

Bundle Trust Board Public 7 November 2019

- 1 Opening Business
- 1.1 10:30 - Presentation of SOX certificates
Nick Marsden
- 1.2 10:40 - Staff Story
- 1.3 Welcome and Apologies
Apologies received from Cara Charles-Barks and Lorna Wilkinson
- 1.4 Declaration of Interests
- 1.5 10:50 - Minutes of the previous meeting
Minutes of Public Trust Board meeting held on 3rd October 2019 - for approval
Presented by Nick Marsden
1.5 Minutes Public Board mins 3 Oct.docx
- 1.6 Matters Arising and Action Log
1.6 Action Log Public Board Nov 19.docx
- 1.7 10:55 - Chairman's Business
Presented by Nick Marsden
- 1.8 11:05 - Chief Executive Report
Presented by Christine Blanshard - for information
1.8 CEO Report November.docx
1.8 CEO Report BSW Stop Press October 2019.pdf
- 2 Assurance and Committee Reports
- 2.1 11:15 - Trust Management Committee - 16th October
Presented by Lisa Thomas - for assurance
2.1 TMC Escalation report October 2019.docx
- 2.2 11:20 - Clinical Governance Committee - 22nd October
Presented by Paul Miller - for assurance
2.2 Clinical Governance Committee escalation paper 22nd October 2019.docx
- 2.3 11:25 - Finance and Performance Committee - 22nd October
Presented by Paul Miller - for assurance
2.3 Finance and Performance Committee escalation paper 22nd October 2019.docx
- 2.4 11:30 - Subsidiary Company Governance Committee - 7th October
Presented by Paul Miller - for assurance
2.4 Subsidiary Company Governance Committee escalation paper 7th October 2019.docx
- 2.5 11:35 - Integrated Performance Report
Presented by Andy Hyett - for assurance
2.5 191107 IPR.docx
2.5 IPR November 2019.pdf
- 3 Quality and Risk
- 3.1 11:55 - Flu Vaccination of healthcare workers
Presented by Lynn Lane - for assurance
3.1 Workforce Report Flu Campaign 2019-20.docx
- 3.2 12:05 - Safety and effectiveness of services at the weekend
Presented by Christine Blanshard - to follow
- 4 Closing Business
- 4.1 12:15 - Agreement of Principle Actions and Items for Escalation
- 4.2 12:20 - Any Other Business
- 4.3 12:25 - Public Questions
- 4.4 Date next meeting and Public Trust Board 2020

Date of next meeting 5th December 2019, 10am

Public Meetings 2020 - 9 January, 6 February, 5 March, 2 April, 21 May, 4 June, 2 July, 6 August, 3 September, 1 October, 5 November, 3 December

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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)

Draft

Minutes of the Public Trust Board meeting
held at 10:00am on Thursday 3 October 2019
in The Board Room, Salisbury NHS Foundation Trust

Present:

Dr N Marsden	Chairman
Ms T Baker	Non-Executive Director
Mr P Kemp	Non-Executive Director
Ms R Credidio	Non-Executive Director
Mr M Von Bertele	Non-Executive Director
Mrs J Reid	Non-Executive Director
Mrs C Charles-Barks	Chief Executive
Dr C Blanshard	Medical Director and Deputy Chief Executive
Mr A Hyett	Chief Operating Officer
Mrs L Thomas	Director of Finance
Ms L Wilkinson	Director of Nursing

In Attendance:

Esther Provins	Director of Transformation
Fiona McNeight	Director of Corporate Governance
Glennis Toms	Deputy Director of OD and People
Justine McGuinness	Head of Communications
Denise Major	Deputy Director of Nursing (item TB1 03/10/1.1)
Kat Glaister	Head of Patient Experience
Kylie Nye	Corporate Governance Manager (minutes)
John Mangan	Lead Governor (observer)

ACTION**TB1 OPENING BUSINESS****03/10/1****TB1 Patient Story****03/10/1.1**

L Wilkinson presented the patient story which related to a child with a learning disability who was treated at the Trust. L Wilkinson noted that whilst the story relates to events which happened some years ago, the learning points are really important and have influenced the work the Trust has been doing in conjunction with the Treat Me Well campaign.

The child's mother highlighted that the key learning points from their experience is firstly to ensure people are aware of the patient passports available. Additionally, the mother suggested that hospital staff must be aware that patients with disabilities and learning difficulties are sometimes anxious and nervous about coming into hospital for an appointment. The mother urged staff to take the time to listen and explain to patients what is happening but also urged staff to listen to patient's families, who know their behavior and understand their specific care needs.

L Wilkinson asked D Major to provide an update on the work undertaken over the last year or so to help improve the experience of

those patients who have a learning disability. D Major explained that well over a year ago the Trust decided to revise how it managed patients with learning disabilities. Working alongside Mencap as part of their Treat Me Well Campaign the Trust brings together a large campaign team, which has had a really positive impact. D Major noted that a majority of the feedback reflects that patients do not require significant change but for the Trust to make reasonable adjustments to ensure their experience is an outstanding one.

Discussion:

- N Marsden thanked the team for bringing this story to the Board. He noted that whilst the events in the story may have taken place some time ago, there were still lessons to be learnt from this particular example.
- E Provins noted that there was a wider issue relating to equality for everyone. E Provins recognised the great work being done to improve patient experience for those with learning disabilities but noted that the Trust also needs to focus on equality for all patients, including those with mental health issues and dementia for example. The Trust needs to look into adopting a general approach which will ensure equality across the board.
- F McNeight queried if there was an opportunity to have an onsite Learning Disability Liaison Nurse who rotated their time between the community and the Trust. D Major explained that the Trust has access to a liaison nurse who should be onsite at least one day a week. D Major explained that it is unfortunately not always possible for the nurse to be on site. There are ongoing conversations with Wiltshire Health and Care (WH&C) to manage this.
- M Von-Bertele noted the importance of listening to parents. C Charles-Barks noted that it relates back to one of the Trust's core values, 'patient centered care' which relates to all patients.

TB1
03/10/1.2

Welcome and Apologies

Apologies were received from Paul Miller; Non-Executive Director.

TB1
03/10/1.3

Declarations of Interest

There were no declarations of interest pertaining to the agenda.

TB1
03/10/1.4

Minutes of the part 1 (public) Trust Board meeting held on 5 September 2019

The minutes were agreed as a correct record of the meeting held on Thursday 5 September 2019.

TB1
03/10/1.5

Matters Arising and Action Log

NM presented the action log and the following items were discussed:

- **ACTION 58: Medical Workforce Incl. Weekend HSMR, Hospital at Night Team and Guardian of Safe Working:**

NM noted that the Weekend HSMR paper had been discussed in detail at Clinical Governance Committee (CGC) and that a follow up paper on Safety and effectiveness of services at the weekend had been requested to go to October's meeting for further clarification. **ACTION: CB**

CB

- **ACTION 56: Readmission Rates – Stranded Patients;** AH noted that these would be included in the next IPR report. **ACTION: AH**

AH

- **ACTION 57: 2019/20 Forecast;** NM noted that the forecast was on the private Board agenda for discussion. Item closed.

NM noted that other actions were either closed or related to a future agenda item.

TB1
03/10/1.6

Register of Attendance

The register of attendance was noted.

TB1
03/10/1.7

Chairman's Business

N Marsden reported that there had been some guidance published on capital expenditure going forward. A meeting with Dido Harding, chairman of NHS Improvement, and other provider chairs is scheduled to discuss the proposed financial plan from a revenue and capital perspective. N Marsden noted he would bring back a more detailed update to the next Board meeting.

N Marsden noted that it has been agreed that the BaNES, Swindon and Wiltshire CCGs will merge into a single entity pending approval from NHS England. N Marsden noted that this should ensure that work at an STP level is more achievable.

Discussion:

- J Reid asked if this model was replicated on a national basis. N Marsden confirmed that a number of Clinical Commissioning Groups (CCG) across the country had planned to or had merged to ensure consistency and a more manageable system.

TB1
03/10/1.8

Chief Executive's Report

C Charles-Barks presented her report providing an update on some of the key issues and developments within the reporting period. The following key points were noted:

- The Trust reduced its shortfall against our financial control total in August, reporting results £0.4m better than planned. The Trust will need to out-perform our plan by a further £0.6m in September to recover the quarter's shortfall and earn a further £1.4m in incentive payments for financial performance.
- There are pressures on the emergency care bed base, planned care productivity is proving challenging, and there

are increasing outsourcing costs to support areas with key capacity constraints. All internal actions available are under review to address these risks. The Trust is also working closely with our BSW system partners to agree plans to identify and mitigate system operational and financial risks as we move into the winter period.

- On Monday 30 September, the Trust held the Annual General Meeting for our membership and the local community. Over 60 people attended and presentations were received on the Trust's Compassion Rose project and the Trust's military links.
- There are some changes taking place in relation to the Trust's staff awards. Our 'Striving for Excellence' annual awards are changing to become 'Outstanding' awards, in line with our vision of delivering an 'outstanding experience every time'. Outstanding staff will be recognised on a monthly basis so that our values are celebrated regularly throughout the year. The Trust is also introducing 'SOX of the month' which recognises staff who have been nominated through our Sharing Outstanding Excellence programme.
- Members of staff from the Trust competed against 19 other teams from across the NHS in the recent NHS South West Military Challenge. Congratulations and well done to the team who came fourth overall.
- As N Marsden mentioned, the application was approved to apply to merge BaNES Swindon and Wiltshire CCGs into a single Clinical Commissioning Group at a meeting of the BSW Governing Bodies on 25th September and this will now go forward to NHS England for final approval. Once approval has been granted by NHS England, a mobilisation programme will be put in place to formally become one CCG, known as NHS BaNES, Swindon and Wiltshire Clinical Commissioning Group, on 1 April 2020.
- As a response to the Long Term Plan the STP are required to submit an operational delivery plan detailing how the outlined requirements will be met. The first draft was due in on 27th September, with an agreement of plans on 15th November. C Charles-Barks noted that the STP has appointed an Interim Director of People for 6 months to support the development of the system workforce plan and the merger between the 3 CCGs. A system risk summit is scheduled in October to collectively review risks regarding winter demand, capacity, elective demand and capacity and forecast the financial outturn for all provider organisations.

Discussion:

- T Baker noted the financial recovery plans and asked if there had been a cultural shift to recognise the issue as a system-wide financial recovery, rather than organisational recovery. C Charles Barks noted that work was underway to develop a system plan, starting with the Risk Summit planned for October, but explained that further work is required to review system priorities as well as organisational priorities. T Baker queried if there was any role the Board could play in linking

with system providers. C Charles-Barks explained that she and N Marsden have regular conversations with the CEO and chairs of neighbouring Trusts. C Charles-Barks noted that in terms of the sustainable future system plan, working with Primary Care Networks is essential.

TB1 ASSURANCE AND REPORTS OF COMMITTEES

03/10/2

TB1 Finance and Performance Committee Report

03/10/2.1

N Marsden presented the escalation report from the Committee on behalf of P Miller.

N Marsden noted that he had been observing all the Board Committees and would continue over the next month in order to evaluate how the Board delegation was working.

The Committee had discussed the following items:

- Operational Performance 2019/20 (including Winter Plan) – N Marsden noted that the Winter Plan was on the agenda for discussion.
- Diagnostic Services were discussed in relation to how much the Trust can afford to spend on further out-sourcing diagnostic services (given our financial challenges) and protecting our currently very good operational performance.
- The Trust's 2019/20 financial performance and the mitigating actions to achieve the NHS Control Total deficit.
- The current challenges and future plans for the Trust's information technology services.
- The tender evaluation report for the MRI Scanner was supported and is on the private Board agenda for approval.

TB1 Clinical Governance Committee Report – 24 September

03/10/2.2

N Marsden presented the escalation report from the Committee on behalf of P Miller.

N Marsden noted the lengthy discussion in relation to weekend HSMR and that clarity was required over key issues.

C Blanshard confirmed that she was preparing a further report to be presented at the next CGC meeting.

C Blanshard outlined the work undertaken and identified themes to date:

- A review of 78 patients had identified that these were often elderly, frail patients with multiple co-morbidities, admitted on a Sunday.
- Pre-hospital care had emerged as a theme also with patients who are unwell, whom have hoped to wait until the Monday to see their GP.
- Another theme was a lack of a clear plan for the weekend.

- There are only 12 GPs covering the whole of Wiltshire over the weekend.
- Ambulances taking longer to convey patients and patients who may have been unwell for several days.
- There is a further piece of work to be done regarding pre-hospital care.
- Delay in Junior Doctor review and reviews noted to be less thorough. Co-morbidities not being documented at the initial assessment. This links to Junior Doctor work load at weekends. As discussed under matters arising C Blanshard is drafting a paper for Workforce Committee proposing actions to address the workforce gaps.
- There is a focus on improving therapy and pharmacy support at the weekend.
- To support Junior Doctors at the weekend, looking at potentially more Advanced Nurse Practitioners and Medical Assistants on over the weekend focussing the additional staff at Sunday afternoons where demand is greatest.
- Review of resource requirements and better use of staff (infrastructure). To include the digital infrastructure and the time it takes to carry out work.
- Changing hours of clinical staff to match demand. The Clinical Director in Medicine is reviewing changing the hours of Consultants over the winter period to ensure senior clinician cover at weekends.

N Marsden requested that an update be brought back to the Board in November. **ACTION: CB**

CB

**TB1
03/10/2.3**

Audit Committee Report – 19 September

P Kemp presented the escalation report from the Audit Committee held on 19 September.

P Kemp reported that following a discussion regarding Committee effectiveness, it had been suggested that the only significant improvement in its functioning would be to seek to discuss broader, system wide governance and assurance issues that are within the local health system but beyond the scope of the Trust on its own. Therefore, P Kemp asked if the Board would consider the potential benefit of arranging discussions with the Audit Committees of other STP participants to discuss governance and assurance issues and share examples of good practice.

Decision

The Board agreed this was a good suggestion and supported the idea on the basis that appropriate governance arrangements were put in place.

**TB1
03/10/2.4**

Charitable Funds Committee – 19 September

N Marsden presented the escalation report from the Charitable Funds Committee held on 19 September and noted the following key

areas to highlight:

- The Committee considered a number of items including a presentation from HSBC as the holders of charity investment portfolio, with an update to the portfolio's results and a refreshed look at the committees risk appetite. Overall the investment has done well in the context of the wider market performance.
- The Committee considered the work of the fundraising manager and wider team who presented a report highlighting ongoing success.
- The committee also started to undertake a strategic review of its governance and role with a discussion confirming work needed to commence to refresh the strategy. The Committee will consider the resource plan at the next committee.

TB1
03/10/2.5

Workforce Committee Report – 26 September

M Von-Bertele presented the escalation report from the Workforce Committee held on 26 September and noted the following key areas to highlight:

- The committee noted that the Annual Staff Survey is due and felt it would be valuable to review progress in addressing issues raised in last year's report.
- The Committee noted that there is a continuing issue with levels of junior doctor staffing in relation to demand and that locum and agency fees are running ahead of target as a result. The wider question of safer staffing including Hospital at Night is to be addressed in a subsequent paper.
- The Committee noted that HEE is starting to focus on a workforce plan for the whole of BSW but it does not seem to yet take account of predicted changes in medical practice and pathways.
- Some additional risks were identified for incorporation on the Corporate Risk Register (CRR).

TB1
03/10/2.6

Integrated Performance Report

L Thomas presented the Integrated Performance Report and the following key items to discuss were noted:

- The Trust is performing positively against a number of indicators, achieving the Emergency Access 4 hour target in August and continuing to meet the Referral to Treatment standard and the majority of Cancer diagnosis and treatment standards.
- L Thomas noted that the Trust's good performance is positive but masks wider issues related to the Trust's financial situation, the Trust's growing PTL and Delayed Transfers of Care (DTC). L Thomas noted that the mitigating actions related to these issues will be discussed in more detail as part of the winter plan paper and at the Private Board

- meeting.
- A Hyett highlighted that the cancer position had not been validated although the Trust is expecting to achieve the 62 day cancer target once the data has been validated. A Hyett noted that the report will clear on metrics going forward.

Discussion:

- T Baker queried why the number of falls had increased after several months of improving figures. L Wilkinson noted that whilst work continues to mitigate against falls, there have been arising themes relating to certain patient groups and getting the correct assessment and intervention for these patients. These issues are being addressed.
- P Kemp highlighted that the summary performance page does not indicate if the data is an improvement or not. C Charles-Barks noted that the figures will be RAG rated going forward.
- T Baker queried why data quality for DTOC performance had been RAG rated amber. E Provins noted that this was more than likely due to the delay in reporting but will investigate and report back. **ACTION: EP**

TB1
03/10/3

PERFORMANCE AND FINANCE

TB1
03/10/3.1

Winter Plan

A Hyett presented the report providing the Board with evidence of the plans that are in progress and in place to maintain operational delivery in 2019/20. The Board noted that there had been a detailed discussion on the Winter Plan at F&P and a slide indicating the risks had been added. The following key points were noted:

- A Hyett noted that detailed modelling of capacity across South Wiltshire has been completed using a model commissioned by Wiltshire CCG with four potential scenarios.
- There are four scenarios and SFT is currently basing its winter plan on option 1, which describes a situation where DTOC is at 14, with no winter growth considered. This would result in Laverstock Ward opening for 2 months in Q4. However, A Hyett explained that the Winter Plan is a dynamic document and workable document which will be influenced as winter progresses and as a result of winter assurance meetings that will take place.
- AH described the other acute initiatives and noted that the Trust is looking at how it works differently with other partners, it's working with the Council on strength based models and focusing on the alignment of physio lead services with Wiltshire Health and Care (WH&C).
- AH further described the inter-dependencies which could affect winter performance, including adverse weather, a flu pandemic and the EU exit. AH noted that contingency plans are in place to mitigate should these issues arise.

Discussion:

- PK queried how realistic the assumptions in the plan were as DTOC figures were high and not likely to reduce to 14 in such a short timeframe. A Hyett recognised the issues with the plan but noted that it had been completed using a model commissioned by Wiltshire CCG, which other providers are also signed up to. A Hyett noted that the Trust has its own internal winter model which provides more realistic scenarios.
- LT noted that if the Trust's surgical elective activity is not as planned over the winter period; the Trust can look to use surgical bed capacity rather than Laverstock Ward. LT suggested that the key issue is the peaks in activity that affect patient flow and the Trust should concentrate on mitigating these peaks in a more efficient way. AH noted that the executive team will be going through the scenarios in more detail at the Executive Director's Meetings.

TB1
03/10/4

QUALITY AND RISK

TB1
03/10/4.1

Patient Experience Report Q1

K Glaister presented the Patient Experience Report which provides a summary of activity for Q1 in relation to patient experience, complaints, public engagement and the opportunities for learning and service change. The following key points were highlighted.

- A Complaints and Risk Newsletter has been produced and shared with teams. This will go out every quarter so that learning can be shared Trust-wide.
- The variable response time as set out in the Complaint Handling Policy went live on 1 August 2019 but any changes in compliance with an agreed timeframe will not be seen until Q2.
- The PALS complaint coordinators have initiated weekly ward rounds to help facilitate real-time feedback and prompt resolution of concerns escalating into more formal complaints.
- K Glaister noted that the report has changed to reflect themes rather than the data at face value. Additionally, Sharing Outstanding Excellence (SOX) has been added to the report to share the positive feedback. K Glaister noted that the Trust has seen an increasing number of SOX forms completed by patients and visitors.
- K Glaister explained that the team were going to meet with the Communications Team to help improve the Trust's feedback mechanisms via social media.

Discussion:

- L Wilkinson noted that the Trust receives so much rich data via patient feedback there was a real opportunity to utilise this to improve patient experience. K Glaister noted that one of the team's ambitions is to develop a patient support group within a clinical area using social media which would enhance

access to mutual support and further enable quick resolutions to people's concerns and suggestions.

- E Provins noted that in the Graph to show SOX themes, innovation was very low compared to the others. E Provins noted that with the Quality Improvement Programme, she would hope to see an improvement as key pieces of work start to have an impact.
- R Credidio suggested that it would be useful to see both positive and negative feedback in one graph.
- P Kemp noted his support for the new format of the report but noted on several points there needs to be further explanation to close the loop on actions. K Glaister noted that work is ongoing to capture themes and show progress.
- M Von-Bertele queried if there was a responsive mechanism for patient queries and complaints. K Glaister explained that a number of issues raised that PALS deal with directly and a majority are mitigated at that level before a formal complaint is made.

TB1 Learning from Deaths Report Q1 **03/10/4.2**

C Blanshard presented the report to provide assurance that the Trust is learning from deaths and making improvements. The following key points here noted.

- There is a planned introduction of the Medical Examiner system in January 2020 and improvements in bereavement support.
- A new theme emerged in Q1, of 3 acutely unwell patients who needed medical review at a weekend who did not receive it. Escalating deteriorating patients to the appropriate level is also a theme. A new relative risk of gastrointestinal haemorrhage is statistically higher than expected, particularly the weekend patient cohort. These cases will be reviewed and reported in Q2.
- The relative risk of death of patients with a fractured neck of femur has risen but remains below 100 and these cases will also be reviewed and reported in the next quarter.
- HSMR remains stable but there is still the concern of the weekend HSMR.
- C Blanshard further reported that there were new regulations in relation to formally informing the coroner of a death. C Blanshard noted that this new guidance formalised a process that is already underway in the Trust. J Austin is working to operationalise this with medical staff.

Discussion:

- L Thomas noted that the report included a lot of clinical language which could be difficult to follow as a non-clinician. L Thomas further raised a concern regarding the detail of the report and whether it could be attributable to patients and staff. C Blanshard noted that patient identifiable detail is removed from the report but agreed that the report be closely monitored for identifiable information prior to submission.

- T Baker queried the cost and resource implications of the Medical Examiner role. C Blanshard explained that there is a slight cost implication; the role will be undertaken as a job share by consultants who will be doing it in their SPA time. There is a cost in the bereavement office as an admin role is required to help capture patient details and contact patient families.
- T Baker queried that in terms of improvement in outcomes of Fractured Neck of Femur (FNoF) patients, does the Trust work towards achieving the operating within 48 hours target. C Blanshard explained that best practice is to operate on all FNoF patients within 36 hours, as it is proven that their length of stay (LoS) is shorter and their recovery is quicker. C Blanshard noted that the Trust's LoS for patients with FNoF is above average in the Trust but this is largely due to capacity issues in the community.

TB1
03/10/4.3

Quality Improvement Progress Update

E Provins presented the report providing progress on the delivery of the 'Strategy for Improvement' and Quality Improvement implementation plan approved at the Board in May 2019.

- A Trust-wide approach was developed as a response to the CQC inspection which suggested that improvement principles and practices are given pace and prioritisation within the organisation.
- E Provins noted that great progress has been made to date with the QI Steering Group having quickly matured and is functioning effectively.
- There is work ongoing to develop a network of Quality Improvement Coaches. The plan is that each department, team and ward in the Trust has a nominated QI Coach. This individual will receive training on continuous improvement methodology and will then take this learning back to their team.
- E Provins noted that this Quality Improvement Programme is setting the foundation for a wider Organisational Development and Quality Improvement Programme.

Discussion:

- M Von-Bertele queried what uptake they had received across the Trust in terms of QI Coaches. E Provins explained that the team were in the very early stages of the programme but workshops were being held over the next few months to raise people's interest. Any team that have not got a nominated Coach will be proactively approached.
- J Reid noted that there should be a process in terms of the improvement decisions individuals can make for their own department. E Provins explained that the QI Coaches will be focusing on the improvements that can be made within their power.
- P Kemp thanked E Provins for the report. However, he noted that the first risk in the report was inappropriate. The QI

Coaches being released from day to day activities needed to be managed within the Trust and it was not required to be raised at Board level.

TB1
03/10/5 **WORKFORCE**

TB1
03/10/5.1 **National Staff Survey**

G Toms presented the report and asked the Board to note the actions taking place following the 2018 staff survey and asked for the Board's support to communicate the plan to raise awareness of the 2019 survey. G Toms noted that the 1st October was the launch date and the survey will be open for 2 months, closing on Friday 29th November. There is Trust wide and Directorate specific actions identified within the plan which are in the process of being updated so communications can provide the details of progress in each area.

Discussion:

- FMc queried the action plan as some of the deadlines were in June/July 2019. CCB suggested that these actions be managed via the Workforce Committee on a quarterly basis to ensure there is oversight. **ACTION: GT**
- JMc noted that the staff discount booklet, which had been distributed to the Board members, was created on the back of feedback from the Staff Survey.

GT

TB1
03/10/5.2 **Freedom to Speak Up Guardian update**

C Charles-Barks provided an update on the Freedom to Speak Up (FTSU) action plan in response to NHSI Recommendations. The following key points were noted:

- Board guidance was published in July 2019, reflecting that executives and non-executives have an important role in supporting the culture around FTSUG and wider organisational culture.
- The national guidelines on FTSU training in the health sector have also been published and this was discussed in detail at the Workforce Committee in September.
- October is national FTSUG month and it is important for the Trust to continue to communicate the role of the guardian and clarify what the role is there for.
- C Charles-Barks noted that in relation to the concerns raised, the FTSUG has seen feedback from areas which have not spoken up in the past which is a positive move forward.

Discussion:

- P Kemp noted that the Audit Committee had received an update on the role and scope of the FTSU Guardian. However, PK noted his concerns as it had been noted in the meeting that the Counter Fraud Officer was having regular meetings with the FTSU Guardian. LT noted that these meetings were generally used for the FTSU guardian to gain

advice on any issues that may be fraud related and all cases had been anonymised. M Von-Bertele noted that the Workforce Committee had discussed the requirement of FTSU Champions. The team are looking into the best way to train and support these individuals.

TB1
03/10/6 **GOVERNANCE**

TB1
03/10/6.1 **Delegated authority to sign bank documentation on behalf of the hospital charity**

N Marsden asked the members of the meeting, acting as the Corporate Trustee, if they would delegate authority to him to sign bank documents on behalf of the hospital charity.

The Corporate Trustee approved delegated authority to N Marsden.

TB1
03/10/6.2 **Register of Seals**

The Board noted the Register of Seals.

TB1
03/10/7 **CLOSING BUSINESS**

TB1
03/10/7.1 **Agreement of Principle Actions and Items for Escalation**

N Marsden highlighted three key issues discussed at the Public Board Meeting:

- The next six months will be critical for the Trust in terms of both operational and financial performance.
- The Executive team are working very hard to formulate a Winter Plan. It is noted that this is not a simple task and a level of flexibility is required.
- The Board had a really good discussion regarding weekend HSMR and junior doctor staffing out of hours (OOH). An updated report is going to CGC in October providing more clarity on the key issues and mitigating actions. This will come back to the Board in November.

TB1
03/10/7.2 **Any Other Business**

A Hyett explained that he is required to notify the Board of any major or critical incidents. A Hyett report that on 10th September 2019, between 10:00am and 15:15pm the Trust declared a critical incident due to the failure of switchboard services. A Hyett noted that there had a hot and cold debrief and learning points had been raised.

Discussion:

P Kemp asked if the key issue had been related to the Trust's infrastructure. A Hyett noted that there had a failure in the air conditioning unit that regulated the temperature of one of the Trust's key switchboard rooms. A Hyett noted that the Estates and IT teams had worked tirelessly to resolve the issue and since the event further checks to ensure resilience have been underway.

There were no other items of business.

TB1
03/10/7.3 **Public Questions**

J Mangan commented on the weekend HSMR issue and a discussion took place regarding the lag time with mortality data.

J Mangan further discussed the Fracture Neck of Femur (FNoF) patient times from admission to surgery and stated the 36 hours target should be a clinical priority and set as a standard, not a target.

J Mangan reflected on the patient story and noted that is it not an impairment which causes disability but rather society's response. J Mangan suggested that the Trust needs to look beyond reasonable adjustment if it is to cater for patients with disabilities.

TB1
03/10/7.4 **Date of Next Meeting**

Thursday 7 November, 2019, Board Room, Salisbury NHS Foundation Trust

TB1
03/10/8 **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).

List of action items Trust Board Public 7 November 2019

Agenda item		Assigned to	Deadline	Status
1.5 Matters Arising and Action Log				
111.	• ACTION 58: Medical Workforce Incl. Weekend HSMR, Hospital at Night Team and Guardian of Safe Working	● Blanshard, Christine	07/11/2019	■ Pending
	<i>Explanation action item</i> NM noted that the Weekend HSMR paper had been discussed in detail at Clinical Governance Committee (CGC) and that a follow up paper on Safety and effectiveness of services at the weekend had been requested to go to October's meeting for further clarification. NM requested an update to come back to the Board. Update: Safety and effectiveness of services at the weekend paper to come to November Board			
112.	ACTION 56: Readmission Rates – Stranded Patients	● Hyett, Andy	07/11/2019	■ Completed
	<i>Explanation action item</i> AH noted that these would be included in the next IPR report. Update: Included in IPR			
2.6 Integrated Performance Report - August				
113.	DTOC Data Quality	● Provins, Esther	07/11/2019	■ Pending
	<i>Explanation action item</i> T Baker queried why data quality for DTOC performance had been RAG rated amber. E Provins noted that this was more than likely due to the delay in reporting but would investigate and report back.			
5.1 National Staff Survey				
114.	National Staff Survey	● Lane, Lynn	07/11/2019	■ Completed
	<i>Explanation action item</i> FMc queried the Staff Survey action plan as some of the deadlines were in June/July 2019. CCB suggested that these actions be managed via the Workforce Committee on a quarterly basis to ensure there is oversight. Update - added to Workforce Committee Work Plan			

Report to:	Trust Board (Public)	Agenda item:	1.8
Date of Meeting:	7 November 2019		

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:
<p>This report provides the Board with an overview of some of the current activities of the Executive Team and key issues locally.</p> <p>This report also provides an update for the Trust Board on some of the key issues and developments since the last Board meeting.</p> <p>This report will show progress on the following areas:</p> <ul style="list-style-type: none"> • Performance • Finance • Workforce • Flu Campaign update • NHS Staff Survey 2019 • STP / Local News • Events <p>A number of areas raised in this report may also feature in more detail in Executive Directors reports as part of the Board's Business.</p>

Background

This is the 11th Chief Executive Report being presented for 2019 and, where appropriate, has been informed by updates provided by members of the Executive Team.

Performance

The hospital, like others in the region, was very busy and experienced unseasonably high demand; the Trust was at Opel level 4 for 23 days during September. As a result there was an inevitable reduction in our 4 hour performance compared to our achievement of the standard in August; however we continued to perform above trajectory (achieving 91% compared to a trajectory of 89% for the month).

We remain under pressure to improve our productivity to make best use of our available capacity. This is being addressed through work that focuses on what we as a hospital can do as well as the work we are doing with our community partners.

Despite the increased pressures, which were felt right across the hospital impacting on patient flow, our staff worked extremely hard to provide safe and quality care to our patients and had no cases of MRSA. There was one case of C.difficile in September, bringing our total for the year to 14 which exceeds our annual target of nine. Seven of these cases have appealed and we are awaiting the outcome of the CCG investigation.

Finance

The Trust met our financial control total for the year so far up to the end of September, the achievement of which was made possible thanks to a contractual minimum income guarantee on the 2019/20 contract agreed with BSW system partners, Wiltshire CCG. While this is positive news as it means the Trust is able to recognise a further £1.4m in financial performance incentive payments, it does not reduce the Trust's overall risk to delivering the overall 2019/20 financial plan.

Delivering planned levels of throughput in Theatres remains challenging; this has been compounded by a stepped increase in demand at the Trust's front door, meaning the use of escalation beds became increasingly prevalent. The approach to these operational and financial risks is being modelled and discussed both internally and at a BSW system level in order to ensure best possible resilience in the delivery both planned and emergency, safety, quality, and performance targets over the winter period.

Workforce

Recruitment events and campaigns continue to attract highly skilled and innovative people and we have attended two Jobs Fairs this month, one sponsored by the Salisbury Journal and the other organised by Wiltshire Council for Military families, prior to the military rebasing.

We recently ran a recruitment event for Nursing Assistants and this was also very successful with 14 substantive appointments made and 17 people attracted to our bank.

In terms of international recruitment we have developed a healthy pipeline of registered nursing appointments, which are currently outstripping our capacity to provide OSCE support and as such we have had to arrange additional resources to support their training.

The Trust saw 91 new starters across all disciplines. While the overall sickness absence rate has decreased in the last month to 3.29%, this remains above the 3% target, with long term absence decreasing and short term absence increasing by about 10%. We continue to manage cases proactively, with the aim of reducing these levels back below target to a sustainable level.

Mandatory training is above target at 89.2%, whilst medical and non-medical appraisals are just below their respective targets. Individual plans should, however, bring these back in line with expected plans in October.

Flu Campaign

The Trust recently commenced our staff flu campaign with drop-in sessions being made available to all staff throughout the month of October. Arrangements were also made for occupational health to visit staff in their own areas for larger group sessions. Figures for flu vaccinations in October, by staff group, are shown below.

Staff Group Uptake (Clinical areas)	% Vaccinated
Add Prof Scientific and Technical	51%
Allied Health Professionals	53%
Medical and Dental	43%
Nursing and Midwifery Registered	39%
Support to Clinical Staff	42%

By the end of October 40% of frontline staff had been vaccinated. It is anticipated that the Trust will surpass last year's total and reach our target of 80%.

NHS Staff Survey 2019

All staff have had an opportunity to complete the annual NHS staff survey, which was launched in October. The national NHS Staff Survey is run in partnership with trade unions and responses are strictly confidential. The survey is run by an external company and no one from the hospital will be able to identify individual responses.

The survey highlights what we do well and also gives staff an opportunity to highlight where we can make improvements to support them at work. We are working hard to improve upon last year's response rate and are encouraging all of our staff to complete the survey, by introducing messaging on the bottom of both paper and electronic payslips, as well as a targeted campaign with posters being displayed in prominent staff areas.

The results of the survey will be published in the spring and any recommendations listed in the Trust's action plan will be monitored at Board level.

STP/Local News

BSW Partnership Working

On Friday 18th October, Christine Blanshard and I attended an STP wide development session. The purpose of the day was to agree an overarching vision for the STP. The proposed vision will be finalised over the coming month. In addition to this 3 key areas of work have been identified as needing to be progressed, these pertain to:

- Clinical Care Models
- BSW Academy
- Place verses Integrated Care Alliances

BSW Long Term Plan Submission

The STP is required to submit a response and plan to NHSE/I during November detailing the work we will undertake to meet the requirements set out in the Long Term Plan.

A number of STP representatives including myself attended a meeting with the SW NHSE/I Executive Team on Monday 21st October to receive feedback on our draft submission. It is fair to

say that a significant amount of work is still required to ensure that our STP plan is robust and will deliver the change required at the level and place required by NHSE/I as per the Long Term Plan.

STP Emergency / Elective Risk Summit

On Friday 25th September, Lisa Thomas, Andy Hyett and I attended an STP wide risk summit to test confidence in all provider plans across the winter period. I raised concerns regarding gaps in clear timeframes for initiatives commencing and the correlated impact this would have on either reducing emergency attendances or reducing delays for ongoing care in the community or social care.

This will be picked up via local delivery boards and again at a further summit in December.

I have also raised concern regarding the deteriorating ED performance position at the two other acute hospitals in the STP and our collective responsibility to identify new and different strategies to improve both the experience of patients awaiting emergency care and the staff that are working under extreme pressure.

BSW Clinical Commissioning Group

Since last report, the application to apply to merge BaNES Swindon and Wiltshire CCGs into a single Clinical Commissioning Group in April 2020 has been given formal approval by NHS England and NHS Improvement.

This followed a period of engagement with the public, staff, providers and other key stakeholders. It has also been supported by GP practices in BaNES, Swindon and Wiltshire as well as each CCG governing body.

The plan will have no effect on the way services are currently provided across the area but will reduce variation in care and standardise best practice so everyone can access high quality treatment and services, regardless of where they live.

Working as one organisation will also help the CCG meet financial challenges through offering greater buying power, eliminating the duplication of administrative support functions and streamlining governance processes. The savings made can then be invested in frontline services or transformational projects.

Sarum Ward Staff Win Regional Paediatric Awards

This month has seen two members of staff from Sarum Ward being honoured with awards recognising their service to children's health at the Wessex Paediatric Awards for Training Achievements (PAFTA) 2019.

Staff Nurse, Andrea Rowe, was awarded Paediatric Nurse of the Year for her team leadership, commitment to quality and improvement and delivering high quality care in an emergency.

Healthcare Assistant, Jan Keah, won the Special Persons in Paediatric Award for ensuring the smooth running of the ward, supporting other staff members and for creating a series of festive displays that the children under her care can interact with.

In addition to Andrea and Jan's wins, the entire Children's Unit was nominated for the Training Unit of the Year Award.

Events

- **Bring a Pound to Work Day**

Salisbury NHS Foundation Trust recently hosted the Bring a Pound to work day to raise funds for The Stars Appeal. The event was supported by Spire FM with a live radio broadcast from our Springs restaurant by Martin Starke from the Breakfast show and raised £12,484 for the Stars Appeal Charity.

- **Black history month**

The Trust, with support from its BAME Network, supported Black History Month in various ways this year, with special menus being offered in both the Springs and Hedgerows restaurant. The Trust also held a special screening of Small Island, which was a timely reminder to learn from the lessons of the past and ensure we work together to change the future

Magic Table Technology for Dementia Patients

I was delighted to be able to attend the recent launch event and officially open the 'Friends Memory Lane Café', a reminiscence room for elderly patients, which includes award-winning technology, Tovertafel, otherwise known as 'magic tables'.

This room, located on the hospital's Spire Ward, has been fittingly renamed as the 'Friends Memory Lane Café', re-designed to provide a place of calm away from a clinical environment. The magic table projects interactive light displays, designed to motivate the mind and inspire elderly frail and stroke patients, including those with dementia, to be more active. This is a simple and effective way of bringing dementia patients together with others, including their families and carers.

This has been made possible thanks to a very generous donation from the League of Friends.

Recommendation

The Board is asked to note this report.

STOP PRESS

Your essential guide to what's going on in health and care across B&NES, Swindon and Wiltshire

October 2019



Healthy living advice and improved access to services tops local wish list

People living across BSW have said they want local health and social care providers to support them to live healthier lifestyles, offer better access to services and make sure the professionals they see understand their needs.

The wish list comes after the conclusion of the recent Our Health Our Future engagement campaign which saw 1500 people answer survey questions and 1000 people talk to NHS staff about their hopes for the future of health and care services in the region.

People living in BSW said it was important they were given the opportunities, advice and information they need to live healthier lifestyles and be more aware of symptoms of diseases such as diabetes and high blood pressure so they could seek help earlier.

They said it should be easier to see staff at their local surgeries and waiting times for appointments and operations in local hospitals should be reduced.

Lots of respondents also said they didn't always feel listened to or taken seriously by the health and care professionals they saw.

The results, along with answers from an earlier

survey carried out by charity HealthWatch, have been passed onto local health leaders as they draw up plans for how health and care services across BSW will be organised over the next five years.

The results will also be published on BSW CCG websites and in an accessible booklet over the next few weeks.

Tracey Cox, Chief Executive of BaNES, Swindon and Wiltshire CCGs said the survey results would prove invaluable.

"As the wider health and care system in B&NES, Swindon and Wiltshire draws up plans for the next five years, it's essential that we listen to the views of local people so we can ensure our services provide support through every stage of people's lives and help them start well, live well and age well.

I'd like to thank everyone who took the time to fill in our survey or talk to us. The views they have shared will play an important role in how we develop our health and care services in BSW."

Find out more about Our Health Our Future at www.bswstp.nhs.uk/ourhealthourfuture

Inside this issue of STOP PRESS:

- *Recruitment campaign looks to address nursing shortfall*
- *BSW continues to strengthen leadership team*
- *CCG merger update*

Recruitment campaign looks to address nursing shortfall



Health and care organisations across BSW are backing a new national recruitment campaign designed to attract more young people to careers in nursing and address the current 40,000 national shortfall.

The new campaign centres on a TV advert and social media campaign and aims to target sixth formers and encourage them to apply for student nursing courses.

It also looks to boost nurse retention levels and encourage former nurses to return to the NHS.

Ian Hampton, lead campaign manager for NHS England and NHS Improvement said the campaign “conveys the inspiring, extraordinary work that nurses do day-to-day, and we hope it will capture the imagination of students deciding the next step in their education.”

Find out more about careers in nursing at www.healthcareers.nhs.uk/nursing-careers

Primary Care Networks develop in BSW

As health and care providers across BSW continue to work in a more joined up way, GP practices are playing a central role in providing a wider range of services by working together as Primary Care Networks (PCNs).

These networks play a crucial role in providing a truly joined up approach to health and care. They are groups of GP practices working together to provide a wide range of services to populations ranging from 30,000 to 50,000, although some PCNs will serve smaller or bigger populations.

PCN teams include GPs, pharmacists, district nurses, physiotherapists, paramedics and physician associates. In some cases they will also include other health professionals, as well as staff working in social care and the voluntary sector.

There are currently 21 PCNs across BaNES, Swindon and Wiltshire.

The PCNs will play a crucial role in joining up health and care across the region and helping people to be independent. They are being supported in a number of ways by BSW Partnership including quarterly forums which provide the developing networks with an opportunity to share learnings and best practice.

Dr Ian Orpen, Chair of the BSW Clinical Board, said PCNs were an important step forwards in providing more personalised and joined up health and social care.

“PCNs represent a real change in the way we should all see our GP practices – from reactively providing appointments to proactively caring for people and communities.”

Health and care services get set for winter



Although the autumn sun may be still be shining, health and care leaders across BSW are busy planning for how best to ensure local services cope with increased demand this winter.

Seasonal demand across the NHS and social care often peaks during the winter months. As a result, planning in BSW is already well

underway with hospitals, GPs, social services and other health professionals coming together to plan how best to organise services.

At the same time, residents across the BSW area are also being urged to do all they can to look after themselves and avoid getting ill as we approach the winter season.

Gill May, Director of Nursing & Quality at BSW CCGs said taking some simple steps to prepare for winter would help people stay healthy to avoid any unnecessary hospital stays during this busy period.

“Making sure you get your flu jab over the coming weeks if you are over 65, pregnant, a child aged 2-3 or have a long-term health condition will really help. If you start to feel unwell, even if it's a cough or a cold, don't wait until it gets more serious, but seek advice from a pharmacist.”

Fastest drop in smoking rates in ten years as Stoptober launches across BSW



Stoptober is back in BSW to help more people end their toxic relationships with smoking.

This Stoptober, smokers are being encouraged to say goodbye to cigarettes and split up with smoking for 28 days from 1st October.

Quitting - even for a short period - is a great

step in the right direction to better health, and it's a move lots of people are making. Early indications from a major study have shown the number of smokers in England has fallen by 2.2 per cent so far in 2019.

Public Health England is encouraging England's remaining smokers to join in with the nation's biggest quit attempt and is providing them with the information and support they need to split up with smoking now.

If you are a smoker, quitting is the best thing you can do for your health and the health of those around you. Just search 'Stoptober' for more information.

CCGs move step closer to merger

The three groups responsible for delivering health services in B&NES, Swindon and Wiltshire have moved a step closer to becoming one single commissioning organisation.

The move comes after GPs and CCG governing boards approved a proposal to submit a formal application to NHS England/Improvement to merge the three CCGs.

A merger submission document has been sent to NHS England/Improvement for final approval and confirmation of their decision is expected in mid-October.

Tracey Cox, Chief Executive of BaNES, Swindon and Wiltshire CCGs, said she welcomed the backing from GPs and Governing Bodies.

“This positive endorsement by our members and boards to become one CCG is a significant step forwards which will create a new organisation with benefits for patients, our staff and our GP members.

Becoming one CCG will result in reduced variation in care and standardised best practice.

Working as one organisation will also reduce running costs, help meet financial challenges and free up more money to be invested in frontline services and transformational projects.”

New appointments to Executive team

Work to strengthen BSW CCGs joint executive team as B&NES, Swindon and Wiltshire CCGs work together in a more joined up and integrated way is continuing with a number of appointments being made over the past few weeks.

Sheridan Flavin and Alison Kingscott have been jointly appointed in a job share role as Interim Directors of Workforce and Organisational Development for a nine month period. Sheridan and Alison are both familiar with the BSW area. Sheridan most recently was the interim HR Director at GWH and Alison has previously worked at Salisbury Foundation Trust as HR Director.

Meanwhile Ted Wilson has been appointed as the Locality Director for Wiltshire CCG from Monday 1st October on an interim basis while the process to recruit permanent locality directors for both Wiltshire and Swindon continues.



Sheridan Flavin (left) and Alison Kingscott (right) have been appointed in a job share roles as Interim Director of Workforce and Organisational Development.

Tell us what you think!

We always value feedback from the people who matter: you! Get in touch with us today and let us know how you feel about health and care across B&NES, Swindon and Wiltshire

Call: 07500 121720

Email: bswstp.communication@nhs.net

Web: www.bswstp.nhs.uk

Follow us on twitter: @BSW_STP

Report to:	Trust Board (Public)	Agenda item:	2.1
Date of Meeting:	7 th November 2019		

Report from: (Committee Name)	Trust Management Committee (TMC)		Committee Meeting Date:	16 th October 2019
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Cara Charles-Barks, Chief Executive			
Board Sponsor (presenting):	Cara Charles-Barks, Chief Executive			

Recommendation

The Trust Board are asked to note the items escalated from the Trust Management Committee meeting held on 16th October.

Key Items for Escalation

The Trust Management Committee considered the following business cases:

- Lead Clinician and Consultant Endoscopist – The business case was supported on the basis that funding for the role would be managed within the Directorate's budget.
- Early Supported Discharge/ OPAL business cases – The Committee supported the proposals but it was recognised that further evaluation was required in relation to winter planning prior to any decisions regarding the allocation of winter funding.
- Paediatric HDU Business case – The Committee approved the business case to bring the High Dependency area in Sarum Ward up to an appropriate specification.
- RIS Business Case – The Committee recommended the business case for approval to the Finance and Performance Committee.
- Business Intelligence Tool – The business case was considered and supported recognising that further discussion was required at F&P.

The Committee also approved the revised Conflicts of Interest Policy.

To note: The Annual Sustainability Report was received and noted by TMC in August 2019. The progress was noted and the Committee recognised that with an ever increasing focus on climate change and sustainability as an organisation and as individuals, more time and resource is required to implement the plan and drive change, practice and behaviors.

Report to:	Trust Board	Agenda item:	2.2
Date of Meeting:	7 November 2019		

Committee Name:	Clinical Governance Committee		Committee Meeting Date:	22 nd October 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 Clinical Governance Committee meeting of the 22nd October 2019.

Items for Escalation to Board

Quoracy of the Committee – There was only one non-executive present, therefore the meeting was not quorate and consequently no decisions could be made. However, interviews for new non-executive positions have been completed and the membership of the Committee will be strengthened going forward.

Risk Management Annual Report 2018/19 and Maternity and Neonatal Risk Management Annual Report 2018/19 - Both of these detailed reports were received by the Committee and it was recognised that systems and processes to gain assurance were in place, however it was essential all parts of the Trust complied with these systems and processes to ensure full assurance. In particular a few known Maternity risks, e.g. CTG interpretation, which were highlighted in the Trust wide Annual Report, had not been included in the Maternity and Neonatal annual risk report.

Cancer Serious Incidents, Report from Risk Summit – The Committee received this positive report which identified a series of recommendations covering five areas;

Appointment systems
 Clinic outcome forms
 Investigation reports
 Follow up or access plans
 Multi-disciplinary team (MDT) working

It was agreed that a process report on how these detailed actions were being progressed would come back to the November 2019 Committee meeting and a full report on the

outcome of the changes would come back to the Committee in May 2020, after the follow up risk summit in April 2020.

Weekend HMSR and wider weekend working assurance – The Committee received a further report which tried to “pin point” more specific issues and actions to (a) reduce the decline in weekend HMSR and (b) provide further assurance that the hospital was “safe” at the weekend. The conclusion of a lengthy discussion was that the Executive were tasked with pulling together a series of prioritised clinical/operational actions to present to the Trust Board at its meeting on the 7th November 2019. The aim of these actions was to strengthen our clinical decision making on the weekend and Sunday in particular.

Getting it Right First Time (GIRFT) – The Committee received and noted an annual report covering actions undertaken by this important initiative, which aims to improve outcome and reduce unwarranted clinical variation, from October 2018 to September 2019.

Report to:	Trust Board (Public)	Agenda item:	2.3
Date of Meeting:	7 th November 2019		

Committee Name:	Finance and Performance		Committee Meeting Date:	22 nd October 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 22nd October 2019.

Items for Escalation to Board

Contract for the supply of a Picture Archiving System (PACS) system – This was the first of two radiology tender outcome reports that were presented to the Committee for support, prior to going to the Trust Board meeting on the 7th November 2019 for a formal decision. Following a long discussion of the overarching procurement process, it was agreed to support the recommendation.

Contract for the supply of a Radiology Information System (RIS) – as per the above PACS contract, the Committee agreed to support the outcome of the RIS tender evaluation exercise, noting that the formal decision would be made at the Trust Board meeting on the 7th November 2019.

Operational and Financial Performance 2019/20 (including Winter Plan) – Despite the Trust performing reasonably well, both financially and operationally in the 6 months up to the 30th September 2019, the Trust expects significant pressures to build in the second half of the year. In particular financial risks of circa £3.5m may prove a significant challenge to internally manage. Therefore the Trust Board needs to be aware of the importance of (a) ensuring safety, whilst (b) continuing to improve our internal operational efficiency, particularly in theatres and hospital flow and c) balancing finance and performance (RTT and diagnostics) in the second half of the year. The Trust Board also needs to ensure we are working positively and proactively with our external partners to manage and mitigate these risks.

In year productivity and income 2019/20 – A key issue driving our challenging financial performance in 2019/20 is a reduction in the clinical work we planned for and consequently reduced income. This is highlighted by the performance, financial and contract reports. Therefore the Committee agreed to prioritise this issue at our November 2019 meeting to gain a better understanding.

Salisbury Health and Wellbeing Campus, Strategic Outline Case (SOC) – The Committee received a presentation this detailed and lengthy SOC and congratulated colleagues on progress and the considerable work undertaken to date and looked forward to further discussions at Trust Board and Financial and Performance Committees.

Report to:	Trust Board (Public)	Agenda item:	2.4
Date of Meeting:	7 th November 2019		

Committee Name:	Subsidiary Company Governance Committee		Committee Meeting Date:	7 th October 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 Subsidiary Company Governance Committee meeting of the 7th October 2019.

Items for Escalation to Board

Sterile Supplies Limited (SSL) – Discussions are ongoing concerning the financing of the planned capital redevelopment of the sterile supplies facilities on the Salisbury Hospital site, in light of an anticipated increase in capital costs. SSL is a 50/50 joint venture with Steris and there are a number of options for financing any increase including (a) the Trust and Steris funding 50/50 or (b) the Trust changes its percentage ownership of the joint venture, by an agreed percentage and Steris correspondingly finances 100%. Lisa Thomas is initially taking forward these discussions and the Trust Board can be briefed on progress at the Board meeting on the 7th November 2019.

Salisbury Trading Limited (STL) – The STL business appeared to be going strongly and smoothly until it was reported at the meeting (7th October 2019) that Guys Hospital had given notice on the new contract that had started that week on the 1st October 2019. STL were trying to understand the reasons behind the decision and were also taking legal advice. The Trust Board will be briefed on this fast moving issue at the Board meeting on the 7th November 2019.

Odstock Medical Limited (OML) – The Board received a full presentation on the current and future issue facing OML from their new management team and looked forward to receiving future updates in 2020.

Report to:	Trust Board (Public)	Agenda item:	2.5
Date of Meeting:	07 November 2019		

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):	Andy Hyett, Chief Operating Officer			
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:

The Integrated Performance Report highlights key themes and issues across the organisation, attempting to make links between the various aspects of the Trust's business. As such it brings together themes from the: performance, quality, workforce and finance reports and seeks to set out the interlinking issues and plans to move forward the challenges faced.

This report for November 2019 Board is now in an agreed format using data and commentary available for performance to September 2019 across the Trust's services to produce a summary report. Elements of this report are also scrutinised by Board Committees using the same format. The Structure of the Report is being designed to align with the Trust's key strategic priorities and their related (CQC based) assessment frameworks. The Trust has sought feedback from the CQC on the progress made on the report.

Performance

The Trust was unable to maintain the positive performance on the Emergency Access and Diagnostic standards that was achieved in August, but nevertheless continues to benchmark favourably against challenges experienced elsewhere in BSW and the South West of England. Bed occupancy levels increased notably across the Trust in September, and this in turn is reflected in ongoing challenges around timely discharge and high levels of Delayed Transfers of Care. Operational pressures also contributed to

a significant increase in non-clinically justified mixed sex breaches in September.

Challenges in elective care are also beginning to emerge – and while the Trust continues to deliver on the RTT standard, the trend is of performance falling and waiting list size increasing. In light of this and as part of the development of this report, we have included a breakdown of RTT performance and waiting list size by key specialty so that specific actions can be planned according to the trends identified in the SPCs for each area.

The Trust continues to take action to mitigate the number of C.Difficile cases and ensure that any lapses in care are identified and action taken. Weekend HSMR remains a concern and more information has been considered by Clinical Governance Committee at its October meeting – the outcomes of this will be updated to the Board.

The Trust has reported a £300k surplus for September, taking the year to date control total deficit to £5,220k meaning that the PSF and FRF for quarter 2 may be recognised (payment will be received during Q3).

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	<input checked="" type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

Integrated Performance Report

November 2019
(data for September 2019)

Summary

Introduction

The Integrated Performance Report highlights key themes and issues across the organisation, attempting to make links between the various aspects of the Trust's business. As such it brings together themes from the: performance, quality, workforce and finance reports and seeks to set out the interlinking issues and plans to move forward the challenges faced.

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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

September 2019

There were **2,723** Non-Elective Admissions to the Trust



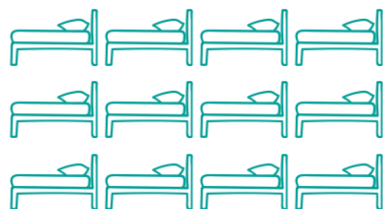
We delivered **21,288** outpatient attendances cases



We met **6 out of 7** Cancer treatment standards



We carried out **427** elective procedures & **2,141** day cases



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



RTT 18 Week Performance: **92.2%**

Total Waiting List: **18,286** ↑



97.6% of patients received a diagnostic test within **6 weeks**



Our clinical income was **21,448k** (£300k over plan)



17% of discharges were completed before 12:00



Emergency (4hr) Performance **91.5%** ↓
(Target trajectory: 89.0%)



1,202 patients arrived by Ambulance

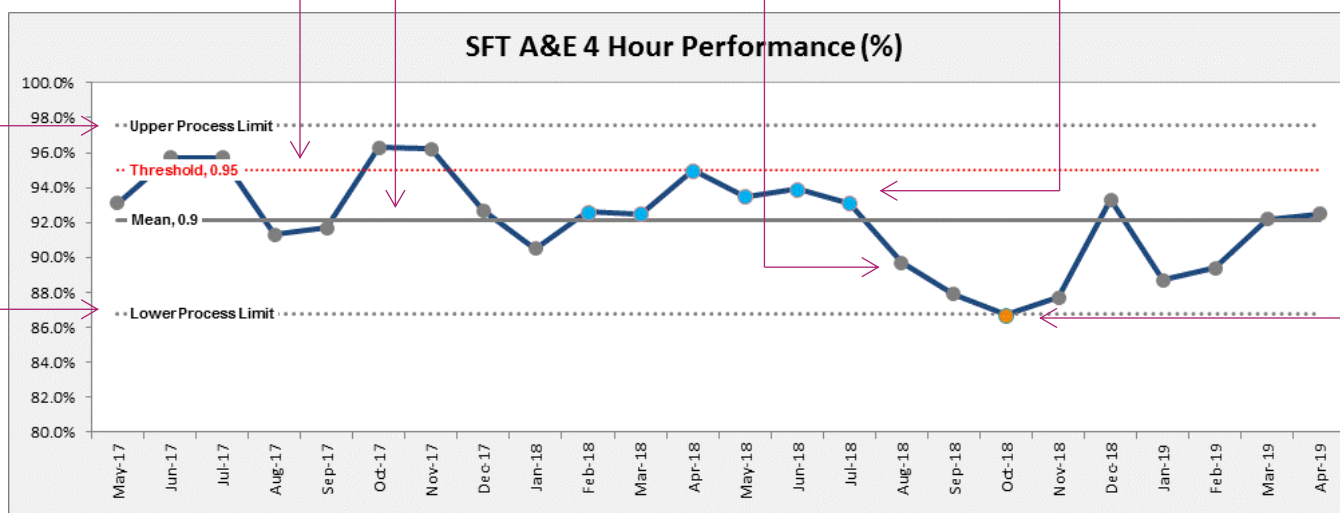


Our overall vacancy rate was **3.49%** ↓



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

Part 1: Operational Performance

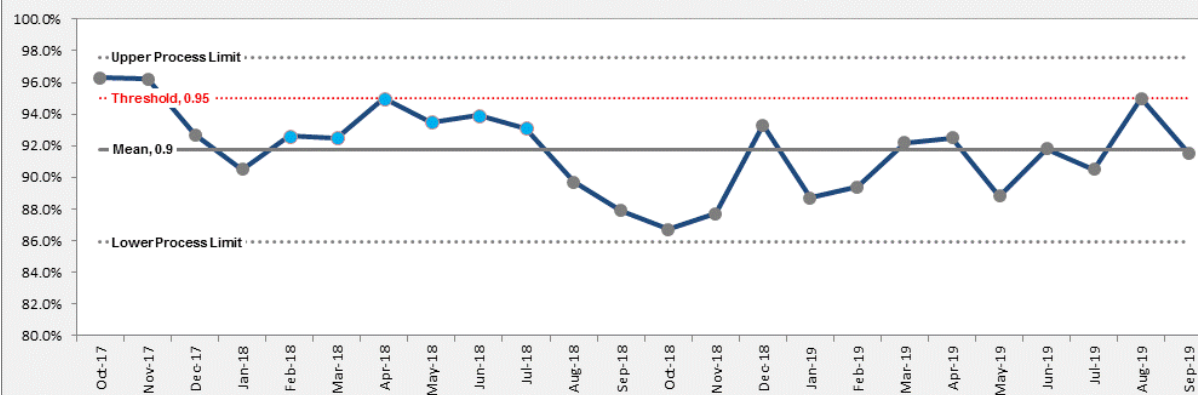


Our Priorities		How We Measure	
Local Services		Are We Effective?	Are We Responsive?
Specialist Services			
Innovation			
Care		Are We Safe?	Are We Caring?
People		Are We Well Led?	Use of Resources
Resources			

Emergency Access (4hr) Standard Target 95% / Trajectory 89.0%

National Key Performance Indicators

SFT A&E 4 Hour Performance (%)



Data Quality Rating:



Performance Latest Month:

91.5%

Attendances:

6238

12 Hour Breaches:

0

ED Conversion Rate:

26.5%

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

M6 saw a reduction in 4 hour performance as compared to M5 (95% reduced to 91%) but continues to represent achievement above trajectory (89%). During M6 the Trust was on OPEL 4 level for 23 days compared to August of OPEL 1 at 15 days so during a challenging month operationally the ED and front door teams (AMU/SAU etc.) continued to perform well amidst a number of capacity challenges. M6 was a challenging month for workforce, testing resilience amongst some. Two Consultant vacancies in the team resulted in a number of shifts being covered by locums (albeit known locums to SFT) or through the sacrifice of non-clinical time or additional sessions from the internal staff – this was necessary to ensure cover at peaks in demand or to react to requiring additional cover to maintain patient safety

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

Staffing New consultant joining 4th Nov & advertising remaining vacancy

Flow OPAL, SSEU, Clerking processes are continuing as key work streams for ready steady go.

Redefining ED1&2 Consultant rotas to improve leadership and presence on the “shop floor”

Leadership Shift in rota completion of job planning

Education supervision of juniors to improve performance and resilience

DMT presence at Seniors Meetings, regular support offered to Clinical Lead and Deputy

Challenge behaviours of consultant team

Risks to delivery and mitigations

An increase above forecast growth in the higher acuity activity including resus

Lack of capacity for patients converting to admissions due to lack of flow out of the hospital

Workforce resilience

Ability of partner organisations to deliver their plans

Statistical Process Control Chart Key: --- Target

Control Chart Key: — 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)

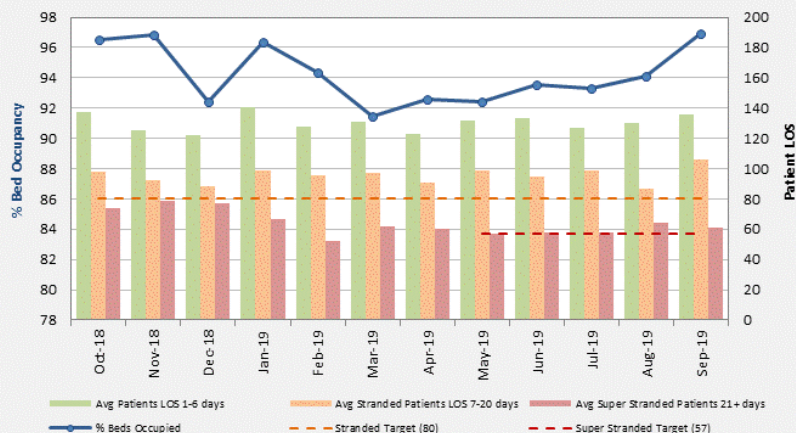
● Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)

● Common Cause Variation

Patient Flow and Discharge

Are We Effective?

SFT Bed Occupancy and LOS



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

The 21 day + LOS group has maintained a level at around the target. There is an increase in the 7+ day LOS group and a continued rise in the 0-6 day LOS group. This would indicate that the focus on superstranded patients is having an effect and a greater number are being discharge before they reach 21 days. However more focused attention on the 7 day+ group is required with the aim of further increasing the number in the 0-6 day group as 7 day+ group also decreases.

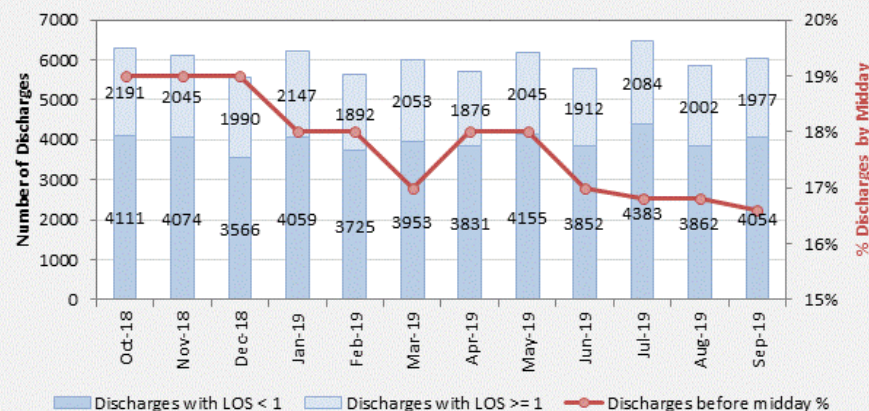
Bed occupancy has risen significantly with greater demand and DTOC that are challenging to discharge and in line with the rise seen at the beginning of last winter. However our level of longest LOS patients is much lower this year.

Discharges before midday remain a challenge. Experience of OPEL 4 is that AMU/SAU can start the day with patients needing to be admitted and therefore flow in the early morning can be slow.

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

- Expert panel continues to review 14 day+ LOS and NHSI are presenting the DPTL data on 5th November so SFT can view performance in the context of national data and develop next steps for further improvement
- Medvivo liaison staff have commenced working closely with OPAL at the front door to ensure early plans made for Wiltshire patients are followed through if immediate discharge is not appropriate or possible, and reviewed at an early stage if the patient is admitted.
- Wiltshire Council are planning to implement the Conversations Helping All People Thrive (CHaT) programme in SFT making streamline improvements to social care assessments, and more direct access to services on discharge. SFT anticipate a trial area to be confirmed by mid October
- The appointment of a Wiltshire Trusted Assessor in November will support the flow of patients in the first instance returning to residential care settings without the need for homes to visit and reassess. The impact of this should be seen by January

SFT Discharges Before Midday (All Wards)



Risks to delivery and mitigations

SFT is yet to receive assurance around winter plans from health and social care partners and so are not yet prepared to utilise any additional support system that is planned for the winter period

The lack of community capacity to discharge patients into the correct setting will impact upon the quality of care being provided by SFT. More focussed and efficient planning at SFT will not impact LOS alone without external partner support.

Wiltshire Councils system of authorising funding has built in delays and is set to continue into winter, and the Council has identified a lack of provision available to them.

Wiltshire Council are due to change IT system in November and implementing this potentially could impact the time taken to process a patients plan from assessment to delivery, and is not set up for the new Conversations Helping All People Thrive (CHaT) project

Delayed Transfer of Care (DToC) Bed Days

Performance Latest Month:

Data Quality Rating:



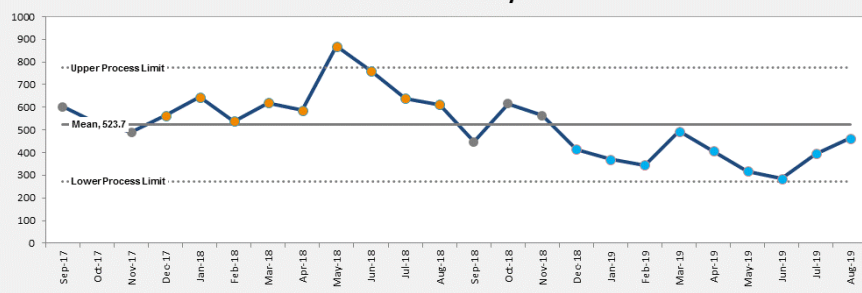
Days Lost to DToC:

165 NHS + 265 SS

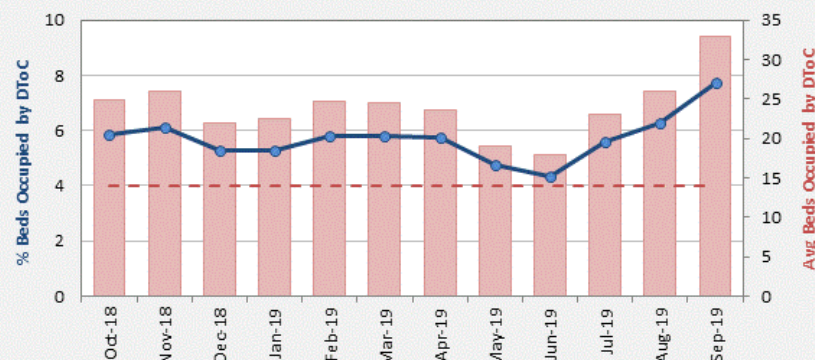
DToC Patients (last Thursday of month snapshot):

27

SFT DTOC Bed Days



SFT Beds Occupied by DToC



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

As previously stated, access to community services particularly in Wiltshire was a challenge in September for bed based care and Homefirst

Dorset has reinstated their social care presence in the hospital and so it is anticipated that SFT will see a reduction in delays awaiting assessment. Additionally Dorset Health have altered their in reach method and will be working more closely with IDB staff and the front door areas exploring ways to actively pull patients through to the community.

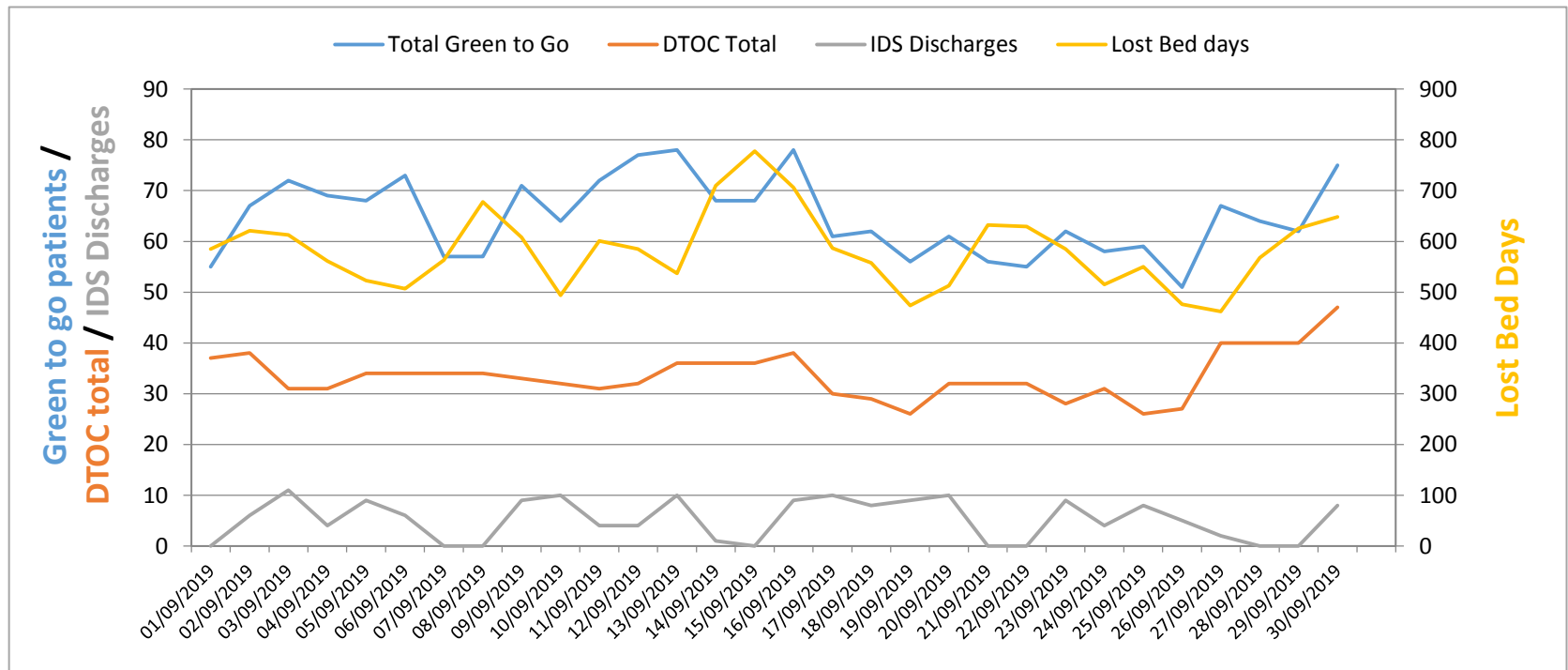
Hampshire Dorset and Wiltshire are all participating in a CHC fast track best practice review with the aim of reducing the time it takes to complete and application and access services for discharge. SFT has seen significant rise in the number of applications made and number of people being discharged on this pathway. This could potentially put pressure on existing services providing particularly care at home and Wiltshire CCG is exploring the use of hospice teams to support care at home.

The use of discharge to assess beds has been consistent for Wiltshire Council and capacity is full currently. There are 4 beds and SFT would benefit from understanding the flow out so as to support the plans to admit.

Delayed Transfer of Care (DToC) Bed Days

September has seen the DTOC number in SFT significantly rise, the highest point being at the very end of September with 47 DTOC with the longest wait for a Pathway 1 (Home First) discharge being 31 days. This tallies with the high level of 'green to go' patients, increasing lost bed days through the month and complex discharges tailing off towards the end of the month. It shows internal processes continue to support patients through their journey at SFT but the biggest challenge is external capacity. Wiltshire CCG have an event planned in October in an effort to expedite whole system flow which should see the release of capacity in health and social care for the beginning of winter

Integrated Discharge Bureau review will see a greater focus on triage for health and social care referrals by Medvivo and Wiltshire Council, and case management by SFT employed staff. This will use staffs skills to the greatest advantage and ensure appropriate momentum both internally and externally



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

SFT RTT PTL Volume by CCG:

Total WL	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Dorset CCG (11U)	2,459	2,537	2,588	2,650	2,762	2,760	2,771	2,832	2,845	2,871	2,889	2,882
West Hampshire CCG (11A)	1,620	1,639	1,666	1,628	1,696	1,748	1,638	1,667	1,690	1,743	1,695	1,682
Wiltshire CCG (99N)	10,343	10,441	10,192	10,384	10,500	10,328	10,540	10,478	10,718	10,630	10,809	10,900
Other CCGs	2,834	2,526	2,411	2,180	2,105	2,113	2,083	2,323	2,498	2,732	2,800	2,822
Trust Total	17,256	17,143	16,857	16,842	17,063	16,949	17,032	17,300	17,751	17,976	18,193	18,286

Data Quality Rating:



Performance Latest Month:

92.2%

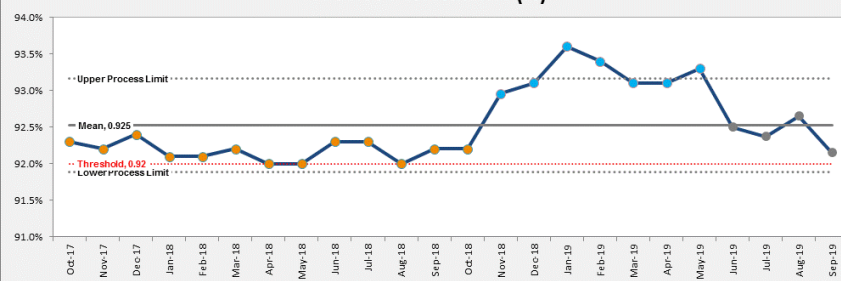
PTL Volume:

18,286

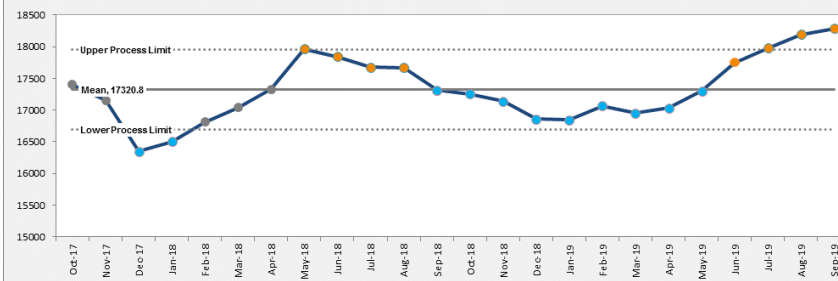
52 Week Breaches:

0

SFT RTT Performance (%)



SFT RTT PTL Volume



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

Overall RTT Performance Standard achieved with the 2 of the 3 specialties of concern showing continued improvement **ENT 92.94% (+2.26%)** and **Urology 86.34% (+1.72%)**.

Dermatology 58.27% (-3.76%) position continues to deteriorates predicted waiting excess of 52 weeks by April 2020.

1st appointment waiting times in Dermatology, Oral Surgery, T&O and Urology are now putting at risk the delivery of the overall performance standard.

The **PTL** continues to rise (+1340) increasingly due to waiting times highlighted above and the factors highlighted in last months report.

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

Dermatology A Skin Risk Summit is scheduled for November to focus attention on recovery plans and agree a clinical strategy based upon GIRFT Audit (Sept 2019) recommendations.

For the challenged specialties undertake a review of referral v. activity mapping recovery plans to integrate fully with opportunities created by Q4 winter planning discussions.

Increase over performance of specialties that have capacity e.g. Gynae to help maintain overall 92% compliance

Risks to delivery and mitigations

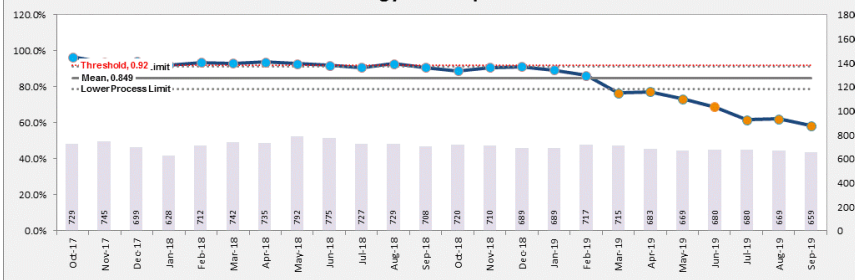
Continued growth of referrals arising from long waits and poor capacity at neighbouring trusts.

Escalate challenges to the Acute Alliance for a system wide solution

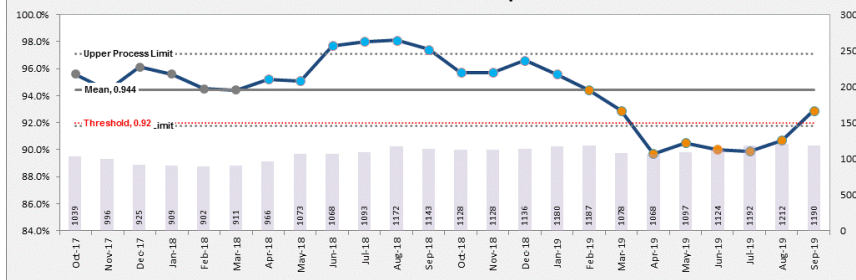
Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

National Key Performance Indicators

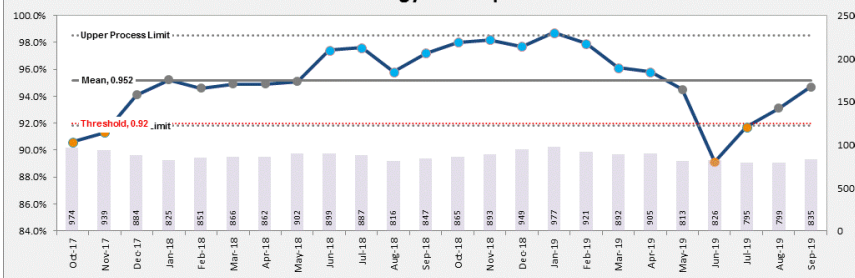
RTT - Dermatology - Incomplete < 18 weeks %



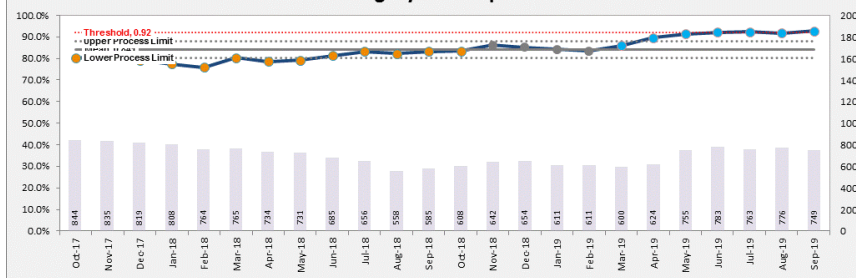
RTT - Ear Nose and Throat - Incomplete < 18 weeks %



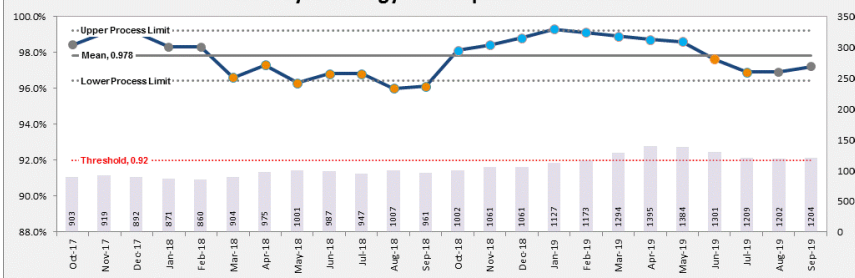
RTT - Gastroenterology - Incomplete < 18 weeks %



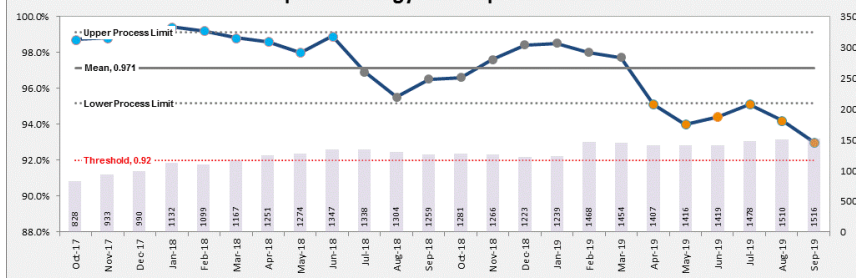
RTT - General Surgery - Incomplete < 18 weeks %



RTT - Gynaecology - Incomplete < 18 weeks %



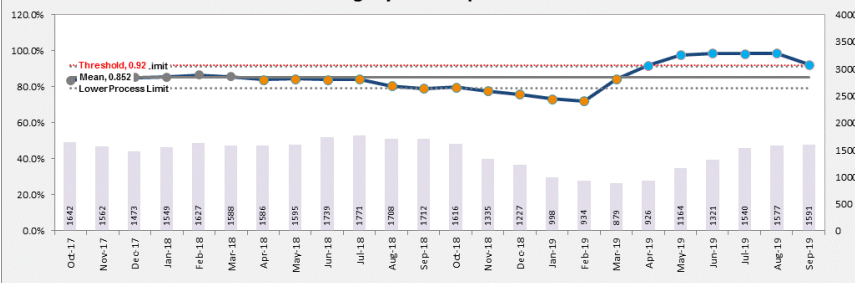
RTT - Ophthalmology - Incomplete < 18 weeks %



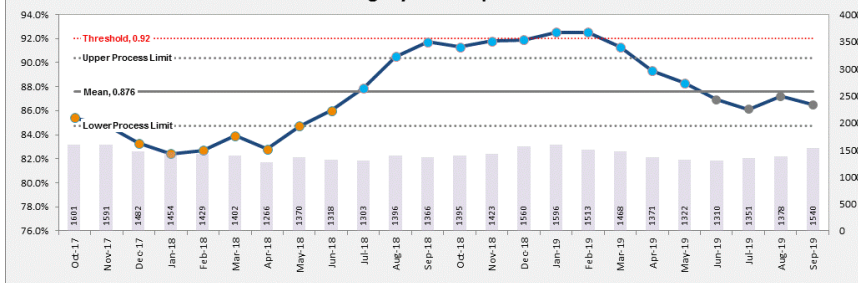
Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

National Key Performance Indicators

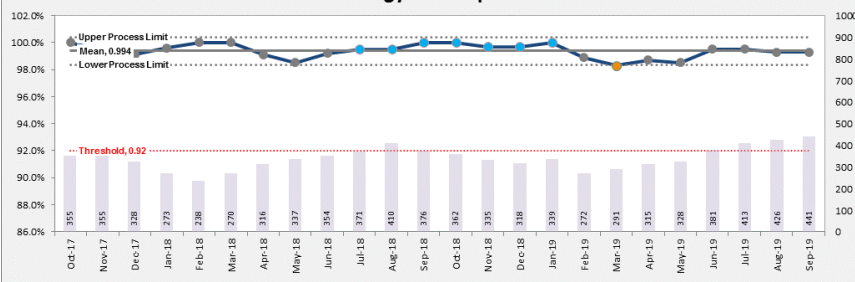
RTT - Oral Surgery - Incomplete < 18 weeks %



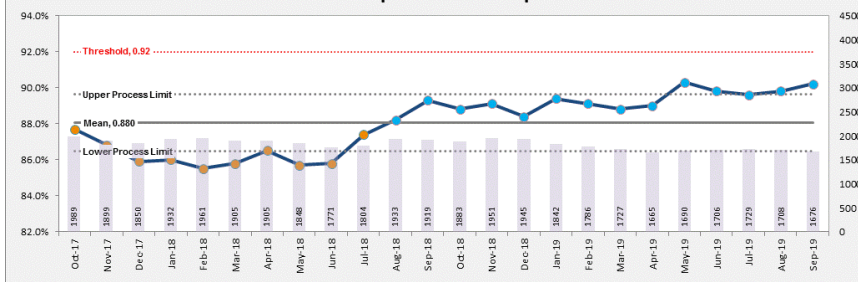
RTT - Plastic Surgery - Incomplete < 18 weeks %



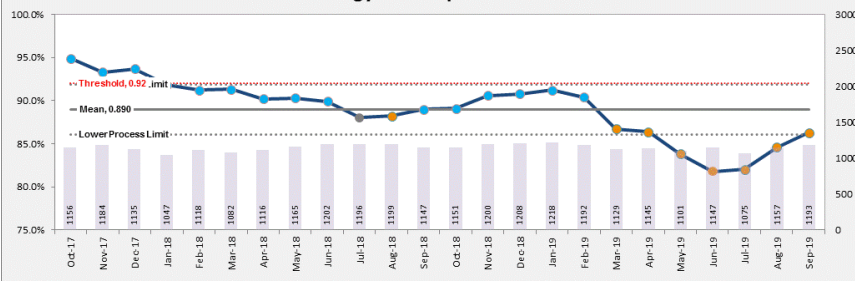
RTT - Rheumatology - Incomplete < 18 weeks %



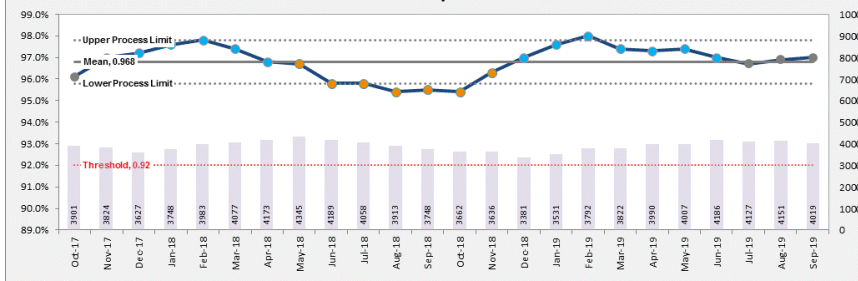
RTT - Trauma & Orthopaedics - Incomplete < 18 weeks %



RTT - Urology - Incomplete < 18 weeks %

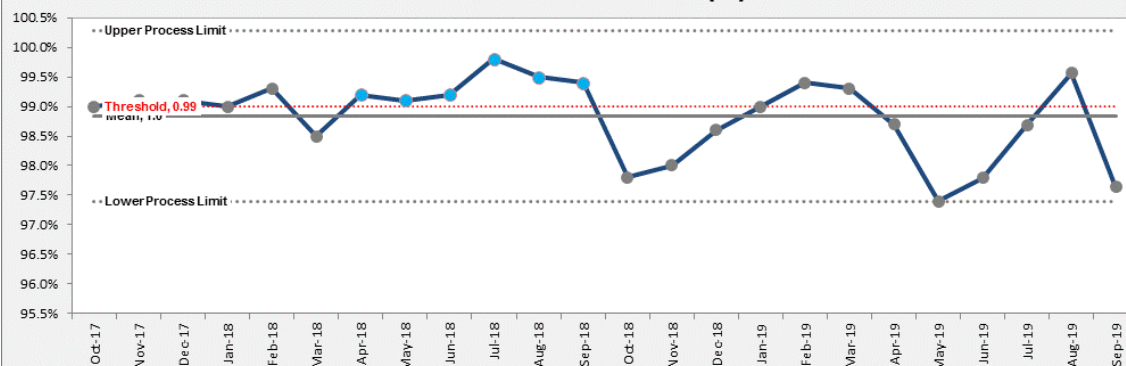


RTT - Other - Incomplete < 18 weeks %



Diagnostic Wait Times (DM01) Target 99%

SFT DM01 Performance (%)



Data Quality Rating:



Performance Latest Month:

97.6%

Waiting List Volume:

3,863

6 Week Breaches:

91

Diagnostics Performed:

8,285

Background, actions being taken and risks and mitigations

Overall performance standard was not achieved for the month despite continuing improvement within Endoscopy.

Endoscopy

10 in month breaches

Radiology

76 Ultrasound in month breaches which were solely responsible for the overall DM01 performance standard not being met. A combination of sickness, weak rota planning, a delay with a visa application and the failure of a locum to start as agreed created this one off event. The DMT have taken robust steps to prevent this situation reoccurring in future. Stability has now been restored with Oct activity and backlog under controls and will not have any adverse impact on DM01 Performance.

Radiology Reporting

There are contractual and technical discussions taking place with a view to replace the lost outsourcing capacity with another provider.

Audiology

5 in month breaches

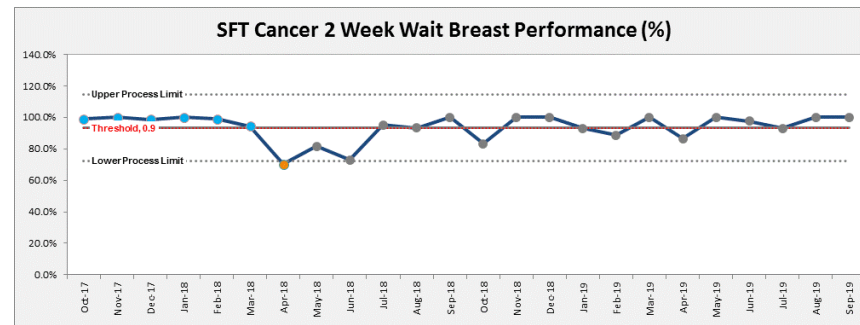
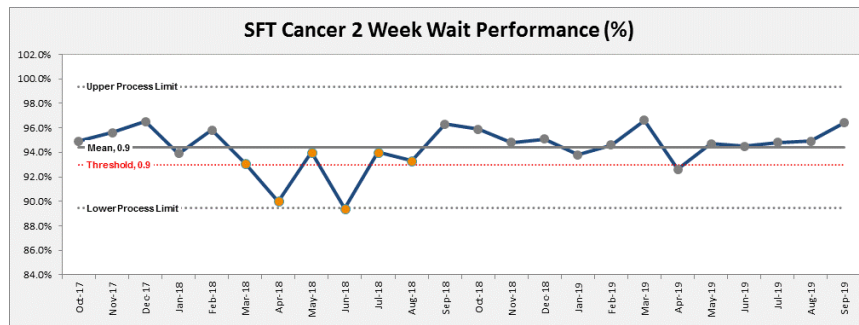
Cancer 2 Week Wait Performance Target 93%

Performance Latest Month:

Two Week Wait Standard: 96.4%

Two Week Wait Breast Standard: 100%

Data Quality Rating:



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

For both standards there is no significant variation in performance since September 2018.

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

A Skin Risk Summit is scheduled for November to focus attention on recovery plans and agree a clinical strategy based upon GIRFT Audit (Sept 2019) recommendations.

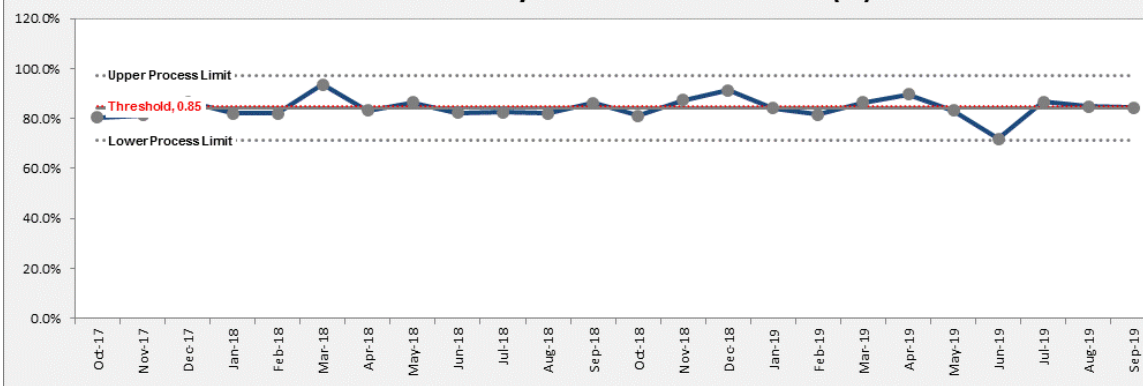
Risks to delivery and mitigations

Continued growth of skin referrals arising from poor performing neighboring trusts.

Escalate challenges to the Acute Alliance for a system wide solution.

Cancer 62 Day Standards Performance Target 85%

SFT Cancer 62 Day Standard Performance (%)



Data Quality Rating:



Performance Latest Month:

62 Day Standard: 84.4%

62 Day Standard (without shared care): 82.2%

62 Day Screening: 100%

Risks to delivery and mitigations

At this stage there are no concerns of achieving 62 day performance compliance for September and Q2.

The principle risks to maintaining cancer performance remain unchanged with agreed actions continuing.

Dermatology: Due to limitations within workforce there are ongoing concerns for capacity within Dermatology to meet the cancer demands on the service. Plastics are supporting with additional lists and cover where possible and, to date, there have been no breaches in compliance due to workforce or capacity issues. A Skin Risk Summit is scheduled for November to focus attention on recovery plans and agree a clinical strategy based upon GIRFT Audit (Sept 2019) recommendations.

Urology: The tertiary centre delays continue to negatively impact on SFT performance so there is a key focus to ensure referrals are made before 31 days so the breaching impact will then be solely upon the receiving trust rather than being shared. This will be monitored by the Weekly Delivery Group.

Histology: COO, CD and Clinical Lead meeting to oversee the outsourcing of reporting and mitigating the issues compounded by the loss of a histologist.

Statistical Process -- Target

Control Chart Key: — 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

SFT SSNAP Case Ascertainment Audit Score:

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

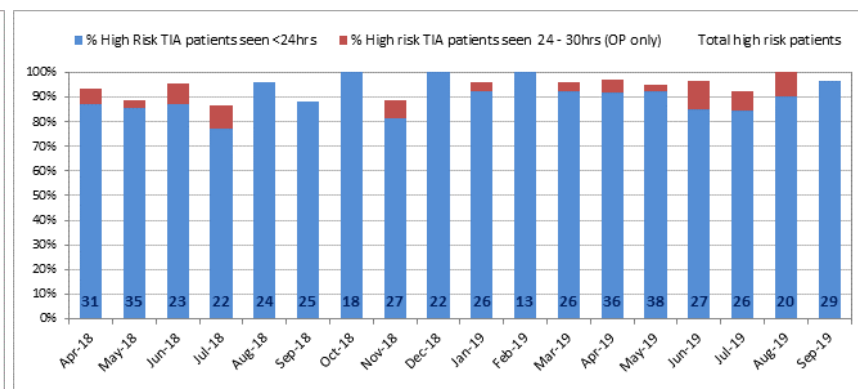
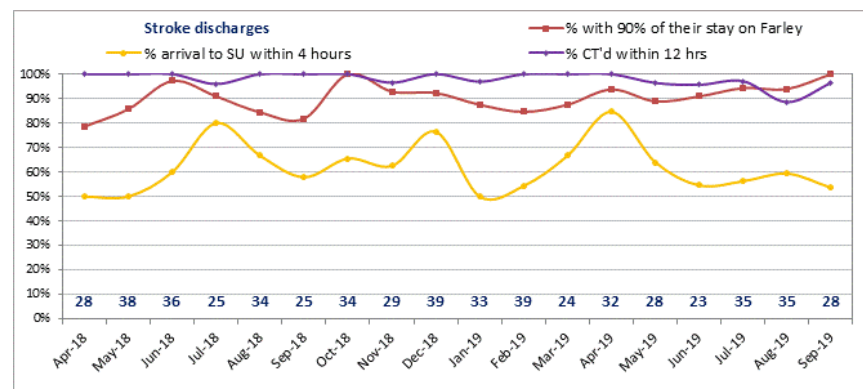
Data Quality Rating:



% Arrival on SU <4 hours: 53.6%

% CT'd < 12 hours: 96.4%

% High Risk TIA Seen < 24 hours: 96.6%



Are We Effective?

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

In Q2, time to scan within 12 hours reduced as 3 patients were admitted directly to AMU and 3 had a stroke as an inpatient.

Patients reaching the stroke unit within 4 hours declined over Q2 with delays mainly due to first/specialty doctor assessment in ED (18) & waiting for a bed (10).

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

SSNAP case ascertainment expected to improve and be sustained at 'A' once 2.0 WTE Speech and Language Therapists appointed. This will ensure patients receive the recommended input. Improvements should be seen from Q3 onwards.

Short term trial of a ANP role on the Stroke Unit to assist with ensuring patients arrive from ED to the stroke unit within 4 hours is planned but has not occurred yet due to staffing issues. The team are keen to go ahead with a trial but this is not expected to start unit Q3 or Q4.

Ongoing improvement work led via the Stroke Strategy Group and the Ready Steady Go programme.

Risks to delivery and mitigations

Delay in recruitment of Speech Therapist and embedding new staff in practice. Mitigated by induction and education programme.

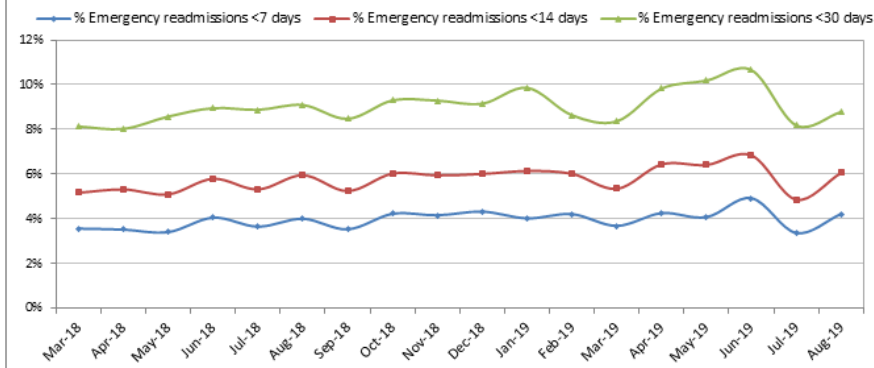
CT capacity to fast-track all patients

Atypical presentations resulting in delayed diagnosis

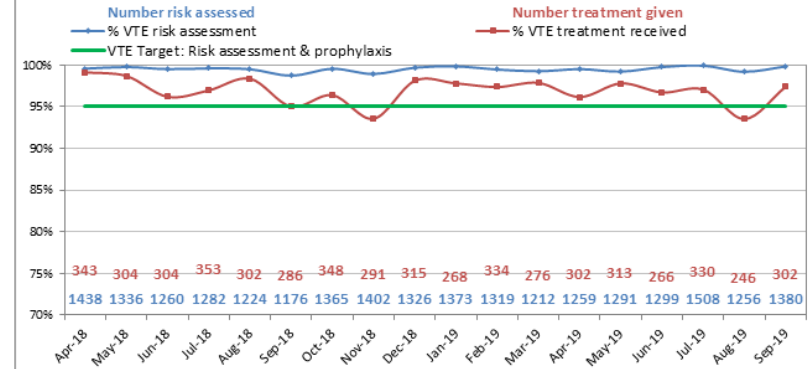
Other Measures

Are We Effective?

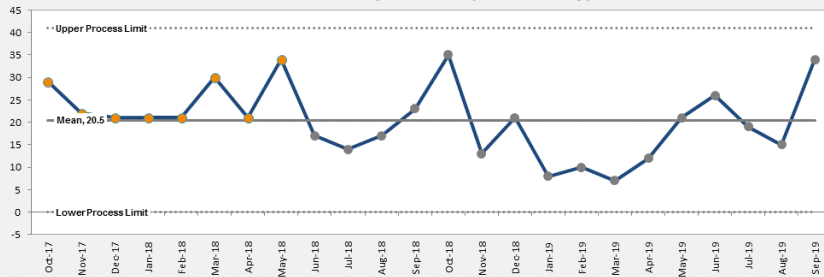
Emergency Readmissions within 7, 14 & 30 days of Discharge



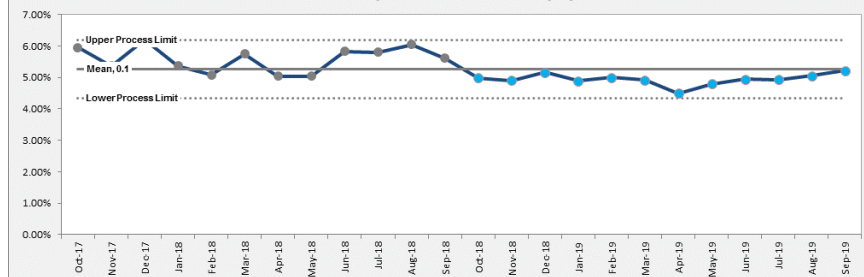
Venous Thrombous Embolism: Risk Assessment & Prophylaxis



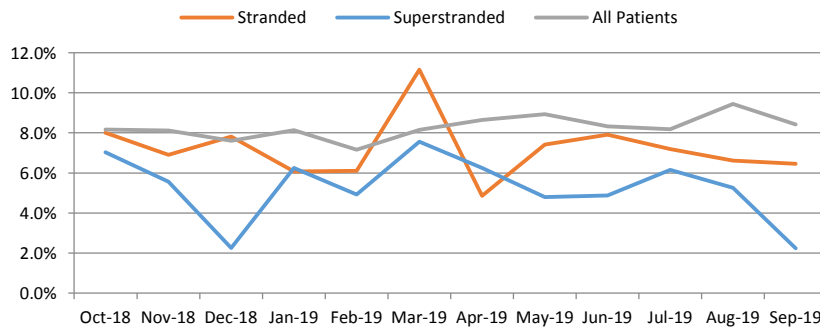
SFT Cancelled Operations (On The Day)



SFT Outpatient DNA Rate (%)



Readmission Rate for Stranded, Superstranded and All Patients by Month



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			

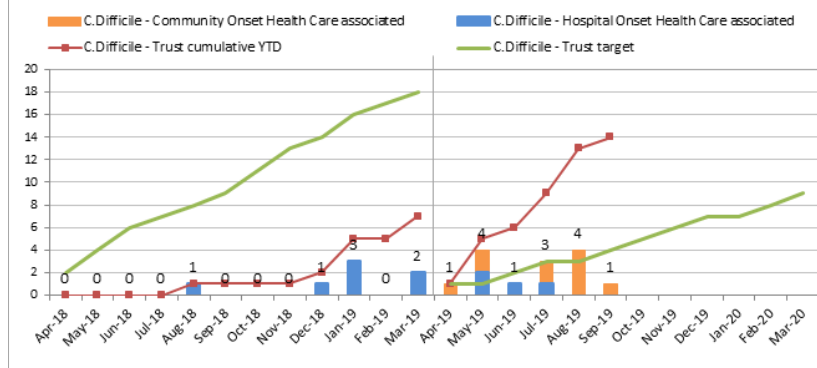
Infection Control

Data Quality Rating:



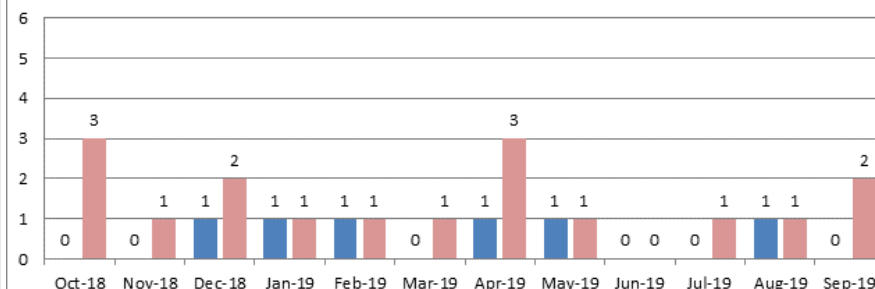
Year	2018-19	2019-20
MRSA (Trust Apportioned)	3	0

Clostridium Difficile – Hospital and Community healthcare associated cases



E Coli and MSSA

■ MSSA Trust Apportioned ■ E Coil Trust Apportioned



Summary and Action

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

The impact on the changes to reporting is clear to see in that 4 of the 14 cases were hospital onset with the remaining 10 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 Hants CCG – 2 cases) were submitted for appeal to the CCGs for no lapses in care.

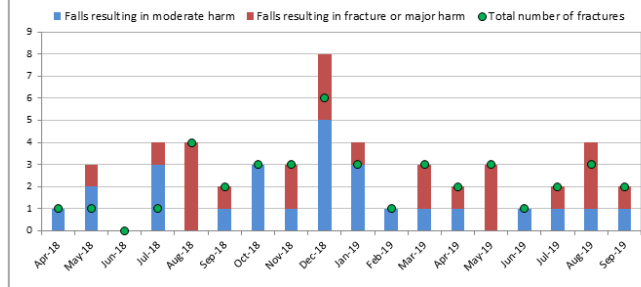
Additional ribotyping information is to be provided to establish if there were any links between the cases before a decision is made on no lapses in care. NHSI and the CCGs are regularly briefed on this issue with no further action currently.

A deep dive into the year to date cases is being completed internally to ensure any new learning across aggregated themes is picked up and acted upon. This will be reported next month.

Pressure Ulcers / Falls

Are We Safe?

Patient Falls in Hospital

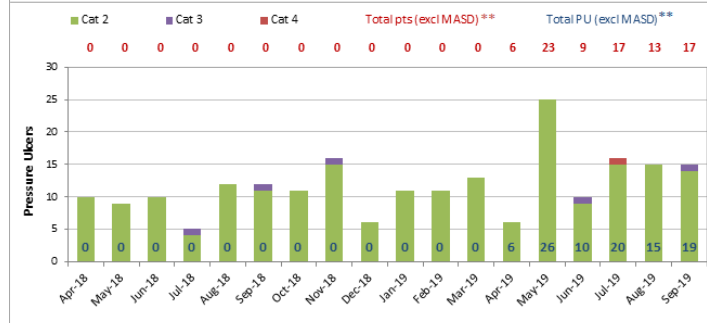


Data Quality Rating:



Per 1000 Bed Days	2018-19 Q2	2018-19 Q3	2018-19 Q4	2019-20 Q1	2019-20 Q2
Pressure Ulcers	0.68	0.79	0.88	1.05	1.10
Patient Falls	0.25	0.34	0.20	0.16	0.20

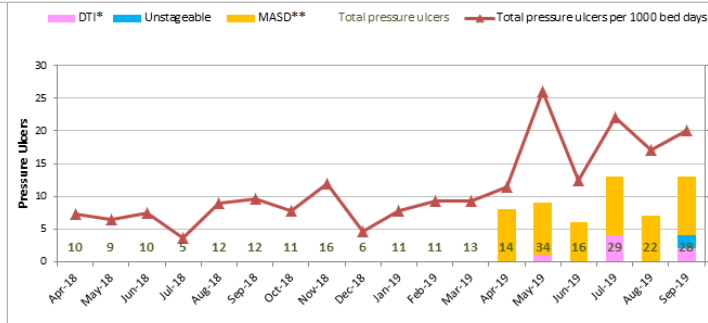
Pressure Ulcers - Hospital acquired (HA)



* 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

NB: the two pressure ulcer charts need to be read in conjunction with one another.

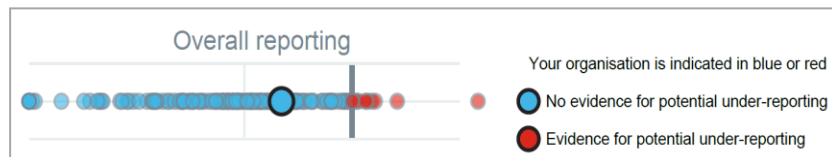
In September, the number of category 2 hospital acquired pressure ulcers stabilised with the new definitions and reporting requirements. However, there were 2 suspected deep tissue injuries (DTIs) – one was a missed opportunity to identify the DTI on admission and this later became a category 3 pressure ulcer. The case is subject to a local review and the tissue viability team is working with the Matron in Medicine to improve identification of tissue damage on admission to ED and AMU. The other suspected DTI is a patient on the stroke unit; it is considered likely it will resolve with current care. The local tissue viability team will be running a 'Stop the pressure' campaign for a week in November. Ongoing education is key to reducing the risk of hospital acquired pressure ulcers.

Falls

In September, 1 fall resulting in catastrophic harm (fractured hip subject to a serious incident inquiry), and 1 fall resulting in moderate harm (fractured clavicle). A CQUIN of 3 high impact interventions to prevent hospital falls is in place and Q2 performance will be noted next month. Improvement work is led by the Falls Working Group and Patient Safety Steering Group.

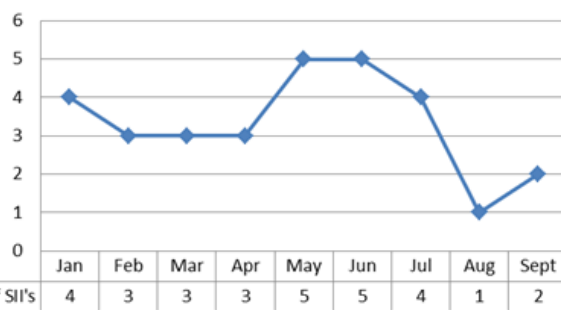
Incidents

Year	2018-19	2019-20
Never Events	3	1

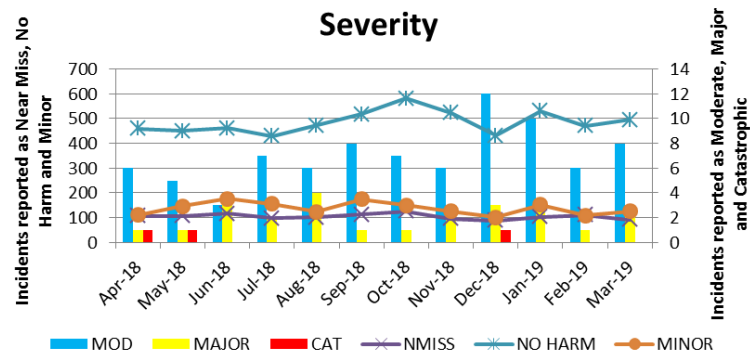


Information from NRLS benchmarks SFT in regard to reporting of incidents and reflects a positive reporting culture.

No. of Serious Incident Investigations January -September 2019



Total Incidents Reported by Month and Severity



Summary and Actions

Further reviews have been commissioned of incidents reported in maternity services – a thematic review is being undertaken with senior medical and midwifery staff for completion by November to be reported to the Clinical Risk Group.

The Trusts Cancer Risk Summit was held in September. Work streams are being developed and will form part of the Trust's cancer action plan which will be agreed at the January 2020 Cancer Board.

There is a plan for a follow up Cancer Risk Summit in April 2020 to monitor progress against the identified workstreams. This will be reported to the Clinical Governance Committee in May 2020.

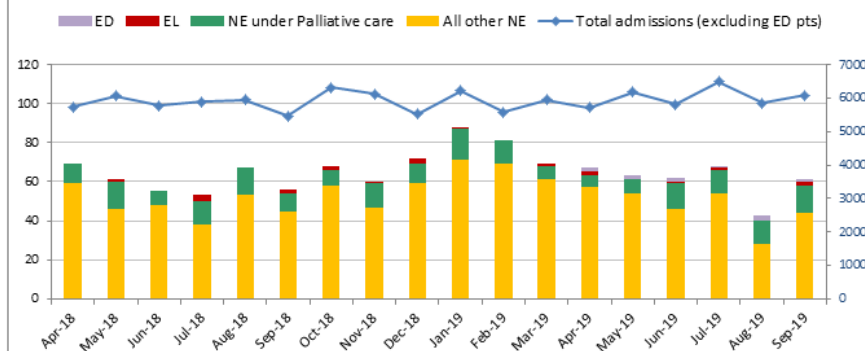
Mortality Indicators

Data Quality Rating:

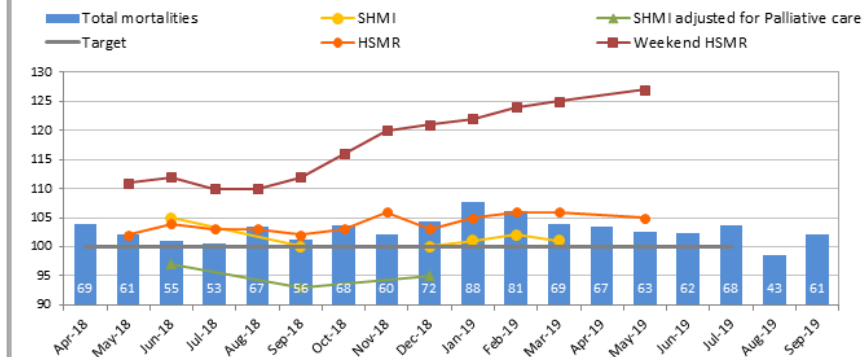


Are We Safe?

Hospital mortalities



HSMR and SHMI



Summary and Action

HSMR data is currently only available to May 19 as Dr Foster's notified all Trusts that they have encountered some errors in HES data during routine quality checks. The next publication is delayed until 24 October. Of concern, is the weekend HSMR which increased to its highest point in May 19 and is significantly higher than expected range. A case notes review of 78 deaths was presented to the Clinical Governance Committee in September. This showed no direct causal link with patients admitted as an emergency at a weekend.

A supplementary paper reviewing the safety and effectiveness of hospital services at weekends showed a multifactorial cause for a rising HSMR at weekends. A summary paper is to be presented to the Clinical Governance Committee in October. A new relative risk emerged of GI haemorrhage which is statistically higher than expected, particularly the weekend patient cohort. These cases will be reviewed in October and reported to the Mortality Surveillance Group in January 2020.

Dr Foster's data showed an upward trend in the relative risk of death of patients with a fractured neck of femur but still remains within the expected range. The Mortality Surveillance Group has undertaken a multidisciplinary review of this group of patients in October and will present the finding to the Mortality Surveillance Group in November.

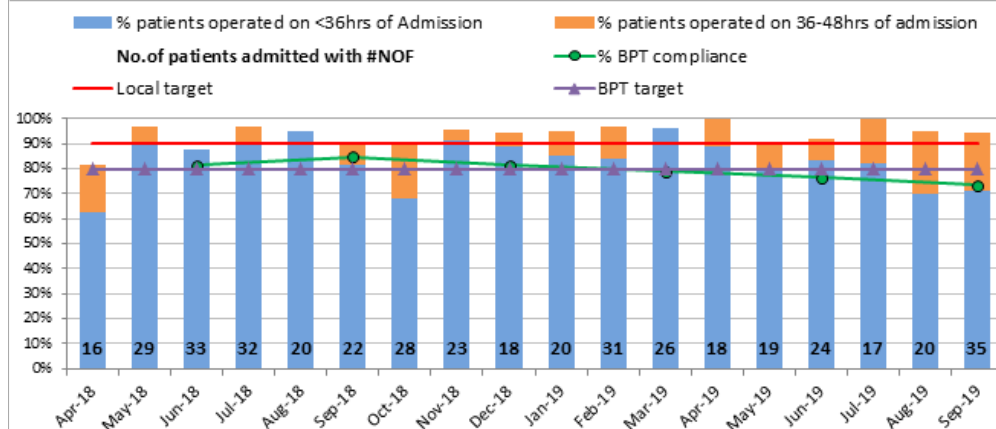
Fracture Neck of Femur

Data Quality Rating:



Are We Safe?

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



Summary and Action

Hip fracture best practice tariff reduced over the last 2 quarters to below the expected level of 80%. This was due to patients not being operated on within 36 hours of admission affecting 12 patients due to theatre space/kit and patients waiting medical review/investigation or stabilisation (5) and waiting for blood (due to antibodies) from Bristol (2).

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

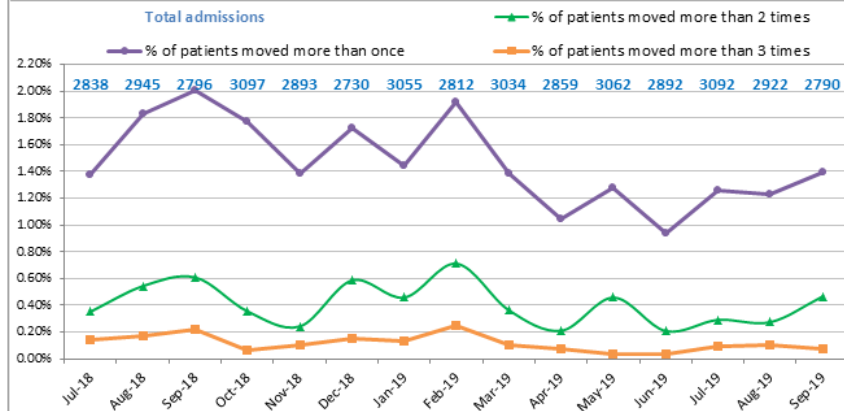
Patient Experience

Data Quality Rating:

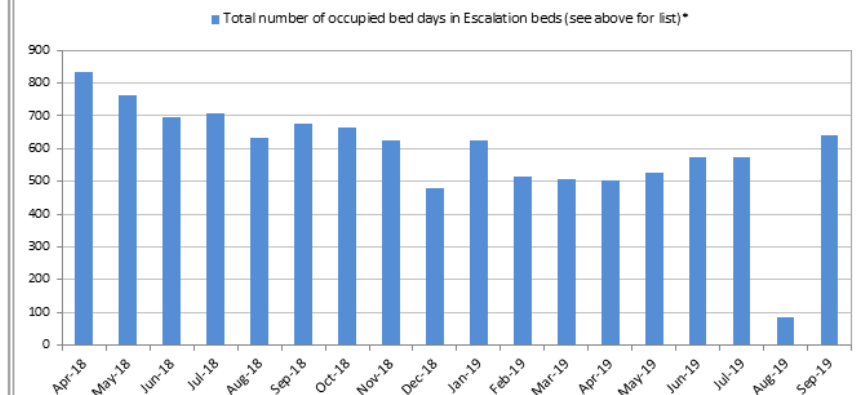


Last 12 months	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19
Bed Occupancy %	96.5	96.8	92.5	96.3	94.4	91.4	92.6	92.5	93.5	93.3	94.1	96.9

Patients moving multiple times during their Inpatient Stay



Escalation Bed Days



Summary and Action

Escalation bed capacity returned to its highest level this year following a quiet August. Multiple ward moves increased mirroring the rise in escalation bed capacity.

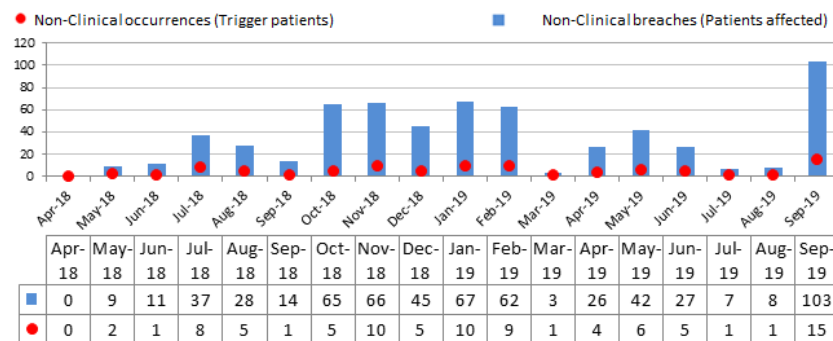
The 'Ready Steady Go' patient flow improvement work continues with a focus on increasing the number of patients discharged before midday and with multi-agency partners to decrease the number of delayed transfer of care, stranded and super stranded patients.

Patient Experience

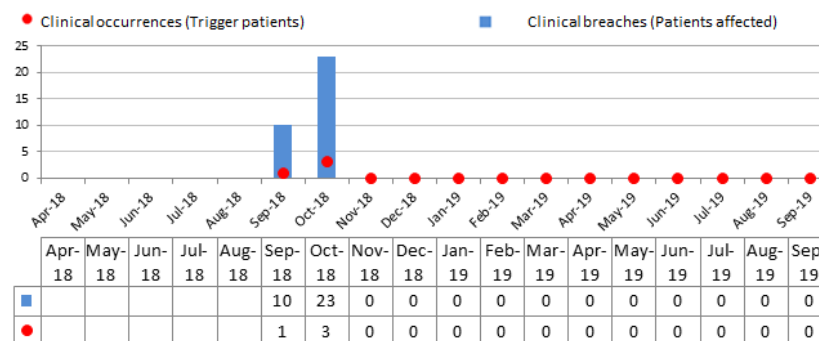
Data Quality Rating:



Delivering Same Sex Accommodation - Non-clinical



Delivering Same Sex Accommodation - Clinical



Summary and Action

The significant increase in non-clinical mixed sex accommodation breaches seen in September is due to pressure on the hospital (on OPEL 4 23 times in September) and increased demand affecting the two assessment areas (AMU - 13 breaches affected 97 patients & SAU - 2 breaches affected 6 patients).

The majority of breaches were resolved within 12 – 24 hours. 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 need to take place with staff and the CCG to decide how breaches will be reported in line with the revised national guidance.

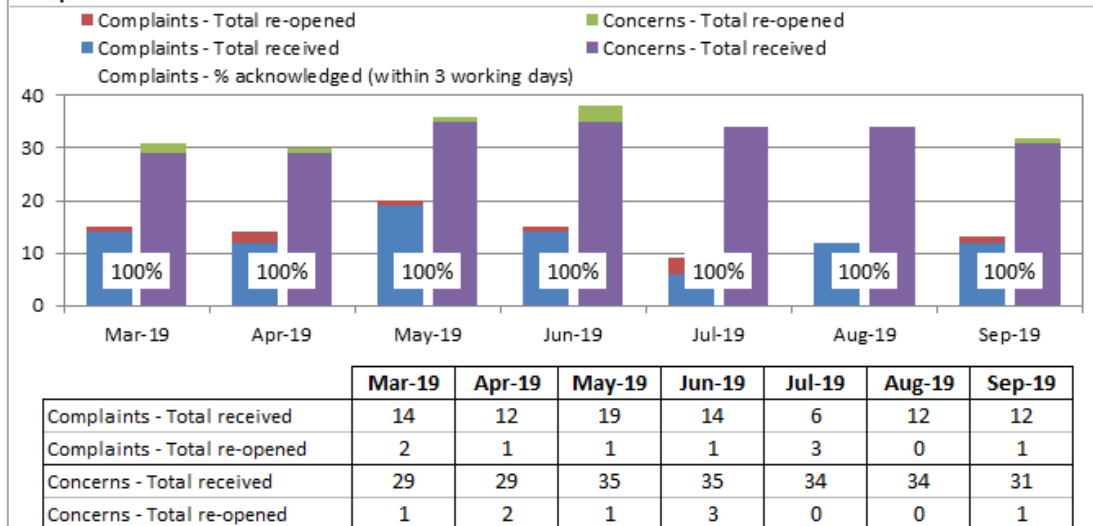
Patient & Visitor Feedback: Complaints and Concerns

Data Quality Rating:



Are We Responsive?

Complaints and Concerns



Summary and Actions

The September complaints/concerns flagged no new themes. Q2 in depth reporting on patient experience will be reported to Trust Board as per schedule.

Part 3: Our People



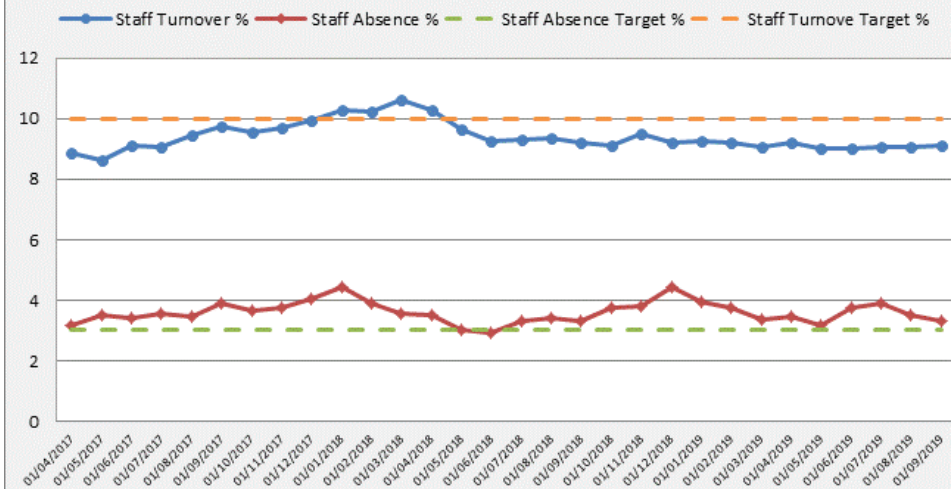
Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

Workforce - Total

Total Workforce vs Budgeted Plan - WTEs

	Aug '19		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	402.6	436.6	(34.0)
Nursing	939.5	905.4	34.1
HCA's	405.7	544.9	(139.2)
Other Clinical Staff	612.4	606.9	5.5
Infrastructure Staff	1,193.4	1,060.9	13.5
TOTAL	3,553.6	3,634.6	(1.1)

Staff Turnover and Absence



Summary and Action

In month, the **turnover** rate of 9.12% is a slight increase on last months 9.06%, and still below the Trust target of 10%. There were fewer leavers in this month than last although still no improvement on the proportion of exit interviews obtained, therefore limited intelligence as to reasons people leave. We have written to all former employees who left in the preceding 3 months to seek their responses to a condensed exit questionnaire. We are reviewing the leaver process again with the intention of transforming the process into one which will ensure that all **voluntary** leavers either complete an exit questionnaire or have an exit interview. This will require an element of change in the way we currently manage the leaver process between line managers, payroll, and others.

In September, the **absence rate** has reduced again to 3.29%, resulting from a significant decrease in long term sickness where a number of cases have been resolved by a return to work or departure from the Trust. There will be a few more resolved cases coming through in October also so we are expecting a continuing downward trajectory to target 3%. Unfortunately, an increase in short term sickness meant that the reduction in the overall figure is not as much as we might have hoped. The short term cases are being managed robustly in accordance with the Attendance Management Policy and the Breakfast Club session for managers focused on this subject at it's latest session this month.

There has been some recent discussion about presenteeism following published studies, whereby individuals attend work although not fit to do so. It is reckoned that this issue is on the increase and requires as much attention as the individuals who are absent.

Workforce – Nursing and Care

% Fill of Registered Nurse/HealthCare Assistant Shifts

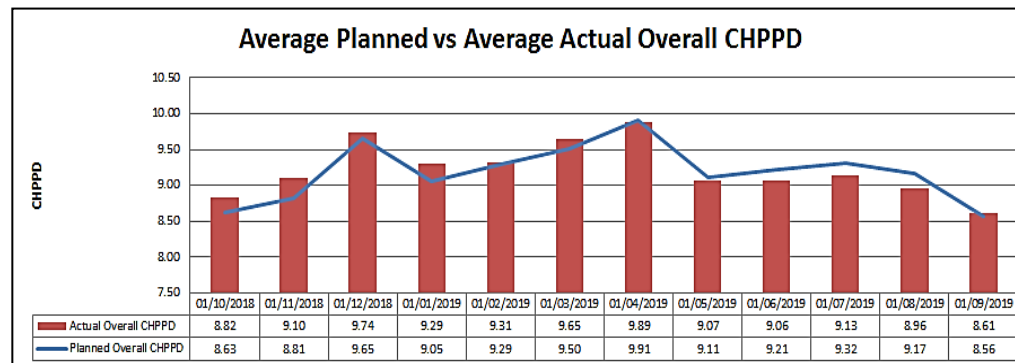
Table 1

Day	RN	HCA
Total Planned Hours	37139	20415
Total Actual Hours	35711	21941
Fill Rate (%)	96%	107%

Night	RN	HCA
Total Planned Hours	24318	12262
Total Actual Hours	24297	14268
Fill Rate (%)	100%	116%

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

Table 2



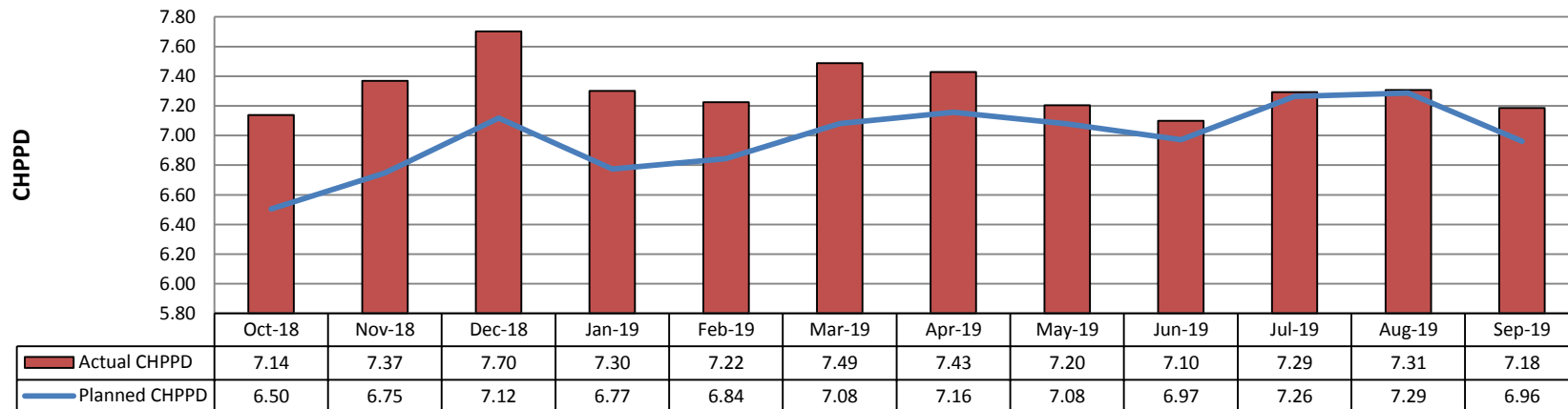
Summary and Action

- Table 1 above shows planned vs actual hours for RNs and HCAs across the wards for August. 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 – also demonstrated in Table 1. Further detail on this will be explored at Board Seminar day in November which will determine what information will be presented through the IPR going forward. 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) – Breamore and Pembroke wards for HCA day and night shifts. Breamore is due to ward relocation, HCAs were redeployed to other areas due to reduced bed numbers.
- The skill mix of RN:HCA remains stable for the 5th reporting month RN 62% : HCA 38% (general recommendation is 65%:35%)
- RN vacancy at ward level currently ?5%
- Nurse agency expenditure in month was up approx £50k on last month, although at £220k was still £110k less than last year. The rise in month is predominantly in medicine directorate, with £16k due to escalation. YTD is circa £1m (£1m lower than same time period 2018 – reflecting improved vacancy position).
- Nurse sensitive indicators remain broadly stable – anomalies with changes in national reporting requirements for clostridium difficile and pressure ulcers. NSI's should be reviewed in context of staffing levels – increases in NSI's can be associated with suboptimal staffing levels. Slight increase in grade 3 pressure ulcers – 2 likely due to pre-hospital experience and reported as hospital acquired due to change in reporting requirements, and 1 hospital acquired. Will be subject to close review to ensure lessons learnt.

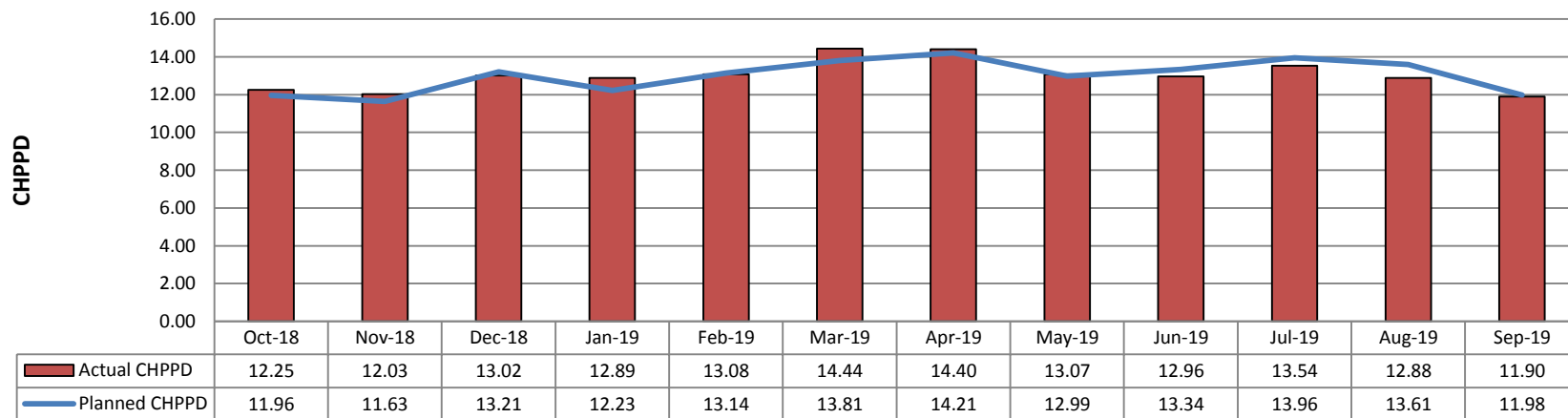
Workforce – Nursing and Care

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

Average Overall CHPPD for Medicine



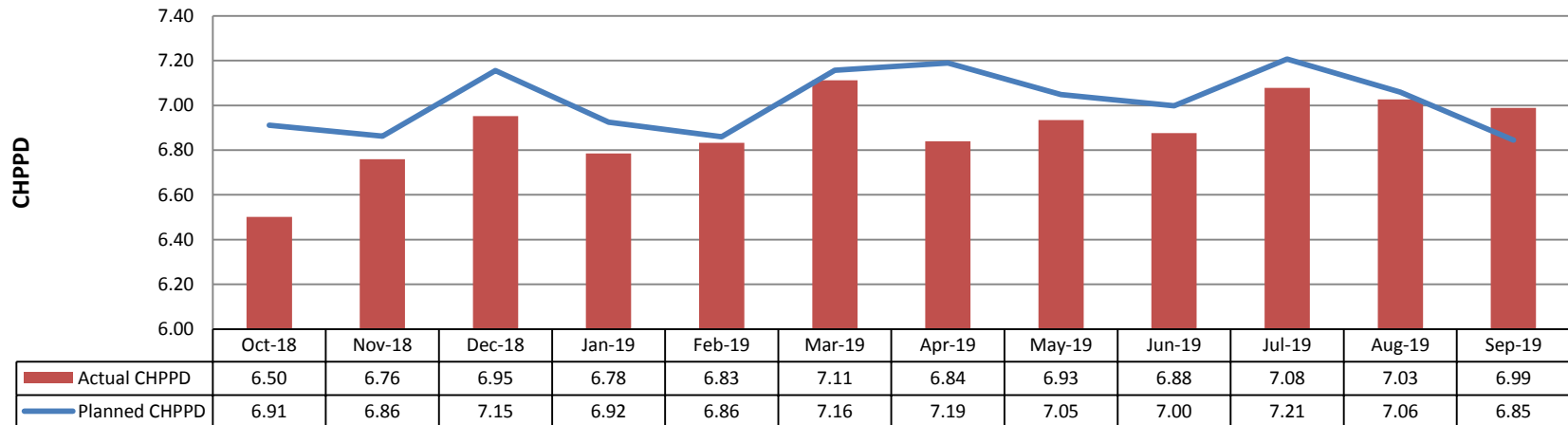
Average Overall CHPPD for Surgery









Workforce – Nursing and Care

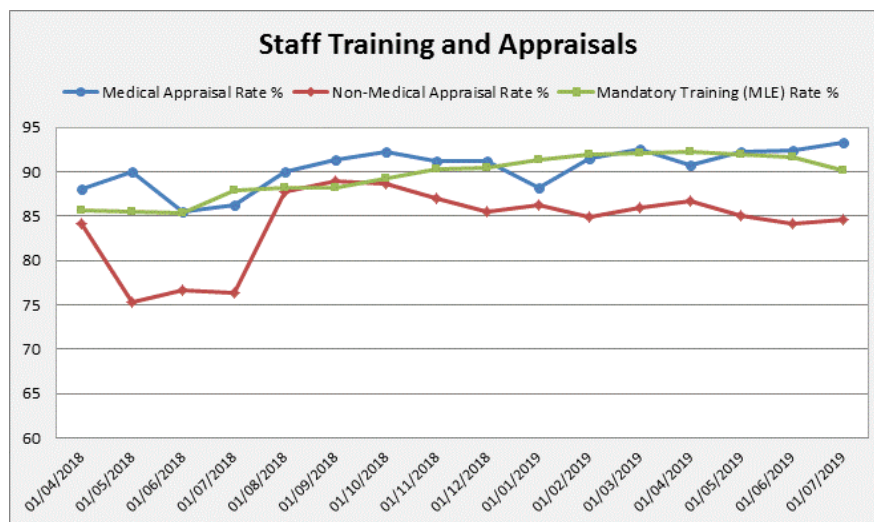
Care Hours Per Patient Day (CHPPD) - Monthly, 12 Month Trend by Directorate

Average Overall CHPPD for MSK



Workforce – Staff Training and Appraisals

	Training	Appraisal	
	Mandatory Training	% Complete Medical Staff	% Complete non-medical staff
YTD Trend			
Month Trend			
Target	85.00%	90.00%	85.00%
Jan-19	91.32%	88.16%	86.30%
Feb-19	92.03%	91.46%	84.90%
Mar-19	92.09%	92.62%	86.00%
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%
Totals	91.21%	91.22%	85.17%



Summary and Action

Training

Mandatory and Statutory training is above target in all Directorates and there do not appear to be any “hotspots”.

Lightboxes for hand hygiene are in use in many wards and departments, and the Business Partners are following up with managers where particular modules are non-compliant.

Non Medical Appraisals

Medicine, Surgery and Estates & Facilities are all above target.

CSFS are below target and have identified 114 appraisals as the gap. At least 37 of these will have been completed before the Board meeting and the remaining 77 will be dealt with so that there is a return to compliance by the November report.

MSK are below target with a hotspot in Avon ward which will have increased support from DMT and others to identify required actions. Managers are taking remedial steps to return to green compliance by October report.

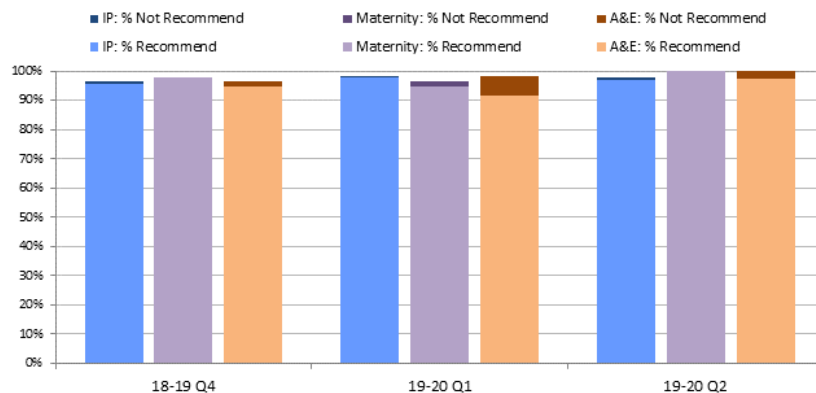
Medical Appraisals

Medical appraisals have fallen below target for the first time since January and in September are at the lowest % for the year.

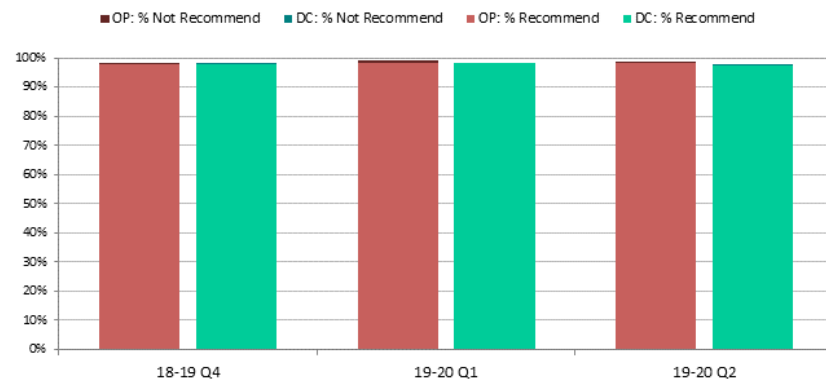
During this month we will be taking steps to understand the sudden significant drop in compliance and assist the Medical Director and CDs to return to above target at the earliest opportunity.

Friends and Family Test – Patients and Staff

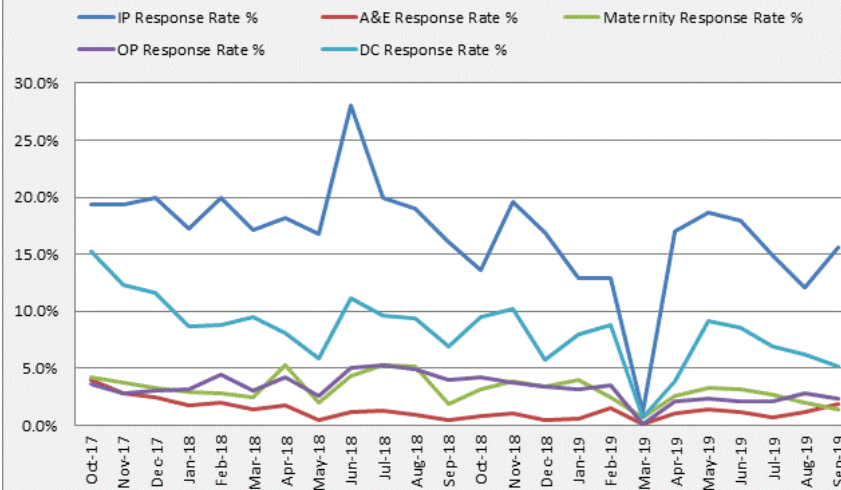
Patient Responses: Inpatient, Maternity and A&E



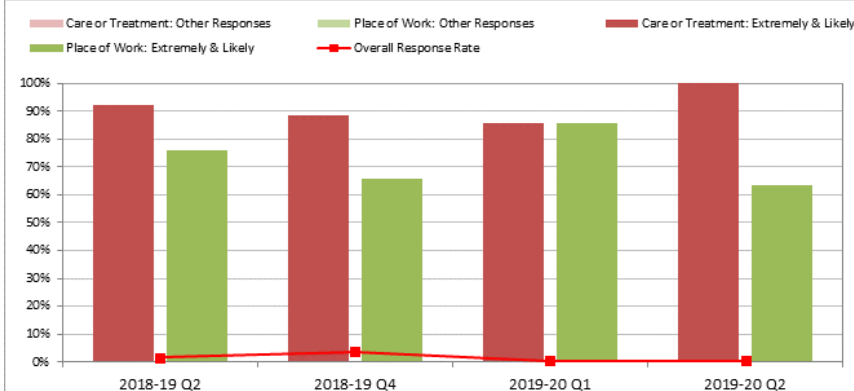
Patient Responses: Outpatient and Daycase



SFT Friends & Family Response Rates %

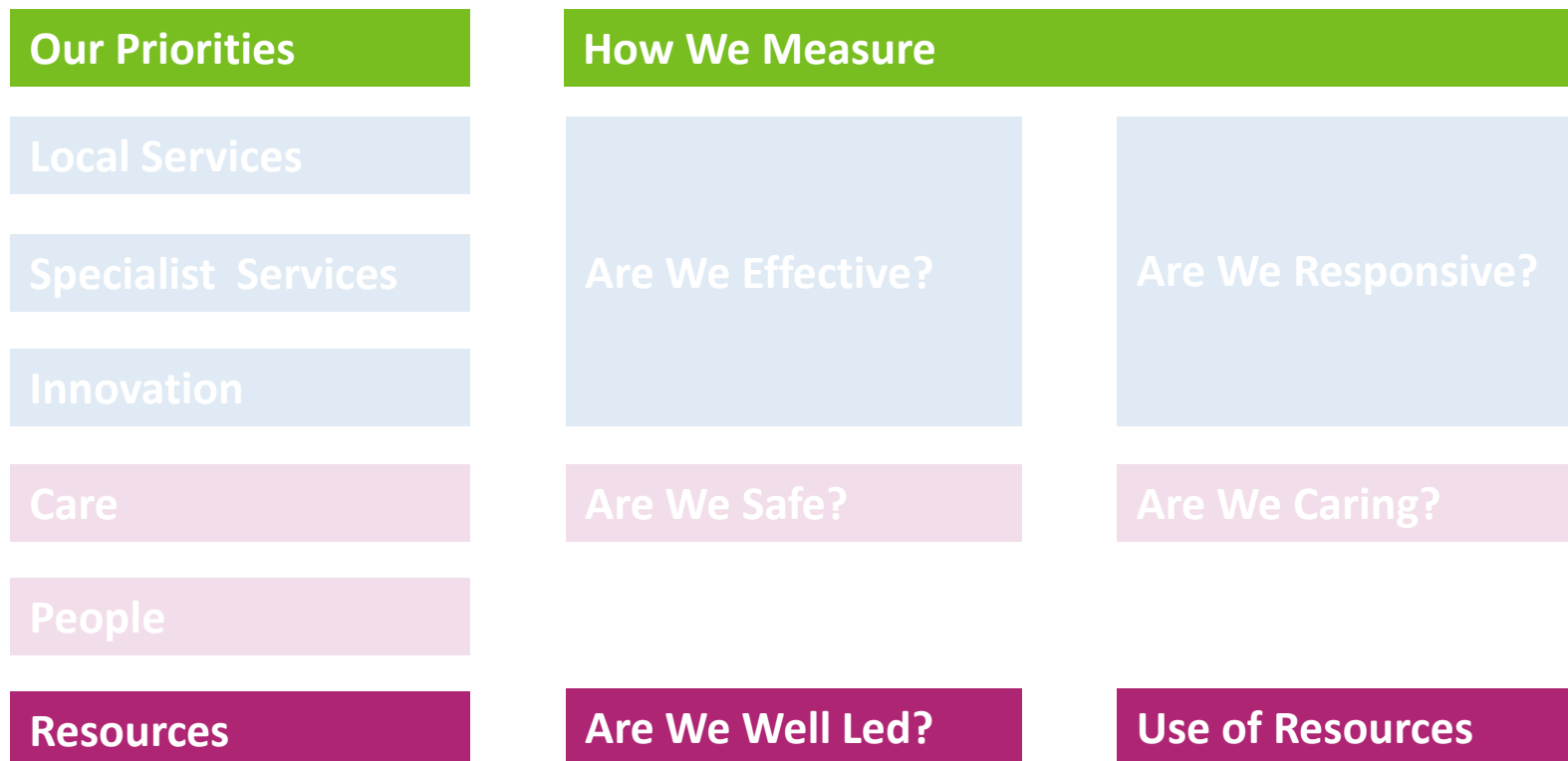


Staff Responses: Place of Work and Place of Care



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



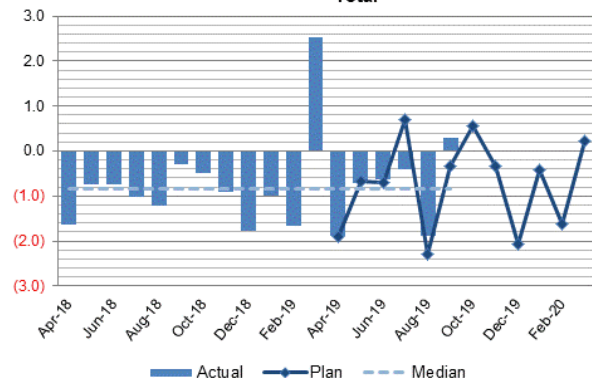
Income and Expenditure

Income & Expenditure:



Position									
	Sep '19 In Mth				Sep '19 YTD				2019/20
	Plan	Actual	Variance		Plan	Actual	Variance		Plan
	£000s	£000s	£000s		£000s	£000s	£000s		£000s
Operating Income									
NHS Clinical Income	17,680	18,098	418		103,112	101,678	(1,434)		208,163
Other Clinical Income	780	903	123		4,644	5,074	430		9,322
Other Income (excl Donations)	2,350	2,446	96		14,038	14,213	175		28,307
Total income	20,810	21,448	638		121,794	120,965	(829)		245,792
Operating Expenditure									
Pay	(13,049)	(13,136)	(87)		(78,756)	(79,097)	(341)		(157,326)
Non Pay	(6,676)	(6,627)	49		(39,680)	(39,026)	654		(80,163)
Total Expenditure	(19,725)	(19,763)	(38)		(118,436)	(118,123)	313		(237,489)
EBITDA	1,085	1,685	600		3,358	2,842	(516)		8,303
Financing Costs (incl Depreciation)	(1,429)	(1,385)	44		(8,578)	(8,054)	524		(17,157)
NHSI Control Total	(344)	300	644		(5,220)	(5,211)	9		(8,854)
Add: impact of donated assets	105	(51)	(156)		630	(216)	(846)		1,260
Add: Impairments	0	0	0		0	0	0		0
Add: Central MRET	173	174	1		1,042	1,042	0		2,082
Add: PSF & FRF	452	1,354	902		2,370	2,544	174		6,772
Surplus/(Deficit)	386	1,776	1,390		(1,178)	(1,841)	(663)		1,260

£M Month on Month I&E Surplus / (Deficit) - NHSI Control Total



Variation and Action

The Trust has reported a £300k surplus for the period, taking the year to date control total deficit to £5,220k meaning that the PSF and FRF for quarter 2 may be recognised (payment will be received during Q3). This was made possible following agreement with Wiltshire CCG on a minimum income guarantee on the acute contract.

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 an increase in the number of delays to discharges.

Elective and Day case activity are both showing year on year reductions once the additional outsourcing of Endoscopy lists is taken into account. The financial variance centres around four specialities: Orthopaedics, Cardiology, Gynaecology, and Plastics, the latter showing a case mix rather than volume reduction.

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).

The Trust is in the process of recruiting intakes of overseas nurses, an exercise with upfront costs but a payback period of approximately 6 months per nurse. This strategy has led to a 75% reduction in monthly nursing agency costs.

Income & Activity Delivered by Point of Delivery

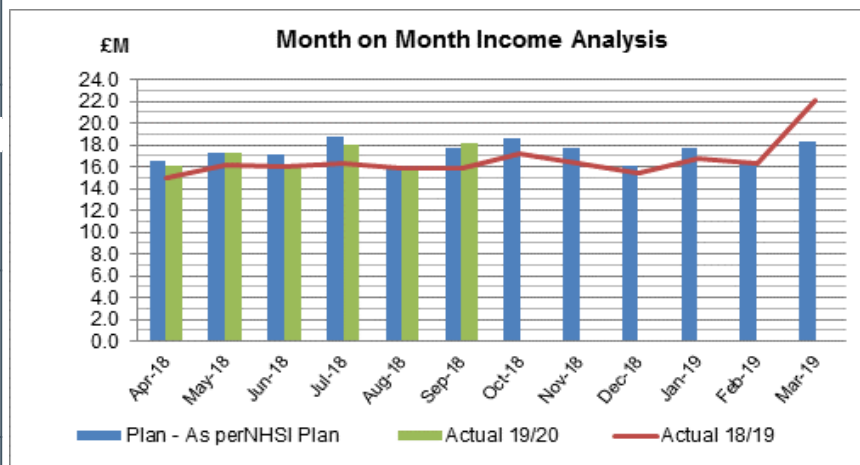
Clinical Income:



Income by Point of Delivery (PoD) for all commissioners	Sep '19 YTD		
	Plan (YTD)	Actual (YTD)	Variance (YTD)
	£000s	£000s	£000s
A&E	4,540	4,469	(71)
Elective inpatients	9,399	8,786	(613)
Day Case	8,757	8,430	(327)
Non Elective inpatients	28,888	28,299	(589)
Obstetrics	2,606	2,442	(164)
Outpatients	16,511	16,028	(483)
Excluded Drugs & Devices (inc Lucentis)	8,655	8,789	134
Other	23,756	24,435	679
TOTAL	103,112	101,678	(1,434)

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
Wiltshire CCG	55,767	56,278	511
Dorset CCG	11,573	11,458	(115)
West Hampshire CCG	8,239	8,453	214
Specialist Services	15,907	15,370	(537)
Other	11,626	10,119	(1,507)
TOTAL	103,112	101,678	(1,434)

Activity levels by Point of Delivery (POD)	YTD	YTD	YTD	Last Year	Variance against last year
	Plan	Actuals	Variance		
Elective	2,650	2,421	(229)	2,545	(124)
Day case	11,103	11,305	202	10,519	786
Non Elective	14,038	13,225	(813)	12,836	389
Outpatients	131,210	126,942	(4,268)	124,662	2,280
A&E	35,548	35,490	(58)	34,219	1,271



Variation and Action

Income to date is £101,678k, £1,434k below plan and an over performance of £149k in September. Income has under performed on all points of delivery year to date with the exception of Excluded drugs and devices, Maternity, Regular Day and Chemotherapy attendances and Other. Cardiology Day cases are 142 cases and £223k below plan year to date resulting from a reluctance to undertake additional lists due to the impact on Pensions with a further deterioration of 36 cases in month. Elective Orthopaedics are now 138 spells below the year to date plan of 632 which is a deterioration of 30 cases in month. The Non Elective position is driven by a combination of under performance on spells and excess bed days activity mainly within Trauma and Orthopaedics and Cardiology. The Outpatients position is driven by underperformance across a range of specialties most notably in Dermatology due to Consultant vacancies with cover being provided by other specialties.

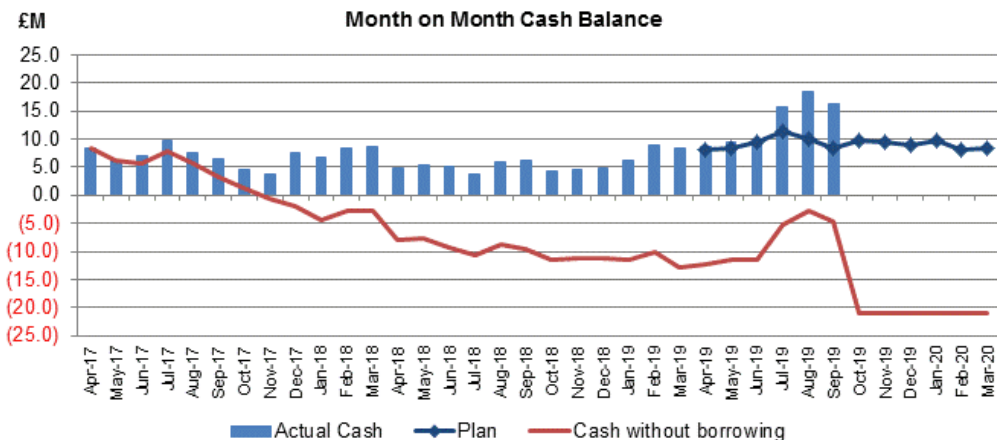
An adjustment of +£1,439k is included to reflect the blended approach, +£1,339k for Wiltshire CCG and +£100k for West Hampshire CCG, due to under performance on the non elective element of the contract. An adjustment of +£2k is included to increase income to reflect the under performance on the Dorset managed contract at Month 6. The total impact is +£1,441k.

Cash Position & Capital Programme

Capital Spend:



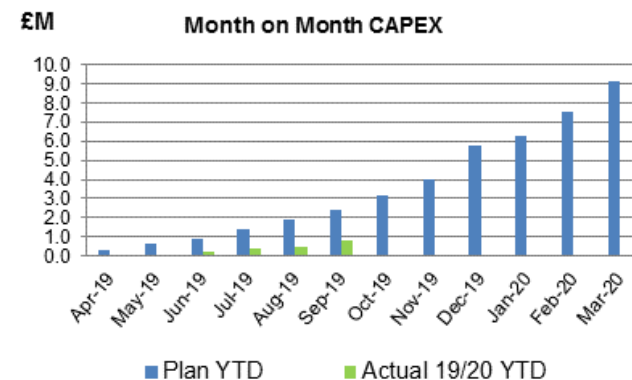
Cash & Working:



The Trust's cash position was assisted in the month by the receipt of PSF and FRF funding gained in the first quarter of the year. The cash position is also higher than planned due to limited expenditure on the capital programme to date.

The cash flow will continue to be closely monitored during 2019-20 to ensure funds are available when required. Although the Trust is not planning for additional borrowing in 2019/20 this will be constantly reviewed in line with the financial performance and forecast for the remainder of the year.

Capital Expenditure Position				
Schemes	Annual Plan £000s	Sep '19		
		Plan £000s	Actual £000s	Variance £000s
Building schemes	700	0	0	0
Building projects	1,814	640	137	503
IM&T	3,540	1,250	315	935
Medical Equipment	2,650	300	179	121
Other	420	210	210	0
TOTAL	9,124	2,400	841	1,559



Summary and Action

The Trust is financing its capital spend in 2019-20 through depreciation.

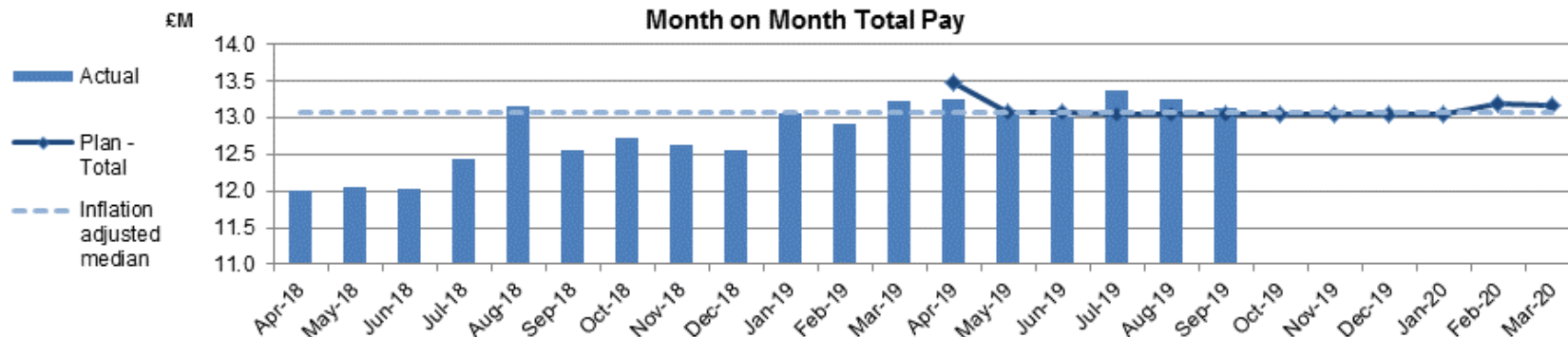
Although the Trust was anticipating to be behind plan for the first half of the year following a revision to the phasing of schemes within the capital programme, slippage into 2020-21 has been identified on a few larger schemes e.g. low risk birthing rooms, PACS and MRI infrastructure costs. A list of schemes originally scheduled for next year has been compiled for prioritisation to bring forward into the current year to ensure the total expenditure included in the plan is met. This work is being undertaken by the operational Capital Control Group which reports into a Strategic projects group chaired by the Director of Finance.

Workforce and Agency Spend

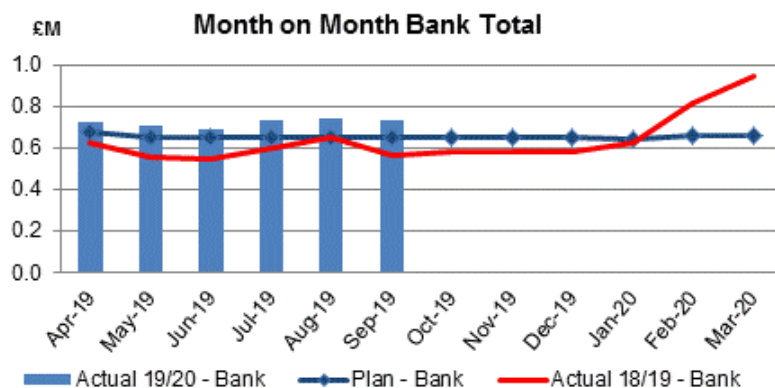
Pay:



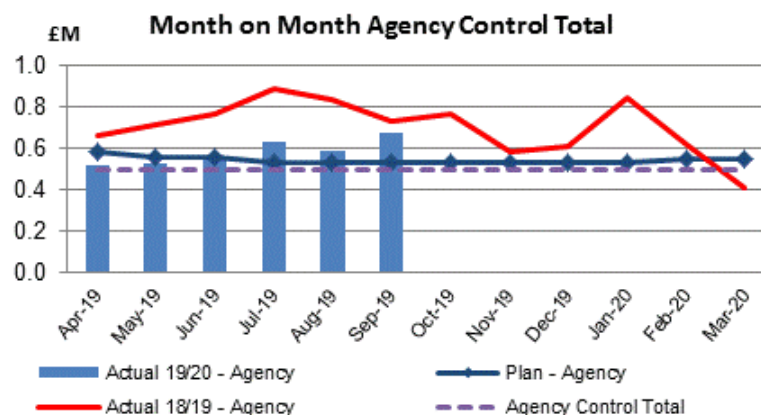
Month on Month Total Pay



Month on Month Bank Total



Month on Month Agency Control Total



Summary and Action

Pay expenditure of £13,136k in August is £87k greater than planned for. The growth trend in agency staffing continues, with medical staffing the most significant by value at £83k (57%) greater than the Q1 run rate. Nursing also increased by £52k (36%) versus Q1, driven by escalation and increased demand in ICU. The Medicine Directorate remains by far the greatest user by value at 44% of the overall spend (53% excluding subsidiaries), but CSFS and Surgery are the main areas of growth, almost doubling since Q1.

Agency costs continue exceeded plan at £675k, with the month on month increases in the consultant and Nursing workforces. The specialties being forced to cover consultant vacancies through agency are: Histopathology, General Medicine, Gastroenterology, Stroke, Emergency Medicine, and Oncology. Planned success in reducing nursing agency have largely been sustained, but increased demand in ICU and due to escalation have led to circa 50 high cost Thornbury shifts being utilised.

The Surgery and Medicine Directorates continue to mitigate nursing vacancies with the usage of Nursing Assistants, often those in the process of obtaining full registration, as demonstrated by the WTE and financial variance swings between the staff groups.

Agency premium for the period is estimated at c£260k, roughly half of which relates to medical staffing groups due to difficulties filling vacancies and rota gaps.

Efficiency – Better Care at Lower Cost

Efficiency:



Directorate	Position						
	Annual Plan £000s	Sep '19			YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Medicine	2,192	185	103	(82)	1,063	589	(474)
Musculo Skeletal	1,385	119	92	(27)	633	482	(151)
Surgery	1,728	147	133	(14)	833	594	(239)
Clinical Support & Family Services	1,965	151	135	(16)	862	707	(155)
Corporate Services	1,730	135	163	29	806	971	165
Strategic	1,000	47	67	20	117	292	175
TOTAL	10,000	784	693	(91)	4,314	3,635	(679)

Scheme	Position						
	Annual Plan £000s	Sep '19			YTD		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Theatres	1,068	89	19	(70)	534	35	(499)
Workforce	1,001	83	89	5	500	519	19
Diagnostics	600	42	42	0	250	250	0
Patient Flow	825	69	7	(61)	413	124	(289)
Outpatients	500	56	56	0	167	167	0
Non-Pay Procurement	1,494	134	148	14	668	672	4
Medicines Optimisation - Drugs	500	0	11	11	0	125	125
Clinical Directorate Plans	2,634	206	188	(18)	1,143	935	(208)
Corporate Directorate Plans	1,378	105	133	28	640	810	170
TOTAL	10,000	784	693	(91)	4,314	3,635	(679)

Summary and Action

The Trust has reported CIP delivery of £693k (88%) in September 2019, comparable to that delivered in August.

The patient flow programme has once again not met its financial target. Constrained access to packages of care in the community created a bottle neck following the August bank holiday, and a spike in activity in mid September both adversely impacted patient flow through the hospital resulting in the requirement to open escalation areas in the Trust. The Trust spent approximately three weeks in OPEL 4 during the period.

As in August, a number of specialties have benefited from increased list utilisation, but the theatres programme is still some way short of delivering the productivity gains planned for.

Report to:	Trust Board (Public)	Agenda item:	3.1
Date of Meeting:	07 November 2019		

Report Title:	Board Assurance report – Influenza campaign 2019/20			
Status:	Information	Discussion	Assurance	Approval
	X		X	
Prepared by:	Alison Evans Head of Occupational Health			
Executive Sponsor (presenting):	Lynn Lane, Interim Director of OD & People			
Appendices (list if applicable):				

Recommendation:

The Board are asked to note and approve the actions described in this report as planned and ongoing to achieve greater than 80% front line flu vaccination coverage.

Executive Summary:

- Assurance to Board that there is a robust flu campaign in place, proactive and responsive to the needs of the Trust
- On target to achieve over 80% of front line staff vaccinated
- Promoting the clinical picture of best practice in the fight against flu is to vaccinate 100% of workers
- Promoting a culture of increased flu vaccine uptake, where it is everyone's responsibility; supported by a designated flu campaign team and Peer vaccinators

1. Purpose

This report sets out to provide the Board with assurance that the Trust influenza campaign 2019/20 will achieve optimum levels of all Trust staff reporting to have received an influenza vaccine. National guidance recommends aiming to as near to 100% vaccination in order to promote "herd" immunity for the vaccination programme to be as effective as possible. We aim to achieve this by ensuring the influenza vaccine is easily accessible to all staff and that myths and concerns about having the influenza vaccine administered are allayed.

2. Influenza Campaign 2019/20 Launch

The 2019/20 Influenza campaign was launched on 30th September 2019 with a Trust wide invite to attend the Lecture Theatre where a short presentation was delivered by Louise Letley, Public Health England (PHE) Research Nurse Manager, Immunisations and Counter

Measures, regarding reasons for having the influenza vaccine and incorporating personal stories for the purpose of myth busting. This was a well-attended event, was received well, and sharing of information was able to take place and many numbers of staff signed up to have an influenza vaccine. To date (28/10/19) our vaccinated staff figures are:

Front line vaccinated	43%
Non Front line vaccinated	23%
Total number vaccinated	37%

This is broken down between staff groups to date (28/10/19) as:

Scientific/technical	51%
Allied Health professionals	53%
Medical/dental	43%
Nursing/Midwifery	39%
Support clinical	42%

3. Flu Campaign Timescale:

30th September - 2019/20 Flu campaign Launch day

Through October to 31 December – active flu campaign Trust wide and ongoing reporting

Through January – gathering of final stats for reporting and administering flu vaccine to individuals identified as not yet received the vaccine – “mop up”.

February – final stats reported and campaign closed at 31st January.

4. Resourcing

The flu campaign endeavours to be proactive and responsive by providing:

The main flu clinic where staff can attend a drop in service to receive their flu vaccine is based in the quiet room of Laverstock ward. This service can be accessed by staff Tuesday – Friday 08:00-16:00, and is delivered by 3 bank nurses on a rota system with support from Occupational Health staff. There is also provision for staff to receive influenza vaccine with weekend and twilight sessions planned, also within the Occupational Health Department. There are 15 confirmed Peer vaccinators who have completed the necessary training and who have volunteered to support the campaign by being available to vaccinate within their Directorates. We are recruiting and training vaccinators throughout the year.

Laverstock vaccinators carry a bleep and requests can be made for appointments through the Occupational Health reception desk. There are a number of team bookings where an Occupational Health nurse will attend individual teams/departments at their convenience in order to administer influenza vaccine. The flu campaign team delivers education and myth busting at each intervention, to wider teams, meetings, all OH consultations and through Trust wide communications. The above tactics have enabled this year's Flu campaign to get off to a great start, already over half way toward the over 80% target which it is predicted to reach, and with an enthusiasm to get as close as possible to the clinical recommendation of 100%.

5. Influenza Vaccine

Two vaccines have been procured for the 2019/20 flu campaign:

Quadrivalent influenza vaccine (split virion inactivated). This vaccine is recommended to all staff under the age of 65 and where there is no report of egg allergy. The vaccine is generally well tolerated and can be offered to pregnant and lactating women.

Flucelvax Tetra influenza vaccine (surface antigen, inactivated, prepared in cell cultures). This vaccine is recommended to all staff over the age of 65, or over the age of 18 with a documented anaphylaxis to egg. It too can also be offered to pregnant and lactating women.

There are currently no issues with supply although the Trust miscalculated the initial delivery required as it should have been front loaded.

6. CQUIN

The 2019/2020 CQUIN is set at 80% frontline staff, for which we will receive 100% of the available payment. The exact amount is not yet available but the corresponding figure past year was £100k. We are aiming to achieve the 80% target.

7. ACTIONS FOR NOVEMBER & DECEMBER

As already noted, the Influenza vaccine is promoted to encourage 100% take up by staff on the basis of the clinical recommendation of achieving optimal “herd” immunity to ensure the most effective protection where possible. This is promoted through:

- Maximum accessibility of the drop in service
- Roving vaccinators at departmental request
- Peer vaccinators for specific areas
- myth busting,
- communications,
- toolbox talks with individual teams,
- reviewing stats for areas of reduced uptake and visiting those areas to understand the reason/difficulty and supporting those teams to receive influenza vaccine.

All of these activities will continue throughout the “active campaign” period to the end of December 2019, and be reviewed in January with more targeted efforts aimed at the hard to reach groups and individuals.

8. RECOMMENDATIONS

For the remainder of this period and for future campaigns, the following is recommended:

- Maintain a central flu clinic in Laverstock quiet room year on year ensuring that this becomes well known and central for staff to be able to access and to be seen in order to promote.

- Ensure funding for maintaining a central flu clinic is available 4 days per week, necessary in order to achieve appropriate Trust wide coverage and vaccine accessibility.
- Ensure a telephone is available within the central flu clinic of Laverstock quiet room in order that emergency contact is available in the event of an emergency and for the vaccinators to be able to respond to the bleep for booked appointments, promoting a seamless programme.
- Ensure that future vaccine delivery is front loaded, delivering larger delivery numbers at the start of campaign. This will ensure a steady flow of vaccine and delivery numbers matching demand to maintain the momentum of the flu campaign.
- Ensure ongoing funding for the purpose of statistical work which informs the campaign, needed 4 days per week. It is planned for ESR to be a central part of the 2020/21 report gathering data system.
- Continue to recruit and train peer vaccinators across the Trust to ensure retention of skilled vaccinators in sufficient numbers.