



Single Oversight Framework

Reporting Period: Month 1
2021/22

Inspected and rated

Good



Single Oversight Framework – Month 1

Overview



Domain	Overview & risks	Lead
Quality Care (exception reports pages 10 - 12)	<p>During April 21 the care delivered to our patients has remained safe and high quality. We have had no serious incidents declared that were attributed to staffing levels. Improvement work continues to reduce the number of falls; we saw a reduction in April to 114 falls from 205 in March. The falls team has expanded with physiotherapy involvement from May 21 and a Chief Nurse Fellow in April 21, they are collectively working on reducing deconditioning through mobility awareness to promote patient independence. Hospital acquired pressure ulceration remains consistently low, there have been no category 3 PUs since Nov 18 and no category 4s since August 2017.</p> <p>There are 3 exception reports for month 1;</p> <ul style="list-style-type: none">• CDIF; YTD we have had 27.73 (YTD) cases, as with last year we do not have a trajectory set but continue to manage cases in the same way as 2020/2021. Whilst this remains above the threshold; it represents an improving position.• VTE risk assessments; performance 93.2% (YTD 94.1%) target 95%, manual data collection recommenced. It is anticipated when EPMA is implemented data accuracy issue will be resolved.• ED friends and family recommendation; performance 91.1% (YTD 91.1%) against a target of 94%. An improvement plan in place to address key themes and improve the overall response rate so that we have a representative sample.	MD, CN

Single Oversight Framework – Month 1

Overview



Domain	Overview & risks	Lead
People & Culture	<p>The month 1 position shows a positive trend over all for the associated People & Culture metrics. It is noted that we have amended the thresholds to be more reflective on the reportable position. These were developed taking that last 24 months data into account to understand the normalised levels, from these we reviewed and set some stretched targets.</p> <p>Sickness absence has returned to our expected seasonal norm post the pandemic, we are still seeing low levels of COVID related absences, following the milestones of recovery and Shielding colleagues return to work. We have amended the threshold for the additional activity is evidenced through the services provided from the Trust Occupational Health Service, this revisions takes into account the 24 month position and the additional work there service expects to carry on with supporting the Trust. In April we reported 1248 cases, which sits this on the lower end of the amber threshold (1201-1500), however this is expected to decline over the next month.</p> <p>Overall resourcing indicators for M1 are positive with levels of vacancy's (6.7%) and turnover (0.4%) remaining low. Compliance against Mandatory and Statutory Training (88%) along with Appraisals (92%) have been impacted due to Covid-19 across 2020/21 but the picture is improving and these are returning to the expected threshold across the next quarter.</p> <p>There has been a focus on increasing access for colleagues staff COVID-19 vaccine. This has resulted in 4,867 (90%) of substantive staff vaccinated, with 4,217 (78%) receiving their second dose. This is above the regional benchmark (87%). We have vaccinated 86% of BAME staff (regional benchmark 77%) and 97% of our over 60 and 89% of CEV staff.</p>	DOP, DCI

Single Oversight Framework – Month 1

Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
<p>Timely care (exception reports page 13)</p>	<p>For Cancer services the SOF for 2021/22 will focus on 2 key metrics; the number of patients waiting more than 62 days for treatment and the Faster diagnosis standard (FDS). A report to Board is included which summarises the tumour site led actions to deliver a return (at least) to the February 2020 volume of patients waiting over 62 days for treatment or ruling out of cancer. Lower GI has the largest backlog of patients driven by process issues, increasing 2WW referrals and the impact that this has on diagnostic capacity notably endoscopy and radiology - CT colon. For April the backlog is 101 patients of which 24 were waiting over 104 days. The trajectory is to be at no more than 45 by the end of March 2022.</p> <p>The Trust has been monitoring performance against the FDS standard since April 2019 and whilst Nationally data remains unpublished delivery for the Trust against the 75% standard has been relatively consistent with April at 79.4%. 62 day performance for March was 68.8% giving a ranking of 98th/128. System performance for March was 72.4%. Average waits for treatment in March have remained stable at 55 days (50 days in March 2020), the 85th percentile wait has risen to 90 days (79 days March 2020) the latter increase is noted in Gynae and Head and Neck.</p> <p>For Elective Care, whilst awaiting the final outcome of the clinical review of standards the Trust will continue to submit and report on the constitutional 18 week referral to treatment (RTT) standard, however recovery will be beyond 2021/22. The SOF will focus on 3 key metrics; the size of the waiting list, the number of patients waiting over 52 weeks and the volume of activity delivered compared to 19/20 levels. For April the Elective waiting list remains relatively stable with a small reduction to 37,400. The number of patients waiting over 52 weeks has reduced to 1,497 (March 1,618). Activity volumes per working day in April were higher than March for Day case, Elective and Outpatients, resulting in delivery of the 70% threshold as set in the 2021/22 operational planning guidance. Please note elective inpatient activity remained constrained in April due to the rest and recuperation programme for theatres, anaesthetics and critical care staff. Surgical prioritisation remains in place, with a plan to roll out national prioritisation codes for diagnostics in Quarter 2. Finally, a letter will be sent to c.25,000 patients in early June which will include the average wait time by specialty.</p> <p>From an Outpatient perspective, activity is now consistently between 85-90% when compared to 2019/20, the residual COVID constraints are well understood and plans are in place to increase throughput based on the latest IPC guidance. In the region of 30-40% of appointments are being undertaken using virtual methods for appointments. Diagnostics continue to perform relatively well, the significant contributor to the >6 week backlog is ECHO equating to over 50% of the breaches. As part of the Nottinghamshire accelerator programme additional ECHO insourcing capacity has been secured and operational from Mid-May. Other accelerator schemes include insourcing Endoscopy, CT and weekend operating capacity plus validation of the waiting list, and equipment to enable increased productivity in high volume specialties such as Ophthalmology and ENT.</p>	<p>COO</p>

Single Oversight Framework – Month 1

Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
Best Value care (exception reports pages 14 - 15)	<p>The Trusts financial position for the month of April is a deficit of £0.6m, this compares favourably to plan by £0.7m. April expenditure totals £36.7m and this includes direct Covid-19 costs of £0.9m and costs relating to the Covid-19 vaccination programme of £2.7m. Elective activity was above the Elective Recovery Fund threshold and a prudent estimate of additional income has been made in the reported position.</p> <p>A forecast has been undertaken which indicates achievement of the break-even plan for the first half of the financial year (H1).</p> <p>Capital expenditure for April totals £0.3m, in line with plan, and the closing cash position is £0.8m higher than plan at £13.5m.</p>	CFO

Single Oversight Framework – Month 1

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	Frequency	
Quality Care	Safe	Patient safety incidents per rolling 12 month 1000 OBDs	>41	Apr-21	51.43	51.43		G	CN	M
		All Falls per 1000 OBDs	6.63	Apr-21	6.93	6.93		G	CN	M
		Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Apr-21	27.73	27.73		R	CN	M
		Covid-19 Hospital onset	<37	Apr-21	0.0	0		G	CN	M
		Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	Apr-21	0.00	0.00		G	CN	M
		Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	Apr-21	13.86	13.86		G	CN	M
		Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jan-21	94.1%	93.2%		A	CN	M
	Safe staffing care hours per patient day (CHPPD)	>8	Apr-21	9.5	9.5		G	CN	M	
	Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	Apr-21	1.39	1.39		G	MD/CN	M
		Recommended Rate: Friends and Family Accident and Emergency	<94%	Apr-21	91.9%	91.9%		A	MD/CN	M
Recommended Rate: Friends and Family Inpatients		<96%	Apr-21	98.4%	98.4%		G	MD/CN	M	
Effective	Cardiac arrest rate per 1000 admissions	0.83	Apr-21	0.46	0.46		G	MD	M	

Single Oversight Framework – Month 1

Overview (2)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance		Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
People and Culture	Staff health & well being	Sickness Absence	3.5%	Apr-21	3.5%	3.5%		G	DoP	M
		Take up of Occupational Health interventions	800 - 1200	Apr-21	1248	1248		A	DoP	M
		Employee Relations Management	<10-12	Apr-21	13	13		A	DoP	M
	Resourcing	Vacancy rate	>6.0%	Apr-21				G	DoP	M
		Mandatory & Statutory Training	<90%	Apr-21	88.0%	88.0%		A	DoP	M
		Appraisals	<95%	Apr-21	92.0%	92.0%		A	DoP	M

Single Oversight Framework – Month 1

Overview (3)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly /	Trend	RAG Rating	Executive Director	Frequency	
					Quarterly / Actuals					
Timely Care	Emergency Care	Number of patients waiting >4 hours for admission or discharge from ED	>90%	Apr-21	93.6%	93.6%		G	COO	M
		Mean waiting time in ED (in minutes)	220	Apr-21	153	153		G	COO	M
		Number of patients who have spent 12 hours or more in ED from arrival to departure	TBC	Apr-21	6	6			COO	M
		Mean number of patients who are medically safe for transfer	22	Apr-21	48	48		R	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<10%	Apr-21	2.1%	2.1%		G	COO	M
	Cancer Care	Number of patients waiting over 62 days for Cancer treatment	101	Apr-21	-	101		G	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	76.0%	Mar-21	76.7%	79.4%		G	COO	M
	Elective Care	Elective Day Case activity against Yr2019/20	70.0%	Apr-21	84.5%	84.5%		G	COO	M
		Elective Inpatient activity against Yr2019/20	70.0%	Apr-21	43.3%	43.3%		R	COO	M
		Elective Outpatient activity against Yr2019/20	70.0%	Apr-21	90.2%	90.2%		G	COO	M
Number of patients on the elective PTL		-	Apr-21	-	37,408			COO	M	
Number of patients waiting over 1 year for treatment		-	Apr-21	-	1497			COO	M	

Single Oversight Framework – Month 1

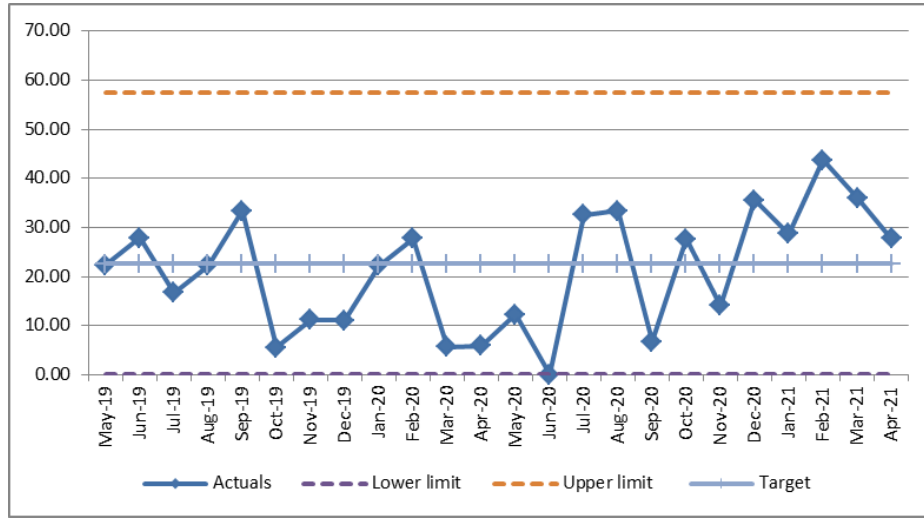
Overview (4)



Sherwood Forest Hospitals
NHS Foundation Trust

At a Glance	Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Best Value Care	Finance	Trust level performance against Plan	Apr-21	£0.73m	£0.73m		G	CFO	M
		Underlying financial position against strategy	Apr-21	tbc	tbc		A	CFO	M
		Trust level performance against FIP plan	Apr-21	£0.18m	£0.18m		G	CFO	M
		Capital expenditure against plan	Apr-21	£0.01m	£0.01m		G	CFO	M

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	Apr-21	27.73	27.73		R	CN	M



National position & overview

- This year the organisation has not yet been given a trajectory for CDiff. We have been informed that the trajectories are currently being reviewed and will be available in July 21.
- Over the last few months we have seen and increase in the number of Trust attributed cases of CDiff,.
- Total Trust Attributed CDiff cases to date for this year is 8, compared to 2 this time last year.
- The lead consultant for IPC and nurse consultant have conducted a deep dive and developed a robust plan to address
- Whilst above the trust threshold; this represents an improving position

Root causes

- No cross infection cases identified for each of the cases all occurred in different clinical areas.
- There have been no lapses in care identified which have contributed to the cause of the CDiff in these patients. All had antibiotics which were appropriately prescribed for their care.
- **RCA's to be completed**

Actions

- All samples have been sent to Leeds for Ribotyping
- All future positive samples to be sent for Ribotyping
- Increased environmental audits
 - Matron's to undertake IPC audits on Saturdays and Sunday. Results to be shared with IPC Nurse Consultant
- Reimplementation of the deep clean plan in progress – (x5 beds closed on a ward to facilitate programme).
- Confirm schedule for deep clean programme
- Review of cleaning process and adoption of 2021 standards
- Trust wide back to basic IPC campaign being planned
- Specific training packages are being developed for line management and MRSA management including screening that can be accessed on the intranet
- Develop outcomes posters to share IPC learning across the Trust
- Undertake RCA's and share any identified learning across the organisation.

Impact/Timescale

- 2 sample results back and are different.
- To monitor on going situation
- On going
- On going
- June 2021
- Completed
- On going
- Completed
- Completed
- Completed
- June 2021

Eligible patients having Venous Thromboembolism (VTE) risk assessment	95.0%	Jan-21	94.1%	93.2%		A	CN	M
---	-------	--------	-------	-------	--	---	----	---

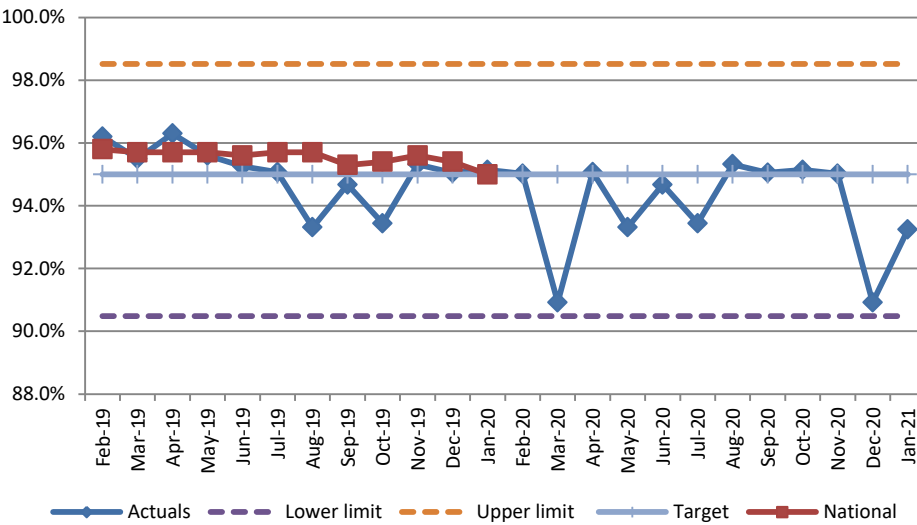
National position & overview

National reporting of VTE risk assessment screening was stopped in March 2020 in response to the Covid pandemic.

SFH continued with data collection for our own internal monitoring process. The data collection process for VTE risk assessment is a manual data process which takes a significant number to complete.

The national target for VTE screening on admission to hospital is set at 95%.

Covid infection control requirements changed the manual collection processes which has had a detrimental impact on compliance figures.



Root causes

The Covid-19 infection prevention and control measures, have resulted in a change in the way the data is collected. Pre-Covid the 95% target was achieved by visiting the clinical areas twice daily to locate the blank and missing forms and escalate to the doctors for completion. Post Covid the VTE data collection is largely achieved by a daily visit to EAU, with a reliance on the ward receptionists collecting forms from the patients notes at the point of discharge and then a medical note review exercise for any missing forms. The change in the collection process is likely to be a contributing factor for the reduction in compliance.

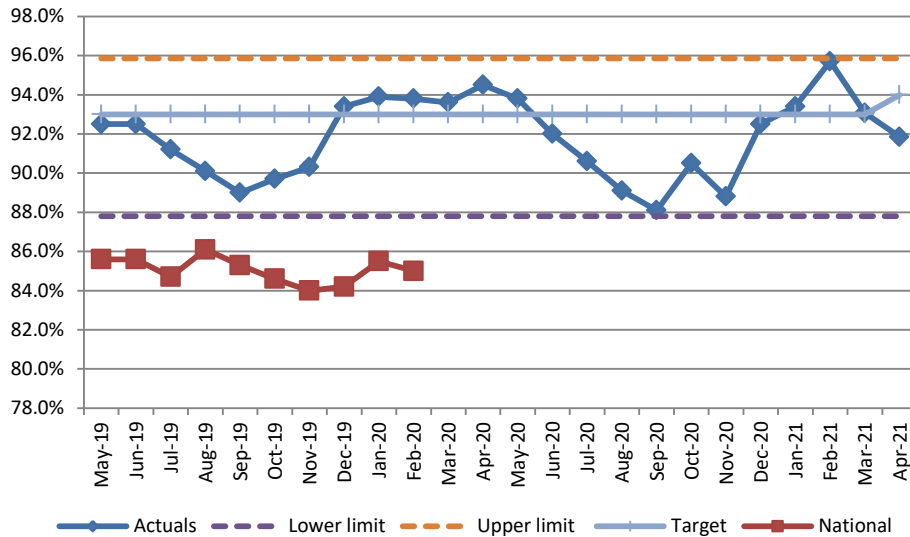
Actions

- As lockdown restrictions are lifted the plan is for the GSU team to resume the pre Covid method of data collection.
- Electronic Prescribing and Medicines Administration system will resolve the data collection issues as the VTE assessment will be included as part of the package and will be mandatory.
- The EPMA VTE screening tool will be based on the NG89 standards.
- Audit Undertaken in December 2020 demonstrated :
 - 90.8% of patients have the correct decision made in relation to their VTE prophylaxis requirements.
 - The majority of patients have a dose prescribed, if pharmacological prophylaxis is required, that is appropriate for their current renal function.

Impact/Timescale

- Complete (commenced 1 April 21)
- Await EPMA roll out. Trial to commence June 2021
- Await EPMA roll out.
- Completed

Recommended Rate: Friends and Family Accident and Emergency	<94%	Apr-21	91.9%	91.9%		A	MD/CN	M
---	------	--------	-------	-------	--	---	-------	---



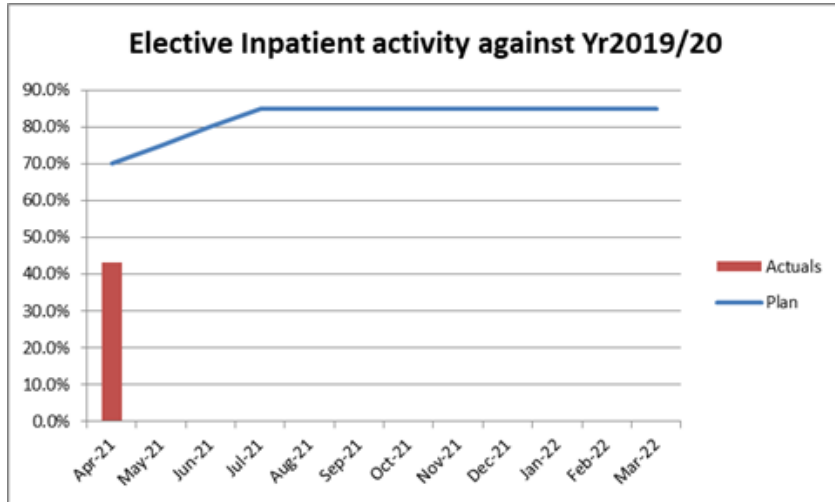
National position & overview

- Recommendation rate remains below the Trust target of 94%. Unfortunately owing to the data not being captured national SFH is unable to benchmark itself against peer organisations.
- The low recommendation rates is attributed to a low response rate. The data team continues to investigate whether there is an issue with the data interface resulting in completed FFT's not being captured in the data reporting. Current results are not reflective of current activity.
- On-going work to encourage all staff to promote FFT to patients.
- Emerging theme around visitors feedback and dissatisfaction due to Covid restrictions in ED

Root causes	Actions	Impact/Timescale
-------------	---------	------------------

<ul style="list-style-type: none"> • Still concern around accuracy of eligible patients. Head of Nursing for UEC liaising with PET to obtain further information. • On-going work within ED and Division to encourage staff to promote FFT. • Themes around patient expectation; the department has noticed an increase in patient complaints about patient request to attend ED alone unless they are <18, or require a designated carer. • Consistent good feedback that patient feel safe and cared for by staff. 	<ul style="list-style-type: none"> • To contact PET to see if they have the breakdown of eligible patients. • ED lead nurses to encourage all staff to give out FFT cards. To request St. Johns team to hand out when the patient arrives. • Regular agenda item in combined speciality and divisional governance meetings. • Social media campaign to request were possible patients attend alone unless they are <18, or require a designated carer. • Improved signage around ED to request were possible patients attend alone unless they are <18, or require a designated carer. • Review ED visiting in line with government roadmap out of lock down <ul style="list-style-type: none"> • Step 3 • Step 4 • Share positive feedback with team to ensure positive feedback is sustained. 	<ul style="list-style-type: none"> • June 2021 • On-going • On going • June 2021 • Completed • June 2021 • On going
---	---	--

Indicator	Plan / Standard	Period	YTD Actuals	Monthly / Quarterly Actuals	Trend	RAG Rating	Executive Director	Frequency
Elective Inpatient activity against Yr2019/20	70.0%	Apr-21	43.3%	43.3%		R	COO	M



National position & overview

- Nationally, additional funding has been made available via the Elective Recovery Fund (ERF) to step activity back up and achieve levels above set thresholds. The threshold level is set against a baseline value of all elective activity delivered in 2019/20. For April 2021 it is set at 70%, rising by 5 percentage points in subsequent months to 85% from July.
- For Daycase and Outpatient activity the threshold has been delivered at 84% and 90% respectively. For Elective inpatient delivery in April was 43% of 19/20 levels.

Root causes	Actions	Impact/Timescale
-------------	---------	------------------

The root cause of elective inpatient activity below 19/20 levels in April is due to operative capacity remaining constrained to support the programme of rest and recovery for anaesthetic, critical care and theatre staff.

Restoration of all theatre capacity from week commencing 26/04/2021.

Baseline pre-pandemic 104 sessions per week, treating on average 204 per week

From 26/04/2021 capacity for 115 sessions per week (increase sessions at Newark for Orthopaedics). Aiming to treat on average 250 patients per week

Best Value Care

H1 Plan

- The Trust has submitted a plan to NHS England & NHS Improvement covering the period 1st April 2021 to 30th September 2021. This is referred to as the '2021/22 H1 Plan'.
- The H1 Plan shows a break-even financial position for the period, however the phasing of the plan includes surplus or deficit positions in each month. This is due to the expected timing of income and expenditure.
 - Income - the majority of income for the period is fixed based on an allocation, however income relating to the Elective Recovery Fund (ERF) is variable depending on the volume and case-mix of elective activity.
 - Expenditure – the costs included in the plan are phased in line with when they are expected to occur, with some heavily weighted towards the start of the period. This includes Covid-19 related costs, which are expected to fall from £1.0m in April to £0.3m in September, and Winter Plan costs which are only included for April and May (£0.5m). Other specific phasing has been calculated for the timing of the weekly payroll (4 and 5 week months), pay enhancements for weekends and bank holidays, energy costs and PFI.

H1 Phased Plan:

	April	May	June	July	August	September	Total
Surplus / (Deficit)	(£1.33m)	(£0.72m)	£0.74m	(£0.38m)	£0.71m	£0.99m	£0.00m

Month 1 Summary

- The Trust has reported a deficit of £0.60m for April, which is £0.73m better than the planned deficit of £1.33m.
- Capital expenditure in April was £0.34m, which is £0.01m lower than planned.
- Closing cash at Month 1 was £13.46m, which is £0.78m above plan.

	April In-Month			Forecast H1		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	35.08	35.70	0.63	211.55	212.18	0.63
Expenditure	(36.41)	(36.30)	0.11	(211.55)	(212.17)	(0.63)
Surplus/(Deficit) - Break-even Requirement Basis	(1.33)	(0.60)	0.73	(0.00)	0.00	0.00
Capex (including donated)	(0.35)	(0.34)	0.01	(7.25)	(7.25)	0.00
Closing Cash	12.68	13.46	0.78	12.18	12.18	0.00

Best Value Care

Break-even Requirement All values £'m

	In Month					H1 Forecast				
	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Forecast	Covid Forecast	Total Forecast	Variance
Income:										
Block Contract	23.85	23.85	0.00	23.85	0.00	143.10	143.10	0.00	143.10	0.00
Top-Up System	3.71	3.71	0.00	3.71	0.00	22.27	22.27	0.00	22.27	0.00
ERF	0.05	0.05	0.00	0.05	0.00	3.74	3.74	0.00	3.74	0.00
COVID Income	1.73	1.05	0.68	1.73	(0.00)	10.39	6.29	4.10	10.39	(0.00)
Growth and SDF	0.60	0.60	0.00	0.60	0.00	3.57	3.57	0.00	3.57	0.00
Other Income	5.14	5.76	0.00	5.76	0.63	28.48	29.10	0.00	29.10	0.63
Total Income	35.08	35.02	0.68	35.70	0.63	211.55	208.08	4.10	212.18	0.63
Expenditure:										
Pay - Substantive	(18.03)	(17.36)	(0.19)	(17.55)	0.48	(107.82)	(107.36)	(0.35)	(107.70)	0.12
Pay - Bank	(4.04)	(3.93)	(0.24)	(4.17)	(0.14)	(19.16)	(17.62)	(1.67)	(19.30)	(0.14)
Pay - Agency	(1.12)	(1.27)	(0.16)	(1.43)	(0.31)	(6.30)	(6.45)	(0.16)	(6.62)	(0.31)
Pay - Other (Apprentice Levy and Non Execs)	(0.09)	(0.10)	0.00	(0.10)	(0.01)	(0.56)	(0.57)	0.00	(0.57)	(0.01)
Total Pay	(23.28)	(22.66)	(0.60)	(23.26)	0.02	(133.85)	(132.00)	(2.18)	(134.18)	(0.33)
Non-Pay	(10.72)	(10.40)	(0.27)	(10.68)	0.05	(63.19)	(61.65)	(1.74)	(63.39)	(0.19)
Depreciation	(1.11)	(1.08)	0.00	(1.08)	0.03	(6.68)	(6.77)	0.00	(6.77)	(0.10)
Interest Expense	(1.22)	(1.22)	0.00	(1.22)	(0.00)	(7.43)	(7.44)	0.00	(7.44)	(0.00)
PDC Dividend Expense	(0.07)	(0.07)	0.00	(0.07)	0.00	(0.40)	(0.40)	0.00	(0.40)	0.00
Total Non-Pay	(13.12)	(12.77)	(0.27)	(13.05)	0.07	(77.70)	(76.25)	(1.74)	(77.99)	(0.29)
Total Expenditure	(36.40)	(35.43)	(0.87)	(36.30)	0.09	(211.55)	(208.25)	(3.92)	(212.18)	(0.63)
Surplus/(Deficit)	(1.32)	(0.41)	(0.19)	(0.60)	0.72	0.00	(0.17)	0.17	(0.00)	(0.00)

The table above shows that the Trust deficit of £0.60m reported for April is £0.72m better than the phased H1 plan deficit.

COVID costs of £0.87m are £0.17m lower than planned. COVID income is received in equal 6^{ths} over H1, with £4.10m being allocated to cover planned costs. The balance of the Trust's £10.39m COVID allocation is being used to support non-COVID costs.

The table includes the Vaccination Programme, M1 costs of £2.71m (£2.51m Pay and £0.20m Non pay), are £0.29m higher than planned. This cost is a pass through and is fully offset by income.