



Integrated Performance Report

Reporting Period: Q1
2023/24

Inspected and rated

Good



Integrated Performance Report – Q1 – Domain Summary



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Quality Care	<p>During Q1 the Organisation has remained extremely busy, with prolonged periods of operational pressure and consequential long waits in the Emergency Department; however, there have been less periods spent in prolonged escalation or Opel 4 than the last quarter. This has been mainly due to the continuation of maintaining all additional escalation bed capacity open. Despite the decision now made to substantively recruit to the majority of this, it presently continues to rely on temporary and additional staffing to maintain safe staffing levels whilst recruitment progresses. There continue to be large numbers of patients medically safe for discharge awaiting in our inpatient wards, and medical outliers continue in surgical beds. Regular and relentless periods of Industrial Action have occurred throughout the quarter. Trust Board is well sighted of our planning, response and the impact of activity of Industrial Action. Our focus has been to ensure the safety and care of our emergency and in-patient pathways. The operational and managerial impact of planning and dealing with recurrent periods of Industrial Action, cannot be overstated.</p> <p>Safety metrics and incidents have been carefully reviewed during disruption. No additional obvious patient harm has yet been identified though this would not consider potential harm from late diagnosis or decision making due to lost out patient appointments.</p> <p>The ongoing focus on fall prevention, with a proactive focus on avoiding deconditioning, prevention measures and increased mobilisation, has delivery some positive impact with a reduction of falls across Q1.</p> <p>There are three domains during Q1 which will be reported on as off track:</p> <ul style="list-style-type: none"> • Clostridium difficile reported in month The national picture for Cdiff has deteriorated with an increase in cases. There is a both a local and regional focus on causation which is thought to be related increased use of antibiotics in community. A regional summit has been convened to examine the trend and share best practice. Our review process is being widened for identified hospital acquired infection to include community and previous admissions. When occupied bed days are used to refine statistics, we report a trend toward lower cases per 1000 bed days. Further Detail is provided in the slide set. • Case finding question, or diagnosis of dementia or delirium Our compliance has improved considerably in recent years although we fall below the high standard of 90%. We continue to focus on care for people living with dementia and have successfully engaged with Dementia UK to introduce Admiral Nursing to the Trust. We continue to be supported in our charity with the Dementia Appeal and funding for interactive devices for people who might benefit from this. Detail is provided below. We have recently undertaken a review of service provision which has reported through our quality governance forums. • HSMR (and 12-month rolling position) continues to see a rising trend and is above expected, driven by crude rates rising (Latest month Mar-23 = 4.3), with expected rates remaining relatively stable, therefore seeing a divergence between observed and expected. In addition, key factors driving the HSMR trend are understood and significantly scrutinised via Quality Committee. These include palliative care, documentation (including coding and co-morbidities) and patient flow/ attributed spells within the hospital. <p>A few elements with no data or unvalidated data are included and will be rectified by Q2.</p>	MD, CN

Integrated Performance Report – Q1 – Domain Summary



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
<p>People & Culture</p>	<p>People & Culture Strategy</p> <p>During the quarter we have launched our People & Culture Strategy, we have set our focus areas for 2022-2025 around 4 delivery pillars that are aligned to the national people promise. Our action plans will be delivered through our operational sub-cabinets, with highlight reports to our People Cabinet, and reported through the Trusts People, Culture and Improvement Committee. We have delivered on all our Q1 objectives.</p> <p>We have seen continued events of Industrial Action held by the British Medical Association (BMA), there were junior doctors strikes held between 11-15 April (80.1% loss), 14-17 June 2023 (73.4% loss). Within July there were 2 episodes of industrial action, 13-18 July for junior medical staff (77.0% loss) and consultants (31.5% loss). It is indicated that there will be a further episode of consultant industrial action in 24 & 25 August 2023 and we are aware the BMA are re-balloting junior medical staff.</p> <p>Over the last three months we have seen a gradual increase in the Trust vacancy level, over the quarter this is recorded at 7.5% (Q4 – 3.8%), with the rate for June 2023 at 8.0%. This increase is due to an increase in the establishment levels, that have artificially increased the vacancy level. This increase can be noted around the growth around filling to our substantive bed base and growth associated with the additional Newark Theatre. Supporting our vacancy reductions, we are active in recruitment and have recently held successful recruitment fairs and careers events and continue to have a really active and engaged programme that has scheduled events over the next few months.</p> <p>Our Appraisal and Mandatory and Statutory Training (MaST) position is really positive where we are reporting above the Trust targets.</p> <p>Over Q1 our sickness absence level is reported at 4.2% and over the last few months has shown a gradual decrease to a level of 4.2% in June 2023. Sickness does sit equivalent to the Trust target (4.2%) and between the upper and lower SPC levels.</p> <p>There has been an increase with employee relations cases over the quarter (n.40) with June recorded at 15 cases, and this sits above our target (n.12) and towards the upper SPC limit. Whilst there has been an increase in the number of formal cases we have seen an increase in support required for Managers relating to informal concerns in relation to perceived breaches of our CARE values and teams and individuals working together. There have been several formal cases that have been ongoing across April, May and June with a number concluding as we move into July.</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. Our overall agency position is reported at 5.4%, although this does sit above the target level of 3.7% this has been impacted by the junior medical industrial action episodes.</p> <p>During quarter 1, 53.3% 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%). Over the year we aim to move towards this target.</p> <p>Additionally, of the agency shifts filled we have seen low levels of those filled by off framework workers over the last quarter (April – June 2023). To note there has been 3 off framework agency workers, with June 2023 reporting zero. The last time the Trust achieved this was in June 2020.</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</p>	<p>DOP</p>

Integrated Performance Report – Q1 – Domain Summary



Domain	Overview & risks	Lead
Timely care	<p>In 2023/24 Q1 (Apr-Jun) our services have continued to operate under pressure much like many acute Trusts across the country. The combination of 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 35 days during Q1 (spread across all months). At times, patients experienced delays to admission due to a lack of beds. In response to these pressures, we enacted escalation actions and, where necessary, our full capacity protocol. Despite the challenges, we continued to provide strong ambulance handover; benchmarked well in terms of our four-hour performance (3rd best in region); and have a strong medical Same Day Emergency Care (SDEC) offer exceeding national targets. When looking across the suite of Integrated Performance Report (IPR) metrics; although a number of the timely care metrics are struggling, the quality of care metrics on the whole remain strong indicating that patient care remains good. Following the launch of the Improvement Faculty earlier in the year, the Optimising Patient Journey (OPJ) programme is being relaunched with the focus to date in 2023/24 being the identification of priority work programmes.</p> <p>Whilst the interplay between emergency and elective pathways continues to create challenges, the instances of industrial action resulted in curtailments in elective activity which adversely impacted on our elective activity, backlog and performance metrics. The national requirements to meet zero 78-week waiters has not been met. At the end of Jun-23 we had four 78-week wait patients for a variety of clinical and capacity-related reasons (see relevant escalation page). We have successfully increased the number of first outpatient and daycase procedures to above planned levels with further expansion later in 2023/24 as our Targeted Investment Fund (TIF) development opens at Newark hospital in autumn 2023. We continue to work together as a system with patients being transferred between providers as part of mutual aid arrangements; this has resulted in us inheriting some long wait patients. Over the summer we will receive some support to help with our Echocardiograph position; one of our struggling diagnostic tests.</p> <p>As a quarterly position we delivered the 5% Patient Initiated Follow Up (PIFU) target. Whilst we continue to see in the region of 15% of outpatients 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. Our outpatient improvement programme is maturing and we are relaunching our theatre improvement programme.</p> <p>Key metrics relating to the delivery of timely cancer care are generally strong especially when benchmarked. Like other organisations we have seen growth in Cancer two-week referrals following a similar increasing trend seen over the last decade. Our two week wait performance remains above the national target. We continue our strong delivery of the national 28-day faster diagnostic standard with our ICS being one of the best in the Midlands region. The number of two-week wait suspected cancer patients waiting over 62 days for treatment is better than both our local target and the target set by the national team to be achieved by Mar-24. Our 62-day performance was very strong at the start of Q1 in Apr-23; however, reduce to be in line with recent mean values in May-23.</p> <p>Further details relating to underperforming metrics are included in the escalation pages. Within the escalation pages we have grouped some of the metrics together within the relevant care pathways.</p>	COO

Integrated Performance Report – Q1 – Domain Summary



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Best Value care	<p>Income & Expenditure:</p> <ul style="list-style-type: none"> The reported financial position or Q1 highlights some of the challenges facing the Trust in meeting the planning ambition to deliver a breakeven financial position The Trust reported a deficit of £4.9m for the Q1 period, this represents an adverse variance to plan of £1.05m. The period saw the continuation of many of the challenges faced in the previous year with the level of capacity open and high demand for beds. The level of patients medically fit for discharge has remained at levels above those assumed in the 2023/24 annual plan The costs of additional capacity remains the largest element of the adverse variance to plan, with £3.28m spent in Q1 on escalation capacity and some continuation of winter schemes which is above levels assumed in planning. The Q1 position also sees unplanned costs relating to the Industrial action, with a direct financial impact that includes costs of covering gaps and an estimation of lost income relating to cancelled activity. Q1 saw the assumed income brought forwards for CDC April-June element of £1.4m which was planned for later in the year Although FIP is favourable to plan, this largely relates to non recurrent underspends and is measured against a very low level of FIP planned for the period. The outturn position is currently forecast to breakeven with risks given the continuation of additional capacity open and continued industrial action. <p>Capital Expenditure & Cash:</p> <ul style="list-style-type: none"> Capital expenditure of £1.50m has been reported for the Q1 period, with 2023/24 outturn expenditure currently forecast at £39.27m. The forecast is being re-worked to account for expected changes in ERF and CDC planned expenditure. The cash balance at the end of Q1 stands at £6.53m, which is £0.72m higher than planned. <p>Agency Expenditure:</p> <ul style="list-style-type: none"> The Trust reported agency expenditure of £4.64m during Q1, with 2023/24 outturn expenditure forecast at £14.57m. <p>Elective Recovery Fund (ERF):</p> <ul style="list-style-type: none"> ERF is higher than our initial plans set out, however is £0.5m short of stretch plans agreed and submitted. 	CFO

Integrated Performance Report – Q1 – Scorecard



Sherwood Forest Hospitals
NHS Foundation Trust

Quality Care

At a Glance	Indicator	Standard	2023/24			2023/24	2023/24
			Apr-23	May-23	Jun-23		
Safe	Falls per 1000 OBDs	≤6.63	✗ 6.9	✓ 5.9	✗ 7.0	✓ 6.6	✓ 6.6
	Never events	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
	MRSA reported in month	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
	Cdifficile reported in month	≤13	✓ 4	✓ 6	✗ 5	✗ 15	✗ 15
	Ecoli BSI reported in month	≤22	✓ 2	✓ 3	✓ 5	✓ 10	✓ 10
	Klebsiella BSI reported in month	≤1	✓ 0	✓ 1	✓ 0	✓ 1	✓ 1
	Pseudomonas BSI reported in month	≤3	✓ 2	✓ 0	✓ 0	✓ 2	✓ 2
	HAPU (cat 2) per 1000 OBDs with a lapse in care		0.1	0.0	0.1	0.1	0.1
	HAPU (cat 3/4) and ungradable pressure ulcers with lapse in care	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
	Venous Thromboembolism (VTE) risk assessments	≥95%	Not yet available				
Caring	Case finding question, or diagnosis of dementia or delirium	≥90%	✗ 82.1%	✗ 84.8%	✗ 86.2%	✗ 84.4%	✗ 84.4%
	Complaints per 1000 OBDs	≤1.9	✓ 1.1	✓ 1.2	✓ 1.0	✓ 1.1	✓ 1.1
	Compliments received in month		90	146	123	359	359
Effective	HSMR (basket of 56 diagnosis groups)	≤100	✗ 126.8	✗ 127.8	✗ 130.6	✗ 130.8	✗ 130.6
	SHMI	≤100	✗ 106.25	✗ 106.4	-	-	✗ 106.4
	Still birth rate	≤4.4	✓ 3.6	✓ 0.0	✓ 3.4	✓ 2.2	✓ 2.2
	Early neonatal deaths per 1000 live births	≤1	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0	✓ 0.0

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People and Culture

At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	2023/24 YTD
Belonging in the NHS	Engagement Score	≥6.8%	-	-	-	✓ 6.9	✓ 6.9
Growing the Future	Vacancy rate	≤6.0%	✗ 6.9%	✗ 7.4%	✗ 8.0%	✗ 7.5%	✗ 7.5%
	Turnover in month	≤0.9%	✓ 0.79%	✓ 0.37%	✓ 0.36%	✓ 0.51%	✓ 0.51%
	Appraisals	≥90%	✗ 87.1%	✓ 90.4%	✓ 90.2%	✗ 89.3%	✗ 89.3%
	Mandatory & Statutory Training	≥90%	✓ 90.0%	✓ 90.0%	✓ 91.0%	✓ 90.3%	✓ 90.3%
Looking after our People	Sickness Absence	≤4.2%	✗ 4.4%	✓ 4.2%	✓ 4.2%	✓ 4.2%	✓ 4.2%
	Total Workforce Loss	≤7.0%	✓ 6.2%	✓ 6.1%	✓ 6.3%	✓ 6.2%	✓ 6.2%
	Flu vaccinations uptake - front line staff	≥80%	-	-	-	-	0.0%
	Employee Relations Management	<12	✓ 11	✗ 14	✗ 15	✗ 13	✗ 13
New Ways of Working	Agency (Off Framework)	≤6.0%	✓ 0.1%	✓ 0.1%	✓ 0.0%	✓ 0.0%	✓ 0.0%
	Agency (Over Price Cap)	≤30.0%	✗ 47.7%	✗ 59.6%	✗ 53.1%	✗ 53.3%	✗ 53.3%
	Agency Usage (%)	<3.7%	✗ 5.7%	✗ 6.5%	✗ 5.4%	✗ 5.9%	✗ 5.9%

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Timely Care (1/2)

At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	2023/24 YTD
Urgent Care	Ambulance turnaround times <15 mins (%)	≥65%	✗ 44.6%	✗ 48.0%	✗ 41.7%	✗ 44.8%	✗ 44.8%
	Ambulance turnaround times <30 mins (%)	≥95%	✓ 96.0%	✓ 96.1%	✗ 94.0%	✓ 95.4%	✓ 95.4%
	Ambulance delays >60 mins (%)	0.0%	✗ 0.1%	✓ 0.0%	✗ 0.3%	✗ 0.2%	✗ 0.2%
	ED 4 hour performance (%)	≥76%	✗ 75.6%	✗ 74.0%	✗ 73.1%	✗ 74.2%	✗ 74.2%
	Mean waiting time in ED (in minutes)	≤200	✗ 209	✗ 212	✗ 217	✗ 213	✗ 213
	ED 12 hour LoS performance (%)	≤2%	✗ 2.8%	✗ 2.4%	✗ 2.7%	✗ 2.6%	✗ 2.6%
	ED 12 hour DTA breaches	0	✗ 84	✗ 84	✗ 78	✗ 246	✗ 246
	Number of A & E attendances against plan	≤Plan	✓ 14,571	✗ 15,900	✗ 15,720	✗ 46,191	✗ 46,191
	Number of NEL admissions against plan	≤Plan	✓ 3,429	✓ 3,587	✓ 3,643	✓ 10,659	✓ 10,659
	SDEC activity (%)	≥33%	✓ 37.5%	✓ 37.6%	✓ 37.6%	✓ 37.5%	✓ 37.5%
	Adult G&A bed occupancy (%)	≤92%	✗ 95.7%	✗ 96.4%	✗ 96.3%	✗ 96.1%	✗ 96.1%
	Long length of stay (21+) occupied beds	≤Plan	✗ 136	✗ 127	✗ 127	✗ 130	✗ 130
	Inpatients MSFT >24 hours	≤40	✗ 106	✗ 116	✗ 106	✗ 109	✗ 109

Integrated Performance Report – Q1 – Scorecard



Sherwood Forest Hospitals
NHS Foundation Trust

Timely Care (2/2)

At a Glance	Indicator	Standard				2023/24	2023/24 YTD
			Apr-23	May-23	Jun-23	Qtr 1	
Electives	Average daily referrals		274	311	-	-	293
	Elective inpatient activity against plan	≥Plan	✗ 295	✗ 339	✗ 343	✗ 977	✗ 977
	Daycase activity against plan	≥Plan	✓ 2,908	✓ 3,421	✓ 3,426	✓ 9,755	✓ 9,755
	Outpatients - first appointment against plan	≥Plan	✓ 10,131	✓ 12,349	✓ 12,316	✓ 34,796	✓ 34,796
	Outpatients - follow up against plan	≤Plan	✗ 22,687	✗ 28,059	✗ 27,812	✗ 78,558	✗ 78,558
	Remote attendances (%)	≥25%	✗ 14.9%	✗ 15.6%	✗ 14.9%	✗ 15.1%	✗ 15.1%
	Added to PIFU (%)	≥5%	✗ 4.9%	✗ 4.7%	✓ 5.6%	✓ 5.1%	✓ 5.1%
	Advice & guidance (%)	≥16%	✓ 25.3%	✓ 23.7%	✓ 21.9%	✓ 23.5%	✓ 23.5%
	Completed admitted RTT pathways against plan	≥Plan	✗ 910	✓ 1,179	✓ 1,163	✓ 3,252	✓ 3,252
	Completed non-admitted RTT pathways against plan	≥Plan	✗ 6,453	✓ 8,908	✓ 9,257	✗ 24,618	✗ 24,618
	Incomplete RTT waiting list against plan	≤Plan	✗ 49,956	✗ 51,459	✗ 51,946	✗ 51,946	✗ 51,946
	Incomplete RTT pathways +52 weeks against plan	≤Plan	✗ 924	✗ 1,087	✗ 1,186	✗ 1,186	✗ 1,186
	Incomplete RTT pathways +65 weeks against plan	≤Plan	✓ 141	✗ 180	✗ 208	✗ 208	✗ 208
	Incomplete RTT pathways +78 weeks	0	✗ 8	✗ 8	✗ 6	✗ 6	✗ 6
	Incomplete RTT pathways +104 weeks	0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
Diagnostics	Diagnostics activity against plan	≥Plan	✓ 12,704	✓ 13,335	✗ 13,795	✓ 39,834	✓ 39,834
	Diagnostic DM01 Waiting List		10,952	11,476	11,462	11,462	11,462
	Diagnostic DM01 Backlog		3,737	3,538	3,508	3,508	3,508
	Diagnostic DM01 <6 weeks	≥99%	✗ 65.9%	✗ 69.2%	✗ 69.4%	✗ 68.2%	✗ 68.2%
Cancer	Two week wait Cancer Referrals		1,417	1,527	-	-	2,944
	Cancer 2 week wait performance (%)	≥93%	✓ 93.4%	✓ 96.0%	-	-	✓ 94.8%
	Faster Diagnosis Standard (%)	≥75%	✗ 73.4%	✓ 76.9%	-	-	✓ 75.2%
	First definitive cancer treatments		115	124	-	-	239
	Cancer 31 day treatment performance (%)	≥96%	✗ 93.0%	✗ 91.1%	-	-	✗ 92.1%
	Cancer 62 day performance (%)	≥85%	✗ 76.3%	✗ 63.7%	-	-	✗ 69.1%
	2ww patients waiting >62 days for treatment	≤Plan	✓ 58	✓ 58	✓ 55	✓ 55	✓ 55

Integrated Performance Report – Q1 – Scorecard



Sherwood Forest Hospitals
NHS Foundation Trust

Best Value care

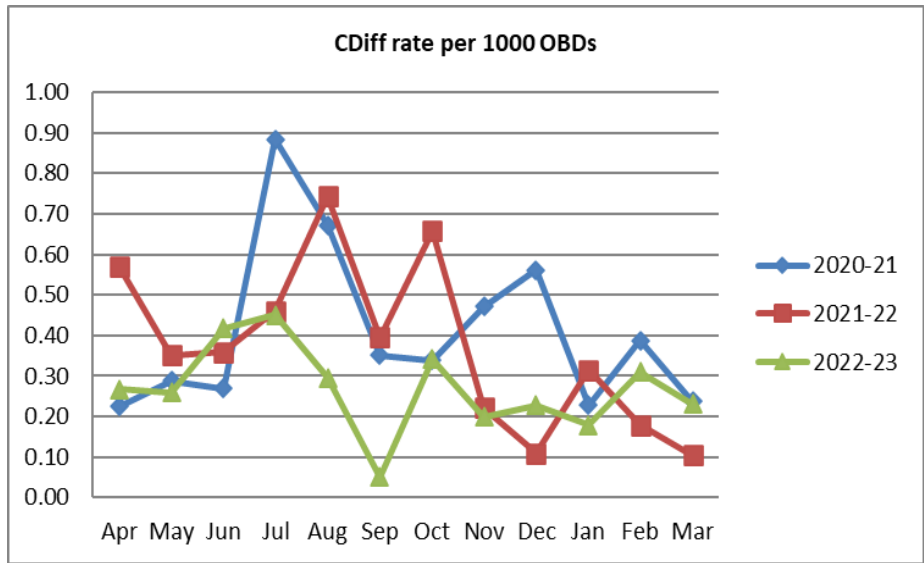
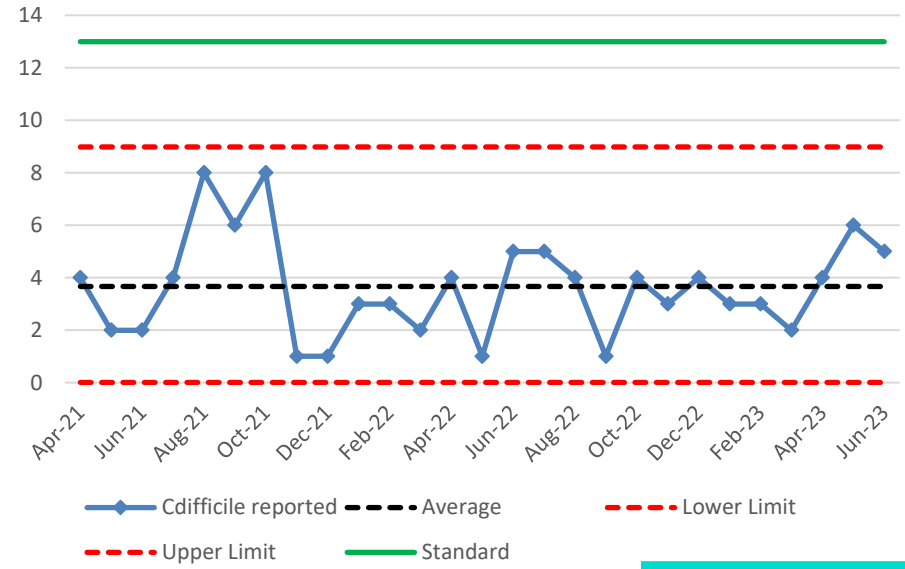
At a Glance	Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	2023/24 YTD
Finance	Income & expenditure against plan (£m)	≥£0.00m	✓ £0.00	✗ -£0.98	✗ -£0.06	✗ -£1.04	✗ -£1.04
	Financial Improvement Programme (FIP) against plan (£m)	≥£0.00m	✓ £0.01	✓ £0.03	✓ £0.00	✓ £0.04	✓ £0.04
	Capital expenditure against Plan (£m)	≤£0.00m	✗ £0.23	✗ £1.15	✗ £6.71	✗ £8.09	✗ £8.09
	Cash balance against Plan (£m)	≥£0.00m	✗ -£8.73	✓ £4.35	✓ £5.10	✓ £0.72	✓ £0.72
	Agency expenditure against Plan (£m)	≥£0.00m	✓ £0.02	✗ -£0.32	✗ -£0.16	✗ -£0.46	✗ -£0.46

Indicator	Standard	2023/24			2023/24	2023/24
		Apr-23	May-23	Jun-23	Qtr 1	YTD
Cdifficile reported in month	≤13	4 ✓	6 ✓	5 ✓	15 ✗	15 ✗



Sherwood Forest Hospitals
NHS Foundation Trust

Cdifficile reported in month



National position & overview

- This year our trajectory has been set at 57
- Nationally there has been an increase in CDiff cases and organisations trajectories are going to be difficult to meet.
- We have reviewed our cases on rates per occupied bed days for the last 3 years which shows last year we had our lowest rates during this time.
- Regional summit has been convened to examine themes and share best practice. This will be reported into IPCC.

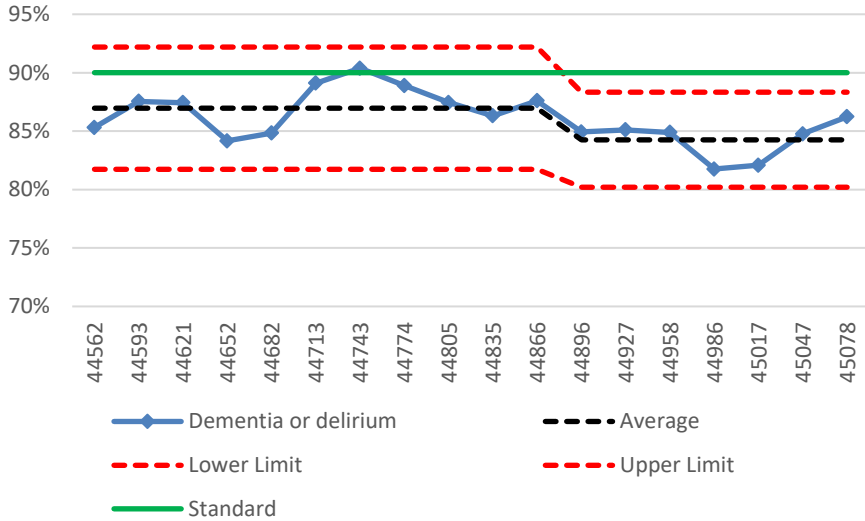
Root causes	Actions	Impact/Timescale
The root cause of the CDiff cases have been unavoidable due to patients being treated with antibiotics for other infections	<ul style="list-style-type: none"> • Attend the regional NHSE collaborative day • Expand the RCA process to review further back in the patients history to identify any changes we can make to prevent the patients initial infection. • Work closely with the community IPC Team to review the above cases and identify areas for improvement. • Antimicrobial Pharmacy support has been maintained to monitor community prescribing • Decant Deep cleaning at NH and MCH nearing completion and plans in place for KM at DLT this month 	28 th July 2023 September 2023 September 2023

Indicator	Standard	2023/24			2023/24
		Apr-23	May-23	Jun-23	Qtr 1
Case finding question, or diagnosis of dementia or delirium	≥90%	✘ 82.1%	✘ 84.8%	✘ 86.2%	✘ 84.4%
					✘ 84.4%



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Case finding question, or diagnosis of dementia or delirium



National position & overview

- Following an initial dip in compliance for this metric when a Nervecentre electronic version of the audit data was developed and introduced, this has improved as both Nursing and Medical staff can now complete the assessment
- In 2019 it was agreed that nursing staff could also complete the assessment, and after a period of education, guidance, and support the percentages improved.
- In April 2020 at the start of the pandemic national reporting on dementia assessments was initially paused until June 2021,
- In June 2021 following a national consultation and questionnaire the decision was made to close the return nationally, although we have continued to monitor here at Sherwood Forest.
- During the period we have collected data locally our percentage rate has maintained a standard of greater than 80%.
- Following a review undertaken by the UK Government national screening committee a decision was made that it is not currently recommended for this condition.

Root causes	Actions	Impact/Timescale
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It is recognised and documented that DAR data should be more practical, quality-focused, and less burdensome

Delirium is known to be one of the most common complications in hospitalised older adults.

- As the NHSI consultation identified these points, it is proposed that the focus on the percentage of dementia assessments is changed to reflect the new progress priorities. Which include a renewed emphasis of the identification of delirium, a drawing together of measures that help signal the quality of care for people with dementia and delirium aligned to the Dementia Well Pathway and finally capture and use existing data, already routinely collected taking a staged approach to address short or medium and longer term requirements.
- The proposal is to change the focus from dementia assessments to avoiding, identifying, and treating delirium with the aim of avoiding harm to patients, reducing length of stay and providing quality care.

An adaption of the screening tool to capture delirium, using the 4AT on Nervecentre. Agreement would be needed and then developed with the team.

Using the data collected as part of the National Dementia Audit to identify areas for development. Report due for 22-23 and learning will be shared. The next audit commences August 2023

Working alongside the ward assurance team to improve the compliance and in turn increase awareness and identification of patients on the wards.

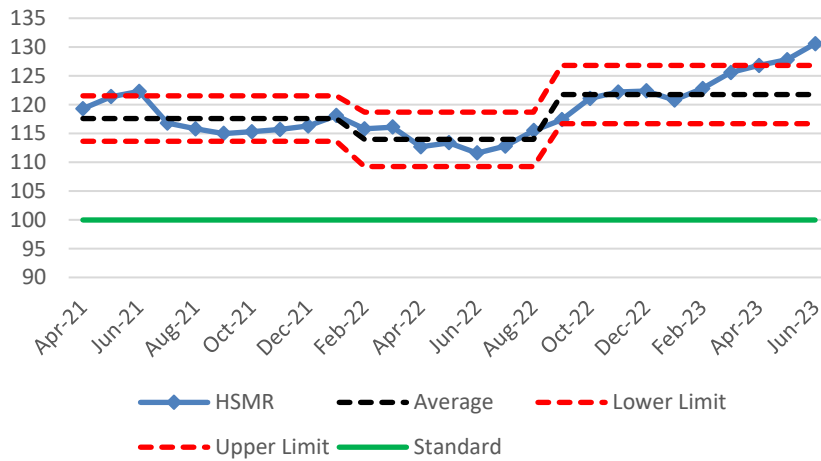
With support and commitment there is an ability to have a significant impact on the percentage of patients affected by delirium. Through education at all levels and to all health professionals, knowledge and awareness can be achieved to both treat and prevent delirium occurrence.

Indicator	Standard	Apr-23	May-23	Jun-23	2023/24	2023/24
		126.8	127.8	130.6	Qtr 1	YTD
HSMR (basket of 56 diagnosis groups)	≤100	✗	✗	✗	✗ 130.8	✗ 130.6
SHMI	≤100	✗	✗	-	-	✗ 106.4

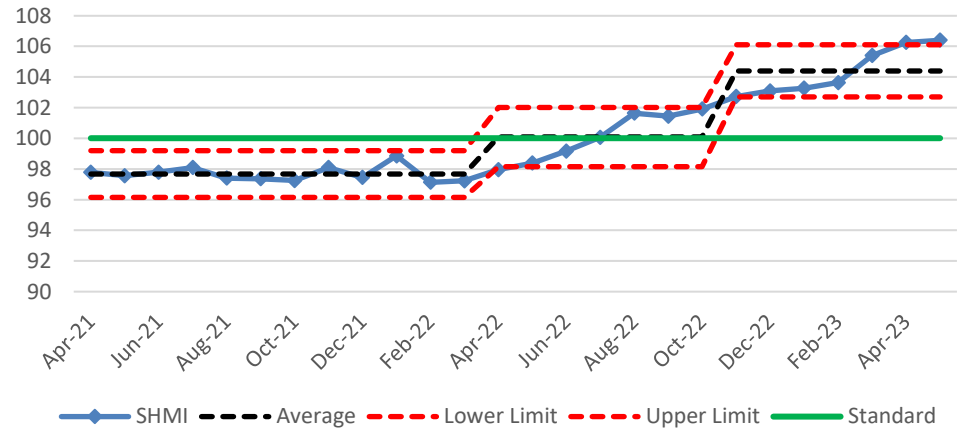


Hospitals
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HSMR (basket of 56 diagnosis groups) rolling 12 months



SHMI



Overview

HSMR remains off track as expected, recognising this represents a 12-month rolling position.

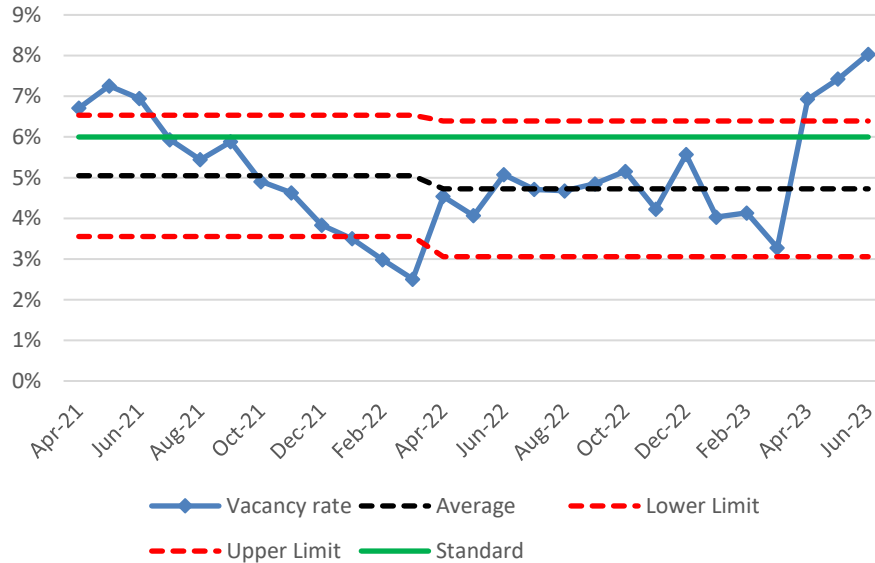
Key factors driving the HSMR trend include palliative care, documentation (including coding and co-morbidities) and patient flow/ attributed consultant spells within the hospital. Our crude mortality rates are sitting at peak covid activity and it is noted that National crude rates have also seen a general increase in this reporting period.

The work programme tackling these includes improving our palliative care provision, admission workbook redesign and targeted case review, undergoes regular scrutiny via Quality Committee. The months of disruptive Industrial Action are noted to significantly impact the clinical focus, on this work. Our Learning from Deaths programme remains the vehicle for identifying and delivering clinical change across our patient pathways.

Our SHMI remains as expected but has seen a marginal rise. It is thought this supports the understanding that factors, other than Palliative Care are contributing to the overall position seen. Work on this is incorporated in the programme as mentioned above.

Indicator	Standard	2023/24			2023/24
		Apr-23	May-23	Jun-23	Qtr 1
Vacancy rate	≤6.0%	✗ 6.9%	✗ 7.4%	✗ 8.0%	✗ 7.5%

Vacancy rate



National position & overview

Since April 2023 we have seen a gradual increase in the Trust vacancy level, currently this is recorded at 8.0%, This sits above our agreed Trust (6.0%). The quarterly total is reported at 7.5%, with the 12-month average is 5.3%.

Local benchmarking shows that the ICB provider vacancy level is reported at 11.5%.

This increase can be noted around the growth around filling to our substantive bed base and growth associated with the additional Newark Theatre

Root causes

During April we normally see an increase in the establishment levels, which then generates an increase in the vacancy levels. This is aligned to the additional budget being added into the financial establishment, during the year we have previously shown recruitment success in closing this gap. This increase includes the increased budget for the additional staff associated with the surge bed base work.

Actions

To support the acuity of the hospitals, known growth and our ambition to reduce vacancies we have held various recruitment fairs to show case roles and Sherwood Forest, these have been very success and we have appointed a number of staff, initially these have been fed into bank roles, however we are successful in converting these to substantive vacancies.

We do hold regular workforce planning meetings with each Service Line to understand hard-to-fill posts and discuss if any alternative solutions can be identified to address resourcing difficulties. Our People Partners do support to progress any new JDs through job evaluation to reduce slippage on vacancies.

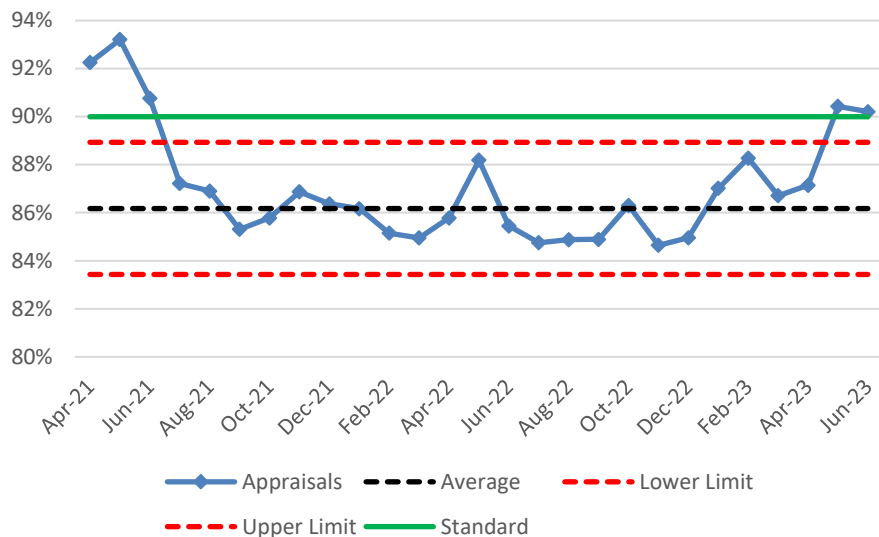
Impact/Timescale

Over the next few months we do anticipate the overall vacancy level to reduce as we do have an approximate 40 day recruitment lag time.

Indicator	Standard	2023/24			2023/24
		Apr-23	May-23	Jun-23	Qtr 1
Appraisals	≥90%	✗ 87.1%	✓ 90.4%	✓ 90.2%	✗ 89.3%
					✗ 89.3%



Appraisals



National position & overview

The charts below express that our appraisal level sits at the same level as the Trust target (90%) and we have seen a gradual increase in the appraisal level. We have noted that the overall quarterly position is below the Trust Target, however we are seeing a greatly improved position.

Local benchmarking shows that the ICB provider appraisal level is reported at 85%.

Root causes

As stated we have seen an increase in the overall appraisal level over the last few months, this increase does coincide with the re-instatement of pay progression.

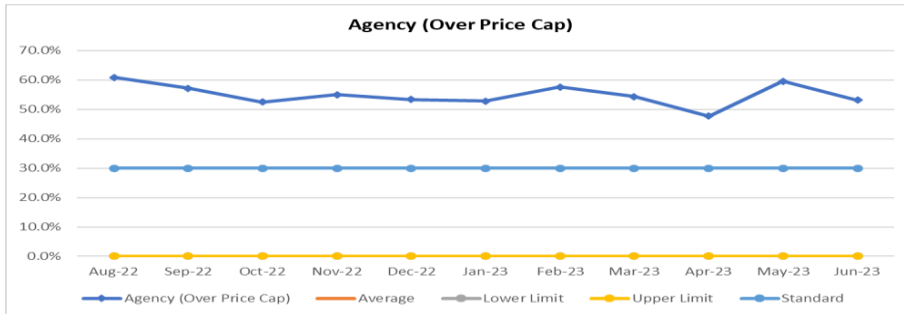
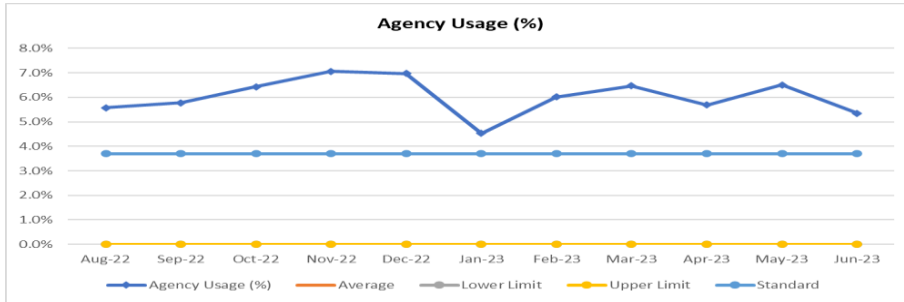
Actions

Service lines with low appraisal rates are supported to develop action plans to work on improving appraisal compliance. In addition, Service Lines are sighted on non-compliance rates and assurance is sought via Performance meetings on improving compliance. There are specific case conversations take place during monthly People & Performance reviews

Impact/Timescale

We envisage that there will be a gradual increase to our overall levels over the next few months .

Indicator	Standard	Apr-23	May-23	Jun-23	Qtr 1
Agency (Over Price Cap)	≤30.0%	✘ 47.7%	✘ 59.6%	✘ 53.1%	✘ 6.5%
Agency Usage (%)	<3.7%	✘ 5.7%	✘ 6.5%	✘ 5.4%	✘ 6.5%



National position & overview

Our overall agency position is reported at 5.4%, although this does sit above the target level of 3.7%, and on framework over price cap is reported at 53.3% and is above our target 30.0%. This has been impacted by the junior medical industrial action episodes.

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. The table below expresses this.

Local benchmarking shows that the ICB provider agency level is reported at 5.5%, with the percentage over price cap at 41.8%, however there is a relationship with off frame work where the ICS figures is 10% (SFH report 0%).

Root causes	Actions	Impact/Timescale
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 were there are national speciality shortages.	<p>To support this we do discuss agency usage in the medical operational workforce group, the information is being developed to be discussed at Divisional Performance reviews (DPR's).</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.</p> <p>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.</p>	We have been actively filling medical roles, and have had success in some key specialities. We are continuing this work as well as provide the right level of intelligence within working groups and within DPRs.

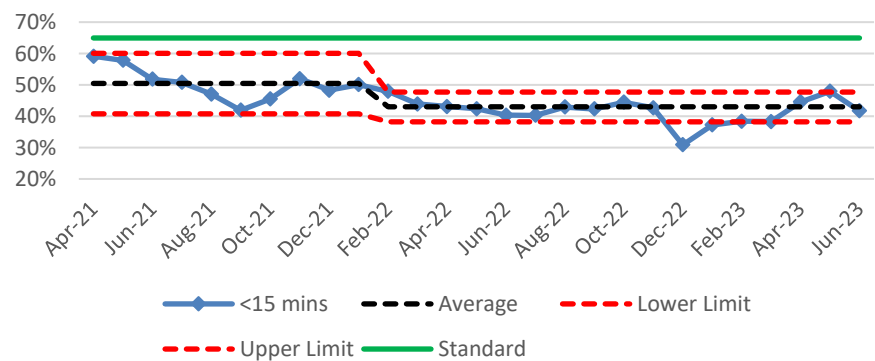
Urgent Care: ED metrics (1/2)



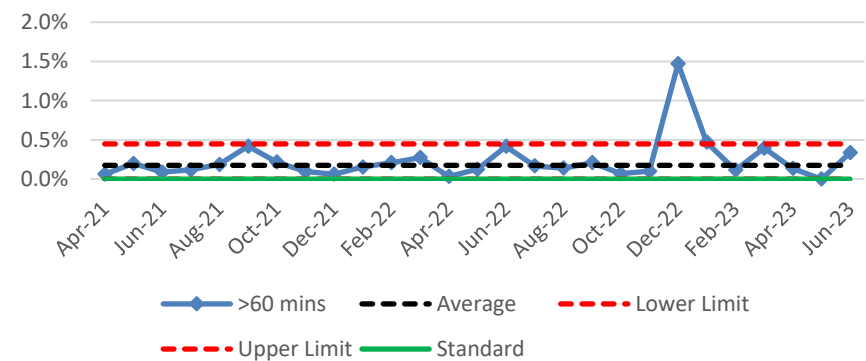
Forest Hospitals
NHS Foundation Trust

Indicator	Standard	2023/24			2023/24 YTD
		Apr-23	May-23	Jun-23	
Ambulance turnaround times <15 mins (%)	≥65%	✗ 44.6%	✗ 48.0%	✗ 41.7%	✗ 44.8%
Ambulance delays >60 mins (%)	0.0%	✗ 0.1%	✓ 0.0%	✗ 0.3%	✗ 0.2%
ED 4 hour performance (%)	≥76%	✗ 75.6%	✗ 74.0%	✗ 73.1%	✗ 74.2%
Mean waiting time in ED (in minutes)	≤200	✗ 209	✗ 212	✗ 217	✗ 213
ED 12 hour LoS performance (%)	≤2%	✗ 2.8%	✗ 2.4%	✗ 2.7%	✗ 2.6%
ED 12 hour DTA breaches	0	✗ 84	✗ 84	✗ 78	✗ 246
Number of A & E attendances against plan	≤Plan	✓ 14,571	✗ 15,900	✗ 15,720	✗ 46,191

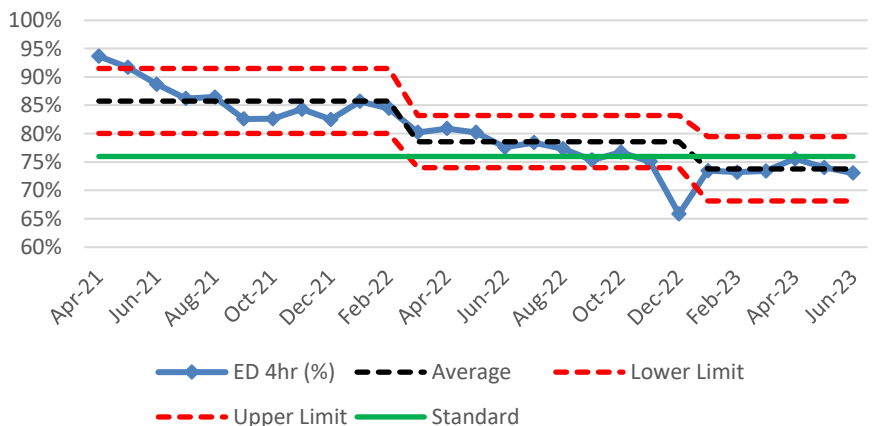
Ambulance turnaround times <15 mins (%)



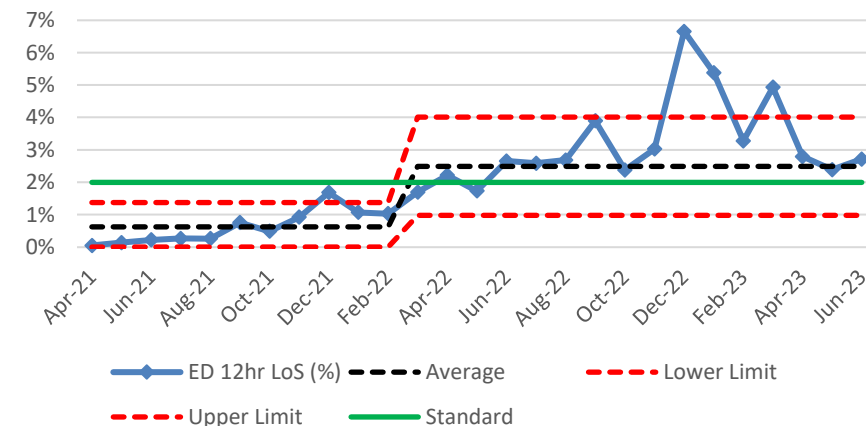
Ambulance delays >60 mins (%)



ED 4 hour performance (%)



ED 12 hour LoS performance (%)



Urgent Care: ED metrics (2/2)



Indicator	Standard	2023/24			2023/24 YTD
		Apr-23	May-23	Jun-23	
Ambulance turnaround times <15 mins (%)	≥65%	✗ 44.6%	✗ 48.0%	✗ 41.7%	✗ 44.8%
Ambulance delays >60 mins (%)	0.0%	✗ 0.1%	✓ 0.0%	✗ 0.3%	✗ 0.2%
ED 4 hour performance (%)	≥76%	✗ 75.6%	✗ 74.0%	✗ 73.1%	✗ 74.2%
Mean waiting time in ED (in minutes)	≤200	✗ 209	✗ 212	✗ 217	✗ 213
ED 12 hour LoS performance (%)	≤2%	✗ 2.8%	✗ 2.4%	✗ 2.7%	✗ 2.6%
ED 12 hour DTA breaches	0	✗ 84	✗ 84	✗ 78	✗ 246
Number of A & E attendances against plan	≤Plan	✓ 14,571	✗ 15,900	✗ 15,720	✗ 46,191

National position & overview

- Our ambulance handover position is significantly better than the EMAS average.
 - Average regional handover time for EMAS 25.5 mins (King's Mill: 17.3 mins, Newark: 7 mins).
 - 16.5% of regional EMAS ambulance handovers were over 30 minutes (SFH 4.6% in Q1).
 - 5.6% of regional EMAS ambulance handovers were over 60 minutes (SFH 0.2% in Q1).
- 4-hr benchmark position is 3rd in Midlands region (with the best performing Trust at 77.4%).
- 4-hr benchmark position 44th nationally out of 120 providers submitting data – upper quartile performance is 77% versus SFH performance of 74.2% in Q1.
- 12-hr benchmark position 61st nationally out of 120 providers submitting data – upper quartile performance is 0 breaches versus SFH performance of 246 in Q1.
- ED attends 5% year to date increase compared to 2022/23 and 12% increase compared to 2019/20.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • ED attendance demand. 	<ul style="list-style-type: none"> • Develop new, expanded Fit to Sit area to create additional capacity collocated with majors to support enhanced patient flow and improved staffing model. • Develop surgical SDEC and expand medical SDEC direct access. • Develop Discharge Lounge pathways in line with new location due to open in October 2023. 	<ul style="list-style-type: none"> • October 2023 - Reduce 12hr LOS performance <2%.
<ul style="list-style-type: none"> • ED clinician decision-making capacity. 	<ul style="list-style-type: none"> • Recruitment in line with ED business case. • New Clinical rotas in place from 4 August 2023. 	<ul style="list-style-type: none"> • Reduce mean time in ED <200min from August 2023. • Improve 4 hr performance ≥76% from August 2023.
<ul style="list-style-type: none"> • ED overcrowding driven by bed capacity pressures and mismatches in admission and discharge times. 	<ul style="list-style-type: none"> • Optimising Patient Journey (OPJ) programme relaunched. • Please see the following slides. 	<ul style="list-style-type: none"> • New priority workstreams in place in Q2.

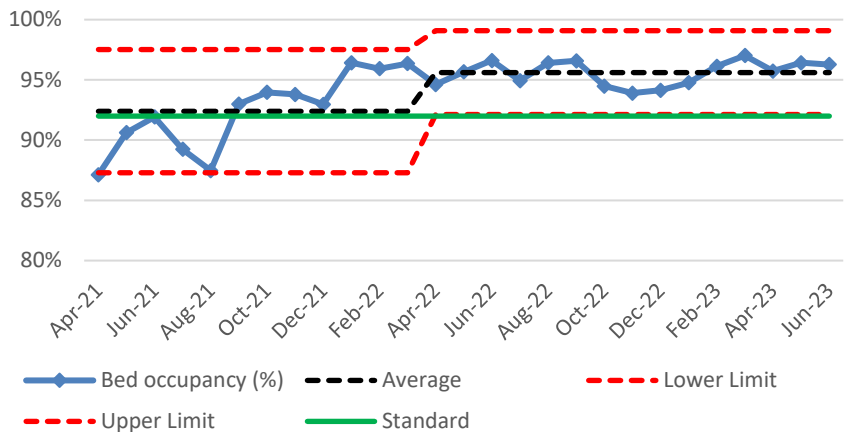
Urgent Care: Hospital flow metrics (1/2)



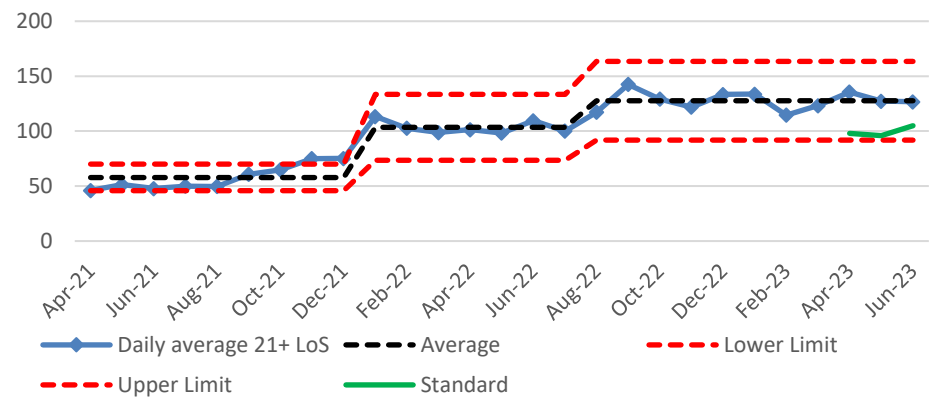
Forest Hospitals
NHS Foundation Trust

Indicator	Standard	2023/24			2023/24 YTD
		Apr-23	May-23	Jun-23	
Adult G&A bed occupancy (%)	≤92%	✗ 95.7%	✗ 96.4%	✗ 96.3%	✗ 96.1%
Long length of stay (21+) occupied beds	≤Plan	✗ 136	✗ 127	✗ 127	✗ 130
Inpatients MSFT >24 hours	≤40	✗ 106	✗ 116	✗ 106	✗ 109

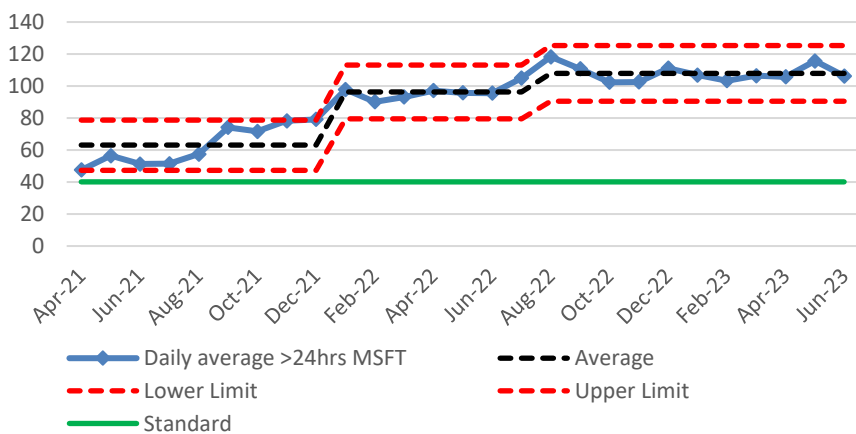
Adult G&A bed occupancy (%)



Long length of stay (21+) occupied beds



Inpatient MSFT >24 hours



National position & overview

- The number of open beds in 2023/24 Q1 reduced from 2022/23 Q4 highs in line with lower use of surge areas. However, all the wards open during 2022/23 remain in use in 2023/24 Q1. Sherwood Community Unit moved into Mansfield Community Hospital (MCH) in early Q1 bringing all three MCH wards into use.
- Our hospitals continue to operate at bed occupancy levels significantly higher than best practice 92%; like many other Trusts nationally. Lower bed occupancy supports stronger 4-hour performance (as experienced in mid-July 2023).
- The number of patients Medically Safe For Transfer (MSFT) over 24 hours has been relatively stable over the past year when viewed as a monthly average following a step change in August 2022. The local position remains significantly above the agreed threshold both in term 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 with process steps changes being experienced at the same points in time (as seen in the graphs) due to similarities in the patient cohort.

Urgent Care: Hospital flow metrics (2/2)



Indicator	Standard	2023/24			2023/24 YTD
		Apr-23	May-23	Jun-23	
Adult G&A bed occupancy (%)	≤92%	✗ 95.7%	✗ 96.4%	✗ 96.3%	✗ 96.1%
Long length of stay (21+) occupied beds	≤Plan	✗ 136	✗ 127	✗ 127	✗ 130
Inpatients MSFT >24 hours	≤40	✗ 106	✗ 116	✗ 106	✗ 109

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> Length of Stay (LOS) challenges (partly driven by the medically safe position as the pre-medically safe LOS has reduced since the start of 2023) The Trust continues to experience delays in the discharge of patients who are MSFT with a detrimental effect on acute capacity and flow. 	<ul style="list-style-type: none"> Continue to utilise SDEC and streaming pathways to avoid admission where possible with planned expansion of surgical SDEC later in 2023/24. SDEC rate in excess of national target. Continued efforts to transfer patients onto both existing and new Virtual Wards. Bi-weekly long length of stay reviewing meetings. Optimising the Patient Journey (OPJ) improvement programme under review with new priorities to be agreed in August 2023. System discharge to assess programme. Transfer of Care hub MDT pathway 1-3 referral reviews three-times daily. Daily attendance at system calls to ensure appropriate challenge to partners. System discharge lead (and deputy) supporting us to map and improve internal discharge processes. 	<ul style="list-style-type: none"> Actions ongoing throughout 2023/24 with aim of balancing bed occupancy with operational performance whilst aiming to contribute to the financial 'route to balance' plan. Surgical SDEC implementation interlinked with the King's Mill Hospital ward reconfigurations which are subject to feasibility and capital approval. Aim to maintain SDEC rate >33% throughout 2023/24. Frailty virtual ward launched in 2023/24 Q1 with expansion planned for end of Q2 into Q3.

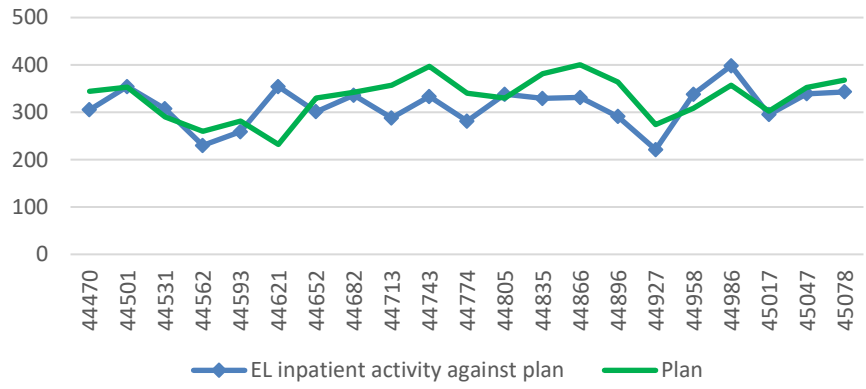
Electives: Activity metrics (1/2)



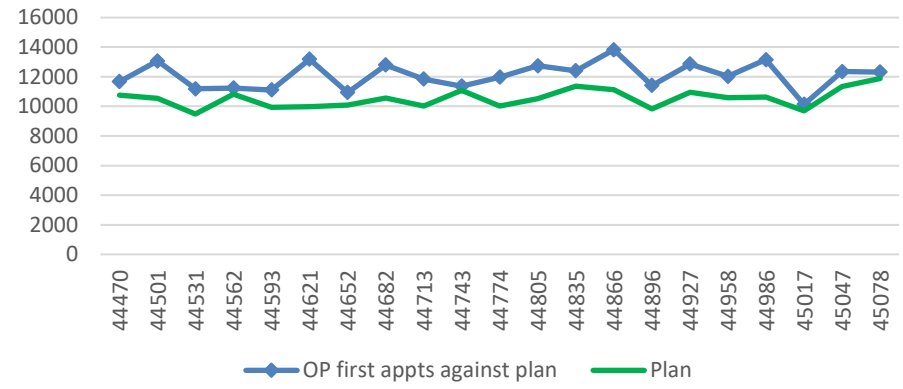
Forest Hospitals
NHS Foundation Trust

Indicator	Standard	2023			2023/24	
		Apr-23	May-23	Jun-23	Qtr 1	2023/24 YTD
Elective inpatient activity against plan	≥Plan	✗ 295	✗ 339	✗ 343	✗ 977	✗ 977
Outpatients - follow up against plan	≤Plan	✗ 22,687	✗ 28,059	✗ 27,812	✗ 78,558	✗ 78,558
Remote attendances (%)	≥25%	✗ 14.9%	✗ 15.6%	✗ 14.9%	✗ 15.1%	✗ 15.1%
Completed non-admitted RTT pathways against plan	≥Plan	✗ 6,453	✓ 8,908	✗ 9,257	✗ 24,618	✗ 24,618

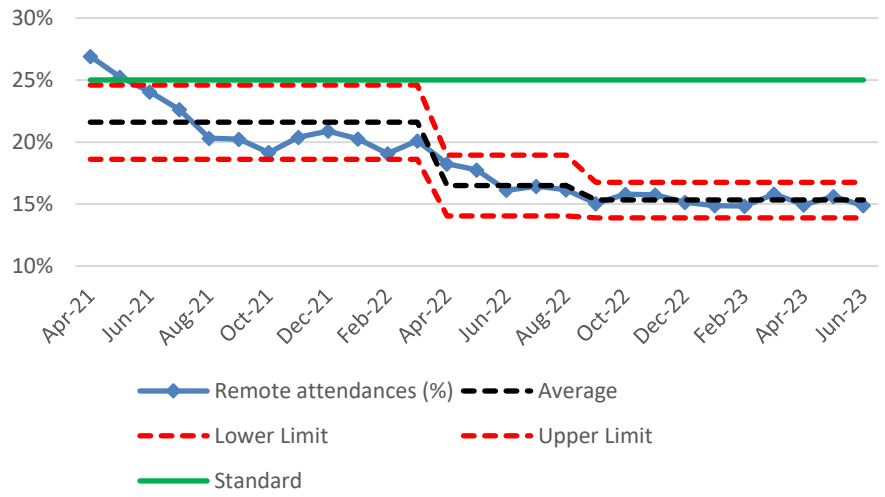
Elective inpatient activity against plan



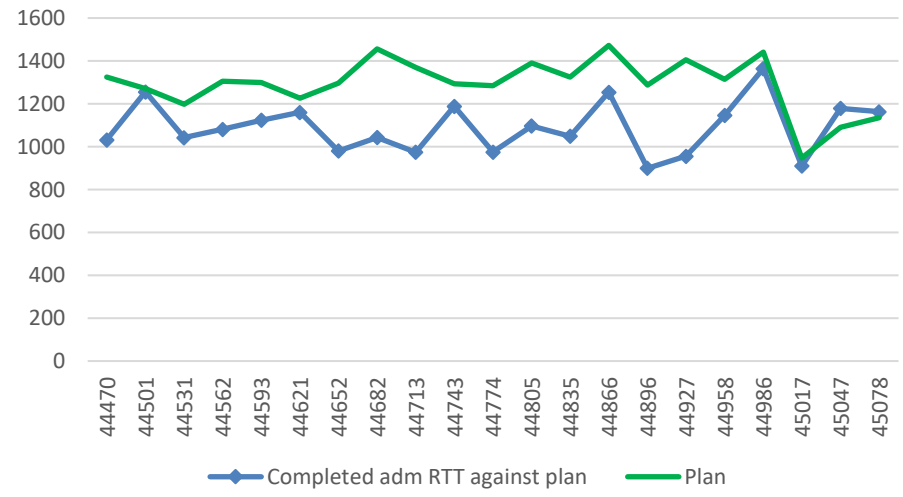
Outpatients - first appointment against plan



Remote attendances (%)



Completed admitted RTT pathways against plan



Electives: Activity metrics (2/2)



Indicator	Standard	2023/24			2023/24 YTD
		Apr-23	May-23	Jun-23	
Elective inpatient activity against plan	≥Plan	✗ 295	✗ 339	✗ 343	✗ 977
Outpatients - follow up against plan	≤Plan	✗ 22,687	✗ 28,059	✗ 27,812	✗ 78,558
Remote attendances (%)	≥25%	✗ 14.9%	✗ 15.6%	✗ 14.9%	✗ 15.1%
Completed non-admitted RTT pathways against plan	≥Plan	✗ 6,453	✓ 8,908	✓ 9,257	✗ 24,618

National position & overview

- Elective inpatient activity against plan delivered in Feb-23 and Mar-23. Ongoing industrial action adversely impacts on our ability to deliver planned activity levels; specifically in outpatients.
- 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.
- The virtual 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. SFH are currently delivering 15% which has been as stable position over the past 10 months.
- Non admitted RTT against plan off track in Apr-23; which has driven the overall quarterly underperformance (delivered in May-23 and Jun-23). In Apr-23 the bank and school holidays together with industrial action resulted in underperformance.

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Industrial action impacting the delivery of activity levels against plan. • PIFU pathways are not in place for all specialities. • Remote attendance below target due to clinician preference to see patients face-to-face. • Demand for new and follow-up outpatient services. The Trust continues to have a significant overdue review list. Ophthalmology, Gastroenterology, Cardiology and ENT are the specialties which represent 50% of the Trust's total. 	<ul style="list-style-type: none"> • Continue to operationally manage the impact of industrial action with a focus on what we can deliver whilst ensuring clinical prioritisation. • Outpatient improvement and transformation programme in place with a focus on: <ul style="list-style-type: none"> • Increasing the number of services offering Referral Assessment Services (RAS) to direct patients to the most appropriate next steps at point of referral e.g. straight to test. • Link with specialties where there may be opportunity to either introduce PIFU where it is not currently in place, or to increase/expand its use. Surgery have been identified to explore pilot. • Based on national guidance, developing a toolkit to assess suitability and appetite for each speciality to understand current virtual attendance position, potential trajectories, challenges and risks. 	<ul style="list-style-type: none"> • Ongoing • End of Q3 • During 23/24 • Toolkit completed end of Q1 – next steps are to work with teams on opportunities.

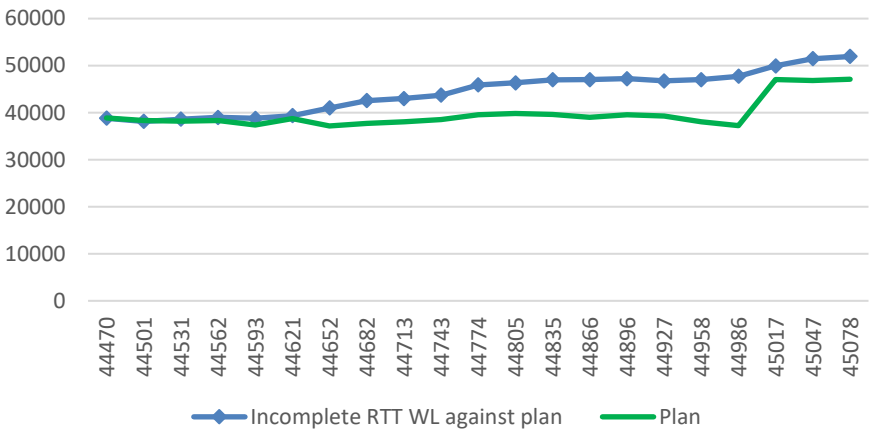
Electives: Waiting list metrics (1/2)



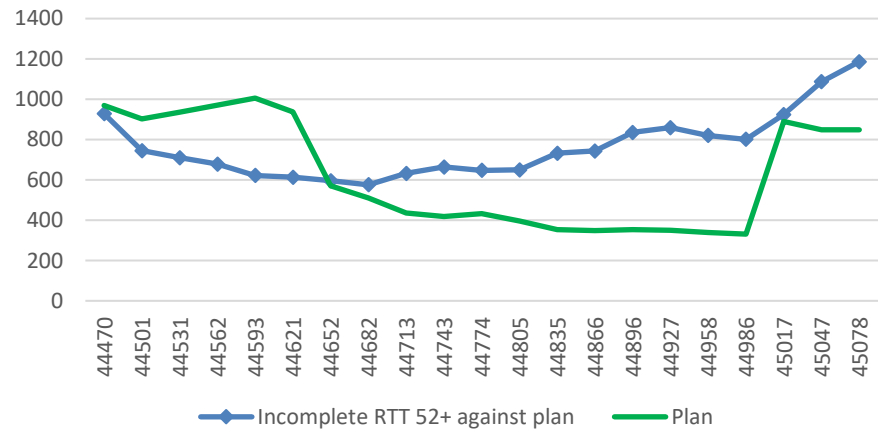
Forest Hospitals
NHS Foundation Trust

Indicator	Standard	2023/24			2023/24 YTD
		Apr-23	May-23	Jun-23	
Incomplete RTT waiting list against plan	≤Plan	✗ 49,956	✗ 51,459	✗ 51,946	✗ 51,946
Incomplete RTT pathways +52 weeks against plan	≤Plan	✗ 924	✗ 1,087	✗ 1,186	✗ 1,186
Incomplete RTT pathways +65 weeks against plan	≤Plan	✓ 141	✗ 180	✗ 208	✗ 208
Incomplete RTT pathways +78 weeks	0	✗ 8	✗ 8	✗ 6	✗ 6

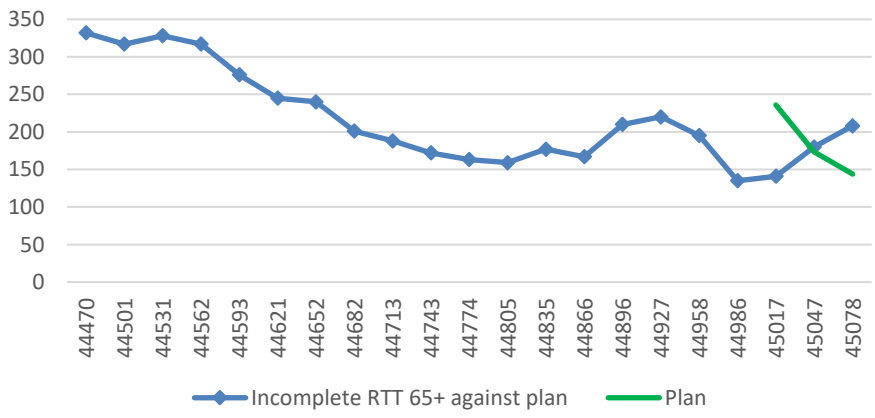
Incomplete RTT waiting list against plan



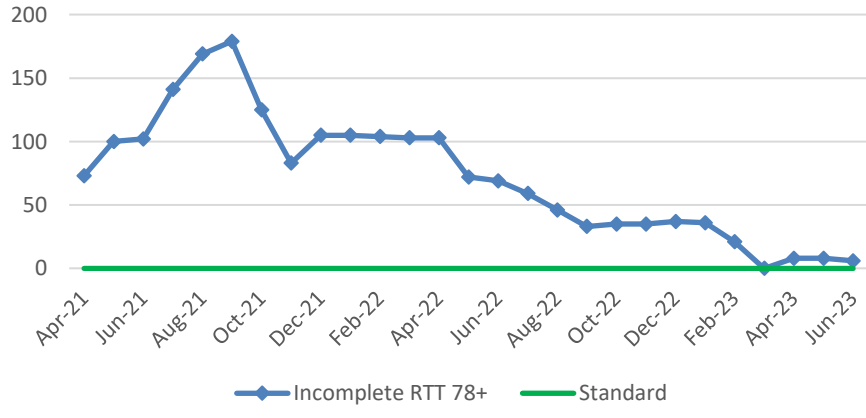
Incomplete RTT pathways +52 weeks against plan



Incomplete RTT pathways +65 weeks against plan



Incomplete RTT pathways +78 weeks



Electives: Waiting list metrics (2/2)



Indicator	Standard	2023/24			2023/24 YTD
		Apr-23	May-23	Jun-23	
Incomplete RTT waiting list against plan	≤Plan	✗ 49,956	✗ 51,459	✗ 51,946	✗ 51,946
Incomplete RTT pathways +52 weeks against plan	≤Plan	✗ 924	✗ 1,087	✗ 1,186	✗ 1,186
Incomplete RTT pathways +65 weeks against plan	≤Plan	✓ 141	✗ 180	✗ 208	✗ 208
Incomplete RTT pathways +78 weeks	0	✗ 8	✗ 8	✗ 6	✗ 6

National position & overview

- Referral to treatment (RTT) waiting times across England continues to rise. Prior to the pandemic in Feb-20 there were nationally circa 4 million people on the waiting list, this has grown to circa 7.5 million by May-23.
- At SFH the RTT waits pre-pandemic was 26,000 patients and has continued to grow to just over 51,900 at the end of Jun-23. The rate of increase has varied post-pandemic with ongoing increase in 2023/24 Q1.
- 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 4 patients waiting over 78 weeks at the end of Jun-23 – one due to the patient choosing to wait for treatment, one with complexity not well enough to proceed, one patient that we took as mutual aid and one due to capacity
- While the actuals are behind trajectory the 65 week wait total cohort (considering those patients forecast to breach) is ahead of plan for Mar-24 delivery of the national requirement.

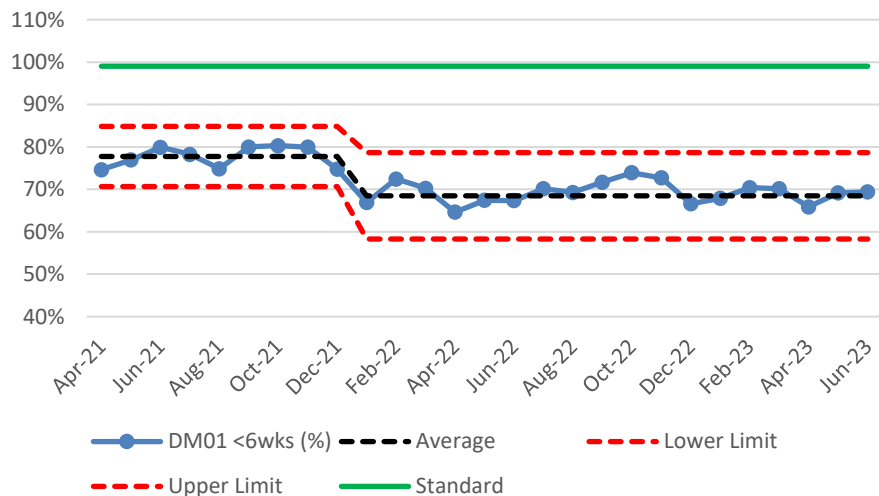
Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> Workforce capacity issues e.g. anaesthetic cover for elective lists. Reduction in treatment levels during the Covid-19 pandemic. National focus on long waiting patients (78+ weeks), including provision of mutual aid. Physical space and infrastructure to enable increased activity required to recover the position. Availability of cardiology diagnostic tests and delays in reporting. 	<ul style="list-style-type: none"> Clinical validation and review of all 65-week wait cohort patients. Daily tracking of all patients to prevent 78-week breaches. Use of additional clinics and theatre lists, outsourcing services (e.g. ophthalmology cataract referrals) and insourcing services to increase capacity. Continued use of private sector for routine elective procedures. Options paper to address increasing demand for technical and administrative validation of the full Patient Tracking List (PTL) in line with increased size of the PTL. Newark Targeted Investment Fund (TIF) development to expand procedures in Gynaecology and ENT and support the transfer of activity from King's Mill to Newark to release capacity for more complex, long waiting patients. Mutual aid being provided by NUH for cardiology diagnostics and weekend working. 	<ul style="list-style-type: none"> The first six actions are ongoing in 2023/24. 2023/24 Q2. Opening scheduled for Oct-23. Due to commence Sep-23

Diagnostics



Indicator	Standard	Apr-23	May-23	Jun-23	2023/24 Qtr 1	2023/24 YTD
Diagnostic DM01 <6 weeks	≥99%	✗ 65.9%	✗ 69.2%	✗ 69.4%	✗ 68.2%	✗ 68.2%

Diagnostic DM01 <6 weeks



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 May-23 was 409,700. This was 25.9% of the total number of patients waiting at the end of the month against the national standard of less than 1%.
- Across Sherwood there were a total of 11,476 patients waiting for DM01 reportable diagnostic tests of which a total of 3,538 patients were waiting greater than 6 weeks.

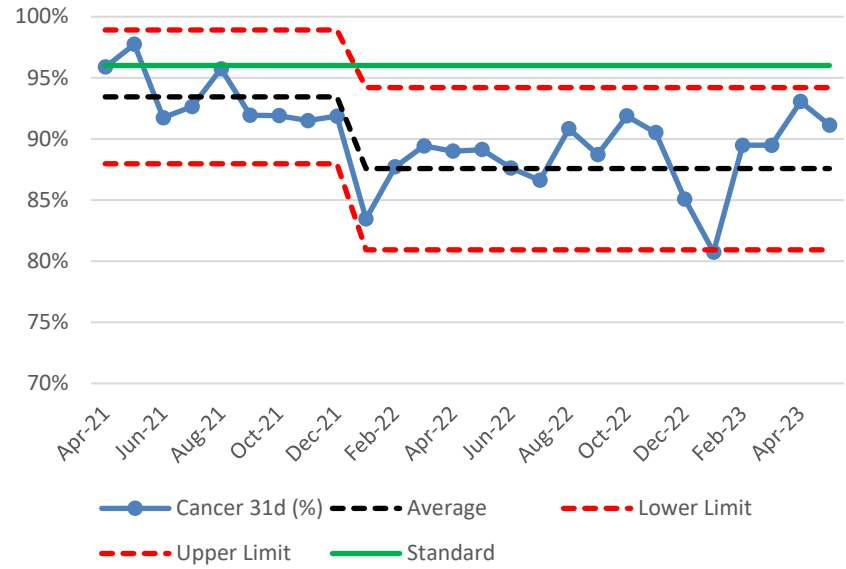
Root causes	Actions	Impact/Timescale
<p>Our most challenged diagnostic modalities are:</p> <ul style="list-style-type: none"> Sleep studies Echo due to increased demand. Endoscopy MRI inpatient capacity CT Cardiac capacity and backlog – increased demand 	<ul style="list-style-type: none"> Additional weekend sessions. Paediatric pathway development to move from inpatient to home sleep studies. Additional weekend sessions. Mutual aid pathway – transferring 30 per month to another provider. Recruitment to vacancies. In session utilisation and validation. Recruitment to locums and vacancies. Prioritisation of 2ww and long waiters – use of mobile capacity. Additional capacity – 1 day per month, 14 patients. 	<ul style="list-style-type: none"> Ongoing By end of Q3 Ongoing Sep-23 Underway Jul-23 Underway – by end of Q3 Ongoing Jul-23

Cancer (1/2)

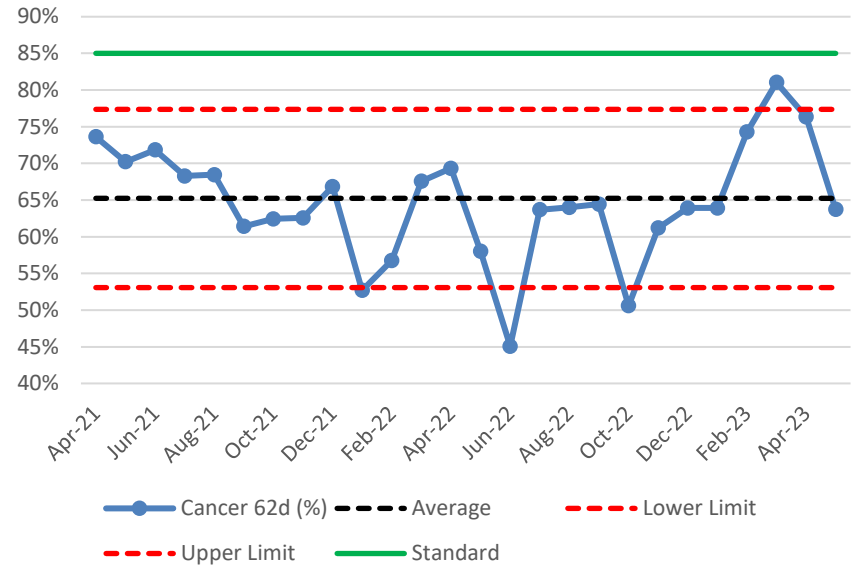


Indicator	Standard	2023/24			2023/24 YTD
		Apr-23	May-23	Jun-23	
Cancer 31 day treatment performance (%)	≥96%	✗ 93.0%	✗ 91.1%	-	✗ 92.1%
Cancer 62 day performance (%)	≥85%	✗ 76.3%	✗ 63.7%	-	✗ 69.1%

Cancer 31 day treatment performance (%)



Cancer 62 day performance (%)



National position & overview

Considering the latest national data (Apr-23):

- Nationally 31 day treatment performance (1st treatment) is 90% against the 96% standard; Midlands combined 87.7%. Sherwood Forest position is performing above the Midlands position; however, below the England position and national standard.
- Nationally 62 day performance (urgent GP suspected cancer) 61% against the 85% standard; Midlands combined 53.1%. Sherwood Forest position is performing above the Midlands and England position; however, below the national standard.
- Whilst 62 day performance is challenged our 62 day backlog continues to be ahead of our operational plan trajectory.
- 2 week wait performance has been consistently above the 93% national standard from Jan to May-23 and predicted to achieve in Jun-23.
- The Faster Diagnosis Standard (FDS) of 75% was achieved in May-23 at 76.9% and predicted to achieve in Jun-23.

Cancer (2/2)



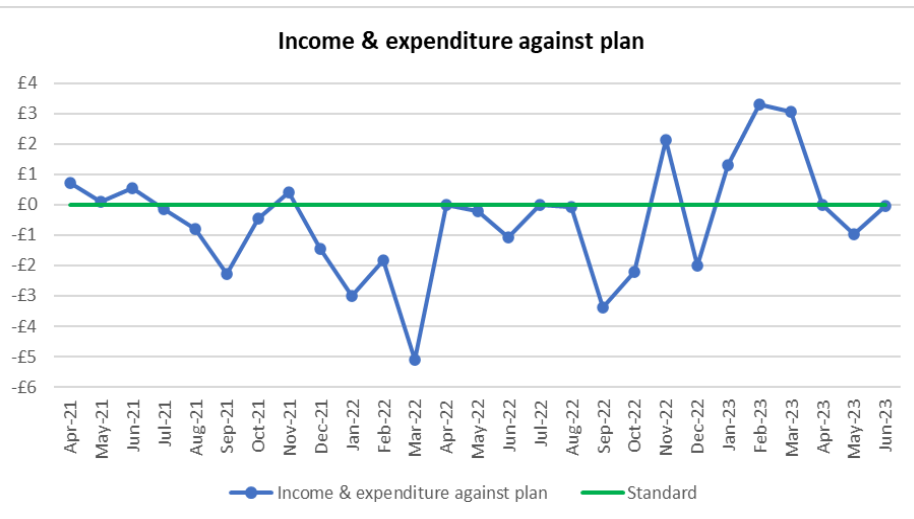
Indicator	Standard					2023/24		
		Apr-23	May-23	Jun-23	Qtr 1	2023/24 YTD		
Cancer 31 day treatment performance (%)	≥96%	✘ 93.0%	✘ 91.1%	-	✘ 92.1%	✘	92.1%	
Cancer 62 day performance (%)	≥85%	✘ 76.3%	✘ 63.7%	-	✘ 69.1%	✘	69.1%	

Root causes	Actions	Impact/Timescale
Continued backlog across multiple tumour sites impacting 62 day performance.	<ul style="list-style-type: none"> Tumour site recovery actions plans that include recruitment as necessary. Review of clinical Capacity Bid to East Midlands cancer alliance for funding recently approved. Q2&3 operationalisation of actions to commence pathway changes. 	<p>Ongoing</p> <p>Q3</p>
Late tertiaries and treatment capacity at tertiary centres.	<ul style="list-style-type: none"> Liaison with tertiary centres. IPT transfer process review and collation of learning to identify actions/mitigations to increase timeliness of IPT where clinically possible. 	<p>Ongoing</p> <p>Jul & Aug-23</p>
Patient volume within our Skin tumour site.	<ul style="list-style-type: none"> Development of tele-dermatology and straight to biopsy service. Bid to East Midlands cancer alliance for funding recently approved. Q2&3 operationalisation of actions to commence pathway changes, including recruitment of staff and purchase of kit. 	<p>Q4 impacting 2 week wait; 31 day first treatment</p>

Indicator	Standard	Apr-23	May-23	Jun-23	2023/24	2023/24
					Qtr 1	YTD
Income & expenditure against plan (£m)	≥£0.00m	✓ £0.00	✗ -£0.98	✗ -£0.06	✗ -£1.04	✗ -£1.04



Sherwood Forest Hospitals
NHS Foundation Trust



Standard & overview

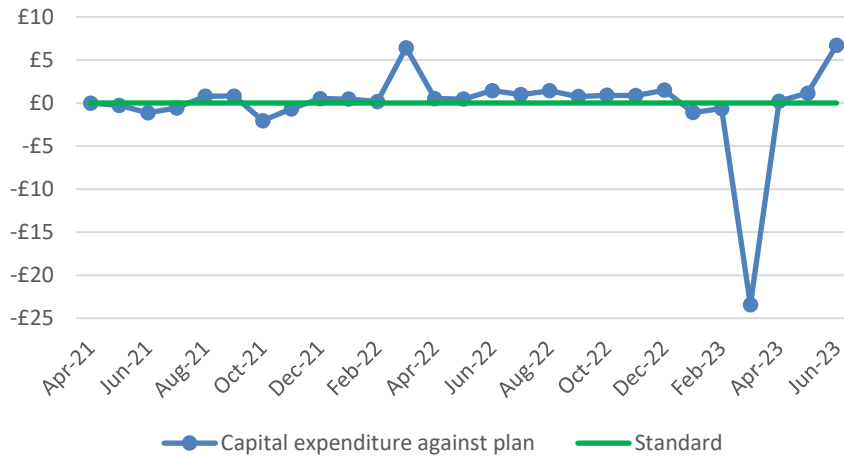
- The standard is the Trust financial plan which is a breakeven position for 2023/24
- The Trust has reported a year to date deficit position of £4.88m for Q1 which is £1.04m adverse to the planned deficit position of £3.84m

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • The adverse variance is mainly due to the level of escalation beds that have remained open this financial year above planned levels • Position also includes unplanned costs relating to the industrial action, including the costs of covering staffing gaps and an estimate of lost income relating to cancelled activity. 	<ul style="list-style-type: none"> • CDC income brought forward from Q4 to be phased throughout the year ahead of plan • Divisions undertaking pipeline FIP review to provide assurance • Recovery plans being worked through • Enhanced Financial Governance 	<ul style="list-style-type: none"> • Financial position has been discussed at Executive team and with General Managers of recent weeks with further discussions planned in July. • Over Q1 we have enhanced our financial governance through establishment of finance focussed Divisional Performance Reviews and Divisional governance structures are being strengthened to include Divisional Finance Committees. • Current Trust forecast is aligned to the planned breakeven position.

Indicator	Standard	2023/24			2023/24	2023/24
		Apr-23	May-23	Jun-23	Qtr 1	YTD
Capital expenditure against Plan (£m)	£0.00m	✗ £0.23	✗ £1.15	✗ £6.71	✗ £8.09	✗ £8.09



Capital expenditure against plan

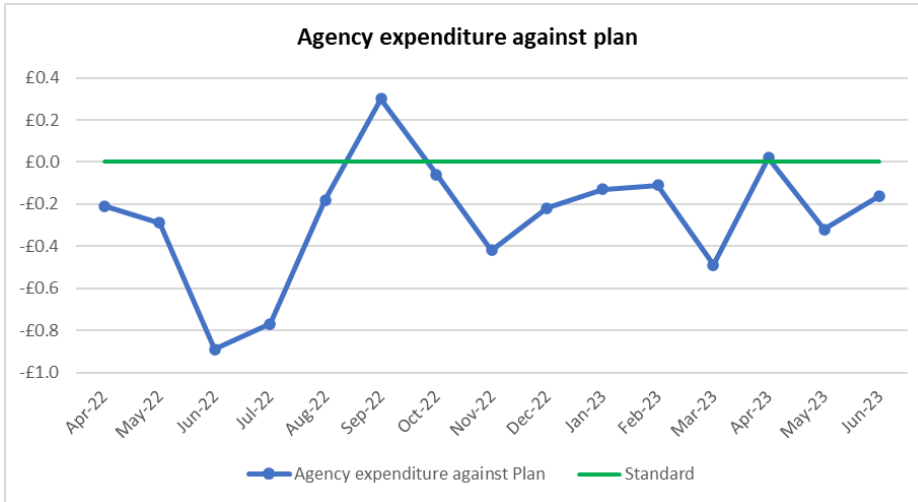


Standard & overview

- Standard is the plan
- Significant variance to plan due to the phasing of EPR and Mansfield CDC.
- Plan requires capital borrowing support of £6.49m, which presents a risk to the forecast expenditure if not approved, due to cash position of the Trust

Root causes	Actions	Impact/Timescale
Variance is primarily being driven by CDC and EPR.	<ul style="list-style-type: none"> • Discussion are ongoing with NHSE/ICB to reprofile the expenditure and associated borrowing relating to CDC and EPR. • Capital leads reforecasting planned expenditure profile for 2023/24. • Monthly monitoring via Capital Resources Oversight Group. • Capital loan currently being prepared to be submitted beginning of August. 	<p>Risk to capital plan delivery and cash until capital borrowing confirmed. If rejected would require capital spend to be halted in year, due to availability of funds.</p> <p>If EPR and CDC reprofiling across years is not agreed, would create significant risk and pressure in ensuring utilisation in 2023/24.</p>

Indicator	Standard	2023/24			2023/24
		Apr-23	May-23	Jun-23	Qtr 1 YTD
Agency expenditure against Plan (£m)	≥£0.00m	✓ £0.02	✗ -£0.32	✗ -£0.16	✗ -£0.46



Standard & overview

- The standard is the planned agency spend
- The Trust has reported agency expenditure of £4.64m or Q1, this is £0.46m adverse to the planned spend of £4.18m

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> Mainly due to the additional capacity that has remained open above planned levels which is covered by variable pay (including agency) 	<ul style="list-style-type: none"> Executive approved changes to substantivize 'priority 1 & 2' beds will mean a reduction on reliance of variable pay cover in these areas. Enhanced financial governance focus on agency spend and compliance at Divisional Performance Reviews and Divisional Finance Reviews Focussed reduction in off framework usage (June off framework usage at zero). Continued reviews of direct engagement bookings 	<ul style="list-style-type: none"> Revised divisional governance structures to include agency spend & compliance reviews Continued reviews of long line bookings and market re-test as required