SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST **C**

EXECUTIVE SUMMARY

REPORT TO THE BOARD OF DIRECTORS

HELD ON 21st FEBRUARY 2018

Subject:	Update on Single Oversight Framework
Supporting TEG Member:	Kirsten Major, Deputy Chief Executive
Authors:	Michael Harper, Chief Operating Officer Balbir Bhogal, Performance and Information Director
Status[1]	A

PURPOSE OF THE REPORT:

To provide an update of the changes made to the Single Oversight Framework (SOF) by NHS Improvement (NHSI) and the changes required to the Trust's Integrated Performance Report (IPR).

KEY POINTS:

- NHSI published the first version of the SOF in September 2016 and the reporting requirements came into operation on 1 October 2016. In light of recent developments and to reflect learning from the framework's first year of operation, NHSI published an updated SOF on 13 November 2017.
- The details of including the SOF into the IPR were discussed at TEG on the 13th December and, following comments received, a number of minor amendments were made.
- As a result, the IPR has been updated to reflect the changes to the SOF. The revised dashboards will appear in the February 2018 report and will be the reporting period for December 2017. The Board are asked to note these changes for discussion with

IMPLICATIONS[2]**:**

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATION(S):

The Board is asked to:

a) Note the changes to the Single Oversight Framework.
b) Note their inclusion in an updated IPR from February 2018 onwards.
c) Note that the IPR will continue to include emergency readmission rates.

APPROVAL PROCESS:

Meeting	Date	Approved Y/N
Trust Executive Group	14th February 2018	Y
Trust Board of Directors	21st February 2018	

Update on Single Oversight Framework

1. Background

NHSI published the first version of the Single Oversight Framework (SOF) in September 2016, and the reporting requirements came into operation on 1 October 2016. In light of recent developments and to reflect learning from the framework's first year of operation, NHSI published an updated SOF on 13 November 2017.

The purpose of this paper is to describe the detail of the change to the SOF, propose changes to the IPR and deep dive schedule as a result of this development and proposals to further develop the IPR.

2. Single Oversight Framework (SOF) – Summary of changes

A summary of the changes to indicators and triggers monitored under each theme is as follows:

Domain	Summary of change	Indicator	Rationale
Quality of Care	New	E.coli bacteraemia bloodstream infection rates	New national commitment to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021
	New	MSSA rates	Existing national priority to reduce rates, which are currently rising
	Removed	Aggressive cost reduction plans	No specific metric available to track this
	Removed	Hospital standardised mortality ratio – weekend	Indicator not yet sufficiently developed to inform identification of support needs
	Removed	Emergency readmission rates	No validated national metric available
Finance and Use of Resources	New	Reference to the new Use of Resources (UoR) framework, with explanation of how UoR assessments will be used under the SOF*	To ensure consistency across oversight frameworks
Operational Performance	New	Dementia assessment and referral standards for acute providers	To maintain focus on existing national priority
	Amendment	Where relevant NHSI will use performance against national standard rather than Sustainability and Transformation Fund (STF) trajectories as the trigger of potential support needs in relation to operational performance standards.	Consideration of support needs should be based on absolute performance. Progress against trajectories can be taken into account when confirming whether there is an actual support need, and what form the support should take.

* From autumn 2017, NHSI has introduced a new use of resources (UoR) assessment. Under this framework, NHSI will periodically undertake UoR assessment of providers. They will do this by assessing how well Trusts are meeting financial controls, how financially sustainable they are, and how efficiently they use their workforce, clinical and operational services to deliver high quality care for patients.

Until a provider has undergone a UoR assessment, NHS Improvement will use the financial score ('finance and use of resource score' is re-labelled as 'finance score') alongside other evidence of whether a provider is making optimal use of its resources, to identify potential support needs under this theme.

Once a provider has undergone a UoR assessment and been given a proposed rating, NHSI will use the proposed rating alongside the finance score, to inform their consideration of the provider's support needs at that point in time.

Strategic Change

An additional measure has been constructed to reflect developments in national policy. NHSI will review the assessment of system-wide leadership in the sustainability and transformation partnership (STP) rating when considering providers' performance under this theme.

NHSI have produced draft guidance under this theme which sets out that providers should:

a) Engage in local decision-making and build a shared understanding of local challenges and patient needs
b) Work collaboratively with other local health and care organisations to design and agree solutions
c) Implement improvements, taking responsibility for their share of local plans to improve the quality and sustainability of care and ensuring their own organisational plans are aligned to these local priorities.

The triggers for potential support needs regarding strategic change are material concerns about a provider's delivery against the local transformation agenda, including (where relevant) new care models and devolution.

This measure is not sufficiently defined to be included in the IPR at this stage.

Leadership and Improvement Capability

NHSI will use several information sources to assess provider leadership, including:

a) CQC well-led inspections and the outcomes of development well-led reviews where these generate material concerns
b) Information from third parties – Healthwatch, MPs, whistle-blowers, coroners' reports
c) Staff/patient surveys
d) Level of senior executive turnover
e) Organisational health indicators – staff sickness, staff turnover, NHS Staff Survey, proportion of temporary staff

This measure is also not sufficiently defined to make any further changes to the IPR at the current time.

3. New SOF Indicators current performance assessment

Against the new measures being introduced, STH performance is as follows:

Domain	New Indicator	Measure	Current Performance Assessment
Quality of Care	E.coli infection rates	Rolling 12-month of all E.coli infections/rolling 12-month average occupied bed days multiplied by 100,000	The 16/17 rate for the Trust was 125.4. The national rate for the same time period 115.9. There has been no threshold set for this indicator
	MSSA bacteraemia	Rolling 12-month count of trust-apportioned MSSA infections/rolling 12-month average occupied bed days multiplied by 100,000	The Trust rate for all infection in 16/17 is 33.9 The national rate for the same time period is 32.8 for all infection. The Trust apportioned values have yet to be published and no threshold has been set for this indicator
Finance and Use of Resources	Use of Resources	Until a provider has undergone a UoR assessment, NHS Improvement will use the financial score ('finance and use of resource score' is re-labelled as 'finance score') alongside other evidence of whether a provider is making optimal use of its resources, to identify potential support needs under this theme. This is an overall figure combining the following Single Oversight Framework metrics: capital service capacity, liquidity, income and expenditure margin, distance from financial plan and agency spend. Scores are between 1 (best) and 4 (worst).	Finance score of 2 for December 2017.
Operational Performance	Dementia assessment and referral.	The number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours: a. Who have a diagnosis of dementia or delirium or to whom case finding is applied; b. Who, if identified as potentially having dementia or delirium are appropriately assessed; and c. Where the outcome was positive or inconclusive , are referred on to specialist services	The Trust has met the target of 90% in each area, since monthly reporting began.

4. Recommendations

The Board is asked to:

a) Note the changes to the Single Oversight Framework.
b) Note their inclusion in an updated IPR from February 2018 onwards.
c) Note that following discussion at TEG that emergency readmission rates will continue to be reported in the IPR. This will recommence- from the March report.