SALISBURY NHS FOUNDATION TRUST
TRUST BOARD

MONDAY 13 APRIL 2015, 1.30PM

IN THE BOARD ROOM, SALISBURY DISTRICT HOSPITAL

A G E N D A

				Paper No.	Page No.
1.30pm	**1**	**APOLOGIES FOR ABSENCE**			
	2	**DECLARATION OF INTERESTS**			
	3	**MINUTES**			
		Public Board Meeting held on 2 February 2015 Joint Meeting 23 February 2015			1 7
	4	**MATTERS ARISING**			
1.35pm	**5**	**CHIEF EXECUTIVE**			
		Chief Executive's Report	PH	SFT 3637	9
1.45pm	**6**	**STAFF**			
		1. Workforce Performance Report to include Nurse Staffing	AK/LW	SFT 3638	11
		2. Staff Survey Results for 2014	AK	SFT 3639	29
2.00 pm	**7**	**PATIENT CARE**			
		1. Quality Indicator Report to 28 February (Month 11)	CB/LW	SFT 3640	37
		2. Customer Care Report – Quarter 3	LW	SFT 3641	45
2.20 pm	**8.**	**PERFORMANCE AND PLANNING**			
		1. Finance & Performance Committee Minutes 2 February & 23 February 2015	NM	SFT 3642	57
		2. Financial Performance to 28 February (Month 11)	MC	SFT 3643	-
		3. Progress against Targets and Performance Indicators to 28 February 2015	LA	SFT 3644	65
		4. Update on Planning Process	LA	-	-
		5. National Emergency Department Survey Results	CB/LW	SFT 3645	71
		6. Code of Governance Compliance Review	NM	SFT 3646	79
		7. Financial Estimates 2015/16	MC	SFT 3647	-

3.20 pm **9** **PAPERS FOR NOTING OR APPROVAL**

1. Minutes from Clinical Governance Committee 29 January and 26 February 2015	LB	SFT 3648	105
2. Draft Minutes from Public Section of Council of Governors Meeting 16 February 2015	NM	SFT 3649	125
3. Draft minutes from Audit Committee 22 January 2015	PK	SFT 3650	131
4. JBD Minutes Evidencing Presentation of Assurance Framework and Risk Register	PH	SFT 3651	135

3.45pm **10** **ANY OTHER URGENT BUSINESS**

11 **QUESTIONS FROM THE PUBLIC**

12 **NEXT MEETING**

The next ordinary meeting will be held on Monday 8 June 2015, 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 2nd February 2015

Board Members Present:	Dr N Marsden	Chairman
	Mr L Arnold	Acting Chief Operating Officer
	Dr L Brown	Non-Executive Director
	Dr C Blanshard	Medical Director
	Mr M Cassells	Director of Finance & Procurement
	Mr P Hill	Chief Executive
	Mrs A Kingscott	Director of Human Resources and Organisational Development
	Mr S Long	Non-Executive Director
	Mr I Downie	Non-Executive Director
	Revd Dame S Mullally	Non-Executive Director
	Mr P Kemp	Non-Executive Director
	Ms L Wilkinson	Director of Nursing
In Attendance:	Mr P Butler	Communications Manager
	Mr D Seabrooke	Secretary to the Board
	Mr P Lefever	Wiltshire Health Watch
	Mrs M Woods	Thames Valley & Wessex Leadership Academy
	Mrs S Mortlock	Thames Valley & Wessex Leadership Academy
	Mrs J Sanders	Public Governor
	Mr C Wain	Public Governor
	Mr J Carvell	Public Governor
	Dr B Robertson	Public Governor
	Mrs C Martindale	Lead Governor
	Mrs L Taylor	Public Governor
	Mr B Fisk	Staff Governor
	Cllr John Noeken	Appointed Governor
Apologies:	Mr A Freemantle	Non-Executive Director
	Mr M Wareham	Staff Side

2053/00 INTRODUCTION AND WELCOME **ACTION**

The Chairman welcomed Paul Kemp to his first meeting of the Trust Board, following his appointment as a Non-Executive Director from 1 February 2015.

2054/00 DECLARATIONS OF INTERESTS AND FIT AND PROPER/GOOD CHARACTER

Members of the Board were reminded that they have a duty to declare any impairments to be 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.

2055/00 MINUTES – 8 DECEMBER 2014

Subject to the inclusion of Mr S Long, Non-Executive Director as present and a minor change to Minute 2034/00 the Minutes of the meeting of the Board held on 8 December 2014 were approved as a correct record.

2056/00 MATTERS ARISING

It was noted that long hand comments arising from the staff Friends and Family Test for Quarters 1 & 2 had been circulated to Directors. It was also noted that a revised workforce section would be reported to the Board in the performance report from the April meeting.

A half year review of the Assurance Framework would occur in June/July.

2057/00 CHIEF EXECUTIVE'S REPORT - SFT 3618 - PRESENTED BY PH

The Board received the report and PH highlighted the following principal points –

- Andy Hyett had been appointed as Chief Operating Officer to start from 13 April 2015.
- Sign Up to Safety - The Trust had signed up to five pledges aimed at strengthening patient safety and details were given on the Trust's website.
- Adult Community Services – The Trust was working with Great Western Hospitals and Royal United Hospitals Bath to tender for the provision of Adult Community Services from 2016.
- Praise for NHS staff and patients during winter pressures – the Trust had experienced a busy Christmas and New Year period but had recovered from this during the second half of January. PH thanked the Trust Staff for working through this so effectively.
- Radnor Intensive Care Ward – The Ward had moved into new extended accommodation which allowed up to twelve patients to be cared for.
- Positive Environmental Health Inspection and Visit from NHS Lead - PH highlighted the recent visit from Caroline Lecko of NHS England who had praised the Trust's food and nutrition provision.
- It was noted that the Medical Practitioners Tribunal Service had recently issued its findings in relation to Gurd Shergill. The Trust had issued a public statement on the matter noting the suspension from practising of two months to take effect 28 days from the date of the decision. There were no concerns over Mr Shergill's clinical practice or patient safety which had been reviewed at the time of his conviction.
- In relation to winter pressures the Trust encouraged patients to consider all the options to get medical help when they felt ill. Encouragingly, the Trust had not seen much misuse of the A&E Department but had indeed seen many elderly patients who required admission. There would be a review of the winter period at its conclusion.

The Board noted the Chief Executive's Report.

2058/00 STAFF

2058/01 Nurse Staffing SFT 3619 - Presented by LW

The Board received the Nurse Staffing Report to December 2014. The Trust continued to work to the required standards. Greater use of nursing assistants had been made in some areas and areas and wards were able to flex their establishment according to patient need. A number of new nurses were starting which would address the vacancies flagged in the report. Agency fill rates had remained challenging particularly when a large number of escalation beds had been open in recent weeks.

The Trust continued to address any staff shortages by attending relevant job fairs, working with Bournemouth University on student placements and supporting as many of these placements as possible. The national position had

been affected by the three to five year time-lag in recruitment and training of nursing. It was noted that there were vacancies in relation to Avon Ward and shifts were assessed daily by Directorate Senior Nurses to ensure if they were safe. Particular nursing skills were required on Avon Ward, part of the Spinal Unit.

The Board noted the Nurse Staffing Report

2058/02 Equality and Diversity – 6 Month Update – SFT3620 – Presented by AK

The Board received the half yearly review on progress with Equality and Diversity. The Trust continued to publish the data required under the Public Service Quality Duty and to ensure that equality impact assessments were completed in relation to new policies. Further reporting would be starting in relation to the Workforce Race Equality Standard – this was a requirement of the 2015/16 NHS Contract.

Arrangements for tracking the career progress of workers recruited from overseas were described and the processes for recruiting new governors were also described.

The Board noted the report.

2059/00 PATIENT CARE

2059/01 Quality Indicator Report to 31 December (month 9) –SFT 3621 – Presented by CB and LW

LW and CB reported the following principal points –

- Year to date there were 14 attributed cases of C-Diff and no MRSA cases.
- There had been six new Serious Incident Inquiries commissioned which was a slight increase on 2014/15 reflecting additional reporting requirements.
- The HSMR was decreasing it was currently at 99, in the as Expected range.
- The Global Trigger Tool had highlighted an increased incidence in August 2014 and the reasons for this reviewed by the Clinical Risk Group.
- Delivering Single Sex accommodation breaches mainly arose from the Intensive Care Unit.
- Work continued to improve patient pathways to ensure patients requiring admission to Farley Ward got this promptly.
- The Emergency Department were working to improve their response rate on real time feedback.
- It was noted that feedback from volunteers was reported upwards and often feedback was given directly to Ward Leaders.

The Board noted the Quality Indicator Report.

2059/02 Customer Care Report Quarter 2 - SFT 3622 - Presented by LW

The Board received the Quarter 2 Customer Care Report. In medicine complaints had been reduced and this may be attributed to a more pro-active approach adopted by Customer Services working with the Directorate Senior Nurses. MSK had experienced delays and cancellations to procedures and Clinical Support and Family Services were busy in Radiology.

It was noted that the dip sampling by Steve Long of complaints and reporting to Clinical Governance Committee was being strengthened.

A complaints workshop held in October had led to a restructuring of complaints teams with the role of Complaints Coordinators to improve responses. NHS Choices continued to be monitored regularly. There had been no increase in complaints during the busy Christmas and New Year period.

It was also noted that the report had been considered by the Clinical Governance Committee and was felt in its content to be improving in terms of the narrative and depth it provided.

The Board noted the Quarter 2 Complaints Report.

2059/03 Patient Safety Update - SFT 3623 – Presented by LW

The Board received a briefing detailing the Trust's response to the Sign up to Safety Campaign, as highlighted in the Chief Executive's Report. A stocktake of Safety Improvements was described and work would be overseen by the Safety Steering Group chaired by the Director of Nursing. The aim of the Group would be the delivery of a Safety Improvement Plan. Engagement with the Wessex Academic Health Science Network was also highlighted.

The Board noted the Patient Safety Update.

2060/00 PERFORMANCE AND PLANNING

2060/01 Finance & Performance Committee Minutes 22 December 2014 – SFT 3624 – Presented by NM

The Board received the Minutes which had been confirmed by the Finance Committee on the 2 February. Progress in relation to CQUIN was highlighted by the Chairman.

The Committee had agreed that the Director of Finance and Procurement would raise a formal objection in relation to the consultation on the 2015/16 Tariff. The Board endorsed the action taken in this matter.

2060/02 Finance and Contracting Report to 31 December (month 9) - SFT 3625 – Presented by MC

The Board received the Report and MC informed the Board that after nine months the Trust had a deficit of £1.1m. In relation to the £0.8m surplus planned for 2014/15 he now believed that the likely outturn for the year would be in the range of a breakeven to a £2m deficit.

Activity continued to be up and the displacement of elective work by non-elective work had affected the position further. There was limited management capacity to undertake transformation and cost improvement activity when the hospital was so busy.

Agency pay was higher than planned and some non-pay costs were being investigated further. It would be important to recover the position on elective work through to the year end and avoid unplanned loss of this to other providers.

Pressures were experienced in Medicine and Clinical Support and Family Services Directorates. The additional funding for nurse staffing had been exhausted and there was concern about the spend on locum/agency doctors, which reflected difficulties in recruiting in some areas. The Trust would continue

to balance its financial and quality duties very carefully. The Risk Stratification Tool continued to be used in relation to determining Specialing requirements.

The Board noted the Finance and Contracting Report.

2060/03 Targets and Performance Indicators Report - SFT 3626 - Presented by LA

The Board received the Performance Report to Month 9. It was noted that there had been more admissions from the A&E Department with a higher acuity of patients. Delayed Transfers of Care were affecting patient flow. The A&E Department had achieved 93% of patients seen within four hours which had recovered in January to 94%.

Cancer Targets had been achieved. Demand was up for some diagnostic procedures and capacity had been strengthened in those areas. The rate of operations cancelled on the day was 1.1%. The principal cause of this was a lack of beds.

The appraisal rate of 52% was considered to be an underestimate as initial results from the staff survey suggested a higher true percentage. The indicator on staff turnover showed red or amber if the figure was outside a pre-set range. The benchmark rate was the national average.

The Trust was awaiting the full detailed review of the benefits of the Better Care Fund/100 Day Challenge.

The Board noted the Performance Report.

2060/04 Update on Planning Process – SFT 3627 – Presented by LA

It was noted that the Trust was required to submit a brief description of its finances for 2015/16 and that work was underway with Directorates in support of this. The Finance and Performance Committee would review this information at its 23 February meeting. The Governors Strategy Group would meet on 12 February.

The Board noted the update on the Planning Process.

2060/05 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – SFT 3628 - Presented by NM

The Board received the a report summarising the regulations that had taken effect from November 2014 and the requirements for new and existing Directors to be Fit and Proper and of good character.

The approach to the requirements described in the report was agreed.

2061/00 PAPERS FOR NOTING OR APPROVAL

2061/01 Capital Development Report – SFT 3629 – Presented by LA

The Board received the Capital Development Report for October to December 2014.

It was noted that the refurbishments of Pitton and Redlynch Wards were completed and that Radnor Ward as highlighted in the Chief Executive's Report had moved into its new facility. Work continued on the design of the Springs main entrance refurbishment and work continued on the south side.

In relation to the Maternity Unit the Board had given consideration to an outline of the new requirement and proposed response and work had begun to design this in more detail.

The Board noted the Capital Development Report.

2061/02 Draft Minutes from the Council of Governors 24 November 2014 – SFT 3630 - Presented by NM

The Board received the draft minutes of the Council of Governors and it was noted that Andrew Freemantle had met with a prospective appointed governor to represent the armed forces interests at the hospital. A proposal to create an additional position of appointed governor would be considered at the 16 February meeting of the Council of Governors.

2061/03 Clinical Governance Committee Minutes – 23 October and 27 November 2014 - SFT 3631 - Presented by LB

The Board received the two sets of minutes, the 21 November minutes had been confirmed by the Committee at its 26 January meeting. The Chairman of the Committee had already highlighted the key issues discussed by the Committee and the minutes were therefore noted.

2062/00 QUESTIONS FROM THE PUBLIC

In relation to a question about volunteers from John Carvell, Alison Kingscott informed the Board that there were around 700 volunteers registered with the Trust carrying out a wide variety of work with the Wards and there was always a need to ensure that wards were clear what they wished volunteers to do and the scope of the role for example providing meal time assistance.

In relation to comments made, PH emphasised that the trust had not seen a significant transfer of services to other hospitals and that the Trust continued to provide a comprehensive range of District General Hospital services plus a range of regional services. CB added that consultant turnover was low and all but two departures had been retirement related during her time with the Trust.

Chris Wain welcomed the proposal for a military governor and Brian Fisk commented on clinic letters that he had sampled which he considered to be very caring in their nature.

In relation to a question about cancelled operations LA undertook to provide statistics on operations cancelled other than on the day.

2063/00 DATE OF NEXT MEETING

It was noted that the next public meeting of the Trust Board will be on Monday 13 April 2015, in the Board Room at Salisbury District Hospital starting at 1.30pm.

SALISBURY NHS FOUNDATION TRUST

Minutes of the Joint Meeting of Council of Governors and Board of Directors Held on 23 February 2015 In the Boardroom, Salisbury District Hospital

PRESENT

Directors:
Nick Marsden (Chairman)
Ian Downie
Steve Long
Sarah Mullally
Peter Hill
Malcolm Cassells
Lorna Wilkinson
Laurence Arnold
Alison Kingscott
Lydia Brown
Paul Kemp

Governors:
Colette Martindale (Lead Governor)
Beth Robertson
June Griffin
Rob Polkinghorne
Carole Noonan
John Markwell
Chris Wain
Alistair Lack
Nick Sherman
Lynn Taylor
Jan Sanders
John Noeken
Mary Monnington
Raymond Jack
Lynda Viney
Brian Fisk
Mandy Cripps

In Attendance:
Claire Gorzanski (for item 3)
David Seabrooke
Isabel Cardoso

APOLOGIES:
Christine Blanshard
Andrew Freemantle

1. MONITOR PLAN 2015/16

The meeting received a draft copy of the Operational Plan 2015/16. It was noted that in view of the rejection of the draft 2015/16 Tariff and the need to take additional steps, the submission date of the completed Annual Plan had been put back until May. It was understood that the first draft submission was required in early April.

The Strategy Committee had discussed the principles supporting the Operational Plan at its meeting on 12 February. The document presented was based on a Monitor template. The themes of Choice, Care, Staff and Value had been continued and the mission statement of an outstanding experience for every patient had been retained. The draft included reference to significant changes in government policy and the key strategic initiatives that were planned locally. A key initiative was the joint bid with RUH Bath and GWH Hospitals to secure the Adult Community Services in Wiltshire from 2016.

It was agreed to expand on the commentary on Specialist Services provided by the Trust under the theme of Choice. There should be a clear statement of future ambition for service provision.

The need to achieve savings as described under the managing expenditure theme was emphasised. The impact of the Better Care Fund should be included.

The comments were noted in the developing strategy.

2. FINANCES 2015/16

The meeting received a paper dated 19 February giving details of the financial challenges in 2015/16. This described the requirement to decide between two unsatisfactory alternatives as regards the Tariff to apply to the 2015/16 financial year. The assessment of the alternatives was continuing and was made more complex by unpredictable changes to activity levels and the mix of activity that could be expected.

The report described a range of cost pressures that could be anticipated with some certainty. The increase in the Trust's CNST contribution of £2.3m was highlighted which was a 55% rise for Salisbury and a 35% rise nationally resulting from a change of approach by the NHSLA.

The report summarised the pressures and reductions in income and it was believed that there was a total savings requirement for 2015/16 of £12.8m which would result in the Trust forecasting a year-end deficit for 2015/16 or £4-5m. Funding issues for the NHS would need to be resolved at national level and the situation continued to be discussed with NHS Providers.

The meeting noted the report.

3. QUALITY ACCOUNT 2015/16

The meeting received the Quality Priorities for discussion. Five priorities set out in line with the NHS Outcomes Framework were set out. It was suggested that the role of partners in delivering the priorities should be emphasised. There would be further work with the Governors as the Quality Account developed.

The meeting noted the report.

4. UPDATING THE CONSTITUTION – MILITARY GOVERNOR

It was noted that at its meeting on 16 February that the Council of Governors had considered a proposal to create an additional appointed governor to represent local army interests on the Council of Governors. Additional information about who would authorise the nomination had been obtained and it was agreed that Annex 4 of the constitution be amended with a new paragraph as follows;

6. There shall be one governor appointed by the commander of 1 Artillery Brigade or the Officer holding a position nearest to that position to represent local army interests.

5. DATE OF FUTURE MEETINGS

Council of Governors 18 May 2015 at 4pm
Board of Directors 30 March at 1.30pm

CHIEF EXECUTIVE REPORT

MAIN ISSUES:

THANK YOU TO STAFF

As part of my regular message to staff I have thanked them for their loyalty, commitment and support throughout the last financial year. Despite the operational challenges they have faced it is likely we will meet most of our operational targets. This includes Accident and Emergency, which is a fantastic achievement and not only highlights the tremendous efforts of A&E staff, but staff right across the hospital who have worked tirelessly to maintain our services and ensure that our patients move safely through the 'hospital system', without compromising their care. Our staff have also had a positive impact on so many other areas of patient care which are reflected in our operational targets such as our general and specialist referral to treatment targets and a number of indicators around diagnostics and stroke care. We know that the efforts of our staff are greatly appreciated by the local community and this is echoed by the Trust Board and Governors.

ADULT COMMUNITY SERVICES

We are working together with the Great Western Hospital and Royal United Hospitals on a joint bid to create a new model for adult community services across Wiltshire which would start in July 2016. The aim is to increase integration between community and hospital services, whilst working more closely with Primary Care (GPs) and Social Care to deliver care that focuses on the needs of patients, rather than those of individual organisations. The three Trusts have been successful in reaching the next stage of the process and we will shortly begin more detailed discussions with Wiltshire CCG, local GPs, community providers and patient groups. These discussions will continue throughout the summer and we will submit our completed proposal in the autumn before the CCG take a final decision by the end of the year.

GENERAL ELECTION GUIDANCE FOR STAFF

The General Election will take place on Thursday, May 7 and Parliament was formally dissolved on March 30. Guidance has been sent to NHS organisations on their role and conduct during the campaign period. While NHS business should proceed as normal with no disruption to patient services, we have provided guidance to our staff on the measures that we will be taking to ensure that we remain politically impartial at all times, and the obligations on us and our staff not engage in activities that are likely to call into question the political impartiality of the organisation, or which could give rise to criticism that public resources are being used for party political purposes. This guidance will stay in place until a new Government is formed.

CHIEF SCIENTIFIC OFFICER'S HEALTHCARE SCIENCE AWARDS

Congratulations to Christine White who has won the national Chief Scientific Officers 2015 award for Organisational Lead Scientist. This is a prestigious award and demonstrates how healthcare scientists in this Trust are engaged fully in their work and studies and being recognised for what they do. Well done to Millie Mitchell and Jessica Norton, two of our trainee clinical scientists, who were finalists in the Rising Star Life Sciences category. These awards follow last year's achievements where Nicola Monks and Christine White were finalists in the Workforce and Innovation category.

WILTSHIRE PUBLIC HEALTH AWARDS

Staff at Salisbury District Hospital have again been successful in the Wilshire Public Health Awards. Congratulations to Chris Loader, a health advisor in the Department of Sexual Heath, who won an award for supporting and advising patients in relation to their sexual health and encouraging and promoting safer sexual practices, reliable contraception, appropriate treatments and follow up. Our Alcohol Liaison Clinical Nurse Specialist was highly commended for her work in extending the availability of alcohol advice and signposting patients who may be drinking in excess to community services through the Alcohol Advisor Project. Our ShapeUp@Salisbury project was also highly commended for the way in which it had improved the health of our staff, by developing a co-ordinated set of initiatives related to physical and mental health.

POPULAR MEDICINE FOR MEMBERS' EVENT

Around 100 people came along to hear more about the causes, diagnosis and treatment of diseases that affect the digestive system, as part of our popular Medicine for Members series of lectures that give people an insight into how the body works, highlight the clinical conditions that are treated and provide some practical tips to keep safe and healthy. This was followed by excellent turnouts at two constituency meetings in Bishopstone and Salisbury. Further talks are planned and the Medicine for Members lecture diary can be found on the Trust's website at www.salisbury.nhs.uk .

HOSPITAL SAYS THANK YOU TO LEAGUE OF FRIENDS

The Trust Board and Governors have marked the considerable contribution the League of Friends has made to local healthcare over the last 60 years at a special gathering at Salisbury District hospital. Since it was founded in 1954, the League has raised over £2 million, which has helped provide excellent new facilities and new equipment that supports hospital services. Projects include support for specialist high/low baths in the 1980s, two bungalows that provide short stay accommodation for relatives of patients, together with a range of other projects across the hospital.

SUPPORT FOR STAFF ON MEDICAL ETHICAL ISSUES

A Clinical Ethics Committee has recently been established in the Trust. The Committee's main aims are to review current standards and policies relating to a variety of clinical ethical issues, and to provide confidential support and advice to staff who are confronted with challenging ethical issues in the course of their clinical practice. The committee has multi professional as well as "lay" representation to ensure that issues are considered from a variety of perspectives.

ACTION REQUIRED BY THE BOARD:
To note the report of the Chief Executive.
ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:
n/a

AUTHOR: Peter Hill
TITLE: Chief Executive

Trust Board meeting **SFT 3638**

TRUST BOARD WORKFORCE PERFORMANCE REPORT - M11 2014-5

Date: 13 April 2015

Report from: Alison Kingscott, Director of HR & OD **Presented by:**

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

The report is summarised against four categories:

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

Proposed Action:
The Board is asked to note the current position

Links to Assurance Framework/ Strategic Plan:

Strategic Aims

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

Values

We will be Patient Centred and Safe, Professional, Responsive and Friendly	✓

Appendices: The following documents are attached as appendices:

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

Supporting Information

1.1 Performance

The charts below give monthly data (February 2015) and the trend graphs in the appendix refer to the preceding five months (September 2014 – January 2015).

Workforce Numbers

1.2 Vacancies – GREEN / AMBER

The overall vacancy rate is 6.2%. This equates to c 178 FTE. When variable staffing (use of temporary agency / bank staff) is included the vacancy rate is 1.8%, c 51 FTE.

The Nursing and Midwifery (NMW) vacancy rate is 50% higher than the Trust average at 9.5%. NMW vacancies are partly mitigated by the use of variable staffing.

Updates and next steps

Jan – Feb 2015 has seen the appointment of 25 nurses from the European recruitment exercise. Two further dates are planned for 2015. We also had 19 registered nurses start in post between January and February 2015.

1.3 Workforce Costs and Quality - RED

Pay costs for M11 are £10.5m. Workforce costs showed an overspend of £409k against budget after 11 months of the financial year.

The combined costs of variable workforce costs in February 2015 were £1.3 million.

Year to date (M11) ***bank costs*** are £5.1 million, compared to £5.2 million for the same period in 2013/14. In M11 the spend was £501,239 supported by reducing trend of nurse bank spend (note that nursing agency spend has seen an upward trend in M11, and has entered the 'red').

Medical locum spend looks relatively stable compared to earlier months and is trending lower in spend than previous YTD.

Year to date (M11) ***agency costs*** are £7.1m. This compares unfavourably to the same period in 2013/14 of £5.2 million. Both medical and nurse agency costs have seen an increasing trend over the previous three months.

Updates and next steps

Current actions taken to improve the cost of agency spend include:

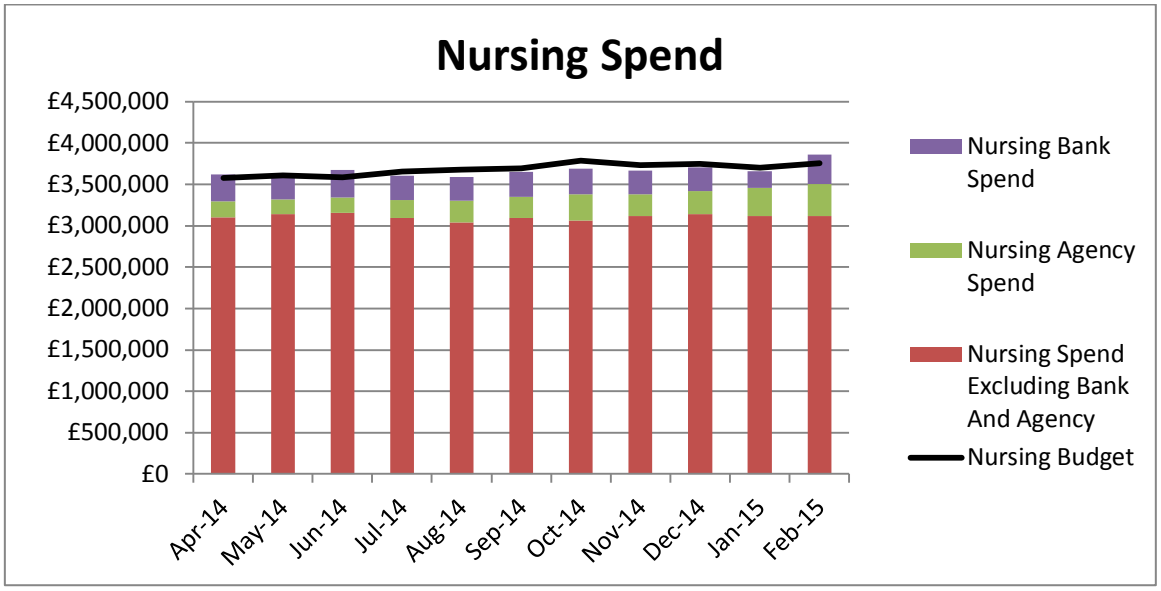
- Implementation a medical locum 'master vendor' agency contract to improve the sourcing of locum doctors.
- Re-launch of the Nursing and Administration Bank to attract further recruits, and recruitment activity to nurse bank during the final quarter has been successful.
- Year to date recruitment has seen 683 vacancies advertised with nursing being the largest number (220).
- There has been recent recruitment into several medical consultant appointments including Plastic Surgery, Anaesthetics, GU Medicine and Dermatology. We do still however have some long term hard to fill vacancies and are working with an external agency on sourcing doctors in the UK and abroad to fill these posts. This work is ongoing.

Workforce Quality

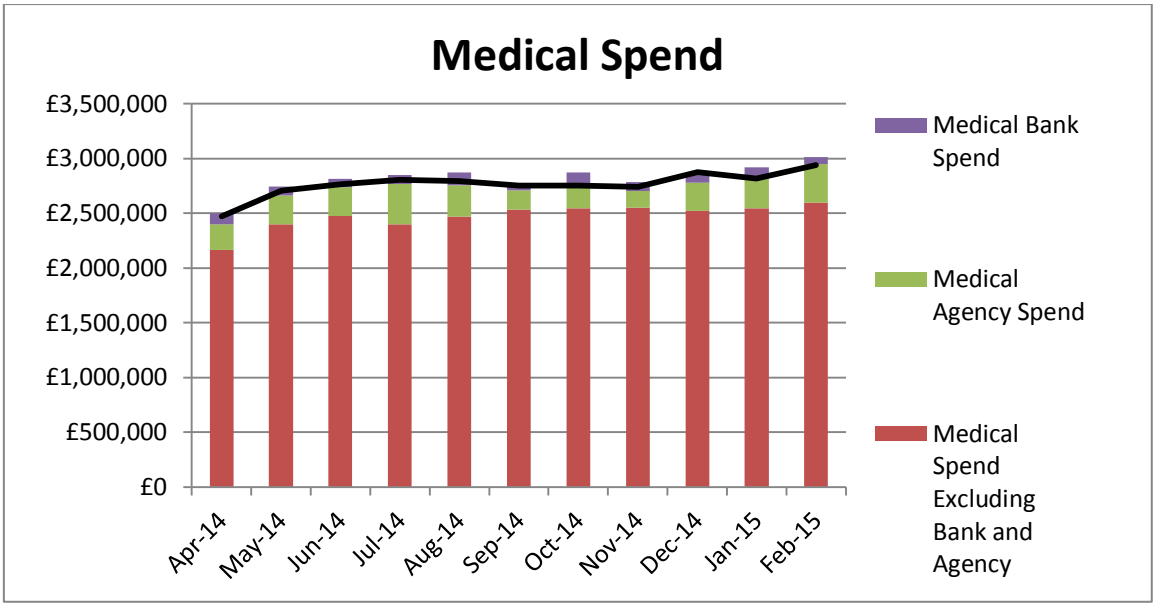
1.4 Efficiency of staff deployment - RED

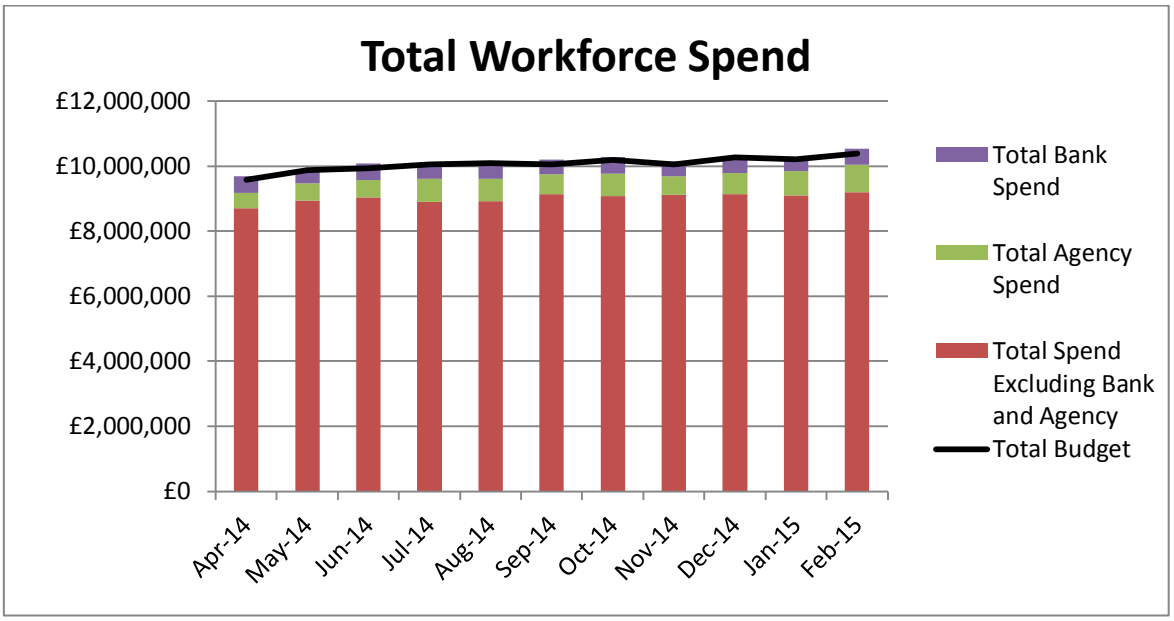
The following chart shows that nursing spend has fluctuated a small degree around the budgeted establishment. The trend from last month is that bank fill rates have declined and this is counter to the trajectory / target direction.

Recruitment to bank and a review of bank incentives is underway.



The table below shows that Medical workforce spend is in budget. Further work is ongoing to recruit into long term vacancies with a view to reducing spend on agency and locum doctors.





1.5 Safer staffing – GREEN

The expected ratio of 60:40 has remained largely stable since last month.

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

Workforce Health

1.6 Sickness absence – AMBER

In February the sickness absence rate showed a slight increase: short term sickness has begun to decrease, whilst long term sickness has increased. This follows five months of rising sickness rates with associated costs.

Updates and next steps

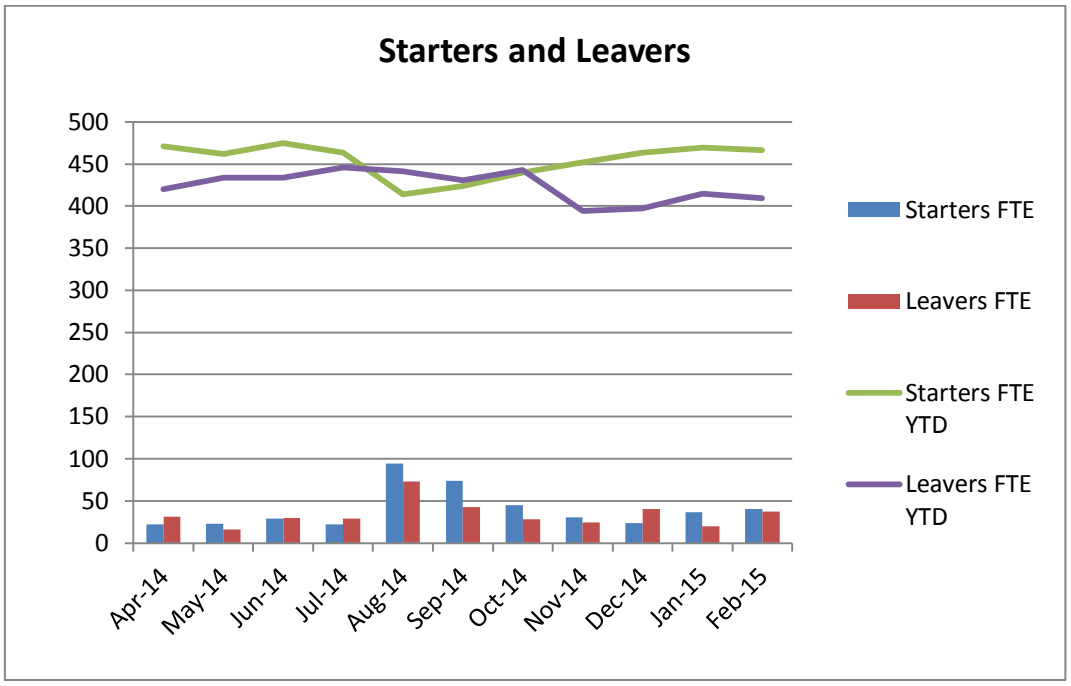
Close line management supervision of sickness will continue with appropriate support to both managers and employees. Staff Survey action plans are under development to support staff experiences at work.

1.7 Turnover – GREEN

The trend for overall turnover since last month is stable, with total turnover of 14.8%, and when medical rotation posts are removed turnover is 11.5%.

Nurse turnover is 8.4% which is lower than the trust average.

Nurse turnover and starters show a gap on previous months, with active recruitment campaigns aimed at UK and European nurses underway.



1.8 Friends and Family Test – GREEN

The trend data continues to place the Trust in a strong position in comparison to national data.

Workforce Compliance

1.9 Appraisal rates - RED

Interrogation of the system-held data shows that 77% of our 4000 trust staff are recognised as being part of the appraisal cycle, with the remainder of staff (some of which will include, in small numbers: leavers; those on maternity leave; very new starters; long term sick, and in larger numbers doctors c390), not yet linked into the system. This does not mean that these staff have not had an appraisal.

The percentage of Trust staff (non-medical including clinical and admin) that are recorded as having had an appraisal on the SpIda system that has been agreed, signed off and had a second sign-off by the 'grandparent' is 35.6%.

Updates and next steps

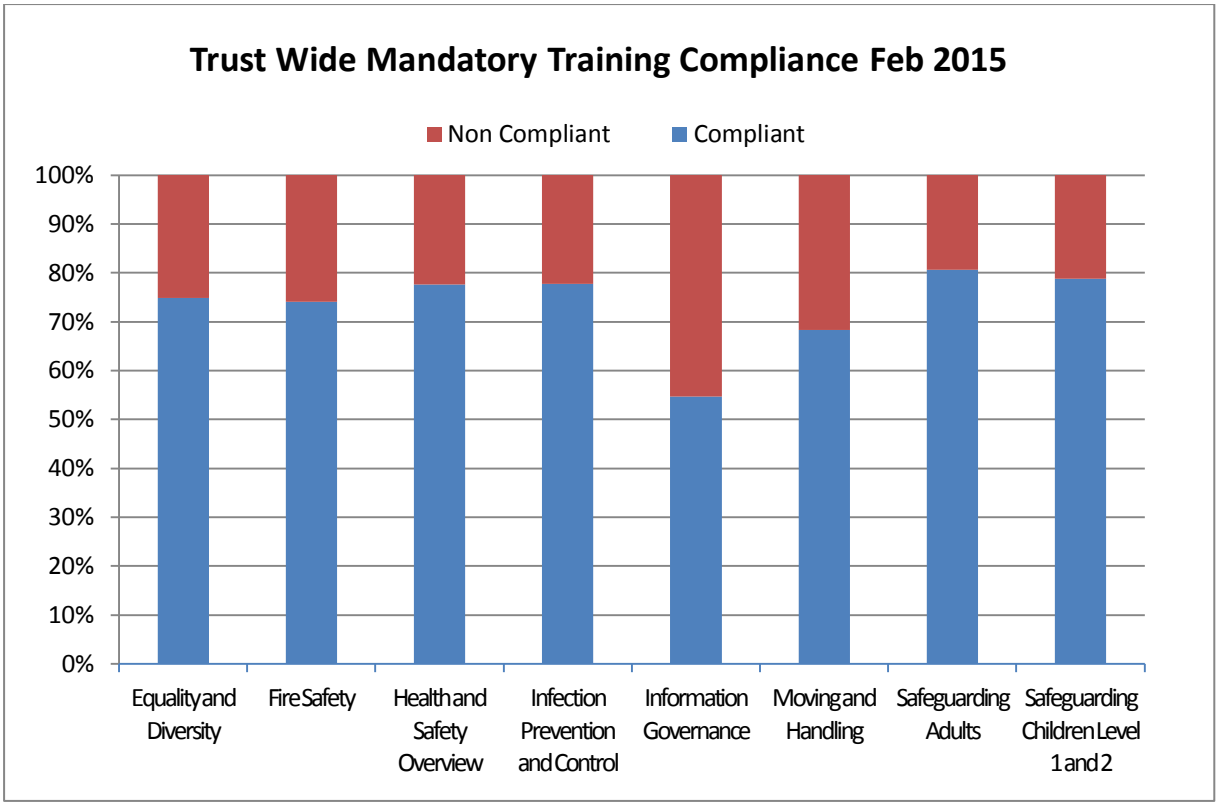
To ensure compliance the Trust is seeking to provide managers with more detailed information about team members and individual compliance. It was previously reported that system development is scheduled for July 2015. This will include Nurse Revalidation functionality.

Recent Broadcast information and Screensavers to staff has provided a reminder about the need to have an appraisal to satisfy incremental progression.

Individuals and line managers need to prioritise the appraisal process as part of the values of the Trust, and to use the current system to record the conversations that are recognised by staff in the Staff Survey, where 84% state that they have an appraisal.

1.10 Statutory and Mandatory Training - AMBER

Compliance with training is reported as amber at 76.0% and varies between each of the core topics.



Information Governance

Whilst the table above reports on IG compliance, the dashboard has not reported the Information Governance figure of compliance this month. The recorded figure of compliance provided by the IG team and submitted as part of the IG Toolkit is 94.3%.

This figure records the percentage of staff available for training (excludes sickness and maternity) drawing data from induction, bespoke training sessions (e.g. chaplains) as well as MLE. The chart above only reports on data included in MLE.

Next steps

Team managers are to work with their teams and direct reports to reinforce the importance of up to date training.

It is intended that in future there will be clarity on the compliance levels of both clinical and non-clinical staff to enable targeted actions on any groups of staff who have low levels of compliance.

A new slimline approach to e-learning will be implemented in 2015 and it is anticipated that this will have a positive impact on levels of compliance.

2. Communication and Involvement

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

Workforce Numbers

Staff In Post (SiP) numbers	Target	Feb-15	Trend	Forecast Out Turn
Total substantive Staff in Post (FTE)	= 95% of funded establishment (see vacancy rate RAG rating criteria below)	2,698		2,704
Establishment (FTE)	No target	2,877		2,877
Total substantive SiP - Nurses (FTE)	= 92% of funded establishment (see vacancy rate RAG rating criteria below)	1,084		1,089
Establishment - Nurses (FTE)	No target	1,198		1,199

Vacancies	Target	Feb-15	Trend	Forecast Out Turn
All Vacancies - excluding variable staffing (%)	<8% = green, 8% to 10% = amber, >10% = red	6.2%		6.0%
All Vacancies - including variable staffing (%)	<=4% = green, 5% to 6% = amber, >6% = red	1.8%		2.3%
Nursing Vacancies - excluding variable staffing (%)	<10% = green, 10% to 12% = amber, >12% = red	9.5%		9.2%
Nursing Vacancies - including variable staffing (%)	<=4% = green, 5% to 6% = amber, >6% = red	2.5%		3.4%

Workforce Costs and Quality	Target	Feb-15	Trend	Forecast Out Turn
Total Workforce spend vs. plan (YTD % above/below plan)	= Plan ±1%	0.4%		0.2%
Variable Staffing spend as proportion of total workforce spend	No Target	12.7%		12.0%
Bank Spend Total	No Target	£501,239		£5,488,821
Nursing Bank Spend	No Target	£358,200		£2,052,555
Medical Locum Bank Spend	No Target	£62,982		£998,111
Agency Spend Total	No Target	£839,157		£7,890,122
Nursing Agency Spend	No Target	£390,831		£1,425,110
Medical Agency Spend	No Target	£349,872		£3,212,581

Workforce Quality

Efficiency of Staff Deployment	Target	Feb-15	Trend	Forecast Out Turn
Bank Shift Fill Rate % - All Nursing	Increasing	53.8%		55.0%
Bank Shift Fill Hours - All Nursing	Increasing	12,876		158,523
Agency Shift Fill Rate % - All Nursing	Reducing	29.2%		28.6%
Agency Shift Fill Hours - All Nursing	Reducing	6,971		85,846

Safer Staffing	Target	Feb-15	Trend	Forecast Out Turn
Actual Staffing Levels - Nursing Assistants % of planned	No target	103.5%		104.5%
Actual Staffing Levels - Registered Nurses % of planned	No target	97.4%		97.3%
Actual Skill Mix % Qualified	No target	61.0%		60.8%

Workforce Health

Sickness Absence	Target	Feb-15	Trend	Forecast Out Turn
Overall Sickness Absence Rate (12m rolling average %)	<=3.1% = green, 3.1% to 4% = amber, >4% = red	3.4%		3.4%
Short Term Sickness	No target	1.5%		1.8%
Long Serm Sickness	No target	2.0%		2.0%
Average number of working days lost per FTE (in previous 12 mo	<=11.3 = green, 11.3 to 14.6 = amber, >14.6% = red	12.3		12.5
Financial cost of sickness in last 12 months	<=3.1% = green, 3.1% to 4% = amber, >4% = red	£4,068,474		£4,130,631
% of Sickness Absence with no reason recorded	<=5% = green, 5% to 15% = amber, >15% = red	14.7%		7.2%
Turnover	**Target**	**Feb-15**	**Trend**	**Forecast Out Turn**
Staff Turnover rolling 12 months %	11-14% = green, 9% - 10% and 15 -16% = amber, <9% and >16%	14.8%		14.6%
Staff Turnover rolling 12 months % (Excluding Rotational Medica	9-12% = green, 7% - 8% and 13 - 14% = amber, <7% and >14% =	11.5%		11.2%
Registered Nurse Turnover rolling 12 months %	<=8% over 12 months	8.4%		8.4%
Starters % rolling 12 months (Excluding Rotational Medical Staff)	No target	13.3%		13.7%
Registered Nurse Starters rolling 12 months	No target	6.6%		6.9%
Staff Friends and Family Test	**Target**	**Q2 2014/15**	**Trend**	**Forecast Out Turn**
% of Staff agreeing they would recommend the hospital as a place to receive treatment	Top 20% of Trusts Nationally	92.0%		86.3%
% of Staff agreeing they would recommend the hospital as a place to work	Top 20% of Trusts Nationally	81.3%		78.7%

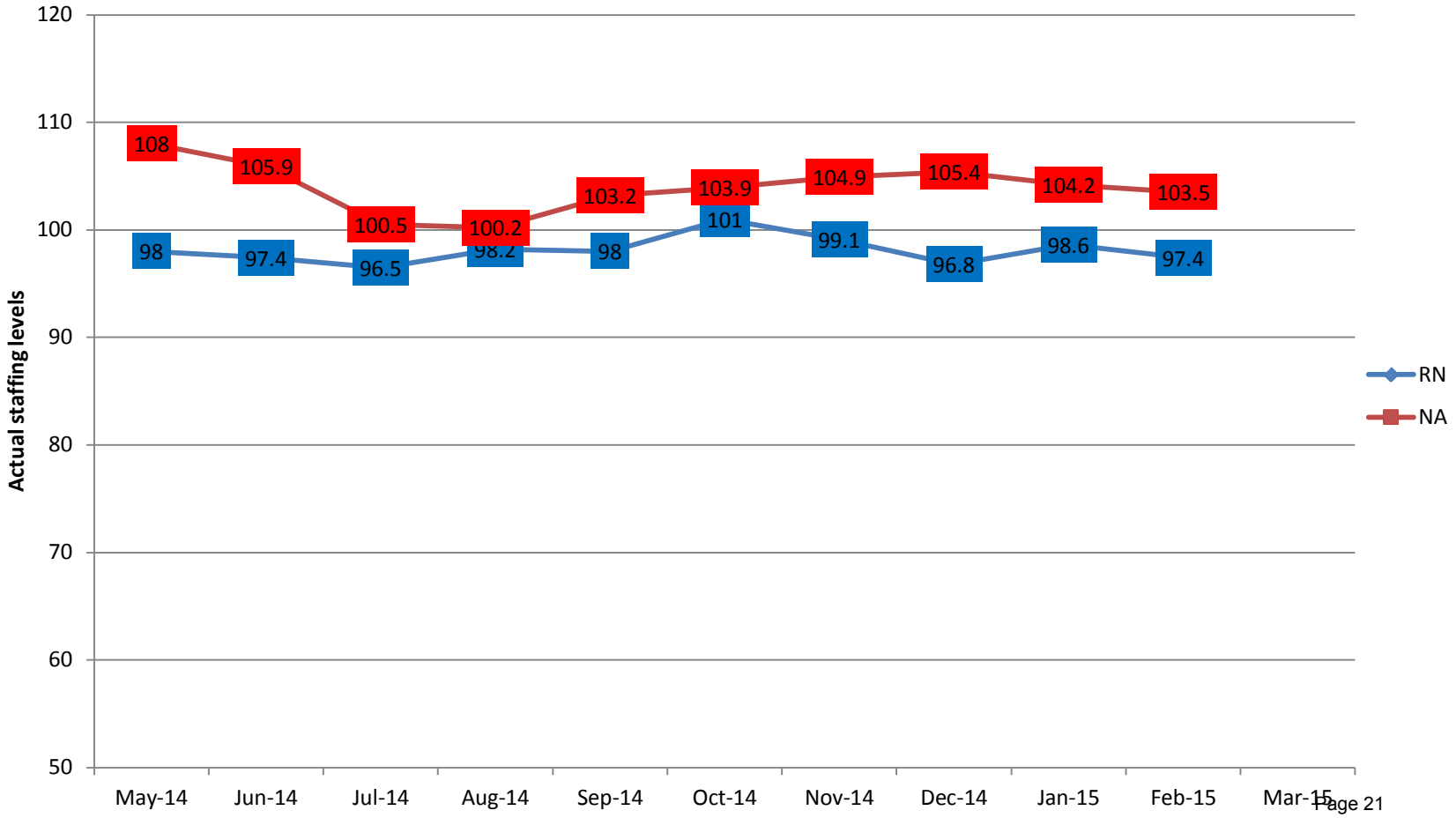
Workforce Compliance

Appraisal rates (excludes Medical Staff)	Target	Feb-15	Trend	Forecast Out Turn
Appraisal rates for Non Medical Staff	>85% = green, 75% to 85% = amber, <75% = red	53.1%		51.4%
Appraisal rates for Medical Staff	>85% = green, 75% to 85% = amber, <75% = red	87.0%		87.0%
Statutory and Mandatory Training - All Staff	**Target**	**Feb-15**	**Trend**	**Forecast Out Turn**
Overall Statutory and Mandatory Training Compliance	>85% = green, 75% to 85% = amber, <75% = red	76.0%		74.4%
Equality and Diversity	>85% = green, 75% to 85% = amber, <75% = red	74.8%		74.8%
Fire Safety	>85% = green, 75% to 85% = amber, <75% = red	74.1%		74.1%
Health and Safety Overview	>85% = green, 75% to 85% = amber, <75% = red	77.6%		77.6%
Infection Prevention and Control (including hand hygiene)	>85% = green, 75% to 85% = amber, <75% = red	77.8%		77.8%
Information Governance	>85% = green, 75% to 85% = amber, <75% = red			
Moving and Handling	>85% = green, 75% to 85% = amber, <75% = red	68.3%		68.3%
Safeguarding Adults	>85% = green, 75% to 85% = amber, <75% = red	80.6%		80.6%
Safeguarding Children Level 1 and 2	>85% = green, 75% to 85% = amber, <75% = red	78.8%		78.8%

Safe Staffing NQB Report - February 2015

Monthly Comparisons – Actual Staffing Levels

Registered Nurses			Nursing Assistants			Combined			Planned Skill Mix		Actual Skill Mix	
P	A	%	P	A	%	P	A	%				
54127.7	52696.7	97.4	32554.1	33693.5	103.5	86681.8	86390.2	99.6	62	38	61	39



Overview of Nurse Staffing Hours – February 2015

	RN	NA
Total Planned hours (day shift)	32797.9	21923.6
Total Actual hours (day shift)	31794.5	22316
Percentage	**96.9**	**101.8**
Total Planned hours (night shift)	21329.8	10630.5
Total Actual hours (night shift)	20902.1	11377.5
Percentage	**98**	**107**

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

Nursing Hours by Day Shifts

	RN hours required	RN hours filled	% RN hours filled	CA hours required	CA hours filled	% CA hours filled
Medicine	**13634.5**	**13473.26**	**98.8%**	**9993.75**	**10878.42**	**108.9%**
Breamore Ward	1258	1162.76	92.4%	857	1050	122.5%
Durrington Ward	995	1035.25	104.0%	788	1069.67	135.7%
Emergency Department	322	322	100.0%	322	322	100.0%
Farley Ward	1603	1546.5	96.5%	1371.5	1390	101.3%
Hospice	887.5	935.5	105.4%	558	545	97.7%
Pembroke Ward	810	825	101.9%	410	387.5	94.5%
Pitton Ward	1436	1298	90.4%	1031.25	1135.75	110.1%
Redlynch Ward	1384	1332.5	96.3%	993.5	1082.75	109.0%
Tisbury Ward	1866	1609.5	86.3%	638.5	659.75	103.3%
Whiteparish Ward	1535	1652.75	107.7%	924.5	940.5	101.7%
Winterslow Suite	1538	1753.5	114.0%	2099.5	2295.5	109.3%
Surgery	**6750.5**	**6221.51**	**92.2%**	**3194.5**	**2884.25**	**90.3%**
Britford Ward	2014.5	2005.5	99.6%	1124	1087.25	96.7%
Downton Ward	1297	1276	98.4%	994.5	903	90.8%
Radnor	2722.5	2232.75	82.0%	369.5	256	69.3%
Wilton Ward	716.5	707.26	98.7%	706.5	638	90.3%
Clinical Support	**3531.5**	**4086.02**	**115.7%**	**1800**	**1416.75**	**78.7%**
Maternity	2024	2215	109.4%	1156	1016.25	87.9%
NICU	644	1007.02	156.4%	322	95.25	29.6%
Sarum Ward	863.5	864	100.1%	322	305.25	94.8%
Musculo-Skeletal	**8881.49**	**8013.76**	**90.2%**	**6935.35**	**7136.62**	**102.9%**
Amesbury Suite	1867.5	1652.87	88.5%	1382.5	1414.15	102.3%
Avon Ward	1344.08	1143.17	85.1%	1669.43	1733.47	103.8%
Burns Unit	1367.5	1276	93.3%	508	465	91.5%
Chilmark Suite	1353.5	1239.18	91.6%	1012	1129.03	111.6%
Laverstock Ward	1704.5	1680.75	98.6%	1003	895.5	89.3%
Tamar Ward	1244.41	1021.79	82.1%	1360.42	1499.47	110.2%
Grand Total	**32797.99**	**31794.55**	**96.9%**	**21923.6**	**22316.04**	**101.8%**

Nursing Hours by Night Shifts

	RN hours required	RN hours filled	% RN hours filled	CA hours required	CA hours filled	% CA hours filled
Medicine	**9436.5**	**9294.5**	**98.5%**	**4906.5**	**5803.25**	**118.3%**
Emergency Department	322	322	100.0%	322	322	100.0%
Farley Ward	954.5	943	98.8%	644	675	104.8%
Hospice	446.5	522.5	117.0%	421.5	334	79.2%
Pembroke Ward	644	644	100.0%	0	0	
Pitton Ward	966	943	97.6%	644	710	110.2%
Redlynch Ward	964	964	100.0%	322	500	155.3%
Tisbury Ward	1288	1242	96.4%	322	333.5	103.6%
Whiteparish Ward	1288	1242.5	96.5%	322	364.25	113.1%
Winterslow Suite	965	954.5	98.9%	966	1564	161.9%
Durrington Ward	632.5	644	101.8%	621	644	103.7%
Breamore Ward	966	873	90.4%	322	356.5	110.7%
Surgery	**4524.33**	**4199.33**	**92.8%**	**1040**	**1234.5**	**118.7%**
Britford Ward	840	820.5	97.7%	480	550	114.6%
Downton Ward	560	560	100.0%	280	290	103.6%
Radnor	2564.33	2248.33	87.7%	0	0	
Wilton Ward	560	570.5	101.9%	280	394.5	140.9%
Clinical Support	**3864**	**3809**	**98.6%**	**1334**	**984**	**73.8%**
Maternity	2254	2003.5	88.9%	966	811.5	84.0%
NICU	644	851	132.1%	322	115	35.7%
Sarum Ward	966	954.5	98.8%	46	57.5	125.0%
Musculo-Skeletal	**3505**	**3599.25**	**102.7%**	**3350**	**3355.75**	**100.2%**
Amesbury Suite	532	522.5	98.2%	798	826.5	103.6%
Avon Ward	560	580	103.6%	840	820	97.6%
Burns Unit	560	560	100.0%	280	279.75	99.9%
Chilmark Suite	532	532	100.0%	532	532	100.0%
Laverstock Ward	761	831	109.2%	340	307.5	90.4%
Tamar Ward	560	573.75	102.5%	560	590	105.4%
Grand Total	**21329.83**	**20902.08**	**98.0%**	**10630.5**	**11377.5**	**107.0%**

Overview of Areas with Red/Amber

Flag	Ward	%	RN	NA	Shift	Mitigation
Red	**Radnor**	69.3		√	Day	Small numbers of NA's and not enough staff in establishment to cover all planned shifts.
Red	**NICU**	29.6		√	Day	Small number of MA's used, replace by RNs to meet acuity needs
Red	**NICU**	35.7		√	Night	Small number of MA's used, replace by RNs to meet acuity needs
Red	**Hospice**	79.2		√	Night	Small number of NA's used and staffing flexed according to needs of patients
Amber	Breamore	85.8	√		Day	Escalation ward – staffing reviewed on daily basis and RN not always required though planned. Also use Band 4 for some B5 duties.
Amber	**Tisbury**	86.3	√		Day	Roster planned for 6 RNs but may only need 5, and use of B4 roles in place of B5.
Amber	**Radnor**	82	√		Day	Each shift planned to have 8RNs – actual numbers reduced when acuity lower/empty beds thus showing shortfall.
Amber	**Maternity**	87.9		√	Day	Small number of MA's used, replaced by Midwives
Amber	**Amesbury**	88.5	√		Day	High number of vacancies – each shift assessed by DSN
Amber	**Avon**	85.1	√		Day	High number of vacancies – each shift assessed by DSN
Amber	**Tamar**	82.1	√		Day	High number of vacancies – each shift assessed by DSN
Amber	**Laverstock**	89.3		√	Day	High threshold for use of agency so not all shifts covered
Amber	Radnor	87.7	√		Night	Each shift planned to have 8RNs – actual numbers reduced when acuity lower/empty beds thus showing shortfall.
Amber	Maternity	88.9	√		Night	Escalation protocol used and each shift assessed

NB: Flags based on green 90% and above, amber 80-90%, red below 80% - no ratings yet agreed by NHS England

Mitigation of Risk

There is slightly more wards this month flagging amber/red against our internal measures.

- Vacancies remain high in medicine and MSK– on-going recruitment initiatives. All shifts are assessed daily by Directorate Senior Nurses to ensure they are safe.
- Additional escalation beds across 3 areas open which impacts on staffing across the wards
- ITU plans to have 8 RNs on each shift, however if acuity lower/empty beds then staff are given leave/moved to other shifts which shows actual being less than planned. Appropriate 1:1 or 1:2 ratios maintained on all shift
- NA remains over 100% - this is due to NA's being used on unfilled RN shifts and specials.
- Agency fill rates remain challenging but all shifts are assessed daily by Directorate Senior Nurses to ensure they are safe.
- Wards often use staff on long days to cover 2 shifts – ward has the required level of staff but uses less hours resulting in shortfall in actual hours. DSNs monitoring to ensure appropriate numbers on shift.

Actions taken to mitigate risk

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

Salisbury NHS
NHS Foundation Trust

STAFF SURVEY 2014
Report to the Trust Board
13 April 2015

SFT 3639

1 Purpose

1.1 To report to the Trust Board the outcome of the national staff survey, which was conducted during autumn 2014 by Picker Institute Europe[1], across all 29 Key Findings.

1.2 To highlight the areas where it is proposed targeted action plans are required and to summarise the impact of previous action plans.

1.3 To endorse the proposal from Operational Management Board (OMB), that the Trust seeks to adopt Focus Groups in order to explore the emerging themes within the report with staff groups, in order to verify the issues, to embed action plans and to begin to make change happen.

2 Introduction

2.1 The 2014 national NHS Staff Survey results were published in February 2015. The Trust's response rate of 57% (last year it was 59%). This remains a positive response rate in comparison to other acute trusts (see Appendix 1).

2.2 An earlier version of this report was considered by the Trust Board in private session on Monday 2 March 2015. A summary report and a more detailed full report for this Trust are available to view on the website (see end of the report for links).

2.3 This paper summarises and considers the overall results for the Trust. The Deputy Director of Human Resources will take a lead co-ordinating role in relation to any actions required to respond to the results, through OMB that will be responsible for developing the action plan and reporting on actions. It is proposed that updates of work on the staff survey results and actions planned and taken will be reported to meetings of the Executive Workforce Committee in June 2015 and an update on progress in December 2015.

2.4 The staff survey is structured to report on the four NHS staff pledges from the NHS Constitution and three Additional Themes seen below, and the trust findings are presented under these pledges / themes and our trust values:

1. To provide all staff with clear roles, responsibilities and rewarding jobs
2. To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed
3. To provide support and opportunities for staff to maintain their health, wellbeing and safety

[1] http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2014_RNZ_full.pdf

4. To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services

   Plus three additional themes

5. Staff Satisfaction
6. Equality and Diversity
7. Overall staff engagement

3 Our Results

3.1 This section provides a summary of the results under the following headings, and where practical categorised by Staff Pledges, Additional Themes and Trust Values.

3.2 **Highlights** from the findings
3.3 Where Salisbury is among the **Best performing 20%** of acute trusts
3.4 Where Salisbury is **Better than average**
3.5 Where Salisbury is **Average**
3.6 Where Salisbury is **Below average**
3.7 Area of **Change** since 2014
3.8 Chart of **comparisons** with South Acute Trusts

3.2 Highlights

Do staff recommend the trust as somewhere to work or receive treatment?

Salisbury scores higher than average and has improved on last year's score in this area. In particular staff report that the Trust has got better at acting on concerns from patients.

How engaged are our staff?

Salisbury scores highly and in the Top 20% of acute trusts. Staff report that they feel engaged because they can contribute to improvements at work, they recommend the trust as a place to work and they feel motivated.

3.3 Best performing

Out of the 29 'key findings' the Trust's results place it in the **best performing 20%** of acute trusts in 11 areas, and these are listed below. Also highlighted are the Top 5 areas (colour purple) where we compare most favourably with other acute trusts.

- Staff motivation at work
- Staff job satisfaction
- Support from immediate managers
- Percentage reporting errors, near misses or incidents witnessed in the last month
- Staff recommendation of the trust as a place to work or receive treatment

- Effective team working
- Fairness and effectiveness of incident reporting procedures
- Percentage agreeing they would feel secure about raising concerns about unsafe clinical practice (new question for this year)
- percentage reporting good communication between senior management and staff
- percentage able to contribute to improvements at work
- Percentage agreeing feedback from patients/services users is used to make informed decisions in their directorate / department (new question for this year.

3.4 Better than average

The Trust's results were **better than average** in nine areas:

- percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver (better than last year)
- percentage agreeing that their role makes a difference to patients (better than last year)
- work pressure
- percentage feeling pressure in last 3 months to attend work when feeling unwell
- percentage suffering work related stress in last 12 months
- percentage having equality and diversity training in the last 12 months
- percentage receiving health and safety training in last 12 months
- percentage witnessing potentially harmful errors, near misses or incidents in the last month
- staff believing the trust has equal opportunities for career progression or promotion

3.5 The Trusts results were **average** in four areas:

- percentage appraised in last 12 months
- percentage having well-structured appraisals in last 12 months
- percentage working extra hours
- percentage experiencing discrimination at work in the last 12 months*

*this result is the one that has changed the most since last year, and for the worse

3.6 The Trust results were **below average** in five areas:-

- percentage experiencing physical violence from patients, relatives or the public in last 12 months
- percentage experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- percentage experiencing physical violence from staff in the last 12 months
- percentage experiencing harassment, bullying or abuse from staff in the last 12 months
- percentage receiving job relevant training, learning or development in last 12 months

3.7 Areas of change since 2014

There has been only one area of statistically significant change since 2013, with all other areas not statistically different, reflecting a sense of consistency within the reported responses from staff. The Trust score that has deteriorated in one area is

- Percentage of staff experiencing discrimination at work in the last 12 months (from 7% up to 11%, where a lower score is better)

This forms a critical new area for the action planning process.

3.8 Chart of comparisons with South West acute Trusts

Please refer to Appendix 1

4 Areas for exploration and improvement

There are a number of key findings that require further exploration and action planning for change. These will primarily relate to those areas where scores are below average compared to other acute Trusts or where our scores are not meeting local Trust targets.

There are some clear themes that staff have expressed through the survey including discrimination, violence, abuse and bullying. The trust takes these issues very seriously and will continue to offer support to any member of staff affected by these issues or of a similar nature. The Trust is also highly supportive of staff reporting of incidence via DatixWeb and welcomes staff's engagement in this process.

4.1 Percentage of staff experiencing discrimination at work in the last 12 months

This is a new category for the Trust where the results this year are statistically worse than in the previous year. Further work is required to investigate what forms of discrimination staff are reporting, and the sources of the discrimination such as peers, managers, patients and / or relatives. Clear messages about discrimination being unacceptable will be reinforced and actions taken. The trust prides itself on being professional and friendly and these values will be reinforced through internal processes.

4.2 Percentage experiencing harassment, bullying or abuse from patients, relatives the public or staff in the last 12 months

This is also a category where previously staff have not reported high incidence and so forms a new area for work and change. The NHS and Salisbury NHS Foundation Trust has a zero tolerance of any form of harassment, bullying or abuse. Staff need to feel supported where it occurs and the Trust will take action to reduce the incidence and to hold to account those found to be exhibiting such

behaviours.

4.3 Percentage experiencing physical violence from patients, relatives the public or staff in last 12 months

This result presents a theme from previous survey results, and despite a number of focused actions in the past 12 months the results have not shown significant improvement. The Violence and Aggression Sub Group has progressed a number of work streams including: focus group work to identify issues and support staff; input from the risk team on relevant incident reporting; appropriate specialling. More recent activity has been the establishment of a trust based 24/7 security service due to launch in quarter one, 2015.

4.4 Percentage receiving job relevant training, learning or development in last 12 months

Critical to our 'patient-centred and safe' values is ensuring that our staff are up to date and can practice safely. Ensuring that staff who are ward based are able to access training is essential and Directorate managers and Senior Nurses have a key role in ensuring that teams feel supported to prioritise training and learning. A focus group approach will be used to explore what is preventing the regular process of being up to date with learning.

Additional areas for work

4.5 Percentage suffering work related stress

The trust has improved its support to staff through focused activity including the appointment of an RMN, stress awareness sessions, access to counselling and alternative therapies. This has resulted in an improvement this year with fewer staff reporting experiencing stress at work. However, this remains a key area of interest and concern for the trust and so will remain as a trust wide activity in the action plan.

4.6 Percentage appraised in the past 12 months

There has been no further progress on the percentage of staff reporting that they have been appraised in the last 12 months, and we are average in comparison with other acute trusts. As we continue to embed the appraisal system SpIda and our trust values the work on appraisals will continue to feature on the plans for improvement and change.

5 Where we have seen our actions be productive

Last year the survey reported that the Trust had a higher than average score for *percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month.*

This year the result shows an important reduction in the percentage of harmful errors, near misses or incidences witnessed by staff and an important increase in

the percentage reporting errors, near misses or incidence in the last month.

This is a very positive result.

6 Conclusion

Overall the staff survey results are very positive and demonstrate the value the Trust places in its staff and the ongoing improvements in a number of areas. It is the Trust's intention to continue to sustain this good performance and improve in areas wherever possible, engaging with our staff to provide them with a positive experience of working at Salisbury NHS Foundation Trust.

7 Action required by the Executive Workforce Committee

1. The Trust Board are asked to note the survey results
2. To note the areas proposed for the development of targeted action plans
3. To endorse to the proposal to bring update reports to the Executive Workforce Committee.

8 Further documentation available via the following links:

- Summary report
  www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2014_RNZ_sum.pdf

- Full report
  www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2014_RNZ_full.pdf

AUTHOR: Victoria Downing-Burn
TITLE: Deputy Director of Human Resources – Interim

NHS South West 2014 Staff Survey Key Findings

	2013 Response Rate	2014 Response Rate	Staff Pledge 1 - to provide all staff with clear roles, responsibilities and rewarding jobs					Staff Pledge 2 - to provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed				Staff Pledge 3 - to provide support and opportunities for staff to maintain their health, well-being and safety											Staff Pledge 4 - Staff Engagement		Additional Theme - Staff Satisfaction			Additional Theme - Equality and Diversity			Additional Theme - Patient Experience Measures	2014 Score	2013 Score	2013 Position
			% feeling satisfied with the quality of work and patient care they are able to deliver	% agreeing that their role makes a difference to patients	Work pressure felt by staff	Effective Team working	% working extra hours	% receiving job-relevant training, learning or development in last 12 months	% appraised in last 12 months	% having well structured appraisals in last 12 months	Support from immediate managers	% receiving health and safety training in last 12 months	% suffering work-related stress in last 12 months	% witnessing potentially harmful errors, near misses or incidents in last month	% reporting errors, near misses or incidents witnessed in last month	Fairness and effectiveness of incident reporting procedures	% Agreeing that they would feel secure raising concerns about unsafe clinical practice	% experiencing physical violence from patients/relatives in last 12 months	% experiencing physical violence from staff in last 12 months	% experiencing harassment, bullying or abuse from patients/relatives in last 12 months	% experiencing harassment, bullying or abuse from staff in last 12 months	% feeling pressure in last 3 months to attend work when feeling unwell	% reporting good communication between senior management and staff	% able to contribute towards improvements at work	Staff job satisfaction	Staff recommendation of the Trust as a place to work or receive treatment	Staff motivation at work	% having equality and diversity training in last 12 months	% believing Trust provides equal opportunities for career progression or promotion	% experiencing discrimination at work in last 12 months	% agreeing feeback from patients/ service users is used to make informed decisions in their Directorate/Department			
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29			
Acute Trusts																																		
University Hospital Southampton NHS Foundation Trust	59%	47%	A	A	-	G	A	+	+	G	G	+	A	A	+	G	G	+	G	G	A	+	G	G	G	G	+	A	+	A	A	116	102	4
Salisbury NHS Foundation Trust	59%	57%	+	+	+	G	A		A	A	G	+	+	+	G	G	G		-	-	-	+	G	G	G	G	G	+	+	A	G	113	114	1
Portsmouth Hospitals NHS Foundation Trust	57%	54%	A	-	+	G	G	A	+	G	G	G	G	A	-	G	+	A	+	A	A	-	G	A	G	A	A	+	+	+	G	111	73	14
Royal Berkshire NHS Foundation Trust	55%	45%	G	G	+	+	A	+	+	G	+	+	+	+		+	G	A	A	A	A	A	A	+	+	+	G	G	-	-	G	110	107	2
Royal Devon and Exeter NHS Foundation Trust	47%	40%	A	A	G	A	+	R	A	+	+	A	+	A	-	G	A	G	A	G	G	G	-	A	+	+	-	A	G	A	+	103	92	7=
Royal United Hospital Bath NHS Trust	60%	57%	A	+	-	+	+	G	A	+	G	A	G	R	-	A	-	R	+	R	+	G	A	+	G	+	+	+	G	A	A	100	79	11=
Hampshire Hospitals NHS Foundation Trust	32%	45%	A	A	-	-	R	A	-	A	A	+	A	-	R	A	G	+	G	G	A	+	+	A	A	+	A	+	A	+	A	92	88	10
Yeovil District Hospital NHS Foundation Trust	55%	66%	A	+	A	+	+	G	-	-	+	-	A	R	+	-	+	-	G	-	G	+	-	-	+	A	A	A	-	+	A	91	75	13
Dorset County Hospital NHS Foundation Trust	62%	55%		-	+	-	A	A	A	A	+	R	G	A	-	-	A	-	+	+	-	-	A	+	+	+	A	+	+	+	A	89	62	16
Great Western Hospitals NHS Foundation Trust	67%	55%	-	R	-	-		R	G	-	+	+	A	+	+	+	A	+	A	A	+	A	-	A	A	-	+	+	A	A	R	85	102	3
Royal Bournemouth and Christchurch NHS Foundation Trust	55%	49%	-	-	G	+	G	A	-	-	A	-	A	-	G	+	+	-	R	-	-	-	-	-	A	+	-	A	+	-	G	84	93	5=
Taunton and Somerset NHS Foundation Trust	52%	28%	+	G	+	A	-	A	A	-	A	R	R	R	R	A	-	A	+	-	A	A	A	A	+	+	+	R	A	A	A	81	93	5=
Gloucestershire Hospitals NHS Foundation Trust	63%	54%	-	-	+	-	G		G	A	A	G	+	A	-	-	R	-	-	-	A	-	A	-	A	-	R	G	+	+	R	81	61	17=
Poole Hospital NHS Foundation Trust	63%	56%	+	A	-	+	A	+	-	+	-	-	-	R	A	A	+	R	R	R	A	-	A	G	+	+	A	A	G	-	R	81	92	7=
Weston Area Health NHS Trust	49%	53%	-	+	R	G	R	G	+	R	-	+	-	R	A	R	-	R	R	R	R	R	R	A	-	R	-	A	G	G	A	68	88	9
University Hospitals Bristol NHS Foundation Trust	52%	47%	R	-	R	-	A	+	-	-	-	R	R	R	A	+	-	A	-	A	-	A	-	-	-	A	R	R	A	-	A	63	67	15
Plymouth Hospitals NHS Trust	45%	47%	R	R	R	R	A	R	A	R	R	A	-	R	+	-	-	+	+	A	-	R	R	R	R	R	R	-	-	A	R	54	61	17=
Royal Cornwall Hospitals NHS Trust	49%	45%	R	R	R	R		R	R	R	R	G	R	R		R	R		R	-	R	R	R	R	R	R	R	G	R	A	R	43	48	19
North Bristol NHS Trust	52%	25%	R	R	R	R	R	+	-	R	R	R	R	R	R	R	R	-	A	R	-	R	R	A	R	R	R	R	-	-	R	41	79	11=

KEY:		score
Best 20%	G	5
Better Than Average	+	4
Average	A	3
Worse Than Average	-	2
Worst 20%	R	1
Total Score Key:	100 & above	
	between 75 & 99	
	74 & below	
Maximum Score Possible = 145		

Patient-centred & Safe
Professional
Responsive
Friendly

Trust Board meeting **SFT 3640**

Quality indicator report – February 2015

Date: 13 April 2015

Report from: Dr Christine Blanshard, Medical Director
Presented by: Dr Christine Blanshard, Medical Director

Executive Summary:

- 4 cases of C Difficile which brings the Trust to the target of 18.
- 1 MSSA bacteraemia - not line related.
- 3 new serious incident inquiries.
- 1 never event.
- A decrease in the crude mortality rate. SHMI is 101 and SHMI adjusted for palliative care is 98 to June 2014. HSMR is 97 to November 14 which is as expected.
- A decrease in grade 2 pressure ulcers.
- Safety Thermometer - 96% 'new harm free care'. 92% 'all harm free care' which indicates a proportion of patients are admitted to hospital with a harm.
- Ten falls, all resulting in moderate harm; 3 fractures managed conservatively, 3 soft tissue injuries, 3 aggravated old injuries requiring medical intervention and 1 head injury. The falls happened across 7 different wards.
- An improvement in the percentage of fractured hip patients operated on within 36hrs.
- Escalation bed capacity increased**.** There were 8 non-clinical same sex accommodation breaches. Ward moves of patients moved more than twice remains at a low level.
- An increase in patients arriving on the stroke unit within 4 hours and sustained performance of patients spending 90% of their time on the stroke unit and receiving a CT scan within 12 hours. There was a decrease in high risk TIA referrals being seen within 24 hours.
- Real time feedback was as expected. The Friends and Family test response rate for inpatients and ED was achieved. The Maternity Services response rate remains below target. Day cases and outpatient response rates remain variable.

Proposed Action:

1. **To note the report**

Links to Assurance Framework/ Strategic Plan:
CQC registration

Appendices:
Trust quality indicator report – February 2015

Supporting Information

Salisbury NHS
NHS Foundation Trust

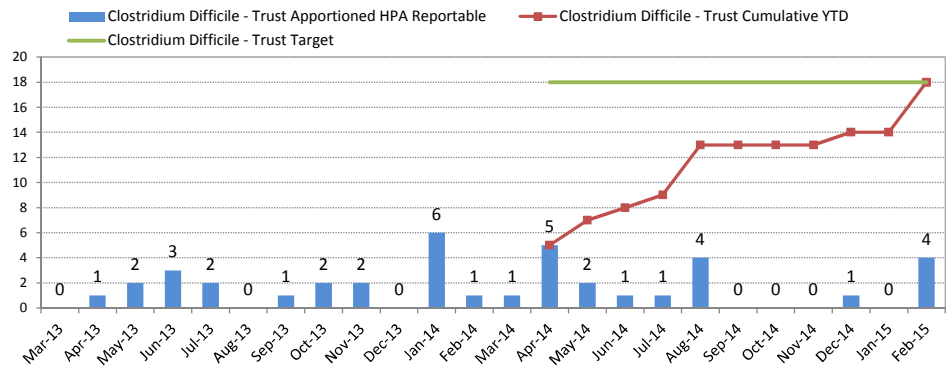
Trust Quality Indicators - February 2015

Quality Measures

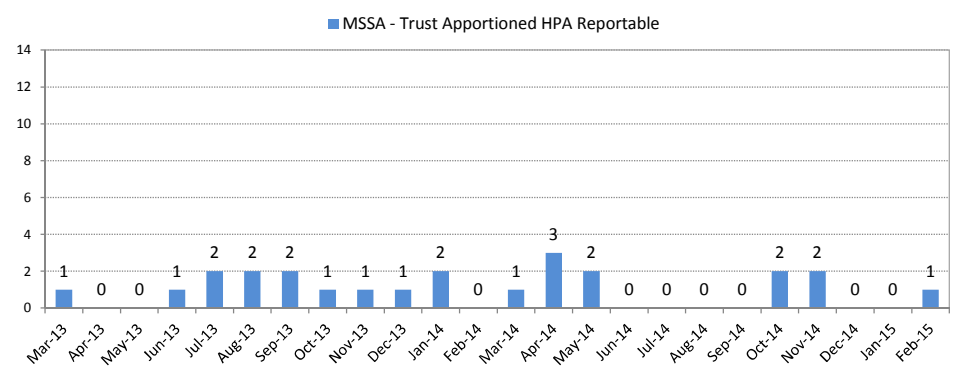
Infection Control	2012-13 Total	2013-14 YTD	2014-15 YTD
MRSA (Trust Apportioned)	3	0 (+2)	1 (+1)

Trust Incidents	2012-13 Total	2013-14 YTD	2014-15 YTD
Never Events	2	0	2
Serious Incidents Requiring Investigation	13	17	27

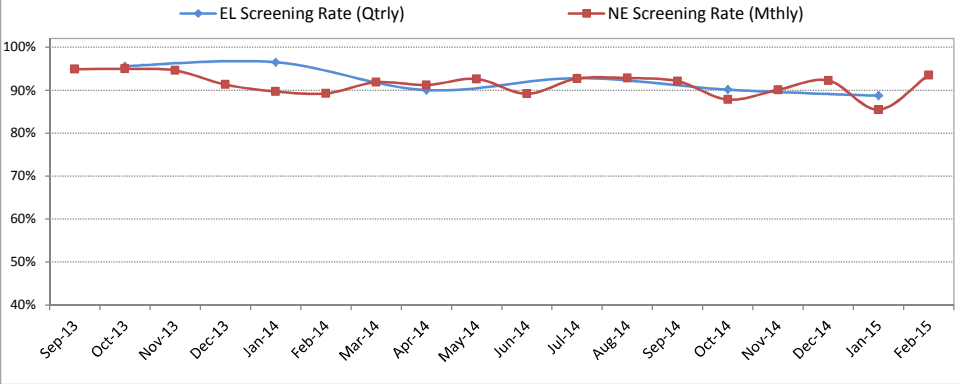
Clostridium Difficile - Trust Apportioned



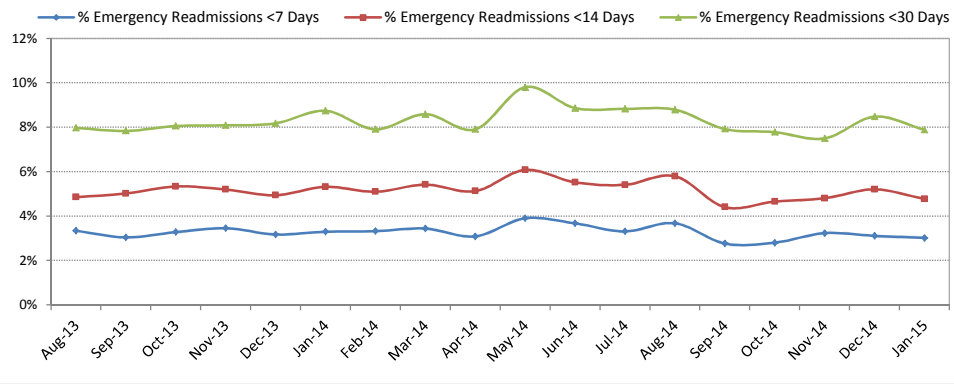
MSSA - Trust Apportioned



MRSA Screening



Emergency Readmissions within 7, 14 & 30 days of Discharge

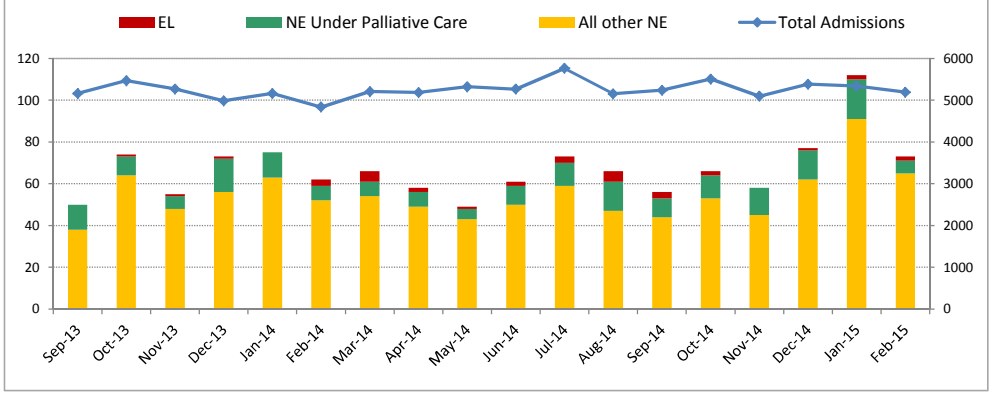


Salisbury NHS
NHS Foundation Trust

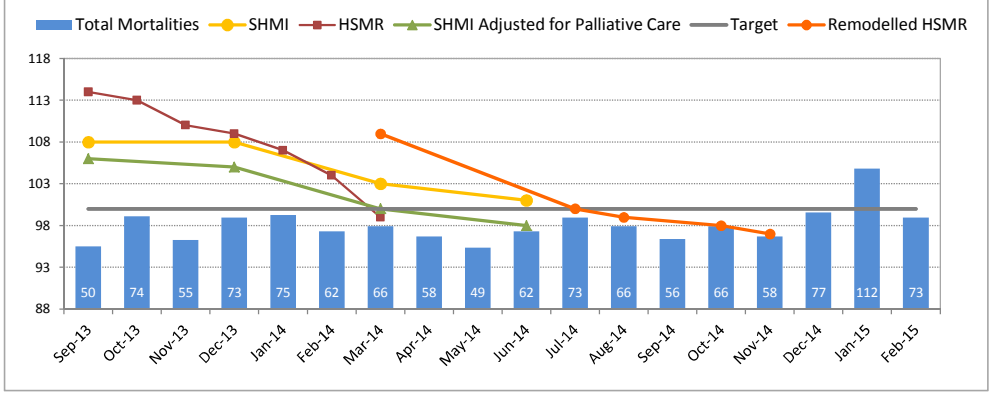
Trust Quality Indicators - February 2015

Quality Measures

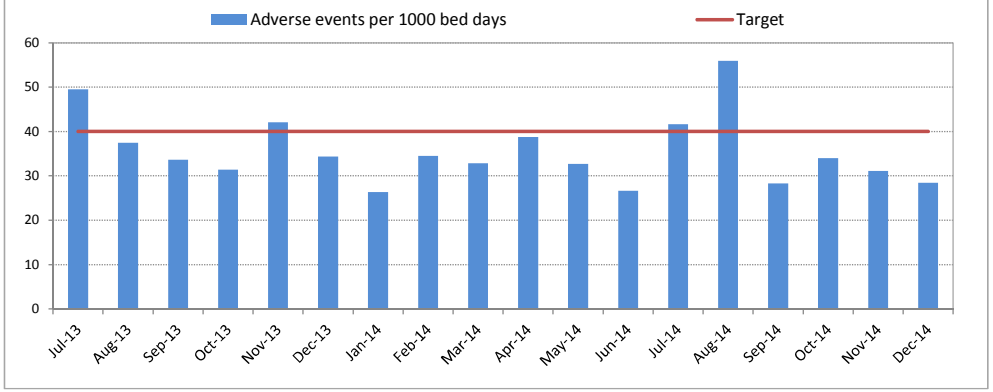
Hospital Mortalities



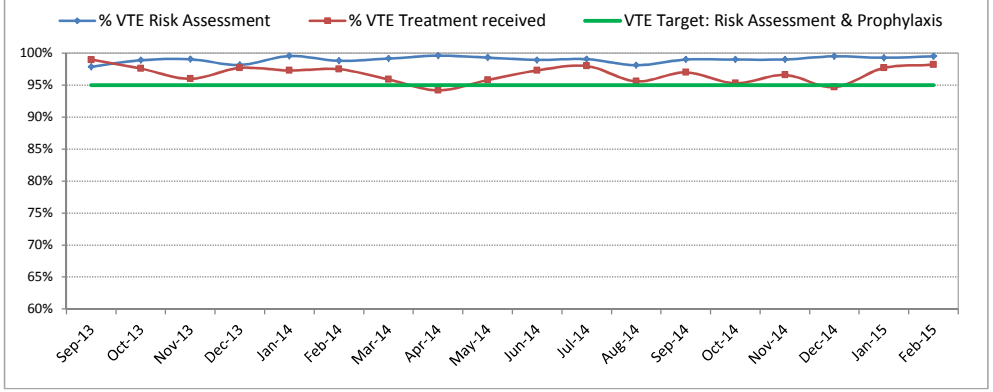
HSMR and SHMI



Global Trigger Tool



Venous Thrombous Embolism: Risk Assessment & Prophylaxis

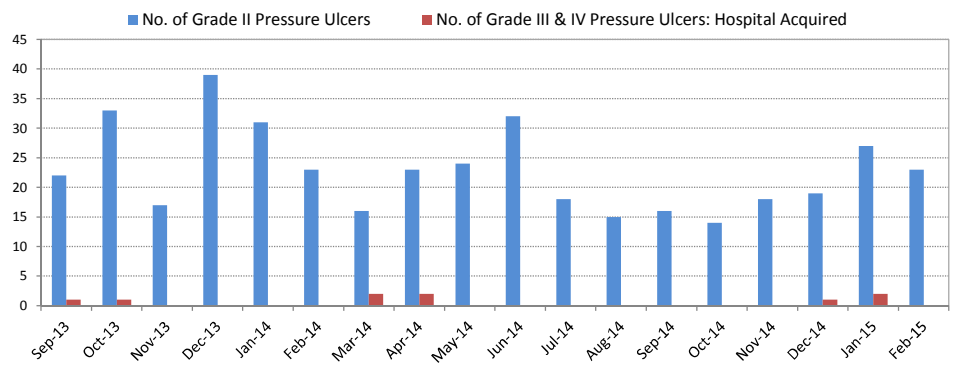


Salisbury NHS
NHS Foundation Trust

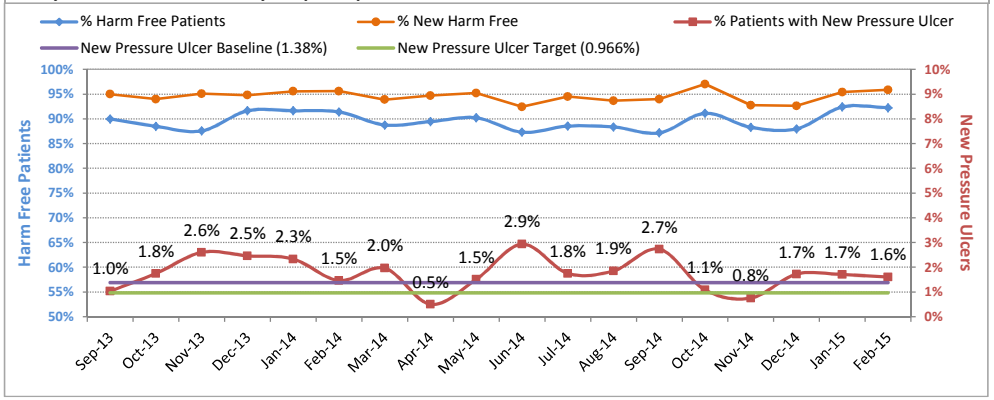
Trust Quality Indicators - February 2015

Quality Measures

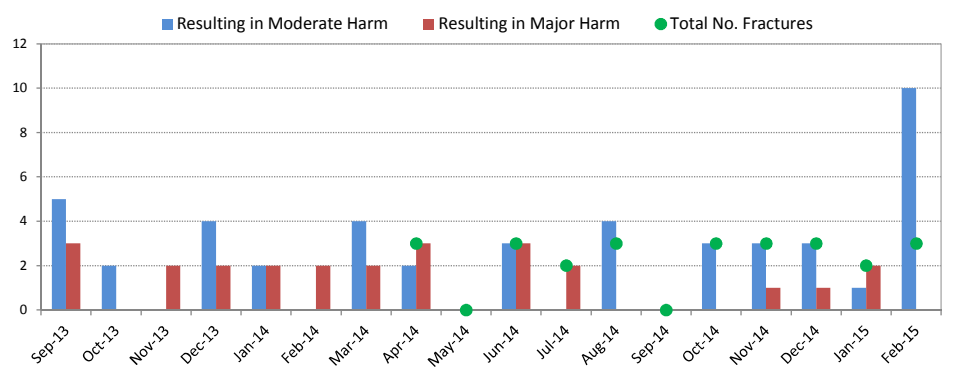
Pressure Ulcers - Total Number per Month



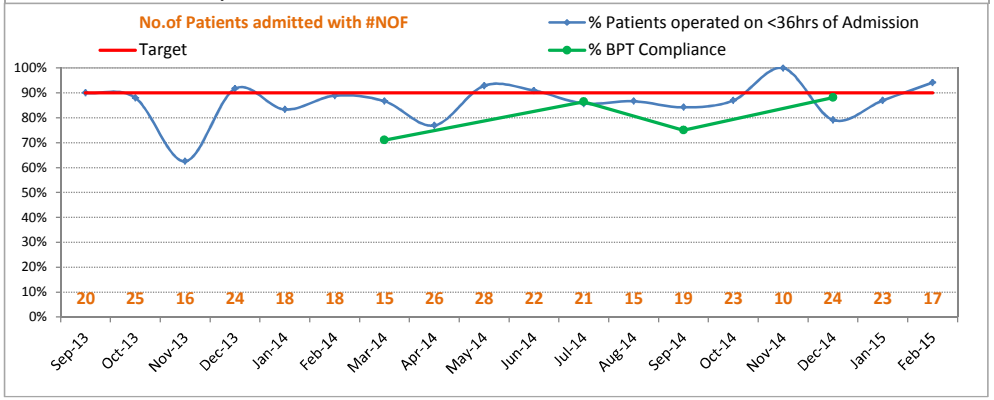
Safety Thermometer - One Day Snapshot per Month



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



Fracture Neck of Femur operated on within 36 hours

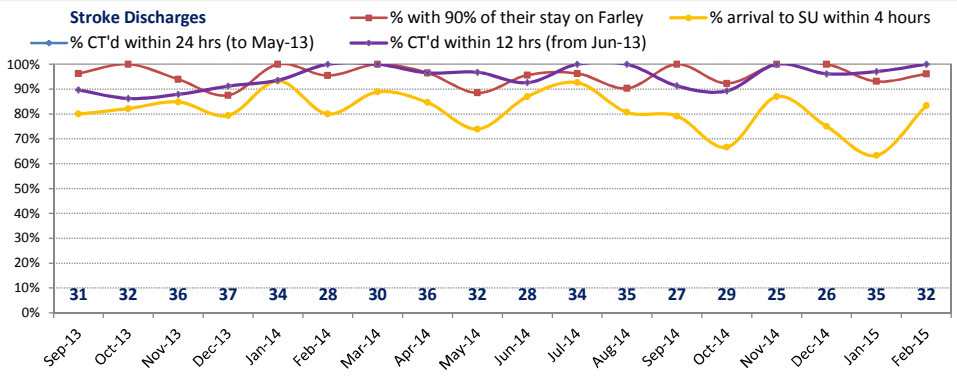


Salisbury NHS
NHS Foundation Trust

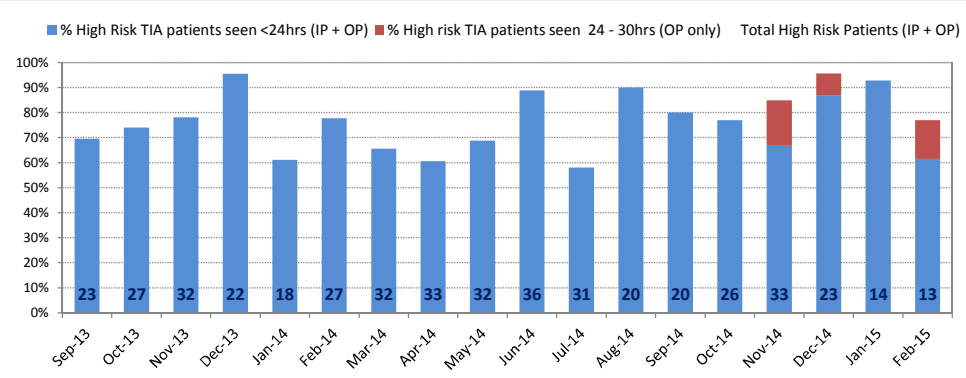
Trust Quality Indicators - February 2015

Quality Measures

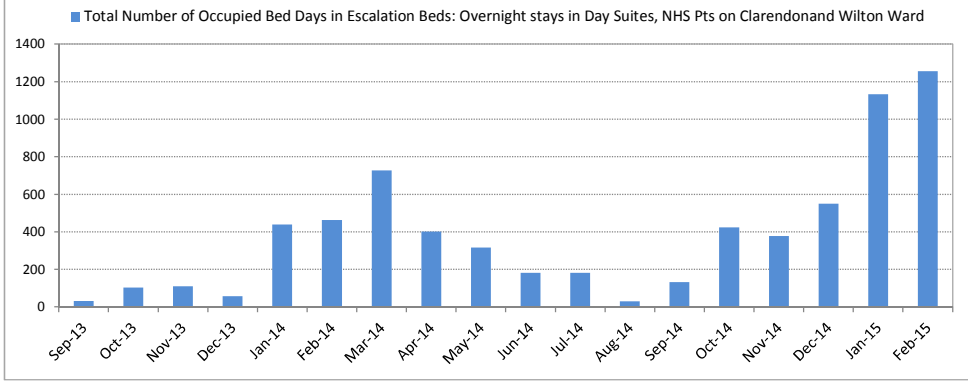
Stroke Care



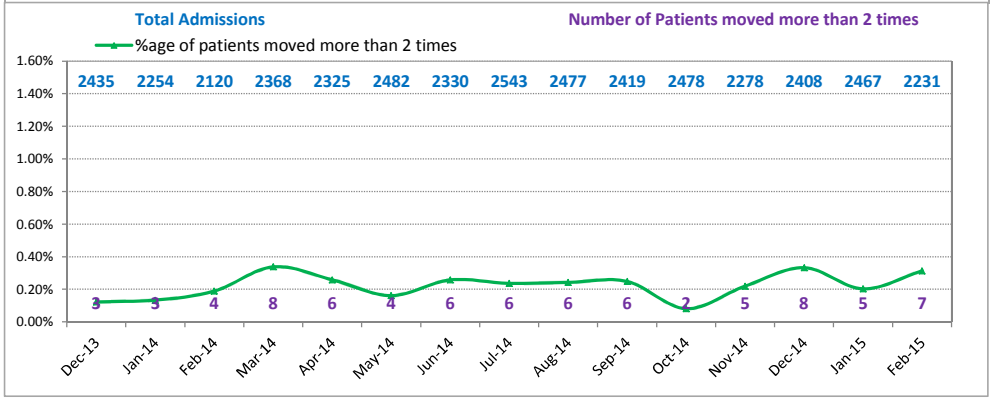
TIA Referrals



Escalation Bed Days

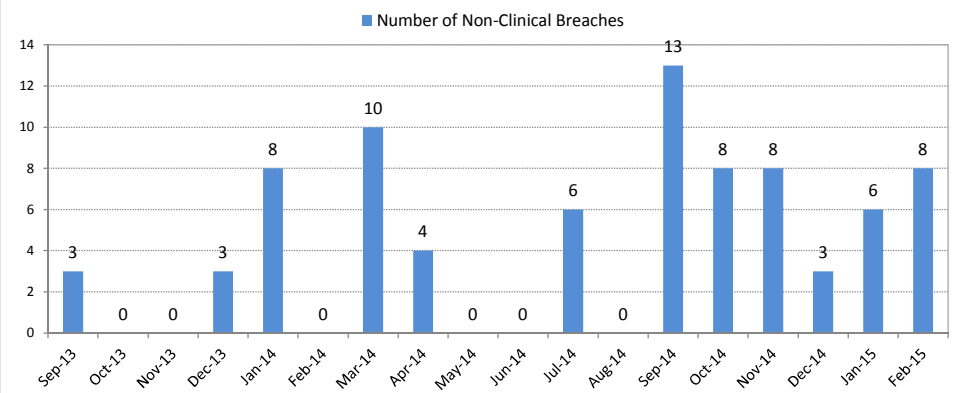


Patients moving multiple times during their Inpatient Stay

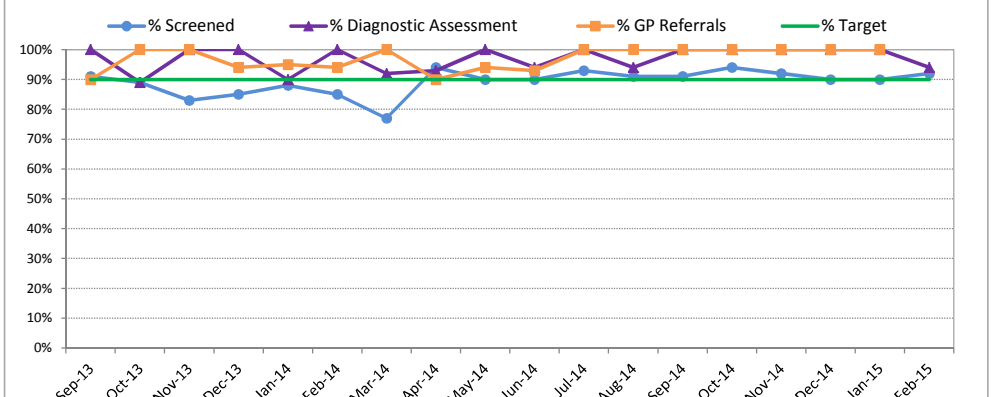


Please note, from Sep-14 escalation bed capactity is Winterslow 8 beds, Wilton 12 beds and DSU if it stays open at night. Breamore ward will be open from 1st January 2015 to 31st March 2015 with a further 27 escalation beds.

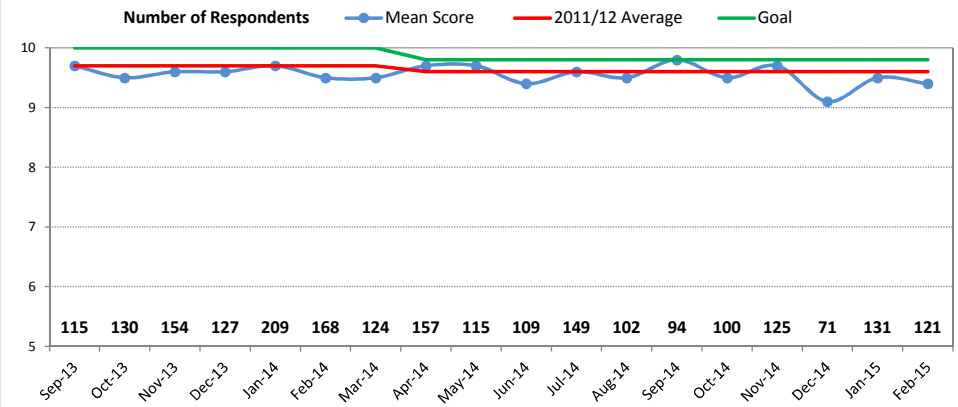
Delivering Same Sex Accommodation



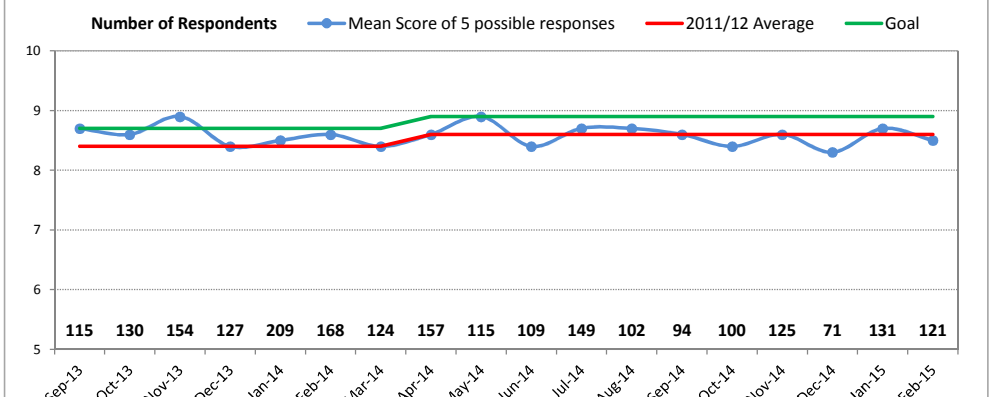
Dementia Audit of Patients Aged 75+



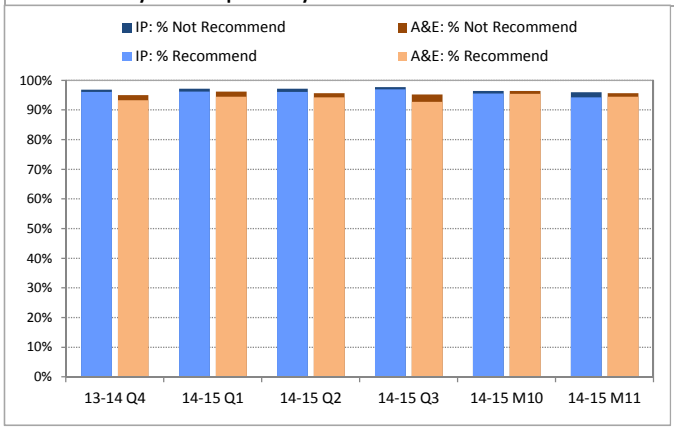
Real Time Feedback: Are you being treated with care and compassion?

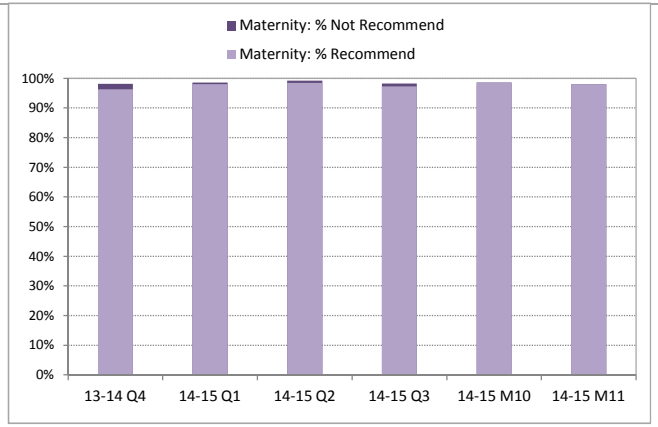


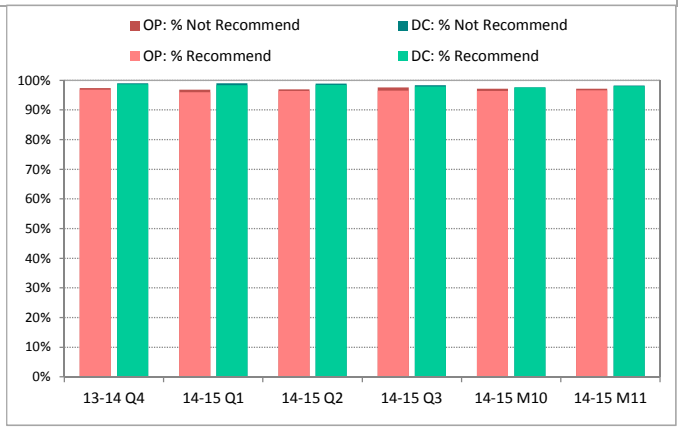
Real Time Feedback: Overall how would you rate the quality of care you received?



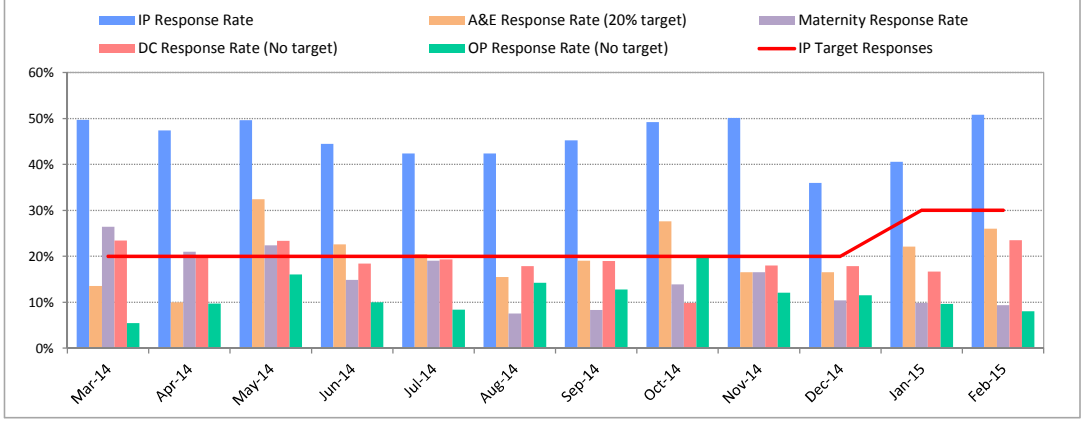
Friends & Family Test: Responses by Area



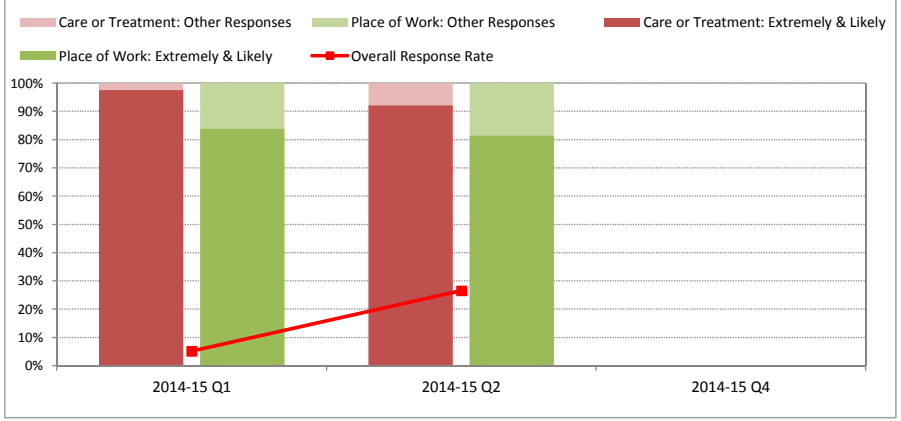




Friends & Family Test: Response Rates (%) by Area



Friends & Family Test: Staff (% Responses)



From October 2014 the Net Promoter Score (NPS) is no longer being used as a headline score.
The new score measures the % Recommended (Likely + Extremely Likely) and the % Not Recommended (Unlikely + Extremely Unlikely) to show the pecentage 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 3 (1 October – 31 December 2014)

Date: 13 April 2015

Report from: Hazel Hardyman, Head of Customer Care
Presented by: Lorna Wilkinson, Director of Nursing

Executive Summary:
The main issues from complaints are:

- Clinical treatment (36) - sub-themes were 20 unsatisfactory treatment across 15 different specialties, 6 delays in receiving treatment which has increased this quarter, 4 further complications, 2 correct diagnosis not made, 2 surgery unsuccessful, 1 pain management and 1 inappropriate treatment.
- Staff attitude (11) - 7 of these related to nursing staff and 4 to medical staff. This has nearly halved from the same period last year.
- Communication (10) – sub-themes were 6 lack of communication, 2 delay in sending/receiving information, 1 wrong information and 1 insensitive communication.
- Appointments (9) – sub-themes were 6 appointment procedures (appointment letters going astray, request to have appointments emailed and booking system) 1 appointment date required, 1 appointment cancelled and 1 system delay.

76 complaints were received in quarter 3. This compares to 81 complaints in quarter 2 (2014-15) and 74 complaints for the same period in the previous year.

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 3
1 October – 31 December 2014

PURPOSE OF PAPER:

- The purpose of the paper is to update the Board with an analysis of the Quarter 3 complaints data.

MAIN ISSUES:

The main issues from complaints are:

- Clinical treatment (36) - sub-themes were 20 unsatisfactory treatment across 15 different specialties, 6 delays in receiving treatment which has increased this quarter, 4 further complications, 2 correct diagnosis not made, 2 surgery unsuccessful, 1 pain management and 1 inappropriate treatment.
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76 complaints were received in quarter 3. This compares to 81 complaints in quarter 2 (2014-15) and 74 complaints for the same period in the previous year. A breakdown of numbers and themes according to Datix is below.

	Clin Supp & Family Services	Medicine	Musculo-Skeletal	Surgery	Q3 total 2014 -15	Q3 total 2013 -14
Appointments	3	1	2	3	9	2
Attitude of staff	2	4	2	3	11	21
Clinical Treatment	5	12	13	6	36	29
Communication	2	2	3	3	10	5
Confidentiality	0	0	0	0	0	2
Dementia	0	0	0	0	0	2
Discharge arrangements	0	1	2	0	3	5
End of life care	0	0	0	0	0	1
Equality and diversity	0	0	0	0	0	1
Equipment	0	0	1	0	1	0
Information	1	0	1	1	3	0
Nursing Care	0	0	0	0	0	1
Operation	0	0	1	0	1	1
Transfer arrangements	0	0	0	0	0	1
Transport	0	0	0	0	0	2
Waiting time	0	0	2	0	2	1
Totals:	13	20	27	16	**76**	**74**
Patient Activity	9724	26320	20039	17409		

In Quarter 3, the Trust treated 16,039 people as inpatients, day cases and regular day attendees. Another 10,593 were seen in the Emergency Department and 46,864 as outpatients. 76 complaints were received overall which is 0.1% of the number of patients treated, this percentage has remained unchanged. 429 compliments were received across the Trust in Q3, which represents 0.6% 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. This is a great improvement on the last four quarters (93.8% Q2, 90% Q1, 94.5% Q4 and 90.5% Q3) with the Complaints Co-ordinator being in post from 1st October 2014.

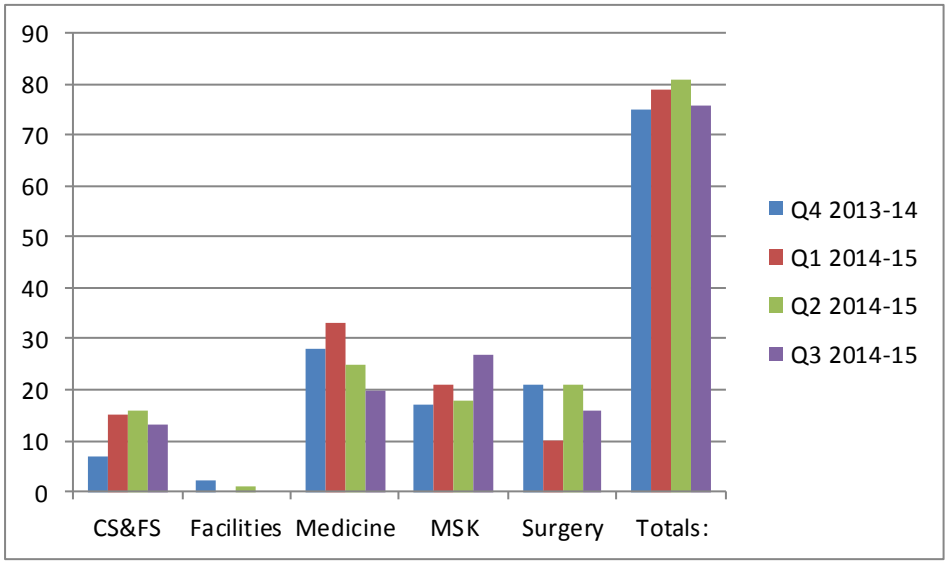
The overall number of enquiries, comments, concerns and complaints response times:

0-10 working days		10-25 working days		25+ working days	
340	75.72%	46	10.24%	63	14.03%

Reasons for some complaints taking more than 25 working days to respond to include: arranging meetings; clinical review; and awaiting comments from key members of staff. Directorate performance on response timescales is being managed by the Director of Operations.

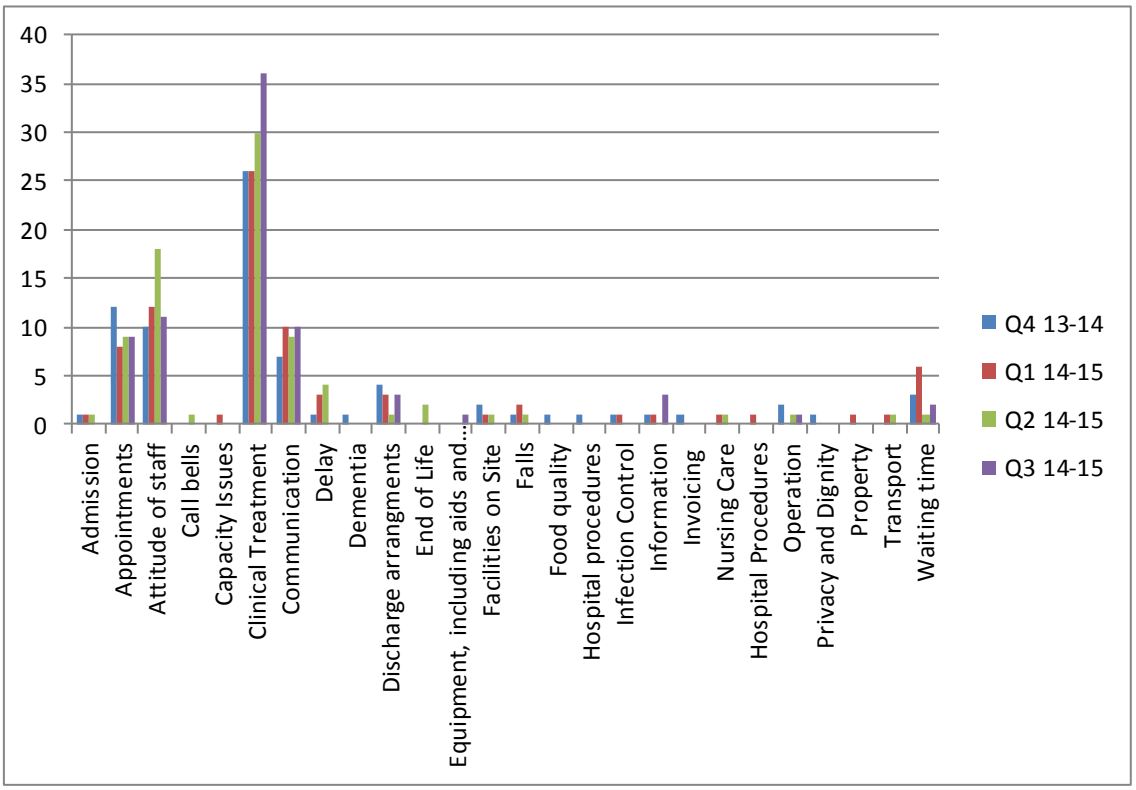
COMPLAINTS BY DIRECTORATE

The following graph shows the number of complaints by directorate over the last four quarters.

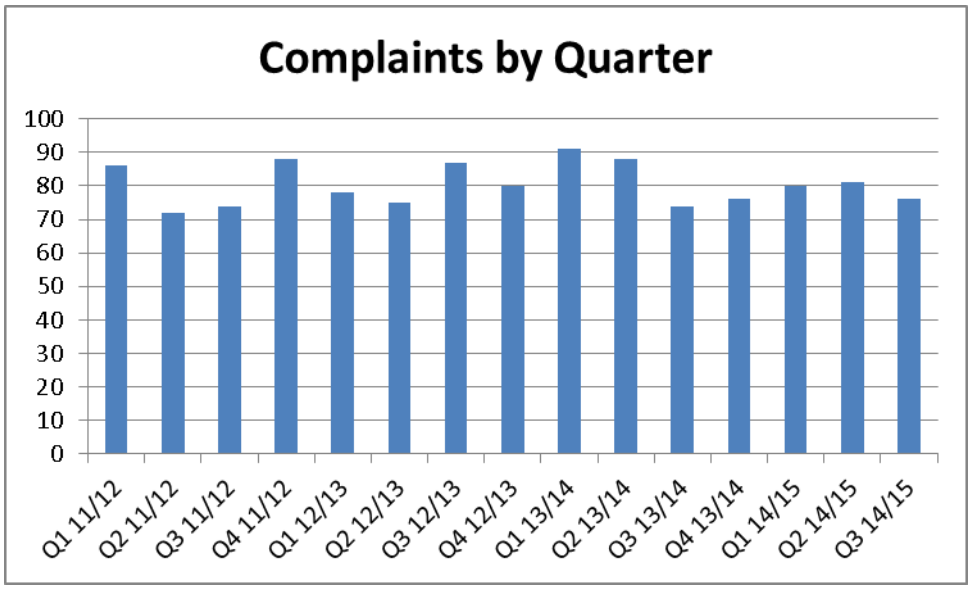


COMPLAINTS BY SUBJECT

The following graph shows the trend in complaints by subject over the last four quarters. Complaints about staff attitude (11) has decreased by 7 since Q2 (18). Clinical treatment has increased (36) compared to Q2 (30) with the main reason being delays in receiving treatment.



COMPLAINTS BY QUARTER
The following graph shows the trend in complaints received by quarter.



CLINICAL SUPPORT AND FAMILY SERVICES

	Quarter 3 2013-14	Quarter 2 2014-15	Quarter 3 2014-15
Complaints	13	16	13
Concerns	8	16	7
Compliments	19	51	50
Re-opened complaints	2	0	1
% complaints responded to within 25 working days	-	-	69%

- The Directorate received 13 complaints in Q3, 7 concerns and 50 compliments. Two complaints and two concerns were about manner and attitude of staff from four different areas, which were dealt with at the time. Themes about appointments and referrals were noted, particularly in Radiology.
- DMT to make initial contact with patients on receipt of complaints.

Themes and actions

Department/Ward	Topic	Actions
Radiology	Appointments and referrals	• The Customer Care Advisor and Directorate Senior Nurse will meet with the Radiology Service Manager to understand trends and themes in order to identify further solutions for improvements. This will include reflection on current practice and further training as required. Options for patient and public involvement work in Radiology to be explored also.

Compliments
In total 50 compliments have been received across the Directorate with the breakdown as:

Maternity = 5, Endoscopy = 6, Fertility Centre = 2, Obstetrics and Gynaecology = 3, Radiology = 4, Sarum = 24 and the following each received 1 – Benson Suite, Children's Unit, GU Medicine, Neurophysiology, Obstetric Theatre and Pharmacy.

MEDICINE DIRECTORATE

	Quarter 3 2013/14	Quarter 2 2014/15	Quarter 3 2014/15
Complaints	34	25	20
Concerns	38	27	28
Compliments	142	162	136
Re-opened complaints	4	1	5
% complaints responded to within 25 working days	41%	58%	60%

- Complaints continued to reduce in Quarter 3 despite Directorate activity remaining high.
- Directorate is active in trying to address a potential complaint at source to prevent it becoming a formal complaint.
- The Directorate is working closely with its named Customer Care Advisor (CCA) to improve the management of complaints. The CCA now attends the DMT meeting monthly and undertakes regular walkrounds with the Senior Nursing staff.
- New Directorate Administrator developing a system to track and manage complaints and will work with the newly appointed Assistant Directorate Manager on this project.
- 1 complaint response remains significantly delayed as this is the subject of a Clinical review.
- When complaints are re-opened the complainant is always asked whether they would like to attend a meeting in the first instance.

Themes and actions

Department/Ward	Topic	Actions
Emergency Department	Attitude of staff Missed or delayed diagnosis	• Rolling programme of Customer Care training in the Emergency Department. • Continue to look at systems for reducing risks of missed diagnosis and learning from incidents shared.
Complaints more common relating to medical teams and medical care	Various	• DMT and CCA to review themes of complaints to identify future actions.
General Ward Areas	Discharge plans	• Discharge Planning Workshop took place on 3rd December 2014 with nursing representation from wards.

Compliments
In total 127 compliments have been received across the Directorate with the breakdown as:
ED = 24, Cardiology =3, Durrington = 12, Farley = 33, Med/Surg OP = 2, Pembroke Unit = 23, Pembroke Ward = 4, Tisbury Ward/CCU = 13, Whiteparish = 3, Winterslow = 5 and the following each received 1 – Gastroenterology, Hospice, Oncology, Pitton, Redlynch.

MUSCULOSKELETAL DIRECTORATE

	Quarter 3 2013-14	Quarter 2 2014-15	Quarter 3 2014-15
Complaints	11	18	27
Concerns	19	25	16

Compliments	59	86	78
Re-opened complaints	1	7	3
% Complaints responded to within 25 working days	45.5%	66.6%	46.5%

- The number of complaints has increased in Q3 in comparison with Q2 mainly in Amesbury Ward and Orthopaedic Outpatients. This quarter we have received 27 complaints with (18 in Q2 and 31 in Q1). Concerns have decreased with 16 this quarter (25 in Q2 and 8 in Q1).
- Two complaints have been re-opened. One has resulted in the patient being offered a review with another plastic surgeon following breast surgery. One is a patient requesting a refund for private dental treatment (not agreed).
- Orthopaedics continues with the highest numbers, receiving 12 complaints and 3 concerns. Of these, 5 complaints and 1 concern were within the Orthopaedic Outpatient Department (2 unacceptable waiting times, unsatisfactory treatment, lack of communication, surgery unsuccessful and inappropriate treatment), 5 complaints and 1 concern with Amesbury Ward (3 unsatisfactory treatment, 2 lack of communication and 1 further complications) and 2 complaints and 1 concern with Orthopaedic Services. Oral surgery has received 4 complaints.
- Plastic Surgery complaints have significantly decreased in Q3 with 1 complaint and 1 concern (Q2 7 complaints and 1 concern, Q1 6 complaints and 1 concern).
- The Directorate are meeting with patients and carers where possible and attempting to resolve issues whilst patients are in attendance. There were repeated visits to a patient on the Spinal Unit regarding care on Tamar Ward and resulted in positive feedback from the patient. The DMT are also increasing the number of telephone calls direct to the complainant on receipt of the complaint to assure that the complaint is taken seriously and to clarify any particular concerns to be addressed.

General actions

- Risk of delays and cancellations remains on the Directorate Risk Register with the appointment of new consultants and outpatient transformation work linked to these actions.
- One complaint regarding the management of orthopaedic outliers has raised the issue of appropriate advice regarding patient information for DVT. This has been shared with the Anticoagulation Service who are about to undertake an audit of the available information in ward areas. The risk to these patients has been shared with all nursing and medical teams.

Themes and actions

Department/Ward	Topic	Actions
Amesbury Ward	Nursing care	All complaints shared with the team. Daily staffing levels reviewed by DSN/ADSN. Active recruitment process in place. Ward remains on the risk register due to staffing levels.
Orthopaedic Outpatients	Information provided and challenge of consultant decisions Delay in clinic	Patient given opportunity of second opinion at UHS Complaint not upheld. Reviewed as part of the Outpatient Transformation work to improve processes.
Spinal	Concerns regarding nursing care Treatment and nursing management	Raised with Spinal DMT. Further work regarding multi-professional working. Links to Spinal Service action plan. Independent internal review undertaken by Associate CD MSK. Bladder scanner equipment to be reviewed and nursing training

		reviewed.
Orthopaedic Services	Waiting times/delays	Remains on Directorate Risk Register. Currently only 1 consultant who can provide certain operations. Appointments always expedited where possible with discussion and apology to patient.

Compliments
In total 78 compliments have been received across the Directorate with the breakdown as: Amesbury = 34 Orthopaedics = 10, Burns = 11, Chilmark = 13, Plastics = 4, Oral = 2 and the following each received 1 - Laverstock, Spinal, Rheumatology and Wessex Rehab.

SURGICAL DIRECTORATE

	Quarter 3 2013-14	Quarter 2 2014-15	Quarter 3 2014-15
Complaints	13	21	16
Concerns	14	34	22
Compliments	178	347	152
Re-opened Complaints	2	3	5
% Complaints responded to within 25 working days	-	-	33%

- Five complaints were re-opened in quarter three. Three complaints were in Ophthalmology about clinical treatment, one in DSU about clinical treatment and one in ENT about communication.

Directorate challenges
- Booking of outpatient appointments continues to be a significant concern to patients.

Themes and actions

Department/Ward	Topic	Actions
ENT	Delayed booking of ENT appointments due to clinic capacity issues.	• ENT are delivering ad hoc additional clinics and an additional clinician is being recruited. Following an audit changes to follow up criteria and timescales are now being implemented.
Ophthalmology	Booking issues with concerns regarding cancellations and short notice bookings.	• DMT are working with the Central Booking Manager and Ophthalmology to address staffing and capacity issues.

Compliments
In total 152 compliments have been received across the Directorate with the breakdown as: Bowel Screening = 35, Britford = 24, Breast Service = 2, DSU = 4, Downton = 27, ENT = 5, Ophthalmology = 2, Radnor = 40, SAU = 2, General Surgery = 3, Vascular and Diabetes = 2 and the following each received 1 – Anaesthetics, Audiology, Central Booking, Stoma, Theatres and Urology.

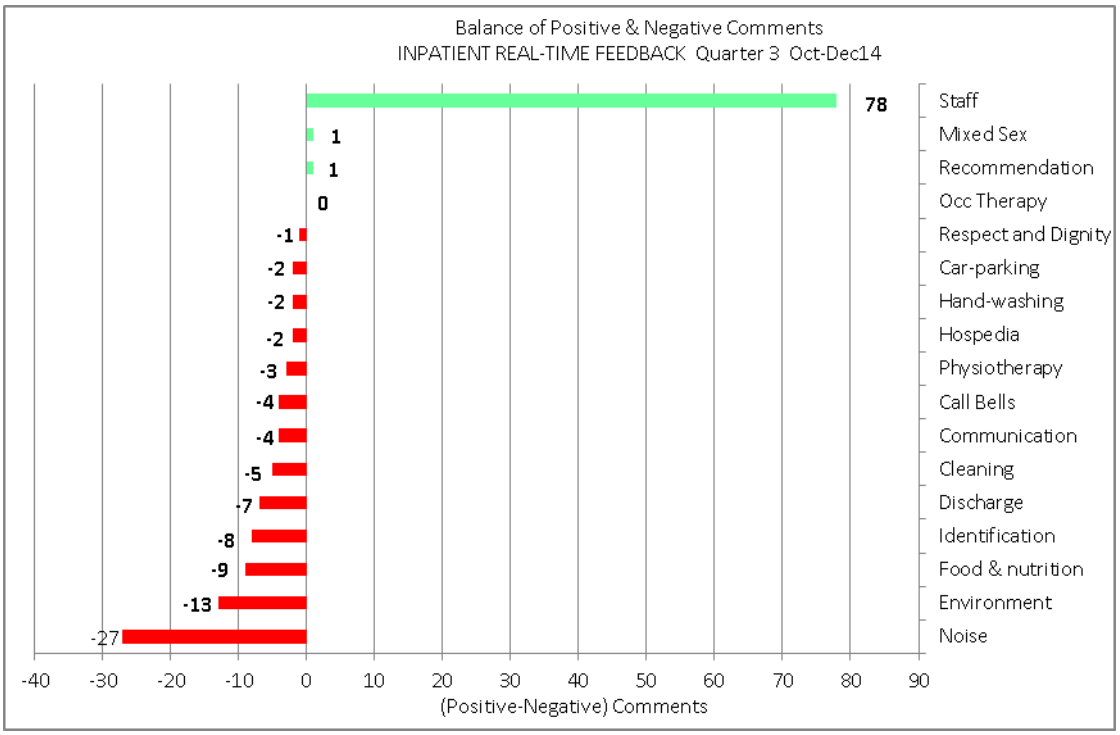
TRUSTWIDE FEEDBACK

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

Feedback area	Theme	Actions
Complaints	Clinical treatment Staff attitude Communication Appointments	• The two highest areas were ED (7) and Amesbury Ward (5) with no particular theme. • No themes across a number of areas. • No themes across a number of areas. • No themes.
Inpatient RTF	Noise Environment Food and nutrition	• The Patient Experience and Action Group met in February to identify themes from all patient feedback to inform any changes to the questions for the 2015-16 RTF.
FFT Maternity Emergency Department Inpatients	 Understaffed to the point of poor patient care - (2 Labour and 1 Postnatal ward) Waiting times (12) Lack of care (3) – not enough nursing staff	• Actions taken as a result of negative feedback are currently not recorded. A 20% response rate must be achieved for these areas and those that did not meet it have been reminded of the importance of giving patients the feedback cards. See below.

INPATIENT REAL TIME FEEDBACK

A total of 296 inpatients were surveyed in the quarter. They made 181 positive and 161 negative comments. These have been categorised and the balance of positive to negative comments is shown in the graph below. The three main areas of concern were noise, environment (fabric, access and facilities in bathrooms; lights on at night; ward temperature; facilities in room; fumes of Laundry; lack of week-end activities) and food and nutrition.



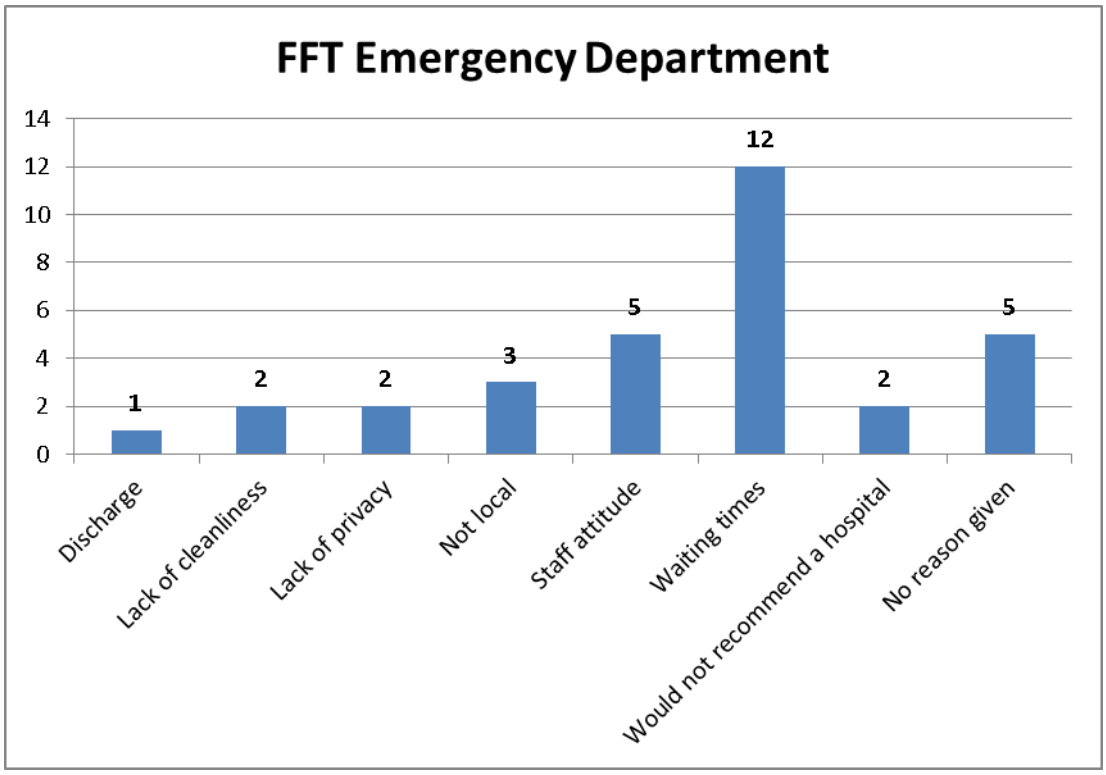
FRIENDS AND FAMILY TEST

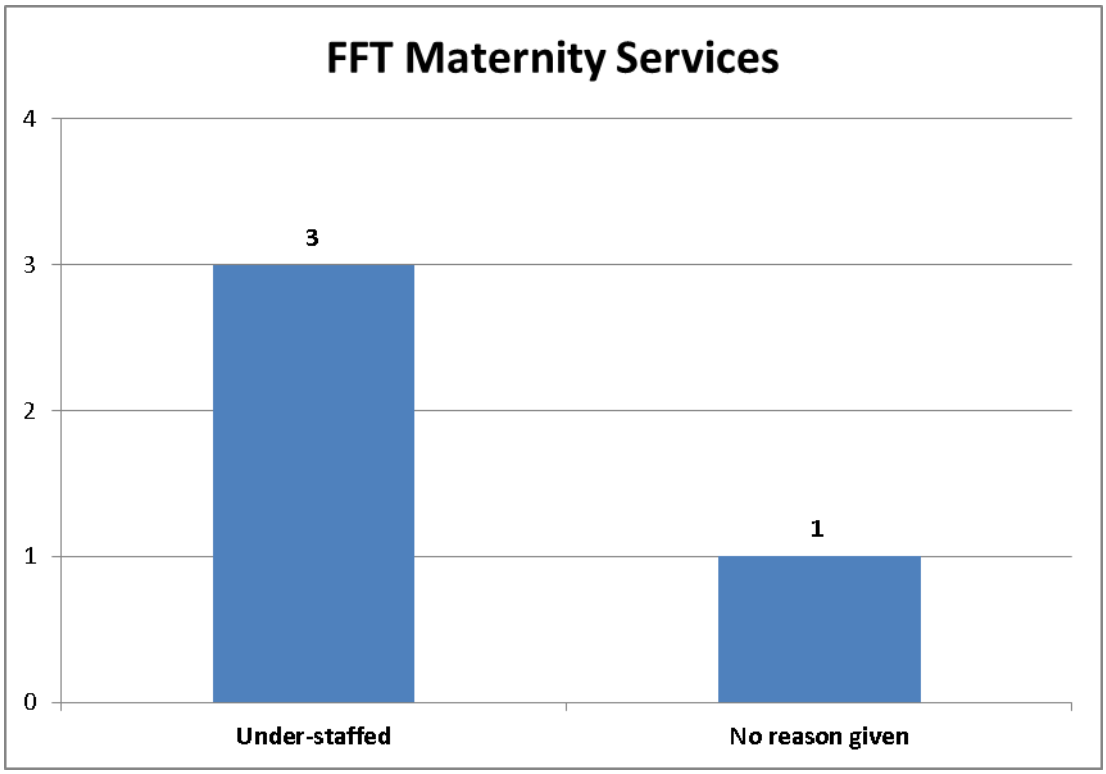
Responses for the period were as follows:

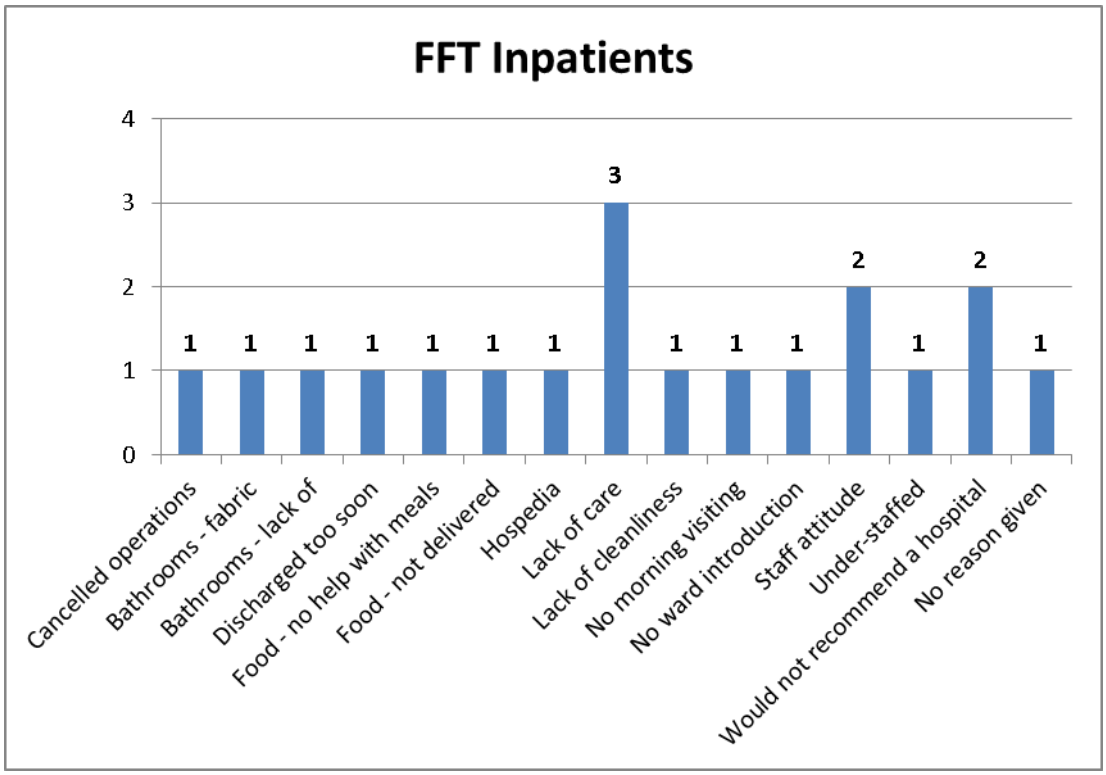
		Rating					
	Total Responses Received	**Extremely Likely**	**Likely**	**Unlikely**	**Extremely Unlikely**	***Rec**	***Not Rec**
Inpatients	1479	1184	250	8	3	97%	1%
Emergency Department	1386	1058	229	14	19	93%	2%
Maternity	311	273	29	1	3	97%	1%

* Shortfall from 100% = patient unsure.

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.







PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

In Q3 there were three new requests for independent review (two for Surgery and one for Musculo-Skeletal). Copy medical records and complaint files have been sent for all of these cases for the PHSO to investigate.

Three cases were closed in Q3:

- Maternity (upheld) – Patient complained about the pregnancy, labour and aftercare she received after she found out at a 20 week scan that the baby had fluid on the brain and would not survive. The Trust apologised for the impact of the service failures and made a financial payment of £1000 in recognition of the suffering these failings caused. Staff who were involved in the complaint were reminded of the importance of accurate record keeping.

- Musculo-Skeletal (closed) - the PHSO will not take further action because the outcome sought by the complainant cannot be achieved through the PHSO process.
- Surgery (not upheld) - the Trust had properly explained the care and treatment received and the care was appropriate. The Trust responded to the complaint and only became aware there were ongoing concerns when the PHSO office intervened in February 2014.
- The Trust is awaiting the final report for the Medicine case.

NHS CHOICES WEBSITE

In Q3 there were 14 comments posted on the NHS Choices website relating to 12 different areas. Of the 13 positive comments, one person said “As I said at the beginning of this review, I'd had this phobia for 20 years. After my experience at Salisbury Hospital, if I ever needed another wisdom tooth removed, it wouldn't even bother me in the slightest. I'd really like to thank the surgeon and the nurses that I spoke to for making this whole procedure as good as it was”. There was one negative comment and this person was invited to raise their concerns via the Customer Care Department. One of the comments they made was “Basic care; kindness and cleanliness don't cost money. All the work done by the A&E and followed up by the acute nurses is completely lost when patients are moved to general wards. God help those whose only care is on those wards”. All the feedback was shared with the departments.

AUTHOR: Hazel Hardyman
TITLE: Head of Customer Care
DATE: March 2015

MINUTES FROM THE FINANCE & PERFORMANCE COMMITTEE MEETINGS - 2 FEBRUARY AND 23 FEBRUARY 2015

PURPOSE

To present these minutes to the Board for information as to issues discussed by the Finance & Performance Committee.

MAIN ISSUES

The 26 January meeting was re-scheduled to 2 February. The committee scrutinised the proposals for the development of the sterile services unit and the laundry, which have subsequently been approved by the board. The performance of Replica 3D was discussed as part of the monitoring regular arrangements for the Trust-owned and influenced companies.

On 23 February the committee reviewed a forecast for the year-end as part of its strengthened financial monitoring on the board's behalf. It discussed the options for the 2015/16 tariff.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

Minutes of the meetings of 2 February and 23 February 2015.

ACTION REQUIRED BY THE BOARD

To note the minutes of the Finance & Performance Committee.

Nick Marsden
Chairman

SALISBURY NHS FOUNDATION TRUST

Minutes of the Finance and Performance Committee
Held on 2 February 2015

Present:	Dr N Marsden	Chairman
	Mr L Arnold	Acting Chief Operating Officer
	Mr P Hill	Chief Executive
	Mr I Downie	Non-Executive Director
	Rev S Mullally	Non-Executive Director
	Mr M Cassells	Director of Finance and Procurement
	Dr L Brown	Non-Executive Director
Apologies:	Mr A Freemantle	Non-Executive Director
In Attendance:	Mr P Kemp	Non-Executive Director
	Ms L Wilkinson (for item 4)	Director of Nursing
	Mrs C Gorzanski (for item 4)	Head of Clinical Effectiveness
	Mr D Taylor (for items 8 & 9)	Financial Consultant
	Mr R Burrows (for item 9)	Chairman, Salisbury Trading Company
	Mrs F Hill (for item 10)	Head of Risk
	Mr D Seabrooke	Head of Corporate Governance

1. MINUTES – 22 DECEMBER 2014

The minutes of the meeting held on 22 December 2014 were agreed as a correct record.

2. MATTERS ARISING

- MC had circulated information on secondary commissioning of mandatory services.
- MC had submitted an objection to the 2015/16 Tariff.
- There was no update on the CNST Premium.

3. CQUIN – MONTHLY UPDATE

The Committee received the CQUIN update for Month 9.

A revised copy of the covering report gave details of the Quarter 3 out turns.

There were some concerns about withheld payments during the year when the Trust considered its self to have met the target specified at the outset. Work was continuing with the CCG and Specialist Commissioner to resolve these issues.

For 2015/16, National CQUINs around Sepsis, 7 Day Working, and Acute Kidney Injury were due to be published soon. For Wiltshire, themes included End of Life Care and Discharge and west Hampshire were understood to wish to continue with 2014/15 CQUINs into the following year.

The Chairman expressed the Committee's thanks for the achievement so far in this area.

4. FINANCE REPORT TO 31 DECEMBER (MONTH 9)

The Committee received the Finance update for Month 9.

MC reported that the deficit had grown in December to £1.1m of which non delivery of cost improvement programmes was a component. Pressures on the hospital during December had resulted in a higher than planned agency spend and some adverse variances on non-pay were being reviewed. The previously advised resilience funding had been received and was being spread across the relevant five months at a rate of approximately £300,000 per month. There was now a shortage of funding for Nurse Specialing as the previously agreed investment had been exhausted.

£6m remained to be spent on the Capital Programme – some slippage was expected and planned for.

MC was now forecasting the Trust's annual outturn to be breakeven ranging to a deficit of £2m for 2014/15. He emphasised that there were still opportunities to control spend and this had been described to staff recently via the Cascade Brief.

The Committee discussed the circumstances of the Genetics Service. Executives would discuss requirements for an in depth review of the business position of this service. PH/MC

The Committee noted the Finance Report for Month 9.

5. TRANSFORMATION AND COST IMPROVEMENT

The Committee received the report considered by the Programme Steering Group in January. It was noted that there was a £500,000 shortfall on Transformation Schemes. Progress with Orthopaedics had been affected by cancelled operations and bed pressures. The PSG was reviewing the governance arrangements of the transformation programmes including the prescriptions of the Senior Responsible Officer Role.

The Committee noted the Report.

6. OPERATIONAL PERFORMANCE – MONTH 9

The Committee received the Operational Performance Report for December. It was noted that the hospital services were recovering during January after a busy Christmas and New Year's period some waiting times had been affected by cancellations of elective activity.

As the Board would be considering this report later on the Committee noted the report.

7. STERILE SERVICES DEVELOPMENT

The Committee received a report taking forward proposals for a joint venture to build and run a new Sterilisation and Disinfection Unit on the south side of the hospital site. Working arrangements towards a joint venture with a private provider continued to be discussed. This would have implication for any tendering requirements associated with the project. Discussions with other local NHS providers were continuing.

It was noted that the washers in the existing SDU had been replaced in recent months which had improved the service available to the Trust's own services. The relocation of the Service would free up an area equivalent to the 22 bed ward if implemented. The report discussed the options for financing the new development which included the use of existing capital resources, a loan from the Independent Trust Financing Facility or leasing land to the proposed new SDU Company or sharing the cost with another NHS provider.

It was noted that the approvals required to take this forward would be matters for the Trust Board to determine. The paper would be discussed in conjunction with proposals from Salisbury Trading Ltd for a Laundry Despatch Centre.

8. LAUNDRY DESPATCH CENTRE

The Committee received a report from Salisbury Trading Ltd. detailing the business case for the new despatch centre. The company Chairman Ron Burrows proposed that the paper updated the proposal put forward in November 2014.

The cost of building the new facility was put at £450,000 which it was proposed that the Trust would put forward and recover through lease or rental charges. The tax arrangements for the proposals would need to be investigated carefully.

The report outlined a range of business scenarios for Salisbury Trading Ltd based on different output volumes. The company was currently negotiating contracts for laundry work with a number of providers and the report gave details of a range of forthcoming business opportunities across the south of England. It was also noted that commercial competitors would continue to compete and the merits of framework agreements and EU based tendering were discussed.

It was agreed that as the Laundry Despatch Centre and Sterile Services proposed development proposals were interlinked to bring forward a consolidated paper to a future meeting of the Trust Board to enable it to consider making the authorisations required.

9. CAPITAL DEVELOPMENT UPDATE

It was noted that this report would be considered in full at the Trust Board. LA informed the Committee that there were two bidders still under consideration to work with the Trust in support of the south side development and that a proposal for the two companies to work together had recently been received and was being discussed. A report on a proposed radiotherapy satellite facility from a neighbouring Trust had also been received.

10. ASSURANCE FRAMEWORK/RISK REGISTER – QUARTERLY REVIEW

The Committee received the Assurance Framework for December 2014. It was agreed that the current range of financial risks should be included in the Framework together with risks arising from the non-achievement of Transformation Programmes.

11. REPLICA 3D UPDATE

The Committee received an update report from Replica 3D. The company continued to produce a quality product and provided a responsive service. There was good development and innovation and an end to end service was possible taking data from CT scans through the modelling and construction of prosthetics and implants. However the sales revenue from the activities were disappointing and a further cash investment needed to be considered at this stage.

An independent view would be needed to consider the future of the business and a meeting was planned to take this forward. A further update to the Committee would be made.

12. DATE OF NEXT MEETING

Monday 23 February 2015 at 9.30am in the Boardroom.

SALISBURY NHS FOUNDATION TRUST

Minutes of the Finance and Performance Committee
Held on 23 February 2015

Present:	Dr N Marsden	Chairman
	Mr L Arnold	Acting Chief Operating Officer
	Mr P Hill	Chief Executive
	Mr I Downie	Non-Executive Director
	Rev S Mullally	Non-Executive Director
	Mr M Cassells	Director of Finance and Procurement
	Dr L Brown	Non-Executive Director
Apologies:	Mr A Freemantle	Non-Executive Director
In Attendance:	Mr P Kemp	Non-Executive Director
	Mr D Seabrooke	Head of Corporate Governance

1. MINUTES – 2 FEBRUARY 2015

The minutes of the meeting held on 2 February 2015 (rescheduled from 26 January) were agreed as a correct record.

2. MATTERS ARISING

An update was given on the financial position of the Trust's Genetics Services. The concern about this remained.

3. FINANCE AND CONTRACTING REPORT TO 31 JANUARY 2015 (MONTH 10)

The Committee received the Finance and Contracting Report.

It was noted that the position had stabilised somewhat in Month 10 and a deficit of £1.1m remained the position. The projected outturn for 2014/15 was affected by a wide range of issues.

Some of the causes of the deficit included progress on cost improvement plans being down by £1.7 (on a straight line basis) elective work being displaced by non-elective work (£1.3m estimated). The effect of this was being discussed with the CCG. It was noted that income was up against plan but spend was higher.

On activity it was noted that new outpatients were up and that follow ups had reduced. The stabilisation of the position in Month 10 suggested that some cost reduction measures were effective and the Trust would continue to look at measures that took cost out. The implementation of Electronic Patient Records would lead to the redesign of a range of existing processes.

In Appendix J (Nursing Staff Report) an underspend of £400,000 was reported – this mainly arose from the medicine division. The table needs to clarify the use of bank and agency, as well as showing additional funding such as for specialing.

As previously discussed taking out a loan of £4m from the Independent Trust Financing Facility had been considered by the Committee. It was agreed that a suggested loan amount of £6m should be presented to the Trust Board for approval. A separate report would be taken to a special meeting of the Board in order to take this forward. It was noted that the loan was available on very favourable terms and this was not thought likely to continue for much longer.

As the Trust's financial position became more challenging into 2015/16 greater scrutiny of financial information would be required. At present the main focus of the financial reporting was backward looking and the Committee needed to get a greater understanding of the assumptions being made as well as the differences between plans and actual performance.

It was also noted that the Board would need to confirm the Trust's status as a going concern at the year end. It was considered reasonable to make assumptions in the medium term that the issues affecting the Tariff at present would be resolved nationally. It was also noted that going concern in the context of the NHS is different to that under the Finance Acts and is largely determined by Monitor.

The Committee noted the Finance Report and the potential deficit of up to £2m.

4. CQUIN MONTHLY UPDATE

The Committee received the monthly CQUIN update. It was noted that good progress was being made with this and that no further discussion was necessary this time.

The Committee noted the CQUIN Report.

5. TRANSFORMATION AND COST IMPROVEMENT

The Committee received the report from the Programme Management Office which highlighted the projected shortfall on performance discussed earlier.

Work was continuing to bring about greater ownership and engagement on cost improvement and transformation measures and to install ownership of transformation activity into the Directorates. The Programme Management Office continued to be strengthened. Savings targets had been very challenging and the PMO and PSG would need to ensure that directorates were making plans that were deliverable. It was noted that the Trust had typically achieved 80% of its CIPs targets.

The Committee noted the Transformation and Cost Improvement Report.

6. TARIFF 2015/16 AND DRAFT OPERATIONAL PLAN

The Committee received a report dated 19 February setting out the Trust's financial outlook for 2015/16. It was noted that a joint letter had recently been received from NHS England and Monitor giving details of an enhancement to the original Tariff offer for 2015/16 and also giving the option of staying on the 2014/15 Tariff. A decision was required by Trust's by 4 March and the alternative was being evaluated at present.

It was emphasised that both options were really poor and details were given of the evaluation so far. It was also noted that Monitor had set back the Annual Plan deadlines - further details were awaited but the scope of the original draft submission due in February had been reduced and the remainder deferred till early/mid April. The main submission was deferred to May.

Under the revised 2015/16 Tariff the Deflator became 3.5% representing a 6% cash reduction and with inflation of 1.9% and a 1% increase in the contribution to the CNST. The Monitor correspondence indicated that under the continued 2014/15 Tariff there would be no access to CQUIN payments which were worth £3.6m.

Potential changes in activity made it difficult to forecast the effects either way of the different alternatives, for example the increased marginal rate for over activity in the context of the BCF and QIPP. The draft 2015/16 contract contained mandatory penalties for underperformance which were considered to be unhelpful.

It was also noted that the 'road testing' of the draft tariff indicated a net cash reduction of roughly 3% compared with the Monitor view of 0.6%.

MC continued to liaise with the Director of Finance at the NHS LA over the increase to the contribution and seeking an explanation for the change. The likelihood of achieving a reduction was considered low and PH may need to enter into discussions with their new Chief Executive.

The Trust had discussed with Monitor the possibility of declaring a £5m planned deficit for 2015/16 on the basis of £8m saving plans. In addition the current year likely deficit had been discussed. Monitor did not raise concerns.

It was noted that a decision on the Tariff alternative would be made in relation to the 4 March deadline.

7. OPERATIONAL PERFORMANCE

The Committee received the Operational Performance Report for January 2015. It was noted that there had been two attributed cases of C-diff in recent days. The Trust was maintaining its RTT waiting times, cancer access targets. ED had performed at 94.4% in relation to the Four Hour Target in January. There had been a high rate of elective procedures cancelled in January but this position had improved since and the cancellations were being rebooked in line with requirements.

It was concerning to note that there were twelve DTOC cases relating to Dorset and Hampshire in addition to 18 for Wiltshire. It was noted that Mears continued to be restricted by the Care Quality Commission in the number of care hours they were allowed to deliver.

The Committee noted the Operational Performance Report.

8. DATE OF NEXT MEETING

Monday 30 March 2015 at 9.30 am in the Boardroom.

Trust Board meeting **SFT 3644**

TITLE OF REPORT: **Progress against Targets and Performance Indicators to 28 February 2015**

Date: - 13 April 2015

Report from: **Laurence Arnold, Acting Chief Operating Officer**
Presented by: **Laurence Arnold, Acting Chief Operating Officer**

Executive Summary:

The Trust finishes the year in a positive position in relation to its performance in the face of some significant challenges over the year.

Proposed Action:

To note the report

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:

Supporting Information

AGENDA ITEM

TRUST PERFORMANCE REPORT TO END OF DECEMBER 2014

PURPOSE: To provide summary information to the Trust Board on performance with regard to key activity and quality indicators.

MAIN ISSUES:

This report sets out the Trust's recent performance against a number of key indicators.

MONITOR

1. **Emergency Department 4 Hour Target –** after an extremely difficult start to the new calendar year, the Trust achieved the ED target in February and in March, ensuring that the target was met for both the quarter and for the year as a whole. The Trust invited in a one day external review from the Emergency Care Intensive Support Team which was extremely helpful and an action plan is being developed in light of their recommendations.

2. **Cancer 2 week waits** – the target of 93% of patients being seen within 2 weeks of referral was achieved in February, and for the remainder of the quarter and for the year as a whole.

3. **Cancer 62 day wait standard** – the target of 85% of patients being seen within 62 days was not achieved in February as a result of problems with the pathway for a number of tumour sites (urology and lower GI) arising from increased demand and capacity issues within endoscopy. The quarterly figures are not finalised.

4. **Referral to treatment (18 weeks)** – the Trust did not achieve the 18 week standard for admitted patients in February as it sought to manage the impact of high cancellations in January and reduce the number of longer waiters. This was agreed in advance with Monitor and with local commissioners. The expectation is that the target will be achieved in March.

PATIENT CHOICE

5. **Diagnostics** – whilst all national targets have been achieved in February, the local target of no patients waiting in excess of 4 weeks was not achieved with 85% of patients being seen within 4 weeks. Ultrasound remains an issue for a service which has seen difficulties recruiting ultrasonographers. Endoscopy continues to see growing demand, and delivery of targets are dependent on temporary locum staff.

6. **Cancelled Operations –** the number of patients whose operation was cancelled on the day of planned surgery reduced in February to the target of 0.7%

PARTNERSHIP WORKING

7. **Delayed transfers of care (DTOC)** – the number of DTOCs remains a constant challenge with numbers having plateaued, especially with constraints in the availability of domiciliary care capacity.

ACTION REQUIRED BY THE BOARD: To note the Trust's performance.

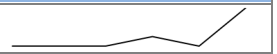
ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:
Board Performance Report, February 2015

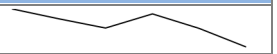
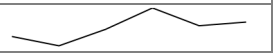
AUTHOR: LAURENCE ARNOLD
TITLE: ACTING CHIEF OPERATING OFFICER

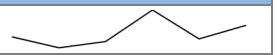
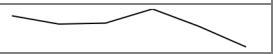
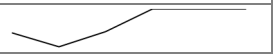
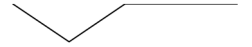
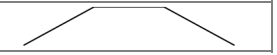
Trust Board Performance Report - February 2015

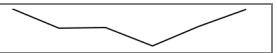
Salisbury NHS
NHS Foundation Trust

Monitor Assurance

Metric Name	Indicative Monthly Volume	Target Source	Ceiling	Feb-15	YTD	Benchmark	Trend
Infection control – Clostridium difficile	5,800 discharges	Contract	18 cases (deminimis volume 12)	4	18		
Infection control - MRSA	5,800 discharges	Contract	0 cases (deminimis volume 6) *	0	1 (+1) **		

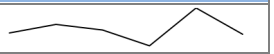
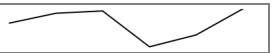
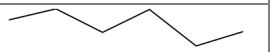
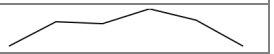
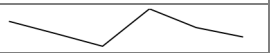
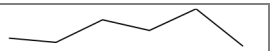
Metric Name	Indicative Monthly Volume	Target Source	Target	Feb-15	Quarter 4 to date	Benchmark	Trend
Patients treated within 18 weeks requiring admission	1,000 patients	Contract	90% treated within 18 weeks	88.6%	90.3%	92%	
Patients treated within 18 weeks not requiring admission	3,500 patients	Contract	95% treated within 18 weeks	98.7%	98.7%	97%	
Proportion of patients waiting less that 18 weeks for first treatment	10,300 patients	Contract	92% still waiting within 18 weeks	96.2%	N/A	95%	
Zero tolerance RTT waits > 52 weeks		Contract	Zero	0	0		

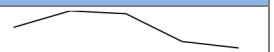
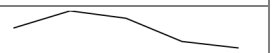
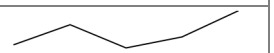
Metric Name	Indicative Monthly Volume	Target Source	Target	Feb-15	YTD	Benchmark	Trend
All Cancer two week waits	450 patients	Contract	93% patients within 2 weeks	95.0%	94.6%	95.4%	
Symptomatic Breast Cancer - two week waits	85 patients	Contract	93% patients within 2 weeks	93.4%	95.3%		
31 day wait standard	110 patients	Contract	96% patients within 31 days	100.0%	98.4%	97.9%	
31 day subsequent treatment : Surgery	20 patients	Contract	94% patients within 31 days	100.0%	99.6%		
31 day subsequent treatment : Drug	20 patients	Contract	98% patients within 31 days	100.0%	100.0%		
62 day wait standard	50 patients	Contract	85% patients within 62 days	76.0%	89.4%	87.0%	
62 day screening patients	4 patients	Contract	90% patients within 62 days	100.0%	95.1%		
62 day patients waiting first definitive treatment after Consultant upgrade	3 patients	Contract	85% patients within 62 days	100% (Nov-14)	100% (to Nov-14)		

A&E - Time in A&E department	3,600 patients	Contract	95% patients leave within 4 hours of arrival	95.4%	94.9%	94%	

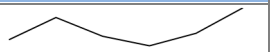
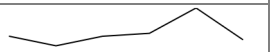
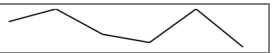
Quarterly Governance risk rate	Green: No evident concerns

Patient Choice

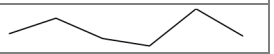
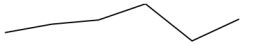
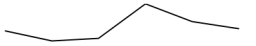
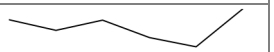
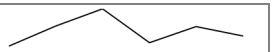
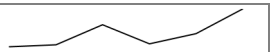
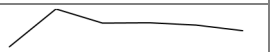
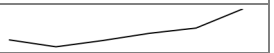
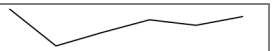
Metric Name	Indicative Monthly Volume	Target source	Target	Feb-15	YTD	Benchmark	Trend
Patients waiting less than 4 weeks for diagnostics	1,800 patients	Trust	98% of Diagnostic Waiting List <= 4 weeks	85.0%	86.3%	81%	
Patients waiting less than 6 weeks for diagnostics	1,800 patients	Contract	100% of Diagnostic Waiting list < 6 weeks	100.0%	99.98%	99%	
Friends and Family - % patients with feedback	1,400 discharges	Contract	15% patients offer feedback by end of Q1, 20% or more by end of Q4	50.8%	45.2%	N/A	
Friends and Family - % likely to recommend Hospital	1,400 discharges			94.2%	96.1%	N/A	
A&E Clinical Target 1 - Effectiveness of Care - unplanned reattendance rate	3,600 patients	Contract	<5% ED attendances to have unplanned return	2.7%	2.4%	7.2%	
A&E Clinical Target 2 - Left without being seen	3,600 patients	Contract	<5% patients to leave ED without being seen by clinician	0.9%	1.3%	2.7%	
A&E Clinical Target 3 - 95th Percentile time in A&E	3,600 patients	Contract	95th percentile ED wait to be less than 4 hours	03:59	04:16	04:11	
A&E Clinical Target 4 - Time to initial assessment	3,600 patients	Contract	95th percentile ED time to initial assessment < 15 minutes	00:08	00:08	benchmark data not fit for purpose	
A&E Clinical Target 5 - Time to treatment	3,600 patients	Contract	Median time to treatment in ED < 60 minutes	39	50	benchmark data not fit for purpose	
Ambulance Handover Breaches	970 arrivals by ambulance	Contract	Patients waiting > 20 minutes for Ambulance Handover	3	50		
Trolley Waits in A&E		Contract	Patients waiting > 12 hours on a trolley	0	0		
GUM % Offered appt within 48 hours	340 patients	Contract	100% patients offered appt within 48 hours initial referral	100%	100%	100%	
GUM % Accepted appt within 48 hours	340 patients	Contract	80% patients seen within 48 hours initial referral	87.4%	85.0%	89%	
Cancelled operations on the day of surgery	2,100 elective admissions (incl. daycase)	Trust	< 0.7% elective patients cancelled	0.70%	0.94%	0.77%	
Cancelled operations rebooked within 28 days	20 cancellations per month	Contract	100% patients rebooked within 28 days of cancelled surgery	100.0%	100.0%	96%	

Metric Name	Indicative Monthly Volume	Target source	Target	Nov-14	2013-14	Benchmark	Trend
Market Share: NHS Wiltshire - Elective		Strategy		29.1%	29.1%		
Market Share: NHS Wiltshire - Non-Elective		Strategy		35.3%	35.3%		
Market Share: Core Practices - Elective **		Strategy	Increase market share from 52% to 55% over 5 years	51.9%	52.0%		
Market Share: Core Practices - Non-Elective **		Strategy		63.0%	64.5%		

Partnership working

Metric Name	Indicative Monthly Volume	Target source	Target	Feb-15	YTD	Benchmark	Trend
Delayed Transfers of Care - NHS				17	N/A		
Delayed Transfers of Care - Social Services			4 DTOCs based on 3 Wilts SS delays and ~1 other	11	N/A		
Outpatient Follow Up rates	15,000 attendances	Contract	Aspire for Follow up -New Rate <=1:1.6	1.46	1.55		

Value and Effectiveness

Metric Name	Indicative Monthly Volume	Target source	Target	Feb-15	YTD	Benchmark	Trend
Elective Medical Length of Stay	40 Medical G&A overnight stays	Trust	3.48 days	6.4	4.6	Benchmark data not fit for purpose	
Non-Elective Medical Length of Stay	900 Medical G&A overnight stays	Trust	7.78 days	7.5	7.5	15.7	
Elective Surgical Length of Stay	480 Surgical G&A overnight stays	Trust	2.19 days	2.8	2.7	3.5	
Non-Elective Surgical Length of Stay	750 Surgical G&A overnight stays	Trust	3.15 days	3.4	3.5	3.0	
Hip replacements discharged within 5 days	25 patients	Trust	60% patients discharged within 5 days	69.0%	70.3%		
Knee replacements discharged within 5 days	24 patients	Trust	60% patients discharged within 5 days	79.3%	65.1%		
Coding - % coded within 1 week of discharge	5,800 discharges	Trust		65.2%	50.6%		
Coding - % coded within 5 days of month end	5,800 discharges	Trust		89.1%	76.8%		
NHS no. coverage	230,000 patients	Contract	95% of patients with activity in last 3 years to have validated NHS no.	98.3%	98.0%		
1st Outpatient DNA rate	5,500 appointments	Contract	No more than 7.5% patients to not attend 1st outpatient appointment	5.8%	5.9%	7.0%	
Elective Theatre Utilisation - Main Theatres	530 cases	Trust	Data recently obtained from new theatre system, no target set at this point	100.0%	95.1%		
Elective Theatre Utilisation - Day Surgery	860 cases	Trust	Data recently obtained from new theatre system, no target set at this point	83.8%	84.2%		
Non-elective Theatre Utilisation - Main Theatres	370 cases	Trust	Data recently obtained from new theatre system, no target set at this point	47.5%	43.5%		
Daycase Rates for selected procedures	350 patients	Trust	80% of selected elective surgical cases to be treated as daycase	85.3%	82.3%	81.2%	
Continuity of Service Risk Rating (CoSRR)	4. No compliance issues						

Cells with black dotted outlines indicate provisional data

*Please note: MRSA is no longer monitored by Monitor

** **Please note, the MRSA figures are showing as 1 (+1) because one of these cases was not a true bacteraemia but rather a contaminant and the patient was not unwell**

NATIONAL ACCIDENT & EMERGENCY DEPARTMENT SURVEY 2014 ANALYSIS OF THE CARE QUALITY COMMISSION'S BENCHMARK REPORT AND LOCAL ACTION PLAN

PURPOSE:

To provide the Board with an analysis of the Care Quality Commission's benchmark report on the National Accident & Emergency Department survey 2014 and the actions to be taken by the Trust.

MAIN ISSUES:

1.0 Introduction

Salisbury NHS Foundation Trust (SFT) participated in the fifth national Accident and Emergency Department survey between May and September 2014. Questionnaires were sent to 850 randomly selected patients who had attended the Emergency Department at Salisbury District Hospital during the month of January 2014.

The Care Quality Commission has benchmarked the results based on the scores of all participating Trusts, weighted by age and gender, and has published reports on their website for each individual Trust. The results show that despite significant pressure throughout the year, staff in SFT's Emergency Department have provided very high standards of care that match the very best in the Country.

This paper provides an analysis of the results for SFT and the action plan drawn up by its Emergency Department.

2.0 Analysis Of Benchmark Report

2.1 Mean scores

SFT scored 'better' than most other Trusts in five of the eight overall sections and were close to being the highest scoring Trust as illustrated in the table below:

SECTON	SFT SCORE	HIGHEST SCORE
Arrival at A&E	8.5	8.6
Doctors and nurses	8.6	8.7
Care and Treatment	8.3	8.5
Tests	8.7	8.9
Overall experience	8.8	9.0

SFT was as the top end of 'about the same' for the three remaining sections:

SECTON	SFT SCORE	HIGHEST SCORE
Waiting times	6.5	7.0
Hospital environment and facilities	8.6	9.0
Leaving A&E	6.8	7.1

SFT scored 'better' in 16 of the 35 individual questions. Three of these were the highest scoring of all Trusts as indicated in **bold** text in the table below:

ISSUE	SFT SCORE	HIGHEST SCORE
Waiting with ambulance crew before handover to A&E staff	9.4	9.5
Sufficient time to discuss problem with doctors and nurses	8.9	9.0
Condition and treatment clearly explained	8.6	8.8
Opportunity to discuss anxieties or fears	**7.8**	**7.8**
Confidence and trust in the doctors and nurses	9.0	9.2
Family had the opportunity to talk to a doctor	8.2	8.4
ISSUE	**SFT SCORE**	**HIGHEST SCORE**
Sufficient information about condition or treatment	**9.1**	**9.1**
Help from doctors or nurses if required	**8.7**	**8.7**
Involvement in decisions about care and treatment	8.3	8.5
Pain relief medication provided quickly	6.9	7.7
Need for tests explained	8.9	9.0
Results of tests provided before leaving A&E	8.5	9.1
Told when to resume normal activities	6.5	6.8
Family or home situation taken into account before leaving A&E	5.9	6.4
Treated with respect and dignity	9.2	9.5
Overall experience	8.4	8.5

SFT was at the higher end of 'about the same' for the remaining 19 questions.

ISSUE	SFT SCORE	HIGHEST SCORE
Privacy when discussing condition with receptionist	7.6	8.1
Wait to first speak to a doctor or nurse	7.1	7.9
Wait to be examined	7.1	7.7
Told waiting time to be examined	4.1	5.5
Length of time in A&E Department	7.8	8.6
Doctors and nurses listening to patient	9.0	9.2
Doctors and nurses involving patient in discussions	9.1	9.4
Privacy when being examined or treated	9.3	9.6
Mixed messages from staff	9.0	9.4
Reassurance from staff	6.7	7.7
Pain control	8.0	8.6
Explanation of test results	8.8	9.5
Cleanliness of A&E Department	9.0	9.4
Threats from other patients or visitors	9.7	9.9
Availability of suitable food or drinks in A&E Department	7.1	8.2
Explanation of purpose of medication	9.2	9.9
Explanation of mediation side effects	5.3	7.5
Explanation of illness or treatment danger signals to watch for	6.3	7.3
Contact details if worried after leaving A&E Department	7.7	8.4

When compared with its own results for the last National Accident and Emergency Department survey undertaken in 2012, SFT had a significantly higher score for patients being able to get help from a member of the medical or nursing staff if they needed attention (8.7 in 2014 compared with 8.3 in 2012).

SFT had a significantly lower score for patients feeling threatened by other patients or visitors (9.7 in 2014 compared with 9.9 in 2012). Action is being taken to address this as detailed in the attached action plan (Appendix A).

2.2 Comparisons with National Response Rate and Demographic Characteristics

The national response rate was 34% compared to SFT's response rate of 45%.

Age group responses were generally in line with the national picture (16-35 = 17%; 36-50 = 14%; 51-65 = 25%; 66 and older = 43%).

The split between male and female respondents was identical to the national split (male 45% / female 55%).

Responses from other ethnic groups was lower at 2% compared with 11% nationally.

2.3 Comparisons with Neighbouring Trusts

Work has been undertaken to compare SFT's results with its neighbouring Trusts at Bath, Bournemouth, Poole, Southampton, Winchester and Yeovil. SFT had the highest or joint highest score within this group for six of the eight main sections (Arrival at A&E; Doctors and nurses; care and treatment; hospital environment and facilities; leaving A&E; overall experience) and was only very slightly below the highest score for the remaining two (waiting times; tests).

SFT had the highest or joint highest score for 21 of the 35 individual questions and scored favourably for the remaining 14.

2.4 Comparisons with our own unweighted results in 2012

Local analysis of the unweighted 2014 results show that they are on par with those of 2012. Where there has been a downward movement of scores, the shifts have been generally small, the main shift being staff telling patients about medication side effects to watch for (5.4 in 2014 compared with 6.3 in 2012). This is being addressed through the action plan (Appendix A).

3.0 Action Plan

The Emergency Department has carefully considered the results of the 2014 survey and have identified areas where improvements could be made. A copy of their action plan is attached to this report (Appendix A).

ACTION REQUIRED BY THE BOARD:

Board members are invited to endorse this approach and note the contents of this report.

ATTACHMENT AVAILABLE TO VIEW ON WEBSITE:

Appendix A National A&E Survey Local Action Plan 2014

AUTHOR: Lorna Wilkinson

TITLE: Director of Nursing

APPENDIX A

ACTION PLAN – NATIONAL ACCIDENT & EMERGENCY DEPARTMENT SURVEY 2014

Area for improvement	Goal	Action	Lead Assigned	Completion Date
Waiting Time information (Q6-9)	Ensure pts are fully informed from the onset of their arrival of expected waiting time. Pts are updated of changes to their waiting times.	• Placement of LED in waiting area to display accurate waiting times. • Increase information giving from triage nurse / reception team in liaison with clinical staff. • Increased waiting times, triage nurse / Nurse in charge to make announcements to the waiting room accordingly.	Lead Nurse – Nickola Amin with cascade to Jo Mahy – ENP Lead & Claire Barrie – Admin Lead	LED in place – Jan 2015 and completed training. Communication to staff from pts ongoing and updates through Senior Team.
Total Time in ED reduced (Q6-9)	To reduce the overall total time in ED to transfer or discharge, against current average mean time of 2 hrs (Quarter 3 14/15)	• Working alongside the patient flow and ED operational steering group to increase flow through the ED. • Staffing reviews ongoing to ensure staff in the right place at the right time to meet patient demand peaks. • Timely escalation of pt delays through the Pt Flow role and Shift Co-ordinators.	Lead Nurse – Nickola Amin in conjunction with the Operational Steering group.	Pt flow role to be reviewed from 15/16 onwards.

Area for improvement	Goal	Action	Lead Assigned	Completion Date
Hospital Environment & Facilities (Q31)	To ensure excellent cleanliness at all times in each of the patient areas / bathrooms.	• Ensure that cleaning duties are being undertaken as per checklist of daily duties with regular spot checks though Lead Nurse and Domestic Supervisor. • Monitor OOH cleanliness through Shift leaders and reception team – special note to waiting room and toilet facilities.	Nickola Amin & Nicky Heydon – Lead Nurses ED alongside Domestic Supervisor.	Monthly Meetings ongoing with Lead Nurse & Domestic Supervisor.
Hospital A&E with Aggression & Violence / feeling threatened (Q32)	To manage ED as a non-threatening and caring environment where pts do not feel concerned about their safety. Enforce the entitlement for staff to work in an environment without aggression or violence, in conjunction with trust security and Security Lead.	• Ensure that staff are up to date with their conflict resolution training. • Ensure that staff make early escalation to security and trust site management. • Completion of DATIX forms accordingly. • Warning letters sent as required to pts who threaten safe / display inappropriate behaviour through security committee / DMT.	Nickola Amin & Nicky Heydon – Lead Nurses ED alongside Keith Loader as trust Security Lead. MLE completion through staff team leaders annually.	Senior Nurse review on MLE ongoing with appraisal reviews / part of mandatory training. Quarterly attendance to Security Committee meeting.

Area for improvement	Goal	Action	Lead Assigned	Completion Date
The provision of suitable food and drinks during patient attendances (Q33)	Appropriate and fully operational drinks and vending machines in operation within the waiting room.	• Quarterly review / alongside PLACE reviews, of vending items available. • Ensure any working issues / errors with the machines are reporting through Springs restaurant / reception team aware of the escalation expected. • Consider keys to be held within ED to reduce complaints about cash problems OOH.	Nickola Amin & Springs Supervisor.	Review undertaken Sept 2014. Further review planned for Spring 2015 with the roll out of new machines. Keys to be considered at this point. Movement of the hot drinks machine (currently in immediate pt entrance and obscure reception area).
Explanations of medications and potential side effects at discharge (Q36-37)	All patients' to have a full explanation provided at discharge on their medications and expected side effects (as required).	• ENP staff / ED medial staff to be reminded of their practice. • Speciality team liaison through DMT / OWG.	Jackie Lynch – ED Clinical Lead & Jo Mahy - ENP Acting Lead.	On going monitoring through Senior Team and F & F feedback.

Area for improvement	Goal	Action	Lead Assigned	Completion Date
Information provided to pts about red flags to observe for and what to do / who to contact if they were concerned about their condition (Q40-41)	All patients to be aware of clinical signs to observe for and who to contact if they are concerned.	• ENP & ED medial staff to be reminded of their practice, Speciality teams through DMT. • Nursing to staff to signpost pts to urgent care facilities accordingly.	Jackie Lynch – Clinical Lead, N Amin – Lead Nurse & Jo Mahy – ENP Lead.	On going monitoring through Senior Team and F & F feedback.

Trust Board meeting **SFT 3646**

CODE OF GOVERNANCE – ANNUAL REVIEW OF COMPLIANCE

Date: - 13 April 2015

Report from: David Seabrooke, Head of Corporate Governance

Executive Summary: The Board reviews the arrangements for compliance with the Code of Governance annually. The tables give details of the compliance arrangements in relation to the Code.

Proposed Action:

1. That the report be noted.

Links to Assurance Framework/ Strategic Plan:

Appendices:

Appendix A – Board Statements

Tables 1, 2 & 3 – Code of Governance

Supporting Information

Monitor published a new Code of Governance taking effect from 1 January 2014, which was subject to minor amendments up until July '14.

This year's local compliance review is based on the three main tables set out by Monitor, mentioned below.

Table 1 The provisions […] require a supporting explanation, even in the case that the NHS foundation trust is compliant with the provision. (These are often matters normally included in the annual report.)

Table 2 The provisions […] require supporting information to be made publicly available even in the case that the NHS foundation trust is compliant with the provision. This requirement can be met by making supporting information available on request and on the NHS foundation trust's website.

Table 3 For these provisions, the basic “comply or explain” requirement stands. The disclosure should therefore contain an explanation in each case where the trust has departed from the Code, explaining the reasons for the departure and how the alternative arrangements continue to reflect the main principles of the Code

Board Statements under A.1.1, A.5.6, B.1.4, E.1.1 and E.1.2

A.1.1 [Extract] The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors (as described in A.5). The annual report should include … a statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.

A STATEMENT EXPLAINING HOW THE BOARD OF DIRECTORS AND THE COUNCIL OF GOVERNORS OPERATE, INCLUDING A HIGH LEVEL STATEMENT OF WHICH TYPES OF DECISIONS ARE DELEGATED TO THE MANAGEMENT BY THE BOARD OF DIRECTORS

BOARD OF DIRECTORS

The Board of Directors comprises the Chairman, Chief Executive, up to seven Non-Executive Directors and five Executive Directors making thirteen in total.

The Board meets bi-monthly. The dates of the meetings are advertised on the Trust's web-site. The agendas, papers and minutes for all public meetings are published on the web-site.

The Directors have collective responsibility for:-

- Setting strategic direction, ensuring management capacity and capability, and monitoring and managing performance
- Providing leadership and governance to the Trust within a framework of prudent and effective controls
- Providing accountability to Governors and being responsible to members and stakeholders
- Managing the operational, business and financial risks to which the Trust and its related businesses are exposed
- Monitoring the work undertaken and the effectiveness of the sub-committees of the Board
- Allowing flexibility to consider non-routine matters or items that are outside of the planned work programme
- Reviewing the performance of the senior management team

Annually the content of the agendas for the following twelve months is agreed to ensure there is a good order and appropriate timing to the management of the above functions

The Board is required to comply with its Standing Orders, Standing Financial Instructions and the Licence. The Board has to submit a strategic plan to Monitor and quarterly reports to confirm compliance with both the Trust's Continuity of Service and Governance targets under the risk assurance framework.

COUNCIL OF GOVERNORS

As set out in the Constitution the Trust has a Council of Governors, comprising public, appointed and staff governors.

The Chair of the Trust Board is also the Chair of the Council of Governors and is a key conduit between the two bodies. The full Council of Governors meets in public four times a year and also holds an annual members meeting.

The Chief Executive normally attends the Council meetings to present a performance report. Non-Executive Directors regularly attend to develop their own understanding of the work of the as part of their accountability.

The work of the Governors is divided between their statutory and non-statutory duties. The statutory duties are to:-

- Represent the membership and wider public
- Hold the non-executives to account for the performance of the board
- Appraise and appoint or remove the Chairman and Non Executive Directors of the Trust
- Approve the appointment of future Chief Executives
- Appoint or remove the Trust's External Auditor
- At the AGM consider the Trust's annual accounts, auditor's report and annual report
- Set the Terms & Conditions of Non-Executive Directors together with their remuneration and allowances
- Hold the non-executive directors to account for the performance of the board
- Be consulted by the Board of Directors on the development of forward plans for the Trust and any significant changes to the healthcare provided.

Where appropriate Governors have been placed, on a voluntary basis, into Committees or groups to look at the requirements of these functions and make recommendations for the full Council.

DECISIONS DELEGATED TO THE MANAGEMENT BY THE BOARD OF DIRECTORS

The Scheme of Delegation, which is included within the Trust's Standing Orders, sets out the decisions which are the responsibility of the Board of Directors. These are actioned either by the Trust Board or a committee of the Board.

Below Trust Board level the Directors have established the Joint Board of Directors which consists of the Executive Directors, Clinical Directors and other senior post holders. This meets monthly and is chaired by the Chief Executive. Its remit is to consider the management of the day to day business of the Trust, both operationally and clinically. The Joint Board of Directors is supported in its work by the Operational Management Board Chaired by the Chief Operating Officer and the Clinical Management Board Chaired by the Medical Director.

A.5.6. The council of governors should establish a policy for engagement with the board of directors for those circumstances when they have concerns about the performance of the board of directors, compliance with the *new provider licence* or other matters related to the overall wellbeing of the NHS foundation trust. The council of governors should input into the board's appointment of a senior independent director.

Under the Trust's Constitution, the Board will consult the Council on the appointment of the Senior Independent Director. A process for formal dispute resolution is included in the Trust's constitution as follows:

> **51. DISPUTE RESOLUTION**
> 51.1. In the event of a dispute arising between the Board of Directors and the Council, the Chairman shall take the advice of the Secretary and such other advice as he sees fit, and he shall confer with the Vice-Chairman and the Lead Governor and shall seek to resolve the dispute.
>
> 51.2. If the Chairman is unable to do so, he shall appoint a committee consisting of an equal number of directors and governors to consider the matter and to make recommendations to the Board and Council with a view to resolving the dispute.
>
> 51.3. If the dispute is not resolved, the Chairman may refer the dispute to an external mediator appointed by the Centre for Dispute Resolution, or by such other organisation as he considers appropriate

CODE OF GOVERNANCE SECTION B .1.4

B.1.4. The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the **annual report**, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust. Both statements should also be available on the NHS foundation trust's **website**.

A STATEMENT ABOUT THE BALANCE, COMPLETENESS AND APPROPRIATENESS OF THE BOARD

The Board currently comprises the Chairman, Chief Executive, 5 other Executive Directors and 6 other Non-Executive Directors. There is a clear separation of the roles of the Chairman and the Chief Executive, which has been set out in writing and agreed by the Board. The Chairman has responsibility for the running of the Board, setting the Agenda for the Trust and for ensuring that all Directors are fully informed of matters relevant to their roles. The Chief Executive has responsibility for implementing the strategies agreed by the Board and for managing the day to day business of the Trust.

All of the Non-Executive Directors, are considered to be independent in accordance with the NHS Foundation Trust Code of Governance. While, on appointment, the Chairman has to meet the Code's 'test of independence' it does not, thereafter, apply to this role.

The Board considers that the Non-Executive Directors bring a wide range of business, commercial and financial knowledge required for the successful direction of the Trust. This includes clinical and financial matters in particular.

All Directors are equally accountable for the proper management of the Trust's affairs.

All Directors are subject to an annual review of their performance and contribution to the management and leadership of the Trust.

At the present time the Board is satisfied as to its balance, completeness and appropriateness and will keep these matters under review.

CODE OF GOVERNANCE SECTION E.1.1

E.1.1. The board of directors should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on.

As an acute hospital and a Public Benefit Corporation the Trust exists to deliver NHS services in line with national guidelines and also to respond to the requirements of the health community which it serves. The Trust Board welcomes the views and opinions of all individuals and stakeholders who have an existing connection, or might have a future connection, with the Trust.

The Board maintains an open communication with members, patients, clients and stakeholders and, while welcoming individual comment, will also seek to make maximum use of the various corporate relationships that exist. These will include Governors, Members, Patients groups, and external organisations such as Commissioners, and local Councils while Health care professionals will always be able to make their views known through the range of hospital departments.

The Trust Board undertakes to involve the local community in all its forms, as appropriate, in any significant aspect of physical or service change. The nature of any proposed change may require different levels of consultation from Governors only through to full public consultation. The Trust will consult formally on those matters where this is necessary. In this regard the Trust Board will take advice and guidance from Wiltshire Health Watch on the procedure/process for conducting any formal consultation where this is required.

CODE OF GOVERNANCE SECTION E.1.2

E.1.2. The board of directors should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums (eg, Local HealthWatch, the Overview and Scrutiny Committee, the local League of Friends, and staff groups).

The Trust Board recognises the importance of having mechanisms in place which ensure that a satisfactory dialogue can always take place with its stakeholders and appreciates the constructive comments that can flow from this style of relationship.

The Directors are very open in the release of information about the Trust and its performance through the availability of information on the Trust's web-site and the publication and distribution of a range of written information such as Press Releases, the Annual Report, Annual Review and Members and Staff Newsletters. This creates 'openness' and allows external challenge which the Trust welcomes. To help in this process the Trust has a full time Public Relations Manager.

The Trust Board looks to work closely with all key groups and their representatives. A representative of the Wiltshire Health Watch routinely attends the Public meetings of the Trust Board. Trust representatives regularly brief the local Health & Well-Being Board.

Governors are exploring ways of communicating with Members and giving Members the opportunity to express their thoughts. The Board understands the critical importance of maintaining strong relationships with Staff Groups and the Staff side Secretary attends Trust Board meetings, the Trust has regular meetings with the JNC which has an Executive presence, and communicates to all staff verbally via a monthly Cascade Brief, in writing via Health News Weekly and on the Intranet. Staff opinion is sought on all matters which affect working conditions.

By adopting an open, engaging and listening approach the Trust is well placed to ensure that the public interests of all stakeholders are considered appropriately with any resulting consultation being managed in accordance with the response to paragraph E 1.2.

Table 1 - Sections of the Code where a supporting explanation of compliance is required via annual report

The provisions listed below require a supporting explanation, even in the case that the NHS foundation trust is compliant with the provision. **Where the information is already contained within the annual report, a reference to its location is sufficient to avoid unnecessary duplication.**

	Code provision	**Section of the Annual Report**
A.1.1	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors (as described in A.5). This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	Annual Report A statement is included as part of appendix 1.
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	Annual Report

A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Annual Report
B.1.1	The board of directors should identify in the annual report each non- executive director it considers to be independent, with reasons where necessary.	Annual Report
B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	Annual Report (Statement included in Appendix A)
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	Annual Report
B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	Annual Report
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Annual Report

B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	Annual Report
B.6.2	Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the trust.	Annual Report
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	Annual Report
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	Annual Governance Statement

C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	Annual Report
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	Annual Report – if required

C.3.9	A separate section of the annual report should describe the work of the [Audit] committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	Annual report
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	Annual Report – if required
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Annual report

E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	Annual report

Table 2: Code of Governance public statements

The Trust is required by Monitor to make certain information available to the public through the website

Provision	Information required on website:	
A.1.3	The board of directors should make available a statement of the **objectives** of the NHS foundation trust showing how it intends to balance the interests of patients, the local community and other stakeholders, and use this as the basis for its decision-making and forward planning.	Click here to see the statement
B.1.4	A description of **each director's expertise** and experience, with a clear statement about the board of director's balance, completeness and **appropriateness**.	Click here to see the details of the board of directors Click here to see the statement on balance completeness and appropriateness.
B.2.10	The main role and **responsibilities of the nominations committee** should be set out in publicly available, written terms of reference.	Click here to see the terms of reference
B.3.2	The terms and conditions of appointment of non-executive directors.	Click here to see a specimen appointment letter
C.3.3	The main role and **responsibilities of the audit committee** should be set out in publicly available, written terms of reference.	Click here to see the terms of reference

D.2.1	**The remuneration committee should make available its terms of reference**, explaining its role and the authority delegated to it by the board of directors. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the NHS foundation trust.	Click here to see the terms of reference
E.1.1	The board of directors should make available a public document that sets out its **policy on the involvement of members, patients and the local community** at large, including a description of the kind of issues it will consult on.	Click here to see the statement
E.1.4	**Contact procedures for members who wish to communicate with governors** and/or directors should be made clearly available to members on the NHS foundation trust's website.	Click here to visit the governors' pages Click here to contact the trust

Table 3: "Comply or explain" assessment of compliance with the 2014 Code of Governance

The way in which the Board applies the principles and provisions is described in the various sections of the report. In addition, there are a number of new additional reporting requirements and explanatory notes that are tabled at the end of the NHS Code of Governance section of this Annual Report. This requirement follows amendments to the NHS Foundation Trust Code of Governance by Monitor in December 2013. These reflect changes to the UK Corporate Governance Code, the provisions within the Health and Social Care Act (the 2012 Act) and a number of regulatory issues which have implications for how Trust's establish and report on corporate governance arrangements. The Directors consider that for the 2014/2015 year the Trust has been fully compliant.

Details on the NHS Foundation Trust Code of Governance can be found on the Monitor website at www.monitor.gov.uk

For all provisions listed below there are no special requirements … For these provisions, the basic "comply or explain" requirement stands. The disclosure should therefore contain an explanation in each case where the trust has departed from the Code, explaining the reasons for the departure and how the alternative arrangements continue to reflect the main principles of the Code.

Provision	Summary:	Response
A.1.4	The board should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its health care delivery	Confirmed. The Board receives regular reports on quality, workforce, performance and finance. There is a board assurance framework and system of internal control, as detailed in the Annual Governance Statement.
A.1.5	The board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance	Confirmed. The Board receives regular reports on quality, performance and finance.
A.1.6	The board should report on its approach to clinical governance.	The Trust has completed a self-assessment against the Monitor Quality Governance Framework.
A.1.7	The chief executive as the accounting officer should follow the procedure set out by Monitor for advising the board and the council and for recording and submitting objections to decisions.	The Chief Executive is aware of the requirements of this provision in the Accounting Officer Memorandum

Provision	Summary:	Response
A.1.8	The board should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life	The Trust has a set of staff values in place. Staff are periodically reminded of the Nolan principles of the values and accepted standards of behaviour in public life.
A.1.9	The board should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility.	The Board has adopted the Professional Standards Council's code of conduct. This is also reflected in job descriptions. The Trust has responded to the "Fit & Proper" requirements introduced in November 2014.
A.1.10	The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors.	As well as NHSLA cover, a separate Directors and Officers liability policy is maintained
A.3.1	The chairperson should, on appointment by the council, meet the independence criteria set out in B.1.1. A chief executive should not go on to be the chairperson of the same NHS foundation trust.	Confirmed – the requirement to meet the Licence "fit & proper" requirements, additional constitutional requirements and be able to be certified as independent under the Code is built into the advertising and recruitment process
A.4.1	In consultation with the council, the board should appoint one of the independent non-executive directors to be the senior independent director.	Confirmed – this is the Deputy Chairman. The board consulted the Council proposed appointment at the Council meeting on 16 February 2015.
A.4.2	The chairperson should hold meetings with the non-executive directors	Confirmed – meetings are held bi-monthly and as necessary
A.4.3	Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the board minutes.	Confirmed – Directors are aware of this provision.
A.5.1	The council of governors should meet sufficiently regularly to discharge its duties.	Confirmed – The Council has four scheduled meetings per year.
A.5.2	The council of governors should not be so large as to be unwieldy.	Confirmed – This was reviewed in 2015 and the number of governors is considered to be workable.

Provision	Summary:	Response
A.5.4	The roles and responsibilities of the council of governors should be set out in a written document.	Confirmed – This document (under B.1.4.of the 2010 Code) was adopted in 2013 and has been reviewed by the Council of Governors.
A.5.5	The chairperson is responsible for leadership of both the board and the council but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate.	Confirmed – The Chief Executive attends all Council meetings. The Chairman has arranged for at least two non-executives to support him at each Council meeting.
A.5.6	The council should establish a policy for engagement with the board of directors for those circumstances when they have concerns.	Confirmed – policy in place. Bi-monthly informal meetings with the NEDs, were increased from quarterly starting in 2014.
A.5.7	The council should ensure its interaction and relationship with the board of directors is appropriate and effective.	Confirmed – the Board and Council keep this essential relationship under continual review
A.5.8	The council should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board.	Confirmed – governors are aware of this provision and of the consequences of using this power.
A.5.9	The council should receive and consider other appropriate information required to enable it to discharge its duties.	Confirmed During 2013 the Trust developed the range of activity information available to the Council of Governors
B.1.2	At least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.	Confirmed. All non-executives are considered to be independent
B.1.3	No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.	Confirmed. Directors and governors are aware of this provision.

Provision	Summary:	Response
B.2.1	The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors.	A Nominations Committee is in place on the Board to oversee Executive appointments and is appointed ad hoc for non-executive appointments
B.2.2	Directors on the board of directors and governors on the council should meet the “fit and proper” persons test described in the provider licence.	Confirmed. Governors and Directors are requested at each public meeting to confirm this individually.
B.2.3	The nominations committee(s) should regularly review the structure, size and composition of the board and make recommendations for changes where appropriate.	A review would arise from a change of circumstances.
B.2.4	The chairperson or an independent non-executive director should chair the nominations committee(s). [At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chairman.]	Confirmed – this is in the Trust’s Constitution.
B.2.5	The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors.	Confirmed - This is established in the setting up of the Nominations Committee,
B.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors.	Confirmed - reflected in the Constitution
B.2.7	When considering the appointment of non-executive directors, the council should take into account the views of the board and the nominations committee on the qualifications, skills and experience required for each position.	Confirmed – board members are able to describe the board’s needs for specific skills and appropriately to influence the recruitment process

Provision	Summary:	Response
B.2.8	The annual report should describe the process followed by the council in relation to appointments of the chairperson and non-executive directors.	Confirmed – this is set out in the Annual Report.
B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	Confirmed – this is not the Trust's practice
B.3.3	The board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.	Confirmed – this is monitored through the declaration of interests process
B.5.1	The board and the council governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.	Confirmed – the Trust has developed the performance, workforce, quality and financial information provided to the Board and Council
B.5.2	The board and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.	Confirmed – independent external advice would be made available if required.
B.5.3	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors.	Confirmed – Independent external advice would be made available if required.
B.5.4	Committees should be provided with sufficient resources to undertake their duties.	Confirmed – committees have the Board's authority to investigate matters in their terms of reference

Provision	Summary:	Response
B.6.3	The senior independent director should lead the performance evaluation of the chairperson.	Confirmed – the SID is commissioned by the Performance Committee to undertake this.
B.6.4	The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non- executive directors relevant to their duties as board members.	Confirmed – training and development opportunities are circulated to NEDs and the need for training/development are discussed regularly.
B.6.5	Led by the chairperson, the council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.	Confirmed - This is undertaken by an internal review sub-group
B.6.6	There should be a clear policy and a fair process, agreed and adopted by the council, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council or has an actual or potential conflict of interest which prevents the proper exercise of their duties.	Confirmed. This is set out in the Constitution
B.8.1	The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	Confirmed – directors are aware of this provision
C.1.2	The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.	The Trust's view of this is given in the annual plan and annual report.

Provision	Summary:	Response
C.1.3	At least annually and in a timely manner, the board should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.	This is given in the annual plan and annual report
C.3.1	The board should establish an audit committee composed of at least three members who are all independent non-executive directors.	Confirmed – an Audit Committee of four independent non-executive directors is in place
C.3.3	The council should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors.	Confirmed – the last appointment round was in 2011/12
C.3.6	The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust.	Confirmed – the auditor was appointed from 1 April 2012 for five years, with a review clause after three years.
C.3.7	When the council ends an external auditor's appointment in disputed circumstances, the chairperson should write to Monitor informing it of the reasons behind the decision.	Confirmed
C.3.8	The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.	Confirmed. The Trust's Raising Concerns policy is developed and approved by the Joint Board of Directors
D.1.1	Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives	It is not the Trust's practice to use performance-related pay

Provision	Summary:	Response
D.1.2	Levels of remuneration for the chairperson and other non-executive directors should reflect the time commitment and responsibilities of their roles.	Confirmed - benchmark information is reviewed by the Performance Committee each year
D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination.	Confirmed
D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments.	Confirmed – delegated authority is in the terms of reference
D.2.3	The council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	The current NED remuneration was set in 2009 and a professional adviser would be engaged if a major change to this was envisaged. The Performance Committee finds the results of the annual remuneration survey very helpful in advising the Council.
E.1.2	The board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums.	A statement setting this out has been approved by the board
E.1.3	The chairperson should ensure that the views of governors and members are communicated to the board as a whole.	Confirmed. Governors attend the public board meeting and are able to ask questions. The Board receives a report on the Council of Governors meetings through the Chair.

Provision	Summary:	Response
E.2.1	The board should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate.	Confirmed – examples given below in relation to E2.2.
E.2.2	The board should ensure that effective mechanisms are in place to co- operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each.	Confirmed – the Trust has sound relationships with its major stakeholders, including the CCGs, local authority, health & well-being board, Health Watch and neighbouring trusts.

March 2015

Salisbury NHS
NHS Foundation Trust

SALISBURY NHS FOUNDATION TRUST
CLINICAL GOVERNANCE COMMITTEE
Thursday 29th January, 10am-12pm
Boardroom, Salisbury District Hospital

SFT 3648

MINUTES

CHAIR – LYDIA BROWN

Present:

Dr Lydia Brown (Chair), Nigel Atkinson, Steve Long, Lorna Wilkinson, Peter Hill, Claire Gorzanski, Fiona Hyett, Emma Taylor (Pharmacy), Mark Stabb, Hazel Hardyman

In attendance:

	Item
Helena Eagles	Minute taker
Paul Kemp	
David Seabrooke	
Jenny Hair	CGC0104
Nickola Amin, Jackie Lynch, Stuart Henderson	CGC0105
Katrina Glaister	CGC0105
Gill Sheppard	CGC0108 & 09

Apologies:

Christine Blanshard, Louise Dennington, Laurence Arnold, Angela Clarke, Sarah Mullally

LB started the meeting by thanking NA for his hard work over the last few years as a Non-Executive Director and introducing Paul Kemp who will be taking over from this point.

CGC0101 – Minutes of the meeting held on 27th November 2014

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

LB discussed the matter of minutes going to Trust Board in a timely manner and whether the Committee wished to change the approval process. The Committee discussed the possibilities but felt that it was best to continue on as before, with the CGC minutes being approved finally at the next available meeting and then going on to Trust Board after that.

CGz and DS suggested that LB could take a verbal update to the next Trust Board as formal minutes would not be available.

CGC0102 – Matters Arising/Action Tracker

CGC1010, Oct 2014 – Quality Indicator Report – see item CGC0102. Complete.

CGC1017, Oct 2014 – Annual CLIP Report graph. FHi confirmed that the dates under the graph related to the year before, however the data shown was for the correct year. Complete.

CGC1105, Nov 2014 – see item CGC0104. Complete.

CGC1106, Nov 2014 – Patient Story. CGZ confirmed that following the Radnor refurbishment the vents are no longer over the beds and 2 iPads will be brought from charitable funds for patient diaries. Complete.

CGC1108, Nov 2014 – Quality Indicators Report. LW reported that the HSMR has a rebased line and this will be covered in CGC0111. Complete.

CGC1113, Nov 2014 – Executive Safety & Quality Walk Annual Report. LW confirmed that the graph will be refreshed and will then not be misleading. Complete.

CGC1116, Nov 2014 – Safeguarding Adults Report. FHy confirmed that safeguarding training happens on induction day and that a special session will be done at Trust Board later this year.

Complete.

CGC1121, Nov 2014 – A.O.B. LW investigated what was said at the Wiltshire CCG meeting in November. The comment was related to the Safety Thermometer data as part of the Quality Indicator report.

CGC0103 – Update on the Never Event (Quality Indicator Report Oct 2014), Lorna Wilkinson

The event was signed off in January 2015 and the report is very detailed. The media reports regarding investigations by NHS England are inaccurate. This was taken from CCG Board minutes.

The case was interesting with regard to learning and LW explained the circumstances surrounding the incident.

Recommendations have been identified to reduce the risk of it happening again in the future.

Peripheral recommendations were discussed. These have been fed back to the relevant individuals and teams.

The Committee noted the update and confirmed that they were assured.

CGC0104 – Local Response to the Challenges SFT Faces in Recruiting Medical Practitioners, Jenny Hair

The UK has never been self-sufficient in the production of doctors, and increasing demand for health care combined with poor medical workforce planning nationally, restrictions on the entry of foreign nationals to the workforce, increased feminisation of the workforce and loss of doctors from the medical register has led to a national shortage of doctors, particularly in primary care, psychiatry, acute and emergency medicine.

The Trust has some consultant and junior doctor posts that we have struggled to recruit to and we are responding to this with a number of measures to:

- Increase our visibility and attractiveness as an employer
- Work with the Deanery to retain, increase and improve our training posts
- Review our workforce as a whole to devolve “medical” tasks to other practitioners
- Develop more innovative posts
- Try more aggressive, more targeted recruitment including the use of an agency to source doctors for hard-to-fill posts.

Thus far a shortage of medical practitioners does not pose a threat to the viability of any of our services

JH discussed the length of time that it takes to train a consultant and the changes in medical workforce over the next 20 years. There have been a number of changes in EU laws, government policy and social changes which have had an impact on the number of doctors available to recruit. This is a national problem. We now have a problem recruiting across a number of specialities and need to rely on agency workers.

JH and CB have been working on a medical transformation plan - what we can do locally is limited. SFT is reviewing how we market ourselves, how we advertise vacancies and what we can do to improve marketing the benefits of working in Salisbury in the job descriptions. The feedback from people who have worked here is that Salisbury is a lovely place to work.

The quality of recent applicants for consultant posts has been generally disappointing. We hope to see better quality of candidates coming through over the next couple of months.

There are less gaps in junior doctor recruitment than there were last year. The difficulty is recruiting outside the Deanery.

We have signed up to recruitment fairs and are asking colleagues to network.

The CGC discussed the problems and possible solutions.

LB – the thrust of the question from the last meeting is whether we are selling ourselves properly.

FHy reported that an incentive scheme started in January 2015.

Action: LB asked CB/JH to return with an updated report in 6 months.

CB/JH

The Committee noted the report and its content.

STRATEGY

CGC0105 – ED and Whiteparish MAU Core Services Report

ED Core Service Report (Nickola Amin)

The Emergency department has seen a significant increase in its activity and with this faced a number of challenges in terms of nursing and medical resource.

ED have a team of staff who have been dedicated throughout this time and keen to support new ways of working in order to ensure that patient care is of the highest quality.

There are always areas that can be improved and in light of the pressures ED have experienced there are several that ED have addressed.

LB welcomed the team.

NA highlighted various points from the report, presenting under the headings Well Led, Safe, Responsive, Effectiveness and Caring giving examples under each.

NA is mindful of the operational challenge to reach the 95% target (SFT is just under 95% at present).

The ED team received the Local Heroes Award from the Salisbury Journal recently.

Whiteparish MAU Core Services Report (Stuart Henderson)

Overall the AMU performs very well and is willing to adapt and embrace change in order to improve care for patients. The staff are committed and caring however as demand steadily increases, the strains on the service are beginning to show with associated risks. How these risks are managed over the coming months and years will be crucial.

Central to successful working of an AMU, and indeed any acute trust, is patient flow. The AMU team are acutely aware of this and therefore all aspects of AMU care – from the initial GP referral with the AMU consultant, through the rapid streamlined assessment process, to the eventual discharge home – have this concept at the centre of its practice. This has enabled the AMU to increase day zero discharges by up to nearly 40% of all referrals thus reducing bed usage and costs to the acute trust. This has been achieved with no increase in mortality or re-admissions and has been broadly welcomed by both patients and primary care.

SH ran through the report, again highlighting examples under the headings Safe, Effective, Caring, Well-Led and Responsive.

SL noted that ED and AMU had been through a very busy period and asked whether there were concerns over the level of activity on AMU. SL asked how this was impacting on clinical governance and LW replied that SFT would quickly pick up on any difficulties if the high demand for service became normal.

LB and SH discussed escalation mechanisms and PH discussed the sort of measures which can be used to measure impact, such as themes from concerns and complaints.

SH is very proud of the achievements of AMU which has evolved over the past ten years. There has been a struggle in the last 4-5 months due to demand.

In December 2014 25% more people came through the door. SH expressed concern over whether the Better Care Fund would achieve anything.

LW noted that there has been a change in the demographics of the local population, and JL agreed

– AMU has seen a marked increase in frail, elderly patients.

LB thanked JL, NA and SH – the team have brought a lot of food for thought to the CGC. LB congratulated the team – the ED and AMU get good feedback for their work. LB assured the team that the CGC understood the pressure they are under and look to the Executive Team to assure us at Board level.

The Committee noted the reports and the assurance provided.

CGC0106, Patient Story, (JD), Katrina Glaister

KG read through JD's story which related to a positive experience of care in the Emergency Department. The story related to a horse riding accident in December. JD was impressed with the excellent communication in ED and felt everyone was good natured and cheerful. JD also felt that he was given quality treatment in the Fracture Clinic and ED. JD felt that SFT was well led.

CGC0107, Spinal Unit Leadership Update (deferred until February)

CGC0108, Friends & Family Update, Lorna Wilkinson, Gill Sheppard

Data Collection

A total of 18,822 people responded to FFT between June and November 2014 (18,690 via cards, 74 via Salisbury Hospital App, 56 via the hospital web site).

National Review of FFT

The following key changes are being made to the process with effect from 1 April 2015:-

i. inclusion of children and young people;
ii. mandatory collection of free-text comments (already done by SFT);
iii. collection of demographics variables recommended (age and gender already gathered, question about disabilities to be added);
iv. coverage of all inpatient services including day cases;
v. tokens no longer permitted (these had already been withdrawn within the Trust);
vi. Net Promoter Score (NPS) to be replaced by Recommend / Not Recommend percentages.
vii. Continuation of mothers being asked the FFT question at four touch points.

Achieving the Target

The 20% response rate for inpatients and ED combined has been met each month, although ED itself did not reach the target in August, September or November.

Maternity has not achieved its 20% target in any month. Day Cases and Outpatients do not yet have targets set. Cake continues to be awarded at an incentive although the frequency and cost has been reduced.

SFT Score

The NPS for inpatients and ED has ranged from 68 to 80. Maternity 74 to 94. Outpatients and Day Cases are not yet reported nationally but range from 76 to 87. Under the new system the percentage who would recommend is in the 90s in all areas, with Maternity achieving 100% in October.

Improvement Actions

The majority of comments continue to be very complimentary. Actions are taken on any negative comments wherever possible. Examples include a ward sister dealing with a concern from a patient about the attitude of a nurse; a new LED system in ED to accurately update patients on waiting times; and new vending machines in ED to provide healthier food for patients to buy.

Staff FFT

From June 2014, staff have been given the opportunity to respond to FFT during one of three

periods during the year. A total of 98% responding in June said they were 'extremely likely' or 'likely' to recommend SDH if they needed care or treatment, and 84% as a place to work. The best results of the 15 hospitals in SFT's immediate proximity. Negative comments are being followed up with the Directorates concerned where possible.

Salisbury's Position Against Other Trusts

For the period June to October 2014, SFT's patient results are comparable with other Trusts within the BGSW (Bath, Gloucestershire, Swindon and Wiltshire) Area Team, with Salisbury having the highest or joint highest NPS or percentage recommend for Maternity on several occasions. Staff results show that Salisbury had the highest percentage (98%) of staff recommending SDH for care and treatment in quarter 1, and the highest percentage (82%) of staff recommending SDH as a place to work in quarter 2.

The Next Steps

i. Work will continue to improve and maintain response rates in all areas.
ii. Attempts will be made to find an electronic solution to entering data from cards.

LW explained that GS has put together a very comprehensive report. On the whole as a Trust we have done really well in comparison to other Trusts.

As of 1st April 2015 there are changes in the process, GS has highlighted these and LW explained them in more detail.

LW expressed disappointment that new mothers will still be asked to feed back at 4 different points.

GS highlighted and explained the net promoter score.

LW stated that it was very important for us to learn from the Friends & Family Test comments.

SFT has done well with regards to staff Friends & Family feedback.

Friends & Family will continue to be a contractual requirement for 2015/16. PH observed that F&F may not continue after the general election if there is a change in government.

The Committee noted the report and were assured.

CGC0109, Realtime Feedback Annual Report, Lorna Wilkinson, Gill Sheppard

Adult Inpatients

- Efforts to increase the pool of volunteers have proved successful.
- Results remain consistently high for staff cleaning their hands, caring for patients and quality of care.
- High scores have been achieved for management of pain and cleanliness.
- Response to call bells is slightly better during the night than the day. Patients are more disturbed by noise from other patients, than from staff.
- Patients knowing which nurse and consultant is looking after them has improved since March.
- Patients knowing what is planned for their care and treatment has declined, although patients being involved as much as they want to be have remained generally high.
- Food being served at the right temperature has improved since February.
- Explanations as to the purpose of medication took a marked drop in October 2014.
- Staff talking to patients about plans for when they leave hospital are the lowest of all areas but some patients are interviewed before such conversations have taken place.
- 1,060 positive and 857 negative comments were received. The majority of positive comments were about the staff. Actions taken to address the four areas of highest negative comments (cleaning, call bells, environment and noise) are detailed within the report.

Spinal

- The volume of feedback is low due to the slower throughput of patients.
- Maximum scores have been achieved on Avon Ward for patients understanding their

medication, pain being well managed and receiving enough help with meals.

- Maximum scores have been achieved on Tamar Ward for patients having confidence in the doctors, staff cleaning their hands between treating patients and talking to patients about plans for when they leave hospital.
- 55 positive and 66 negative comments were received. The majority of positive comments were about the staff and the majority of negative about communication.

Maternity

- The volume of feedback has declined recently but this is being addressed
- Maximum results have been achieved for mothers being given enough information about screening, being involved in all decision-making, feeling they are listened to, supported with infant feeding, any special dietary requirements catered for and feeling they are treated with kindness and understanding.
- Cleanliness has improved, reaching the maximum score in October 2014.
- More work is being undertaken to improve discussions with mothers within a few days of the birth regarding postnatal plans.
- Results for all other areas fluctuate but remain generally high.

Paediatrics

- The volume of feedback has declined recently due to the unavailability of the volunteers.
- Children consistently say they feel safe and secure on Sarum Ward.
- The parents and carers say the nurses provide clear information, the ward is safe, secure and welcoming, their child is treated with kindness and understanding, and they can stay overnight near their child.
- Other results fluctuate but are generally high, with the exception of the child having an opportunity for see a play leader. There is only one play leader available who covers Sarum, Burns and ED and no cover is provided when she is on leave.
- The quality and temperature of food have improved over the past three months.
- Additional analysis is undertaken on the age of children responding about the quality of toys and entertainment. The Senior Sister uses this information to judge the appropriateness of the facilities available.
- 11 positive and 8 negative comments were received. The majority of positive relate to privacy, dignity and respect. The majority of negative relate to food and nutrition but the numbers are very low.

The Next Steps

- The Patient Experience Analysis Group will meet to reset the real-time feedback questions for 2015/16 based on the results of the national surveys, issues arising through risk, complaints and concerns, and any changes to questions required by the ward leaders.
- A Change Request has been approved to develop an electronic solution for capturing real-time feedback in Paediatrics, particularly from the children themselves. A date when this development can be undertaken has not yet been identified.
- Picker Institute Europe and the University of Oxford are collaborating to investigate the use of real-time feedback in order to improve patients' experiences of relational aspects of care. Salisbury FT has been chosen as one of the six acute trusts to take part in this study.

The research aims to answer the following questions:
1) Can near-real time feedback be used to measure relational aspects of care?
2) Can near-real time feedback be used to improve relational aspects of care?
3) What factors influence whether NHS staff can use near-real time feedback to improve relational aspects of care? Specifically, what are the barriers and enablers?
4) What should be considered best practice in the use of near-real time feedback in the NHS?
The data will be collected over 10 months (June 2015 – March 2016) and administered by volunteers using electronic tablets in the Emergency Department and elderly care wards.

GS ran through the highlights and discussed the mechanisms in place for improvement where necessary.

The majority of the positive comments were about the staff and the majority of negatives were about communication.

LB thanked GS for the update which made very interesting reading.

SL commented that the information is presented very well.

The Committee noted the report and were assured.

CGC0110, Q2 Complaints Report and Complaints Sampling Paper, Hazel Hardyman/Steve Long

Q2 Complaints Report (Hazel Hardyman)

The main issues from complaints are:

- Clinical treatment (30) - sub-themes were 16 unsatisfactory treatment across 13 different specialties, 5 correct diagnosis not made, 4 further complications, 3 delay in receiving treatment, 1 pain management and 1 wrong information.
- Staff attitude (18) - 9 of these related to medical staff, 6 to nursing staff, 2 to administrative staff and 1 to other.
- Appointments (9) – sub-themes were 5 delays, 2 cancelled and 2 appointment procedures across 9 different specialities.
- Communication (9) – sub-themes were 2 information not given, 2 lack of communication, 2 wrong information and 2 insensitive communication and 1 delay in sending/receiving information.

HH noted that it was interesting to see 81 complaints for Q2 this year as opposed to 88 last year. This is especially pleasing as there had been a high demand on our services.

HH highlighted the complaint figures by Directorate.

Real-time Feedback – the complaints mainly related to noise, call-bells and environment.

HH discussed the two reports from the Ombudsman and the top four issues nationally that people complain about – SFT mirrors the national picture.

The Complaints Workshop actions are building up a resource for staff on the intranet. Early intervention on concerns/complaints is a focus for Customer Care – the team try and deal with items as they come in and try to resolve issues in a telephone call before it becomes a complaint.

PH stated that the process was feeling much better.

Complaints Sampling Paper (Steve Long)

It is vital that every complaint received by SFT is investigated thoroughly and wherever appropriate lessons are learned and positive action taken to improve the service delivered to patients and their relatives. The concerns of the person making the complaint should always be taken seriously and every effort made to be responsive to the issues raised. A good test of a response to a complaint is whether it is more or less likely to influence whether the complainant would recommend SFT to a family member or friend. The dip sampling of complaints by a Non-Executive Director (NED) allows a degree of independent scrutiny which will help achieve these objectives.

Recommendations

Following a meeting with the Director of Nursing and Head of Customer Care, the following recommendations are made:

1. The dip sampling of complaints by a NED be recognised by CGC as a formal means of independent scrutiny
2. The template (attached) based on the Patient Association Standards be used to report on each complaint sampled
3. The NED tasked with dip sampling complaints be required to report on issues found to CGC each quarter

.

SL has been sampling complaints for a few years now and would verbally raise any matters as they arose. 6/9 months ago it was agreed that SL would report formally to the CGC.

The dip sampling is a good way forward and this process can be a part of the ongoing scrutiny

process. A template has been set up.

LB asked for feedback on the suggested process and the process was agreed by the CGC.

SL will continue to do the dip sampling over the next few months and another NED will need to be identified to take over from there.

The Committee noted the content of the reports and were assured.

ASSURING A QUALITY PATIENT EXPERIENCE ASSURING CLINICAL EFFECTIVENESS
CGC0111, Quality Indicator Report (for discussion), Lorna Wilkinson

- 1 case of C Difficile. YTD 14 cases against a target of 18.

- Four MSSA bacteraemias. None were line related.

- 6 new serious incident inquiries in Q3.

- A slight increase in the crude mortality rate from Q2. We have added a new measure of total admissions in order to correlate the crude rate against activity. Remodelled HSMR is 99 to August 14 which is as expected.

- A peak in the adverse event rate in August 14 as measured by the global trigger tool. Detail underlying this is to be discussed at the January Clinical Risk Group.

- Grade 2 pressure ulcers remain at a low level. One grade 3 pressure ulcer.

- Safety Thermometer - 93% - 97% 'new harm free care'. 88% - 91% 'all harm free care' which indicates a proportion of patients are admitted to hospital with a harm. A decrease in new hospital acquired pressure ulcers on this one day snapshot.

- Ten falls, two resulting in major harm (fractured hips requiring surgery), eight resulting in moderate harm; two fractured wrists, one finger, one pubic rami, two hip fractures managed conservatively and two head injuries.

- Fractured hip patients being operated on within 36hrs improved in October and November but dipped in December due to theatre capacity. Best practice tariff compliance improved to 88% in Q3.

- Escalation bed capacity has increased. Breamore ward opened on 1/1/15 as escalation capacity for 3 months to cope with winter pressures. 22 non-clinical same sex accommodation breaches for patients waiting for transfer out of the Intensive Care Unit (21) and AMU (1). Ward moves of patients moved more than twice remain at a low level.

- A decrease in patients arriving on the stroke unit within 4 hours but sustained performance of patients spending 90% of their time on the stroke unit and receiving a CT scan within 12 hours. High risk TIA referrals seen within 24 hours remains variable. A new measure of high risk TIA patients seen within 24 – 30 hours is shown. The main issue is referrals being received with only a few hours to spare or beyond 24 hours. Improvement work continues with GPs and within the Trust.

- Real time feedback showed a dip in December of patients who felt they were treated with care and compassion and rated the quality of care as good. However, the sample size was half that of usual. The Friends and Family test response rate was sustained above 20% for inpatients, but ED did not reach the 20% response rate. The Maternity Services although improved remain below target. Day cases and outpatient response rates remain variable. NHS England has withdrawn the net promoter score and replaced it with a percentage system of recommend/not recommend.

LW highlighted the remodelled HSMR graph from last meeting and discussed the orange line on the graph. CGz explained that the figure is remodelled on an annual basis.

For assurance CGz is helping the End of Life Care team to prepare for their CGC presentation next month.

The 7 Day Palliative Care process seems to have had an effect on reducing the number of deaths

by supporting patients who wish to die at home, as does the Sepsis 6 campaign. SFT has got much better at coding co-morbidities and this has been picked up in the regular Mortality Reviews.

LW discussed the Global Trigger Tool results. Over 5 years we have seen a regular summer peak. For assurance purposes these are not different factors but there is more work to be done. We continue to do well reducing pressure ulcers.

The CGC discussed the Safety Thermometer – this is a one day a snapshot point prevalence survey. It is not helpful for benchmarking with other Trusts. LW explained the importance of triangulating the data.

PH supported LW – SFT has a very open and honest reporting culture.

LW discussed the challenge of Mixed Sex Breaches on ITU. LW reported that there have not been any C.difficile cases in January so far.

NA and LW discussed the monitoring of the six new serious incidents which will be monitored through the Clinical Risk Group. The number of categories keep increasing which means the number of serious incidents also increases.

The Committee noted the content of the report.

CGC0112, Learning Disabilities Working Group (deferred until June 2015)

CGC0113, Proposal for Preparing SFT for CQC Inspections & Update on the Mock CQC Action Plan, Lorna Wilkinson/Claire Gorzanski

- The proposal is based on the learning and experience of our own mock CQC inspection in September 2014, learning from other organisations and The King's Fund paper 'Exploring CQC's well-led domain' on how boards can ensure a positive organisational culture.

- The proposed next steps are:

  - Setting up a CQC steering group.
  - Core services presentations to the Clinical Governance Committee and Joint Board of Directors, structured around the CQC domains and the Trust strategy.
  - Redesign the weekly Executive quality and safety walk rounds.
  - Enable the 6 trained facilitators to undertake mini-reviews joined by supervisory ward leaders
  - Communication plan and staff preparation events.
  - Write and publish on the intranet a suite of materials.
  - Nominate a co-ordinator(s) and consider appointing interim support.

  - The updated mock CQC inspection corporate action plan shows the Trust has made progress in improving areas of concern. Areas in need of improvement remain adult safeguarding knowledge and external discharge arrangements.

LW reported that there has been a lot of activity focusing on preparing for a CQC inspection following the mock inspection on 3rd and 4th September 2014.

LW will be chairing a new CQC Steering Group, CB will be the deputy.

Caroline Lecko, NHS England Safety Lead visited this week and she said that SFT must not be afraid to sell our positives.

LB stated she is assured that the preparations are in good hands.
CGz asked for the CGC's views about today's presentation and report and the assurance provided.

LB felt that the Committee need to hear more about team's concerns and FHy felt that staff need to be encouraged to discuss their concerns.

PH felt that the report was too detailed but SH's presentation was very to the point.

SL would like the presentations to really tackle what worries the teams and how subsequent actions are tracked.

LB : the key point is that the Committee must be assured. SH provided good qualitative data but we do not see this on a regular basis.

ASSURING SAFETY

CGC0114, Sign Up to Safety, Lorna Wilkinson

LW reported that this is an NHSLA template.

The key workstreams are:-

Workstream One – Reducing Harm in Frailty.
Clinical Lead Gill Cobham. Lead Nurse Adult Safeguarding and Patient Safety.
1a) Reducing harm from falls
1b) Reducing harm from pressure ulcers
1c) Reducing harm from catheter associated urinary tract infections (CAUTIs)

Workstream Two – Reducing Harm in the Deteriorating Patient
Clinical Lead Maria Ford – Nurse Consultant Critical Care
2a) Reducing harm from sepsis (Topic Lead Dr Martin Cook Consultant Intensivist)
2b) Reducing harm from acute kidney injury (Topic Lead Dr Emma Halliwell Consultant Anaesthetist)

Workstream Three – Perioperative Safety
Clinical Lead Dr Pippa Swayne – Clinical Lead for Theatres
3a) Reduce surgical site infections
3b) Patient Information
3c) Use of safety checks

Workstream Four – Maternity Safety
Clinical Lead – Dr Jo Baden Fuller, Consultant Obstetrician
4a) GROW programme

The report details the patient safety priorities and how they will be taken forward over the next 3 years.

P.15 of the report was highlighted and LW discussed the pledges. There is a possibility of a rebate on our premiums if we are successful in a bid and we will know the outcome of this by the end of March.

LW also highlighted appendix 1.

LW is setting up a Safety Steering Group.

The Committee noted the report and its content and were assured.

CGC0115, Assurance Framework, Lorna Wilkinson/Fenella Hill

The Assurance Framework must be reviewed and updated quarterly by the delegated Assurance Committees to ensure that scrutiny is applied to assure the Board that the Trust's principal risks are being managed and controlled effectively in order for the corporate objectives to be achieved.

A Trust Board reporting template is also attached identifying key changes since the last meeting. Those changes are also highlighted in red within the main body of the document

The Trust Risk Register (extract of clinical risks scoring 12 and above) is submitted for reference so that the Assurance Committee can either be assured that specific risks are being managed effectively locally or if not to identify how this may be ascertained.

FHi – LW has already highlighted the relevant areas in the report.

There were no comments.
The Committee noted the content of the report and were assured.

CGC0116, Annual HTA Report, Lorna Wilkinson/Claire Gorzanski

The annual report is a requirement of holding an HTA licence and complies with the standards laid down by the licensing body.

SFT holds 2 licences:

1. **Stem Cell Licence number 11102 -** The Trust was inspected by the HTA on 17 September 2013. The HTA found that SFT had met all HTA standards. Advice was given relating to the consent, governance and quality systems, premises, facilities and equipment and disposal standards. An action plan was implemented and completed. The HTA found the DI and the LH, the premises and the practices to be suitable in accordance with the requirements of the legislation. SFT were re-licensed to continue stem cell transplants for human application in 2013 and 2014. The Trust is likely to be inspected for this licence in September 2015.

2. **Post mortem examination Licence number 12047 –** The Trust was inspected by the HTA on 31 May 2012. The HTA found the DI, the LH, the premises and the practices to be suitable in accordance with the requirements of the legislation. SFT was found to have met all HTA standards. The HTA advised the DI to consider a number of actions to further improve practices. An action plan was implemented to address the advice given and was completed within six months. The Trust was due to be inspected in 2014 but this did not take place. The Trust has not been given any indication of when the post mortem sector will be inspected again.

We are expecting an inspection in September 2015 for the Stem Cell Licence. It is likely we will be inspected for the Post Mortem Licence this year.

The Committee noted the content of the report and were assured.

CGC1117, Safeguarding Children Q2, Lorna Wilkinson

This report submitted reflects the second quarter of the 2014-15 financial year and reports on information collated from July to September 2014.

LW reported on the key headlines – this is a constantly busy and ever increasing service. One of the big challenges is staff training as identified in this report. Jane Murray is doing a lot of work on the training matrix and a scoping exercise is taking place across the Directorates to identify who has had the relevant training. JM is working on key groups such as ED, Maternity and Paediatrics to ensure we are complaint.

The Committee noted the report and its content.

PAPERS FOR NOTING

CGC0118, Clinical Risk Group Minutes (Oct, Nov 2014)	Noted
CGC0119, CMB Minutes (Nov 2014)	Noted
CGC0120, Integrated Safeguarding Committee (Sept 2014)	Noted
CGC0121, Children & Young People's Quality & Safety Board (Sept 2014)	Noted
CGC0122, Infection Prevention & Control Committee (Oct 2014)	Noted

CGC0123, ANY OTHER BUSINESS

CGz discussed the End of Life Care presentation for the February meeting – the Committee asked for both the hospital and hospice to be covered.

The Hot Topic will take only a few minutes of discussion and will be about end of life personalised care plans.

LB confirmed that she would verbally bring forward the following items to the Trust Board:-

- Medical Workforce
- Complaints Dip Sampling

NEXT MEETING

2015 dates will be Thursdays, 10am-12pm in the Boardroom:26th February, 26th March, 28th May, 25th June, 23rd July, 24th September, 22nd October, 26th November. No meetings in April, August or December.

SALISBURY NHS FOUNDATION TRUST
CLINICAL GOVERNANCE COMMITTEE
Thursday 26th February 2015, 10am-12pm
Boardroom, Salisbury District Hospital

MINUTES

CHAIR – LYDIA BROWN

Present:

Dr Lydia Brown (Chair), Paul Kemp, Steve Long, Lorna Wilkinson, Peter Hill, Claire Gorzanski, Fiona Hyett, Sally Tomlin, Hazel Hardyman, Angela Clarke, Hollie Foreman, Jan Sanders, Sarah Mullally

In attendance:

	Item
Helena Eagles	Minute taker
Kate Williams (observer)	
Philippa Baker, Sarah Hennell, Ian Harvey, Felicity Morgan	CGC0204 & CGC0205
Stef Scott	CGC0211
Fenella Hill	CGC0213

Apologies:

Laurence Arnold, Mark Stabb

LB welcomed Hollie Foreman who has joined the CGC as the junior nurse representative and Kate Williams who will be working alongside Helena Eagles and taking over administration of the CGC in due course.

Paul Kemp was welcomed as the new Non-Executive Director.

CGC0202 – Minutes of the meeting held on 29tn January 2015

The following amendments were made to the last set of minutes:-

1. Page 2 – remove comment at the top of the page.
2. PK was in attendance at the meeting, not present.
3. The Learning Disabilities Working Group report will be deferred until June 2015 (in the original minutes there was no agreed deferral date).

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

Post meeting note – amendments completed and final minutes circulated.

CGC0203 – Matters Arising/Action Tracker

There were no matters arising due this month.

STRATEGY

CGC0204 – Core Service presentation – End of Life Care in SFT and Salisbury Specialist Palliative Care Service, Philippa Baker/Sarah Hennell/Kim Stephens/Ian Harvey

PB delivered a Powerpoint presentation on End of Life Care in SFT. This subject is likely to be a focus at the next CQC visit as EOLC is a core service which is inspected.

PB highlighted the following points:-

- Education – there is an opportunity to create a very robust training programme that really works.

- 7 Day Working – the funding for the pilot ends in September 2015 and it is important to sustain this work.
- The End of Life Care Facilitator post has been recruited (20 hours at Band 7, starting in May 2015).

KS discussed the Chaplaincy Review and how the service works with the Hospice and the Trust as a whole. KS felt that the Chaplains are not informed soon enough in all cases when a patient is reaching the end of their life. The Chaplains are already working at full capacity.

The Rapid Discharge Process was discussed and there are some issues with care provision in the community.

FHy commented that the issues with care in the community were raised in a recent Contract Quality Review Meeting. SFT would benefit if there was supportive data available.

LB stated that the presentation gave the CGC a real flavour of the issues which were laid out very clearly. Gathering discharge data would help to support issues involving care in the community.

SM discussed EOLC training and supports the need for education but noted it may not be measured in output.

PH reassured the CGC that the Executive Board recognise all the issues that were presented and would support PB to draw out the distinction between specialist palliative care and other palliative care. We need to ensure that the funding delivers on the right priorities and how charitable aspects of the service are delivered.

SH discussed how SFT will continue to meet the expectation of levels of care in the community and concerns over financial sustainability; the team are working their way through the challenges. As there is not enough care in the community it is difficult to get patients back to their home from the Hospice at the end of their life. We are not always able to offer the choice.

The team are making a bid to the Charity Trustees meeting next week for out of hours cover.

PB and CB discussed the outcomes of recent notes review – it has been recognised that patients who are seen in outpatients do not often have a clear EOLC prognosis. AC highlighted that there were time barriers as the clinics are limited in time and these kind of conversations take some time.

LB thanked PB, KS and SH for their report and presentation.

CGC0205 – Hot Topic, End of Life Care - Personalised Care Plans, Felicity Morgan/Sarah Hennell

FM delivered a Powerpoint presentation This highlighted why the Liverpool Care Pathway was withdrawn (financial incentivisation and poor communication were key factors).

The ‘One Chance to Get it Right’ report was discussed. SFT has adapted a plan from Poole Hospital to use and the document encourages communication. Prompts on the front page support sharing information with GPs and other services in the Trust. FM noted three concerns with the document which were how it would be received following the LCP, the outcomes measures and resource implications.

The success of the framework relies on education. The EOLC Facilitator will be pivotal in this.

The document will be piloted on Redlynch Ward over the next couple of weeks.

CB discussed the need to ensure that anticipatory prescribing is appropriate for controlling symptoms at the end of life.

SM suggested that using Dying Awareness Week in May 2015 would be a good opportunity to get the adapted EOLC plan out into the public domain.

The CGC discussed how best to use the VOICES survey to best effect.

After sampling two complaints SL noted that there is some learning that needs to be put in place relating to EOLC.

LB invited the Committee members to feed back on the presentations. Overall feedback was very good. The CGC agreed that the level of detail included in the reports was necessary in order to provide scrutiny.

CGC0206 – Spinal Unit Leadership, Christine Blanshard

The Spinal Unit are presenting their future strategy at the Trust Board next week and there is a sense of definite progression. The three workstreams have a very high level of staff engagement.

In terms of multidisciplinary working there is much less of a silo aspect – this is very encouraging.

A new therapies lead is in place and there has also been a change in nursing leadership. Appropriate mentoring is being put in place to support the new leads.

An Outpatient Team Meeting has recently started and weekly ward rounds have also begun. A lot of training has been put in place for nursing staff.

We are more confident that all nurses have had the key spinal patient training such as bladder control. Systems Thinking support will gradually diminish over the next 6 months.

LB confirmed that these updates should continue to come to CGC at every other meeting this year.

CGC0207 – Nursing, Midwifery and AHP Strategy Update, Lorna Wilkinson

The strategy has been worked up with Directorate Senior Nurses. The Pride into Practice day on 13th March will be a good chance to gather more feedback as the new strategy is currently a work in progress.

LB asked how progress would feed back to the CGC and LW responded that once the annual work plan and priorities are in place then the strategy will report back to CGC.

Action: Nursing Strategy paper to report to CGC in May 2015. **LW**

ASSURING A QUALITY PATIENT EXPERIENCE

CGC0208, Patient & Public Involvement Report, Hazel Hardyman

The paper gave an overview of the Patient and Public Involvement Group (PPIG) meetings; processes for managing PPI projects centrally; a new resource on the Intranet and all projects logged since 1st April 2014 to date.

HH updated the Committee on the current status of PPI, as of 1st April everything will be on DATIX. A number of projects are underway and being monitored. The Patient and Public Involvement Group have had their first meeting.

PK queried the terms of reference for the PPI Group – the purpose of the meeting is very good but the terms of reference do not state where the responsibilities are and where the meeting should report to at a higher level.

PH reinforced the need for this work to have a high profile and accountability is important.

Action: Confirmation of the reporting arrangements and terms of reference will come to the CGC in March 2015. **HH**

The Committee noted the report and were assured.

ASSURING A QUALITY PATIENT EXPERIENCE ASSURING CLINICAL EFFECTIVENESS

CGC0209, Quality Indicator Report, Lorna Wilkinson

- No cases of C Difficile or MSSA bacteraemias.- update, since this report was circulated there have been 4 new cases of C.difficile this month.
- 5 new serious incident inquiries.
- A significant increase in the crude mortality rate. NHS England reported high numbers of deaths

nationally during January. SHMI is 101 and SHMI adjusted for palliative care is 98 to June 2014. Remodelled HSMR is 98 to October 14 which is as expected.

- A rise in grade 2 pressure ulcers. Two grade 3 pressure ulcers related to one patient.

- Safety Thermometer - 95% 'new harm free care'. 92% 'all harm free care' which indicates a proportion of patients are admitted to hospital with a harm.

- Three falls, two resulting in major harm (fractured hips requiring surgery) and one resulting in moderate harm - a head injury.

- Fractured hip patients being operated on within 36hrs was just below target due to theatre capacity. .

- Escalation bed capacity increased with the opening of Breamore ward on 1/1/15. There were 5 non-clinical same sex accommodation breaches for patients waiting for transfer out of the Intensive Care Unit (5). Ward moves of patients moved more than twice remain at a low level.

- A decrease in patients arriving on the stroke unit within 4 hours (5 breached by less than 10 minutes) but sustained performance of patients spending 90% of their time on the stroke unit and receiving a CT scan within 12 hours. There was an improvement to over 90% of high risk TIA referrals being seen within 24 hours.

- Real time feedback improved in January along with an increased response rate. The Friends and Family test response rate target for inpatients increased to 30% in January. Inpatients achieved 40% and ED achieved 22%. The Maternity Services remain below target. Day cases and outpatient response rates remain variable.

CB discussed the increase in crude mortality in January. SFT saw a large number of frail, elderly patients with comorbidities with respiratory problems after Christmas. There was a national picture of increased numbers of severe respiratory problems in January 2015.

CB discussed the HSMR to October 2014 which has seen a sustained and steady fall.

There has been some improvement on fractured neck of femurs operated on within 36 hours.

LW – MRSA stayed as it was but there have been 4 cases of C.difficile in February which has taken us up to our trajectory. There is no obvious linkage between cases. Investigations are ongoing and we have reinforced efforts on the C.difficile action plan.

There was a slight increase in pressure ulcers in January when the hospital was very busy. The high level of activity has also resulted in an increase in single sex breaches. We are looking into the coding of some of these breaches.

Inspite of how busy it has been the Friends & Family Test responses have been positive. ED are doing well with their response rate.

The Committee noted the report and were assured.

CGC0210, Update on the Francis Report, Christine Blanshard

- The Francis report requires us to focus on listening to patients, being open, honest and truthful and acting with care and compassion. We have looked at all 290 recommendations and how they apply to us as a Trust. For 200 recommendations implementation is being led by other organisations. We consider that we are now compliant with 84 recommendations and partially compliant with 6 recommendations.

- Hard Truths the Journey to Putting Patients First provides the Government's detailed response to the 290 recommendations in the Francis Report and accepts all the recommendations either in part, in full or in principle. It sets out a five point plan to prioritise care, improve transparency and ensure that where poor care is detected, there is clear action and accountability. We are confident as a Trust that we have a sound governance process in place to prevent, detect and act on problems promptly.

- The Trust has made good progress in responding to the recommendations in the Francis Report and has continued to build and strengthen a culture of compassionate care, learning and improvement in the care we give our patients. The focus of our improvement work has

been on:
- Working with patients to provide a positive experience of care
- Supporting a positive staff experience
- Building and strengthening leadership

Of the 290 recommendations in the report only 6 remain partially compliant.

The evidence from the patient and staff surveys is that we are making progress.

CGz asked whether the CGC still wishes to receive these reports and the Committee agreed that they only wished to have updates on the 6 items that remain partially compliant.

The Committee noted the content of the reports and were assured.

ASSURING SAFETY

CGC0211, Research Key Performance Indicators, Q3 report, Stef Scott

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

The Trust is performance managed by both the NIHR and CRN: Wessex against a number of KPIs. These KPIs are reported to the CGC on an annual basis as part of the Trust Research Annual Report.

In the last year, CRN: Wessex introduced a new KPI: regular research KPIs to the Board (or assurance committee to the Board). We are also making mandatory, quarterly KPI submissions to the NIHR, which are published on the Trust website.

We propose a quarterly research KPI report to the CGC so the committee can monitor performance. The report would be 'to note' unless corrective action was needed.

A report on the Trust's performance for Q1 – Q3 2014/15 which included 4 national KPIs and 3 local KPIs was presented.

SS asked the CGC whether they were happy with the current format of the report and whether the report could be submitted for information on a quarterly basis with a general overview presented annually. PK commented that the report format was excellent.

PK asked for further clarification on the recruitment rankings and whether there was anything that can be learnt from the rankings. SS responded that SFT has access to a new national database and the four Trusts who rank above us have two very high recruiting projects which we are not able to run. SS confirmed that the team are looking out for projects that we can run at SFT.

The CGC noted that there was a risk that SFT could drop down the rankings as numbers 6 through to 12 were very closely matched. With only a few cases less SFT could move down the rankings.

The Committee noted the content of the report and were assured.

CGC0212, Dr Foster Report & Mortality Reviews

Mortality:

- SHMI is 101 and SHMI adjusted for palliative care is 98 to June 2014 and is as expected. Remodelled HSMR is 98 to October 14 and is as expected.

Care Quality Tracker (January 15)

- For the period November 2013 to October 2014 there are 2 elevated risks:
  > Mortality composite indicator of musculo-skeletal conditions (reported below).
  > Mortality composite indicator of genito-urinary conditions.

Quality investigator mortality dashboard:

- **Composite indicator of musculo-skeletal conditions** - initially red flagged from 1/5/13 to 1/4/14 and again from 1/6/13 to 1/5/14. There were 27 deaths versus an expected 13 with a relative risk of 206. There was a CUSUM alert in January 2014 and April 14. The mortality working group has reviewed 23 of these deaths. The learning points are:
  > Pre-hospital - optimal management with prophylaxis against osteoporosis may have prevented the osteoporotic vertebral fracture leading to the patient's admission
  > In hospital - optimal management with laxative prophylaxis may have prevented the

constipation which resulted from the patient's analgesic requirement.
> Ensuring that patients fully understand the risks and benefits of a procedure and that it is documented in the health care records.
> Embedding practice related to reducing catheter acquired urinary tract infection.
> Roll out of the Sepsis Six care bundle across the Trust. This will be progressed as part of the Sign up to Safety programme work. A presentation by the clinical lead on Sepsis Six was given at the CG half day on 23 January 15 – the focus was on taking early action to prevent progression to severe sepsis/septic shock.

- **Composite indicator of genito-urinary conditions (1/11/13 – 31/10/14)** – is a measure of in hospital mortality for genito-urinary conditions (red) and a mortality outlier alert for urinary tract infections (green). The in-hospital mortality for genito-urinary conditions red flagged between January to May 2014 with a CUSUM alert in February 14. The CUSUM alert has subsequently shown a sustained downward trend. The mortality working group have started a review of these cases to ascertain learning points.

- **Conditions associated with mental health (1/2/12 – 1/11/13)** – was a CUSUM peak in February 2013. There were 15 deaths versus an expected 9 with a relative risk of 158. The mortality working group has reviewed 13 of these deaths. The learning points are:
  > 5 of the patients had significant co-morbidities which were not coded by us. Senior coders continue to attend the weekly mortality review meeting. An ongoing audit programme of coding accuracy is in progress.
  > Primary diagnosis and co-morbidities must be documented on admission. We have introduced an admission co-morbidities checklist attached to the AMU clerking document.
- **Spondylosis, intervertebral disc disorder, other back problems** (9 vs 4.1, relative risk 222), **pathological fractures** (5 vs 1.5, relative risk 323) and **rest of heart** (4 vs 1, relative risk 407) – the mortality working group will review these cases with the clinical teams concerned.

Urethral catheterisation of the bladder (44 vs 30.9, relative risk 142) - the mortality working group will review these cases with the clinical teams concerned

CB explained that HSMR and SHMI are as expected and discussed the musculo-skeletal indicators for mortality. CB and the Mortality Review Group are reviewing any pertinent notes in the usual way.

Overall these are very small, marginal numbers. When the reviews are done any learning points are shared.

Coding was discussed, some difficulties were highlighted by LB. CB explained that the notes need to be very clearly written in order for the coders to pick up the right codes.

AC felt that more could be done to push the message about coding but the tick list of comorbidities now being used is very helpful.

The Committee noted the content of the report and were assured.

CGC0213, SII/CR Report Q3, Fenella Hill

SII/CR Compliance Report Q3

Updates since November 2014 CMB to outstanding recommendations:

CR 108 All recommendations completed
SII 133 All recommendations completed
SII 138 Recommendations 8 and 9 completed
SII 139 All recommendations completed
SII 140 Recommendation 2 completed
SII 142 All recommendations completed

Reviews with outstanding recommendations:

SII 138 & SII 140

Reviews with recommendations added to Department/Directorate Risk Register

Nil

New Recommendations since November 2014 CMB

SII 143, SII 149,
SII 154

Serious Incident Inquiry/Clinical Review for Closure
CR 108 ,SII 133, SII 139, SII 142, SII 143, SII 146

FHi flagged up the good work that the teams are doing to get recommendations signed off.

The two outstanding recommendations were discussed and LB asked whether those involved are given a deadline date for sign off. FHi explained that there are target dates on the initial review but these two are complex situations so it is hard to give a specific target date for sign off.

LB asked FHi to apply gentle pressure to ensure that the two cases were signed off.

The Committee noted the content of the report and were assured.

CGC0214, Safeguarding Children Q3 Report, Lorna Wilkinson (the Safeguarding Adults Q3 Report will be brought to CGC in March)

Included in this quarterly report are updates on referrals, activity and themes in relation to Safeguarding Adult work in the Trust. This report has already been agreed by the Integrated Safeguarding Committee.

LW highlighted the high activity levels, the DNA Policy has been recently audited and this is under review with regards to the standardised letters.

SFT continues to look at training; levels 1 and 2 have seen a slight increase. Level 3 is in place and it is multiagency.

FHy commented that the Wiltshire Safeguarding Adults Board are looking at bringing together a training programme.

PK confirmed that he received training on induction.

SM asked whether the Safeguarding teams are back to full establishment; FHy confirmed that this should be the case from April 2015.

ST commented that there has been some confusion in Pharmacy regarding the MAST grid of mandatory safeguarding training and which level of staff need to undertake it. LW and FHy confirmed the appropriate levels.

The Committee noted the content of the report and were assured.

CGC0215, Medication Safety Report, Sally Tomlin

The report highlights areas of work being undertaken in the Trust to deliver the national, regional and local agendas regarding medicines management.

A lot of work has been happening across a wide range of areas.

Antibiotic Stewardship continues to be high on the agenda, this may be a national CQUIN next year.

An external audit of the nuclear medicine facility in Radiology has taken place. SFT commissioned an expert from Bristol to attend and ST believes the audit went well. This will be an important piece of assurance.

PK commented on the status column of the report – items are marked ongoing, good progress and underway. PK felt that these statuses could be more specific.

The Committee noted the content of the report and were assured.

PAPERS FOR NOTING

CGC0216, Clinical Risk Group Minutes (Dec 2014)	Noted
CGC0217, CMB Minutes (Jan 2014)	Noted
CGC0218, Integrated Safeguarding Committee (Dec 2014)	Noted
CGC0219, Information Governance Steering Group (Dec 2014)	Noted

CGC0220, ANY OTHER BUSINESS

PH queried whether the Staff Survey results would be reported to CGC and this was agreed.
Action: CGz to arrange for the Staff Survey results to report to CGC in May 2015. **CGz**

LB confirmed the points from the End of Life Care Review would be taken to the April Trust Board and the matter of making the Patient and Public Involvement work visible across the Trust. **LB**

NEXT MEETING

2015 dates will be Thursdays, 10am-12pm in the Boardroom: 26th March, 28th May, 25th June, 23rd July, 24th September, 22nd October, 26th November. No meetings in April, August or December.

MINUTES FROM THE COUNCIL OF GOVERNORS MEETING HELD ON 16 FEBRUARY 2015

PURPOSE

To present these draft minutes to the Board for information as to issues discussed by the Council of Governors.

MAIN ISSUES

The governors received the customer care report for Q2 and an update on trust performance. The Council was consulted on the appointment of deputy chairman of the trust and on the continuation of KPMG as the trust's appointed auditor.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

The draft minutes from the meeting held on 16 February 2015.

ACTION REQUIRED BY THE BOARD

To note the draft minutes of the Council of Governors meeting of 16 February 2015.

Nick Marsden
Chairman

SALISBURY NHS FOUNDATION TRUST

Minutes of the Council of Governors Meeting – Part 1
At Salisbury District Hospital
Held on Monday 16 February 2015

Governors Present:	Nick Marsden (Chairman) Sarah Bealey John Carvell Mandy Cripps Brian Fisk Shaun Fountain Chris Horwood Raymond Jack Alastair Lack John Markwell Colette Martindale (Lead Governor) John Noeken Carole Noonan Beth Robertson Janice Sanders Lynn Taylor Chris Wain Christine White	**Apologies:**	Mary Monnington Lynda Viney June Griffin Nick Sherman Rob Polkinghorne

In Attendance:
Peter Hill (Chief Executive)
Malcolm Cassells (Director of Finance and Procurement)
Lorna Wilkinson (Director of Nursing)
Sarah Mullally (Non-Executive Director)
Laurence Arnold (Acting Chief Operating Officer)
David Seabrooke (Head of Corporate Governance)
Isabel Cardoso (Membership Manager)
Ian Downie (Non-Executive Director)
Patrick Butler (Communications Manager)

ACTION

1. MINUTES 24 NOVEMBER 2014

The Minutes of the meeting of the Council of Governors held on 24 November 2014 were agreed as a correct record.

2. MATTERS ARRISING

The Chairman invited the Council to confirm Lydia Brown as the Vice Chair for a further year – this was agreed.

It was noted that the call for nominations for the forthcoming elections to the Council of Governors had been made and the closing date for the receipt of nominations was 12 March 2015. At this stage expressions of interest had been received for all but one constituency. A briefing for perspective governors was scheduled for Monday 23 February 2015.

The report of the Head of Corporate Governance contained a proposal to take forward the appointment of a new governor to represent the local armed forces.

3. TRUST PERFORMANCE TO 31 DECEMBER 2014 (MONTH 9) AND REQUESTED UPDATES

The Council received the Month 9 report and a briefing note on progress with the Electronic Patient Record.

PH informed the Council that the A&E service was recovering to 95% after a challenging Christmas/New Year period and that the Trust was on target with its other access measures and cancer measures. The Trust remained in the safest CQC band, Band 6 and there had been good performance in relation to controlling C-Diff.

It was suggested that information about the number of escalation beds open should be included in the report to the Council.

The Council noted the briefing on the Electronic Patient Record and the cost and risk of this essential development were emphasised.

In relation to Adult Community Services it was noted that the CCG was re-letting this contract, currently held by Great Western Hospital on a county wide basis with the new provider to start in summer 2016. The Trust was working with RUH Bath and Great Western on a joint bid. It was known that there was competition from commercial and social enterprise providers.

The outpatients kiosks had been introduced in a number of areas and had seen a 40% take up by patients initially.

In relation to nurse recruitment it was noted that the Trust had had good experiences in recruiting and retaining the nurses from Portugal, Italy and Spain and the Board continued to address recruitment and retention issues in this area. A strengthened report on workforce matters would be received by the Board starting from April. The Trust continued to address recruitment hotspots such as community geriatrician in alternative ways.

The Council noted the Performance Report and the updates provided
.

4. CUSTOMER CARE REPORT FOR QUARTER 2

The Council received the Quarter 2 Customer Care Report.

It was noted that complaints continued to be received in respect of 0.1% of patient episodes. The dip sampling of the complaints process undertaken by a Non-Executive Director had recently been strengthened. The Trust continued to identify complaint hotspots such as Radiology in Quarter 2. A complaints workshop had been held with a range of managers in autumn 2014, which was leading to improvements in the Trust's approach to complaints including more personalisation, quick follow ups, toolkits and strengthening the availability of localised complaints information for managers. Feedback received through NHS Choices was always responded to promptly and where issues were raised respondents were asked to contact Customer Care.

It was noted that Governors sometimes received verbal complaints and in general they were encouraged to direct people to the Customer Care service so they can make the complaint in their own words. It may in some instances be appropriate to use the Cause for Concern log which

was held by Customer Care. It was difficult to state objectively the extent to which complaints were upheld.

It was agreed to revisit the issue at the 18 May meeting of the Council of Governors and the report was noted.

5. FINANCE AND CONTRACTING REPORT TO 31 DECEMBER 2014

The Council received the report for Quarter 3. A £1.1m deficit had been recorded for December and the position was the same in January 2015. 4% of the Trust's income had been taken out and there was no funding for a range of pressures and for the quality initiatives brought out in recent years. About 80% of acute trusts were thought to be in a deficit position at present.

The position for 2015/16 looked very challenging and this had been discussed by the Board in January. It was noted that the proposed national tariff had been rejected by the provider sector and it was now unclear as to when the situation would be resolved. It was likely that the discussion would continue beyond 1 April.

Among the financial pressures was a sharp increase in the Trust's NHS LA premium which had been discussed fully with the Finance Director of the NHS LA. There had been limited impact on the Trust's submissions and discharges arising from the Better Care Fund so far.

The Council noted the Finance Report.

6. COMMITTEE PROTOCOL

The Council received an explanatory note and a copy of the draft proposal which had been discussed previously. It was noted that the principal purpose of the protocol was to enable pragmatic action to be taken in relation to Council of Governors committee membership where necessary and to ensure that newly elected governors were brought into the range of committee and internal working groups.

The Council approved the protocol.

7. REPORT OF THE HEAD OF CORPORATE GOVERNANCE

The Council received the report of the Head of Corporate Governance reporting on the following matters –

- Constitution - a suitable representative of the local armed forces had been identified. An amendment to the Trust's Constitution to give effect to the appointment was required and it was agreed that this would be considered at the Joint meeting of the Board and Council on 23 February.
- Appointed Auditor – the Council endorsed the decision of the Audit Committee to continue with KPMG as the Trust's appointed auditor for the remainder of the five year contract.
- NHS Providers – it was noted that following the merger of the FTGA with NHS providers that a Governor Policy Board comprising eight members nationally was being formed and that Trusts were invited to put forward nominations before Friday 20 February.

- It was also noted that the call for nominations for Lead Governor for 2015/17 had been issued with a view the appointment being from 1 June 2015.

- The next meeting of the South West Governor Engagement Network of which the Trust was now a co-chair would be in Taunton on 11 March.

The Report of the Head of Corporate Governance was noted.

8. COMMITTEE/WORKING GROUP REPORTS

The minutes of the Performance Committee held on 23 October 2014 were received and the PEG sub-group was received. At the Strategy Group on 12 February discussions had been held about the Trust's strategy and the financial position 2015/16 discussions on the south side development had been postponed to a meeting to be arranged in May.

9. CHRIS WAIN

As Chris Wain could not attend the 18 May meeting this would be his last and the Chairman thanked him for his contribution over the past nine years.

10. DATES OF FUTURE MEETINGS

The dates of meetings to be held in 2015 were circulated for information. The next ordinary meeting of the Council of Governors was scheduled for 18 May 2015 at 4pm.

PAPER - SFT 3650

MINUTES FROM THE AUDIT COMMITTEE MEETING HELD ON 22 JANUARY 2015

PURPOSE

To present these draft minutes to the Board for information as to issues discussed by the Audit Committee

MAIN ISSUES

The committee discussed an adjustment to the external audit plan and fee for the 2014/15 annual report, reflecting changes to international accounting standards. A change to the number of days to be commissioned from internal audit (TIAA) in 2015/16 was also discussed.

The committee recommended to the Council of Governors that the contract with KPMG as appointed auditor should continue for a further two years.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

The draft minutes from the meeting held on 22 January 2015.

ACTION REQUIRED BY THE BOARD

To note the draft minutes of the Audit Committee 22 January 2015.

Paul Kemp
Chairman (from 1 February)

SALISBURY NHS FOUNDATION TRUST
Minutes of the Audit Committee
Held on: 22 January 2015

Present: Mr N Atkinson (Chairman and Non-Executive Director)
Dr L Brown (Non-Executive Director)
Mr I Downie (Non-Executive Director)

In Attendance: Mr P Kemp (Non Executive Director – Designate)
Mr J Brown (KPMG)
Mr M Stabb (TIAA)
Mr A Morley (TIAA/Local Counter Fraud Specialist)
Mr D Seabrooke (Head of Corporate Governance)
Mrs F Hill (Head of Risk Management for item 5)
Mr M Collis (Deputy Director of Finance for item 6)

ACTION

1. MINUTES

The minutes of the meeting of the committee held on 13 October 2014 were agreed as a correct record.

2. MATTERS ARISING

There had been some discussion around proposals for training on the Committee's role, which would continue under the new Chair.

Under the IT Patching Audit it was noted that one Clinical Safety Officer had now been fully trained and a second person had undergone the training but could not be fully designated as they did not have a clinical background. A further update on the other aspects of the Patching Audit was included in the TIAA Report.

3. EXTERNAL AUDIT

The Committee received the Progress Report and Technical Update and External Audit Plan 2014/15. It was noted that the timetable for the year end audit had been finalised.

Under the technical update it was noted that the annual reporting manual had been published by Monitor for 2014/15 and information was provided about the requirements for the audit of the Quality Account.

In relation to the External Audit Plan ISA 700 was being implemented for Foundation Trusts in 2014/15 which now required a longer narrative section from the auditor which would focus on details of materiality, risks and the auditor's response to those risks. A draft would be circulated to the Director of Finance and Procurement by the end of February. The approach to the Financial Statements Opinion Risks was described in the report and the evaluation of tangible assets, management override of controls and income recognition were highlighted.

Under ISA 610 Appointed Auditors could no longer place reliance on work of Internal Audit. The audit fee was increased by £5,500 as a result of the two ISA standards.

The Costing and Coding Audit to be carried out by CHKS in the summer would be reported to the October meeting of the Committee. KPMG requested that the Trust's instructions to the District Valuer in relation to the forthcoming revaluation be supplied to KPMG.

The Committee noted the report.

4. INTERNAL AUDIT

The Committee received the summary Internal Audit Progress Report, draft audit plan 2015/16 and update from the Local Counter Fraud Specialist.

It was noted that the Director of Finance & Procurement was reviewing the total number of audit days to be delivered in the draft audit plan. Members of the committee were concerned to see that any reduction in the level of the internal audit programme was properly understood and transparent. A request was made to ensure that the final position was presented to the main board for information and possible discussion.

A special review of an advance payment to Digital Spark for the Capture Stroke System was presented. This issue had arisen from a bid in December 2013 to NHS England's Nursing Technology Fund for £69,000. In February 2014 the Trust was informed that it had been successful in its bid. An advance payment following a revised quote was made for £84,000. The company went into administration in July 2014 and the Trust therefore suffered a loss of £84,000.

Procedures had been revised particularly in relation to advance payments. The Finance Department would be made aware of these bids at an earlier stage.

There was reasonable assurance in relation to a review of clinical safety alerts and reasonable assurance on a follow up review of NICE Guidelines and Clinical Audit processes. There was reasonable assurance in relation to infection control procedures and substantial assurance in relation to employment and professional registration checks. There was substantial assurance in relation to food and nutrition procedures.

In relation to progress on implementation of early agreed actions work on Referral to Treatment/18 Weeks and on software patching was highlighted. A further update to the May meeting would be provided on software patching.

The draft audit plan 2015/16 would be discussed by TIAA and the Director of Finance and Procurement and would be reported back to the Trust Board in March 2015.

On Counter Fraud Andy Morley the local Counter Fraud Specialist updated the Committee on the on-going reactive work.

There had been no further reported instances of fraud in relation to the car parking. A number of initiatives were underway through the National Fraud Initiative, matching large-scale databases.

There was a warning about Trojans embedded in Microsoft Office documents. The results of the Counter Fraud Survey at Salisbury were discussed. There

was good awareness of the work of the Counter Fraud Team, but more to do.

Attached to the report was a Local Counter Fraud and Human Resources Services Counter Fraud Services Protocol which was noted.

The Committee noted the Internal Audit and Counter Fraud Report.

5. HALF YEAR REVIEW OF THE ASSURANCE FRAMEWORK

The Committee received the reports from the Clinical Governance Committee, Joint Board of Directors and Finance and Performance Committee from October 2014, which identified a range of new gaps in control and assurance and newly identified positive assurances. It was noted that the assurance framework had been reviewed by the Trust Board in some depth at its September Seminar Day and a refreshed Board Assurance Framework had been approved in December.

The Committee was satisfied that the quarterly review process continued to work effectively.

6. LOSSES AND COMPENSATION REGISTER

The Deputy Director of Finance circulated the Losses and Compensation Register detailing £8,000 of losses principally to patient property. Mark Collis undertook to check if the £84,000 loss discussed earlier should be included on the register for the period in question. **MCo**

The Chairman of the Committee signed the Losses and Compensation Register.

7. KPMG CONTRACT – MID-TERM REVIEW

The Committee received a letter from Jon Brown as the Trust's Audit Lead to the Director of Finance and Procurement. The letter and accompanying report gave details of the work carried by KPMG over the past three years and prospects for the remaining two years.

The Committee was reminded that the contract had been let in 2012 for a period of five years with a review after three years of operation.

There was general satisfaction with the work of KPMG.

The Committee agreed that the Trust should remain with KPMG for a further two years and to seek confirmation of this from the Council of Governors.

8. MR NIGEL ATKINSON

As this was his last meeting of the Committee, those present thanked Nigel Atkinson for his Chairmanship of the Committee since 2010. Non-Executives appreciated his diligence in carrying out the role.

9. DATE OF NEXT MEETING

Friday 22 May 2015, at 10am

JOINT BOARD OF DIRECTORS (JBD) MINUTES FROM 21 JANUARY 2015 RE: QUARTERLY REVIEW OF ASSURANCE FRAMEWORK AND RISK REGISTER

SFT 3651

PURPOSE

To evidence the quarterly review by the JBD of the Assurance Framework and Risk Register for which it has delegated responsibility. This responsibility is set out in the JBD's Terms of Reference.

MAIN ISSUES

Each year the Trust Board reviews and approves the Assurance Framework and associated Risk Registers.

During the year, delegated responsibility for reviewing the Assurance Framework and Risk Register falls to a combination of the Finance & Performance Committee, Clinical Governance Committee which report their minutes direct to to board and the Joint Board of Directors (JBD).

Extract from 21 January 2015 JBD meeting.

5.	**ASSURANCE FRAMEWORK AND RISK REGISTER**
	Fenella Hill presented the regular review of the Assurance Framework. It was noted that the Assurance Framework had undergone significant review and update by the Board since the last round of consideration by the assuring committees. No new gaps in control or assurance had been identified since the December 2014 review. Positive assurances had been identified in relation to Risk 3.2 (Failure to deliver excellence for all patients if workforce is not appropriately skilled and staffed to the right levels). This included positive staff survey reports on appraisal update and changes to staffing establishment in Quarter 3. Work would now focus on the review of the Trust's Risk Register. The Board noted the Report.