Bundle Escalation Reports - Web Site 9 December 2021

1 Integrated Performance Report

2.5a 091221 Trust Board cover sheet.docx

2.5b IPR December 2021 DRAFT TB.pdf

2 Trust Management Committee - 24 November

2.2 TMC Escalation Report for Board.docx

3 Clinical Governance Committee - 30 November

2.3 Clinical Governance Committee escalation paper 30th November 2021.docx

4 People and Culture Committee - 25 November

2.4 Escalation report - P&C Committee 25 Nov 2021.docx

CLASSIFICATION: UNRESTRICTED

NHS
Salisbury
NHS Foundation Trust

Report to:	Trust Board (Private)	**Agenda item:**	2.5
Date of Meeting:	09 December 2021		

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

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

Executive Summary:

October was an operationally challenging month for the Trust, with average occupancy over the month of 94.6%, the highest since December 2019. The number of occupied bed days in escalation beds topped 1800 putting pressure on both non-elective and elective flow through the organisation. The opening of additional beds puts additional pressure on staffing levels. Absence increased to 4.11% (3.9% in M6) and continuing a trend of increasing absence over the 6 months. Anxiety, stress and depression remain the top cause of sickness across all Divisions. Similarly further there was further deterioration in appraisals and mandatory training in M7, with both following a deteriorating trend over the last 6 months.

Attendances to the Emergency Department remain high, Type 1 attendances were 7% up compared to M7 in 19/20. Performance against the 4 hour standard marginally improved to 78% (76.9% in M6).The number of patients in the hospital not meeting the criteria to reside increased further to an average of 74 (68 in M6).

The challenges in managing flow when occupancy is high can be seen by the increases in patient moves and non clinical mixed sex accommodation breaches (25 breaches affecting 66 patients in M7, compared to 9 breaches affecting 12 patients in M6). Despite the flow challenges, the number of patients reaching the Stroke Unit within 4 hours increased slightly to 30.8% from 25% in M6. 38.5% of patients received a CT within an hour which was an improvement of 17% last month but still below the national target of 50%. CT within 12 hours was at 100%. Stoke SSNAP data is now available again and the Trust was awarded a score of C for Q1, a

deterioration from pre covid scores of B.

From a patient safety perspective there were no still births or maternal deaths. There was 1 neonatal death (baby born alive at 20+5 weeks) which is currently being reviewed. There were 2 hospital onset C.difficile cases, 2 hospital onset MSSA bacteraemia cases, and 2 hospital onset cases of E.Coli bacteraemia. There has been an increase in category 2 pressure ulcers this month (26 in October Vs 14 in September) and 1 hospital acquired category 3 pressure ulcer was identified. There were 4 moderate falls in October all being managed as local SWARMS.

Achievement of the diagnostic 6 week standard was maintained, and further improved for the second month, with 99.4% of patients receiving diagnostics within 6 weeks. There was an increase in theatre activity, with on average 5 more theatre lists a week undertaken than in M6. The number of patients waiting longer than 52 weeks to receive elective treatment increased slightly from 681 in M6 to 688 in M7. The total waiting list size reduced very slightly to 19,265. This is 102 patients lower than in M6, and 485 patients lower than forecast in our H2 trajectory.

The number of patients referred on an urgent cancer pathway receiving an appointment within 2 weeks reduced to 89.63% (92.54% in M6). This was predominantly (74 of the 105 breaches) due to an increase in suspected breast cancer referrals following Octobers Breast Cancer Awareness month. Increasing capacity to reduce the waiting time remains a challenge, with the radiology support to additional clinics currently restricting the opportunity to provide additional clinics.

Although October 2021 is the first month operating under the H2 financial arrangements, late release of the guidance means that the final plan for the second half of the year will not be agreed until mid-November. M7 is therefore reported against the provisional submission of a £3.3m deficit for H2, it has been agreed that this deficit will be mitigated through the allocation of BSW allocation and ERF funding at the point of final submission.

ERF funding for H2 is linked to completed RTT pathways therefore additional information in relation to this has been included in the report from this month.

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	☐
Other (please describe) -	☐

NHS
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Integrated Performance Report

December 2021

(data for October 2021)

An outstanding experience for every patient

Summary

Salisbury NHS Foundation Trust

October was an operationally challenging month for the Trust, with average occupancy over the month of 94.6%, the highest since December 2019. The number of occupied bed days in escalation beds topped 1800 putting pressure on both non-elective and elective flow through the organisation. The opening of additional beds puts additional pressure on staffing levels. Absence increased to 4.11% (3.9% in M6) and continuing a trend of increasing absence over the 6 months. Anxiety, stress and depression remain the top cause of sickness across all Divisions. Similarly further there was further deterioration in appraisals and mandatory training in M7, with both following a deteriorating trend over the last 6 months.

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Summary Performance October 2021

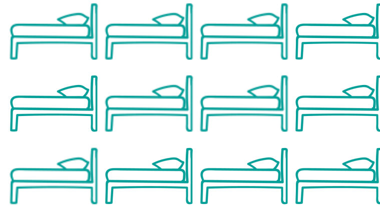
NHS Salisbury NHS Foundation Trust

There were **2,829** Non-Elective Admissions to the Trust

We delivered **37,904** outpatient attendances, **16.8%** through video or telephone appointments

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

We carried out **279** elective procedures & **1,890** day cases



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

RTT 18 Week Performance: **72.8%** ↓

Total Waiting List: **19,265** ↓

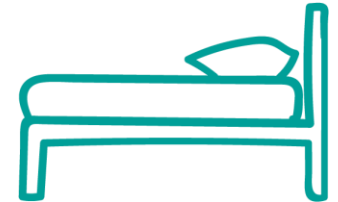
99.4% ↑ of patients received a diagnostic test within **6 weeks**

Our income was **£24,833k** (£468k above plan)

17.7% ↓ of discharges were completed before 12:00

Emergency (4hr) Performance **78.0%** ↑ (Target trajectory: 95%)

76 patients stayed in hospital for longer than 21 days



Our overall vacancy rate was **4.06%** ↓

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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

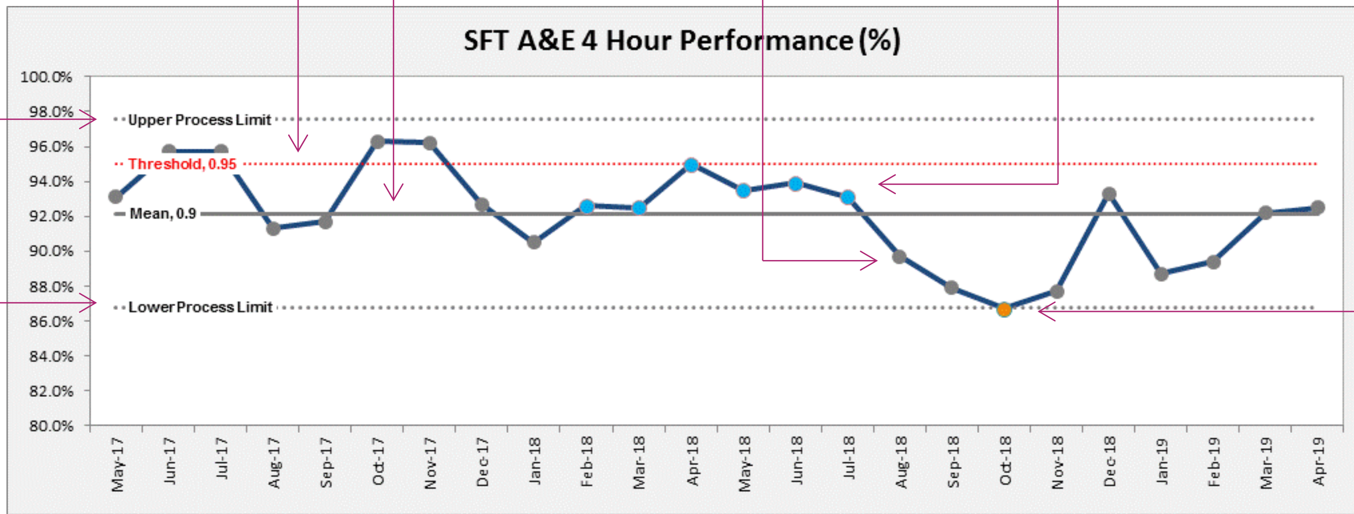
The red line shows the target for the KPI, if there is one

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

NHS Salisbury NHS Foundation Trust

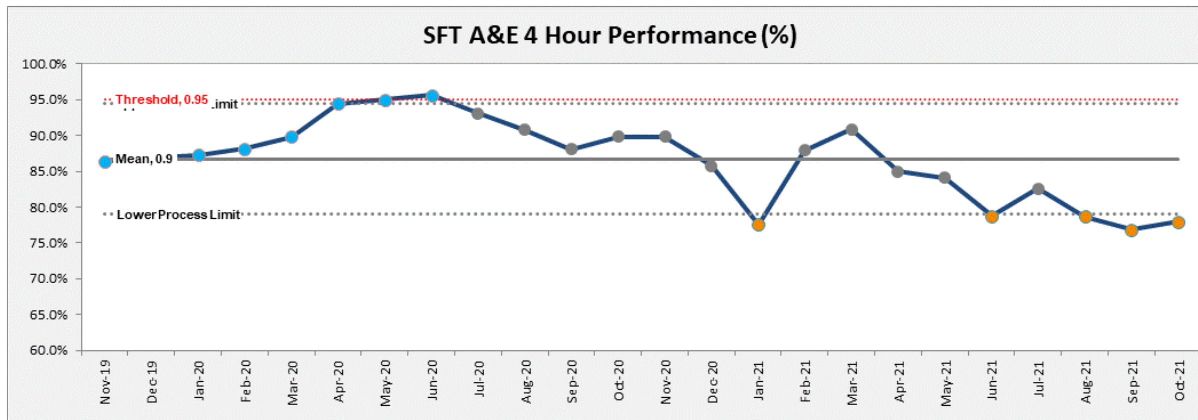
Part 1: Operational Performance

Performance against our Strategic Priorities and Key Lines of Enquiry

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

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

National Key Performance Indicators



Data Quality Rating:	
Performance Latest Month:	78.0%
Attendances:	6401
12 Hour Breaches:	0
ED Conversion Rate:	28.7%

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

M7 saw an increase in attendances of 6401 compared to 6172 in M6. There was a small increase in the 4 hour standard from 76.9% in M6 to 78.0% in M7.

Flow out of the department remains challenging with beds often not becoming available till late evening. This is one of the main contributory factors which affects 4 hour performance and ambulance handover rates. Currently working with the WIC team to pilot a process where some minors patients are able to have a telephone assessment with a GP at the WIC.

Staffing gaps also remain a challenge from a middle grade and nursing perspective both in ED and AMU.

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

The pilot for patient tracker within ED has proved successful and a business case is in development in order to make this role substantive. This is a vital role to assist with flow out of the department, to keep information up to date on Lorenzo and facilitate live breach data.

Hot clinic appointments for ENT and Max Fax are planned to start in M8.

The recruitment drive within nursing has been successful over the last 6 weeks and has successfully recruited two B3 and five B2. Three Band 5 have started and a further two B5 recruited to start in the new year. Aiming for two B5 overseas recruitments in the new year. Two trainee assistant practitioners have completed training and have been uplifted to B4's within the department.

Successfully recruited into a number of admin posts including a data clerk and three new receptionists.

SDEC and ED improvement work streams continue.

Risks to delivery and mitigations

Flow out of ED and AMU still remains our biggest factor affecting the 4 hour performance standard. The ED is actively work with clinical site and specialty teams to improve flow out of the department.

Number of attendances remain high and it is expected that this will continue to rise coming into the winter period.

Middle grade junior doctor and nursing gaps remain challenging on majority of shifts, with an increase in staff sickness and self isolation contributing to the staffing gaps.

Patients presenting to ED that could be seen at another site remains a challenge in terms of volumes of attendances. Type 1 attendances in Q2 were 4% higher than in Q2 19/20. Type 2 and 3 attendances were 4% and 13% respectively lower in Q2 when compared to Q2 19/20.

Delay in date for building works to commence to increase the footprint of the ED department will continue to have an impact on capacity to see patients coming into the winter period.

Statistical Process Control Chart Key:

- Target
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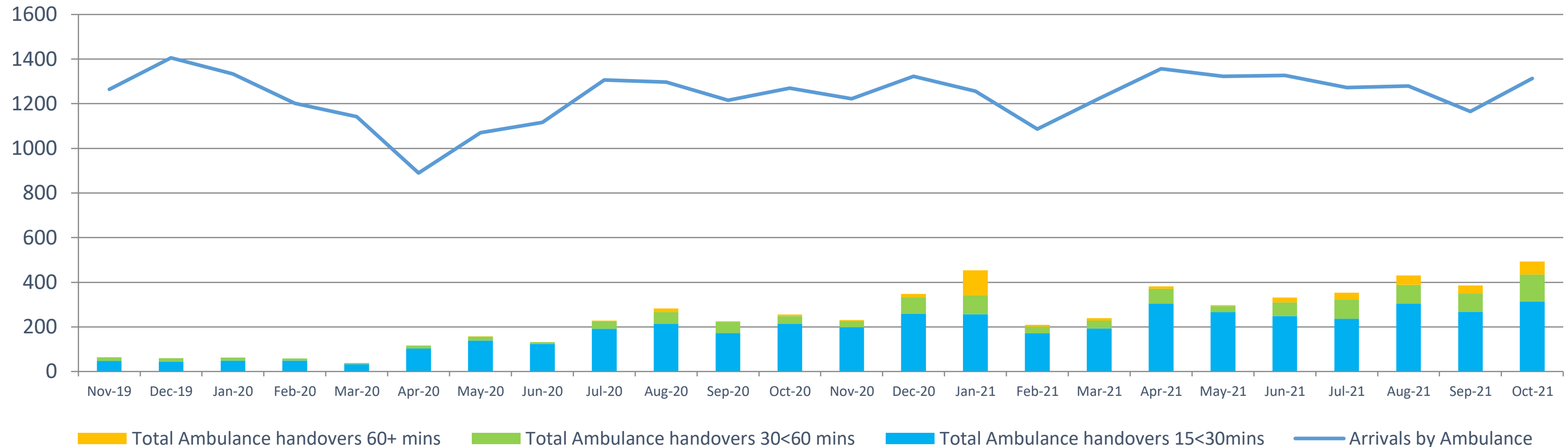
Ambulance Handover Delays

National Key Performance Indicators



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

Currently awaiting breach validation from SWAST for M7, but figures are showing an increase in number of ambulances presenting from 1166 in M6 to 1313 in M7.

The increase in ambulances in M7, and high occupancy in the Trust, have resulted in an increase in the number of breaches for M7. Breaches >60 minutes have increased in M7 to 49 compared to M6 of 37. Breaches >30minutes have also increased in M7 to 109 compared to 81 in M6. Increase in breaches >15 of 313 in M7 compared to 268 in M6.

*October 21 data unvalidated

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

The pilot for the Physician Response Unit car has not started as planned in M7, awaiting feedback from our SWAST partners, aim is to initiate the pilot in M8.

Input is required from SWAST regarding the dedicated phone line to clinicians, there are issues regarding information governance that need to resolved from a SWAST perspective, but we continue to look at this as an admission avoidance incentive.

The paediatric area continues to be converted in order to off load ambulances when we have spikes in attendances. The department is committed to supporting SWAST to off load ambulances in a timely manner and to escalate to clinical site team and Service Manager when we start to queue ambulances. We continue to see an increase in the amount of ambulances presenting to the department.

SFT still remain to have the highest conveyance rates for off loading in the region and we continue to work collaboratively with our SWAST partners.

Clinical lead working with paediatrics and General Surgery to identify pathways where patient can be off loaded directly into DAU or SAU

Risks to delivery and mitigations

It remains a challenge to off load ambulances when more than 3 ambulances present at the same time.

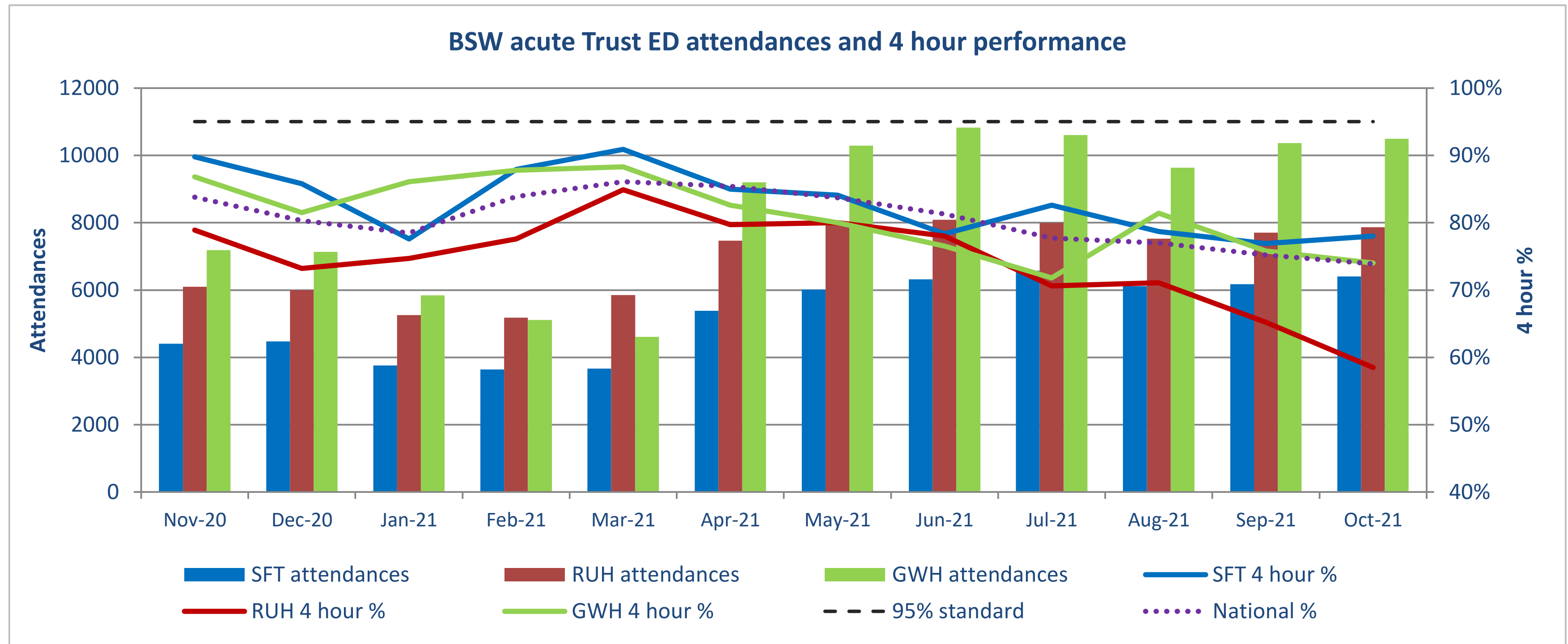
When high levels of ambulances are presenting to the department and occupancy is high in the hospital this impacts on the department being able to off load patients within 15 minutes if flow out of the department is compromised. Escalation policy in place and supported by site and divisional management team.

Staffing gaps, especially nursing have a significant impact on ambulance conveyance within the department, recruitment plans in place.

When attendances are high there is less admin and management time to develop improvement work.

BSW Context – Emergency Access (4hr) standard

Are We Effective?

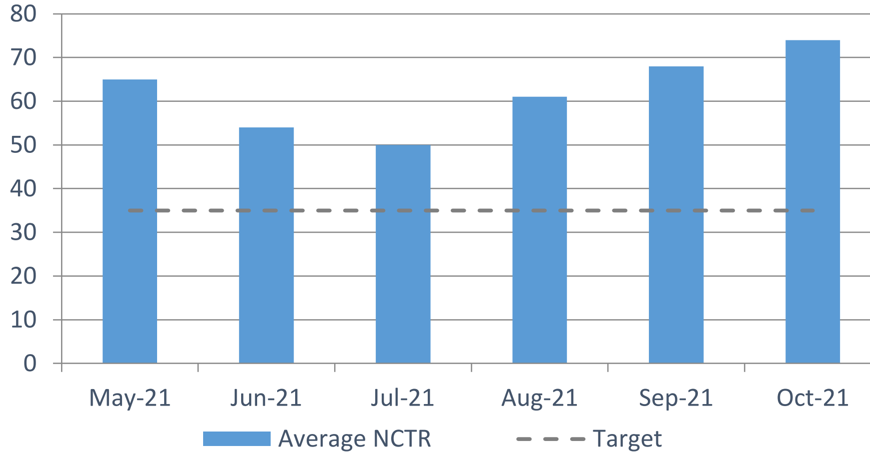


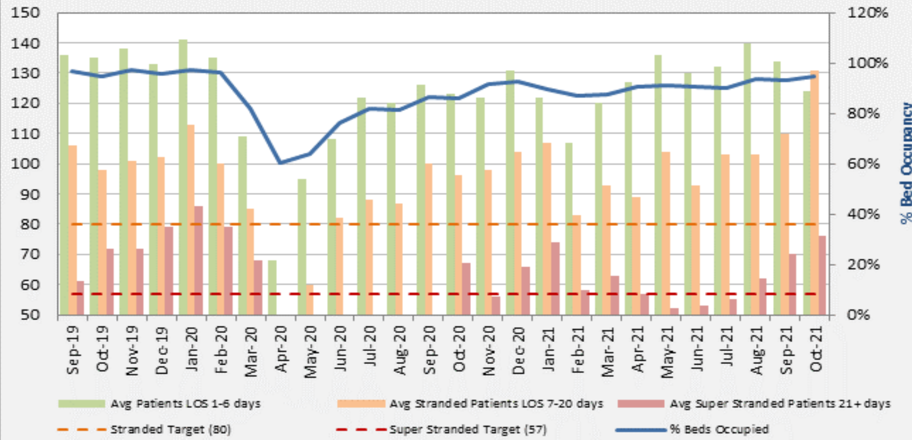
Performance against the 4 hour standard continues to be challenging with national performance decreasing to 73.9% (75.2% in M6), the lowest performance seen since the 95% standard was introduced. Performance in BSW was particularly challenging at RUH with 58% of patients being admitted or discharged within 4 hours. SFT and RUH remain above or in line with the national performance.

Attendance levels across BSW were broadly inline with M6 levels, but when compared to M7 of 2019/20 both SFT and RUH's levels saw an increase in M7, GWH remains below the 19/20 levels. At SFT the trend of a higher number of Type 1 attendances continues. Type 1 attendances at SFT were 7% higher in M7 than in M7 2019/20.

Patient Flow and Discharge

Are We Effective?





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

The average number of patients not meeting the criteria to reside has grown steadily since July and reflects the position of the health and social care systems in the counties surrounding Salisbury Hospital. The numbers of people who are moving into the long length of stay group is also increasing, again indicative of long waits for support services on discharge. This is during a period of high occupancy in October and an ongoing challenge around Covid-19 and the onset of winter pressures.

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

SFT internal Patient Flow and Urgent Care board is working through plans to support issues of flow that are within the control of SFT directly. These include comms regarding criteria to reside decision making and challenge, and a cartoon depicting the journey of 'Flo' from home to hospital and home again via community services.

Work to further criteria led discharge and same day emergency care at SFT and supporting ward based improvement plans is also ongoing. Frequent system partner communications and planning is ongoing to explore ways of expanding the community offer to meet the demand demonstrated in the increase in numbers and length of stay.

Weekly Tactical calls to agree actions. 20 additional beds expected to open in North, review of clinical thresholds to be agreed.

Risks to delivery and mitigations

Staffing continues to be red flagged to the system and is a significant risk to all internal plans to impact the intended improvement to length of stay and the number of people not meeting the criteria to reside.

Accurate recording of reason for delay remains a challenge, with ownership of data on ewhiteboards afactor in ability to maintain accurate records around delays.

External pressures outside of the direct control of SFT also present significant risk to improvement work – from ambulance service to health and social care community partners experiencing both resource and staffing shortages.

Theatre Performance

Theatre KPI's

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

Measure - Theatre Performance & Efficiency	Area	Target	Oct 21
% Utilisation	Day Surgery Theatres	90%	75%
	Main Theatres	85%	83%
Turnaround	Day Surgery Theatres	8 mins	15 mins
	Main Theatres	12 mins	29 mins
% short notice Hospital Cancellations (0-3 days)	Total	2%	1.87%
% Short notice Patient Cancellations (0-3 days)	Total	2%	7.66%

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

An average of 117 theatre sessions a week were run in M7, an improvement of 5 per week on M6, and now achieving more than baseline plan. This is still 13 sessions a month short of 19/20 levels though and 39 short of Plan+. This continues to be mainly due to workforce issues in theatres. High staff sickness led to 10.1 theatres open on average in the week, against a baseline target of 10.2, and weekend activity has dropped slightly from M6 but is still considerably higher than M3, M4 & M5.

T&O activity however has increased with T&O now higher in the list prioritisation. With the current theatre capacity this is likely to peak below pre-COVID average, and bed pressures are now starting to impact the casemix on the elective programme.

Daycase activity has increased again in October and was in excess of pre-COVID activity. Most significant movements in the month are in Plastic Surgery due to the high level of weekend TXM LA high volume, low complexity lists and Gastroenterology where GA Endoscopy lists are run which are the in-week backfill of the weekend lists.

This has been further exacerbated by issues around late starts, high levels of emergency and trauma and high numbers of cancellations

Increased cancellations due to the impact of increasing prevalence of COVID and self-isolation requirements were also seen throughout M7 which is reflected in the high percentage of patient driven cancellations.

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

Significant improvements have been seen in both TXM compliance with contract and quality. TXM workforce now stable and skilled but scrubs still covering HCA shifts at full cost. However, Theatres Recruitment and Retention plan well underway with plans for another Theatre open using substantive staff in January 22, and another in March 22. Overseas nurses have started arriving with 3 joining the Theatre team in October and 5 projected for November. Theatre Education continues with increased numbers of Scrub Nurses, ODP's and SFA's in full time training.

Theatres Workforce Review tabled to come to TIG in December, and if approved, TMC in January with the objective to staff 13-16 Theatres as soon as possible

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

Continuation of High Volume Low Complexity (HVLC) lists running both in week and at weekends for a number of specialties as targeted Waiting List Initiatives. Work ongoing to increase additional capacity by reinvigorating Theatre Staff Incentive Payment Scheme to run further additional lists with substantive staff. Uptake continued to be low in M7, (£6k), anecdotally staff burnout may be contributing.

The Four Eyes productivity and efficiency work continues driving forward the realisation of opportunity on lists especially in the Day Surgery Unit. This is being underpinned by weekly specialty Scheduling Meetings and the Operational Theatre Group where there is representation from multidisciplinary teams enabling root cause analysis and identification of issues and solutions for mitigation. Current focus point is prevention/reduction of late starts.

Risks to delivery and mitigations

Theatre workforce for local lists continues to be a significant blocker. High levels of sickness continued to impact lists in M7 leading to the cancellation of elective work and the opening of less theatres than planned. The mitigation for this issue is linked to the Theatre Workforce Review being led by OD&P with support from both the Theatres Specialty Team and DMT.

TXM workforce stability and skill mix to allow running of all planned additional activity. Work ongoing with Procurement and the Division to ensure this remains robust especially over winter and holiday periods.

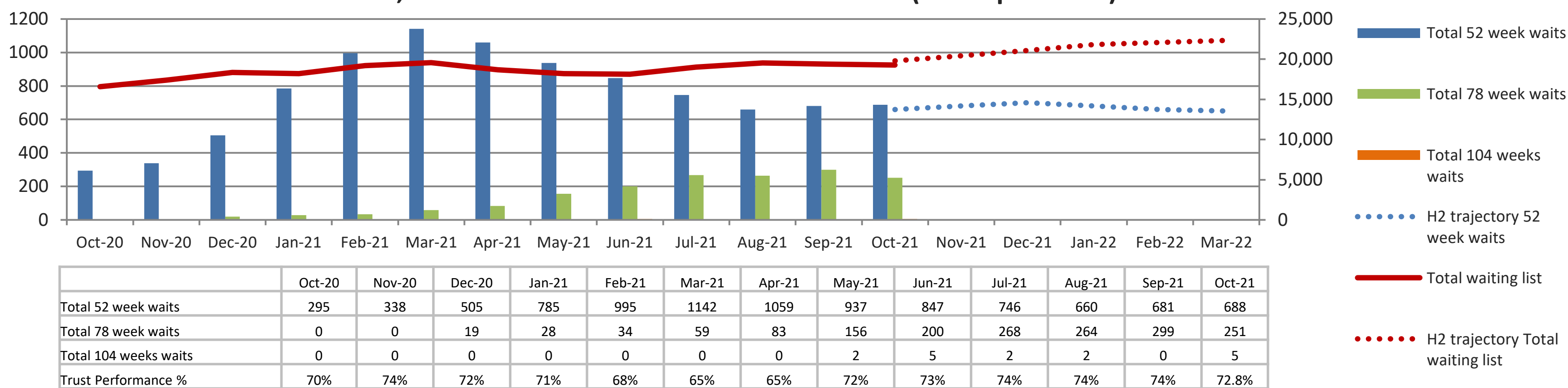
An ongoing risk to elective activity remains high levels of trauma, in both Plastic Surgery and T&O, and other non-elective emergency demand. This is being mitigated by daily reviews by the Specialty, Theatre and DMT to ensure patients are clinically prioritised appropriately minimising elective cancellations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

Bed pressures are now starting to impact the casemix on the elective programme and led to some elective cancellations in M7. Daily review by the Matrons and DMT undertaken as required avoiding cancellations whenever practical.

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

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

National Key Performance Indicators



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

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

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

Treatment function	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	% change from
Plastic Surgery	132	148	139	145	140	133	130	129	129	0%
Ophthalmology	238	253	203	158	120	92	92	90	71	-21%
Urology	84	96	89	94	88	78	52	54	59	9%
Trauma and Orthopaedic	104	134	130	114	99	85	74	59	56	-5%
Oral Surgery	117	135	146	102	87	76	63	63	44	-30%

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

The number of patients waiting longer than 52 weeks has increased by 7 to a total of 688 in M7. However, the number of patients waiting longer than 78 weeks decreased by 48 to a total of 251. Among this cohort who have waited longer than 52 weeks approximately 6% are patients who have requested to pause their pathway, although this increases to 11% when looking at the cohort of patients whose wait time has exceeded 78 weeks.

The number of reportable patients waiting 104 weeks in M7 was 5, with the longest waiting patient waiting 106 weeks. These patients have all accepted dates for their surgery in M8 or M9 apart from 1 patient choice delay.

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

Overall PTL size decreased by 0.5% in M7 to 19,265 against a target of 19,367.

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

HVLC lists for Plastics LA lists have been running throughout the month of October to further address this long waiting cohort. The impact of this is measurable in the reported activity figures.

H2 trajectories are in the process of being set, with national guidance to eliminate 104 week breaches by March 22 (unless a P5 or P6 patient choice to wait), hold or reduce the number of patients waiting longer than 52 weeks, and hold total waiting list size around September 21 levels

Additional LA theatre capacity at a new peripheral site identified to provide additional capacity for Ophthalmology outpatient procedure clinics. These lists have now commenced.

Ongoing use of IS with the transfer of Hand pathway patients to Sulis Hospital in Bath, suitable Orthopaedic Patients to Newhall and Ophthalmic Cataract patients to two external providers continuing.

Risks to delivery and mitigations

Theatre workforce - including vacancies and increased sickness both directly linked to COVID and other. The mitigation for this issue is linked to the Theatre Workforce Review being led by OD&P with support from both the Theatres Specialty Team and DMT.

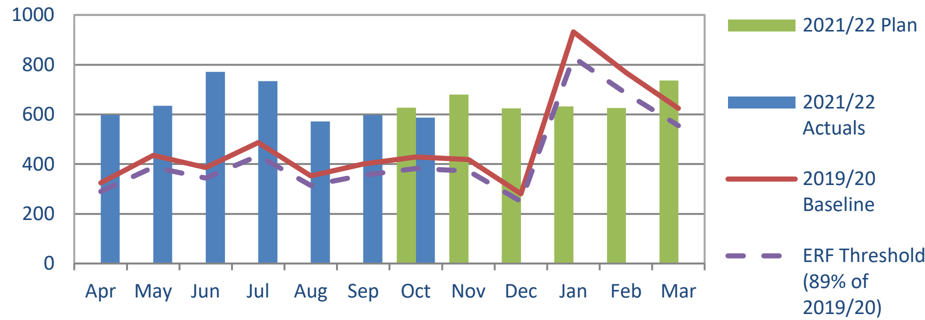
TXM workforce stability and skill mix to allow running of all planned additional activity. Work ongoing with Procurement and the Division to ensure this remains robust.

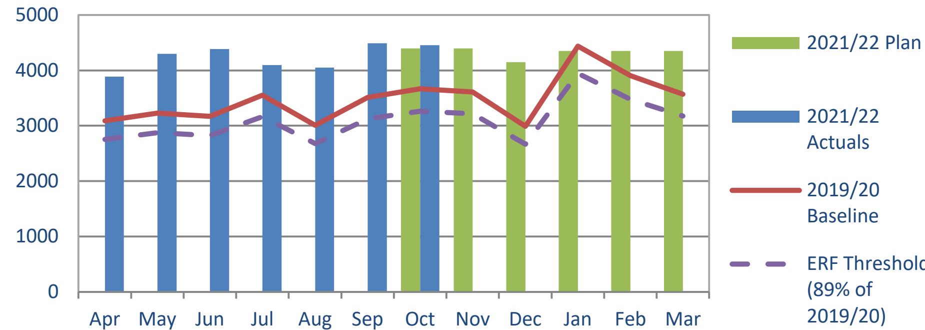
High levels of trauma and emergency demand may result in the cancellation of long waiting, clinically routine patients. Mitigated by daily reviews by the Specialty, Theatre and DMT to ensure patients are clinically prioritised appropriately minimising elective cancellations wherever possible.

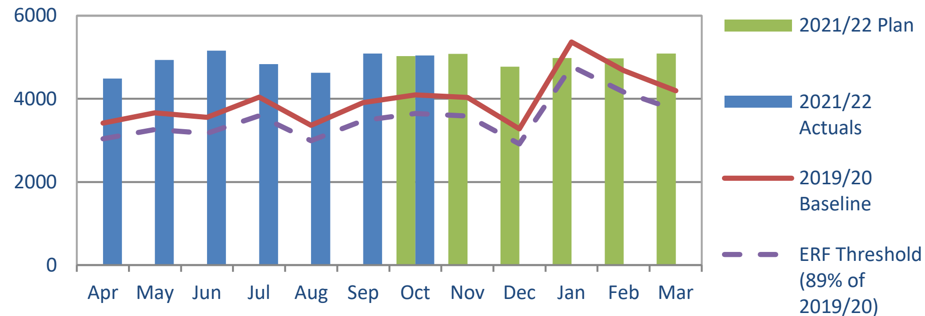
Bed pressures are now starting to impact the casemix on the elective programme. Daily review by the Matrons and DMT undertaken as required avoiding cancellations whenever practical.

Elective Recovery Fund - RTT Stops

National Key Performance Indicators







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

The ERF requirements for H2 are to achieve 89% of the 19/20 baseline for RTT stops. The baseline has been set by NHSe, the rise in baseline in Q4 is attributable to some counting and coding changes made in Q4 of 19/20. The H2 plan has been set in line with H1 activity.

Both admitted and non admitted stops exceeded the NHSe set baseline, although in real terms activity remains lower than 19/20 levels. Activity by POD data is included in the finance report.

Theatre workforce challenges remain the primary reason for lower admitted stops, as described in the Theatre and RTT section.

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

Action to increase admitted activity described in Theatre and RTT sections of report.

ERF non-admitted RTT stops performance in M7 was impacted by continuing lower than pre-COVID activity numbers for outpatient procedures. This is impacted by the numbers of appointments undertaken virtually, and the continuing space constraints in many outpatient areas. Poorest performance seen in Ophthalmology, ENT and Respiratory Medicine with recovery for these specialties being limited by a lack of access to face-to-face clinical space exacerbated by high levels of AGP's. This is particularly impacting Respiratory Medicine. Insourcing solution for weekend capacity commenced to mitigate.

For outpatient attendances the poorest performance seen in Paediatrics, T&O and Cardiac Rehabilitation with recovery for these specialties being limited by a lack of access to face-to-face clinical space exacerbated by limited suitability for virtual solutions.

SFT IPC guidelines updated in M7 to reflect change to national processes reducing the social distancing requirements which will allow increased throughput in outpatient areas. This will facilitate increases in activity for specialties impacted by this constraint.

Virtual appointments are working well in a number of specialties with Gastroenterology and Cardiology seeing high numbers of their outpatients virtually.

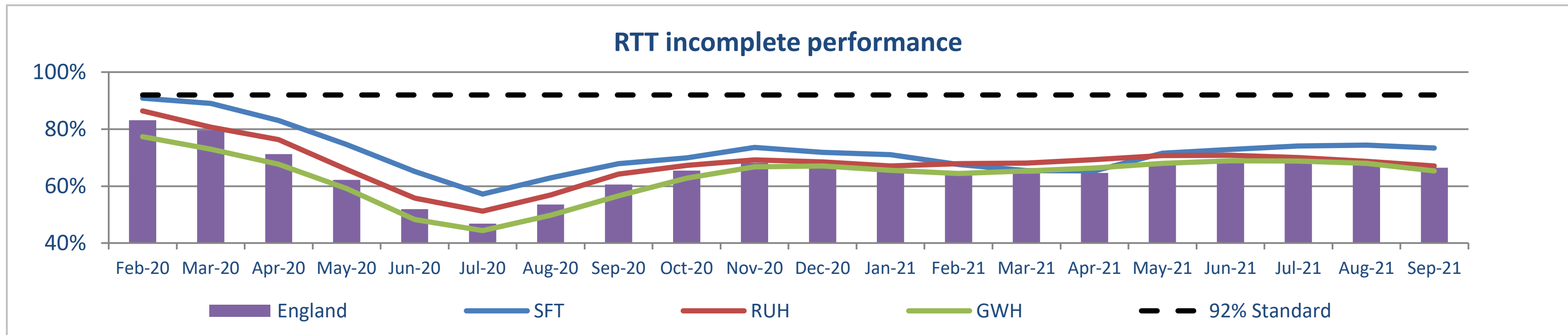
Risks to delivery and mitigations

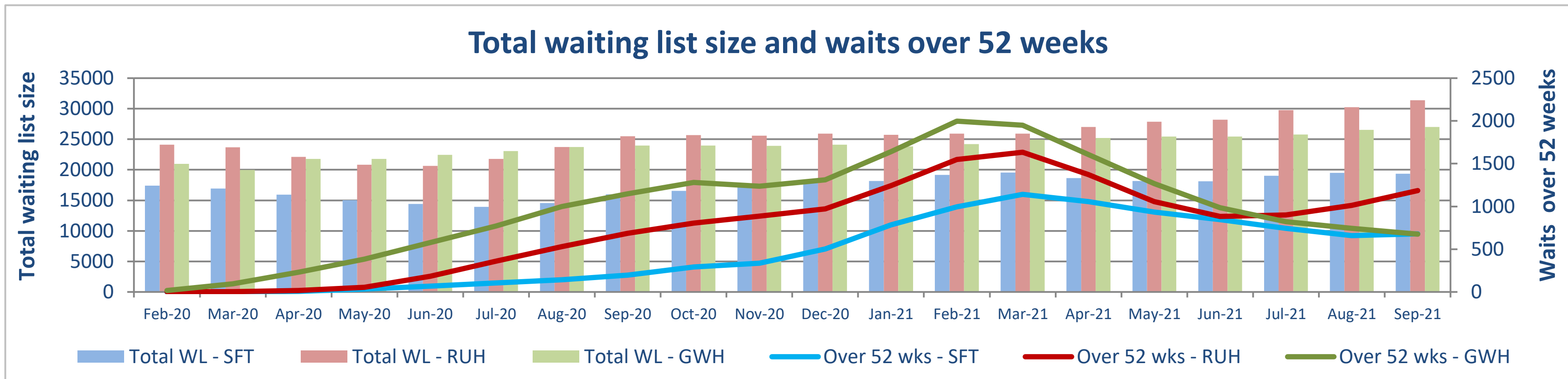
Continuing space constraints across outpatient departments continue to be a significant risk as social distancing requirements have been reduced but not removed.

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

BSW Context – Referral To Treatment (RTT)

Are We Effective?





*Due to the time it takes to for NHSE to publish the data, RTT data on this slide is always a month behind

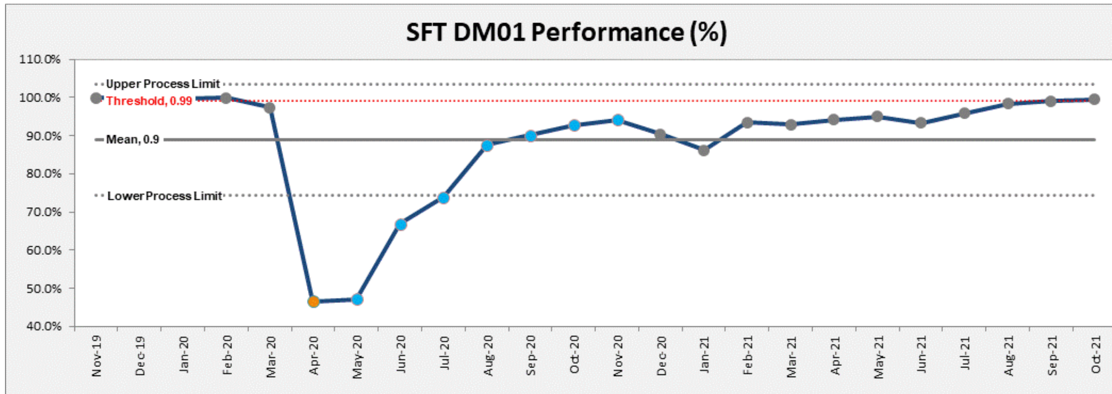
Nationally performance against the 18 week Referral to Treatment standard declined further in M6, with 66.5% of patients receiving treatment in 18 weeks (67.6% in M5). The number of patients waiting longer than 52 weeks increased to 5.2% of the total waiting list.

Across BSW also fell at all three acute Trusts (SFT from 74.4% in M5 to 73.4% in M6, RUH from 68.7% in M5 to 67.1% in M6 and at GWH 68% in M5 to 65.4% in M60.

The number of patients waiting longer than 52 weeks for treatment continued to decrease at GWH (687 in M6 v's 745 in M5), but increased at both SFT (679 in M6 v's 659 in M5) and RUH (1187 in M6 v's 1014 in M5). Across the three Trusts this equates to 3.3% of the total waiting list waiting longer than 52 weeks.

Diagnostic Wait Times (DM01) Target 99%

National Key Performance Indicators



Data Quality Rating:

Performance Latest Month: 99.4%

Waiting List Volume: 3573

6 Week Breaches: 21

Diagnostics Performed: 7587

Modality performance

MRI	100.0%	US	100.0%	Audio	96.6%	Neuro	100.0%	Flexi sig	98.4%
CT	100.0%	DEXA	100.0%	Cardio	98.1%	Colon	96.3%	Gastro	99.2%

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

Improvement in performance from 99.07% in M6 to 99.41% in M7. Total of 21 breaches in M7 (reduction from 38 in M6 with particular performance improvement within cardiology echo reporting 6 breaches as compared to 23 in the previous month).

Audiology retained the improvement in breach numbers as planned with 6 breaches in M7 and endoscopy continue at stable levels of breaches, related to either complex case type or cases requiring general anaesthetic support.

Zero breaches reported within Radiology in M7.

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

Continue to prioritise 13+ week waiters (5 patients in total, all complex cases) to ensure all have plans.

Review of data quality and waiting list information to ensure all planned activity is recorded correctly and not incorrectly being recorded as long waiters.

Continue with reduced validation turnaround times to ensure end of month validation positions are known promptly.

Service is forecasting scanning vs. reporting capacity for forward look view to manage accordingly.

Risks to delivery and mitigations

Growing backlog of reporting within radiology (due to reduced outsource provision and vacancies within consultant team). Out to agency for additional locum.

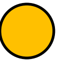
Unable to increase support to Breast 2ww pathway currently due to increased reporting backlog and staffing gaps.

Head of Service within Audiology has planned leave in M8 which will reduce some capacity for particularly complex cases. Depending on case mix of referrals this could cause some referrals to delay into M9. Surgery Division plan to mitigate this by ensuring appropriate capacity within M9 for 'catch up'.

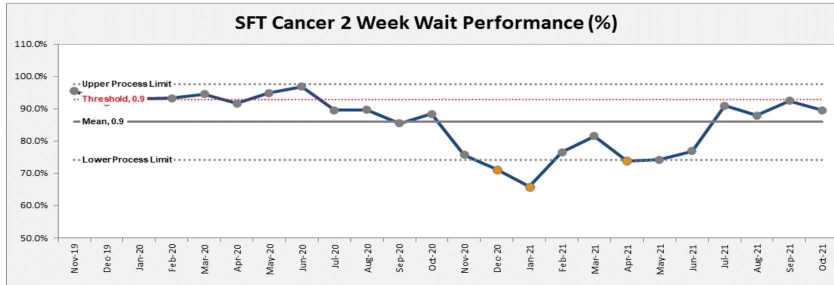
Statistical Process Control Chart Key:
- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or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

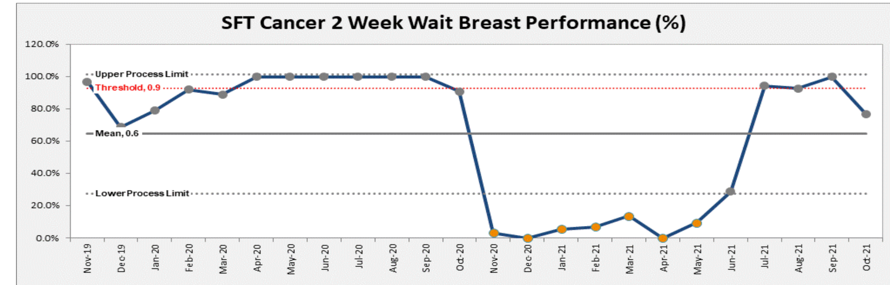
Cancer 2 Week Wait Performance Target 93%

National Key Performance Indicators

Data Quality Rating: 

Performance Latest Month	Performance	Num/Den	Breaches
Two Week Wait Standard:	89.63%	908/1013	105 (80 patient choice)
Two Week Wait Breast Symptomatic Standard:	76.92%	30/39	9





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

Two week wait standard not achieved for Month 7, with month end validated performance off 89.63% (1013 patients seen; 908 in target; 105 breaches). Breach reasons associated with:

- Patient choice: 74 breaches
- Clinic cancellations associated with COVID-19: 13 breaches
- Incomplete GP referrals: 7 breaches
- OPA capacity: 5 breaches
- Clinical delays: 4 breaches
- Radiology capacity: 1 breach
- Endoscopy capacity: 1 breach

Breast symptomatic two week wait standard not achieved in Month 7 (39 patients seen; 30 in target; 9 breaches), with validated month end performance of 76.92%. Breaches associated with patient choice and one stop capacity constraints.

28 day Faster Diagnosis standard achieved in Month 7 with month end validated performance of 79% (898 patients diagnosed, 705 in target, 193 breaches).

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

Breast one stop: Deterioration in 2ww performance seen from October 2021 due to increase in referrals and lack of radiology capacity to support additional one stop capacity. Additional capacity established for patients not requiring mammograms, though limited opportunities to facilitate additional >40s clinics due to lack of consultant radiologist capacity for reporting. CSFS division are currently scoping opportunities for locum consultant support, though this is in the context of significant constraints within outsourcing companies to provide support.

Patient choice delays: Incremental increase in patient choice two week wait breaches on a monthly basis. There are however limited opportunities internally to offer a second appointment within the two week wait timeframe due to capacity constraints across services.

Incomplete GP referrals: Inconsistent completion of straight to test referral forms. Conversations ongoing with Hampshire and Isle of Wight CCG re referrals from Hampshire which has resulted in improvement, though this remains under ongoing review.

Risks to delivery and mitigations

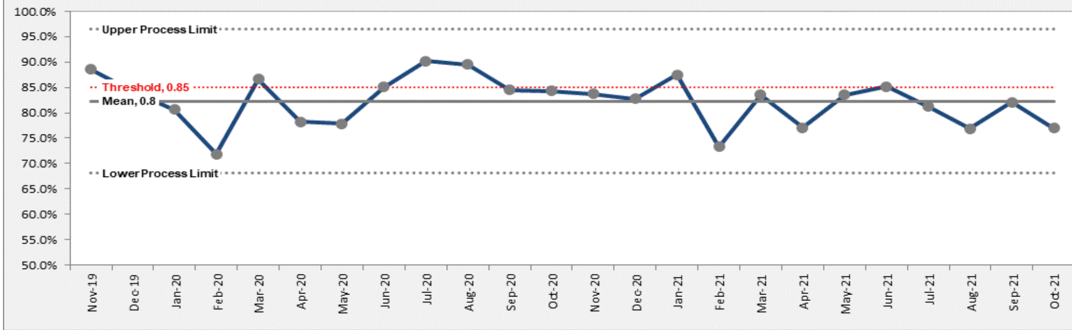
Consultant radiologist capacity to support additional clinics within breast service: Deterioration in 2ww performance seen from October 2021 due to increase in referrals and lack of radiology capacity to support additional one stop capacity.

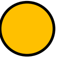
Patient choice: Incremental increase in patient choice 2ww breaches on a monthly basis. Delays associated with a variety of reasons, though as a Trust there are currently minimal opportunities to offer a second appointment within the two week timeframe due to capacity.

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

Cancer 62 Day Standards Performance Target 85%

National Key Performance Indicators



Data Quality Rating: 

October 21	**Performance**	**Num/Den**
62 Day Standard:	77.03%*	57/74
62 Day Screening:	100%	2/2

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

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

Month 7 62 day performance standard not achieved, with validated month end performance of 77.03% (74 patients treated; 57 in target; 18 breaches).

- Breast: 1 breach (patient fitness/comorbidities)
- Colorectal: 2.5 breaches (patient fitness/comorbidities, as well as complex pathways across multiple tumour sites)
- Gynaecology: 1 breach (incidental finding requiring further diagnostics)
- Haematology: 3 breaches (delays transfer from other tumour sites, insufficient PET CT capacity)
- Head & Neck: 1 breach (complex diagnostic pathway)
- Lung: 0.5 breaches (complex diagnostic pathway as well as delayed diagnostic reporting)
- Skin: 2 breaches (patient choice as well as delays associated with outsourced histology reporting turnaround times
- Urology: 6 breaches (diagnostic delays associated with template biopsy capacity and reporting turnaround times)

62 day screening standard achieved for Month 7, with validated month end performance of 100%.

31 day performance standard achieved for Month 7, with validated month end performance of 96.55% (116 patients treated; 112 in target; 4 breaches). Breaches associated with patient fitness, requirements for anaesthetic review and pre-habilitation as well as theatre capacity.

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

Radiology and histology reporting turnaround times: Increased waiting times for both radiology and histology reporting. Radiology delays associated with insufficient consultant radiologist capacity in light of management of routine backlog. Increase in number of histology reports being outsourced due to staffing constraints locally. CSFS is currently scoping opportunities for locum consultant support as well as additional outsourcing capacity. Capacity has the potential to adversely affected pathways across all tumour sites and will hinder SFT's ability to delivery the nationally recommended optimum timed diagnostic pathways.

Patient fitness: Increase in number of 62 day breaches associated with patient fitness and comorbidities. Increase in number of patients requiring anaesthetic review and pre-habilitation ahead of treatment, as well as incidences whereby secondary cancers are being found elsewhere in the body that have altered initial treatment plans. The complexity of these patient's pathways is likely to impact on 62 day performance going forward.

Access to PET CT: Service is provided by Alliance Medical. Capacity issues raised via Clinical Lead directly with provider, as well as through SWAG/Wessex cancer alliance and BSW ICS for resolution. Capacity has the potential to adversely affected pathways across all tumour sites and will hinder SFT's ability to delivery the nationally recommended optimum timed diagnostic pathways. Audit of average waiting time from request to performing PET CT has been undertaken, with findings suggesting that wait is never less than two weeks.

Risks to delivery and mitigations

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

Radiology and histology reporting turnaround times: Increased waiting times for both radiology and histology reporting. Radiology delays associated with insufficient consultant radiologist capacity in light of management of routine backlog. This is a significant risk to SFT's 28 day and 62 day pathways.

Review of Bowel Cancer Screening Pathway: Although not likely to affect SFT's 62 day screening performance, the management of the BCSP PTL is under review. This will result in SFT having oversight of the BSW-wide waiting list for patients as opposed to only patients who choose to attend locally. This will likely affect SFT's 27 day faster diagnosis performance and will also result in increased administrative pressure on cancer services. Request for additional MDT co-ordinator approved.

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

Stroke & TIA Pathways

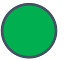
Are We Effective?

SSNAP Case Ascertainment Audit

Highest level = Grade A

Lowest level = Grade E

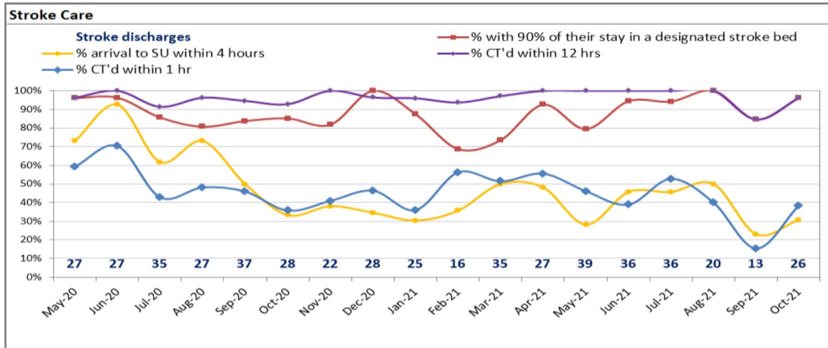
Quarterly	Q1	Q2	Q3	Q4
2019-20	B	B	B	Not Reported
2020-21	Not Reported	Not Reported	Not Reported	Not Reported
2021-22	C			

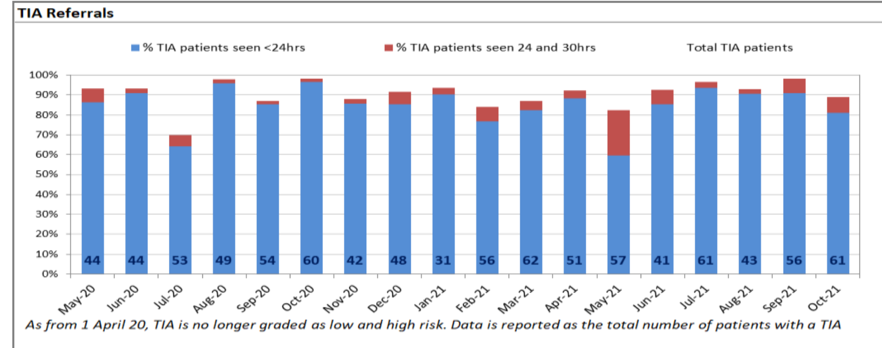
Data Quality Rating: 

% Arrival on SU <4 hours: 30.8%

% CT'd < 12 hours: 96.2%

% TIA Seen < 24 hours: 81.0%





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

[Please note: The information below is only partially validated with informatics at the time of publishing. Coding can sometimes result in minor adjustments to the data].

- There were 26 stroke discharges this month.
- There was a single stroke death within the 30 day period in October.
- 90% of stay in the stroke unit was 96.2% this month.
- The number of patient reaching the stroke unit within 4 hours improved to 30% with 1 exception unstable/deteriorating, 7 waiting Bed, 4 waiting Specialist Doc, 3 waiting 1st Doc, 2 to AMU, 1 ED workload/capacity, 1in ED 4hrs, 1 to AMU and never to Stroke Unit.
- 4 long stay patients were discharged this month resulting in an average stroke Unit length of stay of 10.8 days and an Average Total length of 11.3.
- 38.5% of patients had a CT within an hour which was an improvement of last month but still below the national target of 50%. CT within 12 hours was at 100%.
- A single patient was discharged this month who had been thrombolysed with a door to needle time of 122 minutes.
- 16 of the eligible 21 patients were referred to ESD in September.
- 80.95% of the 63 TIA's were had treatment complete within 24hrs; with 8 patients affected by full clinics, 2 having MRI scans the following day, 1 booking error.

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

The number of patients reaching the stroke unit within 4 hours improved to 30%. This compares to 25% last month. Although only 38.5% of patients had a CT within 1hr, this has increased from 17% in September. Acute Stroke patients continue to be looked after on Farley with the rehab part of Farley still being used to care for respiratory patients. Rehab stroke patient continue to be cared for on Breamore ward.

We have a SSNAP grade of C with a score of 64 for the period April – June 2021 . It is anticipated that the July - September score will come out in early December.

Risks to delivery and mitigations

The Unit will be welcoming 5 new members to the nursing staff later in November. They will be doing their exams in early December to enable them to work independently.

NHS
Salisbury
NHS Foundation Trust

Part 2: Our Care

Performance against our Strategic Priorities and Key Lines of Enquiry

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

Maternity Dashboard

Data Quality Rating:

Are We Safe?

		Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar21	Apr21	May21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21
Denominator	Number of live births	207	192	182	168	159	165	186	158	182	191	220	214	195
Still Birth	Number	0	0	4	0	0	0	1	0	1	0	0	1	0
Term Babies requiring cooling	Number	0	1	0	0	0	0	1	0	0	0	0	0	0
Maternal Mortality	Number	0	0	0	0	0	0	0	0	0	0	0	0	0
Neonatal deaths within 28 days Born at Trust	Number	0	1	0	0	0	2	0	0	1	0	0	1	1*
Pre Term Birth Rates (24+0 – 27+0)	Number	0	0	2	0	0	0	0	2	0	0	1	1*	0
Continuity of Carer	Number of women	24	19	21	19	17	34	5	11	7	6	9	4	0
	% of women with continuity	11.5%	9.7%	11.7%	11.1%	10.8%	19.3%	2.7%	7.0%	3.7%	3.%	4%	1.8%	0%

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

- In October there were not any stillbirths or maternal deaths.
- 1 neonatal death within 28 days of birth of a baby born alive at 20+5 weeks* which is being reviewed.
- 0 Babies born between 24+0-27+0 weeks gestation
- 0 term babies required transfer for cooling in October
- 0 women were booked on a continuity of carer pathway.

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

- Revised National guidance published on Continuity of Carer in October 2021. Trust to agree action plan by January in line with new guidance.

Risks to delivery and mitigations:

- Nil reported.

Saving Babies' Lives Care Bundle v2

Are We Safe?

Data Quality Rating:

Saving Babies Lives Care Bundle v2			
Last regional survey: April 21	Have any responses changed since last survey?	Are you meeting all requirements of the bundle	Are you carrying out any improvement activity?
Element 1: Reducing smoking in pregnancy	Yes	Yes	No
Element 2: Identification and surveillance of pregnancies with fetal growth restriction	Yes	No	Yes
Element 3: Reduced fetal movement (RFM)	Yes	Yes	No
Element 4: Effective fetal monitoring during labour	Yes	Yes	No
Element 5: Reducing preterm births	Yes	No	Yes

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

- SBLCBv.2 is a care bundle that brings together 5 elements of care to reduce perinatal mortality. Within each element above there is criteria that determines compliance. Compliance of SVBLCBv.2 reported through NHSR Maternity Incentive Scheme annually.

Element 1- Fully compliant

Element 2- Non compliant with 1 requirement

Element 3- Fully Compliant

Element 4- Fully Compliant

Element 5- Non compliant with 2 requirements

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

- Element 2 Uterine Artery Doppler scans for High risk women by 24 weeks. Antenatal transformation work ongoing to support development of pathway – includes changes to Antenatal clinic set-up's, offering more flexibility across the week for high risk women.
- Element 5 – Preterm birth guideline in draft, to be presented to Maternity Governance November 2021 for ratification.
- Non compliant with recording of antenatal corticosteroids on Maternity Information system – Digital Lead (role out to advert) to action by Q4 21/22.

Risks to delivery and mitigations:

- Non compliance to all elements of care bundle therefore unable to demonstrate full compliance with Safety Action 6 for CNST maternity incentive scheme at present. Work continues towards meeting compliance
- Element 2 mitigation in place compliant with trust guidance, review of all cases of FGR by Fetal surveillance Lead Midwife and Lead Obstetrician reviews all unexpected FGR cases and babies born less than 3rd centile.
- Element 5 Unable to recruit Digital Midwife, DMT to appoint an Associate CNIO role to support maternity for 2 years, this will enable progression of digital work supporting SVBLv.2. Aim to be in post Q4 21/22.

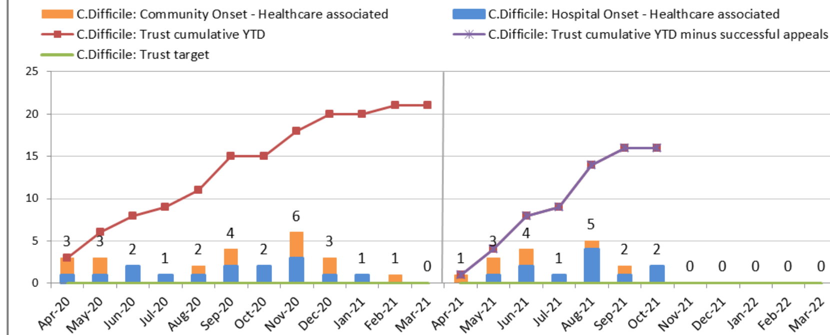
Infection Control

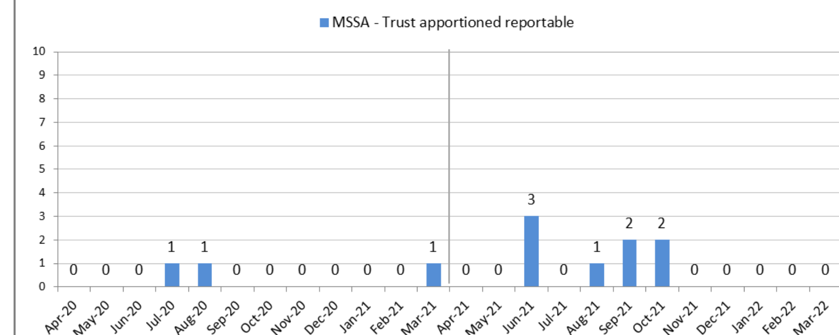
Data Quality Rating:

Are We Safe?

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

MRSA	2020-21	2021-22
Trust Apportioned	3	0





Summary and Action

C.difficile = 2 healthcare associated cases reportable to PHE

- Hospital onset; healthcare associated reportable cases = 2 (Breamore Ward and Odstock Ward).
- Community onset; healthcare associated reportable cases = zero cases identified.

MRSA bacteraemia = zero hospital or community onset cases

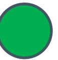
MSSA bacteraemia = 2 hospital onset cases for inpatients on SSEU (source unknown) and Odstock Ward (source determined as skin/soft tissue)

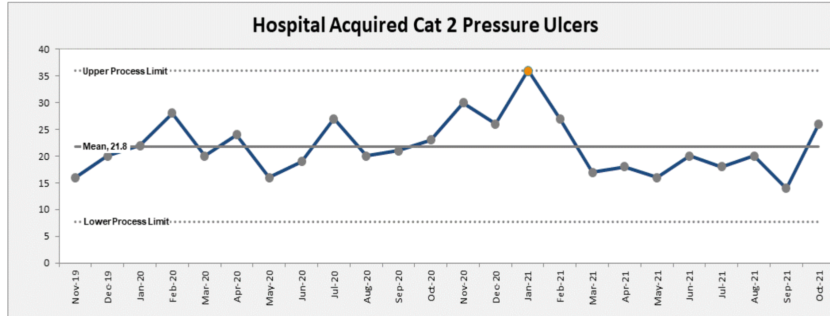
E.coli bacteraemia = 2 hospital onset cases

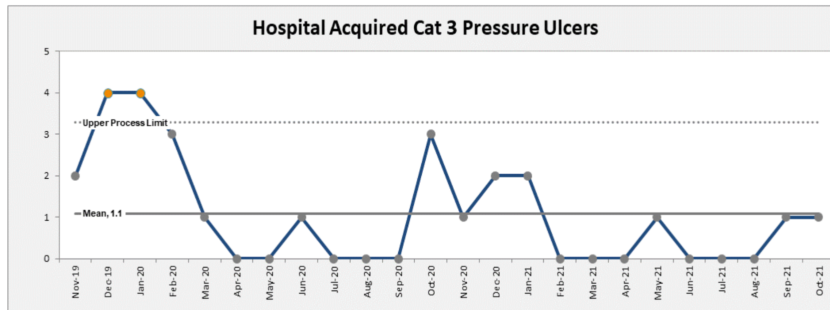
- Inpatient on Pembroke Ward with source determined as lower urinary tract
- Inpatient on Breamore Ward with source determined as lower urinary tract.

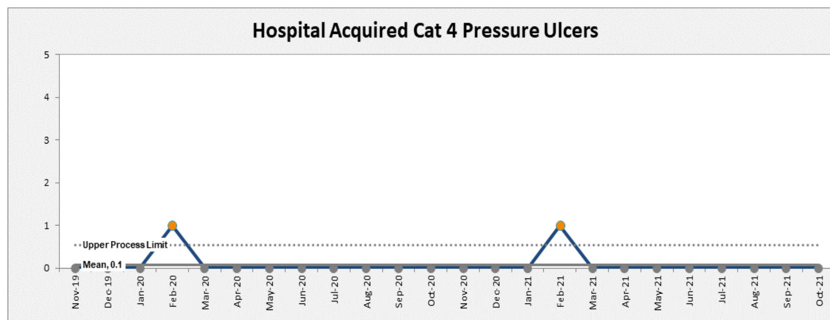
Pressure Ulcers

Are We Safe?

Data Quality Rating: 







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

Summary and Action

- Category 2 PUs have increased significantly to 26 in October from 14 in September. The medical division acquired the majority of this number (22 out of a total of 26) so we will discuss with the medical matrons at our weekly huddle meeting to try and identify a cause for this sudden increase, taking into account that winter pressures are beginning and operational pressures continue to be significant with ongoing staffing problems noted in many areas. The Surgical division had a significant improvement with only 4 cat 2 PUs this month after a push from surgical matrons regarding assessments and monitoring. Within the medical division there were no significant identifiable themes, with PUs to a range of differing body areas with differing lengths of stay but this will be examined more closely in the Share and learn meeting where actions will be identified from ward RCA investigations.

- One hospital acquired cat 3 PU has been identified during October. The area was identified during admission as a Deep Tissue Injury but was not reviewed again pre discharge. This was then raised as a concern by a community nursing team post discharge as the wound had deteriorated significantly and was validated as a category 3 PU. A SWARM and 72 hour report has been completed, involving the 2 medical wards where the patient stayed. Omissions in care were identified for both wards, around handover and discharge communication, accurate and timely completions of nursing assessments and the use of pressure relieving equipment in a timely manner. The actions identified within this investigations and agreed with Trust Execs are in line with our trust wide action plan; no new actions were identified. The Tissue Viability team are meeting with divisional heads of nursing to discuss the trust wide action plan and the completion of outstanding actions.

- No category 4 PUs have been identified in October.

- Deep Tissue Injuries have decreased slightly (10 in October compared with 11 in September) The medical division acquired the majority of these. No clear theme was identified relating to location of PU, however these cases will be discussed further at the monthly Share and Learn meeting so causation and learning points will be identified and discussed then.

- Unstageable PUs have remained the same from September to October (2 in October and 2 in September). For October these were both identified on the same patient (bilateral ears) and were device related due to oxygen mask wearing. These PUs will both likely be cat 2 PUs but will remain unstageable PUs until further wound management has been undertaken.

- Improvements have been noted across both divisions around the use of orthotic offloading boots, as both a preventative and reactive measure. This improvement has been noted since our ongoing education on this topic within the ward environments.

- Pressure Ulcer Prevention education had no attendance this month- staff were booked on to both sessions but all staff booked did not attend. We continue to chase this up with ward leads but receive minimal feedback. Tissue Viability continue to offer Pressure Ulcer prevention education sessions twice a month and encourage attendance to all staff, including prompting ward leads to arrange their ward staff to attend. Pressure Ulcer prevention education remains a non-mandatory education subject.

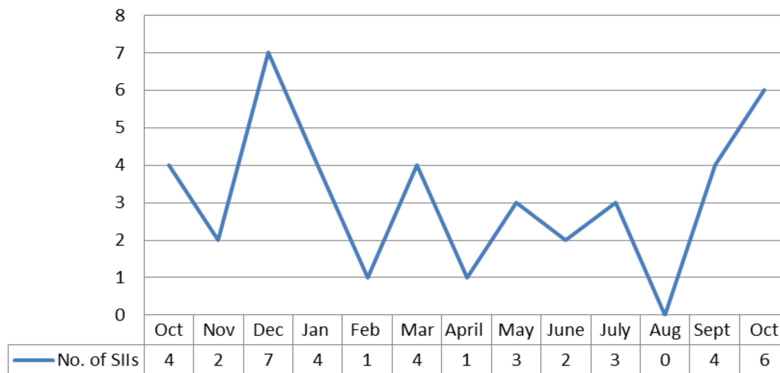
- Actions and learning identified from monthly Share and Learn meeting- None; October meeting to discuss September figures was cancelled due to operational pressures.

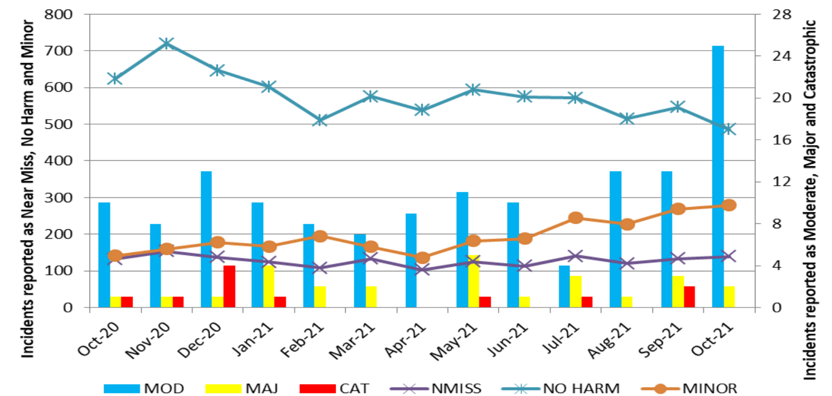
Statistical Process Control Chart Key:
- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or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

Incidents

Are We Safe?

Year	2020-21	2021-22
Never Events	0	2





Summary and Action

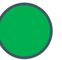
There were 6 SII's commissioned in October:

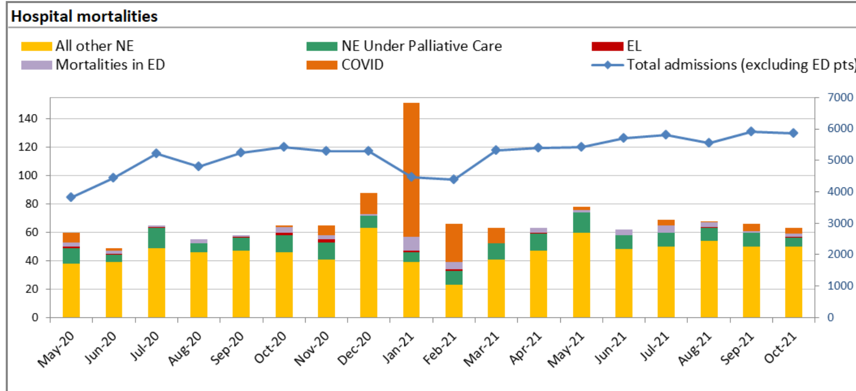
- **SII 433** Delay in diagnosis of an oral Squamous Cell Carcinoma.
- **SII 434** Failure to book patient for annual review with metastatic melanoma. Urgent 2 week wait referral made by GP in which delay was then identified.
- **SII 435** Incorrect insulin prescribed on discharge
- **SII 436** Incorrect lesion removal
- **SII 437** Spleen injury (Maternity)
- **SII 440** Retained Mydraser capsule post cataract surgery

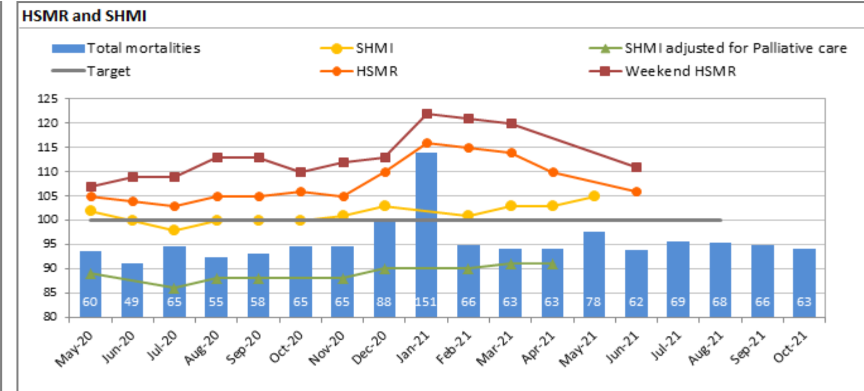
Mortality Indicators

Are We Safe?

Data Quality Rating:







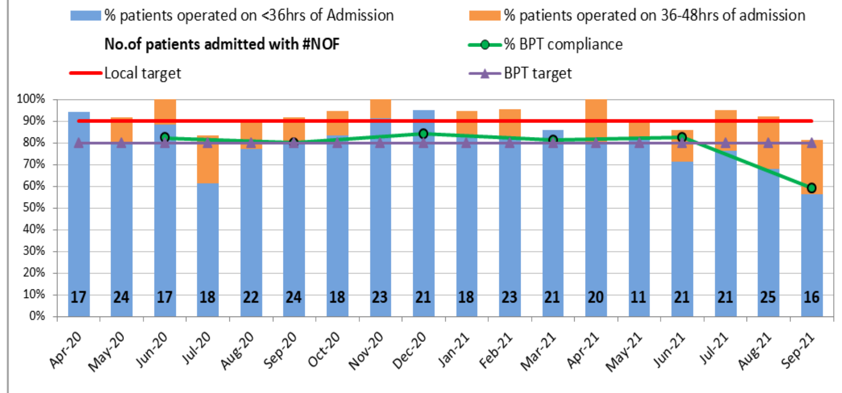
Summary and Action

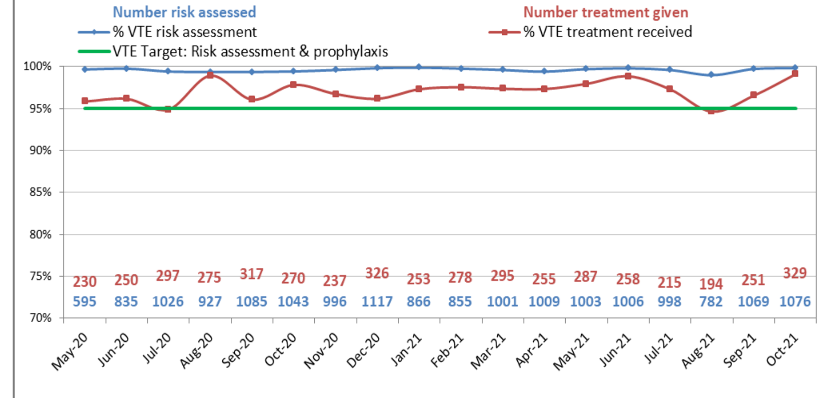
- HSMR data to the year ending June 2021 is 106.4, which is a reduction from 114 for the year ending March 2021. Over all SHIMI is 105.28 for the year ending May 2021. This is 100.17 for Salisbury District Hospital (excluding the Hospice).
- SHMI for cancer of the bronchus is the only category statistically higher than expected and is likely attributable to the on-site hospice.
- 1 death was reported in October due to Covid-19.
- A review of 2nd wave COVID deaths (to end August 2021) has been completed, and data from this will now be analyzed. A separate review has been undertaken of a selection of non-COVID deaths to ensure that care was not compromised as a result of COVID, and a report will be submitted to the next Mortality Surveillance Group meeting for review.

Fracture Neck of Femur & VTE Risk Assessment/Prophylaxis

Data Quality Rating:

Are We Safe?





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

Summary and Action

A task and finish group has been meeting to review reasons for the recent reduction in over all Quarter 2 BPT% to 59.09% and to formulate actions. Initial actions have centered around prioritization of cases and ensuring timeframe information is made available/discussed at trauma meetings.

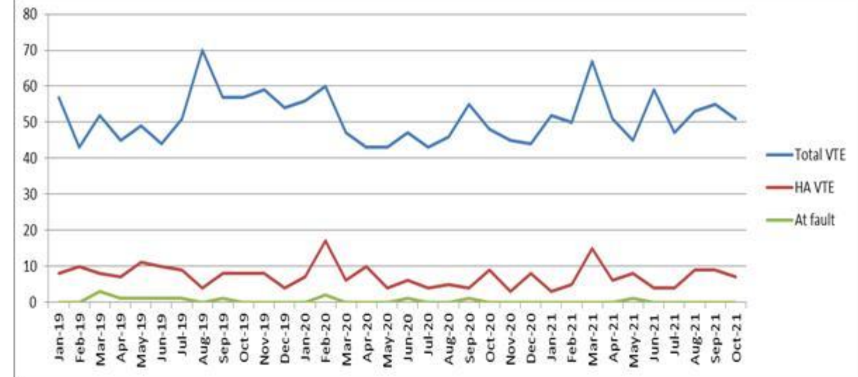
BPT% for October:

- Total patients discharged: 44
- Not applicable for BPT: 3 (PP#)
- Number of patients who failed to meet BPT: 14

Reason for failure:

- Awaiting space: 12 patients
- Other (delay to referral/review) & time to Geriatrician: 1 patient
- Awaiting space & time to Geriatrician: 1 patient

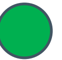
The BPT% for October was 65.85%.

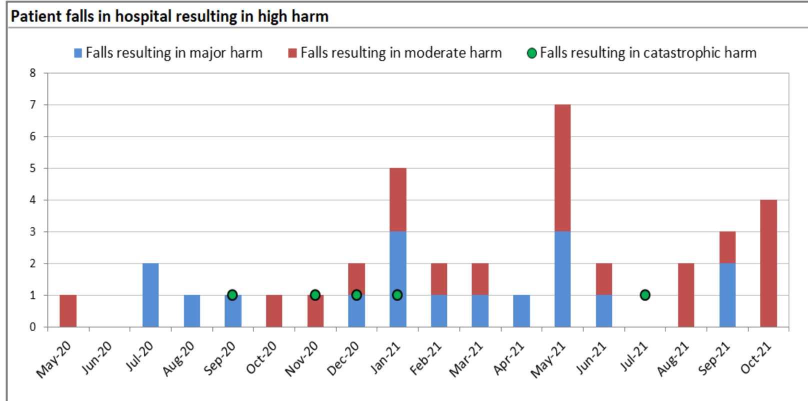


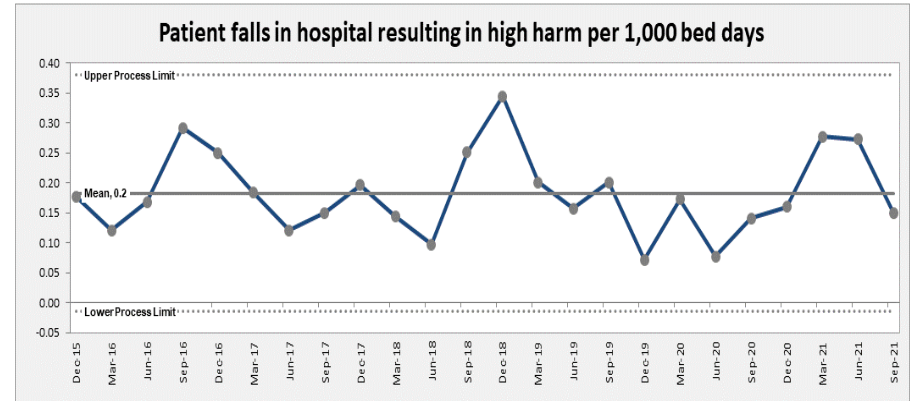
- VTE risk assessment and prophylaxis: There was a significant improvement in October with 99.4% of patients having a VTE risk assessment completed and 99.1% receiving appropriate thromboprophylaxis.
- All patients diagnosed with VTE are assessed and a RCA is performed on all events that have been associated with a hospital admission within 12 weeks of the VTE diagnosis.
- HA VTE: We have seen 7 VTEs in October associated with SDH care (0.1% of total admissions) – National average: 0.5 – 1.6%.
- There has been 1 VTE so far this year (2021) that has been associated with an omission in VTE prophylaxis provision. There are currently 1 HA VTE from October still awaiting a formal RCA.

Patient Falls

Are We Safe?

Data Quality Rating: 





Summary and Action

It has become evident through the number of recent Serious Investigation Inquiries involving falls resulting in high harm undertaken at Salisbury Foundation Trust (SFT), that the learning is similar. Our priority is implementing recommendations to ensure that we mitigate against recurrence of such incidents with the primary aim of reducing high harm falls. As such, shifting the focus to implementing learning in real time has resulted in managing more of these cases as local SWARMs rather than SIIs.

There were 4 moderate falls in October which are being managed as local SWARMs:

- Emergency Department – A patient sustained a fractured humeral head
- Whiteparish – A patient sustained a fractured dislocation of the humerus
- Pitton – A patient sustained an L4 fracture of the spine (stable)
- Durrington – A patient sustained a fractured humeral head.

A new falls lead has started in post and has identified 3 key themes: non-completion/incorrect risk assessments and interventions, lack of timely review by medical staff with the correct proforma, and the undertaking of observations (including neurological and landing/standing BP). Staffing has also been having an impact where there has been little or no availability of enhanced 1:1 nursing care for high risk patients.

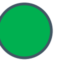
The falls lead has plans to re-instate ward champions on the wards and is commencing teaching for staff.

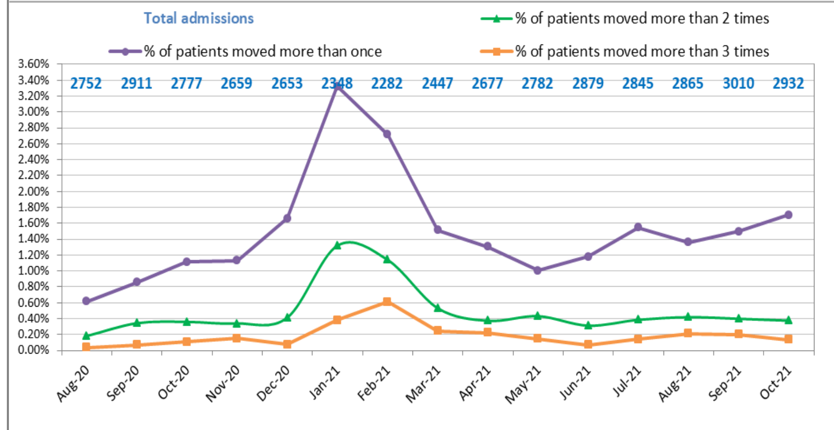
Statistical Process Control Chart Key:
- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or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

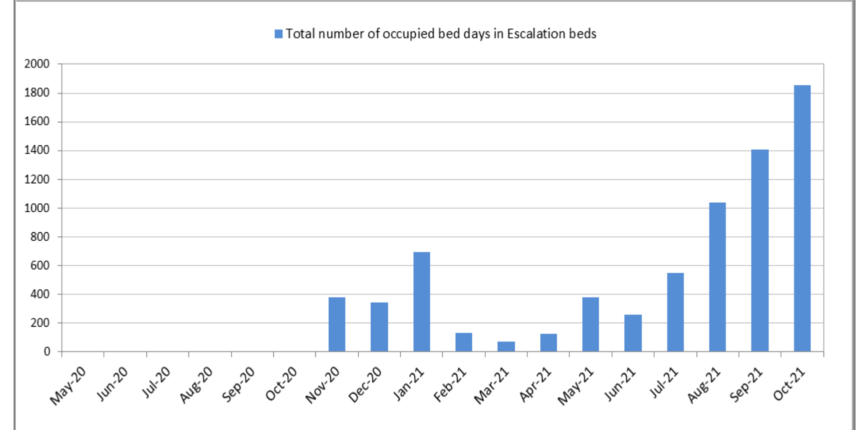
Patient Experience

Are We Safe?

Last 12 months	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21
Bed Occupancy %	91.6	92.4	89.4	86.8	87.6	90.8	91.2	90.8	90.0	93.9	93.0	94.6

Data Quality Rating: 

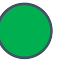


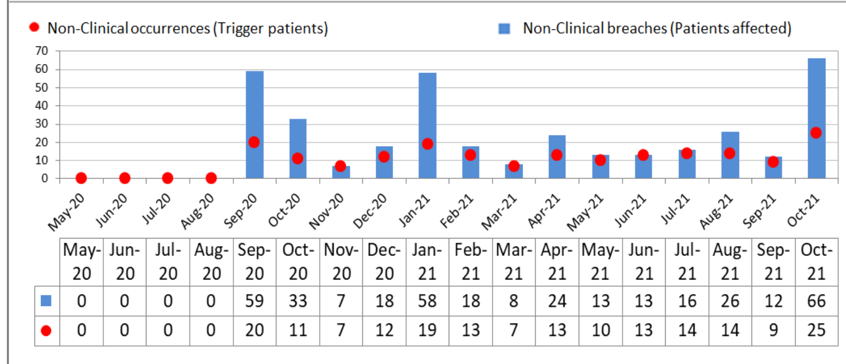


The number of patient moves continues to reflect the pressure SFT is under to accommodate patients requiring secondary care, alongside patients not meeting the criteria to reside. To accommodate patients for care in the right place at the right time within the limitations of our template we have needed to move patients to prioritise those sickest and requiring speciality services. Additionally the demand for side rooms for infection control reasons, or isolation in our COVID capacity will have added to the picture and is an ongoing concern. Trust priority remains patient safety and quality and this is the dominant consideration when contemplating patient moves.

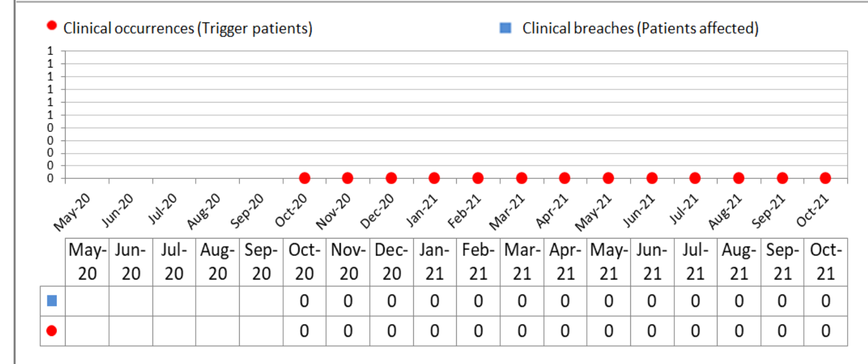
Patient Experience

Are We Safe?

Data Quality Rating: 



	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Non-Clinical breaches (Patients affected)	0	0	0	0	59	33	7	18	58	18	8	24	13	13	16	26	12	66
Non-Clinical occurrences (Trigger patients)	0	0	0	0	20	11	7	12	19	13	7	13	10	13	14	14	9	25



	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Clinical breaches (Patients affected)						0	0	0	0	0	0	0	0	0	0	0	0	0
Clinical occurrences (Trigger patients)						0	0	0	0	0	0	0	0	0	0	0	0	0

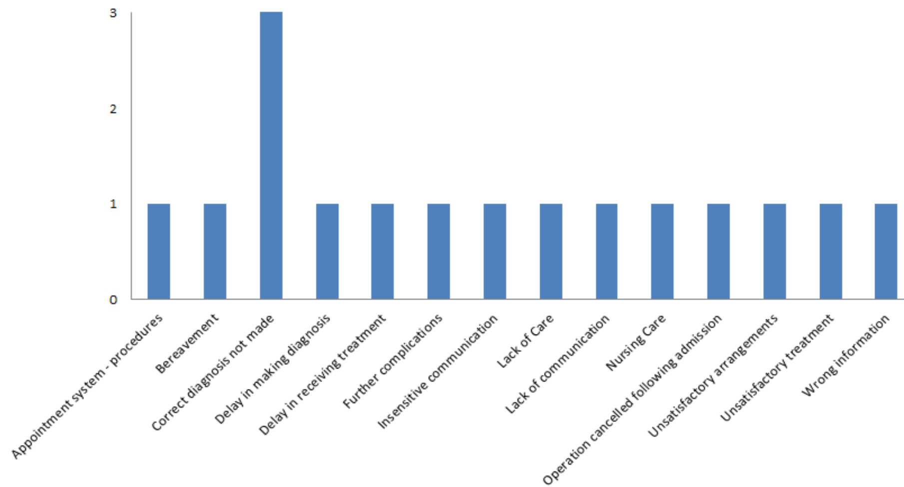
Summary and Action

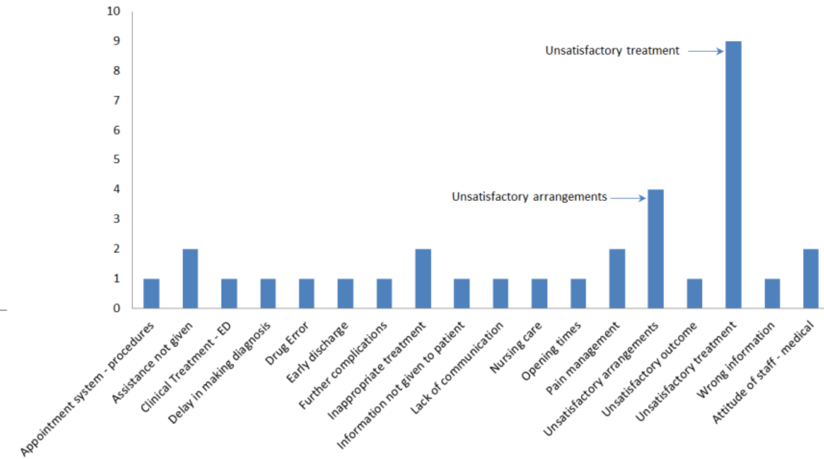
- There were 15 breaches affecting 15 patients which occurred on Radnor in October. All were patients who were unable to be moved off the department within 4 hours of being declared fit to move . The majority were resolved within 24 hrs. There was 1 patient who had a breach time of over 1 day awaiting a speciality bed. Privacy and dignity was maintained at all times within the patients bed space.
- There were 8 breaches affecting 44 patients on AMU assessment bay. All patients had access to single sex bathrooms within the ward and screens were used to maintain privacy and dignity. All breaches were resolved within 24hrs.
- There was 1 breach affecting 4 patients on Farley Stroke Unit. Privacy and dignity was maintained at all times within the patients bed space. The breach was resolved within 24 hours
- There was 1 breach affecting 3 patients on RCU. Privacy and dignity was maintained at all times within the patients bed space. The breach was resolved within 24 hours.

Patient & Visitor Feedback: Complaints and Concerns

Are We Responsive?

Data Quality Rating:





Summary and Actions:

Themes from complaints

As can be seen from the graph above, a wide range of themes are seen within complaints received in October.

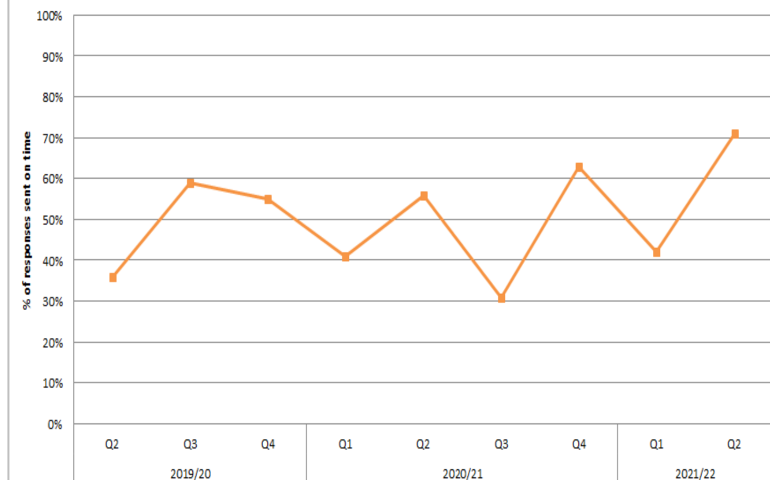
Correct Diagnosis not made is the main theme and was seen in Medicine (n = 1) and Surgery (n = 2).

Attitude of medical staff had been a theme in previous months but is not seen in complaints in October 2021.

Themes from concerns

Unsatisfactory treatment and unsatisfactory arrangements are the main themes for concerns. These two themes are very broad and include a wide range of issues.

PALS continue to receive a large number of enquiries relating to appointments and expected timeframes for treatment.



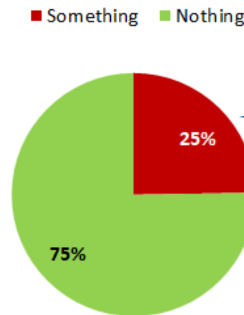
Feedback from Friends and Family test – Q2

Are We Responsive?

What was good about your experience?

“Each member of staff I met was courteous and caring with a good dollop of humour. I've never come across such a together team in the NHS in my 62years” *Endoscopy*

What could we do better?

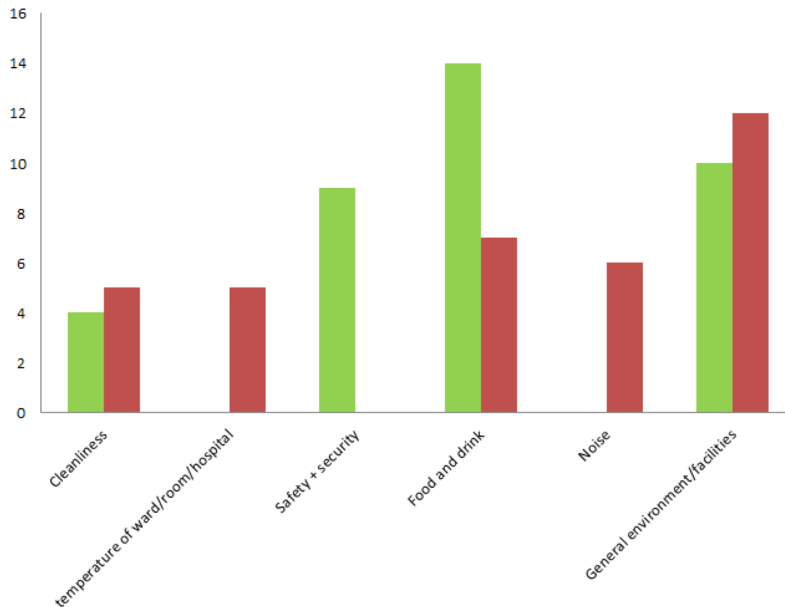


FFT comments (October)

“Dry toast both days as no dairy free available, no fruit available. Difficult for partner to get through on phone” *Chilmark*

“Quality of actual treatment. Care absolutely outstanding from the consultant to ward level. Nursing also very very good. Especially impressed with degree of discipline, communication and attention” *Laverstock*

Positive and negative comments - hospital enviromment and facilities



“Never been in hospital in my life. An eye opener. Thank god for the NHS”. *Tisbury*

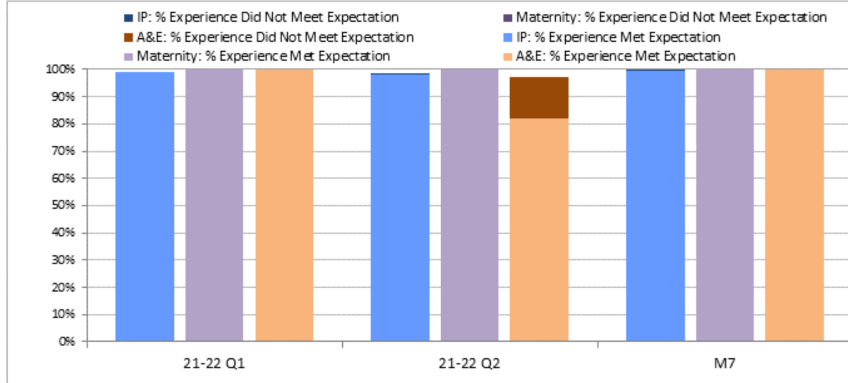
“Some old signs on main building still point to opposite pharmacy for medical outpatients”

“People in wheelchairs/elderly waiting outside in the cold need to be prioritised. One lady on her own was freezing” *Covid testing team*

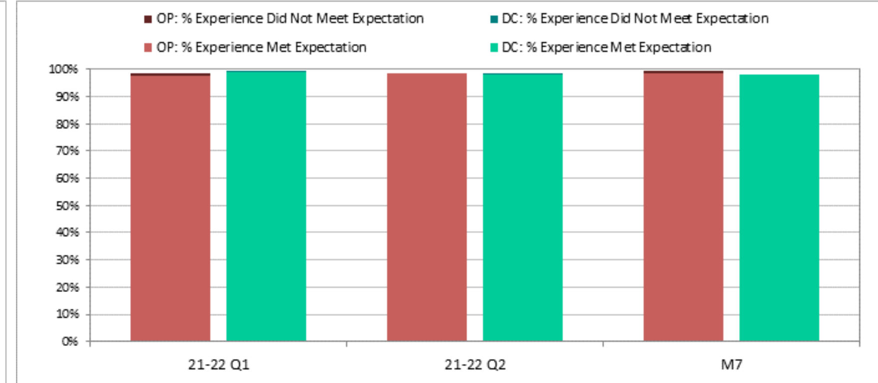
Friends and Family Test – Patients and Staff

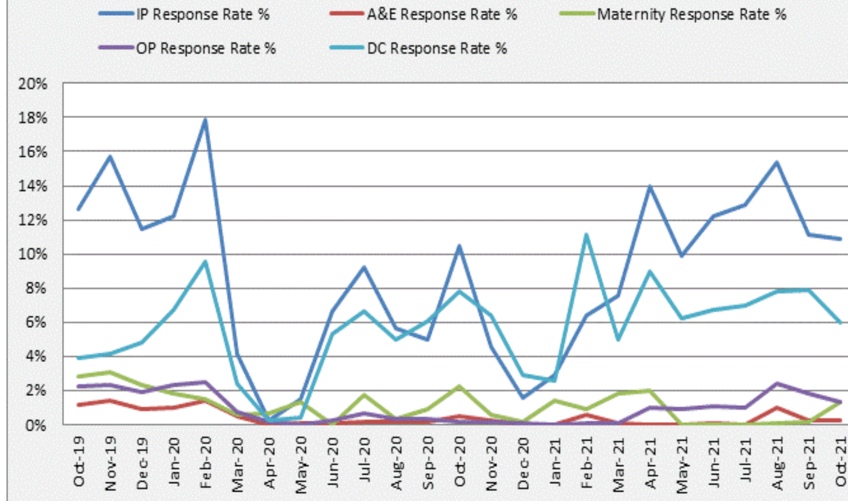
Use of Resources

Patient Responses: Inpatient, Maternity and A&E



Patient Responses: Outpatient and Daycase





We have seen an increase in the FFT response rate for most areas recently.

In October 98% of patients reported a good or very good experience.

Inpatient areas that have had few/or no FFT responses for the month include:

- Longford
- Redlynch
- Durrington

Outpatient areas that have had few/or no FFT responses for the month include:

- Gynaecology
- Respiratory
- Rheumatology
- Vascular & Diabetes

NHS
Salisbury
NHS Foundation Trust

Part 3: Our People

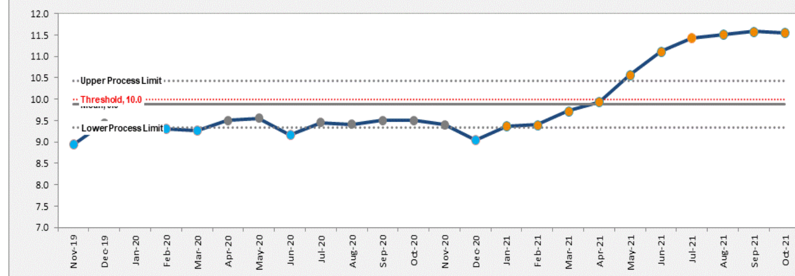
Performance against our Strategic Priorities and Key Lines of Enquiry

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

Workforce – Turnover

Use of Resources

Total Workforce vs Budgeted Plan - WTEs



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

Turnover for month 7 has continued to be above the Trust target (11.52%). There were 32 leavers and 69 starters by headcount. The most common reasons, where recorded, for leaving were the Voluntary Resignation reasons of – Relocation, Work/Life Balance, and Better Reward Package". Together these formed 57% of all voluntary reasons for leaving, where a reason was given.

The reason of 'other/not known' remains the most common reason for resignation, this prevents a challenge in understanding what the true reason is for those staff leaving, and what could be done to mitigate.

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

The Trust's participation in the national scheme 'Flex for the Future' continues, with the membership of the internal project group having been reviewed to ensure the inclusion of representatives from a wider range of staff groups.

Exit interviews and stay conversations are being focused on to understand what opportunity there is to remove factors increasing turnover.

There is a specific project underway in ITU to address concerns from staff when they are redeployed to other ward areas. This has been cited as influencing retention negatively. information packs for staff about wards they are commonly redeployed to and supernumerary shifts on these wards to help with orientation. Clinical Psychology are providing support to staff with anxieties about redeployment as part of the project.

Risks to delivery and mitigation

Not all staff wish to have an exit interview, working to promote more within the divisions, and increase take up. Where an exit interview is being delayed by operational pressures the People Advisors are providing support to undertake.

The TUPE process in Genetics is causing an increase in leavers due to the uncertainty of the service management moving to UHS. Further staff sessions are being undertaken to explore staff concerns.

Workforce – Vacancies

Use of Resources

Total Workforce vs Budgeted Plan - WTEs

	Oct '21		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	443.41	475.38	(32.0)
Nursing	1,030.79	1,026.69	4.1
HCAs	540.72	544.00	(3.3)
Other Clinical Staff	632.11	656.57	(24.5)
Infrastructure staff	1,266.38	1,303.46	(37.1)
TOTAL	**3,913.41**	**4,006.10**	**(92.7)**

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

Vacancy rate in month was 4.06%, compared to 5.65% in September. The Division with the highest vacancy rate was Surgery at 7.07%. The staff group with the highest number of vacancies Trust wide was Registered Nurses at 96.26 FTE (9.5%).

In month 7, the Trust advertised 94 vacancies (133 WTE) with 79 offers of employment made.

The vacancy factor in theatres is driven by elective recovery targets, with staffing required to operate 13 theatres by March 2022.

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

A HCA webinar, hosted by Indeed to be held on 11 November

18 overseas nurses arrived in the Trust on 20 October. Pastoral calls pre, during and post arrival have been scheduled along with a welcome event, hosted by Chief Nursing Officer to be held on 8 November 2021.

Ward Managers will be invited to attend overseas recruitment education sessions on 09, 10 and 11 November The session will cover the recruitment process, responsibilities and the OSCE training programme.

Recruitment Event for Facilities to be held on 19 November. Advertising campaign underway which includes use of social media, leaflets and posters being posted in City Centre and local Colleges, Schools.

OSCE training room identified and in use.

18 HCA's commencing during the month of November (10 for Theatres and 10 for in-patient wards).

Application submitted to join the Kickstart Scheme. this is a government led scheme that provides funding for employers to create jobs for 16 to 24 year olds claiming universal credit.

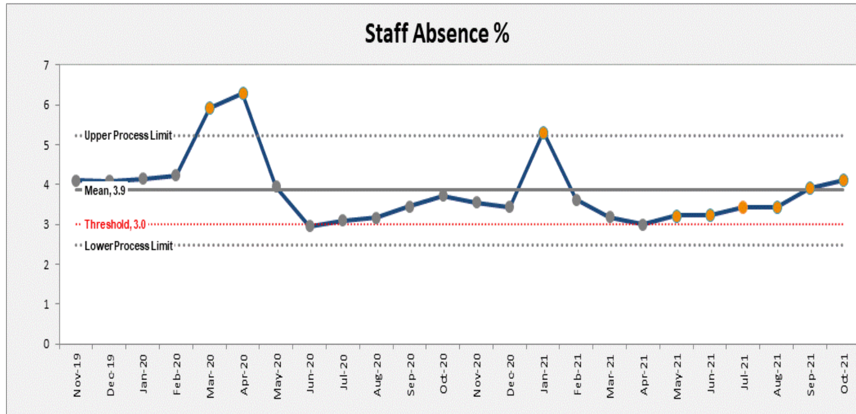
Risks to delivery and mitigation.

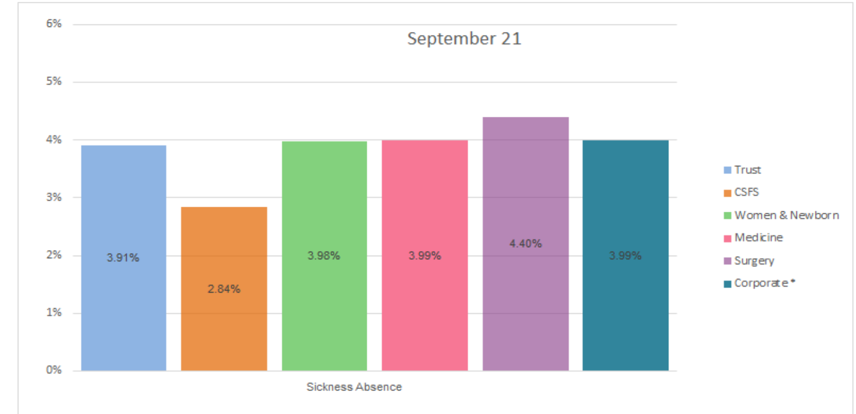
Retention increases in certain staff groups - recruitment events planned for the remainder of the year

Hard to recruit vacancies - reviewed monthly with the People BP's and Head of Resourcing. Correlation of hard to recruit vacancies with agency use now being scrutinised by Workforce Control Group.

Workforce - Sickness

Use of Resources





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

Sickness in month saw an increase to 4.11%, sickness for the rolling year was at 3.65%. All Divisions are above the Trust target. Anxiety, stress and depression remains the top cause of sickness across all Divisions.

In relation to staff in sickness processes 98 staff are in a short-term sickness management process and 51 in a long-term. This is an decease in long term and increase in short term from the previous month.

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

People advisors are providing support to divisions to ensure robust sickness management processes and support is in place. There is an additional advisor in post until March 22 to support key elective recovery areas.

Advocating and advising managers on the full range of support available – Occupational health, clinical psychology, mental health first aiders, Stress Toolkit, Odstock staff health and fitness club, resilience training and stress management training.

Work in progress with the Manual Handling Advisor to understand muscoskeletal injury themes. So far this has highlighted a theme with redeployed staff experiencing injuries in unfamiliar work environments.

Risks to delivery and mitigation.

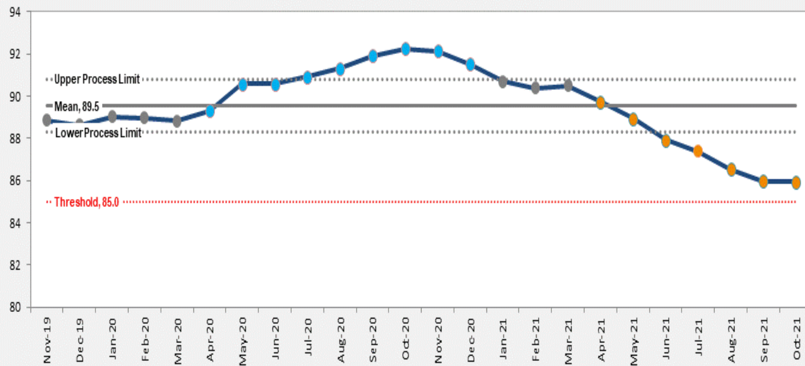
Increased operational pressures and staff sickness mean that sometimes managers are working clinically with reduced time to manage sickness processes. In October, sickness due to Covid-19 increased rapidly putting further pressure on teams.

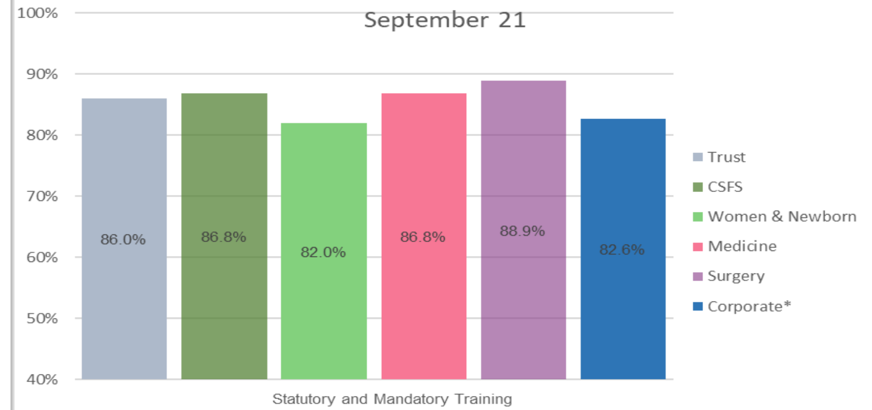
People Business Partners are working with divisions to prioritise key activities to deliver the most benefit.

Occupation health capacity to review staff and participate in case conferences - implementing a process for the divisions to manage Covid queries, to release OH time to manage all elements

Workforce – Staff Training

Use of Resources





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

The Trust's mandatory training compliance rate was 85.9% for month 7. This is slightly below the previous month and significantly below the same time last year. All 5 Divisions are below target.

Issues remain with data quality, with wrong training modules showing for staff, or training that has been completed not updated on records.

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

PID developed to address reducing compliance and plan measurable actions to support short and long term plans to improve figures. This should be approved before the end of November. If approved this will include:

- Development of a working group of Subject Matter Experts (SME's) to attempt to develop a standardised approach to Mandatory training, with opportunity to learn from other departments and areas to ensure consistency and to ensure SME involvement in accessibility of training
- A continued focus on Hand Hygiene Assessments
- Development of a data cleansing group to work with SME's to ensure we are reporting accurately
- Long term: Proposal to be submitted to trust board, for all staff to have a protected 1x 7.5 hour study day per year away from the normal work environment, 1 month prior to their appraisal date to allow them complete their appraisal preparation, including completing mandatory training.

Risks to delivery and mitigation.

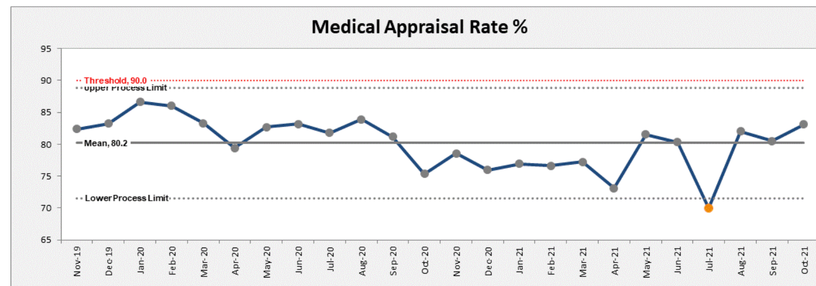
Availability of hand hygiene sessions, Infection Control Team making the light boxes available to departments.

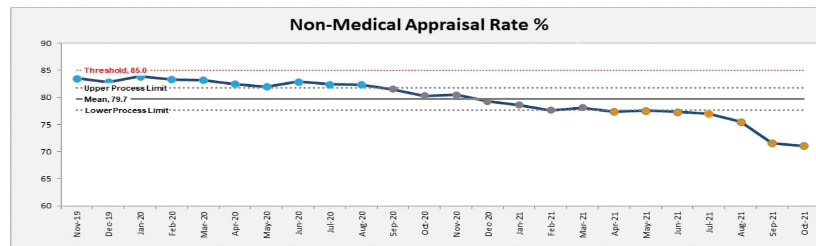
Operational pressures restricting line management capacity to manage MaST compliance and deliver actions. People Advisors mitigating by working with divisional Pas and departmental admin resource to deliver key messages and contact staff.

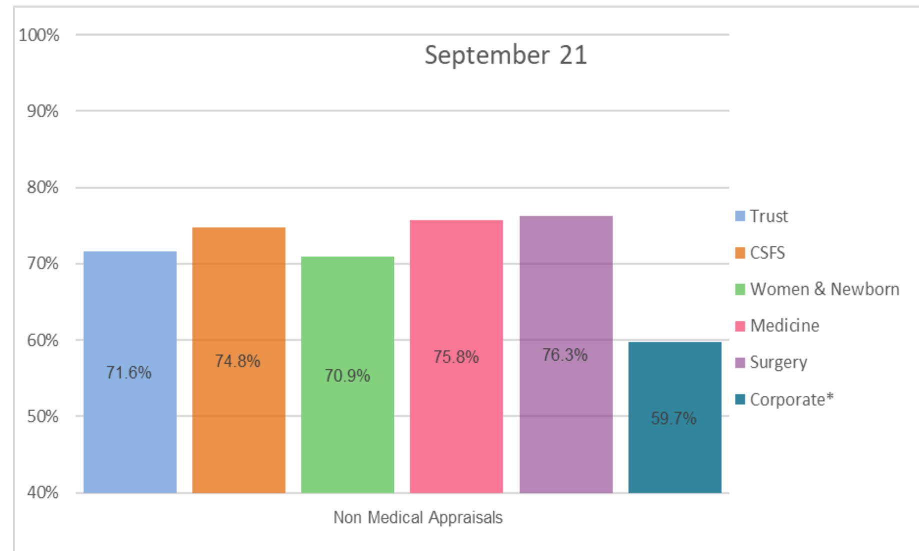
Data quality issues causing a lower compliance – OD&P are working with Education to resolve on a individual basis.

Workforce – Appraisals

Use of Resources







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

Appraisals remain under target at 71.1%, this is a decrease on the previous month position (71.6%). Hotspot areas are Corporate (59.6%) and Surgery (74.4%)

Medical appraisals have improved to the highest level since September 2020.

Training on ESR is still being undertaken, with staff reporting it is taking some time to get used the new way of reporting appraisals, and issues such as the system logging out if they are not completed quickly enough.

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

Communication is being drafted with the divisions to share with managers around appraisal expectation this Winter. This will include a heavy focus on wellbeing conversations in addition to performance reviews.

Additional admin resource in maternity is expected to help increase performance by assisting with scheduling appraisals as they become due.

Risks to delivery and mitigation.

Operational pressures (patient activity, sickness etc.) restricting both line manager and staff capacity to undertake appraisals. People Advisors are providing additional support and working with divisional administrative where possible.

Additional ESR and appraisal training sessions have been arranged for December to mitigate issues with unfamiliarity with new system.

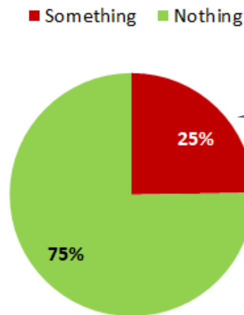
Feedback from Friends and Family test – Q2

Are We Responsive?

What was good about your experience?

"Each member of staff I met was courteous and caring with a good dollop of humour. I've never come across such a together team in the NHS in my 62years" *Endoscopy*

What could we do better?

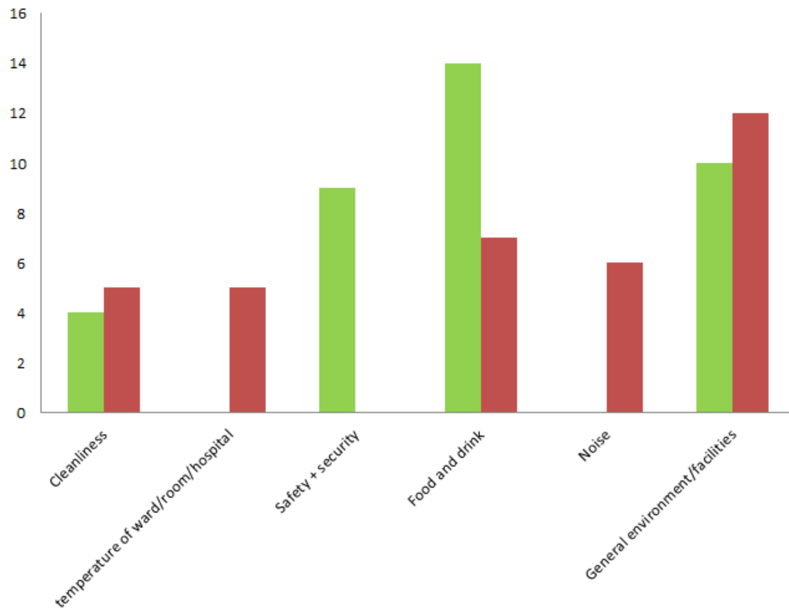


FFT comments (October)

"Dry toast both days as no dairy free available, no fruit available. Difficult for partner to get through on phone" *Chilmark*

"Quality of actual treatment. Care absolutely outstanding from the consultant to ward level. Nursing also very very good. Especially impressed with degree of discipline, communication and attention" *Laverstock*

Positive and negative comments - hospital enviromment and facilities



"Never been in hospital in my life. An eye opener. Thank god for the NHS". *Tisbury*

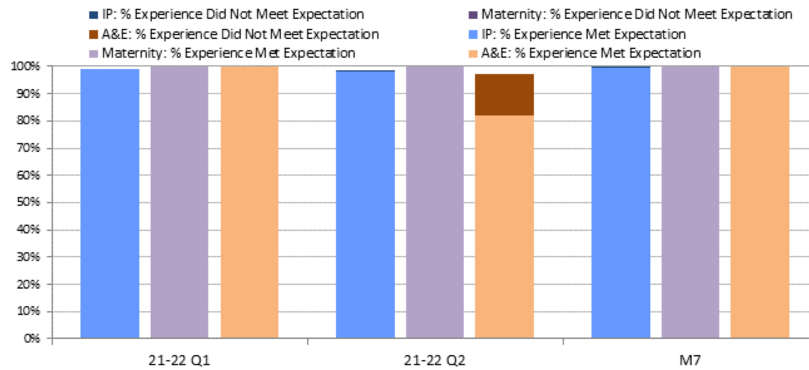
"Some old signs on main building still point to opposite pharmacy for medical outpatients"

"People in wheelchairs/elderly waiting outside in the cold need to be prioritised. One lady on her own was freezing" *Covid testing team*

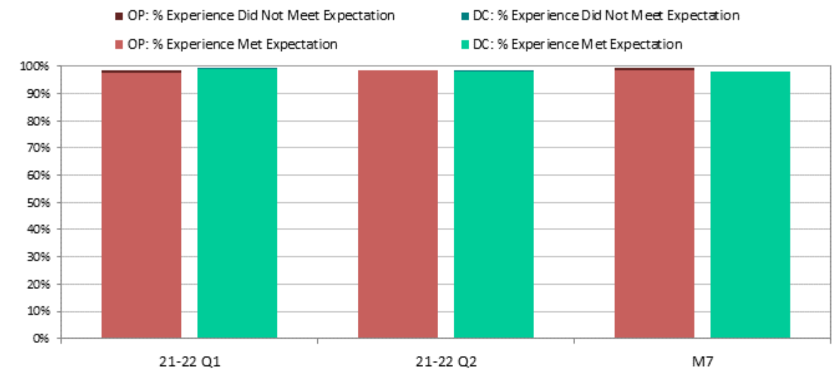
Friends and Family Test – Patients and Staff

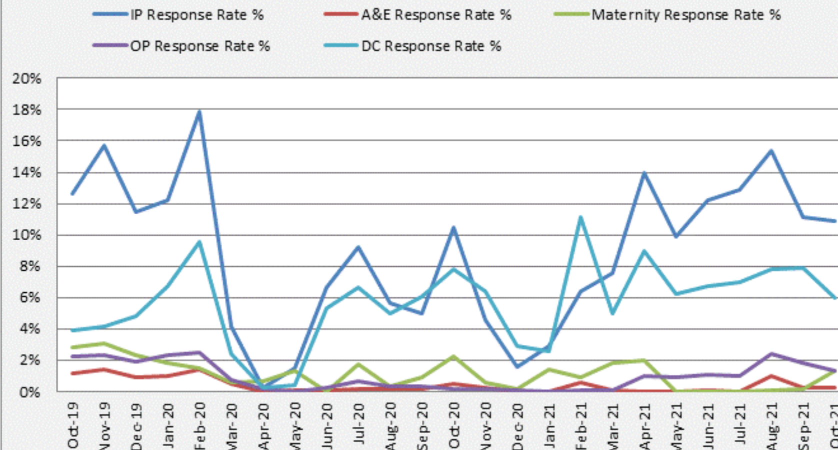
Use of Resources

Patient Responses: Inpatient, Maternity and A&E



Patient Responses: Outpatient and Daycase





We have seen an increase in the FFT response rate for most areas recently.

In October 98% of patients reported a good or very good experience. Inpatient areas that have had few/or no FFT responses for the month include

- Longford
- Redlynch
- Durrington

Outpatient areas that have had few/or no FFT responses for the month include:

- Gynaecology
- Respiratory
- Rheumatology
- Vascular & Diabetes

NHS
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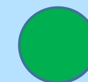
Part 4: Use of Resources

Performance against our Strategic Priorities and Key Lines of Enquiry

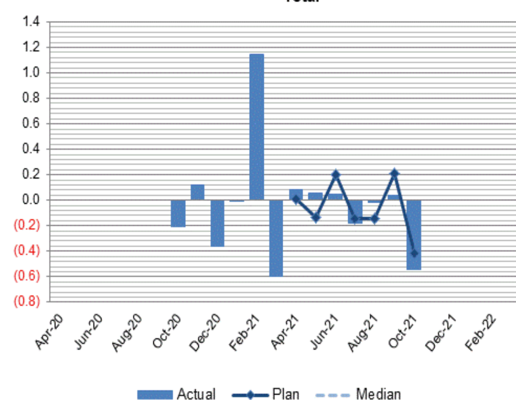
Our Priorities	How We Measure	
People	Are We Effective?	Are We Responsive?
Population	Are We Safe?	Are We Caring?
Partnerships	Are We Well Led?	Use of Resources

Income and Expenditure

Income & Expenditure: 

Use of Resources

	Oct '21 In Mth			Oct '21 YTD			2020/21
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
Operating Income							
NHS Clinical Income	20,691	20,946	255	144,834	149,678	4,844	248,288
Other Clinical Income	976	565	(411)	5,983	4,733	(1,251)	14,610
Other Income (excl Donations)	2,698	3,322	623	18,040	19,381	1,341	32,253
Total income	**24,365**	**24,833**	**468**	**168,857**	**173,792**	**4,934**	**295,151**
Operating Expenditure							
Pay	(15,490)	(16,184)	(694)	(104,265)	(108,383)	(4,117)	(185,477)
Non Pay	(7,719)	(7,672)	48	(54,172)	(55,210)	(1,037)	(94,180)
Total Expenditure	**(23,210)**	**(23,856)**	**(646)**	**(158,438)**	**(163,592)**	**(5,155)**	**(279,657)**
EBITDA	**1,155**	**977**	**(178)**	**10,419**	**10,200**	**(221)**	**15,494**
Financing Costs (incl Depreciation)	(1,575)	(1,519)	57	(10,839)	(10,697)	142	(18,765)
NHSI Control Total	**(420)**	**(542)**	**(122)**	**(420)**	**(498)**	**(80)**	**(3,271)**
Add: impact of donated assets	*(46)*	*11*	*57*	*(414)*	*(265)*	*149*	*(644)*
Surplus/(Deficit)	***(465)***	***(530)***	***(65)***	***(833)***	***(762)***	***70***	**(3,915)**



Variation and Action

Although October 2021 is the first month operating under the H2 financial arrangements, late release of the guidance means that the final plan for the second half of the year will not be agreed until mid-November. M07 is therefore reported against the provisional submission of a £3.3m deficit for H2, it has been agreed that this deficit will be mitigated through the allocation of BSW allocation and ERF funding at the point of final submission.

Once the provisional planned deficit of £420k is accounted for, the Trust is £80k away from the H2 plan. Variances again the categories of spend are skewed by a YTD adjustment to subsidiary reporting (this will be amended before the final H2 submission), but the key driver for the underlying deficit is a non-recurrent claw back of maternity CNST discount. The Trust has placed a bid to reutilise these funds for additional work to meet the discount requirements, but this will also require additional expenditure on the Trusts part.

The overall pay position continues to feel the pressure of high staff absence (maternity leave exceeds historic levels by £79k), and the supernumerary costs of this year's planned intake of overseas nurses who have all arrived later than intended due to the international impact of Covid.

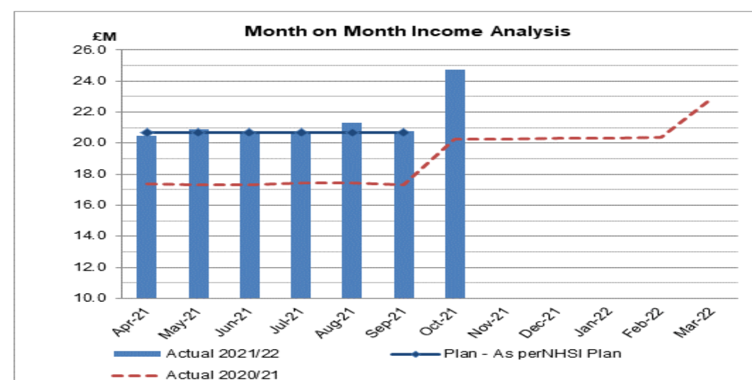
Income & Activity Delivered by Point of Delivery

Clinical Income:

Use of Resources

Income by Point of Delivery (PoD) for all commissioners	Oct '21 YTD Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
A&E	5,363	5,749	386
Day Case	8,610	9,230	620
Elective inpatients	7,308	5,667	(1,641)
Excluded Drugs & Devices (inc Lucentis)	12,123	11,892	(231)
Non Elective inpatients	36,852	37,983	1,131
Other	59,739	61,706	1,967
Outpatients	14,839	17,451	2,612
TOTAL	**144,834**	**149,678**	**4,844**

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
BSW CCG	88,825	92,324	3,499
Dorset CCG	14,565	14,807	242
Hampshire, Southampton & IOW CCG	10,961	11,144	183
Specialist Services	19,824	20,653	829
Other	10,659	10,750	91
TOTAL	**144,834**	**149,678**	**4,844**



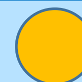
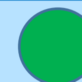
Activity levels by Point of Delivery (POD)	YTD Plan	YTD Actuals	YTD Variance	Last Year Actuals	Variance against last year
A&E	40,695	41,045	350	31,705	9,340
Day case	11,317	11,953	636	7,694	4,259
Elective	2,025	1,653	(372)	1,198	455
Non Elective	16,459	16,734	275	14,937	1,797
Outpatients	135,881	156,598	20,717	109,133	47,465

Variation and Action

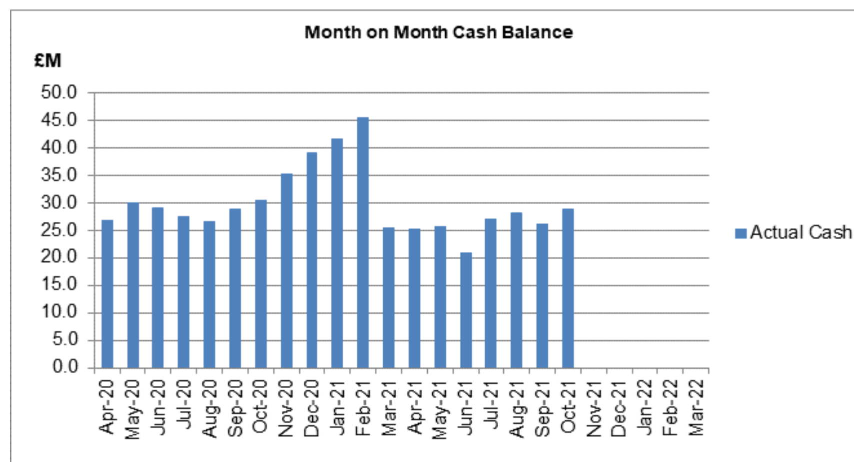
Activity in October in day cases recorded 30 spells more than in September and exceeded the plan for the month. Day case activity has improved against plan in the specialties of Gastroenterology (90 cases) and Plastic Surgery (60 cases), but activity levels have dipped this month in General Surgery and T&O. Activity in elective inpatients was marginally lower than in September with improved performance in T&O, although T&O did not achieve the planned level for the month. Non-Elective spells were higher than in September and remain above plan year to date. Activity pressures continue in Obstetrics and Paediatrics but reduced this month in General Medicine. Outpatient activity was less than last month with more activity this month in Gynaecology, Respiratory Medicine, Ophthalmology, Cardiology and Urology.

For the second 6 months of the financial year (H2) the block allocations from commissioners have been uplifted by 11.66% for October only to cover the costs of the pay award (10.5% for the arrears and 1.16% for October pay costs). From November onwards the uplift will revert to 1.16%. The plans have not been adjusted and remain at H1 levels. H2 plans are in the process of being reviewed. Elective Recovery Fund (ERF) income for the first 6 months of the financial year (H1) of £2.02m has been included in the financial position against BSW CCG. In H2 the ERF operates differently and will focus on system level completed referral to treatment (RTT) pathway activity. The system level threshold will be 89% and will be calculated by weighting performance at treatment function level split between admitted and non admitted pathways. No ERF income for October has been included in the financial position as the system position has not been confirmed.

Cash Position & Capital Programme

Capital Spend:  Cash & Working: 

Use of Resources



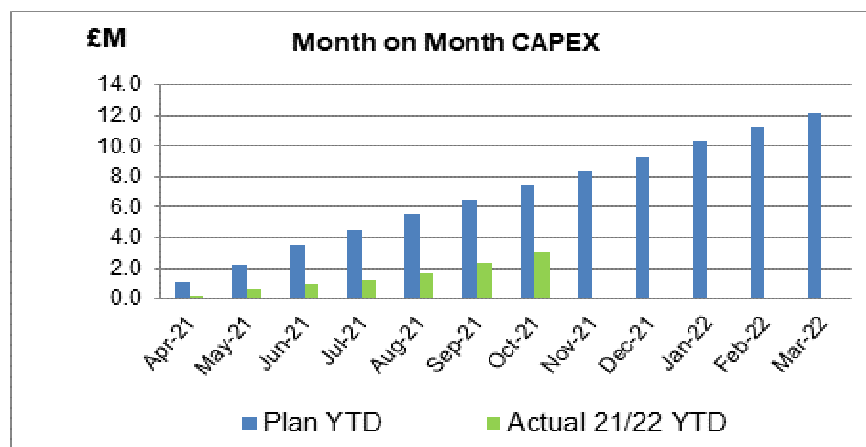
The Trust has now returned to the pre-Covid mid-month contractual payment arrangements. Block contracts and a balanced revenue plan were agreed up to 30 September 2021. The guidance for the second half of the year has now been issued and the Trust is currently determining the funding it will receive up to 31 March 2021.

The base assumption from a cash forecasting perspective is that the Trust will continue to report a balanced revenue position throughout 2021/22.

The cash position decreased slightly in September due to the payment of public dividend capital. This sum is paid in two instalments, September and March of each year and is forecast at approx. £4m for 2021-22. The capital programme remains behind plan and this is resulting in higher levels of cash than expected.

Capital Expenditure Position

Schemes	Annual Plan £000s	Sep '21 YTD		
		Plan £000s	Actual £000s	Variance £000s
Building schemes	900	936	730	206
Building projects	5,254	2,905	630	2,275
IM&T	3,872	2,261	1,339	922
Medical Equipment	1,728	1,076	300	776
Other	450	257	257	0
TOTAL	**12,204**	**7,435**	**3,256**	**4,179**

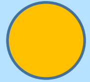


Summary and Action

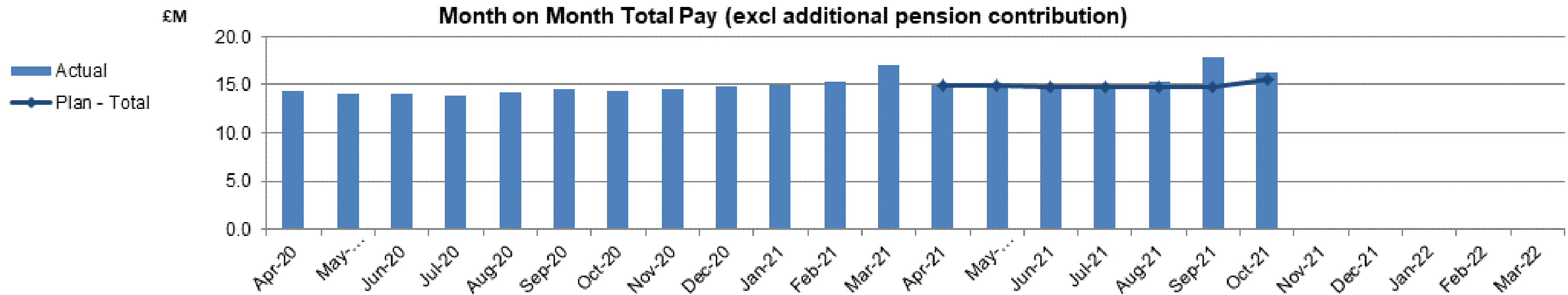
2021/22 capital allocations have been made at a system level, and although the Trust's baseline allocation of £12.2m exceeds the initial 2019/20 allocation by c£3m, the Trust remains capital constrained based on an initial assessment of over £20m. The internal funding of a £12.2m capital plan is contingent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

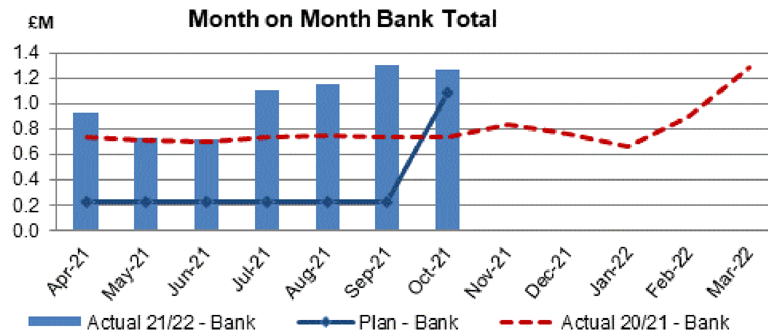
The original capital plan was based on a fairly even distribution of spend throughout the year. However, some building schemes have either been delayed or have been revised. A revised detailed profile plan of how all elements of the programme will be achieved by the end of the year has been developed. This will be challenging to achieve and further work is underway to identify the risks and issues associated with delivering this revised plan. An extraordinary Capital Control Group meeting was held during the month at which all sub groups reported they will spend their allocations for the year and the capital programme will be achieved.

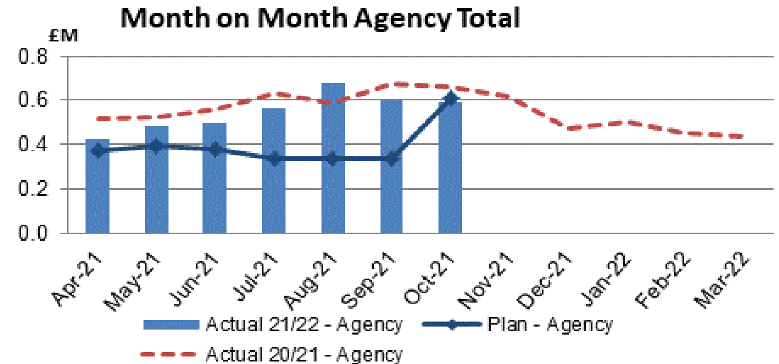
Workforce and Agency Spend

Pay: 

Use of Resources







Summary and Action

Excluding the effect of the pay award in Month 6, underlying pay costs have increased by £319k, or 2%. There was a significant increase in pay costs in Salisbury Trading Ltd (£356k) due to a YTD adjustment following the late receipt of financial information from the company. A further change was the TUPE of the RUH Procurement team into the Trust - this accounted for an increase in costs of £70k, for which funding was received separately.

117 theatre sessions ran per week during October - 5 more per week than in M6, and an increase in bank usage and a decrease in agency led to a small reduction in overall pay costs.

The Trust has reported 11.04 WTE infrastructure support staff (cost £35k) over planned levels relating to the vaccination centre at Salisbury City Hall, where the plan is for staffing to be provided by RUH, but any staffing provided by SFT is considered 'out of envelope' and directly reimbursed through NHSEI.

CLASSIFICATION: UNRESTRICTED

NHS
Salisbury
NHS Foundation Trust

Report to:	Trust Board (Private)	**Agenda item:**	2.2
Date of Meeting:	09 December 2021		

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

Recommendation:
The Board is asked to note the report from the Trust Management Committee held on 24th November 2021.

Executive Summary:

This month's Trust Management Committee Meeting had a full agenda of items to be considered, with the majority being Business Cases.

The committee received several Business cases, namely

- Salisbury NHS Foundation Trust Green Plan
- Pharmacy Technician for the Quality Assurance and Aseptic Services
- Pharmacy Provision to Women and Child Health Services within Clinical Support Family Services Division
- Genetics Bioinformatics
- Genetics Oncology

In respect of Salisbury NHS Foundation Trusts Green Plan. The committee heard that the NHS is responsible for 4-5% of the UK's carbon emissions and 3.5% of all road travel, at the same time climate change is recognised as having a negative impact on health and exacerbating health inequalities. In response the NHS has set a target to achieve carbon net zero by 2040.

The Trusts Sustainable Development Management Plan (SDMP) was last reviewed in 2019, focusing principally on carbon emissions from gas, electricity and heating oil. Trusts are required to replace SDMP's with a board approved, 3 year 'Green Plan'. Green plans and the Governance behind them are designed to support a reduction in carbon emissions from across the organisation.

The framework presented at committee set out a framework for how we will reduce the impact of climate change, embrace 'green' learning and innovation and support the NHS deliver a carbon net zero healthcare system, by 2040. The committee noted that there is strong support for this business case across the Senior Leadership Team.

In respect of the Pharmacy Technician for the Quality Assurance and Aseptic Services business case, the committee heard the case would:

- Support chemotherapy preparation, product approval and release within the unit.
- Support Quality assurance across the unit.
- Reduce the current risk of a single point of failure.
- Provide specialist Quality Assurance advise and support to the Aseptic lead.

The committee approved the business case.

Furthermore in respect of Pharmacy Provision to Women and Child Health Services within Clinical Support Family Services Division. It was explained that approval of this case would mean the division would be able to:

- Provide a safe, robust and reliable pharmacy service to Women's and Child Health
- Reduce medication incidents and risks currently listed across Women's and Child Health
- Address national recommendations for the minimum pharmacy service across NICU
- Address a significant single point of failure in the clinical pharmacy service
- Increase trust wide pharmacy support in Child Health benefiting ED, DSU and Theatres.
- Provide pharmacy support to the new Birthing Unit
- For the first time - provide pharmacy led medicines reconciliation across maternity ensuring complex medication issues are fully recognised and actioned during and after pregnancy (CQC action was to improve safety across maternity)
- Improve succession planning and training opportunities across the pharmacy team

The committee approved the business case.

The committee further received x2 Business cases from our Genetics Department, one in respect of Bioinformatics which highlighted that the investment need has arisen incrementally as the landscape of genetic testing has evolved into what is now termed 'Genomics' driven by new 'massive capacity' testing technologies including Next Generation Sequencing. The committee heard that the national commitment to adopt these new technologies is outlined in the government policy paper '*Genome UK: the future of healthcare'* (September 2020) and were followed up by a Report of the Independent Review of Diagnostic Services for NHS England entitled 'Diagnostics: Recovery and Renewal'. These policies and recommendations are now being implemented nationally by NHSE through a network of 'super laboratories' called Genomic Laboratory Hubs (GLH).

The committee heard that approval of the business case will address an existing single point of failure within the department (Datix 7074) and provide specialist resource to accommodate ongoing and future service developments as mandated by NHSE.

This business case was followed by a second case from Genetics in respect of Oncology. The committee heard that approval of this case would mean an increase in capacity will meet the current and projected demand from increasing the numbers and complexity of genetic testing required by NHSE as well as a reduction in the necessity for paid and unpaid overtime which is a significant risk to staff well-being and patient safety and mitigate risk 7093 on the Trusts Corporate Risk Register, currently assessed as 16. Furthermore, the committee heard that we would be able to respond to significantly more stringent turnaround times for cancer tests which will be mandated by NHSE, currently out to consultation.

Following discussion, the committee approved both cases from the Genetics department.

The committee further received the Conflicts of Interest Policy: Gifts, Hospitality and Sponsorships and Secondary Employment for Salisbury Foundation Trust, and it was noted that the policy was due to be revised in March 2022. However, as part of the Counter Fraud work plan for 2021/22 it was agreed that the Anti-Crime Specialist (ACS) undertake a proactive review of declarations of interest and gifts/hospitality. The committee heard that based on the findings of this review, the ACS noted that the policy is robust and in line with NHS England guidance and minor amendments were suggested to the policy as summarised below:

- Section 10.3 Secondary Employment – to be clear that this applies to all staff irrespective of band. There are likely to be a substantial number of staff below band 8d with secondary employment, such as nurses who work for agencies as an example.
- Section 10.8 Clinical Private Practice – again to be clear that this applies to all staff irrespective of band/pay equivalent. There are likely to be staff below band 8d who undertake private practice
- Section 11.2 Procurement – the process for procurement staff is unclear and there should be clarification whether an annual declaration is required to be made to Corporate Governance in line with NHS England guidance ('staff who have the power to enter into contracts on behalf of their organisation').

The committee approved the reviewed policy.

The committee received the updates from the Subgroups of Trust Management Committee which were all noted by the committee.

The committee received the revised Board Assurance Framework which has been completely revised to align to the recently approved Trust Strategy and Strategic Objectives of Population, People and Partnerships. Furthermore, the format has been amended to strengthen the presentation and alignment of corporate risks to the corporate priorities, making the link more explicit.

END

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

CLASSIFICATION: Unrestricted

NHS Salisbury NHS Foundation Trust

Report to:	Trust Board (Private)	**Agenda item:**	2.3
Date of Meeting:			

Committee Name:	Clinical Governance Committee		**Committee Meeting Date:**	30th November 2021
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Paul Miller, Non Executive Director			
Board Sponsor (presenting):	Paul Miller, Non Executive Director			

Recommendation
To note key aspects of the Clinical Governance Committee meeting of the 30th November 2021.

Items for Escalation to Board
Mental Health Liaison Committee Bi-Annual report – This report was presented by Duncan Murray and highlighted current and future planned work, including an overarching mental health strategy to align with the Trusts strategy and reduce risks for mental health service uses accessing the Trusts services. In particular the report identified actions to address collaborative work between the Sarum ward team and the Child and Adolescent Mental health service (CAMHS) team, to contain associated clinical risk, reduce length of stay, improve education and training of non-specialist staff and improve the patient and staff experience. **Integrated Performance report** – In October 2021 hospital was extremely busy with a high number (over 70) of patients who had "no criteria to reside", the risk is as a consequence of the hospital being unable to discharge into the community, it will "fill up from the back door". Which combined with a possible high number of admissions through the "front door" during winter months, could lead to significant challenges which may adversely impact on some elements of clinical care. All of this could be significantly compounded by covid-19. On a specific issue stroke services continue to be a concern with the SSNAP case ascertainment audit score reducing from a B to C, 38.5% of patients has a CT within one hour of arrival and 30% of patients arrived in the stroke unit within 4 hours. The Executive team are reviewing operational stroke clinical processes and stroke outcomes and will report back to the committee and the Board before Christmas.

Medication safety mid-year report 2021/22, including missed doses report – There are currently a number of challenges in the pharmacy department, due to staff turnover and vacancies. Whilst verbal assurance was given that the pharmacy department is operating safely, the actual information contained in this report was insufficient to provide assurance. For example, only one month, rather than six of relevant Datix incidents was included and no information was included on medicine reconciliation rates. It was agreed that six months of relevant Datix incidents would be circulated to committee members in early December 2021.

Issues highlighted to the Care Quality Commission (CQC) – it was verbally raised in the Committee that three separate issues had recently been raised with the CQC relating to concerns around care, two from members of staff and one from a patient. The Executive confirmed that these are being addressed with the CQC through agreed processes.

CLASSIFICATION: UNRESTRICTED

NHS
Salisbury
NHS Foundation Trust

Report to:	Trust Board (Private)	**Agenda item:**	2.4
Date of Meeting:	9th December 2021		

Report from: (Committee Name)	People & Culture Committee		**Committee Meeting Date:**	25th Nov 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 Workforce Committee meeting held on Thursday 25th November 2021.

1. Looking after Our People – the committee received an update on the work underway to improve Occupational Health and Health and Wellbeing support to our staff. Managing staff with COVID-19 has been a major challenge due to a shortage of temporary staff able to take on a new workload – that problem should be resolved within the next fortnight but has impacted on our ability to conduct recruitment and pre-employment checks. There are further resource constraints in the management of a new IT system and capacity to deal with management referrals. A plan is in place and will be monitored by this committee.
2. The annual report on equality was reviewed and we noted good progress on drafting of a new strategy on EDI. Resourcing of network leads remains a concern but we were pleased to see that the networks were being reinvigorated.
3. The Trust is participating in a national programme "Flex for the Future," aiming to improve opportunities for flexible working. This is an exciting initiative but will require a shift in attitudes and culture and we will provide further updates as it progresses.
4. We received the first comprehensive report on Education and Training within the Trust, which highlighted the complexity, diversity, and flexibility of our work. We have increased the number of apprenticeships within the Trust, and provided high levels of support to learners, in particular 200 pre-registration student nurses. The team was congratulated for the sheer level of adaptability they had to show in response to successive demands placed on the workforce during our response to the pandemic. This was the last attendance by Jean Scrase after 3 years with the Trust and we thanked her for providing such excellent leadership to the directorate.
5. Completion of mandatory training and appraisal remains a challenge and potentially a risk and work is ongoing in seeking novel solutions to improve both.
6. And finally, the committee was pleased to approve its (overdue) annual review of work for the previous year.