

Council of Governors Report

Single Oversight Framework Integrated Monthly Performance Report

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Authors	Senior Leadership Team
Lead Directors	Executive Team

Overall Summary

This is our analysis of Quarter one. The report reflects the views of all of the executive directors, not just the individual directors with a particular area of responsibility.

Quarter one has been a very busy quarter with the increase in activity on all patient pathways seen over the last 12 months continuing. Of the four domains we review in the SOF, organisational health, patient safety, quality and experience, access/ performance and finance, it is apparent that access/ performance has been the one most impacted by the high levels of demand.

Despite lots of effort within the Trust and outside, we have seen a material impact on our emergency care access standard. With commissioners and Nottinghamshire Healthcare NHS Trust we have jointly completed a review of the “drivers of demand”. This identifies actions we need to be taking within Sherwood and actions we need partners to take, in particular greater actions around demand management and improving community capacity. This report will come back to Board next month.

Our elective care and diagnostics standards remain relatively strong although growing concerns about the impact of the national pension’s problem may impact on these standards over the coming months. Our cancer performance has deteriorated over the last couple of months, for reasons described below and we are working with Nottingham University Hospitals NHS Foundation Trust and commissioners through the Nottingham and Nottinghamshire Integrated Care System to identify ways we can improve this pathway, in particular time to diagnostic.

No patients have come to harm as a result of waiting times but we recognise, that despite the growing levels of activity, there is more we can do.

More positively, our indicators of patient safety, quality and experience remain positive, although there is growing evidence that colleagues are tired. Evidence of fatigue is apparent as colleagues have been working exceptionally hard for a long time now. It is important we continue to do all we can to support our colleagues. Sickness absence remains slightly higher than plan whilst other workforce metrics are positive. We are beginning to see the positive impact of our overseas nurses who are most welcome at Sherwood.

Financially we are on plan after the first quarter although the risk of an increased financial improvement target over the remaining three quarters of the year is high. We have taken steps at

the back end of Q1 to change how the financial improvement function works. Whilst these actions worked well last year, we must ensure we focus even more intently this year on delivering our financial plan, whilst maintaining quality and access. It is disappointing to find ourselves yet again behind on our financial improvement plan.

The best organisations deliver all of the above consistently and this continues to be what we are aiming to do.

The key risks in our BAF remain static with demand overwhelming capacity, critical shortage of workforce capacity and capability and failure to maintain financial sustainability continuing to be the highest risks.

It is likely Sherwood Forest Hospitals NHS FT, the wider NHS and public services will face a difficult 12 months as there are a series of factors already present or on the horizon which may have an impact on us:

- Brexit – we continue to plan for a no deal exit and the EU exit planning group meetings will restart in August. We believe we are as well prepared as we can be.
- Pensions – we recognise we have lost capacity as a result of the NHS national pensions challenge. This is impacting on many colleagues, not just consultants. There are some options which we could take locally and a conversation about this will take place later today.
- Flu – we plan well for flu with a high uptake each year and colleagues who do choose to take the vaccine, normally take it early in the year. We will do the same this year and will also work with partners to increase the flu vaccination rate in the community as we know the flu rate in the southern hemisphere has been particularly high this year.
- Winter – winter is always a difficult time of year and this year will be no exception. We have followed a good process again this year learning from colleagues who involved in patient care last winter and our winter plan is presented to private board later today and will be presented at public board in September.
- Level of activity – as stated above and below, we know the level of activity we are seeing at the moment is putting a lot of pressure on the Trust and colleagues who work here. The drivers of demand work which does identify actions for all partners to take will come back to public board in September.