates of pay to enable weekend working with existing teams from Jul-23.	7 additional cases per week.
	Community Diagnostic Centre (CDC) funding insourcing for Newark Hospital to increase from 3 to 5 days from early Q4.	50 additional cases per week.
	Insourced activity delivered at Mansfield Community Hospital in a newly equipped facility funded through CDC slippage.	60 additional cases per week.
	Mutual aid from NUH from Aug-23.	7 additional cases per week.
	The combined impact of the above mitigations will support gradual backlog reduction. Full recovery will require actions to continue into 2024/25. Jan-24 was our highest ever performing month for activity and total waiting list size reduced to <4,000, our lowest since Jul-23.	
CT Cardiac increase in demand (50% 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 Q3 installation.	Up to 20 CT Cardiac cases per day.
Cystoscopy waiting list management and processes causing increase in overall diagnostic PTL size since Sep-23.	Validation of the waiting list took place by end of Mar-24.	Reduction in waiting list by 28% (50 patients) and reduction in backlog over 6-weeks by 50%.
	Any reporting actions to be identified and actioned by end of Apr-24.	Accurate patient tracking list.

Data

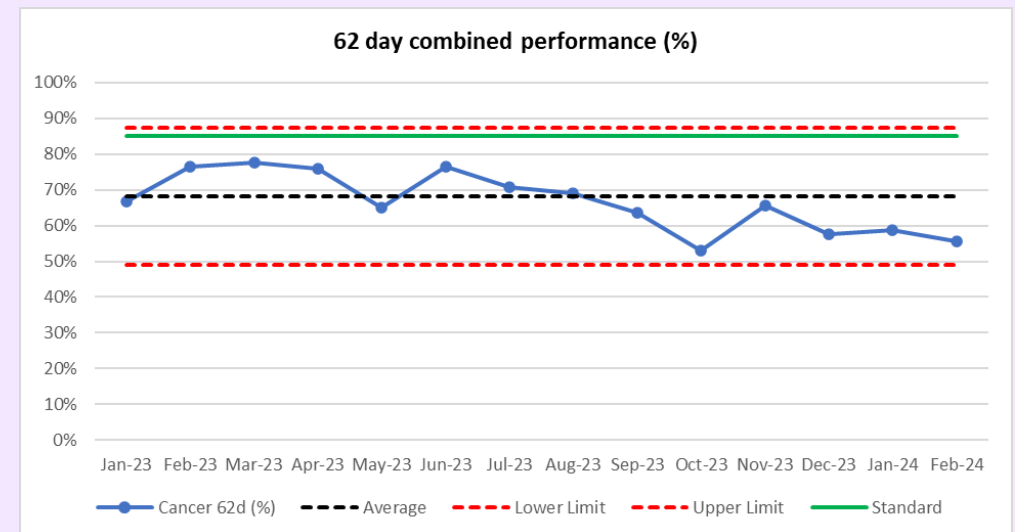


Indicators in Focus: Timely Care – Cancer metrics (1/2)

Data



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 for Oct-23 and Nov-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.



Indicators in Focus: Timely Care – Cancer metrics (2/2)

National position & overview

Considering the latest national data (Nov-23):

- Nationally Faster Diagnosis Standard (FDS) is 70.9% against the 75% standard. Our position is performing better than the England position and above the national standard.
- Nationally 31-day treatment performance (first treatment) is 87.5% against the 96% standard. Our position is performing below the England position.
- Nationally 62-day performance is 62.3% against the 85% standard. Our position is performing below the England position.

Root causes	Actions and timescale	Impact
62-day standard - Lower GI has workforce challenges, high referral demand and difficulties with patient engagement.	Tumour site optimal timed pathway development and working group in place since Apr-23.	Reduction in pathway delays.
	Update patient information and launch a video for supporting patients with bowel preparation. Video development delayed due to capacity of communications team. Rescheduled for 2024/25 Q1.	Improve engagement and increase test compliance.
	Cancer Steering Group undertaking a review of clinical pathways and processes across all tumour sites, including how patients are reviewed, prioritised and the clinical time allocated to do so. For review May-24 steering group.	Equity of approach in clinical and operational management of patients across all tumour sites. E.g. the hot tray in Gynaecology, patients are reviewed by an assigned cancer clinician to ensure timely diagnosis or progression of patient pathway.
31-day standard - Skin tumour site referral demand.	Tele-dermatology pilot at Kings Mill site launched Feb-24 and saw a total of 74 patients in month, the service is now fully rolled out. Plans to develop the tele-dermatology service Newark are underway to commence Apr-24.	Feb-24 pilot observed the following outcomes: <ul style="list-style-type: none"> • 79% of patients removed from an urgent suspected cancer pathway • 109 clinic slots were reallocated • First seen average date reduced from 12 to 7 • Positive staff and patient feedback.
	Recruitment of locum and utilisation of available theatre capacity at where lists are not filled, and staffing is available. Full completion of Targeted Investment Fund programme at Newark to commence Apr-24	Increase operating capacity from Feb-24. Additional c.200 cancer procedures throughout Q4. Four procedures per week Newark activity increase leading to a reduction in waiting time and improvement in 31-day performance.
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.	Minimise the number of cancer patients who have their pathway delayed during IA.

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.

Domain Summary: Best Value Care

Overview	Lead
<p>Income & Expenditure:</p> <ul style="list-style-type: none"> The reported financial position for Q4 shows an improving trajectory which largely relates to additional income received and a reduction in expenditure run rate. Although some of this relates to non-recurrent actions, it also demonstrates progress from the Financial Recovery Cabinet workstreams and the H2 forecast re-set. The Trust reported an adverse position against the plan of £11.19m for the Q4 period, giving a 2023/24 deficit of £11.6m against a breakeven plan. The period saw the continuation of many of the challenges faced in previous quarters with further industrial action impact, the level of capacity open and high demand for beds and the cost of surge capacity when the Trust enacts the Full Capacity Protocol. The level of patients medically fit for discharge has remained at levels above those assumed in the 2023/24 annual plan. Q4 run rate hasn't changed, the plan assumed income and efficiencies in Q4 which would have seen a positive impact on run rate which didn't occur. The costs of additional capacity remains the largest element of the adverse variance to plan, with £4.3m spent in Q4. This brings the annual total to £13.5m 2023/24 which includes the impact of beds remaining open despite an ICS planning assumption that they would close, the costs of surge capacity and winter pressures. The Q4 position also sees the continuation of unplanned costs relating to the industrial action, with a direct financial impact that includes costs of covering gaps, an estimation of lost income relating to cancelled activity and accounts for missed efficiency opportunity of £3.4m in Q4. FIP is adverse to plan due to the missed efficiency opportunity due to impact of industrial action. In addition, FIP achievement largely relates to non recurrent underspends and non divisional FIP. Following the H2 re-set of likely forecast outturn the trust revised outturn was agreed at £8.5m deficit. This shifted to an actual 2023/24 outturn deficit of £11.6m due to non receipt of CDC income (£5.5m), reduced in part from the benefit of PDC non payment of £2.4m due to how we now account for the PFI lease in line with changes in accounting standards. <p>Capital Expenditure & Cash:</p> <ul style="list-style-type: none"> Capital expenditure is adverse to plan of £15.42m for Q4, with 2023/24 outturn expenditure of £32m. This is £7.27m less than the annual financial plan due to changes in the CDC and EPR planned expenditure across financial years. Closing cash on the 31st March was £4.74m, which is £1.87m higher than planned. However, this is masking an underlying pressure on available revenue cash resource, as it is being supported by capital PDC. <p>Agency Expenditure:</p> <ul style="list-style-type: none"> The Trust reported agency expenditure of £3.96m during Q4, with 2023/24 outturn at £16.58m. 	<p>CFO</p>

Scorecard: Best Value Care

At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	Jul-23	Aug-23	Sep-23	2023/24 Qtr 2	Oct-23	Nov-23	Dec-23	2023/24 Qtr 3	Jan-24	Feb-24	Mar-24	2023/24 Qtr 4
Finance	Income & expenditure against plan (£m)	≥£0.00m	✓£0.00	✗-£0.98	✗-£0.06	✗-£1.04	✓£0.06	✗-£0.43	✗-£1.06	✗-£1.43	✗-£1.33	✓£0.82	✓£2.58	✓£2.07	✗-£0.76	✓£2.33	✗-£12.76	✗-£11.19
	Financial Improvement Programme (FIP) against plan (£m)	≥£0.00m	✓£0.01	✓£0.03	✓£0.00	✓£0.04	✗-£0.38	✗-£0.83	✗-£0.83	✗-£2.04	✗-£0.38	✗-£0.17	✗-£0.80	✗-£1.35	✓£1.27	✗-£0.43	✓£0.54	✓£1.38
	Capital expenditure against Plan (£m)	≤£0.00m	✗£0.23	✗£1.15	✗£4.91	✗£6.29	✗£3.87	✗£1.29	✗£3.52	✗£8.68	✗£3.19	✓-£0.70	✗£5.23	✗£7.72	✓-£2.01	✓-£0.88	✓£12.53	✓£15.42
	Cash balance against Plan (£m)	≥£0.00m	✗-£8.73	✓£4.35	✓£5.10	✓£0.72	✓£5.17	✗-£2.52	✗-£3.43	✗-£0.78	✗-£0.84	✓£0.10	✓£0.53	✗-£0.21	✓£0.53	✓£6.97	✗-£5.36	✓£2.14
	Agency expenditure against Plan (£m)	≥£0.00m	✓£0.02	✗-£0.32	✗-£0.16	✗-£0.46	✗-£0.20	✓£0.06	✗-£0.10	✗-£0.24	✗-£0.21	✓£0.62	✓£0.29	✓£0.70	✗-£1.36	✗-£1.17	✗-£1.09	✗-£3.62

Indicators in Focus: Best Value Care – Income and expenditure

Standard & overview

- The standard is the Trust financial plan which is a breakeven position for 2023/24
- The Trust has an adverse variance to plan of £11.19m in Q4. Giving a 2023/24 deficit of £11.60m against a breakeven plan.
- During the national H2 re-forecasting exercise the trust agreed a deficit outturn with NHSE of £8.5m. This changed in month 12 to £11.6m due to the non receipt of CDC funding (£5.5m), reduced in part from the benefit of PDC non payment of £2.4m due to how we now account for the PFI lease in line with changes in accounting standards.
- The plan for Q4 was a significant improvement on run rate due to the recognition of CDC income and FIP delivery. Both of which did not occur as planned. CDC was recognised throughout the year (ahead of plan) however given NHSE confirmation that it was not to be received resulted in the Q4 position showing a reversal of previous months income recognition against a full year allocation of income. Therefore Q4 is a £9.6 adverse to the planned position (being £5.5m planned income in Q4 which didn't occur plus the reversal of the Q1-Q3 early recognition of this income).

Root causes

- The adverse variance is due to
- The level of demand impacting on Full Capacity measures and additional capacity open this financial year including winter capacity pressures.
 - Unfunded cost and income loss relating to the industrial action, including the costs of covering staffing gaps, an estimate of lost income relating to cancelled activity and missed efficiency opportunity.
 - Q4 improved run rate position due to additional H2 re-set actions impacted in part by non receipt of CDC funding and non payment of PDC.

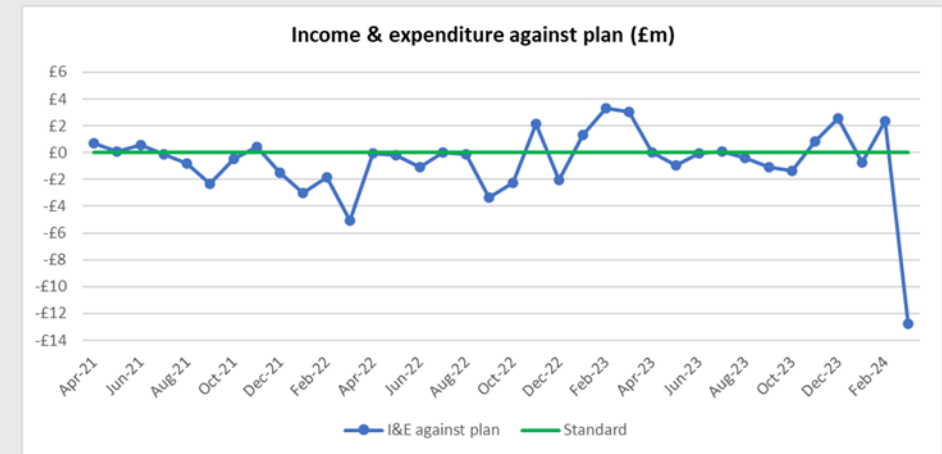
Actions

- Non receipt of CDC funding notified in month 12 from NHSE
- Non payment of PDC due to changes in accounting standards for PFI leases
- Financial Recovery Cabinet in place reviewing opportunities
- Enhanced Financial Governance in place
- Revised outturn position following H2 re-set of £11.6m given changes in month 12 for CDC & PDC changes

Impact/Timescale

- Agreed outturn achieved
- Enhanced Financial Governance in place and continuing

Data



Indicators in Focus: Best Value Care – Financial Improvement Plan

Standard & overview

- The standard is the Trust financial Improvement Plan
- The Trust has a £10m Divisional Financial Improvement Programme which has reported full year savings of £8m which was £1.8m behind plan.
- The planned delivery in Q4 was impacted by industrial action and high capacity demands which meant this wasn't achievable adding £2m efficiency miss in Q4 alone.

Root causes

- The adverse variance is mainly due to delays in identifying schemes in time to deliver savings in line with plan. Current escalation capacity and Industrial Action will have taken time away from Divisions bandwidth to progress schemes and efficiency miss of £1.8m has been declared for 2023/24.

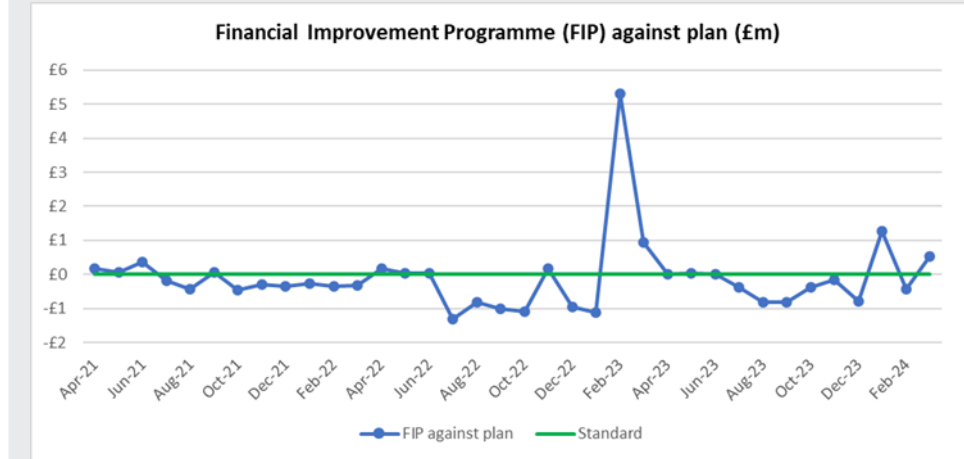
Actions

- Financial Recovery Cabinet in place with FIP being a key workstream in this process.
- Schemes do continuously move to 'In-Delivery'

Impact/Timescale

- Continuation of FIP scheme ideas and delivery.
- Pipeline schemes progress to in-delivery monthly.

Data



Indicators in Focus: Best Value Care – Cash Balance

Standard & overview

- Standard is the plan and the minimum cash balance required by DHSC of £1.45m as part of our support.
- Variance year to date to plan with closing cash being £1.87m favourable to plan.
- Plan and actual required revenue borrowing PDC cash support from DHSC and 2024/25 forecast indicates a further requirement for revenue support.

Root causes

Planned deficit and forecast deficit is driving the need for additional cash support above plan.

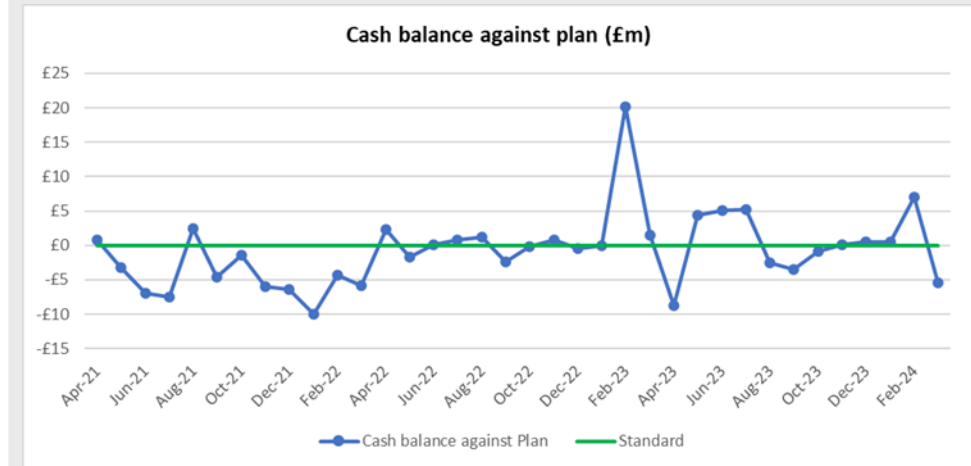
Actions

- Quarterly borrowing submission submitted to DHSC
- All revenue PDC for 23/24 requested and approved and no additional deficit borrowing above plan was requested.
- Revenue support application submitted for Q1 2024/245. Currently being reviewed by DHSC.
- Capital PDC request to be prepared and submitted July 2024 in relation to the agreed 2024/25 capital plan.

Impact/Timescale

Management of accounts payable supplier payment to match available cash.

Data



Indicators in Focus: Best Value Care – Capital expenditure

Standard & overview

- Standard is the plan.
- Significant variance in outturn due to agreed changes to the phasing of EPR and Mansfield CDC across years., however, plan was delivered allowing for these know changes.
- Plan required capital borrowing support from DHSC, which presented a risk due to timing of spend compared to receipt of Capital PDC support, due to cash position of the Trust.
- Known overspends in relation to discharge lounge and Newark TIF capital schemes.

Root causes

Outturn variance across schemes driven by the re-phasing of Mansfield CDC and EPR and reallocation of plan to cover known overspends on Newark TIF and discharge lounge.

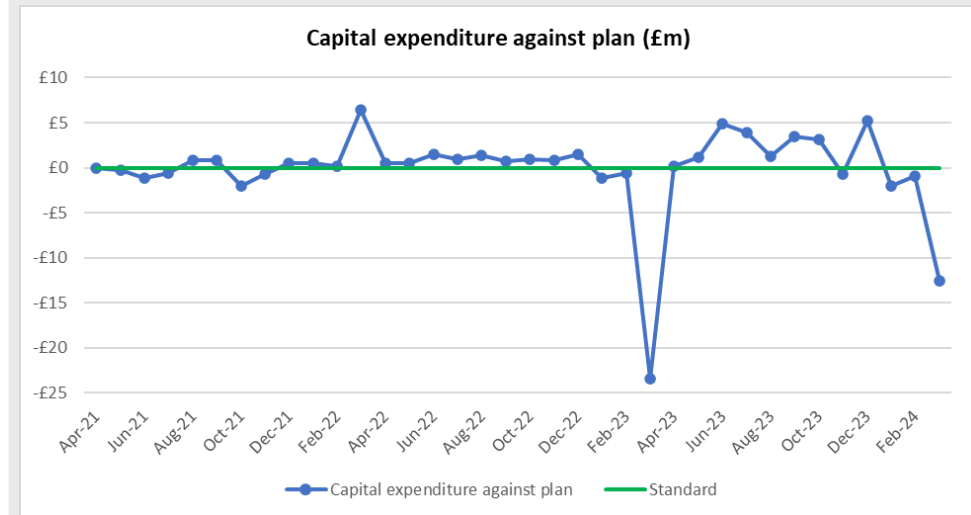
Actions

- Agreed with NHSE reprofiling of the expenditure and associated borrowing relating to CDC, £2m and EPR £6.31m removed form 2023/24 and rephased into 2024/25.
- Capital plan was reforecast in year to cover known overspends in relation to Discharge lounge and Newark TIF.
- Monthly monitoring via Capital Resources Oversight Group.
- Capital loan support received for 2023/24, and submission to be made in respect of 2024/25.
- 5 year capital plan currently being refreshed as part of financial planning. Working group formed to consistently risk assess and prioritise forecast 2024/25 plan.
- Allocation agreed with ICB partners for 2024/25.

Impact/Timescale

Risk to capital plan delivery and cash until capital borrowing confirmed. Would present an increased risk to underlying cash balances in 2024/25.

Data



Indicators in Focus: Best Value Care – Agency expenditure

Standard & overview

- The standard is the planned agency spend
- The Trust has reported agency expenditure of £3.96m for Q4, this is £3.62m adverse to the planned level of spend. This is due to the phasing of the FIP plan on agency being loaded to the last quarter of the financial year. From a run rate perspective, the level of spending Q4 is in line with Q1-Q3.
- 2023/24 full year expenditure is £16.58m on agency which is £3.62m adverse to the plan of £12.96m
- Full year agency spend in relation to ERF equates to £1.3m which is offset by additional income.

Root causes

- Mainly due to the additional capacity that has remained open above planned levels which is covered by variable pay (including agency). As beds have become substantivised this level of expenditure has reduced.
- ERF scheme agency usage equates to £0.45m during Q4 for which there was minimal spend in Q1 & Q2. This expenditure is offset by additional ERF income.

Actions

- Executive approved changes to substantivise escalation beds means a reduction on reliance of variable pay cover in these areas.
- Enhanced financial governance focus on agency spend and compliance at Divisional Performance Reviews, Divisional Finance Committee's and Financial Recovery Cabinet
- Focussed reduction in off framework usage
- Continued reviews of direct engagement bookings

Impact/Timescale

- Revised divisional governance structures to include agency spend & compliance reviews
- Continued reviews of long line bookings and market re-test as required

Data

