

## Bundle Escalation Reports - Web Site 4 August 2022

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**CLASSIFICATION: UNRESTRICTED**

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.1
<b>Date of Meeting:</b>	4 <sup>th</sup> August 2022		

<b>Report from: (Committee Name)</b>	Audit Committee		<b>Committee Meeting Date:</b>	21 <sup>st</sup> July 2022
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	X		X	

The Committee recognised the significant progress made in this area and asked Jenifer to pass on our compliments to the team.

### **Deep Dive – Counter Fraud Risks and Mitigating Controls**

The Committee received a short presentation from Lisa Thomas and there was a general discussion on fraud risks in the hospital, particularly in the current economic

**CLASSIFICATION:**



**Report to:** Trust Board

**Agenda item:** 2.2

**Date of Meeting:** 4

**(2) New ward business case**

This business case is part of the TIF national work stream. The committee









<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.4
<b>Date of Meeting:</b>	4 <sup>th</sup> August 2022		

<b>Report from: (Committee Name)</b>	Clinical Governance Committee		<b>Committee Meeting Date:</b>	26 <sup>th</sup> July 2022
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	X	X	X	
<b>Prepared by:</b>	Miss Eiri Jones, Chair CGC			
<b>Board Sponsor (presenting):</b>	Miss Eiri Jones, Chair CGC			

**Recommendation**

Trust Board members are asked to note and where relevant, discuss the items escalated from the Clinical Governance Committee (CGC) meeting held on the 26<sup>th</sup>

discussed with the CMO confirming that he had discussed our data in relation to the hospice with the Dr Foster team.

- The newly refreshed BAF was presented and discussed. The Committee reviewed it from a quality perspective, supporting the refreshed presentation and noting it would be discussed further at Board.
- The Cancer Annual Report was presented and received. Whilst noting the current performance challenges there were many positives to note. A new lead nurse has been appointed and attended the meeting alongside the Trust cancer lead. The team are networking with the other acute alliance partners and with the system at large to share best practice and learning. The clinical lead confirmed that resources were being directed to where it was most needed in terms of performance with a focus on the shift to the new 28 day standard. Whilst the Trust did well in the national patient survey (mostly within expected range or above, with only one below average metric) some variation was noted for those patients not based on the cancer ward and this would be one of the focuses for the new lead nurse. Cancer navigators were proving to be positive and successful and there was consideration of an information hub to be established at the front of the hospital.
- The clinical effectiveness section covered the annual clinical audit plan report, the national clinical audit biannual report, the annual NICE report and the New Health Technologies annual report. Whilst the committee received assurance that the relevant audits were being completed, there was further work to do to ensure learning is embedded and improvements made where required. The Divisions were being supported to lead on this work.
- The complaints survey results were presented to the Committee. This is the Trust survey where complainants are asked about their satisfaction with how their complaint has been handled. The new patient experience lead outlined a plan to refresh the way this is done so that a better response rate (currently 15%) and wider engagement is achieved. The plan includes increasing accessibility, aligning with the new Ombudsman framework for complaints and co-production with Healthwatch Wiltshire.
- The upward report from the CMB outlined that there is a focus on the governance around consent, the paediatric early warning system and the emerging effectiveness of the new sub groups for safety, effectiveness and experience.

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

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.5
<b>Date of Meeting:</b>	4 August 2022		

<b>Report from: (Committee Name)</b>	People & Culture Committee		<b>Committee Meeting Date:</b>	28 <sup>th</sup> July 2022
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			X	
<b>Prepared by:</b>	Michael von Bertele; Non-Executive Director			
<b>Board Sponsor (presenting):</b>	Michael von Bertele; Non-Executive Director			

<b>Recommendation</b>
Trust Management Committee are asked to note the items escalated from the People and Culture Committee meeting held on 28 <sup>th</sup> July 2022, and items for assurance.

**Items for Escalation**

For Escalation:

1. The committee received draft reports on the Gender Pay Gap and the Workforce Race Equality and Workforce Disability schemes. Since we are mandated to report these to NHS(E) and they contain a lot of data it was suggested additional analysis and further contextual explanation would be helpful, it was also felt that the Trust Board would benefit from a longer session exploring what lies behind the data and what might be done to improve our understanding of diversity within the Trust.
2. The annual report from the Guardian of Safe Working was presented and showed that although we are allocated trainees to almost fill the number of posts we need,



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<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.6
<b>Date of Meeting:</b>	04 August 2022		

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

<b>Recommendation:</b>
The Trust Management Committee are asked to note the Trust’s performance for Month 3 (June 2022).

**Executive Summary:**

The trust continued to operate under significant operational pressure with average bed occupancy at 97% for M3. Attendance levels to the emergency department remained fairly static, performance against the 4-hour standard reduced from 75.3% in M2, to 72.8% in M3. The number of patients that waited over 12 hours from decision to admit in the emergency department reduced from 7 in M2 to 2 in M3. The number of handover delays from the ambulance service increased, with a big rise in the number delayed by more than an hour (166 in M3 compared to 91 in M2).

The levels of patients in the hospital not meeting the criteria to reside remains high at an average

**CLASSIFICATION: UNRESTRICTED**

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<b>People:</b> Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	
<b>Other (please describe) -</b>	





# Summary

The trust continued to operate under significant operational pressure with average bed occupancy at 97% for M3. Attendance levels to the emergency department remained fairly static, performance against the 4-hour standard reduced from 75.3% in M2, to 72.8% in M3. The number of patients that waited over 12 hours from decision to admit in the emergency department reduced from 7 in M2 to 2 in M3. The number of handover delays from the ambulance service increased, with a big rise in the number delayed by more than an hour (166 in M3 compared to 91 in M2).

The levels of patients in the hospital not meeting the criteria to reside remains high at an average of 120, although there is marginal improvement from M2. Increasing covid related admissions exacerbated the complexity of this further. There was also an increase in covid related admissions as community prevalence increased once again. Alongside this sickness absence peaked at 5.11% with infectious disease being the top cause of sickness.

The high occupancy levels and non elective pressure puts the elective pathway at risk, with escalation into the Day surgery unit throughout the month, and some cancellations of surgery due to this. The number of patients waiting



# Summary Performance

## June 2022

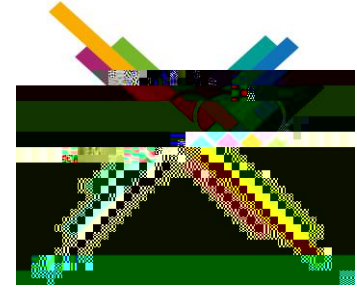
There were **2,702** Non-Elective Admissions to the Trust

RTT 18 Week Performance:



# Part 1: Operational Performance

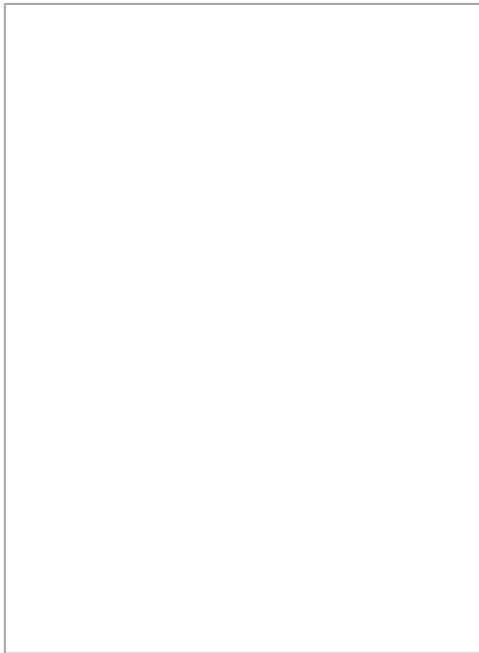
Performance against our Strategic Priorities and Key Lines of Enquiry



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: 72.8%

Attendances: 6611

12 Hour Breaches: 2

ED Conversion Rate: 29.0%

# Ambulance Handover Delays

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

M3 saw a small decrease in the number of ambulances presenting to SFT of 1139 compared to M2 of 1178. There was a significant decrease in performance from 84.38% in M2 to 76.73% in M3. These figures are unvalidated and will be validated with SWAST partners.

Breaches over 60 minutes saw a significant increase in M3 of 166 compared to 91 in M2. Breaches between 30 and 60 minutes increased from 93 in M2 to 125 in M3.

SWAST reset day in M3 saw a large number of ambulances conveyed to SFT which put pressure on the department and wider trust. A hospital ambulance liaison officer (HALO) from SWAST was present throughout the day assisting with queuing ambulances

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

Recruitment has nearly been finalised for permanent HALO

# BSW Context – Emergency Access (4hr) standard

Are We Effective?

ED attendances and performance

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

June continued to see a high level of patients in the Trust with no criteria to reside. Additionally, with bed occupancy at a sustained high level the group of patients staying 21 days + has continued to increase in June.

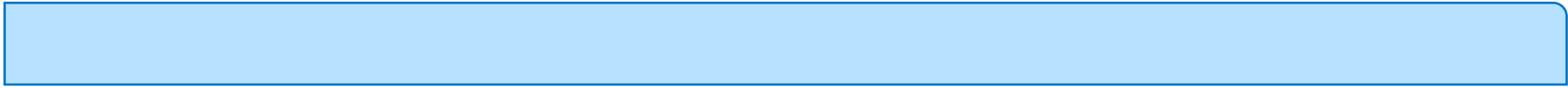
June saw a steady increase in the pressures around managing COVID and combined with the new testing regime meant that the Trust began to see discharges halted on day of discharge to care home, as



# Theatre Performance

Theatre KPI's

Measure -			



of

to the time it takes to for NHSE to publish the data, RTT benchmark data on this slide is a month behind the reporting month.

Total waiting list size continues to increase marginally each month, with around 2% growth seen in M2 at all three acute Trusts. This growth in waiting list is mirrored nationally with 2.6% growth on total England waiting lists, and a total of 6.61m (4.42m Jan 20) patients waiting for elective treatment.

The focus on the longest waiting patients there were zero patients



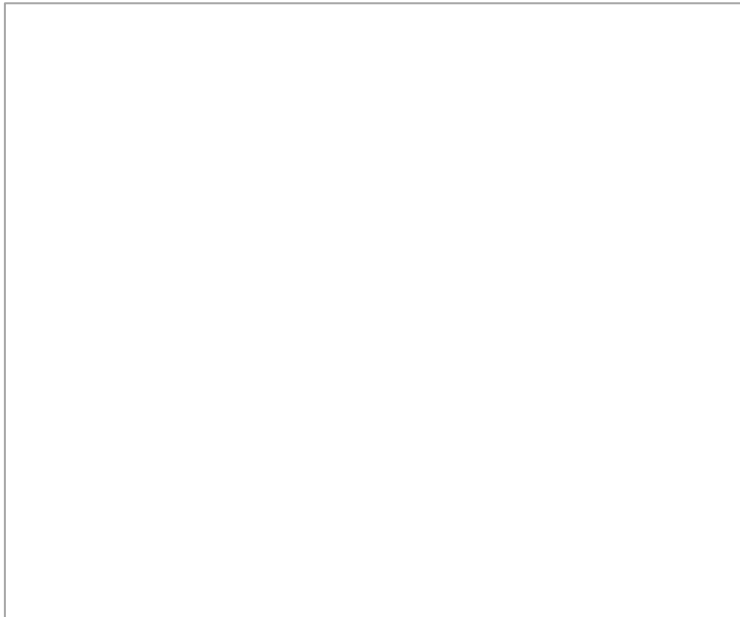
# Cancer 2 Week Wait Performance Target 93%

Data Quality Rating:



National Key Performance Indicators

Performance Latest Month	Performance	Num/Den	Breaches
Two Week Wait Standard:	75.91%	772/1017	245 (77 patient choice)
Two Week Wait Breast Symptomatic Standard:	75.68%	28/37	9 (1 patient choice)



# Cancer 62 Day Standards Performance Target 85%

National Key Performance Indicators

Data Quality Rating:



June 22	Performance	Num/Den
62 Day Standard:	62.88%*	41.5/66
62 Day Screening:	28.57%	1/3.5

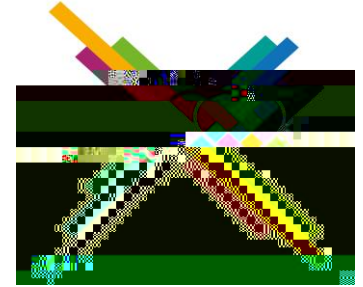
\*62 day performance is subject to change prior to final submission





# Part 2: Our Care

Performance against our Strategic Priorities and Key Lines of Enquiry



Our Priorities

People

Population

Partnerships

How We Measure

Are We Effective?

Are We Responsive?

Are We Safe?

Are We Caring?

Are We Well Led?

Use of Resources



# Maternity

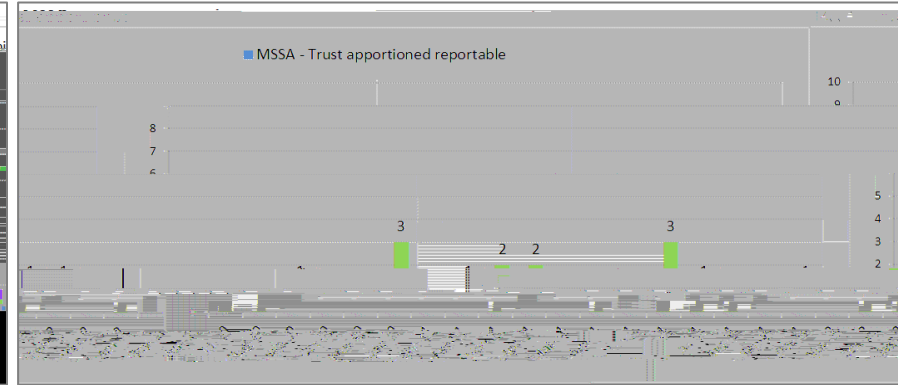
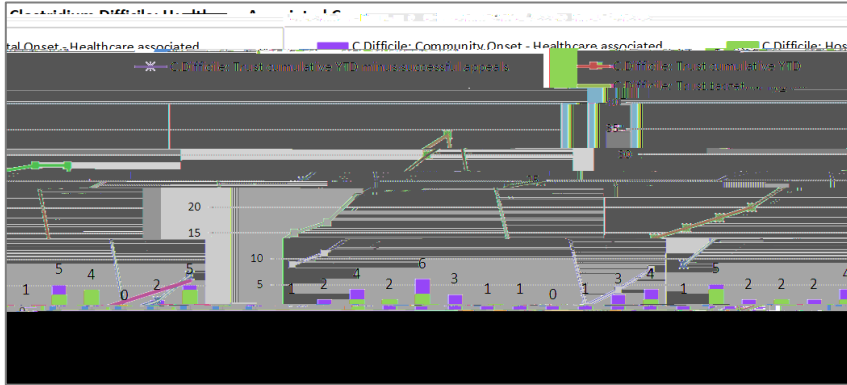
Are We Safe?





Clostridium Difficile	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22
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	2021-22	2022-23
Trust Apportioned	3	0



Are We Safe?

## Summary including learning outcomes and actions – June 2022

No MRSA bacteraemia cases were identified.

No hospital onset bacteraemia cases were identified.

One hospital onset healthcare associated MSSA bacteraemia case was identified. [Source of bloodstream infection unknown with associated clinical infection identified as lower respiratory tract infection - awaiting outcome of investigation by the division].

Four hospital onset healthcare associated reportable cases were identified within the Medicine and Women & Newborn divisions. [Awaiting outcomes of investigations A period of increased incidence (PII) of cases was identified for Farley Ward following the identification of 3 cases linked to the ward template occurring within a defined timeframe].

One community onset healthcare associated reportable case was identified. [The patient had been recently discharged from an inpatient area - additional investigation is ongoing for this case].

# Pressure Ulcers

Data Quality Rating:



Per 1000 Bed Days	2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	2022-23 Q1
Pressure Ulcers	1.47	1.30	1.84	1.88	2.11

Are We Safe?

# Incidents

Are We Safe?

Year	2021-22	2022-23
Never Events	3	0

Data Quality Rating:

## Summary:

SII 487 – A grade 3 pressure ulcer in a patient with a learning disability (incident occurred in May)

SII 488 – A lack of mortuary freezer space.

SII 489 - A 23-week neonatal death (maternity)

SII 490 - A major haemorrhage occurring post-biopsy



# 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 be displayed on the graph above)

BPT%: June 2022

Total patients discharged: 28

Not applicable for BPT: 4 (2 PP# & 2 no operation)

Number of patients who failed to meet BPT: 8

Reason for failure:

Awaiting



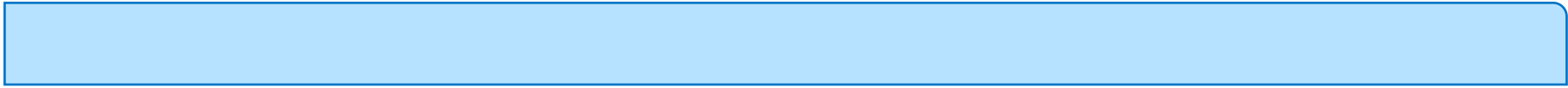


# Patient Experience

Last 12 months	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan					

Are We Safe?







# Workforce – Turnover

## Total Workforce vs Budgeted Plan - WTEs

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

12 month turnover for month 3 (June) is 13.05%. This is a slight increase from last month's position of 12.93%.

In the month there were 39 leavers and 31 starters by headcount

Where recorded, principal reasons for leaving were: 30% due to workload, 25% due to career progression, 15% due to training, 10% due to relocation, 10% due to redundancy, 5% due to other reasons.

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

### 1. Career conversations:

BPs have been identifying staff in the three critical groups (under 30s, 45-year-olds and over and international nurses) and selecting priority teams for phase 1 based on high turnover and importance for 2022/23 operational plans. BPs have sourced supporting documents from the national NHS People Promise materials to assist managers.

In CSFS conversations have started with staff from Speech & Language and Medical Devices. Sexual Health team will be next in August. In Surgery priority teams have been identified (Secretariat, Central Booking, Theatres/DSU and Burns Unit, Downton and Amesbury wards). Medicine and Women & Newborn have identified Healthcare Support Workers as a priority staff group to have conversations in July/August. Both divisions will share the materials with relevant line managers.

### 2. Wellbeing conversations

After a successful pilot on Transformation & Informatics and Amesbury, Education are now launching the next phase of the programme to introduce wellbeing conversations. Agreed with BPs to demo the materials and process to DWTs, 546 in WIP/EA. With training June 2023. To support the current training group and later wellbeing champions. Plan is for voluntary conversations in hard pressed clinical areas and wider roll out in non-clinical departments.

# Workforce – Vacancies

## Total Workforce vs Budgeted Plan - WTEs

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

International RN recruitment 30

Use of Resources

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

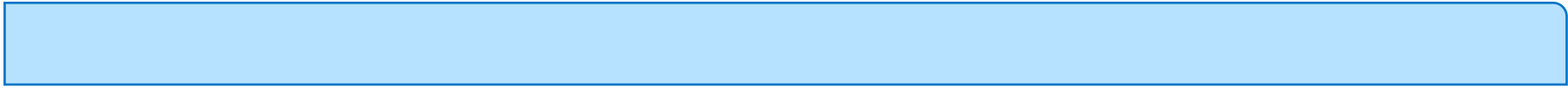
Vacancy rate in month 3 (June) has seen an increase to 12.82%, compared to 12.00% in May. Vacancy rate in April saw a step change increase to 12.20%, compared to 3.88% in March.

Taking the additional establishment out, the vacancy rate would be 5.23% which would be above target (amber).

The Division with the highest vacancy rate was Women and Newborn at 17.05%. The Corporate area with the highest number of Vacancies was Procurement (15.91 FTE), followed by Informatics (13.29 FTE).

BSW benchmarking March 2022 RUH Bath : 3.21%, GWH Swindon 6.33%.

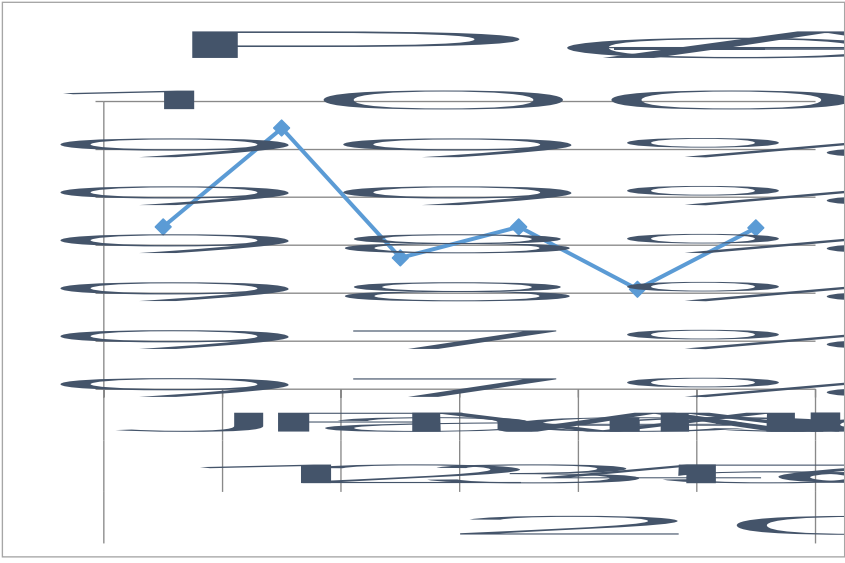
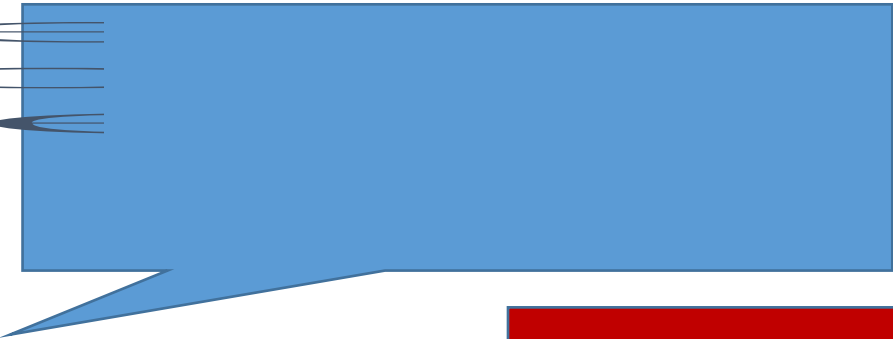
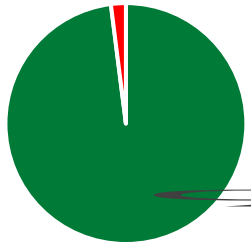






# Workforce





# Friends and Family Test – Patients and Staff

Patient Responses: Inpatient, Maternity and A&E

Use of Resources

Summary:

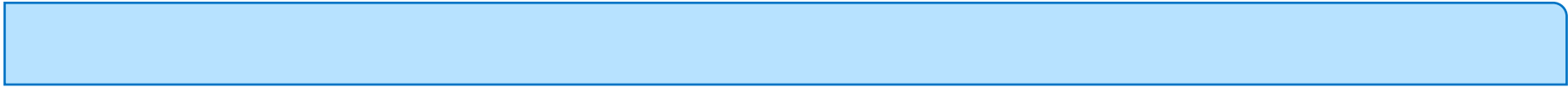
Almost 20%





## Variation and Action

A revised plan was submitted to NHSE on 20th June showing a revised control total deficit of £12.4m, including an additional £2.5m of contract income from BSW that has 3/12ths phased into June 2022 and 1/12th per month thereafter.



# Cash Position & Capital Programme

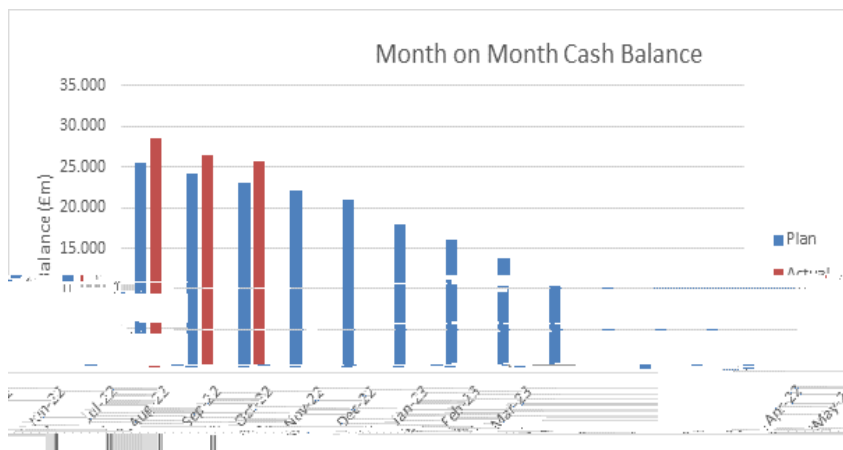
Capital Spend:



Cash & Working:



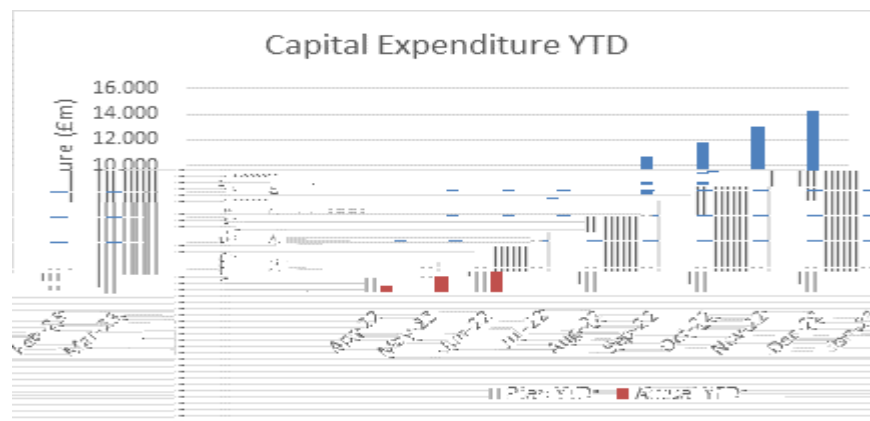
Use of Resources



## Variation & Action

Creditors have decreased significantly since the year end, and this is primarily due to the payment of large 21-22 invoices relating to capital.

Capital Expenditure Position				
	Annual Plan £000s	June'22 YTD		
		Plan £000s	Actual £000s	Variance £000s
Schemes				
Building schemes	3,758	921	314	607
Building projects	2,740	762	232	530
IM&T	4,106	957	733	224
Medical Equipment	2,207	813	246	567
Other	1,414	106	106	(0)
Additional Funds approved in year	14,225	3,559	1,631	1,928
<b>TOTAL</b>	<b>3,758</b>	<b>921</b>	<b>314</b>	<b>607</b>



## Summary and Action

22-23 capital allocations have again been made at a system level and the Trust remains capital constrained, particularly in the Estates area: confirmed by the findings of a six-facet survey.

The 22-23 Capital Plan was approved by the Board in April 22 and included an amount of £989k set aside for further prioritisation at the time of approval, however £740k will be required for the BSW shared EPR should the business case be approved. The remainder is bagged as contingency against which capital priorities for each of the groups will be allocated by the end of Q1 (this contingency is included in the Other category). Forecast underspends on certain projects will provide further slippage to play into the remaining contingency to be allocated.

Additional national funding has now been confirmed in the IM&T workstream in Digital Pathology for three years totalling £3.13m. Planning for deployment is already underway given procurement and implementation lead times.

# Workforce and Agency Spend

Use of Resources

Summary and Action

Pay