



Single Oversight Framework

Reporting Period: Month 2
2021/22

Inspected and rated

Good



Single Oversight Framework – Month 2

Overview



Sherwood Forest Hospitals
NHS Foundation Trust

Domain	Overview & risks	Lead
<p>Quality Care (exception reports pages 10-13)</p>	<p>During May 21 the care delivered to our patients has remained safe and of a high quality. We have had no serious incidents declared that were attributed to staffing levels. Falls reduction work remains high on the agenda with a continued focus on reducing deconditioning through mobility awareness to promote patient independence. May has again seen a decrease in the number of fall per 1000 bed days. Hospital acquired pressure ulcers remain consistently low, there have been no category 3 PUs since Nov 18 and no category 4s since August 2017 and just four category 2s reported during May. All these have been reviewed and action plans put in place to address identified issues.</p> <p>There are 4 exception reports for month 2:</p> <ul style="list-style-type: none"> • Falls: The rate of falls per 1000 occupied bed days (OBD) nationally has increased during the pandemic and the SFH figures are comparable but above the RCP indicative figure of 6.63. Falls prevention work continues as already described. • VTE risk assessments: performance for Jan 21 is 93.2% (YTD 94.1%) target 95%, manual data collection recommenced. It is anticipated when EPMA is implemented data accuracy and capture issues will be resolved. • ED friends and family recommendation: performance 91.5% (YTD 91.7%) against a target of 94%. Work with IQVIA and PET is on-going to address key themes and improve the overall response rate so that we have a representative sample. • Cardiac arrest rate: May performance is 1.26 per 1000 bed days (YTD 0.88) against a target of <1.0. May’s activity represents “normal cause variation” and remains well within the upper control limit for this data set. One case has been deemed avoidable and is currently under Divisional investigation. 	<p>MD, CN</p>

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Domain	Overview & risks	Lead
<p>People & Culture (exception reports)</p>	<p>The workforce position in Month 2 remains positive across all the associated people & culture metrics</p> <p>Sickness absence has returned to our expected seasonal norm pre the pandemic, we are still seeing low levels of COVID related absences, however these additional losses are recorded as 0.5% additional to the sickness absence rate of 3.8%.</p> <p>In May 21 we reported 1,267 cases, which sits this on the lower end of the amber threshold (1201-1500), however this is expected to decline over the next few months.</p> <p>Overall resourcing indicators for M2 are positive with levels of vacancy's (7.3%) and monthly turnover (0.4%) remaining low. Compliance against Mandatory and Statutory Training (89%) along with Appraisals (93%) have been impacted due to Covid-19 across 2020/21 but the picture is improving and these are returning to the expected threshold.</p> <p>There has been a focus on increasing access for colleagues staff COVID-19 vaccine. This has resulted in 4,923 (91%) of substantive staff vaccinated, with 4,461 (83%) receiving their second dose. This is above the regional benchmark (87%). We have vaccinated 87% of BAME staff (regional benchmark 77%) and 97% of our over 60 and 91% of CEV staff.</p>	<p>DOP, DCI</p>

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<p>Timely care (exception report page 14)</p>	<p>Emergency access remained comparatively strong, ranked 13th in the NHS. As expected, demand, following the release of restrictions is materially increasing. PC24 felt a lot of this increasing demand and performance was 6% lower than May 2019 for them effecting the overall position. The number of MSFT patients remains consistently above the ICS agreed threshold, mainly for home care (pathway 1) packages.</p> <p>For Cancer services the number of patients waiting more than 62 days for treatment at the end of May 2021 is ahead of plan with 87 patients waiting against a trajectory of 95. It is important to note that two week wait demand continues to be higher than the average with Lower GI seeing the most impact. For the Faster diagnosis standard (FDS) national data remains unpublished. Delivery for the Trust against the 75% standard has been relatively consistent with April 78.4%. 62 day performance for April was 73.6% giving a ranking of 79th/128. (rank 98th in March). System performance for April was 74.2%. Average waits for first definitive treatment in April have risen to 64 days (55 in March 21 / 50 days in March 2020), the 85th percentile wait has risen to 110 days (90 in March 21 / 79 days March 2020) the latter increase is noted in urology, skin and gynae. For urology the tertiary provider has increased robotic theatre capacity over recent weeks, allowing them to treat a number of significant waiters in April.</p> <p>For Elective Care, at the end of May the waiting list remains stable with a small reduction to 37,360. The number of patients waiting over 52 weeks has reduced to 1,340 (March 1,618). Activity continues to be delivered in clinical priority order. The published national median wait for RTT Incomplete pathways at the end of April was 11 weeks (92nd percentile 49 weeks), for the Trust it was 12 weeks and 41 weeks, this remains relatively consistent into May at 12 and 42 weeks. Pre Pandemic the median wait for the Trust was 7 weeks and 92nd percentile 22 weeks. The total volume of elective activity delivered in May 2021 (working day adjusted) is at 97% when compared to May 2019. Progress is being made against key elective accelerator schemes including securing mobile endoscopy and CT capacity, weekend operating and outpatient clinics plus validation of the waiting list. On 21/06/2021 the Trust wrote to just over 17,000 patients on the waiting list to give an indication of the average wait time by specialty. An update on the response rate and patient feedback will be provided to Board.</p> <p>Diagnostics continue to perform relatively well, the significant contributor to the >6 week backlog is ECHO equating to over 50% of the breaches. Additional ECHO insourcing capacity has been operational from Mid-May as part of the accelerator programme.</p>	<p>COO</p>

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Overview



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Domain	Overview & risks	Lead
Best Value care (exception reports pages 15 and 16)	<p>The Trusts financial position for the month of May is a deficit of £0.7m, this compares favourably to plan by £0.8m. May expenditure totals £36.3m and this includes direct Covid-19 costs of £0.7m 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 May totals £0.5m, which is £0.3m lower than plan, and the closing cash position is £3.2m lower than plan at £10.2m.</p>	CFO

Single Oversight Framework – Month 2

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
Safe	Patient safety incidents per rolling 12 month 1000 OBDs	>41	May-21	51.77	54.00		G	CN	M
	All Falls per 1000 OBDs	6.63	May-21	7.14	6.68		A	CN	M
	Rolling 12 month Clostridium Difficile infection rate per 100,000 OBD's	22.6	May-21	20.03	13.35		G	CN	M
	Covid-19 Hospital onset	<37	May-21	0.0	0		G	CN	M
	Rolling 12 month MRSA bacteraemia infection rate per 100,000 OBD's	0	May-21	0.00	0.00		G	CN	M
	Rolling 12 month MSSA bacteraemia infection rate per 100,000 OBD's	17	May-21	13.35	13.35		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	May-21	9.3	9.1		G	CN	M
Caring	Complaints per rolling 12 months 1000 OBD's	<1.9	May-21	1.34	1.34		G	MD/CN	M
	Recommended Rate: Friends and Family Accident and Emergency	<94%	May-21	91.7%	91.5%		A	MD/CN	M
	Recommended Rate: Friends and Family Inpatients	<96%	May-21	97.9%	97.5%		G	MD/CN	M
Effective	Cardiac arrest rate per 1000 admissions	<1.0	May-21	0.88	1.26		R	MD	M

Single Oversight Framework – Month 2

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
Staff health & well being	Sickness Absence	3.5%	May-21	3.8%	4.0%		A	DoP	M
	Take up of Occupational Health interventions	800 - 1200	May-21	2515	1267		A	DoP	M
	Employee Relations Management	<10-12	May-21	24	11		G	DoP	M
Resourcing	Vacancy rate	>6.0%	May-21	7.0%	7.3%		A	DoP	M
	Mandatory & Statutory Training	<90%	May-21	88.5%	89.0%		A	DoP	M
	Appraisals	<95%	May-21	92.5%	93.0%		A	DoP	M

Single Oversight Framework – Month 2

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	Frequency	
Timely Care	Emergency Care	Number of patients waiting >4 hours for admission or discharge from ED	>90%	May-21	92.6%	91.7%		G	COO	M
		Mean waiting time in ED (in minutes)	220	May-21	157	161		G	COO	M
		Number of patients who have spent 12 hours or more in ED from arrival to departure	TBC	May-21	25	19			COO	M
		Mean number of patients who are medically safe for transfer	22	May-21	53	57		R	COO	M
		Percentage of Ambulance Arrivals who have a handover delayed > 30 minutes	<10%	May-21	2.8%	3.3%		G	COO	M
	Cancer Care	Number of patients waiting over 62 days for Cancer treatment	95	May-21	-	87		G	COO	M
		Percentage of patients receiving a definitive diagnosis or ruling out of cancer within 28 days of a referral	75.0%	Apr-21	78.4%	78.4%		G	COO	M
	Elective Care	Elective Day Case activity against Yr2019/20	75.0%	May-21	95.5%	107.4%		G	COO	M
		Elective Inpatient activity against Yr2019/20	75.0%	May-21	64.1%	87.4%		G	COO	M
		Elective Outpatient activity against Yr2019/20	75.0%	May-21	93.5%	97.0%		G	COO	M
		Number of patients on the elective PTL	-	May-21	-	37,358			COO	M
		Number of patients waiting over 1 year for treatment	-	May-21	-	1340			COO	M

Single Oversight Framework – Month 2

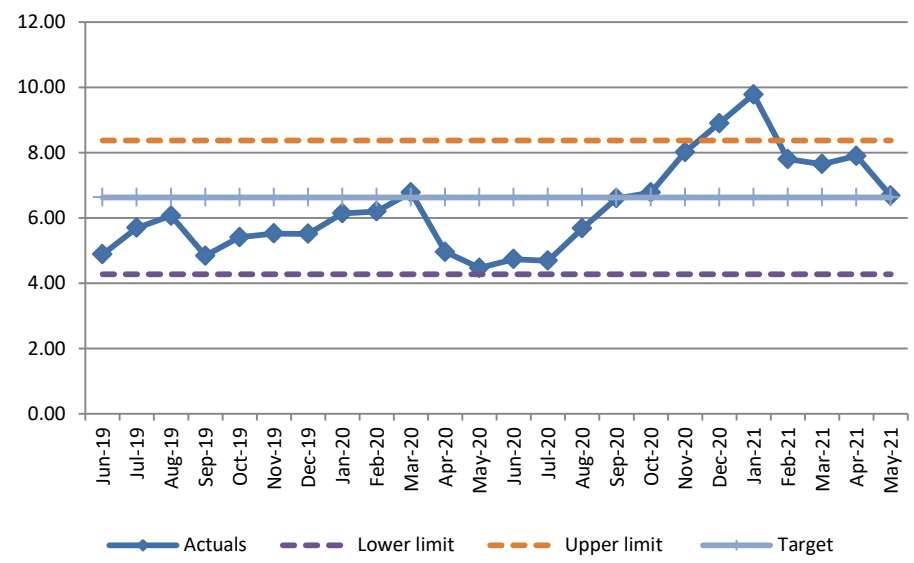
Overview (4)



Sherwood Forest Hospitals
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Finance	Trust level performance against Plan	£0.00m	May-21	£0.81m	£0.08m		G	CFO	M
	Underlying financial position against strategy	£0.00m	May-21	tbc	tbc		A	CFO	M
	Trust level performance against FIP plan	£0.00m	May-21	£0.25m	£0.07m		G	CFO	M
	Capital expenditure against plan	£0.00m	May-21	-£0.28m	-£0.26m		G	CFO	M

All Falls per 1000 OBDS	6.63	May-21	7.14	6.68		A	CN	M
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National position & overview

- The rate of falls per 1000 occupied bed days (OBD) nationally has increased during the pandemic and the SFH figures are comparable but above the RCP indicative figure of 6.63
- SFH have been tracking this with actions as appropriate since the initial pandemic peak and subsequent surges
- The number of repeat fallers remains high and of concern. We are learning from others to address this

Root causes	Actions	Impact/Timescale
<ul style="list-style-type: none"> • Hospital acquired functional decline has increased • Delirium and others requiring enhanced observation has increased • Operational oversight of Mobility and falls needs substantiating • The falls team is small operationally • Falls data is retrospective 	<ul style="list-style-type: none"> • Appointment of Chief Nurse Clinical Fellow to investigate and implement accurate monitoring to reduce functional decline • EPO and Dementia specialist nurse linked closer to the falls team. Regular reviews under the heading 'Connected Care' • Improve operational oversight of Mobility and Falls with 2 days of Rehabilitation Therapy Lead (band 8a) • Strengthen the falls team with appointment of FT band 6 to support the part time band 6 giving WTE of 1.3 (1.5 with 8a) • The falls team are working to be more proactive with on going monitoring of in month falls and using this to target actions. Datix to be investigated to create daily dashboard for review 	<ul style="list-style-type: none"> • In place now; completion Sept 2021 • On going • On going • September 21

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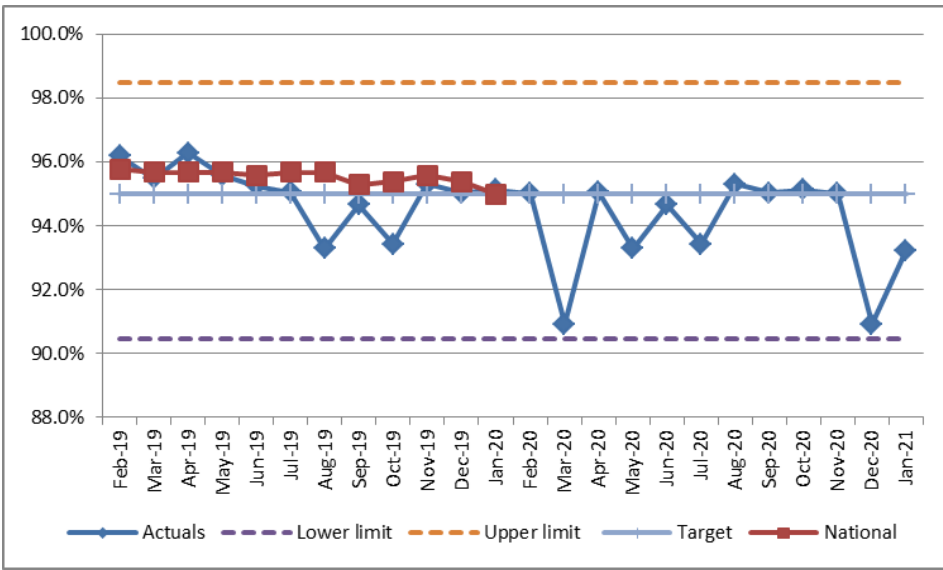
National position & overview

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

SFH continued with data collection for our own internal monitoring process. The data collection process for VTE risk assessment is a manual process requiring a significant number of man hours to achieve.

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	Actions	Impact/Timescale
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- Due to Covid 19 infection control measures the team who collect the data are restricted in the lengths they can go to follow up and chase the blank and missing forms. Pre Covid the 95% target was achieved by a trawl of the wards twice a day to identify the blank and missing forms and escalate to the doctors for completion. Post Covid the VTE data collection has been largely achieved by a daily visit to EAU, ward receptionists collecting forms from the notes on patients discharge and then a case notes mopping up exercise for any missing forms. The change in collection method has inevitably had an impact compliance that the graph above demonstrates.
- The GSU team have resumed the pre Covid method of form collection from 1st April 21. However due to the manual collection processes the impact of this is not yet visible in the compliance data as we report several month's behind. However early indicators suggest that the compliance rates will see little improvement due to the on-going challenge of encouraging the medical teams to undertake the screening - however there is still considerable work to be completed before we can be certain that all the data available has been gathered and analysed.

- The GSU team resumed the pre Covid method of form collection from 1st April 21.
- EPMA 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.
- A one off audit undertaken by Pharmacy in November 2020 demonstrated :
 - 97% 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.

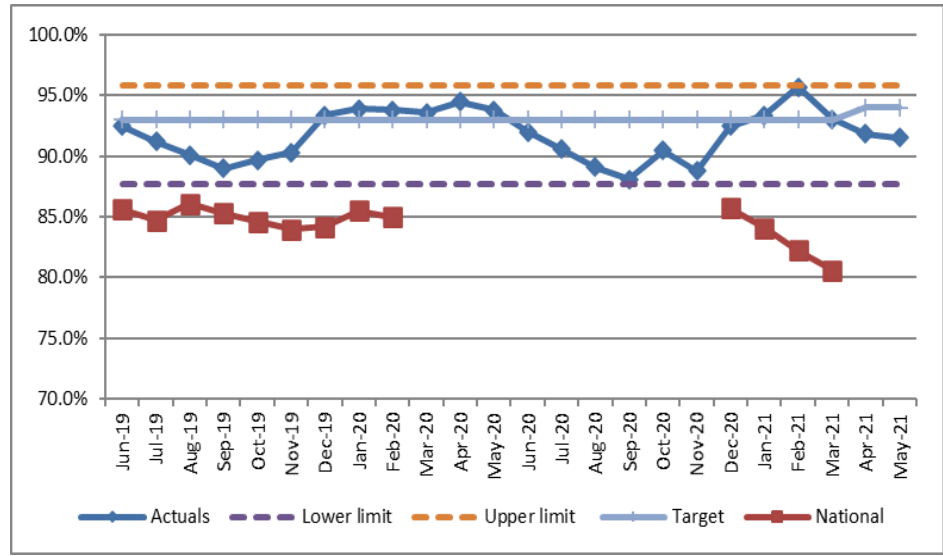
There are no plans/current resource to undertake this audit on a regular basis.

- Complete - From April 1st ward based screening tool collection and escalation resumed. Early indicators suggest little impact on compliance but complete data for April onwards not yet available.
- On-going- Await EPMA roll out.

Recommended Rate: Friends and Family Accident and Emergency	<94%	May-21	91.7%	91.5%		A	MD/CN	M
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National position & overview

- Concern around eligible patients and criteria for this. An incorrect figure for eligible patients will skew the overall FFT score.
- On-going work to encourage all staff to promote FFT to patients.
- On going work with IQVIA and PET to understand and resolve the issues.

Root causes


- It is believed that there may be an issue with the text messages that go to patients which affects the response rate, if the response rate is incorrect then this affects the rest of the figures
- On-going work within ED and Division to encourage staff to promote FFT

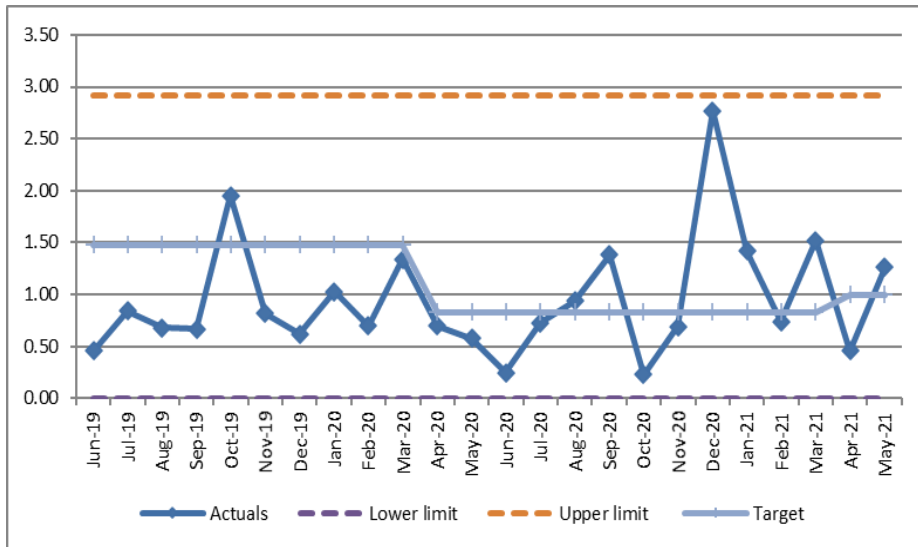
Actions

- Awaiting a report from IQVIA to confirm messages are sent daily to all eligible ED patients, the success rate of delivery and responses.
- IQVIA have also been asked for clarification around the timing the text messages are being sent as this has been a problem in the past – texts being sent in the middle of the night.
- ED will meet with PET when the IQVIA information has been received to plan next steps.

Impact/Timescale

- End June 21
- On-going

Cardiac arrest rate per 1000 admissions	<u><1.0</u>	May-21	0.88	1.26		R	MD	M
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National position & overview

- We are awaiting final year report from National cardiac arrest audit for 20/21 but as per previous slides activity within national picture has remained with lower third. We are unable to bench mark with any detail as this data currently remains anonymised.
- Once final year report is available it will be escalated via DPG for review and discussion.

Root causes	Actions	Impact/Timescale
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• May's activity represents "normal cause variation" and remains well within the upper control limit for this data set. Of the 6 cardiac arrests that make up May's activity there were no trends in terms of time, day or location. 1 was deemed avoidable on review (EAU/ED) due to significant delay delivering planned blood transfusion, this is currently undergoing divisional scoping and we are awaiting information regarding the findings and outcome.

- To continue to monitor all cardiac arrest events using the cardiac arrest governance process in order to understand antecedents and identify areas for learning from both good practice and practice which needs to be improved.
- Currently discussing at DPG what and how data is reported around cardiac arrest activity in order to be best understood and to ensure benefit for the organisation.
- Awaiting feedback from urgent and emergency care regarding avoidable cardiac arrest event.

- On-going
- July 2021
- June 2021.

Mean number of patients who are medically safe for transfer	22	May-21	53	57		R	COO	M
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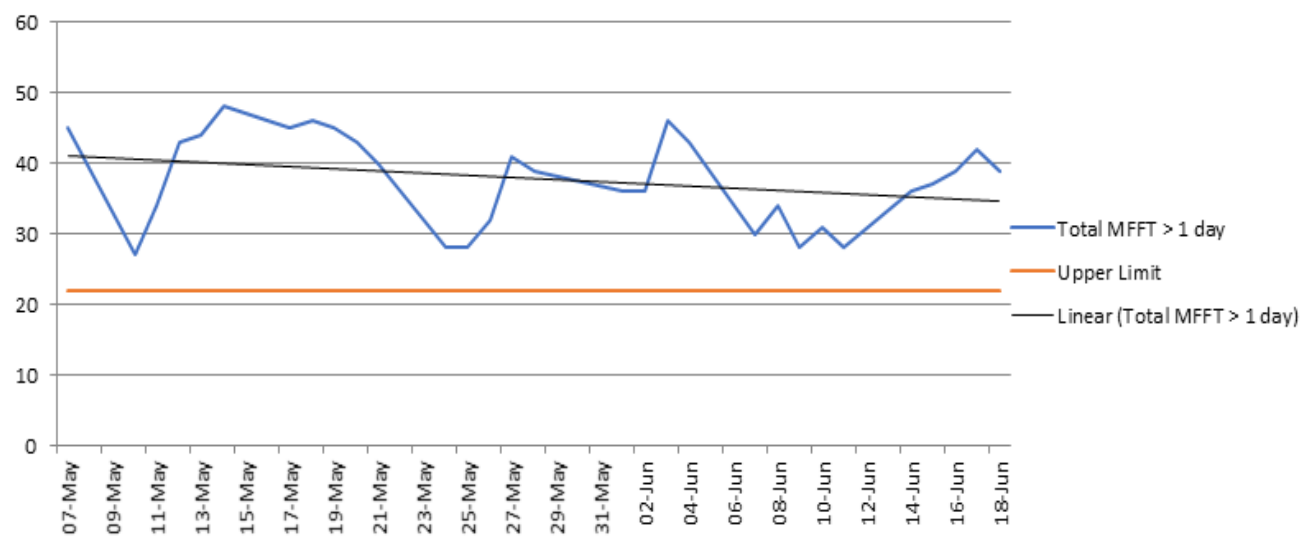


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National position & overview

- The local position has improved in early June although still not at the agreed threshold of 22 (red line)

Number of MSFT patients, Mid Notts last 30 days



Root causes

- Pathway 1 demand and the available capacity to meet the variation in demand

Actions

- Occupational therapy as Trusted Assessors working with START and CURTT to remove the need for social work allocation. Discharge patients same day when medically safe.
- Process improvements for early discharge- golden patients, transport and medication preparation
- Learning from ECIST event and pilot to improve same day patients discharge
- System working with partners to support resource allocation- Greater notts
- Planned transformational change to support the national discharge policy recommendations- integrated workforce
- Multiple partner discussions to support both process and resource within Mid notts
- Awaiting social care capacity plan as part of the Discharge to Assess process

Escalation

- Escalated delays and issues through CCG and also via the Mid Notts ICP Discharge Group, CEO group

Impact/Timescale

In progress- up to 17 pts per day discharged- range 5-17
In progress- 5 golden pts each day
10 patients- all discharged same day/ within 48 hrs of medically safe

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'. An updated version of the plan including rephased Elective Recovery Fund (ERF) income is being submitted 22nd June. The values in these slides reflect this updated 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)	(£0.14m)	£0.06m	£0.00m	£0.75m	£0.66m	£0.00m

Month 2 Summary

- The Trust has reported a YTD deficit of £0.66m for May, which is £0.81m better than the planned deficit of £1.47m.
- YTD Capital expenditure to May was £0.86m, which is £0.28m lower than planned.
- Closing cash at 31st May was £10.24m, which is £3.16m below plan.

	May In-Month			YTD			Forecast H1		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Income	35.69	36.22	0.53	70.77	71.93	1.15	211.85	212.47	0.62
Expenditure	(35.84)	(36.28)	(0.45)	(72.25)	(72.59)	(0.34)	(211.85)	(212.47)	(0.62)
Surplus/(Deficit) - Break-even Requirement Basis	(0.14)	(0.06)	0.08	(1.47)	(0.66)	0.81	0.00	0.00	0.00
Capex (including donated)	(0.78)	(0.52)	0.26	(1.14)	(0.86)	0.28	(6.58)	(6.58)	0.00
Closing Cash	13.40	10.24	(3.16)	13.40	10.24	(3.16)	12.18	12.18	0.00

Best Value Care

Break-even Requirement All values £'m

	In Month					Year-to-Date					H1 Forecast				
	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Actual	Covid Actual	Total Actual	Variance	Plan	Non-Covid Forecast	Covid Forecast	Total Forecast	Variance
Income:															
Block Contract	23.85	23.92	0.00	23.92	0.07	47.70	47.77	0.00	47.77	0.07	143.10	143.17	0.00	143.17	0.07
Top-Up System	3.71	3.71	0.00	3.71	0.00	7.42	7.42	0.00	7.42	0.00	22.27	22.27	0.00	22.27	0.00
ERF	0.67	0.67	0.00	0.67	0.00	0.72	0.72	0.00	0.72	0.00	3.74	3.74	0.00	3.74	0.00
COVID Income	1.73	1.05	0.68	1.73	(0.00)	3.46	2.10	1.37	3.46	(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	1.19	1.19	0.00	1.19	0.00	3.57	3.57	0.00	3.57	0.00
Other Income	5.14	5.59	0.00	5.59	0.45	10.27	11.35	0.00	11.35	1.08	28.78	29.32	0.00	29.32	0.54
Total Income	35.69	35.53	0.68	36.21	0.52	70.77	70.55	1.37	71.92	1.14	211.85	208.36	4.10	212.46	0.61
Expenditure:															
Pay - Substantive	(18.04)	(17.48)	(0.12)	(17.60)	0.45	(36.08)	(34.84)	(0.31)	(35.15)	0.93	(107.80)	(106.56)	(0.23)	(106.79)	1.01
Pay - Bank	(3.50)	(3.79)	(0.38)	(4.17)	(0.67)	(7.54)	(7.72)	(0.63)	(8.34)	(0.81)	(19.19)	(18.33)	(1.91)	(20.24)	(1.05)
Pay - Agency	(1.02)	(0.94)	(0.06)	(1.00)	0.02	(2.14)	(2.21)	(0.23)	(2.43)	(0.30)	(6.30)	(6.37)	0.00	(6.37)	(0.07)
Pay - Other (Apprentice Levy and Non Execs)	(0.09)	(0.17)	0.00	(0.17)	(0.07)	(0.19)	(0.27)	0.00	(0.27)	(0.08)	(0.56)	(0.64)	0.00	(0.64)	(0.08)
Total Pay	(22.65)	(22.37)	(0.56)	(22.93)	(0.28)	(45.94)	(45.03)	(1.16)	(46.19)	(0.25)	(133.85)	(131.91)	(2.14)	(134.05)	(0.20)
Non-Pay	(10.81)	(10.81)	(0.16)	(10.97)	(0.16)	(21.60)	(21.28)	(0.43)	(21.71)	(0.11)	(63.89)	(62.27)	(1.96)	(64.23)	(0.34)
Depreciation	(1.11)	(1.11)	0.00	(1.11)	0.00	(2.23)	(2.19)	0.00	(2.19)	0.03	(6.68)	(6.75)	0.00	(6.75)	(0.07)
Interest Expense	(1.26)	(1.26)	0.00	(1.26)	(0.00)	(2.48)	(2.48)	0.00	(2.48)	(0.01)	(7.43)	(7.44)	0.00	(7.44)	(0.01)
PDC Dividend Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Non-Pay	(13.18)	(13.19)	(0.16)	(13.34)	(0.16)	(26.30)	(25.96)	(0.43)	(26.39)	(0.09)	(78.00)	(76.46)	(1.96)	(78.42)	(0.42)
Total Expenditure	(35.84)	(35.56)	(0.72)	(36.28)	(0.44)	(72.25)	(70.99)	(1.59)	(72.58)	(0.33)	(211.85)	(208.37)	(4.10)	(212.46)	(0.61)
Surplus/(Deficit)	(0.14)	(0.03)	(0.04)	(0.06)	0.08	(1.47)	(0.44)	(0.23)	(0.66)	0.81	0.00	(0.00)	(0.00)	(0.00)	(0.00)

The table above shows that the YTD Trust deficit of £0.66m reported for May is £0.81m better than the phased H1 plan deficit.

YTD COVID costs of £1.59m are £0.41m 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, M2 YTD costs of £5.39m (£4.99m Pay and £0.40m Non pay), are £0.53m higher than planned. This cost is a pass through and is fully offset by income.