NHS Oversight Framework (NOF)

Coventry Health & Social Care Scrutiny Board
December 2025

Reminder of context:

What NOF is:

Purpose:

- The framework aims to improve the performance of NHS organisations by providing a structured approach to oversight and support.

Assessment:

- **NHS England assesses organisations based on a set of agreed metrics**, including wider contextual metrics and national priorities.

Segment System:

- Organisations are **placed into segments (1-4) based on their performance**, with higher segments indicating greater support needs and potential intervention.

Support:

- Organisations in **higher segments receive targeted support from NHS England** to address their challenges. Some organisations are then moved into NOF 5.

Transparency and Accountability:

- The framework ensures a transparent and **consistent approach to oversight**, promoting **public accountability for performance**.

Focus on Improvement:

- The framework emphasises supporting organisations to improve their performance and achieve better outcomes for patients

UHCW results summary

Average score

3.01

Trusts are scored on up to 30 measures of performance (metrics).

Scores range from 1.00 (high performing) to 4.00 (low performing).

How has average score been calculated?

Trust in financial deficit?

Yes

If an organisation is reporting a financial deficit or in receipt of deficit support, that organisation's segment can be no greater than 3.

How is financial deficit applied?

Segment

4 - Low performing

Each trust is assigned to a segment ranging from 1 – 4 based on average metric score and taking into consideration the financial deficit override.

Some of the more challenged trusts may be referred to the Recovery Support Programme and therefore allocated to a fifth segment.
How has segment been calculated?

Trust rank

132 out of 134

Each trust receives a rank based first on their segment and then their average score within that segment. Ranks range from 1 (The segment one trust with the lowest average score) to 134 (The segment four trust with the highest average score)
How has rank been calculated?

Focussed performance areas (?)

Access to services	3 - Below average ⓘ
Finance and productivity	4 - Low performing ⓘ
Effectiveness and experience of care	4 - Low performing ⓘ
Patient safety	3 - Below average ⓘ
People and workforce	3 - Below average ⓘ

Average score by trust rank placement

ⓘ View full league table

Segment ● 1 ● 2 ● 3 ● 4   Selected trust ●

Average score (y-axis, 2 to 4)
Trust rank (x-axis)
1 out of 134 (highest ranked) ... 20 ... 40 ... 60 ... 80 ... 100 ... 120 ... 134 out of 134 (lowest ranked)

Some key principles

- Rationale: The framework ensures a **transparent and consistent approach** to oversight, promoting public accountability for performance.

- **21 metrics** we are measured against – 2 relate to community services (and were not in the first publication)

- **Two additional override** metrics (Yes/ No answers)

- For each metric we have the **value, peer average and national average**. Each metric is also given a **NOF score**

- Metric NOF score is a **relative position** for each metric, an average of these is then produced and this is what drives our ranking in the league table

- NOF results will be published nationally every quarter

- NOF scores/ segments are **between 1 and 4**

- Organisation NOF score is between 1 and 4 but some organisations are then moved into NOF 5 for more targeted support

- Because NOF is a score based on relativity to others, focus should be on the actual values underpinning each NOF score

Access to services

Area	Metric	PUBLISHED Q1 RESULTS				Q2 FORECAST		METRIC INFORMATION
		Q1 Value	NOF Score	Peer average	National average	Sept Predicted Value	Value Comparison to June	Frequency
Elective	OF0023 – Percentage of patients waiting less than 18 weeks	56.21%	3.4	60%	61%	58.50%	Improve	Monthly RTT Submission
	OF0003 – Percentage of patients waiting over 52 weeks	2.55%	2.81	2%	2%	2.1%	Improve	Monthly RTT Submission
	OF0106 - Difference between actual and planned 18 week elective performance	1.33%	1.0	2%	1%	1.75%	Improve	Monthly RTT Submission
	OF0005 - Percentage of patients waiting over 52 weeks for community services (NOT VISIBLE IN NOF)	/	/	/	/	0%	Improve	Monthly Submission
Cancer	OF0010 - Percentage of urgent cancer referrals to receive a definitive diagnosis within four weeks.	75.70%	2.99	76%	77%	78.46%	Improve	Quarterly average
	OF0011 - Percentage of patients treated for cancer within 62 days of referral	64.00%	3.3	65%	72%	67.14%	Improve	Quarterly average
UEC	OF0013 – Percentage of emergency department attendances admitted, transferred or discharged within four hours	71.90%	2.99	76%	76%	74.40%	Improve	Quarterly average
	OF0014 – Percentage of emergency department attendances spending over 12 hours in the department	12.47%	3.14	10%	8%	9.55%	Improve	Quarterly average

Points to note:

- 005 (community 52 weeks): We are now able to report on this metric and so this will be included in our reporting from September onwards

Finance and productivity

Area	Metric	PUBLISHED Q1 RESULTS				Q2 FORECAST		METRIC INFORMATION
		Q1 Value	NOF Score	Peer average	National average	Sept Predicted Value	Value Comparison to June	Frequency
Finance	OF0076 / OF0079 - Planned surplus/deficit	-1.62	3	-0.08	0	/	Equal	Annual plan
	OF0078 / OF0081 - Year-to-date variation from plan	-0.84	3	0	0	0	Improve	Year to date
Productivity	OF0085 - Implied productivity level	-3.87	3.89	1.64	2.91	TBC	Improve	In-year figure to latest month vs same period in previous year

Points to note:

- Implied productivity level – ongoing work with NHSE, understand principle but would like to be able to replicate methodology – Q1 was March to March comparison

Effectiveness and experience

Area	Metric	PUBLISHED Q1 RESULTS				Q2 FORECAST		METRIC INFORMATION
		Q1 Value	NOF Score	Peer average	National average	Sept Predicted Value	Value Comparison to June	Frequency
Effectiveness	OF0025 - Average number of days between planned and actual discharge date	1	3.16	0.7	0.7	TBC	TBC	In Month
	OF0046 - Summary Hospital Level Mortality Indicator	3	3	/	/	3	Equal	Rolling 12-month
	OF0057 – Percentage of Urgent Community Response patients seen within two hours	/	/	/	/	/	Equal	In Month

Points to note:

- 0057 – we are building the ability to be able to report on this since the launch of our community EPR. We expect to report on this from October onwards

Patient safety

Area	Metric	PUBLISHED Q1 RESULTS				Q2 FORECAST		METRIC INFORMATION
		Q1 Value	NOF Score	Peer average	National average	Sept Predicted Value	Value Comparison to June	Frequency
Safety	OF0061 - Staff survey – raising concerns sub-score	6.32	2.96	6.37	6.42	6.32	Equal	Annual
	OF0088 - Rate of C-Difficile infections	1.11	2.41	1.19	1.22	1.03	Improve	Rolling 12-month
	OF0020 - Number of MRSA infections	5	3	3	3	5	Equal	Rolling 12-month
	OF0048 - Rate of E-Coli infections	1.11	2.63	1.11	1.16	1.20	Decrease	Rolling 12-month

Points to note:

- CQC safe inspection score has now been excluded
- We understand the national teams are considering reviewing the metrics chosen within this category

People and workforce

Area	Metric	PUBLISHED Q1 RESULTS				Q2 FORECAST		METRIC INFORMATION
		Q1 Value	NOF Score	Peer average	National average	Sept Predicted Value	Value Comparison to June	Frequency
Workforce	OF0084 - Staff survey engagement theme score	6.83	2.71	6.82	6.88	6.83	Equal	Annual
	OF0082 - Staff sickness rate	5.77%	3	5.65%	5.35%	5.68%	Improve	Quarterly Average

Overrides

		PUBLISHED Q1 RESULTS				Q2 FORECAST		METRIC INFORMATION
Area	Metric	Q1 Value	NOF Score	Peer average	National average	Sept Predicted Value	Value Comparison to June	Frequency
Overrides	OF2000 – Does the organisation have a financial deficit?	Yes	/	/	/	Yes	Equal	Monthly
	OF2001 – Is the organisation in the Provider Improvement Programme?	No	/	/	/	No	Equal	Ad-hoc as organisations enter the programme

- Financial override will mean we will not be able to get higher than NOF category three.

How we are tracking NOF-related metrics

- NOF is broadly a sub-set of our existing performance metrics that are tracked through Committees and Board

- Increased NOF focus (alongside other metrics) across governance structures, for example:

  – Each Sub-Committee is now explicitly aligned to sub-set of NOF metrics

  – Board: IQPFR summary will include focus on NOF

  – Quarterlies (Executive-owned performance management) and supporting structure increasingly incorporate SPC and has increased focus on NOF

  – CEO Star Chambers focused on performance, workforce and finance

  – BAF alignment to NOF

  – AAAs for Cancer Board, Elective Care Board, UEC Board: mirroring upward reporting structures of other Committees

- Following support for SPC (statistical process control) at last Board Development session – working to increasingly convert to SPC where possible across IQPFR (more detail about changes within Board paper)
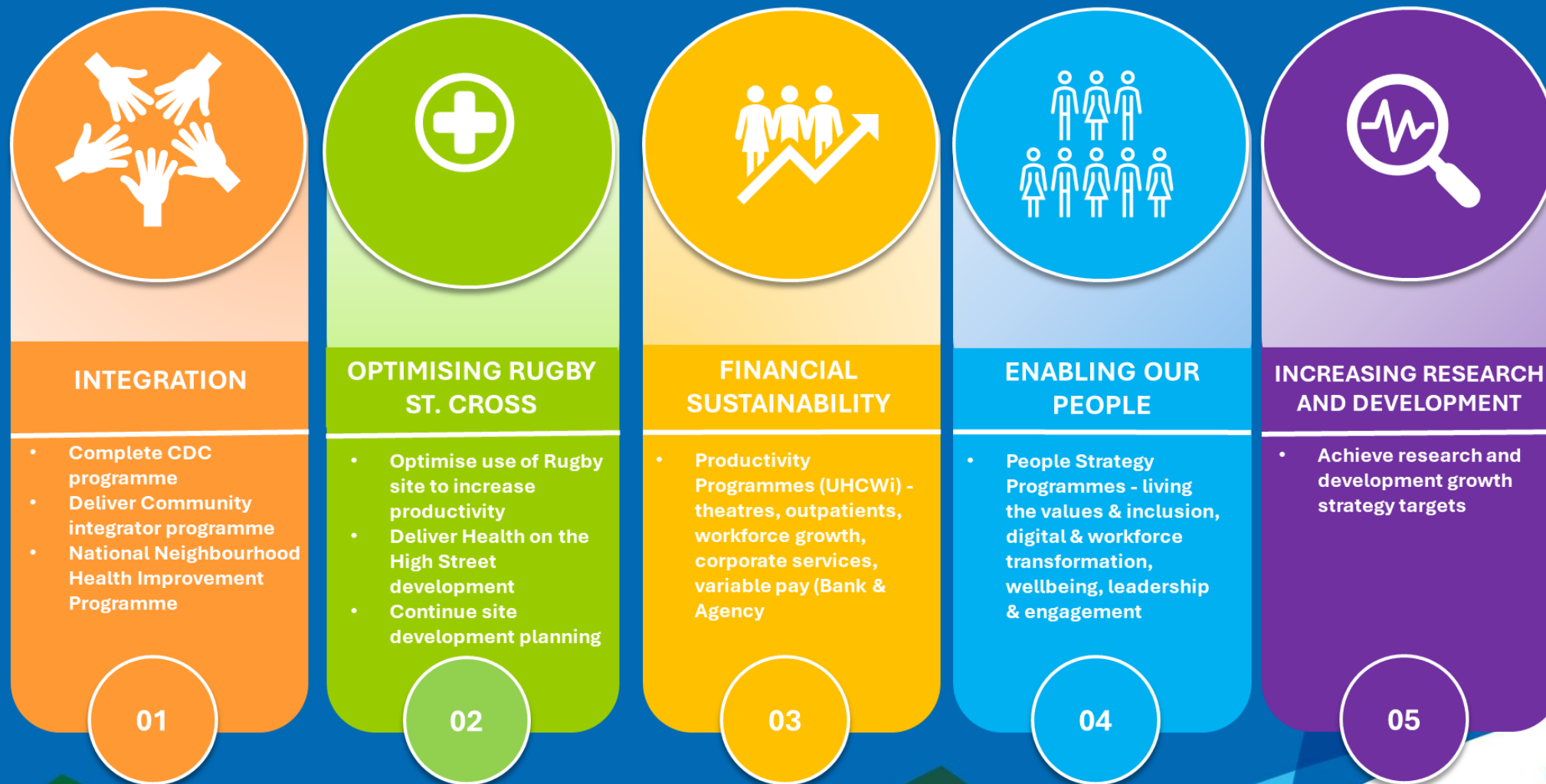
Acute providers tables

UHCW performance

	Percentage waiting within 18 weeks for elective treatment		Percentage waiting more than 52 weeks for elective treatment		Cancer Faster Diagnostic Standard *		Cancer 62 Day Combined Performance *		Diagnostics proportion waiting over 6 weeks		A&E 4 hour performance		A&E 12 hour performance *	
	May-25		May-25		May-25		May-25		May-25		Jun-25		Jun-25	
	(Rank out of 134)		(Rank out of 134)		(Rank out of 119)		(Rank out of 122)		(Rank out of 134)		(Rank out of 124)		(Rank out of 111)	
	Latest	Rank	Latest	Rank	Latest	Rank	Latest	Rank	Latest	Rank	Latest	Rank	Latest	Rank
	52.5%	125	2.7%	77	71.8%	89	63.9%	91	7.0%	25	70.2%	78	13.3%	89

	Percentage waiting within 18 weeks for elective treatment		Percentage waiting more than 52 weeks for elective treatment		Cancer Faster Diagnosis Standard *		Cancer 62 Day Combined Performance *		Diagnostics proportion waiting over 6 weeks		A&E 4 hour performance		A&E 12 hour performance * (Provisional)	
	Jun-25		Jun-25		Jun-25		Jun-25		Jun-25		Jul-25		Jul-25	
	(Rank out of 117)		(Rank out of 117)		(Rank out of 117)		(Rank out of 117)		(Rank out of 117)		(Rank out of 123)		(Rank out of 113)	
	Latest	Rank	Latest	Rank	Latest	Rank	Latest	Rank	Latest	Rank	Latest	Rank	Latest	Rank
	56.2%	93 ⬆	2.5%	63 ⬆	77.9%	58 ⬆	64.2%	81 ⬆	7.0%	22 ⬆	74.1%	67 ⬆	9.7%	65 ⬆

	Percentage waiting within 18 weeks for elective treatment		Percentage waiting more than 52 weeks for elective treatment		Cancer Faster Diagnosis Standard *		Cancer 62 Day Combined Performance *		Diagnostics proportion waiting over 6 weeks		A&E 4 hour performance		A&E 12 hour performance * (Provisional)	
	Jul-25		Jul-25		Jul-25		Jul-25		Jul-25		Aug-25		Aug-25	
	(Rank out of 118)		(Rank out of 118)		(Rank out of 118)		(Rank out of 118)		(Rank out of 117)		(Rank out of 124)		(Rank out of 112)	
	Latest	Rank	Latest	Rank	Latest	Rank	Latest	Rank	Latest	Rank	Latest	Rank	Latest	Rank
	58.1%	77 ⬆	2.2%	56 ⬆	78.5%	49 ⬆	63.2%	94 ⬇	7.0%	21.00 ⬆	75.1%	52 ⬆	9.5%	62.00 ⬆

Priority Strategic Programmes 2025/2026

INTEGRATION

- Complete CDC programme
- Deliver Community integrator programme
- National Neighbourhood Health Improvement Programme

01

OPTIMISING RUGBY ST. CROSS

- Optimise use of Rugby site to increase productivity
- Deliver Health on the High Street development
- Continue site development planning

02

FINANCIAL SUSTAINABILITY

- Productivity Programmes (UHCWi) - theatres, outpatients, workforce growth, corporate services, variable pay (Bank & Agency

03

ENABLING OUR PEOPLE

- People Strategy Programmes - living the values & inclusion, digital & workforce transformation, wellbeing, leadership & engagement

04

INCREASING RESEARCH AND DEVELOPMENT

- Achieve research and development growth strategy targets

05

NHS
University Hospitals
Coventry and Warwickshire
NHS Trust

Other updates

- Outpatients Transformation and Efficiency Programme underway – focus on better use of clinics, better communication, improving patient experience, increased access e.g. UIU

- New provider (SWFT) for onsite Outpatients Pharmacy at UH – implemented large scale staffing/ processes changes starting to demonstrate improved patient experience. Self check booths to be installed in Dec, removing need to queue to hand in a prescription

- CDC on city centre campus – new integrated pathways developed for cancer and cardiac and tackling health inequalities

- Region-wide Estates review – opportunities for co-locating services with partners in Coventry

- Monthly clinically-led meetings with primary care (incl LMC) on topics of interest/challenge and opportunities for integration