Bundle Escalation Reports - Web Site 6 October 2022

NHS
Salisbury
NHS Foundation Trust

Report to:	Trust Board (Public)	Agenda item:	4.1
Date of Meeting:	6th October 2022		

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

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

Items for Escalation to Board
This month's meeting had a large agenda, hence the detail in this report.

(1) Approvals
  Three cases were presented to the committee
  1. A recommendation was made to the committee in relation to maintenance of Fujinon scopes and equipment. It was confirmed that due process had been followed. Resilience was available in terms of sustainability of service if the recommended company could not continue to provide the service. The F&P committee therefore approved this case.
  2. The second case related to water and waste water services. The case presented, outlined how this would not only improve the service the Trust receives but also supports the net zero agenda. Due to quantum of the proposal, this needs Board approval. The F&P committee recommends to Board that they support this case. |

3. A procurement update was provided in relation to contract recommendation report sign off. Due to the timescales in this workstream, the approval deadline falls before the November Board but after the October Board. The proposal is that Chair's action is taken at the required time. The F&P committee recommended that this came to the October Board for discussion.

(2) Supply Chain update

A detailed report was provided in relation to the challenges in the current supply chain. The areas affected are wide ranging. With reference to any clinical risks, this was referred to the CGC later in the day. Further work will be undertaken to ensure strong mitigation is in place to maintain clinical services.

(3) Procurement annual report

This was also a detailed report, outlining both the excellent practice and the challenges which had taken place in 2021-22. Despite the challenges presented by national and international issues, it was noted that good progress and outcomes had been achieved, including across the whole of BSW. The team were thanked and praised for their continued excellent work.

(4) Integrated Performance Report

Whilst recognising that the IPR is discussed in detail at Board, the committee felt it was important to feedback to Board that detailed discussions and questioning had taken place. The committee acknowledged the hard work being undertaken under the continued OPEL 4 status but also presented a challenge as to what can be done to continue the focus on improvement.

This was particularly in relation to workforce, cancer performance and reviewing data and accuracy in the report.

(5) Diagnostic services

A detailed presentation was provided in relation to the current position across all diagnostic modalities. Whilst the Trust still benchmarks well across the region, from an internal performance perspective, the position is not where we want to be. It was noted that mutual aid is not available for this area. Further clinical discussions are planned to review what can be achieved.

(6) Winter Plan

The committee received a presentation outlining the national expectations for winter, the urgent and elective care self-assessment and the update in relation to the expected BSW plan. A risk summit has been planned for October. An update will come to the next meeting and onwards to November Board.

(7) Financial Forecast

The financial and contracting position was presented with the focus based on the revised forecast for the year. Key risks were presented in relation to workforce costs (temporary staffing and pay awards), CDEL and the genetics services changes. Plans are in place through the improving together programme to focus on premium costs. The CFO will provide an update for Board in relation to CDEL.

(8) System Oversight Framework

The CFO presented an update in relation to the above. The current assessment places the system at a score of 2 apart from finance which is a score of 3. Further updates will be provided on how this is being taken forward.

(9) South Six Pathology Network

The Trust, as part of the above network have been asked to support the development of a more formal strategic partnership. Whilst the committee supported strong partnership working, it was felt that there was insufficient evidence as to the need for the proposed contractual joint venture.

(10)   Premises Assurance Model (PAM)

Information relating to the PAM was covered in a recent estates report to F&P. The Board needs to be aware that this report has been submitted on time to NHSE. As an outcome of the work undertaken by the new estates team over the past year, there has been improvement in several areas.

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

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Report to:	Trust Board (Public)	Agenda item:	4.2
Date of Meeting:	06 October 2022		

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

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

Escalation Summary:
The Trust Management Committee was held on Wednesday 28th September and as per the revised work plan this month's committee was a Senior Leadership Meeting.

The chosen topic for discussion was the Agenda for Change Pay award and the associated change in pension contributions and the impact this would have on our workforce.

The session was led by our Chief People Officer, Melanie with support from our finance team who shared a presentation on what impact the award would have on a range of staffing bands and further outlined what actions the Trust was taking in order to respond to.

The feedback received during the committee was that this was a useful discussion.

The SLT were advised that a Task and Finish Group was being set up, led by our Deputy Chief Nurse with input from other key individuals to look at what additional steps we can take to help with recruitment and retention of staff.

In respect of the normal business of TMC, the committee still received the escalation reports from the Sub committees of TMC, all of which were noted by the committee.

In respect of Business cases, as this month's TMC was a leadership forum session, Business cases will come to next month's TMC with the return of the formal committee. |

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

2022/23 AfC Pay Award

Implications: Discussion

Trust Management Committee: 28th September 2022

2022/23 AfC Pay Award – Executive Summary

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Overview
- **All pay bands have received a significant pay increase, ranging from 9.3% for staff on the lowest bands to 1.3% on the highest. The majority of SFT staff will see their pay increase by at least 4% (details on slide 3 & 4)**
- **Pay differentials between bands have been preserved with the exceptions of bands 6,7 and 8a.(details on slide 5)**
- **For some staff the pay increase will be eroded by increased pension contributions (details on slides 6 - 13)**
- **The Trust reward package (including holiday/sick pay/ unsocial hours etc) benchmarks well against local competitors (slide 14) , we could consider how we use recruitment and retention premia and relocation more**
- **Reward package is not seen as a primary driver for retention (slide 15) – flexibility/ career options might be**

Issues
The impact of increased pensions contributions means pension scheme members on the entry point of band 8a and some staff on bands 6 and 7 with additional payments will see a reduction in their basic take home pay after the pay award, by up to £34.24 per month, and will receive a bill for six months of arrears in September, of £162.05 for a full time person.

Members of the pension scheme on the entry points of bands 3 and 5 will see their net basic pay increase by less than they might expect.   However, unlike staff on the lower paypoint of band 8a or bands 6 and 7 with additional payments they will not see an increase in their pay, following the pay award implementation. Staff may not wish to work extra/unsocial hours if this puts them in the bracket for higher pension contributions.

Risks
Leavers: Out of 1,325 leavers in the last two years, only 30, (2.26%) have quoted "better reward package" as their most important reason for leaving. The most common reasons (where a reason is given) were Relocation (196), Retirement – Age (186) and Work Life Balance (143). While important, take home pay is not the only motivator in retention. SFT reward package benchmarks favourably with local competitors, both in terms of basic pay and when the total reward package is looked at.

Pay Levels: In the 2021 staff survey, 30.31% of SFT staff said they were satisfied with their level of pay, compared to 31.9% nationally. This has decreased from 35% in 2022.

Vacancies/Recruitment : The Trust has high numbers of vacancies in Bands 5 and 2/3, particularly among Health Care Assistants and Registered Nurses. However these staff will still receive a pay increase, although it will be less than they would expect, see slide 3 for details.

This happens every year: Every year, staff move between pension contribution bands. Each individual affected receives a letter from NHSBA explaining the position, with examples and tax implications. In the past this has not contributed to a surge in staff leaving due to reward considerations.

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Pay Award Poster for Staff

NHS Terms and Conditions 2022 (Agenda for Change)
Pay bands and pay points from 1 April 2022 (England)

NHS Employers

Band 1*	£20,270	

	Entry	Years until eligible for pay progression	Top
Band 2	£20,270	2	£21,318
Band 3	£21,730	2	£23,177
Band 4	£23,949	3	£26,282

	Entry	Years until eligible for pay progression	Intermediate	Years until eligible for pay progression	Top
Band 5	£27,055	2	£29,180	2	£32,934
Band 6	£33,706	2	£35,572	3	£40,588
Band 7	£41,659	2	£43,806	3	£47,672

	Entry	Years until eligible for pay progression	Top
Band 8a	£48,526**	5	£54,619
Band 8b	£56,164**	5	£65,262
Band 8c	£67,064**	5	£77,274
Band 8d	£79,592**	5	£91,787
Band 9	£95,135**	5	£109,475

* Band 1 closed to new entrants

** Consolidated payment continues to apply to those eligible as at 31 March 2021. See Annex 2, table 10(a)

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2022/23 AfC Pay Award – Impact on SFT

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The majority of our staff who benefit from the highest % increase

Number of SFT Employees by Pay Band and Professional Group

Pay Band	Add Prof Scientific and Technical	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Nursing and Midwifery Registered	Grand Total	2021/22	2022/23	£ Change	% Change
Band 1					2			2	£18,546	£20,270	£1,724	9.3%
Band 2 Entry	37	276	106		75			494	£18,546	£20,270	£1,724	9.3%
Band 2 Top	13	232	149		164			558	£19,918	£21,318	£1,400	7.0%
Band 3 Entry	23	56	185		11			275	£20,330	£21,730	£1,400	6.9%
Band 3 Top	28	87	205		24			344	£21,777	£23,177	£1,400	6.4%
Band 4 Entry	14	64	91		6	8		183	£22,549	£23,949	£1,400	6.2%
Band 4 Top	14	35	65		7	1		122	£24,882	£26,282	£1,400	5.6%
Band 5 Entry	20	2	34	29		6	135	226	£25,655	£27,055	£1,400	5.5%
Band 5 Intermediate	11	2	15	5	1	8	87	129	£27,780	£29,180	£1,400	5.0%
Band 5 Top	26	7	57	9	3	12	413	527	£31,534	£32,934	£1,400	4.4%
Band 6 Entry	26	1	28	40	1	12	107	215	£32,306	£33,706	£1,400	4.3%
Band 6 Intermediate	14		15	25		9	74	137	£34,172	£35,572	£1,400	4.1%
Band 6 Top	16		45	56	1	38	182	338	£39,027	£40,588	£1,561	4.0%
Band 7 Entry	15		14	23		5	54	111	£40,057	£41,659	£1,602	4.0%
Band 7 Intermediate	8		13	21		7	34	83	£42,121	£43,806	£1,685	4.0%
Band 7 Top	15		26	34	1	19	83	178	£45,839	£47,672	£1,833	4.0%
Band 8a Entry	8		22	15		7	28	80	£47,126	£48,526	£1,400	3.0%
Band 8a Top	10		20	4		9	8	51	£53,219	£54,619	£1,400	2.6%
Band 8b Entry	4		6	3		3	6	22	£54,764	£56,164	£1,400	2.6%
Band 8b Top	4		22	1		5	2	34	£63,862	£65,262	£1,400	2.2%
Band 8c Entry			2			3	3	8	£65,664	£67,064	£1,400	2.1%
Band 8c Top			5	2		2	1	10	£75,874	£77,274	£1,400	1.8%
Band 8d Entry	1		9				2	12	£78,192	£79,592	£1,400	1.8%
Band 8d Top	2		5			1	1	9	£90,387	£91,787	£1,400	1.5%
Band 9 Entry			4				1	5	£93,735	£95,135	£1,400	1.5%
Band 9 Top			1					1	£108,075	£109,474	£1,400	1.3%
Grand Total	**309**	**762**	**1144**	**267**	**296**	**155**	**1221**	**4154**				

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2022/23 AfC Pay Award – pay differentials

NHS Salisbury

For the majority of pay bands, pay differentials between bands have been preserved <mark>with the exceptions of bands 6, 7 and 8a.</mark>

Bands 2 and 3
For both this year and 2021/22, the gap between band 2 band 3 has remained constant at £412. Both bands were uplifted by the same amount (£1,400). There are 558 staff at the top of band 2, and 275 staff at the entry point of band 3. Staff on bands 2 and 3 work in admin, secretarial, Health Care Support and Facilities roles. (See detailed breakdown of occupation and band in slide 3).

A change in NHS Pension contributions will affect take home pay for some (see slide 6). For example some staff on band 2 will pay slightly higher pension contributions (rising from 5.6% to 6.5%) , and staff on band 3 will pay lower contributions (reducing from 7.1% to 6.5%). This will slightly increase the pay differential between bands 2 and 3. Finance are considering some modelling to check the impact on typical take home pay , taking into account tax changes, and pay enhancements.

NB Unsocial enhancements (being pensionable) will affect the rate of pension contributions, making actual take home pay predictions quite difficult, due to the number of permutations involved.

Bands 6 and 7
The pay differential between these bands has slightly increased. In 2021/22, the gap between top of band 6 and entry point of band 7 was £1,030. In 2022/23, it has increased slightly to £1,071, due to a slightly higher % uplift for band 7. Pension contributions for both bands have increased, with band 7 seeing a slighter higher uplift, from 9.3% to 10.7%, compared to 9.3% to 9.8% for band 6.

Bands 7 and 8a
The gap between band 7 and band 8a has reduced by £433 per annum.
There are 178 staff at the top of band 7, and 79 at the entry point of band 8a working in a wide range of roles, from Administrative and Managerial to Senior Nursing, Scientific and AHPs.

Bands 8d and 9
Pay for both bands increased by £1,400 per annum , a % of 1.5%. NHS Pension contributions for both bands will reduce to 12.5% from 13.5%.

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2022/23 NHS Pension Scheme Changes

NHS Salisbury NHS Foundation Trust

NHS Pension Scheme member contribution rates
Changes to contribution rates from 1 October 2022

NHS Employers

Pensionable pay	Rate until 30 September 2022 based on whole-time equivalent pay	Phase 1 - contribution rate from 1 October 2022 based on actual pensionable pay	Phase 2 - contribution rate based on actual pensionable pay
Up to £13,231	5%	5.1%	5.2%
£13,232 to £15,432	5%	5.7%	6.5%
£15,432 to £21,477	5.6%	6.1%	6.5%
£21,478 to £22,548	7.1%	6.8%	6.5%
£22,549 to £26,823	7.1%	7.7%	8.3%
£26,824 to £27,779	9.0%	8.8%	8.3%
£27,780 to £42,120	9.3%	9.8%	9.8%
£42,121 to £47,845	9.3%	10.0%	10.7%
£47,826 to £54,763	12.5%	11.6%	10.7%
£54,764 to £70,630	12.5%	12.5%	12.5%
£70,631 to £111,376	13.5%	13.5%	12.5%
£111,377 and above	14.5%	13.5%	12.5%

Further information about these changes can be found on the NHS Employers website.

Pensions contributions will increase for almost all staff earning under c£50k

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2022/23 Pay Award – Implications by Band

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Band 8a - entry point
There are 54 scheme members on the entry point of band 8a, working in a wide range of roles, from Administrative and Managerial to Senior Nursing, Scientific and AHPs.

Their net monthly basic take home pay will <u>decrease</u> from £2,677.65 to £2,643.41 following the pay award, a decrease of £34.24 per month, or £367.49 per annum. There will be an immediate bill for arrears for these individuals of £162.05 in September.

NB There are also staff on bands 6 & 7 who will be affected as their total earnings will be above the threshold for increased contributions.

Risks
There are 13 band 8a vacancies. Some are in hard to recruit specialist roles (e.g. Cardiac Physiologist/Pharmacist).

Band 3 – entry point
There are 160 pension scheme members on the entry point of band 3, working in Admin, secretarial, and clinical/technical support roles e.g. Therapy Helpers, Health Care Assistants, Lab Assistants etc.

Risks
There are currently 46 band 3 vacancies. The majority are in Support to Nursing and Admin roles. These roles will receive a pay increase and staff will see their net monthly basic take home pay <u>increase</u> from £1,403.48 pre-pay award, to £1,454.39 after the award, a net increase of £50.91 per month. If there had been no pension changes, they would have received an increase of £72.67 per month.

NB There are also a number of staff on the top of band 2 who will be affected as their total earnings are above the threshold for increased contributions. These staff include Housekeepers (hard to recruit) and HCAs (hard to retain).

Band 5 – entry point
There are 101 pension scheme members on the entry point of band 5, the majority of these are registered nurses and AHPs, the rest work in administrative, scientific and technical roles.

Risks
There are 156 band 5 vacancies. 123 of these are in Registered Nursing. Their net basic basic pay will<u>increase</u> from £1,654.11, to £1,685.63, a net increase of £31.52 per month. Without the pension changes, they would have received a £71.13 monthly pay increase.

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Impact on Net Pay of Pay award and Pension contribution changes (until 30th September) – Band 3 and 5 only

	Band 3 - bottom of scale			Band 5 - bottom of scale		
	Before pay award	After pay award & no pension change	After pay award with pension change	Before pay award	After pay award & no pension change	After pay award with pension change
Annual pay	£20,330.00	£21,730.00	£21,730.00	£25,655.00	£27,055.00	£27,055.00
Monthly pay	£1,694.17	£1,810.83	£1,810.83	£2,137.92	£2,254.58	£2,254.58
Pension	5.6%	5.6%	7.1%	7.1%	7.1%	9.3%
	£94.87	£101.41	£128.57	£151.79	£160.08	£209.68
Tax	£110.20	£132.20	£126.80	£187.60	£209.40	£199.40
NI	£85.62	£101.08	£101.08	£144.41	£159.87	£159.87
Net Pay	£1,403.48	£1,476.15	£1,454.39	£1,654.11	£1,725.24	£1,685.63

No pension change	£72.67	No pension change	£71.13
After Pension change	£50.91	After Pension change	£31.52
Difference	-£21.76	Difference	-£39.60

Band 3 bottom of scale, 6.9% increase in salary but 3.63% increase in take home pay

160 Band 3 staff will be impacted

Band 5 bottom of scale, 5.5% increase in salary but 2.23% increase in take home pay

101 Band 5 staff will be impacted

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Impact on Net Pay of Pay award and Pension contribution changes (until 30th September) – Band 8a only

	Band 8a - bottom of scale		
	Before pay award	After pay award & no pension change	After pay award with pension change
Annual pay	£47,126.00	£48,526.00	£48,526.00
Monthly pay	£3,927.17	£4,043.83	£4,043.83
	£1,047.50	£1,047.50	£1,047.50
	£1,048.00	£1,048.00	£1,048.00
Pension	9.3%	9.3%	12.5%
	£365.23	£376.08	£505.48
Tax	£502.80	£524.00	£498.00
NI	£381.49	£396.95	£396.95
Net Pay	£2,677.65	£2,746.81	£2,643.41

No pension change	£69.16
After Pension change	-£34.24
Difference	-£103.40

Reduction in monthly take home pay of £34.24 and £162.05 in September after pay award and pension changes

54 Band 8a staff will be impacted

This will be mitigated through a one off additional payment in September

Impact on Net Pay of Pay award and Pension contribution changes (until 30th September) – Band 8a

Division	Department	Headcount
CSFS	Burns & Plastics Physios	1
	Clinical Psychology	3
	CSFS Management	1
	Dietetics	1
	Genetics	5
	Hospice	1
	Medical Physics	1
	Neurophysiology	1
	Orthotics	1
	Pathology	1
	Pharmacy	1
	Radiology	1
	Therapy Services	1
	Wessex Rehab	1
	Total CSFS	20
Estates and Facilities	Facilities Office	1
	Total Estates and Facilities	1
Medicine	Cardiology	1
	ED Department	1
	Medicine Management	1
	Pembroke	1
	Respiratory	1
	Total Medicine	5

Division	Department	Headcount
Surgery	Audiology	1
	Cleft Service	1
	Endoscopy	2
	ICU	1
	Medical/Surgical OP	1
	Surgical Management	1
	Theatres	1
	Tissue Viability	1
	Urology	1
	Vascular	1
	Total Surgery	11
Women and Newborn	Maternity	2
	Total Women & Newborn	2
Corporate	Chief Executive office	1
	Education	3
	Finance	2
	Informatics / Transformation	3
	Nurse Management & Performance	1
	OD & People	2
	Operations	1
	Procurement	2
	Total Corporate	15
	TOTAL	54

Job roles include:

CSFS – Senior Dietetics Nurse, End of Life Lead Nurse

Medicine – Cardiac Physiologists, Senior ED Nurse

Surgery – Endoscopy Nurse Practitioners, Surgery and Outpatient Matrons, Head of Audiology

Pay award and Pension contribution changes (until 30th September) – communication to staff

NHS Salisbury NHS Foundation Trust

Letter to 339 staff members mainly Bands 3, 5 and 8a staff outlining the impact of the pay award and pension contribution thresholds
- Includes 24 Band 2, 4, 6 and 7 staff who are being sent letters

One off recruitment and retention premium in September's pay for 54 Band 8a staff who are impacted by negative arrears

The NHS pension scheme continues to be one of the most comprehensive and generous schemes in the UK. The main features of the scheme are:
➢ Tax relief: Contributions to the scheme are tax free, bringing down the cost of membership
➢ Support from your employer: Employers contribute 20.68% of your salary towards the cost of your pension
➢ Financial Security: Benefits are secure and guaranteed by the government. Your pension depends on your earnings and how long you have been a member of the scheme
➢ Future proof: Pension benefits increase each year during retirement to help keep up with the rising cost of living
➢ Flexibility: Options are available to increase your benefits and to retire flexibly, to suit your plans for the future
➢ Life Assurance: providing a lump sum to nominated family members

There is a poster at: https://www.nhsemployers.org/sites/default/files/2022-05/Value-of-the-NHS-Pension-poster.pdf

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Staff opting out of the Pension schemes

NHS Salisbury NHS Foundation Trust

Pension Status SFT Staff	Staff Pay Banding											
AFC Band	Band 2*	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Totals
NHS Pension Scheme Membership	628	451	260	583	555	319	117	49	16	18	5	3,001
NEST Membership	3	11	2	20	14	7	2	1	1			61
Staff not a member of either scheme	109	50	25	174	50	25	5	4	1	1	1	445
TOTAL	740	512	287	777	619	351	124	54	18	19	6	3,507
Opt Outs of Pension schemes %	14.7%	9.8%	8.7%	22.4%	8.1%	7.1%	4.0%	7.4%	5.6%	5.3%	16.7%	12.7%

* Includes 2 Staff still attached to Band 1 Opted-Out

12.7% of Permanent Agenda for Change staff are not a member of the NHS or NEST Pensions

22.4% of Band 5 staff and 14.7% of Band 2 staff have opted out of the available Pension schemes

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Medicine Division Pay analysis : April to July

	April WTE	May WTE	June WTE	July WTE
Funded	931.09	931.09	931.09	943.41
Contracted	770.24	767.31	755.17	753.65
Vacancy	-160.85	-163.78	-175.92	-189.76

Pay costs	April £'000	May £'000	June £'000	July £'000	Total £'000
Substantive	2,921	2,971	2,962	2,972	11,826
Bank	568	453	437	598	2,056
Agency	292	371	197	374	1,234
TOTAL	3,781	3,795	3,596	3,944	15,116

Worked WTE	April WTE	May WTE	June WTE	July WTE
Substantive	735.96	741.02	748.92	729.70
Bank	116.51	85.45	107.96	104.13
Agency	32.81	54.21	19.61	52.72
TOTAL	885.28	880.68	876.49	886.55
Difference to Funded WTE	-45.81	-50.41	-54.60	-56.86

Additional payments (included within substantive)	April £'000	May £'000	June £'000	July £'000	Total £'000
Additional basic pay	13	6	5	7	31
Overtime	5	7	6	7	25
TOTAL	18	13	11	14	56

Funded WTE increases in July due to business case funding for Majors expansion and Minors footprint 7.32 WTE and ED Medical workforce 4.00 WTE

Vacancies increased by 29 WTE from 161 in April to 190 in July. On average 104 WTE Bank and 40 WTE Agency was used per month to mitigate vacancies. The worked WTE shortfall increased from 46 WTE in April to 57 WTE in July.

The paybill increased in July with Bank costs per WTE increasing to £5,743 from an average of £4,704 during April to June due to higher Bank incentive rates.

Person Centred & Safe   **Professional**   **Responsive**   **Friendly**   **Progressive**

2022/23 AfC Pay Award – Local Labour Market Comparators

	Hourly Rate		Annual Salary*		Unsocial Hours Enhancements	Employer Pension Contributions	Holiday Pay	Sick Pay	Paid Parental Leave	HealthCare Benefits	Staff Discounts/ Bonuses
	From	To	From	To							
SFT Band 2 Band 3	£10.37 £11.11	£10.90 £11.85	£20,270 £21,730	£21,318 £23,177	Yes, time plus 41%, time plus 83% on Sundays	Yes	28 days inc BH, rising to 33 days after 10 years	Yes, 2 months rising to 12 months after 5 years	Yes	No	No
Tesco	"Competitive"		"Competitive"		No	"Retirement Savings Plan"	Yes	Yes	Yes	Yes	Yes
Aldi Store Assistant	£10.50	£11.40	£20,531	£22,291	No	Yes	28 days inc BH	Yes after 2 years	Yes after 2 years	Yes	Yes
Waitrose Store Assistant	£9.90	£11.48	£19,358	£22,447	Yes	Yes	28 days inc BH	SSP £99.35 per week for 28 weeks	Not mentioned in job adverts	Not mentioned in job adverts	Yes
Co-op Store Assistant	£9.20	£9.50	£17,989	£18,576	Yes - amount not specified	Yes	31 days inc BH	SSP £99.35 per week for 28 weeks	Not mentioned in job adverts	Yes	Yes
Lidl Store Assistant	£10.10	£11.40	£19,749	£22,291	No	Yes	30 - 35 days inc BH	SSP £99.35 per week for 28 weeks	Not mentioned in job adverts	Not mentioned in job adverts	Yes
Nationwide Customer Advisor	£10.49		£20,512		No	Yes	25 days	SSP £99.35 per week for 28 weeks	Not mentioned in job adverts	Yes	Yes
Spire Homecare Care Assistant	£12.00	£16.00	£23,464	£31,286	Data Not Available Only Broad salary ranges are shared publically						
MacDonalds Crew Member 18+	£9.75		£19,065		No	Yes	28 days inc BH	SSP £99.35 per week for 28 weeks	Not mentioned in job adverts	No	No
Bluebird Care Care Assistant	£11.30	£20.56	£22,096	£40,202							
Wiltshire Council Passenger Assistant	£9.60		£18,771								

Person Centred & Safe   Professional   Responsive   Friendly   Progressive

Reasons for Leaving Summary August 2020 to July 2022

Reasons for Leaving August 2020 to July 2022   ■ Total

134 of these are rotational doctors moving between Trusts

Person Centred & Safe   Professional   Responsive   Friendly   Progressive
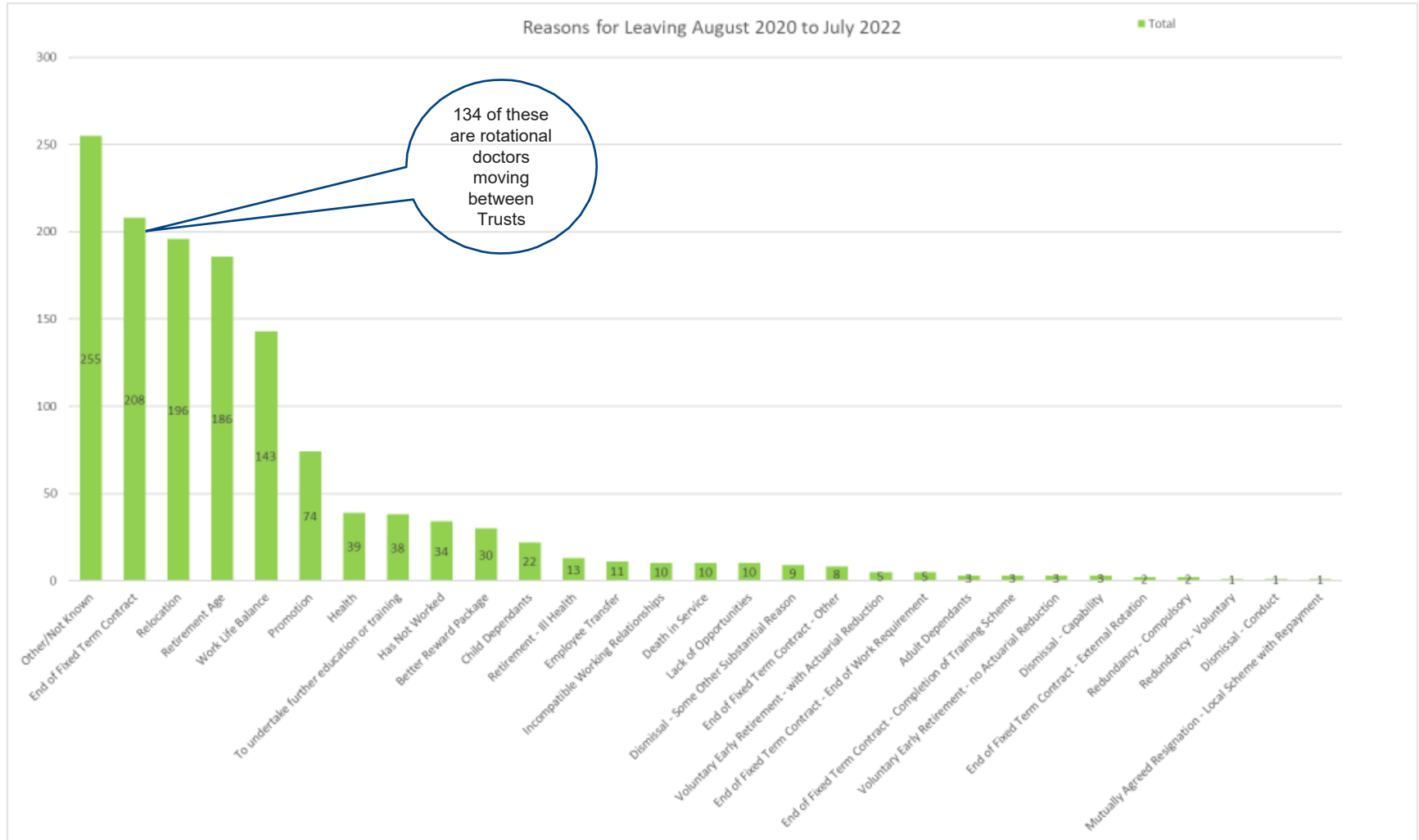
Report to:	Trust Board (Public)	Agenda item:	4.3
Date of Meeting:	6ᵗʰ October 2022		

Report from: (Committee Name)	Clinical Governance Committee	**Committee Meeting Date:**	27ᵗʰ September 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 27ᵗʰ September 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:
  - The committee welcomed the new ICB quality lead for SFT and members of the new Shadow Board as observers to this meeting.
  - The committee received an interesting and stimulating deep dive presentation from Graham Lloyd Jones in relation to a mouth care research project, SMILE. The project, which had been developed during the pandemic had been piloted in the hospice and will be rolled out across the Trust.
  - As at F&P, an update on winter preparedness was provided. The committee noted the challenges likely in the coming months and were assured that the risks are identified and have mitigations and actions in place.
  - The Integrated Performance Review (IPR) was discussed in detail, noting the increase in grade 2 pressure ulcers and the low level of care hours per patient day (CHPPD). The committee were informed that the staffing challenge places the Trust as the lowest across BSW in relation to available CHPPD. The impact on care has been discussed at Board previously with both CNO and CMO outlining how they focus on maintaining safety on a daily basis.
  - Pending the implementation of the new patient safety (PSIRF) approach, a revised format risk management report was provided. It was noted that there was a backlog in closing low risk Datix incidents. Whilst additional resource had been brought in, the backlog would not be cleared quickly. In the compliance report, it was positive to see that there was no evidence of repeated harms due to out of time, incomplete actions and that this is

reviewed regularly. Assurance was also provided that in the weekly patient safety meeting, all moderate and above incidents are reviewed.

- o A detailed discussion took place in relation to the learning from deaths report. Acknowledging that this would also come to Board for further discussion, the CMO flagged that he was not complacent and that he was focussing on specific actions to address his concerns. The mortality review group was actively involved. A focus on this would continue in the coming months with an update coming back to CGC.

- o The quarter one research report was received. The committee was updated on the establishment of the Trust Research Board and that the focus of research activity would be widened and become multi professional. It was recommended that in future the quarterly reports would go to the Research Board with an annual report coming to CGC.

- o The twice-yearly nursing skill mix review mandated by the National Quality Board was presented to the committee. This will also come to November Board. All wards and maternity services were reviewed as per the required process. Assurance was provided, with CNO sign off that the establishments were either appropriate or that recommendations for enhanced staffing were made. These will be taken to TMC for approval. It was noted that a BSW workstream on the review of nurse and midwifery staffing is underway.

- o The key findings of the embargoed national patient survey were presented to the committee. The findings will be reviewed and actions to address improvements will be managed through the patient experience group. A further update will come to CGC in the next quarterly report.

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

Report to:	Trust Board (Public)	Agenda item:	4.4
Date of Meeting:	6th October 2022		

Report from: (Committee Name)	People and Culture Committee		Committee Meeting Date:	29th July 2022	
Status:	Information	Discussion	Assurance	Approval	
			X		
Prepared by:	Michael von Bertele; Non-executive director				
Sponsor (presenting):	Michael von Bertele; Non-executive director				

Recommendation

The Board are invited to note the items escalated from the People and Culture Committee meeting held on 29th September 2022.

1. The committee reviewed the Trust's first People Plan Strategy. This new document will support the people pillar of the Trust's strategy and takes into account direction and guidance issued centrally under the People Plan, the People Promise, and the 2021 report on The Future of Human Resources and Organisational Development. It sets out our approach and priorities for the next 3-5 years. It has been drafted by the Chief People Officer who is to be commended for distilling a huge volume of policy into a digestible format. It identifies the things that are under our control while noting that central policy and political realities can have a disproportionate impact on our direction of travel. The strategy deals with the elements of policy and practice that rest with the directorate but the Chairman was keen to note that many other factors impact on the whole people pathway. This runs from recruitment and induction, through training, working practices and the working environment, health and wellbeing, and eventually retirement, and is affected at different points by everybody in the Trust. These factors, colloquially known as hygiene factors, determine to a large extent the culture of the Trust and the experience of those who work in it. It is important to recognise that identification and rectification of everything that might affect the sustainability of our workforce is a "whole of Trust" responsibility, although the OD &P directorate takes the lead in identifying what those things are.

2. The Deputy Chief People Officer has reviewed the corporate risks managed by the directorate and has proposed that they are summarised under 4 headings:

   a. Delivery of a sustainable workforce
   b. Health and Safety
   c. Delivery of an effective Occupational Health service
   d. Management of proposed industrial action.

The new approach gives clarity and it is recommended that it be adopted onto the risk register.

Report to:	Trust Board (Public)	Agenda item:	4.6
Date of Meeting:	6TH October 2022		

Report from: (Committee Name)	Audit Committee		Committee Meeting Date:	22nd September 2022
Status:	Information	Discussion	Assurance	Approval
	X		X	
Prepared by:	Paul Kemp (Audit Committee Chair)			
Board Sponsor (presenting):	Paul Kemp			

Recommendation
The Trust Board is asked to note the matters below.

Key Items for Escalation

Matters Arising and Deep Dive

The committee received papers on

- ➢ A plan to reduce wastage of stock items relating to cardiac, orthopaedic and other limited life inventory, where write off rates had begun to increase. The plan was comprehensive and well presented. The committee asked for a short report on the outcome of the activity to come to the December meeting

- ➢ The annual report from procurement on the level of Single Tender Actions (STA's) for the previous year. This showed good progress in continuing to limit these to necessary items only and very good controls in place to ensure that, where STA's were undertaken, the justification and sign off of these exceptions were properly documented

- ➢ A deep dive on the provision of security services for the site. The presentation was both comprehensive and informative and engendered a good discussion between Committee members and the Head of Security. The Committee took strong assurance from the presentation.

Regular Progress Reports

The Committee received regular reports from Internal Audit, External Audit and Counter Fraud as to activities undertaken since the last meeting. The only point of note was that there was a risk that the internal audit programme was beginning to overrun the timetable set, with other priorities in the Trust limiting management's ability to engage. It was clear that this prioritisation was appropriate in the circumstances and management were simply asked to ensure appropriate notice was given if audit timetables needed to be rearranged.

Bbbgg

NHS
Salisbury
NHS Foundation Trust

Report to:	Trust Board (Public)	Agenda item:	4.8
Date of Meeting:	06 October 2022		

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

Recommendation:
The Trust Board are asked to note the Trust's performance for Month 4 (August 2022).

Executive Summary:
The scale of operational pressures felt this year continued throughout M5, a period which historically has seen some relief in the high levels of occupancy and non elective demand. Occupancy was slightly lower, but still high at 95.5%. There has been an improvement in the hours lost by the ambulance service in delays in handing over patients to the Emergency Department. The proportion of delays over 30 minutes improved slightly from 17% to 21%, however there was a marked improvement in the number that waited over 60 minutes. This was 198 in M3, 187 in M4 and in M5 reduced to 106. As a result, the average hours lost per day to the ambulance service has reduced from 21 in M3 to 13 hours per day in M5.

Despite the improvement in flow at the front door, ongoing flow into the hospital from the Emergency Department and assessment areas was challenging, with an increase (86) in the number of patients spending longer than 12 hours in the Emergency Department (from arrival to discharge).

The proportion of Stroke patients reaching the Stroke Unit within 4 hours fell from 44% in M4 to 26% in M5, reflecting the operational challenges around flow.

Contributing to the flow challenges, the number of patients in the hospital not meeting the criteria to reside was an average of 127. Despite no real improvement to this number, there |

has been an improvement in the number of excess bed days from no criteria to reside to discharge that were attributable to internal delays, which reduced to 260 (lowest level since July 2021).

The number of falls and pressure ulcers increased in M5, likely linked to staffing levels in inpatient ward areas. Workforce turnover rates increased to 13.8% in M5, vacancy rates improved to 9.9% although remain ahead of target 5% levels. Higher than planned agency rates continue to offset temporary staffing costs in most areas. Agency and bank spend decreased over the summer period with higher unavailability, which was reflected in a challenging operational environment.

There was continued improvement for the third successive month in the average wait to first appointment, and the Trust continues to reduce the longest waits for elective care, with the number of patients waiting longer than 78 weeks reduced to 616 at the end of M5. Additionally, there was improvement in performance against the cancer standards with the 28-day Faster standards achieved, and 62 Day Standard increasing from 66% in M4 to 79.7 in M5 (target 85%). The number of patients receiving an appointment within 2 weeks for a suspected cancer referral was static at 75%.

Further deterioration was seen against the 6-week diagnostic standard with 65.6% of patients receiving a diagnostic within 6 weeks (70.2% in M4). The main areas of challenge continue to be MRI, Ultrasound, Echocardiogram and Audiology. Workforce challenges across all modalities continue to affect the ability to increase activity and recover the waiting times. A full update will be presented to Finance and Performance committee in M6.

In M5 the Trust recorded a control total deficit of £1.172m against a target of £0.892m – as adverse variance of £0.280m.

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

Integrated Performance Report

August 2022

The scale of operational pressures felt this year continued throughout M5, a period which historically has seen some relief in the high levels of occupancy and non elective demand. Occupancy was slightly lower, but still high at 95.5%. There has been an improvement in the hours lost by the ambulance service in delays in handing over patients to the Emergency Department. The proportion of delays over 30 minutes improved slightly from 17% to 21%, however there was a marked improvement in the number that waited over 60 minutes. This was 198 in M3, 187 in M4 and in M5 reduced to 106. As a result, the average hours lost per day to the ambulance service has reduced from 21 in M3 to 13 hours per day in M5.

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What we are measuring – our Strategic Priorities

Improving the health and well being of the Population we serve

Working through Partnerships to transform and integrate our services

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

Our focus – Breakthrough Objectives and Strategic Initiatives

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

Our Strategy 2022-26
IMPROVING *together*

What is an Integrated Performance Report (IPR)?

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

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

Reading a Statistical Process Control (SPC) Chart

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

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

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

The solid grey line shows the mean value for the dataset

SFT A&E 4 Hour Performance (%)

Percentage

95
90
85
80
75

May-20, Jun-20, 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, Jan-22, Feb-22, Mar-22, Apr-22

Month

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

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

Grey markers show normal behaviour with no significant cause for variation

Our Strategy 2022-26
IMPROVING together

Part 1: Quality of Care, Access and Outcomes

Performance against our Strategic Priorities and Key Lines of Enquiry

Our Priorities

Population

Partnerships

People

Reducing Patient Waiting Times

Target 87 days

Breakthrough Objective

Average Wait Time to 1st Outpatient Appointment
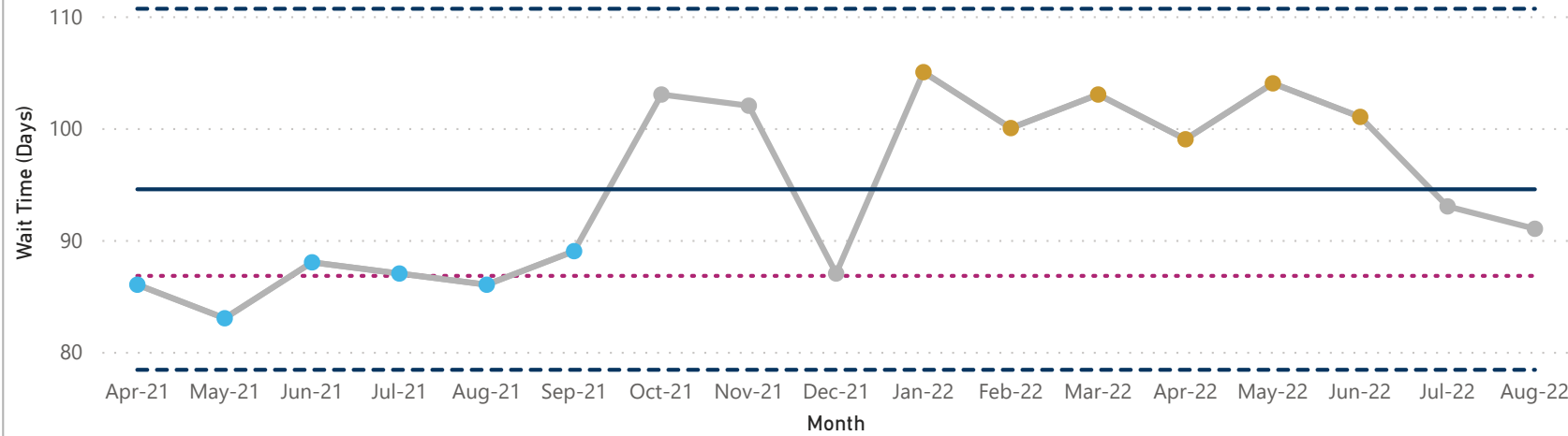
We are driving this measure because...

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

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

Understanding the performance:

The recent reductions in waiting time have in line with forecast last month continued albeit at a slightly reduced rate. The ongoing focus on eliminating our longest waits continues to contribute to this improvement along with the Divisional interventions with those specialties receiving specific focus.

The Trust continues to have no >104week waits, is delivering ahead of trajectory for both >78ww and >52ww, and continues to make significant progress against the >78w 'at risk' cohort of patients for the March 2023 target, with numbers down from circa 1700 to 616 at the end of Month 5. There are no patients >78weeks on a non-admitted pathway. As the number of long waits is reduced the capacity given over to these patients is consistently used to provide appointments for shorter waiting patients further assisting in the reduction in average time to first appointment. The recent relaxation of Covid Infection Prevention Measures continues to alleviate previous capacity constraints.

Actions (SMART):

Regular and frequent focus, analysis and action planning continues via a weekly meeting to establish and progress actions supporting the reduction in our longest waiting patients, in line with national expectations.

Weekly monitoring of non-admitted patients on non-admitted pathways over 52 weeks with no 1st appointment.

Waiting list review and patient pathway analysis with the objective of converting increased numbers of follow up activity to alternative pathways such as PIFU to free up additional capacity for First Appointments.

Risks and mitigations:

Limitations continue in relation to the Trust's ability to comprehensively map demand and capacity at Specialty and Sub Specialty/Pathway Level. This is currently being worked through with support provided from the EPR Meetings.

Resource limitations at both DMT and Specialty Level continue to challenge for Divisional Teams.

Our Strategy 2022-26
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Optimising Beds

Target 150 days

Total (Excess) Bed Days from No Criteria to Reside to Discharge (Internal reasons)
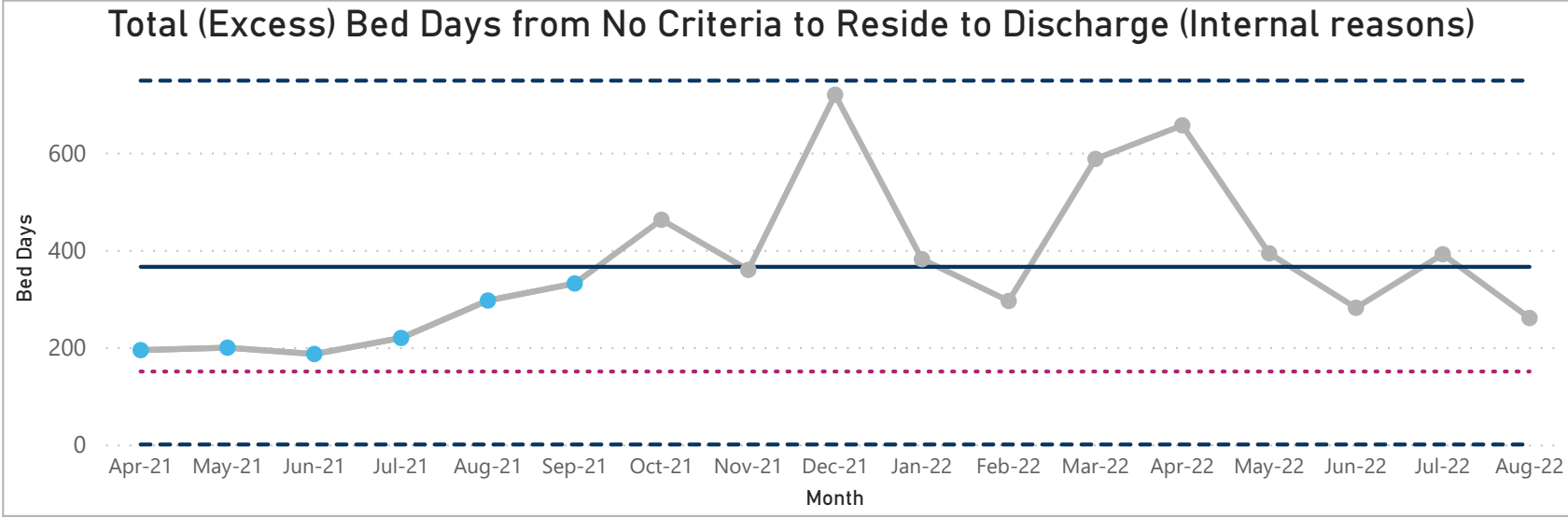
We are driving this measure because…

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

Understanding the performance:

August saw a drop in lost bed days due to internal reasons post the decision for No Criteria to Reside (NC2R) and is at the lowest seen for 12 months.

This does remain above the target of 150 days but is a positive signal in the context of Trust pressures around staffing and capacity.

Data regarding these reasons is reviewed every weekday by the Therapy teams and used as a tool in supporting focused actions to address delays.

Actions (SMART):

Establishing the use of the reasons report as business as usual for the wider MDT and Discharge team.

Sending this report to Divisional and MDTs by October for use in workday planning

Engaging teams in potential ward actions to support reduction in delay by October.

SFT engagement in system work that may include referring patients for services before the NC2R decision is made but where requirement is clear.

Risks and mitigations:

Breamore ward currently used to care for people with NC2R will close in September and patients awaiting partner services will be transferred to an SFT service at South Newton Hospital – the staffing model includes therapy and nursing staff from SFT which will decrease the capacity of these teams on site at SFT . South Newton criteria includes only those people referred already for services so the team remaining will be crucial to ensuring timely referrals are made.

System work regarding discharge pathways is by its nature a complex process and may be impacted by more immediate operational pressures and any staffing challenges in any area of service.

Breakthrough Objective

Number of Patient Falls Per 1000 Bed Days
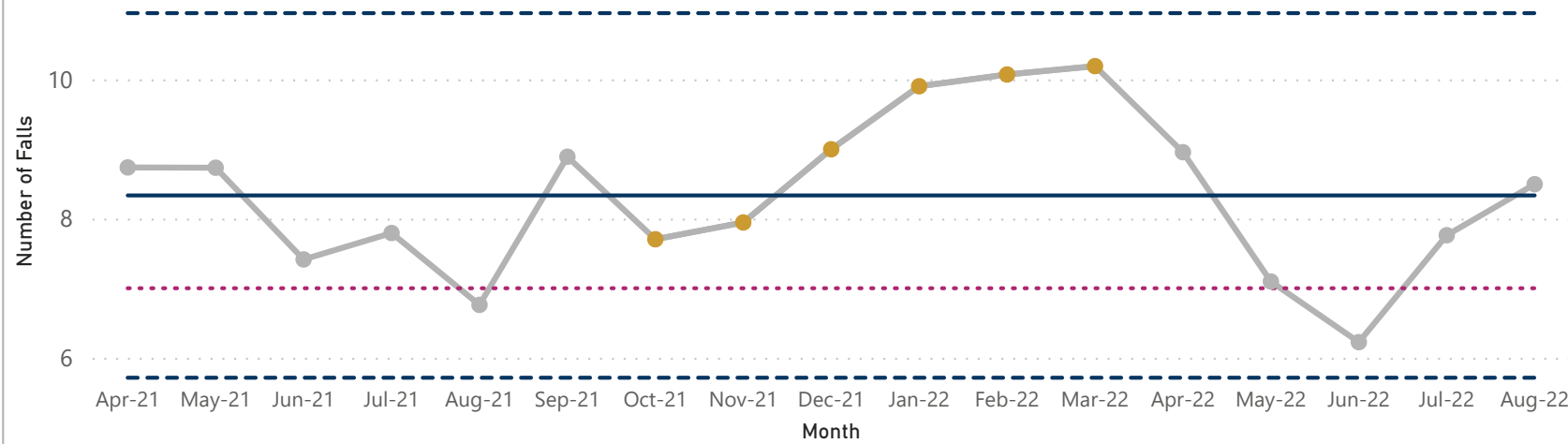
We are driving this measure because...

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

Understanding the performance:

The falls per 1000 bed days rose slightly in August to 7.8.

There was one fall in August that caused moderate harm - a fractured thumb that needed casting.

Actions (SMART):

-Formal training programme being delivered at ward level, although this has proved to be difficult in August due to depleted staffing-vacancies, sickness and holidays. New overseas nurses will have training at Induction in October.
-eLearning national module available on Kalidus.
-Improving Together Falls reduction breakthrough drivers for Pitton Ward and Farley Ward. Lying and Standing compliance is a breakthrough target for the orthopaedic wards.
-Revision of bed rails assessments and falls risk assessment to include visual test.
-Review of equipment availability including ultra-low beds, falls sensor alarms and crash mats.

Risks and mitigations:

Availability of staff to attend training on the ward has declined in August, acknowledging that there is a direct correlation with vacancies/sickness and available care hours. Dates have been given to wards for face to face training. Attendance at the module training has been variable (due to staffing shortages on the wards), however data collection has commenced. Pitton Ward have had difficulty in erecting a board in the right space so "huddles" have been difficult to embed. Farley ward are functioning well and have embraced the Improving Together aims. The orthopaedic wards are collecting data on compliance with lying and standing BP and have well led huddles.
The redesigned falls risk assessments and bed rails assessments will be trialled on Farley Ward with PDSA cycles with an aim to produce final documents by the end of the year. Farley Ward will also be commencing "bay watch" after a period of training. Capital bid for 10 ultralow beds was successful-it is hoped that 13 falls sensor alarms will be available later in the year.

Emergency Access (4hr) Standard

Target 95%

National Key Performance Indicators

SFT A&E 4 Hour Performance (%)
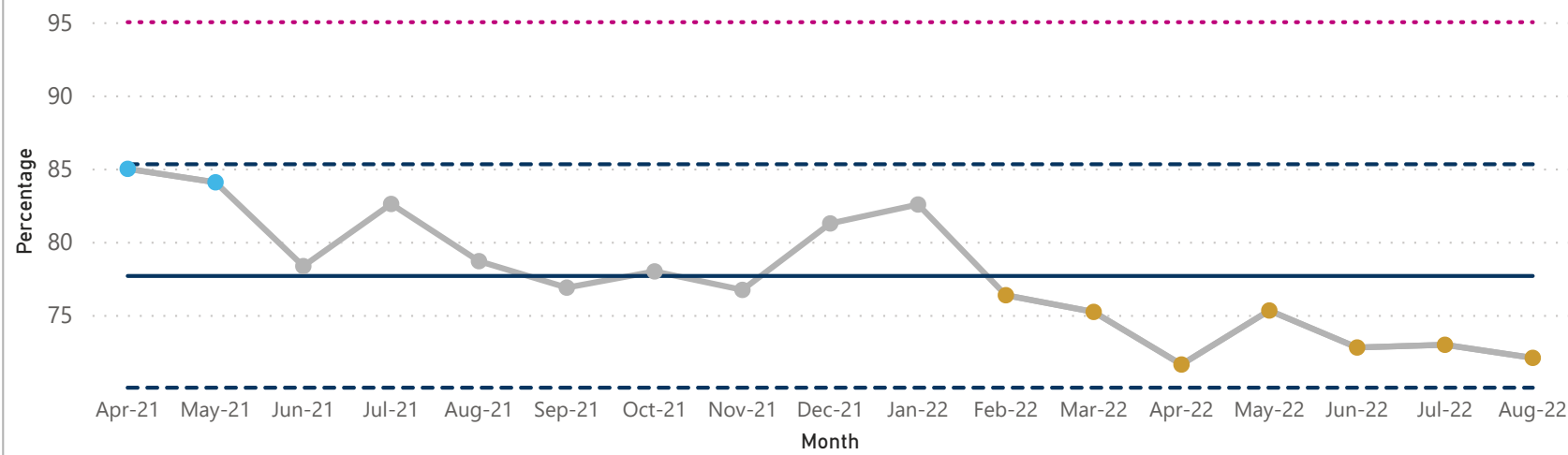
Performance Latest Month: 72.1%

Attendances: 6175

12 hour Breaches (Arrival to Departure): 68

Understanding the performance:

Performance against the 4 hour standard fell slightly in M5 to 72.1%, which was below the national average of 74.4%

Attendances were slightly lower than previous months, and the conversion rate was static at 28%.

Delays in transferring patients out of the department remains the biggest cause of deteriorating performance against the 4 hour standard. There were 2 patients that waited longer than 12 hours from decision to admit to admission into the hospital. The average time from decision to admit to admission was 3 hours and 48 minutes, with 45% of patients waiting longer than 4 hours for admission to a ward.

Actions (SMART):

Review of escalation processes, roles and responsibilities to ensure timely escalation of delays.

Handover group to be set up and led by ED matron in M6 to streamline handover process which would enable faster transfer out of the department once a bed is available.
Focus on supporting AMU to de-escalate when assessment bay is full, to enable medical take to stay in AMU, and patients to be pulled more quickly from ED to AMU.

Investigate delays around discharge and opportunity to bring earlier in the day.

Risks and mitigations:

Gaps in workforce – significant gaps on middle grade rota. Successful recruitment in M5, with start dates and contracts in the process of being agreed.

High vacancies within nursing and health care assistant roles, further staff appointed but yet to begin. Successful recruitment to B6 and B7 posts.

High occupancy levels within the Trust remain a significant risk to the 4 hour standard.

Our Strategy 2022-26
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Ambulance Handover Delays
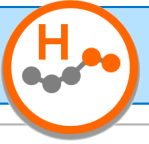
National Key Performance Indicators

Ambulance Handover Delays (>=30 mins) as % of All Ambulance Arrivals
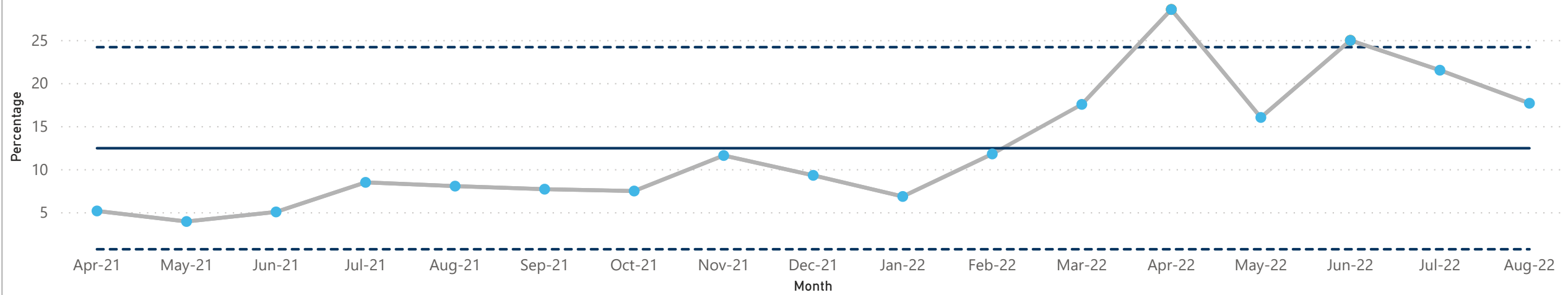
Understanding the performance:

The proportion of patients arriving by ambulance that were handed over within 30 minutes improved to 17% from 21% in M4.

There was an improvement in the number of patients waiting longer than 60 minutes at 106, compared to 187 in M4.

The total number of ambulance arrivals was in line with numbers seen in previous two months.

Actions (SMART):

Hospital Ambulance Liaison Officers (HALO) now in post working alongside department to help manage safety of queues and incoming ambulances.

Trial in M6 with Wiltshire Health & Care practitioners working in ED to pick up patients that are known to Community services, and enable fast turnaround and discharge with access to ongoing support at home. Trial to take place for 2 weeks and outcomes to be evaluated.

Tracker role to be implemented within the department, approval in place and recruitment to take place during Q3.

Risks and mitigations:

Flow within the hospital along with workforce issues, remains a large contributory factor in the ability to off load all ambulances quickly, due to the number of patients in the department waiting for admission.

The assessment area on AMU continues to regularly be escalated into overnight, which reduces the ability to pull through from ED quickly, and often results in GP ambulance admissions being diverted to ED rather than streaming directly to AMU.

At times there are delays in offloading patients presenting with respiratory symptoms when ambulances do not have lateral flow tests available.

Our Strategy 2022-26
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Total Elective Waiting List (Referral to Treatment)
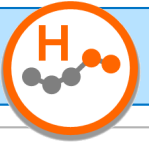
Total RTT Waiting List
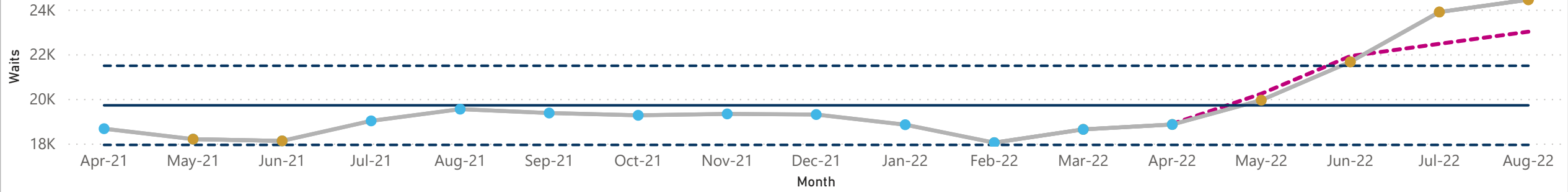
Month	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Longest Waiting Patient (Weeks)	106	110	110	107	111	116	116	120	99	99	95	98

Understanding the performance:

The national expectation is that throughout Covid Recovery there will be a growth in the size of waiting lists across the country before any reduction is seen.

Referral rates have increased from an average of 4949 for the last 5 months of 2021-22 to 5234 for the first 5 months of 2022-23. These appear now to be stabilising, but remain higher than forecast in our 2022/23 plan. Despite an increase of 6% in the number of clock stops, still exceeds this number, resulting in an increase in the size of the waiting list.

Non-admitted clock stops continue to account for a lower percentage of overall clock stops than in 2021/22.

Whilst overall growth has been experienced in line with national expectations, there continues to be significant success in address long waiting patients, being ahead of plan for both >78ww and >52ww.

Actions (SMART):

Analysis of performance demonstrated a number of contributory factors:-
-Requirement to reallocate high volume weekend theatre lists to Cancer operating owing to spike in cancer referrals.
-Ongoing impact of non-elective pressures and NC2R above and beyond forecast for SFT and across the System, and escalation into DSU.
-Theatre Workforce
As a result the ratio of clock starts to clock stops, whilst improved from 82% to 87%, remains below the H2 average for 21/22 of 98%.
Further actions include: -
-Ongoing support for weekend operating lists, including high volume specialties such as Plastics
-Focussed and dedicated OD and Recruitment support for Theatres, including weekly task and finish group established to drive recruitment.
-Analysis of non-admitted OPD clock stops

Risks and mitigations:

Ongoing challenges across the workforce continue to present challenges, with mitigation balancing the tensions between financial prudence and target achievement, in sourcing locum cover and/or agency staff to cover gaps in staffing.

Management of Covid related absence continues in line with Trust guidance.

The winter plan is being developed to mitigate the effects of increased non-elective demand upon the elective recovery programme, including acquisition of capacity at South Newton.

Our Strategy 2022-26
IMPROVING together

Diagnostic Wait Times Performance (DM01)

Target 99%

SFT DM01 Performance (%)
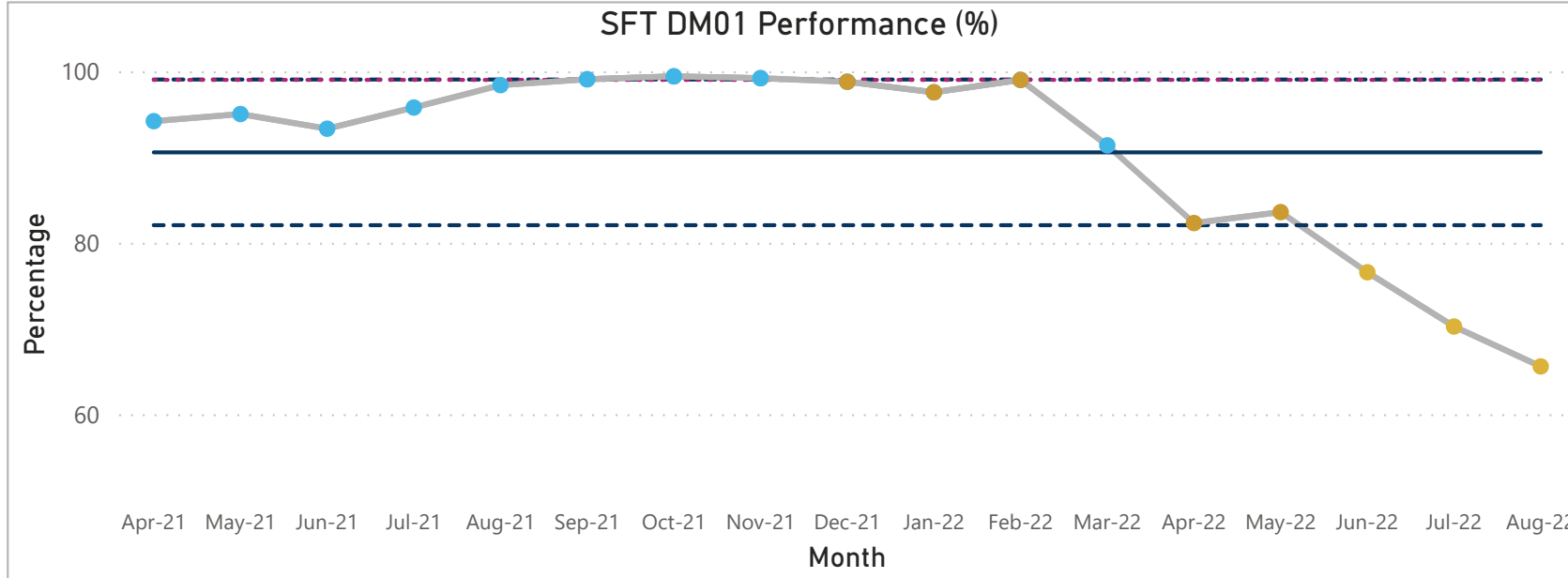
Performance Latest Month: 65.6%

Waiting List Volume: 3283

MRI	60.2%	CT	100.0%
US	57.0%	DEXA	100.0%
Audio	27.7%	Cardio	47.2%
Neuro	100.0%	Colon	95.4%
Flexi Sig	95.0%	Gastro	93.5%

Understanding the performance:

DM01 performance reduced in M5 as compared to M4. A total of 2060 patients breached the performance target, which represents an increase from 1670 breaches in M4. Key modalities that continue to have high numbers of breaches are MRI, USS and Echo with 452, 1115 and 335 breaches respectively. However, for MRI this does represent a reduction in the number of breaches (reduced from 546 in M4) and also for Echo (reduced from 341 in M4). USS continues to be a key area of concern with breaches increasing by 64% in month. Audiology in M3 to M4 had delivered improvements in the number of breaches but this has deteriorated significantly in M5 (increasing from 41 to 138) – this is caused by activity reducing by almost half. Activity as a whole reduced in M5 (from 6749 to 6671 patients). Modalities with activity reductions in month were USS, Audiology and Endoscopy. Endoscopy was caused by short notice absence of a locum member of staff which caused cancellation of lists late in the month.

Actions (SMART):

-Incentivised overtime rates in MRI and USS continue to be in place to sustain core activity and to increase weekend elective lists where possible. This will continue for at least the next 6 months whilst longer term solutions are identified.
-Successful recruitment in Audiology, new starter expected in December 2022.
-Revision of roles in Echo to increase banding of senior Echo Physiology roles and vacancies advertised.
-Business case for Echo Support roles being pursued although expect at least 4-6 month timeframe for this to realise capacity (if approved).
-Mini competition placed by procurement for insourcing USS options
-Performance update paper completed and to be presented to F&P committee on 27/9/22

Risks and mitigations:

Risk: Improvements in the overall Trust performance are all dependent on resourcing temporary staff and/or on overtime for existing workforce. Unable to appoint new substantive staff **Mitigation:** Filling vacancies, Outsource/insource options, Internal overtime, Incentivised rates, RRP for current staff
Risk: Inability to identify outsource/insource options for USS and Cardiology Echo. **Mitigation:** Redesign of service spec to encourage responses from other providers.
Risk: Increasing demand. **Mitigation:** Vetting/audit of referrals, Communication with primary care, Further increase to establishment/temporary staffing etc. to increase capacity
Risk: MRI1 replacement project. Reduction of scanners on site so unable to increase capacity. **Mitigation:** MRI mobile van replaced with more reliable scanner to be able to use for full amount of sessions

Cancer 2 Week Wait Performance

Target 93%

National Key Performance Indicators

SFT Cancer 2 Week Wait Performance (%)
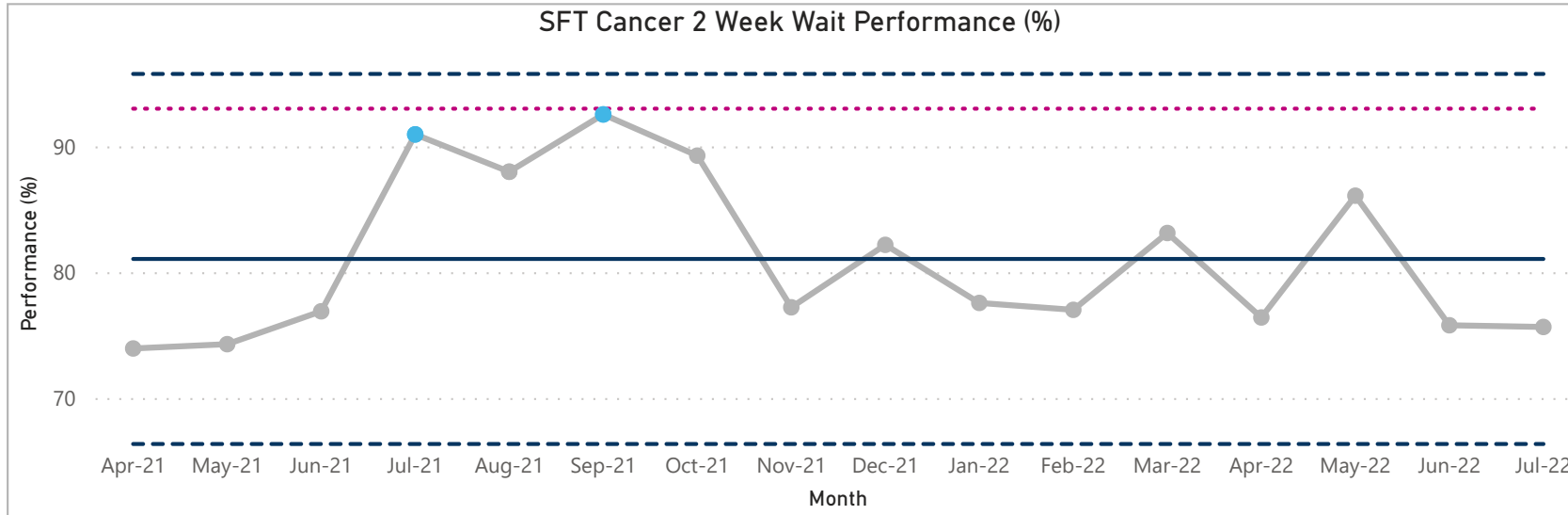
	Performance	Num	Den	Breaches
Two Week Wait Standard:	75.7%	814	1076	262
Two Week Wait Breast Symptomatic Standard:	87.9%	29	33	4

Understanding the performance:

Timeliness of triage for Head and Neck 2WW patients is a challenge, impacting on ability to book within two weeks.

Colorectal 2WW referrals consistently high over May, June and July, compounded by workforce.

Skin 2WW referrals high over May, June and July. Workforce depleted due to COVID-19 and needing to also cover other non-cancer services such as Burns and Trauma.

Actions (SMART):

Ongoing review of Neck lump pathway in Head and Neck, in order to send patients straight to test where appropriate.

Two substantive Consultant Gastroenterologists starting in September and a new locum from ID medical.

Currently out to recruit for a Locum Consultant in Skin which will increase 2WW capacity. Also using some Dermatology capacity. Army Plastic Surgeon returning 12th September which will pick up trauma work, releasing 2WW capacity. Telederm service offering additional support. Plan to link with Comms and Primary Care to ensure patients are available to attend their appointments to due increase in patient choice delays.

Risks and mitigations:

Piece of work regarding a 2WW triage algorithm to streamline the process. Conversations underway with Radiology around straight to test pathway involving ultrasound.

Anticipating this will see a reduction in the number of 2WW breaches attributed to Endoscopy capacity, but may take some time to recover.

Anticipating this will see a reduction in the number of 2WW breaches attributed to Plastics OPA capacity, but may take some time to recover.

Cancer 28 Day Faster Diagnosis Standard Performance

Target 75%

SFT Cancer 28 Day Faster Diagnosis Standard Performance (%)
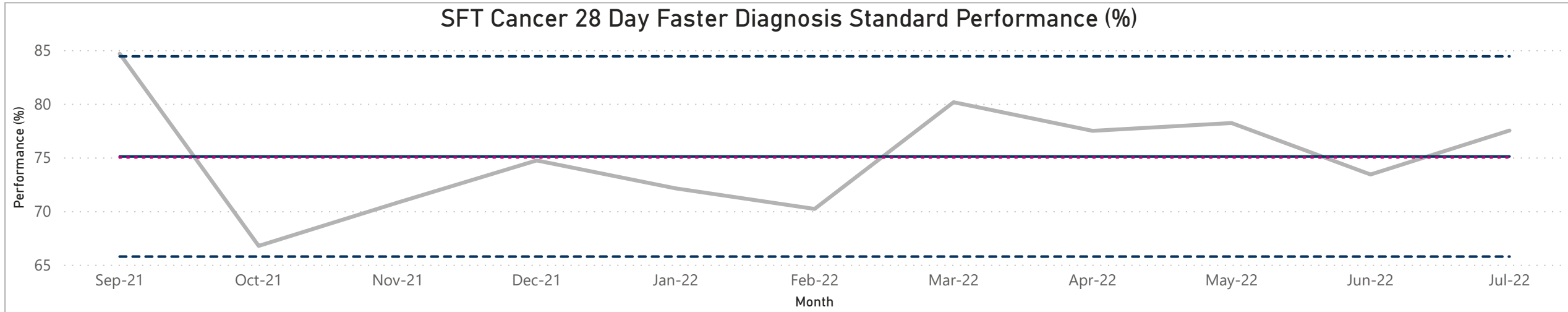
* This measure is not currently suitable for SPC as it has less than 15 monthly data points.

Understanding the performance:

Template biopsy capacity within prostate pathway is a major bottleneck, causing major delays at the start of the prostate pathway.

Histopathology workforce still very challenged, current workforce very stretched and many cases needing to be outsourced.

PET CT currently managed by external company Alliance Medical. Significant delays with booking and reporting due to capacity issues and causing delays in pathways.

CQUIN 22/23 focussing on best practice timed pathways and associated milestones.

Actions (SMART):

-New Urology Consultant starting in October. Exploring options of Specialist Nurses being trained to undertake template biopsies. Navigator being point of contact prior to template biopsies to ensure patients are ready to attend.
-New Consultant Scientist starting in Histopathology who is undertaking some GI reporting, which will alleviate some workload from existing Consultant workforce and need for outsourcing.
-Plan in place to obtain mobile PET CT scanner on site. Working group set up to manage this. Some outstanding issues regarding the environment - further meetings needed to resolve issues.
-Will require changes to current pathways and will require input from multiple teams across the Trust. A balance of other work in the Trust will need to be considered i.e. non cancer.

Risks and mitigations:

Training of nurses to do template biopsies will take time, and new Consultant not due to start until October. Triage processed has been changed and MRI scans being requested at point of triage which will help with wait times. Regional Prostate meeting to be held in September, focusing on pathway improvement.
Even with additional workforce, the existing workforce is still very stretched. Recruitment of additional Histopathologists ongoing. MDT team highlight any cases needed using the escalation process.
Clinicians and MDT team continue to raise cases with Alliance Medical and document in tracking on Somerset Cancer Register. Datixs are recorded when needed.
Anticipate the 28 day FDS performance should improve as the CQUIN is worked on, as the milestones and best practice timed pathways are closely linked to this.

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Cancer 62 Day Standard Performance

Target 85%

National Key Performance Indicators

SFT Cancer 62 Day Standard Performance (%)
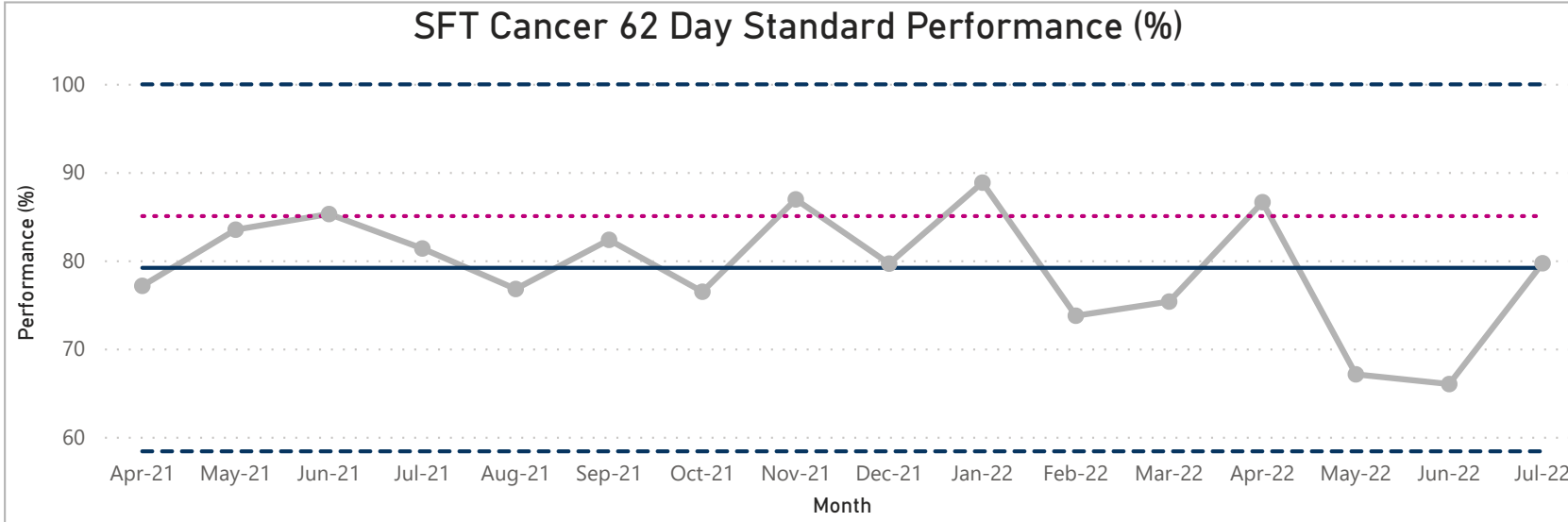
	Performance	Num	Den
62 Day Standard:	79.7%	47	59
62 Day Screening:	66.7%	1	2

Understanding the performance:

Unable to deliver chemotherapy treatment in a timely manner due to constraints around pharmacy and aseptics.

Radiotherapy and surgery capacity issues at tertiary centres are ongoing; focus on 28 day pathway to ensure our patients are referred to tertiary centre in as timely manner as possible.

Performance improved compared to previous performance in June. We saw around the same number of treatments, but a smaller denominator and so the percentage in target is greater.

Actions (SMART):

Out to advert for an accountable Pharmacist. Anticipate if recruitment successful should be in post by end of year.

Ongoing communication within Cancer services with tertiary centres regarding radiotherapy/surgery waiting times, escalating patients where possible.

Implementation of Cancer Improvement Group to focus on pathway improvement and reducing backlog.

Risks and mitigations:

Recruitment underway in Pharmacy to support service and therefore manufacture chemotherapy. Current controls for aseptics in place. Still quite some time before seeing some reduction in waiting times in this area.

Ongoing waiting times, requires input from tertiary centres to reduce wait times.

Our Strategy 2022-26
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Stroke Care

Stroke & TIA: % Arrival on Stroke Unit within 4 Hours
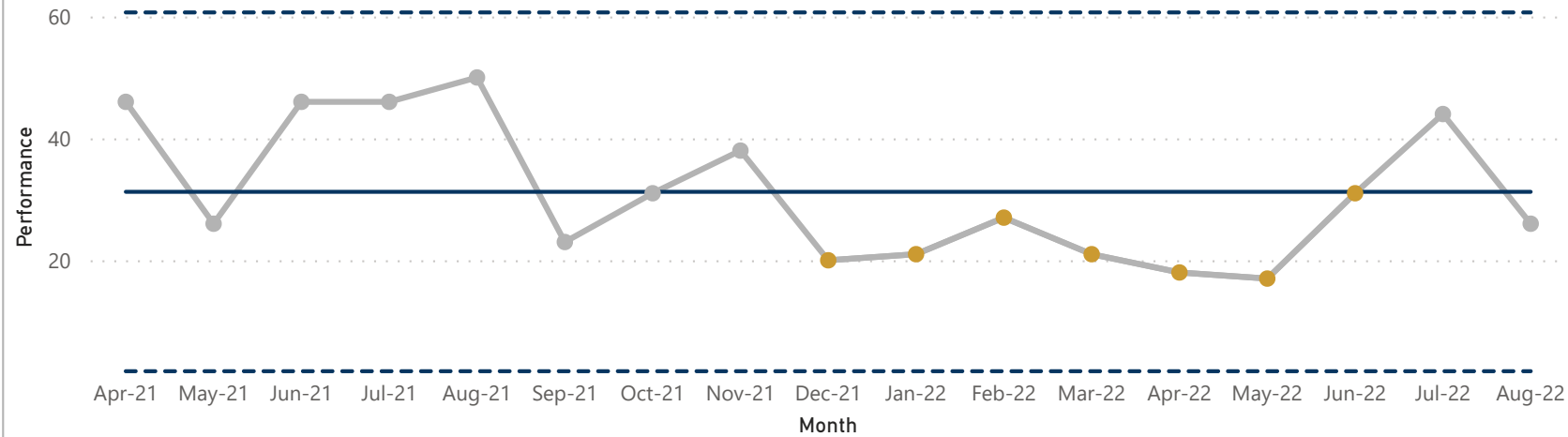
SSNAP Case Ascertainment Grade

Highest Level = Grade A
Lowest Level = Grade E

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

Understanding the performance:

The national target for arrival on a Stroke Unit within 4 hrs is 90%. Our average of below 40% puts us in the E SSNAP grading.

Good scores in other areas means our average grade is D, but this is recognised nationally as substandard.

The increase in June and July correlates to the unit moving back to the Farley template and a more productive patient flow.

Ongoing challenges include bed pressures, with General medicine patients in Stroke beds and moving the Nursing staff to other wards often means that Farley does not have the appropriate staff numbers.

Actions (SMART):

Renew focus/understanding of priority transfers from ED to Farley Prioritise bed moves out of Farley to facilitate Stroke patients transferring in.

Try and avoid moving Farley Nurses off of the unit.

This will also help with other SSNAP grading areas such as time to swallowing assessment.

Risks and mitigations:

Hyperacute Stroke patients are at currently risk of worsening outcomes without access to the specialist care in the appropriate timeframe, which in turn increases length of stay. This can be solved by focus on bed availability on Farley.

To adhere to the licence for Thrombolysis treatment all patients receiving this treatment should be overseen by Stroke specialist teams. We often breach this.

Maternity

SFT Assurance Dashboard		Guidance	Standard	Improvement Direction	Mar-22	Apr-22	#####	Jun-22	Jul-22	Aug-22	Rolling 6m average
Perinatal Morbidity and Mortality (M&M)	Number of late fetal losses (22+0 to 23+6 weeks excl TOP)			Down	0	0	0	0	0	0	0
	Number of stillbirths (> + 24 weeks excl TOP)	ONS	3.8 per 1000 live births	Down	2	0	0	0	1	0	1
	Number of neonatal deaths : 0-28 days	ONS	2.7 per 1000 live births	Down	0	0	1	0	0	0	0
	Medical termination over 24 +0 registered			Down	0	0	0	1	0	0	0
Matern al M&M	Number of Maternal Deaths	ONS	9.1 per 100,000 women who delivered	Down	0	0	0	0	0	0	0
	Number of women requiring admission to ITU	6 month SFT rolling		Down	0	0	0	2	0	0	0
Insight	Number or daytix incidents – moderate or above	6 month SFT rolling		Down	1	1	2	3	1	4	2
	Datix incidents moderate harm (not SII)	6 month SFT rolling		Down	1	0	1	3	3	4	2
	Datix incidence SII	6 month SFT rolling		Down	1	0	1	0	3	0	1
	HSIB referrals	6 month SFT rolling		Down	0	0	0	0	0	0	0
	HSIB/NHSR/CQC or other organisation with a concern or request	6 month SFT rolling		Down	0	0	0	0	0	0	0
	Coroner Reg 28 made directly to trust	6 month SFT rolling		Down	0	0	0	0	0	0	0
Workforce	Minimum safe staffing in maternity services :Obstetric cover	RCOG guidence		NA	40	40	40	40	40	40	40
	Midwife to Birth ratio	RCM;NHSR;BR +	1.28	NA	1.28	1.31	1.32	1.32	1.32	1.33	NA
	Midwifery vacancy rate (black= over establishment; red =under			up	14.65	17.2	17.4	17.4	20	19.64	NA
	Provision of 1to 1 care in established labour (%)	NICE, RCM, MIS	100%	Up	NA	100	100	100	100	100	NA
	Datix relating to workforce	6 month SFT rolling		Down	2	3	1	0	2	1	2
	Compliance with supernumery status of the LW coordinator – %	NICE;RCM;NHSR	100% rostered	Up	NA	100	100	100	100	100	NA
	Numbers of times maternity unit on divert	6 month SFT rolling		Down	0	0	0	0	0	0	0
Involvement	Service user feedback : Number of Compliments	6 month SFT rolling		Up	32	27	27	31	31	21	30
	Service user feedback : Number of Complaints	6 month SFT rolling		Down	2	2	0	1	1	4	1
	Number of SOX	6 month SFT rolling		Up	7	8	7	6	5	2	7
Assurance	Progress in achievement of 10 safety actions(CNST)	NHSR	10	Up	4	5	5	5	5	5	5
	Training compliance - MDT PROMPT %	NHSR	90%	Up	75.2	72.3	83.63	86.5	86.2	77	NA

Understanding the performance:

Noted increase in Datix reporting. Noted an increase in moderate Datix submission however this is due to increased training for staff in using the matrix for harm and classifying appropriately.

MIS achieving 5 safety actions at present.

Midwifery vacancies remain high impacting midwife to birth ratio.

Prompt compliance for MDT dropped slightly.

Actions (SMART):

We have received the external audit for year 4 MIS and a plan is in place to review this and address outstanding safety actions.

Midwifery staffing vacancies being addressed. Involved in international recruitment collaboration and awaiting the start of seven international midwives. Four newly qualified midwives commencing at the trust in October. When these staff are in post midwife to birth ratio should fall inline with national recommendations.

Extra Prompt session in September.

Risks and Mitigations:

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

Agency and bank staff also being used to ensure safe levels of staffing is provided.

Extra PROMPT sessions should ;lead to increased compliance being reported in October.

Maternity Clinical Dashboard

Are We Safe?

	South West Region			Green	Red	National	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Year To Date
Measure	Min	Median	Max			Mar-21										
Babies (incl Non Reg)	179	190	191				180	179	190	191	191	549	382	0	0	931
Women Delivered	175	185	188				175	176	188	188	185	539	373	0	0	912
Homebirth rate	1.6%	3.4%	4.8%				3.3%	3.4%	4.8%	3.7%	1.6%	3.8%	2.6%			3.3%
Inductions %	36.4%	42.6%	43.4%				43.4%	36.4%	43.1%	42.6%	40.5%	41.0%	41.6%			41.2%
Instrumental deliveries %	8.4%	13.1%	13.7%	12.0%	12.5%	12.5% NMPA	11.7%	8.4%	13.7%	13.1%	13.1%	11.3%	13.1%			12.0%
Apgar less than 6 @ 5 min %				1.2%	3.5%	Green <1.2%, red >3.5% NMPA	0.6%	0.6%	0.5%	0.5%	0.5%	0.5%	0.5%			0.5%
Shoulder dystocia (severe & moderate)	0.0%	0.0%	0.0%				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			0.0%
PPH >= 1,500 %	2.7%	4.0%	4.9%	2.7%	5.6%	Green <2.7%, red >5.6% NMPA	4.0%	4.5%	2.7%	3.2%	4.9%	3.7%	4.0%			3.8%
Total 3 + 4 degree tears	0.7%	2.3%	3.6%	3.5%	6.5%	green <3.5%, red >6.5% NMPA	2.3%	2.4%	3.6%	0.7%	0.8%	2.8%	0.8%			2.0%
Term babies admitted to NNU unexpectedly %	1.7%	2.6%	5.2%	5.5%	5.8%	<5.8% NMPA	1.7%	4.5%	2.1%	2.6%	5.2%	2.7%	3.9%			3.2%

Understanding the performance:

Increase in Postpartum hemorrhage over 1500ml – Thematic review complete and no themes identified – continue to monitor.

Noted instrumental deliveries increased however reviewed by MDT and no harm as a result, therefore, to monitor

Due to the size of SFT maternity unit (women cared for) percentages fluctuate significantly more than in a larger unit due to the smaller numbers.

Actions (SMART):

Increased cascade and education around using PPH proforma and embedding learning from thematic review.

Work being undertaken in Women and Newborn Division on reviewing clinical dashboard to ensure benchmarking is appropriate for unit size.

Risks and mitigations:

These metrics continue to be monitored monthly for trends via review of the clinical dashboard at Maternity governance.

Both metrics are monitored through EPR and Improving together as watch metrics.

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Patients Who Have Moved Beds More Than Once

Are We Safe?

Percentage of Patients who Have Moved Beds More than Once
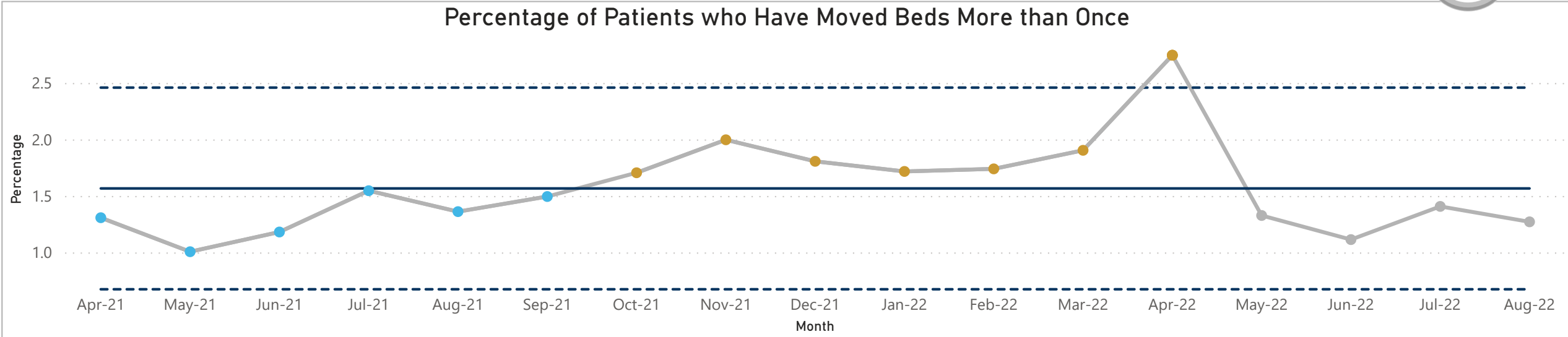
Understanding the performance:

The total number of patients moved more than once in August 2022 has fallen from the level seen in July 2022. This reduction in bed moves provides the teams the opportunity to improve the quality of care and length of stay for patients at Salisbury Foundation Trust.

Actions (SMART):

Ensuring that the right patient is appropriately placed within the trust to ensure they receive the right treatment at the right time is paramount to the teams. Communication with teams and specialities is ongoing to improve patient experience and outcomes. There has been a big drive to ensure that patients are seen through admission areas prior to ward allocation to ensure that the patients are allocated to the speciality required.

Risks and mitigations:

The use of escalation beds especially in admission areas presents challenges for patient flow throughout the trust. The recognition of continual workforce issues has an impact on the reduction of moves for patients, as well as the infection control and COVID outbreaks which add to the risks.

Incidents

Are We Safe?

Number of Serious Incident Investigations
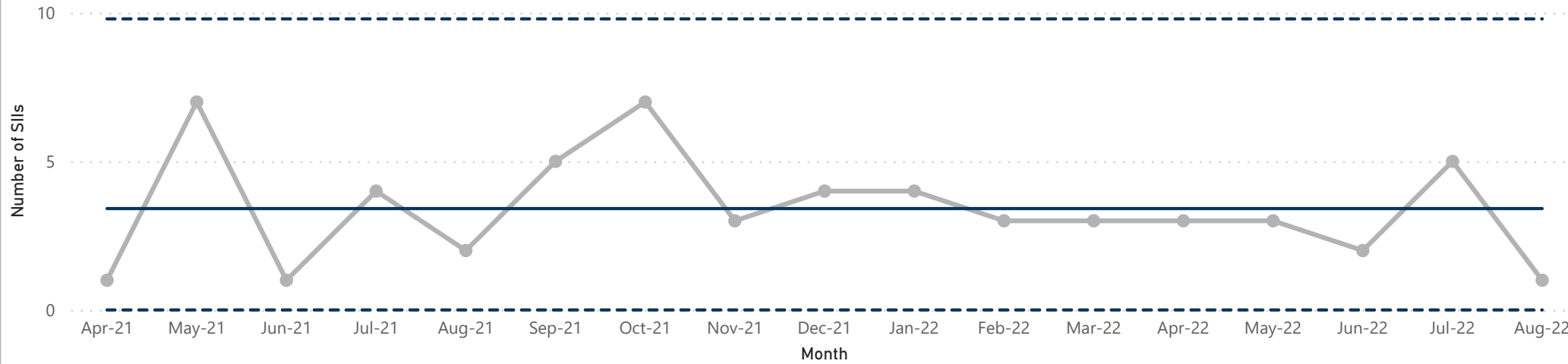
Year	2021-2022	2022-2023
Never Events	3	0

Understanding the performance:

No never events in August.

5 newly commissioned SIIs-
SII 500- Missed alert on Lorenzo - high risk inpatient took an overdose
SII 502- Blood transfusion administered without following hospital guidelines
SII 506- Delay in cancer diagnosis
SII 507- Failure in mortuary fridge resulting in decomposition
SII 508- Grade 3 pressure ulcer

Please note: chart states 1 SII in August as DATIX currently not up to date due to staffing issues.

Actions (SMART):

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

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

Risks and mitigations:

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

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

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

Our Strategy 2022-26
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Pressure Ulcers

Hospital Acquired Cat 2 Pressure Ulcers Per 1000 Bed Days
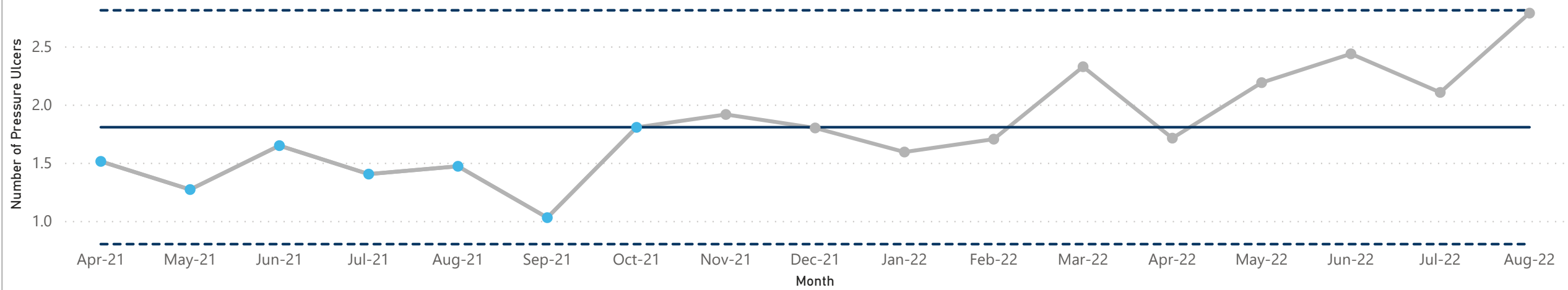
Understanding the performance:

Bitesize teaching on wards with increased Pressure Ulcer figures.

-Update of Risk assessment tool has been provisionally agreed and will be finalised in Septembers Patient safety steering group.

-VAC dressing training commenced with Tissue Viability and KCI rep and VAC competencies to be updated. TV team advertising and encouraging all registered staff attendance.

-Recruitment for 2 WTE (Lead Tissue Viability Nurse (TVN) and B6 TVN) vacancies in progress (Lead TVN advert to close 23/9/22).

-IT update ongoing for PU validation, wound assessment, and electronic recording for Risk assessment.

Actions (SMART):

Bitesize teaching in progress- Pressure Ulcer figures will be monitored for improvement.
-   Risk assessment tool update- Plan for PDSA cycle to start in October within Medical Division once ward agreement confirmed.
-   Registered ward staff to be trained and competent in undertaking VAC dressings minimising delays in commencing/continuing VAC therapy and minimising reliance on TV team.
-   Job descriptions updated to ensure accurate and appropriate.
-   IT testing for PU figures and validation, if successful will be continued and will allow for quicker data pulling and increased accuracy.
-   Electronic recording for wound assessment and risk assessment currently managed within Electronic Patient Record project team - Outcome TBC

Risks and mitigations:

Ward teaching availability may be impacted during recruitment gap within TV team.
-   Poor staff engagement during education sessions.
-   Lack of staff engaging in VAC training. Routine VAC therapy can be completed at ward level by trained staff but there is currently a lack of trained staff and a reliance on TV team to manage VAC dressings; with upcoming vacancies TV team will not be able to sustain this.
-   Staffing gaps within TV team may cause possible gaps/delays in service. B6 TVN (1 WTE) staying in post until end of year to minimise staffing gaps while recruitment undertaken.
-   Potential accuracy problems with data pulling for PU figures and validation may cause delays in live rollout while further testing/updates are completed.
-   Electronic wound assessment and risk assessment record completion is dependant on EPR project rollout timeframe.

Nurse Staff Fill Rate

Are We Safe?

Monthly Staffing Fill Rate %

Line chart of Fill Rate % (y-axis 60–100) from Sep-21 to Aug-22 for Day HCA, Day RN, Night HCA, Night RN.

Legend: ● Day HCA ● Day RN ● Night HCA ● Night RN
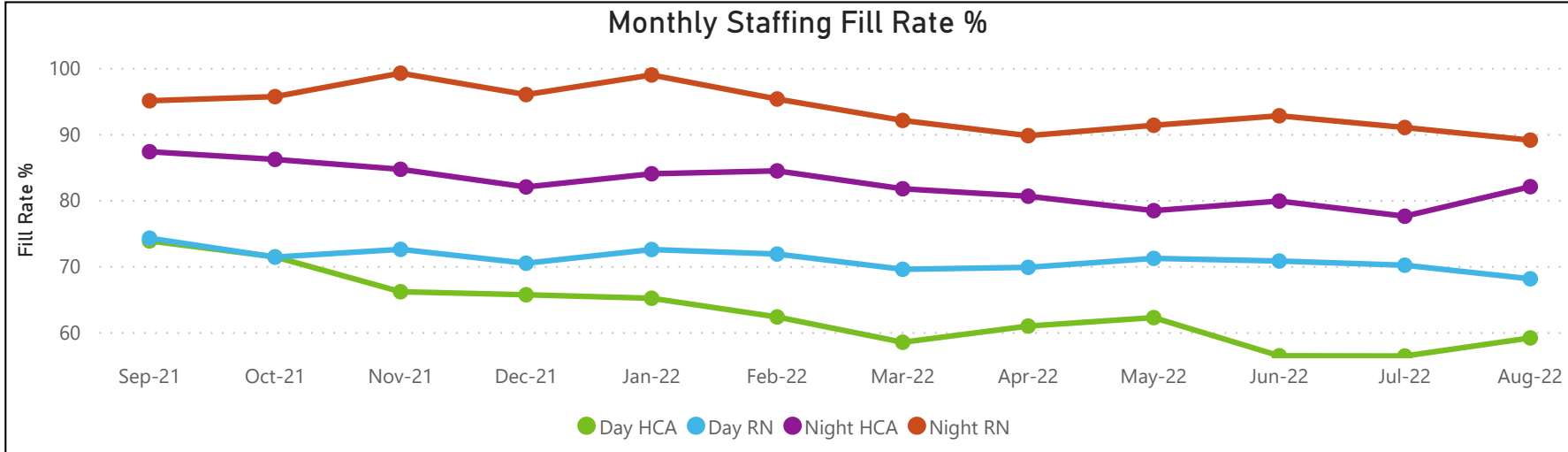
Ward	Day RN	Night RN	Day HCA	Night HCA
Amesbury	86%	98%	71%	117%
AMU	70%	98%	74%	98%
Breamore	68%	108%	58%	88%
Britford	96%	99%	95%	92%
Chilmark	82%	66%	72%	108%
Downton	114%	105%	81%	136%
Durrington	71%	72%	55%	103%
Farley	75%	91%	56%	86%
Hospice	95%	101%	69%	97%
Longford	86%	105%	64%	88%
Maternity	96%	97%	55%	69%
NICU	106%	102%	0%	
Odstock	100%	93%	106%	108%
Pembroke	95%	102%	52%	85%
Pitton	70%	86%	87%	98%
Radnor	77%	86%	29%	46%
Sarum	122%	123%	64%	
Spire	78%	97%	74%	96%
Tisbury	69%	81%	57%	90%
Whiteparish	81%	78%	84%	98%

Understanding the performance:

August saw a slight recovery and improvement in the fill rates of HCA coverage both day (56.4% to 59.1%) and night time (77.5% to 82%), whilst the RN fill rate saw a slight decline in day shift coverage (70.1% to 68.06%) and night shift (90.97% to 89.06%). During the month of August bank shift incentive running with uplift of basic bank rate of pay (M-F earning Sat rates, Sat and nights earning Sun rates). Further analysis awaited but feedback that positively received by staff despite fall in RN overall, as August seen as time of annual leave when traditional decline in additional shifts being taken up. Allocation on Arrival scheme popular with HCAs, especially night shift.

Actions (SMART):

-Temp staffing to undertake analysis of incentive impact

-Review basic rates of bank pay against BSW colleagues

-Continue AoA for HCAs

-Weekly HCA recruitment and proactive follow up, with revised induction prog

-Engagement with all known agencies and NHS Workforce

Risks and mitigations:

-Although reducing overall, ongoing high sickness and maternity leave

-Ongoing vacancy gap for HCA and RN

-Whilst South Newton programme will not impact fill rate per se, potential impact on availability of substantive staff in all areas and in sufficient numbers.

Friends and Family Test Response Rate

Our Care

Friends and Family Test Response Rate for Trust
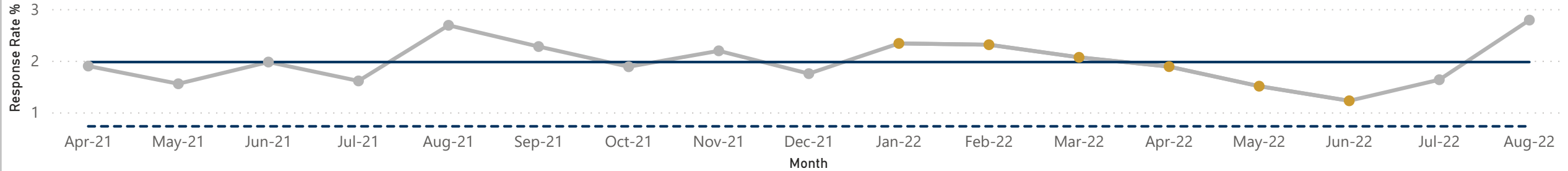
Response Rate by Area	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
FFT Response Rate - A&E	0.3%	0.3%	0.0%	0.0%	0.1%	0.1%	0.0%	0.2%	0.0%	0.2%	0.1%	0.3%
FFT Response Rate - Day Case	7.8%	5.8%	7.1%	6.9%	10.1%	5.3%	5.0%	4.8%	4.6%	3.3%	4.6%	8.9%
FFT Response Rate - Inpatient	8.0%	8.0%	11.2%	6.9%	13.4%	9.5%	7.1%	5.7%	7.1%	6.8%	7.5%	10.9%
FFT Response Rate - Maternity	0.3%	2.4%	6.6%	10.8%	0.9%	2.5%	5.9%	11.5%	0.9%	0.4%	1.6%	7.8%
FFT Response Rate - Outpatient	1.4%	1.1%	1.1%	0.8%	0.9%	1.6%	1.6%	1.3%	0.8%	0.6%	0.9%	1.5%

Understanding the performance:

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It's a quick and anonymous way to give views after receiving NHS care or treatment Areas are encouraged to offer feedback forms to patients at discharge or during their stay. Weekly emails are sent to leads showing feedback received in the previous week, allowing them to pick up any immediate causes for concern and mitigate these where possible.
Negative feedback is review by the ward and PALS, twice a year.

Actions (SMART):

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

Aims: Increase overall response rates to FFT
Diverse methods for completion (including, online, SMS, over the phone)
Increased accessibility and options for inclusivity (sight impairments, languages and additional demographic options)
Robust analysis of data for insight and meaningful comparison/benchmarking via a real-time dashboard
Opportunity to align our processes in FFT across the ICS

Risks and mitigations:

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

Procurement for a suitable provider to address both risks (as per the Actions) is now closer to finalisation. Implementation planned for Autumn 2022.

Infection Control

Are We Safe?

Number of Hospital Onset Healthcare Associated E. Coli Infections

Number of Hospital Onset Healthcare Associated C. Difficile Infections

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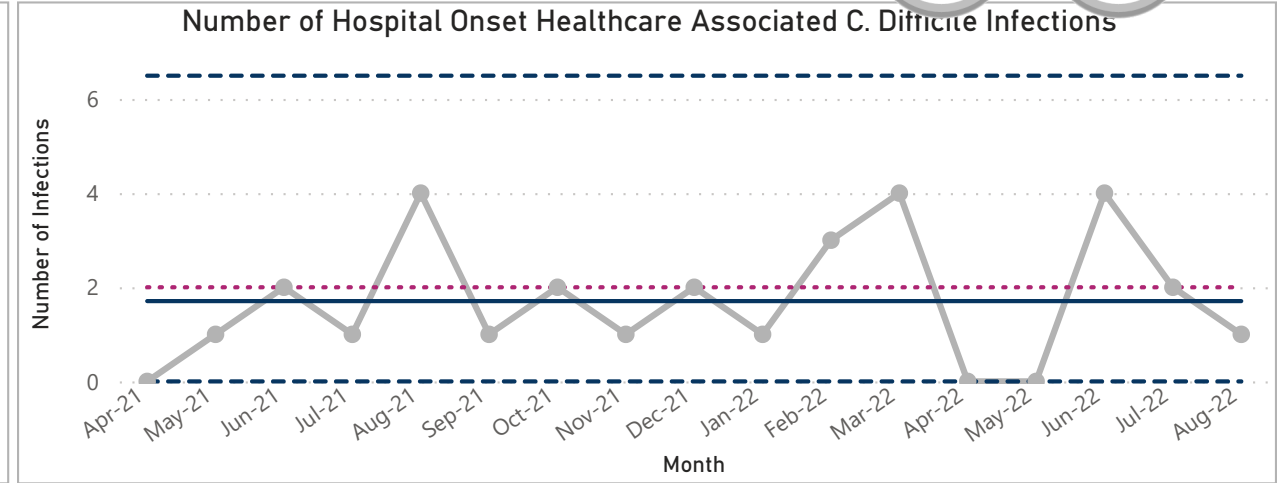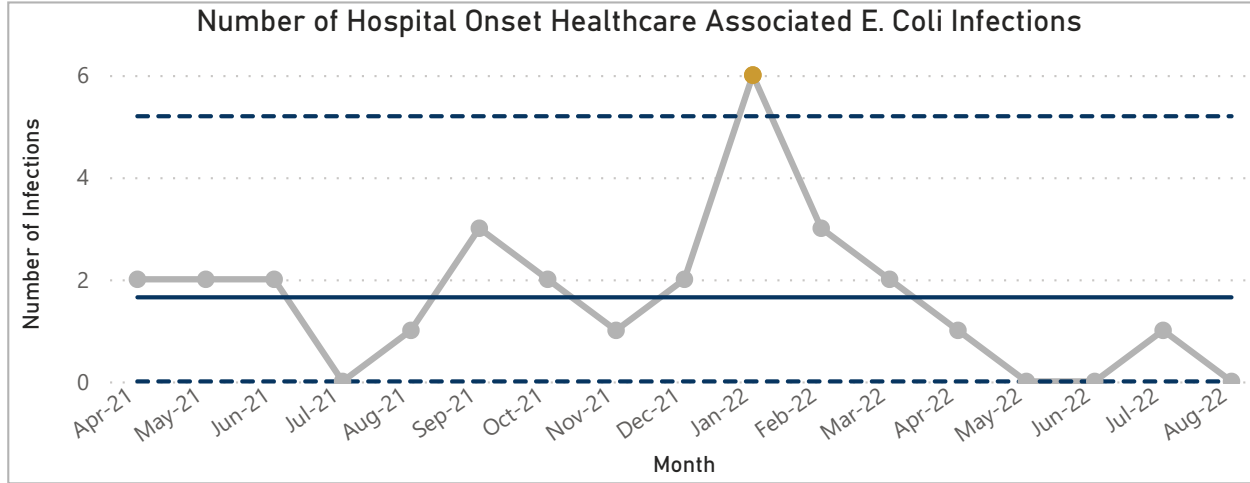
Understanding the performance:

There were no hospital onset healthcare associated reportable E.coli bacteraemia infections and one hospital onset healthcare associated reportable C.difficile cases this month. We are not exceeding set trajectories for 2022/23 for these specific reportable cases.
(Of note: a period of increased incidence of C.difficile was declared for an inpatient area within the surgical division. This was due to an increase in the number of cases identified within the ward setting (both reportable and not reportable cases. Control and monitoring measures instigated in line with established Trust policy).

The Infection Control Nurses (ICNs) continue to undertake targeted ward visits and utilise educational opportunities with different staff groups. Small practice improvements with infection prevention and control compliance noted from individual staff interactions undertaken, with the aim of sharing information with their colleagues.

Actions (SMART):

Completed trial of alternative approach for staff in ward areas to complete hand hygiene education and assessments. Process for evaluation and review with roll out date to other ward areas to be confirmed.

Completion of required case investigations by clinical areas to identify good practice and any new learning.
Feedback required by clinical areas at 'Share & Learn' meeting to enable agreement of actions moving forward from any themes/trends identified from all cases.
Involvement with BSW collaborative workstreams related to IPC and Gram Negative Bloodstream Infections (GNBSIs).

Risks and mitigations:

Continued increased clinical workload for IPC nursing team including managing COVID-19 outbreaks, impacting on ability to focus on other HCAI prevention work.
Ongoing nursing vacancy within the IPC team which has delayed the ability for the service to undertake additional educational activities and policy practice reviews.
An underlying risk continues to be a potential increase in incidence of reportable healthcare associated infections with poor patient outcomes and Trust exceeds agreed trajectories.
Variable staffing levels reported by clinical areas affecting ability to facilitate learning in ward environment.
Poor return of completed case investigation documentation by relevant clinical areas, therefore unable to identify evidence of learning.
No progress on IPC collaboratives with BSW colleagues.

Mortality

Rolling 12 Months ▲	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Total Mortalities	66	63	79	94	87	84	84	88	84	77	88	82

Site code	Site name	Provider spells	Observed deaths	Expected deaths ▼	SHMI value
RNZ02	Salisbury District Hospital	33,940	975	915	1.0680
RNZ78	Salisbury Hospice	95	65	25	2.3239

SHMI by data period
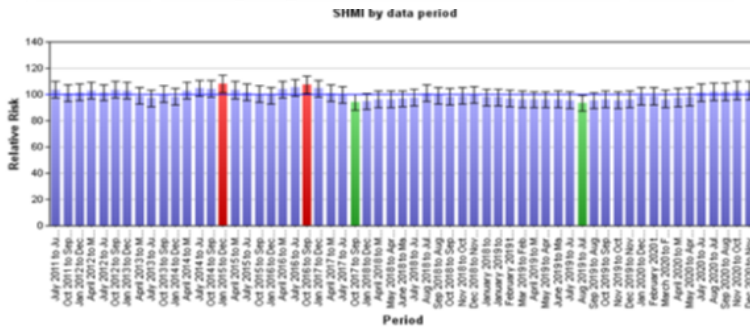
May 2021 – April 2022 [source: NHS Digital]	Trust SHMI	1.1043	Statistically as expected	
May 2021 – April 2022 [source: NHS Digital]	District Hospital SHMI (excludes deaths recorded by Salisbury Hospice)	1.0680	Statistically as expected	
April 2021 – March 2022*	Trust HSMR	113.7	Statistically higher than expected	
April 2021 – March 2022*	District Hospital HSMR (excludes deaths recorded by Salisbury Hospice)	107.0	Statistically as expected	
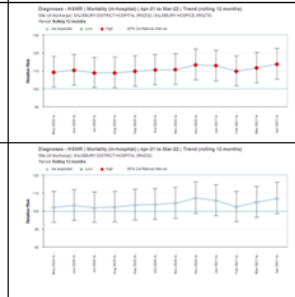
*a 2-month data lag has been applied to the Dr Foster data source to allow for coding and to improve the accuracy of our reported figures

Understanding the performance:

To improve the accuracy of our data and to allow for coding, it was agreed at the Trust Mortality Surveillance Group that the HSMR will now be reported two months in arrears. The latest HSMR is therefore for the 12-month rolling period of April 2021 to March 2022 and is currently 113.7. This remains statistically higher than expected, but with the main hospital site separated from the hospice the HSMR lies within the expected range.

The latest SHMI for Salisbury District Hospital (as reported by NHS Digital) is for the 12-month rolling period of May 2021 to April 2022 and is 1.0680. This is also within the expected range. As mortality statistical models compare across all acute hospital Trusts (the majority of which will not contain hospice services) the number of expected deaths at Salisbury NHS Foundation Trust is likely to sit above expected levels.

Actions (SMART):

N/A

Risks and mitigations:

The Trust's Mortality Surveillance Group (MSG) meet every two months, and our mortality data is reviewed at this meeting. A representative from our Partner organisation, Telstra Health UK (Dr Foster), is invited to attend in order to help us to interpret and analyse our mortality data and identify variations in specific disease groups. Where alerts are generated, these are discussed and a further review of the patient's records may be undertaken.

Our Strategy 2022-26
IMPROVING together

Watch Metrics: Alerting

Metric	Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variation	Variation Detail	Assurance
% Beds Occupied	97.0%	96.7%	95.5%			(H)	Special Cause Concerning - Run Above Mean	
% of Total Incidents Resulting in High Harm (Mod/Maj/Cat)	27.0%	26.0%	29.0%			(H)	Special Cause Concerning - Run Above Mean	
Ambulance Handovers 30-<60 mins	135	132	145			(H)	Special Cause Concerning - Run Above Mean	
Ambulance Handovers 60+ mins	198	187	106		0	(H)	Special Cause Concerning - Run Above Mean	
Average hours lost to Ambulance Handover delays per day	21	19	13			(H)	Special Cause Concerning - Run Above Mean	
Average Patients with No Criteria to Reside	120	128	127	35		(H)	Special Cause Concerning - Run Above Mean	(F)
DM01 Waiting List Volume	5729	5647	5984			(H)	Special Cause Concerning - Above Upper Control Limit	
ED Attendances	6611	6538	6175			(H)	Special Cause Concerning - Run Above Mean	
Pressure Ulcers Hospital Acquired Cat 2	36	32	41			(H)	Special Cause Concerning - Above Upper Control Limit	
Total Number of Compliments Received	6	10	0			(L)	Special Cause Concerning - Run Below Mean	
Trust Performance RTT %	65.9%	62.5%	62.4%		92%	(L)	Special Cause Concerning - Below Lower Control Limit	

Our Strategy 2022-26
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Watch Metrics: Alerting Narrative

Quality of Care, Access and Outcomes

Understanding the performance:

The number of patients in the Trust not meeting the criteria to reside continue to remain significantly above plan. The impact of this is seen in high occupancy levels and ambulance handover delays when flow into the hospital from the Emergency Department is compromised. Despite the challenges there has been considerable improvement in the number of ambulance delays over 60 minutes with the average hours lost per day falling from 21 in M3 to 13 in M5.

Actions (SMART):

As part of the Urgent and Emergency Care Self-assessment an action plan is being worked up to identify where best practice is not currently achieved in terms of actions to support flow ahead of winter. The actions cover a wide range of disciplines including focus on the Emergency Department, Inpatient Management and Discharge.

Risks and Mitigations:

If the number of patients in the hospital not meeting the criteria to reside does not decrease, or continues to grow then this will put increasing pressure on the hospital over the winter months. A focus on protecting assessment areas and reducing length of stay to reduce the number of occupied beds will help to support, and we continue to work with our partners to collectively ensure patients receive care in the right place.

Our Strategy 2022-26
IMPROVING *together*

Watch Metrics: Non-Alerting

Metric	Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variation	Variation Detail	Assurance
Ambulance Arrivals	1142	1140	1133				Special Cause Improving - Run Below Mean	
Ambulance Handovers 15-<30 mins	267	253	282				Common Cause Variation	
Cancer 2 Week Wait Breast Performance	79.3%	75.7%	87.9%		90%		Common Cause Variation	
Cancer 31 Day Performance Overall	97.5%	94.5%	98.1%		96%		Common Cause Variation	
Cancer 62 Day Screening Performance	0.0%	28.6%	66.7%		90%		Common Cause Variation	
ED 12 Hour Breaches (Arrival to Departure)	59	86	68		0		Common Cause Variation	
Neonatal Deaths Per 1000 Live Births	0	0	0				Special Cause Improving - Run Below Mean	
Number of High Harm Falls in Hospital	2	0	0	0	0		Common Cause Variation	
Pressure Ulcers Hospital Acquired Cat 3	0	0	0				Common Cause Variation	
Pressure Ulcers Hospital Acquired Cat 4	0	0	0				Common Cause Variation	
RTT Incomplete Pathways: Total 104 week waits	0	0	0		0		Common Cause Variation	
RTT Incomplete Pathways: Total 52 week waits	524	509	453				Special Cause Improving - Below Lower Control Limit	
RTT Incomplete Pathways: Total 78 week waits	75	66	48				Special Cause Improving - Below Lower Control Limit	
Serious Incident Investigations	2	5	1				Common Cause Variation	
Stroke & TIA: % CT'd within 1 hour	47.0%	42.0%	37.0%				Common Cause Variation	
Total Incidents (All Grading) per 1000 Bed Days	51	53	58				Common Cause Variation	
Total Number of Complaints Received	15	15	18				Common Cause Variation	

Watch Metrics: Non-Alerting

Quality of Care, Access and Outcomes

Metric	Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variation	Variation Detail	Assurance
% of Inpatients Undergoing VTE Risk Assessment	99.5%	99.1%	99.2%		95%		Common Cause Variation	
Mixed Sex Accommodation Breaches	16			0	0		Common Cause Variation	
Outpatient follow-up activity levels compared with 2019/20 baseline	%	%	%					
Performance against relevant metrics for the target population cohort and five key clinical areas of health inequalities	%	%	%					
Proportion of acute or maternity inpatient settings offering smoking cessation services	%	%	%					
Proportion of patients spending more than 12 hours in an emergency department	1.3%	1.9%	1.6%				Common Cause Variation	
Stillbirths Per 1000 Total Births	5	5	0				Common Cause Variation	
Total diagnostic activity undertaken compared with 2019/20 baseline	%	%	%					
Total elective activity undertaken compared with 2019/20 baseline	%	%	%					
Total patients treated for cancer compared with the same point in 2019/20	%	%	%					
Total patients waiting over 62 days to begin cancer treatment compared with baseline	%	%	%					

Part 3: People

Performance against our Strategic Priorities and Key Lines of Enquiry

Our Priorities

Population

Partnerships

People

Workforce - Turnover

Target 10%

People
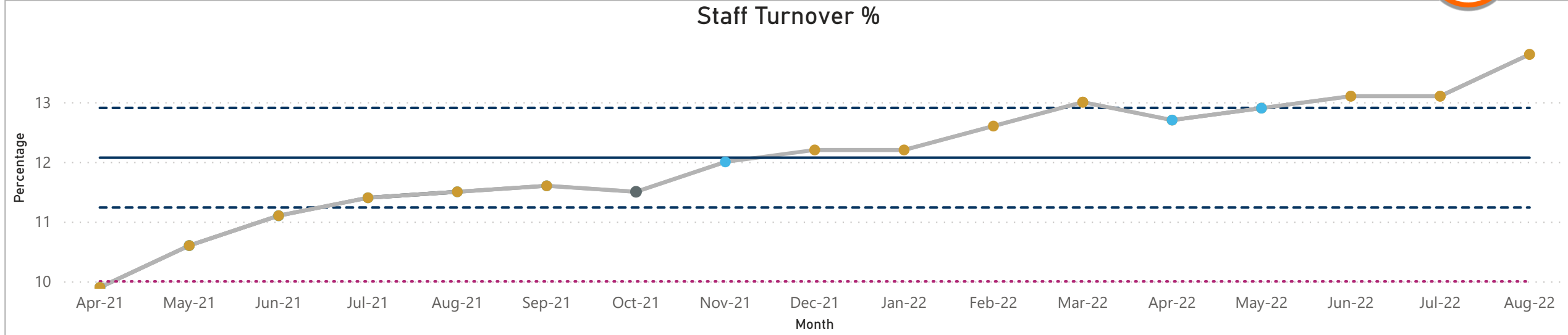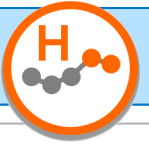
Staff Turnover %

Understanding the performance:

The 12-month rolling average for staff turnover continues to rise, reaching 13.8% against a 10% target. All Divisions, less Surgery, are rated red against the KPI target.

Turnover remains high amongst allied health professionals, administrative and facilities staff, particularly in the lower pay bands.

Understanding the reasons for this increasing trend is challenging, due to ineffective completion of staff exit surveys (c25% of staff withhold reasons for leaving).

Underlying themes indicate retirement, flexible working and promotion remain the top recorded reasons for leaving.

Actions (SMART):

• HR Business Partners continue to work with their Divisions and the Coach House on driver metric countermeasures, identifying key high turnover areas to "go and see", to assess the climate, target support to line managers, offer wellbeing support and stimulate career conversations.
• Tools have been shared with the Divisions to enable line managers to undertake career conversations focused on key staff groups (20-30 year olds, 45-55 year olds and overseas nurses). A slow start, with urgent action directed for September.
• Review of HCA grading began 22 Aug and will run for 90 days.
• Listening events continue with outputs being fed into divisional and OD&P strategic responses. CSFS for example are focusing on flexible working messaging / Facilities are working on revised team rosters.

Risks and mitigations:

• Cost of Living and Pay review impact increases turnover. Work complete to assess the impact of the Pay Review. CPO has written to affected bands to explain and mitigate concerns. Work ongoing to generate financial wellbeing options to support staff and then communicate these to all staff.
• Under reporting of reasons for leaving prevents accurate targeting solutions. HRBPs will continue to monitor this area and central HR team will follow up on 'no reason' surveys. The starters, leavers and joiners project will assess exit procedures.
• Well-being and stay conversations are limited by workload/ staff shortages but will be mitigated by deployment of well-being facilitator role (funded by Stars Appeal 3 days per week) who will deliver additional management training and create a cohort of 200 well-being champions over the next 24 months

Our Strategy 2022-26
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Workforce - Sickness

Target 3%

Staff Absence %

People
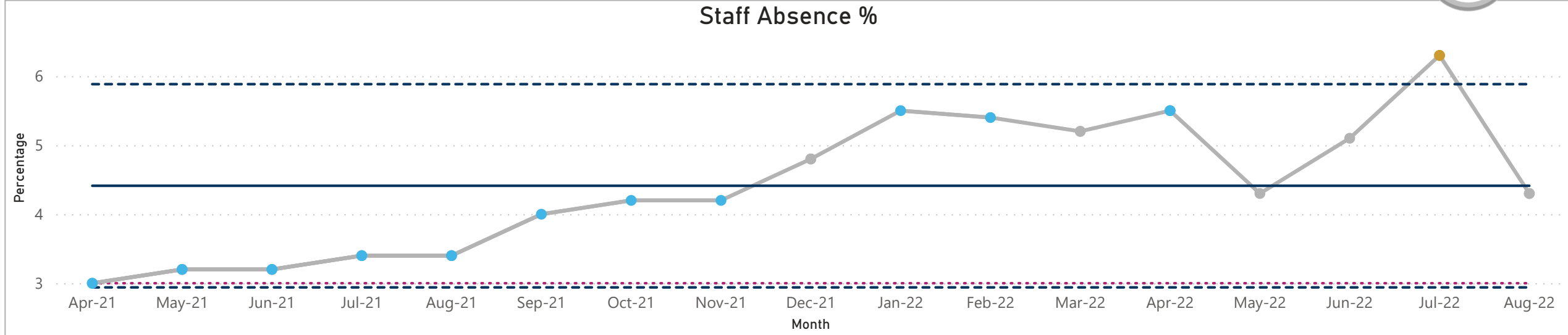
Understanding the performance:

As predicted last month, the reduced prevalence of COVID 19 infection has delivered a significant reduction in overall sickness absence rates, down to 4.28% from over 6% last month, but still above the 3% target rate.

As a result of waning COVID 19 absence, Mental Health illness is the leading cause of absence, representing 1/5 of all absences in August.

Actions (SMART):

HR Business Partners are working with OD colleagues to support the Trust roll-out of wellbeing conversations in September, advocating service managers and their staff to attend the planned online and face to face training.

The Employee Relations team continue to work on 70 long term absence cases with Divisional Management Teams, of these 35 cases are expected to return to work by Nov 22.

HR Business Partner team delivery of absence management interventions to support staff absence management processes commences week 12 Sep 22.

Risks and mitigations:

Occupational Health remains short staffed due to an inability to recruit qualified staff. Interim Head of Occupational Health has been appointed, with a permanent replacement agreed for Jan 23. A seconded staff member has been extended in post. Services are being prioritised, with compliance and recruitment activity the highest priority.
Change to COVID sickness rules will increase risk of untested staff coming to work with COVID 19. Comms plan is in place to remind of COVID protocols and vaccination rollout, which will be monitored through the Workforce cell.
Absence management actions are not effective. Weekly workforce cell will review data on short term and long-term absences, target systemic absence management practices and reinforce staff alerts surrounding absence.

Our Strategy 2022-26
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Workforce - Vacancies

Target 5%
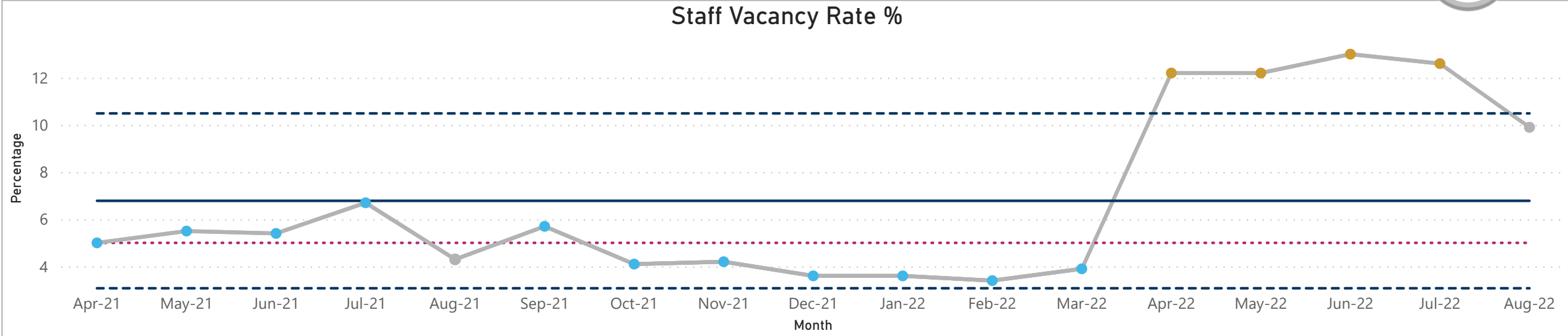
Staff Vacancy Rate %

Understanding the performance:

The Trust vacancy rate has dropped for the first time since the budget uplift in April, with a 9.90% rate against the 5% target.

This coincided with the first occasion where joiner numbers outpaced leavers since Apr 22. Whilst good news, it will be essential that this downward trend is maintained as we move into the winter period.

Actions (SMART):

100 interview slots available Aug and Sept for HCAs, with a Maternity HCA campaign held on 10 Sep 22.
Two international midwives arrived on 31st Aug, against the 7 target.
53 position have been offered to international nurses, of which 16 will have arrived by end of September.
Admin event will take place 28th Sept, including central booking staff vacancies, advertising commences from 12th Sept.
HRBPs are engaged on key campaigns to close the vacancy gap by March 2023 (Theatres, HCAs, Midwives, Cleaners).
BPs are also partnering services with role redesign and banding reviews to provide better career structure and pathways to retain experienced staff.

Risks and mitigations:

Insufficient gap analysis. OD&P are developing a resourcing plan by Division to identify demand priorities.
Volume of vacancies may outweigh team capacity to manage onboarding and pre-employment checks. Recruitment team capacity has doubled in the last 4 months, processes are being reviewed to increase efficiency. Quick wins from the PWC 'overhauling recruitment' recommendations are being developed.
Cost of living increases and negative media perceptions reduce applications. Recruitment campaigns are being refreshed, 'one stop shop' events have been run for bulk recruiting. Acceptance of CVs is one element of an improved candidate experience. Further use of recruiting/ retention premia and relocation are being explored.

Our Strategy 2022-26
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Watch Metrics: Alerting

People

Metric ▲	Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variation	Variation Detail	Assurance
Non-Medical Appraisal Rate %	69.2%	67.0%	63.4%	86.0%		(L)	Special Cause Concerning - Below Lower Control Limit	(F)

Watch Metrics: Alerting Narrative

People

Understanding the performance:

Non-medical appraisals

Non-Medical appraisals remain red against the target of 85%, with a month on month reduction for the 3rd consecutive month.

They are at their lowest level since January. The 12 worst performing areas of the trust (with more than 10 staff) all sit below 37% completion level.

Actions (SMART):

The appraisals project team has reviewed practice, process and forms being used for non-medical appraisals.

Action is now in hand to adjust the size of the report template introducing more focussed questions; improve training and processing guidance; enable managers to trigger appraisal reports; introduce sensible numbers on which individual line managers report; provide paper based processes for staff who do not access IT platforms routinely.

Scoping work should be complete by end September.

Risks and Mitigations:

Introduction of mandatory requirements that link staff training, completion of objectives and appraisals are linked to pay awards. Currently, this would mean around 35% of staff would not get an increase in pay. The appraisals project will deliver mitigation to this risk by improving the process and simplifying completion. There will remain an onus on line managers to ensure appraisals are completed, and for divisional management teams to have oversight of completion in their areas.

As operational pressure remains high, there remains risk that some line managers have become used to putting appraisal on the back burner. Monthly reporting by directorate and section should be introduced to increase focus in this area.

Understanding the methodology which raised medical reporting from 67% to c 84% in two months will support non-medical staff line management teams.

Watch Metrics: Non-Alerting

Metric		Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variation	Variation Detail	Assurance
Mandatory Training Rate %		91.8%	92.1%	91.2%	90.0%	85%		Special Cause Improving - Two Out of Three High	
Medical Appraisal Rate %		67.0%	87.1%	84.7%	90.0%			Common Cause Variation	

People

Part 4: Finance and Use of Resources

Performance against our Strategic Priorities and Key Lines of Enquiry

Our Priorities

Population

Partnerships

People

Income and Expenditure

Finance and Use of Resources

	Aug '22 In Month			Aug '22 YTD			22-23 Plan
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
Operating Income							
NHS Clinical income	21,731	22,278	547	108,656	109,817	1,161	260,775
Other Clinical Income	715	648	(67)	3,573	4,183	611	8,573
Other Income (excl Donations)	2,897	3,381	484	14,579	15,880	1,301	34,540
Total income	**25,343**	**26,306**	**963**	**126,808**	**129,880**	**3,072**	**303,888**
Operating Expenditure							
Pay	(16,506)	(16,870)	(364)	(82,613)	(83,175)	(562)	(199,429)
Non Pay	(8,059)	(8,972)	(913)	(40,192)	(42,518)	(2,326)	(96,646)
Total Expenditure	**(24,565)**	**(25,842)**	**(1,277)**	**(122,805)**	**(125,693)**	**(2,888)**	**(296,075)**
EBITDA	778	464	(314)	4,003	4,187	184	7,813
Financing Costs (incl Depreciation)	(1,670)	(1,636)	34	(8,319)	(8,386)	(67)	(20,213)
NHSI Control Total	**(892)**	**(1,172)**	**(280)**	**(4,316)**	**(4,199)**	**117**	**(12,400)**
Add: impact of donated assets	(68)	(70)	(2)	(340)	(353)	(13)	(816)
Surplus/(Deficit)	(960)	(1,242)	(282)	(4,656)	(4,552)	104	(13,216)

Control surplus/deficit position against plan
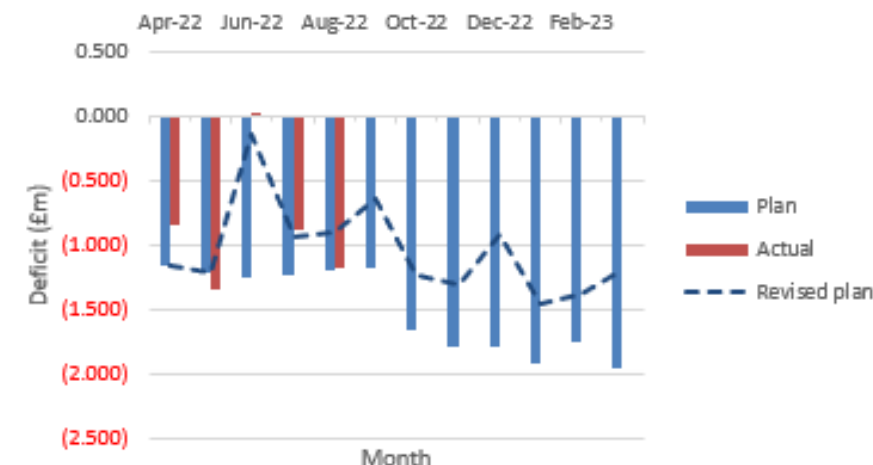
Understanding the performance:

In month 5 the Trust recorded a control total deficit of £1.172m against a target of £0.892m - an adverse variance of £0.280m.

Higher than planned vacancies continue to offset temporary staffing costs in all areas except Consultants, Career grade doctors and Support to Nursing. Overall pay costs increased in month 5 due to an increase in substantive staff with reductions in bank and agency costs. This was particularly seen within nursing and support to nursing due to non-availability of staff, which led to challenging operational pressures on wards. Non pay costs increased materially in month within corporate areas and 70% of the year to date non pay overspend is backed by income.

Actions (SMART):

Ongoing discussions to agree the distribution of centrally held ICB funding by system Directors of Finance People workstreams are focusing on retention of staff, with planned interventions ranging from the on-boarding process through to retire and return conversations.

The BSW-wide procurement workplan levies the ICS spending power to mitigate the impact of inflation.

Breakthrough objective initiatives focus on patients no longer clinically requiring an acute hospital bed, as well as fall reduction, in order to reduce the demand on the Trust's bed base.

Risks and mitigations:

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

Estates works on Breamore will necessitate the provision of space in South Newton: the projected costs associated with this are being worked up alongside the Trust's winter plan. Further Inflation exposure as the RPI is expected to exceed 10% and there is potential significant volatility around Utilities costs. Pay award funding has been allocated to systems on a fair shares basis which is resulting in a c£1m impact for SFT. The Trust has a target of £9.7m efficiency savings with a forecast delivery of the full amount, split 50:50 between recurrent and non-recurrent schemes. This signals a significant risk if further recurrent efficiencies are not identified.

Our Strategy 2022-26
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Income & Activity Delivered by Point of Delivery

Clinical Income: ●

Income by Point of Delivery (PoD) for all commissioners	August'22 YTD		
	Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
A&E	4,458	4,274	(184)
Day Case	8,106	7,837	(269)
Elective inpatients	5,054	5,697	643
Excluded Drugs & Devices (inc Lucentis)	9,247	9,954	707
Non Elective inpatients	29,025	30,016	991
Other	38,066	38,057	(9)
Outpatients	14,700	13,982	(718)
TOTAL	108,656	109,817	1,161

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
BSW CCG	64,321	64,321	-
Dorset CCG	10,778	10,778	-
Hampshire, Southampton & IOW CCG inc Portsmouth	8,788	8,788	-
Specialist Services	16,794	17,784	990
Other	7,975	8,146	171
TOTAL	108,656	109,817	1,161

	Activity Plan	Activity Actuals	Activity Variance	Activity Actuals	Variance last year
A&E	29,580	30,948	1,368	29,044	1,904
Day case	9,397	9,292	(105)	8,345	947
Elective	1,267	1,465	198	1,139	326
Non Elective	12,088	11,106	(982)	11,897	(791)
Outpatients	103,193	101,428	(1,765)	110,018	(8,590)

Month on Month Income Analysis
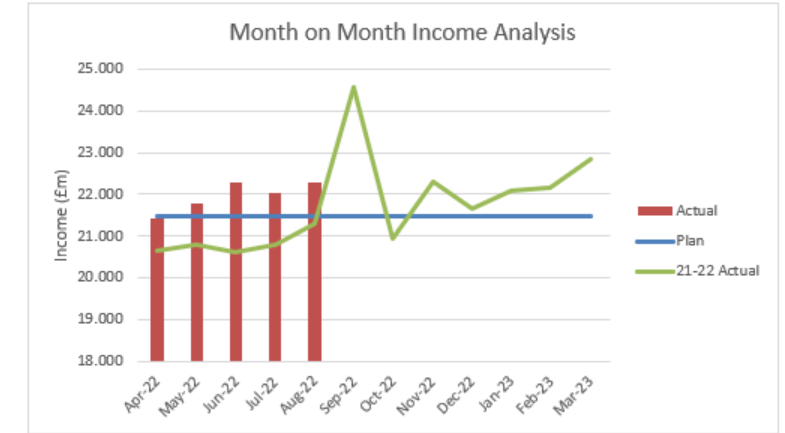
Understanding the performance:

The Trust is ahead of the Clinical income plan due to additional income from NHSE specialised services in respect of cost and volume devices activity and Channel islands patient income. The level of uncoded day cases and inpatient spells is 21% in July and 91% in August at the time the activity was taken for reporting purposes. A&E activity has been lower in August than in July with less attendances at the A&E department and at the WIC activity in month. Day case activity in August was 212 more cases than in July and higher than plan by 457 cases but remains behind plan year to date. Increased activity was seen in General Surgery (78 cases) and Gastroenterology (61 cases) with less activity in Colorectal Surgery (29 cases). Activity in elective inpatients continued to be above plan in month by 30 cases with 19 additional cases undertaken in Plastic Surgery. Non Elective activity was higher than in July mainly within Obstetrics (117 cases) and Urology (37 cases) and Outpatient activity was higher than July

Actions (SMART):

The commissioner contracts are not yet signed although the BSW ICB contract is progressing and is expected to be signed during September. Further work is required to review and agree the contract documents shared to date by NHS England.

Risks and mitigations:

Pay award funding has been allocated to ICB systems on a fair shares basis and is expected to be paid in September. Contract values are anticipated to increase by 1.66%.

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Cash Position & Capital Programme

Capital Spend: ⬤   **Cash & Working:** ⬤

Finance and Use of Resources

Month on Month Cash Balance
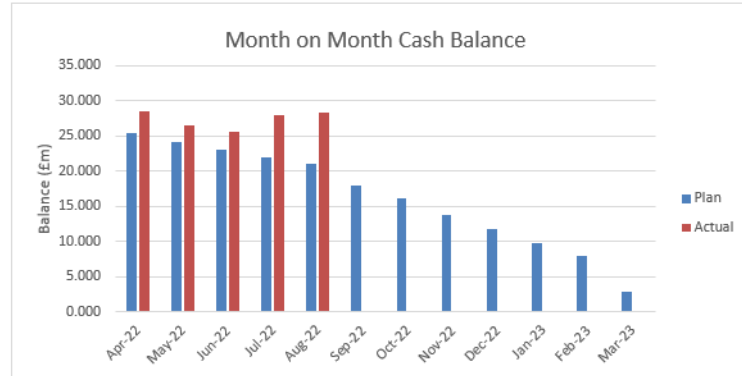
Schemes	Annual Plan £000s	August'22 YTD Plan £000s	Actual £000s	Variance £000s
Building schemes CIR	3,758	1,535	449	1,086
Building projects	2,740	1,270	973	297
IM&T	4,106	1,595	711	884
Medical Equipment	2,207	1,355	493	862
Other	1,414	177	136	41
TOTAL	**14,225**	**5,932**	**2,762**	**3,170**

Capital Expenditure YTD
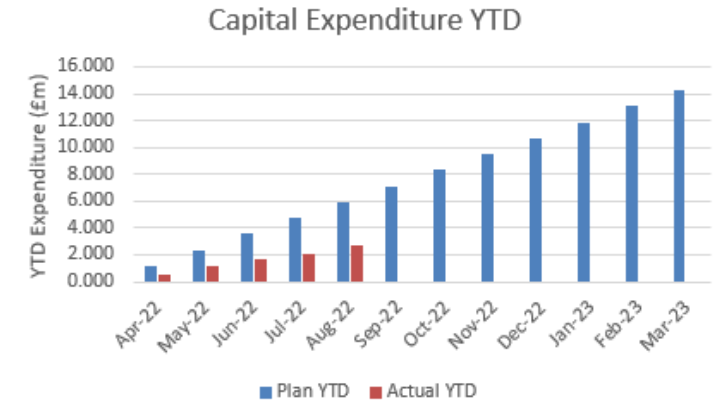
Understanding the performance:

Capital expenditure is significantly behind plan, particularly within Building Projects. A revised forecast has been agreed at Trust Board which fully utilises the capital funding at year end. The forecast now includes the refurbishment of the Douglas Arter Centre as part of the decant for the additional ward scheme together with further agreed investment in medical equipment.

The Trust cash balance is currently healthy, partly due to slippage in the 22-23 capital plan. Due to the size of the deficit planned for 22-23 the cash balance is forecast to reduce significantly over the year.

Actions (SMART):

The capital plan has been reviewed in the context of known supply chain restraints, alternative projects planned for 2023/24 have been identified to mitigate the risk of further slippage.

Risks and mitigations:

Revised Capital forecasts are expected to fully utilise the capital allocation.

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Workforce and Agency Spend

Finance and Use of Resources

Total Pay against Plan

Bank Expenditure by Month

Agency Expenditure by Month
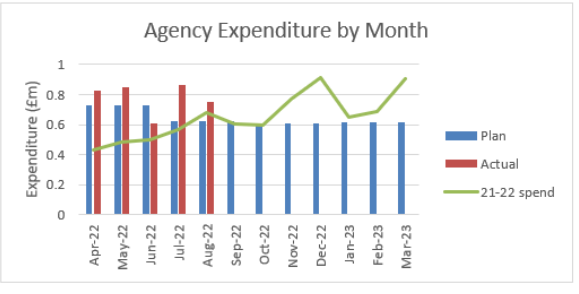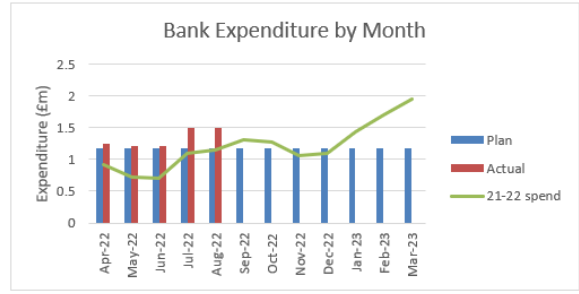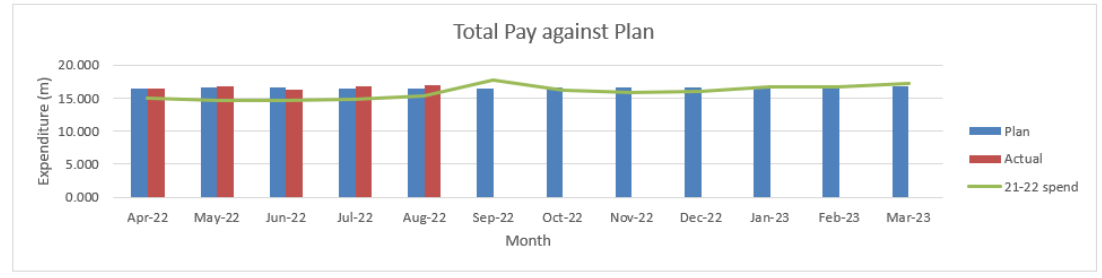
	August'22 YTD		
	Plan £000s	Actual £000s	Variance £000s
Pay - In Post	72,831	72,302	529
Pay - Bank	5,849	6,669	(820)
Pay - Agency	3,438	3,890	(452)
Other (eg. Apprenticeship Levy)	495	313	182
TOTAL	**82,613**	**83,175**	**(562)**
Medical Staff	21,889	21,608	281
Nursing	19,539	21,154	(1,615)
Support to Nursing	5,977	6,430	(453)
Other Clinical Staff	13,429	12,590	839
Infrastructure staff	21,284	21,080	204
Other (eg. Apprenticeship Levy)	495	313	182
TOTAL	**82,613**	**83,175**	**(562)**

	August'22		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	490.6	534.0	- 43.3
Nursing	1,103.6	1045.6	58.0
Support to Nursing	515.1	503.0	12.1
Other Clinical Staff	689.8	670.0	19.8
Infrastructure staff	1,461.1	1433.3	27.8
TOTAL	**4,260.2**	**4,185.8**	**74.4**

Understanding the performance:

Pay expenditure increased by £101k (0.6%) in month 5, bringing the year to date position to an adverse variance of £562k. Expenditure on substantive staff increased in month by £221k with the largest increase within NHS Infrastructure support of £96k, partially offset by reductions in expenditure on substantive Nursing staff, Support to Nursing and Consultants. The overall reduction in nursing expenditure was reflected in a challenging operational environment on the wards where unavailabilty of staff increased over the summer holiday period. Bank costs reduced marginally in month with an increase of £155k on Consultant locums within Diabetes & Endocrinology and Cardiology. This was offset by reductions in Nursing -£99k and Support to Nursing staff -£81k with small increases across other staff groups in month. Agency costs in total reduced by £117k in month. Nursing saw the steepest decline at £222k due to the unavailability of agency nursing staff and was offset by modest increases in

Actions (SMART):

The trust is focusing on retention, from improving the recruitment and on-boarding of staff, to looking after their wellbeing and work-life balance and encouraging them to return after they retire. The recruitment processes are being update and refreshed, equality issues are being explored and addressed

Risks and mitigations:

The cost of implementing the national pay award has been modeled as being in excess of funding streams. Pay inflation on non-contracted staff is likely to exceed the pay ward funding due to a national supply and demand gap.

Data Sources: Narrative and Breakthrough Objectives

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

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Data Sources: Watch Metrics (1)

Understand the Data

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating	
Watch	% Beds Occupied	Lorenzo via Trust Data Warehouse	Lisa Thomas	Medium	🟠
Watch	Ambulance Arrivals	Lorenzo via Trust Data Warehouse	Lisa Thomas	High	🟢
Watch	Ambulance Handovers 15-<30 mins	SWAST AR119 report	Lisa Thomas	High	🟢
Watch	Ambulance Handovers 30-<60 mins	SWAST AR119 report	Lisa Thomas	High	🟢
Watch	Ambulance Handovers 60+ mins	SWAST AR119 report	Lisa Thomas	High	🟢
Watch	Average hours lost to Ambulance Handover delays per day	Lorenzo via Trust Data Warehouse	Lisa Thomas	High	🟢
Watch	Average Patients with No Criteria to Reside	e-whiteboards via Trust Data Warehouse	Lisa Thomas	Medium	🟠
Watch	Cancer 2 Week Wait Breast Breaches	Cancer Services	Lisa Thomas	High	🟢
Watch	Cancer 2 Week Wait Breast Den	Cancer Services	Lisa Thomas	High	🟢
Watch	Cancer 2 Week Wait Breast Num	Cancer Services	Lisa Thomas	High	🟢
Watch	Cancer 2 Week Wait Breast Performance	Cancer Services	Lisa Thomas	High	🟢
Watch	Cancer 62 Day Screening Den	Cancer Services	Lisa Thomas	High	🟢
Watch	Cancer 62 Day Screening Num	Cancer Services	Lisa Thomas	High	🟢
Watch	Cancer 62 Day Screening Performance	Cancer Services	Lisa Thomas	High	🟢
Watch	Cancer 62 Days Standard Den	Cancer Services	Lisa Thomas	High	🟢
Watch	Cancer 62 Days Standard Num	Cancer Services	Lisa Thomas	High	🟢
Watch	DM01 Waiting List Volume	Trust Data Warehouse	Lisa Thomas	High	🟢
Watch	ED 12 Hour Breaches (Arrival to Departure)	Lorenzo via Trust Data Warehouse	Lisa Thomas	Medium	🟠
Watch	ED Attendances	Lorenzo via Trust Data Warehouse	Lisa Thomas	High	🟢
Watch	MSSA Bacteraemia Infections: Hospital Onset	Infection Control Team	Peter Collins	High	🟢
Watch	RTT Incomplete Pathways: Total 104 week waits	Lorenzo via Trust Data Warehouse	Lisa Thomas	High	🟢
Watch	RTT Incomplete Pathways: Total 52 week waits	Lorenzo via Trust Data Warehouse	Lisa Thomas	High	🟢
Watch	RTT Incomplete Pathways: Total 78 week waits	Lorenzo via Trust Data Warehouse	Lisa Thomas	High	🟢
Watch	Stroke & TIA: % Bedside Swallow Assessment within 4 hours	Trust Data Warehouse	Peter Collins	High	🟢
Watch	Stroke & TIA: % CT'd within 1 hour	Trust Data Warehouse	Peter Collins	High	🟢

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Data Sources: Watch Metrics (2)

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Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating	
Watch	% of Inpatients Undergoing VTE Risk Assessment		Peter Collins		
Watch	% of Total Incidents Resulting in High Harm (Mod/Maj/Cat)	DATIX Team	Peter Collins	Medium	🟠
Watch	Cancer 62 Day Screening Den	Cancer Services	Lisa Thomas	High	🟢
Watch	Cancer 62 Day Screening Num	Cancer Services	Lisa Thomas	High	🟢
Watch	Mandatory Training Rate %	MLE	Melanie Whitfield	High	🟢
Watch	Medical Appraisal Rate %	ESR	Melanie Whitfield	High	🟢
Watch	Mixed Sex Accommodation Breaches	Site Team	Judy Dyos	Low	🔴
Watch	MSSA Bacteraemia Infections: Hospital Onset	Infection Control Team	Peter Collins	High	🟢
Watch	Neonatal Deaths Per 1000 Live Births	E3 Maternity System	Peter Collins	High	🟢
Watch	Non-Medical Appraisal Rate %	ESR	Melanie Whitfield	High	🟢
Watch	Number of High Harm Falls in Hospital	DATIX Team	Peter Collins	Medium	🟠
Watch	Pressure Ulcers Hospital Acquired Cat 2	DATIX Team	Peter Collins	High	🟢
Watch	Pressure Ulcers Hospital Acquired Cat 3	DATIX Team	Peter Collins	High	🟢
Watch	Pressure Ulcers Hospital Acquired Cat 4	DATIX Team	Peter Collins	High	🟢
Watch	Proportion of patients spending more than 12 hours in an emergency department	Lorenzo via Trust Data Warehouse	Lisa Thomas	High	🟢
Watch	Serious Incident Investigations	DATIX Team	Peter Collins	Medium	🟠
Watch	Stillbirths Per 1000 Total Births	E3 Maternity System	Peter Collins	High	🟢
Watch	Stroke & TIA: % Bedside Swallow Assessment within 4 hours	Trust Data Warehouse	Peter Collins	High	🟢
Watch	Stroke & TIA: % CT'd within 1 hour	Trust Data Warehouse	Peter Collins	High	🟢
Watch	Total diagnostic activity undertaken compared with 2019/20 baseline	Trust Data Warehouse	Lisa Thomas		
Watch	Total elective activity undertaken compared with 2019/20 baseline	TBC	Lisa Thomas		
Watch	Total Incidents (All Grading) per 1000 Bed Days	DATIX Team	Peter Collins	High	🟢
Watch	Total Number of Complaints Received	PALS Team	Peter Collins	High	🟢
Watch	Total Number of Compliments Received	PALS Team	Peter Collins	High	🟢
Watch	Trust Performance RTT %	Lorenzo via Trust Data Warehouse	Lisa Thomas	High	🟢

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Data Sources: Other Metrics (1)

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating	
Other	Cancer 2 Week Wait Breaches	Cancer Services	Lisa Thomas	High	🟢
Other	Cancer 2 Week Wait Den	Cancer Services	Lisa Thomas	High	🟢
Other	Cancer 2 Week Wait Num	Cancer Services	Lisa Thomas	High	🟢
Other	DM01 Performance: Audio	Trust Data Warehouse	Lisa Thomas	Medium	🟡
Other	DM01 Performance: Cardio	Trust Data Warehouse	Lisa Thomas	Medium	🟡
Other	DM01 Performance: Colon	Trust Data Warehouse	Lisa Thomas	Medium	🟡
Other	DM01 Performance: CT	Trust Data Warehouse	Lisa Thomas	Medium	🟡
Other	DM01 Performance: DEXA	Trust Data Warehouse	Lisa Thomas	Medium	🟡
Other	DM01 Performance: Flexi Sig	Trust Data Warehouse	Lisa Thomas	Medium	🟡
Other	DM01 Performance: Gastro	Trust Data Warehouse	Lisa Thomas	Medium	🟡
Other	DM01 Performance: MRI	Trust Data Warehouse	Lisa Thomas	Medium	🟡
Other	DM01 Performance: Neuro	Trust Data Warehouse	Lisa Thomas	Medium	🟡
Other	DM01 Performance: US	Trust Data Warehouse	Lisa Thomas	Medium	🟡
Other	Longest Waiting Patient (Weeks)	Lorenzo via Trust Data Warehouse	Lisa Thomas	High	🟢

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Data Sources: Other Metrics (2)

Understand the Data

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

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Data Sources: Other Metrics (3)

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

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Data Sources: Other Metrics (4)

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating	
Other	Add: impact of donated assets	Finance Division	Mark Ellis	High	🟢
Other	Financing Costs	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: A&E Actual	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: A&E Plan	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: Daycase Actual	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: Daycase Plan	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: Elective IP Actual	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: Elective IP Plan	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: Excluded Drugs & Devices Actual	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: Excluded Drugs & Devices IP Plan	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: Non Elective IP Actual	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: Non Elective IP Plan	Finance Division	Mark Ellis	High	🟢
Other	Month on month I&E Surplus/(Deficit) Actual	Finance Division	Mark Ellis	High	🟢
Other	Month on month I&E Surplus/(Deficit) Plan	Finance Division	Mark Ellis	High	🟢
Other	NHS Clinical income	Finance Division	Mark Ellis	High	🟢
Other	NHS Clinical income Plan	Finance Division	Mark Ellis	High	🟢
Other	Non Pay	Finance Division	Mark Ellis	High	🟢
Other	Other Clinical income	Finance Division	Mark Ellis	High	🟢
Other	Other Clinical income Plan	Finance Division	Mark Ellis	High	🟢
Other	Other income (excl donations)	Finance Division	Mark Ellis	High	🟢
Other	Other income (excl donations) Plan	Finance Division	Mark Ellis	High	🟢
Other	Pay	Finance Division	Mark Ellis	High	🟢
Other	Share of Gains on Joint Ventures	Finance Division	Mark Ellis	High	🟢
Other	Surplus/(Deficit)	Finance Division	Mark Ellis	High	🟢

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Data Sources: Other Metrics (5)

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating	
Other	Activity by PoD: A&E	Finance Division	Mark Ellis	High	🟢
Other	Activity by PoD: Day case	Finance Division	Mark Ellis	High	🟢
Other	Activity by PoD: Elective	Finance Division	Mark Ellis	High	🟢
Other	Activity by PoD: Non Elective	Finance Division	Mark Ellis	High	🟢
Other	Activity by PoD: Outpatients	Finance Division	Mark Ellis	High	🟢
Other	Capital Expenditure: Building Projects Actual	Finance Division	Mark Ellis	High	🟢
Other	Capital Expenditure: Building Projects Plan	Finance Division	Mark Ellis	High	🟢
Other	Capital Expenditure: Building Schemes Actual	Finance Division	Mark Ellis	High	🟢
Other	Capital Expenditure: Building Schemes Plan	Finance Division	Mark Ellis	High	🟢
Other	Capital Expenditure: IM&T Actual	Finance Division	Mark Ellis	High	🟢
Other	Capital Expenditure: IM&T Plan	Finance Division	Mark Ellis	High	🟢
Other	Capital Expenditure: Medical Equipment Plan	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: Other Actual	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: Other Plan	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: Outpatients Actual	Finance Division	Mark Ellis	High	🟢
Other	Income by PoD: Outpatients Plan	Finance Division	Mark Ellis	High	🟢
Other	Month on month cash balance	Finance Division	Mark Ellis	High	🟢
Other	Month on month Income Analysis Actual	Finance Division	Mark Ellis	High	🟢
Other	Month on month Income Analysis Plan	Finance Division	Mark Ellis	High	🟢
Other	SLA Income: BSW CCG	Finance Division	Mark Ellis	High	🟢
Other	SLA Income: Dorset CCG	Finance Division	Mark Ellis	High	🟢
Other	SLA Income: Hampshire, Southampton and IoW CCG	Finance Division	Mark Ellis	High	🟢
Other	SLA Income: Other	Finance Division	Mark Ellis	High	🟢
Other	SLA Income: Specialist Services	Finance Division	Mark Ellis	High	🟢

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Data Sources: Other Metrics (6)

Understand the Data

Metric Type	Metric Name	Data Source	Executive Lead	Data Quality Rating	
Other	Agency total Actual	Finance Division	Mark Ellis	High	🟢
Other	Agency Total Plan	Finance Division	Mark Ellis	High	🟢
Other	Bank total Actual	Finance Division	Mark Ellis	High	🟢
Other	Bank total Plan	Finance Division	Mark Ellis	High	🟢
Other	Capital Expenditure: Additional funds approved in year Actual	Finance Division	Mark Ellis	High	🟢
Other	Capital Expenditure: Additional funds approved in year Plan	Finance Division	Mark Ellis	High	🟢
Other	Capital Expenditure: Medical Equipment Actual	Finance Division	Mark Ellis	High	🟢
Other	Capital Expenditure: Other Actual	Finance Division	Mark Ellis	High	🟢
Other	Capital Expenditure: Other Plan	Finance Division	Mark Ellis	High	🟢
Other	Month on Month CAPEX Actual	Finance Division	Mark Ellis	High	🟢
Other	Month on Month CAPEX Plan	Finance Division	Mark Ellis	High	🟢
Other	Month on Month total pay Actual	Finance Division	Mark Ellis	High	🟢
Other	Month on Month total pay Plan	Finance Division	Mark Ellis	High	🟢

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