

Executive Summary

Report to the Board of Directors

Being Held on 28 January 2025

Subject	Integrated Performance Report
Supporting TEG Member	Michael Harper, Chief Operating Officer
Author	Performance and Information Team
Status¹	D&N

PURPOSE OF THE REPORT

To provide the Board with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.

KEY POINTS

- This report assesses key performance indicators against their targets for November 2024 and October 2024.
- An exception report will be provided for indicators not meeting their target, unless stated otherwise in the executive summary.
- The deep dive in this report will be covering the Recruitment Process and Key Metrics.

IMPLICATIONS²

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education and Innovation	✓

RECOMMENDATIONS

The Board is asked to:

- Receive the Integrated Performance Report for October 2024 and November 2024.
- Note the performance standards that are being achieved.
- Be assured that where performance standards are not currently met, a detailed analysis has been undertaken and actions are in place to ensure an improvement is made.

Comment on the revised approach to ensure easier reference to those metrics where pandemic recovery actions are being focussed.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	15 January 2025	
Board of Directors	28 January 2025	

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the six aims of the STHFT Corporate Strategy 'Making a Difference – The next Chapter 2022-27'



INTEGRATED PERFORMANCE REPORT



BOARD OF DIRECTORS
28 January 2025



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The full performance report against all of the tracked metrics is provided here as standard practice. Since the start of the pandemic, in line with the whole NHS, performance against national targets has proved extremely challenging. We have previously discussed and agreed at Board of Directors that continued reporting and remedial actions should continue. However, in line with clearly stated national priorities, this Executive Summary will now provide a synopsis relating to a number of key metrics that have been prioritised for recovery and our own internal Getting Back on Track programme of work. The exception reports have also been reordered to provide these metrics first.

Ambulance waits

Percentage of ambulance handovers within 30 minutes – 89.63% of ambulance handovers were completed within 30 minutes in November 2024, compared to 83.23% in October 2024.

Percentage of ambulance handovers in excess of 60 minutes – 7.29% of handovers took longer than 60 minutes in November 2024, compared with 11.04% in October 2024.

Activity recovery

New Attendances - There were 24,819 new outpatient attendances in November 2024, which was 98.7% of the funded expectation. In 2024/25 there have been 202,172 new outpatient attendances, which is 98.7% of the YTD funded expectation.

Follow up Attendances - There were 69,982 follow up outpatient attendances in November 2024, which was 96.6% of the funded expectation. In 2024/25 there have been 557,448 follow up outpatient attendances, which is 94.5% of the YTD funded expectation.

Elective inpatients - There were 1,871 elective inpatient spells in November 2024, which was 96.5% of the funded expectation. In 2024/25 there have been 14,267 elective inpatient spells, which is 90.4% of the YTD funded expectation.

Daycases - There were 12,128 daycases in November 2024, which was 105.2% of the funded expectation. In 2024/25 there have been 95,539 daycases completed, which is 101.8% of the YTD funded expectation.

Theatre Efficiency – November 2024 had Theatre Utilisation of 85.26% against an 85% target.

Non-elective inpatients - There were 6,445 non-elective spells in November 2024 which was 104.3% of the activity delivered in November 2023. There have been 50,920 inpatient non elective spells in 2024/25, which is 107.0% of the activity for 2023/24.

Bed nights – There were 41,597 bed nights for elective and non-elective patients in November 2024, this compares to 40,884 bed nights in November 2023.

Cancer care – 52.0% of cancer patients were seen for their first definitive treatment within 62 days in October 2024 compared to 49.9% in September 2024. Performance for the same metric in Q2 2024/25 was 50.3%.

52-week breaches – There were 3,505, 52-week (incomplete RTT pathway) breaches in November 2024, compared to 3,816 in October 2024. These patients are being prioritised for scheduling as quickly as possible.

65-week breaches – There were 514, 65-week breaches in November 2024 compared to 549 in October 2024. These patients are being prioritised for scheduling as quickly as possible.

78-week breaches – There was 1, 78-week breaches in November 2024 compared to 6 in October 2024. These patients are being prioritised for scheduling as quickly as possible.

Sickness absence

Total absence was at 5.32% in November 2024, compared to 5.36% in October 2024 against the target of 4.5%.

Delivery against financial plan

The Month 8 year-to-date position is an actual I&E break-even position, resulting in a £13.47m adverse variance to plan. The in-month position for Month 8 was an overspend of £1.60m which is broadly in line with trend. This is not as positive as the Month 7 position, which delivered an underspend.

Pay in month 8 was £1.2m favourable compared to M1-7 trend, but non pay deteriorated by an equivalent amount. This was driven by high levels of elective activity in month, with Month 8 delivering the highest elective productivity per working day so far this year. This significant increase was not seen in the income position due to the very high baseline target, which is nationally set based on the profile of activity delivered month on month in 2019/20.

Directorates were £2.54m overspent in month. This is a £1.37m improvement to trend and shows some positive signs of improvement, including a continued increase in elective activity levels.

The Year-to-Date £13.47m adverse variance against plan is driven by:

- £1.82m under delivery of 2024/25 P&E targets
- £2.82m non delivery of improved run rate required in 2024/25 plan
- £12.73m deterioration in the Directorate run rate compared to 2023/24
- Partially offset by a £1.58m net over delivery against the ERF YTD baseline and £1.44m less elective cost than plan.





The deterioration in Directorate run rate includes a £4.70m increase in temporary staffing costs (Additional Sessions, Overtime, Bank and Agency) compared to the same period in 2023/24. Additional controls with regards to temporary staffing have now been implemented to support the reduction in the use of premium cost staffing across the Trust. Spend on temporary staffing has reduced each month since the introduction of the controls.

Month 8 year-to-date Directorate Efficiency delivery is £5.91m against their £7.73m target, which represents a shortfall of £1.82m (23.5%).

Overall activity in November was 99.6% of 2019/20 levels. There are significant increases in Elective and Non Elective activity compared to 2019/20 but this is offset by reductions in critical care and outpatients. ERF is at 105.10% performance YTD compared to 2019/20 levels against a 104.30% plan.

The forecast position for the year remains a surplus of £5m in line with the financial plan. However, this will require delivery of improved Directorate positions which is to be supported by the Financial Recovery plan that has been developed and in implementation since September. This includes a focus on identification and delivery of efficiency, cost control and maximisation of elective activity generating Elective Recovery Fund payments.

The Trust Performance overview is provided for the months of October 2024 and November 2024 below. An exception report is provided for any indicator receiving a red rating in either month and has been benchmarked against an appropriate peer group and identified as an outlier. The Executive Lead has confirmed if the report is required. This is identified down the lefthand side of the table on the following page as follows:

 Exception Report included in IPR  Metric not achieved target, but no exception report included  Achieved target  Report not due

TRUST PERFORMANCE OVERVIEW

Indicator	Measure	Standard	Target Type	Current Reporting Period			Previous Reporting Period					
				Data Range	*R	*V	*A	Data Range	*R	*V	*A	
Deliver The Best Clinical Outcomes		Metric ID15										
CQC Compliance	Outcome of CQC inspection	410	Good in all six domains	SOF	Sep-22				Jul-22			

Indicator	Measure	Standard	Target Type	Current Reporting Period			Previous Reporting Period					
				Data Range	*R	*V	*A	Data Range	*R	*V	*A	
Deliver The Best Clinical Outcomes		Metric ID15										
Hospital Mortality	Hospital Standardised Mortality Ratio	198	As expected or lower	SOF	Sep-2023 to Aug-2024				Aug-2023 to Jul-2024			
	Summary Hospital-level Mortality Indicator	199	As expected or lower	SOF	Aug-23 to Jul-24				Jul-23 to Jun-24			
MRSA bacteraemia	Hospital onset	200	Zero cases	SOF	Nov-24				Oct-24			
MSSA bacteraemia	Hospital onset	201.5	63 per year	SOF	Q2 24/25				Q1 24/25			
C.diff	Hospital onset	202.5	99 per year (25 per quarter)	SOF	Q2 24/25				Q1 24/25			
	Community onset/ healthcare associated	393.5	30 per year (7 per quarter)	SOF	Q2 24/25				Q1 24/25			
E.coli	Community onset/ healthcare associated	409.5	101 per year (25 per quarter)	SOF	Q2 24/25				Q1 24/25			
	Hospital onset	294.5	165 per year (41 per quarter)	SOF	Q2 24/25				Q1 24/25			
Incidents	Number of Patient Safety Incident Investigations (PSII)	453.5	40 per year (10 per quarter)	Local	Q2 24/25				Q1 24/25			
	After Action Reviews declared	454	Number	Local	Nov-24				Oct-24			
	Incidents of moderate harm or above	455	<= 5%	Local	Nov-24				Oct-24			
Incident Management	Incidents reviewed within 14 days of being reported	447	90%	Local	Nov-24				Oct-24			
Average Length of Stay (by discharges)	Average Length of Stay Elective	207	4.27 days (Dr Foster)	Local	Oct-23 to Sep-24				Sep-23 to Aug-24			
	Average Length of Stay Non Elective	220	4.45 days (Dr Foster)	Local	Oct-23 to Sep-24				Sep-23 to Aug-24			
Patient Falls - Inpatients	Number of patient falls on inpatient wards	296	Number	Local	Nov-24				Oct-24			
Falls per 1000 bed nights	Number of falls per 1000 bed nights	445	<= 8	Local	Nov-24				Oct-24			
Catastrophic falls	Number of catastrophic falls	446	Zero	Local	Nov-24				Oct-24			
Pressure Ulcers	Number of pressure ulcers acquired within STH per 1000 bed nights	451	<= 1.9	Local	Nov-24				Oct-24			
	Category 4 pressure ulcers	399	Zero	Local	Nov-24				Oct-24			
Never Events	Number of never events	211	Zero	SOF	Nov-24				Oct-24			

Provide Patient Centred Services												
A&E 4-hour wait	Patients seen within 4 hours	161	78%	SOF	Nov-24				Oct-24			
>12 hr Trolley waits in A&E	No. of patients waiting > 12 hours from DTA to Admission	162	Zero	National	Nov-24				Oct-24			
12 Hour Waits in ED	Proportion of patients waiting > 12 hours in ED	443	<= 1%	National	Nov-24				Oct-24			
Ambulance turnaround	Time taken for ambulance handover of patient	163	65% within 15 minutes	National	Nov-24				Oct-24			
	Time taken for ambulance handover of patient	164	95% within 30 minutes	National	Nov-24				Oct-24			
	Time taken for ambulance handover of patient	339	0% in excess of 60 minutes	Local	Nov-24				Oct-24			

Indicator	Measure	Standard	Target Type	Current Reporting Period			Previous Reporting Period					
				Data Range	*R	*V	*A	Data Range	*R	*V	*A	
Provide Patient Centred Services		Metric ID15										
18 weeks RTT	Percentage of patients on incomplete pathways waiting less than 18 weeks	82	92%	SOF	Nov-24				Oct-24			
52 week waits	Actual numbers	168	Zero	National	Nov-24				Oct-24			
Size of PTL	Total size of Patient Treatment List	421	<= Sep-21 (61,416)	Local	Nov-24				Oct-24			
104 week waits	Actual numbers	442	Zero	National	Nov-24				Oct-24			
78 week waits	Actual numbers	441	Zero	National	Nov-24				Oct-24			
65 week waits	Actual numbers	456	Zero	National	Nov-24				Oct-24			
Outpatient Activity with Procedures	Total outpatient activity and the percentage of those follow ups that had a procedure (all First activity is counted)	457	>= 46%	National	Nov-24				Oct-24			
6 week diagnostic waiting	Percentage of patients seen within 6 weeks	169	85%	SOF	Nov-24				Oct-24			
Cancelled Operations	Number of operations cancelled on the day for non clinical reasons	227	75 per month	Local	Nov-24				Oct-24			
	Number of patients cancelled on the day and not readmitted within 28 days	228	Zero	National	Nov-24				Oct-24			
Cancelled Outpatient appointments	Percentage of out-patient appointments cancelled by hospital	422	8.71% (National figure 2019/20)	Local	Nov-24				Oct-24			
	Percentage of out-patient appointments cancelled by patient	423	7.51% (National figure 2019/20)	Local	Nov-24				Oct-24			
DNA rate	Percentage of new out-patient appointments where patients DNA	174	7.27% (National figure 2019/20)	Local	Nov-24				Oct-24			
	Percentage of follow-up out-patient appointments where patients DNA	232	7.36% (National figure 2019/20)	Local	Nov-24				Oct-24			
Cancer Waits	28 day faster diagnosis standard	452.5	75%	National	Q2 24/25				Q1 24/25			
	Cancer patients treated within 62 days from receipt of an urgent GP (or other referrer) referral for urgent suspected cancer or breast symptomatic referral, or urgent screening	465.5	85%	National	Q2 24/25				Q1 24/25			
	Cancer patients treated within 31 days from decision to treat/earliest clinically appropriate date to treatment of cancer	466.5	96%	National	Q2 24/25				Q1 24/25			
e-Referral Service	Percentage of eligible GP referrals received through Electronic Referral Service	183	90%	Local	Nov-24				Oct-24			
Ethnic group data collection	Percentage of inpatient admissions with a valid ethnic group code	184	85%	National	Nov-24				Oct-24			
Complaints	Percentage of complaints closed within agreed timescales	190	90% within agreed timescale	Local	Nov-24				Oct-24			
Community Care	Integrated Care team contacts	395	43,000 per month	Local	Nov-24				Oct-24			
	Urgent Care Referrals responded to within 2 hours	435	70%	Local	Nov-24				Oct-24			
	Intermediate Care at home Community Intermediate Care response time	314	98% within 1 day	Local	Nov-24				Oct-24			
	Intermediate Care Beds Occupancy	338	85%	Local	Nov-24				Oct-24			
	Intermediate Care Beds Length of Stay	235	<35 days	Local	Nov-24				Oct-24			
Out of Hours GPC	% Seen Within 4 hours	403	95%	Local	Nov-24				Oct-24			
FFT Recommended	Patients recommending STH for Inpatient treatment	238	94%	SOF	Nov-24				Oct-24			
	Patients recommending STH for A&E treatment	269	79%	SOF	Nov-24				Oct-24			
	Patients recommending STH for Maternity treatment	268	92%	SOF	Nov-24				Oct-24			
	Patients recommending STH for Community treatment	237	94%	SOF	Nov-24				Oct-24			
Community care – information completeness	Referral information completeness	194	50%	National	2024/25 Q2				2024/25 Q1			
	Activity information completeness	195	50%	National	2024/25 Q2				2024/25 Q1			

Indicator	Measure	Standard	Target Type	Current Reporting Period			Previous Reporting Period					
				Data Range	*R	*V	*A	Data Range	*R	*V	*A	
Provide Patient Centred Services		Metric ID15										
Day surgery rates	Aggregate percentage of all BADS procedures recommended to be treated as day case or outpatient	196	88%	Local	Nov-24				Oct-24			
Mixed Sex Accommodation	Number of breaches of Mixed Sex Accommodation standard	197	Zero	SOF	Nov-24				Oct-24			
Employ Caring & Cared for Staff												
Sickness Absence	All days lost as a percentage of those available	153	4.5%	SOF	Nov-24				Oct-24			
Appraisals	Completed appraisals in last year	151	90%	Local	Nov-24				Oct-24			
Mandatory Training	Overall percentage of completed mandatory training	150	90%	Local	Nov-24				Oct-24			
Safer Staffing	Care Hours per patient day (Registered Nurses)	389	85% of planned hours or greater	Local	Nov-24				Oct-24			
	Care Hours per patient day (Total)	390	85% of planned hours or greater	Local	Nov-24				Oct-24			
Staff Turnover	Executive Team turnover (number of leavers as a percentage of total executive head count - rolling 1	276	0%	SOF	Nov-24				Oct-24			
	Number of leavers as a percentage of total head count (rolling 12 months)	277	to be determined	SOF	Nov-24				Oct-24			
	Retention Rate	298	85%	SOF	Nov-24				Oct-24			
Recruitment	Request to fill to unconditional final offer	404	Average <= 8 weeks	Local	Nov-24				Oct-24			
Spend Public Money Wisely												
I & E	YTD actual I & E surplus/deficit in comparison to YTD plan I & E surplus/deficit	156	<=0	SOF	Nov-24				Oct-24			
I & E Margin	I & E surplus/deficit as a percentage of total revenue	279	<=0	SOF	Nov-24				Oct-24			
Efficiency	Variance from plan	158	On plan	Local	Nov-24				Oct-24			
Cash	Actual	159	Above profile	Local	Nov-24				Oct-24			
Liquidity	Days of operating costs held in cash or cash equivalents	281	>0	SOF	Nov-24				Oct-24			
Capitol	Expenditure - variance from plan	160	On plan	Local	Nov-24				Oct-24			
Create a Sustainable Organisation												
Emissions	Annual gas carbon dioxide emissions (tCO2)	436	<19/20 rate (15,288 (tCO2))	Local	Apr-22							
	Annual electricity carbon dioxide emissions (tCO2)	437	<19/20 rate (13,678 (tCO2))	Local	Apr-22							
	Total Volume of Nitrous Oxide (L)	467	Monthly Targets	Local	Oct-24				Sep-24			
	Total domestic waste carbon emissions (kgC02e) to reduce by 10%	439	reduce by 10% on 20/21 (590.23K)	Local	Apr-22							
	Total clinical waste carbon emissions (kgC02e) by 5%	440	reduce by 10% on 20/21 (509.48K)	Local	Apr-22							
Deliver Excellent Research, Education & Innovation												
Recruitment to trials	Total number of patient accruals to portfolio studies	424	0	Regional - Y&H	Q2 24/25				Q1 24/25			
Annually Reported Indicators												
Senior Leadership Roles	Proportion who are from a BME background	462	16%	SOF	Apr-24				Apr-23			
	Proportion who are Women	464	64%	SOF	Apr-24				Apr-23			
Staff Survey	National average or better in all 9 domains	420	0 domains below national average	Local	2023				2022			

Exception Report Exclusions & Reason for Exclusion






The table below shows indicators from the Trust overview where performance was not achieved, but an exception report has not been included (as indicated by the amber rating). Reasons for the exclusion are provided below.

Indicator	Reason for Exclusion
18-Week RTT	Current focus for RTT is on long waiters.
Out of Hours GPC	Reporting methods for this indicator are currently under review.
Staff Turnover - Number of leavers as a proportion of TEG members	CFO transition but no gap on the Board.

Key to Variation and Assurance Icons

The IPR continues to be developed and to use SPC charts where possible for exception reports. SPC charts use icons to indicate if a process is showing special cause or common cause variation. They also indicate whether the process is able to meet any stated target (indicated by a red line). Here is the key to the icons:




Variation

Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)
	Special cause variation - improvement (indicator where low is good)

These icons are used to indicate statistical variation. We have identified special cause variation based on three rules which are shown below. If none of these rules are present, then the metric is showing common cause variation.

- An upward or downwards trend in performance for seven or more consecutive months.
- Seven or more months above or below the average.
- One month or more outside the control limits

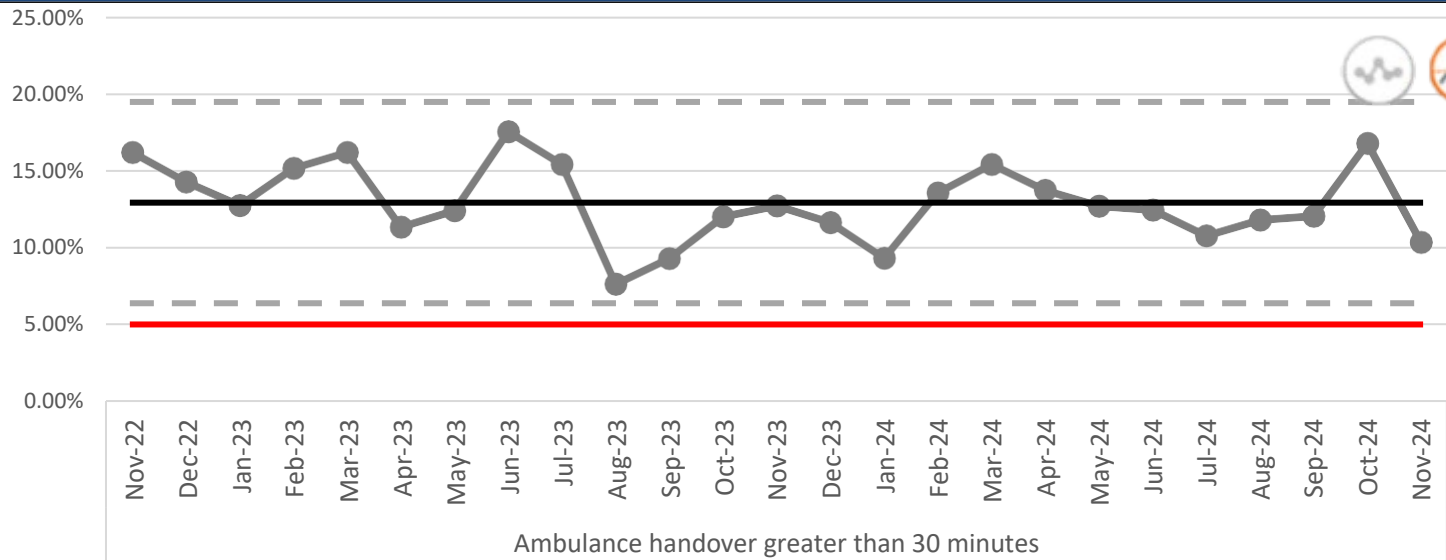
Assurance

Icon	Description
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation

These icons are used to indicate if a target is likely to be achieved next month, has the potential to be achieved or is expected to fail.

AMBULANCE TURNAROUND (Proportion of patients handed over within 15 mins)		Target	65% within 15 minutes																																																				
<table border="1"> <caption>Ambulance handover within 15 minutes</caption> <thead> <tr> <th>Month</th> <th>Proportion (%)</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>44.00</td></tr> <tr><td>Dec-22</td><td>37.00</td></tr> <tr><td>Jan-23</td><td>45.00</td></tr> <tr><td>Feb-23</td><td>46.00</td></tr> <tr><td>Mar-23</td><td>41.00</td></tr> <tr><td>Apr-23</td><td>51.00</td></tr> <tr><td>May-23</td><td>47.00</td></tr> <tr><td>Jun-23</td><td>42.00</td></tr> <tr><td>Jul-23</td><td>45.00</td></tr> <tr><td>Aug-23</td><td>47.00</td></tr> <tr><td>Sep-23</td><td>43.00</td></tr> <tr><td>Oct-23</td><td>34.00</td></tr> <tr><td>Nov-23</td><td>30.00</td></tr> <tr><td>Dec-23</td><td>32.00</td></tr> <tr><td>Jan-24</td><td>37.00</td></tr> <tr><td>Feb-24</td><td>39.00</td></tr> <tr><td>Mar-24</td><td>29.00</td></tr> <tr><td>Apr-24</td><td>32.00</td></tr> <tr><td>May-24</td><td>33.00</td></tr> <tr><td>Jun-24</td><td>38.00</td></tr> <tr><td>Jul-24</td><td>40.00</td></tr> <tr><td>Aug-24</td><td>27.00</td></tr> <tr><td>Sep-24</td><td>30.00</td></tr> <tr><td>Oct-24</td><td>23.00</td></tr> <tr><td>Nov-24</td><td>35.57</td></tr> </tbody> </table>		Month	Proportion (%)	Nov-22	44.00	Dec-22	37.00	Jan-23	45.00	Feb-23	46.00	Mar-23	41.00	Apr-23	51.00	May-23	47.00	Jun-23	42.00	Jul-23	45.00	Aug-23	47.00	Sep-23	43.00	Oct-23	34.00	Nov-23	30.00	Dec-23	32.00	Jan-24	37.00	Feb-24	39.00	Mar-24	29.00	Apr-24	32.00	May-24	33.00	Jun-24	38.00	Jul-24	40.00	Aug-24	27.00	Sep-24	30.00	Oct-24	23.00	Nov-24	35.57	Nov-24	35.57% within 15 minutes
Month	Proportion (%)																																																						
Nov-22	44.00																																																						
Dec-22	37.00																																																						
Jan-23	45.00																																																						
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Sep-24	30.00																																																						
Oct-24	23.00																																																						
Nov-24	35.57																																																						
		Variance Type	Indicator is showing no significant change (common cause variation)																																																				
		Assurance Type	Metric is consistently falling short of the target.																																																				
Lead: Michael Harper, Chief Operating Officer		Action Plan Timescales: March 2025	What the chart is telling us Performance has been variable, mostly below the mean, since Q3 2023/24 with a cause for concern in October 2024.																																																				
Board Committee Providing Oversight: Finance and Performance Committee																																																							
Summary of current issues		Actions to recover performance																																																					
<p>In November 2024, 35.57% of ambulances were able to handover within 15 minutes of arriving to A&E.</p> <p>November's performance was much improved on the trend seen since July 2024 and follows the introduction of an Ambulance Streaming Sister on 21st October 2024. This new role provides close liaison with the arriving Paramedics and streams suitable patients to alternative locations, prioritises the most poorly patients, identifies patients who can wait in the main waiting room and ensures the accurate recording of handover times.</p>		<p>Moving forward through Winter, the role of the Ambulance Streaming Sister will become yet more important, and work is ongoing with colleagues from the Yorkshire Ambulance Service to further refine the role.</p> <p>The A&E team is also instigating more service improvement work supported by the Trust's Organisational Development facilitators across the 'arrivals' area of the Department to improve the timeliness of triage for all patients, not just those arriving by ambulance.</p> <p>Outside A&E, increased focus is being placed upon more timely flow of patients out of A&E and into downstream admission areas, creating the vital space for the 'next ambulance patient' to be brought into A&E and handed over.</p>																																																					

AMBULANCE TURNAROUND
(Proportion of patients handed over in more than 30 minutes)



Target

<5% over 30 mins

Nov-24

10.37 % over 30 minutes

Variance Type



Indicator is showing no significant change (common cause variation)

Assurance Type



Metric is consistently falling short of the target

What the chart is telling us

Normal variation below the mean

Lead: Michael Harper, Chief Operating Officer

Action Plan Timescales: March 2025

Board Committee Providing Oversight: Finance and Performance Committee

Summary of current issues

The improvement in the proportion of patients handed-over from the ambulance crews within 15 minutes in November has shown a corresponding reduction in the proportion of patients with a hand-over greater than 30 minutes.

Actions to recover performance

Moving forward through Winter, the role of the Ambulance Streaming Sister will become yet more important, and work is ongoing with colleagues from the Yorkshire Ambulance Service to further refine the role.

The A&E team is also instigating more service improvement work supported by the Trust's Organisational Development facilitators across the 'arrivals' area of the Department to improve the timeliness of triage for all patients, not just those arriving by ambulance.

Outside A&E, increased focus is being placed upon more timely flow of patients out of A&E and into downstream admission areas, creating the vital space for the 'next ambulance patient' to be brought into A&E and handed over.

AMBULANCE TURNAROUND (Proportion of patients handed over in more than 60 minutes)		Target	0% over 60 minutes																																																				
<p>Ambulance handover greater than 60 minutes</p> <table border="1"> <caption>Estimated Data from Chart</caption> <thead> <tr> <th>Month</th> <th>Proportion of patients handed over in more than 60 minutes</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>11.5%</td></tr> <tr><td>Dec-22</td><td>15.0%</td></tr> <tr><td>Jan-23</td><td>7.0%</td></tr> <tr><td>Feb-23</td><td>12.5%</td></tr> <tr><td>Mar-23</td><td>9.5%</td></tr> <tr><td>Apr-23</td><td>6.0%</td></tr> <tr><td>May-23</td><td>7.5%</td></tr> <tr><td>Jun-23</td><td>6.5%</td></tr> <tr><td>Jul-23</td><td>8.5%</td></tr> <tr><td>Aug-23</td><td>8.0%</td></tr> <tr><td>Sep-23</td><td>8.5%</td></tr> <tr><td>Oct-23</td><td>12.5%</td></tr> <tr><td>Nov-23</td><td>13.0%</td></tr> <tr><td>Dec-23</td><td>10.5%</td></tr> <tr><td>Jan-24</td><td>6.5%</td></tr> <tr><td>Feb-24</td><td>9.5%</td></tr> <tr><td>Mar-24</td><td>12.0%</td></tr> <tr><td>Apr-24</td><td>10.0%</td></tr> <tr><td>May-24</td><td>9.5%</td></tr> <tr><td>Jun-24</td><td>4.5%</td></tr> <tr><td>Jul-24</td><td>7.5%</td></tr> <tr><td>Aug-24</td><td>7.5%</td></tr> <tr><td>Sep-24</td><td>6.0%</td></tr> <tr><td>Oct-24</td><td>11.0%</td></tr> <tr><td>Nov-24</td><td>7.29%</td></tr> </tbody> </table>		Month	Proportion of patients handed over in more than 60 minutes	Nov-22	11.5%	Dec-22	15.0%	Jan-23	7.0%	Feb-23	12.5%	Mar-23	9.5%	Apr-23	6.0%	May-23	7.5%	Jun-23	6.5%	Jul-23	8.5%	Aug-23	8.0%	Sep-23	8.5%	Oct-23	12.5%	Nov-23	13.0%	Dec-23	10.5%	Jan-24	6.5%	Feb-24	9.5%	Mar-24	12.0%	Apr-24	10.0%	May-24	9.5%	Jun-24	4.5%	Jul-24	7.5%	Aug-24	7.5%	Sep-24	6.0%	Oct-24	11.0%	Nov-24	7.29%	Nov-24	7.29% over 60 minutes
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Summary of current issues		Actions to recover performance																																																					
7.29 % of handovers breached the 60-minute standard compared to 11.04% in October 2024.		<p>Moving forward through Winter, the role of the Ambulance Streaming Sister will become yet more important, and work is ongoing with colleagues from the Yorkshire Ambulance Service to further refine the role.</p> <p>The A&E team is also instigating more service improvement work supported by the Trust's Organisational Development facilitators across the 'arrivals' area of the Department to improve the timeliness of triage for all patients, not just those arriving by ambulance.</p> <p>Outside A&E, increased focus is being placed upon more timely flow of patients out of A&E and into downstream admission areas, creating the vital space for the 'next ambulance patient' to be brought into A&E and handed over.</p>																																																					

65 WEEK WAITS (Patients Waiting over 65 Weeks on an Incomplete Pathway)		Target	0																																																					
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What the chart is telling us	The number of 65-week waiters has been stable since March 2024.																																																							
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There were 514 patients waiting over 65 weeks on an incomplete pathway during November 2024.		<p>Activity plans remain in place to ensure continued delivery of treatment plans. Each and every 65 week patient is escalated by the Operations Director to the Chief Operating Officer. Weekly Internal Tier 1 meetings are held with all directorates reporting 65 week waits.</p> <p>A senior improvement lead has been put into Neurosciences to drive performance and reduction of the longest waiters.</p> <p>Patients who continue to wait are being reviewed on a regular basis by the clinical teams as part of the Trust's caseload management approach.</p> <p>Focus remains on reducing the longest waits with the Patient Care Recovery Plan established to increase activity volumes.</p>																																																						

78 WEEK WAITS (Patients Waiting over 78 Weeks on an Incomplete Pathway)		Target	0																																																				
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<p>There was 1 patient waiting over 78 weeks on an incomplete pathway during November 2024.</p> <p>This was a corneal graft related to the national availability issue.</p>		<p>Activity plans remain in place to ensure continued delivery of treatment plans. Each and every 78 week patient is escalated by the Operations Director to the Chief Operating Officer.</p> <p>Patients in the Neurosciences directorate who continue to be at risk of waiting over 78 weeks are being reviewed on a regular basis by the clinical teams as part of the Trust's caseload management approach.</p> <p>Focus remains on reducing the longest waits with the Patient Care Recovery Plan established to increase activity volumes.</p>																																																					
What the chart is telling us		The number of 78-week waiters has decreased since the start of 2023 and has almost reached 0.																																																					

CANCER WAIT (Cancer patients treated within 62 days from receipt of an urgent GP (or other referrer) referral for urgent suspected cancer or breast symptomatic referral, or urgent screening referral or consultant upgrade to first definitive treatment of cancer)		Target	85%																																																				
<table border="1"> <caption>Cancer patients treated within 62 days of referral (Combined)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> </tr> </thead> <tbody> <tr><td>Sep-22</td><td>52</td></tr> <tr><td>Oct-22</td><td>51</td></tr> <tr><td>Nov-22</td><td>46</td></tr> <tr><td>Dec-22</td><td>50</td></tr> <tr><td>Jan-23</td><td>38</td></tr> <tr><td>Feb-23</td><td>44</td></tr> <tr><td>Mar-23</td><td>47</td></tr> <tr><td>Apr-23</td><td>43</td></tr> <tr><td>May-23</td><td>38</td></tr> <tr><td>Jun-23</td><td>40</td></tr> <tr><td>Jul-23</td><td>44</td></tr> <tr><td>Aug-23</td><td>51</td></tr> <tr><td>Sep-23</td><td>43</td></tr> <tr><td>Oct-23</td><td>46</td></tr> <tr><td>Nov-23</td><td>53</td></tr> <tr><td>Dec-23</td><td>54</td></tr> <tr><td>Jan-24</td><td>45</td></tr> <tr><td>Feb-24</td><td>42</td></tr> <tr><td>Mar-24</td><td>51</td></tr> <tr><td>Apr-24</td><td>50</td></tr> <tr><td>May-24</td><td>49</td></tr> <tr><td>Jun-24</td><td>50</td></tr> <tr><td>Jul-24</td><td>47</td></tr> <tr><td>Aug-24</td><td>55</td></tr> <tr><td>Sep-24</td><td>50</td></tr> </tbody> </table>		Month	Performance (%)	Sep-22	52	Oct-22	51	Nov-22	46	Dec-22	50	Jan-23	38	Feb-23	44	Mar-23	47	Apr-23	43	May-23	38	Jun-23	40	Jul-23	44	Aug-23	51	Sep-23	43	Oct-23	46	Nov-23	53	Dec-23	54	Jan-24	45	Feb-24	42	Mar-24	51	Apr-24	50	May-24	49	Jun-24	50	Jul-24	47	Aug-24	55	Sep-24	50	Q2 2024/25	50.27%
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What the chart is telling us		Performance has been statistically stable since June 2022 with recent performance being above the mean.																																																					
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<p>The overall Trust performance for Q2 2024/25 was 50.27% (threshold 85%). STH performance for non-shared pathways in Q2 was 57.83%.</p>		<p>Recovery plans are in place with our most challenged tumour sites currently impacting performance in particular: Breast, Gynaecology LGI, and Urology. All four sites are working to deliver new diagnostic pathways and improvements which will reduce the length of wait.</p> <p>We are working to maximise the use of our existing surgical capacity to support additional breast and urology surgical treatments utilising insourced capacity as well as supporting urology non-surgical oncology (NSO) with additional outpatient locum capacity.</p> <p>In addition to individual pathway work, we are also supporting a program of work to deliver improvements to our NSO pathways which impact both STH and shared pathway 62-day performance across the Cancer Alliance (including locum and substantive recruitment and pathway redesign).</p>																																																					

SICKNESS ABSENCE (All days lost as a percentage of those available)		Target	4.5%																																																				
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Assurance Type		Indicator is showing random variation																																																					
Lead: Mark Gwilliam, Chief People Officer Action Plan Timescales: Monitored on a weekly basis Board Committee Providing Oversight: People Committee		What the chart is telling us	Performance has seen variability around the mean over time.																																																				
Summary of current issues The monthly absence rate for November was 5.3% which has reduced from October but is the same as November 2023. The YTD position is 4.8% which is lower than November 2023 at 4.9%. Absence levels continue to remain higher than pre-pandemic levels and this can be seen in the usual pattern of non-COVID sickness absence throughout the year. Seasonal viruses continue to impact absence levels across the Trust with COVID prevalence within the hospital at moderate level in November.		Actions to recover performance HR Business Partners continue to work with directorates to review themes in the reasons for absence to support Directorate level actions for prevention of absence, and to ensure there are individual plans for staff that have been off on long term sick. We are also focusing support to the five Directorates with higher levels of non-COVID related absence. Each of these areas has a plan to reduce absence levels supported by our HR and Occupational Health colleagues with a mixed approach across both preventative actions and support in cases of long-term absence. A review of our Managing Attendance Policy is underway with the consultation phase of this work complete and a revised draft policy produced and consultation commenced with our Trade Unions, management colleagues, staff network groups and other key stakeholders. We continue to promote the Trust Health and Wellbeing offer as well as the resources available nationally. Colleagues have ongoing access to our 24/ telephone Employee Assistance Programme through VIVUP we have achieved accreditation as a menopause friendly employer. We also continue to promote the resources we have available on financial well-being and have a growing number of Health and Wellbeing Champions working across the Trust to support colleagues. Supporting a wellbeing culture continues to be a priority in response to our Staff Survey results and feedback from colleagues.																																																					

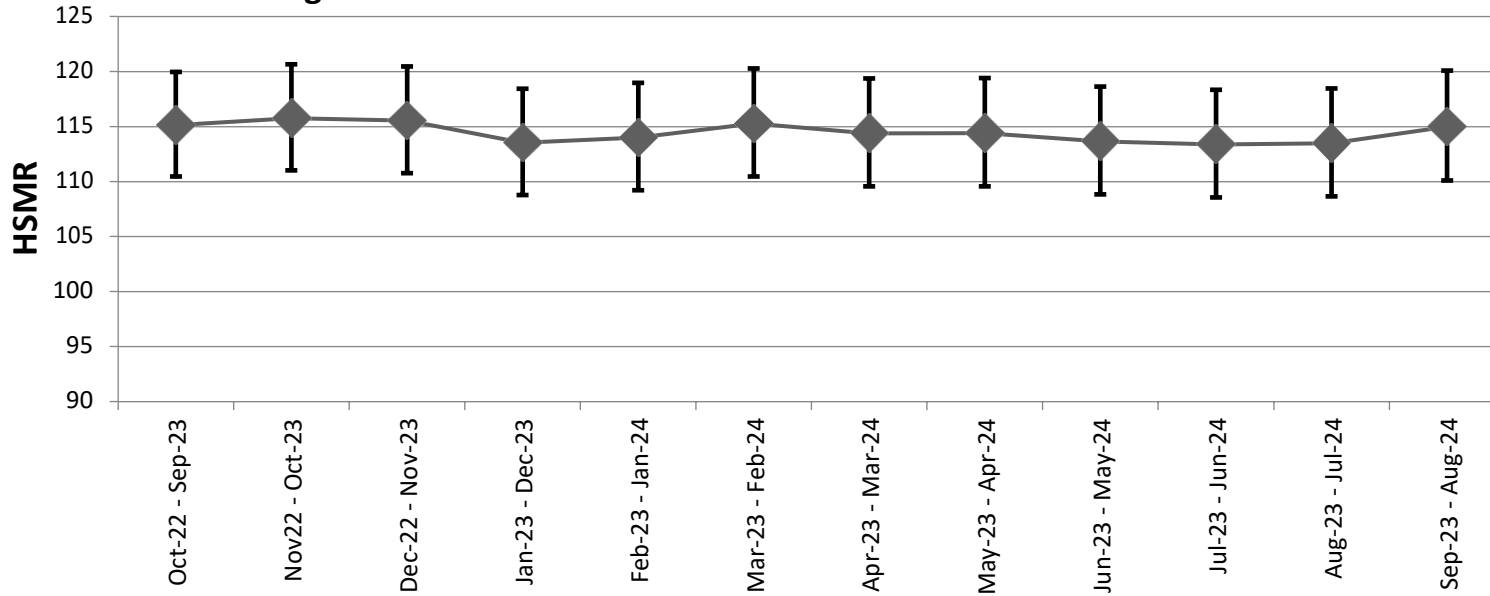
HOSPITAL STANDARDISED MORTALITY RATIO (HSMR)

Target

As expected or lower

Diagnoses - HSMR | Mortality (in-hospital) | Oct22-Sep23 to Sep23-Aug24 | Trend

Period: Rolling 12 months



Sep 2023 to Aug 2024

115.00

Variance Type

Not Applicable

Assurance Type

Not Applicable

What the chart is telling us

The latest HSMR is higher than expected at 115.00

Lead: Jennifer Hill, Chief Medical Officer (Operations)

Action Plan Timescale: March 2025

Board Committee Providing Oversight: Quality Committee

Summary of current issues

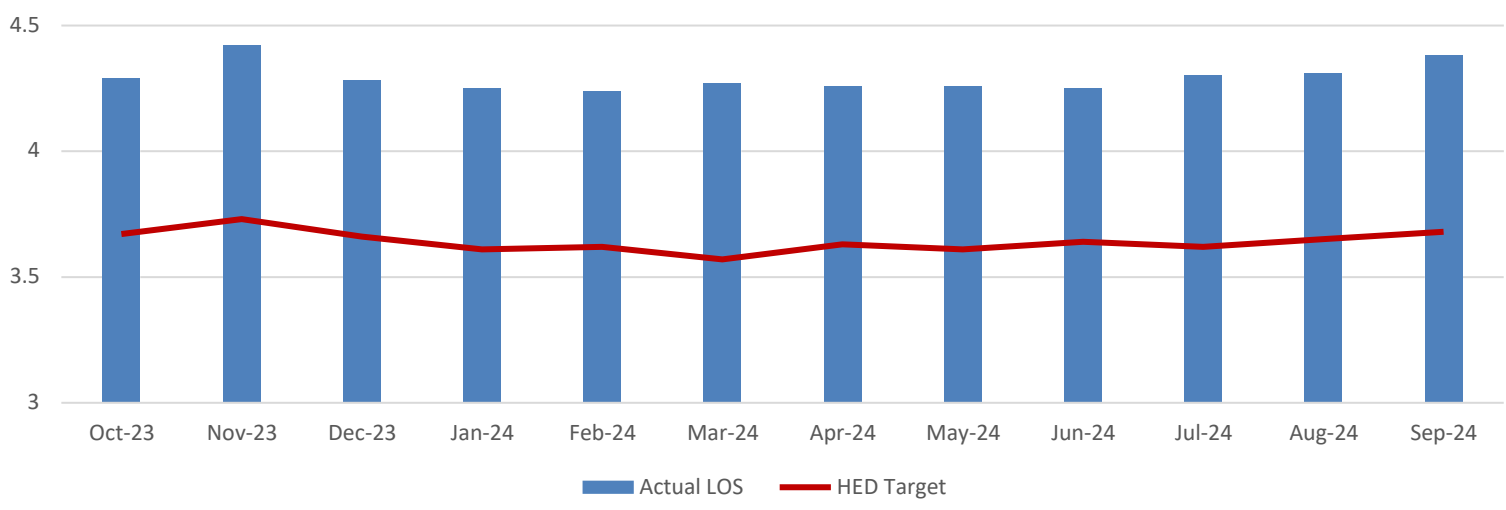
The HSMR remains higher than expected.
When the palliative care adjustment is removed HSMR improves to 'as expected'.

Actions to recover performance

The team are linking with HSMR development colleagues around a proposal that the palliative care adjustment is removed from the model in the future. Further guidance is awaited.
Ongoing review of data quality and alerts to ensure that there are no underlying mortality concerns.

MRSA Bacteraemia (Hospital onset)		Target	0
<p>MRSA bacteraemia infections</p>		Nov-24	0
		Variance Type	Metric is experiencing common cause variation
		Assurance Type	Metric is consistently falling short of the target
		What the chart is telling us	The target hasn't been met for the first time since March 2024.
Lead: Chris Morley, Chief Nurse		Action Plan Timescales: Ongoing	
Board Committee Providing Oversight: Quality Committee			
Summary of current issues		Actions to recover performance	
<p>In October 2024, the trust reported one case of hospital onset MRSA.</p> <p>A patient who had multiple admissions was identified as having an infection that required IV antibiotics but was also identified with MRSA colonisation.</p>		<p>A patient who had multiple admissions was identified as having an infection that required IV antibiotics but was also identified with MRSA colonisation. The learning from this incident was that there was a delay in switching the IV antibiotic to an MRSA appropriate antibiotic.</p>	

**AVERAGE LENGTH OF STAY
(Elective)**



Target	3.68
Sep-24	4.38
Variance Type	Data is provided on a rolling 12-month basis, so not suitable for SPC analysis
Assurance Type	Data is provided on a rolling 12-month basis, so not suitable for SPC analysis
What the chart is telling us	Average LOS for elective episodes has been consistently above the national benchmark

Lead: Jennifer Hill, Chief Medical Officer (Operations)

Action Plan Timescales: March 2025

Board Committee Providing Oversight: Quality Committee

Summary of current issues

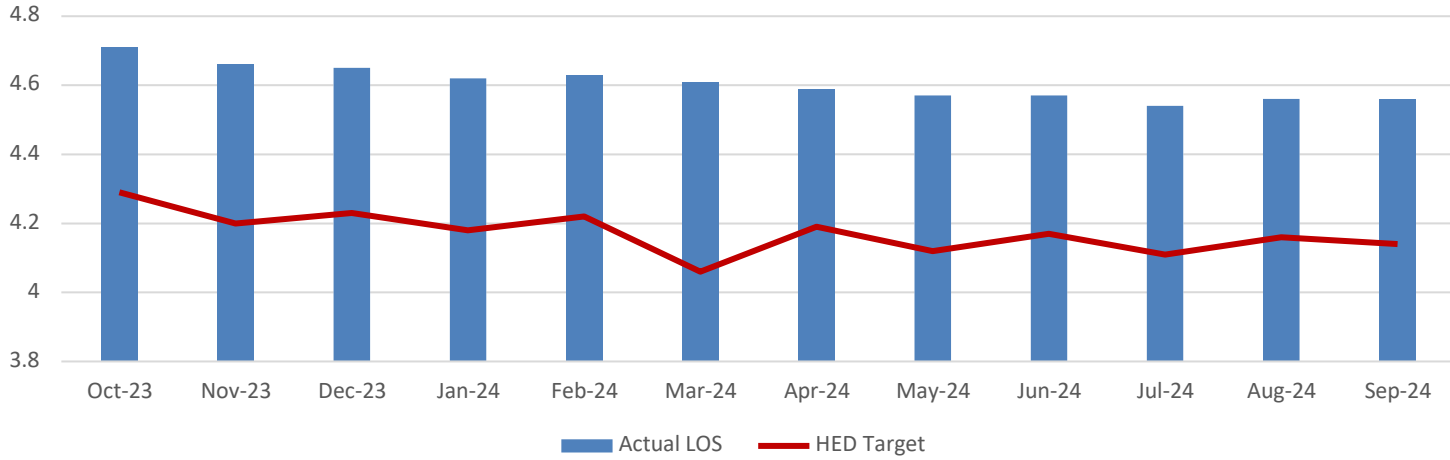
Elective Length of Stay remains relatively stable over the last year, and above benchmarked target.

Care Groups are prioritising long waiting patients, and maximising day cases, both of which are likely to contribute to a longer length of stay.

Actions to recover performance

Ongoing work to increase discharge lounge use and ensure daily consultant review.

**AVERAGE LENGTH OF STAY
(Non-Elective)**



Target	4.14
Sep-24	4.56
Variance Type	Data is provided on a rolling 12-month basis, so not suitable for SPC analysis
Assurance Type	Data is provided on a rolling 12-month basis, so not suitable for SPC analysis
What the chart is telling us	Average LOS for non-elective episodes has been decreasing steadily

Lead: Jennifer Hill, Chief Medical Officer (Operations)

Action Plan Timescales: March 2025

Board Committee Providing Oversight: Quality Committee

Summary of current issues

Non-elective length of Stay has reduced marginally over the last year, but remains above benchmarked target.

The proportion of inpatients who have no criteria to reside remains high.

Non elective admissions have been above predicted leading to additional beds being open and increasing the demand on the organisation.

Actions to recover performance

Progressing Patient care improvement work in GRaDE wards and transfer care hub is rolling out across GRaDE and GSM wards.

Ongoing focus through the operational management group on anticipatory flow, improving transfer time from A and E to assessment units / assessment units to base wards, and utilisation of the discharge lounge to improve internal flow and reduce length of stay.

PATIENT FALLS (Number of Catastrophic Falls)		Target	0
<p>Catastrophic Falls</p>		Nov-24	0
		Variance Type	<p>Indicator is showing no significant change (common cause variation)</p>
		Assurance Type	<p>Indicator is showing random variation</p>
		What the chart is telling us	Variability above the zero target
Lead: Jennifer Hill, Chief Medical Officer (Operations)		Action Plan Timescales: January 2025	
Board Committee Providing Oversight: Quality Committee			
Summary of current issues		Actions to recover performance	
<p>The ward has reduced its number of falls in the last two years from 20/1000 bed nights to 7/1000 bed nights.</p>		<p>The local ward team and matron sharing learning around use of the falls risk assessment tool and timing of clinical observations.</p>	

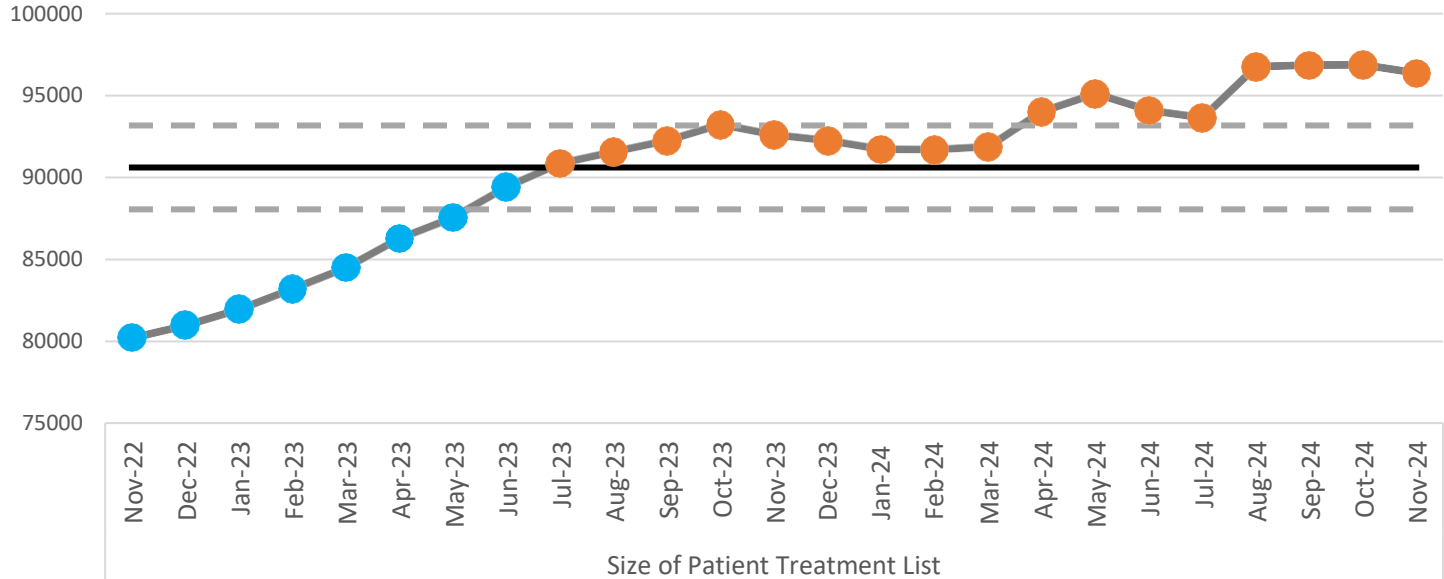
PRESSURE ULCERS Number of pressure ulcers acquired with STH per 1000 bed nights		Target	<= 2.1																																																					
<p>Pressure ulcers acquired within STH per 1000 bed nights</p> <table border="1"> <caption>Pressure Ulcer Rates (per 1000 bed nights)</caption> <thead> <tr> <th>Month</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>1.9</td></tr> <tr><td>Dec-22</td><td>1.4</td></tr> <tr><td>Jan-23</td><td>1.8</td></tr> <tr><td>Feb-23</td><td>1.5</td></tr> <tr><td>Mar-23</td><td>1.9</td></tr> <tr><td>Apr-23</td><td>2.3</td></tr> <tr><td>May-23</td><td>1.7</td></tr> <tr><td>Jun-23</td><td>1.4</td></tr> <tr><td>Jul-23</td><td>1.7</td></tr> <tr><td>Aug-23</td><td>1.6</td></tr> <tr><td>Sep-23</td><td>1.4</td></tr> <tr><td>Oct-23</td><td>2.2</td></tr> <tr><td>Nov-23</td><td>1.9</td></tr> <tr><td>Dec-23</td><td>1.5</td></tr> <tr><td>Jan-24</td><td>1.5</td></tr> <tr><td>Feb-24</td><td>1.5</td></tr> <tr><td>Mar-24</td><td>1.4</td></tr> <tr><td>Apr-24</td><td>2.4</td></tr> <tr><td>May-24</td><td>2.31</td></tr> <tr><td>Jun-24</td><td>1.8</td></tr> <tr><td>Jul-24</td><td>2.4</td></tr> <tr><td>Aug-24</td><td>2.1</td></tr> <tr><td>Sep-24</td><td>2.3</td></tr> <tr><td>Oct-24</td><td>2.2</td></tr> <tr><td>Nov-24</td><td>1.4</td></tr> </tbody> </table>		Month	Rate	Nov-22	1.9	Dec-22	1.4	Jan-23	1.8	Feb-23	1.5	Mar-23	1.9	Apr-23	2.3	May-23	1.7	Jun-23	1.4	Jul-23	1.7	Aug-23	1.6	Sep-23	1.4	Oct-23	2.2	Nov-23	1.9	Dec-23	1.5	Jan-24	1.5	Feb-24	1.5	Mar-24	1.4	Apr-24	2.4	May-24	2.31	Jun-24	1.8	Jul-24	2.4	Aug-24	2.1	Sep-24	2.3	Oct-24	2.2	Nov-24	1.4	Nov-24	1.30	
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Lead: Chris Morley, Chief Nurse		Action Plan Timescales: March 2025																																																						
Board Committee Providing Oversight: Quality Committee																																																								
Summary of current issues		Actions to recover performance																																																						
<p>In October the Trust recorded a pressure ulcer rate of 2.31 per 1000 bed nights against a target of 1.9 per 1000 bed nights.</p>		<p>The pressure ulcer rate is monitored by the Strategic Pressure Ulcer Group with particular focus on the ten wards with the highest rates per 1000 bed nights. Currently the Tissue Viability Team are supporting the three wards with the highest rates. Critical Care D floor with focussed improvement work related to pressure damage associated with medical devices and Macmillan Palliative Care Unit and the Frailty Unit with a focus on improvement of assessment of skin integrity and tissue damage assessment.</p> <p>The Trust are part of the South Yorkshire Pressure Ulcer Community of Practice (Tissue Viability) whose focus is to streamline and improve practice across the ICB.</p> <p>The implementation of Purpose T as a new assessment tool and the launch of the updated Pressure Ulcer Prevention Policy will be utilised to improve rates.</p>																																																						



A&E 4 HOUR WAIT (Patients Seen Within 4 Hours)		Target	78%																																																				
<table border="1"> <caption>A&E patients seen within four hours</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>71.5%</td></tr> <tr><td>Dec-22</td><td>71.0%</td></tr> <tr><td>Jan-23</td><td>77.0%</td></tr> <tr><td>Feb-23</td><td>74.0%</td></tr> <tr><td>Mar-23</td><td>75.5%</td></tr> <tr><td>Apr-23</td><td>76.5%</td></tr> <tr><td>May-23</td><td>75.8%</td></tr> <tr><td>Jun-23</td><td>75.8%</td></tr> <tr><td>Jul-23</td><td>74.0%</td></tr> <tr><td>Aug-23</td><td>72.2%</td></tr> <tr><td>Sep-23</td><td>72.8%</td></tr> <tr><td>Oct-23</td><td>71.8%</td></tr> <tr><td>Nov-23</td><td>72.0%</td></tr> <tr><td>Dec-23</td><td>70.0%</td></tr> <tr><td>Jan-24</td><td>73.2%</td></tr> <tr><td>Feb-24</td><td>72.8%</td></tr> <tr><td>Mar-24</td><td>74.2%</td></tr> <tr><td>Apr-24</td><td>75.2%</td></tr> <tr><td>May-24</td><td>74.5%</td></tr> <tr><td>Jun-24</td><td>75.5%</td></tr> <tr><td>Jul-24</td><td>74.0%</td></tr> <tr><td>Aug-24</td><td>74.5%</td></tr> <tr><td>Sep-24</td><td>73.5%</td></tr> <tr><td>Oct-24</td><td>71.5%</td></tr> <tr><td>Nov-24</td><td>69.94%</td></tr> </tbody> </table>		Month	Percentage	Nov-22	71.5%	Dec-22	71.0%	Jan-23	77.0%	Feb-23	74.0%	Mar-23	75.5%	Apr-23	76.5%	May-23	75.8%	Jun-23	75.8%	Jul-23	74.0%	Aug-23	72.2%	Sep-23	72.8%	Oct-23	71.8%	Nov-23	72.0%	Dec-23	70.0%	Jan-24	73.2%	Feb-24	72.8%	Mar-24	74.2%	Apr-24	75.2%	May-24	74.5%	Jun-24	75.5%	Jul-24	74.0%	Aug-24	74.5%	Sep-24	73.5%	Oct-24	71.5%	Nov-24	69.94%	Nov-24	69.94%
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Variance Type		Indicator is showing no significant change (common cause variation)																																																					
Assurance Type		Metric is consistently falling short of the target																																																					
What the chart is telling us	Performance is on a downward trend in recent months																																																						
Lead: Michael Harper, Chief Operating Officer		Action Plan Timescales: March 2025																																																					
Board Committee Providing Oversight: Finance and Performance Committee																																																							
Summary of current issues		Actions to recover performance																																																					
<p>The percentage of A&E attendances who were discharged or admitted within 4 hours in November 2024 was 69.94%, a decrease from October which was 71.63%.</p> <p>There were 9,418 Type 1 attendances (including booked) in November 2024 compared with 9,167 Type 1 attendances in November 2023.</p> <p>Winter-related challenges have become apparent during October and November, mirroring national trends, with an increase in patient attendances and an increase in patient acuity reflected by higher volumes of ambulance arrivals.</p>		<p>In response, the Trust has opened additional bed surge capacity to provide improved flow for patients to move out of A&E, making space to allow for more efficient care to be given to those patients waiting longer than we'd like.</p> <p>Within A&E, efforts continue to redirect patients to the most appropriate service provider, thereby decongesting A&E and allowing the most efficient care to be given across Sheffield's providers of urgent and emergency care.</p> <p>Level 3 PMF discussions and fortnightly Delivery meetings continue with the AEM directorate, aimed at identifying improvement plans within the department.</p>																																																					

A&E 12 HOUR WAIT (Proportion of patients who spent 12 hours or more in A&E from arrival to departure)		Target	1%																																																				
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Board Committee Providing Oversight: Finance and Performance Committee																																																							
Summary of current issues		Actions to recover performance																																																					
<p>The percentage of A&E attendances who were in the department for more than 12 hours in November 2024 was 9.57%, similar to the October proportion of 9.49% but well in excess of the 6.55% seen in September.</p> <p>Mirroring national trends, winter-related challenges have become apparent during October and November with an increase in patient attendances and an increase in patient acuity reflected by higher volumes of ambulance arrivals.</p>		<p>In response, the Trust has opened additional bed surge capacity to provide improved flow for patients to move out of A&E, making space to allow for more efficient care to be given to those patients waiting longer than we'd like.</p> <p>Within A&E efforts continue to redirect patients to the most appropriate service provider, thereby decongesting A&E and allowing the most efficient care to be given across Sheffield's providers of urgent and emergency care.</p> <p>Discussions continue at the Urgent and Emergency Care Board to make improvements at Place to improve flow through A&E.</p>																																																					
What the chart is telling us		Performance has seen variability over time between 2% and 10% with cause for concern in October and November 2024																																																					

12 HOUR TROLLEY WAITS IN A&E (No. of patients waiting > 12 hours from DTA to Admission)		Target	0
<p>A&E 12 hour trolley waits</p>		Nov-24	16
		Variance Type	<p>Indicator is showing no significant change (common cause variation)</p>
		Assurance Type	<p>Indicator is showing random variation</p>
		What the chart is telling us	The monthly number of 12-hour trolley waits has been relatively stable since March 2023.
Lead: Michael Harper, Chief Operating Officer		Action Plan Timescales: March 2025	
Board Committee Providing Oversight: Finance and Performance Committee			
Summary of current issues		Actions to recover performance	
<p>There were 16, 12 hour trolley breaches during November 2024.</p> <p>Of the 16 trolley breaches:</p> <ul style="list-style-type: none"> • 4 were patients waiting for an inpatient psychiatric bed with Sheffield Health and Social Care. • 3 were patients waiting for an out of area psychiatric bed with Sheffield Health and Social Care. • 9 were patients waiting for an inpatient bed with Sheffield Teaching Hospitals. 		<p>Sheffield Teaching Hospitals and Sheffield Health and Social Care Trust continue to work collaboratively to ensure that patients waiting an inpatient psychiatric bed after attending ED are escalated through a specifically designed pathway.</p>	

PATIENT TREATMENT LIST
(Total Numbers)



Target	61,416	
Nov-24	96,342	
Variance Type		Metric is experiencing special cause for concern because of high values
Assurance Type		Metric is consistently falling short of the target
What the chart is telling us	Despite a relatively stable position over the last four months, the PTL continues to increase overall.	

Lead: Michael Harper, Chief Operating Officer

Action Plan Timescales: March 2025

Board Committee Providing Oversight: Finance and Performance Committee

Summary of current issues

The total number of patients on the patient treatment list (PTL) or incomplete care pathway decreased by 491 in November 2024 to 96,342. This is above the September 2021 target of 61,416.

Actions to recover performance

The size of the PTL continues to be discussed at the Performance and Caseload Overview Group including analysis at directorate level.

The work involved to treat the number of patients waiting is significant and will take time to complete. Validation of the PTL continues and shows improvement in the proportion of the PTL over 12weeks validated.

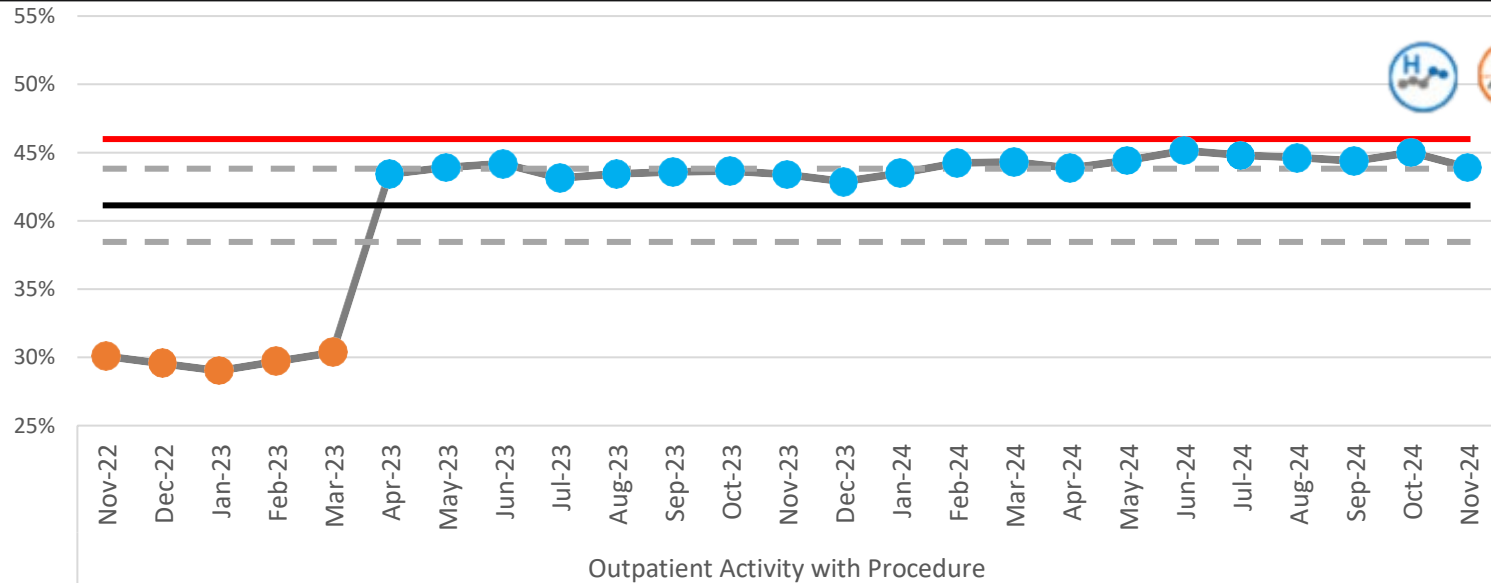
Recovery plans for directorates to deliver increased activity above 19/20 levels are in place.

Advice and Guidance pathways are in place and aim to reduce demand and additions to the PTL.

DIAGNOSTIC WAITING TIMES (Percentage of patients waiting less than 6 weeks for a diagnostic test)		Target	85%
		Nov-24	59.73%
		Variance Type	Metric is showing special cause of concerning nature due to its low values.
		Assurance Type	Metric is consistently falling short of the target
		What the chart is telling us	Performance had reduced significantly between June 2023 and August 2024. There have been small improvements in September and October 2024
Lead: Michael Harper, Chief Operating Officer		Action Plan Timescales: March 2025	
Board Committee Providing Oversight: Finance and Performance Committee			
Summary of current issues		Actions to recover performance	
<p>The percentage of patients receiving diagnostic tests within 6 weeks in November 2024 was 59.73%.</p> <p>Radiology continue to experience significant staffing issues for non-obstetric ultrasound. There is a national shortage of sonographers, and these issues have continued into November 2024.</p> <p>Demand for MRI has increased significantly in 2024, particularly as the longest waits in neurosciences have been expedited.</p>		<p>Patients on the diagnostic waiting list are regularly reviewed by clinical staff and their care is prioritised where required and in line with the currently national diagnostic validation prioritisation process.</p> <p>Recovery plans are in place across all specialties which have been escalated to the Finance and Performance Committee and through PCOG. Additional capacity is being provided for the main diagnostic pathways, in parallel to a demand and capacity review of each service.</p> <p>Actions agreed with MIMP:</p> <ul style="list-style-type: none"> • Development of a recruitment strategy including international recruitment. • Development of a retention strategy, supporting local leaders to develop and support staff. • Work with primary care to understand demand levels. • Interim capacity to maintain performance ahead of recruitment. <p>Tier 1 process now includes Diagnostic Waits recovery plans.</p>	

OUTPATIENT ACTIVITY WITH PROCEDURES


(Total outpatient activity and the percentage of those follow ups that had a procedure (all First activity is counted))



Target >= 46%

Nov-24 43.91%

Variance Type  Metric is indicating a special cause of concern but showing improvement

Assurance Type  Metric is consistently falling short of the target

What the chart is telling us Performance has been stable since April 2023.

Lead: Michael Harper, Chief Operating Officer

Action Plan Timescales: March 2025

Board Committee Providing Oversight: Finance and Performance Committee

Summary of current issues

The percentage of outpatient activity with procedures (including all first activity) in November 2024 was 43.91% against a target of 46%.

Actions to recover performance

We have shared the data with the areas and are developing action plans. A review of counting and recording is underway.

CANCELLED OPERATIONS (Number of patients cancelled on the day and not readmitted within 28 days)		Target	0
		Nov-24	2
		Variance Type	Indicator is showing no significant change (common cause variation)
		Assurance Type	Indicator is showing random variation
		What the chart is telling us	The number of on-day elective cancellations for non-clinical reasons and not readmitted within 28 days has been relatively stable since June 2023.
Lead: Michael Harper, Chief Operating Officer	Action Plan Timescales: December 2024		
Board Committee Providing Oversight: Finance and Performance Committee			
Summary of current issues		Actions to recover performance	
There were 2 on-day elective cancellations during November 2024 which were not readmitted within 28 days. Both patients have now been treated.		Performance is reviewed on a regular basis by the Performance and Caseload Overview group. Directorate teams reviewing processes to ensure that scheduling is timely and cancelled operation patients are prioritised for re-dating.	

CANCELLED OUTPATIENT APPOINTMENTS (Percentage of out-patient appointments cancelled by the hospital)		Target	8.71%																																																				
<p>Percentage of out-patient appointments cancelled by hospital</p> <table border="1"> <caption>Percentage of out-patient appointments cancelled by hospital</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>10.1%</td></tr> <tr><td>Dec-22</td><td>10.5%</td></tr> <tr><td>Jan-23</td><td>10.9%</td></tr> <tr><td>Feb-23</td><td>11.0%</td></tr> <tr><td>Mar-23</td><td>12.8%</td></tr> <tr><td>Apr-23</td><td>12.7%</td></tr> <tr><td>May-23</td><td>9.6%</td></tr> <tr><td>Jun-23</td><td>11.4%</td></tr> <tr><td>Jul-23</td><td>12.1%</td></tr> <tr><td>Aug-23</td><td>10.6%</td></tr> <tr><td>Sep-23</td><td>10.9%</td></tr> <tr><td>Oct-23</td><td>10.2%</td></tr> <tr><td>Nov-23</td><td>9.9%</td></tr> <tr><td>Dec-23</td><td>11.0%</td></tr> <tr><td>Jan-24</td><td>10.9%</td></tr> <tr><td>Feb-24</td><td>11.1%</td></tr> <tr><td>Mar-24</td><td>10.4%</td></tr> <tr><td>Apr-24</td><td>10.2%</td></tr> <tr><td>May-24</td><td>9.4%</td></tr> <tr><td>Jun-24</td><td>10.0%</td></tr> <tr><td>Jul-24</td><td>10.3%</td></tr> <tr><td>Aug-24</td><td>10.1%</td></tr> <tr><td>Sep-24</td><td>10.1%</td></tr> <tr><td>Oct-24</td><td>10.0%</td></tr> <tr><td>Nov-24</td><td>9.9%</td></tr> </tbody> </table>		Month	Percentage	Nov-22	10.1%	Dec-22	10.5%	Jan-23	10.9%	Feb-23	11.0%	Mar-23	12.8%	Apr-23	12.7%	May-23	9.6%	Jun-23	11.4%	Jul-23	12.1%	Aug-23	10.6%	Sep-23	10.9%	Oct-23	10.2%	Nov-23	9.9%	Dec-23	11.0%	Jan-24	10.9%	Feb-24	11.1%	Mar-24	10.4%	Apr-24	10.2%	May-24	9.4%	Jun-24	10.0%	Jul-24	10.3%	Aug-24	10.1%	Sep-24	10.1%	Oct-24	10.0%	Nov-24	9.9%	Nov-24	9.91%
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Variance Type		Improvement in performance is being achieved																																																					
Assurance Type		Metric is consistently falling short of the target.																																																					
What the chart is telling us	The number of hospital cancellations has been relatively stable, below the mean, since March 2024.																																																						
Lead: Michael Harper, Chief Operating Officer		Action Plan Timescale: March 2025																																																					
Board Committee Providing Oversight: Finance and Performance Committee																																																							
Summary of current issues		Actions to recover performance																																																					
The percentage of outpatient appointments cancelled by the hospital in November 2024 was 9.91% compared to the benchmark target of 8.71%.		Appointments that are cancelled by the hospital are clinically reviewed to ensure that it remains safe for patients to wait. This is linked to the Trust's caseload management approach.																																																					

CANCELLED OUTPATIENT APPOINTMENTS (Percentage of out-patient appointments cancelled by patient)		Target	7.51%																																																				
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The percentage of outpatient appointments cancelled by patients in November 2024 was 9.49% compared to 9.04% in October 2024.		Directorates continue to develop local plans to reduce cancellations by patients and support them to attend appointments.																																																					

CANCER WAIT (Cancer patients treated within 31 days from decision to treat/earliest clinically appropriate date to treatment of cancer)		Target	96%
<p>Cancer patients treated within 31 days of decision to treat (Combined)</p>		Q2 2024/25	80.63%
		Variance Type	<p>Indicator is showing no significant change (common cause variation)</p>
		Assurance Type	<p>Metric is consistently falling short of the target</p>
Lead: Mark Tuckett, Chief Strategy Officer Board Committee Providing Oversight: Finance & Performance Committee		Action Plan Timescale: March 2025 What the chart is telling us	Performance is showing common cause variation in the most recent quarter,
Summary of current issues		Actions to recover performance	
The Trust performance for Q2 2024/25 was 80.63% (threshold 96%).		We are working to maximise the use of our existing surgical capacity to support additional breast and urology surgical treatments utilising insourced capacity as well as supporting urology non-surgical oncology (NSO) with additional outpatient locum capacity. In addition to individual pathway work, we are also supporting a program of work to deliver improvements to our NSO pathways which impact both STH and shared pathway 62-day performance across the Cancer Alliance (including locum and substantive recruitment and pathway redesign).	

CANCER WAIT (Proportion of patients meeting the 28-day faster cancer diagnosis standard)		Target	75%
		Q2 2024/25	74.98%
		Variance Type	Metric is indicating a special cause of concern but showing improvement
		Assurance Type	Indicator is showing random variation
Lead: Mark Tuckett, Chief Strategy Officer		Action Plan Timescale: March 2025	
Board Committee Providing Oversight: Finance & Performance Committee			
Summary of current issues		Actions to recover performance	
<p>The Trust performance for Q2 2024/25 was 74.98% (threshold 75%).</p> <p>Improvements in Breast and Skin outpatient capacity have driven the improvement in FDS delivery.</p>		<p>Recovery plans are in place with our most challenged tumour sites currently impacting performance in particular: Breast, Gynaecology, LGI, and Urology. All four sites are working to deliver diagnostic pathway improvements which will reduce the length of time patients are currently waiting to receive a cancer diagnosis or be reassured they do not have a cancer.</p> <p>Breast capacity is being supported with six months of additional radiology and surgical locum capacity from late Q1 2024 to end of Q3 2024.</p>	
		What the chart is telling us	Performance has improved in Q2 24/25 after a significant decline in the previous quarters.

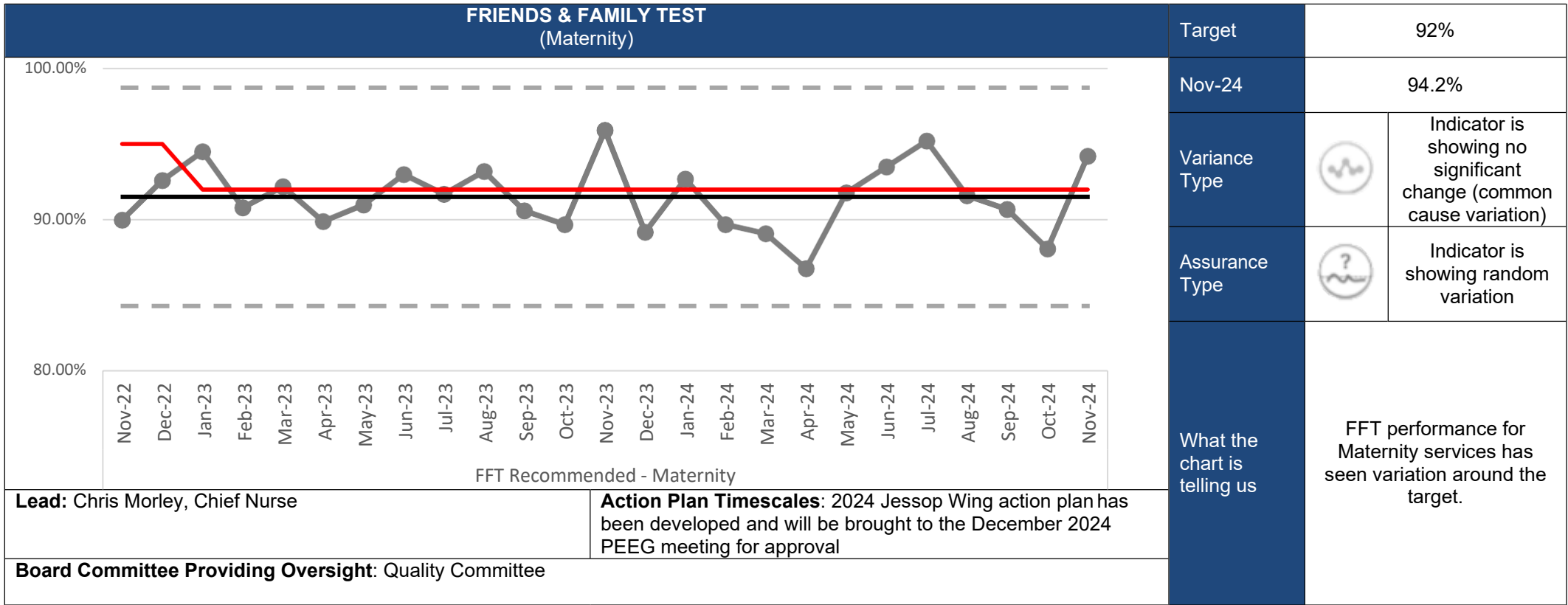
COMMUNITY CARE (Integrated Care Team (ICT) contacts)		Target for Nov-24	42,552																																																																								
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What the chart is telling us	The target for ICT contacts was met in October 2024 but was not met in November 2024.																																																																										
Lead: Michael Harper, Chief Operating Officer Action Plan Timescales: April 2025 Board Committee Providing Oversight: Finance and Performance Committee																																																																											
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<p>ICT Therapy – YTD the service is delivering around 10% below plan and this is forecast to improve in Q4 with full recovery by Q1 2025/26.</p> <p>Community Nursing data quality issues – around 10% of community nursing visits are not being recorded in SystemOne but the service delivered against activity plan in July and August despite this – this is indicative of service growth.</p>		<p>There is an ICT Therapy recovery plan in place comprising of the following actions:</p> <ol style="list-style-type: none"> 1. Commence Job Planning Approach – individual meetings held, and implementation expected Q4 2024/25. 2. Clinical Validation of waiting lists – reduced by 50% in October. 3. Focus on clearing waiting list backlog through further validation and expediting visits – once backlog clear, triage process will be reviewed, and this will release additional clinical capacity to visit patients. <p>Community Nursing have established a data quality project group to address historic data quality issues in the service. Care plans have been re-written & condensed to ensure community nurses are using the correct care plans in line with reporting requirements.</p> <p>We are remodelling SystemOne and the way we record and report our activity for community nursing. We aim to have this rolled out by Q3 of 24/25 with full benefits realisation by 1st April 2025.</p>																																																																									

COMMUNITY CARE (Response Time)		Target	98%																																																				
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		What the chart is telling us	Performance has been gradually declining over time with small improvements in between																																																				
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<p>Some underperformance has been driven by sickness absence levels in the team and support provided to the Adult Social Care Workforce (ACSW) workforce.</p> <p>Challenges with data quality remain with regards to visits times recorded within the system but work to address this continues.</p> <p>However - the Assessment Team delivered 136 visits above planned activity in September and this trend has continued with 187 visits above planned activity in October, due to increased demand and a push to take more referrals via the D2A pathway – it is likely that this impacted timeliness of first assessment.</p>		<p>The action listed below remain in place with a view to recovering performance as quickly as possible:</p> <ul style="list-style-type: none"> A reminder to staff about the importance of recording an accurate time of assessment within the system one module to improve quality of data. <p>However, increase in demand due to operational pressures on the assessment team has impacted the response times and this will continue if demand remains the same. This will be monitored on an ongoing basis and reporting continues monthly but unless operational demand for assessment capacity reduces it will be difficult to recover response time performance to target.</p>																																																					

COMMUNITY CARE (Intermediate Care Bed Occupancy)		Target	>= 85%																																																					
<p>Intermediate Care Beds Occupancy</p> <table border="1"> <caption>Intermediate Care Bed Occupancy Data</caption> <thead> <tr> <th>Month</th> <th>Occupancy (%)</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>88</td></tr> <tr><td>Dec-22</td><td>84</td></tr> <tr><td>Jan-23</td><td>93</td></tr> <tr><td>Feb-23</td><td>69</td></tr> <tr><td>Mar-23</td><td>66</td></tr> <tr><td>Apr-23</td><td>86</td></tr> <tr><td>May-23</td><td>92</td></tr> <tr><td>Jun-23</td><td>95</td></tr> <tr><td>Jul-23</td><td>75</td></tr> <tr><td>Aug-23</td><td>60</td></tr> <tr><td>Sep-23</td><td>71</td></tr> <tr><td>Oct-23</td><td>81</td></tr> <tr><td>Nov-23</td><td>91</td></tr> <tr><td>Dec-23</td><td>90</td></tr> <tr><td>Jan-24</td><td>90</td></tr> <tr><td>Feb-24</td><td>81</td></tr> <tr><td>Mar-24</td><td>81</td></tr> <tr><td>Apr-24</td><td>86</td></tr> <tr><td>May-24</td><td>77</td></tr> <tr><td>Jun-24</td><td>79</td></tr> <tr><td>Jul-24</td><td>67</td></tr> <tr><td>Aug-24</td><td>64</td></tr> <tr><td>Sep-24</td><td>72</td></tr> <tr><td>Oct-24</td><td>78</td></tr> <tr><td>Nov-24</td><td>71</td></tr> </tbody> </table>		Month	Occupancy (%)	Nov-22	88	Dec-22	84	Jan-23	93	Feb-23	69	Mar-23	66	Apr-23	86	May-23	92	Jun-23	95	Jul-23	75	Aug-23	60	Sep-23	71	Oct-23	81	Nov-23	91	Dec-23	90	Jan-24	90	Feb-24	81	Mar-24	81	Apr-24	86	May-24	77	Jun-24	79	Jul-24	67	Aug-24	64	Sep-24	72	Oct-24	78	Nov-24	71	Nov-24	70.92%	
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Variance Type		Metric is experiencing special cause for concern because of low values																																																						
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Lead: Michael Harper, Chief Operating Officer		Action Plan Timescales: March 2025		What the chart is telling us																																																				
Board Committee Providing Oversight: Finance and Performance Committee																																																								
Summary of current issues		Actions to recover performance																																																						
<p>All demand from acute for ICB was met for the reporting period. Continued low occupancy below baseline for Autumn going into Winter. This is in line with known seasonal variation/ expectations. The expected increase in occupancy in September and October did occur but stalled with an unexpected drop in occupancy for November.</p>		<p>Daily sitrep escalation re bed occupancy levels to Senior Operational group within CCA.</p> <p>Unused beds are being used to step down individuals delayed on other pathways</p> <p>Additional Step-up opportunities being piloted and explored from community involving Virtual Ward/D2A/STIT patients to utilise available beds and avoid readmission to hospital.</p>																																																						

FRIENDS & FAMILY TEST (Inpatients)		Target	94%																																																				
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Variance Type		Metric is indicating a special cause of concern but showing improvement																																																					
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What the chart is telling us		Excluding a drop in April, performance has been above the mean in 2024.																																																					
Lead: Chris Morley, Chief Nurse		Action Plan Timescales: February 2025																																																					
Board Committee Providing Oversight: Quality Committee																																																							
Summary of current issues		Actions to recover performance																																																					
<p>The Inpatient positive score is 93.4% for October and 93.6% for November 2024.</p> <p>Although October and November did not achieve the internal target of 94% by an average of 0.5%, both these scores remain above the 2-year average positive score and relatively consistent with recent scores. The graph also shows that there has been a special cause improvement in score over the last 7 months and shows much more stability in score over this period, indicating these small dips below the target are part of normal variation. This is positive when comparing to the previous position which fluctuated much more.</p>		<p>Given the operational pressures experienced across the Trust during October and November (with a number of surge beds being required during this period), it is reassuring that the score has remained relatively consistent and within expected ranges as part of normal variation.</p> <p>No significant remedial action is required at this time. The score will continue to be monitored closely by the Patient Experience team and via the Patient Experience and Engagement Group to ensure that the position does not continue to decline, and to take action as required.</p>																																																					

FRIENDS & FAMILY TEST (A&E)		Target	94%																																																				
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		Variance Type	Indicator is showing no significant change (common cause variation)																																																				
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		What the chart is telling us	Despite small improvements, performance has been decreasing over time.																																																				
Lead: Chris Morley, Chief Nurse		Action Plan Timescales: February 2025																																																					
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Summary of current issues		Actions to recover performance																																																					
<p>The A&E positive score is 74.4% for October and 75.4% for November 2024.</p> <p>This is the first time in over 2 years that A&E has not achieved the target.</p> <p>It was agreed in November 2024 that the internal target for A&E for the 2024/25 year would be updated to 79% to reflect the national average position.</p>		<p>Throughout October, activity was very high in the A&E Department and these pressures have continued through November. It is likely that these pressures have been the key driver of the significant decline in FFT scores for this period. Additionally, the most significant negative theme from feedback in this period is related to waiting, which reinforces that the impact of the current pressures is the key driver on the decline in score.</p> <p>Scores vary across the different services included in the A&E FFT survey, but the area impacted most significantly is the main A&E department, which aligns with the operational pressures described above and is what is most impacting on the overall A&E FFT score</p> <p>The Trust-wide work focusing on flow will be key to recovering the A&E FFT performance.</p>																																																					



Lead: Chris Morley, Chief Nurse

Action Plan Timescales: 2024 Jessop Wing action plan has been developed and will be brought to the December 2024 PEEG meeting for approval

Board Committee Providing Oversight: Quality Committee

Summary of current issues

The Maternity positive score is 88.1% for October and 94.2% for November 2024.

Although there was a further decline in score in October, the position has improved significantly in November. The graph shows that the changes in score are part of normal variation and not indicative of special cause variation.

Actions to recover performance

FFT scores vary across the four phases, as outlined below with the number of responses in brackets. There has been significant increase in positive score across all touchpoints in November.

Phase	October	November
Antenatal	84.7% (85)	90.2% (82)
Labour	91.8% (61)	98.6% (70)
Postnatal ward	89.2% (83)	95.3% (64)
Postnatal community	87.0% (23)	92.3% (26)
Total score	88.1% (252)	94.2% (242)

The 2024 National Maternity Survey Results were published by the CQC in late November 2024 and these results showed a further year of improvements across maternity services. In response to the results the maternity team have co-developed an action plan with the Maternity and Neonatal Voices Partnership (MNVP). This action plan will be presented at the December 2024 Patient Experience and Engagement Group meeting, with actions to be delivered over the coming months.

FRIENDS & FAMILY TEST (Community)		Target	94%
<p>Community FFT Recommended</p>		Nov-24	95.1%
		Variance Type	Indicator is showing no significant change (common cause variation)
		Assurance Type	Indicator is showing random variation
		What the chart is telling us	Until November 2024, recent FFT performance for Community services has been below the mean and was showing cause for concern.
Lead: Chris Morley, Chief Nurse		Action Plan Timescales: January 2025	
Board Committee Providing Oversight: Quality Committee			
Summary of current issues		Actions to recover performance	
The Community score for October was 91.3% and for November 2024 was 95.1%.		<p>Over the past 12 months, the Patient Experience Team have been working on updating the SMS/IVR FFT messages for community services to specify the service patients are being asked to give feedback about, to reduce confusion and enable patients to give feedback about their experience more accurately. The new messages were implemented in mid-October, and therefore in the first full month of these new messages being used (November 2024) a step change in positive score can be seen, with the Community FFT achieving the internal target of 94% for the first time in almost 2 years, even with the impact of the responses for the GP Collaborative service, which tends to provide a lower positive score than the other Community service, and have an impact on the overall reported Community FFT score.</p> <p>The overall Community score will continue to be monitored and reviewed at the Community Patient Experience and Engagement Group, to ensure that the score continues to achieve target.</p>	

APPRAISALS (Completed appraisals in last year)		Target	90%																																																				
<table border="1"> <caption>Appraisal Compliance Data</caption> <thead> <tr> <th>Month</th> <th>Compliance Rate (%)</th> </tr> </thead> <tbody> <tr><td>Nov-22</td><td>82.5</td></tr> <tr><td>Dec-22</td><td>83.2</td></tr> <tr><td>Jan-23</td><td>84.2</td></tr> <tr><td>Feb-23</td><td>83.5</td></tr> <tr><td>Mar-23</td><td>83.3</td></tr> <tr><td>Apr-23</td><td>83.0</td></tr> <tr><td>May-23</td><td>83.8</td></tr> <tr><td>Jun-23</td><td>85.2</td></tr> <tr><td>Jul-23</td><td>85.8</td></tr> <tr><td>Aug-23</td><td>85.8</td></tr> <tr><td>Sep-23</td><td>85.8</td></tr> <tr><td>Oct-23</td><td>86.2</td></tr> <tr><td>Nov-23</td><td>86.5</td></tr> <tr><td>Dec-23</td><td>87.5</td></tr> <tr><td>Jan-24</td><td>86.8</td></tr> <tr><td>Feb-24</td><td>87.2</td></tr> <tr><td>Mar-24</td><td>87.0</td></tr> <tr><td>Apr-24</td><td>87.0</td></tr> <tr><td>May-24</td><td>86.8</td></tr> <tr><td>Jun-24</td><td>85.8</td></tr> <tr><td>Jul-24</td><td>86.8</td></tr> <tr><td>Aug-24</td><td>87.5</td></tr> <tr><td>Sep-24</td><td>86.8</td></tr> <tr><td>Oct-24</td><td>86.8</td></tr> <tr><td>Nov-24</td><td>86.41</td></tr> </tbody> </table>		Month	Compliance Rate (%)	Nov-22	82.5	Dec-22	83.2	Jan-23	84.2	Feb-23	83.5	Mar-23	83.3	Apr-23	83.0	May-23	83.8	Jun-23	85.2	Jul-23	85.8	Aug-23	85.8	Sep-23	85.8	Oct-23	86.2	Nov-23	86.5	Dec-23	87.5	Jan-24	86.8	Feb-24	87.2	Mar-24	87.0	Apr-24	87.0	May-24	86.8	Jun-24	85.8	Jul-24	86.8	Aug-24	87.5	Sep-24	86.8	Oct-24	86.8	Nov-24	86.41	Nov-24	86.41%
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Lead: Mark Gwilliam, Chief People Officer Action Plan Timescales: Monitored Monthly against Directorate Plans Board Committee Providing Oversight: People Committee		What the chart is telling us	Performance has been relatively stable, above the mean, since July 2023																																																				
Summary of current issues		Actions to recover performance																																																					
Operational pressures continue to present a challenge to appraisal compliance rates with October and November being impacted by exceptional pressures resulting in the need for additional surge capacity.		<p>All Directorates have developed action plans in conjunction with their HR Business Partners in order that they can achieve compliance with the target and are identifying contingencies in the context of operational pressures, to ensure that staff continue to receive the support that appraisals provide. Further work is being undertaken to share lessons learned across Directorates that has achieved significant improvement / or consistently achieve the target. Discussions on Directorate action plans have taken place at the Directorate Executive Reviews.</p> <p>The pilot in 5 directorates to trial the impact of an appraisal window between April to September concluded and lessons learned from this approach have been reviewed by the Trust Executive Group and People Committee. It has been agreed that this approach will be used as a recovery tool for services with compliance at 85% or below.</p>																																																					

I&E Position		Target	>= 0																										
YTD actual I & E surplus/deficit in comparison to YTD plan I & E surplus/deficit		Nov-24	-1.2%																										
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Lead: Louisa Cowell, Chief Finance Officer		Action Plan Timescales: Ongoing																											
Board Committee Providing Oversight: Finance & Performance Committee																													

Summary of current issues	Actions to recover performance
<p>The financial position at the end of November 2024 is an adverse variance to plan of £13.47m and therefore the finance indicator which compares actual income with actual expenditure is rated Red.</p>	<p>To be able to deliver the £5m non recurrent surplus as planned for 2024/25 a financial recovery plan has been implemented at the Trust. This includes:</p> <ul style="list-style-type: none"> • Focus on improved productivity to maximise generation of Elective Recovery Funding. • The increase of authorisation levels in respect of pay and non-pay spend at the organisation to 'reset' mindset of incurring spend. • Setting all Directorates a Control Total that they need to deliver for the year. • Requirement of the 9 most challenged Directorates to develop their own recovery plans to ensure delivery of their control total, which are monitored monthly by the CFO and Delivery group. • Specific focus on recovery of non-NHS clinical income areas which have seen a drop in profitability. • Review of stock levels in the organisation to reduce levels of waste. • Further focus on identification and delivery of Productivity and Efficiency schemes.

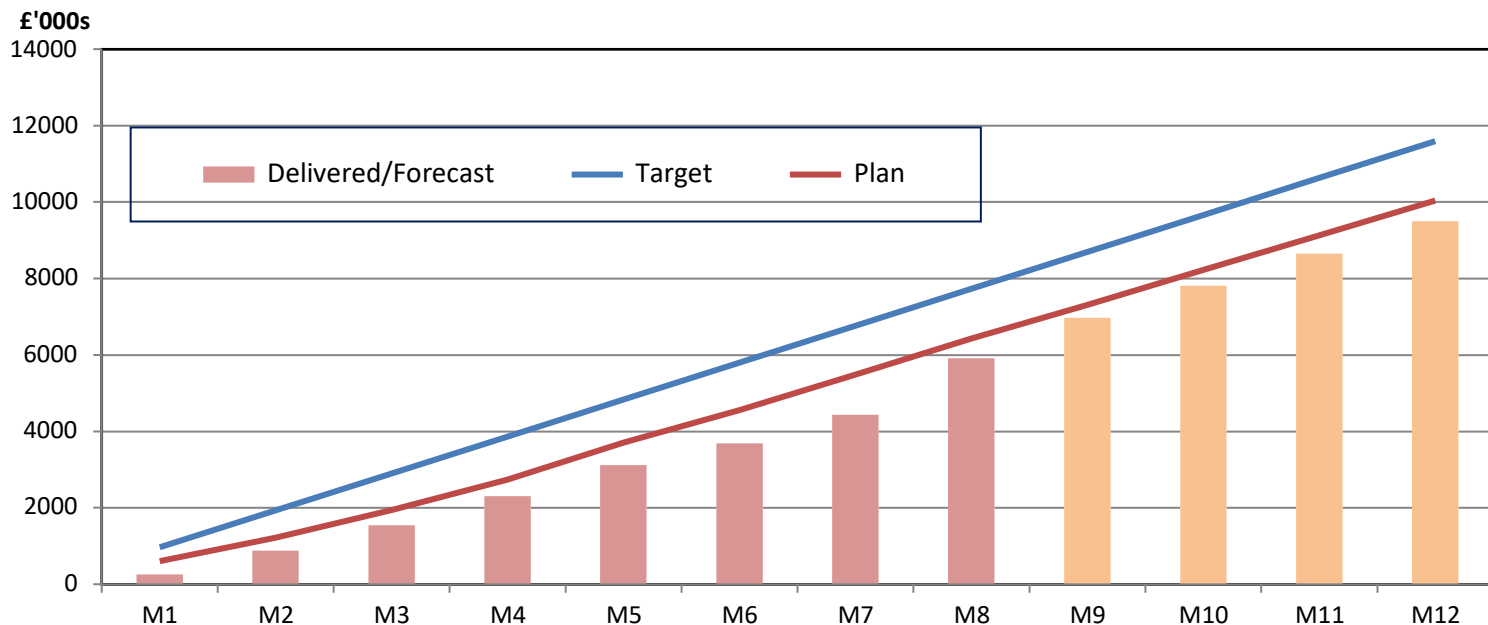
EFFICIENCY
Variance from Plan

Target to November £7.73m

Actuals to November £5.91m

Variance Type Indicator monitored on a cumulative basis so SPC not appropriate.

Assurance Type Indicator monitored on a cumulative basis so SPC not appropriate.



What the chart is telling us

Delivery of Directorate efficiency has improved in month but continues to be significantly behind target at month 8.

Month 8 delivery by far the biggest delivery month of the year so far at £1.48m.

Forecast outturn is still only 82% of the Target (was 78% in M6).

Lead: Louisa Cowell, Chief Finance Officer

Action Plan Timescales: March 2025

Board Committee Providing Oversight: Finance & Performance Committee

Summary of current issues

The 2024/25 financial plan requires £11.59m of Directorate savings. This represents a 1.1% target for Directorates (2% for Estates and Facilities).

Delivery year to date is £5.91m against a target of £7.73m (£1.82m / 23.5% behind target). This shortfall (£1.82m) is made up of a planning shortfall of £1.30m (lack of schemes in final plans) and performance shortfall of £0.52m (under delivery against identified plans).

Forecast outturn delivery against the target of £11.59m is £9.50m. This represents a 18.1% shortfall of £2.09m.

The full year prior year P&E deficit is £17.21m. Year to date impact of this is £11.47m.

Actions to recover performance

Month 8 has seen an improvement in Directorate schemes due to the realisation of increased activity delivery within the organisation. Delivery of P&E in November was 152% of the target. Forecast delivery remains 18% behind the full year target and therefore continued focus is required to close the remaining gap.

Work continues to further support the Directorates in achieving identified savings from benchmarking data such as Model Hospital and GIRFT, and ensuring all outpatient procedures are being captured where they are being delivered.

Regular meetings with the Operations Directors highlighting the ongoing requirement for new schemes to be added to their plans continue to take place and will support the above streams of work for the remainder of the year.

CAPITAL EXPENDITURE Variance from Plan		Target to November	£28,910k
CAPITAL EXPENDITURE (CUMULATIVE VARIANCE FROM PLAN)		Actuals to November	£18,602k
		Variance Type	Indicator monitored on a cumulative basis so SPC not appropriate.
		Assurance Type	Indicator monitored on a cumulative basis so SPC not appropriate.
		What the chart is telling us	
Lead: Louisa Cowell, Chief Finance Officer	Action Plan Timescales: March 2025		
Board Committee Providing Oversight: Finance & Performance Committee			
Summary of current issues	Actions to recover performance		
<p>Cumulative capital expenditure to the end of November was £18.6m against a plan of £28.9m, with the capital plan spend being behind plan by £10.3m. Whilst there is usually some slippage at this point of the year, it is more considerable than usual with much of this (£8.1m) linked to slippage on Electronic Patient Record (EPR) and LIMS (Laboratory Information System) programmes linked to missed milestones within the projects meaning milestone payments are not payable as planned.</p> <p>There is then £1.6m further slippage due to a revised delivery date for a replacement linear accelerators (Linac) machine from November to January, but which still remains within this year.</p>	<p>Finalisation of potential slippage within EPR and LIMS programmes with subsequent conversations with national programme teams where relevant to help manage funding between years.</p> <p>Review of proposed 2025/26 schemes currently taking place to bring some spend into 2024/25 where necessary.</p>		

EMISSIONS (Total Volume of Nitrous Oxide (L))		Target in Oct-24	795,912																																																												
<table border="1"> <caption>Monthly Emissions Data</caption> <thead> <tr> <th>Month</th> <th>Volume (L)</th> <th>Target (L)</th> </tr> </thead> <tbody> <tr><td>01/04/2023</td><td>980,000</td><td>990,000</td></tr> <tr><td>01/05/2023</td><td>1,080,000</td><td>980,000</td></tr> <tr><td>01/06/2023</td><td>720,000</td><td>960,000</td></tr> <tr><td>01/07/2023</td><td>660,000</td><td>940,000</td></tr> <tr><td>01/08/2023</td><td>800,000</td><td>920,000</td></tr> <tr><td>01/09/2023</td><td>600,000</td><td>900,000</td></tr> <tr><td>01/10/2023</td><td>660,000</td><td>880,000</td></tr> <tr><td>01/11/2023</td><td>890,000</td><td>860,000</td></tr> <tr><td>01/12/2023</td><td>650,000</td><td>840,000</td></tr> <tr><td>01/01/2024</td><td>1,020,000</td><td>820,000</td></tr> <tr><td>01/02/2024</td><td>650,000</td><td>800,000</td></tr> <tr><td>01/03/2024</td><td>730,000</td><td>780,000</td></tr> <tr><td>01/04/2024</td><td>800,000</td><td>760,000</td></tr> <tr><td>01/05/2024</td><td>630,000</td><td>740,000</td></tr> <tr><td>01/06/2024</td><td>780,000</td><td>720,000</td></tr> <tr><td>01/07/2024</td><td>650,000</td><td>700,000</td></tr> <tr><td>01/08/2024</td><td>910,000</td><td>680,000</td></tr> <tr><td>01/09/2024</td><td>650,000</td><td>660,000</td></tr> <tr><td>01/10/2024</td><td>790,000</td><td>640,000</td></tr> </tbody> </table>		Month	Volume (L)	Target (L)	01/04/2023	980,000	990,000	01/05/2023	1,080,000	980,000	01/06/2023	720,000	960,000	01/07/2023	660,000	940,000	01/08/2023	800,000	920,000	01/09/2023	600,000	900,000	01/10/2023	660,000	880,000	01/11/2023	890,000	860,000	01/12/2023	650,000	840,000	01/01/2024	1,020,000	820,000	01/02/2024	650,000	800,000	01/03/2024	730,000	780,000	01/04/2024	800,000	760,000	01/05/2024	630,000	740,000	01/06/2024	780,000	720,000	01/07/2024	650,000	700,000	01/08/2024	910,000	680,000	01/09/2024	650,000	660,000	01/10/2024	790,000	640,000	Oct-24	797,524
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Lead: Louisa Cowell, Chief Finance Officer		Action Plan Timescales: March 2025																																																													
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DEEP DIVE: RECRUITMENT PROCESS AND KEY METRICS

1. BACKGROUND:

- This report provides an in-depth analysis of current recruitment performance across General and Medical and Dental recruitment processes as well as a summary of progress improvements implemented to improve these processes and ongoing / future improvement work.

2. CURRENT GENERAL RECRUITMENT PERFORMANCE:

- The target time-to-fill is 8.0 weeks. The current YTD (Apr-Dec) average time-to-fill is 7.9 weeks.
- This is the strongest time-to-fill performance that the Trust has ever achieved at this point in a financial year, with the 8.0-week target having been achieved or surpassed for 11 consecutive months.

Table 1 – Average Time-To-Fill (2022/2023 / 2023/2024 / 2024/2025):

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD - Apr-Dec	YTD - Full Year
2022/23	9.0	10.1	10.6	9.9	10.8	10.1	11.0	9.9	10.2	10.0	9.5	8.9	10.2	10.0
2023/24	8.8	8.7	8.9	9.3	8.4	9.6	9.5	8.5	8.5	9.4	7.7	7.7	8.9	8.8
2024/25	8.0	8.0	7.4	7.9	7.8	7.9	8.0	7.7	7.8				7.9	

- A total of 2,298 candidates have been recruited YTD (Apr-Dec) (1,302 external / 996 internal). This is 348 fewer than at the same point in 2023/24, however, this number is expected to increase in the final three months of year as several planned bulk recruitment processes are completed.

Table 2 – Number of Candidates Recruited per Month (2023/24 & 2024/25):

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD - Apr-Dec	YTD - Full Year
2023/24	318	309	207	232	245	407	355	329	244	335	230	221	2646	3432
2024/25	229	269	197	284	200	353	345	233	188				2298	

- 711 of the candidates recruited YTD (Apr-Dec) were hired through bulk recruitment processes. These deviate from the standard recruitment procedures due to their centralised selection method.

Table 3 – Average Time-To-Fill for Each Bulk Recruitment Stream (2024/25 YTD Apr-Dec):

Bulk Recruitment Stream	Average Time-To-Fill (Weeks) (YTD Apr-Dec)
Admin and Clerical (AfC Band 2)	7.3
Apprentices	6.5
Clinical Support Workers (CSW)	8.0
NQ Nurses and Midwives / ODPs / AHPs	7.6
Patient Services Assistants	11.1
Total	7.8

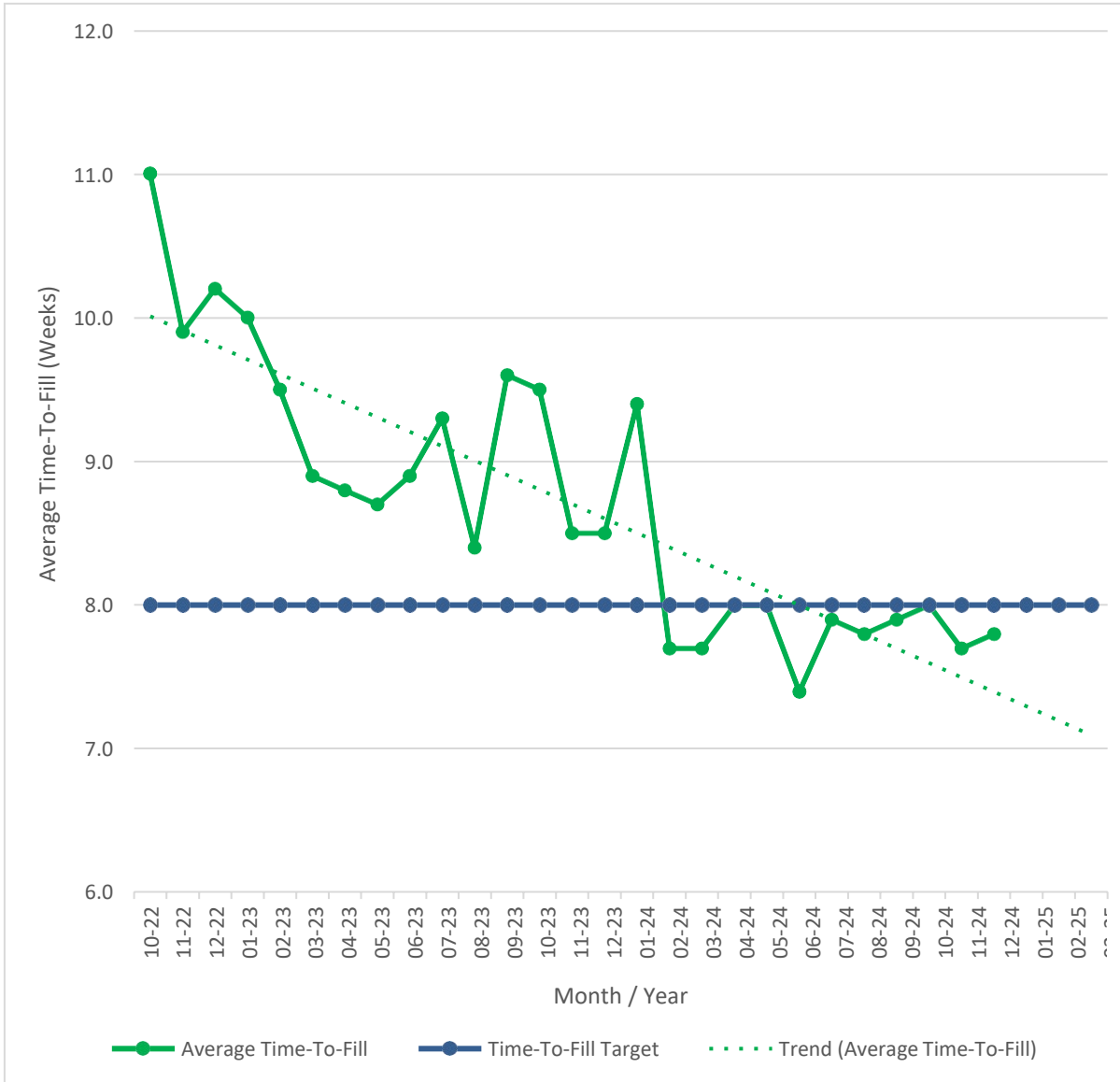
- The Board should be aware that HR would expect the average time-to-fill for newly qualified candidates to be higher across the year due to the variability in the release of course results and the subsequent time required for candidates to evidence that they can apply for professional registration.

3. GENERAL RECRUITMENT IMPROVEMENT PROGRAMME:

- The strong and sustained performance detailed above is a consequence of TEG’s 2022 investment in HR’s Recruitment Team and HR’s associated recruitment improvement programme.
- On 15/06/2022 TEG approved a temporary increase in resource to the Recruitment Team which enabled the appointment of an additional 1 WTE AfC Band 5 Recruitment Advisor, which has provided critical line management capacity within the team and enabled a more effective allocation of responsibilities and lead improvement areas, and 4 WTE AfC Band 3 Recruitment Assistants, who are responsible for the administration of most of the Trust’s day-to-day recruitment processes and who now have the capacity to focus on actively chasing any outstanding candidate clearances.
- On the basis on the improved performance, TEG approved substantive funding for the additional roles on 18/09/2024 (subject to maintaining the above performance improvement).
- HR commenced a recruitment improvement programme from 01/10/2022 once it had successfully recruited the additional roles. This programme has focused on the continuous review and modernisation of the Trust’s recruitment processes, including:
 - Improvements in reporting – ensuring that the time taken at each stage of the process and for each HR check is measured, with a view to then systematically reviewing and improving the process wherever possible.
 - Ensuring that all recruitment activities progress without unavoidable delay – this has included a particular focus on candidate progress monitoring, including a daily review of all candidates by their Recruitment Assistant and Advisor, improved communications with candidates, and the introduction of a twice weekly Recruitment Performance Group focused on resolving long-standing candidate issues and identifying and removing wider process issues which delay the recruitment process.

- The above work has been supported through a General HR recruitment improvement group overseen by the Trust's Chief People Officer.
- As shown in Table 1 and Graph 1, the positive impact of this work is evident in the performance improvement observed since late 2022 – in 2022/23 the average time-to-fill was 10.0 weeks, whereas 2024/25 YTD (Apr – Dec) the average time-to-fill is 7.9 weeks (a 2.1-week reduction).
- The Board should note that this is an extremely strong performance when compared with other South Yorkshire ICS and Shelford Group organisations.
- This is evident in the Trust's role as one of a small number of exemplar organisations supporting NHS England in the implementation of its recently relaunched overhauling recruitment programme which, as per the current NHS Workforce Plan, aims to “ensure it takes no longer than six weeks from the placement of an NHS advert to the completion of a candidate's pre-employment checks”.
- The improved performance has several significant benefits for the Trust and its staff, including:
 - The reduction in pressure on amongst Trust employees needing to cover vacancies, which can adversely impact sickness absence levels and have a negative impact on the overall morale of the Trust's workforce.
 - A reduction in temporary workforce costs across the Trust covering vacant roles, i.e. bank, agency, and overtime, etc
 - An improved recruiting manager and candidate experience, with the Trust now better placed to compete with other employers.
 - An improved HR experience, with a team now more focused on maintaining and continuously improving the time-to-hire and overall recruitment processes.

Graph 1 – Average Time-To-Fill by Month (10/2022 – 12/2024) vs. Target Time-To-Fill:



- HR is now preparing a 2025/26 recruitment improvement plan which aims to build on the above work to sustain and then further improve the recruitment process for all stakeholders.

- In addition to the continual focus on streamlining processes, future improvement work will include:
 - An increased focus on supporting recruiting managers and candidates during the early stages of the recruitment process, e.g. an improved application form, improved information for candidates on Trust roles and the recruitment process, and more support for recruiting managers in attracting candidates in hard-to-fill roles.
 - A focus on managing the rapidly increasing challenges for recruiting managers and HR associated with the use of AI and changes to the immigration rules.
 - Identifying further opportunities to increase the speed of the clearance process for successful candidates, e.g. through the increased use of automation technologies and through the introduction of a one-employer approach across the ICS, whereby if an existing employee has successfully completed pre-employment checks at another ICS organisation, then where possible these checks should be accepted by the Trust.
 - Implementation of national changes identified by NHS England as part of its overhauling recruitment programme.
- The Board should note that further significant improvement in recruitment processes, including the time-to-hire and stakeholder experience, is likely to generate short term costs associated with the introduction of new technologies such as robotic software processing.

4. CURRENT MEDICAL AND DENTAL RECRUITMENT PERFORMANCE:

- The current YTD (Apr-Dec) average time-to-fill is 15.3 weeks

Table 4 – Average Time-To-Fill (2023/2024 & 2024/25):

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD - Apr-Dec	YTD - Full Year
2023/24	12.7	14.9	12.3	15.2	14.3	16.2	15.0	14.5	16.2	16.0	12.1	14.3	14.4	14.5
2024/25	16.8	17.5	15.5	14.9	18.6	15.3	13.7	14.0	11.0				15.3	

- A total of 167 candidates have been recruited YTD (Apr-Dec) (92 external / 75 internal). This is 4 fewer candidates than at the same point in 2023/24.

Table 5 – Number of Candidates Recruited per Month (2023/24 & 2024/25):

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD - Apr-Dec	YTD - Full Year
2023/24	11	12	20	24	36	22	16	19	11	6	11	20	171	208
2024/25	22	10	25	40	16	20	16	9	9				167	

5. MEDICAL AND DENTAL RECRUITMENT IMPROVEMENT WORK:

- HR recognises that urgent and significant work is required to improve the above performance as well as the experience of stakeholders.
- At present, there is no dedicated recruitment team within Medical HR which results in Medical and Dental recruitment being managed alongside other duties. This hinders the regular review of candidates and proactive clearances. It also means there is less time to modernise processes.
- HR is therefore transferring all career grade Medical and Dental recruitment to a dedicated team within General HR from 03/02/2025 – two new Medical and Dental Recruitment Advisors and a Medical and Dental Recruitment Assistant have been appointed to provide this new team, and the final stages of the handover process are now underway.
- This is a significant change which is expected to address the above challenges, as well as increase in non-recruitment support available to triumvirates from Medical HR.
- The new team, using the lessons learnt from the General HR recruitment improvement programme, will focus on building a modern, efficient, and streamlined recruitment process.
- However, the Board should note several areas of improvement work undertaken in 2024/25:
 - The implementation of a new BMJ online advertising service – in the coming year this is expected to increase interest in consultant and other career grade roles and the Trust as an employer of choice and will provide more information on the effectiveness of the Trust’s job adverts.
 - A new job description and person specification template has been developed for use with Medical and Dental roles. This is modelled on the documents used in the most recent round of Non-Executive Director recruitment and is expected to supplement the Trust’s improved BMJ advertising.
 - The use of standard values-based interview questions - drawing on previous work within the Trust exploring the use of values-based recruitment, a set of questions covering each PROUD value have now been introduced for use when interviewing Medical and Dental roles. The initial feedback on these questions has been positive, however further feedback from all interviewers and applicants taking part in the interview process is planned to understand whether their use has resulted in a more thorough and positive recruitment process and whether they impacted on the final decision.

- In early 2025 these new questions will be supplemented through the use of psychometric profiling within the consultant recruitment process which will enable the Trust to systematically assess individual differences in leadership and behavioural styles. This profiling will initially be undertaken by an external agency; however, HR then plans to bring this work in-house during 2025/26.
- The appointment of Associate Lay Members – HR is in the process of appointing up to 15 Associate Lay Members to fulfil the role of chair on consultant interview panels alongside the Trust’s current Non-Executive Directors. This is expected to make the process of arranging interview panels for such roles easier and should have a positive impact on the consultant time-to-fill.

PERFORMANCE MANAGEMENT FRAMEWORK & DIRECTORATE DASHBOARDS

The Performance Management Framework (PMF) provides a mechanism to review how safe, effective, and efficient patient care is delivered within each directorate. This performance is measured against a set of agreed targets.

During a yearly review each directorate is assessed against a set of performance criteria and then a hierarchical level is allocated. There are four levels, 1, 2, 3 and 4; levels 4 identifies the most pressurised areas, and the Trust Executive Group (TEG) is involved in the support of these Directorates.

PMF Level 1 Directorates (Standard)

CRCA DI&EN GAST GSUR ICC IG&SM OPHT RENAL RESP TH&PC	Critical Care Diabetes & Endocrinology Gastroenterology and Hepatology General Surgery Integrated Community Care Integrated Geriatric and Stroke Medicine Ophthalmology Renal Services Respiratory Medicine Therapeutics and Palliative Care	Level 1 reviews take place on a bi-monthly basis. The Performance and Information Director attends the review with members of the directorate as appropriate.
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PMF Level 2 Directorates (Watching Brief)

CARD ENT HAEM MSK OR&DE PHAR SP&RH VASC	Cardiac Services ENT Haematology MSK Oral & Dental Services Pharmacy Specialised Rehabilitation Vascular Services	Level 2 reviews take place on a monthly basis. These reviews are attended by members of the directorate as decided by the Operational Director along with the Performance and Information Director.
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PMF Level 3 Directorates (High Priority)

EmCr CD&SM LABM MI&MP NEUR OGN OPA PLAS UROL	Acute and Emergency Medicine Communicable Diseases and Specialised Medicine Laboratory Medicine Medical Imaging and Medical Physics Neurosciences Obstetrics, Gynaecology & Neonatology* Operating Services & Anaesthetics Plastic Surgery Urology	Level 3 reviews take place on a monthly basis. The reviews are attended by both directorate and TEG members along with the Performance and Information Director.
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PMF Level 4 Directorates (Improvement Board)

SCS	Specialised Cancer Services	Level 4 reviews take place on a monthly basis. They have a dedicated Improvement Board Chaired by the CEO.
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Indicator	Metric	LAB	MI&M	OGN	Msk	OPA	CRC	CAR	RENA	VAS	CD&S	SP&	SCS	GSUR	PLAS	UROL
		RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
18 weeks RTT	Percentage of non-admitted patients treated within 18 weeks (90%)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Percentage of admitted patients treated within 18 weeks (90%)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Percentage of patients on incomplete pathways waiting less than 18 weeks	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MRSA bacteraemia	Hospital onset	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MSSA bacteraemia	Hospital onset	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
C.diff	Hospital onset	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Average Length of Stay (by discharges)	Average Length of Stay Elective	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Average Length of Stay Non Elective	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Never Events	Number of never events	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
52 week waits	Actual numbers	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
6 week diagnostic waiting	Percentage of patients seen within 6 weeks	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Cancelled Operations	Number of operations cancelled on the day for non clinical reasons	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Number of patients cancelled on the day and not readmitted within 28 days	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Cancelled Outpatient appointments	Percentage of out-patient appointments cancelled by hospital	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Percentage of out-patient appointments cancelled by patient	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
DNA rate	Percentage of new out-patient appointments where patients DNA	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Percentage of follow-up out-patient appointments where patients DNA	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
e-Referral Service	Percentage of eligible GP referrals received through Electronic Referral Service	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Ethnic group data collection	Percentage of inpatient admissions with a valid ethnic group code	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Complaints	Percentage of complaints closed within agreed timescales	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
FFT Recommended	Patients recommending STH for Inpatient treatment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Day surgery rates	Aggregate percentage of all BADS procedures recommended to be treated as day case or outpatient	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Mixed Sex Accommodation	Number of breaches of Mixed Sex Accommodation standard	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Sickness Absence	All days lost as a percentage of those available	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Appraisals	Completed appraisals in last year	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Mandatory Training	Overall percentage of completed mandatory training	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
I & E	YTD actual I & E surplus/deficit in comparison to YTD plan I & E surplus/deficit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Efficiency	Variance from plan	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

Indicator	Metric	DI&E	EmC	GAS	PHAR	RESP	ICC	IG&S	TH&P	OR&D	ENT	NEUR	OPHT
		RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG	RAG
18 weeks RTT	Percentage of non-admitted patients treated within 18 weeks (90%)	●	●	●	●	●	●	●	●	●	●	●	●
	Percentage of admitted patients treated within 18 weeks (90%)	●	●	●	●	●	●	●	●	●	●	●	●
	Percentage of patients on incomplete pathways waiting less than 18 weeks	●	●	●	●	●	●	●	●	●	●	●	●
MRSA bacteraemia	Hospital onset	●	●	●	●	●	●	●	●	●	●	●	●
MSSA bacteraemia	Hospital onset	●	●	●	●	●	●	●	●	●	●	●	●
C.diff	Hospital onset	●	●	●	●	●	●	●	●	●	●	●	●
Average Length of Stay (by discharges)	Average Length of Stay Elective	●	●	●	●	●	●	●	●	●	●	●	●
	Average Length of Stay Non Elective	●	●	●	●	●	●	●	●	●	●	●	●
Never Events	Number of never events	●	●	●	●	●	●	●	●	●	●	●	●
52 week waits	Actual numbers	●	●	●	●	●	●	●	●	●	●	●	●
6 week diagnostic waiting	Percentage of patients seen within 6 weeks	●	●	●	●	●	●	●	●	●	●	●	●
Cancelled Operations	Number of operations cancelled on the day for non clinical reasons	●	●	●	●	●	●	●	●	●	●	●	●
	Number of patients cancelled on the day and not readmitted within 28 days	●	●	●	●	●	●	●	●	●	●	●	●
Cancelled Outpatient appointments	Percentage of out-patient appointments cancelled by hospital	●	●	●	●	●	●	●	●	●	●	●	●
	Percentage of out-patient appointments cancelled by patient	●	●	●	●	●	●	●	●	●	●	●	●
DNA rate	Percentage of new out-patient appointments where patients DNA	●	●	●	●	●	●	●	●	●	●	●	●
	Percentage of follow-up out-patient appointments where patients DNA	●	●	●	●	●	●	●	●	●	●	●	●
e-Referral Service	Percentage of eligible GP referrals received through Electronic Referral Service	●	●	●	●	●	●	●	●	●	●	●	●
Ethnic group data collection	Percentage of inpatient admissions with a valid ethnic group code	●	●	●	●	●	●	●	●	●	●	●	●
Complaints	Percentage of complaints closed within agreed timescales	●	●	●	●	●	●	●	●	●	●	●	●
FFT Recommended	Patients recommending STH for Inpatient treatment	●	●	●	●	●	●	●	●	●	●	●	●
Day surgery rates	Aggregate percentage of all BADS procedures recommended to be treated as day case or outpatient	●	●	●	●	●	●	●	●	●	●	●	●
Mixed Sex Accommodation	Number of breaches of Mixed Sex Accommodation standard	●	●	●	●	●	●	●	●	●	●	●	●
Sickness Absence	All days lost as a percentage of those available	●	●	●	●	●	●	●	●	●	●	●	●
Appraisals	Completed appraisals in last year	●	●	●	●	●	●	●	●	●	●	●	●
Mandatory Training	Overall percentage of completed mandatory training	●	●	●	●	●	●	●	●	●	●	●	●
I & E	YTD actual I & E surplus/deficit in comparison to YTD plan I & E surplus/deficit	●	●	●	●	●	●	●	●	●	●	●	●
Efficiency	Variance from plan	●	●	●	●	●	●	●	●	●	●	●	●