

Council of Governors Report

Single Oversight Framework Integrated Monthly Performance Report

Date	14 May 2019
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Lead Directors	Executive Team

Overall Summary

This is our analysis of March 2019 (month 12), quarter four and the year 2018-19 at Sherwood Forest Hospitals NHS Foundation Trust. The report reflects the views of all of the executive directors, not just the individual directors with a particular area of responsibility. The report is deliberately ordered organisational health, patient safety, quality and experience, access and then finance. This is because we know **well supported staff provide safe care** and the consistent provision of safe care supports timely care and good financial performance.

We are proud of the progress we have made over the last 12 months and we have included in a graphic below some of the high level successes we want to recognise. We believe it is important to acknowledge the Care Quality Commission assessment of us as Good Overall and Outstanding for Care. Our 2018 rating is the result of many different actions and improvements which are equally important on their own, but combine to provide further overall validation. It was only less than two and a half years ago that the trust was Inadequate for Well Led and Safety and was in special measures. Many colleagues say it now feels different at Sherwood and when you look at our improvements in staff engagement, safety, quality and patient experience, access and finance and consider our new strategy, there is much to feel proud about.

Two other achievements we would like to recognise, which are not in the Single Oversight Framework (SOF) are the conferences we hosted in 2018 which aimed to raise awareness and understanding of the menopause and the national award winning incredible care provided through our street health programme. We believe this plus our new strategy is evidence we are not only getting the “day to day” job largely right, but we are also increasingly thinking about the areas that matter most.

We are particularly proud that not only are we improving, but we are improving in a part of the country (the Midlands) which has the lowest average staff engagement scores for acute trusts and has the lowest proportion of acute trusts rated Outstanding (0%) and the second highest proportion of trusts rated Inadequate or Requires Improvement (57%) by the CQC compared to the other six NHSE/I regions.

Organisational Health summary

We have delivered the majority of our organisational health KPIs over the last month, quarter and year. The sickness rate has increased over winter but the increase was as planned and we believe we will be back on track in April. Within this there are some areas that have a higher rate than others. Our agency spend continues to reduce and our bank usage has increased as more staff have joined the staff bank. We have more people joining Sherwood than leaving but within this some colleagues are reducing their hours for a range of reasons. A total increase in substantive staff may not mean a total increase in the hours worked. We still have challenged specialities from a workforce perspective, in particular a medical perspective including; Geriatrics, Stroke, Rheumatology, Dermatology and Gastroenterology. This was discussed in the finance committee in April and will be discussed again in May. Nurse vacancies are the lowest since we started monitoring.

In 2018-19 the Pain service and the Neuro Rehab service TUPE'd over to other providers.

We recognise staff are tired and that we are expecting more of them. Whilst overall staff engagement continues to increase, we are an outlier, as identified by the staff engagement survey, regarding the number of staff who are working overtime. The amount of effort required just to "stand still" is immense.

Patient Safety, Quality and Experience summary

Over the last month, quarter and year we have delivered sustained positive performance on patient safety, quality and experience. The number of serious incidents is fairly consistent across the previous three years (ever so narrowly decreasing) and there has been a reduction in variation at a time when we are treating more patients. We have seen consistent improvement in the following key areas; mortality, sepsis, C-Diff, E-coli, falls, seven day services, catheter associated urinary tract infection (CAUTI) and pressure ulcers. The serious incidents that we do have are not linked to vacancies or high agency usage.

Over the last 12 months we have breached staff tipping points on three occasions. All had root course analysis training complete and there was no evidence of patient harm.

We have had an increase in complaints and concerns in our urgent and emergency care (UEC) pathway which continues to be incredibly busy. UEC, urology, dermatology and maternity have all had quality summits in the last 12 months. Our maternity unit has closed more than previously, with staffing being the key reason, which is partly why we are having a maternity staffing safety summit.

Within quarter four despite us tipping over our target for low and no harm falls during January and February, we continued to remain well below national average for falls and within our own target for moderate and severe harm falls. There were no concerns regarding pressure ulcers during the quarter and we remain with our own target. Other than the number of C-Diff cases reported during February, there have been no concerns raised with regard to infection control and we remain within set trajectories. There have been no harms apportioned to safe staffing.

We have agreed to look at ways we can improve our use of the friends and family test.

Access summary

All access standards have improved over the last 12 months. Urgent care has performed well with over 94.2% patients treated within four hours for the last 12 months. Every month was busier than the corresponding month the year before but we also had a higher proportion of patients treated within four hours every month compared to the corresponding month last year. However some patients did experience extended waits for beds and there were times when the ED occupancy and bed occupancy were too high and broadly speaking the ED occupancy was higher than the year before. Ambulance waits over 30 minutes were down by over 20% compared to the previous year. A growing number of patients waited over 12 hours for a psychiatric bed. We know that nationally the new urgent care standards are being trialled and irrespective of the findings of this, we remain committed to providing all of our patients with timely care, in line with the four hour standard.

Referral to treatment performance is stable at 90% and there were no patients waiting longer than 52 weeks on 31 March 2019. We now have a better understanding of how we can further improve our RTT performance and shortly will be sharing our demand and capacity analysis.

We should be doing better with our cancer performance. When we diagnose patients with cancer, we treat them quickly but there sometimes is a wait for diagnosis. Some of the issues are linked to access to CT and MR capacity as we have seen a big increase in the number of patients referred to us on cancer pathways. We will work very closely with primary colleagues in 2019 on improving this.

Overall, for us to continue to improve our access standards, we need to be more efficient but we also need to be better at demand management and this is an issue for the whole system, not just us. We will be working closely with primary care colleagues and commissioners over the next 12 months to transform the outpatient process.

Finance summary








We delivered all of our finance targets over the last year including pre PSF financial delivery and the elements of the PSF within our control; ED and finance. We delivered on our agency target as well. Non elective income was consistently up over the last year which increased our pay costs. The two divisions which deliver non elective pathways delivered on their original financial plans. The other three have not, surgery, diagnostics and outpatients and to a lesser extent women's and children's. We need to get better at improving the things within our own control and influence eg six week cancellations in theatres have not changed. We had two halves of the year for our financial improvement plan. The second half was much better than the first and we do not want to replicate this year, the challenges from last year.

Eight exception reports were completed as detailed below:

Indicator	Reporting month	Aim to deliver in
Sickness absence and the stress anxiety and depression threshold	March 2019	April 2019
Patient Safety – eligible patients having VTE risk assessments	February 2019	April 2019
Friends and Family Test	March 2019	
Emergency care	March 2019	April 2019
Maximum time of 18 weeks from referral to treatment – RTT	March 2019	November 2019
62 days urgent referral to treatment (cancer)	February 2019	May 2019
Maximum 6 week wait for diagnostic procedures (DM01)	March 2019	May 2019
Fractured neck of femur achieving best practice measures	February 2019	July 2019

Overall

Our three key risks remain; failure to maintain financial sustainability, demand that overwhelms capacity and critical shortage of workforce capacity and capability. It is the overwhelming demand that concerns us the most as it the factor that drives everything else including staff fatigue.

Principle Risk	Current Risk Exposure	Tolerable risk
PR 1: Catastrophic failure in Standards of Care	High (12)  (no change)	Low (4)
PR2: Demand that overwhelms capacity	Significant (16)  (no change)	Medium (8)
PR3: Critical shortage of workforce capacity & capability	Significant (16)  (no change)	Medium (8)
PR4: Failure to maintain financial sustainability	Significant (20)  (no change)	High (10)
PR5: Fundamental loss of stakeholder confidence	High (12)  (no change)	Low (5)
PR6: Breakdown of Strategic Partnerships	Med (8)  (no change)	Low (4)
PR7: Major disruptive incident	High (10)  (no change)	Low (5)

The next year at Sherwood, across Mid Nottinghamshire and the national health and local authority services may be tough, but we believe we will continue to improve and there are many reasons to feel positive about the future. Three areas we would personally like us to focus on over the next year are further improving our culture especially to listen more to colleagues from minority or disadvantaged groups, we would like divisional colleagues to feel a greater level of autonomy than they do now and we would like to work even more closely with partners across Nottinghamshire.