



Single Oversight Framework

Reporting Period: Month 10
2020/21

Inspected and rated

Good



Single Oversight Framework – Month 10



Sherwood Forest Hospitals
NHS Foundation Trust

Overview

Domain	Overview & risks	Lead
Overview	<p>The SOF covers month ten (January). It is shorter in length, it uses statistical process control graphs and it is designed to focus attention on the key areas. You will see throughout the SOF clear references to the impact of Covid. We continue to be proud of the care we provide and we are grateful for the efforts of all colleagues directly or indirectly involved in patient care.</p>	CEO
Quality Care	<p>During month 10, 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 Team monitor this on a weekly basis, alongside the monthly NMAHP board. All incidents related to staffing have been low 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 6 exceptions reported for month 10;</p> <ul style="list-style-type: none"> • CDIF; YTD we have had 29 cases, a trajectory has not been set but this represents an improvement when compared to last year (31 YTD at month 10) we continue to manage cases in the same way as 2019/2020 • Covid-19 YTD we have had 80 cases against a target of 0. This represents a significant increase in nosocomial infections which is consistent with neighbouring organisations. A significant number of these cases had missed their day 3 and 5-7 Covid swabs; which means they may not be true nosocomial cases. 3 and 5-7 day swabbing compliance has been improved from 35% to above 75%. In January 2021 Point of Care testing was implemented within the Emergency Department and this has had a positive impact on reducing nosocomial infections in February. Root cause analysis has been requested for each of these and a thematic review is taking place. Our compliance with the Infection, Prevention and Control Board Assurance Framework remains excellent with compliance in 100/102 domains; the Quality Committee will review this in March. • Maternity recommendation rate; performance 76.3% (YTD 89%). The FFT response rate for maternity in January 2021 is reported at 8%, this highlights a further decrease from the 11% reported in December 2020. We are currently working with the supplier to understand this as the pandemic has left us with text as the only method to collect this data. Within the antenatal clinic there is a theme of clinics not running to time. There is also a trend in patient’s comments with regards to midwives communication to one another. Triangulation with complaints has revealed no increase in maternity services. • Dementia screening; action plan in place to improve screening by allowing registered nurses to complete the assessment. This is has been on hold due to the pandemic but a soft launch is now planned. • 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 trust we are resolving. • Cardiac arrest rate per 1000 admissions; performance has improved to 1.42 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. This metric now captures all areas within the hospital so the threshold will be reviewed in the new financial year. 	MD, CN

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<p>People & Culture</p>	<p>Overall, in M10 COVID-19 has impacted on Staff Health and Wellbeing at the Trust. Sickness Absence levels have increased from M9 to 5.66%. The increase has resulted from the COVID-19 pandemic and winter illnesses.</p> <p>Additional activity continues through the services provided from the Trust Occupational health Service as expected and this presents capacity challenges. The annual HCW flu vaccination programme has commenced and the Trust is performing excellently against national and local peers. 87.7% of front line staff have received their vaccination, the CQUIN target this season is 90% front line uptake, last season CQUIN target was 80%. The annual campaign finishes on 28 February 2021, hence it is expected that the Trust will not hit the 90% CQUIN target, however the current uptake is the highest ever achieved.</p> <p>Compliance against Mandatory and Statutory Training and appraisal continue to be impacted due to COVID-19 pandemic. Mandatory and Statutory Training and appraisals have been paused until the end of March 2021, this is to help the delivery of safe patient care. Planning is underway to put on additional mop-up sessions to bring colleagues back into date with their training and provide support to leaders to enable appraisals to be completed.</p> <p>The Trust’s turnover rates are reported at 0.6% for January 2021, this sits below the Trust level (0.9%). Additionally the Trust is also seeing reduced levels in vacancies (reported 4.9%) and overall there has been a reduction in vacancies at the Trust over the previous 12 months.</p> <p>A number of Health and Wellbeing initiatives have been implemented over month 10 including (but not limited to) the continuation of Wellbeing Roadshows and ‘Wellbeing Boards’ at service level, hot food available 24/7 across all sites with increased rest areas for colleagues to take time to rest and recuperate and a dedicated ICP-wide webinar on supporting children during Covid. In addition a wellbeing letter is being distributed to all staff at the Trust to signpost individuals to support available during these unprecedented and challenging times.</p> <p>An additional dedicated targeted clinical psychology support offer has been introduced for staff working in ED, CCU and the Respiratory wards. This is in the form of a secondment arrangement with Notts Healthcare Trust of two part time experienced clinical psychologists to provide extra support for staff working specifically in these areas. The offer includes structured debrief/detox/reflection team sessions, rapid access to brief 1-1 sessions, and the provision of specialist advice for managers as to how best support staff who are in distress.</p>	<p>DOP, DCI</p>

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People & Culture	<p>Mass Vaccination</p> <p>As part of the national roll out of COVID-19 vaccinations, Sherwood Forest Hospitals NHS Foundation Trust are leading on the workforce element, this includes the recruitment, rostering and training (with support from Nottinghamshire Health Care).</p> <p>To date the Trust have recruited over 3,000 staff via a Bank Agreement to support the mass vaccination programme.</p> <p>The Hospital hub based at King’s Mill Hospital provides services to vaccinate the population but also Sherwood Forest Hospitals Staff. To date the hospital hub has vaccinated 4,159 staff which equates to 81% of the workforce.</p>	DOP, DCI

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<p>Timely Care</p>	<p>Emergency care waiting times were below the original planned standard for the first time in 20/21 in January and were ranked 21/117 in the NHS. This was mainly related to the high levels of Covid inpatients (at times double seen in Spring 2020) and the delays to admission that are consequently created (bed moves, cleaning) along with the workforce reductions at times of high covid inpatient incidence. Despite this ED majors/resus occupancy was similar to last year with 95% against 96% in Jan 2020. There was also a substantial increase against threshold for patients who are medically safe going to onward external care – again mainly related to specific capacity for Covid inpatients. Additional nursing care beds were opened over and above the winter plan to try to off set this. Ambulance turnaround times remains very good, the best in EMAS for >30 minute delays.</p> <p>All Cancer services continue to be available. Increasing referrals are now being seen on 2WW (20% growth on Dec 19, 245 patients) Whilst FDS performance remains good for December at 79.1% of patients being diagnosed or given the all clear within 28 days this increase in referrals is causing additional pressure and extended waits within diagnostic capacity notably CT colon (LGI) and template biopsy (Urology). This, in addition to extended waits for oncology (provided by the tertiary centre) has led to the volume of patients waiting over 62 days exceeding trajectory in January and into February. Average waits for treatment is 54 days (50 days in March 2020) and the 85th percentile wait is 84 days (79 days March 2020) are similar to pre-pandemic levels. The key focus remains on the capacity within the diagnostic phase as well as the redesign of that phase of pathways led by the new deputy Clinical lead for Cancer.</p> <p>Following the growth over the spring/summer of 2020 caused by the service pause, the Elective waiting list remains stable at between 36k-37k. The shape of the waiting list is changing with the volume of 52+ week waiting now at 990. Operative capacity remains constrained by critical cares use of Theatres to safely manage the Covid surge. All patients waiting for surgery are allocated a prioritisation code by their clinicians in line with national guidance. A daily clinically led surgical prioritisation group is in place to ensure that P2 patients (urgent and cancer) are allocated theatre time. In addition, 52 week RTT breach patients have a health check call by a Clinical Nurse Specialist to assess any potential impact to the patient from delays in care physically and psychologically. Where a patient flags during this review the Trusts harm review process is put into place.</p> <p>From an Outpatient perspective, activity is consistently between 80-85% when compared to last year. In the region of 30-40% of appointments are being undertaken using virtual methods for appointments. It is a key priority to sustain this over the coming year. Diagnostics continue to perform relatively well and an extension to the NHSIE funded additional CT capacity has been secured. The significant contributor to the >6 week backlog is ECHO equating to over 50% of the breaches. A recovery plan is in place and progress is noted in February.</p>	<p>COO</p>

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<p>Best Value Care</p>	<p>During January the Trust has reported a year-to-date deficit of £3.9m, which is £1.3m better than the Phase 3 Financial Plan. This includes year-to-date expenditure of £328.5m, which includes COVID-19 expenditure totalling £18.0m. Costs relating to the Covid-19 vaccination programme are included with equal income assumed to cover these costs.</p> <p>The forecast outturn as at the end of January is a £9.7m deficit, which is £0.5m adverse to plan. This includes an ‘allowable’ annual leave creditor movement of £3.0m expected at Month 12. Taking this into account the adjusted deficit is £6.7m, which £2.5m better than planned. NHSE/I discussions continue and further allowances will be made in respect of other income and the impact of 2019/20 non recurrent actions.</p> <p>Capital expenditure at the end of January is above phased plan by £1.33m and includes Covid-19 related Capital expenditure. The Trust is forecasting to exceed its capital expenditure plan by £3.19m due to additional funding awarded in respect of Emergency /Resus department, Adult Critical Care, Endoscopy (Adapt and Adopt), Breast Screening, LIMS and Critical Infrastructure projects.</p>	<p>CFO</p>

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Overview (1)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director	
QUALITY CARE	Safe	% of patients receiving harm free care	95%	Jan-21	97.3%	98.3%		G	MD/CN
		Admission of term babies to neonatal care as a % of all births	6%	Jan-21	3.7%	4.7%		G	CN
		Clostridium Difficile infection rate per rolling 12 months 100,000 OBD's	22.6	Jan-21	19.23	28.76		R	MD
		Covid-19 Hospital acquired cases	0	Jan-21	80.0	34		R	MD
		MRSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	0	Jan-21	0.00	0.00		G	MD
		MSSA bacteraemia infection rate per rolling 12 months 100,000 OBD's	17	Jan-21	11.28	0.00		G	MD
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Oct-20	94.6%	95.1%		G	CN
		Safe staffing care hours per patient day (CHPPD)	>8	Jan-21	11.2	9.1		G	CN
	Caring	Recommended Rate: Friends and Family Accident and Emergency	93.0%	Jan-21	91.2%	93.4%		G	MD/CN
		Recommended Rate: Friends and Family Inpatients	93.0%	Jan-21	98.0%	95.9%		G	MD/CN
		Recommended Rate: Friends and Family Maternity	93.0%	Jan-21	89.0%	76.3%		R	MD/CN
		Eligible patients asked case finding question, or diagnosis of dementia or delirium	≥90%	Jan-21	36.2%	29.0%		R	MD/CN
	Effective	Rolling 12 months HSMR (basket of 56 diagnosis groups)	100	Oct-20	111.3	-		R	MD
		SHMI	100	Aug-20	97.59	-		G	MD
		Cardiac arrest rate per 1000 admissions	0.83	Jan-21	0.99	1.42		R	MD

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Overview (2)



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At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director
PEOPLE & CULTURE	Staff health & well being	Health & Well Being Sickness Absence	3.5%	Jan-21	4.6%	5.7%		R	DOP
		Take up of Occupational Health interventions	1000 - 1250	Jan-21	25117	2433		R	DOP
		Flu vaccinations uptake - Front Line Staff	90.0%	Jan-21	86.9%	-		on target	DOP
		Employee Relations Management	10	Jan-21	63	7		G	DOP
	Resourcing	Vacancy rate	7.5%	Jan-21	5.4%	4.5%		G	DOP
		Turnover in month (excluding rotational doctors)	0.8%	Jan-21	0.4%	0.6%		G	DOP
		Number of apprenticeships on programme	100	Jan-21	160	-		G	DOP
		Mandatory & Statutory Training	93%	Jan-21	91.0%	90.0%		A	DOP
		Appraisal	95%	Jan-21	86.0%	87.0%		R	DOP

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Overview (3)



Sherwood Forest Hospitals
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At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director	
Timely Care	Emergency Care	Emergency access within four hours Total Trust	89.6%	Jan-21	94.2%	85.1%		R	COO
		General & Acute Bed Occupancy	92.7%	Jan-21	70.6%	86.1%		G	COO
		Number of inpatients >21 days	67	Jan-21	-	145		R	COO
		Number of Ambulance Arrivals	3497	Jan-21	30488	3409		G	COO
		Percentage of Ambulance Arrivals > 30 minutes	15.3%	Jan-21	3.7%	3.1%		G	COO
	Cancer Care	62 days urgent referral to treatment	85.0%	Dec-20	68.0%	69.2%		R	COO
		Cancer faster diagnosis standard	78.0%	Dec-20	76.2%	77.7%		R	COO
	Elective Care	Diagnostic waiters, 6 weeks and over-DM01	0.9%	Jan-21	-	34.0%		R	COO
		Total number of patients on an incomplete RTT pathway (PTL/waiting list size)	26630	Jan-21	-	36680		R	COO
		% of patients within 18 weeks referral to treatment time - incomplete pathways	87.5%	Jan-21	-	63.0%		R	COO
		Number of cases exceeding 52 weeks referral to treatment	0	Jan-21	3611	990		R	COO

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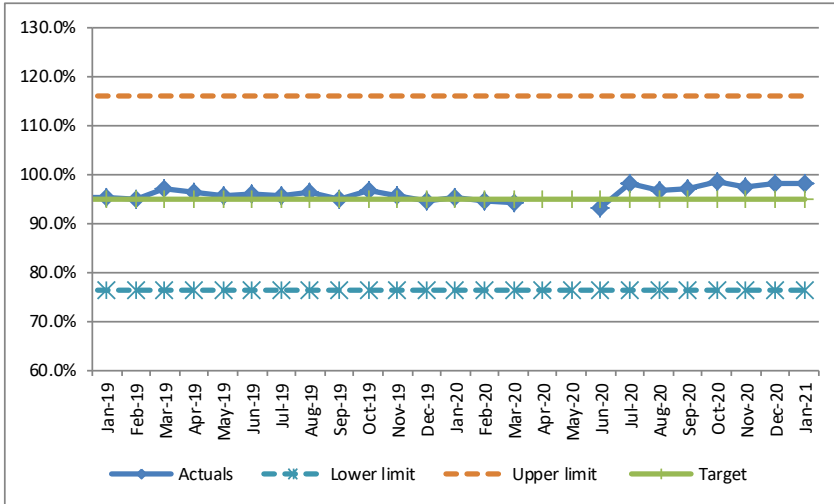
Overview (4)



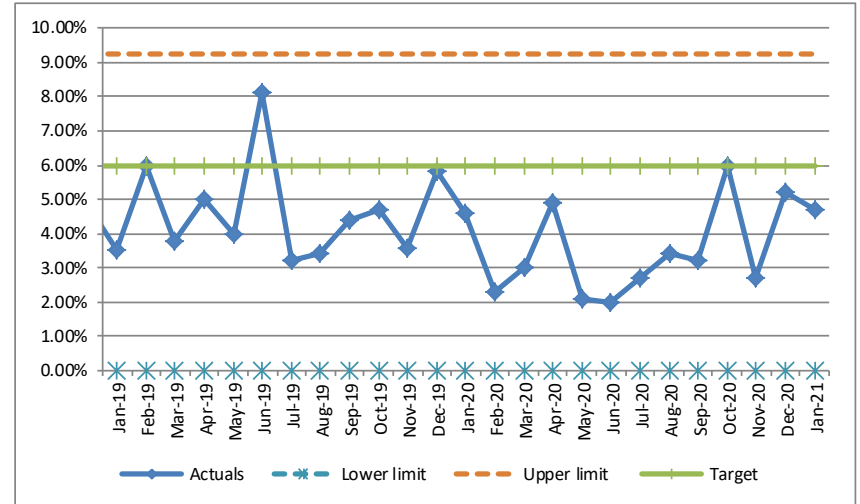
Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly Actuals	Trend	RAG Rating	Executive Director	
Best Value Care	Finance	Trust level performance against FIT target	£0.00m	Jan-21	£1.33m	£0.87m		A	CFO
	Underlying financial position against strategy	£0.00m	Jan-21	-£23.35m	-£1.13m		R	CFO	
	Trust level performance against FIP plan	£0.00m	Jan-21	£0.96m	-£0.18m		G	CFO	
	Capital expenditure against plan	£0.00m	Jan-21	£1.33m	£0.87m		G	CFO	
	Procurement League Table Score	49.8	2019/20	41.9	41.9		R	CFO	

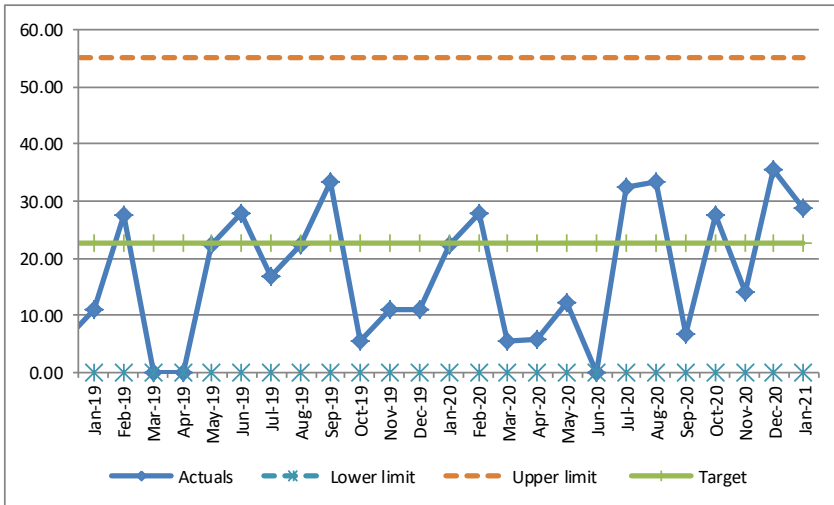
% of patients receiving harm free care



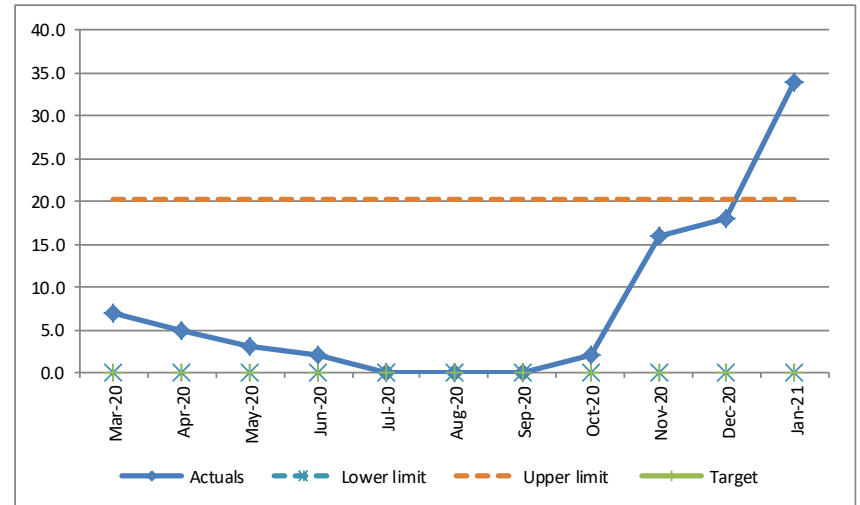
Admission of term babies to neonatal care as a % of all births



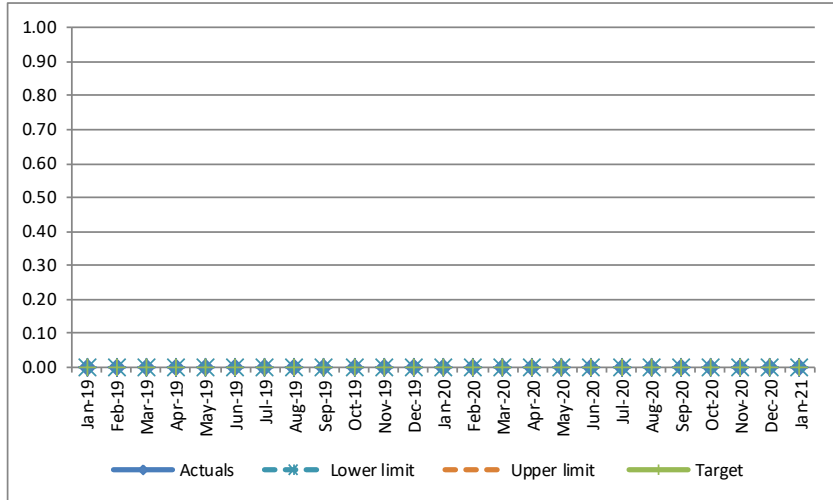
Clostridium Difficile infection rate per rolling 12 months 100,000 OBD's



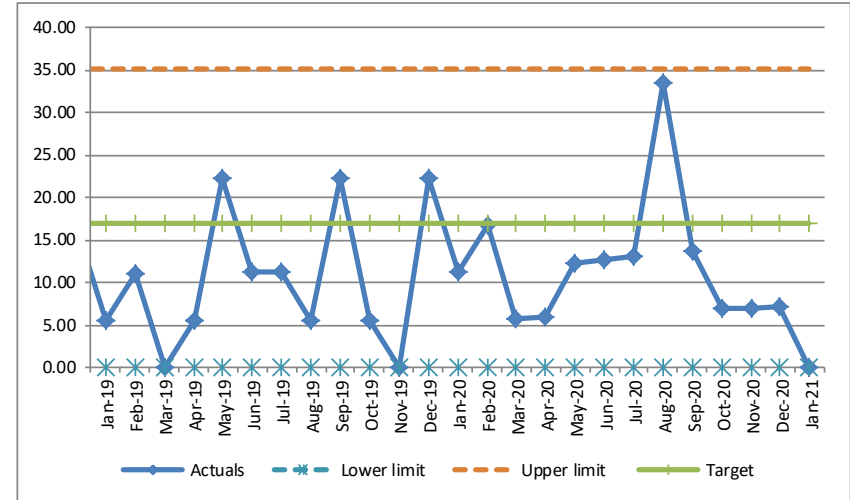
Covid-19 Hospital acquired cases



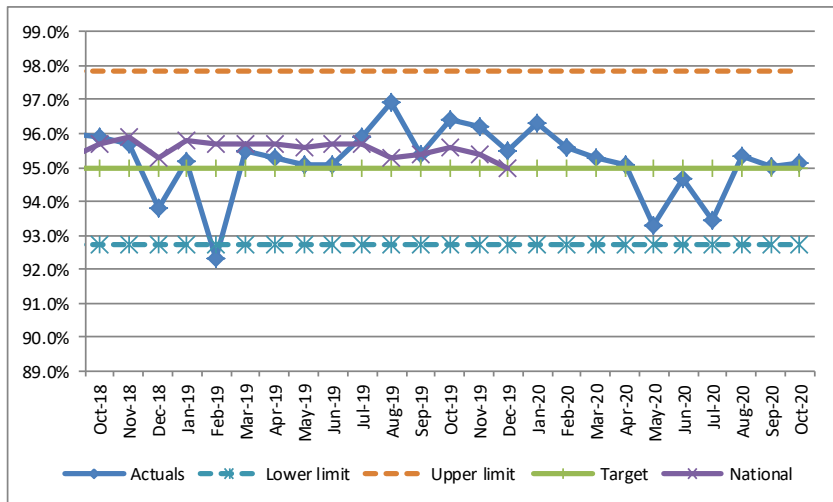
MRSA bacteraemia infection rate per rolling 12 months 100,000 OBD's



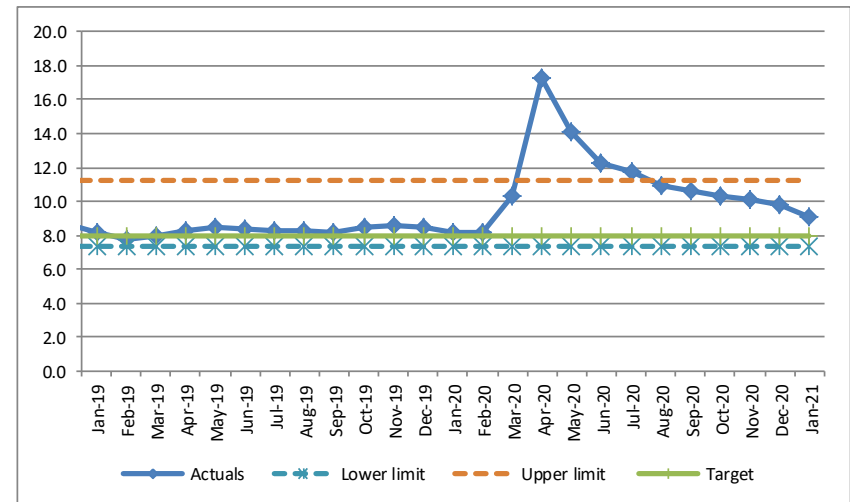
MSSA bacteraemia infection rate per rolling 12 months 100,000 OBD's



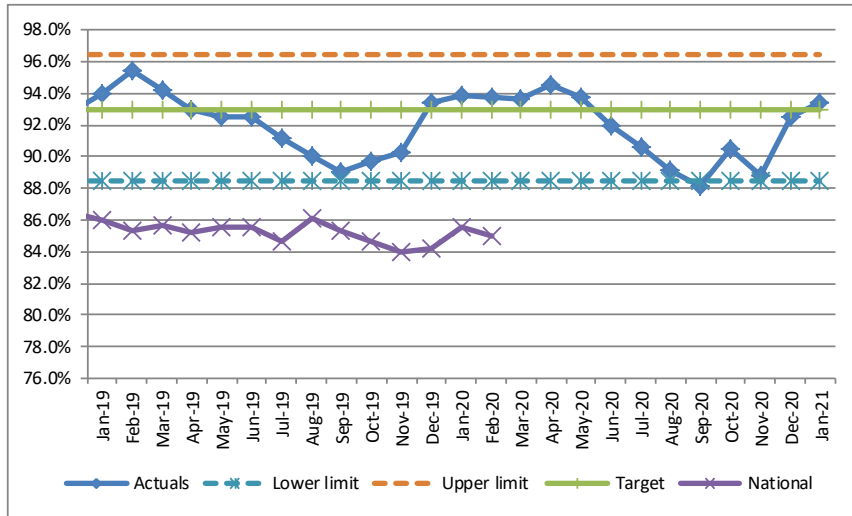
Eligible patients having Venous Thromboembolism (VTE) risk assessment



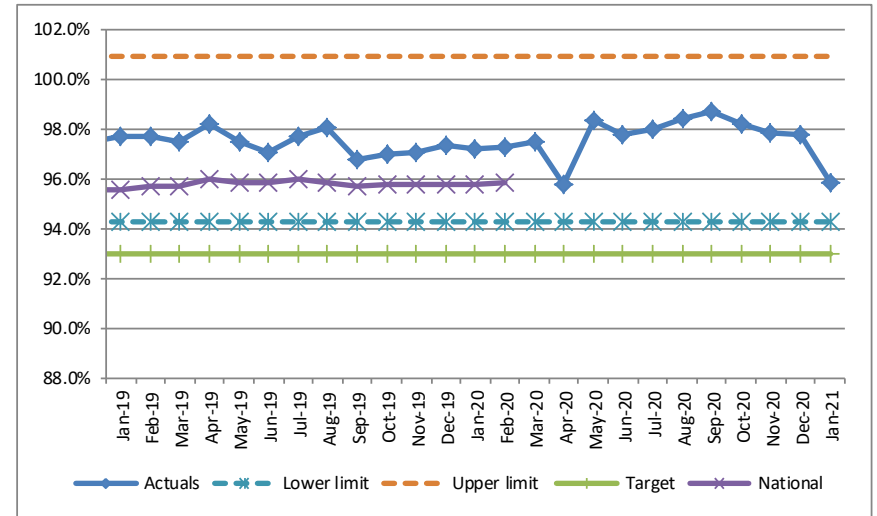
Safe staffing care hours per patient day (CHPPD)



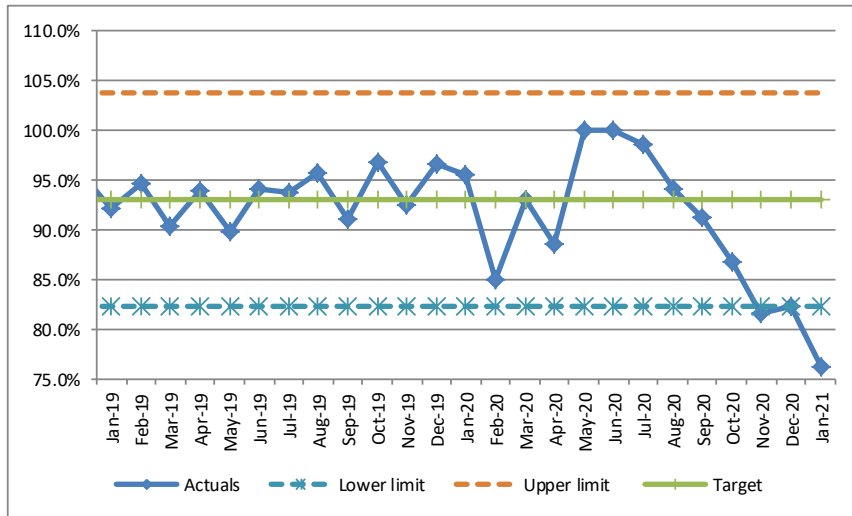
Recommended Rate: Friends and Family Accident and Emergency



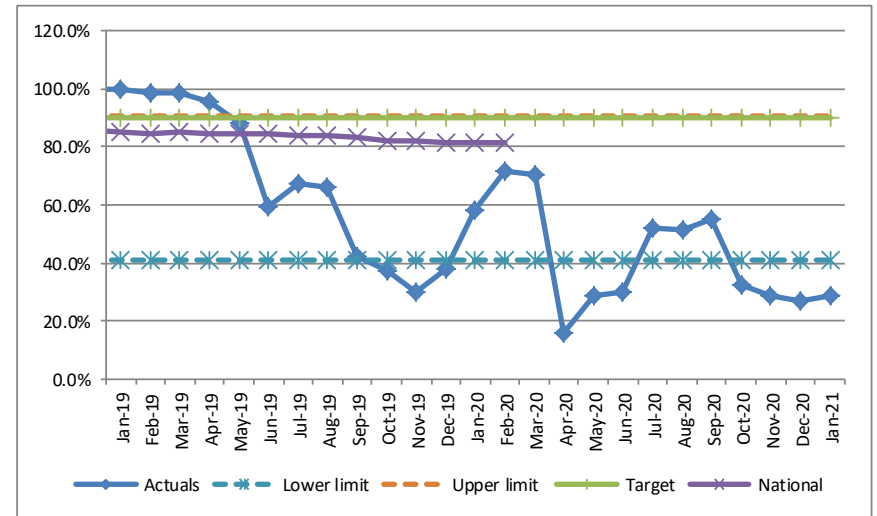
Recommended Rate: Friends and Family Inpatients



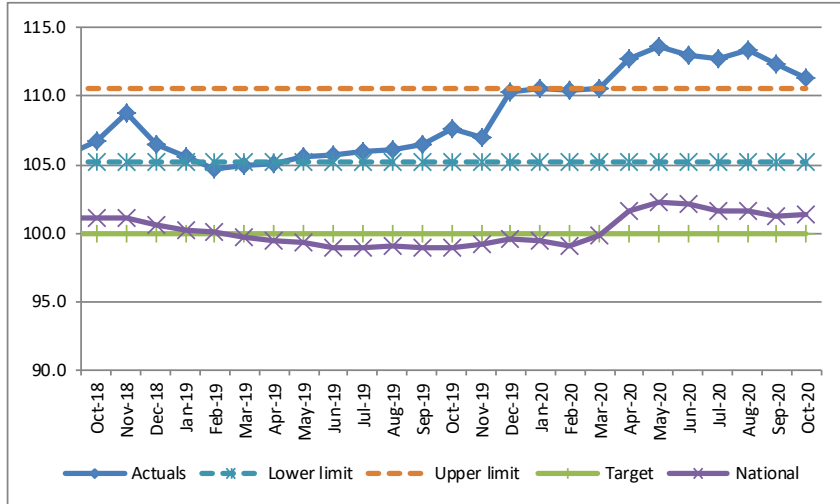
Recommended Rate: Friends and Family Maternity



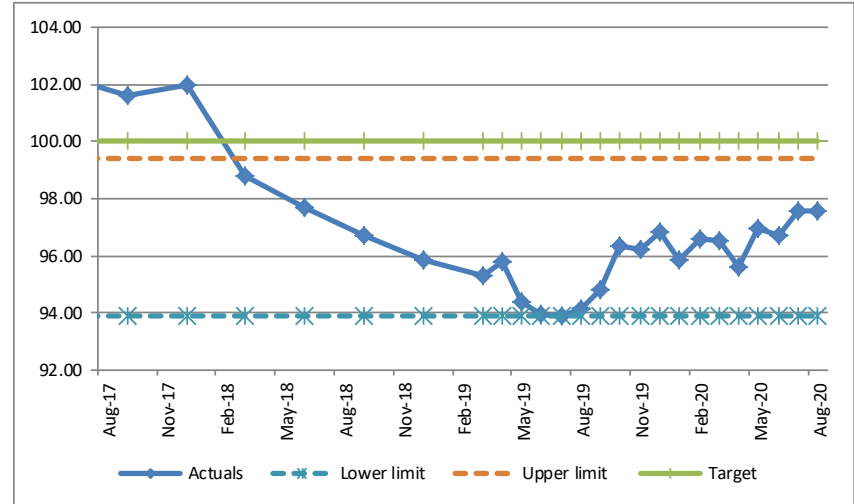
Eligible patients asked case finding question, or diagnosis of dementia



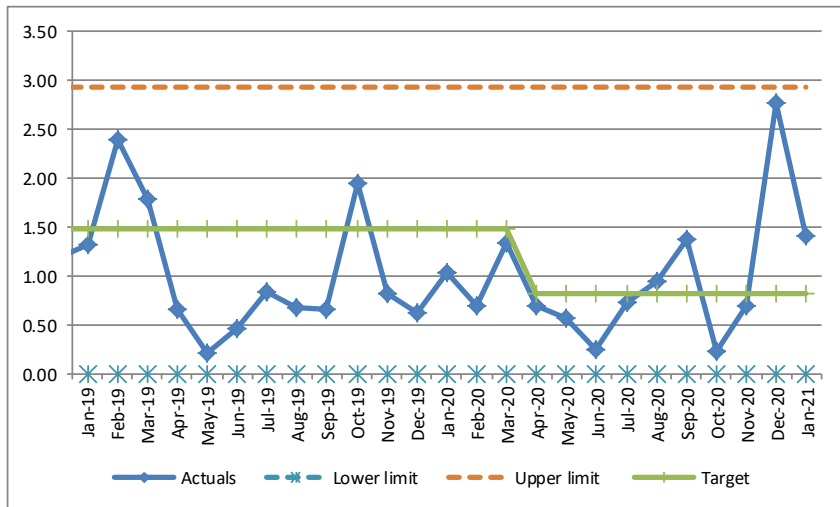
Rolling 12 months HSMR (basket of 56 diagnosis groups)



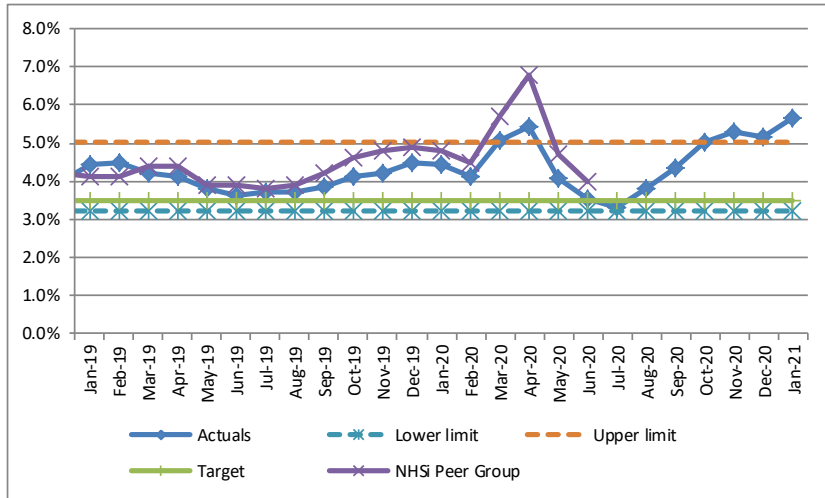
SHMI



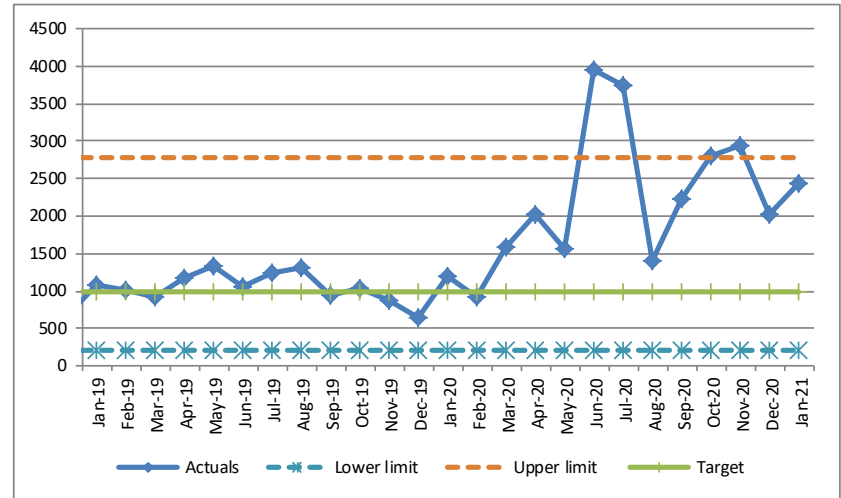
Cardiac arrest rate per 1000 admissions



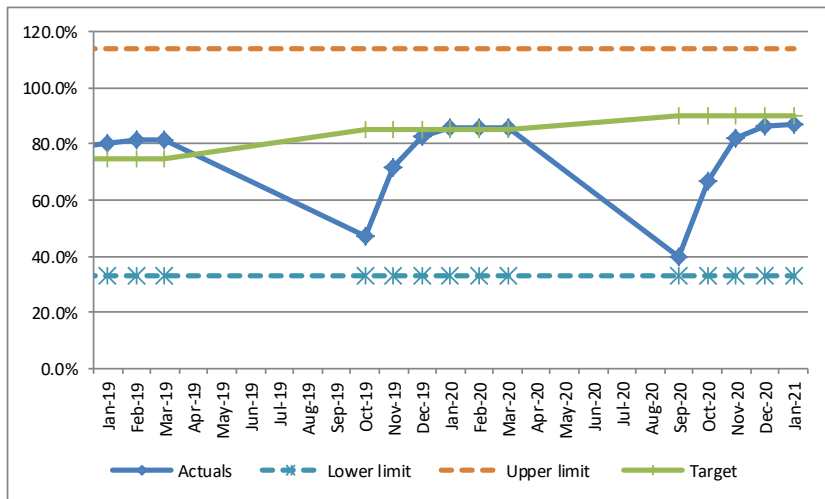
Health & Well Being Sickness Absence



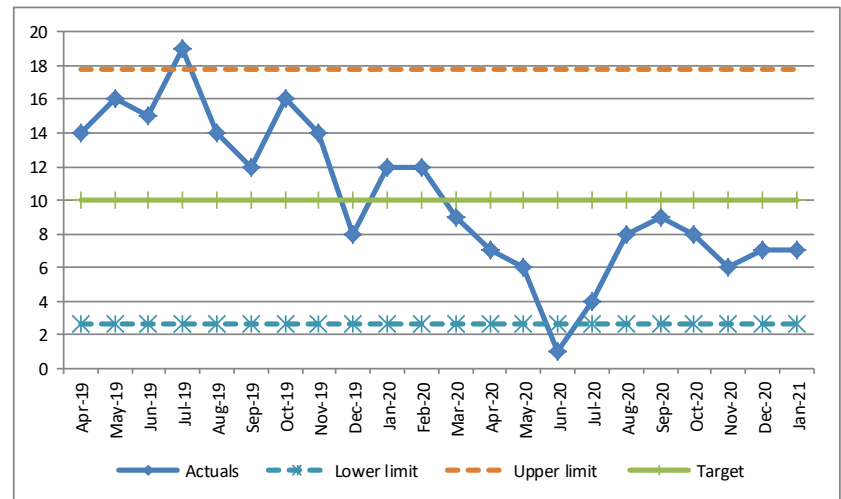
Take up of Occupational Health interventions



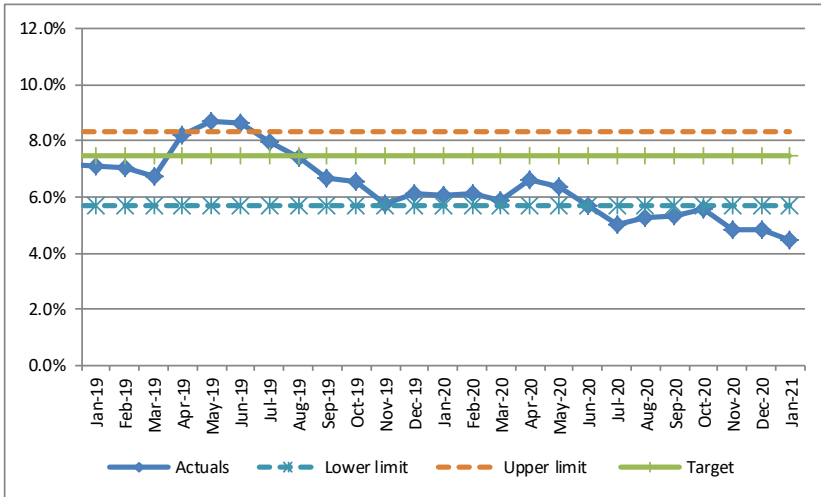
Flu vaccinations uptake - Front Line Staff



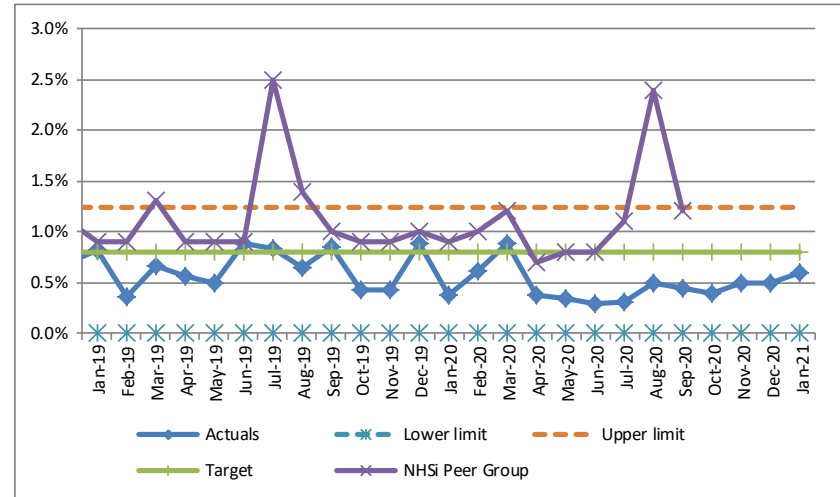
Employee Relations Management



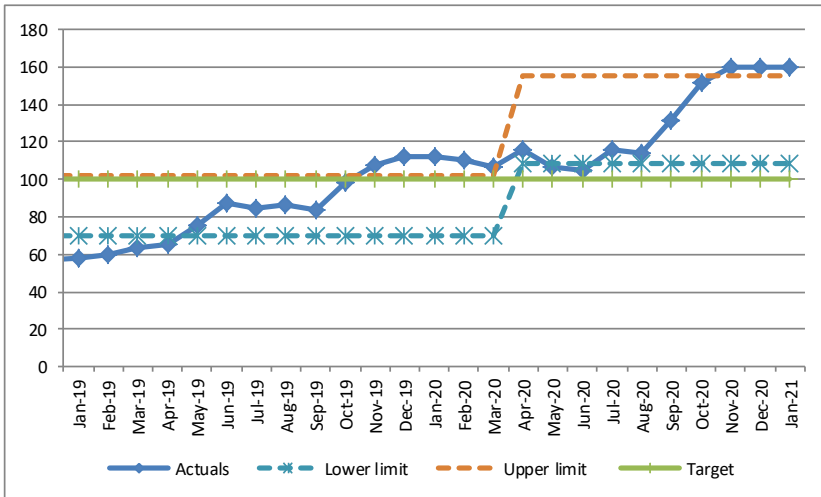
Vacancy rate



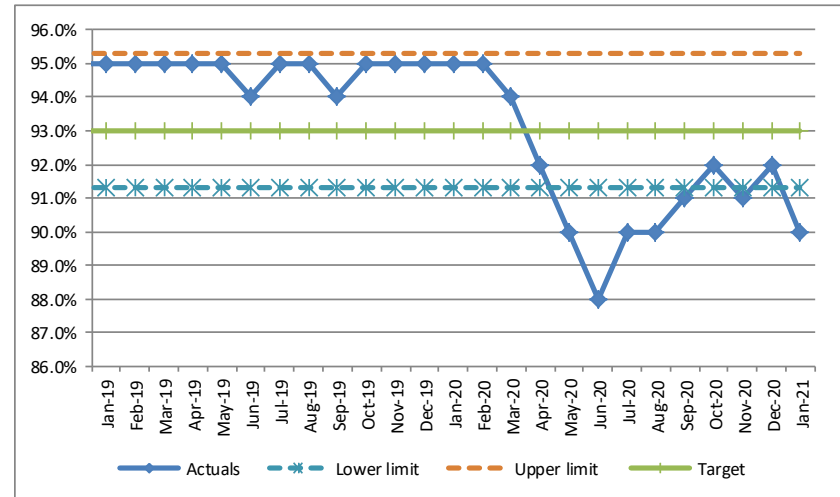
Turnover in month (excluding rotational doctors)



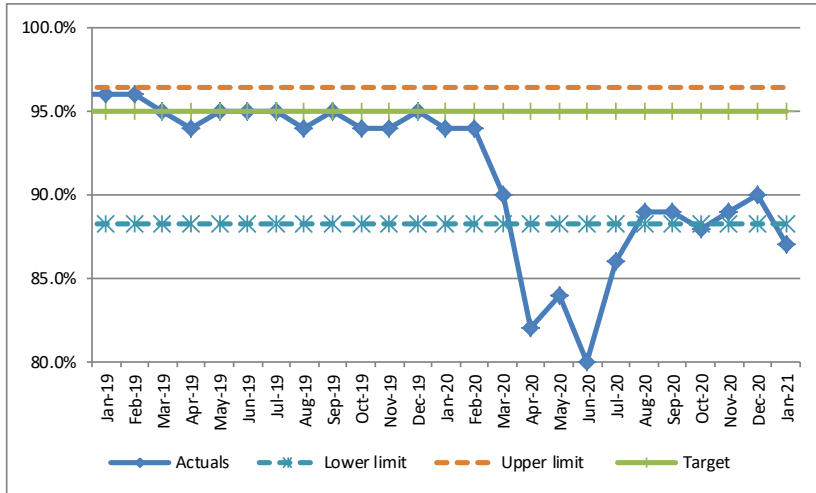
Number of apprenticeships on programme



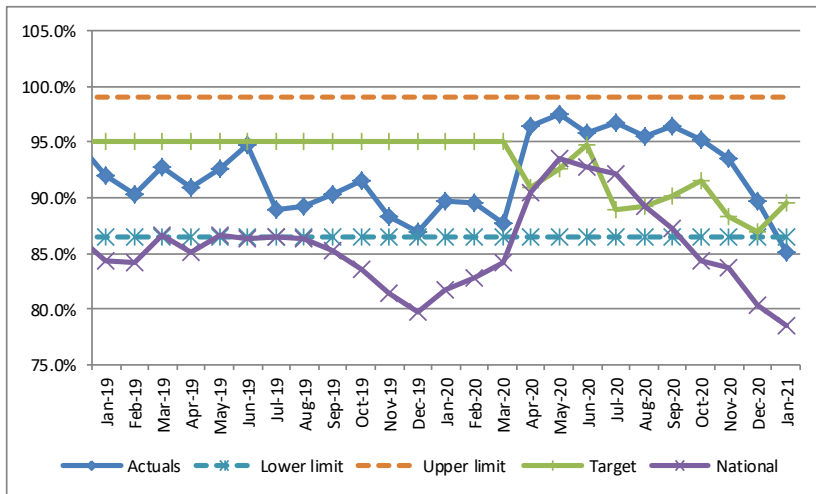
Mandatory & Statutory Training



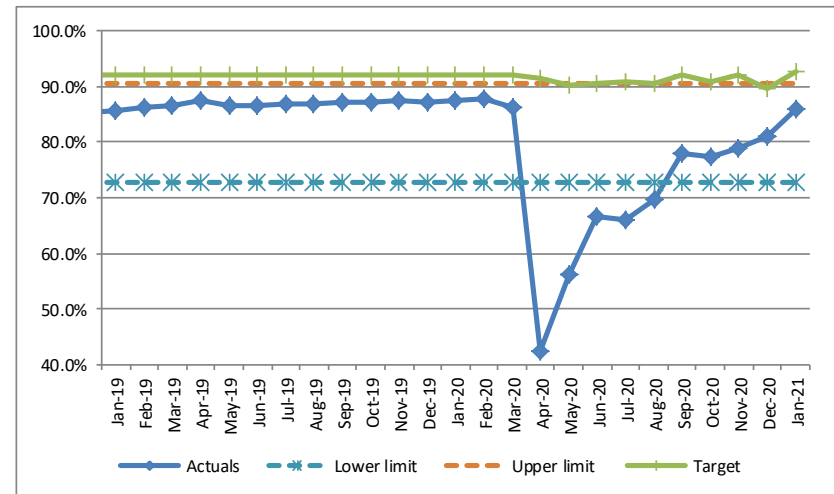
Appraisal



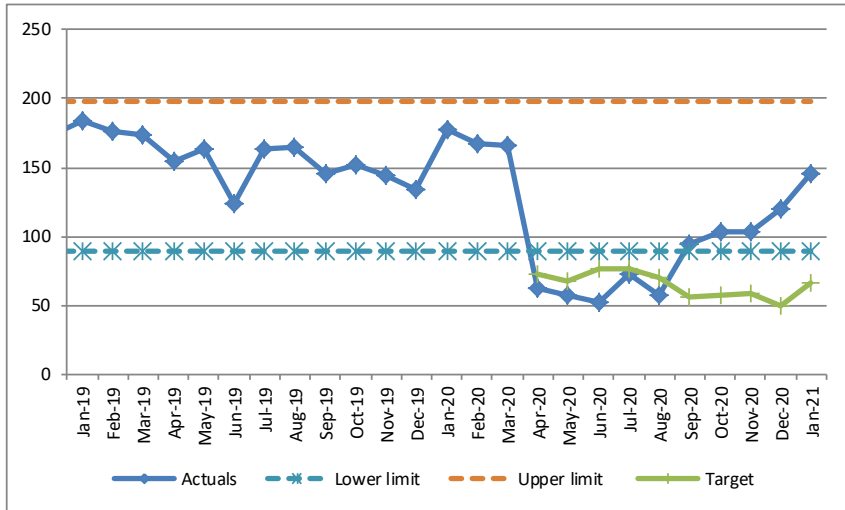
Emergency access within four hours Total Trust



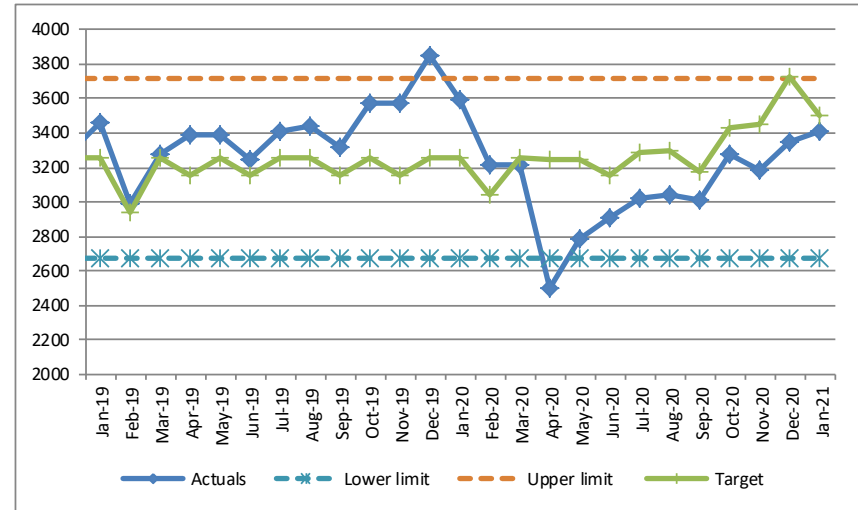
General & Acute Bed Occupancy



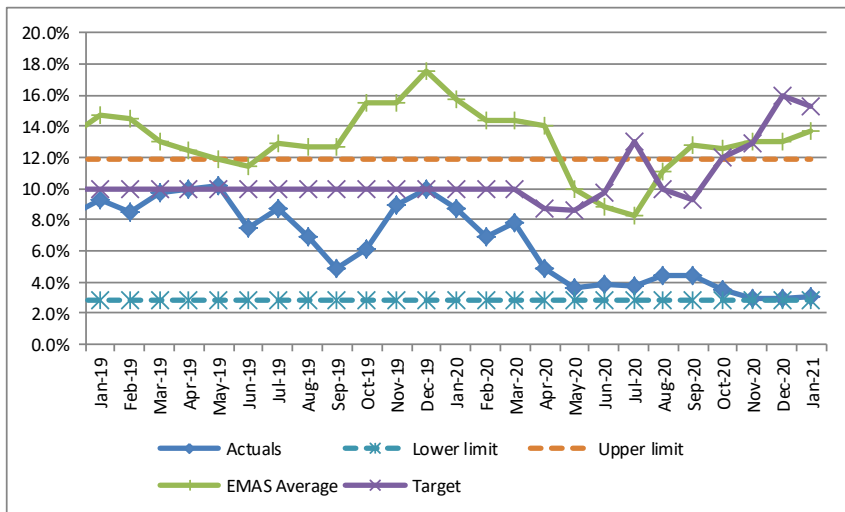
Number of inpatients >21 days



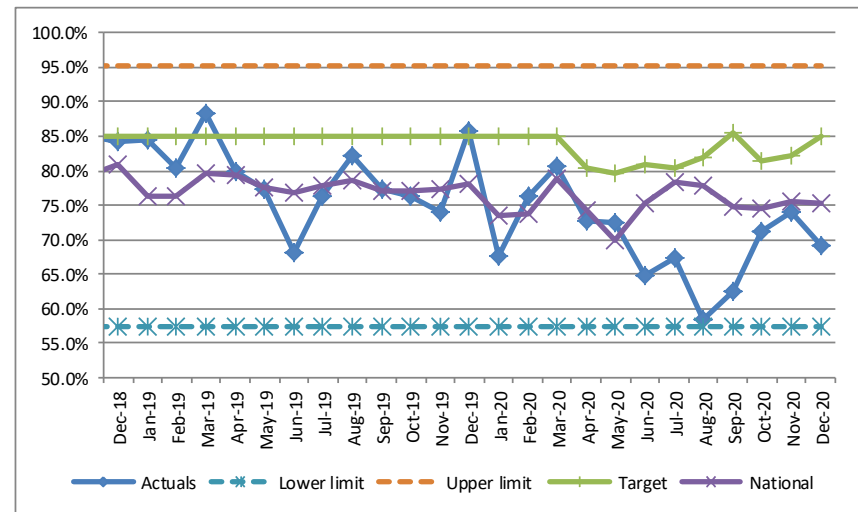
Number of ambulance arrivals



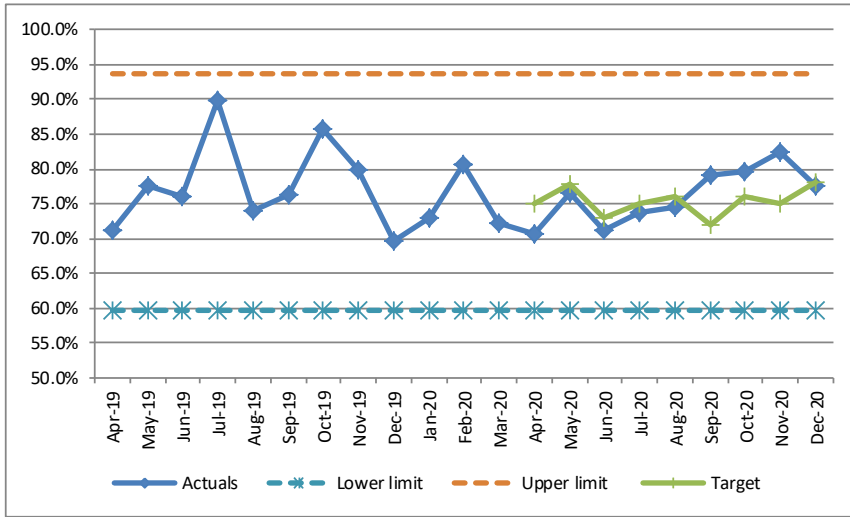
Percentage of ambulance handovers > 30 minutes



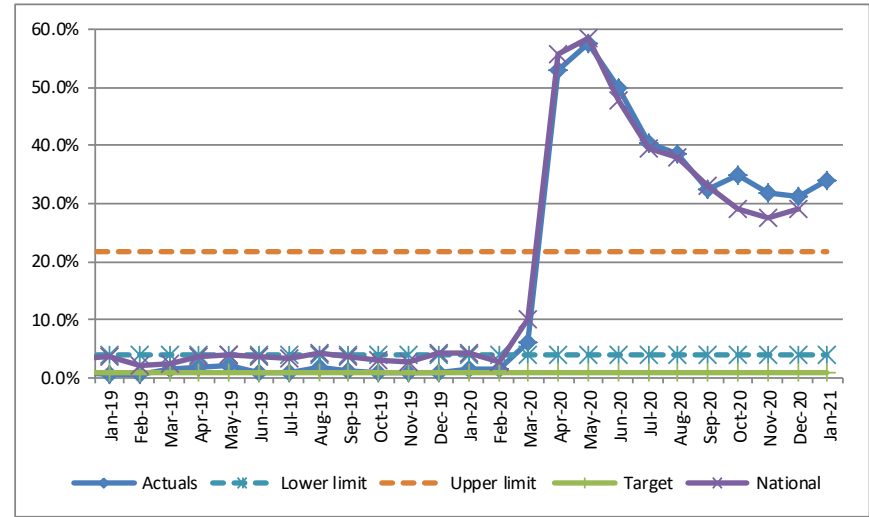
62 days urgent referral to treatment



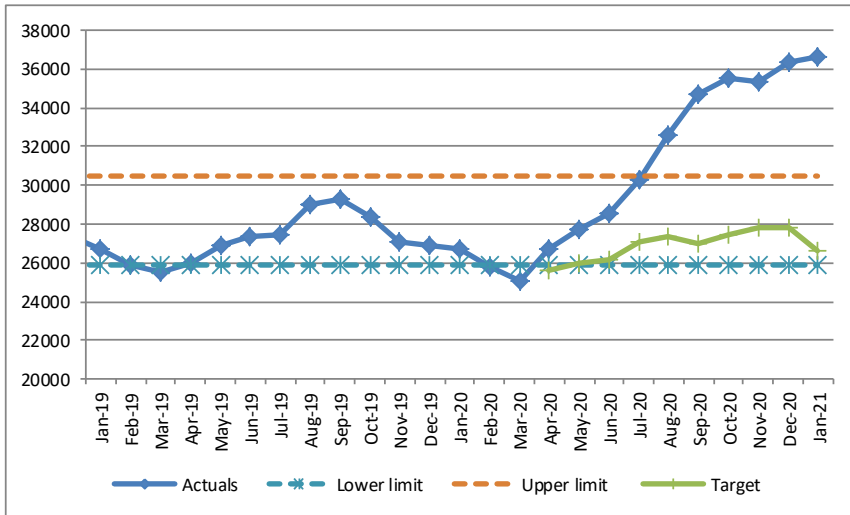
Cancer Faster Diagnosis



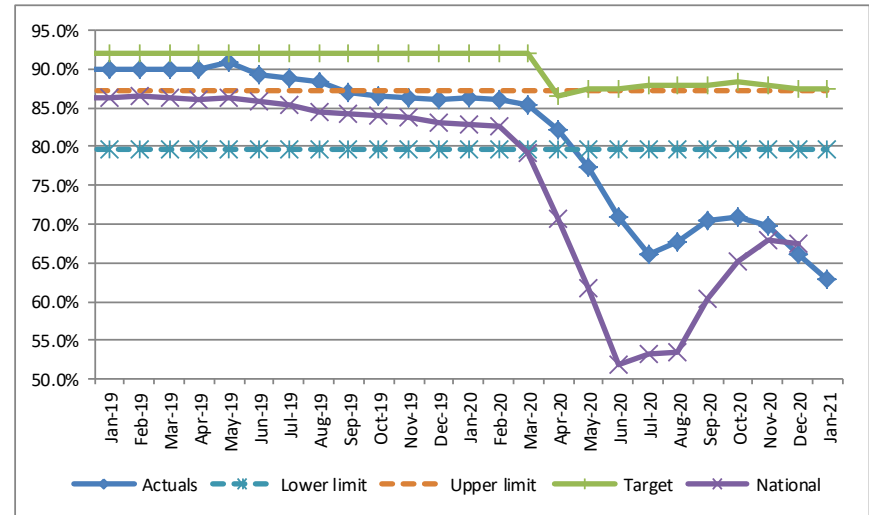
Diagnostic waiters, 6 weeks and over-DM01



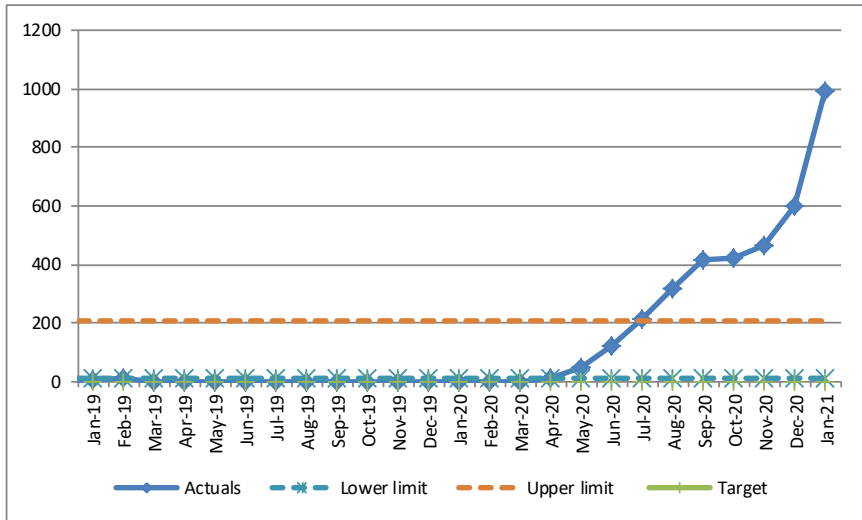
Total number of patients on an incomplete RTT pathway (PTL/waiting list size)



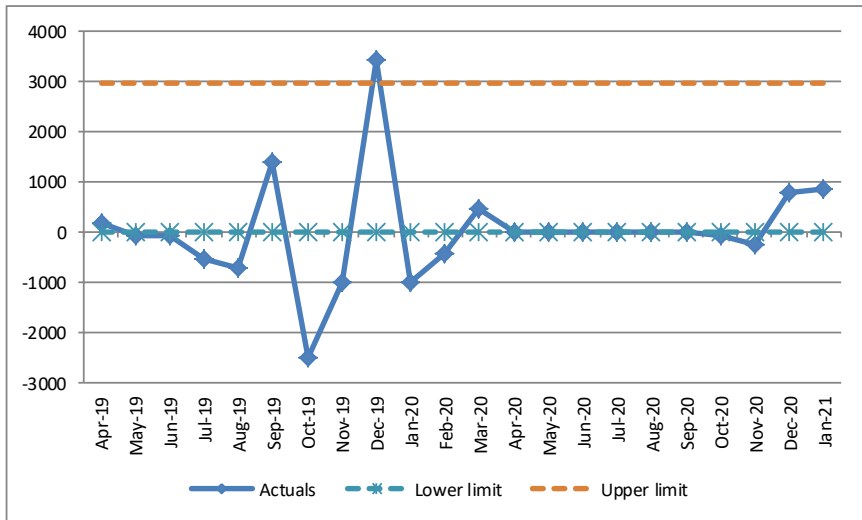
% of patients within 18 weeks referral to treatment time - incomplete pathways



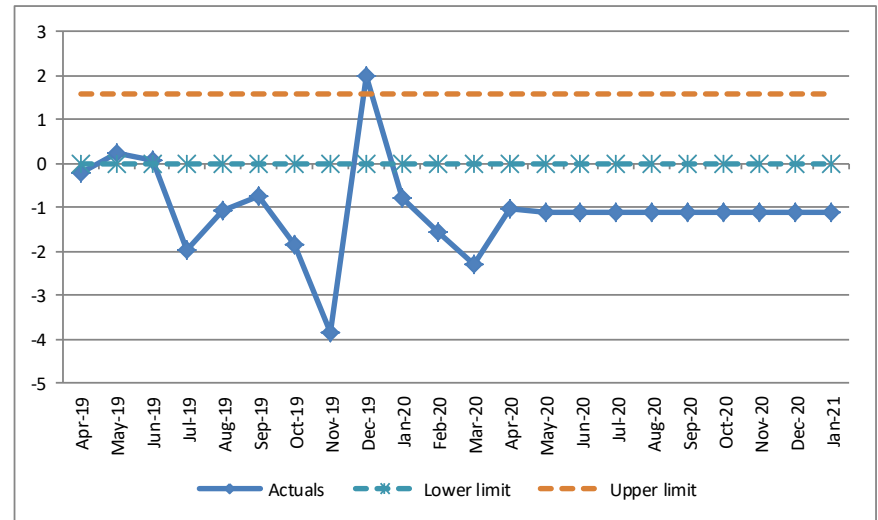
Number of cases exceeding 52 weeks referral to treatment



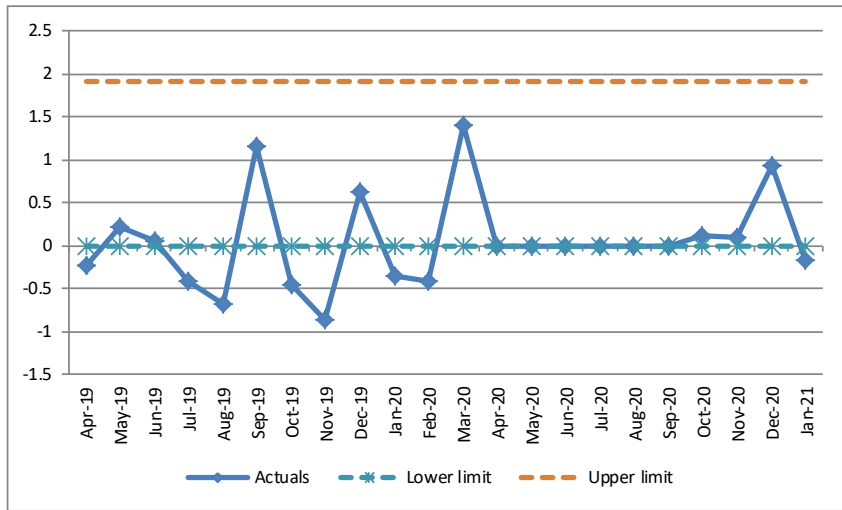
Trust level performance against FIT target



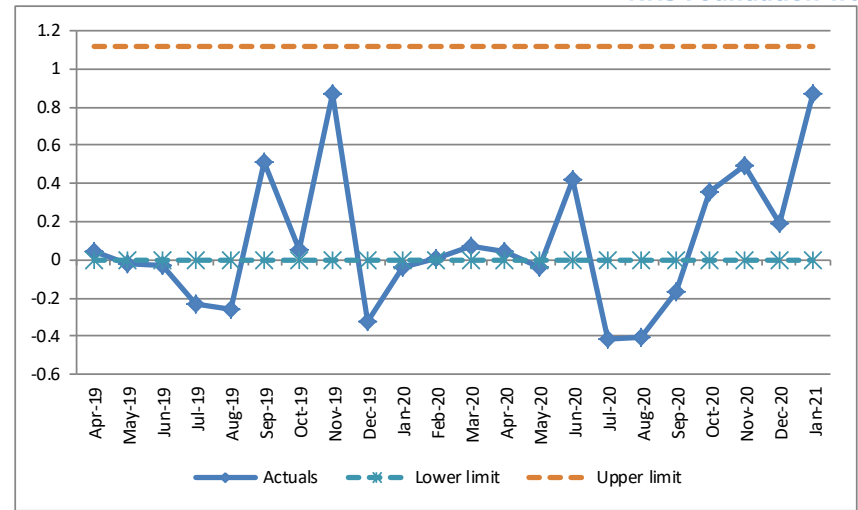
Underlying financial position against strategy



Trust level performance against FIP plan



Capital expenditure against plan



Procurement League Table Score

