Bundle Trust Board Public 9 January 2020

1 Opening Business

1.1 10:00 - Presentation of SOX certificates

1.2 10:10 - Staff Story

1.3 10:20 - Welcome and Apologies

1.4 Declaration of Interests

1.5 Minutes of the previous meeting

Minutes of Public Trust Board meeting held on 5th December 2019
For approval

Draft Public Board mins 5 December.docx

1.6 Matters Arising and Action Log

1.6 List_of_action_items_Trust_Board_Public_5_December_2019.docx

1.7 10:25 - Chairman's Business

Presented by Nick Marsden
For information

1.8 10:30 - Chief Executive Report

Presented by Cara Charles-Barks
For information
To follow

1.8 CEO Report January.docx

2 Assurance and Comittee Reports

2.1 10:40 - Trust Management Committee - 18th December

Presented by Cara Charles-Barks
For assurance
To follow

2.1 TMC Escalation report January 2020.docx

2.2 10:45 - Finance and Performance Committee - 17th December

Presented by Paul Miller
For assurance

2.2 Finance and Performance Committee escalation paper 17th December 2019.docx

2.3 10:50 - Charitable Funds Committee - 12th December

Presented by Nick Marsden
For assurance

2.3 Charitable Funds Cttee 12 December 19.docx

2.4 10:55 - Audit Committee - 12th December

Presented by Paul Kemp
For assurance

2.4 Escalation report from Committee to Board - Audit Committee 12th December 2019 - Final.pdf

2.5 11:00 - Integrated Performace Report Month 8

Presented by Lorna Wilkinson
For assurance

2.5 a 200109 IPR.docx

2.5 b 200109 IPR January 2020.pdf

3 Workforce

3.1 11:10 - Equality and Diversity Annual Report

Presented by Lynn Lane
For assurance

3.1 a EDIBoard cover sheet_Jan 2019.docx

3.1 b GenderPayGap2019_Final.pdf

3.1 c SFTEqualityreport2019.pdf

3.1 d WRES2019_SFTReport.pdf

3.1 e WDES2019_SFTReport.pdf

3.1 f A model employer WRES leadership2019.pdf

4 Quality and Risk

4.1 11:15 - Patient Experience Report Q2

Presented by Lorna Wilkinson
For assurance

4.1 Q2 19_20 Dec 2019 final.docx

4.2 11:20 - Safety and effectiveness of services at the weekend - update on ation plan

Presented by Christine Blanshard
For information

4.2 Weekend update January 2020.docx

6 Closing Business

6.1 Agreement of Principle Actions and Items for Escalation

6.2 Any Other Business

6.3 11:25 - Public Questions

6.4 Date next meeting

6th February 2020

7 Resolution

Resolution to exclude Representatives of the Media and Members of the Public from the Remainder of the Meeting (due to the confidential nature of the business to be transacted)

Salisbury NHS Foundation Trust

DRAFT
Minutes of the Public Trust Board meeting held at 10:00am on Thursday 5 December 2019 in The Board Room, Salisbury NHS Foundation Trust

Present:

Dr N Marsden (NM)	Chairman
Cara Charles Barks (CCB)	Chief Executive Officer
Mr Andy Hyett (AH)	Chief Operating Officer
Ms T Baker (TB)	Non-Executive Director
Mr P Kemp (PK)	Non-Executive Director
Ms R Credidio (RC)	Non-Executive Director
Mr M Von Bertele (MvB)	Non-Executive Director
Mrs J Reid (JR)	Non-Executive Director
Mr P Miller (PM)	Non-Executive Director
Dr C Blanshard (CB)	Medical Director
Mrs L Thomas (LT)	Director of Finance
Mrs L Lane (LL)	Director of OD and People
Mrs L Wilkinson (LW)	Director of Nursing

In Attendance:

Esther Provins	Director of Transformation
Fiona McNeight	Director of Corporate Governance
Gavin Thomas	Executive Services Manager (minutes)
Eiri Jones	Non-Executive Director (observer)
John Mangan	Lead Governor (observer)
Ed Leonardo	Business Development Manager – Liaison Group (public)
Jenny Lisle	Public Governor
Sharon Holt	Head of Resourcing
Mark Wareham	Union Representative
Sophie Brookes	PALS Department
Helen Rynne	PALS Department

ACTION

TB1 05/12/1 OPENING BUSINESS

TB1 05/12/1.1 Presentation of SOX (Sharing Outstanding Excellence) Certificates

N Marsden noted that this month the SOX certificates were being awarded to Sharon Holt and. N Marsden thanked both members of staff for their hard work and contribution.

TB1 05/12/1.2 Staff Story

L Wilkinson presented the Staff Story to the Board with an associated presentation to the Board and it was noted that there was a family member present.

Discussion:
N Marsden thanked L Wilkinson for sharing the story with the Board and noted the reason for the patient's story. NM noted that this was a difficult message but that it is important for the Board to consider this when making decisions and that the Board remains focused on the issues at all times when going through their business at Board.

L Wilkinson informed the Board that there were staff from the ward present and asked the Chair to acknowledge their attendance

P Miller noted that the presentation appeared to show a lack of understanding of the escalation and reporting process and as part of lessons learnt, we must ensure that staff feel that they can speak up when they need to.

TB1 05/12/1.3 **Welcome and Apologies**

Apologies were received from.

- Rachel Credidio – Non Executive Director

TB1 05/12/1.4 **Declarations of Conflicts of Interest**

EJ informed the Board that she has her own Business. N M confirmed there was no conflict. There were no other declarations of conflicts pertaining to the agenda.

TB1 05/12/1.5 **Minutes of the part 1 (public) Trust Board meeting held on 7 November 2019**

The minutes were agreed as a correct record of the meeting held on Thursday 7th November 2019.

TB1 05/12/1.6 **Matters Arising and Action Log**

N M presented the action log and the following items were noted:

- **Action 0711/2.5 IPR:** N M noted that support had now been procured and that a paper would be forthcoming in January 2020 which would show key pieces of work to mitigate the actions in relation to the financial sustainability.

- **Action 07/11/3.2: Safety and Effectiveness of Services at the weekend.** N M noted that this work is ongoing and that there will be an update later on the agenda

TB1 05/12/1.8 **Chairman's Business**

N Marsden reported that there was not much to update on this month as staff continue to ensure waiting times and other key targets are met.

TB1 05/12/1.9 **Chief Executive's Report**

C Charles-Barks presented the Chief Executive's report and highlighted the following key points:

- The hospital was very busy and experienced unseasonably high demand; the Trust was at Opel level 4 for a considerable amount of time during October.

- The Trust saw 91.8% of patients within four hours - as a result we were one of the top 10 performing Trusts in the UK during October for the four hour performance standard.

- The Trust continued to provide good quality, safe care and had no cases of MRSA. C Difficile cases have now significantly exceeded the upper limit of 9 cases, as a result of the changes in reporting which now include community onset healthcare associated cases. We have appealed seven of these cases and Wiltshire CCG has confirmed the successful appeal of five of these for no lapses in care.

- The Trusts financial position as at the end of October shows a NHSI control deficit of £1.8m, which is £2.4m worse than our plan. There was a significant increase in non-pay expenditure during October, with spend exceeding the Trust plan by £1.1 million.

- In relation to workforce, there were a total of 56 starters across all disciplines in the Trust during this month, with leaver numbers holding steady at 24. The Trust's overall sickness absence rate has increased this month to 3.6%, above the 3% target, with long term absence decreasing and short term absence increasing days

- We have been encouraging staff to become QI Coaches and to support staff in this role, in November we carried out specially designed Quality Improvement training, funded by Health Education England for our first cohort of 36 QI Coaches.

- Staff survey has now finished and we closed with a response rate of 52% and the responses will now be analysed by our external company and results will be fed back with recommendations, and a robust action plan will be put into place following receipt of these actions.

- The STP has been interviewing for a number of key leadership posts this past month.

- To support our Leadership Academy, the Trust held a compassionate leadership event, with external guest speaker Professor Michael West - an expert in leadership within the

NHS. The event was really well attended and I'm very grateful to Professor Michael West for delivering such an engaging and thought-provoking session. Everyone I spoke to after the event felt empowered to make a difference at a personal, team and organisational level, to help our organisation become outstanding every time.

- The Trust took part in the Transgender Remembrance Day with a ceremony on the Green in front of Trust Offices. A short celebrant service was held and was finished with the raising of the Transgender flag which remained flying high for the remainder of the week.

- Our Communications team recently won the PRCA National award for Public Sector internal communications.

Discussion: TB asked if in relation to Brexit, the Trust was aware of any shortages in medication. CB informed the Board that there are ongoing issues currently but it was noted that these were predominantly manufacturing issues, cross contamination issues and errors in the supply chain rather than problems related to Brexit.

P Kemp asked the Board if the BSW Long term plan had been agreed from a South West perspective. C Charles Barks explained that there are meetings continuing with them with a view to form a consortium of primary care networks, consisting of WHC and SFT, with a view to working together. C Charles Barks informed the Board that the Trust would feed into this new group via the Chief Operating Officer for Wiltshire

C Charles Barks also informed the Board that there are a number of core work-streams set up such as system architecture and system pathways of which she is leading to enable these to be delivered locally.

P Kemp asked if going forward updates on these work-streams could be included in the report. CCB agreed to include going forward.

E Jones asked C Charles Barks, in relation to the QI coaches, is there a QI Steering group in place. C Charles Barks explained that currently there is ambition for one coach per ward with a view of having more trained by the new year.

TB1 05/12/2 **ASSURANCE AND REPORTS OF COMMITTEES**

TB1 05/12/2.1 **Trust Management Committee Report – 16 October**

C Charles Barks presented the report, providing a summary of escalation points from the TMC held on 20th November:

The Committee received and approved only one business case this month, for cost avoidance reasons, and it was noted that the

committee was disappointed with a number of other cases which did not include evidence of benefits realisation or return on investment.

Discussion:
P Kemp queried what assurance was in place in terms of the cost avoidance. C Charles Barks explained that this very much sits with the directorates but that the Board is tracking this and there are also 6 monthly reviews in place and this will be standard across the Board soon with all business cases so that the right amount of scrutiny and assurance is in place.

N Marsden noted the report and informed that it was a useful report, especially around the hospice update, and asked AH to provide a very quick update to the Board.

AH informed the Board that a review was recently undertaken to review the working, funding and strategy of the hospice as it was changing into more of an outreach service.

AH informed the Board that the hospice is stable at present and close monitoring is in place going forward while discussions continue with the CCG on its future funding model.

TB1 05/12/2.2 **Clinical Governance Committee Report – 26 November**

P Miller presented the report providing a summary of escalation points from CGC held on 26 November.

- Digital and informatics normally reviewed at finance and performance but came to Clinical Governance and was discussed under risk, and a plan is in place moving forward.

- 7 day services, we are complying with the 7 day service standards but challenges remain currently but these are being addressed.

Discussion:

- E Jones referred to the 7 day service standards and asked if there was any triangulation between the weekend standards and the mortality at weekends.
- CB informed the Board that they received quarterly reports on compliance with the standards and accepted that performance against standards 1 and 4 has decreased over the last year with increase in number of acute admissions over the weekend compared to during the week, especially in the evenings, with more admissions coming from out of area.

TB1 05/12/2.3 **Finance and Performance Committee Report – 22 October**

P Miller presented the report, providing a summary of escalation points from F&P Committee held on 26th November

- IT improvements'. Work is ongoing to improve performance with an action plan in place with very clear expectations that a paper comes back to Finance &Performance Committee / Board by the end of the Financial Year
- In terms of Capital, there is slippage against the plan

- It was also noted that is an increase in the risk profile across the BAF domains.

Discussion:

- There was no discussion on this item.

TB1 05/12/2.4

Workforce Committee – 28th November

MvB presented the report, providing a summary of escalation points from Workforce Committee held on 28th November.

- MvB explained to the Board that in terms of weekend working and hospital at night, the Trust needs to be aware of capacity of junior doctors especially with the new contract from NHS England.

- MvB explained how Rex Webb had produced an annual report with a suite of papers on gender pay gap with objectives to try and understand where and why we have gaps.

- Despite the increase in numbers of BAME employees the Trust WRES data has not changed significantly over the past year compared to 2017/18.

- The data shows that there are still fewer BAME staff in Band 8 posts and above, both clinical and non-clinical. The exception is within the Medical and Dental grades. Projected to have 4 Band 8 BAME staff this year. Actual number is 2.

- FTSU- opportunity presents for an increase in freedom to speak up guardians and deputies.

Discussion:

- C Charles Barks explained that we have dignity at work ambassadors and this would fit nicely with the FTSU role and there is a review currently ongoing.

- C Blanshard wanted to clarify that the Director of Medical Education (ME) is not leaving the Trust, but stepping down from her role of Director of ME but will remain in her substantive position.

- C Blanshard explained to the Board that in terms of the changes to Doctors contracts, there are more restrictions placed on Doctors around weekends and long days they are able to work.

- C Blanshard assured the Board that work continues and strategically we are linking in with universities as well as expanding how we link in with deaneries across the piece.

TB1 05/12/2.5 **Register of Seals**

N Marsden informed the Board that there was 1 entry onto the Seal register in August.

This was approved.

TB1 05/12/2.6 **Integrated Performance Report**

AH presented the report to the Board and the following key points were noted.

- Trust performance in October was marked by an increasing build-up of operational pressure in non-elective pathways – although escalation beds were open for 14 days through the month, occupation in them was significantly lower than normal.

- The Trust was able to maintain its performance trajectory for the Emergency Access (4 hour) target and remains in the top 10 performing Trusts in England and achieved a decrease in mixed sex breaches from September's spike. Particular concerns are the increase in long length of stay (21 days+) which reached its highest level since December 2018 and discharges before midday, which continue to fall – now 16.6%.

- The trend of reducing RTT performance has been maintained, although the increased in waiting list has stabilised in October – this should not mask the continued direction of travel. Despite the Trust being one of few in England to achieve the RTT standard in October, the continued maintenance of performance, and related clinical income, should be viewed as a risk.

- There are some specialties that have demonstrated sustained improvement (T&O, general surgery, oral surgery) and others experiencing a marked decline in performance (dermatology, ophthalmology). Specific actions to address these areas are set out in the report.

- The Trust was able to recover and deliver the Diagnostic wait time standard following resolution of ultrasound performance

in Month 6.

- Infection control targets remain very challenging to maintain due to ceilings given, although the trust continues to benchmark in upper quartile. Weekend HSMR remains a significant concern and the success of the agreed action plan for this area will be monitored closely. Risk of mortality related to gastrointestinal haemorrhage and hip fracture have also been reviewed.

- The Trust's control total deficit of £1.8m is significantly worse than had been planned for. Expenditure is primarily being driven by spend on clinical supplies and higher than planned nursing costs (although the latter is allowing a 75% reduction in nursing agency costs compared to last year). Shortfalls in clinical income and productivity (£-2.5m vs plan YTD) equally contributes to the adverse position and the non-elective pressures described above contribute to the Trust's inability to recover its financial position.

Discussion:

- C Charles Barks noted that the Cancer 2 week wait performance was good in October and wondered what we did differently AH updated on some action taken.

The Board noted the report

TB1 05/12/3 **QUALITY AND RISK**

TB1 05/1/3.1 **Board Assurance Framework and Corporate Risk Register**

FMc presented the report and informed that the BAF has undergone a refresh following the setting of new corporate objectives for 2019/20.

FMc explained that the BAF will continue to be reported to the relevant Board Committees bi-monthly in order to maintain appropriate scrutiny and updates. The Trust Board will receive a comprehensive update every 4 months which will include any specific discussion points from the board committees.

It was noted that:

- There has been a significant increase in the risk profile relating to service delivery and potential impact on patient care, weekend HSMR and deteriorating financial position.
- 14 risks are rated 15 or above compared to 6 reported to

Board in August 2019.

Discussion:

- PM informed that work must be carried out to address the risks which are rated 15 or above with a clear strategy to address the 'big ticket' risks, and suggested this could be achieved through mapping the risks to mitigations. There was agreement to follow up at Board Development Day and at an Executive Away Day.

- TB informed that there is a clear risk of failure to deliver GIRFT plans.

- CB noted that there was now a considerable increase in work from the GIRFT Programme with some 36 areas currently being reviewed.

TB1 05/12/3.2 **Learning from Death Report**

C Blanshard presented her report and informed that a new theme emerged in Q2 on recognition and management of end of life care, particularly by new trainees, emphasising the importance of ongoing end of life care education.

CB informed the Board that there has been a new medical examiners, job share role developed with a 5 day service, as well as additional training places identified with a view to roll out the programme in Q4.

CB also informed that there will need to be an increase in admin support in the bereavement office. It was further noted that a review of 78 deaths of patients admitted as an emergency on a Sunday found no
direct causal link with patients being admitted as an emergency at a weekend.

Discussion:

- There was no discussion on this subject.

TB1 05/12/3.3

Director of Infection Prevention Control

L Wilkinson presented the report to the Board and the following key points were noted

- For the reported period, the Trust has experienced a positive six months for infection prevention and control performance. The Trust has achieved good outcomes to date and maintained compliance with the Health and Social Care Act 2008: Code of Practice on the prevention and control of

infections and related guidance (Department of Health, 2015).

- Clostridium difficile (C.difficile) definition changes (April 2019) have resulted in higher numbers reported as 'healthcare associated' which include a group of cases where the onset was in the community. This is a significant performance challenge for the organisation. The Trust has had 13 reported healthcare associated C.difficile cases against a trajectory of no more than 9 cases for 2019/20. For this reported period, a total of 7 healthcare associated C.difficile cases have been submitted for appeal with the relevant Clinical Commissioning Group (CCG), as no lapses in care, but uses a lot of admin time to appeal, which is difficult for a small team of three whole time equivalents.

Discussion:

- P Kemp queried the need to appeal given the current success rate.

- L Wilkinson explained that by appealing we were assuring our own process within the department. Discussion ensued as to how assurance could be gained but not necessarily submitting each case. LW will review locally with the team.

TB1
05/12/3.4 Safety and Effectiveness of services at the weekend

C Blanshard presented the report to the Board and the following key points were noted:

- There were a number of actions across a number of areas, including medical and AHP workforce.
- Coding and IT: where systems were not pulling through co-morbities, and this is being addressed through the IT action plan
- Sunday pharmacist: It is difficult to get a locum in for just this one day. There was a business case which went to TMC but this was deferred and it is being brought back following review of the paper in the December meeting.

Discussion:

- N Marsden informed the Board that it felt like progress was being made and thanked CB for her update.
- T Baker asked if data is being shared with practices and C Blanshard confirmed that it is

- N Marsden asked for a written update at the next Board.

Action: CB

TB1 05/12/4 CLOSING BUSINESS

TB1 07/11/4.1 Agreement of Principle Actions and Items for Escalation

N Marsden highlighted one key issue discussed at the Public Board Meeting:

- Response to Long Term Plan for South Wiltshire needs to be documented at the next Board

TB1 05/12/4.2 Any Other Business

P Kemp asked if LW was going to bring patient story action plan to Board for review.

L Wilkinson reiterated the purpose of hearing a patient story at Board, and stated that she felt that it was not appropriate to bring back an action plan. There are governance processes in place to ensure action as a result of complaints.

N Marsden agreed with L Wilkinson and stated that it was for the Executive to be assured that the steps and measures being implemented are the right ones.

TB1 05/12/4.3 Public Questions

J Lisle asked what progress is being made on the facilities for junior doctors especially at weekends and in particular restroom and refreshment areas, as she understands that staff have to bring their own refreshments.

C Blanshard explained that there is £60K in the BMA fund available to implement the Junior Doctors facilities charter, but noted that it is up to the Doctors themselves to decide how to spend this money.

It was also noted that Junior Doctors are also involved in the Space discussions.

TB1 05/12/4.4 Date of Next Meeting

Thursday 9 January 2020, Board Room, Salisbury NHS Foundation Trust

TB1 05/12/5 RESOLUTION

Resolution to exclude representatives of the media and members of the public from the remainder of the meeting (due to the confidential nature of the business to be transacted).

2 January 2020 16:07

List of action items Trust Board Public 5 December 2019

Agenda item		Assigned to	Deadline	Status
3.4 Safety and effectiveness of services at the weekend - update on action plan				
148.	Safety & effectiveness of services at the weekend	Blanshard, Christine	02/01/2020	Completed
	Explanation action item Written update requested for next Board meeting			

Report to:	Trust Board (Public)	Agenda item:	1.8
Date of Meeting:	9 January 2020		

Report Title:	Chief Executive's Report			
Status:	Information	Discussion	Assurance	Approval
	X			
Prepared by:				
Executive Sponsor (presenting):	Cara Charles-Barks, Chief Executive			
Appendices (list if applicable):	None			

Recommendation:
Note the report for information only.

Executive Summary:
This report provides the Board with an overview of some of the current activities of the Executive Team and key issues locally. This report provides an update for the Trust Board on some of the key issues and developments within this reporting period and covers: • **Performance –** update on current performance • **Finance –** update on our financial recovery plan • **Workforce –** update on workforce situation • **Flu Campaign** • **NHS Staff Survey** • **New Independent Chair appointed to lead BSW health and care system** • **Transforming maternity services**

Background

This is the 1st Chief Executive Report being presented for 2020 and, where appropriate, has been informed by updates provided by members of the Executive Team.

Performance

November was a particularly challenging month for the Trust with high attendances in our Emergency Department and pressure right across the hospital. We were at Opel level 4 status for 27 days in comparison to five days in the previous month. There was an inevitable impact on the 4 hour standard; we achieved 86.4% during November.

The Trust continued to provide good quality, safe care and had no cases of MRSA and one case of community onset cDifficile. We need to maintain our focus on all quality indicators and more detailed information on our performance across all indicators will be picked up further in the integrated performance report.

Finance

Our year to date financial position at the end of November is an NHSI control total deficit of £8.9m, £3.9m worse than plan. This has been driven by challenges such as maximising the capacity utilisation of our physical estate, and one off upfront costs of recruiting to the nursing workforce from overseas. While the latter has placed pressure on our finances in 2019/20, it gives us a great opportunity to reduce our temporary staffing costs in a safe and sustainable way moving into 2020/21.

We continue to pursue all actions available to us to improve this financial performance including maximising capacity utilisation in theatres, and working with our system partners to manage the flow of patients through our beds. However the scale of the challenge means that we are discussion with NHS England and Improvement what this means for our 2019/20 full year financial forecast.

Workforce

Our international campaign has been very successful in 2019, with a higher and faster conversion rate such that we have managed to reduce nursing vacancies significantly. Additionally on the domestic front we have an HCA assessment day already planned for January and a newly qualified RN day for March 2020.

There were a total of 46 starters across all disciplines in the Trust during this month, with leaver numbers holding steady at 23. The Trust's overall sickness absence rate has increased this month to 4.1%, above the 3% target, with long term absence decreasing and short term absence increasing as a result of reported colds and flu.

We are managing cases proactively in conjunction with Occupational Health, with the aim of reducing these levels back below target. Mandatory training is above target at around 88%, whilst medical and non-medical appraisals remain below their respective targets, although with some improvement since last month for non-medical.

Flu Campaign

As we move further into the winter, comprehensive staff vaccination is critical in keeping our staff fit and reducing the risk of flu spreading across clinical areas and affecting vulnerable patients. 67% of frontline staff and over 2000 employees have now been vaccinated, bringing us closer to the 80% target we need to meet if we are to receive additional Commissioning for Quality and Innovation (CQUIN) money from our main commissioners at the end of the financial year. We are continuing to encourage our staff to get their vaccination. We are reducing drop-in flu clinics to concentrate on visiting clinical areas. Flu nurses are visiting areas directly and peer vaccinators are available to vaccinate staff inside and outside normal working hours.

NHS Staff Survey 2019

The Staff survey has now closed and we have achieved a response rate of 54% which is the best rate the Trust has ever achieved for a full census.

This is a great achievement. We are committed to listening to the feedback staff have provided and creating an action plan for improvements; any recommendations detailed in the action plan will be monitored regularly at Board level.

STP News

New independent Chair appointed to lead BSW health and care system

Health and care leaders from Bath and North East Somerset, Swindon and Wiltshire (BSW) have appointed a new Independent Chair.

Stephanie Elsy, a Non-Executive Director at Solent Community and Mental Health Trust and former Leader of Southwark Council in London, joins the BaNES, Swindon and Wiltshire Sustainability and Transformation Partnership (STP) from 9 December 2019.

Stephanie will provide independent leadership and work to oversee the ongoing improvement and integration of health and care services across the region. She will also help to deliver the ambitions set out in BaNES, Swindon and Wiltshire's Five Year Plan – which will be published early next year – and provide support to the partnership as it develops into an Integrated Care System (ICS) by April 2021.

Transforming maternity services

From November 2018 - February 2019 there was a consultation on the proposal to transform maternity services in Bath and North East Somerset, Swindon and Wiltshire. This included a proposal to create an alongside unit at Salisbury District Hospital.

Since the process started in 2017, more than 4500 mums, families, staff and partners in the community have shared their views and ideas about how to deliver a safe and positive birth and maternity experience for families in B&NES, Swindon and Wiltshire, as well as prepare them to approach parenting with confidence.

The proposals have been rigorously examined by the South West Clinical Senate and an independent expert panel which included a GP, an obstetrician, representatives of mums and dads, a midwife and a quality improvement lead. We have also consulted with a joint B&NES, Swindon and Wiltshire Health and Overview Scrutiny Committee and worked through the NHS England assurance process.

A final set of recommendations will be submitted to a joint meeting of the B&NES, Swindon and Wiltshire Clinical Commissioning Groups Governing Body on Thursday 16 January 2020 where a decision will be made. This meeting will be in public and will take place at the Lackham Campus, Wiltshire College from 10am-12 noon. More information will be available on the CCG websites shortly and papers will be published on the sites in advance of the meeting on 9 January.

Recommendation

The Board is asked to note this report.

CLASSIFICATION: UNRESTRICTED

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.1
Date of Meeting:	09 January 2020		

Report from: (Committee Name)	**Trust Management Committee (TMC)**		**Committee Meeting Date:**	18th December 2019
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Gavin Thomas, Executive Services Manager			
Board Sponsor (presenting):	Cara Charles-Barks, Chief Executive			

Recommendation
The Board is asked to note the report outlining items raised at the Trust Management Committee meeting held on 18th December 2019.

Key Items for Escalation

The Trust Management Committee considered the following business cases:

- **Pharmacy Workforce Review-** The business case was partially supported to strengthen the 7 day service particularly on AMU which forms part of the actions from the HSMR paper.

- **PACS Hosting-** This business case was supported following second review .

- **Living with and Beyond Cancer** – This business case was supported by the committee, but for an initial 6 month extension, pending a discussion with the CCG about ongoing funding, before we consider extending the service to other specialties.

Other items for Escalation:

The Committee also approved the new Car Travel Policy for use following review. The committee noted that the new policy allows for decisions to be made locally within the individual directorates, as the policy includes decision trees which allow for reasoned decisions.

The committee also noted that for Month 8 the ED standard reporting 91.8% however this was ahead of the submitted trajectory of 89.5%.

End of Report.

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.2
Date of Meeting:	9th January 2020		

Committee Name:	Finance and Performance		**Committee Meeting Date:**	17th December 2019
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Paul Miller, Non Executive Director			
Board Sponsor (presenting):	Paul Miller, Non Executive Director			

Recommendation
To note key aspects of the Finance and Performance Committee meeting of the 17th December 2019.

Items for Escalation to Board
Financial Outturn 2019/20 – Operationally the hospital has been extremely busy in November with significant use of escalation capacity, and the Emergency Access (4 hour) standard dipped to 86.4% for the month. This theme of increasing challenge associated with the onset of winter is also reflected in a worsening financial position with a November in month overspend of £1.5m, compared to an original planned surplus of £0.3m. Some of this worsening performance was predicted in the Q2 forecast (September), but the actual November performance was £0.8m worse than that September "re-forecast". As a result of the above a revised month 8 "re-forecast" was circulated on the day of the F&P meeting, with an associated draft explanatory paper. In this paper the Trust is now predicting an overspend of £15m, which is £6.1m worse than or control deficit of £8.9m. The Trust is no going through a system wide re-forecasting process, that includes STP engagement, before coming back to our Trust Board meeting on the 9th January 2020 for approval, prior to formal submission to NHSI&E during the second half of January 2020. Finally the revised re-forecast explanatory paper will be updated to reflect F&P committee comments, as well as STP input and will be sent directly to all Board members between Christmas and New Year. **Balance of Elective and Non-Elective work up to 3st March 2020** – Given the significant hospital pressures identified in the integrated performance report e.g. 97% bed occupancy in November 2019 and the predicted, current and future, challenges of urgent and

emergency (non-elective) admissions, associated with key workforce shortages. The F&P Committee had a discussion about the “art of the possible” with patient safety being the key priority. Therefore it was acknowledged that the Trust Executive needed to take steps, where ever possible, to operationally reduce the pressures on the hospital (and staff) over the winter months and arguably the only area we are in control of is elective activity.

Hospital systems hosting procurement and business case – The F&P Committee received a set of papers covering a procurement evaluation and associated business case for IT systems hosting, covering a number of systems i.e. RIS, PACS, VNA and XDS. These procurement evaluation and business cases are complex and a number of significant risks were identified that required further Executive Team discussion around mitigations, therefore the F&P Committee was not in a position to give an opinion on the procurement recommendation at the meeting on the 17th December 2019, aside from being clear about the areas of concern. Finally given the tight timescales surrounding this procurement, the recommendation will now go straight to the Trust Board on the 9th January 2020, hopefully with answers to the outstanding risks and mitigations.

NHS
Salisbury
NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.3
Date of Meeting:	9th January 2020		

Report from: (Committee Name)	Charitable Funds Committee		**Committee Meeting Date:**	12th Dec 2019
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Lisa Thomas, Director of Finance			
Board Sponsor (presenting):	Nick Marsden, Chairman			

Recommendation
To note the key aspects of the Charitable Fund committee meeting of the 12th December 2019.

Key Items for Escalation
The committee has been reviewing the charity and identifying the key strategic pieces of work required to take it forward and improve the overall governance and longer term planning. As part of these discussions a number of items were approved: • The committee approved the appointment of responsible officer for the Charity to strengthen the day to day governance and accountability, which would be the Associate Director of Strategy of SFT. • The Committee approved a non-recurrent cost of supporting additional resource to undertake this work, which will allow the following to be produced: a) A Charity Investment Strategy to cover the period 2021-2026 b) Fundraising Strategy and Targets linked to the Strategy and Operational Plan. c) Updated key policies and processes such as Reserves Policy and Investment Decision Making processes. d) Long Term Operational Plan for the Charity 2021-2026 e) A clear governance structure to be adopted by the Trust and Charity to support delivery of the above. f) A communication plan to support the aims and objectives set out in the strategy and fundraising plans. The Committee considered a number of bids and approved: • Funding for ongoing elevate programme and Artcare for a further 12 months • Funding to equip the new low birth maternity unit scheme

- Funding to replace the bedside cabinets for Odstock Ward

The committee was also presented with a number of issues outstanding from the recent external audit which are still be discussed, namely the building titles of property owned by the charity and VAT treatment of some income. The committee will be kept informed of progress in resolving the issues prior to the 31st January Charity commission filing deadline.

NHS
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NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	
Date of Meeting:	9th January 2020		

Report from: (Committee Name)	Audit Committee		**Committee Meeting Date:**	12th December 2019
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Paul Kemp (Audit Committee Chair)			
Board Sponsor (presenting):	Paul Kemp			

Recommendation
The Trust Board is asked to note the items escalated from the Audit Committee meeting held on 12th December 2019 The Board is asked to consider the report from PWC regarding Board Governance and Compliance. The Board is asked to note the findings of the report and management's action plans to address these issues.

Key Items for Escalation
PWC Report – Board Governance and Compliance An extract of the Executive Summary has been appended to this report The Report found that "*Changes are required to ensure that the Trust has a robust system of governance which supports successful delivery of its strategic objectives. Processes are in place which we have tested and validated through interview, document review and observation. We have raised a number of findings to allow the Trust to further enhance it's governance and compliance, which will in turn help to elevate the systems and processes in place.*". However, the summary of findings also noted some areas of existing good practice. The Report was ranked overall as "Medium Risk" with the report identifying 5 key findings, all ranked as medium risk. 1. The overall structure of the Trust's Committees, sub-committees and working groups is unclear with no clear framework confirming the escalation route and pathway for information and reports. We identified terms of references which have not been reviewed annually as required. In addition,

the purpose and role of the Trust Management Committee is not clearly defined.

2. Attention is needed to improve focus during Committee meetings. The quality and timeliness of papers for Committee meetings also needs improving. Additionally, we observed some lack of understanding of papers by owners of those documents.
3. The challenge and input from Non-Executive Directors at Committee meetings is varied.
4. The Workforce Committee requires improvement to ensure it is operating as effectively as other Committee meetings.
5. An improvement in the quality, level of rigour and engagement from Executives at the Executive Performance Review meetings would be beneficial.

More detail of regarding these findings and the management responses to these challenges may be seen in the appendix. For findings 1 through 4, management have targeted completion of their action plans for April 2020 and July 2020 for item 5

Review of Maintenance Processes

The committee received a presentation from the Estates team on the topic of the management and delivery of maintenance services. It was clear that the call for this presentation had triggered an internal review in the department and led to a number of improvements in management of business requests for reactive maintenance.

Overall the Trusts cost of maintenance services are low compared to the benchmarks shown in the model hospital data.

Task and Finish Group Working on Corporate Process Compliance

The Committee received an update from the Director of Finance on progress and plans for this group, instituted six months ago in order to bring some structure to improving the Trusts compliance with corporate policies and procedures.

Initial focus has been within Finance and Procurement area as a pilot for a broader roll out, once a stable model has been established. Early progress has been positive with the development and roll out of training and education programmes for relevant managers, as well as establishing compliance monitoring for certain procurement processes. This pilot exercise will continue for the remainder of 2019/20

Other Matters

Reports were also received regarding

- Ø The annual review of Single Tender Actions
- Ø Initial planning for the audit of the Annual Report
- Ø Progress on other internal audit and counter fraud matters

Board Governance and Compliance

Salisbury NHS Foundation Trust

November 2019

Click to launch

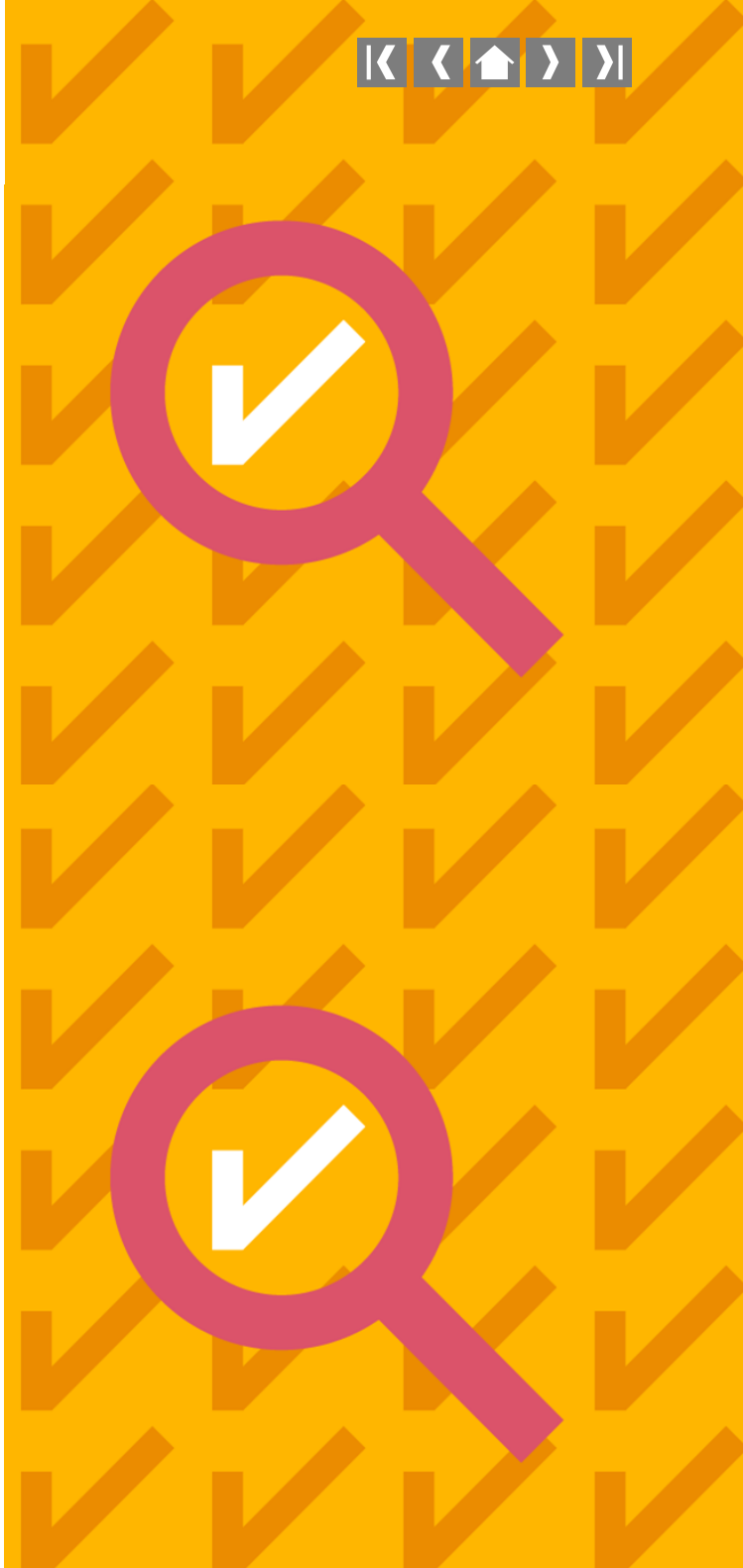
pwc

Contents

Distribution list

For action:
Andy Hyett (Chief Operating Officer)
Cara Charles-Barks (Chief Executive)

For information:
Audit Committee



Executive summary

Report classification

Medium Risk (15 points)

Trend

A review of this nature has not been performed in previous years

Our review has considered the processes and controls in place relating to Board governance and compliance at the Trust for the period 1 April 2019 to 30 September 2019.

Total number of findings: 5	Critical	High	Medium	Low	Advisory
Control design	-	-	1	-	-
Operating effectiveness	-	-	4	-	-
Total	-	-	**5**	**-**	**-**

Summary

Changes are required to ensure that the Trust has a robust system of governance which supports successful delivery of its strategic objectives. Processes are in place which we have tested and validated through interview, document review and observation. We have raised a number of findings to allow the Trust to further enhance it's governance and compliance, which will in turn help to elevate the systems and processes in place.

We noted the following areas of good practice during our review:

- An Accountability Framework is in place at the Trust which describes the system of integrated governance used, with particular reference to the provision of quality services.
- Executive performance meetings are held on a monthly basis, as stipulated in the Integrated Governance Framework. Key performance figures are discussed, and new actions are raised where necessary. Action logs are reviewed at the start of the meetings.

1	The overall structure of the Trust's Committees, sub-committees and working groups is unclear with no clear framework confirming the escalation route and pathway for information and reports. We identified terms of references which have not been reviewed annually as required. In addition the purpose and role of the Trust Management Committee is not clearly defined.	**Medium**
2	Attention is needed to improve focus during Committee meetings. The quality and timeliness of papers for Committee meetings also needs improving. Additionally we observed some lack of understanding of papers by owners of those documents.	**Medium**
3	The challenge and input from Non Executive Directors at Committee meetings is varied.	**Medium**
4	The Workforce Committee requires improvement to ensure it is operating as effectively as other Committee meetings.	**Medium**
5	An improvement in the quality, level of rigour and engagement from Executives at the Executive Performance Review meetings would be beneficial.	**Medium**

Executive summary

Colour code key	Meaning
●	Well designed / Operating well
●	Some deficiencies in design / Operation could be improved
●	Not well designed / Operating poorly

Objectives	Control design	Operating effectiveness	Reference to finding
Governance			
The Trust has the correct structure and governance as per the Foundation Trust terms of authorisation.	●	●	n/a
Mechanisms for ensuring compliance with the Foundation Trust code of governance are in place.	●	●	n/a
Performance Reporting			
There are relevant performance targets in place for each division.	●	●	5
Performance against key targets is reported to the Executives, Board and relevant external stakeholders, on a regular basis.	●	●	5
Large variances from targets are appropriately escalated and actioned.	●	●	n/a
Executive Committee Structure			
There are terms of reference in place for each Executive Committee, which are followed.	●	●	1

Executive summary

Objectives	Control design	Operating effectiveness	Reference to finding
Executive Committee Structure (continued)			
The reporting to each of the Executive Committees is relevant and of sufficient quality to enable effective decision making.	●	●	2, 3, 4
Assurances provided to the Board are reflective of discussions held at an Executive level.	●	●	n/a
The current structure of the Executive Committees are considered to be fit-for-purpose and support the Trust in delivering its strategic objectives and operational plan.	●	●	1
Any actions taken or decisions made in the Executive Committees are delivered on and monitored.	●	●	n/a
Divisional Performance and Reporting			
The structure of the Executive Committees allow for frequent, effective interactions with the Divisions. .	●	●	5
The Executive Committee have sufficient oversight of the key risks within each Division.	●	●	5
The Divisional oversight meetings receive relevant reports to allow decisions to be made, and issues escalated.	●	●	5
The flow of information from divisions to Trust Executives and Trust Board is comprehensive and provides appropriate levels of evidence and assurance that the Division is performing as expected, and in line with strategic objectives and the operating targets.	●	●	1
The flow of information from the Trust Board back to the Divisions if effective and assists with Divisions decisions making.	●	●	n/a

Executive summary

Introduction

This internal audit review was conducted during August and September 2019, and was delivered in accordance with the Audit Plan agreed by the Trust's Audit Committee in May 2019. As part of the scope we reviewed the arrangements the Trust has in place to ensure 'good governance' is achieved, as well as considering the performance reporting both from divisional level to the Executive, and from the Executive to the Board, via Committee meetings where appropriate. We also considered the Executive Committee structure as well as looking at the purpose of each meeting, including the effective flow of information to the Board to enable informed decisions to be made.

To enable us to form the conclusions within this report we triangulated our document review with observations of meetings and interviews with key stakeholders. As part of this audit we attended and observed the following meetings:

- Audit Committee – through our regular attendance
- Workforce Committee – 25 July 2019
- Finance and Performance Committee – 23 July 2019
- Executive Performance Review Meetings
- Clinical Governance Committee – 23 July 2019

Summary of findings

The Trust has built some good foundations in their governance structure and we observed, in the main, an engaged and committed group of Executives and Non-Executives who are clear on the vision and strategic ambitions of the Trust. Throughout our involvement with the Trust, we have seen some bold decisions being taken to ensure focus is given to embedding a culture of ownership and responsibility at all levels. This has included the introduction of a Task and Finish Group for corporate processes which will ensure, amongst other things, that appropriate training and support is given to manager level staff across the Trust to enable them to deliver on the expectations of their role.

The Trust has already noted a number of areas of governance which require improvement, some of which we have reported here. The Trust have also recently provided specific training for Non-Executive Directors on 'effective challenge', which should benefit the organisation and their own personal development going forward.

Our findings within this report focus on areas where the Trust are currently underperforming against best practice, but with appropriate action planning and support from external stakeholders (including internal audit), improvements can be embedded in the short to medium term. The Trust should consider gaining some external advice and support on embedding change and culture across the Trust, which is potentially the root cause for a number of issues we have identified both within this report and other work we have conducted.

1

The overall structure of the Trust's Committees, sub-committees and working groups is unclear with no clear framework confirming the escalation route and pathway for information and reports. We identified terms of references which have not been reviewed annually as required. In addition the purpose and role of the Trust Management Committee is not clearly defined.

Control Design

Finding rating

Rating	Medium

Finding

Trust Management Committee
Our review of the Trust Management Committee meeting structure highlighted there is no organigram in place; as a result there is no means for identifying the reporting and escalation routes for all non-departmental groups.

The roles and responsibilities of the Trust Management Committee is also unclear; the Trust Management Committee is made up of the six Executive Directors together with Clinical Directors and other senior staff. The Trust Management Committee has overall responsibility for the day-to-day management of the hospital and meets monthly. The papers presented to this Committee lack structure and a variety of topics are often tabled. Our view is that the Trust Management Committee should be limited to escalation of high risk issues, items requiring statutory sign off by the Executive team, and items critical to ensure the Trust is aligned to its strategic objectives.

Whilst Clinical Directors and Directorate Managers attend the Trust Management Committee, they do not have visibility of the Trust as a whole and the strategic direction being taken due to the lack of structure within the agendas and papers. We understand that weekly meetings with the Chief Operating Officer have started to bridge this gap, but if the Trust Management Committee was used more effectively, oversight would not be an issue.

Committee Terms of Reference
We reviewed terms of references for 12 committees existing as part of the Trust's Integrated Governance Framework. For two (Trust Management Committee and the Division Management Committee), we noted there was no evidence of the terms of references being reviewed annually in line with review frequency requirements. Terms of reference templates exist for Division governance meetings, but they have not been tailored to each Division or formally approved.

There have been no terms of references provided for the executive performance review meetings (EPR). However the purpose, responsibility and frequency of the EPR meetings is noted in the Integrated Governance Framework.

Potential implications

Reporting lines may not be clearly understood which could result in issues not being escalated appropriately. This could lead to poor governance and performance management and failure to identify issues and implement correction or preventative measures. It could also lead to reports being tabled at several meetings with no value added.

Management action plan

1. Paul Kemp to facilitate a workshop (Feb 2020)
2. Determine best practice for Board Committee structure and assess against the Trust's current structure (Feb 2020)
3. Update TMC and all Committee's terms of reference to reflect the outcome of 1 and 2 above (March 2020)
4. Complete corporate committee assurance map (Feb 2020)
5. Update the accountability framework and integrated governance Framework to reflect outcome of actions 1 to 4 (March 2020)

Responsible person/title:

Fiona McNeight (Director Corporate Governance)

Target date: April 2020

2 **Attention is needed to improve focus during Committee meetings. The quality and timeliness of papers for Committee meetings also needs improving. Additionally we observed some lack of understanding of papers by owners of those documents**

Operating Effectiveness

Finding rating

Rating	Medium

Finding

Our observations identified that a greater level of rigour is required to improve the focus of those attending Committee meetings.

To substantiate this we identified:

- The quality and timeliness of papers for Committee meetings varies significantly. For example, the finance report provides an appropriate level of information based on supporting data with quality narrative supporting it. It is felt that improvements could be made to the workforce and quality reports to align them with the detail provided within the finance report.
- Papers are not always received sufficiently in advance of the Committee meetings to allow members to read them and provide effective challenge.
- Presenters do not always understand their papers which indicates that Executive ownership needs improving in some areas. Executive Directors should own the papers presented in their area and need to engage with the prepares of those papers in advance of meetings.
- Papers are not triaged in advance to understand what governance route they should take which results in excessive workload for committees. For example, the Sustainability Report went to the Sustainability Steering Group, the Operational Management Board, the Trust Management Committee and then to the Board. There appears to be a culture that "assurance" is provided if everyone sees the paper (see finding one).

Potential implications

If the current Governance structure and committee papers are not fully effective, this could lead to a lack of transparency on key decision making and risk and performance management exceptions being inadequately followed up. In addition if Executive Directors are not fully engaged in the papers being presented then they may not be delivering on their duties appropriately.

Management action plan

1. Report writing workshop facilitated by NHS Providers (Feb 2020)
2. Targeted coaching for all critical report writers (March 2020)
3. Enforce standards for diary management to ensure allocated time for report writing and review and preparation for meetings (Jan 2020)
4. Effective meeting workshop facilitated by NHS Providers
5. Collective agreement around new organisational standards following outcome of 2 facilitated workshops (April 2020)

Responsible person/title:

Fiona McNeight (Director Corporate Governance)

Target date: April 2020

3 The challenge and input from Non Executive Directors at Committee meetings is varied

Operating Effectiveness

Finding rating

Rating	Medium

Finding

Through our observations of the Board Committee meetings we have noted that there is not always a consistent level of challenge and input from Non-Executive Directors and that the level of chairmanship across Committee meetings varies. This suggests that additional training and support is needed to support those NEDs to deliver on their roles. This is something the Trust has already put in place and we encourage a review of this in 3-6 months time to establish if consistency has improved as a result.

We also identified absences by NEDs from committee meetings (see finding 4) which led to inquorate meetings and an insufficient level of challenge.

Potential implications

Trust Executive Directors may not be appropriately held to account by NEDs and challenged on actions being taken. The Board may also not be able to take an effective level of assurance that the Committee are operating effectively if the NEDs are not able to deliver fully against their roles and responsibilities

Management action plan

1. Effective meeting workshop facilitated by NHS Providers
2. Peer review (Executive and NED) of Board committee meetings November 2020 – repeat annually
3. Board committee membership changed to reflect new NED appointments and to ensure quoracy of meetings (Complete)
4. Effective challenge workshop NHSP for board and senior team (Complete)

Responsible person/title:

Cara Charles-Barks (CEO)

Target date: April 2020 (Review Nov 2020)

4 The Workforce Committee requires improvement to ensure it is operating as effectively as other Committee meetings

Operating Effectiveness

Finding rating

Rating	Medium

Finding

As part of our audit work we observed the Workforce Committee held on 25 July 2019.

There were a number of areas identified during this observation where we feel improvements are required:

- The agenda was not followed in the order specified due to a number of factors which meant chairing the meeting was difficult. On this particular occasion, due to other items over running, insufficient time was given to key items such as the consideration of the Board Assurance Framework which should be a mandatory item for this Committee.
- The meeting was inquorate due to the unavailability of a Non-Executive Director which the committee were unaware of in advance. The meeting still went ahead but it meant that there was an ineffective level of challenge from members and decisions should not have been taken until quorum was achieved. In addition, the escalation report to the Board did not specify that the meeting was inquorate.
- There were a few papers presented by staff at a more junior grade (band 6) than would normally be expected at Committee meeting level. We would expect either an Executive Director presenting or the paper delegated to a member of their senior management team.
- There was a lack of covering papers at this Committee in particular which led to the Committee being unclear of what was being asked of them, i.e. if a paper was requiring approval or was just presented for noting.

Potential implications

If committee meetings are not operating effectively then the Board will be unable to take an appropriate level of assurance from them. This could result in the Trust's performance against its strategic objectives suffering, creating financial, operational and reputational issues for the Trust.

Management action plan

1. Clarify roles and responsibilities for Executives and NED leads for committees (Jan 2020)
2. Report writing workshop facilitated by NHS Providers (Feb 2020)
3. Effective meeting workshop facilitated by NHS Providers
4. Targeted coaching for all critical report writers (March 2020)
5. Chairman (or vice Chair) to attend next 3 committees (April 2020)

Responsible person/title:

Fiona McNeight (Director Corporate Governance)

Target date: April 2020

5 An improvement in the quality, level of rigour and engagement from Executives at the Executive performance review meetings would be beneficial.

Operating Effectiveness

Finding rating

Rating	Medium

Finding

There are no standard metrics or KPIs used to support Executive Performance Review meetings, with Divisions being required to extract their own information for presentation at the Executive meetings. Standardising such reporting would allow for comparison, and provide more time for analysis and discussion. It would also help ensure appropriate challenge was given to the accuracy and completeness of the data outside of Committee meetings.

Executive members do not always attend Executive Performance meetings, or in some cases only attend part of them; we observed some distractions when Executives were in attendance.

Divisions have been requested to introduce Divisional Governance Meetings, which we consider to be good practice, however we noted these are not in place within the Medicine division. We understand Medical staff are not clear why they are important, or what value they add and this is potentially due to a lack of clarity of reporting and assurance lines at the Trust (see finding one)

During our review we noted actions to be taken to escalate performance that have not been achieved are not clearly defined with the responsible person and due date not consistently noted in the meeting minutes.

We also reviewed the action logs from meeting packs for a sample of two months of EPR meetings, for each division. In four of the five divisions we identified that the progress updates documented in the action logs are not documented in sufficient detail to inform the reader of the outcome.

Potential implications

If no benchmarking or standardisation is provided for performance measurements the Divisions may not be affectively held to account for poor performance or warning signs may be missed by the Executive team. In addition good performance may be missed and learnings not shared effectively across the Trust.

Management action plan

1. Change KPIs to a more complete set of performance metrics to ensure an appropriate level of rigor and challenge (April 2020)
2. Reconfigure Directorates to improve Executive Performance Reviews – (April 2020)
3. Executive performance reviews to be aligned to new structure (April 2020)
4. Work with CSU to standardise metrics reported internally and externally (April 2020)

Responsible person/title:

Andy Hyett (COO)

Target date: July 2020

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.5
Date of Meeting:	09 January 2020		

Report Title:	Integrated Performance Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	✓		✓	
Prepared by:	Kieran Humphrey, Associate Director of Strategy Felicity Anscombe, Information Services Manager			
Executive Sponsor (presenting):	Lisa Wilkinson, Director of Nursing			
Appendices (list if applicable):				

Recommendation:
The Board is requested to note the report and highlight any areas of performance where further information or assurance is required.

Executive Summary:
In common with other NHS Trusts, operational escalation, demand and patient acuity has contributed to a significant fall in Emergency Access (4 hour) performance in November, as the characteristics of winter pressure have been experienced throughout the month. The Trust spent 27 days of the month on OPEL 4 (the highest operational pressures status) as year on year ED attendances continue to grow (9% increase from the same period in 2018). Bed occupancy increases as a result of increased numbers of patients staying in hospital >7days and a norovirus outbreak contributed to operational pressures. As per recent trend, the Trust's Referral to Treatment performance fell below the 92% with a significant decline in performance in November. The total Trust waiting list for elective care has also increased to 18,318 with performance reducing most significantly in Dermatology and Plastic Surgery. Both RTT performance and waiting list size are special cause variation concerns. The Trust has maintained its performance against the diagnostic waiting time standard, delivering 99.8% of diagnostic tests within 6 weeks in November. While most quality indicators have continued to follow trends seen throughout the year, operational pressures equally contributed to an increase in the use of mixed sex accommodation and patient moves. There have been no notable improvements in the

timely discharge of patients. The impact of actions to address weekend HSMR is set out in this report and is being closely monitored with some improvements identified in November data.

The Trust's control total deficit (£1.5m) remains significantly worse than planned. Unplanned increased expenditure has been primarily driven by non pay clinical supplies and services and the increased nursing staff costs associated with an effective overseas recruitment campaign. The underlying causes of this financial challenge remain the same – a reduction in clinical productivity across all delivery points and increased agency spend to address hard to fill clinical posts. Given the likelihood of a challenging operational environment over the winter period, the cost of mitigation will have further financial consequences. As a result, financial recovery actions must be focussed on improved planned care and theatre productivity.

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	☒
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	☒
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	☒
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	☒
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	☒
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	☒

NHS
Salisbury
NHS Foundation Trust

Integrated Performance Report

January 2020

(data for November 2019)

An outstanding experience for every patient

Summary

Salisbury NHS Foundation Trust

In common with other NHS Trusts, operational escalation, demand and patient acuity has contributed to a significant fall in Emergency Access (4 hour) performance in November, as the characteristics of winter pressure have been experienced throughout the month. The Trust spent 27 days of the month on OPEL 4 (the highest operational pressures status) as year on year ED attendances continue to grow (9% increase from the same period in 2018). Bed occupancy increases as a result of increased numbers of patients staying in hospital >7days and a norovirus outbreak contributed to operational pressures.

As per recent trend, the Trust's Referral to Treatment performance fell below the 92% with a significant decline in performance in November. The total Trust waiting list for elective care has also increased to 18,318 with performance reducing most significantly in Dermatology and Plastic Surgery. Both RTT performance and waiting list size are now special cause variation concerns.

The Trust has maintained its performance against the diagnostic waiting time standard, delivering 99.8% of diagnostic tests within 6 weeks in November.

While most quality indicators have continued to follow trends seen throughout the year, operational pressures equally contributed to an increase in the use of mixed sex accommodation and patient moves. There have not been notable improvements in the timely discharge of patients.

The impact of actions to address weekend HSMR is set out in this report and is being closely monitored with some improvements identified in November data.

The Trust's control total deficit (£1.5m) remains significantly worse than planned. Unplanned increased expenditure has been primarily driven by non pay clinical supplies and services and the increased nursing staff costs associated with an effective overseas recruitment campaign. The underlying causes of this financial challenge remain the same – a reduction in clinical productivity across all delivery points and increased agency spend to address hard to fill clinical posts. Given the likelihood of a challenging operational environment over the winter period, the cost of mitigation will have further financial consequences. As a result, financial recovery actions must be focussed on improved planned care and theatre productivity.

Structure of Report

Performance against our Strategic and Enabling Objectives

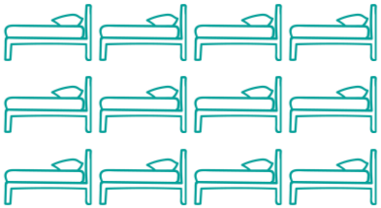
Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

Summary Performance
November 2019

Salisbury NHS Foundation Trust

There were **2,636** Non-Elective Admissions to the Trust

We carried out **482** elective procedures & **2,296** day cases



99.8% ↑ of patients received a diagnostic test within **6 weeks**

Emergency (4hr) Performance **86.4%** ↓
(Target trajectory: 90.6%)

We delivered **21,069** outpatient attendances cases (-2,504 vs plan)

We provided care for a population of approximately **270,000**

Our clinical income was **£20,403k** (£508k under plan)

1,265 patients arrived by Ambulance

We met **5 out of 7** Cancer treatment standards

RTT 18 Week Performance: **91.4%** ↓

Total Waiting List: **18,318** ↑

16.8% → of discharges were completed before 12:00

Our overall vacancy rate was **3.77%** ↑

Reading a Statistical Process Control (SPC) Chart

The two dotted grey lines represent the boundaries of "normal"

There should always be a minimum of 24 months worth of data

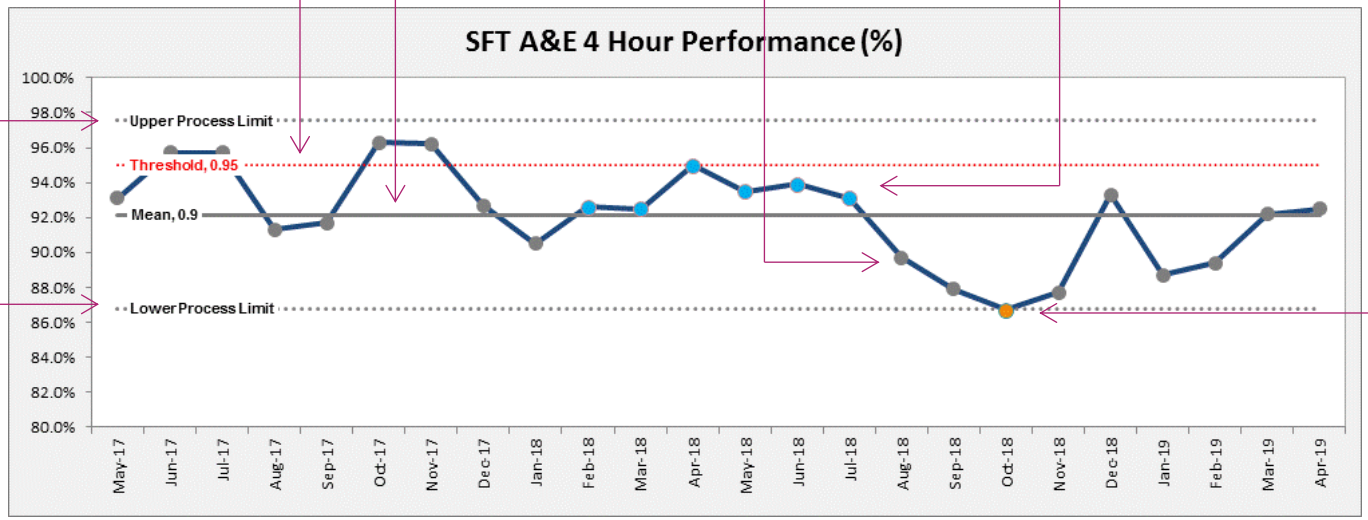
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

Blue markers indicate that there has been a marked improvement in performance, showing 6 or more points above the Mean or one point greater than the upper limit

Orange markers indicate that there has been a marked decline in performance, showing 6 or more points below the Mean or one point less than the lower limit



Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)
- Common Cause Variation

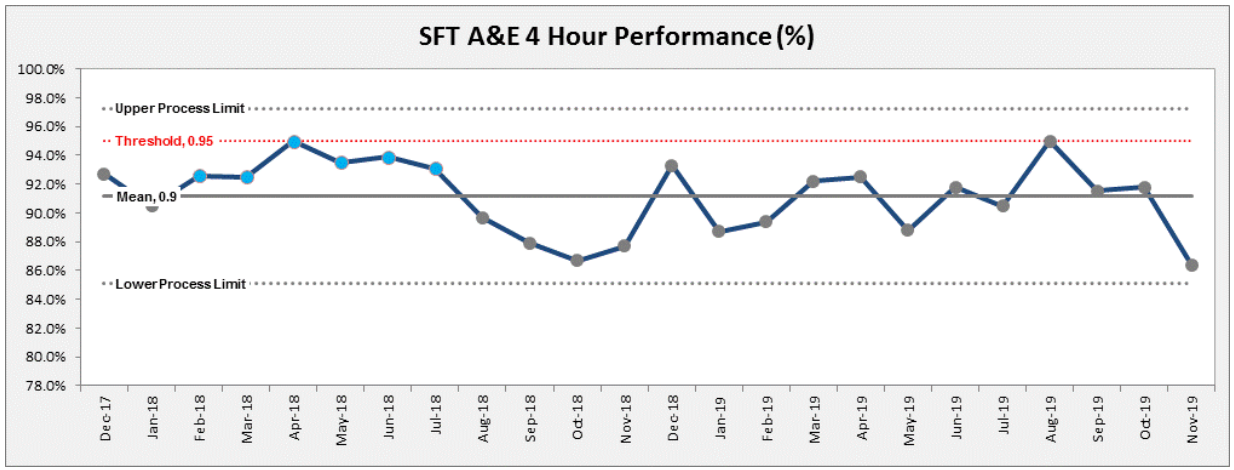
Salisbury NHS Foundation Trust

Part 1: Operational Performance

Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

Emergency Access (4hr) Standard Target 95% / Trajectory 90.6%

National Key Performance Indicators



Data Quality Rating:	
Performance Latest Month:	86.4%
Attendances:	5973
12 Hour Breaches:	0
ED Conversion Rate:	27.3%

Background, what the data is telling us, and underlying issues

M8 saw a reduction in 4hr performance as compared to M7 when the Trust achieved our trajectory target for the 3rd month in a row. M8 saw a variety of challenges with hospital capacity which impacted on flow through ED. In M8 the Trust was in OPEL 4 for 27 Days in comparison to 5 In M7. Number of Type 1 attendances in M8 rose by 393 (9%) from the same period in 2018.

Gaps in middle grade and junior doctor rota continued to be covered by locum staff and at time the team had to run with staffing gaps which created some challenges with managing demand. In M8 there were 13 ambulances waiting over an hour to handover and a perceived increase in ambulance conveyances. New admin staff structure to meet TARN delivery targets - new admin staff commenced in post .

Improvement actions planned, timescales, and when improvements will be seen

Analysis of ambulance conveyance rates

Flow – continued work on single clerking processes for medicine.

Staffing – Continued support for new nurses undergoing OSCE training .

Leadership - Work continuing on annualisation of middle grade and consultant rotas – to be launched in M10. ED strategy work commenced to be launched in M11.

Review of ED seniors meetings to include education / governance / include senior nurses etc.

Risks to delivery and mitigations

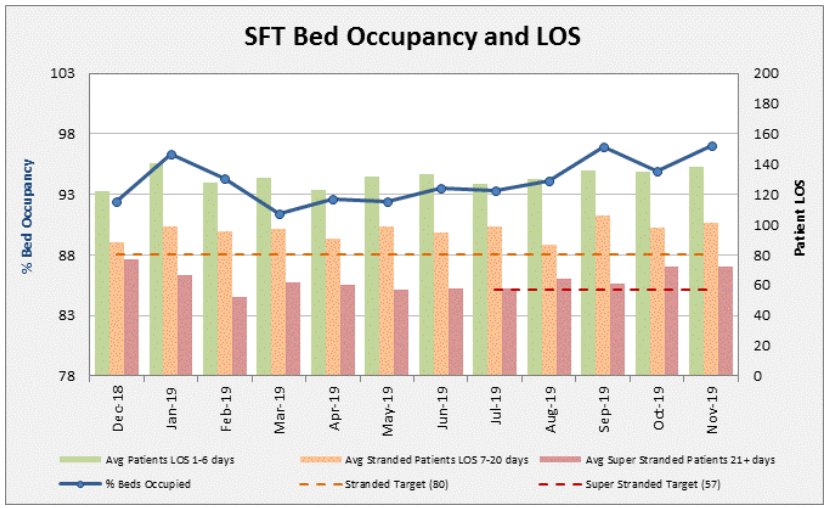
Outbreaks of infection and ward closures and relocation of Breamore ward.

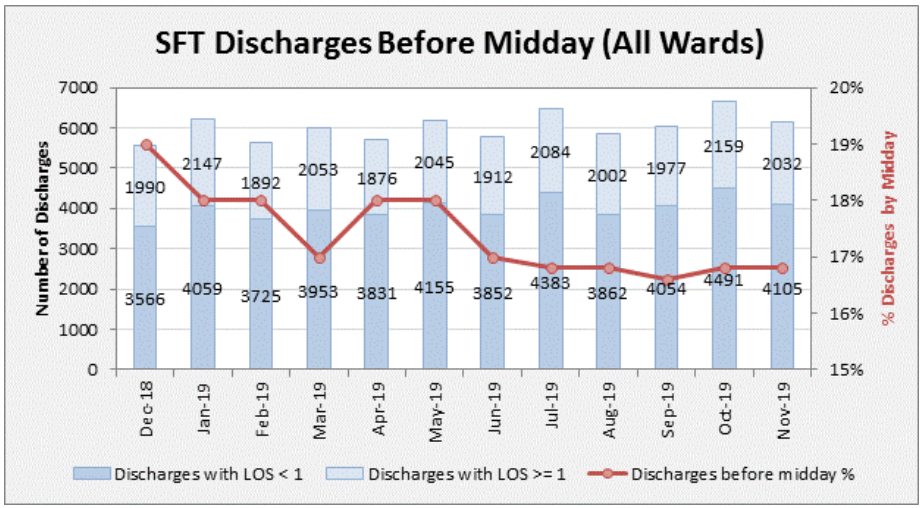
Inexperienced junior admin staff being inducted into team – breach reporting slowed at busiest time. Senior staff having to support validations.

Statistical Process Control Chart Key:
- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)
- Common Cause Variation

Patient Flow and Discharge

Are We Effective?





Background, what the data is telling us, and underlying issues

November saw an increase in bed occupancy overall. The 21 day + LOS group of patients decreased slightly in November. The 1-7 day group has increased and also the 7-20 day group. The discharging of long stay patients (i.e. > 7 days) continues to be a challenge. The Norovirus outbreak and subsequent closure of medical wards will also have contributed to these figures.

Discharges before midday is still proving difficult with a decrease in November. This issue is a focus of the 'Steady' patient flow group and efforts to improve performance in this area are ongoing.

Improvement actions planned, timescales

In response to sustained pressure on the system, Laverstock ward (14 beds) to be opened for two weeks commencing 9th December. This is to act as a fire break and to improve efficiency, flow and reduce LOS.

Expert Panel continues to review 14 day+ stay for all wards. This is felt by the panel and Head of Nursing to support the prevention of the movement into the 21 day+ group . The Medicine Head of Nursing attendance helps increase DMT awareness of internal issues impacting timely discharge.

Medicine Nursing team continue to support whiteboard meetings to maintain senior presence on the wards.

Actions from 'Steady' regarding discharges before midday include:

- Embed confirmation between nurse in charge and lead clinician on ward giving suggested 1530 deadline to report to bed meeting of identified patients
- Support golden patient as nurse led/criteria led discharge
- Embed principle of "early bird discharge" – i.e. pre 0900
- Ward round 'flow' – encourage early discharges being prioritised at early stages of ward round rather than last
- EDS/TTO process needs review to ensure organised well in advance of discharge
- Monthly data to be sent to ward teams to make them aware of their discharge rates and early discharge targets being

Risks to delivery and mitigations

Sustained demand at the front door with no increased response internally at SFT for pathway 1 patients, and partners for pathway 2 and 3 patients.

Operational pressures for SFT and partners preventing regular attendance at expert panel.

Delayed Transfer of Care (DToC) Bed Days

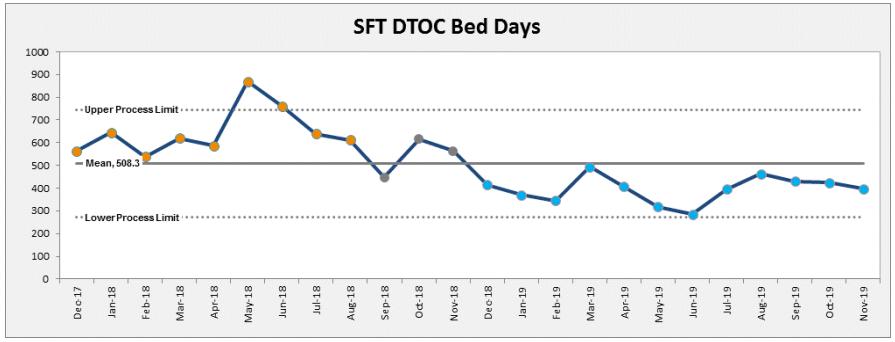
National Key Performance Indicators

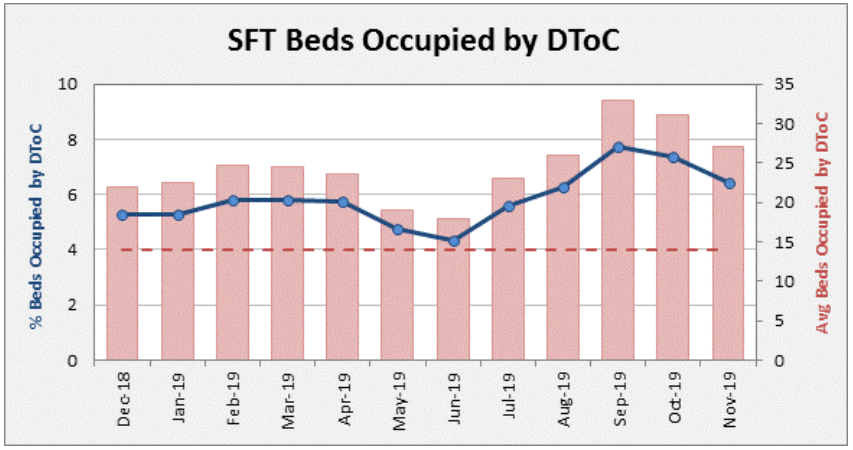
Performance Latest Month:

Data Quality Rating:

Days Lost to DToC: 118 NHS + 279 SS

DToC Patients (last Thursday of month snapshot): 21





Improvement actions planned, timescales, and when improvements will be seen

- SFT and Wiltshire Health and Care are collaboratively reviewing the use of Therapy resource to ensure delivery across acute and community services. A very successful event was held in December which should see improvements in flow early next year.
- Wiltshire Council have access to an increased bed stock specifically for the purposes of social care assessment. This should see earlier flow of sometimes complex patients into community settings to complete the process of discharge planning.
- Dorset Council have shared their winter plan with SFT and are chairing regular review calls to establish the value of the schemes in place which included increased availability of reablement and social care support at the front door to SFT.
- Head of IDS is liaising with Extramed and will visit head office to view the suite of facilities within Whiteboards to ensure best use is explored particularly for discharge planning use. This should ensure transparency of information, better oversight of the whole picture and the ability to predict potential delays and resolve earlier.

Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

National Key Performance Indicators

SFT RTT PTL Volume by CCG:

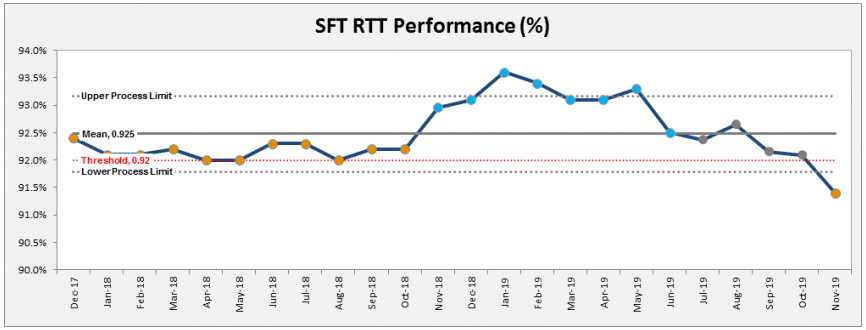
Total WL	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Dorset CCG (11J)	2,588	2,650	2,762	2,760	2,771	2,832	2,845	2,871	2,889	2,882	2,834	2,856
West Hampshire CCG (11A)	1,666	1,628	1,696	1,748	1,638	1,667	1,690	1,743	1,695	1,682	1,655	1,614
Wiltshire CCG (99N)	10,192	10,384	10,500	10,328	10,540	10,478	10,718	10,630	10,809	10,900	11,050	11,130
Other CCGs	2,411	2,180	2,105	2,113	2,083	2,323	2,498	2,732	2,800	2,822	2,729	2,718
Trust Total	**16,857**	**16,842**	**17,063**	**16,949**	**17,032**	**17,300**	**17,751**	**17,976**	**18,193**	**18,286**	**18,268**	**18,318**

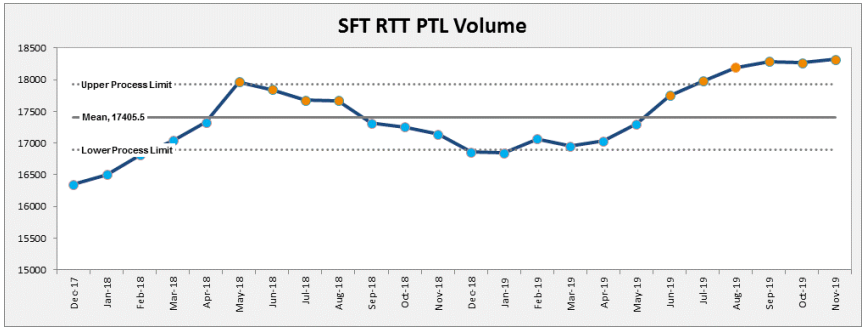
Data Quality Rating:

Performance Latest Month: 91.4%

PTL Volume: 18,318

52 Week Breaches: 0





Background, what the data is telling us, and underlying issues

Overall RTT Performance Standard as previously predicted was just under 92% .

The failure to achieve the performance standard is predominantly due to large numbers of long waiters in Dermatology and Plastic Surgery with Dermatology first appointment wait times in excess of 52 weeks and Plastic Surgery over 30 weeks. The Dermatology long waiters start to breach 52 weeks from April 2020.

Long first appointment wait times are also seen in Respiratory, 40 weeks, and Glaucoma first appointment wait times are also increasing, currently at 22 weeks, partly due to increasing referrals from surrounding CCG's. Increasing long waiters can also be seen in Oral Surgery due to capacity issues for surgery.

It is predicted that Oral Surgery, T&O and Ophthalmology will remain under target but continued improvement is expected in General Surgery, ENT and Urology.

The overall PTL is predicted to remain above target.

Improvement actions planned, timescales, and when improvements will be seen

Ophthalmology: Job plan changes to commence in January to increase operating capacity to recover both RTT position and activity plan for the year. Glaucoma Pathway deep dive planned for January 2020.

Urology: New FT Consultant starting February 2020. Job plan currently being finalised.

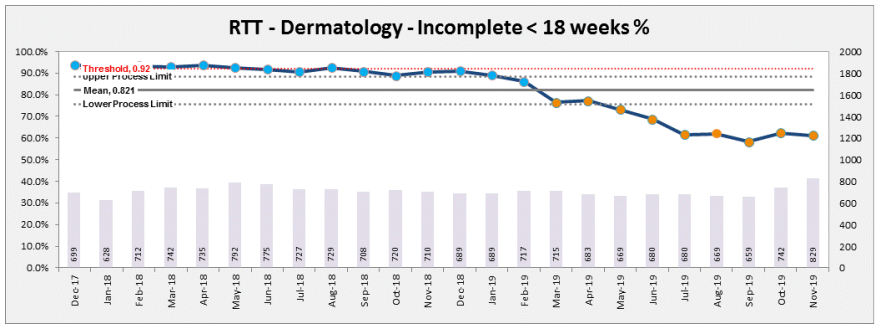
Risks to delivery and mitigations

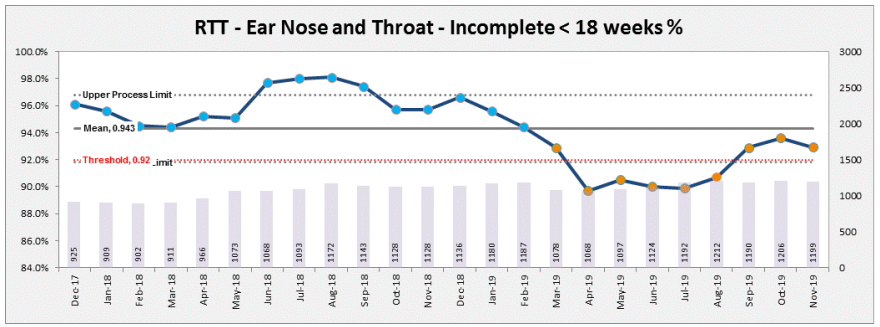
Continued risk of not achieving performance standard for December due to lack of capacity and long waiters in Dermatology and Plastic Surgery.

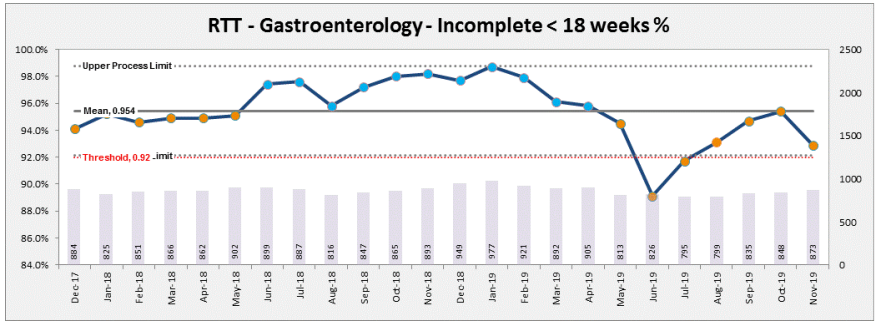
Impact of non elective demand and bed capacity over winter.

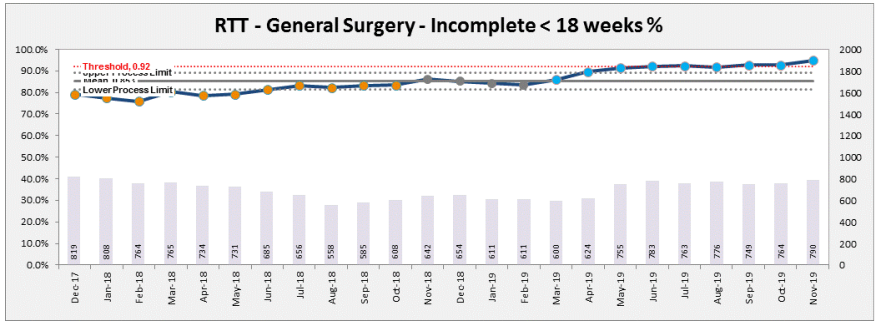
Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

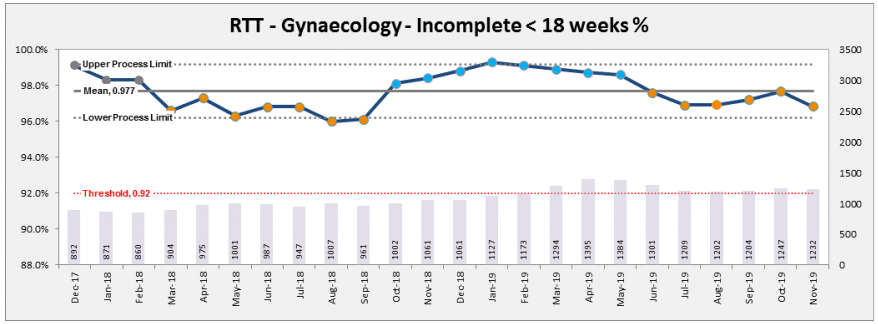
National Key Performance Indicators

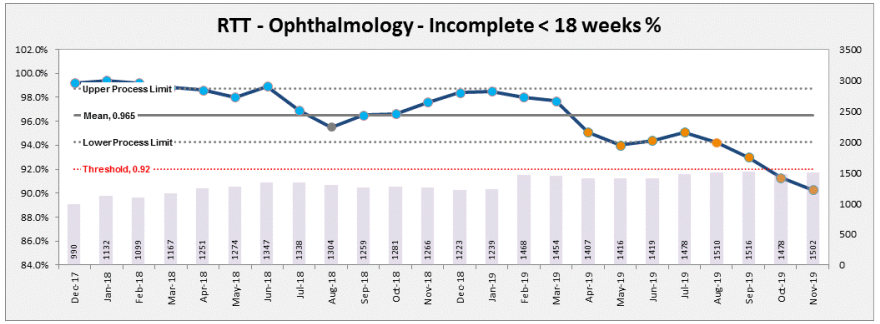






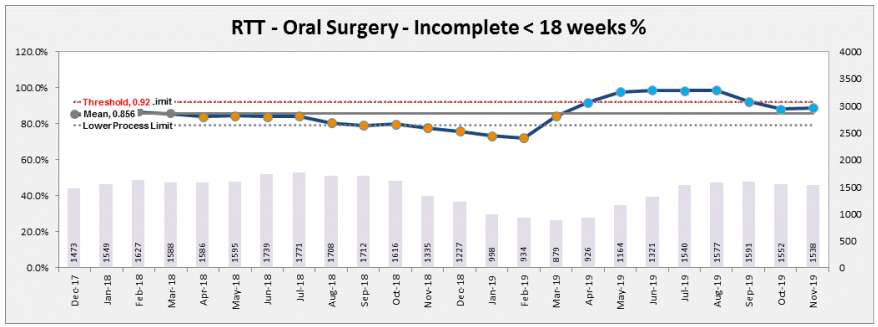


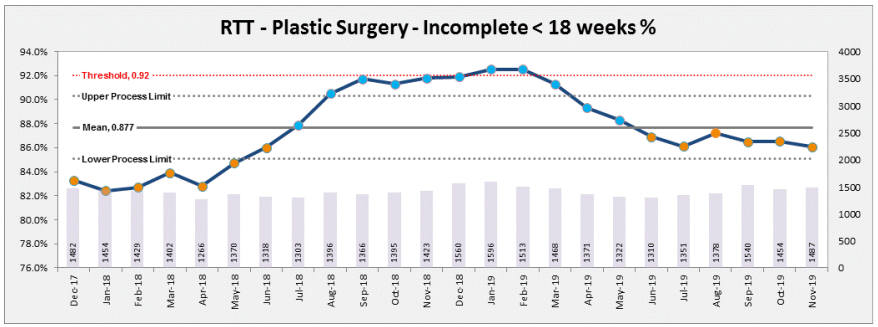


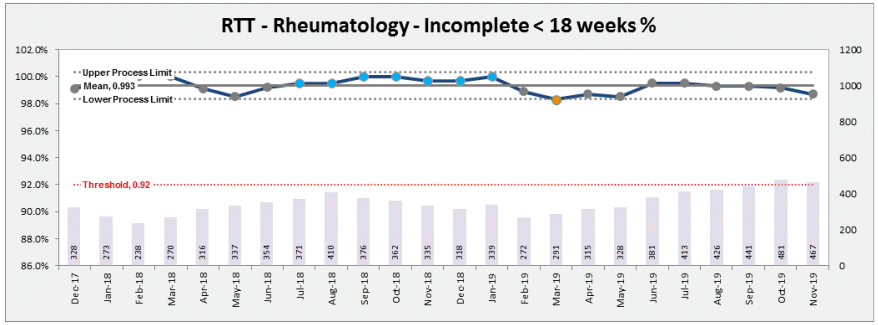


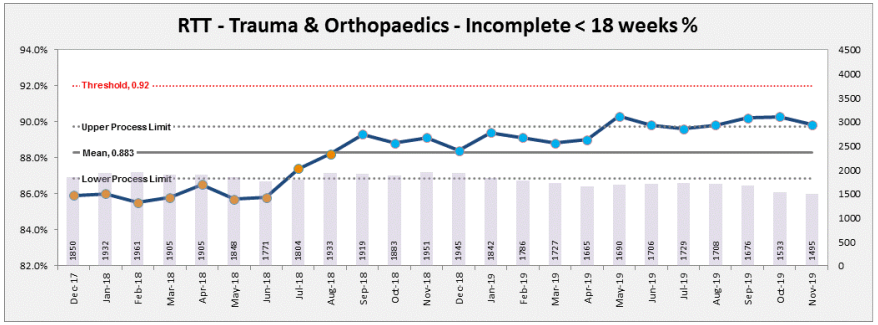
Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

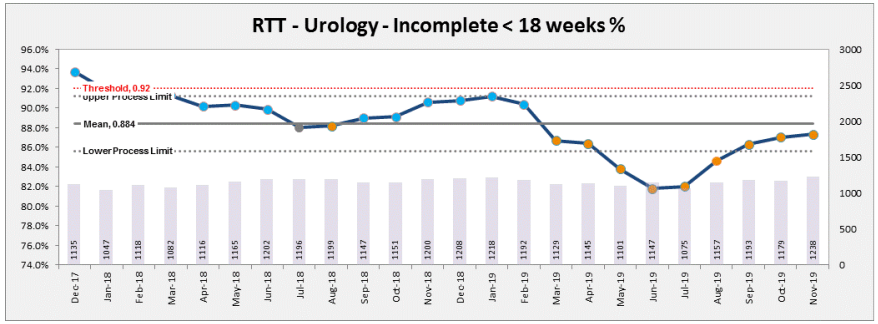
National Key Performance Indicators

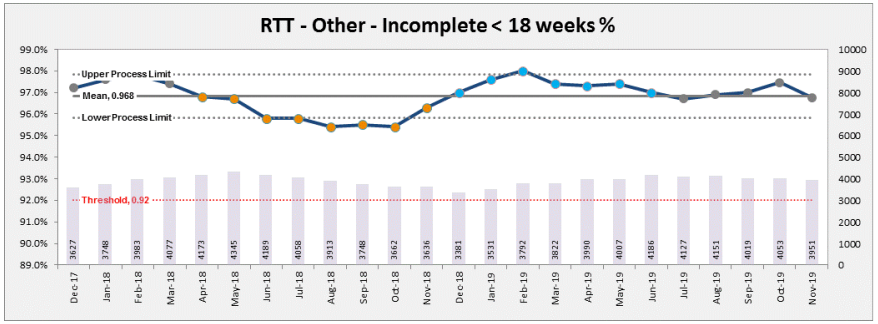






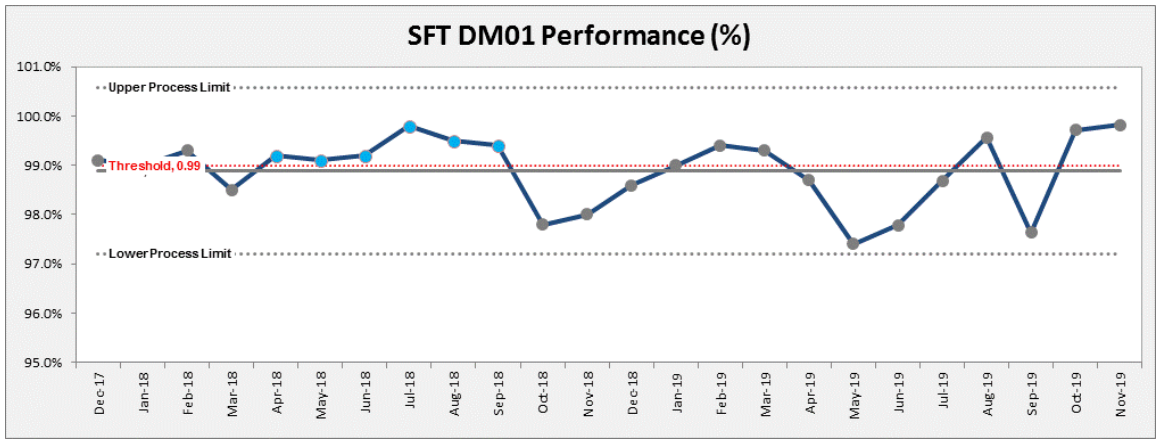






Diagnostic Wait Times (DM01) Target 99%

National Key Performance Indicators



Data Quality Rating:	
Performance Latest Month:	99.8%
Waiting List Volume:	3,858
6 Week Breaches:	7
Diagnostics Performed:	7,594

Background, actions being taken and risks and mitigations

Performance standard in month achieved, with 7 breaches for M8. December projections indicate no concerns in achievement of target in M9.

Endoscopy

7 confirmed in month breaches for M8.

Radiology

0 in month breaches for M8.

Radiology Reporting

Provision of a second provider for outsourced reporting is in test, with go live planned from Monday 16th December 2019.

Audiology

0 in month breaches for M8.

Cardiology

0 in month breaches for M8.

Cancer 2 Week Wait Performance Target 93%

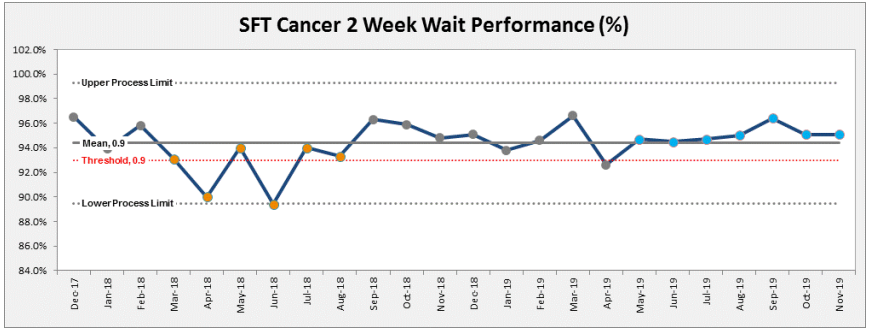
National Key Performance Indicators

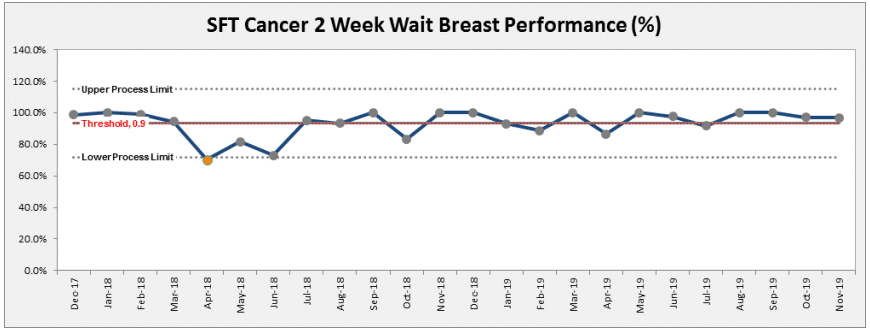
Performance Latest Month:

Two Week Wait Standard: 95.12%

Two Week Wait Breast Standard: 96.77%

Data Quality Rating:





Background, what the data is telling us, and underlying issues

Consistent delivery of 2ww standard across 2019/20 to date.

Improvement actions planned, timescales, and when improvements will be seen

Further work required to continually improve performance; cancer services to undertake deep dive into breach reasons to identify themes and trends. Action plan/trajectories to be developed in association with this.

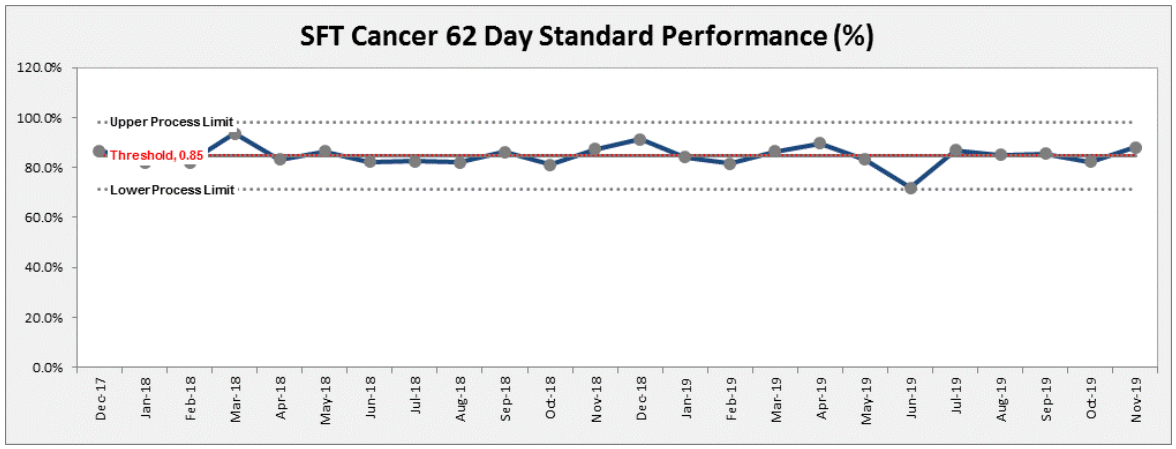
Review of November breaches confirms majority relate to patient choice; further work required to reiterate the importance of being 'willing and able' to attend.

Risks to delivery and mitigations

Incomplete GP referrals for colorectal straight to test patients continue to be a challenge. Discussions ongoing with CCG and CWT. Macmillan GP in support of improving GP referrals and will continue to educate GP practices in relation to the importance of providing the minimum data set.

Cancer 62 Day Standards Performance Target 85%

National Key Performance Indicators



Data Quality Rating:

Performance Latest Month:

62 Day Standard: 88.10%

62 Day Screening: 91.67%

Risks to delivery and mitigations

62 day standard achieved across Q2, though decline in October (82.27%, 12.5 breaches in total). Improvement seen in November, with performance of 88/10% (7.5 breaches); ongoing sustainability of 62 day performance continues to be a challenge.

Ongoing concerns in relation to diagnostic capacity and histology reporting times in particular. This is effecting service ability to diagnose patients within 28 days (as per the upcoming 28 day standard); outstanding histology is escalated to DMT level and via Delivery Group on a weekly basis for review.

Work is underway in relation to improving the prostate cancer pathway (led by clinical team with support from DMT and cancer services); improvements should ensure patients receive their treatment in a more timely manner, and that those requiring surgery are transferred to the tertiary provider at an earlier stage in their pathway.

Successful recruitment of pathway navigators for colorectal and head & neck services. UGI MDT co-ordinator and rapid referral administrator now in post.

A total of 6 x 104 day breaches in November, equating to a total of 4.5 breaches when considering shared logic:

Tumour site	Total no. of breaches	Breach reason	Breaches (shared logic)
Urology	3	Diagnostic delays Delays at tertiary centre for FDT	2.5
Breast	1	Late intersite transfer	1
Haematology	1	Late intersite transfer Delays in transferring patient to tertiary centre for FDT	0.5
Lung	1	Diagnostic delays	0.5

Statistical Process Control Chart Key:
- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)
- Common Cause Variation

Stroke & TIA Pathways

Are We Effective?

SFT SSNAP Case Ascertainment Audit Score:

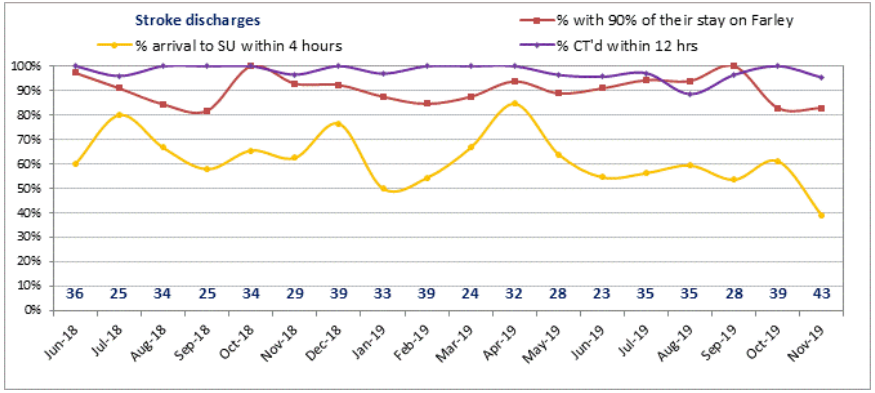
Year	Q1	Q2	Q3	Q4
2018-19	B	C	B	B
2019-20	B			

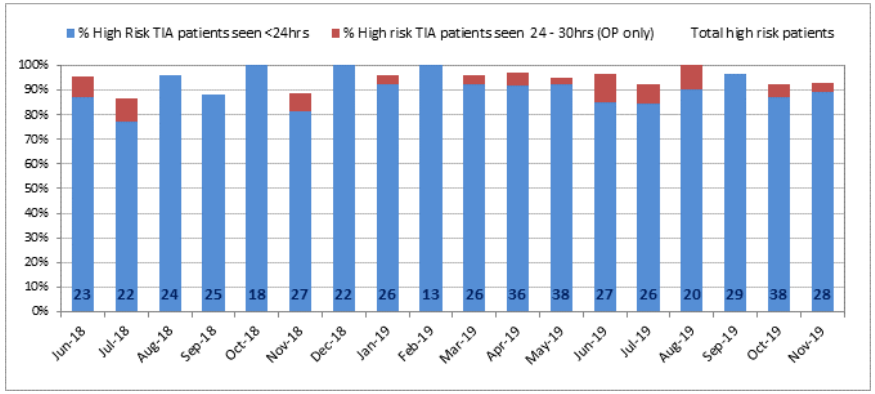
Data Quality Rating:

% Arrival on SU <4 hours: 38.9%

% CT'd < 12 hours: 95.3%

% High Risk TIA Seen < 24 hours: 89.3%





Background, what the data is telling us, and underlying Issue

The reduction of patients spending 90% of their time on the stroke unit in November reflects the need to move patients off the ward to make room for new incoming stroke patients. Nonetheless, the national target of 80% was met.

The reduction of patients reaching the stroke unit within 4 hrs reflected ED and bed pressures - delays were waiting to see a doctor in ED (10), direct admission to AMU (5) and waiting for a stroke bed (5).

Q2 SSNAP sustained a B audit score.

Improvement actions planned, timescales, and when improvements will be seen

SSNAP case ascertainment expected to improve and be sustained at 'A' from Q4 onwards as Speech and Language Therapists have now been appointed. 3.0wte therapists will be in post on the stroke unit from 6/1/20 and will ensure patients receive the recommended input.

Short term trial of a ANP role on the Stroke Unit to assist with patients arriving from ED to the stroke unit within 4 hours is planned in Q4.

STP stroke strategic clinical network has been set up to drive improvements for all patients in BSW.

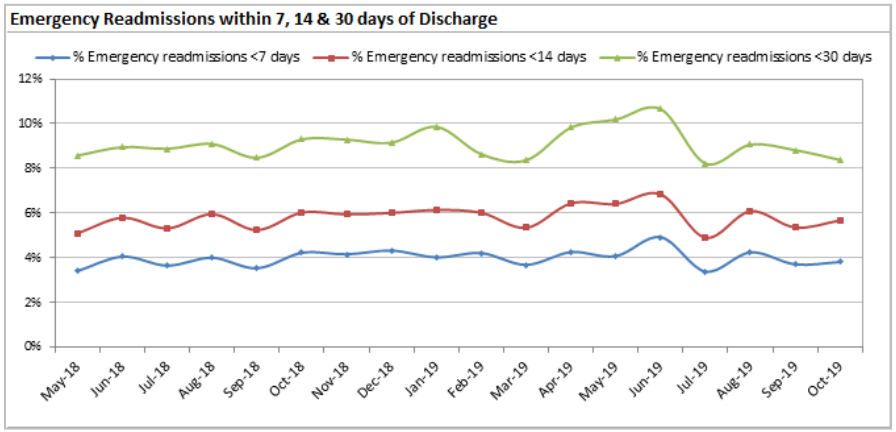
Risks to delivery and mitigations

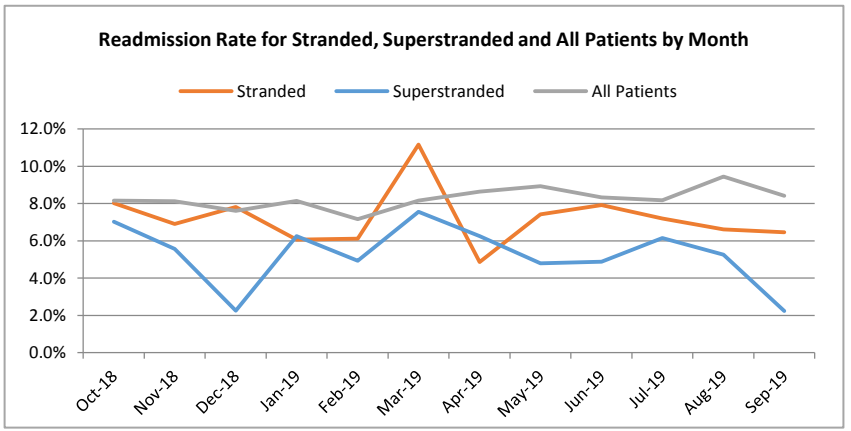
Improvements in streaming patients to the stroke unit has not started yet as the ANP is currently in training. This is not expected to start until Q4 and will not be a 7/7 service.

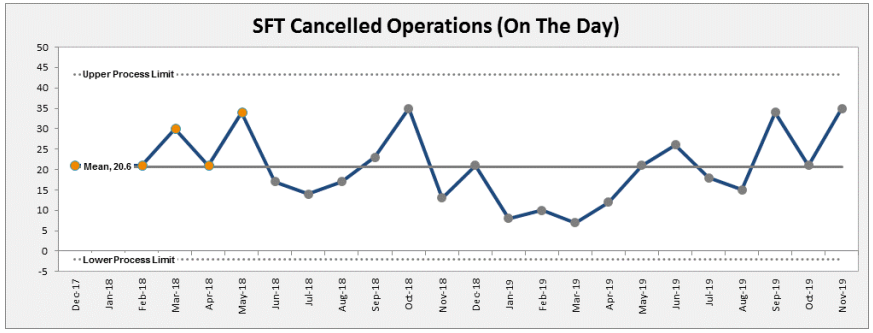
Increased level of demand and the number of times the Trust is in OPEL4 status – Ready, Steady, Go patient flow programme in place.

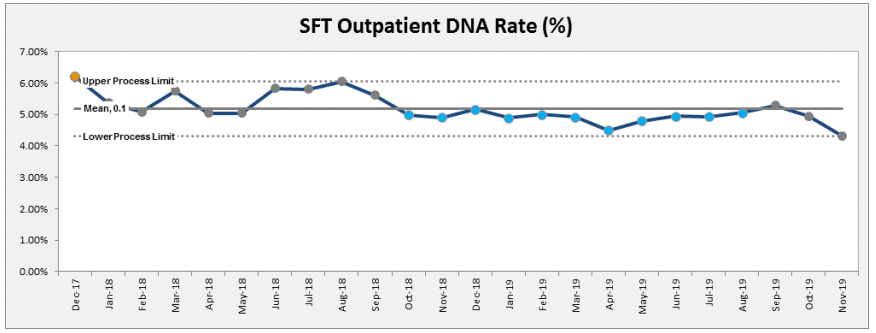
Other Measures

Are We Effective?









Salisbury NHS Foundation Trust

Part 2: Our Care

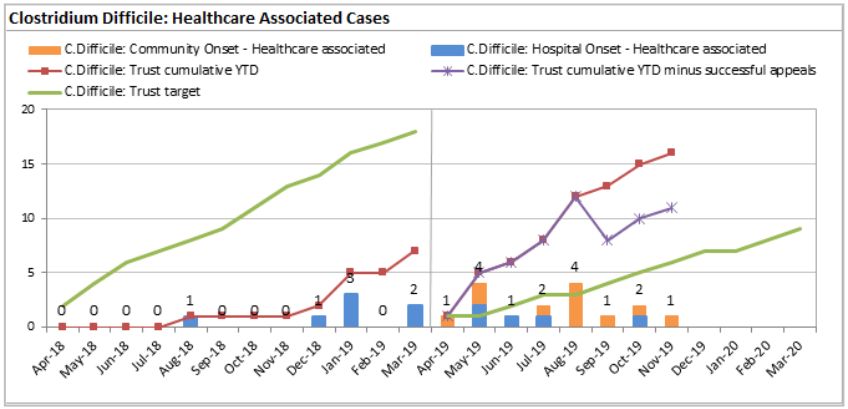
Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	**Are We Safe?**	**Are We Caring?**
People	Are We Well Led?	Use of Resources
Resources		

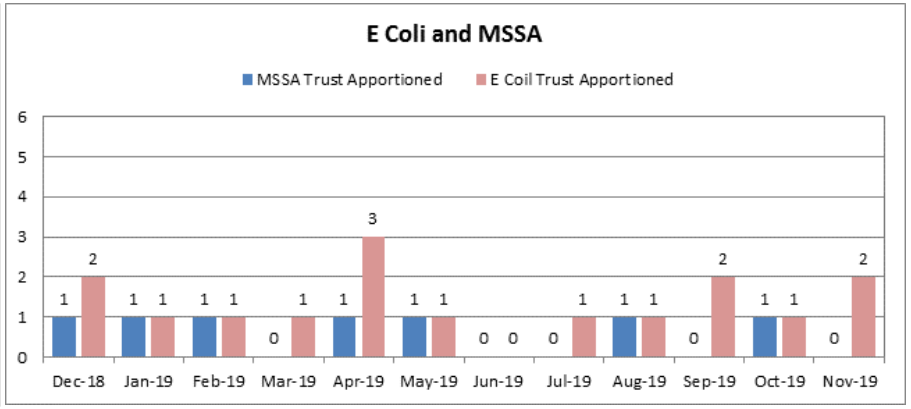
Infection Control

Are We Safe?

Year	2018-19	2019-20
MRSA (Trust Apportioned)	3	0

Data Quality Rating:





Summary and Action

C.Difficile cases have now significantly exceeded the upper limit of 9 cases.

The impact of the changes in the definitions show that 5 of the 16 cases were hospital onset with the remaining 11 cases classed as community onset healthcare associated (where patients were discharged within the previous 4 weeks). In October, 7 cases (Wiltshire CCG – 5 cases, West Hampshire CCG – 2 cases) were submitted for appeal for no lapses in care. In November, Wiltshire CCG confirmed SFT had successfully appealed 5 cases for no lapses in care. The outcome of the 2 cases sent to West Hampshire CCG is awaited.

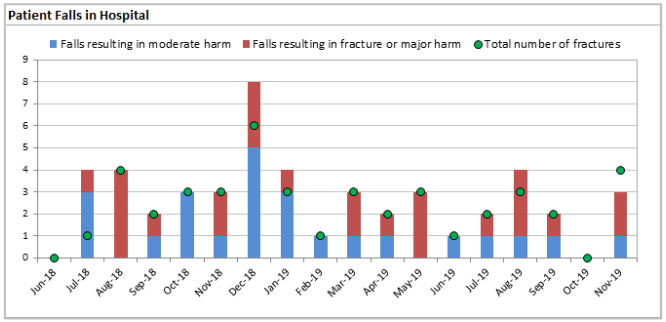
An additional metric has been added to show the cumulative year to date C. Difficile figure minus the successful appeals. NHSI and the CCGs are regularly briefed on this issue with no further action currently.

Two Trust apportioned E Coli bacteraemias: 1) A patient with a complex medical history and multiple co-morbidities with a likely urinary related infection. 2) A patient repatriated from UHS following treatment for a cardiac problem. Likely lower urinary tract source. Both were considered unavoidable and no learning points.

The Trust continues to benchmark positively across the south west according to PHE data.

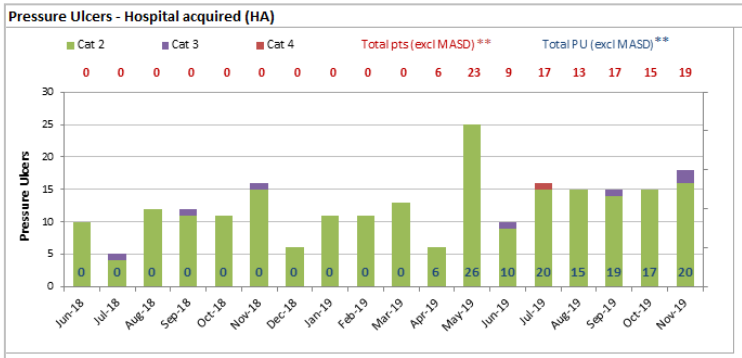
Pressure Ulcers / Falls

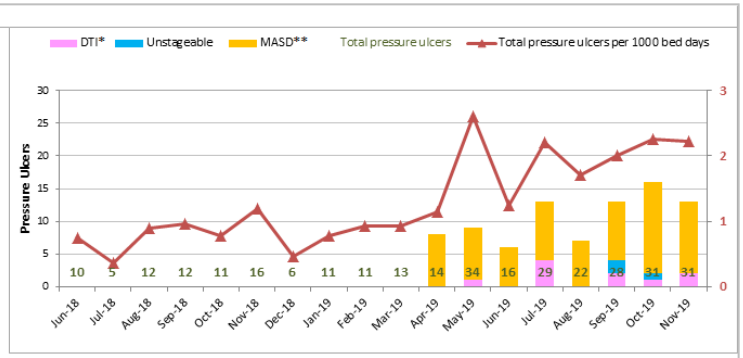
Are We Safe?



Data Quality Rating:

Per 1000 Bed Days	2018-19 Q3	2018-19 Q4	2019-20 Q1	2019-20 Q2	2019-20 Q3
Pressure Ulcers	0.79	0.88	1.05	1.10	1.12
Patient Falls	0.34	0.20	0.16	0.20	0.11





* DTI - Deep Tissue Injury ** MASD - Moisture Associated

Please note these two pressure ulcer charts need to be read in conjunction with one another particularly when viewing totals. Total PU includes Cat 2 ,3, 4, DTI and Unstageable

Summary and Action

Pressure Ulcers

An upward trend in hospital acquired category 2 pressure ulcers across a range of wards. Two category 3 pressure ulcers in November – 1 wheelchair user with an ear pressure ulcer and 1 patient with a sacral pressure ulcer from ineffective preventative measures. Root cause analysis has identified gaps in the accuracy of initial and ongoing risk assessments and documentation. These are essential in ensuring appropriate preventative measures are put in place. A trend has emerged of inaccurate grading of pressure damage which has led to delays in escalation and reporting. The key improvement action required is education. This is received as part of the nursing assistant induction programme. A service review is currently underway to ensure effective education can be delivered across the Trust. The increase in category 2 pressure ulcers is consistent with the national picture as there was a change in reporting in 19/20.

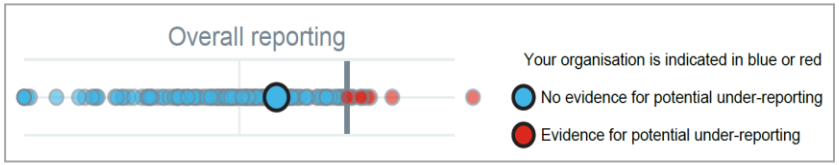
Falls

In November, 3 falls resulting in major harm (2 patients with a fractured hip requiring surgery and 1 patient with a wound dehiscence requiring further surgery. 2 falls resulting in minor harm (fractured wrist treated with a splint and a right orbital fracture - no treatment required). A CQUIN of 3 high impact interventions to prevent hospital falls is in place. Q2 performance showed some improvement to 22% (Q1 - 19%). November performance improved to 52%. Prevention work is led by the Falls Working Group and reported to the Patient Safety Steering Group.

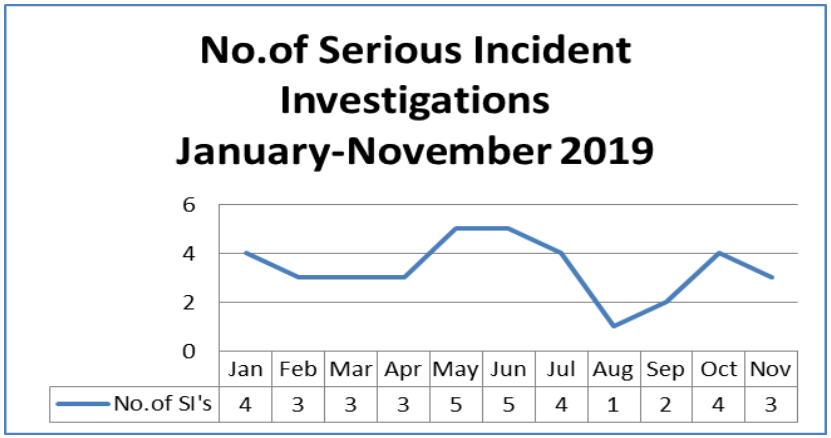
Incidents

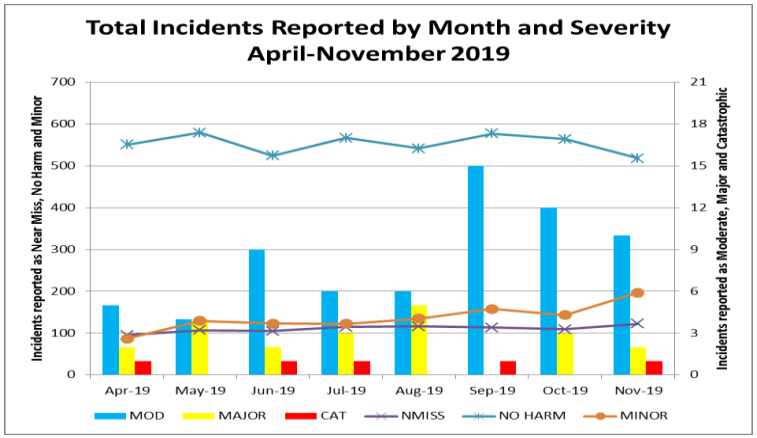
Are We Safe?

Year	2018-19	2019-20
Never Events	3	1



Information from NRLS benchmarks SFT in regard to reporting of incidents and reflects a positive reporting culture.





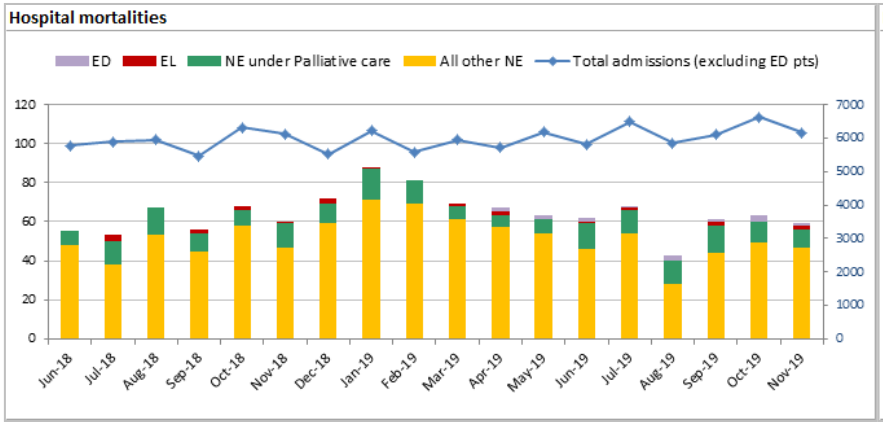
In November, an increase in the number of reported Grade 3 pressure ulcers commissioned as serious incidents requiring investigation.

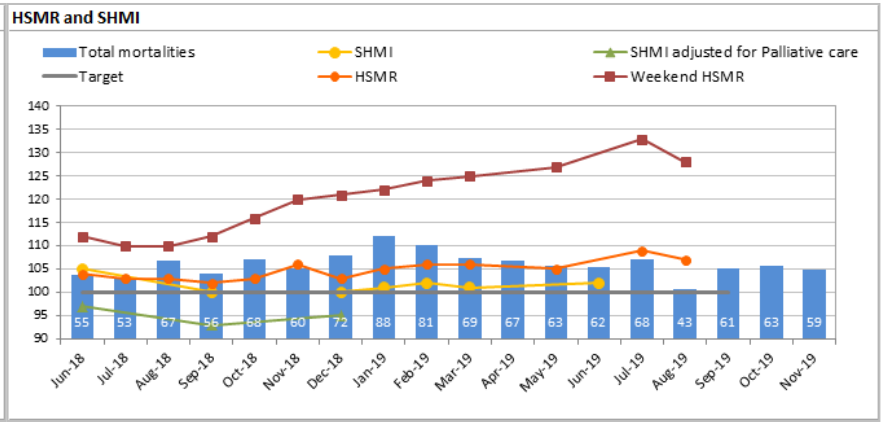
Task and finish groups are now in progress as a follow on from the Cancer Risk Summit in September. An update of progress was presented to the Clinical Governance Committee in November. Progress with these work streams will be presented at the next scheduled Cancer Risk Summit in April 2020 and be reported to the CGC in May 2020.

Mortality Indicators

Are We Safe?

Data Quality Rating:





Summary and Action

HSMR overall has decreased and is as expected. The trend in weekend HSMR has started to decrease due to a considerable fall in observed mortality in August 19. The trend for the 12 month period is also showing a decrease in crude mortality from a peak in January 2019 with a marked decrease in the crude rate for weekend mortality since May 2019.

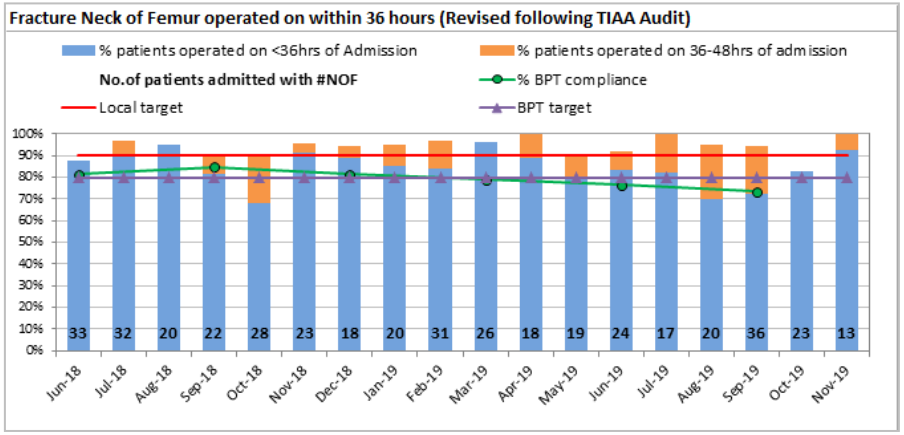
A review of deaths of patients admitted as an emergency on a Sunday found no direct causal link with patients being admitted as an emergency at a weekend. A report on weekend safety and effectiveness was presented to the Board in November with an action plan to mitigate the risk. The plan describes actions the executive team are leading on to address these issues, including working with partners to reduce inappropriate admissions, review of clinical pathways, uplifts in staffing in key areas, improving deployment and utilisation of existing staff and improved documentation and coding.

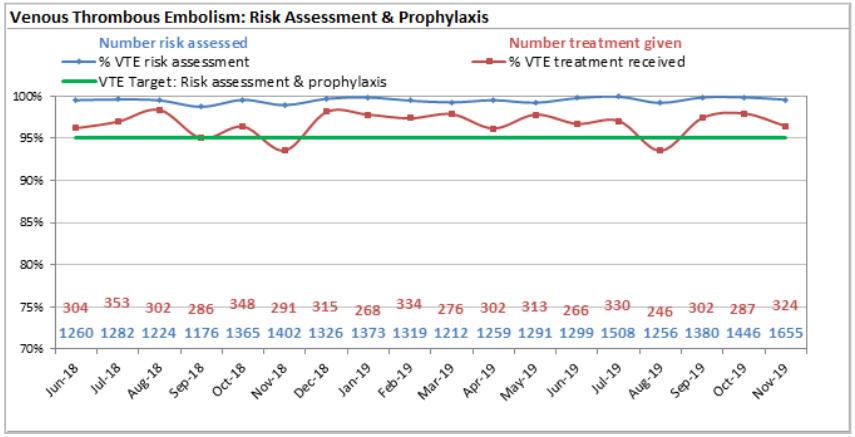
A case notes review of a new, higher than expected relative risk of mortality in gastrointestinal haemorrhage took place in October as did a review of 33 patients with a hip fracture and these will be reported in Q4.

Fracture Neck of Femur & VTE Risk Assessment & Prophylaxis

Are We Safe?

Data Quality Rating:





Summary and Action

An improvement in November of patients being operated on within 36 hours of admission. Three patients had surgery between 37 – 38 hours after admission due to waiting for theatre space and kit.

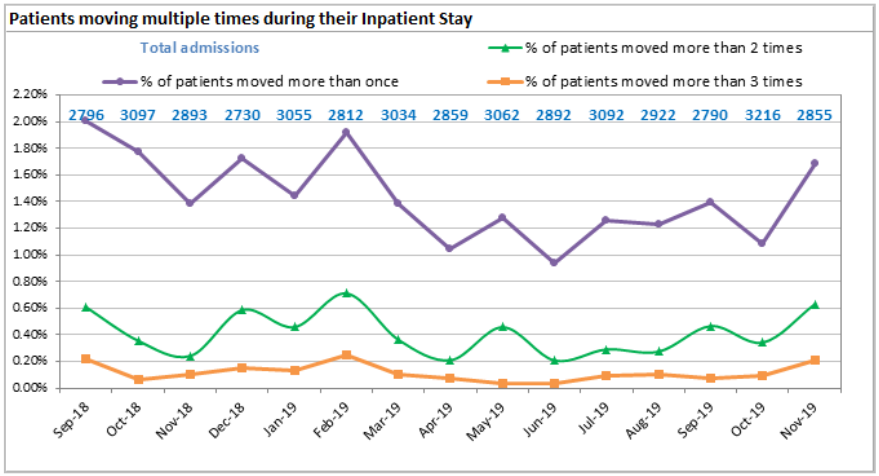
Dr Foster's data showed an upward trend in the relative risk of death of patients with a fractured neck of femur but it still remains within the expected range. A multidisciplinary review of 33 hip fracture deaths was completed in October and will be reported to the Mortality Surveillance Group in February.

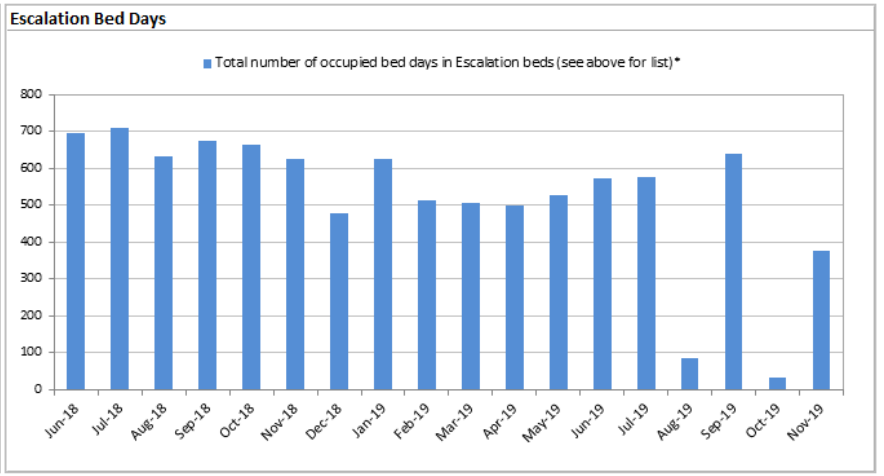
Patient Experience

Are We Safe?

Last 12 months	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19
Bed Occupancy %	92.5	96.3	94.4	91.4	92.6	92.5	93.5	93.3	94.1	96.9	94.9	97.1

Data Quality Rating:





Summary and Action

Escalation bed capacity increased significantly in November as did the number of multiple ward moves. The Trust was in OPEL 4 status on 27 occasions during the month. The number of delayed transfer of care, stranded and super stranded patients are all above our internal targets and discharges before midday are below our internal target.

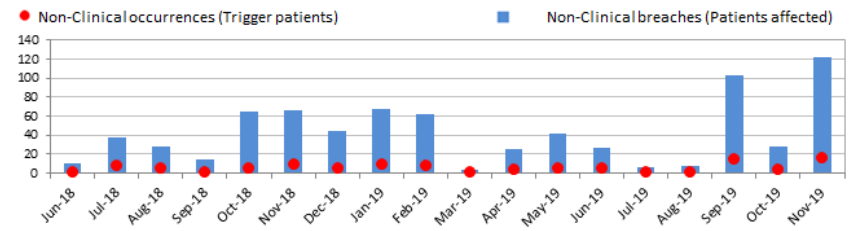
The 'Ready Steady Go' patient flow improvement work continues with a focus on increasing the number of patients discharged before midday and with multi-agency partners to decrease the number of delayed transfer of care, stranded and super stranded patients.

Patient Experience

Are We Safe?

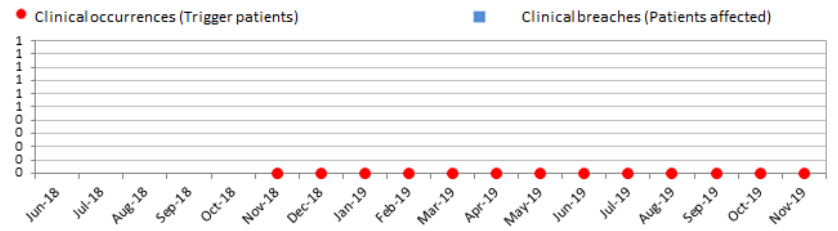
Data Quality Rating:

Delivering Same Sex Accommodation - Non-clinical



	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
■	11	37	28	14	65	66	45	67	62	3	26	42	27	7	8	103	28	122
●	1	8	5	1	5	10	5	10	9	1	4	6	5	1	1	15	4	17

Delivering Same Sex Accommodation - Clinical



	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
■						0	0	0	0	0	0	0	0	0	0	0	0	0
●						0	0	0	0	0	0	0	0	0	0	0	0	0

Summary and Action

A significant increase in non-clinical mixed sex accommodation breaches in November. 109 patients were affected on 13 occasions on AMU and 13 patients were affected on SAU on 4 occasions. The majority were resolved within 24 hours. The Trust was in OPEL 4 status on 26 occasions during the month. All breaches that occurred were in the assessment areas. There were no breaches on any of the wards.

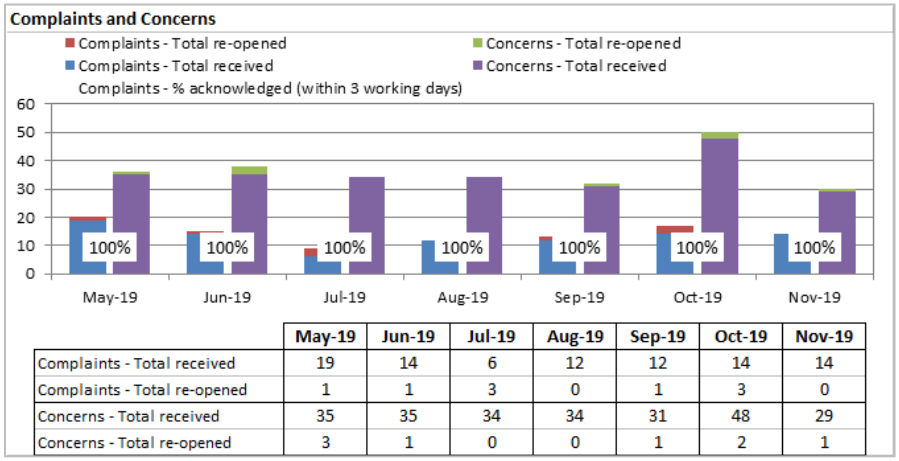
Privacy and dignity is maintained during these times with the use of quick screens and identification of separate bathroom facilities.

The Chief Nursing Officer, England wrote to Trusts in September about the revised policy and reporting requirements on delivering same sex accommodation. Local meetings are taking place with staff and will need to take place with the CCG to decide how breaches will be reported in line with the revised national guidance. The main area that is likely to be affected with the new requirement to report is in Critical Care and the SSEU.

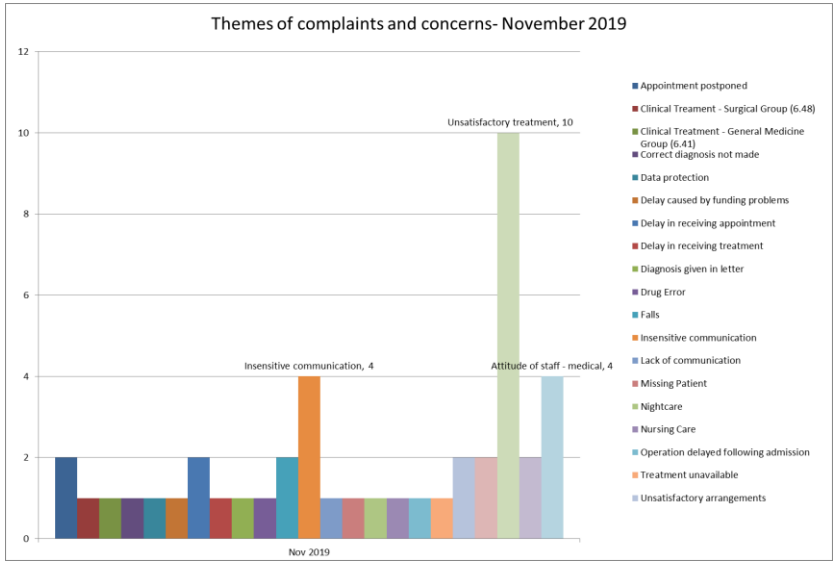
Patient & Visitor Feedback: Complaints and Concerns

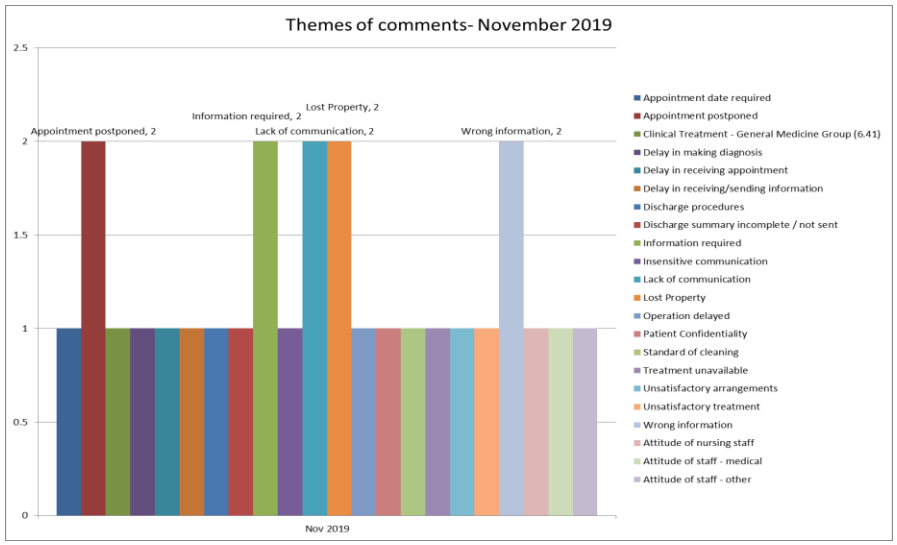
Are We Responsive?

Data Quality Rating:



	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Complaints - Total received	19	14	6	12	12	14	14
Complaints - Total re-opened	1	1	3	0	1	3	0
Concerns - Total received	35	35	34	34	31	48	29
Concerns - Total re-opened	3	1	0	0	1	2	1





Summary and Actions

The top 3 themes for complaints and concerns include:

- Unsatisfactory treatment
- Insensitive communication
- Attitude of medical staff.

Themes of complaints, concerns are shared with the Directorates at monthly DMC meetings. Feedback from 'comments' have been included in these discussions This offers another level of patient feedback which has not been formally reported before.

Part 3: Our People

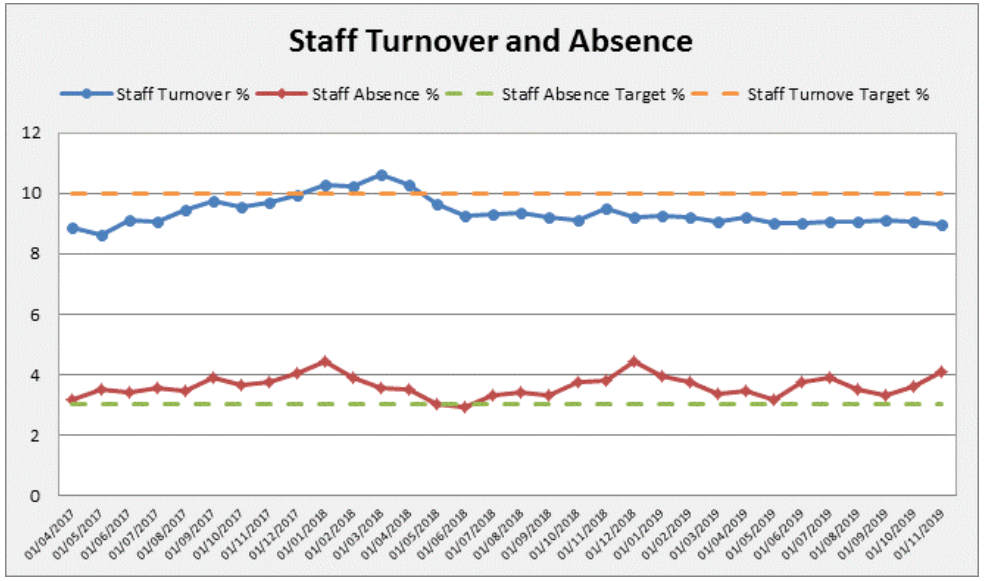
Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

Workforce - Total

Use of Resources

Total Workforce vs Budgeted Plan - WTEs

	Nov '19		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	402.6	410.2	(7.6)
Nursing	945.8	962.1	(16.3)
HCAs	411.0	554.8	(143.8)
Other Clinical Staff	605.4	609.5	(4.0)
Infrastructure Staff	1,206.5	1,108.0	98.5
TOTAL	**3,571.3**	**3,644.6**	**(73.3)**



Summary and Action

Turnover is reducing slightly, and remains under the target level of 10%, as work continues to improve retention. At the same time, we continue to fill RN vacancies and put measures in place specifically to retain this group. We saw a total of 46 starters this month and 23 leavers.

Unfortunately sickness has increased again this month, to 4.10%, the highest rate it has been all year with short and long term absence on a par. The sharp upturn appears to be linked to a combination of seasonal illnesses (colds, flu, etc) and an increase in stress/anxiety. Across the Trust, the rates are variable although particular issues appear to be amongst the Additional Clinical Services group and in Surgery, MSK, Medicine and Estates and Facilities Directorates.

We are aware though that in Surgery there are a number of long term sickness cases due to be resolved in the coming weeks so this will reduce. All Business Partners in their respective areas continue to work with DMTs to tackle hot spots and ensure that the appropriate support is in place to bring staff back to work. Particular measures include Sickness Forum (Surgery) and regular review meetings in Estates and Facilities, where BPs are working closely with Occupational Health to generate resolutions to more complex cases.

The continuing increase of absences due to stress/anxiety are of considerable concern and the business case for an Employee Assistance Programme has been revised and resubmitted for consideration by Executive Directors.

Workforce – Nursing and Care

Use of Resources

% Fill of Registered Nurse/HealthCare Assistant Shifts

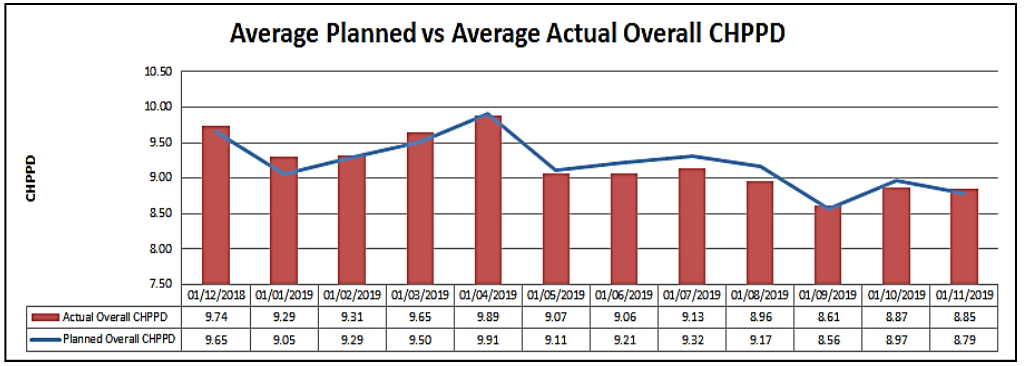
Table 1

Day	RN	HCA
Total Planned Hours	37455	20120
Total Actual Hours	36494	20654
Fill Rate (%)	97%	103%

Night	RN	HCA
Total Planned Hours	24272	12187
Total Actual Hours	24847	14132
Fill Rate (%)	102%	116%

Care Hours Per Patient Day (CHPPD) - Monthly, 12 Month Trend

Table 2



Summary and Action

Table 1 above shows planned vs actual hours for RNs and HCAs across the wards for November. The graph on the right shows planned vs actual Care Hours Per Patient Day at Trust level, the graphs on the following slide shows this split by Directorate. (CHPPD is a simple calculation which divides the number of actual nursing/midwifery (both registered and unregistered) hours available on a ward per 24 hour period by the number of patients on the ward that day. It therefore nominally represents the average number of nursing hours that are available to each patient on that ward

From aggregated Trust level data no real conclusions can be drawn other than to show that overall we are broadly meeting planned staffing levels, that there is a shortfall for RNs and slightly for HCAs – see Table 1. The annual skill mix is a critical feature of determining that the baseline planned staffing levels are set correctly.

2 wards flagged red this month for actual unfilled hours (based on internal rag ratings) – Pembroke at 79% for RN days and Radnor at 70% for HCA nights, the latter is due to the numbers being very small and so skewed in the data.

The skill mix of RN:HCA although remaining generally stable ,continues with an increase for RN to 64% and a corresponding drop for HCA to 36% (broad recommendation is 65%:35%, but this varies across specialties). The trend shows there is a closing gap between the overstaffing of HCA and understaffing of RN to its lowest level, HCA actual staffing now at 108% and RN levels having improved to its highest level of 99%,

RN vacancy at ward level continue to improve across the Trust, however there are still significant numbers of international nurses at Band 4 level completing OSCE so the number of true vacancy is much lower.

Nurse agency expenditure in month at £160k was down £70k on last month, and overall nurse agency spend is £1.5m less than last year. Areas with continued high usage in month include Longford (£13k), Chilmark (£12k), ED (£26k), Farley (£11k), AMU (£12k) and escalation (£11k) – all associated with either front door pressures or vacancies . Overall nursing budgets are £760k underspent.

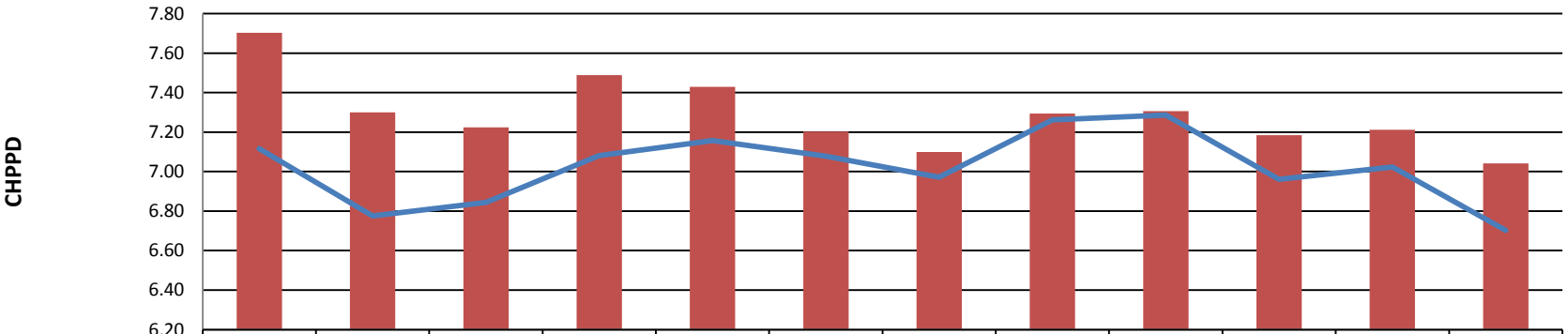
Nurse sensitive indicators should be reviewed in context of staffing levels – increases in NSI's can be associated with suboptimal staffing levels. Anomalies with changes in national reporting requirements for clostridium difficile and pressure ulcers. However, there has been a rise with hospital acquired G3 pressure ulcers with 3 reported in November. 6 falls resulting in injury of which 2 categorised as major and 4 as minor/no harm. All will be subject to close review to ensure lessons learnt.

Workforce – Nursing and Care

Use of Resources

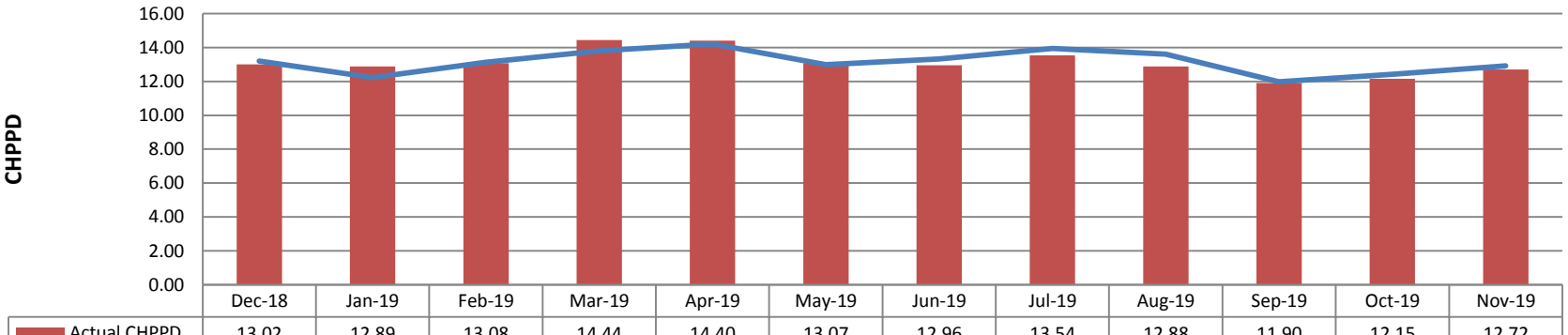
Care Hours Per Patient Day (CHPPD) - Monthly, 12 Month Trend by Directorate

Average Overall CHPPD for Medicine



	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Actual CHPPD	7.70	7.30	7.22	7.49	7.43	7.20	7.10	7.29	7.31	7.18	7.21	7.04
Planned CHPPD	7.12	6.77	6.84	7.08	7.16	7.08	6.97	7.26	7.29	6.96	7.02	6.70

Average Overall CHPPD for Surgery

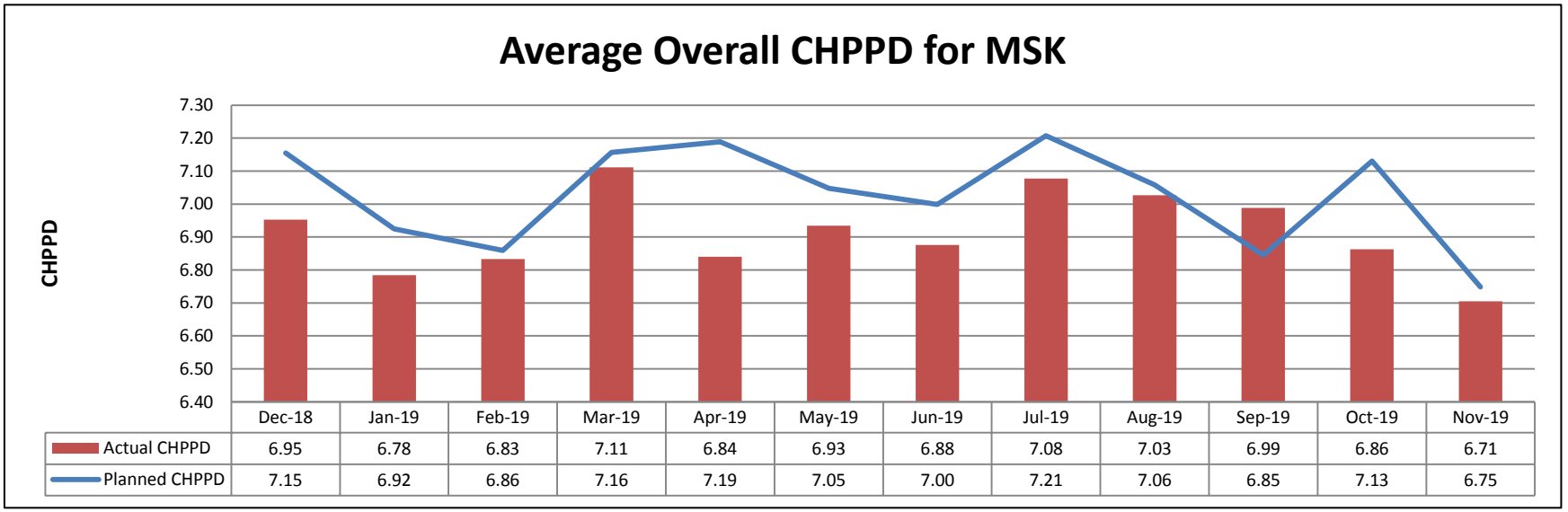


	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Actual CHPPD	13.02	12.89	13.08	14.44	14.40	13.07	12.96	13.54	12.88	11.90	12.15	12.72
Planned CHPPD	13.21	12.23	13.14	13.81	14.21	12.99	13.34	13.96	13.61	11.98	12.42	12.92

Workforce – Nursing and Care

Use of Resources

Care Hours Per Patient Day (CHPPD) - Monthly, 12 Month Trend by Directorate

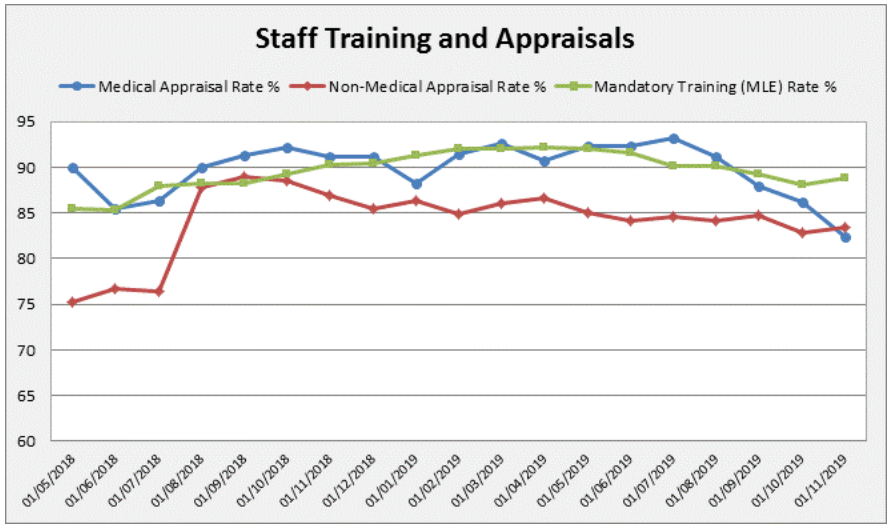


	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Actual CHPPD	6.95	6.78	6.83	7.11	6.84	6.93	6.88	7.08	7.03	6.99	6.86	6.71
Planned CHPPD	7.15	6.92	6.86	7.16	7.19	7.05	7.00	7.21	7.06	6.85	7.13	6.75

Workforce – Staff Training and Appraisals

Use of Resources

Salisbury NHS Foundation Trust Workforce Dashboard			
	Training	Appraisal	
	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend			
Month Trend			
Target	85.00%	90.00%	85.00%
Apr-19	92.19%	90.65%	86.70%
May-19	91.99%	92.31%	85.05%
Jun-19	91.60%	92.42%	84.08%
Jul-19	90.20%	93.25%	84.59%
Aug-19	90.22%	92.19%	84.15%
Sep-19	89.27%	87.95%	84.77%
Oct-19	88.12%	86.17%	82.91%
Nov-19	88.84%	82.38%	83.49%
Totals	90.30%	89.67%	84.47%



Summary and Action

Training

Compliance has increased slightly over the October rate and is above target in all Directorates. However, it is noted that in three of the clinical Directorates the compliance rate is dropping and individual reports are shared regularly with managers to correct this. Information Governance, Safeguarding and Hand Hygiene appear to be particular challenges for some Directorates.

Non Medical Appraisals

A slight improvement in November although still below the 85% target. CSFS are individually tracking appraisals overdue and have reduced those numbers from 114 last month to 82 in November, with continuing focus on these. Avon and Pembroke are noted to be hotspots, although sickness appears to be a contributory factor hampering efforts to dedicate time to conduct appraisals.

There is an issue noted concerning recording of appraisals completed in SPIDA, which we believe is not consistently done. However, there is work underway in connection with this as it links to the ESR Optimisation Project.

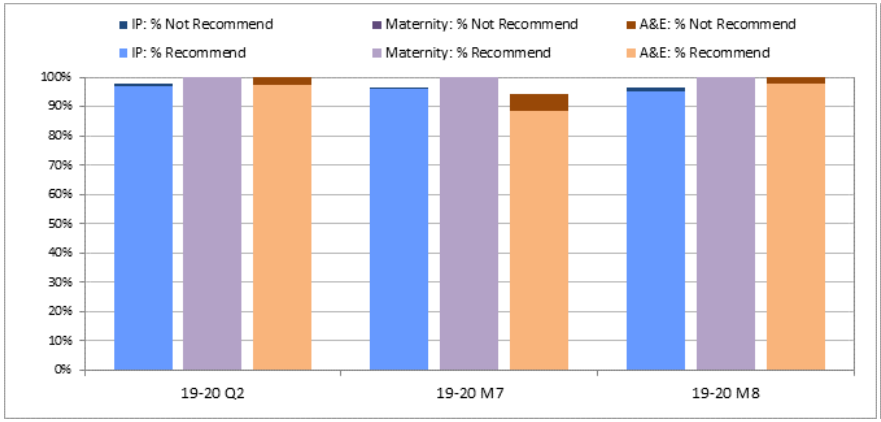
Medical Appraisals

A further drop in medical appraisals this month, well below the 90% target, appears to be happening across all specialities and grades according to our analysis. There is no discernible pattern or reason for the continued drop, nor any particular hotspot areas. We will continue to work on the administration of medical appraisals, whilst Business Partners will support their respective clinical Directors in returning to and maintaining compliance.

Friends and Family Test – Patients and Staff

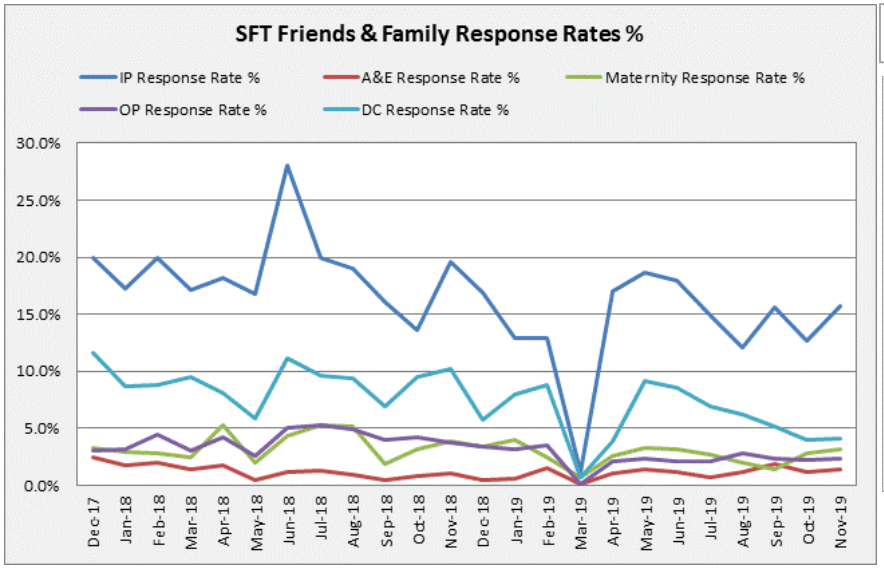
Use of Resources

Patient Responses: Inpatient, Maternity and A&E

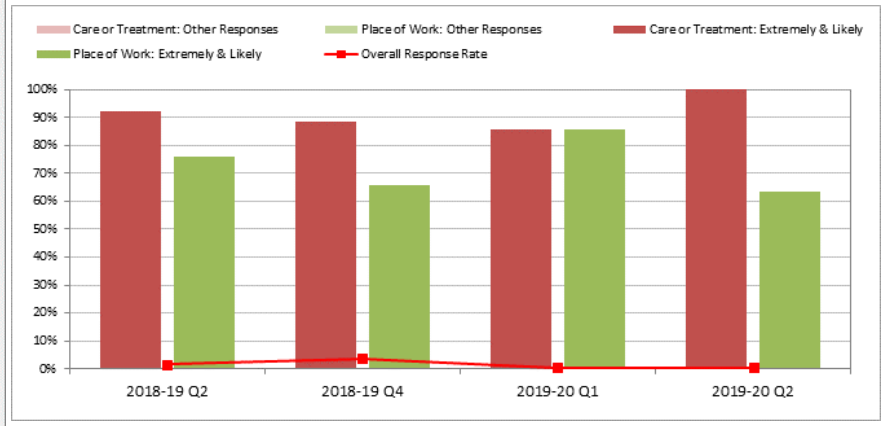


Patient Responses: Outpatient and Daycase

SFT Friends & Family Response Rates %



Staff Responses: Place of Work and Place of Care



There was an issue in March 2019 whereby responses were input into the wrong FFT website and were unable to be retrieved, hence the low response rate for one month.

Part 4: Use of Resources

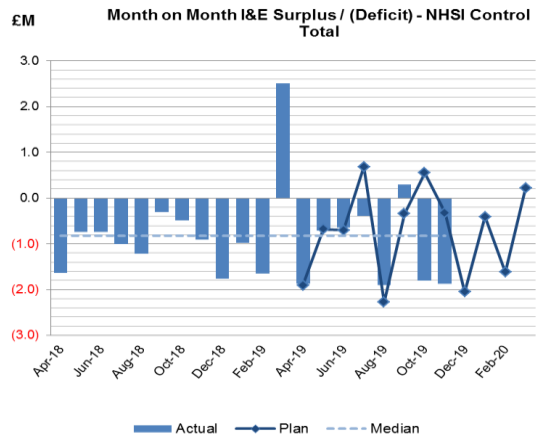
Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People		
Resources	Are We Well Led?	Use of Resources

Income and Expenditure

Income & Expenditure:

Use of Resources

Position	Nov '19 In Mth			Nov '19 YTD			2019/20
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Operating Income							
NHS Clinical Income	17,774	17,072	(702)	139,557	136,311	(3,246)	208,163
Other Clinical Income	778	771	(7)	6,201	6,779	587	9,322
Other Income (excl Donations)	2,359	2,560	201	18,756	19,238	482	28,307
Total income	**20,911**	**20,403**	**(508)**	**164,514**	**162,328**	**(2,186)**	**245,792**
Operating Expenditure							
Pay	(13,055)	(13,436)	(381)	(104,866)	(105,922)	(1,056)	(157,326)
Non Pay	(6,753)	(7,413)	(660)	(53,203)	(54,322)	(1,119)	(80,163)
Total Expenditure	**(19,808)**	**(20,849)**	**(1,041)**	**(158,069)**	**(160,243)**	**(2,174)**	**(237,489)**
EBITDA	**1,103**	**(446)**	**(1,549)**	**6,445**	**2,085**	**(4,360)**	**8,303**
Financing Costs (incl Depreciation)	(1,430)	(1,428)	2	(11,438)	(10,977)	461	(17,157)
NHSI Control Total	**(327)**	**(1,874)**	**(1,547)**	**(4,993)**	**(8,892)**	**(3,899)**	**(8,854)**
Add: impact of donated assets	105	66	(39)	840	(171)	(1,011)	1,260
Add: Impairments	0	0	0	0	0	0	0
Add: Central MRET	174	174	(0)	1,390	1,389	(1)	2,082
Add: PSF & FRF	677	0	(677)	3,724	2,544	(1,180)	6,772
Surplus/(Deficit)	***629***	***(1,634)***	***(2,263)***	***961***	***(5,130)***	***(6,091)***	***1,260***



Variation and Action

The in month NHSI control total deficit of £1.5m is significantly wore that the £0.3m surplus that had been planned for. The forecast presented to F&P in early September had assumed a £0.1m deficit, with a further £0.6m shortfall signalled in November but this still leaves actual reported figures £0.8m worse than anticipated.

Shortfalls against forecast are driven by two key factors:

- Non Pay, specifically spend on clinical supplies and services where spend has increased over and above that which would have been expected based on changes in activity alone.
- Nursing costs, where increased escalation combined with the supernumerary cost of newly recruited overseas nurses are both over and above that which had been expected.

The Trust is in the process of recruiting intakes of overseas nurses, an exercise with upfront costs but a payback period of approximately 9 months per nurse. This strategy has led to a 75% reduction in monthly nursing agency costs year on year, although there remains an opportunity of £0.5m per month in temporary staffing.

Underlying challenges remain the same as in previous periods, with shortfalls in clinical productivity and increasing agency spend on hard to fill posts driving adverse variances against plan. In addition, there is increasing pressure on the bed base due to emergency admissions, with instances of flu and norovirus now increasing.

Capacity constraints are leading to sustained costs associated with outsourced healthcare in order to maintain performance, driven by both increased demand (Endoscopy), and shortfall in capacity due to key hard to fill vacancies (Pathology, Radiology).

Income & Activity Delivered by Point of Delivery

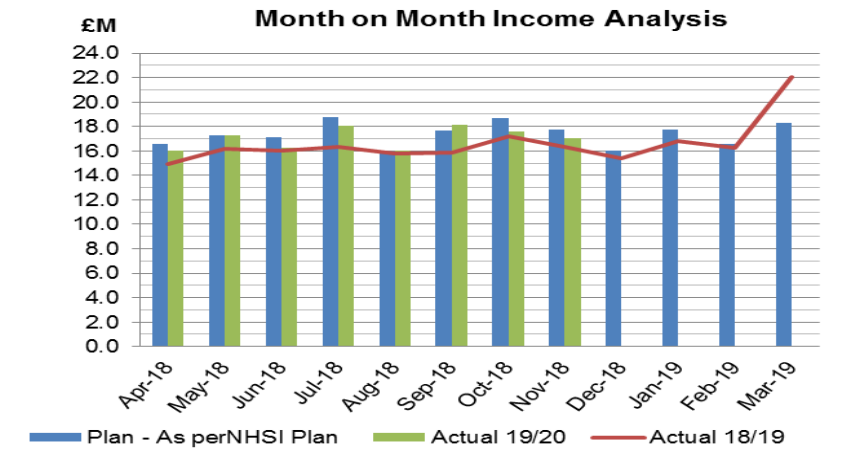
Clinical Income:

Use of Resources

Income by Point of Delivery (PoD) for all commissioners	Nov '19 YTD		
	Plan (YTD)	Actual (YTD)	Variance (YTD)
	£000s	£000s	£000s
A&E	6,014	5,970	(44)
Elective inpatients	12,920	12,213	(707)
Day Case	12,046	11,479	(567)
Non Elective inpatients	38,085	36,750	(1,335)
Obstetrics	4,198	4,104	(94)
Outpatients	22,709	21,670	(1,039)
Excluded Drugs & Devices (inc Lucentis)	11,540	11,972	432
Other	32,045	32,153	108
TOTAL	**139,557**	**136,311**	**(3,246)**

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
Wiltshire CCG	74,628	74,692	64
Dorset CCG	16,006	16,036	30
West Hampshire CCG	11,156	11,167	11
Specialist Services	21,368	20,972	(396)
Other	16,399	13,444	(2,955)
TOTAL	**139,557**	**136,311**	**(3,246)**

Activity levels by Point of Delivery (POD)	YTD Plan	YTD Actuals	YTD Variance		Last Year Actuals	Variance against last year
Elective	3,646	3,297	(349)		3,507	(210)
Day case	15,271	15,501	230		14,518	983
Non Elective	18,855	17,758	(1,097)		17,220	538
Outpatients	180,425	171,737	(8,688)		170,631	1,106
A&E	47,053	46,871	(182)		45,286	1,585



Variation and Action

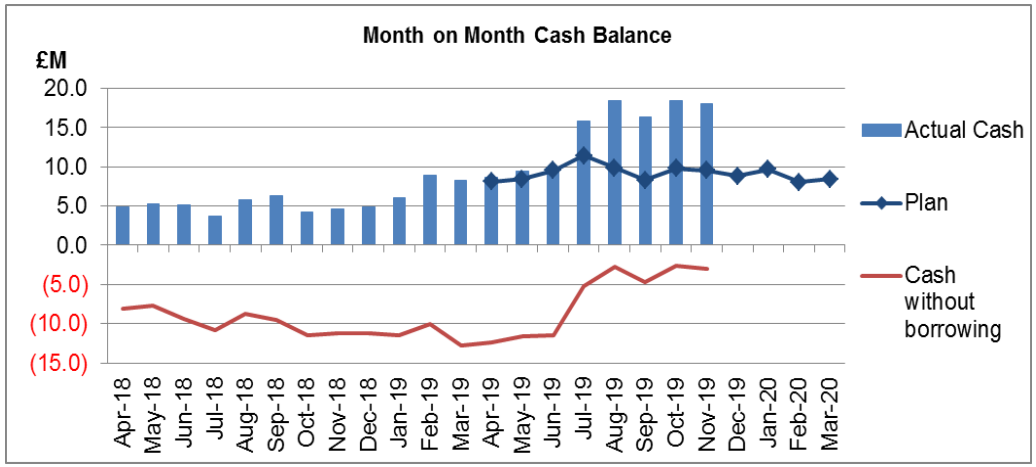
Income to date is £136,311k, £3,246 below plan and an under performance of £702k in November. Income has under performed on all points of delivery year to date with the exception of Excluded drugs and devices and Other. Cardiology Day cases are 180 cases and £281k below plan year to date with activity increasing in month due to the new Consultant appointment. Orthopaedics Day cases are 109 cases and £279k below plan with a deterioration of 38 cases in month. Elective Orthopaedics are now 176 spells below the year to date plan of 869 which is a deterioration of 5 cases in month. The Non Elective position year to date position is driven by a combination of under performance on spells, mainly within Trauma and Orthopaedics, General Medicine and Cardiology, and excess bed days activity. The Outpatients position is driven by underperformance across a range of specialties most notably in Dermatology and Plastic Surgery due to Consultant vacancies.

An adjustment of +£1,600k is included to reflect the blended approach, +£1,389k for Wiltshire CCG and +£211k for West Hampshire CCG, due to under performance on the non elective element of the contract. An adjustment of +£276k is included to increase income to reflect the under performance on the Dorset managed contract at Month 8. An adjustment of +£446k is included to increase income to reflect the minimum income guarantee with Wiltshire CCG at Month 8. The total impact is £2,322k included within the income position.

Cash Position & Capital Programme

Capital Spend:  **Cash & Working:** 

Use of Resources

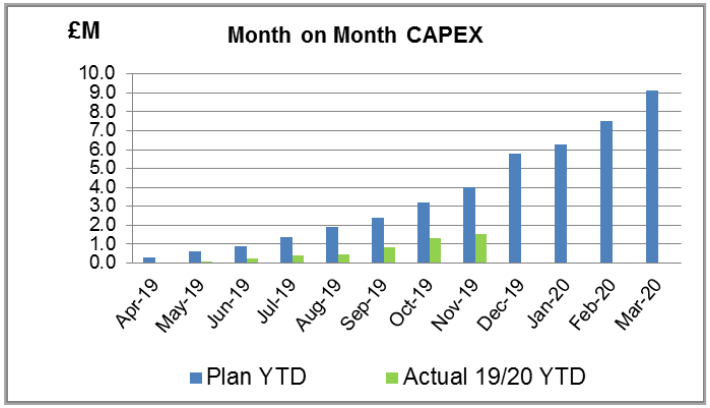


Although cash has reduced slightly from the October position it remains higher than planned, primarily due to limited expenditure on the capital programme to date. Capital spend is due to increase considerably in the last four months of the year and will include Board approved schemes brought forward from 2020-21.

Borrowings include £4.4m of working capital loans due for repayment by 30 November 2020. The Trust will request these are reissued as it will not have the funds to repay them. The plan assumes they will be reissued and hence they have remained in long term borrowings. The cash flow will continue to be closely monitored during 2019-20 to ensure funds are available when required, although no additional borrowing is anticipated in the year.

Capital Expenditure Position

Schemes	Annual Plan £000s	Nov '19 Plan £000s	Nov '19 Actual £000s	Nov '19 Variance £000s
Building schemes	700	100	0	100
Building projects	1,814	1,040	385	655
IM&T	3,540	1,550	393	1,157
Medical Equipment	2,650	1,724	501	1,223
Other	420	280	280	0
TOTAL	**9,124**	**4,694**	**1,559**	**3,135**



Summary and Action

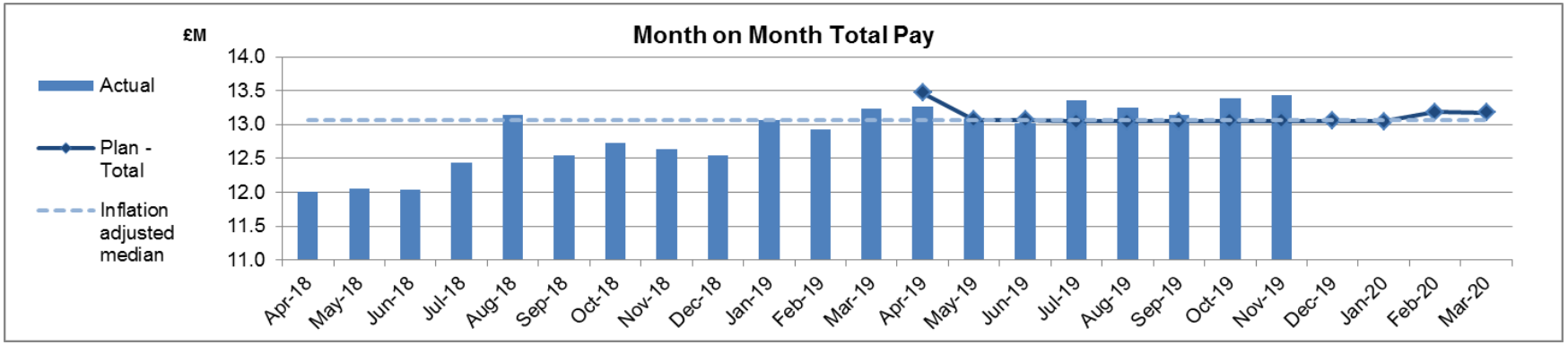
The Trust is financing its capital spend in 2019-20 through depreciation. Although the Trust was anticipating to be behind plan for the first half of the year following a revision to the phasing of schemes within the capital programme, slippage into 2020-21 has been identified on a few larger schemes e.g. low risk birthing rooms, PACS and MRI infrastructure costs.

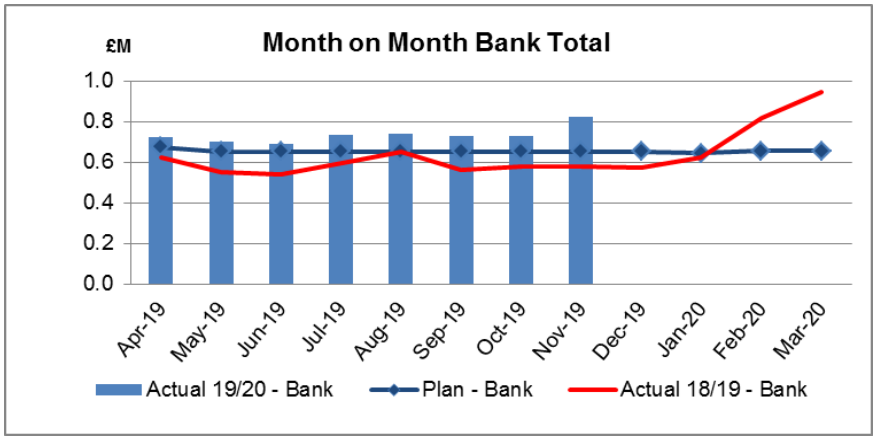
A list of schemes originally scheduled for 2020-21 has now been approved by the Trust Board for bring forward into the current year to ensure the total expenditure included in the plan is met. Assurances have also been sought that these schemes can be completed by the end of the financial year.

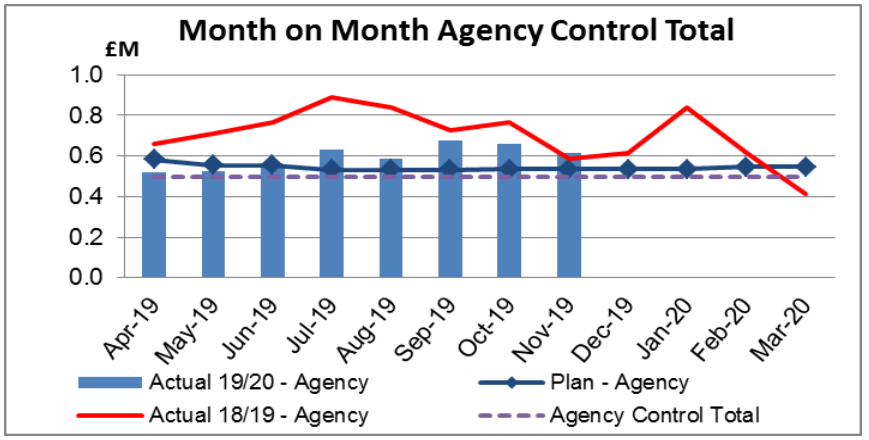
Workforce and Agency Spend

Pay:

Use of Resources







Summary and Action

Pay expenditure of £13,436k in November is £381k greater than planned. Expenditure on Nursing and Support to Nursing remains high due to: (i) increased costs associated with escalation beds required to cope with emergency admissions; and (ii) c50-60 newly recruited overseas nurses who are currently acting in a largely supernumerary capacity while working towards their official registration. While this investment is having a material impact on the bottom line in the short term, the objective is to significantly reduce the reliance on agency staffing (£1.5m in reduction on 18-19 spend YTD to M08). The Trust utilised circa 120 temporary WTE in the Nursing workforce in November.

Agency costs continue to exceed plan at £615k, a small overall reduction on October's spend of £46k. Agency spend on both Nursing and Medical has reduced in month (£92k cumulatively), although this has been offset by an increase in agency use by the Laundry (£35k). Agency premium for the period is estimated at c£228k, roughly a quarter of which relates to medical staffing groups due to difficulties filling vacancies and rota gaps. Gastroenterology, Acute Medicine, Elderly Care, and Pathology account for the vast majority of the medical agency spend.

Efficiency – Better Care at Lower Cost

Efficiency: 

Use of Resources

Directorate	Annual Plan £000s	Position Nov '19 Plan £000s	Nov '19 Actual £000s	Nov '19 Variance £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
Medicine	2,192	185	113	(72)	1,433	786	(647)
Musculo Skeletal	1,385	120	78	(41)	872	633	(239)
Surgery	1,728	149	132	(17)	1,132	860	(273)
Clinical Support & Family Services	1,965	184	136	(48)	1,230	1,009	(222)
Corporate Services	1,730	137	169	32	1,079	1,307	228
Strategic	1,000	131	97	(34)	378	482	104
TOTAL	**10,000**	**905**	**724**	**(181)**	**6,124**	**5,075**	**(1,049)**

Scheme	Annual Plan £000s	Position Nov '19 Plan £000s	Nov '19 Actual £000s	Nov '19 Variance £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s
Theatres	1,068	89	29	(60)	712	93	(620)
Workforce	1,001	83	62	(21)	667	634	(33)
Diagnostics	600	42	42	0	333	333	0
Patient Flow	825	69	0	(69)	550	138	(412)
Outpatients	500	56	56	0	278	278	0
Non-Pay Procurement	1,494	138	148	10	944	965	20
Medicines Optimisation - Drugs	500	83	41	(42)	167	204	37
Clinical Directorate Plans	2,634	239	213	(26)	1,622	1,355	(267)
Corporate Directorate Plans	1,378	106	134	28	851	1,076	225
TOTAL	**10,000**	**905**	**724**	**(181)**	**6,124**	**5,075**	**(1,049)**

Summary and Action

The Trust has reported CIP delivery of £724k (80%) in November 2019, comparable to that delivered in October. Delivery against the Theatres programme remains limited due to slippage in implementation timeframes. External support for the implementation of a theatre scheduling tool is now in place, and a £470k Q4 opportunity has been identified by Four Eyes. There is a risk that other constraints to capacity utilisation (e.g. beds, kitting) could limit delivery, however a shift in current booking practice will deliver in the longer term.

The patient flow programme has once again not met its financial target. The Trust has spent an increased amount of time in OPEL 4, resulting in increased outliers and overnight use of ambulatory areas, thereby reducing efficiency and slowing patient flow through the pathway. Escalation had not been planned for until Q4, with the associated excess cost assumed in the baseline plan identified as opportunity for savings in the Patient Flow programme (as supported by the 2019/20 bed model).
Savings due to workforce have increased slightly in month. However, due to an increase in the number of overseas nurses expected to arrive by the end of the year, forecast savings have reduced by £100k. This is due to an increase in supernumerary time on the wards.

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	3.1
Date of Meeting:	09 January 2020		

Report Title:	Annual Equality Report 2019			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			x	
Prepared by:	Rex Webb - Head of Diversity & Inclusion			
Executive Sponsor (presenting):	Lynn Lane - Director of OD & People			
Appendices (list if applicable):	• Gender Pay Gap Report 2019 • Workforce Race Equality Standard Report 2019 • Workforce Disability Equality Standard Report 2019 • Model Employer: Increasing Black and Minority Ethnic representation at senior levels across Salisbury NHS Foundation Trust			

Recommendation:

We recommend that Salisbury NHS Foundation Trust note the reports for information and the following resulting actions which we plan to carry out in order to continue our equality, diversity and inclusion journey.

- The EDI Committee will consider this report together with the Gender Pay Gap, WRES and WDES reports to create a SMART equality action plan in line with the NHS Long Term Plan.
- The Head of Diversity and Inclusion together with the EDI Committee will review and update the Equality Policy which is due for review in February 2020.
- The Head of Diversity and Inclusion will work with Information governance to develop an Equality Monitoring Policy to ensure that a standard set of equality data is recorded across all directorates in the Trust.
- The EDI Committee will develop a mechanism for identifying and collecting EDI related work across all directorates.
- The Head of Diversity and Inclusion together with staff/volunteer network members will continue to develop and grow our staff/networks.

Executive Summary:
The Trust Equality Report 2019 covers the progress made on our equality journey over the past twelve months. The report also contains references to a number of other reports which the Trust is required to produce each year: • The Gender Pay Gap Report 2019 • The Workforce Race Equality Standard Report 2019 • The Workforce Disability Equality Standard Report 2019 These reports provide a detailed analysis of the data supplied by the Trust to the national programs. They also contain a number of recommendations for action which should be considered by the EDI Committee. The Equality Report 2019 details a number of future influencing factors which will have an effect of the Trusts approach to equality, diversity and inclusion over the next twelve months. In Section 9 of this report note that the Trust does not currently record the Sexual Orientation of its patients. This is partly due to the fact that the Trust did not implement the national voluntary Sexual Monitoring Programme. This is currently being reviewed on a national basis. Our Trust will be considering this within the review of the Equality Monitoring Policy. It is acknowledged that a lot of equality, diversity and inclusion work is taking place across all directorates within the Trust. We do not always recognise some of this as EDI related and we need to identify ways of capturing this good work in future Equality Reports.

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	☒
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	☐
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	☒
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	☐
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	☒
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	☒

NHS
Salisbury
NHS Foundation Trust

Gender Pay Gap report 2019

An outstanding experience for every patient

1. Reporting requirement

The gender pay audit obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people and listed in Schedule 2 to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 we must publish and report specific information about our gender pay gap.

2. Reporting metrics

The specific information we must publish and report is as follows:

- **Mean gender pay gap in hourly pay** – adding together the hourly pay rates of all male or female full-pay and dividing this by the number of male or female employees. The gap is calculated by subtracting the results for females from results for males and dividing by the mean hourly rate for males. This number is multiplied by 100 to give a percentage
- **Median gender pay gap in hourly pay** – arranging the hourly pay rates of all male or female employees from highest to lowest and find the point that is in the middle of the range
- **Mean bonus gender pay gap** – add together bonus payments for all male or female employees and divide by the number of male or female employees. The gap is calculated by subtracting the results for females from results for men and dividing by the mean hourly rate for men. This number is multiplied by 100 to give a percentage
- **Median bonus gender pay gap** – arranging the bonus payments of all male or female employees from highest to lowest and find the point that is in the middle of the range.
- **Proportion of males and females receiving a bonus payment** – total males and females receiving a bonus payment divided by the number of relevant employees
- **Proportion of males and females in each pay quartile** – ranking all of our employees from highest to lowest paid, dividing this into four equal parts (‘quartiles’)and working out the percentage of men and women in each of the four parts.

This analysis does not look at whether there are differences in pay for men and women in equivalent posts. Therefore, the results will be affected by differences in the gender composition across our various professional groups and job grades.

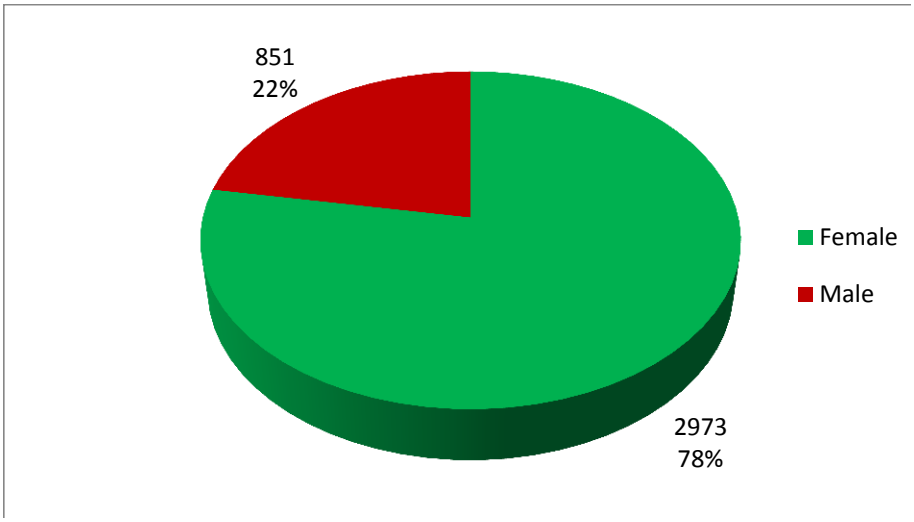
3. Our Gender Pay Gap report 2019

Our Gender Pay Gap report for 2019 contains a number of elements:

- The specific information published on the government website for the snapshot date of 31st March 2019
- An analysis of the specific information supplied over the past three years since we first reported in 2017
- An analysis of the pay gap across specific staff groups within Salisbury NHS Foundation Trust
- Recommendation as to future action to reduce the Gender Pay Gap

4. Specific Information 31st March 2019

The Trust collected our data on the 31st March 2019 when our workforce consisted of 2973 women and 851 men.



The figures show that the Trust has a mean gender pay gap of 23.84% and a median gender pay gap of 7.58%

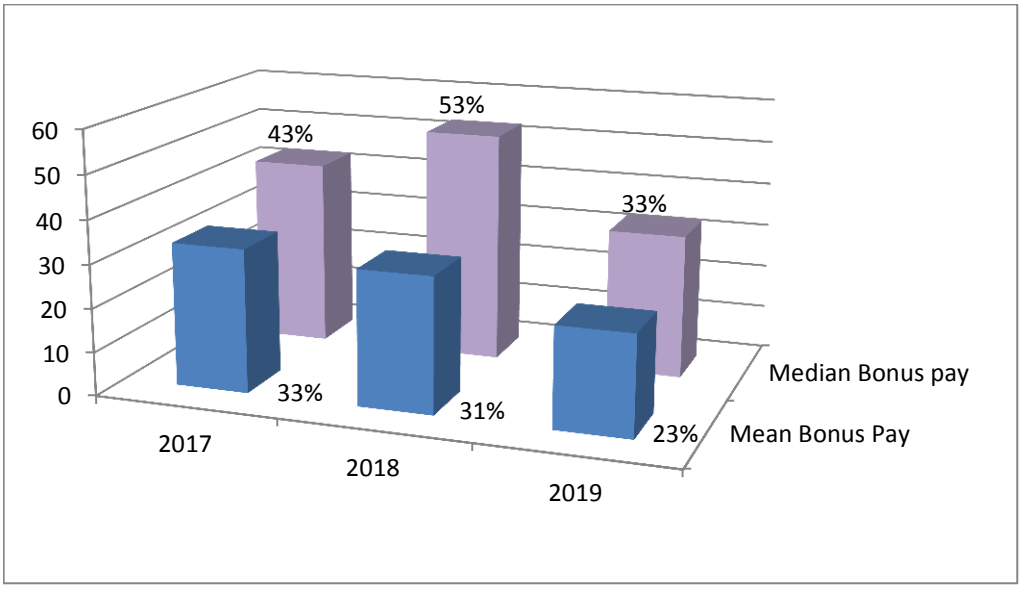
Gender	Avg. Hourly Rate	Median Hourly Rate
Male	20.7291	15.1416
Female	15.7881	13.9933
Difference	4.9410	1.1483
Pay Gap %	23.8360	7.5839

Bonus Pay

The table below shows that average and median bonus pay for men was higher than for women. This is because a higher number of senior consultants earning higher value clinical excellence awards are male.

Gender	Avg. Pay	Median Pay
Male	10,802.81	9,048.00
Female	8,274.50	6,032.03
Difference	2,528.31	3,015.97
Pay Gap %	23.40	33.33

Of all employees 57 men were paid bonuses (Clinical Excellence Awards) and 37 women. This data shows there have been some minor changes as we continue the trajectory growth of women medical consultants in our workforce.

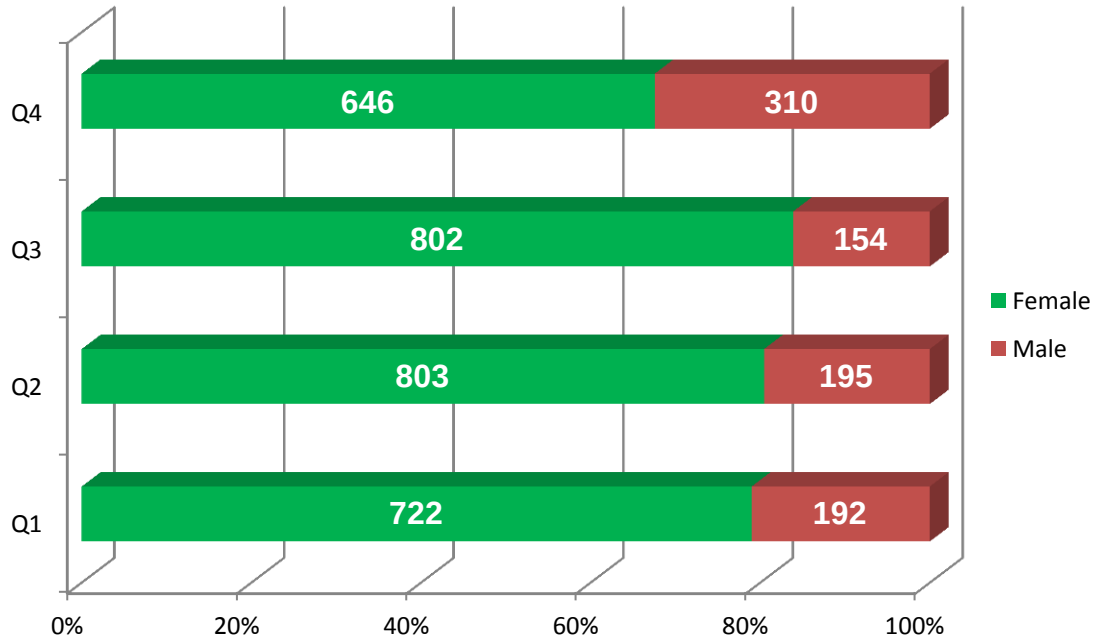


Quartile Analysis

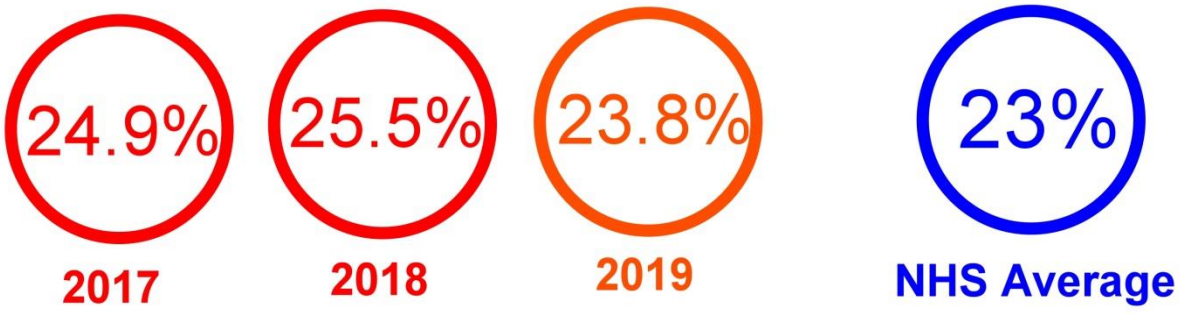
The Trust is required to rank its employees from highest to lowest paid, divide this into four equal parts (quartiles) and to show the gender split in each.

Quartile 4
Senior medical staff - Consultants and Registrars Executive Directors Band 7 and 8 Nurses, Therapists and other Clinical and Scientific Staff
Quartile 3
Band 5 and 6 Nurses, Therapists and other Clinical and Scientific Staff
Quartile 2
Bands 2 to 4 Nursing Assistants, Admin, Therapists and other Clinical and Scientific Staff
Quartile 1
Bands 2 and 3 Nursing Assistants, Admin, Facilities, Cleaning and Therapy Support staff

Please note some bands fall into more than one quartile, as some staff enhance their pay by working unsocial hours, overtime etc.



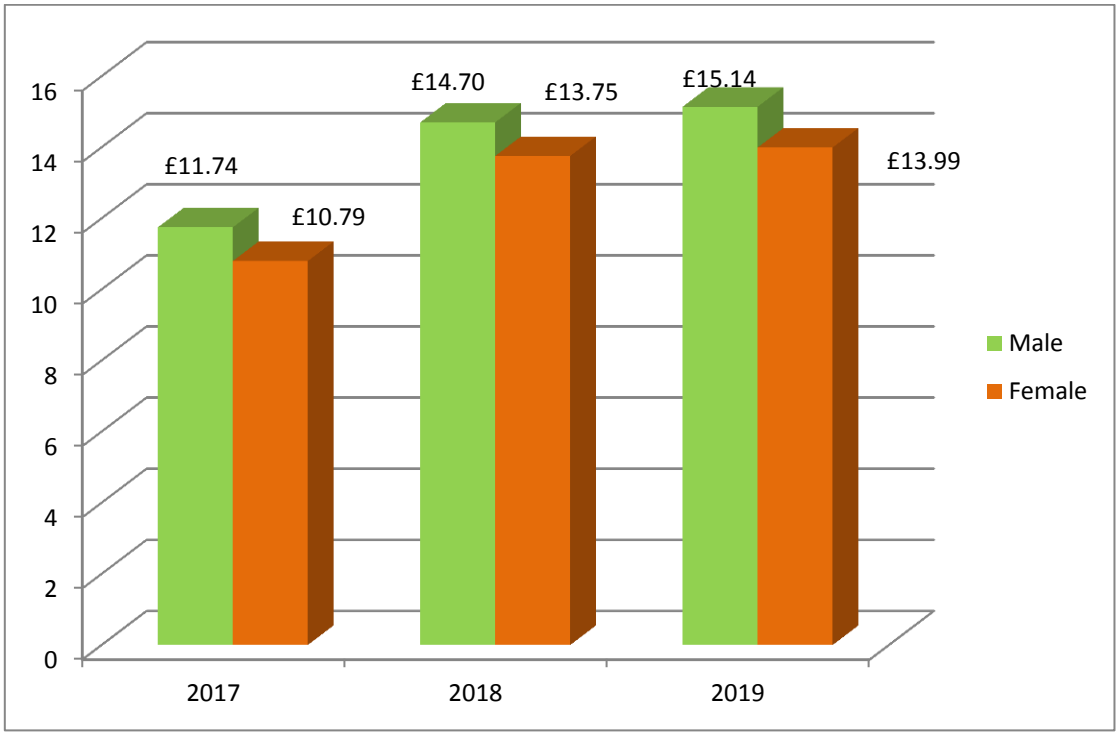
5. Our progress 2017/2018/2019



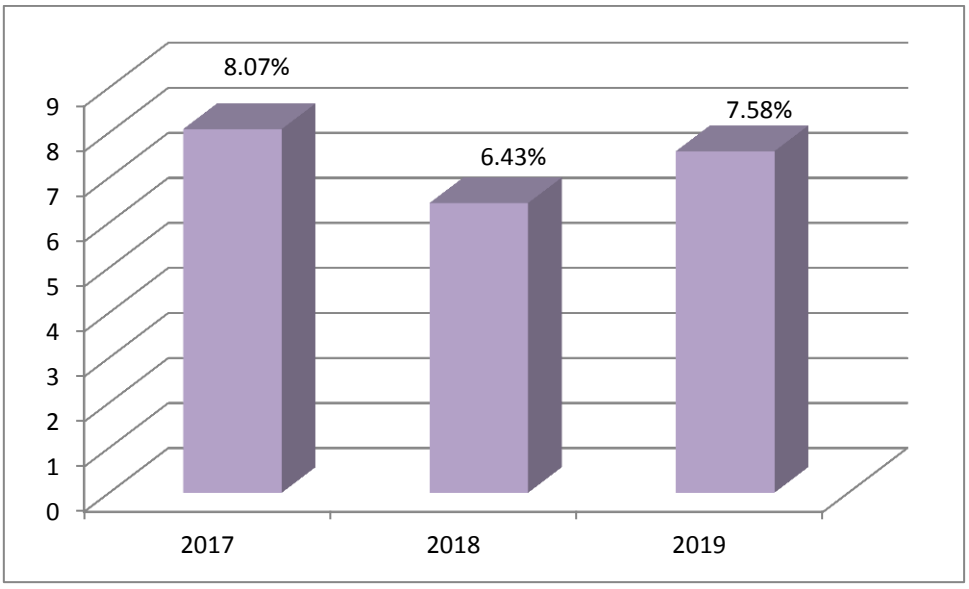
Salisbury NHS Foundation Trust has been posting Gender Pay Gap data on the Government website for the past three years. This now allows us to analysis our progress over that time.

You will see that the mean gender pay gap in hourly pay widened slightly in 2018 and is now beginning to close. The NHS average is 23% and you will note that we are now only slightly above that figure.

When we look at the median hourly rate we see that the gap closed slightly in 2018 and has since widened slightly.

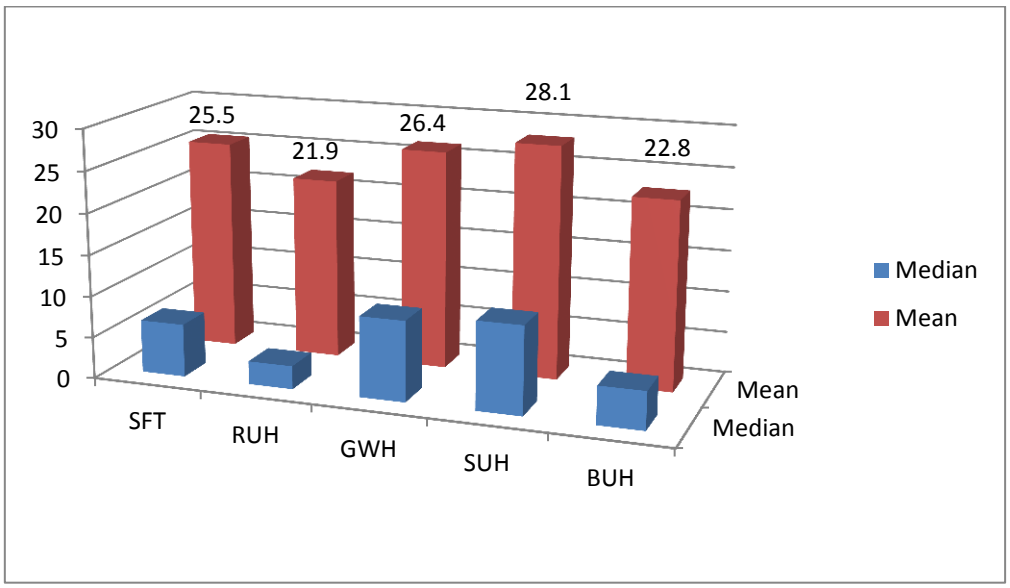


Percentage Median Gender Pay Gap



6. Comparison with other Local NHS Trusts - 2018

The below graph shows our 2018 figures compared with a number of other local NHS Acute Trusts (*Not all Trusts have yet posted their 2019 figures).*

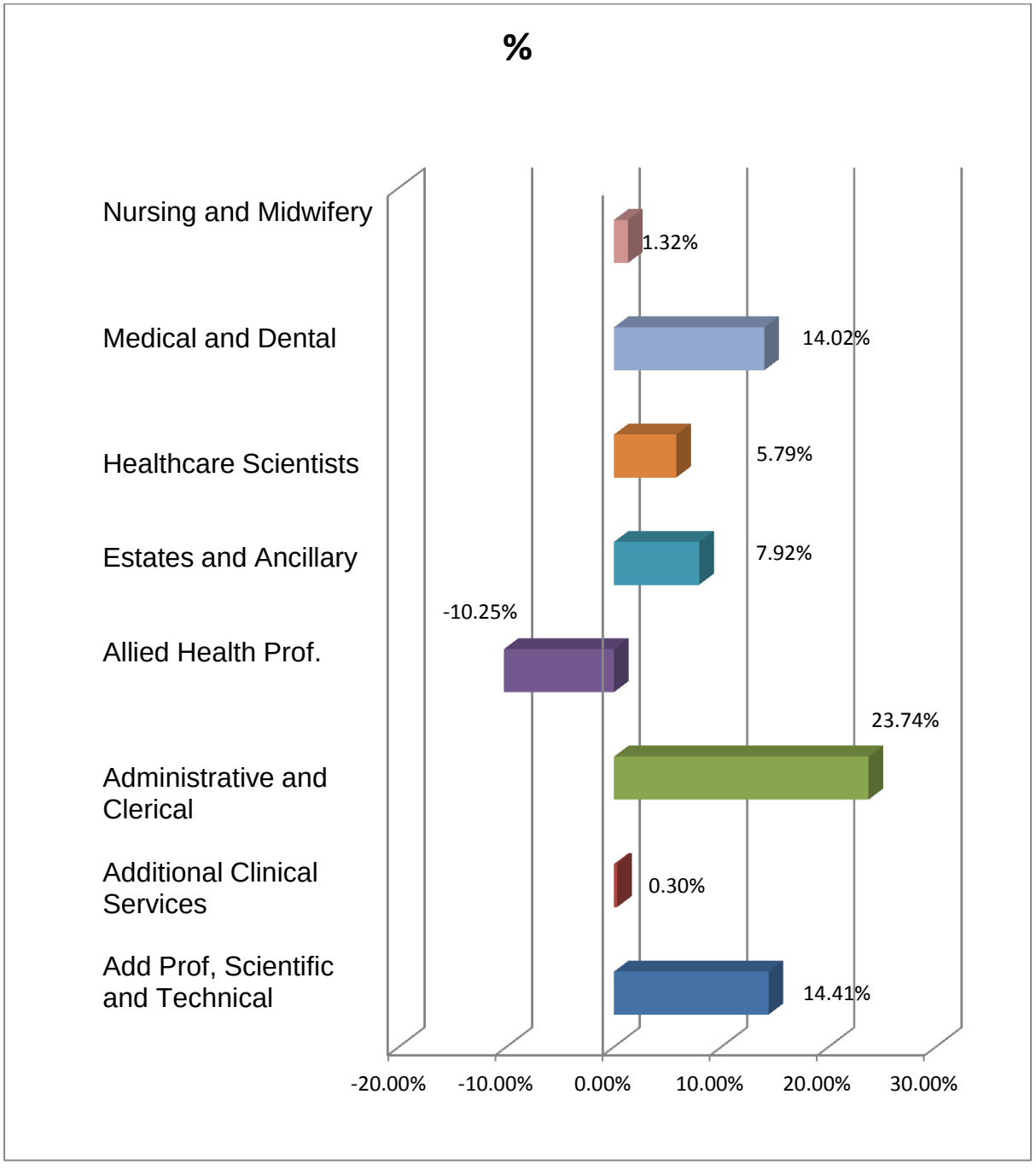


SFT = Salisbury NHS Foundation Trust
RUH = Royal United Hospital Bath
GWH = Great Western Hospital
SUH = Southampton University Hospital
BUH = Bournemouth University Hospital

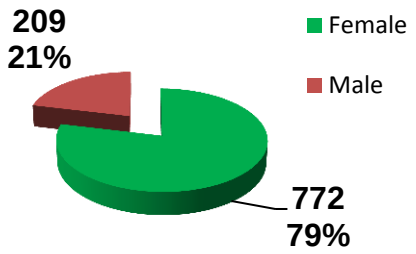
7. Gender Pay Gap by Staff Group

In order to gain a better understanding of what is creating our gender pay gap we have carried out analysis by staff group.

This shows quite a variance across the groups. It ranges from a 23.74% gap for Administrative and Clerical to a minus10.25% gap for Allied Health Professionals.



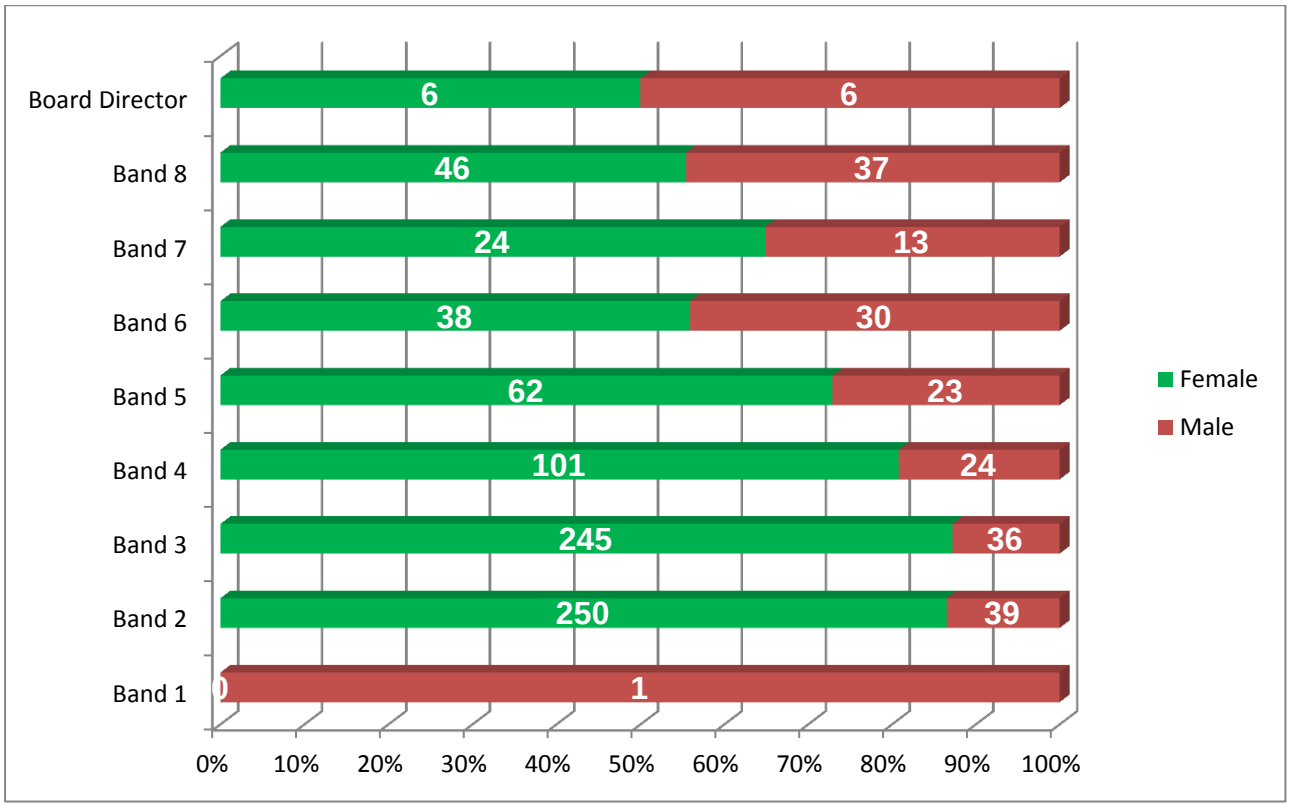
8. Administrative and Clerical – 23.74%

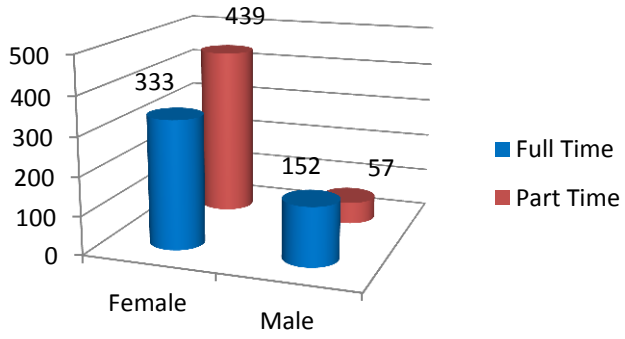


The graph below shows that 9.8% of females employed in this group have reached the top quartile (Band 7 and above).

This compares to 26.8% of males who are employed in this group.

77% of females in the group are employed at Band 4 and below.

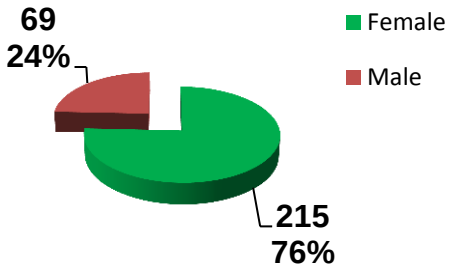




56.8% of female employees in this group are employed on part-time contracts.

This compares to only 27% of males within this group who work part-time.

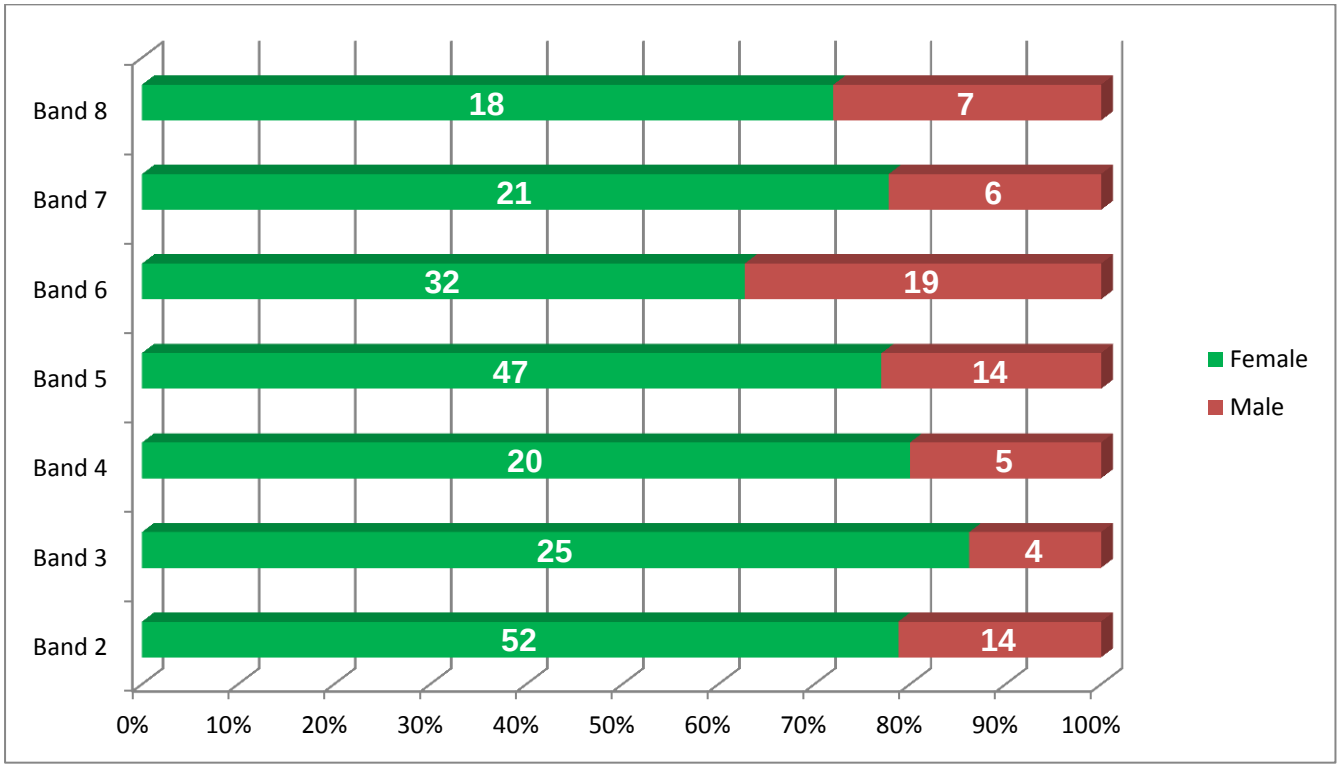
9. Additional Professional, Scientific and Technical –14.41%

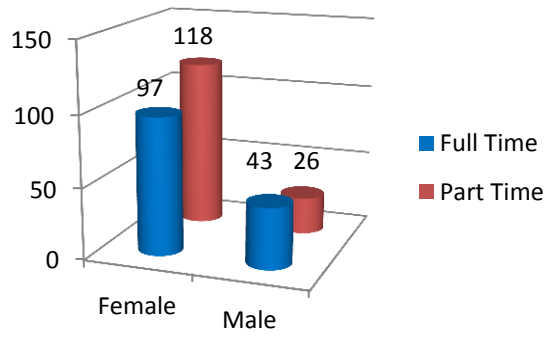


18% of female employees in this group have roles within the top quartile – Bands 7 & 8.

This compares to 18.8% of males employed in this group.

45% of females are employed at roles within Band 4 or below. 33% of males within the group fall within these bands.

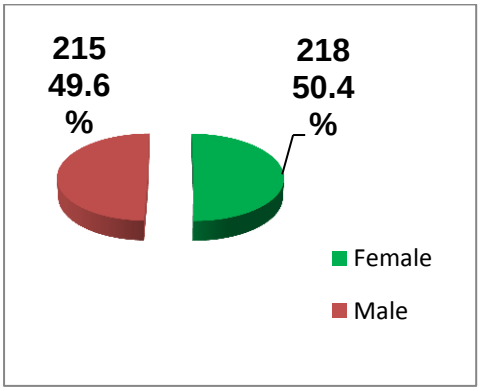




54.8% of females in this group are employed on part-time contracts.

This compares to 37% of males in this group who are employed on part-time contracts.

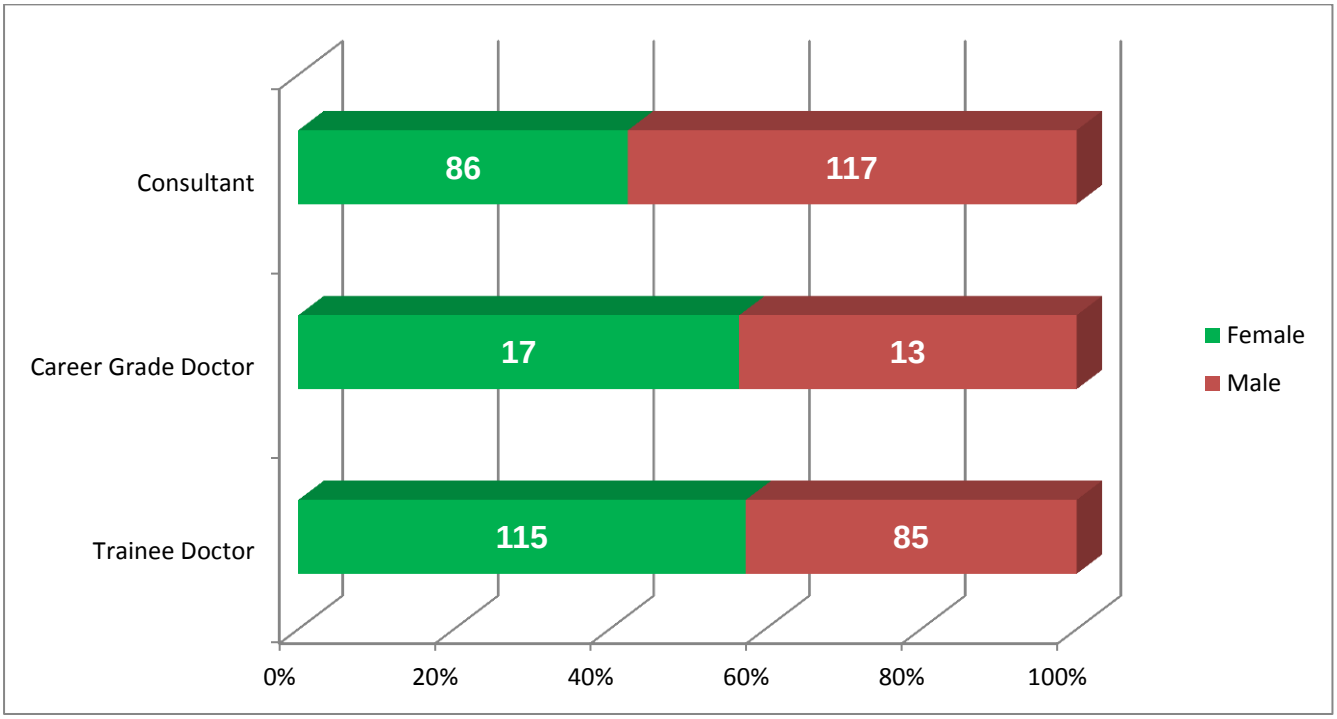
10. Medical and Dental – 14.02%

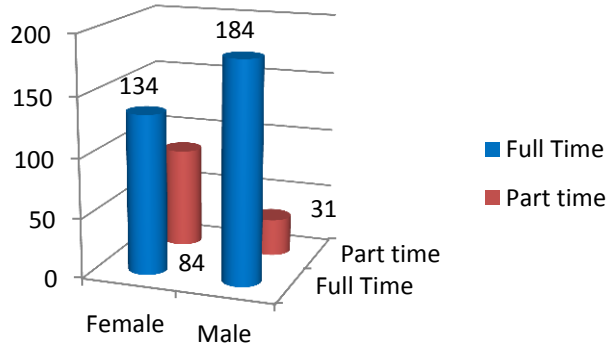


When we look at this group we see that we have achieved 50.4% representation who are female.

However, 57.6% of Consultants are male, compared to 42.4% female.

The situation is completely reversed when we look at our Trainee Doctors where 57.5% are female and 42.5% are male.

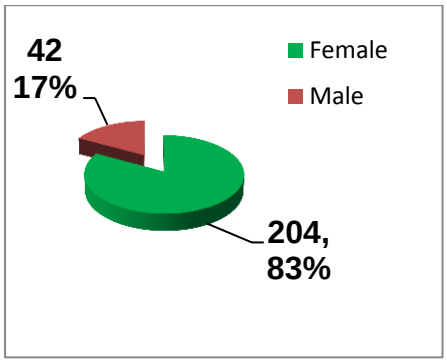




39% of females in this group work on part-time contracts.

This compares to 14% of males in this group who are employed on part-time contracts.

11. Allied Health Professionals - Minus 10.25%

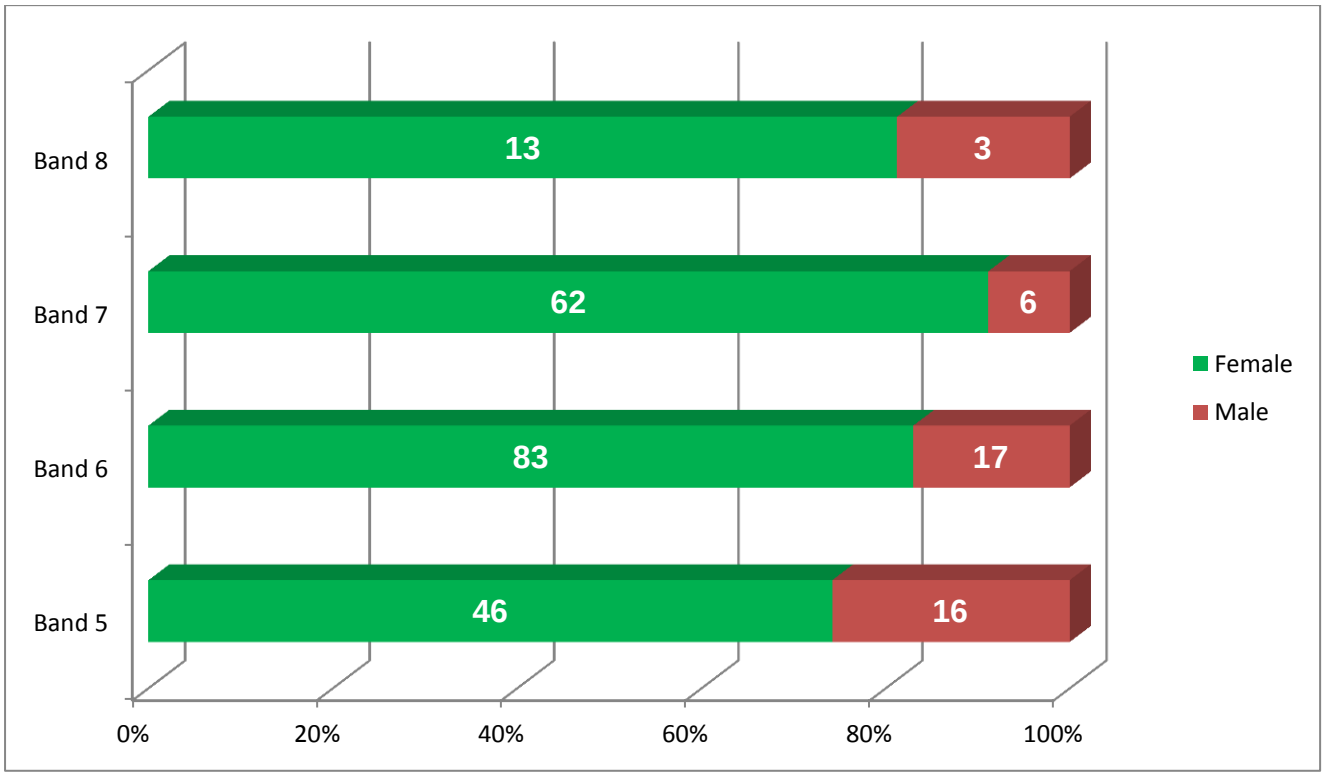


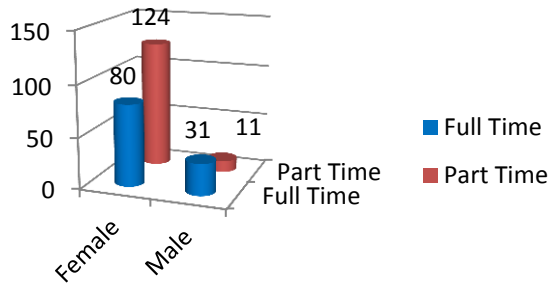
This group is the only group which shows a negative pay gap in favour of female employees, minus 10.25%

83% of employees in this group are female.

36.7% of female employees in this group have roles in the top quartile (Bands 7 & 8).

This compares to 21% of males employed in this group.





60% of female employees in this group are employed on part-time contracts.

This compares to 26% of males who are on part-time contracts.

12. Conclusion

Salisbury NHS Foundation Trust has reported similar pay gap data for the past three years. Since posting the first details in 2017 the Trust appears to be making some slight progress in reducing the gap. This years' figure of 23.8% is taking us closer to the NHS average of 23%.

On closer investigation there are three main staff groups with double figure pay gaps:

- Administrative and Clerical
- Additional Professional, Scientific and Technical
- Medical and Dental

It will be noted that a large proportion of males employed in these groups are within the top pay quartile.

A high percentage of females in these areas are employed at Band 4 and below. A significant number of these are also employed on part-time contracts.

One area of our Trust has a negative (minus 10.25%) pay gap in favour of female employees. This is Allied Health Professionals. Employees in this group work across for pay bands from Band 5 to Band 8.

When we look at other local NHS Trusts we see that the Royal United Hospitals Bath NHS Foundation Trust is reporting the lowest gap (2018 figures):

- Mean pay gap = 21.9% (below NHS national average)
- Median pay gap = 2.8%

13. Recommendations

Salisbury NHS Foundation Trust should take the following action to reduce the Gender Pay Gap further:

- Work with managers across the Trust to better understand the causes of our gender pay gap.

- Together with relevant managers target the three areas identified with double figure pay gaps to explore and develop actions to close the gap.

- Work with managers from the Allied Health Professionals group to better understand the negative pay gap. This may help us to understand how to reduce the higher gaps.

- Exploring how we can better support female talent. Encourage the next generation of female leaders through our Leadership Forum and education programs.

- Work with our newly emerging Women's Network to explore how we can support female talent and progression within the Trust.

- Engage with all staff to obtain accurate, up to date equality data to ensure that we have a true picture across the Trust.

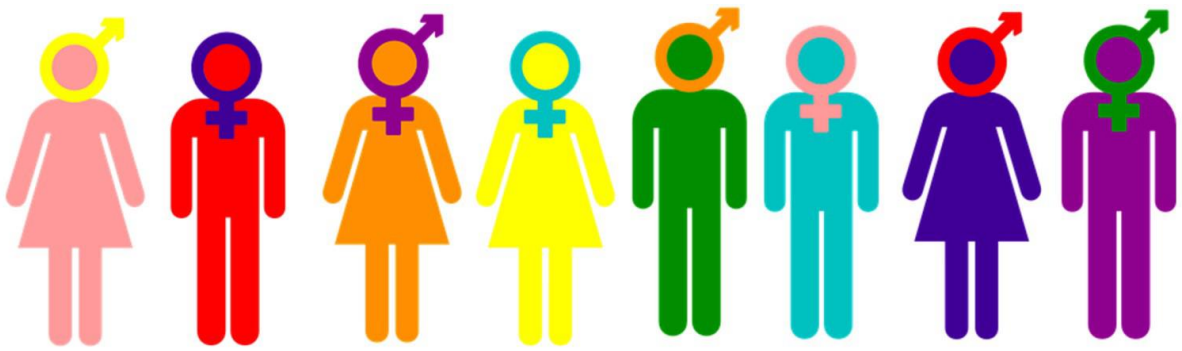
- Working with other NHS organisations and partners to learn from best practice and explore opportunities to develop joint activities

- Exploring opportunities for more flexible or alternative shift working across the organisation and explore how this could be introduced into a wider range of roles

14. Author and Sponsor

Author: Rex Webb, Head of Diversity and Inclusion
Rex.webb@nhs.net

Sponsor: Paul Hargreaves, Director of OD and People
Paul.hargreaves@nhs.net



NHS
Salisbury
NHS Foundation Trust

Equality Report 2019

1. Commitment

We respect and value the diversity of our patients, their relatives, carers, and our staff and are committed to meeting the needs and expectations of the diverse communities we serve, providing high quality care.

Statement from Cara Charles-Barks MBE, Chief Executive Officer:

"I would like us to be a truly inclusive and diverse organisation and then reflect the creativity and opportunities that come with that. An organisation where every staff member regardless of race, background or characteristic feel that they have the opportunity, support and encouragement to be the very best they can be. In the community I would like us to play a role in breaking down the barriers to inclusion and diversity."

2. Background

The purpose of this report is:

- To update the Board and the public on progress being made towards the development of a culture of inclusion, as a service provider and an employer, where all people are valued and respected for their individual differences in accordance with the Trust values, and

- To provide the Board and the public with assurance about the steps taken to meet the Trust's commitment to comply with the Public Sector Equality Duty under the Equality Act 2010, our compliance with equality and diversity requirements of the NHS standard contract, NHS Constitution and CQC criteria.

3. Legislation

Under section 149 of the Equality Act (2010), a public sector equality duty was created, which is a statutory obligation for all public authorities. This is defined in legislation as the general duty and all public authorities are adherent to the following obligations to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general duty is underpinned by a set of actions and assurances termed the specific duties. These serve as guidance on how the general duty can be met, through a range of actions and the provision of evidence in varied formats. The specific duties are to:

- Publish Information outlining how they will comply with the general duty by 31/1/2012 (Annually thereafter).

- Formulate at least one Equality objective

- All information published on how they will meet the equality duty must be presented in such a manner that it is accessible to the public.

4. Activity since October 2018

In October 2018, Salisbury NHS Foundation Trust appointed a new Head of Diversity and Inclusion. The role is located within OD and People and is a Band 8 (22.5 hours per week), is line managed by the Associate Director of Education, Inclusion, Communications and Engagement, under the direction of the Director of OD and People.

Following the completion of the Annual Equality Report 2018 and the CQC Inspection in November 2018 a request was made by CQC for an additional report detailing progress on equality, diversity and inclusion issues. The report was prepared in early 2019 and included reference to proposed actions for the future.

Staff Support Networks:

The reports identified the need to re-establish staff support networks such as the BAME (Black, Asian, Minority Ethnic) network and a 'Diversity Champions' programme.

In January 2018 the BAME Forum held its first meeting and it was agreed that the forum should meet on a regular basis throughout the year. The forum is now meeting on a monthly basis and has identified a number of BAME Diversity Champions to represent it on the EDI committee.

During the year the forum has reviewed its terms of reference, a member of the network has designed a new logo and the group have been active in arranging a number of events for Black History Month (October 2019).

The BAME Forum has also set up its own WhatsApp group and has been providing support for new overseas recruits who have joined the Trust during the year.

The Rainbow Shed Network has continued to work on issues affecting our LGBT staff. During the year they assisted in recruiting a number of LGBT Allies across the Trust. Membership of the allies programme is recognised by the wearing of Rainbow Lanyards.

In February 2019 the group joined with allies, with the support of the Trust Board to celebrate LGBT History Month. The Rainbow Flag was flown on the green outside of the Trust offices throughout the month.

Through the year we have been working with our Diversity Champions to support the development of appropriate networks. Progress has been different for each area of focus.

Our Disability Diversity Champions have yet to come together as a network although we have engaged with them over the completion of the Workforce Disability Equality Standard referred to later in this report. We have also been identifying others within the Trust who identify with disabilities. We are continuing to work together to form a Disability Network.

In June 2019 the SFT Women's network was launched in the lecture theatre at the Trust. The launch incorporated a presentation about menopause in the workplace.

The network used the event to recruit members and also to get people to sign up to be Menopause Champions across the Trust.

The network is developing further sessions and will be a partner in developing our response to the Gender Pay Gap Report as mentioned later in this report.

To celebrate and recognise National Staff Network Day the Trust hosted a conference entitled “Public Sector Staff Networks – The future”. This was held on the 9th May 2019 and was attended by people from a range of public sector organisations including the Police, Fire & Rescue Service, Local Council, Salisbury NHS Foundation Trust and a number of other NHS Trusts.

The audience heard from a number of staff networks across the organisations. The presentations celebrated the good work the networks are doing but also examined the challenges faced by networks and organisations.

The conference was also addressed by Rob Neil OBE an authority on staff networks.

A number of those who attended the conference agreed to work together in future to develop networks and share best practice.

One of the issues which came out of the conference was staff being allowed time at work to take part in Staff Network activities. The Trust has been working with the line managers of the Diversity Champions, with the purpose of ensuring that individuals have the support of their line managers to engage in the work of the staff networks.

The Trust has two EU Diversity Champions, who have been working since 2017 to raise awareness for EU staff and support them during the lead up to Brexit. During December 2018 these Champions, together with the support of the Trust and the Head of EDI, assisted our EU staff in taking part in the government settled status programme.

Activities included advisory drop-in session and promotional display stands, to help people to register for settled status during the period of the Home Office's pilot registration project; approximately 75 members of staff took the opportunity to register. Following this success, both EU Diversity Champions are organising an EU staff network, with the purpose of identifying issues staff may have as the UK leaves the European Union. This will also provide a mechanism to offer appropriate support to individual members of staff.

Equality, Diversity, Inclusion and Freedom to Speak Up Training.

The Trust is currently reviewing its EDI training and assessing training requirements to further support the FTSU programme.

All staff are required to undertake the national NHS E-learning package for equality; this forms part of the initial induction programme. This package is being reviewed, but as it is a national product it may be difficult to amend.

The Trust has developed an introductory session for EDI and the FTSU programme to be included as part of the mandatory new staff inductions. This input is an opportunity for the Head of Diversity and Inclusion and the Freedom To Speak Up Guardian to introduce themselves to new starters. It also allows for the link between the Trust Values, EDI and Freedom To Speak Up to be emphasised.

During the year interactive workshops have been put in place. The first sessions were piloted as part of LGBT History Month in February 2019. We are now running these workshops on a quarterly basis.

These workshops are open to all Trust staff and volunteers, with the aim of increasing knowledge and understanding of:

- Equality, Diversity and Inclusion
- How EDI relates to Salisbury NHS Foundation Trust
- Diversity in the wider community related to Salisbury NHS Foundation Trust
- The dynamics of stereotyping and unconscious bias
- How to explore personal and organisational values
- The workings of the 'Freedom to Speak Up' Programme

As part of the Trust's regular corporate governance activities the first of a series of reports on the EDI programme were presented to the Trust Governors in February 2019.

In September 2019 the Trust Board took the opportunity to participate in the EDI and FTSU workshop. They spent the afternoon actively engaged in the facilitated workshop.

Equality, Diversity and Inclusion Committee

This committee will meet on a regular basis to direct work and act as a link between the Diversity Champions and Strategic leaders. The EDI Committee will be chaired by Tania Baker, one of the Trust's Non-Executive Directors.

The EDI Committee was relaunched in July this year with a workshop which was open to all staff. Unfortunately this was not widely attended. The workshop was followed by a meeting of the EDI Committee who discussed a number of issues including terms of reference and membership.

It was agreed that the committee would be a place where the Diversity Champions can have contact with strategic leaders. At the present time the EDI Committee will report to the Workforce Committee and meet on a six weekly basis.

The EDI Committee will be responsible for ensuring that any EDI Actions agreed by the Board are achieved effectively.

Freedom To Speak Up Guardian

Salisbury hospital has a 'Freedom to Speak Up' (FTSU) Guardian; this is an independent role, which became full time in January 2019 as part of the Trust's recent moves to emphasis diversity and change the internal culture. The role has direct access to the CEO and is supported by a Non-executive Director.

The ‘Freedom to Speak Up’ Guardian has reviewed and re-written the ‘Freedom to Speak Up’ Policy in association with the Head of Diversity and Inclusion. The Trust board is currently self-assessing its performance in the FTSU Programme. The FTSUG reports to Board on a quarterly basis.

The Trusts’ senior leaders are committed to ensuring that FTSU is given appropriate prominence within the Trust. FTSUG will work with the Trust’s senior leaders to ensure that they can evidence that they robustly challenge themselves to improve patient safety, and develop a culture of continuous improvement, openness and honesty.

A communications plan is currently being developed that tailors and ensures appropriate FTSU communications to different groups of staff, and that learning from concerns is clearly communicated.

Presently, the ‘Freedom to Speak Up’ Guardian is taking part in a 12 month project with other Guardians based in London to develop skills and identify best practice. She is also engaging with the National FTSU office and regional Guardians.

The Head of Diversity and Inclusion has completed training to become a ‘Freedom to Speak Up’ Guardian’. He is working closely with the Guardian to cover for absences and provide support where necessary.

Together they are reviewing the informal networks staff use to raise issues and intend to use the information gathered to establish a network of FTSU Ambassadors to support the FTSUG in line with national guidance.

Overseas Nurses

Members of the OD and People directorate have been working together over the past months to ensure that our new overseas recruits are welcomed upon arrival at the Trust. This has involved working across a number of directorates to create an information event on the day after they arrive to inform them of local resources available to them. The session ends with a conducted tour of the hospital by their clinical leads.

Further work is being undertaken with local community groups and the voluntary sector in Salisbury to assist in integrating the new arrivals into the local community.

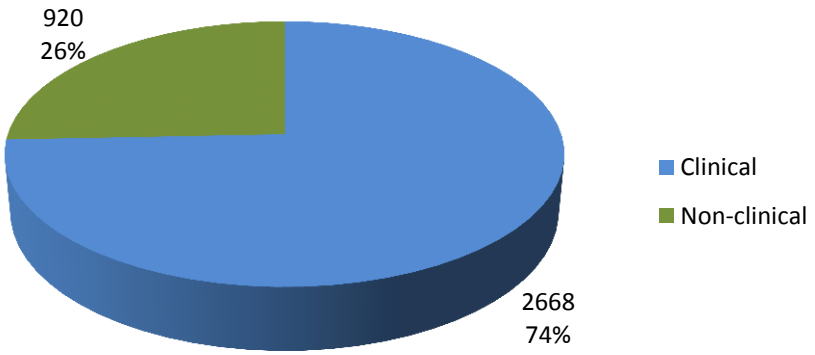
VIP Visit to the Trust

Lord Victor Adebowale, the chief executive of Turning Point, visited Salisbury NHS Foundation Trust to meet the hospital's chief executive, Cara Charles-Barks, the Trust's chairman, Nick Marsden, and staff on the 25th February 2019.

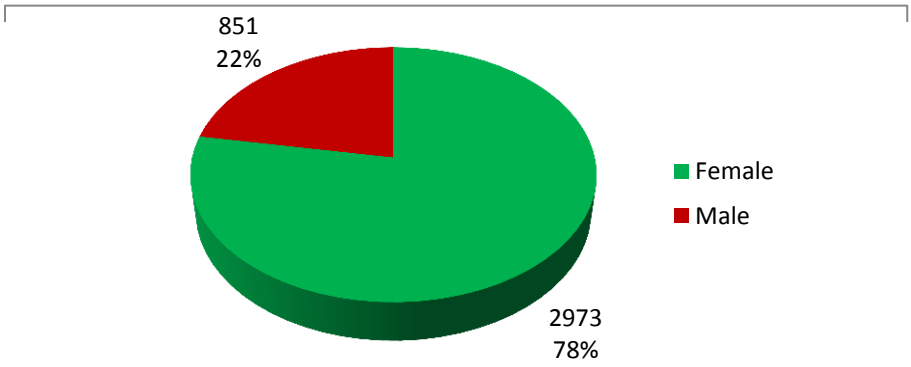
His visit included seeing critical care services and meeting diversity, equality and inclusion champions in the hospital. There was also a "town hall" style meeting with staff.

5. Our Workforce

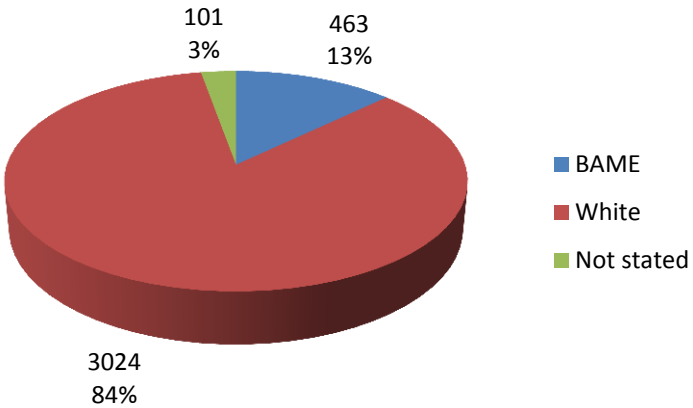
On 31st March 2019 there were 3588 people employed across the Trust. This amounted to 2668 in clinical roles and 920 in non-clinical roles.



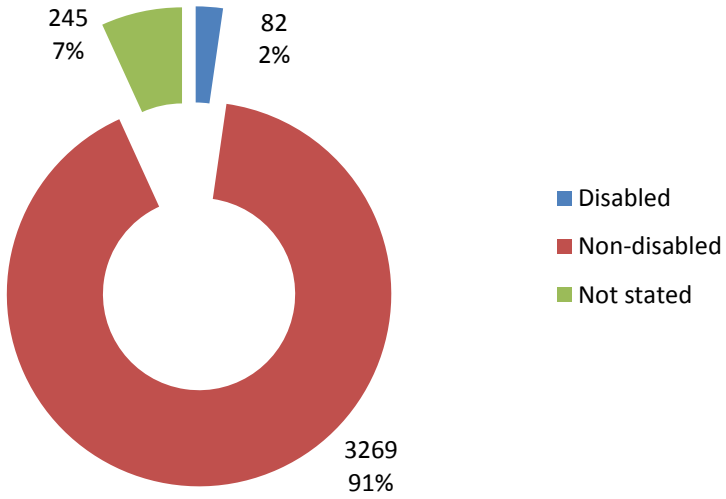
Workforce by Gender:



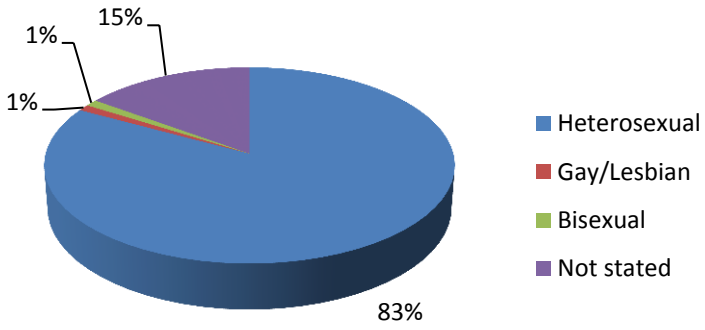
Workforce by Ethnicity:



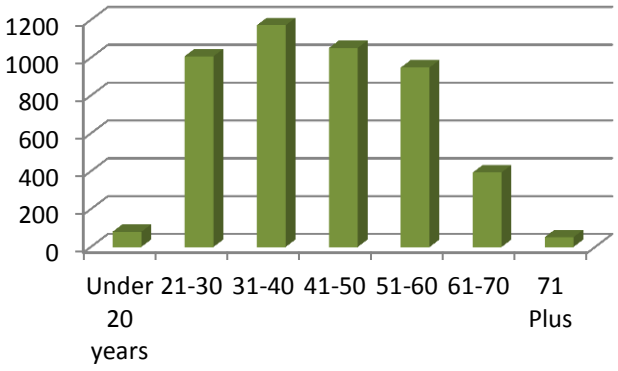
Workforce by Disability:



Workforce by sexual Orientation:

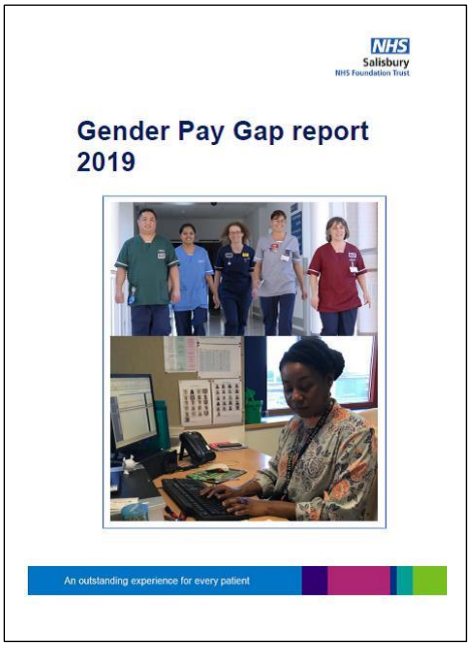


Workforce by Age



6. Gender Pay Gap

The gender pay audit obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people and listed in Schedule 2 to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 we must publish and report specific information about our gender pay gap.



Salisbury NHS Foundation Trust has reported similar pay gap data for the past three years. Since posting the first details in 2017 the Trust appears to be making some slight progress in reducing the gap. This years' figure of 23.8% is taking us closer to the NHS average of 23%.

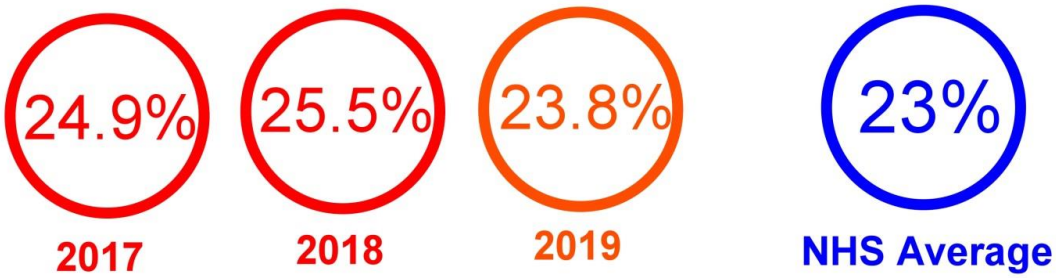
On closer investigation there are three main staff groups with double figure pay gaps:

- Administrative and Clerical
- Additional Professional, Scientific and Technical
- Medical and Dental

It will be noted that a large proportion of males employed in these groups are within the top pay quartile.

A high percentage of females in these areas are employed at Band 4 and below. A significant number of these are also employed on part-time contracts.

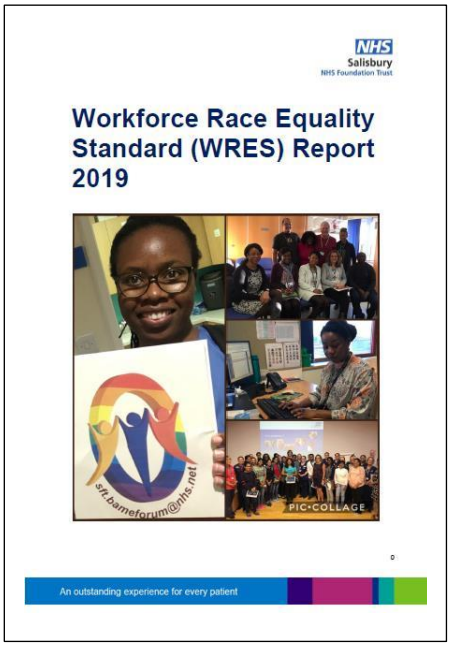
One area of our Trust has a negative (minus 10.25%) pay gap in favour of female employees. This is Allied Health Professionals. Employees in this group work across for pay bands from Band 5 to Band 8.



The Gender Pay Gap report has a more in depth analysis of our data together with a number of recommendations.

7. WRES (Workforce Race Equality Standard)

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis.



The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
- to improve BME representation at the Board level of the organisation.

Commissioned by the NHS Equality and Diversity Council (EDC) and NHS England, the design and development of the WRES is underpinned by engagement with, and contributions from, the NHS and national healthcare organisations, including the WRES Strategic Advisory Group.

The WRES is being implemented as the best means of helping the NHS as a whole to improve its performance on workforce race equality. There is considerable evidence that the less favourable treatment of BME staff in the NHS, through poor treatment and opportunities, has a significant impact on staff well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.

Our Trust submitted its 2019 data in September 2019 and has completed a WRES report which includes in depth analysis, a comparison against 2018 figures and some recommendations.

The report comes to the following conclusion:

In the past year there has been a rise in the number of BAME staff employed within the Trust. The current figure of 13% of the workforce is significantly higher than the local demographics within the Salisbury area. The latest estimate for the Salisbury area is that 4.7% of the population identify as BAME.

The Trust recruitment of BAME and overseas staff has an influence on the demographics of the area. There is a responsibility on the Trust to work with local communities and partners to ensure our BAME staff are able to integrate and be supported within the local community.

Despite the increase in numbers of BAME employees our WRES data has not changed drastically over the past year compared to 2017/18.

The data shows that we still have fewer BAME staff in Band 8 posts and above, both clinical and non-clinical. In fact the number of BAME staff in Band 8 posts has reduced from 3 to 2. The exception is within the Medical and Dental grades.

In Section 15 of the WRES report (WRES Metric 9) we acknowledge that we have no BAME representation on the Trust Board. A number of actions were set within the 2018 WRES Action Plan to address this issue. These actions are still ongoing as can be seen in section 17 of this report.

Section 17 of the WRES report gives progress on the 2018 WRES Action plan. It can be seen that a number of the actions set have been completed, some have become business as usual and a number of others are ongoing. Only one action has yet to be progressed.

At Section 9 of the WRES report you will see that we have identified a gap in providing reporting data for WRES Metric 4. This refers to the reporting of BAME staff accessing non-mandatory training. At the present time we do not have a mechanism for collecting this information and the subject is under review.

A Model Employer: Increasing black and minority ethnic representation at senior levels across Salisbury NHS Foundation Trust

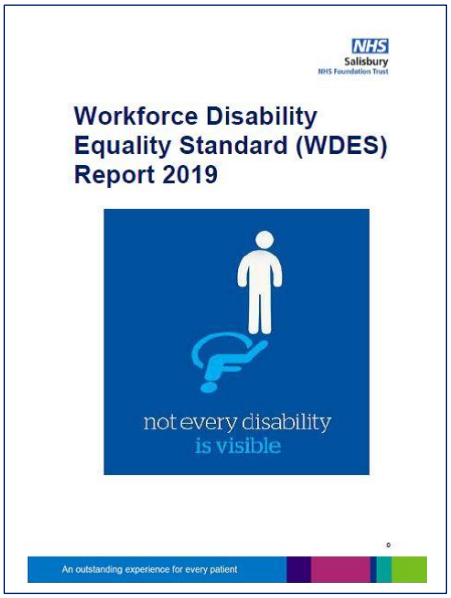
NHSI and NHSE have recently produced a document for each NHS Trust which includes details of implementing the NHS Workforce Race Equality Standard (WRES) leadership strategy.

This document identifies the data regarding the low numbers of BAME staff at Band 8 and above, which confirms the position outlined in our WRES Report 2019. NHSI and NHSE have calculated the number of BAME staff who need to be recruited to Band 8 and above roles to achieve equity by 2028. This is in line with the NHS Long Term Plan.

The document also includes some proposed actions to achieve the desired results. These actions will be considered and incorporated in future WRES action plans for Salisbury NHS Foundation Trust.

8. WDES (Workforce Disability Equality Standard)

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts from April 2019. The WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of Disabled staff in the NHS.



Our trust submitted data to the WDES website in August 2019 for the first time. This data will be analysed and compared with the data from other Trusts in January 2020.

We have written the Workforce Disability Equality Standard report for 2019 which has come to the following conclusions:

In collecting the data within the Trust we have identified that we do not have a true picture of people with a disability within our HR systems. Within those systems 82 people have identified as having a disability and 245 staff did not whether they had a disability or not. When we looked at the response to the NHS Staff Survey we see that 217 of our people identified as having some form of disability. This indicates that we need to encourage our people to provide accurate and up-to-date equality data.

Another area we have identified as need improvement was around reasonable adjustments. The Trust does not currently have a specific reasonable adjustments policy as indicated in Section 13 of this report. We do not have a central register of reasonable adjustments or any dedicated core funding, as these are dealt with between the local managers and the individual. There also appears to be some lack of understanding of what a “reasonable adjustment” is.

As we have no central record we are unable to evidence the efficiency of our process. Anecdotally we hear that the time frame for reasonable adjustments being put in place can be quite extended, especially if this involves extra funding being required. There is clearly a need to review the reasonable adjustments process.

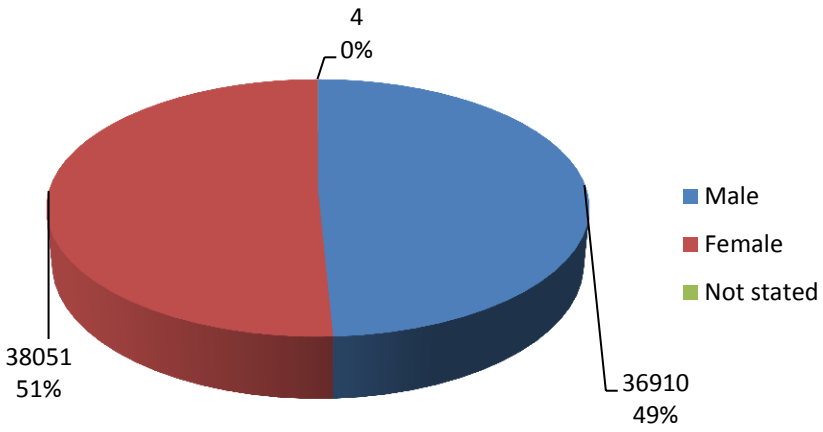
At the present time we do not have an effective staff disability network. We do have a number of Disability Diversity champions and the number is increasing.

Of those who completed the staff survey questions 70% of disabled staff stated that they “pressure from their manager to come to work, despite not feeling well enough to perform their duties”.

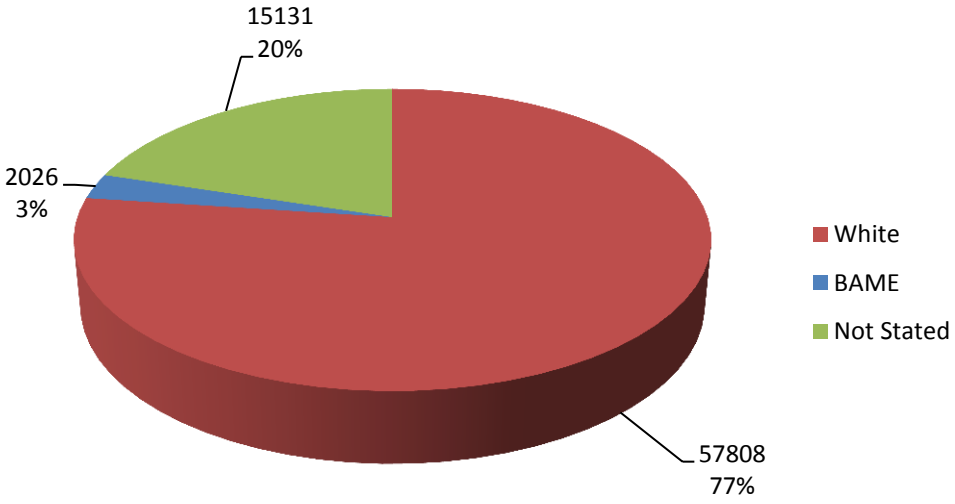
9. Our Patients

During the financial year 2018/19 Salisbury NHS Foundation trust saw 74,965 patients.

Gender



Ethnicity



The estimated BAME population within the Salisbury area is 4.5%.

Sexual orientation

A patient's sexual orientation is not a field that is recorded within LORENZO

This is a field that can be recorded within the GUM system Lillie; however this only covers those patients that attend a GUM Clinic

Disability

This information is currently not available.

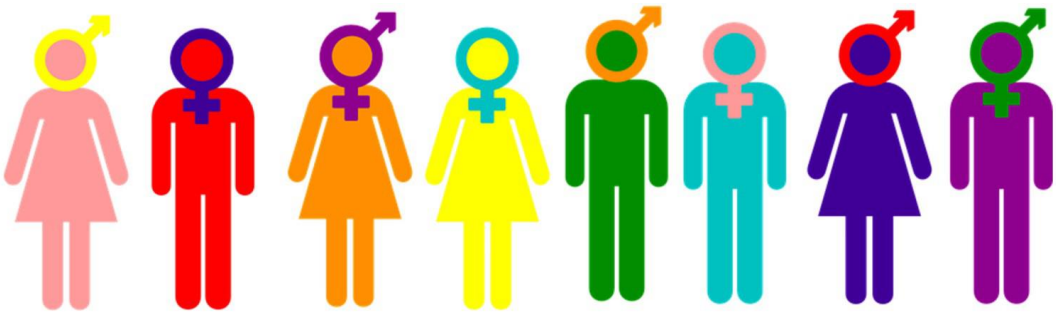
10. Equality Analysis/Monitoring

All Trust policies require the completion of an Equality Impact Assessment as part of the development and review process. This assessment is designed to identify any adverse impact of the policy on people with protected characteristics.

At this time the Equality Impact Assessment process is only being implemented within the policy development process. A review is underway to look at the possibility of implementing the process across the decision making process and other areas of the Trust.

Equality Monitoring

At the present time the Trust does not have a central Equality Monitoring policy to ensure standardised equality data is collected across the organisation. The Head of Diversity and Inclusion is working with the information governance team to develop an appropriate Equality Monitoring policy.



11. Future influencing factors

The following initiatives will have an effect and influence our approach to ED&I over the coming months:

- The NHS Long Term Plan
- Annual contribution to the WRES and WDES programmes
- Annual reporting against the Gender Pay Gap programme.
- The NHS Workforce Race Equality Standard (WRES) leadership strategy.
- The Learning Disability programme
- The Sexual Orientation Monitoring programme
- Equality Delivery system three.
- The Ethnicity Pay Gap Reporting
- Organisational Development cultural review
- Brexit

12. Conclusions

The Trust Equality Report 2019 covers the progress made on our equality journey over the past twelve months. The report also contains references to a number of other reports which the Trust is required to produce each year:

- The Gender Pay Gap Report 2019
- The Workforce Race Equality Standard Report 2019
- The Workforce Disability Equality Standard Report 2019

These reports provide a detailed analysis of the data supplied by the Trust to the national programs.

The report details a number of future influencing factors which will have an effect of the Trusts approach to equality, diversity and inclusion over the next twelve months.

In Section 9 of this report it will be noted that the Trust does not currently record the Sexual Orientation of its patients. This is partly due to the fact that the Trust did not implement the national voluntary Sexual Monitoring Programme. This is currently being reviewed on a national basis. Our Trust will be considering this within the review of the Equality Monitoring Policy.

It is acknowledged that a lot of equality, diversity and inclusion work is taking place across all directorates within the Trust. We do not always recognise some of this as EDI related and we need to identify ways of capturing this good work in future Equality Reports.

13. Recommendations

Salisbury NHS Foundation Trust should take the following action to continue our equality, diversity and inclusion journey.

- The EDI Committee should consider this report together with the Gender Pay Gap, WRES and WDES reports to create a SMART equality action plan in line with the NHS Long Term Plan.
- The Head of Diversity and Inclusion together with the EDI Committee should review and update the Equality Policy which is due for review in February 2020.
- The Head of Diversity and Inclusion to work with Information governance to develop an Equality Monitoring Policy to ensure that a standard set of equality data is recorded across all directorates in the Trust.
- The EDI Committee to develop a mechanism for identifying and collecting EDI related work across all directorates.

14. Author and Sponsor

Author: Rex Webb, Head of Diversity and Inclusion
Rex.webb@nhs.net

Sponsor: Director of OD and People

NHS
Salisbury
NHS Foundation Trust

Workforce Race Equality Standard (WRES) Report 2019

1. History of the Workforce Race Equality Standard

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS from April 2015, following sustained engagement and consultation with key stakeholders including a widespread of NHS organisations across England. The WRES is included in the NHS standard contract, and since July 2015, NHS trusts have been producing and publishing their WRES data on an annual basis.

The main purpose of the WRES is:

- to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BME) staff, and,
- to improve BME representation at the Board level of the organisation.

Commissioned by the NHS Equality and Diversity Council (EDC) and NHS England, the design and development of the WRES is underpinned by engagement with, and contributions from, the NHS and national healthcare organisations, including the WRES Strategic Advisory Group.

The WRES is being implemented as the best means of helping the NHS as a whole to improve its performance on workforce race equality. There is considerable evidence that the less favourable treatment of BME staff in the NHS, through poor treatment and opportunities, has a significant impact on staff well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.

2. WRES Reporting metrics

Workforce indicators

For each of these four workforce Indicators, compare the data for white and BME staff

1. Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:
    - Non-Clinical staff
    - Clinical staff - of which
    - Non-Medical staff
    - Medical and Dental staff

Note: Definitions are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.

2. Relative likelihood of staff being appointed from shortlisting across all posts

Note: This refers to both external and internal posts

3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Note: This indicator will be based on data from a two year rolling average of the current year and the previous year. For consistency, organisations should use the same methodology as the have always used.

4. Relative likelihood of staff accessing non-mandatory training and CPD

National NHS Staff Survey indicators (or equivalent)

For each of the four staff survey indicators, compare the outcomes of the responses for white and BME staff

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

6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

7. Percentage believing that trust provides equal opportunities for career progression or promotion

8. In the last 12 months have you personally experienced discrimination at work from any of the following?
    - Manager/team leader
    - other colleagues

Board representation indicator

For this indicator, compare the difference for white and BME staff

9. Percentage difference between the organisations' Board membership and its overall workforce disaggregated:
    - By voting membership of the Board
    - By executive membership of the Board

Note: This is an amended version of the previous definition of Indicator 9

3. Definition of Ethnicity used by WRES

The definitions of "black and minority ethnic" and "white" used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and are as used in NHS Digital data. At the time of publication of this guidance, these definitions were based upon the 2001 ONS Census categories for ethnicity.

Ethnic Categories 2001

A – White –British
B – White –Irish
C – Any other white background
D – Mixed white and black Caribbean
E – Mixed white and black African
F – Mixed white and Asian
G – Any other mixed background
H – Asian or Asian British –Indian
J – Asian or Asian British –Pakistani
K – Asian or Asian British – Bangladeshi
L – Any other Asian background
M – Black or black British –Caribbean
N – Black or black British –African
P – Any other black background
R – Chinese
S – Any other ethnic group
Z – not stated

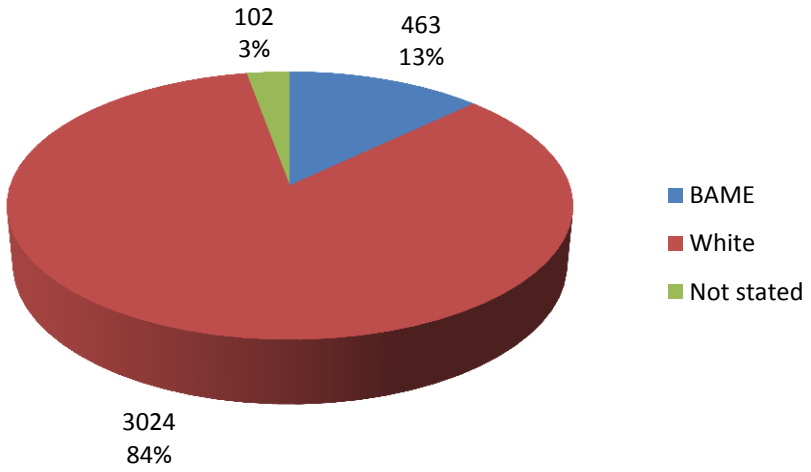
4. Our WRES report 2019

Our Workforce Race Equality Standard Report for 2019 contains a number of elements:

- The specific information published on the government website for the snapshot date of 31st March 2019
- An analysis of the specific information supplied.
- A comparison with our 2018 data.
- An update on progress on our 2018 WRES Action Plan.
- Recommendation as to future action to support our people who identify with a disability within the workforce.

5. Specific Information 31st March 2019

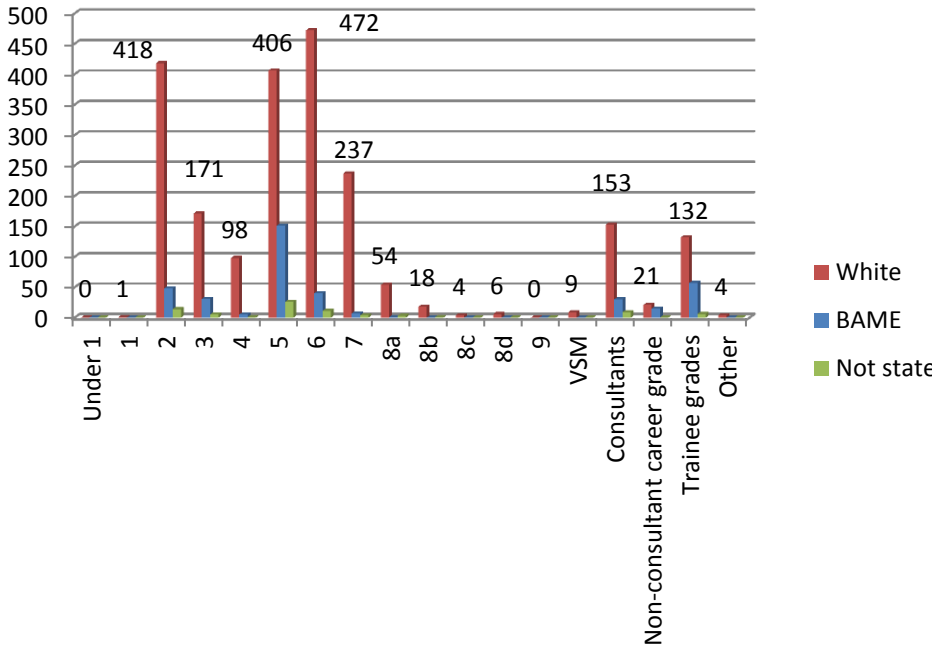
The Trust collected our data on the 31st March 2019 when our workforce consisted of 463 staff who identified as Black, Asian or Minority Ethnic; 3024 staff who identified as White and 102 staff who did not state their ethnicity.



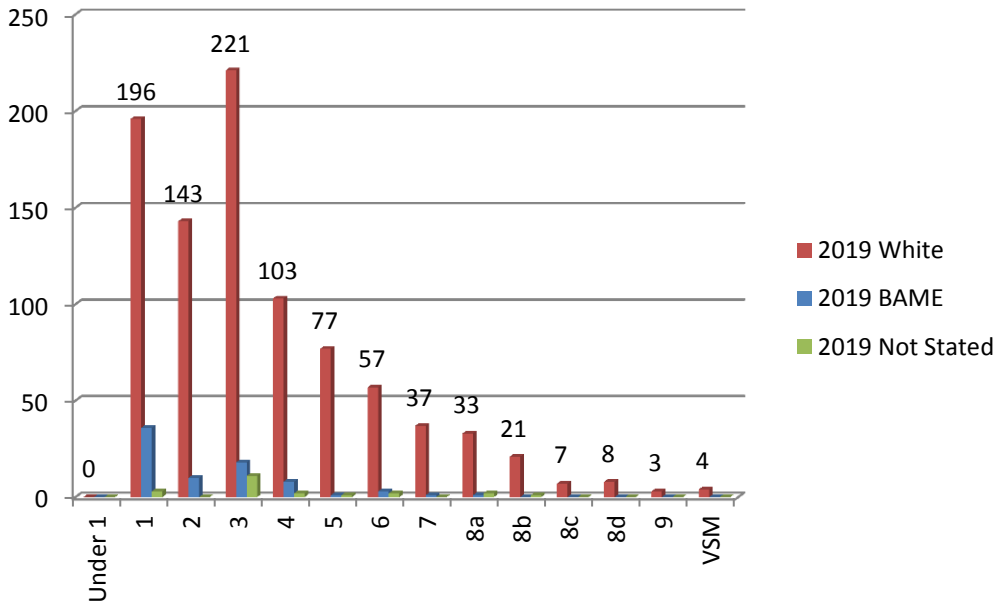
6. Metric 1: Numbers of staff in each pay band

The following graphs show the actual number of staff who identify as BAME, White or Not-Stated in each of the pay bands. This has been broken down to identify Clinical and non-Clinical roles.

Clinical:



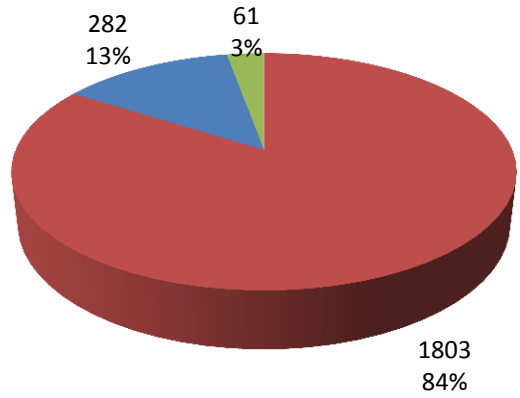
Non-clinical:

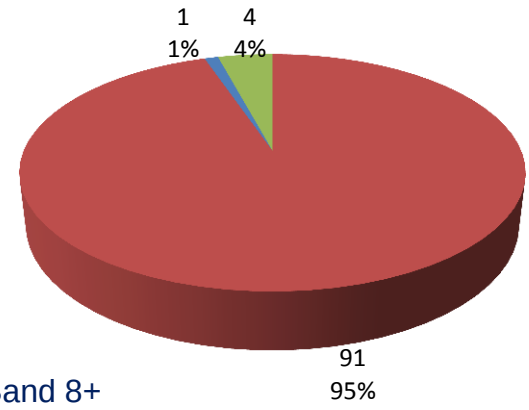


The following pie charts show the % of BAME staff compared with White staff in bands 1 to 7; 8+ and Medical and Dental grades. We have split this down to show clinical and non-clinical staff.

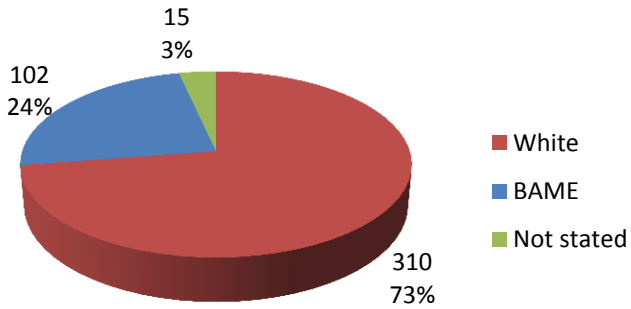
Clinical:

Bands 1-7





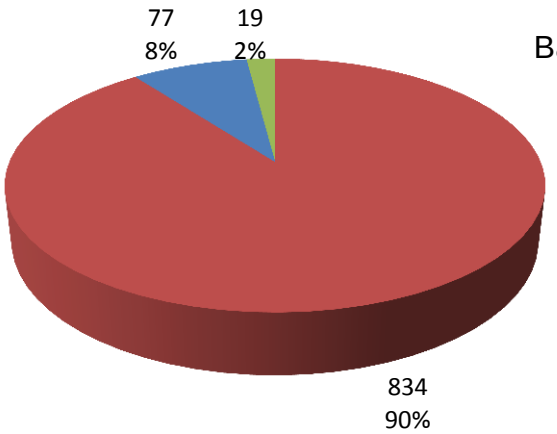
Band 8+



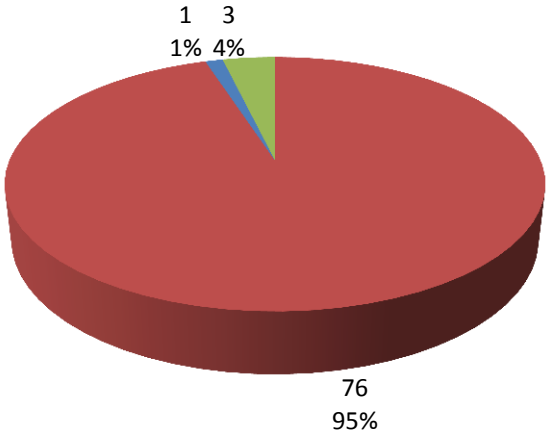
Medical and Dental

Non-Clinical:

Band 1-7



Band 8+

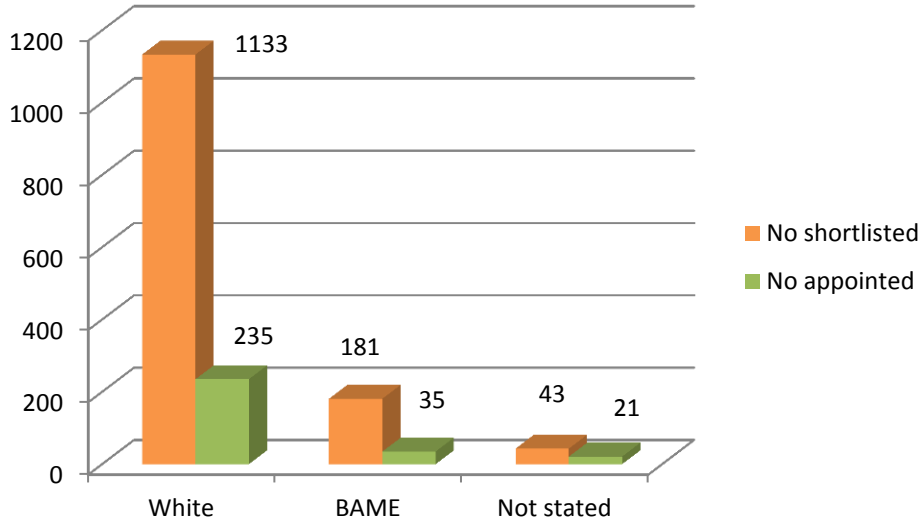


7. Metric 2: Appointed from shortlisting

Relative likelihood of staff being appointed from shortlisting across all posts
Note: This refers to both external and internal posts.

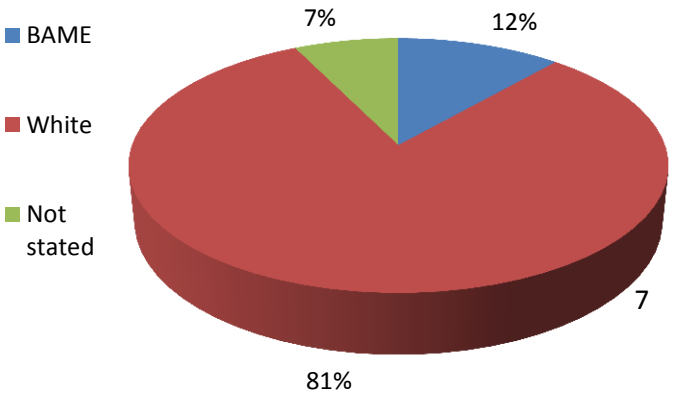
During the financial year 2018/19 the Trust shortlisted a total of 1,357 people. Of these 287 were appointed to posts, this represents 21% of those who were shortlisted.

The following graph shows a breakdown of those shortlisted and appointed by their ethnicity.



You will note that 20.5% of white staff shortlisted were appointed to posts, this compares to 18% of staff who identified as BAME. White staff are 1.13 times more likely to be appointed to posts.

81% of those appointed identified as white, 12% identified as BAME and 7% did not state ethnicity.

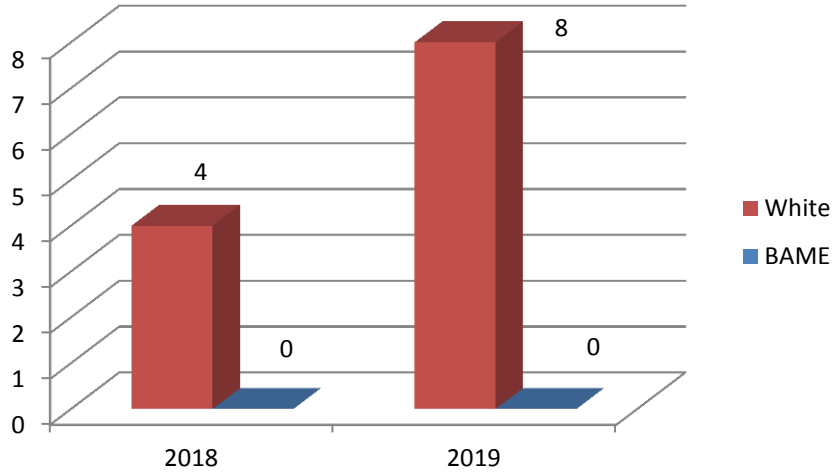


8. Metric 3: Likelihood of entering disciplinary process

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

Note: This indicator will be based on data from a two year rolling average of the current year and the previous year. For consistency, organisations should use the same methodology as the have always used.

The figures of people entering the formal disciplinary process for our Trust are very low.



You will see from the above graph that none of our BAME staff entered the formal disciplinary process in the last two years.

9. Metric 4: Likelihood of accessing training

Relative likelihood of staff accessing non-mandatory training and CPD.

At the present time our Trust does not have a facility for collecting this information. Attendance at Mandatory training sessions is recorded on MLE, however we do not at the moment record attendance at non-mandatory training sessions. Therefore we have not reported this figure within this or previous WRES returns.

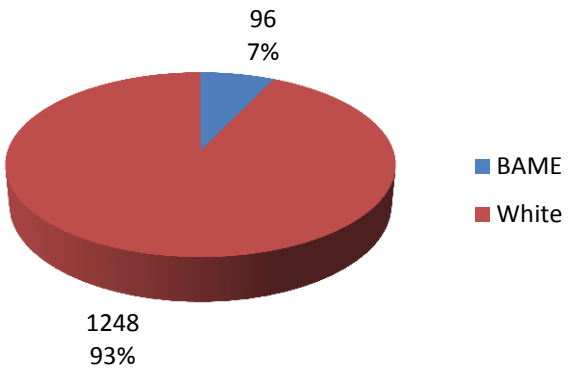
10. NHS Staff Survey responses

The following four metrics (5,6,7 and 8) responses have been taken from the NHS Staff Survey

1344 Salisbury NHS Foundation Trust people took part in the survey, this represents 36% of the total workforce. Of these 96 identified as BAME this is 7% of those who responded to the survey.

As mentioned earlier 463 of our people identified as BAME, this relates to 13% of our total workforce. 21% of BAME staff members completed the staff survey, this compares to 35% of the total workforce who identified as white who responded to the survey (1248 people).

Staff who completed NHS staff survey



11. Metric 5: Experiencing Bullying and Harassment

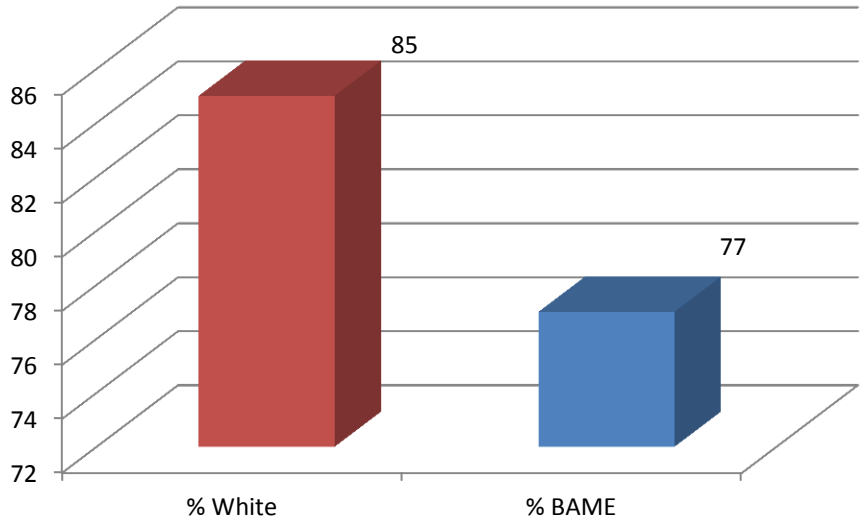
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

12. Metric 6: Experiencing Bullying and Harassment

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

13. Metric 7: Equal Opportunities

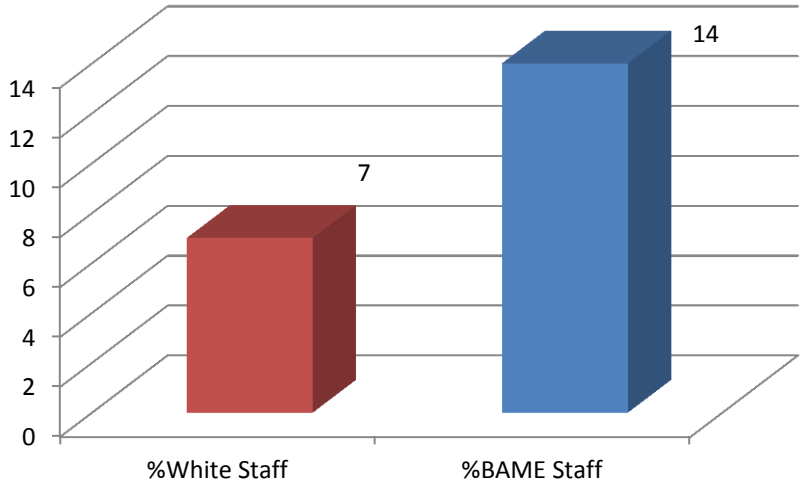
Percentage believing that trust provides equal opportunities for career progression or promotion.



14. Metric 8: Discrimination at work

In the last 12 months have you personally experienced discrimination at work from any of the following?

- Manager/team leader
- other colleagues

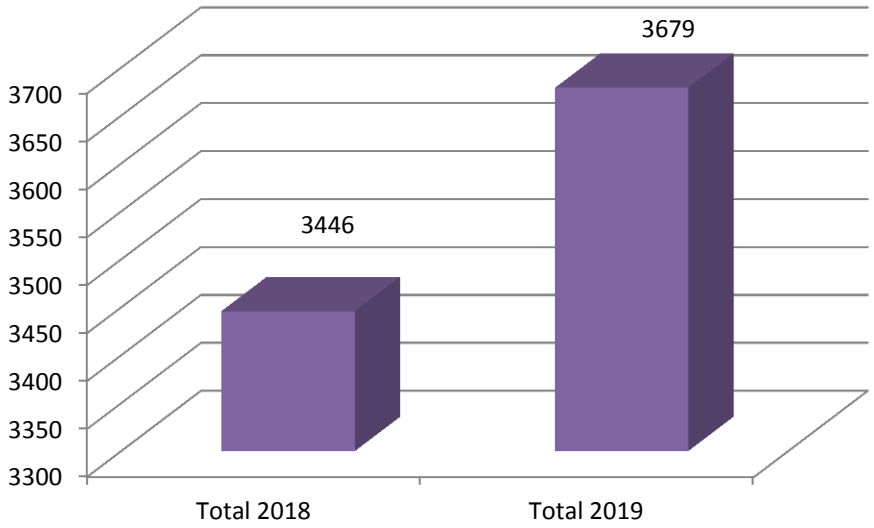


15. Metric 9: Board representation indicator.

Although 13% of the workforce identifies as BAME, none of our current Trust Board members are from a BAME background.

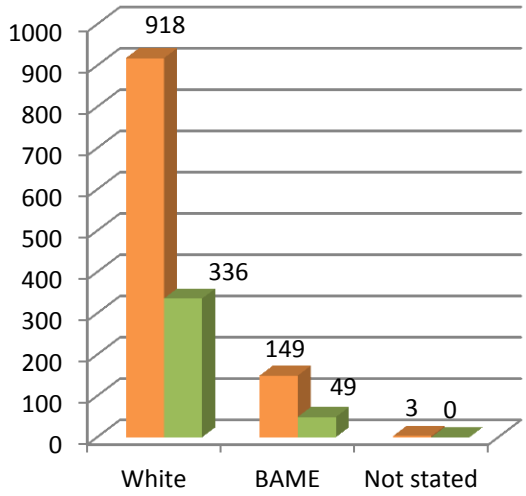
16. Comparison with 2018 WRES data

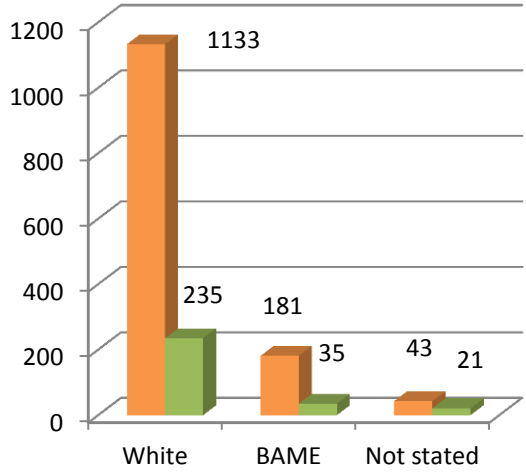
The number of staff employed by the Trust in 2019 had increased by 7% on the 2018 figure.



In 2018 11% of our workforce identified as BAME, this has risen by 2% in 2019 to account for 13% of the workforce.

The following graphs illustrate that in 2019 there was an increase in the number of people shortlisted and a reduction in the number of people appointed to posts. Orange indicates shortlisted candidates and green appointed.





When we look at the other WRES metrics there are no significant differences between the 2018 and 2019 figures.

17. Progress against 2018 WRES Action Plan

Action	Progress to date
Re-establish and develop the REACH (BAME) Staff Network.	The BAME Forum was re-established in January 2019. Since that date the Forum has • reviewed its Terms of Reference • adopted a new logo • created its own "What's App" Group • Developed a number of events for Black History month – October 2019. The forum now meets on a monthly basis and has begun to engage and support our recently recruited overseas nurses.
Identify BAME Diversity Champions.	A number of BAME Diversity Champions have been identified and they are assisting the development of the BAME Forum.
Identify a Lead Champion to facilitate the network and represent it at the next and subsequent EDI Committee Meetings	A BAME champion has been nominated to represent the BAME Forum on the re-established EDI Committee.
Secure agreement from Trust Board and Managers of the time staff can contribute to staff network activity.	This action forms part of a wider review of the role of champions, allies and ambassadors across the Trust.
Discuss the WRES Action Plan with Staff Side Organisations to engage them in the WRES process.	A copy of the WRES action Plan was circulated to members of the BAME Forum in January 2019. They have been assisting in completing the actions. The Forum will consider this report at a future meeting. The report will also be shared with staff side organisations once approved by the Board

Arrange a meeting of the Equality, Diversity and Inclusion steering group.	The steering group has been reformed as the Trust EDI Committee. It was re-launched with a workshop and committee meeting in July 2019. Arrangements are in hand to organise regular meetings of the Committee which is chaired by one of our Non-Executive Directors.
Work with NHS Leadership Academy to identify appropriate mentoring and coaching initiatives for BAME staff.	This is an ongoing action and has become business as usual. We have offered Trust BAME staff the opportunity to sign up to the Leadership Academy's Stepping Up programme. We are aware a number of staff members have shown an interest in this.
Ensure that all staff have a clear understanding of the bullying and harassment process and procedures. Also ensure staff receive support when they raise issues.	This is an ongoing action. It is linked to the development of the Freedom To Speak Up programme across the Trust. In January 2019 we appointed a full time FTSU Guardian and during the year the Head of Diversity and Inclusion has qualified as a Guardian.
Develop appropriate Equality, Diversity & Inclusion Training for our people linked to the TRUST values. Include reference to the WRES process and action plan.	All staff are required to complete a mandatory EDI on-line package when the join the Trust. We have also introduced a face-to-face session on day one of their induction. This introduces EDI and the Freedom to Speak Up programme to all new starters. We have also developed a face-to-face EDI/FTSU training session for all staff. These take place once a quarter and are open to all staff/volunteers across the Trust. In September 2019 all of the Trust Board completed this training session.
Develop a communications plan to publicise the WRES process and action plan. Ensuring that positive benefits are emphasised.	This is an ongoing action as we have started with the BAME Forum. This current WRES report will be made available to a wider audience.

Explore the feasibility of having an "open seat" at the Trust Board for a representative from the REACH (BAME) staff Network.	No progress made to date.
Identify the equality data of the Trust Governors to identify evidence of diversity. Explore possibility of recruiting governors from particular ethnic community groups, not just on a geographical basis.	This is an ongoing action. We have run EDI awareness sessions for Governors in the past year and are identifying further opportunities to progress this action.
Consider and Develop a reverse mentoring programme for the Trust Board members and Senior management.	We are seeking volunteers from our BAME Forum to take part in a pilot reverse mentoring programme with members of the Trust Board. A methodology is being developed with the aim of running a programme within the coming months.

18. Conclusion

In the past year there has been a rise in the number of BAME staff employed within the Trust. The current figure of 13% of the workforce is significantly higher than the local demographics within the Salisbury area. The latest estimate for the Salisbury area is that 4.7% of the population identify as BAME.

The Trust recruitment of BAME and overseas staff has an influence on the demographics of the area. There is a responsibility on the Trust to work with local communities and partners to ensure our BAME staff are able to integrate and be supported within the local community.

Despite the increase in numbers of BAME employees our WRES data has not changed drastically over the past year compared to 2017/18.

The data shows that we still have fewer BAME staff in Band 8 posts and above, both clinical and non-clinical. The exception is within the Medical and Dental grades.

In Section 15 of this report (WRES Metric 9) we acknowledge that we have no BAME representation on the Trust Board. A number of actions were set within the 2018 WRES Action Plan to address this issue. These actions are still ongoing as can be seen in section 17 of this report.

Section 17 gives progress on the 2018 WRES Action plan. It can be seen that a number of the actions set have been completed, some have become business as usual and a number of others are ongoing. Only one action has yet to be progressed.

At Section 9 of this report you will see that we have identified a gap in providing reporting data for WRES Metric 4. This refers to the reporting of BAME staff accessing non-mandatory training. At the present time we do not have a mechanism for collecting this information and the subject is under review.

19. Recommendations

Salisbury NHS Foundation Trust should take the following action to support our BAME people to ensure they have an equal opportunity to progress within the workforce:

- Continue to progress the outstanding actions from the 2018 WRES Action Plan.
- Prepare an updated relevant WRES Action Plan for the coming year.
- Facilitate and develop the BAME Forum together with the other evolving staff networks.
- Encourage our BAME people to complete the NHS Staff Survey.
- Work with our local communities and partners in the voluntary, public and private sector to ensure people from BAME communities are supported within the wider community.
- Encourage our people to provide up-to-date, relevant and accurate equality data through our ESR self-reporting process. Ensuring they understand the benefits for doing so.
- Review and develop an appropriate mechanism to collect data regarding who takes up non-mandatory training within the Trust. This will allow the Trust to report on WRES Metric 4 on 31st March 2020.

14. Author and Sponsor

Author: Rex Webb, Head of Diversity and Inclusion
Rex.webb@nhs.net

Sponsor: Director of OD and People

NHS
Salisbury
NHS Foundation Trust

Workforce Disability Equality Standard (WDES) Report 2019

1. History of the Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts from April 2019. The WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of Disabled staff in the NHS.

2. WDES Reporting metrics

The WDES comprises ten Metrics. All of the Metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, HR data) with the exception of one; Metric 9b asks for narrative evidence of actions taken, to be written into the WDES annual report.

The Metrics have been developed to capture information relating to the experience of Disabled staff in the NHS. Research has shown that Disabled staff have poorer experiences in areas such as bullying and harassment and attending work when feeling ill, when compared to non-disabled staff. The ten Metrics have been informed by research by Middlesex and Bedford Universities, conducted on behalf of NHS England, and by Disability Rights UK on behalf of NHS Employers. The annual collection of the WDES Metrics will allow NHS Trusts and Foundation Trusts to better understand and improve the employment experiences of Disabled staff in the NHS.

The WDES Metrics have been designed to be as simple and straightforward as possible. The development of the WDES owes a great deal to the consultation and engagement with NHS key stakeholders, including Disabled staff, trade unions and senior leaders.

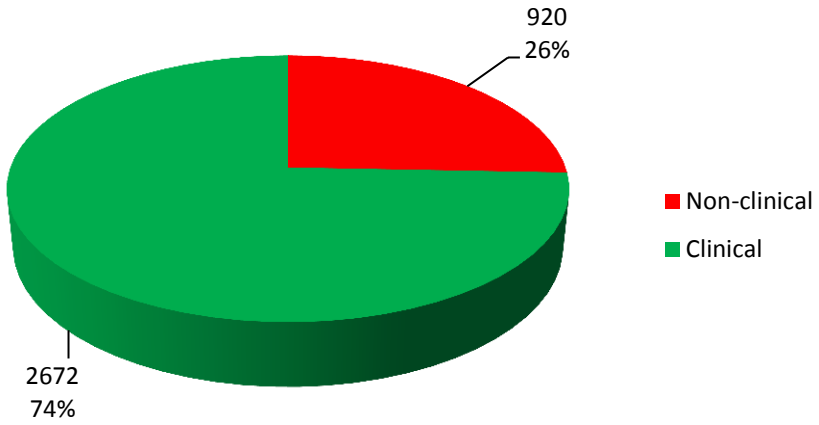
3. Our WDES report 2019

Our Workforce Disability Equality Report for 2019 contains a number of elements:

- The specific information published on the government website for the snapshot date of 31st March 2019
- An analysis of the specific information supplied, as this is the first year of reporting.
- At the present time we are unable to compare ourselves against similar Trusts as the details have not yet been published.
- Recommendation as to future action to support our people who identify with a disability within the workforce.

4. Specific Information 31st March 2019

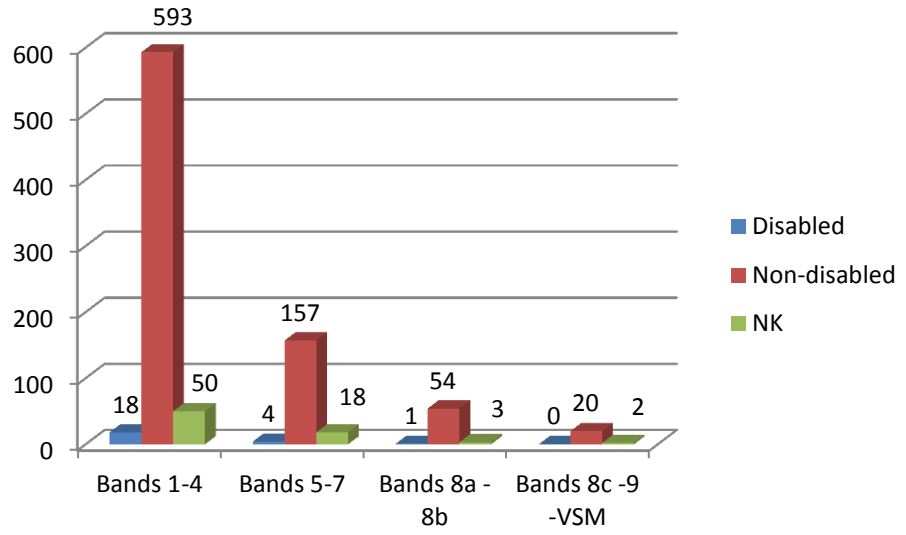
The Trust collected our data on the 31st March 2019 when our workforce consisted of 920 non-clinical staff and 2672 clinical staff.



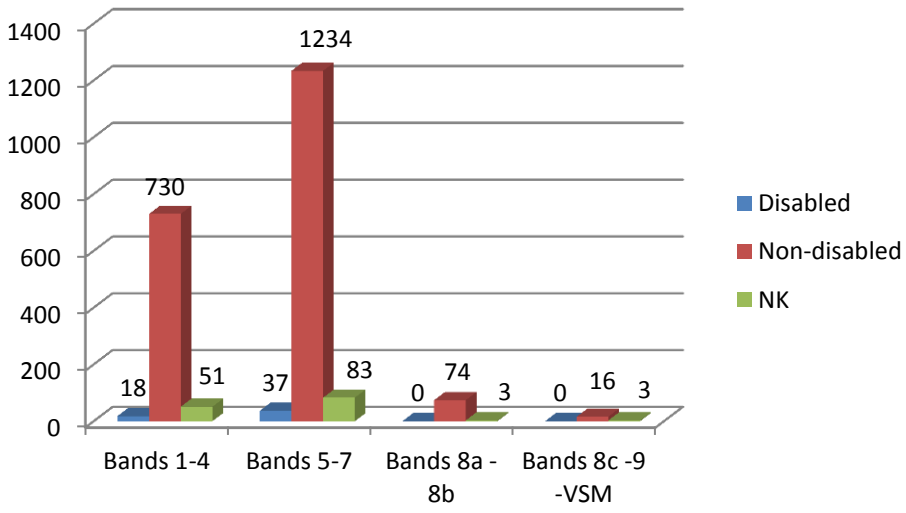
5. Metric 1

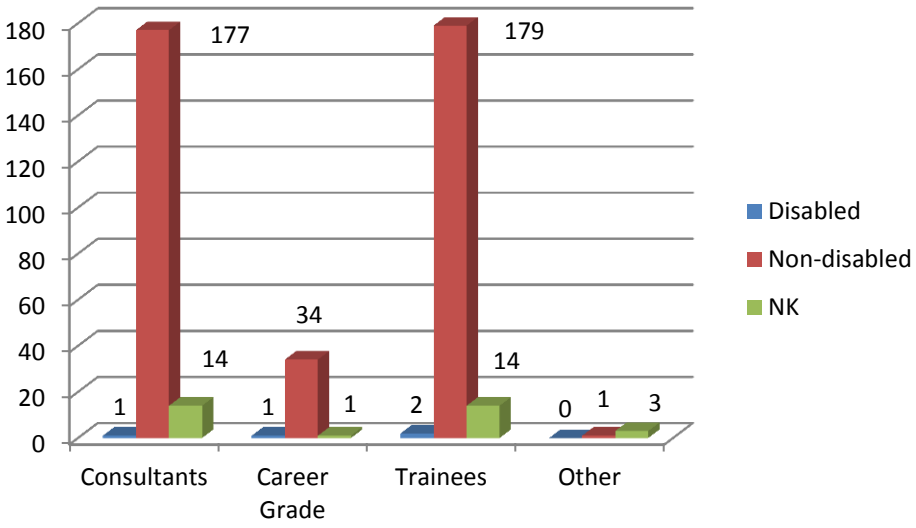
Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. (Organisations should undertake this calculation separately for non-clinical and for clinical staff.)

Non-clinical:



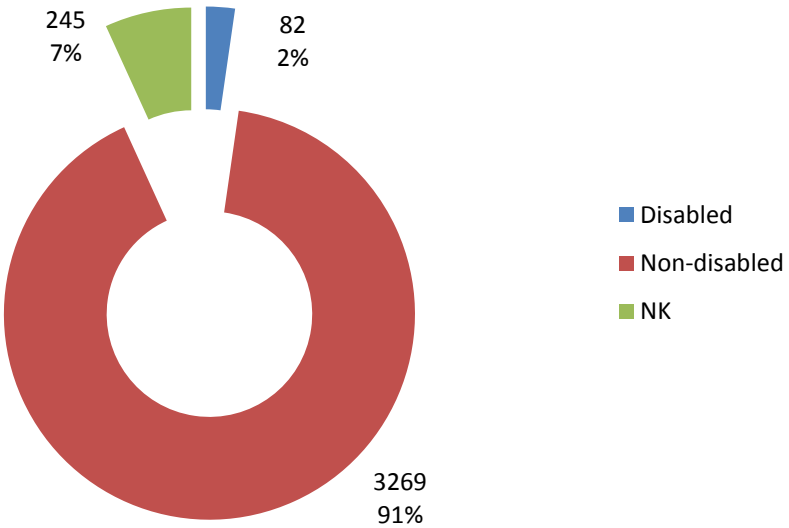
Clinical:





Overall workforce:

When we look at the overall workforce we see that 2% of our people have identified with a disability, 91% as non-disabled and 7% have preferred not to say.



Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.

6. Metric 2

Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.

Two additional questions were asked in this section:

1. Has your organisation signed up to the Disability Confident Scheme?
2. Does your organisation use a Guaranteed Interview Scheme?

Response to these questions:

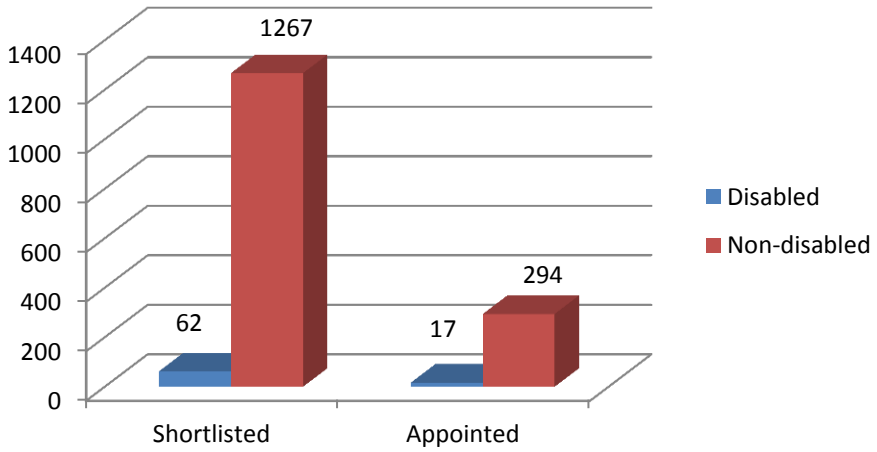
1. Salisbury NHS Foundation trust has signed up to the Disability Confident Scheme. This accreditation expires in October 2019.

2. Salisbury NHS Foundation trust does operate a Guaranteed Interview Scheme.

As our organisation implements the guaranteed interview scheme matrix 2 includes the following endorsement:

"If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations."

Number of shortlisted and appointed applicants:

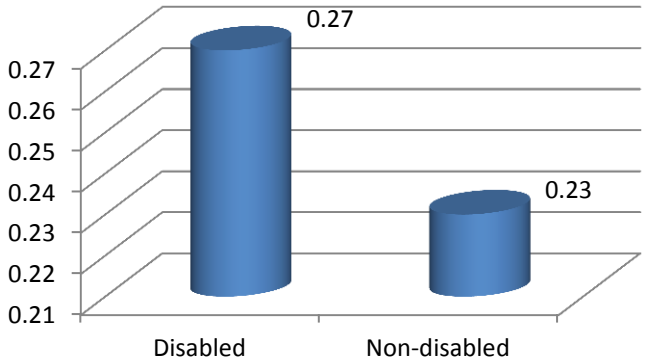


A total of 1329 people were shortlisted for positions within the Trust. Of these 311 were appointed to posts, this equates to 23.4% of those who were shortlisted.

Of those shortlisted 62 people identified as having a disability. 17 people with disabilities were appointed, this equates to 27.4% of shortlisted candidates with a disability.

1267 of those shortlisted identified as having no disability. Of these 294 were appointed to posts, this equates to 23% of those shortlisted.

Relative likelihood of being appointed:



7. Metric 3

Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

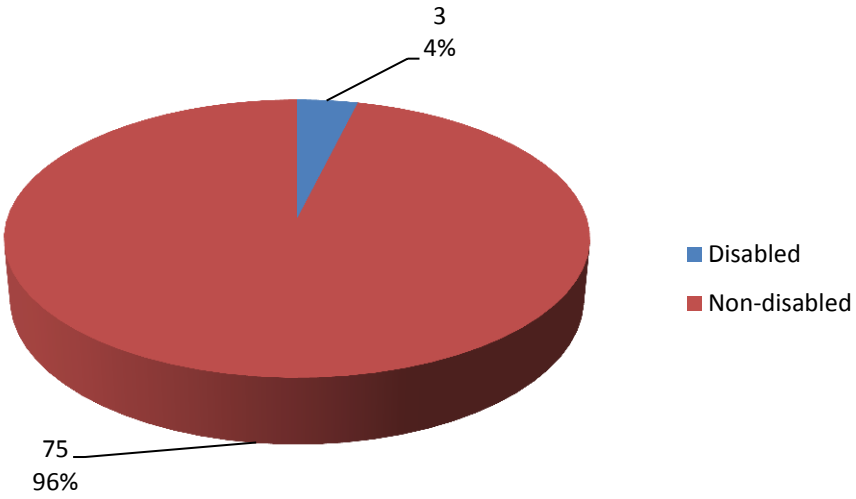
i) This Metric will be based on data from a two-year rolling average of the current year and the previous year.
ii) This Metric is voluntary in year one.

Although this section is voluntary Salisbury NHS Foundation Trust chose to submit data this year. There was one extra question included:

- Is capability on the grounds of ill health and capability on the grounds of performance managed by different policies in your organisation?

Our response to this section was that we have different policies to deal with each.

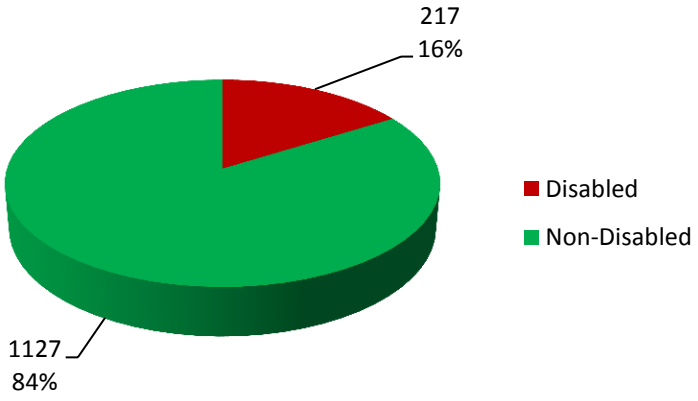
Staff entering the formal capability process:



At the present time our record show 82 people who have identified as having disabilities with the workforce. Using this figure to calculate the relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff it shows that Disabled staff are 1.57 times more likely than Non-Disabled staff.

8. National NHS Staff Survey Metrics

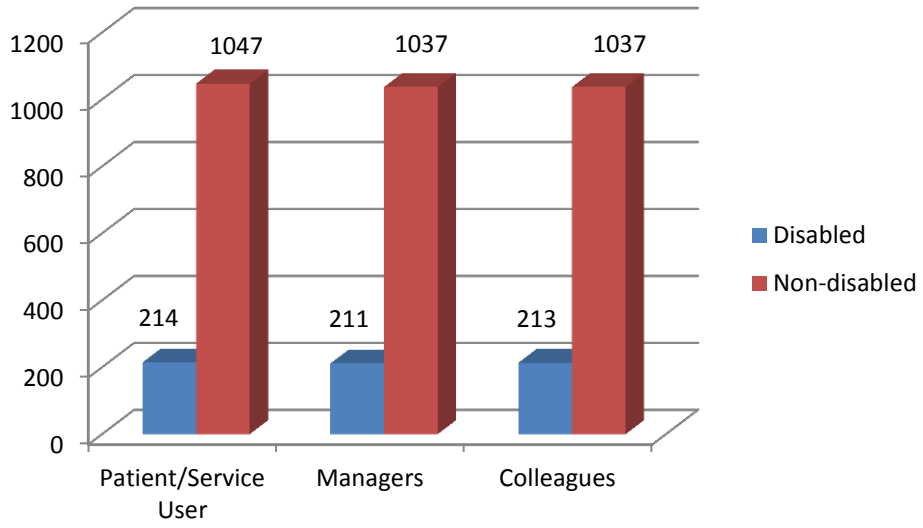
The following Metric's have used information from the National NHS Staff survey. A total of 1344 members of Salisbury NHS Foundation trust staff took part in the Survey, this equates to 37% of the total workforce. Of those who responded to the survey 217 stated that they had a disability, this equates to 6% of the total workforce.



9. Metric 4 – Staff Survey Question 13

a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:
i. Patients/service users, their relatives or other members of the public
ii. Managers
iii. Other colleagues

Staff experiencing harassment, bullying or abuse from:



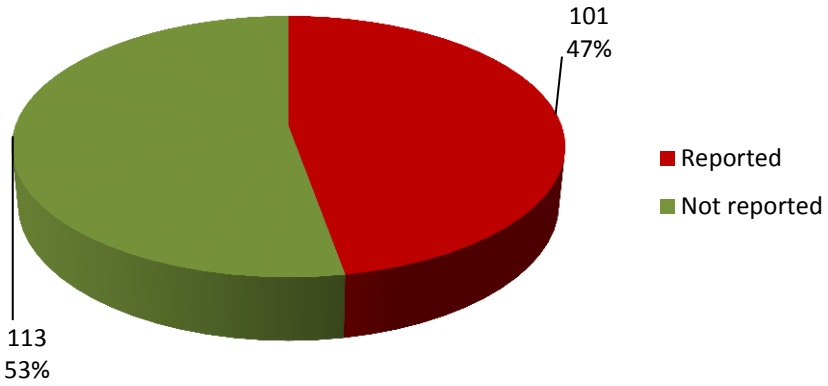
You will see that a total of 217 of our people stated in the Staff Survey that they had a disability compared to only 82 in our HR records. Therefore it is difficult to calculate the exact percentage of staff who have experienced harassment, bullying or abuse. The above graph shows the breakdown on responses from the staff survey.

Of the 217 respondents 98% said they had experienced harassment, bullying or abuse from patients/service users, 97% from managers and 98% from colleagues.

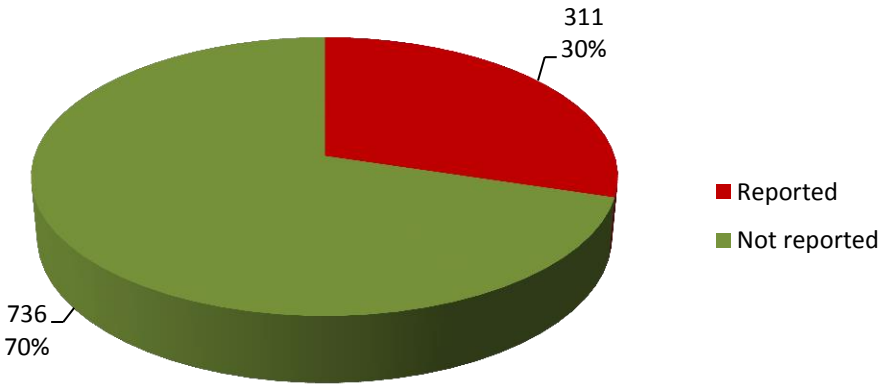
Of the 1127 non-disabled staff who responded, an average of 77% stated that they had experienced harassment, bullying or abuse from patients, service users, mangers and colleagues.

b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

Disabled:



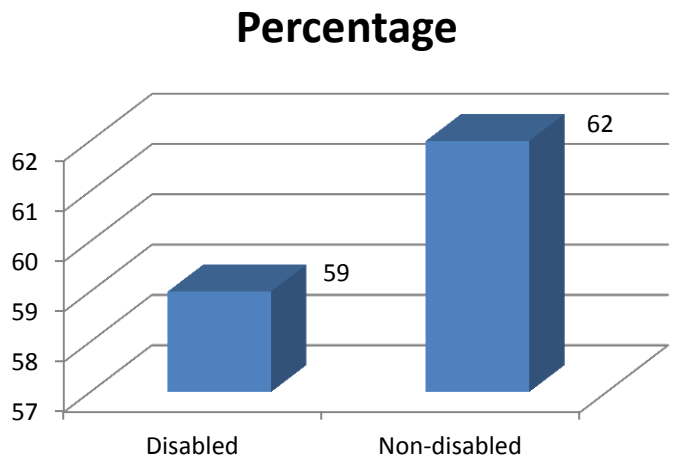
Non-disabled:



The above graphs would indicate that staff who identify as having a disability are more likely to report incidents of harassment, bullying or abuse than non-disabled staff.

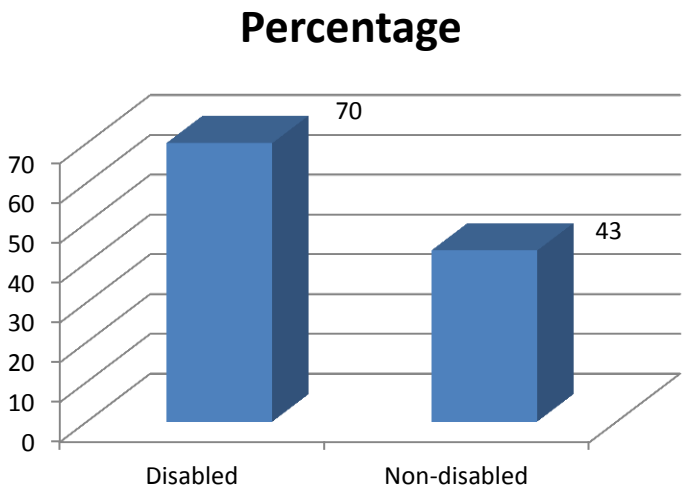
10. Metric 5 – Staff Survey question 14

Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.



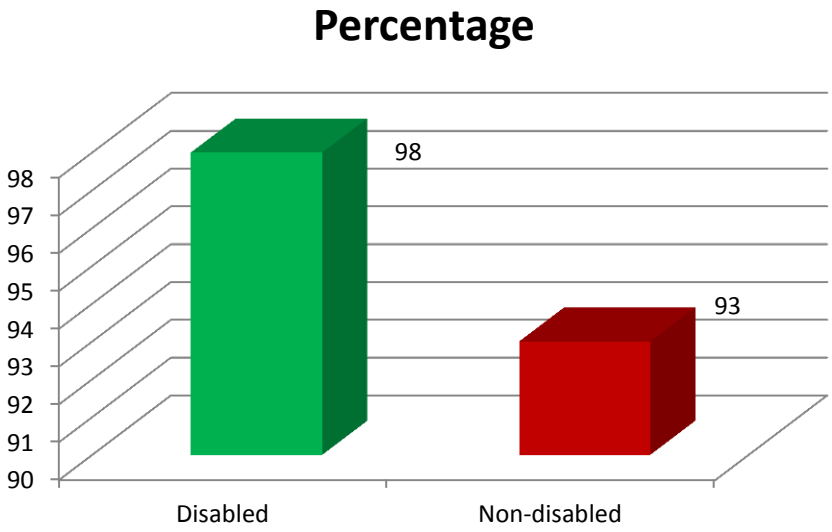
11. Metric 6 – Staff survey question 11

Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



12. Metric 7 – Staff survey question 5

Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.



There was an additional question asked in this section:

- Does your organisation provide any targeted actions to increase the workplace satisfaction of Disabled staff?

At the present time we have answered NO to this question.

13. Metric 8 – Staff survey question 28b

Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

This NHS Staff Survey Metric only includes the responses of Disabled staff.

There were a number of additional questions asked:

- Does your organisation have a reasonable adjustments policy?
- Are costs of reasonable adjustments met through centralised or local budgets?
- Has your organisation taken action to improve the reasonable adjustments process?

- **Staff Survey response:**

54%

Of the 217 disabled staff who responded to the NHS Staff Survey 117 (54%) stated that the trust had made adequate adjustment(s) to enable them to carry out their work.

In response to the additional questions we reported that we do not have a specific policy referring to reasonable adjustments. However, our process is included in the "Employment of People with Disabilities Policy" which is linked to the "Attendance Management Policy"

At the present time we do not have a central register of reasonable adjustments. These are agreed between the individual and there line manager, who keeps the record of adjustments.

Cost of adjustments are met at a local department level.

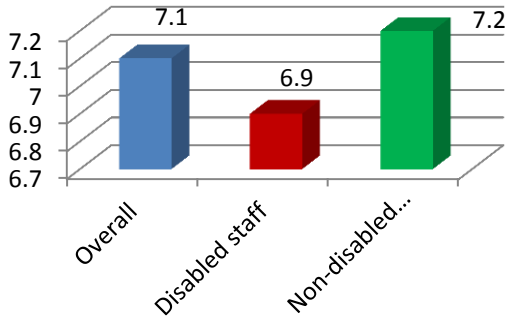
At the present time the reasonable adjustment process is being reviewed.

14. Metric 9

a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

Staff Engagement Scores (NHS Staff Survey)



There was an additional question:

- Does your organisation have a Disabled Staff Network?

We reported that we do not yet have a Disables staff network but we have for a number of years had a number of dedicated Disability Diversity Champions. We are in the process of increasing their number and facilitating the development of a Staff Network within the next few months.

The Disability Diversity champions will also be linked to the newly formed EDI Committee which will be meeting on a regular basis.

15. Metric 10

Board representation Metric For this Metric, compare the difference for Disabled and non-disabled staff.

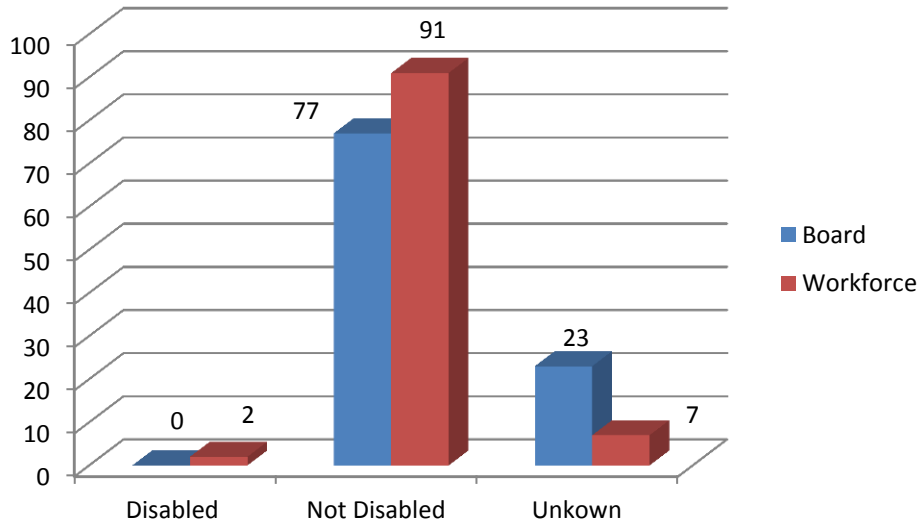
Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

• By voting membership of the Board.
• By Executive membership of the Board.

There was an additional question in this section:

- Does your Board have a champion for Disability Equality?

Percentage Board/Workforce:



At the present time none of our Trust Board identify as having a disability.

We are in the process of reviewing executive sponsor for the protected characteristic groups. This will include identifying a disability champion/sponsor on the Board.

16. Equality Act Definition of Disability

The definition is set out in section 6 of the Equality Act 2010. It says you're disabled if:

- you have a physical or mental impairment
- that impairment has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities

Some impairments are automatically treated as a disability. You'll be covered if you have:

- cancer, including skin growths that need removing before they become cancerous
- a visual impairment - this means you're certified as blind, severely sight impaired, sight impaired or partially sighted
- multiple sclerosis
- an HIV infection - even if you don't have any symptoms
- a severe, long-term disfigurement - for example severe facial scarring or a skin disease

These are covered in Schedule 1, Part 1 of the Equality Act 2010 and in Regulation 7 of the Equality Act 2010 (Disability) Regulations 2010.

Please note the definition is quite wide - for example, a person might be covered if they have a learning difficulty, dyslexia or autism.

17. Reasonable Adjustments – Sec.20 Equality Act 2010

Section 20 of the Equality Act 2010 creates a legal duty on employers which comprises the following three requirements.

1. The first requirement is a requirement, where a provision, criterion or practice of A's puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.

2. The second requirement is a requirement, where a physical feature puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to avoid the disadvantage.

3. The third requirement is a requirement, where a disabled person would, but for the provision of an auxiliary aid, be put at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps as it is reasonable to have to take to provide the auxiliary aid.

When must an employer make reasonable adjustments?

An employer must consider making reasonable adjustments, involving the disabled worker or successful job applicant in the discussion about what can be done to support them and the decision, if:

- it becomes aware of their disability
- it could reasonably be expected to know they have a disability
- the person asks for adjustments to be made
- the worker is having difficulty with any part of their job
- either the worker's sickness record, or their delay in returning to work, is linked to their disability.

What does reasonable mean?

What is reasonable will depend on the circumstances of each individual case. And it will depend on an assessment of factors including:

- Is the adjustment practical to make?
- Does the employer have the resources to pay for it?
- Will the adjustment be effective in overcoming or reducing the disadvantage in the workplace?

- Will the adjustment have an adverse impact on the health & safety of others?

The size of an employer can be a factor. An employment tribunal may expect more from a large organisation than a small one because it may have greater means. Also, whether the employer has access to other funding, such as the Government's Access to Work scheme, could be another factor. The employer is responsible for paying the cost.

An employer is not required to change the basic nature of a job. And if there are times when suggested adjustments are unreasonable, an employer could lawfully refuse to make them.

18. Conclusion

This is the first year that the Workforce Disability Equality Standard has operated and therefore there are not yet any comparisons with previous years. It is estimated that the national WDES data will be published in January 2020.

In collecting the data within the Trust we have identified that we do not have a true picture of people with a disability within our HR systems. Within those systems 82 people have identified as having a disability and 245 staff did not whether they had a disability or not. When we looked at the response to the NHS Staff Survey we see that 217 of our people identified as having some form of disability. This indicates that we need to encourage our people to provide accurate and up-to-date equality data.

Another area we have identified as need improvement was around reasonable adjustments. The Trust does not currently have a specific reasonable adjustments policy as indicated in Section 13 of this report. We do not have a central register of reasonable adjustments or any dedicated core funding, as these are dealt with between the local managers and the individual. There also appears to be some lack of understanding of what a “reasonable adjustment” is.

As we have no central record we are unable to evidence the efficiency of our process. Anecdotally we hear that the time frame for reasonable adjustments being put in place can be quite extended, especially if this involves extra funding being required. There is clearly a need to review the reasonable adjustments process.

At the present time we do not have an effective staff disability network. We do have a number of Disability Diversity champions and the number is increasing.

Of those who completed the staff survey questions 70% of disabled staff stated that they *“pressure from their manager to come to work, despite not feeling well enough to perform their duties”.*

19. Recommendations

Salisbury NHS Foundation Trust should take the following action to support our people who identify with disabilities to ensure they have an equal opportunity to progress within the workforce:

- Encourage our people to provide up-to-date, relevant and accurate equality data through our ESR self-reporting process. Ensuring they understand the benefits for doing so.
- Engage with our Disability Diversity Champions and our disabled staff to facilitate and develop a Disability Support network.
- Identify a lead Disability Diversity Champion to represent the Disability Network on the EDI Committee.
- Carryout a review of the “Employment of People with Disabilities Policy” with a view to creating a dedicated “Reasonable Adjustments Policy”.
- Develop a central record of reasonable adjustments, to include a record of the time taken to implement.
- Working with the Disability Diversity Champions, Disabled staff and the wider organisation to develop a WDES Action Plan to incorporate these recommendations.
- Encourage our people who identify as disabled to complete the NHS Staff Survey.
- Develop awareness training for managers on the subject of disability and reasonable adjustments.
- Identify a Trust Board Sponsor for Disability across the Trust.

20. Author and Sponsor

Author: Rex Webb, Head of Diversity and Inclusion
Rex.webb@nhs.net

Sponsor: Director of OD and People

NHS Improvement

NHS England

A Model Employer:

Increasing black and minority ethnic representation at senior levels across Salisbury NHS Foundation Trust

Implementing the NHS Workforce Race Equality Standard (WRES) leadership strategy

Background

There exists a huge reservoir of talent which is not being tapped into by the barriers that are often placed in the way of staff development and opportunities. Greater diversity and inclusion improves opportunities to tap into that diverse talent pool. The NHS is at its best when it reflects the diversity of the country and where the leadership of organisations reflects its workforce.

Research shows that organisations that have diverse leadership are more successful and innovative than those that do not. Employees who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace. Such organisations are better placed to reduce health inequalities of our diverse communities and leads to better patient care, satisfaction and outcomes.

This document sets out the ambitious challenge of ensuring black and minority ethnic (BME) representation at all levels of the workforce. This includes leadership being representative of the overall BME workforce by 2028. The document outlines both the aspirational goals for your organisations as well as a comprehensive and holistic set of objectives to support the NHS, as part of the existing Workforce Race Equality Standard (WRES) programme of work.

This content of this document presents an example of a commitment to meet the aspirations on improving BME representation across the workforce and at leadership positions in the NHS, as set-out in the in both the NHS Long Term Plan[1] and within the WRES 'Model Employer' leadership representation strategy[2].

NHS trusts are encouraged to work with the national WRES Implementation team to agree and finalise the detail of the aspirational goals and action plans.

1. The need for accelerated improvement

Since its introduction in 2015, NHS England's WRES programme has been providing direction and tailored support to the NHS, enabling organisations to continuously improve their performance in this area.

The WRES has required NHS trusts to annually self-assess against nine indicators of workplace experience and opportunity, and to develop and implement robust action planning for improvement.

WRES data for the last three years shows year-on-year improvement for BME staff on a range of indicators. Increasing the representation of BME staff at senior and leadership levels across the NHS is an area that requires further accelerated support.

The overall BME workforce in the NHS is increasing, however this is not reflected at senior positions where there is an acute under-representation of BME staff. Aspirational goals to increase BME representation at leadership levels, and across the pipeline, will reinforce the existing WRES programme of work.

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[1] https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

[2] https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf

2. The 10-year ambition modelling

Table 1. Salisbury NHS Foundation Trust workforce by ethnicity: March 2018

	Total headcount	Overall %	% known ethnicity
BME workforce	373	10.8%	11.0%
White workforce	3004	87.3%	89.0%
Unknown workforce	65	1.9%	
Total	3442		

The table above shows organisation staff breakdown by ethnicity for Salisbury NHS Foundation Trust as at 31 March 2018. The staff are split into three broad ethnic categories: 'BME' (Black and Minority Ethnic), 'white' and 'unknown'. The ethnic categorisation follows the national reporting requirements of Ethnic Category as outlined in the NHS Data Model and Dictionary, and as used in NHS Digital data.

Table 2. Goal setting for bands 8a-VSM BME recruitment for Salisbury NHS Foundation Trust

	Proportion of BME workforce (n)	Additional BME recruitment over the next 10 years to reach equity[1]	Total BME staff in AfC band by 2028 to reach equity[1]
Band 8a	4.1% (3)	**5**	8
Band 8b	0.0% (0)	**5**	5
Band 8c	0.0% (0)	**1**	1
Band 8d	0.0% (0)	**1**	1
Band 9	0.0% (0)	**0**	0
VSM	0.0% (0)	**1**	1

[1] Reaching the value in column "Proportion of BME workforce" (note: by 2028 this may have changed)

The table above shows the additional recruitment of BME staff required, in Agenda for Change (AfC) bands 8a to VSM, to achieve equity of representation at Salisbury NHS Foundation Trust by 2028.

Table 3. Goal setting trajectory for bands 8a-VSM BME recruitment for Salisbury NHS Foundation Trust

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8a	3	4	4	5	5	6	6	7	7	8	8
Band 8b	0	0	1	1	2	2	3	3	4	4	5
Band 8c	0	0	0	0	1	1	1	1	1	1	1
Band 8d	0	0	0	0	0	0	1	1	1	1	1
Band 9	0	0	0	0	0	0	0	0	0	0	0
VSM	0	0	0	0	0	0	0	0	0	0	1

The table above shows the 10-year trajectory to reach equality by 2028 for AfC bands 8a to VSM. The numbers show the required staff in post for each year.

Progress against the data in the above table will be looked at by the WRES team and national regulators, and therefore should also be focussed upon by the respective organisation, on an annual basis.

3. Current performance: 2019 update

Table 4. 2019 staff in post compared to 2019 trajectory ambition for Salisbury NHS Foundation Trust

	2018 actual	2019 actual	2019 ambition	Gap
Band 8a	3	2	4	-2
Band 8b	0	0	0	0
Band 8c	0	0	0	0
Band 8d	0	0	0	0
Band 9	0	0	0	0
VSM	0	0	0	0

There has been a decrease in the number of BME staff in AfC bands 8a. The trust is behind schedule to deliver equity by 2028 for AfC band 8a.

As the proportion of BME staff in the trust changes, the 10-year trajectory will change as well. It is strongly recommended that the trust regularly monitors its progress against its respective aspirational targets. The WRES team will work with the trust to review the aspirational targets and trajectories every three years.

4. Key points of consideration

- The data source for the above modelling is the trust workforce data 2018 WRES submission.

- Modelling assumptions:
    - Assumes no change in the number of staff in the organisation over the next ten years.
    - Assumes constant number of employees and leavers per year based on data between March 2017 and March 2018.
    - The model considers the number of BME recruits to replace leavers and increase representation up to equality by 2028.
    - BME proportions are recorded as a total of known ethnicities.

- The above model presents the aspirational goals relating to managerial staff on the agenda for change pay scale. The trust will need to replicate this approach for its **medical** workforce.

- Staff and staff-side within the trust, and other key stakeholders, should be engaged in a meaningful way regarding the strategic direction of travel.

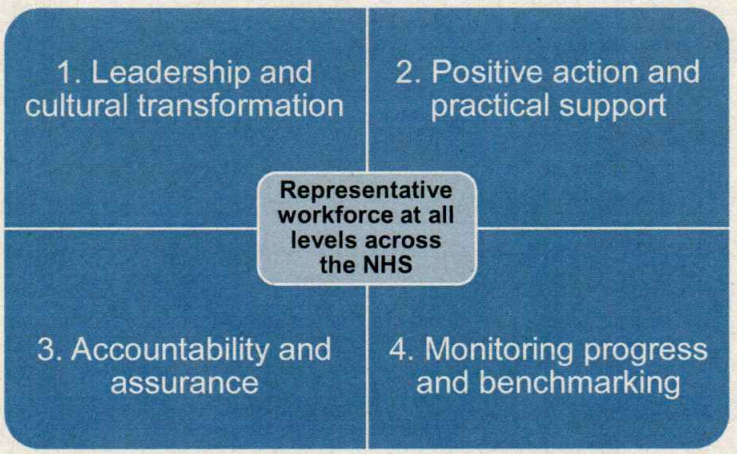
- Commitment and accountability regarding the aspirational goals and supporting plans should lay with the trust board.

5. Supporting delivery of the ambition

The WRES team will support the wider system to focus on driving improvements in BME representation at senior levels across the NHS – building a sustainable talent pipeline for the future. A clear focus will be upon both growing and supporting existing BME talent from within the NHS, as well as attracting talent from outside of the NHS.

To help meet the aspirations set-out above, dedicated support to individual organisations, and parts of the NHS, will be provide by the WRES Implementation team. This support is presented under four broad headings, as outlined below.

Figure: WRES model of support for improving BME representation across the NHS workforce



5.1 Leadership and cultural transformation

- Demonstrate commitment to becoming an inclusive and representative employer - role modelling on race equality – **work will be carried out to transform deep-rooted cultures of workforce inequality via organisational leadership strategies** – a focus here will be upon NHS Improvement's Culture and Leadership Programme; engage supporters and including stakeholders in the planning process and in helping to share messaging, rationale and process.

- Require VSMs and board members to mentor/reverse mentor and sponsor at least one talented ethnic minority staff at AfC band 8d or below – coaching skills and structured support will be made available to senior staff to carry this out. **Mentoring, reverse mentoring and sponsoring will be part of the senior leader's performance objectives** that will be monitored and appraised against.

- Recruitment drive on BME non-executive directors (NEDs) – as a starting point, **a drive to appoint BME NEDs will be encouraged**. Existing NEDs will be encouraged to play an active role in mentoring and sponsoring BME staff that have the potential to get to an executive role within three years.

5.2 Positive action and practical support

- Talent management – to meet set aspiration, concrete measures to remove barriers to our most talented ethnic minority staff succeeding, will be put in place. To enable this to happen, there needs to be a consistent narrative within organisations, based on a **fit-for-purpose national approach to effective talent management across the NHS**.

- Diverse shortlisting and interviewing panels – **recruiting managers will be held accountable for institutionalising diverse shortlisting and interview panels**. There would seldom, if ever, be acceptable exceptions for not having a BME member on shortlisting and interview panels; this is firmly within the organisation's control. Where BME interviewees are not appointed, justification should be sent to the organisation's chair setting out, clearly, the process followed and the reasons for not appointing the BME candidate.

- Batch interviews should be considered where appropriate – panel interviews of single applicants may not always provide the optimum assessment of a candidate's skills and capabilities, and can contribute towards creating conditions for bias. **Organisations will be encouraged to examine the merits of interviewing a batch of candidates** for a number of different roles/positions.

- Technical WRES expertise at regional levels – the WRES Experts Programme aims to develop cohorts of race equality experts from across the NHS to support the implementation of the WRES within their organisation. Participants become part of **a network of professionals across the NHS that advocate, oversee and champion the implementation of the WRES** at regional and local level. The work on meeting leadership aspirations at local level will be built into the existing WRES Experts Programme.

- Promote success and share replicable good practice – **identification and dissemination of models of good practice, evidence based interventions** and processes from across the NHS – from the wider public, private, voluntary and charitable sectors – will help support NHS organisations to achieve the required outcomes.

5.3 Accountability and assurance

- Build assurance and accountability for progress – NHS organisations across the country will be supported to **develop workforce race equality strategies and robust action plans that are reflective of their WRES data**. These action plans provide an ideal vehicle to continuously improve on the issues that, the data show, are of key concern for the organisation. Progress against the aspirations will form part of an organisation's action planning for the WRES. This work will be included in the Single Oversight Framework; Care Quality Commission (CQC) inspection; and the CCG Assurance and Improvement Framework.

- Senior leaders and board members will have performance objectives on workforce race equality built into their appraisal process – senior leaders should be held accountable for the level of progress on this agenda. Working with national healthcare bodies, **progress on workforce race equality will be embedded within performance reviews of chairs and chief executives** – including emphasis on WRES implementation and on progress in meeting the set goals for their respective organisation.

- Building the capability and capacity of BME staff networks across the NHS – to play a key part of the accountability and transparency approach will play a key role. There will be a concerted effort towards **supporting leaders of BME staff networks and trade union representatives, across the NHS to raise the visibility of their work**, and to provide a source of meaningful and sustained engagement with the WRES programme of work.

5.4 Monitoring progress and benchmarking

- Benchmarking progress – **benchmarking and progress will be established and published as part of NHS Improvement's Model Hospital hub and WRES annual data reporting**, through which the monitoring of progress against set aspirations over time will be undertaken, and good practice shared.

- Periodic update – due to the changing nature of BME workforce composition across the NHS, the right approach will be to **periodically update the assessment of the overall progress that has been made on meeting the aspirations** – starting at the end of 2020, and local organisations will be supported via the national WRES team to do the same.

- Oversight – the lack of BME leadership is a system-wide issue that requires a system-wide response. CEOs within a regional healthcare footprint are encouraged to come together on this agenda regularly. **Collaborative working between healthcare organisations at local level, and with key partners, will be essential.** This will require all relevant organisations to focus resource on workforce race equality in a more intentional manner.

6. Further information

Further information and support will be available from the NHS England WRES Implementation team.

Email: england.wres@nhs.net

Report to:	Trust Board (Public)	**Agenda item:**	4.1
Date of Meeting:	09 January 2019		

Report Title:	Q2 Patient Experience Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	X		X	
Prepared by:	Katrina Glaister, Head of Patient Experience			
Executive Sponsor (presenting):	Lorna Wilkinson, Director of Nursing			
Appendices (list if applicable):	Patient experience headlines			

Recommendation:
The Board is asked to receive this report as assurance that there are comprehensive systems in place to both access and respond to patient feedback

Executive Summary:

This report provides a report of activity for Q2 2019/20 in relation to patient experience, complaints, public engagement, and the opportunities for learning and service change. Some key changes are highlighted below:

- The PALS team have been relocated to Admin Block 29. A short-stay parking space has been made available for visitors
- We have seen a 38.5% increase in compliance to responses being sent out within the timescale agreed with the complainant this quarter.
- The PPI toolkit has been updated and published on MicroGuide https://viewer.microguide.global/guide/1000000334#content,8a42f597-65a4-4e59-83d3-8bdba6f3a009

This report provides assurance that the Trust is responding and acting appropriately to patient feedback.

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	☒
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	☐
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	☒
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	☒
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	☐
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	☐

Patient Experience Report - Quarter 2

1 July – 30 September 2019

Purpose of paper

To provide assurance that the Trust is accessing feedback on patient experience, responding appropriately to complaints from patients and can demonstrate that learning and actions are taken to improve services in response to feedback.

To provide assurance of patient and public involvement in service co-design and improvement.

Background

Patient experience is defined as "the sum of all interactions, shaped by an organisation's culture that influence patient perceptions across the continuum of care".[1] Nationally, the scrutiny in relation to compassionate healthcare, as well as in engaging with the public, is to understand their voice and feedback is an imperative, including learning from feedback, transparency and honesty when healthcare goes wrong. This report provides some evidence of the patient experience feedback and activities in relation to self-improvement based on that feedback.

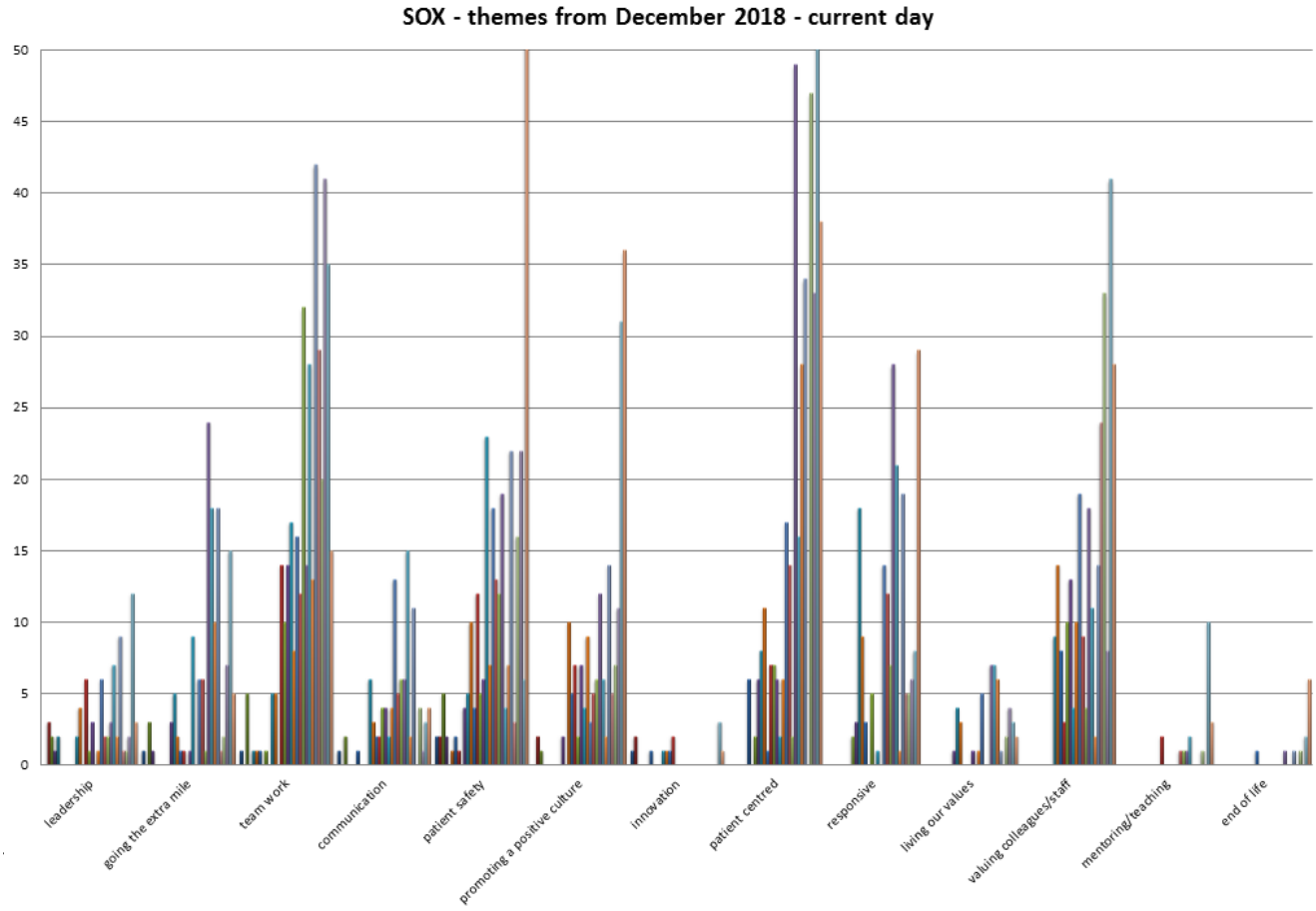
Actions taken since last report

- The PPI toolkit has been updated and published on MicroGuide https://viewer.microguide.global/guide/1000000334#content,8a42f597-65a4-4e59-83d3-8bdba6f3a009
- The PALS team have relocated to Admin Block 29. A short-stay parking space has been made available for visitors

1. Sharing Outstanding Excellence (SOX)

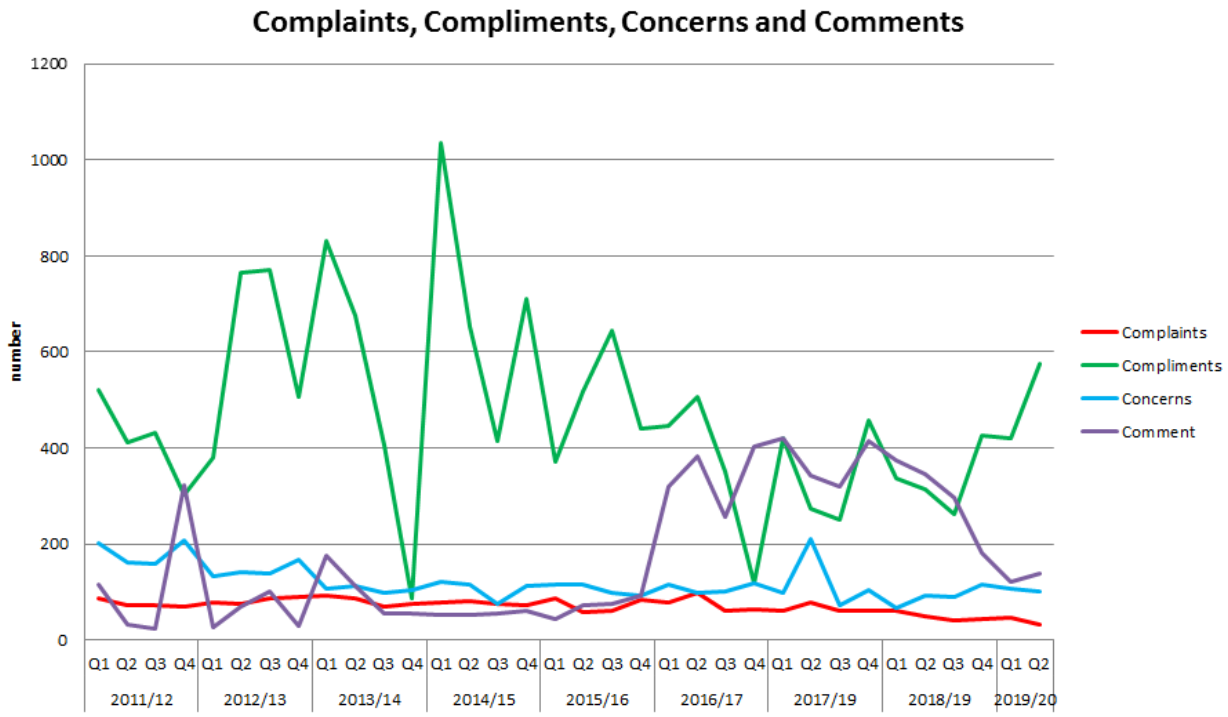
There is growing awareness nationwide that since complaints are a small minority compared to other PALS feedback, learning from what goes well in a Trust is as important as learning from complaints. In this Trust, a positive report is known as a SOX.

As can be seen from the graph below, 'Team Work', 'Patient Centred and Patient Safety' continue to be the most frequently occurring themes:



2. Complaints

The graph below shows the numbers of complaints, compliments, concerns and comments over time. Complaints continue to show a slight reduction over time.



Complaint themes

	CSFS	Facilities	Medicine	MSK	Surgery	Total
Appointment system - procedures	0	0	0	0	1	1
Charges for Car Parking	0	1	0	0	0	1
Clinical Treatment - Surgical Group	0	0	0	3	0	3
Clinical Treatment - ED	0	0	3	0	0	3
Correct diagnosis not made	0	0	1	0	0	1
Delay in receiving appointment	0	0	0	1	0	1
Delay in receiving/sending information	0	0	0	0	1	1
Falls	0	0	1	0	0	1
Further complications	0	0	1	2	0	3
Inappropriate treatment	1	0	0	2	0	3
Information required	0	1	0	0	0	1
Insensitive communication	0	0	1	0	0	1
Lack of Care	0	0	0	0	1	1
Lost Property	0	0	1	0	0	1
Neglect	0	0	1	0	0	1
Pain management	0	0	1	0	1	2
Unsatisfactory treatment	2	0	3	0	0	5
Wrong information	0	0	0	1	0	1
Attitude of nursing staff	0	0	1	0	0	1
Attitude of staff - medical	1	0	0	0	0	1
Total	4	2	14	9	4	33

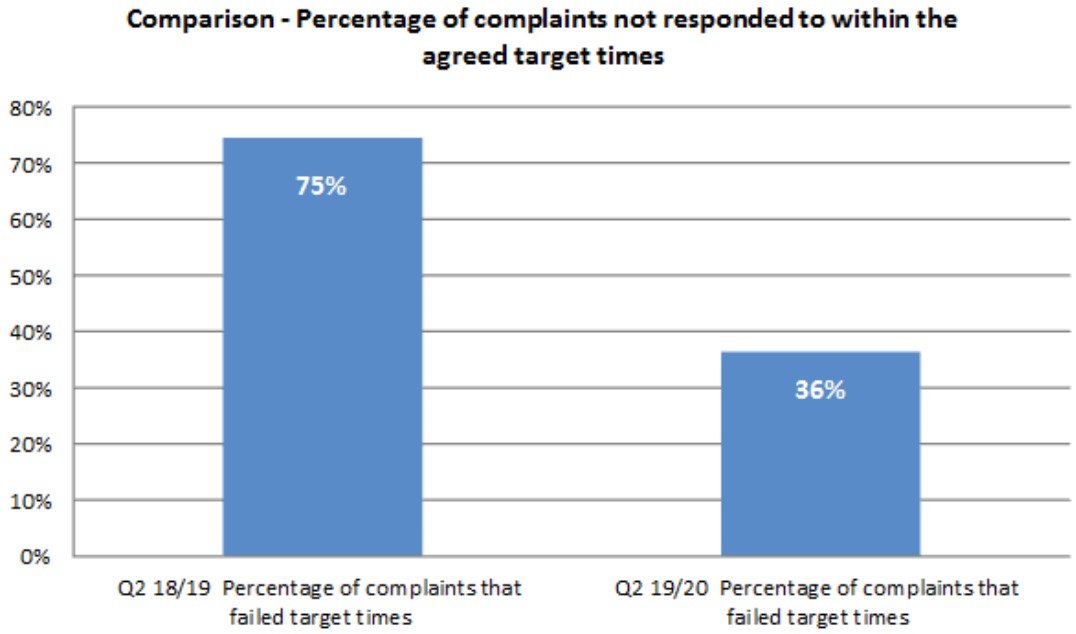
In Q2 the Trust treated 18,303 people as inpatients, day cases and regular day attendees. Another 37,185 were seen in the Emergency Department (includes the walk-in clinic) and 70,236 as outpatients. 33 complaints were received which is 0.026% of the number of patients treated.

576 compliments were received across the Trust in Q2. Those sent directly to the Chief Executive or Customer Care Department were acknowledged and shared with the staff/teams named. Where individual staff members are named in a compliment/national patient survey/RTF the PALS team complete a SOX which is sent to the individual and their line manager.

Timeliness of response

100% of complaints were acknowledged within 3 working days.

We have seen a 38.5% increase in compliance to responses being sent out within the timescale agreed with the complainant this quarter. It is unclear whether if this increase can be solely attributed to the new RAG rating approach adopted during Q2 2019/20 or to the reduction in complaints as a whole (18 fewer complaints logged in Q2 2019/20 than in the same period last quarter). However, 81% of complaints with an agreed extended timeframe (40 working days) were sent out on time. This is reassuring and demonstrates that when additional time is allocated to more complex cases, responses can be sent to complainants within the expected time frame. We have shared our new approach with Health Watch Wiltshire who feel our new approach is a sensible one.



There were three re-opened complaints in Q2:

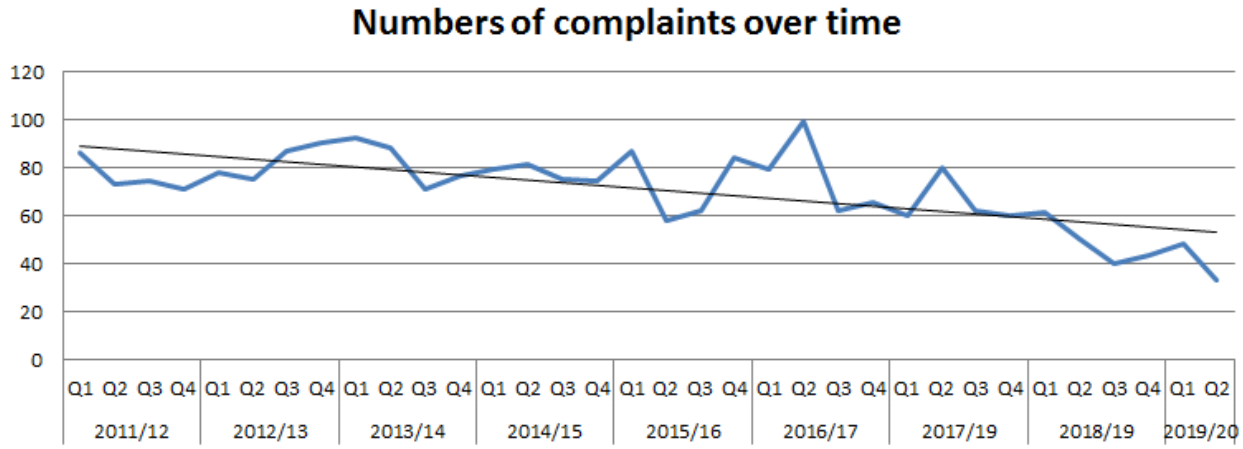
- The complainant was not happy about his ongoing symptoms and management (Dermatology)
- The complainant felt that her original concerns were completely ignored and apologies were given that did not mean anything (Surgery)
- Complainant is unhappy with the response and is now considering whether or not to take the complaint to the Ombudsman (Paediatrics)

The total number of concerns, comments and enquiries received by the team in Q2 was 359. Of these 87% were dealt with within 10 days.

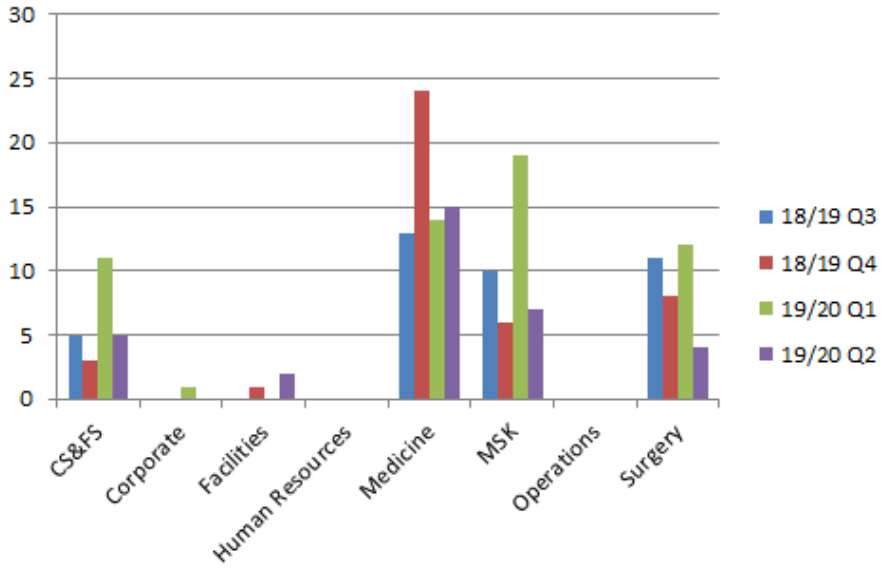
0-10 working days		11-24 working days		25+ working days	
303	87%	27	8%	15	4%

See individual directorate reports for the maximum length of time a complainant waited for a response this quarter.

3. Complaints by directorate



The following graph shows the number of complaints by directorate.



Clinical Support and Family Services

	Q2 2018-19	Q1 2019-20	Q2 2019-20
Complaints	7	11	5
Concerns	21	15	14
Compliments	93	42	96
Re-opened complaints	2	0	1
% complaints responded to within agreed timescale	14%	63%	40%

- There were 5 complaints raised in quarter 2 with Radiology receiving the most (n=2). The main theme was unsatisfactory treatment and care.
- 14 concerns were raised in quarter 2 again with Radiology receiving the most (n=6). The main theme was unsatisfactory treatment and lack of relevant information given.
- After a significant increase in response compliance for Q1, compliance has fallen in this quarter. One amber complaint was late (now closed); one amber complaint remains open from the 2nd August. This is a complex complaint and a letter has been sent out to the complainant to offer an additional meeting.
- The PALS department received 33 comments and enquiries for CSFS in Quarter 2 which were investigated, managed and responded to by the team.
- Total activity within the directorate was 9038 and of this number 0.05% raised a complaint.
- 2 action plans are outstanding from 1st April 2019 and the directorate has been chased for these.

Themes and actions

Q2 themes		
Department/Ward	**Topic**	**Actions**
Radiology	Unsatisfactory treatment and care and lack of relevant information given to patients.	Review of information given to patients within CT/MRI &N/M. Both written and verbal. Ensure that patients can here through intercoms. If no response then entre room when safe to speak to patient directly. Patient information written to ensure clear understanding of aftercare following extravasation of contrast. Planning Communication training for February Clinical Governance meeting from outside Trust. Working with IT to see if MRI safety questionnaire can be completed electronically.

Feedback on actions from the previous quarter's themes		
Q1 themes	**Actions**	**Updates**
Maternity Department- **Unsatisfactory care**	Development of a staff and patient information sheet regarding NIPE is underway. Staff have been informed of the importance of performing NIPE in accordance with national standards. Space management exercise to be undertaken in Antenatal clinic. An opportunity to discuss any unresolved paediatric concerns with a paediatrician can be arranged at the complainant's request.	NIPE information sheet has been shared with all relevant staff and doctors and been displayed on the postnatal ward to remind staff. Ongoing.
Gynaecology	Lack of communication	Actions reviewed by consultants and clinical lead. No further issues have been raised this quarter.

Compliments
96 compliments were received in quarter 2, the breakdown is as follows:
Bowel screening = 11, Benson Suite = 1, Community midwives = 4, Endoscopy = 1, Gynaecology = 2, Labour ward = 12, Maternity admin = 5, Paediatrics = 5, Radiology = 3, SALT team = 9, Sarum = 43

Medicine Directorate

	Q2 2018-19	Q1 2019-20	Q2 2019-20
Complaints	14	14	15
Concerns	25	32	39
Compliments	116	183	308
Re-opened complaints	2	1	0
% complaints responded to within agreed timescale	35%	57%	80%

- The Emergency Department received the most complaints (n=5) this quarter. The main theme is unsatisfactory clinical treatment.
- 3 complaint meetings were held in this quarter.

- There were 39 concerns raised in Quarter 2. The Emergency Department received the most concerns (n= 10); the main themes being attitude of medical staff and unsatisfactory nursing care.
- Response compliance in quarter 2 has improved significantly from previous quarters.
- In Quarter 2 PALS received 58 comments and enquiries for Medicine which were investigated, managed and responded to by PALS.
- Total activity within the directorate was 33972 and of this number 0.04% raised a complaint.
- The Complaints Co-ordinator is waiting for 8 outstanding action plans from Medicine directorate for closed complaints since 1st April 2019.

Themes and actions

Q2 themes		
Department/Ward	**Topic**	**Actions**
Emergency Department	Unsatisfactory Clinical treatment and attitude of medical staff.	To share complaints at next M&M and discuss how the team can best manage complaints relating to unsatisfactory treatment.
Feedback on actions from the previous quarter's themes		
Q1 themes	**Actions**	**Updates**
Emergency Department Unsatisfactory clinical treatment.	ED workforce plan underway to look at senior cover in ED to support department at times of surge and to support junior doctors.	ED workforce plan is still ongoing. Date set end of November to link workforce plan to ED strategy.

Compliments

308 compliments were received in Quarter 2, the breakdown is as follows:

AMU = 14, Cardiac Suite = 1, Durrington = 55, Emergency Department = 18, Farley = 48, Hospice = 57, Respiratory = 1, Redlynch = 13, Spire = 19, SSEU = 1, Tisbury = 55, Whiteparish = 26.

Musculoskeletal Directorate

	Q2 2018-19	Q1 2019-2020	Q2 2019-20
Complaints	10	10	8
Concerns	27	22	21
Compliments	42	37	29
Re-opened complaints	4	5	1
% complaints responded to within agreed timescale	30%	50%	75%

- The Orthopaedics Department received the most complaints with 3 this quarter. The themes of these complaints were correct diagnosis not made, pain management and further complications.
- 2 complaint meetings were held in this quarter.
- There were 21 concerns raised in Quarter 2. The Orthopaedics Department received the most concerns with 8, the main theme being appointment system – procedures.
- Response compliance in quarter 2 has improved significantly.
- The PALS department received 48 comments and enquiries for MSK in Quarter 2 which were investigated, managed and responded to by the team.
- Total activity within the directorate was 14,767 and of this number 0.05% raised a complaint.
- The Complaints Co-ordinator is waiting for 5 outstanding action plans from closed complaints since 1st April 2019 for the MSK directorate.

Themes and actions

Q2 themes		
Department/Ward	**Topic**	**Actions**
Orthopaedics – no clear themes Dermatology – delay in receiving appointment		Ensure communication is clear with patients in order to manage their expectations. DMT action plan being developed as a result of the Skin Summit.
Feedback on actions from the previous quarter's themes		
Q1 (2019/20) themes	**Actions**	**Updates**
Orthodontics	JW/AMc met with locum consultant. Agreed action plan and review progress.	Action plan being reviewed as agreed.

Compliments
29 compliments were received in Quarter 2, the breakdown is as follows:
Plastics department = 8, Wessex Rehab = 8, Odstock Ward = 6, Orthopaedics = 2, Rheumatology = 2, Amesbury Ward = 1, Chilmark Ward = 1, CLPS = 1,

Surgical Directorate

	Quarter 2 2018-19	Quarter 1 2019-20	Quarter 2 2019-20
Complaints	13	12	4
Concerns	18	33	23
Compliments	50	158	95
Re-opened complaints	1	1	2
% complaints responded to within agreed timescale	0%	50%	25%

- There were 4 complaints raised in quarter 2 involving four different areas of the directorate and two complaints that crossed into other directorates – DSU, Radnor Ward/Emergency Department, Ophthalmology outpatients/Post Room and Central Booking/DSU. There were four themes – Delay in sending/receiving information, lack of communication about care, appointment system – procedures, and inappropriate treatment.
- 23 concerns were raised in quarter 2 with Central Booking and Ophthalmology receiving the most with 5 concerns each. There were no clear themes but 2 concerns were due to the attitude of staff; and 2 were due to delayed appointments.
- Response compliance has decreased during this quarter with 3 out of 4 cases being sent beyond agreed timescales. Two were delayed due to staffing pressures. The other was delayed response was due to it being a complex case involving multiple clinicians.
- The PALS department received 47 comments and enquiries for Surgery in Quarter 2 which were investigated, managed and responded to by the team.
- Total activity within the directorate was 14,467 and of this number 0.03% raised a complaint.
- 3 action plans are outstanding from 1st April 2019 and the directorate has been chased for these.

Themes and actions

Q2 themes		
Department/Ward	Topic	Actions
Central Booking	Appointment dates	Central Booking unable to book appointments in time due to capacity pressures in clinical areas meaning there aren't appointments available. These are escalated to the department heads of the areas involved and discussed regularly to clinically triage those waiting and add extra clinics and appointments wherever possible.
DSU	Delayed Complaint Responses	Staffing pressures (two key members of staff being on sick leave, one long term sick) have meant that there were delays to investigations into complaints which caused the complaint response to be sent after the agreed deadline. This has been escalated to the DMT and the Theatres Operational Manager is now sited within the DSU full time. Complaint cases will be copied to the Theatres Operational Manager and the Directorate Matron to assist the DSU Managers and ensure compliance with complaint response times in future.

Feedback on actions from the previous quarter's themes		
Q1 (2019/20) themes	**Actions**	**Updates**
General Surgery	Following a difficult consultation which could have been handled better, the Registrar will attend a "difficult interactions with patients" course.	According to the NHS.net address for this doctor has now left the NHS. Therefore unable to confirm action completed.
Breamore Ward	Sister will share anonymised version of complaint with staff to improve the patient experience (ward was noisy and patient's catheter site was not checked for leakage).	Confirmed as completed.

Compliments
106 compliments were received in quarter 2, the breakdown is as follows:
Britford Ward = 39, Radnor Ward = 37, Downton Ward = 20, DSU = 4, Breamore Ward = 2, Colonoscopy = 1, ENT = 1, Max Fax = 1, Urology = 1

4. Parliamentary and Health Service Ombudsman (PHSO)

The PHSO received one new request for independent review in Q2.

- Complaint regarding an Information Governance concern and wrongful disclose of the complainants address. After issuing a proposal to investigate the Ombudsman has now written to say that it is reasonable for the complainant to pursue a legal remedy.

Update on current investigations and actions.

- Complaint regarding the lack of sedation offered during a gastroscopy. After considering the facts of the case, the Ombudsman decision was not to pursue the complaint, therefore the case was closed.
- Complaint regarding the loss family heirloom. It was the Ombudsman's decision to partly uphold the complaint on the grounds that we failed to safeguard the patient's property. There was no

evidence of cross referencing the patient's property tracking form, during transfers, thus reducing the likely hood of retrieving or tracking the whereabouts of the lost item.
The Ombudsman's recommendations:

- To seek continuous improvements and should use lessons learnt from complaints to ensure that maladministration or poor service is not repeated.
- Offer the family compensation as a form of financial redress.

Completed actions

- Lost property has been a theme recently and whilst lost property is now managed by PALS the process had not formally been defined. A new policy that more clearly outlines the roles and responsibilities for found and reclaimed property has been written and will be ratified during Q3.
- Education trust-wide on the management of property for patients without capacity.
- Key findings from the Ombudsman report was presented at October's Nursing and Midwifery Forum.

Ongoing Actions

- Once the new found and reclaimed patient property policy has been ratified, the management of patient property policy will need amending to reflect the clarified process.

Update on cases shared in previous report The PHSO C2071155/ complaint 8006 - Consent for surgery.

In accordance with the Ombudsman's recommendations, a letter of apology and the action plan has been sent to the complainant. The PHSO has requested that the action plan is shared with the Care Quality Commission (CQC). The Head of Compliance has forwarded the action plan to the CQC via email, and will discuss the case at the next engagement contact.

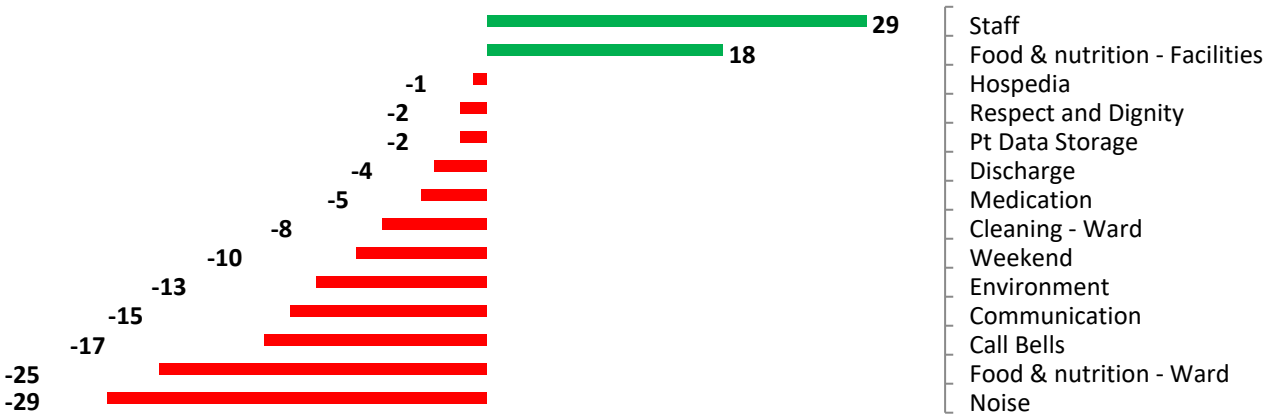
The PHSO publishes complaints data on a quarterly basis that includes numerical information on the complaints received, assessed, and investigated and is available at:
http://www.ombudsman.org.uk/reports-and-consultations/reports/health/quarterly-reports-on-complaints-about-acute-trusts

5. Trust wide feedback

Patients surveyed
A total of 3,486 patients provided feedback during the quarter through national patient surveys, real-time feedback (eRTF) and the Friends and Family Test (FFT). This is an improvement on the previous quarter (Q1 – 3,052).

Real-time feedback

Inpatients
A total of 204 inpatients were surveyed in the quarter. They made 169 positive comments and shared 218 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph overleaf.



The largest area of positive comments related to staff (47 positive against 18 negative).

"I have not found one person who has been uncaring, from the cleaners to the doctors."

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

Noise

Three ward leaders attended an NHS England Study Day on Always Events®; defined as "those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system". An application for funding for a noise metre

14 positive and 43 negative comments were made regarding noise.

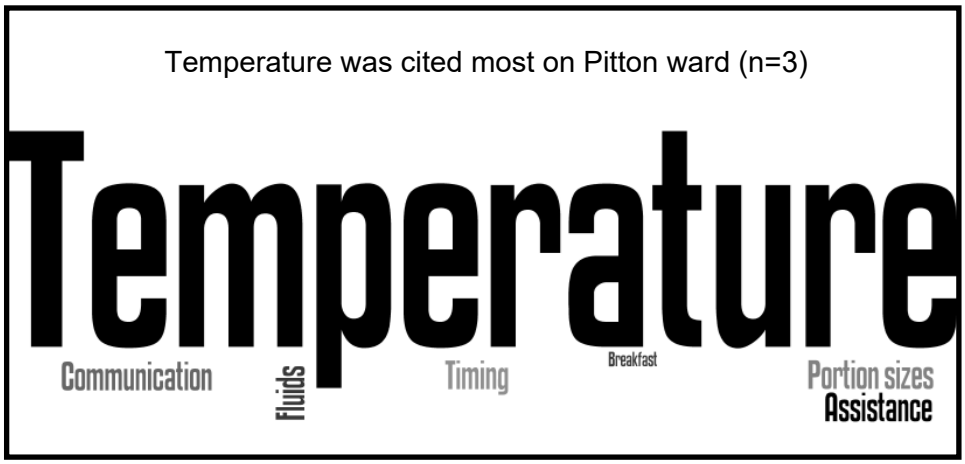
"I am disturbed by noise from machines."

Equipment was cited most for the cause of noise on Farley ward (n=3)

Food and nutrition on the ward

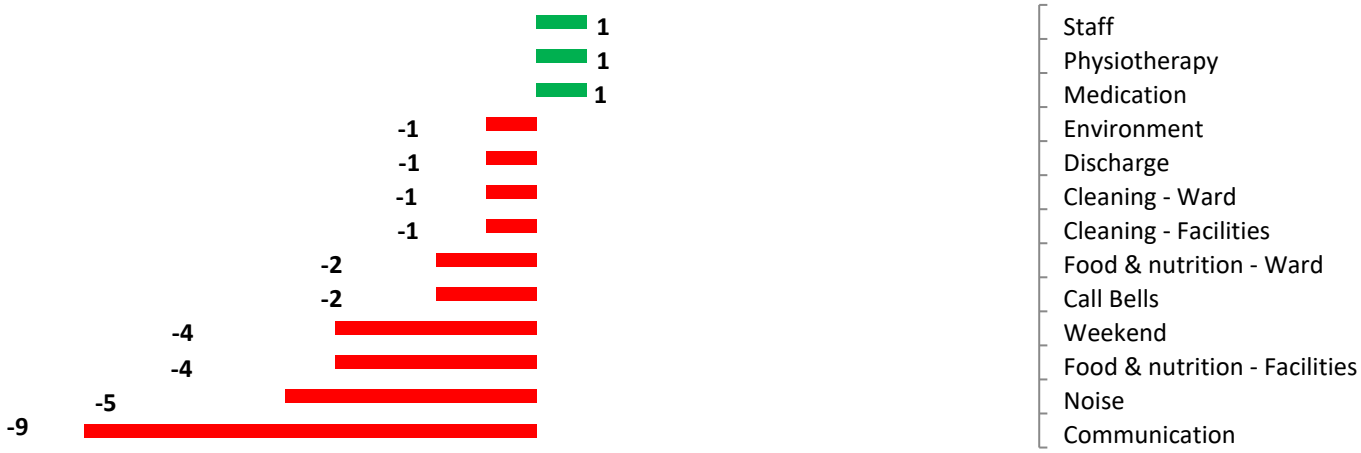
One positive and 26 negative comments were made regarding food and nutrition on the wards.

"The food selection is rather grim."



Spinal Unit

A total of 21 patients were surveyed in the quarter. They made 10 positive comments and shared 36 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph overleaf.



The main area of concern was communication (1 positive against 10 negative comments).

"I would like to see the doctors more often."

Maternity

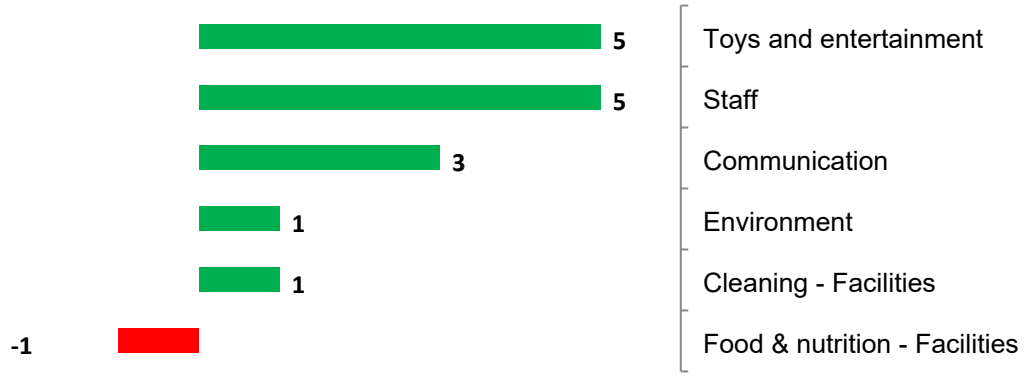
Seven new mothers were surveyed in the quarter. They made 10 positive comments and shared seven suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.

The highest number of positive comments in the Maternity Unit related to staff.

"They just make you feel better and they listen to you when needed."

Paediatrics

A total of 14 adults or carers and one child were surveyed during the period. They made 26 positive comments and shared seven suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The highest numbers of positive comments related to staff, and toys and entertainment.

"The staff are amazing at looking after my child."

National Surveys

Cancer Patient Experience Survey

SFT participated in the eighth national cancer patient experience survey. The results were published in September 2019 and are available on their website at: https://www.ncpes.co.uk/index.php/reports/2018-reports

Key results

		2018 score	2018 national average	comparison with national average	2017 score (unadjusted)	2017/18 comparison
Q16	Patient definitely involved in decisions about care & treatment	81%	79%		78%	
Q17	Patient given the name of the CNS who would support them through their treatment	91%	91%		92%	
Q18	Patient found it easy to contact their CNS	84%	91%		85%	
Q37	Always treated with respect and dignity by staff	88%	89%		85%	
Q39	Staff told patient who to contact if worried post discharge	96%	94%		95%	
Q53	Practice staff definitely did everything they could to support patient	62%	59%		65%	
Q59	Patient's average rating of care scored from very poor to very good	8.9	8.8		8.7	

Next steps

The timings of future cancer surveys have changed and the results will now be published in March each year, as opposed to September. SFT's cancer board have therefore agreed that they will look at the results in more depth in conjunction with the 2019 results which will be published in March 2020. An overarching action plan will be drawn up at that time.

National inpatient survey 2019

The national inpatient survey 2019 is in progress. Fieldwork will end in January 2020. The Trust's patient survey helpline previously used the Freephone number located in the PALS office. However, this line has now ceased so the helpline has transferred to the Clinical Governance Administrator who administers the surveys on the Trust's behalf. This change has meant that queries can be dealt with more effectively which, in turn, is resulting in a higher response rate. The results of this survey will be published in the summer of 2020.

Action taken on areas of concern

Wards, the Emergency Department and Maternity, have action plans in place to address the main areas of concern in their location. Progress is monitored via the Trust's Matrons Monitoring Group and is overseen by the Clinical Management Board. A meeting has been arranged for Q3 to agree a way to bring the Cancer Survey actions into line with the other surveys.

6. NICE Quality Standard – patient experience in adult NHS Services

This quality standard covers improving the quality of the patient experience for people who use adult NHS services. It describes high-quality care in priority areas for improvement. The quality standard was first published in 2012 and at this time the Trust self-assessment reported us as compliant with all elements. In July 2019 this quality standard was updated. Some statements were merged or had wording amended and so the Standard was sent out to the DMTs for their assessment on their current status.

The statements that make up this Standard are:

- People using adult NHS services are treated with empathy, dignity and respect.
- People using adult NHS services understand the roles of healthcare professionals involved in their care and know how to contact them about their ongoing healthcare needs.
- People using adult NHS services experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
- People using adult NHS services experience care and treatment that is tailored to their needs and preferences.
- People using adult NHS services have their preferences for sharing information with their family members and carers established, respected and reviewed throughout their care.
- People using adult NHS services are supported in shared decision making.

All Directorate Leads confirmed that they remain compliant with all the statements.

Actions for PALS Team

- Spreadsheet to be reviewed/amended at the NHSE-led Patient experience improvement framework workshop (to be held in March 2020)
- Spreadsheet to be updated with evidence to demonstrate compliance with each of the statements at the 6-monthly reviews of patient feedback that are held with each ward/department.

7. Translation and Interpretation

This quarter's most frequently used language for face-to-face interpreting (used on 38 occasions):

- Polish 26.3% = 10 Arabic 13.2% = 5 Nepalese 13.2 % = 5

Total spend for face-to-face interpreting this quarter = £7057.20

The areas where interpretation was used most often are:

- Endoscopy = 36.8% Plastic OP = 7.9% Oral surgery = 7.9% Cardiac Suite OPD = 7.9 DSU = 7.9%

British Sign Language was used on 15 occasions this quarter with a total spend of £2173.45

The Procurement team are working on a new tender for Translation Services and an update on progress will be presented here in due course.

8. Patient Stories

Patient stories are taken to every public Board meeting. This quarter stories were taken around recognition of deterioration (sepsis) and experience of a parent with a child with learning disabilities who attended the Eye clinic. The relative who provided us with the Sepsis story is working with us to train our staff around deterioration and sepsis.

9. Patient and public involvement (PPI)

Q2 update on our patient and public experience and involvement priorities 2019 – 2022:

1. **Communication**

We want to build on the work that has already taken place and improve the way we listen to and communicate with our patients their families and their carers

- A signposting card for young people and their carers is being developed following feedback received at the Youth Mental Health Wiltshire event held in the hospital by Artcare and Wiltshire Creative. The card signpost uses a QR code which links the user to a list of useful contacts and resources that can be used whilst waiting for referrals and next appointments. Cards will be given out when patients are discharged from the ward and potentially shared with GP surgeries. The design of the card is being overseen by a young person.
- Attend Anywhere clinic appointments have gone live in paediatrics and the patient feedback we are received was 100% positive. A case study is being pulled together and will be shared with the project team.
- A 'table talker' (see end of document) has been produced and is being trialled on Spire ward and Farley family room. The document's aim is to empower patients/family members to ask questions of their doctor/nursing team on their discharge and current status in hospital. We will be gathering patient and relative feedback on the initiative and this will be presented in the Q3 report. If feedback is positive the plan is to roll this out Trust-wide and publish the work on the Academy of Fabulous Stuff NHS website.
- Additional feedback on the Compassion Rose project has been gathered to help the End of Life Care team in their application for an NMC award.
- The PPI toolkit has been reviewed and, whilst we wait for a website, the toolkit and information about PPI has been published on MicroGuide https://viewer.microguide.global/guide/1000000334#content,1df17a5a-25ee-4524-ab5e-96031930d247

2. **Working together**

We want to review patient experience (positive and negative) and learn from it so we can improve our services and how people are involved

- Maternity will shortly be holding focus groups around the Better Births project and patient representatives have been identified by PALS. These representatives will help guide the project going forwards
- PALS attended an event in London with AMU, Downton and Breamore wards. We will be looking at improving issues (such as noise at night) on wards using NHSE approved methodology called an Always Event. Funding for a noise metre to gather base-line data on noise at night has been made.
- PALS attended a Veterans drop at Salisbury Medical Practice. Information on the Trust's Veteran Aware status as well as other useful information was displayed.
- Following feedback, a plan was taken forward to introduce play volunteers to Sarum ward who could offer regular sessions in the play room for any appropriate patients. There are now three volunteers in place.

3. **Outstanding care**

We want our patients, their families and carers to have an outstanding experience first time and every time they come into contact with our staff

- The national initiative Eat, Drink, Move, has been implemented on Spire ward and is now the focus now is to continue momentum. The project assessed the usefulness of finger food for some patients, introduced mobility volunteers and used it as an opportunity to reinvigorate the #PJ Paralysis project amongst other things. There have been some great results to the KPI's put in place for a formal report to follow.
- We are currently working with all ward leaders on their 6 monthly action plans that are produced using negative feedback received.

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

We have had permission from IT to develop a new website for the PPI projects. The plan is for the patient stories to be hosted here (they would only be available from within the Trust). A reflection tool for staff to use in conjunction with a story will be made available for individual/team learning and IPR/revalidation purposes. In the meantime the PPI toolkit is available here:
https://viewer.microguide.global/guide/1000000334#content,1df17a5a-25ee-4524-ab5e-96031930d247

10. Social media

In Q2 there were 10 new comments posted on the NHS Choices website. Six reviews were positive and four were negative.

An example of a positive one is:
'I was taken to Salisbury hospital with vision problems, very frightening. I have to say the care and support I received was amazing. The doctors in AMU.were comforting, professional and put me at ease. The eye clinic in particular the registrar who saw me was wonderful. The staff who gave me my treatment attentive, caring and very patient orientated. Thank you for such amazing care.'

There was no particular theme for the negative comments:

- Waiting for a long time for a scan (having been given a time to arrive at the hospital)
- Surgical option that the patient was seeking was not available
- Communication difficulties on the ward.

One comment was originally posted on the Care Opinion Website. This was negative and concerned the poor attitude of staff leading to the patient self-discharging from hospital

All comments are responded to and shared with the relevant team/teams. People who leave a negative comment are asked to contact PALS so that we can investigate the issue raised.

Facebook

- **62** positive comments – majority generated from weekly staff interviews.
- **Zero** negative comments
- **6** positive reviews.

An example of a positive comment is
'I have nothing but praise for SDH You looked after my dad when he had a gangrenous gallbladder. You looked after me with my 2 births; 1 a still born. My son. My gall bladder removal. My SVT. My Husband. Thank you x x'

[1] The Beryl Institute. Available at https://www.theberylinstitute.org/page/DefiningPatientExp

Other social media

Tweets
145

Tweet impressions
124K

Profile visits
1,725

Mentions
493

Social media used effectively to communicate switchboard issues

Link clicks
164

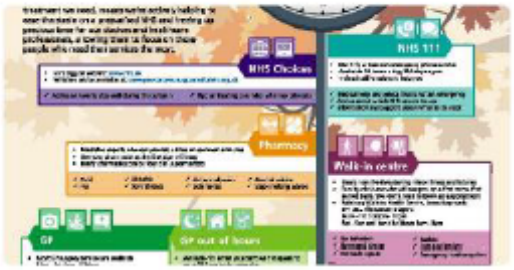
On average, you earned **5 link clicks** per day

Retweets
204

On average, you earned **7 Retweets** per day

Top Tweet earned 3,516 impressions

Our hospital is really busy today. Please only come into A&E if it is a genuine emergency. @NHSWiltshireCCG pic.twitter.com/zbNqy9HxXG



Social media used to remind public of use of emergency services when hospital at Opel Level 4. Wiltshire CCG increased their social media activity at our request.

Table talker

Patient Experience Headlines

for Salisbury NHS Foundation Trust

Selected Trust

Friends and Family Test

Would **patients** recommend the service?

(Latest data available)

	Percentage Recommended	Total Responses
A&E	97%	60
Inpatient	96%	300
Maternity	100%	5
Outpatient	98%	418

Staff Friends and Family Test

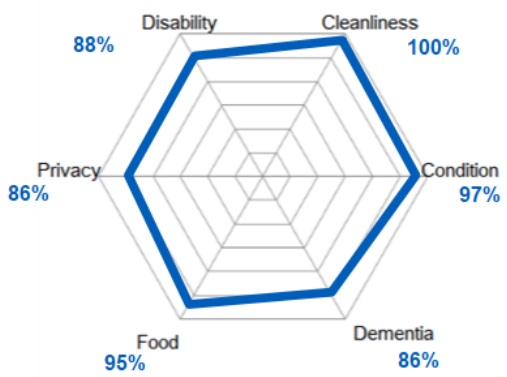
Would **staff** recommend the service as somewhere...

FY 2019/20 Q1

... for care? 92%

...to work? 81%

Trusts Scores



CQC Scores

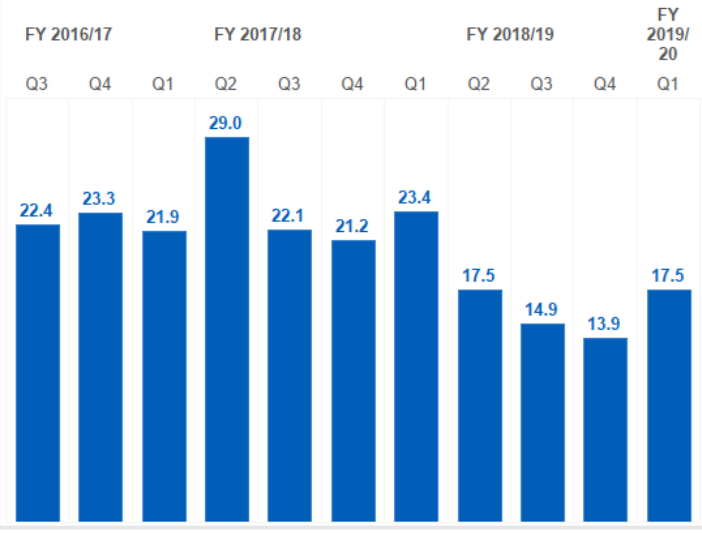
Overall **Good**

1 Mar 2019

Safe	Requires Improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Survey Results

Written Complaint Rate



* indicates supressed numbers due to a small number of responses

Report to:	Trust Board (Public)	**Agenda item:**	4.2
Date of Meeting:	09 January 2020		

Report Title:	Safety and effectiveness of services at the weekend – update on action plan			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	x			
Prepared by:	Dr Christine Blanshard, Medical Director			
Executive Sponsor (presenting):	Dr Christine Blanshard, Medical Director			
Appendices (list if applicable):				

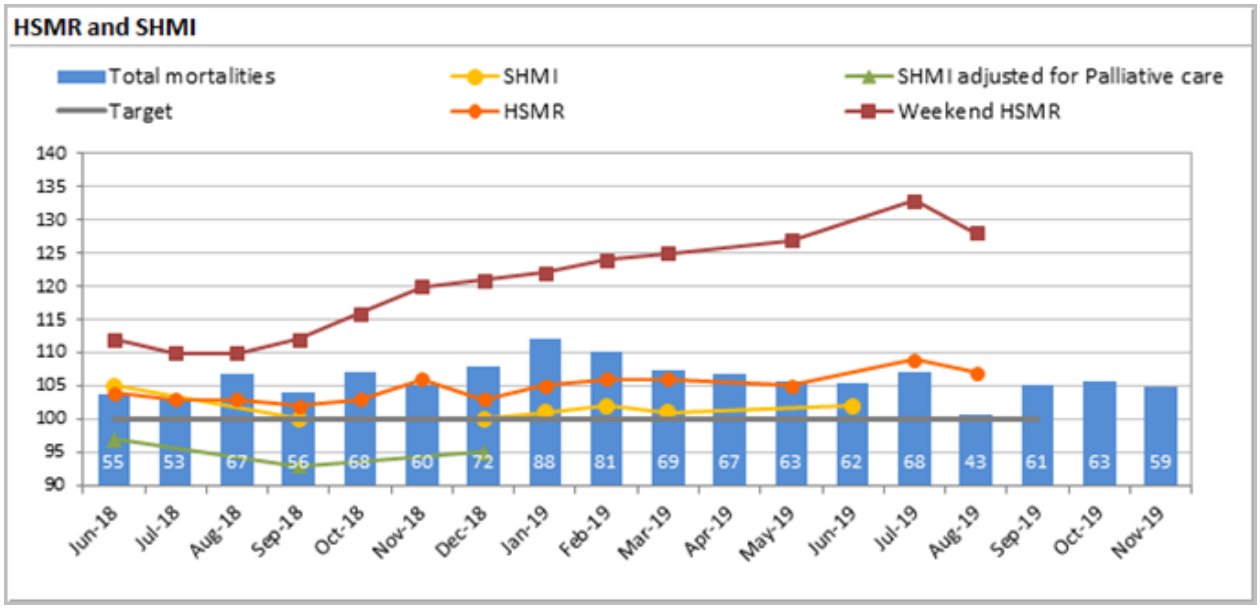
Recommendation:
Board notes the progress with the weekend HSMR Action plan .

Executive Summary:
Good progress has been made with Implementing the actions outlined in the November paper which are in our control and have a source of funds. However other actions are on hold pending identification of funding. Actions aimed at reducing inappropriate admissions from the community or improving pre-hospital care will take longer to implement as the require negotiation with community partners to change traditional ways of working

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	☒
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	☐
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	☐
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	☒
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	☐
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	☐

Background

Over the period August 2018 to June 2019 the Hospital Standardised Mortality rate for patients admitted at the weekend steadily rose, reaching a peak of 133 for the rolling twelve month period ending June 2019, which was significantly higher than expected. The SHMI is 101.4 and within the expected range but cannot be split for weekend and weekday admissions.



Over the same period of time junior doctors have raised concerns about the intensity of the workload in the evenings and weekends, and we have reported reduced compliance with Keogh safety standard 1 and 4 (consultant review within 14 hours and daily senior review – down to 80% of those needing it in the Q2 7 day serviced Board Assurance Framework)

Whilst it is difficult to identify a causal relationship between these factors and the high weekend HSMR (patients typically die 1-2 weeks after admission, with no particular day of the week a higher risk) we have developed an action plan to address all three issues.

This paper provides an update on progress against the actions presented to the Board in November.

Objective	Action	Delivery date	Lead	Update Dec 2019
Reduce potentially avoidable admissions at the weekend particularly of patients nearing the end of their life	• Ask primary care colleagues to identify improvements in the pre-hospital care of patients admitted at the weekend	complete	MD	complete
	• Establish a local clinical and care board to work on pathway improvements	December 2019	MD	Board membership and governance structure agreed at STP. First meeting Jan 28th
	• Promote and support initiatives to improve clinical support for care homes	April 2021	CCB and CCG	
	• Engage with Medvivo to increase confidence in managing patients in the community	Q3 2020	CCG and Medvivo	
	• Support the roll-out of the ReSPECT process across the STP	Q4 2019-20	Resus committee	Deferred until publication of V3 of the form - ? March 2020
	• Extend OPAL service into the weekends subject to identifying a source of funds and recruitment	April 2020	COO	Source of funds not identified and the proposal will be rolled over to 2020-21
	• Development of outreach service to avoid admissions with PCNs and WH+C	March 2020	COO	To be provided by WH&C – start date to be agreed
Expedite admissions of patients with sepsis and pneumonia at the weekend	• Work with Medvivo and SWAST to pre-alert patients with a view to giving pre-hospital treatment and expedited transfer	April 2020	Lead clinician ED, CD medicine, SWAST, Medvivo	Pre-alert in place. Pre-hospital treatment will be a longer term project
Increase the number of patients being discharged at the weekend	• Expand early supported discharge team subject to identifying a source of funds and recruitment	April 2020	COO	No funding available from the national team or CCG. Business case on hold
	• Develop a pathway for patients to go to Shaftesbury beds once commissioned for Wiltshire patients	January 2020	COO/DOF	Done. Shaftesbury beds full

	• Consider partnering with WH&C to respond to a tender for intermediate care beds	November 2020	DOF	
Continue to undertake structured judgement reviews where a diagnostic category shows higher than expected mortality,	• Pneumonia • Septicaemia • GI bleeding • Fractured neck of femur	Complete Complete Complete November 2019	MSG MSG MSG MSG	Complete
Make improvements in the clinical pathways identified by SJRs, quality indicators and audits	• Pneumonia • Septicaemia • GI bleeding • Fractured neck of femur • Stroke	Complete Ongoing Q4 2020 Q2 2020 Q3 2020	LC respiratory Sepsis steering group LCs gastro and endoscopy LC orthopaedics LC stroke and stroke SCN	Stroke CNS undergoing training to support improvements
Reduce the time between a death and sharing the learning	• Introduce medical examiners • Ensure all deaths where concerns are raised have a structured judgement review within two weeks	January 2020 April 2020	MSG Medical Examiners	Partially implemented: awaiting appointment of Medical Examiners Officer and further training
Improve capture of comorbidities	• Pilot a coder attending post take ward rounds at weekends • Improvements to the electronic discharge summary to “pull through” comorbidities recorded in previous admissions	January 2020 April 2020	DoT DoT/CIO	Alternative solution suggested by coding team currently in trial
Where possible bring forward the staffing uplifts in the	• 7/7 Consultant ward round cover on all specialties • Additional F1/F2 ward cover Saturday and	1st January 2020 Mid Dec 2019	CD- medicine	Complete for winter only All medical staffing uplifts in

winter plan	Sunday • Additional Trust Grade weekend cover (0900-1400) • Additional x 5 SHO agency cover doctor across medicine • Pharmacy support to MAU at weekends • Additional twilight and weekend ward clerk cover on MAU • Additional therapy support across medicine • Additional B5 in AMU night shift	Mid Dec 2019 January to March January to March January to March January January	Chief pharmacist COO Head of therapies HoN - medicine	place by internal and external bank shifts with some gaps. Some consultant shifts will incur TOIL Business case for the permanent service approved Dec TMC. Recruitment ongoing Complete Complete Complete
Improve the deployment of current clinical staff	• Ensure a weekend plan is included in the notes of all patients • Ensure specialty consultants check in with the H@NT F2 during the evening or before retiring • Bring forward the bleep co-ordinator role to 5pm on weekdays and introduce it from mid-afternoon at weekends • Change the weekend model in medicine so that the Trust Grade does the cover round with an F1, leaving the consultant to support the admissions whilst the registrar can deal promptly with emergency • Plastics registrar to take calls out of hours • Include ENT F2 on H@NT rota • Improve doctor job planning, rostering and leave management • Introduce e-rostering where appropriate	January 2020 Immediate January 2020 Q4 19/20 October 2020 August 2020 April 2020 April 2021	HImp team and “steady” working group CDs for Surgery and MSK COO CD medicine DME, LC plastics DME, LC ENT CDs	Proforma in use on Redlynch, Farley, Tisbury and Whiteparish Started – needs embedding Pilot started using bank shifts, on Sunday afternoon/evening. Will be subject to PDSA cycles Under discussion In place for burns. Risk of needing to move to a full shift rota.

	• Explore increase in consultant hours at the weekend with weekday time off.	April 2020	Head of Medical workforce, MD CD-medicine	Pilot of e-rostering in anaesthetics from late December
Ensure junior doctors are rested, hydrated and refreshed to improve clinical decision making and well-being	• Utilise the £60k allocated by the BMA for improving the working lives of junior doctors, to be spent on a dedicated rest, quiet study and refreshment facility in the main hospital.	April 2020	Deputy MD	Facility and expenditure agreed at junior Doctors forum Dec
Improve infrastructure support to clinical staff releasing time for clinical activity	• Ward clerk on SAU at weekends • Increase Medical Assistant hours • Replace bleep system with modern message paging • Improving digital maturity	Jan 2020 April 2020 March 2021 ongoing	CD-Surgery DC-CSFS Head of Facilities DoT, CIO	

Learning from Other Trusts

I have spoken to the medical directors of other trusts with a wide differential between weekend and weekday HSMR as well as those who have reduced their weekend HSMR.

A common identified cause has been the admission of patients more unwell at the weekend, particularly from areas of high social deprivation and poor community healthcare. Improvements have been made by increasing resources for frailty services both in the hospital and in the community at the weekends and some improvements in co-morbidity identification and palliative care coding.

Risks

- The actions to reduce avoidable admissions are dependent on the support and engagement of community partners and likely to require additional resource invested into community and primary care.
- The staffing changes we have made will not be sustainable without additional recruitment. Changing the job plans of consultants to provide more weekend hours with fewer weekday hours is likely to meet with some opposition both from the consultant body and the BMA, as non-emergency work at the weekend remains optional in the 2003 consultant contract. Changes in junior doctor work patterns require approval by the Deanery and need to start with a new rotation.
- It is by no means certain the uplifts in staffing and better deployment of staff will impact on the weekend HSMR, and even if they do there would be a lag time of at least 6 months before any change is apparent. However they will make a measurable impact on junior doctor wellbeing and Keogh standard 4. The work with community partners is more likely to have an impact on HSMR, but will take time
- Weekend HSMR has declined before any of these measures were implemented so there is a risk of false attribution to the changes.