

**SALISBURY NHS FOUNDATION TRUST**

**TRUST BOARD**

**MONDAY 8 FEBRUARY 2016, 1.30PM**

**IN THE BOARD ROOM, SALISBURY DISTRICT HOSPITAL**

**A G E N D A**

				<b>Paper No.</b>	<b>Page No.</b>
<b>1.30pm</b>	<b>1</b>	<b>APOLOGIES FOR ABSENCE</b>			
	<b>2</b>	<b>DECLARATION OF INTERESTS</b>			
	<b>3</b>	<b>MINUTES</b>			1
		Public Board Meeting held on 7 December 2015			
	<b>4</b>	<b>MATTERS ARISING</b>			
<b>1.35pm</b>	<b>5</b>	<b>CHIEF EXECUTIVE</b>			
		1. Chief Executive's Report	PH	SFT 3731	9
<b>1.45pm</b>	<b>6</b>	<b>STAFF</b>			
		1. Workforce Performance Report to include Nurse Staffing	AK/LW	SFT 3732	11
<b>2.00pm</b>	<b>7</b>	<b>PATIENT CARE</b>			
		1. Quality Indicator Report to 31 December (month 9)	CB/LW	SFT 3733	29
		2. Customer Care Report - Quarter 2	LW	SFT 3734	37
<b>2.30pm</b>	<b>8</b>	<b>PERFORMANCE AND PLANNING</b>			
		1. Finance & Performance Committee Minutes 30 November and 21 December 2015	NM	SFT 3735	51
		2. Financial Performance to 31 December (month 9)	MC	SFT 3736	57
		3. Progress against Targets and Performance Indicators to 31 December (month 9)	AH	SFT 3737	67
		4. Update on Strategic Planning	LA	-	
		6. Capital Development Report	LA	SFT 3738	73

<b>3.00pm</b>	<b>9</b>	<b>PAPERS FOR NOTING OR APPROVAL</b>			
		1. Draft Minutes from Public Section of Council of Governors Meeting 23 November 2015	NM	SFT 3739	85
		2. Minutes from Clinical Governance Committee 26 November 2015	LB	SFT 3740	89

**3.45pm 10 ANY OTHER URGENT BUSINESS**

**11 QUESTIONS FROM THE PUBLIC**

**12 NEXT MEETING**

The next ordinary meeting will be held on Monday 4 April 2016, in the Board Room at Salisbury District Hospital starting at 1.30pm

**13 CONFIDENTIAL ISSUES**

To consider a resolution to exclude press and public from the remainder of the meeting as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

# SALISBURY NHS FOUNDATION TRUST

## Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on Monday 7 December 2015

<b>Board Members Present:</b>	Dr N Marsden Mr P Hill Dr C Blanshard Dr L Brown Mr M Cassells Mr I Downie Mr A Freemantle Mr A Hyett Mr P Kemp Mrs A Kingscott  Mr S Long Rt Revd Dame S Mullally Ms L Wilkinson	Chairman Chief Executive Medical Director Non-Executive Director Deputy Chief Executive Non-Executive Director Non-Executive Director Chief Operating Officer Non-Executive Director Director of Human Resources and Organisational Development Non-Executive Director Non-Executive Director Director of Nursing
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<b>Corporate Directors Present:</b>	Mr L Arnold	Director of Corporate Development
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<b>In Attendance:</b>	Mr P Butler Mr D Seabrooke Mr P Lefever Mr M Wareham Dr J Lisle Sir R Jack Dr E Robertson Mr M Mounde Mrs J Sanders Dr A Lack Mrs L Taylor Mr R Polkinghorne Mr R Britton Dr Julian Hemming Fiona McCarthy	Head of Communications Secretary to the Board Wiltshire Health Watch Staff Side Public Governor Public Governor Public Governor Public Governor Public Governor Lead Governor Public Governor Appointed Governor Public Governor Consultant (for SFT 3721) Senior Nurse (for SFT 3721)
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### Apologies:

### ACTION

#### 2130/00 DECLARATIONS OF INTEREST AND FIT AND PROPER/GOOD CHARACTER

Members of the Board were reminded that they have a duty to declare any impairment to being Fit and Proper and of good character as well as to avoid any conflict of interest and to declare any interests arising from the discussion. No member present declared any such interest or impairment.

#### 2131/00 MINUTES 5 OCTOBER 2015

The minutes of the meeting of the Board held on 5 October 2015 were accepted as a correct record.

## **2132/00 CHIEF EXECUTIVE'S REPORT - SFT 3714 – PRESENTED BY PH**

The Board received the Chief Executive's Report.

It was noted that the industrial action by junior doctors that had been called for the previous week had been postponed at the last minute and as a result some scheduled procedures had been cancelled. It was noted that the dispute was not fully settled.

The Care Quality Commission inspection had taken place the preceding week and staff had been open and accommodating to the inspectors. An unannounced visit would be taking place in the next two weeks and a report would be published in the spring.

PH highlighted the new Hospice at Home service which was being supported by the Salisbury Hospice Charity. He highlighted the 'Stay With Me' campaign which the Trust had signed up to and the recent awards given to staff, notably Pamela Permalloo-Bass for the NHS Leader of Inclusivity of the Year by Thames Valley and Wessex Leadership Academy, Colette Martindale as a finalist for the Coach/Mentor of the Year award in the same event and Gill Hibberd highly commended in the Shine awards by NHS Health Education Wessex. Directors also reflected on an uplifting Striving for Excellence Awards ceremony held the preceding week.

Finally it was noted that an announcement on the Adult Community Services bid could be expected in mid-December.

The Board noted the report of the Chief Executive's Report.

## **2133/00 STAFF**

### **2133/01 Workforce Performance Report including Safer Staffing and Skill Mix SFT 3715 - Presented by AK & LW**

The Board received the Month 7 Workforce Performance Report.

It was noted that this report had been considered in detail on 30 November by the Executive Workforce Committee.

AK highlighted the following principal points -

- There were more nurses in post and the Trust continued to make use of variable staffing to close gaps.
- There was greater use of apprenticeships.
- Workforce spend had increased and around 11% of the total was on variable staffing.
- Agency staffing caps had been implemented nationally in relation to total spend and rates paid to agencies.
- HR continued to work with Directorates to improve the reporting of detailed sickness absence reasons.
- Staff turnover was stable.
- The Quarter 2 Staff Friends and Family test had included Facilities staff and the results were slightly down but ahead of averages.
- The version two of the SPIDA system would be rolling out in January to improve the availability of management information and the Trust continued to work to green status for appraisal compliance by the end of the financial year.

It was noted that the Trust continued to recruit EU nurses.

In relation to a question from Paul Kemp regarding the cost of variable staffing it was noted that there had been a challenging time in emergency pathways which had required additional capacity, for example in ITU in October.

The Workforce Report would track the impact of the national agency cap going forward. It was noted that there was a “break glass” facility in the agency rules to allow the use of more expensive agency where safety or quality was a factor.

On the Safer Staffing Report it was noted that less areas were flagging red or amber and the red continued to be in relation to NICU and Radnor who flexed staffing according to patient numbers and acuity. The number of nursing assistants on the day shift in Sarum Ward was offset by registered nurses.

The Board noted the Workforce Performance Report and Safer Staffing Report.

**2134/00 PATIENT CARE**

**2134/01 Quality Indicator Report to 31 October 2015 (Month 7) – SFT 3716 - Presented by CB and LW**

The Board received the Quality Indicator Report for October.

CB reported a new Never Event which was in relation to wrong site surgery. The error had been corrected by the surgical team. The Trust had requested that the Never Event reported in August (misplaced nasal gastric tube) should be downgraded following the completion of investigations.

Crude mortality had increased slightly reflecting a higher number of medical admissions. The Trust continued to carry out reviews of avoidable deaths. More fractured neck of femurs were getting to theatre in under 36 hours. The Trust continued to perform adequately on infection control.

There had been four DSSA breaches affecting 27 patients on the Medical Assessment Unit – the rate of these was reducing over time.

Directors reflected on the reporting of the August 2015 Never Event (misplaced NGT) and it was considered the appropriate thing to do to report the higher level of severity if this was consistent with the information known when the incident initially arose.

The Board noted the Quality Report.

**2134/02 Six Monthly Skill Mix Review – SFT 3717 – Presented by LW**

The Board received the September 2015 Six Monthly Skill Mix Review Report. The report gave an update on the implementation of investments agreed in the April 2015 Skill Mix Review including the use of resilience money to support additional staffing and Band 6 cover 24/7 in ED, five Band 6 midwives in June 2015, additional registered nurse weekend cover on Redlynch and Pitton and a further five Band 5 midwives as the second stage of the midwifery workforce plan.

A number of areas subject to further analysis which would be reported on in June 2016. These reflected changes in activity and ward refurbishments.

The report requested that the following areas for action be agreed:

- Amesbury Ward to support additional unsocial hours cover.
- ED to make recurring the uplift in Band 5 and Band 6 nurses currently funded through to 31 March 2016 by resilience money.

The support of the twilight shift cover at a cost of £3,162 annually was approved and the request to make ED funding recurring would be addressed through the 2016/17 budget cycle.

## **2135/00 PERFORMANCE AND PLANNING**

### **2135/01 Finance & Performance Committee Minutes 28 September and 26 October 2015 – SFT 3718 – Presented by NM**

The Chairman reported that the Committee was continuing to review the future direction of the Replica 3D company.

The Board received the minutes of the Finance and Performance Committee.

### **2135/02 Finance and Contracting Report to 31 October 2015 – SFT 3719 – Presented by MC**

The Board received the Finance and Contracting Report and it was noted that the Trust was £4.8m overspent which was slightly ahead of plan. There had been less elective patients than had been planned for and day cases were well above plan. Non elective attendances were up against plan and measures such as the Better Care Plan were not delivering reductions in this area. New Cost Improvement Programmes continued to be developed – savings and income generation of £2,980k had been achieved against a planned target of £3,926k. There were £1,191k of unidentified savings.

It was noted that the Trust was drawing down on previously agreed loans to support the cash position. The Trust's capital position was ahead of plan.

On contracts, challenges had been received from Wiltshire CCG and five performance notices received. A new list of interventions not normally funded had been received and was being reviewed. The Trust was over performing on the Dorset and the West Hampshire contracts which appeared to be due to changes in referral patterns and the Trust was asking the relevant CCGs to fund the additional activity. The effects of the Wiltshire CCG recovery plan on the Trust were not yet known.

The Trust would continue to review cost pressures to take account of general inflation, tariff deflation and a required increase in National Insurance contributions.

## Review of Single Tender Actions

At its meeting on the 30 November the Finance and Performance Committee had considered a report recommending a change in the Trust's Standing Financial Instructions that would move the requirement for the completion of Single Tender Actions from £2000 to £5000 contract value. As this was a proposed change to Standing Financial Instructions the decision fell to the Board.

The Board accepted the Committee's recommendation to change the threshold for Single Tender Actions from £2,000 to £5,000.

### **2135/03 Progress against Targets and Performance Indicators to 31 October – SFT 3720 – presented by AH**

The Board received the Operational Performance report for month 7. AH reported that the Trust had not in month 7 delivered the emergency department four hour target. Referral to treatment targets had been met and the backlog for endoscopy was reducing.

In relation to a question from Steve Long, AH confirmed around ten scheduled operations had been cancelled – and most re-booked - as a result of the suspended industrial action on 1 December.

On cost improvement, AH reported that £6.8m of savings had been identified and that the number of red rated schemes was reducing. Schemes for 2016/17 were under consideration. Paul Kemp emphasised the need to focus on recurring, rather than non-recurring schemes.

### **2135/04 Update on Strategic Planning – Presented by LA**

LA reported that requirements for the submission of 2016 plans had been published and the Trust would be required to submit by the end of February an operational plan and a final plan at the beginning of April. Work would also be commencing on a joint strategic plan for the local health economy through to 2020 for submission in the summer.

### **2135/05 Report of Director of Infection Prevention Control – SFT 3721 – Presented by LW**

Julian Hemming and Fiona McCarthy attended for this item and the Board received the DIPC Report for Quarters one and two.

It was noted that there had been no outbreaks of healthcare acquired infection and no MRSA cases. There had been one MSSA case in June. For Quarters one and two the Trust had attributed to it nine cases of C-Diff against an annual ceiling of 19.

It was noted that anti-microbial audits were on track and that audits of hand hygiene were continuing. The hand hygiene audits had identified some instances of more compliance in some areas. Executives were continuing to support full participation in infection control education.

JH and FMcC confirmed in relation to a question from Sarah Mullally that they had the necessary support from the organisation and the Executive Directors to carry out their work.

The Board noted the DIPC Report for Quarters one and two.

**2136/00 PAPERS FOR NOTING OR APPROVAL**

**2136/01 Minutes of Clinical Governance Committee 24 September and 22 October 2015 – SFT 3723 – Presented by LB**

The Trust received the minutes of the Clinical Governance Committee for information.

**2136/02 Minutes from Audit Committee 12 October 2015 – SFT 3724 – Presented by PK**

The Board received the draft minutes of the Audit Committee held on 12 October.

It was noted that an internal audit report was due for completion in relation to data capture. The committee had considered limited assurance reports and had been concerned about the assurance in relation to Estates. Issues around Authorised Persons to commission and supervise specific areas of Estates work were being addressed.

The Board noted the minutes of the Audit Committee.

**2136/03 Staff Survey Report – SFT 3726 – Presented by AK**

The Board received the Staff Survey Report. The report summarised actions being taken in relation to the themes in the 2014 Staff Survey. The Board was reminded that the Trust performed very well in comparison to other NHS organisations and was in the top 20% of acute trusts.

In relation to staff experiencing discrimination at work a specifically targeted listening into action group for staff identifying themselves as being from a black or minority ethnic group and a plan was being developed to share with the Staff Survey Steering Group. In relation to a staff experiencing bullying, harassment or abuse from patients, relatives of the public or staff the Dignity at Work Ambassadors had recently been launched and this would include the existing NED bullying and harassment advisors.

A 24 hour security service had been operating since spring 2015 and ward staff in particular appreciated this.

The percentage of staff reporting stress as a reason for sickness absence had decreased to 9.2% from the preceding year when it was 14.5%.

The Board noted the Staff Survey Report.

**2136/04 Assurance Framework – SFT 3727 – Presented by LW**

The Board received the Assurance Framework update which had been discussed in detail at a workshop earlier in the year to form the basis of the principal risks for the 2015/16 Assurance Framework. The Quarterly review of the Assurance Framework by the three assuring committees would continue.

The Assurance Framework as presented was agreed.

**2137/00 ANY OTHER URGENT BUSINESS**

No matters were raised.



**2138/00 QUESTIONS FROM THE PUBLIC**

Congratulations on the success of the Striving for Excellence Awards were offered.

**2139/00 DATE OF NEXT MEETING**

The next ordinary meeting of the Board would be held on Monday 8 February 2016 at 1.30 pm



## **CHIEF EXECUTIVE REPORT**

### **MAIN ISSUES:**

#### **FINANCIAL FRAMEWORK 2016/2017**

More details for the 2016/2017 national financial framework for providers has been published. Within it are details of a proposal to make £1.8 billion available to NHS providers as part of the Sustainability and Transformation Fund in return for agreeing tough control totals and an end of year surplus. The Board has been considering the offer and further details will follow. The deadline for the acceptance of this offer, set by Monitor, is February 8.

#### **ADULT COMMUNITY SERVICES IN WILTSHIRE**

Throughout the past year we have been involved in a competitive tendering process run by Wiltshire Clinical Commissioning Group (CCG) to choose who should be responsible for providing Adult Community Services in Wiltshire from 1 July 2016 onwards. This involved setting up a partnership called Wiltshire Health & Care which involves us, the Great Western Hospitals NHS Foundation Trust and the Royal United Hospitals Bath NHS Foundation Trust. Wiltshire CCG selected Wiltshire Health & Care as their 'preferred provider' marking an exciting new period of change where we will be able to work through organisational barriers, join up care and deliver the care being offered in the community. In terms of our patients, this will give us greater management of community care provided in south Wiltshire, as part of our overall vision to provide an outstanding experience for every patient. Wiltshire Health & Care are working closely with Wiltshire CCG to ensure the delivery of our comprehensive mobilisation plan so that there is a seamless transfer of services from July 1.

#### **CQC INSPECTION**

In the first week of December we had our Care Quality Commission (CQC) inspection which was followed by an unannounced visit, as is normal, and further requests for information right up until the New Year. We are scheduled to receive a draft report in February, where we will have 10 days to address any "factual inaccuracies" in the report and, considering the breadth and depth of the inspection and the amount of information that could be included in the report, it is likely to be a complex and intensive exercise. We will not be able to share any information until the final report is ready for publication in March. All relevant agencies will then meet on April 6 to discuss any plans for improvement that are identified in the report as part of what is called a Quality Summit.

#### **JUNIOR DOCTORS INDUSTRIAL ACTION**

The 12 January saw industrial action by junior doctors and it was pleasing to see that our staff pulled together to ensure that our patients received a safe, good quality service. During the industrial action the junior doctors provided emergency care only and while there was the potential for significant disruption for our patients, the action resulted in the cancellation of a very small proportion of operations and outpatient appointments. We provided up to date information and advice for patients and visitors through the media, our website and social media and I have thanked staff personally for their support through my message. While industrial action on 26 January was suspended, there is a further day of action planned for 10 February which constitutes a full walkout by junior doctors and we have revised our plans to

deal with this.

### **ELECTRONIC PATIENT RECORD (EPR) UPDATE**

Following approval of the full business case by the Board, work on the development of an electronic patient record which will replace our current PAS and many other Trust IT systems is progressing well and is on track to start going live this autumn. Working with staff across the hospital, we are now starting to review and agree the processes that will be used within the new system and we have had positive feedback from staff involved as they gauge the limitations of the systems they are currently using and the benefits of consolidated systems, a single point of access for information and the potential for easier ways of working. Further focused “local” sessions will continue with another round of workshops to be held later in February.

### **SALISBURY DEMONSTRATOR SITE FOR NEW PRODUCT DATA STANDARDS**

The Trust is one of only six sites across the country that has been selected by the Department of Health to pilot new national barcode standards for procurement, reflecting the excellent “quality standards” already used in Salisbury. The new national “GS1 standards” will be similar to systems used in shops by retailers and aims to help improve patient safety and provide a more efficient and effective service to hospital staff across the NHS. As a demonstrator site, the introduction of these new standards in Salisbury will cost £1.8m and will be fully funded by the DoH. This is an outstanding achievement for Salisbury and reflects the considerable amount of work that we are already doing here to ensure we have good quality, safe and effective procurement systems in place.

### **WOMEN RATE SALISBURY MATERNITY SERVICES HIGHLY**

New mothers have rated the quality of care and level of support they received highly in an independent Care Quality Commission survey of NHS maternity units. The survey looked at women’s experiences of care provided by hospital and community staff from early pregnancy to four weeks after the birth. When compared with all 133 providers of maternity services, Salisbury District Hospital scored well in many areas and was better than many other Trusts at treating women in labour and during the birth. The care that they give at home following the birth of their baby was also good, and women said they had confidence in our midwives, that midwives were conscious of the way mothers felt emotionally and that they listened to what women have to say.

### **HOSPITAL BUNGALOWS REOPEN**

Patients and relatives who live a long way from Salisbury District Hospital and need short term accommodation can now benefit from a major £200,000 refurbishment to the two on-site bungalows. The bungalows were built by the Salisbury Hospital League of Friends in 1980 and 1994 to support relatives of patients who use the hospital’s regional services. Each bungalow has a fully fitted kitchen, lounge and six en-suite twin bedrooms, which are available 24 hours a day.

### **ACTION REQUIRED BY THE BOARD:**

To note the report of the Chief Executive.

### **ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:**

n/a

**AUTHOR: Peter Hill**

**TITLE: Chief Executive**

# Trust Board Workforce Performance Report M9 2015-16

<b>Presented for :</b>	Information
<b>Presented by :</b>	Alison Kingscott, Director of Human Resources and Organisational Development
<b>Author :</b>	Victoria Downing-Burn, Deputy Director of HR (interim) and Mark Geraghty, Head of Workforce Information and Planning
<b>Previous Committees :</b>	None.

## Key points

The Trust Board is asked to consider this report, the detail of the metrics and actions and the updates.

This report satisfies the following three, of four, strategic aims, and each of the Trust Values as outlined below:

## Strategic Aims

<b>Care</b> - We will treat our patients with care, kindness and compassion and keep them safe from avoidable harm	✓
<b>Our Staff</b> - We will make SFT a place to work where staff feel valued to develop as individuals and as teams	✓
<b>Value</b> - We will be innovative in the use of our resources to deliver efficient and effective care	✓

## Values

We will be Patient Centred and Safe, Professional, Responsive and Friendly	✓
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## 1. Summary

This report describes the key workforce performance metrics for the Trust and the actions undertaken to address those metrics recorded as RED and AMBER. For the purpose of this first report to the Board the report also provides a narrative across all of the presented metrics, with trend analysis for the GREEN rated items.

The report is summarised against four categories:

- Workforce Numbers: numbers and vacancies
- Workforce Quality: temporary workforce and safer staffing
- Workforce Health: absence, starters and turnover, Staff FFT
- Workforce Compliance: appraisal, training

## **2. Performance**

Please refer to the charts in the document for monthly data (December 2015) and trends over the previous five months (July 2015 – November 2015).

### **Workforce Numbers**

#### **2.1 Staff in Post**

The trend on previous months is improving, with significant changes seen in the past 2 months.

The total number of staff in post is 2790, against a plan of 2942. The overall vacancy rate is, therefore, 5.2%. It is rated GREEN.

Around half of the nursing workforce in the trust is ward based with the other half includes: Out Patients; Clinical Nurse Specialists, and Midwives. The trust has 94 unfilled substantive qualified nurse posts within the Trust. This is an improving situation on the previous month. On-going actions around local, European and International recruitment options are underway to move the rating from its current status of AMBER to green. In January there were 8 nurses from Italy who joined the Trust, and a further 15 are due for induction in February, all of whom will take up roles on the wards.

The total plan for Registered Nurses is 849<sup>1</sup>. The total RN staffing figure (n= 755) excludes an FTE figure for staff who are on maternity leave. Staff on maternity leave are not included and the gaps that this creates is bridged through the use of bank and agency – see section 2.3.

#### **2.2 Vacancies**

The trend on previous months is improving, across all vacancies and registered nursing, with significant changes seen in the past 2 months.

The Nursing and Midwifery vacancy rate is slightly higher than the Trust plan at 11.0%<sup>2</sup>. This gap is covered through bank usage and agency where required. On average the maternity gap across the trust is lower at 2.2 %. When variable staffing for nursing (use of temporary agency / bank staff) is included the vacancy rate is -1.2%, which is up from last month at -0.3%.

The gap between desired workforce establishment (across the whole trust) and actual has been reduced and the vacancy rate is 5.2% against a plan of 5%.

#### **2.3 Workforce Costs and Quality (use of bank and agency)**

There has been no change in the total workforce spend vs plan, AMBER, or in the variable staffing as a proportion of total workforce spend since the previous month, GREEN.

<sup>1</sup> This figure is for all RN staff including ward based; Out Patients; Clinical Nurse Specialists, and Midwives. Currently ward based nursing accounts for around 50% of the total.

<sup>2</sup> this figure includes the gap created by maternity leave circa 3.8%

Pay costs for M9 are £10.5m; workforce costs showed an overspend of £1.4m. The combined costs of variable workforce costs for the reporting month were £1.1m.

Year to date (M9) bank costs are £4.5 million, compared to £4.2 million for the same period in 2014/15. In M9 the spend was £515,270, which is a decrease on the previous month (£567,696) and against the preferred direction of travel.

Year to date (M9) agency costs are £6.1m, compared to the same period in 2014/15 of £5.5m.

There remains some fluctuation around agency spend reported with this month seeing an increase in spend having reduced in the previous month. Intelligence has been gathered from other Trusts as to the approaches and tactics adopted with agencies. The SDH approach is consistent with others and we are continuing to work to improve the supply of nursing and medical labour. Continuing to build our nursing and HCA bank, remains an important trust activity, as does all permanent recruitment.

The second level of Monitor cap requirements are due to take effect from the 1 February 2016, with procurement leading work to reinforce our position with agencies.

### ***Return to Green***

Increasing the supply of labour is key. We are doing this through continuing to grow our internal nursing bank; having open adverts on NHS jobs to attract speculating individuals; offering flexible contracts.

Reducing agency costs is key. We are aiming to do this by improving the supply of labour and enforcing the Monitor cap rates when agency is the last resort, without compromising patient safety.

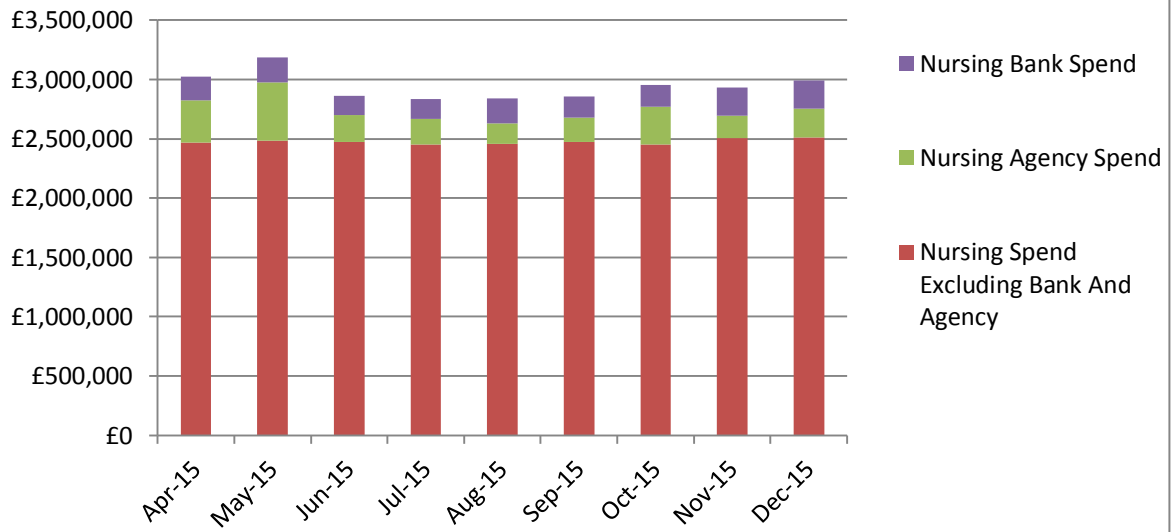
## **Workforce Quality**

### ***2.4 Efficiency of staff deployment***

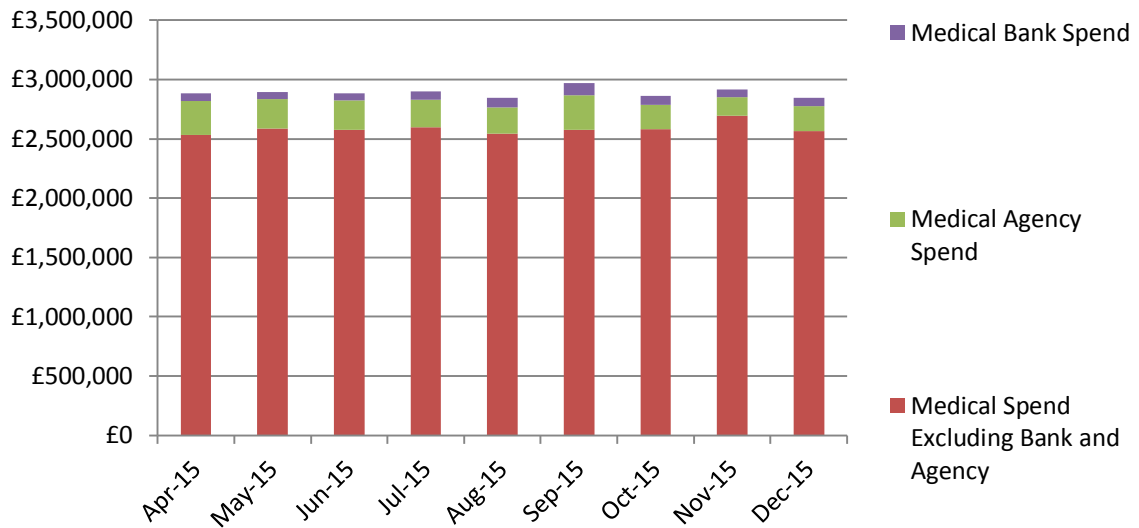
The percentage of bank nursing shift fill rates has continued to decrease again this month – as part of a downward trend over the past 5 months – the hours filled by bank has decreased this month. In November the number of shifts requested was 4200, and in December it was 3911. Of the 3911 shifts requested a total of 852 were filled by agency (22%) and of this number 170 were above the capped rate (20%). This forms part of the reporting to Monitor.

The following chart shows that nursing spend has fluctuated a small degree, since the previous month with bank spend decreasing and agency spend increasing.

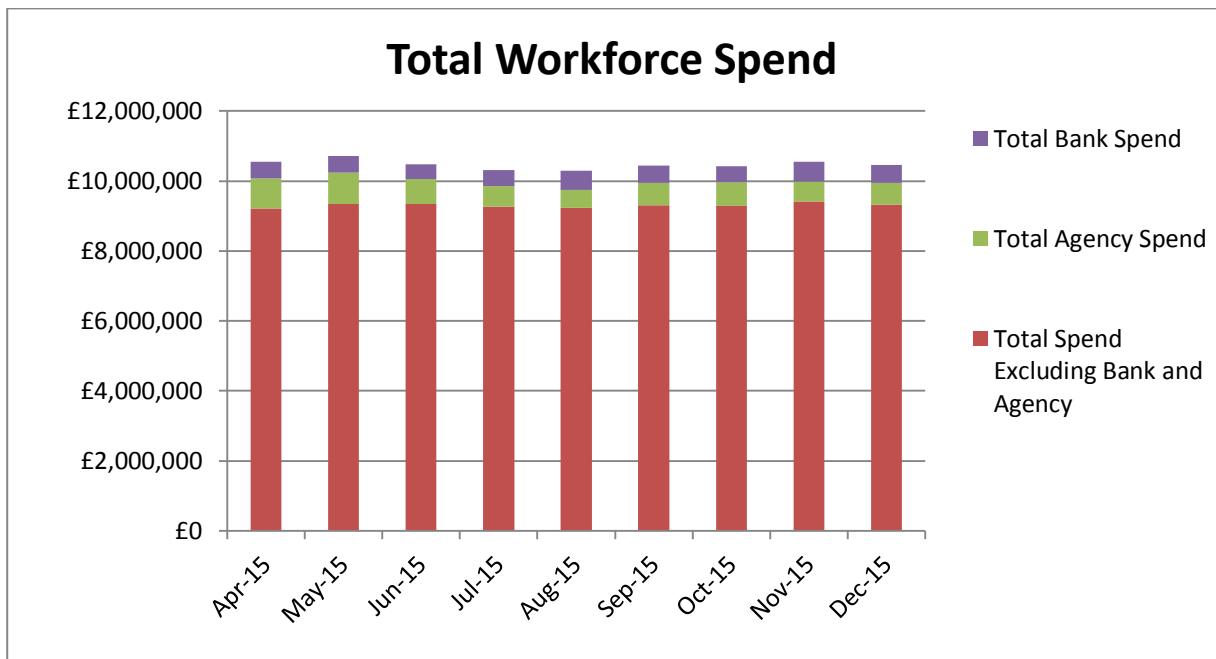
## Registered Nursing Spend



## Medical Spend







## 2.5 Safer staffing

The ratio of 62:38 has remained stable since last month.

Appended to this report is the 'Safer Staffing NQB Report – December 2015' which provides a further analysis of the nursing staffing levels across the Trust including a full breakdown of the percentage of filled shifts (day and night). The report also provides an assessment of Red and Amber areas and mitigations.

## Workforce Health

### 2.6 Sickness absence

The trend on previous months is improving, with a slight improvement seen in the past month. Sickness is at 3.0% against a target of 2.87%, GREEN.

In month 9 the sickness absence rate showed a decrease: short term sickness has decreased this month, whilst long term sickness has continued to decrease over the last 3 months.

### 2.7 Turnover

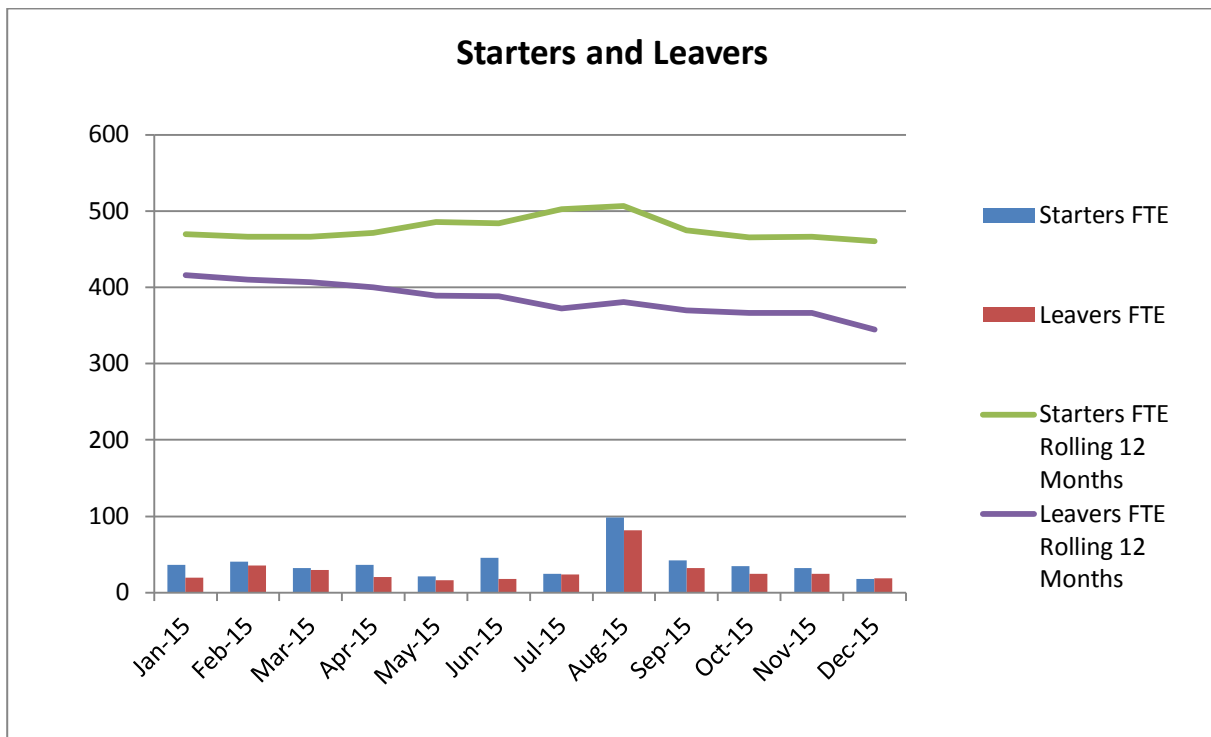
The trend on previous months is improving, with significant changes seen in the past month. It is reported GREEN.

The trend for overall turnover has decreased this month, with total turnover of 9.1%. Nurse turnover is 7.6% which is lower than the trust average.

To understand the success of the Trust in retaining staff the Stability Index for nurses and medics is provided below (Stability Index is the number of staff with 1 year or more service with the Trust). Stability Index of staff groups shows that:

- Nurses at 88.4%
- Medics at 82.3%

The Starters and leavers Chart below shows the FTE on a rolling 12 month percentage, and therefore, excludes bank and locum medical staff.



### 2.8 Friends and Family Test

The results for Q2 saw a downward response from staff particularly in relation to the Trust being a place to work. Information from the 2015 staff survey results will be used to understand more about the potential reasons.

## Workforce Compliance

### 2.9 Appraisal rates

There has been an increase on appraisal compliance for non-medical staff this month (M9), from 59% to 62%, RED. Medical staff continue to perform well at 92%, and are rated GREEN.

#### Return to Green

- The HR team has been working directly with team managers to address non-compliance and increased activity on the system has been reported.
- SpIda<sup>3</sup> 2 testing has been undertaken during January. The updated system goes live on 1 February 2016. The 'fixes' to the existing systems, such as being able to 'exempt' those on long term sickness absence, maternity leave or secondment will enable more accurate reporting of the compliance levels.

<sup>3</sup> Salisbury performance Individual development appraisal system

### **2.10 Statutory and Mandatory Training**

The overall compliance has remained relatively stable with a decrease of 0.1% since last month. Two areas remain RED.

Compliance with training overall is reported as AMBER at 81.0%.

#### **Return to Green**

- A number of additional Hand Hygiene sessions are currently underway with good attendance.

### **3. Communication and Involvement**

The workforce metrics are available for all staff groups, Directorates and wards/departments throughout the Trust. Work continues to integrate qualitative intelligence with the metrics to better inform performance management discussions. Directorates are provided with rankings on key measures, enabling managers to understand how their performance compares with their peers.

### **4. Recommendation**

The Board is asked to note the current position.

### **5. Supporting Information**

The following reports are attached as appendices:

1. Metrics
2. Safer Staffing NQB Report – December 2015.

Alison Kingscott  
Director of HR and OD  
January 2016

## Workforce Numbers

Staff In Post (SiP) numbers	Target	Dec-15	Trend	Plan
Total substantive Staff in Post (FTE)	= 95% of funded establishment (see vacancy rate RAG rating criteria below)	2,790		2,942
Total substantive SiP - Registered Nurses (FTE)	= 92% of funded establishment (see vacancy rate RAG rating criteria below)	755		849
Total registered nurses including variable staffing	See plan	859		849

Vacancies	Target	Dec-15	Trend	Plan
All Vacancies - excluding variable staffing (%)	<6% = green, 6% to 10% = amber, >10% = red	5.2%		5.0%
Registered Nursing Vacancies - excluding variable staffing (%)	<10% = green, 10% to 12% = amber, >12% = red	11.0%		10.0%
Registered Nursing Vacancies - including variable staffing (%)	<5% = green, 5% to 6% = amber, >6% = red	-1.2%		0.0%

Workforce Costs and Quality	Target	Dec-15	Trend	Plan
Total Workforce spend vs. plan (YTD % above/below plan)	Plan ±1% = green, plan ±1 to 5% = amber, plan ±>5% = red	1.5%		£92,916,504
Variable Staffing spend as proportion of total workforce spend	Reduction	10.7%		6.8%
Bank Spend Total	Upward trend	£515,270		
Nursing Bank Spend (All Nursing)	Upward trend	£400,793		
Medical Locum Bank Spend	Upward trend	£67,696		
Agency Spend Total	Reduction	£605,775		
Nursing Agency Spend (All Nursing)	Reduction	£303,439		
Medical Agency Spend	Reduction	£212,862		

## Workforce Quality

Efficiency of Staff Deployment	Target	Dec-15	Trend	Plan
Bank Shift Fill Rate % - All Nursing	Upward Trend	57.4%		85.0%
Bank Shift Fill Hours - All Nursing	Upward Trend	17,176		25,427
Agency Shift Fill Rate % - All Nursing	Reducing	27.6%		
Agency Shift Fill Hours - All Nursing	Reducing	8,250		

Safer Staffing - Month 9 to follow	Target	Nov-15	Trend	Plan
Actual Staffing Levels - Nursing Assistants % of planned	No target	102.0%		
Actual Staffing Levels - Registered Nurses % of planned	No target	102.0%		
Actual Skill Mix % Qualified	No target	62.0%		

## Workforce Health

Sickness Absence	Target	Dec-15	Trend	Plan
Overall Sickness Absence Rate (12m rolling average %)	<=3.1% = green, 3.2% to 4% = amber, >4% = red (2.87% target).	3.0%		3.0%
Short Term Sickness (12m rolling average %)	No target	1.4%		1.4%
Long Term Sickness (12m rolling average %)	No target	1.6%		1.6%
Average number of working days lost per FTE (in previous 12 months)	<=6.8 = green, 6.9 to 8.6 = amber, >8.6% = red	6.5		6.5
Financial cost of sickness in last 12 months	<=3.1% = green, 3.1% to 4% = amber, >4% = red	£3,656,783		£3,673,950
Turnover	Target	Dec-15	Trend	Plan
Staff Turnover rolling 12 months % (Excluding Rotational Medical Staff)	7-10% = green, 10% -12% = amber, >12% = red. (8.5% target)	9.1%		8.5%
Registered Nurse Turnover rolling 12 months %	7-10% = green, 10% -12% = amber, >12% = red. (8.5% target)	7.6%		8.5%
Starters % rolling 12 months (Excluding Rotational Medical Staff)	No target	12.6%		12.7%
Registered Nurse Starters rolling 12 months	No target	8.6%		8.7%
Staff Friends and Family Test	Target	Q2 2015/16	Trend	Forecast Out Turn
% of Staff agreeing they would recommend the hospital as a place to receive treatment	Top 20% of Trusts Nationally (88%)	89.6%		92.6%
% of Staff agreeing they would recommend the hospital as a place to work	Top 20% of Trusts Nationally (72%)	67.6%		80.8%

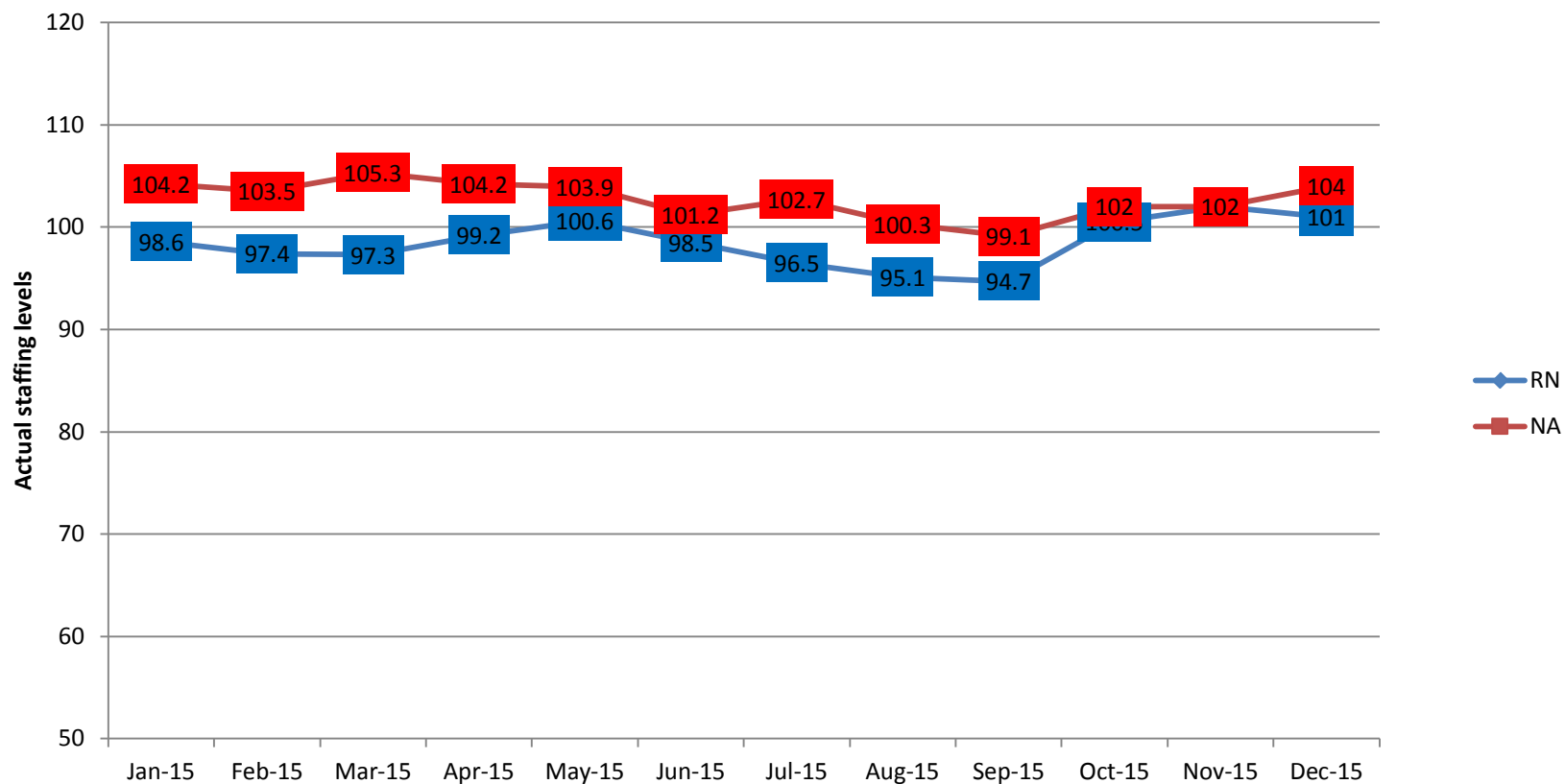
## Workforce Compliance

Appraisal rates (excludes Medical Staff)	Target	Dec-15	Trend	Plan
Appraisal rates for Non Medical Staff	>85% = green, 75% to 85% = amber, <75% = red	62.0%		85.0%
Appraisal rates for Medical Staff	>85% = green, 75% to 85% = amber, <75% = red	92.0%		92.0%
Statutory and Mandatory Training - All Staff	Target	Jan-16	Trend	Plan
Overall Statutory and Mandatory Training Compliance	>85% = green, 75% to 85% = amber, <75% = red	81.0%		85.0%
Equality and Diversity	>85% = green, 75% to 85% = amber, <75% = red	83.6%		85.0%
Fire Safety	>85% = green, 75% to 85% = amber, <75% = red	77.0%		85.0%
Health and Safety Overview	>85% = green, 75% to 85% = amber, <75% = red	86.4%		85.0%
Infection Prevention and Control (including hand hygiene)	>85% = green, 75% to 85% = amber, <75% = red	74.0%		85.0%
Information Governance	>85% = green, 75% to 85% = amber, <75% = red			
Moving and Handling	>85% = green, 75% to 85% = amber, <75% = red	74.3%		85.0%
Safeguarding Adults	>85% = green, 75% to 85% = amber, <75% = red	91.0%		85.0%
Safeguarding Children Level 1 and 2	>85% = green, 75% to 85% = amber, <75% = red	80.4%		85.0%

# Safe Staffing NQB Report – December 2015

# Monthly Comparisons – Actual Staffing Levels

Registered Nurses			Nursing Assistants			Combined			Actual Skill Mix	
P	A	%	P	A	%	P	A	%		
56399.8	57184.4	101 %	34198.1	35497	104%	90598	92681.4	102%	62	38



# Overview of Nurse Staffing Hours – December 2015

	RN	NA
Total Planned hours (day shift)	33990.05	22886.82
Total Actual hours (day shift)	33852.97	23575.23
Percentage	<b>99.6%</b>	<b>103%</b>
Total Planned hours (night shift)	22409.75	11311.25
Total Actual hours (night shift)	23331.42	11921.72
Percentage	<b>104.1%</b>	<b>105.4%</b>

The percentage hours are based on actual versus planned and are measured on a shift by shift basis.

# Nursing Hours by Day Shifts

Row Labels	RN hours required	RN hours filled	% RN hours filled	CA hours required	CA hours filled	% CA hours filled
<b>Medicine</b>	<b>13395.25</b>	<b>13273.50</b>	<b>99.1%</b>	<b>10118.23</b>	<b>11219.15</b>	<b>110.9%</b>
Durrington Ward	1096.00	1066.50	97.3%	886.00	1087.00	122.7%
Emergency Department	356.50	356.50	100.0%	356.50	356.50	100.0%
Farley Ward	1748.25	1631.50	93.3%	1498.50	1589.00	106.0%
Hospice	893.00	847.00	94.8%	644.98	729.98	113.2%
Pembroke Ward	858.50	861.00	100.3%	429.50	424.50	98.8%
Pitton Ward	1447.50	1553.75	107.3%	1108.50	1408.00	127.0%
Redlynch Ward	1501.00	1386.00	92.3%	1125.50	1216.50	108.1%
Tisbury Ward	2047.00	1912.00	93.4%	705.75	709.17	100.5%
Whiteparish Ward	1631.00	1809.25	110.9%	1063.50	1112.50	104.6%
Winterslow Suite	1816.50	1850.00	101.8%	2299.50	2586.00	112.5%
<b>Surgery</b>	<b>6409.50</b>	<b>6752.58</b>	<b>105.4%</b>	<b>3076.50</b>	<b>2803.00</b>	<b>91.1%</b>
Britford Ward	2147.00	2519.25	117.3%	1237.00	1239.00	100.2%
Downton Ward	1362.50	1449.33	106.4%	1023.00	1032.25	100.9%
Radnor	2900.00	2784.00	96.0%	816.50	531.75	65.1%
<b>Clinical Support</b>	<b>4547.23</b>	<b>4362.73</b>	<b>95.9%</b>	<b>2169.75</b>	<b>1630.75</b>	<b>75.2%</b>
Maternity	2627.23	2331.23	88.7%	1381.25	1265.25	91.6%
NICU	1126.50	1016.00	90.2%	437.00	107.00	24.5%
Sarum Ward	793.50	1015.50	128.0%	351.50	258.50	73.5%
<b>Musculo-Skeletal</b>	<b>9638.07</b>	<b>9464.15</b>	<b>98.2%</b>	<b>7522.33</b>	<b>7922.33</b>	<b>105.3%</b>
Amesbury Suite	1935.75	1876.75	97.0%	1562.25	1526.50	97.7%
Avon Ward	1417.08	1488.73	105.1%	1562.25	2024.75	129.6%
Burns Unit	1483.75	1440.25	97.1%	577.50	542.75	94.0%
Chilmark Suite	1546.50	1670.50	108.0%	1152.25	1053.00	91.4%
Laverstock Ward	1905.75	1716.25	90.1%	1121.75	1085.50	96.8%
Tamar Ward	1349.23	1271.67	94.3%	1546.33	1689.83	109.3%
<b>Grand Total</b>	<b>33990.05</b>	<b>33852.97</b>	<b>99.6%</b>	<b>22886.82</b>	<b>23575.23</b>	<b>103.0%</b>



# Nursing Hours by Night Shifts

Row Labels	 RN hours required	RN hours filled	% RN hours filled	CA hours required	CA hours filled	% CA hours filled
<b>Medicine</b>	<b>9492.00</b>	<b>9779.00</b>	<b>103.0%</b>	<b>5048.00</b>	<b>5841.50</b>	<b>115.7%</b>
Emergency Department	356.50	356.50	100.0%	356.50	356.50	100.0%
Farley Ward	1069.50	1046.50	97.8%	713.00	713.00	100.0%
Hospice	579.50	593.00	102.3%	414.50	401.00	96.7%
Pembroke Ward	713.00	713.00	100.0%	0.00	0.00	
Pitton Ward	1069.50	1184.50	110.8%	713.00	931.50	130.6%
Redlynch Ward	1069.50	1081.00	101.1%	355.50	482.00	135.6%
Tisbury Ward	1426.00	1388.50	97.4%	356.50	333.50	93.5%
Whiteparish Ward	1426.00	1610.00	112.9%	356.50	347.00	97.3%
Winterslow Suite	1069.50	1093.00	102.2%	1069.50	1529.50	143.0%
Durrington Ward	713.00	713.00	100.0%	713.00	747.50	104.8%
<b>Surgery</b>	<b>4392.00</b>	<b>4976.75</b>	<b>113.3%</b>	<b>1140.00</b>	<b>1174.50</b>	<b>103.0%</b>
Britford Ward	930.00	1410.50	151.7%	620.00	630.00	101.6%
Downton Ward	620.00	770.00	124.2%	520.00	510.00	98.1%
Radnor	2842.00	2796.25	98.4%	0.00	34.50	
<b>Clinical Support</b>	<b>4637.75</b>	<b>4331.67</b>	<b>93.4%</b>	<b>1480.75</b>	<b>1076.50</b>	<b>72.7%</b>
Maternity	2495.50	2287.92	91.7%	1066.75	846.50	79.4%
NICU	1068.25	940.75	88.1%	356.50	138.00	38.7%
Sarum Ward	1074.00	1103.00	102.7%	57.50	92.00	160.0%
<b>Musculo-Skeletal</b>	<b>3888.00</b>	<b>4244.00</b>	<b>109.2%</b>	<b>3642.50</b>	<b>3829.22</b>	<b>105.1%</b>
Amesbury Suite	589.00	589.00	100.0%	883.50	855.00	96.8%
Avon Ward	620.00	911.50	147.0%	930.00	970.00	104.3%
Burns Unit	620.00	630.00	101.6%	310.00	290.00	93.5%
Chilmark Suite	589.00	655.50	111.3%	589.00	522.50	88.7%
Laversstock Ward	850.00	830.00	97.6%	310.00	340.00	109.7%
Tamar Ward	620.00	628.00	101.3%	620.00	851.72	137.4%
<b>Grand Total</b>	<b>22409.75</b>	<b>23331.42</b>	<b>104.1%</b>	<b>11311.25</b>	<b>11921.72</b>	<b>105.4%</b>

# Overview of Areas with Red/Amber

Flag	Ward	%	RN	NA	Shift	Mitigation
Red	Radnor	66%		√	Day	Small numbers of NA's used to support the team. Not covered each shift which is not always clinically indicated but the data collection model used cannot reflect this flexibility as planned establishment has to be entered into the system as a standard daily amount.
Red	Sarum	74%		√	Day	NAs used flexibly and over 100% on nights. Staffing levels assessed daily against patient acuity. Looking to develop Band 1 Housekeeper role
Red	NICU	24%		√	Day	Small number of MA's used with a decrease of 24% in NA day cover for December. Not replaced when not available
Red	NICU	39%		√	Night	An increase in 22% reflecting the change of skilled NA cover from days to nights to help ensure the provision of safe care due to the 6% reduction of RN cover at night
Amber	Maternity	89%	√		Days	A 7% reduction brings this into local Amber thresholds. All shifts reviewed by coordinator and local escalation process applied to ensure safety and 1:1 care in labour.
Amber	NICU	84%	√		Nights	A decrease of 6% resulting in a local Amber threshold but safe staffing is maintained with a 22% increase in skilled NA night cover
Amber	Chilmark	89%		√	Nights	Previously at 100% but covered by RN Band 5 due to high levels of acuity demonstrating flexible rostering

# Overview of Overstaffed Areas (115% and above)

Ward	%	RN	NA	Shift	Mitigation
Britford	117%		√	Day	A rise of 15%. Over establishment is due to 2 <sup>nd</sup> Nurse requirement for SAU during the day whilst located on Wilton during refurb.
Sarum	128%	√		Day	Up 22% as patient demands required an increase in daytime trained staff
Sarum	160%		√	Night	Up 35% from November to support night staffing . Flexible rostering enabled NA increase at nights to ensure safe staffing levels permitting RN increase during the day as above
Durrington	123%		√	Day	Up 22% due to 1:1 (specialing) care needs
Pitton	127%		√	Day	8% increase for 1:1 care . A patient with high level needs on long time waiting alternative placement within the NHS
Pitton	131%		√	Nights	An increase of 8% as above
Avon	147%	√		Nights	A 40% increase due to additional staffing to ensure line of sight for ventilated patients who for clinical reasons required side room placement.
Downton	124%	√		Nights	Up 20%. A tracheostomy patient that needed a Band 5 special. 24/7
Redlynch	136%		√	Nights	1% decrease but the level of overall increase is due to 1:1 care needs
Tamar	137%		√	Nights	8% decrease but the overall increase is due to the high number of 5 man turns requiring additional NA support
Winterslow	143%		√	Nights	An increase in 14% . A mixture of both 1:1 care and 3 bariatric patients who require more staff for care needs

# Mitigation of Risk

Wards remain fairly static against our internal measures this month reflected at 99.6 % for RN Day cover and over 100% for NA shifts and RN night cover.

- Specialist areas such as Radnor (ICU), and NICU continue to flag where staffing is used flexibly according to patient numbers and acuity which cannot be reflected accurately on this tool.
- Many areas demonstrated an increase in cover due to 1:1 care needs across the inpatient wards areas
- Each shift risk assessed for staffing needs by senior nurse and adjusted accordingly.
  - Maternity continue to recruit into an increased establishment
  - Appropriate 1:1 or 1:2 ratios maintained on all shifts in critical care areas
- All shifts are assessed daily by Directorate Senior Nurses to ensure they are safe .

# Actions taken to mitigate risk

- Patient acuity assessed for staffing levels by individual wards by nurse in charge
- There is a sustained increase of staffing levels throughout wards in the Trust this month due to high patient acuity demands
- Trust wide staffing levels are assessed against patient acuity and staff moved across wards by Directorate Senior Nurses and Clinical Site Team as required
- Staffing levels reduced when beds empty/ procedure lists reduced whilst maintaining appropriate staffing ratios
- Shifts that are difficult to cover (nights and weekends) are prioritised.
- If all of the above measures have been taken there may be a requirement that staff on training days are brought back to work clinically as required and / or Sisters on supervisory shifts work clinically.
- Additional NAs rostered to support unfilled RN shifts as demonstrated
- CCOT team support wards where acuity of patients high



## Quality indicator report – December 2015 &amp; Q3 15/16

**Date: 26 January 2016**

**Report from: Dr Christine Blanshard, Medical Director & Lorna Wilkinson, Director of Nursing**

**Presented by: Dr Christine Blanshard, Medical Director**

**Executive Summary:**

- 2 MSSA and no MRSA bacteraemias in Q3. The non-elective MRSA screening rate declined and the Directorates have investigated this with the clinical leads to gain improvement.
- No cases of Trust apportioned reportable C Difficile in December. Total of 1 case in Q3. Below trajectory at the end of Q3. YTD 10 cases against a full year target of no greater than 19 cases.
- 2 new serious incident inquiries in December. 13 in total in Q3 including a never event.
- An upward trend in the crude mortality rate in Q3. SHMI is 109 to June 2015 and 103 when adjusted for palliative care to March 2015 and is as expected. HSMR is 107 to September 15 and is as expected. NHSE are intending to publish avoidable mortality rates by Trust in 16/17. The Trust is preparing to strengthen mortality governance in respect of recent NHSE guidance.
- An increase in grade 2 pressure ulcers in December and in Q3 compared to Q2. One grade 3 pressure ulcer reported in November.
- Safety Thermometer – a sustained trend of 95 - 96% of 'new harm free care' and a sustained trend of 90 - 92% of 'all harm free care' of patients admitted to hospital with a harm.
- There were 4 falls in December which resulted in fractures. In Q3 in total there were 7 falls resulting in 5 fractures – a fractured hip and tibia both requiring surgery, a fractured patella, shoulder and pelvis all managed conservatively. The other 2 falls, both resulted in catastrophic harm with subdural haemorrhages. Both are subject to a serious incident inquiry.
- In Q3, good performance was sustained in stroke care of patients receiving a CT scan within 12 hours and spending 90% of their time on the stroke unit. However, in Q3 there was a downward trend of patients reaching the stroke unit within 4 hours. In December 7 patients were affected, all related to bed capacity or a late referral from ED (winter pressure challenges). A new measure of the quarterly SSNAP audit grade is reported as C in Q2.
- High risk TIA referrals being seen within 24 hours significantly improved in Q3.
- Escalation bed capacity increased in Q3 as did the number of multiple patient ward moves.
- In December there were 2 mixed sex accommodation breaches affecting 2 patients waiting to be transferred from Radnor to a ward. In Q3 there were 10 breaches affecting 46 patients, a significant decrease from Q2. In Q3, a policy, patient information and quick screens were all introduced along with RCAs of each breach. The RCAs indicate the causes are bed capacity, volume and acuity of patients.
- Real time feedback from patients about whether they were treated with care and compassion and rating the quality of the care received remained consistent. FFT inpatient response rates were sustained but ED remained below the local target. Maternity Services rallied following advice from RUH but dipped at the end of Q3 due to survey fatigue. Day cases and outpatient response rates remain at a low level.

**Proposed Action:**

**1. To note the report**

**Links to Assurance Framework/ Strategic Plan:  
CQC registration**

**Appendices:  
Trust quality indicator report – December 2015  
Supporting Information**



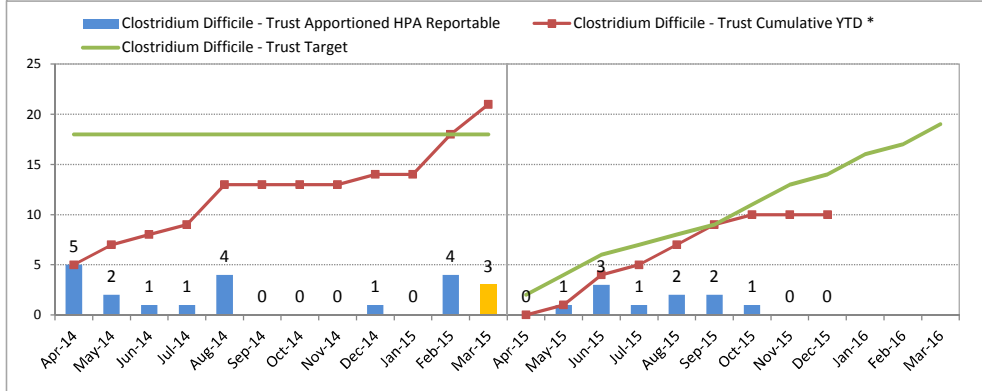
Infection Control	2014-15	2015-16 YTD
MRSA (Trust Apportioned)	● 1 (+1)	● 0

Trust Incidents	2014-15	2015-16 YTD
Never Events	● 2	● 2**
Serious Incidents Requiring Investigation	● 30	● 23***

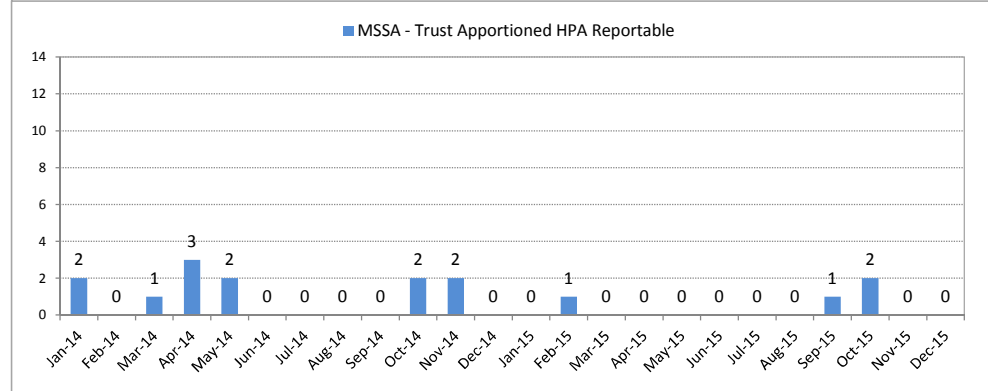
\*\* 1 never event to be downgraded.

\*\*\* Of these SIs commissioned, 1 has been downgraded

**Clostridium Difficile - Trust Apportioned**



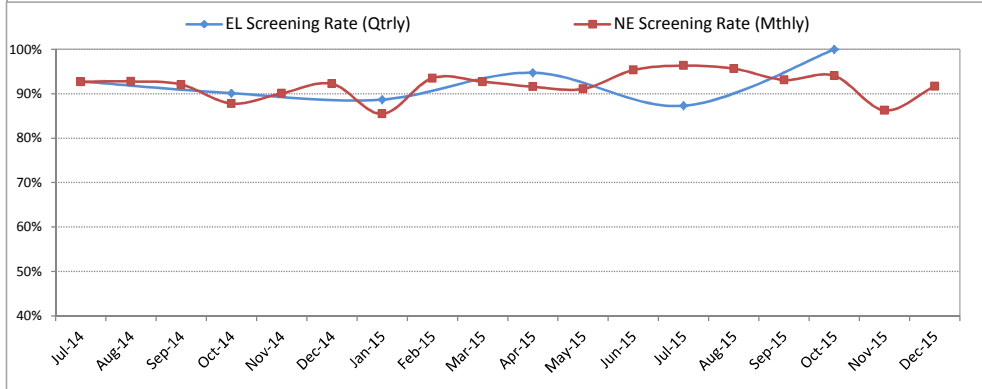
**MSSA - Trust Apportioned**



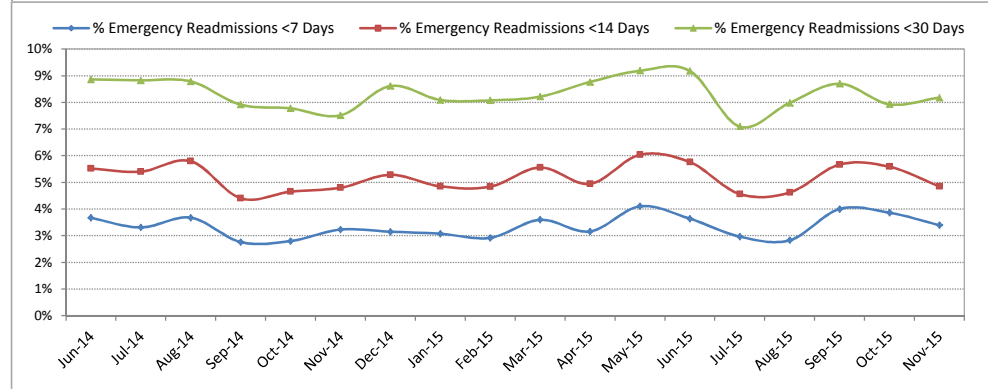
\* Clostridium Difficile – Trust cumulative YTD includes only those cases with identified lapses in care

In March 2015 there were 2 additional cases of Clostridium Difficile that were removed from the trajectory following a CCG review. No lapses in care were found.

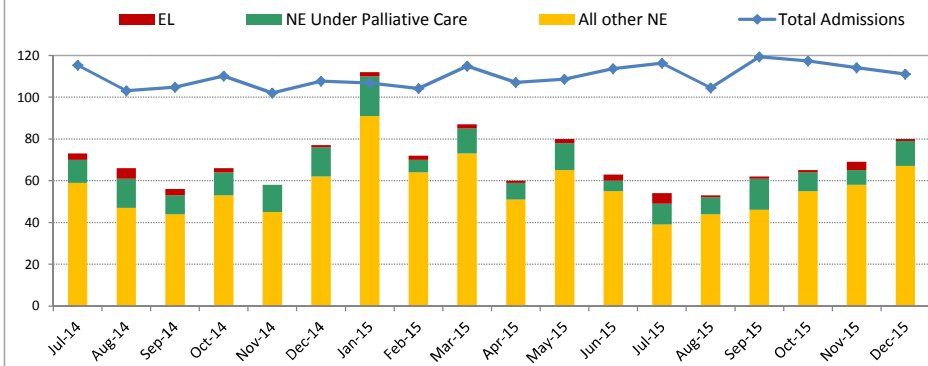
**MRSA Screening**



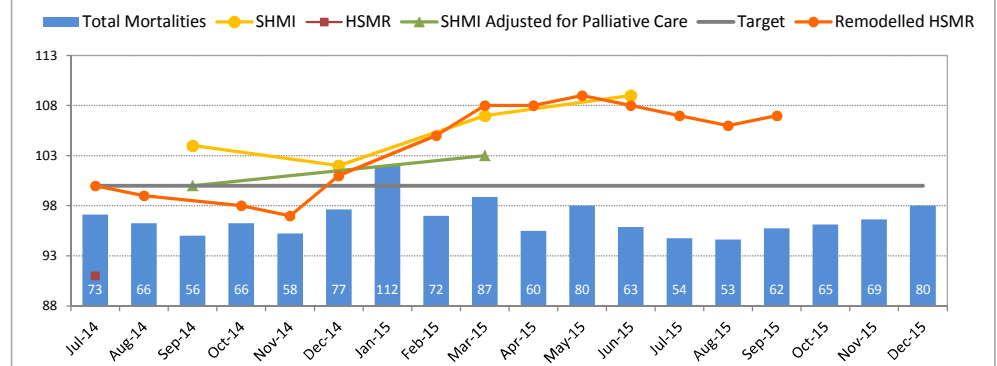
**Emergency Readmissions within 7, 14 & 30 days of Discharge**



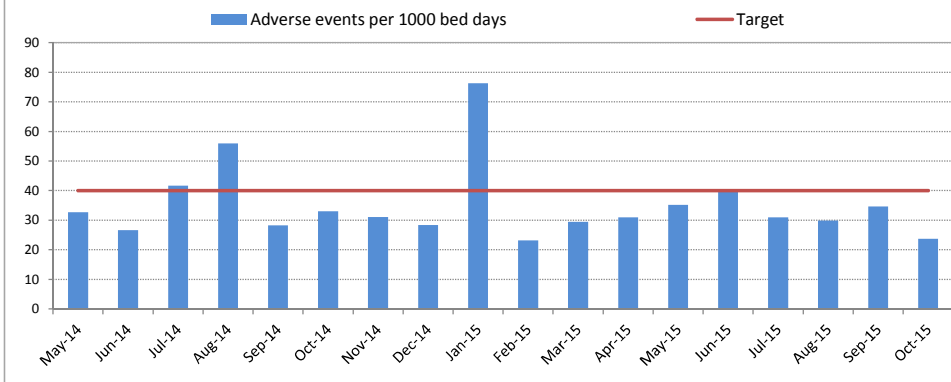
Hospital Mortalities



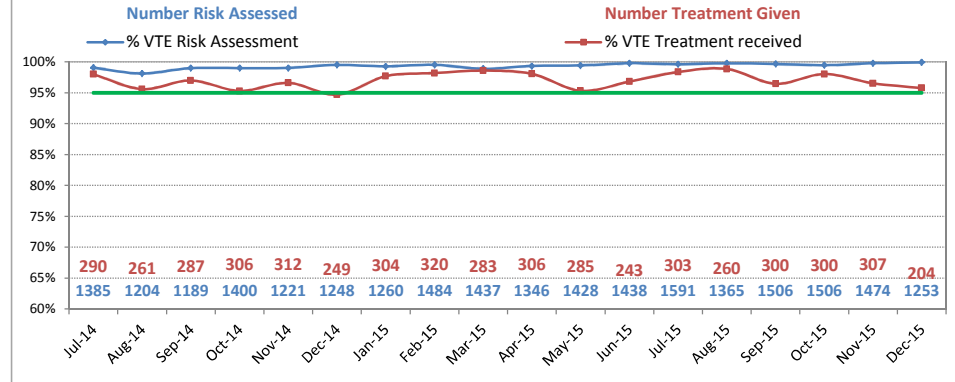
HSMR and SHMI



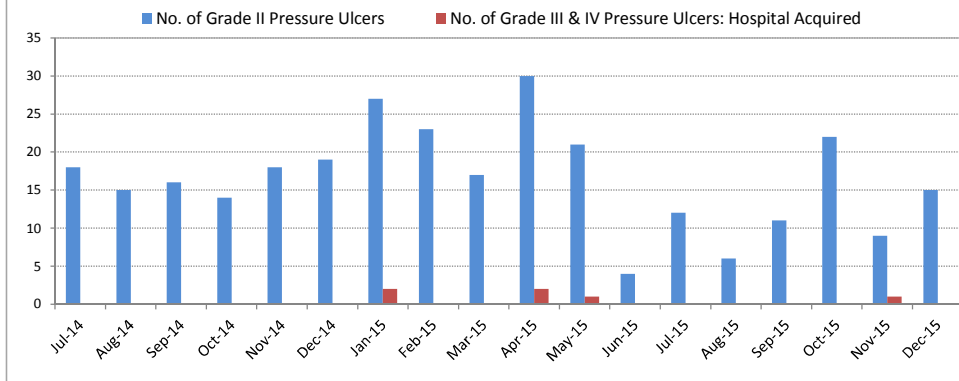
Global Trigger Tool



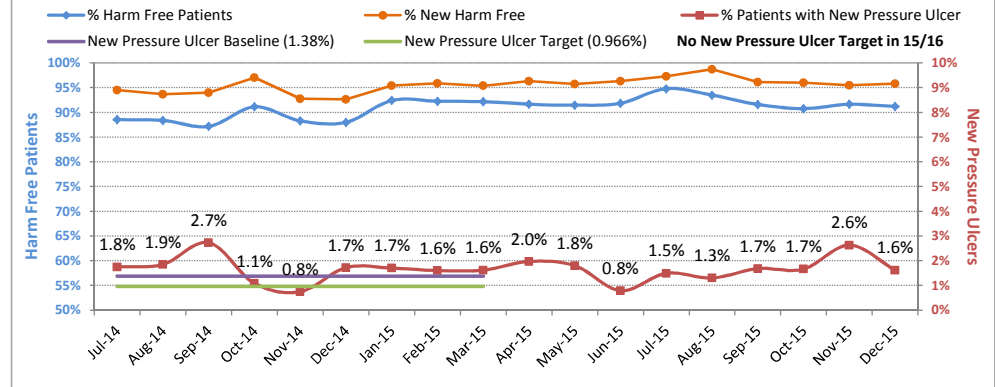
Venous Thrombous Embolism: Risk Assessment & Prophylaxis



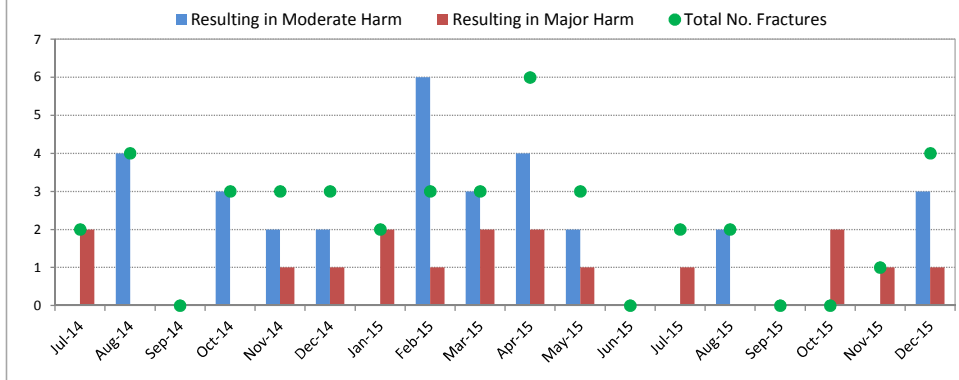
Pressure Ulcers - Total Number per Month



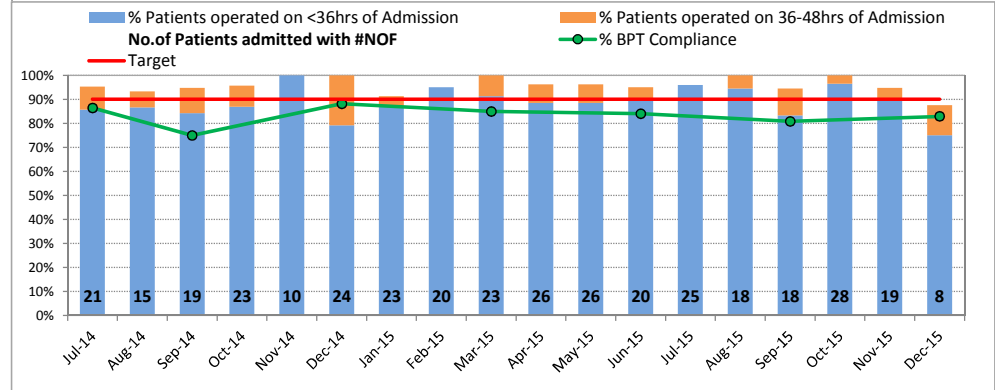
Safety Thermometer - One Day Snapshot per Month



Patient Falls in Hospital Resulting in Moderate Harm or Fracture / Major Harm

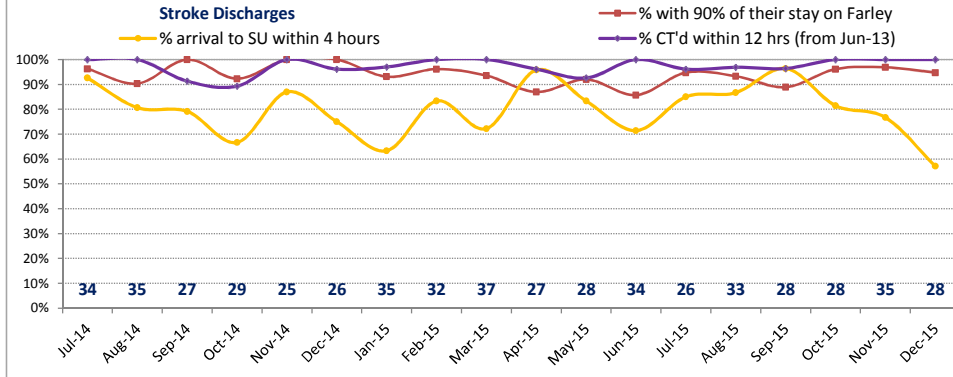


Fracture Neck of Femur operated on within 36 hours

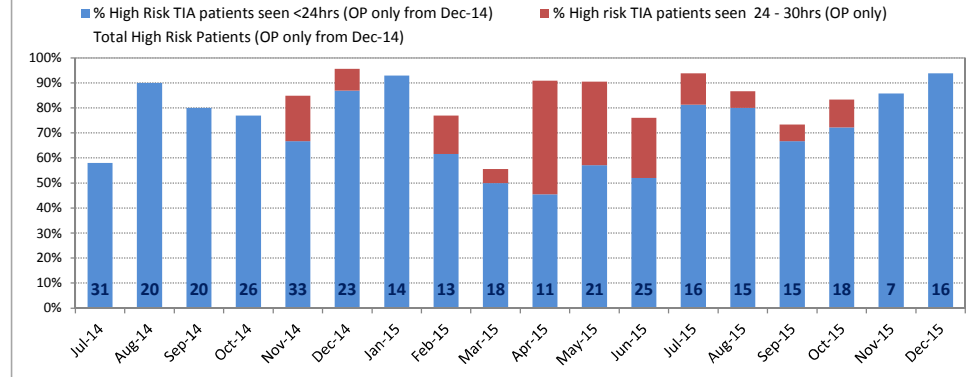


Please note, due to the time it takes to complete Clinical Coding, the current months Fracture Neck of Femur data will be subject to change over the following months.

Stroke Care



TIA Referrals



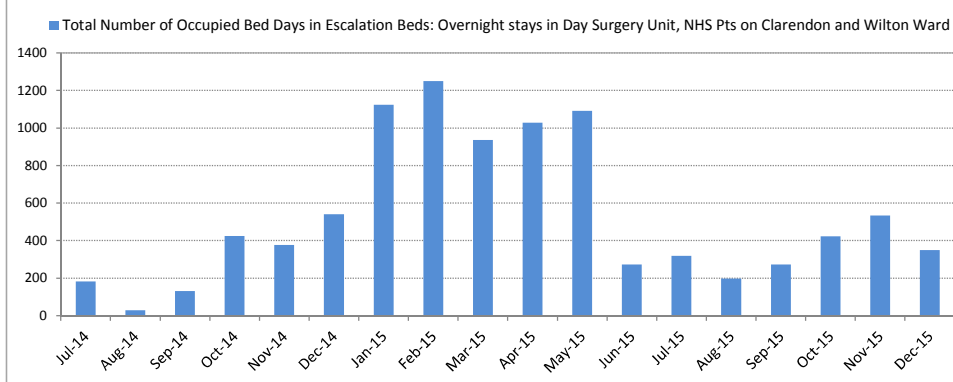
SSNAP Case Ascertainment Audit

Highest level = Grade A  
Lowest level = Grade E

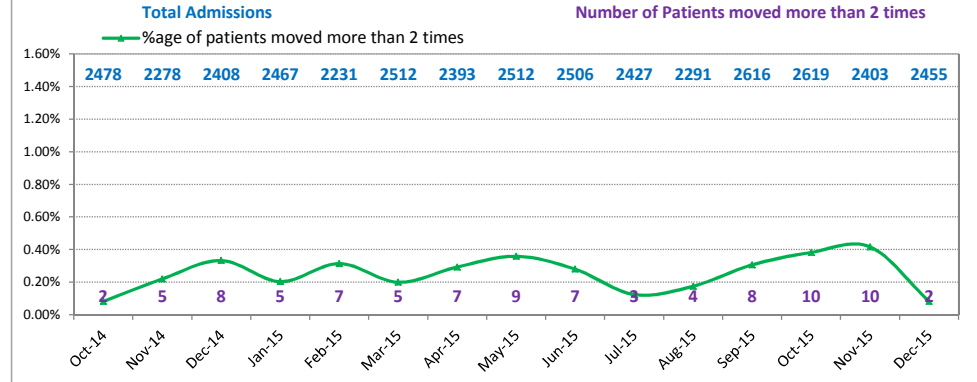
These Grades are measured quarterly

	Q1	Q2	Q3	Q4
2014-15	B	D	C	C
2015-16	D	C		
2016-17				

Escalation Bed Days

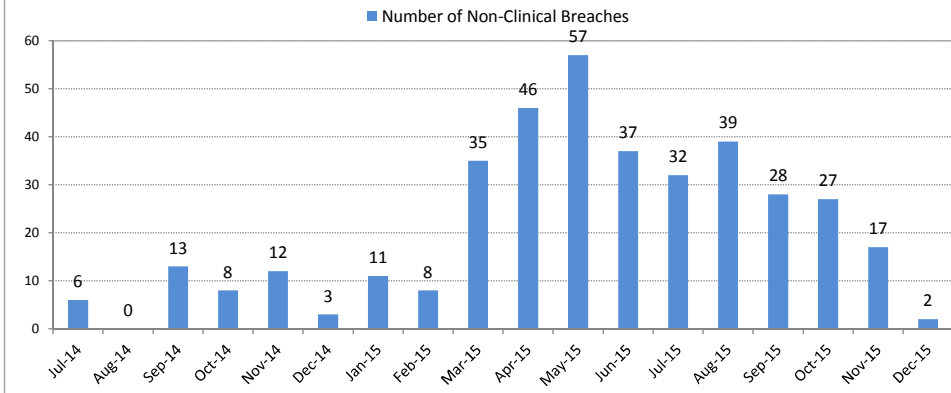


Patients moving multiple times during their Inpatient Stay

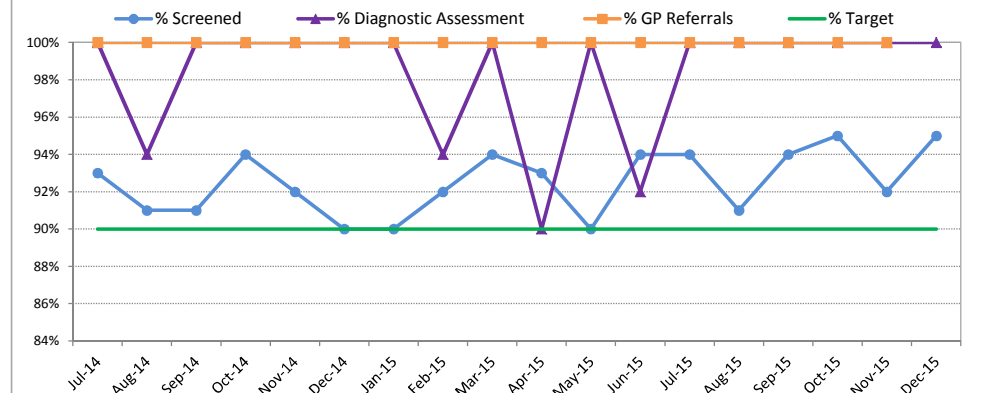


Please note, from Sep-14 escalation bed capacity is Winterslow 8 beds, Wilton 12 beds and DSU if it stays open at night. Breamore ward opened from 1st January 2015 with a further 27 escalation beds and closed on 29th May 2015. From 1st April 2015 Wilton closed for escalation beds.

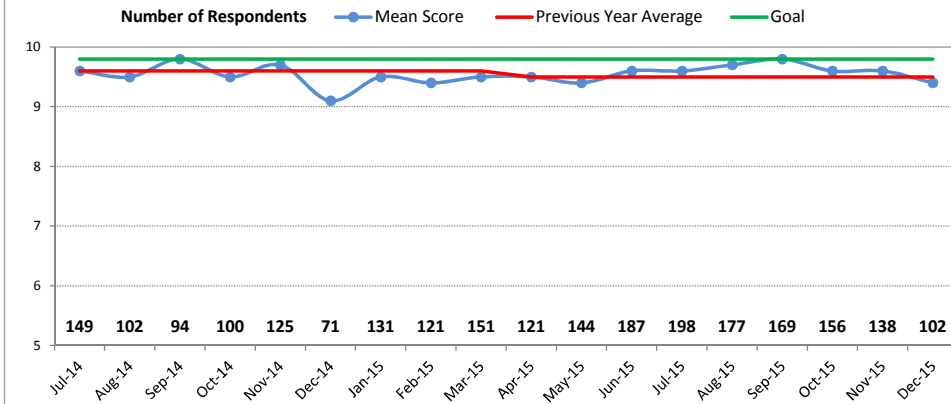
Delivering Same Sex Accommodation



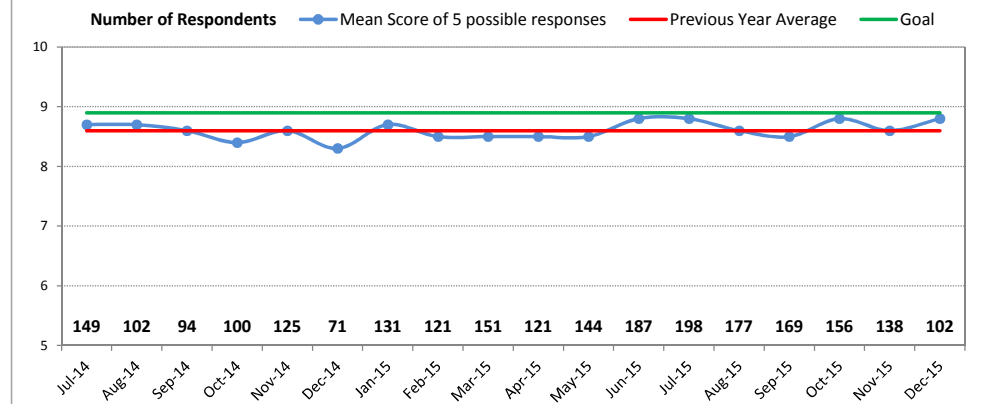
Dementia Audit of Patients Aged 75+



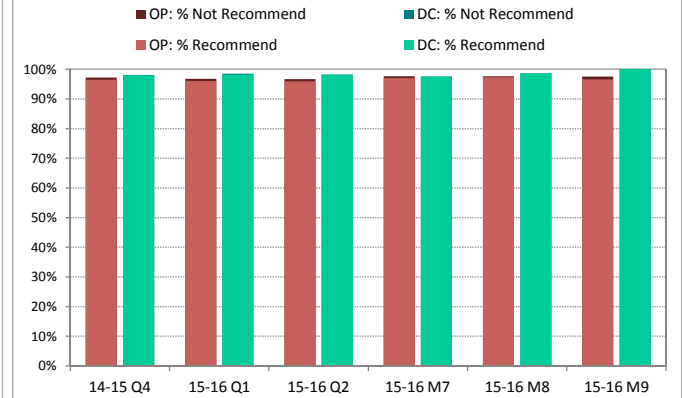
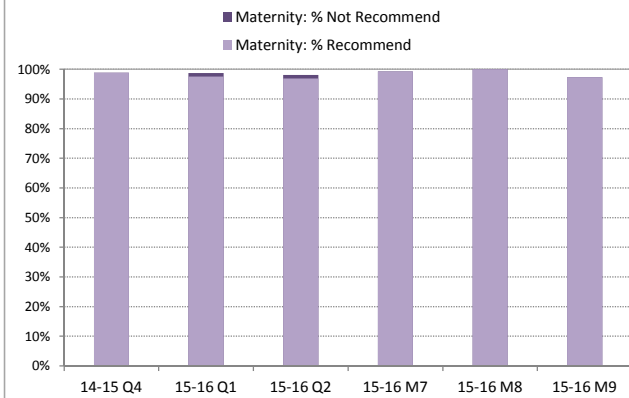
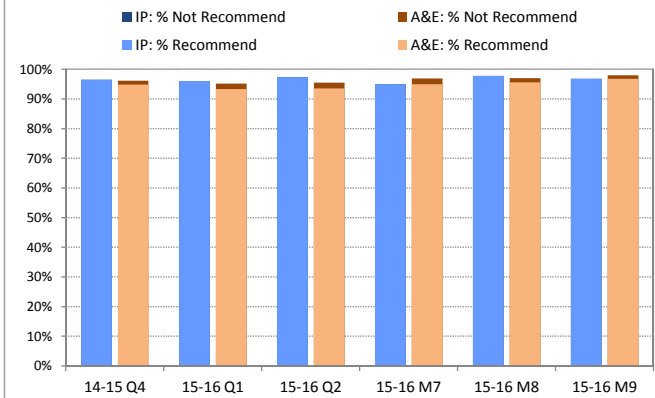
Real Time Feedback: Are you being treated with care and compassion?



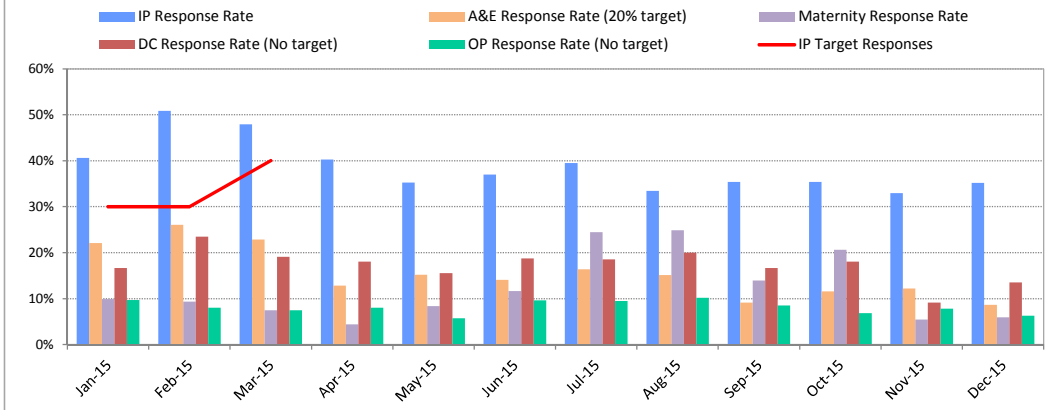
Real Time Feedback: Overall how would you rate the quality of care you received?



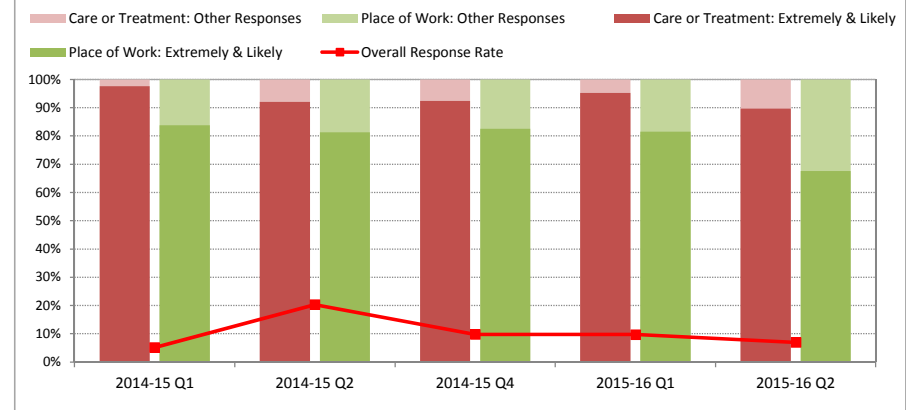
Friends & Family Test: Responses by Area



Friends & Family Test: Response Rates (%) by Area



Friends & Family Test: Staff (% Responses)



The new score measures the % Recommended (Likely + Extremely Likely) and the % Not Recommended (Unlikely + Extremely Unlikely) to show the percentage of responses that would or wouldn't recommend the Trust. Don't Know and Neither Likely or Unlikely responses are excluded from this measure.

**CUSTOMER CARE REPORT - Quarter 2 (1<sup>st</sup> July – 30<sup>th</sup> September 2015)**

<b>Date: 8<sup>th</sup> February 2016</b>
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<b>Report from:</b> Hazel Hardyman Head of Customer Care	<b>Presented by:</b> Lorna Wilkinson Director of Nursing
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**Executive Summary:**

59 complaints were received in quarter 2 compared to 87 complaints in quarter 1 and 81 complaints for the same period in the previous year. However, comments, concerns and enquiries have increased from 317 in Q2 last year to 505 in Q2 this year.

The main issues from complaints are:

- Clinical treatment (22), 7 less than Q1 (29) - sub-themes were 10 unsatisfactory treatment across 10 different areas, 5 correct diagnosis not made, 2 delays in receiving treatment which has decreased this quarter by 4, 2 further complications and 2 inappropriate treatment. The Emergency Department received the highest number of complaints (5) about clinical treatment (3 correct diagnosis not made, 2 of which related to missed fracture but were picked up on review of the x-ray, 1 unsatisfactory treatment and 1 delay in receiving treatment). There were no themes.
- Staff attitude (9), 6 less than in Q1 (15) – 5 related to medical staff, 2 nursing staff, and 2 administrative across 8 different areas.
- Appointments (7), 11 less than in Q1 (18) – sub-themes were 3 appointment system procedures, 2 appointment cancelled, 1 appointment system delays and 1 unsatisfactory arrangements. There were no themes.
- Communication (7), the same as in Q1 – sub-themes were 3 delay in receiving/sending information, 3 wrong information and 1 insensitive communication.

There has been one new request for independent review to the Parliamentary and Health Service Ombudsman.

A total of 405 positive and 330 negative comments were made from real time feedback, with the main issues being:

- noise
- call bells
- environment

The main areas of concern from the Friends and Family Test were:

- waiting times
- communication

There were 10 new requests to undertake Patient and Public Involvement projects.

NHS Choices received 19 comments in Q2 with 13 positive, 4 negative and 2 mixed.

**Proposed Action:**

To note the report.

**Links to Assurance Framework/ Strategic Plan:**

Improving Patient Experience  
Patient Feedback – acting on complaints and compliments

**Appendices:**

None

**Supporting Information**

None

**Customer Care Report - Quarter 2**  
**1<sup>st</sup> July – 30<sup>th</sup> September 2015**

**PURPOSE OF PAPER:**

- The purpose of the paper is to update the Board with an analysis of the Quarter 2 patient experience data.

**1. COMPLAINTS**

The main issues from complaints are:

- Clinical treatment (22), 7 less than Q1 (29) - sub-themes were 10 unsatisfactory treatment across 10 different areas, 5 correct diagnosis not made, 2 delays in receiving treatment which has decreased this quarter by 4, 2 further complications and 2 inappropriate treatment. The Emergency Department received the highest number of complaints (5) about clinical treatment (3 correct diagnosis not made, 2 of which related to missed fracture but were picked up on review of the x-ray, 1 unsatisfactory treatment and 1 delay in receiving treatment). There were no themes.
- Staff attitude (9), 6 less than in Q1 (15) – 5 related to medical staff, 2 nursing staff, and 2 administrative across 8 different areas.
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- Communication (7), the same as in Q1 – sub-themes were 3 delay in receiving/sending information, 3 wrong information and 1 insensitive communication.

59 complaints were received in quarter 2 compared to 87 complaints in quarter 1 and 81 complaints for the same period in the previous year. However, comments, concerns and enquiries have increased from 317 in Q2 last year to 505 in Q2 this year. A breakdown of numbers and themes according to Datix is below:

	<b>Clin Supp &amp; Family Services</b>	<b>Medicine</b>	<b>Musculo- Skeletal</b>	<b>Surgery</b>	<b>Q2 total 2015 -16</b>	<b>Q2 total 2014 -15</b>
<b>Admission</b>	0	0	1	0	1	1
<b>Appointments</b>	0	0	2	5	7	9
<b>Attitude of staff</b>	1	3	2	3	9	18
<b>Call bells</b>	0	0	0	0	0	1
<b>Clinical Treatment</b>	1	10	7	4	22	30
<b>Communication</b>	1	3	2	1	7	9
<b>Confidentiality</b>	0	0	0	0	0	0
<b>Delay</b>	0	0	1	0	1	4
<b>Dementia</b>	0	1	0	0	1	0
<b>Discharge arrangements</b>	0	2	1	0	3	1
<b>End of life</b>	0	1	0	0	1	2
<b>Equipment, aid and apps</b>	1	0	0	0	1	1
<b>Facilities on site</b>	0	0	0	0	0	1
<b>Falls</b>	0	0	0	0	0	0
<b>Missing patient</b>	0	1	0	0	1	0
<b>Nursing Care</b>	0	2	0	0	2	1
<b>Operation</b>	0	0	1	1	2	1
<b>Safeguarding</b>	1	0	0	0	1	0
<b>Transport</b>	0	0	0	0	0	1
<b>Waiting time</b>	0	0	0	0	0	1
<b>Totals:</b>	5	23	17	14	<b>59</b>	<b>81</b>
<b>Patient Activity</b>	9,770	28,145	18,679	16,999		

In Quarter 2, the Trust treated 16,991 people as inpatients, day cases and regular day attendees. Another 11,509 were seen in the Emergency Department and 45,093 as outpatients. 59 complaints were received overall which is 0.08% of the number of patients treated, this percentage has remained



unchanged. 499 compliments were received across the Trust in Q2, which represents 0.7% of the number of patients treated. Those sent directly to the Chief Executive or Customer Care Department were acknowledged and shared with the staff/teams named.

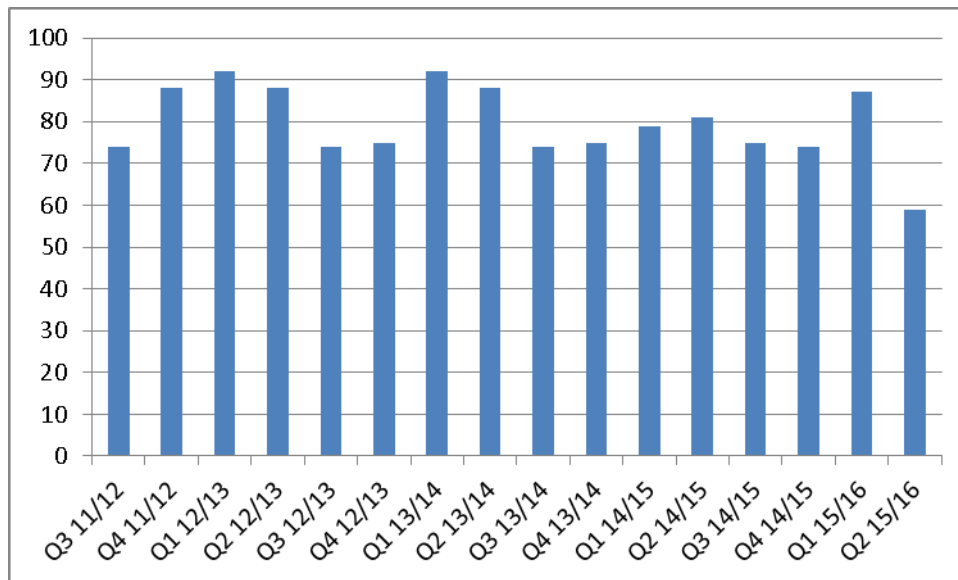
100% of complaints were acknowledged within three working days. Seven complaints were re-opened in Q2 compared to 14 in Q1. The overall number of enquiries, comments, concerns and complaints response times was:

0-10 working days		11-24 working days		25+ working days	
433	78%	68	12%	52	10%

Reasons for some complaints taking more than 25 working days to respond to include: arranging meetings; complexity of the case; and awaiting comments from key members of staff. The 25+ working day response timescale has increased in compliance in Q2 (10%) compared to Q1 (12%).

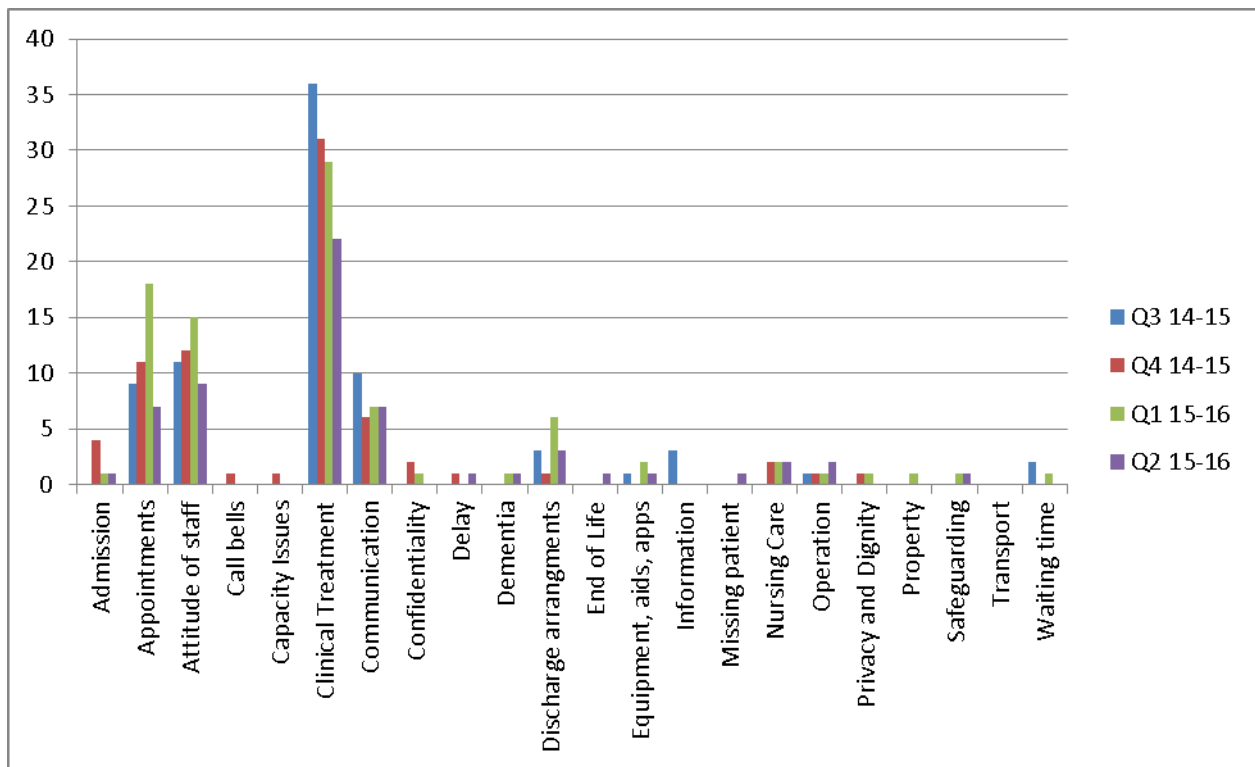
### COMPLAINTS BY QUARTER

The following graph shows the trend in complaints received by quarter. There has been a significant drop in complaints in Q2 this year although the number of patients seen has increased in each Q2 over the last four years. The specialty areas with the most complaints are Orthopaedics (12), Adult Medicine (6) and the Emergency Department (5), all with no theme.



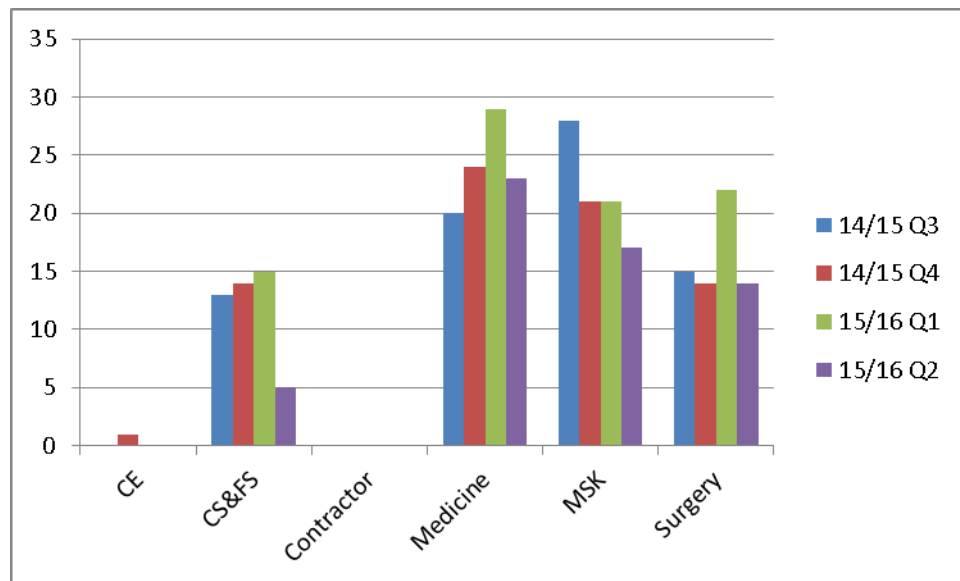
### COMPLAINTS BY SUBJECT

The following graph shows the trend in complaints by subject over the last four quarters. Complaints about Appointments (7) have decreased from Q1 by 11. Attitude of staff (9) have decreased from Q1 by 6. Clinical treatment (22) has decreased gradually over the last four quarters from 36 in Q3 2014-15.



### COMPLAINTS BY DIRECTORATE

The following graph shows the number of complaints by directorate over the last four quarters with all directorates seeing a decrease in Q2.



### CLINICAL SUPPORT AND FAMILY SERVICES

	Quarter 2 2014	Quarter 1 2015	Quarter 2 2015
<b>Complaints</b>	16	15	5
<b>Concerns</b>	16	13	13
<b>Compliments</b>	51	103	104
<b>Re-opened complaints</b>	0	4	3
<b>% complaints responded to within 25 working days</b>	68%	60%	60%

- The number of complaints has decreased in Q2.
- Total activity within the Directorate was 9,770 and of this number 0.05% raised a complaint.
- 3 complaints have been re-opened during this quarter.
- 2 complaints were not responded to within 25 working days, one of these was due to waiting for further information from Clinicians and the second was sent to the wrong Clinician.

#### Themes and actions

Department/Ward	Topic	Actions
All areas	Late response time	DMT met with Customer Care Advisor to review the 3 complaints that were outside the 25 days response time to learn any lessons and inform future improvement. Two were unavoidably late and one was avoidable due to an assumption being made about the clinician. Secretary to check the clinician on iPMS before sending the complaint out. Customer Care Advisor to attend DMT monthly with a report. Weekly report to be generated for DMT with an update on current complaints.

#### Compliments

In total 104 compliments have been received across the Directorate with the breakdown as: Post-Natal = 32, Labour Ward = 29, Sarum Ward = 9, Endoscopy = 8, Child Health = 5, Radiology = 4, Maternity Administration, Obstetric theatres, Obstetrics and Gynaecology and Pathology all received 3, Speech and Language Therapy = 2, Ante-natal, Benson suite and NICU all received 1 each.

#### MEDICINE DIRECTORATE

	Quarter 2 2014	Quarter 1 2015	Quarter 2 2015
<b>Complaints</b>	25	29	22
<b>Concerns</b>	27	27	32
<b>Compliments</b>	162	121	139
<b>Re-opened complaints</b>	3	6	1
<b>% complaints responded to within 25 working days</b>	60%	48%	73%

- Complaints have decreased in Quarter 2 and compliments have increased compared to Quarter 1, however concerns have increased.
- Total activity within the Directorate was 28,145 and of this number 0.08% raised a complaint.
- Only one complaint has been re-opened and a meeting has been arranged with the complainant.
- 5 complainants were offered a meeting, of which 2 declined preferring to have a written response.
- 73% of complaints were responded to within 25 working days: of the remainder, 3 of these were due to meetings being held and 3 due to Clinicians annual leave and sick leave.

#### Themes and actions

Department/Ward	Topic	Actions
Farley Stroke Unit	Call bells	Posters in staffing areas and kitchen reminding all staff to keep tone of bell high during the day. Discussed on safety brief reminding staff to answer bells as soon as possible regardless of where it is.

	Communication	Regular ward meetings highlighting concerns and issues. Discussed at safety brief. Duty of candour posters in staff areas.
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### Compliments

In total 139 compliments have been received across the Directorate with the breakdown as: ED = 40, Farley = 20, Pembroke = 52, Redlynch = 6, Whiteparish = 6, Winterslow = 5, Cardiology = 3, Durrington = 3, Pitton = 2, Hospice = 2.

## MUSCULOSKELETAL DIRECTORATE

	Quarter 2 2014-15	Quarter 1 2015-16	Quarter 2 2015-16
<b>Complaints</b>	18	21	18
<b>Concerns</b>	25	37	35
<b>Compliments</b>	87	81	171
<b>Re-opened complaints</b>	7	2	3
<b>% Complaints responded to within 25 working days</b>	72%	48%	44%

- There has been a slight decrease in the number of complaints and concerns in quarter 2. Predominantly complaints and concerns have related to orthopaedics and a number of concerns related to plastics. These are commonly with regard to delays to trauma and capacity issues that result in cancellation or delay. These remain on the risk register for MSK and continued review of theatre lists and service delivery are in place.
- Total activity within the Directorate was 18,679 and of this number 0.09% raised a complaint.
- There have been two re-opened complaints and one concern.
- The DMT continue to contact complainants directly where appropriate and some concerns have been successfully resolved and closed via the telephone. Meetings continue, with two meetings held and a further meeting to be confirmed. There are also two cases this quarter where continued DMT input has taken place whilst the patients remain in the inpatient setting.

### General actions

- Discussion at future specialty DMTs regarding actions taken by staff following complaints and the dissemination of learning.
- Continued review of trauma versus elective capacity in orthopaedics with elective cases to be added to emergency lists when able.
- Development of the specialty websites to provide further information.
- Ensure local induction takes place for temporary staff.

### Themes and actions

Department/Ward	Topic	Actions
Amesbury Ward	Communication relating to discharge, patient information and patient understanding	These have been followed-up with the ward staff and individuals involved. Feedback has been provided to the Ward Sister regarding the attitude and behaviour of some staff groups and this will be reviewed by the new Band 7 in November 2015.
Plastics	Cancellation and delay in trauma	Review of surgical capacity and change to DSU lists has been explored. Ongoing service review regarding capacity and demand of large and small trauma cases.

## Compliments

In total 170 compliments have been received across the Directorate with the breakdown as:  
 Laverstock = 56, Chilmark = 27, Amesbury =27, Dermatology = 13, Burns Unit = 11, Orthopaedics = 9,  
 Wessex Rehabilitation = 7, Tamar = 6, Avon Ward = 5, Oral surgery = 4, Plastics = 3, Cleft Palate and Lip  
 Service = 2.

## SURGICAL DIRECTORATE

	Quarter 2 2014	Quarter 1 2015	Quarter 2 2015
<b>Complaints</b>	21	22	14
<b>Concerns</b>	34	34	24
<b>Compliments</b>	347	53	72
<b>Re-opened complaints</b>	4	1	1
<b>% complaints responded to within 25 working days</b>	62%	68%	64%

- A significant decrease in complaints received for the Directorate.
- 5 complaints were not responded to within 25 working days due to one being a joint complaint with another hospital, one awaiting confirmation of a meeting date from the complainant then an off site venue needs to be arranged, one meeting held and two responses were sent one day late.
- Total activity within the Directorate was 16,999 and of this number 0.08% raised a complaint.
- One complaint regarding the number of reminder letters for appointments being sent and the partial booking system was re-opened.
- Ophthalmology is still receiving the highest number of complaints, 3 for Q2 although this has decreased from Q1 (6).
- Five complaints were regarding appointments and the appointment booking in system.

## Themes and actions

Department/Ward	Topic	Actions
Central Booking/Directorate wide	Improved communication between Central Booking and departments	We are out to tender for an electronic patient record which will improve communication within the departments and flow within the departments.
Ophthalmology	Wait times and patients being seen by the right specialist for their condition	We have approval for the recruitment of four consultants with specialist interests to ensure patients will be seen by the right person and to improve wait times.

## Compliments

In total 72 compliments have been received across the Directorate with the breakdown as:  
 Britford = 28, Downton Ward = 15, Radnor Ward = 9, Day Surgery = 6, Ophthalmology = 3, General  
 Surgery = 3, Urology = 3, Breast Service = 2, Audiology = 1, ENT = 1, Surgical Admission Lounge = 1.

## COMPLAINTS AUDIT

The first six monthly (01.04.15-30.09.15) audit of moderate and high risk complaints has been undertaken to see how many complainants were contacted by Customer Care or the investigating manager. Of the 53 complaints 24 (42%) were contacted; 7 (13%) had a meeting and one case was re-opened then a meeting was offered.

## 2. TRUSTWIDE FEEDBACK – INCLUDING REAL TIME FEEDBACK AND THE FRIENDS AND FAMILY TEST

The top negative themes from inpatient real time feedback, the Friends and Family Test and complaints are:

Feedback area	Theme	Actions
Complaints	Clinical treatment Staff attitude Appointments Communication	<ul style="list-style-type: none"> <li>Ensure existing processes in place are followed, e.g. patient bedside handover and discharge checklists through a process of audits and staff supervision sessions.</li> <li>This is always discussed with the member of staff and managed appropriately.</li> <li>The workload of the Booking Co-ordinators has been reviewed and recognised that this may be too large in certain specialities. Work is ongoing to support the teams, but also how the workload can be reconfigured to spread the workload more evenly.</li> <li>MSK are currently collating specialty information on all departments in the directorate, and are planning to update the website for each department with this information in the very near future to increase awareness and knowledge of treatments that are available to patients.</li> </ul>
Inpatient RTF	Noise Call bells Environment	<ul style="list-style-type: none"> <li>Noise on the wards has been discussed with staff.</li> <li>Staff have been reminded of the importance of call bell response times. Poorer response times at weekends has been discussed with the Director of Nursing and same staffing levels at weekends as during weekdays is being introduced.</li> <li>Agreement to focus on tidiness and cleanliness within the ward environment to try and make it less cluttered, and therefore an easier place to work. Tamar Ward's bathrooms are being re-designed and cleaning has been discussed with the Housekeeping Supervisor.</li> </ul>
<b>FFT</b> Emergency Department and Outpatients  Inpatients	Waiting times  Communication	<ul style="list-style-type: none"> <li>Currently an LED screen displaying waiting times for majors and minors. Plans are at an advanced stage to provide information for all areas on the screen in the waiting room. This will include patient information, sign-posting, names of consultants, nurse practitioner and receptionists, waiting times and explanations.</li> <li>Nurses attending the ward round reiterate the information provided by the doctors to the patient.</li> </ul>

### PICKER REAL TIME FEEDBACK (AFTER FRANCIS PROJECT)

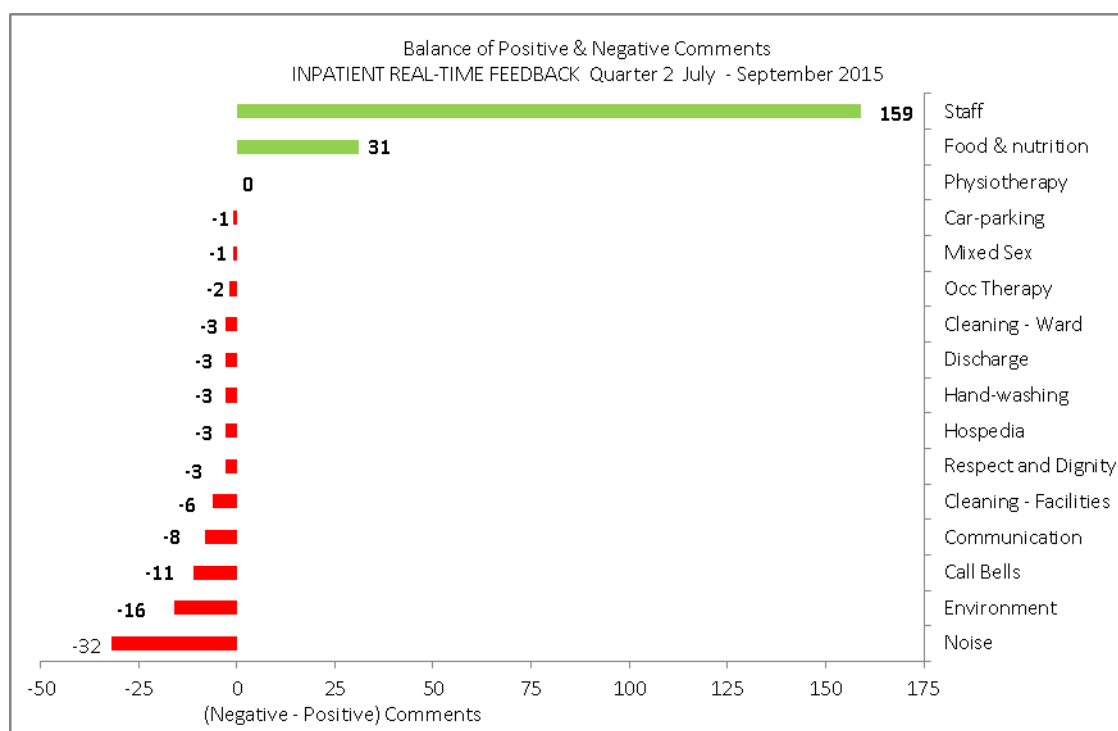
The Trust continues to be the top recruiter for the six pilot sites across the country.

Picker delivered a workshop on developing action plans from the feedback received to date on 5<sup>th</sup> October 2015. This workshop was well attended by the Medicine DMT and the Sisters from each of the three areas (Durrington, Winterslow and the Emergency Department).

A page has been developed on the Intranet sharing some of the recent reports from this project - <http://intranet/website/staff/quality/customercare/picker+afterfrancisstudy/index.asp>

### INPATIENT REAL TIME FEEDBACK

A total of 544 inpatients were surveyed in the quarter. They made 405 positive and 330 negative comments. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The three main areas of concern were noise, environment and call bells.

A total of 34 negative comments were received regarding noise during the reporting period. These comments came from several areas as indicated in the table below. The highest concern relates to noisy staff. The second highest relates to the Laundry but the figures will be skewed slightly by the fact that more feedback is received from Britford and Downton wards where there is a higher throughput of patients who are younger and more able to provide feedback.

REASON	WARD
Staff x 11	Amesbury (2)
	Burns (1)
	Chilmark (1)
	Downton (3)
	Farley (1)
	Pitton (1)
	Tamar (2)
Laundry x 7	Britford (2)
	Chilmark (1)
	Downton (3)
	Pitton (1)
Call bells x 3	Amesbury (2)
	Chilmark (1)

REASON	WARD
Equipment x 2	Amesbury (1)
	Tisbury (1)
Trolleys x 2	Chilmark (1)
	Laverstock (1)
Patient x 1	Chilmark
Tugs x 1	Britford
Non-specific x 7	Burns (1)
	Chilmark (1)
	Downton (3)
	Farley (1)
	Redlynch (1)

A total of 23 negative comments were received regarding the ward environment as follows:

REASON	WARD
Bathroom/toilet (11)	Chilmark (1)
	Downton (1)
	Laverstock (3)
	Pitton (1)
	Redlynch (1)
	Tamar (3)
	Tisbury (1)
Telephone/WiFi (4)	Burns (1)
	Chilmark (1)
	Pembroke (2)

REASON	WARD
Air – lack of (3)	Burns (1)
	Downton (1)
	Laverstock (1)
Chairs uncomfortable (1)	Whiteparish
Floor slippery (1)	Laverstock
Lights on (1)	Tisbury
Bed linen (1)	Chilmark
Water (1)	Whiteparish

A total of 14 negative comments were received regarding call bells as follows:

REASON	WARD
Response times (11)	Amesbury (2)
	Britford (1)
	Chilmark (1)
	Downton (1)
	Laverstock (2)
	Pitton (1)
	Redlynch (1)
	Tamar (1)
	Whiteparish (1)

REASON	WARD
Identification (1)	Britford
Inaccessible (1)	Pitton
Non-specific	Amesbury

**ACTION TAKEN ON AREAS OF CONCERN**

**Chilmark Suite**

The Ward Sister has cascaded the RTF information to all staff. She has reiterated to the whole team through the safety brief, the importance of call bell response times and keeping the noise down.

The issue surrounding internet access she believes is being addressed at Trust level. It was discussed by the Head of Facilities in a recent Matron’s monitoring meeting.

In October the ward had a meeting and made an agreement to focus on tidiness and cleanliness within the environment to try and make it less cluttered, and therefore an easier place to work. The Ward Sister is arranging to meet with the new Housekeeping Supervisor responsible for Chilmark Suite.

**Pembroke Ward**

The main complaint is the lack of internet access. The new Ward Sister will review current developments as one of the staff nurses have been trying to get better WiFi access for the patients.

**Pitton Ward**

Noise from staff has been raised with the team. It is sometimes difficult to keep the ward noise to a minimum due to the high acuity of the patients and the need to attend to them at all hours of the day.

It has proved very difficult to resolve the noise from the Laundry as it is situated outside one of the inpatient bays and, even with the windows closed; reversing lorries can be heard during the early hours.

Shelves have been installed in the bathrooms at patients request.

Call bells – a drop in response times for call bells over the weekends is most likely due to the drop in staffing levels. This has been discussed with the Director of Nursing and the ward will soon be trialling the same staffing levels at weekends as during weekdays. The Ward Sister is also going to undertake some data collection around call bell waiting times over the next three months.

**Tamar Ward**

RTF feedback is sent to all staff to raise awareness. Noise from ward staff and response times for call bells is highlighted at ward meetings. There has also been an increase in staffing levels which should help reduce response times.

The bathrooms are being redesigned and cleaning has been discussed with the Housekeeping Supervisor.

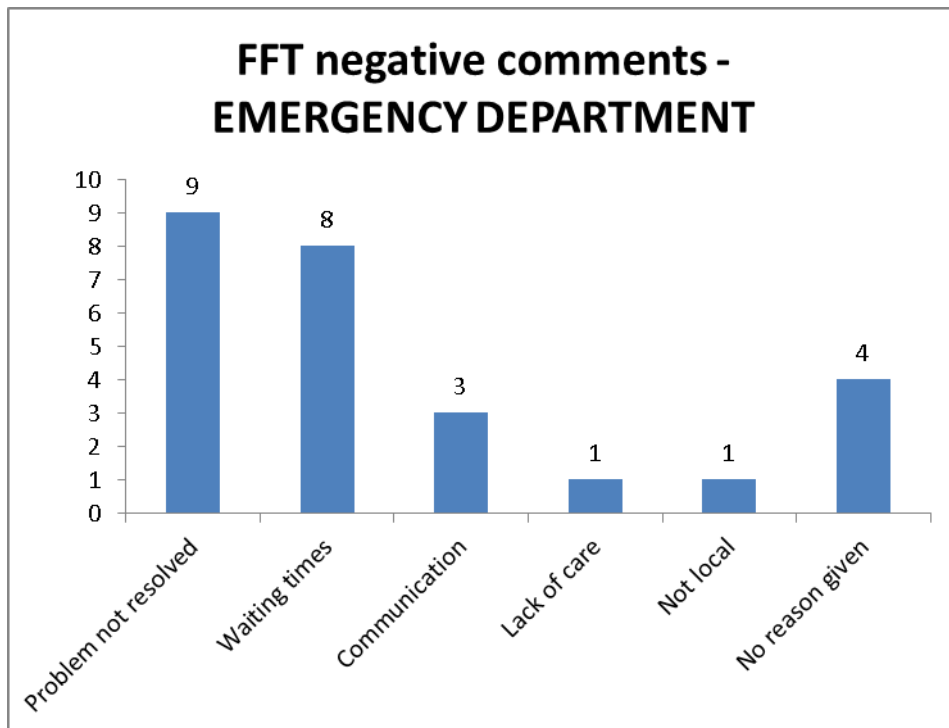
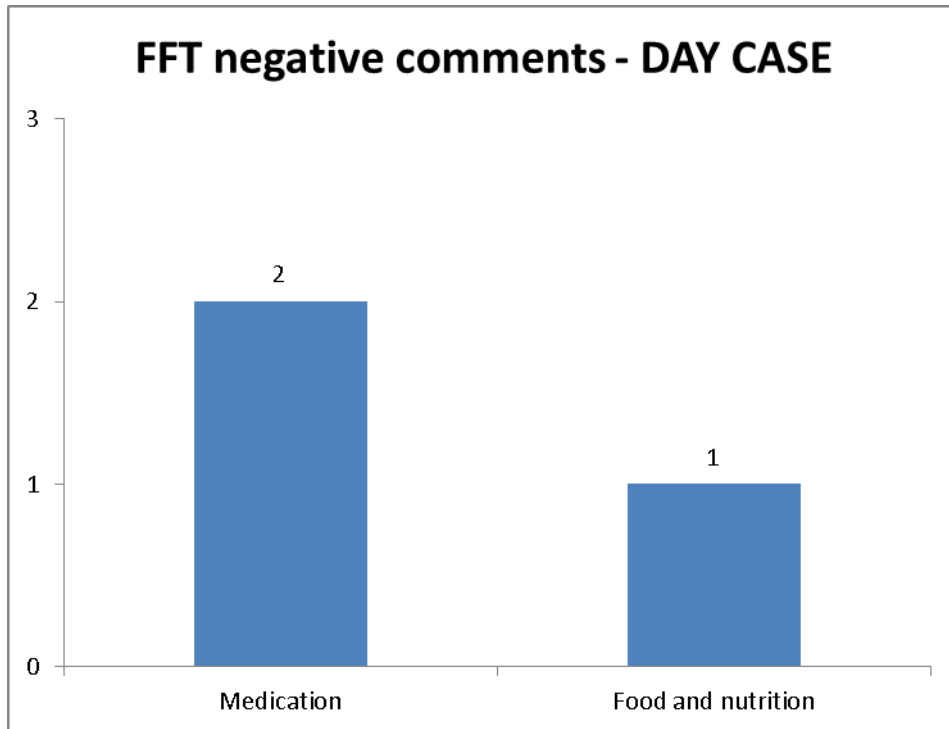


**FRIENDS AND FAMILY TEST**

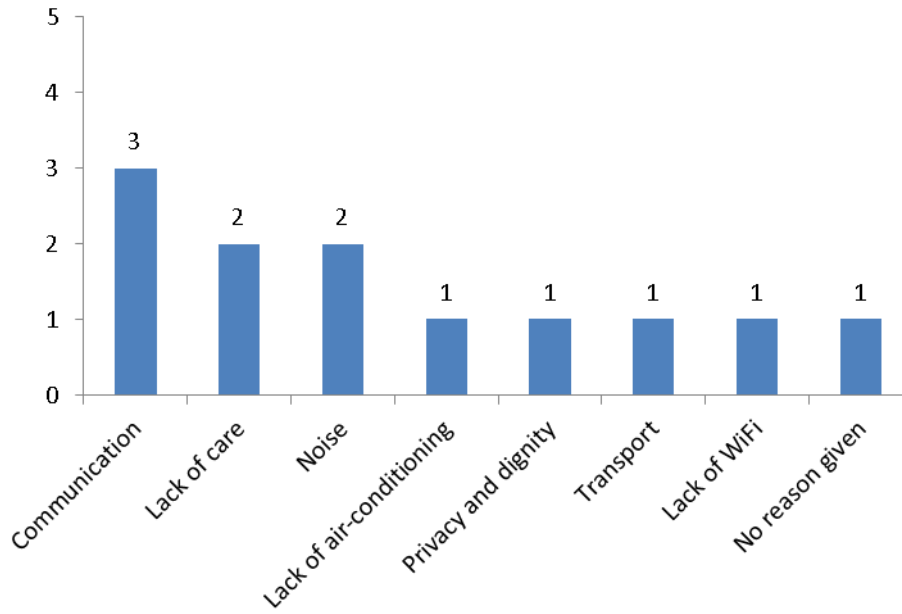
Responses for the period were as follows:

	Total Responses Received	Rating		
		Extremely Likely	Unlikely	Extremely Unlikely
Inpatients	1441	1179	8	3
Emergency Department	1284	1036	12	13
Maternity	461	410	1	3
Outpatients	3308	2709	6	15
Day Case	1043	940	0	0

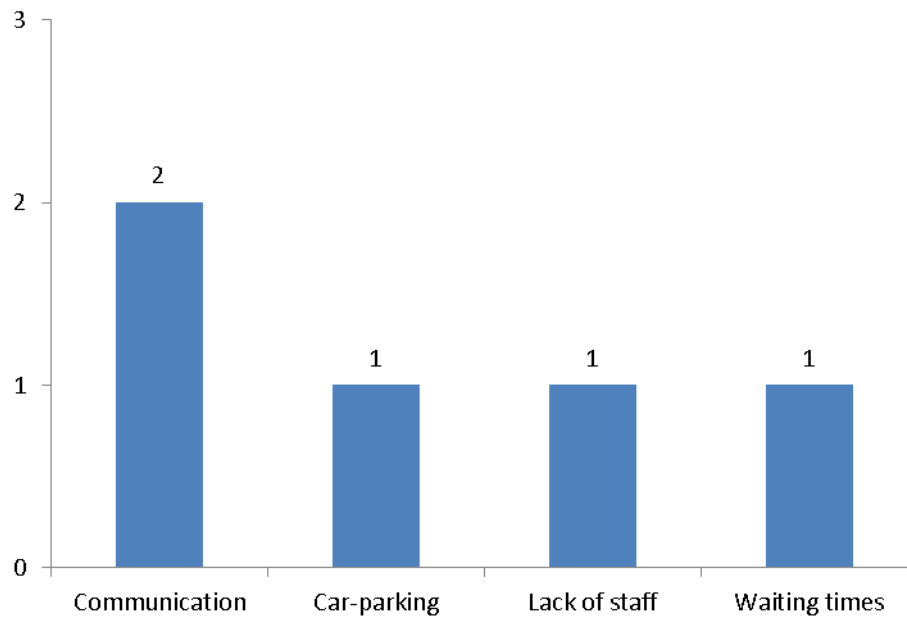
Comments made by those patients who stated they would be unlikely or extremely unlikely to recommend the hospital have been categorised as set out in the graphs below.

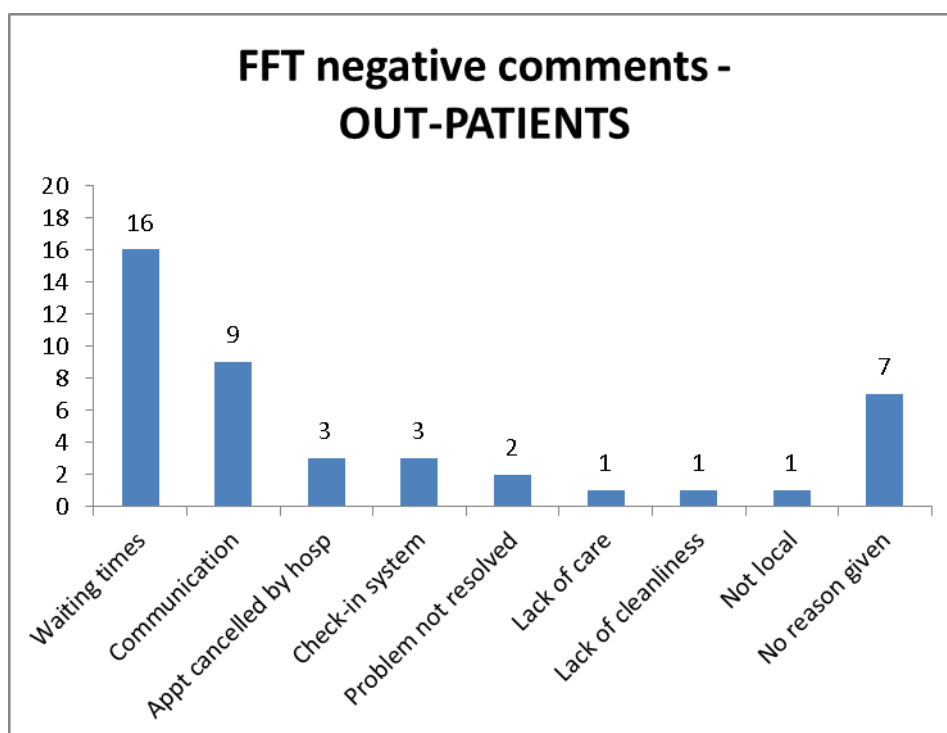


### FFT negative comments - INPATIENTS



### FFT negative comments - MATERNITY





The main areas of concern are waiting times and communication.

#### **ACTION TAKEN ON AREAS OF CONCERN**

##### **Emergency Department**

The out-of-hours (OOH) GP service is co-located within the Emergency Department. Staff from the department have met with the company, Medvivo, on several occasions to discuss the lack of communication between the OOH GP/practitioner and the patients who are waiting. Notices have been put up in the GP waiting area advising patients to ask the OOH practitioner for information on waiting times.

There is currently an LED screen displaying waiting times for majors and minors. Plans are at an advanced stage to provide information for all areas on the plasma screen in the waiting room. This will include patient information, sign-posting, names of consultants, nurse practitioner and receptionists, waiting times and explanations.

All reception staff have received customer care training.

##### **Chilmark Suite**

All FFT comments are circulated to the team. The negative comments related directly to the medical staff and their communication. As such, the Ward Sister has referred them on to the Lead Consultant and has asked him to share them with the wider medical team. Nursing staff support and reiterate all communication from the doctors by attending the ward rounds and the Ward Sister believes this is a minority problem as opposed to a major occurrence.

##### **Pitton Ward**

A quiet room is available for sensitive communications. This is used by all the regular ward team but peripheral teams may not always be aware this is available. The Mental Health Team who addressed the patient on the ward (if they had asked) would have had access to this. There is now an information poster within the doctors' office to remind all staff that a more private setting for communication is available.

The mother of a confused and distressed patient provided the feedback. The Ward Sister was surprised as during the patient's short stay, during one morning, a Nurse and HCSW, as well as the Sister, were providing support for all the patients in the bay.

## Maternity Unit

The two comments in Maternity about communication come from the Community and Postnatal Ward. These comments are disseminated through the workforce and the managers investigate higher concerns, such as the community concern. The Head of Midwifery and Neonatal Services believes that the theme throughout is about staffing, and for Postnatal the team are looking at how to escalate through times of high activity.

### 3. PATIENT AND PUBLIC INVOLVEMENT (PPI)

In Q2 there were 10 new project requests to the Patient and Public Involvement Group:

- Dementia Carers Survey
- Patients views on undergoing cervical screening
- VOICES Survey
- Patient evaluation of weekend TIA clinics
- Discharge Assessment Referral Team (DART) Patient Engagement Questionnaire
- Peristeen Transanal Irrigation versus Conservative Bowel Management Techniques
- National Inpatient Survey 2015
- Audiology Patient Survey 2015
- Urology One Stop Clinic Survey
- Focus Group for a Dedicated Breast Unit

A resource page is currently being developed on the Intranet for staff to see what PPI projects have been undertaken in the Trust and to help inform any future projects. The page will be available in the future at:

<http://intranet/website/staff/quality/customercare/patientandpublicinvolvement/ppiprojects/index.asp>

### 4. PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

In Q2 there was one new request for an independent review for an ENT case.

The two surgical cases were closed. The ICU case was not upheld and the PHSO did not identify any service failure by the Trust in this case. The PHSO stated that the Trust handled the complaint appropriately and explained the clinical aspects complained about. The Trust also made a genuine effort to resolve the concerns at two meetings, where the family were able to speak with the doctors involved who rightly recognised the shortcomings in their communication with the family.

The Urology case was partially upheld with the PHSO stating that whilst the Trust acknowledged its failing in care, it had not indicated that it considered other ways to expedite the patient's treatment, such as referring elsewhere. An apology letter and action plan were sent to the patient. The actions included: implementing additional theatre sessions to bring down waiting times; recruit additional manpower to improve capacity; and alternative options for expediting treatment with a formal protocol agreed.

The PHSO now produces a quarterly report on complaints about acute Trusts that can be found at <http://goo.gl/8FW6oP> Some discrepancies were picked up in the data and the PHSO were notified. The PHSO assured the Trust that they are able to clean up most of the discrepancies by the time they produce their annual report.

### 5. NHS CHOICES WEBSITE

In Q2 there were 19 comments posted on the NHS Choices website relating to 13 different areas. 2 comments were mixed in that they were positive about the staff and treatment but not the environment and length of waiting time. Of the 13 positive comments, one person said of the Endoscopy Service "Every experience I have had with this hospital has been exceptionally good. The staff are polite, friendly, helpful, compassionate and expert in what they do. They are a Gold Standard Trust in my opinion and could show other acute Trusts how to do things right". Of the 4 negative comments, one person said of Gastroenterology "I keep getting passed from department to department and have finally been told that after my blood test I would be contacted." All the feedback was shared with the departments.

**AUTHOR:** Hazel Hardyman  
**TITLE:** Head of Customer Care  
**DATE:** November 2015

## SALISBURY NHS FOUNDATION TRUST

### Minutes of the Finance and Performance Committee Held on 30 November 2015

<b>Present:</b>	Dr N Marsden	Chairman
	Dr L Brown	Non-Executive Director
	Mr I Downie	Non-Executive Director
	Mr A Freemantle	Non-Executive Director
	Mr P Hill	Chief Executive
	Mr M Cassells	Director of Finance and Procurement
	Mr L Arnold	Director of Corporate Development
	Mr A Hyett	Chief Operating Officer
<b>In Attendance:</b>	Mr P Kemp	Non-Executive Director
	Revd S Mullally	Non-Executive Director
	Mr D Seabrooke	Head of Corporate Governance
	Miss S Davies	Consultant (for item 2)
	Mr R Webb	Associate Director of Procurement (for item 9)
	Mr P Casson	Managing Director, OML (for item 8)

#### Apologies

#### 1. MINUTES – 26 OCTOBER 2015

The minutes of the meeting of the committee held on 26 October 2015 were agreed as a correct record.

#### 2. SERVICE REVIEW OF MATERNITY AND OBSTETRICS – THE CONSULTANT WORKFORCE

The Committee received a report which followed up on a report discussed at the 2 November Board Away Day and looking at a broader range of options to take the Maternity and Obstetrics service forward.

The preferred option described by the report was the recruitment of two consultants within the department who would be resident on call. It was noted that there was a healthy employment market for consultants in this area. The additional staffing would strengthen the Trust's capabilities around gynae/cancer.

The additional posts would generate income in excess of the costs of employment.

The Committee approved the report.

#### 3. EPR FULL BUSINESS CASE

It was noted that this item was not yet available and was therefore deferred.

#### 4. FINANCE REPORT TO 31 OCTOBER

The Committee received the month 7 Finance report and it was noted that the Trust was performing slightly better than planned at this point in the year. Elective inpatient activity was below the planned level due to increased non-elective activity and the latter, the committee was

reminded, was paid at 70% of normal tariff. There were reduced referrals to New Hall, but capacity in the Trust's Orthopaedics Department was a constraint that was being addressed through a project. Concern was expressed about the progress being made by the Theatre Efficiency Project.

A & E attendances were ahead of plan and running about the same as the preceding year. Agency use was considered to be too high but there had been good progress in reducing the use of high cost agency, although this was often the only option for staffing the intensive care unit.

Cash was slightly behind plan. On contracts the position of Wiltshire CCG was noted. CCGs were being directed to challenge their providers and there would need to be some tightening up of the interventions not normally funded procedure. Specialised commissioners were understood to be moving some activities across to the CCGs. Concern was expressed about the additional work caused by Monitor information requests. The revaluation of the Trust's estates previously discussed was now commissioned.

There had been some cancellations of elective activity in relation to the junior doctor's strike which would result in some lost income.

The Committee noted the report.

## **5. REPLICA 3D UPDATE**

LB reported that the company Board would be meeting in the coming days to discuss future plans for the company.

## **6. TRANSFORMATION AND COST IMPROVEMENT**

The Committee received the Programme Steering Group Report. A Cost Improvement gap of £1.2m was reported. More schemes were being designated as green and the focus remained on delivering the £6.8m. It was noted in the Finance Report that half of the schemes were recurrent and half non-recurrent.

The Trust had not so far met the centrally set target on agency use. Because of operational pressures the Trust had needed to open Wilton Ward and use the DSU for overnight accommodation.

## **7. OPERATIONAL PERFORMANCE**

The Committee received the Month 7 Operational Performance Report and the Month 6 Workforce Report for information. It was noted that the Trust had not delivered the ED target in October and NHS England scrutiny continued particularly around cancer performance.

The Committee noted the Performance Report.

## **8. ODSTOCK MEDICAL**

Phil Casson attended for this item and handed out his Quarter Two update. The company was aiming for £2.1 m of turnover. The cost of goods sold was increasing. The company had assumed that funding for

its products from commissioners would remain an issue. The company had through the year brought out new products and engaged new staff. Referrals were good but not all of these were funded and some CCGs were delaying or withholding payments. There was good patient experience from the company's Friends and Families Test figures and good narrative comments from patients on the clinic tree leaves. The output of the company's research association was highlighted. There was felt to have been good product development during the year and new devices were shown at the committee.

The Committee noted the report.

## **9. HEAD OF PROCUREMENT**

Rob Webb attended for this item and showed the HCSA award recently won by the Procurement Service. Efficiency savings of £948,000 had been achieved. There had been considerable work on reducing Single Tender Actions but still a lot of contract value was passing through this route particularly on capital schemes.

The Committee recommended to the Board that the threshold for Single Tender Action be raised from £2,000 to £5,000 order value.

Orthopaedic prosthesis were highlighted, as the service was promoting more use of cemented hip replacements on a consultant by consultant basis. The Bravo System was enabling more detailed information on the costs of procedures to be analysed.

A saving on energy was being delivered by the Trust's local arrangement. The service had supported the laundry in retaining the company's contract with University Hospital Southampton. The GS1 business case discussed previously by the Board had been discussed and the service continued to support the work of the Lord Carter Efficiency Review.

The Committee noted the report.

## **10. DATE OF NEXT MEETING**

Monday 21 December 2015 at 9.30 am

## **SALISBURY NHS FOUNDATION TRUST**

### **Minutes of the Finance and Performance Committee Held on 21 December 2015**

<b>Present:</b>	Dr N Marsden	Chairman
	Dr L Brown	Non-Executive Director
	Mr I Downie	Non-Executive Director
	Mr A Freemantle	Non-Executive Director
	Mr P Hill	Chief Executive
	Mr M Cassells	Director of Finance and Procurement
	Mr L Arnold	Director of Corporate Development
	Mr A Hyett	Chief Operating Officer
<b>In Attendance:</b>	Mr P Kemp	Non-Executive Director
	Mr D Seabrooke	Head of Corporate Governance
	Mr D Taylor	Financial Consultant (for item 3)

#### **Apologies**

#### **1. MINUTES – 30 NOVEMBER 2015**

The minutes of the meeting of the committee held on 30 November 2015 were accepted as a true record.

#### **2. MATTERS ARISING**

It was noted that the Theatres Transformation Project would be relaunched in line with the Electronic Patient Record Project in 2016. Paul Kemp would continue to add his experience to the Theatres Project.

#### **3. ELECTRONIC PATIENT RECORD - FULL BUSINESS CASE**

The Committee received the full business case for the implementation of Electronic Patient Record following on from the outline business case approved earlier in the year.

LA reminded the Committee that the existing system would go out of support at the end of 2016. The project was being positioned as a business change exercise and would be aligned closely with the PMO. Mandy Cripps' release to work on the project will make a big difference. One area of significant and potentially important in terms of benefit will be changes to outpatient bookings which EPR will help to drive. There had been improving engagements so far from clinical staff.



The following principal points were made -

- The cost in capital and revenue terms over ten years of the project was put at £16.66m
- Confirmed cash releasing benefits were put at £19.45m, non-cashable efficiency and effectiveness benefits were put at £5.59m and people structure reductions through efficiency of administration savings were put at £2.57m -Totalling £27.61m including stretch benefits.
- The draft contract from the supplier was currently being reviewed by the Trust's legal advisors.
- The supplier had a good recent reputation in the delivery of implementations and the Trust was in continuing dialogue with two other sites.
- It was acknowledged that this was a high risk project for the Trust.

There was some concern that some of the project costs included 'business as usual' equipment renewals. It was also emphasised that the project should aim to future-proof the hardware as much as possible for example through the use of hand held devices and the latest operating systems.

Executives undertook to review the range of non-cashable and stretch benefits taking account of the risks of the project and it was suggested that appropriate use of contingency sums within the stated benefits could be applied.

Directors would be considering the full business case further at the 18 January Board Seminar Day.

#### **4. FINANCE REPORT TO 30 NOVEMBER**

The Committee received the month 8 Finance Report and MC informed the committee that the position was slightly ahead of plan. Although from Monitor's point of view the Trust was operating within its submitted plan there was concern as to the outturn figure.

Elective outpatient numbers were down against plan and non-electives continued to be over-performing. There had been good progress in reducing agency use including Thornbury but pressures around locums for junior doctors remained.

The significance of the monthly safer staffing report and six monthly skill mix review presented to the Board was discussed as a source of assurance.

A capital programme for 2016/17 was under consideration. There had been no further communication from Monitor about deferring programmed items this year.

Negotiations with Dorset and West Hampshire CCGs around over performance on activity were on-going.

The Committee received the Month 8 report.

## **5. REPLICA 3D UPDATE**

It was noted that a leading shareholder had undertaken to source a further investment in the company. The company's principal creditor was the Trust.

SFT Directors on the company board had made it clear that they regarded the company as a high risk investment.

The Trust was owed £135,000 of which £50,000 was the original working capital. The additional investment would pay off the £85,000 of loans and the balance would convert to shares.

A new business model was being adopted by the company and it was considered that there was value in retaining this service within the hospital.

## **6. TRANSFORMATION AND COST IMPROVEMENT**

The Committee received the Transformation and Cost Improvement Report and it was noted that of the £8m target, just over £7m had been identified at this stage. Two schemes – Medical Staffing and Theatres Transformation were subject to Return to Green plans. Some schemes had been discontinued or modified because of factors raised by the Quality Impact Assessment.

The Committee noted the Transformation and CIP report.

## **7. OPERATIONAL PERFORMANCE REPORT – NOVEMBER 2015**

The Committee received the Report and AH reported that 18 Weeks Target that were red rated in the report had been verified and were now green and he confirmed that all cancer targets had been met.

ED had not delivered in November and there was concern about breaches at night for First Doctor Assessment.

The Workforce Performance Report for Month 7 was received for information.

## **8. AGENDA PLAN 2016**

The Agenda Plan for the Committee setting out monthly, quarterly and twice yearly agenda items was received for information.

## **9. MONITOR Q2 LETTER**

The letter from Monitor giving a financial sustainable risk rating of two and a governance risk rating of green was received. The letter was accompanied by recommendation arising from the Monitor visit to the Trust in the autumn.

The committee noted the feedback letter.

## **10. DATE OF NEXT MEETING**

Monday 25 January 2016 at 9.30 am

# TRUST BOARD REPORT

## FINANCE & CONTRACTING REPORT TO 31<sup>st</sup> December 2015

### 1. Introduction

This paper outlines the main drivers behind the SFT Group consolidated financial position for the period ending 31<sup>st</sup> December 2015.

The Income & Expenditure (I&E) position was a Year-to-Date (YTD) deficit of £6,892k (before adjusting for donated income of £678k), an adverse variance against the YTD plan of £275k, an in-month deficit of £1,163k which was £471k more than plan. The level of in-month deficit is really concerning at this stage in the year.

The main reasons for the YTD position were:-

- Pay expenditure ahead of plan by £1,808k.
- CIPs savings being less than planned by £1,383k (25.4%).
- This has been offset by over-performance on income of £430k mainly on CCG contracts due to reductions in activity for QIPP schemes not being delivered.

The over-performance income from CCG contracts is mitigating the overspending. However, this needs to be treated with some caution as to its sustainability, and therefore it is important CIP projects deliver especially in the final three months.

Summary of Key Financial Information	YTD (Cumulative to December)				Forecast Outturn		
	Plan £000s	Actual £000s	Var £000s	Var %	Plan £000s	Revised £000s	Var £000s
Income	150,399	150,829	430	0.3%	202,873	203,680	807
Expenditure	145,492	146,018	(526)	(0.4%)	193,339	194,091	(752)
<b>EBITDA</b>	<b>4,907</b>	<b>4,811</b>	<b>(96)</b>	<b>(2.0%)</b>	<b>9,534</b>	<b>9,589</b>	<b>55</b>
Finance Costs	11,524	11,703	(179)	(1.6%)	15,534	15,589	(55)
<b>I+E Surplus /(Deficit) excl donated asset income</b>	<b>-6,617</b>	<b>-6,892</b>	<b>(275)</b>	<b>(4.2%)</b>	<b>-6,000</b>	<b>-6,000</b>	<b>0</b>
Donated Asset Income Adjustment	300	678	378	126.0%	500	678	178
<b>I+E position including donated asset income</b>	<b>-6,317</b>	<b>-6,214</b>	<b>103</b>	<b>1.6%</b>	<b>-5,500</b>	<b>-5,322</b>	<b>178</b>
Adverse variance in brackets							

The main reasons for the in-month adverse of £471k were:-

- A reduction in the average monthly over-performance run rate on NHS Clinical activities by £210k;
- Clinical goods & services costs were £300k more than the monthly average. An initial investigation did not highlight anything unusual as costs appeared to have increased across a broad range of expenditure categories but we need to understand more about this.

The forecast deficit of £6m (before adjusting for donated income of £678k) has been calculated using the monthly planning trajectories which are consistent with the actual performance for the same period last year. The performance is dependent on delivering a surplus position for the next 3 months based on improved productivity and increased levels of clinical income. The average monthly increase for clinical income for the next three months will have to be £670k (4.6%) above the current monthly actual run rate. Discussions are ongoing with both Dorset & West Hampshire CCGs to agree additional funding to off-set some of the over-performance above their contract caps. Also Wiltshire CCG has indicated that they would like to negotiate a year end deal.

## 2. Sales

NHS activity revenue for nine months was £129,905k which was £1,290k greater than plan. Excluded pass-through drugs under-performance was £417k and was offset by a similar underspend on expenditure. The over-performance against the Plan was mainly driven by QIPP schemes, which were to deliver a reduction of activity, not being achieved. The performance on NHS clinical activity can be summarised as follows:-

Contract Activity Performance 2015/16 (December 2015)	Actual 2014-15	Actual 2015-16	Plan 2015-16	Year on Year Variance	Plan Variance
Elective inpatients	4,430	4,229	4,596	-201	-367
Elective PSDs/day attenders	15,959	16,901	17,518	942	-617
Regular Day Attenders	5,281	6,286	5,302	1,005	984
Non Elective Inpatient	19,155	19,743	18,407	588	1,336
Outpatient initial attendances	49,901	49,901	50,196	0	-295
Outpatient follow-up attendances	86,308	82,602	84,924	-3,706	-2,322
Outpatient procedures	27,301	27,595	26,699	294	896
A&E attendances	33,855	33,909	32,878	54	1,031
Favourable Variances are shown as +ve					

- Elective spells were down by 367 against plan and year on year comparison by 201, with notable reductions against General Surgery, T&O and Plastics. Activity is expected to increase in the coming months. These tend to be the more profitable areas of work.
- Day Cases were up by 942 when compared to last year. The areas of under-performance were Colorectal Surgery, Ophthalmology and Cardiology but these have been offset by over-performance in Urology Plastics and Gastroenterology.
- Non-Elective activity has over-performed by 1,336 spells against plan and 588 when compared to last year. There was significant over-performance against West Hampshire and Dorset CCGs where we have restraints on income. The causes are being investigated to put a case for funding to the CCGs. The areas of non-elective over-performance were General Surgery, A&E, Medicine and Paediatrics.
- Overall Outpatients attendances were down by 1,721 against plan mostly notable follow up attendances where commissioning intentions are to drive down this number.
- A&E activity was up against the Plan and year on year variance. Patients continue to choose to present at ED for some relatively minor concerns although the CCGs are anticipating a reduction in the activity as part of their savings plan.

Other non-clinical income was behind plan by £860k. The adverse variance is mainly to do with income deferred from the previous year not released as expenditure has not yet been incurred.

## 3. Cost of Sales including indirect costs

The total for all Directorates was an YTD overspend position of £3,511k and a Forecast overspend variance of £4,712k. The position is summarised below:

Directorates	In Month			Year to Date (Cumulative)			Forecast
	Plan	Actual	Var	Plan	Actual	Var	Var
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Medicine	3,294	3,422	(128)	29,649	30,834	(1,185)	(1,671)
Musculo Skeletal	2,368	2,407	(39)	21,220	21,957	(737)	(1,018)
Surgery	2,861	3,105	(244)	25,280	26,919	(1,639)	(2,075)
CSFS	3,236	3,316	(80)	27,730	28,118	(388)	(546)
Facilities	393	383	10	3,241	3,168	73	98
Corporate	2,018	1,831	187	16,450	16,085	178	500
<b>TOTAL</b>	<b>14,170</b>	<b>14,464</b>	<b>(294)</b>	<b>123,570</b>	<b>127,081</b>	<b>(3,511)</b>	<b>(4,712)</b>
Adverse variance in brackets							

All pay and non-pay costs and provisions have been fully accrued, and inflation and other reserves, including agreed cost pressures, have been added to budgets as appropriate.

### **Medicine**

The Year to Date (YTD) overspend of £1,185k was mainly attributable to the cost of agency staff due to continuing high level of nursing vacancies on wards. This will be monitored very closely by the Directorate Management Team. The Forecast is an adverse variance of £1,671k of which includes CIP over-performance of £12k.

### **Musculo-Skeletal**

The YTD overspend of £737k was mainly due to charges of £298k for LLP (private contractor), the high use of temporary staff due to vacancies and the shortfall in CIPs of £324k resulting from a delay in the start-up of savings schemes.

The Forecast is an adverse variance of £1,018k of which includes CIP under-performance of £209k. The focus of the Directorate over the coming months will be maintaining a lower level of agency spend, analysing opportunities for savings and identifying ways in which Orthopaedic activity can be increased.

### **Surgery**

The YTD overspend of £1,639k was due to a shortfall on CIPs of £870k mainly relating to unidentified schemes and the additional cost of agency staff due to nursing vacancies. The Forecast is an adverse variance of £2,075k of which includes CIP under-performance of £1,172k.

### **Clinical Support & Family Services**

The YTD overspend of £388k was due to underperformance on CIPs as a result of unidentified schemes. The Forecast is an adverse variance of £546k of which includes CIP under-performance of £683k.

### **Facilities**

The Directorate's YTD underspend was £73k and they have over-achieved the savings target. The Forecast is a favourable variance of £98k which assumes achievement of CIP target.

### **Corporate services**

The YTD underspend of £365k represents an in-month favourable variance of £187k. The Forecast for Corporate Services is a favourable variance of £500k.

Nursing expenditure on wards is £1,123k overspent. This is offset by nurse underspendings in theatres, DSU and endoscopy of £325k. Medical staffing is overspent by £275k

## **4. Cost Improvement Plan**

The total cost improvement savings target for the year is £8.0m which includes revenue Income Generation (IG) schemes of £2.1m.

The Trust has achieved savings and income generation of £4,060k against a plan target of £5,443k an adverse variance £1,383k. It is recognised the CIP programme is back loaded and therefore on a straight line basis the Trust would be £1,940k below where it should be.

At the time of preparing this report, unidentified schemes amount to £894k (11.2%) compared with last month at £917k. The COO will report separately about the CIP progress and the discussions which have taken place as part of the Carter review.

## **5. Statement of Financial Position**

Overall the working capital position (current asset less liabilities) was ahead of plan by £103k due to borrowing being less than plan. The cash balance at 31<sup>st</sup> December 2015 was £10,167k which is behind plan by £3,154k due to a number of prepayments and bulk purchases of stock, the latter to secure improved prices. Of the actual prepayments about £940k relates to the CNST payments which are budgeted over twelve months but paid over ten. It looks as though the plan failed to phase prepayments during the year in a sophisticated way. In addition our charitable funds owed the Trust £740k at the end of December.

## **6. Capital Expenditure**

Expenditure was £7,091k which was behind plan by £660k. The current programme indicates planned expenditure of £12,450k, which is £544k less than the original plan. Although efforts are on-going to reduce capital expenditure by slipping some of these schemes into next year where possible provided there is no direct impact on patient care.

The DoH is proceeding with capital to revenue transfers but only for roughly forty Trusts which were able to reduce their programme by more than 25%. SFT was not in that position and therefore no further action is expected.

## **7. 2015-16 Contracts**

Wiltshire CCG's new Interventions Not Normally Funded (INNF) policy was implemented on 18<sup>th</sup> December. Under the new policy guidelines the responsibility lies with the GPs to secure prior approval or individual funding before the patient is referred to the Trust. The Trust is working with the CCG to resolve a number of clinical and access issues. Unfortunately it remains unclear as to how the CCG has communicated with GPs on the mobilisation of this new policy and it is expected that this will cause problems with inappropriate referrals which will then be sent back to the GP.

Wiltshire CCG have arbitrarily withheld £220k of the quarter 2 CQUIN relating to Ambulatory Care based on comments from an interim project report the Trust provided to the CCG. The Trust has emphatically challenged the decision both in terms of the transparency of the process and the CCG's comments on the project report which appear to be unfounded.

The value of fines and penalties' for months 1-6 have been finalised. The CCG have made recommendations and will support the reinvestment of mixed sex breaches once the Trust has provided cost details; diagnostic fines are subject to more scrutiny prior to any decision to reinvest. Ambulance breaches will be applied as this is a pass through payment required by the Ambulance Trust.

West Hampshire CCG who followed Wiltshire CCG in issuing a performance notice for mixed sex breaches will adopt the remedial action plan agreed with Wiltshire CCG. Dorset CCG has to date not issued any performance notices.

The Trust has now completed the NHS England Specialised Services impact assessment for their new Information Reporting (IR) Algorithm. As yet no feedback has been received from NHS England regarding the next steps, but it is expected that another exercise will take place before any transfer of funding between commissioners occurs.

The specialised services CQUIN and QIPP scheme proposals for 2016-17 which combine the CQUIN achievement with a QIPP saving in some of the schemes have been received from NHSE. These are currently being reviewed and a meeting is scheduled for the end of January to discuss these schemes further.

Currently the expectation is that all contracts should be agreed and signed off by the end of March 2016 but as yet the final contract guidance has not been published.

Activity levels for Dorset and West Hampshire CCGs continue to significantly over-perform with non-elective activity being the main driver. There is a noticeable increase in referrals from the Gillingham, Ringwood and Fordingbridge areas. Discussions are ongoing with both CCGs to agree additional funding to off-set some of the over-performance above their contract caps. At present West Hampshire CCG has refused to pay and this is a serious concern.

## **8. Risks and Forecast Outcome for 2015/16**

The Trust's key financial risks can be summarised as follows:-

- Deliver the CIP target of £8m; this is the greatest financial challenge;
- Developing CIPs for future years;
- Contractual challenges from CCGs;
- Meet contractual obligations and avoid penalties;
- Delivery of CQUIN targets;
- Unplanned growth of non-elective activity impacting on profitable elective work;
- Match capacity to demand in the most cost effective way in order to avoid losing work to local competitors.
- Reduce time to first out-patient appointment in order to compete with other hospitals.
- Impact of possible junior doctor's industrial action.
- Winter pressure costs versus the funding received for resilience

The forecast scenarios used to calculate the outturn position have been updated this month using the YTD actual outturn:

- Scenario 1: The forecast outturn deficit continues to be £6m before allowing for donated assets, which is in accordance with our approved plan. It assumes that income & productivity will significantly improve to deliver a surplus in the last quarter of the financial year.
- Scenario 2: The forecast outturn deficit would be £6,843k which is above plan by £843k. Pay and non-pay costs are expected to be higher than for scenario 1 and we deliver savings at the same rate as the first nine months.
- Scenario 3: has been calculated using a straight-line methodology and the forecast outturn deficit would be £9,190k.

The forecast outturn scenarios have been calculated using the following assumptions:-

- Growth in activity continues in line with monthly planning trajectories until the year end and CQUIN is delivered in full. However, this does not take into account an escalation of contractual fines and penalties or address any challenges from NHSE for payment of high cost drugs. Reasonable funding is received for all NHS Commissioner's over-performance.
- Resilience funding has been allocated to the Directorates and assumes costs will be managed accordingly.
- No significant revenue expenditure incurred on strategic projects.
- All Electronic Patient Record (EPR) project costs are capitalised.
- Inflation pressures are zero to allow the inflationary contingency reserve to offset Directorate budget overspending.
- The minimum assumed CIP and Income Generation delivery is £5.7m but there needs to be continued drive to improve delivery of schemes.

## 9. Other Issues

**The NHS Financial Problems** – A letter has been received from Monitor which offers the Trust £6.3m for 2016/17 providing we achieve a surplus of £1.8m (a control total). By doing this in effect they are giving the Trust £4.5m, but the challenge for next year in simple terms looks like at least £14m (£6m underlying deficit, £3m NR savings in 2015/16, £3.5m effect of tariff cuts, and £1.5m internal cost pressures). No assumptions have been made about the cost of the doctors' dispute. Accordingly the Trust would need to achieve savings of £10m in order to accept the 'offer'. This is not considered to be achievable. It is not yet clear what would happen if control totals are missed, or whether there may be an impact on access to loans if we don't accept what Monitor has put forward. A response has to be made by 8 February following the Trust Board on that date.

**Bed Stacking Innovation** – Due to problems of storing beds in areas near wards we issued a tender for bed stacking technology. The only equipment which could be found was from the USA and was very expensive. As a result of the tender a small Welsh engineering company approached us and they have worked with us to design and construct a bed stacking/storage device which is innovative. We now have the first one on site. The company, which owns the IP, wishes to have a 50:50 joint venture with SFT to market the product, and we have already been approached by a number of Trusts who heard of the work we were doing. A business case is being developed.

## 10. Conclusions

After nine months of the financial year the Trust is showing a deficit of £6,892k (before adjusting for donated income of £678k), an adverse variance against the YTD plan of £275k. It is important that the Trust achieves more savings, manages budgets more tightly and undertakes more profitable elective work.

Using the new risk rating, introduced by Monitor, the Trust score is 2. The score of 2 is the maximum the Trust can achieve due to a rating of 1 for the I&E deficit position and capital servicing capacity.



## **11. Recommendation**

The Trust Board is asked to note the report and consider any further actions necessary.

**Malcolm Cassells**  
**Director of Finance and Procurement**  
**1 February 2016**

## Appendix 1 - SUMMARY STATEMENT OF COMPREHENSIVE INCOME

	In month			YTD (Cumulative)			Forecast (Updated) - Scenario 1		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s
<b>Operating Income</b>									
NHS Clinical Income	13,096	13,354	258	117,360	119,067	1,707	158,378	160,619	2,241
High cost drugs income	1,378	1,030	(348)	11,255	10,838	(417)	15,159	14,598	(561)
Other Clinical Income	612	653	41	5,972	5,205	(767)	8,000	6,942	(1,058)
Research & Development & Education	485	568	83	4,822	5,071	249	6,518	6,859	341
Other (Excluding Donated Asset income)	1,250	1,107	(143)	10,990	10,648	(342)	14,818	14,662	(156)
<b>TOTAL INCOME</b>	<b>16,821</b>	<b>16,712</b>	<b>(109)</b>	<b>150,399</b>	<b>150,829</b>	<b>430</b>	<b>202,873</b>	<b>203,680</b>	<b>807</b>
<b>Operating Expenditure</b>									
Pay - In post	9,766	10,030	(264)	88,540	89,468	(928)	117,780	119,055	(1,275)
Pay- Agency & Locums	682	704	(22)	6,263	7,143	(880)	8,301	9,692	(1,391)
Drugs	1,631	1,534	97	13,886	13,593	293	18,696	18,301	395
Clinical Supplies	1,605	1,926	(321)	15,097	14,702	395	19,905	18,887	1,018
Non-Clinical Supplies	1,099	800	299	8,899	8,129	770	11,561	10,892	669
Other (incl PFI unitary charge)	1,429	1,504	(75)	12,807	12,983	(176)	17,096	17,264	(168)
<b>TOTAL EXPENDITURE</b>	<b>16,212</b>	<b>16,498</b>	<b>(286)</b>	<b>145,492</b>	<b>146,018</b>	<b>(526)</b>	<b>193,339</b>	<b>194,091</b>	<b>(752)</b>
<b>EBITDA (Earnings Before Interest, Tax, Depreciation &amp; Amortisation)</b>	<b>609</b>	<b>214</b>	<b>(395)</b>	<b>4,907</b>	<b>4,811</b>	<b>(96)</b>	<b>9,534</b>	<b>9,589</b>	<b>55</b>
Financing Costs	1,301	1,377	(76)	11,524	11,703	(179)	15,534	15,589	(55)
<b>SURPLUS / (DEFICIT) excluding DONATED ASSET INCOME</b>	<b>-692</b>	<b>-1,163</b>	<b>(471)</b>	<b>-6,617</b>	<b>-6,892</b>	<b>(275)</b>	<b>-6,000</b>	<b>-6,000</b>	<b>0</b>
Donated Asset Income	100	430	330	300	678	378	500	678	(178)
<b>SURPLUS / (DEFICIT)</b>	<b>-592</b>	<b>-733</b>	<b>(141)</b>	<b>-6,317</b>	<b>-6,214</b>	<b>103</b>	<b>-5,500</b>	<b>-5,322</b>	<b>178</b>

**Appendix 2 - CAPITAL EXPENDITURE**

Project Name	15/16 Board Approved + 14/15 final slippage - 14/15 b/fwd	Adjustments to final Plan	Brought Forward from 2016/17	Slippage to 2016/17	Revised Plan	Spend to 31st December 2015	Under/(Over) spent on Project
<b>Donated Assets</b>							
Bariatric Bed	11,140	0	0	0	11,140	0	
Clinical Radiology 2 x Ultrasound	137,008	-72,500	0	0	64,508	46,808	
Dermatology UV Light	15,300	1,450	0	0	16,750	16,750	
Durrington Upgrade (Charitable Contribution to Decant Ward Project)	0	330,000	0	0	330,000	320,000	10,000
Fluoroscopy Room 8 - Charitable Contribution	0	330,000	0	0	330,000	320,000	10,000
O&G Bladderscanner	6,985	-6,985	0	0	0	0	
Orthodontics & Oral Surgery Cone Beam CT Scanner	110,000	0	0	0	110,000	0	
Small Donated Additions	0	177,205	0	0	177,205	177,205	
Spinal Refurb ADL Bathroom (LoF contribution)	10,792	0	0	0	10,792	10,792	
Spinal Unit Ultrasound	35,542	0	0	0	35,542	33,542	2,000
Vascular Unit Ultrasound Machine	65,475	0	0	0	65,475	65,475	
<b>Donated Assets - Totals</b>	<b>392,241</b>	<b>429,170</b>	<b>0</b>	<b>0</b>	<b>821,411</b>	<b>670,572</b>	<b>12,000</b>
<b>Phase 3 Building Schemes</b>							
Breast Unit enabling	50,000	0	0	0	50,000	8,833	
CT Scanner Building and Enabling	11,822	0	0	0	11,822	2,734	
Laverstock Ward (Decant Ward Project)	500,000	10,000	0	-348,988	161,012	161,013	
SAU Refurb (Decant Ward Project)	0	360,000	0	0	360,000	12,124	
Helter Skelter Storage	150,000	-149,350	0	0	650	650	
Maternity development 1st (2015/16) year of 2	500,000	0	0	-344,000	156,000	42,491	
Radnor Ward Development	164,191	-73,585	0	0	90,606	76,615	
SDU Development	0	55,580	0	0	55,580	2,000	
Springs entrance development	1,310,252	0	0	-1,147,000	163,252	82,084	
Ward changes - Dementia Patient Care	10,112	-6,000	0	0	4,112	805	
<b>Building Schemes - Totals</b>	<b>2,696,378</b>	<b>196,645</b>	<b>0</b>	<b>-1,839,988</b>	<b>1,053,035</b>	<b>389,048</b>	<b>0</b>
<b>Building and Works</b>							
Accommodation - Langley House Kitchen Upgrade	3,461	-3,461	0	0	0	0	
Accommodation and Leisure Centre Boilers	0	8,266	0	0	8,266	0	
Accommodation key security	7,000	-7,000	0	0	0	0	
Accommodation replacement of kitchens and bathrooms	150,000	-16,539	0	0	133,461	40,342	
AHU replacement yr 3 (2014/15) of 7	352,559	800	0	0	353,359	340,693	
Asbestos management	18,222	0	0	0	18,222	5,576	
Avon House Boiler Replacement	0	20,000	0	0	20,000	0	
BMS upgrade 3rd year of 3 - invest to save	42,642	0	0	-42,583	59	0	
Boiler house demolition	0	0	0	0	0	0	
Car park & machinery replacement - (? Part insurance claim)	96,000	0	0	0	96,000	85,929	
Catering Dishwasher	126,000	0	0	0	126,000	145	
Catering oven	17,000	0	0	0	17,000	14,406	2,594
Catering refrigeration upgrade	9,560	0	0	0	9,560	0	9,560
Catering thaw cabinet	8,000	0	0	0	8,000	7,987	13
Catheter Suite - Rebalance of Heating System	18,400	0	0	0	18,400	12,352	
Central booking relocation - block 79 (Wilton ward)	100,000	0	0	-75,000	25,000	0	
Central Clinical Notes Preparation	617	0	0	0	617	5,497	-4,881
DSU Replacement insulation to Air Handling System	8,600	-8,600	0	0	0	0	
DSU Roof Repairs	58,856	-20,000	0	0	38,856	20,923	
DSU Theatres - Flooring	1,882	0	0	0	1,882	0	1,882
Ductwork & Fire Damper Cleaning Whole Site Year 3 of 3	188,865	0	0	-108,000	80,865	62,256	
ED Data Centre Ventilation	78,999	40,000	0	0	118,999	85,663	
Electricity at Work Regulations Compliance	82,744	0	0	-76,000	6,744	-6,392	
Energy Centre Repair	0	0	0	0	0	30,762	-30,762
Estates health and safety	10,000	0	0	0	10,000	5,275	
Eye clinic expansion	4,292	0	0	0	4,292	0	4,292
Finance fire alarm system upgrade	21,600	-21,600	0	0	0	0	
Fire alarms - detection & prevention equip - various	4,487	0	0	0	4,487	0	
Fire compartmentation SDH north - remedial works	28,407	0	0	0	28,407	2,965	
Flooring Replacement (including Stairwells)	67,744	0	0	0	67,744	29,043	
General laboratory replacement autoclave	60,000	0	0	0	60,000	50	
Genetics Modular cold room	26,000	0	0	0	26,000	60,050	-34,050
Glanville Roof	0	7,200	0	0	7,200	5,976	
Grovelly Roof Repairs	30,000	0	0	0	30,000	27,483	
Hillicote Sale Costs	0	0	0	0	0	500	-500
Hospice and Finance Fire Alarms	30,000	21,600	0	0	51,600	4,690	
Lab Medicine Cold Room & Pathology Reception and Office	36,000	56,000	0	0	92,000	45,254	
League of Friends - Bungalow 2 Refurb	0	0	0	0	0	326	-326
Level 4 Bedspace Power Sockets	61,610	-20,000	0	0	41,610	0	
Lifts overhaul - year 3 (2014/15) of 3	66,379	0	0	0	66,379	13,746	
Lightning Conductor	0	12,000	0	0	12,000	10,309	
Main boiler burners	60,000	0	0	0	60,000	54,451	
Main Entrance L3 Upgrade	10,076	0	0	0	10,076	4,268	
Main operating theatres recovery area	56,000	0	0	0	56,000	35,709	20,291
Main Theatres 4th Laminar Flow System	185,000	0	0	0	185,000	137,409	
Mamo Enabling	0	0	0	0	0	0	
Maternity Obstetric Theatre Refurbishment	78,000	-19,000	0	0	59,000	57,970	
Maternity Post Natal Upgrade	121,550	15,000	0	0	136,550	122,653	
Maternity Relocation - Enabling	1,622	0	0	0	1,622	1,349	273
Mattress Laundering	2,521	0	0	0	2,521	0	
Medical Gas Hoses 2nd year of 2 (2015/16)	147,000	0	0	-132,000	15,000	0	
Microbiology - Category 3 Room	2,025	0	0	0	2,025	0	2,025
Mortuary washer disinfectant	10,000	0	0	0	10,000	0	
Noise Reduction & Facilities Equipment	26,368	0	0	0	26,368	0	26,368
Nurse Call System Upgrade - SDH North & Maternity - 2nd year of 2	133,167	-10,000	0	0	123,167	0	
OHSS replacement windows	27,000	0	0	0	27,000	1,958	
Old GUM Clinic Demolition	13,998	0	0	0	13,998	1,958	
Orthotics Move and Radiology Bowel Screening Relocation	33,315	0	0	0	33,315	37,163	-3,848
Pathology - air tube upgrade	36,000	0	0	0	36,000	0	
Pathology - conversion of computer room to office	12,000	-12,000	0	0	0	0	
Pathology Reception	44,000	-44,000	0	0	0	0	
Pedestrian crossings	66,000	-66,000	0	0	0	0	
Pharmacy Aseptic Suite	0	0	0	0	0	12,821	-12,821
Portering bed movers	23,000	0	8,000	0	31,000	29,520	
Powered Door Curtains Level 2	30,000	0	0	0	30,000	0	
Productive Operating Theatres	18,542	0	0	0	18,542	0	
Public & Staff WCs L5,L4,L3	86,598	0	0	-40,000	46,598	0	
Public Spaces Fund	13,425	0	0	0	13,425	984	
Radiology Recovery Area Improvements	603	0	0	0	603	242	361
Renal Services Repairs	0	0	0	0	0	3,253	-3,253
Roads and paving repairs	160,169	66,000	0	-210,000	16,169	7,200	
Sarum Kitchen Ventilation	0	7,800	0	0	7,800	3,980	
Sarum Ward Playdeck	0	4,524	0	0	4,524	7,200	-2,676
SDH North Drain Survey	15,000	0	0	-5,000	10,000	7,200	
SDU Washers	148,505	0	0	0	148,505	15,870	
Security Improvements	48,921	0	0	0	48,921	47,253	
Server Rooms - Air Conditioning	16,890	0	0	0	16,890	0	
Shower Cubicle Drainage Improvements	30,000	-10,000	0	-20,000	0	0	
Site Signage	2,462	0	10,128	0	12,590	515	
Spinal Boiler Replacement & Associated Pipework	0	37,400	0	0	37,400	0	
Spinal treatment centre refurbishment	169,286	50,000	0	0	219,286	202,218	
Spinal Unit Doors and Locks	0	37,000	0	0	37,000	27,754	
Spinal Unit Double Glazing 2nd year of 2 (2015/16)	60,000	-60,000	0	0	0	0	
Spinal Unit Fire Escape	27,000	-27,000	0	0	0	0	
Springs server upgrade - floor and freezers only	75,000	0	0	0	75,000	0	
Taps & IPS panels - sitewide	60,000	911	0	-40,000	20,911	8,398	
Theatres 1 - 10 Replacement Taps	911	-911	0	0	0	0	
Theatres - Male Changing Facilities	0	15,000	0	0	15,000	14,337	
Walls - repairs to falling walls	8,000	0	0	-8,000	0	0	
Water tanks access - main tanks only	30,000	0	0	-30,000	0	0	
Wessex Rehab Windows and Cladding	11,466	0	0	0	11,466	0	
Wilton Ward Winter Pressures 13/14 (Block 79)	10,000	0	0	-679	9,321	9,321	
<b>Building Projects/Building and Works Totals</b>	<b>3,927,446</b>	<b>53,390</b>	<b>18,128</b>	<b>-787,262</b>	<b>3,211,702</b>	<b>1,762,803</b>	<b>-25,458</b>
<b>Information Technology</b>							
Alternative to Microsoft products - review	50,000	0	0	0	50,000	0	
Aruba expansion	34,000	12,680	0	0	46,680	52,503	-5,813
Baby Tagging - RFID	66,000	-99,000	0	0	0	27,000	25,039
Backup Tape Library Replacement	470	1,949	0	0	2,419	3,309	-889
Bighand 2015 AMS Renewal	0	0	0	0	0	0	
Blood Tracking	8,891	0	0	0	8,891	7,800	
Blood Tracking Phases 1 - 3	225,439	0	0	-108,200	117,239	40,585	
BMS Network Upgrade	16,596	0	0	0	16,596	14,872	
Brocade Switch Replacement	5,004	0	0	-5,004	0	0	
Catering Cash Register Replacement	0	0	13,000	0	13,000	0	
Clinical Coding Encoder	13,168	-2,546	0	0	10,622	10,524	
Cohort system - Occupational Health	44,000	-600	0	0	43,400	42,180	
Community Midwifery system trial	35,748	0	0	-20,000	15,748	0	
Connectivity Upgrade for Warmminster & Shaftesbury	42,000	0	0	0	42,000	23,193	
EDCR Changes to improve air flow and balance	3,468	-1,949	0	0	1,519	0	1,519
Edge Security replacement	651	-651	0	0	0	0	

**Appendix 2 - CAPITAL EXPENDITURE**

Project Name	15/16 Board Approved + 14/15 final slippage - 14/15 b/fwd	Adjustments to final Plan	Brought Forward from 2016/17	Slippage to 2016/17	Revised Plan	Spend to 31st December 2015	Under/(Over) spent on Project
Electronic Letters	20,148	0	0	0	20,148	5,531	
EPMA (Yr 2 (2014/15) of 7)	47,011	41,000	0	0	88,011	84,877	
EPR	0	350,000	0	0	350,000	402,709	-52,709
Estates - Oracle software interface	24,000	0	0	-20,000	4,000	0	
Exchange 2010 Upgrade	1,949	0	0	0	1,949	0	1,949
Genetics - software upgrade	101,000	0	0	0	101,000	87,644	
Genetics High Spec Analysis Equipment & Software	57,691	0	0	-30,000	27,691	0	
Histopathology Hardware	13,384	0	0	-10,218	3,166	2,611	
IBD register	10,000	0	0	0	10,000	1,049	
Inhouse development team - applications, databases and Dashboards (subject to bus case)	92,176	0	0	0	92,176	62,898	
IPad Security	160	0	0	0	160	138	22
Maintenance renewal - estimate	650,000	-100,000	0	0	550,000	499,046	
Microsoft Licensing - being challenged	500,000	0	0	0	500,000	503,720	-3,720
Mobile Computing	19,151	0	0	0	19,151	4,395	
Mortuary module	52,000	0	0	-52,000	0	0	
Network - unsupported equipment	52,000	0	0	0	52,000	0	
Network Load Balancers	12,690	-12,690	0	0	0	0	
Network Upgrade Consultancy	68,910	0	0	0	68,910	48,897	
Neurophysiology Project	726	-726	0	0	0	0	
Nexus 5 Expansion	7,809	0	0	0	7,809	4,982	2,826
Ophthalmology System	153,938	0	0	-140,000	13,938	8,736	
Order Comms - additional development	41,000	-41,000	0	0	0	0	
Order Comms (includes System Admin Bid & Sexual Health Bid)	15,265	0	0	0	15,265	0	15,265
PACS Reproachment	68,308	0	0	-60,000	8,308	1,169	
Palliative Care EPR	39,437	0	0	0	39,437	0	
PAS 2016 Replacement - Consultancy Costs	7,606	1,970	0	0	9,576	5,950	
Patient Observations Monitoring and Decision Support/Early Warning System/POET	32,029	0	0	0	32,029	33,180	-1,151
Patient Tracking	238	-238	0	0	0	0	
Radiology - OrderComms	46,602	0	0	-20,000	26,602	0	
Radiology Replacement PC's	522	-306	0	0	216	286	-70
RAM Asset Maintenance Module	2,999	0	0	0	2,999	1,361	1,638
Replace 6509x3 network hubs	350,000	0	0	0	350,000	23,730	
Reporting System	80,000	0	0	-3,500	76,500	76,430	
Results System in GP Practices 'Review' System	19,678	0	0	0	19,678	0	
SBAR Cardiology DICOM Migration	0	47,000	0	0	47,000	4,960	
SBAR for PAS	38,447	0	0	0	38,447	22,606	
SBAR re NACS Update to ED Symphony	7,500	0	0	0	7,500	0	
SBAR re UPS Replacement (formerly UPS Replacement - Room based for Computer Rooms)	21,150	0	0	0	21,150	0	
Scanned Health Rtecds	2,292	0	0	0	2,292	2,454	-162
Scriptologic licenses and upgrade	67,000	-67,000	0	0	0	0	
SDU Quality System	1,727	0	0	0	1,727	3,251	-1,524
SLAM	805	0	0	0	805	0	805
Telecomms Voice Over IP - invest to save (non clinical areas - subject to a telephony strategy)	167,000	0	0	0	167,000	45,664	
Telepath enhancements	8,245	0	0	0	8,245	4,740	
Telepath to CSClms (Phase 3 / Year 3 of 4 2015/16)	75,000	0	0	-75,000	0	0	
Therapy information system	45,000	-45,000	0	0	0	0	
Tray Tracking	71,000	0	0	0	71,000	71,886	-886
Upgrade of low spec equipment (680 machines)	265	-49	0	0	216	251	-35
UPS Replacement Programme	24,202	0	0	-11,800	12,402	2,736	
VmWare Upgrade	20,000	0	0	0	20,000	20,000	
Whiteboards	200,000	359,000	0	0	559,000	90,001	
Wireless Expansion and Coverage	122,582	0	0	0	122,582	0	
Xcelera	0	18,361	0	0	18,361	0	
<b>Information Technology Totals</b>	<b>4,006,077</b>	<b>520,215</b>	<b>13,000</b>	<b>-555,722</b>	<b>3,983,570</b>	<b>2,347,894</b>	<b>-42,935</b>
<b>Medical Devices</b>							
Anaesthetic Machines	1,931	0	0	0	1,931	0	
Anaesthetic monitors x2 - DSU	26,000	0	0	0	26,000	28,317	-2,317
Arthroscopy telescope/sheath replacement - DSU	58,000	-50,000	0	0	8,000	0	
Bariatric Bed (2016/17 b/fwd)	0	0	12,654	0	12,654	12,654	
Bariatric Equipment	1,054	13,700	0	0	14,754	12,774	1,979
B-Braun Review of Theatre Instruments	704,237	50,000	0	0	754,237	417,558	
BEG replacement programme - 3rd (2015/16) yr of 4	158,047	0	0	0	158,047	187,980	-29,933
Biologics Service	60,000	0	0	0	60,000	60,000	
Bowel Scope Programme	-29,000	41,000	0	0	12,000	0	12,000
DSU Operating Theatre Lights	40,755	0	0	0	40,755	0	
ED Trolleys x 20	15,726	-15,726	0	0	0	0	
DSU Powered Patient Trolleys	0	0	40,000	0	40,000	0	
Fluoroscopy x-ray machine - radiology room 8	330,000	-263,500	0	0	66,500	2,381	
Foetal Heart Monitors X 6	7,531	-7,531	0	0	0	0	
General x-ray machine - Westbury - radiology	99,000	0	0	0	99,000	0	
Grouped Items 2014/15	6,543	-6,300	0	0	243	0	
Grouped Items 2015/16	100,000	21,814	0	0	121,814	115,807	
Histopathology Kit	0	39,026	0	0	39,026	35,138	3,888
Maquet Repairs Table/Lights	0	6,730	0	0	6,730	5,257	
Maternity Theatre Equipment	7,014	19,000	0	0	26,014	0	
Medical Equipment < £50k 13/14	21,433	-21,433	0	0	0	0	
Medical Equipment <£50k 14/15	152,429	-44,332	0	0	108,097	43,563	
Medical Equipment <£50k 15/16	384,262	-55,800	0	0	328,462	225,445	
Medical Equipment <£50k 16/17	0	0	34,712	0	34,712	37,421	-2,709
O&G Ultrasound	11,734	-3,334	0	0	8,400	7,000	
Patient monitoring and stations 2nd phase of 2	9,267	0	0	0	9,267	0	
Patient trolleys x 14 + 1 Radiology	2,483	-2,483	0	0	0	0	
Pitton Monitoring	0	16,500	0	0	16,500	16,485	
Power tools replacement/upgrade - theatres/DSU/oral surgery	200,000	0	0	0	200,000	199,995	
Radiology Room 2 Replacement	0	0	228,000	0	228,000	0	
Refrigerated Centrifuge	0	6,556	0	0	6,556	6,437	
Replacement Mattresses (x 15)	557	0	0	0	557	0	
Rigid hysteroscopes x 4 plus stack	4,115	0	0	0	4,115	554	
Scopes x7 endoscopy	150,000	103,920	0	0	253,920	253,920	
Spinal Hoists	0	69,000	35,000	0	35,000	11,808	
Static and Pressure Relieving Mattresses	0	69,000	0	0	69,000	40,162	
Thermometry Data Loggers	29,958	-17,000	0	0	12,958	0	
Urology Laser Scope	-11,928	28,000	0	0	16,072	16,369	-298
Ventilators Programme - 1st year of 5 (2014/15)	2,400	0	0	0	2,400	0	2,400
Videoscopes x2 - main theatres	50,000	0	0	0	50,000	0	
<b>Medical Equipment Totals</b>	<b>2,533,547</b>	<b>-18,749</b>	<b>356,922</b>	<b>0</b>	<b>2,871,720</b>	<b>1,737,027</b>	<b>-14,990</b>
<b>Other</b>							
Bed Stacking	98,200	0	0	0	98,200	4,956	
Car Park White Lining Site Wide	0	23,072	0	0	23,072	27,782	-4,710
Catering Trolley Replacement x20	3,902	0	0	0	3,902	0	3,902
Demand Response Generator Conversion	360,000	-180,000	0	-150,000	30,000	1,080	
Drinking Water Stations	700	0	0	0	700	0	
DSU Truck	434	0	0	0	434	0	
Efficiency schemes	160,570	-138,400	0	0	22,170	0	
Endoscope Vacuum Pack System	1,120	0	0	0	1,120	1,995	-1,275
Finance systems 2011/2012	40,000	0	0	-40,000	0	0	
Fire Safety Training Equipment	820	0	0	0	820	0	
Floor Cleaning Machine 15/16	0	14,385	0	0	14,385	13,936	
LED Lighting	52,555	0	0	-27,000	25,555	18,424	
Lighting Repairs	0	0	0	0	0	39,914	-39,914
Mortuary Temporary Storage	230	0	0	0	230	0	
Outpatient Kiosks	74,338	0	0	0	74,338	4,546	
Photovoltaic's / Solarthermal PV	23,744	0	0	-13,000	10,744	95	
Procurement Storage Raching Investment	0	11,400	0	0	11,400	10,872	
Procurement Tug 2015/16	0	9,940	0	0	9,940	0	
Project costs 2013/14	14,029	0	0	-10,000	4,029	500	
Staff Accommodation Fire Door Closers	315	0	0	0	315	0	315
Telecoms Trunk Lines	10,000	0	0	0	10,000	1,720	
Theatres Storage and Trolleys	0	106,620	0	0	106,620	57,961	-5,282
Ward Waste Bins	60,643	0	0	0	60,643	0	
<b>Other Totals</b>	<b>901,599</b>	<b>-152,983</b>	<b>0</b>	<b>-240,000</b>	<b>508,616</b>	<b>183,781</b>	<b>-46,964</b>
<b>Trust Totals</b>	<b>14,457,288</b>	<b>1,027,688</b>	<b>388,050</b>	<b>-3,422,972</b>	<b>12,450,055</b>	<b>7,091,125</b>	<b>-118,347</b>
<b>Trust Monitor Plan Totals</b>					<b>12,993,862</b>		

**Trust Board meeting  
SFT**

**MONTH 9 OPERATIONAL PERFORMANCE REPORT**

**Date:** 8th February 2016

**Report from:** Andy Hyett, Chief Operating Officer

**Presented by:** Andy Hyett, Chief Operating Officer

**Executive Summary:**

The trust delivered all Infection Control, Referral to Treatment, and Cancer performance standards for month 9. The trust failed to deliver the ED standard reporting 93.9% for month 9 and 94.1% for Quarter 3.

**Emergency Pathway**

The trust failed to deliver the ED standard in Month 9 and reported 1.1% below the national standard. During this period escalation capacity was opened to manage emergency flow and clinical teams in ED and AMU reported an increase in the acuity of patients presenting.

A number of actions have been introduced including operational standards in ED and across the trust and daily operational planning meetings with ED and operational teams.

The number of patients whose Transfer of Care is delayed (DTCOs) has increased to 31 at the end of December – which is the highest this year.

**RTT**

All RTT standards were delivered in December at trust level. The greatest risk to continued deliver of these standards continues to be any change in referral pathways as a result of performance challenges at neighbouring providers.

Extensive work is currently taking place in Orthopaedics and Ophthalmology to ensure capacity meets demand.

**Diagnostic**

The trust is continuing to work to decrease diagnostic waiting times further.

### **Cancelled Operations**

Unfortunately elective procedures have also been cancelled as a direct result of the impact of high medical admissions. All attempts are being made to limit this impact and where required patients are being notified as early as possible.

### **Cancer**

All cancer standards were delivered in Month 9. The trust continues to work closely with GPs to minimise the number of breaches due to patient availability. An additional breast surgeon has now been appointed which will allow earlier appointments and greater patient choice.



### **Links to Assurance Framework/ Strategic Plan:**


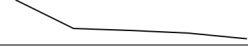
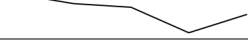
**Choice** – Ensuring deliver key of performance targets to encourage patients in choosing to be treated locally at SFT as a provider of high quality care and ensuring that intervention by regulators is not required

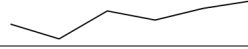
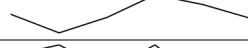
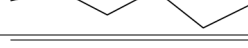




### **Appendices: Appendix 1. Trust Board Performance Report – December 2015**


# Trust Board Performance Report - December 2015

## Monitor Assurance

Metric Name	Indicative Monthly Volume	Target Source	Ceiling	Dec-15	YTD	Benchmark	Trend
Infection control – Clostridium difficile	5,800 discharges	Contract	19 cases (deminimis volume 12)	0	10		
Infection control - MRSA	5,800 discharges	Contract	0 cases (deminimis volume 6) *	0	0		

Metric Name	Indicative Monthly Volume	Target Source	Target	Dec-15	Quarter 3 to date	Benchmark	Trend
Patients treated within 18 weeks requiring admission	1,000 patients	Contract	90% treated within 18 weeks	90.30%	90.1%	92%	
Patients treated within 18 weeks not requiring admission	3,500 patients	Contract	95% treated within 18 weeks	96.3%	96.1%	97%	
Proportion of patients waiting less that 18 weeks for first treatment	10,300 patients	Contract	92% still waiting within 18 weeks	92.1%	N/A	95%	
Zero tolerance RTT waits > 52 weeks		Contract	Zero	0	0		

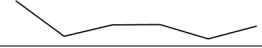


Metric Name	Indicative Monthly Volume	Target Source	Target	Dec-15	YTD	Benchmark	Trend
All Cancer two week waits	450 patients	Contract	93% patients within 2 weeks	95.5%	94.1%	95.4%	
Symptomatic Breast Cancer - two week waits	85 patients	Contract	93% patients within 2 weeks	93.6%	94.3%		
31 day wait standard	110 patients	Contract	96% patients within 31 days	98.9%	99.1%	97.9%	
31 day subsequent treatment : Surgery	20 patients	Contract	94% patients within 31 days	100.0%	100.0%		
31 day subsequent treatment : Drug	20 patients	Contract	98% patients within 31 days	100.0%	100.0%		
62 day wait standard	50 patients	Contract	85% patients within 62 days	93.0%	90.3%	87.0%	
62 day screening patients	4 patients	Contract	90% patients within 62 days	100.0%	100.0%		
62 day patients waiting first definitive treatment after Consultant upgrade	3 patients	Contract	85% patients within 62 days	100% (Nov-15)	83.3% (to Nov-15)		

A&E - Time in A&E department	3,600 patients	Contract	95% patients leave within 4 hours of arrival	93.9%	95.5%	94%	
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Quarterly Governance risk rate	Green: No evident concerns						
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## Trust Board Performance Report - December 2015

### Patient Choice

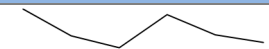

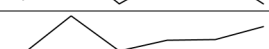

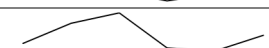



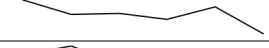
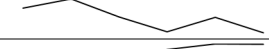
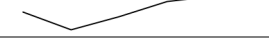
Metric Name	Indicative Monthly Volume	Target source	Target	Dec-15	YTD	Benchmark	Trend
Patients waiting less than 6 weeks for diagnostics	1,800 patients	Contract	100% of Diagnostic Waiting list < 6 weeks	99.9%	98.3%	99%	
Friends and Family - % patients with feedback	1,400 discharges	Contract	15% patients offer feedback by end of Q1, 20% or more by end of Q4	35.2%	36.1%	N/A	
Friends and Family - % likely to recommend Hospital	1,400 discharges			96.4%	95.8%	N/A	
<i>A&amp;E Clinical Target 1 - Effectiveness of Care - unplanned reattendance rate</i>	3,600 patients	Contract	<5% ED attendances to have unplanned return	2.9%	2.5%	7.2%	
<i>A&amp;E Clinical Target 2 - Left without being seen</i>	3,600 patients	Contract	<5% patients to leave ED without being seen by clinician	1.4%	1.3%	2.7%	
<i>A&amp;E Clinical Target 3 - 95th Percentile time in A&amp;E</i>	3,600 patients	Contract	95th percentile ED wait to be less than 4 hours	04:30	04:09	04:11	
<i>A&amp;E Clinical Target 4 - Time to initial assessment</i>	3,600 patients	Contract	95th percentile ED time to initial assessment < 15 minutes	01:12	00:24	benchmark data not fit for purpose	
<i>A&amp;E Clinical Target 5 - Time to treatment</i>	3,600 patients	Contract	Median time to treatment in ED < 60 minutes	65	54	benchmark data not fit for purpose	
Ambulance Handover Breaches	970 arrivals by ambulance	Contract	Patients waiting > 20 minutes for Ambulance Handover	0	38		
Trolley Waits in A&E		Contract	Patients waiting > 12 hours on a trolley	0	0		
GUM % Offered appt within 48 hours	340 patients	Contract	100% patients offered appt within 48 hours initial referral	100.0%	100.0%	100%	
GUM % Accepted appt within 48 hours	340 patients	Contract	80% patients seen within 48 hours initial referral	78.7%	79.9%	89%	
Cancelled operations on the day of surgery	2,100 elective admissions (incl. daycase)	Trust	< 0.7% elective patients cancelled	1.31%	1.01%	0.77%	
Cancelled operations rebooked within 28 days	20 cancellations per month	Contract	100% patients rebooked within 28 days of cancelled surgery	100.0%	94.4%	96%	
Metric Name	Indicative Monthly Volume	Target source	Target	Sep-15	YTD	Benchmark	Trend
Market Share: NHS Wiltshire - Elective		Strategy		30.8%	30.1%		
Market Share: NHS Wiltshire - Non-Elective		Strategy		35.5%	35.2%		
Market Share: Core Practices - Elective		Strategy	Increase market share from 52% to 55% over 5 years	54.4%	53.4%		
Market Share: Core Practices - Non-Elective		Strategy		64.5%	64.1%		



## Partnership working

Metric Name	Indicative Monthly Volume	Target source	Target	Dec-15	YTD	Benchmark	Trend
Delayed Transfers of Care - NHS				27	N/A		
Delayed Transfers of Care - Social Services			4 DTOCs based on 3 Wilts SS delays and ~1 other	4	N/A		
Outpatient Follow Up rates	15,000 attendances	Contract	Aspire for Follow up -New Rate <=1:1.6	1.62	1.51		

## Value and Effectiveness

Metric Name	Indicative Monthly Volume	Target source	Target	Dec-15	YTD	Benchmark	Trend
Elective Medical Length of Stay	40 Medical G&A overnight stays	Trust	3.48 days	3.5	4.3	Benchmark data not fit for purpose	
Non-Elective Medical Length of Stay	900 Medical G&A overnight stays	Trust	7.78 days	6.1	7.1	15.7	
Elective Surgical Length of Stay	480 Surgical G&A overnight stays	Trust	2.19 days	2.7	2.7	3.5	
Non-Elective Surgical Length of Stay	750 Surgical G&A overnight stays	Trust	3.15 days	3.8	3.5	3.0	
Hip replacements discharged within 5 days	25 patients	Trust	60% patients discharged within 5 days	69.2%	71.6%		
Knee replacements discharged within 5 days	24 patients	Trust	60% patients discharged within 5 days	72.7%	73.9%		
Coding - % coded within 1 week of discharge	5,800 discharges	Trust		35.7%	48.0%		
Coding - % coded within 5 days of month end	5,800 discharges	Trust		78.7%	83.8%		
NHS no. coverage	230,000 patients	Contract	95% of patients with activity in last 3 years to have validated NHS no.	98.3%	98.3%		
1st Outpatient DNA rate	5,500 appointments	Contract	No more than 7.5% patients to not attend 1st outpatient appointment	5.8%	5.8%	7.0%	
Elective Theatre Utilisation - Main Theatres	530 cases	Trust	Data recently obtained from new theatre system, no target set at this point	92.4%	96.4%		
Elective Theatre Utilisation - Day Surgery	860 cases	Trust	Data recently obtained from new theatre system, no target set at this point	76.9%	83.6%		
Non-elective Theatre Utilisation - Main Theatres	370 cases	Trust	Data recently obtained from new theatre system, no target set at this point	56.5%	49.5%		
Daycase Rates for selected procedures	350 patients	Trust	80% of selected elective surgical cases to be treated as daycase	84.8%	83.9%	81.2%	
Continuity of Service Risk Rating (CoSRR)	4. No compliance issues						

Cells with black dotted outlines indicate provisional data

\*Please note: MRSA is no longer monitored by Monitor



## Capital Development Report

**Date: February 2016**

**Report from:** Laurence Arnold, Director of Corporate Development  
**Presented by:** Laurence Arnold

### Executive Summary:

The Capital Development Report describes the improvements that have been made in the last four months to the Estate, across buildings, information technology, medical equipment and infrastructure.

Ongoing improvements have continued on phase 1 areas – an upgrade to Durrington, work has completed on the first phase of the Laverstock ward upgrade and work on making substantial improvements continues on the Surgical Assessment Unit which is due to complete in April.

The EPR project is a major focus for 2016 and work is underway testing the Trust's data in the current PAS and how it will transfer over to Lorenzo and in designing the configuration for how Lorenzo will support the Trust's clinical and administrative processes. This is involving substantial amount of staff time to review, amend or refine those processes.

Recent upgrades to two home-grown digital systems managing patient observations and discharge summaries is extending the range of clinical data recorded and transmitted electronically.

**Proposed Action:**  
**To note the report.**

### Links to Assurance Framework/ Strategic Plan:

Choice – “Delivering an estates strategy which ensures patient care is provided from the highest possible quality accommodation and which makes optimal use of the Trust's estate”

**Appendices:**

**Supporting Information**

## CAPITAL DEVELOPMENT REPORT FOR THE PERIOD SEPTEMBER TO DECEMBER 2015

### PURPOSE:

The purpose of this paper is to update the Board on developments with some of the more significant capital schemes on the Salisbury District Hospital site since the date of the last report (September 2015).

### MAIN ISSUES:

#### **Springs Main Entrance Redevelopment**

After considerations on various options and due to the current financial constraints on the Trust the decision has been made not to proceed with this project.

However, some improvements are still required in this area in order to go some way in improving the patient experience and it is proposed a smaller scheme will be considered.

#### **Breast Care Unit**

Planning permission has been approved and the building tenders have been received and evaluated however the lowest tender currently exceeds the available budget. Work is now underway with a preferred bidder with the objective of bringing the scheme within the required scope and budget. Once this has been completed and agreed, a revised programme will be available.

#### **Further Improvements to Phase 1 Wards**

The minor refurbishment works in Durrington Ward were successfully completed in September. This enabled the refurbishment and upgrade of the sanitary facilities in Laverstock Ward to go ahead and this work was completed by mid-November.

The refurbishment of the Surgical Assessment Unit is now well underway and the work is expected to be completed by Spring 2016

#### **Maternity Unit**

The User Project Team and the design team are meeting regularly and the outline layouts have been signed off by the User team. Further detailed design work is well underway with a planning application expected to be submitted in early Feb 2016.

### **IT Schemes**

#### **Single Sign On (SSO)**

SSO was rolled out to inpatient wards and 2 outpatient areas during 2014. However, the outpatient roll out was delayed due to the range of programmes that clinic staff need to access.

During the last month( December 2015/January 2016), work has taken place to refresh/install software onto each SSO PC which will act as an enabler to moving users from HAS and onto 'published applications'. This will give users quick access to their Microsoft Office 2010 applications (Word/Excel/Outlook), iPM and the Internet (IE9). Training guidance has been developed and it is planned to start communication and training before the end of January 2016 to ward areas.

The IT Team are therefore reviewing the current outpatient SSO build (currently used in Orthopaedics/Plastics and Dermatology) and it is planned to deploy a refreshed and updated version to all relevant outpatient clinic areas by the end of March 2016.

An SSO build for ED has been built and tested but is on hold following feedback from ED – pending a Vergence upgrade for the SSO environment that will enable Symphony to remain open meeting ED requirements. It is unclear at the time of writing whether this will happen prior to ED's move from Symphony to Lorenzo.

An SSO build for Main Theatres and DSU has been completed and is awaiting approval from both DSU and Main Theatres. Initial testing has been undertaken in one DSU list, DSU Ward area and DSU Recovery. There is currently one issue that needs resolving before testing commences in Main Theatres. It is hoped that the build will be deployed by the end of February 2016.

#### **Patient Observation and Escalation Tool (POET)**

Following an initial proof of concept in December 2014 and an initial pilot in February on Laverstock Ward, POET has now been piloted (with disaster recovery processes tested) and is fully in use on Laverstock Ward. Feedback from the team on Laverstock has been positive. Training for further Wards is underway with a view to starting the trust wide implementation. The next wards currently going live are Britford, Downton and Farley.

This initial solution focuses on the recording of patient observations and assessments and the creation of a track and trigger score. An automated escalation function will be developed in phase 2 of the project.

The system includes the ability to record data, flag patients according to different risk criteria and link to systems which will assist with other Trust priorities, e.g. infection control and the sepsis six. The project team has also been working on enabling a link to the Review system to enable clinicians to review results via POET during ward rounds etc.

#### **Electronic Discharge Summaries**

An Electronic Communication group has been established in response to drive forward digital communication with primary care and manage cross dependencies across the trust projects focused on electronic communication.

System changes have been implemented to address AKI and Dementia CQUIN targets. A major system upgrade took place in November 2015. Real time information is now populating the EDS from central PAS resulting in more accurate and timely data. 100% of discharge summaries are now sent electronically (either via DTS or @nhs.net email) – although some GP surgeries (mainly outside our local area) do not have @nhs.net email addresses so they need to be printed and posted. Other enhancements include, an updated ward view list, ability to produce a discharge summary for a patient who has died and

updated drugs list from the JAC pharmacy system. The EDS will start to be used in the Hospice and SSEU from mid-January 2016. The changes will also enable the EDS to be used in DSU. NB: DSU will start to test their version of the EDS after the successful upgrade of PC's in DSU which will include an SSO build. It is hoped to commence a pilot of the DSU EDS early March 2016.

Work has started to ensure appropriate booking clerks/secretaries receive electronic requests for the booking of follow up appointments for patients post discharge as specified by doctors within the EDS system. The intention is that this feature will be implemented during February 2016.

All Dorset practices are now set up to receive communication electronically via DTS following a successful bulk upload.

### **Electronic Patient Record (EPR)**

Following the approval of the outline business case and selection of CSC Lorenzo as the EPR solution, the initial trust & CSC project teams have been mobilised and are working together through the initial phases of the project. The full business case has been drafted, reviewed and passed through ISSG & finance committees ahead of trust board consideration in January.

The overall plan that supports the business case will focus on an initial delivery of core EPR functionality in October 2016 followed by phased deliveries of other system units through to mid-2017.

Throughout September, October and November there have been a series of system demonstrations, solution workshops and process design meetings, where the Lorenzo system has been presented and a large numbers clinical and administrative staff have had the opportunity to see the system, provide feedback and start to shape the system and processes for the trust, this work will intensify through January to March as new working processes are reviewed and finalised and we begin to configure Lorenzo to our needs.

Other significant work streams that are underway include:

- Data Migration; defining, preparing and validating data that will migrate for our current patient administration system to Lorenzo.
- Integration; determining what and how data will flow from Lorenzo to downstream systems that will remain in the trust
- Training; planning how we will train the significant numbers of staff who will use the system.
- Infrastructure; ensuring our trust IT infrastructure will support the Lorenzo system.

Following the approval of the full business case the project team will grow further through recruitment and trust wide communication will increase.

### **Blood Tracking – Phase 2**

The project will enable the tracking of blood from donor to transfusion or disposal using Bloodhound software and Mio handheld devices. 100 % Traceability is a regulatory requirement under the Blood Safety and Quality regulations (2005).

The Bloodhound software has been installed within the Trust's environment and on a Trust mobile (MIO) device and testing is underway. A new blood issue room has been built and

equipped with new issue fridges and a platelet agitator all controlled by Bloodhound. The Trust's team and the software supplier (MSoft) have been working together to configure the Bloodhound software to meet the Trust's requirements. Clinical validation is now underway with a plan to bring the new blood issue room into service on the 18<sup>th</sup> January 2016.

The bedside administration of blood transfusion using the Mio devices will pilot in Nunton ward commencing in February 2016. Assuming a successful pilot, the rollout of bedside blood transfusion administration will follow the rollout of POET as both services use the same Mio device for administration.

Phase 3 of the project – Bedside sampling and Order Comms integration is now to be aligned to plans for Salisbury's new EPR.

**ACTION REQUIRED BY THE BOARD:**

To note the progress of the Trust's significant capital schemes.

**ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:**

Other significant schemes in the Approved Capital Programme for 2015/2016 (Appendix A to C inclusive)

Laurence Arnold  
**Director of Corporate Development**

## Other significant schemes in the Approved Capital Programme for 2015/16

Building and Works schemes	Completion date	Budget cost incl VAT
<p><b>Efficiency schemes (7703C0)</b></p> <p>Funding available to support efficiency projects with rapid payback revenue savings. Funding ring-fenced for in-year bids.</p> <p><i>Work ongoing as bids approved approx. £20K left – Ian R managing this</i></p>	March 2016	£160k
<p><b>Demand Response Generator Conversion (7717C0)</b></p> <p>This scheme will allow the Trust to generate electricity at peak times during the winter months to reduce high demand charges</p> <p><i>Project shelved until full details of the proposed Photo-Voltaic project are clarified, as this scheme will be less cost-effective, and cannot generate electricity from both schemes due to capability of provider's network.</i></p>	March 2016	£180K
<p><b>Main Theatres Laminar Flow system (7070C0)</b></p> <p>This scheme will see Theatre 5 converted into a laminar flow facility.</p>	Completed in August 2015	£185k
<p><b>Spinal Treatment Centre refurbishment (7049C0)</b></p> <p>Replacement of single glazed windows with double glazed units along with range of smaller refurbishment items prioritised in the 2014/15 programme. Works ongoing to Nurses stations.</p> <p><i>Works scheduled for 2015/16 completed in December 2015</i></p>	November 2015	£190k
<p><b>Road repairs and Pedestrian crossings (7020C0)</b></p> <p>Repairs to the roads on site and upgrading the pedestrian crossings to current standards</p> <p><i>Some immediate Health and Safety works completed in November 2015, with the remainder of the work slipped to 2016/17</i></p>	March 2016	£120K
<p><b>Accommodation upgrade (7011C0)</b></p>	March 2016	£150K



Refurbishment of the kitchens and bathrooms in staff accommodation <i>Work scheduled for 2015/16 are in progress due to be completed by March 2016</i>		
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**Rolling work programmes (multi year projects)**

<b>Building and Works schemes</b>	<b>Completion date</b>	<b>Budget cost incl VAT</b>
<p><b>Air Handling Units (7041C0)</b></p> <p>This is the third year of a 7 year (£2m) programme to replace the 50 specialist ventilation systems supporting SDU, Pharmacy, ED/SSEU, Pathology, Spinal X ray and all the Theatres.</p> <p><i>Work scheduled for 2015/16 due to be completed by March 2016</i></p>	March 2020	£352k this year
<p><b>Ductwork and fire damper cleaning (7093C0)</b></p> <p>Across whole SDH site, ventilation ductwork and fire dampers will be cleaned out to comply with fire and health and safety legislation. 3<sup>rd</sup> year of 3.</p> <p><i>Work ongoing, depending on access to ductwork</i></p>	March 2016	£188k (this year)
<p><b>Nurse Call System upgrade (7202C0)</b></p> <p>Project to replace ageing nurse call systems throughout wards in the main SDH north building and maternity wards. 2<sup>nd</sup> year of 2. £75k slipped to 15-16 to link with refurbishment requirements</p> <p><i>Work undertaken during ward refurbishments</i></p>	March 2015	£133k (this year)
<p><b>Lift Refurbishment Programme (7056C0)</b></p> <p>A programme to upgrade all the lifts in Phase 1 building. Year 3 of 3. Lifts 3 &amp; 4 completed work in progress on lifts 1 &amp; 2</p> <p><i>Lift No 2 awaiting appointment of contractor, with works due to be completed by March 2016</i></p>	March 2016	£66k

**APPENDIX B**

<b>Information Technology schemes</b>	<b>Completion date</b>	<b>Budget cost incl VAT</b>
<p><b>PACS/RIS (7943C0)</b></p> <p>PACS upgrade successfully completed over 6<sup>th</sup> to 7<sup>th</sup> December. PACS system fault on 17<sup>th</sup> December from 15.00 hrs to 22.00 hrs has had full RCA compiled by suppliers and remedial work is currently in progress. XDS testing is continuing and progress is being made.</p>	<p>April 2016</p>	
<p><b>Order Comms and Results Reporting (7942C0)</b></p> <p>Electronic requesting of Radiology exams by GPs is now LIVE and has been very successful. We reached our first 1000 requests before Christmas and now 90% of GP practices using Laboratory requesting are now using Radiology requesting. There has been a significant rise in requests since the Christmas break. There are currently only 3 GP practices left to roll out to.</p> <p>GPs access to Review (electronic access to reports) will be in pilot this month and will be available to our GP community to request access from February. If all GP practices require access we will be able to complete the configuration changes by the end of the financial year.</p>	<p>April 2016</p>	<p>£100k</p>
<p><b>Genetics Software Upgrade</b></p> <p>Upgrading the SFT site to Windows 7 has meant that much of the software in Genetics will not run. This is to upgrade the software to run on Windows 7. One piece of software outstanding</p>	<p>February 2016</p>	<p>£101K</p>
<p><b>Maintenance Renewal</b></p> <p>This is the replacement of the existing 5 year contracts which covers the Trust IT infrastructure including networks, storage and virtual hardware blades. Renewals due from June 15 to February 16, Orders have now been placed. Main Contracts completed and paid. Due diligence underway to ensure all appropriate hardware has been covered.</p>	<p>February 2016</p>	<p>£650K</p>
<p><b>OpenEyes – Ophthalmology Procurement</b></p> <p>Following the decision to terminate the agreement with OpenEyes, an Output Based Specification for the procurement of an Ophthalmology Electronic Medical Record system has been published on the UK Government’s Contract Finder website. The requirement was published on the 23/11/2015 with a closing date for responses of 08/01/2016. The contract is expected to run from the 01/04/2016 to the 01/04/2019.</p>	<p>Not known at present</p>	<p>£153K</p>
<p><b>Paperless Real-time Patient Status.</b></p> <p>This project focusses on the implementation of an electronic whiteboard solution in order to improve patient flow and discharge</p>	<p>June 2016</p>	<p>£560K</p>

Information Technology schemes	Completion date	Budget cost incl VAT
<p>planning. Funding for this project is from the Nurse Technology Fund. Procurement is now complete and Hospedia have been selected as the Trust's preferred supplier. Work on implementation is in progress and will focus initially on three wards with a view to wider roll-out after this.</p>		
<p><b>Replace 6509x3 network hubs</b></p> <p>We are working with partners (Cisco &amp; ANS) to design a suitable technical solution to support our current and future needs, ahead of likely tender process. Final design in progress with purchase via network framework agreement.</p>	March 2016	£350K
<p><b>Telecoms Voice Over IP</b></p> <p>A number of pilots – Main Switch board, Radnor, EPR project team are now underway. (Project to move some non-clinical areas off the main telephone frame which reaches end of life in 2018). 220 additional extensions identified for move over to VOIP platforms. Procurement of SpliceComm interface underway, this allows the use of generic VOIP phones instead of branded devices future proofing the investment in the handsets and minimising ongoing license costs.</p>	March 2016	£167,000
<p><b>Wireless Expansion and Coverage</b></p> <p>The rollout of POET and the need for mobile working under the new EPR means that the existing Wireless network needs to be increased in capacity and made more robust, the tendering process to enable this is underway. Minor update being that better pricing may be obtainable if we combine a number of other LAN Wi-Fi requirements together.</p> <p>Intention is to have invoices before the end of financial year. Rollout will be ongoing until complete.</p>	March 2016	£122K

**APPENDIX C**

<b>Medical Devices schemes</b>	<b>Completion date</b>	<b>Budget cost</b>
<b>Capital schemes</b>		
<p><b>Bed Replacement programme (7131C0)</b></p> <p>The bed replacement programme is progressing well. 383 of the replacement beds have now been ordered. The remainder are due to be ordered during 2016/17.</p>	<p>Years 2 and 3 of a 4 year programme</p>	<p>£150k (2014/15)</p> <p>£204k (2015/16)</p> <p>TBC (2016/17)</p>
<p><b>Review of Theatre Instruments (7122C0)</b></p> <p>The Trust commissioned an external review of instrumentation. All trays have been reviewed and procedure specific cards agreed by the Theatre staff which has formed the basis for the specification. The urgent items have been ordered and are due for delivery in February 2016.  The replacement Urology trays have been purchased and are being checked prior to being put into circulation in January 2016.  Hysteroscopes, Arthroscopes and FESS telescopes have been ordered and delivered and are now in use.</p>	<p>December 2016</p>	<p>£300k (2014/15)</p> <p>£500k (2015/16)</p>
<p><b>Power tools (7120C0)</b></p> <p>The power tools used for orthopaedic work have been ordered, delivered and are now in use.</p>	<p>October 2015</p>	<p>£200k</p>
<p><b>General x-ray machine – Westbury (7115C0)</b></p> <p>The machine currently installed at the White Horse Medical Centre in Westbury is coming to the end of its life.  Owing to the increased activity and newly implemented walk-in service, a new machine will be purchased to accommodate the patients using this facility.  Site visits have been undertaken and a specification is being drafted to consider the future needs.  <i>*See flooding in Radiology below*</i></p>	<p>March 2016</p>	<p>£99k</p>
<p><b>Video-Urodynamics system (7117C0)</b></p> <p>A new system was purchased as it was an urgent requirement when the existing machine broke . A loan machine was temporarily sourced to enable lists to continue.  The new machine has been ordered and delivered and is now in use in the Spinal Unit.</p>	<p>November 2015</p>	<p>£23k</p>

<b>Medical Devices schemes</b>	<b>Completion date</b>	<b>Budget cost</b>
<p><b>Portable Ultrasound machines (7102C0)</b></p> <p>An urgent purchase for 2x portable ultrasound machines was made to cover machines which broke and were beyond economic repair owing to their age.</p> <p>1 for use in ITU and the community</p> <p>1 for use in Urology including peripheral clinics</p>	December 2015	£66k
<b><u>Donated Assets</u></b>		
<p><b>Mammography machine</b></p> <p>Following an extensive tendering exercise, the new mammography machine (both a replacement and with enhanced functionality for the Breast Unit) has been ordered.</p> <p>The new machine for the Breast Unit has been delivered, it will be stored on site until it can be relocated to the Breast Unit when it opens next summer.</p> <p>The flood damaged machine is being repaired and will be tested in January 2016.</p>	November 2015	£300k
<p><b>Orthodontics and Oral Surgery Cone Beam CT Scanner (7127C0)</b></p> <p>The scanner produces images which are used to aid diagnosis and treatment planning of orthodontic and orthognathic cases.</p> <p>The costs are being finalised including the necessary enabling works. There is a requirement for additional PCs which are being procured.</p>	March 2016	£110k
<p><b>Fluoroscopy x-ray machine replacement (7114C0)</b></p> <p>The new machine is installed and operational.</p>	October 2015	£384k (inc enabling works)
<p><b>Electro-ejaculation equipment</b></p> <p>A Consultant Spinal Surgeon presented a case of need to the Charitable Trustees following the break down of the existing equipment. It was approved.</p> <p>The equipment has been ordered and delivered and is now in use in the Spinal Unit.</p>	October 2015	£17k
<b><u>Other issues</u></b>		
<p><b>Flooding in the Radiology department</b></p> <p>A leak has caused damage to equipment in the Radiology department. An insurance claim has been submitted for the replacement of both a mammography machine and a general x-ray machine for room 2.</p> <p>The Trust has received the outcome:</p> <ul style="list-style-type: none"> <li>Mammo machine is to be repaired</li> </ul>	March 2016	£15k

<b>Medical Devices schemes</b>	<b>Completion date</b>	<b>Budget cost</b>
<ul style="list-style-type: none"> <li>• Room 2 is to be replaced</li> </ul> <p>The Room 2 machine and the Westbury machine are similar specifications therefore a double tendering exercise is being undertaken including clinical evaluations. This has resulted in a slight delay in replacing the Westbury equipment but, as it is still functioning well, it was considered to be a robust commercial decision.</p>		£228k

**Minutes of the Council of Governors Meeting – Part 1  
At Salisbury District Hospital  
Held on Monday 23 November 2015**

<b>Present:</b>	Nick Marsden (Chairman)	<b>Apologies:</b>	Ross Britton
<b>Governors</b>	Shaun Fountain		Rob Polkinghorne
<b>Present:</b>	Lucinda Herklots		Paul Straughair
	Chris Horwood		
	Raymond Jack		
	Pearl James		
	Alastair Lack (Lead Governor)		
	Jenny Lisle		
	Colette Martindale		
	Isabel Mclellan		
	Mary Monnington		
	Michael Mounde		
	John Noeken		
	John Parker		
	Beth Robertson		
	Jan Sanders		
	Lynn Taylor		
	Christine White		
	Sharan White		
	Jonathan Wright		

<b>In Attendance:</b>	Peter Hill (Chief Executive)
	Malcolm Cassells (Director of Finance and Procurement)
	Lorna Wilkinson (Director of Nursing)
	David Seabrooke (Head of Corporate Governance)
	Isabel Cardoso (Membership Manager)
	Patrick Butler (Communications Manager)
	Lydia Brown (Non-Executive Director)
	Steve Long (Non-Executive Director)
	Gill Sheppard (Clinical Governance Administrator)

**ACTION****1. CHAIRMAN'S UPDATE**

The Chairman reported that nominations had been received in respect of the by-elections for New Forest, one of the Salisbury City seats and the Rest of England seat. The election would be proceeding in the coming weeks and the result was expected to be known in mid-January.

It was noted also that the Trust had submitted a compliant bid in relation to the Adult Community Services for Wiltshire.

**2. MINUTES 20 JULY 2015**

With the addition of Isabel Mclellan as present the Council approved the minutes of the 20 July 2015 meeting.

**3. MATTER ARISING**

There were no matters arising.

#### **4. FINANCE REPORT (MONTH 6) & MY TRUSTY SUNFLOWER UPDATE**

The Chairman welcomed Malcolm Cassells who reported that the Trust was somewhat ahead of plan but reminded the Council that the plan was a deficit of £6m at the year end. Agency spend continued to be a factor and the market for locum medics was especially tough. Given the Trust's existing reference costs of 92%, it was difficult to continue to make cost improvement savings.

There was pressure on local commissioners to exert the fines available to them in the contract but despite this, relations remained good.

Progress was being made in the outpatients transformation in the first phase and good progress had been made in the theatres improving the rate of sessions starting on time. However trauma cases continued to affect elective activity in theatres. Progress continued to be made on diagnostics and procurement.

It was noted that there was a year's delay in the army rebasing project.

The Trust was now assessed at level 2 in the Monitor Risk Assurance Framework along with many other Trusts nationally and this was due in the Trust's case to its deficit being over 1%. Two representatives from Monitor had spent several days in the Trust, at the Trust's invitation and no issues or missed opportunities for improved management or making savings had been so far identified.

In relation to a governor question, Peter Hill updated on the Junior Doctors Strike, the first day of which was expected to be on 1 December in which only emergency cover was to be provided. There had been a good response by the Trust's consultants and continuity planning was being actively pursued.

On My Trusty Sunflower the Council noted that the turnover was approximately £100,000 but the initiative was not currently making a profit. The Trust continued to look at opportunities to get the product into a major chain store. The Finance and Performance Committee continued to review the activity in this area.

#### **5. TRUST PERFORMANCE TO 30 SEPTEMBER 2015 (MONTH 6)**

The Council received the month 6 report. PH highlighted the pressures faced by the emergency department with challenges from more complex patients and maintaining patient flow.

The Home First pilot initiative had recently started. Work with GPs around managing two week referrals for suspected cancer continued. A wider range of cancer indicators would be included in future reporting.

It was noted that the Trust was within its trajectory for infection control measures.

The Council noted the report.

#### **6. CUSTOMER CARE REPORT – QUARTER 1 AND INFECTION RATES AND HOSPITAL CLEANLINESS**

The Council received the Customer Care Report for Quarter 1 and it was



noted that numbers of complaints were generally static although there was a possible residual effect from Quarter 4 which was a time of great pressure including cancellations. The Real Time Feedback had highlighted the Good Night's Sleep project to improve patient experience and Friends and Family Test continued to give generally positive feedback. There were no outstanding matters with the Parliamentary and Health Ombudsman.

It was suggested that a Governor Development Day or a future meeting could consider how the Trust handled negligence claims against it. Often claims were settled many months after the patient had been discharged so could not be read alongside the Quarterly complaints activity. IC & DS

## **6. GOVERNOR QUERY – AGENCY NURSES**

Lorna Wilkinson gave an update on the work streams being pursued in this area which were aimed at controlling agency spending. The aim was to have high quality staff in place at all times and to improve the management of vacancies and any shortages of registered nurses. However escalation beds when opened were largely led by agency staff.

HR had been involved in initiatives around nurse recruitment along with the Finance and Procurement Teams. A recent open day had resulted in five job offers being made and interviews were being conducted via Skype with overseas candidates resulting in 25 offers being made to EU nurses. Potential links to a university in Portugal was highlighted. The Trust had increased the number of student placements it hosted to 38 and it was noted that all these trainees required input from the Trust as part of the training experience. 24 newly qualified nurses had been appointed. The e-rostering system was making full use of the staffing but we had and the high cost agency usage had been reduced.

## **7. REMUNERATION APPOINTMENT OF NEW NEDS – REPORT OF THE NOMINATIONS COMMITTEE**

The Council received the report of the Head of Corporate Governance in relation to the recent meeting of the Performance Committee.

The report identified the need to nominate four governors to join the Chief Executive and Chairman to form a Nominations Committee to take forward the appointment of up to four Non-Executive Directors in 2016. It was agreed that Raymond Jack, Jonathan Wright and Mary Monnington would be appointed and that further consultation would be undertaken to identify the second publicly elected governor from the volunteers who had come forward. The report included a detailed programme for the recruitment exercise to enable a candidate to take office from 1 April and it was noted that a final selection day that would involve a number of governors was planned for Wednesday 16 March, to last all day.

The Committee had considered the remuneration of the Chairman and Non-Executive Directors and the Council accepted the recommendation that there should be no change to the rates established in 2009.

The Council approved the committee's recommendation to appoint Andrew Freemantle as a Non-Executive Director for a further three years from 1 January 2016.

**8. NATIONAL PATIENT SURVEY PROGRAMME**

The Council received a report giving details of National Patient Survey and Gill Sheppard attended to update the Council on the three surveys that had taken place this year. She highlighted issues arising from the surveys around the handling of complaints, the use of hand gels at the end of beds, sleeping accommodation with the opposite sex, noise at night and patient discharge.

The Council noted the report.

**9. COMMITTEE/WORKING GROUPS REPORTS**

In relation to the Clinical Ethics Committee and the minutes of the Signage Group for November. A report on the End of Life Strategy Steering Group was received at the meeting.

**10. MINUTES OF COUNCIL OF GOVERNORS MEETING 2016**

The Council received a note indicating the planned meetings of the Council of Governors, informal meetings with the Chairman and Non-Executive Directors and Development Sessions for 2016.

The next meeting of the Council was on 22 February and the next Development Session on 25 January.

**SALISBURY NHS FOUNDATION TRUST  
CLINICAL GOVERNANCE COMMITTEE  
Thursday 26<sup>th</sup> November 2015, 10am-12pm  
Boardroom, Salisbury District Hospital**

SFT 3740

**MINUTES**

**CHAIR – LYDIA BROWN**

**Present:**

Dr Lydia Brown (Chair), Claire Gorzanski, Peter Hill, Andy Hyett, Sally Tomlin, Gill Sheppard, Steve Long, Lorna Wilkinson.

**In attendance:**

	<u>Item</u>
Kate Williams	Minute taker
Jan Sanders	Governor
Jonathan Borwell, Mandy Cripps, Louise Dennington	CGC1106
Katrina Glaister, ES, JS	CGC1106A
Stef Scott	CGC1113
Fenella Hill	CGC1114
Jane Murray	CGC1115
Gill Cobham	CGC1116

**CGC1101 Apologies:**

Christine Blanshard, Hazel Hardyman, Hollie Foreman, Angela Clarke, Mark Stabb, Karen Littlewood.

**Not in attendance, apologies not received :** Ian Downie

**CGC1102 – Minutes of the meeting held on 22<sup>nd</sup> October 2015**

The minutes of the last meeting were agreed as an accurate record.

**CGC1103 – Action Tracker**

No comments.

**CGC1104 – Matters arising – Sign up to Safety / Safety Thermometer – Lorna Wilkinson**

Quarter 3 progress on the following workstreams were reported on:

**Workstream One – Reducing Harm in Frailty**

- 1a) Reducing falls resulting in injury
- 1b) Reducing harm from pressure ulcers
- 1c) Reducing harm from catheter associated urinary tract infections (CAUTIs)
- 1d) Transfers of care (Collaboration with Wessex Academic Health Science Network)

**Workstream Two – Deteriorating Patient**

- 1a) Reducing harm from sepsis
- 1b) Reducing harm from acute kidney injury

**Workstream Three – Perioperative Safety**

**Workstream Four – Maternity Safety**

LW commented that this report is not in it's final format but gives an indication as to what we are doing by way of showing the four workstreams. Information is being broken down by wards and this will go to the Safety Steering Group. Katrina Glaister is working on the report and we are linked into the Wessex Academic Health Science Network. Harms on the Safety Thermometer will be featured

in the Sign up to Safety Report. Going forward, this will be very detailed.

There is a reported downward trend for pressure ulcers which is good news, but we are receiving very variable risk assessments which is disappointing and we need to get back on top of this. With regard to Sepsis, there was a low starting point and we are now doing well after a huge amount of work and effort. We are also doing well with regard to AKI. Looking at perioperative care – the crux of this is the WHO checklist. The Safety Steering Group has the first set of audit data and we have linked with Oxford University who are offering us training and assistance. In Maternity we are using the GAP / GROW programmes and midwives are to be trained in ultrasounds as more women will need these.

LB thanked LW for her explanations of this paper.

### **CGC1105 – Matters arising – Medication Safety mid-year report : missed doses – Sally Tomlin**

The report outlines the results of the audit and key actions. In summary, results are broadly similar to those from the July audit.

The focus of actions going forward will be working to reduce the incidence of drugs being marked as 'unavailable' when a drug was in fact accessible on the ward or had been ordered and sent up from Pharmacy later in the day but not subsequently given.

ST reported that a particular focus will be with regard to insulin as this has become very complicated, and further focus will be given to some antibiotics.

LB expressed concerns about this topic and asked if this could be scheduled to come back before the committee so that improvements can be considered. ST noted that we do not fully understand how doses are not given. CGz suggested that focus group work would be helpful to understand this issue.

ST reported that some instructive work has been completed regarding insulin. The new insulin's act differently and therefore long-acting insulin's will now be marked differently. There has not been any significant patient harm arising from the missed doses.

LW asked if the audit had occurred too soon and questioned if the ward leaders had had time to respond.

This item will come back before the committee next year, to be added to the Clinical Governance Committee Schedule.

**KW –  
(actioned)**

### **CGC1105A – Matters arising – Terms of Reference for the Committee, verbal update regarding insurance for Governors – Peter Hill**

PH reported that having investigated the position regarding insurance for Governors, it transpires that Governors will not be covered. Agreement was reached that Governors will therefore not be full members of the committee but will be noted as being 'in attendance'.

### **CGC1105B – Matters arising – Effectiveness of the Committee – results of the membership survey – Lydia Brown**

The Clinical Governance Committee undertook an annual review of its effectiveness against the terms of reference in 2015. This year the review also included an analysis of the views of the membership using a 15 point questionnaire. The aim was to learn and improve the effectiveness of the committee.

Using the information received, the areas that CGC will work on in the next year are the reasonable advance notice given of when the committee will meet, of its agenda and prior receipt of supporting papers; and that sufficient time is allowed to discuss issues and agree actions.

- 'Review how the patient voice can be more clearly heard by the committee'. Patient stories have been much better since the patients have been selected by the clinical teams themselves.

- 'Still don't think we have got the core service presentations right - often presenters have no regard for time allocated or what they need to focus on'. Presenters are given guidance notes on what to present and timings, but frequently overrun.
- 'More patient experience. More feedback from CGC to the hospital in some way' - a Quality Governance newsletter is published three times a year and could include CGC items. The newsletter is well received.

LB asked whether the committee was doing as much as it could to address any issues regarding the patient story. SL noted that it was important that there was engagement outside of the committee, not just within it. AH reported that he has been working closely with LW and CB to dovetail with the committee. PH commented that the length of the presentations may be different following the CQC inspection and LB noted that the CQC would give us a good structure to work with. PH noted that a very successful presentation this year was that of pharmacology.

The CGC agreed the action plan.

## **STRATEGY**

### **CGC1106 – Core Service presentation –Surgery Urology – Jonathan Borwell, Mandy Cripps, Louise Dennington**

LB welcomed ES and JS to the committee as they wished to hear this presentation before giving their patient story to the committee.

JB gave Melissa Davies' apologies.

The Urology Department is a stand alone unit. A wide range of urology investigations and treatments are carried out within the department including; ultrasound, urodynamics, prostate biopsies and bladder cancer chemotherapy treatments. Specialist clinics currently running within the department include clinics for renal stones, erectile dysfunction, female continence, prostate cancer and bladder cancer treatment. The department are in the process of increasing these clinics to include male LUTS and catheter removal clinics.

Currently the team have 4 full-time substantive consultants, 1 locum consultant, 2 full-time and 2 part-time nurse specialists. The department offer a comprehensive range of urological services including other specialist services; Radical Prostatectomies, radical nephrectomies, minimally invasive treatments for continence, holmium laser prostatectomies and complex urinary tract reconstruction.

Safety : JB reported on the number of adverse incidents, SII and a never event and learning arising from them.

With regard to risks, JB reported that there is a BCG shortage - this has led to the introduction of innovative bladder chemotherapy techniques using EMDA and hyperthermia. This has made SDH Urology Centre the first unit in Wessex to offer this service.

Significant delays in the cancer follow-ups exist. This has in-part been mitigated by developing an Active Surveillance clinic and increasing the number of Flexible Cystoscopy lists that are available.

Urodynamics waiting times – a number of urology patients are waiting for up to 6 months for routine bladder function tests and spinal patients are waiting up to 2 years. The team have introduced more capacity but as a regional centre of excellence for continence care demand is outstripping supply.

Urinalysis testing - currently, urine samples are tested in a non-automated way which may involve user bias/error and an application has been submitted for consideration of purchasing an automated urinalysis machine.

The service is proud that since January 2015 a Lead Nurse in urology has been recruited to assist with the efficient running of the department and to further increase the portfolio of nurse led activity.

Challenges/concerns: With consultants and specialist nurses covering additional clinical duties on a regular basis there is concern regarding the amount of time devoted to SPA activities and service improvement.

Effectiveness of the service :

The department is proud of: commitment to MDT meetings and integration with primary care colleagues.

Challenges/concerns: The team do not offer acute admissions a senior review that they require nor do all in-patients undergo a daily senior review. The department is currently in the process of re-auditing this. A dedicated consultant of the day or week system may need to be considered. Spinal patients need more thorough pre-operative assessment and education prior to major reconstructive surgery and the department would like to significantly change and improve how they are managed.

Caring :

Kindness, dignity, respect and compassion: The department have received numerous compliments over the last 12 months. Many of these compliments echo the Trust's values and behaviours to provide safe, professional care.

Feedback through the Friends and Family comments cards could be improved as feedback received is low in volume. Over the past 12 months, 53 comments have been received. The majority of which are positive about clinical care received and also the environment in which patients are seen. Comments have been received about overrunning clinics and that the Unit is located away from the main Hospital building.

Audits are currently being undertaken to look at patient experience undergoing flexible cystoscopy as an outpatient.

Responsiveness of the service :

The department are proud of the introduction of new "One Stop Clinics" to reduce the number of appointments that patients have to attend prior to surgery. This concept is being extended to include other aspects of the urology pathway. Continued use of the Nurse Telephone clinics which many elderly patients prefer. Continued management of prostate cancer patients requiring radical prostatectomy with their surgery being undertaken by the surgeons that have seen them pre-operatively and who will continue their care in the longer term.

Areas for development: Further work on capacity for 2WW haematuria patients. Dedicated all day "Stone Lists" in day surgery to allow an increase in the number of cases undertaken.

### **Challenges/concerns:**

"Blood in the Pee" campaign scheduled for February - April 2016 could cause problems with an already stretched service. It will likely require additional flexible cystoscopy lists to be introduced.

Current equipment issues mean that the department do not have enough ureteroscopes available to achieve the desirable throughput.

Maintaining overall governance processes when there continues to be an increase in activity and SPA time is increasingly being used to cover elective clinical activity.

SL asked why there was a problem in recruitment if we are demonstrating that Salisbury has a great team and that our work is being recognised to which JB responded that it is a very specific role. There are not many suitable applicants for these positions – which are further specialised by spinal patients.

AH noted that cancer referrals are up and that there is a 10% conversion rate and asked why this would be to which JB responded that the referrals are of a better quality. AH noted that he had received compliments from a GP for the Urology Service.

LB thanked JB, MC and LD.

## **CGC1106A – Patient Story – Katrina Glaister, ES and JS**

ES and his wife JS gave the committee their patient story:

ES attended an over 70's health check in June 2014 which revealed blood in his urine and he was referred for a flexioscopy. JS was able to attend this, which they both found reassuring as ES suffers from deafness. ES was very reassured by the consultant's reaction upon discovering a cancerous tumour – 'I recognise that, we can deal with that'.

ES found the operation stressful as he does not like being anaesthetised. Subsequently ES was very disappointed that more tumours were discovered and a further operation was necessary. At the next check up, 4 more tumours were found and an operation undertaken to remove them. ES was fast-tracked to see if the cancer had spread and this gave him confidence that everything was being done. A fourth operation became necessary and subsequently ES received the news that the cancer had not spread, which was wonderful.

ES was advised of a new strategy, with a new form of chemotherapy – he would be the first person to have this at Salisbury. JB gave ES the treatment. The initial insertion of the catheter was painful but then improved and the pain of insertion lessened over the course of the treatments. ES was able to converse during the hours of treatment and he was able to see on a screen how long his treatments would last. After the first treatment ES suffered from pain in his penis and there was blood in his urine that day. ES subsequently discovered that this new treatment was the only method he would have been able to receive the chemotherapy as he has both hip and heart conditions which ruled out any other method.

Six weeks later ES was advised that he had no further tumours. He was offered top up chemotherapy for the next ten months to prevent recurrence, which he accepted. ES advised that the new treatment has lots of advantages and he is very grateful that he is currently cancer free. ES hopes that this will be available to many other people. ES likes having one person as a point of contact and finds JB very caring. JS noted that on occasion they needed to contact Urology for an appointment when one was not automatically generated.

LB thanked ES and JS for taking the time to speak to the committee and noted that it was very moving to hear of their experiences.

JB commented that we are very privileged that we are able to offer device assisted therapy, currently 45 patients are undergoing this.

PH noted that recently all of our patient stories seem to be good ones so we need to ensure that the not so good ones are heard equally.

## **ASSURING A QUALITY PATIENT EXPERIENCE**

### **CGC1107 & CGC1108 – National Inpatient Survey 2014 – Update on Local Action Plans – Gill Sheppard**

GS reported that the Trust participated in the 12<sup>th</sup> national inpatient survey between October 2014 and January 2015.

The benchmark results and action plans were presented to the Clinical Governance Committee on 23 July 2015 (Paper CGC0705).

From an overall total of 93 actions, 51 are compliant and ongoing, and 40 are progressing.

No action is planned on the remaining two which relate to standards on the PLACE audit with which SFT feel they are unable to comply (serve patients' meals course by course and select menu at the point of service). Non-compliance is not considered to be a problem. The Head of Facilities has raised concerns with NHS England over these two standards and asked that they be removed.

LB reported that she completed an executive walkround on Tisbury and checked that what was discussed was included in the report, and it was.

AH noted that walking through the hospital at the moment everything looks good, how do we maintain this? PH responded that a good motivator is pride – getting everyone to notice how good

it feels.

## **CGC1109 National Children's inpatient and Day Care Survey 2014 update on Local Action Plans**

This item is unavailable until January 2016.

**KW add to  
Jan 16  
agenda  
(actioned)**

### **ASSURING CLINICAL EFFECTIVENESS**

#### **CGC1110 – Quality Indicator Report including DSSA Tabled only – Lorna Wilkinson**

- 2 MSSA bacteraemias.
- 1 case of Trust apportioned reportable C Difficile. The Trust is slightly below trajectory at the end of M7.
- 1 never event. The previous never event commissioned in August 15 is being put forward to the CCG for downgrade.
- 3 new serious incident inquiries which includes the never event.
- An increase in the crude mortality rate in October with an upward trend in admissions. SHMI is 107 to March 2015 is as expected. HSMR is 107 to July 15 and is as expected having peaked in May 15. A recent discussion paper indicated a 0.9% rate of avoidable deaths at SFT compared to 3.6% nationally. This has been discussed in detail at the CGC and with the commissioners.
- An increase in grade 2 pressure ulcers reported during the month. The Tissue Viability Specialist Nurse is leading cluster reviews.
- Safety Thermometer – 96% of 'new harm free care' and a decline to 90% of 'all harm free care' of patients admitted to hospital with a harm.
- There were 2 falls in October, both resulted in catastrophic harm with subdural haemorrhages. Both are subject to a serious incident inquiry.
- In October, there was good performance in stroke care of patients receiving a CT scan within 12 hours and spending 90% of their time on the stroke unit. However, there was a decline to 80% of patients reaching the stroke unit within 4 hours. This affected 5 patients – 4 related to bed capacity and 1 patient arriving minutes after the 4 hours from ED.
- High risk TIA referrals being seen within 24 hours was at 75%. This affected 5 patients – for 1 patient there was no available clinic due to consultant leave, for 2 patients the investigations were not completed until after 24 hours, for 1 patient the referral from ED was not sent until the following day and in the other patient the referral was not forwarded by the GP until 6.5 hours later. The patient was contacted the following morning but was unable to attend the clinic until the afternoon. The GPs have assisted with improvements by reinforcing the need for immediate electronic referral whilst the patient is still in the surgery.
- Escalation bed capacity has increased as has the number of multiple patient ward moves, as demand for hospital care has also increased.
- In October there were 4 mixed sex accommodation breaches affecting 27 patients, all on AMU. A remedial action plan is in place. This includes a policy, patient information, and RCA process, and is under constant review with the commissioners.
- Real time feedback from patients about whether they were treated with care and compassion and rating the quality of the care they received remains above the 14/15 average. FFT response rates for inpatients remained constant and Maternity Services improved. ED remained below the local target. Day cases and outpatient response rates remain at a low level.

LW reported that we are going in the right direction with regard to mixed sex accommodation.



## **CGC1111 – Quality account progress report – Claire Gorzanski**

- Overall, there has been good progress in the priorities the Trust agreed for the year with a high level of patient satisfaction in key areas with work ongoing to improve areas still causing concern to patients.
- The process of engaging stakeholders in setting the priorities for the 2016 – 2017 Quality Account is about to start with visits planned to Age UK and Warminster Health and Social Care group, and commissioners.
- The key will be to ensure the priorities reflect what patients have told us, fit with local need, the NHS Outcomes Framework 16/17, the Five Year Forward View and the NHS Mandate 16/17.

CGz drew attention to the graph included within the report which demonstrates how long health messages take to get through. PH remarked that the figures relating to mothers' smoking shows that we have a figure of about 19%, whereas nationally it is about 14% to which CGz responded that we are moving in the right direction, but it is an ongoing battle.

Good progress is being made with regard to the 7 day service. We will hold a workshop with Clinicians to determine the 7 day service actions for 16/17.

LB asked if the Home First system will have a good impact on the next 5 years to which CGz responded that it is a trial for now but should prove better for patients. PH commented that specific areas are being targeted. CGz noted that 2 patients out of 10 have been admitted to intermediate care beds.

## **CGC1112 - Major Issues Report – Claire Gorzanski**

- DH announces a new ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% by 2030.
- South West Clinical Networks & Senate annual report 14/15.
- DH announced the publication of new 'Ofsted style' ratings which will show patients how their local area's health service is performing in key health conditions such as diabetes.
- An updated NHS Constitution was published in October 15
- Updated complaints guidance was published in October 15.
- DH guidance issued in that health care professionals must alert the police if they treat a girl under 18 who has had female genital mutilation (FGM).
- Possible strike action by junior doctors on 1 December.
- VTE service and anticoagulation outreach service won a national Quality in Care Programme award.
- SFT increased the number of research studies undertaken in 14/15 and recruits its 1000<sup>th</sup> patient by end of September in 15/16.
- The Trust will have an announced CQC inspection from 1 – 4 December.
- SFT has submitted the final bid as a joint tender for adult community services with GWH and RUH to Wilts CCG.
- The Salisbury Hospice charity has announced its support for a new Hospice at Home service with a £1million investment over 3 years.
- Lead dementia nurse appointed.

CGz reported that plans are in place to deal with the Junior Doctors' strike, if necessary. We have a policy in place so that healthcare workers report any girl under the age of 18 who has had FGM to the police.

## **CGC1113 – Q2 Research and Development Report – Stef Scott**

The NHS is encouraged to support the National Institute of Health Research (NIHR) Clinical Research Network (CRN) research. The Trust is part of the CRN: Wessex network, and receives infrastructure funding from the network to support research staff and NIHR research activity.

The Trust is performance managed by both the NIHR and CRN: Wessex against a number of KPIs. These KPIs are reported to the CGC on an annual basis as part of the Trust Research Annual Report. We also make mandatory, quarterly KPI submissions to the NIHR, which are published on the Trust website.

It was agreed that CGC would monitor research performance via a quarterly research KPI report,

and the Research Annual report.

SS reported that the Research department are continuing to do well. We have recruited just under 1000 patients by the end of Q2, and we are in the top 100 recruiting hospitals in the country as well as being the third highest small acute Trust.

Research is having successes on a local level with FES / Parkinson's patients and compression stockings / VTE. The team work very hard and After Francis we are shown to be one of the top recruiting teams here.

LB thanked SS for her report and asked for thanks to be passed on to the team.

## **ASSURING SAFETY**

### **CGC1114 – Risk Report Card Q2 – Fenella Hill**

- 1704 incidents reported over the quarter
- 1 incident categorised as catastrophic\*
- 1 incident categorised as major\*
- 1 major incident due to fracture within the quarter
- 1 new Never Events reported within the quarter\*
- No new Clinical Review commissioned within the quarter
- No new Non-clinical Reviews commissioned within the quarter
- 4 new Serious Incident Inquiries commissioned within the quarter
- No new Local Reviews commissioned within the quarter

\*Initial grading and subject to change following review.

LW asked if the Quality Indicator Report should show one 'never event' not two, as one is about to be downgraded. SL commented that some of the language in this report does not present well if it gets into the public domain. LW responded that it will, via other reports. FHi noted that it is positive to be reporting our incidents, but the public will not see it that way.

LB asked how long it takes to report on an incident such as the falls to which FHi responded that it depends on the circumstances.

SL commented that earlier JB had said that complaints are generally due to communication. Can we do anything about this? FHi responded that patient communication issues are reported via the complaints staff whereas the staff communication issues are reported via FHi.

### **CGC1115 –Safeguarding Children Q2 Report – Lorna Wilkinson, Jane Murray**

LW noted that this was a lengthy report with an action plan appended to it. Most effort in Q2 has gone into training. Level 3 single agency training is the biggest change. It was necessary to scope out how many staff needed to do this. We have two years to complete this training. Supervision in policies for safeguarding are published and this is cascaded down with Supervisors trained in this.

JM will be leaving the week after next and we would like to extend and record our thanks to her. JM has got us to a good place. JM responded that she had been very happy and proud to work here.

### **CGC1116 – Safeguarding Adults Q2 Report – Lorna Wilkinson, Gill Cobham**

Included in the Q2 report is information around referrals, activity & themes in relation to the Adult Safeguarding/ MCA/ DoLS agenda.

The DoLS workload remains high, with a national picture showing a tenfold increase in Urgent DoLS authorisations in 2014-15. The Local Authorities continue to struggle to complete the Best Interest & Mental Health Assessments within the 7 day Urgent Authorization period. The House of Lords review of the DoLS system closed to consultation on November 2<sup>nd</sup>, and its outcome is expected in 2016

For over a year we have wanted to update the eLearning packages for Safeguarding and MCA to ones fit for purpose within an acute setting. The Education and IT Depts have been unable to get

the new packages to work within the Trust's IT, so Head of Education and Learning has to source a new eLearning provider. Concerns continue around the accuracy of the MLE reports for both Safeguarding Adults & MCA, particularly in regard to capturing all the relevant staff. The Education Department are still working to find a solution. Training has been provided for Managers to help them identify the correct role specific training their teams require.

GC reported that Safeguarding is moving along – adults have had a statutory framework since April. Safeguarding Champions have been launched, we will develop a nurse in each department with Rebekah Benson and Jo Jones being developed to take more on so that there is no single point of failure. There has been no feedback regarding DoLS to date. Lots of work needs to be done regarding the consent for patients who will be intubated and will not be able to communicate. Draft DoLS proposals have come out, these are still unwieldy and we will have to revisit training.

With regard to the Jimmy Savile investigation – there are no fresh allegations but investigations were made after a former patient on the spinal unit recalled Jimmy Savile visiting the ward in 1986 with the possibility that he stayed in the hospital as the former patient saw him the next morning. PH will be signing this off shortly. We now have a VIP visiting policy.

SL asked if the domestic abuse training is set up now to which GC responded that a lot of work is being done on this.

**CGC1117 Executive Safety and Quality Walk Annual Report (Deferred to January 2016) – Lorna Wilkinson, Fenella Hill**

This item has been deferred to January 2016.

**PAPERS FOR NOTING**

CGC1118	Clinical Management Board meeting minutes (October 2015)	Noted
CGC1119	Clinical Risk Group meeting minutes (October 2015)	Noted
CGC1120	Integrated Safeguarding Committee meeting minutes	Noted
CGC1121	CQC Inspection Steering Group meeting (October 2015) verbal update CGz	Noted
CGC1122	Supervision of Midwives Assurance meeting minutes October 2015) – submitted to the committee at the October meeting	Noted

**CGC1123 - ANY OTHER BUSINESS**

**Early retirement of Sally Tomlin – Peter Hill**

PH noted that Sally Tomlin will be taking early retirement next year and extended his thanks, and those of the committee, for all her contributions and for all her work as Chief Pharmacist.

**CQC Inspection update (verbal) – Claire Gorzanski**

CGz reported that we are well prepared for the inspection, we are ready.

JS reported that she met with the inspectors on Monday and they were very interested in Real-Time Feedback and how documents were recorded on this. The Chief Executive had given lots of information about this and there were lots of positives. The negative aspects coming out of this were parking, storage on the spinal unit, food and noise. Overall, JS felt that it was a good meeting.

LB noted that she has spoken to people around the hospital about the inspection and everyone has been very positive and happy.

**NEXT MEETING**

2016 dates will be Thursdays, 10am-12pm in the Boardroom – 28<sup>th</sup> January, 25<sup>th</sup> February, 24<sup>th</sup> March, 19<sup>th</sup> May, 23<sup>rd</sup> June, 21<sup>st</sup> July, 22<sup>nd</sup> September, 20<sup>th</sup> October, 24<sup>th</sup> November. No meetings in April, August or December.

