

## 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*

5

Resolution

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



**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



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**

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 25<sup>th</sup> 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 27<sup>th</sup> September, with an agreement of plans on 15<sup>th</sup> 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







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 committee's 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                      Workforce Committee Report – 26 September**  
**03/10/2.5**

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**            **PERFORMANCE AND FINANCE**  
**03/10/3**

**TB1**            **Winter Plan**  
**03/10/3.1**

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:

**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



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 g.ThuHo CGCt in Octoterprovi.Thumorhe

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**

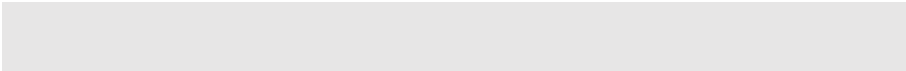
Thursday 7 November, 2019, Board Room, Salisbury NHS Foundation Trust

**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





## **Performance**

The hospital, like others in the region, was very busy and experienced unseasonably high demand;







# 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

the next five years.

plans for the next five years, it's essential

I'd like to thank everyone who took the time to fill

Find out more about Our Health Our Future  
at [www.bswstp.nhs.uk/ourhealthourfuture](http://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



Find out more about careers in nursing at [www.healthcareers.nhs.uk/nursing-careers](http://www.healthcareers.nhs.uk/nursing-careers)

## Primary Care Networks develop in BSW



# Health and care services get set for winter

“Making sure you get your fu jab over the

## CCGs move step closer to merger

## New appointments to Executive team

to NHS England/Improvement for final approval and confirmation of their decision is expected in

boards to become one CCG is a significant step with benefits for patients, our staff and our GP

running costs, help meet financial challenges



## Tell us what you think!

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**CLASSIFICATION: Please Select**

<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.1
<b>Date of Meeting:</b>	7 <sup>th</sup> November 2019		

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

<b>Recommendation</b>
The Trust Board are asked to note the items escalated from the Trust Management Committee meeting held on 16 <sup>th</sup> 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.

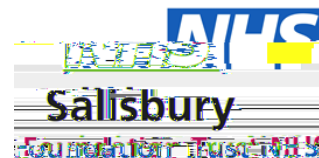
Early Supported Discharge/ OPAL business cases – The Committee supported the proposals but it was recognised that further evaluation was required in relation to winter planning prior to any decisions regarding the allocation of winter funding.



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 7<sup>th</sup> 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, ia1c.mae(t)(e)s i promeuia)-1(t)c Co)-.



<b>Report to:</b>	Trust Board (Public)	<b>Agenda item:</b>	2.3
<b>Date of Meeting:</b>	7 <sup>th</sup> November 2019		

<b>Committee Name:</b>	Finance and Performance		<b>Committee Meeting Date:</b>	22 <sup>nd</sup> October 2019
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
			X	
<b>Prepared by:</b>	Paul Miller, Non Executive Director			
<b>Board Sponsor (presenting):</b>	Paul Miller, Non Executive Director			

<b>Recommendation</b>
To note key aspects of the Finance and Performance Committee meeting of the 22 <sup>nd</sup> October 2019.

<b>Items for Escalation to Board</b>
<p><b>Contract for the supply of a Picture Archiving System (PACS) system</b> – 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 7<sup>th</sup> November 2019 for a formal decision. Following a long discussion of the overarching procurement process, it was agreed to support the recommendation.</p> <p><b>Contract for the supply of a Radiology Information System (RIS)</b> – 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 7<sup>th</sup> November 2019.</p> <p><b>Operational and Financial Performance 2019/20 (including Winter Plan)</b> – Despite the Trust performing reasonably well, both financially and operationally in the 6 months up to the 30<sup>th</sup> 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.</p>

## **In year productivity and income**

**CLASSIFICATION: Unrestricted**



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

<b>Report Title:</b>	Integrated Performance Report			
<b>Status:</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
<b>Prepared by:</b>	Kieran Humphrey, Associate Director of Strategy Felicity Anscombe, Information Services Manager			
<b>Executive Sponsor (presenting):</b>	Andy Hyett, Chief Operating Officer			
<b>Appendices (list if apps (I Qg 0 0n n Tm  </b>				

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).

<b>Board Assurance Framework – Strategic Priorities</b>	Select as applicable
<b>Local Services</b> - 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"/>
<b>Specialist Services</b> - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
<b>Innovation</b> - 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"/>
<b>Care</b> - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
<b>People</b> - 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"/>
<b>Resources</b> - 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

(data for September 2019)

An outstanding experience for every patient

The bottom of the slide features a series of horizontal colored bars. From left to right, there is a dark purple bar, a magenta bar, a dark blue bar, and a lime green bar.

The Integrated Performance Report highlights key themes and issues across the organisation, attempting to make links between the various aspects of the u 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.

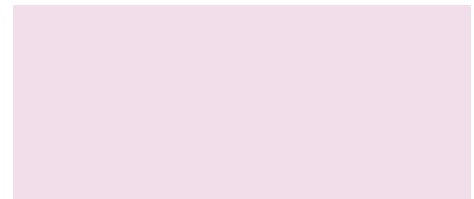
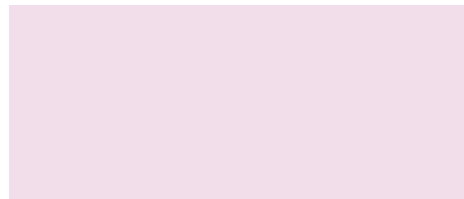
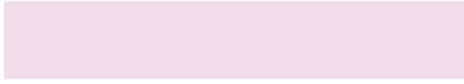
This report for November 2019 Board is now in an agreed format using data and c













Data Quality Rating:

Performance Latest Month: 91.5%

Attendances: 6238

12 Hour Breaches: 0

ED Conversion



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.

Performance Latest Month:

Days Lost to DToC: 165 NHS + 265 SS

DToC Patients (last Thursday of month snapshot): 27

Data Quality Rating:



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.



Data Quality Rating:

Performance Latest Month: 92.2%

PTL Volume: 18,286

52 Week Breaches: 0

Overall RTT Performance Standard achieved with the 2 of the 3 specialties of concern showing continued improvement and

position continues to deteriorates predicted waiting excess of 52 weeks by April 2020.

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

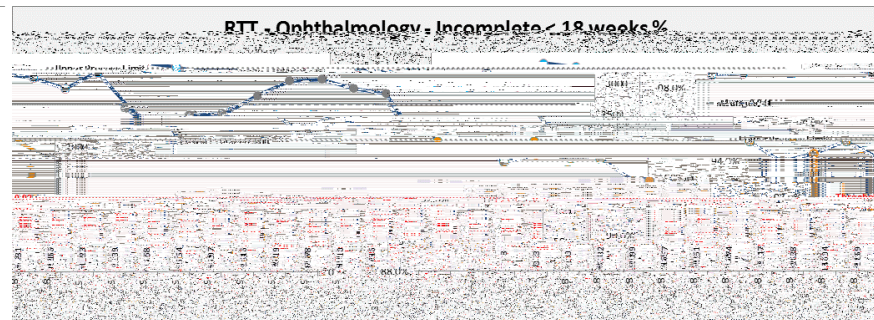
The continues to rise (+

DTT - Dental - Incomplete < 18 weeks %

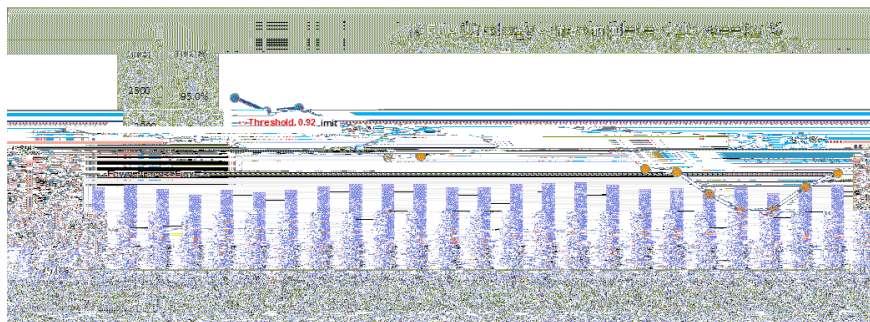
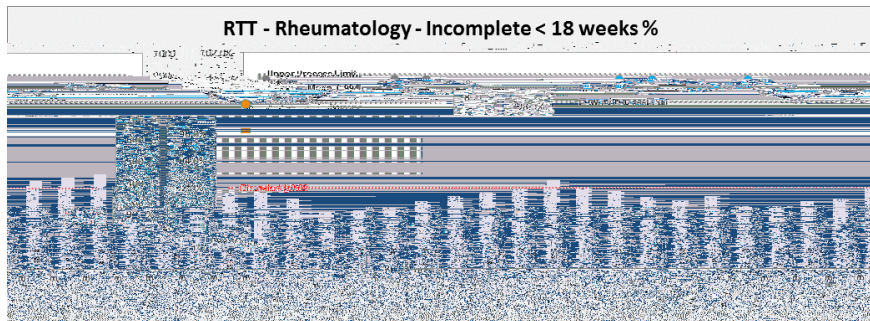
DTT - Ear, Nose and Throat - Incomplete < 18 weeks %



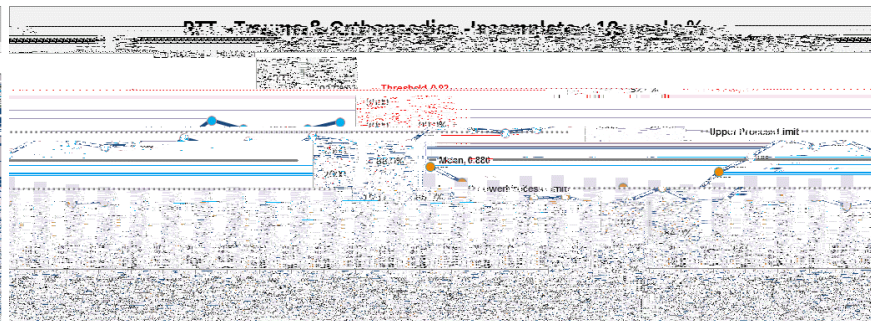
DTT - Ophthalmology - Incomplete < 18 weeks %

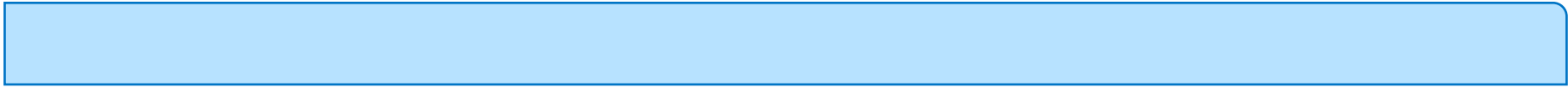


RTT - Rheumatology - Incomplete < 18 weeks %

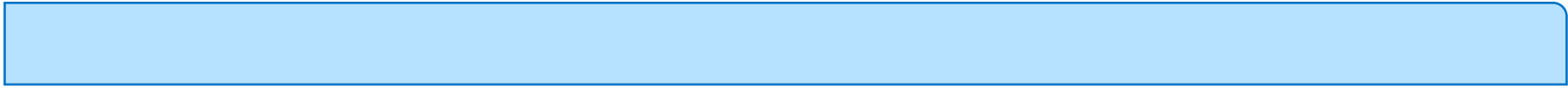


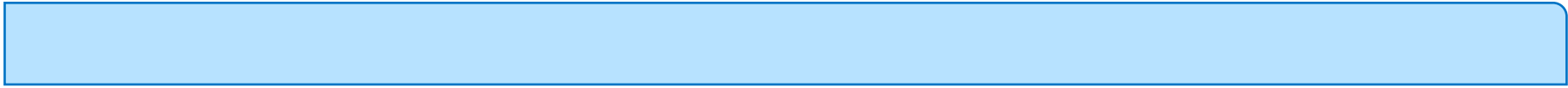
RTT - Rheumatology - Incomplete < 18 weeks %

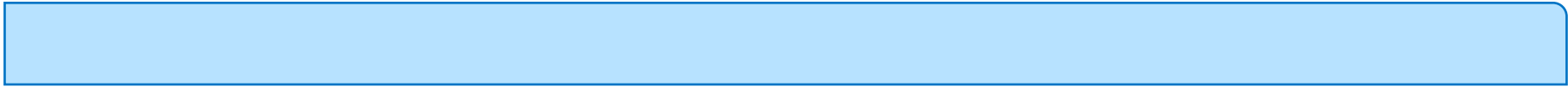




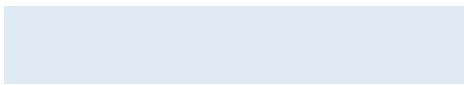


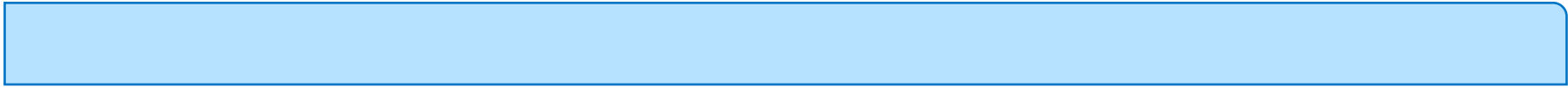


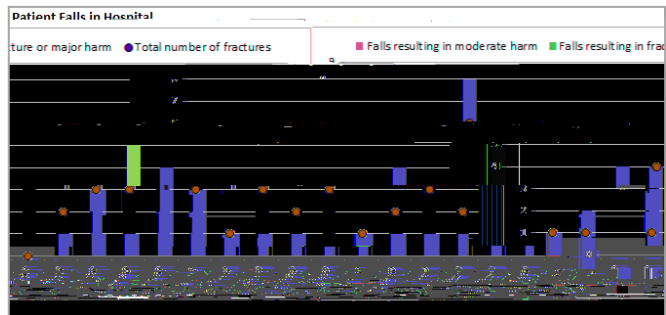












Data Quality Rating:



Pressure Ulcers	0.68	0.79	0.88	1.05	1.10
Patient Falls	0.25	0.34	0.20	0.16	0.20



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 ‘no DTIs’ campaign for a week in November. Ongoing education is key to reducing the risk of hospital acquired pressure ulcers.

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 COQIN 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.



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 updated cancer action plan which





Data Quality Rating:



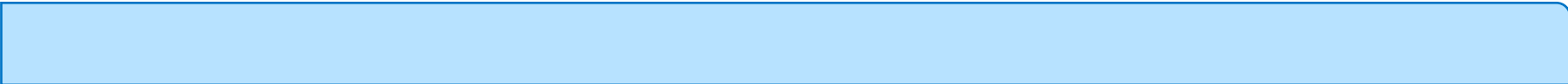
HSMR data is currently only available to May 19 as Dr Fostit

Data Quality Rating:



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 7 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



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

Data Quality Rating:



**Escalation Bed Days**



Data Quality Rating:



Delivering Same Sex Accommodation - Non-clinical

[Redacted content]

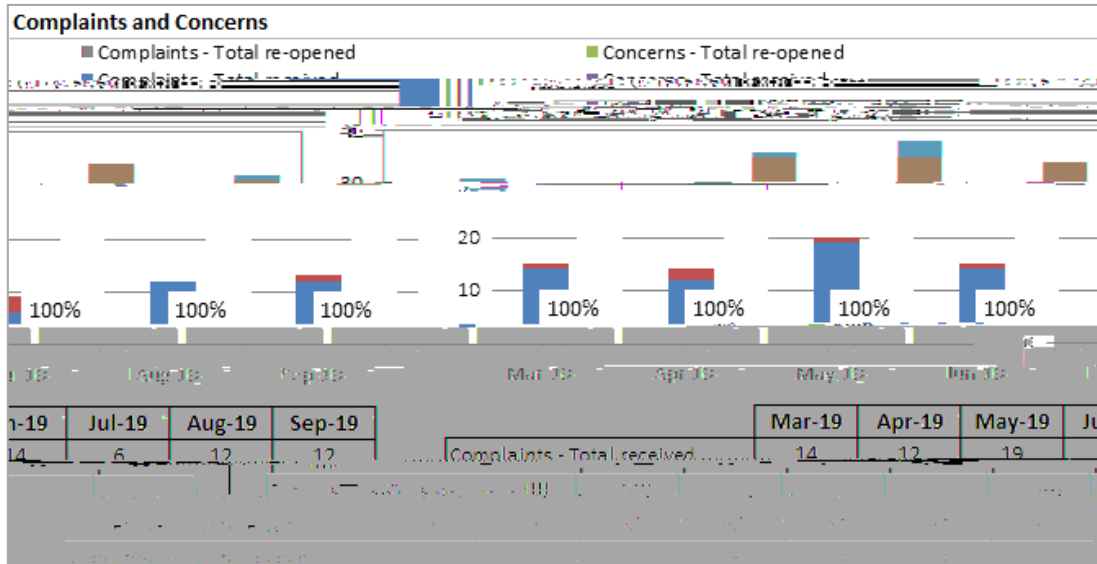
Delivering Same Sex Accommodation - Clinical

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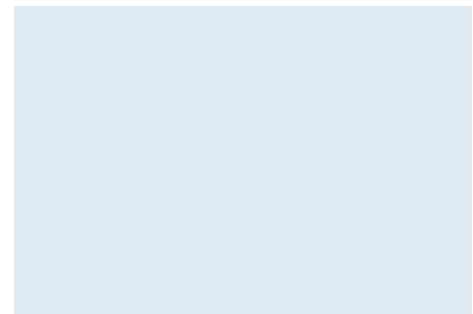
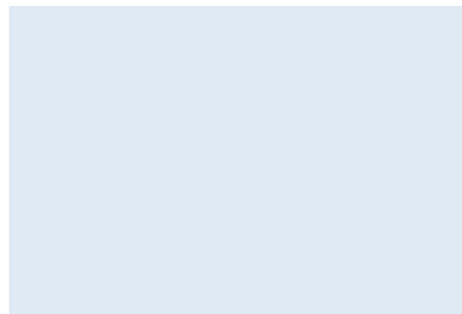
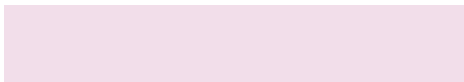
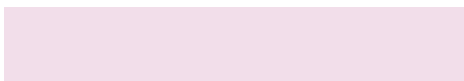
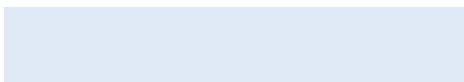
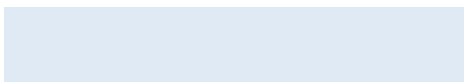
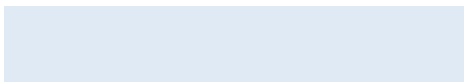
The significant increase in non-clinical mixed sex accommodation breaches seen in September is due to pressure on the hospital (on OPEL 4 23 times in September) and increased demand affecting the two assessment areas (AMU - 13 breaches affected 97 patients & SAU - 2 breaches affected 6 patients).

The majority of breaches were resolved within 12 - 24 hours. Privacy and dignity is maintained during these times with [a7.32 e]2(g)14(074 20

Data Quality Rating:



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



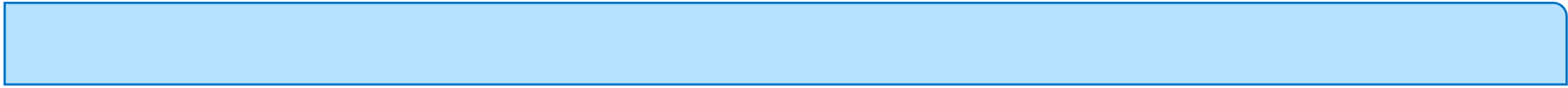


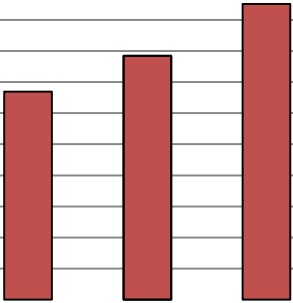
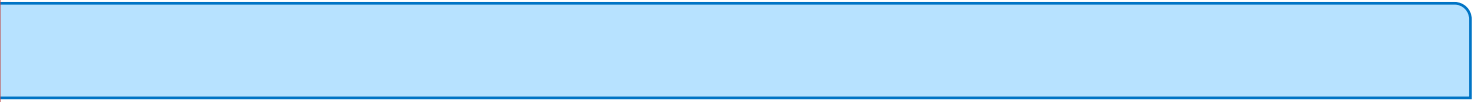
Table 1 above shows planned vs actual hours for RNs and HCAs across the wards for August. The graph on the right shows planned vs actual Care Hours Per Patient Day at Trust level, the graphs on the following slide shows this split by Directorate. (CHPPD is a simple calculation which divides the number 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.)

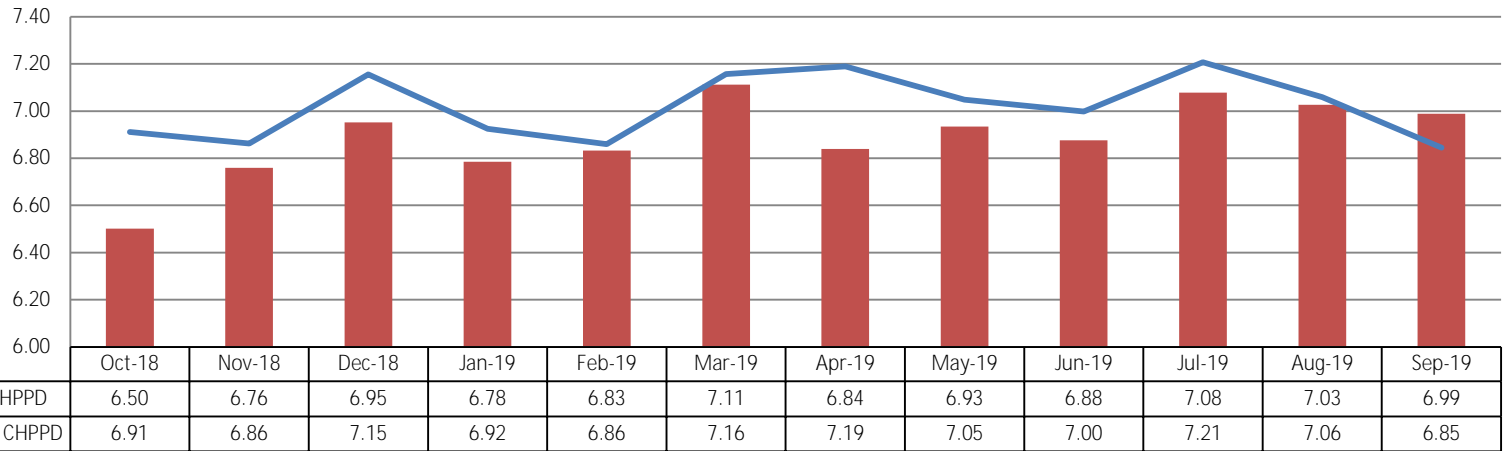
From aggregated Trust level data no real conclusions can be drawn other than to show that overall we are broadly meeting planned staffing levels, that there is a shortfall for RNs and slightly for HCAs also demonstrated in Table 1. Further detail on this will be explored at Board Seminar day in November 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.

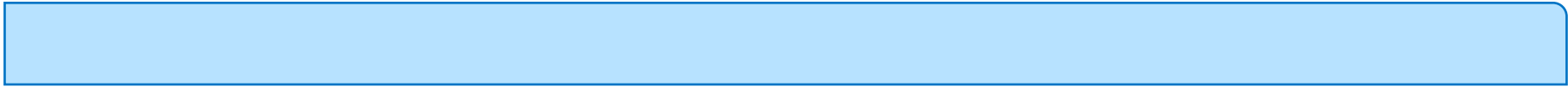
2 wards flagged red this month for actual unfilled hours (based on internal rag ratings) Breamore and Pembroke wards for HCA day and night shifts. Breamore is due to ward relocation, HCAs were redeployed to other areas due to reduced bed numbers.

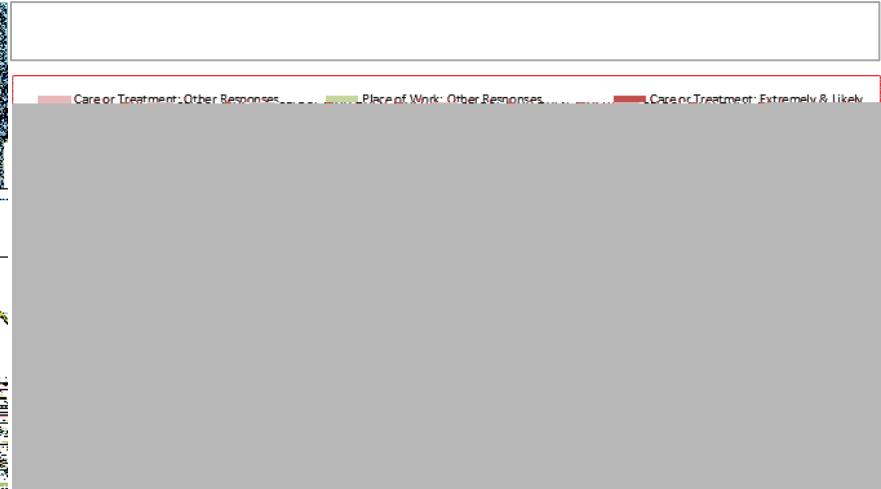
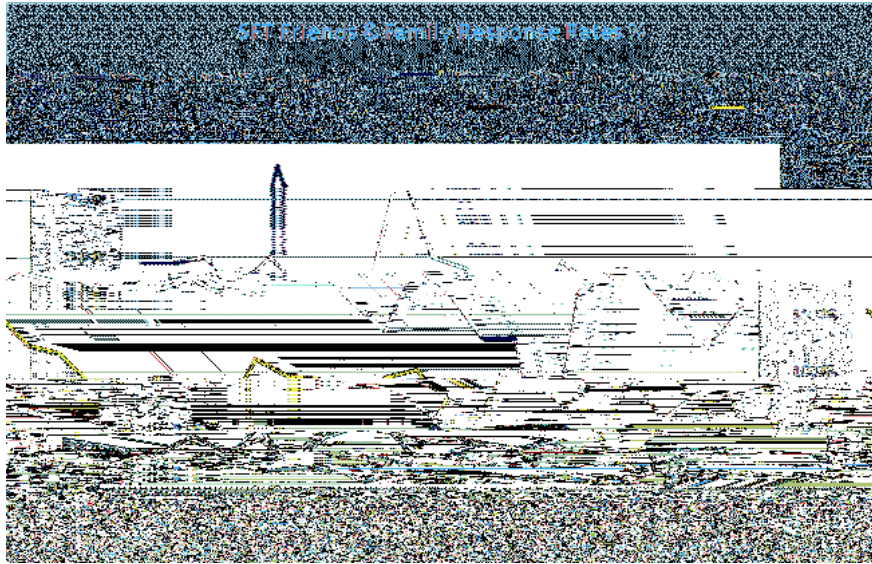
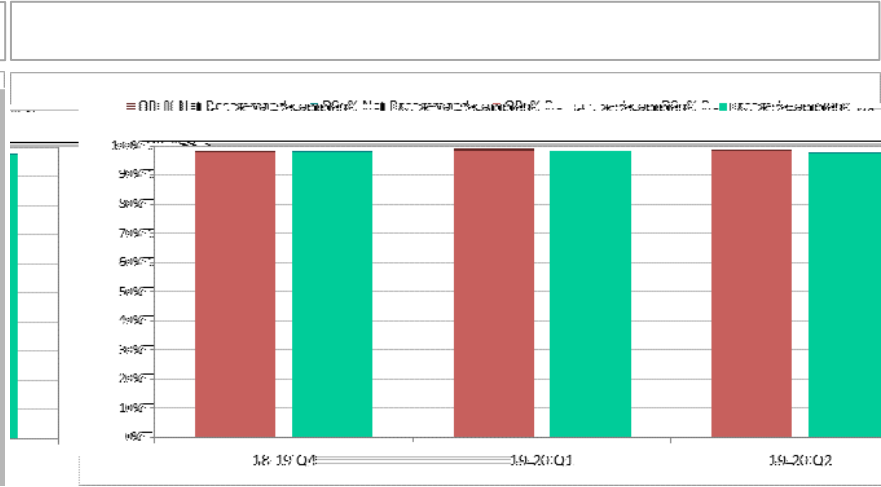
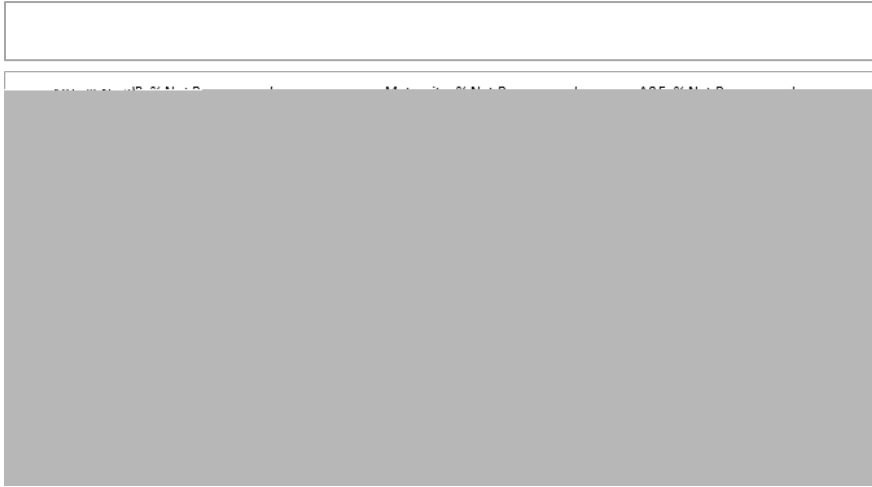
The skill mix of RN:HCA remains stable for the 5<sup>th</sup> reporting month RN 62% : HCA 38% (general recommendation is 65%:35%)



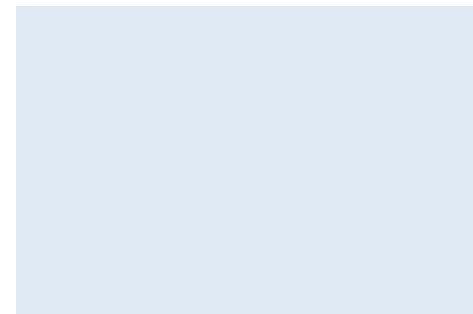
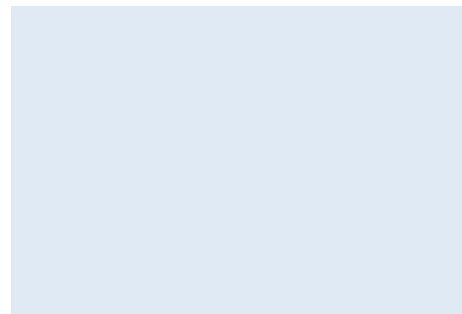
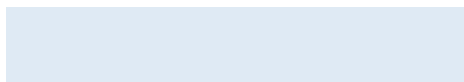
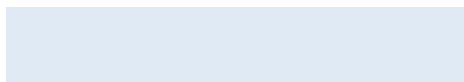
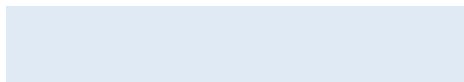








There was an issue in March 2019 whereby responses were input into the wrong FFT website and were unable to be retrieved, hence the low response rate for one month.








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 5.67 4.67 Tm 0 TTm]TJ()JTJBT1 0 0 1 511.92 142.39 T





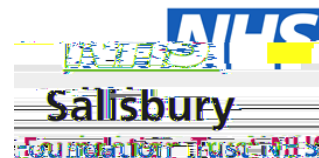
The Trust's cash position was assisted in the month by the receipt of PSF and FRF funding gained in the first quarter of the year. The cash position is also higher than planned due to limited expenditure on the capital programme to date





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

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



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

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

<b>Recommendation:</b>
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

## CLASSIFICATION



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%
<b>Total number vaccinated</b>	<b>37%</b>

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:

30<sup>th</sup> 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 31<sup>st</sup> 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%.

## CLASSIFICATION



### 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.

## CLASSIFICATION



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.