

## Bundle Trust Board Public 21 May 2020

### 1 OPENING BUSINESS

Welcome and Apologies

Declaration of Interests

Minutes of the previous meeting

*Minutes attached from Public Trust Board meeting held on 2nd April 2020  
For approval*

Draft Public Board mins 2 April 2020.docx

1.4 12:30 - Matters Arising and Action Log

1.6 Trust Board Public Action Log 21 May 2020.docx

1.5 12:35 - Chairman's Business

*Presented by Nick Marsden*

*For information*

1.6 12:40 - Chief Executive Report

*Presented by Cara Charles-Barks*

*For information*

1.8 CEO Board Report May 2020.docx

2 Assurance and Committee Reports

2.1 12:50 - Trust Management Committee - 15 April

*Presented by Cara Charles-Barks*

*For assurance*

2.1 TMC Escalation report May 2020.docx

2.2 12:55 - Finance and Performance Committee - 28 April

*Presented by Paul Miller*

*For assurance*

2.2 Finance and Performance Committee escalation paper 28th April 2020.docx

2.3 13:00 - Integrated Performance Report - M12

*Presented by Lisa Thomas*

*For assurance*

2.3a 200521 IPR.docx

2.3b IPR May 2020 Final.pdf

2.4 Clinical Governance Committee - 31 March & 12 May

*Presented by Eiri Jones*

*For assurance*

2.4a Escalation report - from CGCommittee to Board Mar 2020.docx

2.4b Escalation report - from CGCommittee to Board May 2020.docx

### 3 GOVERNANCE

3.1 13:10 - COVID Governance arrangements

*Presented by Fiona McNeight*

*For assurance*

Covid Governance Arrangements.docx

3.2 13:15 - NHSI Self-Certification Certification (FT4, G6, CoS7)

*Presented by Fiona McNeight*

*For assurance*

3.2a Corporate Governance Statements Cover sheet F&P April 2020.docx

3.2b Appendix 1\_ Provider Licence Self Certification Proposed Response\_2019\_20.docx

3.2c Appendix 2\_ Provider Licence Conditions.docx

### 4 CLOSING BUSINESS

4.1 Agreement of Principle Actions and Items for Escalation

4.2 Any Other Business

4.3 13:25 - Public Questions

4.4

Date next meeting

*Date of next Public Trust Board meeting 4th June 2020*

5

Resolution

*Resolution to exclude Representatives of the Media and Members of the Public from the Remainder of the Meeting (due to the confidential nature of the business to be transacted)*

**DRAFT**

**Minutes of the Public Trust Board meeting  
held at 11:00am on Thursday 2 April 2020 via Skype  
in The Board Room, Salisbury NHS Foundation Trust**

**Present:**

Dr N Marsden	Chairman
Ms T Baker	Non-Executive Director
Mr P Kemp	Non-Executive Director
Mr P Miller	Non-Executive Director
Ms E Jones	Non-Executive Director
Ms R Aggarwal	Non-Executive Director
Dr D Buckle	Non-Executive Director
Dr M von Bertele	Non-Executive Director
Mrs C Charles Barks	Chief Executive Officer
Mr A Hyett	Chief Operating Officer
Dr C Blanshard	Medical Director
Mrs L Thomas	Director of Finance
Mrs L Lane	Director of OD and People

**In Attendance:**

Miss K Nye	Corporate Governance Manager (minutes)
Mr J Mangan	Lead Governor (observer)
Mrs F McNeight	Director of Corporate Governance
Ms E Provins	Director of Transformation

**ACTION****TB1            OPENING BUSINESS****2/4/1****TB1            Welcome and Apologies****2/4/1.1**

Apologies were received from.

- Rachel Credidio, Non-Executive Director
- Lorna Wilkinson, Director of Nursing

**TB1            Declarations of Conflicts of Interest****2/4/1.2**

There were no declarations of conflicts pertaining to the agenda.

**TB1 2/4/1.3 Minutes of the part 1 (public) Trust Board meeting held on 5 March 2020**

The minutes were agreed as an accurate record of the meeting held on 5 March 2020.

**TB1            Matters Arising and Action Log****2/4/1.4**

N Marsden presented the action log and the following items were noted:

- **Action 155/Action 152 SPC Charts:** E Provins noted that the SPC charts were derived from a national programme. E Provins has been made aware that the issue will be resolved within the next month. E Provins added that going forward the SPC charts will have 13 months of data instead of the 12 months currently shown. Item closed.
- **Action TB1 05/3/2.5 Care Hours Per Patient Per Day (IPR):** F McNeight noted that this topic was going to be discussed as part of a future Board Seminar. Item closed.
- **Action TB1 05/3/5.2 Proposed changes to the Constitution:** F McNeight noted that the Constitution was on the agenda. Item closed.

There were no further matters arising.

**TB1  
2/4/1.5**

**Chairman's Business**

N Marsden thanked attendees for calling into the meeting and asked that people presenting their reports highlight the key issues to ensure the meeting ran as efficiently as possible.

**TB1  
2/4/1.6**

**Chief Executive's Report**

C Charles-Barks presented the Chief Executive's report and highlighted the following key points:

- In March it was announced that the Trust is undertaking a programme of work to ensure the hospital is “the best place to work”. This included a diagnostic and listening phase. Due to the current situation and focus on our staff, the planned focus groups have been postponed and will be rescheduled as soon as it is feasible to do so.
- Whilst efforts have shifted to manage the Covid-19 pandemic, C Charles-Barks noted that there is an opportunity to maximise innovations. There are three streams of work currently underway; the first relating to clinical pathways and services across the Trust and how these are delivered; the second relating to the opportunity to reconfigure the Trust's workforce, particularly in relation to virtual working; lastly work relating to culture and staff appetite for change and also in relation to public culture and how patients are now using hospital services.

**Discussion:**

- N Marsden noted that whilst these are challenging times, the focus on trying to maximise the opportunity for change could not be ignored. R Aggarwal noted that the three areas of focus were appropriate and would help the Trust once the peak of Covid-19 had passed.

C Charles-Barks asked A Hyett to provide an update on the current Covid-19 pandemic and the measures that had been put in place at SFT to manage the situation. A Hyett noted the following key

points:

- The hospital is following national guidance and is working closely with the Clinical Commissioning Group (CCG) and system partners. The Trust has established an Incident Control Centre and this is rapidly expanding to 7 days a week when required.
- All non-urgent elective operations have been cancelled to enable staff training where required. To reduce footfall on site, patient visiting has been restricted and there have been changes to outpatient services and the Trust restaurants are closed to the public.
- There is new signage reflecting service changes and to ensure public and staff are directed as clearly, quickly and safely as possible through the hospital.
- Homeworking has been enabled where it is appropriate to do so. Staff are provided with daily bulletins and a new dedicated staff website has been developed to provide one central hub of COVID-related information.
- A vital part of preparations is to preserve the health and well-being of staff and to ensure they are able to continue to provide services for patients. A number of measures have been put in place to support staff, including providing accommodation, free staff parking and discounts on food and drinks.

**Discussion:**

- Dr D Buckle referred to the number of ventilators the Trust had modelled to manage the peak of the virus. A Hyett noted that the Trust has planned for up to 35 ventilated beds and this is being monitored carefully. L Thomas noted that the Trust is currently below the predicted numbers expected. There is a time lag; however, L Thomas noted that there are other social factors to consider which could mean the Trust remains at relatively low numbers compared to other areas of the country.
- A Hyett noted that there had been an increase in people moving out of city conurbations to Wiltshire, particularly pregnant women.
- T Baker asked if the other STP partners were experiencing similar numbers. C Charles-Barks confirmed that Bath and Swindon were in similar situations but did have more staff off work who were experiencing symptoms.
- P Miller referred to the modelling and asked what position the Trust would be in if the numbers plateau without the expected peak. L Thomas noted that there might be a further issue when self-isolation is lifted causing further peaks and troughs as the situation develops.
- D Buckle asked if the ventilators supplied are of a suitable standard. A Hyett noted that the equipment has been sourced from private hospitals and is suitable. If the Trust requires further ventilators as the pandemic progresses, the equipment used will be risk assessed.
- C Charles-Barks referred to the Nightingale Hospitals and noted that further guidance is awaited as there are concerns

regarding transferring patients and the potential effect on staff.

**TB1  
2/4/2**

## **ASSURANCE AND REPORTS OF COMMITTEES**

**TB1  
2/4/2.1**

### **Finance and Performance Committee – 31<sup>st</sup> March**

P Miller presented the report, providing a summary of escalation points from Finance and Performance Committee held on 31<sup>st</sup> March.

- The Committee received an update on overseas nursing recruitment and the key lessons from the process. It was noted that there will be greater oversight of the process, including increased financial awareness and visibility.
- The Trust received a verbal update on the financial and performance implications of COVID-19. Assurances were provided that all national guidance is being followed and locally plans have been put in place. This will help manage the expected significant increase in COVID-19 cases, as well as ensuring existing non covid-19 urgent care can continue to be provided.
- A paper was presented outlining changes in financial governance related to the management of covid-19. The actions in this paper including temporary changes to the Trust's SFI's etc. had been previously approved out of committee and therefore the paper was noted.
- A tender report on the outcome of a procurement to award a contract for the supply of in hours and out of hours radiology reporting was received. The recommendation was supported and the Committee will recommend the award of the contract (£1,058m for a minimum of three years) to the Trust Board meeting on the 2<sup>nd</sup> April 2020.
- A tender report was reviewed, this time relating to the awarding of a minimum of a five year contract, to provide outpatient pharmacy dispensing services on behalf of the hospital. The recommendations in the report were supported. However as the final implementation will be dependent upon the conclusion of a number of commercial contract negotiations (including property matters), then further Finance and Performance committee assurance will be required before a final recommendation is made to the Trust Board.
- The BAF and CRR were reviewed the risks relating to work of the Finance and Performance Committee were reviewed and it was agreed that the specific COVID-19 risk would need to be significantly strengthened.
- It was also noted that the 2020/21 operational planning process has been deferred for a minimum of three months.
- The Committee approved the recommended 3 month extension to the existing contract. In agreeing to this extension the committee recognised that it very likely will create an additional £55k liability. Finally, the committee also acknowledged that a full Trust Board agreement on

how best to proceed with this partnership would be required in the short/medium term.

The Board noted the report.

**TB1**  
**2/4/2.2**

**Clinical Governance Committee – 31<sup>st</sup> March**

E Jones provided a verbal update providing a summary of escalation points from CGC held on 31<sup>st</sup> March.

- It was agreed that the Cancer Risk Summit should go ahead in the near future despite the current pressures.
- Gastroenterology Royal College of Physician's' review – The Trust is awaiting the report although assurance was provided that actions were being progressed.
- Directorate Governance Committees – There is a strong focus on safety and need for focus on learning and clinical effectiveness. These would be aligned to the new Directorate structure.
- Integrated Performance report – good focus on safety metrics and COVID-19.
- The Quality Account was reviewed and will come to May's meeting for final approval.
- Risk and Board Assurance Framework – There was a focus on the risk score for Covid-19 and how the Trust captures new risks that evolve, ensuring a continued focus on non-Covid related risks.
- Serious Incidents and the compliance with actions were reviewed and assurance provided.
- Internal Audit was discussed, including the focus on improving divisional governance and risk management.
- The Maternity Services Improvement Plan and themes from East Kent and Shropshire and Telford Trust Maternity services were presented and discussed. The clear message from the reports is that SFT provides a good experience for women with a good safety culture.
- E Jones noted that the Committee had given thanks to all involved in managing the COVID-19 outbreak, whilst attempting to maintain all the other non COVID-related issues.

The Board noted the report.

**TB1**  
**2/4/2.3**

**Workforce Committee 26<sup>th</sup> March**

M von Bertele presented the report, providing a summary of escalation points from Workforce Committee held on 26<sup>th</sup> March

- In light of the current level of planning & preparedness, and the challenges facing the Trust it was felt appropriate to change the focus of the committee to current issues including: support to staff, challenges of re-training and re-deployment, returning to clinical practice, working from

home, testing and communicating with staff at a time of increased tension and concern. The Committee work plan will be observed but will not provide the main focus for staff effort.

- Quality Improvement initiatives continue but the focus on longer-term training will shift to understanding the changed emphasis on rapidly changing practices and procedures. It is important to develop ways to check and assure, learn from, capture and embed the innovations that are now being introduced and tested.
- The workforce performance report highlighted a growing concern about rising rates of long-term sickness absence in several directorates. These may be a response to current events but are more likely to represent systemic issues. The Organisational Development and People team are reviewing this.
- The Committee noted that a number of rapid improvements have been made on the back of the recent report on Estates and Facilities but that the report also highlighted underlying problems that may prove intractable or very expensive to resolve. The Committee noted the importance of communicating to staff that work is underway to mitigate the ongoing issues.

**Discussion:**

- R Aggarwal queried how senior management were being supported. C Charles-Barks noted that after the Novichok incident it became apparent that some members of staff were still suffering with stress long after the event. Therefore, additional support has been established to support the Executive team, including an independent psychologist they are able to access at any time.
- P Miller noted that the incident could have long lasting effects on the hospital for a number of months, possibly years and asked how the Trust were going to manage the workforce resilience over this period of time. L Lane explained that additional support has been put in place and Trust management is encouraging everyone to take annual leave as normal.
- E Jones noted that a Workforce Summit was meant to be taking place to discuss key roles and asked if this was still going ahead. L Lane noted that this had been postponed due to the current circumstances and had not yet been rescheduled. L Thomas explained that he requirement for certain posts might change throughout this period of time and whilst vital clinical posts will be managed as required it is difficult to predict what 'normal' will look like once this pandemic is over.

**TB1**  
**2/4/2.4**

**Audit Committee – 19<sup>th</sup> March**

P Kemp presented the report, providing a summary of escalation points from Audit Committee held on 19<sup>th</sup> March. He took the report as read and highlighted some key issues:

- The Committee discussed the issue relating to clinical engagement in the job planning process. The current process is not working and enforcing compliance has proved difficult. Whilst this is an important matter, P Kemp suggested that this is picked up at a more appropriate time.
- The Committee received a briefing on the new business case process, which looks promising and looks to greatly improve the current procedures.
- The external audit report identified with the audit of the Charity's accounts, whereby the transfer of a number of fixed assets from the Trust to the Charity in previous years could not be properly supported and require an adjustment, reflecting these assets back into the Trust's accounts. It should be noted that this does not impact on the consolidated group accounts. However, there will be a prior year adjustment required to both the Charity's and the Trust's accounts, which will require disclosure.
- The Trust paid £5,000 compensation in December 2019 to settle a data protection breach, whereby data had been released without proper review and redaction, resulting in confidential information for a related party being released in error as part of a report. This was human error, rather than a process flaw and has been disclosed to the Information Commissioner.

**Discussion:**

- D Buckle noted the importance of clinical engagement in the job planning process and noted that the current situation is unacceptable. R Aggarwal agreed and noted the importance of a good job planning process and suggested the issue be rectified as soon as is appropriate to do so. C Charles Barks noted that this work is being taken forward by C Blanshard.

**TB1**  
**2/4/2.6**

**Integrated Performance Report**

L Lane presented the Integrated Performance Report to the Board and the following key points were noted.

- There has been a refocus of all elements of performance planning to manage the COVID-19 response will now make measuring the usual performance trends increasingly challenging. The Trust is now focused on managing the anticipated peak demand for the Trust's respiratory and critical care services.
- Performance in February was marked by a slight improvement across key measures, indicating an ease in the winter pressures compared to January 2020.
- Progress was maintained in reducing the Trust's elective waiting list in February after growth throughout the year to date.

- The Q3 SNNAP audit (B) related to Stroke and TIA care was an excellent achievement. However, it is noted that the move of the Stroke unit to Laverstock Ward during the COVID-19 outbreak will make achieving an 'A' grade difficult.
- Improvements have been seen in weekend HSMR over the last 4 months and learning is being embedded from recent mortality cluster reviews.
- There are still challenges in relation to Category 2 pressure ulcers and actions from the investigation in to the rise in category 3 and 4 ulcers are now underway.

**Discussion:**

- M von Bertele noted that in order to prepare for the COVID-19 incident the Trust were able to discharge patients into the community with more ease than previously experienced. He queried how this is being tracked to ensure the Trust understand the consequences of this. C Charles-Barks noted that the current situation had fundamentally changed community access and this would have to be reviewed going forward. However, C Charles-Barks explained that the Trust needs to be fully prepared for an increase in waiting lists and for the additional surgical activity that it will likely experience. C Charles-Barks noted that with the current legislative changes that have occurred due to COVID-19, it is important to focus on how this prepares us for Integrated Place Based Systems and how people access services.
- P Miller noted that in relation to managing risk as a system there is a need for the Trust and other providers to have access to outcome indicators as an STP, to have a retrospective review of what happened during this period. N Marsden agreed and referred to the drop in attendances in ED. N Marsden noted that it would be useful to understand if people did not attend ED during this time as they could access care elsewhere, or if they were in need of urgent care and did not attend ED due to COVID-19 and the perceived risks.

**TB1****2/4/3****GOVERNANCE****TB1****2/4/3.1****Annual Review of Directors Interests and Fit and Proper Test**

F McNeight presented the report asking the Board to note the updated Trust Board Register of Interests and the outcome of the annual Fit and Proper Person Review as at March 2020.

- There is a requirement as part of the Trust's license agreement to publish the annual Register of Director's interests to the Board. This also includes deputies.
- The Senior Independent Director (SID) and Corporate Governance Department review any positive declaration and the agreed outcome is documents. No concerns have been raised as part of this process.

**Discussion:**

- E Jones and D Buckle both pointed out minor updates to the register and were advised these would be made.
- E Jones asked if the Trust has a gifts and hospitality process. F McNeight noted that the process has been recently revised and sits with the Corporate Governance Team.

**KN**

**TB1**                   **Annual Review of Constitution**  
**2/4/3.2**

F McNeight presented the report and noted that the Constitution had been considered and changes to Annex 9 approved at March's Trust Board meeting. As part of this discussion the Board were asked to consider amending the wording of Annex 9, point 4 in relation to mental health. F McNeight noted that the following amended statement had been suggested:

- "A person whose physical or mental wellbeing is such that their ability to act as a director of the Trust is materially affected."

**Decision:**

- The Board approved the changes to the constitution.

**TB1**                   **Board Assurance Framework and Corporate Risk Register**  
**2/4/3.3**

F McNeight presented her report. The following key points were highlighted:

- The F&P Committee and CGC had both discussed the risks around COVID-19. It is recognised that since the COVID-19 risk was escalated, the risk score has increased significantly given the potential impact on patient safety, operational activity and staffing.
- The Committees had also discussed the importance of keeping track and not losing sight of the non-COVID risks.

**Discussion:**

- E Provens noted that the risks relating to Cyber Security and the IT improvement plan had both reduced in terms of their scoring. Additionally, the risk relating to the Trust's ability to deliver the Digital Strategy has reduced from a score of 16 to 12. This will reduce further subject to improvement plans being successfully delivered.

**TB1**                   **QUALITY AND RISK**  
**2/4/4**

**TB1 2/4/4.1 Patient Experience Report Quarter 3**

N Marsden noted that L Wilkinson has been unable to attend the meeting and therefore decided to postpone this item to the next Board meeting.

**TB1 CLOSING BUSINESS****2/4/5****TB1****2/4/5.1****Agreement of Principle Actions and Items for Escalation**

N Marsden noted that the key points of escalation from this Board meeting were:

- The risks surrounding COVID-19 and the ongoing work to manage this crisis.
- The need to also focus on a number of other non-COVID actions and ensure the Trust is delivering the best possible care during these challenging times.
- The Trust is also focusing on maximising innovations opportunities arising from COVID-19.
- The Board approved changes to the Constitution.

**TB1 Any Other Business****2/4/5.2**

There was no other business.

**TB1 Public Questions****2/4/5.3**

There were no public questions.

**TB1 Date of Next Meeting****2/4/5.4**

Thursday 21 May 2020, Board Room, Salisbury NHS Foundation Trust

**TB1 RESOLUTION****2/4/6**

Resolution to exclude representatives of the media and members of the public from the remainder of the meeting (due to the confidential nature of the business to be transacted).

## List of action items Trust Board Public 21 May 2020

Agenda item	Assigned to	Deadline	Status
3.1 Annual Review of Directors Interests and Fit and Proper Person Test			
182. Annual Review of Directors Interests and Fit and Proper Test	● Nye, Kylie	21/05/2020	<span style="color: green;">█</span> Completed
<i>Explanation action item</i> • E Jones and D Buckle both pointed out minor updates to the register and were advised these would be made.			

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	1.8
<b>Date of Meeting:</b>	21 May 2020		

<b>Report Title:</b>	Chief Executive's Report			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	Yes			
<b>Prepared by:</b>	Gavin Thomas, Executive Services Manager			
<b>Executive Sponsor (presenting):</b>	Cara Charles-Barks, Chief Executive			
<b>Appendices (list if applicable):</b>	None			

<b>Recommendation:</b>
The Board are asked to NOTE the report.

<b>Executive Summary:</b>
This report provides an update for the Trust Board on some of the key issues and developments within this reporting period and covers:
<ul style="list-style-type: none"> <li>• <b>Performance</b> – update on current performance</li> <li>• <b>Finance</b> – update on our financial recovery plan</li> <li>• <b>Workforce</b> – update on workforce situation</li> <li>• <b>COVID-19 – response and next phase</b></li> <li>• <b>Reassuring our patients</b></li> <li>• <b>Compassionate care</b></li> <li>• <b>Community support</b></li> <li>• <b>Staff wellbeing</b></li> </ul>

## Performance

## Finance

Our final financial position for the year 2019/20 at the end of March is an NHSE&I control total deficit of £14.7m, approximately £300k better than our revised financial forecast that has been submitted to our regulators. We therefore met the agreed £6.1m shortfall versus plan. We started the period still operating under 'business as usual' conditions, but shifted into a full COVID-19 response mid-month.

The phase 1 COVID-19 response included a contractual arrangement to ensure all providers had sufficient funds available; this is in place until 31 July 2020 with the next steps currently being planned by NHS England & Improvement.

## **Workforce**

There were no events to attend in this month due to COVID; however, we created a new fast-track bank recruitment process to support additional recruitment required resulting in over 500 applications sent out to join the bank.

Following an intense period of managing this process, we arranged 8 additional induction sessions with Education to support the commencement of bank workers to help during the pandemic. We still continue to focus on our hard to recruit resourcing plan which concentrates on Medical and AHP staff. With the medical recruitment mostly complete in Surgery, as reported last month, we are pleased to have made three further Consultant appointments in AMU, Microbiology and Radiology.

In March, the Trust's overall sickness absence rate increased sharply to 5.92%, well above the 3% target, with both long and short term absence increasing. 30% of this total (1.77%) is attributable to COVID. Mandatory training has decreased slightly at 88.8%, although still above the 85% target, and non-medical appraisals have taken a slight dip this month to 83.2%, whilst remaining below target of 85%.

Medical appraisals have been suspended by national agreement for the time being until such time as we are beyond the pandemic.

## **COVID-19 Response and next phase**

I would like to thank every member of staff here at Salisbury Hospital for the extraordinary effort being put into managing the coronavirus crisis. I have seen incredible team work and a willingness to adapt and accept new responsibilities.

From those directly treating patients, to the ward clerks and HR specialists, the estates team, IT staff, microbiology, procurement, finance, housekeeping, catering, educators and trainers, leisure centre staff, scientists, telephonists, security guards and all the managerial teams. The willingness to work in new and different ways has been outstanding. And thank you to our volunteers, many of whom are continuing to support our staff through this crisis and many others that are only now joining us here at the hospital.

We have now moved into phase 2 of our response to COVID-19 and are planning to step up non-COVID-19 urgent services over the next six weeks. The Trust has been working hard, with partners, to make this happen as soon as possible.

## **Reassuring our patients**

Throughout our response to coronavirus the hospital has continued to provide care for patients who need it and we have been working hard to encourage patients to still attend if they are unwell. We launched a joint social media campaign 'We're Here to Help You' with GPs to urge people to contact their GPs if unwell.

## **Compassionate Care**

Our staff have continued to provide compassionate care for our patients despite the incredible challenges we face.

A new messaging service has been introduced by Artcare and PALs to ensure that loved ones still have a way of communicating with each other and can keep connected while visitor restrictions are in place. Messages from relatives can be emailed in and these are then printed and hand delivered to the wards.

'Virtual Visiting' is also being rolled out across the Hospital to give people another way of keeping in touch with friends and relatives while they're having treatment. The idea, which started in our COVID wards, is now being rolled out across the hospital.

The dedication, professionalism and compassion of our staff shone through in the recent BBC 2 Newsnight Programme, who positively featured the hospital twice.

### **Community Support**

We are only able to do our job of providing critical care for our patients thanks to the fantastic support of all key workers and our local community. We were proud to support a joint, 'We're All In It Together' campaign with Wiltshire Council where we thanked the staff at Wiltshire Council for looking after our elderly and vulnerable in the community and encouraged the public to show the same level of respect for essential council staff as they do for the NHS.

### **Staff Wellbeing**

The health and wellbeing of our staff continues to be a top priority. There is a dedicated wellbeing section on our Staff Covid Site and a daily wellbeing stand has been established in the Springs Restaurant. The Stars Appeal donation hub manages the safe receipt and fair distribution of gifts and donations from the public to staff across the hospital.

We have also recently launched rainbow letters for staff with children. Children will receive a personalised letter from the Trust to let them know how much the outstanding work their parent or guardian is doing at this unprecedented time is appreciated.

**Cara Charles-Barks  
Chief Executive**

**CLASSIFICATION: UNRESTRICTED**

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.1
<b>Date of Meeting:</b>	21 May 2020		

<b>Report from: (Committee Name)</b>	<b>Trust Management Committee (TMC)</b>		<b>Committee Meeting Date:</b>	15 April 2020
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	X		X	
<b>Prepared by:</b>	Gavin Thomas, Executive Services Manager			
<b>Board Sponsor (presenting):</b>	Cara Charles-Barks, Chief Executive			

**Recommendation**

The Board is asked to note the report outlining items raised at the Trust Management Committee meeting held on 15 April 2020

**Key Items for Escalation**

The Trust Management considered the following business cases:

- Fertility Obs & Gynae Consultant Post- This business case was approved following detailed discussion with an understanding that the business case would come back to the committee in 12 months' time for a benefits analysis review.
- Pharmacy Outpatients Business Case - The committee approved this business case to award Lloyds Pharmacy our outpatient's prescribing contract following detailed discussions. An agreement has been reached with NHS England to secure a payment of £95 per item.
- Electronic Prescribing Business Case – The committee approved the business case on the on the understanding that there would be continued oversight by the Trust Investment Group.

**Other items for Escalation:**

The committee noted the COVID-19 update and the initiation of 3 oversight groups to monitor our response. These would be Clinical cell, Led by Director of Nursing, Workforce cell, led by Director of OD& People and Recovery led by Director of Finance. The committee further noted that these would be weekly meetings with non-essential meetings beginning to recommence from May.

End of report

**CLASSIFICATION:**

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.2
<b>Date of Meeting:</b>	21 May 2020		

<b>Committee Name:</b>	Finance and Performance		<b>Committee Meeting Date:</b>	28 <sup>th</sup> April 2020
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			X	
<b>Prepared by:</b>	Paul Miller, Non Executive Director			
<b>Board Sponsor (presenting):</b>	Paul Miller, Non Executive Director			

<b>Recommendation</b>
To note key aspects of the Finance and Performance Committee meeting of the 28 <sup>th</sup> April 2020

<b>Items for Escalation to Board</b>
<b>Covid-19 from an operational performance and financial perspective</b> – There was an update on both the current operational and financial position with the Trust and the Committees reflection, based on the current demands, is that the hospital is in a good place to effectively manage the covid-19 incident. This is due to both the establishment and maintenance of effective incident management systems and processes, to ensure timely decisions are made and the fantastic efforts of all staff. As at the time of the F&P meeting the key operational concern appeared not to be beds, staff, PPE or testing, but the availability of space within the hospital to support the next stage of “recovery” thereby allowing the reinstatement of non-covid-19 services, which will require social distancing and very high levels of infection control within the hospital
<b>Covid-19 Recovery</b> – As referred to above the Trust is commencing to plan the detail of what an incident recovery would look like. This stage has four work streams (clinical cell, information group, recovery cell and delivery group) which all report up to gold command. Key to an effective recovery will be the planning and management of a number of constraints;
Patient testing & staff testing PPE Diagnostics

Intensive care/ location of hot & cold services/social distancing

Workforce

Sterile Services Limited (SSL) capacity

Drugs

Discharge/community capacity

This will be a complex and long-term project and perhaps the key financial and performance point to recognise is until a vaccine is developed, the impact of social distancing and infection control requirements within the hospital will fundamentally change the previous assumptions of what clinical productivity is possible. This will have significant implications for future service planning both within the Trust and the wider Sustainability and Transformation Partnership (STP).

**Operational Performance 2019/20** – Despite the covid-19 incident the Trust had a reasonably positive year end; the March 2020 Emergency Access 4 hour performance was 89.8% against target of 95%, bed occupancy fell from over 95% in February to under 80% in March, elective cancellations in March resulted in the Referral to Treatment (RTT) performance falling to 89.1% against the 92% target, however due to a concerted validation effort the year-end total waiting list as at 31<sup>st</sup> March 2020 (16,924) was 25 below the start of the year target, diagnostic performance in March 2020 was 97.3% against a target of 99% and the Trust met both the 2 week (93%) and 62 day cancer (85%) targets with performance of 93.64% and 87.63% respectively.

**Financial Performance 2019/20** – In simple terms the Trust successfully achieved its January 2020 reforecast position with an overspend of £14.7m. This was £300k better than re-forecast, but £5.9m worse than the original plan for the year. Going forward into 2020/21, because of covid-19 financial measures relating to the first four months of 2020/21, the Trust should not require any cash borrowing at this time, though this will be reviewed as the incident progresses.

**Digital update** – The Committee received a detailed report on the additional digital work required within the Trust to respond to the covid-19 incident, as well as the work-plan re-prioritisation required to allow this. The Committee gained assurance that the digital response had positively supported staff in responding to the incident and congratulated the digital team in their effective and flexible response.

**NHSI Self-Certifications (FT4, G6 and CoS7)** – the Committee reviewed this self-certification and will recommend its approval to the Trust Board at the meeting on the 21<sup>st</sup> May 2020

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.3
<b>Date of Meeting:</b>	21 May 2020		

<b>Report Title:</b>	Integrated Performance Report			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓		✓	
<b>Prepared by:</b>	Felicity Anscombe, Information Services Manager Louise Drayton, Performance and Capacity Manager			
<b>Executive Sponsor (presenting):</b>	Lorna Wilkinson, Director of Nursing			
<b>Appendices (list if applicable):</b>				

<b>Recommendation:</b>
The Board is requested to note the report and highlight any areas of performance where further information or assurance is required.

<b>Executive Summary:</b>
Delivery of performance measures in March became dominated by a whole organisation focus on Covid-19 from the middle of the month. Almost all elective activity has been put on hold, with theatre and recovery areas being repurposed as critical care areas to cope with the surge in ICU demand. Revised national reporting guidance was produced which details the pausing of most national performance monitoring and reporting other than ED, Cancer and RTT. Internally the reporting of all performance measures will continue and this will form an integral part of how the Trust manages the recovery phase post the pandemic. The Trust will work towards specific reporting to reflect this situation when a full month of data is available for April's report.
Whilst the pandemic poses significant challenge to the organisation there has been some related improvements in performance. Multi organisational working to remove discharges barriers has seen a rapid decrease in the number of DToC patients (12 on 26 March from 37 on 27 February). It is expected that the number of bed days lost to MFFD patients will be significantly lower in April.
The Trust has seen a reduction in ED attendances (4280 compared to 5514 in February), bed occupancy and subsequently escalation bed days. Performance against the Emergency Access (4 hour) standard continued to improve (89.8%) with the reduction of winter pressures and ahead of the England average of 84.2%. Whilst this has relieved some pressure on the wards there is concern that some patients may not

be attending the hospital with genuine non-Covid-19 health concerns.

Cancer 2ww performance was achieved in March (94.5%) and finished Q4 at 93.64%. Although there was improvement of the 62 Day standard in March (87.8%) the Q4 target was not reached with a validated position of 80.87%. Cancer services are continuing in many tumour sites, but the ceasing of all non-emergency Endoscopy procedures due to Covid-19 will mean that patients requiring Endoscopic diagnostics will be delayed in their pathways and this will impact upon future performance. As a result diagnostic performance has fallen below the standard (97.3%) and is expected to fall further until restrictions are lessened.

Encouragingly despite concerns that Stroke performance would be negatively affected by the ward move, it has actually improved – although this is partly due to a fall in the number of patients presenting with Stroke-related conditions.

As expected the Trust finished the year ahead of trajectories (exceeding the target number of cases) for Infection Control. However the Trust continues to perform significantly better than the South West region and England rates for C.Difficile, E.Coli and MRSA.

The final financial position (against the NHSI Control total) for March was a year to date deficit of £14,723k, in line with that forecast in January 2020. As a result the Trust has not been able to recognise the remaining £4,228k financial component of PSF and FRF. The Trust has incurred additional pay expenditure of £712k in relation to the Covid-19 response.

Board Assurance Framework – Strategic Priorities	Select as applicable
<b>Local Services</b> - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
<b>Specialist Services</b> - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
<b>Innovation</b> - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
<b>Care</b> - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
<b>People</b> - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
<b>Resources</b> - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

# Integrated Performance Report

**May 2020**  
(data for March 2020)

An outstanding experience for every patient

# Summary

Delivery of performance measures in March became dominated by a whole organisation focus on Covid-19 from the middle of the month. Almost all elective activity has been put on hold, with theatre and recovery areas being repurposed as critical care areas to cope with the surge in ICU demand. Revised national reporting guidance was produced which details the pausing of most national performance monitoring and reporting other than ED, Cancer and RTT. Internally the reporting of all performance measures will continue and this will form an integral part of how the Trust manages the recovery phase post the pandemic. The Trust will work towards specific reporting to reflect this situation when a full month of data is available for April's report.

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# Structure of Report

Performance against our Strategic and Enabling Objectives



**Our Priorities**

**Local Services**

**Specialist Services**

**Innovation**

**Care**

**People**

**Resources**

**How We Measure**

**Are We Effective?**

**Are We Responsive?**

**Are We Safe?**

**Are We Caring?**

**Are We Well Led?**

**Use of Resources**

# Summary Performance

## March 2020

There were **2,430** Non-Elective Admissions to the Trust



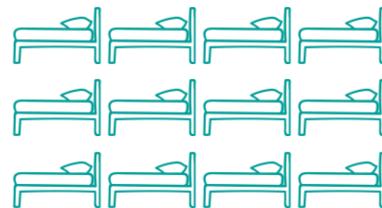
We delivered **16,932** outpatient attendances cases (-7,676 vs plan)



We met **6 out of 7** Cancer treatment standards



We carried out **298** elective procedures & **1,739** day cases



We provided care for a population of approximately **270,000**



RTT 18 Week Performance:  
**89.1% ↓**

Total Waiting List: **16,924 ↓**



**97.3% ↓** of patients received a diagnostic test within **6 weeks**



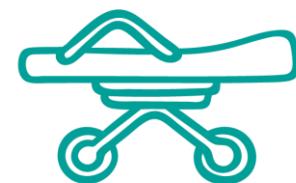
Our income was **£28,772k** (£7,265k over plan)



**18.7% ↓** of discharges were completed before 12:00



Emergency (4hr) Performance  
**89.9% ↑**  
(Target trajectory: 96.6%)



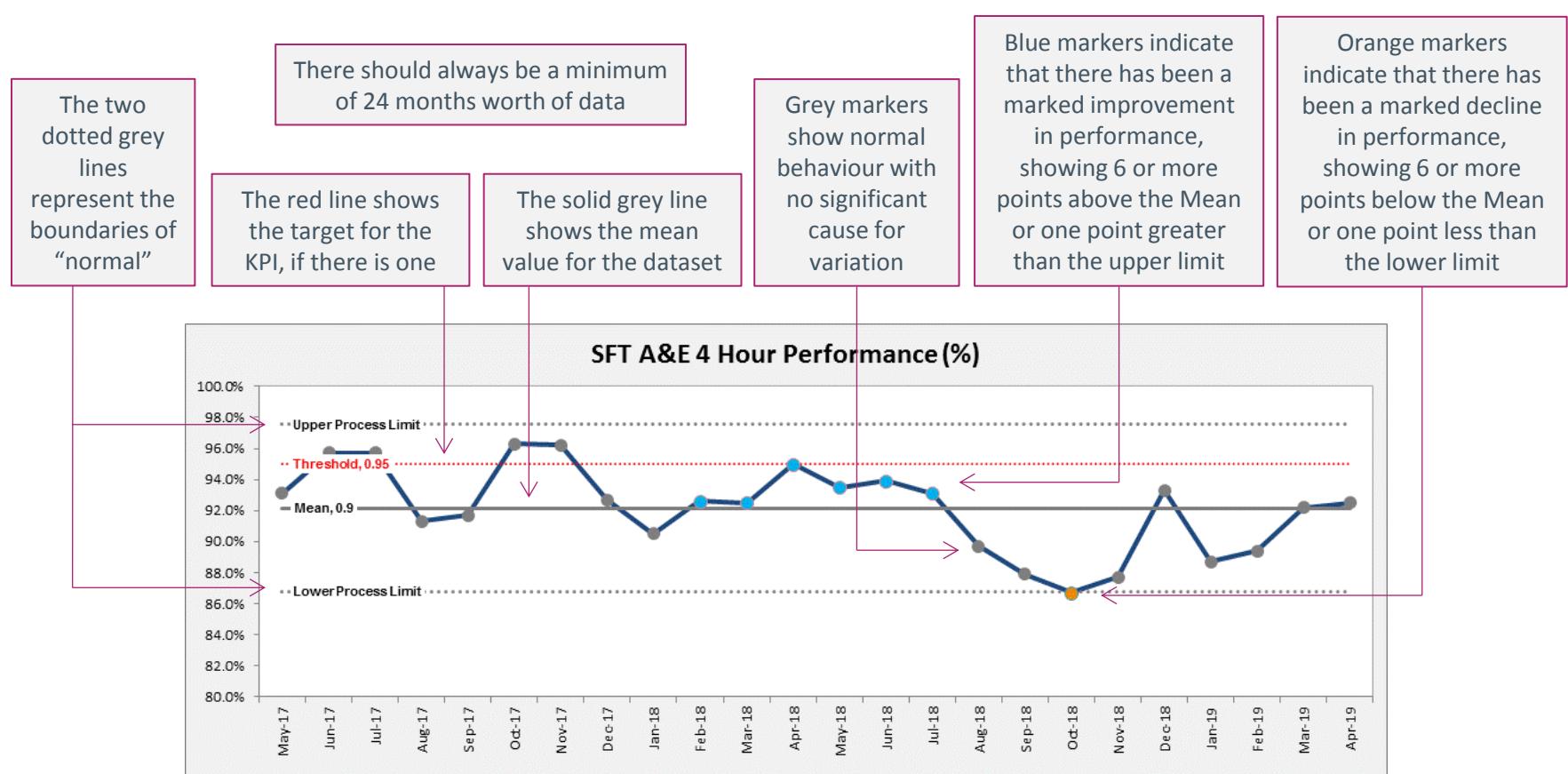
**1,142** patients arrived by Ambulance



Our overall vacancy rate was **1.21% ↓**



# Reading a Statistical Process Control (SPC) Chart



Statistical Process Control Chart Key:	<ul style="list-style-type: none"> <li>— Target</li> <li>— Mean</li> <li>····· Upper / Lower Process Control Limits (UPL/LPL)</li> </ul>	<ul style="list-style-type: none"> <li>● Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)</li> <li>● Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)</li> <li>● Common Cause Variation</li> </ul>
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# Part 1: Operational Performance



**Our Priorities**

**Local Services**

**Specialist Services**

**Innovation**

**Care**

**People**

**Resources**

**How We Measure**

**Are We Effective?**

**Are We Responsive?**

**Are We Safe?**

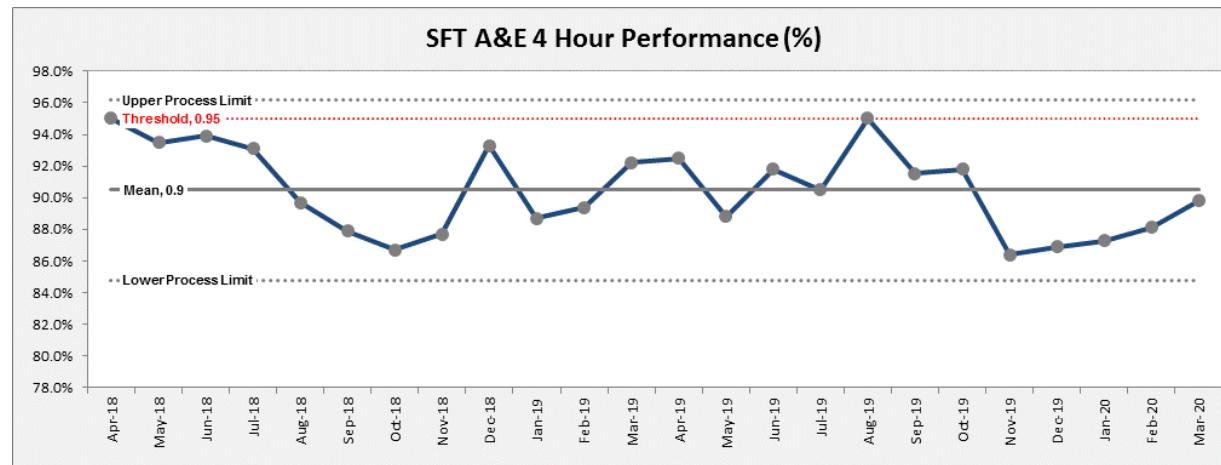
**Are We Caring?**

**Are We Well Led?**

**Use of Resources**

# Emergency Access (4hr) Standard Target 95% / Trajectory 96.6%

## National Key Performance Indicators



Data Quality Rating:



Performance Latest Month:

89.8%

Attendances:

4280

12 Hour Breaches:

0

ED Conversion Rate:

31.3%

### Background, what the data is telling us, and underlying issues

M12 was a month of 2 halves with just over half of the month on a trajectory of 84% for Type 1 performance. The second half of the month was impacted hugely by Covid-19 changes in process and a drop in attendances to ED. Over 1000 fewer type 1 attendances compared to M12 in 2019.

Despite reductions in attendance in the latter half of M12, performance continued to be affected by regular changes to processes and pathways.

Staffing levels also fluctuated with both medical and nursing staff self isolating.

### Improvement actions planned, timescales, and when improvements will be seen

Staffing – Junior Doctor rotation halted for Month 1 and additional junior doctor resource provided for Covid-19 crisis. Increase in nursing staffing over night to cover both Respiratory Assessment Zone (RAZ) and majors split.

1.8wte consultant post out to advert – no applicants. Advert to be relaunched in M1.

Operational – Minors moved to fracture clinic and supported by specialty teams. Direct access pathways to paediatrics and some specialty teams. Improved pathways for Covid-19 patients to Respiratory Care Unit (RCU) and ICU.

### Risks to delivery and mitigations

Potential for surge of patients attending with Covid-19 or using up hospital capacity whereby reducing flow through ED – Surge plan written and with DMT for ratification.

Staffing gaps possible in all tiers relating to Covid-19 – cross cover rotas in place in the trust in medicine for admin and nursing.

Changes to clinical pathways in the wider region due to Covid-19 may create risk for certain conditions such as AAA/PCI/trauma patients – engagement with specialist teams, local education of changes to plans and regular communication to teams.

Statistical Process Control Chart Key:

— Target

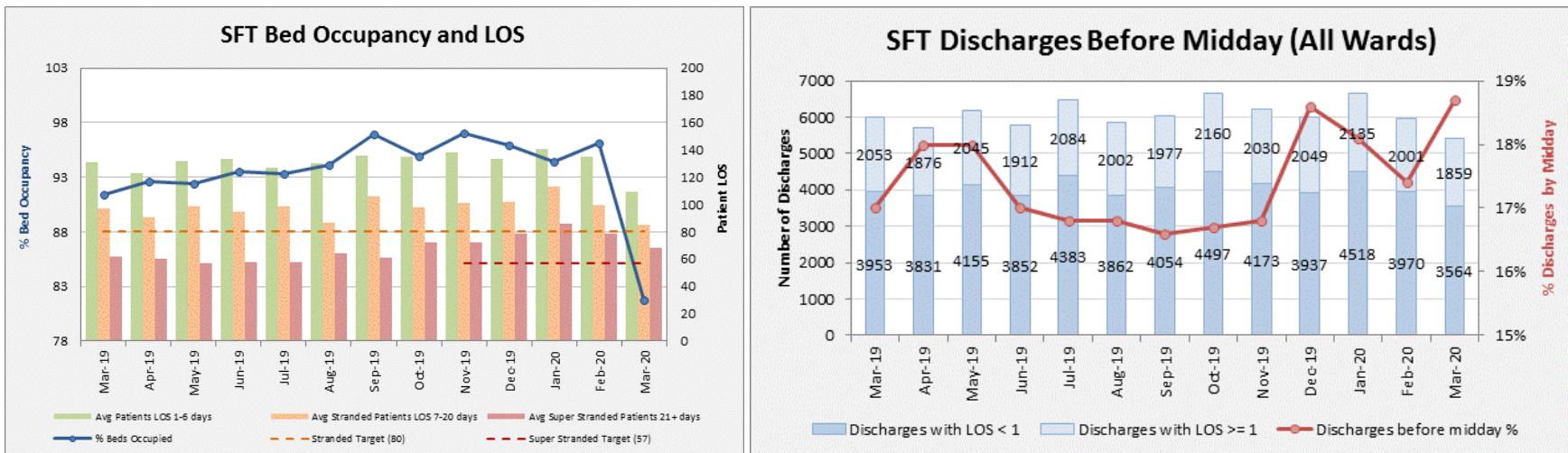
— Mean

..... Upper / Lower Process Control Limits (UPL/LPL)

- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)
- Common Cause Variation

# Patient Flow and Discharge

## Are We Effective?



### Background, what the data is telling us, and underlying issues

M12 shows a marked decrease in all categories against a backdrop of Covid-19 starting to take effect. There has been a consistent drop in the number of General Medical patients coming in to the hospital due to a combination of lack of primary care access and public concern.

Once the RCU was up and running w/c 20<sup>th</sup> March, a new rota was introduced to cover 7 days per week for both the Respiratory Care Unit (RCU) and General Medicine ward cover. This is working well and will be contributing to the downward trend as above.

### Improvement actions planned, timescales, and when improvements will be seen

The Stroke unit was relocated to Laverstock ward on the 11<sup>th</sup> March.

Farley and Spire have become the RCU with 60 beds. Level 2 or 3 escalation only from 26<sup>th</sup> March properly.

Redlynch is a supportive care unit for those with Covid-19 who are for ward-based care only. Gastro moved to Downton/ Britford template on 1<sup>st</sup> April.

Pitton continues as the respiratory ward and ICU step down.

Whiteparish was temporarily closed but reopened for General Medicine and Diabetes on 20<sup>th</sup> April.

### Risks to delivery and mitigations

The unpredictability of Covid-19 poses a risk to the continued downward trend. However, the cohesive team of clinicians are working strongly to maintain the current status.

The increase in General Medicine patients is expected to start as the Covid-19 reaches a plateau and access to primary care becomes more available. Normal levels of non-elective admissions would be challenging for the trust to manage given staff shortages and cohorting requirements for confirmed or suspected Covid-19. Capacity is currently under-utilised and a modest increase in admissions could be accommodated within the existing template.

# Delayed Transfer of Care (DToC) Bed Days

## National Key Performance Indicators

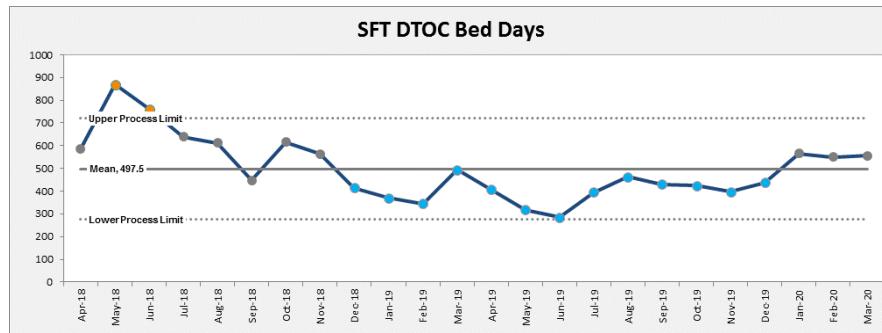
Performance Latest Month:

Days Lost to DToC:

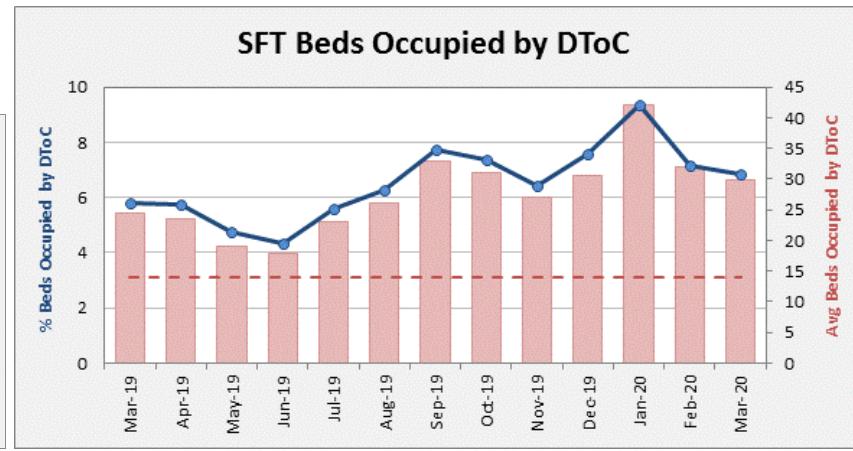
NHS 183 + SS 354

DToC Patients (last Thursday of month snapshot):

12



Data Quality Rating:



NHSE/I issued national guidance for hospital discharge during the Covid-19 pandemic on 19<sup>th</sup> March. This outlined a significant change in the way acute hospitals plan and refer patients for discharge services. A simple process was proposed, partner NHS and Social Care services would support discharge plans from sites outside the hospital and central funding was in place to support a rapid discharge to assess model.

Hospital responsibility was to refer when the patient was medically optimised, and a health and social care hub would triage and provide a discharge service within 3 hours of the referral being made.

The process developed by government for discharge referrals has since sat outside existing Care Act 2014 legislation referring to reimbursement and DToC reporting guidance and so it was expected that by the end of March all delays would be joint Health and Social Care if any continued to arise but numbers were expected to be minimal.

By the end of the month a significant number of discharges had occurred and DToC reporting was suspended nationally. It is expected that this will not resume until July at the earliest.

It is expected that next month will see very much reduced lost bed days to MFFD patients, and significantly reduced numbers of patients in the Trust for 21 days+. These measures amongst others will support the reporting of flow during the Covid-19 pandemic.

# Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

## National Key Performance Indicators

### SFT RTT PTL Volume by CCG:

Total WL	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Dorset CCG (11J)	2,771	2,832	2,845	2,871	2,889	2,882	2,834	2,856	2,825	2,605	2,593	2,448
West Hampshire CCG (11A)	1,638	1,667	1,690	1,743	1,695	1,682	1,655	1,614	1,606	1,544	1,550	1,512
Wiltshire CCG (99N)	10,540	10,478	10,718	10,630	10,809	10,900	11,050	11,130	11,018	10,840	10,577	10,297
Other CCGs	2,083	2,323	2,498	2,732	2,800	2,822	2,729	2,718	2,747	2,643	2,722	2,667
<b>Trust Total</b>	<b>17,032</b>	<b>17,300</b>	<b>17,751</b>	<b>17,976</b>	<b>18,193</b>	<b>18,286</b>	<b>18,268</b>	<b>18,318</b>	<b>18,196</b>	<b>17,632</b>	<b>17,442</b>	<b>16,924</b>

Data Quality Rating:



Performance Latest Month:

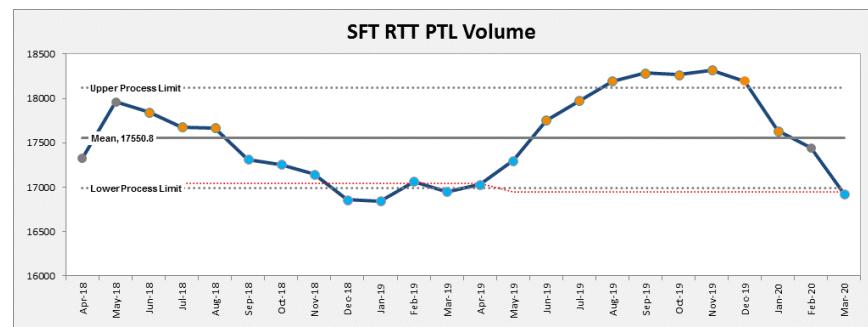
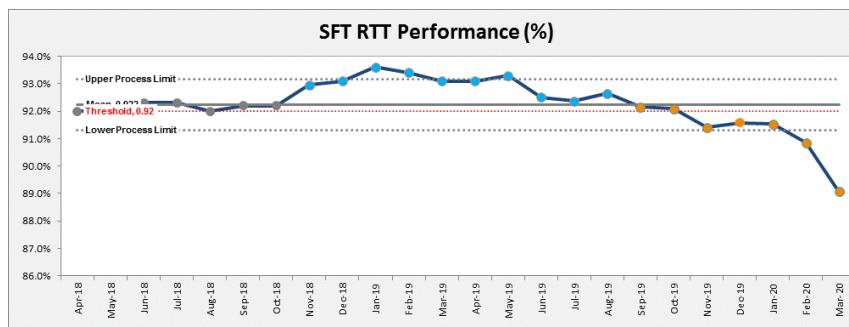
89.1%

PTL Volume:

16,924

52 Week Breaches:

0



### Background, what the data is telling us, and underlying issues

Overall RTT performance fell further this month to 89.1% due to the impact of elective cancellations due to the Covid-19 pandemic.

The focus this month has been on validating the PTL in order to reduce this further in an attempt to reach the target size and this focused work has resulted in the PTL being 25 below the 16,949 target.

### Improvement actions planned, timescales, and when improvements will be seen

The approach remains to continue with as much elective activity as possible, around alternative clinical commitments, using virtual solutions, both video and telephone, and enhanced advice and guidance referral triage and treatment pathways.

Some priority surgical activity continues to be undertaken when clinically appropriate. Some cases are also being transferred to Newhall, if clinically suitable to be undertaken there, and where there is available capacity.

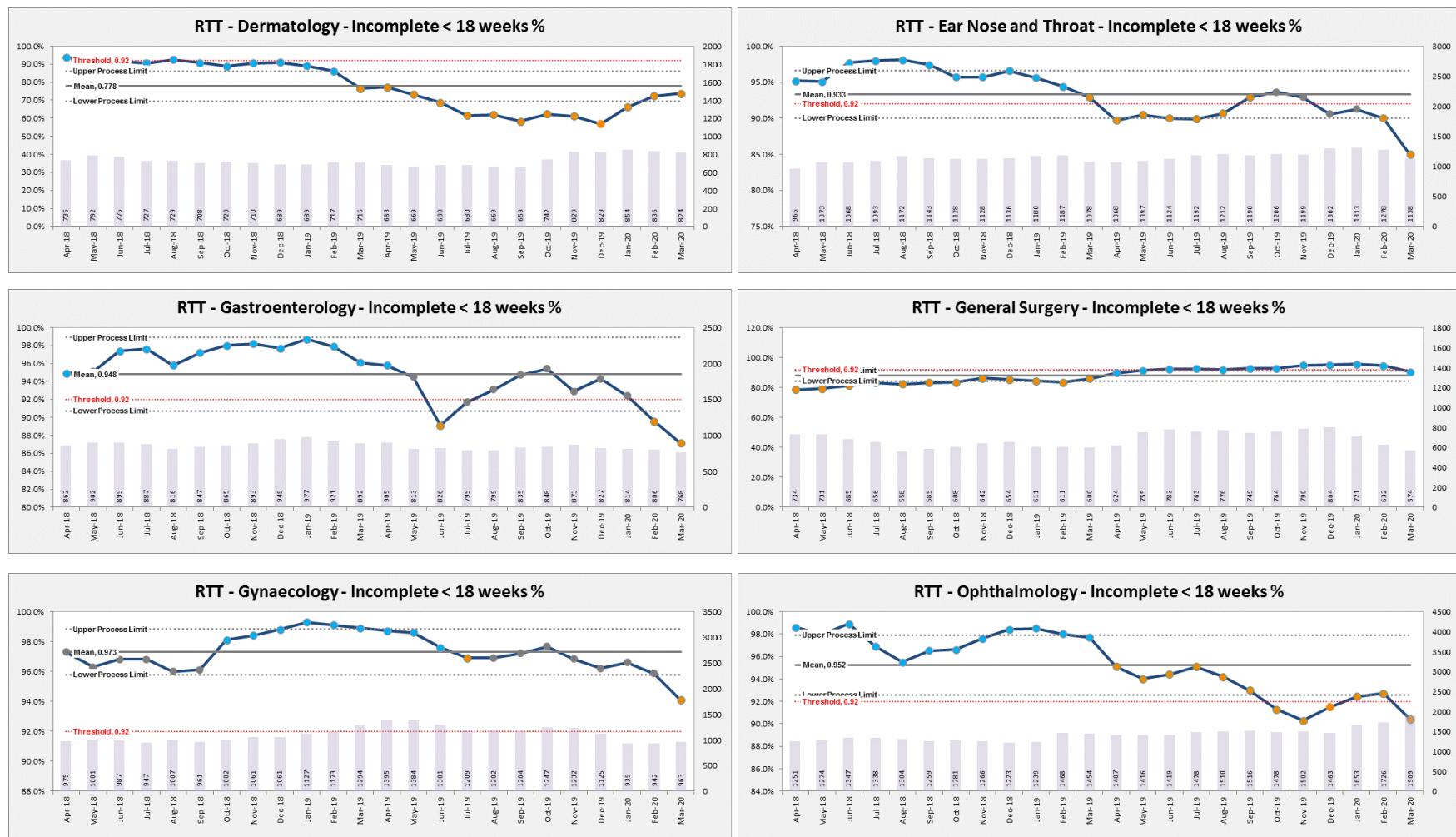
A clinical triage of the full surgery PTL is also currently being undertaken by the clinical teams in order to grade the patients based on the national best practice guidance. This triage will form the basis of the Theatre Recovery Plan to restart further elective activity in the near future.

### Risks to delivery and mitigations

Continued risk of not achieving the performance standard in coming months due to the continued impact of the pandemic which have exacerbated the impact of previous capacity pressures.

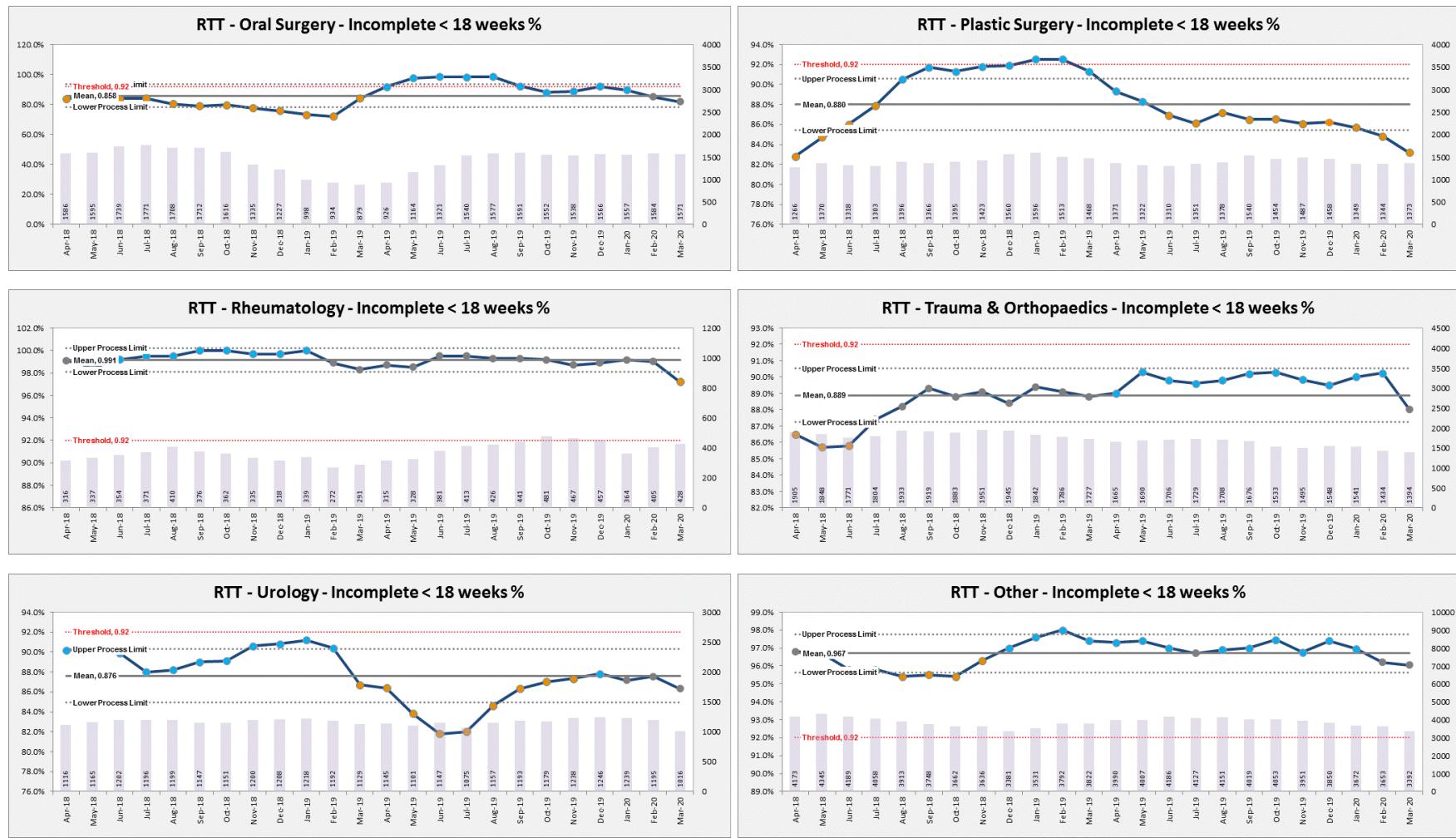
# Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

## National Key Performance Indicators



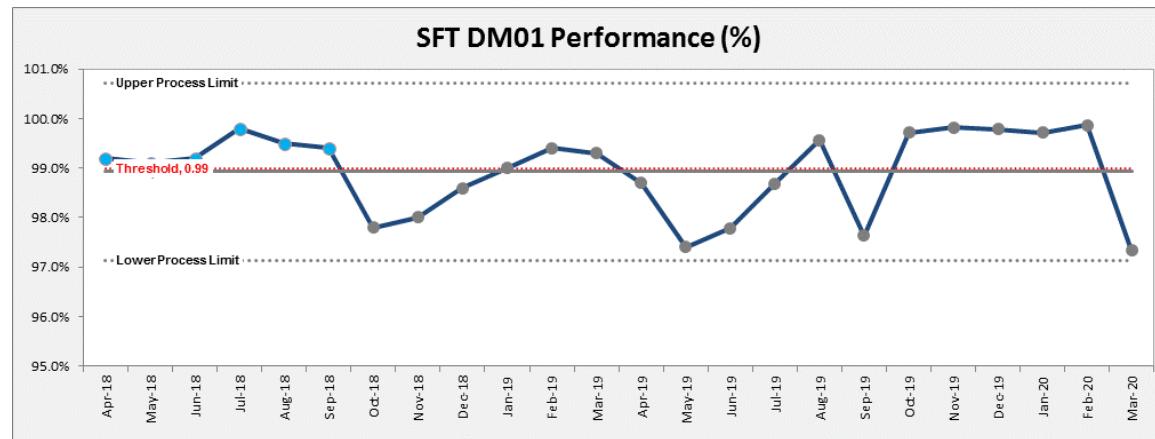
# Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

## National Key Performance Indicators



# Diagnostic Wait Times (DM01) Target 99%

## National Key Performance Indicators



Data Quality Rating:



Performance Latest Month: 97.3%

Waiting List Volume: 3,515

6 Week Breaches: 94

Diagnostics Performed: 5,641

### Background, actions being taken and risks and mitigations

Performance standard in month not achieved, as a direct result of the impact of Covid-19. April projections confirm that the target is not achievable in M1 20/21 owing to limited activity taking place across all specialties and modalities.

#### Endoscopy

29 confirmed in month breaches for M12 – all attributable to Covid-19.

#### Radiology

43 confirmed in month breaches for M12 – all attributable to Covid-19.

#### Radiology Reporting

Go live of the second provider for outsourced reporting remains on hold. IT are in dialogue with the provider to resolve, but timescales for conclusion remain unknown.

#### Audiology

0 in month breaches for M12.

#### Cardiology

8 in month breaches for M12 – 7 of which attributable to Covid-19.

# Cancer 2 Week Wait Performance Target 93%

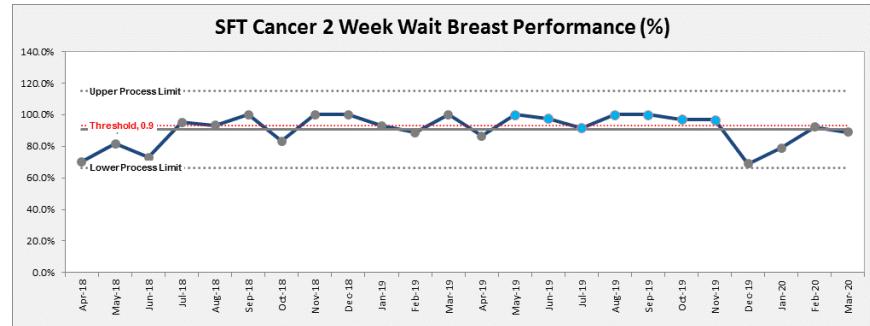
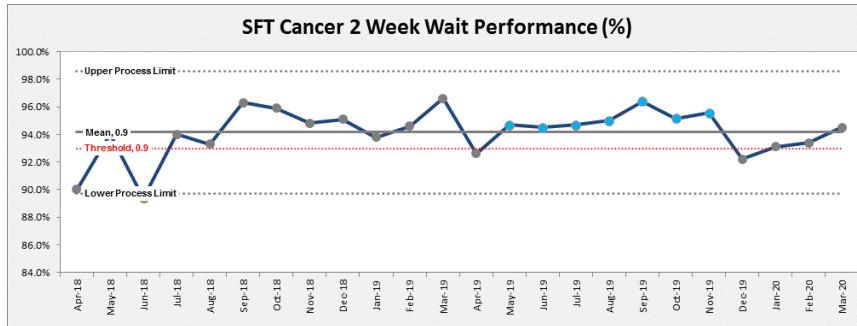
## National Key Performance Indicators

Performance Latest Month:

Two Week Wait Standard: 94.5%

Two Week Wait Breast Standard: 88.9%

Data Quality Rating:



### Background, what the data is telling us, and underlying issues

M12 achieved for 2ww standard; overall Q4 performance of 93.64%. Movement to virtual OPAs where possible as part of Covid-19 planning.

Breast symptomatic performance has continued to be a challenge throughout Q4 due to patient choice and a lack of radiology cover earlier in the year. Total of 3 breaches over M12; two relating to patient choice and the other an admin delay. Denominator remains very low.

### Improvement actions planned, timescales, and when improvements will be seen

PTL format under review; more proactive, clear audit trail and evidence of escalation to be in place from April 2020 to provide more up to date position for weekly Delivery Group.

Weekly cancer ops meetings continue to monitor performance, incoming referrals and identify issues that require resolution.

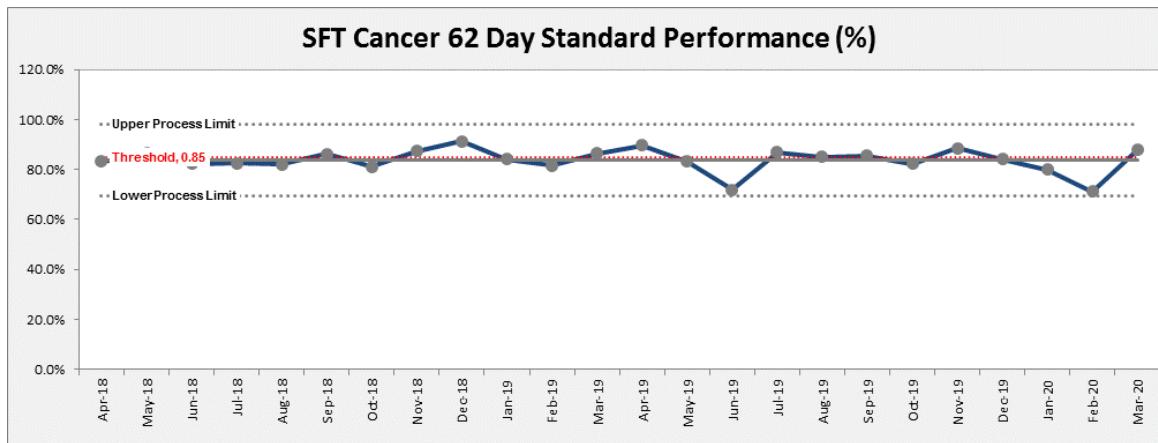
### Risks to delivery and mitigations

Clinic capacity due to ongoing rise in demand outweighing capacity.

National endoscopy guidance issued 24/03, resulting in all non-emergency endoscopy procedures being stopped with immediate effect. As a result of this, a large number of colorectal and Upper GI patients are being 'held' on the PTL awaiting diagnostics. Robust process in place to triage all patients and patient lists available to start prioritisation of cases once service can resume.

# Cancer 62 Day Standards Performance Target 85%

## National Key Performance Indicators



Data Quality Rating:



Performance Latest Month:

62 Day Standard: 87.8%

62 Day Screening: 92.9%

### Risks to delivery and mitigations

M12 validated position of 87.63% , with a total of 12 confirmed breaches. Deterioration in performance over months 10 and 11 due to number of patients treated in month post-Christmas holidays, mainly due to patient choice. Q4 not achieved, with a validated position of 80.87%.

Scrutiny is being given to the PTL by the cancer management team and potential breaches are managed on a case by case basis to prevent them contributing to the position and to ensure patients are treated as quickly as possible for their cancer diagnosis. Format of weekly PTL meetings under review to provide clearer audit trail of actions and escalation; to be in place from April 2020.

Concerns over future performance as a result of Covid-19. National endoscopy guidance issued on 24<sup>th</sup> March, resulting in all non-emergency endoscopy procedures being stopped with immediate effect. As a result of this, a large number of colorectal and Upper GI patients are being 'held' on the PTL awaiting diagnostics. Robust process in place to triage all patients and patient lists available to start prioritisation of cases once service can resume. Due to the lack of diagnostics available in this regard, patient's diagnosis and therefore treatment is likely to be significantly delayed and may affect cancer performance.

Majority of tumour sites are able to continue with business as usual, though there are instances whereby patient's treatment options have changed in light of challenges at tertiary providers as a result of Covid-19.

Statistical Process Control Chart Key:

— Target

— Mean

..... Upper / Lower Process Control Limits (UPL/LPL)

● Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)

● Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)

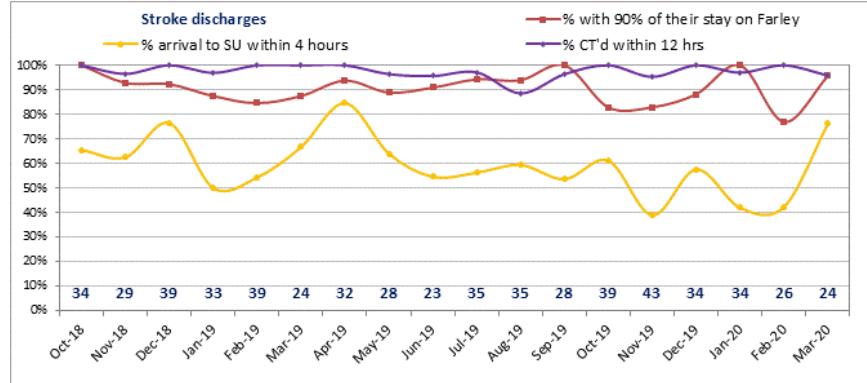
● Common Cause Variation

# Stroke & TIA Pathways

## Are We Effective?

SFT SSNAP Case Ascertainment Audit Score:

Year	Q1	Q2	Q3	Q4
2018-19	B	C	B	B
2019-20	B	B	B	



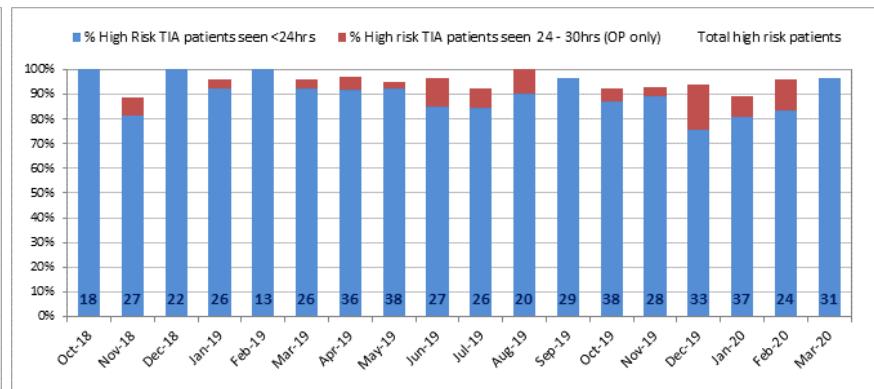
Data Quality Rating:



% Arrival on SU <4 hours: 76.2%

% CT'd < 12 hours: 95.8%

% High Risk TIA Seen < 24 hours: 96.8%



Background, what the data is telling us, and underlying Issue

The stroke unit was relocated to Laverstock ward on 12 March as part of the contingency plans for Covid-19. It was anticipated this would have an adverse impact on the unit's performance but this has not proved to be the case in March. In fact, performance improved.

The number of patients reaching the stroke unit within 4 hours improved. Those not admitted within 4 hours were due to admission to AMU (2), waiting for a doctor (1), waiting for a bed (1) and a patient in ED for just under 4 hours (1). 95.7% of patients spent 90% of their time on the stroke unit. One patient was admitted directly to AMU and one patient was moved off the stroke unit due to bed pressures. 95.8% of patients received a CT within 12 hours. One patient was critically unwell and transferred directly to ICU.

Q3 SSNAP audit score was B helped by the increase in the number of SALT therapists. Q4 SSNAP score is expected in June.

Improvement actions planned, timescales, and when improvements will be seen

The stroke team expect to achieve a consistent A SSNAP score from Q4 onwards but this is in doubt due to the ward move (reduction in therapy space).

In respect of the Covid-19 emergency, the stroke and TIA emergency stroke services are still in place with cross-cover arrangements regionally for TIA clinics 7/7 and thrombolysis 24/7. The service is following the NHSE Covid-19 response stroke specialty guidance.

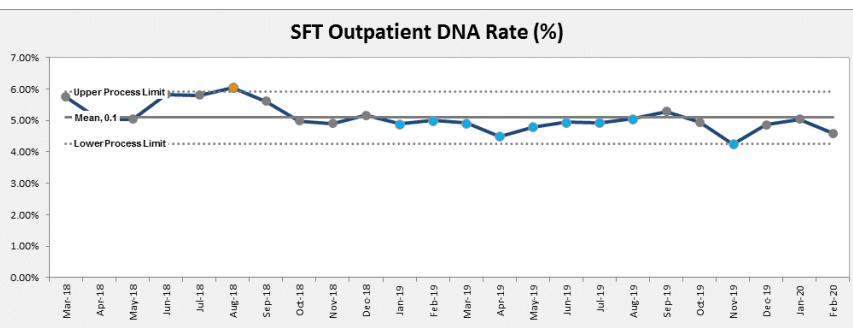
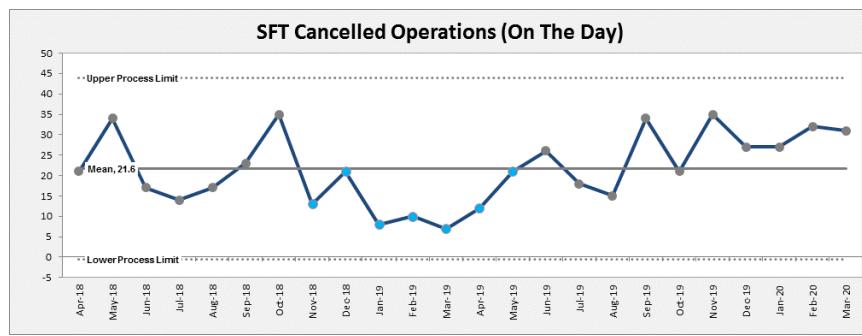
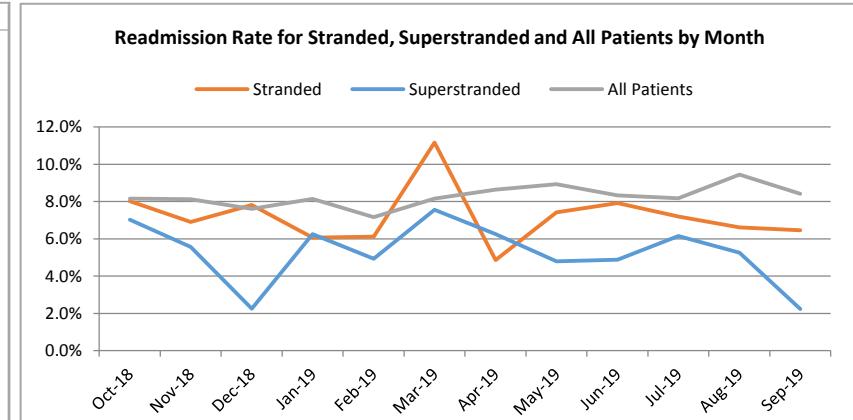
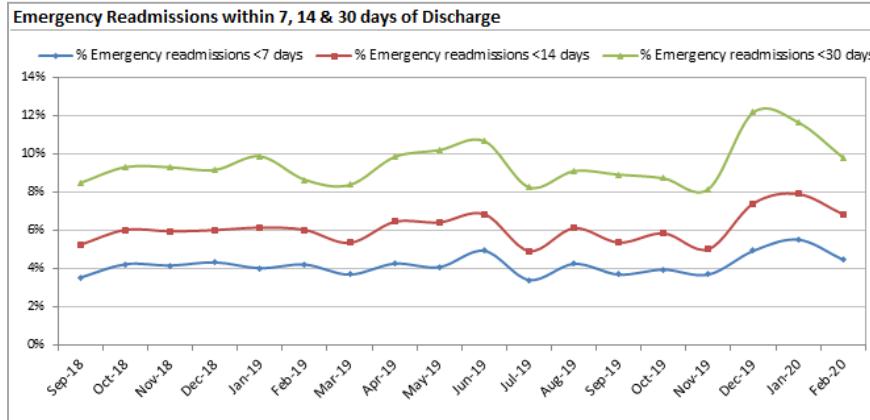
The therapy response is for rapid assessment for patients who can be discharged early and the formation of an outreach team is being planned to support this by providing therapy in the community. This is to replace the ESD stroke team which has been disbanded as part of the Covid-19 response.

Risks to delivery and mitigations

Nationally, there is a concern that admissions for stroke and TIA have reduced, possibly because people are frightened to attend hospital or think that emergency provision is not in place. On Saturday 11 April national news covered the emergency response extensively encouraging people who need emergency care to access it in the usual way.

# Other Measures

Are We Effective?



# Part 2: Our Care



**Our Priorities**

Local Services

Specialist Services

Innovation

Care

People

Resources

**How We Measure**

Are We Effective?

Are We Responsive?

Are We Safe?

Are We Caring?

Are We Well Led?

Use of Resources

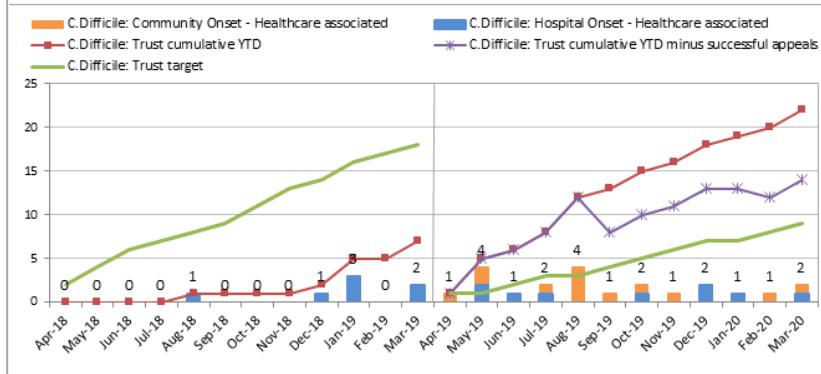
# Infection Control

Data Quality Rating:



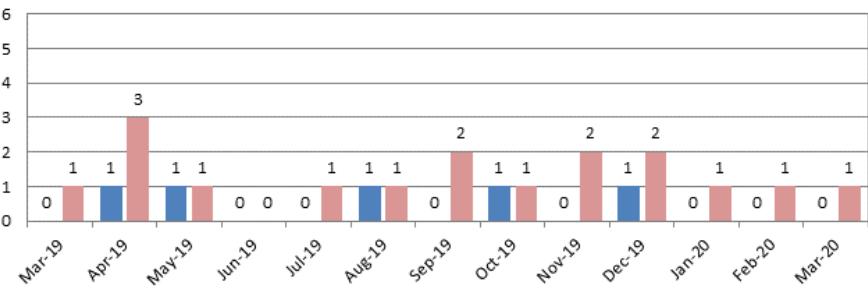
Clostridium Difficile	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	MRSA	2018-19	2019-20
CasesAppealed	0	0	0	7	0	0	0	1	0	0	Trust Apportioned	3	0
Successful Appeals	0	0	0	5	0	0	0	1	2	0			

## Clostridium Difficile: Healthcare Associated Cases



## E Coli and MSSA

MSSA Trust Apportioned E Coil Trust Apportioned



## Are We Safe?

### Summary and Action

C.Difficile cases significantly exceeded the upper limit of 9 cases with 1 hospital onset health care associated case of a patient with a history of diarrhoea in the community was asymptomatic for 3 days following admission in March. There was 1 community onset healthcare associated case of a patient in a community hospital recently discharged from SFT. Both cases are currently under investigation.

In 19/20, 9 of the 22 cases were hospital onset with the remaining 13 cases classed as community onset healthcare associated which means they developed it within 30 days following discharge from hospital. In 19/20, 8 cases were successfully appealed for no lapses in care. NHSI, CCGs and the CQC are regularly briefed on this issue with no further action currently. PHE data shows the Trust rate of C.Difficile hospital onset cases was 5.8 per 100,000 OBDs in 19/20 compared to a rate of 13.42 in the South West and 15.42 in England.

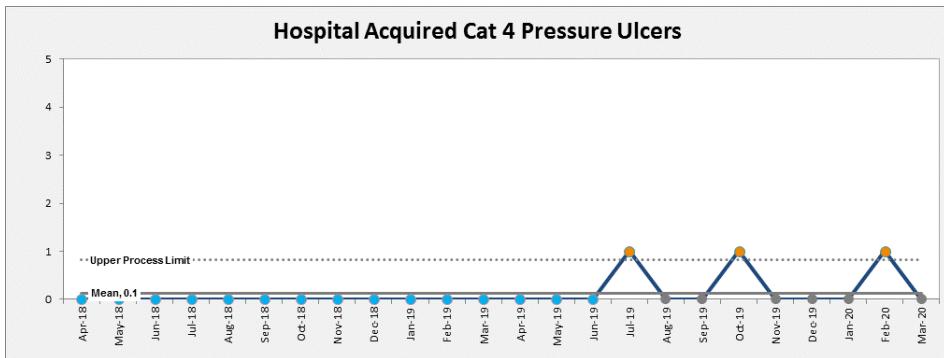
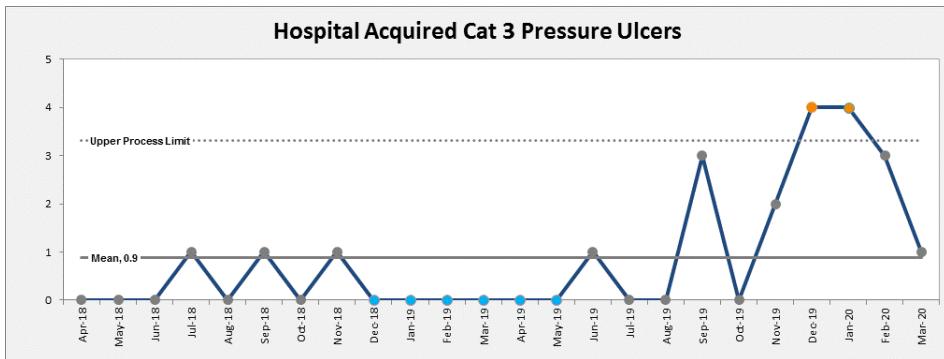
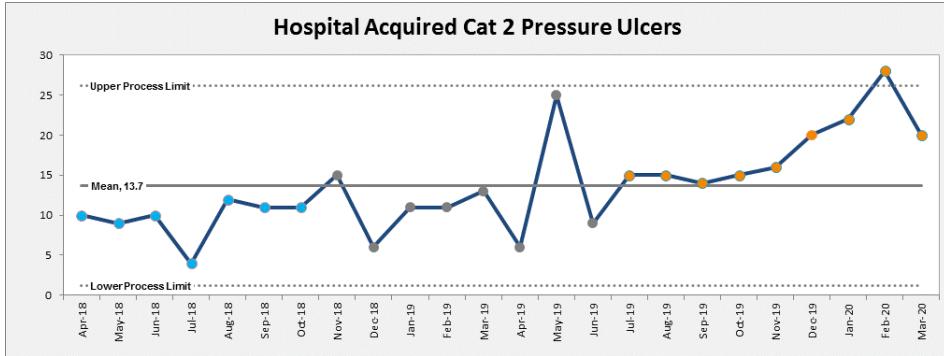
One Trust apportioned E Coli bacteraemia - a patient with an E Coli UTI and signs of sepsis, in addition to being Covid-19 positive from which the patient succumbed.

PHE data shows the Trust rate of MRSA blood stream infections was zero per 100,000 OBDs in 19/20 compared to a rate of 0.64 in the South West and 0.76 in England. PHE data also shows the Trust rate of E.coli blood stream infections was 10.32 per 100,000 OBDs compared to a rate of 21.6 in the South West and a rate of 22.5 in England.

In respect of the Covid-19 pandemic, the Trust continues to deal effectively with suspected and actual cases. Daily meetings are taking place to ensure national guidance is implemented. A Covid-19 clinical reference group was set up in April to consider risks associated with service changes and mitigation.

# Pressure Ulcers

Are We Safe?



Data Quality Rating:



Per 1000 Bed Days	2018-19 Q4	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4
Pressure Ulcers	0.88	1.05	1.10	1.22	1.74

## Summary and Action

The increase in category 2 and 3 pressure ulcers this year is clear to see within the SPC charts. In 19/20, the total number of category 3 pressure ulcers is 18 and category 4 pressure ulcers is 3. Of the 18 category 3 pressure ulcers, 5 had no lapses in care.

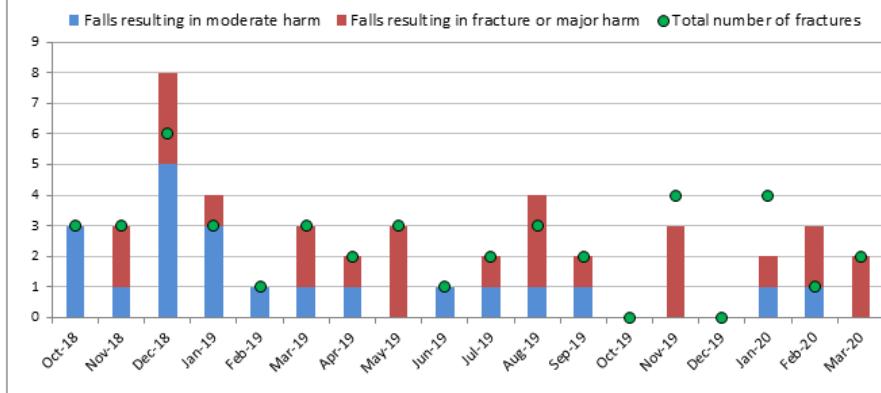
A pressure ulcer cluster review of Trust apportioned category 3 and 4 pressure ulcers was completed and circulated to the Clinical Risk Group and Nursing, Midwifery and AHP Forum in March. A Trust wide improvement plan is in place and will be overseen by the Nursing, Midwifery and AHP Forum. A presentation to Clinical Commissioning Group Quality leads was due to take place in April 20 but was cancelled due to Covid-19. Instead the CCG will receive the cluster review and improvement plan report.

It is too early to conclude any impact of the improvement plan thus far.

# Patient Falls

Are We Safe?

## Patient Falls in Hospital



Data Quality Rating:



Per 1000 Bed Days	2018-19 Q4	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4
Patient Falls	0.20	0.16	0.20	0.07	0.17

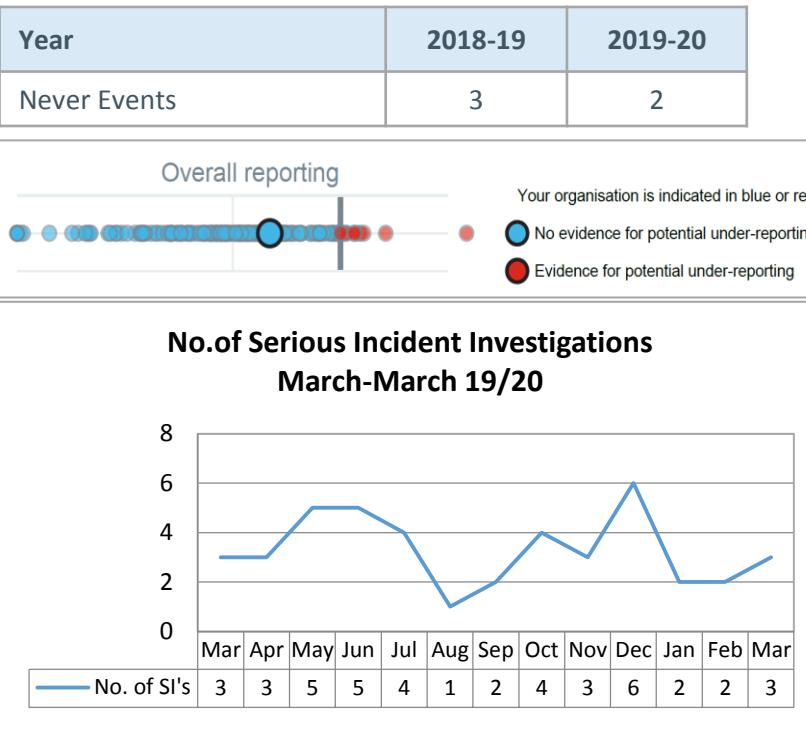
## Summary and Action

In March, 2 falls reporting resulting in major harm (1 fall happened in February) – both fractured hips requiring surgical treatment. One is subject to a serious incident inquiry. The other is not subject to a serious incident inquiry as the SWARM showed no lapses in care and no new learning.

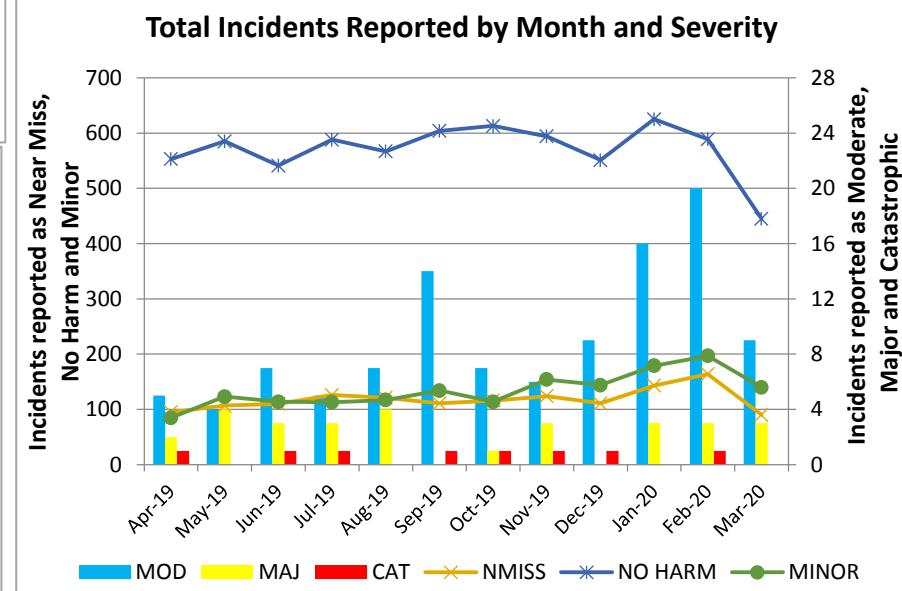
This year, there has been a reduction in high harm falls from 36 in 18/19 to 24 in 19/20.

# Incidents

## Are We Safe?



Information from NRLS benchmarks SFT in regard to reporting of incidents and reflects a positive reporting culture.



## Summary and Action

There were 3 new commissioned serious incidents inquiries in March. A missed spinal fracture diagnosis (incident in February) and two patient falls resulting in major and catastrophic harm (one incident in February).

Work continues on the cluster review and aggregation of the key contributory factors for the reported pressure ulcers. The report and overarching action plan was circulated at the Clinical Risk Group in March.

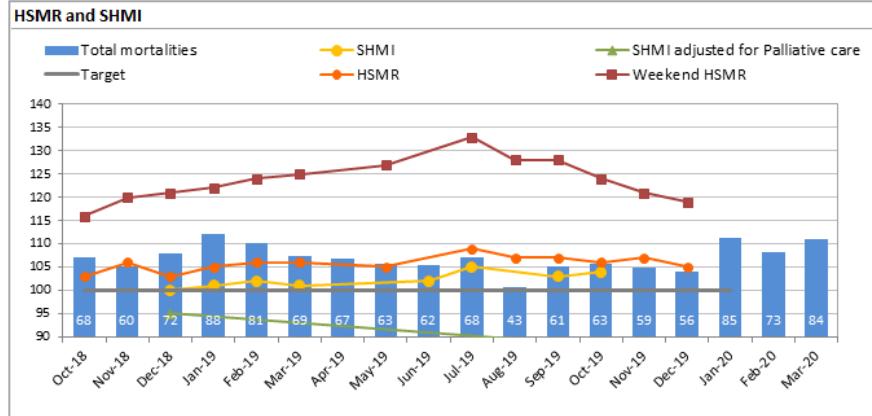
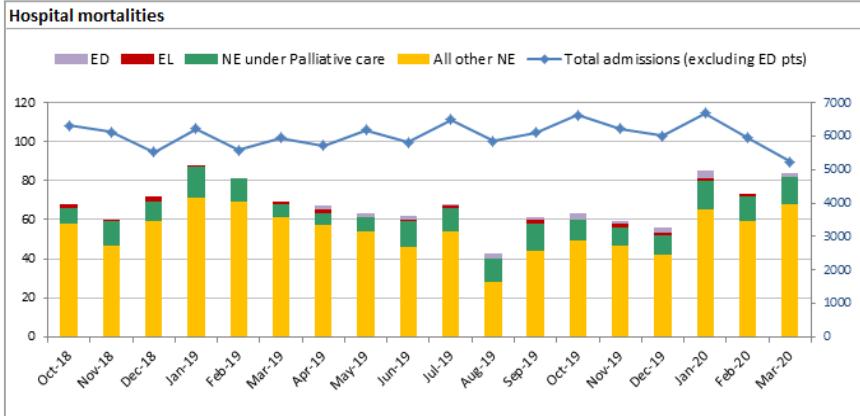
The maternity serious incidents from 2019 are now coming to conclusion and an overarching safety improvement plan has been completed and implementation work is underway. This includes 3 key areas of focus – CTG interpretation, culture, and improving antenatal pathways. The plan and presentation were presented to Clinical Governance Committee in March.

The Cancer Risk Summit will be going ahead on 29 April but as a smaller virtual risk summit via Skype. The agenda will be reduced to focus on the work of each of the Task and Finish groups (MDT, outcome forms and appointments, and managing investigations) in order to understand progress and challenges. A full risk summit will be rescheduled for September when the Covid-19 pandemic is reduced.

# Mortality Indicators

Are We Safe?

Data Quality Rating:



## Summary and Action

HSMR overall shows a downward trend and is as expected. It is anticipated HSMR may start to rise again with an increase in the crude mortality rate in Q4 19/20. The weekend HSMR trend has decreased again.

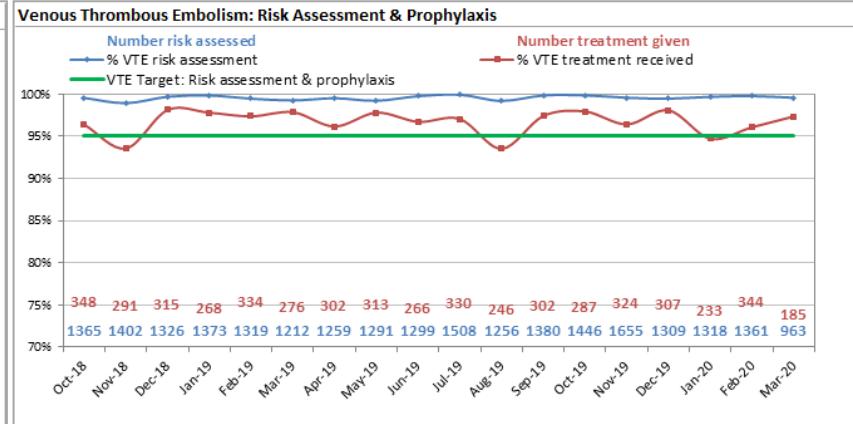
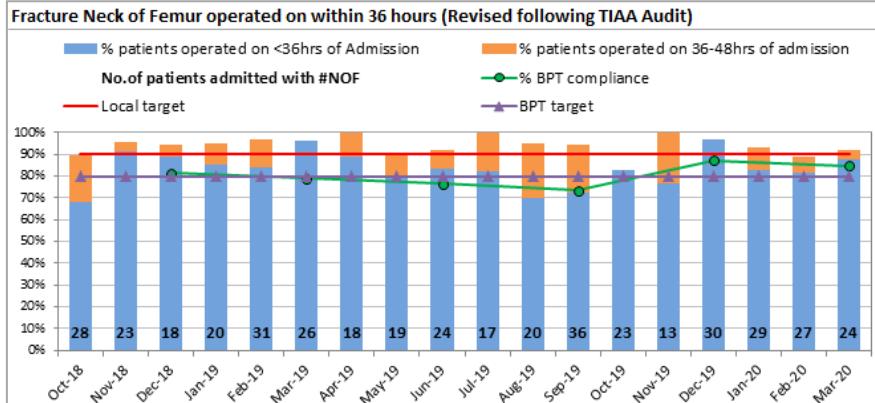
The first death caused by Covid-19 was on 11 March and to 16 April there have been a total of 27 deaths associated with Covid-19. The majority were patients over 80 with underlying health conditions and the cause of death recorded as Covid-19 pneumonia.

# Fracture Neck of Femur & VTE Risk Assessment/Prophylaxis

Data Quality Rating:



Are We Safe?



## Summary and Action

In Q4, best practice hip fracture compliance was 85% compared to a local target of 90%. 11 patients did not receive hip surgery for a fractured neck of femur within 36 hours due to waiting for theatre space (4), availability of theatre kit (2), waiting for a total hip replacement (1) and waiting for medical review or stabilisation (4). 9 patients received surgery between 37 – 48 hours and 2 patients at 65 hours following admission. The Orthopaedic Nurse Specialists introduced a root cause analysis to examine delays in Q3 and present the themes to the Orthopaedic Clinical Governance meetings.

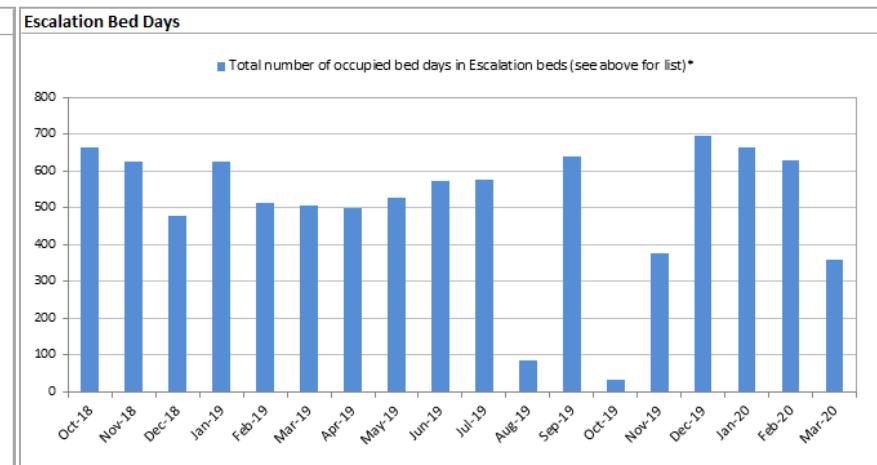
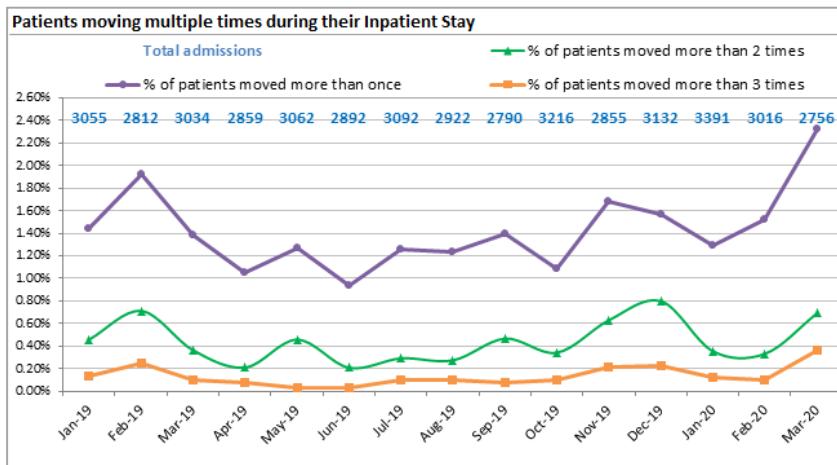
NHSE and NHSI have suspended reporting of VTE assessment and prophylaxis in Q1 20/21 but the Trust intend to carry on reporting performance to provide assurance on the quality of care.

# Patient Experience

Are We Safe?

Last 12 months	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Bed Occupancy %	92.6	92.5	93.5	93.3	94.1	96.9	94.9	97.1	95.9	94.4	96.1	81.8

Data Quality Rating:



## Summary and Action

Escalation bed capacity reduced in March as the number of admissions significantly reduced. However, the number of multiple ward moves increased in preparation for the Covid-19 emergency in establishing the Respiratory Care Unit (RCU) on level 2 and moving the stroke unit to Laverstock ward on level 4. Critical care capacity expanded from 10 to 30 beds by repurposing operating theatres and main theatre recovery into critical care beds. The national strategy of 'Stay at home, protect the NHS, save lives', social distancing and hand hygiene have been effective in maintaining sufficient critical care capacity in this hospital.

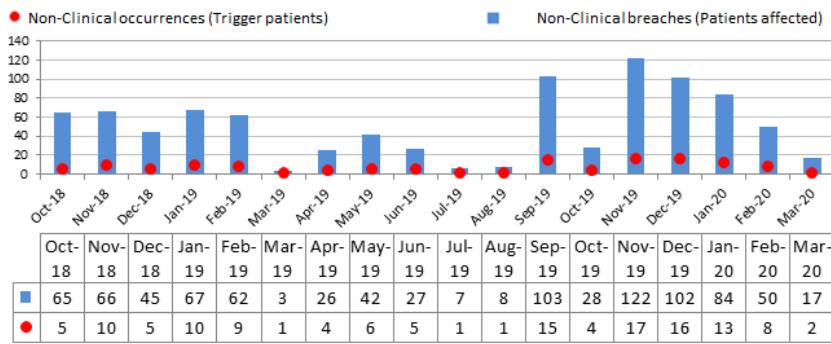
# Patient Experience

Are We Safe?

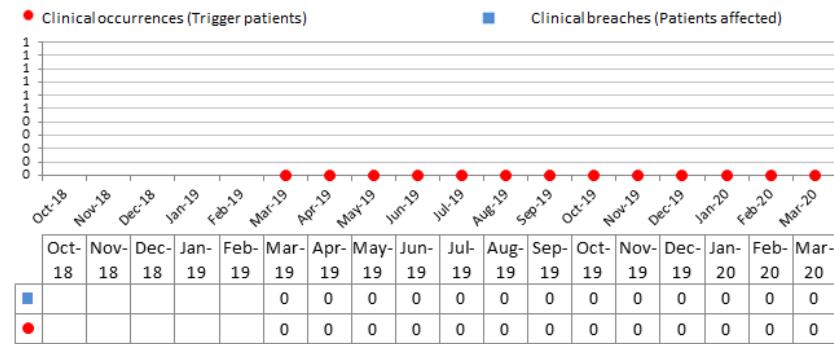
Data Quality Rating:



## Delivering Same Sex Accommodation - Non-clinical



## Delivering Same Sex Accommodation - Clinical



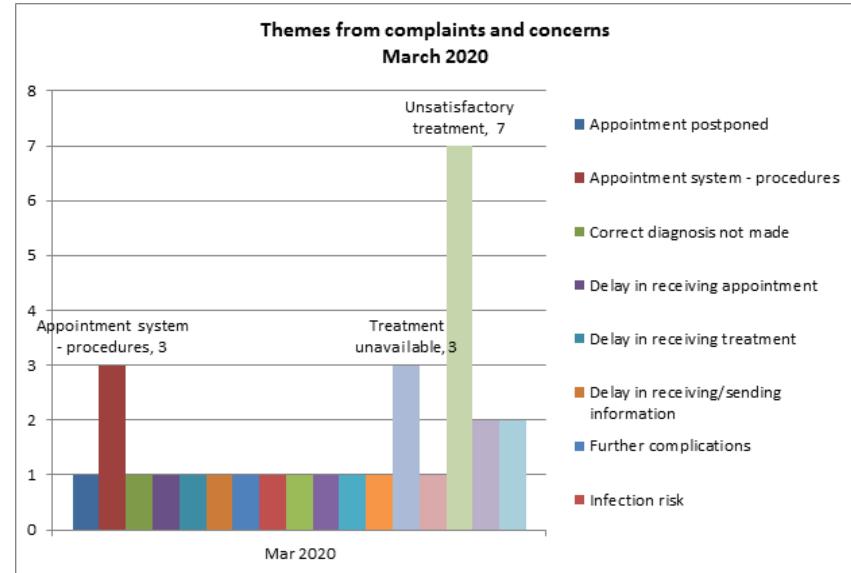
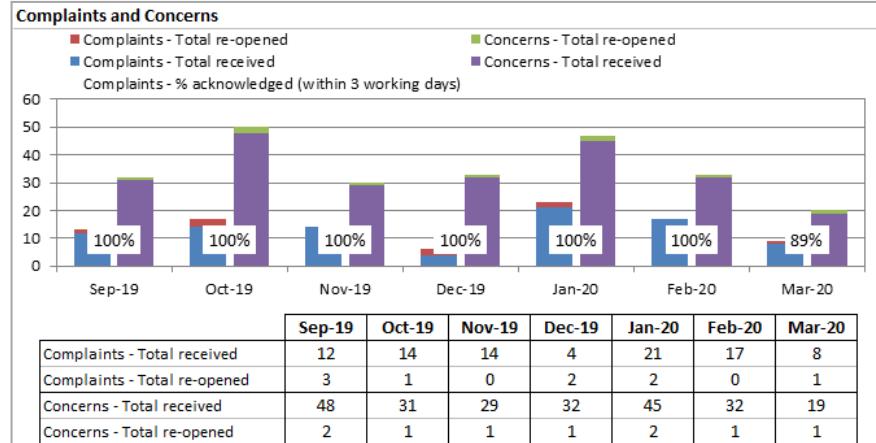
## Summary and Action

A decrease in reported mixed sex accommodation breaches in March associated with a reduction in the number of admissions. 17 patients were affected on 2 occasions on AMU and all were resolved within 24 hours. There were no breaches on any of the wards.

NHSE and NHSI have suspended reporting of mixed sex accommodation breaches in Q1 20/21 but the Trust intends to carry on reporting performance.

# Patient & Visitor Feedback: Complaints and Concerns

Are We Responsive?



## Summary and Actions

NHSE and NHSI have suspended complaint responses for Q1 20/21. The PALS team have written to all patients with an open complaint to advise them of the guidance and that their complaint will be responded to once the Covid-19 emergency is over. This also applies to investigations undertaken by the PHSO.

The PALS office remains open to provide telephone advice and guidance and there is a real enthusiasm to seek a local resolution of outstanding and overdue complaints driven by the Divisions and supported by the PALS team.

# Part 3: Our People



**Our Priorities**

**Local Services**

**Specialist Services**

**Innovation**

**Care**

**People**

**Resources**

**How We Measure**

**Are We Effective?**

**Are We Responsive?**

**Are We Safe?**

**Are We Caring?**

**Are We Well Led?**

**Use of Resources**

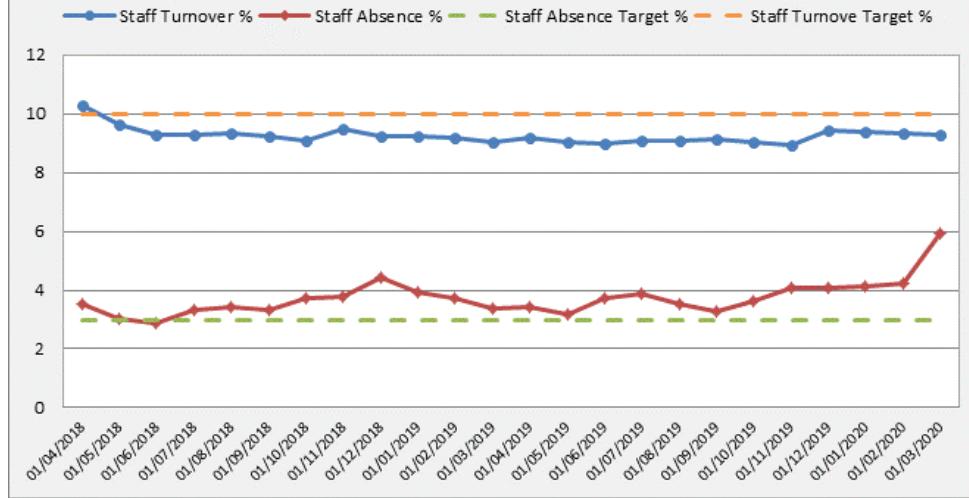
# Workforce - Total

## Use of Resources

### Total Workforce vs Budgeted Plan - WTEs

	Mar '20		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	410.5	423.2	(12.7)
Nursing	984.1	1995.4	(11.4)
HCAs	565.4	637.2	(71.8)
Other Clinical Staff	388.2	501.0	(112.8)
Infrastructure Staff	1,222.4	1,119.6	102.8
<b>TOTAL</b>	<b>3,570.6</b>	<b>3,676.4</b>	<b>(105.8)</b>

### Staff Turnover and Absence



### Summary and Action

There were 29 leavers in March set against 52 starters which created a monthly turnover figure of 9.27%, still below our target of 10%. This is the third highest number of leavers in the current financial year - analysis of the reasons for leaving and collating exit questionnaires and interview information will be undertaken. During the Covid-19 pandemic "lockdown" we have continued to recruit, albeit moving away from face to face interviews, and have successfully appointed to three Consultant positions which were on the Hard to Recruit plan. We have also fast tracked additional bank recruitment, dealing with over 500 applications and conducting 8 additional induction sessions during the month.

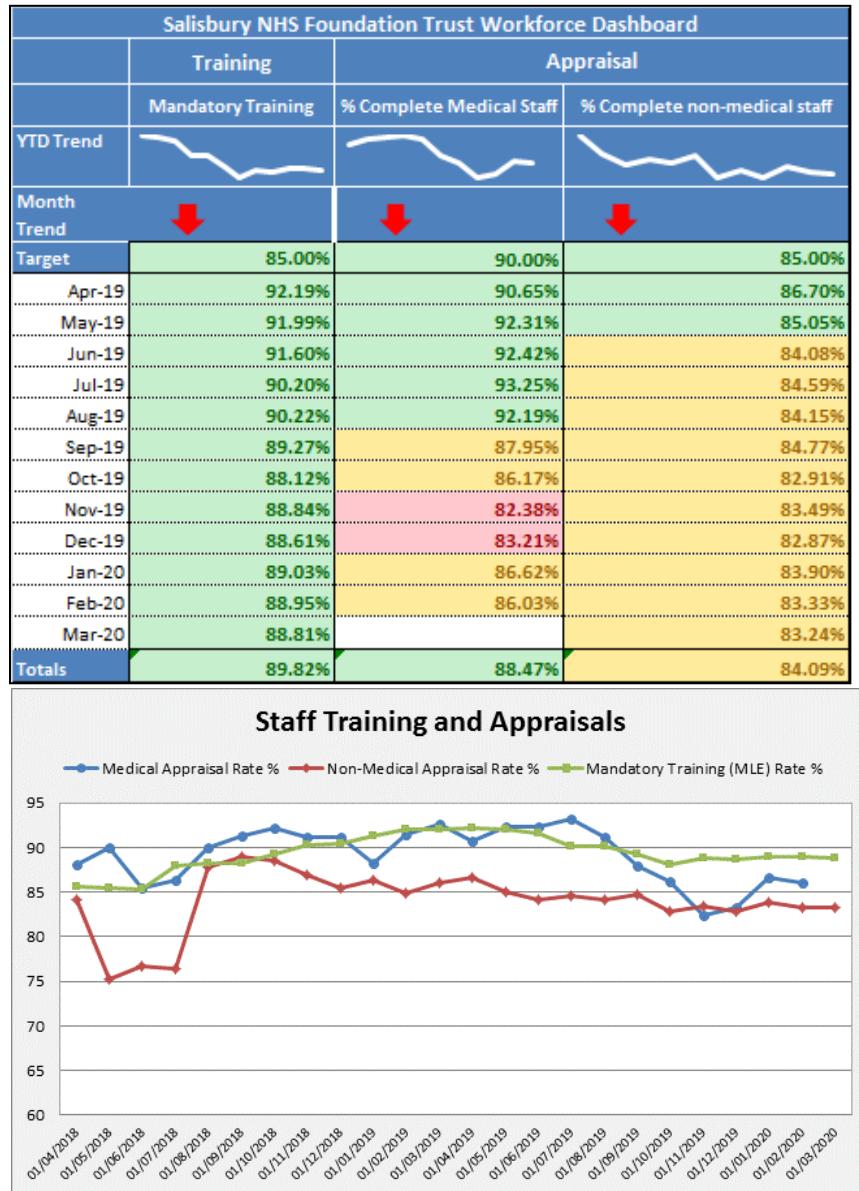
Sickness absence, which has been steadily rising during the latter half of the year, has risen steeply this month to 5.92% a 1.7% increase on last month and well above our 3% target. Increases in both long and short term absence has contributed to this overall figure and it is recorded that 30% of this amount is directly related to Covid-19.

In March, short term absence appears to have fueled this increase, for example in Medicine where the most common length of absence was between 8-14 days. Infectious Diseases (Covid-19) was the top reason for absence, followed by anxiety/stress. The People Business Partners and Advisors are in close contact with managers to ensure that individuals are provided with appropriate support to enable them to return to work as early as possible. There is inevitably an increased level of anxiety evident at the present time due to the Covid-19 pandemic.

Specifically connected to the pandemic, and as a result of social distancing it has become somewhat challenging to conduct the usual RTW and early stage meetings although these are being completed as close to planned and scheduled dates as possible. The Head of People Operations keeps a detailed oversight on individual cases and the role of Business Partners with Occupational Health colleagues in identifying individual solutions. In some long term cases where return to work in the current role is not possible, there is a need to initiate discussions about alternatives which may include redeployment or retirement on health grounds

# Workforce – Staff Training and Appraisals

## Use of Resources



## Summary and Action

### Training

MaST remains above target in March albeit with a slight decrease in compliance over last month. Mandatory on line training is one of a number of activities that has been identified as something which can be done whilst working from home during Covid-19 isolation/shielding. It will be a matter of considerable interest to see whether compliance with this metric increases over the period of the pandemic.

### Non Medical Appraisals

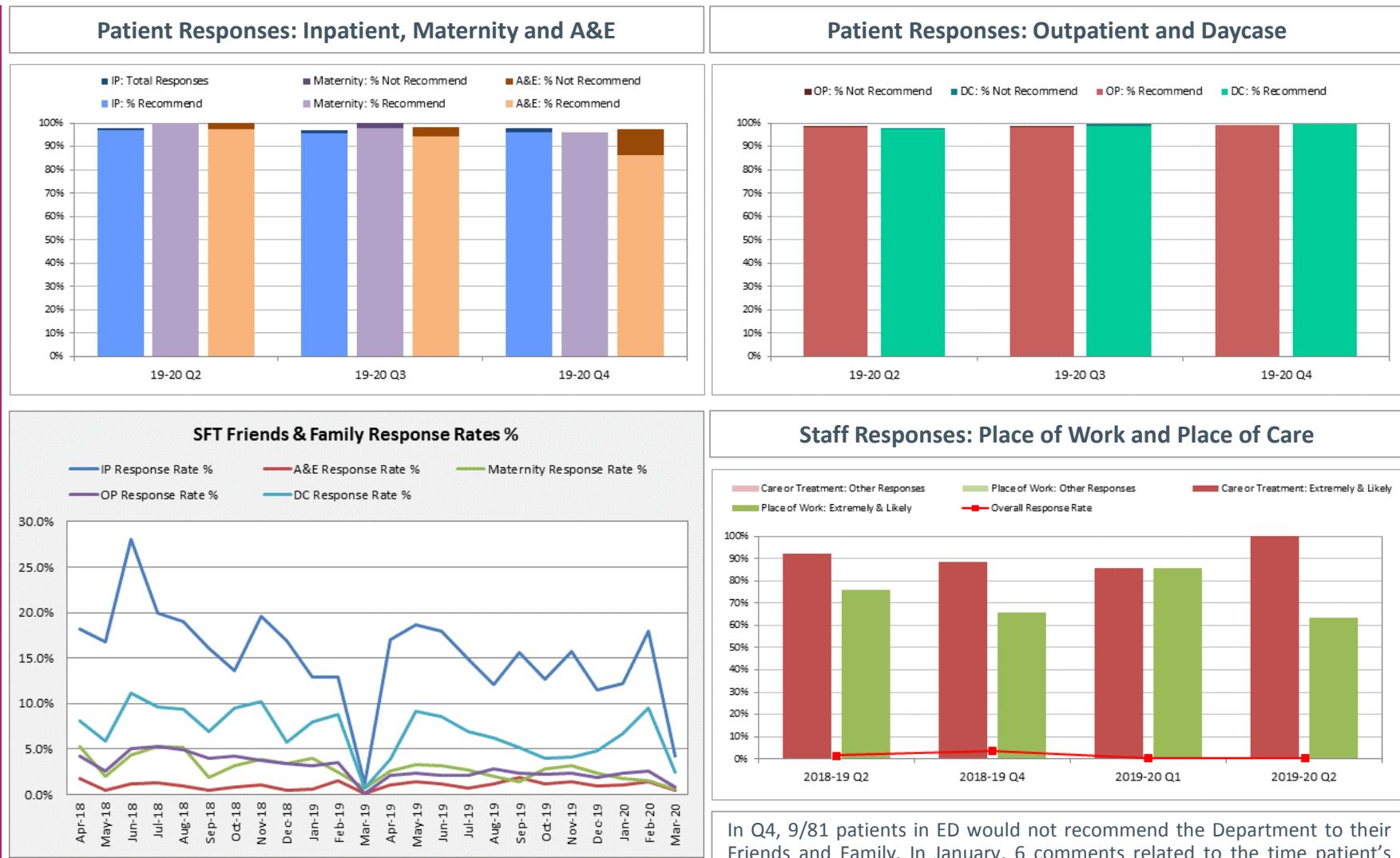
A very marginal decrease from last month's compliance means that appraisal remain below the target of 85% across the Trust at 83.24%. Some areas are reporting challenges with social distancing guidance and the convenience of meeting to complete appraisals, whereas in some instances they have been completed via telephone/online. Additionally, staff members have been moved around to cover priority areas, resulting in appraisals being cancelled. It is clear that good practice in alternative methods needs to be shared and spread as much as possible to increase the compliance to target level as a minimum.

### Medical Appraisals

At an early stage following on from the official announcement of Covid-19 as a pandemic, the GMC announced that medical appraisals and revalidation were to be put "on hold" to enable medical colleagues and Trusts to focus on treating patients at this challenging time. However, we are still monitoring compliance which is currently 83.27%. This is not reported elsewhere but will give a guide to the reduction over time until the hold is released.

# Friends and Family Test – Patients and Staff

## Use of Resources



There was an issue in March 2019 whereby responses were input into the wrong FFT website and were unable to be retrieved, hence the low response rate for one month.

In Q4, 9/81 patients in ED would not recommend the Department to their Friends and Family. In January, 6 comments related to the time patient's waited to be seen in ED and in February 1 was due to delay in pain relief and the other was communication. The response rate for ED is low at 1.5%.

# Part 4: Use of Resources



**Our Priorities**

**Local Services**

**Specialist Services**

**Innovation**

**Care**

**People**

**Resources**

**How We Measure**

**Are We Effective?**

**Are We Responsive?**

**Are We Safe?**

**Are We Caring?**

**Are We Well Led?**

**Use of Resources**

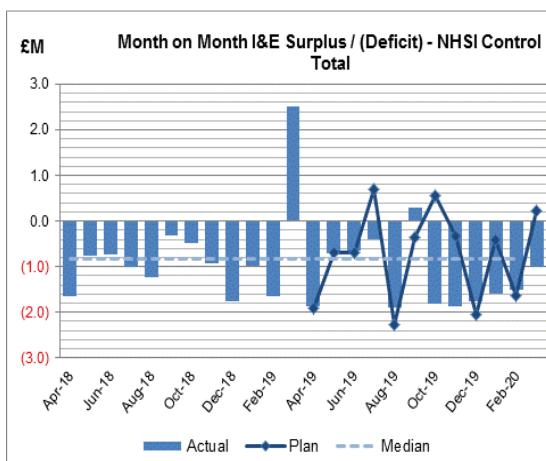
# Income and Expenditure

## Income & Expenditure:



Use of Resources

Position							
	Mar '20 In Mth			Mar '20 YTD			2019/20
	Plan	Actual	Variance	Plan	Actual	Variance	
	£000s	£000s	£000s	£000s	£000s	£000s	
<b>Operating Income</b>							
NHS Clinical Income	18,254	18,560	306	208,163	205,159	-3,004	208,163
Other Clinical Income	779	7,901	7,122	9,322	17,462	8,140	9,322
Other Income (excl Donations)	2,474	2,311	-163	28,307	29,347	1,040	28,307
<b>Total income</b>	<b>21,507</b>	<b>28,772</b>	<b>7,265</b>	<b>245,792</b>	<b>251,968</b>	<b>6,176</b>	<b>245,792</b>
<b>Operating Expenditure</b>							
Pay	-13,175	-20,960	-7,785	-157,326	-167,439	-10,113	-157,326
Non Pay	-6,679	-7,763	-1,084	-80,163	-83,358	-3,195	-80,163
<b>Total Expenditure</b>	<b>-19,854</b>	<b>-28,723</b>	<b>-8,869</b>	<b>-237,489</b>	<b>-250,797</b>	<b>-13,308</b>	<b>-237,489</b>
<b>EBITDA</b>	<b>1,653</b>	<b>49</b>	<b>-1,604</b>	<b>8,303</b>	<b>1,171</b>	<b>-7,132</b>	<b>8,303</b>
Financing Costs (incl Depreciation)	-1,430	-1,048	382	-17,157	-15,894	1,263	-17,157
<b>NHSI Control Total</b>	<b>223</b>	<b>-999</b>	<b>-1,222</b>	<b>-8,854</b>	<b>-14,723</b>	<b>-5,869</b>	<b>-8,854</b>
Add: impact of donated assets	105	-161	-266	1,260	-209	-1,469	1,260
Add: Impairments	0	0	0	0	0	0	0
Add: Central MRET	171	173	2	2,082	2,082	0	2,082
Add: PSF & FRF	791	0	-791	6,772	2,544	-4,228	6,772
<b>Surplus/(Deficit)</b>	<b>1,290</b>	<b>-987</b>	<b>-2,277</b>	<b>1,260</b>	<b>-10,306</b>	<b>-11,566</b>	<b>1,260</b>



Variation and Action

The final position (against the NHSI Control total) for March was a year to date deficit of £14,723k, in line with that forecast in January 2020. As a result the Trust has not been able to recognise the remaining £4,228k financial component of PSF and FRF.

An in-month NHSI Control Total deficit of £999k included £567k of funding associated with expenditure incurred in the Covid-19 response, with a further £414k of non-cash expense (outstanding annual leave provision) hitting the reported figures.

The second half of March saw a significant downturn in clinical productivity, however the Trust was shielded from the financial impact of this as year end agreements were in place with major commissioners.

# Income & Activity Delivered by Point of Delivery

Clinical Income:

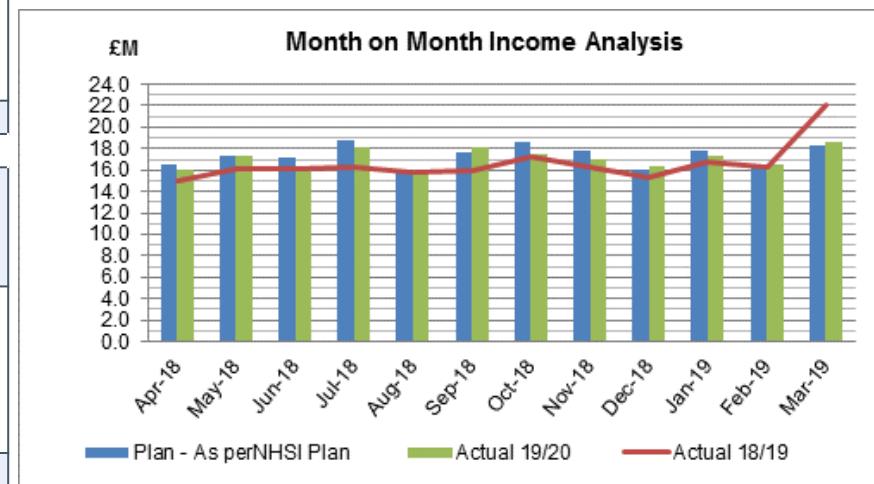


## Use of Resources

Income by Point of Delivery (PoD) for all commissioners	Mar '20 YTD		
	Plan (YTD)	Actual (YTD)	Variance (YTD)
	£000s	£000s	£000s
A&E	8,859	8,732	(127)
Elective inpatients	19,151	17,194	(1,957)
Day Case	17,858	16,855	(1,003)
Non Elective inpatients	57,116	54,851	(2,265)
Obstetrics	6,336	6,083	(253)
Outpatients	33,664	31,648	(2,016)
Excluded Drugs & Devices (inc Lucentis)	17,311	18,020	709
Other	47,868	51,776	3,908
<b>TOTAL</b>	<b>208,163</b>	<b>205,159</b>	<b>(3,004)</b>

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD)	Actual (YTD)	Variance (YTD)
	£000s	£000s	£000s
Wiltshire CCG	112,898	112,907	9
Dorset CCG	23,411	23,411	0
West Hampshire CCG	16,577	16,526	(51)
Specialist Services	31,698	31,444	(254)
Other	23,579	20,871	(2,708)
<b>TOTAL</b>	<b>208,163</b>	<b>205,159</b>	<b>(3,004)</b>

Activity levels by Point of Delivery (POD)	YTD	YTD	YTD	Last Year	Variance against
	Plan	Actuals	Variance		
Elective	5,408	4,773	(635)	5,114	(341)
Day case	22,636	22,795	159	21,587	1,208
Non Elective	28,308	27,316	(992)	25,991	1,325
Outpatients	267,477	250,025	(17,452)	251,732	(1,707)
A&E	69,459	67,761	(1,698)	67,369	392



## Variation and Action

Income to date is £205,159k, £3,004k below plan and an over performance of £306k in March. Income has under performed on all points of delivery year to date with the exception of Excluded drugs and devices and Other. Cardiology Day cases are 301 cases and £464k below plan year to date and Orthopaedics Day cases are 200 cases and £481k below plan. Elective Orthopaedics are now 334 spells below the year to date plan of 1,289 which is a deterioration of 76 cases in month. The Non Elective year to date position is driven by a combination of under performance on spells, mainly within General Surgery, Trauma and Orthopaedics, Plastic Surgery and Cardiology, and excess bed days activity. The Outpatients position is driven by underperformance notably within Dermatology and Plastic Surgery due to Consultant vacancies.

An adjustment of +£863k is included to reflect the blended approach, +£761k for Wiltshire CCG (£542k Month 11) and +£102k for West Hampshire CCG (£146k Month 11), due to non elective under performance. An adjustment of +£920k is included to increase income to reflect the under performance on the Dorset managed contract at Month 12 (£419k Month 11). An adjustment of +£2,050k is included to increase income to reflect the minimum income guarantee with Wiltshire CCG at Month 11 (£1,363k at Month 11). The total impact is £3,833k within the income position (£2,470k Month 11).

# Cash Position & Capital Programme

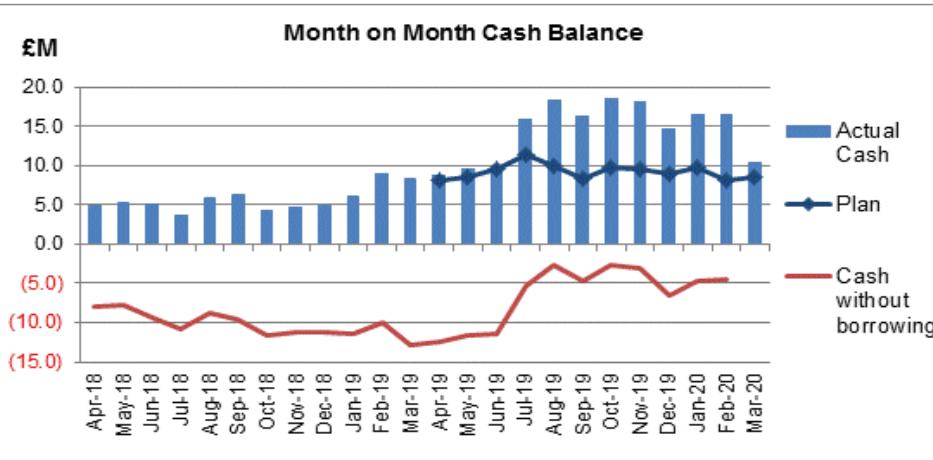
Capital Spend:



Cash & Working:



## Use of Resources



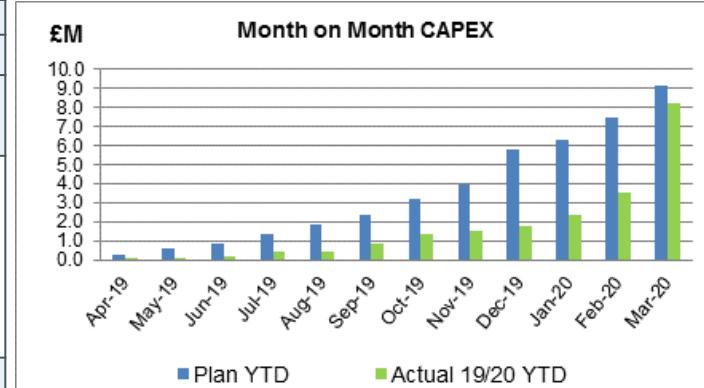
Cash remains higher than planned, primarily due to limited expenditure on the capital programme, offset by the reported deficit.

Borrowings include £23m of working capital loans due for repayment by 31 March 2021. The Trust has now received confirmation that these should be converted to PDC on 1 April 2020.

As a result of Covid-19, new guidance has been issued advising Block contract payments will be paid a month in advance during the first 3 months of 2020-21 to ease the pressure on providers' cash flow positions.

The cash flow will continue to be closely monitored to ensure funds are available when required, although no additional borrowing is expected while under Covid-19 contractual arrangements.

Schemes	Annual Plan £000s	Mar '20		
		Plan £000s	Actual £000s	Variance £000s
Building schemes	700	700	19	681
Building projects	1,814	1,814	1,007	807
IM&T	3,540	3,540	3,237	303
Medical Equipment	2,650	2,650	3,505	(855)
Other	420	420	420	0
<b>TOTAL</b>	<b>9,124</b>	<b>9,124</b>	<b>8,188</b>	<b>936</b>



## Summary and Action

The Trust is primarily financing its capital spend in 2019-20 through depreciation. Additional national initiative public dividend capital funding of £1,348k has now been received for various schemes, including a second MRI Scanner, with £1,213k spend against this allocation.

Due to delays in the original capital plan, action was taken to bring forward schemes, originally scheduled for 2020-21 into the current year.

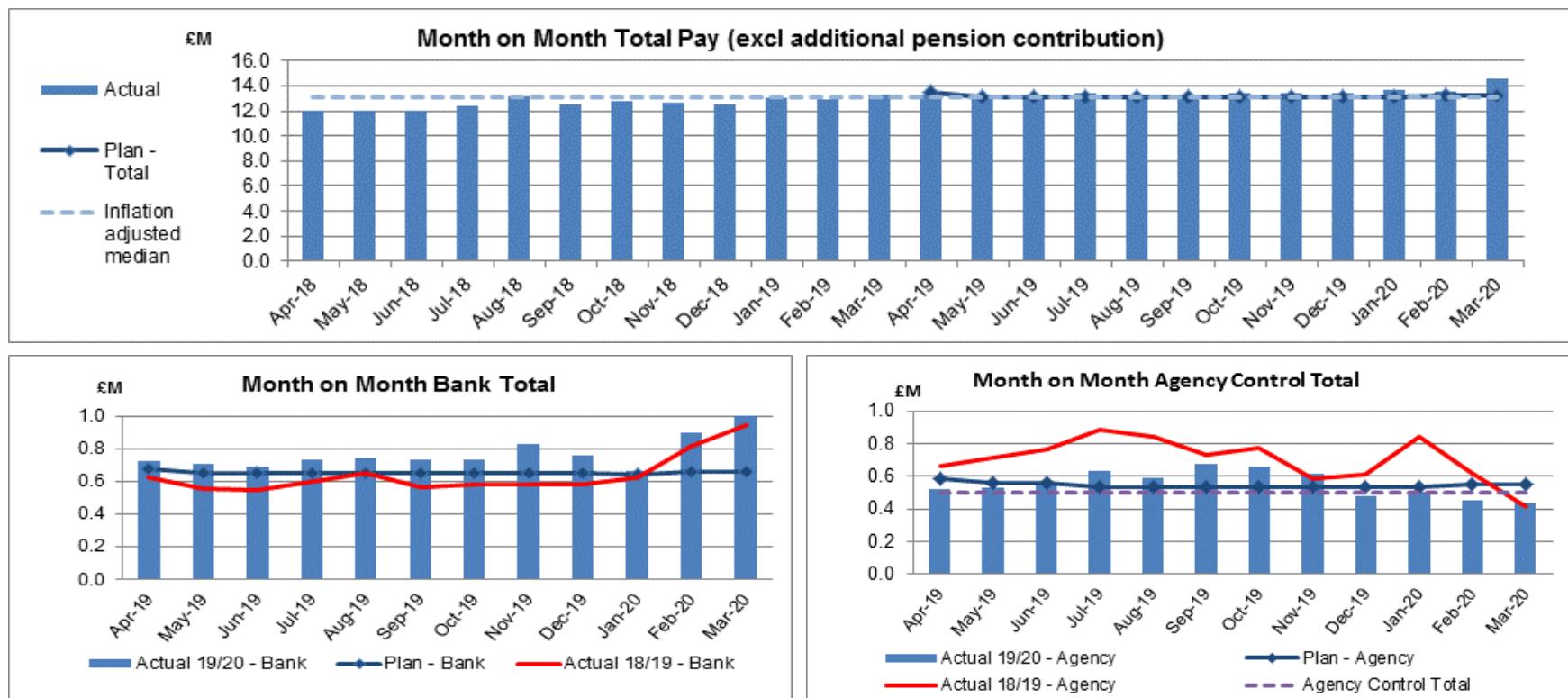
A number of deliveries were impacted by disruption to the supply chain caused by Covid-19 meaning that the final capital outturn for 2019/20 was £936k short of that planned for.

# Workforce and Agency Spend

Pay:



## Use of Resources



## Summary and Action

Underlying Pay expenditure of £14,523k in March is £1,348k greater than planned and £1,166k greater than forecast. In addition, the Trust has recognised an additional £6,436k in employers' superannuation payments that had previously been accounted for centrally as the additional costs was not allowed for in the 2019/20 National Tariff Payment System, this is offset by additional income.

The Trust has incurred an additional £712k pay expenditure in relation to the Covid-19 response, £414k of this is an increase in the provision for outstanding annual leave, with the remaining £312k relating to directly incurred revenue costs, the latter has been offset by additional income.

# Efficiency – Better Care at Lower Cost

Efficiency:



## Use of Resources

Directorate	Annual Plan £000s	Position					
		Mar '20			YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Medicine	2,192	191	139	(52)	2,192	1,298	(894)
Musculo Skeletal	1,385	137	147	10	1,385	1,106	(279)
Surgery	1,728	149	102	(47)	1,728	1,357	(371)
Clinical Support & Family Services	1,965	183	143	(40)	1,965	1,729	(236)
Corporate Services	1,730	237	270	33	1,730	2,053	323
Strategic	1,000	164	67	(97)	1,000	752	(248)
<b>TOTAL</b>	<b>10,000</b>	<b>1,061</b>	<b>868</b>	<b>(193)</b>	<b>10,000</b>	<b>8,295</b>	<b>(1,705)</b>

Scheme	Annual Plan £000s	Position					
		Mar '20			YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Theatres	1,068	89	38	(51)	1,068	262	(806)
Workforce	1,001	83	90	6	1,001	977	(23)
Diagnostics	600	75	42	(33)	600	500	(100)
Patient Flow	825	69	36	(33)	825	174	(651)
Outpatients	500	56	56	0	500	500	0
Non-Pay Procurement	1,494	138	149	11	1,495	1,576	81
Medicines Optimisation - Drugs	500	83	12	(72)	500	252	(248)
Clinical Directorate Plans	2,634	263	211	(52)	2,634	2,366	(268)
Corporate Directorate Plans	1,378	206	237	31	1,377	1,687	311
<b>TOTAL</b>	<b>10,000</b>	<b>1,061</b>	<b>868</b>	<b>(193)</b>	<b>10,000</b>	<b>8,295</b>	<b>(1,705)</b>

## Summary and Action

The Trust has reported CIP delivery of £8,295k (83%) for the full year of 2019/20, in line with that reported at M11. Patient flow and the Theatres programme were the main drivers of the underperformance, a consistent theme throughout the year.

Identified schemes for 2020/21 have stood at c£6m at the point operational planning was halted in order to focus on the Covid-19 response. Block contract payment mechanisms agreed for the first four months of 2020/21 include inflationary uplift, but no requirement for provider efficiency. The expectation is that provider efficiency targets will be integral to post Covid-19 contractual arrangements.

**CLASSIFICATION: Please Select**

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.4a
<b>Date of Meeting:</b>	21 <sup>st</sup> May 2020		

<b>Report from: (Committee Name)</b>	Clinical Governance Committee		<b>Committee Meeting Date:</b>	31 <sup>st</sup> March 2020
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	X		X	
<b>Prepared by:</b>	Miss Eiri Jones			
<b>Board Sponsor (presenting):</b>	Miss Eiri Jones			

**Recommendation**

Trust Board members are asked to note the items escalated from the Clinical Governance Committee meeting held on the 31<sup>st</sup> March 2020. Due to committee date changes, this was presented verbally at the last meeting. The report both provides assurance and identifies areas where further assurance is sought.

**Key Items for Escalation**

- The Safety and Experience elements of the Integrated Performance Report were presented and considered. Good focus and assurance was provided in relation to safety during the current pandemic. Pressure ulcers remain an area for further assurance though a plan for improvement has been developed.
- It was agreed that the Cancer Risk Summit planned for April should proceed in a revised format to ensure social distancing. Further information would be provided at the next committee in May.
- A detailed discussion was undertaken in relation to the Gastroenterology review. The Non-Executive Directors requested sight of the Royal College letter, pending receipt of the final report. Assurance was sought and received that actions were already underway to address the key issues.
- Progress was noted in relation to directorate level governance, noting that this is being aligned to the new structures being implemented. There was a strong focus on safety evident in the information provided. As previously identified, further work is required in terms of strengthening clinical effectiveness and sharing learning.
- The first draft of the Quality Account was considered. Whilst the requirements for submission have changed due to Covid-19, the Trust currently plans to publish at the end of June. It will be considered further at the next committee in May when end of year information is available. Following the next committee it will be submitted to Trust Board.
- Both the Risk Register and Board Assurance Framework (BAF) were considered. Some of the risk scores were reviewed and were felt to be too low. A further review will be undertaken to ensure the risk scores reflect the changing circumstances, especially in relation to Covid-19, cancer care and other non Covid-19 risks.

- Serious incidents were reviewed and further assurance sought in relation to compliance with action timescales. Assurance was provided that this would receive further focus as the new structures embed.
- Divisional governance and risk management was approved as part of the internal audit programme for the coming year.
- A detailed presentation was received from the Clinical Lead and Deputy Lead Midwife for maternity services. They presented a benchmark against the East Kent, Morecambe Bay and Shrewsbury and Telford report findings. A review of a series of serious incidents has been undertaken to identify learning and action points. There was clear openness and transparency in the discussion. Good assurance was provided in relation to women's experience and safety. Key actions have been identified and work is underway in the areas of CTG, communication and risk assessment. Whilst staffing also has a key focus, it is noteworthy that no agency midwives are used in the service.

In summary, good assurance was gained in the key areas outlined above. Where further assurance was sought, it was either provided or a plan to provide was confirmed. It was noted positively the work that was being done in terms of clinical services, especially that there was good focus on essential non Covid-19 work.

**CLASSIFICATION: Please Select**

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.4b
<b>Date of Meeting:</b>	21 <sup>st</sup> May 2020		

<b>Report from: (Committee Name)</b>	Clinical Governance Committee		<b>Committee Meeting Date:</b>	12 <sup>th</sup> May 2020
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	X		X	
<b>Prepared by:</b>	Miss Eiri Jones			
<b>Board Sponsor (presenting):</b>	Miss Eiri Jones			

**Recommendation**

Trust Board members are asked to note the items escalated from the Clinical Governance Committee meeting held on the 12<sup>th</sup> May 2020. The report both provides assurance and identifies areas where further assurance is sought.

**Key Items for Escalation**

- The committee covered a comprehensive agenda with several key quality areas for discussion.
- The meeting commenced by recognising that the 12<sup>th</sup> was International Nurses Day and noted that the same day in the previous week had been International Day of the Midwife. Congratulations and thanks were offered to the Trust's Nursing and Midwifery workforce.
- Further detailed discussion was undertaken in relation to the Gastroenterology Review letter. A new leadership team has been established for the service with early positive impact being felt. Fortnightly assurance meetings are being held and the relevant information has been shared with the CQC. A further update is planned for the June Clinical Governance Committee.
- An excellent presentation was provided in relation to governance for the Covid-19 work and the governance being implemented in relation to restarting the non Covid-19 work that had been paused. It was recommended that a similar presentation be provided to the Trust Board.
- The Safety and Experience elements of the Integrated Performance Report were presented and considered. Good focus and assurance continues to be provided in relation to safety during the current pandemic, noting the positive data and outcomes in relation to stroke and infection prevention and control. Pressure ulcers remain under scrutiny and a presentation was requested for the next Clinical Governance Committee in June.
- It was noted that the planned cancer summit will take place remotely. An update will be provided at a future meeting.
- The six monthly Quality Impact Assessment (QIA) report was presented. The committee noted the assurance in relation to cost improvement impact assessment and requested

that consideration should be given for using this type of approach in other non-financial areas. It was confirmed that the process is being reviewed as part of the work to further strengthen quality governance.

- The latest draft of Quality Account was considered. The report outlines good progress in many areas whilst acknowledging that there is still improvement to embed for example in relation to sepsis. It was noted that despite there not being a requirement to publish this year, the Trust intends to do so. Partners have confirmed that they wish to write a statement in the Account. It was agreed that the report would come to Trust Board for final approval alongside the Annual Report.
- An update on the current five year Clinical Strategy was presented. It was noted that good progress has been made on what was planned in the strategy. It was agreed that the clinical priorities would be reviewed and reset in line with the new ways of delivering care emerging as a result of the pandemic.
- The End of Life report was presented. There were many positives identified in the report, including bereavement support and mortality reviews. There are two areas to escalate, workforce changes and challenges during the current year and funding of the Hospice at Home service. Whilst the first has had short term challenges, it has provided the opportunity to improve working across the system and is a positive step. The funding issue for Hospice at Home is concerning and requires a long term solution.
- A six monthly Getting it Right First Time (GIRFT) was presented. It provided detail on the last two deep dives in rheumatology and radiology with good practice identified in both. Further assurance was requested in relation to the other programme services in relation to improvements gained and sustained. Assurance was provided that the revised governance arrangements as part of the new structures would enhance this. This will be reviewed again in due course.
- The Learning from Deaths review again provided good assurance. Two areas for further work were flagged, namely fractured femur and acute renal failure mortality. A plan is in place to review all Covid-19 deaths. These will feedback to a future committee.
- A positive Medicines Safety report was presented. The excellent work by the pharmacy team to adapt and meet services needs during the pandemic was noted. Both oxygen supply and medicines stocks have been well managed to meet the Trust's requirements. The smoking cessation and alcohol reduction CQUIN led by the pharmacy team has been praised as excellent practice by Public Health England. Further assurance was sought in relation to the medicines reconciliation performance. Assurance was provided that this is expected to improve when the current consultation on 7 day services is finalised. The work underway to procure electronic prescribing was outlined. Assurance was sought that this work will align with the Trust's IT strategy.
- A further positive report was received from the Trust's Freedom to Speak Up Guardian (FTSU). The work with NHSI over the past year was noted as good practice and recognised the cultural improvement achieved.
- Upward reports from CMB and CRG were received with further assurance sought and gained in relation to a small number of audits.

The Executive team were thanked for all their current hard work and commitment to ensure that both Covid-19 and non Covid-19 work-streams were receiving the required focus. As it was the Director of Nursing's last Clinical Governance Committee she was thanked for her excellent contribution to the Trust over her time in post.

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	
<b>Date of Meeting:</b>	21 May 2020		

<b>Report Title:</b>	Governance Arrangements during Covid-19			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
		x		x
<b>Prepared by:</b>	Fiona McNeight, Director of Corporate Governance			
<b>Executive Sponsor (presenting):</b>	Nick Marsden, Chairman			
<b>Appendices (list if applicable):</b>				

<b>Recommendation:</b>
The Board to approve the governance arrangements during Covid-19.

<b>Executive Summary:</b>
This paper covers the interim arrangements to Board assurance and governance that Salisbury NHS Foundation Trust are following during the period of the Covid-19 Emergency Planning and Response.
Within a rapidly changing environment, these actions aim to provide a proportionate response and facilitate adoption of a simple, supportive and streamlined approach to governance in response to the March 2020 NHSI Letter 'Reducing burden and releasing capacity at NHS Providers and Commissioners to manage the Covid-19 pandemic'.
The interim governance arrangements are as follows:
<ul style="list-style-type: none"> <li>• The primary focus of communication with the Board will be the organisation's response to Covid-19, including the safety of patients and the well-being of staff.</li> <li>• The Board and Board Committees will continue to meet to sustain aspects of 'business as usual' however; all meetings will be via digital technology and agendas focused on Covid-19 and urgent matters in order to free up Executive and other staff (i.e. preparing papers, meeting attendance). In the current circumstances, the quorum for decision making will be 1 Executive Director and 2 Non-Executive Directors. All Board and Board Committee meetings will be reviewed in line with the developing situation with potential to combine meetings if the need arises.</li> <li>• The Public Board meeting is temporarily suspended. The Lead Governor as observer will continue to have access to the meeting via digital technology. A weekly call has been established between the Chairman and the Lead and Deputy Lead</li> </ul>

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- Governor to provide opportunity for Governor questions to be responded to.
- The Chairman is providing the weekly summary to the NEDS.
  - The Public Board meeting will move to bi-monthly and all papers will be published enabling Governor and Public access to the Trust business.
  - The business cycles will be reviewed and updated by the Corporate Governance Department to maintain an accurate record of items considered/approved/deferred.
  - The Council of Governor meetings and sub-groups are currently suspended.
  - Council of Governor Elections are currently suspended.
  - Temporary SFIs were approved by the Audit Committee and noted at Finance & Performance Committee.
  - All Non-Executive Directors will receive the minutes and action logs of the daily Tactical and Strategic Covid-19 meetings.
  - The Chairman's and Non-Executive Director appraisals have been deferred until September 2020.

These arrangements will be reviewed on 31 May 2020 or in response to any significant change to the current situation.

<b>Board Assurance Framework – Strategic Priorities</b>	Select as applicable
<b>Local Services</b> - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
<b>Specialist Services</b> - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
<b>Innovation</b> - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
<b>Care</b> - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
<b>People</b> - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
<b>Resources</b> - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

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<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	3.2
<b>Date of Meeting:</b>	21 May 2020		

<b>Report Title:</b>	Corporate Governance Statement Self-Certifications FT4, G6, CoS7 (Continuation of Services) and Training for Governors			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
				x
<b>Prepared by:</b>	Fiona McNeight, Director of Corporate Governance			
<b>Executive Sponsor (presenting):</b>	Lisa Thomas, Director of Finance			
<b>Appendices (list if applicable):</b>	Appendix 1 – Evidence to support the response Appendix 2 – Provider Licence Conditions			

**Recommendation:**

The Board is asked to consider the evidence aligned to each element of the provider licence conditions, which the Board is required to self-certify against, and confirm the response, noting the risks and mitigations.

- Recommendation that the Board approve the Trust's Provider Licence self-certifications.

The Finance and Performance Committee reviewed the statements in April 2020 and recommended approval by the Board.

**Executive Summary:**

NHS Foundation Trusts are required to self-certify on an annual basis, as to whether they have:

- Effective systems to ensure compliance with the conditions of the NHS Provider Licence, NHS legislation and the duty to have regard to the NHS Constitution (Condition G6)
- Complied with governance arrangements (condition FT4)
- The required resources available if providing commissioner requested services (CRS) (condition CoS7)
- Have provided Governors with the necessary training.

This paper provides the Board with assurance that the Trust fully meets the NHS Provider Licence conditions.

The Director of Corporate Governance and Director of Finance have reviewed the statements and evidence sets and is proposing that the Board of Directors responds with confirmed for all elements. The evidence to support the response is outlined in Appendix 1

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of the paper.

There is currently no 2019/20 guidance issued by NHSI and therefore, templates and deadlines mirror those for 2019/20.

Board Assurance Framework – Strategic Priorities	Select as applicable
<b>Local Services</b> - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
<b>Specialist Services</b> - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
<b>Innovation</b> - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
<b>Care</b> - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
<b>People</b> - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
<b>Resources</b> - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

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### **1 Purpose**

- 1.1 To provide evidence of compliance against the Provider Licence to support a decision by the Finance and Performance Committee.

### **2 Background**

- 2.1 NHS Foundation Trusts are required to self-certify annually whether or not they have:

- Effective systems to ensure compliance with the conditions of the NHS Provider Licence, NHS legislation and the duty to have regard to the NHS Constitution
- Complied with governance arrangements
- The required resources available if providing commissioner requested services (CRS)
- Have provided Governors with the necessary training.

### **3 Self-certification requirements**

- 3.1 Providers need to self-certify the following after the financial year-end:

<b>NHS Provider Licence conditions</b>
The provider has taken all precautions to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))
The provider has complied with required governance arrangements (condition FT4 (8))
If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated service (condition CoS7(3))
Governors have received the necessary training to ensure they are equipped with the skills and knowledge they need to undertake their role

- 3.2 Providers must publish their G6 self-certification by 30 June 2020.
- 3.3 It is up to providers how they undertake their self-certification process; however, a number of templates have been provided which the Trust has used as the basis of the document in Appendix 1.
- 3.4 Trusts are required to state either “confirmed” or “not-confirmed” against each element of the licence condition. Any “not-confirmed” must provide an explanation why.
- 3.5 Boards must sign off the self-certification no later than:
  - G6/CoS7: 31 May 2020
  - FT4: 30 June 2020
- 3.6 Self-certifications do not need to be submitted to NHS Improvement (NHSI) however, NHSI can audit Trusts and ask for evidence that they have self-certified,

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- either by providing the completed or relevant Board minutes and papers recording sign-off.
- 3.7 In the absence of 2019/20 guidance, templates and deadlines are based on guidance from last year.

### **4 Summary**

- 4.1 The Director of Corporate Governance and the Director of Finance have reviewed the statements and evidence sets and is proposing that the Committee responds with "confirmed" for all elements. The evidence to support the response is outlined in Appendix 1.
- 4.2 For condition FT4, the Board is also required to consider any risks and mitigating actions for each element of the Provider Licence condition. These are described in Appendix 1.
- 4.3 The Provider Licence conditions are outlined in Appendix 2 in reference to Condition G6.
- 4.4 The responses will be transcribed into the NHSI templates once agreed.

### **5 Recommendations**

- 5.1 The Committee is asked to consider the evidence aligned to each element of the provider licence conditions, which the Board is required to self-certify against, and confirm the response, noting the risks and mitigations.

**Fiona McNeight, Director of Corporate Governance**

Appendix 1 – Provider Licence Self-Certification

		Proposed Response	Evidence	Risks	Mitigating Actions
<b>FT4 – Corporate Governance Statement</b>					
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	<ul style="list-style-type: none"> <li>Well-led Framework CQC inspection rated Trust as 'Good'</li> <li>Annual Governance Statement</li> <li>Head of Internal Audit Opinion</li> <li>Board Assurance Framework</li> <li>Board Committee annual effectiveness evaluation</li> <li>Compliance with the Code of Governance</li> <li>External audit of the annual report and accounts</li> </ul>	<ul style="list-style-type: none"> <li>Weaknesses in internal control identified through Internal Audit Programme for 2019/20</li> </ul>	<ul style="list-style-type: none"> <li>Targeted improvement in corporate processes and procedures.</li> </ul>
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>Guidance is not identified or implemented in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>The Trust ensures that regular communications from NHSI, CQC and other key bodies are reviewed and acted upon.</li> <li>Internal and external audit consider application of good governance during their audit programmes</li> </ul>
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and	Confirmed	<ul style="list-style-type: none"> <li>Integrated Governance Framework</li> <li>Accountability Framework</li> <li>Executive performance reviews</li> <li>Directorate Governance Committees</li> <li>Board and Committee annual effectiveness reviews</li> </ul>	<ul style="list-style-type: none"> <li>Committee terms of reference do not clearly set out key responsibilities and delegated authority and decision making</li> </ul>	<ul style="list-style-type: none"> <li>Annual review of Committee terms of reference, including relevant up to date guidance</li> <li>Governance structure review</li> </ul>

Appendix 1 – Provider Licence Self-Certification

		<b>Proposed Response</b>	<b>Evidence</b>	<b>Risks</b>	<b>Mitigating Actions</b>
	those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.		<ul style="list-style-type: none"> <li>• Scheme of Delegation and Standing Financial Instructions</li> <li>• Committee terms of reference annual review</li> <li>• Escalation reports from Board Committee Chairs to the Board</li> <li>• Board and Committee workplans</li> <li>• Governor observers at Board and Board Committees</li> <li>• Governance structure review completed March 2020</li> </ul>		march 2020 identified significant changes to TMC ToR. To be approved at Board in June 2020
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:  (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);	Confirmed	<ul style="list-style-type: none"> <li>• Monthly Integrated Performance Report to Board</li> <li>• Annual Operating Plan and budget</li> <li>• Standing Financial Instructions</li> <li>• Head of Internal Audit Opinion</li> <li>• Annual Governance Statement</li> <li>• Internal Audit Programme and reports</li> <li>• Committee structure and terms of reference</li> <li>• External audit of the annual report and accounts</li> <li>• Risk Management Strategy</li> <li>• Corporate and Directorate risk registers</li> <li>• Board Assurance Framework</li> <li>• Risk based Board and Committee workplans</li> <li>• Subsidiary Governance Committee</li> <li>• Subsidiary Governance Framework</li> <li>• Annual planning process</li> </ul>	<ul style="list-style-type: none"> <li>• The Trust's internal control systems are not sufficiently robust to ensure compliance</li> </ul>	<ul style="list-style-type: none"> <li>• The systems and processes are regularly tested through the internal and external audit programmes, and the robust approach to risk management</li> <li>• Targeted improvement in corporate processes and procedures.</li> </ul>

Appendix 1 – Provider Licence Self-Certification

		<b>Proposed Response</b>	<b>Evidence</b>	<b>Risks</b>	<b>Mitigating Actions</b>
	<p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>		<ul style="list-style-type: none"> <li>• Electronic Board administration solution</li> <li>• Board Committee escalation reports</li> </ul>		
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on</p>	Confirmed	<ul style="list-style-type: none"> <li>• Well-led Framework CQC inspection rated Trust as 'Good'</li> <li>• Board development programme</li> <li>• Board effectiveness evaluation report</li> <li>• Monthly quality and performance reports</li> <li>• Executive annual appraisals</li> <li>• Integrated Governance Framework</li> <li>• Customer care reports to Board</li> <li>• Workforce committee</li> <li>• Freedom to speak up Guardian reports.</li> <li>• Board safety walks</li> <li>• Active engagement with Commissioners, local Health Scrutiny, Health and Well-being Boards and Healthwatch</li> </ul>	<ul style="list-style-type: none"> <li>• As above</li> </ul>	<ul style="list-style-type: none"> <li>• As above</li> </ul>

Appendix 1 – Provider Licence Self-Certification

		<b>Proposed Response</b>	<b>Evidence</b>	<b>Risks</b>	<b>Mitigating Actions</b>
	quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.				
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	<ul style="list-style-type: none"> <li>• Workforce report</li> <li>• Nurse skills mix review bi-annually</li> <li>• Revalidation and appraisal processes</li> <li>• Executive Performance Reviews</li> <li>• Board development programme with external facilitation</li> <li>• Externally facilitated Executive coaching</li> <li>• Annual Fit and Proper Person declaration process</li> </ul>	<ul style="list-style-type: none"> <li>• There is a risk of unforeseen changes at Board</li> </ul>	<ul style="list-style-type: none"> <li>• Deputies in post for all Executive Directors</li> <li>• The Board has appointed to all Non-Executive Director roles and has Governor observers for Board and Board Committees</li> </ul>
<b>General condition 6 – Systems for compliance with licence conditions</b>					
1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any	Confirmed- although the Trust is still subject to enforcement action where NHSI has found	<ul style="list-style-type: none"> <li>• Internal Audit and clinical audit work programmes</li> <li>• Data Security and Protection Toolkit compliance</li> <li>• Fit and Proper Person requirements included in all Director appointments</li> <li>• Board Assurance Framework</li> </ul>	N/A	N/A

Appendix 1 – Provider Licence Self-Certification

		<b>Proposed Response</b>	<b>Evidence</b>	<b>Risks</b>	<b>Mitigating Actions</b>
	requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	the Trust in breach of license conditions.	<ul style="list-style-type: none"> <li>• Integrated Governance Framework</li> <li>• Accountability Framework</li> <li>• CQC Registration</li> <li>• Risk Management Strategy</li> <li>• Annual submission of reference costs</li> <li>• Annual reference cost assurance report</li> <li>• Signed contracts with Commissioners based on national tariffs</li> </ul>		
<b>Continuity of Services condition 7 – Availability of Resources</b>					
1	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.		N/A	N/A	N/A
or	After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of	Confirmed	The Trust has reported a significant deficit for the last few years; the board approved a financial plan for 2020/21 which showed it unable to meet its control total, which in turn would require a need for distressed financing. However the Trust is deemed to be a going concern and plans to receive ongoing cash support from the Department of Health and Social Care.	N/A	N/A

Appendix 1 – Provider Licence Self-Certification

		<b>Proposed Response</b>	<b>Evidence</b>	<b>Risks</b>	<b>Mitigating Actions</b>
	the Licensee to provide Commissioner Requested Services.				
<b>Training of Governors</b>					
	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed	<ul style="list-style-type: none"> <li>• Induction Programme</li> <li>• Governor development days</li> <li>• Governor observers on Board and Board Committees</li> <li>• Informal Governor and NED meetings</li> <li>• One on one discussions with Directors</li> </ul>	N/A	N/A

## Appendix 2: Provider Licence Conditions

<b>General Conditions</b>	The General Conditions apply to all providers and impose certain conditions, such as that directors must be “fit and proper” and providers must respond to information requests from Monitor.
<b>Licence conditions setting obligations about pricing</b>	The Pricing Conditions oblige providers, for example, to record information that Monitor needs to set prices, check that the data is accurate and, where required, charge commissioners in accordance with the National Tariff document.
<b>Licence conditions setting obligations around choice and competition</b>	These conditions oblige providers to help patients to make the right choice of provider, where appropriate, and to prohibit anti-competitive behaviour where it is against the interests of patients.
<b>Licence condition to enable integrated care</b>	The Integrated Care Condition enables the provision of integrated services by obliging providers not to do anything detrimental to enabling integrated care, where it is in the interests of patients.
<b>Licence conditions that support continuity of services (CoS)</b>	These conditions apply to providers of Commissioner Requested Services – services whose absence would have a significant negative impact on the local population. They will allow Monitor to assess whether there is a risk to services, and they set out how services will be protected if a provider gets into financial difficulties.
<b>Governance licence conditions for foundation trusts</b>	These conditions only apply to foundation trusts and impose obligations around appropriate standards of governance.

## General Conditions

General Conditions set out standard requirements and rules. These conditions apply to all licence holders. As well as being licence conditions, the 'fit and proper persons' test and the requirement to be registered with the CQC are also licensing criteria.

### General Condition 1: Provision of information

This condition contains an obligation for all licensees to provide Monitor with any information we require for our licensing functions.

### General Condition 2: Publication of information

This licence condition obliges licensees to publish such information as Monitor may require.

### General Condition 3: Payment of fees to Monitor

The Act gives Monitor the ability to charge fees and this condition obliges licence holders to pay fees to Monitor if requested.

### General Condition 4: Fit and proper persons

This licence condition prevents licensees from allowing unfit persons to become or continue as governors or directors (or those performing similar or equivalent functions). In exceptional circumstances and at Monitor's discretion we may issue a licence without the licensee having met this requirement.

### General Condition 5: Monitor guidance

This licence condition requires licensees to have regard to any guidance that Monitor issues.

### General Condition 6: Systems for compliance with licence conditions and related obligations

This licence condition requires providers to take all reasonable precautions against the risk of failure to comply with the licence and other important requirements.

### General Condition 7: Registration with the Care Quality Commission

This licence condition requires providers to be registered with the CQC (if required to do so by law) and to notify us if their registration is cancelled.

### General Condition 8: Patient eligibility and selection criteria

This condition requires licence holders to set transparent eligibility and selection criteria for patients and to apply these in a transparent manner.

### General Condition 9: Application of Section 5 (Continuity of Services)

This condition applies to all licence holders. It sets out the conditions under which a service will be designated as a Commissioner Requested Service. If a licensee provides any Commissioner Requested Services, all the Continuity of Services Conditions apply to the licence holder.

## Pricing Conditions

In future, Monitor will be responsible, jointly with the NHS Commissioning Board, for the pricing of NHS services. Five licence conditions will help us fulfil this duty.

The Pricing Conditions will apply to all licensees providing services covered by the National Tariff document published by Monitor.

### Pricing Condition 1: Recording of information

Under this licence condition, Monitor may oblige licensees to record information, particularly information about their costs, in line with guidance to be published by Monitor.

### Pricing Condition 2: Provision of information

Having recorded the information in line with Pricing condition 1 above, licensees can then be required to submit this information to Monitor.

### Pricing Condition 3: Assurance report on submissions to Monitor

When collecting information for price setting, it will be important that the information submitted is accurate. This condition allows Monitor to oblige licensees to submit an assurance report confirming that the information they have provided is accurate.

### Pricing Condition 4: Compliance with the National Tariff

The Health and Social Care Act 2012 requires commissioners to pay providers a price which complies with, or is determined in accordance with, the National Tariff for NHS health care services. This licence condition imposes a similar obligation on licensees, i.e. the obligation to charge for NHS health care services in line with the National Tariff.

### Pricing Condition 5: Constructive engagement concerning local tariff modifications

The Act allows for local modifications to prices. This licence condition requires licence holders to engage constructively with commissioners, and to try to reach agreement locally, before applying to Monitor for a modification.

## **Choice and Competition Conditions**

Our patient choice and competition licence conditions will allow us to protect and promote patient interests by supporting patient choice of provider and, where it is in the interests of patients, take action against anti-competitive behaviour.

These conditions apply to all licence holders.

### **Choice and Competition Condition 1: Patient choice**

This condition protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider. This condition applies wherever patients have a choice of provider under the NHS Constitution, or where a choice has been conferred locally by commissioners.

### **Choice and Competition Condition 2: Competition oversight**

This condition prevents providers from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users. It also prohibits licensees from engaging in other conduct which has the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.

## **Integrated Care Condition**

The Integrated Care Condition applies to all licence holders.

The Integrated Care Condition is a broadly defined prohibition: the licensee shall not do anything that could reasonably be regarded as detrimental to enabling integrated care.

It also includes a patient interest test. The patient interest test means that the obligations only apply to the extent that they are in the interests of people who use health care services.

## **Continuity of Services Condition**

The Continuity of Services Conditions allow Monitor to protect and promote patients' interests by ensuring that vital services continue to operate if a provider becomes financially distressed or insolvent. The Continuity of Services Conditions are:

### **General Condition 9: Application of Section 5 (Continuity of Services)**

This condition applies to all licensees. It sets out how services may be designated as Commissioner Requested Services. If a licensee provides Commissioner Requested Services, the Continuity of Services Conditions apply.

### **Continuity of Services Condition 1: Continuing provision of Commissioner Requested Services**

This condition prevents licensees from ceasing to provide Commissioner Requested Services, or from changing the way in which they provide Commissioner Requested Services, without the agreement of relevant commissioners.

### **Continuity of Services Condition 2: Restriction on the disposal of assets**

This licence condition ensures that licensees keep an up-to-date register of *relevant* assets used in the provision of Commissioner Requested Services. It also creates a requirement for licensees to obtain Monitor's consent before disposing of these assets when Monitor is concerned about the ability of the licensee to carry on as a going concern.

### **Continuity of Services Condition 3: Monitor risk rating**

This condition requires licensees to have due regard to adequate standards of corporate governance and financial management.

### **Continuity of Services Condition 4: Undertaking from the ultimate controller**

This condition requires licensees to put in place a legally enforceable agreement with their 'ultimate controller' to stop ultimate controllers from taking any action that would cause licensees to breach the licence conditions. This condition specifies who is considered to be an ultimate controller.

### **Continuity of Services Condition 5: Risk pool levy**

This licence condition obliges licensees to contribute, if required, towards the funding of the "risk pool" - this is like an insurance mechanism to pay for vital services if a provider fails.

### **Continuity of Services Condition 6: Cooperation in the event of financial stress**

This licence condition applies when a licensee fails a test of sound finances, and obliges the licensee to cooperate with Monitor in these circumstances.

### **Continuity of Services Condition 7: Availability of resources**

This condition requires licensees to act in a way that secures access to the resources needed to operate Commissioner Requested Services.