

## Bundle Escalation Reports - Web Site 8 December 2022

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**CLASSIFICATION: Unrestricted**



**CLASSIFICATION: UNRESTRICTED**

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.2
<b>Date of Meeting:</b>	08 December 2022		

<b>Report Title:</b>	Trust Management Committee Escalation Report			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	X		X	
<b>Approval Process</b> (where has this paper been reviewed and approved)	Reviewed and signed off by Stacey Hunter Chief Executive Officer.			
<b>Prepared by:</b>	Gavin Thomas, Executive Services Manager			
<b>Executive Sponsor</b> (presenting):	Stacey Hunter Chief Executive Officer			
<b>Appendices</b> (list if applicable):	Appendix 1 – Presentation on Counter Fraud			

**CLASSIFICATION: UNRESTRICTED**

<b>Partnerships:</b> Working through partnerships to transform and integrate our services	
<b>People:</b> Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	
<b>Other (please describe) -</b>	

**CLASSIFICATION: UNRESTRICTED**

of the service. A further update will come to the committee early in the next financial year.

- The monthly Integrated Performance Report, IPR, was discussed in detail with assurance being sought in relation to access to stroke and the falls plan. The CNO provided information that over a 100 new HCAs had been recruited since August and that this should improve the staffing position.
- A report on Getting it Right First Time, GIRFT, was presented by the Associate Medical Director. There have been several virtual visits recently with the Trust being praised for good practice in care of the elderly. The internal process around the GIRFT requirements have been strengthened with a focus on improvement. It was also positive to note that the Acute Hospital Alliance is working together on this and that the Trust benchmarks well in the system.
- A requirement to report on 7-day working has been re-introduced nationally. The Trust had reviewed this recently and this report was presented to CGC. Key challenges remain in the areas of senior medical review and therapist reviews at weekends. Positively, good shared decision making was evident in the first 7 days of admission though this deteriorated after 7 days. The plan for improvement over the next 12 months is focussed on the areas currently being missed.
- The quarterly maternity report was noted though due to sickness there wasn't anyone present from the service to present. The report comes to Board where further discussion can take place. From an Ockenden 1 perspective, it is



<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.4
<b>Date of Meeting:</b>	08/12/2022		

<b>Report from: (Committee Name)</b>	People and Culture Committee		<b>Committee Meeting Date:</b>	24/11/2022
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			X	
<b>Prepared by:</b>	Rakhee Aggarwal, Non-Executive Director			
<b>Sponsor (presenting):</b>	Rakhee Aggarwal, Non-Executive Director			

**Recommendation**

The Board are asked to note the items escalated from the People and Culture meeting held on 24/11/2022:

**1. People Promise: Progress as an Exemplar site**

- ‘People’ has become a breakthrough objective to create a focus on workforce availability. The driver metrics have been updated and the team are building this into the People Plan and People Promise
- HR advisors will be working directly with managers in ward areas to work on staff absence
- The Staff Survey closed on the 25<sup>th</sup> of November 2022, and staff were still actively being encouraged to take part
- Line managers breakfast clubs have been reintroduced as a support and shared learning mechanism
- There is work to look at the well-being conversations and appraisals to make it more of a seamless process
- There is also work to manage the ward buddy process so it is more organised rather than being reactive

**2. Revised People Plan**

The team have identified and agreed delivery of the People Promise as a strategic objective as part of the Improving Together programme. Final People Plan will be signed off by Trust Board. OD&P currently have three driver metrics to:

- Increase engagement to achieve the upper quartile for acute providers, in particular recommending Salisbury NHS Foundation Trust as a place to work.
- Increase retention including increasing stability index (how often a role is replaced) measured by staff turnover.
- To be an inclusive employer achieving the median for our benchmark group across the workforce equality standards at SFT. Measured against the 7 WDES indicators and 4 WRES indicators in the NHS staff survey.



### **3. Bath and Northeast Somerset, Swindon and Wiltshire (BSW) (OPDG & System Capability & People Group) Update**

The group is focused on recruitment and retention and a small number of projects including new career pathways and coaching. Chief People Officer for BSW is resetting the workforce priorities and reviewing where it makes sense for the Trusts to work together. There is also a workforce cell focused on temporary staffing and how this can be managed better as a system. Currently, the gap at BSW level is the lack of a Strategic Workforce Planner. This means that data and subsequent planning is being released incrementally.

### **4. Staff Survey**

Staff Survey closed on the 25<sup>th</sup> of November 2022. At the time of the committee, the all-staff response rate was at 39.6%; 5% below last year. Last year's final response rate was 49%. The current average response rate for acute trusts using Picker is 39.56%. The committee noted that some staff groups might be challenged to engage due to shift work and access to IT. There needs to be consideration for these staff in the planning of the next survey.

### **5. Integrated Performance report**

The three-driver metrics relating to Turnover, Absence and Vacancies all recorded modest rises again this month. As a result of the significant risk to staff availability that these metrics continue to demonstrate, the Trust has agreed that Staff availability will become a Breakthrough objective for the Trust. There was discussion of enhancement of the presentation of data. Further discussion on the retention of overseas colleagues and the work required to publicise the progression of these colleagues at Salisbury.

#### **• OD & P Services Update**

The committee was updated on the progress made to improve the quality of service. The following was highlighted:

- The 21 projects initiated to clear refocus outdated policies, processes and services and generally put OD&P services on a stable footing are substantially completed. All heads of service will own clear workplans that incorporate these.
- Of the 20 actions in the Strategic Workforce Planning audit, 8 are pending the approval of a business case to build the necessary capacity and capability to undertake the tasks. This business case has been supported by Executives and is due to be submitted for final approval to Finance and Performance Committee on 20th December 2022.

There was discussion about the complaints process which does not enhance the patient or staff experience. The committee agreed that there should not be 200 open cases and it would be useful for an update back to the meeting once the changes to policy and procedures had been made.

#### **• OD & Leadership Quarterly Update**

The following key points were forwarded:

- The team is developing what line managers require to enable them to display and live the values of the organisation: leadership coaching and training.
- The Trust's Leadership Behaviour Framework has been updated to align to Trust values. This framework is what will be utilised in relation to how interventions are



## **People Promise**

Line managers appear to be carrying much of the burden of supporting others; there was

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.5
<b>Date of Meeting:</b>	8 <sup>th</sup> December 2022		

<b>Report Title:</b>	Integrated Performance Report			
	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>

move also increased in October from 1.81 in M6 to 2.15 as a result of the sustained escalation and use of additional beds across the organisation.

The availability of workforce to deliver the operational priorities of the organisation remains extremely challenging. Turnover of staff has increased consistently since April '21, with a M7 position of 14.6% (9.9% in Apr 21) and vacancy levels of 12.6%. A workforce establishment review has been completed to support improved workforce planning over the next 12 months. Band 2 staff will receive a pay uplift across all professions to bring pay in line with the real living wage. Consideration of all possible actions and incentives to increase fill rate and retention remains ongoing.

Work to reduce the number of patient falls continues as a key focus of the "Improving Together" programme, with a M7 position of 9.33 falls per 1000 bed days against a target of 7 which was an increase in comparison to 7.73 in M6. Work continues in relation to the roll out of "Bay watch", though further focus is required in terms of staff availability to attend formal training.

Flow out of the department was constrained with an average time in the Emergency Department for patients requiring admission of 9 hours and 44 minutes in comparison to the M6 position of 8 hours and 49 minutes. Consequently, 25.36% of all ambulance arrivals were delayed 30 minutes or more, though slight improvement noted in that 70.9% of patients were admitted or discharged within 4 hours. 163 patients spent longer than 12 hours in the Emergency Department over M7, a 40% increase from 116 in M6).

Improvement noted in relation to delivery of the 6-week diagnostic standard, with performance of 64.2% alongside a waiting list reduction from 2530 to 2496 patients in M7. Significant improvement noted within Cardiology echo and compliance within CT, alongside relatively static delivery of MRI. Audiology and Endoscopy compliance continues to deteriorate, with challenges across all services related to workforce capacity and availability.

The proportion of patients referred on a suspected cancer pathway that were seen within 14 days improved slightly to 83.7%, with capacity constraints most evident within skin and Lower GI due to an increase in referrals as well as staffing and recruitment challenges. The 28 day faster diagnosis standard was achieved, with challenges associated with diagnostic capacity. Opportunities for further improvement identified within the prostate cancer pathway. 62-day standard not achieved, with month end performance of 75%, with breaches associated with patient choice, insufficient capacity within oncology re the delivery of chemotherapy and diagnostic capacity.

In month 7 the Trust recorded a control total deficit of £1.327m against a target of £1.219m - an adverse variance of £0.108m. Underlying pay costs increased in month with some of the winter plan actions starting earlier than forecast combined with increased bank and agency costs to address operational pressures.

<b>Board Assurance Framework – Strategic Priorities</b>	Select as applicable
<b>Population:</b> Improving the health and well-being of the population we serve	<input type="checkbox"/>
<b>Partnerships:</b> Working through partnerships to transform and integrate our services	<input type="checkbox"/>
<b>People:</b> Supporting our people to make Salisbury NHS Foundation Trust the best place to work	<input type="checkbox"/>
<b>Other (please describe) -</b>	<input type="checkbox"/>

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Salisbury

Integrated

NHS Foundation Trust

Salisbury District Hospital



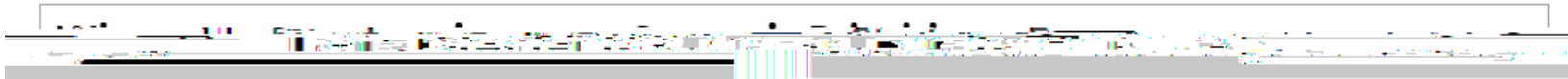
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The average wait to first appointment has increased for the second consecutive month, with month end average of 129 days. The Trust continues to have zero patients waiting over 104 weeks, is on target to deliver the trajectory of zero patients waiting 78 weeks by the end of the financial year and is ahead of trajectory in terms of the reducing of patients waiting over 52 weeks. In terms of overall waiting list size, as a result of a decrease in total RTT clock stops in comparison with M6, in part due to the impact of operational pressures on the Trust's delivery against the elective recovery programme, the total waiting list has increased to 25,605 patients in M7 (increase of 4.6% from M6). The number of excess bed days associated with internal reasons for delays to discharging patients no longer meeting the criteria to reside increased in M7 from







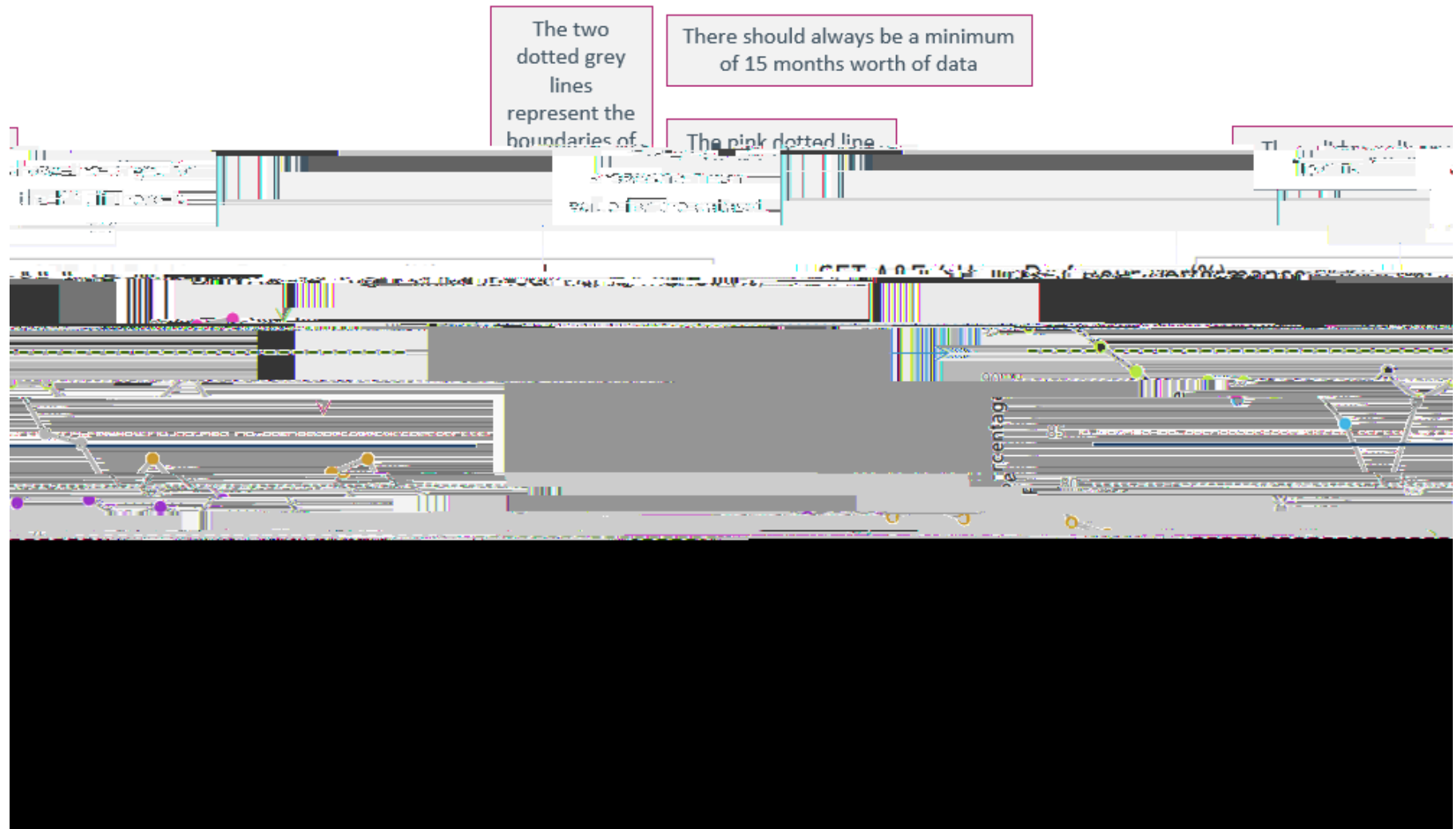
view of how our Trust is performing against various strategic and operational objectives that are set as part of our strategy. It is divided into three sections (Quality of care, access and outcomes, People and

Our IPR is a summary view part of the recently updated

Key Term	Definition
<p><b>Alerting Watch Metric</b></p>	<p>A metric that we are monitoring but is not a current cause for concern as it is within expected ranges.</p>
<p><b>Leading Indicator</b></p>	<p>A metric that is monitored as part of the National Operating Framework (NOF) and is used to predict performance against the NOF. It is used to identify areas for improvement and to inform the development of the business plan.</p>
<p><b>Non-Alerting Watch Metric</b></p>	<p>A metric that we are monitoring but is not a current cause for concern as it is within expected ranges.</p>

# Chart

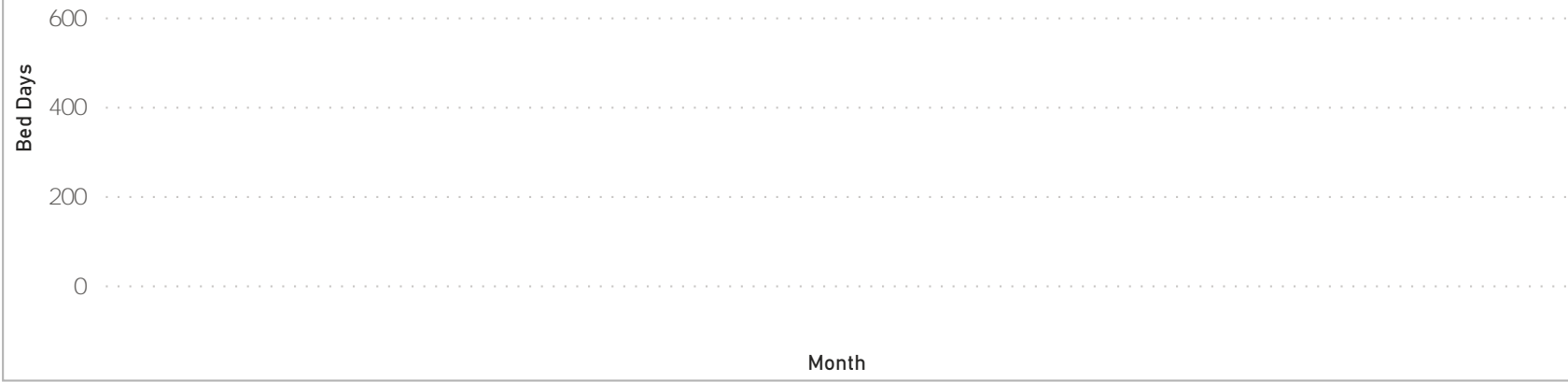
# Reading a Statistical Process Control (SPC) Chart







### Total (Excess) Bed Days from No Criteria to Reside to Discharge (internal reasons only)



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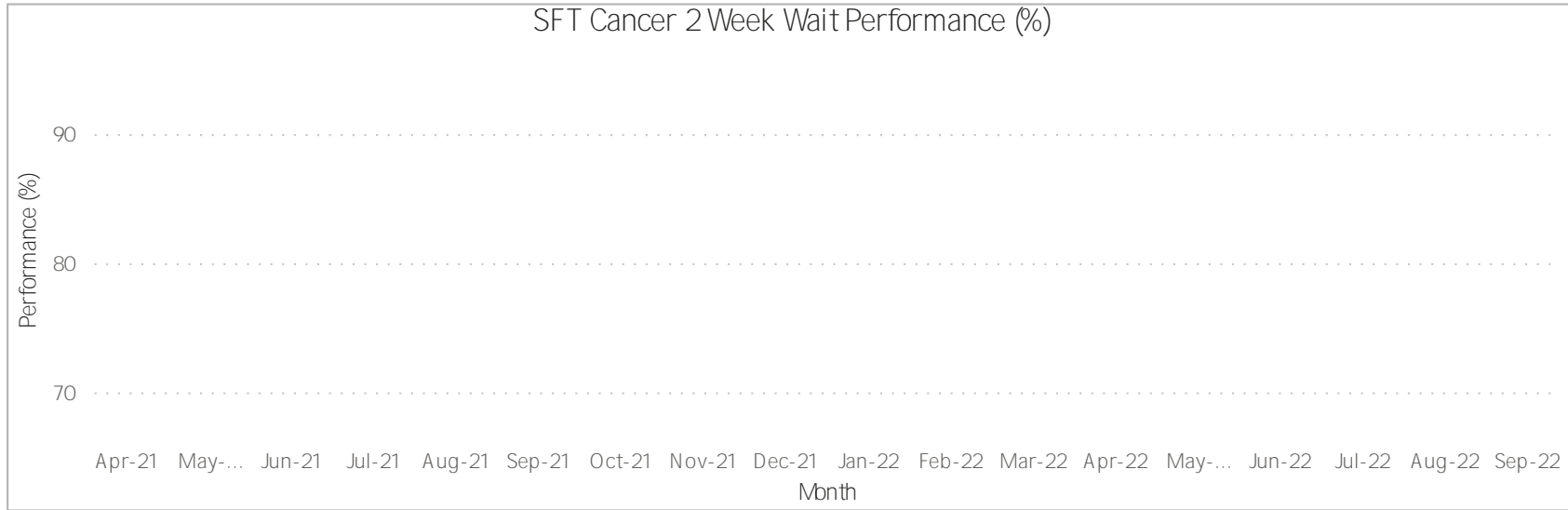




Month	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Longest Waiting Patient (Weeks)	110	107	111	116	116	120	99	99	95	98	94	95

SFT DMD1 Performance (%)

### SFT Cancer 2 Week Wait Performance (%)



# Cancer 28 Day Faster Diagnosis Standard Performance

Target 75%

28 day FDS achieved, with month end validated performance of 77.2%.

Breaches reported as a result of the following, with the main

SFT Cancer 62 Day Standard Performance (%)



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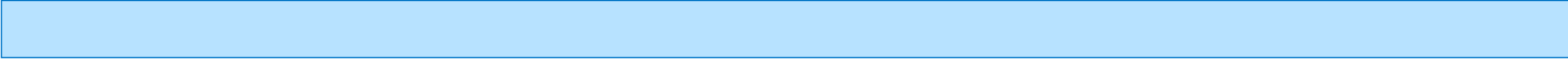
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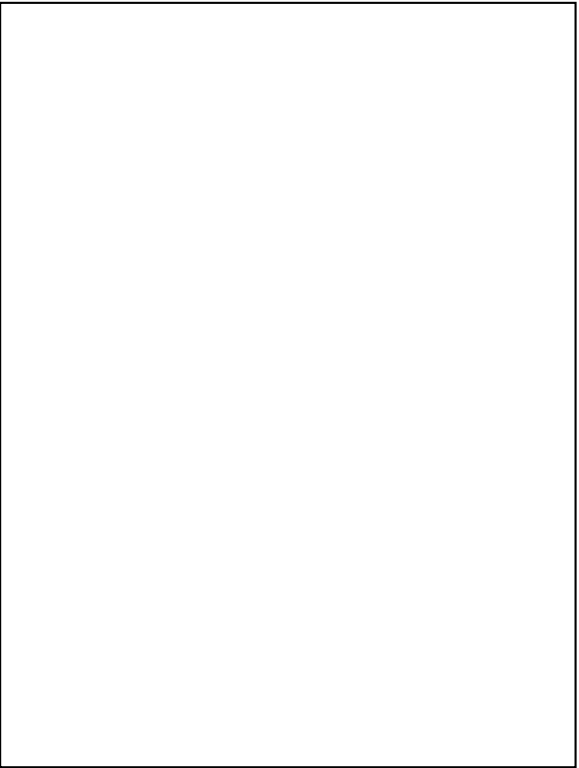
The number of patients experienci

# Incidents

Please note: There were 4 SIIIs commissioned for review in October 2022, of these 1 incident took place in 1

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**Nurse Staff Fill Rate**



The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. Negative feedback is reviewed by the ward and PALS, twice a year.

FFT responses were noted to be a lot lower in October. Staff are still being encouraged and reminded to offer FFT through the PALS outreach services although we appreciate that this sole method of obtaining response will inevitably mean fluctuations in activity consequent to pressures.

Long-term action: Securing a provider to gather patient feedback vis SMS will be

- There was

# Mortality

Mortality statistical models compare across all acute hospital trusts (the majority of which will not contain hospice services), therefore the number of expected deaths at Salisbury NHS Foundation Trust is likely to sit above expected levels.

The SHMI for the 12-m

Quality of Care, Access and Outcomes

Metric	Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variance	Variance Detail	Assurance
% Beds Occupied								
% of Inpatients Undergoing VTE Risk Assessment								
% of Total Incidents Resulting in High Harm (Mod/Maj/Cat)								
Ambulance Handovers 30-<60 mins								
Ambulance Handovers 60+ mins								
Average hours lost to Ambulance Handover delays per day								
Average Patients with No Criteria to Reside								
DMO1 Waiting List Volume								
ED 12 Hour Breaches (Arrival to Departure)								
ED Attendances								
Proportion of patients spes								







# Watch Metrics: Non-Alerging

Metric

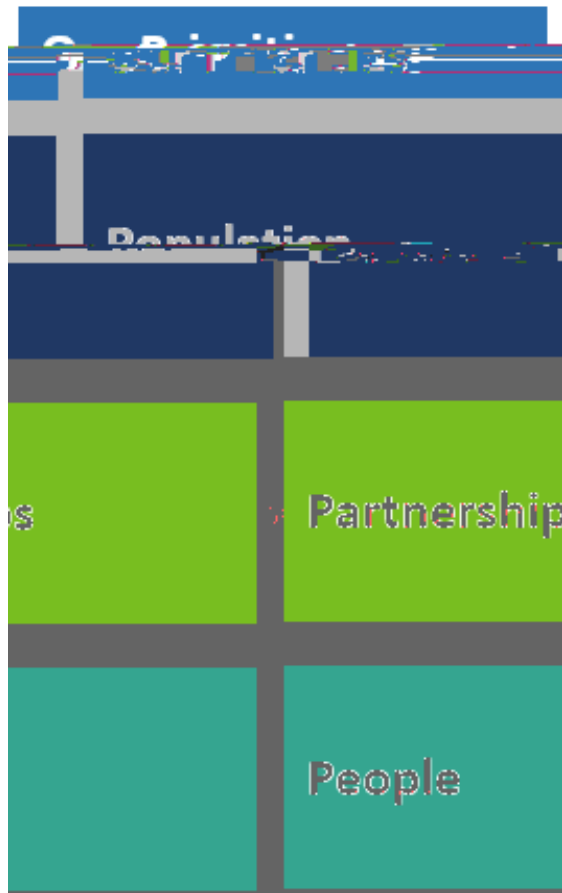
Quality of Care, Access and Outcomes



Quality of Care  $q$

# Part 3: People

Performance against our Strategic Priorities and Key Lines of Enquiry



Staff Tur

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Staff Vacancy Rate %

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Metric	Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variance	Variance Detail	Assurance
Non-Medical Appraisal Rate %	63.4%	63.2%	64.7%	86.0%			Special Cause Concerning - Below Lower Control Limit	





# Watch Metrics: Aler ng Narra ve

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Non-Medical Appraisal Rate

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A simplified process for appraisals has been agreed and once rolled out in January, will be measured over a four month period to assess the impact on completion rates.

Line Managers breakfast sessions have been re-instigated to support those line mangers who need help and guidance on delivery of appraisals to staff, pointing out training courses where required.

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People

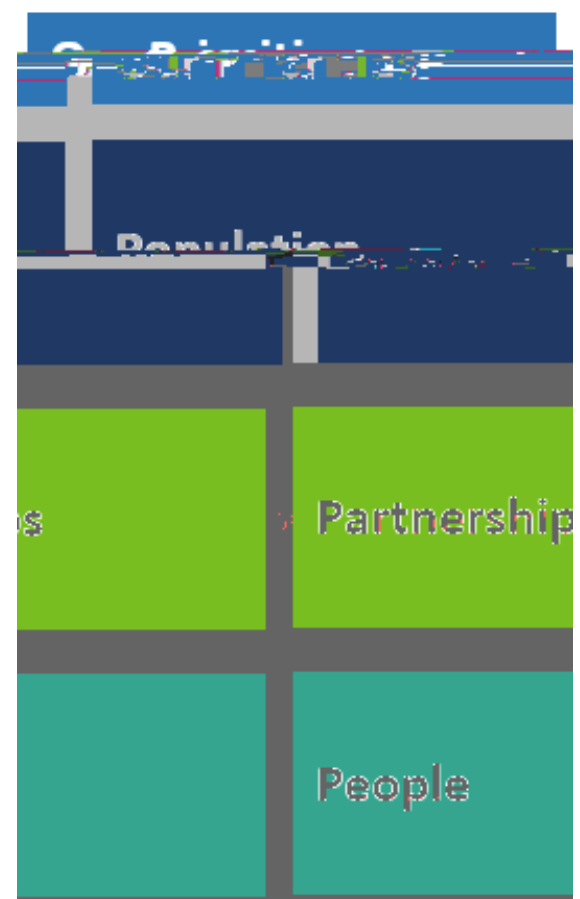


# Watch Metrics: Non-Alerging

Metric	Two Months Ago	Last Month	This Month	Improvement Target	National Target	Variance	Variance Detail	Assurance
Mandatory Training Rate %	91.2%	91.3%						
Medical Appraisal Rate %	84.7%	82.0%						

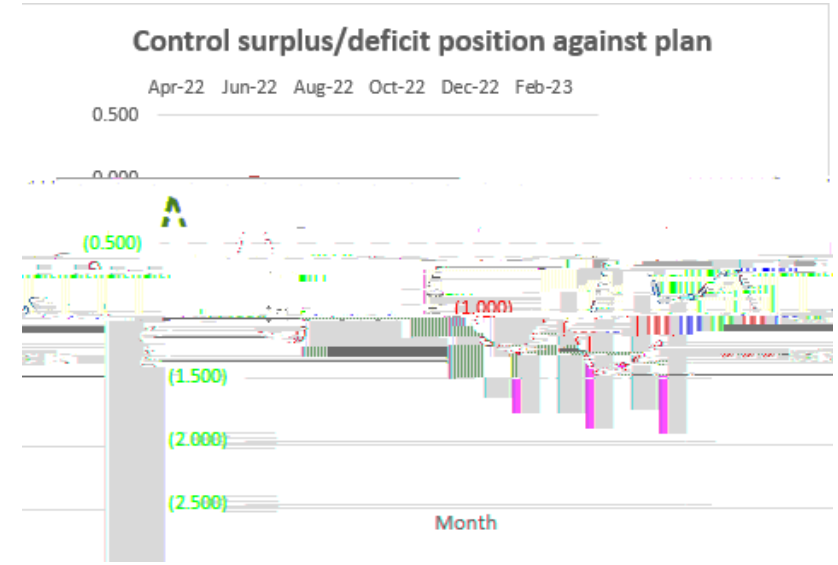
People







	Oct-22			Oct-199-1000			Oct-22 Plan		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	(\$000)	(\$000)	(\$000)	(\$000)	(\$000)	(\$000)	(\$000)	(\$000)	(\$000)
Operating Income									
	25,550	26,349	798	179,645	185,403	5,757	306,046		
Total income									
Operating Expenditure									



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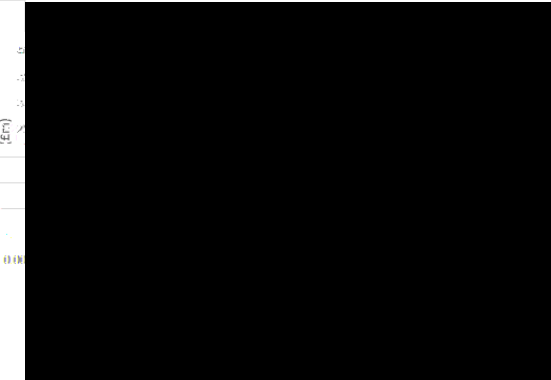
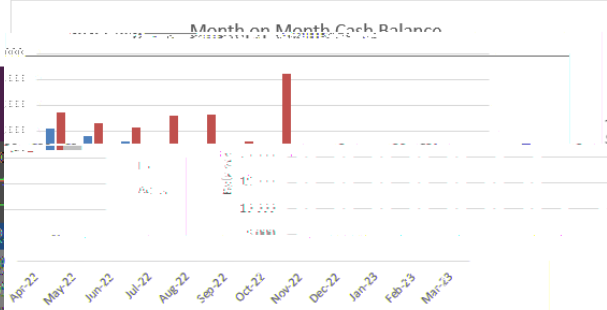


# Cash Position & Capital Programme

Capital Spend:

Cash & Working:

	Closing Balance	Current	Actual In	
Stocks	7,000	8,000	700	Inventory
Fixed Assets	64,000	64,000	64,000	
Current Liabilities	(4,090)	(48,974)	(53,064)	
<b>TOTAL CURRENT LIABILITIES</b>				
Working Capital	1,869	6,708	8,577	
<b>TOTAL WORKING CAPITAL</b>				



Schemes	Annual Plan	October '22 YTD		
	£000s	Plan £000s	Actual £000s	Variance £000s
<b>CDEL Schemes</b>				
Building scheme 2020-21	2,750	2,440	2,947	1,200
Medical Schemes				
Medical Scheme 2020-21				
Medical Scheme 2021-22				
Medical Scheme 2022-23				
<b>GRAND TOTAL</b>	<b>17,702</b>	<b>8,447</b>	<b>5,628</b>	<b>2,819</b>

Payables age profile	Total	0-30 days	31-60 days	61-90 days	90+ days
£000	£000	£000	£000	£000	£000
6,373	4,638	365	47	1,323	Oct-22
5,766	4,304	101	282	1,079	Sep-22
6,247	4,104	400	77	1,576	Aug-22
607	334	264	(235)	244	Movement vs prev mth

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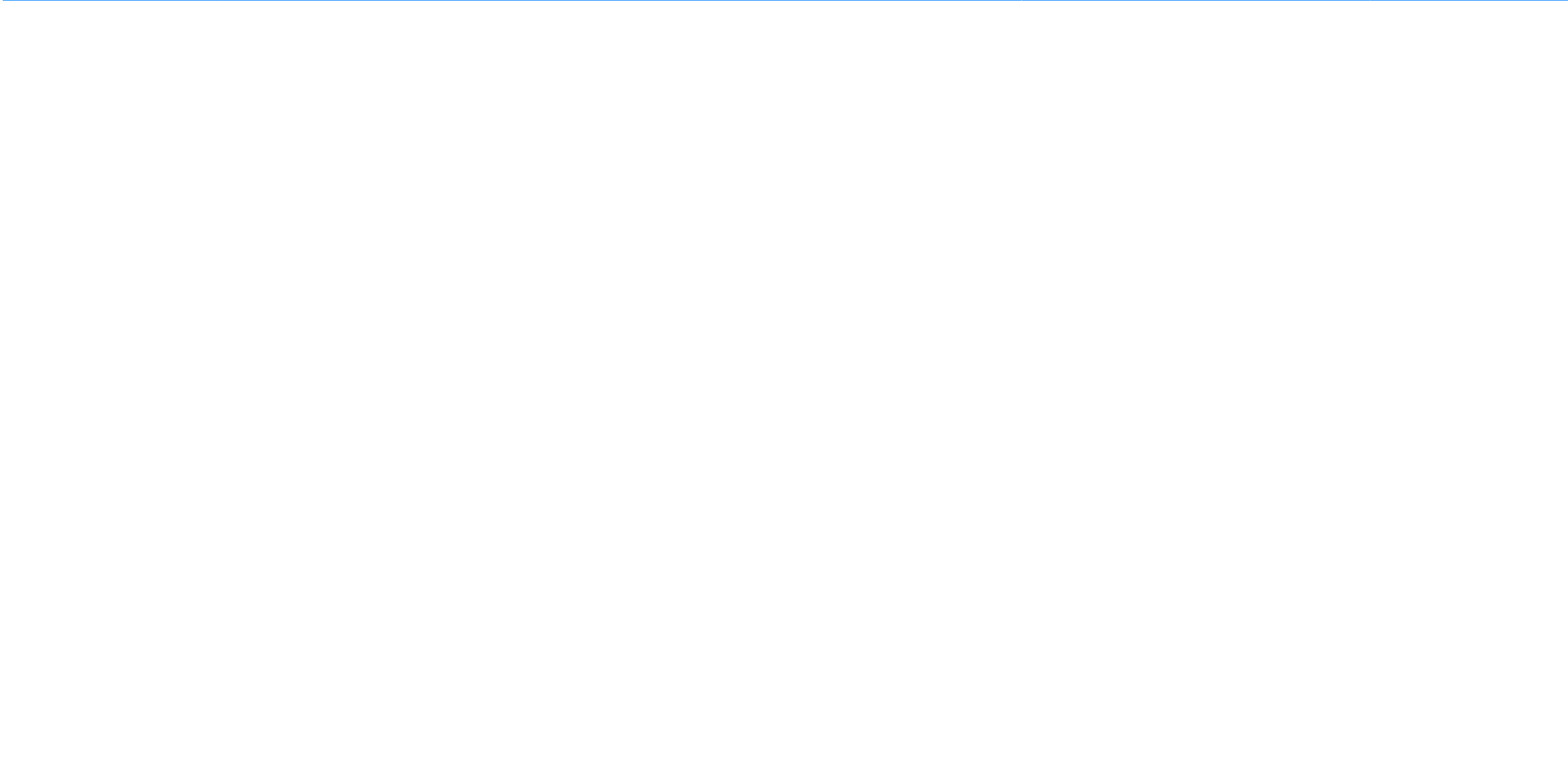
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Understand the Data

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# Data Sources: Watch Metrics (1)

Understand the Data

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# Data Sources: Other Metrics (3)

Understand the Data

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