

Report to:	Trust Board (Public)	Agenda item:	2.1
Date of Meeting:	01 October 2020		

Report Title:	Integrated Performance Report			
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:

Further Phase 3 guidance was issued on 31st July detailing expectations of accelerating the return to near normal levels of non-covid activity, and although the Trust is still operating on a National contract, payments going forward will be flexed meaningfully to reflect delivery of the following levels:

- Elective and daycase – in September at least 80% of 19/20 activity, rising to 90% in October (aiming for 70% in August)
- MRI/CT/Endoscopy – swift return to at least 90% of 19/20, with the aim of 100% by October.
- Outpatients – 100% of 19/20 in September, and aiming for 90% in August.

To reflect the priorities set in Phase 3 of the NHS response to Covid-19 and the Trusts revised corporate objectives for 2020-21, the metrics presented in the integrated performance report have been revised to include information on activity by POD, theatre recovery, referrals and RTT patients waiting over 52 weeks.

Emergency department performance reduced in August to 90.8% (93.1% in July), reflecting the impact of increasing attendances with Type 1 attendances for the first time post Covid-19 reaching 2019/20 levels. Bed occupancy remained at just above 80%, however elective activity still remains low (66% of 19/20 levels).

Category 2 hospital acquired pressure ulcers remain a concern, although were lower in August (20) than July (27). BSW are considering setting up an improvement collaborative as there has been a similar rise overall at RUH, GWH and nationally.

As expected the over 52 week RTT backlog has grown to 144 patients, it is expected that this will continue to increase by around 30 patients per month for the remainder of 2020-21. Recovery of elective activity as part of the Phase 3 priorities will be pivotal to minimize increase in patients waiting over 52 weeks.

Significant improvement against the Diagnostic standard was made, reaching 87.6% (73.9% in July). Performance was maintained against the 62 day Cancer standard (89.81%), but the 2 week wait performance did not meet the standard at 89.93%. Patients choosing to wait due to Covid-19 concerns are still a theme, with almost a third of breaches relating to this (28/89).

Stroke performance was slightly reduced, with 48% of patients receiving a CT within 1 hour (target 50%), reflecting the pressures around patients arriving out of hours and a busier ED department. Reassuringly, 81% of patients spent 90% of their time on the stroke unit (target 80%) and TIA performance also improved.

Improvements have been seen in mandatory training compliance (increased to 91% against a target of 90%) and medical appraisals (increased to 83%), focused work is being undertaken on non-medical appraisals

The Trust continues to claim contract payments through the block and top up arrangements put in place through the Covid-19 response. We are, however, now moving towards a revised payment regime as outlined in the Phase 3 guidance published on 31 July. Phase 1 contractual arrangements have been extended to 30th September 2020, and guidance has been received that block contracts will be calculated through a similar methodology at system level.

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"/>
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"/>

Integrated Performance Report

October 2020
(data for August 2020)

Summary

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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

August 2020

There were **2,756** Non-Elective Admissions to the Trust



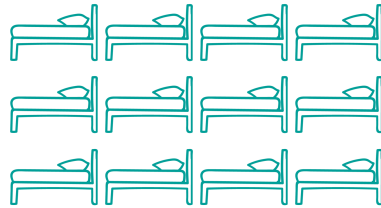
We delivered **15,032** outpatient attendances, **35%** through video or telephone appointments



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



We carried out **207** elective procedures & **1,221** day cases



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



RTT 18 Week Performance: **62.9%** ↑

Total Waiting List: **14,604** ↑



87.6% ↑ of patients received a diagnostic test within **6 weeks**



Our income was **£22,208k** (£3,318k over plan)



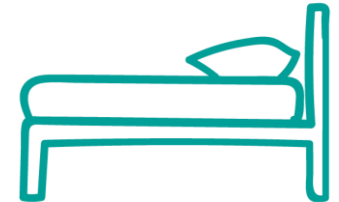
20.0% ↓ of discharges were completed before 12:00



Emergency (4hr) Performance **90.8%** ↓
(Target trajectory: 95%)



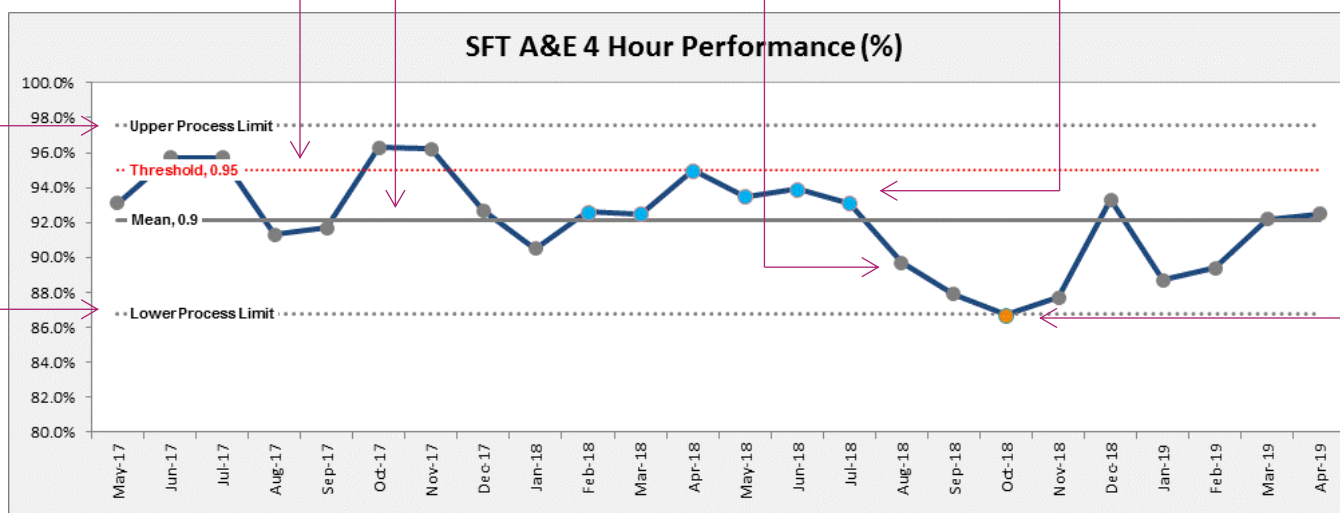
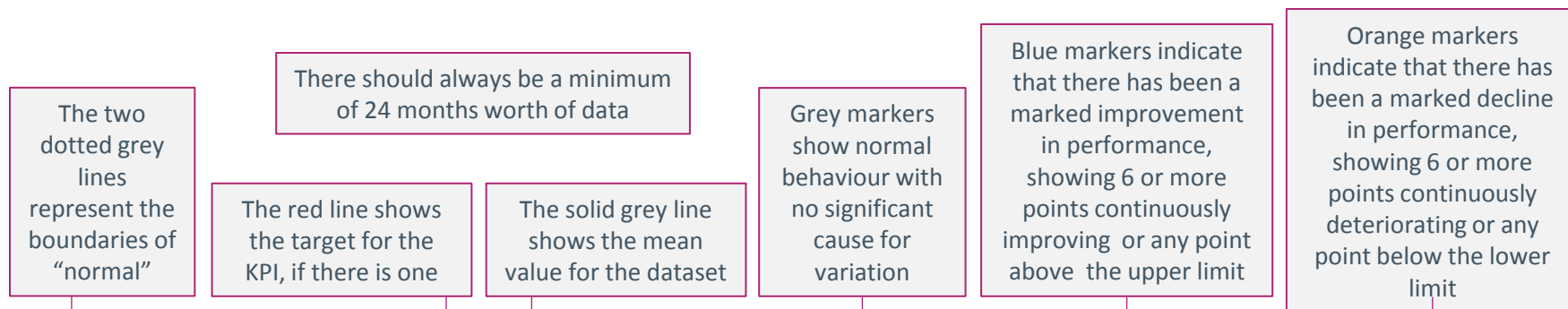
48 patients stayed in hospital for longer than 21 days



Our overall vacancy rate was **0.84%** ↓



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

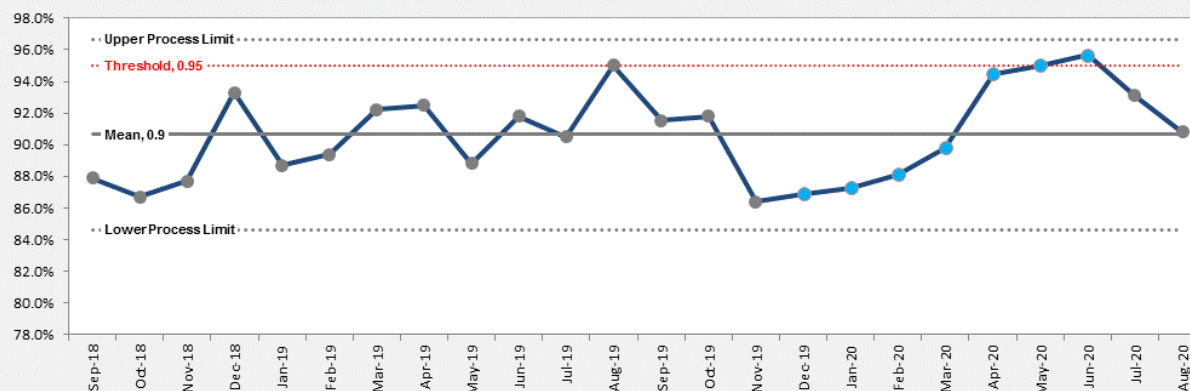


Our Priorities		How We Measure	
Local Services			
Specialist Services		Are We Effective?	Are We Responsive?
Innovation			
Care		Are We Safe?	Are We Caring?
People		Are We Well Led?	Use of Resources
Resources			

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

National Key Performance Indicators

SFT A&E 4 Hour Performance (%)



Data Quality Rating:



Performance Latest Month:

90.8%

Attendances:

5769

12 Hour Breaches:

0

ED Conversion Rate:

30.6%

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

M5 saw the first month where numbers in ED surpassed pre-Covid levels. (Aug 19 4210 type 1 attendances and in Aug 20 4216).

Whilst Type 1 performance dropped, time to triage remained below 15mins and Time to Treatment for Majors / Resus patients remained close to target at 65 minutes (median).

Attendances to ED have been spiking later in the evening with the usual spike moving from between 5pm and 6pm closer to 8pm. This is creating pressure on the night team and we have seen an increase in breaches overnight from difficulties managing ED capacity / flow in the evening.

High levels of nursing sickness in August (5.04% for registered and 8.24% for unregistered) which coincided with loss of redeployed nursing staff, maternity leave and shielding staff – challenges with maintaining skill mix to cover all areas of ED

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

Review of evening staffing especially in minors – audit of patient numbers / acuity in the evening completed. Proposal to extend minors opening hours to midnight.

Waiting on doors in Majors / RAZ to decommission RAZ and open up paediatric area - Due end of October due to lead in time for doors.

Improvement works project for moving minors to fracture clinic commenced – completion end of January.

Nursing skill mix review submitted in light of cover required for changes to ED environment and training up ED skilled staff.

Review of current ENP rota's and environment to address later activity peaks.

Risks to delivery and mitigations

Junior doctors rotated in August, Deanery gaps at both SHO and registrar level – Recruitment underway to cover short term SHO gaps and work to recruit registrars underway.

Gaps in consultant workforce – Unsuccessful round of recruitment. Currently using locum consultants to reduce gaps. Working on staffing business case to consider options for recruitment.

Nursing gaps on the rota and reduced nursing skill mix - reliant on staff support from other areas, some bank shifts. Use of shielding staff to support admin processes. Skill mix review submitted and recommendations accepted - recruitment drive.

ED Service Manager tendered notice. Last working day 23rd October – adverts out to replace with urgent care general manager and a business manager in ED.

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)

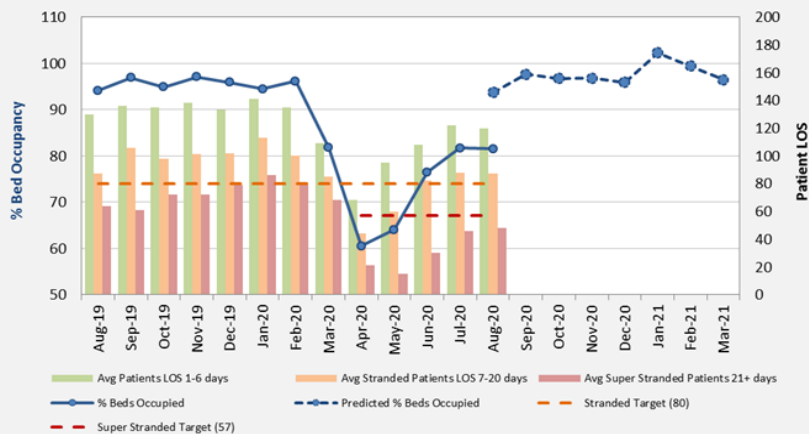
● Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)

● Common Cause Variation

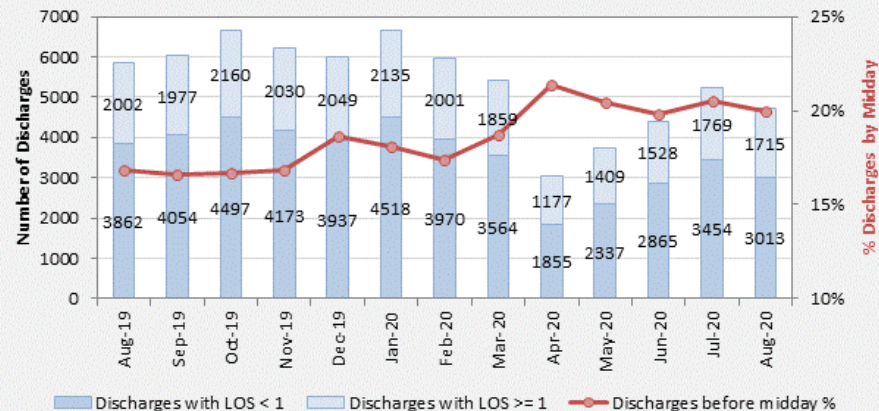
Patient Flow and Discharge

Are We Effective?

SFT Bed Occupancy and LOS



SFT Discharges Before Midday (All Wards)



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

The stranded and super stranded numbers continue to be on or around target, with bed occupancy remaining steady since July. Super stranded and 14 day+ stays now form national reports and will provide comparison with local and similar Trusts.

Discharges before midday continue to be around 20% which is sustaining the increase seen after the initial rapid growth as Covid-19 actions were implemented in March.

Forecasted bed occupancy is based on Winter bed modelling that assumed activity levels of 60% of 19/20 for elective and outturn of 19/20 for non-elective. Elective activity levels for August were low at 50%.

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

A project group has been formed to examine the reasons for, and address the issues identified regarding discharges after 12.00 to support the continued pre noon discharge improvement that has been evident since March. This group is focusing on issues identified by audit as preventing pre noon discharge and include criteria led discharge, transport and contributing factors, the provision of space for people waiting to leave the site on discharge.

Wiltshire health and social care partners together with the CCG are planning an in-reach team to commence 1st October that will monitor Wiltshire patients from 7days+ and support the discharge planning and coordination with the aim of improving speed and time of discharge. There is also a plan for increased bed base and care provision in the community, however confirmation of this has not yet been received by the Trust but is anticipated in time to accommodate additional winter pressures.

SFT also has more assurance regarding the health and social care plans in Dorset and Hampshire so planning for the next phase of this year can move ahead with more confidence.

Risks to delivery and mitigations

A second wave, locally or nationally, of Covid-19 could potentially disrupt the groups or planned implementation of improvements.

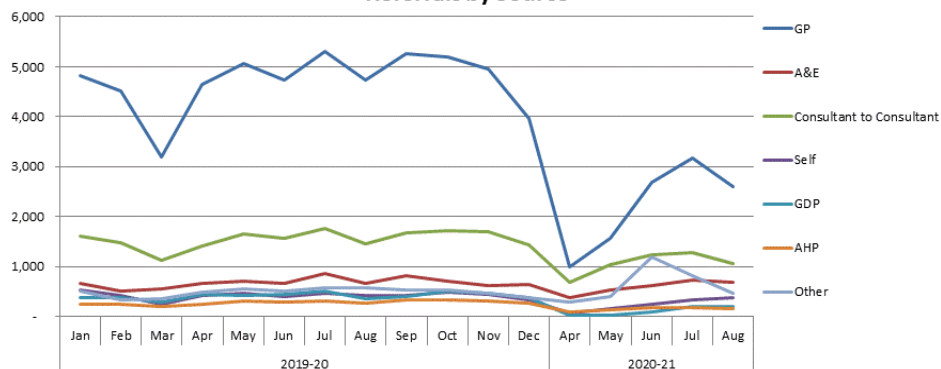
Capacity in community services has not been confirmed either in its additional capacity or the in-reach team and so any loss of either of these elements will impact negatively on planned improvements

Any additional winter pressures combining with the above points will further put improvement work at risk.

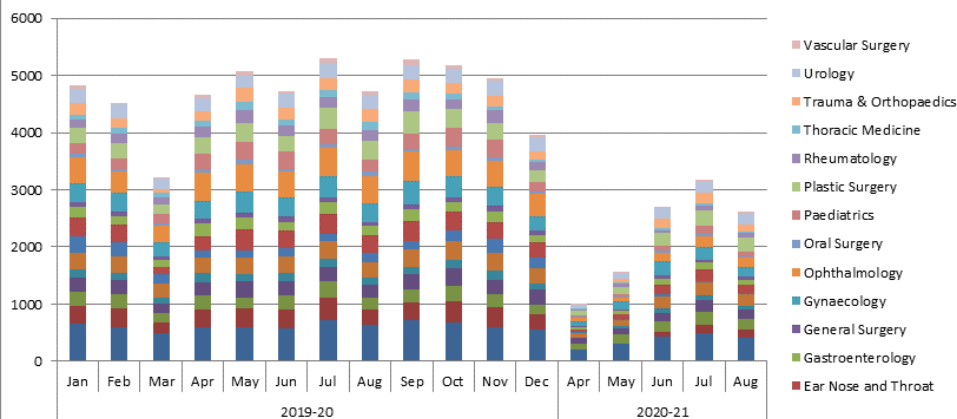
Referrals

Are We Effective?

Referrals by Source



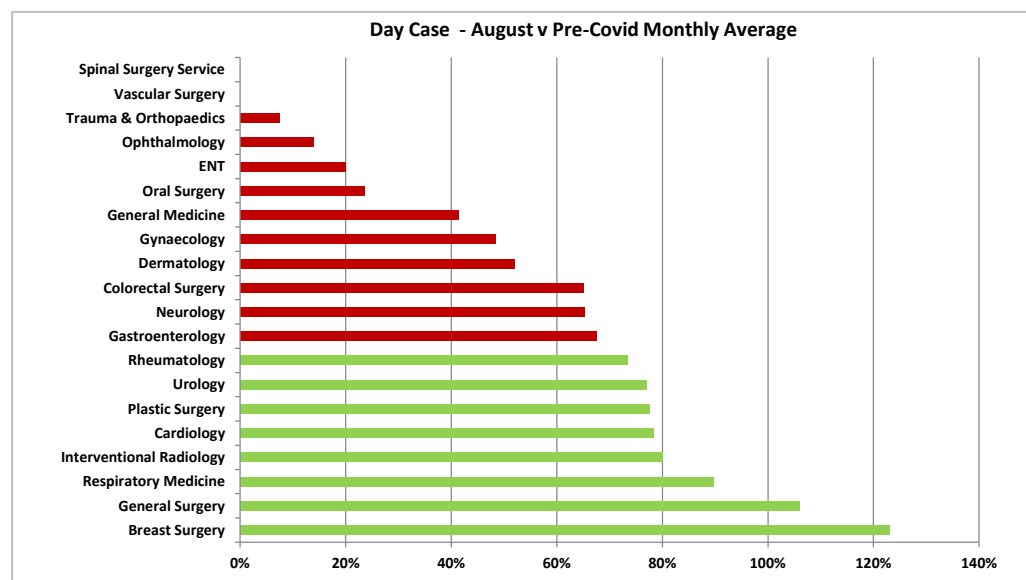
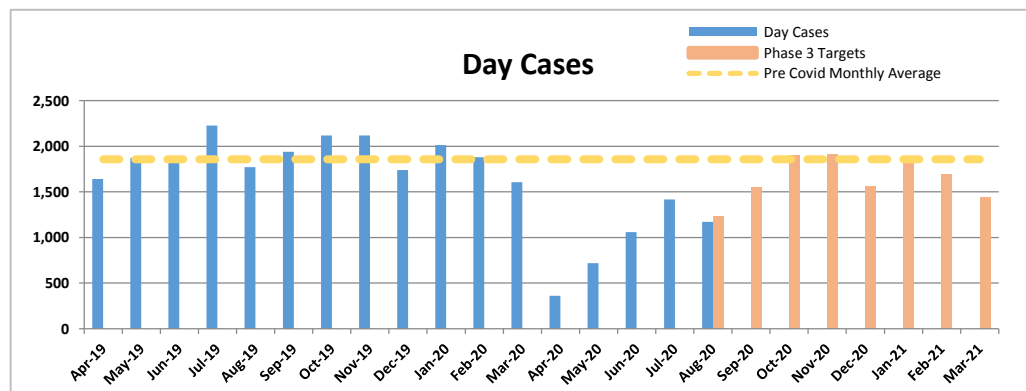
GP Referrals by Specialty



Referrals have been increasing, but have not yet reached pre-covid numbers with the exception of Cancer Two Week Wait referrals, which have now reached pre-covid levels. This lower rate of referrals is contributing to a decrease in RTT performance with the total RTT waiting list size reducing, but proportionally more of those patients waiting longer than 18 weeks for treatment.

Activity recovery – Day case (target 70%)

Are We Effective?



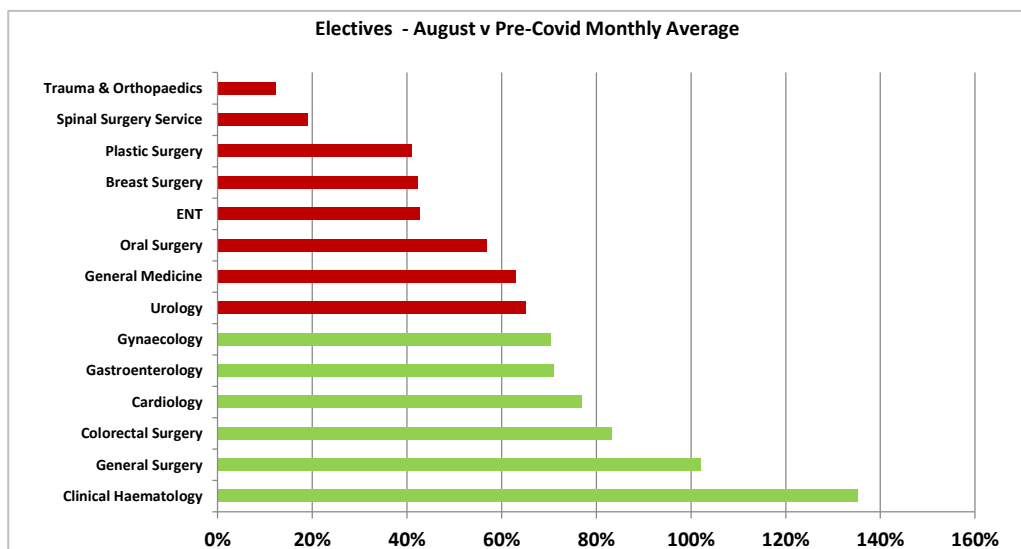
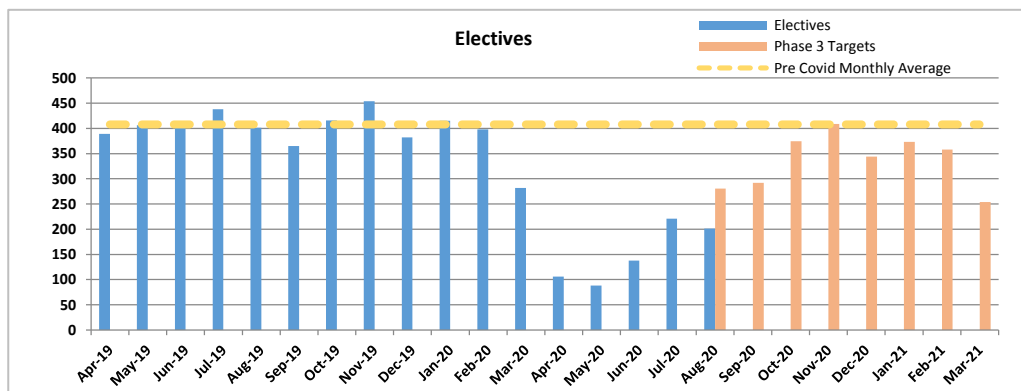
Specialty	August	Pre Covid Monthly Average	% of Pre Covid Monthly Average
Breast Surgery	16	13	123%
General Surgery	215	203	106%
Respiratory Medicine	13	14	90%
Interventional Radiology	11	14	80%
Cardiology	85	108	78%
Plastic Surgery	170	219	78%
Urology	89	116	77%
Rheumatology	80	109	73%
Gastroenterology	257	380	68%
Neurology	14	21	65%
Colorectal Surgery	71	109	65%
Dermatology	4	8	52%
Gynaecology	29	60	48%
General Medicine	37	89	41%
Oral Surgery	21	89	24%
ENT	9	45	20%
Ophthalmology	22	158	14%
Trauma & Orthopaedics	5	67	8%
Vascular Surgery	0	11	0%
Spinal Surgery Service	0	15	0%

*Specialties with a FY plan below 150 not included

- Daycase activity has continued to recover, and in August was close to the 70% Phase 3 activity target at 66%.
- Specialties with procedures that are aerosol generating (ENT, Oral Surgery and Ophthalmology) are the most challenging to recover.
- Cases are clinically prioritised according to RCS guidelines, specialties with higher numbers of urgent patients are prioritised for theatre space
- Any activity relocated to New Hall is not included in the tables above.

Activity recovery – Electives (target 70%)

Are We Effective?



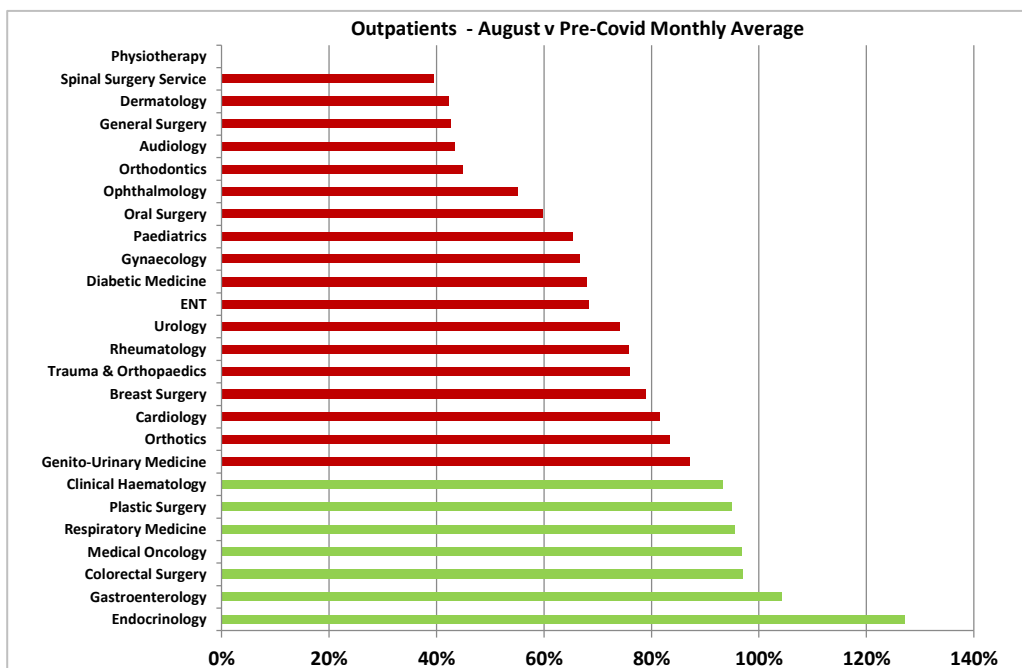
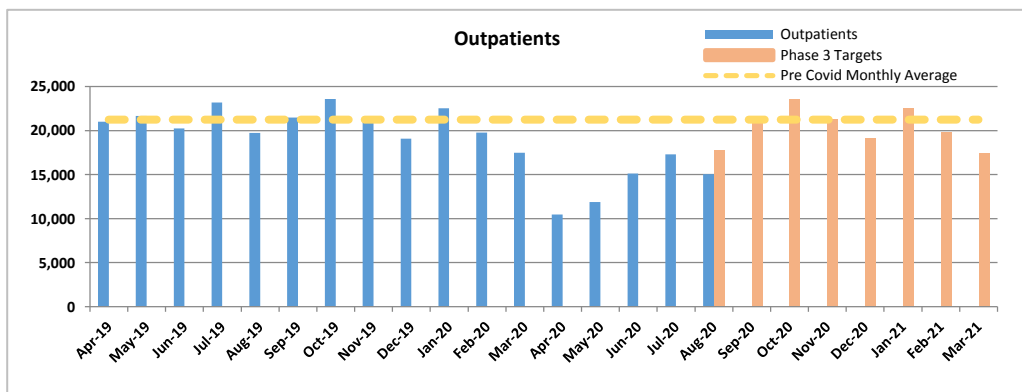
Specialty	August	Pre Covid Monthly Average	% of Pre Covid Monthly Average
Clinical Haematology	6	4	135%
General Surgery	26	25	102%
Colorectal Surgery	18	22	83%
Cardiology	8	10	77%
Gastroenterology	3	4	71%
Gynaecology	16	23	70%
Urology	40	61	65%
General Medicine	4	6	63%
Oral Surgery	7	12	57%
ENT	12	28	43%
Breast Surgery	5	12	42%
Plastic Surgery	35	85	41%
Spinal Surgery Service	3	16	19%
Trauma & Orthopaedics	11	89	12%

*Specialties with a FY plan below 50 not included

- Elective activity has been improving, although is some way short of the Phase 3 activity target of 70% in August at 50%.
- Elective cases are more heavily affected by the main theatre closures than Day cases, which is impacting on the ability to increase elective activity.
- Orthopaedic activity has been largely relocated to New Hall and is not included in our activity
- Cases are clinically prioritised according to RCS guidelines, specialties with higher numbers of urgent patients are prioritised for theatre space

Activity recovery – Outpatients (target 90%)

Are We Effective?



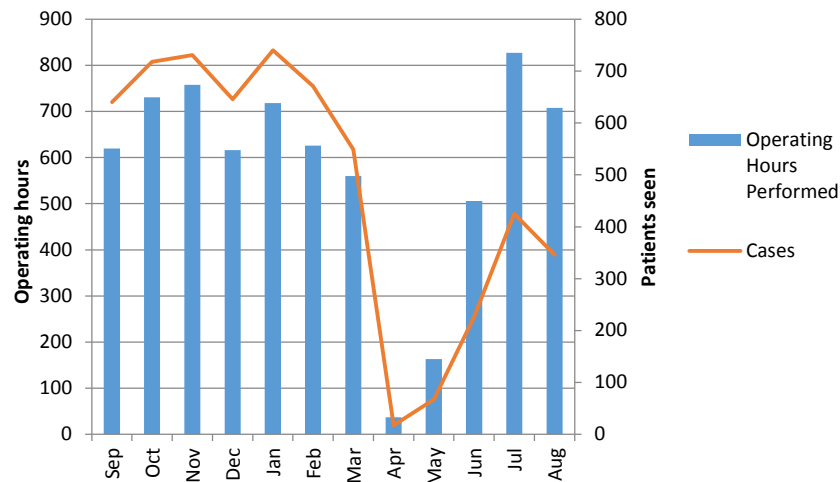
Specialty	August	Pre Covid Monthly Average	% of Pre Covid Monthly Average
Endocrinology	332	261	127%
Gastroenterology	294	282	104%
Colorectal Surgery	447	461	97%
Medical Oncology	349	361	97%
Respiratory Medicine	554	579	96%
Plastic Surgery	1837	1934	95%
Clinical Haematology	336	360	93%
Genito-Urinary Medicine	479	550	87%
Orthotics	465	558	83%
Cardiology	492	603	82%
Breast Surgery	350	444	79%
Trauma & Orthopaedics	1349	1772	76%
Rheumatology	660	871	76%
Urology	600	810	74%
ENT	504	738	68%
Diabetic Medicine	186	273	68%
Gynaecology	440	660	67%
Paediatrics	565	864	65%
Oral Surgery	445	745	60%
Ophthalmology	1349	2444	55%
Orthodontics	134	299	45%
Audiology	395	910	43%
General Surgery	139	325	43%
Dermatology	357	842	42%
Spinal Surgery Service	95	240	40%
Physiotherapy	0	395	0%

*Specialties with a FY plan below 3000 not included

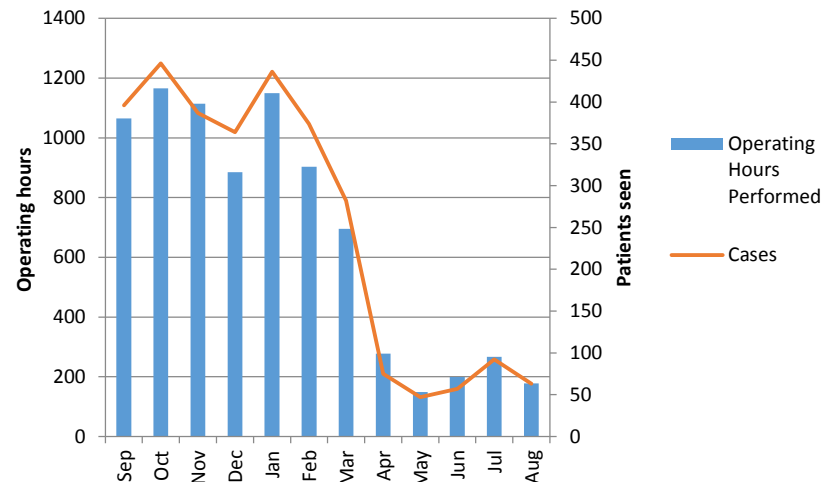
- Outpatient activity has been steadily increasing, although slightly lower in August with 76% achieved against the Phase 3 activity target of 90%.

Activity recovery - Theatres

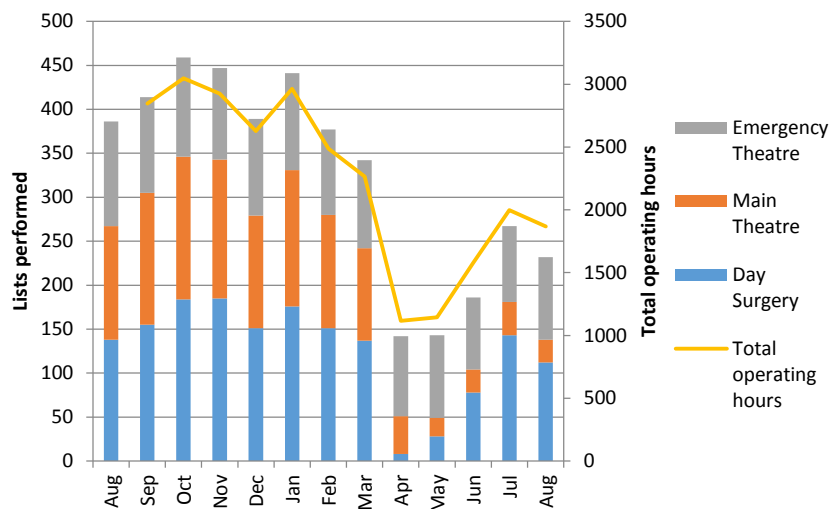
Day Surgery – cases and operating hours



Main theatre - cases and operating hours



Lists performed



- Operating hours in Day Surgery have returned to pre-covid levels, but the number of cases that can be achieved in that time is lower due to the added complexity around social distancing, cleaning, PPE and staffing.
- Main theatres are affected by the need to maintain a Covid-19 ITU facility (closing 4 out of 10 theatres)
- A further 3 theatres (2 in main theatres, 1 Day surgery) are closed due to staffing challenges from high vacancy rates, high numbers of staff shielding or unable to work in theatres with either high risk patients or aerosol generating procedures being performed.
- Staffing ratios for 'red' lists (high risk patients or aerosol generating procedures) are higher than pre-covid levels which adds further workforce pressures.
- In total 9 out of 16 theatres are open, with 3 of those providing Orthopaedic trauma, plastic trauma and a general emergency.

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

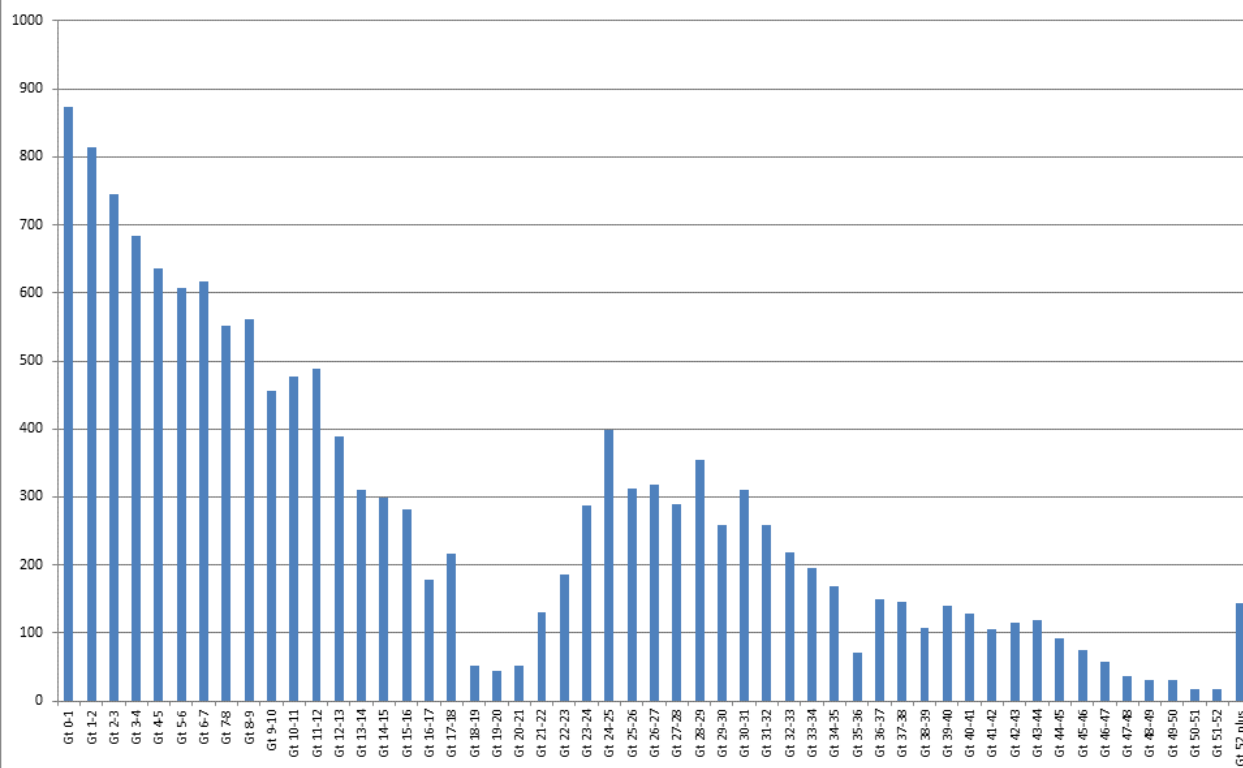
Top 5 lowest 18 week performance

Specialty	WL Total	Total <18 weeks	% <18 weeks
Dermatology	370	109	29.5%
Ophthalmology	1527	497	32.5%
Oral Surgery	1373	467	34.0%
Ear, Nose & Throat (ENT)	946	337	35.6%
Rheumatology	249	104	41.8%

Top 5 largest 18 week breach backlog

Specialty	WL Total	Total 18 wk breaches	% <18 weeks
Ophthalmology	1527	1030	32.5%
Oral Surgery	1373	906	34.0%
Ear, Nose & Throat (ENT)	946	609	35.6%
Other	2733	582	78.7%
Plastic Surgery	1281	526	58.9%

Total Incomplete Pathways by Week - Aug-20

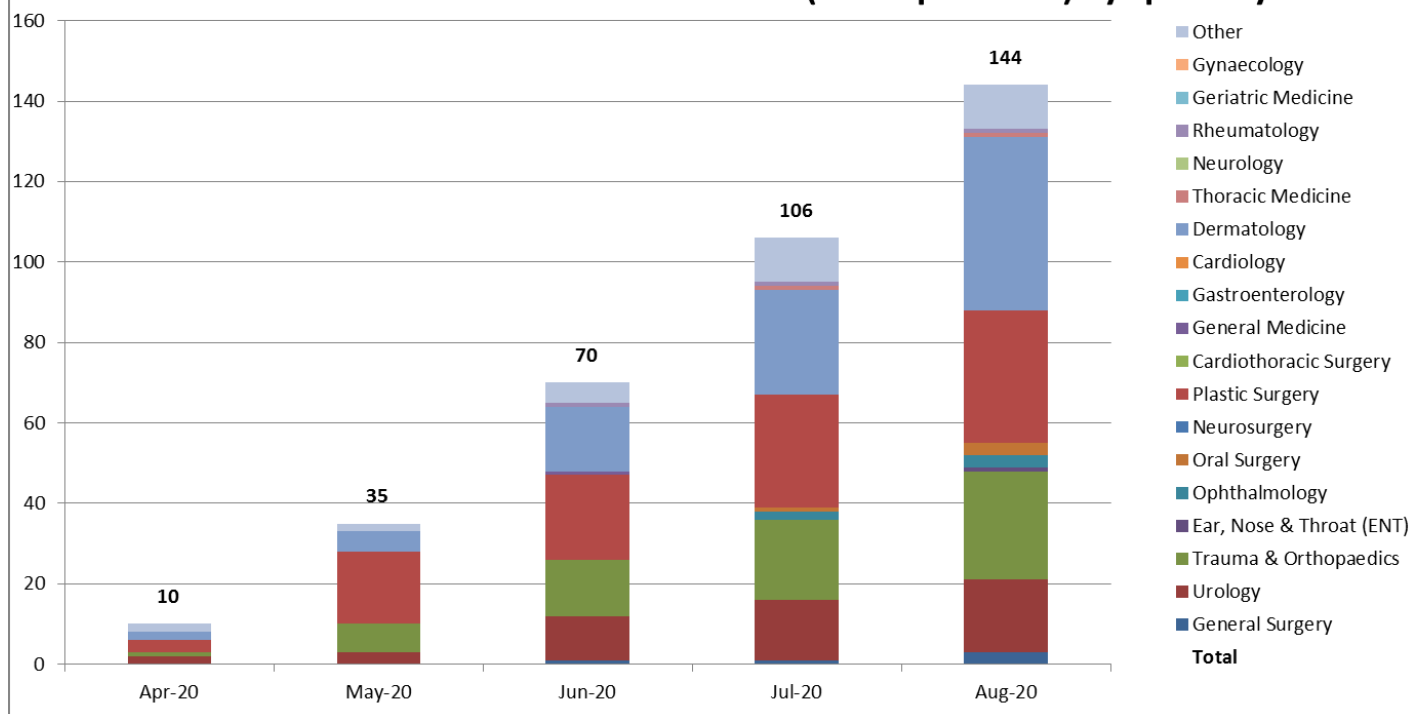


Overall RTT performance fell further in July due to the continued impact of elective cancellations and restrictions during the height of Covid-19, and the limitations on recovery including social distancing, isolation requirements, impact of measures to ensure staff safety and reduced theatre list capacity.

Poorest performance can be seen in those specialties that had significant capacity pressures prior to Covid-19, Dermatology, and also in those most significantly impacted by the above limitations and restraints, Oral Surgery, ENT and Ophthalmology.

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

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



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

Treatment function	Apr-20	May-20	Jun-20	Jul-20	Aug-20	% change from previous month
Dermatology	2	5	16	26	43	65%
Plastic Surgery	3	18	21	28	33	18%
Trauma & Orthopaedics	1	7	14	20	27	35%
Urology	2	3	11	15	18	20%
Other	2	2	5	11	11	0%

Prior to April 20 the Trust had no patients waiting over 52 weeks, but from April this has grown each month and is expected to continue to grow by around 30 cases per month for the remainder of 2020/21.

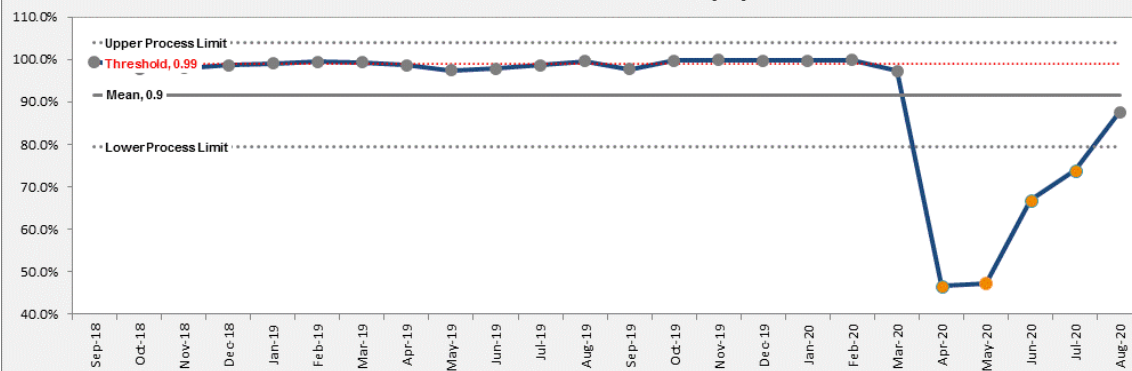
In July almost two thirds of the 52 week breaches had either chosen to wait (27) or had been clinically triaged as not appropriate to be booked (41).

Specialties that have been most significantly impacted by the Covid-19 limitations are high risk for growth of over 52 week patients (ENT, Oral Surgery, Ophthalmology).

Cases are clinically prioritised according to guidance issued by Royal College of Surgeons, and are regularly reviewed to ensure the priority is appropriate.

Diagnostic Wait Times (DM01) Target 99%

SFT DM01 Performance (%)



Data Quality Rating:



Performance Latest Month:

87.6%

Waiting List Volume:

2,950

6 Week Breaches:

871

Diagnostics Performed:

6,035

Background, actions being taken and risks and mitigations

Performance standard in month has not been achieved as a direct impact of Covid-19. September projections confirm that the target is not achievable for M6, however significant progress against waits in Radiology and Cardiology are contributing to improved position. Improvements have been noted in relation to the number of patients who are deferring tests until 'after Covid-19), this continues to be monitored on a weekly basis, and continues to impact on the performance against the Diagnostic standard.

Endoscopy

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

Radiology (Inc. DEXA)

135 confirmed in month breaches, all attributable to Covid-19. 0 DEXA breaches, service has recovered.

Radiology Reporting

Go live of the second provider on hold. Go/No Go decision deferred to 22nd September 2020. Reduced activity has positively impacted on the number of outstanding scans for reporting so the risk of this service not being available at this time is mitigated against.

Audiology

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

Cardiology

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

Neurophysiology

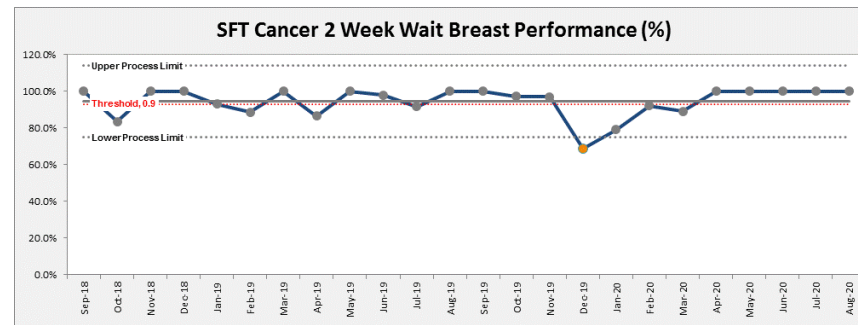
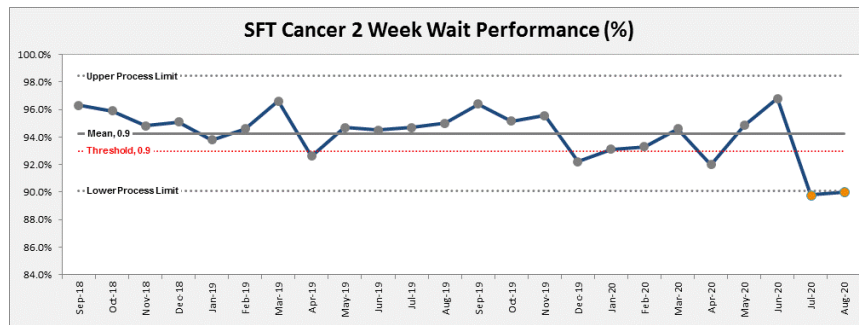
69 in month breaches – all attributable to Covid-19.

Cancer 2 Week Wait Performance Target 93%

Data Quality Rating:



Performance Latest Month	Performance	Num/Den	Breaches
Two Week Wait Standard:	89.93%	795/884	89 (28 patient choice)
Two Week Wait Breast Symptomatic Standard:	100%	2/2	0



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

Two week wait standard not achieved for M5 (884 patients seen in total; 795 seen within target; 89 breaches). This is due to a variety of reasons including:

- Straight to test pathway for Lower GI, predominantly:
 - Endoscopy (20 breaches)
 - CTC (23 breaches)
 - GP delay (9 breaches);
- Patient choice (28 breaches);
- Face to face OPA capacity as a result of social distancing restrictions (3 breaches);
- Administrative delays (6 breaches)

Breast symptomatic two week wait performance standard achieved for M5 (2 patients seen in total; 0 breaches)

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

Format of weekly cancer ops meetings currently under review to consider alternatives in monitoring and preventing potential breaches.

Booking teams continue to prioritise cancer pathways, though ongoing concerns related to patient choice and fear in attending hospital remain; this is likely to impact on service delivery for a significant period of time.

Weekly PTL meetings in place, which look to mitigate against any upcoming breaches. This then enables cancer services to work with the relevant team to expedite where possible.

Review of existing tracking processes undertaken and improved predictor tool now in use within cancer services, which has reduced the need for manual review of upcoming breaches.

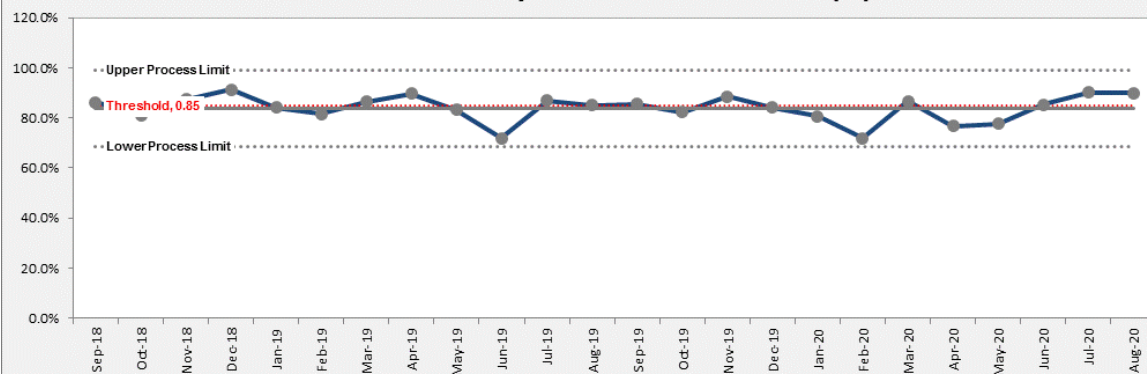
Risks to delivery and mitigations

Diagnostic capacity (predominantly endoscopy and CTC in particular) is likely to significantly affect our ability to achieve the 2ww standard going forward, particularly for services with well established straight to test pathways. The alternative is to increase the number of patients seen in outpatients, however this is hindered by space restrictions, social distancing and consultant capacity.

CWT has been temporarily amended to include telephone/virtual appointments as a first appointment during the Covid-19 pandemic; performance is at risk of deteriorating when the temporary amendment is removed.

Cancer 62 Day Standards Performance Target 85%

SFT Cancer 62 Day Standard Performance (%)



Data Quality Rating:



Performance Latest Month	Performance	Num/Den
62 Day Standard:	89.81%	48.5/54
62 Day Screening:	66.67%	0.5/2

Risks to delivery and mitigations

Month 5 62 day performance of 89.81% (54 patients treated in total; 48.5 within target; 5.5 breaches). Breach reasons predominantly as a result of complex diagnostic pathways (3.5) and previous diagnostic delays (2.5) as a result of the Covid-19 pandemic.

Future performance remains fragile in light of number of long waiters, predominantly due to patient choice and previous diagnostic delays. Cancer services continue to focus on such long waiters and the overall PTL backlog (patients waiting over 62 days); this focus is showing improvement and the overall number is beginning to decline.

Month 5 62 day screening performance standard not achieved (2 patients treated in total; 1 within target; 0.5 breaches). Breach as a result of diagnostic delays associated with national restrictions (endoscopy and CTC) and subsequent backlog. Screening services have restarted, though referral numbers remain low currently.

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

SFT SSNAP Case Ascertainment Audit Score:

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

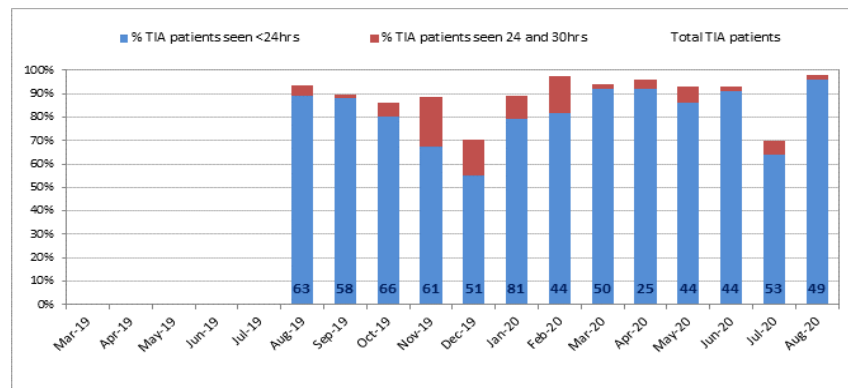
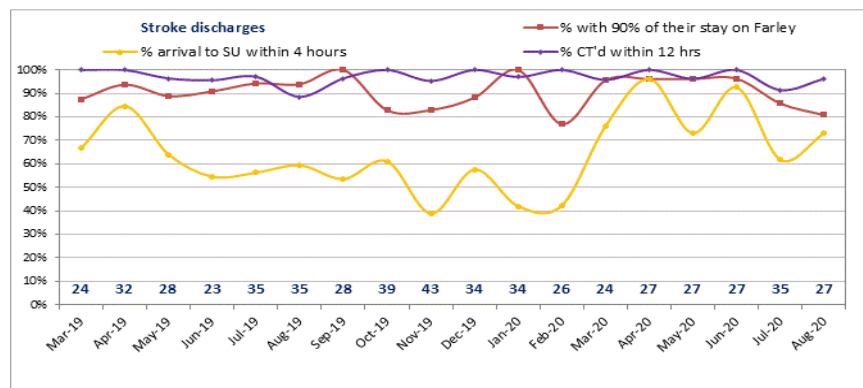
Data Quality Rating:



% Arrival on SU <4 hours: 73.1%

% CT'd < 12 hours: 96.3%

% TIA Seen < 24 hours: 95.9%



Are We Effective?

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

48% of stroke patients had a CT within 1 hour (target 50%) reflecting the number of patients arriving out of hours and increased pressures in ED. An improvement in patients reaching the stroke unit within 4 hours. 7 patients were affected due to leaving ED at 3 hrs 56 mins (2), late diagnosis (2), waiting for a bed (2) and admitted to AMU (1). One (3.7%) stroke death in August – lower than expected (17%). 81% of patients spent 90% of their time on the stroke unit exceeding the national target (80%). TIA performance improved - 2 patients required an MRI scan which occurred the following day.

SSNAP confirmed that Q4 19/20 and Q1 20/21 scores will not be published as many hospitals have not submitted data during the Covid-19 emergency, but is expected to return to normal from 15/8/20. SFT continued to submit data throughout the entire Covid period.

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

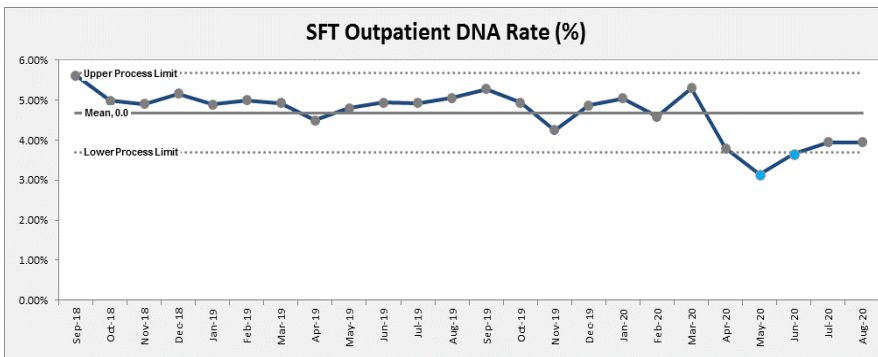
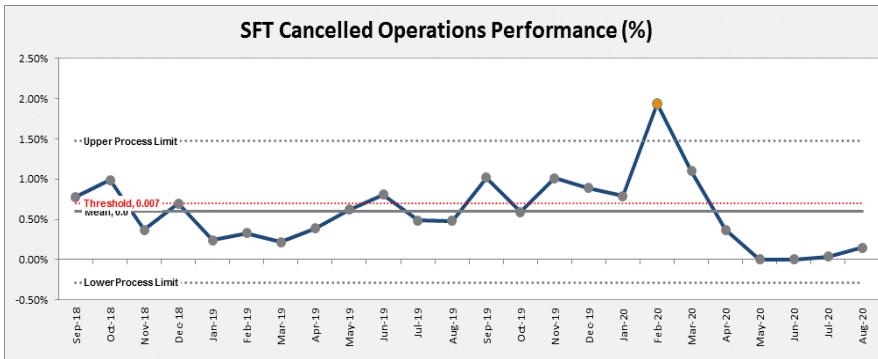
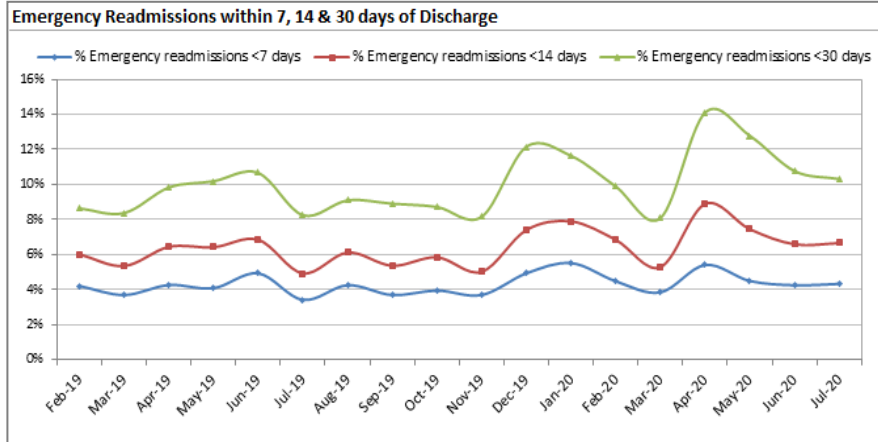
The Early Supported Discharge (ESD) service was curtailed as part of the Covid-19 arrangements and replaced by a 'discharge to assess' at home model. As part of this patients were discharged to a nursing home or Chippenham Hospital for rehabilitation. East Dorset and West Hampshire community teams have returned to a normal service. The ESD stroke service in Wiltshire restarted on 1 August but was impacted by annual leave.

Risks to delivery and mitigations

Patients being moved off the unit for bed capacity reasons mitigated by the morning board round team who select the most suitable patient to be transferred to another ward. However, the stroke team maintain continuity of care by reviewing stroke patients moved to other wards. The stroke unit remains on Laverstock ward (25 beds). Plans to return it to its original location on level 2 (30 beds) is under review and is contingent on building works elsewhere in the hospital.

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.

Part 2: Our Care



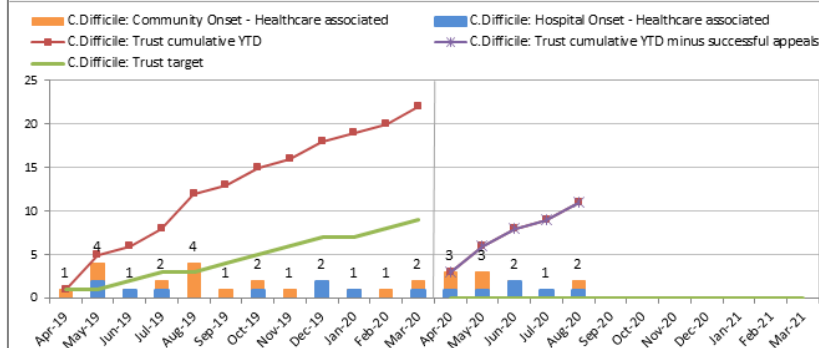
Our Priorities		How We Measure	
Local Services		Are We Effective?	Are We Responsive?
Specialist Services			
Innovation			
Care		Are We Safe?	Are We Caring?
People		Are We Well Led?	Use of Resources
Resources			



Clostridium Difficile	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20
Cases Appealed	0	0	1	0	0	0	0	0	0	0
Successful Appeals	0	0	1	2	0	0	0	0	0	0

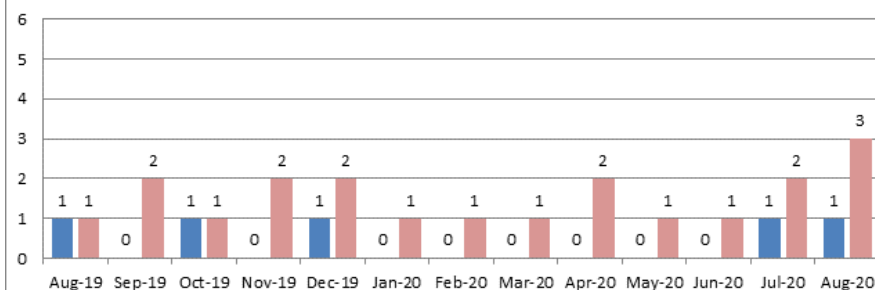
MRSA	2019-20	2020-21
Trust Apportioned	0	1

Clostridium Difficile: Healthcare Associated Cases



E Coli and MSSA

■ MSSA Trust Apportioned ■ E Coli Trust Apportioned



Summary and Action

PHE have not set a C.Difficile upper limit for hospital onset healthcare associated and community onset healthcare associated cases.

In August, 1 hospital onset healthcare associated case of C.difficile of a patient on Downton Ward. The patient was shielding due to underlying pathology and developed diarrhoea some days after admission. Learning: Poor documentation in relation to the patient's normal bowel pattern and onset of symptoms.

One community onset healthcare associated case of C.difficile of a child admitted to Sarum Ward. The case is currently under investigation and may be suitable for appeal to the CCG for no lapses in care.

Outcome of investigations from hospital onset healthcare associated cases not previously reported:

April 20 - Downton ward - case presented at the Share and Learning meeting. Patient with a complex history of Crohn's disease which 'masked' the symptoms of C.difficile. Appropriate treatment and isolation when symptoms worsened. No lapses in care identified. The case may be suitable for appeal.

July 20 - Tisbury ward - case presented at the Share and Learning meeting. Patient with a history of bowel cancer. Lapses in care noted in admission documentation of the patient's normal bowel pattern and completion of the diarrhoea pathway. Delay in isolation of the patient for 12 hours.

One hospital onset healthcare associated MSSA bacteraemia of a patient on Tisbury ward with chest sepsis as the likely source. The patient had a midline in situ, subsequently removed and there were no concerns about the condition of the line or site. Learning: Poor documentation in relation to sampling.

Three hospital onset healthcare associated E.Coli bacteraemias. Case 1: Redlynch Ward - a patient with a long history of ESBL E.Coli infections in sputum, urine and abdomen admitted with likely ischaemic bowel. Currently under investigation. Case 2: Whiteparish Ward - a patient admitted following a collapse. Known diabetic. Currently under investigation. Case 3: Radnor Ward - a CT scan showed likely pyelonephritis but also an abscess which may be secondary to the pyelonephritis. E.coli also identified in the urine. Currently under investigation

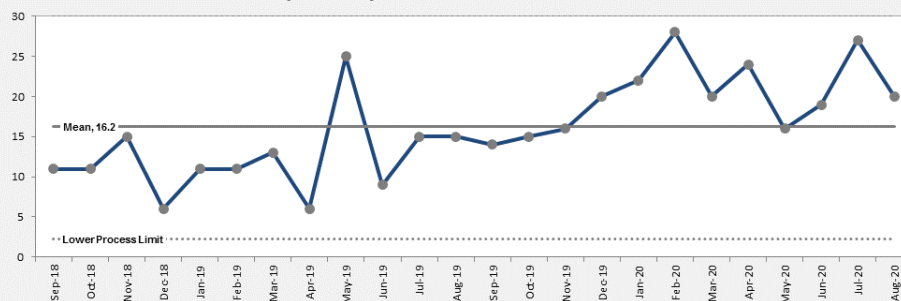
Pressure Ulcers

Data Quality Rating:

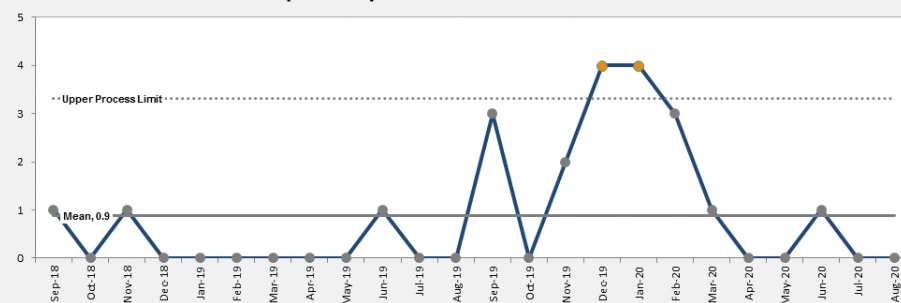


Are We Safe?

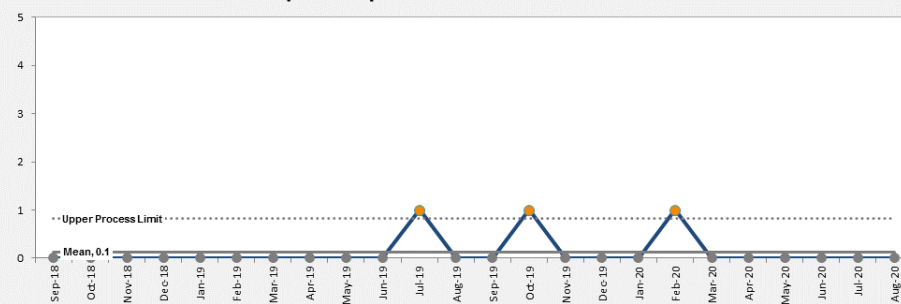
Hospital Acquired Cat 2 Pressure Ulcers



Hospital Acquired Cat 3 Pressure Ulcers



Hospital Acquired Cat 4 Pressure Ulcers



Per 1000 Bed Days	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	2020-21 Q1
Pressure Ulcers	1.05	1.10	1.22	1.73	2.27

Summary and Action

The focus on prevention and management of pressure ulcers continued and saw a decrease in the number of category 2 pressure ulcers from 27 in July to 20 in August, with hotspots in 2 wards. The Tissue Viability Team Leader will undertake observational visits to the 2 hotspot wards during September and work with the teams on improvements required.

The pressure ulcer quality improvement project has focused work in AMU. An observational audit was undertaken of patients admitted to the assessment area and showed that a task orientated approach is taken to prepare the patient for a medical assessment. A PDSA 1 day trial is planned to offer a gown to high risk patients likely to be admitted, to aid skin inspection within 1 hour and the tests required.

Progress of the cluster review improvement plan is due to be reported to the Clinical Governance Committee in October by the Divisional Heads of Nursing. BSW CCG are considering setting up an improvement collaborative to share learning as there has been a similar rise in pressure ulcers at RUH, GWH and nationally.

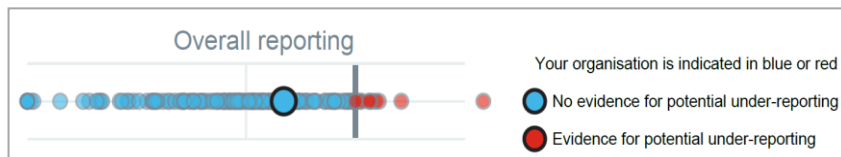
A business case to increase the size of the Tissue Viability Team by 1.0 wte was successful and interviews are to take place soon.

Preparation is underway for the global 'Stop the pressure' campaign on 19 November. Posters, hand held guides and Comms will be a key part of the day.

Incidents

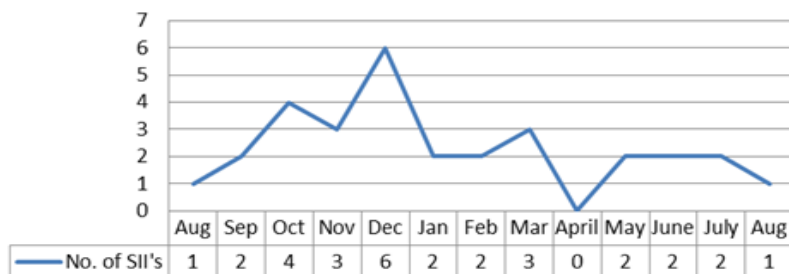
Are We Safe?

Year	2019-20	2020-21
Never Events	2	0



No. of Serious Incident Investigations

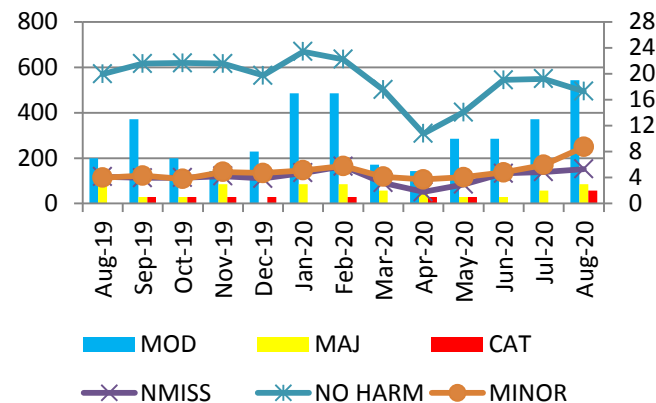
August19-August20



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

Total Incidents Reported by Month and Severity

Incidents reported as Near Miss, No Harm and Minor



Incidents reported as Moderate, Major and Catastrophic

Summary and Action

There was 1 commissioned serious incident inquiry in August.

Delayed cancer diagnosis (Gynaecology). Error in the administration process led to a delay to the outpatient appointment by an additional 9 weeks. It is not known if this has affected the outcome, but the administration did not follow the expected process.

Preparations are underway for World Patient Safety Day on 17 September. This year's campaign focuses on healthcare worker safety.

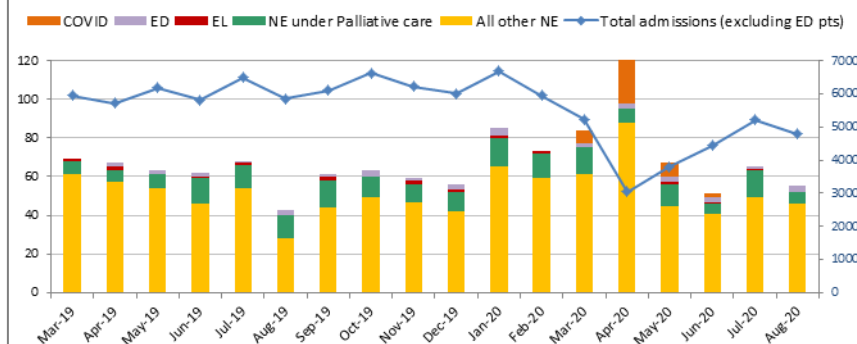
Mortality Indicators

Data Quality Rating:

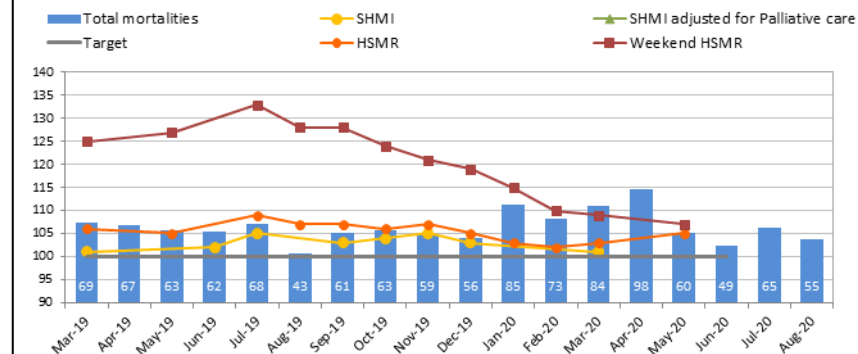


Are We Safe?

Hospital mortalities



HSMR and SHMI



Summary and Action

HSMR is as expected. The weekend HSMR has decreased again and is within the expected range.

No deaths associated with Covid-19 since 13 June 20.

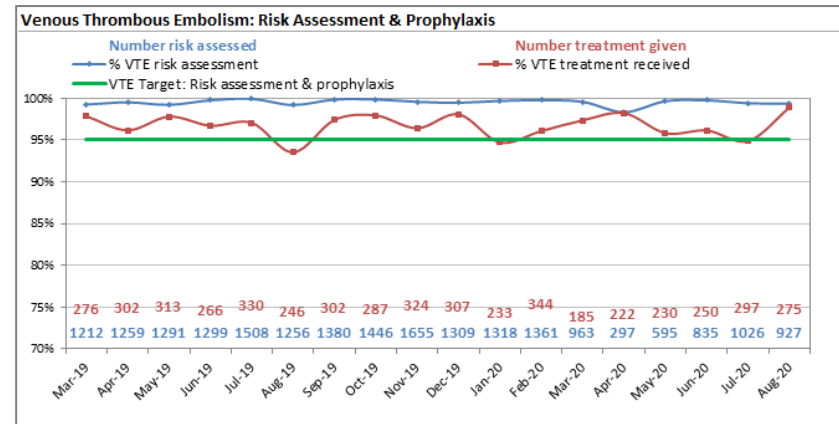
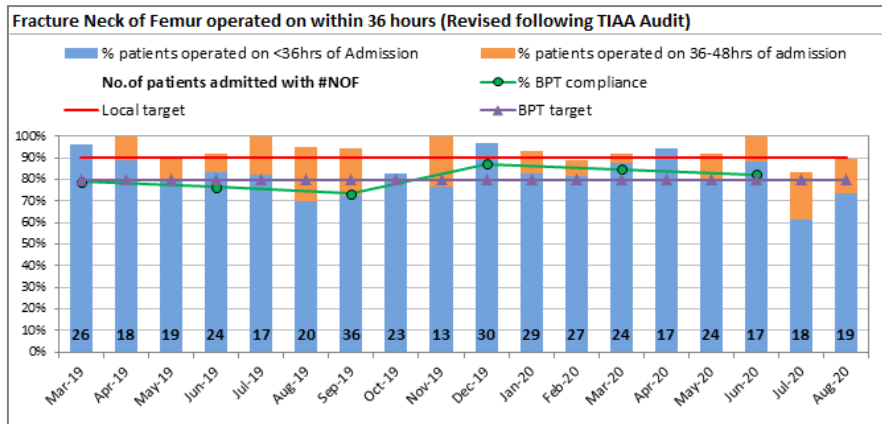
The Mortality Surveillance Group has completed a review of deaths from Covid-19 to ascertain whether patients were involved in decisions about their care, escalation was appropriate, and if patients required ventilation, received it. Further analysis is required and the review will be reported to the Mortality Surveillance Group in November 2020.

Fracture Neck of Femur & VTE Risk Assessment/Prophylaxis

Data Quality Rating:



Are We Safe?



Summary and Action

In August, 4 patients did not receive hip surgery for a fractured neck of femur within 36 hours. 3 patients waited for theatre space. Of these, 2 had surgery between 41 – 44 hours and 1 patient at 66 hours. Root cause analysis is undertaken on all patients who do not receive surgery within 36 hours and there was no evidence of harm in these 3 patients. One patient did not receive surgery until 69 hours as an initial X-ray showed no fracture, following pain on mobilisation a further MRI and CT confirmed the fracture on day 4. Length of stay 45 days - discharged home at previous baseline.

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

Patient Experience

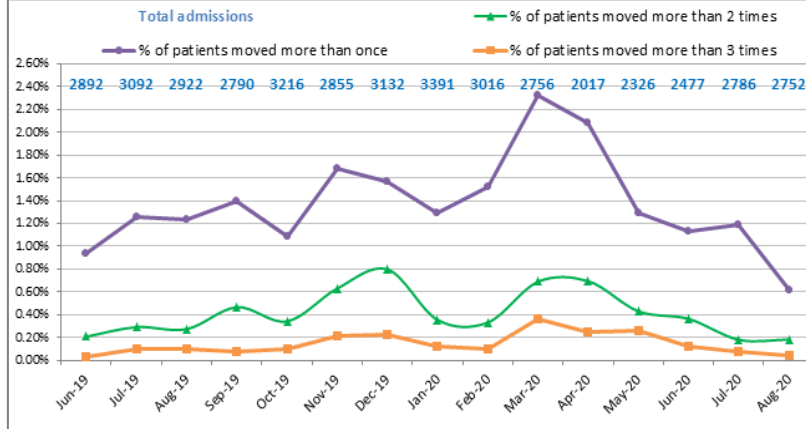
Are We Safe?

Last 12 months	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20
Bed Occupancy %	96.9	94.9	97.1	95.9	94.4	96.1	81.8	60.5	64.0	76.4	81.7	81.5

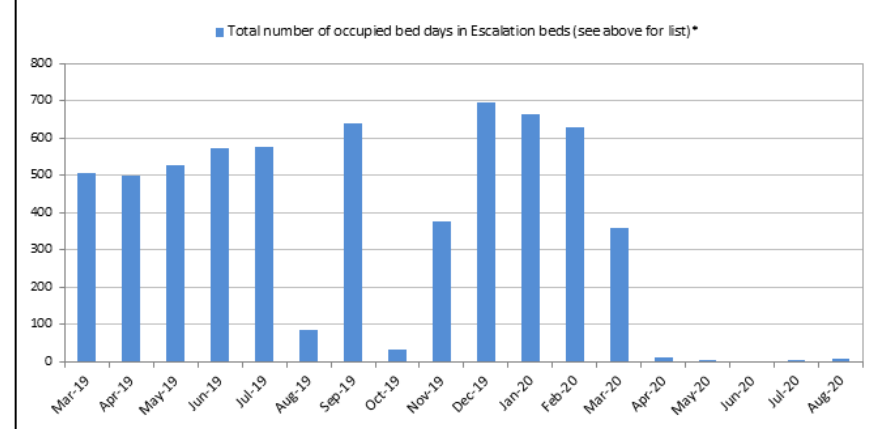
Data Quality Rating:



Patients moving multiple times during their Inpatient Stay



Escalation Bed Days



Summary and Action

Minimal escalation bed capacity was opened in August as bed occupancy remained at 81%. The percentage of multiple ward moves reduced on the previous month.

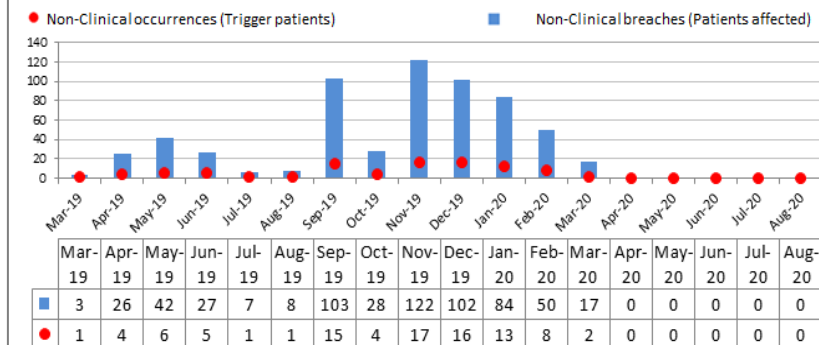
The Medical Division supported by the PMO are leading work to understand delays in discharge and improvements needed to increase the percentage of patients discharged to 33% by midday.

Patient Falls and Patient Experience

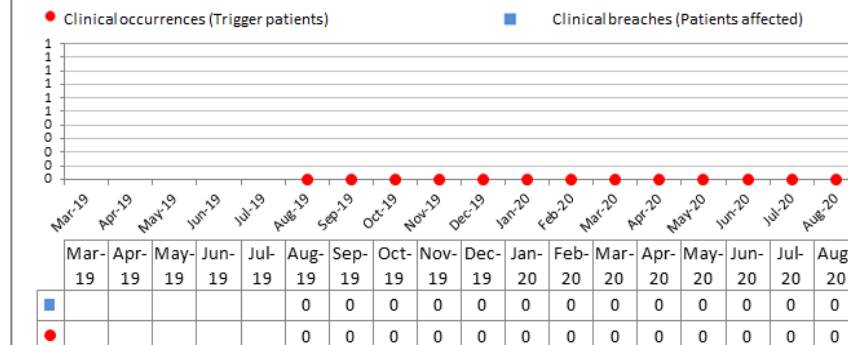
Data Quality Rating:



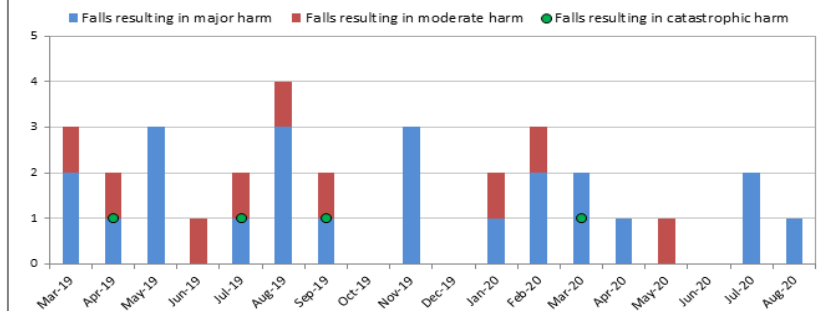
Delivering Same Sex Accommodation - Non-clinical



Delivering Same Sex Accommodation - Clinical



Patient falls in hospital resulting in high harm



Per 1000 Bed Days	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	2020-21 Q1
Patient Falls	0.16	0.20	0.07	0.17	0.08

Summary and Action

No reported mixed sex accommodation breaches in August.

From September, the Trust will start reporting Critical Care mixed sex accommodation breaches of patients not transferred out of the unit within 4 hours of the decision to transfer to the ward.

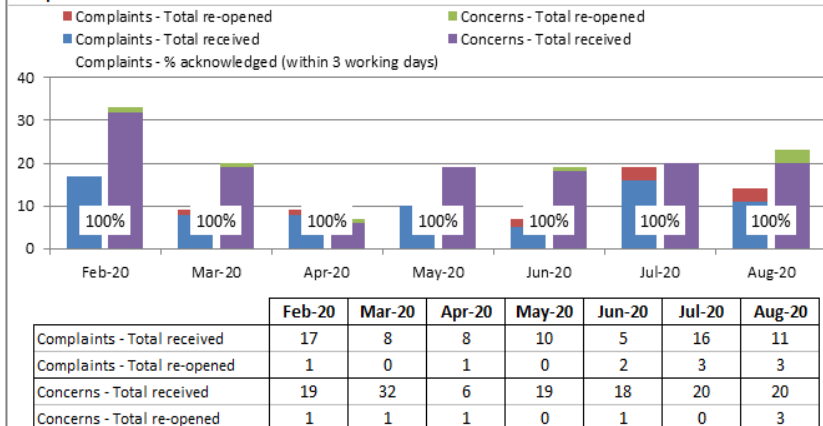
Falls

In August, there was 1 high harm fall. The patient fell in the toilet and suffered a hip fracture requiring surgical treatment and suffered major harm. The case was investigated as a SWARM and found no lapses in care. A Trust wide falls improvement plan is in place.

Patient & Visitor Feedback: Complaints and Concerns

Are We Responsive?

Complaints and Concerns



Summary and Actions:

Top 2 themes from complaints include:

- Correct diagnosis not made
- Unsatisfactory treatment

Main theme from concerns include:

- Delay in receiving treatment
- Further complication
- Early discharge
- Lack of communication
- Unsatisfactory treatment

Actions:

- 8 closed complaints in August. 2 of which pertained to a theme in July of 'attitude of staff- medical'. In both cases, an apology was offered, and further explanation was provided regarding the patient's care.

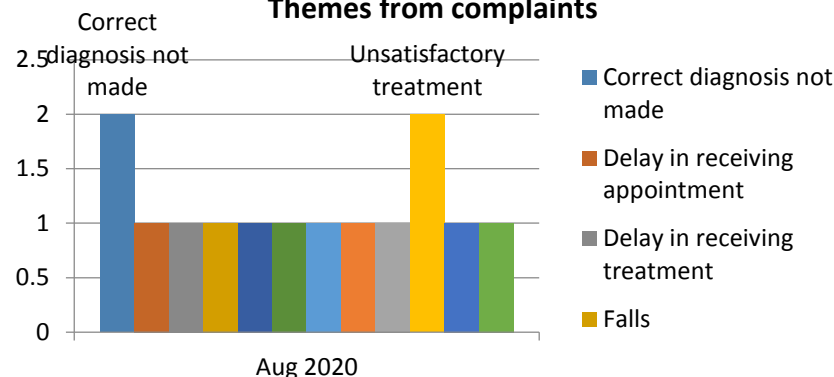
Examples of additional actions:

- Measures have been put in place to mitigate the impact of COVID-19 on delayed appointments.
- Recognition that additional analgesic options (including the possibility of a GA) should be discussed with the patient when undertaking a painful gynaecological procedure.

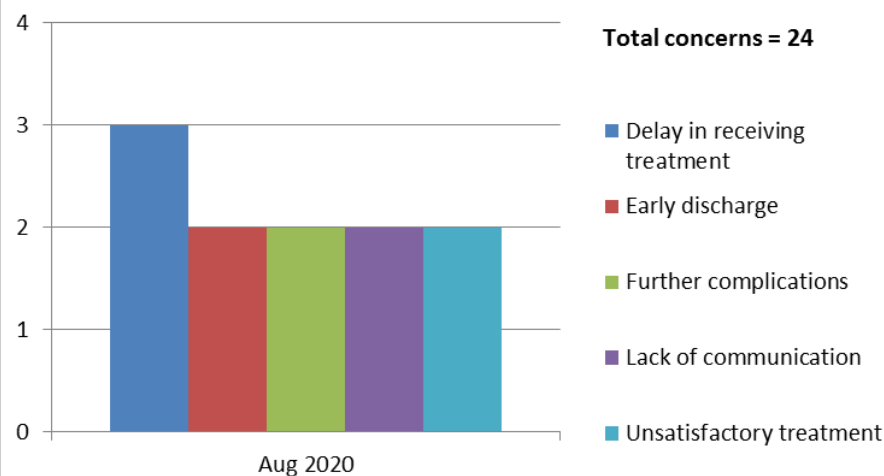
Data Quality Rating:



Themes from complaints



Top 5 highest Concerns



Part 3: Our People



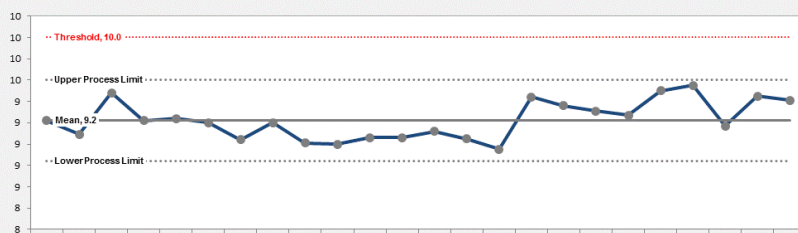
Our Priorities		How We Measure	
Local Services		Are We Effective?	Are We Responsive?
Specialist Services			
Innovation			
Care		Are We Safe?	Are We Caring?
People		Are We Well Led?	Use of Resources
Resources			

Workforce - Total

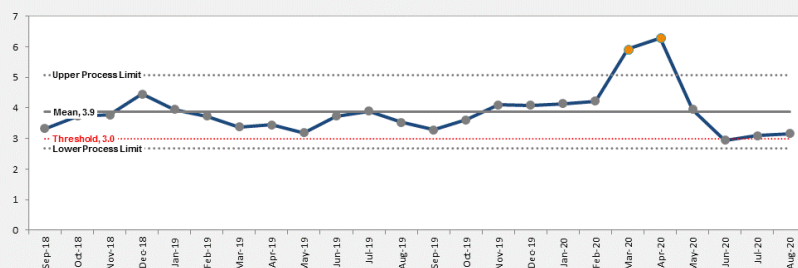
Total Workforce vs Budgeted Plan - WTEs

	Aug '20		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	425.1	461.3	(36.2)
Nursing	950.5	1,017.8	(67.3)
HCA's	412.1	489.5	(77.4)
Other Clinical Staff	619.3	620.6	(1.3)
Infrastructure Staff	1,227.9	1,231.9	(4.0)
TOTAL	3,634.8	3,821.1	(186.3)

Staff Turnover %



Staff Absence %



Summary and Action

Turnover: In month there were 30 leavers (headcount), and 32 starters (headcount), compared to 33 leavers and 26 starters in the month before. There are no concerns in relation to reasons for leaving, a number of fixed term contracts have come to an end, a number of staff left for personal reasons and a number of staff retired. Housekeeping and Therapies have had noticeable numbers in month, although not seem attributable to any concerns the People BP is meeting with the areas to review.

For the rolling year to date, the turnover rate was below target at 9.41%, this compares to last month's position which was 9.45%. For the rolling year to M5 2019/20, the Trust's turnover rate was 9.06%.

Top 3 Hotspots: The Division with the highest turnover rate for the rolling year was Corporate at 10.87%, followed by Surgery (10.73%) and Clinical Support & Family Services (10.13%). The People Business Partners continue to support the Divisions in monitoring KPI data and are reviewing these hotspot areas to establish if any actions are required.

Sickness

There has been a marginal increase in the sickness rate this month at 3.16%, this compares to last month's position of 3.09%.

The year to date 12 month rolling sickness rate is 4.02%, this compares to last month's year to date 12 month rolling sickness position of 4.09%.

The sickness rate for the same month (month 5 August 2019) last year was 3.53%. This compares with an in month sickness rate of 3.16% for August 2020, which is an improvement of 0.37%

Top 3 Hotspots: The Division with the highest sickness rate for the month was Surgery with 4.00%, followed by Medicine (3.54%) and Facilities (3.10%). The People Operations team continue to review sickness data and support managers in ensuring staff are being managed in line with the policy.

Within Surgery Theatres remains an area of focus, along with Chilmark and Amesbury wards to ensure that staff hitting triggers are being supported in line with the policy. Central booking sickness has increased and work is underway to ensure staff are in process,

There are 54 staff in short-term sickness absence management processes Stage 2-4. Long term sickness continues to remain an area of focus across the Divisions

Sickness amongst the medical workforce is being focussed on within Medicine and the CD is ensuring sickness absence meetings are happening and to date these meetings are having positive impacts.

Workforce – Nursing and Care

% Fill of Registered Nurse/HealthCare Assistant Shifts

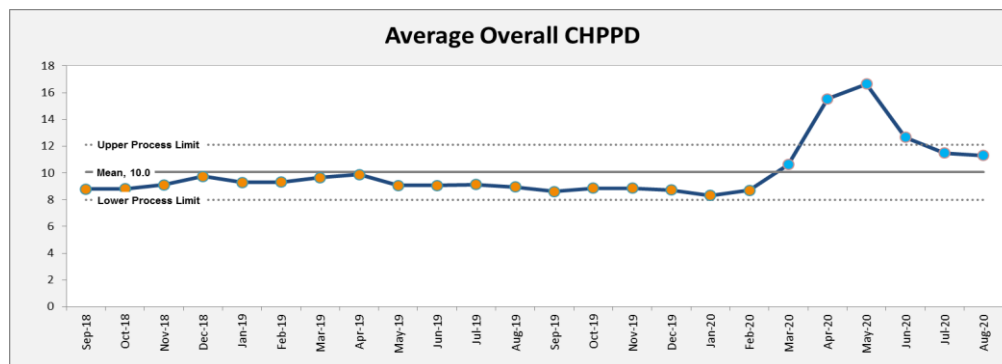
Table 1 – August Data

Day	RN	HCA
Total Planned Hours	37840	19719
Total Actual Hours	39777	18490
Fill Rate (%)	105%	93.8%

Night	RN	HCA
Total Planned Hours	26238	12020
Total Actual Hours	28226	12593
Fill Rate (%)	107%	104%

Care Hours Per Patient Day (CHPPD) - Monthly, 12 Month Trend

Table 2



Summary and Action

Table 1 shows planned vs actual hours for RNs and HCAs across the wards for August. The graph on the right shows planned vs actual Care Hours per Patient Day at Trust level. (CHPPD is a simple calculation dividing the number of actual nursing/midwifery (both registered and unregistered) hours available on a ward per 24-hour period by the number of patients on the ward that day. It therefore nominally represents the average number of nursing hours that are available to each patient on that ward.) The graph on the right shows the average overall CHPPD across all wards and the impact of bed closures for Covid-19 can be clearly seen from April – as services start to realign to 'normal' then CHPPD can be seen to be returning to previous levels.

Table 1 shows the overall planned vs actual fill rate for August. Overall the RN rate is same as last month and the HCA has reduced to 93% on days- the fill rate on days has decreased as demand has increased starting to be seen in the requirements for additional staff for enhanced care which is slowly increasing and pockets of HCA vacancies. All wards had sufficient staff for the numbers of patients admitted, with staffing templates remain set for normal bed occupancy and a slow return to normal bed occupancy is starting to be seen. Twice daily staffing meetings continue to provide review of actual staffing requirements and ensuring staff are redeployed before temporary staffing use approved. There are virtually zero RN vacancies at RN level across the wards.

The skill mix of RN:HCA has remained consistent with last month with RN 69% /HCA 31%. The broad recommendation is 65%:35%.

2019/20 saw an overall nursing underspend. At the end of M5 (2020/21) there is a £703k overspend, which is a £177k deterioration on last month. There was an expectation to see a reduction as the mid-term paid placement students completed their placements at the end of July. Agency spend remains minimal but in month there is a £43k accrual for non-resolved agency invoices from 2019-20. August saw some high risk / shielding staff return to their clinical departments, although some remain in non-clinical roles impacting on spend. In addition there is still additional pressure from areas requiring additional staffing due to Covid-19 e.g. ED RAZ, RCU. Meeting to be held with Director of Finance, Deputy Director of Nursing and Heads of Nursing to further understand the deterioration in expenditure.

With regards to Nurse Sensitive Indicators no specific concerns at present, increases in NSI's can be associated with suboptimal staffing. Trust wide programme for pressure ulcers improvement as previously reported continues.

Workforce – Staff Training and Appraisals

Summary and Action

Medical Appraisals

Overall there has been a slight increase in Medical Appraisals to 83%, it is anticipated that this figure will continue to increase over the coming months as the GMC guidance of cancelling appraisals came to an end at the end of month 5.

Non Medical Appraisals

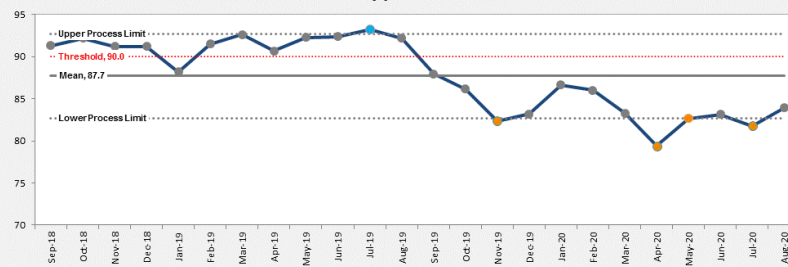
Compliance is at 82.38%, a slight decrease to last month and below the target. CSFS, Medicine, Surgery and Corporate are all slightly below target, Estates & Facilities are above target. In Estates & Facilities there has been recent focussed work by the management team in ensuring appraisals are completed. In all Divisions the People BP is working with the teams to cleanse the data and encourage managers to schedule meetings remotely.

Appraisals continue to remain an areas of focus with line managers being asked to prioritise these meetings and attend appraisal refresher training as required. As BAU returns to the Trust appraisals will be rescheduled over the coming months, therefore increasing this figure.

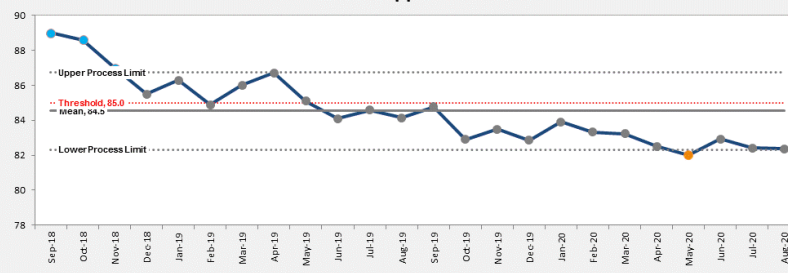
Training

The month we have achieved the target figure of 90%, with training being recorded at 91%. CSFS, Surgery, Corporate and Estates & Facilities are all over 90%, with Medicine at 89%. This position has improved from last month when only Surgery and Facilities over target.

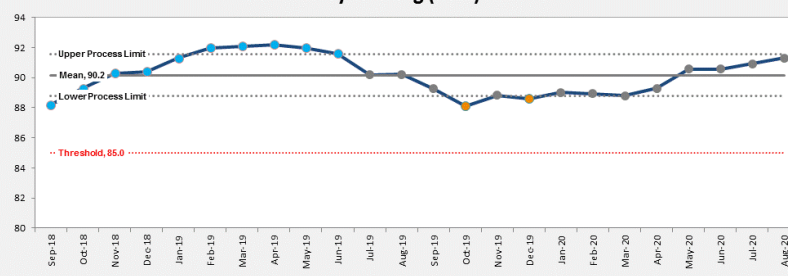
Medical Appraisal Rate %



Non-Medical Appraisal Rate %

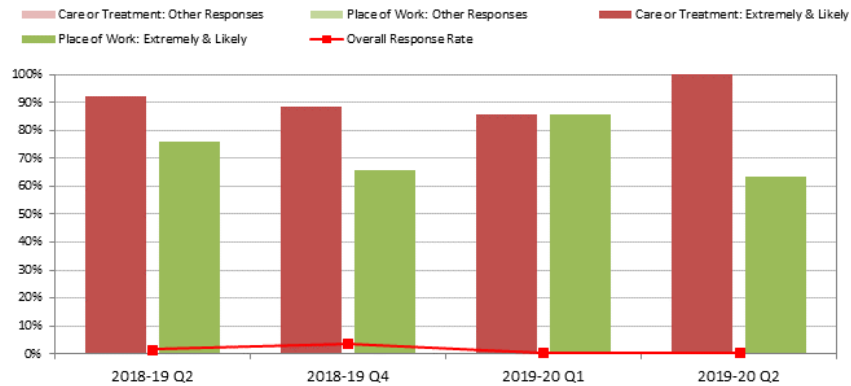


Mandatory Training (MLE) Rate %



Friends and Family Test – Patients and Staff

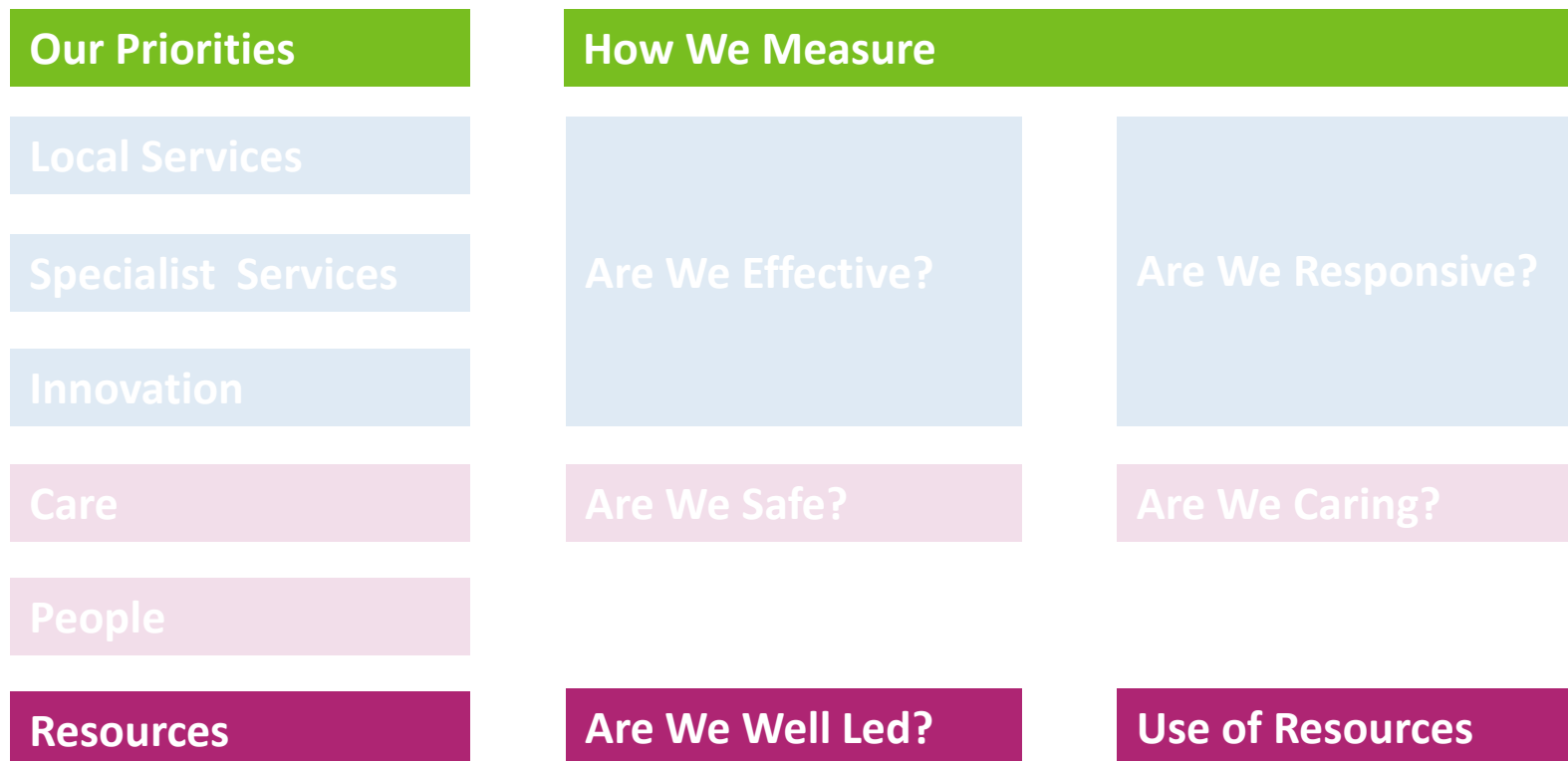
Staff Responses: Place of Work and Place of Care



In April, NHSE advised Trusts to cease collecting paper-based Friends and Family Test cards due to health and safety concerns. Updated guidance was released in June and following approval of a local standard operating procedure the Trust recommenced the use of paper-based Friends and Family Test cards with the new questions. The Trust will restart reporting in December 2020.

The staff Friends and Family test was also suspended in Q4 19/20 and Q1 20/21 due to Covid-19.

Part 4: Use of Resources



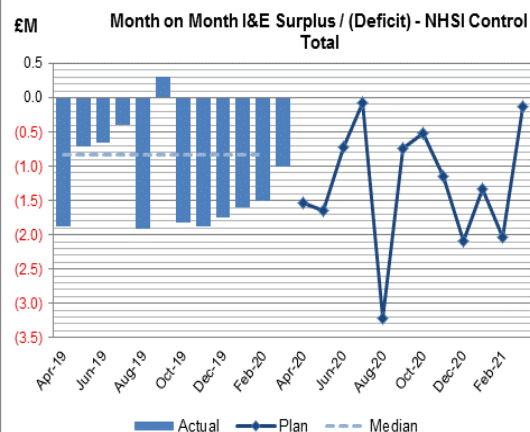
Income and Expenditure

Income & Expenditure:



Use of Resources

Position									
	Aug '20 In Mth				Aug '20 YTD				2020/21
	Plan	Actual	Variance		Plan	Actual	Variance		Plan
	£000s	£000s	£000s		£000s	£000s	£000s		£000s
Operating Income									
NHS Clinical Income	15,643	17,427	1,784		86,890	86,880	(10)		220,952
Other Clinical Income	831	2,712	1,881		4,313	11,794	7,481		
Other Income (excl Donations)	2,416	2,069	(347)		12,080	10,696	(1,384)		28,992
Total income	18,890	22,208	3,318		103,283	109,370	6,087		249,944
Operating Expenditure									
Pay	(13,637)	(14,194)	(557)		(68,182)	(70,438)	(2,256)		(163,634)
Non Pay	(7,011)	(6,652)	359		(35,057)	(32,094)	2,963		(84,050)
Total Expenditure	(20,648)	(20,846)	(198)		(103,239)	(102,532)	707		(247,684)
EBITDA	(1,758)	1,362	3,120		44	6,838	6,794		2,260
Financing Costs (incl Depreciation)	(1,452)	(1,362)	90		(7,251)	(6,838)	413		(17,474)
NHSI Control Total	(3,210)	0	3,210		(7,207)	0	7,206		(15,214)
Add: impact of donated assets	(48)	(66)	(18)		(48)	(331)	(283)		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)	(3,258)	(66)	3,192		(7,255)	(330)	6,924		(13,588)



Variation and Action

For the purposes of financial reporting during the Phase 1 Covid-19 response the Trust is using the original 2020/21 plan as a baseline. This had assumed a deficit of £3.2m for the month, and a £15.2m deficit for the year, no central MRET or FRF was therefore assumed.

While a significant proportion of Covid-19 specific capacity has been de-escalated a minimum level at premium cost will be required for the foreseeable future. This combined with an increase in costs associated with the return of some of the Trust's 'routine' workload mean that a retrospective top up over and above the block contracts and 'top up' payments of £0.9m has been claimed year to date. This is inclusive of the recognised £0.3m per month 'shortfall' in the top up methodology caused by the instruction from NHSE&I not to invoice for provider-to-provider genetics tests.

Pay showed an increase of £0.4m (3%) in the period and non-pay decreased by £0.3m (4%) as activity fell across most points of delivery. The fall in non pay costs was mainly due to a reduction in drugs costs.

Income & Activity Delivered by Point of Delivery

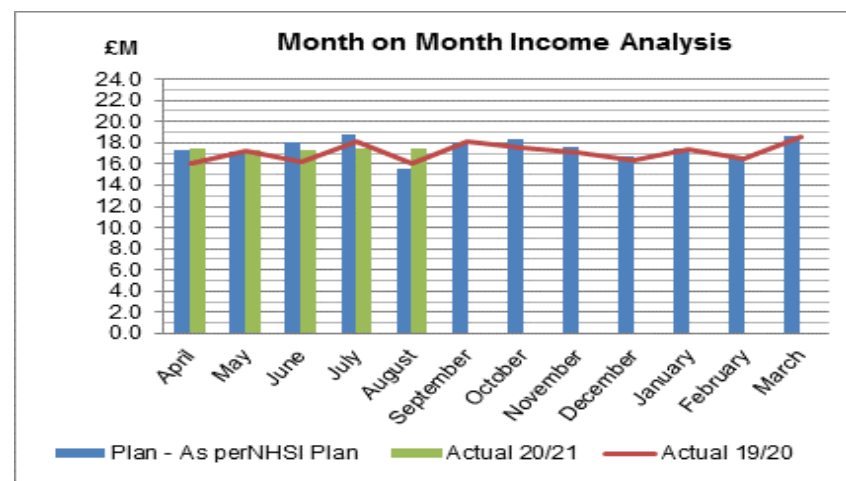
Clinical Income:



Income by Point of Delivery (PoD) for all commissioners	Aug '20 YTD		
	Plan (YTD)	Actual (YTD)	Variance (YTD)
	£000s	£000s	£000s
A&E	3,968	3,283	(685)
Day Case	7,011	3,515	(3,496)
Elective inpatients	7,425	2,074	(5,351)
Excluded Drugs & Devices (inc Lucentis)	7,968	6,939	(1,029)
Non Elective inpatients	26,189	21,596	(4,593)
Other	20,986	41,871	20,885
Outpatients	13,343	7,602	(5,741)
TOTAL	86,890	86,880	(10)

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD)	Actual	Variance
	£000s	(YTD) £000s	(YTD) £000s
	£000s	£000s	£000s
BSW CCG	48,346	48,462	116
Dorset CCG	9,857	10,352	495
West Hampshire CCG	7,092	7,177	85
Specialist Services	13,570	13,513	(57)
Other	8,025	7,376	(649)
TOTAL	86,890	86,880	(10)

Activity levels by Point of Delivery (POD)	YTD	YTD	YTD	Last Year	Variance against last year
	Plan	Actuals	Variance		
A&E	30,840	22,182	(8,658)	28,697	(6,515)
Day case	9,273	4,731	(4,542)	8,900	(4,169)
Elective	1,967	755	(1,212)	2,136	(1,381)
Non Elective	13,301	10,330	(2,971)	10,809	(479)
Outpatients	103,697	69,805	(33,892)	104,398	(34,593)



Variation and Action

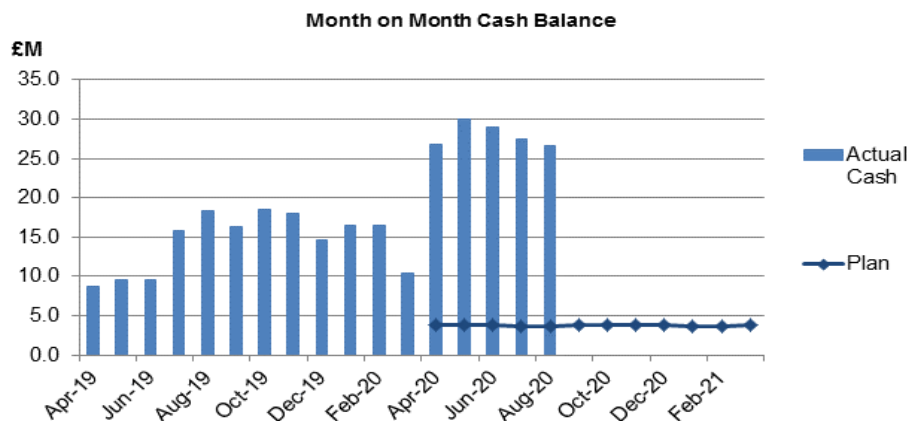
Activity in August has decreased below July levels across all of the main points of delivery with the exception of A&E, Non Elective and Radiology. The most significant decreases by specialty are General Surgery, Urology Plastic Surgery and General Medicine Day cases, Colorectal Surgery, Plastic Surgery and Urology Elective, General Surgery and Respiratory Medicine, Rheumatology, Plastic Surgery, Paediatrics and Ophthalmology Outpatients. This reduction is in line with seasonal expectations.

Contracts payment values with main commissioners have been based on Month 9 agreement of Balances (from a provider perspective), adjusted by 2.803% for inflationary pressures. Over the first five months of the year underlying activity has been valued at less than the agreed block by £24,667k (28%), owing to the temporary cessation of non-urgent planned work and phased recovery response. The August adjustment has increased by £1,191k.

Cash Position & Capital Programme

Capital Spend:

Cash & Working:



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 30th September 2020 have been received. New guidance has been issued this month stating these payments will continue until further notice. This brings with it risk, as there is no certainty when the clawback of the advance payment will be made, although balances are currently sufficient to return to a payment in arrears arrangement.

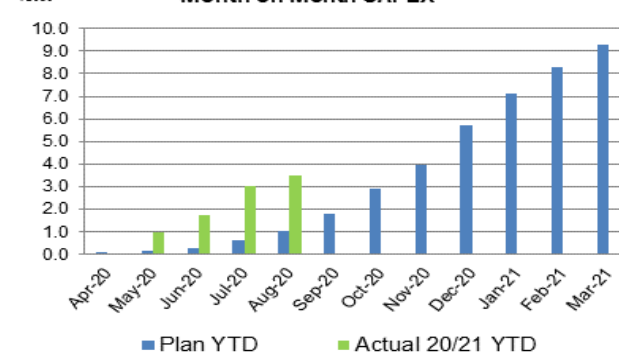
The Trust has yet to receive any funds relating to the additional capital fund allocations in the year.

Borrowings have included £21m of working capital loans due for repayment by 31 March 2021. The Trust has received confirmation these borrowings will be repaid in September 2020 and funding returned to the Trust simultaneously as Public Dividend Capital.

Capital Expenditure Position

Schemes	Aug '20 YTD			
	Annual Plan	Plan	Actual	Variance
	£000s	£000s	£000s	£000s
Building schemes	850	100	13	87
Building projects	2,600	250	135	115
IM&T	2,600	250	1,268	(1,018)
Medical Equipment	2,778	250	1,097	(847)
Other	449	186	187	(1)
Addition: Critical Infrastructure Fund	3,455	45	71	(26)
Addition: Covid 19	4,711	823	716	107
TOTAL	17,443	1,904	3,487	(1,664)

Month on Month CAPEX



Summary and Action

Delays in capital works at the end of 2019/20, including those due to the Covid-19 response, has 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.

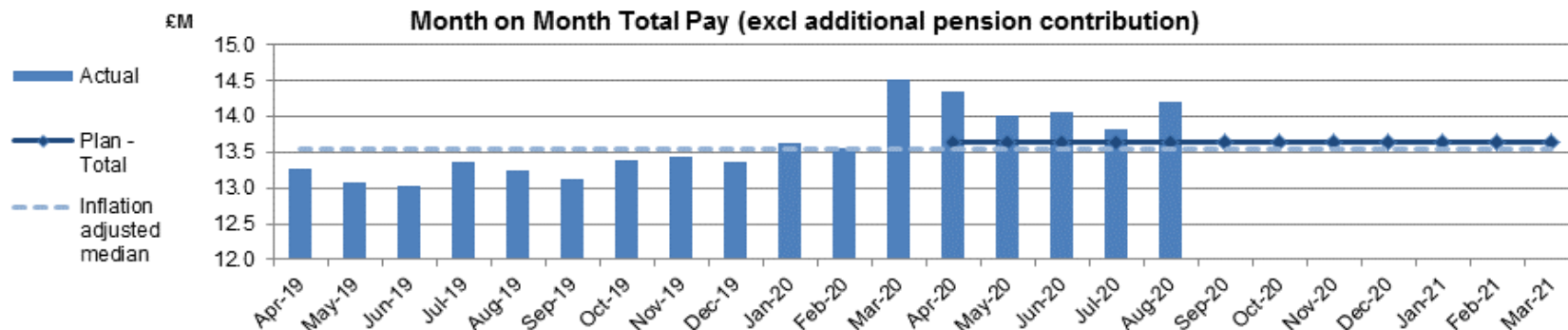
The Trust has received a number of capital allocations so far this year included above under the Covid 19 heading. These include £2,000k Emergency Department Configuration, £778k of funding for medical and IT equipment, £700k Ventilation and Endoscopy, and £1,233k Regional ICU Plan (including release of theatres as escalation space). 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.

Workforce and Agency Spend

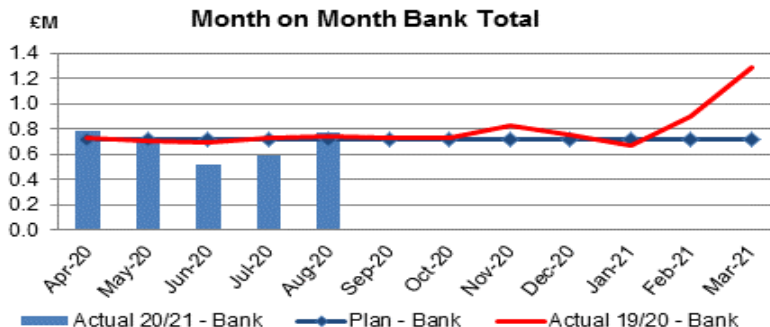
Pay:



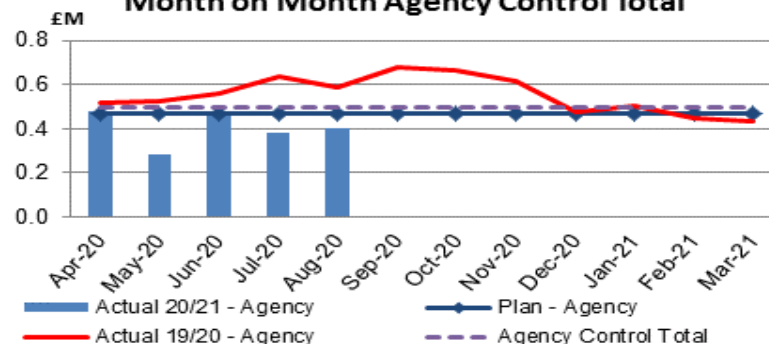
Month on Month Total Pay (excl additional pension contribution)



Month on Month Bank Total



Month on Month Agency Control Total



Summary and Action

Pay expenditure increased by £365k, or 2.6% month on month, bringing the total close to the average run rate for the year, although with a YTD adverse variance to plan of £2,256k. The costs directly driven by the Covid-19 response have reached £2,604k, 80% of which relates to additional hours worked by the Trust's existing workforce. Covid response costs continue to reduce as redeployed clinical staff return to their normal areas of work, however the residual cost of streamed patient pathways and protected capacity remain. Although availability of theatres due to ring-fenced ICU escalation capacity is currently a constraint to planned workload, there is an identified tipping point where theatre staff availability will become the key constraint.

The increase in the number of contracted WTE Medics is a function of the junior doctor rotation in August and numbers are expected to return to previous levels in September.

Sickness and self isolation due to Covid-19 continued to fall during August, although overall sickness absence rate for the month was 3.16%, up slightly from 3.09% in July.

Report to:	Trust Board (Public)	Agenda item:	2.2
Date of Meeting:	1 st October 2020		

Report from: (Committee Name)	Clinical Governance Committee		Committee Meeting Date:	22 nd September 2020
Status:	Information	Discussion	Assurance	Approval
	X		X	
Prepared by:	Miss Eiri Jones			
Board Sponsor (presenting):	Miss Eiri Jones			

Recommendation

Trust Board members are asked to note the items escalated from the Clinical Governance Committee (CGC) meeting held on the 22nd September 2020. The report provides assurance and identifies areas where further assurance was sought and is required.

Key Items for Escalation

- As there hadn't been a meeting in August, this month's meeting had a long agenda with discussion given to key quality areas and also to the impact of Covid-19.
- The new Chief Executive and the Acting Medical Director were welcomed to the committee.
- Key issues / risks to escalate to the Board are as follows:
 - Having previously discussed and escalated the concerns in relation to outstanding actions in serious incidents, the committee noted some progress had been made. It also noted that some overdue actions remained unresolved. Assurance was provided that these are being addressed by the new management teams in Divisions and with Executive intensive support in one area. The CGC will maintain a focus on this.
 - The review of maternity clinical and cultural issues has commenced. An update will be provided to the next committee.
 - Progress against the gastroenterology review actions was provided by the new Consultant lead for the service. It was noted that the final report has been received by the Trust and that assurance against all the actions will be brought to a future Board meeting.
 - Progress against the actions developed from the cancer risk summit. Assurance was gained that some progress has been made despite the impact of Covid-19. Further work is ongoing and being monitored through TMC, CMB and the Transformation, Innovation and Digital Board. It was also noted that a further SII related to delay had been identified. The CGC will continue to keep the cancer improvement plan under review on a regular basis.
- With reference to Covid-19 and the Safety and Experience elements of the Integrated

Performance Report, a key area for focus remains the restarting of elective work as no new cases had been reported for this reporting period.

The following issues are for highlighting to the Board:

- 7 theatres remain closed which is proving a challenge to restart.
- Improvement in the TIA performance.
- 1 new case of C.Difficile, 1 MSSA and 3 E. Coli were reported and are being investigated with any learning to be shared.
- It was positive to note a reduction in pressure ulcers though 2 hotspots were identified. These are receiving targeted quality improvement (QI) support.
- 1 new SII is reported as outlined above in relation to a delayed cancer diagnosis. 4 patients with hip fractures were delayed getting to theatres and there was 1 fall with high harm. It is positive to note that weekend HSMR continues to decrease and is now within the expected range.
- The following annual reports were received:
 - Dementia and delirium
The dementia and delirium service raised some operational issues in relation to delirium care which the Executives were asked to review. The team also had a clear plan for further improvement of the service with a focus on enhancing the champions role. The team were invited to return to present an update to a future meeting.
 - Patient Engagement
 - Complaint survey
The small number of respondents was noted.
 - Safeguarding Adults
All provided evidence of good practice.
- The following quarterly reports were received:
 - Risk management
There was good evidence of reporting near misses with learning from these.
 - Transformation programme
A detailed report was received. Key areas of focus include the discharge before midday and the cancer improvement. QI training has recommenced with nearly 80 coaches expected by end of the year.
 - Learning from deaths
This evidenced the embedding of the Medical Examiner role. A case discussion demonstrated how the role is working with other clinicians in reviewing unexpected deaths.
 - Patient experience
The three reports relating to patient experience demonstrated how the Trust is focussing on this work.
 - Safeguarding children and adults
Key concern is training and Local Authority support of Deprivation of Liberty requirements.
 - Research
The Trust is now involved in Covid-19 studies and also in new non Covid-19 studies.
 - Freedom to Speak Up
The Trust has now identified 5 Ambassadors to date. It was noted that October is 'Speak Up' month. The service is now recognised as doing well against the national benchmark.
- The CQC action plan update was presented and discussed. Positive progress has been

made in both the QI and Well Led plans. Whilst the peer review programme has been paused during Covid-19, there is a plan to recommence some elements this month. Positive assurance was also received in terms of how the Trust is seen to engage with the CQC local team. Very positive feedback has been provided to the Trust. A discussion took place in relation to the aspirations in relation to CQC and it is recommended that a Board discussion is held.

- An update was provided following the request at the last meeting for further assurance in respect of the escalation process for the management of high risk outstanding NICE guidance over 12 months old. The update report provided the requested assurance.
- The BAF and Corporate Risk Register were considered and discussed. It was noted that the maternity risk had been added. It was recommended that the risk score for gastroenterology be reviewed in addition to considering a clinical risk relating to IT. Further work is underway in relation to any gaps in control.
- As agreed at the last meeting, an escalation report and meeting minutes were received from CMB. Minutes were also received from CRG and Integrated Safeguarding committees.

Report to:	Trust Board (Public)	Agenda item:	2.3
Date of Meeting:	1 October 2020		

Committee Name:	Finance and Performance		Committee Meeting Date:	22 nd September 2020
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 22nd September 2020

Items for Escalation to Board

Emergency Department Modular Build Procurement – On the 6th August 2020 the Trust was awarded £2m to deliver improved waiting space, particularly for minor injuries and this additional space is to be operationally available by January 2021. At the August 2020 F&P meeting the committee recommended a design and build tender, chosen through an existing procurement framework, with the outcome of that procurement process going straight to the Trust Board on the 3rd September 2020 for a decision (which was approved).

However the F&P Committee asked at the August 2020 meeting to have sight of the final business case that covers all relevant aspects of the scheme, including relocation of the orthopaedics/fracture clinic. This business case was brought to the September 2020 Committee and option 3 was approved, though concerns were expressed about managing the significant implementation risks. Therefore an implementation plan (outlining programme management support) was requested to come to the October 2020 meeting of the Committee for assurance.

Estates Critical Infrastructure Report – The Committee received a further update on progress against the agreed action plan and this update was supported by the Trusts recently appointed professional Head of Estates (Gerry Frith). The outcome was there was only one outstanding red risk (relating to internal gas distribution systems) and the final resolution of this risk was scheduled for the 12th October 2020.

Integrated performance as at 31st August 2020 – This report has been significantly reworked to reflect the new NHS priorities and targets between now and the 31st March 2021 (in particular covid-19 recovery) and the Committee commended all those involved in producing the excellent revised report. The key issues that gave cause for significant concern were (a) the performance of elective care and in particular the number of main operating theatres that are still closed and the reduced throughput of those main theatres still open and (b) the significant reduction in new referrals into the Hospital, which as at August 2020 were approximately 2,500 a month, rather than the usual circa 5,000 a month. Aside from the patient quality and outcomes concerns, which the Clinical Governance Committee will have sight of, these reduced referrals if continued will adversely affect productivity, increase the diseconomies of scale for what is already a small DGH and increase the unit costs of the Hospital in the medium/long term. All of which makes long term financial sustainability more of a challenge.

Finance Report as at 31st August 2020 and Financial Outlook up to 31st March 2021- The Trust still continues to show an actual financial break even as at the 31st August 2020, which is significantly better than the original planned 5 month cumulative deficit of £7.255m. Looking forward to the end of the financial year (31st March 2021) the Trust has only recently received updated NHS financial guidance and it is working through the implications and continuing discussions with our system partners and Regional office. A report will be presented to the Board at its meeting on the 1st October 2020 on the current position of these discussions.

Board Assurance Framework (BAF) – Finally the BAF was reviewed in light of discussions at this meeting and amended accordingly

Report to:	Trust Board (Public)	Agenda item:	2 . 5
Date of Meeting:	1 st October 2020		

Report from: (Committee Name)	Audit Committee		Committee Meeting Date:	17 th September 2020
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.

The Board is asked to note that the Committee had a lengthy discussion regarding a risk raised as part of an audit in progress at the time of the meeting. This is not normal procedure for the Committee, but the seriousness and urgency of the matter meant that the Committee agreed that discussion should not be delayed until the final report is presented in December. The audit into the Trust's Covid 19 recovery had raised a finding that the Trust had been unable to produce documented evidence of risk assessments carried out on staff. The Director of OD & People and the Chief Executive were clear that all steps were being taken to ensure that completion of the risk assessment process, currently having covered approximately 50% of staff, would be completed by the end of October deadline and that all assessments completed had been appropriately documented, albeit through local and diverse systems. Completion of the programme has been hampered by the lack of a central coordinated data management system for staff data, which is being reviewed urgently by the Executive team. However, the current delivery plan for manager self-service does not project completion of this until the end of December 2020.

Key Items for Escalation

Contract Management Deep Dive

Management gave two presentations to illustrate the Trust's effectiveness in managing external outsourced service providers. The examples given were the endoscopy service contract with a third party provider and the long term laundry service, contracted to a wholly owned subsidiary of the Trust.

The presentations demonstrated that there were very robust management processes in place that effectively protected the Trust's interests and operational requirements.

However, the contract that had originally caused the request for a deep dive was neither of the two presented. On a number of occasions, at Subsidiary Governance Committee and elsewhere, there had been indications that the service provided by Sterile Services Limited, a joint venture in which the Trust is a junior partner, was less effectively controlled. The Chief Operating Officer was questioned about this by members of the committee and he agreed that there were ongoing issues with this contract and that management of the contract was less effective. The COO further stated that he had sent the Laundry report to the Sterile Services team and asked that a similar scheme of management be put in place. The Committee indicated that it would like to have this matter revisited in six months or so, to give the management team a period to establish and embed the new scheme. A review of the outcome was provisionally booked for March Audit Committee, with the option for the COO to ask for a deferral to July if more time is needed.

Board Assurance Framework Process Review

The Committee undertook its semi-annual review of the effectiveness of the processes adopted by the Trust to establish and review the Board Assurance Framework. There was a brief discussion, including inputs from stakeholders present at the meeting. The Committee concluded that the processes adopted by the Trust were sufficiently robust and effective.

Data Protection and Security Toolkit – Status Report

The Committee received and discussed a report updating the status of the Data Protection and Security. There was a discussion on some matters highlighted in the report and the current status was noted.

Other Matters

The Trust's advisors on Internal Audit, External Audit and Fraud Prevention all presented progress reports. With the exception of the item noted above, there were no items of particular note in these reports

Report to:	Trust Board (Public)	Agenda item:	2.6
Date of Meeting:	1 st October 2020		

Report from: (Committee Name)	Charitable Funds Committee		Committee Meeting Date:	17 th September 2020
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Lisa Thomas, Director of Finance			
Board Sponsor (presenting):	Nick Marsden, Chair			

Recommendation
The Trust Board are asked to note the items escalated from the charitable Funds Committee meeting held on 17 th September 2020

Key Items for Escalation
<ul style="list-style-type: none"> • The committee approved the outputs from a workshop session held earlier in the month with regards to the charity vision, mission and governance structures. • The committee approved the establishment of an investment committee to ensure more regular oversight of charity expenditure. Other approved changes included adopting governing principles and delegated financial limits and approval processes. • The committee received the external audit plan for completion of the charity accounts for 2019/20 with no expected new concerns. • Bids were approved for the following: <ul style="list-style-type: none"> ○ Play specialist ○ Simulation technician ○ Simulation man and artificial lung ○ Garden technician ○ Artcare and Elevate.