Bundle Escalation Reports - Web Site 3 February 2022

Salisbury NHS Foundation Trust

Report to:	Trust Board (Private)	**Agenda item:**	2.2
Date of Meeting:	03 February 2022		

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

Recommendation:
The Board is asked to note the report from the Trust Management Committee held on 26th January 2022.

Executive Summary:
The first Trust Management Committee Meeting of 2022 had a full agenda of items to be considered as well as the normal escalation reports from the Board Subgroup committees. There were no formal business cases presented to the committee this month however the groups received a proposal from TIG to review and catch up on the backlog of benefits realisation cases for business cases that have been implemented over the last 18 months. The proposal requires divisional and corporate teams to submit a timetable by the 28th February to TIG of when this work will be complete. The committee received three revised policies in respect of Procurement all of which were approved by TMC. The expired policy action tracker was noted and whilst progress has been made there are a number of outstanding policies beyond their expiry dates. A significant number of these are within estates and OD/People who have plans to resolve this backlog over the next 3 months. There was a discussion informing colleagues of the latest position in respect of Vaccination as Condition of Deployment. Executive colleagues have identified 110 roles out of scope of the legislation. At this stage there are 106 members of staff whose vaccination status is unknown and a further 68 staff who we have a record of having their first vaccination but no confirmation of their second vaccination. There are a small number of staff who fall within the scope of the legislation have confirmed that they are not willingly to have their vaccinations.

Divisional triumvirate leadership teams will be informed of their specific members of staff who fall into these categories to support ongoing conversations with colleagues over the coming days. TNC noted that this critical piece of work is exceptionally labour intensive for colleagues in OD/People.

The committee received an update in respect of the Board Assurance Framework (BAF) and noted that as part of the Improving Together Programme and revision of the Trust corporate priorities, the BAF will be amended to reflect any changes for 2022/23. The committee heard that the updates to the BAF have identified a common theme within gaps in control and this relates to staff absence and the potential impact on delivery of the corporate objectives.

The committee received its first update from the Covid Enquiry group in relation to the preparatory work it had undertaken in readiness for the public enquiry. TMC agreed that the STOP notice (which relates to not deleting COVID related communications) should be sent to all staff.

The committee received the updates from the Subgroups of Trust Management Committee which were all noted by the committee. The exceptions are contained within the reports of the relevant Board sub-committees

END

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

Salisbury NHS Foundation Trust

Report to:	Trust Board (Private)	**Agenda item:**	2.3
Date of Meeting:	3rd February 2022		

Report from: (Committee Name)	Clinical Governance Committee		**Committee Meeting Date:**	25th January 2022
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	X	X	X	
Prepared by:	Miss Eiri Jones, Chair CGC			
Board Sponsor (presenting):	Miss Eiri Jones, Chair CGC			

Recommendation

Trust Board members are asked to note and where relevant, discuss the items escalated from the Clinical Governance Committee (CGC) meeting held on the 25th January 2022. The report both provides assurance and identifies areas where further assurance has been sought and is required.

Key Items for Escalation

- Key information / issues / risks / positive care to escalate to the Board are as follows:
  - Due to staff sickness, the presentation expected from the spinal service had to be deferred to a future meeting.
  - The committee received a report from the CMO outlining the review undertaken into non-Covid deaths by the Chief Registrar. Good assurance was received in relation to the care provided to the patients. Key learning identified related to 'choice of place to die' and this will be taken forward for further consideration.
  - Following on from the safe staffing discussion at the last meeting, the CNO provided an update to the committee presenting the new dashboard which has been developed. The committee received good assurance that data at ward level is available operationally and that dialogue takes place between the ward sisters and the senior managers. It was suggested that a ward sister be invited to present a staff story on the use of safe staffing data to the Board in due course.
  - As requested previously by the committee, the CMO presented a report on the Trust's position in relation to NatSIPPs and LocSIPPs. Limited assurance was provided and the discussion focussed on how quickly this work would be taken forward in light of the internal audit report into Five Steps to Safety. The CMO provided reassurance that there were policies and operating procedures in place but that these needed to be standardised. This work will be followed up on the action log.

- An update on Stroke mortality and other quality indicators was provided by the Acting Director of Operations for medicine. The report provided good assurance that despite the challenges during the pandemic, mortality was lower than expected and that the service was safe. The committee were also assured that despite staff being exhausted, they remain passionate about the service. Assurance was also provided that actions are underway and being monitored to improve the Trust's position in relation to the SNAPP audit. The committee were satisfied that this could be monitored in future through the Trust's business as usual approaches.
- The quality metrics were discussed as part of the IPR. Concern continues in relation to falls and pressure ulcers. The CNO confirmed that all causative factors are being considered in order to ensure robust improvement plans. It was noted that the Falls report due this month would need to be deferred to the next meeting due to staff absence. The CNO provided reassurance that the focus on falls was continuing and it was noted that it is one of the breakout objectives for the Trust as part of Improving Together. The committee stated that it looks forward to meeting and hearing from the new falls coordinator.
- The quarterly maternity report was presented by the Director of Midwifery (DoM). Assurance was provided that the CQC notice had been lifted and that staffing was improving with all senior post holders now in place. Detail was also provided about improved governance arrangements in relation to both Ockenden recommendations and the maternity improvement (MIS) requirements. It was noted that training had fallen off due to workload and ongoing staffing gaps and that this would be discussed through People and Culture committee. Finally, the DoM outlined the Continuity of Carer plan which would be submitted to the national team this month. This would also go to the next Board to ensure all Board members have oversight of the requirements and the Trust's position. The DoM and team were thanked for all the hard work which has and is taking place.
- The latest version of the BAF and CRR was presented to the committee and a detailed discussion and recommendations made in relation to the quality risks. An update on the quality elements of the corporate priorities was also discussed and it was noted that progress is being made in relation to alignment with the BAF and CRR.

In summary, a key theme throughout most of the discussions related to our workforce and the impact this has had.

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

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.1
Date of Meeting:	3 February 2022		

Committee Name:	Finance and Performance		**Committee Meeting Date:**	25th January 2022
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Paul Miller, Non Executive Director			
Board Sponsor (presenting):	Paul Miller, Non Executive Director			

Recommendation

To note key aspects of the Finance and Performance (F&P) Committee meeting held on the 22nd January 2022

Please note this escalation report is written based on the performance of Salisbury NHS FT and not the wider performance of the Bath, Wiltshire and Salisbury (BSW) Integrated Care System (ICS), unless otherwise indicated.

Items for Escalation to Board

(1) Trust-wide replacement of patient monitoring equipment – The Committee supported the recommendation to award the preferred supplier a five-year contract with the ability to extend a further 2 x 12 months at the Trusts discretion. A formal decision will be made at the Trust Board meeting on the 3rd February 2022.

(2) Provision of Pathology Rapid polymerase chain reaction (PCR) testing system maintenance and reagents – Following receipt of additional background information at the meeting the Committee supported the recommendation to award a two-year contract (with an optional extension to not exceed five years duration). A formal decision will be made at the Trust Board meeting on the 3rd February 2022.

(3) Month 9 (2021/22) Capital Update – This paper made two recommendations (a) for the Committee to note the 2021/22 year-end capital expenditure forecast and (b) to support further capital investment in the Salisbury Trading Limited (STL) laundry service, to replace plant and equipment. On the former the Committee expressed

concerns around the slow progress on this year's capital programme, but in doing so were aware of the multi-faceted reasons behind this performance and took assurance that the Executive Team were sighted on the need to improve and were actively doing so for 2022/23, even though some issues may still lie outside of the Trusts span of control going forward. On the second recommendation the Committee supported the request for additional capital for STL, to be funded from slippage on the 2021/22 capital programme. With the caveat that this slippage would not create unmanageable operational issues for the Trust. Finally a formal decision on the STL capital request will be made at the Trust Board meeting on the 3rd February 2022.

(4) Integrated Performance Report – The key issues to report are nearly the same as previously reported (a) the hospital continues to be extremely busy (b) there is still a high level of patients with no criteria to reside (nearly 77 patients as at 25th January 2022) (c) other areas of performance; stroke, cancer 2 week wait breast performance and audiology diagnostic performance are actively being investigated and supported to improve and (d) as at 25th January 2022 the number of covid positive patients in the hospital has risen to 39.

(5) Capital planning 2022/23 – The Committee received a detailed paper which identified a challenging future for the Trusts capital funding going into 2022/23 and beyond, because of three factors (a) the amount of capital funding available to the NHS in England (b) the formula used to allocate capital funding to our local Integrated Care System (ICS) and (c) the methodology agreed within the ICS to allocate capital funding to the Trust. Steps (b) and (c) are particularly challenging and the Trust needs to present a strong and clear argument to receive sufficient capital funding to address the significant future operational issues we face. Finally it was acknowledged that our local Acute Hospital Alliance may well have a key role in resolving step (c).

(6) 2022/23 Planning Update – The Committee received an update on progress on next year's Operational Plan, the bottom line is despite the plan still being "work in progress" there is an expectation for a significant financial and productivity efficiency ask going into 2022/23. Therefore the Trust Board need to be aware of the evolution of the plan over the next two months and be prepared to discuss key challenges.

(7) Board assurance Framework, Corporate Risk Register and Corporate Priorities – The Committee reviewed these documents and after taking into account the papers and discussions at the meeting made recommendations as appropriate.

(8) Campus update – The Committee supported two recommendations (a) to continue developing plans with our strategic partner, through a "Heads of Terms" and (b) to redirect funding to support the continued development of these plans. Finally, due to the strategic importance of the partnership, the formal decision on the "Heads of

Terms” will be made at the Trust Board meeting on the 3rd February 2022.

NHS Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.5
Date of Meeting:	03 February 2022		

Report Title:	Integrated Performance Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
Approval Process (where has this paper been reviewed and approved)	Sections approved by responsible committee: Operational Performance & Resources – Finance & Performance Committee Quality and Care – Clinical Governance Committee Workforce – People and Culture Committee			
Prepared by:	Louise Drayton, Performance & Capacity Manager			
Executive Sponsor (presenting):	Melanie Whitfield, Chief People Officer			
Appendices (list if applicable):				

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

Executive Summary:
The Trust continued to operate under significant operational pressure, however bed occupancy was slightly lower at 93.2%, likely attributable to the holiday period. Performance against the 4 hour standard in ED improved to 81.2% (76.7% in M8), and the new Rapid Assessment and Triage (RAT) process in ED improved ambulance handover delays. Single sex breaches and the number of bed days in escalation remained high, consistent with high levels of bed occupancy. There were 4 falls resulting in high harm. Falls champions' membership has grown and there is now representation from all but one inpatient adult ward. Performance against the 6 week diagnostic standard dipped slightly to 98.7% (target 99%) with most of the breaches in Audiology. Achievement of this standard remains fragile with small teams that are vulnerable with increased sickness or isolation as a result of the increasing community prevalence of Covid-19. Staff absence increased to 4.67% the highest seen since Jan 20 during the second wave of the pandemic. Despite the pressures there has been a steady improvement in the medical appraisal rate, which is now recovered to pre pandemic levels. Non-medical appraisal rates have declined further, but there was a small improvement in mandatory training levels for the first month since March 21. The number of patients referred on a Two Week Wait Suspected Cancer pathway improved to

82.22% (target 93%). Of the 171 breaches the main reasons were 80 breaches due to breast one stop capacity, and 59 patient choice breaches. The wait to first appointment for breast referrals is currently around 16 days.

The number of patients on a cancer pathway receiving their First Definitive treatment within 62 days continues to fall short of the 85% standard at just over 80%. Complex diagnostic pathways and delays in diagnostics/diagnostic reporting continue to feature.

Despite the non-elective challenges, some progress was made on reducing elective pathways. The total waiting list size reduced slightly, however the number of patients waiting longer than 52 weeks increased from 618 in M8 to 652 in M9. The number of patients waiting over 78 weeks decreased (128 compared to 162 in M8), and the number over 104 weeks remains static.

Theatre activity was lower in M9, as expected with the holiday period. 465 theatre sessions were run, which was above plan but not reaching plan plus. Patient cancellations were high at 9% with increasing levels of Covid-19 in the community affecting this, and escalation in to the Day Surgery Unit for much of the month resulted in cancellations of elective and day case surgery.

With a surplus of £0.3m in month 9 of the Trust remains ahead of the H2 plan. Pressures on the position persist, including from increased staff absence due to Covid and an increased cost of clinical supplies. Although a significant proportion of these pressures will be mitigated in the final quarter by funding awarded for the winter resilience element of the Targeted Investment Fund (TIF), the forecast position is not yet assured.

Board Assurance Framework – Strategic Priorities	Select as applicable
Population: Improving the health and well-being of the population we serve	☒
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People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	☒
Other (please describe) -	☐

NHS
Salisbury
NHS Foundation Trust

Integrated Performance Report

February 2022

(data for December 2021)

An outstanding experience for every patient

Summary

Salisbury NHS Foundation Trust

The Trust continued to operate under significant operational pressure, however bed occupancy was slightly lower at 93.2%, likely attributable to the holiday period. Performance against the 4 hour standard in ED improved to 81.2% (76.7% in M8), and the new Rapid Assessment and Triage (RAT) process in ED improved ambulance handover delays.

Single sex breaches and the number of bed days in escalation remained high, consistent with high levels of bed occupancy. There were 4 falls resulting in high harm. Falls champions' membership has grown and there is now representation from all but one inpatient adult ward.

Performance against the 6 week diagnostic standard dipped slightly to 98.7% (target 99%) with most of the breaches in Audiology. Achievement of this standard remains fragile with small teams that are vulnerable with increased sickness or isolation as a result of the increasing community prevalence of Covid-19.

Staff absence increased to 4.67% the highest seen since Jan 20 during the second wave of the pandemic. Despite the pressures there has been a steady improvement in the medical appraisal rate, which is now recovered to pre pandemic levels. Non-medical appraisal rates have declined further, but there was a small improvement in mandatory training levels for the first month since March 21.

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Summary Performance
December 2021

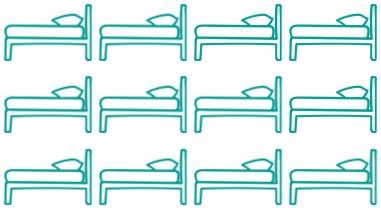
NHS Salisbury NHS Foundation Trust

There were **2,597** Non-Elective Admissions to the Trust

We delivered **33,884** outpatient attendances, **18.2%** through video or telephone appointments

We met **3 out of 7** Cancer treatment standards

We carried out **237** elective procedures & **1,737** day cases



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

RTT 18 Week Performance: **69.3%** ↓

Total Waiting List: **19,299** ↑

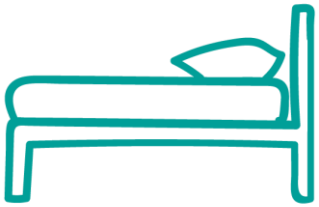
98.7% ↓ of patients received a diagnostic test within **6 weeks**

Our income was **£23,701k** (£154k above plan)

17.8% ↓ of discharges were completed before 12:00

Emergency (4hr) Performance **81.2%** ↑
(Target trajectory: 95%)

75 patients stayed in hospital for longer than 21 days



Our overall vacancy rate was **3.64%** ↓

Reading a Statistical Process Control (SPC) Chart

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

There should always be a minimum of 24 months worth of data

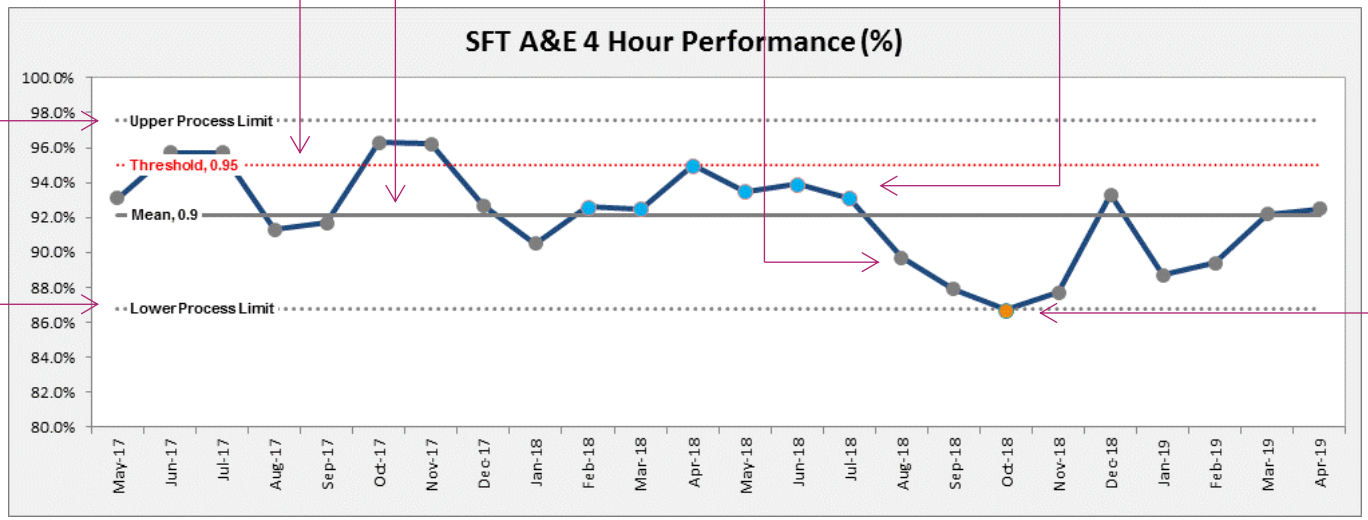
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

Blue markers indicate that there has been a marked improvement in performance, showing 6 or more points continuously improving or any point above the upper limit

Orange markers indicate that there has been a marked decline in performance, showing 6 or more points continuously deteriorating or any point below the lower limit



Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points with continuous improving performance, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)
- Common Cause Variation

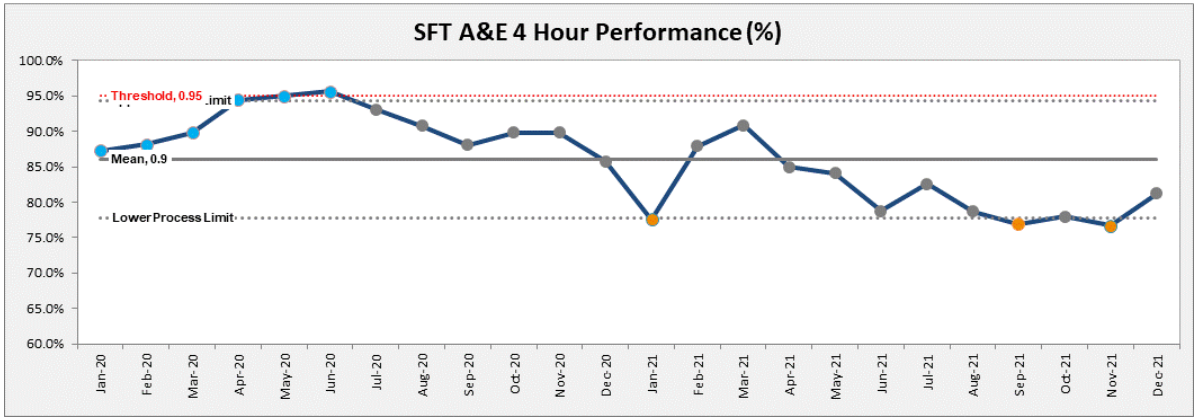
Part 1: Operational Performance

Performance against our Strategic Priorities and Key Lines of Enquiry

Our Priorities	How We Measure	
People	Are We Effective?	Are We Responsive?
Population	Are We Safe?	Are We Caring?
Partnerships	Are We Well Led?	Use of Resources

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

National Key Performance Indicators



Data Quality Rating:	
Performance Latest Month:	81.2%
Attendances:	5509
12 Hour Breaches:	0
ED Conversion Rate:	32.6%

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

M9 saw a further decrease in attendances of 5509 compared to 5736 in M8. This has resulted in seeing an increase in the 4 hour performance target from 76.7% in M8 to 81.2% in M9.

SFT ED conversion rate has increased from 30.2% in M8 to 32.6% in M9.

Flow out of the department remains one of the biggest challenges in ED and AMU with this often not being forthcoming until late evening. This lack of downstream flow remains one of the biggest contributors to the failing 4 hour and ambulance conveyance performance targets.

SFT ED recorded the best aggregate performance regionally in Urgent & Emergency Care for the w/e 2nd January and remained a high performer coming in second for w/e 9th January 2022, which is reflective of the hard work and improvements made by the SFT ED team.

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

The Free phone pilot into the Walk in Centre (WIC) will begin in M10, enabling appropriate patients to telephone the WIC to request a telephone triage appointment with a GP. Patients will then be called back on their mobile phones. The WIC will pilot a media drive to encourage under 10's to visit the WIC in the first instance at the beginning of M10.

The RAT (Rapid Assessment Triage) pilot commenced in M9 and this has been embraced by the department as a whole. The pilot has been a successful new initiative, and has contributed to the increase in the 4 hour performance target, assists in identifying acutely unwell patients, and ensuring patients receive the most appropriate care at the right time.

Phase 1 of the minors build is due to be competed at the end of the second week in M10. Phase 2 will then start immediately after and is scheduled to last for approximately 8 weeks. Once complete ED will see a positive increase in its footprint and ability to manage these patients.

The department has increased Consultant DCC shifts throughout M10 in order to meet predicted spike in attendances.

ED Improvement and SDEC work groups remain ongoing.

Risks to delivery and mitigations

Phase 2 of the minors rebuild may impact in capacity in the short term until building works have been completed. Specialty teams have been made aware that this may impact on specialties being able to review their patients in the ED department, dependent on acuity within the department.

M10 is predicted to have a high volume of attendances and ED continue to work collaboratively with AMU and SWAST and community partners. Mid Consultants rostered throughout M10 to help mitigate some of predicted surge.

Nursing gaps and middle grade doctor gaps continue to be challenging in waves.

Flow out of the department remains one of the biggest challenges with flow out of the department not materialising until late evening.

Despite successful recruitment in M7 of 5 B2's, we have only had 2 out of 5 candidates start in post and are still awaiting clearance from OH for remaining candidates.

When AMU ambulatory beds are escalated overnight this results in poor flow out of the ED department the following day and on occasion resulting in AMU having to divert medical take to ED. The impact of this is currently being audited by the UEC Service Manager and discussed at AMU SLT meetings.

Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
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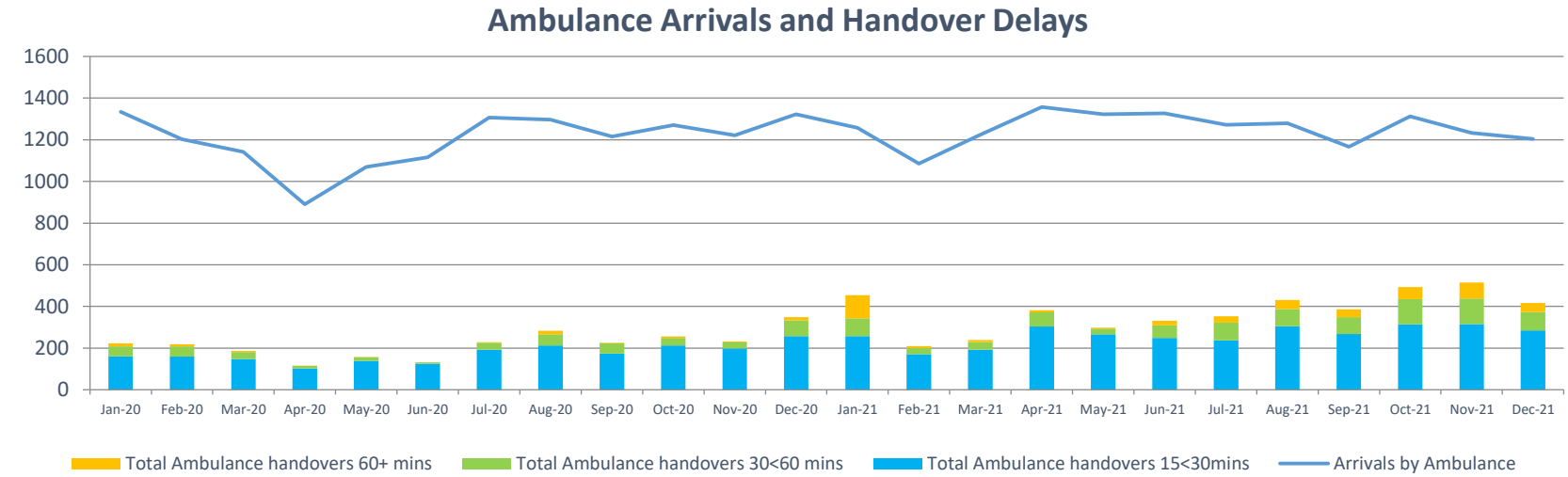
Ambulance Handover Delays

National Key Performance Indicators



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

M9 has seen an increase in performance for ambulance handover to 89.04% from M8 which was 83.86%. There has been a small decrease in the total number of ambulances presenting in M9 of 1204 compared to 1233 in M8.

Breaches >60 minutes have seen a significant decrease in M9 to 44 compared to M8 of 76. Breaches >30minutes have also decreased in M9 to 88 compared to 123 in M8. There is also a decrease in breaches >15 of 285 in M9 compared to 315 in M8.

RAT'ing commenced in ED in M9 has contributed to the increase in performance for ambulance conveyance and we are actively collating data to support this.

The SWAST reset day in M9 did not appear to have impacted on SFT with only 37 ambulances presenting on that day.

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

The Physician Response Unit (PRU) Car pilot went ahead on SWAST reset day in M9. The PRU was operated by an ED Consultant and Paramedic, with the criteria for falls, Oral and IV ABX and to give clinical advise to crews. This was deemed to be a successful pilot where the PRU attended to 4 calls and none of these patients were conveyed into SFT. This was a great example of collaborative working and needs further exploration within the SLT.

RAT'ing continues in ED in order to assess patients quickly and accurately enabling swift off load of ambulances where capacity allows.

We continue to convert paediatric area when we experience spikes in demand, with the Trust providing queue nurse when required.

Risks to delivery and mitigations

With capacity in ED already challenged and the expected rise in patients expected over the coming winter months, there will undoubtedly be impact on the departments ability to off load ambulances. The department will continue to use the ambulances escalation plan and endeavor to off load ambulances as quickly as safely as possible.

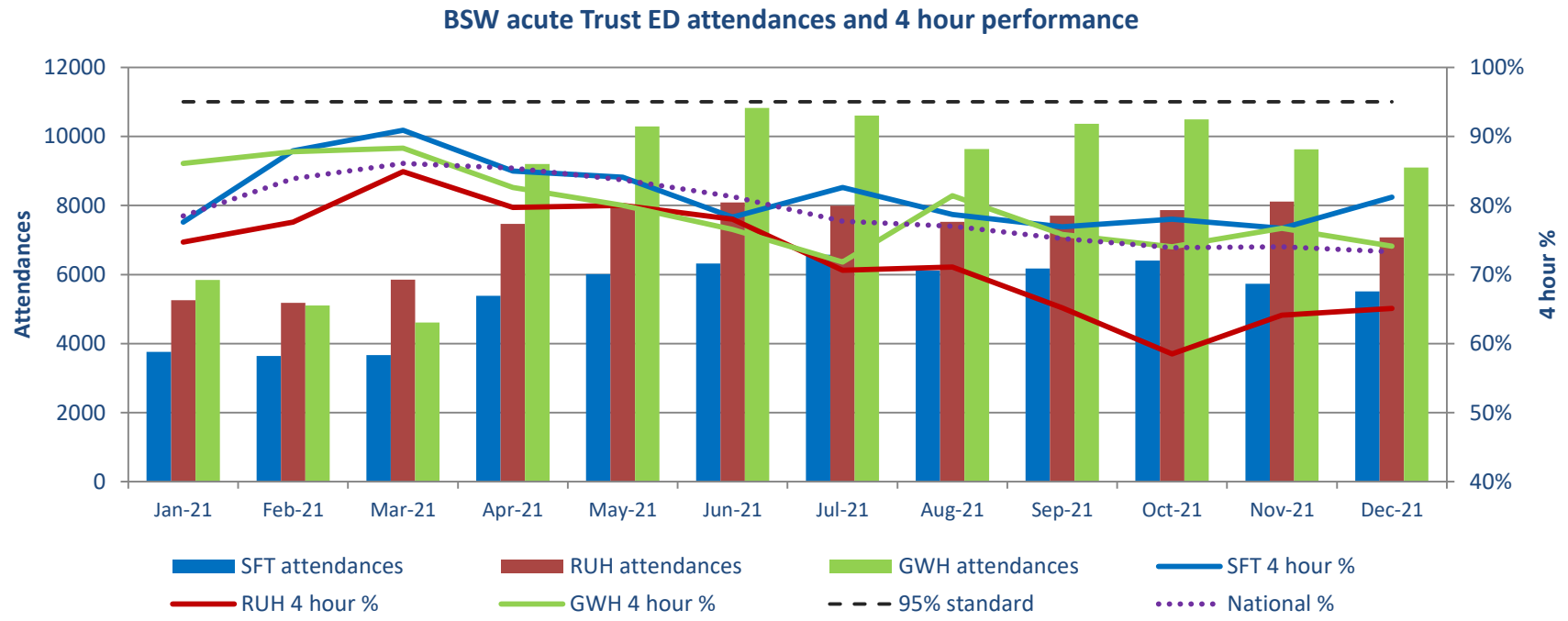
Hospital flow constraints and the resulting impact of the department reaching capacity, remains the biggest challenge in being able to off load ambulances in a timely manner.

Staffing gaps, especially nursing, have a large impact on ambulance conveyance times within the department, gaps in workforce continue to remain a challenge at times.

Diverts from other Trust partners within BSW ICS may have a small impact with an increase in ambulances presenting to SFT for the defined periods.

BSW Context – Emergency Access (4hr) standard

Are We Effective?



Attendances to ED were reduced in comparison to M8 at all three BSW acute Trusts, and also below levels in M9 2019/20.

Performance remained broadly static at GWH. An improvement was seen at SFT with performance just over 80%, and well above the national average in M9 of 74%.

Nationally performance against the standard remains challenging with performance in M9 at 73.3%, the lowest month performance recorded to date. As a system BSW reported performance of 75.1% for M9.

Theatre Performance

Theatre KPI's

	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 21	Feb 21	Mar 21
19/20	497	532	501	531	453	522	524	555	476	548	481	364
20/21	239	294	327	317	346	362	379	401	328	248	263	383
21/22 Actual	301	378	379	442	455	473	507	520	465			
21/22 Plan	252	411	452	456	441	463	451	463	451	435	423	482
21/22 Plan+	252	411	551	560	540	563	554	568	547	541	517	588

Measure - Theatre Performance & Efficiency	Area	Target	Oct 21
% Utilisation	Day Surgery Theatres	90%	69%
	Main Theatres	85%	81%
Turnaround	Day Surgery Theatres	8 mins	15 mins
	Main Theatres	12 mins	29 mins
% short notice Hospital Cancellations (0-3 days)	Total	2%	3%
% Short notice Patient Cancellations (0-3 days)	Total	2%	9%

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

An average of 97 theatre sessions a week were run in M9, an decrease of 23 per week on M8, but still achieving more than baseline plan due to a low plan in December. This is 2 sessions a week short of 19/20 levels and 17 short of Plan+. Target of 10.7 baseline weekday theatres open in December (plus 2 for Insourced Teams). High staff sickness and elective cancellations in the latter 3 weeks of the month meant that 9.1 theatres open on average in the week, and some lists at lower list numbers due to late PCR results, bed pressures and patient cancellations

Underperformance of elective activity accounts for overall theatre activity still being lower than plan in M9 as elective activity remained short of pre-Covid levels, at 51%, and below plan. This has been further exacerbated by issues around late starts, high levels of emergency and trauma and high numbers of cancellations.

Daycase performance remains steady at 92% of pre-COVID levels and 101% of plan

Increased cancellations due to the impact of increasing prevalence of COVID and self-isolation requirements were also seen throughout M8 which is reflected in the high percentage of patient driven cancellations

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

Significant improvements have been maintained in both TXM compliance with contract and quality. TXM workforce now stable and skilled but scrubs still covering HCA shifts at full cost. However, Theatres Recruitment and Retention plan well underway with plans for another Theatre open using substantive staff in March 22

Transition now taking place from TXM (insourced staff) to a more stable substantive workforce, with 14 new starters in December and only 3 leavers. Reduction of TXM usage in final 2 weeks of December and plan to reduce in January by 30 shifts a week.

Theatre Staff Incentive Payment Scheme uptake low in December (£7k) compared with £9k in November. Theatre Education continues with increased numbers of Scrub Nurses, ODP's and SFA's in full time training. Theatres Manager appointed and plans being discussed to expedite start date to M11

SFT IPC guidelines continue to reflect most national processes for low risk pathways, improving the ability to book patients into cancelled slots with less notice required, in turn improving utilisation. However move to pre-surgery LFT testing rather than PCR for low risk pathways still awaiting authorisation. This will improve booking efficiency and flexibility so will have a significant impact on utilisation if approved

Continuation of High Volume Low Complexity (HVLC) lists running both in week and at weekends as targeted Waiting List Initiatives. Work ongoing to increase additional capacity by continuing to work to reinvigorate the Theatre Staff Incentive Payment Scheme

The Four Eyes productivity and efficiency work continues focused in the Day Surgery Unit. This is being underpinned by weekly specialty Scheduling Meetings and the Operational Theatre Group where there is representation from multidisciplinary teams. Current focus point is prevention/reduction of late starts

Risks to delivery and mitigations

Theatre workforce for local lists continues to be a blocker despite slow improvement. High levels of sickness continued to impact lists in M9 leading to the cancellation of elective work and the opening of fewer theatres than planned. The mitigation for this issue is linked to the Theatre Workforce Review. The resilience of the local workforce is a particular focus as transition from reliance on TXM (insourced staff) to a more stable substantive workforce

An ongoing risk to elective activity remains high levels of trauma, in both Plastic Surgery and T&O, and other non-elective emergency demand. This is being mitigated by daily reviews by the Specialty, Theatre and DMT to ensure patients are clinically prioritised appropriately.

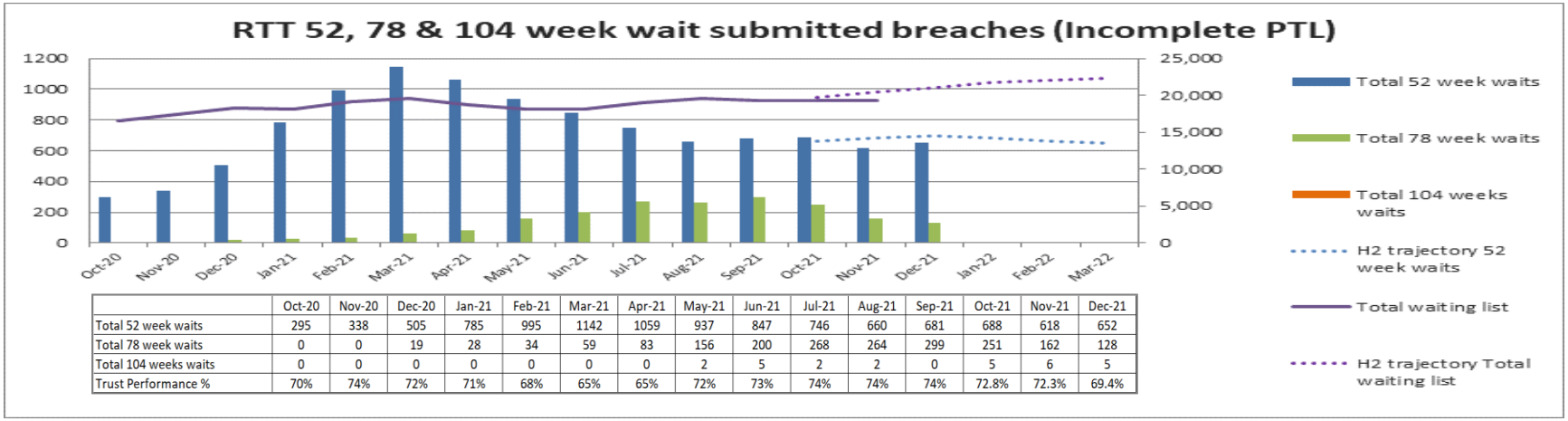
Bed pressures continue to impact the elective programme and has led to elective cancellations throughout M9 especially elective cases however the simultaneous use of both upstairs and downstairs of DSU for inpatients has also impacted daycase performance. Daily review by the Matrons and DMT undertaken as required avoiding cancellations whenever practical. Daily elective planning meeting set up chaired by Surgery Silver and attended by lead for theatres and lead for Chilmark elective to ensure the most efficient use of capacity to minimise cancellations

Risk of activity being impacted by cancellations due to increased prevalence of COVID resulting in rise in sickness and isolation of clinicians. Ongoing risk due to patient cancellations which increased to 9% in M9

Theatre access allocated by clinical priority and need resulting in theatre access varying by specialty month to month and the impact of this can be especially seen on specialities with a high proportion of clinically routine, low priority patients

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

National Key Performance Indicators



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Total 52 week waits	295	338	505	785	995	1142	1059	937	847	746	660	681	688	618	652
Total 78 week waits	0	0	19	28	34	59	83	156	200	268	264	299	251	162	128
Total 104 weeks waits	0	0	0	0	0	0	0	2	5	2	2	0	5	6	5
Trust Performance %	70%	74%	72%	71%	68%	65%	65%	72%	73%	74%	74%	74%	72.8%	72.3%	69.4%

Longest Waiting patient (Weeks)	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	101	106	110	108	112	103	106	110	110

Top 5 with highest 52 week wait submitted breaches (Incomplete PTL)

Treatment function	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	% change from
Plastic Surgery	139	145	140	133	130	129	129	111	121	9%
Urology	89	94	88	78	52	54	59	60	63	5%
Ophthalmology	203	158	120	92	92	90	71	55	44	-20%
Trauma and Orthopaedic	130	114	99	85	74	59	56	48	39	-19%
Oral Surgery	146	102	87	76	63	63	44	38	38	0%

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

The number of patients waiting longer than 52 weeks increased by 34 to a total of 652 in M9. This is ahead of the H2 trajectory of 681. The number of patients waiting longer than 78 weeks continues to decrease reducing by 34 to a total of 128. Among this cohort who have waited longer than 78 weeks approximately 11% are patients who have requested to pause their pathway.

The number of reportable patients waiting 104 weeks in M9 was 5, with the longest waiting patient waiting 110 weeks. These patients are all been dated for surgery in M10 apart from 1 patient choice delay due to COVID concerns. This patient is being supported by the OMFS clinical team to identify a solution to their concerns or alternative treatment options.

Of the patients waiting on non-admitted pathways the majority continue to be within Ophthalmology. Of the patients on admitted pathways awaiting surgery the split is broader as illustrated in the 'Top 5' table with Plastic Surgery being the most challenged specialty.

Overall PTL size in M9 19,299 which is 68 ahead of the H2 target of 19,367.

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

HVLC lists for Plastics LA lists have continued to run throughout the month of December for this long waiting cohort although this was reduced due to the weekend bank holidays reducing TXM lists.

To further address these long waiters weekend outpatient clinics planned in Ophthalmology in M11 and M12 for patients that are not clinically appropriate for transfer to the IS and some weekend theatre lists scheduled for T&O in M11.

H2 trajectories reflect the national guidance to eliminate 104 week breaches by March 22 (unless P6 patient choice to wait), hold or reduce the number of patients waiting longer than 52 weeks, and hold total waiting list size around September 21 levels. SFT currently achieving both the 52 week and total waiting list size targets and patient level reviews are being undertaken to support achievement of the 104 week target by the end of M12.

Ongoing use of IS with the transfer of clinically appropriate Orthopaedic patients to Newhall and Ophthalmic Cataract patients to two external providers continuing.

Risks to delivery and mitigations

Theatre workforce for local lists including the risk of high levels of sickness. The mitigation for this issue is linked to the Theatre Workforce Review . Risks associated with staffing levels as a direct result of COVID-19 also remain prevalent with the risk of activity being lost due to the impact of sickness and isolation

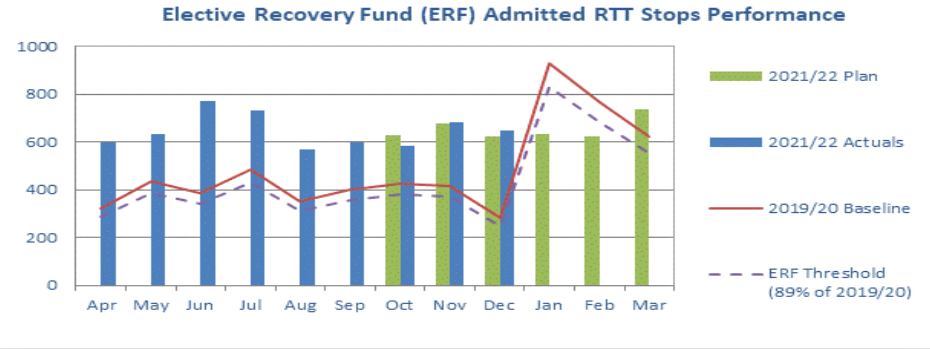
High levels of trauma, in both Plastic Surgery and T&O, and other non-elective emergency demand as this may result in the cancellations especially of long waiting, clinically routine patients. This is being mitigated where possible by daily reviews by the Specialty, Theatre and DMT to ensure patients are clinically prioritised appropriately minimising elective cancellations wherever possible

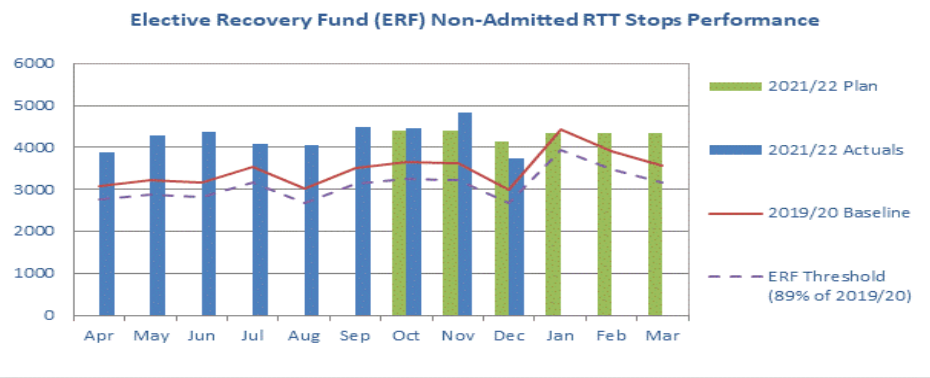
Bed pressures are now starting to impact the elective programme, especially affecting the casemix, and led to some elective cancellations in M9. Daily review by the Matrons and DMT undertaken as required avoiding cancellations whenever practical. Daily elective planning meeting set up chaired by Surgery Silver and attended by lead for theatres and lead for Chilmark elective to ensure the most efficient use of capacity to minimalise cancellations

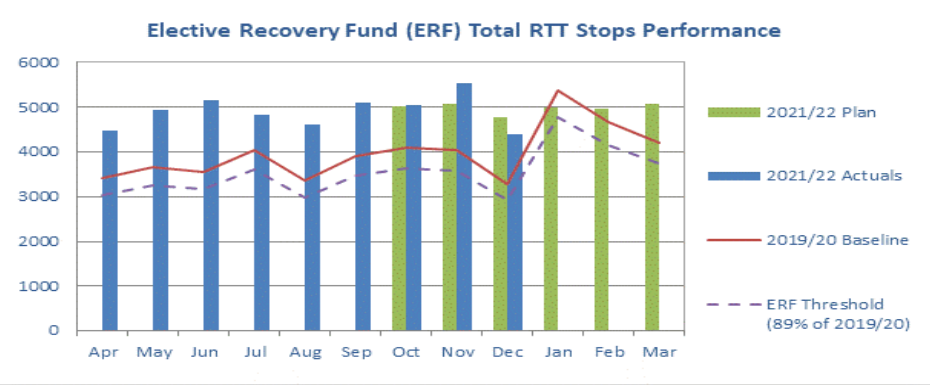
Increased patient led cancellations are also a risk to delivery especially in light of increasing COVID prevalence, rate of almost 9% in December

Elective Recovery Fund - RTT Stops

National Key Performance Indicators







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

ERF total RTT stops performance fell behind plan in M9. The admitted RTT stops performance remained above plan though but the non-admitted was below impacting overall performance

Outpatient attendances in M9 exceeded current month plan, 112%, but were slightly below pre-COVID levels achieving 98%

Virtual appointments continue to work well in a number of specialties with Gastroenterology and Cardiology seeing high numbers of their outpatients virtually

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

Improvement actions and timescales for improvements in elective and daycase activity discussed on previous slides

Wait to First Appointment has been selected as a Breakthrough objective as part of the Trusts Improving Together program. Analysis is currently being undertaken to identify challenges and opportunities for improvement

Non-admitted performance impacted by increased outpatient cancellations due to COVID-19 where increases in both patient cancellations and hospital cancellations were seen due to the rise in sickness and isolation. Emergency, trauma and urgent theatre activity took clinical priority over routine outpatient activity

Fall in routine outpatient activity seen in Respiratory and Gastroenterology due to need to prioritise urgent inpatient care

Risks to delivery and mitigations

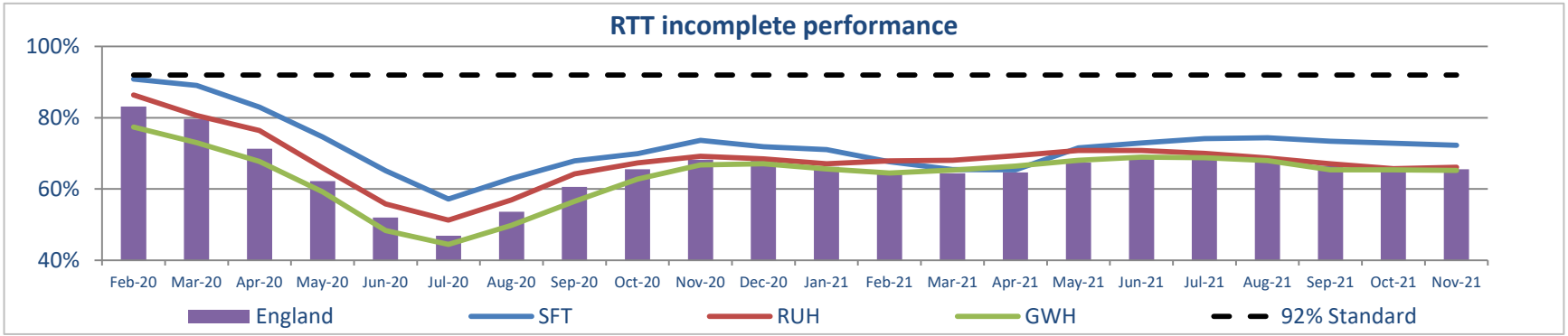
Continued risk of increased cancellations due to COVID-19

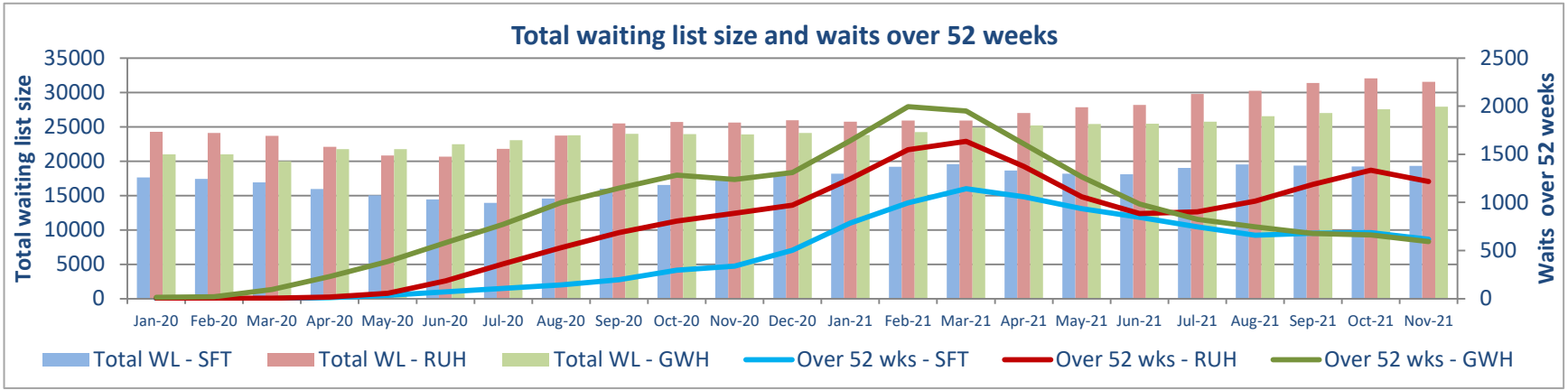
Continuing space constraints across outpatient departments continue to be a significant risk as social distancing and IPC requirements have been reduced but not removed

Creep in some specialties back to onsite preferences. Focussed work is being undertaken with DMT's, Clinical Leads and Transformation team to continue to increase this in line with national targets and to improve medium-long virtual models

BSW Context – Referral To Treatment (RTT)

Are We Effective?





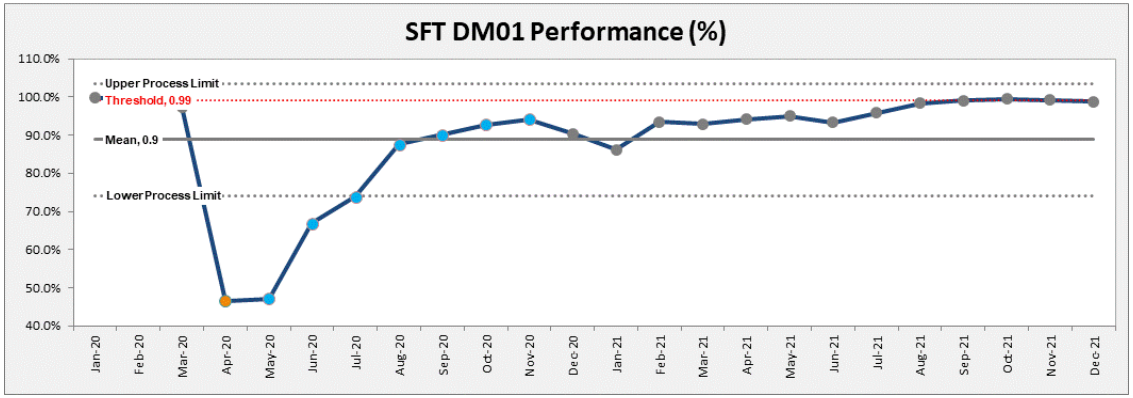
The number of patients waiting longer than 52 weeks for treatment continues to reduce across BSW with collectively 2427 patients in this group at M8, compared to 4539 in March 2021. This represents 3% of the total collective waiting list.

Nationally around 5.1% of patients waiting have been waiting longer than 52 weeks.

Total waiting list size across BSW has increased slightly in comparison to M6 (H2 requirements are to maintain waiting list at M6 position), from a collective 77719 in M6, to 78797 in M8 (a 1% increase).

Diagnostic Wait Times (DM01) Target 99%

National Key Performance Indicators



Data Quality Rating:	
Performance Latest Month:	98.7%
Waiting List Volume:	3368
6 Week Breaches:	41
Diagnostics Performed:	7101

Modality performance

MRI	99.7%	US	99.7%	Audio	88.1%	Neuro	100.0%	Flexi sig	97.3%
CT	100.0%	DEXA	100.0%	Cardio	99.6%	Colon	99.3%	Gastro	97.4%

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

Decrease in performance in M9 from 99.2% in M8 to a non-compliance of the standard at 98.78%, representing 41 breaches (an increase from 29 breaches in M8).

Cardiology breaches reduced significantly (reduced from 14 patients to 1 patient). Endoscopy increase in month but remains stable in relation to average performance and due to complex (GA) cases. Radiology breaches increased from three months of reporting zero breaches to 4 in M9, due to covid related workforce absence on 30/12/21 making it challenging to rebook in month.

29 of the 41 breaches in month are reported within Audiology due to paternity leave of Head of Service in week 1 of month and other workforce issues (vacancy and covid absence related).

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

Actions to restore compliance to DM01 associated within Audiology:

- Weekly validation of audiology breaches to be implemented for M10 to ensure oversight on monthly predicted position and early response from Surgery Division to resolve any issues. Audiology position in particular to be reviewed at Delivery Group on weekly basis until position recovered/stablised.
- Surgery Division to review requirement for Locum support in Audiology to mitigate vacancies and staff absence.
- Head of Service in Audiology will work additional hours at weekend to support complex workload and reduce backlog.

Risks to delivery and mitigations

Audiology reduction of backlog needed in M10 to ensure prompt recovery of overall position. Small workforce and case mix may put this at risk. Surgery DM working closely with Head of Service to manage this.

Cardiology and USS remain heavily reliant on locum support and in-house overtime although have retained compliance with this in place. Radiology reporting backlog has improved and so USS lists will return to Consultant workforce in some cases so that increased sonographer lists can be set up.

Gastroenterology locum workforce may cause risk to endoscopy capacity although this is not yet causing issues with DM01 compliance overall.

Statistical Process Control Chart Key:

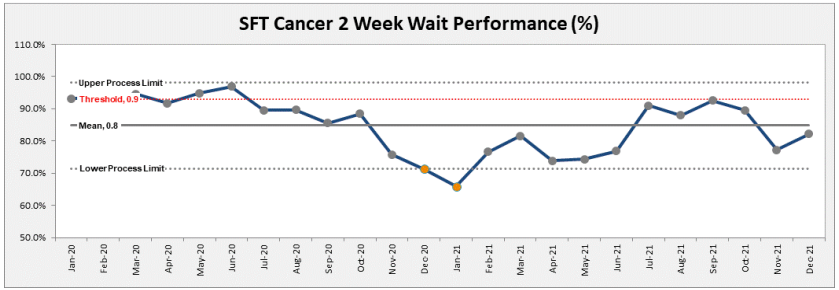
- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)
- Common Cause Variation

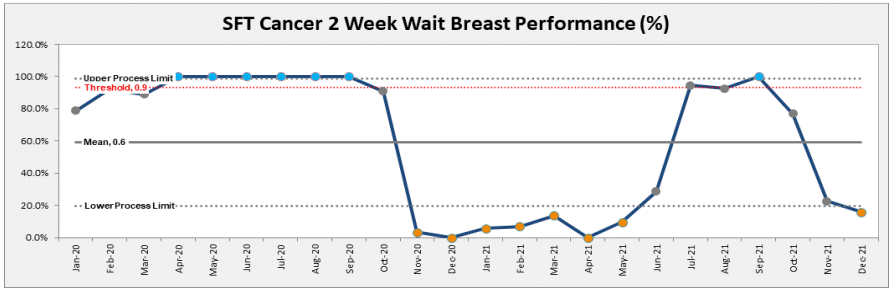
Cancer 2 Week Wait Performance Target 93%

National Key Performance Indicators

Performance Latest Month	Performance	Num/Den	Breaches
Two Week Wait Standard:	82.22%	791/962	171 (59 patient choice)
Two Week Wait Breast Symptomatic Standard:	15.79%	6/38	32

Data Quality Rating:





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

Two week wait standard not achieved for Month 9, with validated performance of 82.22% (962 patients seen; 791 in target; 171 breaches). Breach reasons associated with:

- Clinic capacity: 80 (predominantly lack of radiology cover to facilitate additional breast one stop clinics)
- Patient choice: 59 breaches
- Incomplete GP referrals: 10 breaches
- Administrative delays (including triage): 13 breaches
- Endoscopy capacity: 6 breaches
- Clinical delay: 3 breaches

Q3 performance of 82.76% (3104 patients seen; 2569 in target; 535 breaches)

Breast symptomatic two week wait standard not achieved for Month 9, with validated performance of 15.79% (38 patients seen; 6 within target; 32 breaches). Breaches associated with patient choice and lack of breast one stop capacity due to insufficient radiology capacity to facilitate additional clinics. Q3 end performance of 38.33% (120 patients seen; 46 in target; 74 breaches).

28 day Faster Diagnosis Standard not achieved in Month 9, with validated performance of 74.7% (924 patients informed of their diagnosis; 690 in target; 234 breaches).

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

Breast two week wait performance: Deterioration in two week wait performance seen from October 2021 due to increase in referrals and lack of radiology capacity to support additional one stop clinics. Further deterioration anticipated over January 2022 as a result of lost clinics over the Christmas and New Year period. CSFS reviewing opportunities to facilitate additional clinics in light of improved reporting turnaround times and reduced reporting backlog.

Patient choice: Ongoing challenges associated with patient choice delays and cancellations. There are however limited opportunities to offer a second appointment within the two week timeframe due to capacity constraints across services.

Incomplete GP referrals: Inconsistent completion of straight to test referral forms. Conversations ongoing with BSW ICS and Hampshire and Isle of Wight CCG to ensure referral quality and completeness remains consistent.

Risks to delivery and mitigations

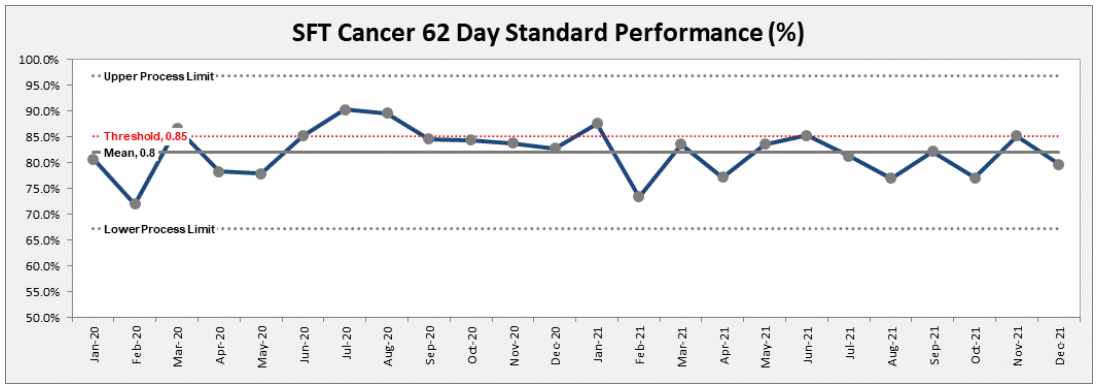
Consultant radiologist capacity to support additional clinics within breast service: Deterioration in 2ww performance seen from October 2021 onwards due to increase in referrals and lack of consultant radiologist capacity to support additional one stop clinics. Conversations remain ongoing within CSFS to facilitate additional clinics in light of improved reporting turnaround times and reduced reporting backlog.

Patient choice: Incremental increase in patient choice 2ww breaches on a monthly basis. Delays associated with various reasons, though as a Trust there are limited opportunities to offer a second appointment within the two week timeframe due to capacity.

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

Cancer 62 Day Standards Performance Target 85%

National Key Performance Indicators



Data Quality Rating:

October 21	Performance	Num/Den
62 Day Standard:	80.39%*	58.5/73.5
62 Day Screening:	50%	2.5/5

*62 day performance is subject to change prior to final submission

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

Month 9 62 day performance standard not achieved, with validated month end performance of 80.39% (73.5 patients treated; 58.5 in target; 15 breaches). Breach reasons associated with:

- **Breast:** 2 breaches (diagnostic delays)
- **Colorectal:** 3 breaches (patient choice, complex pathways across multiple services)
- **Gynaecology:** 1 breach (clinical delay/complex diagnostic pathway)
- **Haematology:** 3 breaches (delayed transfer from other tumour sites, complex diagnostic pathways)
- **Lung:** 2.5 breaches (diagnostic delays/complex diagnostic pathways)
- **Skin:** 1 breach (clinical delay)
- **Upper GI:** 0.5 breaches (complex pathway across multiple providers)
- **Urology:** 2 breaches (diagnostic delays)

Q3 performance of 81.2% (226.5 patients treated; 183.5 in target; 43 breaches)
62 day screening standard not achieved for M9, with validated performance of 50% (5 patients treated; 2.5 in target; 2.5 breaches). Breaches associated with insufficient BCSP capacity. Q3 performance of 56.25% (16 patients treated; 9 in target; 7 breaches).
31 day performance standard achieved for Month 9, with validated performance of 97.35% (122 patients treated; 120 in target; 2 breaches). Breaches associated with clinical delays and delay in receipt of diagnostic result. Q3 performance of 97.35% (377 patients treated; 367 in target; 10 breaches).

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

Radiology and histology reporting turnaround times: Increased waiting times for both radiology and histology reporting. Radiology delays associated with insufficient consultant radiologist capacity in light of management of routine backlog, though improvement seen in January 2022. Increase in number of histology reports being outsourced due to capacity constraints locally. Capacity has the potential to adversely affect pathways across all tumour sites and could hinder SFT's ability to deliver the nationally recommended optimum timed diagnostic pathways.
Patient fitness: Increase in number of 62 day breaches associated with patient fitness and comorbidities. Increase in number of patients requiring anaesthetic review and pre-habilitation ahead of treatment, as well as incidences whereby secondary cancers are being found elsewhere in the body that have altered initial treatment plans. The complexity of these patient's pathways is likely to impact on 62 day performance going forward.
Access to PET-CT: Service is provided by Alliance Medical. Capacity issues raised via Clinical Lead and Deputy COO directly with provider, as well through SWAG/Wessex cancer alliances and BSW ICS. Capacity has adversely affected patient's pathways, with an average waiting time from request to perform of 14 days.

Risks to delivery and mitigations

Impact of COVID-19 and patient complexity: Risk associated with delayed presentation as a result of the COVID-19 pandemic. There have been instances whereby patients are being diagnosed with more advanced stages of cancer, complex metastases and co-morbidities. Ongoing focus from BSW ICS and national campaigns to encourage patients to present to their GP with any concerns.

Radiology and histology reporting turnaround times: Increased waiting times for both radiology and histology reporting. Radiology delays associated with insufficient consultant radiologist capacity in light of management of routine backlog. Risk to both 28 day and 62 day delivery.

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?

SSNAP Case Ascertainment Audit

Highest level = Grade A

Lowest level = Grade E

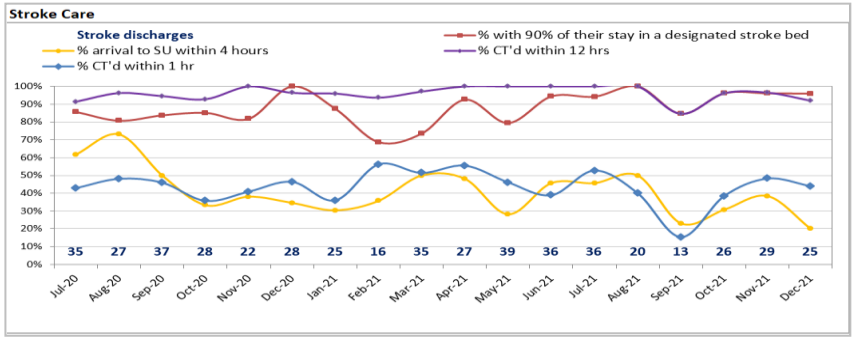
Quarterly	Q1	Q2	Q3	Q4
2019-20	B	B	B	Not Reported
2020-21	Not Reported	Not Reported	Not Reported	Not Reported
2021-22	C	C		

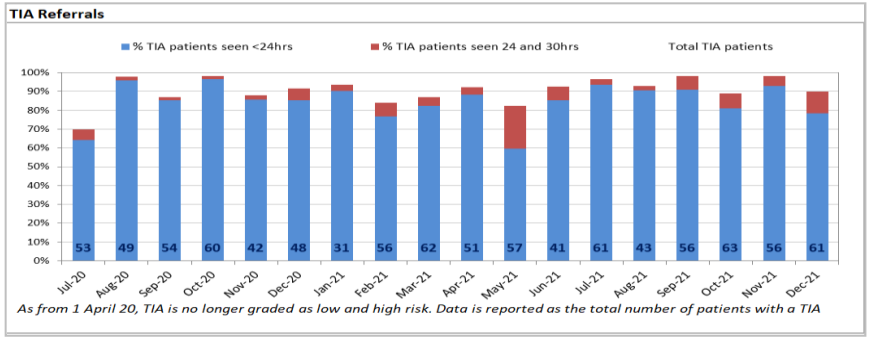
Data Quality Rating:

% Arrival on SU <4 hours: 20.0%

% CT'd < 12 hours: 92.0%

% TIA Seen < 24 hours: 78.3%





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

[Please note: Data is often only partially validated with informatics at the time of publishing. Coding can sometimes result in minor adjustments to the data at a later date].

December Data:

- There were 25 stroke discharges this month.
- There were two stroke deaths within the 30 day period in December.
- 90% of care in the stroke unit was 96% this month.
- The number of patients reaching the stroke unit within 4 hours decreased to 20% with 1inpatient stroke, 13 waiting Bed, and 4 waiting 1st Doc.
- Average Stroke unit length of stay was 30 days with 3 long term patients discharged.
- 44% of patients had a CT within an hour which below the national target of 50%. CT within 12 hours was at 92%.
- 3 patients were discharged this month who had been thrombolysed with an average door to needle time of 78 minutes.
- 16 of the eligible 22 patients were referred to Early Supported Discharge (ESD)
- 78% of the 60 TIA's had treatment complete within 24hrs; with 6 patients affected by full clinics, 2 having MRI scans the following day,4 late referrals and 1 rebooked later that month.

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

A recent analysis undertaken by the stroke unit revealed that average time to CT head was missing the target of 1hr by approximately 20 minutes. Delays to 1st assessment are considered to be the main cause for this although the reasons have been multi-factorial.
Regarding admission to the stroke unit within 4 hours, an analysis has found multiple causes for the delays. Reasons have included:

- Crowding in ED
- Patients awaiting 1st/2nd clerking
- Awaiting discussion with the consultant prior to moving
- A patient moved to AMU in the first instance (as diagnosis of stroke unclear).

Discussions with ED and Radiology leads have been underway to identify solutions for improving performance times for CT scans. Education opportunities are being taken and an email reminding doctors of the importance has been circulated to ED and Medical teams. ED doctor teaching is also being expedited to highlight the importance of this.

A proposed pathway for the triage and subsequent management of patients presenting with new neurology has been discussed and agreed with ED leads. This should improve early identification of patients requiring CT head, whilst enabling early transfer to the right place, and ensuring that the patient is assessed by the most appropriate person.

Risks to delivery and mitigations

The Unit are welcoming 5 new members of staff to join the nursing team

Whilst a new neurology pathway has been proposed the implementation of this has not always been feasible due to ongoing Covid-19 pressures.

Salisbury NHS Foundation Trust

Part 2: Our Care

Performance against our Strategic Priorities and Key Lines of Enquiry

Our Priorities	How We Measure	
People	Are We Effective?	Are We Responsive?
Population	Are We Safe?	Are We Caring?
Partnerships	Are We Well Led?	Use of Resources

Maternity

Are We Safe?

SFT Assurance Dashboard							
	Jul-21	Aug-21	Sep-21	Oct-21	Nov 21	Dec 21	TREND
Perinatal Morbidity and Mortality							
Total number of Perinatal Deaths							
Number of late fetal loses (22+0 to 23+6 weeks excl TOP)			1	0	0	2	
Number of stillbirths (>+ 24 weeks excl TOP)	0	0	1	0	0	2	
Number of neonatal deaths : 0-28 days	0	0	1	1	0	2	
Maternal Morbidity and Mortality							
Number of Maternal Deaths	0	0	0	0	0	0	
Number if women requiring admission to ITU	1	2	0	0	0	0	
Insight							
Number or daytix incidents - moderate or above				3	0	1	
Daytix incidents moderate harm (not SII)				2	5	1	
Daytix incidence SII				1	0	0	
HSIB referrals			1	0	0	0	
HSIB/NHSR/CQC or other organisation with a concern or request	0	0	1	0	0	0	
Coroner Reg 28 made directly to trust	0	0	0	0	0	0	
Workforce							
Minimum safe staffing in maternity services :Obstetric cover	40	40	40	40	40	40	
Minimum to Birth ratio	1.35	1.45	1.40	1.27	1.25	1.25	
Provision of 1 to 1 care in established labour (%)	100	100	100	100	100	100	
Datix relating to workforce					1	0	
Numbers of times maternity unit on divert	0	0	0	0	0	0	
Involvement							
Service user feedback : Number of Compliments	15	0	24	9	9	2	
Service user feedback : Number of Complaints	1	2	1	1	1	1	
Number of SOX				12	2	5	
Assurance/Improvement							
Progress in achievement of 10 safety actions(CNST)	6	6	6	6	6	6	
Training compliance - MDT PROMPT	66.6.%	68.0%	68.0%	68.0%	56.2%		

This dashboard remains under development and therefore some data is currently unavailable

Perinatal Quality Surveillance Tool

The information provided represents the recommendation from the Ockenden report. SFT is further developing this dataset to ensure the Board is informed of safety metrics and indicators.

Maternity Incentive Scheme (CNST) year four

Released in August 2021. Currently underway at SFT with a submission date to NHS Resolution of Thursday 30 June 2022.

Continuity of Carer

Revised National guidance published on Continuity of Carer in October 2021: An implementation plan is being worked up to implement this model of midwifery care across the service, and will be presented to Board for approval before submission to region by January 22nd 2022. This date may be revised due to the Covid -19 pandemic.

Maternity Dashboard

Data Quality Rating:

Are We Safe?

Measure	Min	Median	Max	Mar-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov - 21	Dec 21	Q1 Total	Q2 Total
Babies (incl Non Reg)	88	334	545		183	191	222	217	198	187	149	532	630
Homebirth rate %	0.0%	1.7%	7.8%		1.6%	1.6%	4.7%	4.1%	5.1%	4.6 %	4.9%	2.5%	4.6%
Inductions %	21.6%	34.0%	43.0%		32.6%	33.0%	38.3%	32.0%	37.4%	39.1%	36.9%	2.9%	103.2%
Total CS rate (planned & unscheduled)	17.8%	27.4%	73.9%	32% National Dash Mar21	24.1%	29.7%	29.3%	32.4%	26.6%	26.6 %	29.5%	29.5%	30.5%
Elective caesarean sections %	5.9%	11.7%	21.7%	15% National Dash Mar 21	10.2%	12.1%	12.2%	13.7%	10.3%	16.3%	12.1%	13.3%	0.1%
Emergency caesarean sections %	0.1%	15.7%	25.0%	17% National Dash Mar 21	13.9%	17.6%	17.1%	18.7%	16.3%	10.3%	17.4%	16.0%	17.8%
Instrumental deliveries %	5.1%	12.0%	21.0%	12.5% NMPA	12.0%	9.9%	12.6%	9.2%	10.6%	12.8%	12.8%	11.8%	10.6%
PPH >= 1, 500 %	0.0%	3.4%	21.0%	Green <2.7%, red >5.6% NMPA	4.8%	2.2%	4.5%	4.6%	4.4%	3.81%	1.3%	3.8%	3.9%
Apgar less than 6 @ 5 min %					0.0%	0.0%	0.0%	0.9%	0.5%	1.1%	0 %	0.2%	0.3%

Safety agenda

ATAIN – Avoiding Term Admissions in Neonatal units (>37 weeks gestation)

- To identify harm leading to term admissions with a focus on reducing unnecessary separation for mother and baby
- Aligns with the national ambition to reduce stillbirth, neonatal brain injury and neonatal death by 50% by 2030

SFT Performance	Jun 21	July 21	Aug 21	Sept 21	Oct 21	Nov 21
% of term admission (aim < 6%)	6.0	2.6	5.4	5.4	5.1	x

SBLv2 – Saving babies lives

Element 1- Fully compliant

Element 2- Non compliant with 1 requirement

- Uterine Artery Doppler scans for High risk women by 24 weeks

Element 3- Fully Compliant

Element 4- Fully Compliant

Element 5- Non compliant with 2 requirements

- Preterm birth guideline – awaiting ratification through CMB
- Non compliant with recording of antenatal corticosteroids on Maternity Information system

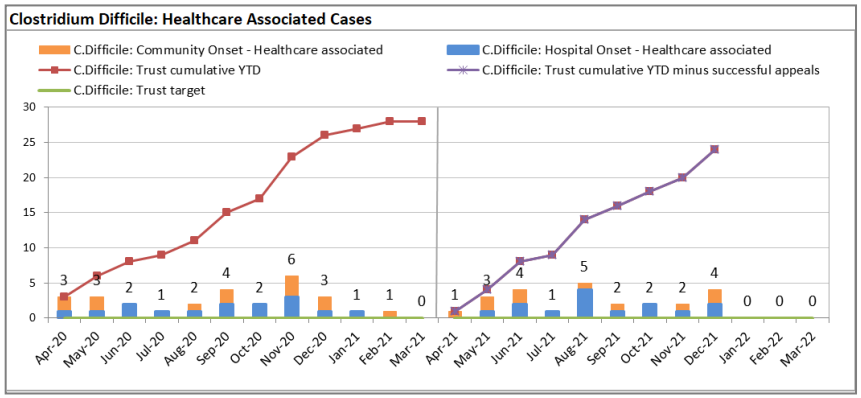
Infection Control

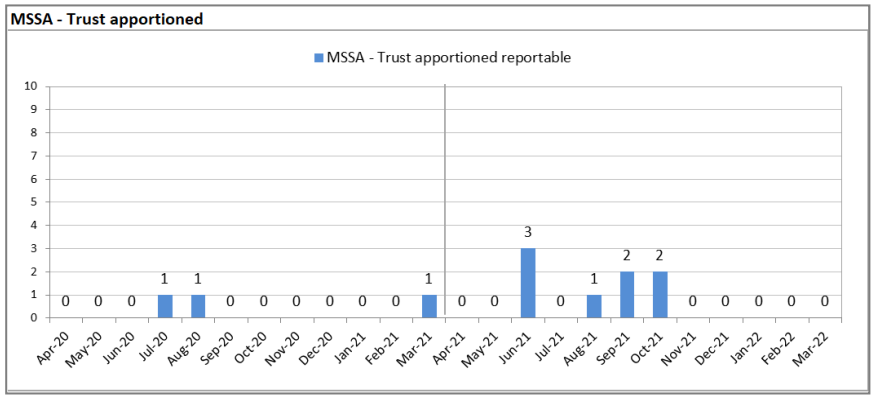
Data Quality Rating:

Are We Safe?

Clostridium Difficile	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
Cases Appealed	0	0	0	0	0	0	0	0	0	0
Successful Appeals	0	0	0	0	0	0	0	0	0	0

MRSA	2020-21	2021-22
Trust Apportioned	3	0





Summary

- **MRSA bacteraemia** = zero hospital onset cases
- **MSSA bacteraemia** = zero hospital onset cases
- **E.coli bacteraemia** = 2 hospital onset cases:
  - An inpatient on Whiteparish Ward with source determined as bone and joint (no prosthetic material).
  - An inpatient on Pitton Ward, with source determined as hepatobiliary.
- **C.difficile** – healthcare associated cases reportable to UKSHA (formerly PHE):
  - Hospital onset; healthcare associated reportable cases = 2 (where samples were sent for inpatients on Longford Ward and Breamore Ward).
  - Community onset; healthcare associated reportable cases = 2
    - GP sample sent for a patient who had been discharged from SFT on 16.12.21
    - Sample sent from the community for a patient who had been discharged from SFT on 22.12.21 (2 days prior to the sample being sent).

The following hospital onset cases were also identified in December:

- **Pseudomonas aeruginosa bacteraemia** for a patient on Radnor Ward, with the source determined as lower respiratory tract (of note, the patient was admitted 11.12.21, and was known to be COVID-19 positive in the community prior to admission to the Trust).
- **Klebsiella aerogenes bacteraemia** for a patient on Radnor Ward, with the source determined as lower respiratory tract (of note, the patient was admitted on 17.11.21, and was known to be COVID-19 positive in the community prior to admission to the Trust).

Pressure Ulcers

Are We Safe?

Per 1000 Bed Days	2020-21 Q3	2020-21 Q4	2021-22 Q1	2021-22 Q2	2021-22 Q3
Pressure Ulcers	2.10	2.21	1.47	1.30	1.84

Summary and Action

Category 2 PUs have decreased slightly to 25 in December from 27 in November with medicine contributing the majority of this number (19 in medicine and 6 in Surgery). Within this number there were 5 device related PUs, 4 of these were related to oxygen tubing or ETT's (2 patients being proned). Cat 2 PUs were most commonly found on buttocks/sacrum or heels. We continue to reiterate the importance of accurate risk assessment and use of pressure relieving devices (air mattresses and orthotic boots) as a preventative measure to reduce PU occurrence. The ward areas with multiple PUs acquired will present their learning at Share and Learn where any further themes or actions will be identified.

No category 3 or 4 PUs have been identified in December.

Deep Tissue Injuries have decreased to 11 in December from 14 in November. The medical division acquired the majority of these (8 acquired in medicine and 3 in Surgery). DTIs were most commonly found on heels, and we continue to remind and educate staff in the importance of regularly checking patient's heels and using orthotic boots both as a preventative and reactive measure. It is likely that there were missed opportunities for early identification of vulnerable heels due to staff shortages and missed education opportunities.

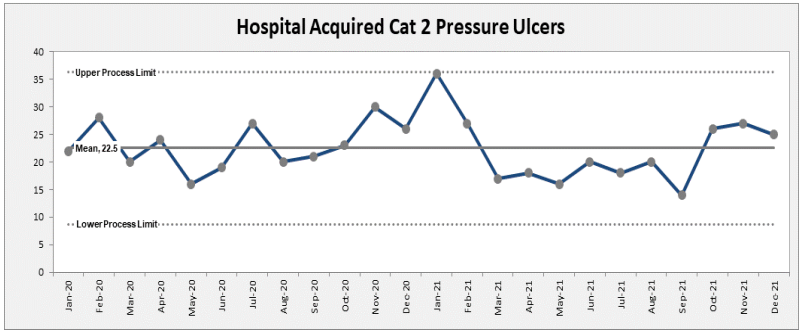
Unstageable PUs have significantly decreased to 1 in December from 6 in November. This was acquired within the medical division and has been re-reviewed and does not have significant depth. No learning has been identified as the patient is independent and has complex mental health needs, and can be non-compliant with reporting and monitoring of pressure areas.

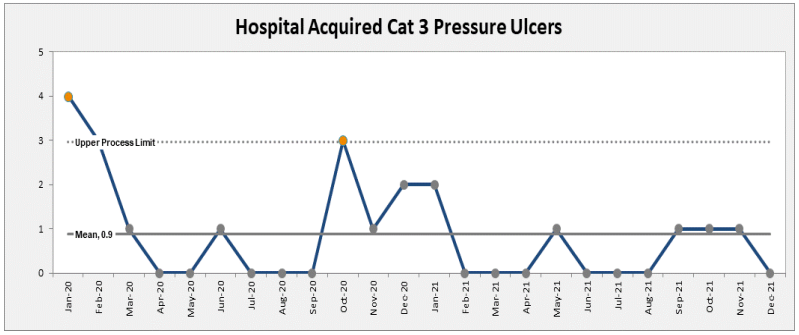
All categories of PU continue to be discussed at the weekly Matron huddle meeting (as operational pressures allow) and key learning identified at the monthly Share and Learn meeting from ward RCA investigations. Causes for the hospital acquired PUs will be discussed, noting the significant operational pressures and staffing problems across both divisions, as well as the increased acuity of patients being admitted into the trust. Matrons from both divisions continue to highlight staffing issues each week and wards continue to report delays in pressure area care due to high patient acuity and poor staffing levels/skill mix. It is also notable that due to the extended Bank Holiday weekends Pressure relieving boots were unavailable and there was high demand for pressure relieving air mattresses. This meant that all air mattress stock was used over this period and some areas reported delay in transferring patients onto the appropriate mattress for this reason.

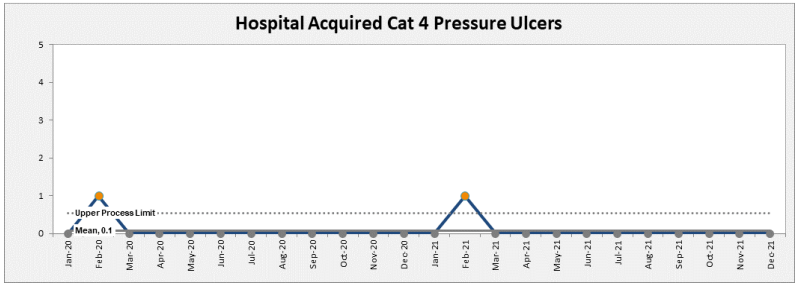
Pressure Ulcer Prevention education had no attendance again in December. We continue to review this and the recurring theme for non-attendance is ward acuity and/or poor staffing levels. Tissue Viability continues to offer Pressure Ulcer Prevention education sessions twice a month and encourages attendance from all staff. Pressure Ulcer Prevention education remains a non-mandatory education subject.

December Share and Learn meeting did not take place due to hospital operational pressures. However, the leads of the Share and Learn group met and discussed ways to improve engagement and learning within this template. It has been decided that only wards with two or more Hospital acquired PUs will present their learning at the Share and Learn meeting, with the aim that specific ward areas will be able to identify more concise actions and learning for their area and share this with the wider group for further input. January meeting to discuss December figures will take place on 19th January.

Data Quality Rating:





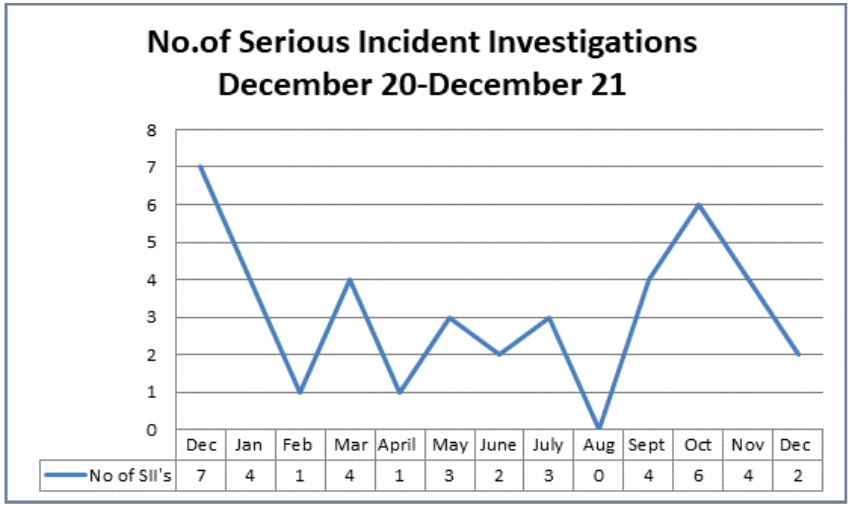


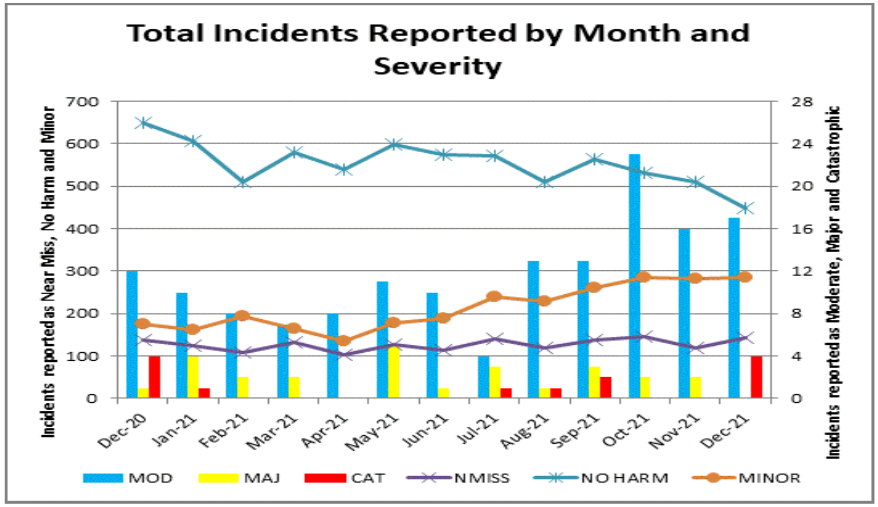
Statistical Process Control Chart Key:
- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)
- Common Cause Variation

Incidents

Are We Safe?

Year	2020-21	2021-22
Never Events	0	3





Summary and Action

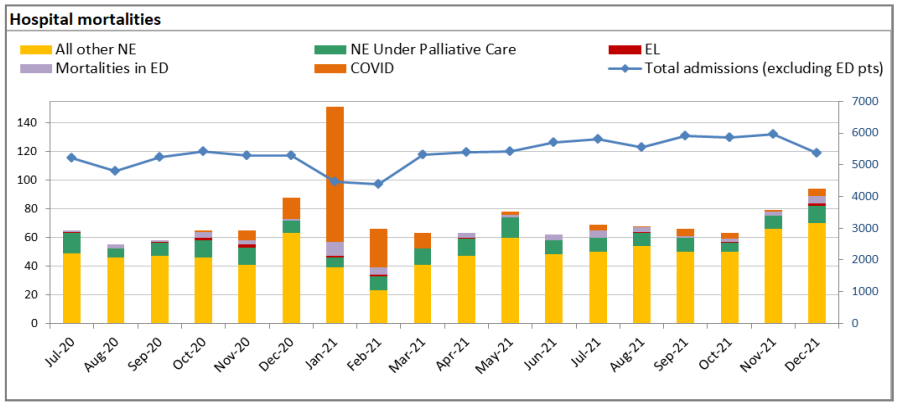
There were 2 SII's commissioned in December:

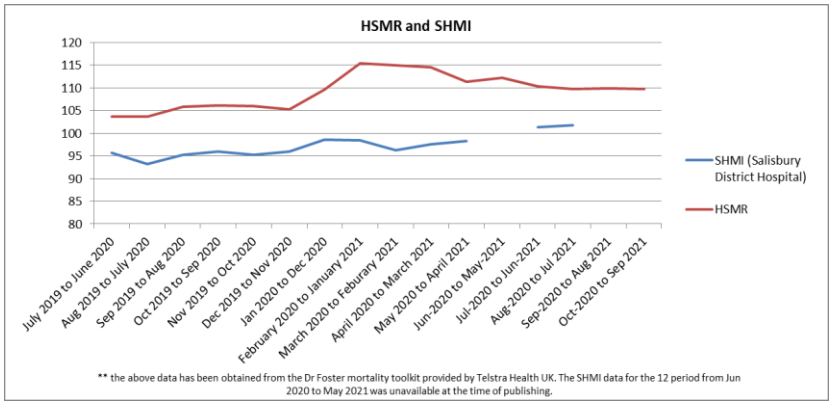
- SII 448 Catastrophic fall (Downton ward).
- SII 452 Proportionality of using a GA as least restrictive treatment - This related to a mental health patient who was electively ventilated due to her unsafe behaviour but the wrong detention form was used.

Mortality Indicators

Are We Safe?

Data Quality Rating:





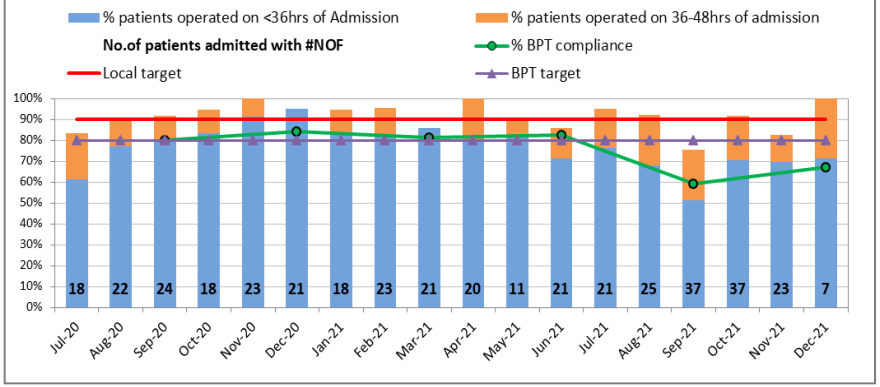
Summary and Action

- The latest SHMI for Salisbury District Hospital for the period of September 2020 – August 2021 (as published by NHS Digital) is **1.02** and this is within the expected range.
- The latest HSMR is 109.8. This represents the 12 month rolling period from October 2020 to September 2021.
- There were 5 deaths from COVID-19 in December.

Fracture Neck of Femur & VTE Risk Assessment/Prophylaxis

Are We Safe?

Fracture Neck of Femur operated on within 36 hours (Revised following TIAA Audit)



(Please note: due to the time it takes to complete clinical coding, the fracture neck of femur data for the current month may not be displayed on the graph above)

December 2021
Total patients discharged: 31
Not applicable for BPT: 4 (3PP# & 1 no operation)
Number of patients who failed to meet BPT: 8

Reason for failure:
- Awaiting space: 4 patients
- Awaiting medical review/investigation or stabilisation: 2 patients
- Other: 1 patient
- Awaiting space and Geriatrician Time: 1 patient

BPT %: 70.37% **LOS: Average LOS = 16.52 days**

The Task and Finish group continues to meet on a regular basis to highlight and learn from the failings within the BPT. The aim is to formulate an action plan to improve communication, team working and patient flow, while maintaining good quality and timely patient care in accordance to the criteria of BPT.
At the daily orthopaedic trauma meeting the BPT patient are being identified and prioritised where possible.

The later part of 2021 saw an increased demand on the orthopaedic trauma service at SDH as a whole. The data collected for the NHFD for the 3rd quarter of 2021/2022 when compared to the 3rd quarter of 2020/2021 shows a significant rise in the number of patients being admitted:

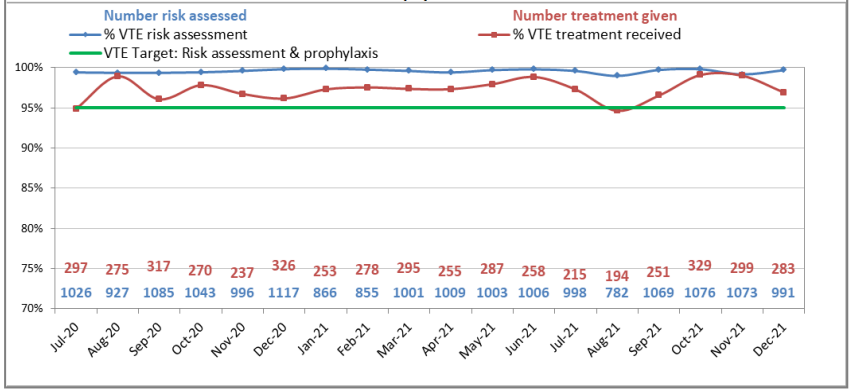
Q3 2020/2021 = 72 patients
Q3 2021/2022 = 108 patients

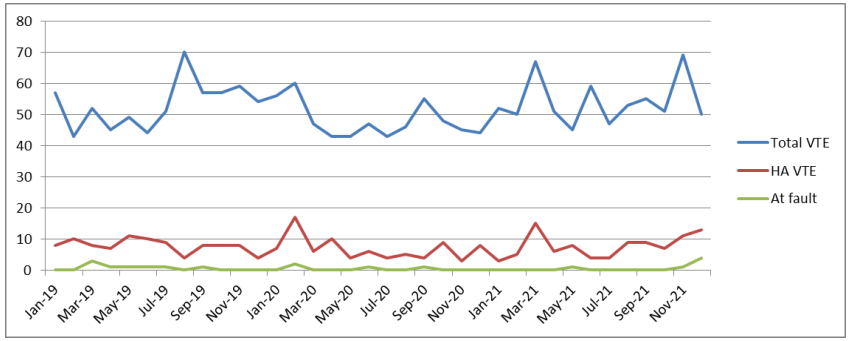
This is a significant increase on capacity of **36 patients** which is equal to an additional month of admissions in a 12 week period.

The reasons for patients failing to meet BPT is routinely reviewed and a Route Cause Analysis (RCA) is completed for every patient that fails. These reviews can be made available on request.

Data Quality Rating:

Venous Thrombous Embolism: Risk Assessment & Prophylaxis





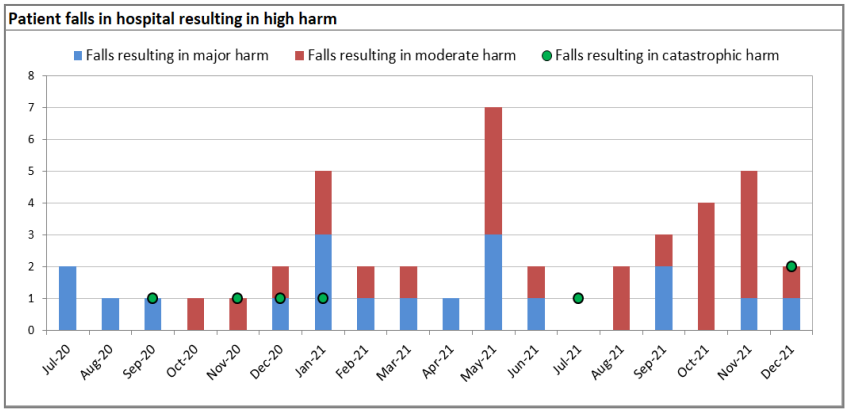
- There were a total of 50 VTEs treated in SDH in December. 13 of those events were associated with hospital admissions within 12 weeks of this diagnosis.
- This equates to 0.27% of total admission in December. National average: 0.5 – 1.6%
- Unfortunately this month we saw 4 events that could have been prevented and datix has been completed for each case.

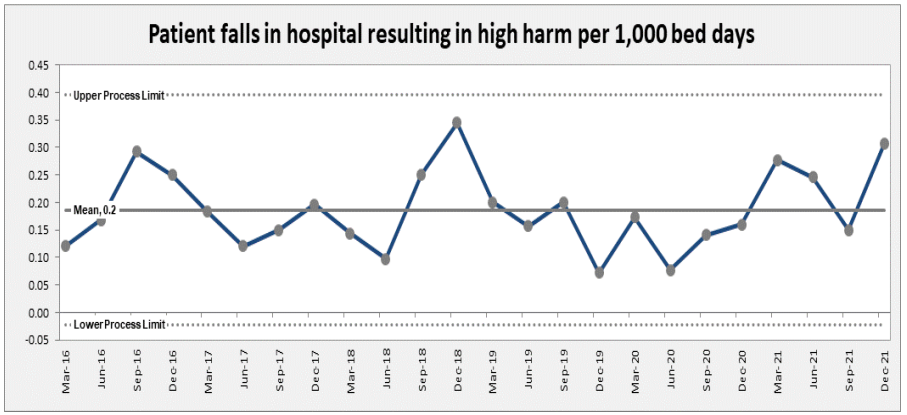
1. 80 year old lady with a previous history of VTE. Anticoagulation was stopped for 2/52 on neuro advice. Admitted for 6 days and not provided with any mechanical thromboprophylaxis. DVT diagnosed 7 days later.
2. 41 year old man admitted with ulcerated tonsillitis. No risk assessment completed and no prophylaxis provided. DVT diagnosed 2/52 later.
3. 74 year old lady admitted with # ankle following a fall. VTE prophylaxis was provided during admission but post-op notes state for prophylaxis until FWB but none was prescribed on discharge.
4. 60 year old man admitted for elective ortho surgery. VTE risk assessment was completed and Dalteparin prescribed. 1st dose given and then was declined by patient. Documented discussion regarding his decision not to have prophylaxis and an oral alternative prescribed. However no prophylaxis provided for 4 days. Despite extended prophylaxis for 6/52 DVT diagnosed 12 weeks after surgery.

Patient Falls

Are We Safe?

Data Quality Rating:





Summary and Action

There were 4 falls with harm in December.

1. **A catastrophic cerebral bleed**
2. **A catastrophic C-spine fracture dislocation**
3. **A major fractured NOF**
4. **4. A moderate fractured ribs with pneumothorax**

All cases were reviewed at ward level and presented to the weekly Patient Safety Summit within the 7 days. A weekly report is delivered to the matrons and Heads of Nursing for all patient falls for the previous week. The falls reduction specialist is reviewing all patients who have an in-patient fall, offering advice and support to both patients and staff members.

Themes continue to be:

- **Non compliance with monitoring of lying and standing BPs.**
- **There has also been some non-compliance with manual handling techniques post fall.**
- **Non compliance with a timely and accurate falls and bed rails assessment.**
- **Unavailability of enhanced care nursing staff (1:1).**

There is good compliance with the post falls nursing sticker prompt and the Doctors reviews post fall. Attendance at the falls training available in the education centre has been low, therefore the falls reduction specialist has been delivering this at ward level to small groups (Britford and Downton Wards so far). The falls policy has been reviewed and will be presented at the falls group in mid January and the safety steering group prior to circulation in February. Falls champions membership has grown, with representation now from all except 1 in-patient adult ward.

The monthly audit data returns have increased in December, and wards who are not returning data have been reminded and matrons informed. The data reflects that lying and standing BPs are not been recorded in the majority of cases.

Statistical Process Control Chart Key:
- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
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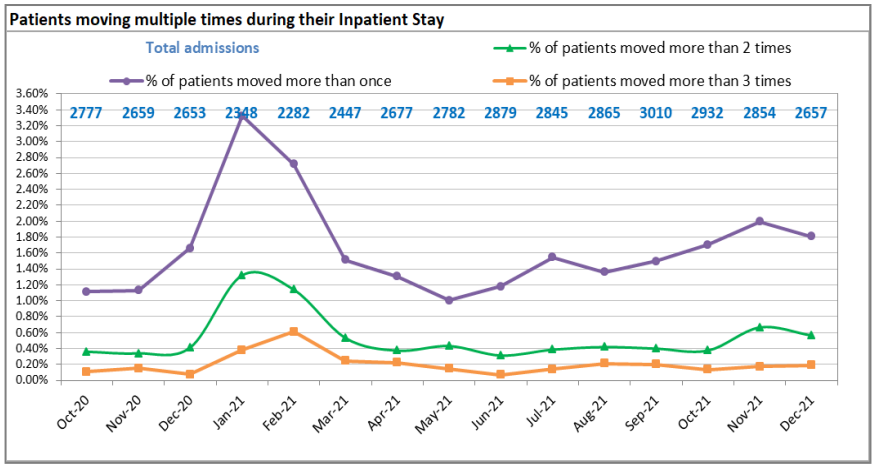
- Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)
- Common Cause Variation

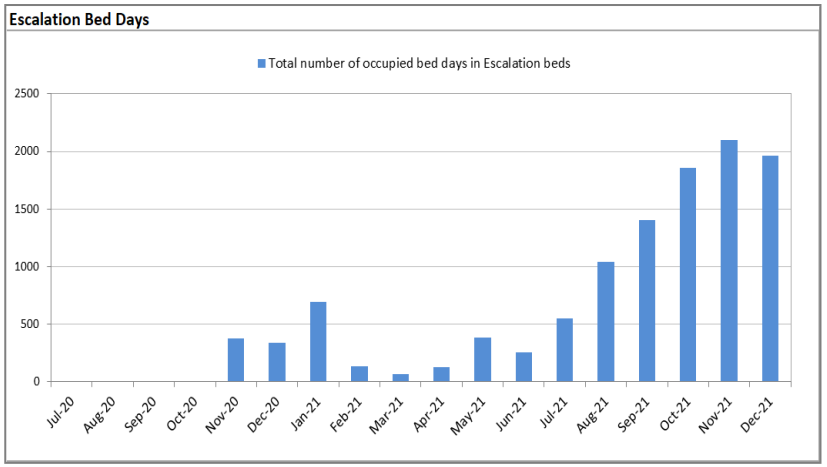
Patient Experience

Are We Safe?

Last 12 months	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
Bed Occupancy %	89.4	86.8	87.6	90.8	91.2	90.8	90.0	93.9	93.0	94.6	95.0	93.2

Data Quality Rating:





Both the percentage of patients moved more than once and the number of occupied bed days in escalation beds fell in December. However the use of escalation beds has been sustained and significantly higher than in December 2020.

The need to facilitate care in the right place at the right time necessitates both the use of escalation beds and the movement of patients from specialist beds to create appropriate capacity. The ongoing pandemic has presented the demand for the management of a COVID and non COVID site within an already pressured template, adding to the difficulty in the areas of escalation bed use and patient moves.

Both indicators are also symptomatic of the escalated position of the whole Health and Social Care system surrounding Salisbury Hospital.

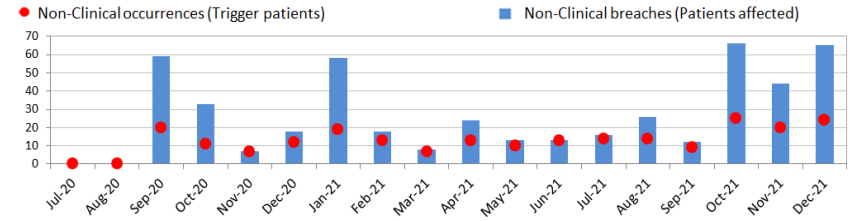
Patients in escalation beds for several days are reviewed by a senior nurse to ensure we are delivering the quality of care that is expected even in escalated circumstances.

Patient Experience

Are We Safe?

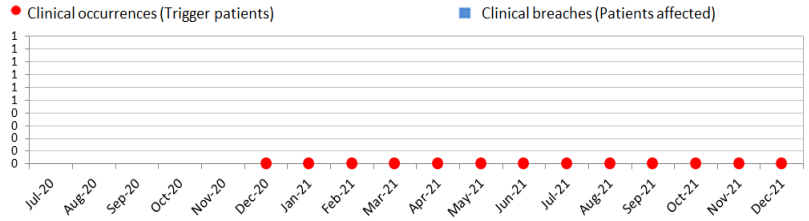
Data Quality Rating:

Delivering Same Sex Accommodation - Non-clinical



	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
■	0	0	59	33	7	18	58	18	8	24	13	13	16	26	12	66	44	65
●	0	0	20	11	7	12	19	13	7	13	10	13	14	14	9	25	20	24

Delivering Same Sex Accommodation - Clinical



	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
■						0	0	0	0	0	0	0	0	0	0	0	0	0
●						0	0	0	0	0	0	0	0	0	0	0	0	0

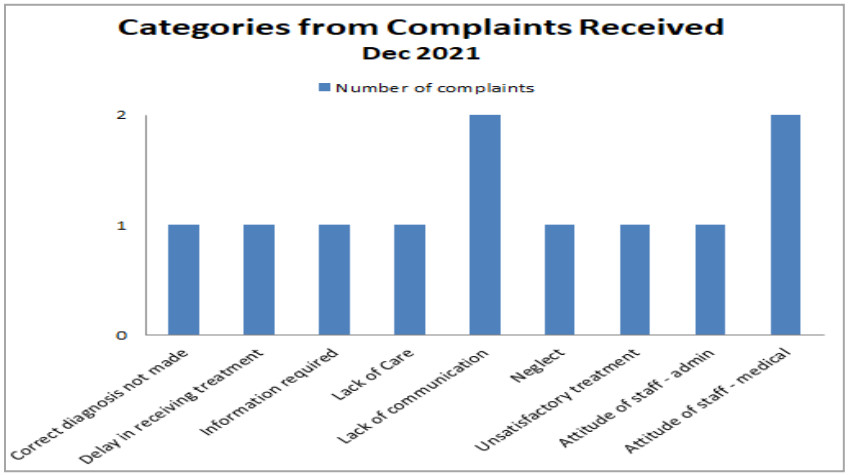
Summary and Action

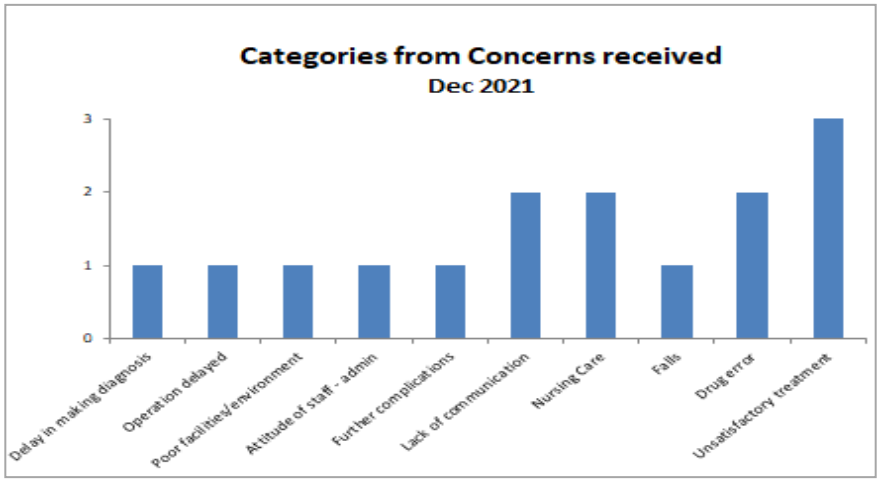
- **There were 15 breaches affecting 15 patients which occurred on Radnor.** These were all patients who were unable to be moved off the department within 4 hours of being declared fit to move. 12 breaches were resolved within 24 hrs. There were 3 patients who had a breach time of over 1 day while awaiting a speciality bed. Privacy and dignity was maintained at all times within the patients bed space.
- **There were 6 breaches affecting 41 patients on AMU assessment bay.** All patients had access to single sex bathrooms within the ward and screens were used to maintain privacy and dignity. 4 of the breaches were resolved within 24 hours. The remaining 2 were resolved within 48 hours.
- **There were 3 breaches affecting 9 patients on RCU.** Privacy and dignity was maintained at all times within the patients bed space. 2 breaches were resolved within 24 hours. The other was resolved within 48 hours.

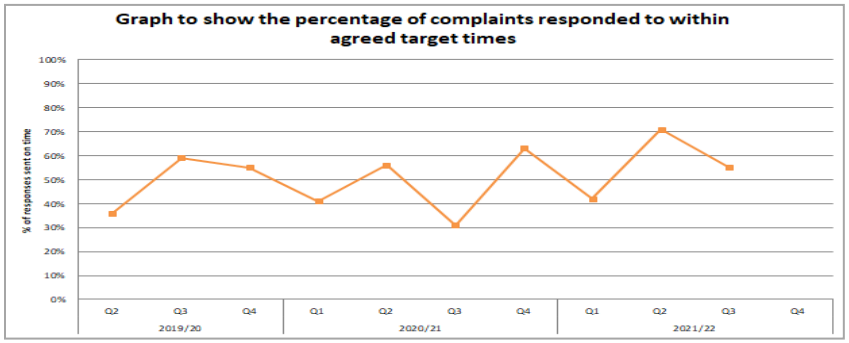
Patient & Visitor Feedback: Complaints and Concerns

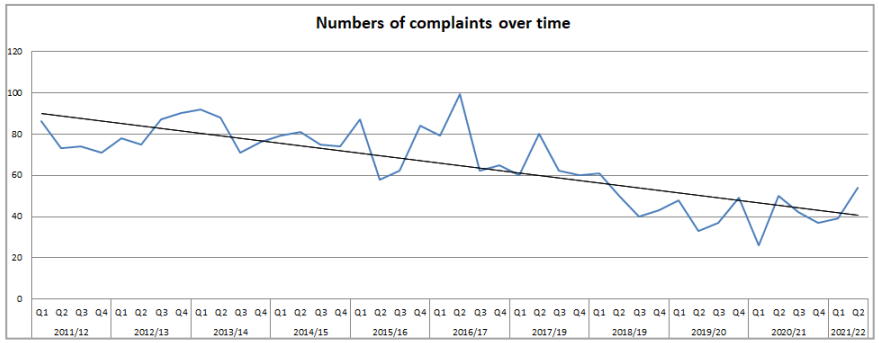
Are We Responsive?

Data Quality Rating:









Summary and Actions:

Themes from complaints: There were 13 complaints raised in December 2021. As can be seen from the graph above there are a wide range of categories used when logging complaints on Datix. No particular themes are noted.

Themes from concerns: There were 22 concerns raised in December 2021. As can be seen from the graph above there are a wide range of categories used when logging concerns on Datix. No particular themes are noted. PALS continue to receive a large volume of calls in respect of outpatient appointments. This reflects national concerns regarding waiting list lengths and similar increases in PALS contacts are seen across the NHS.

Part 3: Our People

Performance against our Strategic Priorities and Key Lines of Enquiry

Our Priorities	How We Measure	
People	Are We Effective?	Are We Responsive?
Population	Are We Safe?	Are We Caring?
Partnerships	Are We Well Led?	Use of Resources

Workforce – Turnover

Use of Resources

Total Workforce vs Budgeted Plan - WTEs

Background – What is the data telling us, and underlying issues.

Turnover for month 9 has continued to be above the Trust target (12.21%). There were 42 leavers and 35 starters by headcount. The most common reasons, where recorded, for leaving was "Retirement Age", 33% of all reasons for leaving.

18 staff who retired were in Admin & Clerical posts, 12 retirees were in Nursing & Midwifery roles**.** In relation to new starters there were 8 in month in Admin & Clerical roles and 8 in Nursing & Midwifery roles.

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

Review of leavers process as part of OD & People deep dives will take place in February. Exit interview process has been updated and will be signed off and communicated by end of the month.

Task and Finish group for starters and leavers process to be established and conclude this work

Recruitment of Admin & Clerical remains a focus and attendance is planned at the Admin & Clerical forum to discuss the development of a working group to focus on what changes can be made to attract suitable candidates to the job roles. In addition soft data from Freedom to Speak Up Guardian to also be reviewed for themes.

People Business Partners working with Divisions to tailor interventions, for example focus remains in Theatres , meeting including Head of OD & Leadership to explore OD interventions for the area include understanding the Current Cultural 'As Is' --- 'To Be' and FTSU Themes, to be held by end of January.

Further work on aligning our shift incentive offers, recommendation to Execs 31st January - will include a review of the effectiveness of previous incentive schemes and benchmarking against other Trusts.

Promotions within the Trust to be reported from next month to track internal movement and impact of these opportunities on retention.

Stay conversations to be promoted within areas where there are pockets of high turnover, the People Business Partners will take this forward.

Risks to delivery and mitigation

Requirement of mandatory vaccination as condition of deployment: the number of staff who choose not to meet this requirement and there being insufficient or unsuitable roles for redeployment:
Mitigations – rapid and thorough case management, continued assessment of the situation and support given to staff to meet requirement.

Workforce – Vacancies

Use of Resources

Total Workforce vs Budgeted Plan - WTEs

	Dec '21		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	443.41	457.0	(13.6)
Nursing	1,030.79	1,087.4	(56.6)
HCAs	540.72	541.1	(0.4)
Other Clinical Staff	632.11	684.4	(52.2)
Infrastructure staff	1,266.38	1,318.9	(52.6)
TOTAL	**3,913.4**	**4,088.7**	**(175.3)**

Background – What is the data telling us, and underlying issues.

Vacancy rate in month 9 (December) was 3.64%, compared to 4.17% in October. The Division with the highest vacancy rate was Surgery at 5.87%.

BSW benchmarking Sept 2021 – RUH Bath : 5.37%, GWH Swindon 5.18%

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

NHSE&I opportunity to bid for £120,00 for 40 International nurse. Recruitment to be completed by 31.12.2022. Business case to be developed with input from Deputy CNO to be submitted to TIG/TMC by end of March 2022.

Last cohort of 16 international nurses recruited through the 21/22 funding to arrive by 31.01.2022. This has been a successful project with a total of 60 nurses joining the Trust in the past 6 months, the focus now is on retention and recognition of skills.

Further to the successful recruitment day in November (16 offers) a further Facilities and Estates recruitment event is being held in the Guildhall on 28.01.2022.

HCA recruitment campaign plan in place to recruit between January to March with the first Divisional adverts now live. Additional advertising to be undertaken which will include Divisional video's and the recruitment of a HCA Facilitator who will support the training, induction and pastoral support for newly recruited HCA's.

Current review of hard to recruit vacancies being undertaken with the Business Partners to ensure that the list of vacancies is up to date before discussing campaigns for individual posts with Divisions. Actions on advertising will include social media presence, use of landing pages, video stories and use of professional journals to raise profile.

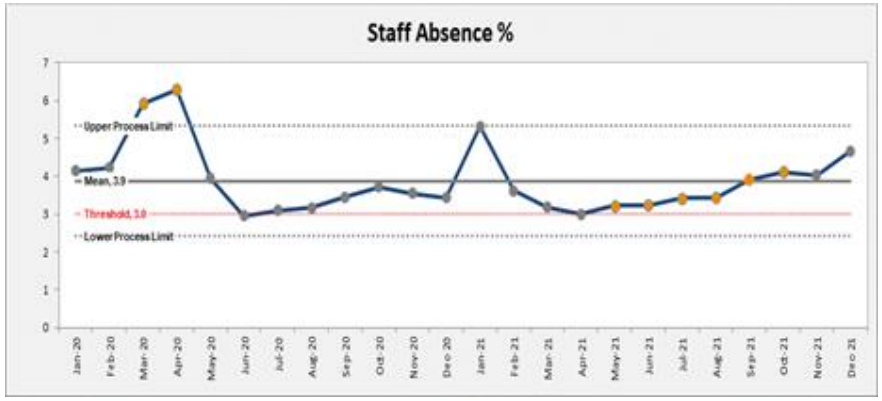
Theatre recruitment campaign has resulted in 11 Theatre Practitioners for Recovery/Scrub/ Anaesthetics and 10 HCA's commencing with a further 7 Theatre Practitioners and 6 HCA's in the pipeline. 5 Theatre Practitioners are scheduled to arrive on 25.01.

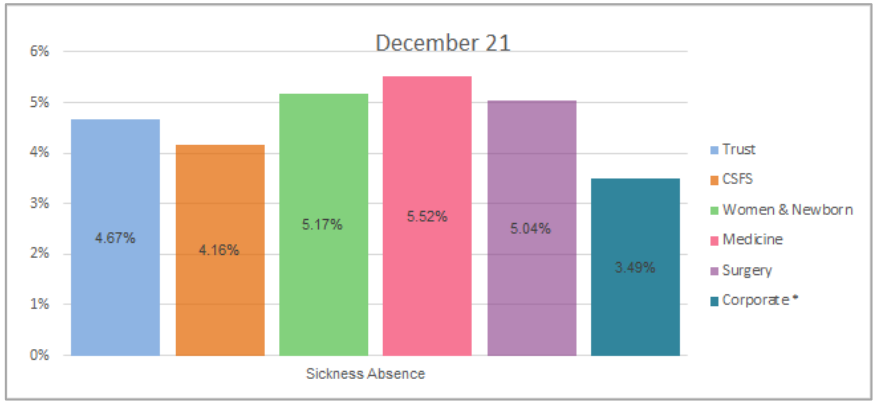
Risks to delivery and mitigation.

Reduction in number of application for posts in light of requirement for Covid-19 vaccination: Mitigation – on going communication campaign of value to self, family, patients we serve and colleagues

Workforce - Sickness

Use of Resources





Background – What is the data telling us, and underlying issues.

Sickness in month 9 saw an increase to 4.67%, sickness for the rolling year was at 3.82%. **All Divisions are above the Trust target of 3%.** Anxiety, stress and depression remains the top cause of sickness across all Divisions.

BSW Benchmarking data for Sept 2021 : RUH Bath 4.37%, GWH Swindon : 5.13%

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

People Business Partners will be reviewing all sickness absence cases, both short and long term and working closely with line managers to enable those staff who can return/ redeployed for a period of convalescence are supported to do so

Long term sickness cases are currently 67.

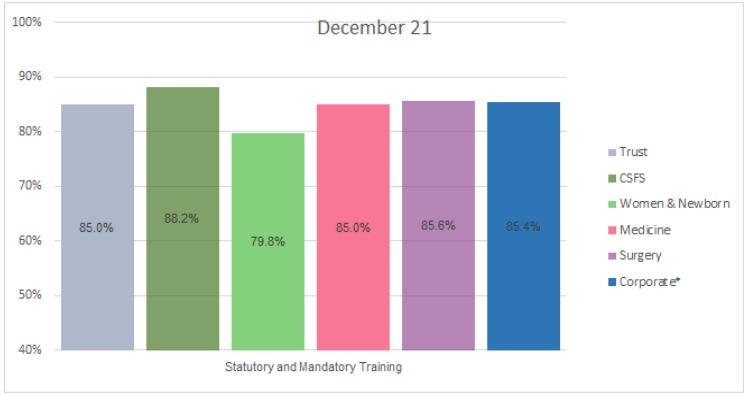
Both the occupational psychology team and wellbeing support in OH continue to offer a range of individual and now team interventions which have been well received.

Risks to delivery and mitigation.

People Business Partners to identify what work can be paused to create capacity to support bringing staff back to work where fair and practicable to do so

Workforce – Staff Training

Use of Resources



Background – what is the data telling us, and underlying issues.

The Trust's mandatory training compliance rate was 85.5% for month 9. This is slightly above the previous month but significantly below the same time last year, which was 91.50%, All 5 Divisions are below target of 90%

BSW Benchmarking Sept 2021 - RUH Bath : 84.5%, GWH Swindon 87.18%

It is noted that unlike previous covid waves , Elective work remains ongoing, creating capacity differences amongst staff with higher bed occupancy rates.

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

Stat and Mand Training Compliance project in train, including the following actions:

BPs working with Divisions on bespoke action plans for their areas on a month basis on the basis of areas requiring improvement.

All Divisions & Corporate areas (with the exception of CSFS and Facilities) to focus on Hand Hygiene compliance. Corporate, Medicine and Surgery to focus on Information Governance compliance. A team is being identified to attend specific low performing areas to complete the assessments.

Members of staff isolating at home due to pregnancy or COVID contact will be asked to undertake any overdue mandatory training. They can also be asked to support with the updating of records for their department to ensure accurate allocation of training.

Further work required to validate Safeguarding and Advanced Life Support training to ensure staff have correct levels in training records.

Risks to delivery and mitigation.

Operational pressures leading to training time been cancelled.

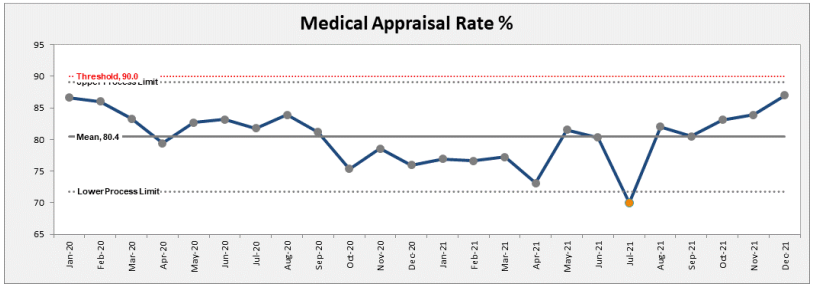
Avg. 30% cancellation rate for practical training sessions (Moving and Handling and Resus) compared to avg. 24% in Dec 2020.

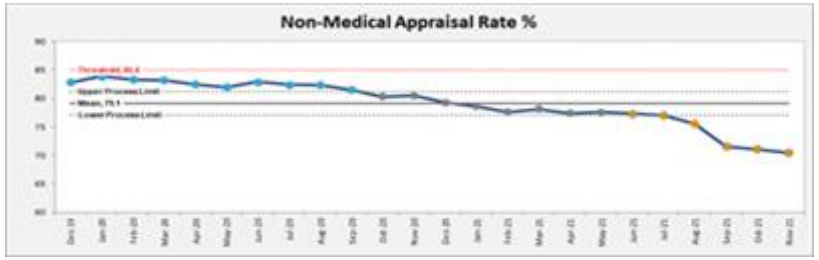
Staff sickness impacting booked training

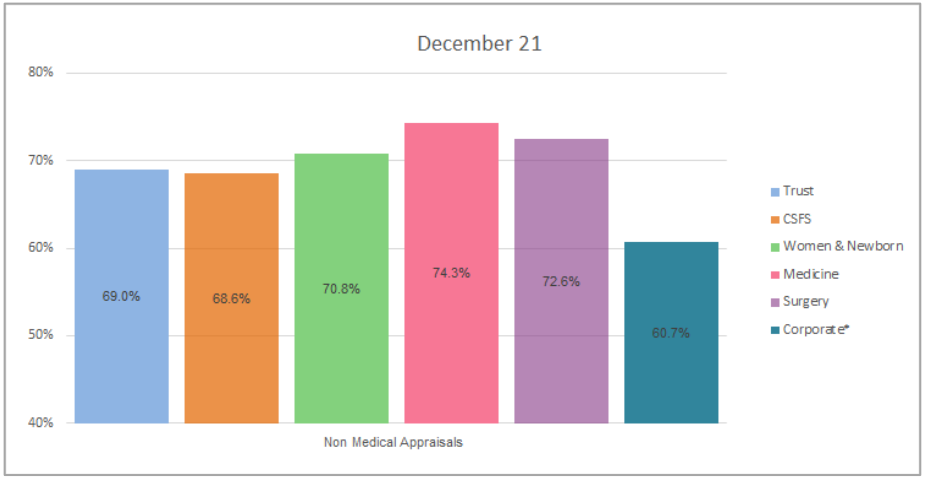
Mitigation: none essential training been stood down – staff deployed

Workforce – Appraisals

Use of Resources







Background – What is the data telling us, and underlying issues.

Non Medical Appraisals for month 9 remain under target at 69.0%, this is a decrease on the previous month position (70.5%). Hotspot areas are Corporate (60.7%) and CSFS (68.6%)

BSW Benchmarking Sept 2021 - RUH Bath : 64.1%, GWH Swindon 71.9%

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

Divisions report difficulties in maintaining a focus on appraisals work given operational pressures and staff absence. Where managers have raised problems about using ESR for appraisals, assistance has been provided by Workforce Information to resolve their issues.

Appraisal trainer to contact all line managers in corporate to offer guidance and support to help increase completion rate

Complete draft Wellbeing conversation offer – as an alternative to full Appraisal just for the Winter/ Elective Recovery period

Risks to delivery and mitigation.

Operational pressures impacting manages capacity to carry out appraisals.

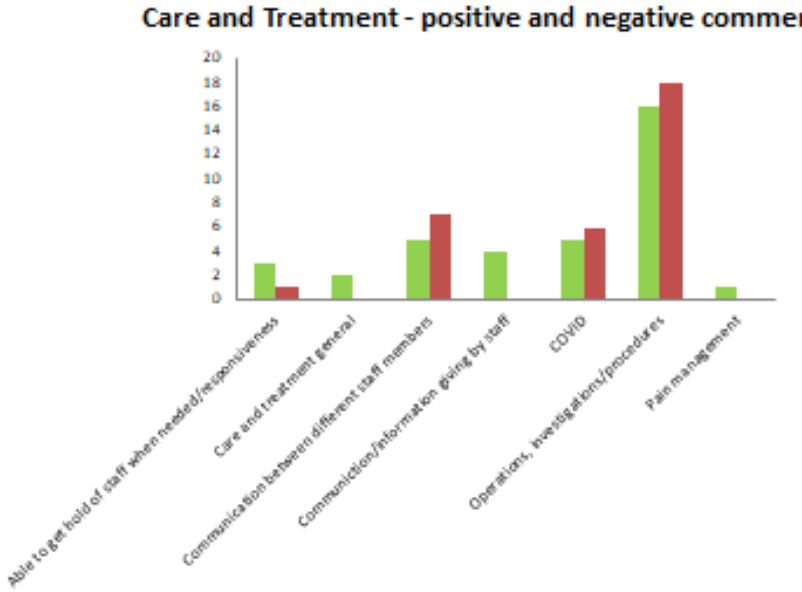
Feedback from Friends and Family test – Q2

Are We Responsive?

"Everyone has been so kind, supportive and helpful. The staff took over for some night feeding whilst I was recovering allowing me to have some much needed rest. Thank you to you all" *Postnatal*

"Just brilliant. The kindest most caring staff ever. I trust being here that I will get the optimal care and then I do. Marvellous." *AMU*

"More car parking. Parking fee should be more flexible and lowered to minimum 1hr. I was here 15mins!!"



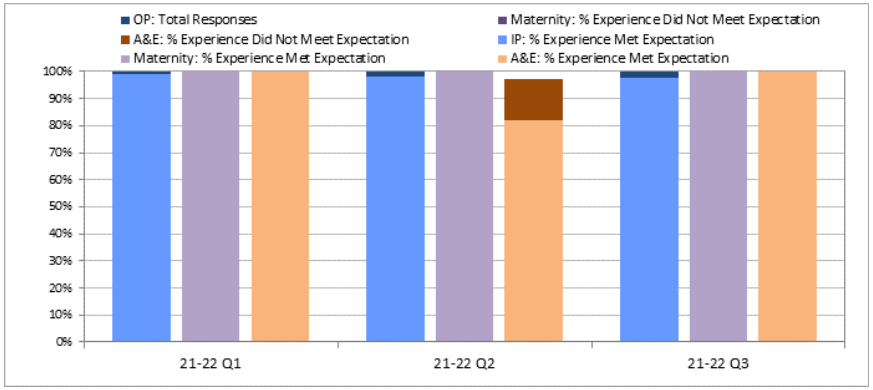
"The attitude of staff. Pleasant, helpful, compassionate and experienced. Oli seemed to do most for me and I will always value his thoughtfulness and down to earth approach. PS: the grub was great!" *Chilmark*

"The only thing that is needed is a blind in the shower room as you can see people walking past. I know they can't see you but they would be able to see a naked figure and that makes me feel vulnerable and uncomfortable" *Postnatal*

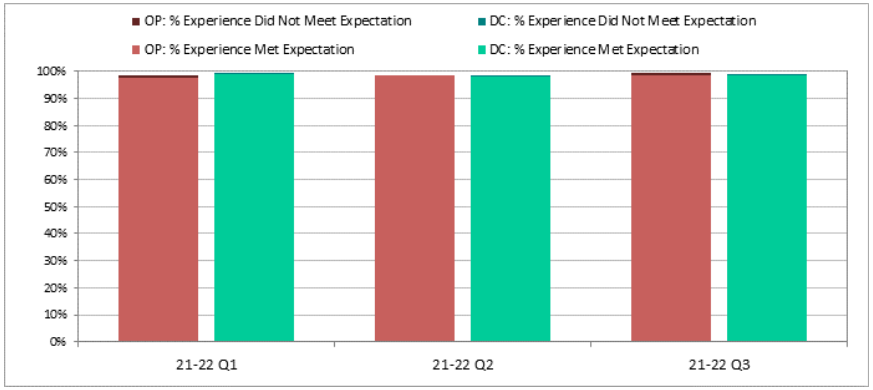
Friends and Family Test – Patients and Staff

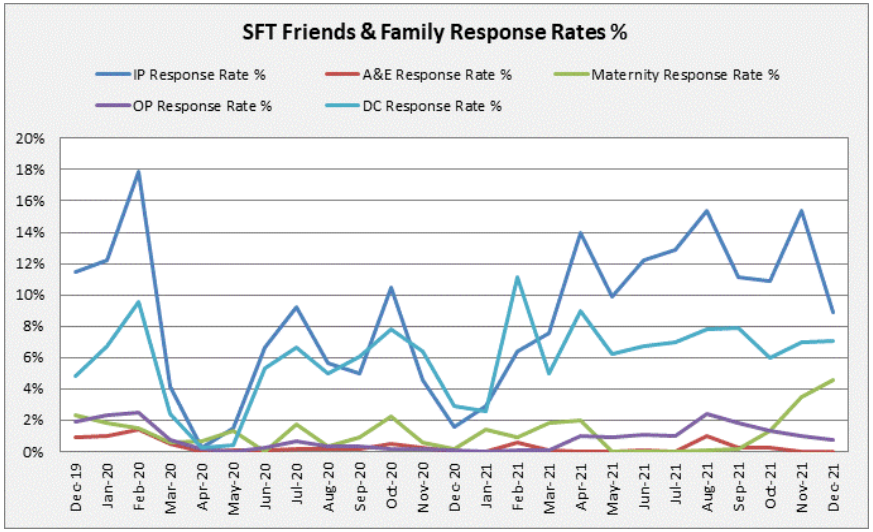
Use of Resources

Patient Responses: Inpatient, Maternity and A&E



Patient Responses: Outpatient and Daycase





We are continuing to encourage use of Friends and family feedback forms in all areas. Postnatal continue to improve, receiving feedback from over 39% of patients this month.

Some more encouraging figures on wards:

- **Pembroke received feedback from over 40% of patients**
- **Chilmark received feedback from over 30% of patients**
- **Amesbury received feedback from over 20% of patients**

Part 4: Use of Resources

Performance against our Strategic Priorities and Key Lines of Enquiry

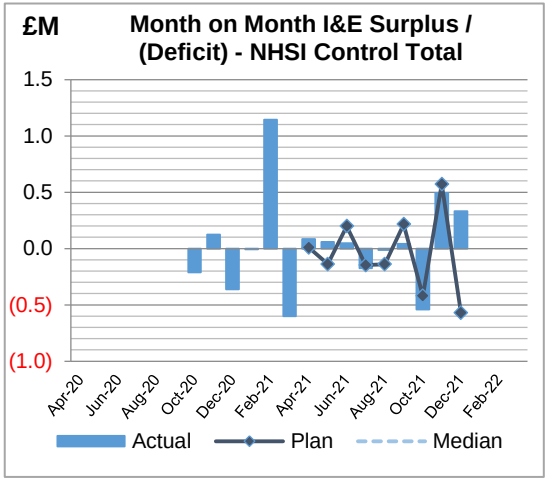
Our Priorities	How We Measure	
People	Are We Effective?	Are We Responsive?
Population	Are We Safe?	Are We Caring?
Partnerships	Are We Well Led?	Use of Resources

Income and Expenditure

Income & Expenditure:

Use of Resources

	December '21 In Month			December '21 YTD			21-22 Plan
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Operating Income							
NHS Clinical income	20,691	21,660	969	186,216	193,654	7,438	248,288
Other Clinical Income	1,251	608	(643)	12,078	6,508	(5,570)	15,832
Other Income (excl Donations)	3,165	3,319	154	26,170	25,773	(397)	35,658
Total income	**25,107**	**25,587**	**480**	**224,464**	**225,935**	**1,471**	**299,778**
Operating Expenditure							
Pay	(15,868)	(15,977)	(109)	(139,487)	(140,218)	(731)	(187,141)
Non Pay	(7,679)	(7,723)	(44)	(70,753)	(71,432)	(679)	(93,280)
Total Expenditure	**(23,547)**	**(23,701)**	**(154)**	**(210,240)**	**(211,650)**	**(1,410)**	**(280,421)**
EBITDA	**1,560**	**1,887**	**327**	**14,224**	**14,285**	**61**	**19,357**
Financing Costs (incl Depreciation)	(1,682)	(1,558)	124	(14,643)	(13,962)	681	(19,824)
NHSI Control Total	**(122)**	**329**	**451**	**(419)**	**323**	**742**	**(467)**
Add: impact of donated assets	50	102	52	364	*(230)*	*(594)*	*511*
Add: Loss on Asset disposal		(253)	(253)		*(253)*	*(253)*	
Surplus/(Deficit)	***(72)***	***178***	***250***	***(55)***	***(160)***	***(105)***	***44***



Variation and Action

The final plan for H2 2021/22 was agreed in mid-November, this included an assumption of an allocation of BSW revenue to cover the Trust's initial planned deficit of £3.3m. This revenue is made up of a combination of ERF, ERF+, and discretionary system allocation. The nature of elements of this funding stream include elements of risk (e.g. ERF is contingent on the system delivering the planned level of activity as a whole) but £1.7m has been recognised in line with the underpinning assumptions of the system's H2 operating plan.

With a surplus of £0.3m in month 9 of the Trust remains ahead of the H2 plan. Pressures on the position persist, including from increased staff absence due to Covid and an increased cost of clinical supplies. Although a significant proportion of these pressures will be mitigated in the final quarter by funding awarded for the winter resilience element of the Targeted Investment Fund (TIF), the forecast position is not yet assured.

The overall pay position continues to feel the pressure of high staff absence ,and the supernumerary costs of this year's planned intake of overseas nurses who have all arrived later than intended due to the international impact of Covid.

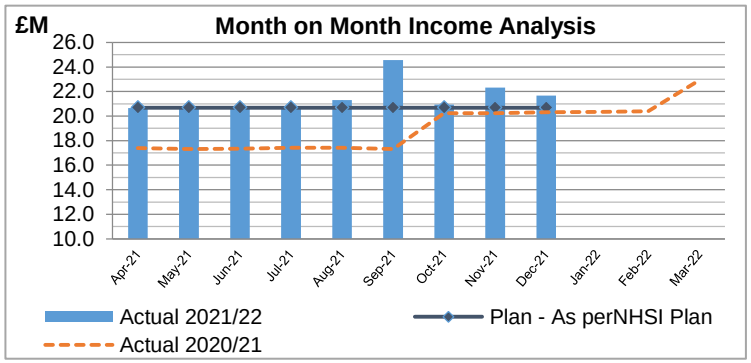
Income & Activity Delivered by Point of Delivery

Clinical Income:

Use of Resources

Income by Point of Delivery (PoD) for all commissioners	Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
A&E	6,843	7,337	494
Day Case	11,275	12,197	922
Elective inpatients	9,862	7,394	-2,468
Excluded Drugs & Devices (inc Lucentis)	15,587	15,816	229
Non Elective inpatients	47,357	49,201	1,844
Other	76,193	78,614	2,421
Outpatients	19,099	23,095	3,996
TOTAL	**186,216**	**193,654**	**7,438**

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
BSW CCG	114,204	119,526	5,322
Dorset CCG	18,726	19,017	291
Hampshire, Southampton & IOW CCG	14,092	14,312	220
Specialist Services	25,488	26,664	1,176
Other	13,706	14,135	429
TOTAL	**186,216**	**193,654**	**7,438**



Activity levels by Point of Delivery (POD)	YTD Plan	YTD Actuals	YTD Variance	Last Year Actuals	Variance against last year
A&E	51,992	51,836	(156)	40,065	11,771
Day case	14,833	15,506	673	10,942	4,564
Elective	2,720	2,080	(640)	1,671	409
Non Elective	21,151	21,316	165	19,218	2,098
Outpatients	174,970	202,659	27,689	150,574	52,085

Variation and Action

Activity in December in day cases recorded 237 spells less than in November and marginally exceeded the plan for the month. Day case activity remains above plan and has improved this month in the specialties of General Surgery (25 cases) , Urology (31 cases), T&O/Spinal (13 cases) but activity levels have dipped this month in other specialties. Activity in elective inpatients remains below plan and actual activity was lower than in November with improved performance in General Surgery only. Non-Elective spells were higher than in November and remain above plan year to date. Activity pressures continue in Obstetrics and Medicine. Outpatient activity was lower than last month in most specialties. Activity levels in A&E have now dropped below the plan year to date.

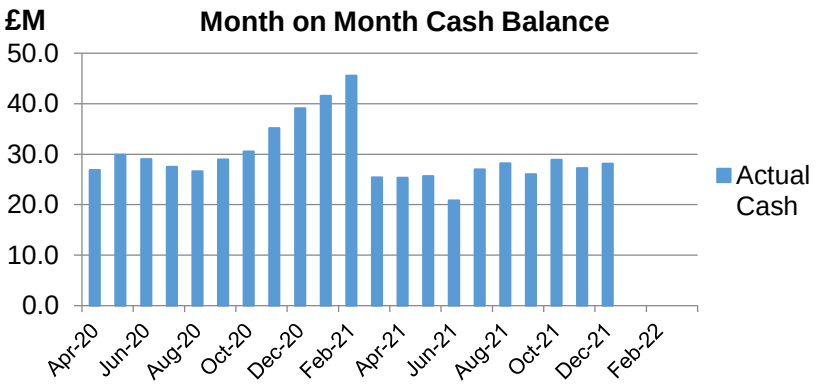
For the second 6 months of the financial year (H2) the block allocations from commissioners have been uplifted. The plans have not been adjusted and remain at H1 levels The .Elective Recovery Fund (ERF) income for the first 6 months of the financial year (H1) of £2.02m has been included in the financial position against BSW CCG. Additional H2 income from BSW CCG of £1,658k has been included in the postion in December, this represents the value agreed as part of the final H2 planning process.

Cash Position & Capital Programme

Capital Spend: 

Cash & Working: 

Use of Resources

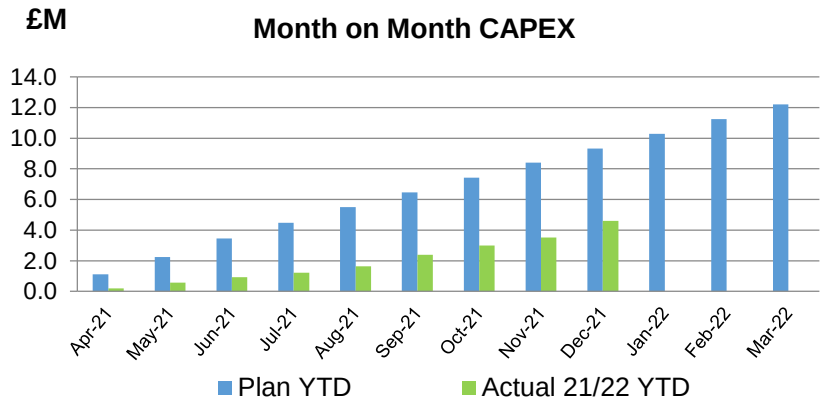


The increase in debtors primarily relates to accrued income for funds due for Covid Vaccination Centre - £1.2m. Prepayments have increased as a result of the requirement to pay NHS Resolution contributions for CNST over the first 10 months instead of the full year and prepayments on the Trust's business rates - £1.3m

Creditors have risen since the year end partly due to the move to SBS which has resulted in taking longer to clear supplier invoices involving queries. Work is ongoing to identify where the issues arise and to take steps to improve efficiencies. Purchase order related invoices, where quantities and prices match, are moving smoothly through the system. They also include £1.2m PDC accrual, as this is paid in two instalments in the year, the next being due in March 2022.

Capital Expenditure Position

Schemes	Annual Plan £000s	Dec '21 YTD Plan £000s	Dec '21 YTD Actual £000s	Dec '21 YTD Variance £000s
Building schemes	1,175	1,032	855	177
Building projects	4,979	3,735	1,024	2,711
IM&T	3,872	2,907	1,709	1,198
Medical Equipment	1,728	1,316	759	557
Other	450	330	330	0
Additional Funds approved in year	2,778	0	0	0
TOTAL	**14,982**	**9,320**	**4,677**	**4,643**



Summary and Action

2021/22 capital allocations have been made at a system level, and although the Trust's baseline allocation of £12.2m exceeds the initial 2019/20 allocation by c£3m, the Trust remains capital constrained based on an initial assessment of over £20m. The internal funding of a £12.2m capital plan is contingent on the Trust delivering a balanced revenue position in 2021/22, and a further £0.5m from the opening cash balance.

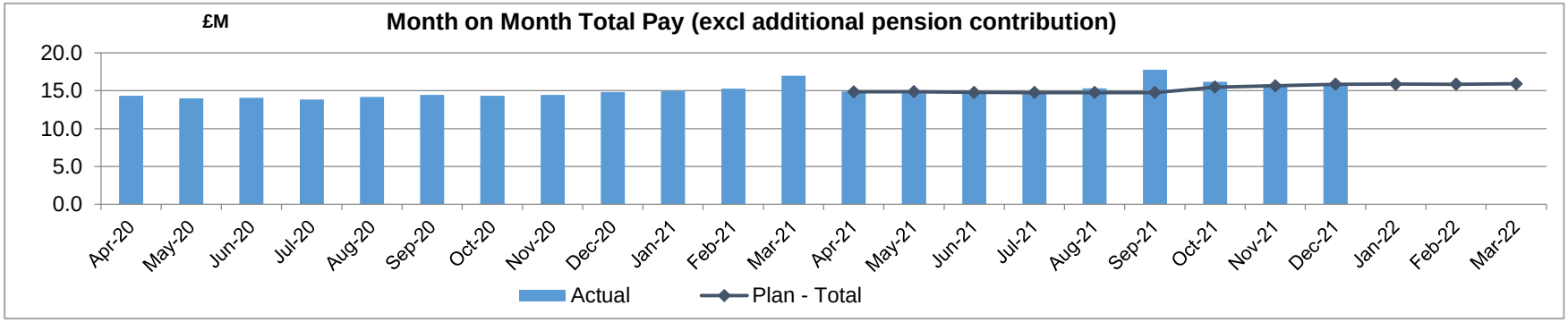
The original capital plan was based on a fairly even distribution of spend throughout the year. However, some building schemes have either been delayed or have been revised. A revised detailed profile plan of how all elements of the programme will be achieved by the end of the year has been developed. This will be challenging to achieve and further work is underway to identify the risks and issues associated with delivering this revised plan. Schemes to bring forward from 2022/23 have been identified to cover any potential slippage.

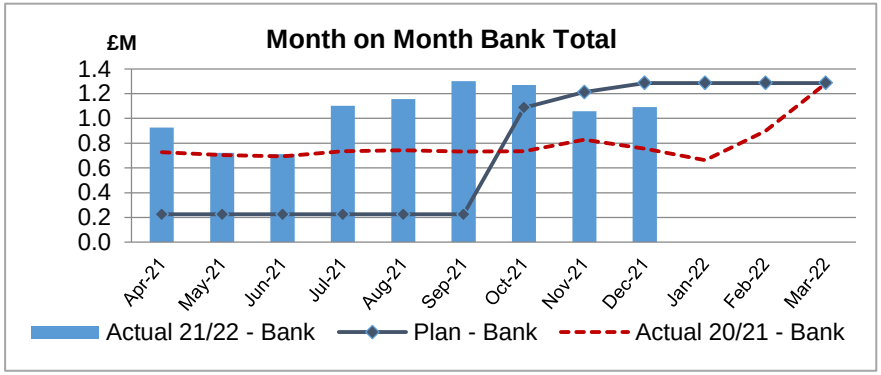
The trust has now been notified that bids for additional capital, including through the Trust Investment Fund, totalling a further £2.9m, have been approved. Plans are now being prepared to procure the equipment and works identified as part of these schemes, whilst continuing to ensure the remaining approved capital programme is delivered.

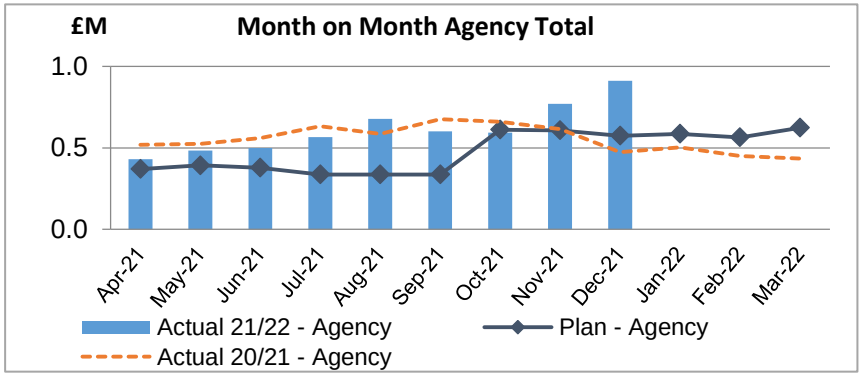
Workforce and Agency Spend

Pay:

Use of Resources







Summary and Action

Pay costs increased in Month 9 by £119k (0.8%). The increase was a result of agency expenditure increasing by £143k to £912k; the highest level seen so far this year. The increase was in registered nursing and was evident in mainly in the Medicine (£88k) and Clinical Support (56k) directorates, due to cover for sickness absence.

The Trust has welcomed a further 8 overseas nursing recruits in December, bringing the total to 35 this year. A further 15 are expected by the end of the calendar year, as both those delayed due to Covid and the 2021/22 recruitment pipeline begin to arrive. The Trust is receiving funds to cover the costs of appointment, but supernumerary expenses in the first weeks are the Trust's responsibility: this equates to approximately £7.5k per recruit.

The Trust has reported 18.49 WTE infrastructure support staff (cost £51k in month) over planned levels relating to the vaccination centre at Salisbury City Hall, where the plan is for staffing to be provided by RUH, but any staffing provided by SFT is considered 'out of envelope' and directly reimbursed through NHSEI.