

**SALISBURY NHS FOUNDATION TRUST**

**TRUST BOARD**

**MONDAY 6 FEBRUARY 2017, 1.30 PM**

**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> Steve Long			
	<b>2</b>	<b>DECLARATION OF INTERESTS</b>			
	<b>3</b>	<b>MINUTES</b> Public Board Meeting held on 5 December 2016			1
	<b>4</b>	<b>MATTERS ARISING</b>			
<b>1.35pm</b>	<b>5</b>	<b>CHIEF EXECUTIVE</b>			
		1. Chief Executive's Report	CC-B	SFT 3854	9
<b>1.45pm</b>	<b>6</b>	<b>STAFF</b>			
		1. Workforce Performance Report to include Nurse Staffing	AK/LW	SFT 3855	13
<b>2.00pm</b>	<b>7</b>	<b>PATIENT CARE</b>			
		1. Quality Indicator Report to 31 December (month 9)	CB/LW	SFT 3856	37
		2. Customer Care Report – Quarter 2	LW	SFT 3857	45
<b>2.30pm</b>	<b>8</b>	<b>PERFORMANCE AND PLANNING</b>			
		1. Finance & Performance Committee Minutes 28 November and 19 December 2016	NM	SFT 3858	61
		2. Financial Performance to 31 December (month 9)	MC	SFT 3859	69
		3. Progress against Targets and Performance Indicators to 31 December (month 9)	AH	SFT 3860	79
		4. Major Projects Report	LA	SFT 3861	85
		5. Capital Development Report	LA	SFT 3862	95

<b>3.00pm</b>	<b>9</b>	<b>PAPERS FOR NOTING OR APPROVAL</b>			
		1. Minutes from Council of Governors – 21 November 2016	NM	SFT 3863	103
		2. Clinical Governance Committee minutes – 24 November 2016	MM/JR	SFT 3864	107
		3. 2016 PLACE Results	AH	SFT 3865	117

**3.45pm 10 ANY OTHER URGENT BUSINESS**

**11 QUESTIONS FROM THE PUBLIC**

**12 NEXT MEETING**

The next public meeting will be held on Monday 3 April 2017, 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 5 December 2016

<b>Board Members Present:</b>	Dr N Marsden Mr P Hill Ms T Baker Mr M von Bertele Dr C Blanshard Mr A Hyett Mrs A Kingscott  Mr P Kemp Mrs K Matthews Dr M Marsh Prof J Reid Ms L Wilkinson	Chairman Chief Executive Non-Executive Director Non-Executive Director Medical Director Chief Operating Officer Director of Human Resources and Organisational Development Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Director of Nursing
<b>Corporate Directors Present:</b>	Mr L Arnold Mr I Downie Mr S Long	Director of Corporate Development Associate Non-Executive Director Associate Non-Executive Director
<b>In Attendance:</b>	Mr P Butler Mr M Collis Mr D Seabrooke Dr A Lack Mr R Polkinghorne Dr E Robertson Sir R Jack Mrs C Charles-Barks Ms E Woodland Miss S Laird Mr B Sanders Miss S Black Miss F McCarthy  Dr J Hemming  Mr P Matthews	Head of Communications Deputy Director of Finance Secretary to the Board Lead Governor Appointed Governor Public Governor Public Governor Chief Executive - Designate Higher Specialised Scientific Training Higher Specialised Scientific Training Higher Specialised Scientific Training Programme Management Office Senior Nurse, Infection Control, (for item 2230/02 Consultant, Microbiology (for item 2230/02 Volunteer
<b>Apologies:</b>	Mr M Cassells	Director of Finance and Procurement

### 2225/00 DECLARATIONS OF INTEREST AND FIT AND PROPER/GOOD CHARACTER

### ACTION

Members of the Board were reminded that they had 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.

**2226/00 MINUTES – 3 OCTOBER 2016**

The minutes of the meeting of the Board held on 3 October 2016 were agreed as a correct record, subject to a typographical correction in 2213/03 and 2215/05 and the amendment in 2214/02 of £0.5b to £0.5m

With those amendments the minutes were agreed as a correct record.

**2227/00 MATTERS ARISING**

It was noted that the discussion signalled in minute 2212/01 had been completed.

**2228/00 CHIEF EXECUTIVE'S REPORT - SFT 3829 – PRESENTED BY PH**

The Board received the report of the Chief Executive. PH highlighted the impending publication of the Bath, Swindon and Wiltshire Sustainability and Transformation Plan. The Trust was working with a number of NHS organisations and local authorities to take forward the Sustainability and Transformation Plan which included emerging priorities for Health and Care improvement and new ways of working.

The Trust's Striving for Excellence Awards celebrating the innovation, enthusiasm and commitment of the Trust's staff across a range of award categories had recently taken place. PH highlighted the Health Education Shine awards in which Jonathan Borwell and Claire Levi were commended finalists in the Wessex Health Education England Shine Awards and Henry Wilding the Directorate Senior Nurse in Clinical Support and Family Services who was shortlisted in the Rising Star category of the national Health Service Journal Awards. The Catering Service had been assessed as having very good hygiene standards by the Senior Environmental Health Officer from Wiltshire Council. The Maternity and Neonatal Unit had retained its Baby Friendly status granted by UNICEF.

The Seasonal Flu Campaign 2016 was underway with vaccinations being made available to front line staff.

The Electronic Patient Record had gone live as planned at the end of October and PH informed the Board that it was to the credit of everyone involved that this had been a success. There would be period of stabilisation of the new system before further developments in 2017 in Theatres and Maternity.

The Board noted the Chief Executive's Report.

**2229/00 STAFF**

**2229/01 Workforce Performance Report including Nurse Staffing - SFT 3830 - Presented by AK & LW**

The Board received the Month 7 report. AK highlighted the non-medical staff appraisal rate of 84% and for medical appraisal, 93%. 15 European nurses had started with the Trust and other recruitment activity was continuing. It was noted that the reporting of vacancies by skills group was being reviewed at present. Michael Marsh requested that abbreviations used in the report be explained. It was noted that sickness targets for each Directorate were set on a "stretch" basis so were slightly different for historic reasons. Directorates were being asked to review the achievement of statutory and mandatory training rates within their own areas with a view to

achieving a Trust wide total of 85% by March 2017.

On safer Staffing, LW highlighted the report relating to Avon Ward in the Spinal Unit – establishment had been lowered because of changes in the dependency of the patients on the ward.

The Trust had already begun to submit information on a care hour's basis although it was still being determined nationally how new reporting arrangements would operate in practice. The Trust was an exemplar site for the use of Allocate software and benchmarked favourably in the timely production of ward rosters.

The Board noted the report.

**2229/02 Staff Survey 2015 – Update on Progress – SFT 3831 – Presented by AK**

The Board received the update report. The Staff Survey had been published in February 2015. Five themes were being monitored by the Directorate Management Teams and the Executive Workforce Committee. AK highlighted the responses on staff working additional hours and work was progressing to understand the reasons for this. The Trust had an average rating on harassment, bullying and abuse and AK highlighted the range of support mechanisms the Trust had in place including the Dignity at Work Ambassadors and the Freedom to speak Up Guardian.

The Board noted the report.

**2229/03 Report of Freedom to Speak Up Guardian – SFT 3832 – Presented by AK**

It was noted that Trusts had been required to nominate a Freedom to Speak Up Guardian by 1 October 2016 in line with recommendations from the Francis Report. Salisbury FT had appointed Isabel McLennan a public governor of the Trust with effect from February 2016 and the availability and role of the Guardian had been communicated widely within the Trust. The Guardian had direct access to the Chief Executive and Executive Directors to raise concerns and to support staff and keep them informed of progress in addressing issues.

**2230/00 PATIENT CARE**

**2230/01 Quality Indicator Report to 31 August 2016 (Month 5) – SFT 3833- Presented by CB and LW**

The Board received the Quality Indicator Report for October 2016. It was noted that there had been two new serious Incidents relating to falls. The Trust's crude mortality rate had reduced but HSMR to July 2016 was 117 which was higher than expected. The Clinical Governance Committee would be reviewing the mortality rate which was understood to be connected to cancer pathways. The Trust was within its overall trajectory for C-Diff and MRSA although there had been two C-Diff cases sharing the same ribo type which had triggered a Serious Incident Inquiry in November. There had been a decrease in high risk TIA patients being seen within 24 hours due to clinic capacity but this was being addressed with Wiltshire Health and Care to start an early supported discharge service imminently.

**2230/02 Report of Director of Infection Prevention and Control – SFT 3834 – Presented by LW**

The Board received the report of the Director of Infection Prevention and Control and the Chairman welcomed Fiona McCarthy and Dr Julian Hemming to the meeting. It was noted that there had been no health care acquired infection out breaks in 2016/17 (quarters 1 & 2). Six MSSA cases had been attributed to the Trust. There had been four C-Diff cases in the reporting period compared to nine for the same period in the previous year. During quarter two a period of increased incidents of C-Diff had been declared internally for an inpatient area within the Medical Directorate. Both Trust apportioned cases were not reportable to Public Health England and both patients had not been nursed in the same bay/area.

Under Surgical Site Infections Surveillance, the required 50 cases had been reviewed and submitted.

Water Safety Management was carried out in line with the guidance overseen by the Water Safety Group. Domestic hot water temperatures were elevated above 65 degrees as a precaution against legionella. Water systems within the hospital were complex and controls were in place to mitigate risks to patients and staff.

Tensions between the objectives to reduce anti-microbial resistance and the requirement for the timely administration of antibiotics where sepsis was diagnosed were discussed.

Finally it was noted that the new Sterile Services Joint Venture was working well.

The Board noted the report of the Director of Infection Prevention and Control.

**2230/03 Six Monthly Skill Mix Review - SFT 3835 – Presented by LW**

The Board received the Six Monthly Skill Mix Report in support of the Board's responsibilities for the quality of provision. The twice yearly process involved meetings of the Director of Nursing, Deputy Director, Directorate Senior Nurses and Ward leaders to analyse data and apply professional judgement to establishment levels. It was however noted that the emergency Department, Spinal Unit and Paediatric areas were subject to separate reports.

Following the Board's investment decisions earlier in 2016 the evaluation of new staffing levels had been a major focus in this current review. Consequently there were no new recommendations to investment to present.

It was noted that the Trust was a fast follower in the roll out of the nursing associates and this was likely to start in Salisbury in March 2017.

Analyses in the headroom requirement was ongoing this was currently 19% across the Trust. A targeted approach was being developed which it was believed would be reduced reliance on temporary staff. It was noted that the apprenticeship levy would fund the on job training given to the nursing associates.

The Board agreed the recommendations in the report as follows –

- All ward areas to undertake comparative audits shelford scores with the aim of improving reliability and validity of data to inform future skill mix reviews
- Analyses to continue on the impact the previous investment were applicable and to report in the next review.
- Continue to work on the development of the band 4 nursing associate role.
- Surgical Directorate to review the impact of the ward manager's assistant.
- To continue with the focus on recruitment both on nursing assistants and registered nurses.
- Continue discussions on headroom provided within ward establishment.
- Revisit opportunities to meet the requirements for the provision of enhanced care.

**2230/04 Assurance Framework – SFT 3836 – Presented by LW**

The Board received the Assurance Framework Update which had been discussed at a workshop in October 2016. It was noted that risks on income and Cost Improvement Programmes had not yet been reviewed.

The Board Assurance Framework accompanying the report was approved as the basis for 2016/17.

**2231/00 PERFORMANCE AND PLANNING**

**2231/01 Finance & Performance Committee Minutes – 26 September and 24 October 2016 – SFT 3837 Presented by NM**

The Board received for information the approved minutes of the Finance and Performance Committee 26 September and 24 October. It was noted that the Committee continued to review the work of the Trust owned companies and the new joint venture for Sterile Services. Tania Baker had been asked to conduct a review in 2017 of the way in which the work of these companies was overseen by the trust.

The board noted the minutes of the Finance and Performance Committee.

**2231/02 Financial Performance to 31 October 2016 (Month 7) – SFT 3838 – Presented by MC**

The Board received the Finance and Contracting Report. It was noted that there was a year to date surplus of £40,000 assuming the receipt of Sustainability and Transformation Funding. Savings were ahead of the plan for this time of the year by £0.5m It was understood that the Treasury were considering the Trust's loan application in support of the Electronic Patient Record implementation. An appeal had been submitted in advance of a possible deduction from Sustainability and Transformation Funding in respect of ED performance. A forecast outturn had been agreed with Wilshire CCG which included payments for over performance on the contract.

**2231/03 Progress Against Targets and Performance Indicators to 31 October – SFT 3839 – presented by AH**

The Board received the Operational Performance Report for month 7. AH highlighted the following principal points from the report –

- The diagnostic standard was being delivered but with longer waits for Endoscopy and MRI. Capacity issues for Endoscopy were being addressed.
- For Cancer the standard had been delivered in quarter one and quarter two although there had been in month variations across these standards.
- The ED Delivery was 92.5% against the 95% target. There continued to be a high number of patients presenting in the unit and the agreement of onward care packages at discharge continued to be a challenge where admission from ED was required. A provider summit was being organised and there was a now a Local Delivery Board focused on ED Performance. A Critical Friend visit for ED would be taking place in January.
- For RTT verification of the October figure was continuing and had passed the 90% mark on the day of the meeting.

The Board noted the report.

**2231/04 Major Projects Report - SFT 3840 - Presented by LA**

The Board received the Major Projects Report.

Following the successful implementation of the Electronic Patient Record (Lorenzo) the next phases were being planned for 2017. This included work on benefits realisation.

Under Scan 4 Safety the work on resolving the production of a compliant patient risk band was with the supplier to resolve.

Wiltshire Health and Care had a Locality Group focused on south Wiltshire and this was progressing well. The demolition works to enable the construction of the new Sterile Services Unit were underway and construction was planned to start in February.

A description of the role of the Save 7 Champions was provided.

Finally the Board reflected on the positive response by staff to the challenges of the Electronic Patient Record implementation.

The Board noted the Major Projects Report.

**2232/00 PAPERS FOR NOTING OR APPROVAL**

**2232/01 JBD Minutes Evidencing Presentation of Assurance Framework and Risk Register – SFT 3843 – Presented by PH**

The Board noted the October review by the Joint Board of Directors of the relevant segment of the Assurance Framework.



**2232/02 Minutes from Audit Committee – 11 July 2016 - SFT 3844 – Presented by PK**

The Board received for information the confirmed minutes of the Audit Committee of 11 July 2016.

**2232/03 Clinical Governance Committee Minutes – 22 September and 20 October 2016 – SFT 3845 – Presented by MM and JR**

The Board received for information the confirmed minutes of the Clinical Governance Committee of 22 September and 20 October 2016.

**2233/00 ANY OTHER URGENT BUSINESS**

**2234/00 QUESTIONS FROM THE PUBLIC**

The Chairman invited questions to the Board from those that had attended the meeting.

In response to a question from Raymond Jack in relation to exit interviews Alison Kingscott confirmed that the Trust was reviewing the process for this.

It was also noted that the Trust's cash position was monitored in detail at the monthly finance and Performance Committee meetings.

In response to a question from Alastair Lack on the minutes of the Clinical Governance Committee it was noted that the gradings of incidents given in the minutes were those applying at the outset of the investigation and maybe subject to change following completion.

Finally the Chairman joined Phil Matthews in a thank you to Peter Hill for his contribution to the work of the Trust over many years as this would be his last Board meeting before he retired at the beginning of February.

**2235/00 DATE OF NEXT MEETING**

The next public meeting of the Board would be held on Monday 6 February 2017 at 1.30 pm in the Board Room.



## **CHIEF EXECUTIVE REPORT**

### **MAIN ISSUES:**

#### **MY FIRST MONTH IN SALISBURY**

This is now my fourth week since joining the Trust and I have had a busy induction programme. This has given me a good opportunity to learn more about the broad range of services here in Salisbury and importantly meet and get to know our staff. This includes clinical and non clinical staff right across the hospital and I'm already impressed by their knowledge and skills and the welcome I have received wherever I have gone. One thing that has stood out for me is our team's commitment and passion for our patients and the way in which they support each other across all of our services. I feel very lucky to be joining a team that is so committed to delivering services that are patient focussed and high quality. I personally see that close contact with our staff as an important part of my role here and over the next month or so, I will continue to meet and shadow staff and get to know more about how they work and what they do.

The close working relationship that we already have with our external partners also forms a crucial part of my role and I have also started to meet with my colleagues locally and across the region to get a good understanding of the challenges we face. This will be a focus for me as we work together and identify new ways to improve patient care in our hospital and the local community.

#### **MESSAGE TO STAFF FROM THE TRUST BOARD AND GOVERNORS**

We are all conscious of the pressure the hospital has been under over the last month or so, with a high number of attendances in our Emergency Department and patients with complex conditions coming through our Medical Assessment Unit who need admission to hospital. The staff have been doing an amazing job in what at times has been difficult circumstances. In my conversations with patients I have been pleased to hear that despite being busy they feel that the care they are receiving is personal and high quality. It is important that we recognise this and the way in which our staff are responding. We have sent out a message from the Trust Board and our Governors thanking our staff for all their hard work and letting them know what we are doing to help. We are also continuing to work with our partners to alleviate the pressure on the hospital, and ensure the public are well informed through communications sent out through the media to give people advice on how best to use local health services. We will continue to monitor the situation and support staff wherever we can.

#### **SUSTAINABILITY AND TRANSFORMATION PLANS (STPs)**

STPs have been mentioned before in the Chief Executive's report and since the last public board meeting the full STP for our geographical area has been published. The STP sets out an initial framework of how health organisations, local authorities and other key stakeholders will work together to improve the quality of services and the health and wellbeing of the population within available resources. A key theme throughout the STP is an increased focus on preventing ill health and promoting peoples' independence through the provision of more joined up services in or closer to peoples' homes. Five priority areas have been identified as key programmes of work:

- More focus on prevention of ill health and earlier intervention
- Transforming primary care

- Making best use of technology and our public estate
- A modern workforce
- Improved collaboration across our hospital Trusts

The plan recognises that we are still at a relatively early stage in the process and there will be opportunities for patients, public and staff to get involved in helping us shape and build on these priorities. The full STP can be viewed in the About Us section of our website and I will keep the Board updated through my regular report.

## **CARE QUALITY COMMISSION CONSULTATION ON INSPECTION PROCESS**

The Care Quality Commission has launched a consultation on changes to the way hospitals will be inspected from April 2017. A new approach could involve a smaller number of inspectors making more frequent visits to re-inspect core services and to also assess Trusts on the Well-Led Framework. There could also be minor changes to the core services and inspections could once again be unannounced. In terms of our own position we are continuing to make good progress on our action plan and I see re-inspection and an improvement on our current ratings as a key priority for us this year. At this stage we don't know what impact any changes to the system may have on this, but we will be submitting our feedback to the consultation and during the year we would welcome the opportunity to demonstrate the improvements we have made since the last inspection in December 2015. We are proactively undertaking a self-assessment against the Well-Led Framework and identifying opportunities to build on the foundations we already have in place. This assessment will be taken forward as an improvement plan over the coming year to enable us to continue to improve our services.

## **LEADERSHIP AWARDS**

Good leadership is crucial to the success of any organisation and this is a particular interest for me. I'm really pleased to see that four members of our staff have been shortlisted for Thames Valley and Wessex Leadership Academy Awards. The awards celebrate outstanding leadership within the NHS and recognise staff who have had a significant impact on their colleagues and the way they improve the care we give to our patients. The four candidates and categories are: Lisa Brown, Sexual Health Nurse (Inclusive Leader), Peter Hill, former Chief Executive (Inspirational Leader), Vanessa Mooney, Durrington Ward Sister (NHS Living the Values Award) and Cris Mulshaw, Head of Therapies (Leading and Developing People Award). The awards take place on March 2.

## **SAVE 7 CAMPAIGN**

Throughout the last year our Project Management Office (PMO) has successfully run its Save 7 campaign which has generated over 350 ideas from staff that not only look at ways in which we can save money but change practices and improve the care we provide for our patients. Staff in our PMO have now been shortlisted in the Communications category of the Health Service Journal Value in Healthcare Awards. This is a fantastic achievement, which reflects the way in which ideas put forward from staff not only focus on efficiency, but a wide range of quality and safety improvements that could benefit patients and the clinical care provided in hospital. The awards will take place on May 24.

## **BREAST UNIT COMPLETION**

It is already clear to me that Salisbury enjoys real interest from our local community and this is reflected in the fantastic support that we receive in so many different ways. Following the successful Stars Appeal Breast Unit Campaign, patients are now

starting to use the new Breast Unit which enables them to receive, good quality sensitive care in their own dedicated area. I know that the Stars Appeal team are keen to recognise the support that they have received and a launch event for Stars Appeal donors and supporters will be held at the end of March with an opportunity for other staff to see the new Unit in the week following this event. I know that the Trustees of the Stars Appeal would like thank everyone who has supported the Breast Unit Campaign and I want to use this opportunity to echo my thanks, as the new Chief Executive here in Salisbury.

**ACTION REQUIRED BY THE BOARD:** To note the report of the Chief Executive.

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

**AUTHOR:** Cara Charles-Barks

**TITLE:** Chief Executive



# Workforce Report

## M9

### 2016-17

Alison Kingscott Director of HR&OD

- Staff sickness for the last year remains above target at 3.4%. This compares favourably with latest NHS sickness rate of 4.24%. The reasons for this rise are being monitored and management action taken as appropriate.
- Appraisal compliance for non-medical staff has slightly decreased this month to 82%. Medical staff appraisal compliance has increased this month from 84% to 88%.
- Mandatory training compliance remained at 82% again this month, which is slightly below target (85%).
- The Trust's Turnover rate in month 9 is 9.3%, which is a slight increase from last month. Reasons for turnover are being monitored and initiatives taken forward at Trust and Directorate level. The overall turnover trend for the last 2 years is downwards, with the Trust's turnover rate in line with or better than other Hospitals locally.
- The Trust vacancy rate has remained at 7% this month. A number of recruitment initiatives are planned to recruit to unfilled posts. An increase in Nursing FTE establishment in month 7 reflects re-opening of additional beds across the Medicine Directorate.
- **Note : The use of the acronym "FTE" throughout this report denotes "Full Time Equivalent"**



# Achievements in Month

- Another cohort of 11 EU Nurses started in January from Greece, Spain and Italy, together with 4 non-EU nurses. A total of 10 Nurses have now passed their IELTS English language test, 2 of these are expected to start in February.



## Focus on recent achievements in Education:

- We have created a course aimed at adult trained nurses working with children in our Emergency Department (ED) run by our ED and Paediatrics Consultants, with support from the Education department. We have nurses from ED as well as nurses from other hospitals attending. We have been working on a course book and competencies which we have issued out to the hospital. We have also managed to get this course accredited by Bournemouth University.
- We are creating a “sim safeguarding” teaching session which will be put out to the Trust monthly. This will complement the Safeguarding level 3 sessions and be a yearly update which we need to achieve for our legal compliance. Angela Conway (safeguarding lead) is running this with Education support in our Sim lab.
- We are holding regular sim sessions in ED and Sarum for staff wanting paediatrics education which all can attend. Claire Levi is leading this and we have had great success with staff actively asking for scenario training!
- We have been able to access funding for new equipment for the sim lab to support our paediatrics teaching – including a newborn sim so we can support NICU and Maternity.
- Sarah Diment, Nurse Education Supervisor, recently got nominated for the education work she has been doing for the striving for excellence awards and got a highly commended.
- We are now currently working on developing a paediatric High Dependency course for nurses with other teams from across the region to meet the needs of our really sick children.



# Directorate headlines

## Musculo-Skeletal (MSK)

Appraisal rates are below target for Non-Medical staff at 75% and for Medical Staff at 82%. MAST compliance levels are below target at 80.5%. Sickness is above the Directorate target (2.75%) at 3.43%.

## Surgery

Appraisal rates for Medical staff are at 89%, with non-medical appraisals at 85%. Compliance on MAST levels is below target at 83.3%. Sickness is higher than the Directorate target (3.40%) at 4.13%.

## Clinical Support and Family Services

Medical appraisal compliance is above target (85%) at 92%. Non-medical appraisal compliance is slightly below target at 84%. Mandatory and statutory training (MAST) levels are slightly below target at 84.2%. Sickness is slightly below the Directorate target (2.50%) at 2.41%.

## Corporate & Quality

For appraisals, Corporate is slightly below the Trust Target (85%), at 84% Quality is above target at 87%. Corporate are slightly below target for MAST and Quality are above target.

## Facilities

Continues to have the highest achievement of appraisals currently at 96%. Also the highest MAST compliance at 94.6%. Sickness is above the Directorate target (3.50%) at 4.59%.

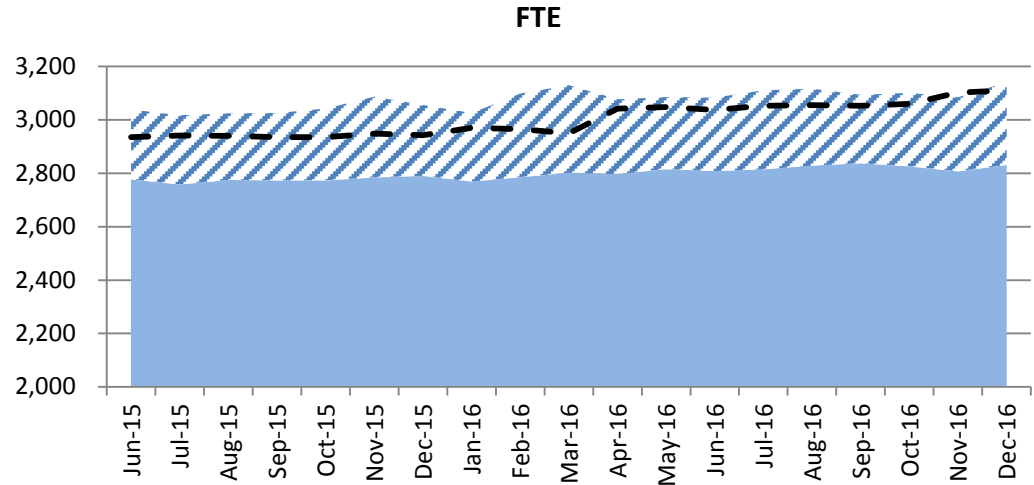
## Medicine

Medical appraisals have increased this month and are above target at 88%. Non-medical appraisals and MAST continue to require improvements to reach target. Sickness is above the Directorate target (3.40%) at 3.90%.

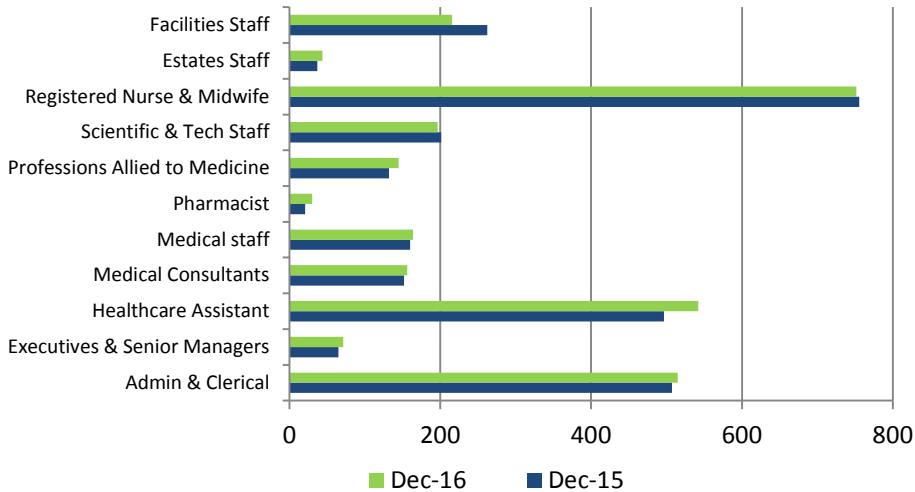
# Workforce M9

**December 16**

**Contracted Total FTE  
2,831  
(December 15 - 2,790)**



**Contracted FTE - 2 Year Comparison**



     Temporary FTE    
      Contracted FTE    
 - - - Plan FTE

## Additional Notes

**1. Overall staffing numbers are slightly over plan this month. The use of temporary staff is seen mainly in registered nursing and nursing assistants.**

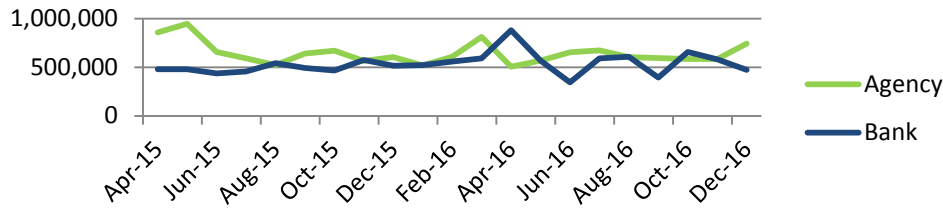
**2. There have been increases in the number of contracted staff (FTE) up by 41 FTE compared with December 2015, due to recruitment to replace temporary staff and additional posts. Key areas of increase are:**

- Healthcare Assistant: 45 FTE
- Professions Allied to Medicine: 13 FTE

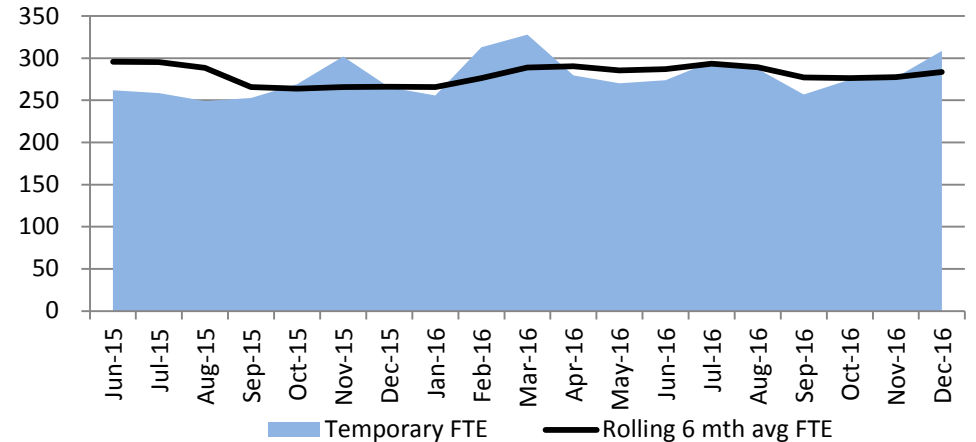
# Temporary Workforce M9

**Temporary FTE 309  
(December 15 - 265)**

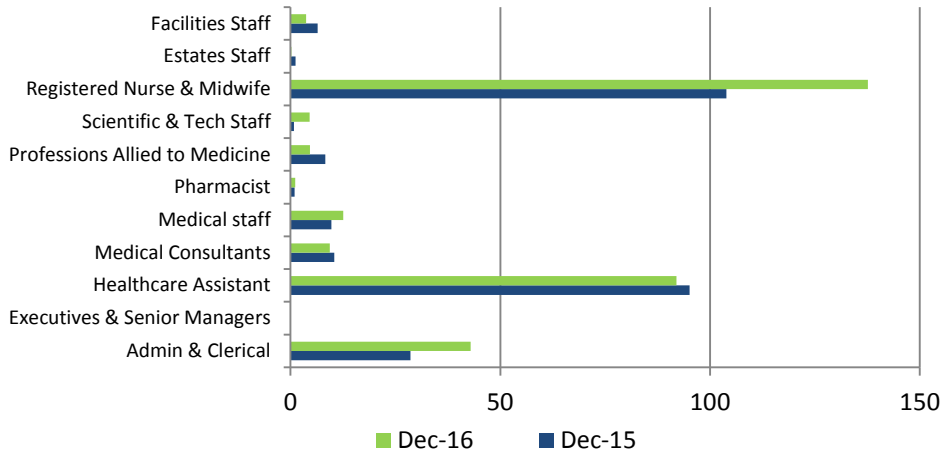
**Agency and Bank Spend**



**Temporary FTE**



**Temporary FTE - 2 Year Comparison**



## Additional Notes

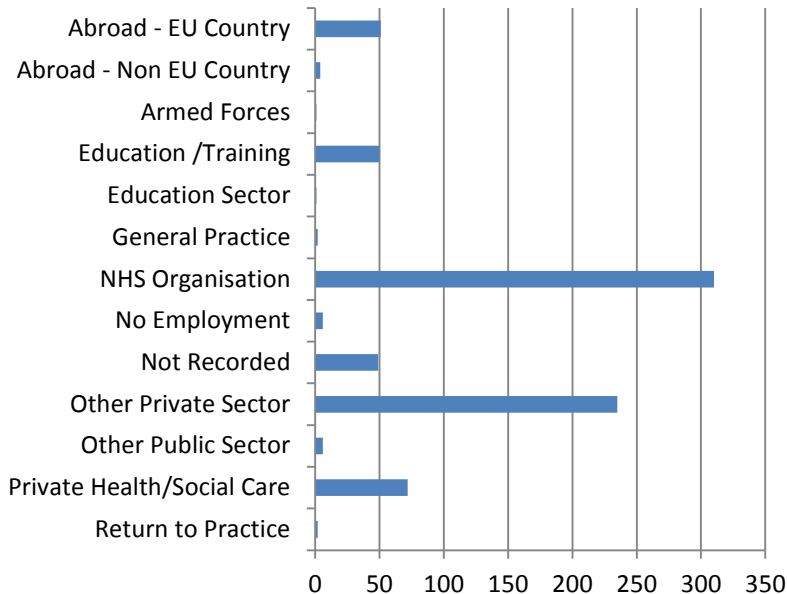
1. Agency costs for the year to date stood at £5.4m, compared to £6.1m for the same period in 2015/16. Agency costs for December showed an increase of £45k compared to the previous month.
2. Bank costs stood at £5.1m for the year to date, compared to £4.5m for the same period in 2015/16. Bank costs for December showed a decrease of £109k compared to the previous month.

Note: Temporary FTE includes bank and agency staff.

# Starters – Source of Recruitment

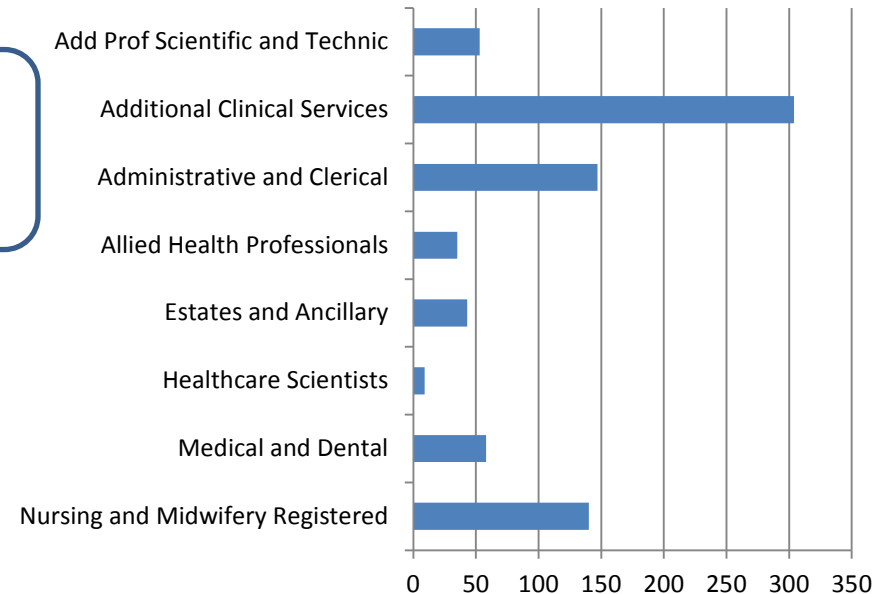
## M9

Number of Starters by Source of Recruitment



Number of  
M9 Starters  
64

Number of Starters by Skills Group



### Additional Notes

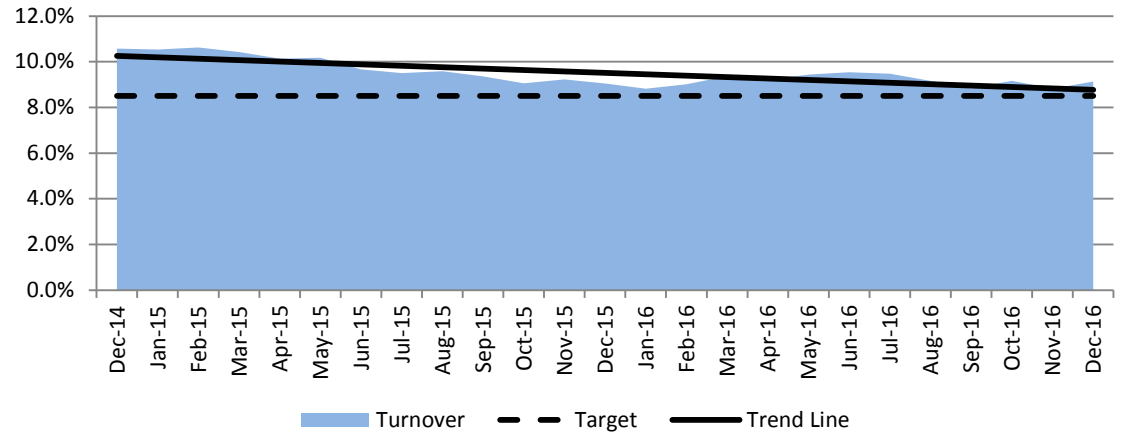
1. There were 64 starters in month 9 compared to 52 in month 8.
  2. As last month, the most common source of recruitment to the Trust was from other NHS Organisations; with the most popular NHS organisations being Southampton University NHS Trust, followed by Basingstoke and Dorset Healthcare NHS Trust, Great Western Hospital, Swindon.
  3. The skills group with the greatest number of starters was “Additional Clinical Services”. This group includes Nursing and Therapy assistants.
- Figures are based on previous 12 months data and exclude trainee medical staff.

# Labour Turnover M9

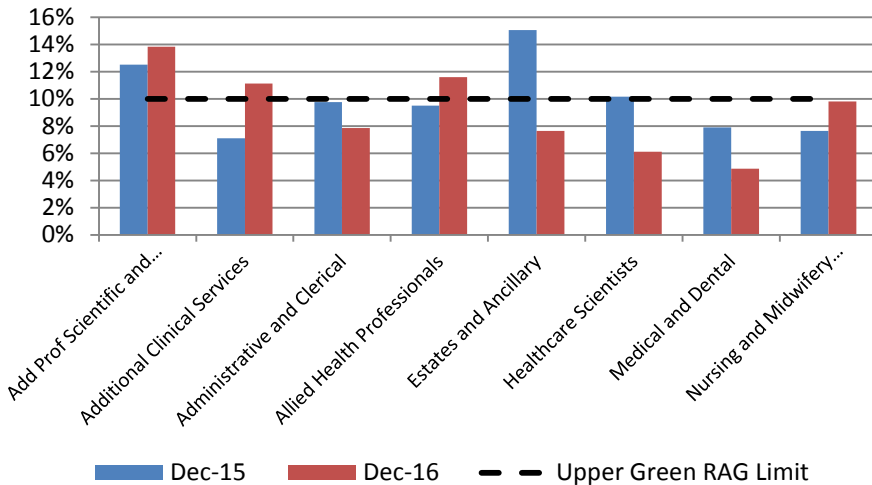
**December 16**

**9.3%**  
(December 15 – 9.2%)

Labour Turnover



Labour Turnover by Skills Group



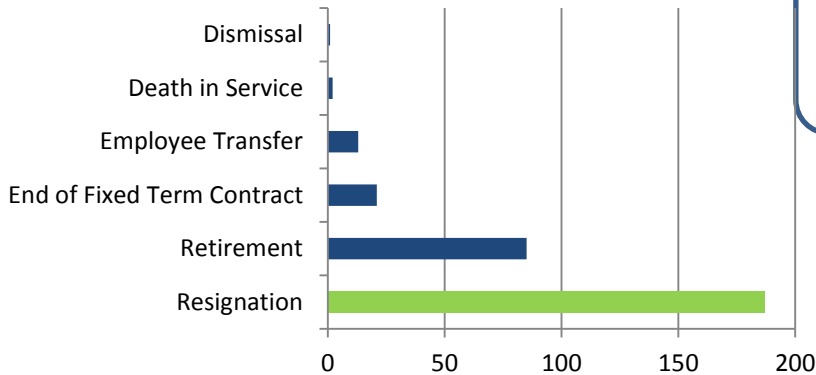
## Additional Notes

Note: Turnover figures are based on previous 12 months, and exclude bank staff and foundation and training doctors.

1. Turnover in the year to December 2016 stood at 9.3% compared to 9.2% in the year to December 2015.
2. Groups with turnover higher than the Trust's 7-10% green Red/Amber/Green rating are being monitored closely at Directorate level and actions taken as appropriate.
3. The overall turnover trend is being closely monitored at Trust and Directorate performance meetings.
4. The Trust is conducting a review of the Exit Questionnaire process to encourage uptake and identify themes.

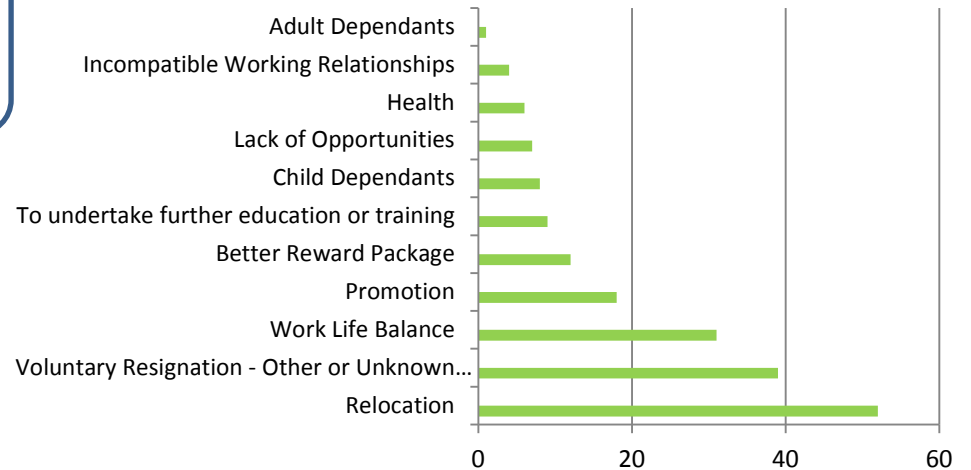
# Leavers M9

Number of Leavers by Reason

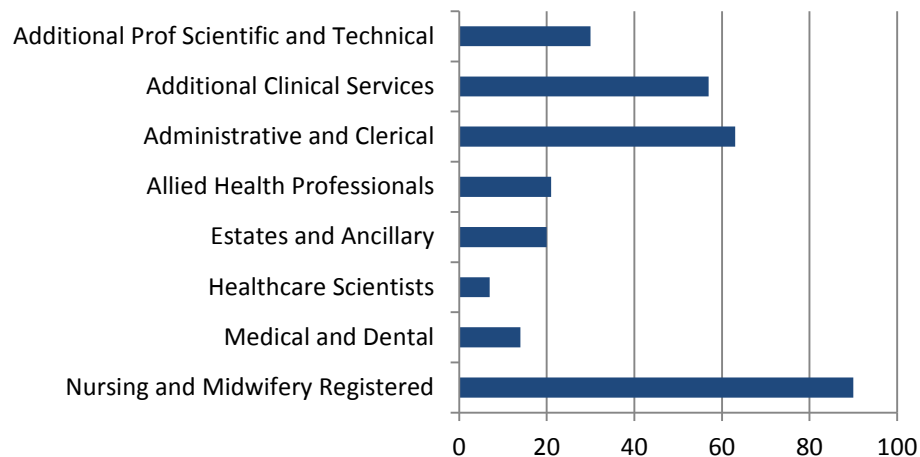


Number of  
M9 Leavers  
31  
(December  
2015 - 24)

Number of Resignations



Number of Leavers by Skills Group



## Additional Notes

1. The most common reason for resignation was 'Relocation' which includes: family relocation due to re-basing of military partners.
2. All leavers can access an Exit Questionnaire or Interview. The Trust is conducting a review of the Exit Questionnaire process to encourage uptake and identify themes. These themes are fed back to managers for action.

Note: Figures based on previous 12 months data.

# Vacancies by Skills Group

## M9

Vacancies	Budget FTE	Contracted FTE	Vacancy FTE	%
<b>Skills Group</b>				
Admin & Clerical	543.74	514.70	29	5%
Executives & Senior Managers	68.13	71.27	-3	-5%
Healthcare Assistant	570.05	519.81	50	9%
Medical staff	333.11	320.11	13	4%
Pharmacist	31.15	30.35	1	3%
Professions Allied to Medicine	149.03	144.78	4	3%
Scientific & Technical Staff	192.06	196.72	-5	-2%
Registered Nurse & Midwife	911.80	803.90	108	12%
Estates Staff	46.43	43.91	3	5%
Facilities Staff	219.87	215.66	4	2%
<b>Total</b>	<b>3065.37</b>	<b>2,861.21</b>	<b>204</b>	<b>7%</b>

### Additional Notes

1. The overall vacancy rate has remained at 7%, with some small changes within the workforce.
2. 86 offers have been made to Nurses in the Philippines due to start between January and March. 27 have so far dropped out due to a variety of reasons, including financial and personal reasons (and was known to be the likely impact, hence the large number of offers made initially), and unwillingness to retake the IELTS International English Language Test, which has proved very challenging for these nurses.
3. Bank Nursing budgets are not included in budgeted FTE. Within the nursing FTE, are included Nurses waiting for PIN numbers, and maternity leave circa 4%.
4. Where there are recognised gaps, risk assessments are conducted to establish the impact and identify mitigating actions.
5. Admin vacancies are principally in areas affected by Electronic Patient Record rollout, such as clinical admin areas, and medical records.
6. Some areas shown over establishment do not have a budgeted establishment as such, but earn income to cover staff costs. Others may be as a result of staff movements to cover projects, for example in Informatics, or overlap of staff for handover reasons.

Note: Vacancies shown as positive and over establishments shown as negative.

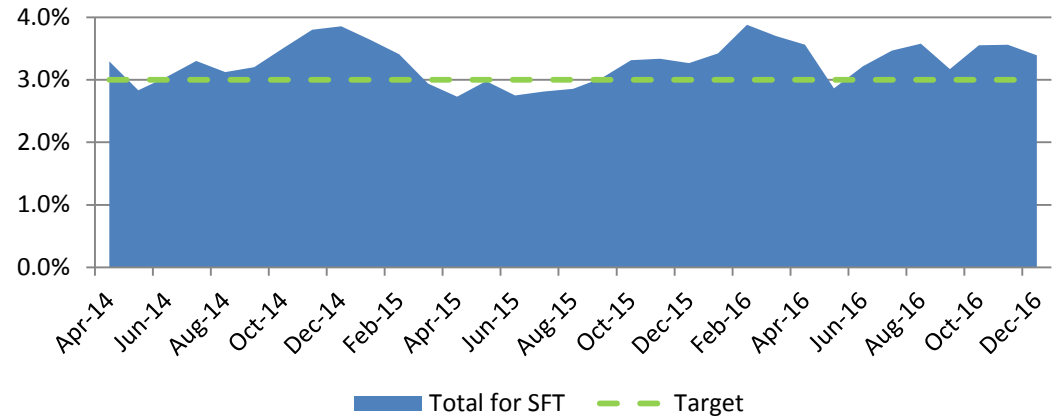


# Sickness M9

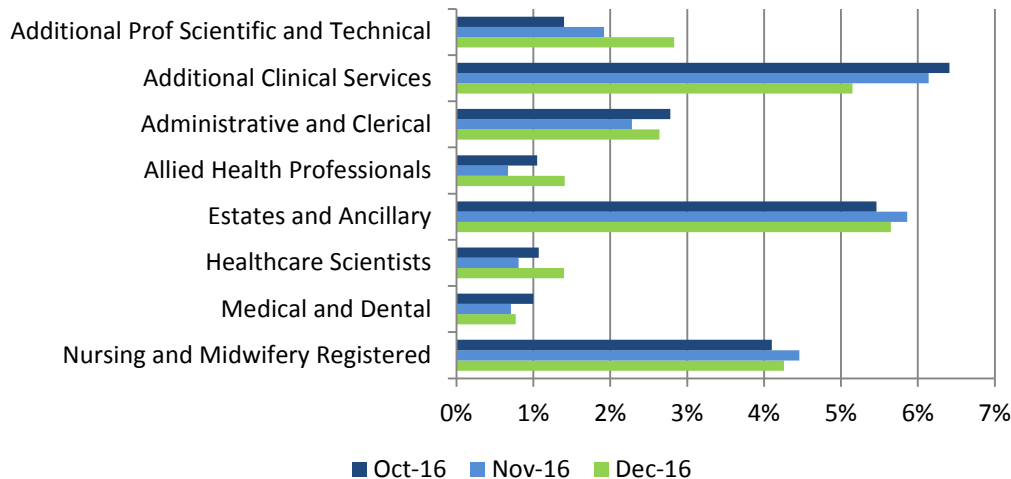
**December 16**

**Percentage  
3.44%  
(December 15 – 3.09%)**

**Sickness Absence vs Target**



**Sickness Absence by Skills Group**

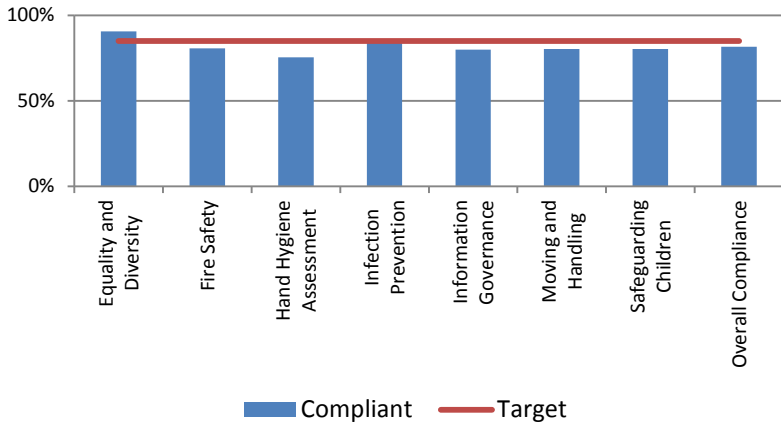


## Additional Notes

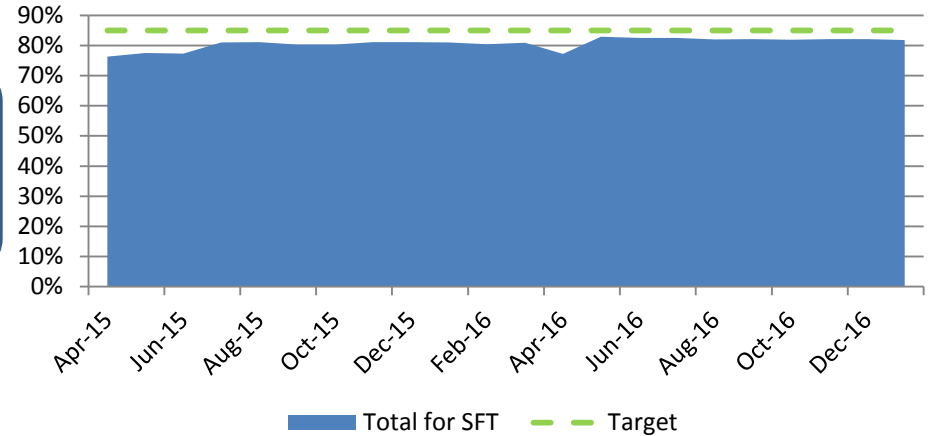
1. Each directorate has a set maximum tolerance for sickness and this is regularly monitored at performance meetings.
2. The most common reasons for sickness this month were, 'Other known causes – not elsewhere classified' and 'Other musculoskeletal problems'. Occupational Health are providing support in this area, and they form regular discussions at Operational Management Board.
3. The skills group with the highest sickness rate was "Estates and Ancillary" with 5.7%, followed by "Additional Clinical Services" with 5.2%, which compare with the national NHS average sickness rates for these groups of 6.4% and 6.2% respectively.

# Mandatory Training M9

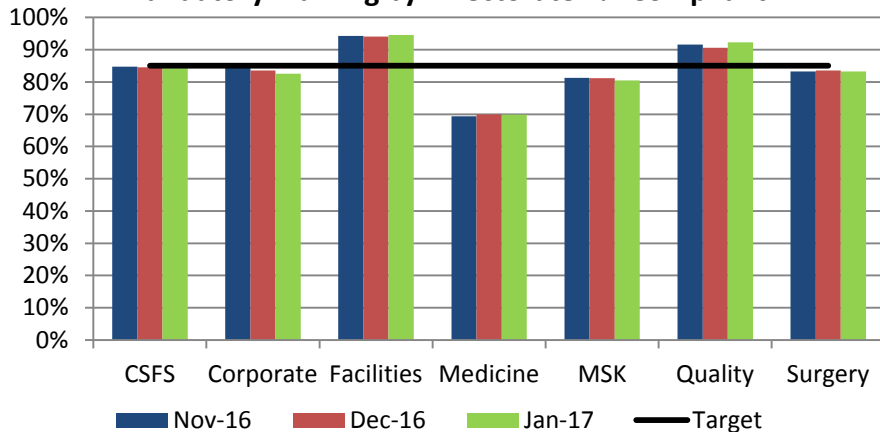
MLE Compliance by Category



Mandatory Training Compliance vs Target



Mandatory Training by Directorate - % Compliant



## Additional Notes

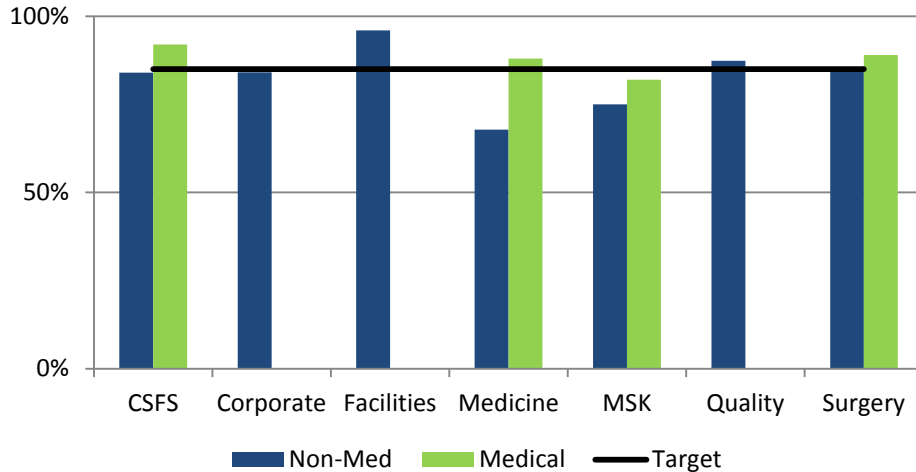
1. The percentage of staff up to date with their mandatory training has remained at 82% for a fifth month against a target of 85%.
2. The directorate with the highest compliance rate was Facilities at 94.6%, and the directorate with the lowest compliance rate was Medicine with 69.9%.
3. Information Governance training has the lowest levels of compliance, and there is a review of training where training compliance is not currently recorded on the Managed Learning Environment (MLE) system.
4. Highest compliance is in Equality and Diversity.
5. Hand Hygiene training is now being recorded in live time to give an up to date picture, currently at 76%.

# Appraisals M9

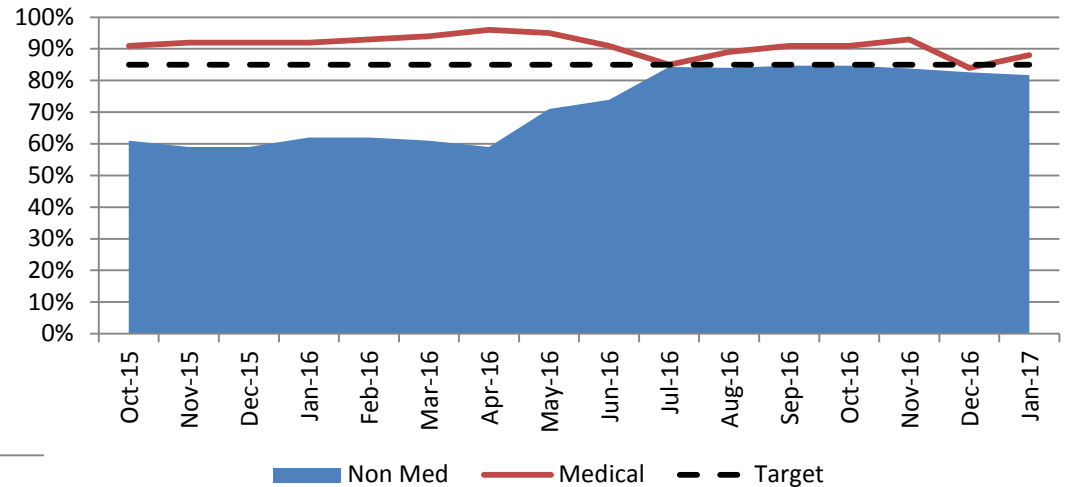
**January 17**

**Compliance percentage -  
82% non medical,  
88% medical.**

**Annual Appraisal by Directorate - % Compliant**



**Appraisal Compliance vs Target**



## Additional Notes

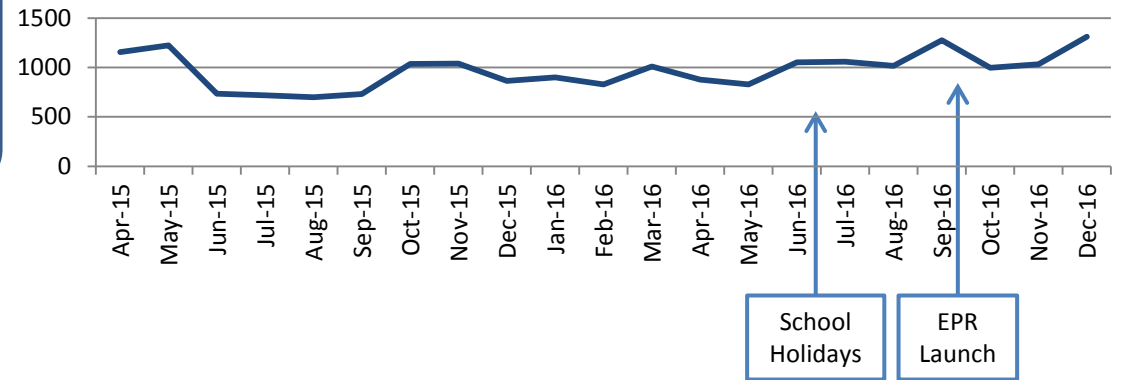
1. Appraisal compliance for non-medical staff has slightly reduced from 83% to 82% this month. Data is taken from a 13 month window to more accurately reflect activity. Detailed non-compliance reports are now live and available to managers (providing the names of non-compliant individuals) for further action.
2. The percentage of Medical staff with an annual appraisal in the last 12 months has increased from 84% to 88% this month. The decrease from previous months is due to guidance from NHS England reducing the window for compliance for Medical staff.

# Agency Cap Breaches

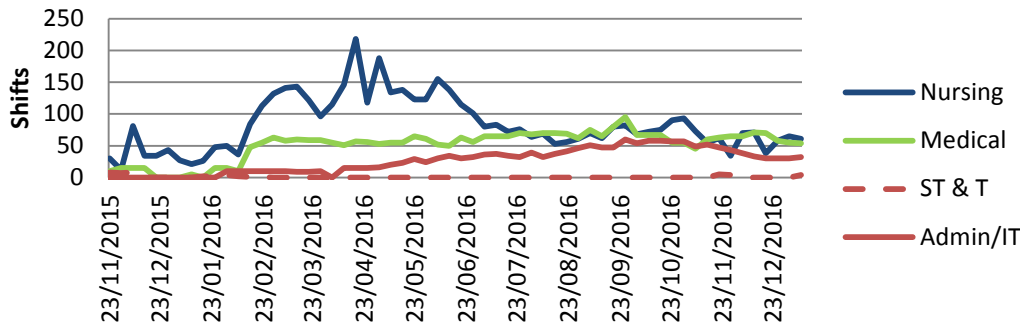
## M9

**Agency Nursing Shifts 1312**  
**Agency Nursing Cap Breaches 271 (21%)**  
**Agency Medical Shifts 329**  
**Agency Medical Cap Breaches 329 (100%)**

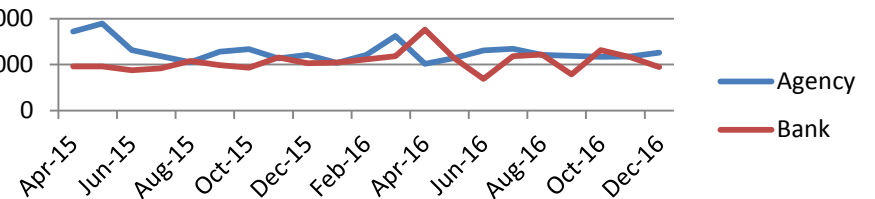
**Nursing Agency Shifts Booked**



**Agency Cap Breaches**



**Agency and Bank Spend**



### Additional Notes

1. The data shows the trend on agency usage since April 2015 . The breaches of the NHS Improvement caps reveals that the cost of agency is not reducing across all shifts and that the cost for agency, when it is used last minute, can be considerably high. The number of shifts booked for nursing (agency) has remained fairly static.
2. Efforts to negotiate contracts with agencies for the supply of locum Medical Staff "on-cap" are ongoing, and efforts are being made to recruit to hard to fill vacancies, to reduce reliance on agency.

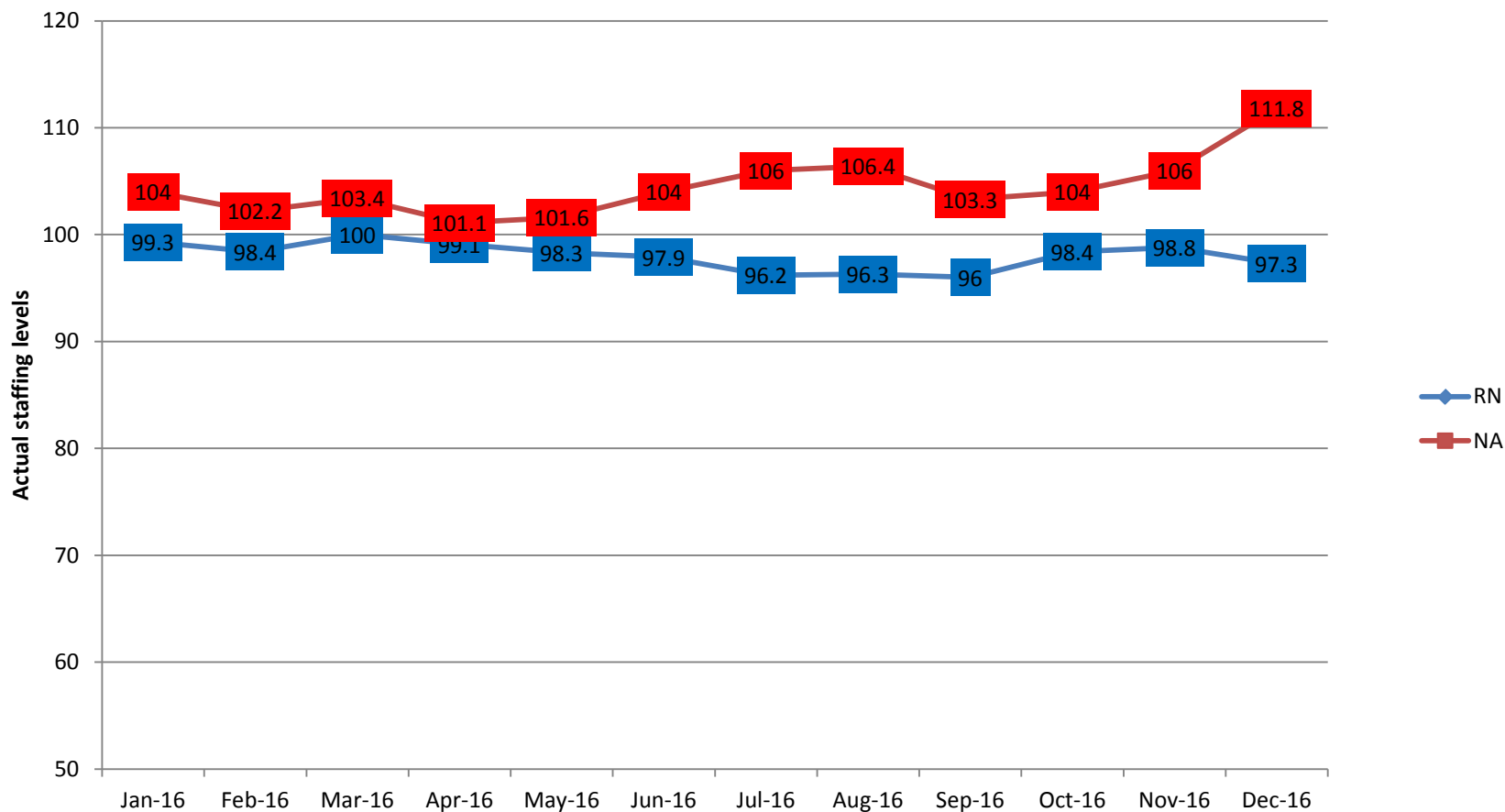
# Key Risks/Assurances

- Efforts to negotiate contracts with agencies for the supply of locum Medical Staff "on-cap" have been successful, and efforts are being made to recruit to hard to fill vacancies, to reduce reliance on agency. NHS Improvement cap breaches for the supply of Nursing agency shifts have reduced slightly, with a number of new contracts successfully negotiated with agencies for the supply of agency staff. Booking of all agency locum staff has been re-sited in the bank office so there is more resilience around identifying and supplying agency shifts.
- The overall turnover trend is down although there has been a slight increase this month. This trend is being closely monitored at Trust and Directorate performance meetings which focus on specific hot spots.
- Appraisal compliance has reduced again slightly this month and is just below target. Information is accessible to managers allowing for transparency and better targeted action. There is an Appraisal and Mandatory and Statutory Training Steering Group to oversee improvements, and share ideas.

# Safe Staffing NQB Report – December 2016

# Monthly Comparisons – Actual Staffing Levels

Registered Nurses			Nursing Assistants			Combined			Actual Skill Mix	
P	A	%	P	A	%	P	A	%		
58129.5	56560.2	97.3%	33993.2	38021.2	111.8%	92122.7	94581.4	102.7%	60	40



# Overview of Nurse Staffing Hours – December 2016

	RN	NA
<b>Total Planned hours (day shift)</b>	34205.7	22194.9
<b>Total Actual hours (day shift)</b>	32272.9	25101.2
<b>Percentage</b>	<b>94.3%</b>	<b>113.1%</b>
<b>Total Planned hours (night shift)</b>	23923.7	11798.3
<b>Total Actual hours (night shift)</b>	24288	12920
<b>Percentage</b>	<b>101.5%</b>	<b>109.5%</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>14478.98</b>	<b>13694.90</b>	<b>94.6%</b>	<b>10209.83</b>	<b>13103.22</b>	<b>128.3%</b>
Breamore Ward	1091.00	936.25	85.8%	789.00	1227.50	155.6%
Durrington Ward	1100.00	890.00	80.9%	788.00	1247.00	158.2%
Farley Ward	1800.50	1644.75	91.3%	1436.50	1809.00	125.9%
Hospice	876.50	995.00	113.5%	661.00	567.75	85.9%
Pembroke Ward	846.25	822.75	97.2%	423.50	391.00	92.3%
Pitton Ward	1783.50	1509.00	84.6%	1160.50	1239.67	106.8%
Redlynch Ward	1395.00	1697.50	121.7%	1027.00	1712.97	166.8%
Tisbury Ward	2026.75	1689.67	83.4%	713.00	1029.50	144.4%
Whiteparish Ward	1793.00	1829.75	102.0%	978.00	1320.50	135.0%
Winterslow Suite	1766.48	1680.23	95.1%	2233.33	2558.33	114.6%
<b>Surgery</b>	<b>5877.00</b>	<b>5717.25</b>	<b>97.3%</b>	<b>2245.00</b>	<b>2350.33</b>	<b>104.7%</b>
Britford Ward	1739.50	1666.50	95.8%	850.50	957.58	112.6%
Downton Ward	1312.50	1237.25	94.3%	994.50	990.25	99.6%
Radnor	2825.00	2813.50	99.6%	400.00	402.50	100.6%
<b>Clinical Support</b>	<b>5101.67</b>	<b>4758.62</b>	<b>93.3%</b>	<b>1855.92</b>	<b>1640.40</b>	<b>88.4%</b>
Maternity	2623.92	2491.67	95.0%	1322.42	1242.25	93.9%
Sarum Ward	1068.25	1104.50	103.4%	355.50	310.25	87.3%
<b>Musculo-Skeletal</b>	<b>8748.08</b>	<b>8101.42</b>	<b>92.6%</b>	<b>7884.17</b>	<b>8007.25</b>	<b>101.6%</b>
Amesbury Suite	1277.50	1327.75	103.9%	1720.75	1927.33	112.0%
Avon Ward	1580.00	1276.25	80.8%	1993.25	1789.25	90%
Burns Unit	1323.50	1271.42	96.1%	610.00	638.33	104.6%
Chilmark Suite	1558.00	1633.75	104.9%	1119.50	1105.00	98.7%
Laverstock Ward	1645.42	1331.25	80.9%	909.00	1022.00	112.4%
Tamar Ward	1363.67	1261.00	92.5%	1531.67	1525.33	99.6%
<b>Grand Total</b>	<b>34205.73</b>	<b>32272.18</b>	<b>94.3%</b>	<b>22194.92</b>	<b>25101.20</b>	<b>113.1%</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>9833.50</b>	<b>10520.08</b>	<b>107.0%</b>	<b>5732.02</b>	<b>6581.75</b>	<b>114.8%</b>
Breamore Ward	713.00	725.17	101.7%	713.00	804.75	112.9%
Durrington Ward	713.00	667.00	93.5%	713.00	782.00	109.7%
Farley Ward	1058.00	1023.50	96.7%	710.52	749.25	105.5%
Hospice	589.00	589.00	100.0%	390.50	373.50	95.6%
Pembroke Ward	713.00	724.50	101.6%	0.00	23.00	0
Pitton Ward	1057.50	1209.67	114.4%	709.50	770.75	108.6%
Redlynch Ward	1069.50	1263.00	118.1%	713.00	770.50	108.1%
Tisbury Ward	1425.00	1533.75	107.6%	356.50	379.50	106.5%
Whiteparish Ward	1426.00	1519.50	106.6%	356.50	514.00	144.2%
Winterslow Suite	1069.50	1265.00	118.3%	1069.50	1414.50	132.3%
<b>Surgery</b>	<b>4600.00</b>	<b>4513.17</b>	<b>98.1%</b>	<b>1541.00</b>	<b>1588.25</b>	<b>103.1%</b>
Britford Ward	1069.50	1070.50	100.1%	713.00	747.75	104.9%
Downton Ward	713.00	678.50	95.2%	609.50	621.00	101.9%
Radnor	2817.50	2764.17	98.1%	218.50	219.50	100.5%
<b>Clinical Support</b>	<b>3557.25</b>	<b>3411.50</b>	<b>95.9%</b>	<b>1086.25</b>	<b>1023.50</b>	<b>94.2%</b>
Maternity	2487.75	2342.00	94.1%	1051.75	1000.50	95.1%
Sarum Ward	1069.50	1069.50	100.0%	34.50	23.00	66.7%
<b>Musculo-Skeletal</b>	<b>4875.00</b>	<b>4819.75</b>	<b>98.9%</b>	<b>3347.00</b>	<b>3669.00</b>	<b>109.6%</b>
Amesbury Suite	1069.50	1041.50	97.4%	713.00	793.50	111.3%
Avon Ward	920.00	903.00	98.2%	620.00	817.00	131.8%
Burns Unit	714.00	724.00	101.4%	356.50	378.50	106.2%
Chilmark Suite	589.00	579.50	98.4%	589.00	632.50	107.4%
Laverstock Ward	965.50	954.00	98.8%	448.50	438.00	97.7%
Tamar Ward	617.00	617.75	100.1%	620.00	609.50	98.3%
<b>Grand Total</b>	<b>23923.75</b>	<b>24288.00</b>	<b>101.5%</b>	<b>11798.27</b>	<b>12920.00</b>	<b>109.5%</b>

# Overview of Areas with Red/Amber

Flag	Ward	%	RN	NA	Shift	Mitigation
Red	Sarum	67%		√	Nights	Numbers are so small ( i.e. one per week) that unfilled shifts appear exaggerated within staffing numbers
Amber	Sarum	87%		√	Day	As above
Amber	Avon	81%	√		Day	Staffing reflective of reduced respiratory patient demand. The unit is carrying RN vacancies of 6.86 WTE . Daily staffing discussions with DSN regarding staffing alongside assessment of patient acuity and demand plus “outliers”.
Amber	Breamore	86%	√		Day	Core shifts are covered by either Band 2 or where appropriate, skilled Band 4 staff. As this group of staff recorded as unregistered the shifts appear unfilled against the RN status (155%)
Amber	Laverstock	81%	√		Day	The unit is carrying 2 WTE vacancies and had several sickness issues in December. NA is at 117% . The ward use Band 4 and as Allocate does not allow you to record these outside of NA this explains the high NA % . Patient acuity reviewed daily and staffing levels discussed with DSN on the daily ward round.
Amber	Durrington	81%	√		Day	NA is >150% and they are using their band 4 staff flexibly. The ward has high number of vacancies and has recruited from overseas, these nurses work as Band 4’ s until their pin number is received and so are reflected in high NA usage at 150%
Amber	Pitton	85%	√		Day	The budgeted staffing level was increased as a result of the summer 2016 skill mix review, currently recruiting to posts and only fill according to acuity. Shortage may be covered by the use of skilled Band 4 or Band 2
Amber	Tisbury	83%	√		Day	Cover is supported by the use of a Band 4.
Amber	Hospice	86%		√	Day	Unfilled shifts were due to staff sickness. There are small numbers involved so numbers appear exaggerated. Shifts were deemed safe to be left unfilled as RN cover was adequate based upon shift by shift patient dependency assessments.

# Mitigation of Risk for Red/Amber

RN skill mix levels have dipped slightly by 1.3% since November but overall the trend stable. NA shifts have substantially increased by 6% evidencing the extra cover of skilled Band 4 staff or ensuring safe staffing numbers by increasing NA staff.

The Trust's registered nurse recruitment has continued to see recruitment from the EU. Changes in NMC registration requirements mean that they are employed as Band 4 nurses until their PIN numbers are received which can take several months. The Trust currently has approximately 24 nurses with a further 12 due to start in January. Until they receive their PIN numbers they are reflected in the unregistered workforce, although they are covering registered shifts which shows the Trust being under on RNs and over on NA staff.

**Red:-** The only unit flagging Red is **Sarum**. This is for unfilled NA Night shifts. The numbers involved as so small they exaggerate the numbers. This will be the same reason for the Amber flagging on NA day shifts

**Amber.** 8 wards are recording as Amber

- **Avon:-RN days :-** Vacancies and reduced respiratory patient demands are demonstrated in lower staffing levels. Where shifts require cover , highly skilled respiratory trained Band 3 staff are flexibly rostered
- **Breamore** The Eroster system is designed only to accept staff who are registered (& have a PIN number) or unqualified staff whatever the profession. EU Band 4 staff have enhanced skills are not registered & are therefore recorded as unqualified. This results in qualified shifts appearing unfilled if staffed with Band 4 and NA shifts evidenced as over staffing as per last month.
- **Laverstock:-** On the occasion when specific surgeries (e.g. Flap surgery) are not scheduled the staffing levels will reflect the decreased workload. Band 7 pulled into clinical numbers as required to support safe staffing levels
- **Durrington: & Tisbury-** As per Breamore, based on risk assessments and patient acuity and dependency either Band 2 staff are rostered to bolster numbers or qualified EU staff who are awaiting formal UK registration
- **Pitton:-** cover for the increase in staffing levels is mitigated by the use of skilled Band 4 staff or Band 2 where appropriate as above
- **Hospice:-** Some unfilled shifts were deemed safe within RN established cover and extra support was via a 3<sup>rd</sup> Year student

## Update on NICU/Maternity

- The first reporting period containing the new figures will be February 2017. Any finite tweaks continue to reflect the rosters accurately to the budgeted template. Early indicators are of improvements in roster efficiency and effectiveness. Post roster staffing data will quantify the outcomes

# Overview of Overstaffed Areas >115%

Ward	%	RN	NA	Shift	Comments
Avon	132%		√	Night	Extra band 2/3 (respiratory trained staff) instead of band 5 supports the patient acuity/needs on lower covered RN shifts subject to risk assessments
Tisbury	144%		√	Day	Unqualified staff with local skills may bolster any unfilled RN shifts to ensure safe staffing levels.
Winterslow	132%		√	Night	This is for 1:1 enhanced care for patients at risk of slips, trips, falls or those suffering confusion
Winterslow	118%	√		Night	4th RN often redeployed to support patient acuity and demands
Whiteparish	135%		√	Day	This is for the enhanced care of patients who are at risk due to confusion, mentally ill or at risk of harm from falls.
Whiteparish	144%		√	Night	Non registered staff are employed as additional staff to support enhanced 1:1 care (where appropriate following risk assessments) to help reduce costs of employing extra RN staff
Breamore	156%		√	Day	A percentage will reflect the skilled Band 4 (recorded as unqualified staff) who support some RN shifts. subject to patient acuity and demand. When in escalation ( 4 extra beds ) the unit employs an additional Band 2
Durrington	158%		√	Day	This is due to enhanced care following patient assessments which identify any patients who are at risk due to confusion, mentally ill or at risk of harm from falls
Redlynch	122%	√		Day	RMN Special
Redlynch	118%	√		Night	RMN Special
Redlynch	167%		√	Day	Band 2 used for enhanced 1:1 care reducing the demand to use additional RN where appropriate
Farley	126%		√	Day	As above

# Actions taken to mitigate risk

The skill mix is demonstrated at 60/40 (RN/NA). A slight change from the previous levels of 62/38.

The upward trend of NA cover has increased to its highest level for the year at 111.8% - nearly a 6% increase on November 2016. This reflects the use of Band 4 staff to cover RN shifts (where appropriate and subject to risk assessments) to ensure safe staffing levels following appropriate risk assessments.

Band 4 staff are recorded as “untrained” on the system as they have no formal registration so NA shifts will appear as overstaffed and some RN shifts are reported as unfilled even if covered by this group of skill staff

The nurse-in-charge of individual wards in discussion with the DSN/ADSN review the following on a shift by shift basis.

- The accounting of the staff skills set when deciding on the band of staff needed.
- All shifts are gauged with staff moved across wards by Directorate Senior Nurses and Clinical Site Team as required. This ensures safe levels of care are maintained whilst trying to reduce reliance on expensive temporary staff
- Staffing levels are 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.
- CCOT team support wards where acuity of patients high.

## Quality indicator report – December 2016 &amp; Q3 16/17

Date: 30 January 2017

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

**Presented by: Dr Christine Blanshard, Medical Director & Lorna Wilkinson, Director of Nursing**

Please note: the readmission data is not accurate and data for fractured neck of femur, escalation bed days and multiple ward moves is unable to be extracted from the data warehouse for November and December.

**Executive Summary:**

- No MRSA bacteraemia in Q3. YTD – no cases.
- 1 MSSA bacteraemia in December. Q3 total – 3 MSSA bacteraemias.
- No C Difficile cases in December. Q3 total - 7 cases of C Difficile. YTD – 11 against an upper limit of 19 cases.
- 3 new serious incident inquiries in December. Q3 total – 10 including 1 never event.
- A decrease in the crude mortality rate in Q3. SHMI is 106 to June 16 and is as expected. HSMR increased to 119 in September 16 and is higher than expected. 6 new CUSUM alerts since the last quarter – skin & subcutaneous tissue infections (May 16), peripheral & visceral atherosclerosis (June 16), affective disorders (July 16), other mental conditions (Aug 16), acute bronchitis (Jan 16) and cancer of bronchus (Sept 16). A detailed briefing paper on our mortality data, governance and improvement actions was presented to the CGC in January 17.
- A slight increase in Q3 of best practice tariff compliance to 80% for hip fracture patients. Of the 17 patients where BPT was not achieved was due to waiting for theatre (12), waiting for an orthopaedic surgeon/diagnosis (4) and conservative management (1). Ongoing improvement work via the Theatre working group along with strategic plan to separate elective and non-elective orthopaedic surgery.
- In Q3 a slight increase in the number of grade 2 pressure ulcers compared with Q2. Share and learn meetings continue to drive improvements.
- In December there were 3 falls resulting in major harm (2 fractured hips requiring surgery & 1 catastrophic head injury) and 2 falls resulting in moderate harm (fractured pelvis & fractured tibia & fibula managed conservatively). In Q3 there were 10 falls resulting in harm, 1 resulting in catastrophic harm (head injury), 4 resulting in major harm (3 fractured hips & 1 fractured shaft of femur requiring surgery) and 5 resulting in moderate harm (1 fractured pelvis, 3 fractured pubic rami & 1 fractured tibia and fibula) all managed conservatively. Aggregated review of cluster reported to Clinical Risk Group and CGC.
- In Q3 all patients bar one had a CT scan within 12 hours. The majority of patients spent 90% of their time on the stroke unit. Those that did not needed a specialist medical bed (2), had a short length of stay on SSEU and were discharged home (3), waited for a bed/late referral (2). Patients arriving on the unit within 4 hours reduced during the quarter due to bed capacity (8), missed, difficult or new neurology (4) and a late referral (1). Improvement work continues to be driven through the Stroke Strategy Group. SSNAP audit is a B.
- In December a decrease in high risk TIA patients being seen within 24 hours. In Q3, 19 patients were not seen within the timeframe due to no available morning clinic, consultant leave, late GP referral or referrals not sent to the single point of access. Discussion held with GP practices concerned and improvement work led through the Stroke Strategy Group.
- A decrease in the number of complaints but an increase in concerns. Early contact with patients & relatives in the initial phase of a complaint is being proactively promoted.

- In December there were 4 non-clinical mixed sex accommodation breaches affecting 26 patients. In Q3 there were 5 non-clinical mixed sex accommodation breaches affecting a total of 34 patients all on AMU linked to times of challenged capacity and all resolved within 24 hours.
- Cumulative annual data of the time of patient moves is reported for ongoing monitoring purposes. The majority of overnight moves occur from Whiteparish, SSEU and Britford SAU to maintain patient flow. However, there were a number of moves from one ward to another to create appropriate bed capacity. The majority of discharges between 10 pm and 7 am are from ED/SSEU, Whiteparish and Britford SAU. Improvement work is led through the Transformation Programme.
- The mean score of patients rating the quality of their care was consistent with the previous year average. Responses to the Friends and Family test consistently show that patients would recommend wards, the maternity service and care as a day case. In December there was a decline in patients who would recommend outpatients possibly due to cancelled/changed appointments reflecting the pressures the Trust is facing.

**Proposed Action:**

- 1. To note the report**

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

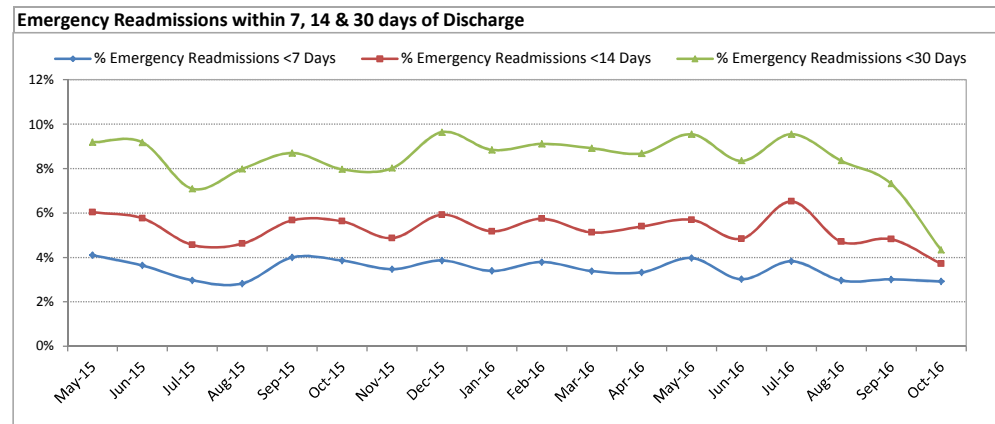
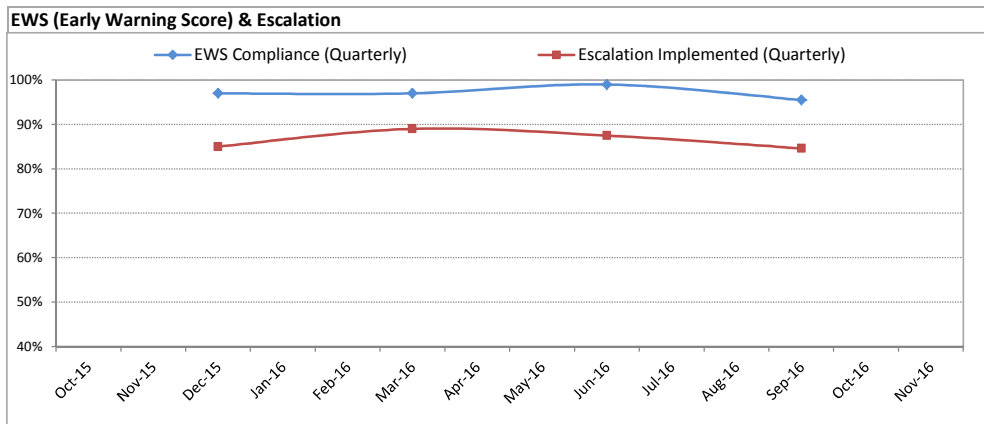
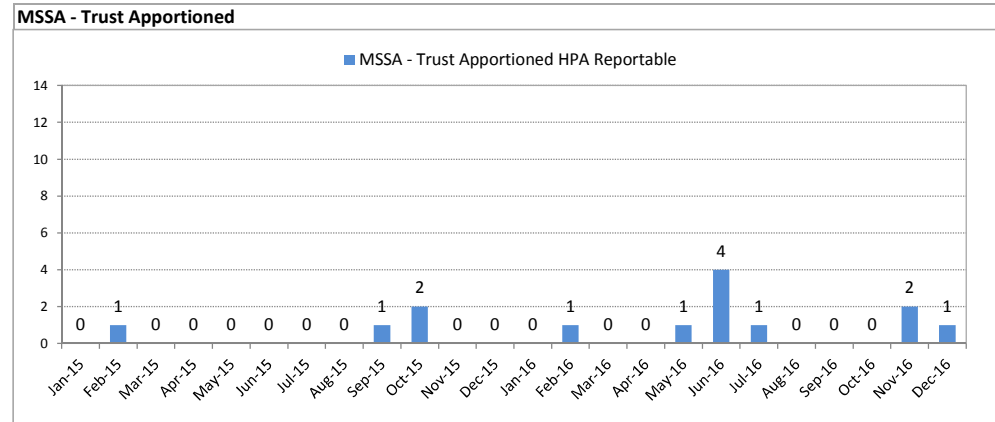
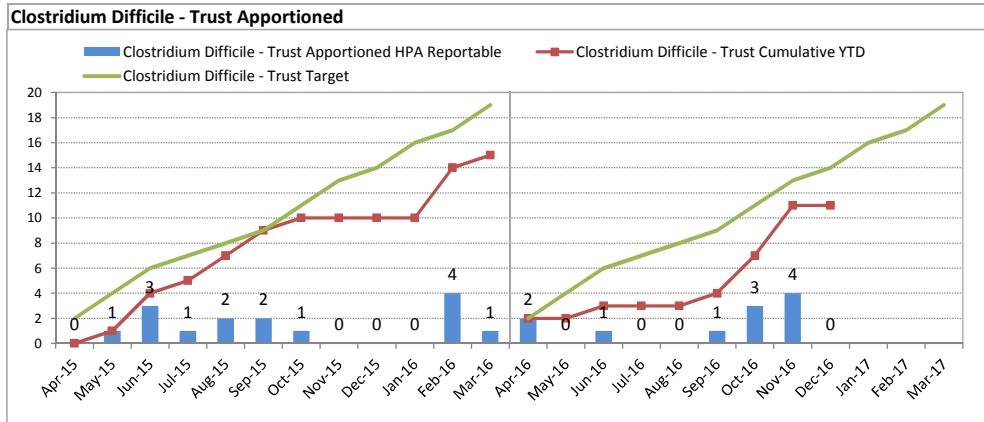
**Appendices:  
Trust quality indicator report – December 2016  
Supporting Information**



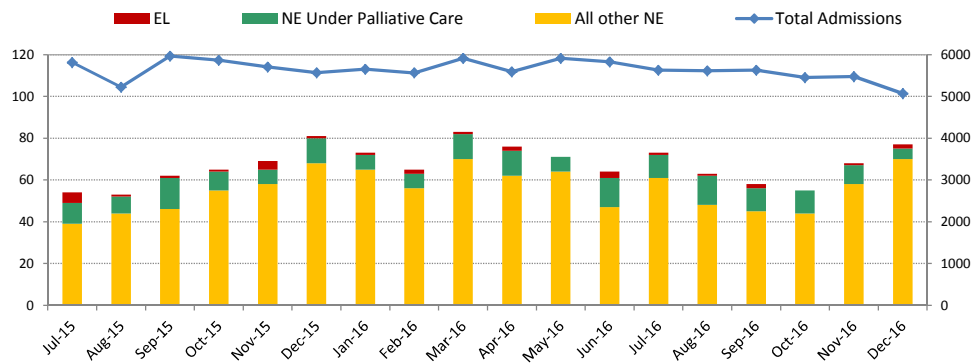
Infection Control	2015-16 YTD	2016-17 YTD
MRSA (Trust Apportioned)	● 0	● 0

Trust Incidents	2015-16 YTD	2016-17 YTD
Never Events	● 2**	● 1
Serious Incidents Requiring Investigation	● 28***	● 39

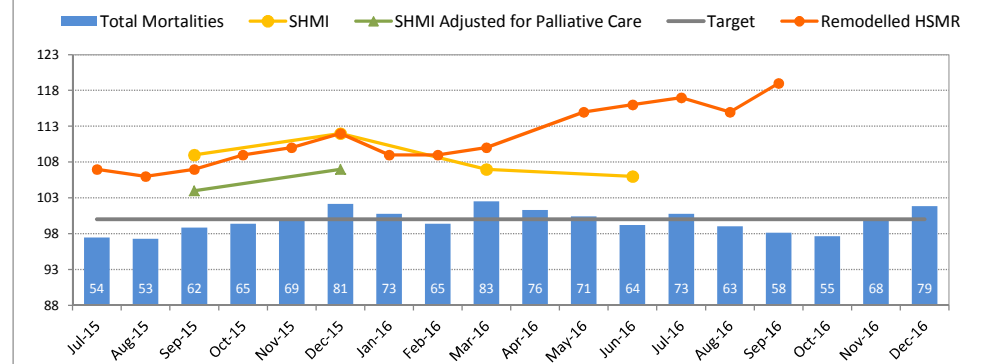
\*\* A formal agreement was reached with the CCG to downgrade a third never event as it did not meet the definition.  
 \*\*\* Of these SIs commissioned, 2 have been downgraded following a formal agreement with the CCG as they did not meet the SI definition.



**Hospital Mortalities**

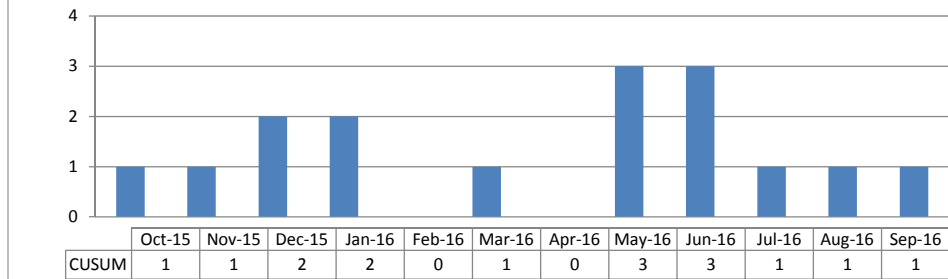


**HSMR and SHMI**

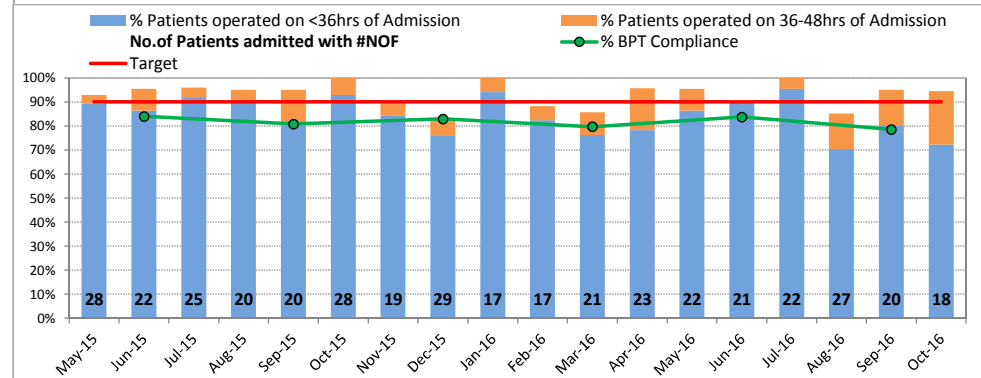


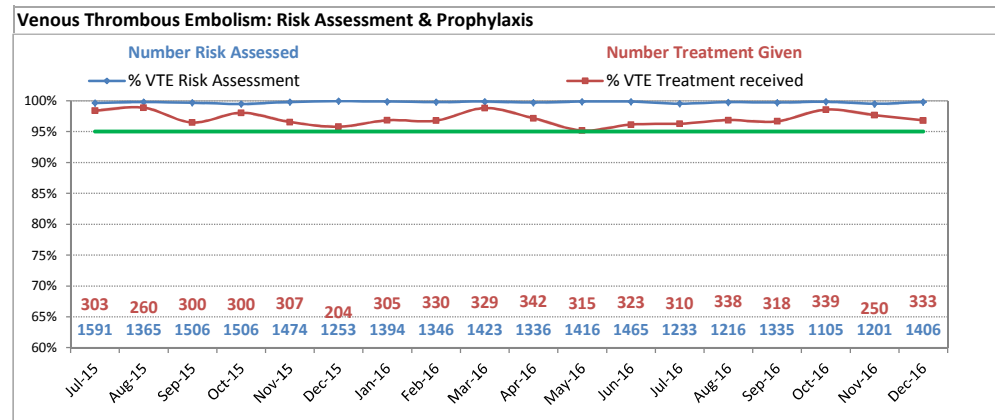
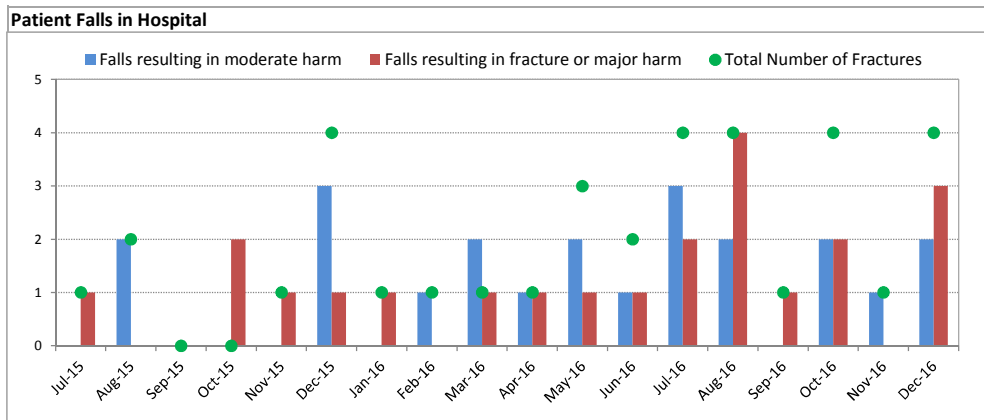
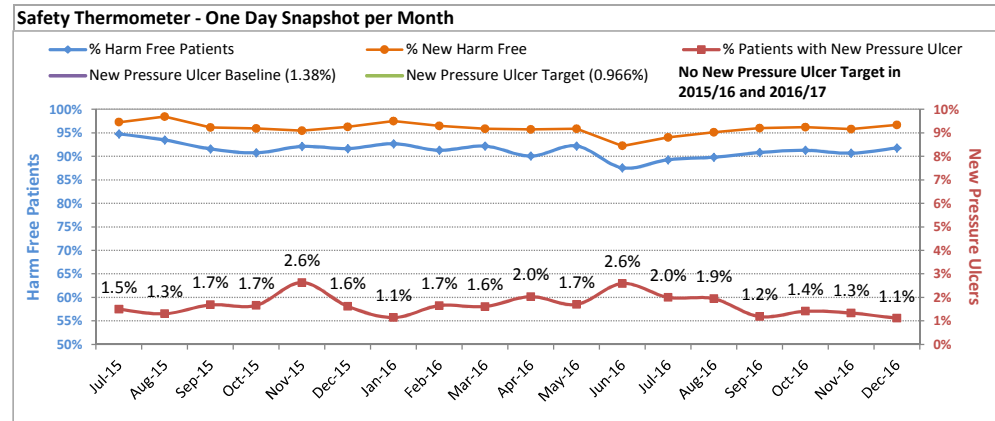
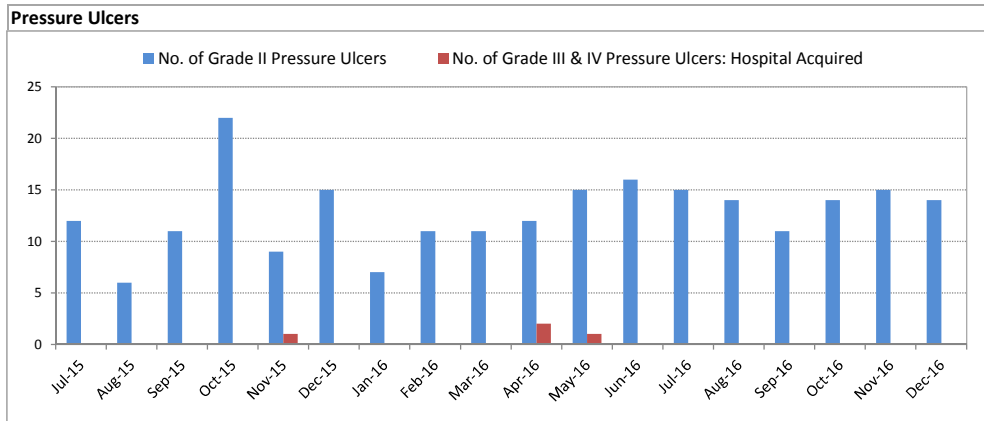
**CUSUM Alerts**

Cumulative sum of mortality outcomes (Observed > Expected)



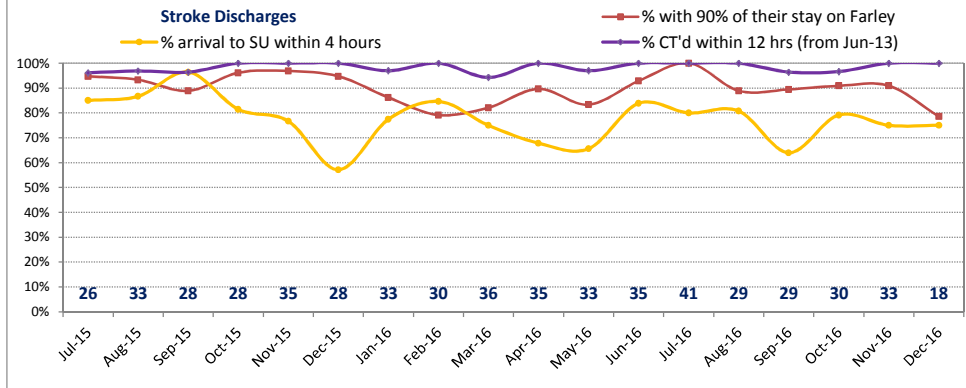
**Fracture Neck of Femur operated on within 36 hours (Revised following TIAA Audit)**



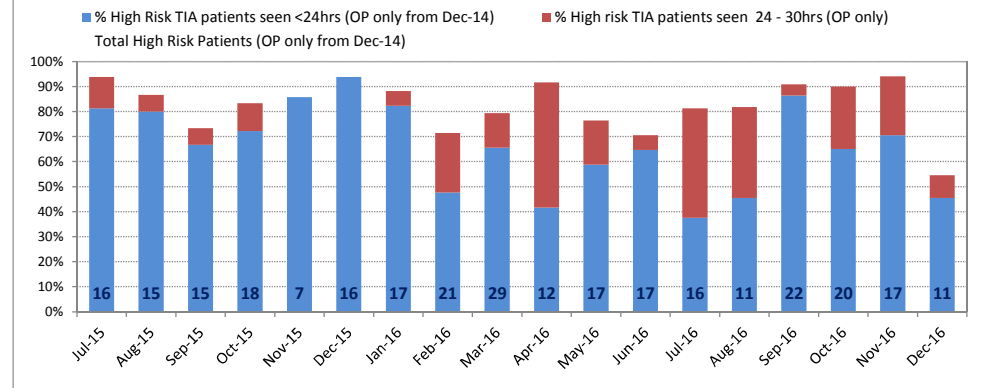


Please note, due to the time it takes to complete Clinical Coding, the current months Fracture Neck of Femur data will be subject to change over the following months.

**Stroke Care**



**TIA Referrals**

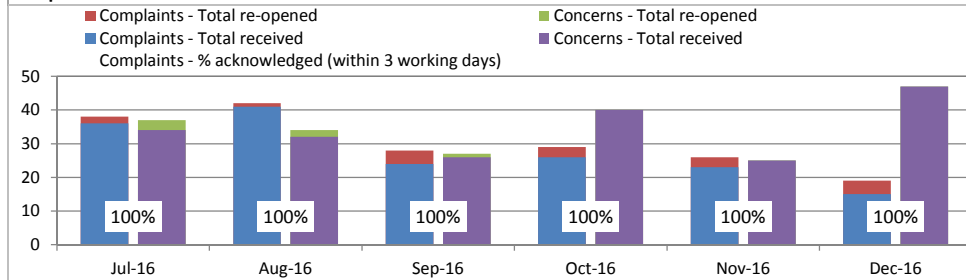


**SSNAP Case Ascertainment Audit**

Highest level = Grade A  
Lowest level = Grade E

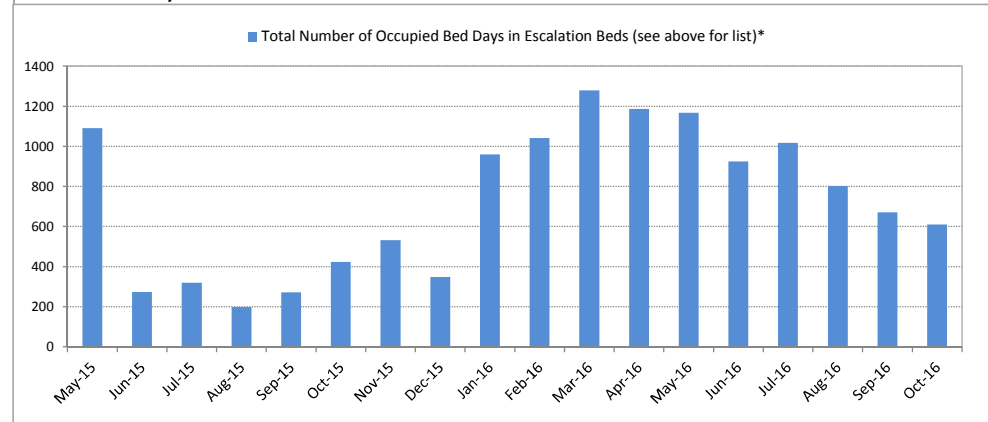
Quarterly	Q1	Q2	Q3	Q4
2014-15	B	D	C	C
2015-16	D	C	C	C
Tri-annually	Apr - Jul	Aug - Nov	Dec - Mar	
2016-17	B			

**Complaints and Concerns**



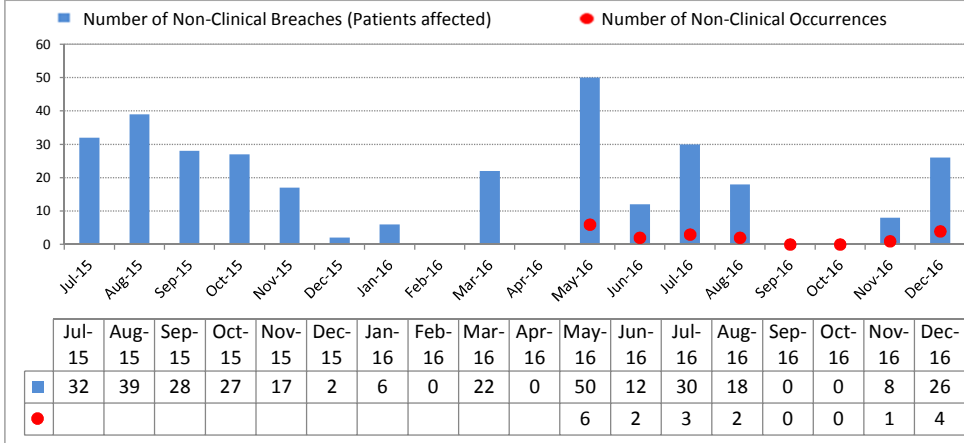
	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Complaints - Total received	36	41	24	26	23	15
Complaints - Total re-opened	2	1	4	3	3	4
Concerns - Total received	34	32	26	40	25	47
Concerns - Total re-opened	3	2	1	0	0	0

**Escalation Bed Days**

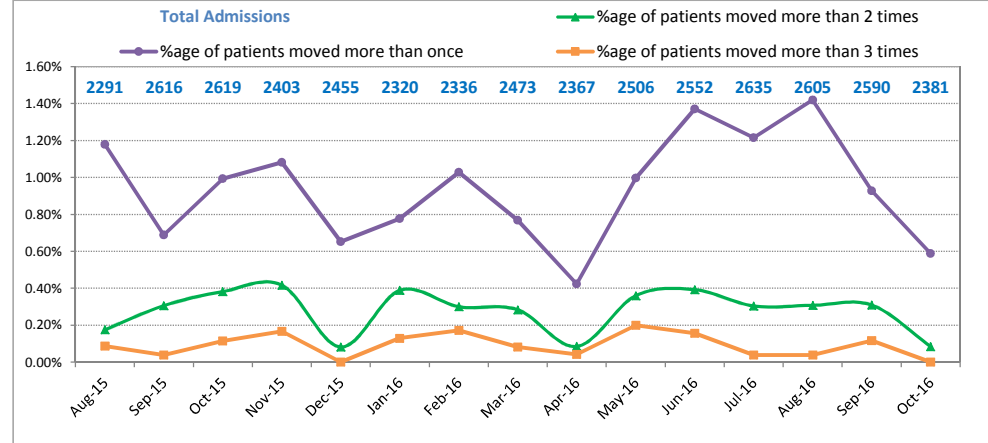


\*From April 2016 escalation capacity includes beds on Breamore, DSU, Clarendon, Endoscopy, Avon, Burns cots, Britford SAU overnight stays, Whiteparish AMU overnight stays, Clarendon NHS, Pembroke Suite and Burns assessment room.

**Delivering Same Sex Accommodation**

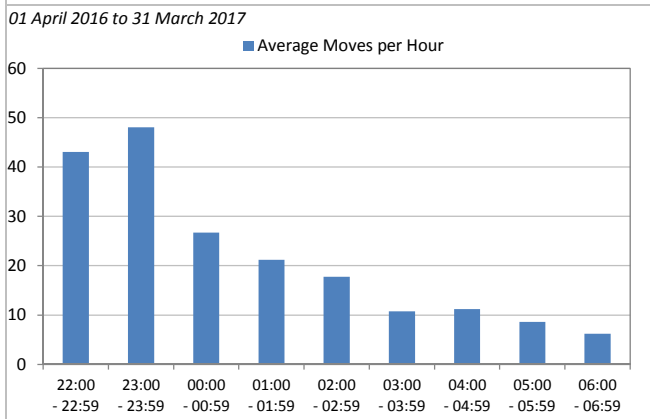


**Patients moving multiple times during their Inpatient Stay**

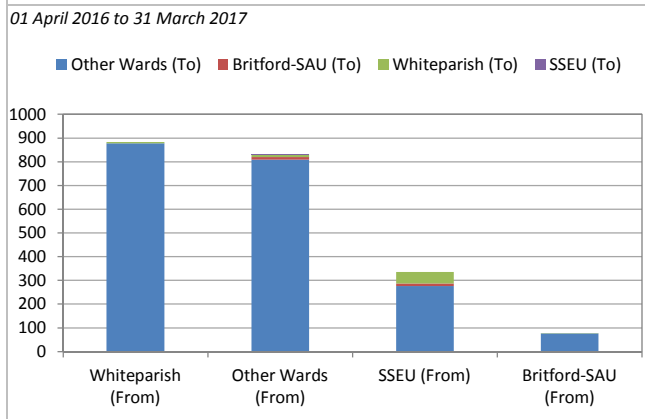


Please note, the number of Non-Clinical Breach Occurrences is being reported from May 2016.

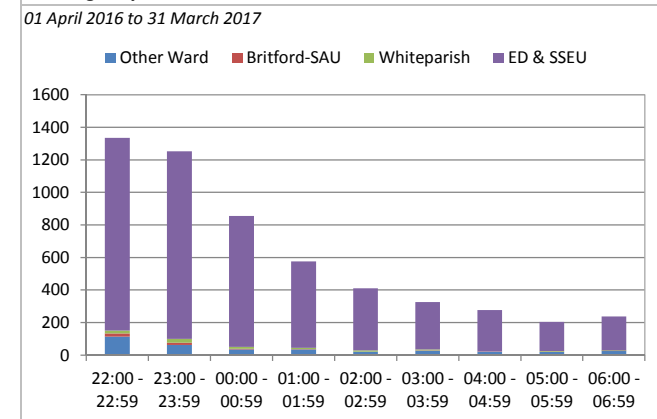
**Ward moves between 22:00 and 07:00**



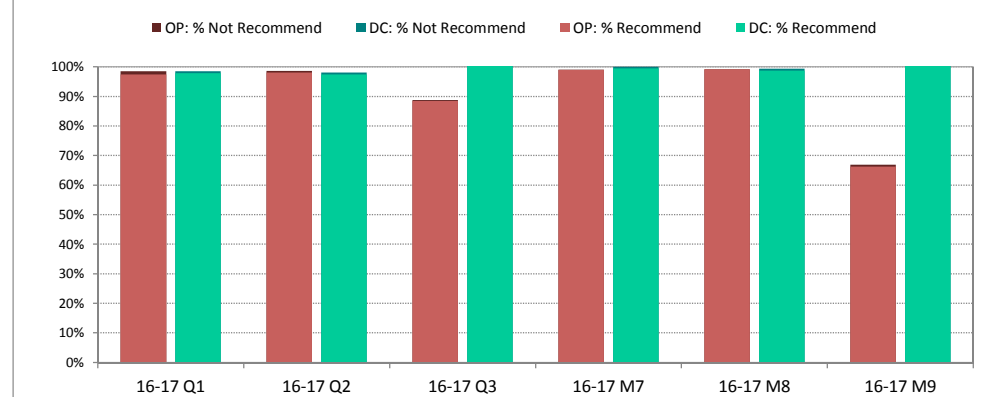
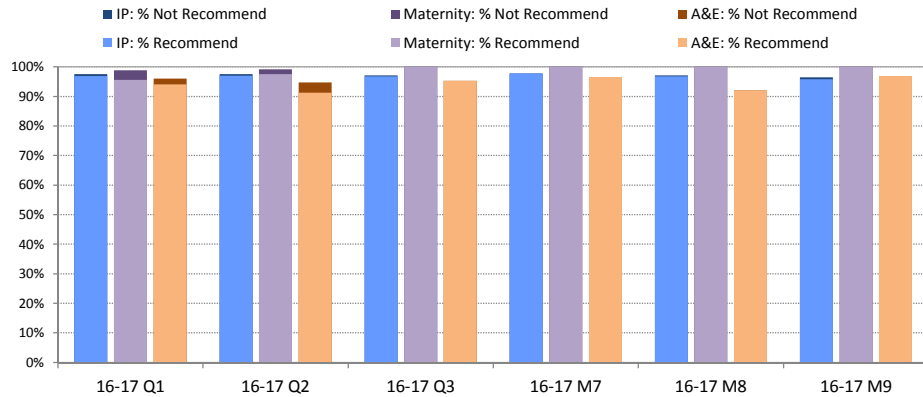
**Ward to Ward moves between 22:00 and 07:00**



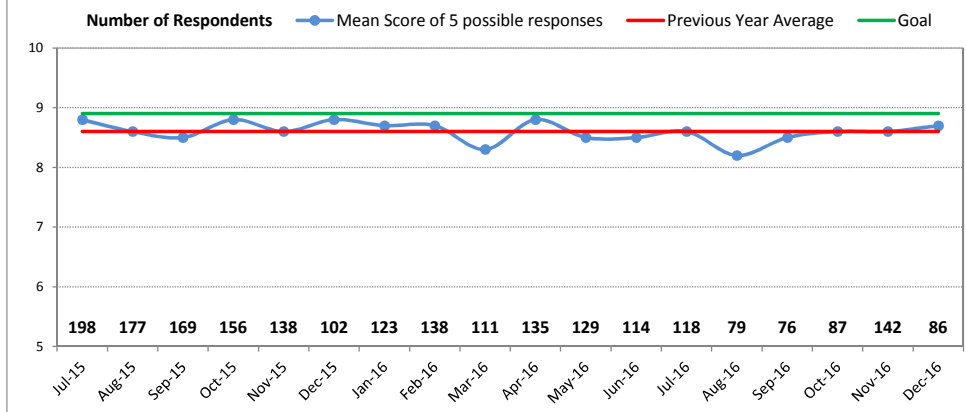
**Discharges by Hour**



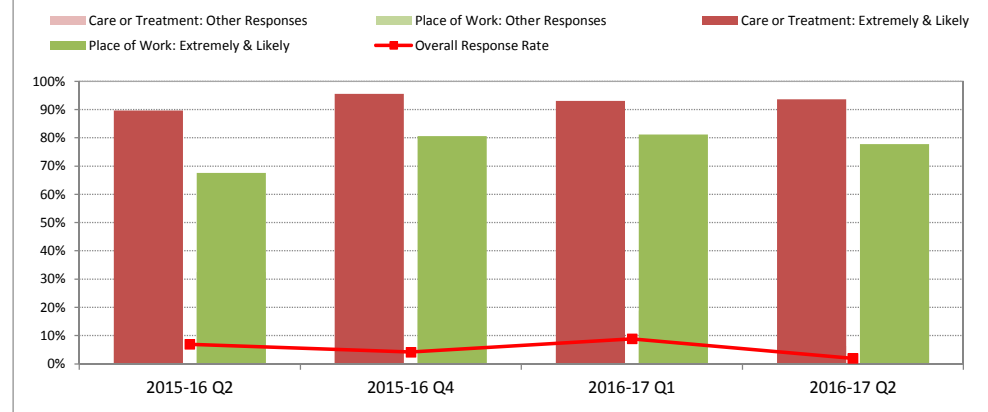
Friends & Family Test: Responses by Area



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



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 2016)

<b>Date: Monday 6<sup>th</sup> February 2017</b>
--

<b>Report from:</b> Hazel Hardyman Head of Customer Care	<b>Presented by:</b> Lorna Wilkinson Director of Nursing
---	---

**Executive Summary:**

99 complaints were received in Q2 compared to 79 complaints in Q1 and 59 complaints for the same period in the previous year. The activity from comments, concerns and enquiries has decreased from 507 in Q2 last year to 419 in Q2 this year.

The main issues from complaints are:

- Clinical treatment (32), 1 less than Q1 (33) - sub-themes were 14 unsatisfactory treatment across 10 different areas, 7 further complications, 6 delay in receiving treatment, 4 correct diagnosis not made and 1 early discharge. Orthopaedics received 7 complaints about clinical treatment with 3 related to further complications, 2 unsatisfactory treatment and 1 each for correct diagnosis not made and inappropriate treatment.
- Appointments (15), 8 more than Q1 (7) – sub-themes were 6 appointment delays, 4 appointment procedures, 3 cancelled appointments and 1 each for consultant unavailable and delay in receiving treatment across 12 different specialties.
- Staff attitude (14), 1 more than Q1 (13) – 10 related to nursing staff and 4 to medical staff across 10 different areas.
- Discharge arrangements (11), 10 more than Q1 (1) - sub-themes were 6 discharge procedures, 4 early discharge and 1 overnight discharge.

The main issues from concerns are appointments (31), clinical treatment (17) and staff attitude (11) and communication (10). The main specialties for appointments across concerns and complaints were Orthopaedics (8), Ophthalmology (5), Plastic Surgery (4) and Spinal (4).

There was one new request for independent review by the Parliamentary and Health Service Ombudsman.

A total of 273 inpatients were surveyed in the quarter. They made 173 positive and 218 negative comments with the main area of concern being food and nutrition on the ward.

The responses to the Friends and Family Test remain overwhelmingly positive. The main area of concern raised continues to be waiting times but the numbers are small when compared to the total number of patients responding to FFT.

There were 7 new requests to undertake Patient and Public Involvement projects, one project was completed and there was one new national patient survey.

NHS Choices received 12 comments in Q2 with 8 positive, 2 negative and 2 mixed comments relating to 9 different areas.

**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 2016

### PURPOSE OF PAPER

- To provide assurance that the Trust is responding appropriately to complaints from patients and demonstrates that learning and actions are taken to improve services in response to complaints and patient feedback. To provide assurance of the Trust's activity to promote patient and public involvement in service codesign and improvement.

### 1. COMPLAINTS

The main issues from complaints are:

- Clinical treatment (32), 1 less than Q1 (33) - sub-themes were 14 unsatisfactory treatment across 10 different areas, 7 further complications, 6 delay in receiving treatment, 4 correct diagnosis not made and 1 early discharge. Orthopaedics received 7 complaints about clinical treatment with 3 related to further complications, 2 unsatisfactory treatment and 1 each for correct diagnosis not made and inappropriate treatment.
- Appointments (15), 8 more than Q1 (7) – sub-themes were 6 appointment delays, 4 appointment procedures, 3 cancelled appointments and 1 each for consultant unavailable and delay in receiving treatment across 12 different specialties.
- Staff attitude (14), 1 more than Q1 (13) – 10 related to nursing staff and 4 to medical staff across 10 different areas.
- Discharge arrangements (11), 10 more than Q1 (1) - sub-themes were 6 discharge procedures, 4 early discharge and 1 overnight discharge.

The main issues from concerns are appointments (31), clinical treatment (17) and staff attitude (11) and communication (10). The main specialties for appointments across concerns and complaints were Orthopaedics (8), Ophthalmology (5), Plastic Surgery (4) and Spinal (4).

99 complaints were received in Q2 compared to 79 complaints in Q1 and 59 complaints for the same period in the previous year. The activity from comments, concerns and enquiries has decreased from 507 in Q2 last year to 419 in Q2 this year. A breakdown of numbers and themes from complaints according to Datix is below:

	CS&FS	Corporate	Finance	Medicine	MSK	Surgery	Q2 total 2016 -17	Q2 total 2015 -16
Admission	0	0	0	1	4	3	8	1
Appointments	2	0	0	1	4	8	15	7
Attitude of staff	5	0	0	6	2	1	14	9
Clinical treatment	6	0	0	6	14	6	32	22
Communication	0	0	0	4	1	1	6	7
Confidentiality	1	0	0	0	0	0	1	0
Delay	0	0	0	0	1	1	2	1
Dementia	0	0	0	0	0	0	0	1
Discharge	0	0	0	10	1	0	11	3
End of life care	0	0	0	0	0	0	0	1
Equipment	0	0	0	0	1	0	1	1
Facilities on site	0	1	0	0	0	0	1	0
Falls	0	0	0	1	0	0	1	0
Food	0	0	0	0	0	1	1	0
Information	0	0	0	0	0	1	1	0
Invoicing	0	0	1	0	0	0	1	0
Missing patient	0	0	0	0	0	0	0	1
Nursing care	0	0	0	0	1	0	1	2
Operation	0	0	0	0	0	1	1	2
Hospital procedures	1	0	0	0	0	0	1	0



<b>Safeguarding</b>	0	0	0	0	0	0	0	1
<b>Waiting time</b>	0	0	0	0	0	1	1	0
<b>Totals:</b>	15	1	1	29	29	24	<b>99</b>	<b>59</b>
<b>Patient Activity</b>	7,103	0	0	8,612	14,322	13,822		

In Q2 the Trust treated 16,869 people as inpatients, day cases and regular day attendees. Another 12,355 were seen in the Emergency Department and 43,859 as outpatients. 99 complaints were received overall which is 0.1% of the number of patients treated, this percentage has remained unchanged. There were no complaints about mental health issues this quarter. 508 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.

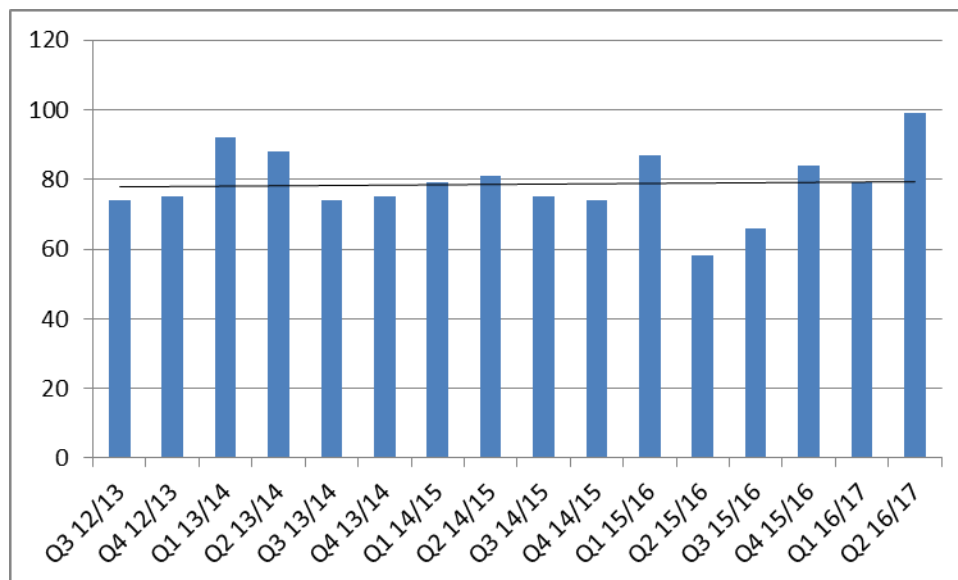
100% of complaints were acknowledged within three working days. Nine complaints were re-opened in Q2 compared to five in Q1 (see below in the directorate section). The overall number of enquiries, comments, concerns and complaints response times was:

<b>0-10 working days</b>		<b>11-24 working days</b>		<b>25+ working days</b>	
391	75%	62	12%	65	13%

Reasons for some complaints taking more than 25 working days to respond to is: arranging meetings; operational pressure; serious incident investigation and key members of staff on leave. The proportion of complaints falling into the 25+ working days has remained relatively static Q2 (13%) compared to Q1 (14%).

### COMPLAINTS BY QUARTER

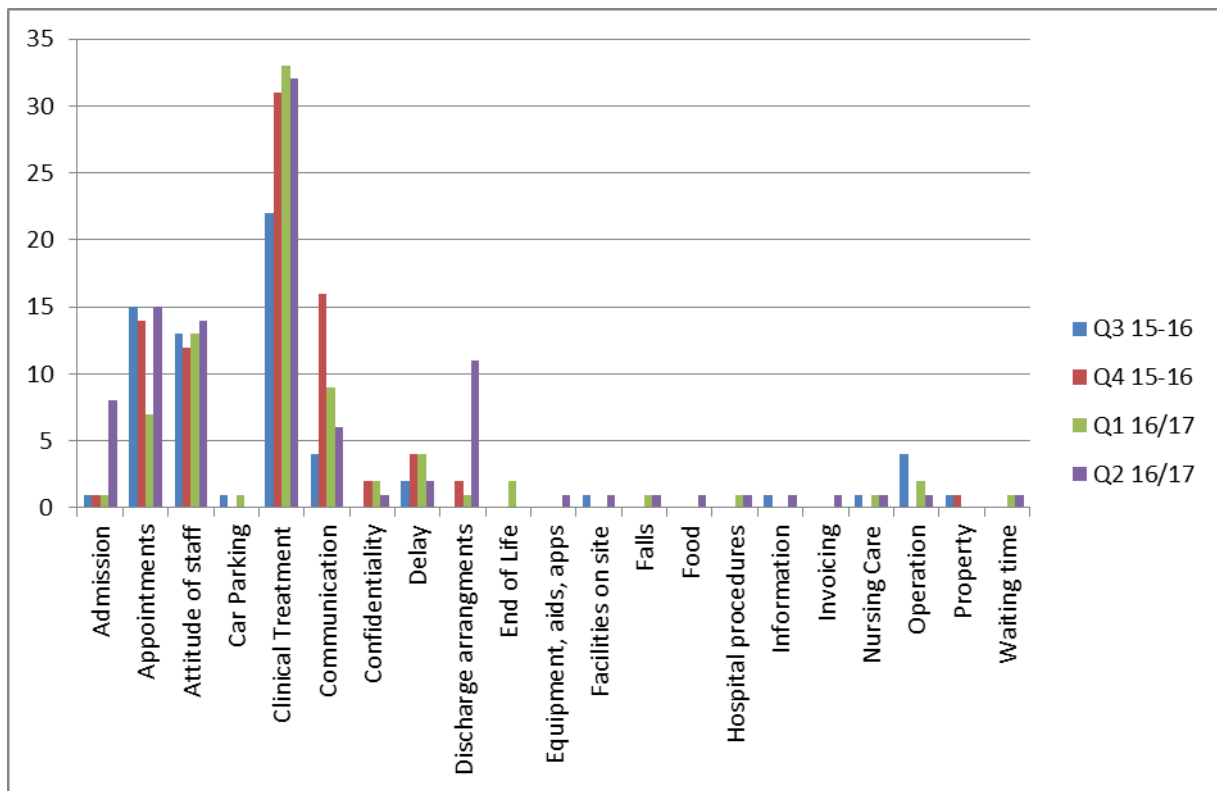
The following graph shows the trend in complaints received by quarter. There has been an increase in complaints in Q2 compared to any other quarter reported. The specialty areas with the most complaints are Orthopaedics (16), Adult Medicine (9), Plastic Surgery (7) and the Emergency Department (7) with 15 related to clinical treatment.



### COMPLAINTS BY SUBJECT

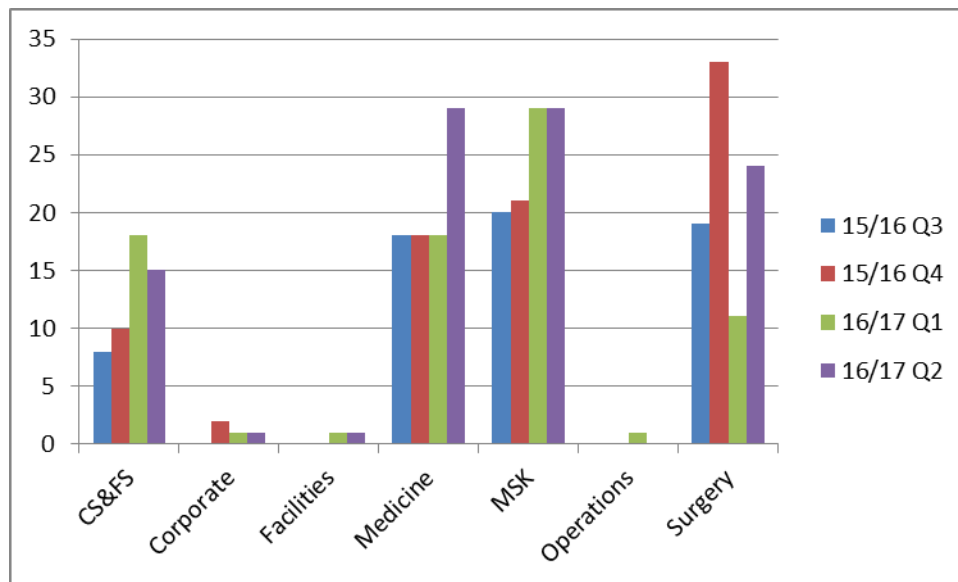
The following graph shows the trend in complaints by subject over the last four quarters. Complaints about Appointments (15) has increased from Q1 (7) by 8, the sub-themes are 6 appointment delays, 4 appointment procedures, 3 cancelled appointments and 1 each for consultant unavailable and delay in receiving treatment.

Admission (8) has increased from Q1 (1) by 7. The sub-themes are 3 admission delayed, 3 unsatisfactory arrangements and 2 admission cancelled/postponed.



### COMPLAINTS BY DIRECTORATE

The following graph shows the number of complaints by directorate over the last four quarters with Surgery seeing an increase of 13 from 11 in Q1 to 24 in Q2. The two main areas of increase were appointments (from 2 in Q1 to 8 in Q2) and admission (from 0 in Q1 to 3 in Q2) across 7 different areas. Medicine had an increase of 11 from 18 in Q1 to 29 in Q2 with 10 for discharge in Q2 compared to none in Q1.



### CLINICAL SUPPORT AND FAMILY SERVICES

	Quarter 2 2015-16	Quarter 1 2016-17	Quarter 2 2016-17
<b>Complaints</b>	5	18	15
<b>Concerns</b>	13	26	18
<b>Compliments</b>	104	100	145
<b>Re-opened complaints</b>	3	0	2
<b>% complaints responded to within 25 working days</b>	60%	50%	66%

- Complaints have decreased by 3 in this quarter compared to quarter 1, but the number has increased by 10 compared with the same quarter in 2015-16. There has been an increase with the following: unsatisfactory treatment which was also the main theme in quarter 2 last year, although the themes were in different departments; and attitude of nursing staff.
- 2 complaints were re-opened in this quarter.
- Total activity within the directorate was 10096 and of this number 0.14% raised a complaint.
- No meetings took place this quarter.
- There has been a decrease in the number of concerns raised in comparison to quarter 1.
- The number of compliments received this quarter has increased.
- Maternity Services offer face-to-face meetings with complainants in an attempt to seek a satisfactory resolution to the concerns raised. When required, feedback is offered to the staff members cited in the complaint, in order to facilitate personal and professional reflection. When dealing with complaints in the rest of the directorate, the investigating manager would normally call and speak to the complainant to introduce themselves and explain the process. Meetings are not routinely offered unless it is deemed appropriate.

### Themes and actions

Department/Ward	Topic	Actions
Maternity Department	Attitude of midwifery staff - 4 in total	<p>Maternity Services have analysed the complaints and concerns for Q2. There were four complaints and 1 concern. Only 1 complaint did not feature staff attitude. Out of the 4 complaints, 2 (50%) involved agency and Locum midwifery and medical staff. The Head of Service is notified of any concern regarding medical agency/ locum staff in order for these issues to be addressed.</p> <p>All Maternity staff, agency or otherwise, are asked for their response and show insight into the issues raised. If there are two complaints involving agency staff, the Nursing Bank is notified that we will not be requiring their services.</p> <p>A 'Whose Shoes' training bid has been submitted. With the proposed additional funding, themes from complaints will be depicted in short movie clips. These will be used as a learning tool and will be shared with the maternity staff. It is hoped that this will provoke discussion, reflective learning and encourage staff to see scenarios/episodes of care, from the mother's perspective.</p> <p>Opportunity for coaching is available to staff members who do not demonstrate insight.</p> <p>The agency staff who have been cited in two complaints have not been rebooked.</p>
Endoscopy Unit	Unsatisfactory treatment	<p>All complaints and incidents discussed at clinical governance meetings.</p> <p>Staff named in complaints are involved in the investigation and advised of negative actions.</p> <p>Team reminded of available senior cover and use of Phlebotomy Services to support difficult cannulation.</p> <p>The recommendations from the recent</p>

		<p>Endoscopy staff survey are:</p> <ul style="list-style-type: none"> <li>• The management team will discuss where they can further improve the questionnaire completion rate.</li> <li>• Endoscopy team to continue auditing start times and to set Key Performance Indicators to improve Endoscopy start times.</li> <li>• The business continuity plan to maintain Endoscopy service provision when in escalation is now in place. The Endoscopy team are all aware of this plan and by following this plan, it should make Endoscopy more effective when it is open for escalation. The staff survey will be carried out in one years' time in October 2017.</li> </ul>
--	--	---

### Compliments

In total 145 compliments have been received across the directorate with the breakdown as: Postnatal = 50, NICU = 26, Sarum = 22, Bowel Screening = 18, Endoscopy = 10, Labour ward = 9, Maternity Admin = 3, Speech and Language therapy = 2 and 1 each for Antenatal, Sexual Health, Obstetrics, Gynaecology and Radiology.

### MEDICINE DIRECTORATE

	Quarter 2 2015-16	Quarter 1 2016-17	Quarter 2 2016-17
<b>Complaints</b>	22	18	29
<b>Concerns</b>	32	27	27
<b>Compliments</b>	139	153	160
<b>Re-opened complaints</b>	1	1	2
<b>% complaints responded to within 25 working days</b>	73%	50%	65%

- The number of complaints has increased by 11 from quarter 1 and 7 compared with quarter 2 2015-16. This may be reflective of the activity and pressures the hospital has experienced over the past few months.
- Complaints have increased across most wards and there has also been an increase in the number of complaints that have named specific staff.
- The Directorate continues to try and resolve concerns/complaints at the earliest time when they are identified. This includes providing the opportunity to meet with complainants and discuss their concerns. When the directorate receives a complaint/concern they consider the best and most effective way of resolving the issue, which may include an immediate telephone call or arranging a meeting with appropriate staff.
- Emergency Department complaints increased to 7 compared to 3 in quarter 1. These were mainly related to missed injuries or misdiagnosis.
- 2 complaints were re-opened in this quarter. One complainant was not happy with the response letter and the other wanted further information.
- Total activity within the Directorate was 15,969 and of this number 0.1% raised a complaint.
- One meeting was held this quarter.
- The number of concerns was the same as Q1 with Redlynch Ward and Gastroenterology receiving 5 each. The main theme from Gastroenterology was the delay and cancellation of appointments and for Redlynch it was the perceived attitude of nursing staff.
- The number of compliments received this quarter has increased slightly since the last quarter.
- Some delays in responding to complaints was due to:
  - Delays in obtaining statements mainly from medical staff (annual/sick leave);
  - Delays in arranging local resolution meetings;
  - Complaint being investigated as a serious incident which can take longer.

## Themes and actions

Department/Ward	Topic	Actions
Emergency Department	Early Discharge	All patients who have attended overnight and are seen by a junior doctor have their notes reviewed by a consultant the following morning. All X-rays are reviewed by a Consultant within 24-28 hours that have a clinical concern. All junior doctors have an assigned clinical mentor to feedback to them in their practice, allowing for learning. The ENP team have regular teaching sessions. The ED have a senior team meeting on a weekly basis (clinical demand dictating) and discuss complaints/concerns that have arisen, and the action required/ learning to be had.
Across 5 different wards/depts	Attitude of staff (12)	Ward sisters addressing this through meetings with individual staff, reflection and ward meetings.
Across all medical wards	Discharge procedures	Ward sisters reviewing the issues causing concern on discharge and planning how these can be avoided in the future. Safer Care Bundle will promote a more forward planned approach to discharge planning
Across all medical wards	Falls resulting in injury	These are subject to SII and we will be identifying possible common themes and actions required that relate to the future prevention of falls.

## Compliments

In total 160 compliments have been received across the Directorate with the breakdown as: Hospice = 34, Emergency Department = 31, Pembroke Suite = 18, Farley ward = 17, Pembroke Ward = 16, Durrington Ward = 15, 9 each for Whiteparish Ward and Pitton Ward, Redlynch Ward = 6, Winterslow Ward = 2 and 1 each for Tisbury Ward, Respiratory and Cardiology.

## MUSCULO-SKELETAL DIRECTORATE

	Quarter 2 2015-16	Quarter 1 2016-2017	Quarter 2 2016-17
<b>Complaints</b>	18	29	29
<b>Concerns</b>	35	25	36
<b>Compliments</b>	171	107	89
<b>Re-opened complaints</b>	3	1	5
<b>% Complaints responded to within 25 working days</b>	44%	21%	31%

- Complaints have increased this quarter by 11 from Q2 2015-16 but are consistent with complaints received in quarter 1 2016-17.
- There has been a decrease in compliments this quarter compared to Q1.
- Total activity within the directorate was 17,361 and of this number 0.16% raised a complaint.
- The most common theme for complaints has been clinical treatment for Orthopaedics and Plastics.
- The departments with the greatest number of complaints was Orthopaedics (10), Plastic surgery (5), Amesbury Suite (4) with 2 relating to care on the ward, 1 discharge package not in place and 1 lack of communication. The Director of Nursing instigated intensive support on Amesbury Ward.

- There have been 5 re-opened complaints, 3 of which have since been closed. 2 cases are still being investigated. The reasons for re-opening these complaints included issues not fully responded to, content incorrect, and missed the substance of the complaint.
- There has been two complaint meetings held with one of the complaints being investigated as a serious incident investigation.

### General actions

- Improved communication with the Customer Care Department to improve understanding and explanation of daily issues to help inform patients and improve response times and resolution
- Face-to-face meetings with patients who have been cancelled on the day and offered the direct contact information of the Directorate Manager.

### Themes and actions

Department/Ward	Topic	Actions
Trauma & Orthopaedics	Delays and long wait for surgery	Outsourcing to Newhall Theatres PMB action plan to improve efficiencies Orthopaedic Expansion project implementation plan ERP and # ankle/wrist pathway pilot 23 hour ward in Q4
Plastic Surgery	Delay and long waits for surgery	Theatres PMB action plan to improve efficiencies 23 hour ward in Q4 Increased consultant support Theatre 9 project

### Compliments

In total 89 compliments have been received across the Directorate with the breakdown as: Amesbury Suite = 54, Chilmark Suite = 12, Orthopaedics = 11, Burns Unit = 5, Plastics Department = 3 Laverstock Ward = 2, and 1 each for the Cleft Lip and Palate Service and Spinal Unit – non ward area

### Feedback

Following an on the day cancellation of an orthopaedic operation, a new date was scheduled but the patient was then admitted through the Emergency Department. The patient was operated on the new date and the following feedback was received from the patient's daughter, "Thank you so much we are all so glad we can now move forwards. Thank you for all you've obviously done in the background".

## SURGICAL DIRECTORATE

	Quarter 2 2015-16	Quarter 1 2016- 2017	Quarter 2 2016-17
<b>Complaints</b>	14	11	24
<b>Concerns</b>	24	32	18
<b>Compliments</b>	72	76	100
<b>Re-opened complaints</b>	1	3	0
<b>% complaints responded to within 25 working days</b>	64%	54.5%	87.5%

- A significant increase in complaints received this quarter for the directorate. The most common theme throughout the directorate was with the appointments system, appointment cancellations and delays in receiving appointments being the most common. There has also been a significant reduction in concerns. When combining complaints and concerns together there has been no significant increase over the last three quarters (Q2 15/16 – 38, Q1 16/17 – 43, Q2 16/17 – 44).
- The response rate has improved with three complaints taking +25 working days for the response.
- Total inpatient and outpatient activity within the directorate was 17,302 and of this number 0.13 % raised a complaint.
- There were no complaints re-opened in this quarter.
- The highest number of complaints was received for the Central Booking Department and Ophthalmology who both received five.

- The highest number of concerns was received for Downton Ward, Ophthalmology and General Surgery, all with three each.

## Themes and actions

Department/Ward	Topic	Actions
Central booking	Appointment cancellations	Admissions lists are now reviewed the day before to try and reduce the risk of on the day cancellations. All cancellations of clinics or theatre lists with less than 6 weeks notice require DMT approval.
	Delays in receiving appointments	Review of processes for the admin teams when booking appointments with short notice and the parameters for phoning the patient rather than relying on a letter.

## Compliments

In total 100 compliments have been received across the Directorate with the breakdown as: Radnor Ward = 22, Britford Ward = 20, Urology = 19, Downton Ward = 13, DSU = 8, Ophthalmology = 7, Audiology = 3, Clarendon Suite = 2 and 1 each for Anaesthetics, Medical/Surgical OP, Stoma, Surgical Admission Lounge, Theatres and Vascular OP.

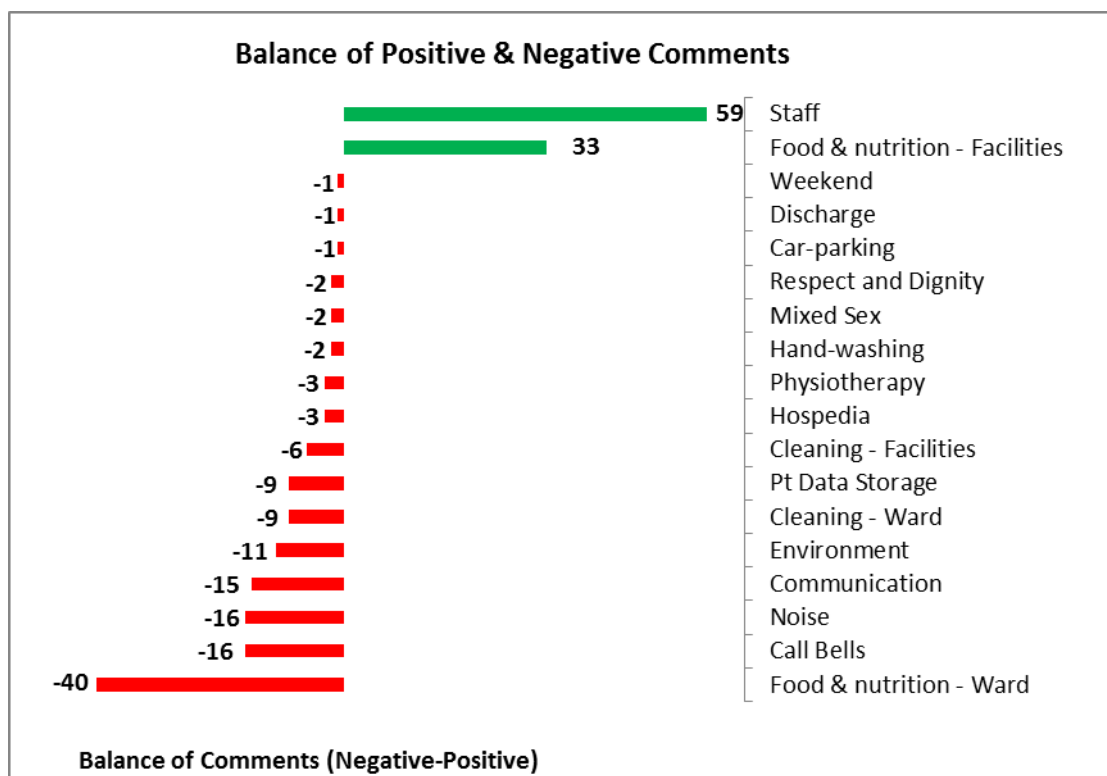
## 2. TRUSTWIDE FEEDBACK – INCLUDING REAL TIME FEEDBACK AND THE FRIENDS AND FAMILY TEST

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

Feedback area	Theme	Actions
<b>Complaints</b>	Clinical Treatment Appointments	<ul style="list-style-type: none"> <li>• Discussed at Clinical Governance meetings.</li> <li>• Review of appointment booking processes and late notice cancellations.</li> </ul>
	Staff Attitude	<ul style="list-style-type: none"> <li>• Ward sisters addressing this through meetings with individual staff, reflection and ward meetings. Discussed at Maternity Risk and Clinical Governance meetings.</li> </ul>
	Discharge	<ul style="list-style-type: none"> <li>• Ward sisters reviewing the causes for concern and planning how these can be avoided in the future.</li> </ul>
<b>Inpatient RTF</b>	Food and nutrition on the ward Communication	<ul style="list-style-type: none"> <li>• Wards are continuing to work on ways to keep food at the right temperature until it reaches the patient.</li> <li>• A nurse is present on the doctor's ward round on some wards to aid communication.</li> </ul>
	Call bells	<ul style="list-style-type: none"> <li>• Discussed at safety briefings and response times are audited.</li> </ul>
	Noise	<ul style="list-style-type: none"> <li>• Noisy doors have been rectified and quieter options for bins and apron dispensers are being looked into.</li> </ul>
<b>FFT</b> Emergency Department and Outpatients	Waiting Times	<ul style="list-style-type: none"> <li>• The numbers are small compared to the number of patients seen and waiting times continue to be displayed on screens and staff always address enquiries regarding delays.</li> </ul>

## 3. INPATIENT REAL TIME FEEDBACK

A total of 273 inpatients were surveyed in the quarter. They made 173 positive and 218 negative comments. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The main areas of concern were food and nutrition on the ward, communication, call bells and noise.

### Food and nutrition on the ward

A total of 42 negative and 2 positive comments were received regarding food and nutrition on the ward. The negative comments have been categorised in the table below.

REASON	WARD
Temperature (26)	Burns (5)
	Chilmark (5)
	Downton (5)
	Amesbury (3)
	Pitton (2)
	Redlynch (2)
	Avon (1)
	Laverstock (1)
	Pembroke (1)
	Tamar (1)
Portion size (6)	Winterslow (2)
	Farley (1)
	Pitton (1)
	Redlynch (1)
	Tisbury (1)

REASON	WARD
Help with food (4)	Laverstock (2)
	Pembroke (1)
	Redlynch (1)
Lack of beverages (2)	Whiteparish (1)
	Winterslow (1)
Wait for meals (2)	Pembroke (2)
Lack of Crockery (1)	Pitton (1)
Appearance (1)	Pitton (1)

### Call bells

A total of 17 negative and 1 positive comments were received regarding call bells. The negative comments are categorised as follows:

REASON	WARD
Response times (16)	Burns (3)
	Amesbury (2)
	Chilmark (2)
	Pitton (2)
	Winterslow (2)
	Britford (1)
	Durrington (1)
	Farley (1)
	Pembroke (1)
	Tisbury (1)

REASON	WARD
Call bell not available (1)	Downton (1)

### Noise



A total of 18 negative and 2 positive comments were received regarding noise. The areas of negative comments are as follows:

REASON	WARD
Equipment (6)	Avon (2)
	Amesbury (1)
	Burns (1)
	Downton (1)
	Pitton (1)
	Avon (1)
Staff (4)	Downton (1)
	Farley (1)
	Tisbury (1)

REASON	WARD
Other patients (3)	Redlynch (2)
	Tamar (1)
Doors (2)	Breamore (1)
	Chilmark (1)
Laundry (1)	Redlynch (1)
Vehicles outside (1)	Redlynch (1)
Unspecified at night (1)	Avon (1)

### Communication

A total of 31 negative and 16 positive comments were received regarding communication. The areas of negative comments are as follows:

REASON	WARD	
Involvement in care (17)	Amesbury (3)	
	Avon (3)	
	Laverstock (3)	
	Britford (2)	
	Burns (2)	
	Pembroke (2)	
	Redlynch (1)	
	Winterslow (1)	
	Medication (5)	Burns (1)
		Chilmark (1)
Farley (1)		
Laverstock (1)		
Pembroke (1)		

REASON	WARD
Staff attitude (3)	Whiteparish (2)
	Winterslow (1)
Conflicting advice (2)	Downton (1)
	Tamar (1)
Access to services (2)	Britford (1)
	Durrington (1)
Inter-department (1)	Redlynch (1)
Lack of privacy (1)	Redlynch (1)

### Action taken on areas of concern

#### Food temperature

Wards are continuing to work on ways to keep food at the right temperature until it reaches the patient.

#### Call bells

Response times on Amesbury Suite are discussed at the daily briefing meeting and audits have been arranged to monitor improvements.

Chilmark Suite has reminded staff of acceptable call bell standards, including response times, patients' access to call bells, and explanation of how it works when admitted to the ward.

Winterslow Ward has carried out audits which have shown improvements but further work is still required.

#### Noise

The Spinal Unit has been looking to different apron roll dispensers and bins that close quietly.

Staff on the Burns Unit discussed with Estates Technical Services ways of rectifying noisy doors in the sluice, changing room and front door. These have now all been rectified.

The senior sister on Downton Ward and the directorate senior nurse have been undertaking monthly ward rounds specifically asking about noise at night. Spot checks have also been completed and no action was required. There is ongoing communication with staff via the safety briefing and 'Downton News'.

A Trust-wide leaflet is in production advising patients on how to sleep well in hospital.

### Communication

The nurse-in-charge on the Spinal Unit meets with the senior house officer (SHO) at the beginning of each shift to update on any new concerns. Wherever possible, the nurse-in-charge also accompanies the SHO when seeing the patients.

Laverstock Ward has implemented a 'walk around' three times per week.

Britford ward has implemented monthly ward rounds which are undertaken by the ward lead and DSN to speak to patients and alleviate any issues at an early stage.

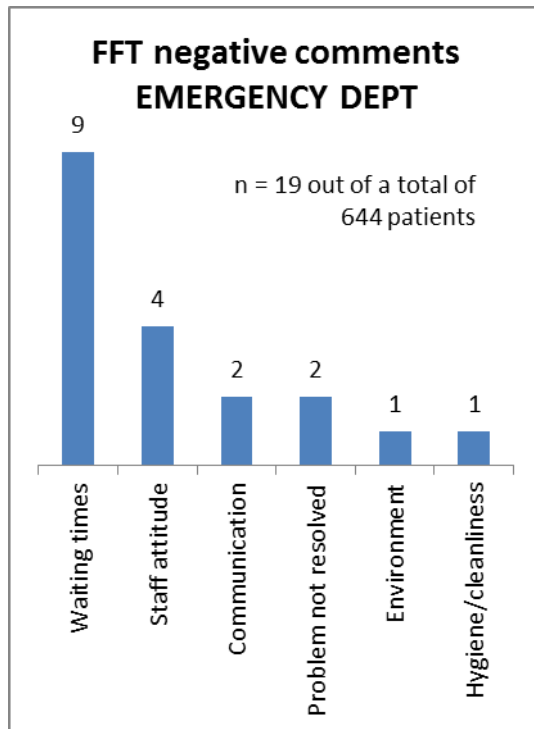
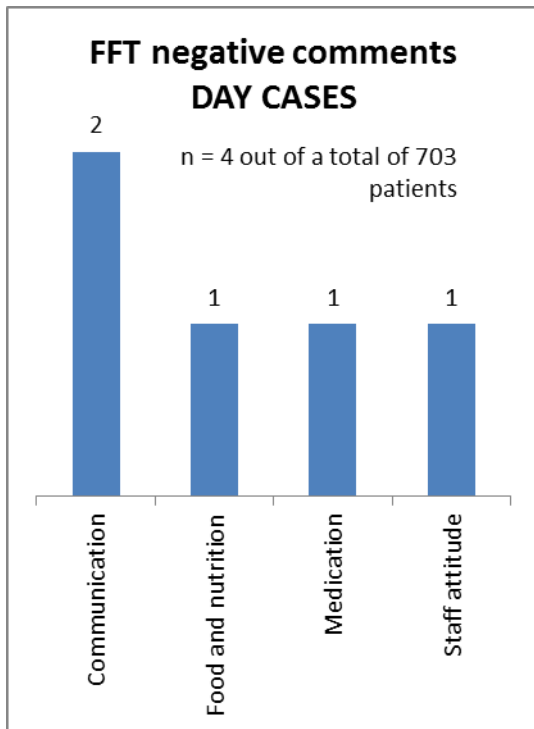
On the Burns Unit a nurse escorts the doctors when reviewing patients to ensure patients understand their treatment plans.

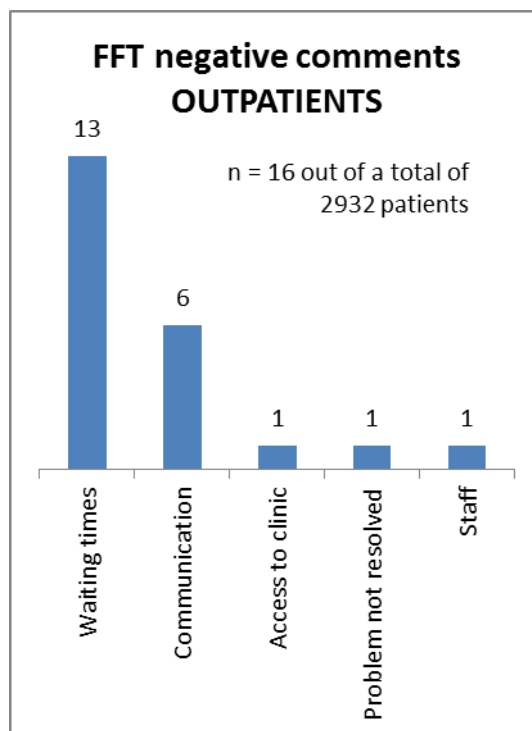
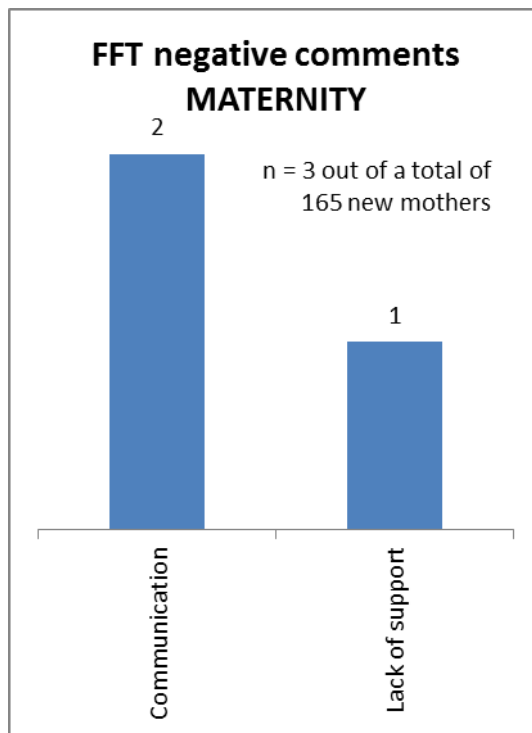
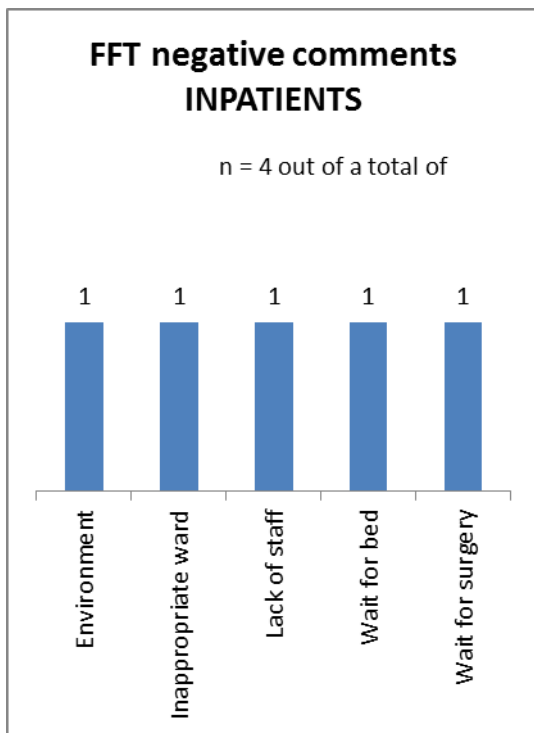
#### 4. FRIENDS AND FAMILY TEST

Responses for the period were as follows:

	Total Responses Received	Rating		
		Extremely Likely	Unlikely	Extremely Unlikely
Day Case	703	630	1	3
Emergency Department	644	445	11	11
Inpatients	1012	816	2	4
Maternity	165	141	3	0
Outpatients	2932	2473	2	13

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.





The main area of concern continues to be waiting times (9 in the Emergency Department; 4 in the Eye Clinic; 3 in Orthopaedics; 3 in Medical/Surgical outpatients; 1 in the Fracture clinic; 1 in Obstetrics and Gynaecology and 1 in Plastic Surgery). However, the numbers are small when compared to the total number of patients responding to FFT in these areas.

## 5. PATIENT AND PUBLIC INVOLVEMENT (PPI)

There have been 7 new project requests in Q2, 1 National Patient Survey and 1 project was completed.

### Clinical Support and Family Services

There were three projects for CSFS with one for the Radiology Department. The day walk-in service for patients referred from their GP for x-ray has proved to be very popular and at times the department is overwhelmed and patients can wait more than an hour to be seen. The project aims to understand what times patients would prefer the service to be open and how long they consider reasonable to wait. This

project is still awaiting approval from the PPI group as there were some suggested changes to the proposed questionnaire.

The second project is being undertaken by the Anti-Coagulation Team who are undertaking a survey of both staff and patients to potentially improve the service.

The third is Retinal Screening who are undertaking a questionnaire and foresee that the information gained may help to improve the service uptake and give feedback on both staff and the service. There is also a requirement to ask the questions selected following their IQA standards.

### **Education**

The Dementia Lead is working with the University of Leeds to look at the dementia education delivered throughout the organisation and areas of good practice in caring for people with dementia. This project will consist of a focus group of staff who have attended the Dementia Study Day.

### **Facilities Directorate**

The Facilities Directorate undertook a snap shot study to understand the patient experience around the Portering Service. The feedback was incorporated within the real time feedback that volunteers and governors gather. The results were all favourable and following on from this study the Porters are now wearing 'My name is.....' Badges. Some comments received were:

"He was a brilliant driver!"

"I felt uncomfortable but safe"

"He was a really good Porter really nice to talk to."

### **Medicine**

One project was approved which aims to determine whether an alternative method of deep vein thrombosis (DVT) prevention - electrical stimulation (ES), would be acceptable to patients. Patient involvement could contribute towards a new more practical, safe and cost effective method for the prevention of life threatening venous thrombosis in acute stroke patients.

### **Musculo-Skeletal**

There was one project approved in Q2 which is an audit of donor site morbidity from rib cartilage grafts in cleft patients for septorhinoplasties. They want to look at the patient's perception of their scar and evaluation of their pain immediately post operative and now.

In August 2016 a focus group of 12 patients who had had a primary total knee replacement (TKR) in 2014/15 was held and facilitated by Healthwatch, Wiltshire and Salisbury's Customer Care Advisor for PPI. The facilitators heard many positive comments about care and treatment. The main area for improvement is patient expectation about the need for physiotherapy following discharge. Actions agreed to improve the Patient Reported Outcome Measures for TKR:

- Raise further awareness and encourage self-directed exercises post-operatively which have been previously taught at the pre-operative joint school or as an inpatient.
- Review and explore the use of media such as video or web page of the consent procedure and knee exercises including the use of an App for the patient to record their exercises.
- Liaise with Outpatient Physiotherapy Team about direct referral into their knee class.

The Customer Care Advisor for PPI has completed the data collection for improving the experience of Plastic Surgery Trauma Patients and the Project Lead will collate the report.

### **Surgery Directorate**

No projects commenced for Surgery.

### **National Patient Surveys**

The National Inpatient Survey 2016 commenced.

PPI Projects are shared on the following web page on the Intranet:

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

## **5. PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)**

In Q2 there was one new request for independent review from the PHSO for a Urology complaint.

The PHSO publishes complaints data on a quarterly basis that includes numerical information on the complaints received, assessed, and investigated and is available at:

<http://www.ombudsman.org.uk/reports-and-consultations/reports/health/quarterly-reports-on-complaints-about-acute-trusts>

## **6. NHS CHOICES WEBSITE**

In Q2 there were 12 comments posted on the NHS Choices website relating to 9 different areas. Of the 8 positive comments, one person said of Maternity "I had my two other young children with me as I had no childcare and it was arranged that one of the midwives would look after them for me so that my husband wouldn't miss the birth - I can't thank them enough. Once in theatre, I was quickly put at ease, all the midwives offering support, the consultants, surgeon and anaesthetist who were very professional and friendly and put my mind at rest, my baby was delivered safely and quickly and the after care was fantastic. All the staff are amazing and they do a fantastic job. Thank you very much". Of the 2 negative comments, one person said "I attended the Eye Clinic with my wife recently and again we (and a number of others) were subjected to over an hour's wait to be seen by a doctor". There were 2 mixed comments where both said the staff were excellent, one commented on the long waiting times and the other commented on the difficulty locating the department from the car park and the distance. All the feedback was shared with the departments.

**AUTHOR:** Hazel Hardyman  
**TITLE:** Head of Customer Care  
**DATE:** December 2016



**SALISBURY NHS FOUNDATION TRUST**

**Minutes of the Finance & Performance Committee  
Held on 28 November 2016**

<b>Present:</b>	Dr N Marsden	Chairman
	Ms T Baker	Non-Executive Director
	Mr P Kemp	Non-Executive Director
	Mrs K Matthews	Non-Executive Director
	Prof J Reid	Non-Executive Director
	Mr P Hill	Chief Executive
	Mr A Hyett	Chief Operating Officer
	Mr M Cassells	Director of Finance and Procurement

<b>In Attendance:</b>	Mr I Downie	Associate Non-Executive Director
	Mr D Seabrooke	Head of Corporate Governance
	Mr P Casson	Odstock Medical Limited (for item 7)
	Ms L Wilkinson	Director of Nursing (For item 2)

**1. FINANCE AND PERFORMANCE COMMITTEE MINUTES – 24 OCTOBER 2016**

The minutes of the meeting of the Committee held on 24 October 2016 were agreed as a correct record.

**2. MATTERS ARISING**

QCUIN

The Committee received the monthly CQUIN report covering month 7 and received an update on the quarter 2 position from Lorna Wilkinson. Quarter 2 CQUINs for Wiltshire, Dorset and associated West Hampshire CCG had been achieved in full and it was understood that for specialised commissioning this had also been achieved in full. The Trust continued to progress towards the target for flu vaccination for front line staff. The target was 75% of staff to have been offered the flu vaccination by 31 December 2016. It was believed that the opt-out provision would not count in future CQUIN targets. Negotiations were underway for 2016/18 CQUIN targets.

Critical care transfers out within 24 hours continued to be a year-end risk under specialised commissioning.

Control Total 2017/18 and 2018/19

It was noted that following the special Part II Board meeting on 21 November that the Trust had signalled its rejection of the control total proposed for the next two years and a response was now awaited.

### 3. FINANCE REPORT TO 31 OCTOBER

The Committee received the Finance Report for month 7. It was noted that there was a year to date surplus of £40,000 which was ahead of plan and enabled the Trust to access Sustainability and Transformation Funding.

Non-elective inpatient activity remained high and there was a year on year variance, downward in the number of outpatient follow up attendances. New out-patient attendances were down on 2015/16 but were running somewhat ahead of plan.

The Committee was reminded that the information presented was the final month of operation of the old patient administration system - the report for November would be the first that would be reliant on the Lorenzo system and Data Warehouse.

It was noted that due to the weak pound the Trust may see in 2017 increased drug costs.

A reasonable settlement for the year end had been reached with Wiltshire CCG and invoices for overperformance against plan were being paid.

The Nursing and Midwifery Group were discussing the factors behind nursing overspend arising from the use of nurse specials. Lorna Wilkinson informed the Committee that registered mental nurse specials were a significant driver for this especially in the Burns and Plastics areas. The Trust had a formula approach to assessing the need for a special, in-conjunction with professional judgement.

In relation to the proposed investment in Sterile Services the Trust was receiving assurances from the joint venture company that this sum would not be used without unanimous agreement by the Joint Venture Board.

It was noted that the Trust had lodged an appeal to NHS Improvement in relation to potentially withheld payments under the Sustainability and Transformation Fund. This had been supported, as was required, by the CCG.

In terms of year-end scenarios, the upside scenario was for a surplus of £1.8m in accordance with plan and the achievement of savings totalling £9.5m. The most likely position was considered to be a break even position assuming them receipt of Sustainability and Transformation funding. Any reduction in the STF would make the position worse.

The report described plans for national distribution of the My Trusty product line in 2017 by two major supermarkets with two other retail chains expressing considerable interest at this stage. At present the My Trusty initiative was administered through the Trust, although a dormant 'shell' company had been formed and it may be time to move the initiative into the company. It was considered that the Trust's range of commercial holdings should be reviewed in 2017, drawing on a mixture of accountancy and legal advice.

It was noted that the Trust was progressing further in providing payroll services to other neighbouring trusts.



#### **4. TRANSFORMATION AND COST IMPROVEMENT**

The Committee received the month 6 report following the consideration by the Programme Steering Group. It was noted that of the £9.5m wider savings target the Trust had identified 73%. The Patient Flow Programme was changing to align to the objectives of the Emergency Department Delivery Group.

For 2017/18 there were savings proposals for 75% of the planned £6.5m requirement but many of these were 'red' and required further work.

#### **5. OPERATIONAL PERFORMANCE - MONTH 7**

The Committee received the month 7 report.

Andy Hyett informed the committee that the diagnostics standard had been delivered which supported the Trust in relation to its Cancer and 18 Weeks targets. Challenges for Endoscopy were evident in November. The Trust continued to meet the Cancer Targets on a quarterly basis. However for the purposes of the Sustainability and Transformation Fund achievement was monitored on a monthly basis. The achievement for A&E was 92.5%.

The report contained 18 Weeks information for September due to increased validation activity. The ED achievement continued to be affected by issues of flow outside of the hospital as well as the processing of patients within A&E. Attendances continued to be higher. About 900 bed days per month were currently lost due to delayed Transfers of Care.

It was requested that the Trust Board receive an update on progress with the data Warehouse running in conjunction with the Lorenzo system.

#### **6. SALISBURY TRADING LIMITED**

Further to a brief reference in the month 7 Finance Report MC circulated details of commercial and confidential proposals for the takeover of another hospital laundry. The proposal came from the board of Salisbury Trading Limited and it was consulting the Trust as its owner through the Finance and Performance Committee.

MC highlighted the strong performance of the Salisbury Laundry in helping its customers improve quality and reduce volumes and save money. However the Salisbury Laundry was now reaching its maximum capacity.

The laundry operation being discussed had available capacity and it was believed could raise productivity using its existing infrastructure. The initiative would require a cash investment which could be met from Salisbury Trading Limited's cash reserves.

The Committee supported the proposals set out in report subject of satisfactory contract negotiations including financial assumptions set out in the report being verified and there being no material change in current or projected circumstances.

## **7. ODSTOCK MEDICAL REVIEW**

The Chairman welcomed Phil Casson and the Committee received the half yearly update on Odstock Medical. The report set out the company's turnover of £2m and its profit of just over £30,000. At this stage in the year the company was on budget.

PC highlighted the results of the feedback survey showing positive results for all areas except for car parking. The company continued to make changes in its accommodation to address growth pressures. Referral rates were steady and the clinical resources available to the company were stretched. Issues with the wireless insole had arisen and been resolved. There were product development initiatives through gaming and virtual reality underway for the benefit of patients. He reminded the Committee that the company paid the Trust royalties for product sales and leased part of its site as well as making charitable donations to the Trust.

## **8. DATE OF NEXT MEETING**

Monday 19 December at 9.30 am.

## SALISBURY NHS FOUNDATION TRUST

### Minutes of the Finance & Performance Committee Held on 19 December 2016

<b>Present:</b>	Dr N Marsden	Chairman
	Ms T Baker	Non-Executive Director
	Mr M Cassells	Director of Finance and Procurement
	Mr P Hill	Chief Executive
	Mr A Hyett	Chief Operating Officer
	Mr P Kemp	Non-Executive Director
	Mrs K Matthews	Non-Executive Director
	Prof J Reid	Non-Executive Director
<b>In Attendance:</b>	Mr I Downie	Associate Non-Executive Director
	Mr D Seabrooke	Head of Corporate Governance

#### 1. FINANCE AND PERFORMANCE COMMITTEE MINUTES – 28 NOVEMBER 2016

The minutes of the meeting of the Committee held on 28 November 2016 were agreed as a correct record.

#### 2. MATTERS ARISING

##### Data Warehouse

An update was given on progress with the production of information following the migration to Lorenzo and implementation of a new data warehouse. Work on data quality for the submission in respect of October had been undertaken and more would be required for the submission of November's information. An improved patient tracking list capability was now in place. The Trust's external auditors were aware of the implementation of Lorenzo and the challenges around data quality now arising would be discussed with them. Concerns about the level of encryption of the CACI data warehouse product were being discussed with the supplier. LA

#### 3. FINANCE AND CONTRACTING REPORT TO 30 NOVEMBER

The Committee received the Finance and Contracting Report. The income and expenditure position was a year to date surplus of £24,000 which included donated income and assumed Sustainability and Transformation Funding. This constituted a favourable variance against plan of £1,754k and in month deficit of £16,000. However this was after a significant benefit from donated income, otherwise it would have been a deficit.

The Finance Team was continuing to work closely with the informatics team to validate the month 8 activity, which appeared to have fallen significantly. In-patient activity had been high in November but there had been a planned reduction in outpatients at this point in the year in support of the Lorenzo implementation.

The Trust's cash position was satisfactory at this stage and was ahead of plan by £546,000. Expenditure included the £2m loan to Sterile Services

Limited in support of the Joint Venture. The Trust was £0.5m behind plan on capital spending.

Activity Query Notices remained in place with West Hampshire and Wiltshire CCGs. Challenges continued to be received from the Specialised Commissioner. Discussions with Dorset CCG for 2017/18 were continuing. This may delay signing contracts; however, mediation had not been triggered.

The changes to the national tariff had been reviewed and were thought to have a neutral impact on the Trust, although the data warehouse changes had prevented a proper assessment. It was noted that a substantive response from NHS Improvement had now been received in relation to the Control Totals for 2017/18 and 2018/19. This would be discussed further and a copy of the letter circulated to Committee members. The letter also contained further feedback on the draft operational plan for 2017/19.

The Committee noted the current forecast outturn for 2016/17 taking into account the effect of excess income, unmet savings requirements and reductions to the Sustainability and Transformation funds both for quarter 2 and thought likely for quarter 3.

Whilst the Committee supported the proposal to revise the 2016/17 forecast to a break-even position due to the caveats upon which the control total was accepted not having been met, it was agreed that the decision should be referred to a special meeting of the Trust Board for determination.

#### **4. TRANSFORMATION AND COST IMPROVEMENT**

The Committee received the month 7 Programme Management Office Report. It was noted that the identified position against the £9.5m target was 72%. This included 99% of savings against the £6.5m target and 14% against the £3m strategic initiatives. Savings identified were 57% recurrent at present. 83% of required savings had been identified for 2017/18 and Quality Impact Assessments were being developed. The potential for longer term savings arising from the Electronic Patient Record, Sustainability and Transformation Plan, and Wiltshire Health and Care were being explored.

#### **5. OPERATIONAL PERFORMANCE - MONTH 8**

The Committee received the October 2016 Performance Report. It was noted that for November the ED Performance was 89.46% in relation to the 4 Hour Target, and that RTT data had been resubmitted at 90.8%. Cancer Targets had been delivered.

A Winter Planning Workshop had been recently held. A number of escalation frameworks had been reviewed.

#### **6. OUTLINE CAPITAL PROGRAMME 2017/18**

The Committee received the Outline Capital Programme for 2017/18. It was noted that the Programme had been developed by the Capital Control Group with support from a number of its sub-groups and been approved by the JBD. The main source of funds was depreciation. The

principal schemes it was proposed to support included: the EPR implementation, £1.2m on medical equipment, £455k on building works and £2m on informatics.

Provision was made for the relocation of the Acute Medical Unit, given its impact on patient flow. Two schemes were included subject to external cash support: the start of the maternity development and an additional Inpatient facility. Schemes that had been considered and were not currently in the Programme were set out in the report and included: departmental refurbishment of Radiology, the resus x-ray machine, a number of IT schemes and a number of medical device requests.

It was noted that the ability to proceed will depend on discussions with NHSI regarding cash support, and will be subject to final approval by the Board.

## **7. APPROVAL OF FINAL PLANS 2017/19**

The Committee received the Draft Operational Plan 2017/19 setting out plans for activity, quality and workforce.

Arising from the NHS Improvement feedback received, there was an additional requirement to identify risks to the organisation in delivering plans to be submitted by 13 January 2017. LA

## **8. DATE OF NEXT MEETING**

The next scheduled meeting to be on 23 January 2017 at 9.30 am.



# Trust Board

## FINANCE & CONTRACTING REPORT TO 31<sup>st</sup> December 2016

### 1. Introduction

This paper outlines the Group consolidated financial position for the period ending 31<sup>st</sup> December 2016.

The Income & Expenditure (I&E) position was a Year-to-Date (YTD) surplus of £28k (including donated income & assumed sustainability & transformation funding), a favourable variance against the plan of £1,740k, an in-month surplus of £3k.

Summary of Key Financial Information	Year to Date (YTD)			
	Plan £000s	Actual £000s	Var £000s	Var %
Income	155,768	158,183	2,415	1.6%
Expenditure	151,660	153,282	-1,622	-1.1%
<b>EBITDA</b>	<b>4,108</b>	<b>4,901</b>	<b>793</b>	
Finance and Depreciation Costs	10,826	10,618	208	1.9%
<b>I+E Surplus /(Deficit) excl donated income &amp; STF</b>	<b>-6,718</b>	<b>-5,717</b>	<b>1,001</b>	
Donated Asset Income Adjustment	281	1,217	936	
Sustainability & Transformation Fund	4,725	4,528	-197	
<b>I+E Surplus (+ve) / Deficit (-ve)</b>	<b>-1,712</b>	<b>28</b>	<b>1,740</b>	
Favourable Variances are shown as +ve				

Last month we reported issues from the new data warehouse which had impacted on the calculation of income. The Finance team has been working closely with the Informatics team to validate Month 8 activity and the current information is suggesting no significant variances from the estimates we had used to report the financial position for month 8.

There continues to be issues with the data warehouse and at the time of preparing the financial report, 66% of non-elective M9 activity was un-coded, normally this would be between 20 to 25%. In addition there was 20% of outpatient attendances which had not been 'outcomed'. Due to the information issues a prudent view has been taken of the financial position and we have made adjustments to income based on the plan, the average normalised monthly rate and operational performance intelligence from service managers. The overall position has benefited by further donated income in the month of £343k otherwise the Trust in month and YTD position would have been showing a deficit.

Donated income and depreciation on donated assets do not count towards the Trust's financial control total trajectory. The Trust's control total deficit, before allowing for S&T funding, is now a deficit of £5.2m which is £0.7m above the year-end control total deficit position.

Due to the on-going issues with Lorenzo, the part monthly payment due to the supplier, CSC, has been withheld and the liability of £42k has not been included in the financial position. This month we have included a provision of £112k for agency nursing charges for outstanding invoices from Talent, the Trust's previous agency nursing supplier. These are mostly prior period charges for which no management information was made available from the company to allow us to accrue the costs in the appropriate period. The overall liability is

£220k of which £200k relate to previous financial years. There continues to be on-going validation and discussion with Talent as there has been no agreement to pay.

The Trust has received notification of a successful appeal to the quarter 2 Emergency Department (ED) 4 hour wait performance deduction from the Sustainability & Transformation (S&T) Fund but has not yet received the full payment. However, we have assumed a deduction from the S&T fund for failure to hit the ED target in quarter 3. This will of course be appealed and hopefully will be successful. All other targets have assumed to have been met.

## 2. Sales

NHS activity revenue was £134,921k (excluding sustainability & transformation funding) which was £84k above the plan. Of this sum 'excluded pass-through drugs & devices' over-performance was £888k which was matched by expenditure, and as such adds no benefit to the bottom line.

Due to the reporting issues at the time of preparing this report, NHS activity has been estimated by reviewing monthly trends and plans.

Contract Activity Performance 2016/17	Actual 2015-16	Actual 2016-17	Plan 2016-17	Year on Year Variance	Plan Variance
Elective inpatients	4,218	3,950	4,175	-268	-225
Elective PSDs/day attenders	17,227	16,185	17,187	-1,042	-1,002
Regular Day Attenders	6,290	6,788	6,292	498	496
Non Elective Inpatient	19,723	20,292	19,485	569	807
Outpatient initial attendances	50,451	49,626	49,934	-825	-308
Outpatient follow-up attendances	83,679	77,066	84,032	-6,613	-6,966
Outpatient procedures	27,609	26,136	27,625	-1,473	-1,489
A&E attendances	33,909	35,678	33,990	1,769	1,688
Favourable Variances are shown as +ve					

The hospital has again been very busy with all escalation areas in use including escalation into day surgery and endoscopy suite. An additional twenty beds were bought and a further ten hired. However there were activity reductions in day case activity, outpatient attendances, and non-tariff activities. We were made aware of heating and hot water problems which meant the day surgery unit being partially closed for 3 days. The Finance team continues to work closely with the Informatics team to support improvements to the data warehouse reporting.

Other income (excluding donations) was ahead of the YTD plan by £2,331k due partly to the reclassification of some clinical income and the insurance rebate.

## 3. Cost of Sales including indirect costs

The total YTD net expenditure for all Directorates was £131,026k, resulting in an adverse variance of £2,434k. The position is summarised below:



Directorates	In Month			Year to Date		
	Plan	Actual	Var	Plan	Actual	Var
	£000s	£000s	£000s	£000s	£000s	£000s
Medicine	3,501	3,847	-346	31,940	33,583	-1,643
Musculo Skeletal	2,412	2,371	41	22,179	21,624	555
Surgery	2,878	3,005	-127	26,748	27,739	-991
CSFS	3,426	3,538	-112	29,507	30,183	-676
Facilities	405	394	11	3,493	3,337	156
Corporate	1,385	1,416	-31	14,725	14,560	165
<b>TOTAL</b>	<b>14,007</b>	<b>14,571</b>	<b>-564</b>	<b>128,592</b>	<b>131,026</b>	<b>-2,434</b>

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.

The main drivers of the overall Directorates' adverse variance were:-

- Nursing overspends YTD of £454k due to vacancies, use of escalation areas, and the resultant premium paid to agency staff;
- In December we saw additional agency cost due to allocation of outstanding invoices which does not reflect in month spend.
- The number of Nurse 'Specials' used in the month: further work is being undertaken by the nursing teams to ensure specials are used as efficiently as possible;
- A shortfall in YTD Directorate savings of £220k;
- Total spend on doctors is £1.4m higher than at the same period in 2015-16; £780k of this is due to the medical pay settlement, incremental drift and employer's pension and NI contributions. The remainder is due to "bank" spend and business cases approved on the basis of additional activity. Medical agency and additional duty payment expenditure is less than the same period last year.

#### 4. Cost Improvement Plan

The Trust achieved year to date (YTD) savings and Income Generation schemes of £4,753k against the plan target of £4,479k, a favourable variance of £274k. The favourable variance is due to strategic savings for which the plan is not phased in until the last quarter of the financial. The CIP programme is back loaded and therefore on a straight line basis the Trust would be £2,372k (66.7%) behind where it should be. At the time of preparing this report, unidentified schemes relating to the £6.5m distributed target amount to £331k (5%). Further possible opportunities have been identified value of £313k. The Directorates are £220k behind the YTD allocated savings target however the Chief Operating Officer expects to achieve plan.

#### 5. Statement of Financial Position

Overall the working capital position (current assets less liabilities) was slightly above plan by £537k. During December a sum of £2,000k was paid, in the form of a loan, to the new SDU joint venture company. This sum is shown as a long term debtor under non-current Trade and Receivables (the Trust's plan includes the amount as a long term investment). The Trust has still to hear any news on its EPR loan application and recent discussions with the NHSI could provide no further clarity on the position.

## 6. Cash

The consolidated cash position at the end of October was behind plan by £404k. The cash position was assisted by the payment of the second instalment (£1,030k) due under the year-end settlement with Wiltshire CCG. A sum of £263k remains outstanding on the quarter 2 STF fund and although the NHSI has advised this was incorrectly retained, they have yet to advise when payment will be received by the Trust. In January the net sale proceeds from completion on Hillcote will be received, which total £911k.

The cash flow reflects the actual position for the first nine months of the year and a forecast for the remaining three months. It is based on a number of assumptions; some of the key ones are as follows:-

- NHS income is based on contract values plus a year end settlement agreement with Wiltshire CCG. The balance of the Wiltshire CCG settlement was paid in December 2016. It is assumed only contractual income will be received in the remaining three months of the year.
- It is assumed the Trust will not receive the Sustainability and Transformation Fund (STF) for quarter 4 (see section 9 below) but all SFT funding for the first 3 quarters of the year will be received.
- Although the Trust has applied to the ITFF for a £6m loan towards the EPR project, this funding has yet to be approved and no income is included for this loan. No receipts have been included either for the recent funding application submitted for the new ward proposal.
- Expenditure includes a sum of £2m for the loan to Sterile Supplies Ltd, which was transferred in December 2016.
- Expenditure is based on known figures wherever possible and best estimates if these are not available.
- Both income and expenditure include estimated adjustments in the last three months of the year, totalling £2m, to reflect anticipated cash benefits arising from the achievement of cost improvement programmes. If these programmes are not achieved the forecast year end cash position will be over stated.

The Trust will continue to monitor the cash flow position on a daily basis to highlight any potential requirements for additional funding.

## 7. Capital Expenditure

Expenditure for the first nine months of the financial year was £6,909k which was behind plan by £552k. The Trust is still waiting to hear whether either its loan application of £6m to the Independent Trust Financing Facility or the application for funding of the new ward have been successful. The capital position in the NHS is seriously bad and so the likelihood of funding is not great. However, the Trust has recently been asked by NHSE to re-submit the bid for the new ward.

## 8. NHS Commissioner Contracts

The Trust achieved the contract signature deadline of the 23<sup>rd</sup> December for all contracts greater than £5m. There are still a few outstanding issues to be finalised and varied into the contracts before the end of March. All contracts are on a full cost and volume basis with the exception of Dorset CCG with whom we have agreed some minor concessions. Wiltshire, West Hampshire and NHS England specialised services all have significant QIPP savings within their baselines. The failure to deliver QIPP schemes is completely at the risk

of the commissioners. The annual plan submitted to NHSI excludes QIPP as at the time of submission commissioners were unable to provide detailed delivery plans to support their schemes.

The Activity Query Notices (AQN) that have been issued to Wiltshire CCG and West Hampshire CCG in respect of ED activity levels remain in place. Further work is required from West Hampshire CCG around the robustness of their action plans.

The Trust has reached final year-end agreements with Wiltshire CCG and NHSE specialised services which are broadly in line with the Trust's expectations. Although challenge penalties are no longer relevant the Trust will still receive monthly challenge information that highlights activity carried out without prior approval.

## **9. Risks & Forecast Outturn**

At special Board meeting was held on 9<sup>th</sup> January to discuss the forecast outturn position and changes to the plan following the protocol for revising financial forecasts as outlined in Jim Mackey's letter dated 7<sup>th</sup> October 2016. At the meeting it was agreed to revise the plan to breakeven on the understanding that a change of plan would continue to secure the majority of the Sustainability & Transformation Fund (STF). Subsequently at the Finance Committee held on 23<sup>rd</sup> January an update was provided on the discussions with local CCGs regarding any support they may be able to give 'between years'. Also the current estimated value of 'off balance sheet' stocks was provided. This figure has just been clarified through work on the Scan4Safety project and covers items in a large number of locations. Some of this has been assumed in our plan to break even (before the STF effect), there could be £2m available. This is the last resort of any size that we have. The Finance Committee agreed the forecast control total outturn as a surplus of £1.8m which is on plan.

## **10. Conclusions**

The Group reported position for December was a YTD surplus of £28k giving a favourable variance of £1,740k against plan.

The Trust's overall risk rating score was 2 under the new single oversight framework, 1 being the highest score with maximum autonomy. A score of 2 may result in targeted support for one or more of the 5 themes but the Trust is not in breach of its licence. However, the current score is not considered a true reflection of the Trust's financial situation.

## **11. Recommendations**

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

**Mark Collis**  
**Deputy Director of Finance**  
27 January 2017

## Appendix 1 - SUMMARY STATEMENT OF COMPREHENSIVE INCOME

	In month			YTD (Cumulative)		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
<b>Operating Income</b>						
NHS Clinical Income	13,887	13,500	(387)	123,425	122,621	(804)
High cost drugs income	1,268	1,411	143	11,412	12,300	888
Other Clinical Income	706	733	27	5,610	5,772	162
Research & Development & Education	588	616	28	4,982	5,168	186
Other (Excluding Donated Asset income)	1,151	1,341	190	10,339	12,322	1,983
<b>TOTAL INCOME</b>	<b>17,600</b>	<b>17,601</b>	<b>1</b>	<b>155,768</b>	<b>158,183</b>	<b>2,415</b>
<b>Operating Expenditure</b>						
Pay - In post (includes bank & locums)	10,497	10,532	(35)	94,878	94,649	229
Pay- Agency	531	784	(253)	4,800	5,798	(998)
Drugs	1,566	1,596	(30)	14,152	14,533	(381)
Clinical Supplies & purchase of healthcare	2,241	2,226	15	19,032	19,261	(229)
Non-Clinical Supplies	530	501	29	4,868	4,838	30
Other (incl PFI unitary charge)	1,534	1,648	(114)	13,930	14,203	(273)
<b>TOTAL EXPENDITURE</b>	<b>16,899</b>	<b>17,287</b>	<b>(388)</b>	<b>151,660</b>	<b>153,282</b>	<b>(1,622)</b>
<b>EBITDA (Earnings Before Interest, Tax, Depreciation &amp; Amortisation)</b>	<b>701</b>	<b>314</b>	<b>(387)</b>	<b>4,108</b>	<b>4,901</b>	<b>793</b>
Financing Costs	1,208	1,178	30	10,826	10,618	208
<b>SURPLUS / (DEFICIT) excluding donated income &amp; STF</b>	<b>-507</b>	<b>-864</b>	<b>(357)</b>	<b>-6,718</b>	<b>-5,717</b>	<b>1,001</b>
Donated Asset Income	0	343	343	281	1,217	936
Sustainability & Transformation Fund	525	525	0	4,725	4,528	(197)
<b>SURPLUS / (DEFICIT)</b>	<b>18</b>	<b>4</b>	<b>(14)</b>	<b>-1,712</b>	<b>28</b>	<b>1,740</b>

## Appendix 2 - CAPITAL EXPENDITURE

Project Name / Category	Approved Annual Plan 16/17 £000s	Agreed Changes 2016/17 £000s	Brought Forward from 2017/18 £000s	Slippage to 2017/18 £000s	Revised Annual Plan 2016/17 £000s	YTD spend (Dec 2016) £000s	Anticipated Under/(Over) spent on Projects £000s
<b>Donated Assets</b>							
Bariatric Bed	11,140	0	0	0	11,140	0	
Breast Unit Development - Charitable Funded	0	1,014,997	0	0	1,014,997	1,014,997	
Clinical Radiology 2 x Ultrasound	17,700	0	0	0	17,700	0	
Orthodontics & Oral Surgery Cone Beam CT Scanner	110,000	0	0	0	110,000	0	
Small Donated Additions	0	202,340	0	0	202,340	202,340	
<b>Donated Assets - Totals</b>	<b>138,840</b>	<b>1,217,337</b>	<b>0</b>	<b>0</b>	<b>1,356,177</b>	<b>1,217,337</b>	<b>0</b>
<b>Phase 3 Building Schemes</b>							
Breast Unit enabling	10,194	54,911	0	0	65,105	64,130	
Car Park PV	0	0	0	0	0	165	(165)
CT Scanner Building and Enabling	9,013	0	0	0	9,013	0	9,013
Laverstock Ward (Decant Ward Project)	354,720	0	0	0	354,720	363,350	(8,630)
Modular Ward	0	0	0	0	0	5,196	(5,196)
SAU Refurb (Decant Ward Project)	88,147	4,087	0	0	92,234	75,295	
Maternity development	354,712	0	0	-294,660	60,052	60,052	
Radnor Ward Development	12,594	-12,594	0	0	0	0	
SDU Development	30,338	0	0	0	30,338	199,633	(169,295)
Springs entrance development	1,228,718	-1,228,718	0	0	0	0	
Ward changes - Dementia Patient Care	1,457	0	0	0	1,457	1,741	(284)
<b>Building Schemes - Totals</b>	<b>2,089,894</b>	<b>-1,182,314</b>	<b>0</b>	<b>-294,660</b>	<b>612,920</b>	<b>769,562</b>	<b>(174,557)</b>
<b>Building and Works</b>							
Accommodation H&S Work	40,000	0	0	-40,000	0	0	
Accommodation Boilers (Wyllye House & Victoria Drive)	80,000	0	0	-30,000	50,000	36,505	
Accommodation replacement of kitchens and bathrooms	46,850	0	0	0	46,850	30,453	
Accommodation Roof Repairs (Compton & Langley)	60,000	0	0	-60,000	0	0	
AHU replacement yr 4 (2016/17) of 7	170,596	33,700	0	0	204,296	581	
Asbestos management	17,776	0	0	-17,776	0	0	
Avon and Bourne Boiler Replacement	52,000	11,532	0	0	63,532	60,193	
Block 24 Cavity Wall Insulation	0	15,000	0	0	15,000	0	
BMS upgrade	44,023	-33,700	0	0	10,323	0	
Car park machinery replacement	10,071	37,000	0	0	47,071	27,828	
Catering Changing Area	19,000	0	0	0	19,000	0	
Catering Dishwasher	49,066	0	0	0	49,066	6,122	42,944
Catheter Suite - Rebalance of Heating System	6,048	0	0	0	6,048	0	
Central booking relocation - block 79 (Wilton ward)	101,439	0	0	0	101,439	92,570	
DSU Roof Repairs	5,822	0	0	0	5,822	0	
DSU Salto	13,668	0	0	0	13,668	13,304	363
Ductwork & Fire Damper Cleaning Whole Site	129,483	0	0	-121,919	7,564	7,564	
Electricity at Work Regulations Compliance	84,239	0	0	0	84,239	10,661	
Estates health and safety	4,725	0	0	0	4,725	1,910	
Estates - Oracle software interface	24,000	0	0	-24,000	0	0	
Fertility Centre Upgrade	15,000	0	0	0	15,000	11,406	
Fire compartmentation SDH north - remedial works	18,271	0	0	0	18,271	4,252	
Fire Door Compliance	40,000	0	0	-39,288	712	712	
Flooring Replacement	40,534	0	0	0	40,534	21,670	
General laboratory replacement autoclave and Motuary	54,075	0	0	0	54,075	47,394	
Disinfectant	36,000	0	0	-36,000	0	0	
Genetics Coolong	0	0	0	0	0	5,160	(5,160)
Genetics Modular cold room	0	0	0	0	0	15,578	2,292
Helipad Temporary Parking	0	17,870	0	0	17,870	182	(182)
Hillcote Sale Costs	0	0	0	0	0	1,556	
Hospice Fire Alarms (was Hospice and Finance)	45,295	-14,242	0	0	31,053	2,049	(2,049)
Lab Medicine Cold Room	0	0	0	0	0	0	
Level 4 Bedspace Power Sockets	41,610	0	0	-31,000	10,610	0	
Lifts overhaul - year 3 (2014/15) of 3	40,488	25,000	0	-49,930	15,558	3,392	
Main boiler burners	5,549	-5,549	0	0	0	0	
Main Entrance L3 Upgrade	5,807	0	0	0	5,807	11	
Maternity Obstetric Theatre Refurbishment	1,030	0	0	0	1,030	0	
Maternity Post Natal Upgrade	6,437	0	0	0	6,437	300	
Mattress Laundering	2,521	0	0	0	2,521	0	
Medical Gas Hoses 2nd year of 2 (2015/16)	147,000	0	0	-147,000	0	0	
MSK Notes Preparation	6,500	0	0	0	6,500	0	
Nurse Call System Upgrade - SDH North & Maternity - 2nd year of 2	123,167	0	0	-123,167	0	0	
OHSS replacement windows	5,270	0	0	0	5,270	2,055	
Old GUM Clinic Demolition	10,449	0	0	-10,449	0	0	
Pathology - air tube upgrade	4,119	0	0	0	4,119	5,554	(1,434)
Pathology - conversion of computer room to office	12,000	0	0	-12,000	0	0	
Pathology Reception	6,370	32,800	0	-6,000	33,170	14,213	
Pharmacy Cold Room	10,000	0	0	0	10,000	0	
Powered Door Curtains Level 2	30,000	-15,000	0	0	15,000	465	
Productive Operating Theatres	18,542	0	0	0	18,542	0	
Public & Staff WCs L5,L4,L3	53,357	0	0	-53,000	357	97	

Project Name / Category	Approved Annual Plan 16/17 £000s	Agreed Changes 2016/17 £000s	Brought Forward from 2017/18 £000s	Slippage to 2017/18 £000s	Revised Annual Plan 2016/17 £000s	YTD spend (Dec 2016) £000s	Anticipated Under/(Over) spent on Projects £000s
Public Spaces Fund	12,441	0	0	0	12,441	0	
Roads and paving repairs	214,259	0	0	-214,259	0	0	
Sarum Ward Playdeck	0	7,000	0	0	7,000	3,770	
SDH North Drain Survey	4,999	0	0	0	4,999	0	
Server Rooms - Air Conditioning	16,890	0	0	0	16,890	0	
Shower Cubicle Drainage Improvements	17,693	0	0	0	17,693	5,756	
Site Signage	7,517	0	0	0	7,517	1,414	
Spinal Boiler Replacement & Associated Pipework	5,983	-5,983	0	0	0	0	
Spinal treatment centre refurbishment	16,306	0	0	0	16,306	3,865	
Spinal Unit Doors and Locks	4,282	0	0	0	4,282	59	
Springs servery upgrade - floor and freezers only	75,000	0	0	-75,000	0	0	
Taps & IPS panels - sitewide	48,056	0	0	-20,000	28,056	3,314	
Water Safety	42,000	0	0	0	42,000	0	
Water tanks access - main tanks only	30,000	0	0	0	30,000	0	
<b>Building Projects/Building and Works Totals</b>	<b>2,233,620</b>	<b>105,428</b>	<b>0</b>	<b>-1,110,788</b>	<b>1,228,262</b>	<b>441,912</b>	<b>36,774</b>
<b>Information Technology</b>							
Alternative to Microsoft products - review	75,000	0	0	0	75,000	0	
Bighand	0	30,117	0	0	30,117	0	
Blades	193,000	0	0	-133,600	59,400	24,750	
Blood Tracking Phases 1 - 3	185,945	0	0	-80,000	105,945	65,387	
BMS Network Upgrade	987	0	0	0	987	1,771	(784)
Brocade Switch Replacement	5,004	0	0	0	5,004	3,527	
CALS	200,000	0	0	0	200,000	0	
Catering Cash Register Replacement	4,400	0	0	0	4,400	2,060	2,340
Citrix Support	102,276	0	0	-68,184	34,092	28,410	
Community Midwifery system trial	29,244	0	0	0	29,244	0	
Connectivity Upgrade for Warminster & Shaftesbury	19,023	0	0	0	19,023	13,538	
Data Warehouse (16/17 bid)	175,000	0	0	0	175,000	0	
EEG Neurophysiology Review Software	5,000	0	0	0	5,000	4,194	806
Electronic Letters	14,617	0	0	0	14,617	0	14,617
EPMA	405	0	0	0	405	0	405
EPR Contingency	0	-392,000	865,000	0	473,000	60,193	
EPR Lines	11,000	0	0	0	11,000	0	
EPR Network Resilience	0	125,000	0	0	125,000	24,607	
EPR Implementation Costs	-170,248	2,102,500	0	0	1,932,252	1,887,905	
EPR Hardware	-188,526	713,000	0	0	524,474	465,215	
EPR Data Warehouse	0	304,200	224,000	0	528,200	180,819	
EPR Supplier Costs	0	0	0	0	-0	0	
EPR Scanning	0	932,000	0	-892,000	40,000	0	
Genetics - software upgrade	7,836	0	0	0	7,836	0	
Genetics High Spec Analysis Equipment & Software	29,405	0	0	0	29,405	3,727	
Histopathology Hardware	10,773	0	0	-10,773	0	0	
IBD register	8,951	0	0	0	8,951	4,140	
Inhouse development team - applications, databases and Dashboards (subject to bus case)	101,465	0	0	0	101,465	79,767	
Maintenance renewal - estimate	38,034	0	0	0	38,034	0	
Mobile Computing	8,772	0	0	0	8,772	4,191	
Mortuary module	52,000	0	0	0	52,000	0	
Network Unsupportable	24,000	0	0	0	24,000	213	
Network Upgrade Consultancy	129,774	0	0	0	129,774	48,520	
Ophthalmology System	140,926	0	0	0	140,926	99,550	
Order Comms (includes System Admin Bid & Sexual Health Bid)	15,265	0	0	-15,265	0	0	
PACS	116,873	-54,000	0	-25,000	37,873	214	
PACS ED Machines	0	54,000	0	0	54,000	29,490	
Palliative Care EPR	39,437	0	0	-39,437	0	0	
PAS 2016 Replacement - Consultancy Costs	780	0	0	0	780	0	780
Patient Observations Monitoring and Decision Support/Early Warning System/POET	0	7,000	0	0	7,000	0	
Radiology - OrderComms	36,117	0	0	0	36,117	0	
Replace 6509x3 network hubs	67,479	0	0	0	67,479	31,019	
Reporting System	3,570	0	0	0	3,570	0	3,570
Results System in GP Practices 'Review' System	10,079	0	0	-10,079	-0	0	
SAN Storage	210,000	0	0	0	210,000	136,342	
SBAR Cardiology DICOM Migration	45,100	0	0	0	45,100	0	
SBAR for PAS	2,476	0	0	0	2,476	0	2,476
SBAR re NACS Update to ED Symphony	7,500	0	0	0	7,500	0	7,500
SBAR re UPS Replacement (formerly UPS Replacement - Room based for Computer Rooms)	21,150	0	0	0	21,150	0	
StarLIMS Upgrade	0	30,000	0	0	30,000	0	
Telecomms Voice Over IP - invest to save (non clinical areas - subject to a telephony strategy)	189,543	0	0	0	189,543	84,040	
Telepath enhancements	3,505	0	0	0	3,505	0	
Telepath to CSClms (Phase 3 / Year 4 of 4 2016/17)	150,000	0	0	-150,000	0	0	
TMG-UAG	15,000	0	0	0	15,000	0	

Project Name / Category	Approved Annual Plan 16/17	Agreed Changes 2016/17	Brought Forward from 2017/18	Slippage to 2017/18	Revised Annual Plan 2016/17	YTD spend (Dec 2016)	Anticipated Under/(Over) spent on Projects
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
UPS Replacement Programme	34,132	0	0	0	34,132	9,335	
Whiteboards	208,320	0	0	0	208,320	107,888	
XML for Pathology COSD Submission	11,900	0	0	0	11,900	0	
<b>Information Technology Totals</b>	<b>2,402,290</b>	<b>3,851,817</b>	<b>1,089,000</b>	<b>-1,424,338</b>	<b>5,918,769</b>	<b>3,400,811</b>	<b>31,710</b>
<b>Medical Devices</b>							
ANC Ultrasound (GROW Programme)	80,000	0	0	0	80,000	62,300	
Bariatric Bed (2016/17 bfwd)	346	-346	0	0	0	0	
Bed Buffers	0	15,000	0	0	15,000	2,144	
BED replacement programme - 4th (2016/17) yr of 4	58,996	0	29,972	0	88,968	88,968	
Cone Beam CT Scanner Enabling Works	0	43,402	0	0	43,402	2,440	
DSU Camera Stack	98,000	0	0	0	98,000	0	
DSU Ophthalmic Microscope	120,000	0	0	0	120,000	0	
General x-ray machine - Westbury - radiology	99,000	64,000	0	0	163,000	0	
Genetics Centrifuge	0	0	5,327	0	5,327	5,461	(134)
Genetics DNA Extractor	77,000	0	0	0	77,000	0	
Genetics Cytology Ozone Free Hood	0	23,500	0	0	23,500	20,939	
Grouped Items 2015/16	1	0	0	0	0	6,477	(6,477)
Grouped Items 2016/17	100,000	0	0	0	100,000	71,116	
Maternity Theatre Equipment	26,014	0	0	0	26,014	0	
Medical Equipment <£50k 14/15	26,400	-26,400	0	0	0	0	
Medical Equipment <£50k 15/16	11,635	0	0	0	11,635	578	
Medical Equipment <£50k 16/17	231,780	26,400	0	0	258,180	196,897	
Medical Equipment <£50k 17/18	0	0	14,000	0	14,000	0	
Powered Patient Trolleys	0	0	0	0	0	0	
Radiology Lead Aprons	30,000	-4,000	0	0	26,000	0	
Radiology Room 2 Replacement	228,000	0	0	0	228,000	0	
Radiology Room 11 Ultrasound Replacement	80,000	0	0	0	80,000	79,824	
Refrigerated Centrifuge	444	-444	0	0	0	0	
Rigid hysteroscopes x 4 plus stack	3,561	0	0	0	3,561	0	
Ringwood Ophthalmology Equipment	50,000	0	0	-50,000	0	0	
Scopes	32,153	0	0	0	32,153	0	
Spinal Hoists	37,574	0	0	0	37,574	39,931	(2,358)
Static and Pressure Relieving Mattresses	22,209	0	0	0	22,209	4,963	
Theatre Instrumentation Replacement Programme	773,355	-300,000	0	-172,632	300,723	300,723	
Thermometry Data Loggers	12,958	0	0	0	12,958	12,924	
VAC Terapy Machines	3,600	0	0	0	3,600	3,600	
Videoscopes x2 - main theatres	50,000	0	0	0	50,000	0	
<b>Medical Equipment Totals</b>	<b>2,253,026</b>	<b>-158,888</b>	<b>49,299</b>	<b>-222,632</b>	<b>1,920,804</b>	<b>899,285</b>	<b>(5,885)</b>
<b>Other</b>							
Bed Stacking	36,494	0	0	0	36,494	29,106	
Bed Stacking - Commercial Related	0	30,000	0	0	30,000	1,929	
Car Park Machinery	37,000	-37,000	0	0	0	0	
Catering Boiling Pan	15,000	0	0	0	15,000	13,671	
Cold Servery Counters	70,000	-70,000	0	0	0	0	
Demand Response Generator Conversion	178,920	0	0	-178,920	0	0	
Efficiency schemes	222,170	-141,800	0	-73,333	7,037	7,037	
Finance systems	90,000	0	0	-90,000	0	0	
Hedgerows Dishwasher Replacement	0	14,000	0	0	14,000	0	
LED Lighting	30,737	0	0	0	30,737	8,808	
Lightning Repairs	0	0	0	0	0	0	
Outpatient Kiosks	65,953	0	0	0	65,953	25,401	
Phphotovoltaic's / Solarthermal PV	17,683	0	0	0	17,683	0	
Portering Bed Movers	0	0	0	0	0	0	
Procurement Tug 2015/16	2,050	0	0	0	2,050	0	
Project costs	25,529	0	0	0	25,529	2,383	
Scan4Safety (GS1)	0	109,000	0	0	109,000	49,278	
Security	40,000	0	0	0	40,000	29,627	
Telecoms Trunk Lines	8,280	0	0	0	8,280	1,650	
Theatres Storage and Trolleys	2,580	0	0	0	2,580	2,400	
Ward Waste Bins	60,643	0	0	0	60,643	8,788	
<b>Other Totals</b>	<b>903,040</b>	<b>-95,800</b>	<b>0</b>	<b>-342,253</b>	<b>464,987</b>	<b>180,079</b>	<b>0</b>
<b>Trust Totals</b>	<b>10,020,711</b>	<b>3,737,580</b>	<b>1,138,299</b>	<b>-3,394,671</b>	<b>11,501,919</b>	<b>6,908,987</b>	<b>(115,042)</b>





**MONTH 9 OPERATIONAL PERFORMANCE REPORT**

**Date:** 1st February 2017

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

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

**Executive Summary:**

For Month 9 the trust successfully delivered the RTT 52 week, 12 hour trolley wait and Infection Control Standards. In addition the trust only failed the diagnostic standard by 0.5%. Cancer performance has been varied across the quarter however the trust delivered STF 62 day target for quarter. ED performance has been challenging and is the main focus for improvement.

**Emergency Pathway**

The trust saw high numbers of attendances and admissions through December, 4 hour performance was 89.2% for December and 90.55% for quarter 3.

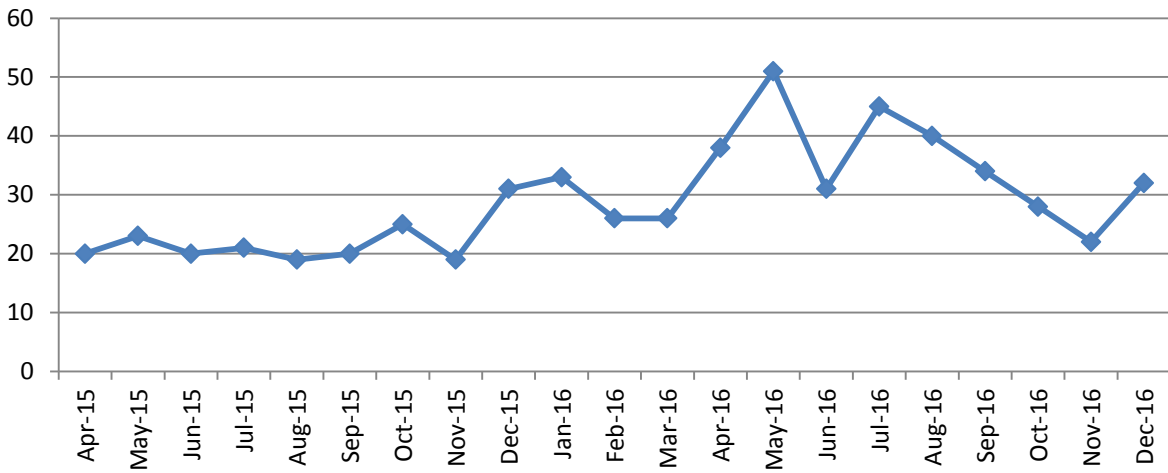
We are monitoring performance against key quality standards closely and are performing well on time to refer to specialties, time to treatment and ambulance handovers. We are currently focusing on improving time to triage and time to first doctor assessment. A new triage protocol has been developed to improve time to triage and discussions have progressed with the ambulance service to implement a navigator role and we are on track to have this in place in March 2017. In the interim, the department is managing the clinical risk of increased triage waits through ENP and Majors assessments and is currently trialling a new process for early triage.

First doctor assessment is the other area of focus for improved performance, particularly overnight. The department is currently testing the impact of an additional B5 nurse overnight to free up B6 non-clinical time to improve flow through the department and in particular aiming to reduce first doctor delays.

**Number of DToCs**

A key cause of breaches has been the availability of beds to admit patients to within the 4 hour standard. DToCs have been above 20 per month since Sept 2015, peaking in May 2016 to a record level of +50 There has been some improvement by month since the peak in May but this has not been sustained and DToCs are currently running at +50.

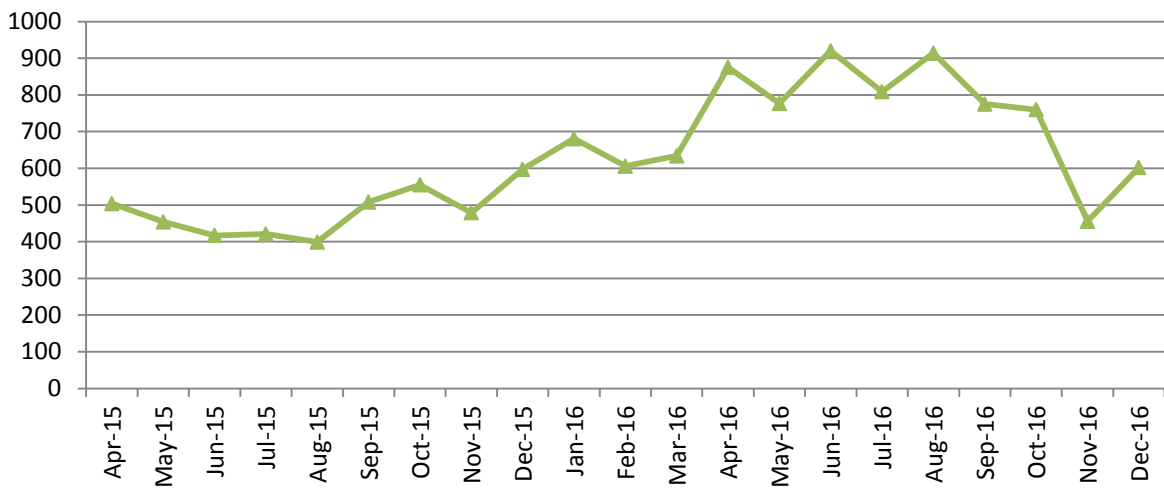
### DToC (NHS + Social Services)



### Number of lost bed days

Bed days consumed by DToCs have been > 600/month since Feb 2016. There was a dramatic rise in April 2016 to close to 900/month and further peaks > 900/month in June and August 2016. We are currently continuing to validate data since the implementation of our new computer systems.

### Bed Days Consumed by DTOC each Month

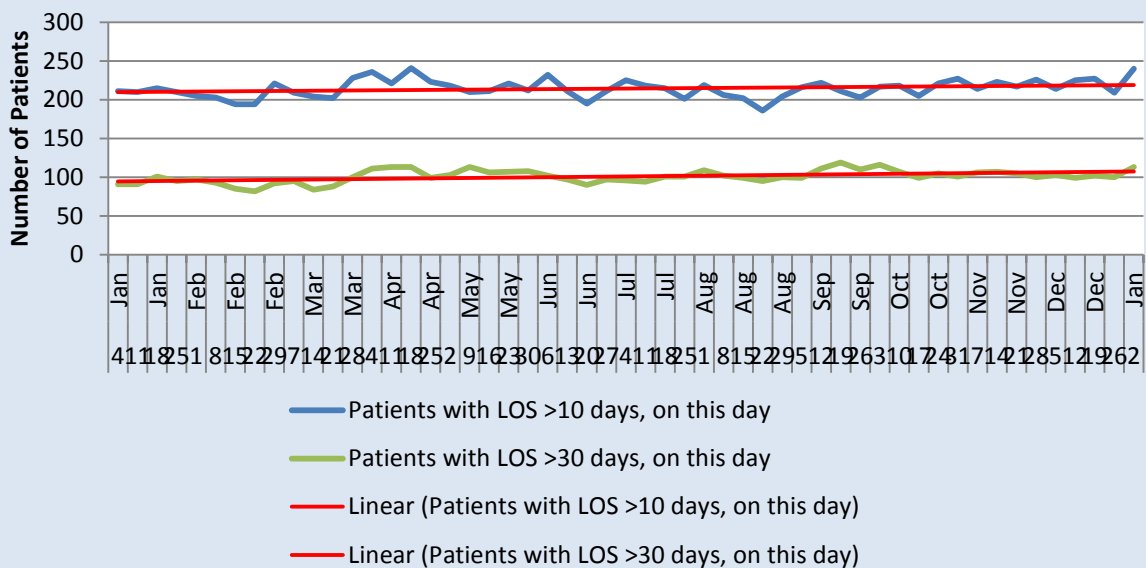


### Longstay Patients

Patients with LOS > 30 days has ranged between 80-120/day through the 2016/17 but has been consistently above 100 patients per day (>20% of bed base) since M9.

Patients with LOS >10 days has ranged between 190-240/day through 2016/17 but has been consistently above 210 patients per day (>45% of bed base) since M9.

## Number of long stay patients, every Monday, from 04/01/16 to 02/01/17



At the last ED Local Delivery Board the trust proposed making the week beginning 30<sup>th</sup> January a perfect week across the South Wiltshire health system. The key KPIs being to increase patient with a delayed transfer of care being discharged each day to 8, to decrease the time that a patient with a delayed transfer of care has to wait and to decrease green to go patients from 105 to 70.

Departments are trialling a number of initiatives to maximise patient flow and expedite discharges. Daily silver and gold calls have taken place with other providers and commissioners in South Wiltshire and daily ward rounds have taken place to review long stay patients have taken place each day – these have included executive directors and local GPs.

Following the trusts proposal for an Integrated Discharge Bureau Lead this post was filled from 16<sup>th</sup> January and new pathways bringing the discharge teams closer together will be launched on 27<sup>th</sup> February.

The trust continues to maximise the benefits that the electronic bed management system brings with bed meetings and operational monitoring reports being re launched in January.

### RTT

As previously reported to board RTT reporting has been challenging since the implementation of the new computer system. Actions are being managed tightly with twice weekly incident meetings. Progress is being made and this has enabled re-submissions of our November and December RTT positions.

Month	First submission	Re-submission
Nov-16	84.70%	91.30%
Dec-16	90.75%	91.08%

We now have a PTL that although has an increased in volume is allowing us to validate patients and inform booking priorities. The first cut for January has been taken and is 87.02% which is consistent with first cut levels pre data warehouse and Lorenzo implementation.

### Diagnostic

The trusts diagnostic performance for December was 0.5% below the national standard. Breaches were due to MRI capacity and the use of the endoscopy unit to manage the high number of emergency admissions into the trust. Unfortunately these issues have continued into January and performance will be below the standard for January. There is a trajectory to clear the backlog for Endoscopy by the end of February. This will require the trust not to use the Endoscopy unit for bed capacity. We have seen a significant increase in MRI referrals in January, the trust is maximising all outsourcing capacity and currently reviewing new opportunities to outsource more work.

### Cancer

The following table shows the monthly and quarterly Cancer Target Performance figures for the previous quarter

Description	Standard	October			November			December			Q3 2016-17		
	%	In target	Total	%	In target	Total	%	In target	Total	%	In target	Total	%
All cancer Two Week wait	93	627.0	667.0	94.00	590.0	639.0	92.33	615.0	652.0	94.33	1832.0	1958.0	93.56
Symptomatic Breast Two Week wait	93	145.0	149.0	97.32	149.0	159.0	93.71	123.0	154.0	79.87	417.0	462.0	90.26
31 Day Standard	96	103.0	105.0	98.10	99.0	102.0	97.06	102.0	107.0	95.33	304.0	314.0	96.82
31 Day Subsequent: Drug	98	8.0	9.0	88.89	11.0	11.0	100.00	13.0	13.0	100.00	32.0	33.0	96.97
31 Day Subsequent: Surgery	94	27.0	27.0	100.00	32.0	32.0	100.00	21.0	21.0	100.00	80.0	80.0	100.00
62 Day Standard	85	43.5	53.0	82.08	44.0	46.5	94.62	43.5	52.5	82.86	131.0	152.0	86.18
62 Day Screening Patients	90	6.0	6.5	92.31	9.0	10.0	90.00	11.5	12.5	92.00	26.5	29.0	91.38

**Symptomatic breast 2ww** – December capacity low due to opening of new unit/consultant annual leave and Christmas bank holidays – actions to improve this performance are well established with the opening of the new unit allowing an increase in one stop clinics

**31 day subsequent drug** - 1 patient breached in October (colorectal complex patient who required input from other sites)

**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 2016**

Salisbury Hospital NHS Foundation Trust Board Report December 2016

Metric Name	National Ceiling /Standard	Local Trajectory	Reporting Month		Rolling 12 months
			Dec-16	Patients Affected in Dec-16	Trend Against National Standard
Referral to Treatment Incomplete Performance	92%	92.01%	91.1%		
Referral to Treatment Incomplete Specialty Compliance	16 out of 16		5 out of 16		
Zero tolerance RTT waits > 52 weeks	0	0	0		
A&E - Time in A&E department	95%	93.87%	89.2%	433	
12 Hour Trolley Waits	0		0		
Diagnostics - Patients waiting longer than 6 weeks	99%	99.5%	98.5%	55	
Diagnostic Test Compliance***	11 out of 11		7 out of 11		
Urgent Ops Cancelled for 2nd time (Number)	0		0		
Mixed Sex Accommodation Breaches	0		26		
Infection control – Clostridium difficile (YTD)	19		YTD: 11	0	
Infection control - MRSA*	0		0		
Metric Name	National Ceiling /Standard	Local Trajectory	Dec-16	Patients Affected in Dec-16	Trend Against National Standard
All Cancer two week waits	93%		94.3%	37	
Symptomatic Breast Cancer - two week waits	93%		79.9%	31	
31 day wait standard	96%		94.4%	6	
31 day subsequent treatment : Surgery	94%		100.0%	0	
31 day subsequent treatment : Drug	98%		100.0%	0	
62 day wait standard	85%	93.1%	82.9%	9	
62 day screening patients	90%		88.0%	2	
62 day patients waiting first definitive treatment after Consultant upgrade	85%		100.0% (Mar-16)	0 (Mar-16)	
Cancer 104 Day Waits**	0		0	0 (Apr-16)	

Cells with black dotted outlines indicate provisional data

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

\*\*This excludes patients transferred to another Provider and now exceed 104 days

\*\*\*Only Diagnostic examinations carried out in the reporting month shown are counted

## Major Projects Report

**Date: February 2017**

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

### Executive Summary:

The Major Projects Report reflects the complexities of a number of the key projects which the Trust is currently engaged in. It describes the nature of four transformational projects which cover:

- IT/technology (EPR and GS1) and the adaptive impact on the organisation with Lorenzo having gone live on 30<sup>th</sup> October
- a joint venture to improve the responsiveness and efficiency of sterilisation services which began on 1<sup>st</sup> September, and
- Wiltshire Health & Care went live on 1<sup>st</sup> July and is now fully operational

### Proposed Action:

To note the report.

### Links to Assurance Framework/ Strategic Plan:

**Value** – “We will be innovative in the use of our resources to deliver efficient and effective care, eg be[ing] innovative in our use of technology to make the organisation more effective.”

**Choice** – “provide a comprehensive range of high quality local services enhanced by our specialist centres”

### Appendices:

### Supporting Information

# Introduction

The Trust is engaged in a number of high profile and organisational wide projects. The purpose of this paper is to provide the Board with assurance around how those projects are progressing and to ensure the intended deliverables are being realised. The projects included are:

- Electronic Patient Record
- The GS1 Scan for Safety initiative
- Wiltshire Health and Care management of community services through a joint venture involving RUH Bath, GWH Swindon and SFT
- Joint venture to provide a sterilisation and disinfectant unit (SDU)
- Organisational development impact – a draft strategy and action plan has been discussed at Executive Workforce Committee in June and the Board in July. The action plan is being developed further with executives and senior managers. Monitoring of this action plan will be through the Executive Workforce Committee



# Summary

Project	Lead	Status	Workstreams	Summary
EPR	LA	Stable at Amber	5 x green 5x amber 1 x red	Into a period of system stabilisation, in particular with reference to impact on administrative processes. Data warehouse issues leading to insufficient operational reporting
Scan for Safety	MC (LW)	Stable at Green	3 x green 1 x red	Phase 2 completed with exception of Wristband compliance – fix from CSC due in February.
Wiltshire Health & Care	LA	Reducing at Amber		New service operational from 1 <sup>st</sup> July. Established southern locality group to promote integrated working locally. Major focus on working with primary care on managing the frail elderly. Recruitment issues hampering progress on some key projects.
SDU	MC	Improving at Green	3 x green	New service well established – good feedback from clinical departments. Site demolition complete with design work progressing well.

# Organisational Development

- Strategy developed
- Action Plan created and monitored through Executive Workforce Committee
- Current OD projects ongoing
  - EPR implementation
  - Emergency Department future workforce review
  - Theatres workforce review
  - Spinal Unit Medical Workforce Review
  - Save 7 champions and Quality Improvement skills
  - Impact of Apprenticeship levy on workforce models
  - Lead for STP digital project
  - Lead on STP Workforce stream for Values and Culture
  - Exploration of opportunities working across Wiltshire Health and Care
  - participation in the SW Streamlining Process and STP Acute Care Collaboration'

# Electronic Patient Record (EPR)

To provide an electronic record of patient activity, visible across the organisation allowing real-time interaction and ensuring that information can be acted on immediately, improving efficiency and safety of care provided.

Workstream	Status	Trend	Actions
Infrastructure	Green	Improving	Focus is on completing work for off site clinics.
Configuration	Amber	Stable	Configuration work volumes remain high focused on resolving operational issues and change requests.
Integration	Green	Stable	Focus now on integration to Somerset Cancer record, and development for R&R and bi-directional messages for whiteboards
Data migration	Green	Stable	Data migration at go-live successful, but instances of clinic data not migrating effectively causing operational issues. Standalone instance of iPM now live
Data warehouse	Red	Stable	Issues with data warehouse , partially complete and reporting is being achieved with additional workarounds. Submitting statutory reporting but limited operational reporting. Action plan in place

# Electronic Patient Record (EPR)

Workstream	Status	Trend	Actions
Business change	Amber	Stable	Supporting the trust as business becomes familiar with new system. A number of areas reporting that is slower to do some tasks. Action plans in place to address
Benefits	Amber	Stable	Further analysis /review will be undertaken as part to of the stabilisation activity.
Role based access	Green	Stable	Limited issues at go live. Reviewing process of issuing cards to new clinical staff
Training	Green	Stable	Themed, more in depth training post go live, targeted at specific areas/teams
Phase 2 planning	Amber	Stable	Analysis and integration work continues. Phase 2 re-planning underway
Validation	Amber	Declining	Issues with unpicking data on the system.

# Scan for Safety

To introduce GS1 standards to provide a consistent means of identifying and tracking patients, equipment, medications, equipment and locations across the Trust.

Work stream	Status	Trend	Actions
Global location numbering	Green	Stable	Physical locations at 20% completed Utilisation being built in to Inventory Management Further use cases developed during next months
Catalogue management	Green	Stable	Focus on Orthopaedic process ensuring increased level of control with regards to new products and loan and consignment sets
Patient identification	Red	Improving	POET live scanning in Britford – further roll out planned Blood hound – To be piloted in Nunton in February Final sign off of wrist band to be provided by CSC delivery during Feb
Purchase to pay/Inventory	Green	Stable	Cardiology open day planned 13 <sup>th</sup> Feb Orthopaedics go live March 17 Directorate engagement continues

A limited liability joint venture has been established to enable SFT, together with RUH Bath and GWH Swindon Trusts, to manage adult community services and to aid the integration of services across acute and community settings. The service went live 1<sup>st</sup> July.

- Recruitment of rehabilitation support workers, to promote discharge – recruitment less successful in South.
- Vacancy levels high in City community team
- WH&C have identified 6 priorities for 16/17:
  - ① Higher intensity care managed in the community
  - ② Early supported discharge for stroke patients
  - ③ Health coaching
  - ④ Musculo-skeletal physiotherapy provision in the community
  - ⑤ Development of urgent care centres
  - ⑥ Mobile working
- Detailed planning underway for ① and ② with good engagement from SFT clinical staff – recruitment issues delaying start of ESD. Frailty MDT's established with input from community geriatrician – limited to the City at moment
- Developing clinical and operational links within the southern locality. Excellent primary care engagement, with a focus on managing frail elderly patients across primary and secondary care

# SDU Joint Venture

To establish a joint venture to provide sterile services with a private provider from a standalone facility on SDU South to develop as a local market leader in the provision of sterile services.

Workstream	Status	Trend	Actions
Commercial	Green	Stable	JV agreement , leases and service contract signed mid August
Operational	Green	Stable	Monthly operational meeting in place. Positive feedback on performance with no reported cancelled or delayed procedures arising from equipment concerns.
Facility design	Green	Stable	Demolition work now complete. Planning permission due 6/2. Detailed design work progressing well.





## Capital Development Report

**Date: February 2017**

**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.

Building work completed on both the second phase of the refurbishment of Laverstock ward and on the Breast Unit. The latter started seeing patients on 19<sup>th</sup> December.

The EPR project continues to be a major focus in early 2017 (see major projects report). Further upgrades to two home-grown digital systems managing patient observations and discharge summaries is extending the range of clinical data recorded and transmitted electronically.

The Trust has submitted bids for national funds for IT infrastructure developments.

**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**

### **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 (October 2016).

### **BUILDING SCHEMES:**

#### **Breast Care Unit**

The building work is now completed and the new Breast Unit is operational and receiving patients. The new unit has been very well received by both patients and staff. The official opening is now being planned and dates will be confirmed in due course. The remaining building work in gynaecology OPD and the work to the external pathway is expected to be complete by the end of January.

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

Laverstock Ward is now complete and fully operational. Building design work has now started on the proposal to relocate AMU to Farley Ward, subject to Board approval of the capital programme for 17/18.

#### **Maternity Unit**

Planning application 16/02951/FUL has now been approved. Tender documents have now been finalised and, subject to Board approval, will go out to tender in 2017.

### **IT SCHEMES:**

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

All main inpatient wards, Theatres, DSU, Maternity, Radiology and some outpatient areas are now using SSO 'bridges' giving them easy access to Lorenzo and other frequently used clinical applications and websites. SSO computers have the functionality of smartcard login.

#### **Electronic Whiteboards**

The system has been live since the 5th of July, and is actively being used by 19 wards to manage patient flow. Live data from the boards is being used by the teams on the wards during ward rounds. The transfer from iPM to Lorenzo was successfully managed although there were some issues post go-live which have now been resolved. A single point of referral for health and social care support post discharge has been created and is currently in test and a site wide dashboard has been developed to support the running of the daily bed management process. Future phases of work will include bi-directional messaging of information between Lorenzo and E-Whiteboards and the implementation of upgrades to improve functionality.

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

Implementation continues. The system is currently live in Laverstock, Britford, Britford SAU, Downton, Farley, Winterslow, Avon and Tamar, and training is complete on Chilmark, Amesbury and Durrington. A pause in the roll-out has taken place during which additional development work has been undertaken. A number of fixes have now been implemented to enhance usability and add additional functionality. The development of scanning functionality in support of the Scan for the Safety Programme is now complete and is being piloted on Britford ward. Future areas of development include the roll-out of a link from POET to Review, enhanced reporting and the creation of an electronic fluid balance chart.

### **Electronic Discharge Summaries**

The EDS is being well utilised across the Trust with about 80% of discharge summaries produced and communicated electronically. The day surgery version of the EDS has been tested and piloted. Minor developments were required with a view to implementing the system in mid to late January 2017. ED discharge summaries produced from Lorenzo are also being transmitted to GP's via the same route.

### **Blood Tracking – Phase 2**

The supplier have developed and supplied a new Bloodhound Bedside application that enables the tracking of emergency blood from issue to transfusion. This new application plugs the gap identified in the pilot undertaken on the Nunton unit. A second brief pilot using the new bedside application is planned to coincide with the availability of Lorenzo GS1 compliant barcoded wristbands. Once the pilot is successfully completed Bloodhound Bedside will be rolled out to the wards and theatres.

### **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 2016/2017 (Appendix A to C inclusive)

Laurence Arnold  
**Director of Corporate Development**

## Other significant schemes in the Approved Capital Programme for 2016/76

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>	2016	£80k
<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.</i></p>	2016/17	£180K
<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.</p> <p><b>Project complete</b></p>	June 2016	£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 – project slipped to 2017/18 and scope of works to be reviewed, and consideration made in respect of new developments on site such as the new Sterilisation Unit.</p>	TBC	£120K
<p><b>Accommodation upgrade (7011C0)</b></p> <p>Work completed in Avon, Bourne &amp; Wylve House</p> <p>Work on-going in Langley House (Block 94)</p>	March 2017	£150K

### Rolling work programmes (multi year projects)

Building and Works schemes	Completion date	Budget cost incl VAT
<p><b>Air Handling Units (7041C0)</b></p> <p>This is the fourth 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>AHU's scheduled to be replaced this financial year - Theatre 1 &amp; 6 and 3 of the internal 'core' areas of Theatres. Work in Theatres 1 &amp; 6 delayed due to clinical activity – date for installation being confirmed.</p>	March 2020	£170k 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><b>Project complete</b></p>	June 2016	£130k
<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. Work undertaken during ward refurbishments (Laverstock) and replacement of Nurse Call system in the Spinal Unit to be completed this financial year.</p>	2016/17	£123k (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. Work on lift #2 to complete by May2017.</p>	May '17	£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>Upgrade on 17th January to version 18.2.2. This will allow multi-numbering functionality and has other fixes for XDS. XDS – in December we proved that this can work in Live, although need 18.2.2 for improved user experience. Cardiology Xcelera reports (i.e. cardiac ultrasound) and VASCLAB reports will be the first to be viewable in PACS.</p>	<p>March 2017(XDS)</p>	
<p><b>Order Comms and Results Reporting (7942C0)</b></p> <p><b>GP Tquest</b></p> <p>Work is ongoing on the “copy to” function of results to GPs. We will be working with the LMC to determine exactly what information GPs want to see and configuring accordingly – both for pathology and radiology results.</p> <p>GP review has had a very successful pilot in Amesbury..</p>		
<p><b>SAN Storage (7907C0)</b></p> <p>Additional storage installed; follow up work on-going.</p>	<p>March 2017</p>	<p>£210K</p>
<p><b>Ophthalmology EPR (7934C0)</b></p> <p>Following the implementation of the cataract module, the system is being rolled out to cover the other main ophthalmic modules – glaucoma and macular.</p>	<p>February 2017</p>	<p>£141K</p>
<p><b>Telecoms Voice Over IP (7948C0)</b></p> <p>Jan 2017. Number of connections has been increased and a rollout to Facilities, Occupational Health and Personnel is in final planning. Remaining few Mitel handsets being removed ready for system decommissioning. A small group of people are piloting the use of a mobile application for use within the Trust.</p>	<p>March 2017</p>	<p>£189,000</p>
<p><b>Splda</b></p> <p>The analysis work for Splda 3 has been completed and at the next PMB on the 16th January a timeline for delivery will be agreed. The new version will include the final fixes for issues raised by HR on the administration of the system.</p>	<p>Early 2017 (phase 3)</p>	<p>N/A</p>
<p><b>CALS (7905C0)</b></p> <p>Option appraisal document under development – currently with ten possible options for client side licensing. To aid with license identification a software asset management solution is being investigated.</p>	<p>March 2017</p>	<p>£200,000</p>

**APPENDIX C**

<b>Medical Devices schemes</b>	<b>Completion date</b>	<b>Budget cost</b>
<b><u>Capital schemes</u></b>		
<p><b>Bed Replacement programme (7131C0)</b></p> <p>The bed replacement programme is progressing. 442 of the replacement beds have now been ordered. A capital bid has been submitted for 2017/18 to complete this scheme. Additional beds have been ordered to address escalation needs.</p>	<p>Year 4 of a 5 year programme</p>	<p>£150k (2014/15)</p> <p>£204k (2015/16)</p> <p>£120k (2016/17)</p>
<p><b>Review of Theatre Instruments (7122C0)</b></p> <p>The Trust commissioned an external review of instrumentation. A capital bid has been submitted for 2017/18 to continue this programme. The newly formed SSL will influence the future needs of the Trust and a stakeholder group has therefore been established to monitor and audit the ongoing requirements.</p>	<p>Rolling programme</p>	<p>£300k (2014/15)</p> <p>£500k (2015/16)</p> <p>£500k (2016/17)</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. The tender has been awarded and the initial start meeting is being held this month.</p>	<p>March 2017</p>	<p>£181k Including enabling works</p>
<p><b>Radiology Room 2 (7157C0)</b></p> <p>The tender has been awarded and installation is currently taking place.</p>	<p>February 2017</p>	<p>£246k Including enabling works</p>
<b><u>Donated Assets</u></b>		
<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. The installation is complete.</p>	<p>December 2016</p>	<p>£110k</p>
<p><b>New born hearing programme</b></p> <p>The otoports have been ordered and are in use.</p>	<p>October 2016</p>	<p>£34k</p>

<b>Medical Devices schemes</b>	<b>Completion date</b>	<b>Budget cost</b>
<b>Bilirubin meters for community midwives</b> The bilirubin meters have been ordered and are in use.	November 2016	£69k
<b>Genetics Fluorescence Microscope</b> The microscope has been delivered and is in use.	December 2016	£26k



**SALISBURY NHS FOUNDATION TRUST**

**Minutes of the Council of Governors Meeting – Part 1  
At Salisbury District Hospital  
Held on Monday 21 November 2016**

**Present:** Nick Marsden (Chairman)  
**Governors Present:** Nick Alward  
 Ross Britton  
 Mary Clunie  
 Shaun Fountain  
 Chris Horwood  
 Lucinda Herklots  
 Jenny Lisle  
 Michael Mounde  
 Alastair Lack (Lead Governor)  
 John Mangan  
 Colette Martindale  
 Isabel McLellan  
 Raymond Jack  
 Pearl James  
 Beth Robertson  
 John Parker  
 Jan Sanders  
 Paul Straughair  
 Lynn Taylor  
 Sharan White  
 Jonathan Wright

**Apologies:** Rob Polkinghorne

**In Attendance:** Kirsty Matthews (Non-Executive Director)  
 Paul Kemp (Non-Executive Director)  
 Tania Baker (Non-Executive Director)  
 Lorna Wilkinson (Director of Nursing) for item 5  
 Claire Gorzanski (Head of Clinical Effectiveness) for item 6  
 Malcolm Cassells (Director of Finance and Procurement) for item 4  
 Peter Hill (Chief Executive)  
 Laurence Arnold (Director of Corporate Development) for item 8  
 David Seabrooke (Head of Corporate Governance)  
 Gill Sheppard (Clinical Governance Administrator) for item 7  
 Fiona Coker (Head of Maternity & Neonatal Services) for item 7

**ACTION**

**1. MINUTES**

The minutes of the meetings of the Council of Governors held on 18 July and 18 October 2016 were agreed as a correct record.

**2. MATTERS ARISING**

Minute 9 – it was noted that the target for the Staff flu immunisation was 75% coverage and that work in this regard was underway.

**3. TRUST PERFORMANCE TO 31 OCTOBER 2016**

The Council received the summary report. PH highlighted the Trust's performance against the A & E Target which although was 92.5% against the 95% target this was still in the top one third of Trusts. Cancer targets were being delivered. There were no issues to report on the CQC.

The Trust had been placed by NHS Improvement into segment two of the new four point scale with one being the highest rated trusts. PH PH undertook to provide a more detailed breakdown of reasons for A & E breaches.

The Council noted the Month 7 Performance Report.

#### **4. FINANCE REPORT – MONTH 6**

The Council received the Finance Report. MC informed the Council that the Trust had generated a small surplus at month 6 and there was a very significant challenge to reach the planned £1.8m surplus. The hospital had been very busy and this affected the throughput of elective work. There were concerns about the progress with the loan application in support of the Electronic Patient Record. A proposal for an additional modular ward which would cost £1.6m was affected by uncertainties as to whether NHS England would allocate the required funding.

The Trust's Activity Query Notice with West Hampshire CCG remained in place. A year end position had been agreed at this stage with Wilshire CCG.

The Trust had been offered control totals for 2017/18 and 2018/19 by NHS Improvement and at a meeting earlier in the day had decided to decline the offer made. The principal reason for this was the level of savings that an acceptance would require was not considered to be achievable. However the Trust was likely to require financial support from NHS Improvement later in 2017/18.

Control totals for agency use (caps) were in place. Because the payments under the Sustainability and Transformation Fund were a contingent on achieving financial and operation targets part of the Q2 payment maybe withheld.

The Council noted the Finance and Contracting Report.

#### **5. CUSTOMER CARE REPORT – QUARTER 1**

The Council received the Customer Care Report. There had been some slippage on response times and arrangements for personal contact with complainants. The report set out information about actions taken in response to complaints. There had been one Parliamentary and Health Service Ombudsman case.

Governors expressed concerns about the availability of the Trust's complaints leaflet in in-patient areas. Jan Sanders commented that she routinely carried copies of the leaflet with her.

The Council noted the Quarter 1 Customer Care Report.

#### **6. QUALITY REPORT AND INDICATORS**

The Council received a report setting out Quality Indicators proposed for the Quality Report which was approved.

## **7. NATIONAL PATIENT SURVEY PROGRAMME**

The Chairman welcomed Gill Sheppard and Fiona Coker to present this item.

The National In-Patient Survey was taken between September 2015 and January 2016 and comprised 63 core questions grouped into eleven sections. The Trust scored better than most Trust's for waiting to get into a bed on a ward and was about the same for a range of clinical services. It was better than most Trusts in six out of the 63 individual questions including communications and waiting times. The Trust had significantly improved in seven areas in relation to the 2014 scores. The most negative factors in the comments were around discharge, food and nutrition, noise at night and the environment and the best factors were staff, communication and hygiene.

The National Maternity Services Survey was split across three sections – the start of care in pregnancy, antenatal check-ups and during pregnancy. There were action plans on areas where the trust was lowest rated and the service was seeking to manage expectation in relation to women being left alone for long periods. Some staffing issues for the Maternity Services remained a concern. Results for this survey were consistent with the 2013 survey. The most negative comments were around communication and the most positive around midwife attitude.

The Council noted the report.

## **8. PLAN 2017/19**

The Council received a draft of the Trust's operational plan 2017/19 and a copy of the published draft of the Sustainability and Transformation Plan for Bath, Swindon and Wiltshire. The plan was due to be submitted to NHS Improvement on 24<sup>th</sup> November. The Council of Governors Strategy Committee had had a good discussion about the content. The document contained a range of plans for meeting national targets and also local aspirations. Under the STP there were a range of work streams including Workforce and Infrastructure and Acute Collaboration.

An Urgent Care Delivery Board covering south Wiltshire was now in place and was debating possible reconfigurations to the walk in centre in Salisbury and the local out of hours GP Service in the coming months.

## **9. GOVERNOR QUERIES**

Web site – it was noted that proposals for web development in 2017 in conjunction with Royal United Hospitals Bath to improve the Trust's on-line presence were being considered. There would be a further discussion of governor portrait photos.

The Chairman undertook in relation to a proposal for a young governor to check the position at Southampton Hospital. NM

## **10. COMMITTEE/WORKING GROUP REPORTS**

The Council received a copy of the draft minutes of the Strategy Committee – 24 October, which had discussed the STP.

The Signposting Group was discussing a revised hospital site map.

The Chairman undertook to discuss with the Chief Executive ideas around moving visitor car parking so this aligned better the Trusts main entrance. NM

There was no new information in relation to the appointment of external auditors – this was progressing.

#### **11. DATES OF COUNCIL OF GOVERNORS MEETINGS IN 2017**

A note of the Council meetings, informal meetings with the Chairman and Non-Executive Directors, development sessions and the AGM was provided.

The date of the next Full Council of Governors meeting would be on 20 February 2017.

**SALISBURY NHS FOUNDATION TRUST  
CLINICAL GOVERNANCE COMMITTEE  
Thursday 24<sup>th</sup> November 2016, 10am-12pm  
Boardroom, Salisbury District Hospital**

**MINUTES**

**SFT 3864**

**CHAIR – PROFESSOR JANE REID**

**Present:**

Professor Jane Reid (Chair) - Non-Executive Director  
Dr Michael Marsh (Chair) – Non-Executive Director  
Peter Hill - Chief Executive Officer  
Dr Christine Blanshard - Medical Director  
Claire Gorzanski – Head of Clinical Effectiveness  
Lorna Wilkinson - Director of Nursing  
Fiona Hyett - Deputy Director of Nursing  
Andy Hyett – Chief Operating Officer  
Hazel Hardyman – Head of Customer Care  
Dr Samuel Williams – F1  
Ian Downie - Non-Executive Director  
Tania Baker – Non-Executive Director  
Steve Long - Non-Executive Director

**In attendance:**

Kate Williams	Minute taker
Jan Sanders	Governor
Katrina Glaister – Clinical Effectiveness Facilitator	CGC111606
Dr Carmen Carroll – Consultant, Elderly Medicine	CGC111610
Sandy Woodbridge – Lead Nurse, Dementia Care	CGC111610
Dr Pippa Baker- Consultant, Palliative Care	CGC111611
Emma Taylor – Principle Pharmacist	CGC111620
Angela Conway – Safeguarding Children Named Nurse	CGC111621
Gill Cobham – Adult Safeguarding Lead	CGC111622
Dr Jonathan Cullis – Cancer Clinical Lead	CGC111622A

**Observing:**

Dr Rebecca Exton – Consultant, Plastic and Reconstructive Surgery  
Dr Ross Cruickshank – Anaesthetist, Poole Hospital

**CGC111601 Apologies:**

Steve Bleakley – Chief Pharmacist  
Mark Stabb – Head of TIAA  
Denise Jackson – Staff Nurse

**CGC111602 – Minutes of the meeting held on 20<sup>th</sup> October 2016**

The minutes were approved by the committee.

**CGC111603 – Action Tracker**

All items were agreed.

**CGC111604 – Matters Arising – CQC Inspection Report Dec 15 and action plan – full report –  
Lorna Wilkinson**

- The CQC Steering Group meets monthly to review the action plan by core service area
- There is ongoing action across all areas, however there are areas identified as at risk of

achieving improvements due to ongoing operational pressures – these can be summarised as ED, management of patient flow and outliers (Medicine), elective patient pathway through theatres (Surgery)

LW reported on achievements made as well as identifying areas where focussed action is still required. The committee considered the actions being taken and acknowledged that it may take time to see the results of some actions. There has been a larger increase in non elective patients than expected and the committee discussed the plans for dealing with this. There is proactive communication with the CQC – calls on a monthly basis, face to face quarterly meetings. There is also regular proactive communication with the CCG.

The committee asked that LW give an update at the next Clinical Governance Committee meeting in January 2017.

**LW**

## **STRATEGY**

### **CGC111605 – Core Service presentation – Surgery Urology**

This presentation did not take place.

### **CGC111606 – Patient Story – Katrina Glaister**

KG read the committee a letter from a patient who had had an initial consultation at New Hall Hospital as an NHS patient. The letter recorded the patient's complaint regarding the subsequent referral from her GP for non-urgent surgery at SFT. The patient's GP had needed to provide three separate referral letters which had caused some delay.

PH asked that this be investigated to discover if this was a one-off error or a systematic error between SFT and New Hall hospital.

The committee asked that HH bring the results of the investigation back to the next Clinical Governance Committee meeting in January 2017.

**HH**

### **CGC111607 Hot Topic – End of Life Care – Personalised Care Framework**

This item was deferred to January 2017

### **CGC111608 Nursing, Midwifery and AHP Strategy update – Lorna Wilkinson**

- A Nursing, Midwifery and Therapy Strategy was approved by the Clinical Governance Committee in 2015 and has been widely distributed.
- In May 2016 the Chief Nursing Officer (CNO) for England launched a revised framework for nursing and midwifery entitled Leading Change, Adding Value. This was a result of the revision of Compassion in Practice.
- At Salisbury FT this launch by the CNO was streamed live in the Lecture Theatre and attended by nurses from across the Trust
- Using this framework as a reference point the existing local strategy was revisited during a quarterly update session and discussed at the Therapies Governance Forum
- The overwhelming response was that the current local strategy covered the key aims of the national framework and therefore did not require rewriting at this stage
- The emphasis would be on reviewing the priorities which are now set out in the attached, along with a midyear progress update.
- Individual team and department progress against the Strategy will be celebrated once again through a Pride in Practice event in March 2017

The committee noted the report.

## **ASSURING A QUALITY PATIENT EXPERIENCE**

### **CGC111609 – National Inpatient Survey 2015 – Update on Local Action Plans – Hazel Hardyman**

Salisbury NHS Foundation Trust (SFT) participated in the 13th national inpatient survey between September 2015 and January 2016.

The benchmark results and action plans were presented to the Clinical Governance Committee on 23 June 2016 (Paper CGC061609). At that time it was noted that a new exercise had commenced whereby wards would review comments received from all patient feedback (national surveys, real-time feedback, Friends & Family Test, complaints and concerns) on a quarterly basis. At the same time they would review their action plans, noting any actions that were complete and adding actions relating to any new issues that had arisen in the previous three months.

Wards were asked to review their action plans in June. However, due to the high level of activity at the time, some wards were unable to complete this exercise until September, when the next review was due to take place. It has now been agreed that the reviews will take place on a six-monthly cycle.

The next review will take place in March 2017 ready to report to the Clinical Governance Committee in May 2017 when the next national inpatient survey benchmark report will be presented.

Updated action plans were considered by the committee.

JR asked for assurance that there is delivery against the action plans and LW confirmed that there is a mechanism in place to assess if plans are working.

ID noted that it can be difficult to extract information from the high level of detail contained within this report. This issue will be considered at a later date.

### **CGC111610 – Dementia strategy mid-year report 16/17 and measures – Carmen Carroll, Sandy Woodbridge**

The focus for SFT in the last quarter has been to:-

1. Improve services available to carers throughout the Trust by:
  - Reporting on the weekly Carers Café in Springs.
  - Advertising Carer Support Wiltshire widely.
  - Opened dementia related training to local care homes.
2. Identify gaps in local service provision by completing and working on the Dept of Health Self-Assessment Framework.
3. Completing the National dementia Audit
4. Recognise confusion is often a symptom of delirium – improve recognition, treatment, prevention and follow-up of patients with delirium.  
Instigate trust wide delirium audit.
5. Support wards with dementia care – re-instate weekly dementia rounds.
6. Allow means of “confusion follow-up” – report on the monthly “confusion clinic” supported by the mental health team.
7. Progress against a focussed workplan for year, with a means of measuring progress built into dementia steering group meetings.
8. Continue work on Education - focussing on Dementia champions and widening our educational sphere including liaison with EOL and local care homes.

CC reported that there is a need for a delirium care bundle. CC has been running a Confusion Clinic every month within her usual clinic to assess patients for delirium / dementia and to subsequently follow them up. GP's are becoming more aware of this service and patient numbers will increase. MM suggested that as demand increases, this service will need to be remodelled to accommodate the numbers. This is something which should be looked at so that the relevant conversation can take place with the CCG. CB noted that there has been a great deal of work around delirium and this has been reported in the Quality Account.

SW noted the success of the Carer's Café and the challenges in advertising it in the wider

community as some people do not want to be labelled as a 'carer'. JR noted that there would be value in doing pieces in the local paper or on the local radio on this subject.

The committee noted the report.

### **CGC111611 - End of Life mid-year report 16/17 – Pippa Baker**

Significant progress has been made over the last 6 months, this has been validated both by the "Good" rating from CQC and the significant improvement in the National Care of the Dying audit results. There has been a clear benefit from having a motivated EOL team and 7 day working specialist palliative care service, however there are ongoing staffing issues within these teams. The personalised care framework has now become normal practice throughout the trust and the EOL team are providing ongoing education although releasing staff for training remains a challenge. It is disappointing that the rapid discharge home to die process has not been working and this is unlikely to be fully resolved until the EOL team leader returns. Other areas that need resolving are both the introduction of the new EPACCs system using TPP/system 1 and planning the future role of TEP forms within the acute Trust.

SFT has undertaken a Post Bereavement Survey using the VOICES Questionnaire to gain feedback from users regarding the quality of end of life care in the last 3 months of life.

PB reported that there has been an agreement to make end of life training mandatory for new staff. There has not been a significant change in the numbers of people dying at home / in hospital and it may be that less onus is put on going home and more on getting the right care. People can be frightened to care at home. The families are very supportive of hospital and hospice deaths.

LW and CGz will take the issues regarding the EPACCs system to CQRM.

**LW / CGz**

The committee considered the issue of quality and diversity when dealing with the needs of people from different religions. PB confirmed that chaplaincy support is provided regardless of faith. SL suggested that more engagement would be appropriate with different communities.

### **ASSURING CLINICAL EFFECTIVENESS**

#### **CGC111612 – Quality Indicator including DSSA – Tabled only – Christine Blanshard**

- 3 cases of C Difficile. Ribotyping shows 2 cases share the same ribotype. Serious incident inquiry commissioned (Nov).
- 2 new serious incident inquiries commissioned.
- A decrease in the crude mortality rate in October. SHMI is 107 to March 16 and is as expected. HSMR is 117 to July 16 and is higher than expected. This may have been affected by a temporary reduction in the palliative care team in Q1 & Q2 and a significant reduction in co-morbidity coding. 3 new CUSUM alerts – skin & subcutaneous tissue infections (May 16), peripheral & visceral atherosclerosis (June 16), affective disorders (July 16) – all to be investigated.
- A decline in the percentage of patients being operated on within 36 – 48 hours of admission due to theatre capacity (5) and stabilisation of condition (3). Ongoing improvement work via the Theatre working group along with strategic plan to separate elective and non-elective orthopaedic surgery.
- Raw numbers of grade 2 pressure ulcers remain fairly static. However, there has been a reduction in grade 2 pressure ulcers per 1000 beds days from 1.09 to 1.00 when April to September 2015 is compared to the same period in 2016. Share and learn meetings continue to drive improvements.
- In October there were 2 falls resulting in major harm (fractured hip & fracture shaft of femur requiring surgery) and 2 falls resulting in moderate harm (both fractured pubic rami managed conservatively). Aggregated review of cluster reported to Clinical Risk Group and will go to the Clinical Governance Committee.



- All patients bar one had a CT scan within 12 hours. The majority of patients spent 90% of their time on the stroke unit. The 2 that did not required a specialist medical bed. Patients arriving on the unit within 4 hours improved, but 5 patients missed due to stroke bed capacity (3), missed diagnosis (1) & new neurology (1).
- A decrease of high risk TIA patients being seen within 24 hours affecting 7 patients as no available morning clinic and the wrong referral route used. Discussion held with GP practices concerned.
- A decrease in the number of complaints and concerns. Early contact with patients & relatives in the initial phase of a complaint is being proactively promoted.
- Escalation bed capacity increased in September with a decrease in the percentage of patients moved more than once. Multiple ward moves remain at a low level and work continues with our partners to transform patient flow.
- No non-clinical mixed sex accommodation breaches in October.
- Cumulative annual data of the time of patient moves is reported for ongoing monitoring purposes. The majority of overnight moves occur from Whiteparish, SSEU and Britford SAU to maintain patient flow. However, there were a number of moves from one ward to another to create appropriate bed capacity. The majority of discharges between 10 pm and 7 am are from ED/SSEU, Whiteparish and Britford SAU. Improvement work is led through the Transformation Programme.
- The mean score of patients rating the quality of their care was consistent with the previous year average. Responses to the Friends and Family test consistently show that patients would recommend wards, the maternity service, outpatients and care as a day case and improved in ED from the previous month.

TB requested an update on the level of falls, which have decreased in Q3. LW will report back on this at the Clinical Governance Committee meeting in January 2017.

LW

Swarm rounds have been introduced and are proving very positive in obtaining the immediate collection of information, and for educating and raising awareness at the time of the incident.

Extra walkrounds and reviews are being undertaken to ascertain common factors relating to the C difficile cases.

CB confirmed that she will provide a mortality review report at the Clinical Governance Committee meeting in January 2017. SL noted that it would be useful for CB to describe the mechanisms around deaths to new committee members.

CB

The committee noted the report.

### **CGC111613 – Quality Account mid year report 16/17 – Christine Blanshard**

- Overall, there has been good progress in the priorities the Trust agreed for the year with a good level of patient satisfaction in key areas. Work is ongoing to improve areas still causing concern to patients.
- The national contracting round, unlike previous years, has changed and will need to be completed by 23 December 2016 to cover a two year period up to March 2019. This is to maintain the focus on changing models of care and delivering transformation plans. As the process for engaging stakeholders in agreeing the quality priorities will not start until the end of November we consider it sensible to continue with the same 5 priorities as this year but with different work streams. Stakeholder events will still be held with visits to Age UK and Warminster Health and Social Care group, and commissioners already planned to help us decide on the work streams required to deliver each of the 5 priorities.
- The key will be to ensure the priorities reflect what patients have told us, fit with local need in collaboration with our B&NES, Swindon and Wiltshire STP, Wiltshire Health & Care, commissioners, the Five Year Forward View and the NHS Mandate 2020

CB reported that there is a statutorily embedded duty of candor. There have been good results in pressure ulcer prevalence, Sepsis 6, Saving Babies Lives care bundle and frailty. LW and CB are looking into human factors which have impact peri operatively. There is new leadership, and new work, around catheters. Challenges are in respect of falls, nutritional assessment, antibiotic prescribing and encouraging people to stop smoking and drinking. In respect of the 7 Day Services, it may prove difficult to implement the 4 priority clinical standards in the Stroke Service due to staffing issues.

ID asked if there is evidence being produced of work being completed. LW responded that the Safety Steering Group discuss all matters and produce evidence for the CQC.

The committee noted the report.

#### **CGC111614 - Major Issues Report – Christine Blanshard**

1. CQC - 'The state of health care and adult social care' 2015/16.
2. GMC – 'The state of medical education and practice in the UK 2016'.
3. NHS operational planning and contracting guidance 17/19.
4. The Government's Mandate to NHSE: 2020 goals.
5. NHSE national CQUINS 17/19.
6. Safer Maternity Care – next steps toward the national maternity ambition
7. B@nes, Swindon & Wiltshire STP 5 priorities.
8. The Trust became a partner in Wiltshire, Health & Care to deliver adult community services.
9. Electronic patient record went live on 31 October 16.
10. PLACE assessment
11. National cancer patient survey results
12. Hospice at Home service

CB asked how often the committee would like this report and it was agreed that this would be discussed and decided upon in January 2017.

**JR/MM/CGz/  
CB/LW**

The committee noted the report.

#### **CGC111615 - Executive Safety & Quality Walk Annual Report – Lorna Wilkinson**

The Executive Safety and Quality Walkround Annual Report provides detailed evidence around the outcomes from departmental walkrounds, and how they are being achieved within the organisation. Key items to note are:

- The reliable completion of 4-5 walkrounds per month
- 16 actions were agreed during the 2014/15 period, of which 10 are still outstanding
- No Trust wide themes have been established however examples of actions taken are:
  - SDU delays
  - Storage issues – equipment in corridors
  - Environmental issues – extremes of temperatures in areas
  - Security – poor lighting outside of some buildings

The committee noted the report.

#### **CGC111616 - Q2 Research & Development Report (Information only) - Christine Blanshard**

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.

A report on the Trust's performance for Q2 2016/17 was considered by the committee.

CB reported that the research and studies were under the excellent leadership of Stef Scott, there is much to be proud of with active recruitment of patients and consulting staff. Relations with Southampton Hospital in this area are improved and the department is well supported by Wessex CRM.

The committee noted the report.

### **CGC111617 Research Support Service Framework (deferred from June 2016) – Christine Blanshard**

The National Institute of Health Research (NIHR) published the Research Support Service (RSS) Framework in January 2001. In March 2011, CMB and CGC approved and ratified an R&D Operational Capability Statement (RDOCS) version 1.0 for the Trust and agreed that CGC would review updated RDOCS on an annual basis. The RDOCS has been updated for 2015/16 and was available for the consideration of the committee.

The committee ratified this framework.

### **CGC111618 Consultant Treatment Outcomes – Christine Blanshard**

- Consultant treatment outcomes are published on the NHS Choices website to make more information available to the public about how services and professionals are performing. The aim is to drive up standards and the quality of care and help people choose the treatment that best suits their needs.
- The results provide information about individual consultants in seven specialities for a range of operations and treatments to help patients make decisions about care. Data is drawn from national clinical audits and compares the clinical outcomes for each consultant with the national average.
- The data provides the number of times each consultant has performed a particular procedure and their mortality rate for those procedures. The data is risk adjusted to ensure consultants who undertake particularly high risk patients or carry out the most complicated procedures do not appear to have unfairly high mortality rates.
- If a hospital or consultant is identified as an outlier it is investigated and action taken to improve data quality and/or patient care. Where results differ significantly from the national average, there may well be a good reason. Patients are encouraged to discuss this with their GP and/or surgeon.
- All surgeons who submitted data to the relevant national audits in the seven specialities have outcomes within the expected range.

CB reported that the level of engagement with clinicians is very good. MM queried the data relating to joint revision to which CB responded that it was due to the historical legacy of metal on metal implants which remain on record.

The committee noted the report.

## **ASSURING SAFETY**

### **CGC111619 – Q2 Sign Up To Safety Programme Report – Lorna Wilkinson**

Quarter 2 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 reported on successes and challenges and noted that particular improvements are made where the leadership is fully engaged.

The committee noted the report.

### **CGC111620 – Medication Safety mid year report 16/17 including missed doses – Emma Taylor**

ET reported on medication interventions made and that there were no particular themes or trends, the Pharmacy workforce plan, recruitment, the medicines safety group, and the safe and secure handling of medicines. A missed doses audit will take place in December 2016 which will be undertaken in a different way so that they are able to access more information. ET confirmed that risk assessments go through the workforce committee then to JBD.

The committee noted the report.

### **CGC111621 - Safeguarding Children Q2 – Angela Conway**

AC reported the activity and performance in relation to children's safeguarding arrangements for Quarter 2, 2016/17.

LW noted that more Level 3 Safeguarding training needs to be completed by clinical staff. There is a good level of completion by the nursing staff. AC is in the process of arranging the first meeting for group supervision for key leaders which will take place every 3 months. There was a recent joint inspection by CQC / OFSTED focusing on domestic abuse from which there was positive feedback.

AC reported that initial feedback shows that the standard of referrals from ED is very good. There is a recommendation that SFT joins the Child Protection Information System which would ensure that if a looked after child is admitted to hospital, a social worker is informed the next day. The next report to come before the Clinical Governance Committee will cover a serious case review.

The committee noted the report.

### **CGC111622 - Safeguarding Adults – Gill Cobham**

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

The Local Authorities are still not meeting the demand to complete the Best Interest & Mental Health Assessments within the 7 day Urgent Authorization period; only two patients had their Standard DoLS authorized. The CCG were re-visiting these concerns, but have yet to provide any additional information to SFT.

The Intercollegiate Training Document: Safeguarding Adults, Roles and Competencies for Healthcare Staff, has been withdrawn from NHS England's website.

Work carried out by Kallidus demonstrates good progress with correct allocation of roles to individual training and developing Directorate breakdowns of compliance. There is still some fine tuning of role allocation by the Education Department for both the Safeguarding and MCA modules.

2016 /17 CCG Annual Safeguarding Adults Audit has been completed and submitted to the CCG.

The committee noted the report.

### **CGC111622A – Sole item – Cancer Strategy – Jonathan Cullis**

- To provide high quality services with world class cancer outcomes within a healing environment, where the patient's experience is as important as their clinical care
- To be a role model in the provision of holistic support and services for all those living with and beyond a cancer diagnosis, in partnership with our local health community

Main principles of strategy:

- Early diagnosis
- Better treatment and care
- Transformation of support for people living with and beyond cancer

To deliver:

- Improved cancer outcomes
- Improved patient experience
- More cost effective care

JC presented the screening and awareness, early diagnosis, experience, treatment and support, MDT's and Data, living beyond cancer, End of Life care, research and workforce plans.

Challenges being faced are capacity due to increased referrals and diagnostics; and the holistic, health and well-being needs of survivors.

The committee ratified the strategy, but with the proviso that this will need amending in the future. A review to come back to the Clinical Governance Committee meeting in 3-6 months from the Cancer Board. **JC**

### Challenges

Item	Challenge	Action
CGC111609 National Inpatient Survey 2015 – Update on Local Action Plans	Assurance is required of delivery against the action plans	Update in March 2017
CGC111614 Major Issues Report	Assurance rather than reassurance required by CGC	Review reporting schedule in January 2017

### PAPERS FOR NOTING

CGC111623	Clinical Management Board meeting minutes (October 2016)	Noted
CGC111624	Clinical Risk Group meeting minutes (September 2016)	Noted
CGC111625	Integrated Safeguarding Committee meeting minutes (July 2016)	Noted

### CGC111626 - ANY OTHER BUSINESS

MM suggested that 'Any Other Business' should be discarded and that 'Any Urgent Business' should be considered at the beginning of the meeting.

JS asked how to move forward in respect of the concerns contained in the Patient Story letter. **CB** will review this. **CB**

The committee agreed that changes would be made to ensure that more time is available during this meeting to discuss the important points raised.

### NEXT MEETING

2017 dates will be Thursdays, 10am-12pm in the Boardroom – 26<sup>th</sup> January, 23<sup>rd</sup> February, 23<sup>rd</sup> March, 18<sup>th</sup> May, 22<sup>nd</sup> June, 27<sup>th</sup> July, 28<sup>th</sup> September, 26<sup>th</sup> October, 23<sup>rd</sup> November. No meetings in April, August or December.



**Patient Led Assessment of the Care Environment, Audit Report**

**Date: February 2017**

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

**Presented by: Ian Robinson, Head of Facilities**

**Executive Summary:**

In 2013, the Patient Environment Action Team (PEAT) environmental assessments were replaced by Patient Led Assessments of the Care Environment (PLACE).

All Healthcare organisations with 10 or more in-patient NHS beds were asked to participate and were given six weeks' notice to complete the assessment.

The Trust undertook the PLACE assessment on 8<sup>th</sup> March 2016, measuring patient food services, cleanliness, privacy and dignity and condition, appearance and maintenance, against criteria set out by NHS England.

During the year cleanliness and the standard of maintenance/appearance are monitored by the Matrons group and the standard and scope of food services for patients by the Food and Nutrition Steering Group.

**Proposed Action:**

To note the report.

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

Care / Choice – ensuring delivery of a high quality environment which meets patient expectations.

**Appendices:**

1. SFT (2016) Confirmed PLACE results.
2. Local Hospital (2016) PLACE Scores.
3. SFT PLACE Scores (2016) measured against national average scores.

## Patient Led Assessment of the Care Environment (PLACE)

### Introduction

In April 2013 Patient Led Assessments of the Care Environment (PLACE) replaced the Patient Environment Action Team (PEAT) inspections as the system for assessing the quality of the patient environment.

The non-technical assessments are undertaken with Patient Assessors, drawn from FT Governors, Volunteers and members of Health Watch, team membership and assessment methodology being prescribed by NHS England. Prior to the assessment all those involved had participated in PLACE training delivered using training materials and guidance documents provided by NHS England.

PLACE assessments include privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with dementia. From 2016 the assessment also looked at aspects of the environment in relation to those with disabilities with each domain being scored separately (see *appendix 1, 2, 3*).

Nationally 1291 PLACE assessments were undertaken (in 2016), across the NHS and independent sector, in hospitals and hospices with 10 or more NHS funded beds.

In accordance with PLACE criteria and following (6 weeks) formal notice, the Trusts PLACE assessment was undertaken on 8<sup>th</sup> March (2016). The assessment team was divided into 6 sub teams and included:

- 10 Patient Representatives,
  - 4 from Health watch
  - 3 Volunteers
  - 3 FT Governors
- 7 SFT Staff, including:
  - 4 Facilities staff
  - 2 Nursing (Deputy Director, DSN)
  - 1 Infection Control Representative

### Results

PLACE results were published on August 10<sup>th</sup> (2016), full details may be found using the following link <http://content.digital.nhs.uk/catalogue/PUB21325>

Scores for 4 of the 5 PLACE domains increased from 2015, the score for cleanliness decreased by 0.01%. The largest increase (of 3.32%) was for Privacy, Dignity & Wellbeing. All our results in the 5 scored PLACE dimensions are above the national average, with the food score being in the top 20% of the NHS.

2016 Trusts PLACE Scores compared against national average scores for Acute Trusts

	2016 Trust Score	2016 National Average for Acute Trusts	2015 Trust Score
Cleanliness	99.29%	98.1%	99.30%
Food*	94.76%	87.9%	94.57%
Privacy, Dignity & Wellbeing	92.79%	83%	89.47%
Condition, Maintenance & appearance	96.14%	93.1%	95.31%
Dementia	86.19%	73.5%	84.66%

Areas not scored before:

Organisation Food	99.32%
Ward Food	93.46%
Disability	85.67%

\*Top 20% of the NHS.



Summary of Actions required to improve PLACE scores

**Cleanliness** – Improve the cleaning in corridors, stairwells, lifts, improve high level dusting and reduce litter externally.

**Access** - Install handrails, hearing loops and seating in different heights/sizes.

**Condition/Appearance** – Replace stained/worn flooring, provide secure storage for patients

**Dementia Friendly** – Install large face day/date clocks, repaint internal doors, improve/re-site signage and update bathrooms. Install noise reducing flooring.

**Privacy Dignity and wellbeing** – Offer free TV and car parking

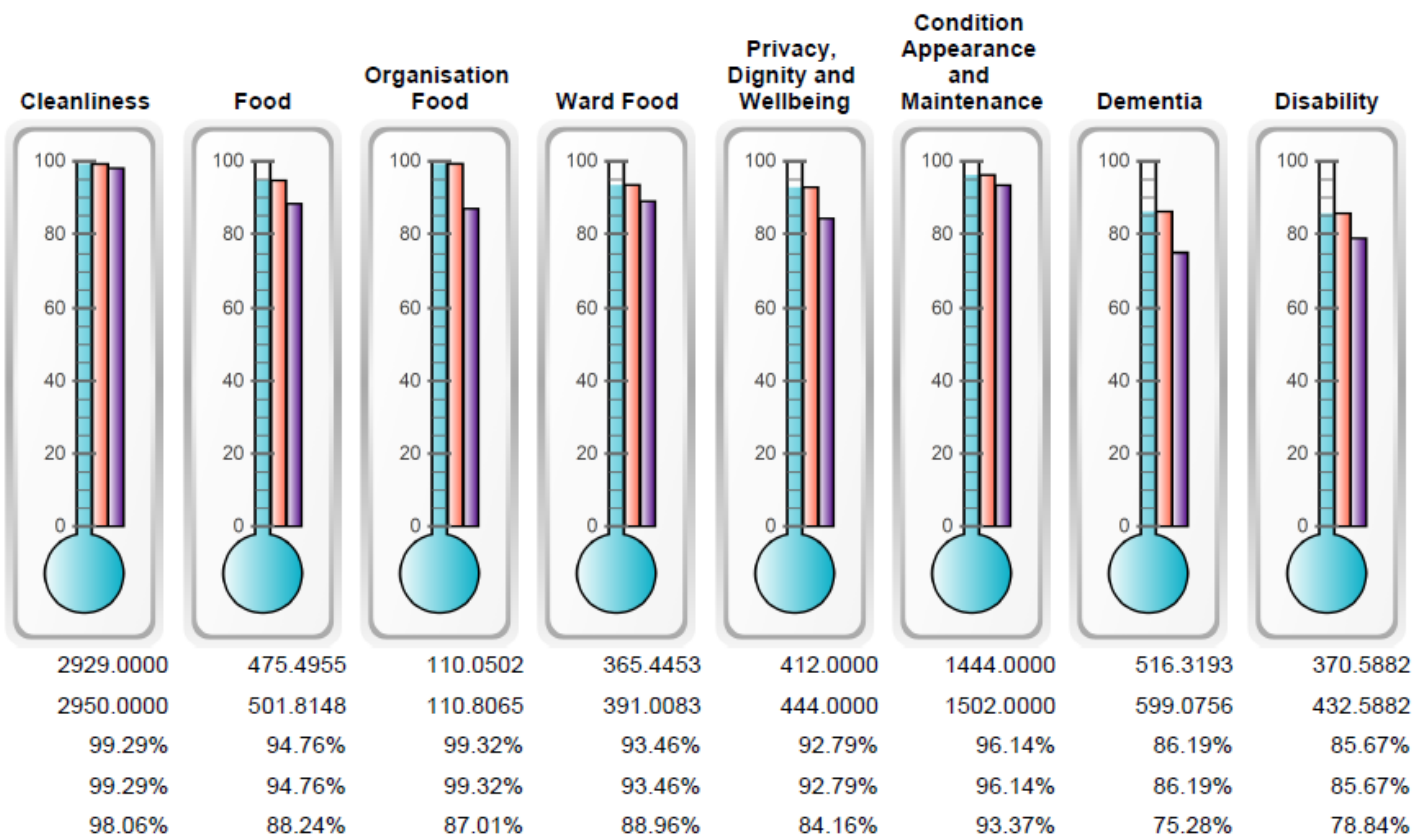
**Food** – Serve meals course by course, provide space away from the bedside to eat.

To deliver improvements within the patient environment a programme of 'PLACE Lite' assessments are undertaken throughout the year, the 2016/17 programme (September 16 – March 17) has 28 planned assessments with PLACE teams consisting of Nursing, Infection Control, Estates and Facilities staff, supported by FT governors, members of Health Watch and Trust Volunteers. Results of these assessments are reported monthly via the Matrons monitoring Group.

We anticipate the criteria for the 2017 PLACE programme will be published on January 30th 2017, with assessments being undertaken between March and June. A training session for PLACE assessors has been planned and Healthwatch have been formally invited to participate in the 2017 assessment.

*Ian Robinson*  
*Head of Facilities*  
*25<sup>th</sup> January 2016*

**SALISBURY DISTRICT HOSPITAL- Collection: 2016**



Appendix 2  
Local 2016 PLACE results

Organisation Name	Site Name	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
<b>SALISBURY NHS FOUNDATION TRUST</b>	SALISBURY DISTRICT HOSPITAL	<b>99.29%</b>	<b>94.76%</b>	<b>99.32%</b>	93.46%	<b>92.79%</b>	<b>96.14%</b>	86.19%	85.67%
<b>GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST</b>	GREAT WESTERN HOSPITAL	98.39%	84.87%	83.00%	85.37%	83.57%	92.81%	84.95%	85.24%
<b>ROYAL UNITED HOSPITALS BATH</b>	ROYAL UNITED HOSPITALS BATH	98.76%	90.75%	87.65%	91.38%	76.46%	<b>89.37%</b>	62.53%	65.79%
DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	DORSET COUNTY HOSPITAL	98.70%	90.86%	89.46%	91.37%	85.07%	91.14%	68.65%	76.49%
POOLE HOSPITAL NHS FOUNDATION TRUST	POOLE HOSPITAL	98.57%	84.15%	<b>79.51%</b>	85.17%	91.73%	94.14%	<b>88.29%</b>	<b>86.78%</b>
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	ROYAL DEVON & EXETER HOSPITAL (WONFORD)	98.48%	89.17%	90.73%	88.98%	77.30%	93.60%	75.97%	81.60%
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	ROYAL HAMPSHIRE COUNTY HOSPITAL	98.15%	93.72%	91.64%	<b>94.36%</b>	<b>72.42%</b>	91.94%	61.10%	69.89%
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	BASINGSTOKE AND NORTH HAMPSHIRE HOSPITAL	98.10%	90.03%	91.64%	89.58%	80.91%	92.90%	68.70%	78.97%
YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST	YEOVIL DISTRICT HOSPITAL	97.13%	82.89%	79.80%	84.02%	74.32%	89.60%	68.96%	74.89%
THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	ROYAL BOURNEMOUTH HOSPITAL	95.99%	85.56%	88.14%	84.96%	79.92%	92.27%	74.34%	81.33%
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	SOUTHAMPTON GENERAL HOSPITAL	<b>95.90%</b>	<b>77.58%</b>	87.20%	<b>75.29%</b>	78.45%	90.07%	<b>55.92%</b>	<b>59.83%</b>

Highest PLACE score locally in **Green**

Lowest PLACE score locally in **Red**

Appendix 3  
2016 PLACE results

## SALISBURY DISTRICT HOSPITAL

Site Scores      Organisation Average      National Average

