## Contents

<table>
<thead>
<tr>
<th>Section</th>
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</thead>
<tbody>
<tr>
<td>1  Contents</td>
<td>2</td>
</tr>
<tr>
<td>3  Quality &amp; Safety Report</td>
<td>3</td>
</tr>
<tr>
<td>4  Operational Performance Report</td>
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</tr>
<tr>
<td>5  Workforce &amp; Organisational Development Report</td>
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<tr>
<td>6  Finance Report</td>
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## Making Data Count Icon Key

- **Special cause (unexpected) variation – Improvement.**
- **Special cause (unexpected) variation – Concern**
- **Common cause (expected) variation**
Due to the COVID-19 pandemic, the CQC will share Insight reports every two months, next release due July 2020.
## Integrated Performance Report

### Quality of Care Overview (June 2020)

*Data collection suspended during COVID-19 pandemic. Provisional / un-validated data shown in italics.*

### QUALITY OVERVIEW

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<th>Aug-20</th>
<th>Sep-20</th>
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**Author:** G. Gould, Associate Chief Nurse Patient Safety & T. Stenning, Head of Governance & Quality  
**Data:** Information Services / DATIX  
**Executive Leads:** Dr J. Knighton, Medical Director & Liz Rix, Chief Nurse
## QUALITY OVERVIEW

**Integrated Performance Report**

**Quality of Care Overview (June 2020)**

- **Data collection suspended during COVID-19 pandemic. Provisional / un-validated data shown in italics.**

### Performance Indicator

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<th>Metric</th>
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<th>Jul-20</th>
<th>Aug-20</th>
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<td>Venous Thromboembolism (VTE) screening (confirmed data reported month behind)</td>
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**Author:** G. Gould, Associate Chief Nurse Patient Safety & T. Stenning, Head of Governance & Quality. **Data:** Information Services / DATIX. **Executive Leads:** Dr J. Knighton, Medical Director & Liz Rix, Chief Nurse.
Integrated Performance Report
COVID-19 Safety Learning Events (June 2020)

All Safety Learning Events reported as related to COVID-19 continue to be reviewed on a daily basis, with themes or events of concern being highlighted for senior clinical teams.

There has been a decrease in the number of COVID-19 related events reported in June (55 in June compared to 75 in May). Of these 30 related to an identifiable theme the rest had an incidental mention of COVID-19 in the event report.

The top themes identified continue to include poor communication, and placement, or near placement of a patient in an inappropriate care space.

Communication events continues; mostly related to handover or awareness of patient status.

Author: A. Green, Head of Risk Management. Data: Datix. Executive Leads: Dr. J. Knighton, Medical Director & Liz Rix, Chief Nurse.
Integrated Performance Report

Patient Safety Events, SIRIs & Never Events (June 2020)

- The rate of Safety Learning Events (SLEs) reported per 1’000 occupied bed days has increased further, with an average rate of 65 in June compared to 52 in May.
- One never event was reported in June in anaesthetics. The patient is progressing well with no evidence of harm.
- Three events reported as leading to the death of a patient; all are under investigation:
  - One involving a patient transferred from another hospital
  - One being investigated with involvement from mental health services
  - One relating to transfer of a critically unwell patient
- Eight events reported resulting in severe harm, all are currently under investigation:
  - Five cases involve falls leading to fractures
  - One case relating to the delayed diagnosis and treatment of visual loss
  - One case involving a potential delay in diagnosis of a deteriorating patient
  - The final case relates to an incident involving a ligature
- 33 moderate harm events were reported. Six of these involve potential delay in diagnosis, four relate to management of deteriorating patients and six relate to maternity care.
- Four SIRI investigations were overdue at the end of June. Governance teams are working to ensure timely completion of investigations.
- There has been an increase in overdue SLEs, Medicine and Urgent Care now have weekly safety meetings in all Care Groups with a focus to manage SLEs within the timescales.
- There are no patient safety alerts currently overdue.

Five pressure ulcers were reported in June, all of which occurred in Medicine and Urgent Care Division. A comprehensive study day was held in Medicine to support the teams in focussed work to improve pressure ulcer prevention and wound care. A second day is being arranged.

The number of pressure ulcers reported appears stable and improving over recent months with a decrease in the number per 1'000 bed days. Following review of evidence based studies the Trust is reducing the use of pressure relieving mattresses, and increasing the frequency of positioning and turning patients. This could be a contributory factor in the reduction seen, and will continue to be monitored.

Nationally, Tissue Viability (TV) teams have identified difficulties in differentiating between pressure damage and COVID-19 skin damage due to the similarity in presentation. Several cutaneous manifestations have been reported associated with COVID-19 including Livedo reticularis (purple coloured mottling with leakage of blood, non-blanching) and necrotic vascular lesions which are also the typical presentation of an evolving suspected deep tissue injury. The TV team are working with the TV link nurse on E5 to discuss any COVID-19 related skin changes to help determine their origin.

Moving forward the aim is to capture whether patients with wound damage have been tested as COVID-19 positive or suspected; this will help to inform national information.

It has been identified that a vast majority of damage is caused to the heels of patients. Work is underway to develop a ‘heels up’ campaign.
Integrated Performance Report

Medication safety (June 2020)

• The National Insulin Safety Week, taking place 6th to 10th July, will include trolley dashes, quizzes and provision of insulin safety information to raise the awareness to reduce insulin errors #THINKINSULIN

• Increase noted in reported medication safety incidents (254) compared to May (178) this is in line with an increase in bed occupancy. Provisional data demonstrates that the overall harm rate for medication events has remained similar in June at 12.9%, compared to 12.3% in May

• Three moderate harm Safety Learning Events (SLEs) were reported in June:
  − A patient was given another patient’s bag of TTO medication on discharge. The incorrect medication included a higher dose of morphine than the dose normally taken. Following discharge, this higher dose was given to the patient in error by carers, which resulted in suspected opiate toxicity requiring readmission via ED. The event is currently under investigation; an action plan has been produced including an urgent review of the processes around providing TTO medication, pharmacy staff are to provide reminders to nursing staff in the ward safety huddles
  − Missed doses of immunosuppressant medication for a renal transplant patient. The severity of any harm, lack of escalation to obtain essential medication and ward processes are being investigated
  − Related to security of medication; this is not a patient safety incident

• The number of SLEs reported relating to oxygen has reduced; three were reported April-June 2020, compared to eight events reported January-March 2020, and 17 reported in October-December 2019

• All three oxygen related SLEs over the last three months were graded as low harm. In the last three months there have been no reports regarding previous issues raised relating to prescribing, oxygen on discharge, or oxygen cylinders not being turned on or running out

• There has been a focus on oxygen safety over the last 12 months starting with the Quality Improvement project and further close management of oxygen during the COVID-19 period. A Medical Gas Committee has been reconvened with members from estates, pharmacy, ops and clinical staff from ITU and Respiratory

• An oxygen supply safety guideline and poster has been produced and oxygen upskilling training provided. Tracking of oxygen usage, both by patient and ward, has been added to Bedview from Vitalpac

• Medicines reconciliation carried out within 24hours in June was slightly higher than May (78% compared to 77%). Excluding weekends the medicines reconciliation rate remains at 97%
Integrated Performance Report
Health Care Associated Infection (HCAI) (June 2020)

• Targets for C difficile (CDI), E.coli, Klebsiella and Pseudomonas have not yet been published
• Zero cases of MRSA BSI were identified in June
• The second of the two cases of hospital-associated MRSA bloodstream infections reported in April has now received a Post Infection Review (PIR). The case occurred within Medicine and was related to a peripheral cannula. During the COVID-19 pandemic, staff redeployed to the ward as part of the COVID-19 response were unfamiliar with the processes and procedures that had been introduced as part of the avoidance of cannula-related infections. The Infection Prevent and Control Team are working to raise the profile of peripheral venous cannulas and to ensure all staff groups across the Trust are aware of the policies and processes that are in place to reduce the risk of these infections
• Six cases of hospital-associated C.difficile were reported in June (3x Hospital Onset Healthcare Associated (HOHA); 3x Community Onset Healthcare Associated (COHA)). Two cases of hospital-onset C.difficile occurred on the same ward in June. However, ribotyping of the samples identified different strains which is not indicative of onward transmission
• There were 11 cases of hospital-associated E.coli BSI in June (5x HOHA, 6x COHA). The source of these infections was; lower respiratory tract (x3), UTI (x2), hepatobiliary (x2), gastrointestinal (x1), intravascular (x1), bone & joint (x1), skin and soft tissue (x1)
• Four cases of hospital-associated MSSA BSI were identified in June (2x HOHA, 2x COHA). The source of the hospital-onset infections was; skin soft tissue (x1) and CVC (x1)
• The number of patients being treated at the Trust for COVID-19 continued to reduce through June
• From May, it was agreed that a PIR will be undertaken for every case of COVID-19 that was deemed to be either definite (specimen taken 15+ days after admission to trust) or probable (specimen taken 8-14 days after admission to trust). In June, there were no cases of COVID-19 considered as definite or probable. The Infection Prevent and Control Team continue to contact trace all cases of COVID-19 identified at the Trust
• Winter preparedness is also underway in relation to influenza
Integrated Performance Report

Deteriorating patient (incl. Sepsis) (June 2020)

Metric: Vital signs compliance

Analysis

- There has been continued improvement in compliance of vital signs recording with overall compliance at 82%. This is the highest rate since September 2017
- Compliance has improved despite a return of patient numbers towards pre COVID-19 levels
- This improvement is seen across all NEWS bands and across all divisions

Focus on: Vital signs compliance on E8 and G1 wards

- Two wards with lower compliance benefited from 1:1 support
- Both have shown an improvement in vital signs compliance across all NEWS bands
- Reasons for improvement identified include timing of 'batched' observations, use of safety huddles and training of Health Care Support Workers
- A lack of vital signs monitoring equipment has also been identified

Action

- G1 Ward Sister to share lessons learnt with F2 ward
- Positive feedback to be given to all ward areas and in particular E8 and G1 wards
- Lessons learnt will be shared at the Deteriorating Patient Group meeting and disseminated
- Continued promotion of Trust Treatment Escalation Plan (TEP) and use of Limited Obs function to allow staff to focus increased vital signs recording on those patients who will benefit the most
Integrated Performance Report

Mental Health (June 2020)

Actual Performance

Drivers of Performance

Balancing Measures

Author: S. Thompson, Head of Safeguarding/Prevent Lead/Designated Officer for Allegations/MH Lead. Data: Information Services, Southern Health Foundation Trust

Executive Lead: Dr J. Knighton, Medical Director
Integrated Performance Report

Mental Health and Learning Disability (June 2020)

Mental Health

- Reduction in face to face presentations at the Turner Centre (Mental Health Assessment Unit (MHAU)) to six, compared to 20 in May
- There are an ongoing weekly systems meeting regarding the future of the MHAU post COVID-19. The current data needs to be refined to evidence the future service needs
- The MHAU undertook 68 telephone assessments, a reduction from 79 in May. It is anticipated that this will increase as hospitality and leisure services begin to open
- There has been an increase in Mental Health attendances at the child and adolescent service in the hospital with increased waiting times for Child and Adolescent Mental Health Services (CAMHS). The MH Matron and system partners have held an ‘agreed pathways’ meeting
- Two significant self harm events have occurred this month, one relating to the use of a ligature and one involving the Mental Health Liaison Team
- The MH Matron is now fully back from redeployment from the MHAU and has been providing operational oversight to complex safeguarding cases that involve MH themes and with the Occupational Health team to support staff MH and welfare
- Dementia assessment performance remains above the standard at 96.2%; with only 22 patients not receiving screening. 506 patients were eligible, compared to 543 last June, reflecting a reduction in ED attendees. National data collection continues to be paused due to COVID-19

Learning Disability

- 100% of patients with a learning disability admitted to the hospital have received a choking screen assessment, undertaken by a learning disability liaison nurse
- There have been no LeDeR notifications during June
- There is one Multi Agency Review Management case relating to a person with a learning disability who had been admitted to the Trust. A Safeguarding Adult Team Specialist is representing the Trust to identify any learning for sharing across the organisation, and to improve multi-agency working
- The development of a training package to deliver mandatory learning disability training for medical and nursing staff from April 2021 continues with positive progress being made
- Supervision for all Learning Disability Nurses employed within the Trust was introduced as scheduled. Unfortunately due to the COVID-19 pandemic these sessions have been postponed. With improvements in the use of IT and the easement of social distancing restrictions, these sessions are due to be reinstated during 2020/2021
### Drivers of Performance

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### Balancing Measures

**Metric**

- MCA & DoLS Level 1: 97%
- Preventing Radicalisation Level 1: 92%
- Safeguarding Adults Level 1: 98%
- Safeguarding Adults Level 2: 91%
- Safeguarding Adults Level 3/4: 85%
- Safeguarding Children Level 1: 98%
- Safeguarding Children Level 2: 94%
- Safeguarding Children Level 3: 78%
- Safeguarding Children Level 4: 100%

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**Restraint Incidents - Method Used**

- Physical
- Chemical
- Both Chemical and Physical

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**Focus of Concern - Adult SG referrals**

- Internal
- External
- Both

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**Number of Section 42 Requests**

- Mean
- UCL
- LCL
- Total
- Points above or below the mean
- Trend
- Linear (Total)

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**Number of DOLS applications**

- Mean
- UCL
- LCL
- Total
- Points above or below the mean
- Trend
- Linear (Total)

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**Total Number of Adult Safeguarding Concerns**

- Mean
- UCL
- LCL
- Total
- Points above or below the mean
- Trend
- Linear (Total)
Integrated Performance Report
Safeguarding, MCA and DoLS (June 2020)

Safeguarding

Adults
• During 2019/20 there were 50 section 42 enquiries. To date there has been only one in 2020/2021, indicating a decrease in safeguarding adult referrals being converted to section 42. There is only one outstanding section 42 enquiry from 2019/2020, a much improved Trust position
• Every new section 42 enquiry is now allocated to an adult safeguarding specialist to facilitate timely completion, and provide support to the frontline practitioner undertaking the review
• An emerging theme from section 42 enquiries is that of inadequate support for patients with a sensory impairment or altered communication methods. A project between the Safeguarding Service and the patient experience team has commenced to raise awareness of the needs of this patient group including adoption of interpreter policy, a planned education event and a patient focus group

Children
• There has been a significant decrease in safeguarding level 3 training compliance. This was anticipated in response to COVID-19; however, this is unacceptable going forward. The Annual Report highlights this as a top priority for 2020/2021. System partners are working together on new ways of delivering training. The deterioration in level 4 training compliance reflects two members of staff (safeguarding specialists) and is due to reduced access to training
• The Deputy Head of Safeguarding, who holds the Named Midwife and Named Nurse statutory role, has resigned. Recruitment to the vacancy is being completed in stepped phases with the priority post of Named Midwife being advertised as a stand alone appointment. This post is now being advertised
• The Safeguarding Annual Report was completed in June 2020 for ratification at the July Quality and Performance Committee

MCA/DoLS
• The number of DOLs applications continues to be low reflecting the reduced bed occupancy and the introduction of new guidelines outlining where patients can be accommodated in best interests, and where DoLS should be applied
• The planning and implementation of the Liberty Protection Safeguards (LPS) has been significantly delayed with publication of the code of practice previously expected in Spring 2020 now anticipated in October 2020
• Of note 96.5% of all DoLS applications completed in 2019/2020 were not assessed by the local authority prior to the patient being discharged

Author: Sarah Thompson, Head of Safeguarding/Prevent Lead/Designated Officer for Allegations. Data: Information Services, ESR. Executive Lead: Liz Rix, Chief Nurse
Friends and Family Test (FFT):
• FFT for inpatients recommences this month, using both the SMS and online options
• Feedback continues to be sought via these methods for patients in ED, AMU and Outpatients; however, national reporting continues to be on hold
• As an alternative to the SMS message, the online survey is being uploaded to all patient iPads on the wards to enable volunteers and staff to assist patients to complete prior to discharge. Steps are underway to see if it is possible to acquire a greater supply of iPads to improve availability

Patient experience:
• The Family Liaison Officer (FLO) service has started to recruit volunteers into the role with over 16 volunteers recruited to date
• A six month secondment is due to commence for a band 6 and 5 band 3’s to take on the role of ‘SuperFLO’. This role will buddy, mentor and support volunteers to carry out this essential role. The SuperFLOs will also take on responsibility for collecting real-time feedback for their areas and ensuring this is delivered to the ward teams in a timely manner
• The iPads continue to be well utilised in the ward areas; and are in the process of being updated with the FFT survey and MS Teams to enable staff to listen to staff briefings when they arise. Whilst COVID-19 visiting guidelines remain in place virtual calls continue to be critical to keep patients connected with their loved ones; the role of the FLO is essential in supporting this
• The drop off station continues to be very busy; manned by volunteers from 2-8pm. The times have changed in response to the needs of our volunteers, many of whom have now returned to work. Recruitment for more volunteers is ongoing and it is anticipated that volunteers who were having to shield or isolate may also be able to return to the hospital soon
• The ED ‘Think 111’ project commenced in June; work is underway with the teams in the Emergency Department and the communications team to ensure the thoughts and views of patients using the service are listened to
• Four mixed sex accommodation breaches were reported in June. In all incidents the patients met a senior nurse to ensure they were comfortable and did not feel their dignity was comprised

Complaints and PALS:
• During June, the Trust saw a significant increase in complaints, a total of 42 formal complaints were received (an increase on the 19 received in May and 10 in April). However, this is still a reduction on the 76 complaints received in June 2019
• All new complaints are assessed to see if early resolution can be achieved; so far 18 complaints were assessed as meeting this criteria and this was achieved in 10 of the PALS complaints
• PALS are continuing to produce and deliver Messages to Loved Ones. In total 353 messages were handled in June and 153 enquiries and concerns were received; mainly seeking information or advice
Integrated Performance Report

Spotlight Report  Operational Performance from Chief Operating Officer

Preparation for COVID-19 - Impact and Mitigating Actions

• The Trust has been working closely with system partners and in line with national guidance and best practice responding to the Covid-19 pandemic and to planning for a phased increased level of routine activity as the position improves. This included the following measures

Emergency Care

• New pathways redirecting ‘minors’ patients to Gosport War Memorial and St Marys Treatment Centre and an improved pathway for the management of mental health patients have continued to deliver reduced demand with average daily attendances of 348 during June compared to 437 in June 2019 (however this is 41 more patients a day than in May). Ambulance holds performance has been maintained with 3 >30 and 2 >60 mins in June. This has enabled the Trust to continue to focus on improving internal pathways and processes including :
  • Embedding the 3hr discharge and same day discharge metrics initially focusing on medicine and urgent care.
  • Further development of our Same Day Emergency Care services
  • Implement the next phase of access improvements for Urgent Care through NHS111 First initiative

Cancer (provisional)

• Strong delivery of the national cancer standards continues with 8/9 met for May and all 9 cancer standard achieved for June
• Referrals now 30% less than the same period last year – a continuing improvement
• The number of patients waiting longer than 62 days has significantly reduced back to pre-COVID levels
• Just 7 patients remain paused and subject to weekly clinical oversight and review

18 Week RTT (provisional)

• Number of patients waiting for treatment has remained stable at 32,019 (32,011 last month) but the ongoing focus on cancer and emergency patients means that the proportion of patients waiting more than 35 wks continues to increase from 8.3% last month to 11.1% in June with 213 patients waiting more than 52 wks for treatment and 16 treated >52 wks within the month. Elective activity is circa 56% of that delivered in June last year but improved from 40% last month as the number of session delivered increases.

Diagnostics (provisional)

• Capacity is being targeted at urgent and cancer patients and this has led to an increase in breaches of the six week standard with 2,423 breaches of the standard expected for June (771 Audiology, 231 MRI, 211 neurophysiology, 535 non-obstetric ultrasound) with the remainder spread across the other modalities. Work is underway to determine appropriate increases in capacity within national guidance to begin to recover this position and an improvement trajectory has been agreed.

Stroke (May Provisional)

• May provisional data shows achievement of 12 out of 13 key SSNAP performance indicators with improvements in these compared to last month. The number of presentations to A&E is starting to increase but the number of confirmed strokes has remained stable
### Integrated Performance Report
#### Operational Performance Summary Dashboard

#### Operational Dashboard

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<tr>
<td>Diagnostic waits &lt; 6 wks</td>
<td>&gt;=99%</td>
</tr>
<tr>
<td>12 hr Trolley waits</td>
<td>0</td>
</tr>
<tr>
<td>All 2-week wait referrals</td>
<td>&gt;=93%</td>
</tr>
<tr>
<td>Breast symptomatic 2-week wait referrals</td>
<td>&gt;=93%</td>
</tr>
<tr>
<td>31-day diagnosis to treatment</td>
<td>&gt;=96%</td>
</tr>
<tr>
<td>31-day subsequent cancers to treatment</td>
<td>&gt;=94%</td>
</tr>
<tr>
<td>31-day subsequent anti-cancer drugs</td>
<td>&gt;=98%</td>
</tr>
<tr>
<td>31-day subsequent radiotherapy</td>
<td>&gt;=94%</td>
</tr>
<tr>
<td>82-day referral to treatment</td>
<td>&gt;=85%</td>
</tr>
<tr>
<td>82-day screening to treatment</td>
<td>&gt;=90%</td>
</tr>
<tr>
<td>Cancer maximum wait to treatment 104 days</td>
<td>0</td>
</tr>
<tr>
<td>28 days to cancer diagnosis</td>
<td>&gt;=75%</td>
</tr>
<tr>
<td>Cancelled urgent operations</td>
<td>0</td>
</tr>
<tr>
<td>Urgent Operations cancelled for a 2nd time</td>
<td>0</td>
</tr>
<tr>
<td>Cancelled operations: 28-day guarantee</td>
<td>0</td>
</tr>
<tr>
<td>Total bed days blocked</td>
<td>&lt;1000</td>
</tr>
<tr>
<td>Delayed Transfers of Care</td>
<td>&lt;=3.5%</td>
</tr>
<tr>
<td>30 days emergency admissions N/A</td>
<td>0</td>
</tr>
<tr>
<td>Ambulance delays &gt; 30 mins (PHT validated)</td>
<td>0</td>
</tr>
<tr>
<td>Ambulance delays &gt; 60 mins (PHT validated)</td>
<td>0</td>
</tr>
<tr>
<td>Arrival to DTA &lt; 2.5 hrs</td>
<td>&gt;=45%</td>
</tr>
<tr>
<td>Medically Fit for Discharge (average / mth)</td>
<td>&lt;100</td>
</tr>
<tr>
<td>% of Medical taken in AEC</td>
<td>&gt;=33%</td>
</tr>
<tr>
<td>AMU Bed Occupancy</td>
<td>0</td>
</tr>
<tr>
<td>Number of patients on AMU over 24 hours LOS</td>
<td>&lt;=38.6%</td>
</tr>
<tr>
<td>FIT Reduction in conversion rate &gt; 75 yrs</td>
<td>&lt;67%</td>
</tr>
<tr>
<td>% of Patients with EDD</td>
<td>&gt;=95%</td>
</tr>
<tr>
<td>% of discharges per 12:00</td>
<td>&gt;=33%</td>
</tr>
<tr>
<td>Achievement of weekday discharge target</td>
<td>100%</td>
</tr>
<tr>
<td>Achievement of weekend discharge target</td>
<td>100%</td>
</tr>
</tbody>
</table>

#### 19/20 (June RTT, Diagnostics & Cancer is provisional)

<table>
<thead>
<tr>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
<th>J</th>
<th>F</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>82.6%</td>
<td>82.0%</td>
<td>81.6%</td>
<td>80.8%</td>
<td>80.7%</td>
<td>79.5%</td>
<td>79.2%</td>
<td>79.1%</td>
<td>74.4%</td>
</tr>
<tr>
<td>34785</td>
<td>35258</td>
<td>35636</td>
<td>36055</td>
<td>36198</td>
<td>35283</td>
<td>34829</td>
<td>34957</td>
<td>33803</td>
</tr>
</tbody>
</table>

#### 20/21

<table>
<thead>
<tr>
<th>J</th>
<th>A</th>
<th>M</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>65.4%</td>
<td>57.1%</td>
<td>48.2%</td>
<td>57.1%</td>
</tr>
<tr>
<td>32771</td>
<td>32011</td>
<td>32091</td>
<td>32091</td>
</tr>
</tbody>
</table>

---

**Author:** J Lowe Analytics Professional Lead  
**Data:** Analytics Team  
**Lead:** Chief Operating Officer
Integrated Performance Report
Emergency Care Standards – June 2020

Actual Performance

Drivers of Performance

Balancing Measures

Bed Occupancy

Medically Fit for Discharge Patients

Urgent Care Safety Events resulting moderate, severe harm or death

Complex Patients Discharged

Stranded Patients 21+ Days

Ambulance handover delays > 60 mins

Simple Patient Discharges

Ambulance Delays > 15min

Type 1 A&E Attendances and Admissions from A&E

Actual Performance

Drivers of Performance

Balancing Measures

Actual Performance

Drivers of Performance

Balancing Measures
Integrated Performance Report

Urgent Care Position against Ambulance Improvement plan (data period 23/02/20 – 05/07/20)

Ambulance Delays >60min

Ambulance Delays >30min

Handover Time Lost (minutes)

Bed Occupancy

Average Number of MFFD Patients

Emergency Admissions

Data: Weekly Ambulance Handover Plan

Author: J Lowe Analytics Professional Lead
## Positive Assurance

- The 'soft' launch of the NHS 111 First model was successfully implemented on 30 June 2020, enabling CAS clinicians to provide time slots for patients to attend the emergency department for treatment.
- Emergency Department demand at QA & GWMH has increased by 12% when compared to the previous month. Attendances remain within the revised tolerances to comply with social distancing requirements, average attends during June were 348 per day compared to 437 attendances when compared to the previous year.
- 15 Minute Ambulance handover performance also improved by a further 1.5% in June with 76.1% of all conveyances meeting the standard.
- Bed occupancy reduced from an average of 94.9% in June 2019 to 76.5% in June 2020.

## Next Steps

- Implement the next phase of access improvements for Urgent Care through NHS 111 initiative.
- Embed the 3 hour and same day discharge metrics across the divisions.
- Agree next steps to support the delivery of enhanced Same Day Emergency Care (SDEC).

## Delivery of the standard

- The Trust continues to participate in the National Emergency Care pilot, formal 4 hour performance is not reported during the field testing period.
- Weekly executive oversight of all emergency care metrics.

## Risks to Delivery and Mitigation

- 2nd wave of COVID demand – clear plans in place that supports and responds to the modelling provided.
- Deterioration in the existing access models, returning to pre covid attendance volumes.
- Failure to deliver the contributing key performance metrics associated with Bed Occupancy, specifically MFFD and pathway zero discharges.
Integrated Performance Report
Cancer Standards – June 2020 (provisional)

Actual Performance

Drivers of Performance

Balancing Measures

Operational Dashboard | Target | 11/20 (June RTT Diagnostics & Cancer (provisional)) | 2021
---|---|---|---
45 day cancer diagnosis | >95% | 94.6% | 95.4% | 95.3% | 95.7% | 94.8% | 95.1% | 95.1% | 94.4% | 94.3% | 94.0% | 93.8% | 93.6% | 93.1% | 93.2% | 93.3% | 92.7% | 92.3% | 92.2% | 92.1% | 91.9% | 91.8% | 91.6%
Breast cancer referrals | >95% | 94.4% | 95.2% | 94.8% | 94.3% | 94.9% | 95.0% | 94.8% | 94.9% | 94.6% | 95.1% | 94.2% | 94.2% | 94.3% | 94.3% | 94.3% | 94.5% | 94.6% | 94.3% | 94.1% | 93.9% | 93.8% | 93.7%
7 day diagnosis to treatment | >95% | 95.7% | 96.0% | 95.9% | 96.3% | 96.1% | 96.1% | 95.9% | 96.1% | 96.0% | 96.1% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 96.0% | 95.9% | 95.8% | 95.7% | 95.6% | 95.5%
7 day RTT to cancer treatment | >95% | 96.2% | 96.5% | 96.4% | 96.8% | 96.6% | 96.6% | 96.4% | 96.6% | 96.5% | 96.6% | 96.5% | 96.5% | 96.5% | 96.5% | 96.5% | 96.5% | 96.5% | 96.4% | 96.3% | 96.2% | 96.1% | 96.0%
7 day subsequent anti cancer drugs | >95% | 96.1% | 96.3% | 96.2% | 96.5% | 96.3% | 96.4% | 96.2% | 96.4% | 96.3% | 96.4% | 96.3% | 96.3% | 96.3% | 96.3% | 96.3% | 96.3% | 96.3% | 96.3% | 96.2% | 96.1% | 96.0% | 95.9%
7 day subsequent referral | >95% | 95.5% | 95.7% | 95.6% | 95.9% | 95.7% | 95.7% | 95.6% | 95.7% | 95.6% | 95.7% | 95.6% | 95.6% | 95.6% | 95.6% | 95.6% | 95.6% | 95.6% | 95.5% | 95.4% | 95.3% | 95.2% | 95.1%
3 day referral to treatment | >95% | 96.0% | 96.2% | 96.1% | 96.4% | 96.2% | 96.2% | 96.1% | 96.2% | 96.1% | 96.2% | 96.1% | 96.1% | 96.1% | 96.1% | 96.1% | 96.1% | 96.1% | 96.0% | 95.9% | 95.8% | 95.7% | 95.6%
28 days to cancer diagnosis | >95% | 94.4% | 94.3% | 94.4% | 94.5% | 94.6% | 94.7% | 94.6% | 94.6% | 94.7% | 94.6% | 94.6% | 94.6% | 94.6% | 94.6% | 94.6% | 94.6% | 94.6% | 94.6% | 94.6% | 94.6% | 94.6% | 94.6%

Patients referred on 2ww pathway

Patients Treated > 104 days - Breach Sharing applied

Performance against 62 day Target

62 Day Backlog

Patients treated after 62 days

Patients on a 2ww pathway that have cancer confirmed

28 day Faster Diagnosis April Provisional
(National Target circa75% Trust Stretch Target 86%)

<table>
<thead>
<tr>
<th>Tumour Site</th>
<th>In Target</th>
<th>Over Target</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>399</td>
<td>12</td>
<td>411</td>
<td>97.1%</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>152</td>
<td>16</td>
<td>168</td>
<td>92.3%</td>
</tr>
<tr>
<td>Gynae</td>
<td>107</td>
<td>12</td>
<td>119</td>
<td>89.9%</td>
</tr>
<tr>
<td>Haematology</td>
<td>7</td>
<td>3</td>
<td>10</td>
<td>70%</td>
</tr>
<tr>
<td>Lower GI</td>
<td>122</td>
<td>38</td>
<td>160</td>
<td>76.3%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>28</td>
<td>2</td>
<td>30</td>
<td>93.3%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>32</td>
<td>1</td>
<td>33</td>
<td>97.0%</td>
</tr>
<tr>
<td>Upper GI</td>
<td>116</td>
<td>10</td>
<td>126</td>
<td>92.1%</td>
</tr>
<tr>
<td>Urology</td>
<td>79</td>
<td>13</td>
<td>92</td>
<td>85.9%</td>
</tr>
<tr>
<td>Sarcomas</td>
<td>42</td>
<td>12</td>
<td>54</td>
<td>100%</td>
</tr>
<tr>
<td>Trust Total</td>
<td>1094</td>
<td>107</td>
<td>1201</td>
<td>91.1%</td>
</tr>
</tbody>
</table>

Data: unvalidated Info flex Position

Author: J Lowe Analytics Professional Lead
Positive Assurance:
- For May, eight of the nine standards were met – 62 day standard was 81% as a consequence of the COVID pauses experienced in April.
- For June, all nine of key standards will be achieved
- Suspected cancer referral's continue to increase but remain 30% less overall compared with the same time last year.
- Communications with GPs and system partners continue to take place to encourage patients to contact their GP for referral
- The overall 62 day Cancer PTL is now circa 1,000 (normal run rate is circa 1,500)
  - Just 7 patients – all lower G I- (0.6%) on 62 day pathway remain paused due to shielding/self isolating v 189 (19%) on 10/4/20
  - Number of patients waiting longer than 62 day is now 46 at end of June v 90 at end of May
- Colonoscopy waits significantly improved to a 14 day median wait
- 80% of patients referred for imaging were seen within 7 days
- Average waiting times to start chemotherapy are 8 days
- 90% of histology cancer referrals turned around in 7 days

Next Steps
- Weekly cancer performance meeting continues with clear oversight and actions of all patients over 62 days
- Ongoing weekly review of demand and the capacity required to meet the 9 key standards

Delivery of all 9 Cancer Standards
- Expect to now deliver all 9 cancer standards from June onwards

Risks to Delivery and Mitigation
- The availability of sufficient theatre sessions in July and August
- Weekly performance meeting and weekly theatre scheduling meeting in place to ensure clear oversight of demand and capacity requirement
- The need for patients to self-isolate for 14 days prior to cancer surgery increases the risk of delivering 62 day and 31 day cancer standards
- Patients risk assessed on a case by case basis if risk of not commencing treatment within the operating standards
Actual Performance

Drivers of Performance

Balancing Measures

Integrated Performance Report
18 week referral to treatment standard – June 2020 provisional

Data: validated RTT national return MAR data - National Submission

Author J Lowe Analytics Professional Lead
Integrated Performance Report

18 week referral to treatment standard – June 2020 provisional

Positive Assurance

All potential and actual 52 week breaching patients have been reviewed clinically and a clinical decision taken, adopting the Red, Amber, green validation process, to determine the clinical urgency, the need to identify a suitable treatment pathway option, or to discharge back to primary care, with a safety net, which enables the patient to re-refer, should the need arise.

Next Steps

• Theatre capacity will be expanding from the 1st of September, to provide an additional 20 operating sessions per week and it is currently envisaged, that we will return to 200 theatre sessions per week from October 2020.
• We are currently utilising between approx. 95% to 100% of theatre capacity at the Spire and around 40% of the theatre capacity at Care UK, as we have allocated capacity to the IOW and have also offered to undertake the booking process to expedite the bookings. We have an additional 15 general surgery and 14 cataract sessions taking place at Care UK through August 2020.
• Through Operational Delivery Group, the recovery phase, theatre capacity and diagnostic utilisation is being planned and actioned, in conjunction, with a phased recovery plan across 3, 6 and 9 month periods.
• We are working in conjunction with our system partners, to address the key areas of pressure to ensure an aligned response. Weekly panel meetings with the PCN and GP clinical leads are being launched week commencing the 20th of July 2020, the focus will be on managing long waiting patients and the alternative pathways for treatment and care.
• We remain focussed on the allocation of theatre capacity for Cancer and clinically urgent cases and flexing CEPOD capacity, should the need arise.

Risks to Delivery and Mitigation

• The risk around continuing 52 week breaching patients will continue, as we seek to re-establish, a greater volume of the theatre capacity, from September and October onwards and the engagement of the clinical panels with our system partners, to address the current backlog position.
• We have an increased risk around 52 week breaches through June, July and August, due to patients declining to attend. In conjunction with our system partners we will be reviewing, the safe and clinically appropriate management of this patient cohort.
• Routine waiting list management will be addressed with our system partners, though the establishment of the weekly panel meetings. It is essential that we are in a position to create capacity to ensure the most clinically urgent patients are prioritised and that suitable and alternative pathways are identified, for patients and procedure, where the clinical urgency is identified as routine.

Delivery of the standard

• The 92% RTT standard was not achieved. This standard is not planned to be achieved in 2020/21, and has not been commissioned. However as the number of patients seen / treatment has decreased performance has reduced to 32,091 with 213 potential breaches of the 52 wk maximum waiting time standard.
Integrated Performance Report
Diagnostic 6 wk standard – June 2020 (provisional)

Actual Performance

Drivers of Performance

Balancing Measures

DM01 - Month-End Performance Projection

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Actual</th>
<th>Tolerance</th>
<th>Month End</th>
<th>Breaches - Performance Prediction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnetic Resonance Imaging</td>
<td>803</td>
<td>8</td>
<td>231</td>
<td>71.2%</td>
</tr>
<tr>
<td>Cardiac MRI</td>
<td>85</td>
<td>1</td>
<td>45</td>
<td>47.1%</td>
</tr>
<tr>
<td>Computed Tomography</td>
<td>930</td>
<td>9</td>
<td>134</td>
<td>85.6%</td>
</tr>
<tr>
<td>Non-obstetric ultrasound</td>
<td>1,400</td>
<td>14</td>
<td>535</td>
<td>63.8%</td>
</tr>
<tr>
<td>DEXA Scan</td>
<td>373</td>
<td>4</td>
<td>221</td>
<td>40.8%</td>
</tr>
<tr>
<td>Audiology - Audiology Assessments</td>
<td>917</td>
<td>9</td>
<td>771</td>
<td>16.8%</td>
</tr>
<tr>
<td>Cardiology - echocardiography</td>
<td>266</td>
<td>3</td>
<td>18</td>
<td>39.2%</td>
</tr>
<tr>
<td>Neurophysiology</td>
<td>439</td>
<td>4</td>
<td>211</td>
<td>53.9%</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>188</td>
<td>2</td>
<td>81</td>
<td>56.9%</td>
</tr>
<tr>
<td>Flex sigmoidoscopy</td>
<td>167</td>
<td>2</td>
<td>79</td>
<td>32.7%</td>
</tr>
<tr>
<td>Uroscopy</td>
<td>55</td>
<td>1</td>
<td>2</td>
<td>69.3%</td>
</tr>
<tr>
<td>Gastroscopy</td>
<td>247</td>
<td>2</td>
<td>92</td>
<td>62.4%</td>
</tr>
<tr>
<td>Barium Enema</td>
<td>63</td>
<td>1</td>
<td>3</td>
<td>95.2%</td>
</tr>
<tr>
<td>Respiratory physiology - sleep</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>5,941</td>
<td>60</td>
<td>2,423</td>
<td>59.2%</td>
</tr>
</tbody>
</table>

Data: validated National DM01  National submission deadline 17/03/20

Author: J Lowe Analytics Professional Lead
Integrated Performance Report

Diagnostic 6 wk standard – June 2020 (provisional)

Positive Assurance

- June provisional position is 59.2% with 2,423 breaches of the standard.
- This reflects the cancellation of routine diagnostics at the start of the pandemic.
- Clinical Delivery Division is working with colleagues from other Divisions to identify the capacity required to maintain diagnostic provision across all specialties for urgent and cancer patients and the capacity required to meet routine demand.
- Clinical validation of patients who have declined to attend their appointment – patients are gradually being persuaded to come in.

Next Steps

- National weekly reporting of the diagnostic standard has been suspended, the Trust is maintaining internal reporting currently to maintain oversight of the patients waiting and length of their wait.
- Delivery of the capacity required to maintain the service for urgent and cancer patients and to meet routine demand.

Delivery of the standard

- Predicted month end position for June is 59.2% with 2,423 breaches; validation is underway with the final position available mid-July. 771 of the breaches are audiology, 535 non-obstetric ultrasound, 221 DEXA, 231 MRI with the remainder spread across the other modalities.

Risks to Delivery and Mitigation

- Ability to ensure diagnostic support for cancer and urgent patients versus COVID-19 and other demands.
- Increasing acute demand for CT, MRI and US impacting on routine capacity – costed recovery plans in development to increase routine capacity.
- The reduction in non-urgent capacity means that performance against the 6 week standard has significantly deteriorated; weekly recovery plan meetings in situ and improvement forecasting being completed.
Integrated Performance Report

Stoke: Sentinel Stroke Audit May 2020 (provisional)

Actual Performance

Drivers of Performance

Balancing Measures

Portsmouth Hospitals NHS Trust-Stroke patients directly admitted starting 01/05/17

Number of Confirmed Strokes

Portsmouth Hospitals NHS Trust-CT scan <1 hr starting 01/05/17

ELDERLY MEDICINE TEMPORARY STAFFING-starting 01/10/17

Portsmouth Hospitals NHS Trust $SNAP Scores
Integrated Performance Report
Stroke: Sentinel Stroke Audit May 2020 (provisional)

Positive Assurance
- May indicative data is showing achievement of 12 out of 13 key SSNAP performance indicators against 79 cases recorded to date (data subject to change as further cases added).
- Further improvements seen compared to previous months, with only Direct admits <4hrs slightly below target.
- 13 patients Thrombolysed; 11 of these patients achieved a ‘Door to Needle’ time of <1 hour.

Next Steps
- Continued scrutiny of Stroke activity and performance.
- Daily Breach meetings on-going to track and act on recurrent themes.
- On-going monitoring of Critical Time Standards (CTS) activity to inform indicative weekly performance summary, shared with Operational Delivery Group.
- Development and finalisation of Stroke trajectory plan with accompanying action plan to support delivery of improved performance for both SSNAP and Critical Time Standards.

Delivery of the standard
- Formal SSNAP report for Q4 received showing Level C maintained with a score of 68.4 (Q3 = 69).
- For the patient centred KPIs 3 domains improved (Scanning, Stroke Unit and Speech & Language), 6 domains remained the same level and 1 domain dropped a level (Occupational Therapy).
- For the team centred KPIs 2 domains improved (Stroke Unit and Speech & Language), 6 domains remained the same level and 2 domains dropped a level (Occupational Therapy and MDT Working).
- The deadline for Q1 (Apr – Jun) data submission is 3rd August, with the formal report expected in September.
- Receipt of formal Critical Time Standards reports have been temporarily postponed in response to COVID.

Risks to Delivery and Mitigation
- Response times for referrals to the service.
- COVID 19 and the impact this is having on the ability to scan patients – in a timely way.
- Medical capacity remains an on-going challenge with continued heavy reliance on Locum/Agency staff. The service continues to actively look at staffing options to fill vacancies.
- There continues to be reduced non-elective activity, however the number of stroke mimic patients presenting at A&E is beginning to increase. However, the number of confirmed strokes continues to remain stable.
Workforce Performance Report

Integrated Performance Report June 2020
23/07/2020
Integrated Performance Report

Spotlight Report from Director of Workforce & Organisational Development

Workforce Key Messages

• Although COVID-19 has continued to impact the Workforce agenda, there has been much more focus on post Covid activity and ongoing support to staff.
• The funded establishment increased in June by 6 posts to 7497. This month the total workforce capacity increased and was broadly in line with the funded establishment reflecting the change in focus and increased bed occupancy.
• Although slightly lower than last month, bank fill rates continued to be high at 85% overall with nursing fill at 91.9% and medical staff to 74.8%.
• Turnover has fallen again and has now reached 9.9%. In the 20 months since the beginning of the retention programme, the Trust has seen a reduction of 3.6% in turnover.
• Sickness absence stayed constant at 4.4% during May which continues to reflect the increase in staff absence linked to Covid -19
• The workforce team has continued to recruit during the pandemic and the vacancy rate for June has reduced further to 5.8%
• Appraisal compliance has seen a slight increase to 77.7% and continues to be a significant focus moving forward with clear improvement trajectories monitored for each division
• Essential skills training has maintained its level at 90.1%
Integrated Performance Report

Actual Performance

Total Workforce Capacity

**Background**
Total Workforce Capacity is the total FTE of substantive, bank and agency staff.

**What the chart tells us**
The funded establishment increased to 7497 FTE in June 2020, and TWC did not exceed the funded establishment.

**Underlying issue**
While substantive FTE increased slightly, temporary FTE has increased by 94 FTE compared to May 2020. However this is still significantly lower than the 12 month average before the COVID pandemic.

**Broader interdependencies, issues and actions, when we will see improvement, risks and assurance**
Due to the COVID-19 pandemic, we have changed how we have utilised our total workforce, to manage staff absence relating to COVID and to ensure workforce are deployed appropriately to either high risk or low risk areas.

Temporary Workforce Capacity

**Background**
Temporary Workforce Capacity is the total FTE usage of bank and agency staff.

**What the chart tells us**
The chart shows a 94 FTE increase in temporary workforce in June 2020 compared to the previous month. The majority of this is through bank usage as agency usage remains exceptionally low compared to previous months.

**Underlying issue**
Temporary staffing demand decreased significantly in April 2020, but has been increasing in May and June 2020.

**Broader interdependencies, issues and actions, when we will see improvement, risks and assurance**
Due to COVID-19 pandemic, the demand for temporary hours and temporary FTE usage has decreased generally. When the trust returns to business as usual and takes on the same level of activity as pre-COVID, we expect the temporary usage to rise again. However the focus on minimising agency usage remains.
**Integrated Performance Report**

**Actual Performance**

**Background: Overseas (non-EU) nurses remaining in post after 24 months**

This is the cumulative number of non-EU overseas nurses starting and remaining in post after 24 months of employment.

**What the chart tells us**

The chart continues to show a positive retention rate for our overseas nurses. Recruitment from overseas has increased significantly and is a key factor in addressing workforce shortages. However, it is an expensive source of staff, so continuing a positive retention rate is vital.

Our overseas nurses are also recruited to work on the bank, thereby supporting the work to increase bank usage and drive down agency cost.

It is important to note that in April, May, and June 2020, the trust was expecting three cohorts of International Nurses, however, due to the COVID-19 pandemic, their arrivals have been postponed.

**Background: Bank Fill**

Bank fill is the percentage of shifts filled by bank against all temporary shifts.

**What the chart tells us**

Bank fill decreased slightly to 85% in June 2020.

**Underlying issue**

Although the fill rate is high, this is against a position whereby demand is significantly lower in comparison to previous reporting months.

**Broader interdependencies, issues and actions, when we will see improvement, risks and assurance**

- As patient activity increases in the forthcoming months, we expect the demand in temporary hours to increase to normal levels.
- Bank partners continue to pro-actively recruit, especially in areas of high cost agency spend. The number of medics on Bank is increasing on a monthly basis.
- The new roster system is linked with the bank booking system and early signs indicate this is working well with greater clarity on actual staffing.
Integrated Performance Report

Drivers of Performance

**Turnover**

- **Target:** ≤ 12%

**Background**
Turnover is the percentage of employees that leave during a certain time period. (Leavers / Average No. of Employees).

**What the chart tells us**
The Trust has seen some significant improvements in turnover rates and is now below the target, falling to 9.9% in June 2020.

**Underlying issue**
High turnover of staff has a negative impact in many areas including financial, staff morale, quality of care and patient safety.

**Broader interdependencies, issues and actions, when we will see improvement, risks and assurance**
The actions put in place previously have resulted in sustained improvements in retention, with Turnover remaining in target at 9.9%. The Retention Working Group will be resuming in July, following a pause due to COVID-19, taking the opportunity to review the actions required, and is further supported by the ongoing work from the Culture Change programme Phase 3 (delivery).

**Stability Index Rate (%)**

- **Target:** ≥ 86%

**Background**
Stability Index Rate (SIR) is the number of staff employed at both the start and end of the reporting period (with ≥ 1 years service), divided by the number of staff at the start of the reporting period.

**What the chart tells us**
As a Trust, we are currently retaining an average of 85.2% of our staff. For June 2020, we exceeded the trust target and achieved 87% retention rate.

**Underlying issue**
The Trust stability index rate is similar to the other trusts in the benchmarking group.

**Broader interdependencies, issues and actions, when we will see improvement, risks and assurance**
Further work on improving the quality of exit information from leavers is being undertaken to inform further activity of the retention working group.
Integrated Performance Report
Drivers of Performance

Sickness Absence
Target: ≤ 3.5%

- Sickness Absence - Rolling 12 Month
- Target
- Mean
- Process limits - 3σ
- 7 points above or below mean
- Rising or falling trend

Vacancy Rate
Target: ≤ 7.5%

- Vacancy Rate
- Target
- Mean
- High or low point
- Process limits - 3σ
- 7 points above or below mean
- Rising or falling trend

Sickness Absence: Background
The health and wellbeing of our staff is paramount as this directly contributes to the delivery of the quality of patient care. The Trust’s aim is to support staff in improving their attendance to work.

What the chart tells us
Our sickness absence (rolling 12 months) maintained at 4.4% in May 2020, against a 3.5% target.

Underlying issue
Sickness absence has increased in month as it captures absences relating to COVID-19 as well as normal sickness. Our top 3 reasons for sickness absence are: Cold, Cough, Flu, Gastrointestinal problems and Infectious Diseases (COVID-19 Confirmed/Unconfirmed).

Broader interdependencies, issues and actions, when we will see improvement, risks and assurance
- A Staff Support line and Manager Support line have been set up to help staff and managers with reporting and recording absences and also undertakes welfare calls. These support lines are designed to support all types of absences not only COVID-19 related absences.
- Long Term Sickness absence has decreased to 2.1% in month for May 2020.
- Support for managers has been provided through the Manager Support line rather than based in the Divisions
- The Trust’s Occupational Health and Wellbeing Service has expanded its offer of support measures for staff and provides a good referral service. Investment has been approved to enhance staffing within OH to support MH wellbeing

Vacancy Rate: Background
Our vacancy rate tells us the percentage of our current vacancies against the funded establishment.

What the chart tells us
Our vacancy rate recorded at 5.8% in June 2020.

Underlying issue
The vacancy rate increased in April, due to approved workforce investments from the 20/21 business planning process which had increased the funded establishment by 129.2 FTE in April. The establishment is tightly controlled and we shall see the results of targeted recruitment and investment in international nurses, the increase in establishment numbers will impact on overall vacancy rates.

Broader interdependencies, issues and actions, when we will see improvement, risks and assurance
- Maintaining the focus on recruitment and reducing turnover
Integrated Performance Report
Appraisal & Essential Skills Compliance

Background
Performance appraisals set out goals and achievements for staff, and allow managers to highlight areas for improvement.

What the chart tells us
The chart indicates that the Trust had a slight increase in Appraisal compliance, recording at 77.7%.

Underlying issue
Pressures due to COVID-19 has meant that appraisals are below target in month however there is a very small increase observed. It is important that appraisals continue as when conducted well they add value and provide the opportunity for a high quality conversation regarding performance, behaviours, development and wellbeing and link more broadly to cultural work within divisions.

Broader interdependencies, issues and actions, when we will see improvement, risks and assurance
As services start to resume some business as usual activities, it anticipated that appraisal will start to increase back to pre COVID-19 levels. Appraisal compliance continues to be monitored through the Performance Review process.

Essential Skills Compliance
Target: ≥ 85%

Background
Essential skills inform staff of the current work standards and government legislation that is in place, in order for them to carry out their role in a way that is safe for themselves, their colleagues and for patients.

What the chart tells us
The chart indicates that the Trust is above the 85% target, maintaining at 90.1% in June 2020.

Underlying issue
All training was completely altered to meet the needs of Covid and consequently the introduction of the April essential skills booklet was delayed. This has now been produced and essential skills compliance was provided with a 3 month extension period.

Although compliance overall is high, there are areas of poorer compliance particularly with face to face training.

Broader interdependencies, issues and actions, when we will see improvement, risks and assurance

- A review of essential skills is being completed to identify how the majority of training can be moved to online or remote training, minimising the requirement for face to face in light of the requirement for social distancing.
- The reduced capacity will be targeted on key areas that have to be delivered on a face to face basis.
Staff Support Line (SSL) and Manager Support Line (MSL) was introduced with staff from HR and Occupational Health available to all staff and managers from 6am in the morning to 7.30pm in the evening 7 days a week

- All employees report their absence to the SSL and associated roster management is then undertaken through the SSL
- Manager support line provides assistance dealing with complex issues and Occupational Health advice
- Introduction of staff welfare calls for all staff not at work due to COVID or non-COVID related reasons
- Arrangements for staff testing
- Redeployment for critical gaps across Administration functions
- Co-ordination, management and provision of advice for employees falling into a vulnerable category e.g. shielding staff and pregnant staff
- Up to date communication through FAQs due to national guidance and terms & conditions changes
- HR advice and support as necessary

SSL has been resourced through existing staff released from the substantive posts as a result of reduced work or clinical staff who needed to work in a non-patient facing area. MSL has been resourced through HRBPs, the Operational HR team and an Occupational Health Advisor.

Both support lines delivered across extended hours, have been welcomed by the Trust. However particular feedback has been received in relation to the welfare calls and we are aware of 2 occasions where critical interventions were made by the SSL.

During the peak of the pandemic, the activity for April and May shows:
- Calls in to Staff Support Line 4745
- Calls in to Manager Support Line 1555
- Welfare Calls Made 4941
- Occupational Health Calls 784

Resources have been made available to continue with the 7 day a week service until end of December 2020
Covid-19 Financial Reporting

The 2020/21 operational planning process and related national financial instruments (including activity price tariffs and the financial recovery fund) were suspended by NHS England and Improvement on 17 March 2020 as part of a coordinated set of actions in relation to the Covid-19 Level 4 National Incident. Financial expenditure reporting from April 2020 remains in place with income being topped up to breakeven to reflect the addition costs of responding to Covid-19.

At the time of writing, national guidance anticipated during July 2020 is expected to confirm that these arrangements will continue until the middle of the year, with clarity on the financial framework and associated efficiency requirements for the second half of 2020/21.
2020/21 Financial Performance: Month 3 (June 2020)

The Trust is reporting a balanced expenditure over income position for the month of June 2020, which includes a £2.1m national income top up to account for the aggregate of reductions in non-NHS/other income and the additional costs of Covid-19 (£5.7m for the year to date, £1.6m April, £2m May). Key points to note:

- Pay costs were above plan by £426k in June across all workforce categories (£2.2m YTD). The Trust has seen a reduction in its substantive paybill this month (£27.7m June, £28.5m May, £27.5m April) as well as a further reduction in the agency staff expenditure trend to £422k in June (£558k May, £797k April, £1,154k March). For the second consecutive month nurse agency has been eliminated with agency staff reliance limited to medical and other clinical groups. Bank staff expenditure has increased to £2m in June (£1.8m May, £2.3m April).

- The reported position continues to exclude a potential provision for accrued staff annual leave that may be carried forward into future financial years.

- In line with the interim financial arrangements confirmed by NHS England and Improvement, the Trust received the first two months commissioner income in cash during the month of April and continues to receive commissioner income in cash terms a month in advance for the duration of the national incident response. As a direct result, the Trust’s closing cash balance at the end of June 2020 was £51m (£43.3m at the end of April, £54m May). This is expected to reset by the end of the financial year in order to meet HM Treasury limits.

- Non-NHS supplier payments within 30 days of invoice improved further to 98.2% in June (96.7% in May, 70.2% April from 58.2% in March) due to a specific and ongoing Trust internal focus from mid-April 2020. The Trust has specifically targeted improvement in this area in line with a very real commitment to supporting small businesses and critical suppliers at a time of economic challenge. This is within the context of the Office of Budget Responsibility having published its July Fiscal Sustainability Report forecasting that the national budget deficit will hit record peacetime levels, with their “best case” scenario predicting that unemployment is likely to reach 10% by Quarter 3 of 2020/21.
Integrated Performance Report

Finance: June 2020

Actual Performance

Drivers of Performance

Balancing Measures

Note: The budgets shown below are notional due to the COVID-19 temporary financial arrangements. The financial performance graph Months 1-4 are based upon the NHSE/I interim plan and Months 5-12 upon the Trust Board’s approved operating plan.
## Integrated Performance Report
### Financial Position: June 2020

#### Plan Actual Variance Plan Actual Variance Commentary

#### Plan £'000 Actual £'000 Variance £'000 Plan £'000 Actual £'000 Variance £'000

**Clinical Income**

- NHS England and NHS Improvement and CCG's  
  | Plan | Actual | Variance | Plan | Actual | Variance |
  | (44,552) | (44,434) | (118) | (133,656) | (133,538) | (118) |
  - Adverse variance linked to estimates in M12 monitoring. Lower levels of billable items in non contract activity.

- Clinical Income - Top up payment  
  | Plan | Actual | Variance | Plan | Actual | Variance |
  | (2,675) | (2,675) | 0 | (8,025) | (8,025) | 0 |
  - Activity top up income and allowances for other provisions and services chargeable to NHSE/I.

Sub total  
| (47,227) | (47,109) | (118) | (141,681) | (141,536) | (118) |

**Other income for patient care**

- Non-NHS: private patients  
  | (286) | 27 | (313) | (856) | (5) | (851) |
  - No Private Patient activity on the ward, position reflects correction in the YTD.

- DEHSC funding  
  | (550) | (523) | (27) | (750) | (28) | (722) |
  - Now part of the top up funding through COVID reimbursement process.

- Non-NHS overseas patients (non-reciprocal, chargeable to patient)  
  | (94) | (23) | (71) | (282) | (95) | (187) |
  - NHEM reimbursement included as part of the top up payment in clinical income, balance is Overseas charges.

- Other CCG Income  
  | (70) | (1) | (69) | (210) | (7) | (203) |
  - Procurement services to CCG's covered through Clinical Income top up.

- Injury cost recovery scheme  
  | (36) | (93) | 55 | (114) | (186) | 72 |
  - Income related to RTA’s from the Department of Work & Pensions.

- NHS foundation trusts/Non-foundation Trusts  
  | (23) | (77) | 54 | (69) | (113) | 50 |
  - Income captures one part of the Provider to Provider service income.

Sub total  
| (761) | (189) | (572) | (2,283) | (430) | (1,843) |

**Other operating income**

- Education and training (excluding notional apprenticeship levy income)  
  | (1,656) | (1,488) | (168) | (4,968) | (5,110) | 142 |

- Other (recognised in accordance with IFRS 15)  
  | (1,456) | (1,139) | (317) | (4,458) | (3,008) | (1,450) |

- Non-patient care services  
  | (1,405) | (769) | (636) | (4,215) | (2,388) | (1,827) |

- Research and development (both IFRS 15 and non-IFRS 15 income)  
  | (392) | (337) | (55) | (1,176) | (862) | (314) |

- Rental revenue from operating leases  
  | (139) | (130) | (9) | (417) | (389) | (28) |

Sub total  
| (5,076) | (3,882) | (1,194) | (15,224) | (11,167) | (3,417) |

**Staff expenditure**

- Substantive Pay  
  | 26,322 | 27,738 | (1,416) | 78,966 | 83,682 | (4,716) |

- Bank  
  | 2,173 | 2,023 | 150 | 6,519 | 6,067 | 452 |

- Agency  
  | 1,276 | 422 | 854 | 3,828 | 1,776 | 2,052 |

- Other  
  | 110 | 124 | 14 | 330 | 351 | 21 |

Sub total  
| 29,881 | 30,307 | (426) | 89,643 | 91,876 | (2,233) |

**Non Pay expenditure**

- Supplies and services - clinical (excluding drugs costs)  
  | 4,544 | 4,556 | (12) | 13,632 | 11,873 | 1,759 |

- Drugs costs (ex inventory consumed and purchase of non-inventory drugs)  
  | 6,210 | 6,077 | 57 | 19,941 | 18,051 | 1,890 |

- PFI operating costs  
  | 3,177 | 3,175 | 2 | 9,531 | 9,988 | (457) |

- Clinical negligence  
  | 1,612 | 1,791 | (179) | 4,836 | 5,372 | (536) |

- Purchase of healthcare from non-NHS and non-DHSC group bodies  
  | 1,049 | 737 | 312 | 3,147 | 2,254 | 893 |

- Premises and fixed plant  
  | 1,449 | 1,702 | (253) | 3,151 | 5,131 | (1,980) |

- Establishment Expenses  
  | 549 | 349 | 200 | 1,647 | 1,262 | 385 |

- Purchase of healthcare from NHS and DHSC group bodies  
  | 362 | 423 | 61 | 1,086 | 1,299 | (213) |

- Premises - business rates payable to local authorities  
  | 271 | 267 | 4 | 813 | 802 | 11 |

- Supplies and services - general, Consultancy, Transport  
  | 389 | 505 | 116 | 1,167 | 1,357 | (190) |

- Education and training, Audit fees, NED's and Other expenditure  
  | 157 | 130 | 27 | 471 | 433 | 38 |

Sub total  
| 19,800 | 19,713 | 87 | 59,418 | 57,822 | 1,596 |

**EBITDA**

- Depreciation, Amortisation and Leasing  
  | 1,473 | 1,402 | 71 | 4,419 | 4,207 | 212 |

- Finance costs  
  | 1,502 | 1,466 | 36 | 4,506 | 4,439 | 67 |

- PDC  
  | 404 | 404 | 0 | 1,212 | 1,212 | 0 |

- Profit/Loss on disposal  
  | 0 | (81) | 81 | 0 | (112) | 112 |

- Sale of Linear Accelerator in June  
  | 0 | 0 | (0) | 0 | 0 | 0 |

**EBITDA**  
| 11 | 1 | 18 | 10 | 72 | 72 |

**Income & Expenditure deficit position : Pre COVID-19 adjustment**  
| 0 | 2,051 | (2,051) | 0 | 5,688 | (5,688) |

**COVID top up payment**  
| 0 | (2,051) | 2,051 | 0 | (5,688) | 5,688 |

**Net Position (deficit)**  
| 0 | 0 | 0 | 0 | 0 | 0 |
Finance: Cost Improvement Plan (CIP)

Positive Assurance
- £540k total cost improvement was delivered during the month of June 2020 as a result of schemes already embedded and delivering within opening financial budgets.
- The year to date savings delivered was £1,713k
- All new CIP schemes have been paused during the national incident response.

Next Steps
- Once the updated national planning guidance has been issued, we will re-assess the CIP programme.

Delivery of Standard
- The cost improvement savings requirement for the year remain under review during this interim period.

Risks to delivery of standard and mitigation
- No further risks to the reported position at this stage, although the impact on future finances will be assessed as we move to the next stage of the COVID-19 response.

Table: CIP performance to 30 June 2020

Position by workstream

<table>
<thead>
<tr>
<th>Scheme Type</th>
<th>YTD Divisional Plans identified £000's</th>
<th>YTD Actual £000's</th>
<th>YTD Var against Divisional Plans £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assuring income</td>
<td>722</td>
<td>0</td>
<td>(722)</td>
</tr>
<tr>
<td>Digital</td>
<td>36</td>
<td>19</td>
<td>(17)</td>
</tr>
<tr>
<td>Investments</td>
<td>175</td>
<td>75</td>
<td>(100)</td>
</tr>
<tr>
<td>Optimal Use of Workforce</td>
<td>2,188</td>
<td>971</td>
<td>(1,217)</td>
</tr>
<tr>
<td>Other Non pay</td>
<td>821</td>
<td>479</td>
<td>(342)</td>
</tr>
<tr>
<td>Overheads</td>
<td>88</td>
<td>0</td>
<td>(88)</td>
</tr>
<tr>
<td>PFI Refinancing</td>
<td>750</td>
<td>0</td>
<td>(750)</td>
</tr>
<tr>
<td>Prescribing</td>
<td>377</td>
<td>51</td>
<td>(326)</td>
</tr>
<tr>
<td>Procurement</td>
<td>1,019</td>
<td>118</td>
<td>(901)</td>
</tr>
<tr>
<td>STP Stretch</td>
<td>375</td>
<td>0</td>
<td>(375)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,551</strong></td>
<td><strong>1,713</strong></td>
<td><strong>(4,838)</strong></td>
</tr>
</tbody>
</table>

Position by Division

<table>
<thead>
<tr>
<th>Division</th>
<th>YTD Divisional Plans identified £000's</th>
<th>YTD Actual £000's</th>
<th>YTD Var against Divisional Plans £000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Delivery</td>
<td>1,212</td>
<td>517</td>
<td>(696)</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>840</td>
<td>0</td>
<td>(840)</td>
</tr>
<tr>
<td>Medicine and Urgent Care</td>
<td>1,186</td>
<td>569</td>
<td>(618)</td>
</tr>
<tr>
<td>Networked Services</td>
<td>898</td>
<td>444</td>
<td>(449)</td>
</tr>
<tr>
<td>Overheads/Commercial</td>
<td>1,798</td>
<td>75</td>
<td>(1,723)</td>
</tr>
<tr>
<td>Surgical and Outpatients</td>
<td>616</td>
<td>104</td>
<td>(513)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,551</strong></td>
<td><strong>1,713</strong></td>
<td><strong>(4,838)</strong></td>
</tr>
</tbody>
</table>
The Trust continues to assume that the £644k unallocated capital identified in its reassessed plan submitted to HIoW STP in May 2020 will be required to support its additional bed capacity project, recognising that the Isle of Wight have committed £10m of the estimated £10.7m project cost.

The wider internally funded capital programme is subject to a number of over and under commitments which continue to be managed within the overall £10.7m envelope (before nationally funded PDC and locally generated charitable funds). The most significant project shortfall relates to the works associated with the pharmacy robot at up to £995k against a £640k pre-tender estimate; this partly relates to the requirement for 7 day working to achieve handover by Christmas 2020 against a delayed project start.

**Capital expenditure summary**
- The draft capital plan shows an internally funded Capital Resource Limit (CRL) for 2020/21 of £14.7m (including £4.0m of PFI Lifecycle Works).
- The overall CRL is expected to be £56.5m which includes:
  - £23.5m externally funded public dividend capital (PDC)
  - £1.0m donated capital
  - £17.3m COVID-19 capital.
- Expenditure for the year is currently £6.1m, of which £1.9m is expenditure against external PDC yet to be received and £0.8m relates to donated assets.

**Next steps**
- Secure confirmation of external PDC, particularly HSLI Digital funds and COVID-19 expenditure
Finance: Working Capital and Cash

Cash
• In line with the interim financial arrangements confirmed by NHS England and Improvement, the Trust has received July commissioner block payments in June and the month 1 Covid ‘top-up’ of £5.8m. As a direct result, the Trust’s closing cash balance at 30 June 2020 was £51.0m. The Trust is expecting to continue to receive commissioner income in cash terms a month in advance for the duration of the national incident response.

Next Steps
• The monitoring of the Trust’s financial forecast position and cash requirements is ongoing and will be reviewed in line with updated guidance on temporary arrangements.

Delivery of Standard
• NHSE/I issued guidance in April 2020 asking all NHS organisations to aim to pay supplier invoices within 7 days in line with a Procurement Policy Note issued by the Cabinet Office issued in March 2020.
• Since the week commencing 20 April 2020 the Trust has been paying all approved invoices due for payment in the next 30 days on each payment run.
• At the end of June, all approved invoices with a due date up to and including 30 July had been paid.

Risks to delivery of standard and mitigation
• The Trust does not currently anticipate the need to access any interim financing requirements to support its cash position during 2020/21.

Better Payment Practice Code

<table>
<thead>
<tr>
<th></th>
<th>Month (June 2020)</th>
<th>Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number £'000</td>
<td>Number £'000</td>
</tr>
<tr>
<td>Non-NHS Invoices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total bills paid</td>
<td>6,821</td>
<td>32,709</td>
</tr>
<tr>
<td>Total bills paid within target</td>
<td>6,682</td>
<td>25,275</td>
</tr>
<tr>
<td>Percentage of bills paid within target</td>
<td>98.0%</td>
<td>98.2%</td>
</tr>
<tr>
<td>NHS Invoices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total bills paid</td>
<td>156</td>
<td>581</td>
</tr>
<tr>
<td>Total bills paid within target</td>
<td>133</td>
<td>472</td>
</tr>
<tr>
<td>Percentage of bills paid within target</td>
<td>85.3%</td>
<td>81.2%</td>
</tr>
<tr>
<td>Total</td>
<td>6,977</td>
<td>33,290</td>
</tr>
<tr>
<td>Total bills paid within target</td>
<td>6,815</td>
<td>24,720</td>
</tr>
<tr>
<td>Percentage of bills paid within target</td>
<td>97.7%</td>
<td>74.3%</td>
</tr>
</tbody>
</table>

Mark Orchard, Chief Financial Officer