SALISBURY NHS FOUNDATION TRUST

TRUST BOARD

MONDAY 4 AUGUST 2014, 1.30PM

IN THE BOARD ROOM, SALISBURY DISTRICT HOSPITAL

A G E N D A

						Page No.
1.30pm	**1**	**APOLOGIES FOR ABSENCE –**				
		Kate Hannam				
	2	**DECLARATION OF INTERESTS**				
	3	**MINUTES**				
		Public Board Meeting held on: 9 June 2014				1
	4	**MATTERS ARISING**				
1.35pm	**5**	**CHIEF EXECUTIVE**				
		1. Chief Executive's Report	PH	SFT 3551		11
		2. Nurse Staffing	FH	SFT 3552		13
1.45pm	**6**	**STAFF**				
		1. Annual Equality and Diversity Report	AK	SFT 3553		19
		2. Friends and Family Test for Staff 1st Quarter	AK	SFT 3554		43
2.10pm	**7**	**PATIENT CARE**				
		1. Quality Indicator Report to 30 June (month 3)	CB/FH	SFT 3555		45
		2. NHS Safety Update	FH	SFT 3556		
2.30pm	**8**	**PERFORMANCE AND PLANNING**				
		1. Finance Committee minutes from meetings on 27 May and 23 June 2014	NM	SFT 3557		53

		2. Financial Performance to 30 June (month 3)	MC	SFT 3558	61
		3. Progress against Targets and Performance Indicators to 30 June (month 3)	KH	SFT 3559	71
		4. Attendance of Governors at Part II Board Meetings	NM	SFT 3560	79
3.00pm	**9**	**PAPERS FOR NOTING OR APPROVAL**			
		1. Update on Planning Process	LA	SFT 3561	
		2. Remuneration Committee 18th Annual Report	NM	SFT 3562	81
		3. Clinical Governance Committee minutes from meeting held on 26 June 2014	LB	SFT 3563	83
		4. Update on C Diff	FH	SFT 3564	97
		5. Minutes from Audit Committee meeting held on 23 May 2014	NA	SFT 3565	101
		6. Annual Review of Committee Terms of Reference	NM	SFT 3566	105
3.45pm	**10**	**ANY OTHER URGENT BUSINESS**			
	11	**QUESTIONS FROM THE PUBLIC**			
	12	**NEXT MEETING**			

The next ordinary meeting will be held on Monday 6 October 2014, in the Board Room at Salisbury District Hospital starting at 1.30pm

13 CONFIDENTIAL ISSUES

To consider a resolution to exclude press and public from the remainder of the meeting as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

SALISBURY NHS FOUNDATION TRUST

Minutes of the meeting of Salisbury NHS Foundation Trust Board Held on Monday 9 June 2014 In the Boardroom, Salisbury District Hospital

Board Members Present:	Dr N Marsden	Chairman
	Mr N Atkinson	Non-Executive Director
	Dr C Blanshard	Medical Director
	Dr L Brown	Non-Executive Director
	Mr M Cassells	Deputy Chief Executive
	Mr A Freemantle	Non-Executive Director
	Ms K Hannam	Chief Operating Officer
	Mrs F Hyett	Interim Director of Nursing
	Mrs A Kingscott	Director of Human Resources and Organisational Development
	Revd Dame S Mullaly	Non-Executive Director
	Mr S Long	Non-Executive Director
Corporate Director:	Mr L Arnold	Director of Corporate Development
In Attendance:	Mr P Butler	Communications Manager
	Mr D Seabrooke	Secretary to the Board
	Mr M Wareham	Staff Side
	Mrs J Jarvis	Voluntary Services Manager
	Mrs P Jones	Volunteer
	Fiona McCarthy	Senior Nurse, Infection Control
	Colette Martindale	Lead Governor
	Mrs J Sanders	Governor
	Mr J Carvell	Governor
	Mrs Lyn Taylor	Governor
	Dr A Lack	Governor
	Mrs M Monnington	Governor
	Mrs C Noonan	Governor
	Mr C Wain	Governor
	Mr and Mrs E Gould	Volunteers
Apologies:	Mr P Hill	Chief Executive
	Mr I Downie	Non-Executive Director

1978/00 DECLARATIONS OF INTERESTS

Members of the Board were reminded that they had a duty to declare any interests arising from the discussion, any impairment to being ft and proper and to avoid any conflicts of interest. No member present declared any such interest.

1979/00 MINUTES – 24 MARCH AND 7 APRIL 2014

The minutes of the Public Board Meetings held on 24 March and 7

April 2014, were approved as a correct record.

1980/00 CHIEF EXECUTIVE'S REPORT - SFT 3531 - PRESENTED BY MC

The Board received the report of the Chief Executive and MC highlighted the following points –

- Lorna Wilkinson would be taking up the post of Director of Nursing in the first week of August.
- The Board had adopted the new organisational values and behaviours which were already integrated into the design of the new appraisal system and would be further used in support of recruitment and in a wider range of HR policies.
- Governor Elections – Jan Sanders, Catherine Saunders and Lynn Taylor had been elected to the Council of Governors taking office from 1 June 2014. Alastair Lack had been re-elected also from 1 June.
- Constituency meetings – South Wiltshire Rural and West Wiltshire. Successful meetings had taken place in Tisbury and Warminster led respectively by Sir Raymond Jack and Carole Noonan.
- Therapy Review – the aim of this review was to improve efficiency and to introduce a seven day week service. The review was currently the subject of a staff consultation.
- Toy Box Day Nursery – The Trust's day nursery had been graded as 'Good' following an Ofsted inspection.
- Antibiotic Prescribing Audit – The Trust had the 2nd best results in a South West Regional Audit which highlighted the wide range of work carried out by Salisbury to provide good quality safe care.
- Dying Matters Awareness Week – Local people had an opportunity to speak to staff and find out what steps they can take to make their end of life experience better for them and their loved ones at a special event held at the Salisbury Guildhall. This included writing a will, recording funeral wishes, planning future care and support, considering registering as an organ donor and telling loved ones of their wishes.
- Chief Scientific Officer's Workforce Innovation Award 2014 – Two Salisbury staff had reached the final of this prestigious award.

The Board noted the Chief Executive's Report.

1981/00 STAFF

1981/01 Voluntary Services Annual Report - SFT 3532 - Presented by AK

Jo Jarvis, Voluntary Services Manager attended for this item, together with Pearl Jones, Volunteer.

The report highlighted the nature and extent of volunteering within the Trust during 2013/14. There were nearly 700 volunteers

registered and there continued to be much interest in joining the volunteer body. Volunteers provided a range of supporting services that enhanced patient experience. Pearl Jones described her motivation for volunteering on Britford Ward.

It was noted that the handbook for volunteers was being re-written on the basis that of a revised policy coming out in July. Directors thanked all the Volunteers for their continuing work in the hospital and in particular invited volunteers to let them know if any additional support could be given or if there were concerns about over involvement in operational matters.

The Board noted the report and approved its wider circulation and distribution.

1981/02 Staff Survey 2013 Update - SFT 3533 Presented by AK

The Board received the Staff Survey update which included information about the actions being taken to address issues arising in the Survey first reported to the 7 April meeting of the Board. It was noted that the actions were monitored via the Operational Management Board and individual department's management meetings. A further report on progress would be made in December 2014.

AK described the Stress Action Teams and the actions being undertaken and it was noted that work on countering bullying and harassment was continuing. More detailed monitoring of issues and their location was becoming available through the Friends and Family test for Staff.

The questions and response frame in the survey were pre determined and the Board again expressed concern that the Trust should not be penalised for achieving a high reporting rate of near miss incidents.

It was also noted that the target for the appraisal rate was set at 90% with a stretch target to 100%.

The Board noted the report.

1982/00 PATIENT CARE

1982/01 Quality Indicator Report April 2014 – SFT 3534 - Presented by CB and FH

The Board received the Quality Indicator Report.

CB highlighted the continuing fall in mortality rates and reminded the Board that the standardised hospital mortality index would be re-based in September/October, which could affect the Trust's relative position shown by the indicator.

The Trust continued to address the rate of fractured neck of femur operated on within 36 hours however experience had shown that an

orthopaedic weekend list had been under-utilised and had been discontinued. The Board was reminded that there had been a change to the reporting requirements for delivering single sex accommodation which now included breaches on the Intensive Care Unit. The Trust had recently closed the Wilton Ward which had reduced the number of escalation beds open.

FH reported that there had been five attributed cases of C-Diff in April, two of which had been linked, having occurred on Durrington Ward. There had been a further two attributed cases in May. The Monitor target for the year is 18. There had been a recent visit by infection control specialists from the CCG. This had led to some issues being raised around day to day practice around PPE and hand hygiene. Directorate Senior Nurses would be undertaking 30 minute observed practice to help address this.

It was noted that any red flag areas shown by HSMR alerts were reviewed in detail. Under the CQC's Intelligent Monitoring there were currently no flags for mortality issues.

The Board noted the Quality Report for April.

1982/02 Customer Care Report – Quarter 4 – SFT 3535 – Presented by FH

The Board received the Quarter 4 Customer Care Report.

76 complaints had been received which was comparable with the same period in 2013. Clinical treatment was the main theme, also issues around staff attitude and outpatient appointments. It was noted that the Head of Customer Care from Great Western Hospitals was undertaking a peer review of complaint handling at Salisbury. Wherever possible the Trust sought to resolve complaint issues through discussion rather than through the often very detailed complaint response letters provided. The nature of the Trust's response was always determined by the complainant.

The Board noted the Customer Care Report for Quarter 4.

1982/03 Infection Prevention and Control Report – SFT 3536 – Presented by FH

Fiona McCarthy attended for this item and highlighted the following principal points:

- The Trust had declared an outbreak of influenza A in March 2014, with seven cases identified. During ward closure three employees were reported to be off work with cold/flu symptoms but no diagnosis of influenza was made.
- The Trust had ended 2013/14 having achieved its ceiling of 21 Trust-apportioned reportable C-Diff cases.
- The report highlighted the local response to the nationally recorded increase in vancomycin resistant enterococcus (VRE).

- There have been two MRSA bacteraemia during 2013/14 these had been classed as contaminants.

In answer to a question from SM, Fiona McCarthy felt that the infection control team was adequately resourced.

The Board noted the report and assurance provided and that it continued to acknowledge responsibility for infection control detailed within the Director of Infection Control and Prevention Report.

1982/04 National In-Patient Survey Results 2013 – Analysis and Action Plan - SFT 3537 – Presented by FH

The Board received the report on the 2013 in-patient survey and the accompanying action plan.

The Survey had been sent to randomly selected patients who had spent at least one night in the hospital during July 2013. A response rate of 65% was achieved. The Trust had scored about the same as other Trusts across the ten categories of the survey. It scored significantly better in relation to "receiving support from staff where required to eat your meals".

There was improvement in relation to the 2012 benchmark in relation to "nurses talking in front of patients as if they were not there", "explaining how an operation or procedure had gone in an understandable way" and "being asked to give views on the quality of care provided". There were no significant declines. FH undertook to confirm whether the survey results could be broken down by ward.

The Board was reminded that the survey had been answered by patients who had been in the hospital at a time when the main kitchens were being re-fitted and during a period of exceptionally hot weather.

The Board noted the report.

1982/05 Nurse Staffing Report – May – SFT 3538 – Presented by FH

The Board received the first Monthly Nurse Staffing Report which met the requirement from the National Quality Board published in November 2013, that Trusts would have in place by June 2014, a clear display of information at ward level about staff present on each ward on each shift, the completion of a skill mix presented to the Board every six months and a monthly report to the Trust Board.

Following the £800,000 investment in nurse staffing levels it was noted that this funding was being allocated to support the introduction of supervisory ward sisters and providing seven day senior cover through additional Band 6 nurses. The work was being supported by the implementation of the Allocate e-rostering system. The report included an illustration of the information now posted on wards indicating the numbers of each staff grade working on the ward per shift. This would be extended to include more information

about quality and it was felt that it would raise the profile of this issue. Consequently staff would need to be equipped to hold discussions with relatives if necessary.

Draft guidance was now published by NICE but this did not provide a single defined nurse to patient ratio.

FH showed a slide set detailing the planned and actual nurse staffing hours across the Trust's wards during May.

In summary, for the day shifts 95% of planned registered nurses and 103% of planned nursing assistants had been achieved and for the night shifts 101% of registered nurses and 113% of nursing assistants had been achieved.

It was noted that the information collected was required to be submitted and would eventually be published on NHS choices.

The Board thanked the team for the work in achieving this tight and demanding deadline.

The Board:

- Noted the improvements to staffing levels as a result of the investment of £800,000 for 2014/15.
- Agreed the table of planned versus actual staffing data for submission to Unify on 10 June.
- Agreed that there would be a monthly exception report of planned versus actual staffing levels also to be published on the Trust's web site.
- Agreed the publication of the report on the Trust's web site to meet the requirements to publish monthly staffing information.

1983/00 PERFORMANCE AND PLANNING

1983/01 Update on Planning Process – SFT 3539 – Presented by LA

LA reported that a draft strategic plan was currently being drafted for consideration by the Board on the 23rd June. LA confirmed that a meeting about the plan with the CCG had been arranged.

The Board noted the verbal report.

1983/02 Finance Committee Minutes - 22 April 2014 – SFT 3540 – Presented by NM

The Board received the confirmed minutes of the Finance Committee held on 22 April 2014, for information. The Chairman informed the Board that the Committee was focusing on cost improvement and transformation progress.

The Board noted the Minutes of the Finance Committee.

1983/03 Financial Performance to 30 April 2014 (Month 1) – SFT 3541 – Presented by MC

The Board received the Month 1 Financial Report. MC highlighted the following principal points:

- Continuity of Service rating remained four.
- The Trust was on plan for cash balances and capital spend.
- Work was on-going to sign the commissioning contracts with the CCGs and specialist commissioners.
- The Trust was up against the plan on day cases
- Although there was progress on controlling nurse agency spend, this continued to be a concern as did the achievement of cost improvements.
- The transfer of non-elective vascular work to Bournemouth was expected to cost up to £1m in lost income and this matter continued to be discussed.

The Board noted the Finance Report.

1983/04 Trust Performance Report to end of April 2014 – SFT 3542 – Presented by KH

The Board received the April Performance Indicator Report. KH highlighted the following principal points:

- Capacity had been increased to compensate for bank holidays in April and in May.
- Directorate Management teams continued to review and implement plans to improve waiting times for patients in Ultrasound, MRI, Audiology and Neurophysiology
- Delayed transfers of care were running at above 20. A discharge to assess scheme was being piloted at present. There was concern that there was under reporting of DTOCs and there could be 20-30 other patients who required step down care. It was noted that the Board had a seminar with the Wiltshire lead on the Better Care Fund planned for 7 July.
- AK undertook to add the proportion of appraisals that were considered to be well structured as a measure of the quality as well as the delivery rate of appraisals.

The Board noted the Performance Indicator Report.

1984/00 MATTERS FOR NOTING OR APPROVAL

1984/01 Joint Board of Directors Minutes from 16 January 2014 re Quarterly Review of Assurance Framework – SFT 3543 – Presented by MC

The Board received the description of the review of the Assurance Framework and Risk Register carried out by the Joint Board of

Directors.

1984/02 Clinical Governance Committee – minutes from meeting held on 27 March 2014 – SFT 3544 – Presented by LB

The Board received the minutes of the meeting of the Clinical Governance Committee. The Committee would reviewing the recent C-Diff cases and had noted the decline in the mortality figures.

The Board noted the minutes of the Clinical Governance Committee.

1984/03 Council of Governors draft minutes from meeting held on 12 May 2014 – SFT 3545 – Presented by NM

The Board received the draft minutes of the Council of Governors meeting 12 March 2014.

1984/04 Capital Development Report – SFT 3546 – Presented by LA

The Board received the report for February to May 2014. It was noted that the refurbishment of Pitton Ward (currently decanted to Breamore Ward) was underway and would complete at the end of July which would then enable the work on ITU expansion to complete before winter.

It was also noted that further centralisation of out-patients had been put on hold.

The Board noted the Capital Development Report.

1985/00 QUESTIONS FROM THE PUBLIC

- LA undertook to follow up a concern from Mrs Gould, volunteer about information provided to patients contacted by telephone for late availability out-patient slots.
- In relation to a question from Raymond Jack, AK stated that the Staff Survey can, where there are sufficient responses, be broken down to locate hot-spots of bullying and harassments.
- In relation to a question about the rate of re-admissions shown in the Quality Indicator Report it was noted that this position was being reviewed and audited. CB added that some patients had multiple long term conditions which could result in a re-admission only loosely associated with the original presentation.
- It was noted that long term patients in the Spinal Unit were funded by their CCG or the specialist commissioners and were not a cost to the Trust .
- In relation to a question from Chris Wain it was noted that the Trust continued to work to improve the availability of staff

on Pitton and Amesbury Wards by reviewing staff levels.

- It was noted that recruitment difficulties for Consultants was leading to agency spend. It was difficult for hospitals outside of major cities to recruit to some specialties and medical trainees were increasingly taking gap years and maternity leave. It was felt that the high levels of staff satisfaction were helpful to the Trust's ability to recruit in a competitive market.
- In relation to a question from Carole Noonan it was noted that a Task and Finish Group was addressing the loss of elective Orthopaedics work to other local providers. There needed to be additional capacity to provide the service as well as support from local GPs and marketing the Trust appropriately.

1986/00 DATE OF NEXT MEETING

It was noted that the next public meeting of the Trust Board will be on Monday 4 August 2014, in the Board Room at 1.30pm.

CONFIDENTIAL ISSUES

The Board resolved to exclude press and public from the remainder of the meeting as publicity would be prejudicial to the public interest by reasons of confidential nature of the business to be conducted.

CHIEF EXECUTIVE REPORT

MAIN ISSUES:

MOCK INSPECTION EXERCISE

The Care Quality Commission (CQC) has changed the way it inspects hospitals and we can expect the next inspection to be more intensive and challenging. A large part of the inspection will be carried out during an announced visit lasting around three days and could involve 30 or more assessors within the inspection team. They will gather information from a variety of sources including performance indicators, our commissioners, governors, patients, voluntary groups and Healthwatch, along with our staff through focus groups. They will also hold a public listening event to capture information from the wider community and will revisit on an unannounced basis within approximately 10 days of the formal inspection. We will be holding our own mock exercise on September 3 and 4 which will help ensure we are able to provide the access and level of input the CQC will require during an inspection and ensure we give a balanced view of the hospital and our services. It will also give us an opportunity to learn any lessons and address any areas of concern. Our mock exercise will follow many of the elements of an actual CQC inspection and will include a number of key clinical areas on both days, together with staff focus groups. The CQC will want to see that services are safe, effective, caring, responsive and well-led and these will be the key factors that will shape our own exercise. Regular staff communication on the exercise is taking place and will continue throughout August. This exercise will not only help us plan and respond to a formal and rigorous inspection when we receive notification from the CQC, but also ensure that staff who will be involved have a better understanding of what a new inspection will look like and what could be expected of them when it takes place.

QUALITY ACCOUNT

We have now published our Quality Account on our website and on NHS Choices. The Quality Account sets out our priority areas for the coming year and our performance against a range of quality indicators. This is a legal requirement and Quality Accounts are audited in much the same way as our financial accounts to ensure that hospitals have effective systems in place to assure the quality of care and that patients have access to a greater range of information that can help them judge the standard of their local hospital. The Trust's Annual Report has also been published on the website and both documents can be found at www.salisbury.nhs.uk

PUBLICATION OF SAFER STAFFING AND SAFETY INFORMATION

The Department of Health has published a wide range of information on the NHS Choices website for each hospital on staffing levels, patient safety and open and honest reporting. Salisbury District Hospital is Good in four of the five areas covered. These relate to the meeting of Care Quality Commission national standards; staff recommendation of the hospital; the percentage of patients assessed for blood clots; the Trust's response to patient safety notices; open and honest reporting. The Trust has been categorized as red for infection control and cleanliness. More details can be found in the Trust Board agenda item NHS Safety Update - SFT 3564. In terms of staffing, hospitals have not been rated, but given a figure which shows the overall average percentage of planned day and night hours filled by registered and non-

registered nurses and midwives in hospitals. Our first month of information gave us an overall percentage of 101 for actual versus planned staffing, which reflects the considerable amount of work we have been doing in this area. Over time this information will enable us to build up a picture of our staffing levels and how these may change. It will also help us identify any trends or concerns that we can address quickly and effectively.

EXPANSION OF MOBILE CHEMOTHERAPY SERVICE

More patients who travel to Salisbury for chemotherapy and related treatment can now have this closer to home thanks to an increase in the number of locations the Mobile Chemotherapy Unit (MCU) will visit. The MCU has previously operated three days a week between Fordingbridge Drill Hall (Tuesdays), Peasemarsh Surgery, Gillingham or Abbey View Medical Centre, Shaftesbury (Wednesdays) and White Horse Medical Centre, Westbury (Thursdays) The MCU will now run four days of the week where it will be at Castle Practice, Ludgershall every Friday. The MCU provides a friendly and quiet environment for their treatment closer to home.

SALISBURY WINS SEXUAL HEALTH TENDER

The Trust has been successful in winning the recently tendered contract for sexual health services across south Wiltshire which will complement those already provided from the hospital. This community based specialist sexual health service aims to improve sexual health by providing easy access to services, through more clinics and locations and extended opening hours. The service will focus on early diagnosis and treatment of sexually transmitted infections and reducing unintended or unplanned pregnancies across all ages.

SUMMER EVENTS AND ACTIVITIES

As we start August it has already been an exciting and enjoyable summer of events and activities that highlight the enormous affection local people have for our hospital and the community spirit which exists here in Salisbury. In June we held a successful ceremony on the The Green to mark our historical links with the US military and commemorate the 70th anniversary of the D-Day landings. The anniversary theme carried through into July, with the Spinal Unit celebrating its 30th anniversary which coincided with a weekend of activities to raise money for Horatio's Garden. Record numbers came along to Walk for Wards this year and there was also a very strong sense of community in the multi cultural event at the Guildhall that we were part of. We also saw the official reopening of the Hospice by Lady Pembroke. This followed a major refurbishment of the building. Radio Odstock has also celebrated its 60th anniversary with an open day and we will continue to celebrate the 21st anniversary of the Salisbury District Hospital site in the autumn, following on from our Trust open day and staff exhibition earlier in the year.

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

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

AUTHOR: Peter Hill
TITLE: Chief Executive

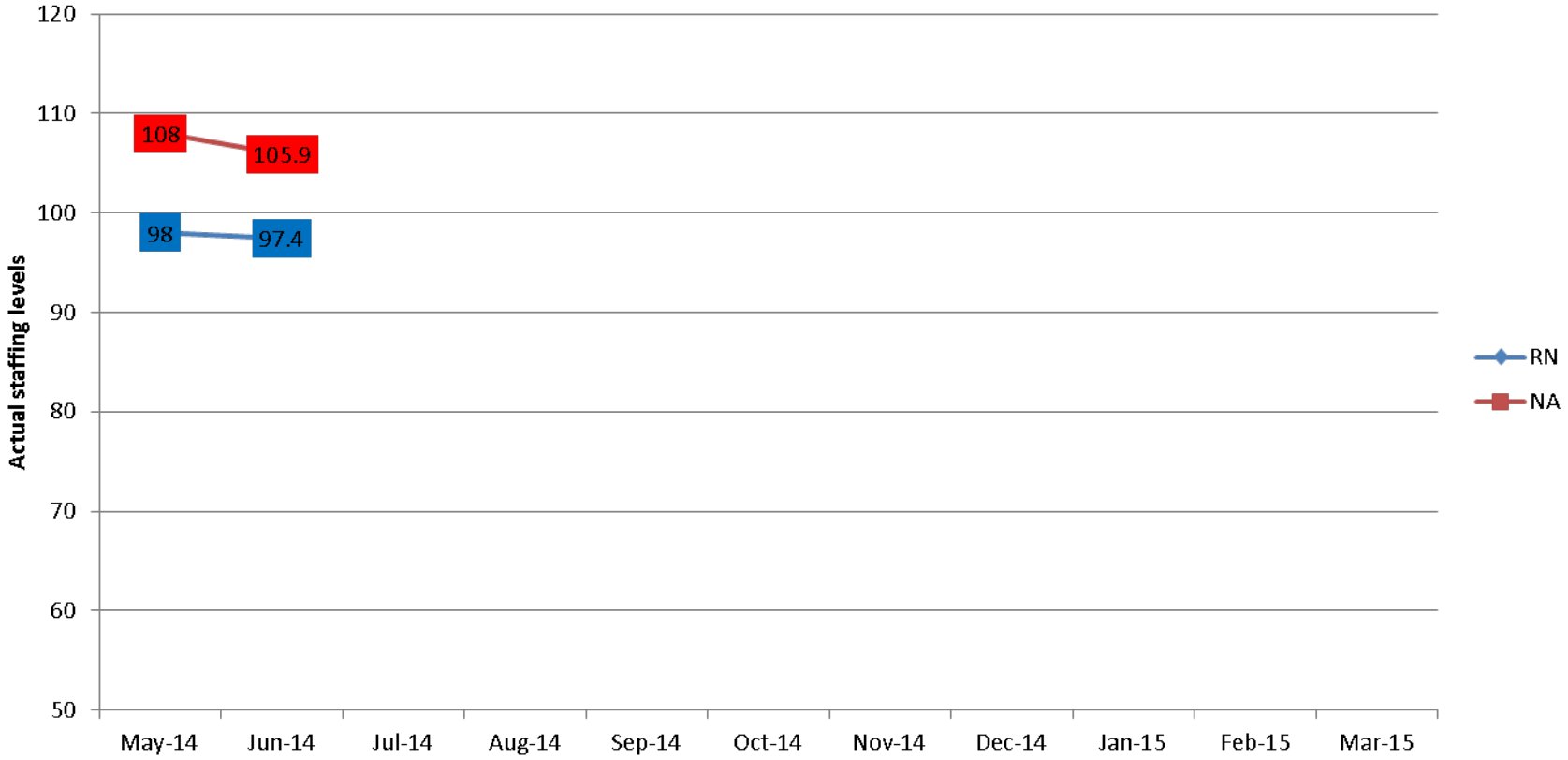
Safe Staffing NQB Report for June 2014

Presentation for Trust Board

Fiona Hyett
Interim Director of Nursing

Monthly Comparisons – Actual Staffing Levels

Registered Nurses			Nursing Assistants			Combined			Planned Skill Mix		Actual Skill Mix	
P	A	%	P	A	%	P	A	%				
51789.5	50461.6	97.4	33801.5	35803.95	105.9	84197.93	86265.55	102.4	65	35	70	30



Overview of Nurse Staffing Hours – June 2014

	RN	NA
Total Planned hours (day shift)	31738.5	23161.5
Total Actual hours (day shift)	30483.85	23521.2
Percentage	**96%**	**101.6%**
Total Planned hours (night shift)	20051	10640
Total Actual hours (night shift)	19977.75	12282.75
Percentage	**99.6%**	**115.4%**

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

Nursing Hours by Day Shifts

	RN hours required	RN hours filled	% RN hours filled	CA hours required	CA hours filled	% CA hours filled
Medicine						
Durrington	1035	1079.5	104.3%	915	1139	124.5%
Emergency Department	345	345	100.0%	345	345	100.0%
Farley Ward	1548	1563	101.0%	1710	1596	93.3%
Hospice	900	902.5	100.3%	795	625	78.6%
Pembroke Ward	795	784.5	98.7%	450	418.5	93.0%
Pitton Ward	1177.5	1210.5	102.8%	1260	1160	92.1%
Redlynch Ward	1170	1207.5	103.2%	1260	1291	102.5%
Tisbury Ward	1978	1506.5	76.2%	690	966	140.0%
Whiteparish Ward	1633	1553	95.1%	1035	1177.25	113.7%
Winterslow Suite	1545	1812.08	117.3%	2280	2842.25	124.7%
Surgery						
Britford Ward	2272.5	2066.5	90.9%	1215	1093	90.0%
Downton Ward	1507.5	1327.5	88.1%	1125	980.8	87.2%
Radnor	2760	2489.75	90.2%	345	323.5	93.8%
Clinical Support						
Maternity	2415	2385.5	98.8%	1245	1141.25	91.7%
NICU	690	1056.5	153.1%	345	176.75	51.2%
Sarum Ward	839.5	824.25	98.2%	309	320.5	103.7%
Musculo-Skeletal						
Amesbury Suite	1800	1654.75	91.9%	1575	1508.5	95.8%
Avon Ward	1507.5	1448.05	96.1%	1642.5	1832.75	111.6%
Burns Unit	1575	1529.66	97.1%	607.5	647.33	106.6%
Chilmark Suite	1282.5	1247.3	97.3%	1350	1296.25	96.0%
Laverstock Ward	1800	1442.66	80.1%	1125	1157	102.8%
Tamar Ward	1162.5	1047.33	90.1%	1537.5	1483.58	96.5%
Grand Total	**31738.5**	**30483.85**	**96.0%**	**23161.5**	**23521.21**	**101.6%**

Nursing Hours by Night Shifts

	RN hours required	RN hours filled	% RN hours filled	CA hours required	CA hours filled	% CA hours filled
Medicine						
Durrington	690	684.5	99.2%	345	644	186.7%
Emergency Department	345	333.5	96.7%	345	345	100.0%
Farley Ward	1035	1023.5	98.9%	690	685	99.3%
Hospice	475	494	104.0%	380	370.5	97.5%
Pembroke Ward	690	690	100.0%	0	11.5	
Pitton Ward	690	690	100.0%	690	1023	148.3%
Redlynch Ward	690	701.5	101.7%	690	781.5	113.3%
Tisbury Ward	1380	1334	96.7%	345	356.5	103.3%
Whiteparish Ward	1380	1312.5	95.1%	345	448.5	130.0%
Winterslow Suite	1035	1022.5	98.8%	1035	1678	162.1%
Surgery						
Britford Ward	900	920	102.2%	510	550	107.8%
Downton Ward	600	609.5	101.6%	300	350	116.7%
Radnor	2760	2472.5	89.6%	0	0	
Clinical Support						
Maternity	2415	2257.75	93.5%	1035	901.25	87.1%
NICU	690	770.5	111.7%	345	241.5	70.0%
Sarum Ward	736	761.5	103.5%	345	387.5	112.3%
Musculo-Skeletal						
Amesbury Suite	570	570	100.0%	570	598.5	105.0%
Avon Ward	600	860	143.3%	900	920	102.2%
Burns Unit	600	600	100.0%	300	446.25	148.8%
Chilmark Suite	570	570	100.0%	570	569.25	99.9%
Laverstock Ward	600	700	116.7%	300	375	125.0%
Tamar Ward	600	600	100.0%	600	600	100.0%
Grand Total	**20051**	**19977.75**	**99.6%**	**10640**	**12282.75**	**115.4%**

Actions we will take when staffing levels are below plan for a particular ward

- Nurse in charge will assess patients against staffing levels on that ward
- Staffing levels are assessed across the hospital by senior nursing teams and staff are moved around to ensure appropriate care is provided in all areas
- Staff and ward leaders on training days brought back to work clinical shifts
- Additional nursing assistants brought in to support unfilled nursing shifts

Please note that while we will have planned staffing levels for wards, these will automatically be reviewed and altered where beds are empty or increased, or where there is a change in the level of care needed during a shift

Equality & Diversity Annual Report 2014

PURPOSE:

This paper provides one of the regular six monthly equality and diversity updates to the board.

The Trust has a statutory obligation under the Equality Act 2010 to publish a range of monitoring information relating to patients and staff. This report is one of the ways in which the Trust fulfils its obligations.

This report provides the board with an update and progress report in relation to the EDS (Equality Delivery System) and contributes to meeting our PSED (Public Sector Equality Duties) and publishing our annual data on the Trusts main functions in relation to equality.

MAIN ISSUES:

EDS Progress February 2013 to August 2014

As part of our implementation and ongoing commitment to use the EDS process, working with the EDS Leads we have reviewed our performance against the refreshed and newly launched EDS2 criteria and guidance.

The 2013 EDS2 annual review RAG gradings are predominately green coloured which illustrates that the Trust is in the 'achieving' category. In one area we are graded as purple, which is the highest grading colour and illustrates that we are 'excelling' in this particular objective, Outcome 3.2, 'The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.'

The final 2013 assessment shows positive examples of good practice, including equality becoming mainstreamed within services and processes at the Trust.

The EDSG (Equality and Diversity Steering Group) has developed an Equality and Diversity Service Plan which identifies the Trusts 4 strategic equality objectives with specific actions and outcomes, for the full detailed plan refer to Appendix 1.

The EDS has been integrated into the strategic business of the Trust through both the Quality Account and Annual Strategic Plan.

Our Workforce

This section of the report highlights headline workforce data, refer to Appendix 2 for further detailed data.

Occupations by Ethnicity – At the Trust 9% of the workforce describe themselves as from the BME (Black and Minority Ethnic) communities. The Office for the National Statistics estimates that 4.7% of Wiltshire population identify as BME. Of the 9% BME staff working in the Trust 39% work in roles from band 4 and below, 39% in band 5 to 6 and 22% in band 7 and above.

Age Range of Workforce - The chart shows the proportionality of staff ages across the workforce. Of the staff aged over 60 who work at the Trust, 13% work in band 4 and below positions and 55% aged 40-59 work in band 7 and above positions.

Gender Pay Gap - The average mean salary for women is £26,790 and the average mean salary for men is £35,193 (appendix 3). The total average salary for both men and women is £29,032. This is not unusual as this depicts a trend that is reflected across most sectors whereby a larger proportion of senior roles or higher skilled roles within the organisations are held by male employees. Of the male staff employed at the Trust 34% work in band 7 or above positions, of the female staff working at the Trust 14% work in band 7 or above positions. All staff at the Trust have the same opportunities to work flexibly, with on site child care arrangements, home working options, carers leave and flexible hours which contribute to the opportunities for staff with childcare and carers responsibilities.

A positive outcome of 2013/14 has shown a shift in the gender balance on the Executive Board with its current gender make up of 4 men and 4 women at Executive Director level and 2 women and 4 men at Non Executive Director level.

Sexual Orientation - In total 80% of our staff describe themselves as heterosexual/straight, 19% either did not want to disclose their sexual orientation or chose to tick the undefined category, 1% of our workforce has identified themselves as LGBT (Lesbian, Gay, Bisexual or Transgender).The Government Equalities Office has stated a reasonable estimate of 5% to 7% of the population consider themselves as LGBT. The Trust will continue progressing with the sexual orientation agenda to develop a culture of fairness and inclusiveness.

The Trust supports the LGBT agenda and has an active LGBT staff network called the RainbowSHED, a dedicated LGBT Staff Champion and a LGBT Staff Buddy Programme. The Trust has been successful with 1 years funded support from DoH through Stonewall Healthy Lives programme.

NHS Jobs – applications, shortlisted and appointed - The Trust has analysed NHS Jobs data from March 2013 to April 2014 which illustrates applications, shortlisted and appointed under ethnic background, gender, disability, age, region and sexual orientation, (refer to Appendix 4). The report continues to identify disproportionality with White British applications to appointments in comparison with BME British applications to appointments; this theme also applies to female applications to appointments in comparison to male applications to appointments. The EDSG will plan to revaluate this ongoing theme through our E&D service planning process.

Staff Training on Equality and Diversity - To date approximately 71% of our workforce have undertaken mandatory equality and diversity training. Last year in comparison to other acute trusts, the Trust scored in the best 20% for the percentage of staff completing Equality and Diversity training in the last 12 months, the national average for acute Trusts being 60% and the best acute trust score at 84%.

Staff Survey - Details of the staff survey and action plan can be viewed following this link:www.salisbury.nhs.uk/aboutus/media/pages/salisburyscoreswellonindependentstaffsurvey.aspx 92% of our staff believe that the Trust provides equal opportunities for career progression or promotion. 7% of the staff completing the survey identified they have experienced discrimination at work in the last 12 months; the national average for Acute Trusts is 11%. The EDSG will continue to work with HR to ensure staff receive appropriate support.

Workforce Data - Further workforce data is available under appendix 3, which also includes equality data on grievances, dismissals and complaints about discrimination. The proportion of BME staff who were promoted at the Trust is roughly the same as White and White British staff. Further disaggregated data can be sought from the author of this report.

Occupations by Gender - Of the Trusts female workforce, 39% are full time and 61% are part time. In total 68% of male staff are full time and 32% are working part time. The gender balance varies considerably by occupational group.

Our Patients (Different Protected Characteristics)

Feedback from the National Inpatient Survey 2013 showed that when patients were asked if they felt they were treated with respect and dignity, 82% said “always” and 15.5% said “sometimes”. Patients were asked to score their overall care on a sliding scale between 0 (I had a very poor experience) and 10 (I have a very good experience). 27.4% rated their overall care as 10 with a further 18.9% rating it at 9.

Appendix 5 describes the protected characteristics of patients attending outpatients and inpatients from January 2012 to December 2012. The equality data includes, age, ethnicity, disability, religion, gender, transgender, pregnancy and maternity attendances. The Trust currently does not collate sexual orientation data from patients.

In total there were 35,916 female patients and 34,405 male patients. 85% patients described themselves as White British. 3% patients described themselves from a BME (Black Minority & Ethnic) community, whilst 9% of patients did not specify. 3% identify as ‘White Other’.

The hospital has a varied distribution of age ranges. 23% of our patients are aged 19 or below, 48% of our patients are within the age category of 20 to 60, and 29% of our patients are aged 60 and above.

In total there have been 35 different PPI (Public and Patient Involvement) activities including storytelling, real-time feedback and focus groups, for further information contact the PPI team.

Engagement Activities

The E&D department has continued to engage with staff, patients and the wider community. A quarterly newsletter is published both internally and externally, this has led to EDS members contributing to articles and engaging with our services through its publication.

The E&D team run monthly awareness events for example, in February the team led on the Trust wide LGBT History month that involved members of the local LGBT community and local statutory organisations. The team led an open Q&A session in Springs Restaurant and launched the Straight Allies Campaign. Over 50 people attended this event which received positive feedback.

The team continue to work with both internal and external organisations to highlight key equality messages at the Trust. Various communication methods are used to ensure the messages reach a wide section of our staff and patient community.

www.salisbury.nhs.uk/AboutUs/EqualityAndDiversity/Pages/EqualityandDiversityAwareness

The Trust is a member of the Equality and Diversity Public Sector Lead Officer Group whose membership includes equality representatives from Wiltshire and Swindon statutory organisations. The group have officially launched the Wiltshire and Swindon Public Sector Equality Charter which the Trust has formally signed. We are now working toward the collaborative outcomes highlighted in this charter.

We have worked with Voluntary Services and the National Association of Guide Dogs and developed an interactive workshop for our workforce to experience first hand how it feels like to have limited sight. As the pilot workshops were successful; we will plan to run them regularly throughout the year.

We have secured intranet space with a dedicated E&D content site. This will enable staff to have greater access on the intranet to a variety of resources under different equality headings.

The Learning Disability group meet quarterly and have a comprehensive action plan. Equality and Diversity has been incorporated into this plan and regular meetings occur with the chair of the group to update on relevant E&D themes.

Equality Analysis (EA)

Highlighted within this report are examples of Equality Analysis (EA) that has been undertaken across the Trust during this period. All policy authors complete an EA for new and updated policies. An example of how the EA has been used to initiate discussion on workforce equality was through the laundry 'Tupe' transfer last October to STL (Salisbury Trading Limited). Further examples can be requested by contacting the author of this report.

Equality Compliments and Complaints from Patients

In 2013/14 the Customer Care Team received 1998 compliments from many wards and departments. There were seven complaints about discrimination: three were about the staff not being English creating language barriers; one patient felt they were discriminated against due to their race; one patient felt discriminated against due to mental illness; one patient awaiting surgery felt they were subject to institutional discrimination and another patient awaiting surgery for more than 18 weeks felt it was due to their age.

ACTION REQUIRED BY THE BOARD:
Note the report and its contents.

ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:
Appendix 1 – The Equality & Diversity Service Plan 2014
Appendix 2 – Workforce Equality Data 2013/14
Appendix 3 - Gender Pay Gap & Complaints 2013/14
Appendix 4 – NHS Job Equality Data (applied, shortlisted & appointed) 2013/14
Appendix 5 – Patient Equality Data Dec 2013 – Jan 2014

AUTHOR: **PAMELA PERMALLOO-BASS**
TITLE: **EQUALITY AND DIVERSITY MANAGER**

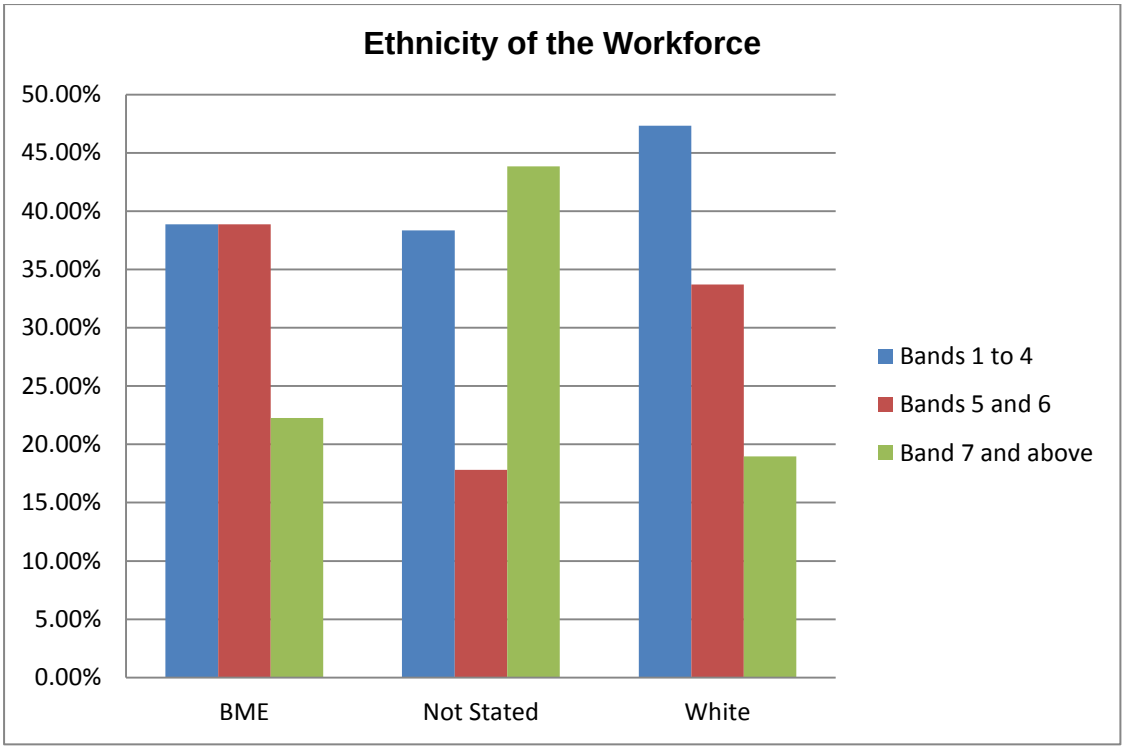
HR and OD Directorate Plan – Equality and Diversity 2014/15

Priority & Strategic Aims	Current position – 2013/14	Plans for 2014/15	Future Developments Plans for 2015/16	Aspirational Targets 2016 +
Value **EDS2 Objective 1** **Better Health Outcomes.**	SFT has developed a fundraising campaign which highlights the needs of elderly people. DOH funding has been successful and work is currently ahead to improve enviroments on 2 wards. The EDM supported with the DOH written submission and worked closely with DOH application lead.	The raised funds will be used to improve the environments within our medical wards so that they become calmer and better equipped in terms of preparing for independent living at home and are more conducive to the needs of dementia care.	A future fundraising campaign will be based on examples of good practice. The EDM will continue to work with the project team to ensure equality themes are embedded within the project.	Equality data on the majority of patients can be measured and then assessed.
Value & **Partnership** **EDS2 Objective 2** **Improved Patient Access and Experience.**	The plan involves getting the local community and staff engaged in discussions and increasing awareness of this under represented vulnerable group.	The fund raising campaign will also challenge the views of the community on how much we should do as a society to improve the profile of the elderly. The funds raised will contribute to bespoke training and education for nursing staff to	The Director of Nursing will lead on a publication that will be made available to a wider audience, which will include participation from the general public. The publication will highlight examples of the positive differences for staff working within improved	A range of examples from all protected groups faring well in patient access & experience.

Priority & Strategic Aims	Current position – 2013/14	Plans for 2014/15	Future Developments Plans for 2015/16	Aspirational Targets 2016 +
		look after clinically complex elderly people with a particular emphasis on mental health and wellbeing.	ward enviroments and the impact it has on patient care and outcomes.	
EDS2 Objective 3 A Representative and Supported Workforce. **Staff**	We currently employ 3 Equality Champions (LGBT, Disability & Race) working 4 hrs per month. SFT has signed up to the charter for employers who are positive about mental health. We are working towards achieving several actions as set out in the, 'Mindful Employers' document. The Chaplaincy currently provide support for various Non Christian religions on request. E&D training is mandatory and available online for all new starters. Refresher training for all existing staff.	Working with the Chaplaincy team develop a Multifaith Network. Develop a module on unconscious bias within the HR for Non HR Managers training to include an evaluation of learning outcomes. Develop small E&D workshops which focuses on LGBT, Race, Disability and other key equality groups, which allows staff the opportunity to discuss openly equality issues within the workplace. Develop a working relationship with the newly commissioned Mental Health Liaison Service and with local Mental Health organisations to improve our understanding of Mental illness in our workplace.	Review and identify top 3 key positive outcomes based on the Equality Champion roles. Support with the redesign of the chapel area to ensure we continue to meet the spiritual & religious needs of our workforce. E&D to continue to work with the chaplaincy team to strengthen the relationships within the Multifaith Network by attending and contributing to meetings. Review identified actions 6 monthly with Equality Champions. Develop a cyclical E&D action plan with SMART objectives. Review learning evaluation and develop further work based on themes highlighted within the workshops. Develop and support staff to	All directorates discuss and identify further improvements under equality and diversity.

Priority & Strategic Aims	Current position – 2013/14	Plans for 2014/15	Future Developments Plans for 2015/16	Aspirational Targets 2016 +
	We have developed an unconscious bias training programme, but take up was limited.	Working with the Deputy Director of HR ensure Values & Beliefs work is linked explicity to E&D.	recognise behaviours that impact positively or negatively on various equalty groups.	
EDS2 Objective 4 Inclusive Leadership. **Staff**	The Rainbow SHED and LGBT Champion is supported by the Trust. The Trust has submitted it's self assessment for Stonewall Top 100 Employers. The benchmarking tool measures employers efforts to create inclusive workplaces for LGB employees.. The Chair of the EDSG will request members to sign up to the Charter and review outcomes quarterly. We have appointed a Race Equality Champion. The EDSG membership	The Head of Education and Learning will lead on a Talent Management Programme, which will include examples of positive action for BME staff and other under represented staff groups. Based on the outcome of our submission, SFT will take further action as required to improve our workplace for LGBT staff. Working with the Deputy Director of HR review equality themes within the appraisal process. Working with the Board E&D Champion, develop an annual training programme for governors and board members on E&D. To develop and plan for an E&D	Working with Head of Education & Learning ensure that our Talent Management Programme has quantatitative and/or qualitative evidence of diverse groups accessing this programme. EDSG members will be expected to identify further E&D improvements for the organisation. Identify specific E&D outcomes from the annual appraisal process. Using learning outcomes update E&D training accordingly. To request all Directorates to report to the EDSG on a bi-annual basis what action has been taken to improve service delivery to patients and support to staff in accordance with the outcomes as defined in the EDS2.	Achieve Top 100 Stonewall Status

Priority & Strategic Aims	Current position – 2013/14	Plans for 2014/15	Future Developments Plans for 2015/16	Aspirational Targets 2016 +
	has representatives from most of the directorates within the hospital. E&D is an identified action within annual appraisals.	Leadership Event in October 2014. Using the learning outcomes update the 4th annual event accordingly. Directorates will be encouraged to identify an individual who can liaise with EDM and to work with the E&D champions. E&D Leads from each directorates to report 6 monthly to the EDSG on equality outcomes within their areas.		


Ethnicity of the Workforce
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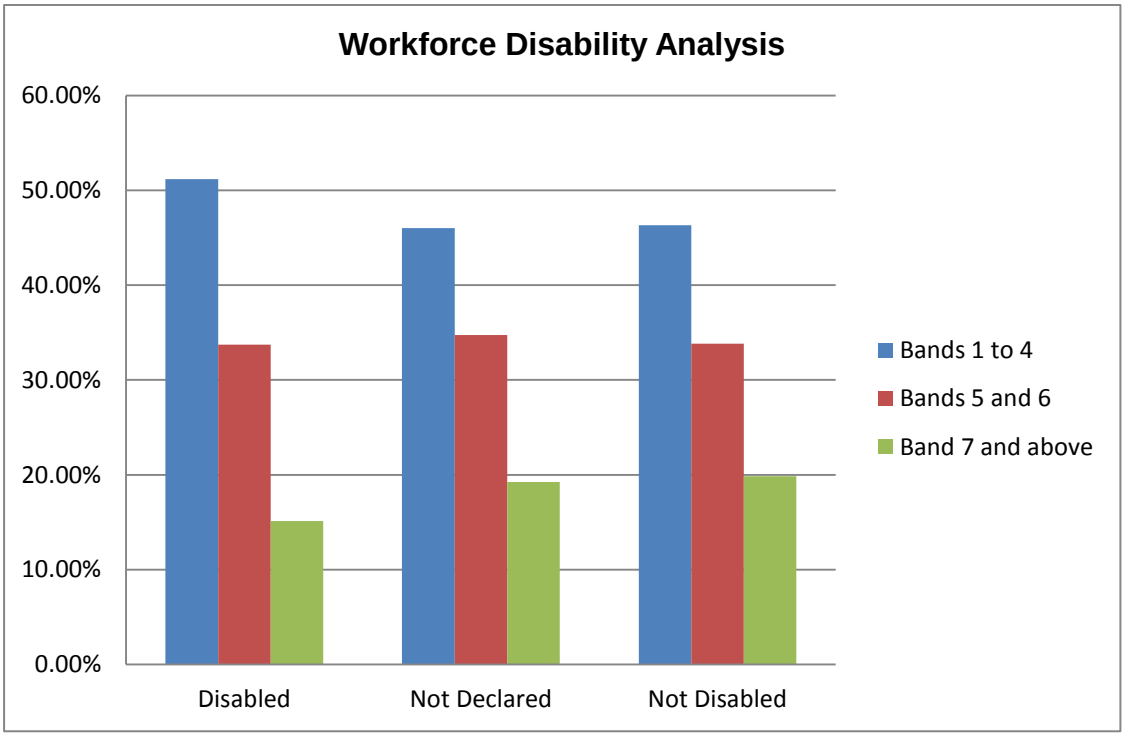
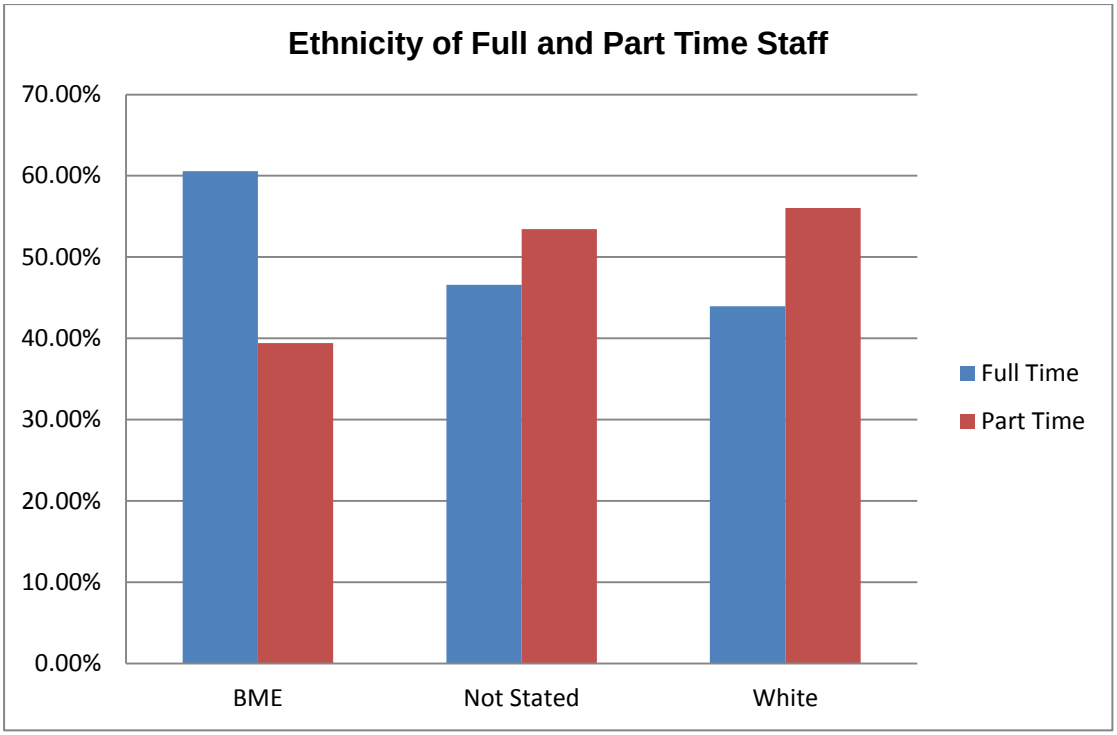
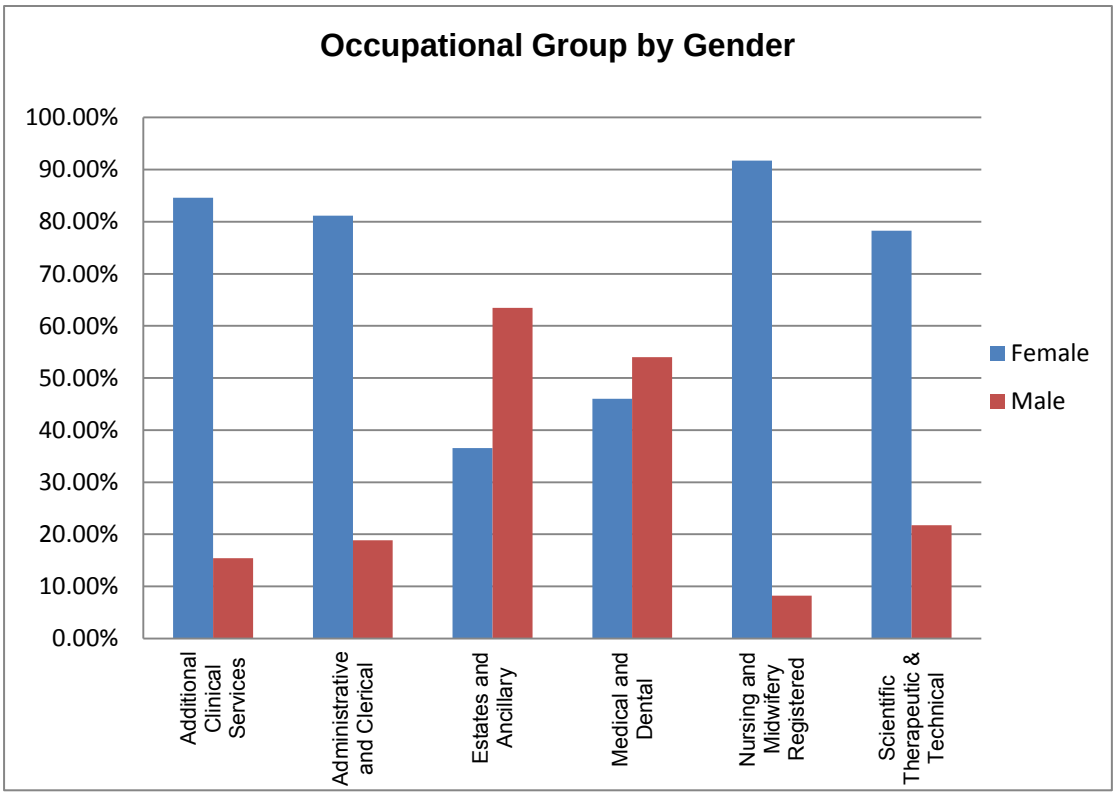
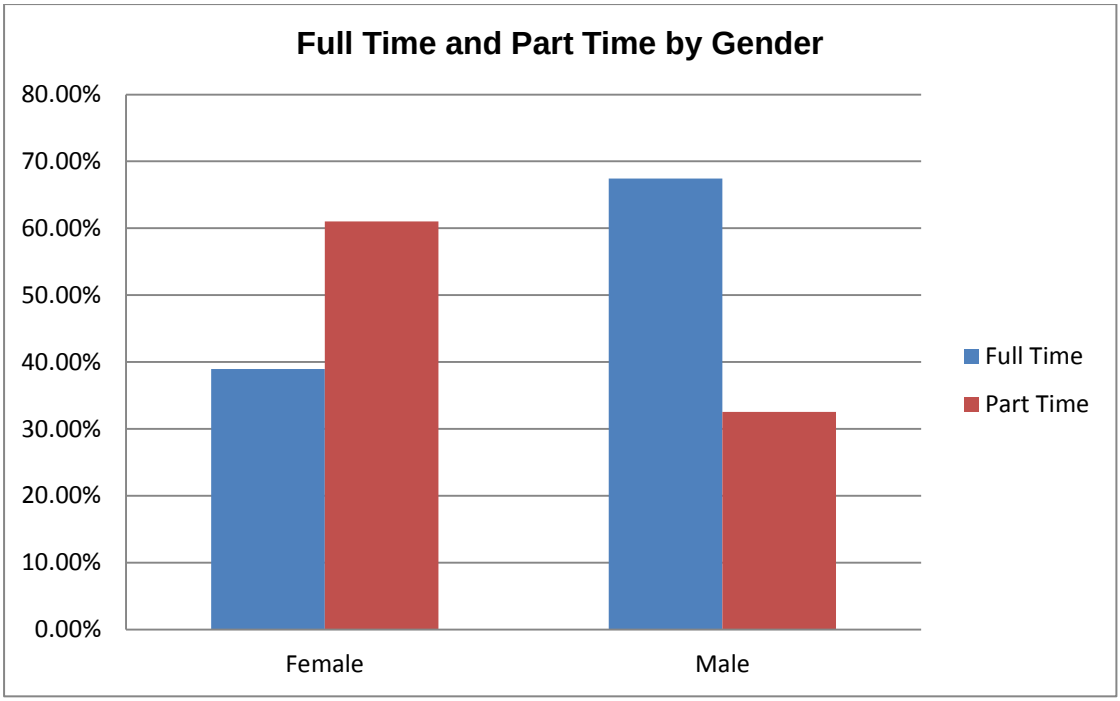
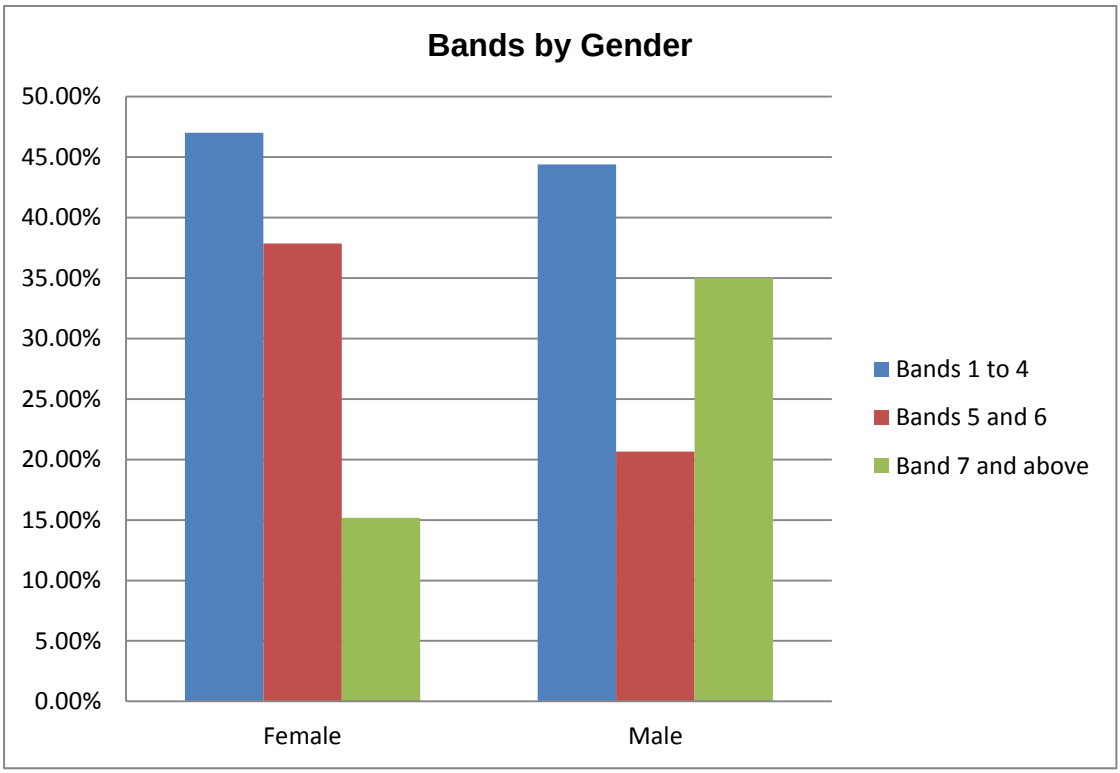
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
BME
Not Stated
White
Bands 1 to 4
Bands 5 and 6
Band 7 and above

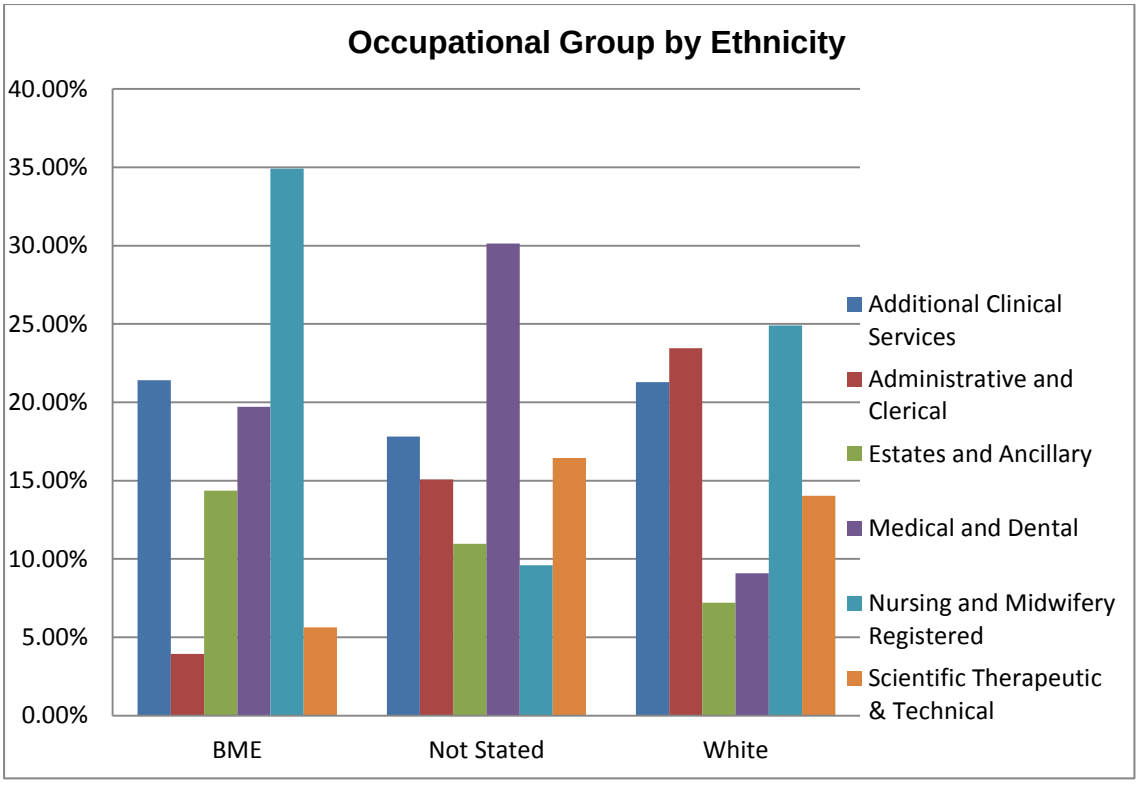

Workforce Disability Analysis
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Disabled
Not Declared
Not Disabled
Bands 1 to 4
Bands 5 and 6
Band 7 and above

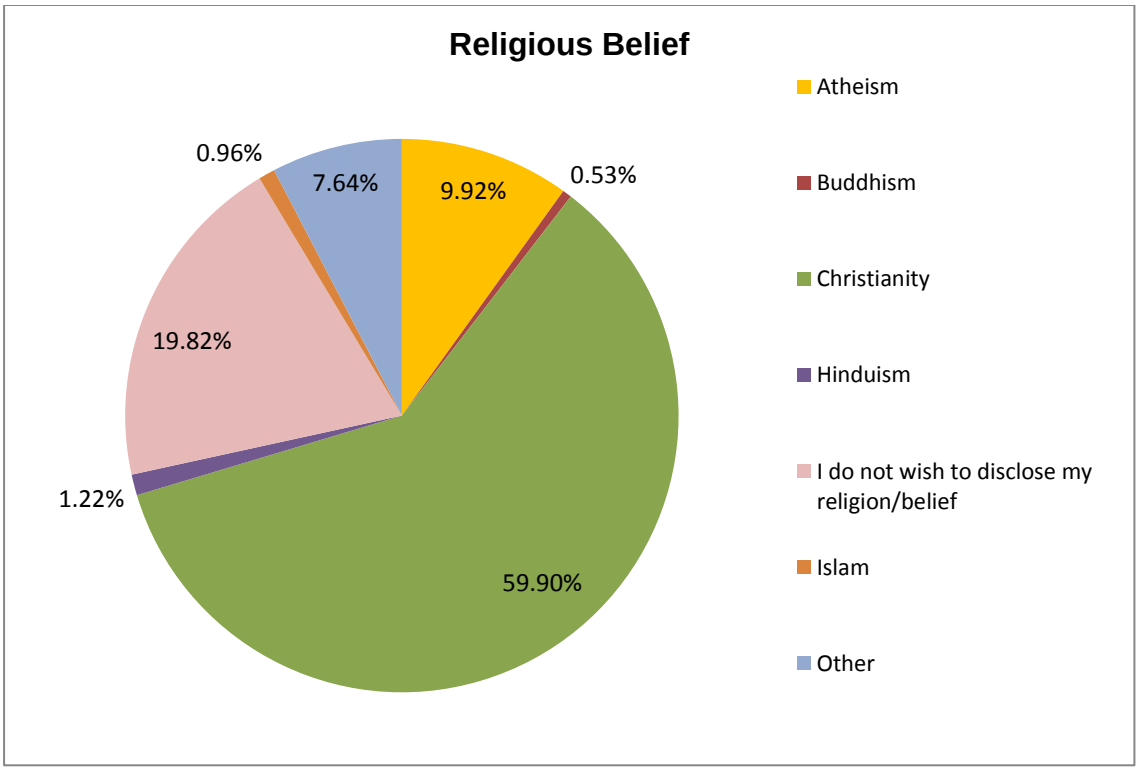

Ethnicity of Full and Part Time Staff
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
BME
Not Stated
White
Full Time
Part Time

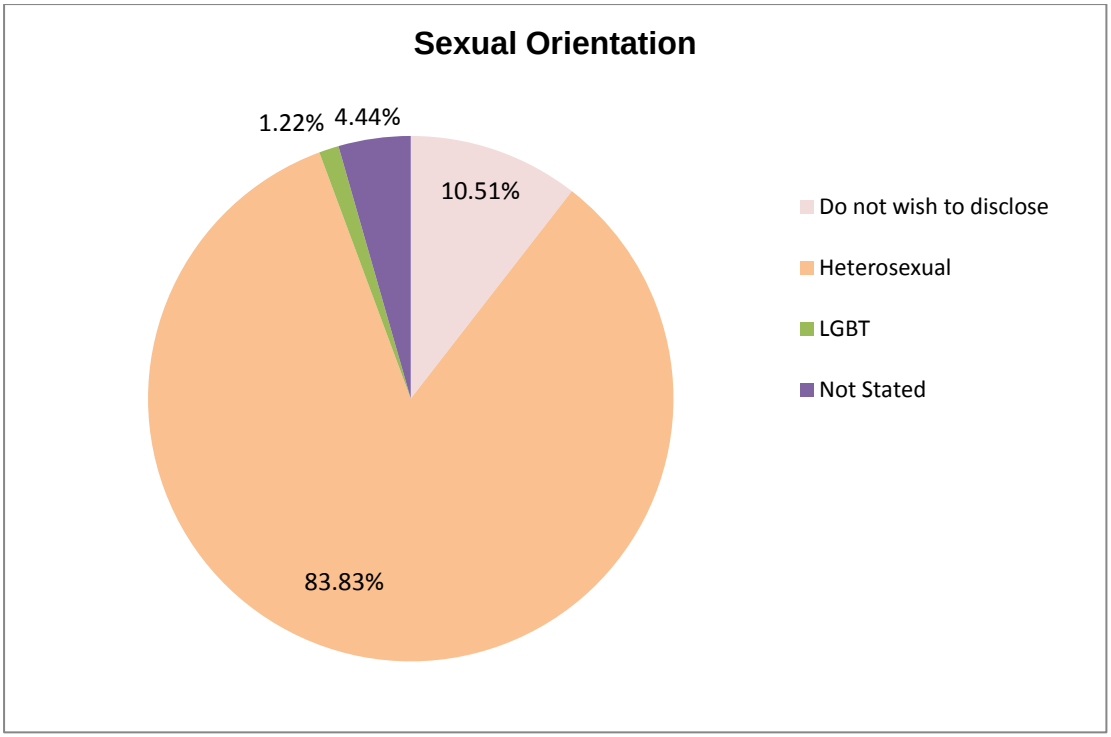

Occupational Group by Gender
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Additional Clinical Services
Administrative and Clerical
Estates and Ancillary
Medical and Dental
Nursing and Midwifery Registered
Scientific Therapeutic & Technical
Female
Male

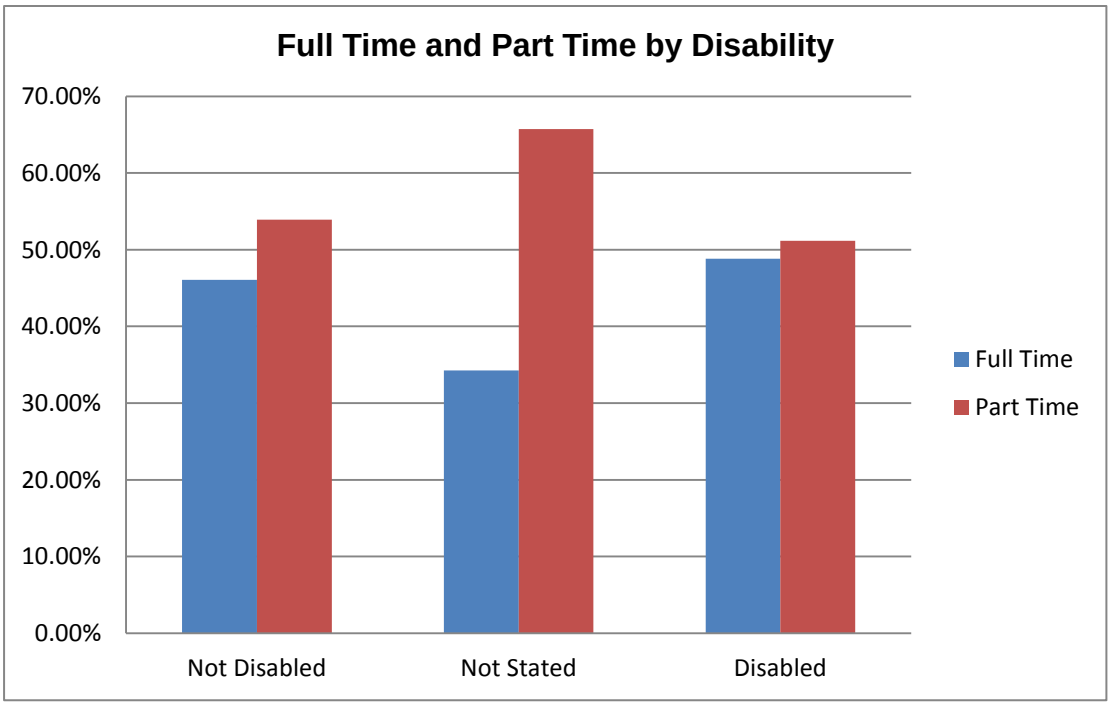

Full Time and Part Time by Gender
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Female
Male
Full Time
Part Time

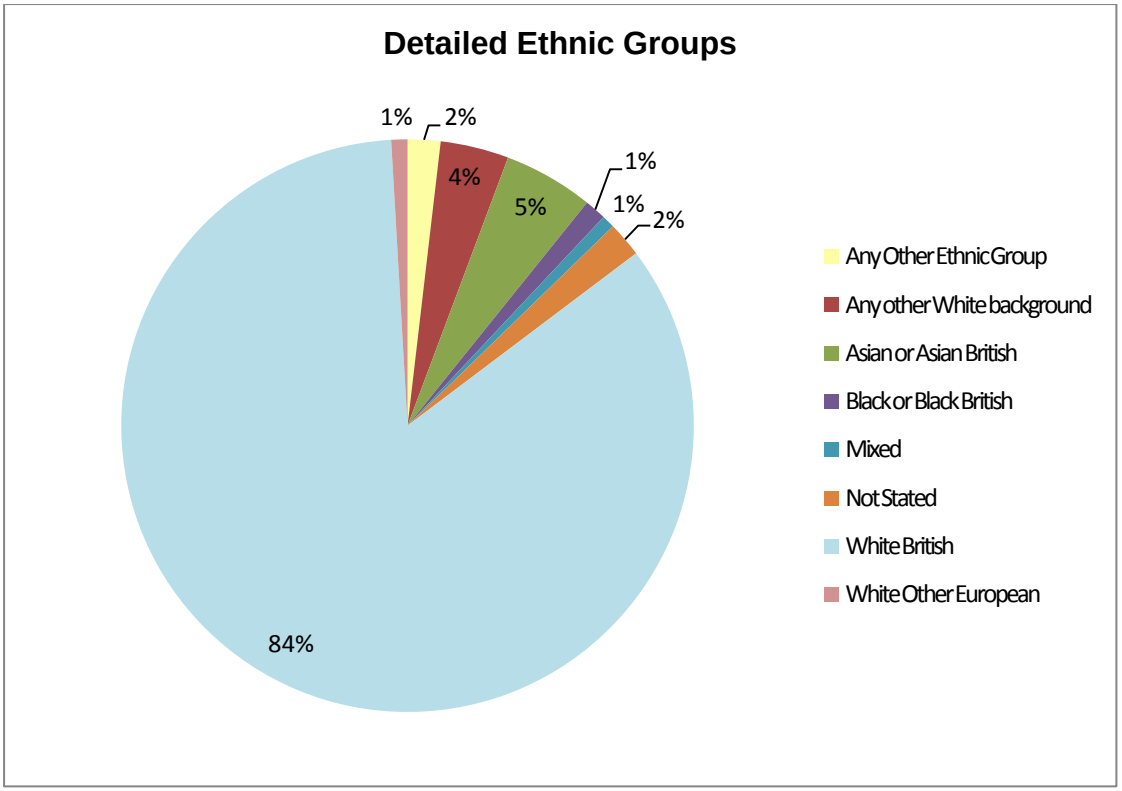

Bands by Gender
50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Female
Male
Bands 1 to 4
Bands 5 and 6
Band 7 and above

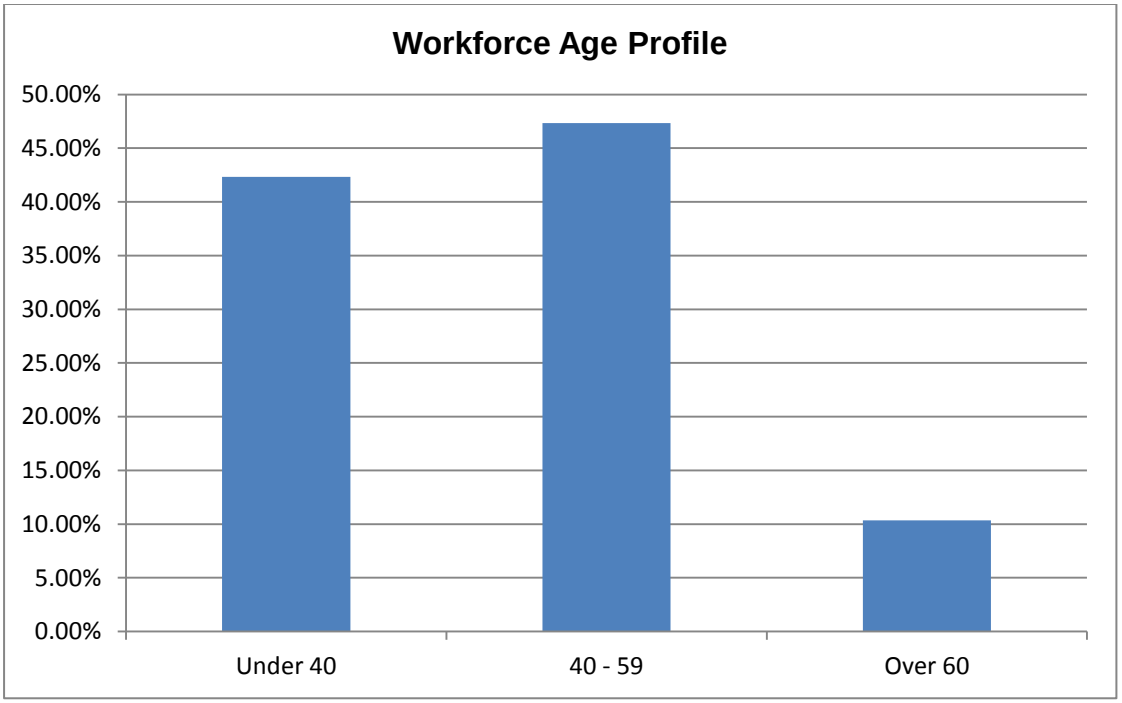

Occupational Group by Ethnicity
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
BME
Not Stated
White
Additional Clinical Services
Administrative and Clerical
Estates and Ancillary
Medical and Dental
Nursing and Midwifery Registered
Scientific Therapeutic & Technical

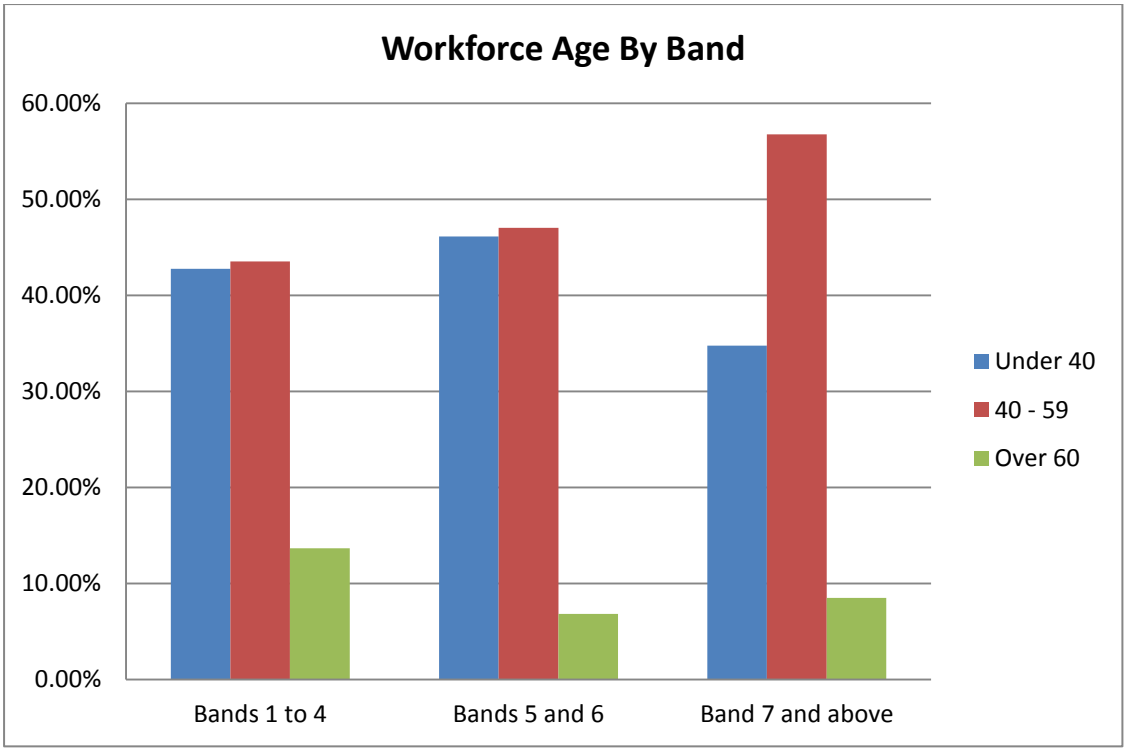

Religious Belief
0.96%
7.64%
9.92%
0.53%
19.82%
1.22%
59.90%
Atheism
Buddhism
Christianity
Hinduism
I do not wish to disclose my religion/belief
Islam
Other

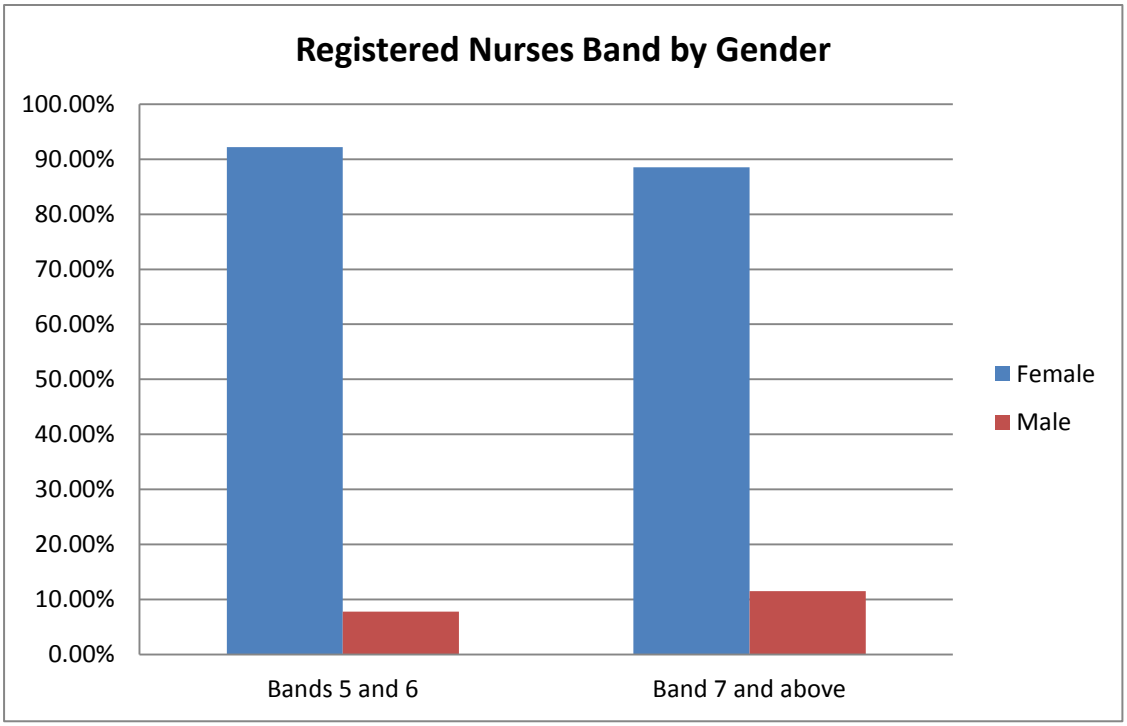

Sexual Orientation
1.22%
4.44%
10.51%
83.83%
Do not wish to disclose
Heterosexual
LGBT
Not Stated

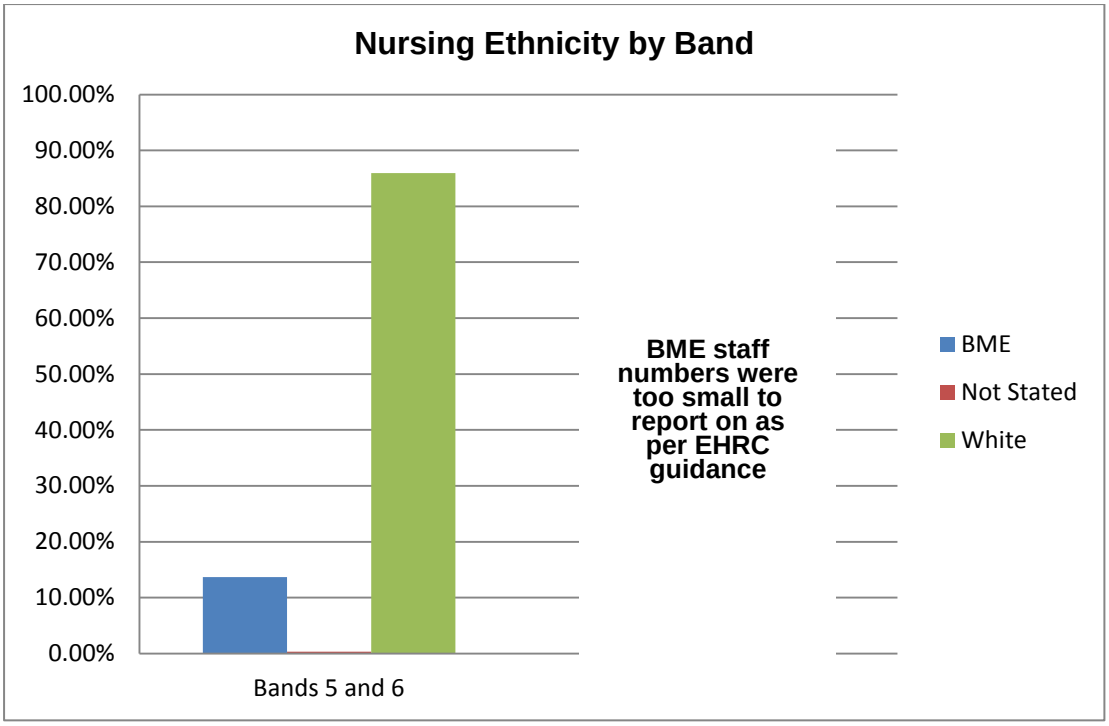

Full Time and Part Time by Disability
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Not Disabled
Not Stated
Disabled
Full Time
Part Time


Detailed Ethnic Groups
1%
2%
4%
5%
1%
1%
2%
84%
Any Other Ethnic Group
Any other White background
Asian or Asian British
Black or Black British
Mixed
Not Stated
White British
White Other European


Workforce Age Profile
50.00%
45.00%
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Under 40
40 - 59
Over 60


Workforce Age By Band
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Bands 1 to 4
Bands 5 and 6
Band 7 and above
Under 40
40 - 59
Over 60


Registered Nurses Band by Gender
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Bands 5 and 6
Band 7 and above
Female
Male


Nursing Ethnicity by Band
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Bands 5 and 6
BME staff numbers were too small to report on as per EHRC guidance
BME
Not Stated
White

Grievance and Dismissal Information

In 2013/14 there were a total of 24 grievance, disciplinary and capability cases. 14 of the staff involved were male, 10 were female.

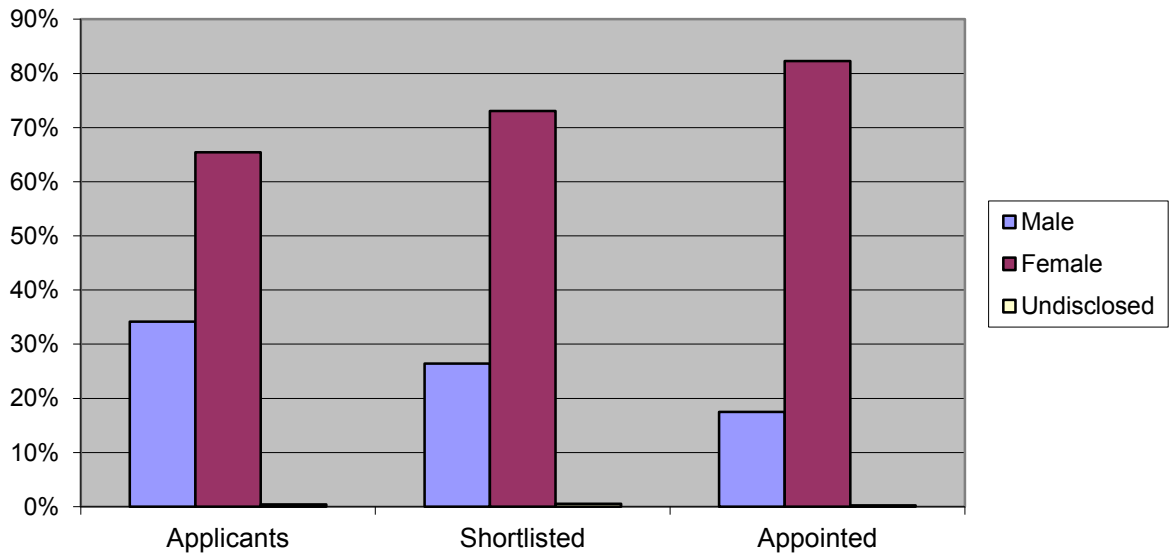
As per EHRC guidance, analysis by any other protected characteristic is not possible due to the small number of staff involved. 9 staff were dismissed for misconduct or capability reasons. It is not possible to provide further analysis due to the small numbers
involved.

Complaints About Discrimination and Other Prohibited Conduct
In the period 1 April 2013 to 31 March 2014 there were no formal allegations against the Trust of discrimination on the grounds of race, disability, age and religion or belief.

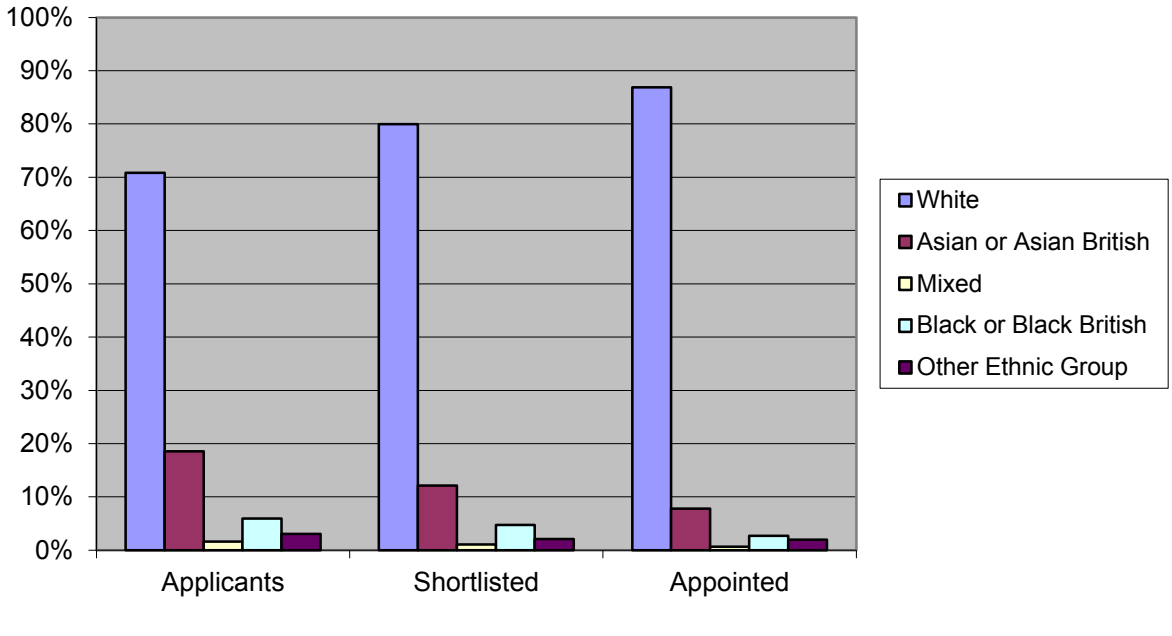
Gender Pay Gap

	Total Salary	FTE	Average pay per FTE
Female	£54,401,764	2,008	£27,094
Male	£25,043,808	700	£35,764
Grand Total	£79,445,573	2,708	£29,336

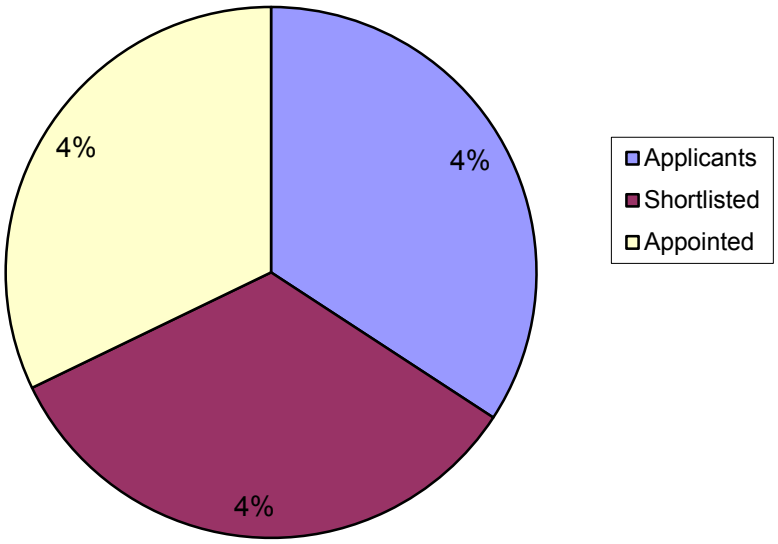
Appendix 2.13: NHS Jobs Gender 2013/14



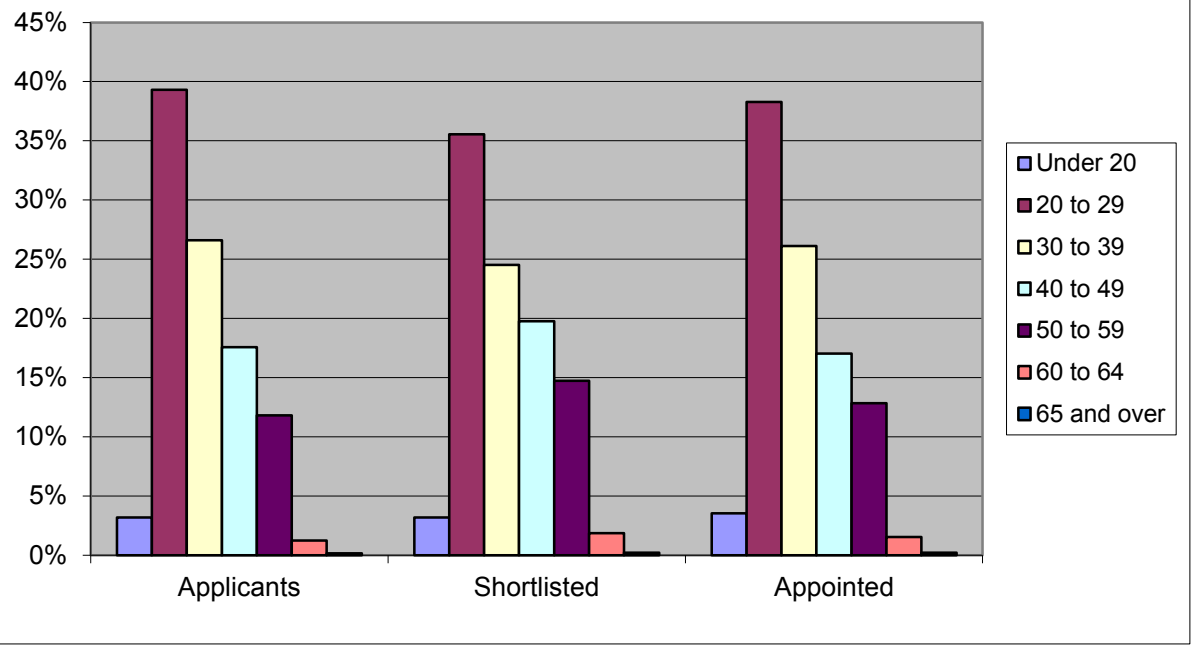
Appendix 2.14 NHS Jobs Ethnicity 2013/14



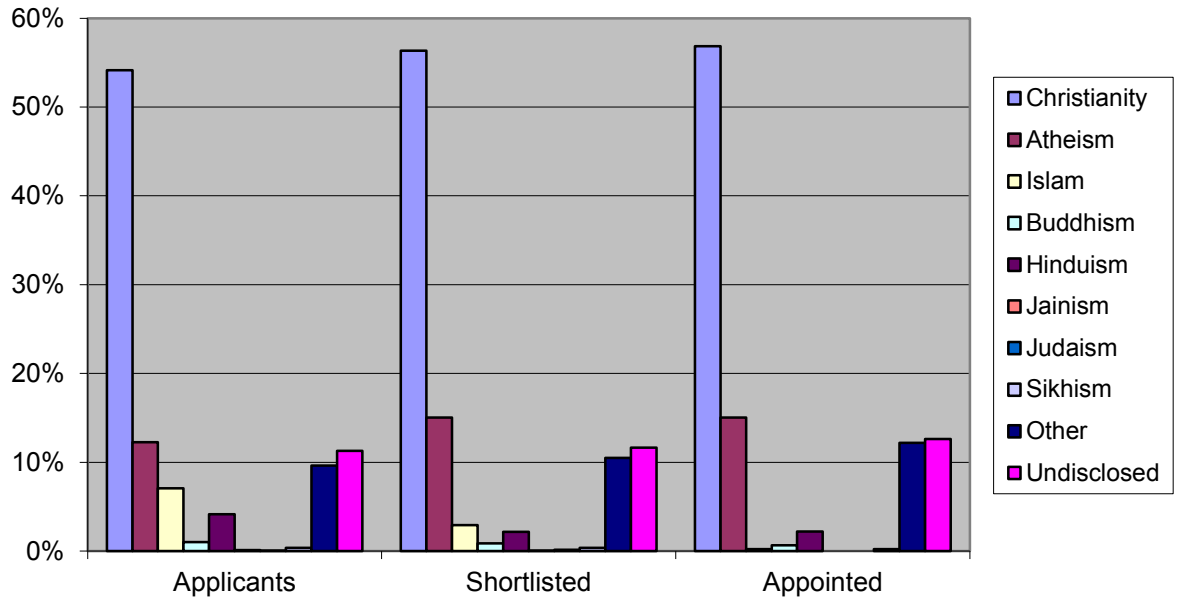
Appendix 2.15: NHS Jobs Disability 2013/14



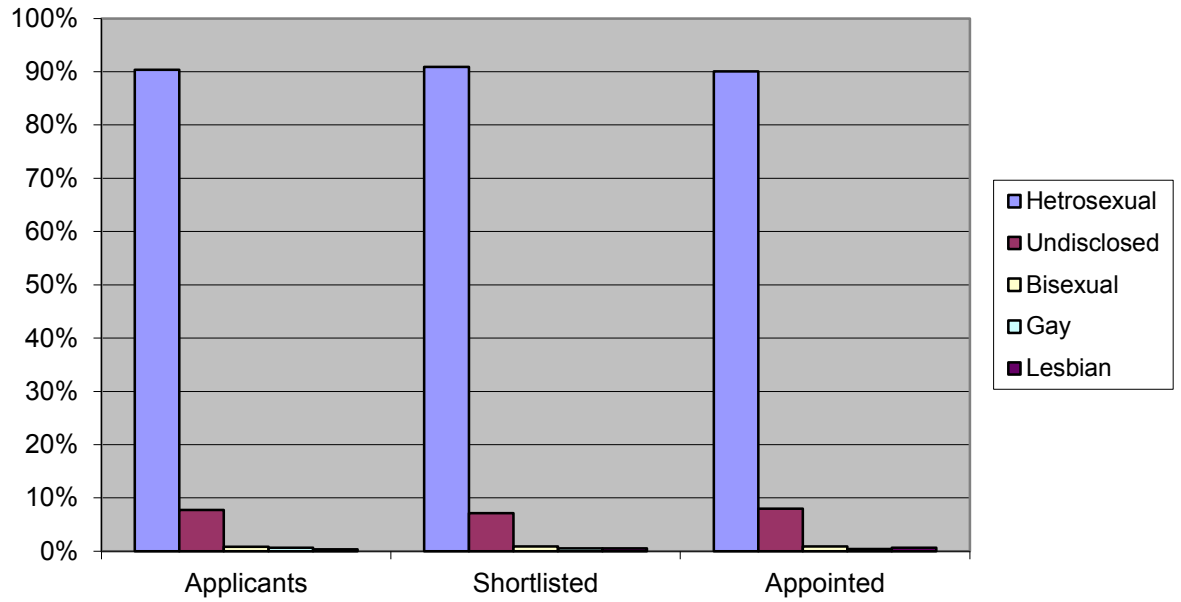
Appendix 2.16: NHS Jobs 2013/14 Age



Appendix 5.18: NHS Jobs 2013/14 Religion and Belief



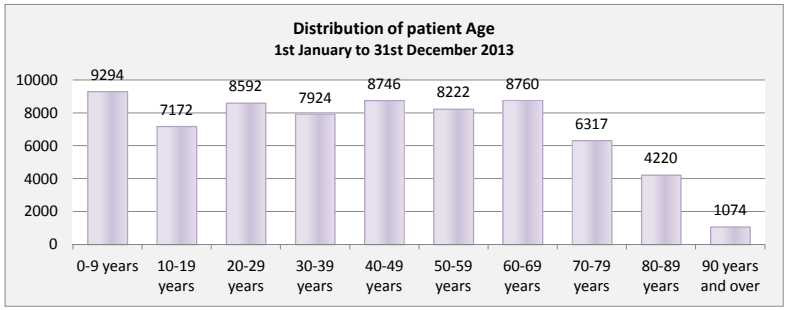
Appendix 2.18: NHS Jobs 2013/14 Sexual Orientation



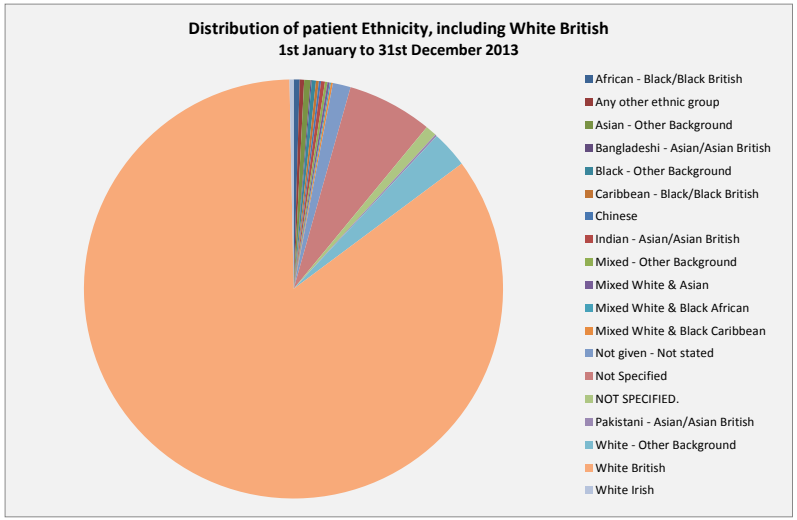
Equality & Diversity Data

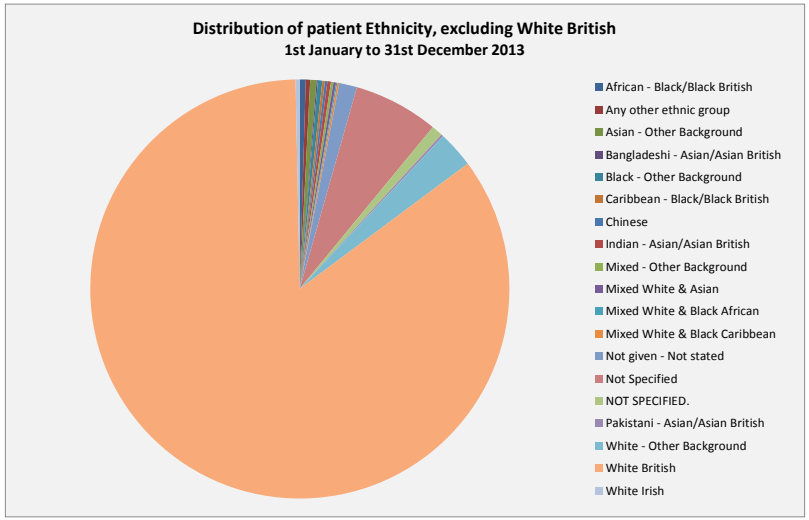
1st January to 31st December 2013

Age Group	Total
0-9 years	9294
10-19 years	7172
20-29 years	8592
30-39 years	7924
40-49 years	8746
50-59 years	8222
60-69 years	8760
70-79 years	6317
80-89 years	4220
90 years and over	1074
Grand Total	**70321**



Ethnicity	Total
African - Black/Black British	321
Any other ethnic group	239
Asian - Other Background	347
Bangladeshi - Asian/Asian British	72
Black - Other Background	229
Caribbean - Black/Black British	150
Chinese	127
Indian - Asian/Asian British	199
Mixed - Other Background	138
Mixed White & Asian	125
Mixed White & Black African	75
Mixed White & Black Caribbean	98
Not given - Not stated	969
Not Specified	4622
NOT SPECIFIED.	605
Pakistani - Asian/Asian British	109
White - Other Background	1988
White British	59688
White Irish	220
Grand Total	**70321**



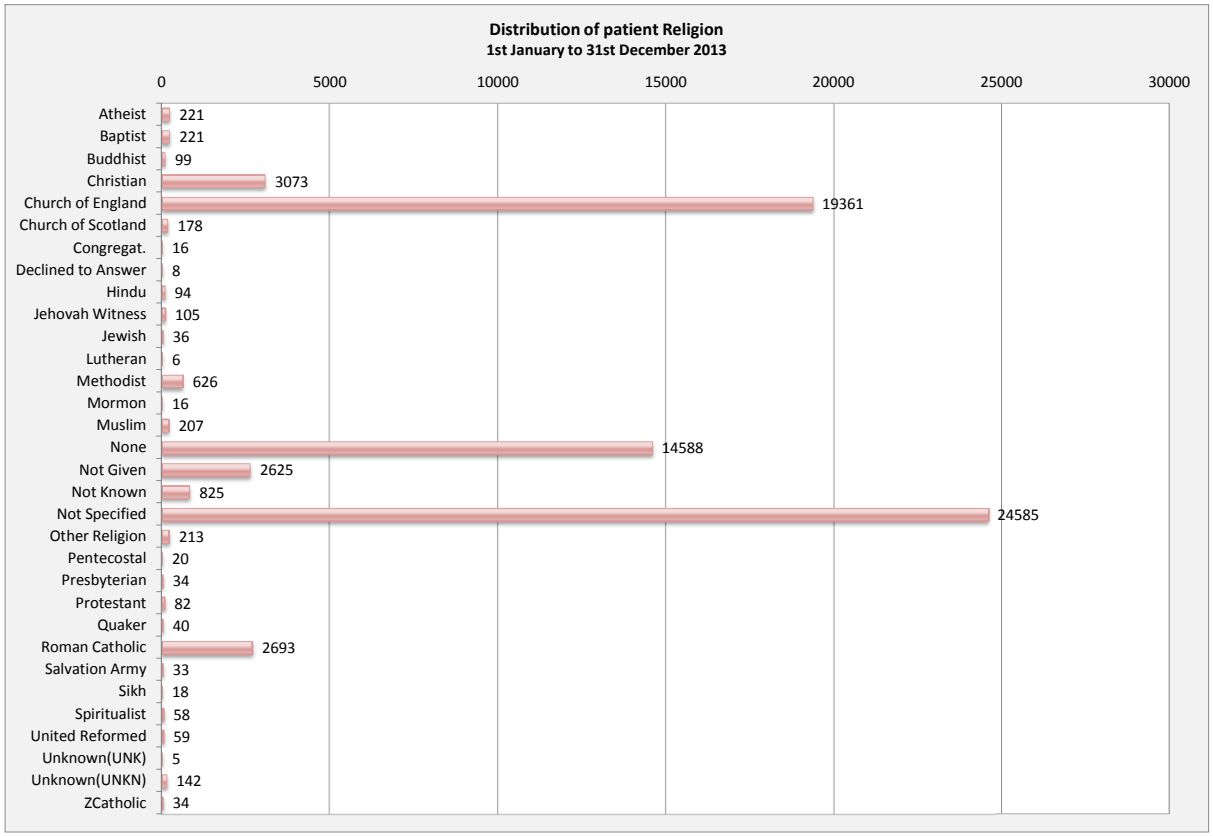


Disability	Total
No	70319
Yes	2
Grand Total	**70321**

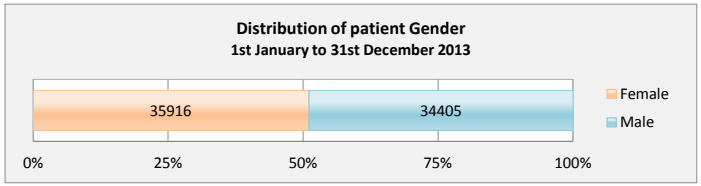
Equality & Diversity Data

1st January to 31st December 2013

Religion	Total
Atheist	221
Baptist	221
Buddhist	99
Christian	3073
Church of England	19361
Church of Scotland	178
Congregat.	16
Declined to Answer	8
Hindu	94
Jehovah Witness	105
Jewish	36
Lutheran	6
Methodist	626
Mormon	16
Muslim	207
None	14588
Not Given	2625
Not Known	825
Not Specified	24585
Other Religion	213
Pentecostal	20
Presbyterian	34
Protestant	82
Quaker	40
Roman Catholic	2693
Salvation Army	33
Sikh	18
Spiritualist	58
United Reformed	59
Unknown(UNK)	5
Unknown(UNKN)	142
ZCatholic	34
Grand Total	**70321**



Gender	Total
Female	35916
Male	34405
Grand Total	**70321**



Equality & Diversity Data

1st January to 31st December 2013

Gender Reassignment

5 patients have been coded with a Diagnosis of F649 or F640, as defined below, during an Inpatient Spell

F649: Gender identity disorder, unspecified
F640: Transsexualism

Please let me know if you would like this figure to be broken down in any way

Sexuality

A patients sexuality is not a field that is recorded within iPM
This is a field that can be recorded within the GUM system Lillie, however this only covers those patients that attend a GUM Clinic

Pregnancy

The figures below are taken from the VSMR web reports that extract from the Maternity E3 Database

Number of Deliveries by Location	Total
Home	104
Hospital	2335
Grand Total	**2439**

Number of Bookings Recorded on E3 (Attendances to Maternity)	2935

Attendances to Maternity include all Pre- and Post-Natal appointments

STAFF FRIENDS AND FAMILY TEST

PURPOSE : To inform the Board about the introduction of a Staff Friends and Family Test (Staff FFT) and to update the Board on implementation for Salisbury NHS Foundation Trust.

MAIN ISSUES:

Background
From 1st April 2014, all NHS trusts were required to implement a Friends and Family Test for staff, similar to that for patients. The requirement was that within each year all staff must be given the opportunity to undertake the test anonymously, with an expectation that it must be made available in quarter 1, 2 and 4, with the national staff survey asking the same questions in quarter 3. The results would then be published nationally for all NHS organisations, requiring reporting of the quarterly results.

Ensuring that we implemented the Staff FFT and made it available to all staff is a CQUIN target for 2014/15 with a sum of approximately £100,000 attached to its delivery.

Salisbury decided to implement the test by making the survey available on the intranet, initially for quarter 1 this was for the month of June 2014. Data capture mechanisms have been set up in such a way that staff cannot be identified and that only give each staff member the opportunity to answer the question once in any year. The first set of results for the Trust Staff FFT must be reported via Unify in July 2014 for national publication in September.

Staff were asked the following two questions :

1. How likely are you to recommend this organisation to friends and family if they needed care or treatment?
2. How likely are you to recommend this organisation to friends and family as a place to work?"

The following response scale below was used for each question: Extremely likely, Likely, Neither likely nor unlikely, Unlikely, Extremely unlikely, Don't know. There is also the facility for staff to add comments.

Calculation methodology
Scores are calculated using an adaptation of the 'net promoter score' methodology.
The net promoter methodology divides responses into three categories: "promoters", "passives", and "detractors". 'Extremely likely' responses are counted as promoters; 'likely' responses are counted as passives (neutral); and 'neither likely nor unlikely', 'unlikely' and 'extremely unlikely', are all counted as detractors. The overall net promoter score is calculated by subtracting the proportion of responses that are "detractors" from the proportion of responses that are "promoters".

Note that the possible range of the net promoter score is from -100 to +100.

Quarter 1 Results
There were a total of 204 responses.

97.54% of respondents said they were "likely" or "extremely likely" to recommend this organisation to friends and family if they needed care or treatment. The net promoter

score for this question was 76.96, which compares favourably to the Trust's patient FFT score of 72 in May 2014.

83.82% of respondents said they were "likely" or "extremely likely" to recommend this organisation to friends and family as a place to work. The net promoter score for this question was 41.67. At the time of writing comparable data from other Trusts is not yet available for benchmarking purposes.

Staff were asked a free-text follow-up question at the same time as the Friends and Family test question, to enable them to provide more detailed feedback, should they wish. These were overwhelmingly positive with a few negative comments relating to issues ranging from National pay awards/pensions to local departmental concerns.

Future Plans

National Staff FFT guidance requires Trusts to publish their own FFT results locally, and to use the feedback internally in a way that enables triangulation with other local data and stimulates service improvement.

This is something Salisbury Foundation Trust would wish to do anyway and the plan is to do the following:

- Staff FFT results to be published in either the Board performance report or the Trust "Quality Indicator" report, on the understanding that there is no "target" score at present.

- Share the results throughout the Trust through Broadcast and Cascade Brief articles.

- Feedback specific comments to individual Directorates in confidence for action as appropriate.

Plans for Q2 and Q4

Further proactive promotion will take place to improve the response rate. Managers/DMTs will be asked to increase participation by encouraging staff to respond to the Staff FFT in their areas.

Proposals for 2015/16

The Trust intends to develop locally determined questions and add them to the FFT questions in 2015/16 and use this as a mechanism for continuous feedback from staff.

ACTION REQUIRED BY THE BOARD:

1. The Board are asked to note the results for the first survey round
2. To request a further update to the Board at the December 2014 meeting

AUTHOR: Jenny Hair

TITLE: Deputy Director of Human Resources

TRUST QUALITY INDICATORS REPORT – Q1 14/15

PURPOSE:

To provide the Board with Q1 14/15 data and improvement actions where appropriate.

MAIN ISSUES:

- 8 cases of C Difficile against an annual target of 18 cases.
- 5 MSSA bacteraemias.
- 6 new serious incident inquiries.
- A decline in the crude mortality rate from Q4 13/14. HSMR is 99 in March 14 and is as expected. Anticipate up to an 11 point rise in September/October 14 when figures are rebased. Sepsis Six is the key improvement action.
- An increase in grade 2 pressure ulcers compared to Q4 13/14. Two grade 3 pressure ulcers in Q1. No clusters identified.
- Safety Thermometer – 87 - 90% 'harm free care'. An increase in new hospital acquired pressure ulcers.
- Six fractures of which four resulted in moderate harm and two resulted in a fractured hip.
- Fractured hip patients being operated on within 36hrs remains below target. The 'golden patient' initiative has been reinstated. A new quarterly measure of compliance with the best practice tariff introduced.
- Inconsistent performance on the stroke 4 hour target due to ED pressures and stroke unit capacity. Patients spending 90% of their time on the stroke unit ranged from 88 to 96%. This was due to patients being moved off the stroke unit for bed capacity reasons or late inpatient referrals. An improvement in CT performance within 12 hours and high risk TIA referrals seen within 24 hours.
- Escalation bed capacity has gradually decreased and ward moves remain low. Four non-clinical same sex accommodation breaches in Q1.
- Real time feedback showed patients felt they were treated with care and compassion and rated the quality of care as good. The Friends and Family test response rates improved in inpatients and ED but dipped in the Maternity Services.

CARE QUALITY COMMISSION OUTCOME:

Outcome 16 – assessing and monitoring the quality of service provision

ACTION REQUIRED BY THE BOARD/COMMITTEE/FORUM

1. To note the report.

Author: **Dr Christine Blanshard**
Title: **Medical Director**
Date: **July 2014**

Salisbury NHS
NHS Foundation Trust

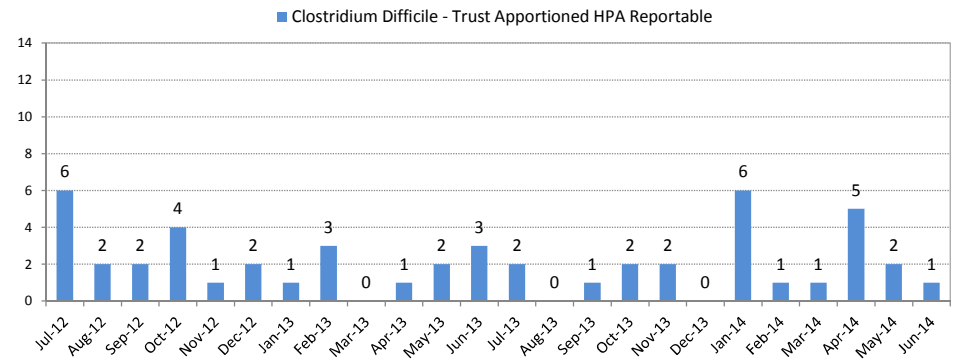
Trust Quality Indicators - June 2014

Quality Measures

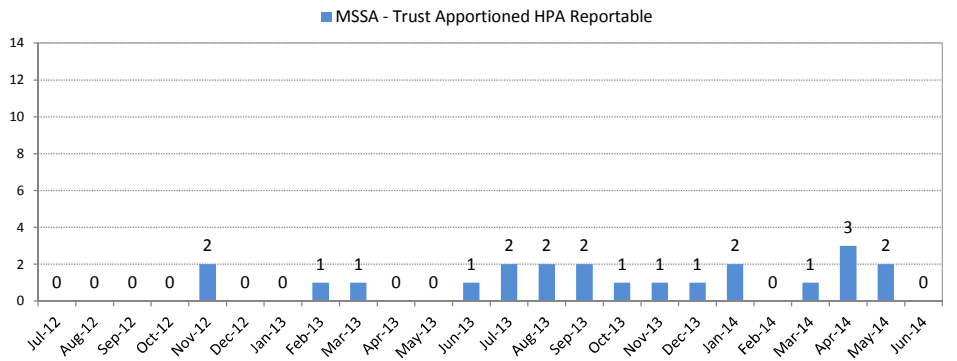
Infection Control	2012-13 Total	2013-14 YTD	2014-15 YTD
MRSA (Trust Apportioned)	3	0 (+2)	0

Trust Incidents	2012-13 Total	2013-14 YTD	2014-15 YTD
Never Events	2	0	0
Serious Incidents Requiring Investigation	13	17	6

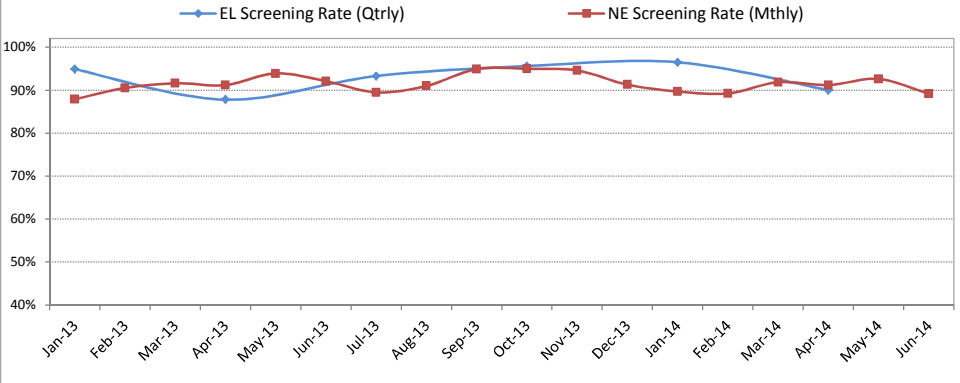
Clostridium Difficile - Trust Apportioned



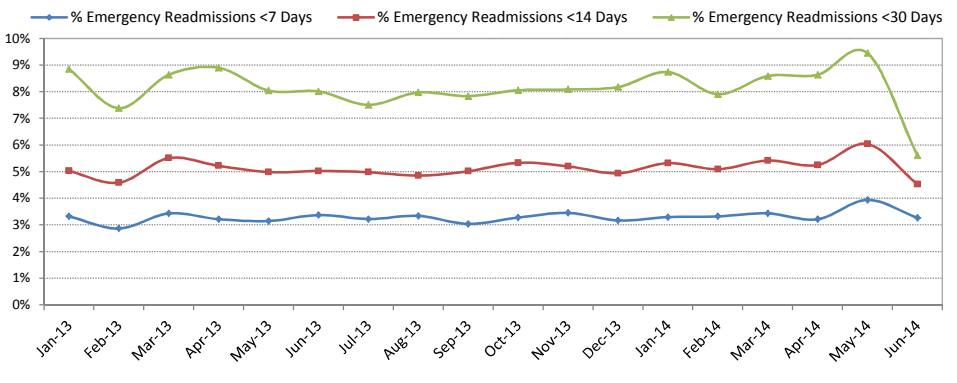
MSSA - Trust Apportioned



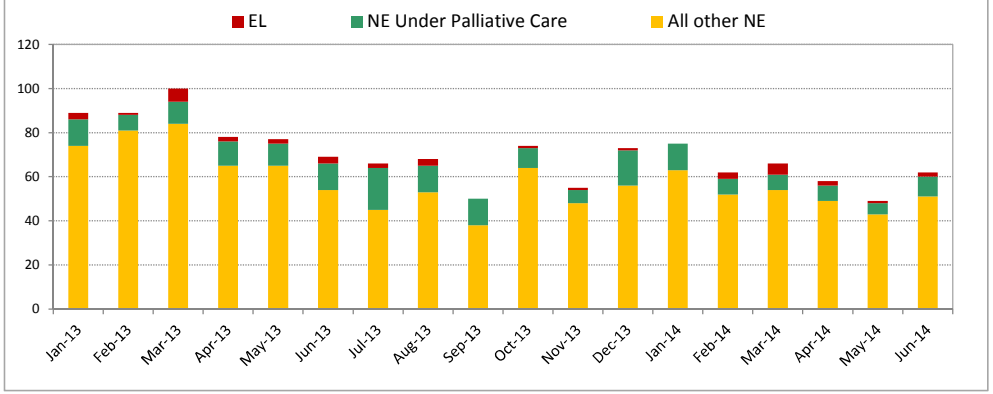
MRSA Screening



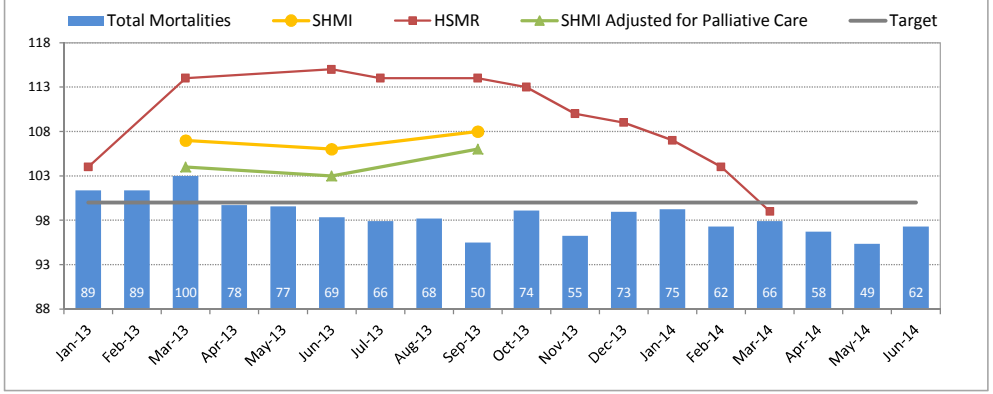
Emergency Readmissions within 7, 14 & 30 days of Discharge



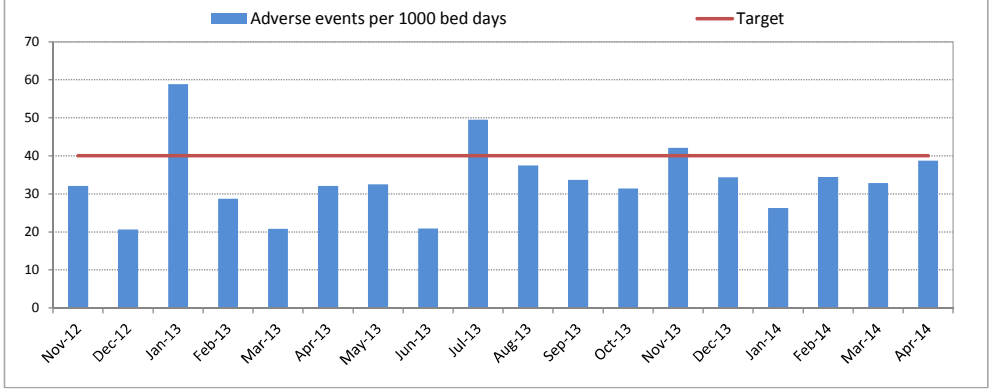
Hospital Mortalities



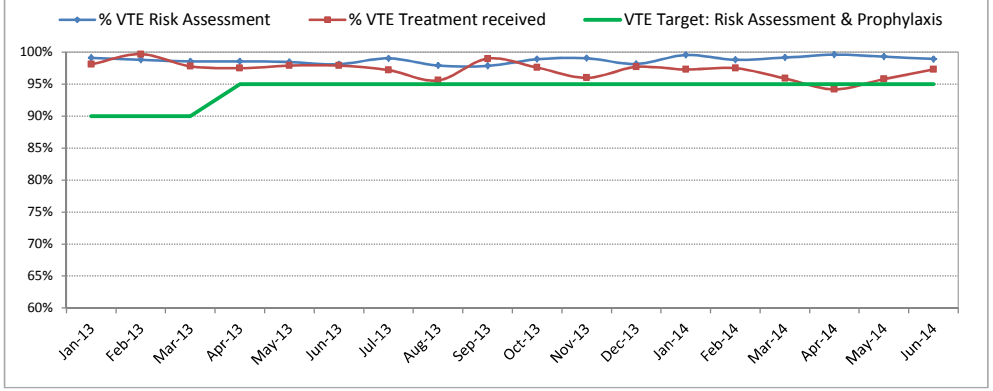
HSMR and SHMI



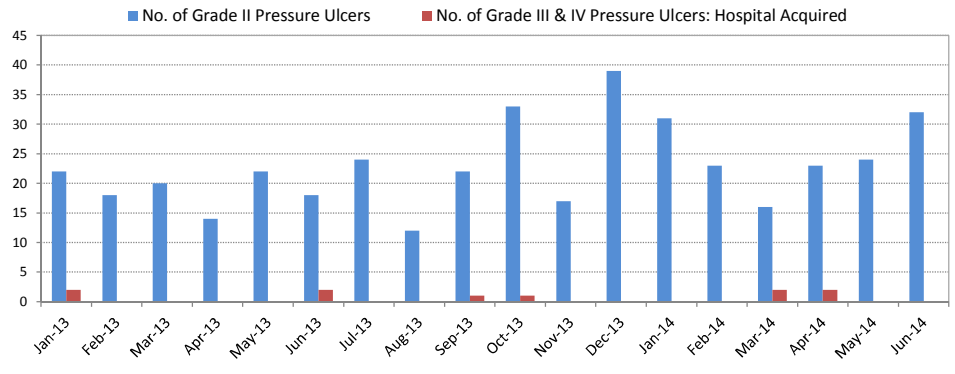
Global Trigger Tool



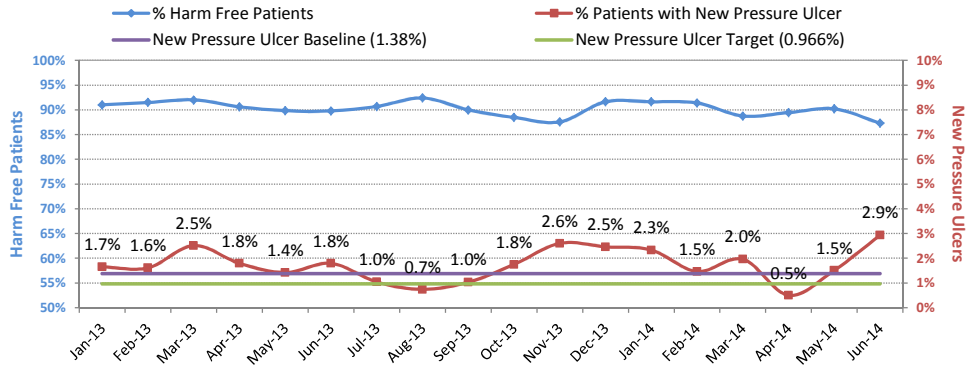
Venous Thrombous Embolism: Risk Assessment & Prophylaxis



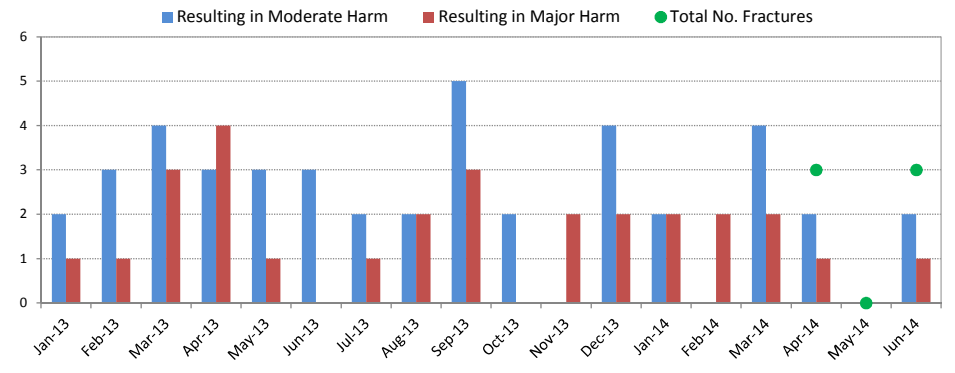
Pressure Ulcers - Total Number per Month



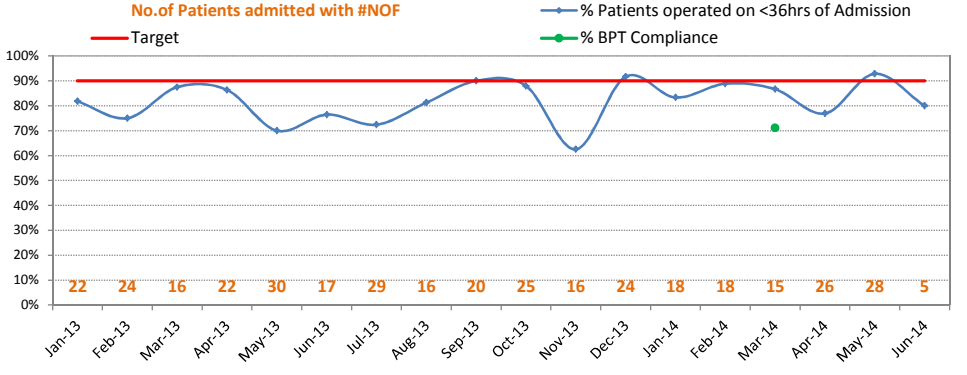
Safety Thermometer - One Day Snapshot per Month



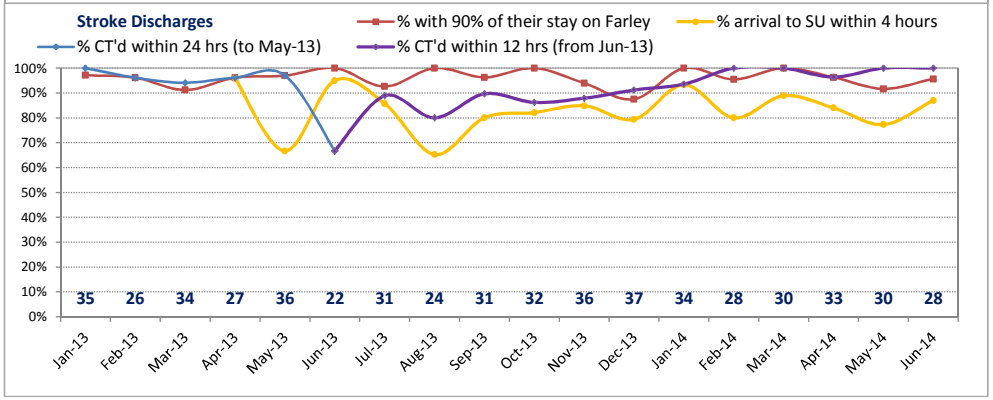
Patient Falls in Hospital Resulting in Moderate Harm or Fracture / Major Harm



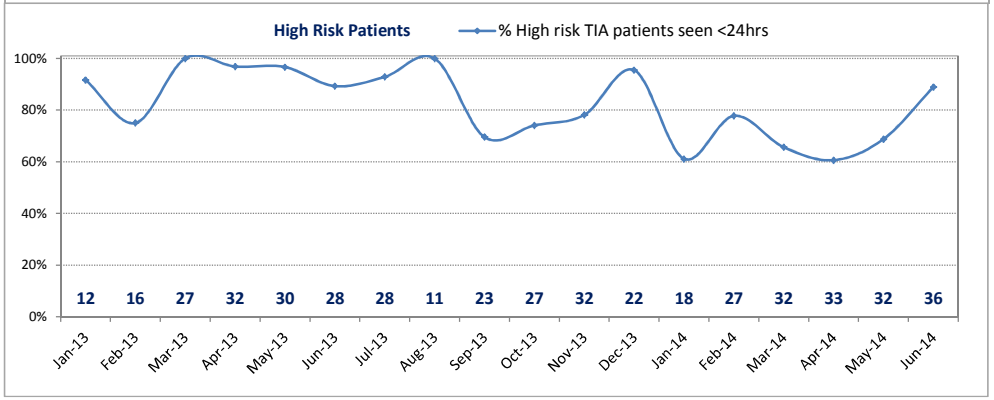
Fracture Neck of Femur operated on within 36 hours



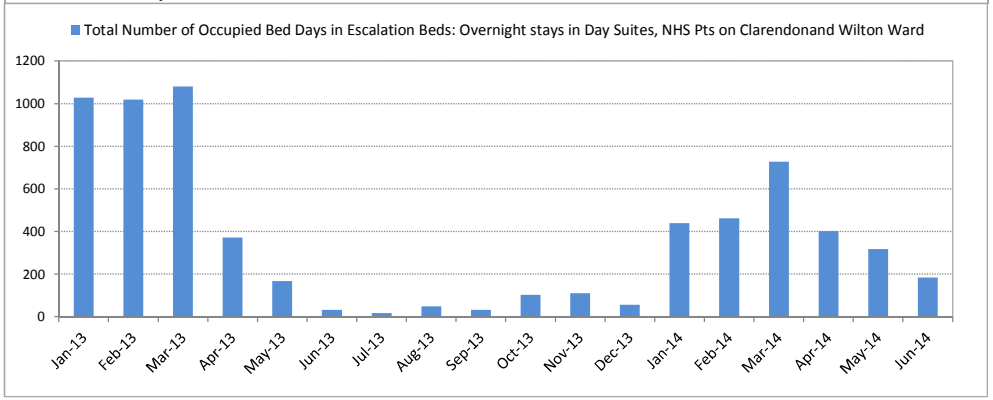
Stroke Care



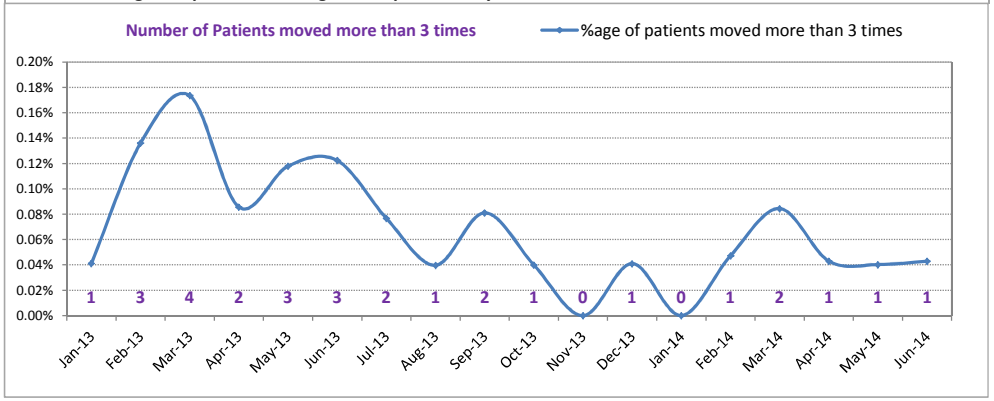
TIA Referrals



Escalation Bed Days



Patients moving multiple times during their Inpatient Stay



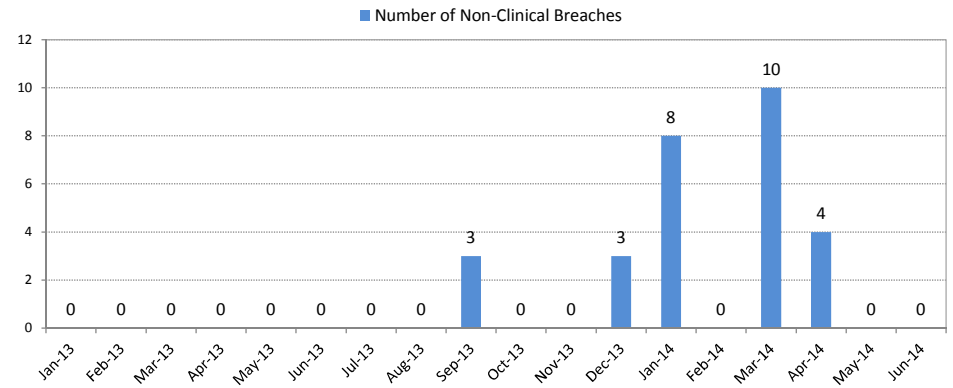
Please note, Durrington Ward (22 beds) was an escalation ward from Nov-11 to Mar-13 and has been counted within these figures for these months. The additional 10 beds above the Standard 30 beds on Winterslow Ward were escalation beds until Mar-13 and Breamore Ward has been included as an escalation ward from Apr-13 onwards. Wilton Ward opened as an excalation ward in Nov-13 and has been included in these figures since then. From Apr-14 Wilton (12 beds) and DSU if open overnight are the only escalation beds.

Salisbury NHS
NHS Foundation Trust

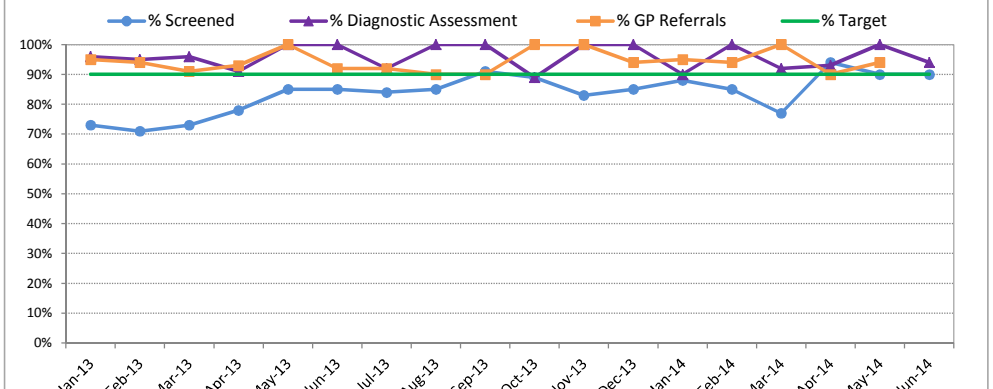
Trust Quality Indicators - June 2014

Quality Measures

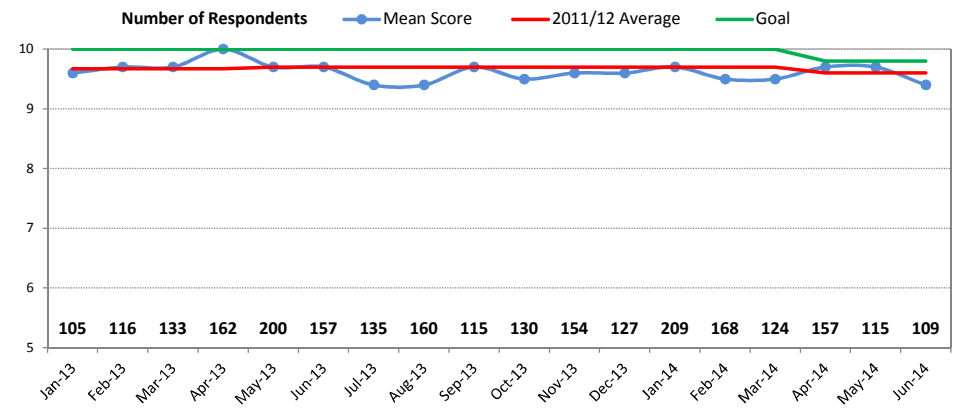
Delivering Same Sex Accommodation



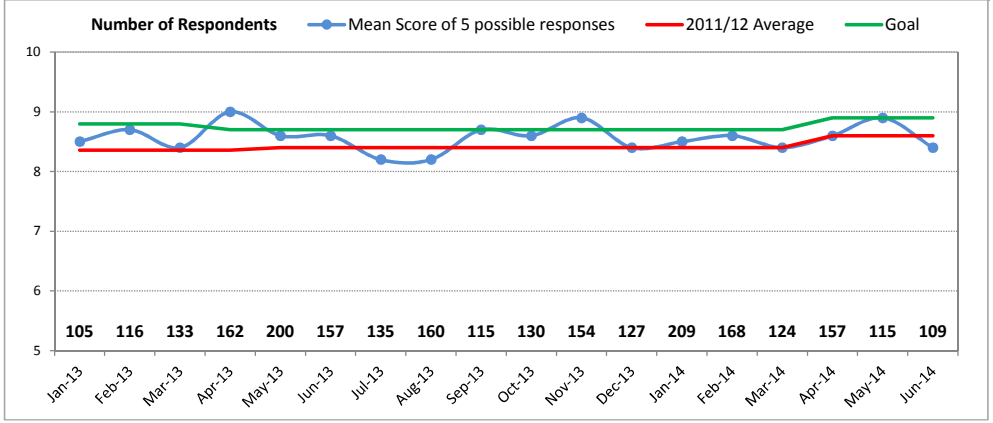
Dementia Audit of Patients Aged 75+



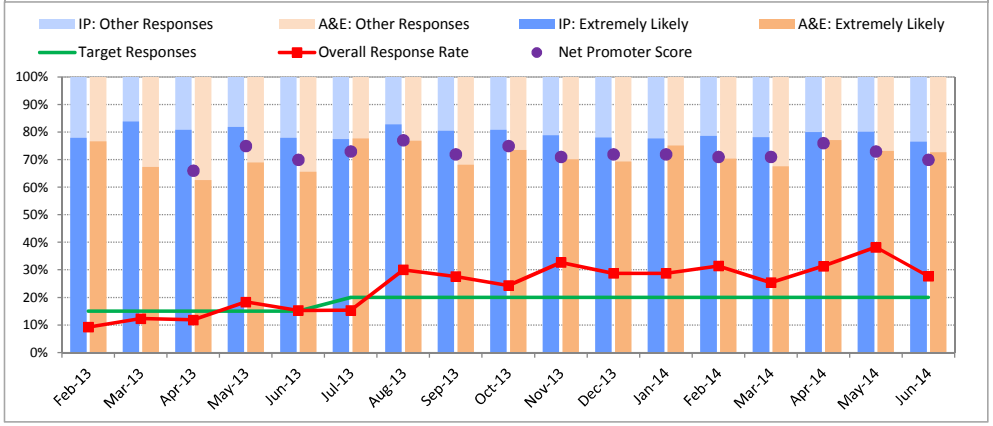
Real Time Feedback: Are you being treated with care and compassion?



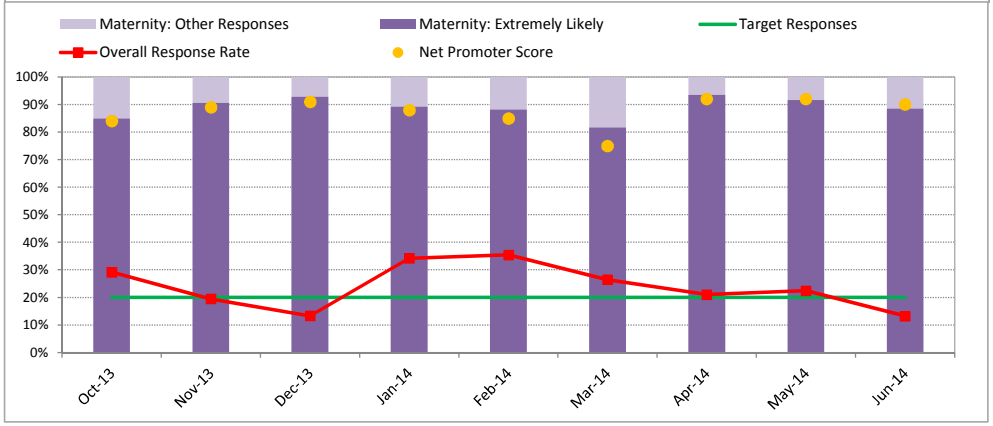
Real Time Feedback: Overall how would you rate the quality of care you received?



Friends & Family Test: Inpatients and A&E (% Responses)



Friends & Family Test: Maternity (% Responses)



PAPER - SFT 3557

MINUTES FROM THE FINANCE COMMITTEE MEETINGS HELD ON 27 May and 23 June 2014

PURPOSE

To present these approved minutes to the Board to provide assurance on the range of issues the Finance Committee has examined on the Board's behalf and to indicate the conclusions reached and direction given.

MAIN ISSUES

The committee has begun regular quarterly monitoring of Salisbury Trading Ltd, meeting the STL Chairman and Chief Executive to review performance. The 6-monthly report of the Head of Procurement was also presented. Action on a report on developing the Trust's private patients offer was also agreed. The committee has agreed additional investment in My Trusty to develop UK and overseas sales. The committee has reviewed progress with the managing director of OPCL.

The committee has re-focused its monitoring of the CIP and transformation programme.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

The approved minutes from the meeting held on 27 May and 23 June 2014

ACTION REQUIRED BY THE BOARD

The Board is asked to note the minutes and the decisions taken by the Finance Committee.

Nick Marsden
Chairman

SALISBURY NHS FOUNDATION TRUST

Minutes of the Finance Committee
Held on 27 May 2014

Present:	Dr N Marsden	Chairman
	Mr A Freemantle	Non-Executive Director
	Mr P Hill	Chief Executive
	Dr L Brown	Non-Executive Director
	Mr M Cassells	Director of Finance and Procurement
	Mr I Downie	Non-Executive Director
	Ms K Hannam	Chief Operating Officer
In Attendance:	Mr L Arnold for item '4'	Director of Corporate Development
	Mr P Casson for item '5'	OML Managing Director

1. MINUTES

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

2. MATTERS ARISING

It was noted that a paper would come to the June Finance Committee following receipt of a report now received from OPCL.

It was also noted that a Board Briefing Paper would be coming to the 9 June Trust Board on the subject of treatments for acute macular degeneration.

3. CAPITAL DEVELOPMENT REPORT

The Committee received a report for February to May 2014 and LA highlighted the following principal points:

- The Springs main entrance redevelopment was delayed by approximately two months following a full ground survey investigation. Work was expected to start on site towards the end of 2014 with completion expected in early summer 2015.
- The Hospice would be moving back into its accommodation in early June.
- Pitton Ward was decanted to the Braemore area with work underway with a view to completion in July.
- SDH South – it was noted that the competitive dialogue was continuing with the two suppliers and it was understood that this process would complete in July with a chosen partner selected by August. LA undertook to circulate a reminder to Board Members of the outline ideas considered so far.
- LA highlighted work being undertaken in relation to the possible replacement of one of the Trust's main boiler units.

The Committee noted the Capital Development Report.

4. ODSTOCK MEDICAL – HALF YEARLY UPDATE

The Committee received the Profit and Loss Account for March 2014 and a Sales Overview – May 2014. Phil Casson highlighted the following principal points:

- OML had finished 2013/14 at 90% of budget and 105% of the previous year.
- There was some movement in securing funding for patients with spasticity.
- The provision of a one day course had proven popular and there was growth in FOC Assessments however in UK sales was felt to be disappointing.
- For 2014/15 the company was forecasting 10% growth.

The Committee thanked Phil Casson for the Report.

5. MONITORING OF TRUST OWNED COMPANIES

The Committee received a report from the Director of Corporate Governance providing a high level summary of the review conducted by Beachcroft of the Trust's relationships with its companies which arose from the presentation by Beachcroft in August 2013.

Beachcroft had emphasised the need to ensure that the separation between Salisbury Foundation Trust and the companies it had founded needed to work both on paper and in practice. The Beachcroft review had not looked at Salisbury Trading which at the time was in the course of being set up but the Committee noted the risks that could arise from the much larger scale of operations transferred to STL although it was also felt that the way that the laundry was operated was much better now than in the past.

The Committee would continue to monitor the commercial activities and prospects of the companies and would also enquire of the company boards how they felt their governance was running and whether key steps had been properly taken.

The Committee noted the report.

6. FINANCE REPORT TO 30 APRIL 2014 (MONTH 1)

The Committee received the Month One Finance Report. MC highlighted the following principal points:

- For month one, the Trust was on plan.
- Contract documents had now been received from the military commissioners and draft documents from specialised commissioners.
- The Medicine Directorate were already showing signs of being overspent.
- Spend on nursing was also high.

The Committee noted the Finance Report.

7. TRANSFORATION AND COST IMPROVEMENT

The Committee received information as to transformation savings targets and planned and actual delivery for month one and the following principal points were made:

- Accountability for the delivery of the Transformation Programme was with the Chief Operating Officer with this objective reflected in the Chief Executive's Objectives.
- Reporting to the Finance Committee should be integrated so that CIP and transformation savings and progress with these was visible.
- Engagement with the Trust's consultants was essential and this was being looked at in conjunction with the relevant staff governor.
- Each Directorate's performance was shown and there was concern that there was reliance on income for example through best practice tariffs.
- There was also concern that in one case only 9% of savings were thought to be recurring.
- There would be accountability arrangements with Directorates and the Chief Operating Officer were being further strengthened.
- Winter pressures affected the Trust's ability to deliver on initiatives.

The Committee noted the report.

8. ANNUAL PLAN AND DECLARATIONS TO MONITOR

The Committee received a report setting out draft declarations required by Monitor in relation to conditions set out by the provider licence.

The Committee also received an assessment of the Trust's compliance against the requirements of the provider licence together with a copy for reference of the licence set out in full. The certification against conditions G6 and COS7 with a supporting narrative were agreed.

The declaration set out in Appendix B of the return were approved with the exception of the certification in relation to Academic Health Science Centres which was considered to be not applicable.

8. DATE OF NEXT MEETING

Monday 23 June 2014 at 10.30 am in the Boardroom.

SALISBURY NHS FOUNDATION TRUST

Minutes of the Finance Committee
Held on 23 June 2014

Present:	Dr N Marsden	Chairman
	Dr L Brown	Non-Executive Director
	Mr I Downie	Non-Executive Director
	Ms K Hannam	Chief Operating Officer
	Mr P Hill	Chief Executive
	Mr A James	Financial Controller
	Mr D Taylor	Financial Consultant
Apologies:	Mr M Cassells	Director of Finance and Procurement
In Attendance:	Mr R Burrows for item '2'	Salisbury Trading Ltd
	Mr K Newton, for item '2'	Salisbury Trading Ltd
	Mr R Webb for items '3 and 8'	Head of Procurement
	Mr L Arnold for item '4'	Director of Corporate Development

1. MINUTES

The minutes of the meeting held on 27 May 2014 were agreed as a correct record.

2. SALISBURY TRADING UPDATE

The Committee received a printed update from the company setting out its financial report, productivity, governance, current and future contracts.

The Company was forecasting a profit for 2014/15 but this was offset by PFI costs, costs arising from TUPE'd staff and changes to income from Salisbury Foundation Trust. The Company had been improving staff productivity and reducing operating costs. Its output remained strong on quality and it was important to ensure that clients realised at all levels the value to them of the quality of the service, particularly in terms of its very low reject rate for individual pieces. There were good relationships with the current customers and the Company was always mindful of the competition in southern England provided by Sunlight/Berendsen.

The Chairman congratulated the Company representatives on a terrific performance so far in the year and they were asked to pass that back to others in the Company.

The Committee noted the report.

3. HEAD OF PROCUREMENT – 6 MONTHLY UPDATE

The Committee received the report of the Head of Procurement for 2013/14 and performance and objectives during 2014/15 to date.

Rob Webb highlighted a number of Department of Health initiatives around procurement in the NHS and forthcoming changes to the EU

procurement rules starting from 2015 which were designed to shorten the timelines for some types of procurement. Because of recruitment factors the team was not fully staffed at present, which was affecting delivery of some projects.

The service was supporting the laundry with tendering opportunities and was working to control costs inflation across procurement categories. The materials management service was working well and was generally achieving a 48 hour turnover on orders.

The reporting rate of single tender actions had been improved immensely during 2013/14 and the service continued to work with departments including estates to understand and control single tender actions.

The Committee thanked the Head of Procurement for his report which was noted.

4. OPCL UPDATE

The Committee received a report setting out options for developing private patient work at Salisbury Foundation Trust.

The report set out options to continue with the existing service, to invest in dedicated staff to run the Clarendon Unit – a manager and nursing staff or to seek interest from private providers to operate it on the Trust's behalf.

Experience had shown that there would be little benefit to the Trust in involving a third party company. It was decided to look at Option 2 set out in the report further to provide a more consistent availability of private beds for consultants to refer to.

The Committee noted the report.

5. FINANCE REPORT TO 31 MAY 2014 (MONTH 2)

The Committee received the Month 2 Finance Report. AJ reported that the Trust had reported a small surplus which was in line with plan. Contract values had been agreed with principal commissioners and in most cases work was still continuing towards signing the contracts.

It was noted that the new Civica system installed by the Finance Department had begun to report activity information direct. On this basis it was noted that day cases were up against plan, elective procedures were down and that there had been particularly high attendances in the Emergency Department during May. Outpatients was below plan but this was thought to be due to a change in the reporting of the maternity care pathway. There was also concern that there was overspending in directorates on nursing including specialing.

£740,000 of savings had been achieved which was slightly higher than the phased plan but less than required on a straight line forecast.

The Committee noted the Month 2 finance report.

6. TRANSFORMATION AND COST IMPROVEMENT

The Committee received papers handed out at the meeting. The papers comprised a Month 2 overview, an action plan to improve integrated reporting, a sample report from the Programme Management Office to the Programme Steering Group, a sample savings profile and an overview of all the main projects and the planned and actual savings profiles.

The Committee noted the report and work in progress.

7. REFERENCE COSTS 2013/14

The Committee received a report describing the proposed approach to producing reference costs for 2013/14 giving details of the supporting processes to ensure high quality output.

The Committee noted the Reference Costs Report.

8. MY TRUSTY LITTLE SUNFLOWER CREAM - UPDATE

The Committee received a report from the Head of Procurement setting out the year end position for the trading of the existing sunflower cream and giving details of two new projects launching later in 2014 and setting out proposals for additional staffing resources to lead sales initiatives in the UK and overseas.

It was felt that the MTLSC initiative was now at a point where there needed to be this investment to achieve a higher degree of growth. The report requested a £196,000 investment in 2014/15 and this was targeting a 20-30% growth in sales in the second half of the year.

The Committee approved the investment requested.

9. ANNUAL REVIEW OF FINANCE COMMITTEE TERMS OF REFERENCE

The Committee received a copy of the terms of reference which had been amended to reflect the Committee's role in the monitoring of Salisbury Trading activities and a more explicit reference to monitoring progress with transformation and cost improvement matters.

The Committee approved the revised Terms of Reference for submission to the 4 August Trust Board.

8. DATE OF NEXT MEETING

Monday 21 July 2014 at 9.30 am in the Boardroom.

SALISBURY NHS FOUNDATION TRUST

PERFORMANCE TO 30 JUNE 2014

PURPOSE:

To inform the Board of the financial and contracting position to 30 June 2014.

MAIN ISSUES

1. GENERAL

The report summarises the position for the first three months of the year.

Key indicators of performance for the period to 30 June 2014 are summarised below and detailed in 1.

	FT Plan to 30.06.14	Actual To 30.06.14	% of Plan to 30.06.14
EBITDA £m	3.731	3.786	1.01
I & E Surplus £m*	0.031	0.154	
Total spells	14,381	14,927	1.04
Outpatient attendances	55.464	53,350	0.96
A&E Attendances	10,868	11,614	1.07
RAF Rating	4	4	

*Including donated assets treated as income under new rules

I & E Summary £m	**FT Plan to 30.06.14**	**Actual to 30.06.14**
I & E (Deficit)/Surplus - Trust	-0.069	0.001
I & E Surplus – Net Donated income	0.100	0.153
Total I & E Surplus	**0.031**	**0.154**

The above figures and the rest of this report for the quarter to 30 June 2014 incorporate the effect of consolidating the Trust's subsidiary companies, Salisbury Trading Limited and Odstock Medical Limited but do not include the effect of consolidating charitable funds. The subsidiaries' results for the three months to 30 June 2014 do not have a material effect on the surplus reported for the period.

The plan figures are based on the 2014-15 plan submitted to Monitor in early April.

Operating income is £49.31m, which is above the FT plan of £47.52m (Appendix 2). Operating expenditure within EBITDA amounted to £45.53m against a plan of £43.79m. The plan figures were compiled before the consolidated results for the year to 31 March 2014 were available. It now appears that the planned income and expenditure position failed to fully take into account the subsidiaries results.

EBITDA is £3.786m which is in line with the plan of £3.731m.

A surplus of £0.154m has been achieved against a planned position of £0.031m

Net current assets amounted to £13.08m against a plan of £11.58m, with a cash balance of £17.02m against a plan of £17.68m.

The contract with Wiltshire CCG is now signed but with a fair number of items on a Transition Schedule which will need to be resolved over the next few weeks.

The contract with Dorset CCG has been agreed and signed by all parties.

A contract has been signed with West Hampshire CCG on behalf of the other Hampshire CCGs.

The Trust has now received a draft contract from the Specialist Commissioners for review, but there remain a number of outstanding issues. Work is progressing to bring this matter to a conclusion.

2. SALES

Activity is now being reported via the new contract management system (CIVICA/SLAM). Some plans are still being finalised with Commissioners and so the planned position in the table below may be subject to change.

Elective inpatients activity in the three months to 30 June 2014 was slightly down on the same period last year. Although elective daycases are above plan they are down on the same period last year.

Non-elective activity levels were higher than in the period to 30 June 2013, with increases in General Medicine, Paediatrics and Births. This extra activity is impacting on elective work causing more cancelled operations and resulting in more escalation beds being opened. ED attendances are 4.2% above the corresponding period last year, with June being the highest month to date this year.

Outpatient activity is marginally below the level experienced at this stage last year and well below planned levels.

Neonatal care was 548 'badger' days, compared with 599 in the same period in 2013-14.

Spinal activity (paid on a bed day basis) has continued the strong start to the year and remains considerably above the same period last year.

Critical care activity at 700 bed days is now above the figure of 661 bed days at this stage last year. Burns activity recovered in the month and is now marginally above the first three months of 2013-14 (609 bed days versus 597 bed days last year).

Performance v 2013-14 and 2014-15 plans	**Actual M3 2013/14**	**Actual M3 2014/15**	**FT plan M3 2014/15**	***Comm plan M3 2014/15**	**FT plan Variance M3 2014/15**	***Comm plan Variance M3 2014/15**
Elective: Inpatients	1,583	1,487	1,563	1,563	-76	-76
Elective: Daycases	7,563	7,045	6,638	6,638	407	407
Non-elective spells	6,012	6,395	6,180	6,203	215	192
Outpatient: Initial attendances	14,966	15,071	15,818	15,818	-747	-747
Outpatient: Follow-up attendances	29,968	29,492	29,615	29,615	-123	-123
Outpatient procedures	8,807	8,787	10,031	10,031	-1,244	-1,244
Total Outpatient	53,741	53,350	55,464	55,464	-2,114	-2,114
ED Attendances	11,149	11,614	10,868	10,868	746	746

***Comm = Commissioning plan (CCGs, Specialist Services and Military)**

3. COST OF SALES INCLUDING INDIRECT COSTS

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

The total for all Directorates is an overspend position of £537k. The position is summarised below:

Directorate	Net Budget to 30.06.14 £000	Net Expend to 30.06.14 £000	Variance to 30.06.14 £000
			[+ over/- under]
Medicine	10,108	10,274	166
Musculo Skeletal	7,342	7,357	15
Surgery	8,169	8,250	81
Clinical Support & Family	8,436	8,606	170
Facilities	1,132	1,117	-15
Sub-Total	**35,187**	**35,604**	**417**
Other Directorates	6,128	6,248	120
TOTAL	**41,315**	**41,852**	**537**

At the end of Month 3 nursing and healthcare assistants budgets are overspent by £119k, compared to £38k last month. Nursing has been allocated £1,000k for budget uplift and the Interim Director of Nursing and Directorate Senior Nurses have worked through the proposals and have allocated £786k for enhanced nursing establishments and making Band 7 ward leaders supernumerary, leaving the balance available for "Specialing". As these proposals have been implemented from 1st July 2014 there remains £410k for "Specialing" in 2014/2015. In Month 3 £44k was spent on "Specialing" patients compared to £50k in Month 2. The year to date spend was £10,880k on nurses and healthcare assistants compared to £10,664k for the same period last year, an increase of £216k. The use of Agency staff for nursing and healthcare assistants was £549k compared to £950k for last year a decrease of £401k, this level of reduction will need to continue throughout the financial year.

The requirement for Agency Nursing shifts has decreased this month but there appears to be no reduction in cost compared with month 2 as more expensive Agencies are being used as cheaper Agencies are unable to provide nurses. This is being actively investigated by DSN's and Procurement.

At the end of Month 3, Medical budgets are overspent by £117k, compared to £72k at the end of month 2. In month 3, £136k has been spent on agency consultants & staff grades (compared to £116k in month 2) and £260k on agency junior doctors (compared to £266k in month 2).

The areas overspent this month are Spinal (agency junior cover), Radiology (agency consultant vacancies), Obstetrics (agency junior cover), Gynaecology (agency junior cover) and Elderly Care (agency junior cover).

The overspend on Other Directorates primarily relates to Estates Technical Services (£85k). The figures are being reviewed and £50k+ may need to be recharged to capital.

4. STATEMENT OF FINANCIAL POSITION (BALANCE SHEET)

The Trust's cash position at 30 June was £17.02m, which was slightly below plan. Interest earned was £18k.

The Capital Programme expenditure for the period to 30 June 2014 was £1.4m against a plan for the year of £12.8m (Appendix 3).

5. COST IMPROVEMENT PLANS

The position in total is shown in Appendix G. The total cost improvement savings target for the year is £9.0m, which includes revenue generation as well as expenditure reduction schemes. Monitor requires revenue generation and expenditure reduction to be separately reported.

The savings achieved are £1,040k, against a plan for the month of £1,234k, For the achieved savings, only 39% are recurring. As stated last month, the savings are weighted towards the latter part of the year. If the savings were split equally throughout each month of the year then the amount required to date would be £2,250k. Considerable work is needed to ensure savings are achieved and a gap does not develop between the planned and achieved figures.

6. RISKS

The Trust's key financial risks for 2014-15 can be summarised as follows:

- Deliver the CIP target – this is probably the greatest financial challenge
- Meet contractual obligations and avoid penalties such as on Cdiff, MRSA etc
- Meet CQUIN targets
- Manage budgets effectively particularly in respect of: nursing agency and 'specialing' costs, and locum doctors and additional payments to doctors
- Match capacity to demand in the most cost effective way in order to avoid losing work to local competitors

7. CONCLUSION

The Trust has a surplus at Month 3 of £154k, which is slightly ahead of the planned position. The RAF score is 4.

8. RECOMMENDATION

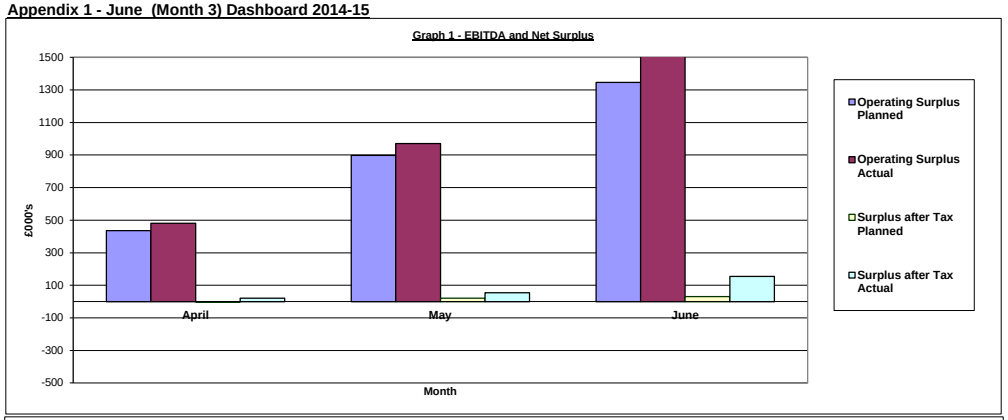
The Trust Board is asked to consider the position at 30 June 2014.

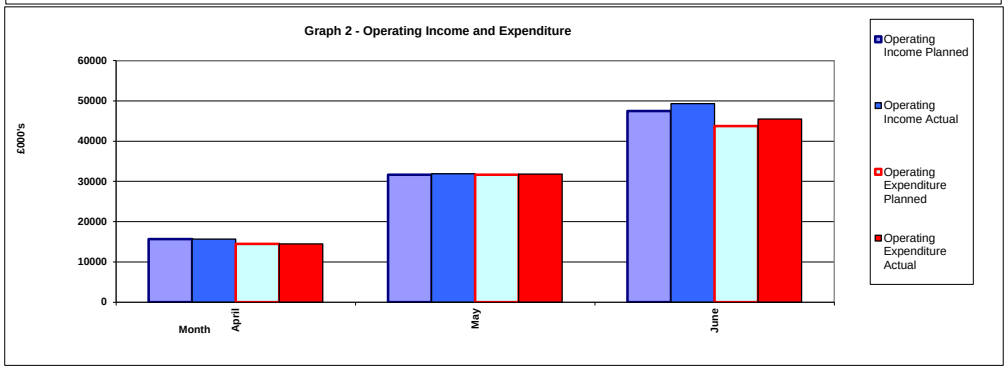
Malcolm Cassells
Director of Finance
21 July 2014

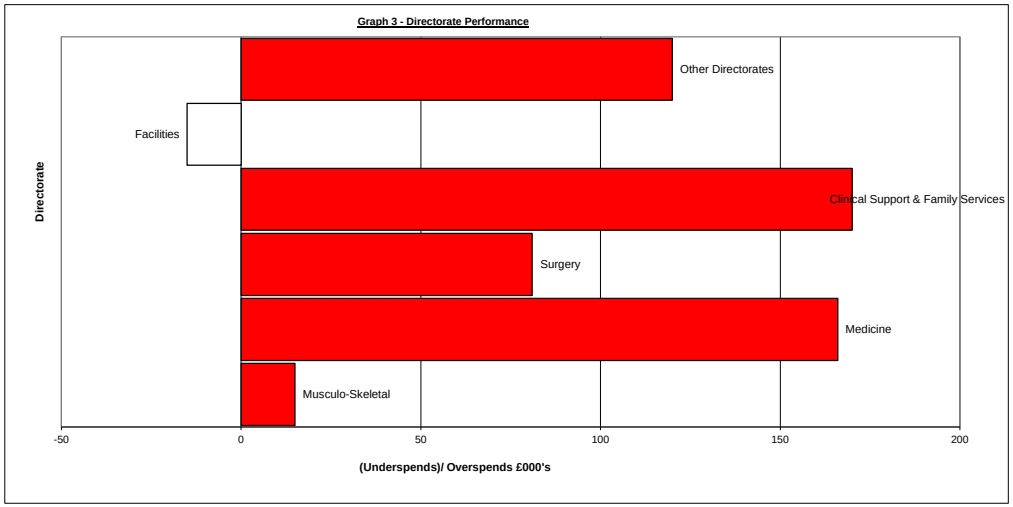
ATTACHMENTS TO VIEW ON WEBSITE

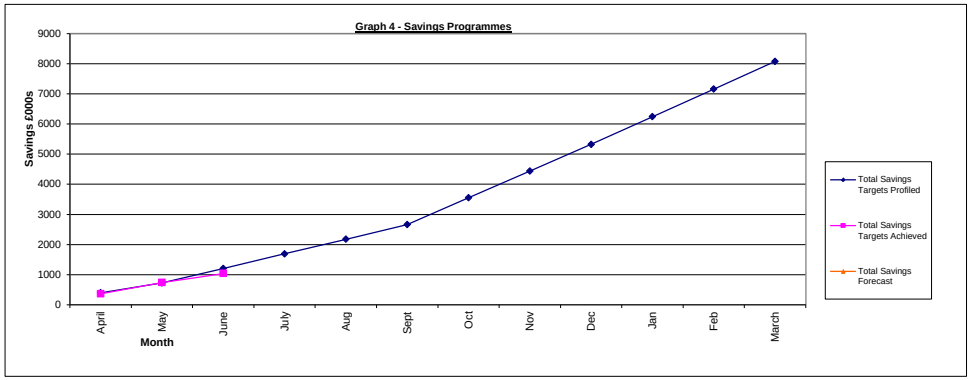
Appendix 1 – Summary Financial Activity and Budget position
Appendix 2 – Income & Expenditure
Appendix 3 – Capital Programme

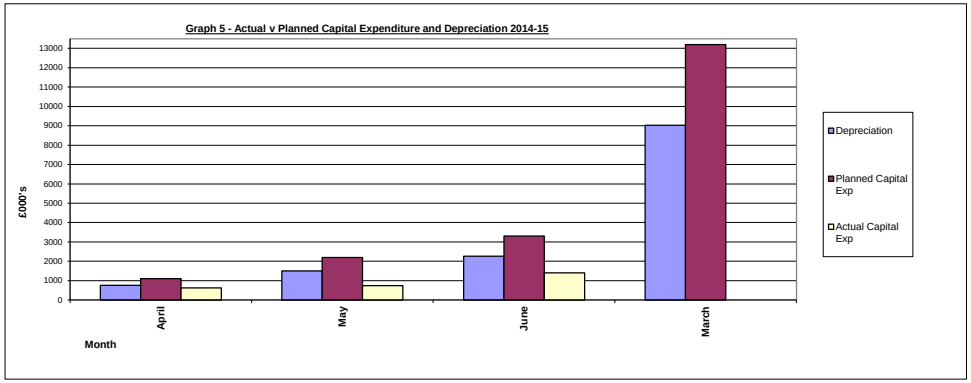
Appendix 1 - June (Month 3) Dashboard 2014-15











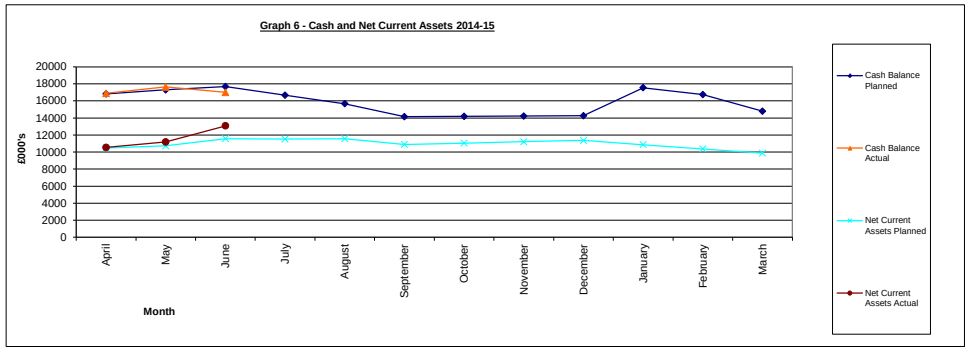


Table 2 New FRR

Ratio	Description	Planned Risk Score	Actual			Rating	Risk Ratings
Capital Service Capacity	Revenue Avaliable for Debt Service Divided by Capital Service Costs	4	1684.00 / 1392.00	=	1.21	3	50%
Liquidity	cash for liquidy puposes*360 divided by operating expenses	4	2515.00 / 45525.00	=	19.89	4	50%
Total Weighted Score		**4.0**				**4.0**	**100%**

Quarterly planned and actual statement of comprehensive income for Salisbury

Operating			units	sense	Audited for Year ending 31-Mar-14	Plan for Year to date ending 30-Jun-14	Actual for Year to date ending 30-Jun-14	Variance for Year to date ending 30-Jun-14
NHS Clinical Revenue								
NHS Acute Activity Income								
Elective inpatients								
Tariff revenue			£m	(+ve)	18.67	4.82	4.55	-0.28
Non-Tariff revenue			£m	(+ve)	0.10	0.03	0.04	0.01
Elective activity revenue, Total			£m		**18.77**	**4.85**	**4.59**	**-0.27**
Elective day case patients (Same day)								
Tariff revenue			£m	(+ve)	16.94	3.83	4.11	0.28
Non-Tariff revenue			£m	(+ve)	1.26	0.30	0.28	-0.03
Elective Day Case activity revenue, Total			£m		**18.21**	**4.13**	**4.38**	**0.25**
Non-Elective patients								
Tariff revenue			£m	(+ve)	46.67	10.02	10.03	0.00
Non-Tariff revenue			£m	(+ve)	16.54	2.72	2.92	0.20
Non-Elective activity revenue, Total			£m		**63.22**	**12.74**	**12.94**	**0.20**
Outpatients								
Tariff revenue			£m	(+ve)	27.05	6.37	5.63	-0.74
Non-Tariff revenue			£m	(+ve)	2.65	0.64	0.61	-0.04
Outpatients activity revenue, Total			£m		**29.70**	**7.01**	**6.24**	**-0.77**
A&E								
Tariff revenue			£m	(+ve)	4.92	1.17	1.31	0.14
Non-Tariff revenue			£m	(+ve)		0.00	0.00	0.00
A&E activity revenue, Total			£m		**4.92**	**1.17**	**1.31**	**0.14**
Other NHS activity								
Direct access & Op, all services	NEW		£m	(+ve)	2.80	0.69	1.01	0.32
Unbundled chemotherapy delivery	NEW		£m	(+ve)	0.80	0.22	0.24	0.02
Unbundled external beam radiotherapy	NEW		£m	(+ve)		0.00	0.00	0.00
Maternity Pathway tariff	NEW		£m	(+ve)	8.40	2.20	2.27	0.07
Other tariff revenue	NEW		£m	(+ve)		0.06	0.03	-0.03
Tariff revenue, Total	AMENDED		£m	(+ve)	**12.00**	**3.17**	**3.55**	**0.38**
Diagnostic tests & Imaging revenue outside tariff	NEW		£m	(+ve)	3.50	0.96	1.01	0.05
Critical care (outside tariff) Adult, Neonate, Paediatric	NEW		£m	(+ve)	5.19	1.54	1.36	-0.18
High cost drugs revenue from commissioners	NEW		£m	(+ve)	10.20	2.68	3.35	0.67
Other drugs revenue (all types all bands including Chemothe	NEW		£m	(+ve)		0.00	0.00	0.00
Other non-tariff revenue	NEW		£m	(+ve)	2.51	3.12	2.95	-0.17
Non-Tariff revenue, Total	AMENDED		£m	(+ve)	**21.39**	**8.30**	**8.67**	**0.37**
Other NHS activity revenue, Total	AMENDED		£m		**33.39**	**11.47**	**12.22**	**0.75**
Total NHS Tariff income			£m		**126.25**	**29.38**	**29.17**	**-0.21**
Total NHS Non-Tariff income			£m		**41.95**	**11.99**	**12.50**	**0.51**
NHS Acute Activity Income, Total			£m		**168.20**	**41.37**	**41.67**	**0.30**
Sub-total NHS Clinical Revenue			£m		**168.20**	**41.37**	**41.67**	**0.30**
CQUIN revenue	AMENDED		£m	(+ve)	3.32	0.82	0.87	0.05
Contract penalties or adjustments not included above			£m	(-/+ve)	0.00	0.00	0.00	0.00
NHS Clinical Revenue, Total			£m		**171.52**	**42.19**	**42.55**	**0.35**
Non Mandatory/Non protected revenue								
Private patient revenue			£m	(+ve)	1.87	0.18	0.45	0.27
Other Non Mandatory/Non protected clinical revenue			£m	(+ve)	5.57	0.93	1.47	0.54
Non Mandatory/Non protected revenue, Total			£m		**7.44**	**1.11**	**1.92**	**0.81**
Other Operating Revenue								
Research and development revenue			£m	(+ve)	0.79	0.18	0.20	0.02
Education and training revenue			£m	(+ve)	5.26	1.28	1.42	0.15
PFI or other non-recurrent revenue support			£m	(+ve)		0.00	0.00	0.00
PFI or other recurrent revenue support			£m	(+ve)		0.00	0.00	0.00
Donations received in cash & to fund Operating Expenses			£m	(+ve)	0.00	0.10	0.00	-0.10
Grants received in cash & to fund Operating Expenses			£m	(+ve)		0.00	0.00	0.00
Donations & Grants received of PPE & intangible assets (see comment)			£m	(+ve)	0.65	0.00	0.00	0.00
Donations & Grants received **of cash to buy** PPE & intangible assets (see comment)			£m	(+ve)		0.00	0.00	0.00
Donations & Grants received of PPE & intangible assets (see comment)					**0.65**	**0.00**	**0.00**	**0.00**
Parking revenue			£m	(+ve)	1.28	0.32	0.34	0.02
Catering revenue			£m	(+ve)	0.86	0.22	0.22	-0.01
Accommodation revenue			£m	(+ve)	1.30	0.32	0.33	0.01
Revenue from non-patient services to other bodies			£m	(+ve)	5.74	1.49	1.68	0.19
Misc. other operating revenue			£m	(+ve)	2.46	0.32	0.66	0.34
Other Operating revenue, Total			£m		**18.32**	**4.23**	**4.85**	**0.62**
Operating Revenue, IFRS, Total			£m		**197.27**	**47.52**	**49.31**	**1.79**
Operating Expenses								
Raw Materials and Consumables Used								
Drugs			£m	(-ve)	-14.84	-4.05	-4.07	-0.02
Clinical supplies			£m	(-ve)	-19.22	-4.48	-4.87	-0.39
Decrease (increase) in inventories of finished goods & WIP			£m	(-ve)		0.00	0.00	0.00
Vehicle Fuel costs (ambulance trusts)			£m	(-ve)		0.00	0.00	0.00
Non-clinical supplies			£m	(-ve)	-18.97	-4.95	-5.70	-0.75
Raw Materials and Consumables Used, Total			£m		**-53.03**	**-13.48**	**-14.64**	**-1.16**
Ambulance trust vehicle operating expenses								
Vehicle insurance costs			£m	(-ve)		0.00	0.00	0.00
Vehicle leasing costs			£m	(-ve)		0.00	0.00	0.00
Vehicle maintenance/Other Costs			£m	(-ve)		0.00	0.00	0.00
Ambulance trusts vehicle operating expenses, Total			£m		**0.00**	**0.00**	**0.00**	**0.00**
Cost of Secondary Commissioning of mandatory services			£m	(-ve)	-2.60	0.00	-0.88	-0.88
Employee Expenses [was "Pay"]								
Employee expenses, permanent staff			£m	(-ve)	-116.48	-28.24	-28.07	0.17
Employee expenses, agency & contract staff			£m	(-ve)	-6.04	-1.68	-1.51	0.18
Employee Expenses, Total			£m	(-ve)	**-122.51**	**-29.92**	**-29.57**	**0.35**
Research & Development expense			£m	(-ve)	0.00	-0.10	-0.08	0.02
Education and training expense			£m	(-ve)	-0.21	-0.08	-0.06	0.02
Consultancy expense			£m	(-ve)	-0.33	0.00	-0.10	-0.10
Misc. other Operating expenses			£m	(-ve)	-0.75	-0.17	-0.27	-0.10

Historic		(Increase)/decrease in Provisions, Current and Non-Current, net		£m	(+/-ve)	-0.01	0.00	0.00	0.00
		(Increase)/decrease in Impairment of receivables, Current and Non-Current, net		£m	(+/-ve)	-0.11	0.20	0.30	0.10
		PFI operating expenses							
		PFI unitary payment		£m	(-ve)	-0.94	-0.24	-0.23	0.01
		IFRIC12 revenue/(expense) adjustment		£m	(+/-ve)		0.00	0.00	0.00
		Other PFI expenses		£m	(-ve)		0.00	0.00	0.00
		PFI operating expenses, total		£m	(-ve)	**-0.94**	**-0.24**	**-0.23**	**0.01**
	Operating Expenses within EBITDA, Total			£m		**-180.48**	**-43.79**	**-45.53**	**-1.73**
		Depreciation and Amortisation							
		Depreciation and Amortisation - purchased/constructed assets		£m	(-ve)	-8.62	-2.14	-2.00	0.14
		Depreciation and Amortisation - donated/granted assets		£m	(-ve)	-0.33	-0.09	-0.10	-0.01
		Depreciation and Amortisation - owned assets				**-8.96**	**-2.23**	**-2.10**	**0.12**
		Depreciation and Amortisation - assets held under finance leases		£m	(-ve)	-0.06	-0.02	-0.02	0.00
		Depreciation and Amortisation - PFI assets		£m	(-ve)	-0.49	-0.15	-0.14	0.01
		Depreciation and Amortisation, Total		£m		**-9.51**	**-2.39**	**-2.26**	**0.13**
		Impairment (Losses) / Reversals net - purchased/constructed assets		£m	(-/+ve)		0.00	0.00	0.00
		Impairment (Losses) / Reversals net - donated/granted assets		£m	(-/+ve)		0.00	0.00	0.00
		Impairment (Losses) / Reversals net (on non-PFI assets)				**0.00**	**0.00**	**0.00**	**0.00**
		Impairment (Losses) / Reversals net - PFI assets		£m	(-/+ve)		0.00	0.00	0.00
		Restructuring Costs		£m	(-ve)		0.00	0.00	0.00
	Operating Expenses excluded from EBITDA, Total			£m	(-ve)	**-9.51**	**-2.39**	**-2.26**	**0.13**
	Operating Expenses IFRS, Total					**-189.99**	**-46.18**	**-47.78**	**-1.60**
	Surplus (Deficit) from Operations					**7.28**	**1.35**	**1.53**	**0.18**
Non Operating									
	Non-Operating income								
		Finance Income [for non-financial activities]							
		Gain (Loss) on Financial Instruments Designated as Cash Flow Hedges		£m	(+ve)		0.00	0.00	0.00
		Gain (Loss) on Derecognition of Available-for-Sale Financial Assets		£m	(+ve)		0.00	0.00	0.00
		Gain (Loss) on Derecognition of Non-Current Assets Not Held for Sale, Total		£m	(+ve)		0.00	0.00	0.00
		Gain (Loss) on Investments & Inv.Property (Not charitable funds)		£m	(+ve)		0.00	0.00	0.00
		Interest Income		£m	(+ve)	0.07	0.02	0.02	0.00
		Dividend Income		£m	(+ve)		0.00	0.00	0.00
		Share of profit (loss) from equity accounted Associates, Joint Ventures, Total		£m	(+/-ve)		0.00	0.00	0.00
		Finance Income [for non-financial activities], Total		£m		**0.07**	**0.02**	**0.02**	**0.00**
		Other Non-Operating income		£m					
		Gain/(loss) on asset disposals		£m	(+/-ve)		0.00	0.00	0.00
		Gain/(loss) on transfers by absorption		£m	(+/-ve)		0.00	0.00	0.00
		Other Non-Operating income		£m	(+ve)		0.00	0.00	0.00
		Other Non-Operating income, Total		£m		**0.00**	**0.00**	**0.00**	**0.00**
	Non-Operating income, Total			£m		**0.07**	**0.02**	**0.02**	**0.00**
	Non-Operating expenses								
		Finance Costs [for non-financial activities]							
		Interest Expense							
		Interest Expense on Overdrafts and Working Capital Facilities		£m	(-ve)		0.00	0.00	0.00
		Interest Expense on Bridging loans		£m	(-ve)		0.00	0.00	0.00
		Interest Expense on Non-commercial borrowings		£m	(-ve)	-0.03	0.00	0.00	0.00
		Interest Expense on Commercial borrowings		£m	(-ve)		0.00	0.00	0.00
		Interest Expense on Finance leases (non-PFI)		£m	(-ve)	-0.03	-0.01	-0.01	0.00
		Interest Expense on PFI leases & liabilities		£m	(-ve)	-1.91	-0.48	-0.43	0.05
		Interest Expense, Total		£m		**-1.96**	**-0.49**	**-0.44**	**0.05**
		Other Finance Costs		£m	(-ve)	-0.01	0.00	0.00	0.00
		PDC dividend expense		£m	(-ve)	-3.51	-0.84	-0.95	-0.11
		Finance Costs [for non-financial activities], Total		£m		**-5.48**	**-1.33**	**-1.39**	**-0.06**
		Other Non-Operating expenses							
		Non-Operating PFI costs (eg contingent rent)		£m	(-ve)		0.00	0.00	0.00
		Other Non-Operating expenses (developments)		£m	(-ve)		0.00	0.00	0.00
		Misc Other Non-Operating expenses		£m	(-ve)		0.00	0.00	0.00
		Other Non-Operating expenses, Total		£m		**0.00**	**0.00**	**0.00**	**0.00**
	Non-Operating expenses, Total			£m		**-5.48**	**-1.33**	**-1.39**	**-0.06**
	Surplus (Deficit) before Tax			£m		**1.87**	**0.03**	**0.15**	**0.12**
	Income Tax (expense)/ refund			£m	(-/+ve)		0.00	0.00	0.00
	Surplus (Deficit) After Tax			£m		**1.87**	**0.03**	**0.15**	**0.12**
	Profit/(loss) from discontinued Operations, Net of Tax			£m	(+/-ve)		0.00	0.00	0.00
	Surplus (Deficit) After Tax from Continuing Operations			£m		**1.87**	**0.03**	**0.15**	**0.12**
	Elements of Comprehensive Income								
	Share of comprehensive income from associates and joint ventures			£m	(+/-ve)		0.00	0.00	0.00
	Revaluation gains/(losses) of donated/granted assets straight to reval reserve			£m	(+/-ve)		0.00	0.00	0.00
	Revaluation gains/(losses) of purchased/constructed assets straight to reval reserve			£m	(+/-ve)		0.00	0.00	0.00
	Revaluation gains/(losses) straight to revaluation reserve					**0.00**	**0.00**	**0.00**	**0.00**
	(Impairments)/reversals of purchased/constructed assets straight to reval reserve			£m	(+/-ve)		0.00	0.00	0.00
	(Impairments)/reversals of donated/granted assets straight to reval reserve			£m	(+/-ve)		0.00	0.00	0.00
	Impairments/(reversals) straight to revaluation reserve					**0.00**	**0.00**	**0.00**	**0.00**
	Fair Value gains/(losses) straight to reserves			£m	(+/-ve)		0.00	0.00	0.00
	Additions/(reduction) in "Other reserves"			£m	(+/-ve)		0.00	0.00	0.00
Historic	Gain/loss on relevant transfers (1st April)		AMENDED	£m	(+/-ve)		0.00	0.00	0.00
	Other recognised gains/(losses) straight to reserves			£m	(+/-ve)		0.00	0.00	0.00
	Remeasurements of a net defined benefit pension liability/asset			£m	(+/-ve)		0.00	0.00	0.00
	Elements of Comprehensive Income, Total					**0.00**	**0.00**	**0.00**	**0.00**
	Total Comprehensive Surplus/(Deficit)					**1.87**	**0.03**	**0.15**	**0.12**
	Memorandum lines								
	Total Revenue			£m		197.34	47.54	49.33	1.79
	Total Expenses			£m		-195.47	-47.51	-49.17	-1.66
	Total Operating Revenue for EBITDA			£m		196.63	47.52	49.31	1.79
	Total Operating Expenses for EBITDA			£m		-180.48	0.01	-45.53	-1.73
	EBITDA		AMENDED	£m		16.14	47.54	3.79	0.05
	EBITDA Margin Metric (YTD)		NEW	%		0.08	1.00	0.08	0.03
	Operating Surplus (Deficit)			£m		7.28	1.35	1.53	0.18
	Surplus (Deficit) After Tax		AMENDED	£m		1.87	0.03	0.15	0.12
	Return After Financing		AMENDED	£m		1.22	43.84	0.15	0.12
	Surplus/(deficit) before Impairments and transfers		NEW	£m		1.87	0.03	0.15	0.12

Cost Centre	Project Name	Area	Board Approved 2014/15	Schemes B/Fwd to 2013/14	Slippage from 2013/2014	14/15 Board Approved + 13/14 final slippage - 13/14 b/fwd	Adjustments to final Plan	Brought Forward from 2015/16	Slippage to 2015/16	Revised Plan	Spend to 30th June 2014	Under/(Over) spent on Project	Outstanding Spend 2014/15
1	**Donated Assets**												
7082C0	Benson Suite - Donated	A1	0	0	16,138	16,138	0	0	0	16,138	3,172		12,966
7081C0	NICU / Parents Accommodation - Donated Assets	A1	0	0	15,769	15,769	0	0	0	15,769	0		15,769
1	**Donated Assets - Totals**		**0**	**0**	**31,907**	**31,907**	**0**	**0**	**0**	**31,907**	**3,172**	**0**	**28,735**
2	**Phase 3 Building Schemes**	BWG		0									
7230C0	CT Scanner Building and Enabling	A2	155,000	-5,530	0	149,470	0	0	0	149,470	12,115		137,355
7067C0	Helter Skelter Storage	A2	150,000	0	0	150,000	0	0	0	150,000	0		150,000
7085C0	Laundry Buildings	A2	0	0	56,636	56,636	0	0	0	56,636	3,519		53,117
7084C0	Maternity - DoH Grant	A2	0	0	30,367	30,367	0	0	0	30,367	56,749	-26,382	0
7073C0	Radnor Ward Development	A2	1,168,000	0	0	1,168,000	0	0	0	1,168,000	0		1,168,000
7087C0	Springs entrance development	A2	400,000	0	989,924	1,389,924	30,000	0	-710,000	709,924	36,141		673,784
7086C0	Ward changes - Dementia Patient Care	A2	230,000	0	397,156	627,156	0	0	0	627,156	107,230		519,926
2	**Building Schemes - Totals**	0	**2,103,000**	**-5,530**	**1,474,083**	**3,571,553**	**30,000**	**0**	**-710,000**	**2,891,553**	**215,754**	**-26,382**	**2,702,182**
3	**Building and Works**	BWG		0									
7014C0	Accommodation - Langley House Kitchen Upgrade	BWG	29,000	0	0	29,000	0	0	0	29,000	0		29,000
7009C0	Accommodation - Replacement glazing units	BWG	0	0	3,023	3,023	0	0	0	3,023	0		3,023
7035C0	Accommodation & Leisure Centre Boilers	BWG	100,000	-24,072	0	75,928	-5,300	0	0	70,628	0		70,628
7040C0	Accommodation key security	BWG	0	0	7,000	7,000	0	0	0	7,000	0		7,000
7088C0	AGSS Overhaul & Med Gas Racking	BWG	0	0	15,000	15,000	0	0	0	15,000	0		15,000
7041C0	AHU replacement yr 3 (2014/15) of 7	BWG	280,000	0	140,593	420,593	0	0	0	420,593	42,648		377,945
7042C0	Asbestos management	BWG	0	0	22,217	22,217	0	0	0	22,217	0		22,217
7814C0	BMS upgrade 3rd year of 3 - invest to save	BWG	0	0	42,679	42,679	0	0	0	42,679	31		42,648
7043C0	Catering boiling pan replacement	BWG	0	0	3,153	3,153	0	0	0	3,153	0		3,153
7008C0	Catering Dishwasher	BWG	126,000	0	0	126,000	0	0	0	126,000	0		126,000
7006C0	Catering - Oven Replacement	BWG	0	0	0	0	22,000	0	0	22,000	13,706		8,294
7044C0	Catering refrigeration upgrade	BWG	0	0	27,427	27,427	0	0	0	27,427	0		27,427
7090C0	Catering Replacement Cooking Equipment	BWG	0	0	9,175	9,175	0	0	0	9,175	0		9,175
7046C0	Catheter Suite - Rebalance of Heating System	BWG	20,000	0	0	20,000	0	0	0	20,000	0		20,000
7220C0	Central Clinical Notes Preparation	BWG	0	0	0	0	9,800	0	0	9,800	0		9,800
7091C0	Childrens OPD Audiology Soundproof Room	BWG	0	0	72,043	72,043	0	0	0	72,043	49,829		22,214
7079C0	Decentralisation of Boilers	BWG	0	0	0	0	263,200	0	0	263,200	0		263,200
7092C0	DSU Replacement Insulation to Air Handling System	BWG	0	0	8,600	8,600	0	0	0	8,600	0		8,600
7010C0	DSU Theatres - Flooring	BWG	0	0	1,882	1,882	0	0	0	1,882	0		1,882
7093C0	Ductwork & Fire Damper Cleaning Whole Site 2nd year of 2	BWG	70,000	0	119,508	189,508	0	0	0	189,508	1,116		188,392
7066C0	ED Data Centre Ventilation	BWG	40,000	0	0	40,000	0	0	0	40,000	0		40,000
7094C0	Education Centre Reception DDA Compliance	BWG	0	0	8,000	8,000	0	0	0	8,000	3,326		4,674
7828C0	Electricity at Work Regulations Compliance - Year 3 (2013/14) of 3	BWG	0	0	133,505	133,505	0	0	0	133,505	68,498		65,008
7012C0	Endoscopy Ensuite Enema Room	BWG	30,000	-30,000	30,000	30,000	0	0	0	30,000	9,706		20,294
7017C0	Eye clinic expansion	BWG	0	0	4,377	4,377	0	0	0	4,377	0		4,377
7065C0	Fertility Air Conditioning	BWG	12,000	0	0	12,000	5,000	0	0	17,000	0		17,000
7215C0	Finance fire alarm system upgrade	BWG	0	0	21,600	21,600	0	0	0	21,600	0		21,600
7001C0	Finance Office Refurbishment	BWG	0	0	-1,899	-1,899	1,899	0	0	0	0		0
7050C0	Fire alarms - detection & prevention equip - various	BWG	0	0	5,548	5,548	10,000	0	0	15,548	9,086		6,462
7062C0	Fire compartmentation SDH north - remedial works	BWG	0	0	58,013	58,013	-10,000	0	0	48,013	0		48,013
7036C0	Fire Suppression to Transformer Rooms	BWG	42,000	-372	0	41,628	0	0	0	41,628	0		41,628
7007C0	Gas mains test	BWG	0	0	7,000	7,000	0	0	0	7,000	0		7,000
7030C0	Genetics Air Conditioning	BWG	11,000	0	0	11,000	-5,000	0	0	6,000	0		6,000
7059C0	Hedgerows - Public WC's Refurbishment	BWG	0	0	2,598	2,598	-2,598	0	0	0	0		0
7005C0	Hedgerows extension	BWG	0	0	14,935	14,935	0	0	0	14,935	0		14,935
7201C0	Hot Water Pipes - SDH Various Areas	BWG	100,000	0	65,990	165,990	-140,000	0	0	25,990	0		25,990
7052C0	IVF lab. Ventilation system modifications	BWG	0	0	854	854	0	0	0	854	0		854
7054C0	Legionella risks	BWG	0	0	85	85	0	0	0	85	0		85
7096C0	Level 2 Flooring	BWG	0	0	98,721	98,721	0	0	0	98,721	0		98,721
7097C0	Level 4 Bedspace Power Sockets	BWG	0	0	69,460	69,460	0	0	0	69,460	0		69,460
7056C0	Llfts overhaul - year 3 (2014/15) of 3	BWG	80,000	0	76,298	156,298	0	0	0	156,298	63,150		93,148
7098C0	Main Entrance L3 Upgrade	BWG	0	0	54,556	54,556	20,000	0	0	74,556	33,024		41,532
7070C0	Main Theatres 4th Laminar Flow System	BWG	0	0	185,000	185,000	0	0	0	185,000	0		185,000
7032C0	Maternity Obstetric Theatre Refurbishment	BWG	78,000	0	0	78,000	0	0	0	78,000	0		78,000
7029C0	Maternity Post Natal Upgrade	BWG	122,000	0	0	122,000	0	0	0	122,000	0		122,000
7033C0	Maternity Relocation - Enabling	BWG	0	0	1,622	1,622	0	0	0	1,622	0		1,622
7080C0	Mattress Laundering	BWG	0	0	2,521	2,521	0	0	0	2,521	0		2,521
7031C0	MDMC Infusion Device Analyser	BWG	8,000	0	0	8,000	0	0	0	8,000	7,824		176
7072C0	Medical Air (Dryers) SDH North	BWG	0	0	4,120	4,120	0	0	0	4,120	0		4,120
7051C0	Medical Gas Hoses 1st year of 2 (2014/15)	BWG	66,000	0	0	66,000	0	0	0	66,000	0		66,000
7852C0	Medical Gas System	BWG	0	0	3,456	3,456	0	0	0	3,456	0		3,456
7003C0	Microbiology - Category 3 Room	BWG	0	0	58,164	58,164	0	0	0	58,164	0		58,164
7013C0	Mortuary electrical installation compliance	BWG	0	0	11,673	11,673	0	0	0	11,673	0		11,673
7142C0	Mortuary Refrigeration	BWG	0	0	15,901	15,901	0	0	0	15,901	171		15,730
7492C0	Noise Reduction & Facilities Equipment	BWG	0	0	29,488	29,488	0	0	0	29,488	0		29,488
7202C0	Nurse Call System Upgrade - SDH North & Maternity - 2nd year of 2	BWG	70,000	0	103,397	173,397	0	0	0	173,397	0		173,397
7203C0	Occupational Health Replacement Boilers	BWG	0	0	1,068	1,068	0	0	0	1,068	0		1,068
7894C0	Oral Surgery - Theatre 9 (plus more dental chairs)	BWG	0	0	44,659	44,659	0	0	0	44,659	120		44,538
7204C0	Pathology & Histopathology OSNA Room (4.5.20) Air Conditioning	BWG	0	0	4,973	4,973	0	0	0	4,973	0		4,973
7057C0	Piped medical gas system safety valves replacement	BWG	0	0	3,683	3,683	0	0	0	3,683	0		3,683
7208C0	Procurement Out of Hours Bay	BWG	0	0	5,642	5,642	0	0	0	5,642	6,919	-1,277	0
7848C0	Productive Operating Theatres	BWG	0	0	27,415	27,415	0	0	0	27,415	4,039		23,376
7209C0	Public & Staff WCs L5,L4,L3	BWG	0	0	84,000	84,000	2,598	0	0	86,598	0		86,598
7210C0	Public Spaces Fund	BWG	0	0	18,404	18,404	0	0	0	18,404	0		18,404
7211C0	Radiology Recovery Area Improvements	BWG	0	0	60,000	60,000	0	0	0	60,000	4,511		55,489
7095C0	Relocation of Liquid Oxygen VIE Plant	BWG	0	0	28,148	28,148	0	0	0	28,148	0		28,148
7061C0	Rheumatology temperature control	BWG	0	0	17,079	17,079	0	0	0	17,079	0		17,079
7020C0	Roads and paving repairs	BWG	0	0	160,949	160,949	0	0	0	160,949	0		160,949
7880C0	Roof Repairs - Various	BWG	0	0	20,866	20,866	0	0	0	20,866	28,082	-7,215	0
7212C0	SDH Main Chillers Replacement	BWG	42,000	0	-15,188	26,812	0	0	0	26,812	1,828		24,984
7218C0	SDU X 2 Washers	BWG	100,000	0	0	100,000	0	0	0	100,000	0		100,000
7214C0	Security Improvements 2013/14	BWG	0	0	35,431	35,431	0	0	0	35,431	15,955		19,476
7037C0	Server Rooms - Air Conditioning	BWG	0	0	41,522	41,522	0	0	0	41,522	0		41,522
7038C0	Shower Cubicle Drainage Improvements	BWG	30,000	0	0	30,000	0	0	0	30,000	0		30,000
7219C0	Site Signage 2013/14	BWG	0	0	3,580	3,580	0	0	0	3,580	689		2,892
7678C0	Security improvements 2010/2011	BWG	0	0	0	0	0	0	0	0	0		0
7028C0	Security improvements 2011/2012	BWG	0	0	0	0	0	0	0	0	0		0
7049C0	Spinal treatment centre refurbishment	BWG	0	0	189,935	189,935	0	0	0	189,935	146		189,789
7016C0	Spinal Unit - wheelchair cleaning and storage	BWG	0	0	3,370	3,370	0	0	0	3,370	3,043		327
7024C0	Spinal Unit Double Glazing 1st yeat of 2 (2014/15)	BWG	60,000	0	0	60,000	0	0	0	60,000	0		60,000
7026C0	Spinal Unit Fire Escape	BWG	17,000	0	0	17,000	0	0	0	17,000	0		17,000
7890C0	Spinal X-ray booking facilities and doors	BWG	0	0	28,677	28,677	0	0	0	28,677	170		28,507
7217C0	Theatres 1 - 10 Replacement Taps	BWG	0	0	4,051	4,051	0	0	0	4,051	0		4,051
7018C0	Walls - repairs to failing walls	BWG	0	0	8,000	8,000	0	0	0	8,000	0		8,000
7022C0	Wessex Rehab Windows and Cladding	BWG	0	0	11,466	11,466	0	0	0	11,466	0		11,466
7077C0	Wilton Ward Winter Pressures 13/14 (Block 79)	BWG	0	0	33,924	33,924	0	0	0	33,924	0		33,924
3	**Building Projects/Building and Works Totals**	BWG	**1,533,000**	**-54,444**	**2,358,938**	**3,837,494**	**171,599**	**0**	**0**	**4,009,093**	**367,614**	**-8,492**	**3,649,971**
4	**Information Technology**	IT		0									
7968C0	Abdominal Aortic Aneurysm (AAA) Project	IT	0	0	0	0	0	0	0	0	0		0
7962C0	ACS Licences	IT	12,000	0		12,000	0	0	0	12,000	0		12,000
7901C0	AD Upgrade to 2008	IT	0	0	28,827	28,827	0	0	0	28,827	0		28,827
7990C0	Allocate' Roster System	IT	0	0	39,168	39,168	0	0	0	39,168	39,000		168
7995C0	Auditbase link to iPM	IT	0	0	20,000	20,000	0	0	0	20,000	0		20,000
7930C0	Backup Tape Library Replacement	IT	52,000	0	0	52,000	0	0	0	52,000	4,733		47,267
7714C0	Blood Tracking	IT	0	0	17,491	17,491	0	0	0	17,491	0		17,491
7996C0	Blood Tracking Phases 1 - 3	IT	200,000	0	137,177	337,177	0	0	0	337,177	0		337,177
7993C0	BMS Network Upgrade	IT	0	0	31,955	31,955	0	0	0	31,955	0		31,955
7940C0	Brocade Switch Replacement	IT	0	0	7,513	7,513	0	0	0	7,513	0		7,513
7980C0	Clikview Reporting System	IT	80,000	0	0	80,000	0	0	0	80,000	0		80,000
7954C0	Clinical Coding Encoder	IT	0	0	23,692	23,692	0	0	0	23,692	0		23,692
7984C0	Community Midwifery system trial	IT	0	0	35,748	35,748	0	0	0	35,748	0		35,748

Cost Centre	Project Name	Area	Board Approved 2014/15	Schemes B/Fwd to 2013/14	Slippage from 2013/2014	14/15 Board Approved + 13/14 final slippage - 13/14 b/fwd	Adjustments to final Plan	Brought Forward from 2015/16	Slippage to 2015/16	Revised Plan	Spend to 30th June 2014	Under/(Over) spent on Project	Outstanding Spend 2014/15
7915C0	Connectivity Upgrade for Warminster & Shaftesbury	IT	42,000	0	0	42,000	0	0	0	42,000	0		42,000
7904C0	COSD - Cancer Database	IT	24,000	0	0	24,000	0	0	0	24,000	0		24,000
7969C0	Dell Kace Push Software	IT	96,000	-96,000	1,437	1,437	0	0	0	1,437	267		1,170
7909C0	Desktop PC Windows 7 Upgrade	IT	0	0	12,472	12,472	0	0	0	12,472	2,354		10,118
7110C0	Diabetic Retinopathy Screening	IT	0	0	1,621	1,621	0	0	0	1,621	1,165		457
7911C0	EDCR-Changes to improve air flow and balance	IT	0	0	9,500	9,500	0	0	0	9,500	0		9,500
7920C0	Edge Security replacement	IT	0	0	0	0	5,000	0	0	5,000	0		5,000
7997C0	Electronic Letters	IT	0	0	24,160	24,160	0	0	0	24,160	2,778		21,382
7961C0	EPMA (Yr 2 (2014/15) of 7)	IT	82,000	0	70,438	152,438	0	0	0	152,438	9,951		142,487
7925C0	Estates Management Information System	IT	0	0	5,000	5,000	0	0	0	5,000	0		5,000
7926C0	Exchange 2010 Upgrade	IT	0	0	23,301	23,301	-5,000	0	0	18,301	15,207		3,093
7903C0	Genetics High Spec Analysis Equipment & Software	IT	86,000	0	0	86,000	0	0	0	86,000	0		86,000
7929C0	Histopathology Hardware	IT	20,000	0	0	20,000	0	0	0	20,000	141		19,859
7912C0	Inhouse development team - applications, databases and Dashboards (subject to bus case)	IT	78,000	0	14,176	92,176	0	0	0	92,176	25,915		66,261
7927C0	iPad Security	IT	0	0	22,000	22,000	0	0	0	22,000	21,840		160
7913C0	Lab Medicine-Tpath to Nxt Gen	IT	0	0	0	0	0	0	0	0	0		0
7916C0	Maternity PC & Screens Replacement	IT	22,000	-22,000	22,000	22,000	0	0	0	22,000	724		21,276
7914C0	Mobile Computing	IT	50,000	0	26,332	76,332	0	0	0	76,332	13,710		62,623
7972C0	Moorefield's Eye Hospital Software	IT	0	0	27,000	27,000	0	0	0	27,000	0		27,000
7956C0	Network Load Balancers	IT	36,000	0	0	36,000	0	0	0	36,000	13,027		22,973
7928C0	Network Upgrade Consultancy	IT	21,000	0	70,500	91,500	0	0	0	91,500	10,505		80,995
7974C0	Neurophysiology Project	IT	0	0	4,446	4,446	0	0	0	4,446	0		4,446
7960C0	Nexus 5 Expansion	IT	49,000	0	0	49,000	0	0	0	49,000	0		49,000
7934C0	Open Eyes System	IT	68,000	-36,000	8,152	40,152	0	0	0	40,152	0		40,152
7942C0	Order Comms (includes System Admin Bid & Sexual Health Bid)	IT	0	0	22,889	22,889	0	0	0	22,889	14,624		8,265
7943C0	PACS Reprocurement	IT	0	0	78,940	78,940	-2,169	0	0	76,771	0		76,771
7931C0	Palliative Care EPR	IT	0	0	4,437	4,437	35,000	0	0	39,437	0		39,437
7908C0	PAS 2016 Replacement - Consultancy Costs	IT	70,000	0	0	70,000	0	0	0	70,000	30,724		39,276
7902C0	Patient Observations Monitoring and Decision Support/Early Warning System/POET	IT	280,000	-12,617	0	267,383	0	0	0	267,383	10,819		256,564
7552C0	Patient Tracking	IT	0	0	1,253	1,253	0	0	0	1,253	936		317
7905C0	Radiologists 'on-call' Laptops	IT	12,000	0		12,000	2,169	0	0	14,169	0		14,169
7918C0	Radiology - OrderComms	IT	0	0	71,257	71,257	0	0	0	71,257	0		71,257
7923C0	Radiology Replacement PC's	IT	10,000	0	0	10,000	0	0	0	10,000	0		10,000
7906C0	Results System in GP Practices 'Review' System	IT	30,000	0	0	30,000	0	0	0	30,000	5,523		24,477
7985C0	RIS patient self check in	IT	0	0	7,848	7,848	0	0	0	7,848	0		7,848
7970C0	Scanned Health Records	IT	0	0	7,418	7,418	0	0	0	7,418	6,000		1,418
7981C0	SDU Quality System	IT	0	0	0	0	12,600	0	0	12,600	0		12,600
7977C0	SLAM	IT	0	0	805	805	0	0	0	805	407		398
7952C0	Sophos Renewal	IT	36,000	-36,000	0	0	0	0	0	0	0		0
7948C0	Telecomms Voice Over IP - invest to save	IT	0	0	16,397	16,397	0	0	0	16,397	0		16,397
7987C0	Telepath enhancements	IT	0	0	46,365	46,365	0	0	0	46,365	8,000		38,365
7913C0	Telepath to NexGen (Phase 3 of 4 2014/15)	IT	75,000	0	0	75,000	0	0	0	75,000	0		75,000
7950C0	Theatre management system - balance	IT	0	0	1,496	1,496	0	0	0	1,496	0		1,496
7944C0	Upgrade of low spec equipment (680 machines)	IT	0	0	0	0	71,340	0	0	71,340	35,640		35,700
7935C0	UPS Replacement Programme	IT	24,000	0	2,036	26,036	0	0	0	26,036	516		25,519
7922C0	UPSs - Room based for Computer Rooms	IT	0	0	27,000	27,000	0	0	0	27,000	5,850		21,150
7979C0	VMWare Upgrade	IT	20,000	0	0	20,000	0	0	0	20,000	0		20,000
7924C0	Wireless Expansion	IT	0	0	2,710	2,710	0	0	0	2,710	0		2,710
4	**Information Technology Totals**	**IT**	**1,575,000**	**-202,617**	**974,957**	**2,347,340**	**118,940**	**0**	**0**	**2,466,280**	**280,357**	**0**	**2,185,923**
5	**Medical Devices**	**MDC**		0									
7106C0	Anaesthetic Machines	MDC	100,000	0	0	100,000	0	0	0	100,000	0		100,000
7122C0	B-Braun Review of Theatre Instruments	MDC	300,000	0	0	300,000	0	0	0	300,000	0		300,000
7131C0	BED replacement programme - 2nd (2014/15) yr of 4	MDC	150,000	0	43,885	193,885	0	0	0	193,885	141,388		52,496
7105C0	Birthing Beds x8	MDC	60,000	0	0	60,000	0	0	0	60,000	0		60,000
7124C0	Clinical Radiology 2 x Ultrasound	MDC	160,000	0	0	160,000	0	0	0	160,000	0		160,000
7119C0	DSU Operating Theatre Lights	MDC	110,000	0	0	110,000	0	0	0	110,000	0		110,000
7128C0	ED Trolleys x 20	MDC	0	0	0	0	66,347	0	0	66,347	0		66,347
7129C0	Fertility - Time Lapse Imaging (Primo Vision) x 2 Cameras	MDC	0	0	0	0	74,802	0	0	74,802	0		74,802
7145C0	Fluoroscopy Loop System in Room 7	MDC	0	0	1	0	9,750	0	0	9,750	0		9,750
7116C0	Foetal Heart Monitors X 6	MDC	0	0	7,531	7,531	0	0	0	7,531	0		7,531
7104C0	ICSI Rig	MDC	67,000	-67,000	0	0	0	0	0	0	0		0
7118C0	Laparoscopic instrumentation	MDC	0	0	53,902	53,902	0	0	0	53,902	0		53,902
7112C0	Laser Holmium Yag Machine - Urology	MDC	50,000	0	0	50,000	42,085	0	0	92,085	92,085		0
7121C0	Maternity Theatre Equipment	MDC	63,000	0	0	63,000	0	0	0	63,000	0		63,000
7113C0	Medical Equipment < £50k 12/13	MDC	0	0	73,800	73,800	-66,347	0	0	7,453	8,533	-1,081	0
7103C0	Medical Equipment < £50k 13/14	MDC	0	0	115,234	115,234	0	0	0	115,234	4,489		110,745
7101C0	Medical Equipment <£50k 14/15	MDC	350,000	0	0	350,000	0	0	0	350,000	29,297		320,703
7127C0	Orthodontics & Oral Surgery Cone Beam CT Scanner	MDC	110,000	0	0	110,000	0	0	0	110,000	0		110,000
7134C0	Patient monitoring and stations 2nd phase of 2	MDC	52,000	0	3,392	55,392	0	0	0	55,392	46,125		9,267
7135C0	Patient trolleys x 14 + 1 Radiology	MDC	0	0	69,000	69,000	0	0	0	69,000	67,093		1,907
7144C0	Retinal Screening Equipment	MDC	0	0	0	0	38,981	0	0	38,981	0		38,981
7140C0	Revenue Grouped Items 2013/14	MDC	0	0	25,525	25,525	0	0	0	25,525	5,003		20,522
7123C0	Revenue Grouped Items 2014/15	MDC	100,000	0	0	100,000	0	0	0	100,000	11,923		88,077
7136C0	Rigid hysteroscopes x 4 plus stack	MDC	0	0	39,842	39,842	0	0	0	39,842	0		39,842
7125C0	Vascular Unit Ultrasound Machine	MDC	90,000	0	0	90,000	0	0	0	90,000	0		90,000
7111C0	Ventillators Programme - 1st year of 5 (2014/15)	MDC	60,000	0	0	60,000	0	0	0	60,000	0		60,000
7114C0	Zimmer Meshers & Dermatones	MDC	75,000	-75,000	4,382	4,382	0	0	0	4,382	0		4,382
5	**Medical Equipment Totals**	**MDC**	**1,897,000**	**-142,000**	**436,494**	**2,191,493**	**165,618**	**0**	**0**	**2,357,111**	**405,937**	**-1,081**	**1,952,255**
6	**Other**	**OTHER**		0									
7766C0	Car Park Machinery	OTHER	30,000	0	0	30,000	-30,000	0	0	0	0		0
7716C0	Catering Trolley Replacement x20	OTHER	170,000	-170,000	4,652	4,652	0	0	0	4,652	0		4,652
7712C0	Drinking Water Stations	OTHER	0	0	700	700	0	0	0	700	4,511	-1,804	-2,007
7703C0	Efficiency schemes	OTHER	200,000	0	138,370	338,370	-100,400	0	0	237,970	423		237,547
7701C0	Finance systems 2011/2012	OTHER	30,000	0	10,170	40,170	0	0	0	40,170	0		40,170
7709C0	Fire Safety Training Equipment	OTHER	0	0	820	820	0	0	0	820	0		820
7700C0	Forklift Truck Replacement - Procurement	OTHER	0	0	17,500	17,500	0	0	0	17,500	0		17,500
7707C0	LED Lighting	OTHER	0	0	81,675	81,675	0	0	0	81,675	8,781		72,894
7762C0	Microfibre Cleaning	OTHER	44,000	0	0	44,000	0	0	0	44,000	0		44,000
7710C0	Outpatient Kiosks	OTHER	0	0	198,000	198,000	0	0	0	198,000	0		198,000
7790C0	Phhotovoltaic's / Solarthermal PV	OTHER	0	0	49,276	49,276	0	0	0	49,276	14,542		34,733
7760C0	Project costs 2013/14	OTHER	10,000	0	4,715	14,715	0	0	0	14,715	10,539		4,176
7795C0	Telecoms Trunk Lines	OTHER	0	0	0	0	7,000	0	0	7,000	0		7,000
7711C0	TRV's (details to be taken to CapCG Oct mtng)	OTHER	0	0	17,500	17,500	-17,500	0	0	0	0		0
7706C0	Voltage Optimization	OTHER	0	0	94,705	94,705	0	0	0	94,705	88,699		6,007
7718C0	Ward Waste Bins	OTHER	50,000	0	91,839	141,839	0	0	0	141,839	0		141,839
6	**Other Totals**		**534,000**	**-170,000**	**709,921**	**1,073,921**	**-140,900**	**0**	**0**	**933,021**	**127,494**	**-1,804**	**807,330**
	TRUST TOTALS		**7,642,000**	**-574,591**	**5,986,300**	**13,053,708**	**345,257**	**0**	**-710,000**	**12,688,965**	**1,400,328**	**-37,759**	**11,326,396**
7	**Outside of Trust Sourced Funding**												
7708C0	Laundry Equipment	A2	0	0	112,500	112,500	0	0	0	112,500	0	112,500	0
	Outside of Trust Sourced Total		**0**	**0**	**112,500**	**112,500**	**0**	**0**	**0**	**112,500**	**0**	**112,500**	**0**
			7,642,000	-574,591	6,098,800	13,166,208	345,257	0	-710,000	12,801,465	1,400,328	74,741	11,326,396

AGENDA ITEM
SFT 3559

TRUST PERFORMANCE REPORT TO END OF JUNE 2014

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

MAIN ISSUES:

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

MONITOR

1. **A&E – Time in department –** the target of 95% of patients being seen within 4 hours and time to treatment target of 60 minutes was not achieved in June reflecting the sheer volume of patients being treated within the system during this month. In addition to a high number of attendances, in particular at weekends, the inability to discharge patients in a timely way due to very high levels of DTOCs and patients delayed who were medically fit to leave the acute setting, resulted in bottlenecks in the system and the inability to pull patients from ED in a timely way.

   A detailed review of the systems and processes within ED to manage effectively and efficiently the increased demand on the department during peak periods, has been undertaken by the lead nurse in ED and an action plan developed and shared within the department. An action plan to improve the responsiveness across the whole system has also been developed and shared with the Directorate and Patient flow teams to ensure the quarter 2 performance is delivered across all the A&E quality indicators.

PATIENT CHOICE

2. **Diagnostics** – with the exception of 6 patients waiting in excess of 6 weeks for their cystoscopy due to capacity issues within the urology team, all patients were seen within the 6 weeks target. Significant increases in demand for ultrasound and MRI continue to be evident and are managed through additional capacity at weekends and additional staffing to manage the waiting times below 6 weeks. Endoscopy continues to be a challenge for lower GI work where patients are waiting 5-6 weeks but against a backdrop in demand, this position is being maintained through the use of a locum gastroenterologist who is undertaking 8 endoscopy lists per week.

A task and finish group has been established to review the ultrasound provision and the workforce required to deliver this service in the future. Recruitment and retention

of sonographers is crucial to the sustainability of the diagnostic performance in this area for both OP and IP workloads and this will form a main focus of this review which is expected to report its outcome by October 2014.

3. **Cancelled Operations** – due to the high number of emergency admissions during June (medical and trauma), there was an increased number of patient cancellations resulting in poor patient experience. The splitting of elective and trauma orthopaedic lists to minimise this risk in the future is due to start in Month 4 and further work continues as part of the theatre transformation programme to improve the number of people cancelled, irrespective of the time of the cancellation.

PARTNERSHIP WORKING

4. **Delayed transfers of care (DTOC)** – DTOCs were significant during June and compounded our ability to manage patients effectively through the Trust. With the significant number of emergency admissions, the need for effective discharge was essential to minimise the risk/need for medical patients to be managed in areas of escalation and in non-medical wards. Despite daily escalation with the social care teams and senior managers, there was not sufficient flexibility within the system to support rapid transfer of patients into the community to mitigate against the use of escalation.

   Whilst there is a commitment from all providers and commissioners to improve the DTOC position and flow from the hospital, as represented by a number of programmes of work which we are proactively supporting as part of the Better Care Fund work (for example discharge to assess), these require systems changes and take time to embed. In the meantime, constant dialogue and focused management on the delays continues, supported by early escalation at exec level with colleagues in the council, to secure momentum and transparency in the position.

STAFF

5. **Appraisal rates** – the overall Trust position at the end of June improved slightly to 73.6%. High level analysis of the data suggests the impact of the new electronic appraisal system (SpIda) is having an impact on the figures, with delays in second sign off of managers and not all staff having transferred across to the system. This is being actively pursued by the HR advisors and additional training is being delivered to support appraisers in the process.

6. **Statutory Mandatory Training** – movement on performance in this area has been slower than expected. Reviews at performance meetings have highlighted a contributory factor is the reliability of the data for some of the modules reporting within this area. Further work is being undertaken during July/August to understand the reporting issues in conjunction with assurance from Directorates from manual records of the performance in some areas.

VALUE AND EFFECTIVENESS

7. **Non-elective Surgical Length of Stay –** whilst the majority of specialties are reporting lengths of stay in the upper quartile performance, the specialties of ENT, general surgery, plastics, and trauma and orthopaedics performed at the average position (although an improved performance) in June 2014. Detailed analysis is being undertaken at specialty level but early indications show that individual patients who are staying longer than anticipated due to medical reasons is skewing the overall performance. Further work will be taken to ensure sustained improvement as part of the patient flow transformation programme.

8. **Knee replacements discharged within 5 days** – a detailed audit of the patient pathway is planned for quarter 1 to understand the main drivers of non-compliance against this indicator. Initial reviews have indicated acuity and clinical reasons for patients exceeding this expected discharge date (for example acute kidney injury). The impact of enhanced recovery is being reviewed as part of the patient flow work programme and will address any themes which emerge which can enhance this pathway.

9. Coding - The coding rate has now stabilised and is beginning to rise again. This has been achieved with the use of agency coding staff to compensate for staff on long term sickness and maternity leave. New staff have been taken on to reduce reliance on agency staff and these are currently being trained. The new appointments and the staff returning to work will see the agency staff phased out over the next 2-3 months.

ACTION REQUIRED BY THE BOARD:

To note the Trust's performance.

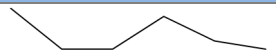
ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:
Board Performance Report, June 2014

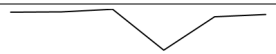
AUTHOR: KATE HANNAM
TITLE: CHIEF OPERATING OFFICER

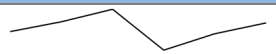
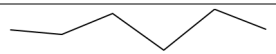
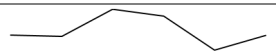
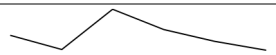
Trust Board Performance Report - June 2014

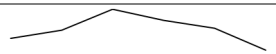
Salisbury NHS
NHS Foundation Trust

Monitor Assurance

Metric Name	Indicative Monthly Volume	Target Source	Ceiling	Jun-14	YTD	Benchmark	Trend
Infection control – Clostridium difficile	5,800 discharges	Contract	18 cases (deminimis volume 12)	1	8		
Infection control - MRSA	5,800 discharges	Contract	0 cases (deminimis volume 6) ***	0	0		

Metric Name	Indicative Monthly Volume	Target Source	Target	Jun-14	Quarter 1 to date	Benchmark	Trend
Patients treated within 18 weeks requiring admission	1,000 patients	Contract	90% treated within 18 weeks	92.9%	92.2%	92%	
Patients treated within 18 weeks not requiring admission	3,500 patients	Contract	95% treated within 18 weeks	97.8%	97.3%	97%	
Proportion of patients waiting less that 18 weeks for first treatment	10,300 patients	Contract	92% still waiting within 18 weeks	96.6%	N/A	95%	
Zero tolerance RTT waits > 52 weeks		Contract	Zero	0	0		

Metric Name	Indicative Monthly Volume	Target Source	Target	Jun-14	YTD	Benchmark	Trend
All Cancer two week waits	450 patients	Contract	93% patients within 2 weeks	95.9%	94.9%	95.4%	
Symptomatic Breast Cancer - two week waits	85 patients	Contract	93% patients within 2 weeks	93.5%	93.1%		
31 day wait standard	110 patients	Contract	96% patients within 31 days	97.1%	97.3%	97.9%	
31 day subsequent treatment : Surgery	20 patients	Contract	94% patients within 31 days	100.0%	100.0%		
31 day subsequent treatment : Drug	20 patients	Contract	98% patients within 31 days	100.0%	100.0%		
62 day wait standard	50 patients	Contract	85% patients within 62 days	85.4%	88.2%	87.0%	
62 day screening patients	4 patients	Contract	90% patients within 62 days	100.0%	100.0%		
62 day patients waiting first definitive treatment after Consultant upgrade	3 patients	Contract	85% patients within 62 days	100% (Apr-14)*	100% (Apr-14)*		

A&E - Time in A&E department	3,600 patients	Contract	95% patients leave within 4 hours of arrival	94.7%	95.5%	94%	

Quarterly Governance risk rate	Green: No evident concerns

Patient Choice

Metric Name	Indicative Monthly Volume	Target source	Target	Jun-14	YTD	Benchmark	Trend
Patients waiting less than 4 weeks for diagnostics	1,800 patients	Trust	98% of Diagnostic Waiting List <= 4 weeks	88.1%	89.4%	81%	
Patients waiting less than 6 weeks for diagnostics	1,800 patients	Contract	100% of Diagnostic Waiting list < 6 weeks	99.8%	99.9%	99%	
Friends and Family - % patients with feedback	1,400 discharges	Contract	15% patients offer feedback by end of Q1, 20% or more by end of Q4	44.5%	47.4%	N/A	
Friends and Family - % likely to recommend Hospital	1,400 discharges			95.7%	96.2%	N/A	
A&E Clinical Target 1 - Effectiveness of Care - unplanned reattendance rate	3,600 patients	Contract	<5% ED attendances to have unplanned return	2.6%	2.4%	7.2%	
A&E Clinical Target 2 - Left without being seen	3,600 patients	Contract	<5% patients to leave ED without being seen by clinician	1.8%	1.5%	2.7%	
A&E Clinical Target 3 - 95th Percentile time in A&E	3,600 patients	Contract	95th percentile ED wait to be less than 4 hours	04:17	04:05	04:11	
A&E Clinical Target 4 - Time to initial assessment	3,600 patients	Contract	95th percentile ED time to initial assessment < 15 minutes	00:09	00:09	benchmark data not fit for purpose	
A&E Clinical Target 5 - Time to treatment	3,600 patients	Contract	Median time to treatment in ED < 60 minutes	63	59	benchmark data not fit for purpose	
Ambulance Handover Breaches	970 arrivals by ambulance	Contract	Patients waiting > 20 minutes for Ambulance Handover	1	8		
Trolley Waits in A&E		Contract	Patients waiting > 12 hours on a trolley	0	0		
GUM % Offered appt within 48 hours	340 patients	Contract	100% patients offered appt within 48 hours initial referral	100%	100%	100%	
GUM % Accepted appt within 48 hours	340 patients	Contract	80% patients seen within 48 hours initial referral	84.9%	86.5%	89%	
Cancelled operations on the day of surgery	2,100 elective admissions (incl. daycase)	Trust	< 0.7% elective patients cancelled	1.1%	0.6%	0.77%	
Cancelled operations rebooked within 28 days	20 cancellations per month	Contract	100% patients rebooked within 28 days of cancelled surgery	100.0%	100.0%	96%	

Metric Name	Indicative Monthly Volume	Target source	Target	Mar-14	2013-14	Benchmark	Trend
Market Share: NHS Wiltshire - Elective		Strategy		30.9%	29.1%		
Market Share: NHS Wiltshire - Non-Elective		Strategy		35.1%	35.3%		
Market Share: Core Practices - Elective **		Strategy	Increase market share from 52% to 55% over 5 years	53.2%	52.0%		
Market Share: Core Practices - Non-Elective **		Strategy		63.3%	64.5%		

Partnership working

Metric Name	Indicative Monthly Volume	Target source	Target	Jun-14	YTD	Benchmark	Trend
Delayed Transfers of Care - NHS				11	N/A		
Delayed Transfers of Care - Social Services			4 DTOCs based on 3 Wilts SS delays and ~1 other	16	N/A		
Outpatient Follow Up rates	15,000 attendances	Contract	Aspire for Follow up -New Rate <=1:1.6	1.67	1.65		

Staff

Metric Name	Indicative Monthly Volume	Target source	Target	Jun-14	YTD	Benchmark	Trend
Staff absence rate		Strategy	2.87% absence rate	2.19%	2.68%		
Staff turnover	2731 FTE	Strategy	12% over 12 months as a cumulative figure	N/A	2.64%		
Appraisal rates		Strategy	90% of Appraisals completed (rolling 12 months compliance rate)	73.6%	N/A		
Statutory and Mandatory Training levels		Strategy	100% of Training completed (rolling 12 month compliance rate)	63.2%	N/A		
Registered Nurses Vacancy Factor		Strategy	10%	6.3%	5.2%		
Nursing Support Vacancy Factor		Strategy	10%	10.5%	10.5%		
Trustwide Vacancy Factor		Strategy	10%	7.1%	6.6%		
Bank Spend		Strategy	To be determined	£508,984	£1,425,284		
Agency Spend		Strategy	To be determined	£534,302	£1,544,036		

Value and Effectiveness

Metric Name	Indicative Monthly Volume	Target source	Target	Jun-14	YTD	Benchmark	Trend
Elective Medical Length of Stay	40 Medical G&A overnight stays	Trust	3.48 days	3.4	3.6	Benchmark data not fit for purpose	
Non-Elective Medical Length of Stay	900 Medical G&A overnight stays	Trust	7.78 days	6.4	7.2	15.7	
Elective Surgical Length of Stay	480 Surgical G&A overnight stays	Trust	2.19 days	2.5	2.7	3.5	
Non-Elective Surgical Length of Stay	750 Surgical G&A overnight stays	Trust	3.15 days	3.5	3.6	3.0	
Hip replacements discharged within 5 days	25 patients	Trust	60% patients discharged within 5 days	60.9%	72.1%		
Knee replacements discharged within 5 days	24 patients	Trust	60% patients discharged within 5 days	55.6%	59.5%		
Coding - % coded within 1 week of discharge	5,800 discharges	Trust		30.1%	24.2%		
Coding - % coded within 5 days of month end	5,800 discharges	Trust		56.2%	47.9%		
NHS no. coverage	230,000 patients	Contract	95% of patients with activity in last 3 years to have validated NHS no.	98.0%	97.9%		
1st Outpatient DNA rate	5,500 appointments	Contract	No more than 7.5% patients to not attend 1st outpatient appointment	5.7%	5.8%	7.8%	
Elective Theatre Utilisation - Main Theatres	530 cases	Trust	Data recently obtained from new theatre system, no target set at this point	94.2%	96.0%		
Elective Theatre Utilisation - Day Surgery	860 cases	Trust	Data recently obtained from new theatre system, no target set at this point	80.5%	81.3%		
Non-elective Theatre Utilisation - Main Theatres	370 cases	Trust	Data recently obtained from new theatre system, no target set at this point	44.9%	41.9%		
Daycase Rates for selected procedures	350 patients	Trust	80% of selected elective surgical cases to be treated as daycase	84.0%	82.7%	78.7%	
Continuity of Service Risk Rating (CoSRR)	4. No compliance issues						

Cells with black dotted outlines indicate provisional data

*Please note: The Trust achieved 100% in 62 day patients waiting first definitive treatment after Consultant upgrade, since December 2013

**Please note: This is a DQ warning, figures obtained from Dr Foster for Market Share may be inaccurate due to lack of data from other Trusts

***Please note: MRSA is no longer monitored by Monitor

PAPER: SFT 3560

GOVERNOR ATTENDANCE AT PART II BOARD MEETINGS

PURPOSE: To approve a protocol governing the attendance of a governor-observer at Part II board meetings and Clinical Governance Committee meetings.

MAIN ISSUES:

The board aims to transact as much of the business of the Trust in Part I of its meetings as possible. It normally uses Part II sessions where there are reports and discussions that could identify an individual patient or employee or where there is commercial sensitivity.

In order to provide greater transparency around the effectiveness of the board (and especially of the role of the non-executive directors) the attached protocols have been drafted that will, if agreed, enable a governor selected by the Lead Governor to observe Part II board sessions. A similar protocol has been agreed by the Clinical Governance Committee.

The protocols are based on existing confidentially requirements and enables the governor to report to the Council's Performance Committee on the effectiveness matters referred to above.

It is proposed that this takes effect from the 25 September Clinical Governance Committee and 6 October meeting of the Trust Board.

ACTION REQUIRED BY THE BOARD:

To approve the attached protocols.

ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:

None

AUTHOR: David Seabrooke

TITLE: Head of Corporate Governance

Governors attending Part II Board meetings

Introduction

To support the Council of Governors role in holding the Board to account, the Board will invite one governor to attend as an observer of Part II meetings of the Trust Board.

The governors attending the Trust Board Part II meetings will be invited to report to the Performance Committee on the effectiveness and overall working of the Board, especially in relation to the contribution of the non-executive directors. The reports should be focused on how the non-executives perform in challenging and developing proposals and the experience and insight they bring.

Definitions

The governor attending these meetings will be selected by the Lead Governor and agreed in advance with the Chair of the meeting. The invitation is to all of the scheduled part II Trust Board meetings, of which there are currently seven scheduled each year.

The attending governor will have the status of observer - able to attend the meeting, but with no right to speak.

Procedure

Agenda papers will be available at the meeting and must be returned to the minute-taker at the end of the meeting.

Information that identifies individual patients or employees may still be withheld for reasons of confidentiality. The Board may also ask the governor to withdraw in exceptional circumstances.

Part II board minutes are, when approved by a subsequent meeting, issued to all the governors. The governor may discuss, within the parameters of what is contained in the minutes, the content of the business conducted, only once the minutes are published; this is in accordance with paragraph 14 of the Council of Governors Standing Orders.

Any concerns about the overall working of the meeting attended should be discussed with the Chair of the Trust or the Senior Independent Director.

Guidance as to confidentiality

The governor attending is reminded of paragraph 14 of the Council of Governors standing orders setting out rules on confidentiality and also the governors' Code of Conduct set out in the Constitution. (Paragraph 7 of the Code of Conduct is especially relevant.)

Paragraph 14.2 of the Board of Directors standing orders, dealing with attendance at part II board meetings, is also engaged.

Review

This arrangement commences from September 2014. Its effectiveness will be reviewed by the board from time to time and the board reserves its right to discontinue or vary the arrangement if deemed necessary.

For the avoidance of doubt, no other committees of the board are affected by this arrangement.

REMUNERATION COMMITTEE

Annual Report 2013-14

INTRODUCTION

This is the eighteenth annual report on the work of the Remuneration Committee and covers the period 1 July 2013 to 31 July 2014. During this time the Committee met on three occasions and a summary of the business discussed and agreed is set out below.

9 December 2013 Meeting

- The Committee heard the outcome of the mid-year reviews held with each of the Executive Directors.
- The committee agreed a means to review incremental progression for directors new in post

7 April 2014 Meeting

- The committee reviewed a national benchmark of executive pay and concluded that levels were in line with other similar employers
- The committee reviewed an updated framework for directors' objectives
- Having regard to the national pay award, the committee agreed how this should be reflected for directors

7 July Meeting

- The committee received an update on 2014/15 objectives for the executives
- The terms of reference for the committee were reviewed

MINUTES OF THE CLINICAL GOVERNANCE COMMITTEE
held at 10am-12pm, Thursday 26th June 2014
in the Boardroom, Salisbury District Hospital

Present:

Lydia Brown (Chair)	Sarah Mullally	Nigel Atkinson
Steve Long	Christine Blanshard	Fiona Hyett
Peter Hill	Claire Gorzanski	Mark Stabb
Kate Hannam	Sally Tomlin	

In attendance:	Item
Helena Eagles (Minute-taker)	
Ian Robinson, Peter Wells, Lynda Viney & Maggie Cherry	CGC0603
Rodney Haverson	CGC0604
Dr Stephen Jukes & Paula Dawson	CGC0606

Apologies:

Fenella Hill.

Lydia Brown welcomed everyone to the Committee and confirmed the meeting was quorate.

CGC0601 MINUTES OF THE MEETING HELD ON 22nd MAY 2014

PH noted that David Seabrooke should be listed under as in attendance for the May meeting rather than present. Post meeting note – HE has amended this item.

Following this amendment the Committee approved the minutes as an accurate record of the meeting.

CGC0602 MATTERS ARISING/ACTION TRACKER

March 2014 CGC0314 Raising Concerns Policy Update

SFT have been running an intranet survey for staff regarding raising concerns; this ends on 30th June. So far there have been over 140 responses.

Preliminary results show that 3 out of 4 staff are aware of the Whistleblowing Policy and say that their first port of call would be their line manager. Some of those who have raised concerns felt victimised afterwards and this may cause them to be reluctant and there may be some work to do to raise staff confidence on reporting.

Action: CGz will be submitting a full report for the July meeting. **CGz**

May 2014 Frimley Park Visit – Hot Topics

Maternity will present in July as the first of a new style core services presentation. Complete.

May 2014 Spinal Unit Leadership

HE has added this topic to every other CGC meeting on the reporting schedule. Complete.

May 2014 Quality Indicator Report

See item CGC0607 for update on ribotyping of C.difficile.

STRATEGY

CGC0603 Directorate Report – Facilities

LB began by thanking PW for all his years of service at the hospital, PW retires tomorrow.

LV highlighted the Facilities Mixed Audits which use a checklist covering 3 sections - General, Health and Safety and Staff. As a result of learning from a serious incident the portable appliance testing was reviewed. The team discuss all actions and agree timescales and completion dates. The audit process helps the Directorate with continuous improvement and compliance. Items such as first aid kits and fire checklists were also learning points identified through these audits.

PW discussed the Quality Assurance System in SDU and explained that SDU is constantly learning and developing its processes.

- The SDU Quality Assurance System is based on BS EN ISO 13485:2012, Medical Device Directive 93/42/EEC and ISO 9001:2008.

These European Directives are monitored and audited by:-

- A Notified Body, (SDU uses SGS) accountable to the Medicines and Healthcare products Regulatory Agency, (MHRA), undertakes audits twice a year. Corrective Actions, if found, are issued from these audits and they have to be closed off within a set time frame as they are re-audited.
- Joint Advisory Group on GI Endoscopy (JAG). The SDU decontamination process for flexible endoscopes is audited once every three years by JAG representatives as part of the Trust yearly Endoscope Review process.

The loop of quality audit work in SDU is constantly ongoing.

One of the biggest developments in SDU is the new Quality Audit System

starting this summer which will reduce paperwork and staff time. This is an external system and SFT is the South West Hub for BMI. A number of other Trusts will also be using this system.

CB raised the matter of KPIs and concerns that when new contracts were taken on they would adversely affect our own theatres. There have been concerns about trays and equipment.

PW reported that the SDU at SFT is not using KPIs internally. There are 2 new washers coming soon and capital bids out for new washing machines.

CB – SFT needs to buy more instruments.

Changes to SDU staff working hours were discussed. IR stated that the unit needs to ensure that the right balance of staff are on shift to meet demand and this may result in some changes. A staff consultation is happening at the moment.

PH asked for assurance following PW's retirement. IR gave full credit to PW and his team and explained there has been good training for key members of staff prior to PW's retirement. The post has been out to advert; shortlisting takes place tomorrow and there have been 11 good quality applicants. The team is much stronger than it was 5 years ago.

NA asked LV about the variation in scores from audit results and LV responded that this is due to the staff replies about the communication structure in the Directorate. 4 staff are asked each time and results very much depend on which staff members are asked. Facilities accept that they need to do some work around communication. Actions are also in place with regard to MLE compliance.

IR – communication is included as an HR objective in the Staff Survey Action Plan.

The Committee thanked the team and was pleased to see the level of content on assurance in the presentation.

CGC0604 Patient Story – Rodney Haverson

RH retired on health grounds in 1992 after working for the Home Office in London. RH suffers from a neuromuscular disease and the specialist clinic RH attends is in Southampton but RH said he preferred SFT to Southampton.

RH reported that he is very happy to be a patient at SFT and has been coming here for over 20 years. RH is a member of the Patient Food Forum (PFF) and PLACE teams and enjoys his involvement with SFT. Both PFF and PLACE are run by Facilities and it is a great compliment to the Directorate that they run so smoothly.

The Patient Food Forum meets quarterly and the admin is very good. RH is also a member of the Tidworth Community Area Health & Social Care Group and he

regularly receives good comments about SFT. Springs Restaurant was praised for being a friendly venue which patients and visitors can use.

LB thanked RH for his insights and said how good it was to receive a patient perspective on Facilities as this Directorate can go 'under the radar' at times.

The Committee agreed that they are always pleased to receive learning and experience and noted the content of the story.

ASSURING A QUALITY PATIENT EXPERIENCE

CGC0605 Annual Food & Nutrition Report (deferred until July)

ASSURING CLINICAL EFFECTIVENESS

CGC0606 Annual Organ Donation Report

In 2006 the Organ Donation Taskforce was created to discover ways of improving organ donation rates. In 2008 they published, '*Organs for Transplants*' with some 14 recommendations and an ultimate aim of increasing organ donations by 50% over the following 5 years. In April 2013 this ambitious target was achieved and for the first time there was a decreasing trend for the number waiting on the organ transplant list.

However most of the increase achieved was through donation of organs after circulatory death (DCD) as opposed to donation after brain death (DBD) or donation from a living donor. DCD is somewhat of a paradigm shift for many to become engaged with, but at Salisbury those involved are embracing it and it is steadily becoming 'normal' practice to enquire if a person who is likely to die is a potential candidate for organ donation. Prior to May 2010 there had never been a DCD performed in this hospital.

SJ recently took over as Clinical Lead for Organ Donation and PD has been in post as Senior Nurse Organ Donation for approximately 3 years.

Though SFT has small numbers there is a real improvement in heart beating donations from the previous year, Southampton have a higher number of possible donations. Tissue donations could be improved. The report is a good marker of where we stand today.

PD's main role is to give families a chance to consent to organ donation and each family who fit the criteria should be offered information and support for their family member becoming a donor. PD also supports these families with end of life care as well as families who do not feel able to agree to organ donation

PH has raised staff awareness regarding the timeliness of the conversation around organ donation with a family.

SJ reported good awareness in intensive care. More work can be done to change the mindset of who could become a donor candidate.

Engagement is evident but there is work to be done on staff confidence to deal with this sensitive matter as this can cause delay in the process.

PD has received letters from families thanking the unit for their support.

SJ attends collaborative meetings which are very useful for sharing learning. SFT are not very different to other Trusts and are just as proactive. We are very fortunate to have PD in post and on site although she does support the whole region.

The Committee noted the report and agreed that they were assured on the processes around organ donation in our hospital.

CGC0607 Quality Indicator Report

- 2 cases of C Difficile.
- 2 MSSA bacteraemias. Data presented by month rather than running total.
- 1 new serious incident inquiry.
- A decline in the crude mortality rate. HSMR is 104 in February 14 and is as expected. Anticipate up to an 11 point rise in September/October 14 when figures are rebased.
- A slight increase in grade 2 pressure ulcers. No clusters identified.
- Safety Thermometer – 90% 'harm free care'. An increase in new hospital acquired pressure ulcers.
- No falls resulting in fractures. Data presentation redesigned for ease of understanding.
- Improvement in fractured hip patients being operated on within 36hrs, but patient numbers very low. A new quarterly measure of compliance with the best practice tariff (71% in Q4 13/14).
- Patients arriving on the stroke unit within 4 hours declined to 80% due to ED and stroke unit capacity. Patients spending 90% of their time on the stroke unit dipped to 92% as two patients were moved off the stroke unit for bed capacity reasons. An improvement in TIA referrals within 24 hours - an in-depth analysis has been completed and an action plan is in place.
- Escalation bed capacity decreased and ward moves remain low. No non-clinical same sex accommodation breaches.

- Real time feedback showed patients felt they were treated with care and compassion and rated the quality of care as good. The Friends and Family test response rates improved in inpatients and ED but dipped slightly in the Maternity Services. Positive comments included staff attitude, help, support and cleanliness. In the Maternity Services a few women said that at times of high activity on the postnatal ward they did not have sufficient support with breast feeding. Maternity care assistants have received additional training to provide women with more help during this time.

The report following Wiltshire CCG's critical friend visit was received this week. It is a helpful report consisting of 4 headings with useful learning points.

FH reported that she has been working closely with Fiona McCarthy with regards to ribotyping of C.difficile. **FHy**

Action: FHy will bring an action plan to the meeting next month which will discuss ribotyping and results.

The Committee noted the report.

CGC0608 Dr Foster's Care Quality Tracker (CQC Intelligent Monitoring Report)

- The overall risk score has declined from 3 in March to 2 in April 2014.
- There is one elevated risk the same as in March 14.
    - HSMR is higher than expected. Although HSMR has returned to as expected between November 2013 and February 2014 the elevated risk status will remain until the CQC publish their risk score beyond October 2013. There is on-going work to reduce HSMR (104 to February 14).
- There are no indicators 'at risk'.
- SFT continues with a risk banding of 6 which puts us in the lowest risk cohort.

CB reported that certain indicators on this tool are refreshed on an annual basis but others are updated more frequently. SFT stands in Risk Band 6 and this is the lowest possible band.

The Committee discussed the NHS Choices website that the results will be published on.

PH – the PLACE audit results will go on as an indicator.

FHy – SFT will be marked as Red for Infection Control and cleanliness but we

had expected to be Blue. FHy will be investigating this with the Information Centre. Though this will show as Red on NHS Choices SFT could put some further information on our own website that explains what has driven the red flag.

SFT was also in the bottom quartile for PLACE results but the Committee discussed whether SFT were interpreting the scoring criteria in the same way as other organisations. The indicators are that we should improve this year.

There is a huge amount of subjectivity about the scoring questions and a lot has been learned over the past year. This year the PLACE audit felt like a much more positive experience.

SL asked whether anyone was auditing the process as the NEDs had concerns that the PEAT results were high but the PLACE results were low. SFT's reputation will not be helped by a poor score. **FHy**

Action: FHy will ask Ian Robinson who audits the PLACE process.

The Committee noted the report.

CGC0609 Annual Clinical Governance Report

- The report is structured around the Quality Governance Framework and the work needed to ensure compliance with the NHS Outcomes Framework in 14/15.

- The Quality Account is the key driver for improvement and overall the Trust has made good progress in improving the quality of care in 13/14. Nevertheless, there are still improvements to be made which are reflected in the quality priorities for 14/15.

- A number of notable highlights are presented along with areas for improvement in order to support clinicians and DMTs to sustain and improve quality further.

- Sharing best practice is crucial to supporting quality improvement and examples are provided from the Clinical Governance half days, newsletters and striving for excellence awards.

CB – the report includes a reminder about the quality strategy but attention was drawn to safety (reduction in falls, VTE events, no never events and reduction in grade 2 pressure ulcers). In terms of clinical effectiveness we do extremely well compared to the region peers. We also have a high participation in national audits and are now much better at reporting results and action plans to the Clinical Management Board. The focus of the Audit Dept this year has been re-auditing action plans.

Patient Experience – SFT has invested £800K in nursing. We have excellent results on the staff survey and did well in the national maternity survey. Friends & Family continues to note overwhelmingly positive comments. The CQUIN targets were delivered in full and they were worth £3.7 million.

SFT has a good record of learning from incidents and sharing learning to improve.

The Committee noted the report.

CGC0610 Annual Clinical Audit Report

Clinical audit is a requirement of CQC outcome 16 'Assessing and monitoring the quality of service provision'.

This annual report provides assurance to the CGC and Trust board that clinical audits at SFT are:

- Prioritised to focus on key areas
- Professionally undertaken and completed
- Produce results that are shared and acted upon
- Followed by improvements that are made and sustained

and that they meet the statutory and mandatory requirements imposed on healthcare providers who work in the NHS in England.

CGz – all recommendations of the internal audit in 2013 were implemented and we had a very high participant rate in national audits, where we mostly do very well. SFT has good engagement from clinicians.

SFT has completed more re-audits this year on previous local audits to confirm we are improving processes and services. There has been a huge effort to ensure that action plans are completed.

In terms of closing outstanding guidance we only have 34 left now compared to 65 the year before. We have good evidence to support compliance. If we do not have enough evidence to support compliance we have closed with a risk assessment and review at a later date.

SM felt that good progress had been made since last year.

The Committee noted the content of the report.

CGC0611 NICE Report

A total of 139 sets of guidance were published between 1 April 2013 and 31 March 2014.

SFT is compliant with 35, working towards compliance for 38 and awaiting feedback from clinicians for 7. The remaining 59 are non-applicable to this Trust.

A total of 34 sets of guidance published prior to April 2013 still have some outstanding actions. This is a significant reduction of 31 since last year's report and work is continuing to reduce the number still further. There are no areas of concern.

CB – we receive a very high volume of NICE guidance and compliance is challenging. Clinicians on the whole are very good about looking at guidance for their area and confirming compliance. There is a work plan in place for this year to work on outstanding compliance.

CGz – a couple of sets of guidance have high level risks attached – we are now much better at doing the relevant risk assessments.

SM raised a question over guidance TA 161, Nov 2008. CB explained that this related to having a Fracture Liaison Service but this is not commissioned at SFT by the CCG. CB is working with the CCG and Public Health over funding.

SM suggested rewording the re-audit column to explain this better.

ST questioned whether this guidance may have been superceded.

SL raised a question over guidance 118. CGz explained that 118 has already been through the Clinical Risk Group.

The Committee noted the content of the report.

CGC0612 LSA Report & Action Plan (deferred until July)

ASSURING SAFETY

CGC0613 Annual Report for Professional Registration

All registered staff are checked at appropriate intervals to ensure their registration is maintained and current. If registration should lapse they are not able to work in a registered capacity and may be dismissed. All medical and dental staff registrations are also checked to ensure they are registered and licenced and the Trust is working to implement all the requirements of revalidation. All new recruits who require professional registration have their registration status checked via the regulators web site, GMC, HPC and NMC by the HR administrative team.

CB – the report is submitted for information.

A bogus doctor had been employed in ED at another Trust in the area and this has highlighted the need to check registration. SFT has a full process in place so that this type of incident cannot happen here.

KH asked about compliance for supervision of midwives and SM replied

that SFT has a regular meeting for this and we do very well.

The Committee noted the report.

CGC0614 Dr Foster Report & Mortality Reviews

Mortality:

- SHMI is 108 to September 2013 and is higher than expected. HSMR has declined to 104 in February 14 and is as expected. It is anticipated that HSMR may rise up to 11 points in September/October 2014 when the figures are rebased.

  Key actions:
  - Implementation of the Sepsis Six campaign
  - Reducing missed doses of medication.
  - Reducing patient moves and handoffs and improving early senior review of acutely ill patients 7 days a week.
  - Weekly mortality reviews with dissemination of learning points.

Quality investigator mortality dashboard:

- Cancer of the liver and intrahepatic bile duct is significantly higher than expected. These deaths will be reviewed by the mortality working group.

- COPD and bronchiectasis – up to June 2013 had a relative risk of 152 which was significantly higher than expected. The risk has now reduced to 137. 27 of these deaths have been reviewed by a Consultant Physician and Consultant Anaesthetist. None of the deaths were considered to be avoidable. Learning points will be in the final report.

- Blood transfusion is significantly higher than expected. These deaths have been reviewed by the mortality working group. There were 4 patients against an expected of 0.8. Three of the patients were miscoded and these have been corrected. One patient was admitted to the Nunton Unit for a blood transfusion and was critically ill on arrival and admitted straight to ITU. The patient subsequently died but this was not related to the blood transfusion.

Mortality data for English acute Trusts:

- Dr Foster has started to publish different measures of mortality on a quarterly basis rather than just in the annual report. The measures are HSMR, HSMR on weekdays, HSMR at weekends and deaths in low risk groups. The most recent data is for the period October 2012 – September 2013 but 'remodelled' data is available up to February 2014. The mortality steering group is working to understand the 'remodelled' data and more detail will be presented at the Trust Board seminar on 7 July 2014.

CQC Care Quality Tracker:

- Composite indicator for endocrinology conditions – showed the Trust as 'at risk' between April 2012 and September 2013. The indicator is an aggregate measure of diabetes with and without complications and fluid and electrolyte disorders. In this group there were 17 deaths compared to 10 expected. 15 of the deaths were reviewed and none were considered avoidable. It was noted that in 14 cases a high risk of dying had been discussed with the patient and family during their admission. 7 of the patients did not have an endocrine diagnosis but had fluid overload from congestive heart failure or volume depletion from sepsis. There were 2 learning points.

Board session on HSMR/SHMI:

- The Dr Foster's team will be presenting to the Trust Board on 7 July. The hour and a half session will cover:

  - Dr Foster's tools and services, a short background to the company and the work they do

  The value of case-mix adjusted information:

  - How we can compare organisations
  - Why crude rates are not sufficient
  - Why they use SMR's and how they are calculated
  - Differences between indicators such as HSMR & SHMI

CGz – the Mortality Working Group continues to be active. CGz reminded the Committee that red flags are investigated.

HSMR could rise in autumn when the figures are rebased.

The recent monthly reviews for cancer of the liver are not yet complete.

The Committee noted the report.

CGC0615 Risk Report Card Q4

- 929 incidents reported over the quarter
- 1 incident categorised as catastrophic
- 5 incidents categorised as major
- 2 major incidents due to fractures within the quarter – FHy reported that the CCG are now happy to use our reporting template
- 0 Never Events reported within the quarter
- 1 new Clinical Review commissioned within the quarter
- No new Non-clinical Reviews commissioned within the quarter
- 7 new Serious Incident Inquiries commissioned within the quarter
- 3 new Local Reviews commissioned within the quarter

FHy – over the year we have seen an increase in the number of reported incidents.

NA and FHy discussed pressure ulcers; SFT has had a really good impact on reducing grade 2 numbers. There is ongoing work with regarding to communicating with community care.

SL and FHy discussed any themes of incidents involving violence and aggression. KH responded that the expectation is for the Violence & Aggression Sub Group to review this.

The Committee noted the report.

CGC0616 – Paper number omitted on error on the agenda.

CGC0617 Never Events 13/14 NHS England Interim report (deferred until July)

CGC0618 Medication Safety Report (deferred until July)

PAPERS FOR NOTING

The Committee noted the following:-

CGC0619 Clinical Risk Group, Apr 2014
CGC0620 Clinical Management Board, May 2014
CGC0621 Information Governance Group, Dec 2013
CGC0622 Integrated Safeguarding Committee, May 2014

CGC00623 ANY OTHER URGENT BUSINESS

Maternity – Core Service Report in July 2014

In light of the CQC inspection regime Maternity will be the first service to report under the new Core Service presentation. Positives and negatives of the service will be addressed. CGz and LB have drafted guidance for Maternity and CGz is meeting with Maternity tomorrow with regard to the content of their report.

SM & ST confirmed that the CGC must have assurance on how SFT will cope with an increase in birth rate due to army expansion.

Jimmy Savile Inquiry

FHy – the report was published at 10am today. SFT's reports showed we had no significant concerns from his attendance on site.

CGC – 25th September 2014

Nick Marsden will be chairing the meeting and the meeting should be quorate.

Attendance of Governor at CGC

The Committee discussed the membership of the CGC and plans to have a governor at the meeting. It is felt that if a governor was present it would provide them with reassurance as to the work and purpose of the CGC. This was announced at the Council of Governors and was well received. The proposal is

that a governor attends as an observer and they would receive papers. No time was set for when this would happen and the suggestion is that the lead governor or a named deputy would attend. There will be a governor in the part 2 meeting of the Board.

The Committee discussed their various concerns and it was agreed that the role of the governor needed to be very clear.

MS stated that governors were present at this meeting in other Trusts.

FHy – we also need to consider how we support the governor and how they take information back to their group.

SL suggested that the lead governor could feed back to LB who could then feed back to CGC. This was agreed as a sensible proposition.

NA felt it was important to ensure that the governor does not duplicate the work of a non-exec.

CB had not recalled that it was agreed for a governor to attend, only that a junior doctor and nurse were to be on the membership.

SM felt that strong parameters needed to be set first and all agreed that the governor would have to sign up to a code of conduct, terms of reference etc.

LB suggested that the CGC work on the terms and agree them. LB would then take these terms of reference to the Lead governor (and Chairman). Once they were agreed by all parties the lead governor would nominate a governor to fulfil the role.

Action: Attendance of a governor - terms to be agreed at next CGC.

NEXT MEETING **LB/ALL**

Thursday 24th July, 10am-12pm, Boardroom.

	Recommendations	Actions & steps	Person(s)/Lead Responsible	When by & progress update/completion
Policies and Procedures:				
1.	Review the current *C.difficile* infection (CDI) policy and procedures (including Diarrhoeal Algorithm), to include the prevention, early suspicion and detection of the disease.	The policy should include the following: • Initial management of suspected potentially infectious diarrhoea using the 'SIGHT' mnemonic protocol *(as per recommendation within the current national guidelines on Clostridium difficile infection: How to deal with the problem, 2009).* • Latest guidance on prudent antimicrobial prescribing and use of proton pump inhibitors (*as per 'Updated guidance on the management and treatment of Clostridium difficile infection, 2013'*). • Management of recovered CDI patients with evidence of risk assessment documented in healthcare records (not being routinely removed from sideroom facilities). • Environmental decontamination requirements. Key policy changes to be included within: • Trust and local area/ward inductions • *C.difficile* prevention workshops • Updates provided by Infection Control Link Professionals (ICLPs).	**JH/PR/SH/FM**	**September 2014**
Isolation of patients with diarrhoea				
2.	Improve decision making around which patients should be isolated in sideroom facilities and operate a 'time to isolate' target.	• Undertake an audit of 'time to first symptoms to isolation' to establish current practices and ascertain extent of variance against best practice guidance, e.g. isolate within 2 hours of symptoms started/noted. • Undertake an audit of the time it takes to obtain and process diarrhoeal samples, to raise the profile of timely sampling following isolation. • Review of diarrhoeal samples sent to the Laboratory to ensure that these patients are properly isolated and monitor timeliness of laboratory sample(s) testing.	**Infection Control Nurses (ICNs)** **ICNs** **ICNs**	**Complete baseline audit by 31st July 2014**

Cont:	Recommendations	Actions & steps	Person(s)/Lead Responsible	When by & progress update/completion
		• Escalate non compliance with isolation, if a sideroom is not available within 2 hours via adverse event form (AER) reporting. • Implementation of 'time to isolate' target with clear escalation instructions to ensure it has clear, ambiguous procedures for managing patients with potentially infective diarrhoea.	**Ward Leaders** **JH/FM**	**Ongoing** **September 2014**
Antimicrobial Prescribing				
3.	Ensure actions taken as a result of completing two antibiotic stewardship audits per clinical area/ward per month are fedback to the relevant staff in a timely manner (links to CQUIN requirements).	• Use of the antimicrobial pharmacist and consultant microbiologist (or allocating ward/speciality level auditing as a Junior Doctor project, e.g. HiMP).	**SH/JH/PR/SC**	**Ongoing**
4.	Review of antimicrobial prescribing polices to ensure following best practice.	• Establish why using and compare policies with other NHS Trusts.	**SH/PR**	**September 2014**
Assurance				
5.	**Epidemiology:** • Establish further profiling of CDI cases.	• Mapping of ribotypes against speciality and risk factors and understanding the time to onset of cases. • Consider access to CDRNE Enhanced Fingerprinting Service and undertake further epidemiological analysis on cases. • Trust's involvement within national project for DNA analysis of ribotyping profiling with Enhanced Fingerprinting Service.	**JH** **JH** **SC**	**Ongoing** **August 2014** **Commenced June/July 2014**
6.	**Audit:** • Independent domestic/environmental cleaning audits to be undertaken to include areas of the clinical environment/ward that are not accessible to patients, e.g. dirty utility rooms and clean preparation areas/utility rooms. • Improved compliance with adherence to infection control practice policies.	• Independent audits of cleaning performed by Directorate Senior Nurses (DSNs) with Housekeeping Manager (and consider peer auditing), e.g. use of 'Confidence in Caring' forms to support PLACE audits. • DSNs, ICNs and ICLPs to undertake periodic objective checks of care bundles and audit within the clinical areas, with audit outcomes and actions required to be fedback in real time to the relevant forums and committees. • DSN representation at IPCWG meeting.	**DSNs/AU** **DSNs/ICNs/ICLPs** **DSN**	**Immediate & ongoing** **Immediate & ongoing** **Commenced June 2014**

Cont:	Recommendations	Actions & steps	Person(s)/Lead Responsible	When by & progress update/completion
7.	**Clinical Review:** • Strengthen the multidisciplinary *C.difficile* round team membership. • Investigate enabling ward staff with the decision making process for the management of patients with symptoms of diarrhoea (Type 5 – 7 stools).	• Inclusion of gastroenterologist and dietician within the team to ensure robust team review of *C.difficile* patients. • Consider use of electronic observations system to trigger Type 5 – 7 stools, e.g. Patients Observational Electronic Tool (POET).	**JH** **Ward Leaders/Infection Prevention & Control Team (IPCT)**	**End of August 2014** **Trust Project - ongoing**
Clinical practice, Cleaning and the Environment				
8.	**Clinical practice:** • Reinforcement to all clinical staff the importance of consistent compliance with standard infection control precautions, e.g. appropriate use of personal protective equipment (PPE).	• DSNs to undertake reviews of practices and audits of environmental and equipment cleanliness. • IPCT to work alongside staff to educate regarding key areas within infection prevention and control practices . • Trial of coloured disposable aprons within the clinical setting to minimise wearing of contaminated PPE in different areas. • Alcohol hand rub gel dispenser available at patient's bedside (end of bed).	**DSNs** **IPCT** **Tisbury CCU & Whiteparish AMU Clinical Leaders Ward Leaders**	**Immediate & ongoing** **Immediate & ongoing** **September 2014** **Immediate**
9.	**Patient Care Equipment and Environmental Decontamination:** • Review of cleaning agent and consider the implementation of a single stage cleaning regime. • Consider undertaking routine cleaning using a chlorine-releasing agent. • Terminal cleaning of infectious siderooms is available throughout the day (into the late evening). • Ensure all sideroom facilities vacated by a *C.difficile* patient are decontaminated using hydrogen peroxide, e.g. GLOSAIR 400 room decontamination system.	• Investigate other NHS Trusts cleaning policies and what chemicals/products in use and provide recommendations to IPCWG. • Submission of capital bids for additional cleaning monies for resources, if required. • Inclusion within the SDH Trust policies (including Operational Policy for Use of Hydrogen Peroxide GLOSAIR 400).	**MC** **MC** **MC**	**September 2014** **August 2014** **September 2014**

Cont:	Recommendations	Actions & steps	Person(s)/Lead Responsible	When by & progress update/completion
10.	**Education and Training:** • Review current methods of learning (including MLE) for infection prevention and control and consider reinstating 'face to face' learning for infection prevention issues specific to CDI. • Ensure 'SIGHT' mnemonic protocol is covered in induction with updates (as required) throughout 2014/15, including sampling processes for staff.	• Ensure current methods provide what is required in relation to management of CDI. • Establish how many staff have received education/training on the Trust Diarrhoeal Algorithm.	**IPCT** **IPCT**	**September 2014** **September 2014**

Person(s) responsible:

Julian Hemming – Infection Control Doctor (ICD) & Consultant Microbiologist
Paul Russell – Antimicrobial Lead/Consultant Microbiologist
Simon Howe – Antimicrobial Pharmacist
Fiona McCarthy – Senior Nurse, Infection Prevention & Control
Stephen Cotterill – Deputy ICD/Consultant Microbiologist
Amanda Urch – Housekeeping Manager
Maggie Cherry – General Manager, Facilities

PAPER - SFT 3565

MINUTES FROM THE AUDIT COMMITTEE MEETINGS HELD ON 23 May and 14 July 2014

PURPOSE

To present these approved and draft minutes to the Board to provide assurance on the range of issues the Audit Committee has examined on the Board's behalf and to indicate the conclusions reached and direction given.

MAIN ISSUES

The 23 May meeting was devoted to the scrutiny of the annual accounts 2013/14 and has already been reported upon.

On 14 July, the committee received the regular updates from external audit, internal audit and the local counter-fraud specialist. Actions arising from limited assurance audit reports are in hand.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

The approved minutes from the meeting held on 23 May and draft from 14 July 2014

ACTION REQUIRED BY THE BOARD

The Board is asked to note the minutes and the decisions taken by the Audit Committee.

Nigel Atkinson
Chairman

SALISBURY NHS FOUNDATION TRUST
Minutes of the Audit Committee
Held on: 23 May 2014

Present:	Mr N Atkinson (Chairman and Non-Executive Director) Mr A Freemantle (Non-Executive Director) Mr I Downie (Non-Executive Director)
In Attendance:	Mr M Cassells (Director of Finance and Procurement) Mr J Brown (KPMG) Miss C Griffiths (KPMG) Mr M Stabb (South Coast Audit) Mr A James (Financial Controller) Mr D Seabrooke (Head of Corporate Governance)
Apologies	Dr L Brown (Non-Executive Director)

ACTION

1. MINUTES

The minutes of the last meeting of the committee held on 10 February 2014 were agreed a true record. There were no matters arising.

2. ANNUAL REPORT AND HEAD OF INTERNAL AUDIT OPINION 2013/14

The Committee received the Internal Audit Annual Report 2013/14. The overall finding was significant assurance for the year as a whole in respect of the internal controls reviewed.

Mark Stabb drew attention to limited assurance reports that had been issued around budgetary control and financial management in respect of the authorisation of agency and bank nursing staff and in relation to software patching. A number of actions had been agreed including the introduction of a software patching policy.

On referral to treatment it was noted that this would be discussed in full at the 14 July meeting of the Committee when relevant Directors would be in attendance.

The Committee noted the Internal Audit Report.

3. KPMG GOVERNANCE REPORT

In respect of international standards of auditing (ISA 2013/14 – to include a draft opinion). The Committee received the Highlights Memorandum 2013/14 which covered financial statements use of resources and whole of government accounts. The Committee noted that the work had been completed in line with the plan. There were no matters to bring to the Committee's attention on the use of resources. There had been an audit adjustment in relation to incomplete patient spells. Eight recommendations had been raised, of which two were medium risk relating to a process for fixed asset verification and recording instructions to District Valuers.

In relation to the accounts there had been four areas of focus and the going concern, working capital and CIP elements were highlighted as the Trust had challenging cost improvement targets to meet CIP schemes that would deliver towards the end of the financial year.

The Committee noted the report.

4. DRAFT CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR TO 31 MARCH 2014

The Financial Statements were set out in full in the Agenda circulated to the 23 May Trust Board and the Committee received the most up to date version of the Annual Governance Statement for inclusion in the accounts.

The Committee scrutinised the draft accounts and resolved queries in relation to PFI depreciation and non material points on notes to the accounts 38 and 39.1.

The Committee recommended to the Board that the financial statements be approved.

The Committee recognised the excellent work of Andy James and his team given the tight deadline and the need to consolidate two subsidiaries as well as the accounts of the Charitable Funds for the first time. There were no matters of concern and the Committee wished to record their thanks to the team.

5. LETTERS OF REPRESENTATION

The Committee received for information the letters of representation prepared by the Trust for submission to the Auditors in relation to the Quality Account and Annual Accounts.

6. EXTERNAL ASSURANCE ON THE TRUSTS QUALITY REPORT 2013/14

The Quality Report had been circulated to all Directors with the Trust Board Agenda for 23 May, it was confirmed that the Auditor was in a position to issue the Limited Assurance Opinion required by the guidance. There was positive feedback from consultees and it was felt that the Quality Account read very well and gave a clear statement of the Trust's progress and its objectives.

7. LOSSES AND COMPENSATION REGISTER

MC circulated the latest compilation of the Register which was reviewed by the Committee members and signed by the Chairman.

8. DATES OF FUTURE MEETINGS

14 July 2014 and 13 October 2014 at 10am in the Boardroom

PAPER - SFT 3566

ANNUAL REVIEW OF BOARD COMMITTEE TERMS OF REFERENCE

PURPOSE

To approve the annual review of the terms of reference for the board's committees.

MAIN ISSUES

As noted in the individual terms of reference, the board's committees have each reviewed their terms of reference and the completed versions are appended,

1. Clinical Governance
2. Finance
3. Audit
4. Remuneration

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

None

ACTION REQUIRED BY THE BOARD

The Board is invited to approve the revised terms of reference for the committees.

Nick Marsden
Chairman

SALISBURY NHS FOUNDATION TRUST

TERMS OF REFERENCE FOR THE AUDIT COMMITTEE

Membership
[NB Only non-executive directors can be members of the committee]

A minimum of 3 x Non Executive Directors.
The Chair of the Committee will be a non-executive appointed by the Trust Board.
The Chairman of the Trust may not be a member of the committee.

In Attendance
The Director of Finance and Procurement, or his nominated Deputy, will normally be in attendance.
Representatives from the External Auditors and Internal Auditors will normally be in attendance.
The Chief Executive will attend from time to time.
The Head of Corporate Governance will act as Secretary to the Committee and will normally be in attendance.

Frequency of Attendance
The designated members of the Committee are required to attend three of the four meetings held each year.

Quorum
2 members of the Committee

In the absence of the Chair of the Committee, the Secretary will invite one of the other Committee members to chair the meeting.

Frequency of Meetings
The Committee will meet four times a year.

Accountability/Reporting Arrangements
The minutes from each meeting will be presented to the Directors of the Trust at the next public meeting of the Trust Board.

Reporting arrangements into the Committee from Sub-Committees
While there are no formal sub-Committees which report directly to the Audit Committee, the Committee will receive regular reports from the External and Internal Auditors and half yearly reports from the Risk Manager.

Purpose
The Committee will provide the Trust Board with a means of Independent and objective review of financial and operational systems, and compliance with law, guidance and codes of conduct.

Duties on behalf of the Trust Board -

a) Review the Internal Audit Strategy and Plan ensuring sufficient time is being allocated to verify that suitable and effective systems for Risk Management and controls assurance are in place.

b) Review the relevant elements of the Assurance Framework and the Risk Registers on a half yearly basis.

c) Receive a report at each meeting from the Head of Internal Audit on audit reports completed and management's response. Unless there are significant issues this will not normally include full copies of audit reports, but these will be available to any committee member on request.

d) Agree the annual work plan for the Local Counter Fraud Specialist (LCFS) and receive a progress report at each meeting.

e) Review the annual report of the Head of Internal Audit and ensure the content satisfies the requirements of the Trust's Annual Governance Statement signed annually by the Chief Executive as the Trust's Accountable Officer.

f) Discuss the external audit plan with the External Auditor before the audit commences and the extent of the reliance to be placed on the work of internal audit.

g) Discuss privately with the External Auditor any problems and reservations arising from work undertaken and any matters the External Auditor may wish to raise.

h) Review the External Auditor's annual management letter and the Trust's response.

i) Support the Governors with the appointment of the External Auditor

j) Review the draft annual financial statements before submission to the Trust Board, focusing in particular on:

- Any changes in accounting policies and practices
- Major judgmental areas
- Significant adjustments arising from the audit
- The going concern basis
- Compliance with accounting standards
- Compliance with NHS guidelines and limits

k) Consider the contents of any report issued by the External Auditor and review management's proposed response, before presentation to the Trust Board for agreement.

l) Consider the contents of any report involving the Trust issued by the Public Accounts Committee or the Comptroller and Auditor General and review management's proposed response before presentation to the Trust Board for agreement.

m) Review the scope of internal control arrangements while recognising that the responsibility for such control remains an Executive duty.

n) Review proposed changes to the Standing Orders and the Standing Financial Instructions.

o) Examine the circumstances associated with each occasion when Standing Orders are formally waived and receive reports on any non-compliance with standing orders or standing financial instructions.

p) Review the schedules of losses and compensations and make recommendations to the Trust Board as necessary.

q) Review accounting policies.

r) Monitor the policies for ensuring compliance with relevant regulatory, legal and Code of Conduct requirements.

s) Refer all appropriate matters to other sub-committees of the Trust Board.

Authority
The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and any such employee will be directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience or expertise.

Process for monitoring the effectiveness of the Committee
Annually the Committee will review its performance against the requirements of the Terms of Reference and assess its effectiveness. Feedback will be sought from the Trust Board, who will receive the minutes of the meetings.

These Terms of Reference were reviewed and approved by the Audit Committee on 28 February 2008, 16 February 2009, 15 February 2010, 11 July 2011, 9 July 2012 and 14 July 2014 and ratified by the Trust Board on 7 April 2008, 6 April 2009, 12 April 2010, 3 October 2011, 6 August 2012 5 August 2013 and 4 August 2014.

The terms of reference were the subject of consultation with the Council of Governors on 12 May 2014.

SALISBURY NHS FOUNDATION TRUST

TERMS OF REFERENCE FOR
THE CLINICAL GOVERNANCE COMMITTEE

Membership
Non Executive Director who is Chair of the Committee (also Non Executive Lead for Infection Control)
Minimum of 2 other Non-executive Directors
Medical Director (who will act as the Executive Lead)
Chief Executive
Director of Nursing (also Director for Infection Prevention and Control) (DIPC)
Head of Clinical Effectiveness
Head of Patient and Public Involvement
Deputy Director of Nursing
Chief Pharmacist
Chief Operating Officer (Ex-Officio)
The Chair of the Committee will be appointed by the Trust Board

In Attendance
The Deputy Director of Nursing and Head of Clinical Effectiveness' Personal Assistant will act as Secretary to the Committee.
Any nominated deputy attending in place of a designated Committee member.
NED's and ED's are invited to contact the Chairman in advance if they wish to attend a CGC meeting.

Frequency of Attendance
The designated Executives of the committee (or nominated deputies) are expected to attend all meetings. The designated Non-executive Directors are expected to attend 4 out of 6 of the committee meetings as a minimum. Attendance will be monitored and non attendance of more than 2 meetings will be followed up by the chair.

Quorum
Chairman (or Deputising Non Executive Director) and three other Board Directors.
In the absence of the Chair of the Committee, the Chair of the Trust Board will invite one of the other Non-Executive Directors to chair the meeting.

Frequency of meetings
The Committee will meet six times a year.

Accountability/Reporting Arrangements
The minutes from each meeting will be presented to the Directors of the Trust at the next public meeting of the Trust Board. Additionally an annual report will be presented to the Trust Board.

Reporting arrangements into the Committee from Sub-Committees
The following groups and committees report to the Clinical Governance Committee

- Clinical Management Board (Minutes and raising concerns)
- Research & Development Committee (Annual Report)
- Infection Prevention and Control Committee (Minutes and raising concerns)
- Information Governance Steering Group (Raising concerns)
- Clinical Risk Group (Minutes and raising concerns)
- Children and Young People's Quality & Safety Board (Minutes and raising concerns)

Separate meetings are held with Clinical Commissioning Groups to ensure clinical governance issues are discussed and the quality standards within the contracts are achieved.

Purpose
The Committee has the power to act on behalf of the Trust Board. Its purpose is to assure the Trust Board and the Chief Executive that high quality care is provided throughout the Trust.

Duties on behalf of the Trust Board
To ensure the Trust delivers and drives the key principles of quality it should assure safe, clinically effective, patient centred care, identifying where improvements may be required

To have overview responsibility for the following outcomes as described by the Care Quality Commission

- Outcome 1 – respecting and involving people who use the services
- Outcome 7 – safeguarding people who use the services from abuse

Patient Safety:

- Agree the annual safety plan and monitor progress
- Ensure risks to patients are minimised through application of a comprehensive risk management system in accordance with the Risk Management strategy. Including:
    - To identify areas of significant risk, set priorities and agree actions using the Assurance Framework and risk register process.
    - Monitor and review the clinical risks in the Assurance Framework and Corporate risk register as per the Risk Management strategy and policy.
- To assure that there are processes in place that safeguard children and adults within the Trust.

Clinical Effectiveness / Clinical Outcomes:

- Agree the annual quality plan and monitor progress
- Ensure that care is based on evidence of best practice and national guidance
- Assure that procedures stipulated by professional regulators of chartered practice (i.e. GMC and NMC) are in place and performed to a satisfactory standard
- Assure the implementation of all new procedures and technologies according to Trust policies
- Monitor the development of quality indicators throughout the Trust and assure the quality account and teams and the Trust meet the requirement of commissioners and other external regulators.
- Identify and monitor any gaps in the delivery of effective clinical care ensuring progress is made to improve these areas, in all specialties
- Ensure the research programme and governance framework is implemented and monitored

Patient Experience:

- Agree the annual patient experience plan and monitor progress
- Assure that the Trust has reliable, real time, up to date information about what it is like being a patient experiencing care in this hospital, to identify areas for improvement and ensure that these improvements are made. This will be provided through a comprehensive patient experience framework .

Learning From Others:

- Ensure the Trust is outward looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery

Process for monitoring the effectiveness of the Committee
Annually the Committee will review its performance against the requirements of the Terms of Reference and assess its effectiveness. Feedback will be sought from the Trust Board, who will receive the minutes of the meetings. The Committee's conclusions will be included in the Annual Report presented to the Trust Board.

These Terms of Reference were approved by the Clinical Governance Committee on 12 March 2013 with minor amendments from the previous year. The Terms of Reference will be submitted for ratification by the Trust Board in May 2013

SALISBURY NHS FOUNDATION TRUST

TERMS OF REFERENCE FOR THE FINANCE COMMITTEE

Membership
4 x Non Executive Directors
Chief Executive
Chief Operating Officer
Director of Finance and Procurement

In the absence of the Director of Finance and Procurement, the Deputy Director of Finance or Financial Controller will deputise and, in so doing, be recognised as a member of the Committee – see Quorum.

In Attendance
The Head of Corporate Governance will act as Secretary to the Committee and will normally be in attendance.

Frequency of Attendance
The designated members of the Committee are required to attend a minimum of eight scheduled meetings a year (or pro rata if the Committee Member joins part way through the year).

Quorum
2 x Non Executive Directors and 2 x Executive Directors making 4 in total.

When the Deputy Director of Finance and Procurement or Financial Controller attends in place of the Director of Finance and Procurement he is to be recognised as a member of the Committee for the purpose of establishing a Quorum – see Membership.

In the absence of the Chairman, the Secretary will invite one of the non-executive directors to chair the meeting.

Frequency of Meetings
The Committee will normally meet monthly.

Accountability/Reporting Arrangements
The minutes from each meeting will be presented to the Directors of the Trust at the next public meeting of the Trust Board.

Reporting Arrangements into the Committee from Sub-Committees
While there are no formal sub-Committees which report directly to the Finance Committee, the Committee will receive periodic reports on the progress of Odstock Medical Ltd and Salisbury Trading Ltd.

Duties

On behalf of the Trust Board to

1. Agree detailed revenue and capital financial plans, budgets, income generation programmes and financial monitoring reports.
2. Monitor on the Board's behalf progress with transformation and cost improvement
3. Monitor the financial performances of the Trust against the detailed plans taking such remedial action as considered necessary.
4. Approve the annual and quarterly returns to Monitor.
5. Approve any other financial information prior to submission to any other accountable authority.
6. Approve the development of financial reporting in line with the NHS Foundation Trust Financial Regime
7. Monitor the achievement of CQUIN initiatives and payments
8. Act as an Assurance Committee of the Trust's business and finance risks via the Assurance Framework and Risk Registers which will be presented to the Committee quarterly.
9. Monitor the activities and performance of the Trust's subsidiaries
10. Consider any new financial initiatives/formation of companies to assist with the business development of the Trust and, where appropriate, make recommendations to the Trust Board. Review any financial activity which impact on the performance or reputation of the Trust.
11. Take any legal or other professional advice with regard to the financial performance of the Trust as necessary.

Process for monitoring the effectiveness of the Committee

Annually the Committee will review its performance against the requirements of the Terms of Reference and assess its effectiveness. Feedback will be sought from the Trust Board, who will receive the minutes of the meetings.

These Terms of Reference were last approved by the Finance Committee on 20 April 2009, 23 August 2010, 25 July 2011 23 July 2012, 24 June 2013 and 23 June 2014 ratified by the Trust Board on 3 August 2009, 4 October 2010, 8 August 2011, 6 August 2012, 5 August 2013 and 4 August 2014.

SALISBURY NHS FOUNDATION TRUST

TERMS OF REFERENCE FOR THE REMUNERATION COMMITTEE

Membership
All the Non-Executive Directors
The Chair of the Trust Board will Chair the Committee

In Attendance
The Chief Executive
The Director of Human Resources & Organisational Development who will act as HR Advisor to the Committee
The Head of Corporate Governance who will act as Secretary to the Committee

Frequency of Attendance
The members of the Committee are required to attend two of the three meetings held each year.

Quorum
A quorum will consist of 3 members of the Committee who will appoint a Chairman if the Trust Board Chairman is absent.

Frequency of Meetings
The Committee will meet at least three times a year.

Accountability/Reporting Arrangements
The minutes from each meeting will be presented to the Directors of the Trust at the next public meeting (part 2) of the Trust Board. Decisions regarding the remuneration of individuals will be reported to the individual concerned and other Non-Executive Directors only. A full version of minutes and reports, including information on individual reward decisions, will be held by the Head of Corporate Governance.

An annual report outlining the work of the Committee will be presented to the Trust Board at the August public meeting (part 1). This will include the Committee's own review of its effectiveness.

The Committee will produce a passage for inclusion in the annual report which will set out the Trust's policy on Executive Directors' remuneration.

Reporting Arrangements into the Committee from Sub-Committees
There are currently no sub-Committees which report into the Remuneration Committee.

Purpose
The Committee has the power and authority to act on behalf of the Board in accordance with the duties listed below and the Trust's Standing Orders.

Duties on behalf of the Trust Board:

a) To determine the Trust's Policy on the remuneration of Executive Directors and Professional and Managerial Staff

b) To contribute to the setting of executive directors' annual objectives in conjunction with the Chief Executive

c) To determine the individual reward packages of Executive Directors, and to approve any changes proposed to the position of individual Directors within their package boundaries

d) To scrutinise and approve any proposed payment in respect of termination payments to Executive Directors, paying due regard to current national guidance

e) To determine and approve performance related pay systems for Executive Directors and Professional and Managerial Staff

f) To approve the recurring and non-recurring elements of performance related pay of all Executive Directors (including the Chief Executive)

g) To delegate to the Chief Executive the responsibility for managing the Annual Remuneration Package in respect of the Senior Managers not on Agenda for Change and to receive from him an annual report advising the number of individuals who remain in this category and the Remuneration Package agreed.

h) The compilation of reports to the Board on specific topics an annual report to the Board, and information to be contained in the annual report (specified below)

i) To consider and make recommendations to the Trust Board with regard to succession planning

Advice

Appropriate independent external expert advice will be sought by the Committee as necessary. This may be either in the form of written information or, on request, attendance at meetings of the Remuneration Committee.

Review

These Terms of Reference were approved by the Remuneration Committee on 7 April 2008, 6 April 2009, 12 April 2010, 6 June 2011 and 11 June 2012, 10 June 2013 and ratified by the Trust Board on 9 June 2008, 8 June 2009, 7 June 2010, 8 August 2011 6 August 2012 and 5 August 2013.