



# Single Oversight Framework

Reporting Period: Quarter 3  
2020/21

Inspected and rated

Good



# Single Oversight Framework – Quarter 3



## Overview

Domain	Overview & risks	Lead
<b>Overview</b>	<p>The SOF covers month nine (December) and quarter three 2020/21. It is shorter in length, uses statistical process control graphs and is designed to focus attention on the key areas. You will see throughout the SOF clear reference to the impact at Sherwood of Covid and winter activity. Our exit from the EU has not impacted on care.</p>	CEO
<b>Quality Care</b>	<p>During quarter 3, the care delivered to our patients has remained safe and high quality, throughout wave 3 of the pandemic nursing, midwifery and AHP staffing has become increasingly challenging. The incident control monitor this on a weekly basis, alongside the monthly NMAHP board. All incidents related to staffing have have been low or no harm. Improvement work continues to reduce the number of falls, we continue to see a reduction in falls compared to March 2020. Hospital acquired pressure damage remains consistently low, there have been no category 3 PUs since Nov 18 and no category 4s since August 2017. There are 11 exception report for quarter 3;</p> <ul style="list-style-type: none"> <li>• Never events; 2 never events declared meeting the wrong site surgery definition.</li> <li>• Incidents per rolling 12 month; YTD performance 89.95 against a target of 67. This is reflective of an organisation with an open and transparent culture.</li> <li>• CDIF; YTD we have had 25 cases, a trajectory has not been set but continue to manage incidents in the same way as 2019/2020</li> <li>• Covid-19: YTD -46.0 against a target of 0. All hospital acquired cases have a RCA completed which are shared with external partners.</li> <li>• 12 hour waits for inpatient mental health service: 1 patient waited more than 12 hours for admission to a mental health provider bed.</li> <li>• Complaints per 12 months; increase in complaints received in quarter 3, complaints remain low compared to other acute providers.</li> <li>• ED recommendation rate; performance 92.5% (YTD 90.8%). Our action plan implementation continues to address key themes, monthly performance continues to improve.</li> <li>• Maternity recommendation rate; performance 82.4% (YTD 90.9%). Low response rate across all 4 touch points, action plan in place to address recommendation rate.</li> <li>• Dementia screening; action plan in place to improve screening by allowing registered nurses to complete the assessment. This is currently on hold owing the pandemic.</li> <li>• HSMR; performance 111.9 against a target of 100. The trust consistently has higher than the national average but continues to track the peer groups. Issues identified with data submission have been identified which as a trusts we are resolving.</li> <li>• Cardiac arrest rate per 1000 admissions; performance 2.77 against a standard of 0.83 (YTD 0.94). All arrests are reviewed to identify areas of good practice as well as areas for potential learning and improvement.</li> </ul>	MD, CN

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Sherwood Forest Hospitals  
NHS Foundation Trust

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<p><b>People &amp; Culture</b></p>	<p>Overall, in M9 COVID-19 has impacted on Staff Health and Wellbeing at the Trust. Sickness Absence levels have shown an decrease from M4 (July 20) to 5.2%, and sits marginally above the target and the upper SPC level, this is as a result of the secondary impact of COVID19.</p> <p>Additional activity is evidenced through the services provided from the Trust Occupational Health Service as expected but presents capacity challenges. The annual HCW flu vaccination programme has commenced and we are performing excellently against national and local peers. Our levels are reported at 86.9%, the CQUIN target this season is 90% front line uptake, last season CQUIN target was 80%. It is expected that we may not hit the 90% CQUIN target.</p> <p>Compliance against Mandatory and Statutory Training continue to be impacted due to COVID-19 pandemic. Mandatory Training has been paused until the end of March to help support the delivery of safe patient care and increasing staff absence. Planning is underway to put on additional mop-up sessions to bring colleagues back into date with their training.</p> <p>Key Wellbeing NHS People Plan actions have been achieved in testing Health and Wellbeing (HWB) conversations and also the inclusion of HWB information as part of the SFH induction process. An evaluation of the HWB conversations is expected in February 21, and there will be an on-going quarterly report on the evaluation of the wellbeing induction podcasts from March 21.</p> <p>Our turnover rates are reported 0.5% for December 2020, this sits below the Trust level (0.9%). Additionally we are also seeing reduced levels in vacancies (reported at 4.8%) and shows a reduction over the previous 12 months.</p> <p>‘Wellbeing Roadshows’ which take all of the local and national offers directly to frontline colleague areas have been positively received, and gives a vital opportunity to ‘check in’ with colleagues and to raise the visibility of the agenda. Since October, these have been held in over 20 services, including a specific session targeted at junior doctors. The aim is to continue going-to services and teams.</p> <p>A Mid Nottinghamshire ICP-wide Wellbeing Fayre was held in December involving all health, social and third sector partners with over 132 colleagues attending a series of live virtual talks and podcasts; colleagues also had access to a wealth of resources from local services. A full evaluation is due in early February 21, with the recommendation that further such events are held, based on feedback from delegates and shared areas of interest.</p> <p>There is a significant current focus on enabling colleagues to obtain hot food and drinks 24/7 across all sites, particularly those working in clinical areas who find it difficult to leave service areas. These include the provision of ‘snack packs’ and SFH Involvement have been delivering free teabags and coffee to the high risk clinical areas. A further focus is on increasing safe rest areas and improving the environment where colleagues can rest and recuperate.</p> <p>Over Christmas and the New Year period, the Executive Directors led a series of daily and virtual ‘Coffee and Chat’ sessions, as an offer for colleagues struggling over the festive holiday.</p>	<p>DOP, DCI</p>

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<p><b>People &amp; Culture</b></p>	<p><b>Staff Survey 2020</b> Sherwood received a high level report based on the National Staff Survey that ran during Oct/Nov 2020.</p> <p>We are very proud that Sherwood has continued to improve in almost all domains compared to 2019. There has also been a significant increase in the 3 core questions of; recommending Sherwood as a place to work, to receive care and patients being a top priority. If we consider our overall staff survey with comparative Trusts who use Picker, SFH has significantly increased their organisational position.</p> <p>Results are embargoed until mid-February when nationally all results will be published. SFH is also waiting for further detail from Picker (survey provider) to allow a more detailed understanding of the survey. After which engagement sessions will take place with all Divisions.</p> <p>A full report of findings from the survey and actions to continually improve, will be presented to Trust Board in May 2021.</p> <p><b>Mass Vaccination</b></p> <p>As part of the national rollout of the COVID vaccine, Sherwood Forest are leading on the workforce element, this includes the recruitment, rostering and training (with support from Nottinghamshire Healthcare).</p> <p>A Mass Vaccination team has been developed to is overseeing this, this team is providing support 7 days per week.</p> <p>As at 25<sup>th</sup> January the vaccine is being delivered at 11 sites across Nottinghamshire, however SFH only manage 8 of these sites. These include Kings Mill Hospital, Ashfield Health Village, Gamston Hub, Kings Meadow Hub, Newark Showground, Forest Recreation Ground, the Mansfield Mass Vaccination Hub and the Richard Herrod centre.</p> <p>Currently there are approx. 1,400 staff available to book shifts, with approx. 2,000 at various stages in the recruitment / deployment process.</p> <p>Our Hospital Hub has been running very successfully providing colleagues of SFH the opportunity to obtain the vaccine. We were also selected to run a 24 hour national pilot regarding COVID vaccinations, learning from this will be fed back into the national project.</p>	<p>DOP, DCI</p>

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Timely Care	<p><b>Urgent &amp; Emergency Care Headlines</b></p> <p>Ambulance turnaround times remain very positive, 2nd in the EMAS catchment</p> <p>Waiting times in ED deteriorated in December 20 to 89.7%, but were still above the original NHSIE trajectory for the month and were ranked 8/117 Trusts in the NHS. The year stands at 94.3%</p> <p>Unfortunately, there have been 5 patients during the month who have waited from 12 hour from decision to admit to admission. They all took place on 29th December. Harms reviews are due to be presented to Quality &amp; Patient safety Group in February 2021.</p> <p>Despite attendances being lower than previous years, the deterioration is mainly related to longer waits for a bed related to significant increases of admissions of inpatients with Covid-19 from 75 inpatients on 1/12/20 to 131, with (88 in medicine) on 1/1/21, a third of the medical bed base. There is some impact on the denominator of the standard as minors/walk in majors case mix has reduced</p> <p>These longer bed waits are related to the following:</p> <ul style="list-style-type: none"> <li>• The higher acuity of patients, with new records being seen each day in the number of patients with NEWS 2 observations that are scoring a 4 or higher (the sickest patients)</li> <li>• Staffing levels have been really challenging with an absence rate is 9-10%, nearing double of that seen last winter. 6% of which is Covid related, plus fatigue and emotional distress of colleagues in work.....all means the system does not work as well on discharge processes due to number of jobs required for discharge. Basic care is rightly prioritised.</li> <li>• The vastly increased complexity and number of variables relating to admission to a bed. This is normally to ensure the correct specialty but now requires the right specialty, right isolation bed, appropriate oxygen requirements, along with the enhanced cleaning that needs to take place in each bed space. This reduces the number of bed of a certain type to admit to and leads to longer admission times. It is telling that occupancy remains similar to November.</li> </ul> <p>Winter plan – opened 48 additional acute beds and with conversion from surgical to medical beds there is a total of 78 more for medicine, Critical care 24 beds against a baseline of 9</p> <p>Complex Discharges – higher than the agreed ICS threshold for MSFT, and partners are having challenges in staffing onward care with packages of care, care homes capacity the latter also effected by infection control and isolation</p>	COO

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<p><b>Timely Care</b></p>	<p><b>Cancer</b> All cancer services continue to be maintained. This includes access to screening, outpatients and diagnostics, oncology treatments and surgery. MDT’s continue to function and tracking and oversight of pathways remains in place.</p> <p>Patients awaiting a surgical TCI are highlighted at the daily prioritisation meeting for allocation of theatre time.</p> <p>Patients at the tertiary centre are reviewed in line with national clinical prioritisation guidelines E.G Robotic surgery for urology is classified as a P3 which can cause delays to completing the pathway</p> <p>The average wait for treatment is 56 days. The 85th percentile wait is 84 days. This is in line with Pre-COVID waits.</p> <p>Areas of concern include increased demand for CT colon and staffing gaps within Breast services</p> <p>Welfare calls remain in place for patients with extended waits. Harm reviews have continued – No harm identified to date.</p> <p><b>RTT:</b> The size of the waiting list has grown by 36% (9,600) from January 20 (26,681) to December 20 (36,381)</p> <p>The volume of 52+ waits has grown from 0 to 598</p> <p>Newark operating has continued. Day case and Inpatient operating is aligned to the critical care surge plan.</p> <p>Outpatient and diagnostic activity has continued – again flexible to the needs of staffing surge plans to support the wards and critical care</p> <p>Use of the independent sector has continued. 443 patients were treated in the IS up to the end of December, 241 received an endoscopy and 486 had an MRI. Plans in place for activity to continue to transfer Jan-Mar – predominantly Orthopaedics, Gynaecology and Urology. Access to additional capacity for P2 or urgent patients can be agreed locally. Strong working relationships in place with all IS providers.</p>	<p>COO</p>

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<p><b>Best Value Care</b></p>	<p>For the month of December the Trust has reported a deficit of £0.5m, which is £0.8m favourable to the Phase 3 plan (year to date deficit £2.2m, which is £0.5m favourable to plan). This includes Covid-19 related expenditure incurred during the month of £1.8m (year to date total £16.2m).</p> <p>The Trust has incorporated a non-recurrent financial improvement target of £2.7m into the Phase 3 plan. In December the Trust has reported £1.4m of non-recurrent FIP savings, which is £0.9m higher than planned (year to date total £2.4m, which is £1.1m higher than planned). The favourable variance is due to the timing of the FIP; the forecast overall level of non-recurrent FIP savings remains at £2.7m..</p> <p>The financial regime for the first half of 2020/21 included no requirement of financial improvement planning to allow Trusts to facilitate the response to Covid-19. As a result the Trust has not delivered the level of financial improvement assumed within the Trust’s financial strategy during the year to date. This has resulted in an expenditure run rate position which is adverse to the strategy in year by £10.1m (£1.13m per month). In addition, the Trust’s underlying position at the end of 2019/20 was £12.1m adverse to the strategy.</p> <p>Capital expenditure in October is £1.9m (£0.2m higher than planned) and includes Covid-19 related Capital expenditure. The Trust is forecasting to exceed its capital expenditure plan by £2.9m due to additional funding awarded for specific projects, including emergency department and adult critical care works.</p>	<p>CFO</p>

# Single Oversight Framework – Quarter 3

## Overview (1)



Sherwood Forest Hospitals  
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	
QUALITY CARE	Safe	Rolling 12 month count of Never Events	0	Dec-20	2	-		R	MD/CN
	Serious Incidents including Never Events (STEIS reportable) by reported date	2	Dec-20	10	0		G	MD/CN	
	Patient safety incidents per rolling 12 month 1000 OBDs	67	Dec-20	89.95	84.22		R	MD/CN	
	% Harm-free SFH care	95%	Dec-20	97.1%	98.4%		G	MD/CN	
	Admission of term babies to neonatal care as a % of all births	6%	Dec-20	3.6%	5.2%		G	CN	
	Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Dec-20	18.27	35.59		R	MD	
	Covid-19 Hospital acquired cases	0	Dec-20	46.0	18		R	MD	
	Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Dec-20	0.00	0.00		G	MD	
	Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Dec-20	12.42	7.12		G	MD	
	Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Sep-20	94.5%	95.1%		G	CN	
	Safe staffing care hours per patient day (CHPPD)	>8	Dec-20	11.5	9.8		G	CN	
	Number of 12 hour waits for inpatient mental health services	0	Dec-20	0	1		R	MD/CN	
	Caring	Complaints per rolling 12 months 1000 OBD's	1.63	Dec-20	1.77	1.85		R	MD/CN
	Recommended Rate: Friends and Family Accident and Emergency	93.0%	Dec-20	90.8%	92.5%		R	MD/CN	
	Recommended Rate: Friends and Family Inpatients	93.0%	Dec-20	98.1%	97.8%		G	MD/CN	
	Recommended Rate: Friends and Family Maternity	93.0%	Dec-20	90.9%	82.4%		R	MD/CN	
	Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Dec-20	37.2%	26.7%		R	MD/CN	
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Sep-20	111.9	-		A	MD
	SHMI	100	Jul-20	97.57	-		G	MD	
	Cardiac arrest rate per 1000 admissions	0.83	Dec-20	0.94	2.77		R	MD	
Cumulative number of patients participating in research	2500	Dec-20	2483	-		on target	MD		

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Sherwood Forest Hospitals  
NHS Foundation Trust

## Overview (2)

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	
PEOPLE & CULTURE	Talent & Personal development	Number of talent conversations held with colleagues at Bands 8a and above	70.0%	Qtr3 2020/21	63.5%	61.0%		A	DCI
	Organisational Culture	Staff Survey - SFH Recommended as a place to receive care	85.0%	Qtr3 2020/21	85.0%	-		G	DCI
		Staff Survey - SFH Recommended as a place to work	75.0%	Qtr3 2020/21	80.0%	-		G	DCI
	Quality Improvement	Number of staff trained in Sherwood Six Step (bronze level) QI Approach	15	Qtr3 2020/21	70	55		G	DCI
		Number of registered improvement projects	5	Qtr3 2020/21	26	16		G	DCI
		10 citizens trained in Sherwood Six Step (bronze level) QI Approach	10	Qtr3 2020/21	7	1		R	DCI
	Staff health & well being	Health & Well Being Sickness Absence	3.5%	Dec-20	4.4%	5.2%		R	DOP
		Take up of Occupational Health interventions	1000	Dec-20	22302	2029		R	DOP
		Flu vaccinations uptake - Front Line Staff	90.0%	Dec-20	86.4%	-		on target	DOP
		Employee Relations Management	10	Dec-20	56	7		G	DOP
	Resourcing	Vacancy rate	7.5%	Dec-20	5.5%	4.9%		G	DOP
		Turnover in month (excluding rotational doctors)	0.8%	Dec-20	0.4%	0.5%		G	DOP
		Number of apprenticeships on programme	100	Nov-20	131	-		G	DOP
		Mandatory & Statutory Training	93%	Dec-20	90.7%	92.0%		A	DOP
		Appraisal	95%	Dec-20	86.3%	90.0%		A	DOP

# Single Oversight Framework – Quarter 3

## Overview (3)



Sherwood Forest Hospitals  
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	
Timely Care	Emergency access within four hours Total Trust	87.0%	Dec-20	95.2%	89.7%		G	COO	
	General & Acute Bed Occupancy	89.5%	Dec-20	68.8%	81.2%		G	COO	
	Emergency Care	Number of inpatients >21 days	50	Dec-20	-	120		R	COO
	Number of Ambulance Arrivals	3721	Dec-20	27079	3350		G	COO	
	Percentage of Ambulance Arrivals > 30 minutes	16.0%	Dec-20	3.8%	2.9%		G	COO	
	Cancer Care	62 days urgent referral to treatment	82.1%	Nov-20	67.9%	73.9%		R	COO
		Cancer faster diagnosis standard	74.9%	Nov-20	76.0%	82.4%		G	COO
	Elective Care	Diagnostic waiters, 6 weeks and over-DM01	0.9%	Dec-20	-	31.2%		R	COO
		Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	27818	Dec-20	-	36,329		R	COO
		% of patients treated within 18 weeks	87.4%	Dec-20	-	66.2%		R	COO
		Number of cases exceeding 52 weeks referral to treatment	0	Dec-20	2621	598		R	COO

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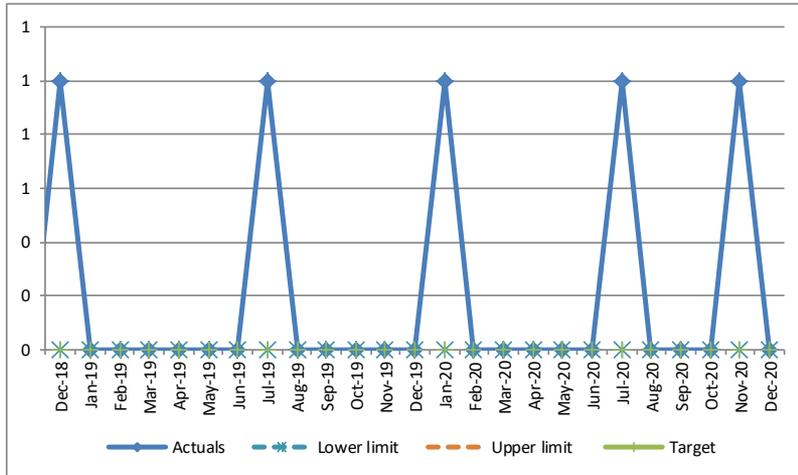
## Overview (4)



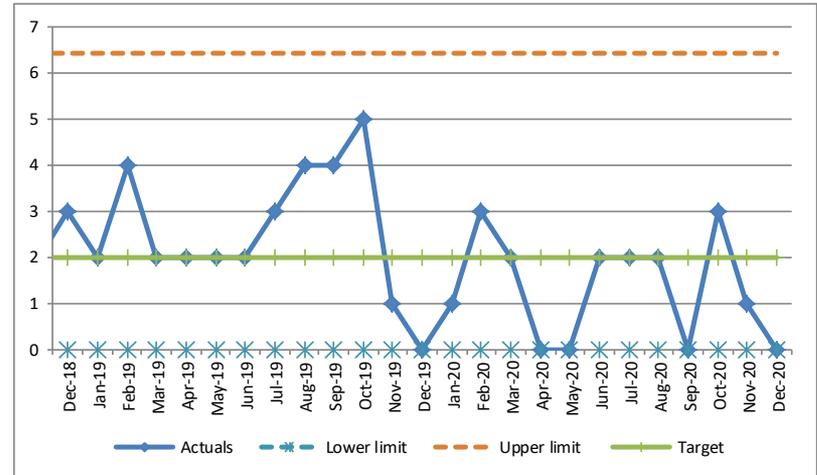
Sherwood Forest Hospitals  
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director
Best Value Care	Finance	Trust level performance against FIT target	£0.00m	Dec-20	£0.46m	£0.78m		A	CFO
		Underlying financial position against strategy	£0.00m	Dec-20	-£22.23m	-£1.13m		R	CFO
		Trust level performance against FIP plan	£0.00m	Dec-20	£1.14m	£0.93m		G	CFO
		Capital expenditure against plan	£0.00m	Dec-20	£0.46m	£0.19m		G	CFO
		Procurement League Table Score	49.8	2019/20	41.9	41.9		R	CFO

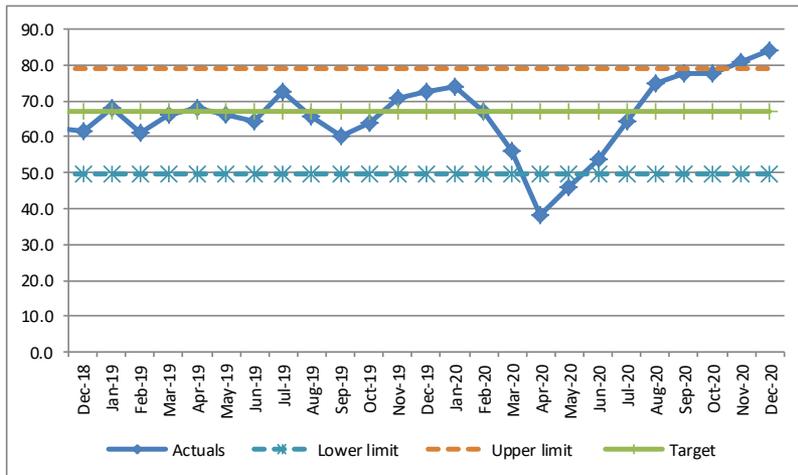
Rolling 12 month count of Never Events



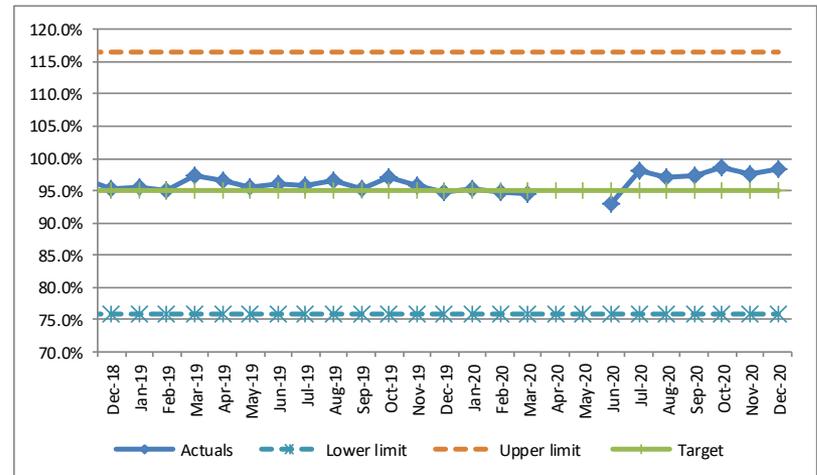
Serious Incidents including Never Events (STEIS reportable) by reported date



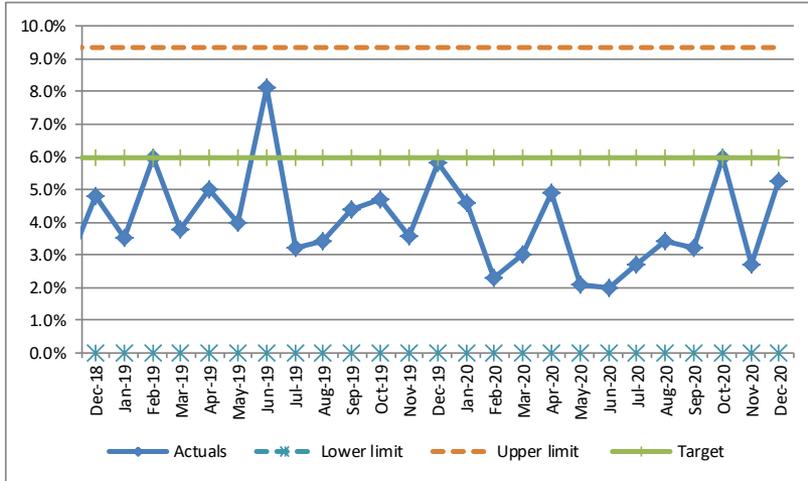
Patient safety incidents per rolling 12 month 1000 OBDs



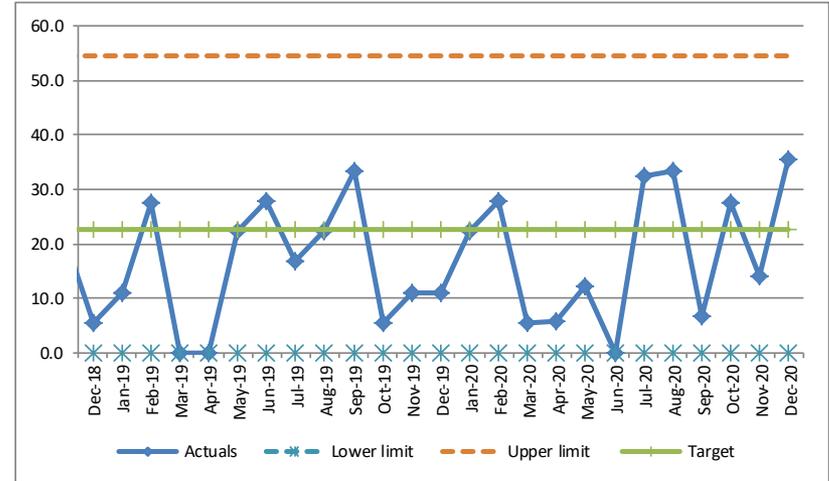
% of patients receiving harm free care



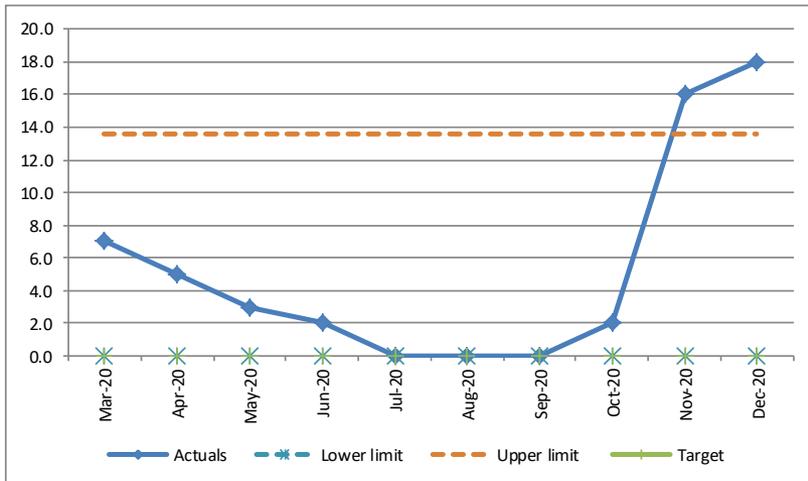
**Admission of term babies to neonatal care as a % of all births**



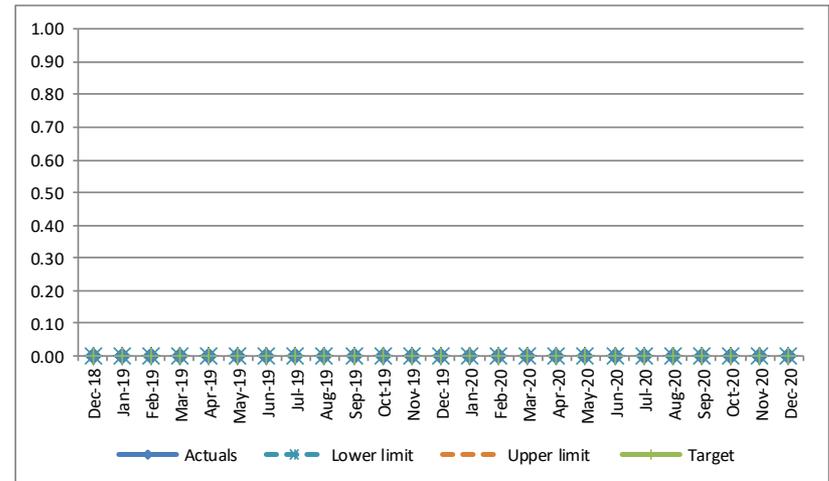
**Clostridium Difficile infection rate per rolling 12 months 100,000 OBD's**



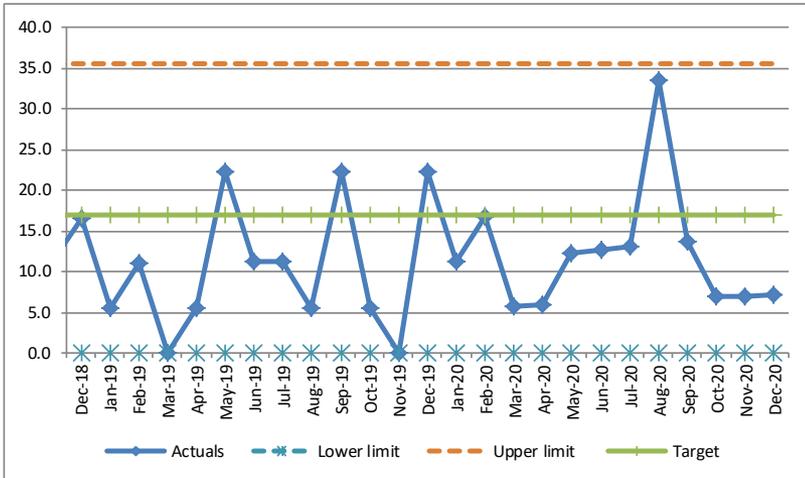
**Covid-19 Hospital acquired cases**



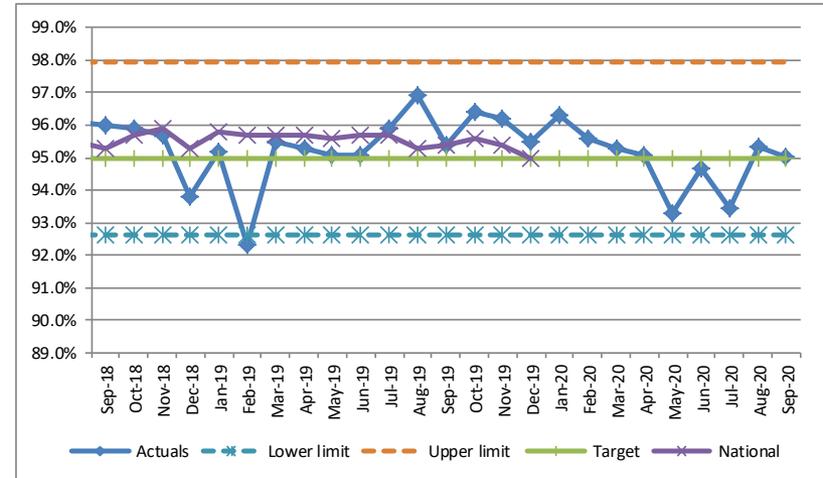
**MRSA bacteraemia infection rate per rolling 12 months 100,000 OBD's**



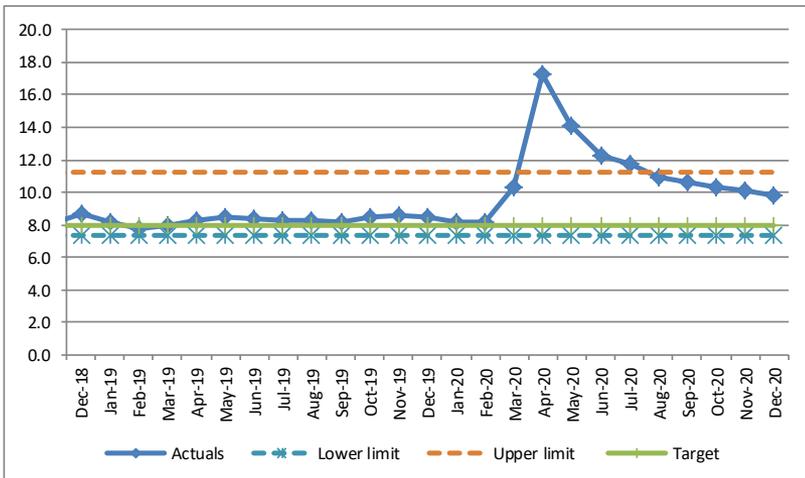
MSSA bacteraemia infection rate per rolling 12 months 100,000 OBD's



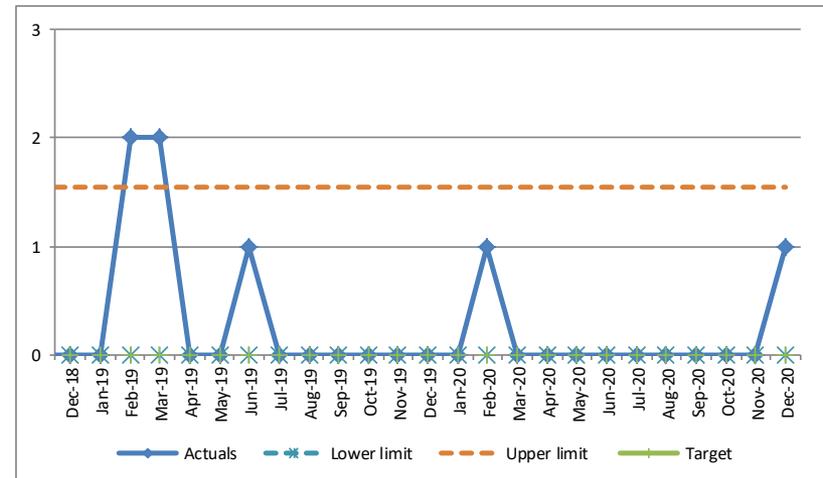
Eligible patients having Venous Thromboembolism (VTE) risk assessment



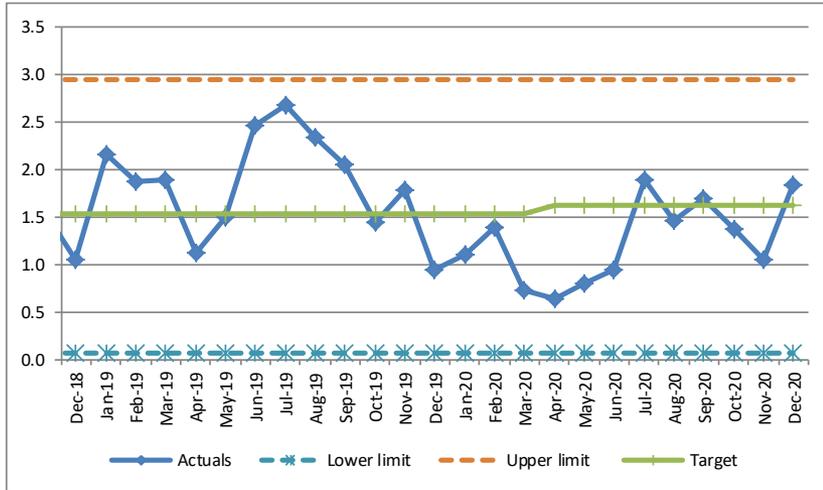
Safe staffing care hours per patient day (CHPPD)



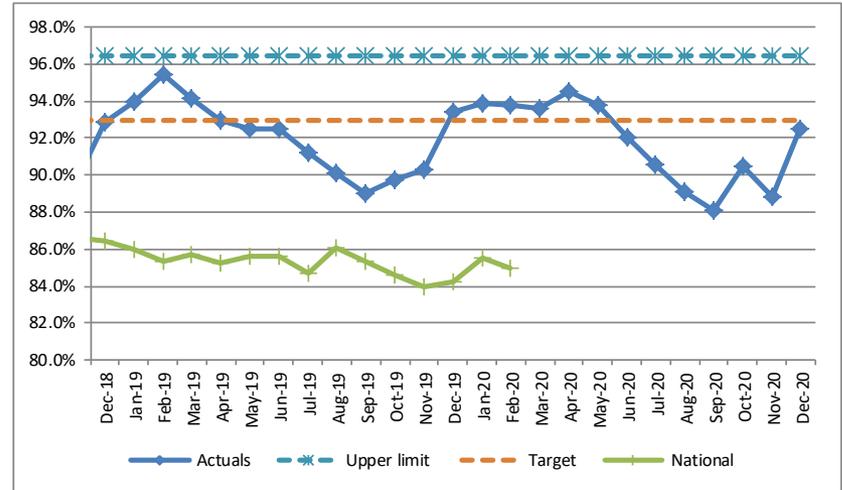
Number of 12 hour waits for inpatient mental health services



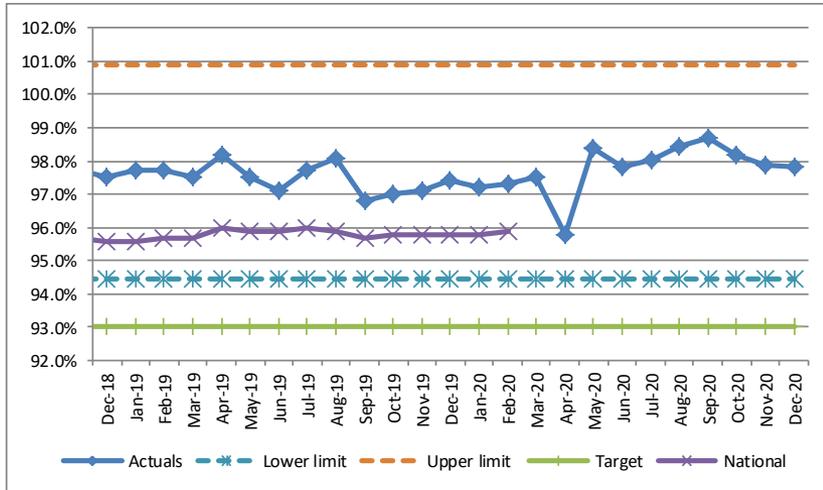
**Complaints per rolling 12 months 1000 OBD's**



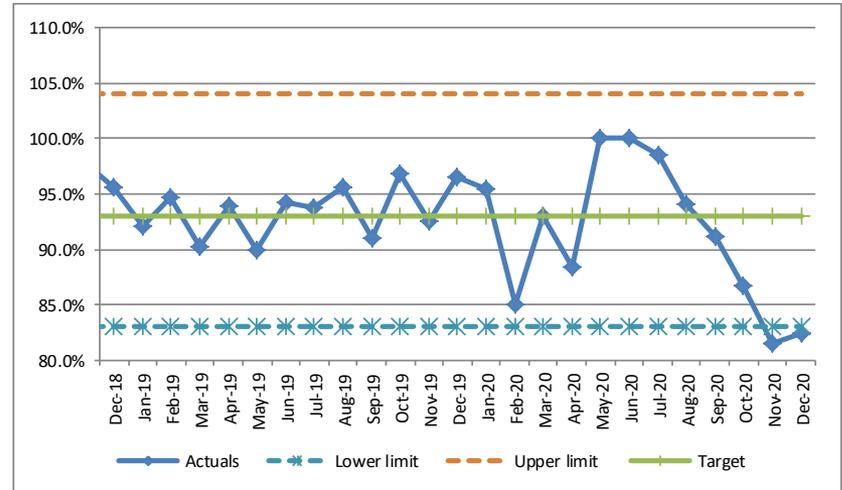
**Recommended Rate: Friends and Family Accident and Emergency**



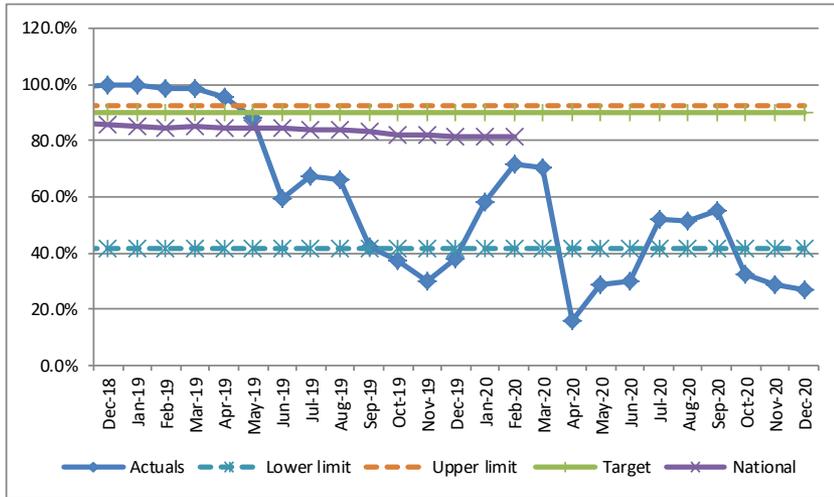
**Recommended Rate: Friends and Family Inpatients**



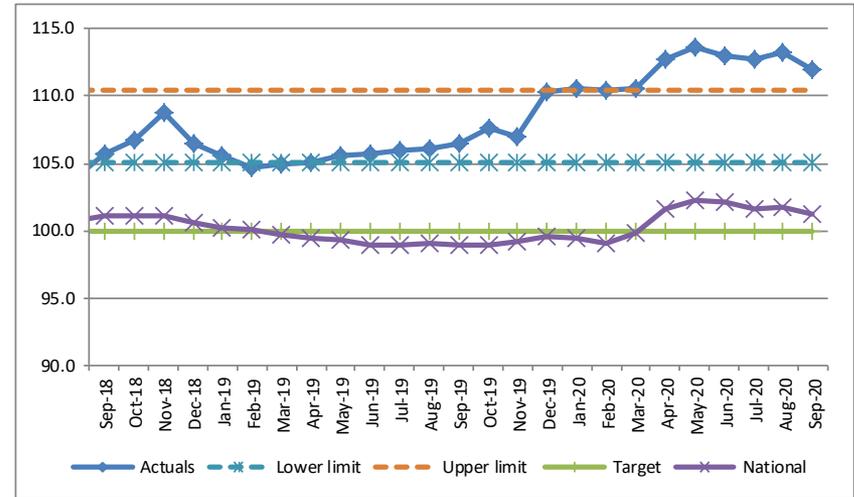
**Recommended Rate: Friends and Family Maternity**



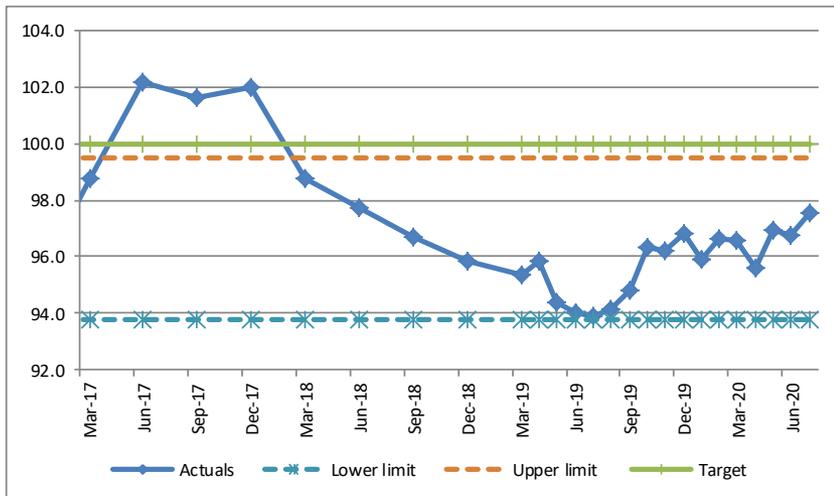
## Eligible patients asked case finding question, or diagnosis of dementia or delirium



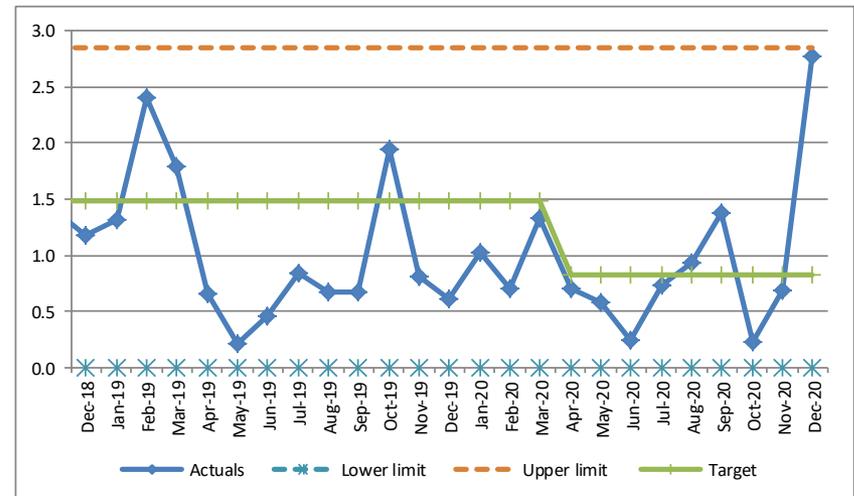
## Rolling 12 months HSMR (basket of 56 diagnosis groups)



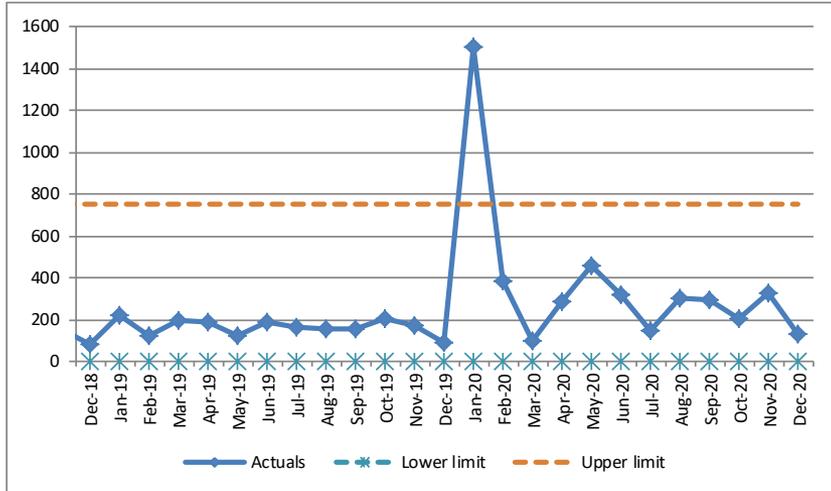
## SHMI



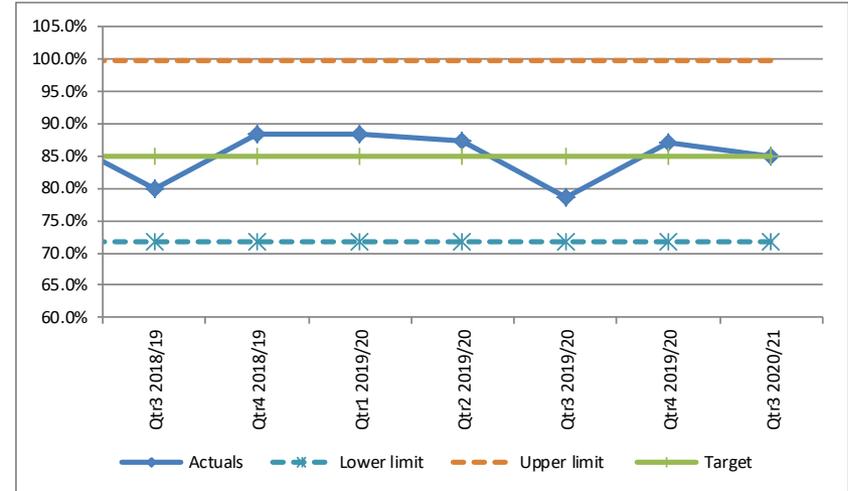
## Cardiac arrest rate per 1000 admissions



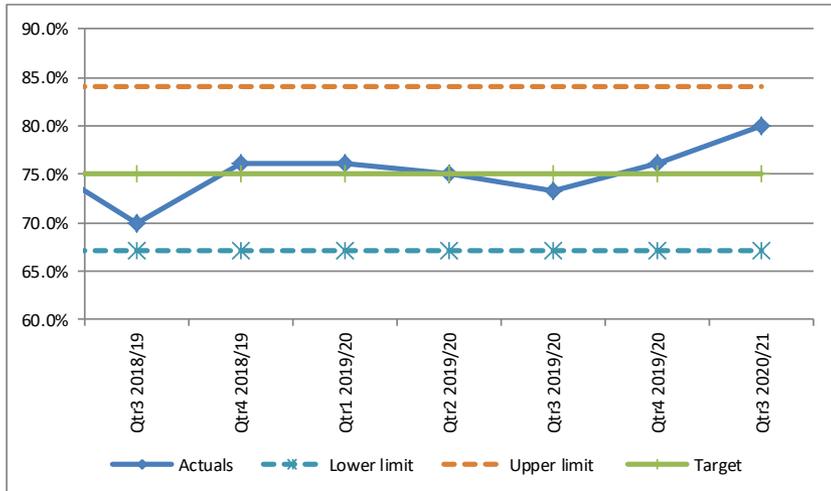
**Number of patients participating in research**



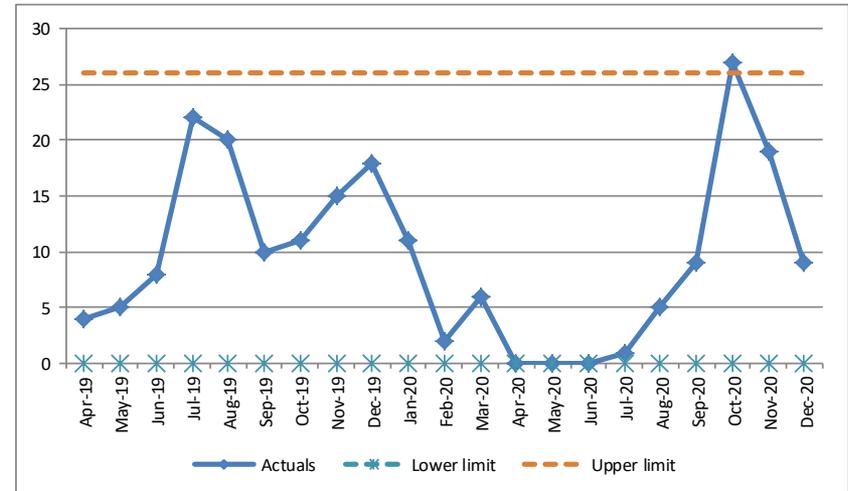
**Staff Survey - SFH Recommended as a place to receive care**



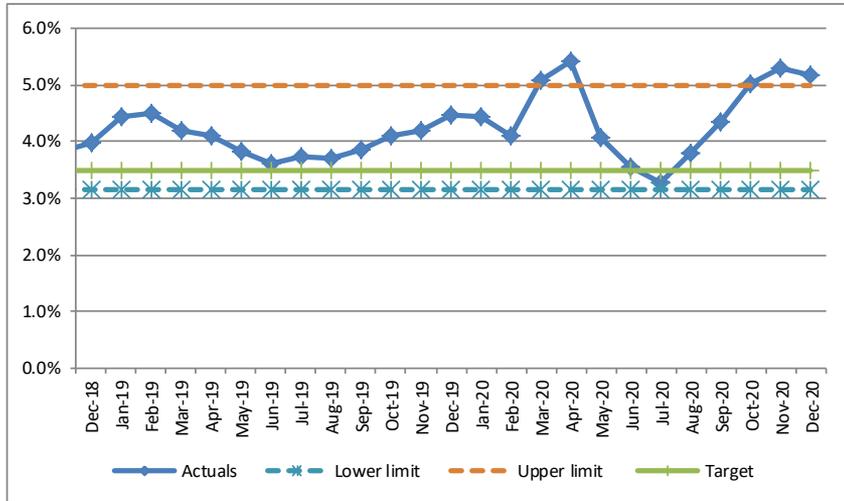
**Staff Survey - SFH Recommended as a place to work**



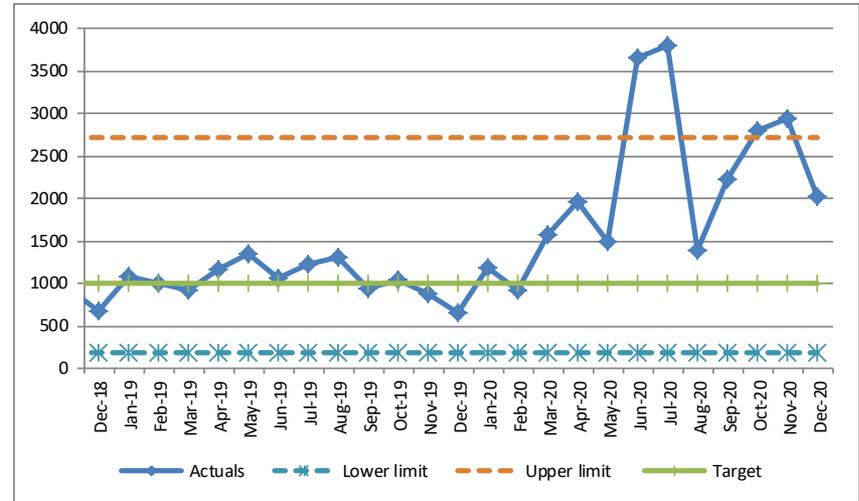
**Number of staff trained in Sherwood Six Step (bronze level) QI Approach**



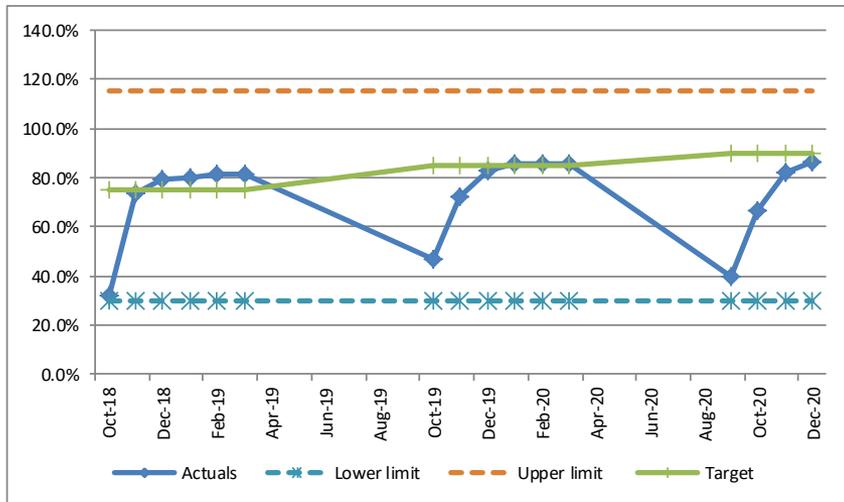
### Health & Well Being Sickness Absence



### Take up of Occupational Health interventions



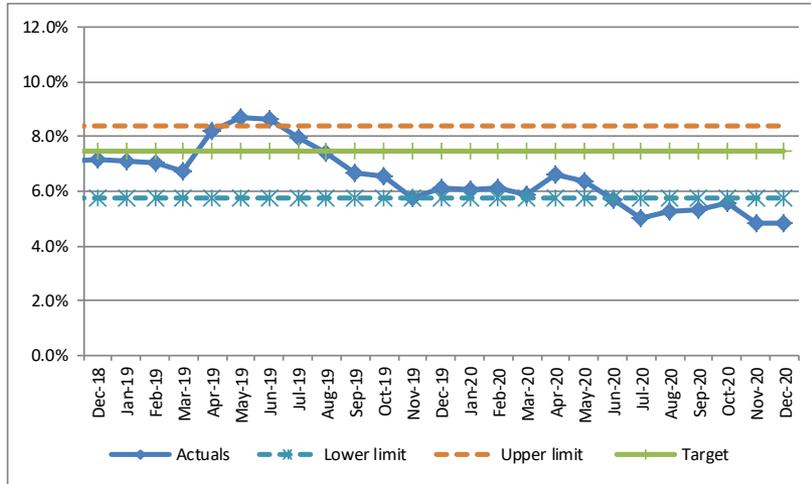
### Flu vaccinations uptake - Front Line Staff



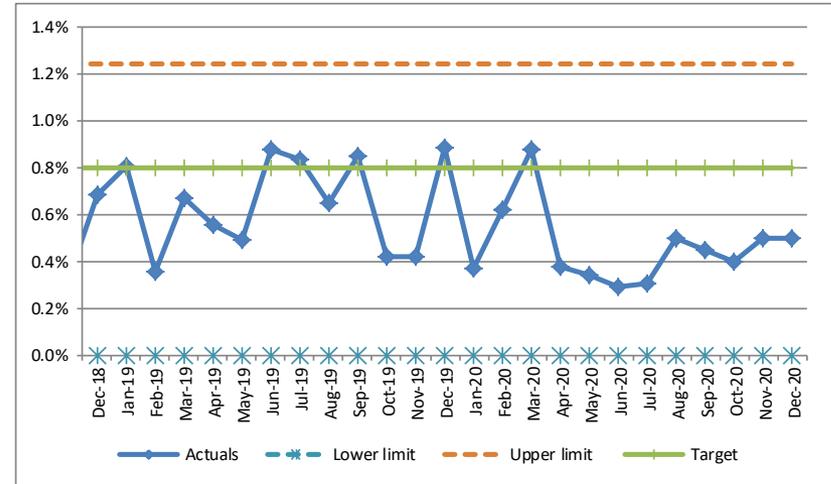
### Employee Relations Management



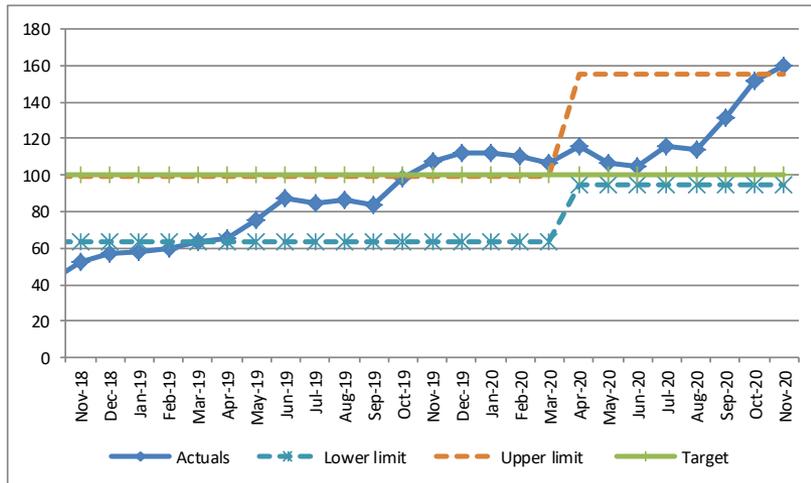
### Vacancy rate



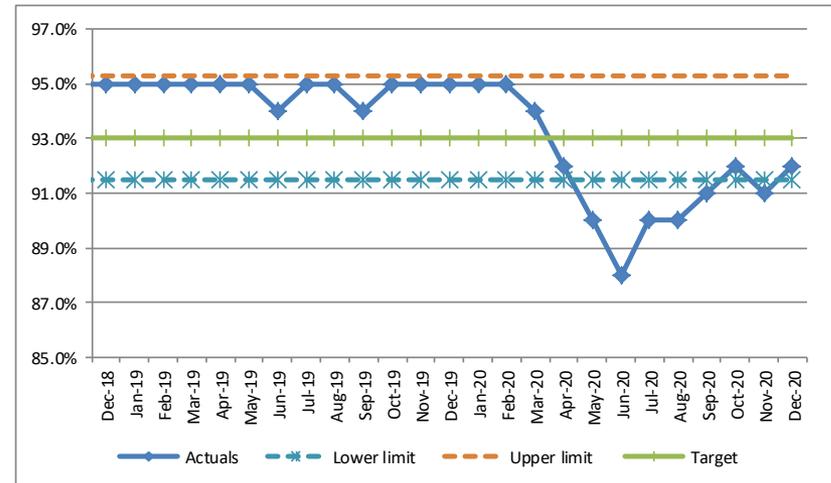
### Turnover in month (excluding rotational doctors)



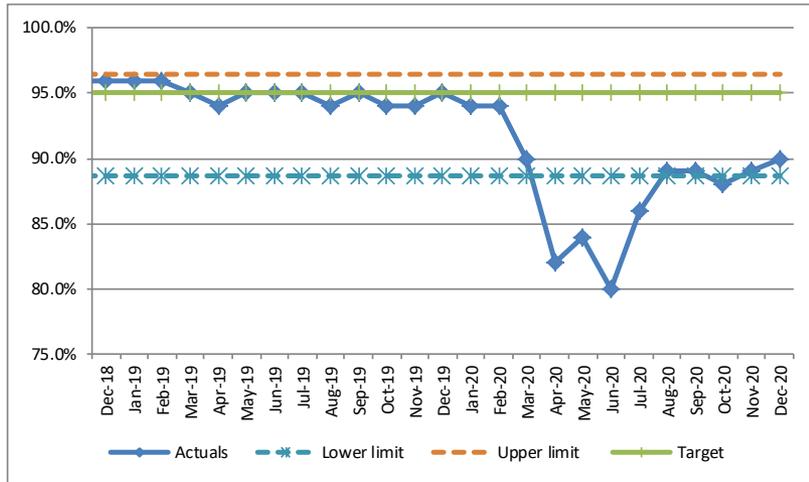
### Number of apprenticeships on programme



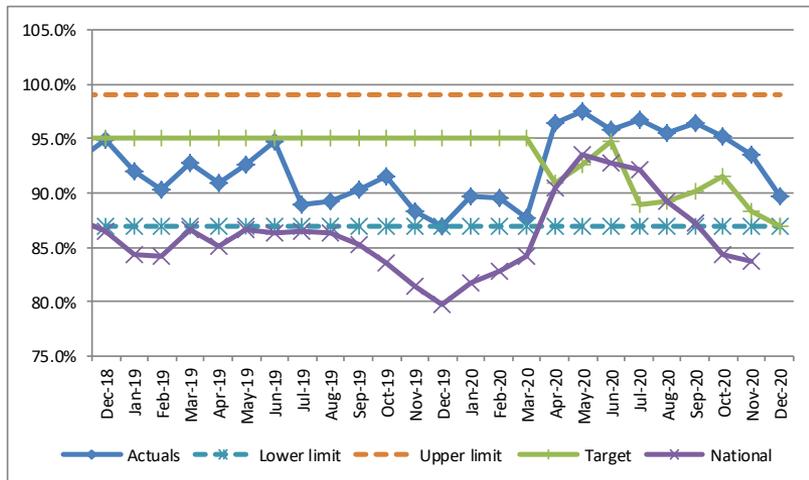
### Mandatory & Statutory Training



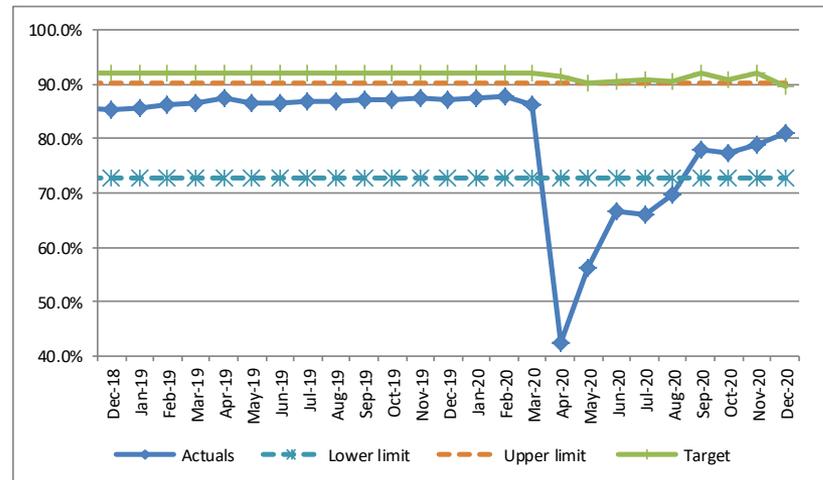
### Appraisal



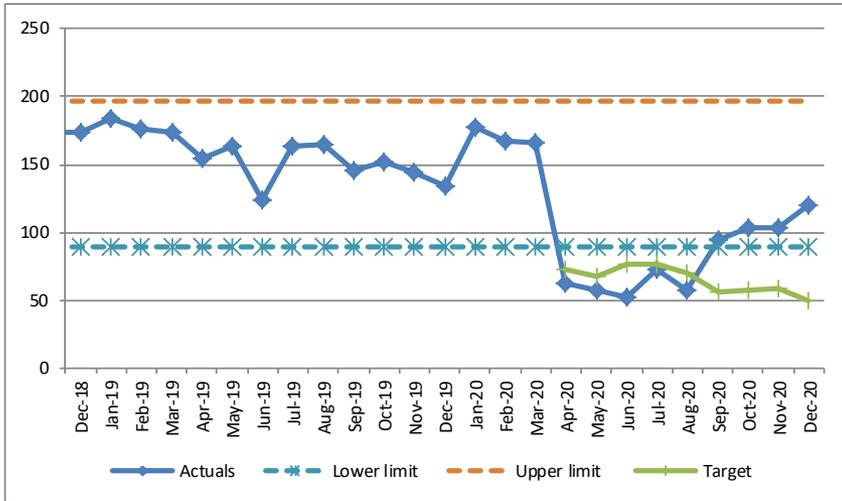
### Emergency access within four hours



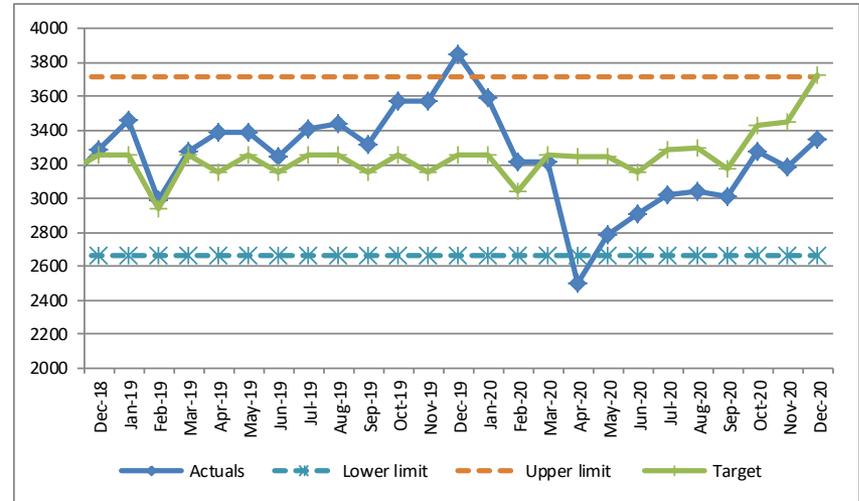
### G&A Bed Occupancy



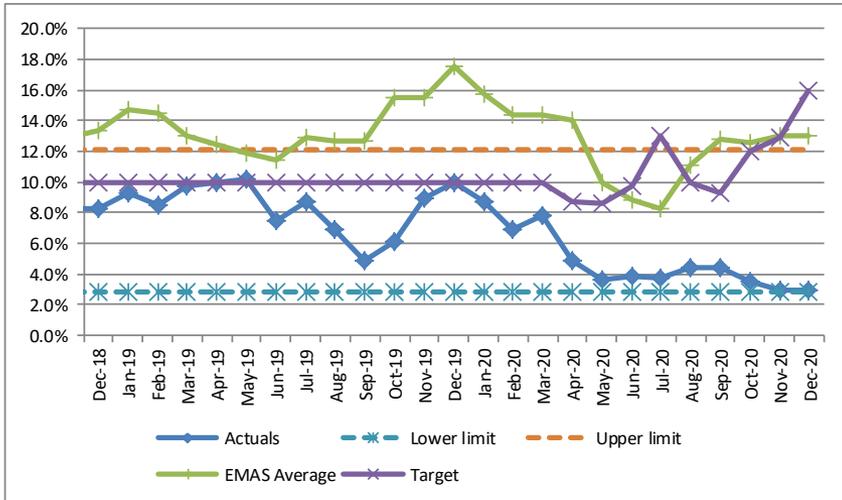
Number of inpatients >21 days



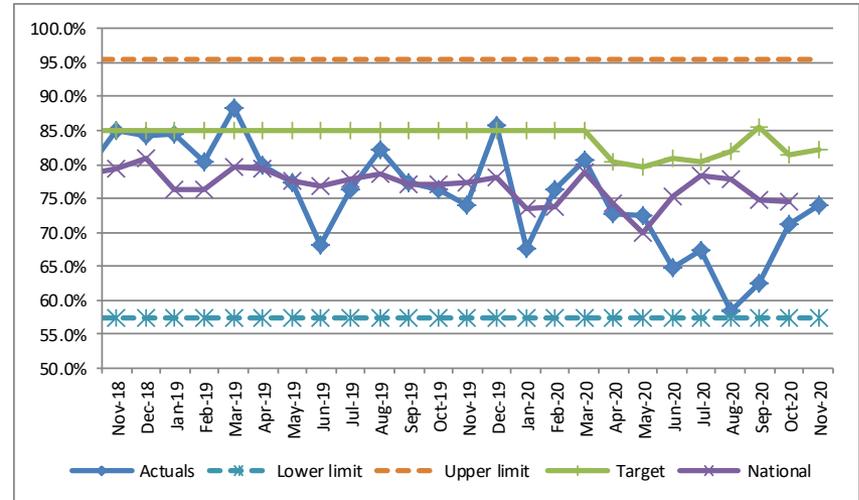
Number of ambulance arrivals



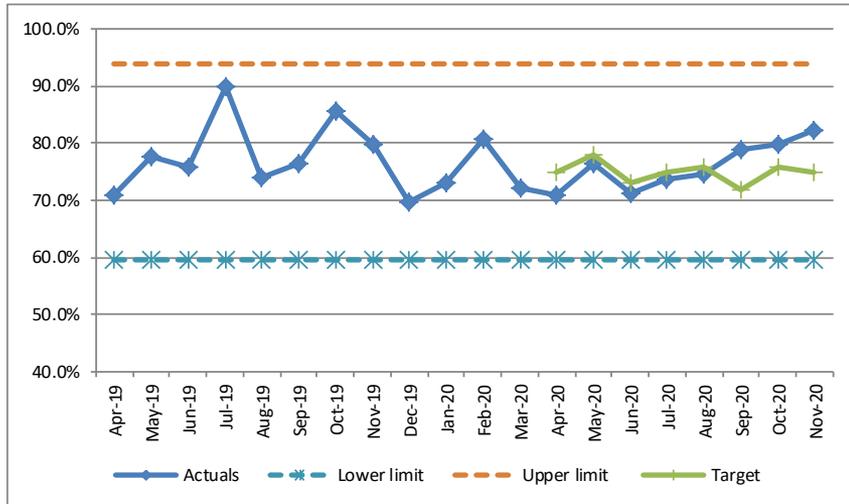
Percentage of ambulance handovers > 30 minutes



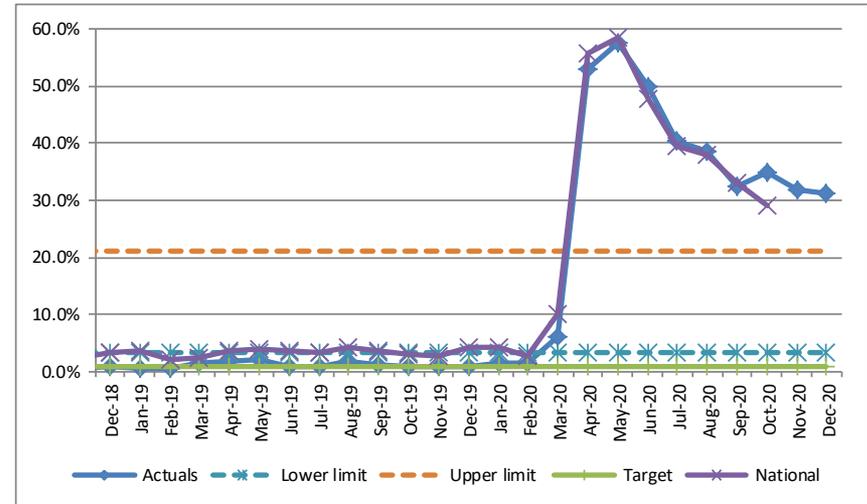
62 days urgent referral to treatment



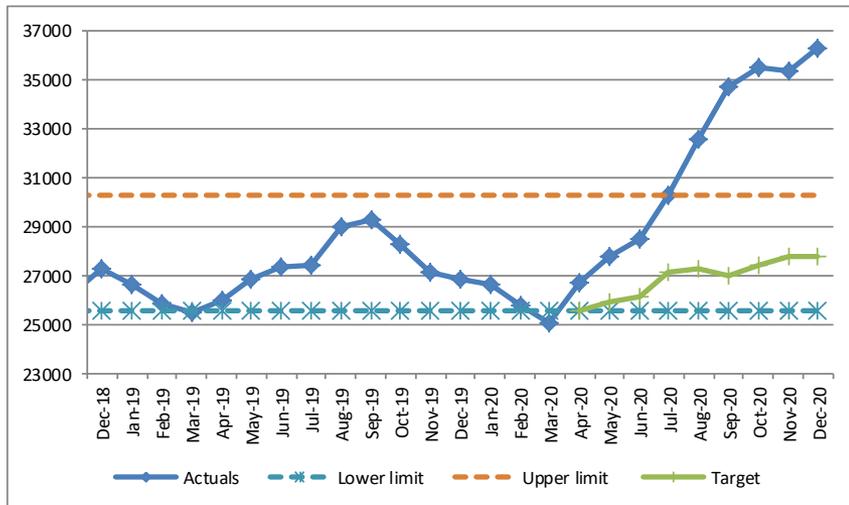
## Cancer Faster Diagnosis



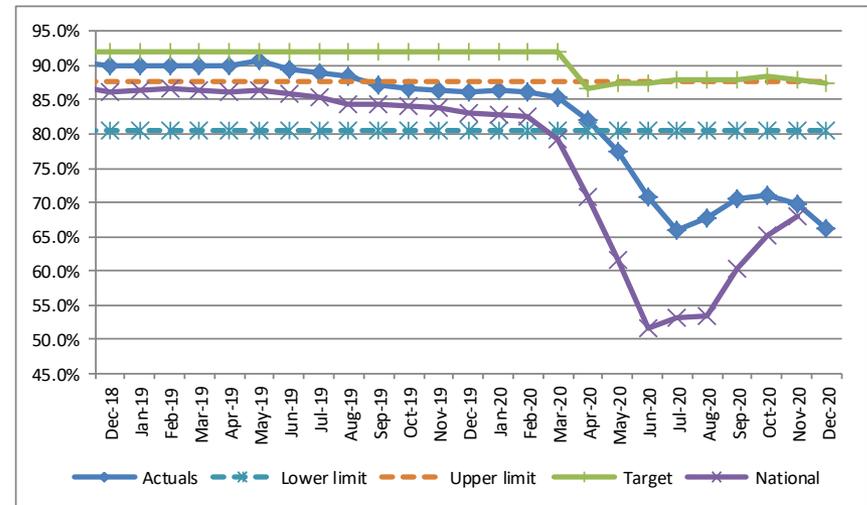
## Diagnostic waiters, 6 weeks and over-DM01



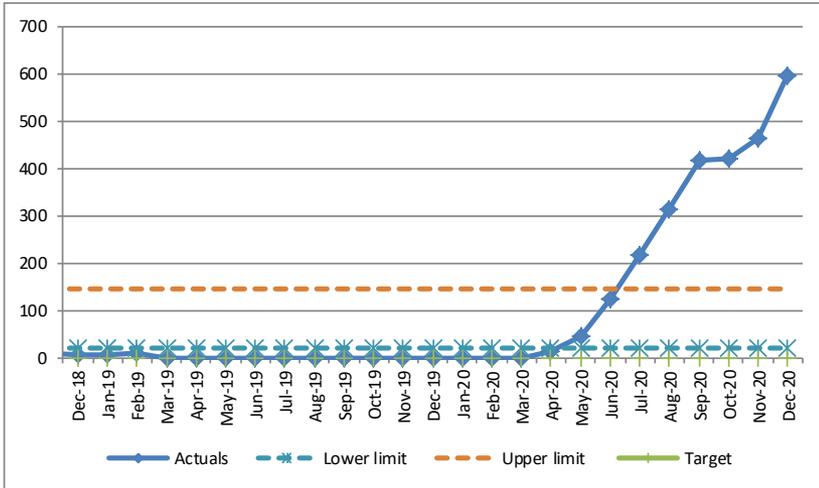
## Total number of patients on an incomplete RTT pathway (PTL/waiting list size)



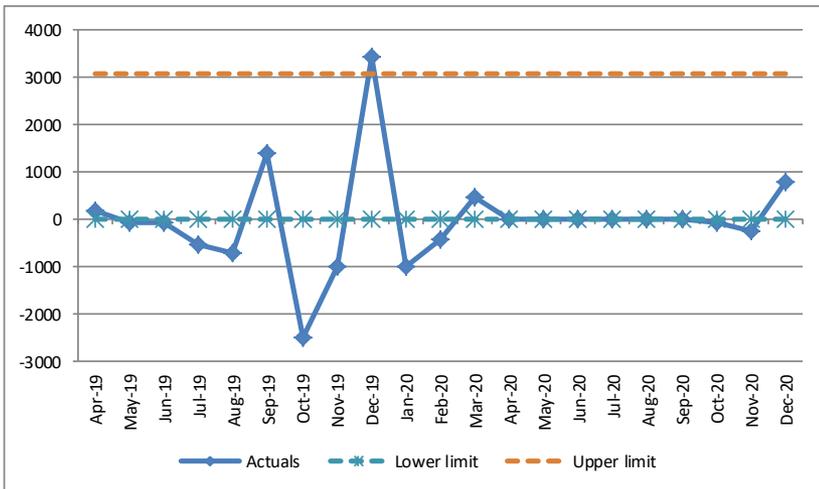
## % of patients within 18 weeks referral to treatment time - incomplete pathways



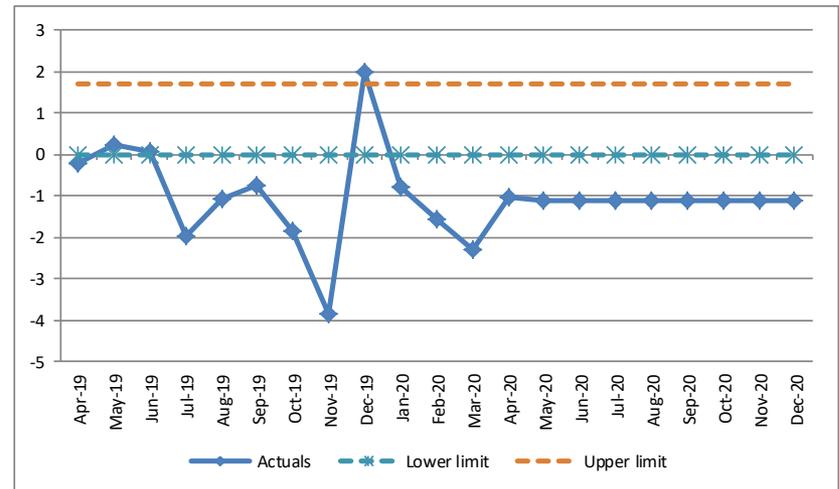
Number of cases exceeding 52 weeks referral to treatment



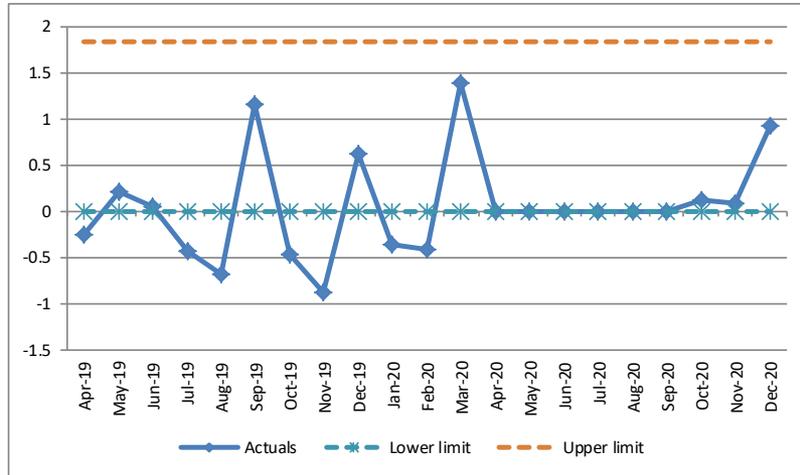
Trust level performance against FIT target



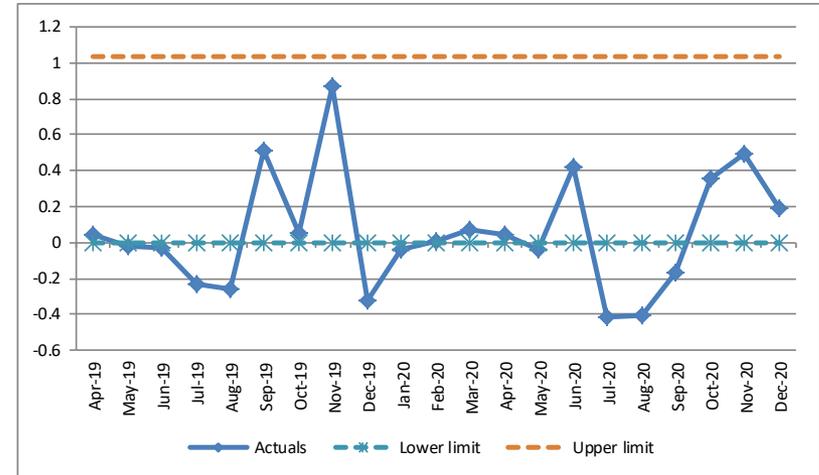
Underlying financial position against strategy



Trust level performance against FIP plan



Capital expenditure against plan



Procurement League Table Score

