Bundle Escalation Reports - Web Site 8 December 2022

1 Finance and Performance Committee
- 2.1 Finance and Performance Committee escalation paper 29th November 2022 (002).docx

2 Trust Management Committee
- 2.2a TMC Escalation Report for Board.docx

3 Clinical Governance Committee
- 2.3 Escalation report - from November 2022 CGC to December Board 2022.docx

4 People and Culture Committee
- 2.4 P&C Escaltion Report 241122.docx

5 Integrated Performance Report
- 2.5a IPR cover sheet - Trust Board.doc
- 2.5b Integrated Performance Report Dec_22 FINAL.pdf

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.1
Date of Meeting:	8th December 2022		

Committee Name:	Finance and Performance		**Committee Meeting Date:**	27th November 2022
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Eiri Jones, Non-Executive Director			
Board Sponsor (presenting):	Eiri Jones, Non-Executive Director			

Recommendation
To note and discuss key aspects of the Finance and Performance (F&P) Committee meeting held on the 27th November 2022

Items for Escalation to Board

(1) F&P Cycle of Business 2022-23.

The committee received and reviewed the planned programme for 2022-23. This was accepted noting the need for a flexible approach to meet the changing environment. The committee was satisfied it provided a framework for next year.

(2) Subsidiary Governance Committee.

A proposal was presented to F&P to establish new governance arrangements for the above committee. This is also on the Board agenda. The F&P committee supported the strengthening of governance in this area.

(3) Integrated Performance Report

This was discussed in detail, with a focus on two key areas: Winter planning and performance of planned care. Some of the winter additional

actions have commenced and whilst it is too early to confirm the full impact, some early improvement in flow has been seen. The need to focus on recovery of elective is also receiving a strong focus as the Trust is benchmarking lower than others in terms of recovery. The trajectories for improvement by specialty are under development and will come back to a future F&P.

(4) 2022-23 Planning

Whilst the guidance is still awaited, some initial reflections on the autumn statement have been captured. In essence, the financial settlement is believed to be enough to cover the current performance expectations. It was noted that the 4-hour Emergency standard will continue.

(5) National Cost Collections 2021-22

The report was presented, confirming that the return had been submitted on time to NHSE. It was noted that in the recently published 2020/21 index the Trust was rated at 96, the same as before Covid, this means that the Trust's average unit cost is 4% less than the national average. Areas for improvement are already identified and actions to address are underway.

The Board is asked to note and, where relevant, discuss the content of this upward report.

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.2
Date of Meeting:	08 December 2022		

Report Title:	Trust Management Committee Escalation Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	X		X	
Approval Process (where has this paper been reviewed and approved)	Reviewed and signed off by Stacey Hunter Chief Executive Officer.			
Prepared by:	Gavin Thomas, Executive Services Manager			
Executive Sponsor (presenting):	Stacey Hunter Chief Executive Officer			
Appendices (list if applicable):	Appendix 1 – Presentation on Counter Fraud			

Recommendation:
The Board is asked to note the report from the Trust Management Committee.

Escalation Summary:
The Trust Management Committee was held on Wednesday 23rd November and as per the revised work plan, this month's committee was a Senior Leadership Forum Meeting. The committee heard from the Counter Fraud Team and the presentation they shared is attached for completeness and information purposes only. The feedback received during the committee was that this was a useful session. In respect of the normal business of TMC, the committee still received all of the escalation reports from the Sub committees of TMC, all of which were noted by the committee with no formal escalations being made. The response rate in respect of the staff survey was also noted by the committee. In respect of Business cases, as this month's TMC was a leadership forum session, Business cases will come to next month's TMC with the return of the formal committee.

Board Assurance Framework – Strategic Priorities	Select as applicable
Population: Improving the health and well-being of the population we serve	☐

Partnerships: Working through partnerships to transform and integrate our services	☐
People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	☐
Other (please describe) -	☐

NHS Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.3
Date of Meeting:	8th December 2022		

Report from: (Committee Name)	Clinical Governance Committee		**Committee Meeting Date:**	29th November 2022
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	X	X	X	
Prepared by:	Miss Eiri Jones, Chair CGC			
Board Sponsor (presenting):	Miss Eiri Jones, Chair CGC			

Recommendation

Trust Board members are asked to note and where relevant, discuss the items escalated from the Clinical Governance Committee (CGC) meeting held on the 29th November 2022. The report both provides assurance and identifies areas where further assurance has been sought and is required.

Key Items for Escalation

- Key information / issues / risks / positive care to escalate to the Board are as follows:
  - This month's hot topic presentation focussed on the consent process within the Trust. Assurance was sought as to whether there were any concerns with the consent process. It was confirmed that this is not the case. A focus on training for senior doctors and reinstatement of the annual audit process is underway. The committee was satisfied with the actions proposed.
  - A presentation on the Patient Safety Incident Response Framework, PSIRF, was provided. This is the new incident management approach across England. The Director of Corporate Governance confirmed that the plan to implement is on track and that the implementation approach is a system wide one.
  - An update was provided in relation to the electronic prescribing, EPMA, roll out. It was reported that this is going well in general. Early issues relate to the fact that the system isn't yet rolled out across the Trust (e.g impacts when patients are moved from an EPMA live ward to one that isn't yet live). The committee heard that whilst the new system won't necessarily save staff time, it will improve safety in relation to medicines.
  - The update from the spinal service outlined that staffing remains an issue. Positively discussions with commissioners were focussed on new approaches and models of care, which the Trust will lead on. Beds have increased back to 35, however returning to 37 beds by December remains a challenge due to bed pressures in the hospital. Work is also underway to improve governance

of the service. A further update will come to the committee early in the next financial year.

- The monthly Integrated Performance Report, IPR, was discussed in detail with assurance being sought in relation to access to stroke and the falls plan. The CNO provided information that over a 100 new HCAs had been recruited since August and that this should improve the staffing position.
- A report on Getting it Right First Time, GIRFT, was presented by the Associate Medical Director. There have been several virtual visits recently with the Trust being praised for good practice in care of the elderly. The internal process around the GIRFT requirements have been strengthened with a focus on improvement. It was also positive to note that the Acute Hospital Alliance is working together on this and that the Trust benchmarks well in the system.
- A requirement to report on 7-day working has been re-introduced nationally. The Trust had reviewed this recently and this report was presented to CGC. Key challenges remain in the areas of senior medical review and therapist reviews at weekends. Positively, good shared decision making was evident in the first 7 days of admission though this deteriorated after 7 days. The plan for improvement over the next 12 months is focussed on the areas currently being missed.
- The quarterly maternity report was noted though due to sickness there wasn't anyone present from the service to present. The report comes to Board where further discussion can take place. From an Ockenden 1 perspective, it is expected that the Trust will be green in all actions. A key area of risk relates to IT.
- The Infection Prevention &Control Board Assurance Framework was presented and noted.
- An update was provided on the aseptic service. This has been paused due to staffing issues with drugs normally made in house being purchased from an external supplier. Whilst new staff are being appointed, it was noted that this is a national issue and that a system approach is being considered.

The Board is asked to note and discuss the content of this report.

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.4
Date of Meeting:	08/12/2022		

Report from: (Committee Name)	People and Culture Committee		**Committee Meeting Date:**	24/11/2022
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Rakhee Aggarwal, Non-Executive Director			
Sponsor (presenting):	Rakhee Aggarwal, Non-Executive Director			

Recommendation

The Board are asked to note the items escalated from the People and Culture meeting held on 24/111/2022:

1. **People Promise: Progress as an Exemplar site**

- 'People' has become a breakthrough objective to create a focus on workforce availability. The driver metrics have been updated and the team are building this into the People Plan and People Promise
- HR advisors will be working directly with managers in ward areas to work on staff absence
- The Staff Survey closed on the 25th of November 2022, and staff were still actively being encouraged to take part
- Line managers breakfast clubs have been reintroduced as a support and shared learning mechanism
- There is work to look at the well-being conversations and appraisals to make it more of a seamless process
- There is also work to manage the ward buddy process so it is more organised rather than being reactive

2. **Revised People Plan**

The team have identified and agreed delivery of the People Promise as a strategic objective as part of the Improving Together programme. Final People Plan will be signed off by Trust Board. OD&P currently have three driver metrics to:

- Increase engagement to achieve the upper quartile for acute providers, in particular recommending Salisbury NHS Foundation Trust as a place to work.
- Increase retention including increasing stability index (how often a role is replaced) measured by staff turnover.
- To be an inclusive employer achieving the median for our benchmark group across the workforce equality standards at SFT. Measured against the 7 WDES indicators and 4 WRES indicators in the NHS staff survey.

3. **Bath and Northeast Somerset, Swindon and Wiltshire (BSW) (OPDG & System Capability & People Group) Update**

The group is focused on recruitment and retention and a small number of projects including new career pathways and coaching. Chief People Officer for BSW is resetting the workforce priorities and reviewing where it makes sense for the Trusts to work together. There is also a workforce cell focused on temporary staffing and how this can be managed better as a system. Currently, the gap at BSW level is the lack of a Strategic Workforce Planner. This means that data and subsequent planning is being released incrementally.

4. **Staff Survey**

Staff Survey closed on the 25th of November 2022. At the time of the committee, the all-staff response rate was at 39.6%; 5% below last year Last year's final response rate was 49%. The current average response rate for acute trusts using Picker is 39.56%. The committee noted that some staff groups might be challenged to engage due to shift work and access to IT. There needs to be consideration for these staff in the planning of the next survey.

5. **Integrated Performance report**

The three-driver metrics relating to Turnover, Absence and Vacancies all recorded modest rises again this month. As a result of the significant risk to staff availability that these metrics continue to demonstrate, the Trust has agreed that Staff availability will become a Breakthrough objective for the Trust. There was discussion of enhancement of the presentation of data. Further discussion on the retention of overseas colleagues and the work required to publicise the progression of these colleagues at Salisbury.

- **OD & P Services Update**

The committee was updated on the progress made to improve the quality of service. The following was highlighted:

- The 21 projects initiated to clear refocus outdated policies, processes and services and generally put OD&P services on a stable footing are substantially completed. All heads of service will own clear workplans that incorporate these.
- Of the 20 actions in the Strategic Workforce Planning audit, 8 are pending the approval of a business case to build the necessary capacity and capability to undertake the tasks. This business case has been supported by Executives and is due to be submitted for final approval to Finance and Performance Committee on 20th December 2022.

There was discussion about the complaints process which does not enhance the patient or staff experience. The committee agreed that there should not be 200 open cases and it would be useful for an update back to the meeting once the changes to policy and procedures had been made.

- **OD & Leadership Quarterly Update**

The following key pints were forwarded:

- The team is developing what line managers require to enable them to display and live the values of the organisation: leadership coaching and training.
- The Trust's Leadership Behaviour Framework has been updated to align to Trust values. This framework is what will be utilised in relation to how interventions are structured and how people will be assessed in their appraisals, which will be

included in the next quarterly report.

There was discussion about how people would recognise that they were experiencing the right values and behaviours from leaders. This was built on in terms of how the whole organisation understands the leadership values and behaviours they should expect to be demonstrated.

Education, Training and Apprenticeships

There will be further CPD funding for financial year 2023/24, but the amount and derogation has not yet been agreed. In terms of training and access to this budget there are some process issues across the Trust that require improvement to ensure fairness of access. There is going to be an increase in focus to complete mandatory or statutory training.

Guardian of Safe Working Quarterly Report

Deferred but there were no items for escalation.

Health and Safety Quarterly Report

The team are working towards implementing a Health and Safety Management System which will help to define the audit and inspection regime and identify the metrics that will be used to manage the Health and Safety impact on the Trust.

Health and Safety is now reporting to the Board quarterly to allow greater oversight.

Good progress was noted, and Troy Ready was commended for his hard work in improving the department since joining the Trust.

Communications Quarterly Report

Open rates in terms of number of staff has reduced during the quarter.

- Digital comms is being upgraded with the purchase of software (SnapComms) and hardware to deliver more digital messages to our workforce through various new channels –this includes digital screen in staff rooms and 6 public areas, messages to desktops, screensaver messages plus old fashioned but new to SFT poster holders for all toilet doors.
- The new intranet has been delayed but is now due for completion in February 2023.
- The Communications team are very enthusiastic about using a new platform ‘workplace’ to enable a two-way experience for staff. This is in its early stages and DR noted he has spoken with other organisations who have fed back about their user experience.
- Next year will be the ‘Year of Anniversaries’ as scheduling includes several exciting events next year. The Comms team will be using music to celebrate these events which will also tie into the Comms Equality Diversity and Inclusion strategy.
- The comms around recruitment and retention will also be a priority for the team.

Items for Escalation

Workforce attraction/ retention/ sickness/ absence and performance

This area is a continued risk in enabling the Trust to undertake its business of providing safe and effective patient care.

People Promise

Line managers appear to be carrying much of the burden of supporting others; there was discussion about the support from line mangers away from training and development.

Staff Survey
Staff Survey closed on the 25th of November 2022. At the time of the committee, the all-staff response rate was at 39.6%; 5% below last year Last year's final response rate was 49%. Next year's launch needs to consider those who find it difficult to access the survey due to shift work – given that this is likely to be our largest cohort of staff this requires thought. Furthermore, organisations that had a raised response rate were noted to have a sustained culture and leadership framework. This journey was noted to need improvement within a 3-5 year timeframe.

Integrated Performance report

The three-driver metrics relating to Turnover, Absence and Vacancies demonstrate a significant risk to staff availability. The Trust has agreed that Staff availability will become a Breakthrough objective for the Trust.

OD & Leadership Quarterly Update

To enable the whole organisation to understand leadership values and behaviours, comms and induction were discussed in disseminating this information, and what the expectations are from the leadership of the organisation and by individuals themselves.

Education, Training and Apprenticeships

Improvement of access to funding and training requires improvement. There is going to be enhanced focus on the completion of mandatory or statutory training.

OD&P Management Board Escalation Report

SH referenced the need for the Trust to secure hotel accommodation. It was acknowledged that the accommodation on site is currently stretched and is offered on a two-year basis. However, going forward the Trust will give staff four months' notice and advise them that this will now reduce to a maximum of one year. The Trust is aware that this is on the backdrop of an affordable housing issue hence the long notice period but the need for accommodation for new staff is critical.

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.5
Date of Meeting:	8th December 2022		

Report Title:	Integrated Performance Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Approval Process (where has this paper been reviewed and approved)	Sections approved by responsible committee: • Operational performance & resources: Finance & Performance Committee • Quality & care: Clinical Governance Committee • Workforce: People & Culture Committee			
Prepared by:	Louise Drayton, Performance and Capacity Lead Emilia Scutt, Head of Performance			
Executive Sponsor (presenting):	Melanie Whitfield, Chief People Officer			
Appendices (list if applicable):	Not applicable			

Recommendation:
The Trust Board are asked to note the Trust's performance for Month 7 (October 2022)

Executive Summary:
The average wait to first appointment has increased for the second consecutive month, with month end average of 129 days. The Trust continues to have zero patients waiting over 104 weeks, is on target to deliver the trajectory of zero patients waiting 78 weeks by the end of the financial year and is ahead of trajectory in terms of the reducing of patients waiting over 52 weeks. In terms of overall waiting list size, as a result of a decrease in total RTT clock stops in comparison with M6, in part due to the impact of operational pressures on the Trust's delivery against the elective recovery programme, the total waiting list has increased to 25,605 patients in M7 (increase of 4.6% from M6). The number of excess bed days associated with internal reasons for delays to discharging patients no longer meeting the criteria to reside increased in M7 from 432 excess bed days to a total of 620; this is within expected variation limits though remains above plan. This is directly correlated with reduced workforce and continued use of escalation beds. The total number of patients experiencing more than one bed

move also increased in October from 1.81 in M6 to 2.15 as a result of the sustained escalation and use of additional beds across the organisation.

The availability of workforce to deliver the operational priorities of the organisation remains extremely challenging. Turnover of staff has increased consistently since April '21, with a M7 position of 14.6% (9.9% in Apr 21) and vacancy levels of 12.6%. A workforce establishment review has been completed to support improved workforce planning over the next 12 months. Band 2 staff will receive a pay uplift across all professions to bring pay in line with the real living wage. Consideration of all possible actions and incentives to increase fill rate and retention remains ongoing.

Work to reduce the number of patient falls continues as a key focus of the "Improving Together" programme, with a M7 position of 9.33 falls per 1000 bed days against a target of 7 which was an increase in comparison to 7.73 in M6. Work continues in relation to the roll out of "Bay watch", though further focus is required in terms of staff availability to attend formal training.

Flow out of the department was constrained with an average time in the Emergency Department for patients requiring admission of 9 hours and 44 minutes in comparison to the M6 position of 8 hours and 49 minutes. Consequently, 25.36% of all ambulance arrivals were delayed 30 minutes or more, though slight improvement noted in that 70.9% of patients were admitted or discharged within 4 hours. 163 patients spent longer than 12 hours in the Emergency Department over M7, a 40% increase from 116 in M6).

Improvement noted in relation to delivery of the 6-week diagnostic standard, with performance of 64.2% alongside a waiting list reduction from 2530 to 2496 patients in M7. Significant improvement noted within Cardiology echo and compliance within CT, alongside relatively static delivery of MRI. Audiology and Endoscopy compliance continues to deteriorate, with challenges across all services related to workforce capacity and availability.

The proportion of patients referred on a suspected cancer pathway that were seen within 14 days improved slightly to 83.7%, with capacity constraints most evident within skin and Lower GI due to an increase in referrals as well as staffing and recruitment challenges. The 28 day faster diagnosis standard was achieved, with challenges associated with diagnostic capacity. Opportunities for further improvement identified within the prostate cancer pathway. 62-day standard not achieved, with month end performance of 75%, with breaches associated with patient choice, insufficient capacity within oncology re the delivery of chemotherapy and diagnostic capacity.

Deterioration in performance noted against Stroke standards, with 26% of patients arriving on the stroke unit within 4 hours (33% in M6) against a national target of 90%. The service has however received a score of C for Q1 22/23 in the SSNAP standards which is an improvement in comparison with Q4 21/22.

The Trust reported an increase in reported category 2 pressure ulcers and DTIs in October though saw a decrease in the number of reported serious incident investigations. It is important to note that the volume of reported pressure ulcers and incidents may be detrimentally affected by operational pressures and staff ability to report. This will remain under close monitoring to identify any trends.

In month 7 the Trust recorded a control total deficit of £1.327m against a target of £1.219m - an adverse variance of £0.108m. Underlying pay costs increased in month with some of the winter plan actions starting earlier than forecast combined with increased bank and agency costs to address operational pressures.

Board Assurance Framework – Strategic Priorities	Select as applicable
Population: Improving the health and well-being of the population we serve	☐
Partnerships: Working through partnerships to transform and integrate our services	☐
People: Supporting our people to make Salisbury NHS Foundation Trust the best place to work	☐
Other (please describe) -	☐

Integrated Performance Report

NHS
Salisbury
NHS Foundation Trust

October 2022

Summary

October 2022

Salisbury NHS Foundation Trust

The average wait to first appointment has increased for the second consecutive month, with month end average of 129 days. The Trust continues to have zero patients waiting over 104 weeks, is on target to deliver the trajectory of zero patients waiting 78 weeks by the end of the financial year and is ahead of trajectory in terms of the reducing of patients waiting over 52 weeks.
In terms of overall waiting list size, as a result of a decrease in total RTT clock stops in comparison with M6, in part due to the impact of operational pressures on the Trust's delivery against the elective recovery programme, the total waiting list has increased to 25,605 patients in M7 (increase of 4.6% from M6).
The number of excess bed days associated with internal reasons for delays to discharging patients no longer meeting the criteria to reside increased in M7 from 432 excess bed days to a total of 620. This is directly correlated with reduced workforce and continued use of escalation beds. The total number of patients experiencing more than one bed move also increased in October from 1.81 in M6 to 2.15 as a result of the sustained escalation and use of additional beds across the organisation.
The availability of workforce to deliver the operational priorities of the organisation remains extremely challenging. Turnover of staff has increased consistently since April '21, with a M7 position of 14.6% (9.9% in Apr 21) and vacancy levels of 12.6%. A workforce establishment review has been completed to support improved workforce planning over the next 12 months. Band 2 staff will receive a pay uplift across all professions to bring pay in line with the real living wage. Consideration of all possible actions and incentives to increase fill rate and retention remains ongoing.
Work to reduce the number of patient falls continues as a key focus of the "Improving Together" programme, with a M7 position of 9.33 falls per 1000 bed days against a target of 7 which was an increase in comparison to 7.73 in M6. Work continues in relation to the roll out of "Bay watch", though further focus is required in terms of staff availability to attend formal training.
Flow out of the department was constrained with an average time in the Emergency Department for patients requiring admission of 9 hours and 44 minutes in comparison to the M6 position of 8 hours and 49 minutes. Consequently, 25.36% of all ambulance arrivals were delayed 30 minutes or more, though slight improvement noted in that 70.9% of patients were admitted or discharged within 4 hours. 163 patients spent longer than 12 hours in the Emergency Department over M7, a 40% increase from 116 in M6).
Improvement noted in relation to delivery of the 6-week diagnostic standard, with performance of 64.2% alongside a waiting list reduction from 2530 to 2496 patients in M7. Significant improvement noted within Cardiology echo and compliance within CT, alongside relatively static delivery of MRI. Audiology and Endoscopy compliance continues to deteriorate, with challenges across all services related to workforce capacity and availability.
The proportion of patients referred on a suspected cancer pathway that were seen within 14 days improved slightly to 83.7%, with capacity constraints most evident within skin and Lower GI due to an increase in referrals as well as staffing and recruitment challenges. The 28 day faster diagnosis standard was achieved, with challenges associated with diagnostic capacity. Opportunities for further improvement identified within the prostate cancer pathway. 62-day standard not achieved, with month end performance of 75%, with breaches associated with patient choice, insufficient capacity within oncology re the delivery of chemotherapy and diagnostic capacity.
Deterioration in performance noted against Stroke standards, with 26% of patients arriving on the stroke unit within 4 hours (33% in M6) against a national target of 90%. The service has however received a score of C for Q1 22/23 in the SSNAP standards which is an improvement in comparison with Q4 21/22.
The Trust reported an increase in reported category 2 pressure ulcers and DTIs in October though saw a decrease in the number of reported serious incident investigations. It is important to note that the volume of reported pressure ulcers and incidents may be detrimentally affected by operational pressures and staff ability to report. This will remain under close monitoring to identify any trends.
In month 7 the Trust recorded a control total deficit of £1.327m against a target of £1.219m - an adverse variance of £0.108m. Underlying pay costs increased in month with some of the winter plan actions starting earlier than forecast combined with increased bank and agency costs to address operational pressures.

What we are measuring – our Strategic Priorities

Improving the health and well being of the Population we serve

Working through Partnerships to transform and integrate our services

Supporting our People to make Salisbury NHS Foundation Trust the Best Place to Work

Our focus – Breakthrough Objectives and Strategic Initiatives

Strategic Initiatives	Breakthrough Objectives
Delivering the NHS People Promise	Reducing Falls in hospital
Improving Together	Reducing the number of patients in hospital with no criteria to reside
Improving health and reducing health inequalities	Reducing time to first outpatient appointment
Digital Care	Elective Recovery Programme

What is an Integrated Performance Report (IPR)?

Salisbury NHS Foundation Trust

Our IPR is a summary view of how our Trust is performing against various strategic and operational objectives that are set as part of the recently updated strategy. It is divided into three sections (Quality of care, access and outcomes, People and Finance and Use of Resources) which contain the following within them:

Key Term	Definition
Breakthrough Objective	Area of focus for the whole organisation for the next 12-18 months. We are striving for an improvement of 30%+ in these metrics over this period.
Key Performance Indicator	Key metric that is monitored as part of NHS National Operating Framework for 2022/23 and heavily relates to improving patient care and increasing positive outcomes.
Alerting Watch Metric	A metric that has triggered one or more business rules and should be monitored more closely to analyse worsening performance, or achievement celebrated if performing is improving.
Non-alerting Watch Metric	A metric that we are monitoring but is not a current cause for concern as it is within expected range.

NHS
Salisbury
NHS Foundation Trust

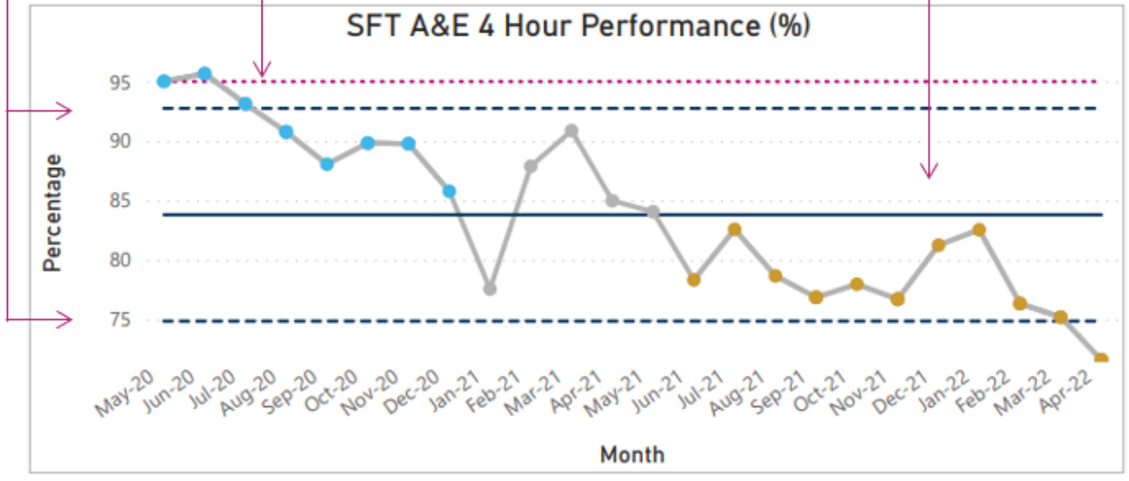
Reading a Statistical Process Control (SPC) Chart

The two dotted grey lines represent the boundaries of "normal"

There should always be a minimum of 15 months worth of data

The pink dotted line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset



Blue markers indicate that there has been a marked improvement in performance, meeting Business Rules 1-3

Orange markers indicate that there has been a marked decline in performance, meeting Business Rules 4-6

Grey markers show normal behaviour with no significant cause for variation

Part 1: Quality of Care, Access and Outcomes

Performance against our Strategic Priorities and Key Lines of Enquiry

Salisbury NHS Foundation Trust

Our Priorities

Population

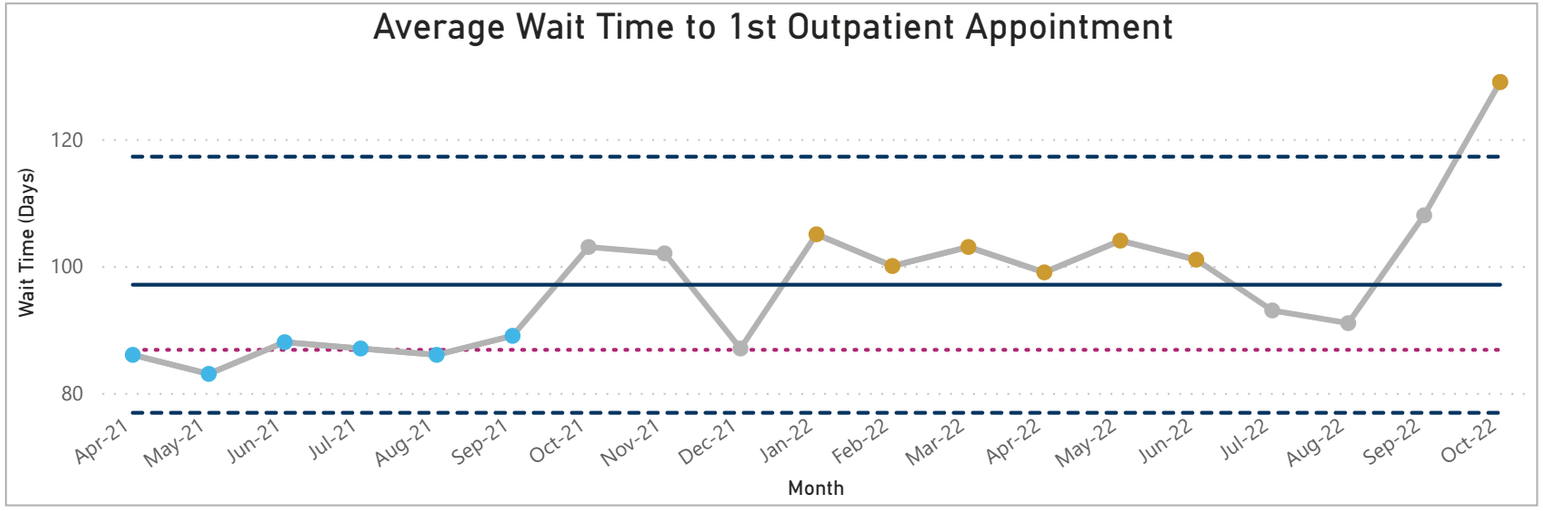
Partnerships

People

Reducing Patient Waiting Times

Target 87 days

Breakthrough Objective



We are driving this measure because…

SFT has a growing waiting list with increased numbers of patients waiting longer for their care and has not met the 92% RTT 18wk elective treatment target since October 21.

A small cohort of specialties account for the majority of the Trust's backlog of patients awaiting a 1st Outpatient appointment. An extended wait for a 1st Appointment places achievement of the 18 week RTT target at risk.
It is a poor patient experience to wait longer than necessary for treatment and failure against these key performance standards is a clinical, reputational, financial and regulatory risk for the Trust.

Understanding the performance:

October saw another rise in the Time to 1st Appointment Metric which looks at how long patients seen in-month waited from referral.
This was again driven by the approach to date the longest waiting patients on the non-admitted pathway first. This is in line with the national and regional aim to reduce the number of patients waiting >52week waits, and support the delivery of zero >78ww by the end of the financial year. The Trust continues to have no >104ww, is on target for delivering zero >78ww and ahead of trajectory for >52ww. The cohort of 'At risk' >78ww patients continues to fall and remains ahead of trajectory.

There are 208 patients on a non-admitted pathway >52w, with 101 dated, 79 of which in November 2022. As the number of long waits is reduced, the capacity will be given over to patients that have been waiting for shorter durations.
As such, owing to the way current way the metric is measured the figure provided will continue to rise as the Trust continues to manage the waiting list in line with National and Regional expectations.

Actions (SMART):

Patients will continue to be booked in line with clinical urgency and longest wait.

Weekly monitoring of all long waits to continue, including weekly validation of all long waits.

Weekly long waits summary to continue to be provided to CEO and COO.

A proposal to amend the mechanism with which the Breakthrough Objective will be measured will be discussed at Execs, which will provide an improved illustration of the average wait for any given month for those patients still waiting across the whole non admitted waiting list, rather than only those seen at OPD clinics during that particular month, with the plan to have a new mechanism in place for the next IPR.

Risks and mitigations:

Limitations continue in relation to the Trust's ability to comprehensively map demand and capacity at a Subspeciality/Pathway Level.

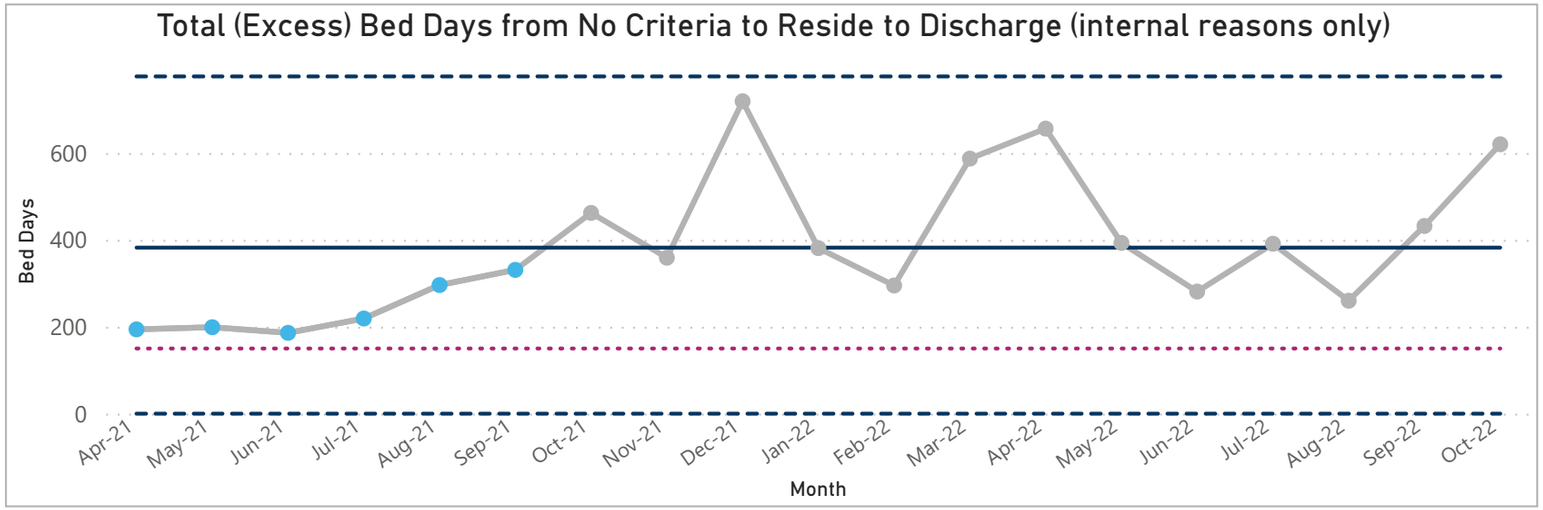
Resource limitations at both DMT and Speciality level continue to challenge Divisional Teams. However, in mitigation the post of Head of Performance has now been appointed to, with support to be provided to services in undertaking demand and capacity planning.

Following discussions with Operational, Informatics and Executive colleagues, it is now accepted that the current mechanism for measuring this breakthrough objective does not provide the Trust with a position reflective of the actual average time to 1st Appt of those patients on the waiting list, but illustrate the actual waits of those patients actually seen in OPD clinics as opposed to those still waiting.

Optimising Beds

Target 150 days

Breakthrough Objective



We are driving this measure because…

Patients are in hospital for longer than they need to be due to delays with their discharge. These excess bed days (EBDs; i.e. days where a patient is in hospital, with no criteria to reside (NC2R) and waiting for discharge) cause the condition of the patient to potentially deteriorate, cause delays with patient flow into, around and out of the hospital and have a negative impact of patient and staff experience. This impacts the ability of the Trust to meet its operational targets around Elective Recovery and is potentially unsafe for patients.

Understanding the performance:

October saw a significant increase in the days delayed from no criteria to reside (NC2R) decision to discharge relating to internal reasons. This is an increase from 432 excess bed days from NC2R to discharge in M6 to 620 in M7.

Continued use of escalation beds and reduced levels of staffing has contributed to this; reduced workforce having to prioritise across an increased inpatient population.

Therapies are central to much of the work required to reduce delays, and there is current process established to support the prioritisation of those people waiting for onward referrals post NC2R decision, reported daily through site meetings for Trust assurance.

Actions (SMART):

Reporting via whiteboards to provide a thematic overview centrally is encouraged and a group has been set up to explore increased use of the system. Impact is expected in winter months (Nov – Feb) as education and expectation is shared across teams.

Discharge coordinators based on wards as part of the winter project will also provide support in the timely referral and tracking of process prior to referral or discharge. Recruitment is with Divisions and is anticipated as soon as possible. Time frames for associated impact to be confirmed pending recruitment.

Focus on the SHOP model for (running structured board round) to enable better oversight of patients on their pathways.

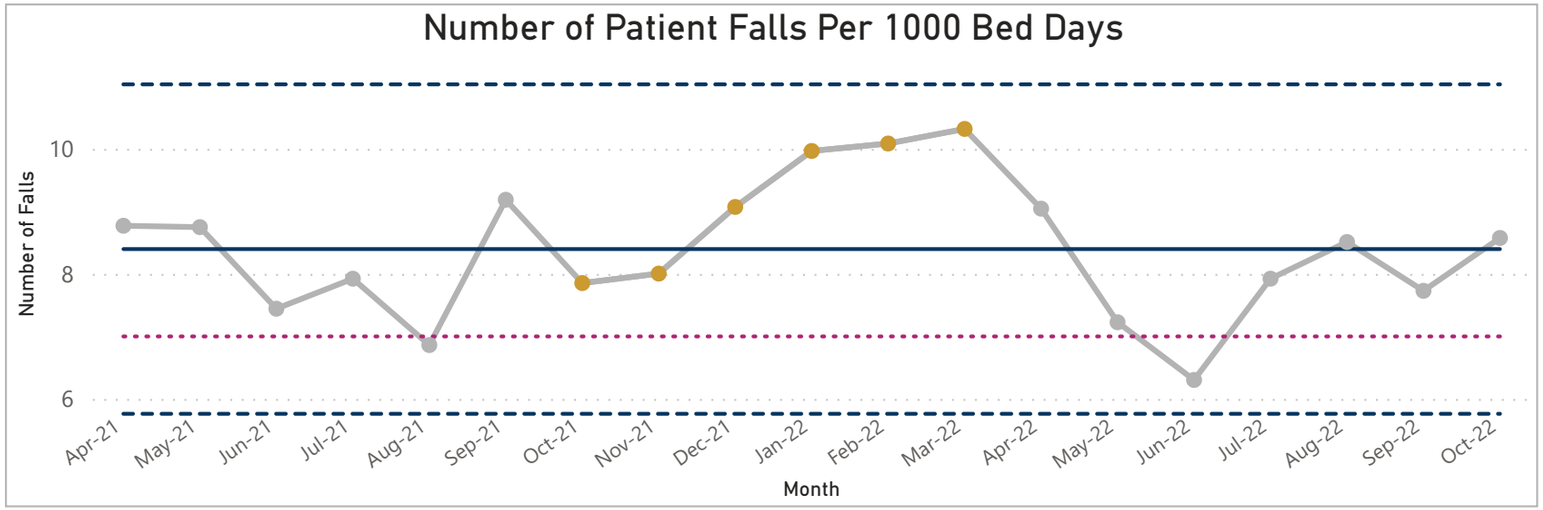
Risks and mitigations:

Risks to the improvement plans are largely related to staffing – if staffing continues to be depleted or if recruitment is not successful to the discharge coordinator posts, existing teams will continue to be stretched and the inevitable prioritisation may mean delays relating to less urgent actions will continue.

Reducing Patient Harm

Target 7

Breakthrough Objective



We are driving this measure because…

Falls are the most frequent adverse event reported in hospital. The Trust continues to report a high level of falls per 1000 bed days with a significant spike over the last 12 months to 10.2 falls per 1000 bed days during the COVID-19 pandemic. The average nationwide falls data shows a rate of 6.7 falls per 1000 bed days and so this spike in combination with the increasing trend of all falls within SFT, is a concern which requires concentrated effort to address and improve.

Understanding the performance:

Falls increased slightly in October to 9.33 per 1000 bed days (Target 7).

There were 3 patients who fell with moderate harm in October.

- X1 Intracranial bleed
- X1 fractured distal humerus
- X1 fractured shaft of humerus

257 members of nursing and therapy staff have received training. Training has commenced at HCA Induction and for new Overseas nurses. The eLearning module has had poor up-take, however this is a National training programme and does not necessarily educate holistically. Support from the Coach House team to deliver Improving Together modules. Data collection commenced in July. Falls rates for Pitton and Farley have been variable, with a common theme being repeat fallers. This will be an improvement project for next year involving MDT huddles for all patients who fall (a national standard).
There are 20 more ultra low beds newly available throughout the Trust and 17 falls sensor mats.

Actions (SMART):

Formal training programme being delivered at ward level alongside on the spot training and advice at the bed side. New overseas and HCA induction training commenced. eLearning national module available on Kalidus.
Improving Together Falls reduction breakthrough drivers for Pitton Ward and Farley Ward
identified. Lying and Standing compliance is a breakthrough target for the orthopaedic wards. Progress to be monitored on an ongoing basis.
"Bay watch":

- Work progressing well on Farley ward, with full MDT engagement
- Pitton ward due to relaunch "Bay Watch" from November '22
- Teaching continues for Spire ward
- Training for Durrington ward to commence in November
- Amesbury and Chilmark have had difficult progressing their improvement work

Revision of bed rails assessments and falls risk assessment to include visual test.
Review of equipment availability including ultra-low beds, falls sensor alarms and crash mats. Review of equipment availability.
Concentrating on lying and standing BP compliance and roll out of "Bay watch" on the wards.

Risks and mitigations:

Availability of staff to attend training on the ward has gradually declined as a result od vacancies/sickness and available care hours.

Amesbury and Chilmark have had difficulty with progressing on their Improvement Work regarding Lying and Standing BPs; however their data does not reflect this. For October both wards had taken a Lying and standing BP in 80% of their patients who fell. Amesbury's audit for all patients at risk of falling was 72% and Chilmark's was 27%.

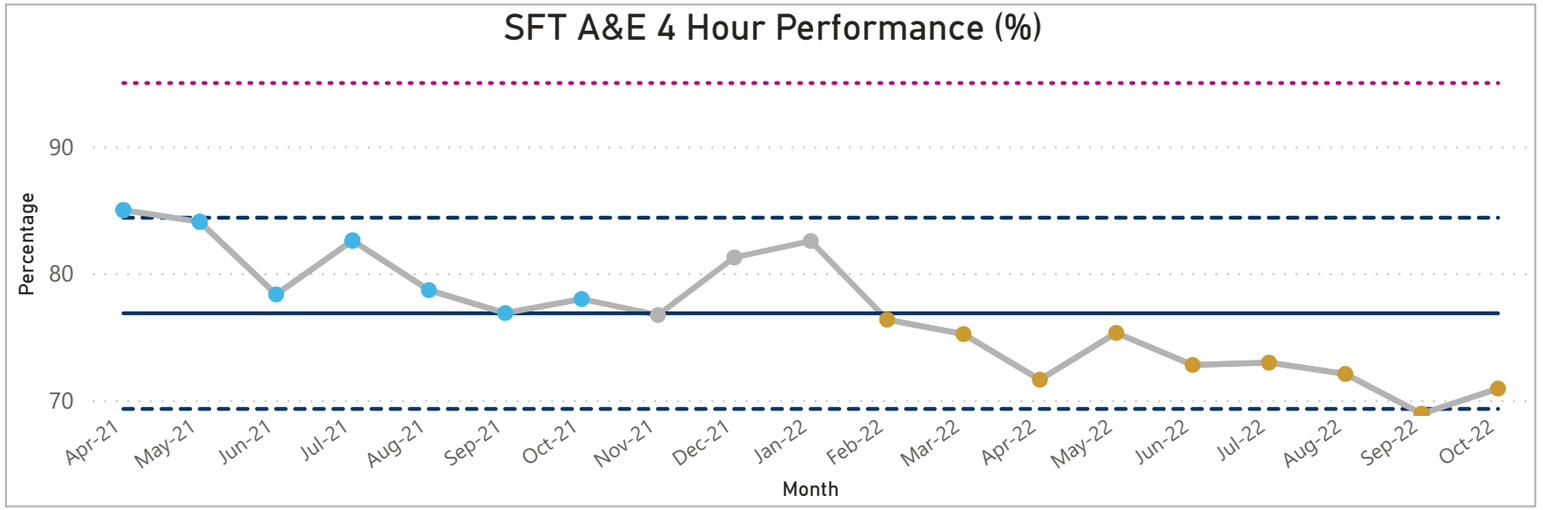
The redesigned falls risk assessments and bed rails assessments trials have been delayed due to the EPMA project roll out. This will be reviewed in the new year.

The Stars Appeal have donated 60 new observation monitors that prompt and time Lying and standing BPs and these will be rolled out to the wards in November. Work is ongoing with collaboration with MDMS regarding every ward having at least 2 crash mats; timeframes to be confirmed.

Emergency Access (4hr) Standard

Target 95%

National Key Performance Indicators



Performance Latest Month: 70.9%

Attendances: 6336

>12 hrs in ED Breaches: 163

Understanding the performance:

There is an improvement against the 4 hour standard performance target in M7 of 70.9% compared to 68.9% in M6. despite an increase in attendances in M7 of 145 compared to 6191 in M6. A contributory factor to this is the protection of 2 Ambulatory trolleys within the AMU footprint within M7, which has facilitated a minor reduction in the medical take for trolley patients being diverted to the Emergency Department.

Flow out of the department remains significantly challenged and the Trust continues to experience high occupancy levels This is evident with an increase in the average time in the department for patients being admitted to 9 hours and 44 minutes (increase from 8 hours and 49 minutes in M6) as well as a significant increase in patients spending >12 hours in the department of 163 in M7 (compared to 116 in M6).

Actions (SMART):

- Successful recruitment of a full time Practice Educator in M7. E10 role will assist with upskilling of nurses and increase competencies across the department on an ongoing basis, to help improve triage and assessment of patients.
- Ongoing scoping/development of an SDEC model/area. Implementation to commence from M9. Area identified and project group now established to work through staffing and space requirements.
- Agreement sought to protect a further 2 Ambulatory trollies (increase to 4) to support flow early at the Front Door and assist in delivering SDEC from November '22.
- Tracker role out to advert, with aim of recruitment in M7. Role will assist the Nurse in Charge and Consultant with tracking of patients and early escalation of any delays.
- ED/AMU Matron has confirmed wider working team for streaming of patients at the Front Door, engaging with minors lead, Consultants and wider nursing team. In the interim, double triage commenced in M7 when staffing levels allow in order for patients to be assessed in a more timely manner. Time to triage is reported live to our Dashboard, enabling SLT to monitor impact as staff are trained and upskilled.

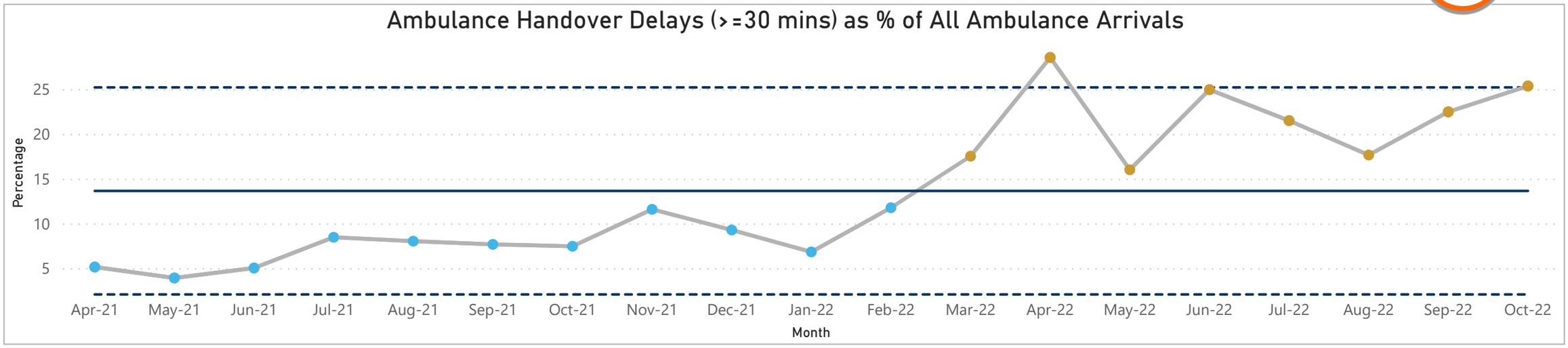
Risks and mitigations:

Flow out of the department remains challenging with high occupancy levels continuing across the Trust, resulting in capacity issues within the department.

Gaps in all areas of workforce remain. Recruitment to vacancies continues; start dates awaited following recruitment of overseas medical workforce.

Ambulance Handover Delays

National Key Performance Indicators



Understanding the performance:

The number of ambulances presenting in M7 has increased to 1180, compared to 1093 in M6. This figure consists of a total of 6336 overall attendances presenting in M7. (Of note we saw a small decrease of overall ambulances presenting in M7 compared to M7 in 2021 of 1233). Of these:
- 270 ambulances off loaded between 15 and 30 minutes;
- 182 ambulances between 30 and 60 minutes and 132 off loaded between 1 and 2 hours.
The ability to off load within the 15 minutes national standard has been impacted by the high occupancy across the Trust, with flow remaining challenging out of the ED department.

There has been an increase in respiratory and covid presentations noted during M7. Patients presenting via ambulance with respiratory symptoms require lateral flow tests to be carried out before off loading, to ensure patients are off loaded safely. The average beds occupied across the Trust was 31 in M7, compared to static numbers in M5/6 of 15 and 16 respectively.

Actions (SMART):

• The Hospital Ambulance Liaison Office continues to support ED and SWAST colleagues managing safety of patients that are queuing to off load into the department. This is supporting waiting times for initial investigations as well as identification and escalation of deteriorating patients. Trial due to conclude in M8; SFT working closely with SWAST partners to facilitate extension in trial.
• Time to initial assessment to be included as a Driver Metric to oversee early triage of patients waiting to offload. Metric will remain under ongoing review and looks to improve safety, patient experience and staff skills, however this does not eliminate overall risk as hospital flow does not support suitable locations to stream patients to.
• Agreement sought to protect a further 2 Ambulatory trollies (increase to 4) to support flow early at the Front Door and assist in delivering SDEC from Nov 22.
• SFT winter plan outlines the protection of assessment areas such as ED/AMU/SAU as a critical part of managing this winter. Longer term solution currently being scoped in terms of developing Ambulatory (SDEC) space through expansion and relocation of the existing ambulatory trolley space in AMU. This will assist with correct streaming of GP patients arriving by ambulance direct to the Acute Medical Unit (AMU), rather than diverting to the Emergency Department. Model to be confirmed by M9.

Risks and mitigations:

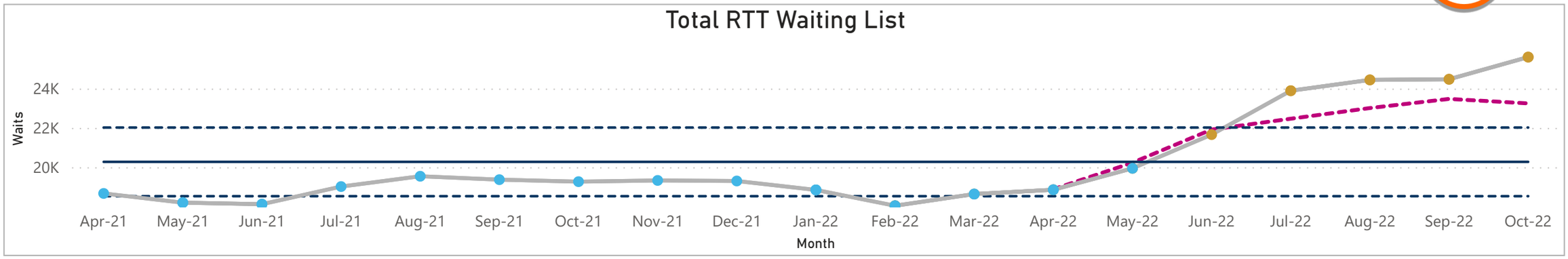
High bed occupancy and staffing challenges evident across the Trust, resulting in poor flow out of the Emergency Department remains the biggest challenge in being able to off load ambulances in a timely manner. The estates works on Breamore has now completed and the reopening of wards sees the introduction of a discharge lounge along with a further 12 beds for patients with no criteria to reside.

The HALO trial due to conclude in M8; SFT working closely with SWAST partners to facilitate extension in trial.

Expected increase of respiratory conditions (Flu & Covid) presenting in the Winter, may result in delays off loading where lateral flow tests are required, to ensure isolation processes are followed. No further actions identified currently as service is limited to the number of cubicles with doors for isolation purposes.

Total Elective Waiting List (Referral to Treatment)

National Key Performance Indicators



Month	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Longest Waiting Patient (Weeks)	110	107	111	116	116	120	99	99	95	98	94	95

Understanding the performance:

Referrals increased against all measures, in month by 8.5% from September and were 6.5% higher than October 2021, and 5.5% higher than Plan. Total RTT clock stops decreased from September by 2.6% and were 2.8% lower than Oct 2021. This has resulted in an increase in the total waiting list size of 1,129 to 25,605.

Admitted clock stops, as a proportion of total stops, fell in month from 21% to 18% in the face of consistent escalation both upstairs and downstairs in DSU significantly impacting upon the elective programme. The ability of the teams to maintain Plastics LA operating prevented the elective performance being significantly worse.

Whilst non admitted stops increased in month from 3985 to 4022, they remain circa 10% lower than Oct 2021.

Actions (SMART):

The main areas of reduced non admitted clock stops were observed in Ophthalmology, Trauma and Orthopaedics, Urology and Dermatology and to a lesser extent Respiratory Medicine. An analysis of the outpatient activity by these specialties will be undertaken to fully understand the non-elective element for the next IPR.

Plans to mitigate ongoing impact of escalation into DSU are being developed to provide greater resilience in terms of estate utilisation options and will be outlined in the next IPR.

A new escalation SOP for DSU is being developed and will be completed by the end of November, to provide structure and governance for operating at various levels of escalation and bed/trolley availability.

Risks and mitigations:

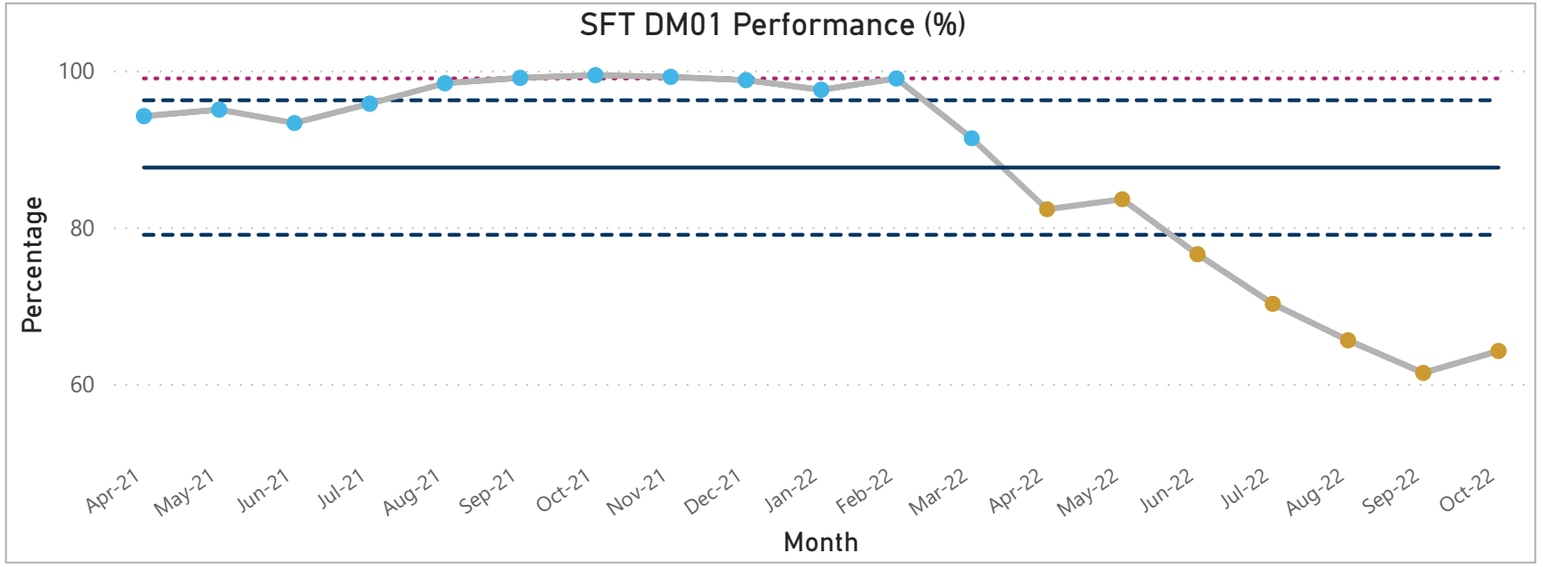
Non-elective flow continues to place significant pressure on the elective programme. The consistent use of both upstairs and downstairs in DSU throughout October resulted in a significant impact upon the elective care programme with significant impact on staffing morale and both the Divisions of Surgery and Women and Newborn to discharge their respective elective programmes.

Clearly there remains an ongoing elevated risk as we progress further into winter. New ways of working across the two theatre footprints are being developed to maximise outputs through different ways of utilising the estate, with new SOPs to provide greater planning and transparency in planning and delivering lists during ongoing periods of escalation.

Diagnostic Wait Times Performance (DM01)

Target 99%

National Key Performance Indicators



Performance Latest Month: 64.2%

Waiting List Volume: 3283

MRI	54.5%	CT	100.0%
US	52.3%	DEXA	99.5%
Audio	37.6%	Cardio	74.4%
Neuro	100.0%	Colon	84.8%
Flexi Sig	82.8%	Gastro	96.3%

Understanding the performance:

Performance against the 6 week diagnostic standard has improved in M7 to 64.2% (61.42% in M6). This represents a reduction in the total number of patients waiting longer than 6 weeks for a diagnostic test, reducing from 2530 patients in M6 to 2496 in M7.
Significant improvement noted within Cardiology Echo, with the total number of patients waiting longer than 6 weeks reducing from 294 in M6 to 126 in M7. Compliance within CT also restored in M7 to 100%.
MRI has remained relatively stable in terms of average backlog size over recent months, though deterioration seen in month with backlog of 565 patients in comparison to 538 in M6. Stabilisation in workforce within USS resulted in slower deterioration in performance, with backlog increasing by 125 patients as opposed to anticipated circa 400 increase. Audiology compliance deteriorated, impacting 156 patients compared to 133 in M6.
Endoscopy compliance also continues to deteriorate due to sickness absence within nurser endoscopist workforce; backlog now 58 patients in M7 compared to 37 in M6.

Actions (SMART):

1) Approval and mobilisation of USS insourcing (supplier identified) by mid Nov 2022. Anticipate mobilisation from January for clearance of 3000 scans by circa M1 23/24
2) Audiologist new starter early M9 to support reduction of DM01 backlog.
3) MRI1 scanner project completion and training to commence 21/11/22 with first patients week 28/011; greater flexibility for booking and clearance of longest waiters
4) Deployment of one month increase in MRI agency staff to maximise 'van' capacity and increase December activity.
5) Increase of partner capacity with New Hall from w/c 14/11/22 to provide circa 60 scans per month.
6) Scoping MRI insource option for 'one off' backlog clearance early 2023 – liaising with procurement. DMT to provide update by 30/11/22.
7) Endoscopy – continue to maximise locum capacity during November and December pending return of Nurse Endoscopist workforce.

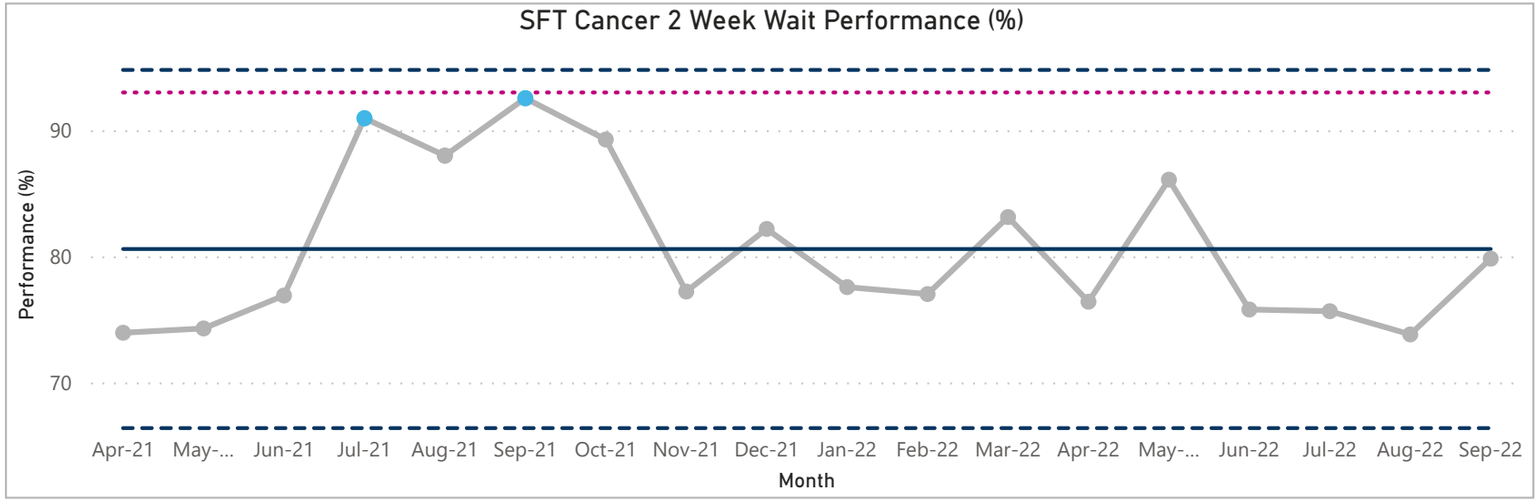
Risks and mitigations:

- USS workforce remains agency and insourcing dependent. Pipeline of newly qualified in place although will take time to come to full fruition.
- MRI backlog clearance dependent on either one off insource option of longer term in house overtime clearance (latter dependent on internal workforce which has vacancies)
- Endoscopy (increasing) backlog dependent on locum capacity and return of nurse endoscopist workforce (return date not yet confirmed (injury))
- Continued improvement within Echo backlog remains locum and overtime dependent and bank holiday Christmas month is expected to cause an increase in backlog (with plan to improve again in M10/M11).

Cancer 2 Week Wait Performance

Target 93%

National Key Performance Indicators



	Performance	Num	Den	Breaches
Two Week Wait Standard:	79.8%	791	991	200
Two Week Wait Breast Symptomatic Standard:	96.0%	24	25	1

Understanding the performance:

The Trust has seen a small improvement in performance, with month end validated performance of 83.7%; this is an improvement in relation to the M6 position of 80%

Capacity constraints are most evident within Skin and Lower GI services as a result of increase in referrals, staffing and associated recruitment challenges.

A total of 49 breaches are associated with patient choice; this is in part due to a limitation in dates available for patients to be booked within the two week timeframe. An additional 47 breaches are attributed to administrative delays; this is a combination of delayed action from central booking, delays in triage and GP related delays due to lack of up to date bloods to facilitate straight to test pathways.

Actions (SMART):

Recruitment of additional locum consultant is planned to support increase in capacity. Impact anticipated from November '22 onwards. Surgery are also scoping opportunities for reducing demand via the use of Teledermatology; timeframes to be confirmed.

An additional 3 Gastroenterologists have been appointed and started in September which will enable additional capacity within Endoscopy to deliver STT pathway; improvement anticipated from November '22 onwards.
CWT training to be provided for essential admin teams including central booking to understand importance of escalation and cancer pathway requirements. Training to be completed by March '23, with the aim of seeing significant reduction in admin related breach reasons (47 as of October '22).

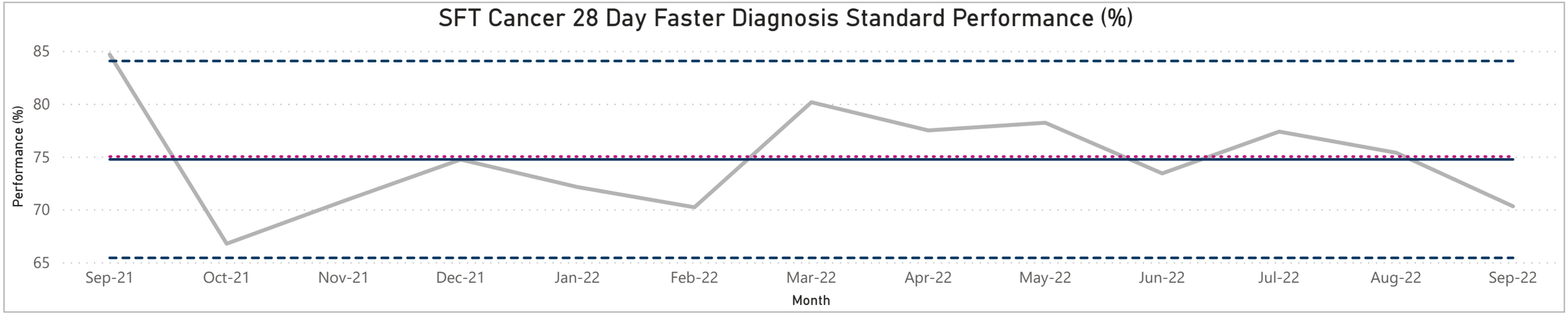
Risks and mitigations:

Pathway improvement:
Weekly Cancer Improvement Group (CIG) established to enable oversight of potential risks/challenges within services, as well as engagement from DMT. Workstreams feeding in to Cancer Board, with escalation to OMB/TB as required.

Winter pressures and impact of Covid-19:
Winter pressures including the impact of Covid-19 on staffing and patient fitness/cancellations as well as bed capacity may detrimentally impact on our ability to deliver the 2ww standard. Assurance and escalation to be provided from divisions through CIG and Delivery Group in terms of specific actions required to mitigate.

Cancer 28 Day Faster Diagnosis Standard Performance — Target 75%

National Key Performance Indicators



* This measure is not currently suitable for SPC as it has less than 15 monthly data points.

Understanding the performance:

28 day FDS achieved, with month end validated performance of 77.2%.

Breaches reported as a result of the following, with the main challenges associated with the prostate cancer pathway:
- insufficient diagnostic capacity, particularly in relation to template biopsies, histpathology reporting capacity and PET-CT capacity;

- The trust is awaiting final confirmation for a mobile PET-CT Scanner to come to Salisbury. This has a provisional date of end of November, awaiting final confirmation. This will allow an additional 15 PET-CT Slots per week accessible to Salisbury Patients.

- GAP Analysis work is being undertaken by Cancer Services to look at the expected wait for diagnostic imaging vs current waits. We are hoping to present this by the end of November.

Actions (SMART):

Urology:
- Additional consultant capacity: New consultant in post from November '22 to support increased template bx capacity. Surgery are anticipating increase of 8 additional biopsies per month.

- Nurse training in template biopsies: Additional training to be provided to urology nursing staff. There is no confirmed date for this as of yet.

- Revisions to existing triage process: Triage SOP amended to involve CNS led telephone triage and same day mpMRI request. Change implemented from November '22 and should result in a reducion of days waited from triage to MRI. Pathway Navigator to oversee booking process to ensure pre-op requirements are met to avoid last minute cancellations. Improvement anticipated from discussion with patients to ensure they have prepared for the procedure e.g. stopping of anticoagulation.

Risks and mitigations:

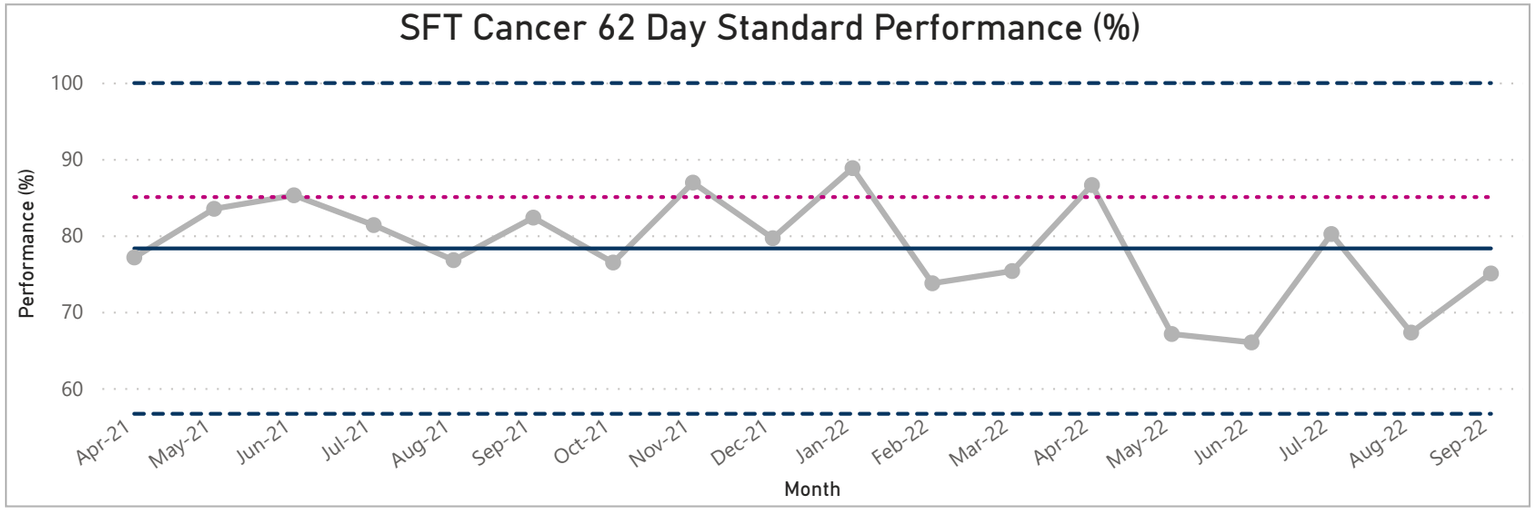
Histopathology reporting impacted by consultant capacity (national issue); cancer cases already outsourced. CSFS are currently auditing outsourcing pathology labs with the intention to resource a safe and reliable service. Challenges in this due to procurement understaffing and inability to agree SLA which meet the KPI's outlined with cancer pathways.

PET-CT capacity constraints across all tumour sites. Mobile scanner in the process of being implemented at SFT to reduce waiting times and improve patient experience; 15 additional slots per weeks available though not solely for use by SFT patients. To note, PET-CT capacity is managed by Alliance Medical Weekly Cancer Improvement Group established to increase divisional oversight of potential risks/challenges. Workstreams feeding in toCancer Board, with escalation to OMB/TB as required.

Cancer 62 Day Standard Performance

Target 85%

National Key Performance Indicators



	Performance	Num	Den
62 Day Standard:	75.0%	60	80
62 Day Screening:	80.0%	2	3

Understanding the performance:

62 day standard not achieved, with month end performance of 78.1%. Breakdown of breaches includes:
Gynaecology (5), Colorectal (3), Haematology (2), Lung (2), Urology (1.5), Breast (1), UGI (1), Head and Neck (0.5).

Breach reasons predominantly associated with diagnostic capacity, patient choice and insufficient capacity locally.

Significant constraints in relation to chemotherapy delivery due to staffing capacity within pharmacy and nursing on the Pembroke suite, which is impacting ability to provide treatment within 31 days of decision to treat.

Actions (SMART):

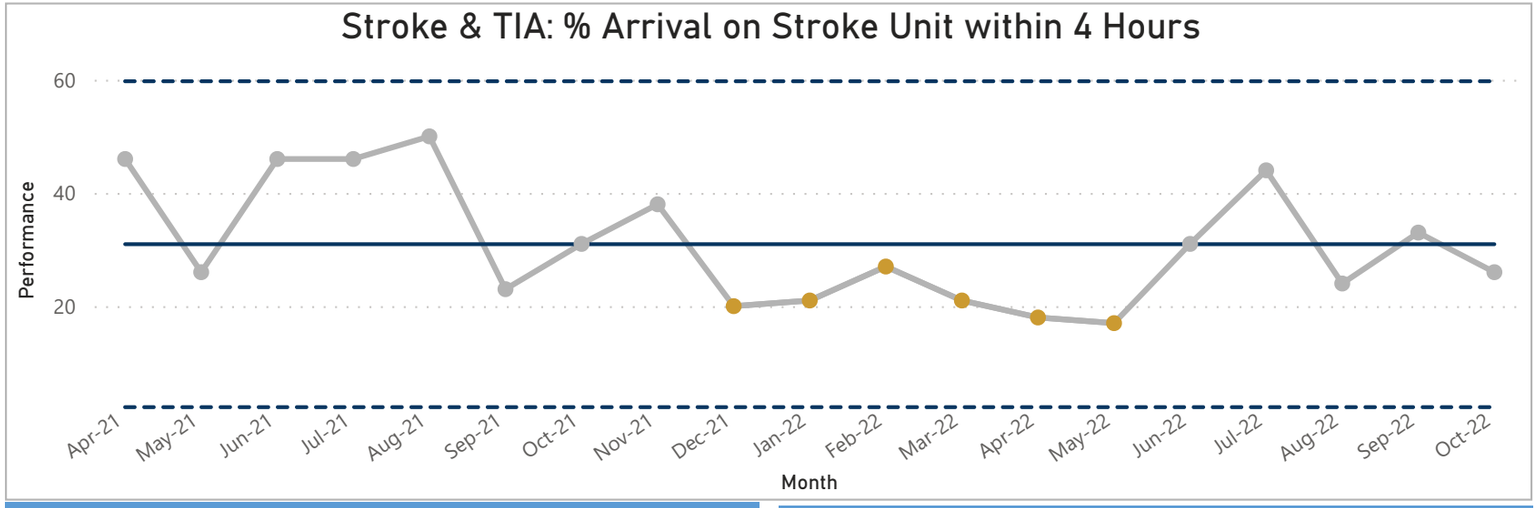
Gynaecology: Review of breach reasons and themes currently underway, with focus on impact of diagnostic delays on delivery of 62 day standard.
Oncology capacity:
- Chemotherapy not currently made up on site; agency staff recruited to support delivery and responsible Pharmacist due to commence in post from January '22, which should alleviate this risk.
- Oncology services currently scoping longer term options to ensure the service is sustainable and sufficiently meeting demand; timeframes for resolution to be confirmed.
- Cancer services implementing more robust process to ensure patients on a 62 day pathway are flagged to oncology and therefore prioritised for pre-assessment, with adequate escalation as required. This process will be implemented from November '22 onwards.

Risks and mitigations:

Impact of diagnostic delays: Please refer to detail provided within "28 day Faster Diagnosis" slide
-Capacity constraints impacting on all tumour site pathways. Mobile scanner in the process of being implemented at SFT to reduce waiting times and improve patient experience as a result of reduced travel times.
-PTL meeting processes currently under review to ensure objective focus on confirmed cancer patients is maintained, with a focus on treatment planning. Revisions to be implemented from November '22 onwards.
-Challenges associated with impact of diagnostic delays on SFT ability to IPT patients to tertiary providers for specialist surgery/Radiotherapy prior to day 38. Pathway improvement as described will support achievement of 28 day FDS and therefore timely transfer of patients.
Winter pressures and impact of CV19: Winter pressures including the impact of CV19 on staffing and patient fitness/cancellations as well as bed capacity may detrimentally impact on our ability to deliver the 62 day standard. Assurance and escalation to be provided from divisions through CIG and Delivery Group in terms of specific actions required to mitigate.

Stroke Care

National Key Performance Indicators



SSNAP Case Ascertainment Grade

Highest Level = Grade A
Lowest Level = Grade E

Fyear	Q1	Q2	Q3	Q4
2019-2020	B	B	B	Not Reported
2020-2021	Not Reported	Not Reported	Not Reported	Not Reported
2021-2022	C	C	C	C
2022-2023	D	C		

Understanding the performance:

The national target for arrival on stroke unit within 4 hours is 90%; October performed of 26%.

Ongoing challenges due to Trust-wise bed pressures, with general medicine patients outlying in to stroke beds as well as ongoing staffing pressures associated with stroke nursing staff being required to provide cover for other wards. This is resulting in Farley ward often being unable to maintain appropriate staffing levels (expectation of at least 5 nurses at any one time due to acuity levels) and in turn prevents the service from being able to accept patients in a timely manner due to the inability to provide 1:1 input for patients such as those that are thrombolysed.

Delivery of the 4 hour standard will support the Trust in ongoing delivery and improvement against SSNAP standards. The Trust received a score of C for Q1 22/23 in the SSNAP standards which is an improvement in comparison with Q4 21/22.

Actions (SMART):

In order to increase understanding and staff availability to recognise stroke symptoms and in turn ensure timely transfer of priority patients from ED to Farley ward, simulation training is being scheduled for ED staff; date to be confirmed.

Ongoing action associated with prioritisation of bed moves out of Farley to facilitate stroke patients transferring in. This action includes ongoing identification of patients which are suitable to move off the ward daily, such as medical non-stroke patients or patients no longer requiring therapy input

Risks and mitigations:

Hyperacute stroke patients at risk of worsening outcomes without access to specialist case within appropriate timeframes, in turn increasing LOS. Ongoing meetings with Medicine Matrons and bed managers to highlight importance of prioritisation of stroke patients and staffing issues.

Weekly updates with site team to discuss arising issues of admitting and transferring patients from the wards; this has enabled prompt facilitation of bed moves when a potential stroke patient is identified in ED when capacity allows.
Risk of staffing shortages during periods of operational pressure when stroke nurses are moved to support other clinical areas; direct impact on service's ability to receive patients from ED, especially those who are thrombolysed and require 1:1 input.
Significant risk associated with bed allocation; service looking to ensure adequate allocation of stroke beds to improve transfer times from ED and ensure stroke patients are prioritised going forward, though this isn't achievable at present.

Maternity

Are We Safe?

Data Entry Tab

SFT Assurance Dashboard

	Metrics	Target for RAG	Which Direction is Good	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Perinatal Morbidity and Mortality (M&M)	Number of late fetal losses (22+0 to 23+6 weeks excl TOP)	1	Down	0	0	0	0	0	0	0
	Number of stillbirths (>+ 24 weeks excl TOP)	1	Down	0	0	0	1	0	0	0
	Number of neonatal deaths : 0-28 days	1	Down	0	1	0	0	0	0	0
	Medical termination over 24 +0 registered	NA	Down	0	0	1	0	0	0	0
Maternal M&M	Number of Maternal Deaths	9.1	Down	0	0	0	0	0	0	0
	Number of w omen requiring admission to ITU	0	Down	0	0	2	0	0	0	0
Insight	Number or Datix incidents - moderate or above	1	Down	1	2	3	1	4	2	1
	Datix incidents moderate harm (not SII)	2	Down	0	1	3	3	4	1	1
	Datix incidence SII	0	Down	0	1	0	3	0	0	0
	HSIB referrals	NA	Down	0	0	0	0	0	1	0
	HSIB/NHSR/CQC or other organisation w ith a concern or request	0	Down	0	0	0	0	0	0	0
	Coroner Reg 28 made directly to trust	0	Down	0	0	0	0	0	0	0
Workforce	Minimum safe staffing in maternity services :Obstetric cover - hours	40	NA	40	40	40	40	40	40	40
	Midw ife to Birth ratio	1.28	NA	1.31	1.32	1.32	1.32	1.33	1.35	1.33
	Midw ifery vacancy rate (black= over establishment; red =under establishment	0 WTE	Down	17.2	17.4	18.8	20	19.64	19.65	18.84
	Provision of 1 to 1 care in established labour (%)	100%	Up	100	100	100	100	100	100	100
	Datix relating to w orkforce	0	Down	3	1	0	2	1	1	1
	Compliance w ith supernumery status of the LW coordinator - %	100%	Up	100	100	100	100	100	100	100
	Numbers of times maternity unit on divert	0	Down	0	0	0	0	0	0	0
Involvement	Service user feedback : Number of Compliments	NA	Up	27	27	31	31	21	31	10
	Service user feedback : Number of Complaints	1	Down	2	0	1	1	4	2	1
	Number of SOX	NA	Up	8	7	6	5	2	7	4
Assurance	Progress in achievement of 10 safety actions (CNST)	10	Up	5	5	5	5	5	5	6
	Training compliance - MDT PROMPT %	0.9	Up	72.3	83.6	86.5	86.2	77.0	77.0	82.1
	Term babies admitted to NNU unexpectedly %	<5.8%	Down	1.8%	4.7%	2.3%	4.6%	6.1%	5.8%	7.7%
	Term babies admitted to NNU unexpectedly	-	Down	3	8	4	8	10	11	14

Understanding the performance:

Increase in term admissions to NICU; 2022/2023 to date, 4.7% (2021/2022 annual data, 5.4%),
Midwifery vacancies remain high impacting midwife to birth ratio, however birth numbers lower in October which has ensured a slightly improved midwife to birth ratio. October 2021 1:32. Salisbury recommendation from birthrate plus is to have a midwife to birth ratio of 1:26,
Increase in compliance with Prompt form 77% to 82.1% as we work towards our external reporting deadline of 5th December 2022,
Increase in progress of CNST safety actions to 6 out of 10 as we have achieved the digital safety action.

Actions (SMART):

Midwifery staffing vacancies- We are a part of international recruitment collaboration and awaiting the start of six international midwives.
Four newly qualified midwives started at the trust in October. Current vacancies remain 18 WTE out of 89 WTE, safety maintained by escalation guidance as required.
Extra prompt session enabled increased training compliance. 90% of all staff groups are required to be compliant by 5th December 2022. Current trajectory anticipates we will meet this requirement in line with CNST.
Admissions to NICU being reviewed via multidisciplinary ATAIN meetings for themes.
Thematic review of August, September and October in December. Actions and time-frames will be confirmed following this meeting and if trend continues.

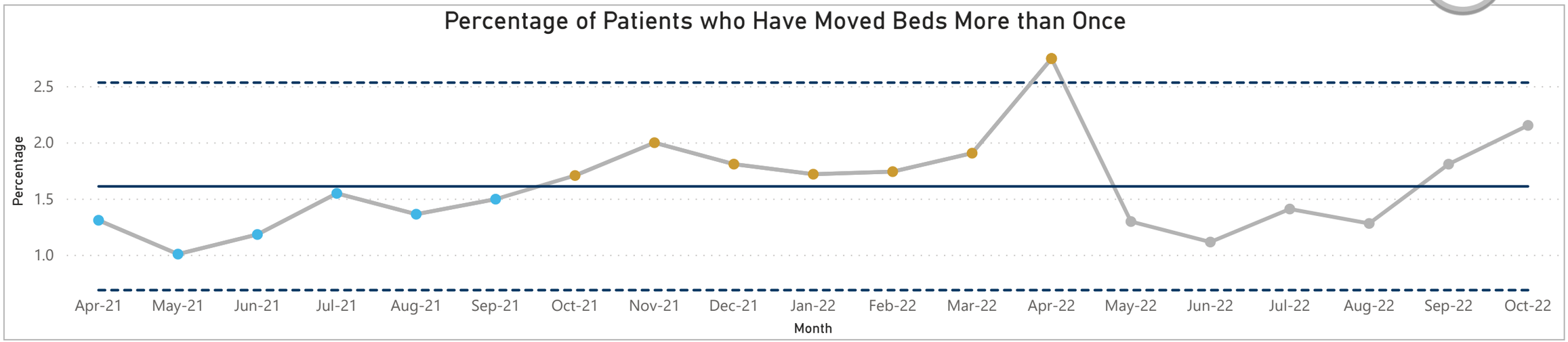
Risks and Mitigations:

Escalation policy being followed to ensure appropriate midwifery staffing on shifts, and ensuring women receive 1:1 care, whilst staffing vacancies are high.

Director of Maternity to attend ATAIN meeting to review process of review and gain understanding of themes.

Patients Who Have Moved Beds More Than Once

Are We Safe?



Understanding the performance:

The number of patients experiencing more than one bed move has increased in October from 1.81 in M6 to 2.15 in M7, reflective of the sustained escalation and use of additional beds.

It remains a priority to support patient access to the most appropriate clinical setting for the treatment they require and to do this at times of high demand and high occupancy means that those whose treatment is completed, or less acute are moved elsewhere so others more unwell can access the care and treatment they need.

Actions (SMART):

Winter plans have included a discharge lounge – to commence in November '22 with the aim of supporting early flow.

Divisions have adopted a SAFER approach with their ward areas as has the weekly expert panel , supporting and challenging, escalating where necessary. This is monitored on an ongoing basis.

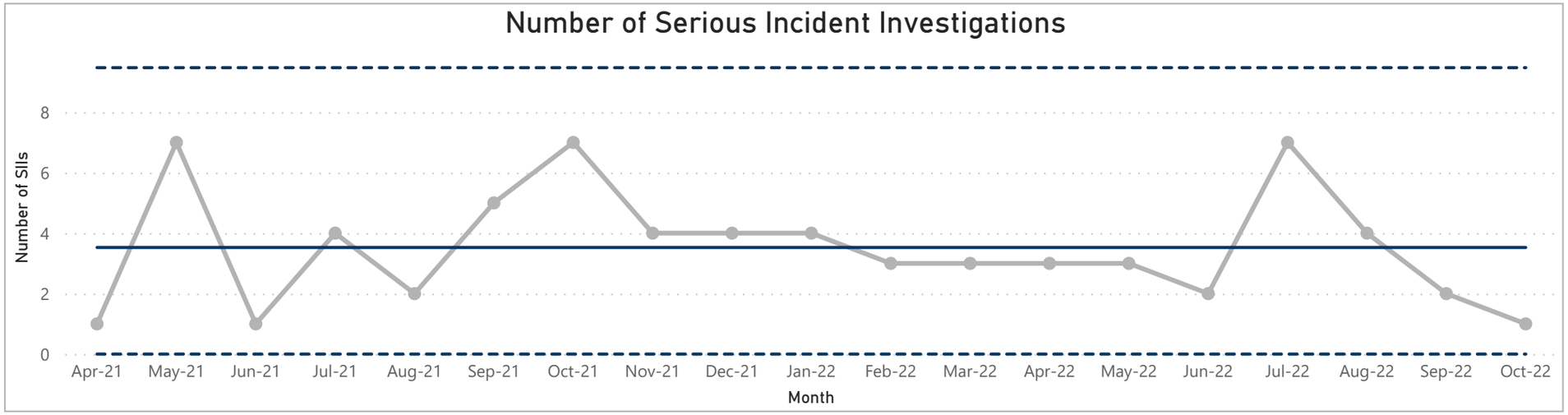
Reducing the use of escalation beds will contribute to a reduction in moves around the Trust for patients, and so focus has been on flow and discharge plans as far as the Trust has influence.

Risks and mitigations:

Risks to this include poor flow, increased demand and sustained challenges in staffing.

Incidents

Are We Safe?



Year	2021-2022	2022-2023
Never Events	3	0

Understanding the performance:

Please note: There were 4 SIIs commissioned for review in October 2022, of these 1 incident took place in October and the rest occurred prior (chart above based on incident date).

SII 515 - Issues around use of suction (Awaiting confirmation from ICB that this can be reclassified)

SII 51 7- Delayed diagnosis (Foot drop resulting in patient harm)

SII 520 - Delay in identifying low potassium result (RIP)

SII 524 - Unrecognised/untreated AF

Actions (SMART):

Following the commissioning of an SII the incident will be investigated as per Trust protocol.

The current time frame set for the completion of these reports is 60 working days.

Risks and mitigations:

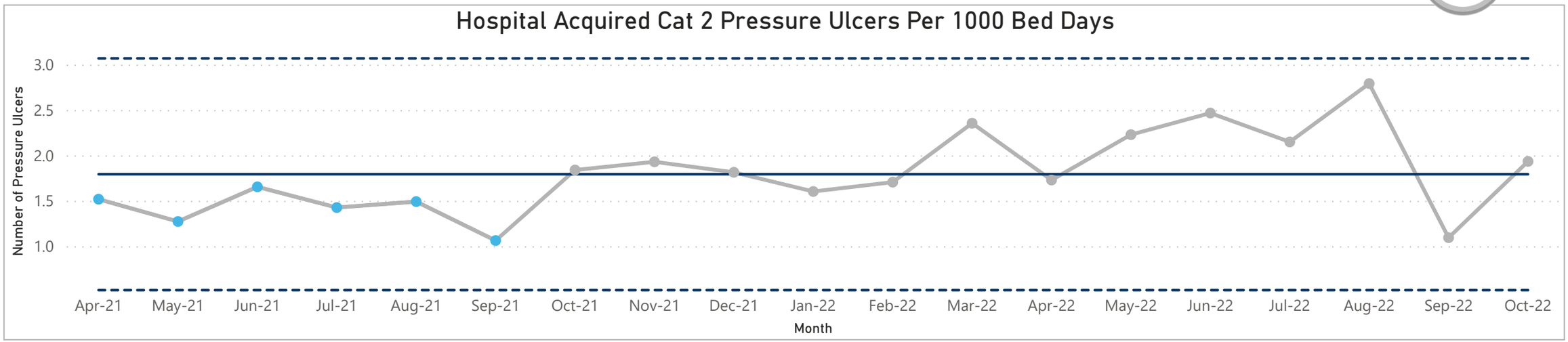
Once an incident has been identified and a 72 hour report completed, it will be established as to whether there are immediate safety actions that need to be implemented or escalated immediately.

On completion of the report, learning will be cascaded through the Intranet, Clinical Governance sessions, patient safety steering group and dissemination to staff
via area leads.

Recommendations and action plans will be completed as per set target dates.

Pressure Ulcers

Are We Safe?



Understanding the performance:

-30 Cat 2 PU's- this is an increase from September. 1 Device related cat 2 PU due to oxygen therapy. Device related PUs from Oxygen equipment was highlighted at Share and Learn meeting as patients with oxygen requirements are likely to increase throughout Winter.

-6 DTIs- this is an increase of 1 from Sept (5 DTIs in Sept) 4 DTIs on Sacrum/buttocks- no clear cause indicated at present. To be discussed at Share & Learn to identify any potential themes or causes.

-3 Unstageable PUs in Oct 2022. 2 of these PUs identified as having other clinical causes (lower limb ischaemia causing increased skin breakdown). 1 PU identified, likely Cat 2 PU once wound debrided, however patient deceased before this could be confirmed.

-No Hospital acquired Cat 3 or 4 PUs identified in October 2022

-There were 51 Present on admission PUs in October. (39 Cat 2, 1 Cat 3, 1 Cat 4, 7 DTI and 3 unstageable).

Actions (SMART):

-Planned changes to Education have been confirmed- TV will be linking with Manual Handling education sessions from Jan 2023. This aims to provide more education to staff and cover a wider range of staff members. We are also working towards providing education sessions within induction for preceptorship and Overseas Nurse programmes, as well as induction for Student Nurses.

-A3 metronomic work commenced with support of CNO and QI team to improve Tissue Viability service and develop more dynamic working.

-Hospital acquired PU investigation process change has been implemented (all hospital acquired DTI and Unstageable wounds now require SWARM completion and meeting with TV team) The learning and actions from this will be shared at the Share & Learn meeting. Dec to be the 1st meeting where this will be utilised/efficacy monitored.

-Safety Thermometer reporting changes were implemented in Oct.

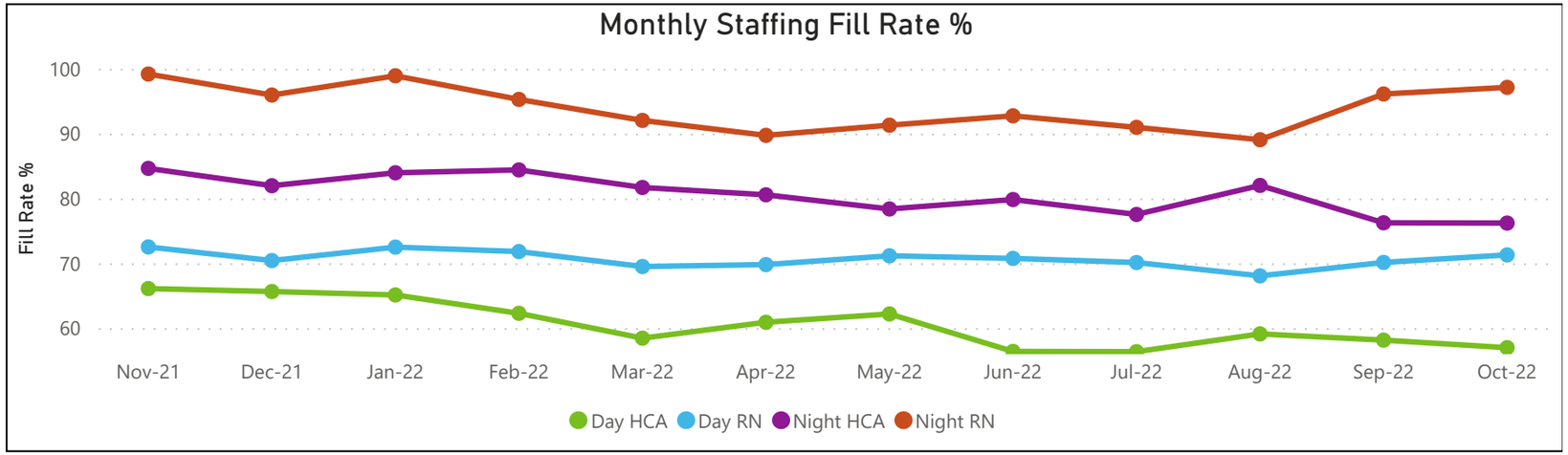
Risks and mitigations:

Safety Thermometer reporting changes had some background IT issues around collating of data- this has been highlighted to Information Services and work is being completed to rectify the data collation issues.

The downward trend in hospital acquired PUs has not continued after a decrease in September, ongoing staffing issues and operational pressures may be a contributing factor.

Nurse Staff Fill Rate

Are We Safe?



Ward	Day RN	Night RN	Day HCA	Night HCA
Amesbury	91%	101%	60%	103%
Breamore	0%	0%	0%	0%
Britford	92%	98%	79%	85%
Chilmark	82%	102%	67%	66%
Downton	111%	116%	61%	122%
Durrington	83%	87%	57%	105%
Farley	87%	90%	58%	94%
Hospice	83%	101%	72%	101%
Longford	76%	104%	73%	84%
Maternity	85%	96%		
NICU	98%	100%	81%	
Odstock	103%	85%	81%	102%
Pembroke	89%	100%	46%	45%
Pitton	84%	107%	78%	90%
Radnor	86%	90%	60%	55%
Sarum	101%	100%	68%	
Spire	86%	113%	71%	94%
Tisbury	76%	103%	44%	78%
Whiteparish	89%	86%	76%	108%

Understanding the performance:

-There is no discernible change in performance of nurse fill rate in Oct compared to Sept, with RN/HCA rate for day/night staying the same.
-Fill rates remain higher overnight, linked to unsocial hours payment for both RN and HCAs, with day time HCA routinely impacted across all ward environments and linked to recruitment gaps, high turnover and high sickness.
-CHPPD in the same period rose to 7.0 from a new nadir of 6.3 in September. Whilst this increase in CHPPD is encouraging, the proportion on actual CHPPD (7.0) versus planned CHPPD (8.6) in M7, there was a similar discrepancy in M6 of actual CHPPD (6.3) versus planned CHPPD (7.7), which is why fill rate remains static despite the apparent increase.

Actions (SMART):

-Increase hourly rate of pay for B2 staff to top of scale (from 01/12/22)
-Review of all B2/B3 job descriptions with view of regarding B2 to B3 with effect from New Year
-Development of non clinical support role (plan to appoint x18 F/T B2 posts, JD currently being matched)
-Bank incentive scheme (current Allocation on arrival incentive for RNs and HCA) for Winter. Draft rates due 17/11/22 prior to WCP approval.
-Previous long line agency attempts offered limited success, to review feedback/escalate rates
-All actions being monitored as part of exec led weekly Winter planning meets.

Risks and mitigations:

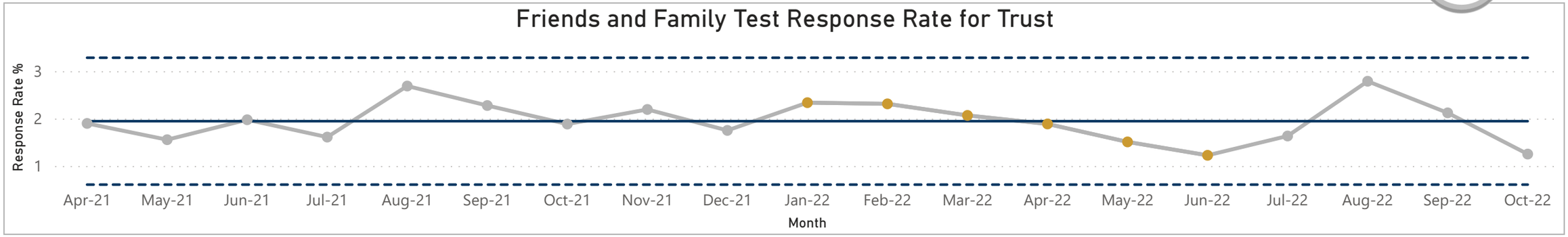
Ongoing high turnover rate for RN and HCAs National and international recruitments.

Twice monthly HCA inductions.

Ongoing support and intervention of NHSE re HCA gap.

Friends and Family Test Response Rate

Our Care



Response Rate by Area	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
FFT Response Rate - A&E	0.0%	0.0%	0.1%	0.1%	0.0%	0.2%	0.0%	0.2%	0.1%	0.3%	0.4%	0.3%
FFT Response Rate - Day Case	7.1%	6.9%	10.1%	5.3%	5.0%	4.8%	4.6%	3.3%	4.6%	8.9%	6.8%	3.1%
FFT Response Rate - Inpatient	11.2%	6.9%	13.4%	9.5%	7.1%	5.7%	7.1%	6.8%	7.5%	10.9%	11.5%	5.2%
FFT Response Rate - Maternity	6.6%	10.8%	0.9%	2.5%	5.9%	11.5%	0.9%	0.4%	1.6%	7.8%	1.1%	1.2%
FFT Response Rate - Outpatient	1.1%	0.8%	0.9%	1.6%	1.6%	1.3%	0.8%	0.6%	0.9%	1.5%	0.9%	0.9%

Understanding the performance:

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. Negative feedback is reviewed by the ward and PALS, twice a year.

FFT responses were noted to be a lot lower in October. Staff are still being encouraged and reminded to offer FFT through the PALS outreach services although we appreciate that this sole method of obtaining response will inevitably mean fluctuations in activity consequent to pressures.

Actions (SMART):

Long-term action: Securing a provider to gather patient feedback vis SMS will be key to moving towards achievement of our objectives under the Improving Together Programme over the next 6-12months:

- Increase overall response rates to FFT to achieve the targets set under our Improving Together Metrics (>10% of eligible patients in 2022-23 and >15% of eligible patients in 2023-24)
- Diverse methods for completion (including, online, SMS, over the phone) and Increased accessibility and options for inclusivity (sight impairments, languages and additional demographic options); this is subject to implementation of the IT solution which will encompass these improvements to our online version of the FFT survey
- Robust analysis of data for insight and meaningful comparison/benchmarking via a real-time dashboard is subject to implementation of the IT solution as described
- Opportunity to align our processes in FFT across the ICS enabling meaningful comparison of FFT feedback within the ICS and in particular across the three acute trusts

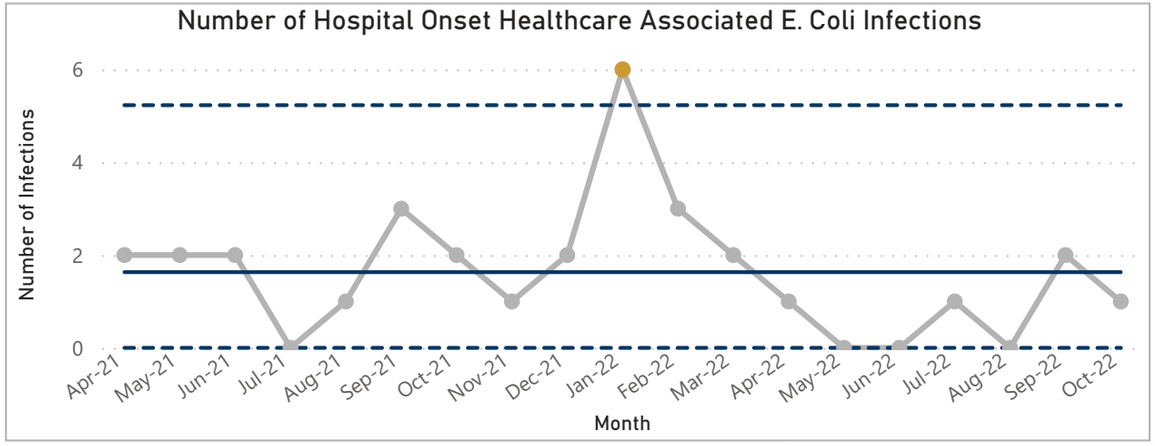
Risks and mitigations:

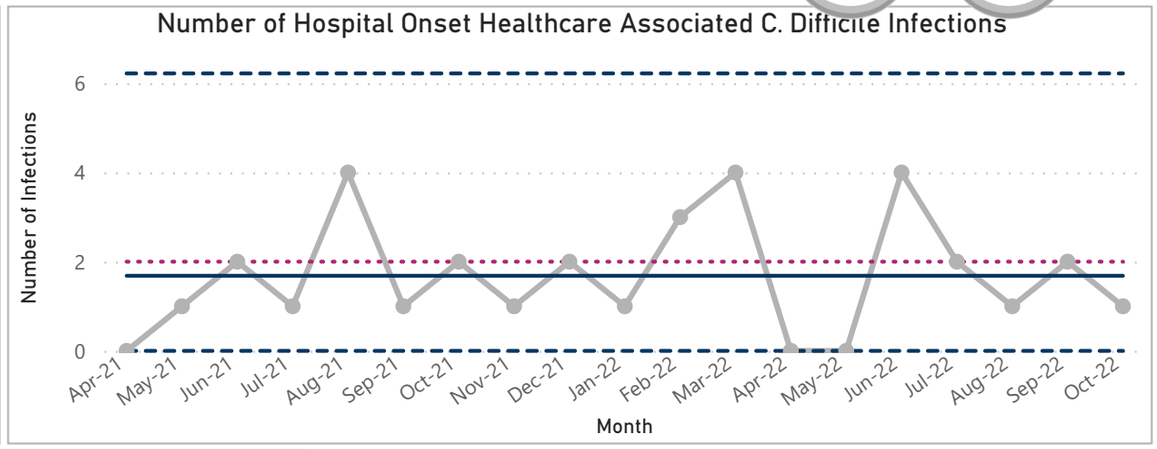
Continued low response rate, due to limited methods for accessibility and the reliance on staff to promote completion of a physical card, this is directly impacted when there are staff shortages and operational pressures. The current method requires manual input and theming, which there is limited resource to undertake. Theming on a large scale is near impossible without the usual of manual approaches - this makes presenting accurate data for the Trust difficult to assure.

Implementation of the new IT solution to increase response rates and improve analysis is now likely to be delayed from Autumn 2022 to early in the New Year of 2023. A revised implementation timescale is currently being worked through with CPPG and the related Work Package Groups.

Infection Control

Are We Safe?





Year	2021-2022	2022-2023
MSSA Bacteraemia Infections: Hospital Onset	12	5
MRSA Bacteraemia Infections: Hospital Onset	0	0

Understanding the performance:

- There was one hospital onset healthcare associated reportable E.coli bacteraemia infection and one hospital onset healthcare associated reportable C.difficile case this month. We are not exceeding set trajectories for 2022/23 for these specific reportable cases.

- The Infection Control Nurses (ICNs) continue to undertake targeted ward visits and utilise educational opportunities with different staff groups.

- Small practice improvements with infection prevention and control compliance noted from individual staff interactions undertaken, with the aim of sharing information with their colleagues.

Actions (SMART):

- Completed trial of alternative approach for ward staff to complete hand hygiene education and assessments; evaluation required at divisional level to enable roll out. ICNs are under pressure to facilitate this roll out, which was due for completion by Q1/22. Success is dependent on engagement from medicine division and has not been feasible due to operational pressures
- Ongoing action associated with completion of required case investigations by clinical areas and divisions to identify good practice and learning. IPC team facilitate this process so areas can take ownership and progress any actions or identified learning.
- Ongoing feedback required from clinical areas at monthly 'Share & Learn' meetings to enable agreement of actions moving forward from any identified themes/trends. The ICNs attend as subject matter experts to support. Attendance and engagement has been variable, with escalation by the chair/s to the relevant reporting group.
- Involvement with BSW IPC and Gram-Negative Bloodstream Infections (GNBSIs) collaborative workstreams. Feedback from sessions is shared routinely via the SFT IPC Working Group

Risks and mitigations:

- Continued increased clinical workload for IPC nursing team including managing ongoing COVID-19 outbreaks, impacting on ability to focus on other HCAI prevention work.
- Ongoing nursing vacancy within the IPC team which has delayed the ability for the service to undertake additional educational activities and policy practice reviews. Secondment plan for position has been initiated.
- potential increase in incidence of reportable healthcare associated infections with poor patient outcomes in excess of agreed trajectories
- Variable staffing levels continually reported by clinical areas affecting ability to facilitate learning in ward environment.
- Poor return of completed case investigation documentation by relevant clinical areas, therefore unable to identify evidence of learning.
- Limited evidence of IPC practice assurance provided by the clinical divisions due to ongoing operational challenges and workload pressures for teams.
- No progress on IPC collaboratives with BSW colleagues.

Mortality

Are We Safe?

Metric Name	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Crude Mortality	63	76	62	68	69	65	64	79	94	86	84	84	88	84	77	88	82	73
HSMR District Hospital (excludes deaths recorded by Salisbury Hospice)	100	102	100	101	102	102	103	106	105	101	104	107	109	109				
HSMR Trust	111	108	109	108	108	109	110	110	113	113	109	111	116	115				
SHMI District Hospital (excludes deaths recorded by Salisbury Hospice)	98	100	101	101	101	102	102	102	102	104	105	107	106	106				
SHMI Trust	103	105	106	106	106	107	107	107	107	108	109	111	110	110				

Please note: The data has been supplied by Telstra Health UK (Dr Foster) and a 2-month lag has been applied to the HSMR figures to allow for coding. It should be noted that 'expected' ranges are based on the 95% confidence intervals applied by Dr Foster, however the published SHMI figures from NHS Digital are based on 98% confidence intervals. This intended to be a more sensitive indicator in order to provide the trust with an early warning for potential areas to review.

***Key:** Red = Statistically higher than expected*

Understanding the performance:

Mortality statistical models compare across all acute hospital trusts (the majority of which will not contain hospice services), therefore the number of expected deaths at Salisbury NHS Foundation Trust is likely to sit above expected levels.

The SHMI for the 12-month rolling period of June 2021 to May 2022 for Salisbury District Hospital is 106.05.

The HSMR for the 12-month rolling period of June 2021 to May 2022 for Salisbury District Hospital is 109.8.

Actions (SMART):

N/A

Risks and mitigations:

The Trust's Mortality Surveillance Group (MSG) meet every two months, and our mortality data is reviewed at this meeting.

A representative from our Partner organisation, Telstra Health UK (Dr Foster), is invited to attend in order to help us to interpret and analyse our mortality data and identify variations in specific disease groups.

Where alerts are generated, these are discussed and a further review of the patient's records may be undertaken.

Watch Metrics: Alerting

Quality of Care, Access and Outcomes

Metric	Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variation	Variation Detail	Assurance
% Beds Occupied	95.5%	96.2%	97.4%			H	Special Cause Concerning - Run Above Mean	
% of Inpatients Undergoing VTE Risk Assessment	99.2%	99.3%	98.4%		95%	L	Special Cause Concerning - Below Lower Control Limit	
% of Total Incidents Resulting in High Harm (Mod/Maj/Cat)	29.0%	32.0%	29.0%			H	Special Cause Concerning - Run Above Mean	
Ambulance Handovers 30-<60 mins	145	157	180			H	Special Cause Concerning - Above Upper Control Limit	
Ambulance Handovers 60+ mins	106	187	258		0	H	Special Cause Concerning - Above Upper Control Limit	
Average hours lost to Ambulance Handover delays per day	13	20	20			H	Special Cause Concerning - Two Out of Three High	
Average Patients with No Criteria to Reside	127	126	140	35		H	Special Cause Concerning - Above Upper Control Limit	F
DM01 Waiting List Volume	5984	6558	6975			H	Special Cause Concerning - Above Upper Control Limit	
ED 12 Hour Breaches (Arrival to Departure)	68	116	163		0	H	Special Cause Concerning - Above Upper Control Limit	
ED Attendances	6175	6191	6336			H	Special Cause Concerning - Run Above Mean	
Proportion of patients spending more than 12 hours in an emergency department	1.6%	2.7%	3.8%			H	Special Cause Concerning - Above Upper Control Limit	
Total Number of Complaints Received	18	26	27			H	Special Cause Concerning - Two Out of Three High	
Total Number of Compliments Received	0	4	26			L	Special Cause Concerning - Run Below Mean	
Trust Performance RTT %	62.4%	62.2%	63.7%		92%	L	Special Cause Concerning - Below Lower Control Limit	

Watch Metrics: Alerting Narrative

Quality of Care, Access and Outcomes

Understanding the performance:

The continued pressure on the urgent and emergency pathways across the Trust dominates the alerting quality metrics. With average bed occupancy levels being at 97.4% across the Trust, has consequently meant there is no improvement in the number of hours lost to ambulance handovers (average of 20 hours per day), an increase in the proportion of patients spending longer than 12 hours in the Emergency Department (3.8% versus 2.7% in M6), and an increase in both complaints and the percentage of incidents resulting in high harm.

Driving some of the operational pressures is the number of patients in the hospital that do not meet the criteria to reside (NCTR), which rose to 140 in M7 from 126 in M6. This represents about 30% of the bed base, significantly reducing the number of available beds for admissions on both the elective (and thereby reducing elective waiting list lengths) and the non-elective pathway.

Actions (SMART):

The Winter plan is focused around 3 areas – protecting assessment capacity, discharge and recruitment of staff. There are specific actions around creating a new Same Day Emergency Care (SDEC) area with protected capacity, with the aim of seeing urgent and emergency patients more quickly and being treated as an ambulatory patient not requiring admission. The effect of this should be that the length of stay is reduced, reducing the bed requirement. A new SDEC area is planned to open in M8, led by the medical division.

Actions in relation to Referral to Treatment and Diagnostic backlog are detailed on the relevant earlier page in the pack.

Risks and Mitigations:

Staffing risks remain high in terms of availability and vacancy. Additional measures have been agreed to uplift the pay of band 2 Health Care assistants, and significant work is being undertaken to recruit and retain these staff with the aim of improving the number of care hours per patient per day.

The ability to reduce the number of patients not meeting the criteria to reside is a significant risk for Winter. Work continues in partnership with the system with the intention to open additional bed capacity in South Wiltshire that all three acute Trusts can access. There are currently delays to this project as the system works with CQC to progress.

Watch Metrics: Non-Alerting

Quality of Care, Access and Outcomes

Metric	Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variation	Variation Detail	Assurance
Ambulance Arrivals	1133	1099	1187				Special Cause Improving - Run Below Mean	
Ambulance Handovers 15-<30 mins	282	281	259				Common Cause Variation	
Cancer 31 Day Performance Overall	98.2%	93.4%	98.4%		96%		Common Cause Variation	
Cancer 62 Day Screening Performance	66.7%	100.0%	80.0%		90%		Common Cause Variation	
Neonatal Deaths Per 1000 Live Births	0	0	0				Special Cause Improving - Run Below Mean	
Number of High Harm Falls in Hospital	0	0	0	0	0		Common Cause Variation	
Pressure Ulcers Hospital Acquired Cat 2	41	16	30				Common Cause Variation	
Pressure Ulcers Hospital Acquired Cat 3	0	0	0				Common Cause Variation	
Pressure Ulcers Hospital Acquired Cat 4	0	0	0				Special Cause Improving - Run Below Mean	
RTT Incomplete Pathways: Total 104 week waits	0	0	0		0		Special Cause Improving - Run Below Mean	
RTT Incomplete Pathways: Total 52 week waits	453	433	485				Special Cause Improving - Below Lower Control Limit	
RTT Incomplete Pathways: Total 78 week waits	48	46	28				Special Cause Improving - Below Lower Control Limit	
Serious Incident Investigations	4	2	1				Common Cause Variation	
Stroke & TIA: % CT'd within 1 hour	44.0%	44.0%	42.0%				Common Cause Variation	
Total Incidents (All Grading) per 1000 Bed Days	59	51	52				Common Cause Variation	

Watch Metrics: Non-Alerting

Quality of Care, Access and Outcomes

Metric	Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variation	Variation Detail	Assurance
Mixed Sex Accommodation Breaches		89	26	0	0		Common Cause Variation	
Outpatient follow-up activity levels compared with 2019/20 baseline	%	%	%					
Performance against relevant metrics for the target population cohort and five key clinical areas of health inequalities	%	%	%					
Pressure Ulcers Hospital Acquired Cat 2	41	16	30				Common Cause Variation	
Proportion of acute or maternity inpatient settings offering smoking cessation services	%	%	%					
Stillbirths Per 1000 Total Births	0	0	0				Common Cause Variation	
Total diagnostic activity undertaken compared with 2019/20 baseline	%	%	%					
Total elective activity undertaken compared with 2019/20 baseline	%	%	%					
Total patients treated for cancer compared with the same point in 2019/20	%	%	%					
Total patients waiting over 62 days to begin cancer treatment compared with baseline	%	%	%					

Part 3: People

Performance against our Strategic Priorities and Key Lines of Enquiry

Salisbury NHS Foundation Trust

Our Priorities

Population

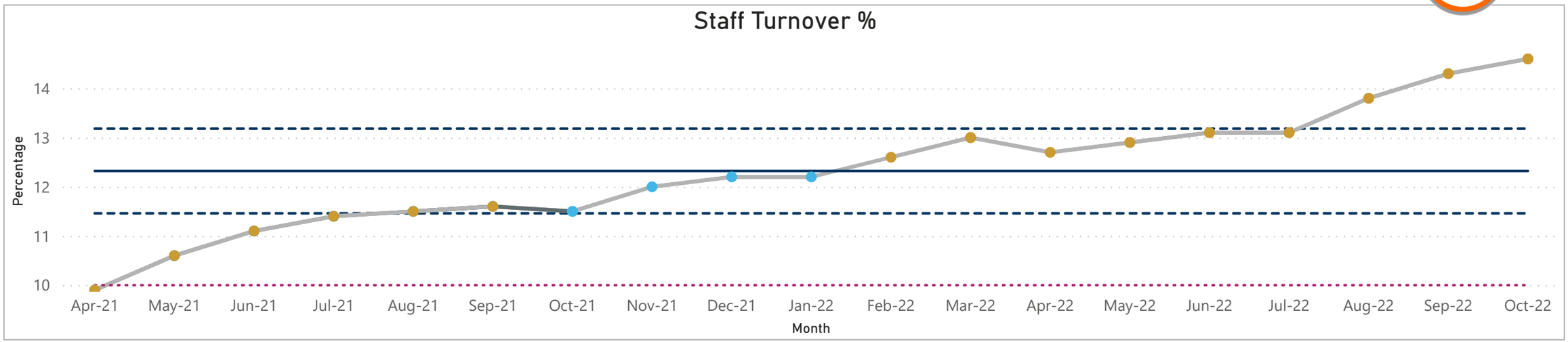
Partnerships

People

Workforce - Turnover

Target 10%

People



Understanding the performance:

Turnover continues to rise, hitting 14.6% against the 12 month rolling average in October, although the curve appears to be flattening. Challenging economic position outside of the Trust, including the cost of living crisis and the looming prospect of Industrial Action continue to impact staff decisions. All divisions remain Red against the KPI of 10% turnover

Where data is available, underlying themes for leaving remain retirement, and lack of opportunity for flexible working and promotion.

Actions (SMART):

A workforce establishment review has been completed and actions developed to complete e-rostering roll out and improve workforce planning within the next 12 months. This supports staff in understanding their shift patterns, a key area of concern noted in surveys.

Band 2 staff have received an uplift across all professions to bring pay in line with the real living wage. This action targets our high turnover areas of HCA, Admin and Housekeeping staffs.

As a result of feedback from listening events conducted in Surgery, admin staff have established new ways of working enabling time away from phones to complete other essential tasks.

Risks and mitigations:

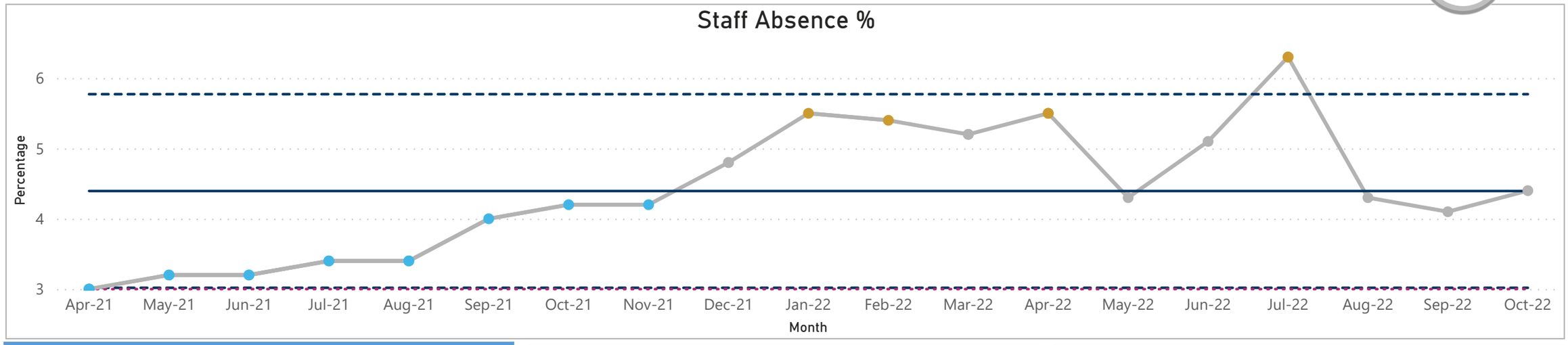
Corporate Risk – Sustainable Workforce. Action plans include: Wellbeing website delivered, additional financial planning sessions programmed, Wellbeing ambassador training started.

Driver metrics to support Workforce availability as a breakthrough objective will be developed for implementation in Jan 23

Workforce - Sickness

Target 3%

People



Understanding the performance:

Sickness absence remains above the target level of 3%, rising to 4.4% this month. This is accounted for by a modest rise in seasonal infections including Gastro-intestinal illness.

Behind infectious diseases, Mental Health illnesses and then Musculo-skeletal problems remain the leading cause of sickness absence from work.

Actions (SMART):

Interventions to support the delivery of wellbeing conversations have have now provided 18 trained staff across the delivery divisions and corporate areas. Two further sessions for eight staff are planned for November. Improving conversations and signposting staff to support areas seeks to generate improved staff availability in the longer term.

Absence management is being improved through the development of statistical analysis of long term absence trends and direct support for Divisional management teams through HR advisers, roll out of this system is expected mid-December, once recruitment activity has been completed.

Risks and mitigations:

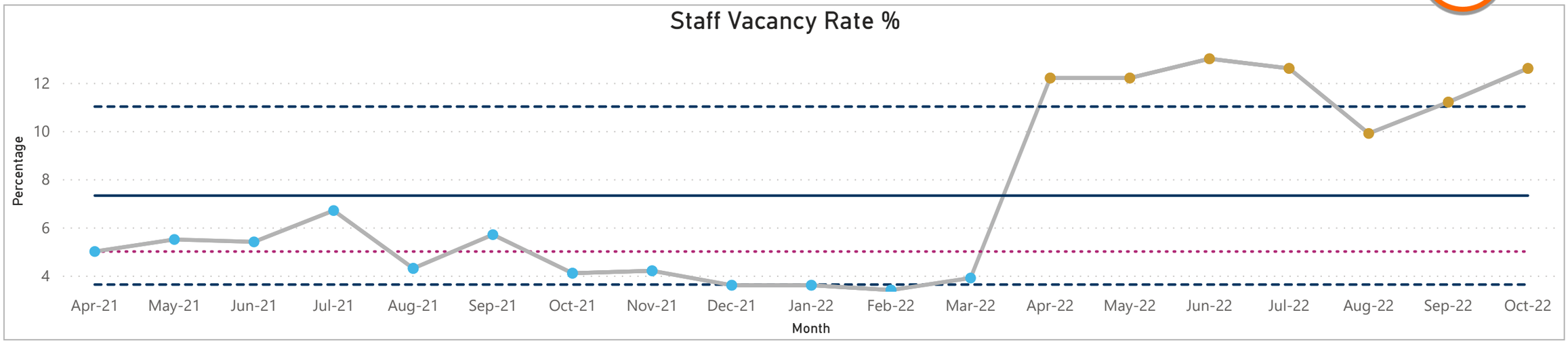
Corporate Risk – Delivery of OH service
Occupational Health remains short staffed. The OH team have developed a new set of KPIs, prioritising support to enable new starters and improve the speed of appointments for management referrals of staff.

Corporate Risk – Sustainable Workforce
Absence management actions are not effective. Weekly workforce cell will review data on short term and long-term absences, target systemic absence management practices and reinforce staff alerts surrounding absence.

Workforce - Vacancies

Target 5%

People



Understanding the performance:

The Trust's ability to close the vacancy rate remains challenging. The current rate of 12.6% vacancies is above our target and rising. Increased turnover exacerbates the situation, and cost of living crisis, combined with low confidence in wages, stimulated by significant media concerning industrial action counters the positive attraction picture the Trust is promoting.

Actions (SMART):

Understanding the true picture of vacancies is an ongoing piece of work to drive successful attraction campaigns. The resourcing team have used the data provided thus far to target bulk campaigns for admin and HCA vacancies.

As part of workforce planning activity, vacancy data is being triangulated against safe staffing levels, delegated budgets and management assessment of staff requirements in order to enable prioritisation of resource to support winter resilience and inform longer term planning.

Risks and mitigations:

Corporate Risk – Sustainable Workforce
Resourcing Plans delivered
Implementation of PWC 'overhauling recruitment' recommendations to generate more efficient processes.
Recruitment campaigns are being refreshed.
Communication of single version of recruiting picture across the Trust.
Creation of career pathways and improved career structures to better advertise roles and opportunities.

Watch Metrics: Alerting

People

Metric	Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variation	Variation Detail	Assurance
Non-Medical Appraisal Rate %	63.4%	63.2%	64.7%	86.0%			Special Cause Concerning - Below Lower Control Limit	

Watch Metrics: Alerting Narrative

People

Understanding the performance:

Non-Medical Appraisal Rate

Non-Medical appraisals remain red against the target of 85%, but for the first time in 4 months show a modest upward trajectory to 64.7% completio.

There has been an improvement in the lowest level of completion, but three areas remain below a 10% completion rate. Ineffective management of appraisals remains an area of concern in Staff Survey and Pulse survey data, leading to low morale among staff.

Actions (SMART):

A simplified process for appraisals has been agreed and once rolled out in January, will be measured over a four month period to assess the impact on completion rates.

Line Managers breakfast sessions have been re-instigated to support those line mangers who need help and guidance on delivery of appraisals to staff, pointing out training courses where required.

Risks and Mitigations:

Corporate Risk - Sustainable Workforce.

Retention Mitigations – Appraisal Project, Development and Delivery of Leadership Training Modules for line managers.

Watch Metrics: Non-Alerting

People

Metric	Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variation	Variation Detail	Assurance
Mandatory Training Rate %	91.2%	91.3%	91.0%	90.0%	85%		Special Cause Improving - Two Out of Three High	
Medical Appraisal Rate %	84.7%	82.0%	85.8%	90.0%			Common Cause Variation	

Part 4: Finance and Use of Resources

Performance against our Strategic Priorities and Key Lines of Enquiry

Salisbury NHS Foundation Trust

Our Priorities

Population

Partnerships

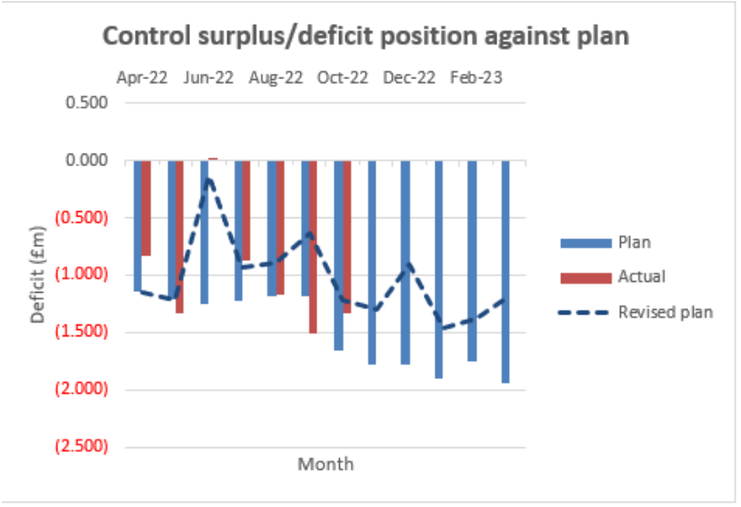
People

Income and Expenditure

Income & Expenditure:

Finance and Use of Resources

	Oct '22 In Month			Oct '22 YTD			22-23 Plan
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
Operating Income							
NHS Clinical income	22,040	22,117	77	154,277	156,190	1,913	262,933
Other Clinical Income	714	1,143	429	5,001	6,095	1,094	8,573
Other Income (excl Donations)	2,797	3,089	292	20,367	23,118	2,751	34,540
Total income	**25,550**	**26,349**	**798**	**179,645**	**185,403**	**5,757**	**306,046**
Operating Expenditure							
Pay	(16,990)	(17,846)	(856)	(117,959)	(120,782)	(2,823)	(201,587)
Non Pay	(8,093)	(8,428)	(335)	(56,188)	(60,110)	(3,922)	(96,646)
Total Expenditure	**(25,083)**	**(26,274)**	**(1,191)**	**(174,147)**	**(180,892)**	**(6,745)**	**(298,233)**
EBITDA	**467**	**75**	**(392)**	**5,498**	**4,511**	**(987)**	**7,813**
Financing Costs (incl Depreciation)	(1,686)	(1,402)	284	(11,674)	(11,549)	125	(20,213)
NHSI Control Total	**(1,219)**	**(1,327)**	**(108)**	**(6,176)**	**(7,038)**	**(862)**	**(12,400)**
Add: impact of donated assets	(68)	247	*315*	(476)	(177)	*299*	(816)
Surplus/(Deficit)	***(1,287)***	***(1,081)***	***206***	***(6,652)***	***(7,216)***	***(564)***	***(13,216)***
NHSI Control Total excluding BSW ICB support	**(1,219)**	**5,906**	**7,125**	**(6,176)**	**195**	**6,371**	**0**



Understanding the performance:

In month 7 the Trust recorded a control total deficit of £1.327m against a target of £1.219m - an adverse variance of £0.108m.

Underlying pay costs increased in month with some of the winter plan actions starting earlier than forecast combined with increased bank and agency costs to address operational pressures. 'Pass through' non pay costs continue to run in excess of those planned for, now accounting for 82% of costs above plan.

The Regional genetics sevice transferred to University Hospitals Southampton with effect from 1 October 2022.

Actions (SMART):

Agreement was reached on the distribution of the BSW ICB planned surplus and £12.4m was paid to SFT in October.

People workstreams are focusing on retention of staff, with the uplift of all Band 2s to the top of scale with effect from 1 December.

SFT is engaged in a SW wide analysis on the impact of the pay award, all eleven Trusts to have returned analysis to date are showing a similar order of pressure to SFT.

The BSW-wide procurement 2022/23 workplan levers the ICS spending power to mitigate the impact of inflation.

Risks and mitigations:

Pressure on emergency care pathways which results in increased costs associated with the Trust's bed base, reductions of elective inpatient care and premium costs of bank and agency to cover vacancies and unavailability.

An ongoing requirement for the provision of additional beds at South Newton would represent a financial risk to the Trust if unfunded.

The Trust has a forecast delivery of £9.7m efficiency savings split 50:50 between recurrent and non-recurrent schemes. This signals a significant risk if further recurrent efficiencies are not identified.

Income & Activity Delivered by Point of Delivery

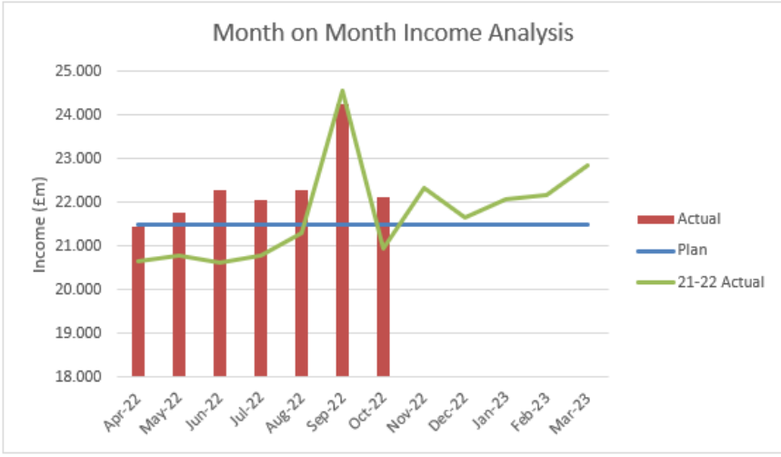
Clinical Income:

Finance and Use of Resources

Income by Point of Delivery (PoD) for all commissioners	October '22 YTD Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
A&E	6,335	6,094	(241)
Day Case	11,854	11,387	(467)
Elective inpatients	7,800	8,127	327
Excluded Drugs & Devices (inc Lucentis)	12,939	13,995	1,056
Non Elective inpatients	41,263	42,091	828
Other	52,627	54,178	1,551
Outpatients	21,459	20,318	(1,141)
TOTAL	**154,277**	**156,190**	**1,913**

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
BSW ICB	91,324	92,151	827
Dorset ICB	15,339	15,269	(70)
Hampshire, Southampton & IOW ICB inc Portsmouth	12,507	12,507	-
Specialist Services	23,804	24,518	714
Other	11,303	11,745	442
TOTAL	**154,277**	**156,190**	**1,913**

	Activity Plan	Activity Actuals	Activity Variance	Activity Actuals	Variance last year
A&E	41,373	42,967	1,594	41,045	1,922
Day case	13,520	13,105	(415)	11,953	1,152
Elective	1,932	1,988	56	1,653	335
Non Elective	16,908	15,427	(1,481)	16,734	(1,307)
Outpatients	148,471	145,213	(3,258)	156,598	(11,385)



Understanding the performance:

The Trust is ahead of the Clinical income plan year to date due to BSW ICB ERF and pay award funding and NHS England Specialised services overperformance on cost and volume high cost drugs and devices. This is offset by the transfer of the Genetics service to University Hospitals Southampton from 1st October with an income reduction of £0.6m in month within NHS England Specialised services. The Dorset ICB position reflects the agreement on the Sleep service.

A&E activity has been higher in October than in September with less attendances at the A&E department but more at the walk in centre activity in month. Day case activity in October was 145 more cases than in October, with 57 additional cases undertaken in Gastroenterology. Activity in elective inpatients fell below plan in month by 74 cases with the majority of specialties reporting less activity than in September. Non Elective activity was higher than in September mainly within medical specialties and Outpatient activity was lower than in September with less activity within Trauma and Orthopaedics and Ophthalmology.

Actions (SMART):

The BSW ICB contract has been signed by both parties.

The NHS England contracts require updating for the inclusion of agreed quality schedules, final agreement on the information schedule and removal of public health aspects within the HIV contract which were not part of the contract tender.

A new tariff has been published to reflect the National Insurance changes effective from 6 November.

Risks and mitigations:

Pay award funding has been allocated to ICB systems on a fair shares basis and additional funding of 1.66% including pay arrears was paid in September.

There has been a shortfall in the pay award allocation compared with expected costs and an additional £700k above the 1.66% funding is being paid by BSW ICB.

The BSW ERF funding has now been confirmed at £2,150k and is higher than originally planned.

Cash Position & Capital Programme

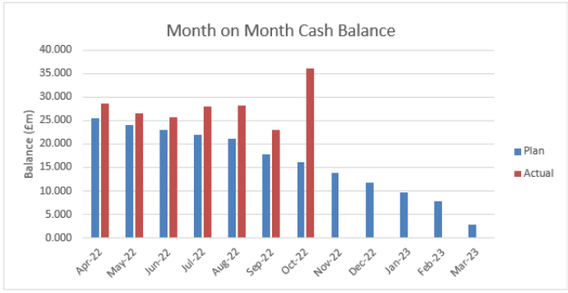
Capital Spend: 

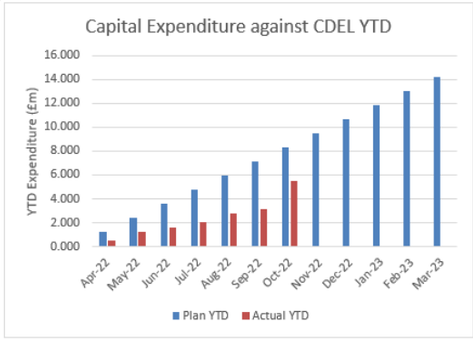
Cash & Working: 

Finance and Use of Resources

	Closing Balance March 2022 £000s	Current Month Balance £000s	Actual In Year Movement £000s
Inventories (Stock)	7,939	8,692	753
Debtors	14,296	16,794	2,498
Cash	33,447	36,155	2,708
TOTAL CURRENT ASSETS	**55,682**	**61,641**	**5,959**
Creditors	(46,637)	(50,567)	(3,930)
Borrowings	(1,102)	(1,371)	(269)
Provisions	(1,235)	(1,126)	109
TOTAL CURRENT LIABILITIES	**(48,974)**	**(53,064)**	**(4,090)**
TOTAL WORKING CAPITAL	**6,708**	**8,577**	**1,869**

Payables age profile	Total Payables £'000	0-30 days £'000	31-60 days £'000	61-90 days £'000	90+ days £'000
Oct-22	**6,373**	4,638	365	47	1,323
Sep-22	**5,766**	4,304	101	282	1,079
Aug-22	**6,217**	4,164	400	77	1,576
Movement vs prev mth	*607*	*334*	*264*	*(235)*	*244*





Schemes	Annual Plan £000s	October '22 YTD Plan £000s	October '22 YTD Actual £000s	October '22 YTD Variance £000s
CDEL Schemes				
Building schemes CIR	3,758	2,149	847	1,302
Building projects	3,154	1,778	1,644	134
IM&T	4,166	2,233	1,850	383
Medical Equipment	2,528	1,897	667	1,230
Other	1,414	248	478	(230)
Total CDEL schemes	***15,020***	***8,305***	***5,486***	***2,819***
National Funding				
TIF - New ward	*2,000*	*76*	*76*	0
Pathology LIMS	*682*	*66*	*66*	0
Total National Funding	***2,682***	***142***	***142***	0
GRAND TOTAL	**17,702**	**8,447**	**5,628**	**2,819**

Understanding the performance:

Capital expenditure is significantly behind plan, -c34% year to date, particularly within Medical Equipment. A revised forecast has been agreed at Trust Board which fully utilises the capital funding by year end.

The forecast now includes the refurbishment of the Douglas Arter Centre as part of the decant for the additional ward scheme together with further agreed investment in medical equipment.

The Trust cash balance is currently healthy due to the receipt of BSW ICB funding of £12.4m in October. This mitigates any risk to the cash balance for the remainder of the financial year.

Actions (SMART):

The capital plan has been reviewed in the context of known supply chain restraints. Alternative projects initially planned for 2023/24 which can be brought forward to 2022/23 have been identified to mitigate the risk of further slippage.

The unallocated BSW capital allocation has now been released, with Trust Board agreeing to an increase in the SFT 2022/23 capital plan of £795k in October, and a prioritised list of requests has now received final approval.

The additional ward project was given final approval on 3rd November 2022.

Risks and mitigations:

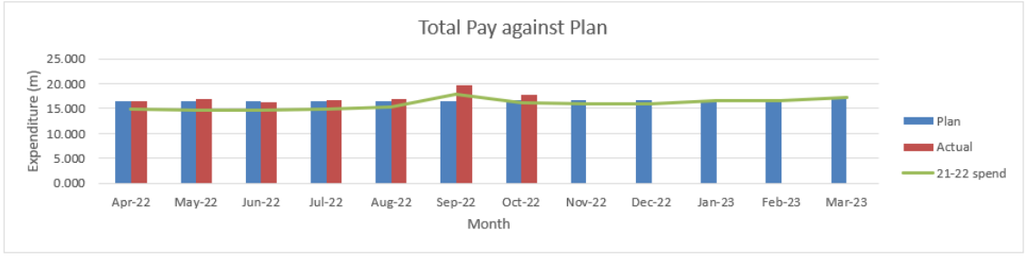
Supply chain disruption and inflationary pressures remain a significant draw of time on the procurement team. This gives rise to a risk in both lead times and overall procurement capacity.

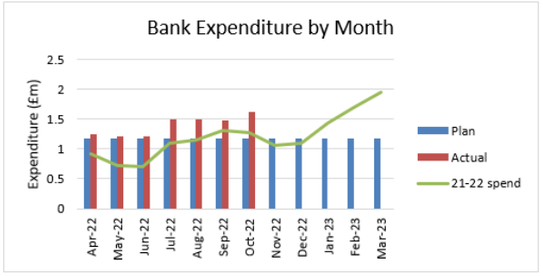
The constraint of both available cash and system capital expenditure limits gives rise to both a mid and long term risk to the Trust. The context of digital modernisation programmes, along with an aging estate and medical equipment means the Trust's five year capital requirement is well in excess of available resources. The Trust seeks to in part mitigate this risk through the proactive bidding for national funds where available.

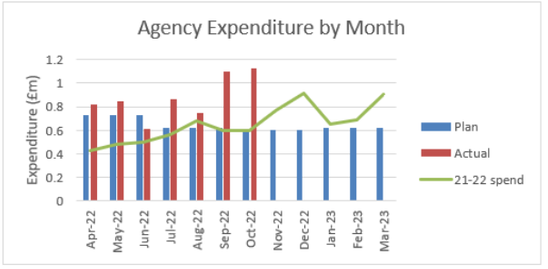
Workforce and Agency Spend

Pay:

Finance and Use of Resources







	October '22 YTD		
	Plan £000s	Actual £000s	Variance £000s
Pay - In Post	104,249	104,455	(206)
Pay - Bank	8,348	9,761	(1,413)
Pay - Agency	4,669	6,113	(1,444)
Other (eg. Apprenticeship Levy)	693	453	240
TOTAL	**117,959**	**120,782**	**(2,823)**
Medical Staff	31,158	31,252	(93)
Nursing	27,966	30,851	(2,885)
Support to Nursing	8,535	9,480	(945)
Other Clinical Staff	19,242	18,092	1,151
Infrastructure staff	30,365	30,654	(290)
Other (eg. Apprenticeship Levy)	693	453	240
TOTAL	**117,959**	**120,782**	**(2,823)**

	October '22		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	490.6	482.5	8.2
Nursing	1,103.6	1,107.0	- 3.4
Support to Nursing	515.1	519.7	- 4.6
Other Clinical Staff	689.8	609.9	79.9
Infrastructure staff	1,461.1	1,409.9	51.1
TOTAL	**4,260.2**	**4,129.0**	**131.2**

Understanding the performance:

Pay expenditure reduced in month following the pay award in month 6 but was £691k above the average monthly run rate for the year to date. This includes the reduction relating to the transfer of the Genetics sevice to University Hospitals Southampton which was £371k in month. The average monthly run rate adjusted for the service transfer is £1,062k.

Expenditure on bank staff increased in month (by £147k) with the main increases within Consultant and Career grade doctors and Registered Nursing. The increase in Consultants and Career grade doctors was within the Emergency department to address operational pressures and specialties with vacancies and staff sickness. The increase in Registered Nursing bank spend was concentrated in the Emergency department and Maternity staffing.

There was an increase in agency expenditure of £33k from the previous month with increases within Registered Nursing and Support to Nursing. This was the first occasion that Support to Nursing agency staff have been used. This reflects an increased shift fill rate across a number of specialties and operational pressures with Agency staff used within escalation areas and for the South Newton scheme.

Actions (SMART):

Detailed actions on the response to the Trust's workforce challenges are set out in the People section of the IPR. These focus on recruitment, retention, and a focused review of short term sick leave.

The Trust is engaged in a South West review of the cost of the pay award over and above the national assumptions

Risks and mitigations:

Retention initiatives over and above those assumed as part of the winter forecast are likely to be required to mitigate workforce gaps. Although in the longer term these would offset the need for high cost agency, in the short term it is likely that the Trust will require both.

Unions are currently balloting on industrial action with the RCN position now confirmed. In the event that they decide to proceed workforce disruption and additional costs to mitigate are likely.

Data Sources: Narrative and Breakthrough Objectives

Understand the Data

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating
Breakthrough Objective	Total (Excess) Bed Days from NC2R to Discharge - Internal Reasons only	e-whiteboards	Lisa Thomas	Medium
Breakthrough Objective	Total Patient Falls per 1000 Bed Days	DATIX Team	Peter Collins	Medium
Breakthrough Objective	Wait time to first OPA (non-admitted)	Lorenzo via Trust Data Warehouse	Lisa Thomas	High
Narrative	% of patients moved more than once	Trust Data Warehouse	Peter Collins	High
Narrative	C Difficile Hospital onset Healthcare associated	Infection Control Team	Peter Collins	High
Narrative	Cancer 2 Week Wait Performance	Cancer Services	Lisa Thomas	High
Narrative	Cancer 28 Day Faster Diagnosis Standard	Cancer Services	Lisa Thomas	High
Narrative	Cancer 62 Day Standard Performance	Cancer Services	Lisa Thomas	High
Narrative	Cat 2 Pressure Ulcers per 1000 Bed Days	DATIX Team	Peter Collins	High
Narrative	DM01 Performance	Trust Data Warehouse	Lisa Thomas	High
Narrative	E Coli Hospital onset Healthcare associated	Infection Control Team	Peter Collins	High
Narrative	ED 4 Hour Performance	Lorenzo via Trust Data Warehouse	Lisa Thomas	High
Narrative	Friends and Family Test Response Rate - All Trust	Trust Data Warehouse	Peter Collins	High
Narrative	Staff Sickness Absence %	Health Roster	Melanie Whitfield	High
Narrative	Staff Turnover	ESR	Melanie Whitfield	High
Narrative	Stroke & TIA: % Arrival on Stroke Unit within 4 hours	Trust Data Warehouse	Peter Collins	High
Narrative	Total Ambulance Handover Delays	Lorenzo via Trust Data Warehouse	Lisa Thomas	High
Narrative	Total Waiting List	Lorenzo via Trust Data Warehouse	Lisa Thomas	High
Narrative	Vacancies	ESR	Melanie Whitfield	High

Data Sources: Watch Metrics (1)

Understand the Data

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating
Watch	% of Inpatients Undergoing VTE Risk Assessment	Quality Team	Peter Collins	High
Watch	% of Total Incidents Resulting in High Harm (Mod/Maj/Cat)	DATIX Team	Peter Collins	Medium
Watch	Mandatory Training Rate %	MLE	Melanie Whitfield	High
Watch	Medical Appraisal Rate %	ESR	Melanie Whitfield	High
Watch	MSSA Bacteraemia Infections: Hospital Onset	Infection Control Team	Peter Collins	High
Watch	Neonatal Deaths Per 1000 Live Births	E3 Maternity System	Peter Collins	High
Watch	Non-Medical Appraisal Rate %	ESR	Melanie Whitfield	High
Watch	Number of High Harm Falls in Hospital	DATIX Team	Peter Collins	Medium
Watch	Pressure Ulcers Hospital Acquired Cat 2	DATIX Team	Peter Collins	High
Watch	Pressure Ulcers Hospital Acquired Cat 3	DATIX Team	Peter Collins	High
Watch	Pressure Ulcers Hospital Acquired Cat 4	DATIX Team	Peter Collins	High
Watch	Serious Incident Investigations	DATIX Team	Peter Collins	Medium
Watch	Stillbirths Per 1000 Total Births	E3 Maternity System	Peter Collins	High
Watch	Stroke & TIA: % Bedside Swallow Assessment within 4 hours	Trust Data Warehouse	Peter Collins	High
Watch	Stroke & TIA: % CT'd within 1 hour	Trust Data Warehouse	Peter Collins	High
Watch	Total Incidents (All Grading) per 1000 Bed Days	DATIX Team	Peter Collins	High
Watch	Total Number of Complaints Received	PALS Team	Peter Collins	High
Watch	Total Number of Compliments Received	PALS Team	Peter Collins	High

Data Sources: Watch Metrics (2)

Understand the Data

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating

Data Sources: Other Metrics (1)

Understand the Data

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating

Data Sources: Other Metrics (2)

Understand the Data

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating
Other	Maternity: Compliance with supernumery status of the LW coordinator %	Maternity Dept	Peter Collins	Medium
Other	Maternity: Coroner Red 28 made directly to trust	Maternity Dept	Peter Collins	Medium
Other	Maternity: DATIX incidents moderate harm (not SII)	Maternity Dept	Peter Collins	Medium
Other	Maternity: DATIX incidents SII	Maternity Dept	Peter Collins	Medium
Other	Maternity: DATIX relating to workforce	Maternity Dept	Peter Collins	Medium
Other	Maternity: HSIB referrals	Maternity Dept	Peter Collins	Medium
Other	Maternity: HSIB/NHSR/CQC or other organisation with a concern or request	Maternity Dept	Peter Collins	Medium
Other	Maternity: Medical termination over 24+0 registered	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity: Midwifery vacancy rate	Maternity Dept	Peter Collins	Medium
Other	Maternity: Minimum safe staffing in maternity services; Obstetric cover	Maternity Dept	Peter Collins	Medium
Other	Maternity: Minimum to birth ratio	Maternity Dept	Peter Collins	Medium
Other	Maternity: Number of DATIX incidents - moderate or above	Maternity Dept	Peter Collins	Medium
Other	Maternity: Number of late fetal losses (22+0 to 23+6 weeks excl TOP)	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity: Number of Maternal Deaths	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity: Number of neonatal deaths (0-28 days)	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity: Number of SOX	Maternity Dept	Peter Collins	Medium
Other	Maternity: Number of stillbirths (>+24 weeks excl TOP)	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity: Number of times maternity unit on divert	Maternity Dept	Peter Collins	Medium
Other	Maternity: Number of women requiring admission to ITU	Maternity Dept	Peter Collins	Medium
Other	Maternity: Progress in achievement of 10 safety actions (CNST)	Maternity Dept	Peter Collins	Medium
Other	Maternity: Provision of 1 to 1 care in established labour (%)	Maternity Dept	Peter Collins	Medium
Other	Maternity: Service user feedback: number of complaints	Maternity Dept	Peter Collins	Medium
Other	Maternity: Service user feedback: number of compliments	Maternity Dept	Peter Collins	Medium
Other	SSNAP Case Ascertainment Audit	Stroke Team	Peter Collins	High

Data Sources: Other Metrics (3)

Understand the Data

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating
Other	Crude Mortality	Medical Examiners	Peter Collins	High
Other	FFT Response Rate - A&E	Trust Data Warehouse	Peter Collins	High
Other	FFT Response Rate - Day Case	Trust Data Warehouse	Peter Collins	High
Other	FFT Response Rate - Inpatient	Trust Data Warehouse	Peter Collins	High
Other	FFT Response Rate - Maternity	Trust Data Warehouse	Peter Collins	High
Other	FFT Response Rate - Outpatient	Trust Data Warehouse	Peter Collins	High
Other	HSMR Trust	Telstra Health	Peter Collins	High
Other	Maternity Clinical Dashboard: Apgar less than 6 @ 5 min %	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity Clinical Dashboard: Babies (incl non reg)	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity Clinical Dashboard: Elective caesarean sections %	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity Clinical Dashboard: Emergency caesarean sections %	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity Clinical Dashboard: Homebirth Rate	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity Clinical Dashboard: Inductions %	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity Clinical Dashboard: Instrumental deliveries %	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity Clinical Dashboard: PPH >= 1, 500 %	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity Clinical Dashboard: Term babies admitted to NNU unexpectedly %	E3 via Trust Data Warehouse	Peter Collins	High
Other	Maternity Clinical Dashboard: Total CS rate (planned & unscheduled)	E3 via Trust Data Warehouse	Peter Collins	Medium
Other	Maternity: Training compliance - MDT Prompt %	Maternity Dept	Peter Collins	Medium
Other	MRSA Bacteraemia Infections: Hospital Onset	Infection Control Team	Peter Collins	High
Other	Never Events	DATIX Team	Peter Collins	Medium
Other	SHMI Trust	Telstra Health	Peter Collins	High

Data Sources: Other Metrics (4)

Understand the Data

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating

Data Sources: Other Metrics (5)

Understand the Data

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating

Data Sources: Other Metrics (6)

Understand the Data

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating