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Report to:	Trust Board (Private)	Agenda item:	2.1
Date of Meeting:	26 May 2021		

Report Title:	Trust Management Committee (TMC)			
Status:	Information	Discussion	Assurance	Approval
	x		X	
Prepared by:	Stacey Hunter, Chief Executive Officer			
Executive Sponsor (presenting):	Stacey Hunter, Chief Executive Officer			
Appendices (list if applicable):				

Recommendation:

The Board is asked to note the report outlining items raised at the Trust Management Committee meeting held on 26th May 2021.

Executive Summary:

At the recent Trust Management Committee Meeting, the committee discussed the impending change to the Emergency and Urgent Care Standards expected to be agreed by NHSE/I in the summer and asked the Medicine DMT to provide a gap analysis on the draft standards to TMC in June

TMC agreed that they would receive the Health and Well-being strategy at the July meeting following its discussion and recommendation via the OD/People Management Board.

TMC had a discussion regarding the risks that SY and FMc are reviewing in relation to the Health and Safety committee and advised TMC that there will be refreshed terms of reference and membership for the group that needs support from operational managers.

This has not been happening to date and needs to be resolved asap to support the work there is to do on getting a better joint appreciation and resolution to key health and safety risks

TMC noted the escalation reports from the EPRs, IPR, CMB and OMB. There is nothing to escalate from these reports to the Trust Board. Most of these have been discussed at the relevant board sub-committees in May and as such the Board will receive the escalations where needed via the Board sub-committee reports

TMC had a discussion about the management of risks between the Divisions and the corporate risk registers. The Chief Nurse and Chief Medical Officer raised concerns that there was some further work to do to strengthen this part of the process. This is based on the need for the relevant Directors to be sighted on and in agreement with a risk score that

CLASSIFICATION: UNRESTRICTED

is escalating and being placed on the corporate risk register.

TMC approved a business case to invest in 4 wte posts in Radiology to support the requirement for chaperones for patient undergoing intimate radiology scans on the Maternity pathway. This is mandated in guidance and the Trust is an outlier not having this in place.

End of Report

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

Report to:	Trust Board (Public)	Agenda item:	2.2
Date of Meeting:	3 rd June 2021		

Report from: (Committee Name)	Clinical Governance Committee		Committee Meeting Date:	25 th May 2021
Status:	Information	Discussion	Assurance	Approval
	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 the items escalated from the Clinical Governance Committee (CGC) meeting held on the 25th May 2021. The report both provides assurance and identifies areas where further assurance was sought and is required.

Key Items for Escalation

- Key information / issues / risks / positive care to escalate to the Board are as follows:
 - A quarter 1 update was presented in relation to the Transformation Programme. Clear alignment with current operational priorities was evident including E-outcomes and outpatient new ways of working. Priorities for 2021/2 were also presented: Improving patient flow; elective recovery programme and aligning with the KPMG excellence workstream. A further key area for 2021/2 is the provision of project support to the Maternity Improvement Board. Risks have been reviewed with the Director of Corporate Governance and will be updated for the next BAF / CRR.
 - A detailed update was provided on the Maternity service including the lookback timeline of when the CGC and Board raised concerns. The presentation also referenced the recent CQC inspection. One integrated improvement plan has been developed which will be monitored through the Maternity Improvement Board, Chaired by the Deputy CEO. To ensure the whole Board is sighted on this work, it was agreed that a paper would go to the June Board.
 - The final draft Quality Account was presented to the Committee by the Head of Clinical Effectiveness. The report was accepted as comprehensive and demonstrated the ongoing improvements made in some areas of quality across the Trust during the pandemic, whilst noting the significance of health inequalities. It also flagged areas for continued focus as outlined in the ongoing priorities for 2021/2. The Quality Account has been to the Council of Governors who wrote a very positive response. Initially the Quality Account was not required this year, however, this position has now changed. As the Trust had decided to produce one anyway as part of the annual report, the Trust is in a good position to upload this by end of June. The Committee thanked Claire

Gorzansky for all her excellent work on this and in her role. Claire retired at the end of May after more than 30 years of service.

- A comprehensive discussion was held in relation to the IPR, particularly in relation to the higher mortality (HSMR), whilst noting that SHMI has stayed within the expected range. The CMO outlined that overall, the metrics in general were where we would expect them to be if the pandemic hadn't occurred. A review of non Covid-19 deaths will form part of the next Learning from Deaths quarterly report. Assurance was provided by the CNO and CMO that they review all moderate and above harms in the weekly patient safety summit meeting. Stroke performance continued to do well.
- The BAF was presented with a focussed discussion on the Gastroenterology service and Cancer. The committee asked for a further update in relation to changes in the Gastroenterology team and the potential impact for patients and trainees. This will come back to a future CGC. It was noted that work is underway to align to the new corporate objectives.
- The Director of Corporate Governance provided an update on Divisional governance management and presented the relevant Internal Audit report. The 4 moderate recommendations are being addressed by the Executive team in partnership with the Divisional teams. A key risk remained the ongoing change at senior levels in the Divisional teams.
- Three annual reports were presented. These were:
 - End of Life Care
A presentation was given by the lead Consultant and lead Nurse for the Trust. They outlined the excellent work undertaken throughout the pandemic despite the increased numbers of deaths. This was achieved by working differently and increasing support to families through virtual approaches. The concluded by updating the committee on future developments required and how this needs to be aligned to the ICS.
 - Patient Experience (Q4 covering the annual themes)
The Patient Experience lead updated the committee in relation to the new complaints standards which emphasises the shift to learning from complaints. Two key areas of concern over the past year included lost property and staff attitude. The new FFT question in relation to what can be done better is providing some rich data and this will be used to align with current programmes such as Best Place to Work.
 - Freedom to Speak Up Guardian
The FTSU Guardian outlined how this had been a very busy year though there had been very few concerns from staff in relation to Covid-19. It was noted that the Trust does well in relation to supporting all protected groups and in particular the WRES workforce. This has been noted nationally where we are seen as providing best practice. It was positive to note that FTSUI training is now mandatory. The case numbers have been benchmarked across the Acute Alliance and we are similar to RUH. Whilst learning is a focus, there remains some repeated issues, trends and themes which requires further attention. Again this work will align with the Best Place to Work and leadership offer programmes. An outstanding action was for an update on FTSU issues from the Estates department. This is still underway and the COO agreed to update at the next meeting.
- The upward report from the CMB outlined some good practice in relation to cardiac care, despite the current waiting list challenge. There had been a discussion in relation to the future shape of cardiac care at the Trust. PROMS was also positive as was performance in the national hip fracture audit and the area under review for further assurance related to CT care in oesophageal

cancers, which the Cancer Board is overseeing. The CMO confirmed that to ensure more robust review and scrutiny of effectiveness, he plans to set up an effectiveness group. This will be Chaired by the new AMD for Quality and Safety role and which will report up to CMB.

In summary, there were several detailed discussions relating to current quality issues and risks with evidence of plans in place to address these.

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

Report to:	Trust Board (Private)	Agenda item:	2.3
Date of Meeting:	3 rd June 2021		

Committee Name:	Finance and Performance		Committee Meeting Date:	25 th May 2021
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Paul Miller, Non Executive Director			
Board Sponsor (presenting):	Paul Miller, Non Executive Director			

Recommendation

To note key aspects of the Finance and Performance (F&P) Committee meeting of the 25th May 2021

Items for Escalation to Board

(1) Approval of contracts – one contract was presented to the Committee for formal support, prior to going to the Trust Board meeting on the 3rd June 2021;

- (a) Contract extension for a Pathology Managed Equipment Service (MES) contract supplier

The recommendation to award a two year contract extension was supported by the Committee.

(2) Elective Care Centre Strategic Outline Case – As this business case is going to the Trust Board meeting on the 3rd June 2021 I will not attempt to summarise the content. That said the Committee fully supported this business case and commended the team that produced it.

Assuming the Trust Board support the recommendation of the Committee to approve this Strategic Outline Case (SOC) on the 3rd June 2021, the next step will be to produce an Outline Business Case (OBC), assuming the Trust receives support from the Integrated Care System. The cost of producing this OBC is approximately £1m to £1.25m, as there is a requirement at OBC stage to have very detailed building designs and the Trust will request external funding to produce this OBC.

(3) Integrated Performance Report (including Covid-19 update) – The Trust successfully achieved our Elective Recovery Fund (ERF) performance target as the 30th April 2021 (month one) and whilst full information was not available at the May 2021 Committee meeting, the Trust is optimistic that we have a chance of achieving the 31st May 2021 (month 2) ERF target as well (though this is unconfirmed).

However there are challenges elsewhere in the Trust that are the subject of executive attention (a) the variability in Emergency Department 4 hour performance that can vary from the mid 60% to the mid 90% (b) Stroke performance which is impacted by restrictions in admitting patients into the stroke unit because of covid “social distancing” constraints. Note verbal assurance was provided that this did not impact on clinical care, just the achievement of certain admission targets) and (c) Breast cancer two week performance which is particularly challenging given the current high rates of referrals.

(4) Finance report as at 30th April 2021 – The Trust has reported a control total surplus of £147,000 for month 1 of 2021/22. However despite this “bottom line” position there are concerns that staff costs are not as under control as they should be in certain area of the Trust. Therefore working will be ongoing with operational management teams to reinforce the importance of goods staff controls around rostering staff, recruitment, use of locums and agency staff.

(5) Transformation programme update – The Committee received an update on work since the last meeting in particular a reprioritised programme for 2021/22 that will focus on the following four key areas;

- (a) Improving patient flow and discharge programme
- (b) Elective recovery programme
- (c) Maternity services improvement programme
- (d) Operational excellence programme (supported by KPMG)

(6) Quarterly Digital Update and Annual Review– This was a very comprehensive report that summarised the significant past, current and future digital work programme. Two main reflections were (a) the nature of digital work is rather like an iceberg, a lot of work goes on unseen (under the waterline) by those who actually use the service and it can take a long time to achieve visible benefits, therefore effective communication is key and (b) the Trusts digital team are working incredibly hard to make progress and there is evidence that they are making progress.

(7) Board Assurance Framework (BAF) and Corporate Risk Register – the BAF and corporate risk register was reviewed in light of the discussions at the Committee and issues to highlight were (a) the need to include a risk for operating theatres (b) there was a new risk around maternity leadership (c) an increase in the risk for gastroenterology services, which needs to be reworded to reflect the evolution of this existing risk and (d) there maybe a risk around the amount of senior and middle level leadership/managerial change that the Trust has experienced in recent times i.e. each individual change is not a risk but collectively they maybe, particularly when short term covid recovery is a national priority.

Report to:	Trust Board (Private)	Agenda item:	2.4
Date of Meeting:	3 rd June 2021		

Report from: (Committee Name)	Audit Committee		Committee Meeting Date:	20 th May 2021
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.

A report summarising the activity of the Committee for the financial year 2020/21 is appended. The Board is invited to note this report.

A copy of the Head of Internal Audit Report for 2020/21 is included within the Board deck. The Committee discussed this report and recommend it to the Board for noting as part of the Annual Report supporting evidence.

Key Items for Escalation

SBS Oracle 12 Implementation Deep Dive

The Committee received a presentation from Mark Ellis on the preparation and status of the project to implement a new finance system, planned to go live on 1st July 2021. The committee agreed that the governance structure and programme management of the project was appropriate and gave good assurance. However, there was some discussion on risks around the short timeline for the implementation and concerns around the ability of the organisation to complete adequate training of users and user testing to ensure a successful implementation. Mark acknowledged the risk, but was able to show that the programme management scheme had mitigated these risks, with a strong "Go/No Go" decision point in mid June and with appropriate fall back contingency, if required.

Annual Activity Report

This report had been circulated to members for comment ahead of the meeting, after a brief discussion, agreed that the report should be sent to the Board for noting. The report is appended to this document.

As part of the discussion on the Committee's effectiveness over the year, one member raised a question as to whether the recent notice from the CQC indicated a need for a broader look at governance across the Trust. The consensus was that this was a discussion to be held by the Board as a whole, rather than something driven from Audit Committee.

Final Head of Internal Audit Report

The Committee received the final version of the Head of Internal Audit report for 2020/21. A draft of this report had been discussed at the March Audit Committee and there were only a few minor changes relating to detail of outstanding internal audit matters at the year end. The full report has been included in the Board deck for reference and noting, but the key “Opinion” section states

Generally satisfactory with some improvements required

Governance, risk management and control in relation to business critical areas is generally satisfactory. However, there are some areas of weakness and non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk.

Some improvements are required in those areas to enhance the adequacy and effectiveness of the framework of governance, risk management and control. Please see our Summary of Findings on page 4. It is recognised that the Trust’s opinion has remained consistent with the previous year despite the significant challenges created by the Covid-19 pandemic.

In light of the COVID-19 outbreak and latest government guidance it was agreed with management that all reviews for 2020/21 would be undertaken remotely. This involved PwC working with key contacts via video conferencing and other means, and we would like to thank all stakeholders involved for their willingness to undertake reviews in this way.

Also as a result of the pandemic, it was noted by the Trust that one of the reviews agreed in our internal audit plan was no longer a priority. This resulted in the Cost Improvement Plan (CIP) review being replaced by the COVID-19 Response Recovery review. Although the reviews are different to those originally planned we feel sufficient work has been undertaken in support of the areas upon which we are required to provide an opinion

Internal Audit Plan for 2021/22

Following further review by the Executive Team, in response to feedback from the last Audit Committee, a final Internal Audit Plan was presented, which was agreed by the Committee.

The planned audits for 2021/22 are as follows

1. Data security and protection toolkits (mandatory)
2. Key financial systems (mandatory)
3. IT disaster recovery
4. Equality, diversity and inclusion
5. Safeguarding
6. Five steps to safer surgery
7. Capacity management and discharge
8. Workforce planning

It should be noted that, although the ongoing audit process and progress for all of these items will be reviewed by the Audit Committee, the primary report out for item 4 will be to the People and Culture Committee and for items 5 and 6 will be to Clinical Governance Committee.

Appendix 1 – Audit Committee Annual Activity Report for 2020/21

Report to:	Board	Agenda item:	
Date of Meeting:	03 June 2021		

Report Title:	Audit Committee - Activity Report for 2020/21			
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Paul Kemp			
Executive Sponsor (presenting):	Paul Kemp			
Appendices (list if applicable):				

Recommendation:
The Board will be asked to formally note the paper.

Executive Summary:
<p>This report summarises the activity of the Audit Committee over the financial year 2020/21.</p> <p>The key notable points over the year were;</p> <ul style="list-style-type: none"> ➤ For those areas of management control monitored by the Committee, the Trust delivered appropriate levels of control well, given the disruption and appropriate re-prioritisation required the respond to the Covid 19 pandemic. This view was supported by the opinion from the external Head of Internal Audit in her annual opinion. ➤ There was one serious incident, relating to the of theft of drugs from the pharmacy by a member of staff. Internal controls and management processes have been reviewed to mitigate future risk.

Audit Committee Annual Activity Report

1 Purpose

- 1.1 The purpose of this report is to summarise the activity of the Committee over the 2020/21 financial year in order to provide the Board with assurance. Details of any of the items raised in this report are available in the papers and minutes stored in the ibabs system.

2 Background

- 2.1 The Audit Committee has been put in place to provide the Governors, the Board and the Chief Executive with a point of focus to review and assure the effectiveness of non-clinical processes in the Trust and compliance of the Trust's personnel with those processes. In doing this the Committee will provide assurance to the Board, Governors and other key stakeholders.

3 Key Activity During 2020/21

3.1 Impact of Management of Covid Pandemic within the Hospital

Aside from the meetings of the Committee moving to an online format, which did not markedly impair the effectiveness of the Committee, there was very little direct impact on the Committee from the Covid pandemic. However, the massive adjustment of priorities within the executive team necessitated by the hospital's response did have some impact on delivery of some actions. There is no question that this change in prioritisation was entirely appropriate in the circumstances and, whilst delivery of some milestones has been delayed, there are no indicators of any substantial failures in the main control systems of the Trust.

3.2 Review of 2019/20 Annual Report

As is required, the committee reviewed the draft financial statements and governance statements for the 2019/20 annual report and recommended their adoption to the Board. The Trust and the auditors were required to make some late adjustments to the planned process of completing and reviewing the accounts, principally related to the necessity of adopting remote working. This added some time to the process and qualifications to the auditor's opinion, which were common across all NHS Trusts. There were some fairly minor difficulties in the finance team being able to evidence some of the operational controls, but these were overcome. Overall, within the constraints of the circumstances, the process and outcomes were satisfactory.

3.3 Internal Audit Reviews

Over the financial year 2020/21, PWC carried out reviews of six areas, agreeing a total of 22 actions with management, of which 3 were rated as high risk findings. The most significant of these related to process control issues in the pharmacy, where the review coincided with the discovery of a theft of drugs by a member of staff.

Of the 22 management actions agreed, 16 were due to be completed by the end of the year and 13 met this target. In addition, there were 6 management actions from an audit undertaken in 2019/20 which remained incomplete at the end of 2020/21. Both the current and previous year overdue items related to departments where there has been a recent change in executive leadership.

As a result of these reviews and other interactions with the management team, the Head of Internal Audit issued a formal opinion of “generally satisfactory with some improvements required”. This was the same opinion as was given for 2019/20. The opinion also noted seven specific examples of good practice within the Trust.

3.4 Counter Fraud Activities

During the year the Local Counter Fraud Officer (LCFO) continued to work with management on both proactive and reactive work packages, linking in with guidance from the NHS Counter Fraud Authority. Proactive work included reviews of timesheet management, workforce controls within the vaccination centres and specific fraud risks related to the Covid 19 pandemic.

There was one incident during the year that resulted in investigation and action by the LCFO, regarding the theft of drugs from the pharmacy by a nurse. In addition, three incidents originating in prior years progressed, one involving theft and two relating to false representation by staff. These have all been progressed appropriately and have either resulted in criminal prosecution or referral for disciplinary action to professional bodies.

3.5 Pro-active Process Reviews

During the year, the committee continued its practice of inviting management teams to give a detailed presentation on a specific management process or area of concern.

Through the year, the Committee received presentations on capital management processes, management of outsourced service contracts, programme management processes in the Trust and management of cancer waiting lists. All of the presentations were of a good standard and led to a good discussion in the committee on the issues raised.

3.6 Other Activities

Other regularly scheduled matter dealt with during the year included,

- Two reviews of the processes used by the Trust to manage risk and the Business assurance Framework,
- A discussion on the effectiveness of the committee and a review of its terms of reference,
- Review and discussion of the internal audit and counter fraud plans for 2021/21
- Review of the effectiveness of the Standing Financial Instructions and management proposals for changes

4 Summary

Given the externally driven constraints and environment encountered by the Trust during the 2020/21 financial year, it is pleasing to see that the control environment remained effective and that the level of management control was generally maintained. There has also been evidence that management's understanding of internal control matters and use of the internal audit services available to it has become more effective, although there will always be room for improvement.

5 Recommendations

The Board is recommended to note this report.

Paul Kemp
Audit Committee Chairman

Report to:	Trust Board (Public)	Agenda item:	2.5
Date of Meeting:	03 June 2021		

Report Title:	Integrated Performance Report			
Status:	Information	Discussion	Assurance	Approval
	✓		✓	
Prepared by:	Louise Drayton, Performance and Capacity Manager			
Executive Sponsor (presenting):	Judy Dyos, Chief Nursing Officer			
Appendices (list if applicable):				

Recommendation:

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

Executive Summary:

With Covid-19 restrictions lifting further in month the hospital became notably busier, particularly in the Emergency Department. Attendances increased from 4730 in M12, to 5386 in M1, the highest monthly attendances since August 2020. Delivery of the 4 hour standard was affected with 85% (90.9% in M12) of patients being treated and admitted or discharged within 4 hours of arrival, falling slightly below the England average of 85.4%.

Flow into the hospital was challenging at times, with the hospital declaring OPAL level 4 on a number of occasions and bed occupancy of 91% for the month. The number of patients reaching the Stroke Unit decreased to 48% and challenges with flow into the hospital was a factor in this. Despite this 56% of Stroke patients received at CT within one hour (target 50%) and 92% of patients spent over 90% of their admission in the Stroke Unit (target 80%).

Access to the Elective Recovery Fund began in Month 1, with a threshold of 70% of 19/20 elective activity (Daycase, Electives, Outpatient attendances and Outpatient procedures) in order to be eligible. Activity across the PODs is amalgamated at a value level to assess achievement. The Trust achieved the threshold with 51% of elective, 94% Daycase, 77% Outpatient procedures and 100% of Outpatient Attendances. The threshold rises to 75% in Month 2, 80% in Month 3 and 85% in Month 4 for the remainder of the year. The reported financial position excludes any benefit from the Elective Recovery Fund, guidance on the sign off process for this system level funding remains outstanding, but early calculations imply SFT will have contributed c£0.5m to the system total.

April 2021 was the first month the Trust has reported its financial position under the H1 2021/22 Contracting and Finance guidance. NHS contract clinical income contracts have been set using the same underlying methodology as 2020/21 and the BSW system has received both 'top-up' and Covid-19 funding at a level that is expected to allow the system to break even in H1.

Progress continues with recovery of the 6 week Diagnostic standard, 94.1% of patients received their diagnostic test within 6 weeks. The main area yet to recover is Cardiology with a recovery plan in place.

Recovery of the Cancer 2 Week Wait Standard has been challenging, with the main area of concern the Breast pathway. Performance dipped slightly from M12 to 73.33% (standard 93%). Further capacity has been introduced, but further work is required to ensure the standard can be maintained. The 62 Day standard was also not achieved at 77.24% (target 85%) with 14 breaches.

Performance against the Referral to Treatment standard was 65% (65.4% in M12). The number of patients waiting over 52 weeks fell for the first time since the start of the pandemic in March 2020. The total number decreased by 83 to a total of 1059 (1142 in M12).

HSMR increased to 115.8 and is statistically significantly higher than expected due to a decrease in denominator super spells along with a peak of deaths in January 21. If Covid-19 activity is removed from the HSMR it reduces to 109.9 to January 21 but remains statistically higher than expected. HSMR is anticipated to reduce from March 2021 onwards as a result of an increase in super spells and a decrease in the crude mortality rate.

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

Integrated Performance Report

June 2021

(data for April 2021)

Summary

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Developments within the IPR this month are the activity monitoring of Elective Recovery Fund trajectories and the distribution of waits above 52 weeks for patients on an RTT pathway. Development of key performance information for maternity services is currently in progress and will be included in future IPRs.

Structure of Report

Performance against our Strategic and Enabling Objectives



Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

Summary Performance

April 2021

There were **2,711** Non-Elective Admissions to the Trust



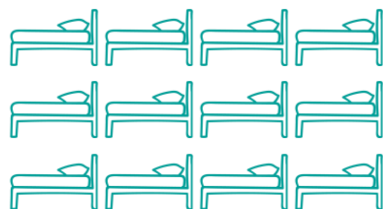
We delivered **34,593** outpatient attendances, **28%** through video or telephone appointments



We met **2 out of 7** Cancer treatment standards



We carried out **204** elective procedures & **1,659** day cases



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



RTT 18 Week Performance: **65%** ↓

Total Waiting List: **18,665** ↓



94.1% ↑ of patients received a diagnostic test within **6 weeks**



Our income was **£23,754k** (£46k over plan)



18.7% ↑ of discharges were completed before 12:00



Emergency (4hr) Performance **85.0%** ↑
(Target trajectory: 95%)



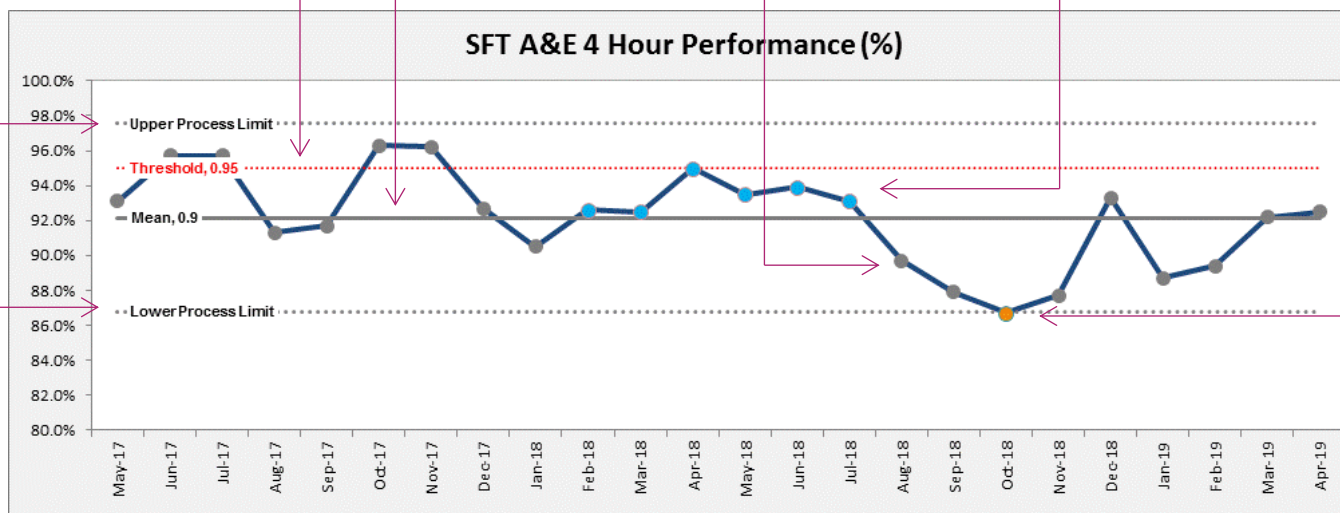
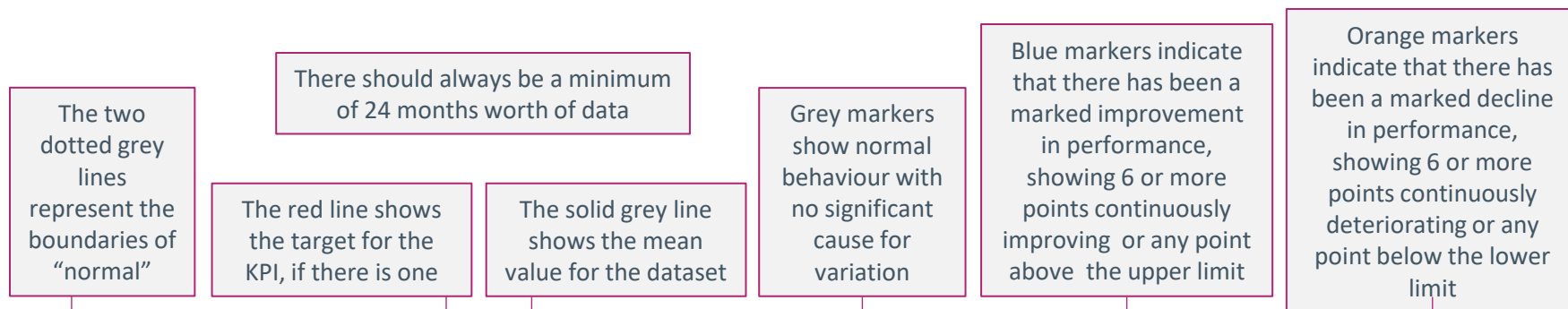
57 patients stayed in hospital for longer than 21 days



Our overall vacancy rate was **4.99%** ↑



Reading a Statistical Process Control (SPC) Chart



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

Part 1: Operational Performance

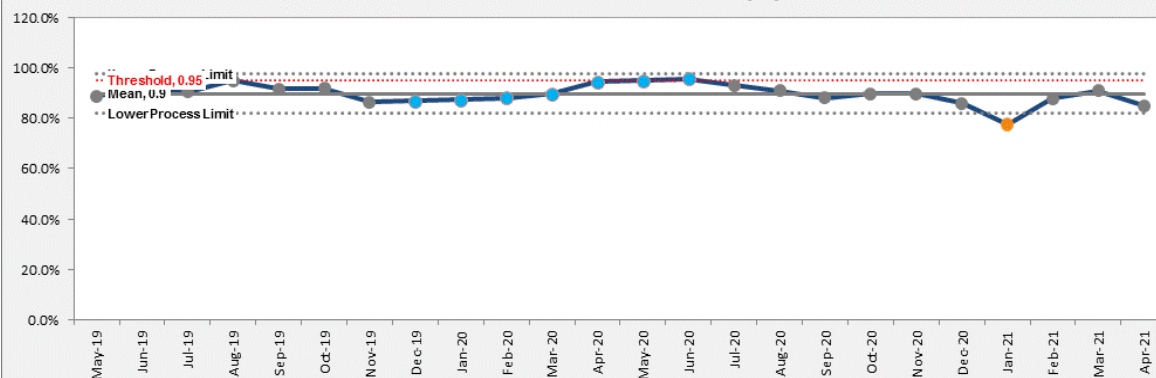


Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

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

National Key Performance Indicators

SFT A&E 4 Hour Performance (%)



Data Quality Rating:



Performance Latest Month:

85.0%

Attendances:

5386

12 Hour Breaches:

0

ED Conversion Rate:

30.7%

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

M1 saw a decrease in performance for the 4 hour standard as compared to M12 (decrease from 90.9%). There was an increase in attendance numbers of 656 in M1 compared to M12.

Conversion rate has increased slightly in M1 (from 30.3% in M12) which may show an increase in acuity of patients requiring admission, contributing to the decrease in performance this month.

Flow remains a concern out of ED, and again twilight part of the day is still contributing to most of the breaches.

Junior Doctor rotation in M1 has impacted the doctor skill mix and there is currently an F2 grade vacancy for this rotation. Our There is also 1.18wte on long term sickness absence and 0.83wte on maternity leave.

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

Consultant Interviews have taken place and 3 new consultants were successfully appointed. This will support the improvement plans for SDEC and Ambulatory care.

New Rota Coordinator is due to start in June. Following a redeployment into the TARN admin post vacancy this month, there is also an opportunity to improve the TARN submission percentage.

Waiting rooms risk assessment has been redone in order to meet current capacity demand. Reintroduced more seating back into majors waiting room with trial of Perspex dividers in between chairs. Waiting room trigger tool has also been completed in order to monitor capacity within the waiting rooms. Space issues in minors (ortho OPD) still ongoing.

Medicine DMT continue to work with ED leadership team on improvement actions to support performance.

B5 twilight shift has been agreed till mid June in order for minors to remain open in existing space until midnight.

Risks to delivery and mitigations

Nursing: there is a Band 7 leaving for an internal post; the recruitment process to backfill has begun. There is a reduction in Band 6's due to maternity and temporary medical redeployment. From July there will be a risk of no Band6/7 shift coordinator on duty but solutions to this are being explored by Matron. Currently long term sickness in ENP, which is leaving some gaps in service which will impact on minors waiting times. Collaborative working with AMU continues to share workforce where possible at times of demand.

Middle grade gaps continue to be a challenge in meeting service needs. There are currently 3.4wte in post resulting in a gap of 5.15wte in the rota to mitigate.

Waiting room space remains an issue and continues to be monitored.

Further lockdown restrictions being lifted will likely see an increase in attendances in M2 and M3.

Statistical Process

Control Chart Key:

--- Target

— Mean

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

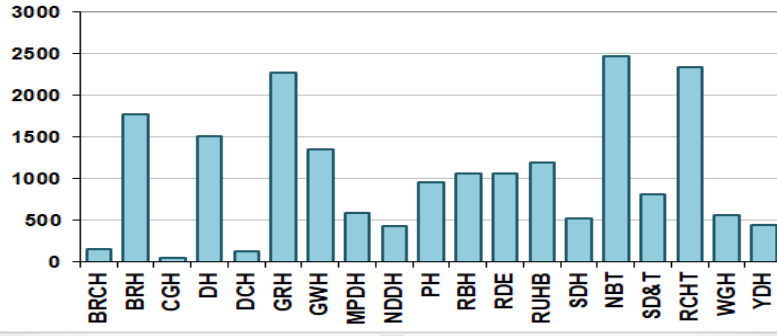
● Special Cause Variation Improvement (6 or more points with continuous improving performance, or a single point outside the control limit)

● Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)

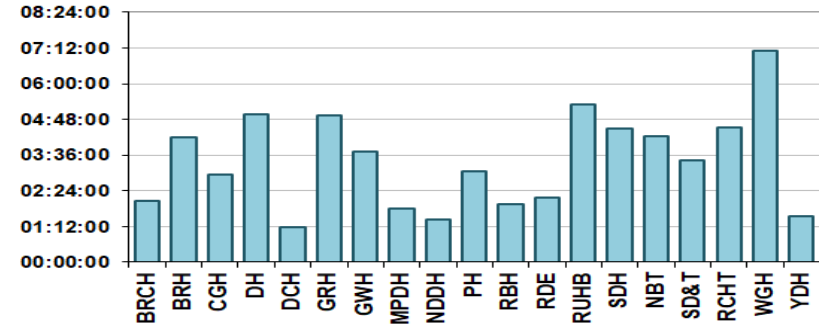
● Common Cause Variation

Ambulance Handover Delays

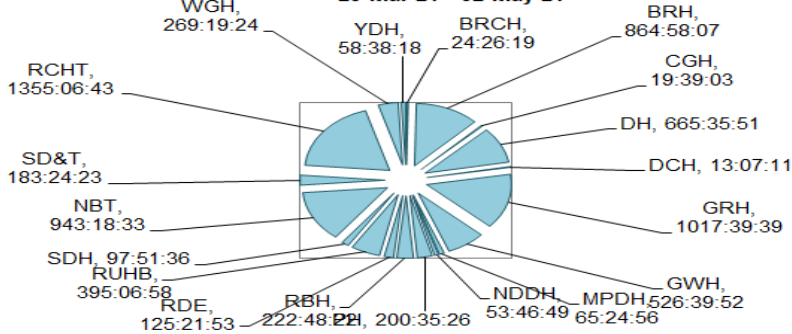
Count of Handovers over 15 minutes - 29 Mar 21 - 02 May 21



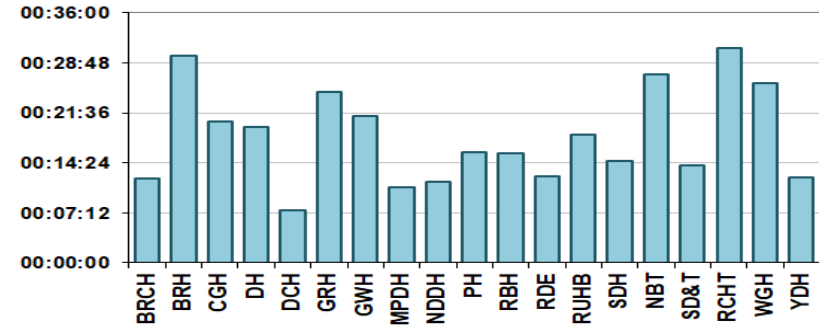
Longest Recorded Handover Time - 29 Mar 21 - 02 May 21



Time Lost After 15 minutes in Handovers over 15 minutes - 29 Mar 21 - 02 May 21

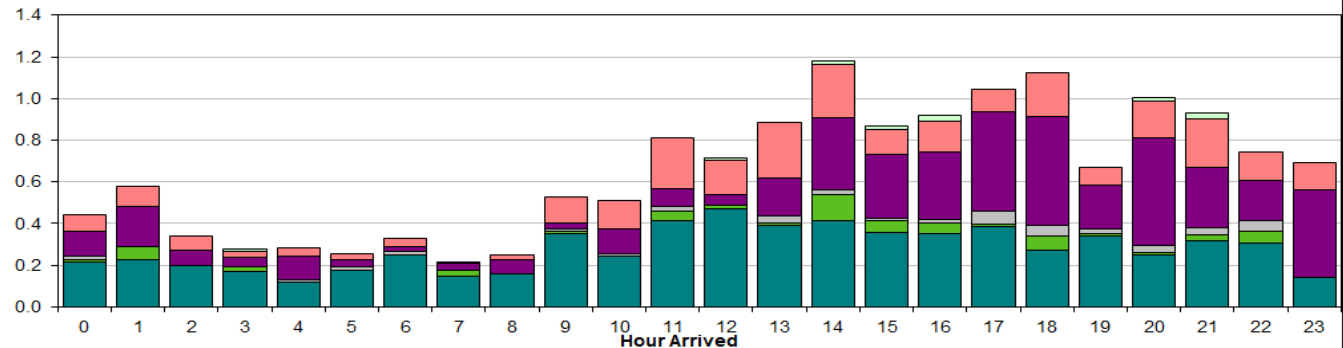


Average Handover Time - 29 Mar 21 - 02 May 21



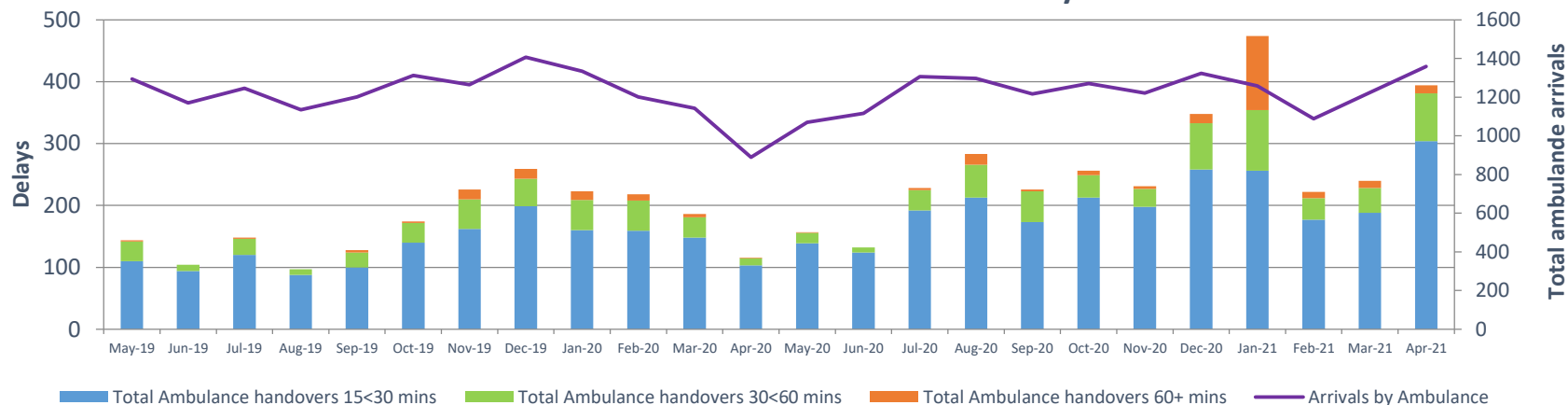
- Crew providing essential ongoing clinical care
- Insufficient staff to complete handover
- No physical capacity
- No isolation capacity
- Patient Taken Straight to Resus
- No Late Reason Recorded

Time Spent (Days)



Ambulance Handover Delays

Ambulance Arrivals and Handover Delays



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

M1 saw an increase in ambulance arrivals alongside a significant rise in attendances into the department.

Table below details late reason recorded, note that SWAST and SFT data on handovers does not match exactly.

Standardised Late Reason Summary	Count	Total Time Taken	% of Total Time Lost
Crew providing essential ongoing clinical care	5	1:54	1%
Insufficient staff to complete handover	167	64:37	33%
No physical capacity	201	98:23	50%
No isolation capacity	24	10:08	5%
Patient Taken Straight to Resus	26	10:54	6%
No Late Reason Recorded/Other Reason	28	11:41	6%
Totals	451	197:39:52	100%

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

Service Manager presented ambulance delays at recent clinical governance meeting and this will now be a standing agenda at future meetings.

Service Manager shadowed SWAST shift to identify challenges ambulance crews experience and to build working relationships. Findings will be cascaded down to teams.

Due to capacity demands a B5 twilight shift has been agreed till mid June to enable Minors to stay open until midnight every day in current workspace to improve capacity within the department which should improve handover delays.

Shift Coordinators reminded about the importance of reducing ambulance handover delays, M1 has been challenging due to increase in attendances and ambulances conveyed, with the department at full capacity especially during twilight hours.

Risks to delivery and mitigations

Further reductions in lockdown restrictions may see an increase in attendances and conveyances.

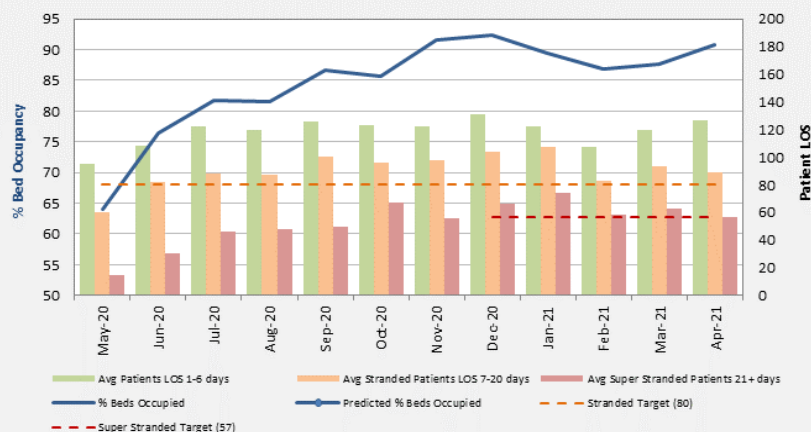
The reduction in Band 6's due to maternity and temporary medical redeployment, along with ENP sickness will be a challenge in M2 which will see some gaps in service. This will impact in ambulance handovers if no senior staff available to take handover in a timely manner.

Capacity within the department remains an issue, increase in waiting room capacity planned will assist in planning space to offload ambulances

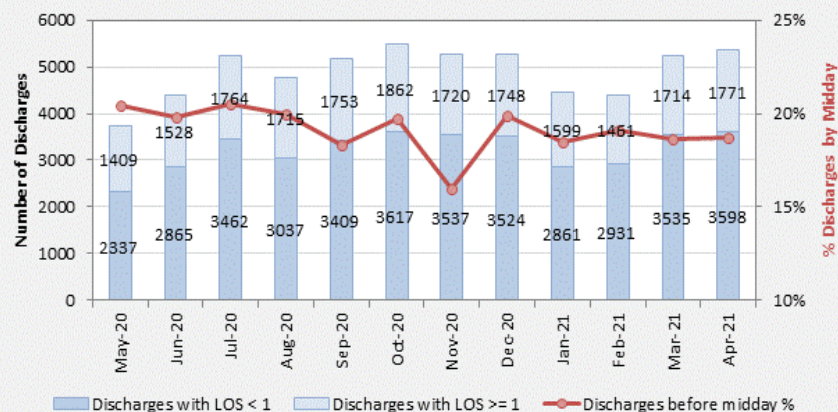
Patient Flow and Discharge

Are We Effective?

SFT Bed Occupancy and LOS



SFT Discharges Before Midday (All Wards)



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

Bed occupancy continued to rise throughout April. However by a small margin it is the 1-6 bed days group that is rising and the longer 7-20 and 21 days+ LOS groups have dropped indicating improved turnover in the shorter LOS group.

The challenge remains for the Trust and wider system to continually and consistently grow the 1-6 days group and support the decrease in the longer LOS groups.

Discharges before midday have been consistently just under 20% since January 2021 and given the rise in actual number of discharges, demonstrates a commitment to this standard and the quality of experience for both admitting and discharging patients even at a time of pressure in the system.

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

Expert panel has resumed weekly with concentrated focus on escalating issues for individual patient journeys that have, or potentially will, prevent a smooth and purposeful admission

A discharge focus group of senior leaders is planned for May where the priorities for patient flow in the coming 3-6 months and beyond will be agreed and a programme of works developed

Included in ideas for discussion are criteria led discharge and ensuring Trust reporting obligations are met regarding criteria to reside. These would both potentially positively influence both discharges before midday and LOS

Electronic prescribing work continues and impact for this development is anticipated in LOS and discharge before midday

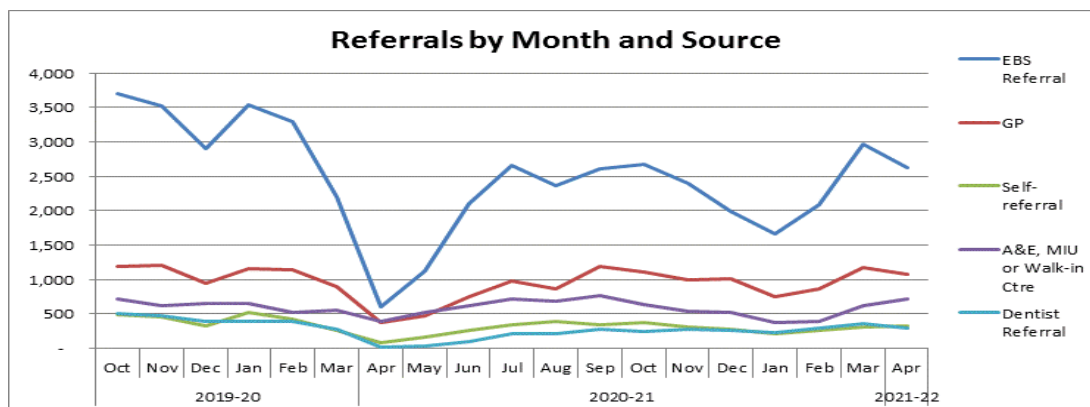
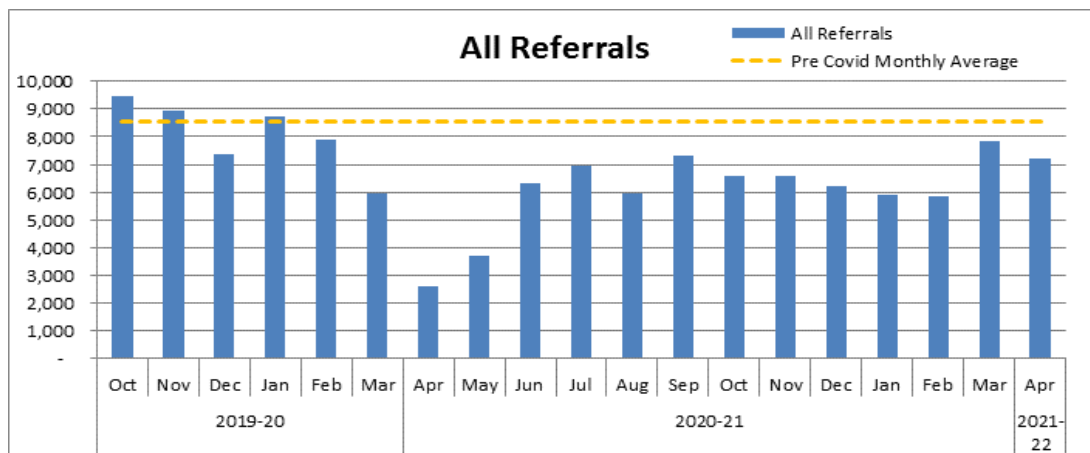
Risks to delivery and mitigations

A further wave of Covid-19 will disrupt smooth implementation of proposed work, and affect Trust ability to deliver improvements due to impact on capacity and staffing. There is currently planning in the Trust and across the wider BSWCCG to mitigate any disruption that may occur.

Continued escalation of bed occupancy and admissions in relaxed restrictions stretching resource

Pathways 1-3 discharge capacity in all areas that feed into SFT – work ongoing in BSWCCG to review pathways and capacity to accommodate demand sufficiently

Referrals

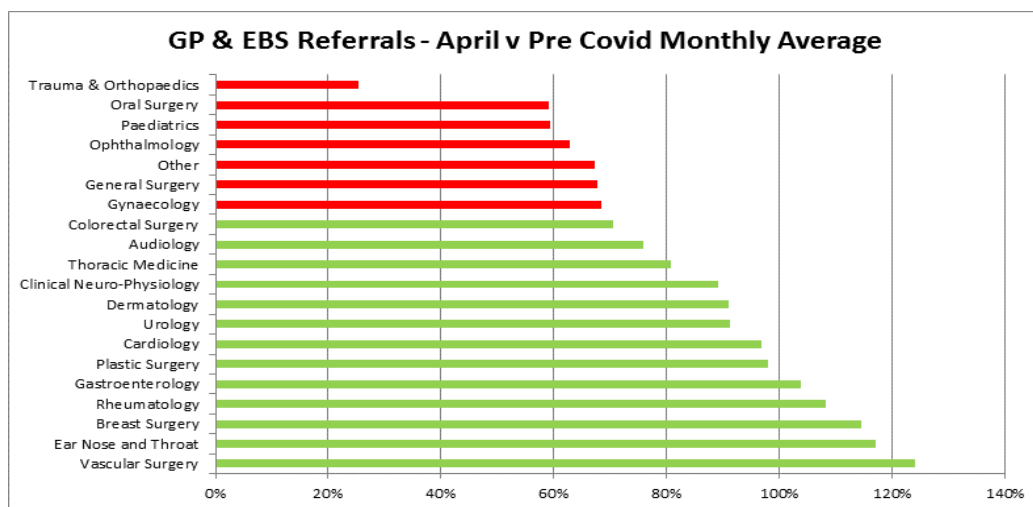


Comments

Referral levels have risen since the relaxation of lockdown rules in March. M1 levels were slightly lower than M12, however Bank Holidays in M1 may have contributed to this. With the messaging very much focusing on recovery of elective services it is expected that referral levels will continue to rise to pre Covid-19 levels.

Referrals

Specialty	April '21	Pre Covid Monthly Average	% of Pre Covid Monthly Average
Vascular Surgery	71	57	124%
Ear Nose and Throat	354	303	117%
Breast Surgery	257	225	114%
Rheumatology	183	169	108%
Gastroenterology	170	164	104%
Plastic Surgery	288	294	98%
Cardiology	245	253	97%
Urology	220	241	91%
Dermatology	169	186	91%
Clinical Neuro-Physiology	116	130	89%
Thoracic Medicine	83	103	81%
Audiology	234	309	76%
Colorectal Surgery	202	287	70%
Gynaecology	208	304	68%
General Surgery	58	86	68%
Other	398	591	67%
Ophthalmology	259	412	63%
Paediatrics	101	170	59%
Oral Surgery	31	52	59%
Trauma & Orthopaedics	46	182	25%

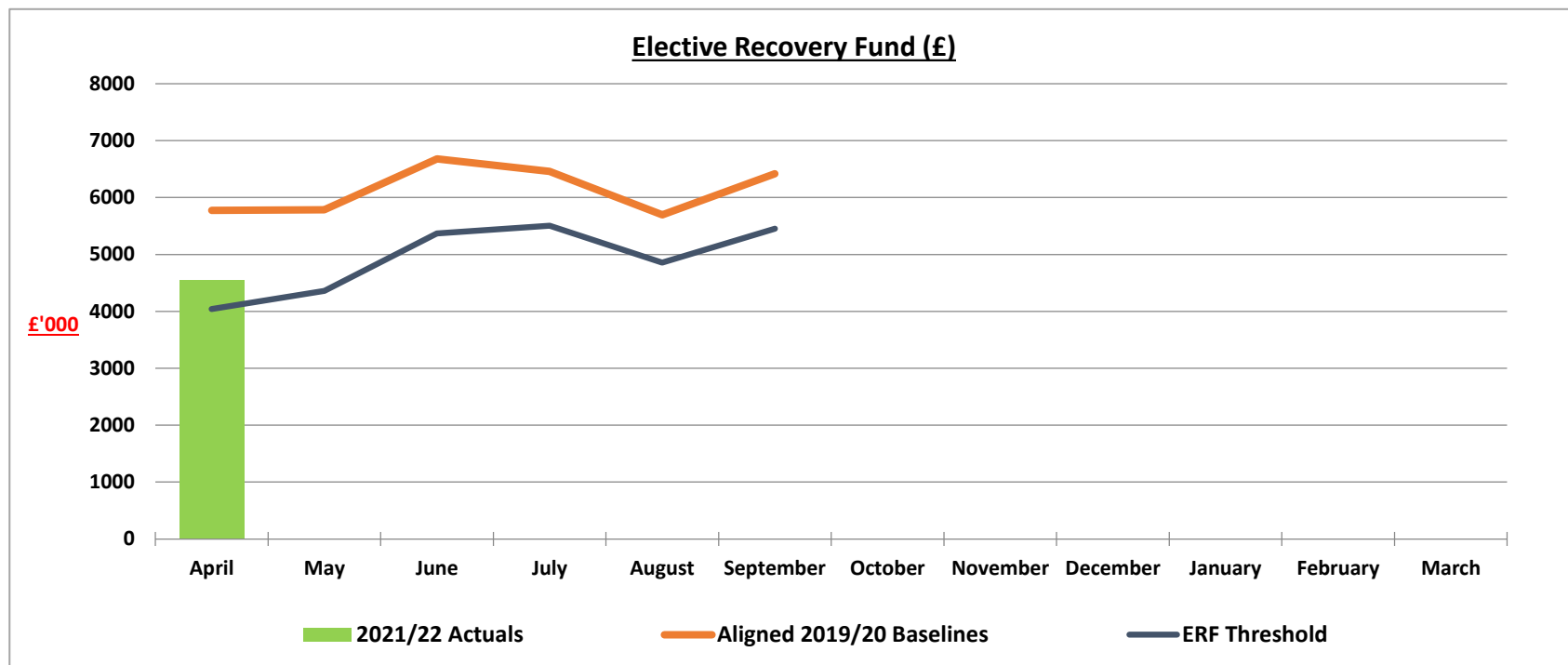


Comments

There continues to be variation in specialties and the level of referral level recovery. Breast Surgery in particular remains high, and this is causing pressure on the Two Week Wait suspected cancer pathway. Specialties with high numbers of vulnerable patients, such as Ophthalmology, remain at significantly lower than pre Covid-19 levels of referral

Activity recovery – Elective Recovery Fund

Are We Effective?



Activity reported in this graph is only activity that is eligible to be included in the ERF calculations. Excluded from this is Cross Border and Overseas Patients, Maternity and Midwifery and Patient Covid Testing Clinic. Local contracting rules are apply for ERF purposes. Activity that does not attract any national or contractual tariffs is included (e.g. pre-admission clinics and ward attendances).

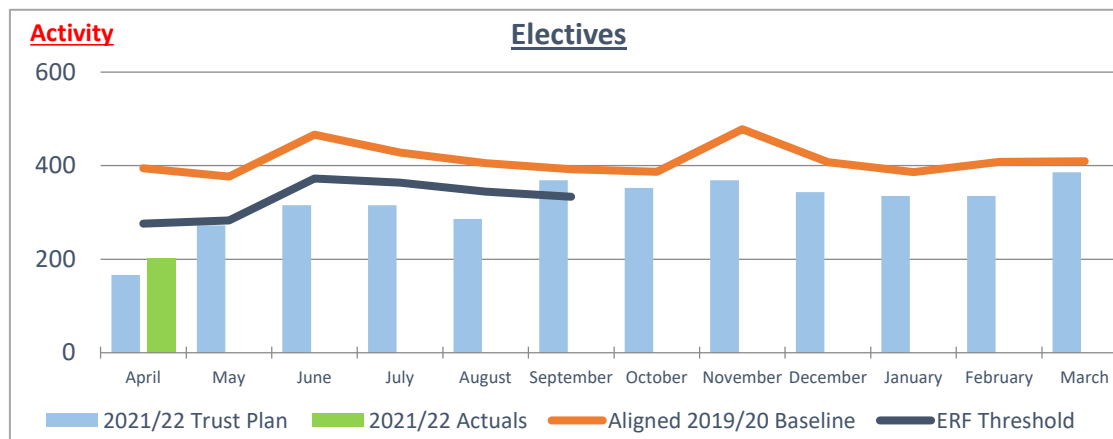
The above graph details the value of the combined ERF eligible activity from Elective, Daycase, Outpatient Attendances and Outpatient procedure PODs – the actual volume of activity associated with this value is split by POD in the following pages.

The Trust exceeded the threshold for ERF for month 1. Over-performance against the target threshold levels in Daycase and Outpatient mitigated the underperformance of Electives.

The ERF threshold for month 1 is 70% of 19/20 levels this rises to 75% in Month 2, 80% in Month 3, and 85% for Months 4-12.

Activity recovery – Electives (target 70%)

Are We Effective?



The target levels for Elective activity to meet the Elective Recovery Fund (ERF) threshold in month 1 was 70%. The Trust achieved performance of 51% therefore falling short of the ERF threshold, but delivering a slightly higher level of Electives than expected in the plan.

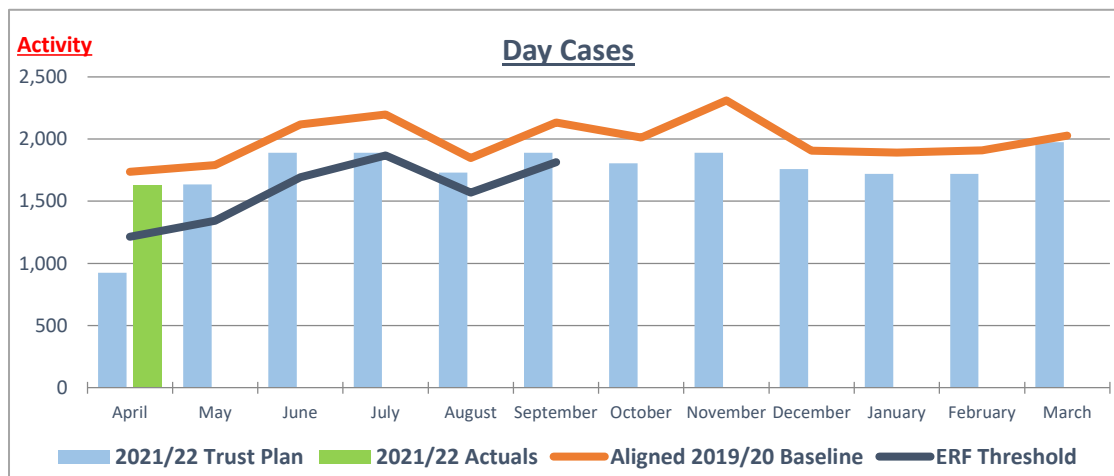
Main areas of underperformance were the surgical specialties of Plastic Surgery, ENT and Trauma & Orthopedics having high proportions of clinically routine, low priority patients is impacting the access to theatre capacity as specialties with clinically urgent patients are being prioritised meaning that specialties with lower levels of urgent patients continue to recover activity levels more slowly.

Air Handling Exchange commenced with downtime across three main theatres, and additional maintenance taking place as limited maintenance has been possible over past 12 months, meaning four theatres still closed in M1. Will have some flexibility in May, once maintenance complete.

Electives			
Specialty	2019-20	2021-22	Delivery
Cardiology	4	11	275%
Respiratory Medicine	1	2	200%
Paediatrics	2	3	150%
General Medicine	5	7	140%
Spinal Injuries	8	10	125%
Breast Surgery	5	6	120%
Gynaecology	16	15	94%
General Surgery	21	18	86%
Urology	51	44	86%
Colorectal Surgery	22	15	68%
Gastroenterology	6	4	67%
Plastic Surgery	103	43	42%
Clinical Haematology	8	3	38%
ENT	31	10	32%
Oral Surgery	11	3	27%
Spinal Surgery Service	12	2	17%
Trauma & Orthopaedics	77	4	5%
Interventional Radiology	3	0	0%
Paediatric Plastic Surgery	7	0	0%
Paediatric Trauma And Orthopaedics	1	0	0%

Activity recovery – Day case (target 70%)

Are We Effective?



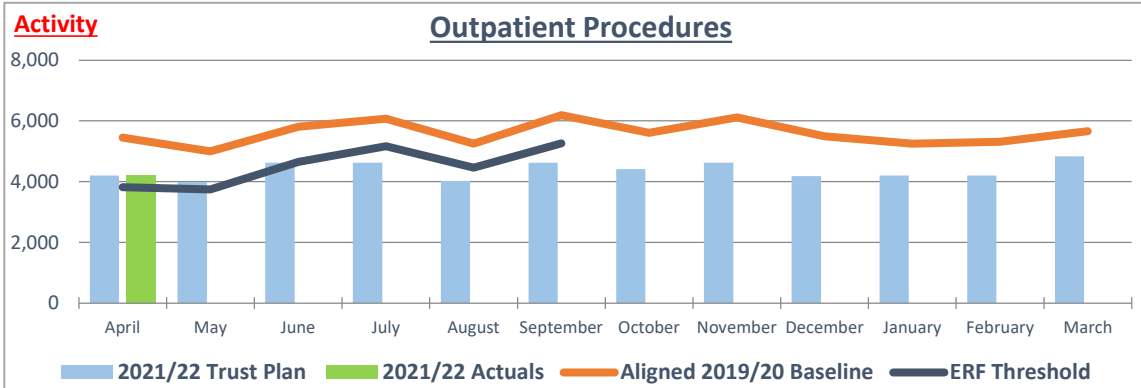
The target levels for Daycase activity to meet the Elective Recovery Fund (ERF) threshold in month 1 was 70%. The Trust achieved performance of 94% exceeding the ERF threshold and helping to mitigate the shortfall of elective activity.

Theatre space continues to be allocated by clinical priority and need resulting in theatre access varying by specialty month to month and the impact of this can be especially seen on specialties with a high proportion of clinically routine, low priority patients such as ENT and Ophthalmology. The closure of the cataract theatre for maintenance impacted Ophthalmology further.

Performance driven forward by running of high throughput lists: Oral Surgery in the week, Plastic Surgery increased weekend activity with three high throughput Saturdays and the running of the first BSW Super Weekend for Paediatric Oral Surgery.

Day Cases			
Specialty	2019-20	2021-22	Delivery
Interventional Radiology	3	7	233%
Spinal Surgery Service	6	13	217%
Urology	107	187	175%
Oral Surgery	64	100	156%
Gastroenterology	344	410	119%
Plastic Surgery	224	258	115%
Respiratory Medicine	21	24	114%
Cardiology	88	93	106%
General Medicine	57	58	102%
Colorectal Surgery	117	100	85%
Rheumatology	101	70	69%
Neurology	22	15	68%
Gynaecology	56	38	68%
General Surgery	247	159	64%
Breast Surgery	20	11	55%
Ophthalmology	116	34	29%
ENT	46	12	26%
Vascular Surgery	17	3	17%
Trauma & Orthopaedics	63	10	16%
Dermatology	9	1	11%

Activity recovery – Outpatient Procedures (target 70%)



The target levels for Outpatient Procedures activity to meet the Elective Recovery Fund (ERF) threshold in month 1 was 70%. The Trust achieved performance of 77% exceeding the ERF threshold and helping to mitigate the shortfall of elective activity.

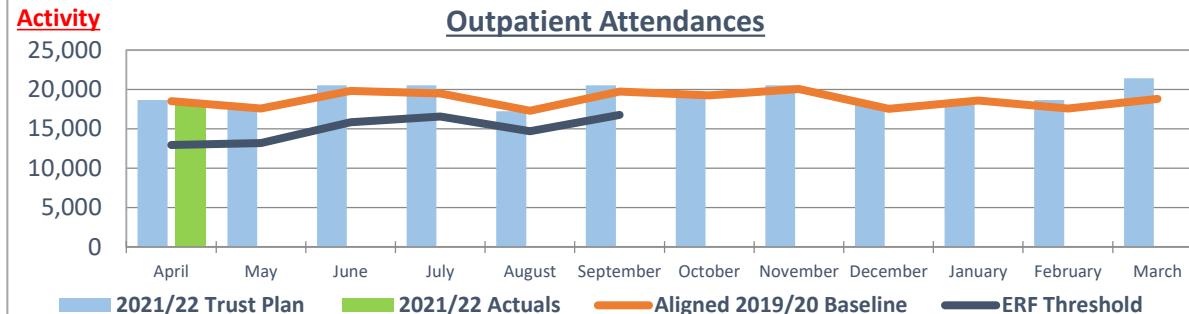
With increased numbers of appointments being undertaken virtually, the level of outpatient procedures has reduced compared to 19/20 baseline however outpatient procedure levels increased in M1 compared to M12 despite April 21 having fewer working days than March 21.

Are We Effective?

Outpatient Procedures			
Specialty	2019-20	2021-22	Delivery
Paediatrics	17	50	294%
Gynaecology	237	588	248%
Breast Surgery	36	86	239%
Clinical Cardiac Physiology	126	239	190%
Urology	184	191	104%
Gynaecological Oncology	32	33	103%
Clinical Neurophysiology	167	157	94%
Audiology	518	392	76%
Vascular Surgery	32	24	75%
Ophthalmology	1346	960	71%
Plastic Surgery	741	521	70%
Oral Surgery	201	139	69%
Orthodontics	288	175	61%
Trauma & Orthopaedics	67	33	49%
Dermatology	443	209	47%
Respiratory Medicine	291	124	43%
ENT	429	140	33%
Colorectal Surgery	20	4	20%
Paediatric Ear Nose And Throat	37	7	19%
Optometry	27	5	19%
Respiratory Physiology	89	0	0%

Activity recovery – Outpatient Attendances (target 70%)

Are We Effective?



Outpatient Attendances			
Specialty	2019-20	2021-22	Delivery
Occupational Therapy	48	104	217%
ENT	309	597	193%
Clinical Cardiac Physiology	657	1,141	174%
Gastroenterology	278	444	160%
Spinal Injuries	152	227	149%
Urology	474	667	141%
Plastic Surgery	1,119	1,574	141%
Speech And Language Therapy	399	561	141%
Geriatric Medicine	122	171	140%
Burns Care	146	198	136%
Endocrinology	235	317	135%
Clinical Haematology	427	506	119%
Colorectal Surgery	464	549	118%
Ophthalmology	1,120	1,316	118%
Respiratory Medicine	351	393	112%
Clinical Psychology	185	191	103%
Anticoagulant Service	126	127	101%
Dermatology	414	416	100%
Breast Surgery	398	368	92%
Orthotics	706	624	88%
General Surgery	339	298	88%
Rheumatology	902	790	88%
Medical Oncology	507	439	87%
Clinical Physiology	406	351	86%
Vascular Surgery	215	184	86%
Rehabilitation	480	408	85%
Trauma & Orthopaedics	1,716	1,443	84%
Cardiology	610	504	83%
Gynaecology	345	283	82%
Oral Surgery	589	479	81%
Orthoptics	184	137	74%
Audiology	569	405	71%
Paediatrics	895	633	71%
Cardiac Rehabilitation	331	231	70%
Spinal Surgery Service	214	140	65%
Diabetic Medicine	300	164	55%
Hepatology	132	59	45%
Physiotherapy	820	206	25%
Stroke Medicine	108	1	1%

The target levels for Outpatient Procedures activity to meet the Elective Recovery Fund (ERF) threshold in month 1 was 70%. The Trust achieved performance of 100% exceeding the ERF threshold and helping to mitigate the shortfall of elective activity.

All F2F, Telephone and Virtual outpatient activity levels increased in M1 compared to M12 despite April 21 having fewer working days than March 21.

The work to install the air change solution for both the ENT & Oral Surgery outpatient departments has been completed, although delays to completion in ENT limited outpatient activity in M1, but activity for these specialties now expected to rise from M2 onwards now these solutions are in place.

Space constraints across outpatient departments continue to be a challenge, particularly in specialties with low levels of patients suitable for virtual appointments such as Trauma & Orthopaedics.

Focussed work is being undertaken to improve medium-long virtual models as there is some creep in specific specialties back to onsite preferences. However virtual appointments are working well in a number of specialties with Gastroenterology seeing the majority of their outpatients virtually. Urology, Gynaecology and Cardiology are also seeing good use of virtual appointments.

The modular build, which opened on the 4th May, will increase the number of patients that can be safely seen across a number of medical and surgical specialties and the move of T&O into their new footprint on Level 3 later this year will also increase capacity.

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

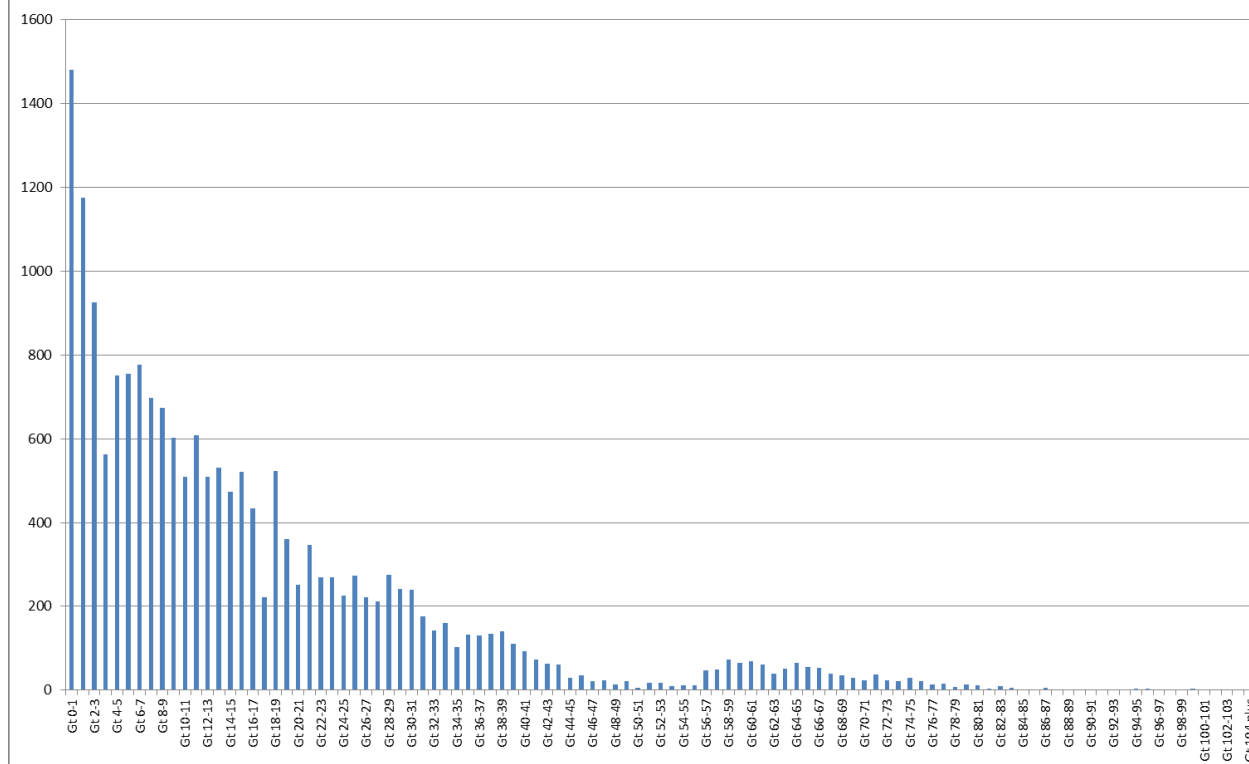
Top 5 lowest 18 week performance

Specialty	WL Total	Total <18 weeks	% <18 weeks
Ophthalmology	2163	1058	48.9%
Ear Nose and Throat	1846	1010	54.7%
Trauma and Orthopaedic	1177	650	55.2%
Plastic Surgery	1132	649	57.3%
Oral Surgery	1601	941	58.8%

Top 5 largest 18 week breach backlog

Specialty	WL Total	Total 18 wk breaches	% <18 weeks
Ophthalmology	2163	1105	48.9%
Ear Nose and Throat	1846	836	54.7%
Oral Surgery	1601	660	58.8%
Gynaecology	1652	614	62.8%
Trauma and Orthopaedic	1177	527	55.2%

Total Incomplete Pathways by Week - Apr-21



RTT performance remained steady in April at 65.4% (65.45% in M12).

As part of the support work for areas with the poorest compliance, and largest volumes, the Surgical DMT continue to focus on Ophthalmology reviewing options to increase their outpatient capacity options and the transfer of patients to two outsourcing solutions continues with 500 patients transferred so far. In order to improve patient experience and maximise the impact of this outsourcing solution on RTT it has now been agreed that following a clinical triage patients that have already been listed for surgery will also now be included in this arrangement.

Additionally the air change solutions now in place for the ENT and Oral Surgery outpatient departments will improve their capacity from M2 onwards. Similarly the opening of the modular build in May will also provide additional capacity for both ENT and Gastroenterology.

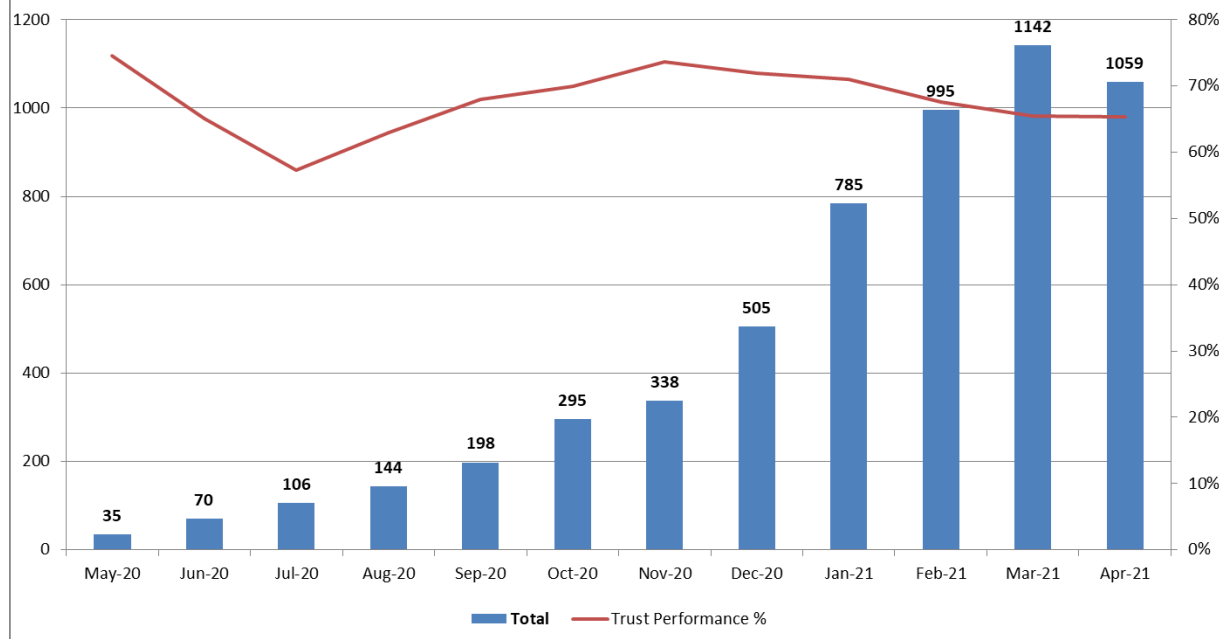
Work on Dermatology and Plastic Surgery productivity continues and additional minor operation capacity continues to be organised including Saturday outpatient and surgical lists.

T&O recovery remains a significant challenge due to both the space constraints in the outpatient department that will continue to impact until the relocation work is completed later this year and because of the contained constraints to accessing laminar flow main theatre capacity for routine patients which is impacting on their elective activity

Theatre allocation continues on the basis of clinical priority, therefore specialties with a lower proportion of higher priority patients have reduced operating space for routine procedures.

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

RTT 52 week wait submitted breaches (Incomplete PTL) by specialty



The number of patients waiting longer than 52 weeks has decreased by 83 patients to a total of 1059 of which 97 are patients who have requested to pause their pathway due to Covid-19 concerns.

Approximately 25% of patients waiting longer than 52 weeks are waiting at the non-admitted stage of their pathway and 75% are waiting on an admitted pathway.

Of the patients waiting on a non-admitted pathway, 113 are in Ophthalmology and 35 in ENT. There have been specific challenges to increasing activity in both these areas. In Ophthalmology this is in relation to the ability to socially distance, outpatient capacity and the proportion of vulnerable patients in this group, and this is why outsourcing to the two additional providers continues. In ENT the challenges have been linked to their air flow and space constraints in the outpatient area but the additional capacity that comes online in M2, in both the modular build and following the completion of the air flow work in ENT, will work to reduce these.

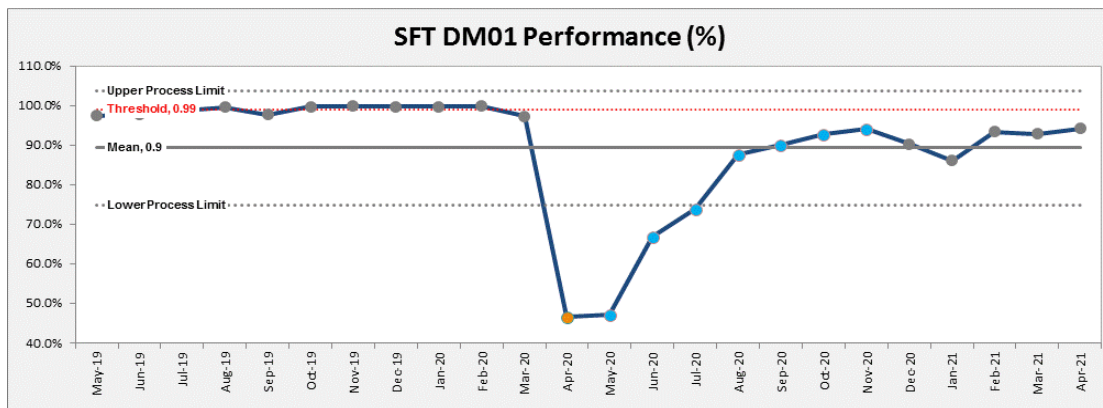
Of the patients waiting on an admitted pathway, 19 patients have been recently expedited to priority level 2 (should be treated within 4 weeks of prioritisation), 135 patients are priority level 3 (should be treated within 3 months), and the rest are levels 4, 5 and 6 (more than 3 months). The specialty split is broader, with the highest being in Orthopaedics (151), Plastic Surgery (113), Oral Surgery (94), and Urology (68). The continued transfer of Orthopaedic patients to Newhall from M1 will work to reduce these as will the re-start of routine elective orthopaedic lists at SFT from M2. Additional Saturday high volume lists for Plastic Surgery continue to run to further address this cohort.

Regular review of the prioritisation is undertaken to ensure that circumstances have not changed and the allocated priority is appropriate. Guidance issued from the Federation of Surgical Specialty Associations forms the basis for prioritisation.

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

Treatment function	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	% change from previous month
Ophthalmology	3	7	32	55	115	202	238	253	203	-20%
Oral Surgery	3	12	27	30	61	97	117	135	146	8%
Plastic Surgery	33	54	64	54	74	107	132	148	139	-6%
Trauma and Orthopaedic	27	34	34	37	44	71	104	134	130	-3%
Urology	18	25	38	44	49	65	84	96	89	-7%

Diagnostic Wait Times (DM01) Target 99%



Data Quality Rating:



Performance Latest Month:

94.1%

Waiting List Volume:

3629

6 Week Breaches:

211

Diagnostics Performed:

7274

Background, actions being taken and risks and mitigations

Performance standard in month has not been achieved as a direct result of Covid-19. May projections confirm that the target is not achievable for M2 21/22 owing to continued capacity constraints in Cardiology. Improvements have been made in line with the recovery trajectory, with the service predicting the ability to book within DM01 tolerances in M4. Activity in M1 significantly improved compared to M12, with an additional 241 diagnostic tests undertaken.

Endoscopy

1 confirmed in month breach.

Radiology (Inc. DEXA)

5 confirmed in month breaches, owing to demand outstripping capacity, despite additional sessions diarised.

Audiology

33 confirmed in month breaches, all attributable to Covid-19. Audiology are now booking within DM01 tolerances so predict 0 breaches for M2.

Cardiology

172 confirmed in month breaches, all attributable to Covid-19. Cardiology remain on target against their recovery trajectory.

Neurophysiology

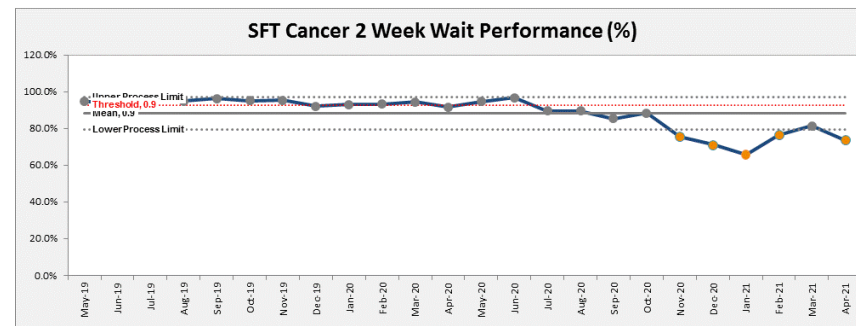
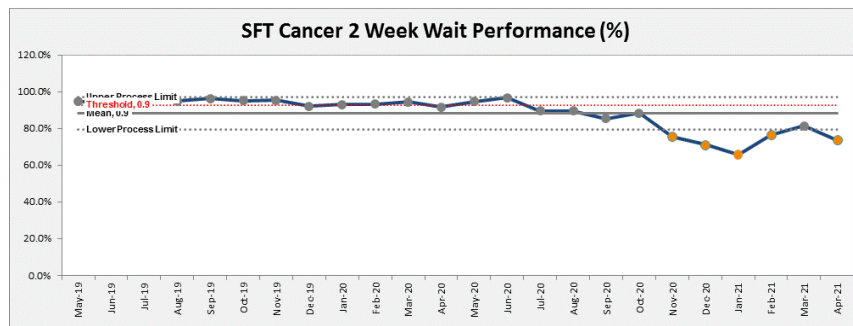
0 in month breaches – service has recovered and sustained their waiting list position.

Cancer 2 Week Wait Performance Target 93%

Data Quality Rating:



Performance Latest Month	Performance	Num/Den	Breaches
Two Week Wait Standard:	73.77%	689/934	246 (36 patient choice)
Two Week Wait Breast Symptomatic Standard:	0%	0/36	36



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

Two week wait standard not achieved for Month 1 (935 patients seen in total; 689 seen within target; 246 breaches). This is due to a variety of reasons including:

- Face to face outpatient capacity (predominantly breast one stop clinic capacity): 164 breaches
- Patient choice: 36 breaches
- Incomplete GP referrals (including qFIT): 17 breaches
- Endoscopy capacity (predominantly associated with airflow system replacement work): 15 breaches
- Administrative delays: 9
- Clinical delays: 3

Breast symptomatic two week wait standard not achieved for Month 1 (36 patients seen in total; 36 breaches). Delays associated with patient choice and one stop clinic capacity.

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

Challenges within breast service due to increase in referrals, social distancing restrictions and outpatient capacity. Existing one stop clinic capacity has been increased to pre-COVID levels (slots previously lost due to cleaning between patients/social distancing) to manage referrals on an ongoing basis. Additional clinics established within May and June to manage backlog. Weekend work and use of agency medical staffing is currently being scoped for additional capacity.

Booking teams continue to prioritise cancer patients, though ongoing challenges remain in relation to patient choice delays. This is likely to impact on service delivery going forward; revised GP comms in place to remind primary care of the importance of ensuring patients are willing and able to attend hospital.

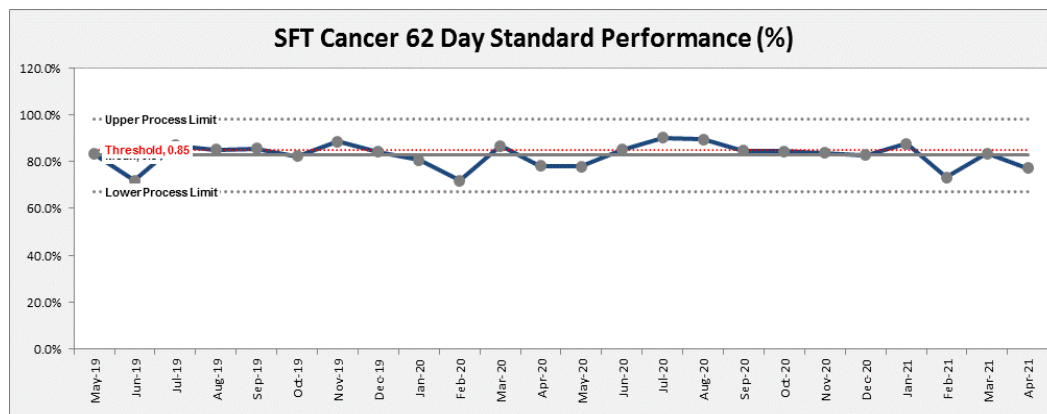
Implementation of Faecal Immunochemical Testing (qFIT) within primary care continues to become embedded. Revised colorectal two week wait referral form in circulation and has resulted in improved quality of referrals and increased uptake in the use of qFIT. Uptake is audited on an ongoing basis by the Rapid Referral Office, with findings shared with BSW CCG for them to engage directly with relevant practices requiring improvement.

Risks to delivery and mitigations

Risk associated with potential increase in referrals as a result of the 'COVID-19 backlog' (patients who chose not to present to their GP during the pandemic, who may present at a later date). Referral rates have remained consistently high across all tumour sites since March 2021.

Ongoing review of referral numbers and conversion rates underway; demand and capacity modelling will be undertaken for tumour sites at risk of not achieving standard as referrals increase.

Cancer 62 Day Standards Performance Target 85%



Data Quality Rating:



March 21	Performance	Num/Den
62 Day Standard:	77.24%	47.5/61.5
62 Day Screening:	0%	0/2

Risks to delivery and mitigations

Month 1 62 day performance standard not achieved, with validated month end performance of 77.24% (60.5 patients treated in total; 47.5 treated in target; 14 breaches). Breach reasons predominantly associated with complex diagnostic pathways, patient choice, clinical delays and capacity.

Two 104 day breaches reported in April following treatment:

- 2 x Haematology breaches: One breach associated with delayed transfer from head & neck service and subsequent patient choice delays. Second breach as a result of complex diagnostic pathway.

62 day screening performance standard not achieved for Month 1. Significant capacity constraints within Bowel Cancer Screening Service due to recovery and backlog from Covid-19 pandemic; the service is anticipating that performance will be affected over Q1 – Q2 2021/22.

Month 1 31 day performance standard achieved, with validated month end performance of 96.38% (3 breaches).

Month 1 28 day Faster Diagnosis standard achieved, with month end performance of 82.60%. Additional tracker to be recruited to help with data quality and completeness.

Statistical Process Control Chart Key:
 --- Target
 — Mean
 Upper / Lower Process Control Limits (UPL/LPL)

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

Stroke & TIA Pathways

Are We Effective?

SFT SSNAP Case Ascertainment Audit Score:

Year	Q1	Q2	Q3	Q4
2020-21	Not Reported	Not Reported	Not Reported	Not Reported
2021-22				

Data Quality Rating:

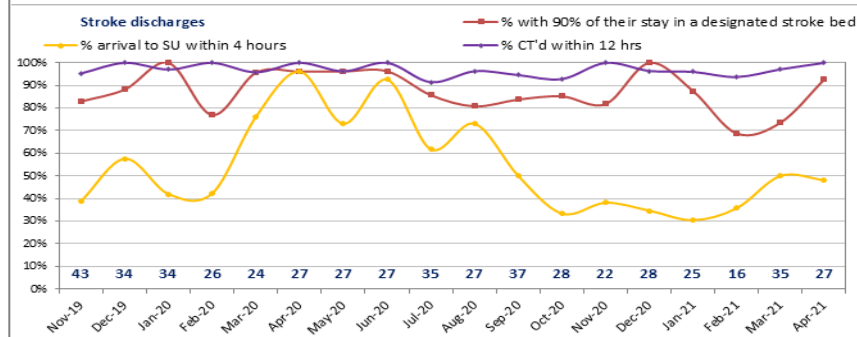


% Arrival on SU <4 hours: 48.1%

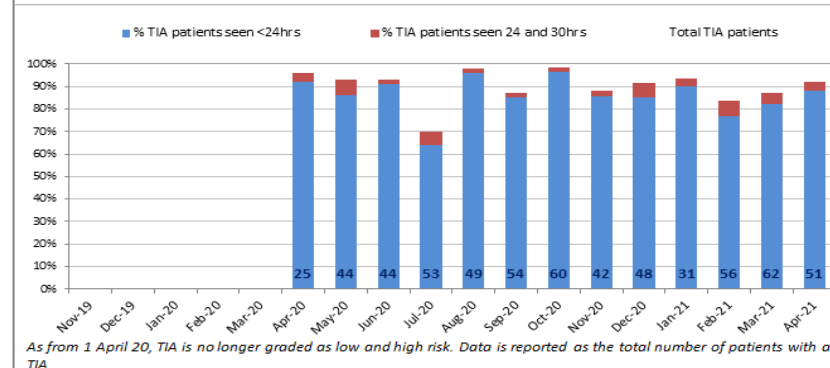
% CT'd < 12 hours: 100%

% TIA Seen < 24 hours: 92.2%

Stroke Care



TIA Referrals



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

56% of stroke patients had a CT within 1 hour exceeding the 50% national target. Patients reaching the stroke unit within 4 hours decreased to 48%. Delays occurred for 14 patients due to waiting for a bed (4), waiting for specialty doctor (3), transferred to AMU (2), waiting 1st doctor (1), inpatient stroke (1), in ED at 4 hours (1) and late referral (1) and waiting diagnosis (1). No stroke deaths within 7 days and 2 (9%) stroke deaths within 30 days both lower than expected. An improvement (92%) in stroke patients spending 90% of their time on the stroke unit exceeding the national target (80%). 52% of patients referred to the Early Supported Discharge team, exceeding the national target (40%). Thrombolysis target also achieved at 15%.

Excellent TIA performance at 92%.

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

The acute Stroke Unit is now on Level 2 with 20 beds and the stroke rehabilitation beds (13) remain on Breamore ward, giving a total of 33 beds.

SSNAP data is not likely to be published for Q4 20/21 but early indications suggest our service score is B.

Risks to delivery and mitigations

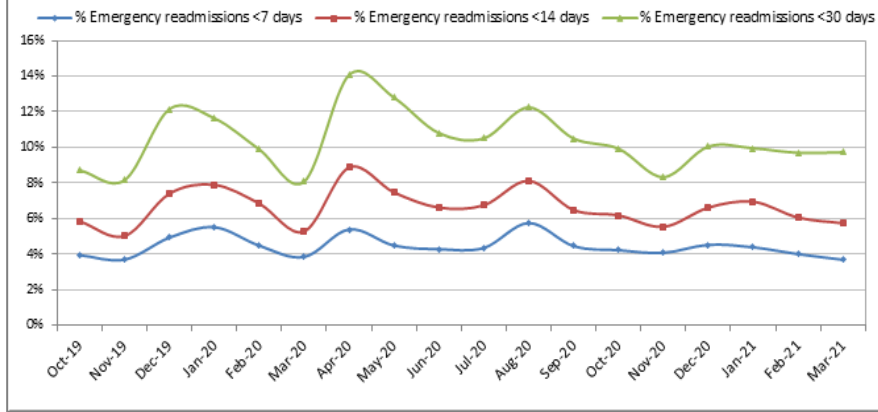
Ward staffing is stretched due to the requirement to cover the acute stroke unit and the Respiratory Care Unit.

The Stroke Strategy Group is to start meeting again in June 21 by MS teams.

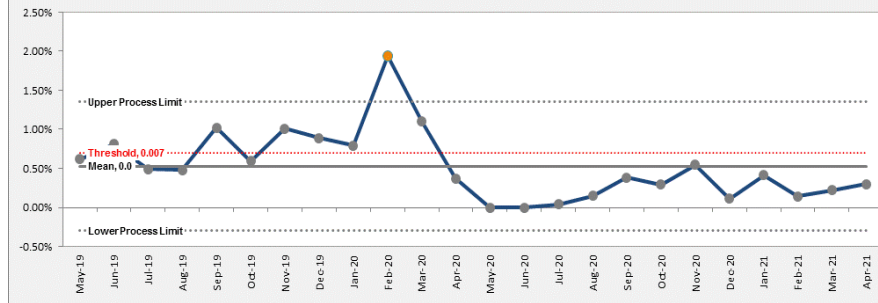
Other Measures

Are We Effective?

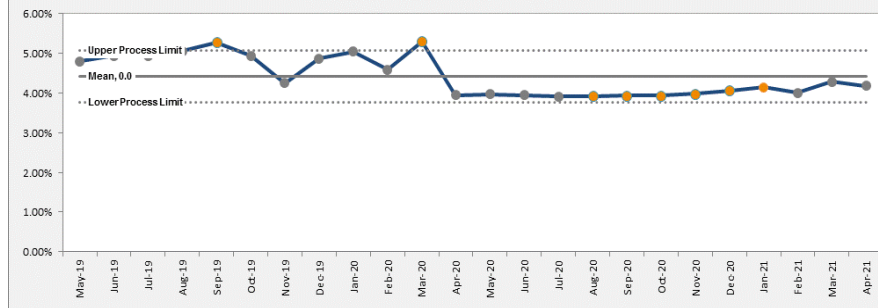
Emergency Readmissions within 7, 14 & 30 days of Discharge



SFT Cancelled Operations Performance (%)



SFT Outpatient DNA Rate (%)



To note, the outpatient DNA rate measurement was changed by the PMO OP Transformation Board in April 2020 to remove a filter that excluded a set of OP clinics. By removing the filter the number of attendances has gone up, and therefore the DNA rate has dropped.

Part 2: Our Care



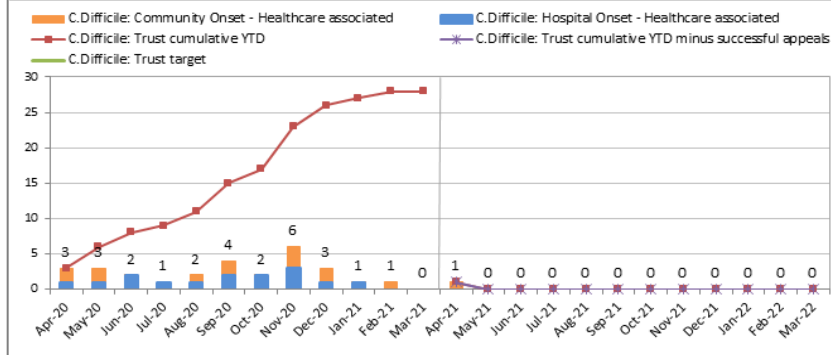
Our Priorities		How We Measure	
Local Services		Are We Effective?	Are We Responsive?
Specialist Services			
Innovation			
Care		Are We Safe?	Are We Caring?
People		Are We Well Led?	Use of Resources
Resources			



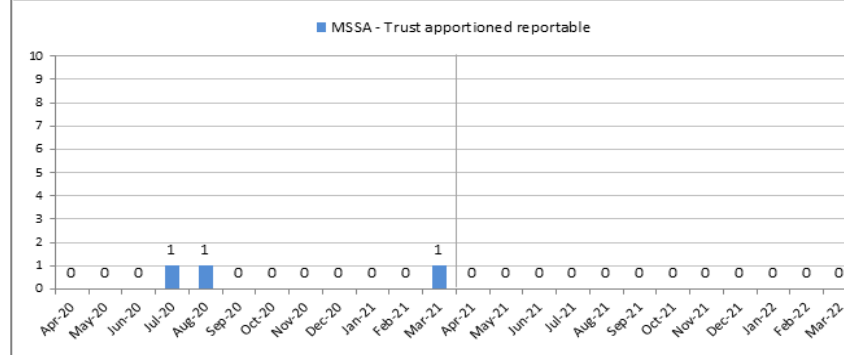
Clostridium Difficile	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21
Cases Appealed	0	0	0	0	0	0	0	0	0	0
Successful Appeals	0	0	0	0	0	0	0	0	0	0

MRSA	2020-21	2021-22
Trust Apportioned	3	0

Clostridium Difficile: Healthcare Associated Cases



MSSA - Trust apportioned



Summary and Action

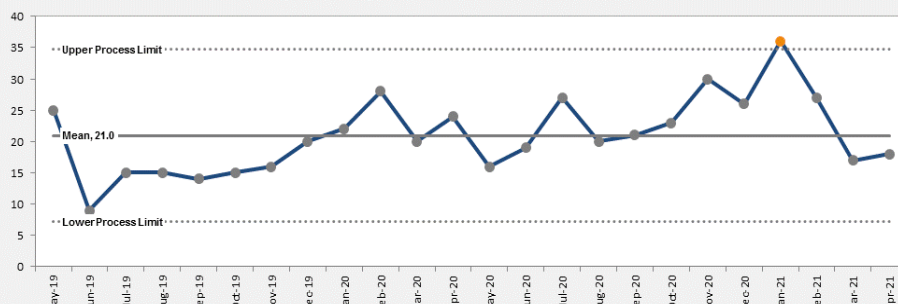
- No hospital onset C.difficile healthcare associated cases in April. One community onset C.difficile healthcare associated case in April of a patient admitted with a 4 day history of diarrhoea who had a brief stay on AMU earlier in the month.
- No MRSA or MSSA bacteraemias.
- 2 hospital onset E Coli bacteraemias:
 - A patient on Farley ward was sampled when the patient spiked a temperature. However, no clear source of infection was identified and no ongoing concerns were noted from the clinician review.
 - A patient on Spire ward admitted via ED and diagnosed with urinary sepsis treated with IV antibiotics. The patient sadly died 3 weeks after admission, with the cause of death recorded as 1a) urosepsis, 2) follicular lymphoma and left ventricular failure.

Pressure Ulcers

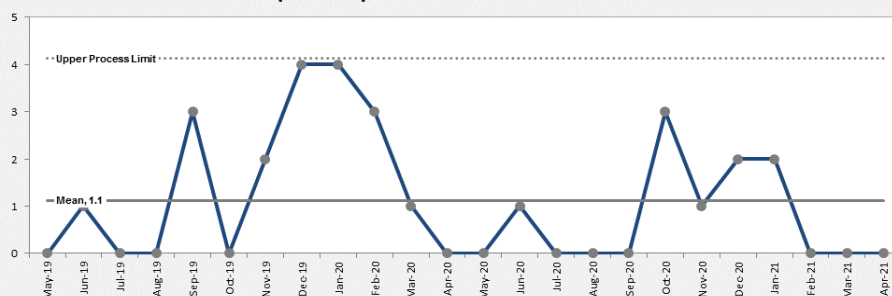
Data Quality Rating:



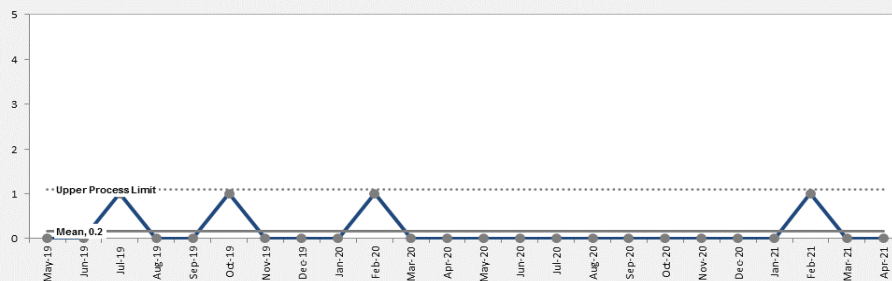
Hospital Acquired Cat 2 Pressure Ulcers



Hospital Acquired Cat 3 Pressure Ulcers



Hospital Acquired Cat 4 Pressure Ulcers



Per 1000 Bed Days	2019-20 Q4	2020-21 Q1	2020-21 Q2	2020-21 Q3	2020-21 Q4
Pressure Ulcers	1.73	2.27	1.92	2.10	2.21

Summary and Action

The number of category 2 pressure ulcers increased from 17 in March to 18 in April. No category 3 or 4 pressure ulcers. No suspected deep tissue injuries.

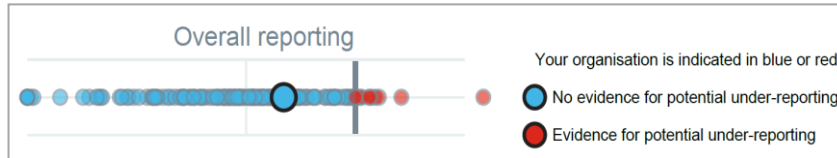
Improvements implemented in April – Band 5 education programme re-started with a good uptake which focuses on differentiating between a pressure ulcer, moisture associated damage and deep tissue injury.

The plan remains to re-establish the PDSA cycle for skin inspection in AMU - although practice has already improved in AMU with only 1 category 2 pressure ulcer in April. The Tissue Viability Nurses have set up weekly meetings with the matrons to identify hotspot areas and work with the ward leads on immediate improvement actions including on the spot education covering skin inspection and prevention plans.

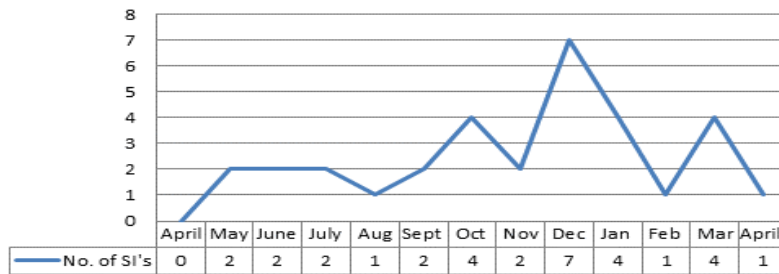
A monthly 'Stop the Pressure' campaign and theme (assessment) of the month starts in May 21. Pressure ulcer link nurse meetings will also re-start in May 21. 50 nurses have been identified for this link role.

Incidents

Year	2020-21	2021-22
Never Events	0	0

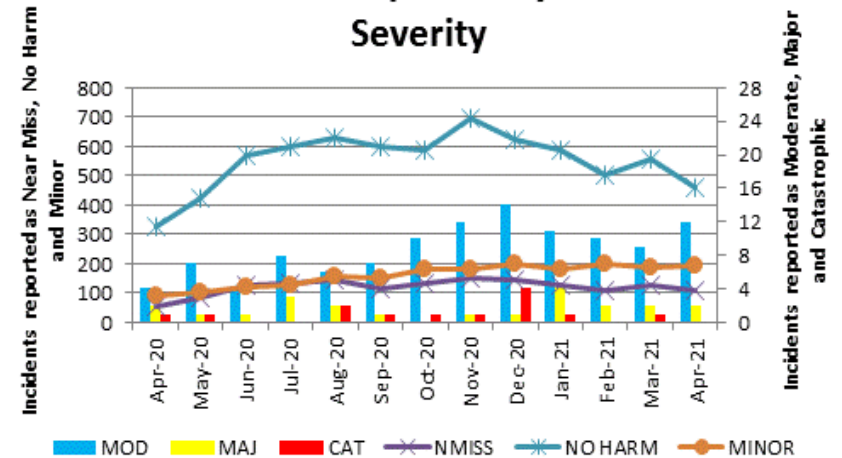


No. of Serious Incident Investigations April 20-April 21



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

Total Incidents Reported by Month and Severity



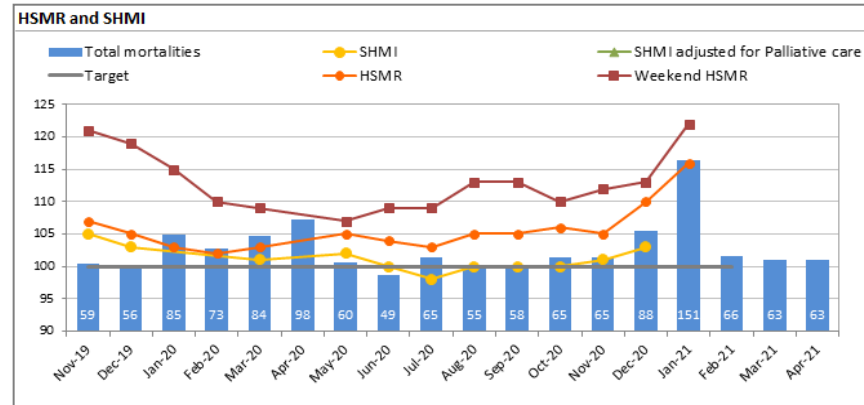
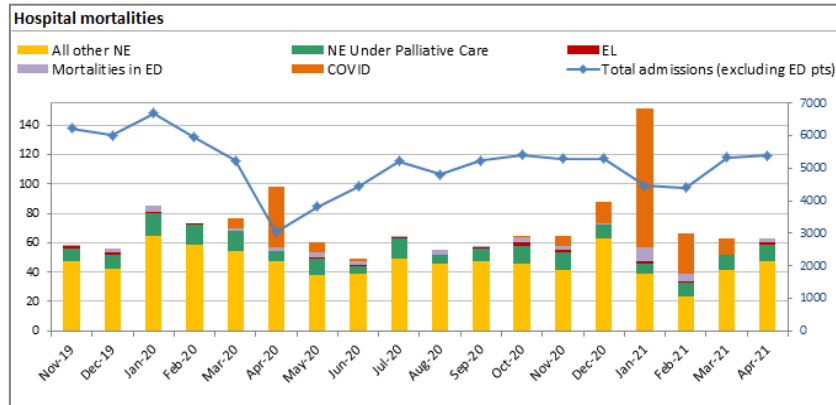
Summary and Action

1 serious incident investigation commissioned in April:

- Medicine Division – a delayed MDT discussion of a cardiology patient which resulted in a further clinical decline.

Mortality Indicators

Data Quality Rating:



Summary and Action

HSMR rose to 115.8 and is statistically significantly higher than expected. This is due to a decrease in denominator super spells along with a peak of deaths due to Covid-19 in January 21. If Covid-19 activity is removed from the HSMR basket then the HSMR reduces to 109.9 to January 21 but remains statistically higher than expected. The weekday and weekend HSMR are also statistically significantly higher than expected. HSMR is anticipated to reduce from March 2021 onwards as a result of an increase in superspells and a decrease in the crude mortality rate.

No deaths in April from Covid-19 disease. A review of all 161 deaths attributed to Covid-19 is underway. A duty of candour letter will be sent to the bereaved families of the probable and definite healthcare associated cases once contact tracing has been completed. In April, there was one new outbreak of Covid-19 declared on one ward affecting 4 patients.

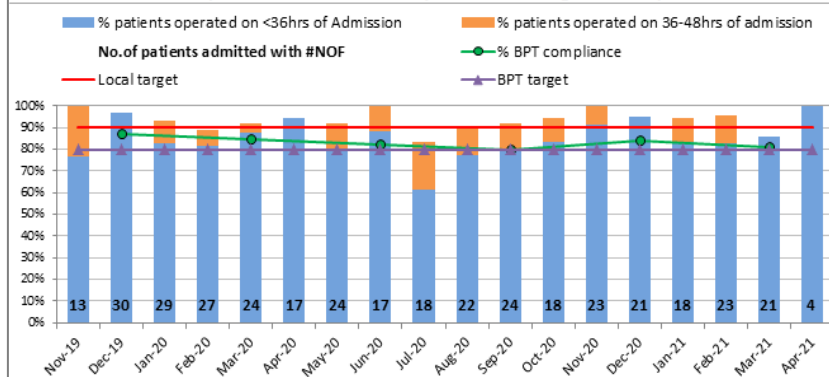
Fracture Neck of Femur & VTE Risk Assessment/Prophylaxis

Data Quality Rating:

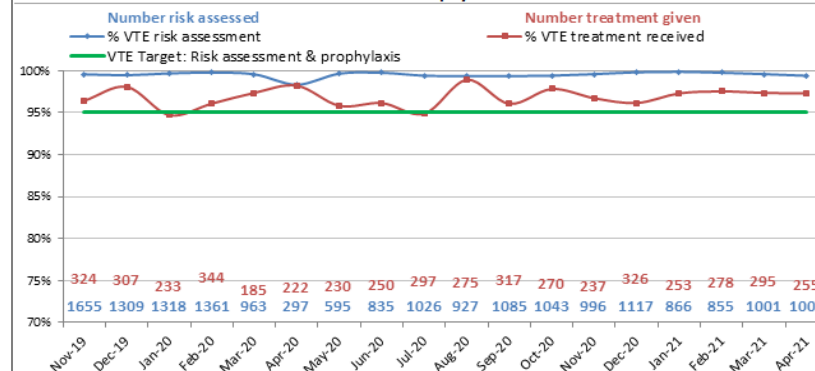


Are We Safe?

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



Venous Thrombous Embolism: Risk Assessment & Prophylaxis



Summary and Action

(Please note: due to the time it takes to complete clinical coding, the current months fracture neck of femur data will be subject to change the following month):

Best practice tariff compliance in April 2020/21 was 81.82%.

5 patients operated on and discharged in April 21 did not receive hip surgery for a hip fracture/peri-prosthetic fracture within 36 hours waiting for theatre space/ revision surgeon:

- A 94 year old patient admitted following a fall with a hip fracture, uncomplicated surgery at 38 hours but post-operative urinary retention due to a stricture requiring a long term supra-pubic catheter. Discharged to a care home for rehabilitation at day 18 (national average length of stay 15 days).
- A 91 year old patient admitted following a fall and long lie with a fractured hip had uncomplicated surgery at 38 hours. In the post-operative period the patient required a 2 unit blood transfusion and developed a wound haematoma which improved prior to discharge on day 12.
- A 79 year old patient admitted following a fall and a fractured hip had surgery at 39 hours. Uncomplicated surgery and post-operative period, discharged on day 8 mobilising with a Zimmer frame for community physiotherapy.
- A 83 year old patient admitted with a distal femoral fracture following a fall, had surgery at 40 hours. Uncomplicated surgery. Treated post-operatively for community acquired pneumonia and discharged at day 24 when back to baseline.
- A 83 year old patient admitted over the Easter BH weekend following a fall with a peri-prosthetic fracture had surgery at 86 hours waiting for an orthopaedic revision surgeon. Uncomplicated surgery and uneventful post-operative period discharged on day 14.

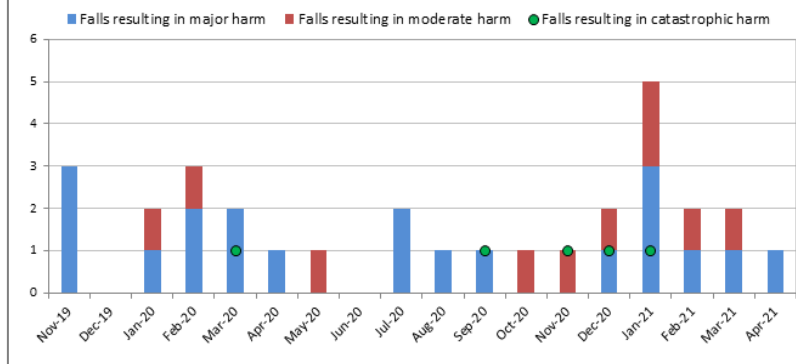
The Trust continued to report good performance in VTE risk assessment and prophylaxis.

Patient Falls

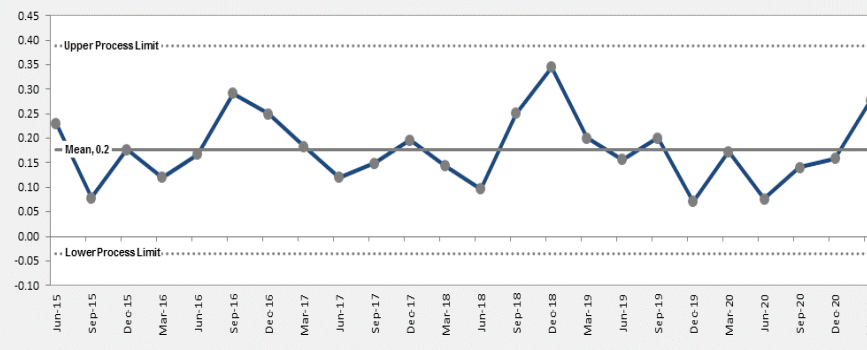
Data Quality Rating:



Patient falls in hospital resulting in high harm



Patient falls per 1,000 bed days



Summary and Action

In April, 1 high harm fall:

- A patient suffered major harm from a fractured hip on Spire ward which required surgical treatment. No lapses in care were found. It was an unfortunate accident when the patient tripped over her Zimmer frame whilst mobilising (SWARM F287).

A refreshed Trust wide falls improvement plan was agreed at the Clinical Governance Committee in April 2021.

There are plans to introduce a falls prevention facilitator to lead improvement work.

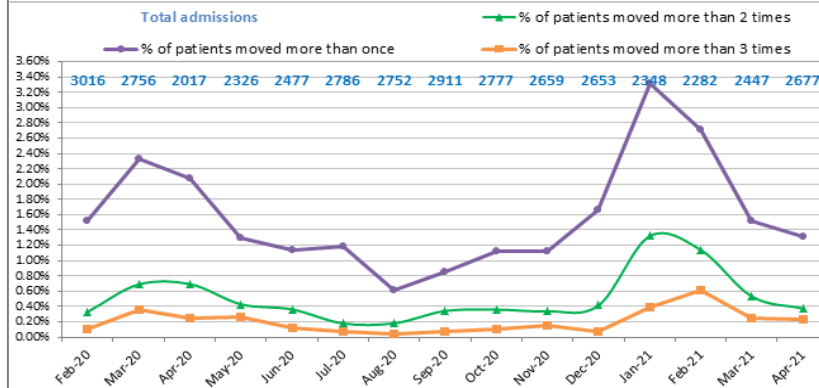
Patient Experience

Data Quality Rating:

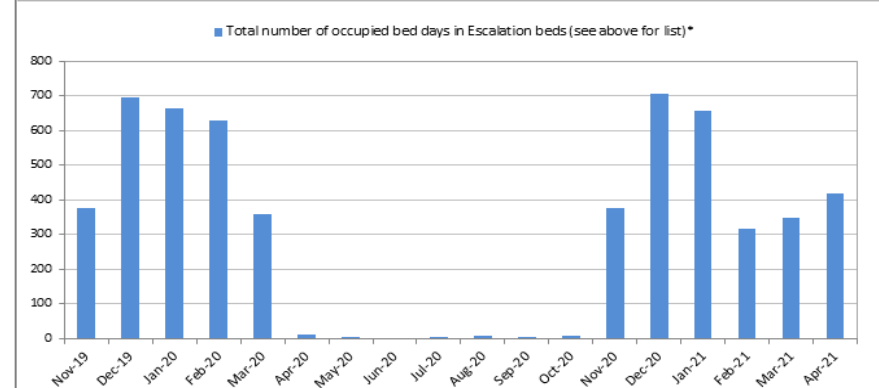


Last 12 months	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21
Bed Occupancy %	64.0	76.4	81.7	81.5	86.6	85.7	91.5	92.4	89.4	86.7	87.5	90.7

Patients moving multiple times during their Inpatient Stay



Escalation Bed Days



Are We Safe?

Summary and Action

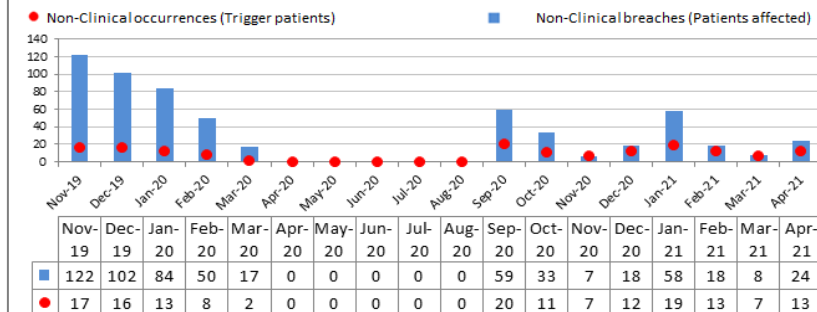
The overall number of admissions were similar in March and April 21 and as the number of Covid-19 cases subsided, the number of multiple ward moves decreased again. The number of open escalation beds increased. The bed occupancy rate increased to 90.7%.

Patient Experience

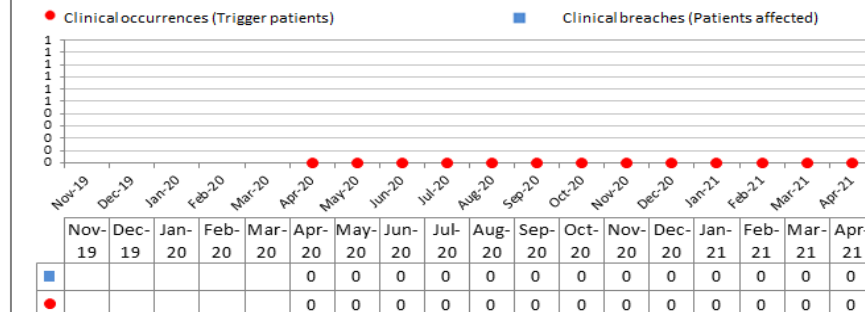
Data Quality Rating:



Delivering Same Sex Accommodation - Non-clinical



Delivering Same Sex Accommodation - Clinical



Summary and Action

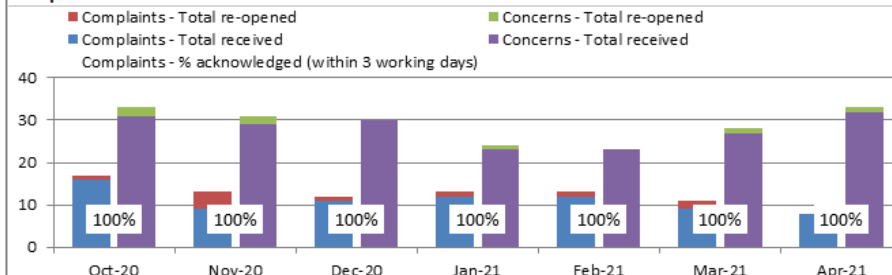
13 occurrences of non-clinical mixed sex accommodation breaches in April affecting 24 patients in the following areas:

- 10 breaches affecting 10 patients in Radnor ward. Privacy and dignity was maintained in the individual bed space. These were patients unable to be transferred to a general ward within 4 hours of the decision the patient was fit to move. The majority were resolved within 24 – 48 hours.
- 2 breaches affecting 10 patients on AMU. Privacy and dignity was maintained in the Assessment Bay by Quickscreens and the provisions of separate designated male and female bathrooms at each end of the bay. The majority were resolved within 24 hours.
- 1 breach affecting 4 patients on Farley were resolved within 24 hours.

The Trust remains committed to a zero tolerance of mixed sex accommodation breaches unless there is an imminent threat to safe patient care.

Patient & Visitor Feedback: Complaints and Concerns

Complaints and Concerns



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Complaints - Total received	16	9	11	12	12	9	8
Complaints - Total re-opened	4	1	1	1	1	2	0
Concerns - Total received	29	31	30	23	23	27	32
Concerns - Total re-opened	2	2	0	1	0	1	1

Summary and Actions:

Top themes from complaints logged in April:

- Unsatisfactory treatment
- Unsatisfactory arrangements

Top themes for concerns include:

- Attitudes of medical staff and unsatisfactory treatment.

Actions from closed complaints in April:

Urology: On reflection, the doctor will adopt a more efficient and responsive approach to communications with GP's

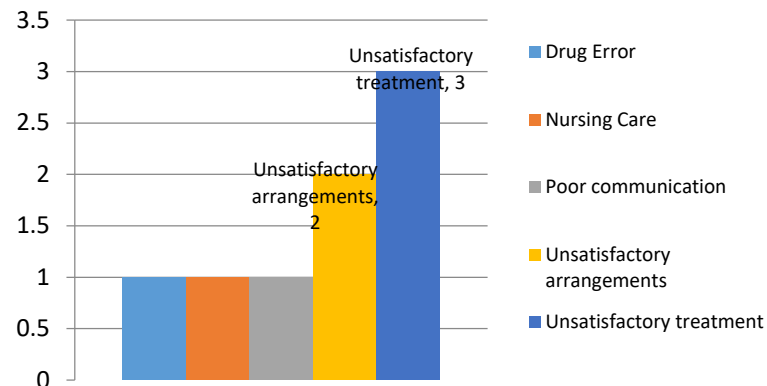
Spinal: Continued efforts are being made to progress the training and education programme during these challenging time (Covid-19)

Work is ongoing to manage patients' needs and expectations better, before admission and on admission.

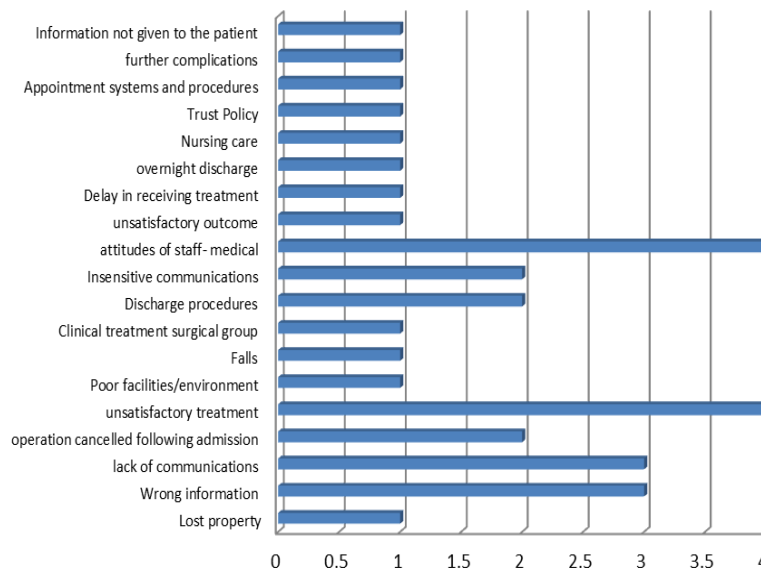
Postnatal: It has been reiterated with the staff the importance of maintaining discreet and professional conversations.

Women who choose to artificially feed their babies will be offered a 24 hour supply of formula, for the duration of their admission.

Data Quality Rating: Themes from complaints - April 21



Themes of concerns -April 21



Part 3: Our People



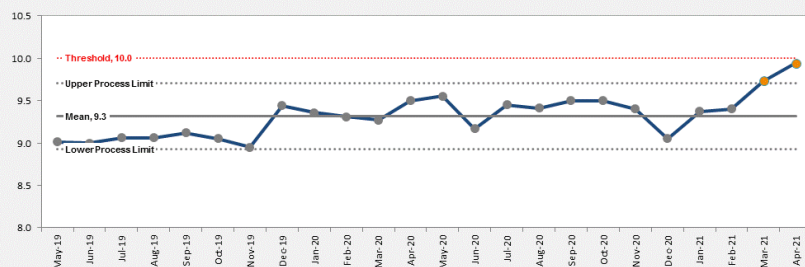
Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

Workforce - Total

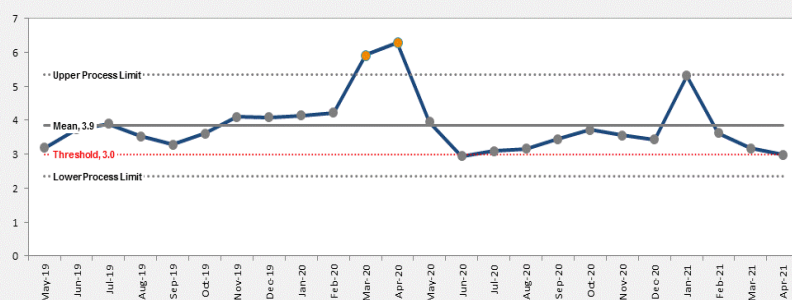
Total Workforce vs Budgeted Plan - WTEs

	Apr '21		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	443.1	440.0	3.1
Nursing	1,028.8	1,036.1	(7.3)
HCA's	487.8	528.9	(41.1)
Other Clinical Staff	666.2	669.1	(2.9)
Infrastructure staff	1,364.4	1,375.1	(10.7)
TOTAL	3,990.3	4,049.05	(58.8)

Staff Turnover %



Staff Absence %



Summary and Action

Turnover for month 1 remains below the Trust target (9.94%). There were 41 leavers and 52 starters by headcount. CSFS had the highest turnover of the Clinical Divisions (10.95%). There were no hotspots identified. The main reason for leaving was relocation and lifestyle choices. Across all Divisions reason for leaving having been staff stating relocation to enable them to be closer to family.

Vacancy rate in month was 4.99%, it is noted that in month 1 establishment and budgets were reset impacting vacancy rates.

In month 92 vacancies (114 WTE) were advertised and a total of 127 offers were made. On average recruit to hire time was 61 days a decrease of 12 days since April 2020.

HCA recruitment 94 offers were made and of these to date 63 have commenced in post

Focussed work continues for Band 6 Midwives and Radiographers.

Sickness for the month saw a further decrease to 2.99%, sickness for the rolling year was at 3.53%. Facilities and Medicine sickness are the two areas both higher than the Trust target. It is noted Medicine sickness has reduced for the third month and is at its lowest rate since August 2020. Facilities sickness increased within month and work is underway with the BP and Divisional Management team to ensure absence meetings are taking place and staff are being supported as required.

Across the Trust 36 staff are being supported under the long term sickness process and 51 staff under short term sickness processes. There are 12 hotspot areas that the People Operations team are proactively supporting managers in.

Workforce – Staff Training and Appraisals

Summary and Action

Mandatory training was at 89.73% for month 1. This is slightly below the previous month and comparative to this time last year. 3 Divisions are below target – Corporate (86.94%), CSFS (88.47%) and Medicine (88.70%).

Corporate – Areas within Corporate less than 90% are: Finance & Procurement (84.81%), Medical Department (68.89%) OD & People (85.90%).

CSFS has three areas of focus within month – Hand Hygiene, Moving and Handling and Safeguarding Children. The People BP is working with the DMT and sending out targeted emails to individuals out of date and also working with Education on the quality of data. Medicine is adopting a similar approach and writing to all staff. Medicine's areas of focus are Hand Hygiene, GDPR and Moving and Handling.

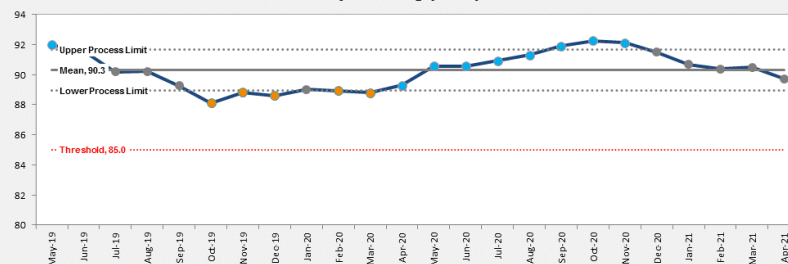
Appraisals remain under target at 77.41%, this is a decline on the previous month position (78.12%). Hotspot areas are Corporate (56.97%), Medicine (75.98%) and Surgery (76.67%)

Within Corporate, those areas under target are: CEO 50%, Estates 34%, Finance and Procurement 36.76%, OD & People 45.61%. Transformation & Informatics 76% and Quality 61.54%

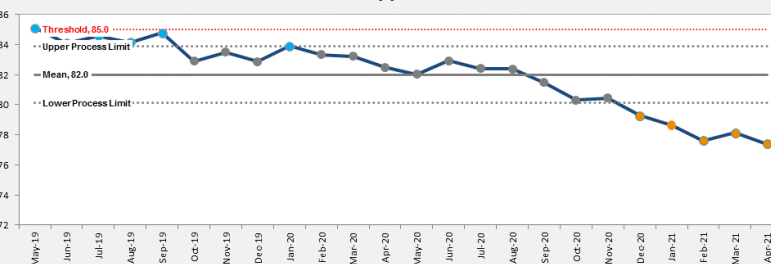
To recover these positions Surgery is tasking managers to complete overdue appraisals by end Q1, Medicine have tasked all wards with improving compliance and the DMT working on a more targeted approach.

As Corporate is under target for both Appraisals and Training the People Business Partner is working with each Directorate within it to ensure action plans are in place to increase compliance by end of Q1.

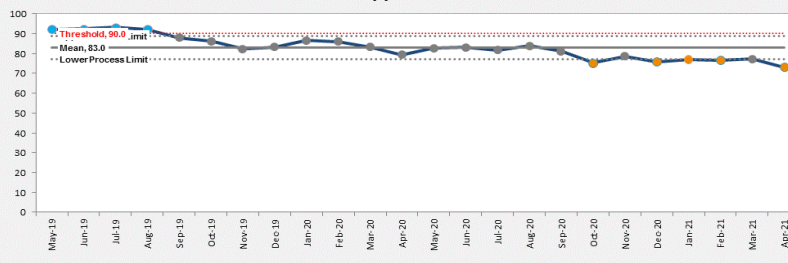
Mandatory Training (MLE) Rate %



Non-Medical Appraisal Rate %



Medical Appraisal Rate %



Feedback from Friends and Family test

"The staff made me feel safe and cared for. I have really bad anxiety but never felt that here. I love this hospital and everyone is great." ED

"Friendly staff. We always knew what was happening and what to expect. The reassurance at every stage - keeping parent informed while apart from child" Day surgery outpatients

"Open, friendly, kind, not rushed, always available, tailored to our needs." Community postnatal

"Kind, empathetic staff who explained the procedure well. Lots of assurance given." Endoscopy

"The staff are fantastic. professional, kind, efficient and so helpful. Lovely to talk to and they all listened. Pembroke ward knows my needs fully and staff are lovely." Pembroke ward

What was good

about your experience?

April 2021

"Pretty much everything. Kind, friendly doctors, clinical details explained easily. Excellent and competent nursing care. Kind, respectful treatment from everyone." Pitton

"Infusion clinic - Excellent experience - bright, cheerful staff. Everything went very well. Coffee walnut cake very good too!" Rheumatology

"Efficiency and cheerful demeanour of all staff, particularly under current trying conditions. Impressive emphasis on cleanliness under COVID conditions." Britford

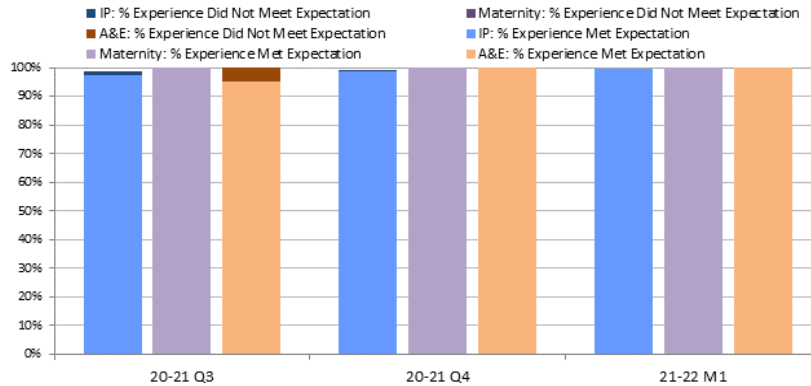
"Such a caring and friendly team. Inspires confidence and security for patients. Food great. 10/10." Amesbury

"The care is excellent in every way. Very professional whilst also friendly and fun. I felt at ease the whole day. I can't thank you enough" Cardiac suite

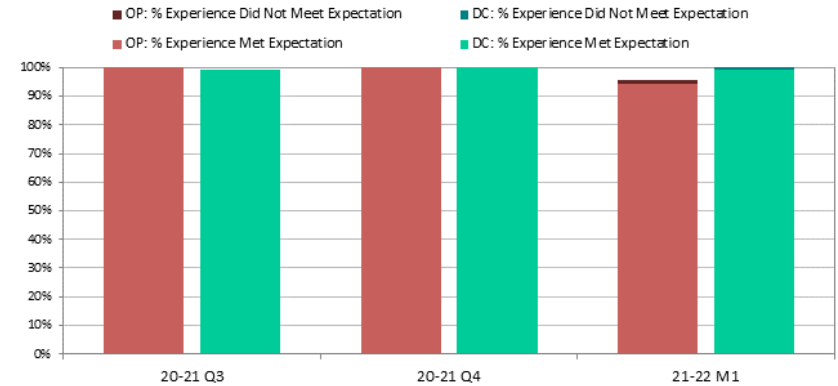
"Very caring clinical and nursing team. Made me feel safe. Good communication and team listened. Good nutritious food. Quiet at night (Bay 2). Thank you for looking after me so well." Tisbury

Friends and Family Test – Patients and Staff

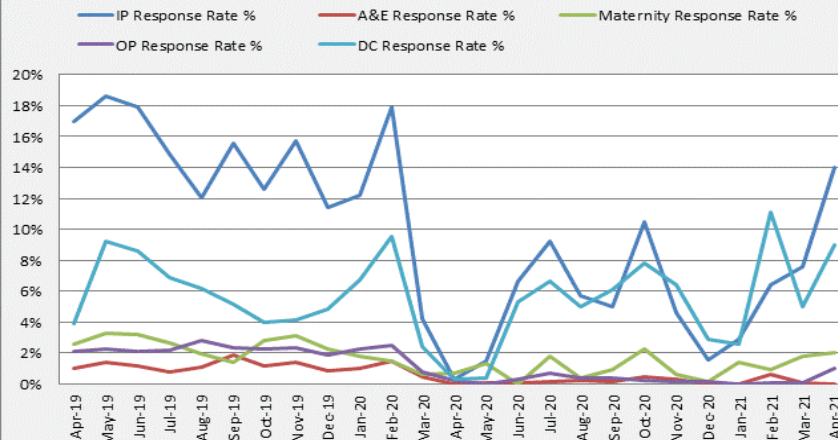
Patient Responses: Inpatient, Maternity and A&E



Patient Responses: Outpatient and Daycase



SFT Friends & Family Response Rates %



The overall response rate of the Friends and Family Test increased.

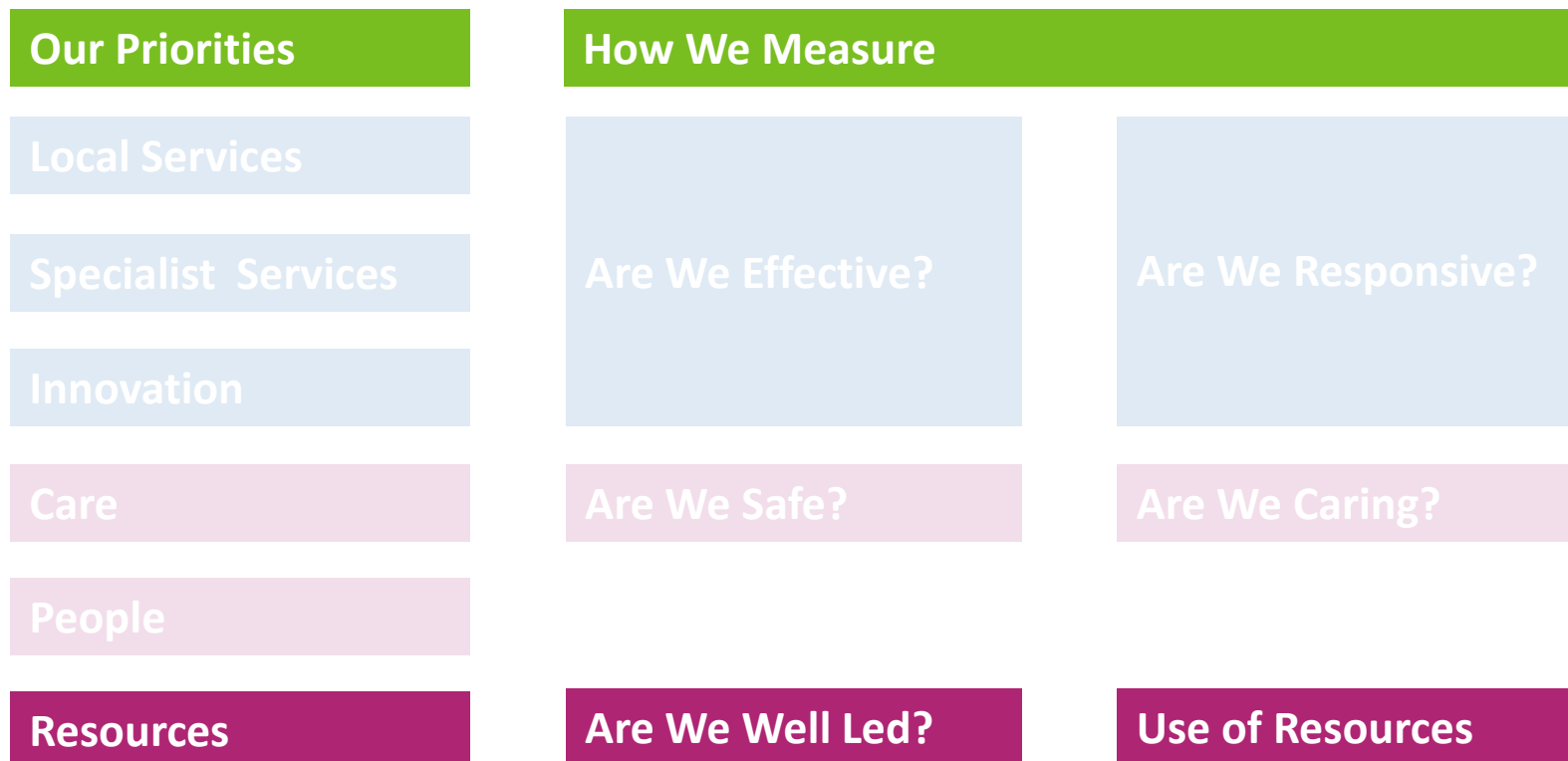
The figures are reported as the proportion of patients whose experience met their expectation or had not met their expectation. 2 (1.3%) outpatients reported their expectations were not met in April. 1) Spinal Unit outpatient attender - the need to move to digital appointments 2) Endoscopy procedure - waited 2 hours to be seen, fuller explanation of the procedure.

The previous slide provides some quotes from patients about what was good about their experience across a range of wards and departments.

The Best Place to Work initiative is focused on ensuring that people at every level and in every role can flourish and deliver the best for patients through continuous improvement, high quality, safe and compassionate care. A series of half day workshops are planned for May on how we work together in creating a compassionate inclusive culture. The purpose of these workshops is to create an opportunity for:

- Experiencing what compassion and inclusion really means, and why it matters
- Learning more about what makes up a compassionate inclusive culture
- Exploring what we are already doing that supports that
- Looking at how each of us can impact in a positive way upon each other
- Spending some time reflecting on how we show compassion to ourselves
- Meeting people from across the Trust, sharing our experiences, and having some fun together too.

Part 4: Use of Resources

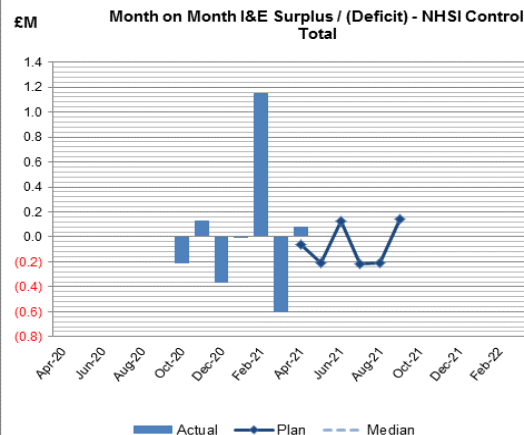


Income and Expenditure

Income & Expenditure:



Position									
	Apr '21 In Mth				Apr '21 YTD				2020/21
	Plan	Actual	Variance		Plan	Actual	Variance		Plan
	£000s	£000s	£000s		£000s	£000s	£000s		£000s
Operating Income									
NHS Clinical Income	20,691	20,663	(28)		20,691	20,663	(28)		0
Other Clinical Income	585	519	(65)		585	519	(65)		127,625
Other Income (excl Donations)	2,432	2,571	139		2,432	2,571	139		15,350
Total income	23,708	23,754	46		23,708	23,754	46		142,975
Operating Expenditure									
Pay	(14,851)	(14,908)	(56)		(14,851)	(14,908)	(56)		(88,784)
Non Pay	(7,375)	(7,239)	136		(7,375)	(7,239)	136		(44,930)
Total Expenditure	(22,226)	(22,146)	80		(22,226)	(22,146)	80		(133,714)
EBITDA	1,482	1,607	126		1,482	1,607	126		9,261
Financing Costs (incl Depreciation)	(1,544)	(1,523)	21		(1,544)	(1,523)	21		(9,261)
NHSI Control Total	(62)	84	147		(62)	84	147		0
Add: impact of donated assets	(59)	(12)	47		(59)	(12)	47		(351)
Surplus/(Deficit)	(121)	73	193		(121)	73	193		(351)



Variation and Action

April 2021 was the first month the Trust has reported its financial position under the H1 2021/22 Contracting and Finance guidance. NHS contract clinical income contracts have been set using the same underlying methodology as 2020/21 and the BSW system has received both 'top-up' and Covid-19 funding at a level that is expected to allow the system to break even in H1.

Expected expenditure envelopes are derived from the system's winter 2019/20 run rate, meaning expenditure growth beyond baseline inflationary (excluding that specifically funded for Covid-19 measures) will drive a cost pressure for the Trust that needs to be mitigated.

The Trust continues to see a suppressed cost associated with planned care, with activity reported in April assessed as being at 79% of a 2019/20 baseline. Expectation is that the Trust meets 85% in advance of September 2021 as a minimum, achieving this will attract additional marginal cost.

The Trust has reported a modest surplus of £84k in April, with the reduced costs associated with planned care being offset by premium cost in the Trust's emergency pathways. Without mitigation this has the potential to drive the Trust into deficit moving into the Autumn.

The reported position excludes any benefit from the Elective Recovery Fund, guidance on the sign off process for this system level funding remains outstanding, but early calculations imply SFT will have contributed c£0.5m to the system total, with RUH and GWH both assessing their contributions as c£1.0m.

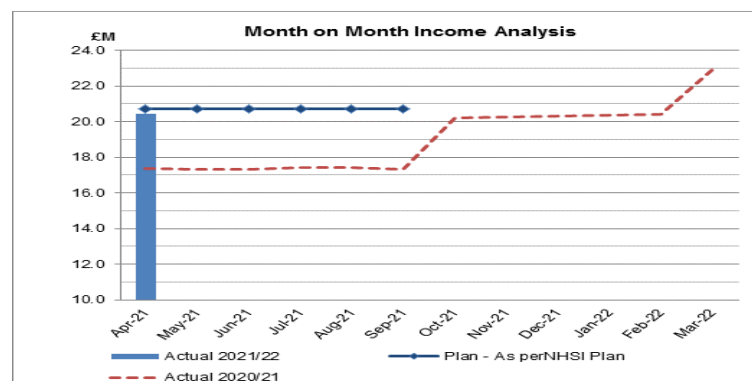
Income & Activity Delivered by Point of Delivery

Clinical Income:



Income by Point of Delivery (PoD) for all commissioners	Apr '21 YTD		
	Plan (YTD)	Actual (YTD)	Variance (YTD)
	£000s	£000s	£000s
A&E	700	774	74
Day Case	685	1,163	478
Elective inpatients	561	508	(53)
Excluded Drugs & Devices (Inc. Lucentis)	1,732	1,518	(214)
Non Elective inpatients	5,167	5,162	(5)
Other	9,790	9,246	(544)
Outpatients	2,056	2,292	236
TOTAL	20,691	20,663	(28)

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
BSW CCG	12,689	12,689	-
Dorset CCG	2,081	2,081	-
West Hampshire CCG	1,566	1,566	-
Specialist Services	2,832	2,785	(47)
Other	1,523	1,542	19
TOTAL	20,691	20,663	(28)



Activity levels by Point of Delivery (POD)	YTD Plan	YTD Actuals	YTD Variance	Last Year Actuals	Variance against last year
A&E	5,396	5,141	(255)	3,035	2,106
Day case	878	1,592	714	366	1,226
Elective	164	189	25	105	84
Non Elective	2,307	2,363	56	1,624	739
Outpatients	18,785	21,341	2,556	9,877	11,464

Variation and Action

Activity in April is encouraging for planned activity. Weekend lists in both Plastic Surgery and Oral Surgery have supported this. The most notable areas of additional day case activity by specialty are: Plastic Surgery, Urology, Gastroenterology, and Oral Surgery. Activity in elective inpatients showed additional activity in Plastic Surgery and Urology, but was below plan in T&O and Gynaecology. Non Elective spells are above plan in General Surgery, Clinical Haematology and Stroke Medicine. Outpatient performance has been strong in ENT, Ophthalmology, Oral Surgery, Plastic Surgery, Gynaecology and Cardiology.

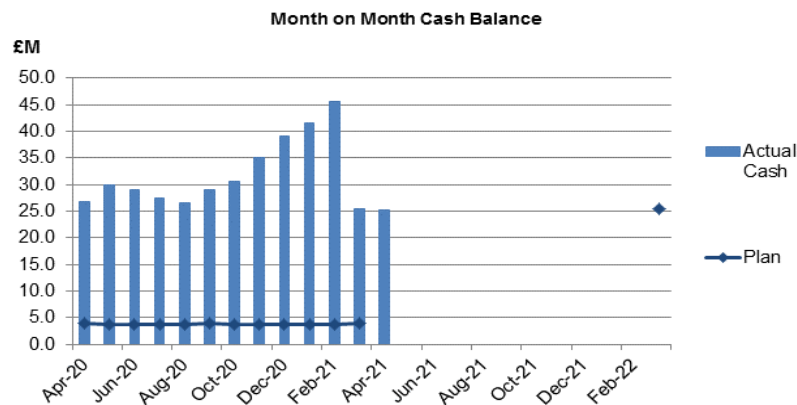
For the first 6 months of 2021/22 the Trust will continue to receive fixed payments from the main commissioners which have been based on Phase 3 payments (October 2020 to March 2021) uplifted by 0.5%. There is additional funding for growth and Covid-19. An Elective Recovery Fund payment will be applicable in the first six months of 2021/22 to systems who achieve delivery above set thresholds. As this applies at a system level, this has not been included in the Month 1 position. However, delivery of day cases, electives, outpatient procedures and outpatients was at 79% against a threshold of 70%. This would result in additional funding of £525k to be deployed by BSW should other system partners deliver above the target. The target increases to 75% in May, 80% in June and then 85% from July onwards. Therefore, whilst the April position is encouraging further work will be required to achieved the level to trigger additional funding.

The cost of drugs and devices with NHS E continue to remain on a cost and volume basis.

Cash Position & Capital Programme

Capital Spend:

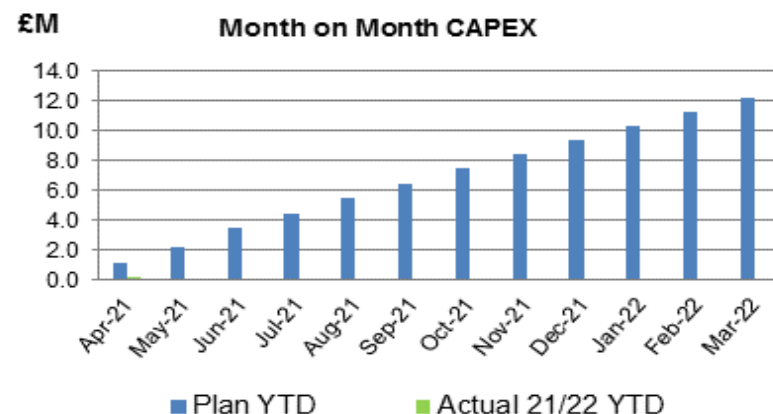
Cash & Working:



The Trust has now returned to the pre-Covid mid-month contractual payment arrangements. Block contracts and a balanced revenue plan have been agreed up to 30th September 2021 and guidance is awaiting for the second half of the year.

The base assumption from a cash forecasting perspective is that the Trust will continue to report a balanced revenue position throughout 2020/21.

Capital Expenditure Position				
	Annual	Apr '21 YTD		
	Plan	Plan	Actual	Variance
Schemes	£000s	£000s	£000s	£000s
Building schemes	900	219	6	213
Building projects	5,254	394	20	374
IM&T	3,872	323	123	200
Medical Equipment	1,728	145	16	129
Other	450	37	38	(1)
Addition: Critical Infrastructure Fund	12,204	1,118	204	914
Addition: Covid 19	1,446	1,446	1,446	0
Addition: Other National projects	6,466	6,466	5,951	515
TOTAL	20,444	20,444	18,299	2,145



Summary and Action

2021/22 capital allocations have been made at a system level, and although the Trust's baseline allocation of £12.2m exceeds the initial 2019/20 allocation by c£3m, the Trust remains capital constrained based on an initial assessment of over £20m. The internal funding of a £12.2m capital plan is contingent of the Trust delivering a balanced revenue position in 2020/21, and a further £0.5m from the opening cash balance.

Workforce and Agency Spend

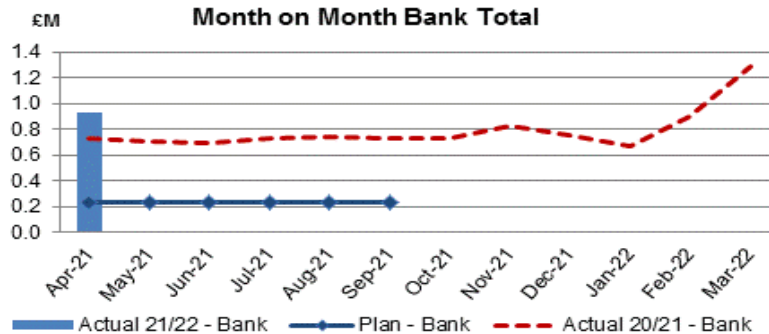
Pay:



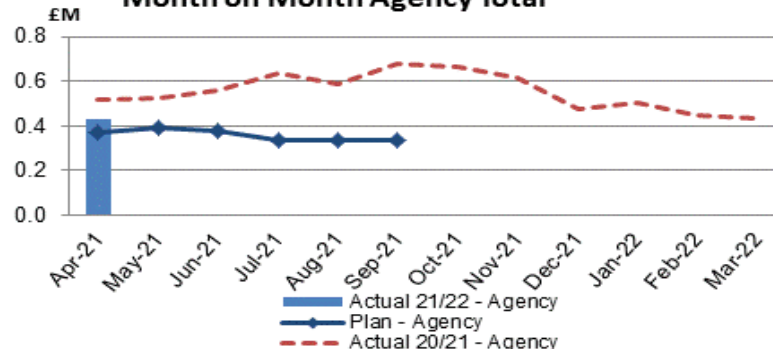
Month on Month Total Pay (excl additional pension contribution)



Month on Month Bank Total



Month on Month Agency Total



Summary and Action

The Trust has incurred a £56k overspend on Pay despite significant vacancy within theatres. Non Elective wards have run over and above budgeted headcount in both qualified nursing and support to nursing staff, but particularly the latter (40 WTE). Although the full scale Covid-19 ward establishment has now been stood down, bed pressures have meant that the Trust has been forced to use escalation beds in order to manage patient flow.

Medical rotas in emergency pathways have also been supplemented by high cost agency middle grades, more than offsetting consultant vacancies. A forward projection shows that there are also significant gaps in the training rotation due in August 2021, recruitment plans to cover with Trust grade doctors are being prepared.

The Trust has reported 10 WTE infrastructure supports staff over and above planned, this relates to the vaccination centre at Salisbury City Hall, where the firm plan is for staffing to be provided by RUH, but any staffing provided by SFT is considered 'out of envelope' and directly reimbursed through NHSEI.