Salisbury NHS Foundation Trust

Report to:	Trust Board (Private)	**Agenda item:**	2.1
Date of Meeting:	04 February 2021		

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

Recommendation:
The Board is asked to note the report outlining items raised at the Trust Management Committee meeting held on 27th January 2021

Executive Summary:
The Trust Management Committee Meeting was held on the 27th January and was a reduced meeting owing to operational pressures due to COVID-19. The meeting received a business case for the creation of a new post into the organisation, in the form of Paediatric Matron and Trust Lead for Children in our Child Support and Family Services Division. It was explained that this post would enable the Division and the Trust to better meet the needs of our children and young people and underpins the need for senior nursing leadership, in the arena of Paediatrics, as recommended by CQC in their 2015 inspection feedback. The committee approved this business case. Furthermore the committee received a request from the informatics department in relation to extension of support for windows 7, and it was noted that over the last year the project has seen significant delay due to priorities associated with Covid and technical challenges associated with completing the new active directory environment, application packaging and testing. The committee heard that this has culminated in around a 12 week delay in the project and in particular has affected the replacement of Windows 7 devices with Windows 10 devices. It was further noted that an interim project manager is also being sourced to support the project going forwards. There is capital funding available in the project budget to cover this.

The committee approved the case to extend to support for Windows 7. The committee also received the Trust Management Committee Terms of Reference for their annual review. **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	☐
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	☐
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	☐
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	☒
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	☒
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	☒

Salisbury NHS Foundation Trust

Report to:	Trust Board (Private)	**Agenda item:**	2.2
Date of Meeting:	4th February 2021		

Report from: (Committee Name)	Clinical Governance Committee		**Committee Meeting Date:**	26th January 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 26th January 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: o This month's Covid-19 update outlined the challenges presented by the peak of the current wave. It was noted that numbers of patients admitted with Covid were much higher than during the first wave and had increased rapidly over the past month. Further outbreaks have also occurred. Review of these identified that these were mainly due to the increased transmissibility of the new variant and also due to the higher pressure on our already exhausted workforce. This is compounded by high levels of staff sickness. Some environmental factors also contributed in the older wards. This was due to the challenge of achieving socially distanced space between beds whilst ensuring enough available beds to meet demand. To provide assurance and an external view, the DIPC has liaised with both the CCG and NHSI to ensure that all is being done to ensure good IP&C practice. The daily bulletin reminds staff of the need to adhere to both IP&C and PPE requirements. o An update was provided by the Gastro-Intestinal service lead outlining the progress made by the team in meeting the recommendations made in the Royal College external review. Assurance was provided that improvements have been made. A key area of challenge remains recruitment of new staff (medical and nursing). The team were able to outline how they are making strategic plans in this area. It was proposed that a closure report could be sent to the college in the forthcoming months. Assurance in relation to this would return to the committee in due course. o A detailed presentation was provided in relation to maternity services in the Trust. This consisted of the findings of the external clinical and cultural reviews commissioned by the Trust. The committee was assured that maternity metrics

remained good and that actions were being developed to meet the recommendations of the external reviews. Further assurance was provided in relation to meeting the requirements of the recently published national Ockenden report. The Trust has already submitted its first response and will also meet the next required submission in February.

- The BAF and Corporate Risk Register were reviewed in relation to quality of care. A constructive discussion was held and it was felt that both documents reflected the changing risks and issues in the Trust with the required controls and mitigation in place. Any gaps were mitigated by increased scrutiny.
- Following a request by the committee in relation to falls in the Trust, an improvement plan was discussed. There was limited assurance with recognition from the Executives that further work in this area was required. This will return to a future committee once further work is undertaken.
- The Transformation update outlined how some work was paused or slowed due to Covid-19. It was positive to note that some staff had redeployed to help clinical staff during this current peak. An area of risk identified was in relation to EPMA. This will be reviewed in a future meeting.
- The FTSU report outlined that several clinical / quality issues had been raised with the guardian during the pandemic. This was welcomed and demonstrated that staff felt able to raise concerns. Ongoing work in relation to repeated concerns is in train. The Non-Executive Directors felt that this report provided good assurance and demonstrated a safety net for staff to raise concerns safely.
- Following the review of organisational objectives at the end of 2020, the committee reviewed its cycle of business to ensure alignment with the revised objectives. Some topics were added though it was generally felt that the planned programme for 2021-2 remained relevant and appropriate.
- A positive position was presented in relation to the vaccine programme underway with over 3000 staff vaccinated to date. Information was also provided about the Salisbury central vaccination centre in which the Trust has played a key part. Recognition for the work led by Fiona Hyett was noted and thanks was given to staff across the organisation for all their hard work.

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Report to:	Trust Board (Private)	**Agenda item:**	2.4
Date of Meeting:	4 February 2021		

Report from: (Committee Name)	People and Culture Committee		**Committee Meeting Date:**	28th January 2021
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Michael von Bertele, Non-Executive Director			
Board Sponsor (presenting):	Michael von Bertele, Non-Executive Director			

Recommendation

The Trust Board are asked to note the items escalated from the People and Culture Committee on 28th January.

The Committee received updates on a number of important and related strands of work. They noted the synergy between the "Best Place to Work," the People Plan, the EDI report and the FTSUG report. Essentially they are all about how we regard, respect and manage our people. The board has a Development Day scheduled for 11th February and will discuss how to bring these various strands into a cohesive strategic plan.

The Committee considered the revamped Corporate Communications plan and the step change in perfomance in that area over the last year that has contributed to a much better informed workforce, patient population, and community. The Committee recommends the plan for approval.

The Committee noted the excellent work being undertaken in support of education and training of our medical staff and the Guardian of Safe Working, and the success of adaptations to ways of working caused by the pandemic. It was noted that this work contributes enormously to the reputation of the Trust and its attraction as an employer, and extends its thanks to the people leading these initiatives.

Behind many of the reports it was obvious that all staff have worked under vastly increased pressure over the last 10 months and that once that pressure starts to subside there will be considerable challenges in returning to "normal" ways of working. It is recommended that this is added to the risk register and that mitigation measures are developed and given priority over the next few months.

Key Items for Escalation

The risk to wellbeing and ways of working after the pandemic should be added to the BAF

Salisbury NHS Foundation Trust

Report to:	Trust Board (Private)	**Agenda item:**	2.5
Date of Meeting:	04 February 2021		

Report Title:	Integrated Performance Report (M9)			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	✓		✓	
Prepared by:	Louise Drayton, Performance and Capacity Manager			
Executive Sponsor (presenting):	Judy Dyos, Director of Nursing			
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:
December saw a sharp increase in the impact of Covid-19 in the hospital. The number of patients in the hospital with Covid-19 increased from 11 on the 1st December to 54 by the end of the month. Within that ITU cases increased from 1 to 8. This presented significant challenge in the operational running of the hospital and delivering non Covid-19 services. Deterioration was seen in Emergency Access 4 hour performance (89.77% in M8 vs 85.8% in M9). Total attendances for M9 were on a par with M8 (-64 M9 vs M8). Flow in the hospital became significantly more challenging with the increasing numbers of Covid-19 positive patients. The increased bed occupancy of 92% does not reflect the significant level of challenge managing differing pathways for negative, positive, unknown and contact patients. However, an improvement was seen in Discharges before midday increased at 18.11% (15.52% in M8). Flow issues remain a factor in the care of Stroke and TIA patients, with only 34.6% of patients arriving to the Stroke Unit with 4 hours, and only 39% receiving a CT within an hour (target 50%). Encouragingly, 100% of patients spent at least 90% of their time on the Stroke Unit (target 80%) and 56% of eligible patients accessed the Early Supported Discharge service (target 40%). Sickness absence reduced slightly to 3.43% (3.55% in M8). Covid-19 related absence accounted for 0.43% of this; however Covid-19 related absence was the top reason for absence in the Medicine Division with much of the Covid-19 activity occurring in Medicine. Spend on pay subsequently increased, with the main driver being an increase in non-consultant medical staff, in particular junior locum cover in Medicine, and also in Surgery

due to Covid-19 rota changes.

Performance against the 18 week Referral to Treatment standard fell slightly to 71.88% (73.63% in M8). Although Daycase activity levels were higher than the Phase 3 plan for December, Elective levels continue to remain under plan. The impact of Covid-19 on elective lists further impacted with increasing sickness in theatres resulting in some cancellation of lists.

Seven new serious incident investigations were commissioned in December, the highest number in any month in the previous year. The incidents are all very different and appropriate learning will follow the investigations.

Improvement was seen in the number of category 2 pressure ulcers (26 in M9, and 30 in M8), and particular improvement was seen in the Surgical Division (14 in M9, and 8 in M9). Further work is planned in the Medical Division with a 'Plan Do See Act' cycle once the peak of Covid-19 has passed.

Cancer Two Week wait performance fell for the second month to 71.44% with 293 breaches of the standard. 195 of these were associated with the Breast cancer pathway and provision of face to face capacity on top of an increase in referrals; this is expected to improve in January with the provision of a 5th weekly one stop clinic. Additionally none of the Two Week Wait symptomatic referrals were seen within two weeks for the same reasons.

The 6 week Diagnostic standard fell slightly in M9 to 90.3%. Of the 332 breaches 83 were in Audiology, and 205 in Cardiology. Both services are expecting to improve the position in M10.

In December the Trust has reported an increased YTD deficit of £0.4m, this compares to a Phase 3 forecast of a deficit of £0.2m. Overall the Trust remains on course to deliver within the forecast £3.2m deficit by the end of 2020/21. There is increasing pressure on the expenditure run rate as Covid-19 specific capacity has been progressively stepped back up over the course of December. This is a trend that continues into January and is likely to remain into much of Q4. This is over and above the Phase 3 forecast, which assumed that the Covid-19 stream could be managed within the set footprint alongside other patient pathways. These costs are offset by a workforce constrain to the Trust's Elective pathways.

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Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	☒

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Integrated Performance Report

February 2021

(data for December 2020)

An outstanding experience for every patient

Summary

Salisbury NHS Foundation Trust

December saw a sharp increase in the impact of Covid-19 in the hospital. The number of patients in the hospital with Covid-19 increased from 11 on the 1st December to 54 by the end of the month. Within that ITU cases increased from 1 to 8. This presented significant challenge in the operational running of the hospital and delivering non Covid-19 services.

Deterioration was seen in Emergency Access 4 hour performance (89.77% in M8 vs 85.8% in M9). Total attendances for M9 were on a par with M8 (-64 M9 vs M8). Flow in the hospital became significantly more challenging with the increasing numbers of Covid-19 positive patients. The increased bed occupancy of 92% does not reflect the significant level of challenge managing differing pathways for negative, positive, unknown and contact patients. However, an improvement was seen in Discharges before midday increased at 18.11% (15.52% in M8).

Flow issues remain a factor in the care of Stroke and TIA patients, with only 34.6% of patients arriving to the Stroke Unit with 4 hours, and only 39% receiving a CT within an hour (target 50%). Encouragingly, 100% of patients spent at least 90% of their time on the Stroke Unit (target 80%) and 56% of eligible patients accessed the Early Supported Discharge service (target 40%).

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Structure of Report

Performance against our Strategic and Enabling Objectives

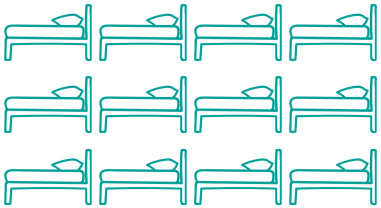
Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

Summary Performance
December 2020

Salisbury NHS Foundation Trust

There were **2,546** Non-Elective Admissions to the Trust

We carried out **240** elective procedures & **1,698** day cases



90.3% ↓ of patients received a diagnostic test within **6 weeks**

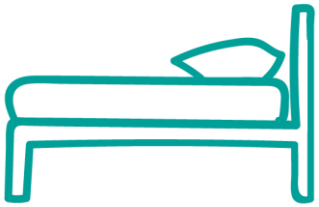
Emergency (4hr) Performance **85.8%** ↓
(Target trajectory: 95%)

We delivered **19,851** outpatient attendances, **29%** through video or telephone appointments

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

Our income was **£23,766k** (£3,752k over plan)

66 patients stayed in hospital for longer than 21 days



We met **4 out of 7** Cancer treatment standards

RTT 18 Week Performance:
71.9% ↓
Total Waiting List: **18,352** ↑

19.9% ↓ of discharges were completed before 12:00

Our overall vacancy rate was **0.92%** ↑

Reading a Statistical Process Control (SPC) Chart

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

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

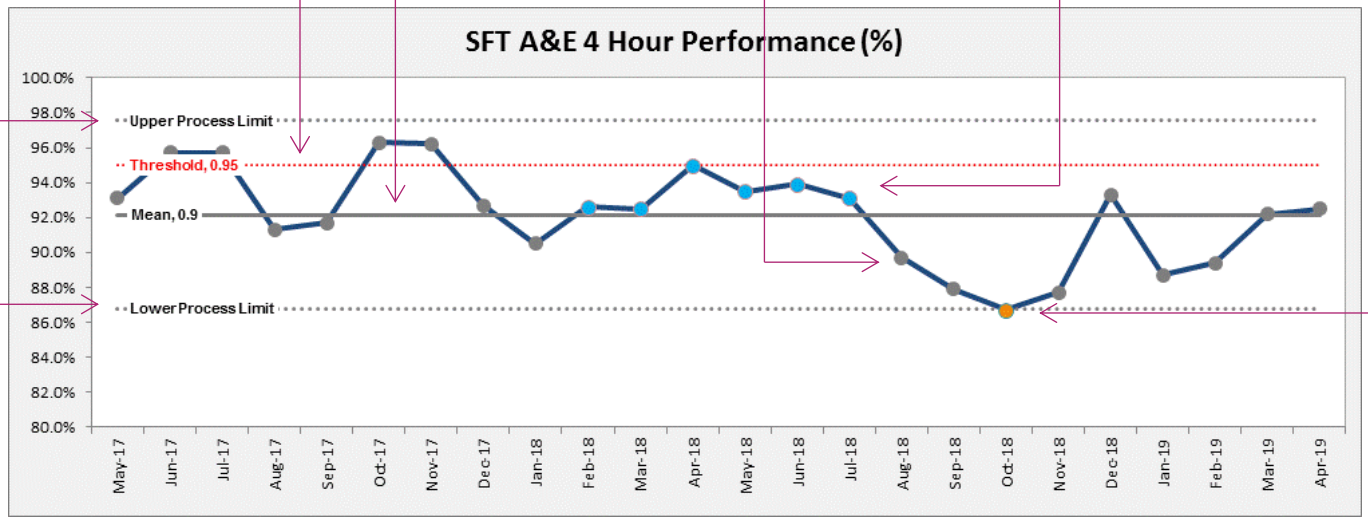
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

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

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



Statistical Process Control Chart Key:

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

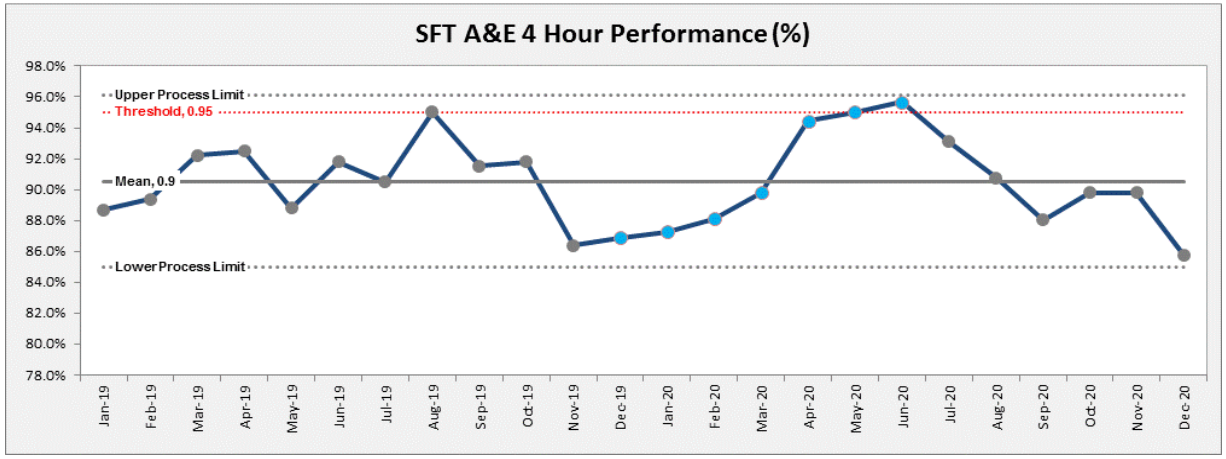
Salisbury NHS Foundation Trust

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



Data Quality Rating:	
Performance Latest Month:	85.8%
Attendances:	4473
12 Hour Breaches:	0
ED Conversion Rate:	33.1%

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

M9 saw a deterioration in 4hr performance (reducing from 89.77% in M8 to 85.8% in M9). Total attendances for M9 were on a par with M8 (-64 M9 vs M8).

Time to assessment and time to triage remained within target ranges of 15 mins and 60 mins respectively for all patients attending via resus.

The Department prepared for second wave covid-19 response, dealing with flow issues to RCU in particular due to high volume of Covid-19 positive patients.

Workforce gaps persisted throughout December. The Consultant rota was fully staffed (with some locum requirement). The middle grade rota was sustained through locum cover at escalated rates. Nursing workforce cover began to be impacted by Covid and isolation requirements.

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

Permanent solution for increased side room isolation space was installed during M9 and is working well – this increases the flexibility for utilizing RAZ/old minors.

Consultant rota anticipated to be fully established by end of Q4 (assuming no new issues arise). Middle grade doctor rota to be less locum dependent from M11.

New service manager in post for Urgent Care. Over time will look to embed improved structure for heads of department and governance meetings (with a view to setting improvement actions).

Risks to delivery and mitigations

Continued pressure of covid-19 second wave is impacting 4hr performance and will continue to do so until a downturn in activity is seen.

Change in pathways from ED to RCU or AMU to be implemented to assist with flow blockages for Cat A and Cat B patients.

Continued staff absence due to covid-19or isolation remains a concern and gaps in nursing cover persist. To be mitigated through daily divisional staffing meetings.

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)
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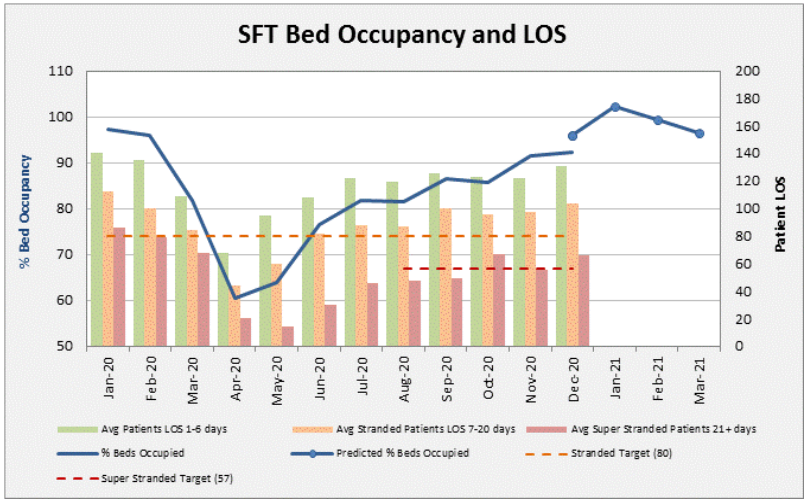
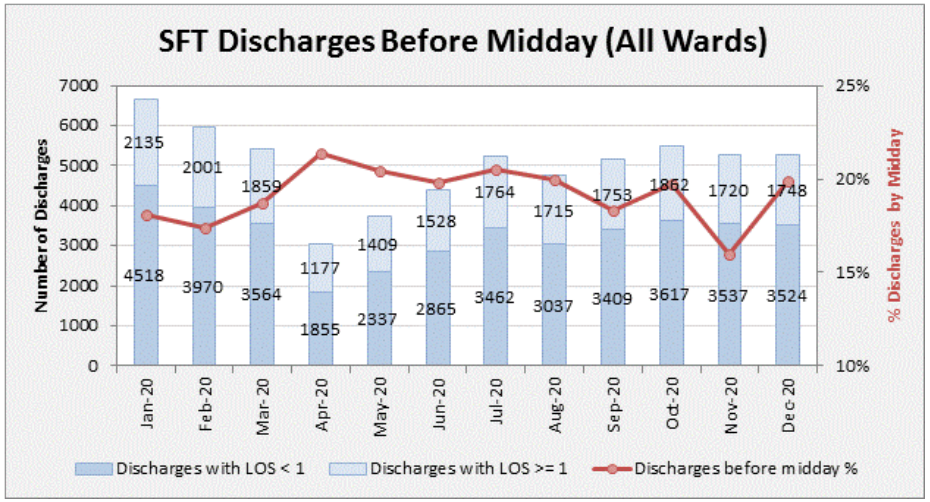
Patient Flow and Discharge

Are We Effective?





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

December saw the LOS groups remain steady and not dissimilar to pre Covid-19 levels. However discharges prior to midday have risen again after a drop in November and are above pre Covid-19 levels. Criteria led discharge was implemented in November in pilot areas although it is not clear yet if this has been a significant factor in improving the performance in this area.

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

Expert panel continues and daily engagement with partners to explore opportunities for complex discharges remains a central element of flow. There has been operational focus on right to reside criteria and optimising use of available resource in the community that supports both simple and complex discharges. It is expected that the impact of this will be seen in January. It has been seen that long stay patients have acquired Covid-19 and stays lengthened for this reason in addition to the complexity of their original admission.

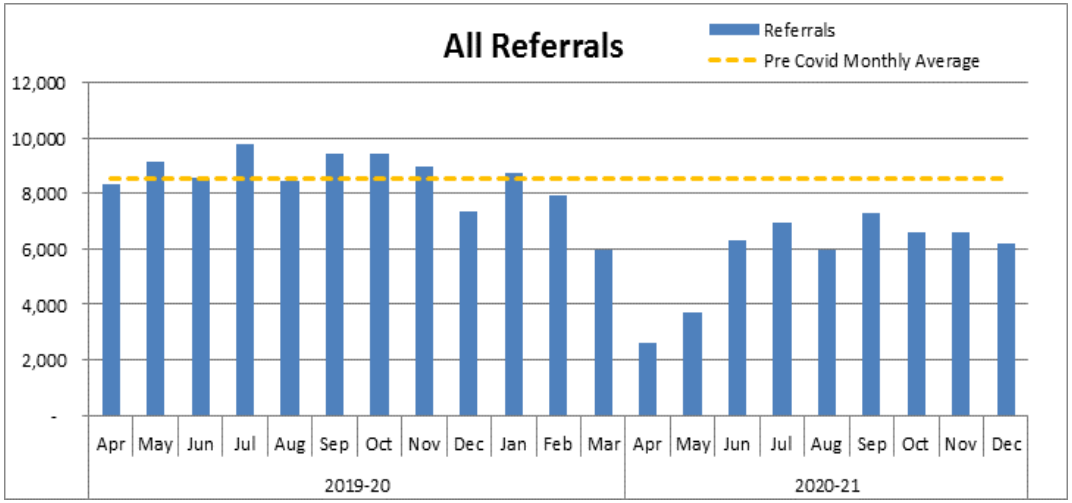
Risks to delivery and mitigations

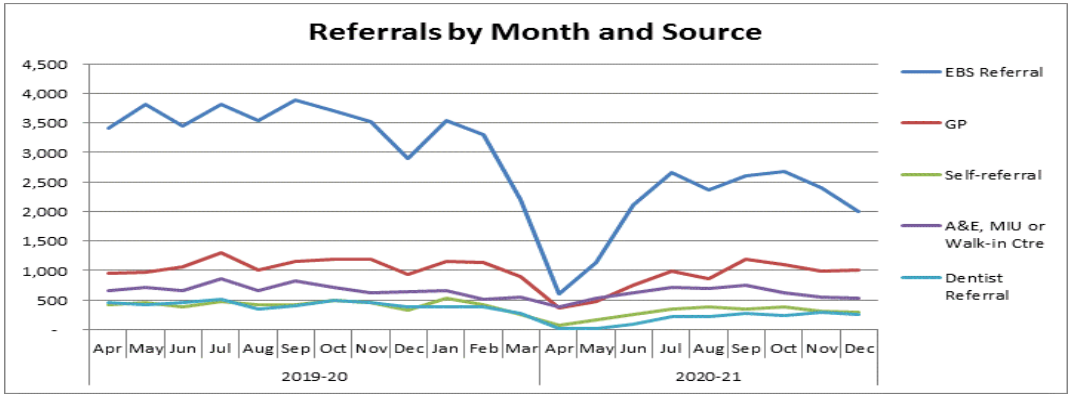
Staffing shortages due to sickness may impact on the ability to plan and execute discharges from SFT from clinical decision making to referring for services. Additionally the impact of Covid-19 admissions and in hospital acquired infection with Covid-19 are expected to be seen in January as part of the anticipated wave.

Staffing in partner services and the resource match between demand and capacity may also become a challenge as the predicted rise of Covid-19 infection is anticipated in January. Close communication and collaborative work with system partners is anticipated to mitigate the issues detailed here.

Referrals

Additional Supporting Information





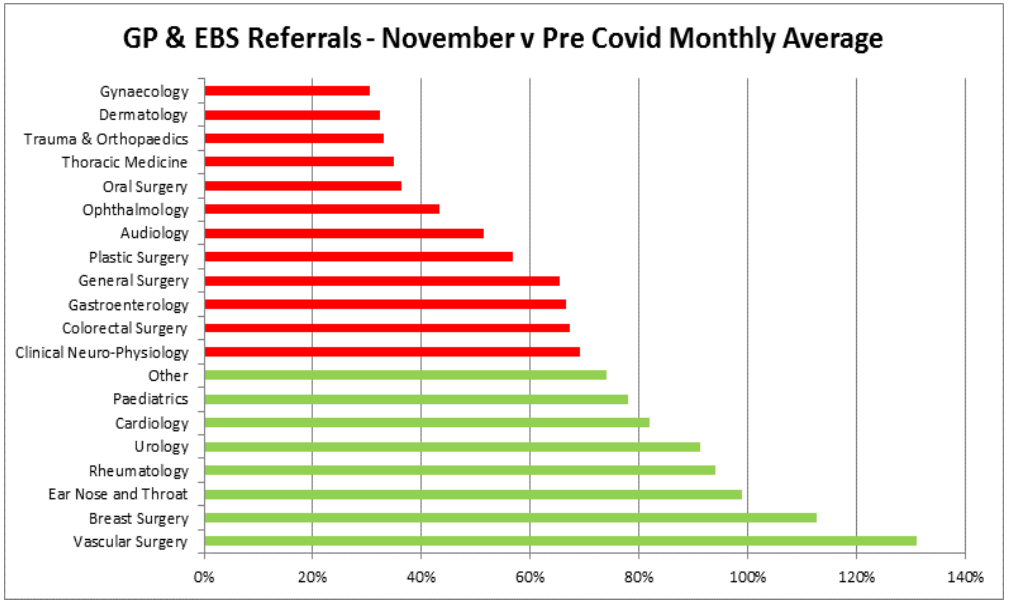
Comments

Referral levels remain lower than pre Covid-19 levels. M9 saw slightly lower levels than the previous month, which is expected due to the holiday period.

Referrals

Additional Supporting Information

Specialty	December '20	Pre Covid Monthly Average	% of Pre Covid Monthly Average
Vascular Surgery	75	57	131%
Breast Surgery	253	225	113%
Ear Nose and Throat	299	303	99%
Rheumatology	159	169	94%
Urology	220	241	91%
Cardiology	207	253	82%
Paediatrics	133	170	78%
Other	438	591	74%
Clinical Neuro-Physiology	90	130	69%
Colorectal Surgery	193	287	67%
Gastroenterology	109	164	67%
General Surgery	56	86	65%
Plastic Surgery	167	294	57%
Audiology	159	309	52%
Ophthalmology	178	412	43%
Oral Surgery	19	52	36%
Thoracic Medicine	36	103	35%
Trauma & Orthopaedics	60	182	33%
Dermatology	60	186	32%
Gynaecology	93	304	31%



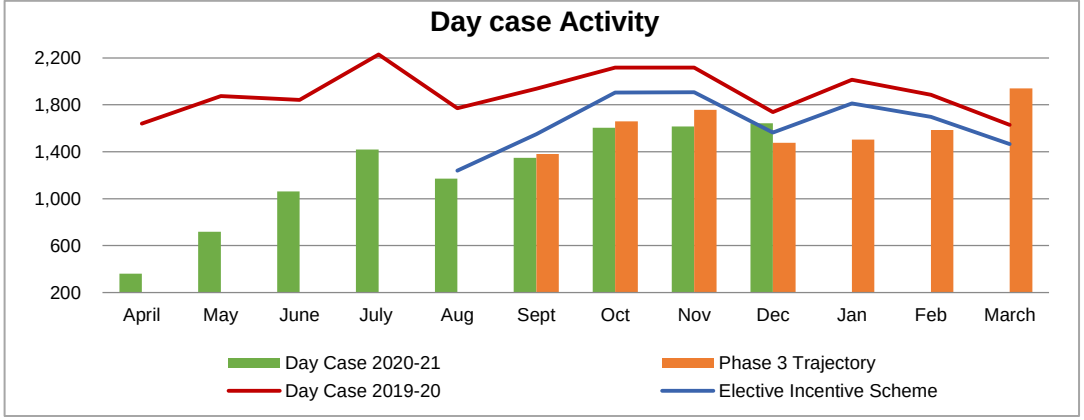
Comments

Referral levels remain high for breast surgery, with a high proportion of these being Cancer 2 week wait referrals, which is causing pressure on the Cancer pathway.

Referral levels overall have yet to reach pre covid-19 levels, and this is reflected across many specialties.

Activity recovery – Day case (target 80%)

Are We Effective?



Specialty	December	Pre Covid Monthly Average	% of Pre Covid Monthly Average
Dermatology	28	8	364%
Urology	167	113	148%
General Surgery	286	202	141%
Plastic Surgery	259	218	119%
Respiratory Medicine	13	14	90%
General Medicine	79	89	89%
Gastroenterology	328	379	86%
Spinal Surgery Service	12	15	82%
Cardiology	81	108	75%
Breast Surgery	9	13	69%
Ophthalmology	106	158	67%
Rheumatology	72	109	66%
Interventional Radiology	9	14	66%
Neurology	12	21	56%
Colorectal Surgery	57	109	52%
Oral Surgery	42	89	47%
ENT	20	45	45%
Gynaecology	21	60	35%
Trauma & Orthopaedics	20	66	30%
Vascular Surgery	0	11	0%

Daycase activity in M9 was increased from M8 1644 in M9, compared to 1618 in M8) but the activity was well beyond the Phase 3 trajectory submitted to NHSE/I and was 196 ahead of plan.

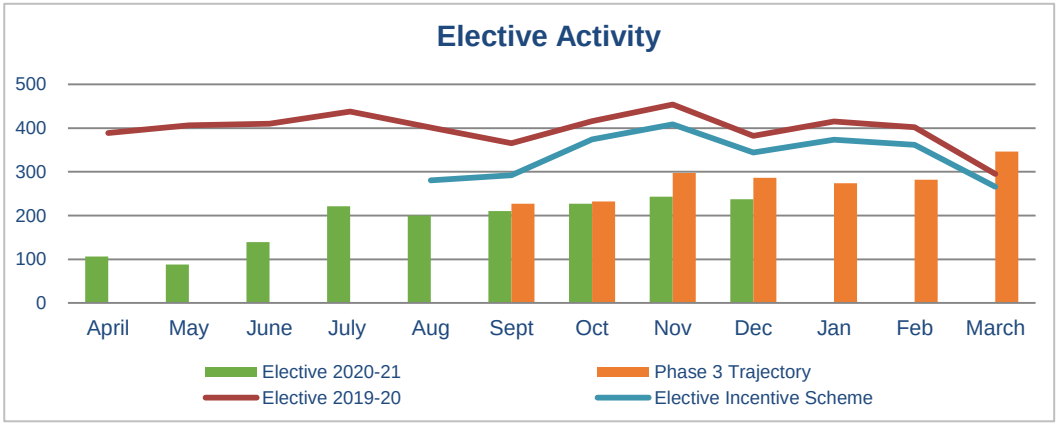
Theatre space continues to be allocated by clinical priority and need resulting in theatre access varying by specialty month to month. Outsourcing to New Hall ended in December and although they continued to undertake procedures and patients already transferred for Trauma & Orthopaedics, Plastics, Spinal and Ophthalmology will remain on their PTL, no further transfers were made. New Hall activity is not included within SFT numbers.

ENT and Oral Surgery remain challenging to increase with proportionally higher numbers of aerosol generating procedures.

The increasing prevalence of Covid-19 impacted activity towards the end of the month with the cancellation of some routine priority lists due to staff sickness and isolation.

Activity recovery – Electives (target 80%)

Are We Effective?



Specialty	December	Pre Covid Monthly Average	% of Pre Covid Monthly Average
Clinical Haematology	11	4	248%
General Medicine	10	6	159%
General Surgery	22	25	87%
Oral Surgery	10	12	84%
Cardiology	8	10	77%
Urology	44	60	73%
Gynaecology	15	23	66%
Colorectal Surgery	13	21	61%
Breast Surgery	7	12	59%
ENT	15	28	54%
Plastic Surgery	44	84	53%
Gastroenterology	2	4	48%
Spinal Surgery Service	4	16	26%
Trauma & Orthopaedics	8	89	9%

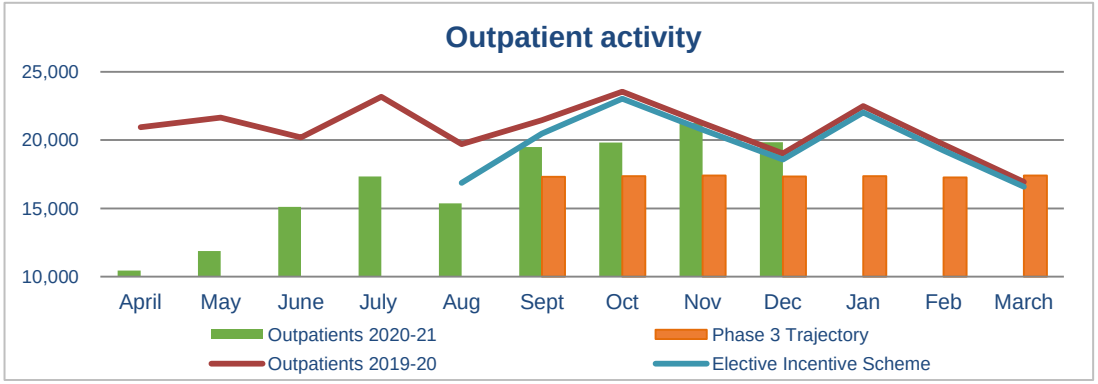
Elective activity remained steady in M9 but the gap between activity and the Phase 3 trajectory submitted to NHSE/I has widened slightly. 237 electives were performed against a trajectory of 286 resulting in a shortfall of 49 against plan.

The two specialties with the high variance from plan were Trauma & Orthopaedics and Plastic Surgery, both of these specialties are outsourcing activity to New Hall which is not included in the SFT activity numbers.

Theatre lists continue to be allocated on clinical priority, which means that specialities with lower levels of urgent patients will recover activity levels more slowly. ENT and Gynaecology were affected by this in December.

Activity recovery – Outpatients (target 100%)

Are We Effective?



Specialty	December	Pre Covid Monthly Average	% of Pre Covid Monthly Average
Respiratory Medicine	2023	578	350%
Colorectal Surgery	630	458	137%
Endocrinology	324	260	124%
Medical Oncology	399	361	111%
Rheumatology	950	868	109%
Clinical Haematology	389	360	108%
Gynaecology	680	657	103%
Plastic Surgery	1972	1911	103%
Gastroenterology	267	281	95%
Ophthalmology	2302	2441	94%
Cardiology	560	602	93%
Genito-Urinary Medicine	500	550	91%
ENT	665	735	90%
Breast Surgery	384	442	87%
Urology	688	803	86%
Orthotics	459	555	83%
Dermatology	637	840	76%
Paediatrics	650	861	75%
Audiology	666	908	73%
Trauma & Orthopaedics	1,276	1,762	72%
Oral Surgery	520	742	70%
General Surgery	213	324	66%
Orthodontics	189	296	64%
Diabetic Medicine	160	272	59%
Spinal Surgery Service	92	238	39%
Physiotherapy	0	393	0%

Outpatient activity levels for M9 exceeded the forecast Phase 3 trajectory submitted to NHSE/I with outpatient activity in December 2020 being 105% of December 2019's with half of specialties now achieving 90% or above. Specialties with fewer Covid-19 related constraints can be seen to have fully recovered with activity for some being well over 100%.

With increased numbers of appointments being undertaken virtually, the level of outpatient procedures has reduced.

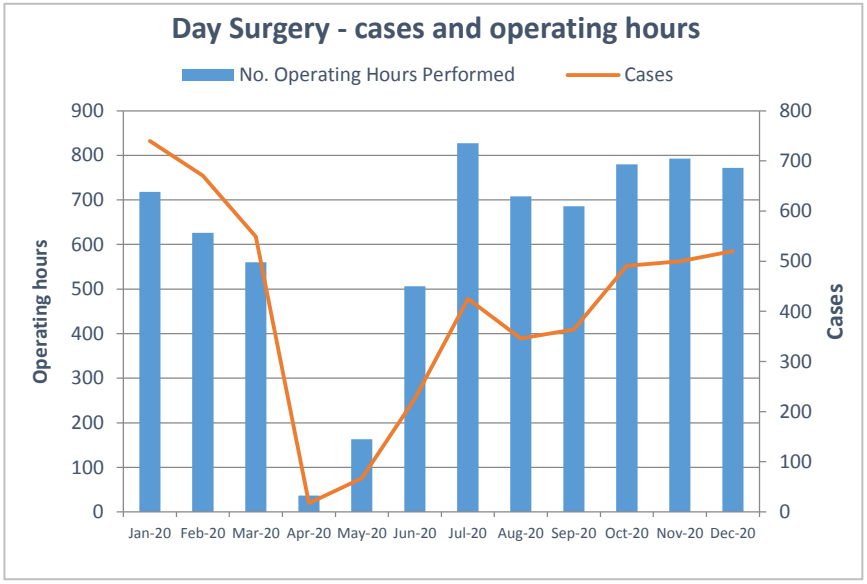
An air change solution for ENT & Oral Surgery outpatient department has been identified, and is expected to be in place during Q4, with activity expected to rise following this.

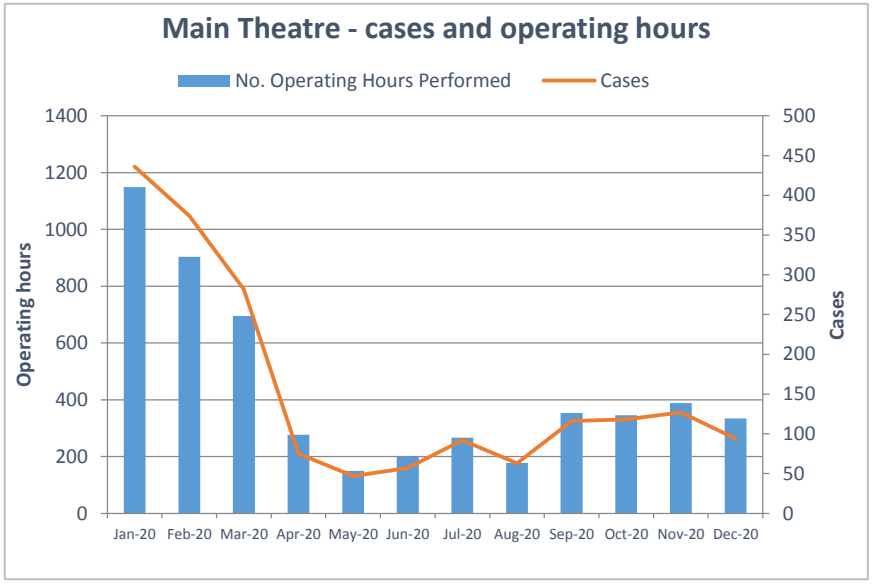
Space constraints across outpatient department continue to be a challenge, particularly in specialties with low levels of patients suitable for virtual appointments such as Trauma & Orthopaedics. The modular build expected in mid-Q4 will increase the number of patients that can be safely seen.

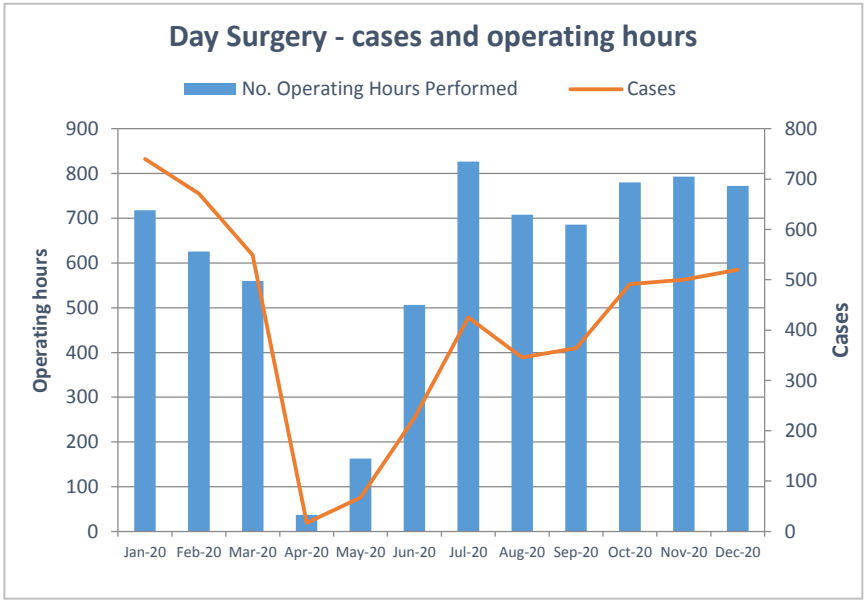
Virtual appointments are working well in some specialties with Gastroenterology seeing the majority of their outpatients virtually. Urology Gynaecology and Colorectal Surgery are also seeing good use of virtual appointments.

Activity recovery - Theatres

Additional Supporting Information







Theatre activity was slightly higher in daycase and remained steady in main theatres.

Theatre activity was expected to increase in December with the opening of two further Main Theatres, which was partially achieved.

Challenges remain around staffing, sickness levels, agency fill and recruitment. Covid-19 related absence remains a difficult issue to mitigate. Theatre staff payment incentive continues.

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

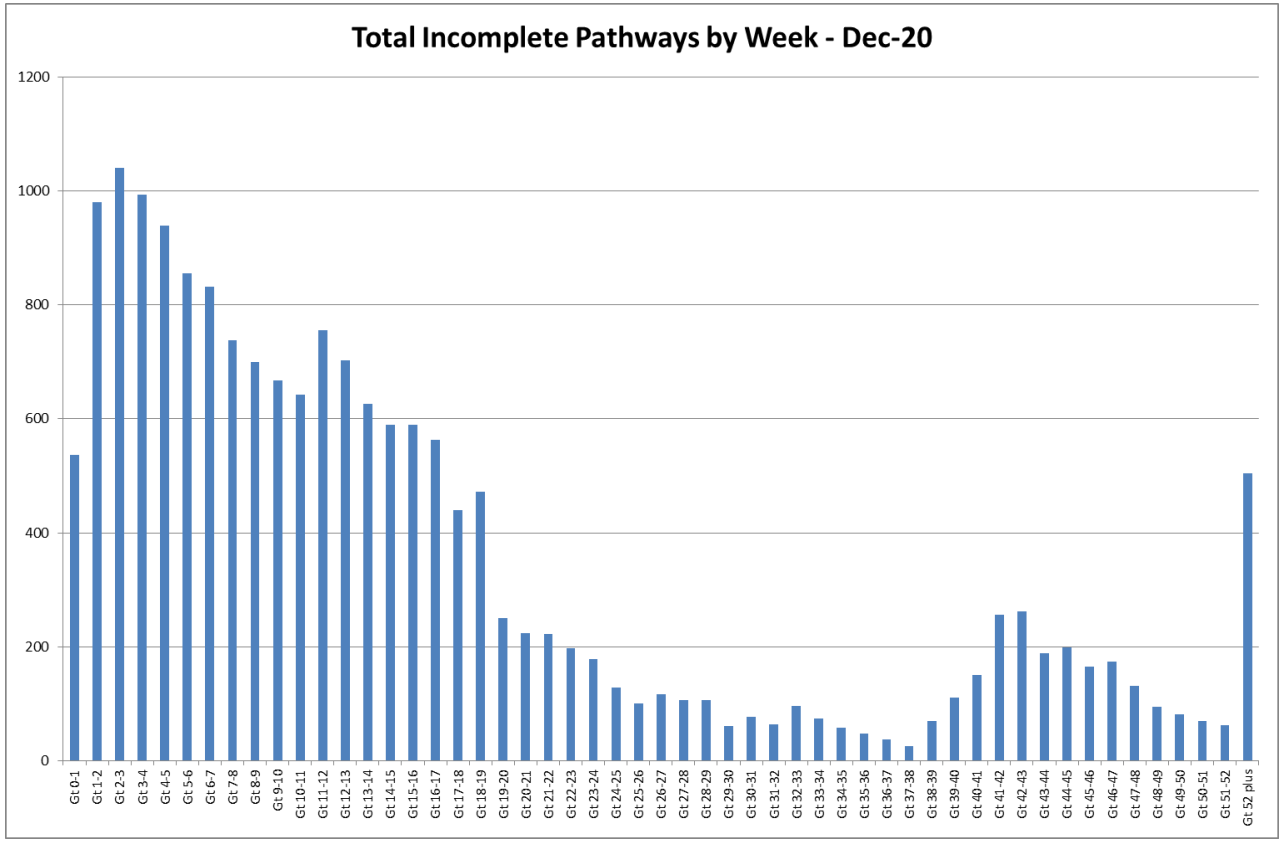
National Key Performance Indicators

Top 5 lowest 18 week performance

Specialty	WL Total	Total <18 weeks	% <18 weeks
Ophthalmology	2161	1133	52.4%
Dermatology	470	264	56.2%
Oral Surgery	1482	878	59.2%
Plastic Surgery	1239	748	60.4%
Ear, Nose & Throat (ENT)	1699	1046	61.6%

Top 5 largest 18 week breach backlog

Specialty	WL Total	Total 18 wk breaches	% <18 weeks
Ophthalmology	2161	1028	52.4%
Ear, Nose & Throat (ENT)	1699	653	61.6%
Oral Surgery	1482	604	59.2%
Other	3316	595	82.1%
Plastic Surgery	1239	491	60.4%



RTT performance declined slightly in December at 71.88% (73.63% in M8). This is due to reduced theatre activity in the second half of the month and the end of outsourcing to Newhall.

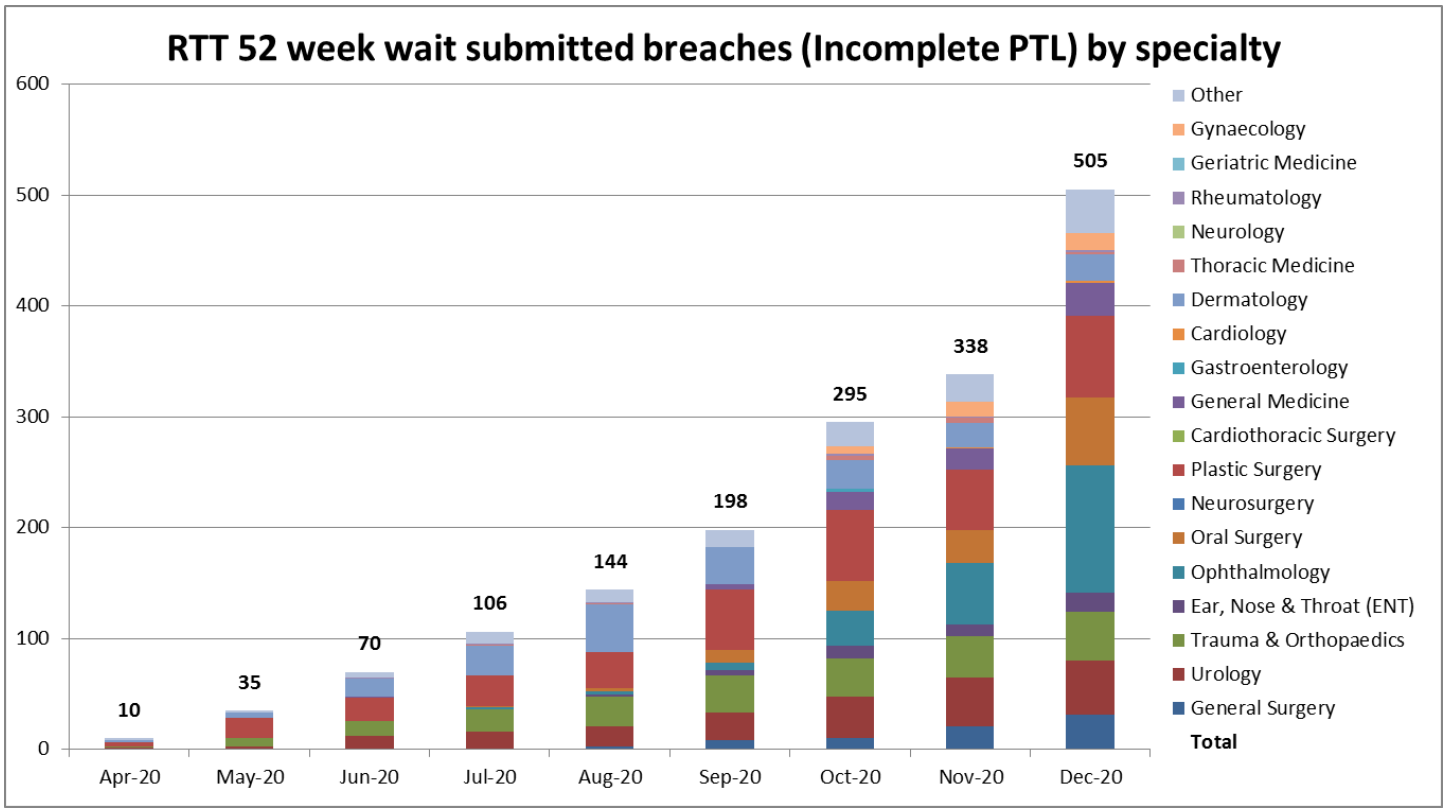
As part of the support work for areas with the poorest compliance, and largest volumes, the Surgical DMT continue to focus on Ophthalmology reviewing options to increase their outpatient capacity options including possible outsourcing solutions. The use of a new peripheral site has been confirmed and this is due to commence in January.

Additionally the air change solutions now identified for ENT and Oral Surgery, which will be installed during Q4, will improve their capacity but improvement will be limited until these are in place.

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

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

National Key Performance Indicators



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

Treatment function	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	% change from previous month
Ophthalmology	0	0	0	2	3	7	32	55	115	109%
Plastic Surgery	3	18	21	28	33	54	64	54	74	37%
Oral Surgery	0	0	0	1	3	12	27	30	61	103%
Urology	2	3	11	15	18	25	38	44	49	11%
Trauma & Orthopaedics	1	7	14	20	27	34	34	37	44	19%

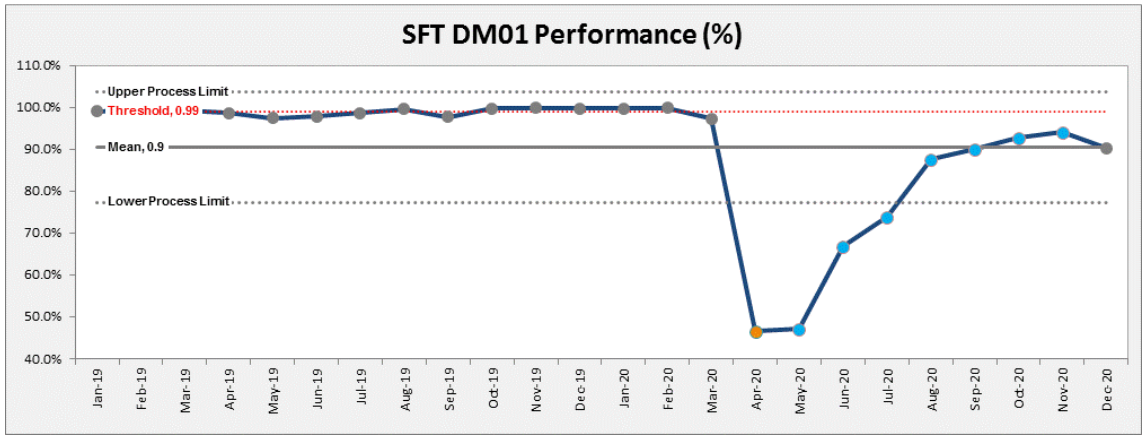
The number of patients waiting longer than 52 weeks has grown by 167 patients to a total of 505 and there are now 64 patients who have requested to pause their pathway due to Covid-19 concerns.

As part of the phase 3 activity assumptions the Trust forecast that the number of over 52 week patients would grow every month until the end of 2020-21. The forecast position for M9 was 256 patients over 52 weeks.

Theatre capacity continues to be allocated on the basis of clinical priority and then longest waiters. Space constraints in outpatient areas are resulting in long wait times for some first appointments especially in ENT, Oral Surgery & Ophthalmology, the areas with the most significant ongoing Covid-19 constraints, and this is now becoming increasingly relevant as a significant number of the patients waiting are now non-admitted stages of their pathway.

Diagnostic Wait Times (DM01) Target 99%

National Key Performance Indicators



Data Quality Rating:	
Performance Latest Month:	90.3%
Waiting List Volume:	3426
6 Week Breaches:	332
Diagnostics Performed:	6498

Background, actions being taken and risks and mitigations
Performance standard in month has not been achieved as a direct impact of Covid-19. January projections confirm that the target is not achievable for M10 owing to a continued increase in the referral rate for Cardiology and Audiology. The impact of Mobile MRI downtime at both SFT and Newhall during M9 will also have a detrimental effect on M10 waiting times. Activity for M9 was overall down on that undertaken in previous months owing to the number of working days in the month, and the impact of Covid on staff sickness.

Endoscopy
15 confirmed in month breaches, all attributable to Covid-19.

Radiology (Inc. DEXA)
29 confirmed in month breaches. 1 CT attributable to Covid-19, 28 MRI all attributable to equipment failure.

Radiology Reporting
2nd provider live from 08-12-2020. Significant improvements to the number of outstanding scans for reporting week on week. Interventional Radiology remains the exception, owing to reduced functionality in the work station located at the Royal Bournemouth and Christchurch Hospital. SFT IT continue to provide support to identify resolution.

Audiology
83 confirmed in month breaches, all attributable to Covid-19. Resource within the service has improved, as have activity levels within the service. An improved position is expected in M10.

Cardiology
205 confirmed in month breaches, all attributable to Covid-19. Activity in M10 is expected to improve, and therefore reduced in month breaches in M10.

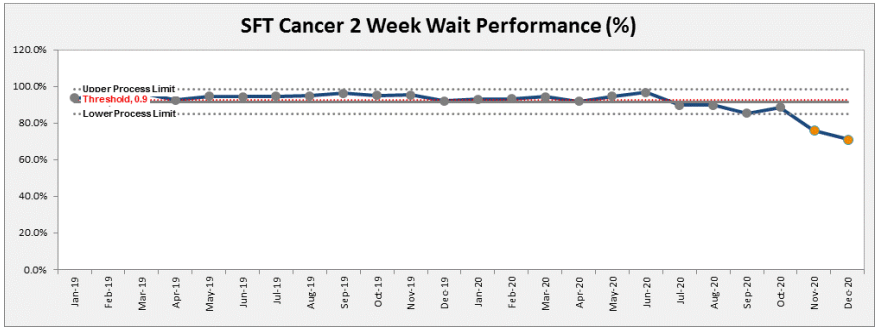
Neurophysiology
0 in month breaches. The service have now recovered their waiting list position.

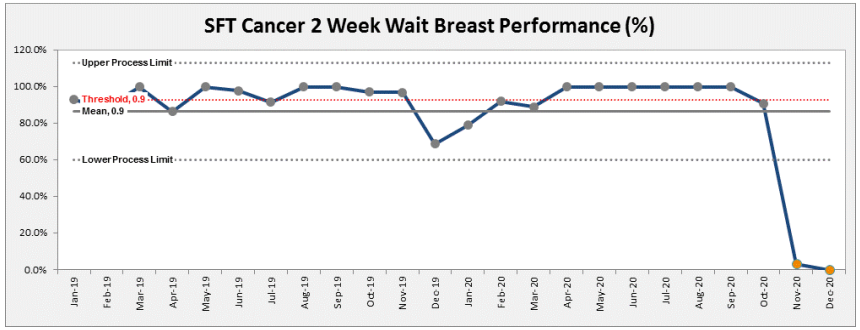
Cancer 2 Week Wait Performance Target 93%

National Key Performance Indicators

Performance Latest Month	Performance	Num/Den	Breaches
Two Week Wait Standard:	71.44%	733/1026	293 (25 patient choice)
Two Week Wait Breast Symptomatic Standard:	0%	0/31	31

Data Quality Rating:





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

Two week wait standard not achieved for M9 (1026 patients seen in total; 733 seen within target; 293 breaches). This is due to a variety of reasons including:

- Face to face outpatient capacity (195 breaches, predominantly associated with breast one stop capacity);
- Patient choice (25 breaches);
- Late receipt of qFIT result (43 breaches);
- GP delay (13 breaches);
- Clinical delay (8 breaches)

Breast symptomatic two week wait performance standard not achieved for M9 (31 patients seen in total; 31 breaches). Delays again associated with patient choice and breast one stop capacity

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

Booking teams continue to prioritise cancer patients, though ongoing concerns related to patient choice remain; this is likely to impact on service delivery for a significant period of time. Revised GP comms to be circulated to remind GPs of the importance of ensuring patients are willing and able to attend hospital.

Significant challenge within breast service due to increase in referrals as well as the number of patients who are referred without having a physical examination from their GP. This increase in demand is then exacerbated by reduced capacity due to social distancing restrictions. Fifth one stop clinic in place from January 2021, with plans to complete a full business case to secure longer term funding. Cancer services will continue to monitor demand and capacity.

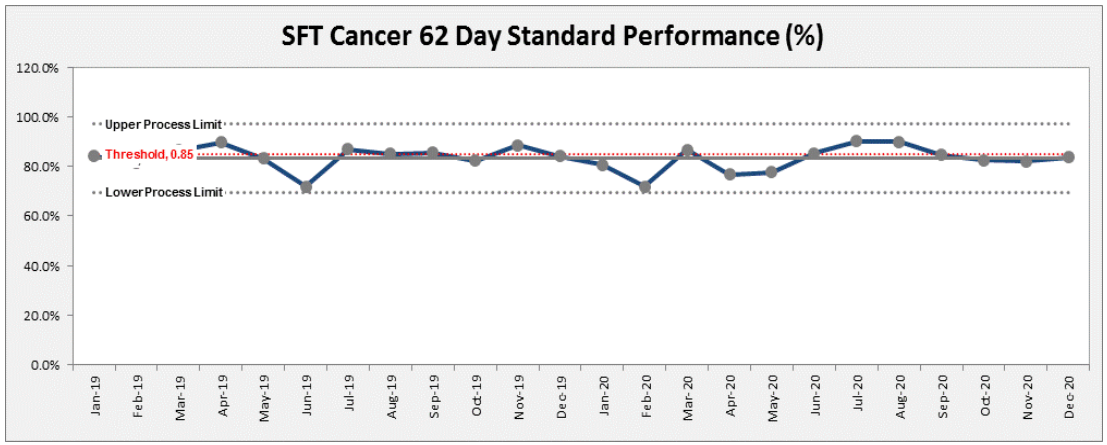
Weekly PTL and cancer ops meetings in place which look to prevent avoidable breaches. This then enables cancer services to work with the relevant team to expedite where possible. Use of cancer escalation process reinvigorated to reduce unnecessary delays.

Risks to delivery and mitigations

The SWAG cancer alliance has confirmed that secondary care will be unable to book or perform diagnostic tests without the completion of a qFIT; this should be completed by the patient prior to referral though there is a risk that as this is not mandated, that patient pathways will be significantly affected. This is affecting SDH's ability to book straight to test appointments in a timely manner within both endoscopy and radiology; a full audit is currently being undertaken within the rapid referral office to monitor the impact of this. Cancer services continue to work closely with the colorectal team and CCG.

Cancer 62 Day Standards Performance Target 85%

National Key Performance Indicators



Data Quality Rating:

Performance Latest Month	Performance	Num/Den
62 Day Standard:	82.88%	60.5/73
62 Day Screening:	100%	1/1

Risks to delivery and mitigations

Month 9 62 day performance of 82.88% (73 patients treated in total; 60.5 within target, 12.5 breaches). Breach reasons predominantly as a result of complex diagnostic pathways, patient choice and clinical delays.

Four 104 day breaches reported in December following treatment:

- 1 x Colorectal; complex diagnostic pathway involving other service providers;
- 1 x Haematology; delayed transfer for skin team post excision
- 1 x Skin; Patient delay
- 1 x Urology; complex diagnostic pathway and patient choice delay to start treatment

Future performance continues to remain fragile, though cancer treatments continue to be prioritised. Cancer services and DMT continue to focus on long waiters and the overall PTL backlog (patients waiting over 62 days); this continues to show improvement. Weekly cancer action group has been established to maintain DMT oversight of cancer care delivery.

Month 9 62 day screening performance standard achieved (1 patient treated in total). Denominator remains low due to decline in screening referrals nationally as a result of Covid-19.

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

Stroke & TIA Pathways

Are We Effective?

SFT SSNAP Case Ascertainment Audit Score:

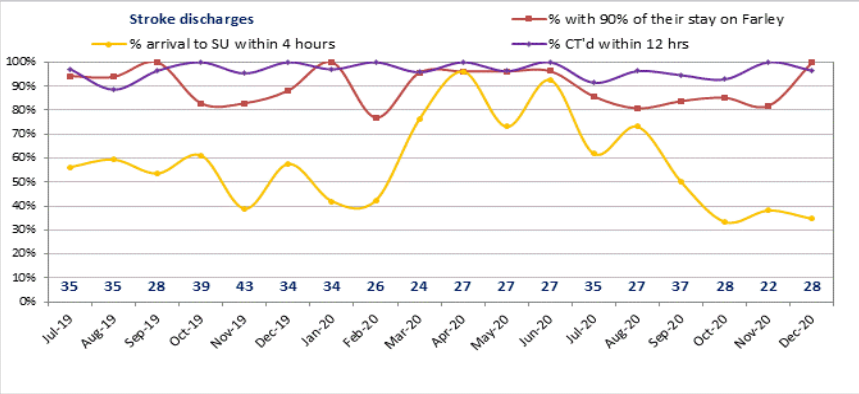
Year	Q1	Q2	Q3	Q4
2019-20	B	B	B	Not Reported
2020-21	Not Reported	Not Reported	Not Reported	

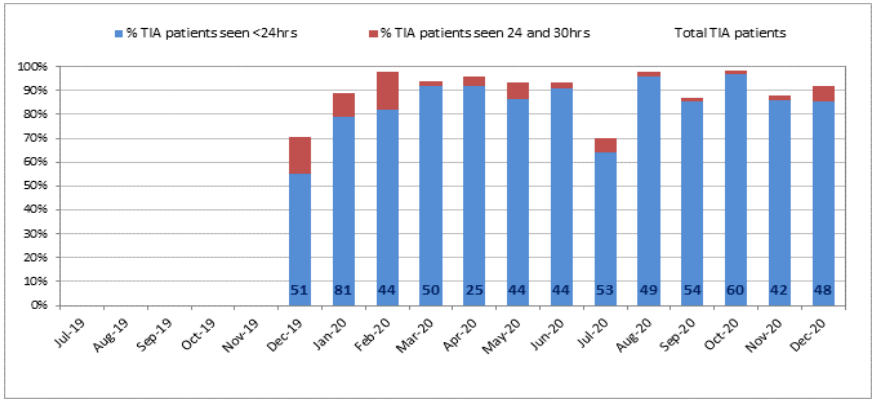
Data Quality Rating:

% Arrival on SU <4 hours: 34.6%

% CT'd < 12 hours: 96.4%

% TIA Seen < 24 hours: 85.4%





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

39% of stroke patients had a CT within 1 hour (target 50%) reflecting the increased pressures on ED. Patients reaching the stroke unit within 4 hours remained at a low level (35%) affecting 17 patients. Delays were due to patients in ED just over 4 hours (6), waiting for a bed (4), waiting for first doctor/specialty doctor (4), workload, waiting for diagnostic and porters (3). 1 (3.6%) stroke death within 7 days – lower than expected (10%) and 4 (14%) stroke deaths within 30 days – lower than expected (17%). 100% of stroke patients spent 90% of their time on the stroke unit exceeding the national target (80%). 56% of eligible patients accessed the Early Supported Discharge (ESD) service exceeding the national target (40%).

TIA performance remained at 85% – 7 patients affected. 4 patients at a weekend were incorrectly advised they had a telephone appointment rather than a face to face appointments – rectified with the CNS at Poole Hospital. 3 patients could not be seen within 24 hours due to 2 full clinics.

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

The Stroke Unit now has 30 beds available for stroke patients across Laverstock (acute) and Breamore (rehabilitation) wards. It was the first time ever that all stroke patients spent 90% of their time on the stroke unit.

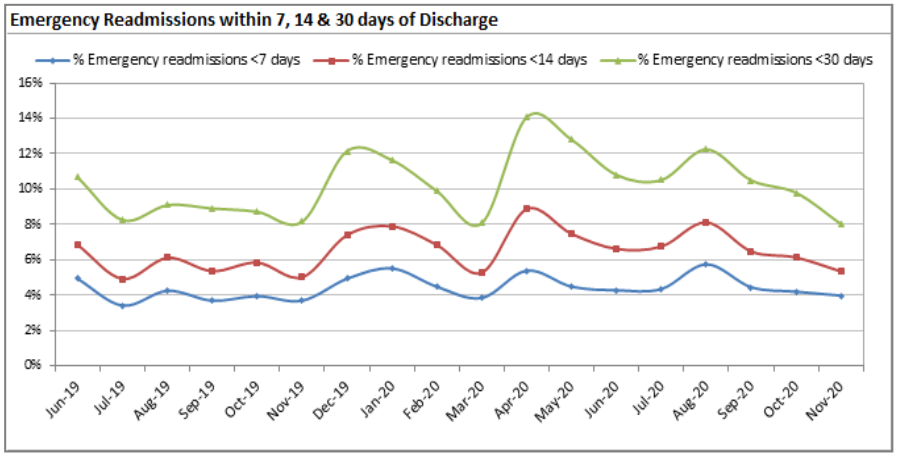
Risks to delivery and mitigations

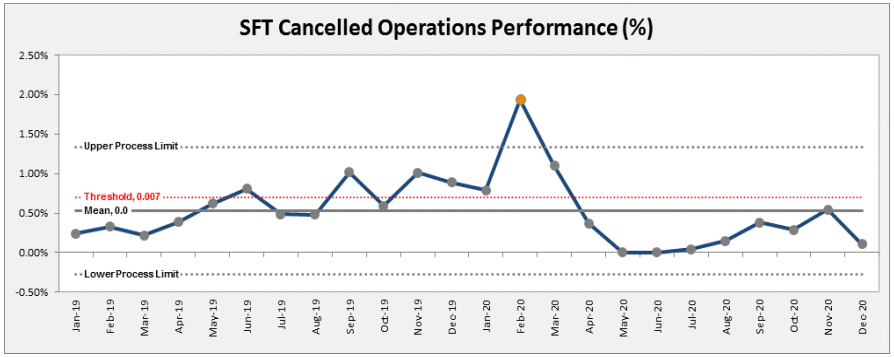
The assessment bed for GP direct admissions & transfers from ED within 4 hours is being used for bed capacity due to the increase in Covid-19 patients. Mitigated by proactive bed management and virtual board rounds.

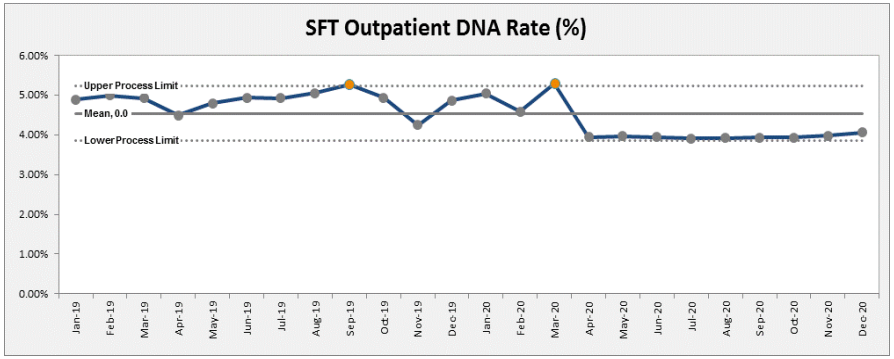
SSNAP data will not be published for Q3 20/21.

Other Measures

Are We Effective?







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.

Salisbury NHS Foundation Trust

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		

Infection Control

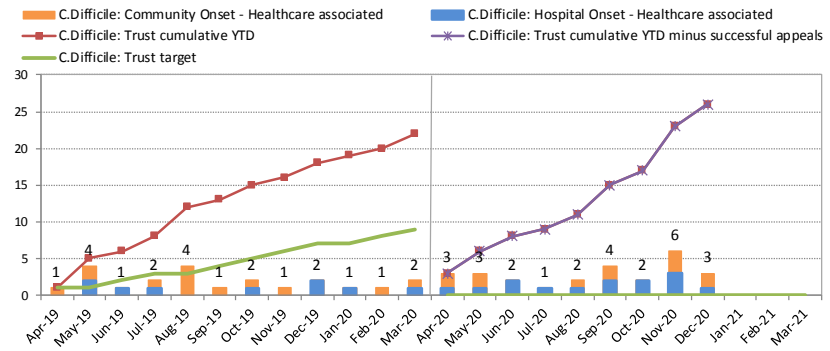
Data Quality Rating:

Are We Safe?

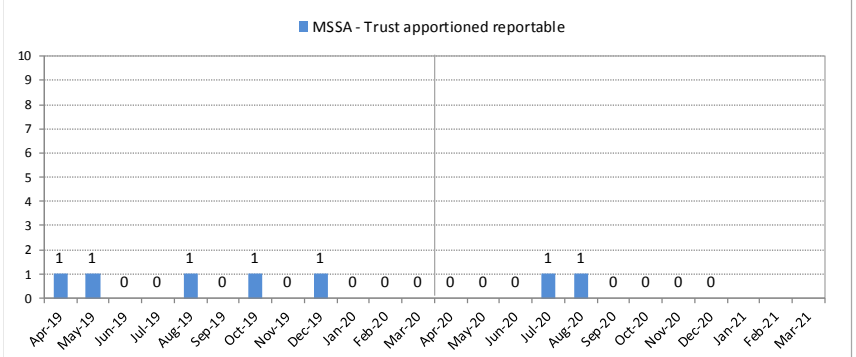
Clostridium Difficile	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Cases Appealed	0	0	0	0	0	0	0	0	0	0
Successful Appeals	0	0	0	0	0	0	0	0	0	0

MRSA	2019-20	2020-21
Trust Apportioned	0	2

Clostridium Difficile: Healthcare Associated Cases



MSSA - Trust apportioned



Summary and Action

- 1 MRSA blood stream infection of a patient receiving end of life care who subsequently died. The source is unknown and the case is currently under investigation.
- 1 hospital onset healthcare associated C.difficile case in December of a patient who developed diarrhoea on Britford ward . The patient was moved and isolated in a side room on Odstock ward. Case currently under investigation.
- 2 community onset healthcare associated C.difficile cases. 1 patient was discharged to a nursing home known to have C.difficile. The nursing home staff sent another sample 4 days after admission which showed the patient continued to be C.difficile positive. 1 patient had a GP sample taken of a patient discharged from Downton ward.

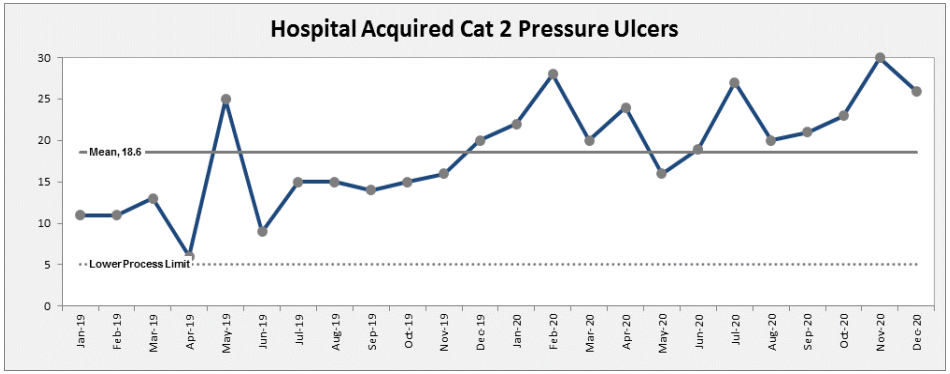
Outcome of investigations/learning from hospital onset healthcare associated cases not previously reported in November:

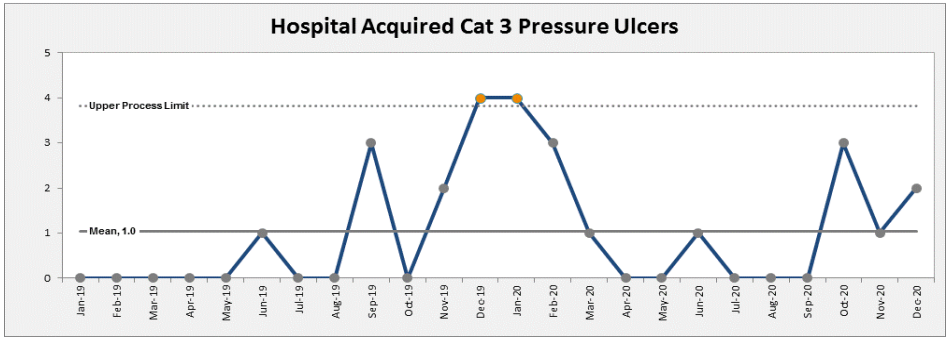
- A patient admitted due to congestive cardiac failure was being isolated on Whiteparish Ward, having been transferred from a bay on Tisbury CCU. The patient had recent antibiotics for cellulitis. The case remains under investigation.
- A patient on Spire Ward who had previously been identified as C.difficile positive in July, and had been under the care of the Pembroke Team. A sample was obtained at the request of the clinicians. The case remains under investigation.
- A patient on the Stroke Unit, who transferred to a side room on Odstock Ward. The case remains under investigation.

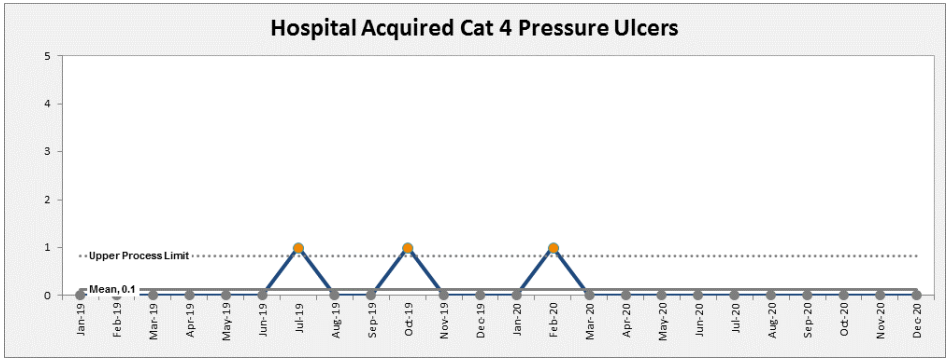
Pressure Ulcers

Are We Safe?

Data Quality Rating:







Per 1000 Bed Days	2019-20 Q3	2019-20 Q4	2020-21 Q1	2020-21 Q2	2020-21 Q3
Pressure Ulcers	1.22	1.73	2.27	1.92	2.10

Summary and Action

The number of category 2 pressure ulcers decreased from 30 in November to 26 in December. The biggest reduction was seen in the Surgical Division from 14 to 8 category 2 pressure ulcers. Share and learn meetings are yet to be held to understand the root cause. The AMU pressure ulcer quality improvement project planned 'Plan Do See Act' cycle is still planned once the peak of Covid-19 has passed.

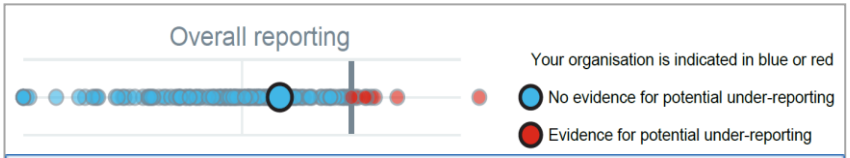
In December, two category 3 pressure ulcers. A serious incident inquiry (SII390) was commissioned of a patient on Tisbury ward where there was a failure to recognise the type of skin damage and put preventative measures in place and implement appropriate treatment. The other category 3 pressure ulcer was a high risk patient on Durrington ward, who already had multiple pressure ulcers, but a new category 3 pressure ulcer was not identified in a timely manner. Subsequently, appropriate treatment was started and the ulcer has almost healed. Learning was related to identification and documentation. Two new skin bundles are proposed: 1) patients at risk and at moderate risk of pressure damage – a daily skin check with questions to prompt staff to undertake it and 2) patients at high and very high risk of pressure damage – a turn regime has been added to the bundle. The plan is to undertake a 'Plan Do See Act' cycle in the Medical Division once the peak of Covid-19 has passed. Education of link nurses is a key part of the improvement plan.

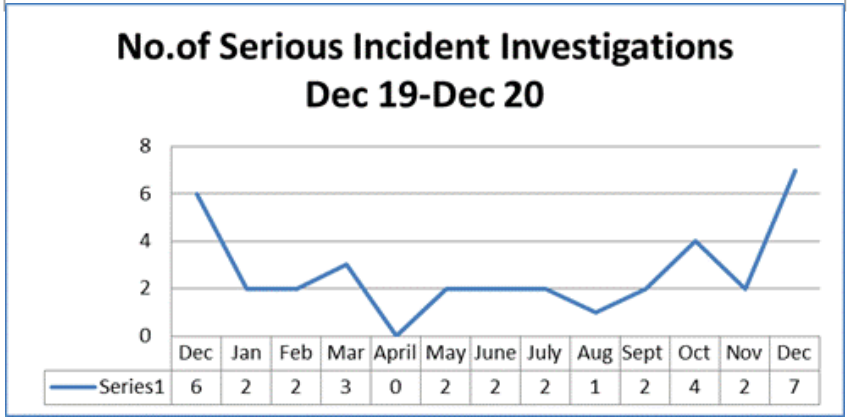
Incidents

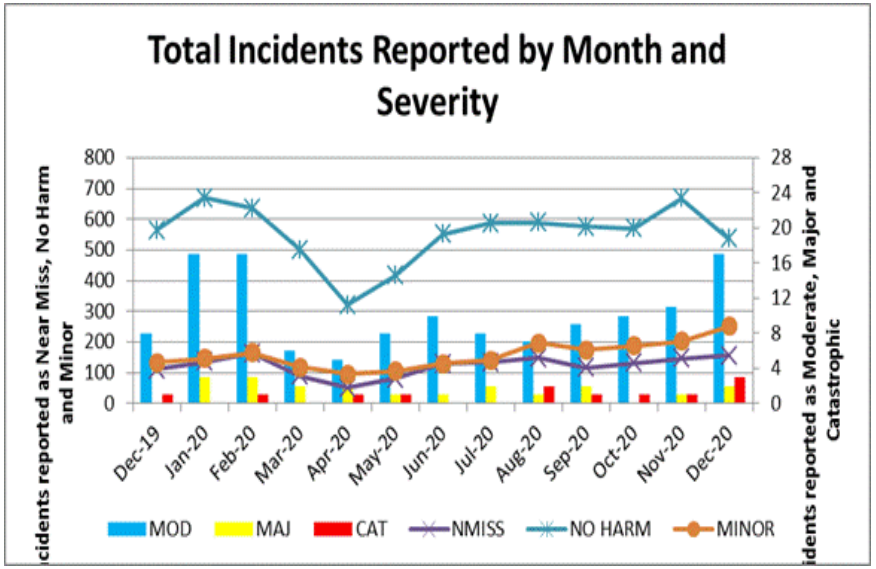
Are We Safe?

Year	2019-20	2020-21
Never Events	2	0

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







Summary and Action

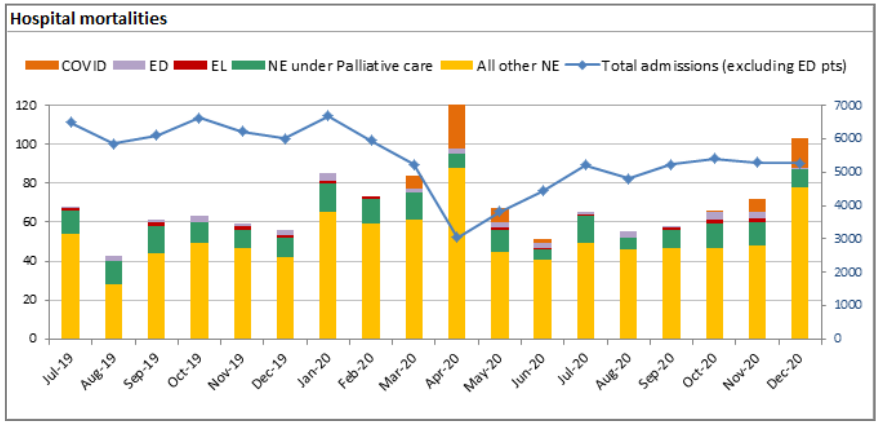
7 serious incidents investigations commissioned in December;

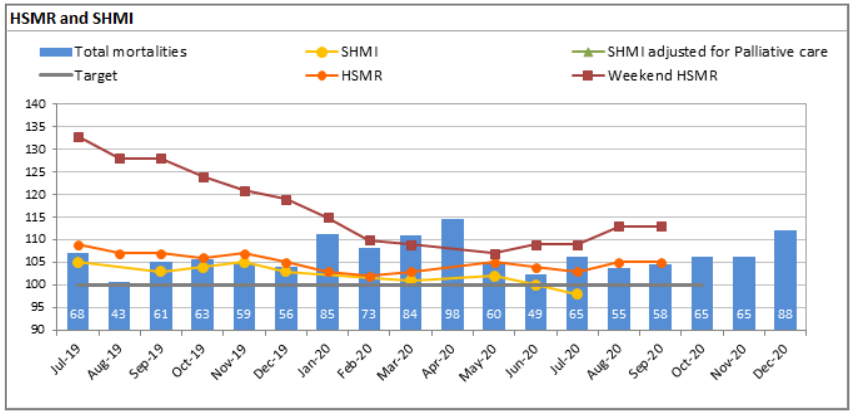
- (Surgery) - Day surgery medication error.
- (Medicine) - Grade 3 pressure ulcer. The patient was at high risk of pressure damage due to reduced mobility and clinical condition. There were missed opportunities to implement preventative measures early in the patients stay.
- (CSFS) - Term still birth following an intra-uterine death of a significantly growth restricted baby.
- (Medicine) - Missed ST elevation. Preliminary angiography undertaken showed severe triple vessel disease. The patient reported chest pain but an incorrect interpretation of the ECG and subsequent incorrect management plan was initiated. The patient suffered a cardiac arrest but despite successful resuscitation and urgent transfer to Cardiac Catheter Laboratory for percutaneous coronary intervention, the patient subsequently died.
- (Medicine) – Possible delay in cardiopulmonary resuscitation.
- (Medicine) - Catastrophic fall. The patient sustained a traumatic cerebral haematoma and died as a result of the head injury.
- (CSFS) - Hysterectomy performed that required a return to theatre due to a missed laceration at initial umbilical incision.

Mortality Indicators

Are We Safe?

Data Quality Rating:





Summary and Action

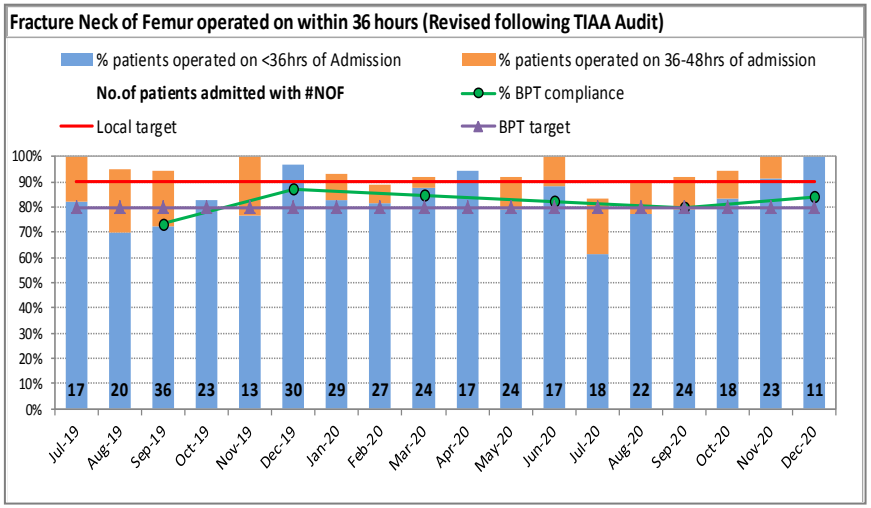
HSMR is as expected to September 20. The weekend HSMR decreased slightly and remains within the expected range.

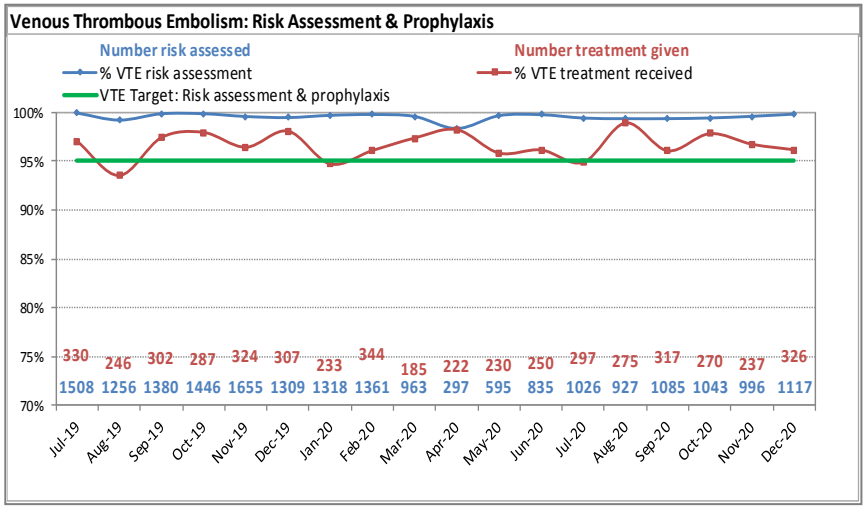
There were 15 deaths in December associated with Covid-19. Of these, 14 cases tested positive for Covid-19 and 1 patient tested negative for Covid-19 but had it recorded on 1a of the medical certificate of cause of death. Of the 14 Covid-19 positive deaths, 8 cases were community onset, 3 were hospital onset probable healthcare associated cases and 3 were hospital onset definite healthcare associated cases. 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 December, there were 3 outbreaks of Covid-19 declared on 3 different wards.

Fracture Neck of Femur & VTE Risk Assessment/Prophylaxis

Are We Safe?

Data Quality Rating:





Summary and Action

Q3 hip fracture best practice tariff compliance improved to 84%.

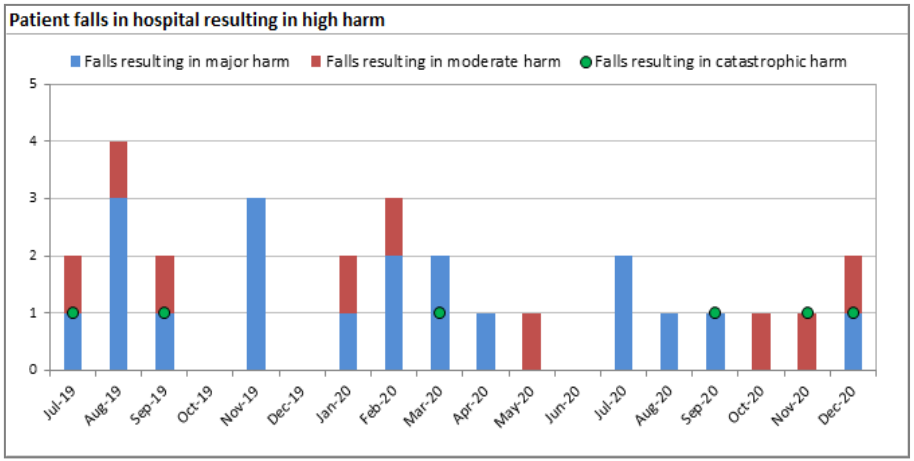
In December, 2 patients did not receive hip surgery for a fractured neck of femur within 36 hours (note: not all records were coded when this IPR was reported. The December data will be updated in January to show 24 patients, of which 2 did not receive surgery within 36 hours of admission).

- 1 patient was admitted from a nursing home following an unwitnessed fall which resulted in a fractured hip and cerebral haemorrhage. The patient had palliative surgery at 47 hours and died on day 23.
- 1 patient had surgery at 73 hours due to the need to treat a low sodium prior to surgery. Surgery was uncomplicated, acute kidney injury secondary to dehydration was resolved and the patient received a blood transfusion post-operatively and was discharged home on day 10.

The Trust continued to report good performance in VTE risk assessment and prophylaxis. VTE national data collection and publication continues to be paused until March 2021.

Patient Falls

Are We Safe?



Data Quality Rating:

Per 1000 Bed Days	2019-20 Q3	2019-20 Q4	2020-21 Q1	2020-21 Q2	2020-21 Q3
Patient Falls	0.07	0.17	0.08	0.14	0.16

Summary and Action

In December, 3 falls resulting in harm:

- A patient sustained a traumatic cerebral haematoma and died as a result of the head injury - catastrophic (SII 394).
- A patient suffered major harm from a fractured ankle as required 6 weeks of non-weight bearing bed rest and a prolonged length of stay.
- A patient with a fractured pubic rami suffered moderate harm treated conservatively but has subsequently died from a Covid-19 related illness.

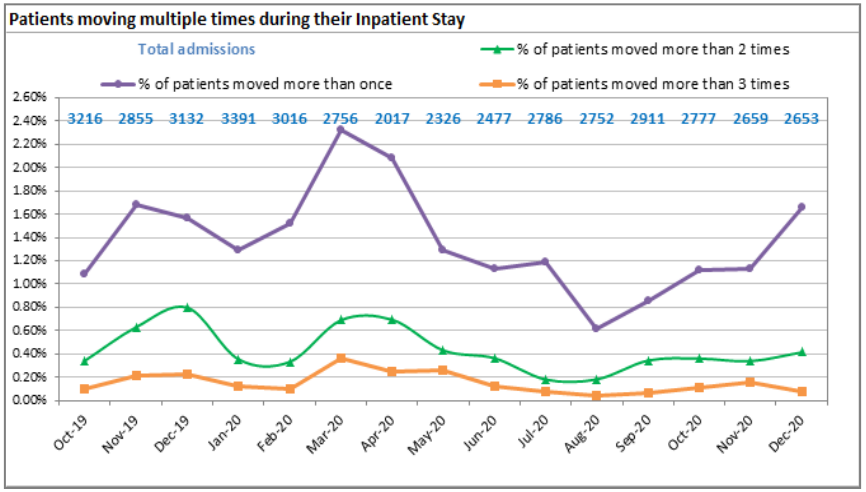
A Trust wide falls improvement plan with aggregated learning from SWARMs and serious incident inquiries is in place.

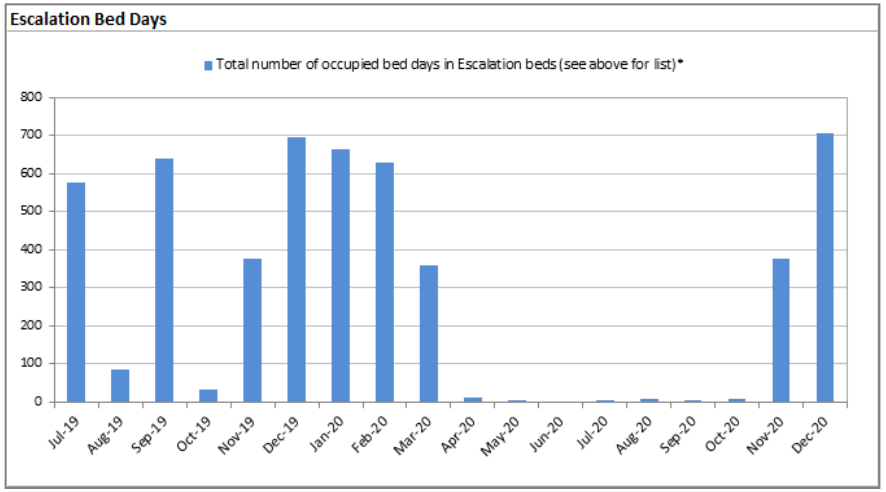
Patient Experience

Are We Safe?

Last 12 months	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Bed Occupancy %	94.4	96.1	81.8	60.5	64.0	76.4	81.7	81.5	86.6	85.7	91.5	92.4

Data Quality Rating:





Summary and Action

A significant increase in open escalation bed capacity in December. This was to enable safe placement and separation of Covid-19 positive from Covid-19 negative patients, particularly needed due to the new variant Covid-19 strain which is 70% more transmissible than the initial strain.

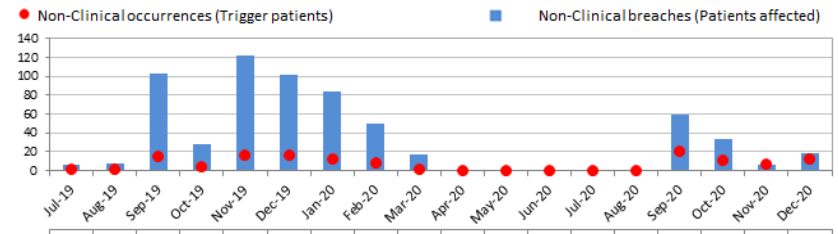
The bed occupancy rate also increased to 92% as the number of patients admitted with Covid-19 increased between Christmas and the New Year. The percentage of multiple ward moves also increased.

Patient Experience

Are We Safe?

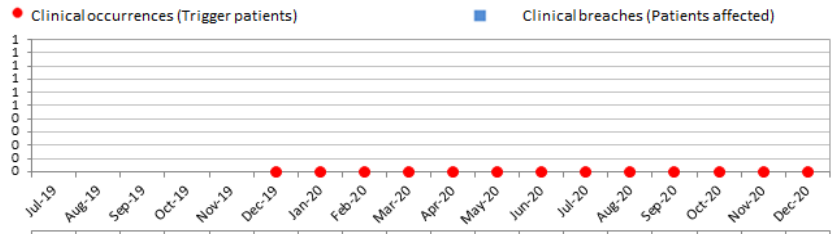
Data Quality Rating:

Delivering Same Sex Accommodation - Non-clinical



	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
■	7	8	103	28	122	102	84	50	17	0	0	0	0	0	59	33	7	18
●	1	1	15	4	17	16	13	8	2	0	0	0	0	0	20	11	7	12

Delivering Same Sex Accommodation - Clinical



	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
■						0	0	0	0	0	0	0	0	0	0	0	0	0
●						0	0	0	0	0	0	0	0	0	0	0	0	0

Summary and Action

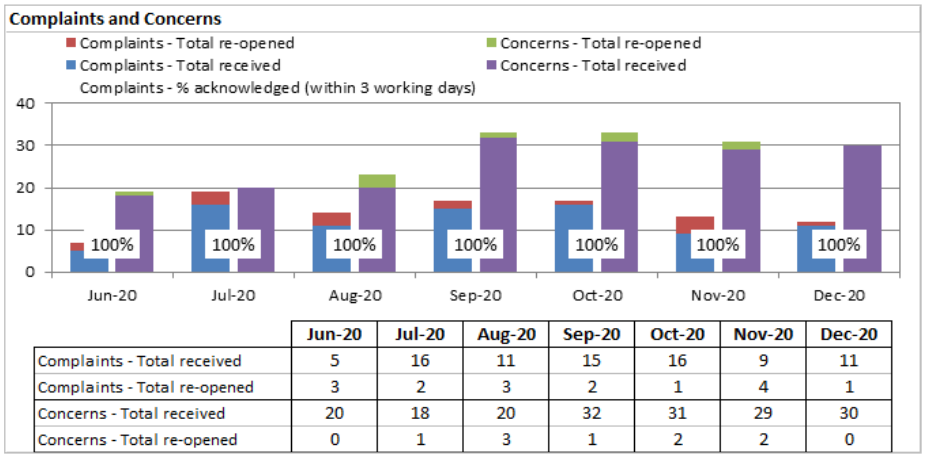
12 occurrences of non-clinical mixed sex accommodation breaches in December affecting 18 patients. 10 patients were affected in Radnor ward and all resolved within 48 hours. Privacy and dignity was maintained in the individual bed space. These were patients who were unable to be transferred out to a general ward within 4 hours of the decision that the patient was fit to be moved.

There was one non-clinical mixed sex accommodation breach in AMU affecting 4 patients in the assessment bay and privacy and dignity was maintained with Quikscreens. There was also one occurrence affecting 4 patients in Farley/RCU due to the need to prioritise the cohorting and placement of Covid-19 positive patients and reduce the risk of nosocomial transmission and outbreaks. The breaches were resolved within 24 – 48 hours.

In September 20, NHSE&I notified the Trust that a pause on mixed sex accommodation data collection and publication will continue until March 2021. The Trust remain committed to a zero tolerance of mixed sex breaches unless there is an imminent threat to safe patient care.

Patient & Visitor Feedback: Complaints and Concerns

Are We Responsive?



	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Complaints - Total received	5	16	11	15	16	9	11
Complaints - Total re-opened	3	2	3	2	1	4	1
Concerns - Total received	20	18	20	32	31	29	30
Concerns - Total re-opened	0	1	3	1	2	2	0

Summary and Actions:

Top 3 themes of complaints include:

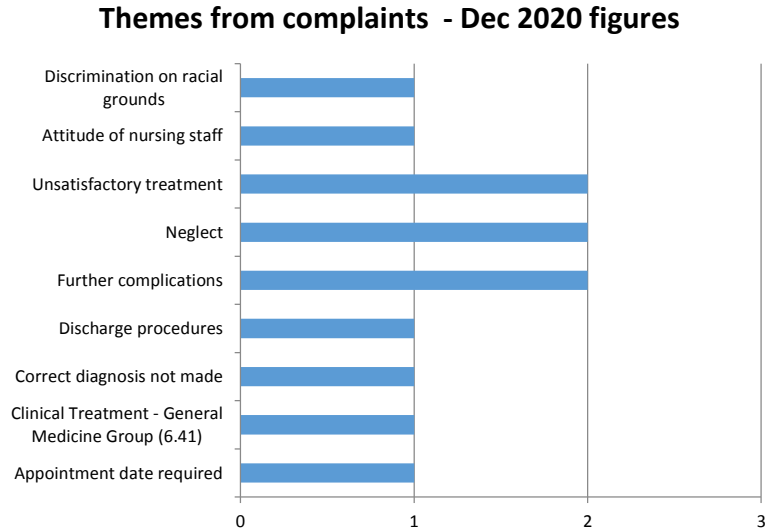
- Further complication
- Neglect
- Unsatisfactory treatment

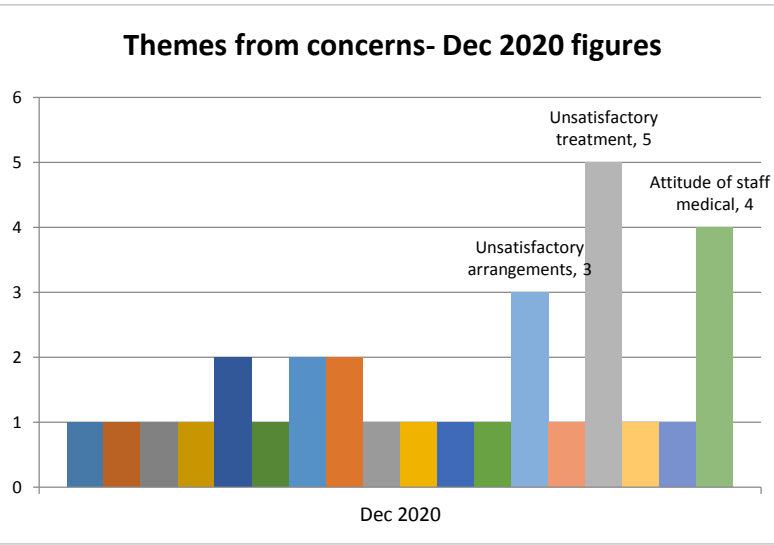
15 closed complaints in December

The PALS team have become increasingly aware that the lack of communication with families of patients receiving end of life care is an emerging theme.

The PALS team are looking at ways they can assist the wards to support families with their enquiries. In addition, the Bereavement team will be visiting the Covid-19 wards and will contact families of those patients who are on an personalised care framework.

Data Quality Rating:





Part 3: Our People

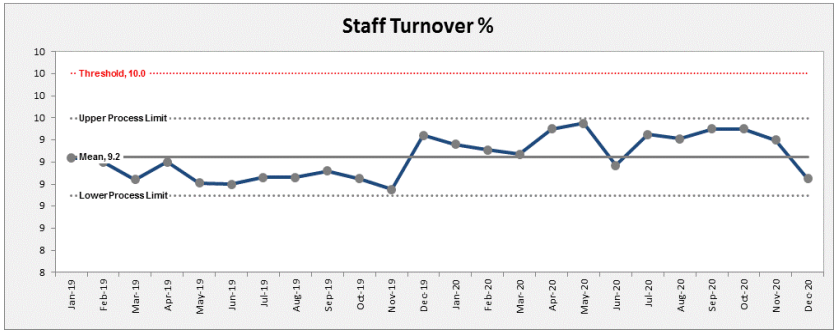
Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

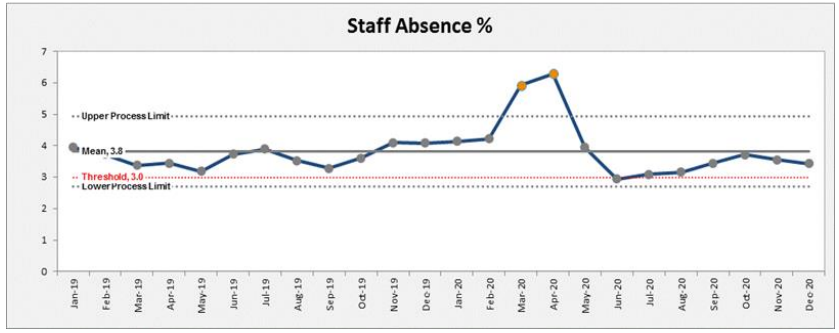
Workforce - Total

Use of Resources

Total Workforce vs Budgeted Plan - WTEs

	Dec '20		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	425.1	436.50	(11.4)
Nursing	967.1	1,058.62	(91.5)
HCAs	425.2	483.50	(58.3)
Other Clinical Staff	619.8	647.19	(27.4)
Infrastructure Staff	1,227.9	1,291.27	(63.4)
TOTAL	**3,665.1**	**3,917.1**	**(252.0)**





Summary and Action

During December, we saw the lowest number of starters in the calendar year, at only 18, although this is unsurprising given the Christmas/New Year period which is traditionally quiet, coupled with the ongoing Covid-19 concerns.

We advertised 61 posts, representing approximately 71 WTE and made 69 job offers. We received additional funding to support recruitment of HCAs, which we have used to enhance the recruitment team capacity. We successfully recruited four Band 5 radiographers, 1 Consultant for AMU and 1 Consultant GI Surgery. Leavers, at 35, was the second highest in the year although turnover is slightly down on the previous month.

We are planning to implement the pre-Hire IAT system (linked to ESR) in January which will improve the candidate's onboarding experience and streamline our starter process by eliminating much of the manual data entry for new starters.

A total of 1398 RN shifts were filled by bank workers, 10% of these to cover Covid-19 sickness and 24% to cover a combination of medical suspensions and redeployments.

In the month, a total of 34 volunteers gave 430 hours to the Trust and additional volunteers have come forward for the CCH. Volunteers have been reinstated on the Spinal Unit and the Trust is actively seeking volunteers to take on a "Ward Buddy" role. We received NHSE funding for volunteers to support staff, which we have mobilized to create a "staff buddy" role to aid staff in getting drinks and food to maximize their break times.

Sickness is slightly down in December to 3.43%, 13% of which is Covid-19 related at 0.45%, with non Covid-19 sickness 2.98%. Long term sickness has decreased, with short term absences increasing. We have already however, seen a significant spike in Covid-19 related sickness absence and self-isolation in January which will be reflected in next month's report.

There are a total of 135 short term absence cases currently in Stages 2-4 of the Attendance Management process, over 100 of which are in Medicine Division. A total of 19 cases of long term sickness absence across the Trust are currently being managed through to return to work or alternative options – for example one is being considered for redeployment.

With the exception of Medicine, all Divisions are reporting stress, anxiety & depression as the top reason for absence, with Covid-19 second. In Medicine Division, these two reasons are reversed and Covid-19 is the top reason. We may expect that this could be reflected in other Divisions in the January figures.

Hotspot areas identified are Housekeeping and Transport in Facilities and Respiratory Medicine, Hospice and RCU in Medicine. Given the nature of the reasons and the current climate, this is to be expected although is being flagged to the Project Manager for current psychological support so that any appropriate additional support can be made available for those groups.

Workforce – Staff Training and Appraisals

Use of Resources

Summary and Action

Mandatory training remains above target, at 91.5%, although slightly down on last month's compliance, which was over 92%. Facilities have the highest compliance rate of 97%, with CSFS and Surgery both over 90% and Medicine marginally below at 89.78%.

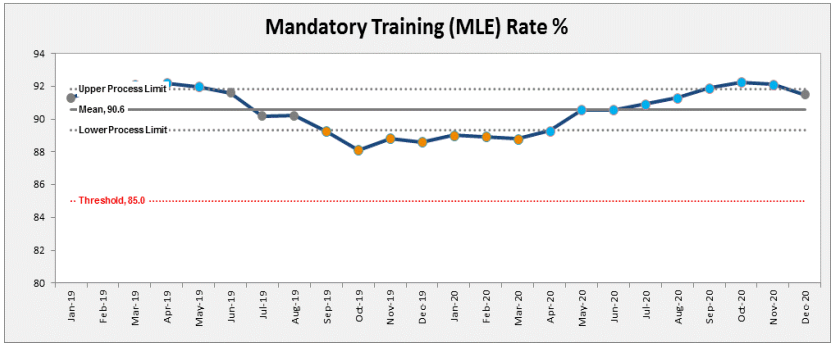
The compliance rate has dropped for the last two months and this suggests that staff are finding less time to complete the MLE with the increased activity in the Hospital, including cover for absent colleagues and staff being redeployed. We know that Medicine are significantly under pressure and the BP shares the compliance data regularly to ensure managers are aware of the compliance.

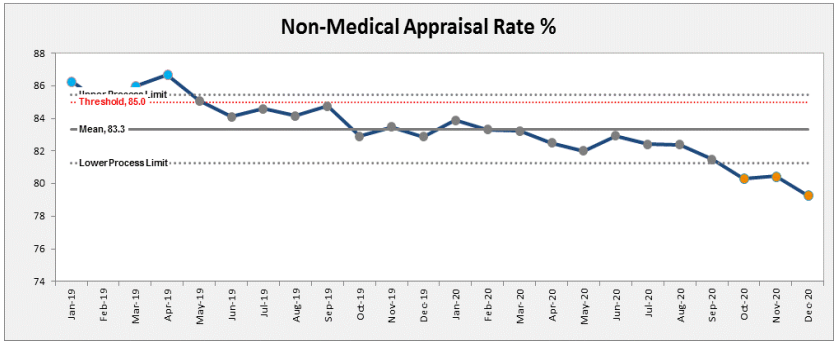
The staff groups are very different with the current demands playing out very differently, nevertheless the Business Partners have been tasked with identifying and transferring good practice from Facilities which could readily be adopted elsewhere in the Trust.

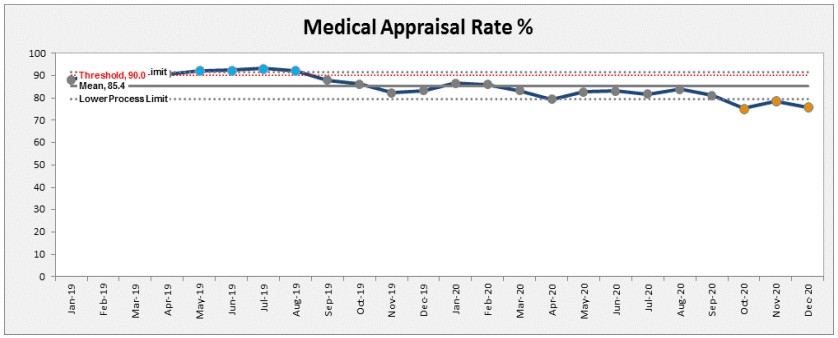
Appraisals, both general and medical, remain below their respective targets, continuing a trend since the middle of the year. They currently stand at 75.95% for medical against a target of 90%, and non-medical at 79.28 against a target of 85%.

Some managers are reporting that they are struggling to get the appraisals booked in as a result of the ever changing picture due to redeployments, staff movements, and staff absences. Whilst this is understandable in the current incident, the BPs are continuing to work with managers to find ways of ameliorating these effects and complete the appraisals.

In one Division, several managers are reporting that whilst the appraisals themselves are complete, they have not had the time to record the sign off on the system which consequently shows them as still non-compliant. The BPs and Advisors have been tasked with making plans in collaboration with the Divisions to return to target compliance levels within a reasonable timeframe.







Feedback from Friends and Family test

"There was not one member of staff that was not professional. This goes from surgeon to cleaners and porters. Staff were happy and kind to everyone" Britford ward

"Everything. Staff were so kind and helpful. They were considerate to all my needs. Many thanks" Rheumatology

"On time. Lots of TLC given" Diabetic foot ulcer clinic

"The lovely, friendly, caring staff, especially student nurse Ruth and HCA Izzy. In fact all the nurses were brilliant" Downton Ward

"I would recommend this dept. Staff are always helpful and lovely. They make a day at the infusion suite a nicer experience. The helpline is very useful. Have been impressed with the continuing care throughout COVID. In particular found video consultations useful. Despite being busy staff are always nice" Rheumatology

What was good about your experience?

December 2020

"Excellent care from start to finish. COVID safety throughout. Attended with my mother who has dementia and we were treated with dignity and respect by all staff. Student nurse Teresa was diligent and attentive. Please pass accolade to all staff on DSU from initial reception to discharge. In Mr Tiernan's theatre we were treated very well. The consultant was, as always, a gentleman and put my mother at ease. Other theatre staff were professional and efficient yet friendly" DSU outpatients

"Enjoyed staying here" Durrington ward

"Helpful polite staff. Good explanations each step of the way. Good support during procedure. Thank you" Endoscopy

"All staff were absolutely amazing, so kind and caring. Very well looked after and I can't thank them enough" Tisbury ward

"So caring. Kept me safe and supported. This was the first time I've been admitted to hospital so was regularly reassured. Thank you to everyone involved in my care" Tisbury ward

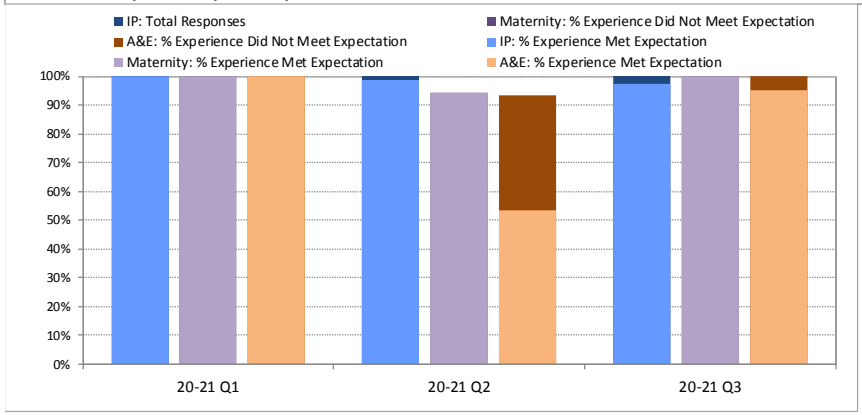
"I had a brilliant experience. The staff were welcoming and I was well looked after. Sister Gemma, Lucinda and Louisa especially" Whiteparish ward

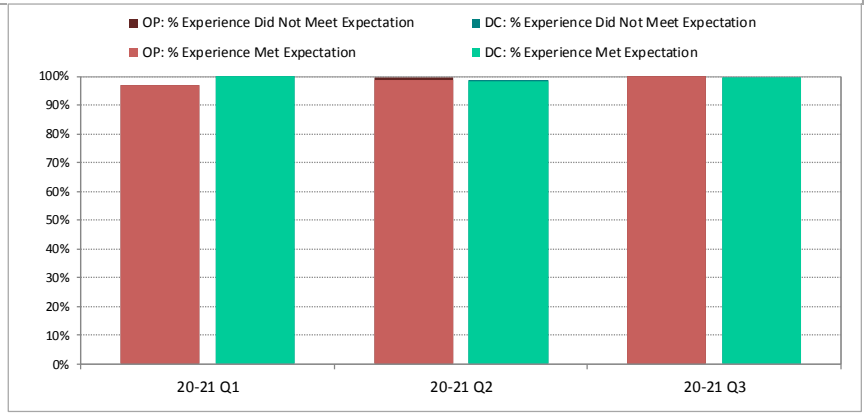
"Very professional service. Staff all very well trained. Thank you" Vascular and Diabetes Unit

Friends and Family Test – Patients and Staff

Use of Resources

Friends & Family Test: Responses by Area





The Trust started reporting the new response FFT figures in December 2020. Overall, the response rates were low for inpatients at 6%, ED at 0.2% and maternity services at 1%. Response rates for outpatients were also low at 0.1% but day cases were higher at 6%.

The figures in Q3 are reported as the proportion of patients whose experience met their expectation or had not met their expectation. 3 (1%) inpatients reported a very poor or poor experience on 3 separate wards related to understaffing, attitude of staff and poor food. 1 patient attending ED reported a very poor experience about the length of time waiting to be seen.

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

The staff Friends and Family test was suspended this year due to Covid-19.

In September, the Best Place to Work discovery phase report was published which describes the experience of our workforce. The aim was to understand the culture and the 'way we do things around here' as these shape the behaviour of everyone in the organisation and directly affects the quality of care they provide.

The discovery work acknowledged the Trust as a caring, friendly organisation with professional staff who strives to provide the best possible care for patients. Staff are proud of the hospital and proud of the care and treatment we give to our local community. The Board discussed the recommendations at its meeting in October 2020. It was agreed a further seminar session should be held to review and prioritise the 20 recommendations. This was scheduled to take place in January 2021 but due to the pressures the hospital is facing with the Covid-19 pandemic, the seminar was postponed and will take place in February 2021. The Board also agreed a co-creation approach whereby sessions with staff are scheduled to obtain their views on the areas that should be prioritised from the 20 recommendations.

Part 4: Use of Resources

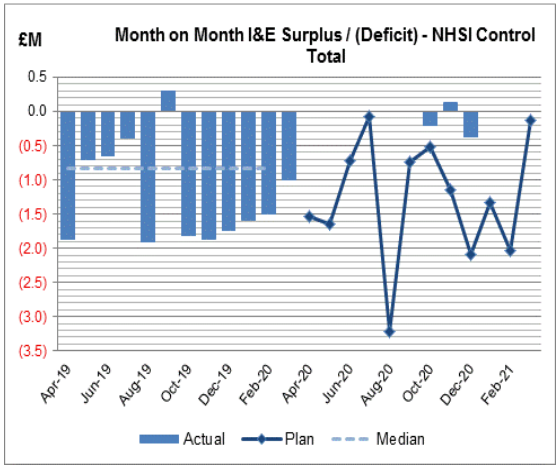
Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People		
Resources	Are We Well Led?	Use of Resources

Income and Expenditure

Income & Expenditure:

Use of Resources

Position	Dec '20 In Mth			Dec '20 YTD			2020/21
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Operating Income							
NHS Clinical Income	16,749	12,805	(3,944)	157,646	157,489	(157)	220,952
Other Clinical Income	849	546	(303)	7,791	17,221	9,430	0
Other Income (excl Donations)	2,416	10,415	7,999	21,744	27,899	6,155	28,992
Total income	**20,014**	**23,766**	**3,752**	**187,181**	**202,609**	**15,428**	**249,944**
Operating Expenditure							
Pay	(13,637)	(14,836)	(1,199)	(122,726)	(128,571)	(5,845)	(163,634)
Non Pay	(7,002)	(7,935)	(933)	(63,071)	(62,127)	944	(84,050)
Total Expenditure	**(20,639)**	**(22,771)**	**(2,132)**	**(185,797)**	**(190,698)**	**(4,901)**	**(247,684)**
EBITDA	**(625)**	**995**	**1,620**	**1,384**	**11,911**	**10,527**	**2,260**
Financing Costs (incl Depreciation)	(1,460)	(1,356)	104	(13,087)	(12,361)	726	(17,474)
NHSI Control Total	**(2,085)**	**(361)**	**1,723**	**(11,703)**	**(450)**	**11,253**	**(15,214)**
Add: impact of donated assets	*1,762*	*(65)*	*(1,827)*	*1,670*	*(550)*	*(2,220)*	*1,626*
Add: Impairments	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Add: Central MRET	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Add: FRF	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Surplus/(Deficit)	***(323)***	***(426)***	***(104)***	***(10,033)***	***(1,001)***	***9,033***	***(13,588)***



Variation and Action

While the Trust continues to report against the original 2020/21 plan as a baseline for continuity reasons, a focus has shifted to the delivery of the Phase 3 forecast set out in page 7.

The plan had assumed a deficit of £2.1m for the month, and a £15.2m deficit for the year, no central MRET or FRF was therefore assumed. Performance against the original plan is summarised in the table above. The Trust's improved performance against this target is due to the increase in funding made available to NHS providers in 2020/21.

Notable is the increase in Pay costs versus those planned, with the temporary cessation of cost releasing efficiency schemes (although productivity schemes remain core to the phase 3 recovery). Pay costs directly related to Covid-19 now stand at £4.3m YTD.

Although Depreciation is currently less than that originally planned (plans to implement IFRS 16 were deferred), on going work on the Trust's critical infrastructure means asset lives are under review and the increase in depreciation in December 2020 is a result of this.

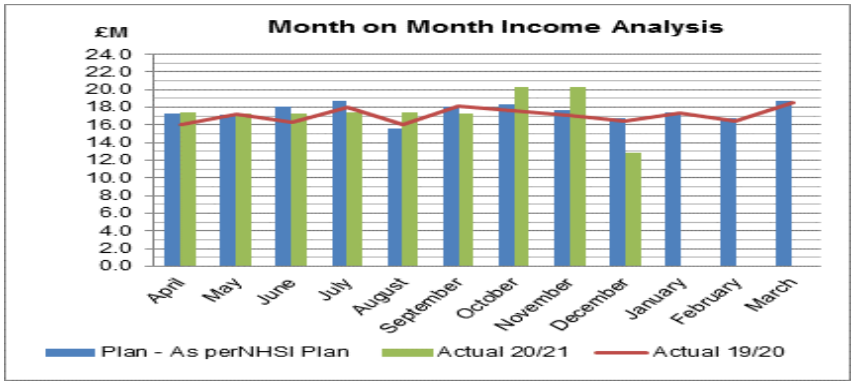
The Elective Incentive Scheme income reduction has been assessed at £743k but not included within the position per instruction from NHSEI.

Income & Activity Delivered by Point of Delivery

Clinical Income:

Use of Resources

Income by Point of Delivery (PoD) for all commissioners	Dec '20 YTD Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
A&E	7,045	5,978	(1,067)
Day Case	12,888	8,124	(4,764)
Elective inpatients	13,650	4,733	(8,917)
Excluded Drugs & Devices (inc Lucentis)	14,417	13,037	(1,380)
Non Elective inpatients	47,070	40,921	(6,149)
Other	38,046	68,469	30,423
Outpatients	24,530	16,227	(8,303)
TOTAL	**157,646**	**157,489**	**(157)**



SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s	Phase 3 Forecast (YTD) £000s	Phase 3 FC Var (YTD) £000s
BSW CCG	87,740	88,333	593	88,333	-
Dorset CCG	17,918	18,633	715	18,633	-
West Hampshire CCG	12,881	12,919	38	12,919	-
Specialist Services	24,536	24,330	(206)	24,326	4
Other	14,571	13,274	(1,297)	12,693	581
TOTAL	**157,646**	**157,489**	**(157)**	**156,904**	**585**

Activity levels by Point of Delivery (POD)	YTD Plan	YTD Actuals	YTD Variance	Last Year Actuals	Variance against last year
A&E	54,885	40,065	(14,820)	52,745	(12,680)
Day case	17,047	10,942	(6,105)	17,269	(6,327)
Elective	3,616	1,671	(1,945)	3,690	(2,019)
Non Elective	21,002	19,218	(1,784)	20,241	(1,023)
Outpatients	190,636	150,574	(40,062)	190,811	(40,237)

Variation and Action

Activity in December has increased above November across all of the main points of delivery with the exception of Elective and Outpatients. The most significant increases by specialty are General Surgery and General Medicine Day cases and Obstetrics, General Surgery, Respiratory Medicine and Gastroenterology Non Elective spells.

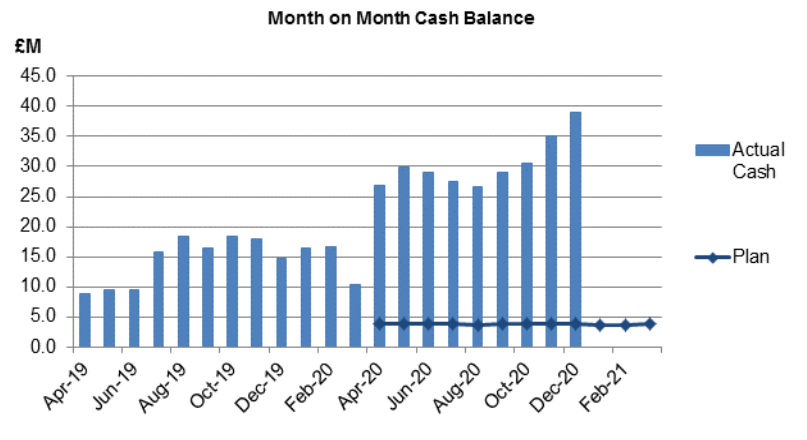
Covid-19 response contractual payment values with main commissioners were based on the Month 9 agreement of Balances (from a provider perspective), adjusted by 2.8% for inflationary pressures. From October onwards, Top up and Covid-19 funding is being received from BSW CCG c£2.5m per month. These have been reclassified as Other income at Month 9 in line with national reporting guidance and a reduction of c£7.5m has been made to the December position.

The underlying activity has been valued at less than the agreed block by £35,393k (23%) for the year to date due to the temporary cessation of non-urgent planned work and phased recovery response. The November Elective Incentive scheme has been assessed at a reduction of c£30k (c£193k in November) but not included within the position per instruction from NHSEI. The variance to the Phase 3 forecast is due to High cost drugs and devices that sit outside of the block arrangements predominantly Specialist services and Cancer drugs fund.

Cash Position & Capital Programme

Capital Spend:  **Cash & Working:** 

Use of Resources



Covid-19 response contractual arrangements are designed to ensure that there is sufficient cash in NHS providers to respond appropriately to clinical and operational challenges.

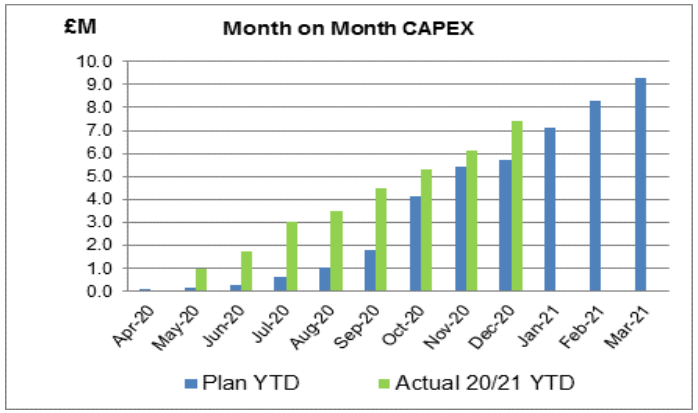
Payments on account in advance up until 31st January 2021 have been received. The clawback of these funds was initially expected to be in March 2021 but due to the current Covid-19 restrictions this may be extended into the first quarter of 2021-22, guidance is still awaited on this. Core block payments for months 7-12 are at a lower level than for the first 6 months due to the Phase 3 contracting guidance but these will be supplemented by further funding from within the STP system. The cash flow position will continue to be closely monitored to ensure any potential shortfalls are identified.

The Trust is holding considerable cash balances to cover the capital spend due to take place in the last quarter of the year.

Borrowings have previously included £21m of working capital loans. These were repaid In September and funding was returned to the Trust simultaneously as Public Dividend Capital.

Capital Expenditure Position

	Annual	Dec '20 YTD		
	Plan	Plan	Actual	Variance
Schemes	**£000s**	**£000s**	**£000s**	£000s
Building schemes	850	750	65	685
Building projects	2,600	1,500	1,426	74
IM&T	2,600	1,600	2,474	(874)
Medical Equipment	2,778	1,550	1,246	304
Other	449	336	337	(1)
Addition: Critical Infrastructure Fund	3,455	1,009	306	703
Addition: Covid 19	6,485	778	1,533	(755)
TOTAL	**19,217**	**7,523**	**7,387**	**188**



Summary and Action

Delays in capital works at the end of 2019/20, including those due to the Covid-19 response, meant slippage into 2020/21. While agreed items were brought forward to offset a proportion of this slippage, the final 2019/20 outturn was c£900k short of that initially planned for. This has inevitably affected the phasing of the plan as the delays to committed spend has mostly been incurred in the first three months of 2020-21. The most material element falls in IT, where the Microsoft environment replacement project phases out Windows 7.

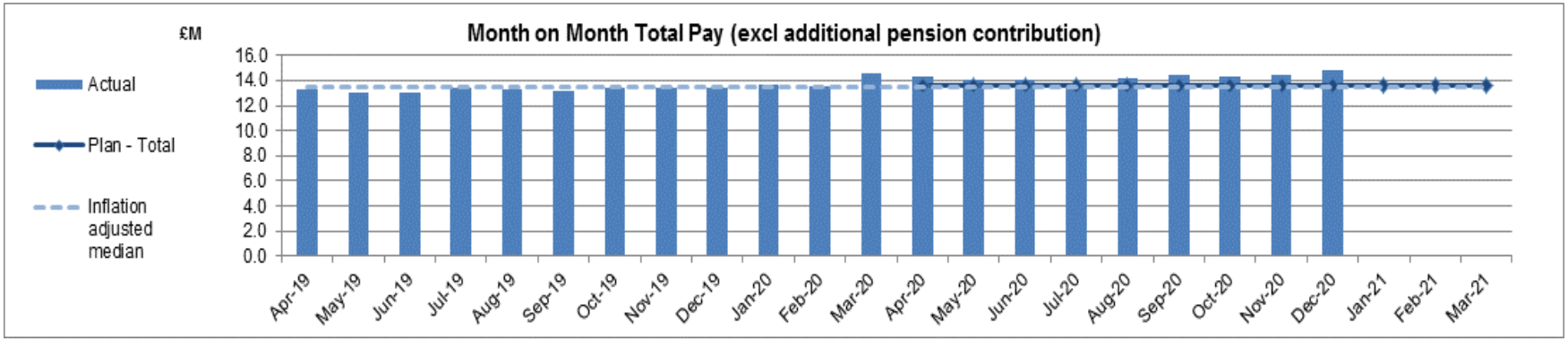
In addition to the Critical Infrastructure Fund of £3.455m and various Covid-19 schemes totalling £5.542m reported in previous months, the Trust has been notified of further funding of £0.874m for digital enhancements to the Laboratory Management Information System (LIMS). These funds are anticipated to be received towards the end of the month. Plans are underway to ensure schemes are fully developed, with the necessary resources in place, to complete these projects in 2020-21. All schemes will be funded through additional Public Dividend Capital.

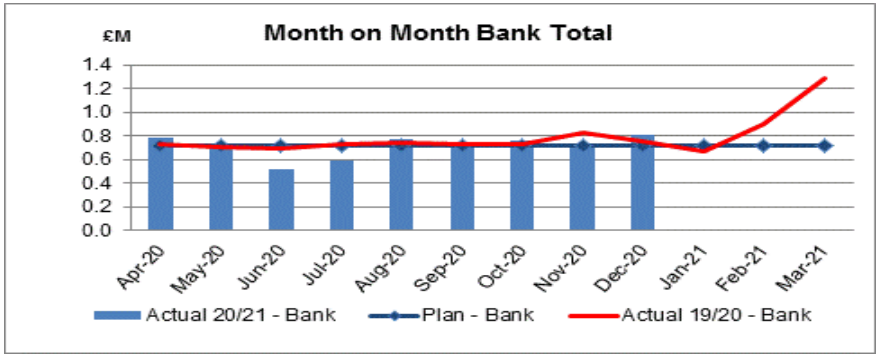
As a result of the considerable additional funding allocated to the Trust in the year, substantial funds still remain to be spent in order to achieve a balanced capital position for 2020-21. The short timescales given to the Trust to spend these funds by NHSE/I, together with the impact of the latest lockdown period means there is a significant risk the Trust will be unable to achieve a balanced position by 31 March 2021. Trust has identified a potential shortfall of circa £2m against the total in year capital allocation. The matter is being discussed by the Regional Office with opportunities to redeploy funds being explored. A draft capital programme for 2021-22 has been compiled and is being reviewed in the context of this risk of slippage.

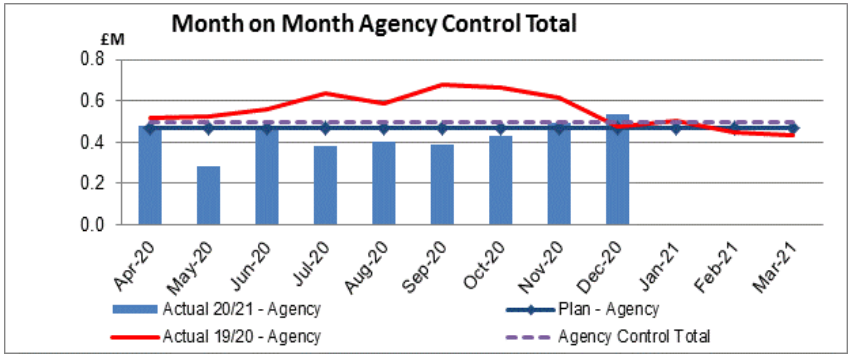
Workforce and Agency Spend

Pay:

Use of Resources







Summary and Action

Pay expenditure increased by £0.3m, or 2.2%. The main driver for this was an increase in non-consultant medical staff, in particular junior locum cover in Medicine, and also in Surgery due to Covid-19 rota changes.

The fall in the use of agency ODPs used within theatres seen in month 8 has continued, albeit at a less precipitous rate. This reflects the lack of availability of this particular work force and remains a key barrier to opening more theatre capacity. Unavailability of beds due to Covid-19 was also a constraining factor on elective activity in month 9, particularly towards the end of the month, but three times more lists were lost due to the lack of theatres staff than bed issues.

The costs directly driven by the Covid-19 response have now reached £4.3m, 60% of which relates to additional hours worked by the Trust's existing workforce. Covid-19 response costs increased sharply in month 9, due to increasing activity levels, mainly in the areas of bank nursing, junior doctor additional shifts and ancillary staff.

In addition to these directly reported costs, analysis has been undertaken on the reduced availability of rostered staff (caused by a variety of reasons including sickness, self-isolation, shielding etc.), this now stands at c30%, Trust 2020/21 budgeted assumptions had been 19%. The Trust's strong recruitment position means that despite this reduction in availability, there have been sufficient temporary staffing availability to limit the increase in unfilled shifts (thought this does however lead to increased costs).

The Trust's contracted WTE increased by 2.79 month 9 (medical staff), although there were overall increases in of 18 WTE in temporary staffing, driven by the Covid-19 response.