SALISBURY NHS FOUNDATION TRUST

TRUST BOARD

MONDAY 3 APRIL 2017, 2.30 PM

IN THE BOARD ROOM, SALISBURY DISTRICT HOSPITAL

A G E N D A

				Paper No.	Page No.
2.30 pm	**1**	**APOLOGIES FOR ABSENCE** Jane Reid			
	2	**DECLARATION OF INTERESTS**			
	3	**MINUTES** Public Board Meeting held on 6 February 2017			1
	4	**MATTERS ARISING**			
	5	**CHIEF EXECUTIVE**			
		1. Chief Executive's Report	CC-B	SFT 3870	9
3.00 pm	**6**	**STAFFING**			
		1. Workforce Performance Report including Nurse Staffing	AK/LW	SFT 3871	11
		2. Staff Survey Results for 2016	AK	SFT 3872	39
3.20 pm	**7**	**PATIENT CARE**			
		1 Quality Indicator Report to 28 February (month 11)	CB/LW	SFT 3873	49
		2. Customer Care Report – Quarter 3	LW	SFT 3874	57
3.35 pm	**8**	**PERFORMANCE AND PLANNING**			
		1. Finance & Performance Committee Minutes - 23 January and 27 February 2017	NM	SFT 3875	69
		2. Financial Performance to 28 February (month 11)	MC	SFT 3876	77
		3. Progress against Targets and Performance Indicators to 28 February (month 11)	AH	SFT 3877	-
		4 Major Projects Report	LA	SFT 3878	85
		5a. Financial Estimates 2017/18	MC	SFT 3879a	95
		5b. Capital Programme 2017/18	MC	SFT 3879b	103

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

1	Winter resilience 2017-18	AH	SFT 3880	-
2	Audit Committee minutes – 17 October 2016	PK	SFT 3881	107
3.	Clinical Governance Committee minutes – 26 January and 23 February 2017	MM/JR	SFT 3882	111
4.	Council of Governors draft minutes – 20 February 2017	NM	SFT 3883	125
5.	JBD minutes evidencing presentation of Assurance Framework and Risk Register	CC-B	SFT 3884	129
6.	Annual Statement on Major Incident Preparedness	AH/IR	SFT 3885	131

4.30 pm **10** **ANY OTHER URGENT BUSINESS**

11 **QUESTIONS FROM THE PUBLIC**

12 **NEXT MEETING**

The next public meeting will be held on Monday 5 June 2017, in the Board Room at Salisbury District Hospital starting at 1.30pm

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on Monday 6 February 2017

Board Members Present:	Dr N Marsden	Chairman
	Ms T Baker	Non-Executive Director
	Mr M von Bertele	Non-Executive Director
	Dr C Blanshard	Medical Director
	Mrs C Charles-Barks	Chief Executive
	Mr M Cassells	Director of Finance and Procurement
	Mr A Hyett	Chief Operating Officer
	Mrs A Kingscott	Director of Human Resources and Organisational Development
	Mr P Kemp	Non-Executive Director
	Mrs K Matthews	Non-Executive Director
	Dr M Marsh	Non-Executive Director
	Prof J Reid	Non-Executive Director
	Ms L Wilkinson	Director of Nursing
Corporate Directors Present:	Mr L Arnold	Director of Corporate Development
	Mr I Downie	Associate Non-Executive Director
In Attendance:	Mr P Butler	Head of Communications
	Mr D Seabrooke	Secretary to the Board
	Mr M Wareham	Staff Side Representative
	Mr P LeFever	Wiltshire Health Watch
	Mr P Matthews	Volunteer
	Dr J Lisle	Public Governor
	Dr A Lack	Lead Governor
	Mrs L Taylor	Public Governor
	Mr N Alward	Public Governor
Apologies:	Mr S Long	Associate Non-Executive Director

Welcome The Chairman welcomed Cara Charles-Barks to her first meeting of the Trust Board on her first day as Chief Executive.

ACTION

2242/00 DECLARATIONS OF INTEREST AND FIT AND PROPER/GOOD CHARACTER

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

2243/00 MINUTES – 5 DECEMBER 2016

It was requested that greater emphasis be placed in the minutes on challenge by Non-Executive Directors.

The minutes were accepted as a correct record with the following amendments –

2230/01 delete 'connected to cancer pathways' and insert 'arise from a number of different factors'. Insert 'by the stroke service' before 'with Wiltshire Health and Care'.

2230/02 amend 'acquired' to 'associated' in the fourth line.

2244/00 MATTERS ARISING

There were no matters arising.

2245/00 CHIEF EXECUTIVE'S REPORT - SFT 3854 – PRESENTED BY CC-B

The Board received the Chief Executive's report and Cara Charles-Barks highlighted her initial experiences in the Trust including commitment and passion for patients that she had seen across the hospital.

A message thanking staff for handling emergency pressures through the winter period had been circulated within the Trust. Work continued with partners to alleviate pressures on the hospital and to provide the public with advice with how best to access local health services.

The Sustainability and Transformation Plan for Bath and North East Somerset, Swindon and Wiltshire had been published in December and five priorities had been identified as key programmes of work:

- More focus on prevention of ill health and earlier intervention.
- Transferring primary care.
- Making use of technology and our public estate.
- A modern workforce.
- Improved collaboration across the three hospital trusts.

CC-B highlighted the Care Quality Commission's consultation on its inspection process after April 2017.

It was noted that four of the Trust's staff had been put forward for leadership awards by Thames Valley and Wessex Leadership Academy. The Save 7 campaign continued and PMO staff had been short listed in the communications category of the Health Service Journal Value in Health Awards. Finally the Breast Unit, following the successful Stars Appeal had opened shortly before Christmas. A formal launch event for the Stars Appeal supporters and donors was planned for the end of March.

Tania Baker suggested that there needed to be a greater focus on system challenges which it was agreed it would be taken forward through the Trust Board seminar days.

The Board noted the Chief Executive's report.

2246/00 STAFF

2246/01 Workforce Performance Report including Nurse Staffing - SFT 3855 - Presented by AK & LW

The Board received the Month 9 Workforce report. It was noted that the sickness absence rate had deteriorated and that rates of appraisal compliance were under pressure – regular meetings with directorates to remedy this were taking place.

The Trust had welcomed more EU nurses and some non EU nurses were also due to arrive. Work continued to manage the use of agency staff – this was driven by gaps in rotas, vacancies and incidences of sickness. All aspects of workforce compliance were challenged during the especially busy periods.

In relation to a question from Michael Marsh about the success factors for the course offered to emergency department nurses on paediatrics it was noted that this would be judged through the nurse supervision. The course was intended to help adult-trained nurses to feel more confident when dealing with children in the emergency department.

In relation to a question from Paul Kemp regarding the apparent growth in temporary workforce since June 2015, AK undertook to provide more detail separately. PK expressed concern about the lack of clear recovery plans where indicators were deteriorating. AK

In relation to a question from Jane Reid about changes to the numbers of applications to graduate nursing courses it was noted that these had always been oversubscribed so the possible effect was not yet clear. A recruitment strategy was in place and was being reviewed. The Trust had eight nursing associates starting in March and apprentiships for both nursing assistants and registered nurses were being discussed.

CC-B highlighted the differing rates of training and appraisal compliance across directorates.

In relation to a question raised by Kirsty Matthews, AK undertook to discuss with the recruitment firms involved the costs and benefits of overseas nurse recruitment. It was also agreed that there should be a discussion at a future board seminar day of long term nursing and medical recruitment and supply. AK

Safer Staffing

Lorna Wilkinson highlighted the December Safe Staffing report which showed a staffing level for nursing assistants of 111.8% and for registered nurses 97.3%. Part of this was explained by EU nurses who had started work but not obtained their UK registration, who were practising as nursing assistants. It was noted that the numbers in relation to Sarum ward nursing assistants were very small and that this varied in relation to patient need and surgery lists. There continued to be a below normal number of respiratory patients in the Spinal Unit which resulted in a reduction in the number of registered nurses deployed.

The Trust used the Allocate e-rostering guides which factored in acuity and dependence of patients when setting required staff levels and work with NHS Improvement on this was continuing.

In relation to a question from Paul Kemp it was noted that documentation of

professional judgement was captured in Allocate.

In relation to a question from Tania Baker it was noted that a bench mark for language skills for newly arrived EU nurses was in place pending their achieving the required national standards. There was a pilot arrangement with a company to improve EU recruits' experience and retention levels. LW

The Chairman requested sight of further information from the Allocate system at future board meetings.

The Board noted the report.

2247/00 PATIENT CARE

2247/01 Quality Indicator Report to 31 December 2016 (Quarter 3) – SFT 3856- Presented by CB and LW

The Board received the Quality Indicator Report and noted the caveat that certain of the activity data was not considered to be accurate because it could not be extracted from the data warehouse for November and December 2016.

Three new Serious Incidents had been started in December; there had been ten in quarter three including one Never Event, which had been dealt with in theatres with no harm to the patient.

The rate of crude mortality was down in quarter 3 but was expected to rise for the time that the hospital had been especially busy. The HSMI was 106 at June 2016, which was within the expected range. HSMR was 119. Mortality had been reviewed in detail by the Clinical Governance Committee. Mortality reviews examining avoidable factors continued and around 1% of deaths were thought to have had an avoidable factor. CB undertook to circulate further information about performance in relation to hip fractures. On the stroke service 90% of patient's time was spent on the stroke unit and the figure was now affected by some patients going home as a result of the implementation of the early supported discharge process. CB

The Trust was under its trajectory for C-Diff and MRSA. Work to avoid pressure ulcers at grades 3 and 4 was continuing to be effective but there was more to do on the less severe grade 2 pressure ulcers. There had been three patient falls in December resulting in major harm and two in January resulting in fractures.

Real Time Feedback continued to show high ratings. There had been four breaches of single sex guidelines in December which were due to the operational pressures. The CCG had been adopting a supportive approach in this regard.

In relation to the mortality data the Board emphasised the need to ensure that palliative factors were captured in patient notes and coding. It was also noted that avoidable factors being present did not make a patient death avoidable as such. It was noted that the Mortality Surveillance Group had broadened its membership with greater emphasis on capturing all the relevant information at admission. Work would with the coding team in this regard continued.

CB reported that the Trust was adopting a national process which was being piloted by the South West Academic Health Science Network. Work continued with primary care to reduce avoidable admissions but the hospital continued to struggle with urgent admissions where the result was the patient dying within 24-48 hours of admission.

On patient bed moves the Trust had taken steps to avoid additional moves such as a staged close-down of inpatient use of Endoscopy Unit.

2247/02 Customer Care Report – Quarter 2 - SFT 3857 – Presented by LW

The Board received the Customer Care report covering complaints, concerns and feedback to NHS Choices and the Friends and Family test. The rise in the number of complaints could be quantified in relation to the increased activity since the same time the previous year and the previous quarter. Categories into which complaints fell were largely unchanged. Actions were described for Orthopaedics, Plastics, admissions and appointments. Each ward had its own real time feedback actions. Feedback continued to be overwhelming positive. The difference between a complaint and a concern was discussed.

Michael Marsh highlighted the 273 in-patients surveyed during the quarter which resulted in 173 positive comments and 218 negative comments reflecting the conversation held by the volunteers conducting the RTF surveys. There had been an improvement to the complaints turnaround figures for the MSK Directorate.

It was noted that complaints arising from staff attitude were tracked through re-validation processes and there was review of clusters and themes. In relation to a point raised by CC-B it was noted that food temperatures the steering group was examining all stages in the production, delivery and serving of foods to patients. Improvements had been achieved by the use of heat sealed lids for soups and desserts.

The Board noted the Customer Care Report.

2248/00 PERFORMANCE AND PLANNING

2248/01 Finance & Performance Committee Minutes – 28 November and 19 December 2016 – SFT 3858 Presented by NM

The Board received for information the Finance and Performance Committee Minutes. The Committee continued to debate the 2016/17 outturn and plans for 2017/18.

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

2248/02 Financial Performance to 31 December 2016 (Month 9) – SFT 3859 – Presented by MC

The Board received the Finance and Contracting Report for December. It was noted that the Trust continued to target a £1.8m surplus in line with its control total commitments. December had been a challenging month with high levels of activity and escalation. The Trust was overspent but this was off-set by charitable donations – the year to date position was a £28,000 surplus. It was important to maintain this underlying position.

Work on savings continued. However there continued to be financial pressures arising from the use of specials and agency staff. There continued to be challenges arising with data from the Lorenzo implementation. There was continuing concern about the impact of additional non-elective activity on the delivery of elective activity.

The cash position was close to the plan and Wiltshire CCG had paid for excess activity on their contract. Agreements with commissioners were in place for 2017/18.

In relation to a question about Outpatients performance Andy Hyett informed the Board that the Trust continued to monitor outpatient's clinics and was seeking feedback from clinicians were there were believed to be gaps in clinic schedules. Validation against the patient tracker list was continuing with special reference to the patients at most clinical risk.

It was noted that there had yet be a substantive response from NHSI on the position with control totals for 2017/18.

2248/03 Progress Against Targets and Performance Indicators to 31 December – SFT 3860 – presented by AH

The Board received the month 9 Operational Performance Report. AH informed the Board that the figures for Referral to Treatment were being re-submitted for November and December. Options to introduce more medical beds to avoid long term escalation were being actively considered.

A 'Perfect Week' had recently been held. This had identified that a number of complex packages of care were required and there was a need for more external capacity. The week had been busy for medical admissions. In relation to a question about the need for additional capacity funding from Tania Baker, AH confirmed that the Trust continued to look for available capacity and associated staffing within the locality.

Kirsty Matthew requested that abbreviations used in the report be explained and the jargon reduced.

It was noted that the figures did not differentiate long-stay patients, such as spinal.

It was also noted that the Trust had trialled the use of a senior nurse at the A & E front door which had been successful. The Trust was also speaking to the ambulance service about a paramedic delivering this role.

The Board noted the report.

2248/04 Major Projects Report - SFT 3861 - Presented by LA

The Board received the Major Projects Report. It was noted that the Trust was working to stabilise the Lorenzo implementation and the availability of data and the position on this was improving in January. The Trust had met at a high level with the Lorenzo supplier to gain support for this work. Work on GS1 was proceeding well with the exception of submitting a compliant risk band.

Wiltshire Health and Care was experiencing some recruitment issues in support of the early supported discharge programme, there being a shortage of rehabilitation support workers in the South Wiltshire area.

Work was progressing on the Sterilisation and Disinfection Unit with planning permission obtained and the demolition works completed. Cara Charles-Barks observed that the appointments with Wiltshire Health and Care were being made jointly and Lorna Wilkinson added that the nurse associate pilot and apprentiship pilots were joint with Wiltshire Health and Care.

It was noted that primary care engagement work was continuing through a southern locality group and a joint primary and secondary care engagement group.

Paul Kemp expressed concern about the rate of progress with the Electronic Patient Record, after three months post implementation there appeared to be no strong stabilisation programme or defined approach to the data warehouse issues. LA stated that there was a data stabilisation plan in place and one being developed for the data warehouse. The next priorities were to address user acceptance and business change activity. It was agreed that the board should revisit this in a seminar day. DS

The Board noted the Major Projects Report.

2248/05 Capital Development Report – SFT 3862 – Presented by LA

The Board received the Capital Development Report. LA highlighted the Laverstock refurbishment and the opening in December of the Breast Unit funded by the Stars Appeal. It was noted that planning permission had been granted for the proposed Maternity expansion but that the capital programme was severely constrained. £0.5m had been identified for this scheme in 2017/18.

The proposed additional modular ward had been supported in principal by the Finance and Performance Committee but this too was a significant pressure on the capital resources.

2249/00 PAPERS FOR NOTING OR APPROVAL

2249/01 Council of Governors 21 November 2016 – SFT 3863 – Presented by NM

The Board received for information the minutes of the Council of Governors for 21 November 2016.

2249/02 Clinical Governance Committee 24 November 2016 - SFT 3864 – Presented by MM/JR

It was noted that the Committee was discussing its future operation.

2249/03 2016 PLACE Results – SFT 3865 – Presented by AH

The Board received for information the 2016 Patient Led Assessment of the Care Environment Results which were favourable.

2250/00 ANY OTHER URGENT BUSINESS

2251/00 QUESTIONS FROM THE PUBLIC

In relation to a question from John Mangan about the Trust's mortality rates and associated drivers, Christine Blanshard informed the meeting that there was a good understanding of the range of factors and the complexities behind this indicator. This included the role of external partners. She did not feel that mortality rates and other quality measures necessarily co-related.

In relation to questions from Phil Matthews and Jenny Lisle around food temperatures, this was looked at in detail by the Food Forum through an audit process.

It was noted also that the final flu vaccination data was being validated at present.

In relation to a question from Lynn Taylor about the collection rate of payments due from overseas patients, MC informed the Board that there was a nationally defined process for ascertaining entitlements to healthcare upon admission. The Trust did not see large numbers of patients not entitled to NHS care. The process was audited and it could be challenging to collect money from patients after they had been discharged.

In relation to a question from Alastair Lack about clinic session bookings, it was noted that continued to be investigated. He added that the Trust's definition of bed occupancy meant that it was running at something close to 100%.

2252/00 DATE OF NEXT MEETING

The next public meeting of the Board would be held on Monday 3 April 2017 at 1.30 pm in the Board Room.

CHIEF EXECUTIVE REPORT

MAIN ISSUES:

SALISBURY DISTRICT HOSPITAL SUMMIT

There have been significant challenges in getting our patients back home or on to the next stage of their care in the community. It is important that patients get the right care in the right place and at the right time, whether this is emergency care, planned surgery or step down services at home. To help improve this, we organised a summit at Salisbury District Hospital which brought together the local authority, the clinical commissioning group and all community providers in order to get some agreement on the actions that need to be taken by individual organisations to improve pathways, including some additional care in the community. I'm pleased to say that this was a positive meeting and we will continue to keep working with external organisations on any future improvements that benefit patients in hospital and the community.

NEW INTEGRATED DISCHARGE SERVICE

It is essential that we continue to develop new models or arrangements that help improve patient pathways and our patients' experience of care. We have set up an Integrated Discharge Bureau to provide a comprehensive discharge service across south Wiltshire. This includes the Trust, Wiltshire Social Services, Wiltshire Health and Care, Medvivo (Access to Care) and Mears (main care providers). The main aim of the team is to reduce length of stay for our patients where it is appropriate, reduce duplication and ensure continuity of discharge planning across all providers. As part of the new arrangements patients will be placed on one of four pathways based on their medical fitness, support and rehabilitation needs. It will also take into account patients who are nearing the end of their life and need specialist end of life care. The aim is that this process will be extended to include Hampshire and Dorset social services.

SALISBURY ONE OF BEST FOR WORK AND TREATMENT SAY NHS STAFF

The NHS staff survey results have now been published and I'm pleased to see that our staff have continued to rate Salisbury District Hospital as one of the best places in the NHS to work and receive treatment. Overall we were 7th best in the country for this question and the best Trust in the country on support for staff from their immediate manager. It was also good to see that the percentage of staff who felt that their role made a difference to patients, overall staff engagement, and recognition of their value to the organisation and staff motivation at work were other areas where we scored highly in the survey, in which we were among the best performing Trusts in the country in 18 of the 32 key findings. We acknowledge that Salisbury is above average for the percentage of staff who work extra hours and this is an area we want to look at in more detail as part of our overall action plan. I think the results are good news for our patients, our staff and anyone looking to join our teams here and I want to use this opportunity to thank staff for the way they have responded to the survey.

CARE QUALITY COMMISSION ACTION PLAN UPDATE

We are making steady progress on the action plan that was put in place following the publication of our Care Quality Commission (CQC) report last year and over the next few months we will be looking closely at what needs to be done to improve our current rating and prepare for planned changes in the inspection process. In terms of the initial

inspection, following a revisit the CQC are satisfied with the progress the spinal team has made in reducing the backlog of patients who needed follow up following discharge from the centre and that risk assessments and a system of prioritisation were in place. They found that rigorous governance and performance arrangements were now embedded and reviewed regularly and recognised good leadership and a positive culture in the spinal centre. This is an excellent achievement that reflects that hard work and commitment of staff in the spinal centre and I want to thank all the teams involved for their commitment to improvements in this area.

PUTTING PRIDE INTO PRACTICE

It is important that we use every opportunity to learn from what others are doing and share best practice and I think this is a particular strength here in Salisbury. At the end of March we held our annual Pride in Practice event, which gave us an opportunity to celebrate the achievements of our nurses, midwives and therapists and share new developments, improvements and best practice across the hospital. Throughout the day there were seven team presentations and over 30 posters that illustrated the commitment of our staff in providing high quality patient care. It also focused on the national six key values of Care, Compassion, Communication, Courage, Commitment and Competence that influence the way patients are treated within the NHS. This was such a positive event and I want to thank our staff for their outstanding commitment to our patients and the way in which they actively encourage the development of services by sharing their work across the hospital.

RESEARCH AWARD

I want to congratulate Research Support Manager Louise Bell who has won a Clinical Research Network (CRN) Wessex award for excellence in the support that she gives to research teams at Salisbury District Hospital. Louise played a key role in helping the start up of a new stream of research into conditions that disrupt blood flow and the judging panel recognised her continuous push to set up new studies and ensure their feasibility. Well done to Louise on her achievement and also to Ruth Casey, Clinical Trials Assistant and Paul Taylor, Clinical Engineer who were also shortlisted for a CRN award. In the meantime, the Procurement Department were shortlisted, but unsuccessful in recent national awards, but have an opportunity for a worldwide procurement award involving both the public and private sector. The team in the Programme Management Office have also just had their Health Service Journal Award interview in the communications category for the Save 7 campaign and will find out how they have got on in May. Many of these awards are highly competitive, and to make the shortlist is a significant achievement and reflects the positive way in which our staff are viewed and the quality of their service.

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

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

AUTHOR: Cara Charles-Barks

TITLE: Chief Executive

SFT 3871

Workforce Report M11 2016-17

Alison Kingscott Director of HR&OD

Summary

Salisbury NHS Foundation Trust

- Mandatory training compliance has remained this month at 81%, which is slightly below target (85%).
- Appraisal compliance for non-medical staff has slightly decreased this month from 81% to 80%. Medical staff appraisal compliance has remained again this month at 88%.
- The Trust vacancy rate has increased from 5% to 6% this month. A number of recruitment initiatives are planned to recruit to unfilled posts.
- Staff sickness for the last year remains above target at 3.4%. This compares favourably with latest NHS sickness rate of 4.24%. The reasons for this rise are being monitored and action being taken by Directorate teams.
- The Trust's Turnover rate in month 11 is 9.4%, which is a slight improvement from last month. Reasons for turnover are being monitored and initiatives taken forward at Trust and Directorate level. The overall turnover trend for the last 2 years is downwards, with the Trust's turnover rate in line with or better than other Hospitals locally.
- **Note : The use of "FTE" thoughout this report denotes "Full Time Equivalent"**

Achievements in Month

Salisbury NHS Foundation Trust

- We have maintained a relatively strong position in our staff survey results. There are areas we will need to put more focus into and our teams are considering this in detail, but there are also some really good messages coming out from the survey results. Areas where the Trust scored particularly highly included staff engagement, job satisfaction, support from managers, and patient care and experience.
- We have been successful with our bid to become a Fast Follower for the Trainee Nursing Associate programme. The trust has joined other regional healthcare organisations to form the Wessex Nursing Associate Partnership. We have 8 trainees starting the pilot programme in April with Southampton Solent University. This is the first step towards mapping out a vocational route into nurse training, which will help with recruitment and retention of nursing staff.
- Our first 2 Filipino Nurses are arriving at the end of March with a further 2 expected in April/May. International Nurse recruitment continues with a trip to India planned for mid April, we will be interviewing for four days in total, with the expectation to interview at least 35 candidates per day.
- We attended a South West Transition Fair for Armed Forces leavers at Tidworth, to promote job opportunities at the Trust and in the wider NHS.
- Substantive Consultant appointments have been successfully made to the following vacancies: Ophthalmology (both Glaucoma and Retina), and Radiology.

Directorate Headlines

Salisbury NHS Foundation Trust

Directorate Health Score		
Clinical Support & Family Services	3 Green, 2 Amber	GREEN
Facilities	3 Green, 1 Red	GREEN
Medicine	2 Red, 1 Amber, 2 Green	AMBER
Musculo Skeletal	2 Red, 1 Amber, 2 Green	AMBER
Surgery	4 Amber, 1 Green	AMBER
Corporate	2 Green, 2 Amber, 2 Red	AMBER
Quality	4 Green	GREEN

Clinical Support and Family Services	M9	M10	M11	
Agency Spend	£107,536	£97,264	£83,951	GREEN
Stat/Mad Training % Compliance	84	84	84	AMBER
Appraisals % Non Medical	84	83	84	AMBER
Appraisals % Medical	92	87	87	GREEN
Sickness %. Target 2.50%	2.41	2.46	2.51	GREEN

Facilities	M9	M10	M11	
Agency Spend	£8,040	£11,824	£18,285	RED
Stat/Mad Training % Compliance	95	93	92	GREEN
Appraisals % Non Medical	95	93	97	GREEN
Sickness %. Target 3.50%	4.59	4.37	4.34	GREEN

Medicine	M9	M10	M11	
Agency Spend	£337,236	£354,766	£304,058	AMBER
Stat/Mad Training % Compliance	70	70	70	RED
Appraisals % Non Medical	68	67	65	RED
Appraisals % Medical	88	92	90	GREEN
Sickness %. Target 3.40%	3.9	3.75	3.73	GREEN

Musculo Skeletal	M9	M10	M11	
Agency Spend	£77,468	£83,517	£97,441	RED
Stat/Mad Training % Compliance	81	81	82	GREEN
Appraisals % Non Medical	75	71	70	RED
Appraisals % Medical	82	79	86	GREEN
Sickness %. Target 2.75%	3.43	3.44	3.44	AMBER

Surgery	M9	M10	M11	
Agency Spend	£83,415	£117,898	£72,689	AMBER
Stat/Mad Training % Compliance	83.3	82.4	82.9	AMBER
Appraisals % Non Medical	85	83	81	AMBER
Appraisals % Medical	89	90	89	GREEN
Sickness %. Target 3.40%	4.13	4.13	4.24	AMBER

Corporate	M9	M10	M11	
Agency Spend	£17,405	£16,804	£1,492	GREEN
Stat/Mad Training % Compliance	82.6	81.1	80.8	AMBER
Appraisals % Non Medical	84	86	84	AMBER
Sickness % Finance/Procurement. Target 1.90%	3.65	3.54	3.40	RED
Sickness % HR &OD. Target 2.00%	3.48	3.39	3.54	RED
Sickness % Corporate Dev. Target 3.00%	2.44	2.59	3.09	GREEN

Quality	M9	M10	M11	
Agency Spend	£0	£0	£0	GREEN
Stat/Mad Training % Compliance	92	93	96	GREEN
Appraisals % Non Medical	87	84	86	GREEN
Sickness %. Target 3.00%	0.74	0.76	1.04	GREEN

Additional Notes

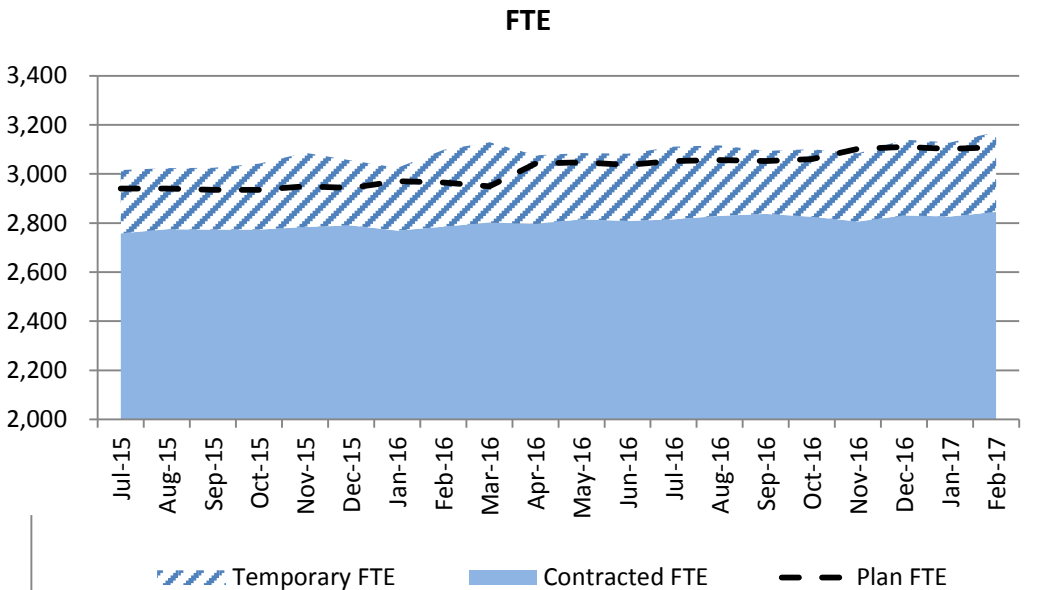
1. RAG ratings show where extra support is being provided to Directorates through the Directorate performance management structure.
2. Worsening trend and below Trust "Red" RAG rating threshold = RED. Improving trend, or above Green RAG rating threshold = GREEN. Otherwise = AMBER

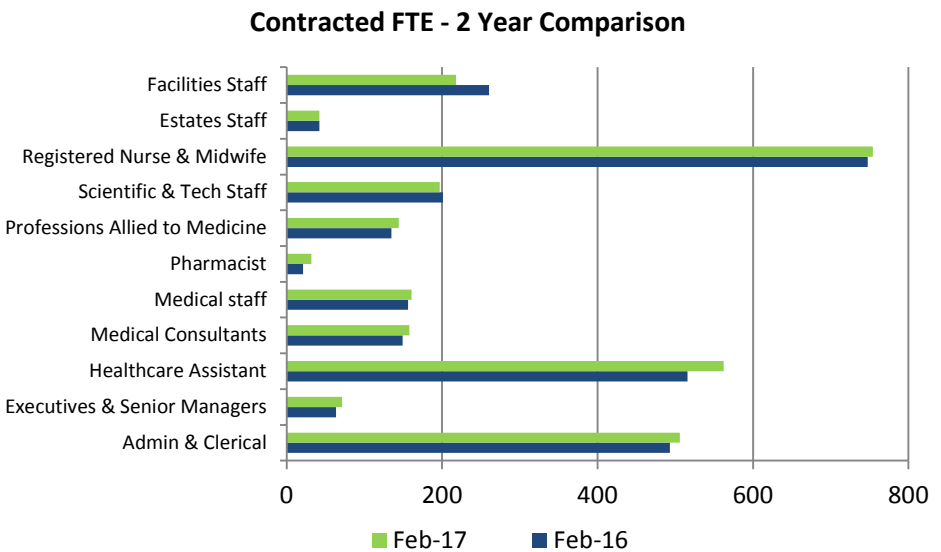
Workforce M11

Salisbury NHS
NHS Foundation Trust

February 17

Contracted Total FTE
2,846
(February 16 - 2,785)





Additional Notes

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

2. There have been increases in the number of contracted staff (FTE) up by 61 FTE compared with February 2016, due to recruitment to replace temporary staff and additional posts. Key areas of increase are:

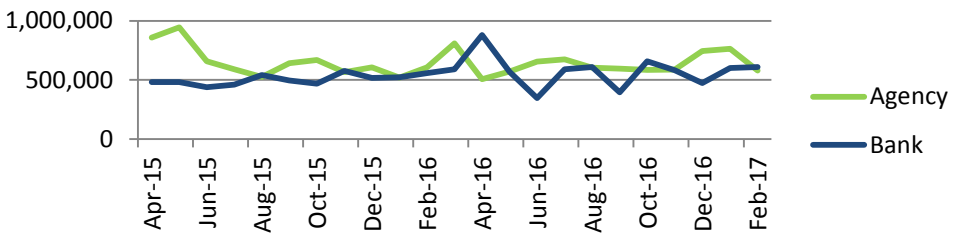
- **Healthcare Assistant: 47 FTE**
- **Admin and Clerical: 13 FTE**

Temporary Workforce
M11

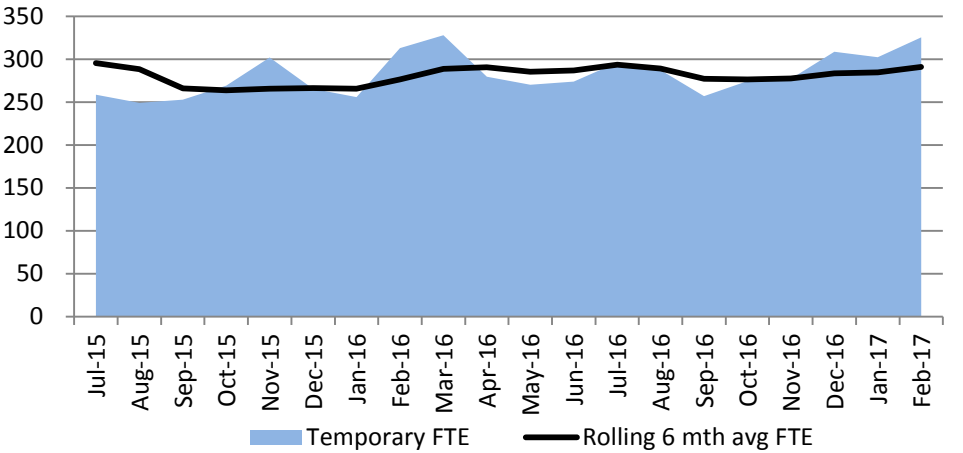
Salisbury NHS
NHS Foundation Trust

Temporary FTE 325
(February 16 - 313)

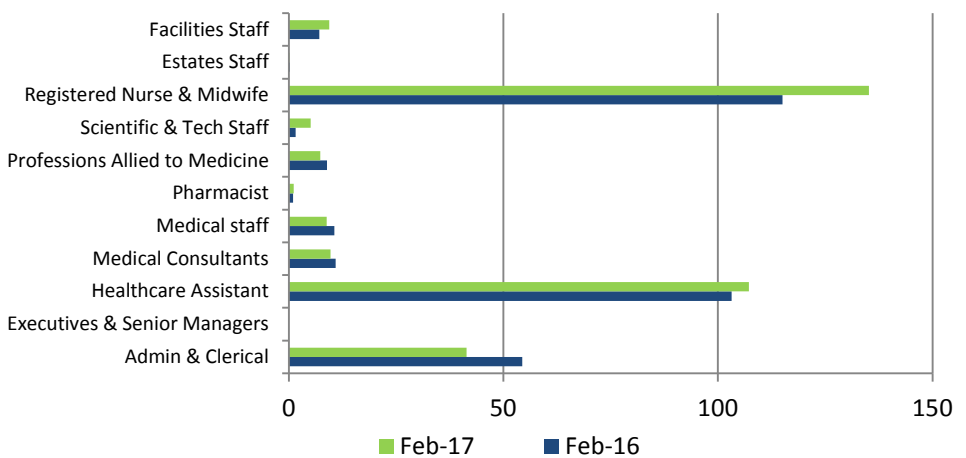
Agency and Bank Spend



Temporary FTE



Temporary FTE - 2 Year Comparison



Additional Notes

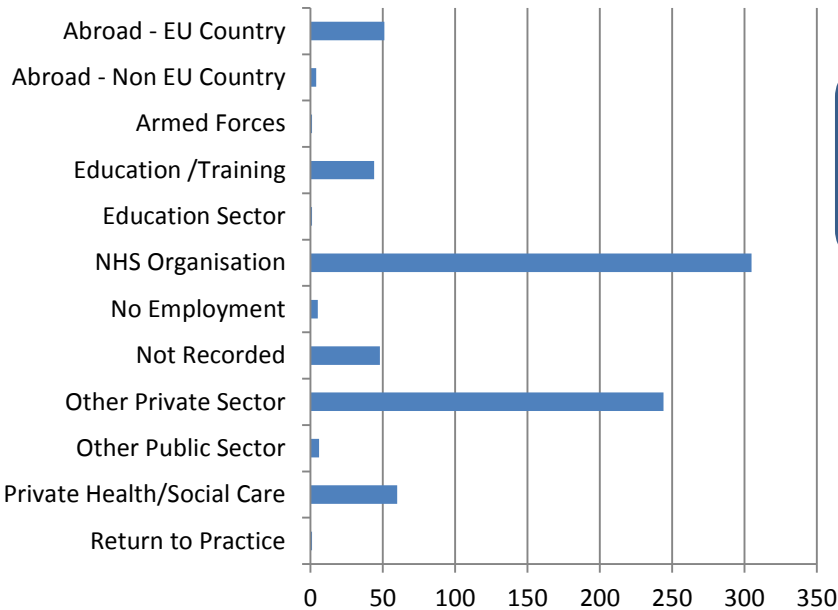
1. **Agency costs for the year to date stood at £6.9m, compared to £7.2m for the same period in 2015/16. Agency costs for February showed a decrease of £186k compared to the previous month.**
2. **Bank costs stood at £6.3m for the year to date, compared to £5.5m for the same period in 2015/16. Bank costs for February showed an increase of £8k compared to the previous month.**

Note: Temporary FTE includes bank and agency staff.

Starters – Source of Recruitment M11

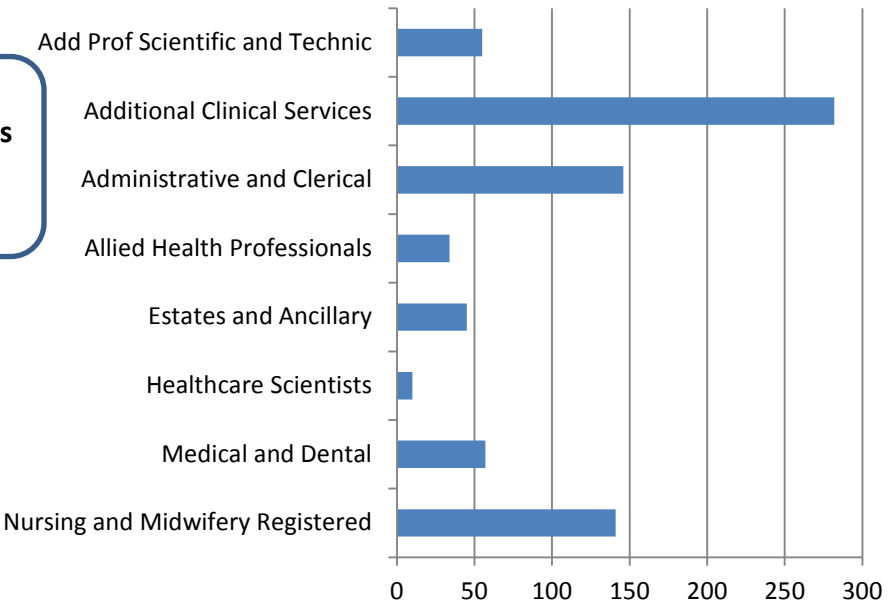
Salisbury NHS Foundation Trust

Number of Starters by Source of Recruitment



Number of M11 Starters 37

Number of Starters by Skills Group



Additional Notes

1. **There were 37 starters in month 11 compared to 79 in month 10.**
2. **As last month, the most common source of recruitment to the Trust was from other NHS Organisations; with the most popular NHS organisations being Southampton University NHS Trust, followed by Basingstoke and Dorset Healthcare NHS Trust, Royal Bournemouth and Christchurch Hospitals NHS Trust.**
3. **The skills group with the greatest number of starters was "Additional Clinical Services". This group includes Nursing and Therapy assistants.**

Figures are based on previous 12 months data and exclude trainee medical staff.

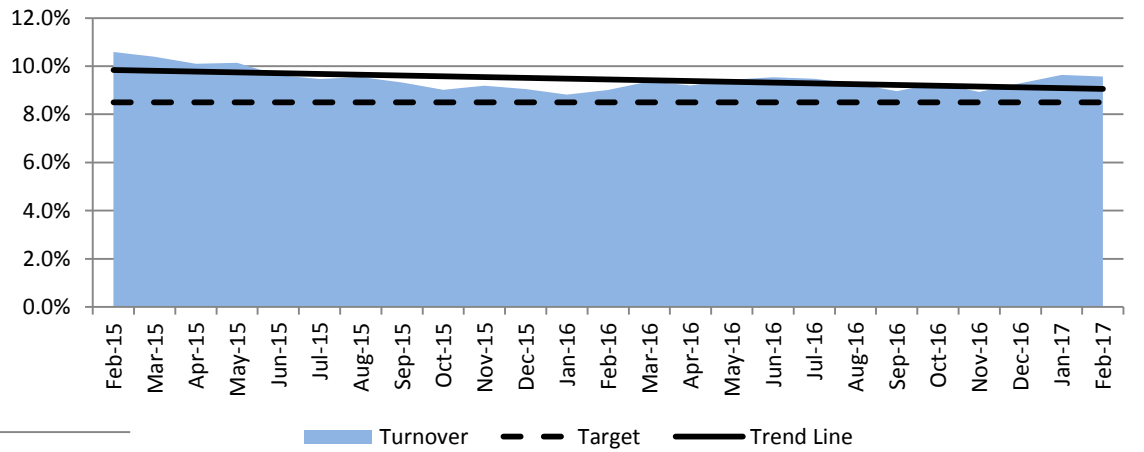
Labour Turnover
M11

Salisbury NHS Foundation Trust

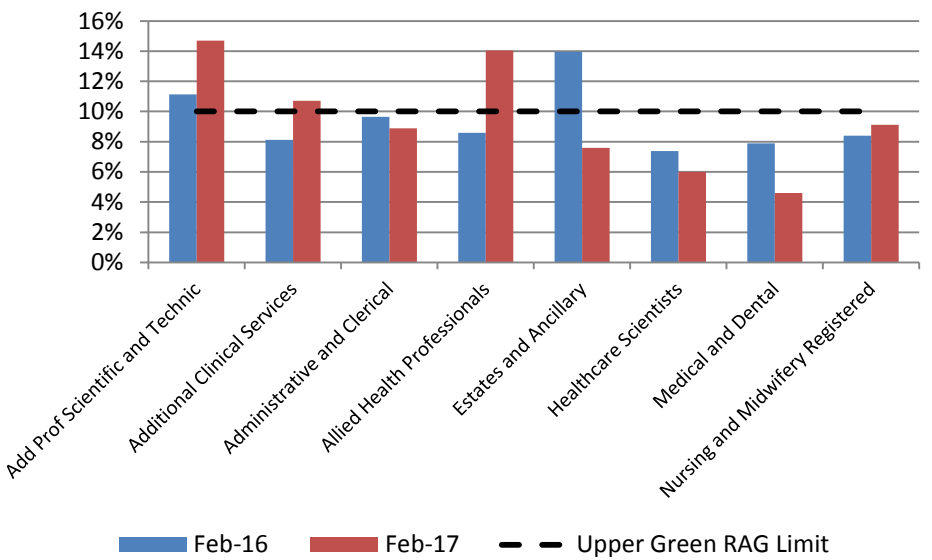
February 17

9.4%
(February 16 – 9.2%)

Labour Turnover



Labour Turnover by Skills Group



Additional Notes

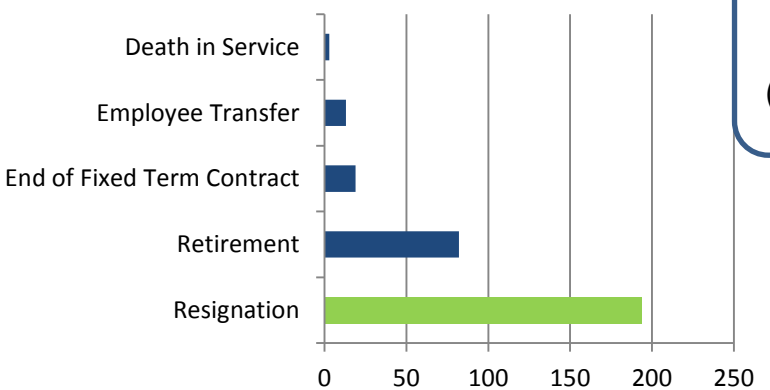
Note: Turnover figures are based on previous 12 months, and exclude bank staff and foundation and training doctors.

1. **Turnover in the year to February 2017 stood at 9.4% compared to 9.2% in the year to February 2016.**
2. **Groups with turnover higher than the Trust's 7-10% green Red/Amber/Green rating are being monitored closely at Directorate level and actions taken as appropriate.**
3. **The overall turnover trend is being closely monitored at Trust and Directorate performance meetings.**
4. **The Trust is conducting a review of the Exit Questionnaire process to encourage uptake and identify themes.**

Leavers
M11

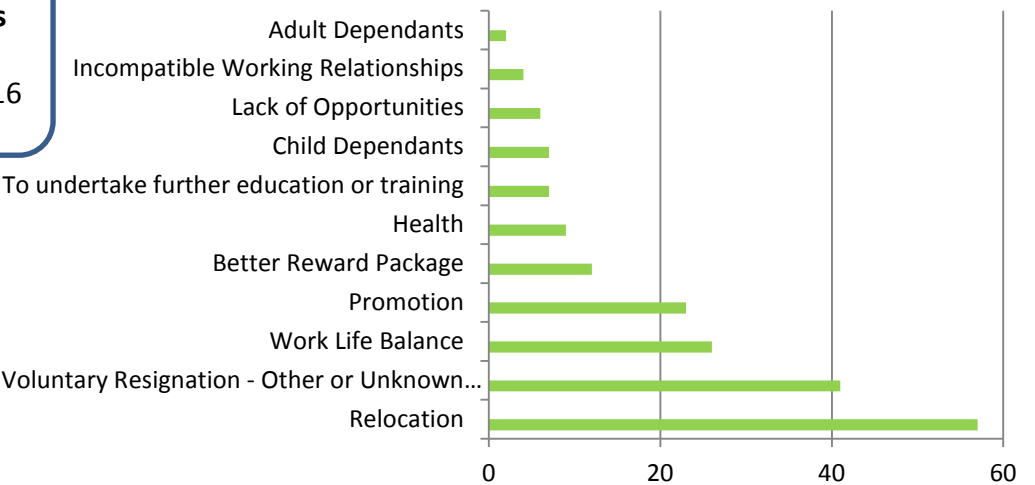
Salisbury NHS
NHS Foundation Trust

Number of Leavers by Reason

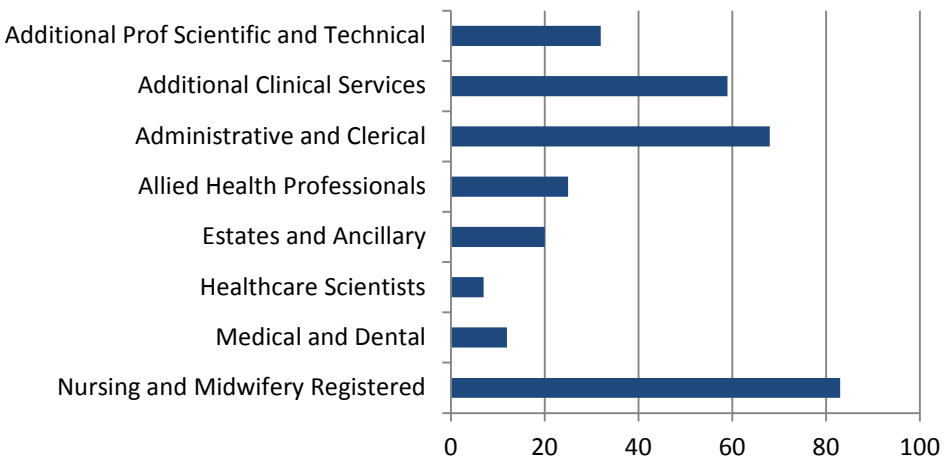


Number of M11 Leavers 24 (February 2016 - 30)

Number of Resignations



Number of Leavers by Skills Group



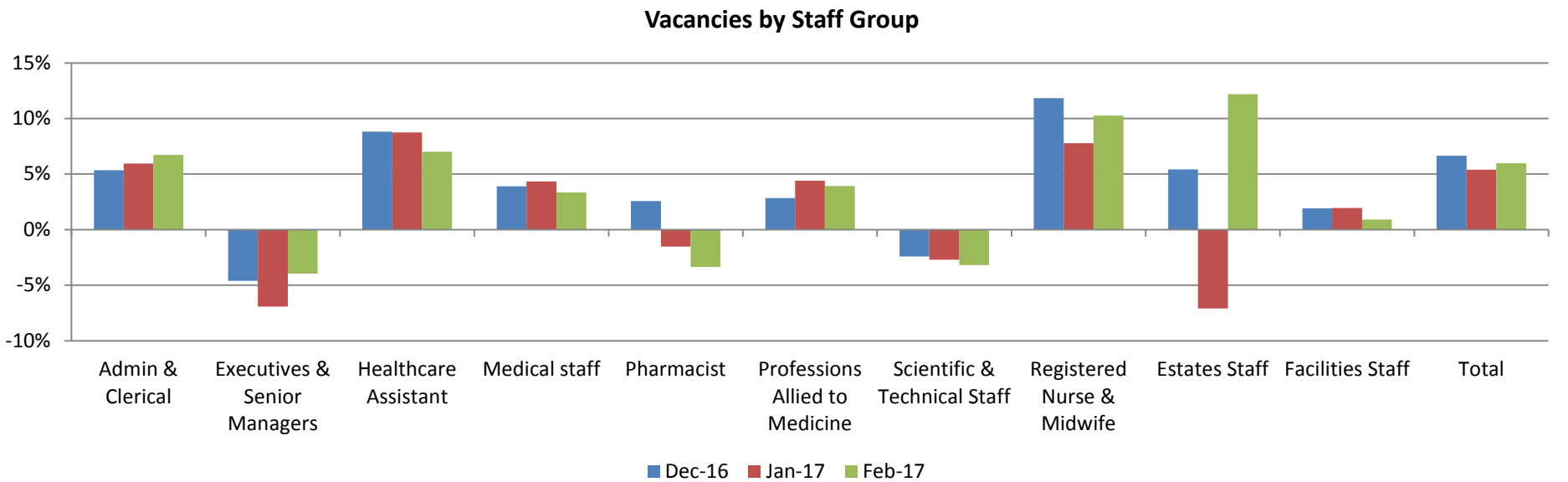
Additional Notes

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

Note: Figures based on previous 12 months data.

Vacancies by Skills Group
M11

Salisbury NHS
NHS Foundation Trust



Additional Notes

1. The overall vacancy rate has increased to 6%, with some small changes within the workforce.

2. Our first 2 Filipino Nurses are arriving at the end of March with a further 2 expected in April/May. International Nurse recruitment continues with a trip to India planned for mid April, we will be interviewing for four days in total, with the expectation to interview at least 35 candidates per day.

3. Nursing excludes Corporate Staff and includes those with direct clinical care only.

4. Where there are recognised gaps, risk assessments are conducted to establish the impact and identify mitigating actions.

5. Some areas shown over establishment do not have a budgeted establishment as such, but earn income to cover staff costs. Others may be as a result of staff movements to cover projects, for example in Informatics, or overlap of staff for handover reasons.

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

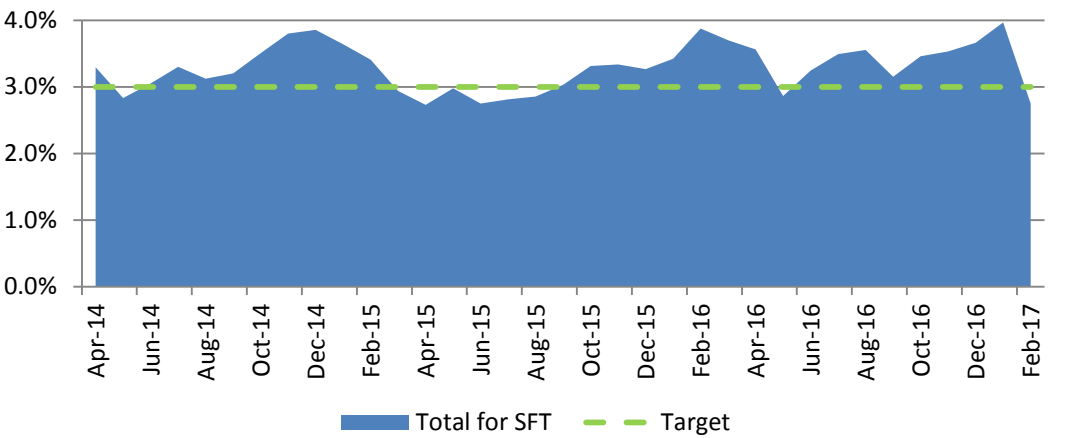
Sickness
M11

Salisbury NHS
NHS Foundation Trust

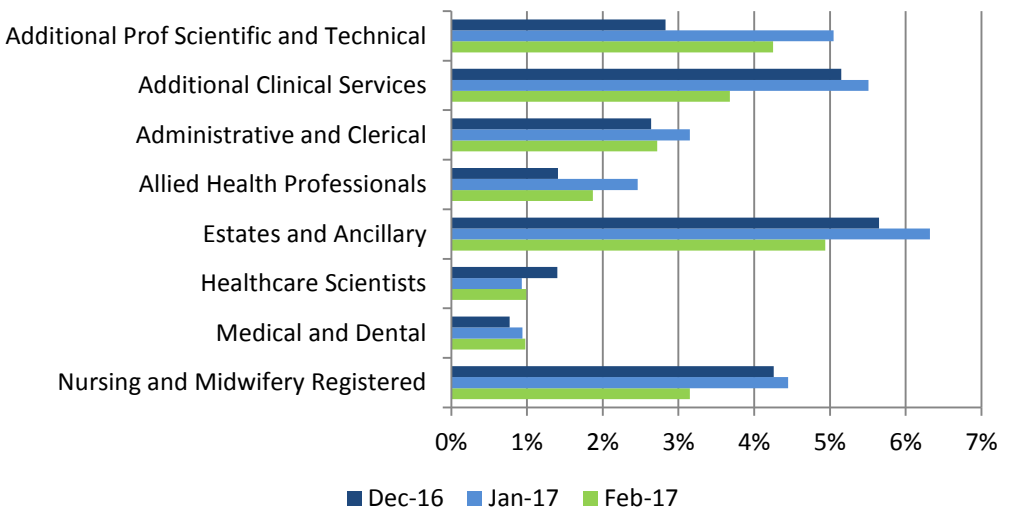
February 17

Percentage
3.43%
(February 16 – 3.11%)

Sickness Absence vs Target



Sickness Absence by Skills Group



Additional Notes

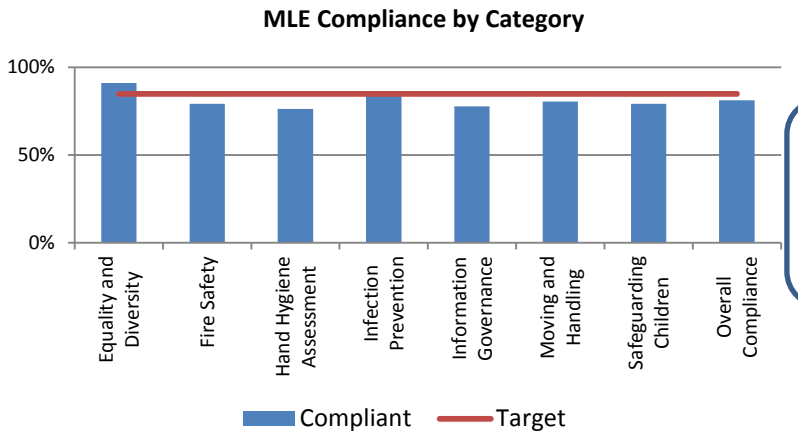
1. Each directorate has a set maximum tolerance for sickness and this is regularly monitored at performance meetings.

2. The most common reasons for sickness this month were, 'Other known causes – not elsewhere classified' and 'Anxiety, stress, depression, other psychiatric illnesses'. Occupational Health form regular discussions at Operational Management Board.

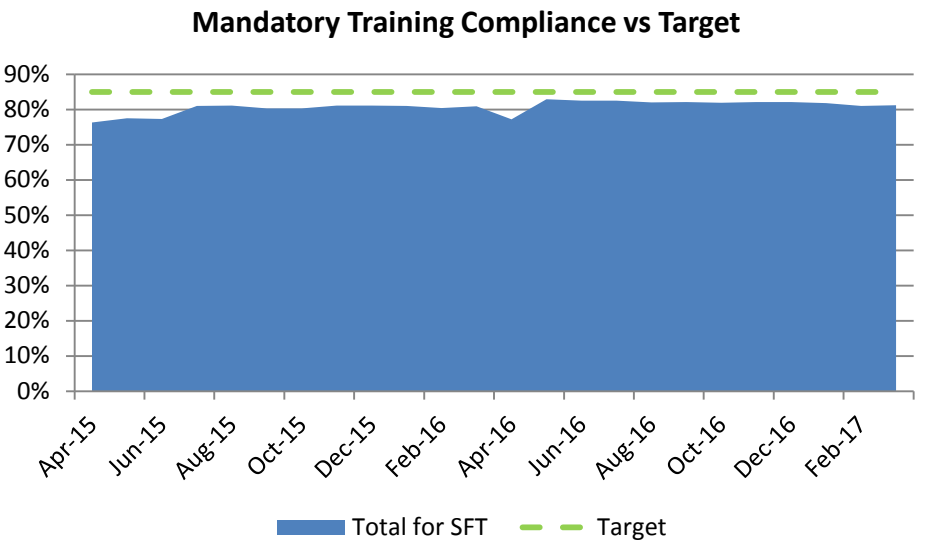
3. The skills group with the highest sickness rate was "Estates and Ancillary" with 4.9%, followed by "Additional Prof Scientific and Technical" with 4.3%, which compare with the national NHS average sickness rates for these groups of 6.4% and 6.2% respectively.

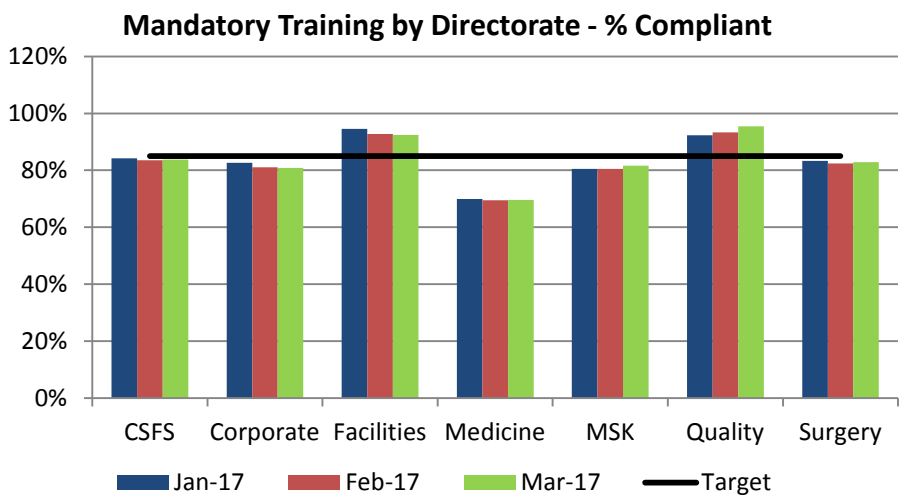
Mandatory Training
M11

Salisbury NHS Foundation Trust



Compliance Percentage 81.2% (March 2016 – 80.9%)





Additional Notes

1. The percentage of staff up to date with their mandatory training has remained at 81% this month against a target of 85%.
2. The directorate with the highest compliance rate was Quality at 95.5%, and the directorate with the lowest compliance rate was Medicine at 69.6%.
3. Highest compliance is in Equality and Diversity, currently at 91.1%, lowest compliance is in Hand Hygiene training, this is now being recorded in live time to give an up to date picture, currently at 76.4%.

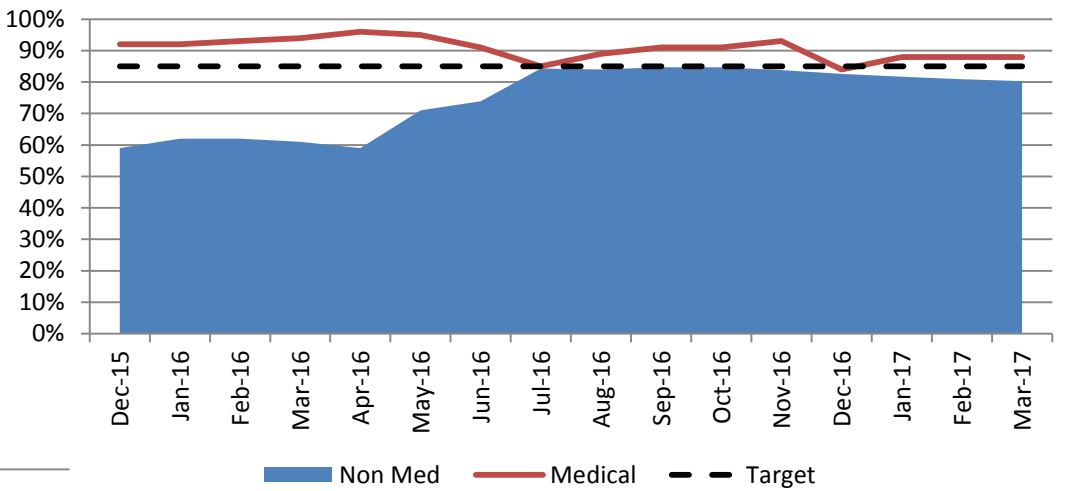
Appraisals
M11

Salisbury NHS
NHS Foundation Trust

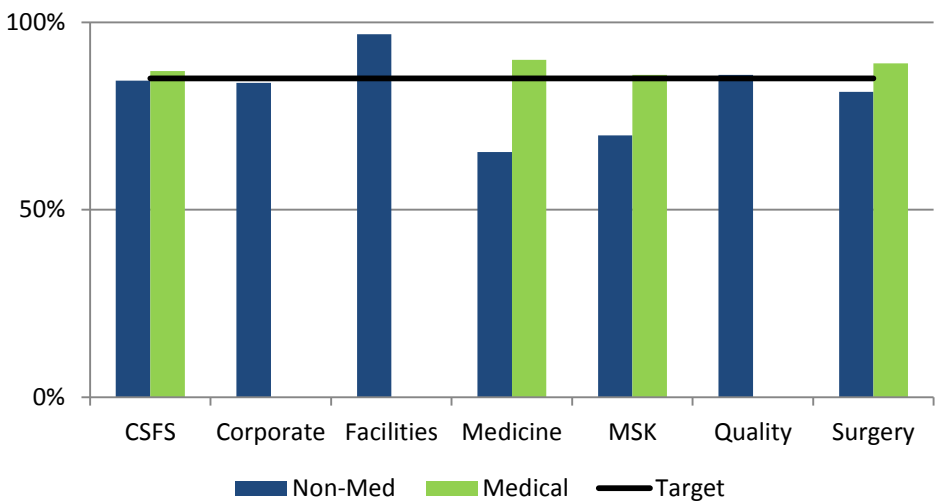
March 17

Compliance percentage - 80% non medical, 88% medical.

Appraisal Compliance vs Target



Annual Appraisal by Directorate - % Compliant



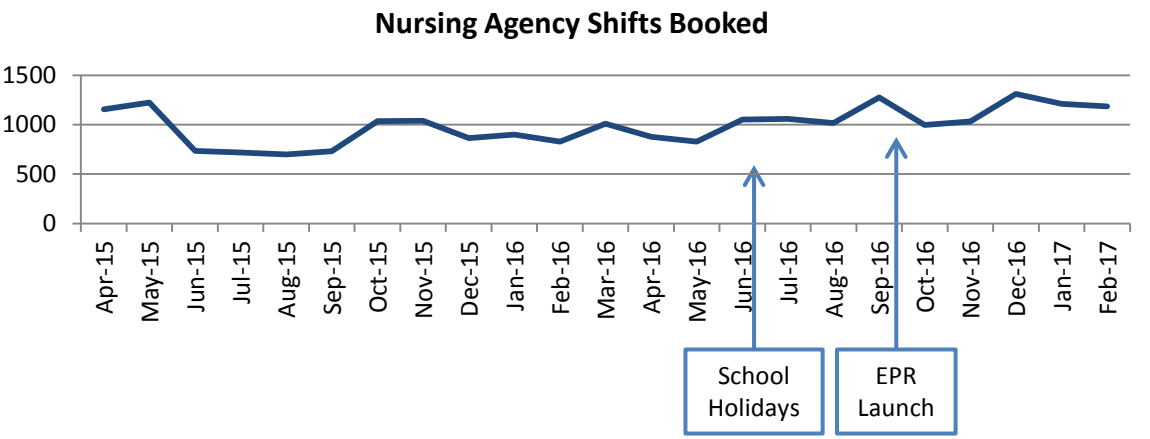
Additional Notes

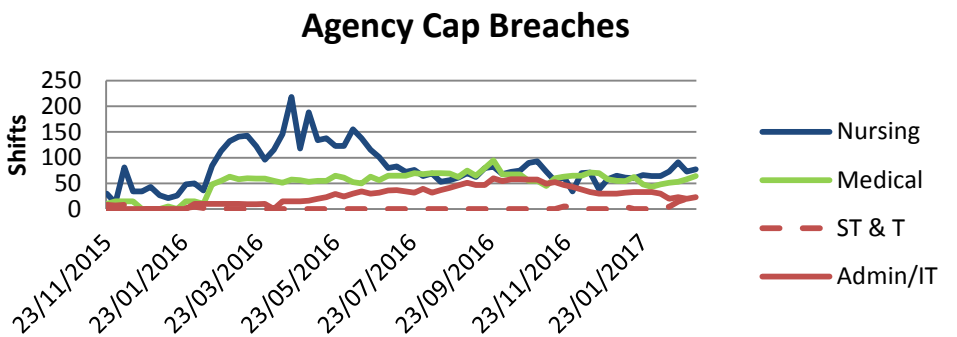
1. **Appraisal compliance for non-medical staff has slightly reduced from 81% to 80% this month. Data is taken from a 13 month window to more accurately reflect activity. Detailed non-compliance reports are now live and available to managers (providing the names of non-compliant individuals) for further action.**
2. **The percentage of Medical staff with an annual appraisal in the last 12 months has remained at 88% again this month. The decrease from previous months is due to guidance from NHS England reducing the window for compliance for Medical staff.**

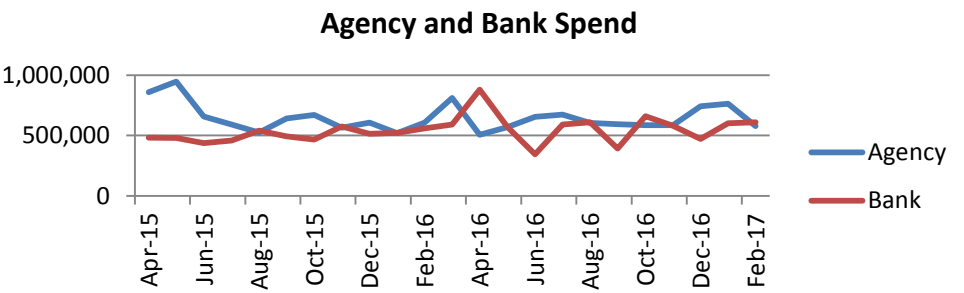
Agency Cap Breaches
M11

Salisbury NHS
NHS Foundation Trust

Agency Nursing Shifts 1183
Agency Nursing Cap Breaches 292 (25%)
Agency Medical Shifts 215
Agency Medical Cap Breaches 195 (91%)





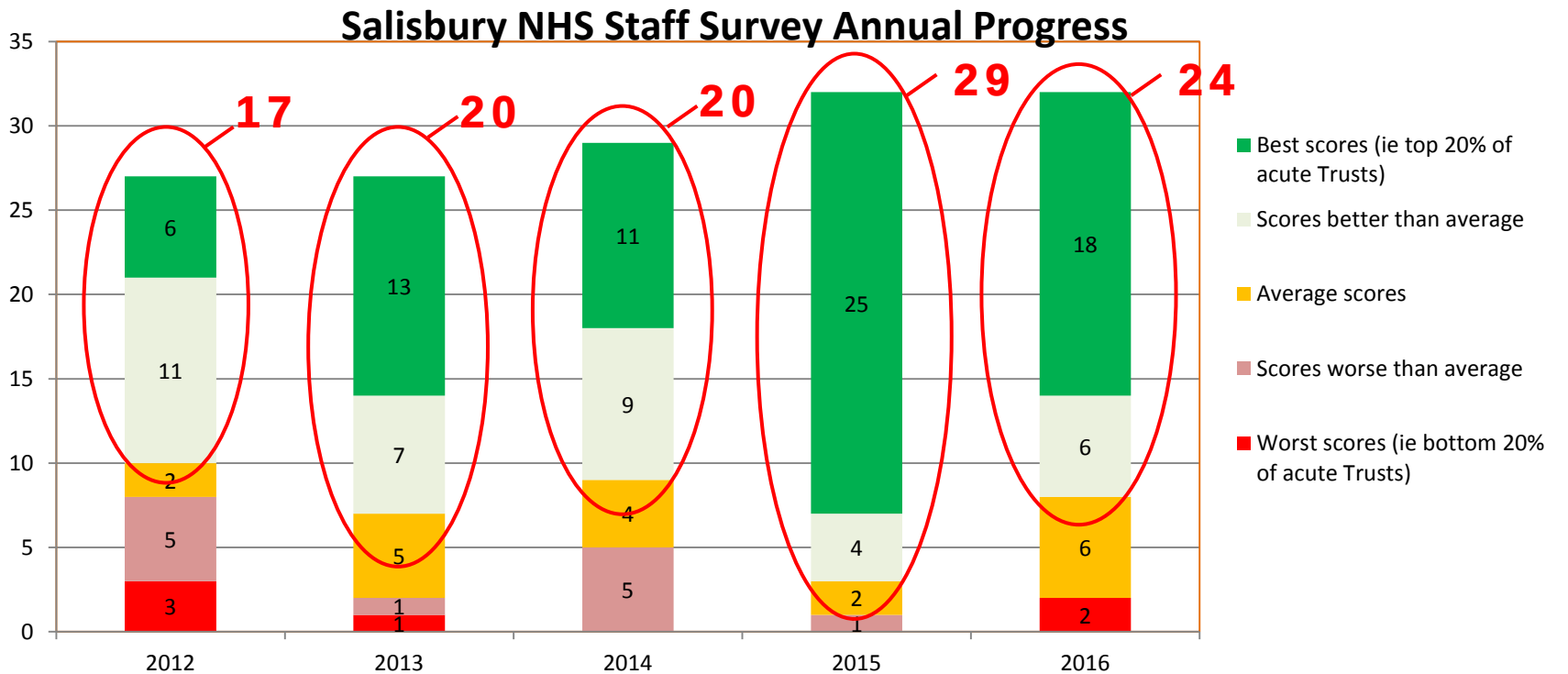


Additional Notes

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

NHS Staff Survey 2016

Salisbury NHS Foundation Trust



Additional Notes

NHS Staff Survey results demonstrate an improving picture overall in Key Findings at above average and top 20%. The peak in 2015 is reflective of the engagement work that was ongoing in preparation for our CQC visit but also the change in 2016 is indicative of the increasing pressure and activity in the system and the impact on staff. Bottom 20% scoring key findings in 2016 were : % of staff reporting errors, near misses or incidents witnessed in last month, and % of staff working extra hours.

Key Risks/Assurances

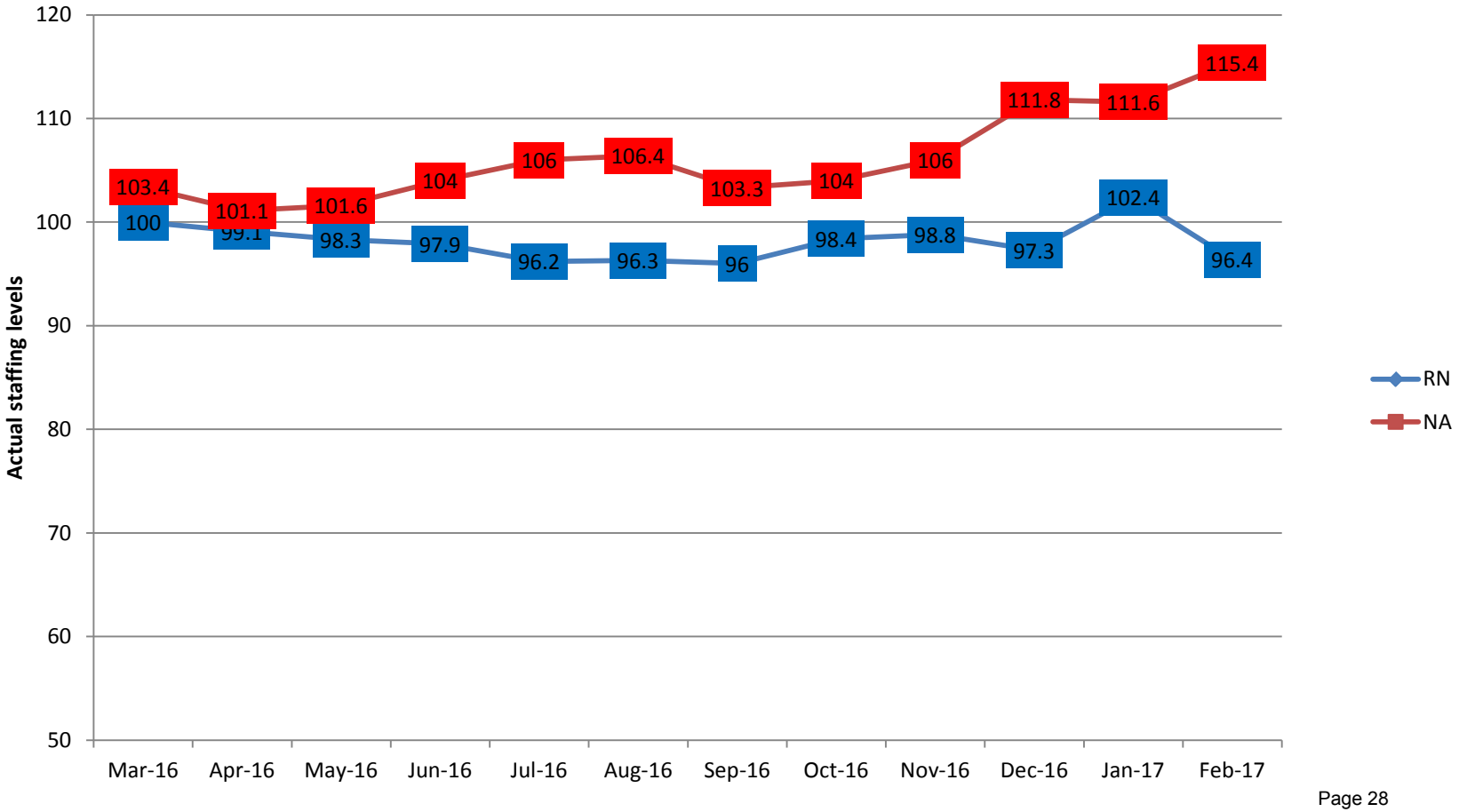
Salisbury NHS Foundation Trust

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

Safe Staffing NQB Report – February 2017

Monthly Comparisons – Actual Staffing Levels

Registered Nurses			Nursing Assistants			Combined			Actual Skill Mix	
P	A	%	P	A	%	P	A	%		
54021.1	52078	96.4%	29904	34519.2	115.4%	83925.1	86597.2	103.1%	**60**	**40**



Overview of Nurse Staffing Hours – February 2017

	RN	NA
Total Planned hours (day shift)	31871.1	18918.4
Total Actual hours (day shift)	29829.1	22256.8
Percentage	93.6%	117.6%
Total Planned hours (night shift)	22150	10985.5
Total Actual hours (night shift)	22248.8	12262.4
Percentage	100.4%	111.6%

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

Nursing Hours by Day Shifts

Row Labels	RN hours required	RN hours filled	% RN hours filled	CA hours required	CA hours filled	% CA hours filled
Medicine	**13068.50**	**12153.92**	**93.0%**	**8798.50**	**11664.08**	**132.6%**
Breamore Ward	984.50	778.25	79.1%	634.00	1314.25	207.3%
Durrington Ward	996.50	777.50	78.0%	674.50	1162.00	172.3%
Farley Ward	1591.50	1479.25	92.9%	1260.00	1869.50	148.4%
Hospice	782.50	821.50	105.0%	572.00	496.75	86.8%
Pembroke Ward	711.50	727.00	102.2%	309.50	359.00	116.0%
Pitton Ward	1613.50	1496.17	92.7%	1084.00	1003.75	92.6%
Redlynch Ward	1337.00	1332.50	99.7%	1035.00	1118.50	108.1%
Tisbury Ward	1818.50	1613.50	88.7%	638.00	641.00	100.5%
Whiteparish Ward	1586.00	1630.00	102.8%	875.50	1210.50	138.3%
Winterslow Suite	1647.00	1498.25	91.0%	1716.00	2488.83	145.0%
Surgery	**5521.00**	**5356.75**	**97.0%**	**2010.50**	**1963.50**	**97.7%**
Britford Ward	1569.00	1482.75	94.5%	770.00	745.75	96.9%
Downton Ward	1206.00	1160.50	96.2%	918.00	907.25	98.8%
Radnor	2746.00	2713.50	98.8%	322.50	310.50	96.3%
Clinical Support	**5165.48**	**4539.00**	**87.9%**	**1488.75**	**1343.25**	**90.2%**
Maternity	2971.75	2525.75	85.0%	1170.25	1073.00	91.7%
NICU	1239.23	981.25	79.2%	0.00	0.00	0.00
Sarum Ward	954.50	1032.00	108.1%	318.50	270.25	84.9%
Musculo-Skeletal	**8116.08**	**7779.47**	**95.9%**	**6620.63**	**7286.02**	**110.1%**
Amesbury Suite	1467.00	1545.00	105.3%	1234.50	1363.00	110.4%
Avon Ward	1391.08	1383.18	99.4%	1818.67	1604.33	88.2%
Burns Unit	1203.75	1143.00	95.0%	328.00	888.75	271.0%
Chilmark Suite	1408.50	1372.75	97.5%	996.05	1212.05	121.7%
Laverstock Ward	1444.50	1266.75	87.7%	842.00	847.25	100.6%
Tamar Ward	1201.25	1068.78	89.0%	1401.42	1370.63	97.8%
Grand Total	**31871.07**	**29829.13**	**93.6%**	**18918.38**	**22256.85**	**117.6%**

Nursing Hours by Night Shifts

Row Labels	RN hours required	RN hours filled	% RN hours filled	CA hours required	CA hours filled	% CA hours filled
Medicine	**8881.00**	**9359.00**	**105.4%**	**5186.50**	**5817.17**	**112.2%**
Breamore Ward	644.00	632.50	98.2%	644.00	662.50	102.9%
Durrington Ward	644.00	690.00	107.1%	644.00	609.00	94.6%
Farley Ward	954.50	943.00	98.8%	644.00	713.00	110.7%
Hospice	532.00	533.50	100.3%	356.50	348.50	97.8%
Pembroke Ward	644.00	645.00	100.2%	0.00	138.00	0.00
Pitton Ward	954.50	1269.50	133.0%	644.00	624.50	97.0%
Redlynch Ward	966.00	977.50	101.2%	644.00	655.50	101.8%
Tisbury Ward	1288.00	1195.00	92.8%	322.00	355.67	110.5%
Whiteparish Ward	1288.00	1380.50	107.2%	322.00	411.00	127.6%
Winterslow Suite	966.00	1092.50	113.1%	966.00	1299.50	134.5%
Surgery	**4370.00**	**4331.75**	**99.1%**	**1506.50**	**1663.50**	**110.4%**
Britford Ward	966.00	927.25	96.0%	632.50	652.50	103.2%
Downton Ward	644.00	642.50	99.8%	552.00	700.50	126.9%
Radnor	2760.00	2762.00	100.1%	322.00	310.50	96.4%
Clinical Support	**4495.00**	**4128.75**	**91.9%**	**980.50**	**956.50**	**97.6%**
Maternity	2569.75	2168.50	84.4%	957.50	922.00	96.3%
NICU	959.25	947.75	98.8%	0.00	0.00	0.00
Sarum Ward	966.00	1012.50	104.8%	23.00	34.50	150.0%
Musculo-Skeletal	**4404.00**	**4429.25**	**100.6%**	**3312.00**	**3825.25**	**115.5%**
Amesbury Suite	966.00	977.00	101.1%	644.00	667.00	103.6%
Avon Ward	830.00	820.00	98.8%	840.00	810.00	96.4%
Burns Unit	644.00	667.00	103.6%	322.00	722.25	224.3%
Chilmark Suite	531.50	531.50	100.0%	532.00	617.50	116.1%
Laverstock Ward	873.00	884.25	101.3%	414.00	448.50	108.3%
Tamar Ward	559.50	549.50	98.2%	560.00	560.00	100.0%
Grand Total	**22150.00**	**22248.75**	**100.4%**	**10985.50**	**12262.42**	**111.6%**

Overview of Areas with Red/Amber

Flag	Ward	%	RN	NA	Shift	Mitigation
Red	**Breamore**	79%	√		Day	Some RN shifts are covered by Qualified overseas staff who are recorded as Band 4 UnQ whilst awaiting formal registration Unqualified shifts are increased to compensate for reduced RN levels to ensure safe levels of care are maintained.
Red	**Durrington**	78%	√		Day	The unit carries RN vacancies alongside some overseas qualified staff shifts appearing as unfilled as per Breamore. If a senior RN is on duty and patient acuity and demand permits, any remaining shifts are covered by increased levels of NA staff
Red	**NICU**	79%	√		Day	Vacancy and sickness levels account for the unfilled shift levels however, a lower birth rate than usual enabled safe staffing levels based upon continued risk assessments
Amber	**Laverstock**	88%	√		Day	Short notice staff sickness impacted on staffing levels. Newly qualified RN commenced in February but were supernumery& not counted in shift numbers. Redeployed staff were used as appropriate e.g. Radnor nurse filled RN shift on 15/2/2017. Band 7 also worked clinically to support staff.
Amber	**Maternity**	85%	√		Day	High vacancy & sickness levels resulted in lower than planned staffing levels. However, birth numbers were at the lowest level and coupled with continued risk assessments it enabled the unit to cover core shifts at safe levels ensuring care was not compromised.
Amber	**Maternity**	84%	√		Night	
Amber	**Tamar**	89%	√		Day	Patient acuity and staffing reviewed daily with NIC and DSN/DSN. All staffing issues escalated to DSN. Avon and Tamar ward work closely to support each shift with staff shortages, to ensure all patient needs are met.
Amber	**Tisbury**	89%	√		Day	Based on risk assessments &patient acuity and dependency levels, a few shifts may remain uncovered if redeployment to another ward is considered a priority leaving 5 RN on shift
Amber	**Avon**	88%		√	Day	The unit carries RN vacancies. Patient acuity and staffing reviewed daily with NIC and DSN/DSN. All staffing issues escalated to DSN. Respiratory patient demands fluctuate which means staff can be flexibly rostered between the 2 spinal wards
Amber	**Hospice**	87%		√	Day	3 staff with long term sickness impacted upon the level of unfilled shifts. Unfilled shifts were mitigated by the RN staff coping with reduced levels based upon pt acuity and dependency
Amber	**Sarum**	85%		√	Day	Reflecting use of annual leave during the month.. Absence and risk mitigated with use of trained staff and house keeper role.

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

Mitigation of Risk for Red/Amber

Maternity

This is the first reporting month with the new maternity templates being tested against rostering levels .

NICU is flagging at 79% on Red and Maternity at 84/85% at Amber . The unit has a high level of vacancies and experienced higher than usual sickness levels but this coincided with the lowest levels of births for a while. Shifts were constantly risk assessed and escalation initiated to ensure care was not compromised.

A successful recruitment campaign as resulted in 8 newly qualified Band 5 midwives due to commence in November 2017

Other Areas

The Eroster system is designed only to accept staff who are registered (& have a PIN number) or unqualified staff whatever the profession. EU Band 4 staff have enhanced skills are not registered & are therefore recorded as unqualified.

This results in qualified shifts appearing unfilled if staffed with Band 4 and NA shifts evidenced as over staffing as per the last two months. This impacts particularly on Breamore and Durrington who are flagging at Red.

Mitigation of Risk for Red/Amber

- **Avon & Tamar:-** a high vacancy factor and reduced respiratory patient demands are demonstrated in lower staffing levels. Where shifts require cover , highly skilled respiratory trained Band 3 staff are flexibly rostered. Patient acuity is reviewed for each shift and cross working with Tamar helps ensure those shifts that must be filled are safely covered
- **Sarum:-** With only a small cohort of NA staff, even though only one on leave at a time, the ability to cross cover all shifts is reduced and the apparent gap is exaggerated
- **Laverstock & Palliative Care** experienced staff sickness . Redeployments and use of supervisory staff helped mitigate the risk
- **Tisbury** – provided patient acuity and dependency permits, the ward will occasionally manage with 5 RN enabling the 6th RN to be redeployed to support other areas

Overview of Overstaffed Areas >115%

Ward	%	RN	NA	Shift	Comments
Breamore	207%		√	Day	These figures account for the increase of some highly skilled new Band 4 staff to support unfilled RN shifts and Band 2 staff who supported the increase in patient demand where there are escalation beds and/or at risk of harm through trips, falls or confusion. Corresponding RN figure = 79%
Farley	148%		√	Day	As per Breamore plus the need for enhanced care for some patients at risk due to confusion, mentally ill or at risk of harm from falls.
Winterslow	135%		√	Night	Both days and nights were overstaffed to provide 1:1 Enhanced care for who are at risk due to confusion, mentally ill or at risk of harm from falls. The ward had 2 wandering patients and a bariatric patient who required increased levels of staff for regular turns
Winterslow	145%		√	Day	
Pitton	133%	√		Night	Extra cover for increased levels of patient acuity due to patient needs based on risk assessments and acuity levels. This was for 1:1 RN care for 2 high risk tracheostomy patients.
Durrington	172%		√	Day	This is due to Band 4 staff being recorded a s Un-Qualified, extra staff to backfill RN vacancies and enhanced care following patient assessments which identify any patients who are at risk due to confusion, mentally ill or at risk of harm from falls. Corresponding RN figure = 78%
Whiteparish	128%		√	Night	Patient acuity special for 1:1 care . There was an increase in acuity outside their establishment.
Whiteparish	138%		√	Day	
Pembroke	116%		√	Day	This was due to enhanced care of high risk patients
Downton	127%		√	Night	High numbers of medical outliers accounted for an increase in patient acuity and dependency. 2 of these patients required 1:1 enhanced care . Extra staff were used to cover for all these patient requirements
Sarum	150%		√	Night	This reflects the additional trained nurse needed to special a palliative child on the ward.

Overview of Overstaffed Areas >115%

Ward	%	RN	NA	Shift	Comments
Burns	271%		√	Day	2 x high risk patients required 1:1 care. Both patients in side rooms with burns needs and therefore required a band 2 special each (day and night) to maintain patient safety
Burns	224%		√	Night	
Chilmark	122%		√	Day	1x high risk patient assessed as requiring enhanced nursing care, band 2 special provided.
Chilmark	116%		√	Night	

Over-staffing

NA levels demonstrate a continued upward trend now at 115% compensating for a 3 % reduction in expected RN cover balancing in an overall 103% of staffing cover Trust wide

The NA staffing levels suggest this is a reflection of the higher levels of acuity and demand of patients who are admitted with increased complex needs which are covered by NA staff where possible but is also reflective of our overseas recruits who are awaiting PIN numbers.

- There was a high level of increase due to patient acuity and safety demands.
- There are currently >35 EU nurses in the system who are in the process of studying for their IELTS and therefore awaiting PIN numbers to practice in a registered capacity. We do flex these trained staff but they are recorded as NA staff due to awaiting formal registration

Burns- two patients that each required 24/7 1:1 support

Pitton – a number of tracheostomy patients requiring 1:1 RN care

Winterslow had 2 wandering patients and a bariatric patient requiring high levels of nursing input to provide frequent turns

Chilmark had a patient requiring 24/7 Enhanced care

Downton had medical outliers with increased acuity and dependency resulting in a need for increase staffing levels to meet the demands of patient safety.

Actions taken to mitigate risk

The Trust currently has approximately 24 nurses with a further12 whom started in January.

Until they receive their PIN numbers they are reflected in the unregistered workforce, although they are covering registered shifts which shows the Trust being under on RNs and over on NA staff.

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

- The accounting of the staff skills set when deciding on the band of staff needed.
- All shifts are gauged with staff moved across wards by Directorate Senior Nurses and Clinical Site Team as required. This ensures safe levels of care are maintained whilst trying to reduce reliance on expensive temporary staff
- Staffing levels are reduced when beds empty/ procedure lists reduced whilst maintaining appropriate staffing ratios
- Shifts that are difficult to cover (nights and weekends) are prioritised.
- If all of the above measures have been taken there may be a requirement that staff on training days are brought back to work clinically as required and / or Sisters on supervisory shifts work clinically.
- CCOT team support wards where acuity of patients high.

Salisbury NHS Foundation Trust
Staff Survey 2016 - Results
April 2017

Presented for: Information

Presented by: Alison Kingscott, Director of Human Resources and Organisational Development

Authors: Hilary Salisbury, Deputy Director of HR

Previous Committees: Executive Workforce Committee (27.03.17)

Key points

The Trust Board is asked to consider this report and the areas for focus for 2017-18 as agreed by the Executive Workforce Committee, emerging from the 2016 Staff Survey.

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

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	✓

Executive Summary

Overall the staff survey results are very positive and demonstrate the value the Trust places in its staff. It is the Trust's intention to continue to work to improve on this good performance and in particular to focus on areas where results were weaker. The Trust is committed to engaging with our staff to provide them with a positive experience of working at Salisbury NHS Foundation Trust.

1 Purpose

1 Purpose

1.1 To report to the Board the outcome of the national staff survey, conducted during autumn 2016 by Picker Institute Europe , across all 32 Key Findings.

1.2 To provide assurance to the Board that the results of this survey and any associated actions will be aligned to the Trust's strategic objectives.

2 Introduction

2.1 The initial 2016 national NHS Staff Survey results were published in early January 2016. This year's SFT survey was conducted on a census bases and 3263 eligible staff received a copy of the survey to complete. Of this, 1170 staff responded giving a response rate of 35.9% (an increase from 31.1% in 2015).

2.2 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 2016 and an update on progress in December 2016.

2.4 The staff survey is structured to report on four NHS staff pledges from the NHS Constitution and three Additional Themes.

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
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 (introduced in 2015)

5. Equality and diversity
6. Errors and incidents
7. Patient experience measures

2.5 The Trust findings are presented in the form of 32 Key Findings which are grouped into 9 themes:

1. Appraisals & support for development
2. Equality & diversity
3. Errors and incidents
4. Health and wellbeing
5. Working patterns
6. Job satisfaction

7. Managers
8. Patient care & experience
9. Violence, harassment &bullying

An analysis by these themes is available in Appendix 1.

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 Where Salisbury is among the **Worst performing 20%** of acute trusts
3.7 Where Salisbury compares least favourably
3.8 Area of **Change** since 2015
3.9 Chart of **comparisons** with South Acute Trusts

3.2 Highlights

The Trust was in the best 20% of acute Trusts in the country for 18 of the 32 key findings; above average for 6 and average for 6.

The Trust did not have any results which were below average.

The Trust scored in the worst 20% of acute Trusts for 2 of the 32 key findings.

- 'Do staff recommend the Trust as somewhere to work or receive treatment?' (Key Finding 1)

The Trust remains in the highest 20% of all acute trusts across all of the measures within this key finding. Salisbury scores higher than average although has seen a decrease in scores across all of the measures within this key finding from last year's score in this area.

- How engaged are our staff?

Salisbury scores highly and in the Top 20% of acute trusts, maintaining its position from last year. In particular more staff, this year, have reported that they have the ability to contribute towards improvements at work

3.3 Best performing

Out of the 32 'key findings' the Trust's results place it in the **best performing 20%** of acute trusts in 18 areas, and these are listed below. Also highlighted are the Top 5 areas (colour purple) where we compare most favourably with other acute trusts.

1 Staff confidence and security in reporting unsafe clinical practice.

2 Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves.
3 Percentage of staff / colleagues reporting most recent experience of violence
4 Organisation and management interest and action on health and wellbeing.
5 Percentage of staff able to contribute to improvements at work
6 quality of appraisals
7 Quality of non-mandatory training, training or development.
8 Percentage experiencing discrimination at work in the last 12 months.
9 Fairness and effectiveness of procedures for reporting errors, near misses and incidents
10 Staff recommendation of the trust as a place to work or receive treatment
11 Staff motivation at work
12 Percentage able to contribute to improvements at work
13 Staff satisfaction with level of responsibility involvement
14 Recognition and value of staff by managers and the organisation
15 Percentage reporting good communication between senior management and staff
16 Support from immediate managers
17 Percentage agreeing that their role makes a difference to patients / service users
18 Effective use of patient / service user feedback

3.4 Better than average

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

- percentage of staff appraised in the last 12 months
- percentage of witnessing potentially harmful errs, near misses or incidents in the last month
- Percentage of staff satisfied with the opportunities for flexible working patterns.
- Effective team working
- Percentage experiencing physical violence from patients/relatives/public in the last 12 months
- Percentage reporting most recent experience of harassment, bullying or abuse

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

- Percentage believing the Trust provides equal opportunities for career progression or promotion
- Percentage feeling unwell due to work related stress in the last 12 months.
- Staff satisfaction with resourcing and support
- Staff satisfaction with the quality of work and patient care they are able to deliver
- Percentage of staff experiencing physical violence from staff in the last 12 months
- Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

3.6 The Trust did not record any results which were **below average**

3.7 The Trusts results were in the **worst 20%** of acute trusts in 2 areas:

- Percentage of staff working extra hours
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month

3.8 Bottom three

- Percentage of staff working extra hours. 77% of respondents stated this with the national average being 72%. There is an assumption that staff would not wish to work extra hours, however, this requires further investigation before deciding what possible action may be required. This is also an improved position from last year with fewer respondents reporting this to be the case. The lower the score the better.

- Percentage of staff reporting errors, near misses or incidents witnessed in the last 12 months. 88% of respondents stated this with the national average being 90%. We will need to continue to promote the reporting of errors, near misses or incidents and understand why, where we have scored in the top 20% of acute trusts for the fairness and effectiveness of procedures for reporting staff do not then go on to report. The higher the score the better.

- Percentage of staff feeling unwell due to work related stress in the last 12 months. 36% of respondents stated this which is slightly over the national average of 35%. Whilst the result is rated as average against acute trusts and it is important to take account of the significant pressures the Trust and the wider NHS have been facing the Trust wants to support its staff to be well at work and will explore these results and the ways in which staff can be supported.

3.9 Chart of comparisons with South West acute Trusts

Whilst our position within the South West has slipped we have still maintained excellent results overall with staff reporting high levels of engagement.

Please refer to Appendix 2.

4 Areas for exploration and improvement

There are a number of key findings that require further exploration and action planning for change. These primarily relate to the two areas where scores are in the worst 20% of acute Trusts. There is also work which is ongoing as a result of previous staff survey action plans and, where this is delivering improvements, this work will continue and be further developed.

<u>Priorities from the 2016 Survey</u>

4.1 Percentage of staff working extra hours

74% of respondents stated this with the national average being 72%, and it forms one

of the two areas where the Trust performance is seen as being in the worst 20% of acute Trusts. This issue will require some further investigation as it is not clear from the data whether staff fell they are required to work extra hours or whether they are choosing to do so.

4.2 Percentage of staff reporting errors, near misses or incidents in the last 12 months

The Trust scored 88% on this measure against a national average of 90% with a higher score being better. What is interesting about this measure is that staff recorded in all other measures in this category higher (better) results than in 2015. An increased number of staff reported that they have witnessed potentially harmful errors, near misses or incidents and that the Trusts reporting arrangements are fair and effective and that they are confident and secure in reporting unsafe clinical practice. We therefore need to understand why staff are not reporting errors.

<u>Continuation of work from previous Staff Survey action plans</u>

4.3 Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse.

The Trust scored 38%, against a national average of 37%, with a higher score being better. In this case the Trust is performing better than the national average however, the work in supporting staff in the working environment to a) be protected from bullying, harassment or abuse, b) to feel supported and have access to services and processes should they experience bullying, harassment or abuse c) to report such incidences will be continued.

4.4 Percentage of staff appraised in the last 12 months

There has been significant progress on the percentage of staff reporting that they have been appraised in the last 12 months, and we are now better than average in comparison with other acute trusts. The focus needs to be on continuing to improve on this and to focus on the quality of appraisals. Directorate plans will be developed to hold operational line managers to account.

4.4 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

This links with point 4.3. Again, staff reporting suggests an improved position on the previous years, demonstrating the benefit of the dignity at work focus, however, the Trust will need to focus further attention on this area to ensure that staff are supported appropriately.

4.6 Percentage believing the organisation provides equal opportunities for career progression/promotion

Continuing work on tackling discrimination during 2016-17 has produced some improved results, and the Equality and Diversity Steering Group will continue to work to improve still further during 2017-18.

5 Conclusion

The work plans from previous years have made an impact on the work experiences of staff at the Trust with the overall results being very positive, demonstrating the value the Trust places in its staff and the ongoing improvements in a number of areas.

Whilst the results might seem to have deteriorated since last year, we have still maintained a strong position both locally and nationally. It is also worth noting that last year the preparation for the Trusts CQC inspection may well have had a positive effect of the results and further work is required to determine how to sustain this level of engagement and communication with staff at all times.

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.

6 Further documentation available via the following links:

- Summary report
http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2016_RNZ_sum.pdf
- Full report
http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2016_RNZ_full.pdf

AUTHOR: Hilary Salisbury
TITLE: Deputy Director of Human Resources

Appendix 1: NHS Staff Survey 2016 Summary of Themes

- **Job satisfaction and personal development :** key findings where the Trust was among the best 20% in the country were: staff recommendation of the organisation as a place to work or receive treatment, staff agreeing that their role makes a difference to patients, staff motivation at work, recognition and value of staff by managers and the organisation, staff satisfaction with level of responsibility and involvement, support from immediate managers, quality of appraisals and quality of training, learning and development, staff able to contribute to improvements at work.

  The Trust scored "above (better than) average" in two areas, effective team working and the percent of staff appraised in the last 12 months.

  The Trust scored "average" in two key findings, staff satisfaction with resourcing and support and staff satisfaction with the quality of work and patient care they are able to deliver.

- **Staff health and wellbeing:** the Trust scored in the best 20% of Trusts in the following areas: organisation and management interest in health and wellbeing, the percentage of staff feeling pressure to attend work while feeling unwell and organisational and management interest in and action on health and wellbeing.

  The Trust scored "above (better than) average" in one area opportunities for flexible working patterns

  The Trust scored "average" in one key findings the percentage of staff suffering work related stress.

  The Trust scored in the worst 20% of trusts in one key finding, percentage of staff working extra hours.

- **Violence and harassment :** the Trust was in the top (best) 20% of Trusts in the percentage of staff experiencing reporting violence, and staff experiencing harassment, bullying or abuse from patients and the public.

  The percentage of staff experiencing harassment, bullying or abuse from patients in the last 12 months was "below (better than) average", as was the percent reporting the most recent experience of harassment, bullying or abuse.

  The percentage of staff experiencing physical violence, harassment, bullying or abuse from staff in the last 12 months was "average".

- **Staff engagement :** the Trust scored among the top 20% of Trusts in the percentage of staff reporting good communication between senior management and staff, and the percentage able to contribute towards improvements at work.

- **Equality and diversity :** the Trust was in the top (best) 20% of Trusts for the percent of staff experiencing discrimination at work in the last 12 months, and average for the percentage believing the organisation provides equal opportunities for career progression/promotion.

- **Errors and incidents :** the Trust was in the best 20% of acute Trusts for the fairness and effectiveness of procedures, and staff confidence in reporting unsafe clinical practice.

  The percent witnessing potentially harmful errors, near misses or incidents was above average

The trust was in the worst 20% of acute trusts for the percentage of staff reporting errors and incidents,

- **Patient experience measures :**the Trust scored in the best 20% of Trusts in the effective use of patient feedback.

NHS South West 2016 Staff Survey Key Findings

	2016 Response Rate	2015 Response Rate	Appraisals & support for development			Equality & diversity		Errors & incidents				Health & wellbeing			Working patterns		Job Satisfaction						Managers			Patient care & experience			Violence, harassment & bullying								
			% appraised in last 12 months	Quality of appraisals	Quality of non-mandatory training, learning or development	% experiencing discrimination at work in last 12 months	% believing Trust provides equal opportunities for career progression or	% 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 procedures for reporting errors, near misses and	Staff confidence and security in reporting unsafe clinical practice	% feeling unwell due to work related stress in last 12 months	% attending work in last 3 months when feeling unwell	Organisation and management interest in and action on health & wellbeing	% of staff satisfied with the opportunities for flexible working patterns	% working extra hours	Staff recommendation of the Trust as a place to work or receive treatment	Staff motivation at work	% able to contribute towards improvements at work	Staff satisfaction with level of responsibility and involvement	Effective team working	Staff satisfaction with resourcing and support	Recognition and value of staff by managers and the organisation	% reporting good communication between senior management and staff	Support from immediate managers	Staff satisfaction with the quality of work and patient care they are able to deliver	% agreeing that their role makes a difference to patients/service users	Effective use of patient / service user feedback	% experiencing physical violence from patients/relatives/public in last 12 months	% experiencing physical violence from staff in last 12 months	% reporting most recent experience of violence	% experiencing harassment, bullying or abuse from patients/relatives/public in last 12 months	% experiencing harassment, bullying or abuse staff in last 12 months	% reporting most recent experience of harassment, bullying or abuse	2016 Score	2015 Score	2015 Position
Royal Devon and Exeter NHS Foundation Trust	42%	41%	+	-	+	G	+	G	+	G	G	G	G	G	+	A	G	A	G	+	G	+	G	A	G	A	+	+	G	G	-	G	G	+	136	124	6=
University Hospital Southampton NHS Foundation Trust	38%	39%	+	G	+	A	+	A	A	G	G	A	G	G	G	A	G	+	G	G	G	G	G	G	G	A	G	+	+	G	-	G	+	-	135	124	6=
Royal Bournemouth and Christchurch NHS Foundation Trust	44%	37%	G	G	+	-	+	+	A	+	+	A	+	G	+	G	G	G	G	G	G	G	+	G	+	+	G	A	+	+	G	+	A	135	127	3
Salisbury NHS Foundation Trust	**35%**	**31%**	+	G	G	G	A	+	R	G	G	A	G	G	+	R	G	G	G	G	+	A	G	G	G	A	G	G	+	A	G	G	A	+	134	149	1
Portsmouth Hospitals NHS Foundation Trust	58%	59%	A	G	+	+	G	R	A	G	G	G	R	G	A	G	+	A	+	G	G	+	G	G	G	A	+	+	R	-	A	-	A	-	118	134	2
Poole Hospital NHS Foundation Trust	51%	41%	+	+	G	+	G	R	+	+	+	+	A	A	A	-	G	+	G	G	+	A	G	A	+	-	A	+	R	+	G	-	+	G	118	126	4
Hampshire Hospitals NHS Foundation Trust	47%	43%	R	G	-	A	+	+	R	+	G	G	G	G	+	R	+	+	+	A	A	A	G	+	+	A	G	+	-	A	A	G	G	A	116	108	8
Taunton and Somerset NHS Foundation Trust	48%	45%	+	A	A	A	+	A	+	A	A	+	+	A	+	-	G	A	+	+	+	+	+	A	+	A	A	+	R	+	A	-	G	G	112	125	5
Yeovil District Hospital NHS Foundation Trust	64%	61%	R	A	A	+	+	A	+	-	+	G	-	G	G	A	-	A	A	+	G	+	G	A	G	-	-	-	A	G	A	+	G	+	112	118	7
University Hospitals Bristol NHS Foundation Trust	42%	44%	A	A	-	A	G	-	+	+	-	+	R	+	-	A	+	R	A	A	A	A	A	A	A	-	+	+	+	+	-	A	+	-	97	73	13
Royal Berkshire NHS Foundation Trust	37%	37%	+	A	+	-	R	A	A	A	A	-	G	-	-	-	A	+	A	A	A	-	A	A	A	-	A	+	G	-	-	+	+	R	93	78	11
Dorset County Hospital NHS Foundation Trust	54%	57%	-	A	R	+	G	G	-	-	R	+	R	A	R	+	+	R	-	A	A	-	A	A	+	-	-	+	-	+	A	+	-	+	90	94	9
Royal United Hospital Bath NHS Foundation Trust	46%	48%	+	+	R	A	G	A	-	-	-	A	-	A	A	+	+	A	A	A	A	-	+	A	+	R	-	-	-	-	R	A	+	A	90	87	10
Plymouth Hospitals NHS Trust	48%	44%	G	R	R	+	+	A	A	A	-	+	R	G	R	G	-	R	R	-	-	-	-	-	+	R	R	-	-	A	A	+	+	+	84	65	15
Gloucestershire Hospitals NHS Foundation Trust	50%	51%	A	-	R	A	+	A	-	R	R	+	R	-	-	G	-	R	R	-	R	-	-	-	-	R	R	R	-	-	+	-	A	A	68	72	14
Weston Area Health NHS Trust	46%	49%	A	R	A	A	A	R	+	R	R	R	A	R	-	A	R	-	+	-	A	R	R	R	R	R	R	-	R	-	G	R	R	+	64	76	12
Isle of Wight NHS Trust (Acute Sector)	46%	45%	G	-	-	A	A	-	A	R	R	R	R	-	-	G	R	R	R	R	R	R	R	R	R	R	R	-	+	-	G	R	R	+	62	54	16
North Bristol NHS Trust	32%	30%	-	-	G	+	-	R	R	-	-	-	R	R	R	R	R	-	R	R	R	R	R	R	R	R	-	R	A	R	-	-	-	A	55	72	19
Royal Cornwall Hospitals NHS Trust	43%	38%	-	R	R	+	R	-	A	R	R	R	+	R	R	-	R	R	R	R	R	R	R	R	-	R	R	R	-	+	A	A	R	R	52	51	17
Combined Community/Acute Trusts (note: only "+", "A", or "-" scores possible)																																					
Great Western Hospitals NHS Foundation Trust	48%	43%	A	A	A	A	+	-	+	+	+	+	+	A	A	-	A	+	+	+	-	-	A	A	+	-	A	A	A	A	A	-	+	+	102	104	10
Salford Royal (CQC rated "Outstanding" Trust 2016)	52%	44%	A	-	A	A	-	-	-	A	A	-	+	A	+	A	+	-	A	-	-	-	-	+	A	-	-	A	-	+	-	A	A	-	86	93	N/A
CQC rated "Outstanding" Acute Trusts 2016																																					
Northumbria Healthcare NHS Foundation Trust	77%	78%	G	+	G	G	G	G	R	G	G	G	+	G	A	G	G	+	G	G	G	G	G	G	G	G	G	G	A	+	G	G	G	G	148	114	N/A
Frimley Health NHS Foundation Trust	37%	37%	R	G	+	-	A	G	A	+	G	G	G	+	G	-	G	G	G	G	G	G	G	G	+	G	A	G	+	A	+	+	G	A	133	114	N/A
Western Sussex Hospitals NHS Foundation Trust	59%	54%	+	+	R	A	G	A	-	A	-	+	R	G	G	A	G	A	A	A	+	A	+	+	+	-	-	A	R	R	+	-	A	+	100	138	N/A

KEY:		score
Best 20%	G	5
Better Than Average	+	4
Average	A	3
Worse Than Average	-	2
Worst 20%	R	1

Score Key: 100 & above; between 75 & 99; 74 & below

Maximum Score Possible = 160

Salisbury NHS Foundation Trust

Prepared by : Mark Geraghty, Head of Workforce Information and Planning

Patient-centred & Safe Professional Responsive Friendly

Trust Board meeting **SFT 3873**

Quality indicator report – February 2017

Date: 16 March 2017

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

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

Please note: the readmission data for October 16 is not accurate and data for fractured neck of femur and multiple ward moves is unable to be extracted from the data warehouse until April 17.

Executive Summary:

- No cases of C.difficile. One MSSA bacteraemia currently being investigated.
- A decrease in the crude mortality rate. SHMI decreased from 106 (June 16) to 104 (September 16) and is as expected and 103 when adjusted for palliative care (June 16). HSMR increased to 119.5 in November 16 and is higher than expected. No new CUSUM alerts. A detailed briefing paper on mortality governance and improvement actions was presented to the CGC and our commissioners in February 17.
- An increase in the number of grade 2 pressure ulcers. Share and learn meetings continue to drive improvements.
- There were no falls resulting in fractures, moderate or major harm in February 17.
- In February all patients had a CT scan within 12 hours and patients spending 90% of their time on the stroke unit increased. Those that did not spend 90% of their time on the unit were patients admitted to AMU due to unavailability of a stroke bed (1), not admitted to the stroke unit at all (1), a patient transferred to another ward to make way for an acute stroke patient (1) and a short length of stay (1). Patients arriving on the unit within 4 hours significantly reduced due to waiting for a bed (6). A bed escalation framework for clinical site decisions is in draft. This will include any decision to put a non stroke patient into the take bed on the unit will only be authorised by the Executive Director on call or the Chief Operating Officer in the day.
- An increase in high risk TIA patients being seen within 24 hours. 10 patients were not seen within the timeframe due to no available morning clinic and no available clinic capacity. Improvement work led through the Stroke Strategy Group.
- An increase in the number of complaints but a decrease in the number of re-opened complaints and concerns.
- The same high number of escalation beds were open as in January. There were 5 non-clinical mixed sex accommodation breaches affecting 29 patients, the majority on AMU (4) and SSEU (1) all resolved within 24 - 48 hours.
- The mean score of patients rating the quality of their care improved. The Friends and Family test of patients who would recommend ED, wards, the maternity service and care as a day case and outpatients was sustained.

Proposed Action:

1. **To note the report**

Links to Assurance Framework/ Strategic Plan:
CQC registration

Appendices:
Trust quality indicator report – February 2017

Supporting Information

Salisbury NHS
NHS Foundation Trust

Trust Quality Indicators - February 2017

Quality Measures

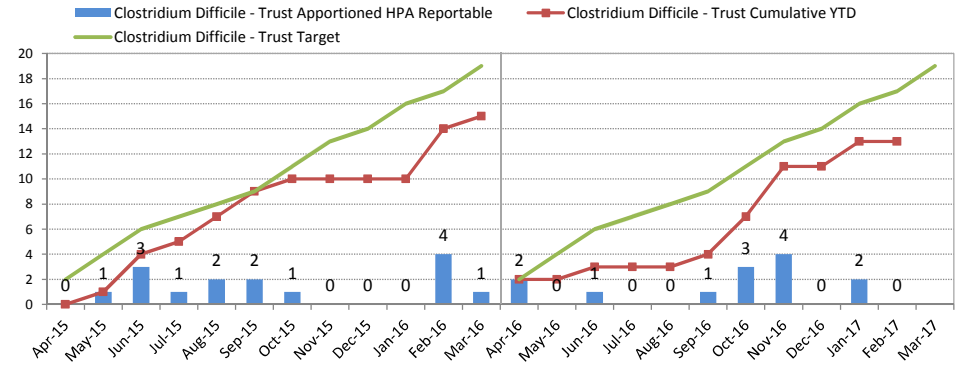
Infection Control	*2015-16 YTD*	*2016-17 YTD*
MRSA (Trust Apportioned)	**0**	**0**

Trust Incidents	*2015-16 YTD*	*2016-17 YTD*
Never Events	**2****	**2**
Serious Incidents Requiring Investigation	**28*****	**43**

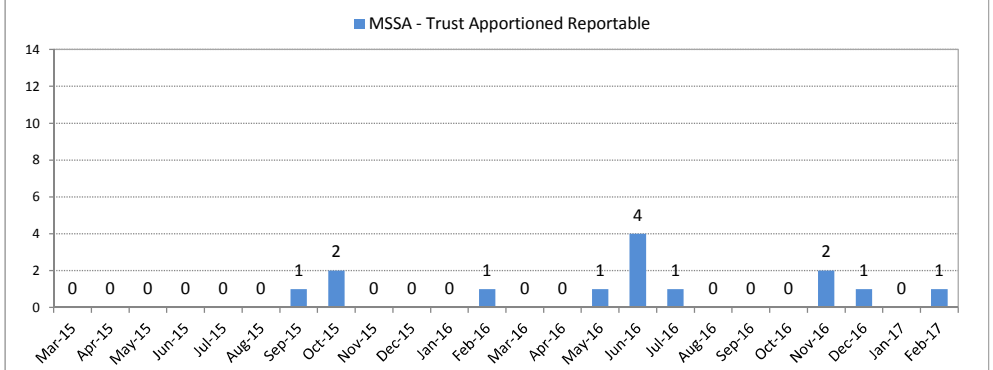
** A formal agreement was reached with the CCG to downgrade a third never event as it did not meet the definition.

*** Of these SIIs commissioned, 2 have been downgraded following a formal agreement with the CCG as they did not meet the SI definition.

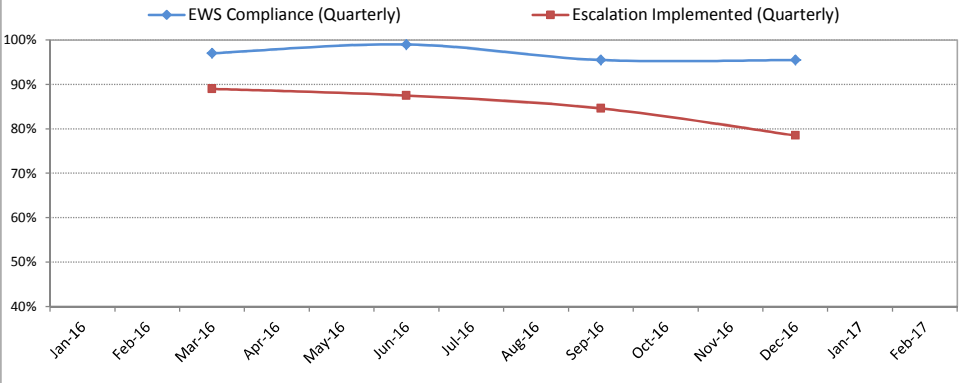
Clostridium Difficile - Trust Apportioned



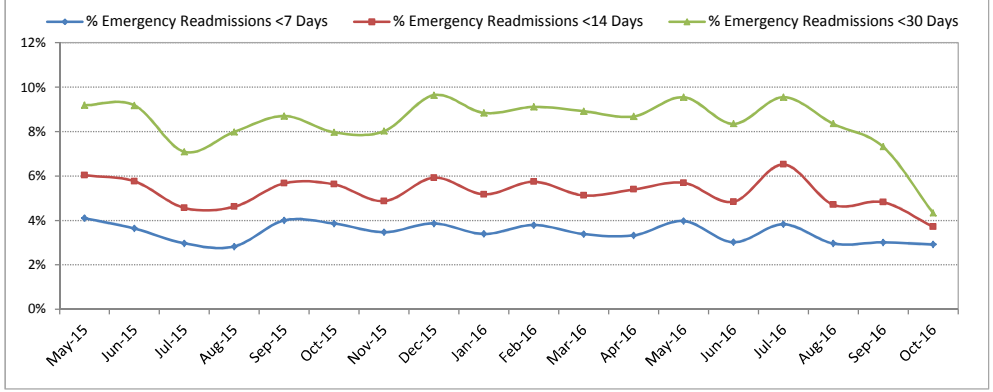
MSSA - Trust Apportioned



EWS (Early Warning Score) & Escalation



Emergency Readmissions within 7, 14 & 30 days of Discharge

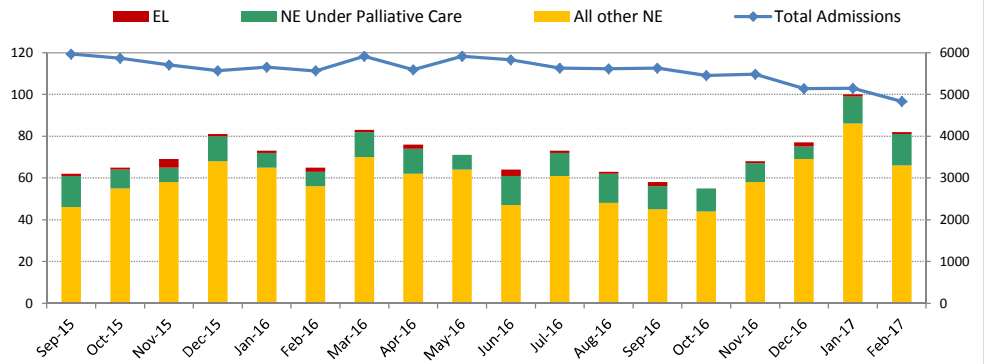


Salisbury NHS
NHS Foundation Trust

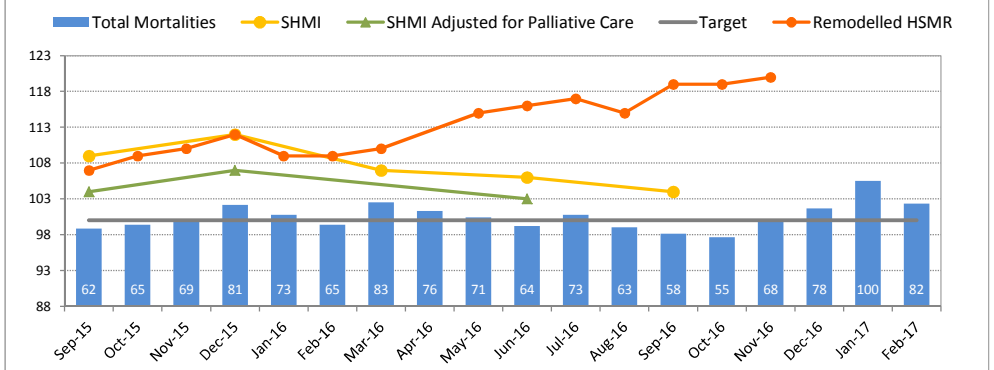
Trust Quality Indicators - February 2017

Quality Measures

Hospital Mortalities

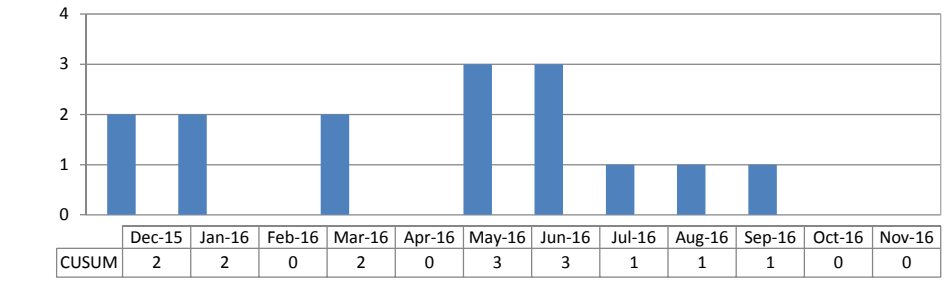


HSMR and SHMI



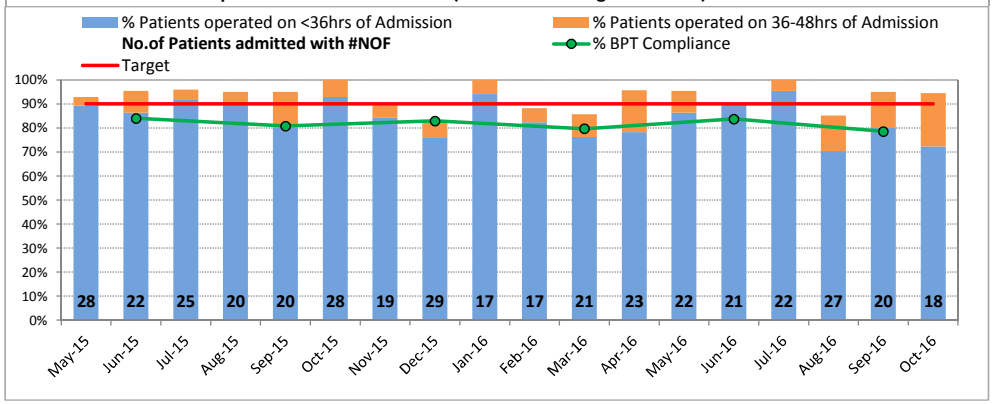
CUSUM Alerts

Cumulative sum of mortality outcomes (Observed > Expected)



	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
CUSUM	2	2	0	2	0	3	3	1	1	1	0	0

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

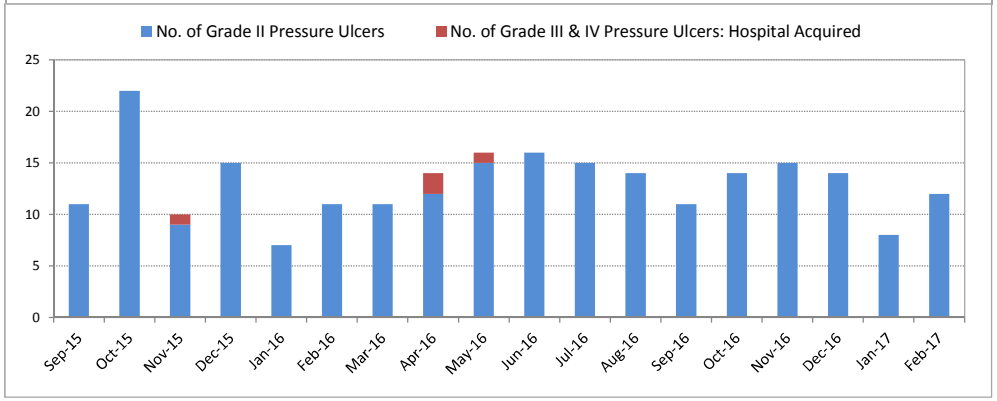


Salisbury NHS
NHS Foundation Trust

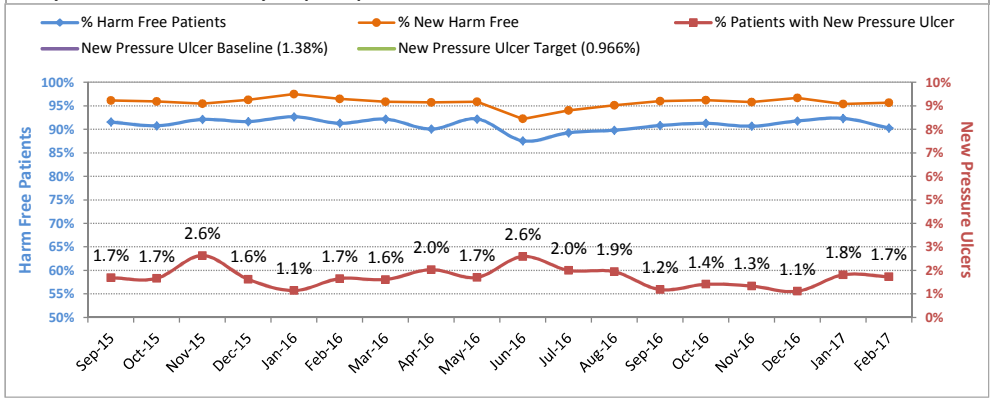
Trust Quality Indicators - February 2017

Quality Measures

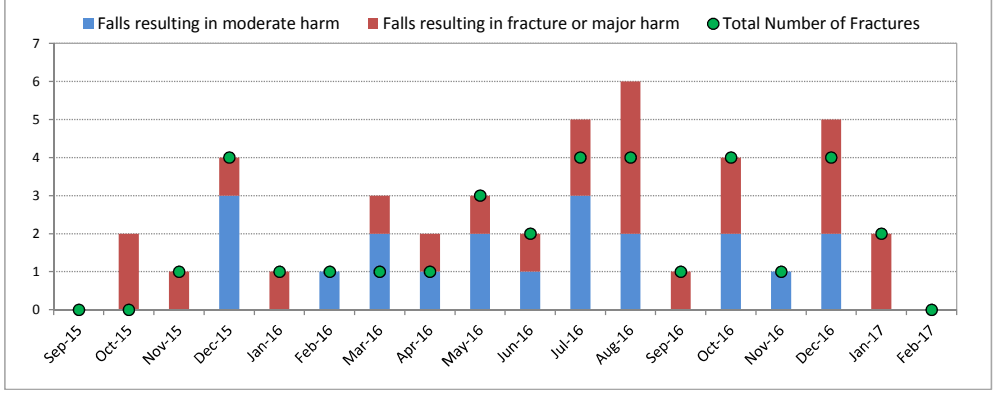
Pressure Ulcers



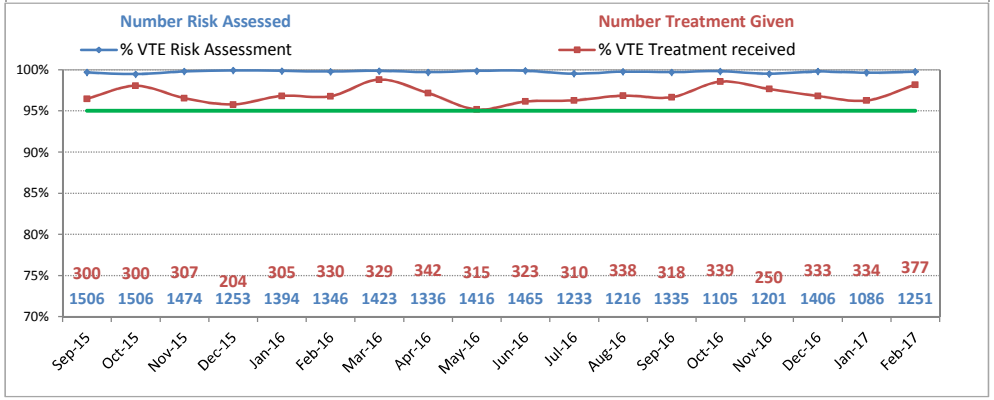
Safety Thermometer - One Day Snapshot per Month



Patient Falls in Hospital



Venous Thrombous Embolism: Risk Assessment & Prophylaxis



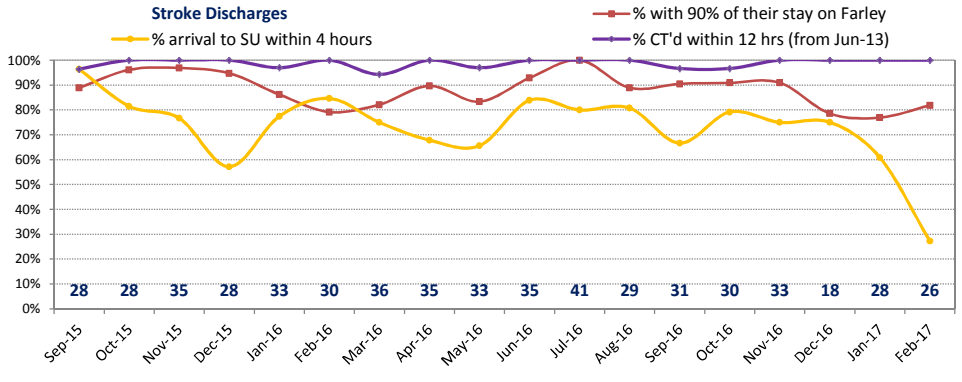
Please note, due to the time it takes to complete Clinical Coding, the current months Fracture Neck of Femur data will be subject to change over the following months.

Salisbury NHS
NHS Foundation Trust

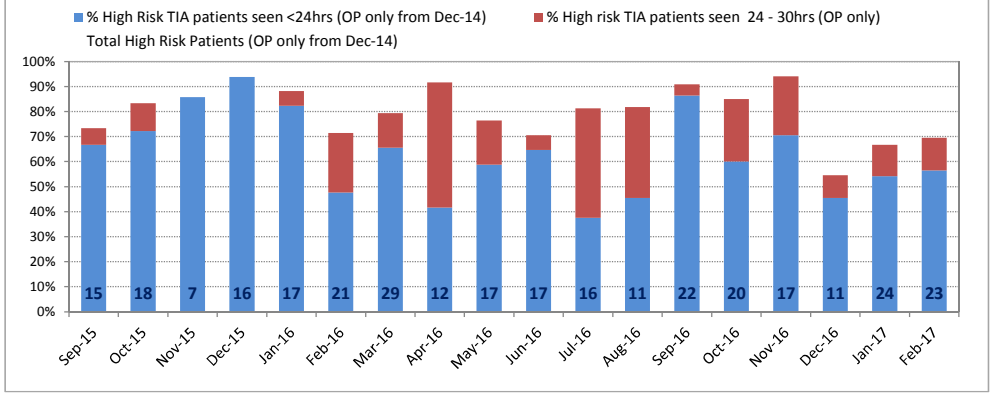
Trust Quality Indicators - February 2017

Quality Measures

Stroke Care



TIA Referrals



SSNAP Case Ascertainment Audit

Highest level = Grade A

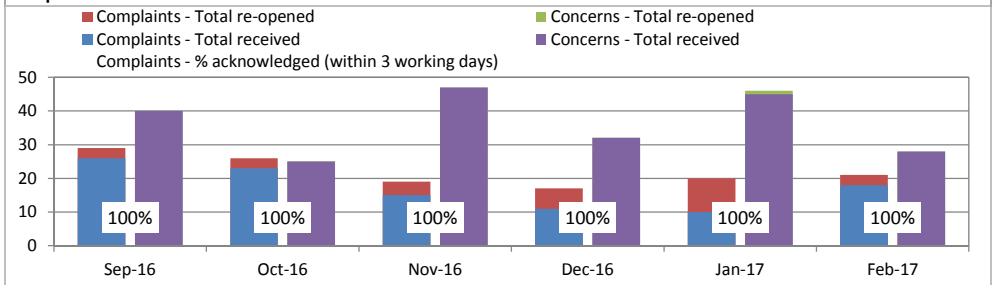
Lowest level = Grade E

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

Tri-annually	Apr - Jul	Aug - Nov	Dec - Mar
2016-17	B	B	

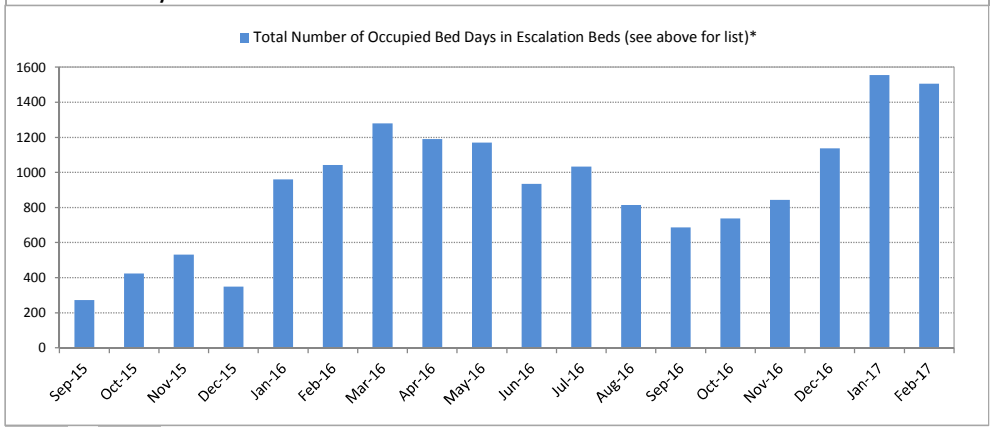
*From April 2016 escalation capacity includes beds on Breamore, DSU, Clarendon, Endoscopy, Avon, Britford SAU overnight stays, Whiteparish AMU overnight stays, Clarendon NHS, Pembroke Suite and Burns assessment room.

Complaints and Concerns

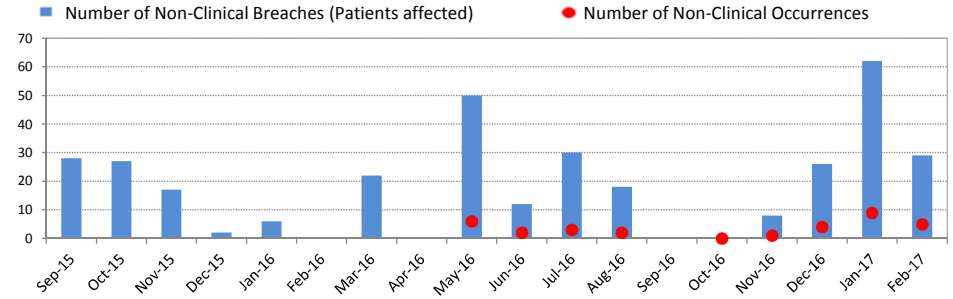


	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Complaints - Total received	26	23	15	11	10	18
Complaints - Total re-opened	3	3	4	6	10	3
Concerns - Total received	40	25	47	32	45	28
Concerns - Total re-opened	0	0	0	0	1	0

Escalation Bed Days

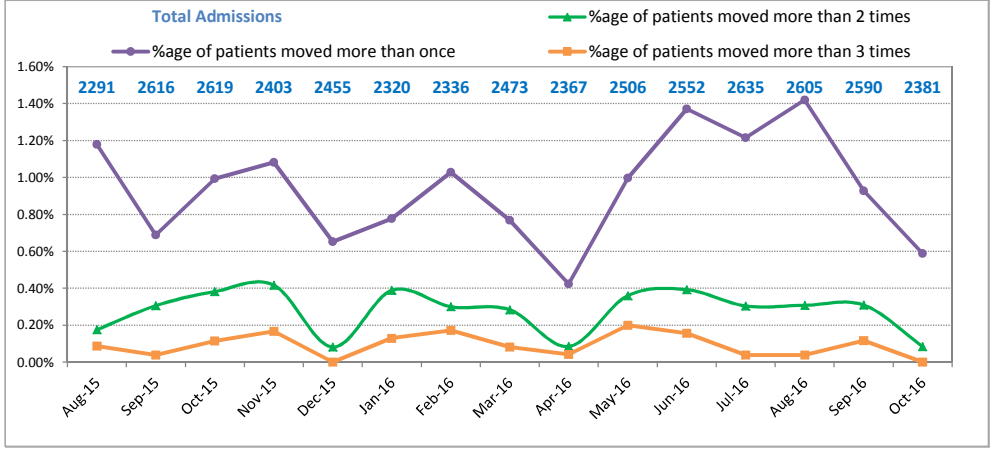


Delivering Same Sex Accommodation



	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
■	28	27	17	2	6	0	22	0	50	12	30	18	0	0	8	26	62	29
●									6	2	3	2		0	1	4	9	5

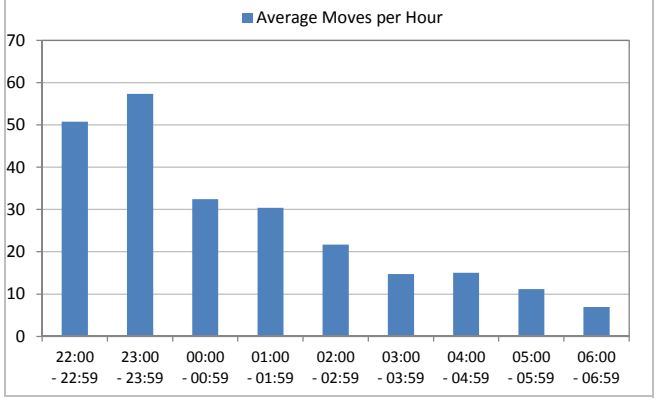
Patients moving multiple times during their Inpatient Stay



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

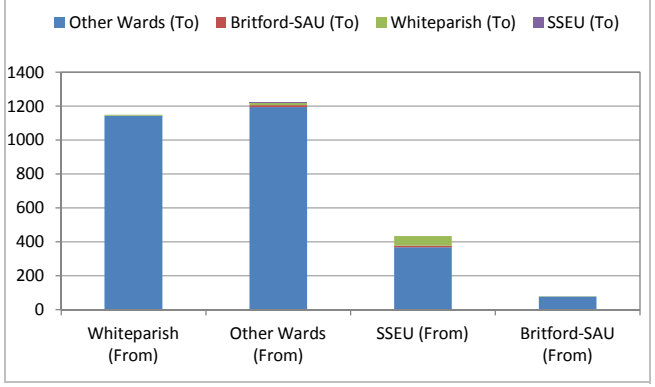
Ward moves between 22:00 and 07:00

01 April 2016 to 31 March 2017



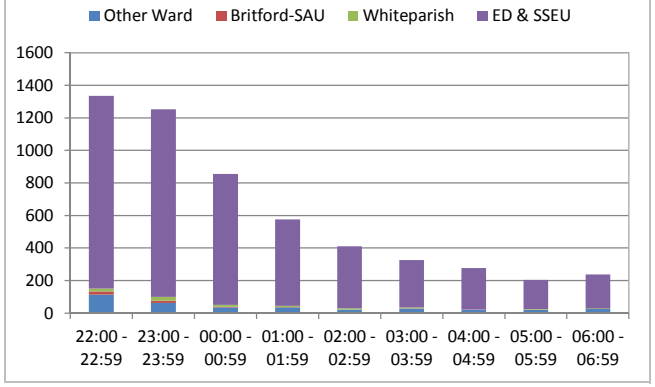
Ward to Ward moves between 22:00 and 07:00

01 April 2016 to 31 March 2017

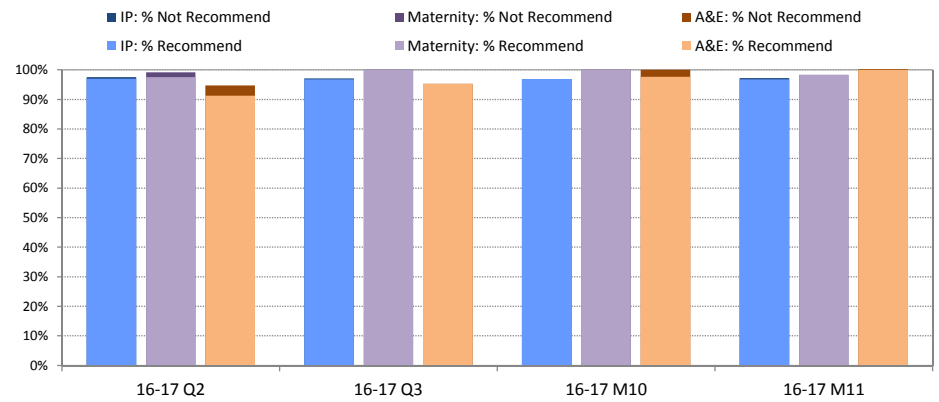


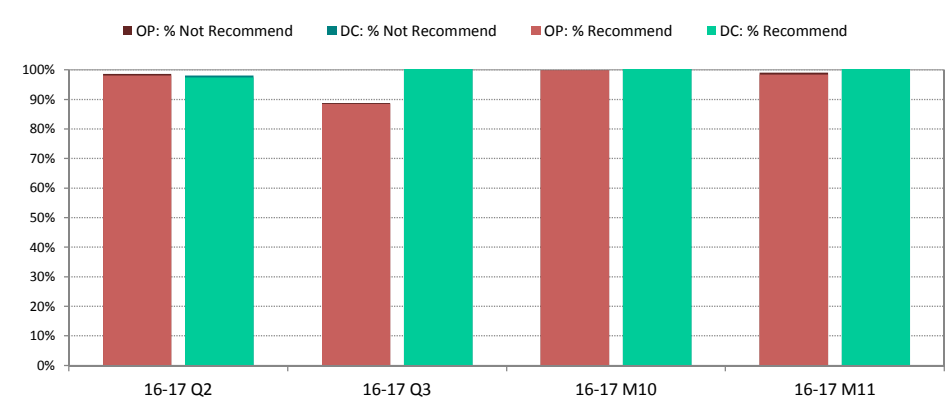
Discharges by Hour

01 April 2016 to 31 March 2017

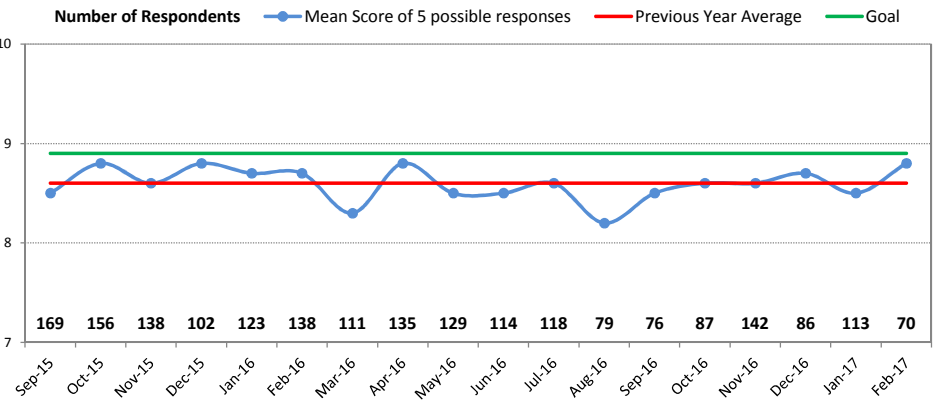


Friends & Family Test: Responses by Area

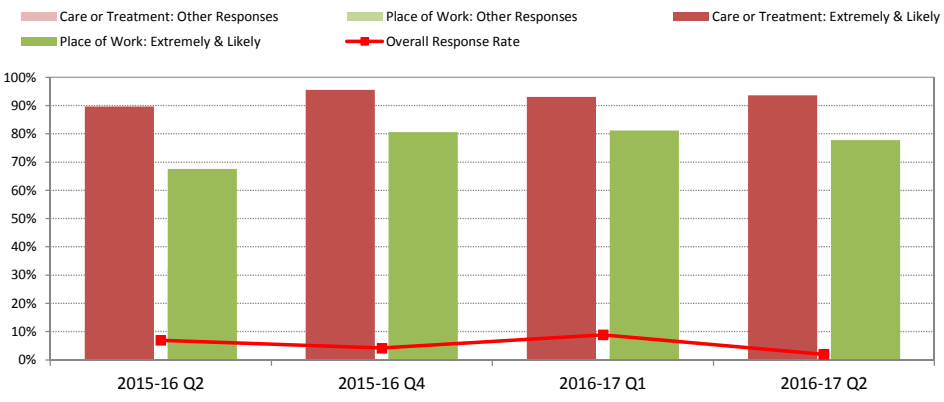




Real Time Feedback: Overall how would you rate the quality of care you received?



Friends & Family Test: Staff (% Responses)



The new score measures the % Recommended (Likely + Extremely Likely) and the % Not Recommended (Unlikely + Extremely Unlikely) to show the 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.

Trust Board meeting **SFT 3874**

CUSTOMER CARE REPORT - Quarter 3 (1st October – 31st December 2016)

Date: Monday 3rd April 2017

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

Executive Summary:

62 complaints were received in Q3 compared to 99 complaints in Q2 and 66 complaints for the same period in the previous year. The activity from comments, concerns and enquiries has decreased from 437 in Q3 last year to 427 in Q3 this year.

The main issues from complaints are:

- Clinical treatment (28), 4 less than Q2 (32) - sub-themes were 9 unsatisfactory treatment across 8 different areas, 8 further complications, 5 correct diagnosis not made, 3 delay in receiving treatment, 2 treatment unavailable and 1 inappropriate treatment. Orthopaedics received 8 complaints about clinical treatment with 3 related to correct diagnosis not made, 2 further complications and 1 each for delay in treatment, treatment unavailable and unsatisfactory treatment.
- Staff attitude (11), 3 less than Q2 (14) – 6 related to medical staff, 3 other staff and 2 to nursing staff across 10 different areas.
- Appointments (9), 6 less than Q2 (15) – sub-themes were 4 appointment date required, 3 appointment system delays, 1 each for appointment cancelled and unsatisfactory outcome, across 6 different specialties.

The main issues from concerns were appointments (27), clinical treatment (17), communication (8) and attitude of staff (7). The main specialties for appointments across concerns and complaints were Plastic Surgery (6), Central Booking (5) and 4 each for Orthopaedics and Oral Surgery.

There were no new requests for independent review by the Parliamentary and Health Service Ombudsman and one closed case that was partially upheld.

A total of 315 inpatients were surveyed in the quarter. They made 189 positive and 167 negative comments. The main areas of concern were food and nutrition on the ward and noise.

The responses to the Friends and Family Test remain overwhelmingly positive and the numbers are too low to identify any main area of concern.

There have been 2 new project requests in Quarter 3, 1 National Patient Survey and 1 completed project.

NHS Choices received 14 comments in Q3 with 10 positive and 4 negative comments relating to 10 different areas.

Proposed Action:

To note the report.

Links to Assurance Framework/ Strategic Plan:

Improving Patient Experience
Patient Feedback – acting on complaints and compliments

Appendices:

None

Supporting Information

None

Customer Care Report - Quarter 3
1st October – 31st December 2016

PURPOSE OF PAPER

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

1. COMPLAINTS

The main issues from complaints are:

- Clinical treatment (28), 4 less than Q2 (32) - sub-themes were 9 unsatisfactory treatment across 8 different areas, 8 further complications, 5 correct diagnosis not made, 3 delay in receiving treatment, 2 treatment unavailable and 1 inappropriate treatment. Orthopaedics received 8 complaints about clinical treatment with 3 related to correct diagnosis not made, 2 further complications and 1 each for delay in treatment, treatment unavailable and unsatisfactory treatment.
- Staff attitude (11), 3 less than Q2 (14) – 6 related to medical staff, 3 other staff and 2 to nursing staff across 10 different areas.
- Appointments (9), 6 less than Q2 (15) – sub-themes were 4 appointment date required, 3 appointment system delays, 1 each for appointment cancelled and unsatisfactory outcome, across 6 different specialties.

The main issues from concerns were appointments (27), clinical treatment (17), communication (8) and attitude of staff (7). The main specialties for appointments across concerns and complaints were Plastic Surgery (6), Central Booking (5) and 4 each for Orthopaedics and Oral Surgery.

62 complaints were received in Q3 compared to 99 complaints in Q2 and 66 complaints for the same period in the previous year. The activity from comments, concerns and enquiries has decreased from 437 in Q3 last year to 427 in Q3 this year. A breakdown of numbers and themes from complaints according to Datix is below:

	CS&FS	Corporate	Facilities	Medicine	MSK	Surgery	Q3 total 2016 -17	Q3 total 2015 -16
Admission	0	0	0	0	0	0	0	1
Appointments	1	0	0	0	2	6	9	15
Attitude of staff	1	0	2	4	1	3	11	13
Car Parking	0	0	0	0	0	0	0	1
Clinical treatment	3	0	0	10	11	4	28	22
Communication	0	0	0	1	0	2	3	4
Confidentiality	0	2	0	0	0	0	2	0
Delay	0	0	0	0	0	0	0	2
Discharge	0	0	0	0	1	1	2	0
Facilities on site	0	0	0	0	0	0	0	1
Information	0	0	0	0	0	1	1	1
Medical Records	0	0	0	0	1	0	1	0
Nursing care	0	0	0	0	2	0	2	1
Operation	0	0	0	0	1	0	1	4
Property	0	0	0	0	0	0	0	1
Transfer arrangements	0	0	0	1	0	0	1	0
Waiting time	0	0	0	0	1	0	1	0
Totals:	**5**	**2**	**2**	**16**	**20**	**17**	**62**	**66**
Patient Activity	8,557	0	0	26,829	14,102	14,181		

In Q3 the Trust treated 15,977 people as inpatients, day cases and regular day attendees. Another 12,312 were seen in the Emergency Department and 35,380 as outpatients. 62 complaints were received overall which is 0.1% of the number of patients treated, this percentage has remained unchanged. There were no complaints about mental health issues this quarter. 358 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.

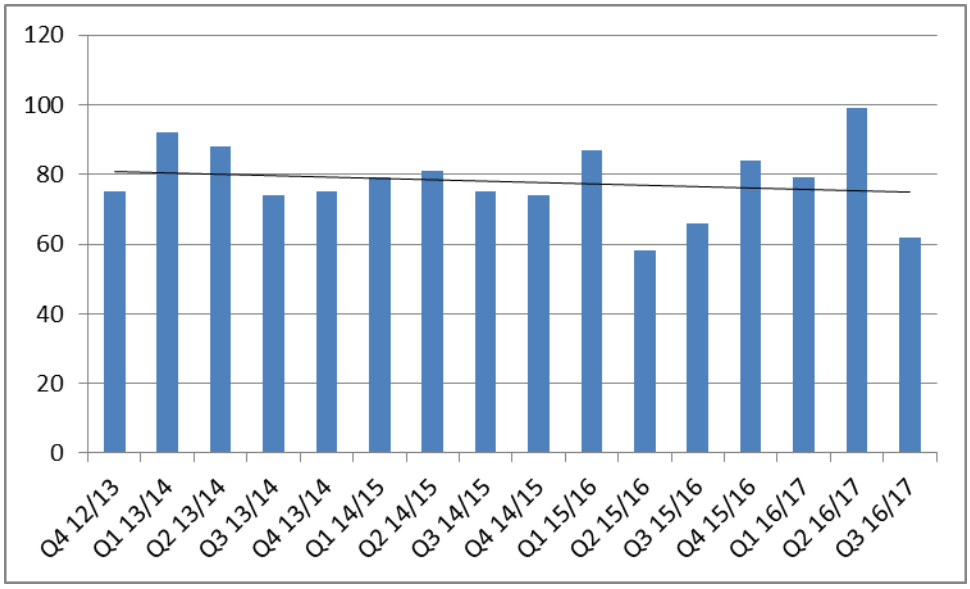
100% of complaints were acknowledged within three working days. 14 complaints were re-opened in Q3 compared to nine in Q2 (see below in the directorate section). The overall number of enquiries, comments, concerns and complaints response times was:

0-10 working days		11-24 working days		25+ working days	
386	79%	55	11%	47	10%

Reasons for some complaints taking more than 25 working days to respond to is: arranging meetings; operational pressures; and key members of staff on leave. The proportion of contacts falling into the 25+ working days has decreased from 13% in Q2 to 10% in Q3.

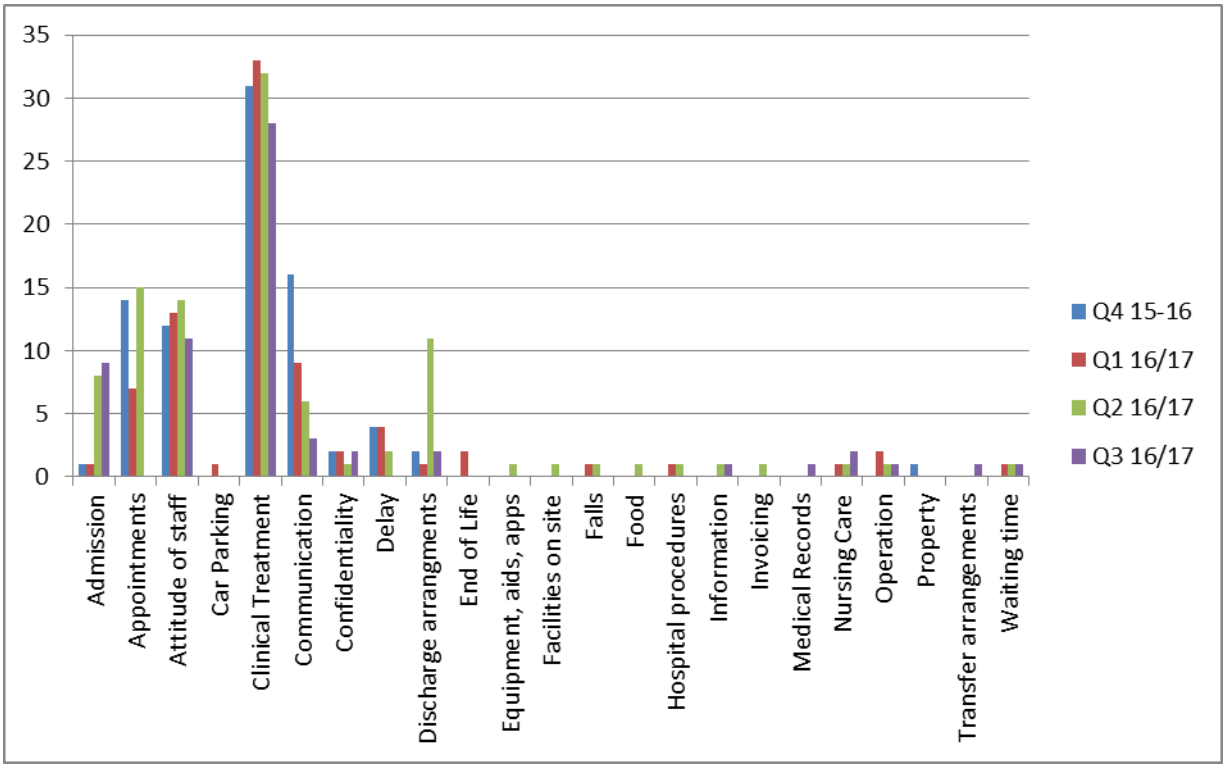
COMPLAINTS BY QUARTER

The following graph shows the trend in complaints received by quarter. There has been a significant decrease in complaints in Q3 compared to Q2. The specialty areas with the most complaints are Orthopaedics (14), Emergency Department, Central Booking and Plastics each had four with 12 related to clinical treatment.



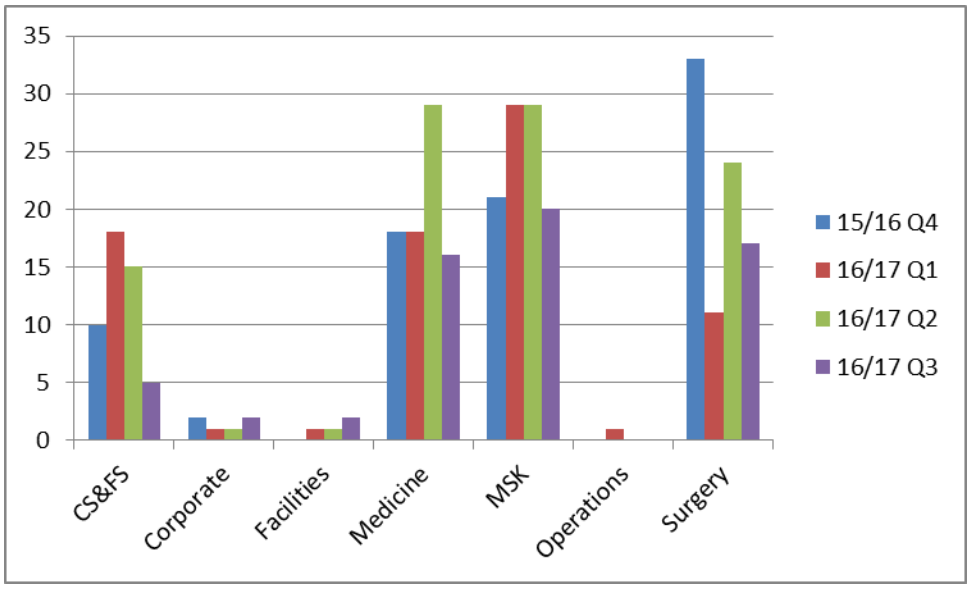
COMPLAINTS BY SUBJECT

The following graph shows the trend in complaints by subject over the last four quarters. Complaints overall in Q3 have decreased from the previous quarter, with significant decreases for appointments (Q3 9 from Q2 15) and discharge (Q3 2 from Q2 11). Most subject areas have remained static or have had a small increase.



COMPLAINTS BY DIRECTORATE

The following graph shows the number of complaints by directorate over the last four quarters. Each of the clinical directorates has seen a decrease in complaints in Q3 from Q2 with CS&FS down by 10, Medicine down by 13, MSK down by 9 and Surgery down by 7.



CLINICAL SUPPORT AND FAMILY SERVICES

	Quarter 3 2015-16	Quarter 2 2016-17	Quarter 3 2016-17
Complaints	8	15	5
Concerns	16	18	19
Compliments	141	145	61
Re-opened complaints	0	2	0
% complaints responded to within 25 working days	75%	66%	20%

- Complaints have decreased by 10 in this quarter compared to Q2, and the number has also decreased by 3 compared to Q3 2015-16.
- No complaints were re-opened in this quarter.
- Total activity within the directorate was 8,557 and of this number 0.06% raised a complaint.
- One meeting took place.
- There has been a slight increase in the number of concerns raised.
- Complaint response rates within 25 working days has been low due to a meeting being arranged and unable to gain statements from consultants due to annual leave.
- The number of compliments received this quarter has decreased by a significant amount.

Themes and actions

Department/Ward	Topic	Actions
Maternity Department	Poor communication and expectations not met	Fed back to individuals and utilised as themes for mandatory study 2017-18.

Compliments

In total 61 compliments have been received across the directorate with the breakdown as: Sarum = 16, Bowel Screening = 12, Neonatal = 9, Labour Ward = 6, Radiology = 5, Post Natal = 5, Endoscopy = 2 and 1 each for Maternity Administration, Benson Suite, Ante Natal Clinic, Children's Unit, Gynaecology Outpatients and Speech and Language Therapy.

MEDICINE DIRECTORATE

	Quarter 3 2015-16	Quarter 2 2016-17	Quarter 3 2016-17
Complaints	18	29	16
Concerns	20	27	24
Compliments	232	16	122
Re-opened complaints	5	2	3
% complaints responded to within 25 working days	83%	65%	56%

- The number of complaints has decreased by 13 from Q2 2016-17 and by 2 compared with Q3 2015-16.
- Emergency Department complaints have decreased by 50% this quarter from 8 to 4.
- 3 complaints each for Breamore Ward (3 related to clinical treatment with 1 also including staff attitude) and Gastroenterology (2 clinical treatment and 1 staff attitude).
- 2 complaints were re-opened: both complainants required further clarification.
- Total activity within the Directorate was 26,829 and of this number 0.05% raised a complaint.
- One meeting was held this quarter.
- The number of concerns has decreased by 3 from Q2 2016-17 but has increased from Q3 2015-16.
- Reduction in response compliance was disappointing despite the reduction in complaints received. The delays in responding related to complaints for the Emergency Department (2), Breamore Ward (2) and 1 each for Redlynch Ward, Oncology and General Medicine.

Themes and actions

Department/Ward	Topic	Actions
Emergency Department, Breamore ward and Gastroenterology	Attitude of clinical staff	Departments to address with named individuals.

Compliments

In total 122 compliments have been received across the Directorate with the breakdown as: Emergency Department = 31, Farley Ward = 20, Whiteparish Ward = 17, Durrington Ward = 14, 9 each for Pitton and Redlynch Wards, Pembroke Unit = 8, Gastroenterology = 3, 2 each for Breamore Ward, Cardiology, Hospice, Pembroke Ward, 1 each for Discharge Lounge, Tisbury/CCU and Winterslow Ward.

MUSCULO-SKELETAL DIRECTORATE

	Quarter 3 2015-16	Quarter 2 2016-2017	Quarter 3 2016-17
Complaints	20	29	20
Concerns	35	25	34
Compliments	113	89	60
Re-opened complaints	5	5	2
% Complaints responded to within 25 working days	65%	31%	35%

- Complaints have decreased compared to Q2 2016-17 but are consistent with complaints received in previous year.
- There has been a decrease in compliments this quarter compared to quarter 2.
- Total activity within the Directorate was 14,102 and of this number 0.14% raised a complaint.
- The most common theme for complaints and concerns across the directorate has been the appointments system and delays, further complications and correct diagnosis not being made.
- The department with the greatest number of complaints is Orthopaedics with 14. Plastic surgery received 4 complaints.
- There were 2 re-opened complaints, one of which has since been closed. One case is still open.
- There have been two complaint meetings held and one meeting booked in February.
- The main reason for delayed responses has been due to the complexity of some complaints going back over time and crossing specialities, this is due to the nature of some of the surgery in the directorate that requires several operations over time often spanning years.
- To improve the process the directorate has committed to contact the Complaints Co-ordinator on a daily basis to speak people who have raised concerns that day and apologise or agree what level of investigation is required.

Themes and actions

Department/Ward	Topic	Actions
Orthopaedics	Delays in receiving appointments and treatment, due to long waiting times and multiple cancellations Clinical treatment	• Orthopaedic cancellations on the day require Chief Operating Officer authorisation. • Implementation of orthopaedic expansion business case to separate the management of elective and non-elective workload. • Outsourcing non complex joints. • Outsourcing spines. • No real theme across these complaints but the expansion business case will reduce some potential issues and ongoing monitoring is happening.
Plastics Department	Delays in receiving appointments and treatment, due to long waiting times and multiple cancellations	• Increased capacity for trauma and electives with two additional locum plastic surgeons. • Theatre efficiency project – to maximise use of theatre resources (ongoing). • Progress use of theatre 9 for blocks and local anaesthetics for minor trauma to free up theatre and DSU capacity.

Compliments

In total 60 compliments have been received across the Directorate with the breakdown as:
Chilmark Suite = 23, Maxillo-Facial Surgery = 10, 4 each for Amesbury Suite, Orthopaedics, Plastic Outpatients and Orthopaedic Outpatients, 2 each for Dermatology, Oral Surgery, Spinal Unit – non ward area, and 1 each for Burns Unit, Plastic Surgery, Oral Surgery Outpatients, Laverstock Ward and Cleft, Lip and Palate Service.

SURGICAL DIRECTORATE

	Quarter 3 2015-16	Quarter 2 2016-2017	Quarter 3 2016-17
Complaints	19	24	17
Concerns	19	18	22
Compliments	143	100	104
Re-opened complaints	1	0	3
% complaints responded to within 25 working days	89%	87.5%	65%

- Complaints decreased in Q3. The most common themes were appointments, with appointment date needed and delay in receiving appointments. Unsatisfactory treatment and a delay in receiving treatment were also themes in five cases.
- There has been an increase in concerns.
- The response rate has decreased with six complaints taking +25 working days to respond to.
- Total inpatient and outpatient activity within the Directorate was 14,181 and of this number 0.12% raised a complaint.
- There were three complaints re-opened in this quarter. One complainant felt the appointment system was still not working; another was dissatisfied with the answers given at the meeting and the last was not happy with the letter received following the local resolution meeting.
- The highest number of complaints received was for the Central Booking Department (5).
- The highest number of concerns were received for Ophthalmology and Central Booking Department, with 4 each.

Themes and actions

Department/Ward	Topic	Actions
Central Booking	Appointment system problems	• Weekly Lorenzo operational meetings with action log, weekly Lorenzo incident meetings with executive support.

Compliments

In total 104 compliments have been received across the Directorate with the breakdown as: Britford Ward = 41, Urology = 17, Radnor Ward = 13, Downton Ward = 12, 5 each for Clarendon Suite and Ophthalmology, Day Surgery Unit = 3, 2 each for Pre-Operative Assessment and ENT, and 1 each for Audiology, Breast Service, Theatres and General Surgery.

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

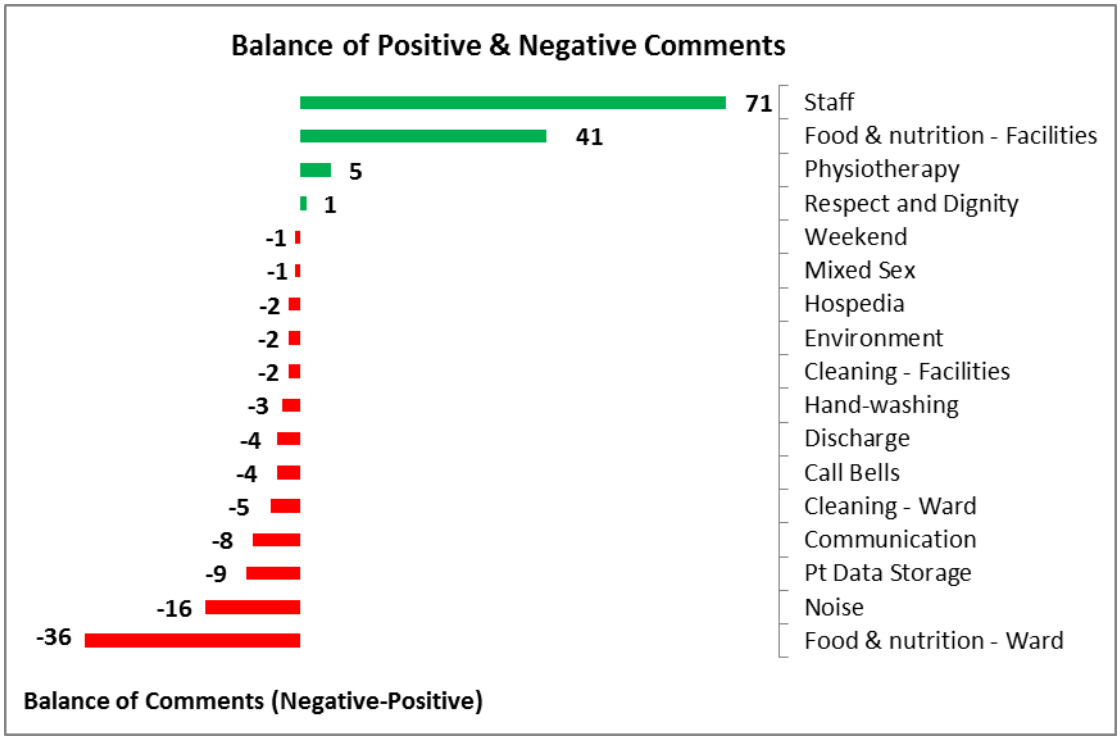
The top negative themes from inpatient real time feedback, the Friends and Family Test and complaints are:

Feedback area	Theme	Actions
Complaints	Clinical Treatment Staff Attitude Appointments	• Procurement is reviewing the loan kit procedure and booking process. • Use of iPads/tablets for photographing lesions. • Departments address with named individuals. • Increased capacity for trauma and elective patients with two additional locum plastic surgeons. • Outsourcing non complex joints and spines.
Inpatient RTF	Food and nutrition on the ward Noise	• Food study on Chilmark Suite • Avon Ward advised that steps had been taken to avoid noise at night from staff. • Burns Unit have reported the doors that bang to ETS.

FFT	The numbers are too low to identify an area of concern	

3. INPATIENT REAL TIME FEEDBACK

A total of 315 inpatients were surveyed in the quarter. They made 189 positive and 167 negative comments. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The main areas of concern were food and nutrition on the ward and noise.

Food and Nutrition on the Ward

A total of 38 negative and 2 positive comments were received regarding food and nutrition on the ward. The negative comments have been categorised in the table below.

REASON	WARD
Temperature (29)	Amesbury (4)
	Pitton (4)
	Farley (3)
	Redlynch (3)
	Britford (2)
	Burns (2)
	Chilmark (2)
	Clarendon (2)
	Durrington (2)
	Avon (1)
	Breamore (1)
	Downton (1)
	Laverstock (1)
	Tisbury (1)

REASON	WARD
Portion size (3)	Amesbury (2)
	Pitton (1)
Ordered but not received (2)	Chilmark (1)
	Downton (1)
Appearance (1)	Tisbury (1)
Help with food (1)	Farley (1)
Lack of beverages (1)	Redlynch (1)
Special requirements not met (1)	Redlynch (1)

The Sister on Chilmark Suite advised in October that a food study was in hand and the Staff Nurse on Clarendon Ward advised in November that the comments had been fed back to the Kitchens.

Noise

A total of 17 negative and 1 positive comments were received regarding noise. The areas of negative comments are as follows:

REASON	WARD

REASON	WARD

Night staff (5)	Avon (1)
	Tamar (1)
	Chilmark (1)
	Farley (1)
	Redlynch (1)
Equipment (3)	Pitton (1)
	Amesbury (1)
	Whiteparish (1)

General (2)	Laverstock (1)
	Pitton (1)
Laundry (2)	Amesbury (2)
Visitors (2)	Farley (1)
	Pitton (1)
Doors (1)	Burns (1)
Music (1)	Avon (1)
Other patients (1)	Durrington (1)

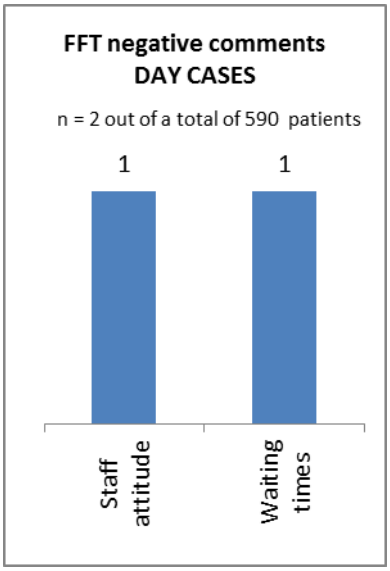
In November, the Sister on Avon Ward advised that steps had been taken to avoid noise at night from staff and in December, the Sister on the Burns Unit advised that doors banging were only an issue in one area and it had been reported to Estates Technical Services.

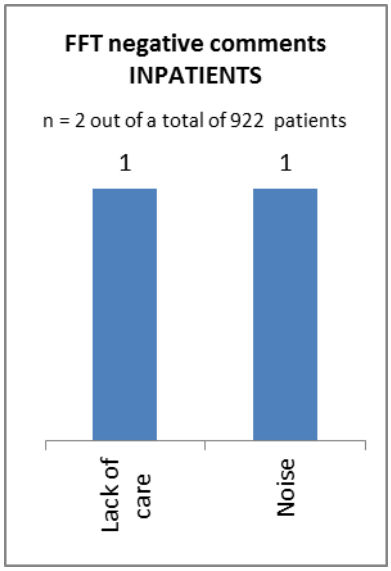
4. FRIENDS AND FAMILY TEST

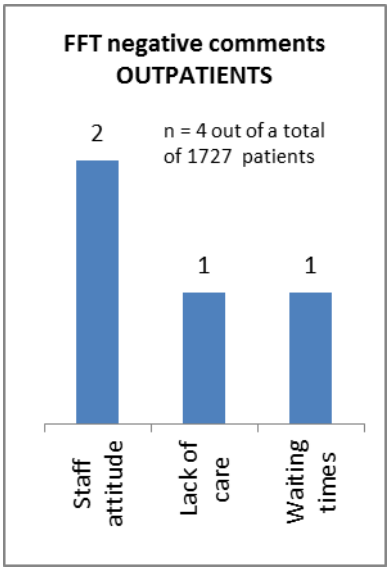
Responses for the period were as follows:

		Rating		
	Total Responses Received	Extremely Likely	Unlikely	Extremely Unlikely
Day Case	590	544	1	1
Emergency Department	173	142	0	0
Inpatients	922	798	2	1
Maternity	99	94	0	0
Outpatients	1727	1562	3	2

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







The numbers are too low to identify any main areas of concern.

Action taken on areas of concern
Wards are continuing to address issues arising from national patient surveys, RTF, FFT, complaints and concerns. An update on progress against action plans is due in April 2017.

5. PATIENT AND PUBLIC INVOLVEMENT (PPI)

There have been 2 new project requests, 1 National Patient Survey and 1 completed project in Quarter 3.

Clinical Support and Family Services Directorate
The Cardiac CT Service that started in December 2015 want to identify the level of patient satisfaction with the service to make any necessary improvements.

The GP X-ray Walk-In Service project was completed, with the feedback being quite positive and despite a high percentage of patients waiting over an hour currently; there was still high praise for the staff. Other factors dictate the opening times but initiatives and workflow are being looked at to reduce the waiting times to around 30-45 minutes which is what most patients felt to be reasonable for a same day walk-in service. Patients asked about the availability of a hot drinks machine out-of-hours and Catering has been contacted to ask how this can be achieved.

MusculoSkeletal Directorate
No new projects commenced.

Medicine Directorate
No new projects commenced.

Surgery Directorate
NHS England is undertaking a patient engagement survey for the Wiltshire and Dorset Vascular Network regarding centralisation of services.

Quality Directorate
The Trust is undertaking a programme of improvement work with the Wessex Academic Health Science Network with the focus on the deteriorating patients. SDH's focus is on fluid balance for inpatients. A focus group will be held aimed at patients' experiences of their hydration whilst an inpatient.

The National Emergency Department Survey 2016 commenced in Quarter 3.

PPI Projects are shared on the following web page on the Intranet:
http://intranet/website/staff/quality/customercare/patientandpublicinvolvement/ppiprojects/index.asp

5. AFTER FRANCIS

The final report for the evaluation of a real-time survey for improving patients' experiences of the relational aspects of care was published in December 2016. The data was collected over a 10 month period using trained volunteers and tablet computers on the Emergency Department, Durrington and Winterslow Wards. Data collections began on 1st June 2015 and ended on 31st March 2016.

Staff were asked what types of changes had been made as a result of patient experience feedback. The most commonly reported change, were changes to the way staff interacted with patients (60%), followed by changes to the way care is provided to patients (57%). Some of the changes provided by staff were:

- "Changes in knowledge, more training".
- "Discharge process".
- "Changes to information given to patients to enable their understanding of some of the hospital processes".

Some of the barriers affecting the collection and use of patient experience feedback encountered by staff were:

- "Patients do not always want to complete forms".
- "So busy, sometimes forget to hand the patients a survey card".
- "Patient too confused to answer survey".
- "Staff constantly reminded to give feedback forms".

The report is available on the Intranet at
http://intranet/website/staff/quality/customercare/picker+afterfrancisstudy/usefulresources/index.asp

6. PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN (PHSO)

In Q3 there were no new requests for independent review.

The PHSO partially upheld the Respiratory case recommending that the Trust may wish to review its outpatient appointment system in the asthma clinic to ensure a robust system is in place for arranging follow-up appointments and to review its processes to ensure compliance with the provisions of the British Thoracic Society guidelines.

An action plan must be prepared to demonstrate that changes have or will be made to prevent a recurrence and shared with the complainant, the Care Quality Commission, the NHS Trust Development Authority and the PHSO.

The PHSO publishes complaints data on a quarterly basis that includes numerical information on the complaints received, assessed, and investigated and is available at: http://www.ombudsman.org.uk/reports-and-consultations/reports/health/quarterly-reports-on-complaints-about-acute-trusts

7. NHS CHOICES WEBSITE

In Q3 there were 14 comments posted on the NHS Choices website relating to 9 different areas. Of the 10 positive comments, one person said “I just want to say a huge thank you to my amazing ENT consultant and all their team. It was not one of the most pleasant operations I have had but felt this was my only option. The Audiology Team have always helped me and I appreciate all their help and advice. No words can truly explain my gratitude in this situation. What an amazing ENT team Salisbury Hospital has. Thank You So Much again!” Of the 4 negative comments, one person said “Reception staff member in A&E having the audacity to park their car in the very limited parking spaces, including a disabled space outside the department during busy times and then telling people dropping off people to move their cars. Not acceptable as there must be plenty of staff parking”. All the feedback was shared with the departments.

AUTHOR: Hazel Hardyman
TITLE: Head of Customer Care
DATE: March 2017

SALISBURY NHS FOUNDATION TRUST

Minutes of the Finance & Performance Committee
Held on 23 January 2017

Present:	Dr N Marsden	Chairman
	Mr L Arnold	Director of Corporate Development
	Ms T Baker	Non-Executive Director
	Mr M Collis	Deputy Director of Finance
	Mr P Hill	Chief Executive
	Mr A Hyett	Chief Operating Officer
	Mr P Kemp	Non-Executive Director
	Mrs K Matthews	Non-Executive Director
	Prof J Reid	Non-Executive Director
In Attendance:	Mr D Seabrooke	Head of Corporate Governance
	Mrs C Charles-Barks	Chief Executive (Designate)
Apologies:	Mr M Cassells	Director of Finance and Procurement
	Mr I Downie	Associate Non-Executive Director

1. FINANCE AND PERFORMANCE COMMITTEE MINUTES – 19 DECEMBER 2016

The minutes of the meeting of the Committee held on 19 December 2016, were agreed as a correct record.

2. MATTERS ARISING

Data Warehouse

An update on progress with discussions with CACI was given by LA.

3. FINANCE AND CONTRACTING REPORT TO 31 DECEMBER (MONTH 9)

The Committee received the Finance and Contracting Report. It was noted that there was an income and expenditure surplus of £28,000 at this point in the year. Figures for Month 8 which had previously been estimated had been confirmed and were not significantly different.

Because of un-coded activity and an unusually high number of un-outcomed clinic consultations recorded, estimating had continued for Month 9 on the basis of run rates, informal enquiries and plans. This was understood to be a processing rather than a data entry problem. It was noted also that internal incident management processes in relation to data stabilising were starting. It was requested that there should be a report on the actions arising.

It was noted that the previously agreed loan to the SDU Joint Venture had been paid over in December. Good year end settlements had been made with commissioners. A shortfall in year to date directorate savings of £220,000 was one of the key drivers to an adverse variance against plan of £2.43m. The concerns signalled in the report around spending

on doctors would be further discussed along with the level of nurse specials that had been deployed during December.

Contracts had all been signed with Commissioners in line with the nationally set deadline of 23 December 2016. The Committee recorded its thanks to the Contracting Team for the work towards this. All contracts were based on payment by results. Activity Query Notices with Wiltshire and West Hampshire remained in place and the Trust's Risk Rating with NHSI was a 2.

The nurse specials usage was understood to be mainly due to registered mental nurses required for individual patients.

The following principal points on the report were made –

- The planned reduction in Outpatients follow ups was ahead of plan but the reduction in initial attendances was not happening at the same rate.
- Agency overspend was included in budgets for nursing.
- There was a lack of triangulation of the activity data and this would need to be discussed further.

As highlighted at the Board Seminar Day the Director of Finance and Procurement had been discussing with CCGs whether additional money in support of the Trust's 2016/17 position could be made available. It was understood that by amending practices around partially completed spells, this additional support could be made available. A change of accounting policy was being enacted that would bring theatre stock, valued at around £2m onto the Trust's income and expenditure account and balance sheet. With this additional support it was now considered that the Trust could achieve the required 4.5 deficit position and qualify for the STF payments. If this was brought about successfully then there would be sufficient funding available to adjust the Trust's capital programme to include the proposed additional 23 hour ward.

It was agreed to set out the options for this additional spend including the additional ward. It was acknowledged that the enhanced stock control would have a minor overhead associated with it. It was also noted that the additional ward would not in affect be new capacity but would be a catch up to address pressures experienced by the Trust and it would be a more efficient way to deploy staff as it would not require the use of agency in the same way as existing escalation arrangements.

It was agreed to take this course of action and the Chairman would inform other Board members of the Committee's approach. The Trust would therefore maintain the year-end forecast of £1.8m surplus as agreed in February. This would be reflected in a quarter 3 return due to NHS Improvement on 24 January.

ACTION – Circulate information **NM/DS**

4. CQUIN

The Committee received the report for CQUINs. It was noted that work would continue to get the rate of staff vaccination to the target of 75% - it was currently at 71% and £48,000 was potentially at risk. The Sepsis in ED Antibiotic Target had not been achieved with a loss of £7,000. There was still a chance to recover the Still Birth Care Bundle payment of £7,000 but the year-end smoking reduction was unlikely to be achieved (£7,000). It was suggested that in relation to the Staff Flu Vaccination Target that the number of individual staff required to have the vaccine to meet the target could now be highlighted in the publicity. For Specialist Commissioning, Quarters 1 and 2 (£376,000) had been achieved in full and a year-end deal had been reached. For Wiltshire a year-end deal had been reached but CQUIN arising from Dorset and Somerset CCGs were still at risk.

An outline was given of the CQUINs for 2017/18 and 2018/19 where £315,000 was considered to be potentially at risk. There would need to be a lot of investment in training to meet the required targets.

5. MRI SCANNER – DRAFT BUSINESS CASE

The Committee received the business case presenting a proposal to provide additional MR capacity. It was proposed that this should be discussed by the Charitable Trustees with a view to this initiative being supported by the Stars Appeal as its major fundraising challenge for 2017.

The business case highlighted the greater clinical use of MR scanning and the need for greater resilience – the provision of a second scanner would improve this. The mobile scanner was not always suitable as an alternative. The existing MR scanner was eight years old and would require a replacement magnet. The electrical systems in the relevant part of the hospital were reaching capacity and would need to be upgraded by further enabling works for the proposed location. Leasing options would be considered as part of the scheme.

6. ASSURANCE FRAMEWORK/RISK REGISTER – QUARTERLY REVIEW

The Committee received the Quarterly report. It was agreed that in view of the Trust's position on the 2017/18 Control Total that the financial risks would need to be revisited and discussed again at the next meeting of the Committee.

ACTION – next agenda **MCo/MC /FHi**

7. CAPITAL DEVELOPMENT UPDATE

The Committee received the Capital Development Report. It was noted that the Breast Unit opened in December and thanks were given to the Gynae Outpatients Department for their support and flexibility while these works to a neighbouring unit took place. The relocation to AMU to Farley Ward in May was now being planned. The Maternity expansion that had

been proposed was now dependent on the availability of capital funding. An IT funding opportunity for capital schemes to be spent by the year end had been notified and proposals to submit for this were being developed.

8. OPERATIONAL PERFORMANCE – MONTH 9

An oral update was given on this item. It was noted that validation of performance information was continuing. Performance for ED was 88.9% in month 9. A 'Perfect Week' would be taking place system wide in the last week of January and discussion of this continued by the Local Delivery Board. Diagnostics Performance was 98.5% and all Cancer Targets had been delivered in December. RTT for December was currently at 90% but validation was continuing towards a late submission. A re-submission for November had been 90.4%.

ACTION completed Month 9 report would be circulated to members of the committee. **AHy/DS**

9. TRANSFORMATION AND COST IMPROVEMENT

The Committee received the Transformation and Cost Improvement report for Month 8. Progress towards delivering the £6.5m savings target continued with green and amber schemes totalling £6.3m. The Trust was 85% identified for the 2017/18 target and quality impact assessments were ongoing. 42% of CIPs for 2016/17 were income related and 20 related to pay. 57% of schemes were recurring.

10. ANY OTHER BUSINESS

Appointment of External Auditor

It was noted that three audit firms had been interviewed by the Audit Committee/Council of Governors Joint Group and a recommendation had been arrived at. This would be presented to the Council of Governors on 20 February with a view to finalising an appointment from 1 April 2017, for five years.

11 DATE OF NEXT MEETING

The next meeting will be on Monday 27 February 2017 at 9.30 am.

SALISBURY NHS FOUNDATION TRUST

Minutes of the Finance & Performance Committee
Held on 27 February 2017

Present:	Dr N Marsden	Chairman
	Ms T Baker	Non-Executive Director
	Mr M Cassells	Director of Finance and Procurement
	Mrs C Charles-Barks	Chief Executive
	Mr A Hyett	Chief Operating Officer
	Mr P Kemp	Non-Executive Director
	Mrs K Matthews	Non-Executive Director
	Prof J Reid	Non-Executive Director
In Attendance:	Mr D Seabrooke	Head of Corporate Governance
	Mrs F Hill	Head of Risk (for item 3)
	Mr R King	EPR Project Manager (for item 4)
Apologies:	Mr I Downie	Associate Non-Executive Director

1. FINANCE AND PERFORMANCE COMMITTEE MINUTES – 23 JANUARY 2017

The minutes of the meeting of the Committee held on 23 January 2017, were agreed as a correct record.

2. MATTERS ARISING

Paul Kemp confirmed to the Committee that the Council of Governors had approved the recommendation of the selection panel for the Trust's auditors to take effect from 1 April 2017.

3. FINANCIAL RISK REGISTER – FEBRUARY 2017

Arising from the quarterly review of the Finance Risk on the Assurance Framework and the Finance Risk Register a revised outline set of risks was received.

The updated risks and proposed risk treatments were in relation to uncertainties around the Trust's financial position 2017/19, in relation to control totals and Lorenzo stabilisation.

In translating the outline presented the wording around the threshold of care would be reviewed.

The Committee approved the revised financial risks and mitigations for incorporation.

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

The Committee received the Finance and Contracting Report which indicated a small surplus but with an underlying deficit of around £100,000. MC informed the Committee that money due to the Trust following the successful Quarter 2 Sustainability and Transformation Funding had not yet been received and there was concern about the process for Quarter 3 and Quarter 4. It was noted that the Trust's cash position included some assumed funding from the Sustainability and Transformation Fund. Although it was noted that some of the figures in the Activity Report had been estimated there was concern about changes to Outpatient attendances. The reductions to both initial and follow ups were evident before the implementation of Lorenzo and there had been concern about problems with setting up clinics after the Lorenzo implementation. It was also noted that the contracts included QUIP schemes but the Trust had not made any assumptions as to the delivery because it did not know the detail behind the QUIP proposals. Most QUIP schemes were targeted on elective activity.

Differences in the effect of vacancies between the Medicine and the MSK directorates were highlighted that outliers were charged through to the medicine directorate.

AH described arrangements put in place in March to ensure consistent delivery of targets and these included twice weekly incident meetings and the reduction of the use of escalation areas and associated agency spend, a further Perfect Week in March and regular review by the Emergency Local Delivery Board. There were daily 'silver' calls. Concerns continued around pressures in the rest of the healthcare system, continuing medical admissions via the Acute Medical Unit and Delayed Transfers of Care which had exceeded 50 for the first time.

A Delayed Transfers of Care multi-agency summit was being conveyed. Systems metrics were being developed to support the Trust's challenge outwards. This would include exploring the deliverability of options for onward patient care.

The Committee noted the Finance Report.

5. LORENZO STABILISATION PROGRAMME

The Chairman welcomed Russell King to the meeting and the Committee received the Lorenzo Stabilisation Plan. The stabilisation activity was an extension of the support provided by the contractor in the two months following the go-live at the end of October. This phase was expected to last between four and six months from January 2017. The experience of other implementers of Lorenzo was being used and a number of reviews supported by the contractor were being undertaken. System upgrade processes had been tested and completed but at this stage the Trust was behind the latest release of the Lorenzo system. Clinic outcome forms were being reviewed and there was work continuing on validating referral to treatment information. This it was noted continued to focus on the highest priority patients and no long waits had been established at this stage.

It was agreed that there needed to be a clear threshold to fully close off the implementation of phase one before phase two of Lorenzo could be started.

It was noted that work continued to redesign the Trust's data warehouse to enable it to handle information coming from Lorenzo. This would be completed by April. KM commented that there was no HR/OD element to the stabilisation plan.

It was agreed that there should be a post implementation item at a future Board Seminar Day. **DS**

6. OPERATIONAL PERFORMANCE – MONTH 10

The Committee received the Operational Performance Report for month 10. It was noted that performance for ED in January had been 88.8% for the Four Hour Target. This was over 90% in February. Due to high medical takes the operational environment had been especially challenging.

CC-B would be speaking to NHS Improvement and would be seeking additional support for the Trust. **CC-B**

7. INPATIENT RECONFIGURATION – BUSINESS CASE

The Committee received an updated business case for the proposed elective pathway reconfiguration. This item took forward the Board's initial discussion on 6 February 2017, and Andy Hyett showed slides summarising the effect of the proposed modular build. It was proposed that the Ophthalmology Service would relocate to the proposed new modular build area and that the area vacated would be re-furbished as a surgical 23 hour unit, which in turn would enable the existing Laverstock Ward to become a medical ward. This would reduce medical outliers in surgical beds and would improve winter resilience. The current configuration of Ophthalmology was unsatisfactory as practices had changed since this area had been developed. The capital cost of the proposal was estimated at £1.3m with a further £700,000 on ward refurbishment. Revenue costs for staffing were £315,000 and non-pay costs were £885,000. Additional income based on the new ward capacity was put at £3.3m so the return on investment was two years. A number of interdependencies was arising from this reconfiguration were highlighted including enabling new ways of working for AMU and greater use of short stay surgery which supported the Trust's existing Orthopaedic expansion plans. Further work was being undertaken on the benefit realisation. There was not thought to be any shortage of future activity in the Orthopaedics area.

There was an ambitious timescale to complete the project in October 2017.

The Committee supported the business case put forward.

8. TRANSFORMATION AND COST IMPROVEMENT

The Committee received the month 9 CIP report. It was noted that of the 'red' rated schemes, three related to income which were not being credited to the service because they were not making their targets in other areas. It was also noted that Quality Impact Assessments for 2017/18 were being generated.

9. ANY OTHER BUSINESS

10. DATE OF NEXT MEETING

The next meeting will be on Monday 27 March at 9.30 am.

Trust Board

FINANCE & CONTRACTING REPORT TO 28th February 2017

1. Introduction

This paper outlines the Group consolidated financial position for the period ending 28th February 2017.

The Income & Expenditure (I&E) position was a Year-to-Date (YTD) surplus of £120k (including donated income & assumed sustainability & transformation funding), a favourable variance against the plan of £233k, an in-month deficit of £24k.

Summary of Key Financial Information	Year to Date (YTD)			
	Plan £000s	Actual £000s	Var £000s	Var %
Income	190,708	193,463	2,755	1.4%
Expenditure	183,639	187,753	-4,114	-2.2%
EBITDA	**7,069**	**5,710**	**-1,359**	
Finance and Depreciation Costs	13,238	12,712	526	4.0%
I+E Surplus /(Deficit) excl donated income & STF	**-6,169**	**-7,002**	**-833**	
Donated Asset Income Adjustment	281	1,347	**1,066**	
Sustainability & Transformation Fund	5,775	5,775	**0**	
I+E Surplus (+ve) / Deficit (-ve)	**-113**	**120**	**233**	
Favourable Variances are shown as +ve				

Overall income was up against plan and we used the same methodology to estimate NHS clinical income as for the previous month. Month 10 actual NHS activity and income was broadly in line with the estimate we had used for reporting the financial performance last month. The Trust received a further £100k of donations which does not count towards the Trust's financial control total trajectory.

The hospital has again been very busy with all escalation areas in use including escalation into day surgery and chemotherapy suite. The increase has been above what we would have normally expected due to excessive emergency demand and high numbers of DTOCs. Although we have seen a reduction in agency costs during February, this has been more than offset by an increase in contracted staff costs. Non-pay spend in month was back to where we would have normally expected. A significant overspend variance on 'other' non-pay was due to the phasing of the strategic savings as £1m was included in the target.

Achievement of the control total and the planned year-end surplus of £1.8m will be a significant challenge. If the Trust's in-month position for March is breakeven (excluding the stock adjustment of £2.1m); the Trust will need to find another £0.6m of cost savings or other measures in addition to the stock adjustment to achieve plan. This is of course entirely dependent on securing all of the STF funding of £6.3m which is a major issue given the deterioration in the national finances.

The extra £0.6m referred to above may be sourced through: commissioner support, contributions from our subsidiaries, and revenue to capital expenditure transfers. In addition it can be hoped that the drive to reduce escalation, which is showing some signs of success, will reduce agency costs and enable March to be profitable.

2. Sales

NHS activity revenue was £165,234k (excluding sustainability & transformation funding) which was £97k above the plan. Of this sum 'excluded pass-through drugs & devices' over-performance was £993k which was matched by expenditure, and as such adds no benefit to the bottom line.

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

Contract Activity Performance 2016/17	Actual 2015-16	Actual 2016-17	Plan 2016-17	Year on Year Variance	Plan Variance
Elective inpatients	5,069	4,559	5,066	-510	-507
Elective PSDs/day attenders	21,030	19,136	21,114	-1,894	-1,978
Regular Day Attenders	7,725	8,448	7,718	723	730
Non Elective Inpatient	24,093	24,697	24,048	604	649
Outpatient initial attendances	60,999	60,193	60,865	-806	-672
Outpatient follow-up attendances	102,363	93,308	102,427	-9,055	-9,119
Outpatient procedures	33,754	32,751	33,672	-1,003	-921
A&E attendances	41,032	42,445	40,421	1,413	2,024
Favourable Variances are shown as +ve					

The Trust continued to experience high levels of A&E attendances and non-elective admissions, and this is an issue that is affecting many other providers across England. The high level of activity is impacting on the Trust's ability to achieve the elective income targets and meet its referral to treatment (RTT) targets. In February the Trust started preparations to outsource elective work to the private sector to support the elective work and achieve the RTT target; this will step up considerably in March.

Other income (excluding donations) was ahead of the YTD plan by £2,658k due to the reclassification of some clinical income and the insurance rebate.

3. Cost of Sales including indirect costs

The total YTD net expenditure for all Directorates was £160,635k, resulting in an adverse variance of £3,477k. The position is summarised as follows:

Directorates	In Month			Year to Date		
	Plan £000s	Actual £000s	Var £000s	Plan £000s	Actual £000s	Var £000s
Medicine	3,414	3,837	-423	38,893	41,302	-2,409
Musculo Skeletal	2,413	2,396	17	27,078	26,397	681
Surgery	2,903	2,996	-93	32,531	33,694	-1,163
CSFS	3,314	3,537	-223	36,148	37,037	-889
Facilities	309	357	-48	4,193	4,039	154
Corporate	1,633	1,653	-20	18,315	18,166	149
TOTAL	**13,986**	**14,776**	**-790**	**157,158**	**160,635**	**-3,477**

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

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

- **Medicine:** There was a continuation of nursing overspending due to high levels of vacancies which were filled by expensive agency staff. Also there was in-month a high number of 'Specials' contributing to the nursing overspend. This will require further scrutiny. CIPs were also behind plan by £315k.
- **Musculo Skeletal:** The YTD underspending was attributable to unfilled staff vacancies and CIPs being ahead of plan by £117k.
- **Surgery:** The YTD variance can be explained as a shortfall against planned savings target of £231k and use of agency ODPs and nursing staff.
- **CSFS:** The YTD overspending relates to additional costs of agency medical staff, radiographers and scientists and non-pay overspend on reagents. CIPs were behind plan by £131k.
- **Facilities:** The majority of areas were underspent and CIPs were over-achieved by £28k.
- **Corporate:** The budget overspending in Estates and the Nursery has been offset by underspending in IT, Quality and Medical Directorates. CIPs were ahead of plan by £70k.

4. Cost Improvement Plan

The Trust achieved YTD savings and Income Generation schemes of £5,773k against the plan target of £7,313k, an adverse variance of £1,540k. The adverse variance in month is attributable to the phasing of the strategic target in the last quarter of the financial year. Additional £1m was added to the target this month for strategic schemes, in total £1.5m. The CIP programme is back loaded and therefore on a straight line basis the Trust would be £2,935k (66%) behind where it should be. This will be greatly assisted by the non-recurring non-cash benefit from accounting for additional stocks at the end of March. At the time of preparing this report, unidentified schemes relating to the £6.5m distributed target amount to £375k (5.8%). Further possible opportunities have been identified value of £313k which will need to be delivered for the Trust to achieve its planned outturn position.

5. Statement of Financial Position

Overall the working capital position (current assets less liabilities) was slightly behind plan by £513k. The plan includes the receipt of a loan to assist with the EPR project, it is almost certain that this sum will not materialise.

6. Cash

The consolidated cash position at the end of February was behind plan by £2,053k. A sum of £263k remains outstanding on the quarter 2 STF fund and no payment has yet been received for the quarter 3 STF fund (a sum of £1,575k has been included in debtors for this). NHSI has not been able to confirm either of these sums will be paid by the year end, which is clearly concerning. Any STF funds due for quarter 4 have been removed from the cash flow as it appears that these will not now be paid in 2016-17, contrary to previous guidance.

The cash flow reflects the actual position for the first eleven months of the year and a forecast for March 2017. It is based on a number of assumptions; some of the key ones are as follows:-

- NHS income is based on contract values plus year end settlement agreements with Wiltshire CCG and the Specialist Commissioners. Cash relating to the former was received in December 2016 and the latter in February 2017. It is assumed only contractual income will be received in the remaining month of the year.
- Although the forecast outturn for the year assumes the Trust will receive the Sustainability and Transformation Fund (STF) in full for the whole year, only payments for quarters 1-3 have been included in the cash flow for 2016-17 (see above). A sum of £1,575k is anticipated for both Q3 and Q4, but this will depend on successful appeals for failures to meet the ED and RTT targets for Q3. The STF payment for Q4 is now entirely dependent on the delivery of the control total and there are no other performance measures.
- Although the Trust has applied to the ITFF for a £6m loan towards the EPR project, and whilst this was approved by the ITFF, the funding has yet to be approved by the DoH/Treasury and no income is included for this loan. No receipts have been included either for the recent funding application submitted for the new ward proposal.
- An additional £1.5m has been included in the cash flow in March to allow for increased capital expenditure.
- Expenditure is based on known figures wherever possible and best estimates if these are not available.

The Trust will continue to monitor the cash flow position on a daily basis to highlight any potential requirements for additional funding. End of year cash looks like being about £4m assuming the STF funding is received as detailed above.

7. Capital Expenditure

Expenditure for the first eleven months of the financial year was £8,609k which was behind plan by £1,650k. The revised plan for the year is £11,453k, which includes known slippage advised by the project managers. It excludes any additional sums for the new Ward, although up to £1m could be incurred in the current year.

8. NHS Commissioner Contracts

The Trust has received a first cut of the detailed 2017-18 finance and activity plan from Wiltshire and Dorset CCGs. West Hampshire CCG who are leading the SHIP (Southampton, Hampshire, Isle of Wight & Portsmouth CCGs) consortia are yet to supply us with a plan for review but are aware that needs to be supplied in the next couple of weeks so that it can be reviewed in preparation for loading into the contract reporting system.

At the time of contract signature NHS England (NHSE) specialist commissioning had only agreed one CQUIN scheme which was the optimising of palliative chemotherapy. Discussions are ongoing with NHSE who are requesting the Trust to now adopt two different schemes. The Trust has agreed to the CQUIN in relation to national standardisation of chemotherapy drugs but has not accepted the proposed medicines optimisation CQUIN. The Trust has responded and is awaiting comment from NHSE.

The Trust is in discussions with Wiltshire CCG, RUH Bath and Great Western NHS Trusts to agree an improved method of reporting the maternity pathway which should ensure clarity when recording and reporting the ownership of the patient's maternity pathway and will save time and resource in responding to challenges for all parties.

The Trust had a productive teleconference with NHS England Specialist Commissioners in relation to the contract plan for next year and it has been agreed that the activity plan will be reviewed in quarter one of 2017-18. NHS England has confirmed that the new identification rules which are expected to be used for reporting from the 1st April 2017 will not be published until April which will put pressure on all parties to ensure they are implemented in time for April reporting. This combined with the adoption of the HRG4+ grouper (which is a more granular tariff) will make for a challenging first quarter of the new financial year.

Wiltshire CCG has been working with BANES and Swindon CCGs to align their Interventions Not Normally Funded (INNF) policies to ensure that there is a consistent approach across the STP batch. The new updated policies were published at the beginning of March and will go live from the 1st April 2017. It is imperative that everyone is aware of the new and updated policies and ensure that funding applications are submitted now for patients being listed for procedures in April.

9. Other Financial issues

Commercial activities are going well with: our laundry gaining more business and looking to establish more capacity, our MyTrusty going onto Tesco and Superdrug shelves, payroll services being expanded to support UHS and GWH, planning approval received for the new joint venture SDU, and new bed storage company shortly to be launched. All this will help with the bottom line over the years ahead.

Steps are being taken to close NHS Innovations South West Ltd (NISWL) where SFT is a guarantor (£1). Staff have been issued redundancy notices and non-pay spends are ending in a managed process. Indications are that NISWL will break even at 31 March although there are risks of income being delayed with sums involved of around £8k. The Company will cease trading but not be dormant as there are royalties due over the next three years. The Company Board has agreed that such sums will revert to SFT.

Discussions with NHSI are being actively pursued in order to establish how cash support will be obtained for 2017/18, and to understand if a revised and more sensible control total offer is likely to be forthcoming.

10. Conclusions

The Group reported position for February was YTD surplus of £120k giving a favourable variance of £233k against plan.

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

11. Recommendations

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

Malcolm Cassells
Director of Finance
28th March 2017

Appendix 1 - SUMMARY STATEMENT OF COMPREHENSIVE INCOME

Month 11	In month			YTD (Cumulative)		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Operating Income						
NHS Clinical Income	13,852	13,960	108	151,189	150,293	(896)
High cost drugs income	1,268	1,305	37	13,948	14,941	993
Other Clinical Income	617	651	34	6,907	7,039	132
Research & Development & Education	568	540	(28)	6,095	6,337	242
Other (Excluding Donated Asset income)	1,149	1,382	233	12,569	14,853	2,284
TOTAL INCOME	**17,454**	**17,838**	**384**	**190,708**	**193,463**	**2,755**
Operating Expenditure						
Pay - In post (includes bank & locums)	10,546	10,822	(276)	115,969	116,115	(146)
Pay- Agency	455	633	(178)	5,709	7,231	(1,522)
Drugs	1,563	1,585	(22)	17,278	17,763	(485)
Clinical Supplies & purchase of healthcare	2,112	2,139	(27)	23,309	23,232	77
Non-Clinical Supplies	527	682	(155)	5,923	6,021	(98)
Other (incl PFI unitary charge)	499	1,449	(950)	15,451	17,391	(1,940)
TOTAL EXPENDITURE	**15,702**	**17,310**	**(1,608)**	**183,639**	**187,753**	**(4,114)**
EBITDA (Earnings Before Interest, Tax, Depreciation & Amortisation)	**1,752**	**528**	**(1,224)**	**7,069**	**5,710**	**(1,359)**
Financing Costs	1,206	1,177	29	13,238	12,712	526
SURPLUS / (DEFICIT) excluding donated income & STF	**546**	**-649**	**(1,195)**	**-6,169**	**-7,002**	**(833)**
Donated Asset Income	0	100	100	281	1,347	1,066
Sustainability & Transformation Fund	525	525	0	5,775	5,775	0
SURPLUS / (DEFICIT)	**1,071**	**-24**	**(1,095)**	**-113**	**120**	**233**

Appendix 2 - CAPITAL EXPENDITURE

Project Name / Category	Approved Annual Plan 16/17 £000s	Agreed Changes 2016/17 £000s	Brought Forward from 2017/18 £000s	Slippage to 2017/18 £000s	Revised Annual Plan 2016/17 £000s	YTD spend (Feb 2017) £000s	Anticipated Under/(Over) spent on Projects £000s
Donated Assets							
Bariatric Bed	11,140	0	0	0	11,140	0	
Breast Unit Development - Charitable Funded	0	1,146,065	0	0	1,146,065	1,143,075	
Clinical Radiology 2 x Ultrasound	17,700	0	0	0	17,700	0	
Orthodontics & Oral Surgery Cone Beam CT Scanner	110,000	0	0	0	110,000	0	
Small Donated Additions	0	202,340	0	0	202,340	202,340	
Donated Assets - Totals	**138,840**	**1,348,405**	**0**	**0**	**1,487,245**	**1,345,415**	**0**
Phase 3 Building Schemes							
Breast Unit enabling	10,194	54,911	0	0	65,105	64,405	
Car Park PV	0	2,000	0	0	2,000	1,267	
CT Scanner Building and Enabling	9,013	0	0	0	9,013	0	9,013
Laverstock Ward (Decant Ward Project)	354,720	49,767	0	0	404,487	389,562	
Modular Ward	0	293,065	0	0	293,065	266,230	
SAU Refurb (Decant Ward Project)	88,147	18,587	0	0	106,734	91,096	
Maternity development	354,712	0	0	-294,660	60,052	60,052	
Radnor Ward Development	12,594	-12,594	0	0	0	0	
SDU Development	30,338	0	0	0	30,338	355,477	(325,139)
Springs entrance development	1,228,718	-1,228,718	0	0	0	0	
Ward changes - Dementia Patient Care	1,457	0	0	0	1,457	1,741	(284)
Building Schemes - Totals	**2,089,894**	**-822,982**	**0**	**-294,660**	**972,252**	**1,229,830**	**(316,410)**
Building and Works							
Accommodation H&S Work	40,000	0	0	-19,876	20,124	0	
Accommodation Boilers (Wylye House & Victoria Drive)	80,000	0	0	-30,000	50,000	36,505	
Accommodation replacement of kitchens and bathrooms	46,850	0	0	0	46,850	27,629	
Accommodation Roof Repairs (Compton & Langley)	60,000	0	0	-60,000	0	0	
AHU replacement yr 4 (2016/17) of 7	170,596	33,700	0	0	204,296	203,155	
Asbestos management	17,776	0	0	-17,776	0	0	
Avon and Bourne Boiler Replacement	52,000	11,532	0	0	63,532	60,193	
Block 24 Cavity Wall Insulation	0	15,000	0	0	15,000	0	
BMS upgrade	44,023	-33,700	0	0	10,323	0	
Car park machinery replacement	10,071	37,000	0	-19,243	27,828	27,828	
Catering Changing Area	19,000				19,000	0	
Catering Dishwasher	49,066	0	0	0	49,066	6,122	42,944
Catheter Suite - Rebalance of Heating System	6,048	0	0	0	6,048	0	6,048
Central booking relocation - block 79 (Wilton ward)	101,439	0	0	0	101,439	94,224	
DSU AHU Modification	0	17,500	0	0	17,500	0	
DSU Roof Repairs	5,822	0	0	0	5,822	0	
DSU Salto	13,668	0	0	0	13,668	13,304	363
Ductwork & Fire Damper Cleaning Whole Site	129,483	0	0	-121,919	7,564	7,564	
Electricity at Work Regulations Compliance	84,239	0	0	0	84,239	13,030	
Estates health and safety	4,725	0	0	0	4,725	1,910	
Estates - Oracle software interface	24,000	0	0	-24,000	0	0	
Fertility Centre Upgrade	15,000	0	0	0	15,000	11,406	3,594
Fire compartmentation SDH north - remedial works	18,271	0	0	0	18,271	4,252	14,019
Fire Door Compliance	40,000	0	0	-39,288	712	712	
Flooring Replacement	40,534	0	0	0	40,534	34,696	
General laboratory replacement autoclave and Motuary Disinfector	54,075	0	0	0	54,075	47,394	
Genetics Coolong	36,000	0	0	-36,000	0	0	
Genetics Modular cold room	0	0	0	0	0	5,160	(5,160)
Helipad Temporary Parking	0	17,870	0	0	17,870	15,578	2,292
Hillcote Sale Costs	0	0	0	0	0	182	(182)
Hospice Fire Alarms (was Hospice and Finance)	45,295	2,000	0	0	47,295	1,556	
Lab Medicine Cold Room	0	0	0	0	0	2,049	(2,049)
Level 4 Bedspace Power Sockets	41,610	-8,000	0	-31,000	2,610	0	
Lifts overhaul - year 3 (2014/15) of 3	40,488	25,000	0	0	65,488	3,392	
Main boiler burners	5,549	-5,549	0	0	0	0	
Main Entrance L3 Upgrade	5,807	0	0	0	5,807	237	
Maternity Obstetric Theatre Refurbishment	1,030	0	0	0	1,030	0	
Maternity Post Natal Upgrade	6,437	0	0	0	6,437	300	
Mattress Laundering	2,521	0	0	0	2,521	0	
Medical Gas Hoses 2nd year of 2 (2015/16)	147,000	-7,500	0	-139,500	0	0	
Medical Records Storage Enabling - Level 1	0	0	0	0	0	0	
MSK Notes Preparation	6,500	0	0	0	6,500	0	
Nurse Call System Upgrade - SDH North & Maternity - 2nd year of 2	123,167	-30,767	0	-92,400	0	0	
OHSS replacement windows	5,270	0	0	0	5,270	2,055	
Old GUM Clinic Demolition	10,449	0	0	-10,449	0	0	
Pathology - air tube upgrade	4,119	0	0	0	4,119	5,554	(1,434)
Pathology - conversion of computer room to office	12,000	0	0	-12,000	-0	0	
Pathology Reception	6,370	32,800	0	-6,000	33,170	19,731	
Pharmacy Cold Room	10,000	0	0	0	10,000	0	
Powered Door Curtains Level 2	30,000	-22,572	0	0	7,428	465	
Productive Operating Theatres	18,542	0	0	0	18,542	0	
Public & Staff WCs L5,L4,L3	53,357	0	0	-53,000	357	97	
Public Spaces Fund	12,441	0	0	-7,000	5,441	0	
Roads and paving repairs	214,259	0	0	-214,259	0	0	
Sarum Ward Playdeck	0	7,000	0	0	7,000	3,770	3,230
SDH North Drain Survey	4,999	0	0	0	4,999	0	4,999
Server Rooms - Air Conditioning	16,890	0	0	-10,000	6,890	0	
Shower Cubicle Drainage Improvements	17,693	0	0	-11,937	5,756	5,756	
Site Signage	7,517	0	0	0	7,517	2,776	
Spinal Boiler Replacement & Associated Pipework	5,983	-5,983	0	0	0	0	
Spinal treatment centre refurbishment	16,306	0	0	0	16,306	3,865	12,440
Spinal Unit Doors and Locks	4,282	0	0	0	4,282	59	4,223
Springs servery upgrade - floor and freezers only	75,000	0	0	-75,000	0	0	
Taps & IPS panels - sitewide	48,056	0	0	-20,000	28,056	17,436	
Water Safety	42,000			-30,000	12,000	0	
Water tanks access - main tanks only	30,000	-30,000	0	0	0	0	
Building Projects/Building and Works Totals	**2,233,620**	**55,331**	**0**	**-1,080,647**	**1,208,306**	**679,941**	**85,327**
Information Technology							
Alternative to Microsoft products - review	75,000	-60,000	0	-15,000	0	0	
Bighand	0	30,117	0	0	30,117	0	
Blades	193,000	0	0	-133,600	59,400	24,750	
Blood Tracking Phases 1 - 3	185,945	0	0	-80,000	105,945	71,387	
BMS Network Upgrade	987	0	0	0	987	1,771	(784)
Brocade Switch Replacement	5,004	0	0	0	5,004	3,527	1,476
CALS	200,000				200,000	0	
Catering Cash Register Replacement	4,400	0	0	0	4,400	2,060	2,340
Citrix Support	102,276	0	0	-73,866	28,410	28,410	
Community Midwifery system trial	29,244	0	0	0	29,244	3,930	
Connectivity Upgrade for Warminster & Shaftesbury	19,023	0	0	0	19,023	13,313	
Data Warehouse (16/17 bid)	175,000	0	0	-175,000	0	0	
EEG Neurophysiology Review Software	5,000	0	0	0	5,000	4,194	806
Electronic Letters	14,617	0	0	0	14,617	0	14,617
EPMA	405	0	0	0	405	0	405
EPR Contigency	0	-732,129	865,000	0	132,871	102,377	
EPR Lines	11,000	0	0	0	11,000	0	

Project Name / Category	Approved Annual Plan 16/17 £000s	Agreed Changes 2016/17 £000s	Brought Forward from 2017/18 £000s	Slippage to 2017/18 £000s	Revised Annual Plan 2016/17 £000s	YTD spend (Feb 2017) £000s	Anticipated Under/(Over) spent on Projects £000s
EPR Network Resilience	0	125,000	0	0	125,000	24,607	
EPR Implementation Costs	-170,248	2,442,629	0	0	2,272,381	2,017,831	
EPR Hardware	-188,526	713,000	0	0	524,474	514,041	
EPR Data Warehouse	0	304,200	224,000	0	528,200	388,456	
EPR Supplier Costs	0	0	0	0	0	0	
EPR Scanning	0	932,000	0	-892,000	40,000	3,720	
Genetics - software upgrade	7,836	0	0	0	7,836	0	7,836
Genetics High Spec Analysis Equipment & Software	29,405	0	0	0	29,405	3,727	
Histopathology Hardware	10,773	0	0	-10,773	0	0	
IBD register	8,951	0	0	0	8,951	4,140	
Inhouse development team - applications, databases and Dashboards (subject to bus case)	101,465	0	0	0	101,465	94,061	
Maintenance renewal - estimate	38,034	-24,853	0	0	13,181	0	
Mobile Computing	8,772	0	0	-3,500	5,272	4,229	
Mortuary module	52,000	-13,000	0	0	39,000	0	
Network Unsupportable	24,000	0	0	-23,787	213	213	
Network Upgrade Consultancy	129,774	0	0	-21,253	108,521	48,520	
Ophthalmology System	140,926	0	0	0	140,926	120,450	
Order Comms (includes System Admin Bid & Sexual Health Bid)	15,265	0	0	-15,265	0	0	
PACS	116,873	-54,000	0	-34,082	28,791	5,669	
PACS ED Machines	0	41,535	0	0	41,535	36,359	
Palliative Care EPR	39,437	0	0	-39,437	0	0	
PAS 2016 Replacement - Consultancy Costs	780	0	0	0	780	0	780
Patient Observations Monitoring and Decision Support/Early Warning System/POET	0	7,000	0	-6,946	54	54	
Radiology - OrderComms	36,117	0	0	-36,117	0	0	
Replace 6509x3 network hubs	67,479	0	0	0	67,479	25,230	
Reporting System	3,570	0	0	0	3,570	0	3,570
Results System in GP Practices 'Review' System	10,079	0	0	-10,079	-0	0	
SAN Storage	210,000	0			210,000	192,360	
SBAR Cardiology DICOM Migration	45,100	0	0		45,100	0	
SBAR for PAS	2,476	0	0	0	2,476	0	2,476
SBAR re NACS Update to ED Symphony	7,500	0	0	0	7,500	0	7,500
SBAR re UPS Replacement (formerly UPS Replacement - Room based for Computer Rooms)	21,150	0	0	0	21,150	0	21,150
StarLIMS Upgrade	0	30,000	0	0	30,000	0	
Telecomms Voice Over IP - invest to save (non clinical areas - subject to a telephony strategy)	189,543	0	0	0	189,543	99,156	
Telepath enhancements	3,505	0	0	0	3,505	0	3,505
Telepath to CSCLims (Phase 3 / Year 4 of 4 2016/17)	150,000	0	0	-150,000	0	0	
TMG-UAG	15,000				15,000	0	
UPS Replacement Programme	34,132	0	0	-20,000	14,132	9,335	
Whiteboards	208,320	0	0	-72,307	136,013	110,839	
XML for Pathology COSD Submission	11,900	0	0	0	11,900	0	
Information Technology Totals	**2,402,290**	**3,741,499**	**1,089,000**	**-1,813,012**	**5,419,777**	**3,958,716**	**65,677**
Medical Devices							
ANC Ultrasound (GROW Programme)	80,000	0	0	0	80,000	62,300	17,700
Bariatric Bed (2016/17 bfwd)	346	-346	0	0	0	0	
Bed Buffers	0	15,000	0	0	15,000	3,733	
BED replacement programme - 4th (2016/17) yr of 4	58,996	0	44,817	0	103,813	88,968	
Cone Beam CT Scanner Enabling Works	0	43,402	0	0	43,402	7,390	
DSU Camera Stack	98,000	0	0	0	98,000	61,678	
DSU Ophthalmic Microscope	120,000	0	0	0	120,000	0	
General x-ray machine - Westbury - radiology	99,000	66,124	0	0	165,124	0	
Genetics Centrifuge	0	0	5,327	0	5,327	5,262	
Genetics DNA Extractor	77,000	0	0	0	77,000	0	
Genetics Cytology Ozone Free Hood	0	23,500	0	0	23,500	20,939	
Grouped Items 2015/16	0	5,131	0	0	5,131	6,477	(1,346)
Grouped Items 2016/17	100,000	0	0	0	100,000	71,116	
Maternity Theatre Equipment	26,014	0	0	0	26,014	0	26,014
Medical Equipment <£50k 14/15	26,400	-26,400	0	0	0	0	
Medical Equipment <£50k 15/16	11,635	0	0	0	11,635	578	11,057
Medical Equipment <£50k 16/17	231,780	26,400	0	0	258,180	220,748	
Medical Equipment <£50k 17/18	0	0	14,000	0	14,000	13,476	
Powered Patient Trolleys	0	0	0	0	0	0	
Radiology Lead Aprons	30,000	-4,000	0	0	26,000	25,598	
Radiology Room 2 Replacement	228,000	0	0	0	228,000	165,575	
Radiology Room 11 Ultrasouind Replacement	80,000	0	0	0	80,000	79,824	176
Refrigerated Centrifuge	444	-444	0	0	0	0	
Rigid hysteroscopes x 4 plus stack	3,561	0	0	0	3,561	0	3,561
Ringwood Ophthalmology Equipment	50,000	-50,000	0	0	0	0	
Scopes	32,153	0	0	0	32,153	3,282	
Spinal Hoists	37,574	0	0	0	37,574	39,931	(2,358)
Static and Pressure Relieving Mattresses	22,209	0	0	-12,283	9,926	9,926	
Theatre Instrumentation Replacement Programme	773,355	-300,000	0	-150,000	323,355	300,723	
Thermometery Data Loggers	12,958	0	0	0	12,958	12,924	34
VAC Terapy Machines	3,600	0	0	0	3,600	3,600	
Videoscopes x2 - main theatres	50,000	0	0	0	50,000	0	
Medical Equipment Totals	**2,253,025**	**-201,633**	**64,144**	**-162,283**	**1,953,253**	**1,204,049**	**54,838**
Other							
Bed Stacking	36,494	0	0	0	36,494	12,209	
Bed Stacking - Commercial Related	0	30,000	0	0	30,000	24,179	
Car Park Machinery	37,000	-37,000	0	0	0	0	
Catering Boiling Pan	15,000	0	0	0	15,000	13,671	1,329
Cold Servery Counters	70,000	-70,000	0	0	0	0	
Demand Response Generator Conversion	178,920	0	0	-178,920	0	0	
Efficiency schemes	222,170	-141,800	0	-73,333	7,037	7,037	
Finance systems	90,000	0	0	-90,000	0	0	
Hedgerows Dishwasher Replacement	0	14,000	0	0	14,000	0	
LED Lighting	30,737	-18,000	0	0	12,737	10,214	
Lightning Repairs	0	0	0	0	0	0	
Outpatient Kiosks	65,953	0	0	0	65,953	25,401	
Phhotovoltaic's / Solarthermal PV	17,683	0	0	-17,683	0	0	
Portering Bed Movers	0	0	0	0	0	0	
Procurement Tug 2015/16	2,050	0	0	0	2,050	0	
Project costs	25,529	0	0	0	25,529	2,843	
Scan4Safety (GS1)	0	109,000	0	0	109,000	49,278	
Security	40,000	0	0	-10,373	29,627	29,627	
Telecoms Trunk Lines	8,280	0	0	-6,830	1,450	1,650	(200)
Theatres Storage and Trolleys	2,580	0	0	0	2,580	2,400	
Ward Waste Bins	60,643	0	0	0	60,643	12,723	
Other Totals	**903,040**	**-113,800**	**0**	**-377,139**	**412,101**	**191,232**	**1,129**
Trust Totals	**10,020,710**	**4,006,820**	**1,153,144**	**-3,727,741**	**11,452,934**	**8,609,183**	**(109,439)**

Trust Board meeting
SFT 3877

MONTH 11 OPERATIONAL PERFORMANCE REPORT

Date: 24th March 2017

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

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

Executive Summary:

For Month 11 the trust successfully delivered the RTT 52 week, 12 hour trolley wait, Urgent operation cancelation standard, Infection Control Standard and reported only 0.2% below the national standard for RTT. Cancer performance has been varied across the quarter however the trust delivered 62 day target for quarter 3. ED performance has been challenging and is the main focus for improvement.

Emergency Pathway

	Total Breaches	Total Attendances	Performance (%)
Type 1 (via ED)	543	3223	83.2%
Type 2 (via OP)	0	325	100%
Total	**543**	**3548**	**84.7%**

4 hour performance for Feb was 84.7%. February was a very difficult month in terms of bed pressures on the Trust and ED performance was significantly impacted by the level of admission activity and discharge delays. In February 70% of breaches were directly attributable to bed availability, with a large proportion of the remaining breaches indirectly attributable.

Three paramedics have now been recruited to the ED Navigator role to support the new ED Triage mode which will be implemented next month.

There were no ambulance handover delays over 60 mins in February and 98% of total ambulance handover times were within target.

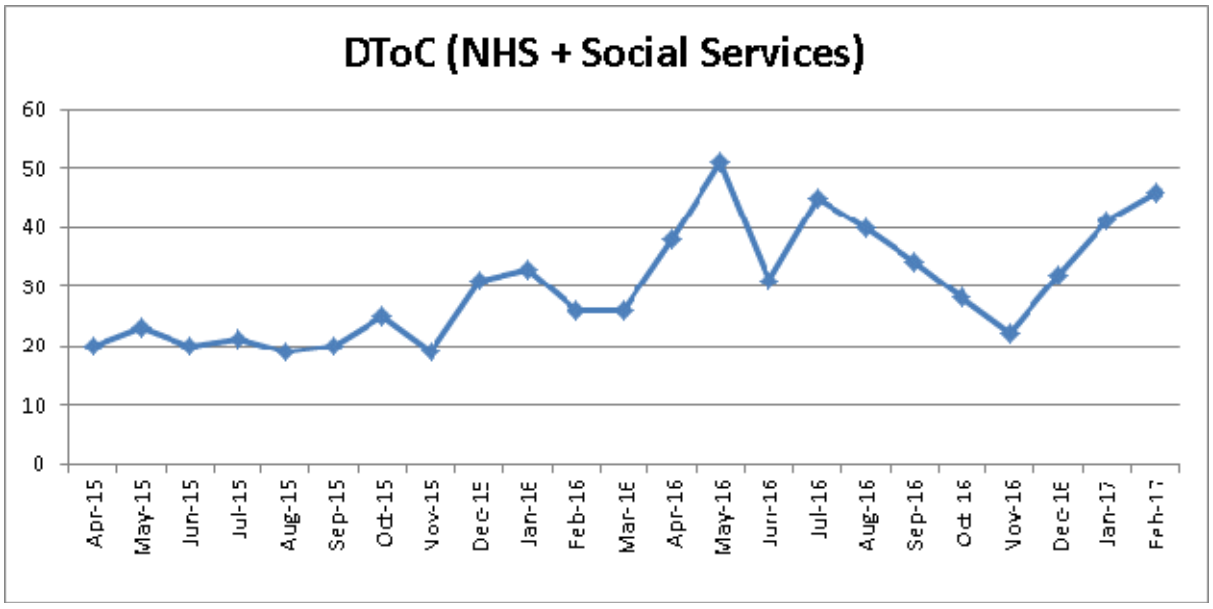
There were no 12 hour trolley waits in February.

There has been improved performance in the department in March as bed pressures have started to ease.

Number of Patients with a Delayed Transfer of Care (DToCs)

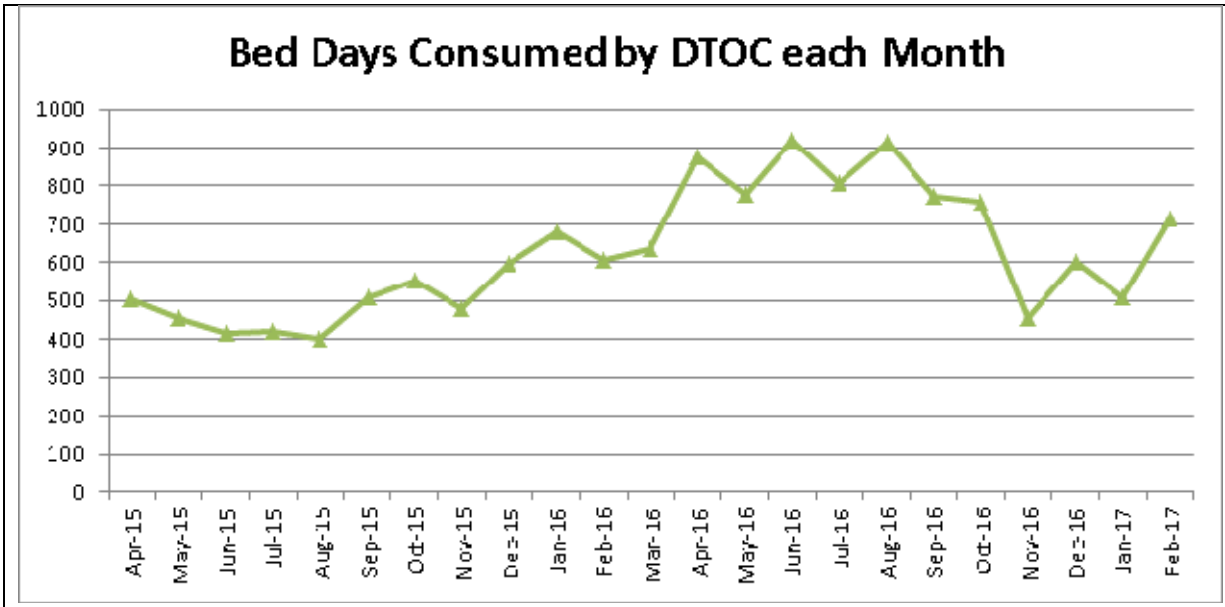
Number of Patients with a Delayed Transfer of Care (DToCs) have risen again in Feb 2017. The monthly snapshot position shows above 45 but on many days in the month the DToC numbers have remained to 50.

Primary reasons for patient discharge delays include a shortage of community bed and domiciliary care capacity across Wiltshire, Hampshire and Dorset. There is also a recognised shortage of specialist nursing home capacity. The Trust continues to make every attempt to work with local Health and Social Care commissioners and providers to resolve these issues. A DToC summit was organised by the trust with all providers providing services to SFT patients and actions are being monitored by the ED Local Delivery Board.



Number of lost bed days

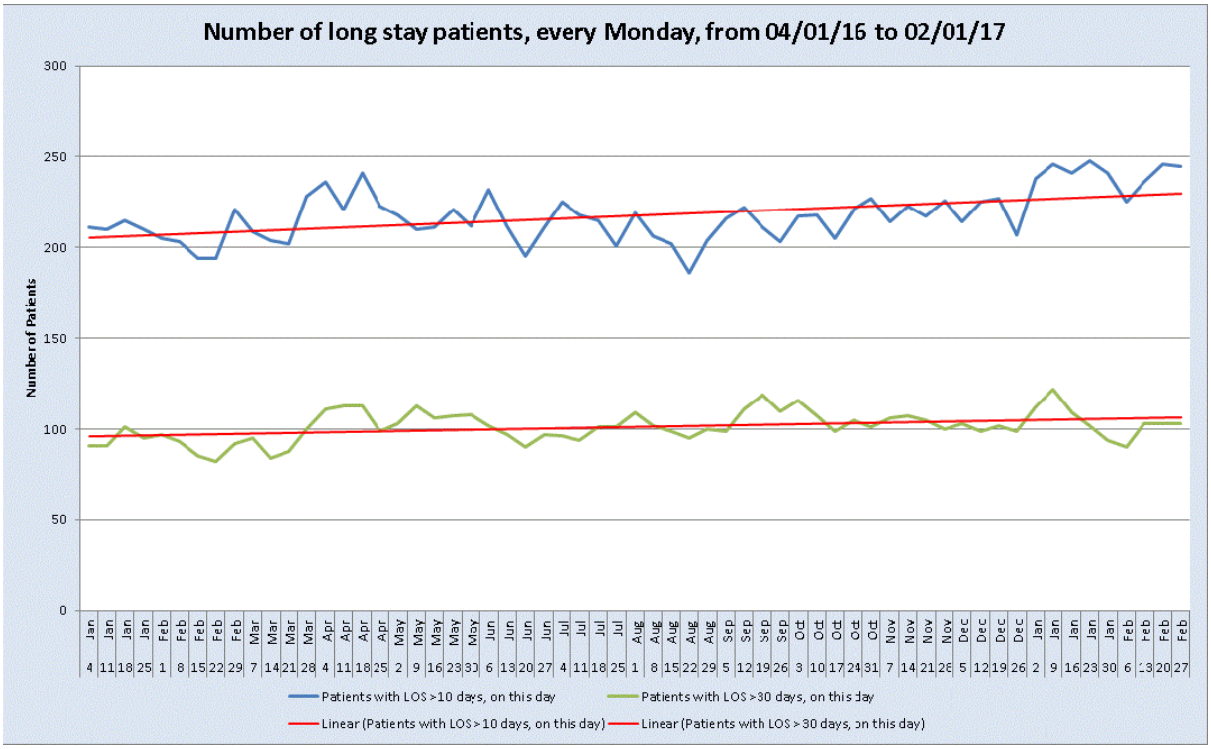
In February there has been a further increase in the number of bed-days lost due to delayed transfers of care, this month reaching over 600.



Length of Stay

Patients with LOS >10 days has risen again in Feb, close to 250 per day and representing over 50% of the Trust established bed base

Patients with LOS> 30 days remained on or around 100/day in Feb (>20% of established bed base), with no improvement on the previous month.



There was an 8.3% growth in medicine non-elective admissions by month against 2015-16 and there has been a 9.5% overall increase in medicine non-elective

admissions year to date over last year.

RTT

The trusts has seen a significant improvement in the reported RTT position and with the reported position for February being 91.8%.

In addition to actions to improve data quality and the use of our new IT systems plans to increase capacity will improve specialty level performance.

Following validation of our waiting lists post our new EPR implementation the trust has made a formal request to resubmit its RTT performance for November, December and January – this is shown below.

Month	Original Submission	Rerun as of 23/02	Rerun as of 17/03
Nov-16	84.7%	91.07%	92.3%
Dec-16	91.0%	91.24%	92.5%
Jan-17	88.8%		92.5%

Diagnostic

Performance in February was 97.2%% which is a significant improvement on Month 10 where the figure was 95%. There were 110 breaches overall, the majority (64) were MRI and the rest were in Endoscopy

Problems in January created a backlog of Endoscopy work. However the position is improving and there were 46 breaches at the end of February compared to 110 in January. Key to this improvement has been; ongoing access to 18 week support at weekends, a Gastro locum for 6 weeks in February and March and the Endoscopy Unit was not used for escalation after 1st February.

The MRI breaches continue to relate to the lack of available capacity against a growing demand (2%). We continue to outsource work and have sent 100 patients to Newhall in month and used the MRI van 3 times.

We are expecting an improvement in Endoscopy in March. . A gastro Consultant started on 6th February and will be doing 7-8 lists per week for 6 weeks. We are aiming for zero breaches but this could be a problem if 4 GA lists planned at the end of the month do not go ahead for any reason. We have seen an increase in the number of procedures requiring GA for which capacity is limited.

Radiology. No breaches expected for any modality in Radiology with the exception of

MRI. However there will be over 100 MRI breaches in March despite the ongoing use of the mobile scanner and lists at other providers.

Cancer

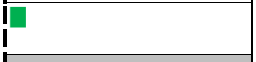
The most significant impacts on Cancer pathways have been an increase in referrals and delays in diagnostic investigations.

Links to Assurance Framework/ Strategic Plan:

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

Appendices: Appendix 1. Trust Board Performance Report – February 2017

Salisbury Hospital NHS Foundation Trust Board Report February 2017

			Reporting Month		Rolling 12 months
Metric Name	**National Ceiling /Standard**	**Local Trajectory**	**Feb-17**	**Patients Affected in Feb-17**	**Trend Against National Standard**
Referral to Treatment Incomplete Performance	92%	92.01%	**91.8%**	2,355	
Referral to Treatment Incomplete Specialty Compliance	16 out of 16		9 out of 16		
Zero tolerance RTT waits > 52 weeks	0	0	0	0	
Metric Name	**National Ceiling /Standard**	**Local Trajectory**	**Feb-17**	**Patients Affected in Feb-17**	**Trend Against National Standard**
A&E - Time in A&E department	95%	93.94%	**84.7%**	543	
12 Hour Trolley Waits	0		0		
Diagnostics - Patients waiting longer than 6 weeks	99%	99.5%	**97.2%**	110	
Diagnostic Test Compliance***	11 out of 11		**8 out of 11**		
Urgent Ops Cancelled for 2nd time (Number)	0		0		
Mixed Sex Accommodation Breaches	0		**29**		
Infection control – Clostridium difficile (YTD)	19		YTD: 13	0	
Infection control - MRSA*	0		0		
Metric Name	**National Ceiling /Standard**	**Local Trajectory**	**Feb-17**	**Patients Affected in Feb-17**	**Trend Against National Standard**
All Cancer two week waits	93%		92.0%	45	
Symptomatic Breast Cancer - two week waits	93%		83.1%	29	
31 day wait standard	96%		98.9%	1	
31 day subsequent treatment : Surgery	94%		100.0%	0	
31 day subsequent treatment : Drug	98%		100.0%	0	
62 day wait standard	85%	86.5%	81.9%	8	
62 day screening patients	90%		76.5%	2	
62 day patients waiting first definitive treatment after Consultant upgrade	85%		100.0% (Mar-16)	0 (Mar-16)	
Cancer 104 Day Waits**	0		0	0 (Apr-16)	

Cells with black dotted outlines indicate provisional data

*Please note: MRSA is no longer monitored by Monitor

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

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

Major Projects Report

Date: February 2017

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

Executive Summary:

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

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

Proposed Action:
To note the report.

Links to Assurance Framework/ Strategic Plan:
Value – "We will be innovative in the use of our resources to deliver efficient and effective care, eg be[ing] innovative in our use of technology to make the organisation more effective."
Choice – "provide a comprehensive range of high quality local services enhanced by our specialist centres"

Appendices:

Supporting Information

Introduction

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

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

Summary

Salisbury NHS Foundation Trust

Project	Lead	Status	Workstreams	Summary
EPR	LA	Stable at Amber	2 x green 6x amber 1 x red	Into a period of system stabilisation, in particular with reference to impact on administrative processes. Data warehouse issues leading to insufficient operational reporting
Scan for Safety	MC (LW)	Stable at Green	3 x green 1 x amber	Phase 2 completed with exception of wristband compliance. Moving to Phase 3 further with wards and in Theatres/Ortho
Wiltshire Health & Care	LA	Reducing at Amber		New service operational from 1st July. Established southern locality group to promote integrated working locally. Major focus on working with primary care on managing the frail elderly. Recruitment issues hampering progress on some key projects.
SDU	MC	Improving at Green	3 x green	New service well established – good feedback from clinical departments. Site demolition complete with planning permission received.

Organisational Development

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

Electronic Patient Record (EPR)

Salisbury NHS Foundation Trust

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

Workstream	Status	Trend	Actions
Stabilisation Plan	Amber	Improving	• Process Review supported by CSC underway • Lorenzo staff feedback sessions & survey held • Revised outcome forms and training implemented in a number of services • Themed, more in depth training post go live, targeted at specific areas/teams
Data migration	Amber	Stable	Data migration at go-live successful, but instances of clinic data not migrating effectively causing operational issues. CSC have introduced a fix to assist with this
Data warehouse	Amber	Stable	Improved progress with data warehouse, Project plan in place, currently at 94% complete, but slightly behind schedule. Current focus on parallel running and validation.

Electronic Patient Record (EPR)

Salisbury NHS Foundation Trust

Workstream	Status	Trend	Actions
Configuration	Amber	Stable	Configuration work volumes remain high focused on resolving operational issues and change requests. Recruitment of additional Configuration resources underway
Benefits	Amber	Declining	Further analysis /review will be undertaken as part to of the stabilisation activity.
Role based access	Green	Stable	Limited issues at go live. Reviewing process of issuing cards to new clinical staff
Integration	Green	Stable	Focus now on integration to Somerset Cancer record, and development for R&R and bi-directional messages for whiteboards
Phase 2 planning	Red	Stable	Phase 2 re-planning being reviewed in light of stabilisation requirements
RTT Reporting	Amber	Stable	• PTL & RTT validation exercise underway,. • Training, process & outcome forms changes also being implemented.

Scan for Safety

Salisbury NHS Foundation Trust

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

Work stream	Status	Trend	Actions
Global location numbering	Green	Stable	Physical locations at 30% completed Focus on utilisation and usage across trust – Group working on detailed use cases
Catalogue management	Green	Stable	Focus on Orthopaedic process ensuring increased level of control with regards to new products and loan and consignment sets
Patient identification	Amber	Improving	POET live scanning in Britford now being expanded to Downton Blood hound – Pilot being carried out in Nunton Wrist band size still to be resolved although all other elements compliant
Purchase to pay/Inventory	Green	Stable	Successful Cardiology Open day Go live underway in orthopaedics Directorate engagement continues

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

- Recruitment of rehabilitation support workers, to promote discharge – recruitment less successful in South.
- Vacancy levels reduced in City community team
- WH&C have identified 6 priorities for 16/17:
  - ❶ Higher intensity care managed in the community
  - ❷ Early supported discharge for stroke patients
  - ❸ Health coaching
  - ❹ Musculo-skeletal physiotherapy provision in the community
  - ❺ Development of urgent care centres
  - ❻ Mobile working
- Detailed planning underway for ❶ and ❷with good engagement from SFT clinical staff – recruitment issues delaying start of ESD. Frailty MDT's established with input from community geriatrician – limited to the City at moment
- Developing clinical and operational links within the southern locality. Excellent primary care engagement, with a focus on managing frail elderly patients across primary and secondary care
- Development of business plan for 17/18 – to be discussed by members on 18th April

SDU Joint Venture

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

Workstream	Status	Trend	Actions
Commercial	Green	Stable	JV agreement , leases and service contract signed mid August
Operational	Green	Stable	Performance continues to exceed expectation KPI's - Fast Track volumes should not exceed 9%: February = Below 2% KPI's – Failure rate not to exceed 5%: February = 1.82% No procedures cancelled
Facility design	Green	Stable	Demolition work now complete. Planning permission received. Detailed design work progressing well.

PAPER NUMBER: **SFT 3879A**

TITLE OF PAPER: **BASE ESTIMATES FOR 2017/18**

1. INTRODUCTION

This paper explains the base estimates for 2017/18 to enable budgets to be set for the new financial year in accordance with the Standing Orders of the Trust. The financial outlook for the Trust in 2017/18 is of significant concern. At the time of submitting the Annual Planning Return in December, it was assumed that the Trust would achieve its control total surplus of £1.8m for 2016/17 (including STF of £6.3m) and the forecast deficit for 2017/18 would be £7m. The Board agreed not to accept the Sustainability & Transformation funding (STF) offer for the next two years as the required cost savings target to achieve the control total was not achievable. This decision has not been challenged by NHSI.

Contracts for 2017/18 with NHS commissioners have been agreed but the Annual Planning Return excluded all commissioners' QIPP schemes as no details were available at the time of submission. The value of proposed QIPP savings is broadly the same as the activity growth figure (excluding drugs) of circa £5m.

The estimates have been considered in detail by the Finance and Performance Committee and the principles and cost pressures have previously been reviewed by the Executives, and the Joint Board of Directors.

2. KEY HIGHLIGHTS

The Source and Application of Funds Statement (attached) has been based on the Annual Planning Return submitted in December 2016. The key highlights are explained as follows:-

Source of Funds (Income)

For 2017/18 NHS clinical income, we have assumed forecast outturn plus the national tariff uplift (inclusive of uplift for CNST premium) adjusted for the expected impact of HRG4+ (which is in line with NHSI assumption) and Specialist Services Identification Rule changes (as notified by NHSE). In addition the following adjustments have been applied to income:-

i. NHS activity growth is based on national assumptions used for STP modelling, except for:-
   a. Emergency Care activity (NELs & ED attendances): + 3%
   b. Excluded Drugs & Devices: + 10%
   c. It has been assumed that all growth in activity relating to approved service developments is included in the IHAM assumptions. All service developments and cost pressures have been identified separately in a worksheet.
ii. Transfer of Diabetic Retinal Screening 1st April 2017 to new service provider;
iii. Add back NHS contracts Cap & Collar arrangements in 2016/17;
iv. Assume 100% of CQUIN funding will be obtained (there are serious risks with this);
v. Agreed Scan4Safety project funding;
vi. The Directorates have identified Income Generation schemes for 2017/18 with a net gain of £2.1m as part of the Cost Improvement Programme (CIP);
vii. Non-clinical income generation schemes of an extra £0.840m;
viii. Resilience Funding at the 2016/17 level of £0.920m;
ix. Sustainability & Transformation Funding has been excluded;
x. Transfer of Nursery services to a private provider.

Application of Funds (Expenditure)

a. Pay

Total annual pay cost is based on forecast actual outturn 2016/17 and adjusted for the following:-

i. National Inflation assumption of 2.1%;
ii. Apprenticeship Levy estimated at £504k (2017/18) and assumed no benefit;
iii. Transfer out of Diabetic Retinal staff 1st April 2017;
iv. Transfer out of Nursery Services staff 1st April 2017;
v. Minimal recruitment of overseas nursing staff in January to March 2017;
vi. Planned and unplanned cost savings;
vii. Non-recurring cost savings 2016/17;
viii. Cost of approved strategic service developments 2017/18;
ix. Scan4safety project funding;
x. Local investments / cost pressures fund of £1.925m;
xi. Agency pay has been capped to the control total of £6.2m. The anticipated spend above the control total for 2016/17 has been transferred to fund permanent posts.
xii. Nothing has been specifically included for CQC recommendations although some cost pressures have a bearing on this.

b. Non Pay

Total annual non pay cost is based on forecast actual outturn 2016/17 and adjusted for the following:-

i. Transfer out of diabetic retinal screening 1st April to new provider;
ii. Transfer out of Nursery Services 1st April;
iii. Scan4safety project funding;
iv. National inflation assumptions;
    a. Drugs: + 2.8%
    b. Other Non-Pay: + 1.8%
    c. CNST premium as notified by NHSLA
v. A further 1.2% has been added to Medical and Surgical Supplies costs to cover expected inflationary pressure above the national assumption;
vi. Local investments / cost pressures of £1.075m;
vii. Costs of agreed strategic service developments;
viii. Planned and unplanned cost savings;
ix. Non-recurring cost savings 2016/17.

c. Finance costs

Total finance costs reflect the estates revaluation and asset life exercise undertaken at the end of last year. Finance costs have been adjusted for the following:-

i. Actual interest rates payable for existing and new non-commercial loans;
ii. Actual PFI payments;
iii. The impact of capital expenditure on depreciation charges and the Public Dividend Capital (PDC) payment;
iv. The impact of changes in working capital on the PDC payment.

d. Savings 2016/17

A savings target of £6.5m has been set for the Directorates as this is considered the maximum likely to be delivered and discussions with the directorate management teams and corporate services managers are on-going to identify savings to achieve the target.

At the time of submitting of the Annual Planning Return, identified costs savings were £2.5m and net income Generation (IG) schemes of £2.1m. The schemes have been profiled based on the information received from the Directorates & Corporate Departments. Savings not yet identified for 2017/18 have been split 60% Pay and 40% Non-Pay and phased in the last financial quarter of the year.

However, since the plan was submitted there has been an increase in the level of cost pressure funding which is being requested. As a result the provision of £2m included in the plan is inadequate and another £1m needs to be provided. It is intended to do this by targeting some additional strategic savings of £0.5m and generating £0.5m additional income from commercial activities, such as STL (our laundry company) and the MyTrusty product range. In addition steps need to be taken to reduce the cost pressures which have been put forward. A large number have already been excluded but there is further to go.

3. OTHER ISSUES

a) The intention is to work with CCG colleagues to reduce any inappropriate activity as a part of QIPP proposals. It will be important for us that the CCGs and GPs fully understand the consequences of any reductions in activity which may leave the Trust with stranded costs and no income to fund them. Discussions with CCGs demonstrate a good understanding of this.

b) Capacity is a really serious issue. We plan to invest in a new modular build ophthalmology out-patients facility which will facilitate the creation of a 23hr 20 bed ward facility in the area vacated by ophthalmology. This should help to alleviate emergency bed escalation pressures in surgical areas and allow the Trust to protect more profitable elective work even when under pressure. Also the role of community and social services are key. We need Delayed Transfers of Care (DTOCs) to be reduced significantly and length of stay must be reduced further. There was not a great deal of assurance that this has happened given performance this year.

c) The Trust will have breached its agency control total for 2016/17 and the same target has been set for next year. Increased emergency escalation and recruitment problems have pushed up agency and locum spend. The Trust is looking to appoint a Head of Temporary Resourcing to focus on managing, more effectively, agency and bank staffing.

d) The impact of Brexit is largely unknown but the fall in the value of the pound is starting to have an upward inflationary push on prices of consumables and drugs greater than the national assumptions used for the planning return. This is a serious risk especially if the recruitment of nurses from the EU is affected.

e) The impact of the Electronic Patient Record has resulted in net cost pressures for next year although further savings are expected in the future as more modules are rolled out. However, in the short term there are cost implications due to the operational requirements of the system and the effect on being able to report figures accurately from the data warehouse. The latter could affect our ability to be paid properly by our commissioners. This is a serious risk which is being addressed.

f) Cash is a major concern and support will be required from NHSI during 2017/18. This in turn means that capital resources are very constrained and we will focus mainly on any schemes which: address serious health and safety issues, generate savings, or are strategically essential such as the new ward and creation of a bigger AMU.

g) The requests from Directorates for funding of local service cost pressures totalled £4.7m. Following a review by the Executive team, schemes of £3m were deemed necessary to be included, £1.5m of schemes was not approved and slippage was assessed as £0.2m. However, at this stage no risk assessment has been undertaken of the £1.5m of schemes not approved and therefore they will need to be carefully monitored and managed during the year. The aim remains to drive down the £3m figure whilst ensuring services can function effectively.

4. BUDGET SETTING PROCESS 2017/18

The budget setting policy was updated for 2017/18 to reflect good practice guidelines. Budgets have been set on a recurring rolling basis as they are regularly reviewed and updated during the course of each year. A sort of on-going 'zero-base' approach. In addition a detailed review has taken place for all pay budgets to ensure funding is based on agreed establishments prior to completing the estimates. All budgets will be further scrutinised in seeking savings. Adjustments will be made where appropriate for the full year effect of service developments, savings, and agreed cost pressures. There are regular meetings between Directorate Finance Managers and budget managers, and a monthly performance review meeting with executives and directorate management teams.

5. RECOMMENDATION

The Trust Board is asked to consider and approve the base estimates for 2017/18 to enable budgets to be set for the new financial year in accordance with the Standing Orders of the Trust. Changes arising following contract negotiations will be advised to the Board subsequently.

Malcolm Cassells
Director of Finance and Procurement
29 March 2017

Summary of Cost Pressures

	Plans recognised as current commitments which don't attract income	Current Commitments previously agreed to be funded by additional activity	Plans deemed high risk if not funded
Surgery	15,694	110,000	144,745
Medicine	275,930	88,000	549,467
CSFS	318,353	256,700	336,648
MSK	67,544	-	-
Facilities	-	-	10,000
Quality	107,879	-	66,192
Finance & Procurement	-	-	-
Estates	64,000		
Corp Devt	-	-	-
IT	493,217	-	-
Operations	144,000	-	19,000
HR	40,000	-	56,146
Total	**1,526,617**	**454,700**	**1,182,197**

Net position 2,918,790

Plans not identified as high priorities	Total	Potential slippage on Orange and Blue schemes
91,213	361,652	
493,287	1,406,684	115,052
792,698	1,704,398	91,579
68,677	136,221	-
4,000	14,000	1,667
-	174,071	30,926
9,000	9,000	-
-	64,000	-
-	-	-
-	493,217	-
31,972	194,972	-
-	96,146	5,500
1,490,846	**4,654,359**	**244,724**

Consolidated Source & Application of Funds statement 2017/18

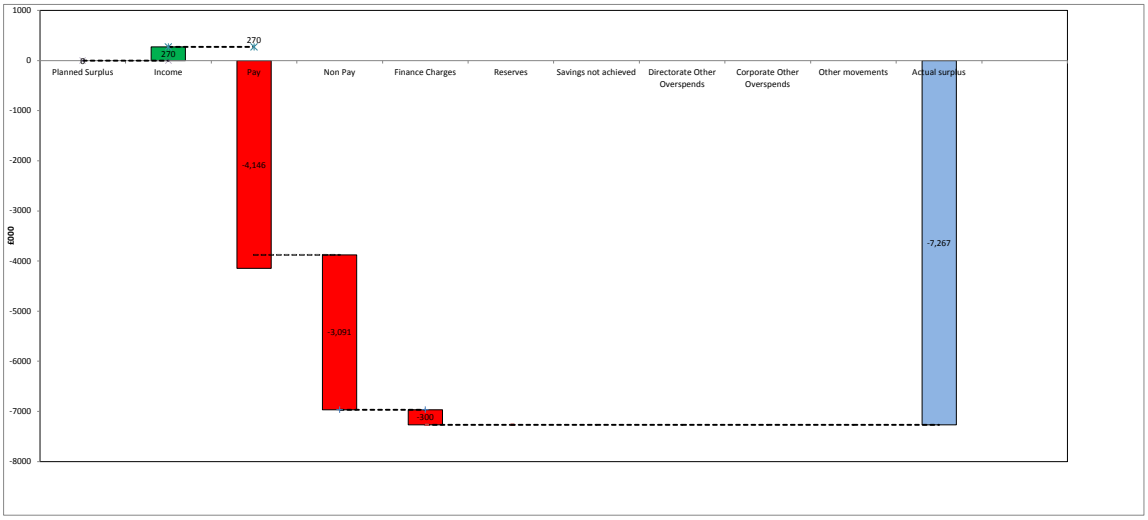
	units	Plan 2017/18
SOURCE OF FUNDS		
Forecast income 2016/17 (including Donations & STF)	£m	**217.607**
One off Income 2016/17 (e.g. STF, Insurance Rebate & Donations)	£m	-7.625
Adjustments for 2017/18		
Aniticipated NHS clinical activity growth* see note below	£m	4.409
NHS Clinical activity growth allocated to CIPs as Income Generation* see note below	£m	2.368
Non Clinical CIP Income Generation schemes	£m	0.840
Other changes to Clinical Income (New Bowel Screening less Diabetic retinal screening)	£m	-0.079
Non Clinical Income_Service Changes (e.g. Nursery & GS1 Project fund)	£m	-1.055
Net impact of Tariff inflator	£m	1.312
Forecast Source of Funds 2017/18	£m	**217.777**
APPLICATION OF FUNDS		
PAY		
Forecast Employee expense 2016/17	£m	-133.562
Non-recurring Savings & FYE impact of developments 2016/17	£m	-1.358
Adjustments for 2017/18		
Strategic Service Developments		
Cancer Breast Centre	£m	-0.243
Orthopaedics	£m	-0.452
New ward (wef Oct 2017)	£m	-0.428
7 Day working initiative	£m	-0.440
Pay & Pension uplift	£m	-2.678
Clinical Income_Service Changes (e.g. Diabetic Retinal Screening)	£m	0.390
Non Clinical Income_Service Changes (e.g. Nursery)	£m	0.788
Local Investments & Cost pressures	£m	-1.925
Identified CIP savings	£m	1.209
Unidentified CIP savings	£m	0.615
TOTAL PAY COSTS	£m	**-138.084**
NON-PAY		
Non Pay expense 2016/17	£m	**-69.590**
Non-recurring Savings & FYE impact of developments 2016/17	£m	-0.743
Adjustments for 2017/18		
Strategic Service Developments		
Cancer Breast Centre	£m	-0.204
Orthopaedics	£m	-0.400
New ward (wef Oct 2017)	£m	-0.306
CNST Premium	£m	-0.697
Inflationary uplift	£m	-1.194
Drugs growth	£m	-1.099
Clinical Income_Service Changes (e.g. Diabetic Retinal Screening)	£m	-0.290
Non Clinical Income_Service Changes (e.g. Nursery)	£m	0.324
Local Investments & Cost pressures	£m	-1.075
Identified CIP savings	£m	1.796
Unidentified CIP savings	£m	0.672
TOTAL NON PAY COSTS	£m	**-72.806**
EBITDA	£m	**6.887**
Operating Income (exc from EBITDA)		
Donations & Grants for PPE & Intangible assets	£m	**0.600**
Operating Expenses (exc from EBITDA)		
Depreciation & Amortisation 2016/17	£m	-8.779
Non-operating income		
Finance income 16/17	£m	0.027
Non-operating expenses		
Interest expense	£m	-1.964
PDC expense	£m	-3.771
Planned Surplus / (Deficit)	£m	**(7.000)**

Notes

1. Based on the Annual Planning Return be submitted 23rd December 2016
2. Income is a positive number and expenditure is a negative number

***** Most Commissioners have assumed QIPP savings equivalent to activity growth

					1								
Axis Label	**Base value**	**Element values**	**Label space**	**Connector 1**	**Connector 2**	**Connector 3**	**Connector 4**	**Connector 5**	**Connector 6**	**Connector 7**	**Connector 8**	**Connector 9**	**Connector 10**
Planned Surplus		0			0								
Income	0	270			0	270							
Pay	270	-4,146		270		270	-3,876						
Non Pay	-3,876	-3,091					-3,876	-6,967					
Finance Charges	-6,967	-300						-6,967	-7,267				
Reserves	-7,267								-7,267	-7,267			
Savings not achieved	-7,267									-7,267	-7,267		
Directorate Other Overspends	-7,267										-7,267	-7,267	
Corporate Other Overspends	-7,267											-7,267	-7,267
Other movements	-7,267												-7,267
Actual surplus		-7,267											-7,267



SALISBURY NHS FOUNDATION TRUST

TRUST BOARD - APRIL 2017

CAPITAL PROGRAMME FOR 2017/18

PURPOSE OF PAPER:

The enclosed document is the draft Capital Programme for 2017/18. As in recent years the Programme is highly constrained reflecting the financial position of SFT. The Capital Control Group together with its representative sub-committees has considered the detailed schemes in constructing the Programme for 2017/18. The Joint Board of Directors has also reviewed the Programme. The Programme has been considered by the Finance and Performance Committee. There was understandably concern about the availability of cash given the Trust's likely deficit position and a number of schemes have been deferred and others considered for lease finance. As in previous years a high priority has been given to schemes affecting health and safety of staff and patients, and the broad criteria used in prioritising are shown against the schemes in the Programme.

The position is extremely challenging given the overall financial outlook and if money had been available there are schemes that would have been important to do. However it is necessary to conserve cash as much as possible and the schemes included particularly focus on those which are essential to continue services safely, or offer a good return in terms of operational benefits or finance. At the bottom of the attached schedule there are details of the schemes which are not included. Some of these will undoubtedly require action during the year if equipment fails but overall it is hoped to drive down costs through tendering and enable some additional resources for contingency purposes.

The 2016/17 Capital Programme schemes which have not yet been completed have been reviewed with the relevant member of the Capital Control Group. This has led to a figure for the schemes which will have to be undertaken in 2017/18 and this has been included. However there will be action to reduce some of these schemes where possible.

KEY ITEMS SUMMARY:

a. Total capital resources being made available are based on £8.0m cash generated through depreciation in the tariff less repayment of loans at £632k.
b. Subject to discussions with NHSI regarding the availability of loan finance it is possible that some schemes may be submitted for loan finance to avoid potentially more expensive cash financing for the revenue deficit.
c. The cash position is very important. The underlying deficit of the Trust is £9m. In addition the tariff cuts will add at least £4m to the problem and internal unavoidable cost pressures are likely to add £3m. After allowing for some growth income there is a net £14.5m problem against which savings and net income generation are unlikely to deliver more than £7.5m giving a deficit for 2017/18 of £7m. Extra income may reduce this. Having declined the control total offer for the next two years, because it was un-doable, there is no supporting cash from the Sustainability and Transformation Fund. The cash in our bank at the year-end is likely to be circa £4m, and therefore unless national cash support is received we will be in extreme difficulty.
d. Due to the cash position and the Trust deficit new capital schemes have been subject to even greater scrutiny and constraint with a number of schemes being phased and this will impact on future years. The first charge on the resources available is the loan repayment schedule.
e. No assumption has been made for 2017/18 regarding charitable support to the Programme however a number of medical equipment items have not been included and will seek support for some of them from the Trustees during the year.
f. It is important to review the notes at the bottom of the table as these highlight schemes not included in the Programme and the basis upon which some are included. Some of those excluded will need to be undertaken during the year especially if key medical equipment starts to fail.
g. The second year of the Electronic Patient Record project is included in accordance with the business case. This project represents a serious financial risk as additional funding is being requested due to its on-going maintenance and operational challenges. Extra investment may be required if savings are to be driven out in accordance with the business case.
h. Following advice from military sources, and recent decline in births, the maternity unit expansion is subject to review and no expenditure is now planned for 2017/18.
i. Expenditure on IT is becoming an even greater pressure on the Programme as we seek more efficient ways of doing things and we need to maintain the IT infrastructure. A lot of equipment is

now aging and suppliers are no longer maintaining it. As a result of the cash pressure the intention is now to look for a managed service or alternatively leased equipment depending on whatever gives the best value for money. Maintenance and replacement of IT infrastructure and IT systems generally is becoming an increasing risk area.

j. The Board has approved the proposal to increase capacity by moving ophthalmology out-patients into a new modular building and creating a new 23hour ward in the vacated space. Part of this has been expended in 2016/17 and therefore the balance of cost is included in 2017/18.

k. The transfer of the Medical Assessment Unit into a larger ward area is included as it represents one of the highest priorities in order to improve patient flow through the hospital.

RECOMMENDATIONS

The Trust Board is asked to approve the 2017/18 Capital Programme on the understanding that further action will be taken to reduce costs of schemes and the carry forwards from 2016/17.

Malcolm Cassells
Director of Finance and Procurement
28 March 2017

DRAFT CAPITAL PROGRAMME 2017-18													
					CRITERIA								
	2017-18	2017-18			CRITERIA								
	£000	£000			Delivery of good quality Patient Focused Care								PFC
					Improvement in Effectiveness								IE
SOURCE OF FUNDS					Maintain Service Capability								MSC
Depreciation	8,013				Developments & New/Protect Income Streams								DNIS
less ITFF loan repayment	-632				Hospital Infrastructure								HI
					Safety and Legality								SL
AVAILABLE FUNDS		**7,381**			Ecology								ECO
					Efficiency and cost saving								EFF
					PFC	IE	MSC	DNIS	HI	SL	ECO	EFF	
APPLICATION OF FUNDS													
STRATEGIC AND ON-GOING SCHEMES													
EPR implementation (ignores scanning)	1,171		to be challenged further		x	x				x		x	
Maternity development 1st year of 2	0		defer start date		x								
Patient Flow - Relocation of AMU (first phase) est	600				x	x	x					x	
Capacity increase including ophthalmology move (balance)	1,200				x	x	x					x	
2016/17 slippage	1,850		to be challenged further										
		4,821											
MEDICAL EQUIPMENT <£50K													
Antenatal monitors (2 of 3 requested) - maternity	14						x			x			
Camera stack - ENT OPD	38						x						
Centrifuge - genetics (1 of 2 requested)	5						x						
Defibrillator with pacing - Radiology	8						x						
Defibrillators (3 of 5 requested) - wards/depts	19						x			x			
Diathermy machine - main theatres	17						x						
Grouped items	100						x						
Operating chair - ophthalmology	19						x						
Osmometer - lab medicine	9						x						
POCT haematology analyser	9				x							x	
Slit lamps (6 of 11 requested) - ophthalmology	22						x						
Spectrophotometer - lab medicine	19						x						
Ultrasound for PICC insertion - main theatres	26						x						
		305											
MEDICAL EQUIPMENT >£50K													
Bed replacement programme	55						x						
Cross-Trust imaging support ultrasound - radiology	80						x						
In-patient ultrasound - radiology	80						x						
MRI patient monitor	74					x	x			x			
Operating Tables (3 of 5 requested)	150		lease to be considered				x						
Patient monitoring systems - theatres	50						x			x			
Powered patient trolleys (6 of 10 requested) - DSU	50		continuity issue				x						
Radiology Room 14	318		lease to be considered		x	x	x						
Triple A screening ultrasound (2 of 4 requested)	53						x						
		910											
BUILDING AND WORKS AND FACILITIES SCHEMES													
Air Handling Units	250								x				
Air tube	47					x			x		x	x	
Catering boiling pan	18								x				
Fire alarm upgrade	9								x	x			
Fire door compliance - (year 1 of 3)	60									x			
HPV - Glossair system	36									x			
Hydro pool	15								x				
Security (£60k sought)	20								x	x			
		455											
INFORMATICS SCHEMES													
Genetics MDT Video Conferencing	0		UHS to fund?					x					
Genomics bioinformatics software	50							x				x	
Gynaecology System - colposcopy	78		current system obsolete				x						
In House Development Team	109		review			x		x				x	
Infrastructure refresh (£2.5m requested)	0		managed service or leasing				x		x				
Integration of Vasclab to CRIS and PACS	17				x	x				x		x	
Liteview client rollout	25				x					x		x	
Network cabinets (£100k requested - need to phase)	30		impact of phasing?				x						
Network maintenance - (phase)	50		£84k requested				x		x				
Network security	139		cost to be reviewed further				x		x	x			
PACS ongoing Development	42				x	x	x						
Partial off-line back-up of data to protect against malware	50		£75k requested				x		x				
		590											
OTHER													
Project costs	12												
Invest to save	200							x				x	
		212											
TOTAL		**7,293**											
Balance - contingency		**88**											
Other issues:													

CURRENTLY EXCLUDED:

- A second MRI scanner - charitable fund raising?
- Radiology main dept refurbishment
- Resus x-ray 25 yrs old but still working
- The nuclear medicine proposals potentially costing around £1m are still being reviewed
- **IT schemes not agreed at present**: Accommodation Database ,CALS (licenses), ISE Network Security Implementation, Network Consultancy, RFID for MDMS Equipment, Room Based UPS, STARLIMS(Genetics), VOIP - Non Clinical Areas, WiFi Update, XenApp Licenses
- The cost of the EPR scheme in 2017/18 remains unclear as IT Dept request additional funding outside the approved business plan
- **Medical Device requests not included at this stage**: cardiac monitors, ophthalmology IOL Master 700, DSU upstairs recovery monitor, intra-oral x-ray unit, diathermy replacements, fertility centrifuge, paediatric audiology system, orthodontics scanner plus PC, portable swallow workstation, fertility egg collection system, genetics nanodrop replacements, cath lab 2 replacement, ENT microscope, spinal x-ray room 3, vascular ultrasound, 3rd antenatal ultrasound, spinal ultrasound, breast surgery intra-operative specimen x-ray machine, mobile image intensifier, theatre instrumentation, Kiestra system replacement
- **Building and Works Schemes not currently approved**: M&S O/P refurbishment, Spinal unit medical gases, hydrotherapy pool refurbishment, catering boiling pans, Finance fire alarms, emergency water supply, lift modernisation, physio flooring
- There is concern regarding the IT demands and particularly to do with the infrastructure. Further work is taking place on this. There is a need for IT refresh that is being externally assessed at present however it is assumed that this will be dealt with through either a managed service or leasing.
- Cash is yet to be resolved as without national support there is not sufficient cash to expend any capital money
- Urgently needed additional ward capacity is included but subject to a satisfactory agreement with NHSI regarding cash
- An initial sum is included for maternity but this again depends on cash being available
- Sums included for EPR are as in the business case but this will need to be curtailed when the potential is known.

	£m	£m	Comments	risk rating for negative cash impact if it changes
SOURCES OF CASH				
Forecast cash outturn (SFT) 31 March 2016	8.0			M
Depreciation 2016-17	7.5		Being finalised following asset revaluation	L
Hillcote sale	1.0		Being advertised	L
Insurance payment	0.1		Claims handling has been very slow	L
New Loan	4.0		Link to EPR	H
DoH support	6.3		Assume acceptance of Monitor offer	H
Realistic savings	6.0		Our target will be £9.5m based on Monitor offer	M
		32.9		
APPLICATION OF CASH				
Capital Programme - initial	-6.8			H
Likely unavoidable additional capital schemes	-2.0		Concern regarding Radiology schemes in particular	H
EPR	-3.2		This is based on implementation plan and licensing product	L
Underlying deficit (£6m + £3m NR savings)	-9.0		Struggling to achieve this	M
Cost pressures	-1.5		Current requests are more than double this figure	M
Tariff	-3.5		Final tariff not yet received	M
Target surplus (possible control total)	-1.8		Not clear whether this will constrain cash or not depending on control total approach	L
		-27.8		
Closing Cash		5.1	Represents under 10 days trading cover	M

SALISBURY NHS FOUNDATION TRUST
Minutes of the Audit Committee
Held on: Monday 17 October 2016

Present: Mr P Kemp (Chairman and Non-Executive Director)
Mr I Downie (Non-Executive Director)
Mrs K Matthews (Non-Executive Director)

In Attendance: Mr R Batley (KPMG)
Mr M Stabb (TIAA)
Mr A Morley (TIAA, Counter Fraud)
Mr M Collis (Deputy Director of Finance)
Mr D Seabrooke (Head of Corporate Governance)
Mr A Hyett (Chief Operating Officer, for item 4)
Mrs N House (Head of Medical Device Management Service, for item 4)
Mrs F Hill (Head of Risk Management, for item 5)

Apologies: Dr Lydia Brown (Non-Executive Director)
Mr M Cassells (Director of Finance and Procurement)
Mr J Brown (KPMG)

ACTION

1. MINUTES – 11 JULY 2016

The minutes of the meeting of the Committee held on 11 July 2016 were agreed as a correct record.

2. MATTERS ARISING

It was noted that the Trust was required to submit a draft plan for 2017/19 by 24 November and the final plan by 23 December 2016. It was noted that this would be discussed at the Board Seminar Day on 7 November.

It was noted that work to improve awareness by line managers of staff exit procedures were continuing. **MS**

MCo would check with the Head of Procurement on progress with checks on staffing agencies. **MCo**

The Chairman of the Committee had received confirmation from the Chairman of the Trust that there was no requirement at this stage for the board to pursue an external board governance review.

3. EXTERNAL AUDIT – PROGRESS REPORT AND TECHNICAL UPDATE

The Committee received the report from KPMG. It was noted that the audit of the 2015/16 accounts had been presented in July to the Council of Governors and the audit of the hospital charity had been completed. The audit of the 2016/17 accounts would be planned in December and the Chairman requested that key new systems should be reflected in this planning.

The report highlighted a number of thought leadership products that KPMG had produced and were available to its clients and a number of updates from NHS England, NHS Protect and Department of Health that may be of interest to the Trust.

The requirement under the NHS Standard Contract for the declaration by medical staff of gifts and hospitality received from medical and pharmaceutical companies was highlighted. It was also noted that NHS England were out to consultation on a more comprehensive approach to the regular declaration of interests by senior staff (including medical staff) for a range of gifts, hospitality, outside interests and sponsorship matters.

The Committee noted the report.

4. INTERNAL AUDIT

Counter Fraud

The Committee received the Counter Fraud Report setting out the activities of the Counter Fraud Service, on raising awareness of counter fraud matters and on the individual case load.

AM reported to the committee some serious findings regarding the security of drugs on a ward, stating that these findings had been reviewed and agreed with management. However, a number of questions asked by committee members were not adequately answered by AM in the meeting and the Chairman was asked to follow up with management as a matter of urgency, given the apparent seriousness of the points raised.

Post-meeting note: it became apparent that TIAA had not at the time of the meeting agreed a final report to management on this matter. The Chairman has followed-up with TIAA regarding this breach of protocol and it has been confirmed that the full report will have been finalised and will be properly presented at the March 2017 meeting for consideration by the committee.

Summary Internal Audit Progress Report

The Committee received the Internal Audit Report setting out the results of audits completed so far in the year as follows –

Medical Device Management Services – limited assurance
Data Quality and Diagnostic Waiting Times – reasonable assurance
Business Continuity Planning – reasonable assurance
Sickness Absence Management – reasonable assurance
Electronic Patient Record – reasonable assurance

LA

Appendix C set out progress on the implementations of the agreed actions from reports issued in 2016 and the current year. It was noted in particular that the Estates Strategy would be brought into effect from March 2017, that a response from the Director of Nursing in relation to the management of falls and pressure ulcers had been received. It was noted that matters relating to the Falls and Pressure Ulcers Audit should be monitored by the Clinical Governance Committee.

A response from the Director of Human Resources and Organisational Development had been received in relation to the Audit of Starters and Leavers indicating that the remaining three recommendations in the report would be implemented by December 2016. **AK**

The Chairman welcomed Andy Hyett, Chief Operating Officer and Nicola House, Head of Medical Devices to discuss the findings of the Medical Device Management Services review. The work to further clarify the assets, locations and dates last seen by the team was continuing and further work was being done in relation to keeping up with servicing dates for medical equipment. Work continued to ensure that training on medical equipment was properly recorded.

The service was bidding for an asset management tracking system in conjunction with the Scan 4 Safety initiative. Outcomes from these bids would be decided by the end of 2016 and the action plan would be revised in the light of this. Wards have responsibility to ensure that equipment was properly checked before use with a patient.

The Committee received the update from Internal Audit.

5. ASSURANCE FRAMEWORK

The Chairman welcomed Fenella Hill, Head of Risk and the Committee received her half yearly report demonstrating the continued operation of the Trust's quarterly review by the three assuring committees of the Assurance Framework. The Trust Board Seminar in September had had a useful review of the content of the Assurance Framework and this was due to come back to the Trust Board in December for approval. It was also noted that Internal Audit would be carrying out a further review of the Assurance Framework. The Risk Policy would continue to document changes to the process for the review of the Assurance Framework.

The Committee noted the report.

6. APPOINTMENT OF EXTERNAL AUDITOR 2017

The Committee was reminded that the audit of the 2016/17 accounts would be the fifth and final year of the five year arrangement entered into with KPMG. The contract would be re-let with effect from 1 April 2017, and the Council of Governors had appointed Sharan White and Michael Mounde to work with the Director of Finance and Procurement and the Chair of the Audit Committee to take forward the re-letting of the contract. A preliminary meeting had taken place earlier in October and a suitable procurement framework had been identified. Bids would shortly be sought through the framework and it would be reviewed by the steering group in November. Selected bidders would be invited to make presentations to the group in January with a view to the contract being awarded in February. **DS**

7. REVIEW OF LOSSES AND COMPENSATION REGISTER

Mark Collis presented the Losses and Compensation Register which was reviewed and designed by the Chairman of the committee.

8. ANY OTHER BUSINESS

Rhys Batley undertook to circulate the draft Audit Plan for 2016/17 ahead of the commencement of the interim audit process. The 13 March 2017 meeting of the Committee would review progress. **JB/RB**

9. DR LYDIA BROWN

The Chairman reminded the Committee that following the retirement of Dr Brown as a Non-Executive Member of the Trust on 31 October 2016, that this would be her last meeting of the Committee. He placed on record his appreciation and thanks for her contribution to the work of the Committee which she had served on continuously since 2009.

10. DATE OF NEXT MEETING

The next meeting of the Audit Committee will be held on Monday 13 March 2017 at 10 am.

Further Meetings 2017

Friday 19 May at 10 am
Monday 18 September at 10 am
Monday 11 December at 10 am

SALISBURY NHS FOUNDATION TRUST
CLINICAL GOVERNANCE COMMITTEE
Thursday 26th January 2017, 10am-12pm
Boardroom, Salisbury District Hospital

MINUTES

CHAIR – PROFESSOR JANE REID

Present:

Professor Jane Reid (Chair) - Non-Executive Director
Dr Michael Marsh (Co-Chair) – Non-Executive Director
Peter Hill - Chief Executive Officer (outgoing)
Cara Charles-Barks – Chief Executive Officer (incoming)
Dr Christine Blanshard - Medical Director
Claire Gorzanski – Head of Clinical Effectiveness
Lorna Wilkinson - Director of Nursing
Fiona Hyett - Deputy Director of Nursing
Andy Hyett – Chief Operating Officer
Hazel Hardyman – Head of Customer Care
Ian Downie - Non-Executive Director
Steve Long - Non-Executive Director

In attendance:

Kate Williams	Minute taker
Jan Sanders	Governor
Felicity Morgan – Consultant, Palliative Care	CGC011709
Jason Klein – Consultant, Emergency Department	CGC011711
Nicola Heydon – Lead Nurse, Emergency Department	CGC011711

Observing:

Michael Von Bertele – Non Executive Director
Debbie Butler – Directorate Manager, Medicine

CGC011701 Apologies:

Tania Baker – Non-Executive Director
Mark Stabb – Head of TIAA
Denise Jackson – Staff Nurse
Dr Samuel Williams – F1

CGC011702 – Any Urgent Business

1. JR welcomed colleagues to the meeting and noted apologies for absence. By way of opening remarks, JR shared that together with Dr Michael Marsh (MM) and the Chairman it had been agreed that a review of the reports to the Clinical Governance Committee to provide assurance of clinical quality and safety versus reports for information and note would be undertaken. JR added that the review would support the incoming CEO's commitment to integrated governance. As the first step of the review process JR reported that she and MM had met with LW, CB and CG immediately prior to this meeting, during which it was acknowledged that the length of the agenda for this meeting prohibited sufficient time to discuss essential issues of concern and priority to the Medical and Nurse Director. In lieu of this JR reported that the agenda had been prioritised and as a consequence several items would not be discussed. These were:

CGC011707 Patient Stories re-evaluation of TOR and processes – progress report
CGC011708 Patient Story investigation into referrals between SFT and New Hall hospital – results
CGC011712 Hot Topic – decision for February 2017
CGC011714 CQC inspection action plan – verbal update
CGC011715 Customer Care report Q2
CGC011716 Complaints Dip Sampling report Q2

CGC011718 Major issues report
CGC011719 Annual Clinical Audit Programme 16/17 progress update
CGC011721 Risk Report Card Q3
CGC011722 SII/CR report Q3

2. In opening the meeting JR asked the Executive Team to highlight for the Committee any matters of current concern regarding patient experience, clinical quality and safety. AHy reported that the escalation area in Endoscopy had been opened for a prolonged period but this had now been closed. Escalation now in Pembroke, risks are being mitigated. There has been an impact on elective procedures, with all cancellations arranged on clinical prioritisation. No cancer procedures have been cancelled. The number of patients needing to be moved will be focused on during 'Perfect Week' next week, the success of which will be measured. The target is a step change.

3. AHy reported on booking and monitoring challenges associated with the data warehouse, and advised that an internal incident investigation methodology is being used to work through this. Updates will be given to the Board. CCG and NHSI have been pro-actively informed of the situation, both understand the situation and are assured of the focussed action being taken.

CGC011703 – Minutes of the meeting held on 24th November 2016

The minutes were approved by the committee.

CGC011704 – Action Tracker

All items were agreed.

CGC011705 – Matters Arising – Salisbury NHS Foundation Trust Mortality and Morbidity Review – outcome report

- The review was undertaken in response to some weaknesses identified by the CQC inspectors in December 2015 in the mortality and morbidity function in some departments. Prior to the review guidance for mortality and morbidity review meetings and a meeting report template were made available on the Trust's intranet and communicated to the Directorates and clinical teams.

- In December 2015, the Trust strengthened mortality governance as an outcome of a letter to all acute Trusts from Professor Sir Bruce Keogh and Dr Mike Durkin. In November 2016, the West of England AHSN held a training event to promote the use of a new structured mortality review tool. This has been nationally launched and the expectation is that Trusts will implement it in due course.

- In December 2016, the CQC published Learning, Candour and Accountability about the lessons that need to be learned following the death of Connor Sparrowhawk at Southern Health NHS Foundation Trust. The CQC were unable to identify any Trust that could demonstrate good practice across all aspects of identifying, reviewing and investigating deaths and ensuring that learning is implemented. 7 recommendations were made and were accepted by the Government. In particular, national guidance is expected to be implemented when available. The CQC will also review how learning from deaths is documented in inspection reports.

- Findings from the review indicate variation in the way departmental M&M reviews are undertaken and the degree to which learning and improvement are embedded in practice. There are areas of good practice and in meetings that worked well, they were truly multi-professional, discussion was open and honest and the meetings well-led. Cases for discussion tended to be chosen by professional judgement or interest rather than selected by specific criteria and not all team members had sight of the cases discussed and the learning that resulted. The reviewers saw some good examples of learning outcomes documented as a result of the discussion at M&M meetings. Equally, in some meetings there were no records kept and in some, the records that were kept were not shared with the wider team or Directorate Management Team. Recommendations for improvement are made along with a further review in 6 months to ascertain progress.

CB reported that concerns had been raised about deaths within 24 hours of admission. Investigations have shown that the majority of these patients are over 85 years of age and are admitted in a moribund state and on an End of Life Care pathway. There has been poor community support until recently, a persistent theme being that the patient deteriorates out of hours or at

weekends and concerns lead them to being admitted to hospital where they die within 24 hours.

The Mortality Surveillance Group review selected deaths and identify themes. The group use national guidance to assess if cases are appropriately managed. They also complete random sampling.

MM asked if there were difficulties in completing a death certificate accurately as there have been issues with coding. CB responded that junior staff have been encouraged to obtain help from pathologist and senior staff to record deaths correctly, and that work continues to improve coding.

MVB asked if GP's are involved in the reviews and if primary care notes are obtained. CB responded that the information is shared with the GP's and that this is well received. The mortality review report is with the CCG.

JR commented that there are concerns that the mortality and morbidity reviews are not robust in all speciality groups and asked that improvements and peer reviews are reported when this item returns to the committee. **CB**

CGC011706 – Matters Arising – Mortality and Morbidity report – Christine Blanshard

- An explanation of the background and method underpinning HSMR, SHMI, palliative care coding, the crude mortality rate and CUSUM alerts is given along with an analysis of SFT's most recent position.
- The proportion of deaths in our non-elective admissions coded as receiving palliative care decreased below the sample mean in Q2.
- The concept of avoidable mortality is discussed along with an explanation of why HSMR and SHMI are poor indicators of quality of care.
- A description or our approach to investigating deaths based on random, targeted or specific diagnosis groups using an on line mortality proforma is set out, along with mortality governance arrangements strengthened by triangulation with incidents and patient outcomes from national audits. Once national guidance is published the Trust will move to a structured judgement review process.
- Our HSMR is the highest in the South West.
- The greatest risk of death is in patients 85 and over admitted with pneumonia, acute stroke and septicaemia.
- Compared to peers, a higher proportion of our adult non-elective deaths have no recorded comorbidities. We also have a higher proportion of deaths within the first 24 hours of admission.
- The highest relative risk of mortality is for patients admitted on Friday (to be investigated) followed by Saturday and Tuesday.
- We have estimated that 1% of our deaths were probably avoidable which is lower than the national reported figure. A range of learning points is given along with improvement actions we have taken over the last year.

CB reported that work is being completed with West of England AHSN in reviewing deaths and introducing these reviews at SDH. The Mortality Surveillance group's Terms of Reference have been refreshed and reviewed. Departmental morbidity and mortality reviews needed improvements to structure and therefore fresh guidelines have been disseminated.

CGC011709 – Matters Arising – Hot Topic – End of Life Care Personalised Care Framework – Felicity Morgan

- 'Individualised End of Life Care Plans' form backbone of new End of Life Strategies
- Personalised Care Framework (PCF) rolled out across SFT by January 2016
- Supported by End of Life Care Team (new team to support this roll out)
- End of Life Care in the Trust audited in summer 2016

Areas improved:
- Referrals to Chaplaincy
- Countersigning of DNACPR forms
- Recording of 'Ceiling of Treatment'
- Use of regular mouth care
- Prescribing of the 4 main drugs for symptom control
- Practical support for relatives

Areas still to improve on:
- Identifying preferred place of care (at end of life) and using this as a prompt to expediting

rapid discharges home to die
- Identifying and recording exclusion of reversible causes for deterioration
- Making the PCF more 'Individual'
- Timely use of PCF documentation
- Improvements around EOL Communication

Moving forward:

- Revision of the current version of PCF to include:
  - Recognition of need for communication aids for some patients
  - More emphasis on Preferred Place of Care (and use of rapid discharge home to die if appropriate)
  - More prompting of who is important to the patient
  - Possibility of trialling page that patients/relatives can fill in themselves

- Robust EOLC Team to continue to:
  - Support PCF use across SFT
  - Offer education to all new starters
  - Continue to promote excellence in EOLC by leading by example

FM reported that referrals are generally increasing. Work is being completed to embed the framework on the wards and there is also now a link nurse who helps care homes to adapt the framework for their own use.

JR thanked FM for her positive and encouraging presentation.

CGC011710 – Quality Indicator Report – falls update – Lorna Wilkinson

LW reported that last year was a very positive year in terms of keeping the number of falls low. This year the numbers are similar to two years ago. Features of the Q2 incidents are that falls are occurring overnight, especially where patients are mobilising independently but should not be. Meaningful checks are taking place in respect of toileting. Swarm reviews (an immediate review with staff involved) are proving very successful. LW confirmed that timely support is given to patients who suffer significant harm in a fall – delays to theatre are not a feature of the investigation findings.

STRATEGY

CGC011711 – Core Service presentation – Emergency Department – Jason Klein / Nicola Heydon

NH presented a patient story from a patient who was admitted to the Emergency Department with abdominal pain. The patient suffered from motor neurone disease and could not walk, talk or swallow. His experience had highlighted areas for improvement in communication with him and his wife, as well as care.

NH reported that this had been fully investigated. Staff have completed reflective practice on how vulnerable and disempowered the patient must have felt in the circumstances. The ED team continue to strive for improvements in communication, particularly where the patient is unable to communicate verbally, and lots of work is being completed in this area. CB and MM challenged why the patient had a cannula inserted in the first instance. NH replied that it was anticipated that the patient would need IV fluids, but in the end this was not necessary and she acknowledged that the cannula should have been removed at that point.

JK gave an overview of the CQC outcome for ED as a core service, and the achievements and challenges of the Emergency Department. Improvements have been made in many areas identified by the CQC including the recruitment of NH to the role of lead nurse, but there are continuing challenges in staffing and recruitment, and mental health issues arising out of hours. CC-B noted that the issues of being well led and consistent would be going back to the board in the next few months to see how arrangements have been solidified. CB asked that the team address the issue of a long wait in the ED department waiting room and consequent safety concerns until such time as a Navigator can be appointed. NH confirmed that where possible, triage times are considered and ENP's are called to instigate triage escalation plan or the patient is called through to Majors to try and improve waiting times. The shift coordinator will be supernumerary to also aid improvements – this is a proposed trial for Perfect Week only. The executive team requested a formal response to this issue and will pick up via the CQC Steering Group.

JR thanked JK and NH for their presentation, acknowledged the pressure in the ED due to demand

and capacity and asked that the appreciation of the committee be fed back to all ED staff for their efforts.

CGC011713 Spinal Unit Leadership – verbal update – Christine Blanshard

CB reported that a peer review visit had resulted in some positive feedback but also some concerns.

Various interventions have been taken to resolve the leadership issue, none have proved successful to date. There is now a strong DMT to support the department and provide interim leadership.

CB

The committee asked that this item comes back to the February meeting for an update.

ASSURING CLINICAL EFFECTIVENESS

CGC011716 Complaints Dip Sampling report Q2 – Steve Long

SL asked the committee to consider which NED would succeed him in undertaking Dip Sampling, and preparing a report for the committee. JR responded that this is currently under discussion but she did not consider that this activity was a NED function and how this activity would be taken forward would be integral the review of CGC reporting and integrated governance that was underway. SL requested that his disagreement with this decision were noted. Dip Sampling report to be received by the committee February 2017.

ASSURING CLINICAL EFFECTIVENESS

CGC011717 – Quality Indicator inc DSSA – discussion – Lorna Wilkinson

- No MRSA bacteraemia in Q3. YTD – no cases.
- 1 MSSA bacteraemia in December. Q3 total – 3 MSSA bacteraemia.
- No C. difficile cases in December. Q3 total - 7 cases of C. difficile. YTD – 11 against an upper limit of 19 cases.
- 3 new serious incident inquiries in December. Q3 total – 10 including 1 never event.
- A decrease in the crude mortality rate in Q3. SHMI is 106 to June 16 and is as expected. HSMR increased to 119 in September16 and is higher than expected. 6 new CUSUM alerts since the last quarter – skin & subcutaneous tissue infections (May 16), peripheral & visceral atherosclerosis (June 16), affective disorders (July 16), other mental conditions (Aug 16), acute bronchitis (Jan 16) and cancer of bronchus (Sept 16). A detailed briefing paper on our mortality data, governance and improvement actions to be presented to the Clinical Governance Committee in January 17.
- A slight increase in Q3 of best practice tariff compliance to 80% for hip fracture patients. Of the 17 patients where Best Practice Tariff was not achieved was due to waiting for theatre (12), waiting for an orthopaedic surgeon/diagnosis (4) and conservative management (1). Ongoing improvement work via the Theatre working group along with strategic plan to separate elective and non-elective orthopaedic surgery.
- In Q3 a slight increase in the number of grade 2 pressure ulcers compared with Q2. Share and learn meetings continue to drive improvements.
- In December there were 3 falls resulting in major harm (2 fractured hips requiring surgery & 1 catastrophic head injury) and 2 falls resulting in moderate harm (fractured pelvis & fractured tibia & fibula managed conservatively). In Q3 there were 10 falls resulting in harm, 1 resulting in catastrophic harm (head injury), 4 resulting in major harm (3 fractured hips & 1 fractured shaft

of femur requiring surgery) and 5 resulting in moderate harm (1 fractured pelvis, 3 fractured pubic rami & 1 fractured tibia and fibula) all managed conservatively. Aggregated review of cluster reported to Clinical Risk Group and Clinical Governance Committee.

- In Q3 all patients bar one with a stroke had a CT scan within 12 hours. The majority of patients spent 90% of their time on the stroke unit. Those that did not need a specialist medical bed (2), had a short length of stay on SSEU and were discharged home (3), waited for a bed/late referral (2). Patients arriving on the unit within 4 hours reduced during the quarter due to bed capacity (8), missed, difficult or new neurology (4) and a late referral (1). Improvement work continues to be driven through the Stroke Strategy Group. Sentinel Stroke National Audit Programme audit is a B.

- In December a decrease in high risk TIA patients being seen within 24 hours. In Q3, 19 patients were not seen within the timeframe due to no available morning clinic, consultant leave, late GP referral or referrals not sent to the single point of access. Discussion held with GP practices concerned and improvement work led through the Stroke Strategy Group.

- A decrease in the number of complaints but an increase in number of concerns raised. Early contact with patients & relatives in the initial phase of a complaint is being proactively promoted.

- In December there were 4 non-clinical mixed sex accommodation breaches affecting 26 patients. In Q3 there were 5 non-clinical mixed sex accommodation breaches affecting a total of 34 patients all on AMU linked to times of challenged capacity and all resolved within 24 hours.

- Cumulative annual data of the time of patient moves is reported for ongoing monitoring purposes. The majority of overnight moves occur from Whiteparish, SSEU and Britford SAU to maintain patient flow. However, there were a number of moves from one ward to another to create appropriate bed capacity. The majority of discharges between 10 pm and 7 am are from ED/SSEU, Whiteparish and Britford SAU. Improvement work is led through the Transformation Programme.

- The mean score of patients rating the quality of their care was consistent with the previous year average. Responses to the Friends and Family test consistently show that patients would recommend wards, the maternity service and care as a day case. In December there was a decline in patients who would recommend outpatients possibly due to cancelled appointments, or waiting times in clinic, reflecting the pressures the Trust is facing.

The committee noted the report.

ASSURING SAFETY

CGC011720 – Assurance Framework – Fenella Hill

The Board Assurance Framework was presented in its entirety at the December meeting of the Trust Board, following the update at the October Board Workshop. Since this meeting the risks have been circulated to the Executive Team for review and update. There were no newly identified gaps in control / assurance or positive assurance. Actions had been updated and changes highlighted in the report. Changes to the risk register were identified as per the front sheet circulated to the committee.

The committee noted the report.

In closing the meeting JR acknowledged and thanked members for their engagement, noted the changes to the agenda and qualified that it had allowed considered focus and discussion of some of the essential priorities for safety and quality that Trust staff were managing.

PAPERS FOR NOTING

CGC011723	Clinical Management Board meeting minutes (November 2016)	Noted
CGC011724	Clinical Risk Group meeting minutes (October, November 2016)	Noted
CGC011725	Integrated Safeguarding Committee meeting minutes (unavailable)	

CGC011726	Infection, Prevention & Control Committee meeting minutes (October 2016)	Noted
CGC011727	Children & Young People's Quality and Safety Board meeting minutes (September 2016)	Noted
CGC011728	Supervision of Midwives Assurance meeting minutes (December 2016 unavailable / meeting did not take place)	

NEXT MEETING

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

23rd February to be chaired by Dr Michael Marsh (NED)

NHS
Salisbury
NHS Foundation Trust

SALISBURY NHS FOUNDATION TRUST
CLINICAL GOVERNANCE COMMITTEE
Thursday 23rd February 2017, 10am-12pm
Boardroom, Salisbury District Hospital

MINUTES

CHAIR – DR MICHAEL MARSH

Present:

Dr Michael Marsh (Chair) – Non-Executive Director
Cara Charles-Barks – Chief Executive Officer
Claire Gorzanski – Head of Clinical Effectiveness
Lorna Wilkinson - Director of Nursing
Ian Downie - Non-Executive Director
Steve Long - Non-Executive Director
Tania Baker – Non-Executive Director
Mark Stabb – Head of TIAA
Michael Von Bertele – Non Executive Director

In attendance:

Kate Williams	Minute taker
Jan Sanders	Governor
Dr Pippa Baker – Consultant, Palliative Care	CGC021706
Dr Stef Scott – Head of Research	CGC021713

CGC021701 Apologies:

Professor Jane Reid - Non-Executive Director
Dr Christine Blanshard - Medical Director
Fiona Hyett - Deputy Director of Nursing
Hazel Hardyman – Head of Customer Care
Andy Hyett – Chief Operating Officer
Steve Bleakley – Chief Pharmacist
Dr Samuel Williams – F1

CGC021702 – Any Urgent Business

CGz reported that following a visit in January 2017 by the CQC in respect of Ionising Radiation Medical Exposure Regulations (IR(ME)R), all 11 items in the employers procedures have been updated and are due to be approved by the Radiation Protection Committee and CMB in March. Action plans have been developed to implement the Employers Procedures and to audit them once embedded in practice.

The CQC also raised concerns about the mini c-arm intensifier used in main theatres. An identified person has now taken on the role of supervisor, surgeons have completed 2 days of training and the employers procedures have been updated and will be presented to the radiation protection committee in March. CGz confirmed that no harm was caused to either patients or staff. MM stated that lessons must be learned to ensure that this does not happen again. The Health and Safety inspectorate had a planned visit today.

CGC021703 – Minutes of the meeting held on 26th January 2017

The minutes were approved by the committee.

CGC021704 – Action Tracker

Column currently headed 'completed' to become 'status'. **KW (action completed)**

Of the items which were not considered at the January meeting :

Feedback regarding presentation of patient stories – the Terms of Reference is complete and it has been agreed that the Patient Story will be presented at the Trust Board. Action complete.

CQC inspection report update. Action complete.
Patient Story – to provide the results of the investigation into referrals between SFT and New Hall Hospital. This item will be added to the March agenda. **CB**

Major issues report – to be considered by the committee at the next meeting. This item will be added to the March agenda.

CGC021704 – Matters arising

LW reported on the successes and challenges of the recent 'Perfect Week'. It was very helpful to have the presence of GPs and agencies to promote 2 way conversations during this immersive week. It is not possible to sustain the full levels of resource but positive relationships were built and a further 'Perfect Week' will take place to see if actions arising are being embedded. CC-B noted that Janet Hope has been appointed into the new Integrated Discharge Bureau post and this should ensure that the good work is pulled together.

CC-B gave an update regarding Data Warehouse issues. Andy Hyett and Laurence Arnold are gaining peer support through conference calls with staff at Great Ormond Street Hospital. Work is continuing in relation to waiting lists.

CGC021705 – Matters Arising – Spinal Unit Leadership – verbal update – Lorna Wilkinson

LW reported that the directorate leadership team are continuing to be visible in the Spinal Unit. ID suggested that CB produce a three step plan in respect of the leadership when this is next before the committee (May) to avoid this item returning so frequently to the agenda. **CB**

STRATEGY

CGC021706 – Core Service presentation – End of Life Care - Dr Pippa Baker

PB gave an overview of the CQC outcome for End of Life Care as a core service, and the achievements and challenges within Palliative Care and End of Life Care. Issues regarding mortuary viewings out of hours have been successfully addressed by working together with the bereavement team, and telephone advice out of hours is also now available. The End of Life Strategy Steering Group is well attended but additional representation by an elderly care consultant would be useful. There is a very effective hospice user group, of both bereaved relatives and patients who meet to discuss clinical and charity issues. A positive step has been the joint neurological clinic and MDT assessing neurological patients with palliative team needs. MM commented that it was good to acknowledge that in this area there is provision for cancer versus non-cancer conditions. There are challenges within the EOL CNS team with sickness and it is recognised that the positions can be isolated. There is currently a business case for a third CNS. The team need to increase their 'shop floor' presence. CC-B asked if the team was made up of registered nurses only or could a more varied mix provide a better compliment of support. PB responded that it was possible, depending on what the team want to achieve. The service is intricately involved throughout the Trust and there is a need to support different teams in moving patients between the services.

MM thanked PB for her presentation.

CGC021707 – Issues regarding the EPACCs system – Dr Pippa Baker

PB reported that there is currently no effective EPACCs system which can be accessed between organisations. This is known to be a challenge nationally. The team are working with the CCG and CSU to look at future options, and nationally there may be a move to look at future care planning which will include all patients likely to require unscheduled care, not just patients approaching the end of life.

The committee noted the challenges with the EPACCs system.

CGC021708 – Junior Doctor feedback – Samuel Williams

This item did not take place.

ASSURING A QUALITY PATIENT EXPERIENCE

CGC021709 – CQC inspection action plan update – Lorna Wilkinson

- The CQC Steering Group meets monthly to review the action plan by core service area.
- There is ongoing action across all areas, however there are areas identified as at risk of not achieving the required improvements due to ongoing operational pressures outstripping capacity – these can be summarised as ED, management of patient flow and outliers (Medicine) and elective patient pathway through theatres (Surgery)
- There are 3 workforce reviews due to be presented to the Executive Workforce Committee in March which are all important to this action plan – Spinal, Emergency Department and Care of Children across the Trust. It is important to note that action has been taken in all of these areas post inspection but comprehensive workforce reviews were also commissioned to plan for medium and long term workforce needs.
- The Action Learning Group continues to carry out targeted visits to core service areas.
- An update given to the committee provides a summary of achievements as well as flagging areas where focussed action is still required.
- An update on the 'must do' elements of the CQC inspection report were summarised to enable the CGC to see where progress has been made or is still required.
- The CQC Steering Group is now also starting to plan for an inspection later this year.
- The executive team are currently commencing a self-assessment exercise on the well led domain.
- There was a re-inspection of the spinal warning notice in November 2016 – the draft report concludes that the Trust met the actions required in full.

LW reported that there are plans for a CAMHS liaison nurse in ED for children, CB has been involved in this development. Following a query by ID, MM confirmed that it would be useful for the committee to be able to see the date of delivery of various pieces of work, to be included in the next report. **LW**

Reviews continue to ensure that items stand up to CQC inspection. A meeting is due to take place to consider the challenges on discharge from Recovery, more space is needed to separate those just coming out of surgery from those ready to leave.

CGC021710 - NED Dip Sampling – Steve Long

The dip sampling exercise for this quarter focused on complaints relating to cancellation of operations. The dip sampling suggests that action is required to address failings in systems and communication when operations are delayed or cancelled and that in each case, wherever possible, an individual takes responsibility for the rescheduling of operations.

SL reported that a recurring theme is that sometimes evidence is not recorded on file to show how the matter has been actioned. Feedback is being requested from complainants. LW confirmed that work is in progress particularly regarding the standardisation of contact procedures with complainants.

ASSURING CLINICAL EFFECTIVENESS

CGC021711 – Quality Indicator including DSSA – tabled only – Lorna Wilkinson

- 2 cases of C Difficile. YTD – 13 against an upper limit of 19.

- 4 new serious incident inquiries including 1 never event.

- Sustained good practice in recording of early warning scores but a reduction in the documentation of escalation. Ongoing education and supervisory support in place.

- An increase in the crude mortality rate in January. SHMI is 106 to June 16 and is as expected and 103 when adjusted for palliative care. HSMR decreased slightly to 118.7 in October 16 and is higher than expected. 1 new CUSUM alert (urethral catheterisation of bladder - March 16). A

detailed briefing paper on mortality data, governance and improvement actions was presented at the CGC and our commissioners this month.

- A slight increase in Q3 of best practice tariff compliance to 80% for hip fracture patients. Of the 17 patients where BPT was not achieved was due to waiting for theatre (12), waiting for an orthopaedic surgeon/diagnosis (4) and conservative management (1). Ongoing improvement work via the Theatre working group along with strategic plan to separate elective and non-elective orthopaedic surgery.

- A decrease in the number of grade 2 pressure ulcers. Share and learn meetings continue to drive improvements.

- In January there were 2 falls resulting in major harm (2 fractured hips requiring surgery). Aggregated review of cluster reported to Clinical Risk Group, CGC and our commissioners this month.

- In January all patients with a suspected stroke had a CT scan within 12 hours. A decline in patients spending 90% of their time on the stroke unit. Those that did not spend 90% of their time on the unit, did not reach the unit within 4 hours and had a short length of stay (4), were admitted to SSEU (1) and transferred to another ward to create a bed for an acute stroke patient (1). Patients arriving on the unit within 4 hours declined due to waiting for bed capacity (7) and a late referral (1). SSNAP audit sustained at B (August – Nov 16).

- In January an increase in high risk TIA patients being seen within 24 hours. 11 patients were not seen within the timeframe due to no available morning clinic, consultant leave and a late GP referral. Discussion held with GP practice concerned and improvement work led through the Stroke Strategy Group.

- A decrease in the number of complaints but an increase in the number re-opened.

- In January the highest numbers of escalation beds ever recorded were open. There were 9 non-clinical mixed sex accommodation breaches affecting 62 patients, the majority on AMU (56) and Endoscopy (6) escalation capacity, all resolved within 24 - 48 hours. The Trust ran the 'Perfect Week' working with whole system partners in January.

- Cumulative annual data of the time of patient moves is reported for ongoing monitoring purposes. The majority of overnight moves occur from Whiteparish, SSEU and Britford SAU to maintain patient flow. However, there were a number of moves from one ward to another to create appropriate bed capacity. The majority of discharges between 10 pm and 7 am are from ED/SSEU, Whiteparish and Britford SAU. Improvement work is led through the Transformation Programme.

- The mean score of patients rating the quality of their care was sustained as was the Friends and Family test of patients who would recommend wards, the maternity service and care as a day case and outpatient.

TB questioned point 3 regarding the reduction in documentation to which LW responded that the denominator has shrunk significantly due to the introduction of the electronic observation tool (POET). Data from POET needs to be extracted, this downloads into Lorenzo. MM sought clarification regarding the Stroke Care data and asked if this was indicating challenges with admissions to the Stroke Unit. CC-B stated that the pathways have changed which will affect data – it may prove necessary to differentiate for clarity.

The committee noted the report.

CGC021712 – Internal Audit programme – Claire Gorzanski

- Audit of the indicators in the Quality Report 14/15. There is 1 outstanding action related to validation of RTT which is being actively managed and monitored through the Waiting List Task Force.

- Audit of the management of falls and pressure ulcers 2 outstanding actions – training of ward staff in the prevention and management of falls and the development of a falls training package.

- Audit of the review of safeguarding children recruitment practices. 3 recommendations are

partially outstanding and work is planned to complete them within the next 3 months.

- An assurance review of data quality – 1 item is outstanding - the Data Quality Assurance Framework will be considered as a longer term piece of work once the RTT extract process in the new warehouse has been rebuilt.

- Assurance review of the Medical Device Management Service. 6 recommendations are partially completed most of which will be progressed by the newly appointed Medical Devices trainer.

CGz confirmed that there is a new member of staff in post to deal with falls training. A trainer is now also in place with regard to medical devices.

CGz asked the committee to consider if they would require the return of this report before them, or if this item should be removed from the meeting schedule. This report is already presented to the Audit Committee. It was suggested that LW and CB could attend the audit committee by exception, if there were audits which raised concerns about quality and safety, and that the item could be removed from the CGC schedule, but that this would require some discussion.

Item to be reviewed in May 2017. Item to be added to Action Tracker. **KW (action completed)**

CGC021713 - Q3 R&D Report (information only) – Stef Scott

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. The Trust also makes mandatory, quarterly KPI submissions to the NIHR, which are published on the Trust website.

The NIHR and CRN: Wessex also require the Trust KPIs to be reported to and performance managed by Trust Boards on a regular basis. It was agreed that CGC would monitor Trust research performance via a quarterly research KPI report, and the Research Annual report.

A report on the Trust's performance for Q3 2016/17 was provided for information. The Trust is on target for the 2016/17 KPIs.

SS reported that some services could be more active as funding streams are no longer tied up with certain specialties. The Trust has expert in-house support for research applications. MM commented that the team should now target specialties where they were previously unable to do so.

The committee agreed that this report would stay on the CGC meeting schedule.

CGC021714 - Mortality Review Report – Belinda Cornforth

- SHMI is 106 (as expected) and SHMI adjusted for palliative care to June 2016 is 103 (as expected). HSMR is 118.7 to October 16 (higher than expected). Deaths in low risk diagnosis groups are within the expected range with a relative risk of 50. Our co-morbidity upper quartile rate has declined from 26.1% in 15/16 to 24.6% in 16/17 and our palliative care coding rate declined from 4.46% in 14/15 to 3.90% in 16/17.

- Care Quality Tracker - our overall risk is 5, lower than the national median of 10. There are two elevated risks and one risk.

- CUSUM alerts – 5 new diagnosis groups review findings and learning points.

- The outcome of the spinal cord injury deaths review reported.

- CQC learning, candour and accountability review with national guidance due to be published on 10 March and launched in London on 21 March.

- The outcome of the local mortality and morbidity meeting review has been presented for discussion.

- Learning Disabilities Mortality Review Programme (LeDeR) launched in the South of England. Trusts are required to notify the death of any patient with a learning disability and input into a

review into the circumstances leading to the death of patients aged 4 – 74 years.

- The work plan for 2017/18 was presented for critique.

BC noted that there were possible coding errors which need to be considered. MM commented that clinical data capture could be suboptimal. Alerts need to be looked at in detail, there needs to be judgement about quality of care and assurance on this and on avoidable features. TB stated that as of July there is a requirement to publish on avoidable deaths. CGz confirmed that the Trust are moving towards structured judgement reviews.

BC reported that 4 new consultants have joined the mortality surveillance group. Will Garrett and CGz had attended a mortality screening meeting at UHS. Junior doctors presented cases to a meeting with the Associate MD for learning. SFT are planning a pilot initially in relation to surgical deaths. The Mortality Surveillance Group consistently scrutinises and reviews deaths. A monthly Mortality Newsletter is being produced and circulated for clinicians to read.

CGC021715 – Annual HTA report – CGz

SFT holds 2 licences:

1. Stem Cell Licence number 11102

The Trust was inspected by the HTA in October 2015. The HTA found that SFT had met all HTA standards. Advice and guidance was given and an action plan was completed. The HTA found the DI and the LHC, the premises and the practices to be suitable in accordance with the requirements of the legislation. SFT are due for re-inspection in the autumn 2017.

2. Post mortem examination Licence number 12047

The Trust was inspected by the HTA on 2 August 2016. The HTA found the premises and the practices to be suitable in accordance with the requirements of the legislation. Two minor shortfalls were found. The HTA confirmed they were satisfied that both minor shortfalls had been addressed and were closed by 6 October 2016.

CGz reported that there could be a potential impact on patients who have stem cell harvests when Prembroke Suite is used for escalation capacity.

The committee noted the report.

ASSURING SAFETY

CGC021716 – Q3 Sign Up to Safety Programme report – Lorna Wilkinson

- The Trust has 4 active work streams in this programme, each with an identified lead
    - Reducing Harm in Frailty
    - Reducing Harm from Deterioration
    - Reducing Harm in Perioperative Care
    - Reducing Harm in Maternity Care
- The Safety Steering Group meets monthly and reviews progress
- The Trust is an active participant in the Wessex AHSN hosted Patient Safety Collaborative
- As the programme is developing there is a growing emphasis on developing our safety culture as a cross cutting theme. This can be seen through the adoption of SWARMS across the frailty work stream, the commissioning of Human Factors and team development within the Theatre programme (working collaboratively with Oxford Academic Surgical Unit), the commissioning of 'in your shoes' programme in Maternity

LW reported that SWARMS work very well in relation to falls. CC-B noted that incidents are entered onto NSi / Datix within the first 12 hours.

MM questioned the effectiveness of the 4 initiatives. LW responded that there were still challenges with regard to falls, but early indications are that the maternity initiative has reduced the number of stillbirths and neonatal deaths this year.

The committee noted the report.

CGC021717 – Q3 Safeguarding children report including audit of staff knowledge – Angela

Conway

AC reported that in Maternity the focus has been on the 'toxic trio' of substance abuse, domestic abuse and mental health. There has been an increase in numbers which may be due to improved detection. Level 3 training is on target for 90% compliance across the Trust by the end of the financial year, this is currently standing at 76% which is a very good achievement. There has been positive feedback through links with the community.

The committee noted the report.

CGC021718 – Q3 Safeguarding adults report including audit of staff knowledge – Lorna Wilkinson

This report included information around referrals, activity & themes in relation to the Adult Safeguarding/ MCA/ DoLS agenda. The Local Authorities continue to be unable to meet the demand to complete the Best Interest & Mental Health Assessments within the 7 day Urgent Authorization period; only three patients had their Standard DoLS authorized. The CCG were re-visiting these concerns with Wiltshire Council, but have yet to provide any additional information to SFT.

There is still some fine tuning of role allocation by the Education Department for both the Safeguarding and MCA modules. Attendance at face to face training has dropped in the last quarter, with some sessions being cancelled because of poor attendance; it is thought that the operational challenges the Trust has been under have impacted on staff being released for training.

LW reported that following national review, intensive care patients are now classed as needing emergency care and there is no longer the need to apply the Deprivation of Liberty Safeguards in the standard way. Nursing homes are raising the majority of alerts and communication with them is being concentrated on as all alerts raised in the quarter had not met local authority threshold for safeguarding.

TB asked if training was being focused on and LW confirmed that following the success of the children safeguarding training, adults safeguarding training is being completed.

CGC021719 – Medication Verbal Exception Report – Steve Bleakley

SB

This item was deferred to March 2017.

PAPERS FOR NOTING

CGC021720	Clinical Management Board meeting minutes (January 2017)	Noted
CGC021721	Clinical Risk Group meeting minutes (December 2016)	Noted
CGC021722	Information Governance Group meeting minutes (October 2016)	Noted

The Committee noted that the Papers for Noting would form part of the review of this meeting CC-B asked that 'Items for escalation' be added to the Agenda for future meetings..

KW (action completed)

NEXT MEETING

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

SALISBURY NHS FOUNDATION TRUST

Minutes of the Council of Governors Meeting – Part 1
At Salisbury District Hospital
Held on Monday 20 February 2017

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

In Attendance:
Kirsty Matthews (Non-Executive Director)
Paul Kemp (Non-Executive Director)
Tania Baker (Non-Executive Director)
Michael von Bertele (Non-Executive Director)
Andy Hyett (Chief Operating Officer)
Laurence Arnold (Director of Corporate Development)
Cara Charles-Barks (Chief Executive)
Lorna Wilkinson (Director of Nursing) for item 5
Malcolm Cassells (Director of Finance and Procurement) for item 4

ACTION

1. MINUTES

The minutes of the meetings of the Council of Governors held on 21 November 2016 were agreed as a correct record.

2. MATTERS ARISING

As discussed in minute 9 – Governor Queries, the Chairman reported that Southampton Hospital had links to a school in that locality who appointed a young governor to the Council of Governors. It was unclear as to whether this was effective. He suggested the Trust continued to look to the schools in the Salisbury area.

3. TRUST PERFORMANCE TO 31 DECEMBER 2016 – MONTH 9

The Council received the Performance Report. Cara Charles-Barks described the pressures the Trust had handled in December and January and informed the Council that staff had rallied to provide good care during this period. There was good solid performance on 18 weeks and cancer metrics. Cara also highlighted the 'Perfect Week' which had been recently held in Salisbury.

It was also noted that two bidders were finalising their information for the nursery tender and a number of questions from parents had been responded to. The trust intended to announce a preferred bidder in March. Fees and the hours of provision were detailed in the tender and the arrangement would not be subsidised by the Trust.

An update was given on Lorenzo, which was considered to have gone well but with some issues remaining to be resolved. There had been complaints of some actions taking up to three times longer. Work continued to clean up data and ensure that people were trained on optimal use of the system. Much had gone well and was benefiting staff and patients and the Trust could learn from those areas were things had progressed better. There had also been issues around the structure of some clinics.

The Council noted the Month 9 Performance Report.

4. FINANCE REPORT – MONTH 9

The Chairman welcomed Malcolm Cassells to the meeting. MC informed the Council that the Trust's position was that it was generating a small monthly surplus at present and was under considerable operational pressure. The 2016/17 outturn target remained £1.8m. Pressures arose from nursing agency particularly from the use of the Thornbury agency. The Trust was benefiting from an accounting adjustment that enabled previously unquantified stocks, now quantified by the Scan4Safety initiative, to be brought on to the accounts.

For 2017/18 no control total was agreed and this was likely to bring the Trust to the attention of the regulators. £6.5m was thought to be the maximum deliverable savings rate and the Trust could expect to experience cash problems during the year. There was a reported £280m decline nationally in quarter 3. The Trust continued to see a large increase in non-elective patients.

The Sterile Services initiative had successfully reduced surgical cancellations which had previously been arising because of problems with instrument trays.

The Council noted the Finance and Contracting Report.

5. CUSTOMER CARE REPORT – QUARTER 2

The Chairman welcomed Lorna Wilkinson to the meeting. It was noted that the Trust had seen a spike in complaints but the rate of complaints in relation to activity was stable at 0.1%. All complaints had been actioned within 25 days and 85% had been answered substantively within the target time. There was no change to the themes – appointments and discharge arrangements featured across all directorates.

It was noted that responses to issues raised on NHS Choices from the Trust had improved.

The Council noted the Quarter 2 Customer Care Report.

6. APPROVAL OF APPOINTMENT OF EXTERNAL AUDITORS

The Council received a report summarising the work of the selection panel appointed at the July 2016 meeting to work with the Audit Committee on the appointed auditor contract for 2017–22. The contract was currently held by KPMG, whose five year term expired on 31 March 2017.

The selection panel had agreed selection criteria and weightings. Three companies had been invited to submit tenders and these had been evaluated and considered by the panel.

BDO had emerged as the preferred bidder.

The Council was reminded that this information was confidential until all bidders had been informed of the outcome of the process. There would be a contract stand-still period before the Trust could proceed to award the contract to the successful bidder in March.

The Council approved the panel's recommendation.

7. FEEDBACK

The Council received a report from Lynn Taylor describing her attendance on a Govern Well course on membership and public engagement. It was noted that a communications review was due to take place in May and that Governors may wish to be involved in this exercise. The Chairman would discuss the topic of membership engagement with NHS Providers. NM

8. GOVERNOR QUERIES

The Council received a report setting out the Trust's position on overseas patients and charging arrangements. About one third of the amount invoiced could be expected to be received. Around £95,000 had been invoiced in 2015/16.

9. COMMITTEE/WORKING GROUP REPORTS

The Council received for information the minutes of the Membership and Communications Committee and of the Trust led sub groups. It was noted that the next editorial meeting would be for the Trust's newsletter and would be conducted by John Mangan on 28 February 2017. Discussions continued about the best way to achieve liaison with the local military. The Chairman would discuss this further with the relevant people. NM

Lucinda Herklots highlighted the Organ Donation Committee meeting. It was noted that Fiona Hyett, Deputy Director of Nursing had taken over the Chair of the Clinical Ethics Committee but this had not met since the last report was submitted to the Council. Cara Charles-Barks undertook to follow this up. CC-B

Jenny Lisle suggested there needed to be more information about the available support on staff well-being and Cara Charles-Barks undertook to ascertain the position on the Stars Appeal support for Occupational Health. CC-B

10. DATES OF COUNCIL OF GOVERNORS MEETINGS IN 2017

The Council received a note of the meetings and development sessions in 2017. It was noted that the next meeting of the Council was on Monday 15 May at 4 pm.

11. SHARAN WHITE

The Chairman thanked Sharan White for her contribution as a Public Governor with particular regard to NED recruitment in 2016. Sharan White's resignation from the end of February was received.

PAPER – SFT3884

TRUST BOARD 3 APRIL 2017

JOINT BOARD OF DIRECTORS (JBD) MINUTES FROM 18 JANUARY 2017

QUARTERLY REVIEW OF ASSURANCE FRAMEWORK AND RISK REGISTER

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

During the year delegated responsibility for reviewing the Assurance Framework and Risk Register falls to a combination of the Finance Committee, Clinical Governance Committee and the Joint Board of Directors (JBD).

Extract of JBD minutes – 18 January 2017

> The Board received the Assurance Framework and Risk Register for quarterly review. It was noted that there were newly identified gaps in control in relation to Risk 1.1 – delivery of key performance targets in relation to the data warehouse and risk 4.1 – implementation of EPR relating to the administrative impact of the introduction of Lorenzo.
>
> It was noted that the Trust was now working to create its own data warehouse and that work on validation of information was continuing, focused on the longest waiters first. It was agreed that LW and LA would continue to discuss the assurance available in this case. It was suggested that the rating of the risk should be reviewed.
>
> The risk rating for Maternity would be reviewed and further actions on EPR risks generated.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

None

ACTION REQUIRED BY THE BOARD

To note updated assurance framework reviewed on the Board's behalf by JBD.

Nick Marsden
Chairman

Salisbury NHS Foundation Trust

SFT 3885

Joint Board of Directors – 15th March 2017

Emergency Preparedness Resilience and Response (EPRR)

Annual Report 2016/17

Purpose of Report:

To provide the Joint Board of Directors with a summary of activity on the EPRR agenda during 2016/17, demonstrated through the EPRR Assurance Process, Training & Exercising.

Recommendations

The Joint Board of Directors is asked to support the ongoing work required to fulfil our EPRR duties and responsibilities, and to sign off this annual EPRR assurance report as part of the NHS England assurance process.

Background

The Trust is defined as a category 1 responder under the Civil Contingencies Act and is subject to civil protection duties discharged through the EPRR assurance process.

Executive Lead:

Andy Hyett – EPRR Accountable Officer

Presented by:

Ian Robinson – EPRR Lead

Purpose
This paper provides an annual report on the Trust's emergency preparedness in order to meet our statutory requirements of the Civil Contingencies Act (CCA) (2004) and the NHS England Emergency Preparedness Resilience and Response (EPRR) Framework 2015 and NHS England Business Continuity Framework.

Background & Statutory Framework
The Civil Contingencies Act outlines a single framework and establishes clear roles and responsibilities. SFT are defined as a category 1 responder in the CCA and is subject to the following civil protection duties:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place Emergency Plans;
- Put in place Business Continuity Arrangements;
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with local responders to enhance co-ordination;
- Co-operate with other local responders to enhance coordination

National EPRR Framework & Core Standards
The NHS England EPRR Frameworks contain principles for health emergency planning for the NHS in England and the NHS Core Standards for EPRR provides the minimum standards that an NHS organisation must meet.

It is expected that that the level of preparedness will be proportionate to the role of the organisation and the services provided:

- SFT must meet the minimum core standards and provide evidence these standards are being met
- SFT must identify an Accountable Office (Chief Operating Officer) who is responsible for ensuring these standards are met

Wiltshire and Swindon EPRR Assurance process 2016-17
The responsibility for undertaking the local assurance process for SFT was undertaken by the Wiltshire Clinical Commissioning Group (CCG). SFT provided the CCG with a core standard spreadsheet with each standard RAG rated with supporting evidence to support this rating, together with an improvement plan summarising actions against any non-compliant action/s with deadlines for completion and an overall statement of our self-assessment.

Our self-assessment stated (July 2016): As part of the national EPRR assurance process for 2016/17, Salisbury NHS Foundation Trust has been required to assess itself against these core standards. The outcome of this self-assessment shows that against 52 of the core standards which are applicable to the organisation, Salisbury NHS Foundation Trust:

- is fully compliant with 48 of these core standards; and
- will become fully compliant with 4 of these core standards by 31/03/2017

Core standard	Current self-assessed level of compliance (RAG rating)	Remaining actions required to be fully compliant	Planned date for actions to be completed
8. Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity. Have arrangements for (but not necessarily have a separate plan for) some or all of the following (organisation dependent) (NB, this list is not exhaustive):		Plans which require review or are being updated: Major Incident Plan Business Continuity Plans The two plans below to be reviewed once Regional Plans have been issued and exercised: Mass Casualties Excess Death/Mass Fatalities	 31st Aug 2016 1st Oct 2016 31st March 2017 31st March 2017
DD5 The Accountable Emergency Officers has ensured that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this		To identify critical suppliers with procurement which are not identified through the Tender process which assures the BC element	1st January 2017
41. Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		7 ED staff and 1 Microbiologist (Paul Russell) being trained as train the trainer by SWAST 17/08/2016. From this point forward SFT will have 100% for all team leaders for rota cover. Paul Russell, Tracey Merrifield & Fiona McCarthy (ICT) are planning ongoing training to continually train and refresh the CBRN/PRPS capabilities commencing September 2016	18/08/2016
E26 Tabbards identifying members of the decontamination team		Procurement of tabbards	01/08/2016

Figure 1: Version 1.0 Improvement Plan detailing four core standards requiring further work

The CCG conducted the 'confirm and challenge' meeting on 11th August 2016 and the CCG informed NHS England that based on the National RAG status for EPRR compliance that SFT are rated in the 'Substantial' category. See figure 2 below for compliance levels:

Compliance Level	Evaluation and Testing Conclusion
Full	Arrangements are in place that appropriately addresses all the core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Arrangements are in place however they do not appropriately address one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Arrangements are in place, however they do not appropriately address six to ten of the core standards that the organisation is expected to achieve. A workplan is in place that the Board has agreed.
Non-compliant	Arrangements in place do not appropriately address 11 or more core standards that the organisation is expected to achieve. A workplan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

Figure 2:

Delivery of the improvement plan has been continually monitored through the provider performance meetings on 10/11/2016 and 09/02/2017.

The Improvement Plan dated 16th January 2017, version 1.5 (Appendix A) submitted for the performance meeting held on 10th February, showed SFT compliant with all minimum requirements of all the core standards.

Training & Exercising

Statutory requirement set out that the Trust will undertake:

- Live Exercise – Every 3 years
- Table Top Exercise – Yearly
- Communication Test – Every 6 months

A variety of training and exercising and live events have taken place in the last 12 months see tables below:

Type of training / awareness	Audience / description	Date
Ambition Conference (EPRR & Security)	EPRR Leads/ Deputies attended by Deputy EPRR Manager	April 2016
EPRR Training Execs, Duty Managers & On-Call Managers	9 Duty Managers completed this training, some were new to the on-call rota	April, May, & Oct 2016
SWAST MI Cascade confirmation of understanding	Duty Managers, EP Lead, Switchboard - all trained	April & May 2016
Loggist Training	11 Volunteers trustwide who have expressed an interest in the loggist role including areas such as radiology, genetics, bank,	June & July 2016
NPAG - Resilience Group	EPRR Manager/ Resilience Managers - shared learning at National level attended by Deputy EPRR Manager	June & October 2016
Business Continuity Institute SW Forum	Business Continuity Leads - attended by Deputy EPRR Manager	30/06/2016
Chemring Site Visit & awareness (inc: exercise planning)	EPRR Leads and Managers - attended by Deputy EPRR Manager	01/08/2016
SWAST CBRN delivered Training	SWAST delivered CBRN and PRPS training to 9 ED team, Paul Russell and Deputy EPRR Manager	17/08/2016
ICC Familiarisation ahead of EPR launch	8 members of the Incident Management Team attended familiarisation awareness session	20/10/2016
CBRNe & PRPS Training	Volunteers to assist ED in the donning and doffing of the PRPS for a CBRN event attended by 4 Managers (Facilities & ETS)	08/12/2016
Wilts Police ICC Visit	EP Lead and Deputy to attend Wiltshire Police Strategic (Gold) Command ICC familiarisation visit	10/01/2017
CBRN & PRPS	Volunteers to assist ED in the donning and doffing of the PRPS for a CBRN event attended by 9 staff trustwide	17/01/2017
Loggist New	8 Volunteers trustwide who have expressed an interest in the loggist role - including areas such as PMO, Quality, Nurse Bank, IG, Dietetics	Jan & Feb 2017
Structured Debrief Course	EPRR Leads/ Deputies attended by Deputy EPRR Manager	16th February 2017

Table 1:

Type of Exercise / Live	Audience / description	Date
Everbridge MI Cascade	Switchboard, Duty Managers, EP Lead & Deputy & Patient Flow Lead	Weekly commenced July 2016
Exercise Corvus - Pandemic Flu Table Top	Trustwide representation attended by 26 Pandemic Flu table top exercise including ICT, OH, DSNs, procurement, pharmacy, MDMS, ED, Facilities, HR, Consultant Intensivist	12/07/2016
Exercise Fortuna (Mass casualty MTFA)	Trauma unit representation, attended by Plastics Consultant	14/07/2016
MSK Business Continuity - communications exercise (ward/dept based)	Directorate led across 10 MSK departments	01/07/2016
Exercise Snowy Owl (Chemring COMAH)	Multiagency response to an incident at Chemring Countermeasures - attended by Deputy EPRR Manager	06/09/2016
Exercise Manhattan (MOD Corsham)	SFT an SME linked in by phone to live exercise	07/10/2016
Exercise Connecting	Switchboard, Duty Managers, EP Lead & Deputy & Patient Flow Lead	13/10/2016
Cyber Crime Comms Exercise	Communications Leads and EPPR Managers - attended by Patrick Butler and Deputy EPRR Manager, reviewing comms response to a regional type cyber crime incident	22/11/2016
Exercise November Spirit (mass casualty Emergo)	Mass Casualty Emergo event, targeted at a IMT level attended by 3 Duty Managers, 1 ED Consultant and Deputy EPRR Manager	24/11/2016
Exercise Bugle	Communication Exercise response based on the LHRP Health Community Response Plan - Switchboard/ Duty Manager	17/11/2016
Major IT Failure with Arriva (live)	COO, EP Lead, Communications Manager - Arriva IT system failure, Business Continuity response by Arriva instigated and followed up and monitored By CCG	22/11/2016
NHS Mail Failure (live)	COO, Communications Manager, Directorate Administrators & EP Lead & Deputy	14/11/2016
Industrial Action (live)	COO, HR, Directorate Managers, EP Lead - planning and resilience planning for proposed industrial action	2016

Table 2:

All exercises and live events are debriefed so lessons learnt and action plans can be captured, and plans updated/modified as required.

2017 Exercising Schedule – dates planned

Live Exercise	Table Tops	Communications Test
CBRN Exercise Alchemic 14th September 2017 – Participants: ED, CBRN volunteer pool, ETS, Portering, Security, External Partners (CCG, NHS England, DWFRS)	Radiology Business Continuity – 22nd April (Clinical Governance Session utilised)	Weekly Everbridge Cascades Quarterly Exercise Bugle – Health Community Response Plan communications test
Theatre 7 & 8 Evacuation Exercise 6th June – follow up to Exercise Pompeii 2014/ Exercise Distress Signal 2015 (lessons learnt)	Project Argus (Counter Terrorism Unit led) 10th May 2017 – Participants invited: Executives, Duty Managers, Ward Leaders, Facilities On-call Managers, Security	Commence testing of 'Confirmer' once commissioned May/June 2017
	Cyber Crime – Informatics and IMT table time in conjunction with the South West Cyber Crime Unit (Lisa Forte) Date to be confirmed	
	Loggist Refresher Video session – March, April, May, June July 2017	

Partnership Working

Externally the Trust is embedded in multi-agency planning through the Wiltshire & Swindon Local Health Resilience Partnership LHRP. This ensures a proactive and coordinated approach to planning and sharing of best practice. The Trust participates on a weekly basis on the Everbridge SWAST communications cascade as well as regular Health Community Response Plan activities such as Exercise Bugle, and actively works on the LHRP task and finish groups where appropriate.

Audits

During 2016 the Trust was audited by TIAA on our Business Continuity arrangements, a report has been received and an action plan has been implemented and completed to address the gaps. The gaps identified were around communications and awareness.

All Business Continuity Plans are now available electronically on the Trusts intranet and are RAG rated according to their current status.

Identified Gaps in EPRR portfolio & Next Steps

Gaps	Action	Date
Testing of our internal cascade procedures	Commission 'Confirmer'	May 2017
Increase our volunteer pool for CBRN PRPS up to 30	Training scheduled 13 members of staff expressed interest and booked	5th May 2017
FFP3 Fit Testing – formal records and compliance difficult to review	From March EPRR Steering Group to monitor and report progress	
Maintain compliance against the core standards	To achieve full compliance at the next Core Standards CCG Confirm and Challenge meeting	August 2017
	Formal Launch of iRespond (modular planning & response tool)	April 2017
Forge links with the Wessex network of the LHRP, to ensure a consistent approach for response to an incident linking the Trauma Centre and Units	Participation in regional exercising, building on links with partners at other organisations	2017/18
Play a stronger role in our LHRP to build on our good practice	Provide support and participate in task and finish groups within the LHRP	2017/18

PREVENT/WRAP formal records have not been historically maintained	System in place to record and main records of PREVENT training. Develop and roll out MLE PREVENT package as part of a mandatory package. Continue to roll out the PREVENT WRAP training to the identified groups.	2017/18

Appendices: Improvement Plan Version 1.5 – Jan 2017

EPRR Improvement Plan: Salisbury NHS Foundation Trust 2016/17
Version: 16th January 2017 Version 1.5

Salisbury NHS Foundation Trust has been required to assess itself against the NHS core standards for Emergency Preparedness, Resilience and Response (EPRR) as part of the annual EPRR assurance process for 2016/2017. This improvement plan is the result of this self-assessment exercise and sets out the required actions that will ensure full compliance with the core standards.

This is a live document and it will be updated as actions are completed.

Core standard	Current self-assessed level of compliance (RAG rating)	Remaining actions required to be fully compliant	Planned date for actions to be completed	Lead name	Further comments
8. Effective arrangements are in place to respond to the risks the organisation is exposed to, appropriate to the role, size and scope of the organisation, and there is a process to ensure the likely extent to which particular types of emergencies will place demands on your resources and capacity. Have arrangements for (but not necessarily have a separate plan for) some or		Plans which require review or are being updated: **A) Major Incident Plan**	30th Sept 2016 date missed. Revised Date: End of October 2016. Complete Nov 2016	Andy Hyett	**24/8/2016:** MI Plan failed to be discussed at OMB August as planned. Now scheduled for OMB 27/9 for approval. **27/9/16:** plan approved at OMB and on agenda for JBD for ratification JBD 26/10.

all of the following (organisation dependent) (NB, this list is not exhaustive):					**16/11/2016** – Completed. Plan approved and ratified and available as hard copy and through all available resources
8. Continued		**B) Business Continuity Plans (different levels)** 1. Operational/Departmental (Clinical)	1st October 2016 date missed. Revised date: end of October. Complete Dec	Andy Hyett	**13/10/2016:** 2 Operational plans still to be written, 2 plans in final draft and 1 plan with the DMT for approval. All other plans approved. **13/12/2016 – all operational plans**

			2016		**written and approved - completed**
		2. Operational/Departmental (Non Clinical)	30th November 2016 – complete Jan 2017		**13/10/2016:** All BIAs written (11), and 9 plans drafted and 1 plan approved. **16th Jan 2017 – all BIAs and plan now completed**
		3. Directorate Level & Strategic	31st Dec 2016 – complete Jan 2017		**13/10/2016:** 3 Directorate Level Plans written and approved, awaiting completion of operational plans before proceeding with other. Require all directorate level plans prior to completing strategic plan. **9th Jan 2017, last directorate plan written and approved, strategic plan written and approved -**

					Completed
8. Continued		**C) The two plans below to be reviewed once Regional Plans have been issued and exercised:** Mass Casualties Excess Death/Mass Fatalities	31st March 2017 – complete Dec 2016 31st March 2017 - – complete Dec 2016	Andy Hyett	**December 2016 –** following attendance at mass casualty event training 'Exercise Spirit' discussion around this not being a separate plan but an extension of the MI arrangements. Subsequently have produced iRespond action cards to bridge this gap based on the NHS England Framework and lessons learnt from Exercise Spirit. Completed.
DD5 The Accountable Emergency Officers has ensured that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this		To identify critical suppliers with procurement which are not identified through the Tender process which assures the BC element	1st January 2017	Andy Hyett	**UPDATE:** Four Critical suppliers identified: NHS Supply Chain, Stryker, Bunzl and Zimmer. Three of the four BC Plans received. **3/10/216** – Final plan received; action

					completed.
41. Rotas are planned to ensure that there is adequate and appropriate decontamination capability available 24/7.		7 ED staff and 1 Microbiologist (Paul Russell) being trained as train the trainer by SWAST 17/08/2016. From this point forward SFT will have 100% for all team leaders for rota cover. Paul Russell, Tracey Merrifield & Fiona McCarthy (ICT) are planning ongoing training to continually train and refresh the CBRN/PRPS capabilities commencing September 2016	18th August 2016	Nickola Gipp	**UPDATE:** As 18/8/2016 all ED Team Leaders trained and have rota cover 24/7. Action complete.
E26 Tabards identifying members of the decontamination team		Procurement of tabards	30th Sept 2016	Ian Robinson	**UPDATE:** Order placed 16/8/2016, expected delivery first week of September. **7/9/2016:** Tabards received, insert cards produced now stored in ICC MI store. Action complete.