SALISBURY NHS FOUNDATION TRUST
TRUST BOARD
MONDAY 3 FEBRUARY 2014
A G E N D A

				Page No.
1.30pm	**APOLOGIES**			
	INTERESTS			
	MINUTES			1-8
	MATTERS ARISING			
1.35pm	**CHIEF EXECUTIVE**			
	1. Chief Executive's Report	PH	**SFT 3488**	**9-12**
1.40pm	**PATIENT CARE**			
	1. Quality Indicators Report to 31 December 2013 (month 9)	CB/TN	**SFT 3489**	**13-18**
	2. Customer Care Update	TN	**SFT 3490**	**19-20**
2.15pm	**PERFORMANCE AND PLANNING**			
	1. Minutes from the Finance Committee Meeting held on 20 December 2013	LM	**SFT 3491**	**21-24**
	2. Financial Performance to 31 December 2013 (month 9)	MC	**SFT 3492**	**25-34**
	3. Progress against Targets and Performance Indicators to 31 December 2013 (month 9)	KH	**SFT 3493**	**35-40**
	4. Capital Programme 2014/15	MC	**SFT 3494**	**41-42**
2.45pm	**STAFF**			
	1. Equality and Diversity Update Report	AK	**SFT 3495**	**43-70**
	2. Nurse Staffing Update	TN	**SFT 3496**	**71-74**
3.00pm	**PAPERS FOR APPROVAL OR NOTING**			
	1. Capital Development Report, October 2013 to January 2014	LA	**SFT 3497**	**75-82**
	2. Transport Action Plan and Green Travel/Car Parking Update	KH	**SFT 3498**	**83-92**
	3. Annual Plan to Monitor for 2013-2019	LA	**SFT 3499**	**93-140**
	4. Minutes from the Council of Governors Meeting held on 25 November 2013	NM	**SFT 3500**	**141-146**
	5. Appointment of Deputy Chairman	NM	**SFT 3501 (verbal update)**	

3.25pm   ANY OTHER URGENT BUSINESS

3.30pm   QUESTIONS FROM THE PUBLIC

NEXT MEETING
The next meeting will be held on 7 April, 2014 in the Board Room at Salisbury District Hospital starting at 1.30 pm.

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 9 December 2013
In the Boardroom, Salisbury District Hospital

Present:	Mr L March	Chairman
	Mr N Atkinson	Non-Executive Director
	Dr C Blanshard	Medical Director
	Dr L Brown	Non-Executive Director
	Mr M Cassells	Director of Finance & Procurement
	Mr I Downie	Non-Executive Director
	Mr A Freemantle	Non-Executive Director
	Ms K Hannam	Chief Operating Officer
	Mr P Hill	Chief Executive
	Mrs A Kingscott	Director of Human Resources
	Mr S Long	Non-Executive Director
	Reverend Dame S Mullally	Non-Executive Director
	Miss T Nutter	Director of Nursing
In Attendance:	Mr L Arnold	Director of Corporate Development
	Mr P Butler	Communications Manager
	Mr N Marsden	Chairman Designate
	Mr D Seabrooke	Secretary to the Board
	Mr P Lefever	Wiltshire Health Watch
	Dr B Robertson	Deputy Lead Governor
	Mr C Wain	Governor
	Mrs A Pheby	Governor
	Mr B Fisk	Governor
	Mr J Carvell	Governor
	Mrs C Collins	Governor
	Mr E Gould	Volunteer
	Mrs A Gould	Volunteer
	Dr A Lack	Governor
	Mrs C Noonan	Governor
	Mr P Matthews	Member of the public
	Mr N Quinn	Member of the public

1929/00 **INTERESTS AND FIT AND PROPER DECLARATION**
Board members were reminded that they had an obligation to declare any interest which might impact upon the business of the Trust, to avoid any conflicts of interest and to declare any matters that could affect their status as fit and proper persons to hold office. No Board member present declared any such interest or impediment.

1930/00 **PAPERS FOR APPROVAL**

1930/01 **MINUTES OF THE MEETING OF THE TRUST BOARD – 7 OCTOBER 2013**

The minutes of the Board held on 7 October 2013 were agreed as a true record.

1930/02   **CHIEF EXECUTIVE'S REPORT – SFT 3469 – Presented by PH**

The Board received the report and the following principal points were highlighted:
- CQC Essential Standards – it was noted that the CQC had now lifted the 2 minor concerns in respect of staffing and records. It was increasingly likely that the next CQC inspection would be under the 'New Start' approach
- It was noted that emergency treatment for abdominal aortic aneurisms (AAA) had transferred to Bournemouth Hospital from 1 December 2013 and planned (AAA) treatments from 1 April 2014. Other major arterial surgery will move to Bournemouth in a phased way after 1 April 2014. It was emphasised that the vascular unit at Salisbury District Hospital would not close and that a range of other vascular tests and surgery would continue in Salisbury. Work was being undertaken to fully understand the effect on related pathways
- PH tabled a recent analysis of patient experience of maternity services which ranked the services offered by Salisbury as better than most other Trusts in the group

The Board noted the Chief Executive's Report.

1930/03   **QUALITY INDICATOR REPORT TO 21 OCTOBER 2013 – SFT 3470 – Presented by CB**

The Board received the Quality Indicator Report. Mortality rates – Christine Blanshard was invited to comment on recent reports on the rate of mortality for Salisbury. The Trust had a higher than expected score for 2012/13 at 114. Compilation of the figures relied on the accurate coding of patients when they were discharged and audit work had identified and corrected some practices in relation to patients attending the hospital for palliative care and the coding of co-morbidities. There was a continuing weekly review of patient deaths via the notes, the Sepsis 6 campaign was being rolled out across the hospital, avoidable admissions from nursing homes were being addressed and work was being undertaken to reduce the number of patient moves and handoffs within the hospital. It was noted also that the Trust's mortality rate was within the expected range for a variety of other mortality measures. Mortality rates continued to be a subject of active discussion and engagement with the staff. The figures were compiled over several months so changes in clinical practice would take time to come through in the figures. It was expected that an impact on the Trust's crude mortality rate would be apparent in the next 6 months but would not come through to the standardised index for up to a year.
The way major harm was recorded was changing and this would be reflected in the figures.

- 12 beds in the Wilton ward had been opened initially for surgery patients. Redlynch ward would move out of the Breamore area in February 2014.

The Board noted the Quality Indicator Report.

1930/04   **STRATEGIC PLAN 2013/14 MID YEAR REVIEW – SFT 3471 – Presented by PH/LA**

The Board received a report setting out progress made towards achieving the key priorities set out in the 2013 annual plan.

The following principal points were made:
- There had been compliance with regulatory requirements
- Work had started with individual services and with directorates to set out future plans
- Initial guidance on the annual plan 2014 had been circulated in November; a 2 year forward look was required to be submitted by 4 April and the remaining strategic 3 year forward look in June 2014. The Trust was working with the CCG in this connection
- The Trust was working with Odstock Private Care Limited to make use of the facilities available in the Clarendon Suite.
- It was noted that the Governors Strategy Group was meeting shortly to take forward the Governor engagement on the draft plan for 2014 onwards

The Board noted the mid year review.

1930/05   **INFECTION PREVENTION AND CONTROL REPORT – SFT 3472 – Presented by TN**

The Board received the Infection Prevention and Control Report from the Director of Infection Prevention and Control. The report informed the Board of progress against the 2013/14 annual action plan. Fiona McCarthy attended for this item.

It was noted that there had been an increase in the number of Vancomycin Resistant Enterococcus (VRE). This was a naturally occurring bacterium and management actions had been taken to control these instances. At present there was no national guidance regarding patient screening for VRE. Other points included;

- There had been one attributed MRSA bacteraemia in September 2013 which was understood to be due to a contaminated sample
- Hand hygiene compliance stood at 91.85% and was continuing to improve compliance which had been at 96.77% in 2012/13
- A new approach to cleaning services had been developed which included a facility for rapid deep cleaning over a greater range of hours
- The action plan in relation to the PLACE assessment inducted in April was appended to the report
- Finally it was noted there had been no declared outbreaks of HCAI

The Board noted the report and the Board assurance provided.

1930/06   **FINANCE COMMITTEE - 21 OCTOBER 2013   - SFT 3473 – Presented by MC**

The Board received the minutes of the Committee held on 21 October which had looked at the effects of delayed transfers of care and the deterioration in the Trust's finances in September.

The Board noted the minutes of the Finance Committee minutes.

1930/07   **FINANCIAL PERFORMANCE TO 31 OCTOBER 2013 – SFT 3474 – Presented by MC**

The Board received the report of the Finance Director.

Malcolm Cassells reported that the Trust was £80,000 below plan which split roughly half and half into donated assets and general trading.

At present the financial risk rating was calculated by the Trust to be 3 and the continuity of service rating now reported on by Monitor was a 4 which was the highest possible score.

In terms of sales the Trust was up on day cases but down on non elective activity. There had been growth in outpatient activity.

There was over performance on the nursing budget of £1.1m due to agency costs. The continuing need to achieve planned savings was emphasised – approximately 76% had been achieved at this stage.

It was also noted that the laundry had transferred to Salisbury Trading Limited (Salisbury Linen).

A number of single tender actions had been approved to engage an experienced contractor for building works and refurbishments. Many of these incidences could be attributed to the need to complete building works to a deadline set by an external funder.

It was reported that the Workforce Committee had received a report from the Director of Nursing on staffing and the associated costs. Additional ward capacity had been opened for winter 2013 and in many incidences the Trust had now recruited to substantive roles. The Trust was working to step up its recruiting activities.   TN

The nursing bank was looking to see if people registered with it could undertake more hours and it has been agreed that another smaller cohort of nurses would be recruited from overseas in 2014. Wards had been asked to take a more proactive approach to their vacancy management so as to improve the information available to management and the Trust Board. It was noted that the Trust did not receive any additional tariff for patients who were specialed, through the provision of additional support.

The Board noted the finance report for October 2013.

1930/08   **AUDIT COMMITTEE - 14 OCTOBER 2013 – SFT 3475 – Presented by NA**

The Board received a copy of the draft Audit Committee minutes for 14 October 2013.

1930/09   **TRUST PERFORMANCE REPORT TO 31 OCTOBER 2013 – SFT 3476 – Presented by KH**

The Board received the Trust Performance Report on key activity and key quality indicators. It was noted that the Trust's major targets had been met.

The following principal points were made:
- The Trust was conducting more diagnostic scans than in 2012
- More detailed and proactive work was continuing on reducing cancelled operations   KH
- Delayed transfers of care remained challenging with 23 patients affected – this included specialist areas of the Trust such as the spinal unit
- Executives had set a deadline of the end of December for the completion of appraisals and appraisal reports and a further report on this would be made at the February 2014 Board
- The patient transport contract for Wiltshire had been taken over by Arriva from 1 December 2013 and some poor experiences over delays had been reported so far and were being raised with the company   KH
- A gap in the service had been identified: the transport of patients to other hospitals

The Board noted the Performance Report.

1930/10   **DIGNITY AT WORK ANNUAL REPORT – SFT 3477 –Presented by SL/LB**

The Board received the report describing the current situation with regard to bullying and harassment and activity undertaken to address the issue.

The situation was informed by the annual NHS staff survey, the number of cases going through formal processes and the number of contacts to the Non-Executive Bullying and Harassment advisors. The Trust continued to publicise the availability of the advisors and had had an awareness week. A leaflet had been circulated with payslips and the policy on bullying and harassment had been reviewed earlier in the year.

It was also noted that Friends and Family test was expected to be implemented for staff from April 2104.

The Board noted the Dignity at Work annual report.

1930/11 **STAFF SURVEY UPDATE – SFT 3478 – Presented by AK**

The Board received a report setting out progress on actions arising from the staff survey 2012 reported to the Board in June 2013.

The quality of appraisals as reported by staff was highlighted. It was noted that the Trust was working to improve the confidence of managers to hold good appraisal conversations.

The Board noted the staff survey update report.

1930/12 **VALUES AND BEHAVIOURS – SFT 3479 – Presented by AK**

The Board received a report describing progress on the refreshing of the Trust's Values and aligned Behaviours.

The report described the consultation process with the staff and included a copy of the Values and Behaviour document as it currently stood.

It was suggested that safety should be included in the values as a specific theme.

The Board approved the four values of friendly, patient centred, responsive and professional and it was noted that a report would be brought to the February 2014 meeting to approve the associated behaviours.

1930/13 **REVALIDATION UPDATE – SFT 3480 – Presented by CB**

The Board received the update report on progress with revalidation of medical practitioners for whom the Trust is the designated body.

The following principal points were noted:
- The Medical Director was the Trust's Responsible Officer covering approximately 180 doctors
- The initial revalidation exercise had been set to run over 3 years, but revalidation was required every 5 years
- Trainees were revalidated by the deanery
- Of the 36 doctors considered so far in the process there were 33 positive recommendations and 3 deferrals – 2 requiring further appraisal evidence and 1 because of maternity leave – this was broadly in line with the national picture
- An up to date appraisal was a prerequisite to be granted study leave or be eligible for clinical excellence awards

The Board noted the implementation of revalidation of doctors employed by the Trust.

1930/14 **MATERNITY AND NEONATAL RISK MANAGEMENT STRATEGY 2013/14 – SFT 3481 – Presented by TN**

The Board received the report setting out the revised strategy which included new sections arising from regional guidance affecting the role of the duty manager, the supervisor midwives and contact supervisor.

The Board approved the revised Maternity and Neonatal Risk Management Strategy 2013.

1930/15   **CLINICAL GOVERNANCE COMMITTEE - 12 NOVEMBER 2013 – SFT 3482 - Presented by LB.**

The Board received the minutes of the Clinical Governance Committee held on 12 November 2013.

1930/16   **WORKFORCE COMMITTEE – SFT 3483 - Presented by SL**

The Board received the report proposing the closure of the Board Workforce Committee and describing its achievements since its formation in April 2012. It was noted that the Committee would be replaced by an Executive led Workforce Committee with Non-Executive attendance.

The Board agreed to close the Workforce Committee and thanked those who had taken part in its meetings.

1930/17   **JBD MINUTES EVIDENCING QUARTERLY REVIEW OF ASSURANCE FRAMEWORK AND RISK REGISTER – SFT 3484 – Presented by PH**

The Board received an extract of the Joint Board of Directors minutes from 20 November 2013 at which the assurance and risk register had been reviewed.

1931/00   **LUKE MARCH – A VOTE OF THANKS**

As this was the last scheduled meeting of the Trust Board in 2013 the Deputy Chairman Lydia Brown was joined by fellow directors in thanking Luke March for his contribution as Chairman of the Trust from 2005 and wished him well for the future.

1932/00   **QUESTIONS FROM THE PUBLIC**

The following points were raised:
- Paul Lefever, on behalf of Health Watch, reported that a new Chief Executive had been recruited to Wiltshire Health Watch. He asked that the Trust's mortality figures published on it's website could also be published by Health Watch.   CB
- The blue plates which had been shown to be of help to certain patients was highlighted
- On the Safety Thermometer it was noted that patients being readmitted on a planned basis to a clinic and patients on enhanced recovery counted towards the figure
- An assurance was given that total bank nurses were monitored especially for those in regular employment
- The Trust was making use of Facebook to support the recruitment of nurses and health care assistants
- The level of consultant cover available enabled the Trust to attract the relevant best practice tariff
- The Trust continued to work to protect the vascular services for the benefit of its patients
- It was noted that Wiltshire Council was reviewing its position on the closure of the Hilcote respite care centre in Salisbury

DATE AND TIME OF NEXT MEETING
3 February 2014 at 1.30 pm in the Board Room.

CONFIDENTIAL ISSUES
The Board resolved that under paragraph 13 (2) of Schedule 7 to the NHS Act 2006 the public be excluded from the meeting as publicity would be prejudicial to the public interest by reasons of the confidential nature of the business to be conducted.

SFT 3488

CHIEF EXECUTIVE REPORT

MAIN ISSUES:

1. SALISBURY DISTRICT HOSPITAL 21st CELEBRATIONS

Our 21st celebrations started off successfully with over 300 staff, past and present, coming along to see the exhibition of photographs, videos and memorabilia on January 22 in the first of a number of activities planned to mark the 21st anniversary of the opening of the new main hospital building at Salisbury District Hospital. We also highlighted the significance of the day for patients and visitors with a celebratory menu card to mark the occasion and have a small selection of photographs and memorabilia on display on level 3 and 4 of the main hospital building corridors. In January 1993 acute and elderly services moved up here from the Salisbury General Infirmary and Newbridge Hospital, plus services already located on the Odstock site. This still remains the biggest change and development ever recorded in the history of healthcare in Salisbury. Other activities planned during the year include an open day for our Foundation Trust members which will showcase and celebrate the work and achievements of staff. Staff within their own areas will also have an opportunity to carry out their own activities and events to mark the anniversary year. The exhibition that took place on January 22 will be taken out to the public later in the year.

2. NEW MOTHERS RATE MATERNITY SERVICES HIGHLY

New mothers at Salisbury District Hospital have rated the quality of care and level of support they receive highly in an independent Care Quality Commission survey of NHS maternity units. When compared with all 137 providers of maternity services, the Trust received the highest score in the country over the three categories. The survey looked at women's experiences of care provided by hospital and community staff from early pregnancy to four weeks after the birth. As part of the survey women felt that we are offering a high quality, responsive service and that Salisbury is better than many other Trusts at treating women in labour. Respect and dignity was also a key factor in the scores and comments that we received. It is essential that women are fully involved and are considered to be partners in all decisions about their care, and this also came through strongly in the survey. While we have excellent scores we are not complacent and we will continue to strive for improvements wherever we feel we can. For instance, by offering more choices to women around the place of birth and this will be something we will be working on in the near future.

3. IMPROVEMENTS TO REDLYNCH WARD TO SUPPORT DEMENTIA CARE

Major changes to the layout, feel and decoration on Redlynch Ward have been made that help encourage more social interaction for patients with dementia and support their care, wellbeing and orientation while they are in hospital. This is part of a wider programme to improve our general wards over the next few years by providing a better environment for patients with dementia and follows £800,000 funding from Department of Health and an additional £250,000 from the Trust's capital funds. Changes include the refurbishment of bedrooms, day, dining and reception areas using colours and lighting, non reflective surfaces and artwork and furnishing to help create a calming, homely feel; refurbishment of bathrooms with special equipment to help promote independence; more areas for social interaction; improvements to reduce noise and clutter that supports relaxation and reduces the potential for stress and anxiety. Work on Pitton Ward will start at a later date, with the aim of expanding this programme of improvement to other wards over the next few years.

4. SALISBURY SCIENTISTS AWARDED £1.3 MILLION FOR CANCER RESEARCH

Top class research by our geneticists in the Wessex Regional Genetics Laboratory has attracted a further grant of £1.3 million from Leukaemia & Lymphoma Research, to continue their groundbreaking work into a group of blood disorders called myeloproliferative neoplasms (MPN). The team in Salisbury is leading the five-year project which aims to get a better understanding of how the disorders develop into leukaemia and how they can be treated. Around 3,300 people are diagnosed with MPN in the UK every year and most people who develop it are aged 50 and over. There are a variety of symptoms, including fatigue, blood clots, bleeding and bruising. We have worked for a number of years looking at these blood disorders and have identified several important genes that contribute to the development of the diseases. Using state-of-the-art technology known as next-generation DNA sequencing, the team will study the genetic changes that occur within cells that lead to leukaemia which will help develop new targeted that can seek out and destroy MPN cells in the blood.

5. REGIONAL GENETICS SERVICE

At a meeting with University Hospital Southampton NHS Foundation Trust and the University of Southampton (Faculty of Medicine), we agreed to develop a joint business case for the development of the regional genetics service to ensure we remain competitive. This is in response to the National Genomics Strategy and a suggestion of significant nationwide reconfiguration of genetics/genomics services. The aim is to complete a draft business case within the next three months, which would then be presented to the Boards in the three respective organisations.

6. HOLIDAY PLAYSCHEME GRADED AS 'GOOD' BY OFSTED

Our Holiday Playscheme is celebrating a successful Ofsted report and a grading of Good following a recent inspection from the regulatory body on the quality of childcare provision. This was the first inspection under Ofsted's new and more rigorous inspection and covered all aspects of the care and learning given to the children and the leadership and management systems in place. The report found that children are actively involved in the planning of activities and make free choices about their play; staff monitor children's progress successfully to help them plan activities and move onto the next stage of their learning; a high priority is given to children's safety with good staff supervision; the management and staff have a clear drive for improvement which benefits the children. The inspector made two recommendations for further development which involved better use of the outdoor play area and encouragement for children to develop healthy eating habits. These will be covered in the Trust's action plan.

7. POSITIVE ENVIRONMENTAL HEALTH INSPECTION

As part of a routine unannounced inspection of catering facilities, the local authority environmental health officer (EHO) has given the Trust a 5-Star rating for food safety standards, the highest possible for an inspection of this kind. As part of the assessment the EHO was impressed with the standards demonstrated and with the investment the Trust has made in catering facilities over the last year.

8. EXECUTIVE DIRECTORS VISITING HOSPITAL OUT OF HOURS

The Executive Directors have embarked on a programme of out- of - hours visits around the hospital (weekends and nights) to assess standards, security and support. This will help to give the Executive Directors a more complete view of our 24/7 services and offer assurances or highlight concerns to be addressed if and when they are identified.

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

SFT: 3489

TRUST QUALITY INDICATORS REPORT – Quarter 3 13/14

PURPOSE:

To provide the Board with Quarter 3 data and improvement actions where appropriate.

MAIN ISSUES:

- Four serious incident inquiries.

- One MRSA bacteraemia found to be a contaminant.

- Three MSSA bacteraemias.

- Four cases of C difficile. 13 cases at end of Q3 against a target of 21.

- An increase in grade 2 pressure ulcers. One grade 3 pressure ulcer in Q3.

- Safety Thermometer – 87% - 92% 'harm free care'. An increase in patients with a new hospital acquired pressure ulcer. Ongoing cluster reviews.

- An increase in the crude mortality rate in Q3 but a decrease in comparison to Q3 12/13. SHMI has declined to 106 in June 2013 and is as expected. HSMR has declined to 112.7 in October 13 but remains higher than expected. 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.
  - ➢ Reducing avoidable admissions from nursing homes.
  - ➢ Weekly mortality reviews with immediate dissemination of learning points.

- An overall improvement in the percentage of patients who had their fractured hip repaired within 36 hours.

- Patients arriving on the stroke unit within 4 hours has reduced along with patients spending over 90% of their stay on the unit. This was due to reduced bed capacity and time spent in ED. The stroke team are working with ED to resolve these issues. TIA referrals have improved towards the end of Q3. The key improvement was clinicians being reminded of referral pathways.

- There were three non-clinical same sex accommodation breaches, escalation bed capacity and ward moves remain low. Wilton ward opened as needed for surgical overnight stays.

- Falls resulting in major harm continue at a low level

- Friends and Family test – a sustained response rate in Q3 for wards and ED but a significant downward trend in Maternity Services. Patient comments were very positive and no themes were identified for improvement.

ACTION REQUIRED BY THE BOARD:
1. To note the report.

ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:
Trust quality indicator report – December 2013

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

Salisbury NHS
NHS Foundation Trust

Trust Quality Indicators - December 2013

Quality Measures

| Infection Control		2011-12 Total	2012-13 Total	2013-14 YTD
MRSA (Trust Apportioned)	🔴	4	🔴 3	🟢 0 (+2)
MSSA (Trust Apportioned)	🟡	10	🟢 6	🟡 10

Trust Incidents		2011-12 Total	2012-13 Total	2013-14 YTD
Never Events	🔴	1	🔴 2	🟢 0
Serious Incidents Requiring Investigation	🟡	18	🟡 13	🟡 10

Clostridium Difficile - Trust Apportioned

Clostridium Difficile - Trust Apportioned HPA Reportable

MRSA Screening

EL Screening Rate (Qtrly) — NE Screening Rate (Mthly)

Pressure Ulcers - Total Number per Month

No. of Grade II Pressure Ulcers — No. of Grade III & IV Pressure Ulcers: Hospital Acquired

Safety Thermometer - One Day Snapshot per Month

% Harm Free Patients — % Patients with New Pressure Ulcer — New Pressure Ulcer Baseline (1.38%) — New Pressure Ulcer Target (0.966%)

Salisbury NHS
NHS Foundation Trust

Trust Quality Indicators - December 2013

Quality Measures

Hospital Mortalities

Legend: EL | NE Under Palliative Care | All other NE

Y-axis: 0, 20, 40, 60, 80, 100, 120

X-axis: Jul-12, Aug-12, Sep-12, Oct-12, Nov-12, Dec-12, Jan-13, Feb-13, Mar-13, Apr-13, May-13, Jun-13, Jul-13, Aug-13, Sep-13, Oct-13, Nov-13, Dec-13

HSMR and SHMI

Legend: Total Mortalities | SHMI | HSMR | SHMI Adjusted for Palliative Care | Target

Y-axis: 88, 93, 98, 103, 108, 113, 118

Total Mortalities values: Jul-12: 63, Aug-12: 59, Sep-12: 57, Oct-12: 80, Nov-12: 74, Dec-12: 69, Jan-13: 89, Feb-13: 89, Mar-13: 100, Apr-13: 78, May-13: 77, Jun-13: 69, Jul-13: 66, Aug-13: 68, Sep-13: 50, Oct-13: 74, Nov-13: 55, Dec-13: 73

Global Trigger Tool

Legend: Adverse events per 1000 bed days | Target

Y-axis: 0, 10, 20, 30, 40, 50, 60, 70

X-axis: May-12, Jun-12, Jul-12, Aug-12, Sep-12, Oct-12, Nov-12, Dec-12, Jan-13, Feb-13, Mar-13, Apr-13, May-13, Jun-13, Jul-13, Aug-13, Sep-13, Oct-13

Venous Thrombous Embolism: Risk Assessment & Prophylaxis

Legend: % VTE Risk Assessment | % VTE Treatment received | VTE Target: Risk Assessment & Prophylaxis

Y-axis: 60%, 65%, 70%, 75%, 80%, 85%, 90%, 95%, 100%

X-axis: Jul-12, Aug-12, Sep-12, Oct-12, Nov-12, Dec-12, Jan-13, Feb-13, Mar-13, Apr-13, May-13, Jun-13, Jul-13, Aug-13, Sep-13, Oct-13, Nov-13, Dec-13

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Trust Quality Indicators - December 2013

Quality Measures
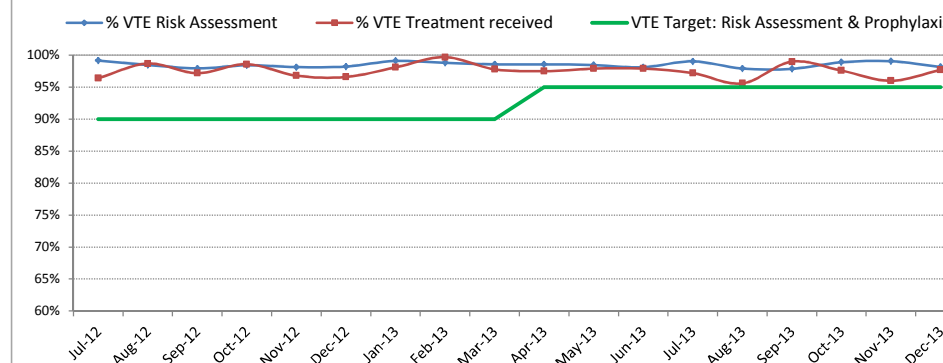
Emergency Readmissions within 7, 14 & 30 days of Discharge

Legend:
- % Emergency Readmissions <7 Days
- % Emergency Readmissions <14 Days
- % Emergency Readmissions <30 Days
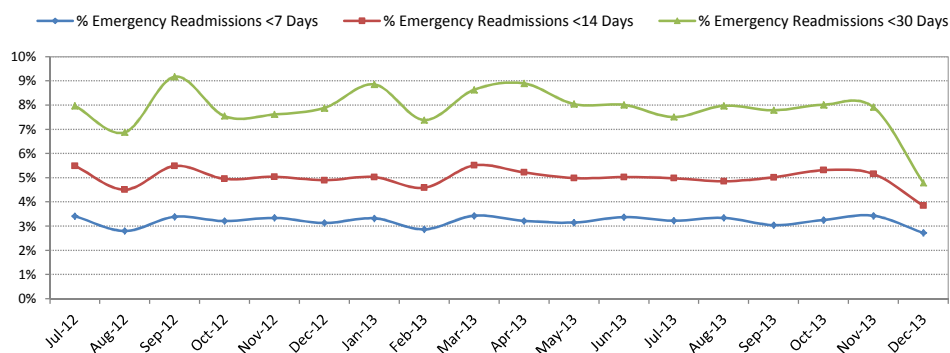
Fracture Neck of Femur operated on within 36 hours

No.of Patients admitted with #NOF — % Patients operated on <36hrs of Admission — Target

No. of Patients admitted with #NOF:

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
23	22	17	21	16	26	22	24	16	22	30	17	29	16	20	25	16	9

Stroke Care

Stroke Discharges — % with 90% of their stay on Farley — % arrival to SU within 4 hours — % CT'd within 24 hrs (to May-13) — % CT'd within 12 hrs (from Jun-13)

Stroke Discharges:

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
25	22	27	21	18	19	35	26	34	27	36	22	31	24	31	32	36	37

TIA Referrals

High Risk Patients — % High risk TIA patients seen <24hrs

High Risk Patients:

Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
27	11	18	19	14	17	12	16	27	32	30	28	28	11	23	27	32	22

Salisbury NHS
NHS Foundation Trust

Trust Quality Indicators - December 2013

Quality Measures

Patients moving more than 3 times during their Inpatient Stay

Number of Patients moved more than 3 times ◆ %age of patients moved more than 3 times

Delivering Same Sex Accommodation

■ Number of Non-Clinical Breaches

Escalation Bed Days

■ Total Number of Occupied Bed Days in Escalation Beds: Overnight stays in Day Suites, NHS Pts on Clarendon, Breamore Ward and Wilton Ward

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

■ Resulting in Moderate Harm ■ Resulting in Fracture/Major Harm

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 escalation ward in Nov-13 and has been included in these figures since then.

Salisbury NHS NHS Foundation Trust

Trust Quality Indicators - December 2013

Quality Measures

Real Time Feedback: Do you feel cared for?

Legend: Number of Respondents · Mean Score · 2011/12 Average · Goal

Respondents: 149 93 114 141 133 99 105 116 133 162 200 157 135 160 115 130 154 127

Months: Jul-12, Aug-12, Sep-12, Oct-12, Nov-12, Dec-12, Jan-13, Feb-13, Mar-13, Apr-13, May-13, Jun-13, Jul-13, Aug-13, Sep-13, Oct-13, Nov-13, Dec-13

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

Legend: Number of Respondents · Mean Score of 5 possible responses · 2011/12 Average · Goal

Respondents: 149 93 114 141 133 99 105 116 133 162 200 157 135 160 115 130 154 127

Months: Jul-12, Aug-12, Sep-12, Oct-12, Nov-12, Dec-12, Jan-13, Feb-13, Mar-13, Apr-13, May-13, Jun-13, Jul-13, Aug-13, Sep-13, Oct-13, Nov-13, Dec-13

Dementia Audit of Patients Aged 75+

Legend: % Screened · % Diagnostic Assessment · % GP Referrals · % Target

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

Legend: IP: Extremely Likely · A&E: Extremely Likely · IP: Other Responses · A&E: Other Responses · Target Responses · Overall Response Rate · Net Promoter Score

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Friends & Family Test: Maternity (% Responses)

Legend: Maternity: Extremely Likely · Maternity: Other Responses · Target Responses · Overall Response Rate · Net Promoter Score

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SALISBURY NHS FOUNDATION TRUST

SFT 3490

Customer Care Report – Quarter 2
1 July 2013 – 30 September 2013

PURPOSE OF PAPER:
- **To update the Board with Quarter 2 complaints data**
- **Inform the Board of the changes that have taken place with Customer Care**
- **Inform the Board of the planned changes to Complaints Reports**

MAIN ISSUES:
- Significant changes have occurred within the Customer Care Team resulting in an abridged report for Quarter 2
- A new team has now been established which will focus on learning the lessons from complaints
- A new style Customer Care Report will be presented to the Clinical Governance Committee in March 2014 and quarterly at future Trust Board meetings.

ACTION REQUIRED BY THE BOARD: to note the report

87 complaints were received in quarter 2. This compares to 92 complaints in quarter 1 this year and 67 complaints for the same period in the previous year. A breakdown of numbers and themes according to Datix is below.

General theme (Datix)	Clinical Support and Family Services	Finance & Procurement	Medicine	Musculo-Skeletal	Surgery	Trust wide	Total
Clinical treatment	5		17	7	7		36
Attitude of medical staff			8	4	3		15
Communication	1		6		2		9
Appointments	1			3	4		8
Attitude of nursing staff			5		1		6
Discharge arrangements			2	1	1		4
Facilities on site				1		1	2
Information		1	1				2
Nursing care			2				2
Operation			1	1			2
Admission				1			1
Confidentiality					1		1
Delay				1			1
Dementia			1				1
Infection control			1				1
Privacy and dignity				1			1
Property			1				1
Totals	**7**	**1**	**39**	**20**	**19**		**87**

Changes to the Customer Care Team

In January 2013 the Director of Nursing commissioned a workforce review of the Customer Care and Patient and Public Involvement (PPI) teams. The aim was to ensure the service remained fit for purpose and fit for the future in listening, responding and acting on themes from patient feedback, concerns and complaints. Listening and hearing the patient voice is an increasingly important factor in the wake of the Francis Inquiry into the failings at Mid Staffordshire NHS Foundation Trust. The Friends and Family test is also a key part of listening to patients. In a recent publication 'Patients First and Foremost' the government signalled the importance of using patient feedback as part of an early warning system to detect problems and act on them promptly to prevent the appalling suffering of patients happening elsewhere.

Whilst the Trust has a good reputation for responding to complaints and undertaking PPI activity it is recognised we are not maximising the opportunities to learn from complaints and improve. The amount of time spent investigating and responding to complaints is considerable, however, satisfaction with the complaints process (as measured in a regular satisfaction questionnaire) remains fairly low and this needs to improve. An integrated approach between Customer Care and PPI would enable these things to happen more effectively and a single integrated team with one overall leader came into being on January 1st 2014.

The new team has an overall lead and three newly appointed patient experience facilitators who are supported by an administration team (one facilitator commences work in the beginning of February). The team will work with the DMTs to ensure that complaints and concerns are fully investigated and answered effectively, in terms of both content and timeliness of response. To this end early meetings will be offered so that complainants can be given the opportunity to clearly describe their complaint or concern and be given an explanation of the process and the likely timescales.

The Complaints Report for Quarter 1 was presented to the Clinical Governance Committee at the beginning of December. The committee felt that the format and content of the report should change. To this end the acting Head of Customer Care has asked the DMTs to provide a report on their themes and the actions that they have taken to mitigate and improve. These reports will be pulled together into a qualitative report (rather than a quantitative one) and should give a much clearer picture of complaints in the Trust and provide far greater explanation of the work that is being undertaken to improve the overall patient experience. The Clinical Governance Committee is having a special focus on complaints in February and will review the new format of complaint report at this time. Changes will be made to the format and content in the light of discussions on the day and the final version of the new format will be presented to the Board and Clinical Governance Committee in March 2014.

Author: **Katrina Glaister**
Title: **Acting Head of Customer Care**
Date: **14 Jan 2014**

PAPER - SFT 3491

MINUTES FROM THE FINANCE COMMITTEE MEETING
HELD ON 20 DECEMBER 2013

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.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

The approved minutes from the meeting held on 20 December 2013

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 20 December 2013

Present:	Mr L March	Chairman
	Mr I Downie	Non-Executive Director
	Mr P Hill	Chief Executive
	Mr M Cassells	Director of Finance & Procurement
	Ms K Hannam	Chief Operating Officer
Apologies:	Dr L Brown	Non-Executive Director
	Mr A Freemantle	Non-Executive Director
In Attendance:	Mrs C Gorzanski	Head of Clinical Effectiveness
	Mr R Webb	Head of Procurement
	Mr D Seabrooke	Head of Corporate Governance

1. **MINUTES**

   The minutes of the meeting held on 25 November 2013 were agreed as a correct record.

2. **MATTERS ARISING**

   DTOCs

   KH reported that the number of DTOCs was slightly down but this remained a major concern for the Trust. It was noted that arrangements were being made for the purchase of an additional 20 beds to which the Trust would be able to admit patients. The Trust would raise the issue with the Council once more after the Christmas period.

3. **PROGRESS WITH CQUIN OBJECTIVES**

   The Committee received the report in relation to month '8'. It was noted that on the high impact innovation (gateway schemes) inter-operative fluid management was rated 'red', which had been due to the breakdown of a piece of medical equipment and funding had been agreed for a replacement.

   A question in the friends and family test in relation to maternity was rated 'amber' but it was believed that this would be achieved by the year end. The Trust was thought not to be able to meet the NHS Safety Thermometer target in relation to acquired pressure ulcers as there had now been a total of 9 cases. The rate of dementia screening was reported as 83% and this target was at risk. A new electronic system was shortly to be implemented.

   On the specialist contract the target for retinal screening for neonatal babies was now compliant.

   The Committee noted the CQUIN report.

4. **FINANCE REPORT FOR YEAR TO 30 NOVEMBER 2013**

The Committee received the Financial Report for year to 30 November 2013.

The following principal points were made;

- There had been a slight improvement in performance in relation to the preceding month.
- There were signs that agency use was starting to reduce.
- The position on Dorset CCG remained a concern as this was a fixed contract.
- West Hampshire CCG had withdrawn their contract over their role in representing the other Hampshire CCGs, a role they were no longer performing.
- There was concern about the performance of A&E – breaches were being recorded in the small hours.
- NHS England continued to reallocate funding previously distributed to CCGs to support specialist commissioning.

The report included positional detailed information on the performance of the nursing budget. This indicated that the budget was overspent by £700,000 year to date.

The Committee received an update on progress with the laundry and in particular the new contract with Southampton, Bournemouth and Christchurch and Poole hospitals.

The undertaking had now transferred to Salisbury Trading Ltd and the Committee recorded its thanks to Ian Robinson and Dave Grimshaw for their continuing efforts to support this activity.

It was noted also that cash was down against the plan and that there was believed to be £1.9m outstanding from outlying CCGs which was being chased up.

5. **CAPITAL PROGRAMME 2014/15**

The Committee received a report setting out the proposed Capital Programme which would be considered at the Trust Board seminar day in January.

It was noted that the proposed scheme for microfibre cleaning was under further discussion. Charitable input to schemes for new medical equipment was being considered.

An update was given on the progress with the CT Scanner appeal which had now achieved its initial objective of raising £650,000.

6. **MY TRUSTY LITTLE SUNFLOWER CREAM STRATEGY**

The Committee received a report setting out progress and actions undertaken in the past year to develop and market this project.

It was agreed that this issue would be considered again at the 20 January 2014 meeting and in the meantime Ian Downie would discuss with Rob Webb the progress achieved so far and potential next steps.   ID/RW

7. **MONITOR QUARTER 2 FEEDBACK**

The Committee received the letter dated 4 December 2013 indicating that the financial risk rating was '3', governance risk rating was 'green' and the shadow continuity of services risk rating was '4'.

8. **CODE OF GOVERNANCE**

It was noted that Monitor had recently published a new Code of Governance which would take effect from 1 January 2014.

9. **DATE OF NEXT MEETING**

20 January 2014 at 9.30 am.

SFT 3492

SALISBURY NHS FOUNDATION TRUST BOARD

PERFORMANCE TO 31 DECEMBER 2013

PURPOSE:

To inform the Board of the financial and contracting position to 31 December 2013.

MAIN ISSUES

1.   GENERAL

The report summarises the position for the first nine months of the financial year.

Key indicators of performance for the period to 31 December 2013 are summarised below and detailed in Appendix 1.

	FT Plan to 31.12.13	Actual To 31.12.13	% of Plan to 31.12.13
EBITDA £m	11.901	11.842	99
I & E Surplus £m*	2.056	1.683	
Total spells	42,389	44,635	105
Outpatient attendances	180,254	186,966	104
A&E Attendances	32,476	32,900	101
RAF Rating	4	4	

*Including donated assets treated as income under new rules

I & E Summary £m	FT Plan to 31.12.13	Actual to 31.12.13
I & E Surplus - Trust	1.256	1.451
I & E Surplus – Net Donated income	0.800	0.232
Total I & E Surplus	**2.056**	**1.683**

The financial position of the Trust improved slightly during December. Activity levels continued the overall increase shown in November, although expenditure levels remain a concern.
.
Operating income is £143.4m which is above the FT plan of £137.9m (Appendix 2). Operating expenditure within EBITDA amounted to £131.5m against a plan of £125.9m.

EBITDA is £11.842m which is below plan of £11.901m. Under the Risk Assessment Framework, which came into force on 1 October 2013, the Trust's rating is 4. Under the old FRR regime the rating is 3.

Quarter 3 figures are submitted to Monitor and are compared to the Trust's 2013-14 Annual Plan, which includes the performance of the laundry. The results of Salisbury Trading Limited (STL), from commencement of operation on 1 October 2013, have been incorporated with the results of the Trust to provide these consolidated figures for the nine months to 31 December 2013. Reports for the previous two months have excluded STL.

Net current assets amounted to £13.5m against a plan of £11.4m, but with a cash balance of £14.2m against a plan of £19.2m.

The Trust is slightly below the planned surplus for the period to 31 December 2013 and the outturn at the year end will depend on a number of factors. Donated income to fund fixed assets is behind plan, but this may exceed the planned figure if the purchase of a CT Scanner and two Ophthalmology OCT

Machines occurs before the year end. The outturn will also depend on potential year end settlements with our commissioners and discussions are ongoing on this matter.

Wiltshire CCG is continuing to overperform against the base contract value and at the end of December had reached a level of circa £4.0m, before any allowance for challenges. The CCG has recognised the contract was understated and will be initiating a contract variation to correct the overstated amount of circa £2.2m that was transferred to the Specialist Commissioners as part of the commissioning changes in 2013-14. A reasonable sum for challenges has been allowed for in the Trust's financial position. Discussions are ongoing regarding the challenges and to agree a forecast outturn for the year end.

Dorset CCG is overperforming against the contract by circa £0.64m at the end of December. The risk lies with the Trust as a block contract was agreed for the year, however discussions are taking place with the CCG to pay for some of the excess as the agreement reflected commitments from the CCG to reduce referrals and non-elective activity which hasn't happened. The CCG has acknowledged an increase in GP Referrals but expects activity to reduce for the remainder of the year, although the contract monitoring reports are not indicating any fall to date. A block contract will not be agreed for 2014-15 unless there are ways of mitigating the risk as too much risk currently lies with the Trust.

The Military Commissioner is above the agreed base contract by £0.33m, which is a further rise on the November position. A challenge letter for November has been received but the Trust considers there is little substance to this.

The financial envelope with West Hampshire CCG has been finalised at £14.6m with a cap and collar of £0.5m, as at the end of November the West Hampshire contract was underperforming by £0.27m. Other CCGs within Hampshire are also underperforming and the combined position for all Hampshire CCGs is £0.41m below contract. The underperformance is predominantly due to lower levels of elective activity than planned.

The contract value with Specialist Commissioners has been agreed at a sum of £26m. The contract is currently overperforming by £0.85m.

2.   SALES

Elective inpatients activity undertaken in December remains ahead of plan and is very similar to the same period last year. Planned same day cases activity in December saw a further improved position against the planned year to date figure and maintained the trend of moving significantly above the same period in 2012-13.

Although non-elective activity levels grew in December (the fourth highest monthly total for the year to date) they were slightly below the planned figure for the month, resulting in a marginal worsening of the adverse variance with the plan for the year to date. December activity was higher than in the same month last year.

Outpatient activity in the period to 31 December continued to be strong and moved further ahead of plan and the same period last year. The slow down in A & E attendances over the past four months continued and December figures were the lowest for the year to date and activity is now very close to that experienced in the same period to date last year.

Performance v 2012/13 and 2013/14 plans	Actual M9 2012/13	Actual M9 2013/14	FT plan M9 2013/14	*Comm plan M9 2013/14	FT plan Variance M9 2013/14	*Comm plan Variance M9 2013/14
Elective: Inpatients	4,897	4,869	4,748	4,789	121	80
Elective: Daycases	18,562	20,897	18,623	18,807	2,274	2,090
Non-elective spells	19,296	18,869	19,018	19,048	-149	-179
Outpatient: Initial attendances	49,248	50,438	49,754	49,754	684	684
Outpatient: Follow-up attendances	105,203	103,139	104,330	104,330	-1,191	-1,191
Outpatient procedures	26,011	33,389	26,170	26,170	7,219	7,219
Total Outpatient	180,462	186,966	180,254	180,254	6,712	6,712
A&E Attendances	32,796	32,900	32,476	32,476	424	424

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

Neonatal care and critical care activity continues to exceed that experienced in the first nine months of 2012-13, although the gap decreased in December. Burns activity remains above the same period last year and December activity of 178 occupied bed days (OBDs) exceeded the average number of 167 OBDs for the previous 8 months of the year (2012-13 ytd 143 OBDs). The number of births and Spinal bed days remain lower than in the same period last year, although the Spinal gap reduced as December activity was high, 1,301 OBDs compared with an average of 1,107 in the previous 8 months of the year.

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 major cost pressures have been placed into budgets as appropriate.

The total for all Directorates is an overspend position of £2,589k. The position is summarised below:

Directorate	Net Budget to 31.12.13 £000	Net Expend to 31.12.13 £000	Variance to 31.12.13 £000
			[+ over/- under]
Medicine	27,879	28,716	837
Musculo Skeletal	21,363	21,685	322
Surgery	24,927	25,791	864
Clinical Support & Family	24,500	25,003	503
Facilities	3,487	3,611	124
Sub-Total	**102,156**	**104,806**	**2,650**
Other Directorates	18,157	18,096	-61
TOTAL	**120,313**	**122,902**	**2,589**

A significant part of the overspend is due to unrealised savings against plan of £1,429k, and is also affected by agency expenditure. Although the rate of this expenditure slowed in December it still increased by £337k in the month (£359k in November and £390k in October).

After 9 months of the financial year nursing and healthcare assistants budgets are overspent by £790k. In addition 'specialing' has cost us £808k against a reserve of £200k, an increase in the month of £77k. Accordingly nursing and healthcare assistants budgets are overspent by £1,398k, an increase in month of £166k. This is after funding excess maternity leave of £211k. It is also after funding significant increases in capacity compared with 2012-13 totalling roughly £1.2m. After 9 months of the financial year we have spent £32.19m on nurses and healthcare assistants compared with £29.61m at the same time last year, an increase of £2.58m. This level of spend, if it were to continue, would undermine the Trust's financial position. The overseas recruitment has reduced the use of qualified nurse agency during the last two months but all agency needs to reduce further, including agency doctors.

An audit of agency and locum expenditure is taking place to review the systems in place and also the compliance with SFIs.

4.   STATEMENT OF FINANCIAL POSITION (BALANCE SHEET)

The Trust's cash position at 31 December 2013 was £14.2m. Interest earned was £53k.

The Statement of Position includes the assets and liabilities of Salisbury Trading Limited. The inventory figures exceed the plan as a result of stock purchased to service the new laundry agreements for Southampton, Bournemouth and Poole hospitals.

The Trust's cash position is lower than planned for a number of reasons. As mentioned above, additional laundry stock has been purchased, income has been accrued for December activity undertaken in the laundry and NHS debtors are over plan, primarily relating to the number of CCGs which now have to be invoiced and the need to chase them for payment.

The Capital Programme expenditure for the period to 31 December 2013 was £4.7m (Appendix 3). The total programme for the year currently stands at £10.8m following slippage of some schemes into

2014-15. All schemes continue to be reviewed to ensure expenditure will be incurred before the year end.

5.   COST IMPROVEMENT PLANS

Total cost improvement savings targets for the year are £9.2m, which includes revenue generation and expenditure reduction schemes. Monitor requires revenue generation and expenditure reduction to be separately reported.

The savings achieved to date are £4,838k against a target at 31 December of £6,267k i.e. 77%. Of the savings achieved to date, 52% is recurring. This position is marginally down on Month 8.

The savings requirement is currently being offset by the additional income for activity but a reduction in activity late in the year could undermine the position if savings are not delivered.

6.   RISKS

The Trust's key financial risks can be summarised as follows:
- Meet contractual obligations and avoid penalties
- 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
- Deliver the CIP target
- Succeed in gaining new business and maintaining existing work
- Should activity decline the Trust will need to respond quickly in removing capacity given that activity is currently supporting underachievement on CIPs.

7.   CONTRACT DISCUSSIONS FOR 2013/14 AND OTHER ISSUES

7.1 Contracts: Signed contracts are now in place for all our main commissioners and discussions are commencing regarding 2014/15. A new national contract for 2014/15 has been issued and reviewed.

7.2 Replica 3DM: The proposed investment of £100k from third parties is progressing and a revised shareholder agreement and amendments to the articles have been agreed. Money has been lodged with solicitors and documents signed by existing Company Board members.

7.3 Laundry - Salisbury Trading Ltd (STL): Further to the reported problems arising from successfully winning a very large contract to supply hospitals in Southampton, Bournemouth, Christchurch and Poole, there have been considerable improvements over the past few weeks. In particular:
- No backlog of dirty linen
- Significant amounts of additional linen purchased
- Hospitals now receiving the vast majority of their orders on time.
- Hospitals now restocked to correct levels
- Discussions with all customers have taken place and there is much support
- New equipment installed with improvements in efficiency
- No night shifts currently being worked

A full update will be provided by the Board of STL at the February meeting of the Finance Committee.

8.   CONCLUSION

The Trust has a surplus at Month 9 of £1,683k, which is below the planned position but an improvement from the Month 8 position. The position is being carefully monitored. The rating under the Risk Assessment Framework is 4 in accordance with Plan.

9.   RECOMMENDATION

The Board is asked to note the position at 31 December 2013.

Malcolm Cassells

Director of Finance and Procurement
21 January 2014

ATTACHMENTS TO VIEW ON WEBSITE

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

Appendix 1 - December (Month 9) Dashboard 2013-14

Graph 1 - EBITDA and Net Surplus

Graph 2 - Operating Income and Expenditure

Graph 3 - Directorate Performance

Graph 4 - Savings Programmes

Graph 5 - Actual v Planned Capital Expenditure and Depreciation 2013-14

Graph 6 - Cash, Liquidity and Net Current Assets 2013-14

Graph 7- Financial Risk Rating 2013-14

Graph 8 -Liquid Ratio 2013-14

Table 2 New FRR
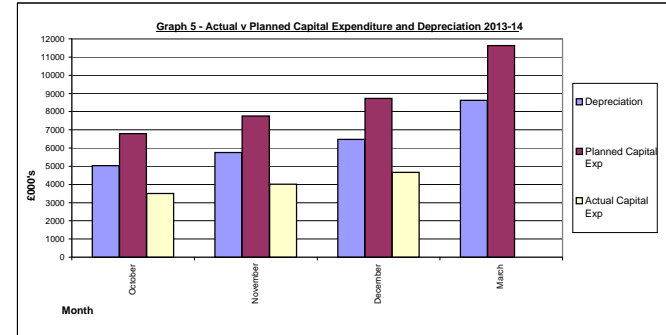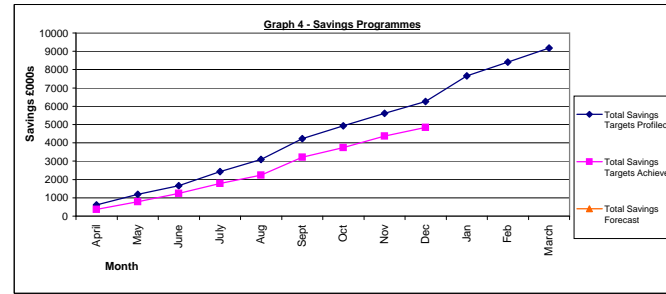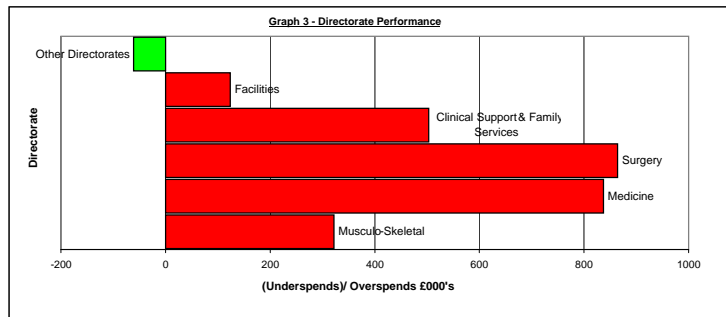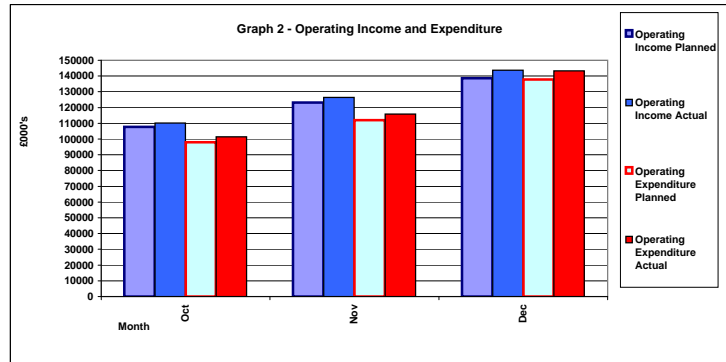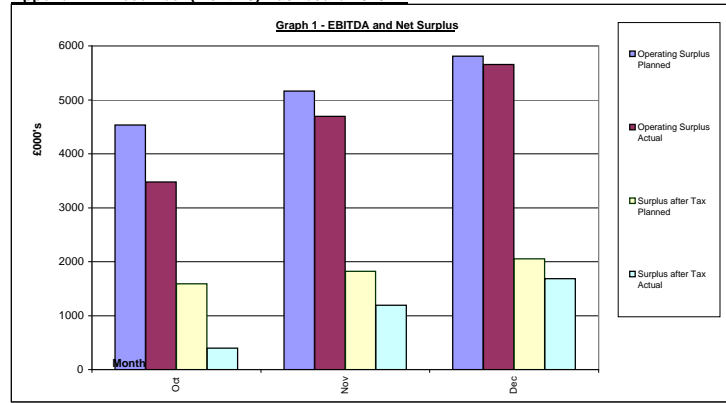
Ratio	Description	Planned Risk Score	Actual			Rating	Risk Ratings Weight
Capital Service Capacity	Revenue Avaliable for Debt Service Divided by Capital Service Costs	3	4045.00 / 1509.00	=	2.68	4	50%
Liquidity	cash for liquidy puposes*360 divided by operating expenses	4	10.41 / 45.03	=	20.81	4	50%
Total Weighted Score		**3.5**				**4.0**	**100%**

Table 1 - Financial Risk Rating Calculations:

Ratio	Description	Planned Risk Score	Actual			Rating	Risk Ratings
EBITDA Margin	EBITDA divided by Total Income *	3	11.84 / 143.36	=	8.3%	3	25%
EBITDA % Achieved	EBITDA Actual divided by EBITDA Plan	4	11.84 / 11.90	=	99.5%	4	10%
ROA	(Net Surplus/(Deficit) minus PDC Capital minus FA Impairments) divided by Total	3	1.45 / 104.04	=	1.4%	3	20.0%
I&E Surplus	(Net Surplus/(Deficit) minus FA Impairments) divided by Total Income	3	1.68 / 143.64	=	1.2%	3	20.0%
Liquid Ratio**	See below	3	21.4 Days			3	25%
Total Weighted Score		**3.1**				**3.1**	**100%**

NB: *Total income consists of NHS Clinical Income, Non NHS Clinical Income, Other Income (Education and Training, R&D) and PFI Specific Income.
NB: The liquidity ratio is defined as cash plus trade debtors plus unused working capital facility minus (trade creditors plus other creditors plus accruals) ex
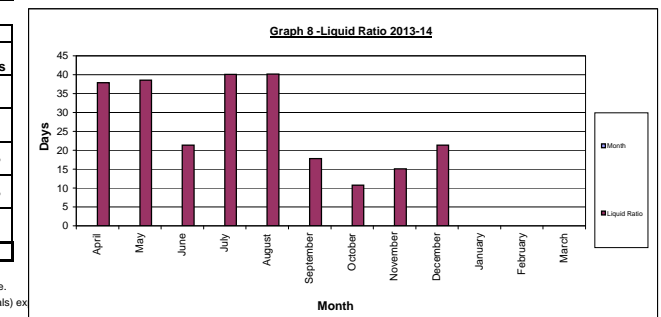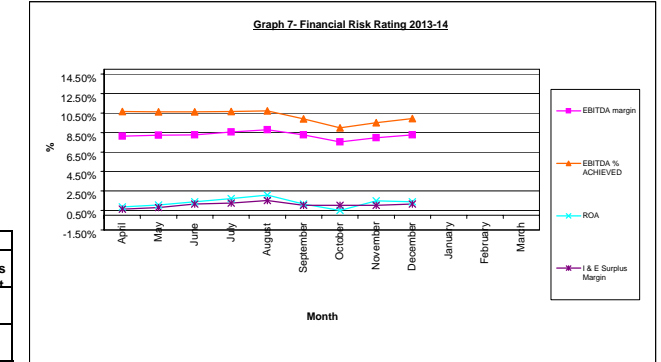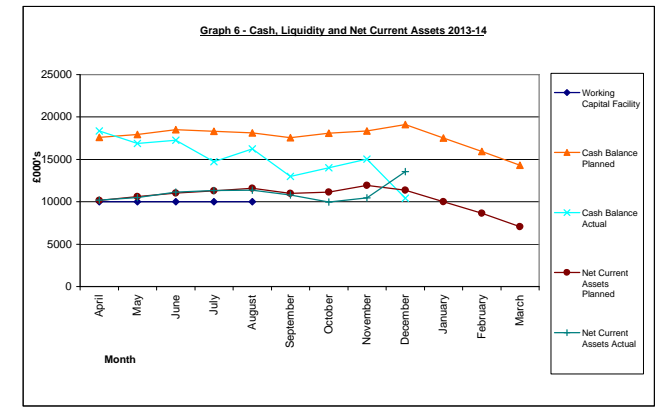
Quarterly planned and actual statement of comprehensive income for SALISBURY

Operating	units	sense	Audited for Year ending 31-Mar-13	Plan for Year to date ending 31-Dec-13	Actual for Year to date ending 31-Dec-13	Variance for Year to date ending 31-Dec-13
NHS Clinical Revenue						
NHS Acute Activity Income						
Elective inpatients						
Tariff revenue	£m	(+ve)	18.086	13.648	14.034	0.386
Non-Tariff revenue	£m	(+ve)	0.096	0.063	0.094	0.031
Elective activity revenue, Total	£m		18.182	13.711	14.128	0.417
Elective day case patients (Same day)						
Tariff revenue	£m	(+ve)	15.177	11.361	11.674	0.313
Non-Tariff revenue	£m	(+ve)	0.894	0.664	0.880	0.216
Elective Day Case activity revenue, Total	£m		16.071	12.024	12.554	0.530
Non-Elective patients						
Tariff revenue	£m	(+ve)	47.150	35.746	34.803	(0.943)
Non-Tariff revenue	£m	(+ve)	14.362	10.681	11.803	1.122
Non-Elective activity revenue, Total	£m		61.512	46.427	46.606	0.179
Outpatients						
Tariff revenue	£m	(+ve)	23.688	18.149	19.444	1.295
Non-Tariff revenue	£m	(+ve)	1.440	1.069	2.229	1.160
Outpatients activity revenue, Total	£m		25.128	19.218	21.673	2.455
A&E						
Tariff revenue	£m	(+ve)	4.759	3.525	3.743	0.218
Non-Tariff revenue	£m	(+ve)	-		-	
A&E activity revenue, Total	£m		4.759	3.525	3.743	0.218
Other NHS activity						
Tariff revenue	£m	(+ve)	1.438	1.537	2.811	1.274
Non-Tariff revenue	£m	(+ve)	33.335	24.676	24.218	(0.458)
Other NHS activity revenue, Total	£m		34.773	26.213	27.029	0.816
Total NHS Tariff income	£m		110.298	83.966	86.509	2.543
Total NHS Non-Tariff income	£m		50.127	37.153	39.224	2.071
NHS Acute Activity Income, Total	£m		160.425	121.118	125.733	4.615
Sub-total NHS Clinical Revenue	£m		160.425	121.118	125.733	4.615
Contract penalties or adjustments not included above	£m	(-/+ve)	-		-	
NHS Clinical Revenue, Total	£m		160.425	121.118	125.733	4.615
Non Mandatory/Non protected revenue						
Private patient revenue	£m	(+ve)	1.807	1.380	1.428	0.048
Other Non Mandatory/Non protected clinical revenue	£m	(+ve)	4.502	3.450	3.701	0.251
Non Mandatory/Non protected revenue, Total	£m		6.309	4.830	5.129	0.299
Other Operating Revenue						
Research and development revenue	£m	(+ve)	0.743	0.557	0.606	0.049
Education and training revenue	£m	(+ve)	4.796	3.597	3.810	0.213
PFI or other non-recurrent revenue support	£m	(+ve)	-		-	
PFI or other recurrent revenue support	£m	(+ve)	-		-	
Donations received in cash & to fund Operating Expenses	£m	(+ve)				
Grants received in cash & to fund Operating Expenses	£m	(+ve)				
Donations & Grants received of PPE & intangible assets (see comment)	£m	(+ve)	-		-	
Donations & Grants received of cash to buy PPE & intangible assets (see comment)	£m	(+ve)	1.042	0.800	0.232	(0.568)
Donations & Grants received of PPE & intangible assets (see comment)			1.042	0.800	0.232	(0.568)
Parking revenue	£m	(+ve)	1.128	0.840	0.948	0.108
Catering revenue	£m	(+ve)	0.848	0.630	0.638	0.008
Accommodation revenue	£m	(+ve)	1.210	0.900	0.974	0.074
Revenue from non-patient services to other bodies	£m	(+ve)	1.682	1.230	1.868	0.638
Misc. other operating revenue	£m	(+ve)	5.244	4.143	3.649	(0.494)
Other Operating revenue, Total	£m		16.693	12.697	12.725	0.028
Operating Revenue, IFRS, Total	£m		183.427	138.646	143.587	4.941
Operating Expenses						
Raw Materials and Consumables Used						
Drugs	£m	(-ve)	(14.273)	(11.240)	(11.033)	0.207
Clinical supplies	£m	(-ve)	(17.185)	(12.288)	(13.964)	(1.676)
Decrease (increase) in inventories of finished goods & WIP	£m	(-ve)	-		-	
Vehicle Fuel costs (ambulance trusts)	£m	(-ve)	-		-	
Non-clinical supplies	£m	(-ve)	(17.090)	(12.862)	(12.706)	0.156
Raw Materials and Consumables Used, Total	£m		-48.548	(36.391)	-37.703	(1.312)
Ambulance trust vehicle operating expenses						
Vehicle insurance costs	£m	(-ve)	-		-	
Vehicle leasing costs	£m	(-ve)	-		-	
Vehicle maintenance/Other Costs	£m	(-ve)	-		-	
Ambulance trusts vehicle operating expenses, Total	£m		0		0	
Cost of Secondary Commissioning of mandatory services	£m	(-ve)	(2.745)	(2.070)	(2.031)	0.039
Employee Expenses [was "Pay"]						
Employee expenses, permanent staff	£m	(-ve)	(110.124)	(82.078)	(85.123)	(3.045)
Employee expenses, agency & contract staff	£m	(-ve)	(4.441)	(3.097)	(4.523)	(1.426)
Employee Expenses, Total	£m	(-ve)	-114.565	(85.175)	-89.646	(4.471)
Research & Development expense	£m	(-ve)	(0.550)	(0.412)	(0.325)	0.087
Education and training expense	£m	(-ve)	(0.392)	(0.300)	(0.230)	0.070
Consultancy expense	£m	(-ve)	(0.358)	(0.240)	(0.171)	0.069
Misc. other Operating expenses	£m	(-ve)	-	(0.952)	(0.836)	0.116
(Increase)/decrease in Provisions, Current and Non-Current, net	£m	(+/-ve)	0.184	0.090	-	(0.090)
(Increase)/decrease in Impairment of receivables, Current and Non-Current, net	£m	(+/-ve)	0.260	0.195	0.200	0.005
PFI operating expenses						
PFI unitary payment	£m	(-ve)	(0.921)	(0.690)	(0.771)	(0.081)
IFRIC12 revenue/(expense) adjustment	£m	(+/-ve)	-		-	
Other PFI expenses	£m	(-ve)	-		-	
PFI operating expenses, total	£m	(-ve)	-0.921	(0.690)	-0.771	(0.081)
Operating Expenses within EBITDA, Total	£m		-167.635	(125.944)	-131.513	(5.569)
Depreciation and Amortisation						
Depreciation and Amortisation - purchased/constructed assets	£m	(-ve)	(7.605)	(6.194)	(5.753)	0.441
Depreciation and Amortisation - donated/granted assets	£m	(-ve)	(0.306)	(0.264)	(0.250)	0.014
Depreciation and Amortisation - owned assets			-7.911	(6.458)	-6.003	0.455
Depreciation and Amortisation - assets held under finance leases	£m	(-ve)	(0.062)	(0.047)	(0.046)	0.001
Depreciation and Amortisation - PFI assets	£m	(-ve)	(0.523)	(0.383)	(0.370)	0.013
Depreciation and Amortisation, Total	£m		-8.496	(6.888)	-6.419	0.469
Impairment (Losses) / Reversals net - purchased/constructed assets	£m	(-/+ve)	(0.795)		-	
Impairment (Losses) / Reversals net - donated/granted assets	£m	(-/+ve)	-		-	
Impairment (Losses) / Reversals net (on non-PFI assets)			-0.795		0	
Impairment (Losses) / Reversals net - PFI assets	£m	(-/+ve)	-		-	
Restructuring Costs	£m	(-ve)	-		-	
Operating Expenses excluded from EBITDA, Total	£m	(-ve)	-9.291	(6.888)	-6.419	0.469

APPENDIX 2

Operating Expenses IFRS, Total			-176.926	(132.832)	-137.932	(5.100)
Surplus (Deficit) from Operations			6.501	5.813	5.655	(0.158)
Non Operating						
Non-Operating income						
Finance Income [for non-financial activities]						
Gain (Loss) on Financial Instruments Designated as Cash Flow Hedges	£m	(+ve)	-		-	
Gain (Loss) on Derecognition of Available-for-Sale Financial Assets	£m	(+ve)	-		-	
Gain (Loss) on Derecognition of Non-Current Assets Not Held for Sale, Total	£m	(+ve)	-		-	
Gain (Loss) on Investments & Inv.Property (Not charitable funds)	£m	(+ve)	-		-	
Interest Income	£m	(+ve)	0.219	0.030	0.053	0.023
Dividend Income	£m	(+ve)	-		-	
Share of profit (loss) from equity accounted Associates, Joint Ventures, Total	£m	(+/-ve)	-		-	
Finance Income [for non-financial activities], Total	£m		0.219	0.030	0.053	0.023
Other Non-Operating income	£m					
Gain/(loss) on asset disposals	£m	(+/-ve)	(0.001)		-	
Gain/(loss) on transfers by absorption	£m	(+/-ve)	-		-	
Historic Income of NHS Charitable funds (if consolidated)	£m	(+ve)	-		-	
Historic Gain (Loss) of NHS Charitable funds' investments (if consol.)	£m	(+ve)	-		-	
Other Non-Operating income	£m	(+ve)	-		-	
Other Non-Operating income, Total	£m		-0.001		0	
Non-Operating income, Total	£m		0.218	0.030	0.053	0.023
Non-Operating expenses						
Finance Costs [for non-financial activities]						
Interest Expense						
Interest Expense on Overdrafts and Working Capital Facilities	£m	(-ve)	-		-	
Interest Expense on Bridging loans	£m	(-ve)	-		-	
Interest Expense on Non-commercial borrowings	£m	(-ve)	(0.065)	(0.024)	(0.023)	0.001
Interest Expense on Commercial borrowings	£m	(-ve)	-		-	
Interest Expense on Finance leases (non-PFI)	£m	(-ve)	(0.036)	(0.020)	(0.019)	0.001
Interest Expense on PFI leases & liabilities	£m	(-ve)	(1.732)	(1.305)	(1.431)	(0.126)
Interest Expense, Total	£m		-1.833	(1.349)	-1.473	(0.124)
Other Finance Costs	£m	(-ve)	-		(0.010)	(0.010)
PDC dividend expense	£m	(-ve)	(3.254)	(2.438)	(2.542)	(0.104)
Finance Costs [for non-financial activities], Total	£m		-5.087	(3.787)	-4.025	(0.238)
Other Non-Operating expenses						
Non-Operating PFI costs (eg contingent rent)	£m	(-ve)	-		-	
Historic Expenditure of NHS Charitable Funds (if consolidated)	£m	(-ve)	-		-	
Other Non-Operating expenses (developments)	£m	(-ve)	-		-	
Misc Other Non-Operating expenses	£m	(-ve)	-		-	
Other Non-Operating expenses, Total	£m		0		0	
Non-Operating expenses, Total	£m		-5.087	(3.787)	-4.025	(0.238)
Surplus (Deficit) before Tax	£m		1.632	2.056	1.683	(0.373)
Income Tax (expense)/ refund	£m	(-/+ve)	-		-	
Surplus (Deficit) After Tax	£m		1.632	2.056	1.683	(0.373)
Profit/(loss) from discontinued Operations, Net of Tax	£m	(+/-ve)	-		-	
Surplus (Deficit) After Tax from Continuing Operations	£m		1.632	2.056	1.683	(0.373)
Elements of Comprehensive Income						
Share of comprehensive income from associates and joint ventures	£m	(+/-ve)	-		-	
Revaluation gains/(losses) of donated/granted assets straight to reval reserve	£m	(+/-ve)	-		-	
Revaluation gains/(losses) of purchased/constructed assets straight to reval reserve	£m	(+/-ve)	-		-	
Revaluation gains/(losses) straight to revaluation reserve			0		0	
(Impairments)/reversals of purchased/constructed assets straight to reval reserve	£m	(+/-ve)	-		-	
(Impairments)/reversals of donated/granted assets straight to reval reserve	£m	(+/-ve)	-		-	
Impairments/(reversals) straight to revaluation reserve			0		0	
Fair Value gains/(losses) straight to reserves	£m	(+/-ve)	-		-	
Additions/(reduction) in "Other reserves"	£m	(+/-ve)	-		-	
Gain/loss on relevant transfers (1st April)	£m	(+/-ve)	-		-	
Other recognised gains/(losses) straight to reserves	£m	(+/-ve)	-		-	
AMENDED Remeasurements of a net defined benefit pension liability/asset	£m	(+/-ve)	-		-	
Elements of Comprehensive Income, Total			0		0	
Total Comprehensive Surplus/(Deficit)			1.632	2.056	1.683	(0.373)
Memorandum lines						
Total Revenue	£m		183.645	138.676	143.64	4.964
Total Expenses	£m		-182.013	(136.619)	-141.957	(5.338)
Total Operating Revenue for EBITDA	£m		182.385	137.846	143.355	5.509
Total Operating Expenses for EBITDA	£m		-167.635	(125.944)	-131.513	(5.569)
EBITDA (for FRR calculation: Plan values from APR)	£m		14.75	11.901	11.842	(0.059)
Operating Surplus (Deficit)	£m		6.501	5.813	5.655	(0.158)
Surplus (Deficit) After Tax (for FRR calculation)	£m		1.632	2.056	1.683	(0.373)
Return After Financing (for FRR calculation)	£m		1.386	1.256	1.451	0.195

Cost Centre	Project Name	Area	Board Approved 2013/14	Schemes B/Fwd to 2012/13	Slippage from 2012/2013	Board Approved plus 12/13 final slippage & B/fwd to 12/13	Adjustments to final Plan	Brought Forward from 2014/2015	Slippage to 2014/2015	Revised Plan	Spend to 31st December 2013	Under/(Over) spent on Project	Outstanding Spend 2013/2014
1	**Donated Assets**												
7082C0	Benson Suite - Donated	A1	0	0	39,629	39,629	0	0	0	39,629	23,491		16,138
7081C0	NICU / Parents Accommodation - Donated Assets	A1	0	0	16,332	16,332	0	0	0	16,332	0		16,332
7216C0	Ophthalmology OCT Machines x 2 (Novartis)	A1	0	0	0	0	107,000	0	0	107,000	0		107,000
SDA	Small items - Donated Additions	A1	0	0	0	0	68,491	0	0	68,491	68,491		0
7068C0	Spinal Unit - Horatio's Garden - SSIT Funded	A1	0	0	11,974	11,974	0	0	0	11,974	13,993	-2,019	0
7069C0	Spinal Unit - Horatio's Garden - Charitable Funded	A1	0	0	2,114	2,114	0	0	0	2,114	1,745	369	0
1	**Donated Assets - Totals**		**0**	**0**	**70,049**	**70,049**	**175,491**	**0**	**0**	**245,540**	**107,720**	**-1,650**	**139,470**
2	**Phase 3 Building Schemes**	**BWG**											
7230C0	CT Scanner Building and Enabling	A2	0	0	0	0	15,000	0	0	15,000	19,196	-4,196	0
7085C0	Laundry Buildings	A2	0	0	0	0	504,000	0	0	504,000	156,856		347,144
7084C0	Maternity - DoH Grant	A2	0	0	426,227	426,227	50,400	0	0	476,627	415,955		60,673
7002C0	NICU to old Wilton Ward	A2	0	0	955	955	0	0	0	955	1,218	-263	0
7087C0	Springs entrance developmen	A2	1,000,000	0	0	1,000,000	0	0	-900,000	100,000	1,222		98,778
7086C0	Ward changes - Dementia Patient Care	A2	250,000	0	0	250,000	884,229	0	-721,000	413,229	181,621		231,608
2	**Building Schemes - Totals**	**0**	**1,250,000**	**0**	**427,182**	**1,677,182**	**1,453,629**	**0**	**-1,621,000**	**1,509,811**	**776,067**	**-4,459**	**738,203**
3	**Building and Works**	**BWG**											
7009C0	Accommodation - Replacement glazing units	BWG	0	0	6,000	6,000	0	0	0	6,000	283		5,717
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	15,000	0	0	15,000	0	0	-15,000	0	0		0
7041C0	AHU replacement yr 2 (2013/14) of 3	BWG	280,000	0	228,819	508,819	-280,000	0	-110,000	118,819	77,942		40,877
7042C0	Asbestos management	BWG	0	0	23,894	23,894	0	0	0	23,894	1,332		22,562
7482C0	Avon & Tamar - Nursing Stations	BWG	0	0	10,000	10,000	0	0	0	10,000	0		10,000
7814C0	BMS upgrade 3rd year of 3 - invest to save	BWG	0	0	75,042	75,042	-15,000	0	0	60,042	8,704		51,338
7089C0	Bulk Fuel Tank Installatior	BWG	25,000	0	0	25,000	-25,000	0	0	0	0		0
7043C0	Catering boiling pan replacement	BWG	0	0	10,000	10,000	0	0	0	10,000	6,429		3,571
7044C0	Catering refrigeration upgrade	BWG	0	0	85,000	85,000	0	0	0	85,000	58,015		26,985
7090C0	Catering Replacement Cooking Equipmer	BWG	21,000	0	0	21,000	0	0	0	21,000	12,143		8,857
7091C0	Childrens OPD Audiology Soundproof Roon	BWG	84,000	0	0	84,000	0	0	0	84,000	0		84,000
7045C0	Drainage compliance works	BWG	0	0	97,769	97,769	0	0	-97,769	0	0		0
7047C0	DSU kitchens	BWG	0	0	3,365	3,365	0	0	0	3,365	1,751	1,614	0
7092C0	DSU Replacement Insulation to Air Handling System	BWG	38,000	0	0	38,000	-4,000	0	0	34,000	22,000		12,000
7048C0	DSU shower room	BWG	0	0	12,000	12,000	0	0	0	12,000	1,052	10,948	0
7010C0	DSU Theatres - Flooring	BWG	0	0	2,681	2,681	0	0	0	2,681	799	1,882	0
7027C0	DSU theatres - Ventillation and chiller plant	BWG	0	0	118,854	118,854	0	0	0	118,854	99,784	19,070	0
7093C0	Ductwork & Fire Damper Cleaning Whole Site 1st yr of 2	BWG	120,000	0	0	120,000	0	0	-80,000	40,000	120		39,880
7094C0	Education Centre Reception DDA Complianc	BWG	8,000	0	0	8,000	0	0	0	8,000	0		8,000
7828C0	Electricity at Work Regulations Compliance - Year 3 (2013/14) of 3	BWG	100,000	0	98,105	198,105	0	0	-75,000	123,105	60,369		62,736
7012C0	Endoscopy Ensuite Enema Room	BWG	0	0	0	0	0	30,000	0	30,000	0		30,000
7019C0	Endoscopy Unit alterations	BWG	0	0	45,824	45,824	0	0	0	45,824	42,181	3,643	0
7017C0	Eye clinic expansion	BWG	0	0	20,000	20,000	0	0	0	20,000	15,623		4,377
7011C0	Farley Day Room	BWG	5,000	0	18,086	23,086	-5,000	0	0	18,086	5,660		12,426
7215C0	Finance fire alarm system upgrade	BWG	0	0	0	0	21,600	0	-21,600	0	0		0
7001C0	Finance Office Refurbishment	BWG	0	0	0	0	33,000	0	0	33,000	28,547		4,453
7050C0	Fire alarms - detection & prevention equip - various	BWG	0	0	24,806	24,806	-12,871	0	0	11,935	6,387		5,548
7062C0	Fire compartmentation SDH north - remedial works	BWG	0	0	60,000	60,000	0	0	-30,000	30,000	0		30,000
7836C0	Fuel Storage for Standby Generator	BWG	0	0	661	661	0	0	0	661	0		661
7007C0	Gas mains test	BWG	0	0	12,000	12,000	0	0	0	12,000	0		12,000
7059C0	Hedgerows - Public WC's Refurbishment	BWG	0	0	24,265	24,265	0	0	0	24,265	24,415	-150	0
7005C0	Hedgerows extension	BWG	0	0	15,000	15,000	0	0	-15,000	0	0		0
7021C0	Hospice Nurse Call	BWG	0	0	12,039	12,039	0	0	0	12,039	0	12,039	0
7201C0	Hotwater Pipework Replacement Various Area	BWG	92,000	0	0	92,000	55,622	0	-61,500	86,122	74,791		11,331
7838C0	Hot Water Pipes - SDH Various Areas	BWG	0	0	55,622	55,622	-55,622	0	0	0	0		0
7052C0	IVF lab. Ventilation system modifications	BWG	0	0	854	854	0	0	0	854	0		854
7064C0	IVF/Ward Teaching Unit Offices	BWG	0	0	6,147	6,147	0	0	0	6,147	0		6,147
7054C0	Legionella risks	BWG	0	0	8,092	8,092	0	0	0	8,092	97		7,995
7096C0	Level 2 Flooring	BWG	102,000	0	0	102,000	0	0	-52,000	50,000	1,788		48,212
7097C0	Level 4 Bedspace Power Socket	BWG	80,000	0	0	80,000	-5,968	0	-39,032	35,000	0		35,000
7055C0	Level 5 plant rooms access equipment	BWG	0	0	8,000	8,000	0	0	0	8,000	0		8,000
7056C0	Lifts overhaul - year 2 (2013/14) of 3	BWG	0	0	42,595	42,595	80,000	0	-50,000	72,595	46,297		26,298
7098C0	Main Entrance L3 Upgrade	BWG	125,000	0	0	125,000	0	0	0	125,000	5,029		119,971
7099C0	Main kitchen Refurbishmen	BWG	222,000	0	0	222,000	56,400	0	0	278,400	246,865	31,535	0
7070C0	Main Theatres 4th Laminar Flow System	BWG	0	0	185,000	185,000	0	0	-185,000	0	0		0
7033C0	Maternity Relocation - Enabling	BWG	0	0	2,662	2,662	0	0	0	2,662	880		1,782
7080C0	Mattress Laundering	BWG	0	0	2,521	2,521	0	0	0	2,521	0		2,521
7072C0	Medical Air (Dryers) SDH North	BWG	0	0	4,120	4,120	0	0	0	4,120	0		4,120
7852C0	Medical Gas System	BWG	0	0	3,456	3,456	0	0	0	3,456	0		3,456
7854C0	Microbiology Air Pressure	BWG	0	0	10,000	10,000	-10,000	0	0	0	0		0
7003C0	Microbiology - Category 3 Roon	BWG	0	0	0	0	58,164	0	0	58,164	0		58,164
7013C0	Mortuary electrical installation compliance	BWG	0	0	15,000	15,000	0	0	0	15,000	0		15,000
7142C0	Mortuary Refrigeration	MDC	0	0	40,000	40,000	0	0	0	40,000	19,604		20,396
7492C0	Noise Reduction & Facilities Equipment	BWG	0	0	43,389	43,389	0	0	0	43,389	6,358		37,031
7202C0	Nurse Call System Upgrade - SDH North & Maternity - 1st yr of 2	BWG	132,000	0	0	132,000	-27,425	0	-104,575	0	0		0
7203C0	Occupational Health Replacement Boiler	BWG	48,000	0	0	48,000	0	0	0	48,000	46,932		1,068
7074C0	Ophthalmology Admir	BWG	0	0	0	0	0	0	0	0	0		0
7894C0	Oral Surgery - Theatre 9 (plus more dental chairs)	BWG	0	0	100,000	100,000	0	0	0	100,000	48,483		51,517
7204C0	Pathology & Histopathology OSNA Room (4.5.20 Air Conditioning	BWG	24,000	0	0	24,000	-10,000	0	0	14,000	8,377		5,623
7057C0	Piped medical gas system safety valves replacement	BWG	0	0	7,921	7,921	0	0	0	7,921	4,238		3,683
7205C0	Portering Improvements A - Tugs (inc low loaders)	BWG	24,000	0	0	24,000	3,000	0	0	27,000	22,330		4,670
7207C0	Portering Improvements C - 2 way radi	BWG	10,000	0	0	10,000	4,000	0	0	14,000	13,944		56
7208C0	Procurement Out of Hours Bay	BWG	7,000	0	0	7,000	0	0	0	7,000	0		7,000
7848C0	Productive Operating Theatres	BWG	0	0	29,315	29,315	0	0	0	29,315	1,900		27,415
7864C0	Psychology Accommodation & Urology OPD Admin (Block 74)	BWG	0	0	11,562	11,562	105,200	0	0	116,762	123,349	-6,587	0
7209C0	Public & Staff WCs L5,L4,L3	BWG	84,000	0	0	84,000	0	0	-84,000	0	0		0
7210C0	Public Spaces Fund	BWG	20,000	0	0	20,000	0	0	0	20,000	0		20,000
7211C0	Radiology Recovery Area Improvemen	BWG	60,000	0	0	60,000	0	0	-60,000	0	0		0
7095C0	Relocation of Liquid Oxygen VIE Plar	BWG	130,000	0	0	130,000	0	0	0	130,000	100,201		29,799
7061C0	Rheumatology temperature control	BWG	0	0	17,951	17,951	0	0	0	17,951	1,046		16,905
7020C0	Roads and paving repairs	BWG	60,000	0	3,530	63,530	0	0	0	63,530	350		63,180
7880C0	Roof Repairs - Various	BWG	0	0	35,601	35,601	0	0	0	35,601	9,575		26,026
7212C0	SDH Main Chillers Replacement - 1st phase (2013/14)	BWG	255,000	0	0	255,000	229,920	0	0	484,920	0		484,920
7058C0	SDU & pathology sterilizing plant - replacement compressors	BWG	0	0	17,000	17,000	10,000	0	0	27,000	25,302	1,698	0
7039C0	SDU Reverse Osmosis Units	BWG	0	0	10,110	10,110	0	0	0	10,110	1,132		8,978
7678C0	Security improvements 2010/2011	BWG	0	0	5,572	5,572	-5,572	0	0	0	0		0
7028C0	Security improvements 2011/2012	BWG	0	0	14,218	14,218	-14,218	0	0	0	0		0
7214C0	Security Improvements 2013/1	BWG	159,000	0	0	159,000	19,790	0	0	178,790	97,416		81,374
7037C0	Server Rooms - Air Conditioning	BWG	0	0	45,000	45,000	0	0	0	45,000	3,478		41,522
7219C0	Site Signage 2013/14	BWG	10,000	0	0	10,000	0	0	-3,000	7,000	1,652		5,348
7049C0	Spinal treatment centre refurbishment	BWG	80,000	0	100,000	180,000	0	0	-100,000	80,000	0		80,000
7016C0	Spinal Unit - wheelchair cleaning and storage	BWG	0	0	15,000	15,000	0	0	0	15,000	1,249		13,751
7890C0	Spinal X-ray booking facilities and doors	BWG	0	0	26,993	26,993	0	0	-26,993	0	0		0
7217C0	Theatres 1 - 10 Replacement Taps	BWG	12,000	0	0	12,000	0	0	0	12,000	6,647		5,353
7075C0	Urology OPD & Admin Relocation (Block 74	BWG	0	0	80,000	80,000	-80,000	0	0	0	0		0
7060C0	Victoria drive residences - replacement heating boilers	BWG	0	0	30,000	30,000	0	0	0	30,000	27,572	2,428	0
7018C0	Walls - repairs to failing walls	BWG	0	0	8,000	8,000	0	0	-8,000	0	0		0
7022C0	Wessex Rehab Windows and Cladding	BWG	0	0	0	0	66,000	0	0	66,000	275		65,725
7071C0	WHS & Costa Coffee (inc LoF Shop)	BWG	0	0	0	0	0	0	0	0	39	-39	0
7077C0	Wilton Ward Winter Pressures 13/14 (Block 79)	BWG	0	0	4,679	4,679	45,321	0	0	50,000	9,706		40,294

Cost Centre	Project Name	Area	Board Approved 2013/14	Schemes B/Fwd to 2012/13	Slippage from 2012/2013	Board Approved plus 12/13 final slippage & B/fwd to 12/13	Adjustments to final Plan	Brought Forward from 2014/2015	Slippage to 2014/2015	Revised Plan	Spend to 31st December 2013	Under/(Over) spent on Project	Outstanding Spend 2013/2014
3	**Building Projects/Building and Works Totals**	**BWG**	2,439,000	0	2,001,120	4,440,120	230,341	30,000	-1,218,469	3,481,992	1,430,439	76,199	1,975,354
4	**Information Technology**	**IT**											
7968C0	Abdominal Aortic Aneurysm (AAA) Project	IT	13,000	-13,000	26,000	26,000	-13,000	0	0	13,000	8,677		4,323
7901C0	AD Upgrade to 2008	IT	65,000	0	0	65,000	0	0	0	65,000	0		65,000
7995C0	Auditbase link to iPM	IT	20,000	0	0	20,000	0	0	0	20,000	0		20,000
7930C0	Back up hardware	IT	0	0	1,145	1,145	0	0	0	1,145	0		1,145
7964C0	Block 72 & 74 - IT Upgrade	IT	0	0	17,494	17,494	0	0	0	17,494	16,660		834
7714C0	Blood Tracking	IT	0	0	30,167	30,167	0	0	0	30,167	3,776		26,391
7996C0	Blood Tracking Phase 2	IT	155,000	0	0	155,000	0	0	-120,000	35,000	13,996		21,004
7993C0	BMS Network Upgrade	IT	41,000	0	0	41,000	0	0	0	41,000	0		41,000
7940C0	Brocade Switch Replacement	IT	0	0	13,438	13,438	0	0	0	13,438	0		13,438
7954C0	Clinical Coding Encoder	IT	0	0	32,480	32,480	0	0	0	32,480	8,788		23,692
7984C0	Community Midwifery system trial	IT	0	0	35,748	35,748	0	0	0	35,748	0		35,748
7936C0	Data backup system licences	IT	0	0	12,623	12,623	0	0	0	12,623	14,274	-1,651	0
7937C0	Datix	IT	0	0	0	0	70,000	0	0	70,000	71,073	-1,073	0
7909C0	Desktop PC Windows 7 Upgrade	IT	38,000	0	0	38,000	0	0	0	38,000	0		38,000
7110C0	Diabetic Retinopathy Screening	IT	0	0	5,056	5,056	0	0	0	5,056	0		5,056
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	71,000	0	1,882	72,882	0	0	0	72,882	0		72,882
7997C0	Electronic Letters	IT	0	0	0	0	33,250	0	0	33,250	4,257		28,993
7961C0	EPMA (Yr 1 (2013/14) of 7)	IT	131,000	0	8,539	139,539	0	0	-50,000	89,539	41,425		48,114
7925C0	Estates Management Information System	IT	35,000	0	0	35,000	0	0	0	35,000	0		35,000
7926C0	Exchange 2010 Upgrade	IT	35,833	0	0	35,833	0	0	0	35,833	2,949		32,884
7759C0	Genetics Starlims system	IT	0	0	10,419	10,419	0	0	0	10,419	10,338		81
7912C0	Inhouse development team - applications, databases and Dashboards (subject to bus case)	IT	0	0	78,068	78,068	103,500	0	0	181,568	135,114	-11,696	58,150
7927C0	iPad Security	IT	22,000	0	0	22,000	0	0	0	22,000	0		22,000
7913C0	Lab Medicine-Tpath to Nxt Gen	IT	75,000	0	75,500	150,500	0	0	0	150,500	150,000		500
7914C0	Mobile Computing for Wards	IT	0	0	56,412	56,412	0	0	0	56,412	27,423		28,989
7972C0	Moorefield's Eye Hospital Software	IT	0	0	0	0	27,000	0	0	27,000	0		27,000
7917C0	Network - Replacement of non Supportable	IT	0	0	1,695	1,695	0	0	0	1,695	1,492		203
7928C0	Network Upgrade	IT	145,000	0	0	145,000	0	0	0	145,000	4,704		140,296
7974C0	Neurophysiology Project	IT	40,000	-40,000	12,107	12,107	0	0	0	12,107	7,661		4,446
7942C0	Order Comms (includes System Admin Bid & Sexual Health Bid)	IT	28,000	0	87,168	115,168	25,000	0	0	140,168	59,392		80,776
7943C0	PACS Reprocurement	IT	304,000	-139,000	192,283	357,283	0	0	-18,000	339,283	239,997		99,286
7931C0	Palliative Care EPR	IT	46,552	0	0	46,552	0	0	0	46,552	11,703		34,849
7902C0	Patient Observations 'Early Warning System'	IT											
7552C0	Patient Tracking	IT	0	0	1,253	1,253	0	0	0	1,253	0		1,253
7991C0	Pefromance Review Process Developmer	IT	0	0	0	0	15,500	0	0	15,500	0		15,500
7918C0	Radiology - OrderComms	IT	0	0	74,701	74,701	0	0	-71,257	3,444	3,444		0
7919C0	RC3 Replacement (Main Xray, theatres, Radnor, PACS other wards etc)	IT	0	0	1,651	1,651	0	0	0	1,651	0		1,651
7976C0	Replacement PC's 13/14	IT	0	0	0	0	15,000	0	0	15,000	0		15,000
7985C0	RIS patient self check in	IT	0	0	7,910	7,910	0	0	0	7,910	0		7,910
7970C0	Scanned Health Rtecords	IT	0	0	11,356	11,356	0	0	0	11,356	9,842		1,514
7986C0	SCIS/Excelicare licences	IT	0	0	75,000	75,000	-75,000	0	0	0	0		0
7921C0	Scriptlogic Licenses Extension	IT	0	0	11,571	11,571	0	0	0	11,571	16,514	-4,943	0
7977C0	SLAM	IT	0	0	0	0	34,100	0	0	34,100	26,492		7,608
7933C0	SQL Virtual Licenses (+ 500 Sophos Licenses	IT	50,000	0	0	50,000	0	0	0	50,000	49,156		844
7938C0	Symphony Upgrade 2011	IT	0	0	0	0	30,771	0	0	30,771	30,000		771
7948C0	Telecomms Voice Over IP - invest to save	IT	0	0	51,166	51,166	0	0	0	51,166	4,844		46,322
7987C0	Telepath enhancements	IT	0	0	77,812	77,812	-22,132	0	-46,365	9,315	9,315		0
7950C0	Theatre management system - balance	IT	0	0	1,496	1,496	0	0	0	1,496	0		1,496
7935C0	UPS Replacement	IT	18,000	0	0	18,000	0	0	0	18,000	13,456		4,545
7922C0	UPSs - Room based for Computer Rooms	IT	0	0	27,000	27,000	0	0	0	27,000	0		27,000
7924C0	Wireless Expansion	IT	39,000	-14,000	0	25,000	0	0	0	25,000	10,187		14,813
4	**Information Technology Totals**	**IT**	1,372,385	-206,000	1,048,640	2,215,025	243,989	0	-305,622	2,153,392	1,006,948	-19,363	1,165,807
5	**Medical Devices**	**MDC**											
7108C0	(EVAR) Endovascular Aneurysm Repair	MDC	0	0	103,292	103,292	0	0	0	103,292	11,581		91,711
7131C0	Bed replacement programme - 1st (2013/14) yr of 4	MDC	185,000	0	0	185,000	0	0	0	185,000	0		185,000
7132C0	ENT scopes	MDC	50,000	0	0	50,000	1,660	0	0	51,660	51,574		86
7115C0	Flexible hysteroscopes x 8, camera, processor & light source, monitor, stack	MDC	0	0	3,767	3,767	0	0	0	3,767	2,779		988
7116C0	Foetal Heart Monitors X 6	MDC	0	0	7,531	7,531	0	0	0	7,531	0		7,531
7130C0	Genetics DNA Sequencer	MDC	105,000	-105,000	105,000	105,000	0	0	0	105,000	106,010	-1,010	0
7107C0	Grouped Items 2011/2012	MDC	0	0	12,741	12,741	0	0	0	12,741	6,198		6,543
7141C0	GYRUS	MDC	0	0	71,322	71,322	0	0	0	71,322	70,205		1,117
7109C0	Histopathology Tissue Processor	MDC	0	0	33,857	33,857	0	0	0	33,857	0		33,857
7104C0	ICSI Rig	MDC	0	0	0	0	67,000	0	0	67,000	0		67,000
7117C0	Laparoscopic Camera Stacks X 3	MDC	0	0	16,406	16,406	0	0	0	16,406	0		16,406
7118C0	Laparoscopic instrumentation	MDC	0	0	68,400	68,400	0	0	0	68,400	14,498		53,902
7128C0	Main Theatre Operating Lights	MDC	115,000	0	7,720	122,720	0	0	0	122,720	1,998		120,722
7764C0	Medical Equipment < £50k 11/12	MDC	0	0	57,091	57,091	-1,660	0	0	55,431	0		55,431
7113C0	Medical Equipment < £50k 12/13	MDC	0	0	97,410	97,410	0	0	0	97,410	11,354		86,056
7103C0	Medical Equipment < £50k 13/14	MDC	350,000	-16,800	0	333,200	0	0	0	333,200	148,884		184,316
7133C0	Negative pressure theatre device	MDC	60,000	0	0	60,000	0	0	0	60,000	62,186	-2,186	0
7102C0	Neonatal ventilator	MDC	0	0	5,885	5,885	0	0	0	5,885	0		5,885
7120C0	Ophthalmology Programme	MDC	0	0	2,377	2,377	0	0	0	2,377	1,976		401
7298C0	Patient Monitoring Project	MDC	0	0	2,040	2,040	0	0	0	2,040	0		2,040
7134C0	Patient monitoring and stations 1st phase of	MDC	100,000	0	0	100,000	0	0	0	100,000	97,684		2,316
7135C0	Patient trolleys x 14 + 1 Radiolog	MDC	69,000	0	0	69,000	0	0	0	69,000	0		69,000
7140C0	Revenue Grouped Items	MDC	100,000	0	0	100,000	0	0	0	100,000	77,035		22,965
7136C0	Rigid hysteroscopes x 4 plus stack	MDC	75,000	0	0	75,000	0	0	0	75,000	35,158		39,842
7213C0	Scopes	MDC	0	0	2,718	2,718	0	0	0	2,718	0		2,718
7126C0	Second CT Scanner - Feasability	MDC	0	0	2,000	2,000	0	0	0	2,000	0		2,000
7978C0	Theatre Operating Tables	MDC	0	0	14,471	14,471	0	0	0	14,471	0		14,471
7137C0	Ultrasound machine - Radiology	MDC	80,000	0	0	80,000	0	0	0	80,000	79,998	2	0
7143C0	UVB Machine for Dermatology	MDC	0	0	0	0	17,400	0	0	17,400	17,400		0
7138C0	Ventilators x 2 Radnor ICU	MDC	66,000	0	0	66,000	0	0	0	66,000	0		66,000
5	**Medical Equipment Totals**	**MDC**	1,355,000	-121,800	614,028	1,847,228	84,400	0	0	1,931,628	796,518	-3,194	1,138,304
6	**Other**	**OTHER**											
7712C0	Drinking Water Stations	OTHER	0	0	5,775	5,775	600	0	0	6,375	2,201		4,174
7703C0	Efficiency schemes	OTHER	200,000	0	196,724	396,724	-237,400	0	-50,000	109,324	19,612		89,712
7701C0	Finance systems 2011/2012	OTHER	30,000	0	60,000	90,000	-34,100	0	0	55,900	24,642		31,259
7758C0	Floor Cleaning Machine	OTHER	19,000	-19,000	0	0	0	0	0	0	0		0
7792C0	Fire Door Closers	OTHER	0	0	0	0	22,464	0	0	22,464	22,944	-480	0
7709C0	Fire Safety Training Equipment	OTHER	0	0	0	0	13,000	0	0	13,000	12,180		820
7966C0	Footfall Logistics	OTHER	0	0	1,862	1,862	0	0	0	1,862	3,024	-1,162	0
7707C0	LED Lighting	OTHER	0	0	0	0	87,035	0	0	87,035	0		87,035
7710C0	Outpatient Kiosks	OTHER	0	0	0	0	198,000	0	0	198,000	0		198,000
7790C0	Phhotovoltaic's / Solarthermal PV	OTHER	0	0	0	0	261,000	0	0	261,000	0		261,000
7760C0	Project costs 2013/14	OTHER	10,000	0	0	10,000	0	0	0	10,000	2,452		7,548
7705C0	Project Costs 2012/2013	OTHER	0	0	8,398	8,398	0	0	0	8,398	9,369	-971	0
7711C0	TRV's (details to be taken to CapCG Oct mtng)	OTHER	0	0	0	0	17,500	0	-17,500	0	0		0
7706C0	Voltage Optimization	OTHER	0	0	0	0	184,044	0	0	184,044	0		184,044
7718C0	Ward Waste Bins	OTHER	0	0	0	0	100,000	0	-100,000	0	0		0
6	**Other Totals**		259,000	-19,000	272,759	512,759	612,143	0	-167,500	957,402	96,423	-2,613	863,592
	TRUST TOTALS		6,675,385	-346,800	4,433,778	10,762,363	2,799,993	30,000	-3,312,591	10,279,765	4,214,115	44,920	6,020,730
7	**Outside of Trust Sourced Funding**												
7708C0	Laundry Equipment	A2	0	0	0	0	558,000	0	0	558,000	445,000		113,000
	Outside of Trust Sourced Total		0	0	0	0	558,000	0	0	558,000	445,000	0	113,000
			6,675,385	-346,800	4,433,778	10,762,363	3,357,993	30,000	-3,312,591	10,837,765	4,659,115	44,920	6,133,730

AGENDA ITEM

TRUST PERFORMANCE REPORT TO END OF DECEMBER 2013

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. All targets within the Monitor compliance framework were successfully achieved during December.

PATIENT CHOICE

2. **Diagnostics** – whilst the 6 week diagnostic target continues to be met, the local target for providing diagnostics within 4 weeks as predicted has not been met in December 2013.   Current waiting times indicate that 97% of patients waiting for CT scans are seen within 4 weeks and MRI and ultrasound are currently booking between 4-5 weeks. Additional capacity continues to be deployed through the mobile CT and MRI vans, although demand increases continue to provide a challenge to the department: (CT (5.6%); ultrasound (5); MRI (5.4%) and direct access referrals from GPs). An initial review of direct access referrals by the Sarum executive has indicated that the referrals are appropriate and an increase in ultrasound reflects the approach increasingly being used to help the GPs manage conservatively soft tissue injury as an alternative to secondary care referral. The commissioners and the CCG remain keen to work with the team though to identify opportunities for demand management of requests.

   Endoscopy also continues to experience challenges in December due to increases in demand. Recurrent capacity shortfalls have been calculated for next year based on these profiles and workforce plans from the surgical and medical specialties are being determined to inform 2014/15 capacity plans. In the short term, capacity gaps are being managed through additional waiting lists and the employment of locum staff. It should be noted however that all surveillance targets continue to be met.

3. **Emergency Department** – The Emergency Department achieved all of its clinical indicators during December including the mean time to treatment which reported 57 minutes against a target of 60 minutes or less, and reflects the significant work which the department has undertaken over the past several months to address the target.

PARTNERSHIP WORKING

4. **Delayed transfers of care (DTOC)** – DTOCs remain a significant issue for our patients. Internal escalation of delays have been put in place and weekly reviews with the CCG DTOC 'task and finish' group continue to consider DTOCs across Wiltshire in preparation for the winter. Lack of funded capacity remains one of the

main blocks for our patients being cared for in the right environment and consideration is being given by the CCG as to how they can support the Council with regards to this during the winter period.

STAFF

5. **Appraisal rates** – the overall Trust position at the end of December was 85%. Whilst the overall percentage is not at the desired level, as a result of the continued focus on Appraisal Compliance there have however been some pleasing levels reported from within Directorates, most notably Medicine at 92% compliant and Facilities at 93% compliant. The lowest compliance levels are in the high seventies with all other Directorates and areas reporting percentages in the mid to late eighties.   The Board will recall that all areas were being challenged to deliver on 100% compliance by 31st December 2013. Conversations will now commence within the monthly performance 3:3s to understand the gaps in compliance and seek assurance of the mitigation being put in place to remedy this wherever possible

VALUE AND EFFECTIVENESS

6. **Coding** - The clinical coding throughput remains heavily reliant on having a full establishment. After months of improved performance, December saw a number of staff absent for various reasons which, together with reduced number of working days in the month, substantially affected throughput. The department currently has more trainee coders who code more slowly than more experienced coders, following recent recruitments.

ACTION REQUIRED BY THE BOARD:

To note the Trust's performance.
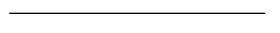
ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:
Board Performance Report, December 2013
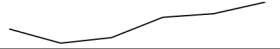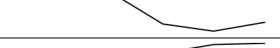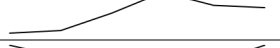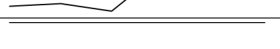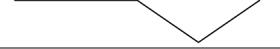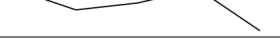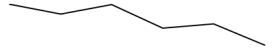
AUTHOR: KATE HANNAM
TITLE: CHIEF OPERATING OFFICER

Trust Board Performance Report - December 2013

Salisbury **NHS**
NHS Foundation Trust
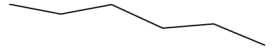
Monitor Assurance

Metric Name	Indicative Monthly Volume	Target Source	Target	Dec-13	YTD	Benchmark	Trend
Infection control – Clostridium difficile	5,800 discharges	Contract	21 cases	0	13		
Infection control - MRSA	5,800 discharges	Contract	0 cases (deminimis volume 6)	0 (+2) *	0 (+2) *		

Metric Name	Indicative Monthly Volume	Target Source	Target	Dec-13	Quarter 3 to date	Benchmark	Trend
Patients treated within 18 weeks requiring admission	1,000 patients	Contract	90% treated within 18 weeks	95.9%	95.2%	92%	
Patients treated within 18 weeks not requiring admission	3,500 patients	Contract	95% treated within 18 weeks	97.9%	97.8%	97%	
Proportion of patients waiting less that 18 weeks for first treatment	10,300 patients	Contract	92% still waiting within 18 weeks	97.8%	N/A	95%	
Zero tolerance RTT waits > 52 weeks		Contract	Zero	0	0		

Metric Name	Indicative Monthly Volume	Target Source	Target	Dec-13	YTD	Benchmark	Trend
All Cancer two week waits	450 patients	Contract	93% patients within 2 weeks	95.7%	93.9%	95.4%	
Symptomatic Breast Cancer - two week waits	85 patients	Contract	93% patients within 2 weeks	95.6%	95.2%		
31 day wait standard	110 patients	Contract	96% patients within 31 days	100.0%	98.7%	97.9%	
31 day subsequent treatment : Surgery	20 patients	Contract	94% patients within 31 days	100.0%	96.9%		
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	92.9%	91.8%	87.0%	
62 day screening patients	4 patients	Contract	90% patients within 62 days	0 patients	100.0%		
62 day patients waiting first definitive treatment after Consultant upgrade	3 patients	Contract	85% patients within 62 days	100% (Oct-13)	90% (to Oct-13)		

A&E - Time in A&E department	3,600 patients	Contract	95% patients leave within 4 hours of arrival	95.6%	96.3%	94%	

Quarterly Governance risk rate		Green: No evident concerns

Trust Board Performance Report - December 2013

Salisbury **NHS**
NHS Foundation Trust

Patient Choice

Metric Name	Indicative Monthly Volume	Target source	Target	Dec-13	YTD	Benchmark	Trend
Patients waiting less than 4 weeks for diagnostics	1,800 patients	Trust	98% of Diagnostic Waiting List <= 4 weeks	87.0%	92.9%	81%	
Patients waiting less than 6 weeks for diagnostics	1,800 patients	Contract	100% of Diagnostic Waiting list < 6 weeks	100.0%	100.0%	99%	
Choose and Book slot unavailability		Contract	Provider to ensure sufficient appt slots are available on Choose & Book		7%	NHS Southwest 11%	
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	51.0%	42.9%	N/A	
Friends and Family - % likely to recommend Hospital	1,400 discharges			96.3%	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	2.5%	2.5%	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	1.3%	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	03:59	03:58	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	00:08	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	57	60	benchmark data not fit for purpose	
Ambulance Handover Breaches	970 arrivals by ambulance	Contract	Patients waiting > 20 minutes for Ambulance Handover	0	18		
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	89.7%	85.3%	89%	
Cancelled operations on the day of surgery	2,100 elective admissions (incl. daycase)	Trust	< 0.7% elective patients cancelled	0.8%	0.9%	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	Oct-13	YTD	Benchmark	Trend
Market Share: NHS Wiltshire - Elective		Strategy		28.5%	29.6%		
Market Share: NHS Wiltshire - Non-Elective		Strategy		35.6%	35.8%		
Market Share: Core Practices - Elective		Strategy	Increase market share from 52% to 55% over 5 years	51.1%	52.5%		
Market Share: Core Practices - Non-Elective		Strategy		66.9%	63.9%		

Trust Board Performance Report - December 2013

Salisbury **NHS**
NHS Foundation Trust

Partnership working

Metric Name	Indicative Monthly Volume	Target source	Target	Dec-13	YTD	Benchmark	Trend
Delayed Transfers of Care - NHS				5	N/A		
Delayed Transfers of Care - Social Services			4 DTOCs based on 3 Wilts SS delays and ~1 other	14	N/A		
Outpatient Follow Up rates	15,000 attendances	Contract	Aspire for Follow up -New Rate <=1:1.6	1.6	1.7		

Staff

Metric Name	Indicative Monthly Volume	Target source	Target	Dec-13	YTD	Benchmark	Trend
Staff absence rate		Strategy	3.0% absence rate	2.37%	2.90%		
Staff turnover	2731 FTE	Strategy	12% over 12 months as a cumulative figure	N/A	4.32%		
Appraisal rates		Strategy	100% of Appraisals completed	85.0%	68.4%		
Statutory and Mandatory Training levels		Strategy	100% of Training completed	68.5%	67.2%		
Registered Nurses Vacancy Factor		Strategy	10%	5.3%	9.3%		
Nursing Support Vacancy Factor		Strategy	10%	10.6%	13.9%		
Trustwide Vacancy Factor		Strategy	10%	5.0%	6.89%		
Bank Spend		Strategy	To be determined	£362,269	£3,440,259		
Agency Spend		Strategy	To be determined	£362,648	£4,521,602		

Trust Board Performance Report - December 2013

Salisbury **NHS**
NHS Foundation Trust

Value and Effectiveness

Metric Name	Indicative Monthly Volume	Target source	Target	Dec-13	YTD	Benchmark	Trend
Elective Medical Length of Stay	40 Medical G&A overnight stays	Trust	3.48 days	3.7	4.0	Benchmark data not fit for purpose	
Non-Elective Medical Length of Stay	900 Medical G&A overnight stays	Trust	7.78 days	6.5	7.0	15.7	
Elective Surgical Length of Stay	480 Surgical G&A overnight stays	Trust	2.19 days	3.1	2.8	3.5	
Non-Elective Surgical Length of Stay	750 Surgical G&A overnight stays	Trust	3.15 days	4.0	3.8	3.0	
Hip replacements discharged within 5 days	25 patients	Trust	60% patients discharged within 5 days	60.9%	74.9%		
Knee replacements discharged within 5 days	24 patients	Trust	60% patients discharged within 5 days	69.6%	70.9%		
Coding - % coded within 1 week of discharge	5,800 discharges	Trust		34.5%	44.3%		
Coding - % coded within 5 days of month end	5,800 discharges	Trust		64.3%	71.7%		
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	4.6%	4.8%	7.8%	
Elective Theatre Utilisation - Main Theatres	530 cases	Trust	Data recently obtained from new theatre system, no target set at this point	92.5%	95.0%		
Elective Theatre Utilisation - Day Surgery	860 cases	Trust	Data recently obtained from new theatre system, no target set at this point	80.4%	79.2%		
Non-elective Theatre Utilisation - Main Theatres	370 cases	Trust	Data recently obtained from new theatre system, no target set at this point	44.5%	51.2%		
Daycase Rates for selected procedures	350 patients	Trust	80% of selected elective surgical cases to be treated as daycase	83.6%	81.8%	78.7%	
Financial risk rating (FRR)			3. Regulatory concerns in one or more components. Significant breach unlikely				

Cells with black dotted outlines indicate provisional data

* Please note, the MRSA figures are showing as 0 (+2) because these two cases were not true bacteraemia but rather contaminants and the patients were not unwell, as advised by Tracey Nutter

SFT 3494

SALISBURY NHS FOUNDATION TRUST BOARD

CAPITAL PROGRAMME FOR 2014/15

PURPOSE:

The enclosed document is the Capital Programme for 2014/15. As in recent years the Programme is highly constrained reflecting the financial position of SFT. The Capital Control Group together with its representative sub-committees has considered the detailed schemes in constructing the Programme for 2014/15. The Joint Board of Directors has reviewed the Programme. As in previous years a high priority has been given to schemes affecting health and safety of staff and patients, and the broad criteria used in prioritising are shown against the schemes in the Programme.

The position is very challenging given the overall financial outlook and if money had been available there are schemes that would have been nice to do. However it is necessary to conserve cash as much as possible and the schemes included particularly focus on those which are essential to continue services safely, or offer a good return in terms of operational benefits or finance.

Schemes in the 2013/14 Capital Programme which are not complete by the end of the financial year will be included in the 2014/15 Capital Programme together with the relevant resources. Some known slippage is already included.

EXECUTIVE SUMMARY:

a. Total resources being made available are £8.8m. As a Foundation Trust the prime source of cash for capital schemes is the depreciation of assets. However, £1m has been included from the small expected I&E surplus in 2013/14. Repayment of loans will take nearly £1.6m of the sum available in arriving at £8.8m. Unusually this year an assumption has been made that £500k will be available from charitable sources to support specific schemes.

b. The proposed expenditure is in line with the forecast resources but there is a small deficit of £33k.

c. It is important to review the notes at the bottom of the table as these highlight the schemes not yet included in the Programme. Some of these may need to be undertaken during the year.

d. This year there are no major strategic building schemes although we are seeking to improve the rear entrance to the Hospital and increase the size of the Radnor Ward ICU.

e. Roughly £1.9m has been provided for the provision of new medical equipment.

f. A sum of £1.6m has been set aside for improvements to the Trust's IT systems. The revenue consequences of some of the IT schemes will need to be challenged vigorously and the aim is to see efficiencies as a result of the investments.

g. A further £2.5m (excluding slippage from 2013/14) has been set aside for a range of building maintenance schemes in order to ensure that the Hospital can continue to function effectively and enables improvements to patient environments.

h. The Programme includes £170k for the replacement of food trolleys which should help to ensure the quality of food being provided to patients on the wards.

i. A sum of £200k has been reserved for efficiency schemes which should assist the Trust in achieving very challenging savings programmes.

j. Once the Programme for 2014/15 is agreed some schemes will be brought forward into the current financial year due to operational urgency but it is expected that these will be minimal.

RECOMMENDATIONS

The Trust Board is asked to approve the 2014/15 Capital Programme.

Malcolm Cassells
Director of Finance and Procurement
22 January 2014

CAPITAL PROGRAMME 2014/15

SOURCE OF FUNDS	PLAN 2014/15 £000	
Depreciation based on 2013/14 forecast asset level	7,500	
add support from working balances (surpluses)	1,000	
less FTFF capital repayment	-1,250	
less Salix repayment	-315	
add funding from 2013/14 programme for slippage	1,233	
add charitable funds contribution (schemes highlighted *)	500	seek Trustees views
Funding for Safer Hospital IT systems	174	
TOTAL FUNDS AVAILABLE	**8,842**	

CRITERIA

Criterion	Code
Delivery of good quality Patient Focused Care and Services	DPFCS
Improvement of Organisational Effectiveness	IOE
Maintain Service Capability	MSC
Developments & New Income Streams	DNIS
Hospital Infrastructure	HI
Safety and Legality	S
Ecology	ECO
Efficiency and cost saving	EFF

APPLICATION OF FUNDS

Item	£000	Note	DPFCS	IOE	MSC	DNIS	HI	SL	ECO	EFF
Slippage from 2013/14 programme										
Springs entrance*	900	charitable contrib?	#			#	#			
Drainage compliance works	98						#			
Laminar flow - main theatres	185	theatre review?		#	#					
Electronic Prescribing and Medicines Administration (EPMA)	50		#	#	#					#
Strategic schemes										
Additional Springs entrance costs	400		#			#	#			
Radnor Ward Development*	1,168	charitable contrib?	#		#			#		
'Helter skelter' storage	150	estimate		#			#			#
Additional costs of Pitton ward - dementia work*	230	charitable contrib?	#							
CT scanner enabling	155		#			#				
Medical Equipment										
Medical equipment < £50k	350		#		#					
Medical equipment > £50k										
Fertility ICSI rig	67				#					
Bed replacement programme (Yr 2 of 4)	150				#					
Birthing beds (x8)	60				#					
Monitoring systems (DSU and obstetric theatre)	52				#					
Anaesthetic machines	100				#					
Ventilators (5yr programme)	60				#					
Clinical radiology 2x ultrasound machines*	160	charitable?			#					
Vascular Unit ultrasound machine*	90	charitable?			#					
Cone beam CT scanner orthodontics & oral surgery*	110	charitable?	#		#					#
Laser holmium yag machine - urology*	50				#					
Zimmer meshers and dermatones	75				#					
DSU operating theatre lights	110				#					
Maternity theatre equipment	63				#					
B-braun review of theatre instruments	300	estimate			#					
Revenue Grouped Items	100				#					
Building schemes										
AHU replacement yr 3 of 7	280						#	#		
Ductwork & Fire Damper Cleaning Whole Site 2nd yr of 3	70						#	#		
Nurse Call System Upgrade - SDH North & Maternity - 2nd yr of 3	70		#		#					
Washers (x 2) for SDU	100				#	#				
Catering dishwasher	126				#				#	#
Accommodation - Langley House kitchen upgrade	29						#			
Spinal Unit double glazing 1st year of 2	60						#		#	#
Spinal Unit - fire escape	17							#		
Maternity post natal upgrade*	122	part charitable?	#							
Endoscopy en-suite enema facilities	30		#		#					
Genetics air conditioning	11				#					
MDMC Infusion device analyser	8				#			#		
Maternity obstetric theatre refurbishment	78	bid?			#					
Accommodation and Leisure Centre boilers* (£180k requested)	100	part charitable?					#		#	#
Fire suppression to transformer rooms	42							#		
Shower cubicle drainage improvements (£60k requested)	30				#		#			
Rebalance catheter suite heating system	20									#
Medical gas hoses replacement (1st yr of 2)	66							#		
Fertility air conditioning	12				#					
SDH North pipework replacement (on-going programme)	100				#					
Lifts overhaul	80				#					
ED data centre ventilation	40				#		#			
Chillers (balance in excess of energy grant)	42								#	#
Facilities Schemes										
Catering trolleys (£222k requested) replace 20 of 26	170		#		#					
Microfibre cleaning	44							#		#
Ward waste bin replacement (£100k requested)	50		#						#	#
Car park machinery (£65k requested)	30					#				
Information Technology										
Genetics high spec analysis equip software	86					#				
COSD - cancer database	24					#				
Radiologist on-call laptops	12			#	#					
Results system in GP practices 'Review' system	30		#							
Blood tracking phase 3 (£274k requested)	200							#		
EPMA yr 2	82		#	#	#			#		
PAS 2016 replacement - consultancy	70					#				
Connectivity upgrade for Warminster and Shaftesbury	42	offset RUH & GWH?	#			#				
Maternity PC replacement and screens	22	refurbish?				#				
Mobile computing - £72k requested	50			#						#
Radiology replacement of PCs	10	refurbish?				#				
Telepath to NexGen (Phase 3 of 4)	75					#				
Histopathology hardware	20	refurbish?				#				
Open Eyes system	68		#							
Early warning system	280		#							
Sophos renewal	36				#			#		
Development Team	78					#				
Network load balancers	36				#					
Nexus 5 expansion	49				#					
ACS licences	12				#					
Dell Kace push software	96									#
Backup tape library replacement	52				#					
UPS replacement programme	24				#					
VMWare upgrade	20				#					
Network upgrade consultancy	21				#					
Clikview reporting system	80	being assessed		#						#
Other										
Project costs	10									
Finance systems	30				#					
Efficiency schemes	200									#
TOTAL APPLICATION OF FUNDS	**8,875**									
BALANCE	**-33**									

Issues which may need addressing

Item	
Changes to South end of site	?
Potential cost of paediatric financial settlement	?
Communicator (enhancements to RIS)	26	need being assessed
Electronic white boards	550
Effect of national strategy for Genetics	?
Timelapse imaging system - fertility	80
Short stay DSU facility - not likely to proceed in 2014-15	
Maternity upgrade to allow 3,000 births pa in 2016-17	?
The need for more spinal ventilated beds - business case awaited	?

23/01/2014

PAPER: 3495

Equality & Diversity 6 Monthly Update 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 EDS2 (Equality Delivery System) annual review and our PSED (Public Sector Equality Duties).

MAIN ISSUES:

EDS2 (Equality Delivery System) Annual Review 2013

As part of our implementation and ongoing commitment to use the EDS process, the E&D Manager and the Trusts EDS Leads reviewed our performance against the refreshed and newly launched EDS2 criteria and guidance. These grades were then determined by gathering evidence against each of the 17 outcomes within the EDS2. We then assessed our evidence against the given criteria, a synopsis and our final assessment can be viewed in Appendix 1, for the full assessment and detailed evidence please refer to Appendix 2.

As part of our consultation exercise we contacted our database of local interest groups in December requesting feedback on the gradings, to date we have not received any indication that the grades should be altered. As a result we have accepted this updated version as an accurate and fair assessment of our current position.

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.' Our assessment shows that we have adopted national terms and conditions that ensure staff who are doing equal work have the same terms and conditions and pay. Jobs are graded according to a nationally recognised job evaluation system which has recently been highlighted in the high courts as being resistant to equal pay claims.

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

PSED (Public Sector Equality Duties)

The PSED requires public bodies to prepare and publish one or more specific and measurable equality objectives which will help the organisation further the three aims of the Equality Duty.

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

Equality data that specifically relates to PSED (Public Sector Equality Duties) has been published within our Equality and Diversity Annual Report dated August 2013, which is available on the hospital website:
www.salisbury.nhs.uk/AboutUs/EqualityAndDiversity

At SFT we expect all policies to include an Equality Analysis (formerly Equality Impact Assessment). We have included this requirement within our 'Procedural document development and management policy'. We publish some of policies on our external website and further Equality Analysis's are available on request.
www.salisbury.nhs.uk/AboutUs/OurPoliciesAndProcedures

Detailed workforce data breakdowns covering the protected characteristics can be viewed under the hospital website pages:
www.salisbury.nhs.uk/AboutUs/TrustReportsAndReviews

SFT regularly engages with a variety of organisations some of which are listed on the hospital website pages:
www.salisbury.nhs.uk/InformationForPatients/SupportGroups

Our Customer Care Team provides a range of various services. Detailed examples of this work is available within our EDS assessment evidence. In the first instance if members of the general public would like to contact our customer care team information is available on our hospital website:
www.salisbury.nhs.uk/InformationForPatients/CustomerCareDept

Workforce Development Strategy

The role of the Workforce Development Committee is to oversee the delivery of the goal in pursuance of the Trust's vision. The EDSG (Equality & Diversity Steering Group), ensures that it contributes to developing a high quality innovative workforce, proud to work at SFT. The EDSG monitors progress through ongoing communication with the directorates.

Equality and Diversity Awareness

We have published a Trust wide E&D newsletter on our staff Intranet and circulated to our local interest groups through our EDS mailing list. The newsletter has enabled us to receive feedback from our local interest groups and gives the opportunity for local interest groups to submit articles of interest. To view the latest edition (November 2013) please refer to Appendix 3.

Positive Equality Outcomes

Equality Champions

Equality Champions have been identified for the following equality groups; LGBT, Race and Disability. Their roles involves the following: a point of contact for staff, a figurehead at relevant events and support with the Trust with policy development.

Rainbow SHED

The Rainbow SHED and the E&D Manager have completed a national LGBT benchmarking exercise, which will identify how the organisation delivers on LGBT equality. The benchmarking exercise is led by Stonewall a national leader on LGB equality for private, statutory and voluntary organisation. The results will be published by Stonewall in January 2014. The Top 100 Workplace Index provides a definitive list of gay friendly workplaces and showcases achievements of employers submitting to the Workplace Index.

Equality for Everyone Event

Following the success of last years Equality for Everyone event, the Trust held its third event in October 2013 which was attended by approximately 40 delegates. A local theatre group called, 'Forest Forge' designed and facilitated a workshop based on the following statements:

- The barriers a person from a minority group faces within a workplace or in a patient context.

- How can a commitment to equality and diversity have a positive impact on the service we provide to the public.

- How we can identify our own unconscious bias, how can we then change this to be more inclusive within the workplace.

Striving for Excellence Award

A specific award for equality and diversity was made as part of the 'Striving for Excellence Awards' in November 2013. We received a number of high calibre nominations for this award and it was an excellent opportunity to collate examples of good practice and raise the profile of equality and diversity both internally and externally. This years winner was an individual nomination, Lisa Brown in her role as LGBT Champion and Rainbow SHED Chair. Lisa has introduced the 'Straight Allies' campaign and led on raising awareness of LGBT issues at the Trust. Two highly commended awards were given to ArtCare for its project called, 'Mind, Age & Memories' and the Staff Wellbeing work which has involved innovative ways of engaging with our workforce on health and wellbeing initiatives.

Equality & Diversity Newsletter (November Edition)

We publish our quarterly Trust wide E&D newsletter on the staff intranet, as well as circulating to our local interest groups through our EDS Mailing List. The newsletter has enabled us to receive feedback from our local interest groups and gives the opportunity for local interest groups to submit articles of interest. To view the latest version of the newsletter please refer to the appendix 3.

ACTION REQUIRED BY THE BOARD:

To note the report and its contents.

To note in particular the implications of the EDS2 and approve the ongoing development and implementation of the EDS2 within the Trust.

To agree and endorse the updated and reviewed RAG ratings in Appendix 1 .

ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:

Appendix 1 - Equality Delivery Assessment (Final Version Dec 2013)
Appendix 2 - EDS Evidence file (Final Version Dec 2013)
Appendix 3 – Equality and Diversity Newsletter (November Edition 2013)

AUTHOR: **PAMELA PERMALLOO-BASS**
                                            EQUALITY & DIVERSITY MANAGER

EXECUTIVE DIRECTOR: **ALISON KINGSCOTT**
                                                DIRECTOR OF HUMAN RESOURCES &
                                                ORGANISATIONAL DEVELOPMENT

FINAL EDS2 OBJECTIVES AND OUTCOMES – SALISBURY NHS FOUNDATION TRUST (based on evidence gathered by EDS Leads) – Dec 2013

The analysis of the outcomes must cover each protected group

Undeveloped	Developing	Achieving	Excelling

Objective	Outcome	Grade			
		Undeveloped	Developing	Achieving	Excelling
1. Better health outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.			Achieving	
	1.2 Individual patients' health needs are assessed and met in appropriate and effective ways.			Achieving	
	1.3 Transitions from one service to another, for people on a care pathway, are made smoothly with everyone well informed.			Achieving	
	1.4 When people use the NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.			Achieving	
2. Improved patient access and experience	2.1 Patients, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.			Achieving	
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.			Achieving	
	2.3 Patients report positive experiences of the NHS.			Achieving	
	2.4 People's complaints about services are handled respectfully and efficiently.			Achieving	
3. A representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.			Achieving	
	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.				Excelling
	3.3 Training and development opportunities are taken up and positively evaluated by all staff.			Achieving	
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.			Achieving	
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way that people lead their lives.			Achieving	
	3.6 Staff report positive experiences of their membership of the workforce.			Achieving	
4. Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.			Achieving	
	4.2 Papers that come before the Board and other major Committees identify equality related impacts including risks, and how these risks are to be managed.			Achieving	
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.			Achieving	

Collated by Pamela Permalloo-Bass – Salisbury NHS Foundation Trust

EDS Outcome 1.1 (EDS Goal 1 – Better health outcomes)
"Services are commissioned, procured, designed and delivered to meet the health needs of the local communities."

Name: Salisbury NHS Foundation Trust	Lead Contacts: Maggie Cherry and Pamela Permalloo-Bass (Formerly Head of Public, Patient and Involvement and Equality & Diversity Manager)
The Trust services are commissioned by Wiltshire CCG, Hampshire CCG, Dorset CCG and specialist commissioner services for Burns and spinal services. The Director of Public Health, Maggie Rae, holds a joint position with Wiltshire CCG and Wiltshire Council and is responsible for the Joint Strategic Assessment and chairs the Health and Well Being Board SFT has a Public Health Steering Group which aims to improve and protect the health of the population, especially those with the poorest health. The key to success will be through integration, localism, partnership and collaboration with the local communities. SFT multiagency steering group will drive the agenda forward. The Trust works closely with commissioning teams from the CCG's to ensure the contract requirements set by them each year are met. The health needs of local people set out within these contracts cover some of the nine characteristics protected by the Equality Act. The Trust has adopted Equality Objectives that relate specifically to the EDS. Two of these objectives are being led by our Director of Nursing Tracey Nutter. **Objective 1 -** To develop a fund raising campaign that will raise awareness of the community of the needs of the elderly and result in improved environments in our medical wards. **Objective 2-** Through the fund raising campaign to challenge the views of the community in how much we should do as a society to improve the profile of the elderly. The Trust did not need to fund raise as it receive Department of Health funding to improve two ward areas. It will now be possible to assess the difference that such an environment can make to the quality of care of elderly people. This evidence will be used in raising awareness and interest in possible fund raising for future ward areas. The trust successfully implemented the friends and family test on all wards, ED and maternity. We are currently achieving all the DOH national target sets. With the results of the national patients survey we develop action plans with key themes which we use to inform real time feedback on all wards. Quality accounts consultations are held each year with AgeUk, local interest groups and governors, who receive an update and help to set priorities for the forthcoming year.	

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EDS grade:	**Achieving**

EDS Outcome 1.2 (EDS Goal 1 – Better health outcomes)
"Individual people's health needs are assessed and met in appropriate and effective ways."

Name: Salisbury NHS Foundation Trust	Lead Contacts: Maggie Cherry and Pamela Permalloo-Bass (Formerly Head of Public, Patient and Involvement and Equality & Diversity Manager)

Involving patients in their care is a key element of the Trust Organisational Development Strategy, 'Striving for Excellence', and the requirements set out in Real Involvement Section 242 (1b) of the NHS act 2006. There is a strong culture of involvement in the Trust, as evidenced in the Patient and Public Involvement work described later in section A. It is regarded as a valuable source of information where patient insights into their needs and wants and the ability to feedback on their experiences is used to drive service improvement. Positive outcomes include improvements to ward areas to help with privacy and dignity, reduced mortality rates, reduced length of stay, low infection rates and high standards of cleanliness.

The Trust has clear processes for learning and action planning from National Patient Survey results, gathers Real Time Feedback from patients and undertakes patient and public involvement activities. These processes are measured and action taken to improve patient experience and progress is monitored by teams, Directorates and the Trust Board.

All inpatients have an assessment of their risks and care needs on admission, a treatment plan written and delivered in accordance with the plan. The outcomes can be seen in the patients health care record in the initial assessment and treatment plan and in the nursing assessment, reassessment and daily management plans.

Ward leaders, allied health professionals and consultant teams actively listen to and involve patients, their families and carers in decision making and ensuring they know what is planned for their care. One example of how this happens can be seen in the work of the elderly care team, who make regular diary slots available to meet with patients and their families, to ensure they are involved in what is planned for their care in hospital and for their discharge.

Outpatients receive information before their appointments and are given the opportunity to discuss their treatment choices. Patients are entitled to a copy of any letter we write about them. Teams who routinely copy patients into their letters are Dermatology, Gynaecology and Oncology.

If particular concerns about a patient's mental health or patient safety is apparent an individual risk assessment is undertaken to determine the safety of the environment, staffing levels or specific care needs. Staff across the Trust have had training and regular information updates about the Mental Capacity Act 2005. There is a mental capacity resource area for staff on the integrated clinical information database (ICID). In the

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Emergency Department all team members, including receptionists and secretarial staff receive training in Mental Health, vulnerable adults and child protection. There are robust processes in place to ensure policy and procedures are followed.

The Trust has undertaken an extensive environment improvement programme in 2010 to ensure provision of single sex toilets and bathrooms. Privacy and dignity is a key element of the PLACE assessment and local PLACE inspections have resulted in improvements to ward furniture, decorating programmes and provision of enough pillows for all patients. Governors, LINk members, representatives from Age UK and Carers groups participate in the annual PLACE inspection.

There is an interpreter service for patients with hearing impairments and for those whose first language is not English. Patients with learning disabilities (LD) often bring a patient passport with them to identify their needs and are frequently accompanied by carers. The Trust has a LD working group which has been in place since April 2010.Membership is made up of nursing staff, community LD nurse responsible for hospital liaison, Lead Nurse for Safeguarding, Easy Read Group representative, carers and is chaired by the Deputy Director of Nursing. There is a full work plan in place which is reported to the Clinical Governance Committee.

Key achievements to date: publication of a policy for patients with LD in the Acute Hospital, Care Cards, production of a patient passport system holding key information which should travel with the patient across care settings. The policy and passport are currently being launched across the Trust with awareness raising sessions delivered by working group members. The Trust also has an active Easy Read Group who produce patient information resources. The Trust took part in a regional peer review co-ordinated by the SHA in September 2010 which examined all aspects of acute care for patients with LDs, this was a helpful exercise allowing us to further identify areas for improvement and has led to sharing and learning across the region.

The trust has successfully implemented the government initiative " Family and Friends" test April 2013. Feedback is passed to wards immediately with any action required. Overwhelmingly the comments were positive and can be viewed on our hospital website.

EDS grade:	**Achieving**

EDS Outcome 1.3 (EDS Goal 1 – Better health outcomes)
"Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed."

Name: Salisbury NHS Foundation Trust	Lead Contacts: Maggie Cherry and Pamela Permalloo-Bass (Formerly Head of Public, Patient and Involvement and Equality & Diversity Manager)

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Continuity of care is provided by a named consultant and the number of ward moves are monitored by the Trust board. Safety briefings and handovers are held daily on most wards. A formal Hospital at Night (H@NT) handover is in place morning and evening. Transfer documentation is available in the health care record. Multidisciplinary white board rounds are in place in most wards. Complex discharges are supported by input from the discharge team to ensure a safe and timely discharge.

Quality is measured by the Board through a number of measures and indicators and shown in the annual Quality Accounts. Priorities are developed in accordance with views and comments from clinical staff, local people, Commissioners, the Trust's Governors and LINks. For the 2013/14 account we started work and planning early to enable local stakeholders such as Age UK and the Warminster Health and Social Care Group to contribute to the quality priorities the Trust need to take action on to improve in year.

The outcomes can be seen in the patients' health care records, the initial assessment, treatment plans, nursing and allied health professional and medical management plans.

The Trust has a Learning Disabilities Working Group which has been in place since April 2010. Membership is made up of nursing staff, community learning disabilities nurse responsible for hospital liaison, Lead Nurse for Adult Safeguarding, Easy Read Group representative, carers, and is chaired by the Deputy Director of Nursing. There is a full work plan in place which is reported to the Clinical Governance Committee. Key achievements to date: publication of a Policy for Patients with a Learning Disability in the Acute Hospital, production of a patient passport system holding key information which should travel with the patient across care settings. A new Care Card has been introduced which patients with particular needs can apply for and can show a member of staff when they arrive at the hospital in order to extra help. The Trust also has an active Easy Read Group who produce patient information resources. The Trust has retained the Patient Information Standard for the last 3 years.

The Dementia Strategy and action plan strives to improve the quality of care for people with Dementia in the Trust. It includes 8 standards: Respect, dignity & appropriate care, assessments, admissions & transfer/discharge processes, access to mental health liaison, dementia friendly environment, nutrition & hydration, contribution to volunteers, quality of End of Life Care, training & workforce development. Improving the quality of care for people with dementia and safeguarding vulnerable adults throughout their hospital stay are key priorities for the Trust and the national dementia care strategy. The Trust ensures 'Dementia is Everyone's Business' through ongoing training programmes.

EDS Grade:	**Achieving**

EDS Outcome 1.4 (EDS Goal 1 – Better health outcomes
"When people use the NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse."

Name: Salisbury NHS Foundation Trust	Lead Contacts: Fenella Hill (Head of Risk Management)
The Trust is committed to the ongoing development of an organisational culture that continuously strengthens patient safety. Safety is seen as the key driver to improvement work. The Trust has a robust Quality Framework as outlined within the Quality Account and patient safety is	

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fundamental within this. The Trust risk management process is supported by approved policies and procedures and apply to all staff and visitors to the Trust without exceptions. The risk management process is reviewed by both internal audit and external bodies and all policies and procedures are subject to internal approval and review.

It is acknowledged that there are occasions when mistakes will be made and the Trust actively promotes an open and fair culture within risk management that encourages the honest and timely reporting of all adverse events and near misses in order that learning can occur and risk is minimised. Adverse incident data is analysed monthly at the Clinical Risk Group and reported Trust wide to identify key trends and themes. The Trust encourages staff to be proactive in reducing the risk to patients and themselves from incidents relating to abuse, harassment, bullying and violence. These are supported by the security policy, raising concerns policy 'Whistle blowing' and bullying and harassment processes within HR as well as established safeguarding procedures.

At the monthly CLIP meeting Equality & Diversity is raised with regards to incidents, complaints and litigation perspective.

EDS grade:	Achieving

EDS Outcome 2.1 (EDS Goal 2 – Improved patient access and experience)
"Patients, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds."

Name: Salisbury NHS Foundation Trust	Lead Contacts: Hazel Hardyman, Claire Gorzanski, Bob Dennes (Head of Customer Care, Head of Clinical Governance and Transport and Communication Manager)

Comments, Concerns, Compliments and Complaints leaflet and Customer Care (easy read leaflet developed by local people with learning disabilities) - These leaflets are displayed on all wards/departments, are available on the website and are given to visitors to the Customer Care Department. The Customer Care Administrator checks the wards/departments have stock of the leaflets once every 2 months and the wards/departments can request leaflets if they run out. All complaints are acknowledged in writing from the CEO and a copy of the leaflet is enclosed, stating that making a complaint will not prejudice their care and treatment in any way. Patients, carers and communities can contact Customer Care in person, by e-mail, by telephone (freephone), online feedback form, in writing and through an advocate either from the Independent Complaints Advocacy Service (Hampshire patients), SWAN Advocacy (Wiltshire patients) or Dorset Advocacy (Dorset patients). Interpreting and translating services can be booked through the Customer Care Department (Big Word) Interpreters are used in managing patient complaints, the Customer Care team also work in collaboration with local voluntary sector organisations such as Hampshire Deaf Society and Wiltshire Sense. Out of hours, telephone interpreting and a hearing loop is available by contacting the Site Team. If a person making a complaint cannot attend the hospital then a home visit can be arranged.

The Trust has made progress with the learning disabilities peer review action plan. A 'Hospital Passport' has been developed which holds key information regarding a patient with learning disabilities for staff to use within the care planning in hospital. Training and awareness sessions have been run by the Community Learning Disability Team and Adult Safeguarding Lead. A Learning Disabilities policy has been ratified and was disseminated alongside 'Top Ten Tips' poster which distils 10 key messages for staff should they have a patient admitted with a learning

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disability. Significant work has progressed to improve dementia care. A local baseline assessment for the future benchmarking purposes has been completed by participating in the first round of the National Dementia Audit. This will show us where we need to make further improvements. We have established partnership working with the completion of a Trust wide self assessment of compliance against the regional standards in March 2011. A peer review took place in November 2011 and the Trust was praised for the leadership and commitment to improving care for this group of patients and the excellent progress made in the last 18 months. To raise dementia awareness across the workforce we now have 55 dementia champions who work clinically and non clinically. These champions will work within the Dementia Education strategy. Strong links have been forged with the Food and Nutrition Steering Group and the End of Life Care Strategy Steering Group to improve these important aspects of care. The Trust plan to set up a Public Health Steering Group to help reduce inequalities and progress equality in the new NHS Outcomes Framework, Public Health Outcomes Framework and Adult Social Care Framework, with the E&D manager contributing on the steering group.

The Trust operates a Patient Transport Service, the criteria for using this service is as follows: The Patient is required to attend for treatment under the Mental Health Act or has been assessed under the CPA process, as at risk, if they do not attend for treatment, the Patient is a child whose mental and/or physical wellbeing has been assessed to be at risk and their Guardian is unable to bring them in for treatment, unless Hospital transport is provided, the Patient has received bad news or is shocked, on a course of chemotherapy, sedation, or has been given drugs, which affects their eyesight, The Patient cannot walk without the assistance of two people, the Patient needs to travel in a wheelchair, the Patient needs to travel on a stretcher.

EDS grade:	**Achieving**

EDS Outcome 2.2 (EDS Goal 2 – Improved patient access and experience)
"Patients are informed and supported to be as involved as they wish to be in decisions about their care."

Name: **Salisbury NHS Foundation Trust**	Lead Contacts: Maggie Cherry and Pamela Permalloo-Bass (Formerly Head of Public, Patient and Involvement and Equality & Diversity Manager)

Involving patients in their care is a key element of the Trust Organisational Development Strategy, 'Striving for Excellence', and the requirements set out in Real Involvement Section 242 (1b) of the NHS Act 2006. There is a strong culture of involvement in the Trust as evidenced in the Patient and Public Involvement work. It is regarded as a valuable source of information where patient insights into their needs and wants and the ability to feedback on their experiences is used to drive service improvement. Positive improvements include improvements to ward areas to help with privacy and dignity, reduced mortality rates, reduced length of stay, low infection rates and high standards of cleanliness.

The Trust has clear processes for learning and action planning from National Patient Survey results, gathers Real Time Feedback from patients and undertakes patient and public involvement activities and has introduced the Friends and Family test in 13/14. These processes are

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measured and action taken to improve patient experience and progress is monitored by teams, Directorates and the Board. Specific examples of these are given and described in more detail later in this section.

All inpatients have an assessment of their risks and care needs on admission, a treatment plan written and delivered in accordance with the plan. The outcomes can be seen in the patients health care record in the initial assessment and treatment plan and in the nursing assessment, reassessment and daily management plans.

Ward leaders, Allied health professionals and consultant teams actively listen to and involve patients, their families and carers in decision making and ensuring they know what is planned for their care. One example of how this happens can be seen in the work of the Elderly Care team, who make regular diary slots available to meet with patients and their families, to ensure they are involved in what is planned for their care in hospital and for their discharge.

Outpatients receive information before their appointments and are given the opportunity to discuss their treatment choices. Patients are entitled to a copy of any letter we write about them. Examples of teams who routinely copy patients in to their letters are Dermatology, Gynaecology and Oncology.

EDS grade:	**Achieving**

EDS Outcome 2.3 (EDS Goal 2 – Improved patient access and experience)
"People report positive experiences of the NHS."

Name: Salisbury NHS Foundation Trust	Lead Contacts: Maggie Cherry and Pamela Permalloo-Bass (Formerly Head of Public, Patient and Involvement and Equality & Diversity Manager)
The Real Time Feedback (RTF) questionnaire is developed using analysis of the National Patient Survey results, CQUINS requirements and the Quality Account Priorities. These are analysed with the trends from Complaints, Risk, and patient feedback to direct areas of improvement for wards and directorates. This is the responsibility of the Patient Experience Action Group (PEAG) with leads from Customer Care, PPI, Risk and Patient Information. RTF is undertaken in adult inpatient wards, paediatrics and outpatient settings. It is also used for reporting patient experience with Discharge planning. Volunteers and Governors visit these areas across the Trust on a daily basis and areas of concern are immediately sent to the ward leader and an action plan agreed. Teams are also made aware of compliments. A diary is kept to help plan where RTF is needed, the wards and departments are not aware of when they will be surveyed. Volunteers and Governors are trained to ensure they do not contravene Infection Control or the Privacy and Dignity policy. They always introduce themselves to the ward leader and always give patients the option not to participate in RTF.

These are some examples of improved outcomes for patients as a result of what we learnt from their feedback; | |

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Improved patient information being made more accessible via our website, better access to translation services, face to face, written information, hearing loops installed in key areas and portable system available, involving people with Learning Disabilities in helping us write patient information, keeping the messages clear about all we are doing to prevent infection in the hospital, local children designed the latest hand gel stations, responding to the demand to deliver single sex accommodation, clearly telling people why and what we were doing where this was disruptive to services, responding to the National Patient Survey feedback on food in hospital, improving on gluten free service, monitoring our food using governors and volunteers and mystery shoppers, increasing cleaning activity (especially in bathrooms) in response to real time feedback form patients on wards, introducing partial booking to Rheumatology after an experienced based design event with patients and staff involved together, Stroke patients day – volunteers, art care and staff working together to liven up each day with a range of different activities.

Patient experience is reported and monitored by the Clinical Governance Committee who meet every two months, this includes a patient attending and telling their story of care, they are often supported by their relatives, carers or an advocate. Lessons learnt from the themes in stories are always fed back to the team or action group. For example a carer of a gentleman with dementia recently shared a powerful story that is being used within staff dementia training. Patient experience is reported at the Directorate Quality meetings and as part of the Quality Walks which take place on all wards and departments and involve Executive and Non-Executive Directors. An annual Patient Experience Report is produced by the Head of Customer Care and the Head of Patient and Public Involvement, this is publically available and is used by LINks and Governors to enable them to participate in commenting on the Quality Account and CQC requirements.

Friends and family results http://www.salisbury.nhs.uk/AboutUs/Documents/Friends_and_Family_Test_Results_for_June_2013_v2.pdf

EDS grade:	Achieving

EDS Outcome 2.4 (EDS Goal 2 – Improved patient access and experience
"People's complaints about services are handled respectfully and efficiently."

Name: Salisbury NHS Foundation Trust	Lead Contacts: Hazel Hardyman, Maggie Cherry, Pamela Permalloo-Bass (Head of Customer Care, Formerly Head of Public, Patient and Involvement and Equality & Diversity Manager)
Comments, concerns, compliments and complaints leaflet and Customer Care (easy read leaflet developed by local people with learning disabilities).These leaflets are displayed on all wards/departments, are available on the website and are given to visitors to the Customer Care Department. The Customer Care Administrator checks the wards/departments have stock of the leaflets once every 2 months and the wards/departments can request leaflets if they run out. All complaints are acknowledged in writing from the CEO and a copy of the leaflet is enclosed, stating that making a complaint will not prejudice their care and treatment in any way.	

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Handling comments, concerns, complaints and compliments policy is available on the Intranet and Internet. Training is provided to staff to ensure they understand how to deal effectively with concerns and complaints that are brought to their attention.

The Customer Care page on the Internet provides information on how to make comments, concerns, compliments and complaints. www.salisbury.nhs.uk/InformationForPatients/CustomerCareDepartment/Pages/Home . There is also a template to help people write a letter of complaint, for example, if they are making a complaint on behalf of the patient they should ask them to sign the letter to agree that we can correspond with someone else on their behalf, to order their concerns clearly in chronological order and state what outcome they want.

Interpreting and translating service can be booked through customer care. interpreters are used in managing patient complaints, the customer care team also work in collobration with local voluntary sector organisations such as ' Big Word' 'Hampshire Deaf Society' 'Wiltshire Sense'.

If patients, relatives or carers have visual impairments the Customer Care team will increase the font size on request.

Customer Care have several examples of respecting patients eg: a bereaved relative did not want to meet in the patient area of hospital as it caused emtional discomfort, the team always check if disability adjustments are needed prior to meeting with patients, carers and relatives, the team have supported a family regarding the issues of dementia and as an outcome family members and representative are now working with the Trust on the Dementia Steering group and the Trust dementia training.

In the annual survey of complaints handling, equality data is requested and collected on the following equality grousp; sex, age, disability, ethnicity. DH annual reporting – KO41 report also includes equality data monitioring. The Head of Customer Care will engage with local equality groups when invited and link with health colleagues regionally. Quarterly customer care report forwarded to governors meetings and governor complaints and compliments on behalf of the public.

EDS grade:	**Achieving**

EDS Outcome 3.1 (EDS Goal 3 – A representative and supported workforce)
"Fair NHS recruitment and selection processes lead to a more representative workforce at all levels."

Name: **Salisbury NHS Foundation Trust**	Lead contact: **Lucy Coombes (Bank HR Manager)** **Jenny Hair (Deputy HR Director)**

Salisbury NHS Foundation Trust (SFT) is committed to equal opportunities and has well established recruitment and selection processes in place to show inclusiveness and equity at all stages ie: application, shortlisting and appointments. The recruitment and selection policy was revised and updated in 2013 to incorporate the process for medical HR in order to ensure consistent practice for all staff groups. The Trust has embedded the Equality Analysis process into all policy development work and this is complete for the current revision. Staff side are always consulted for any policy development work.

Collated by Pamela Permalloo-Bass – Salisbury NHS Foundation Trust

SFT has access to data relating to applicants from six of the nine protected characteristics through NHS Jobs, where all posts are advertised. A new version of NHS jobs will be launched in 2014 which will enable more sophisticated reporting in this area. Evidence for 2012/13 indicates a lower share of appointments of BME staff compared with their share of applications, but the workforce consists of over 8% BME which is disproportionate in the Trust's favour to the local community, currently at 4% . ESR data analysis also shows that BME staff are in post across all the bands and occupational groups although numbers do reduce at band 7 and above. This trend is also seen for other groups including women, although there is a significant increase in numbers of female doctors in training which will improve the figures up to and including consultant level over time. Nearly 20% of the workforce have chosen not to disclose information about their sexual orientation. These findings are monitored by the Equality & Diversity Steering Group on an annual basis.

The Trust's recruitment and selection training addresses unconscious bias in selection outcomes and is under regular review. Managers are encouraged to look at gender balance when using interview panels. The 2012 Staff Survey illustrates a high percentage of staff from reported protected groups (age groups, gender, disability, ethnic background) believing the Trust provides equal opportunities for career progression or promotion, although for BME staff this figure is slightly lower at 74%. Evidence for religion and belief, sexual orientation, marital status and maternity and pregnancy is not available via the staff survey results but religion and belief and sexual orientation were evaluated through the NHS Jobs analysis described above. Outcomes look positive in respect of appointing staff with a range of religions but the numbers are very small relating to sexual orientation.

Active forums exist for LGBT, disabled and BME staff and the Trust engages with these groups along with community groups about all practices including recruitment and selection. Advertising through social media is currently being explored, which may widen the field for potential applicants from protected groups. The Trust was revalidated in 2013 for Disability Two Ticks status, after evidencing how it takes account of disabled applicants in the recruitment process. Disabled applicants who meet the required criteria are guaranteed an interview and the NHS jobs data shows that 50% of those shortlisted were appointed. Again, numbers are very small and monitoring will always rely on what people are prepared to disclose. The Employment of People with Disabilities Policy (also revised in 2013) takes account of this key protected group but the effectiveness of this policy has not been tested. A grievance process is available to all staff if dissatisfied and the Trust complaints procedure is open to external parties. If individuals request feedback following an interview this is pursued proactively from the recruiting manager. No formal complaints have been received this year.

The Trust has signed up to the Mindful Employer initiative and charter, aimed at increasing mental health awareness at work. The programme will provide support for the Trust in recruiting and retaining staff. The Trust has recruited 3 Equality Champions who act as advocates for minority staff if they have concerns about the whole range of equality issues including recruitment and selection. The current champions support staff from the LGBT, disabled and BME groups. During 2011/2012, the Trust was awarded E&D partner status by NHS Employers.

EDS grade:	**Achieving**

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Collated by Pamela Permalloo-Bass – Salisbury NHS Foundation Trust

EDS Outcome 3.2 (EDS Goal 3 – A representative and supported workforce)
"**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.**"

Name: **Salisbury NHS Foundation Trust**	Lead contact: **Lucy Coombes (Bank HR Manager)** **Jenny Hair (Deputy HR Director)**
At Salisbury NHS Foundation Trust, national terms and conditions of employment and levels of pay are applied locally through "Agenda for Change" and for medical staff through the National Health Service Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) terms and conditions . These national terms and conditions are based on staff who are doing equal work having the same terms and conditions and pay. Jobs are graded according to a nationally recognised job evaluation system which has recently been highlighted in the High Courts as being resistant to equal pay claims. Local allowances or bonuses that could be open to discriminatory practice are not possible within national terms and conditions. The Trust does collate data to evidence that staff from protected groups enjoy levels of pay and related terms and conditions that are no different from those experienced by staff as a whole, doing the same job. An analysis of starting salaries for staff appointed in 2013, showed a level playing field for both females versus males and white versus BME. This is achieved through a robustly applied policy on starting salaries. Pay progression may be affected next year following the implementation of a new appraisal system which will be linked to incremental progression. An equality impact assessment has been completed on the framework and this will influence the development of the detailed policy. There is an established policy and procedure for getting the grading of posts reviewed should the requirements of any job change. The policy requires job grading changes to have a clear rationale and for the job description to be submitted to a panel of staff who are trained job evaluators who objectively determine the grade of a post according to nationally set criteria. All jobs assessed by the job evaluation panels are checked for consistency in partnership with staff side representatives. At a local level, there is staff side involvement if local terms and conditions need to be negotiated. The Trust has an established appeals process in place to allow members of staff to appeal if they feel that the outcome from their Clinical Excellence Award outcome is incorrect or if the member of staff has requested a banding review via the Trust's Control of Grading Policy, and they also feel the outcome is incorrect they can appeal. In 2013 a census was undertaken on all staff and to date there has been a 73% return of this data. Data has been requested on all protected characteristics available on our central staff database, Electronic Staff Record (ESR) to enable any analysis or evaluation to be as comprehensive as possible. Those characteristics without supplied fields on the database are logged separately and reports may now be carried out on all nine of the minority groups.	
EDS grade:	**Excelling**

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Collated by Pamela Permalloo-Bass – Salisbury NHS Foundation Trust

EDS Outcome 3.3 (EDS Goal 3 – A representative and supported workforce)
"Training and development opportunities are taken up and positively evaluated by all staff."

Name: **Salisbury NHS Foundation Trust**	Lead contact: **Lucy Coombes (Bank HR Manager)** **Jenny Hair (Deputy HR Director)**
The organisation continues to make good progress in improving access to staff training, support and development through investment in a learning management system (LMS) and a suite of on-line learning including Equality & Diversity and Safeguarding. On day one of the induction programme all staff must pass tests and assessments on Moving & Handling, Information Governance, Fire Training and Infection Control. Face to face training is also provided on IG and safeguarding on day one. Staff induction takes place once a week. The 2012 staff survey shows that 71% of the respondents had undertaken equality and diversity training, significantly above the national average and an increase of 8% from 2011. In addition, members of staff must complete other mandatory training which includes Mental Capacity Act, Consent and Conflict Resolution within 12 months. Non compliance is monitored via the LMS and executive performance meetings. Staff appraisals should happen at least annually and it is expected that staff have a personal development plan in place that will help them improve their professional development. The uptake of appraisal is being closely monitored and has remained fairly constant in the last year at around 80%. The appraisal process has this year been linked to pay progression and relies on staff completing all mandatory training which will assist the Trust in overall compliance. For medical staff, a new IT system was put in place in 2013 (Premier IT) which helps to monitor appraisal take up, essential now for the medical revalidation process. In addition the Trust has recruited a lead appraiser for doctors, who provides one to one support and coaching as well as training for appraisers and appraisees. All staff have equitable access to training and development opportunities regardless of age, disability, gender and ethnicity. Findings in the staff survey relating to accessing training are slightly lower for those with disabilities, numbering 13% of the respondents. In 2013 a second cohort of staff training to be coaches took place. This cohort had a contingent of BME and male staff who were underrepresented in the first cohort trained.	
EDS grade:	**Achieving**

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Collated by Pamela Permalloo-Bass – Salisbury NHS Foundation Trust

EDS Outcome 3.4 (EDS Goal 3 – A representative and supported workforce)
"When at work, staff are free from abuse, harassment, bullying and violence from any source."

Name: **Salisbury NHS Foundation Trust**	Lead contact: Lucy Coombes (Bank HR Manager) Jenny Hair (Deputy HR Director))
The Trust collects data from a number of sources which are relevant to this outcome. These include the annual national staff survey and internally from data generated by the HR department regarding staff involved in formal disciplinary and grievance processes, as well as anonymous data about those staff who access the staff mediation and counselling services. These data sources monitor some of the protected characteristics such as sex, age, ethnicity and disability. In 2013 there have been 26 discipline and grievance cases of which the majority apply to staff who describe themselves as White/British. 13 of these entries relate to female staff. None of the cases related to staff with a disability or who have declared a non-heterosexual orientation. 2 of these cases related to bullying and harassment resulting in formal action. Both of these cases applied to staff from a white background (one male, one female). The 2012 staff survey results show figures which, whilst small, indicate staff are experiencing violence and harassment from both staff and patients in the workplace and 10% of the respondents said they had experienced discrimination. These figures are proportionately higher in the staff groups who have disclosed a disability and those from a BME background. This has been given attention in the overall Trust action plan and more detailed analytical work has been carried out in the work areas where harassment and bullying appears to be more prevalent (surgery and facilities). This work is still to be evaluated. The Trust has in place equality champions for three key minority groups (disability, LGBT and race) as well as two bullying and harassment advisers. Anecdotal evidence suggests access to the advisors has been low. The Trust continues to seek input from and consult with its staff side body and the relevant interest groups on the drafting or revising of all relevant policies, including the Bullying and Harassment policy, which was revised in the last year. It is anticipated that a more detailed booklet on how to recognise and deal with bullying behaviour will be released to managers within the next 4 months The Trust's Mediation Scheme, run by selected members of staff who have been trained by ACAS, continues to operate, the object of which is to allow staff to be pro-active in matters which affect them and to facilitate them in seeking successful resolution to issues before they escalate into formal processes. In 2013 there have been 5 requests for mediation, including one for a patient. Out of 143 new referrals for counselling in 2013, 14 reported bullying and harassment in the workplace.	
EDS grade:	**Achieving**

EDS2 - Evidence – Final Version December 2013

Collated by Pamela Permalloo-Bass – Salisbury NHS Foundation Trust

Outcome 3.5 (EDS Goal 3 – A representative and supported workforce)
"Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives"

Name: **Salisbury NHS Foundation Trust**	Lead contact: **Lucy Coombes (Bank HR Manager)** **Jenny Hair (Deputy HR Director)**
Salisbury NHS Foundation Trust is committed to providing working options that are flexible, accommodating and consistent with the needs of patients. It recognises the need to offer flexible working under equality legislation relating to caring responsibilities and realises the benefits in employing a more motivated workforce as a result. The trust has a Flexible Working Policy, which was revised extensively in 2013 to bring together a number of guidance documents on certain flexible working options such as job share. The policy applies to all protected characteristics and is accessible for all staff on the Trust's intranet. In addition there is a Flexible Working Choices leaflet which is provided to prospective applicants to the Trust. Benefits offered include flexible use of annual leave, either to buy some additional weeks or to sell up to two days; term time working and flexi-time. The Trust has a range of additional policies to support flexible working such as a Leave policy, covering all types of leave to include special leave required for emergencies as well as paternity and parental leave. Policies are also in place to support flexible retirement, home working and employment breaks; along with a comprehensive maternity policy which is fully compliant with legislation. New or revised policies are presented to staff side groups for consultation, feedback and engagement. 54% of the total workforce works part time, which is an increase of 2% from last year. Workforce data indicates that part time working is taken up by the range of staff groups including those which fall under the protected characteristics. The workforce comprises more women than men and in the female group there are significantly more working part time than full time. More men work full time than part time. The Trust is currently unable to measure the take up of all the types of flexible working offered but anecdotally staff are taking up more options on flexible retirement ('retire and return') and the overall age of the workforce has increased. 35.9% of the Trust's workforce was aged 50 or over in March 2013. 47% of the 2012 staff survey respondents were 51 or over. There were no formal grievances raised in relation to flexible working requests in 2013. The 2012 staff survey did not cover questions on flexible working.	
EDS grade: **Achieving**	

Collated by Pamela Permalloo-Bass – Salisbury NHS Foundation Trust

Outcome 3.6 (EDS Goal 3 – A representative and supported workforce)
"Staff report positive experiences of their membership of the workforce."

Name: **Salisbury NHS Foundation Trust**	Lead contact: **Lucy Coombes (Bank HR Manager)** **Jenny Hair (Deputy HR Director)**
1. Effective team working 2. Support from immediate manager 3. Would recommend the Trust as place of work or to receive treatment Effective team working scores at 3.75 on a scale of one to five and this is higher than the national average for acute Trusts (3.57) and has remained constant since 2011. Scores are also at an equivalent level relating to support received from immediate managers and also for staff who would recommend the Trust as a place to work or receive treatment, again both higher than the national average. Looking at the breakdown of these three questions by the range of protected characteristics, the ratings do not vary significantly although for support from managers they dip slightly for the male staff and the BME respondents. On recommending the Trust, the BME group actually score an overall rate of 4.02. It is noted that the scores relating to recognition and being valued need addressing across all staff groups. Work is being undertaken on introducing new values and behaviours associated with them and this will be embedded in all HR processes. This will help to increase staff satisfaction levels and ensure staff and managers give appropriate feedback. The Trust scored highly under staff engagement which rated within the best 20% of acute trusts.	
EDS grade: **Achieving**	

EDS Outcome 4.1 (EDS Goal 4 – Inclusive leadership at all levels)
"Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations."

Name: **Salisbury NHS Foundation Trust**	Lead contacts: **Alison Kingscott (Director of HR & OD)** **and Steven Long (Non Executive Director)**
The Trust recognises the importance of ensuring that the services it provides are accessible and relevant to the diverse communities we serve, and this is a stated aim of our service strategy and delivery plans. We actively seek the engagement of individuals and groups representing the views and experiences of our service users through our public and patient involvement initiatives (PPI). Likewise, staff may also experience a range of inequalities at work, and it is recognised by senior leaders that we need to solicit the views and involvement of staff and their representatives from across the protected groups in order to improve their experiences. To that end the Board and senior leaders	

EDS2 - Evidence – Final Version December 2013

Collated by Pamela Permalloo-Bass – Salisbury NHS Foundation Trust

have endorsed and personally supported the establishment and maintenance of support groups for disabled, BME and LGBT staff.

The Trust's Equality and Diversity Steering Group (EDSG) reports directly to the Board and is chaired by a non-executive Director. Its membership includes Executive Directors, Governors, senior managers and operational staff. The Board has adopted the Equality Delivery System its the main tool to review its equality performance and to identify future priorities and actions.

The Board has a history over several years of requiring reports on progress towards its equality and diversity objectives, initially identified through the three original equality strands, subsequently against its single equality scheme, and now using the EDS.

The Board has recognised that the engagement of staff and local interest groups is key to our being able to assess our performance and identify where we need to do better, and to that end we continue to hold events promoting Equality and Diversity. In September 2013 we worked with the Human Rights Conference with the BIHR (British Institute of Human Rights) to run a Conference promoted to a wide variety of local interest groups (locally and nationally).

The Director or HR & OD is the Trust LGBT executive lead and has promoted and supported local LGBT events. The Trust supported the Rainbow SHED (SFT LGBT Network) to attend Swindon & Wiltshire Pride 2013.

The Trust has the 'Two Ticks' standard as an employer of people with disabilities, has signed up to the Mindful Employers programme and has participated in the Stonewall 'Top 100 Index'.

The CEO has arranged coffee mornings with protected groups i.e.: Portuguese Nurses, RainbowShed members and regularly engages informally with a variety of groups and individuals.

We are a member of the E&D Lead Officer Public Service Group (Wiltshire) which has representation across public sector organisations in Wiltshire and Swindon.

The Trust's annual report contains a section each year reporting on the Trust's commitment to equality and diversity, and listing the systems in place and progress towards it equality objectives during the year.

The Trust had an announced visit by the CQC in March 2013 to review compliance against CQC standards. The published CQC review of compliance report for the Trust said the following in respect of Regulation 10 outcome 16 (which aligns with EDS outcome 4.1)
'*The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.*'

EDS grade:	Achieving

EDS2 - Evidence – Final Version December 2013

Collated by Pamela Permalloo-Bass – Salisbury NHS Foundation Trust

EDS Outcome 4.2 (EDS Goal 4 – Inclusive leadership at all levels)
"Papers that come before the board and other major committees identify equality-related impacts including risks, and say how these are to be managed"

Name: **Salisbury NHS Foundation Trust**	**Lead contact: Alison Kingscott (Director of HR & OD) and Steven Long (Non Executive Director)ad contacts:**

The Trust has an established Equality and Diversity Manager (EDM) post. The post holder is line managed by the Director of Human Resources and Organisational Development (DHR&OD), and has a 'dotted line' close working relationship with the Non-Executive Director and Trust Board Champion for equality and diversity (Steve Long). This positions the role at an appropriate level within the organisation and signals the importance of the post holder's contribution as a leader for change.

As part of the Trusts adoption of the EDS, the EDM and DHR&OD have agreed the job description (including the person specification) using the Competency Framework for Equality and Diversity Leadership. This has helped identify specific accountability for and role delivering the equality outcomes identified through the EDS process. It is used as a performance management tool within annual appraisals and to develop further areas of improvement for Equality & Diversity at the Trust.

EDSG (Equality & Diversity Steering Group) minutes are sent to the Workforce Committee who meet quarterly and is chaired by the CEO. All E&D 6 monthly board reports are ratified by the Trust Board, JBD (Joint Board of Directors) and EDSG members.

All policy authors complete an Equality Analysis template, which are then ratified by relevant committees i.e.: JBD and OMB.

An equality & diversity commentary is featured in the majority of our main reports, particularly if the proposed change affects policy or practices that has an impact on patients or staff from different protected groups. The Trust board expect authors of the reports to hand pick the key issues prior to the lead-up to the board report and then to present the findings to the Trust Board. The Trust Board has a dedicated E&D Champion who is a NED (Non Executive Director), as a result specific questions and constructive challenges are raised as an when required.

Public Sector Equality Duties used to be a specific risk that was overseen by the HR & OD Director Alison Kingscott within the assurance framework. However the Board agreed to remove it as a specific high level risk for the organisation at their workshop in September 2013. We currently do not have an open risks relating to equality.

EDS grade:	**Achieving**

EDS2 - Evidence – Final Version December 2013

Collated by Pamela Permalloo-Bass – Salisbury NHS Foundation Trust

EDS Outcome 4.3 (EDS Goal 4 – Inclusive leadership at all levels)
"Middle managers and other line managers support their staff to work in culturally competent ways
within a work environment free from discrimination"

Name: Salisbury NHS Foundation Trust	Lead contacts: Alison Kingscott (Director of HR & OD) and Steven Long (Non Executive Director)
Middle managers use data from the annual staff survey to identify any differential experiences of staff from many of the protected groups which enables them to develop action plans to address any issues identified (this also is undertaken to provide an agreed Trust staff survey action plan each year) The Trust BME staff from the 'REACH' group held a cultural awareness event to celebrate black history month in October alongside the RCN (Royal College of Nursing). The REACH group also had a float at Salisbury Carnival with SCAR (Salisbury Coalition Against Racism). Currently in its fourth year, the Trust will made an award for Equality and Diversity, as part of its 'Striving for Excellence' awards programme, Nominations are received from members of staff and from the local community. Award winners' achievements are disseminated on the Trust's website and via a brochure describing the various categories, nominations and contributions recognised which is distributed internally, but also within the local community. In October as part of our 'Equality for Everyone' annual event, the trust delivered a theatre style Workshop run by Forest Forge which focussed on unconscious bias and awareness of discrimination in the workplace. Approximately 40 staff from across the organisation attended. The Trust NED and EDM have met with various directorates across the organisation. During the E&D road shows, staff have had the opportunity for an open dialogue and raise specific questions relating to E&D. . The Education & Learning have developed a coaching programme that supports staff personal & professional development. The team identified protected groups that were not on the programme. As a result the programme was promoted to specific protected groups. The programme now has trained coaches from 4-5 of the protected groups.	
EDS grade:	**Achieving**

EDS2 - Evidence – Final Version December 2013

November 2013

What is Equality & Diversity?

Equality is about treating everyone as an individual with respect and consideration whilst being aware of the impact our words and actions can have on others and society. It is not about giving certain groups 'special treatment'

Diversity is about celebrating the richness of society by ensuring we value and respect differences from people of all backgrounds and abilities.

What have we been doing?

We will try and keep you up-to- date with everything going on across the Hospital as well as any other events you may like to know about.

Inside This Issue

Human Rights Tour
12th September 2013

Human Rights go to the heart of the kind of society we want to be and the British Institute of Human Rights brought this message to Salisbury Hospital on the 12th September.
This event was attended by a variety of people from different statutory and third sector organisations. It was a thought-provoking day and which left delegates with a better understanding of UK Human Rights.

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Equality is For Everyone Event 24Th October 2013

Forest Forge is one of the UK leading small scale theatre companies. It's based in Hampshire and for the past thirty years it has been creating innovative and exciting work for the region.

Following their ongoing work with the Hospice ,we asked Forest Forge to lead on our annual 'Equality is for Everyone' event which is now in its third year. Dave and Lucy from Forest Forge designed a fun & interactive workshop.

The majority for delegates used the following words to describe the event;

- 3 -

Are you a straight Ally?

Do you believe in a Personal, Fair & Diverse workplace for everyone?

'Straight ally' is a term used to describe heterosexual people who believe that lesbian, gay and bisexual people should experience full equality in the workplace. Good straight allies recognise that gay people can perform better if they can be themselves and straight allies use their role within an organisation to create a culture where this can happen. Straight allies might be at the very top of an organisation or a colleague in a team. *Either way, they recognise that it's not just the responsibility of gay people to create a workplace culture that is inclusive of everyone.*

Top Ten Tips

1.GET TO KNOW THE ISSUES Make time to speak to your gay colleagues, friends and family and find out about their experiences as a gay person at work. They will have ideas about how your workplace can be made more gay-friendly.

2.MAKE IT PERSONAL Talking about experiences of your own, about gay family-members and friends you have, or stories that gay colleagues have shared with you (check with them first!) can help others understand why it's important.

3.BE YOURSELF For inspiration on how to be an effective ally you need only reflect on your own personal values. Ask yourself, and your colleagues, how would you like to be treated at work?

4.ASK FOR HELP Everyone worries about saying the wrong thing but if you're taking a positive step you'll find that gay colleagues are happy to answer your questions.

5.BE VISIBLE Make clear public statements about the importance of gay equality to you and your organization. Making a public commitment to gay equality will help people understand it isn't a tick-box exercise.

6.PUT WORDS INTO PRACTICE Whether you're the CEO or a line manager, people watch you and take cues from your behaviour. Don't simply talk about gay equality, challenge homophobic behaviour, become an ally or sponsor of the network group and attend events like pride.

7.DEMONSTRATE LEADERSHIP As a leader being visible and saying 'gay equality at work is important' can powerfully affect the culture and tone within an organisation,a division and a team. It demonstrates the organisation's values stakeholders, clients and customers.

8.MENTOR AND SUPPORT GAY STAFF Their sexual orientation is relevant to their experiences in the workplace and understanding this will help you to manage them better and help them to perform to their full potential.

9.HOLD COLLEAGUES TO ACCOUNT No-one can personally drive every single equality initiative. Holding colleagues to account on what they are doing to advance gay equality at work is one of the most effective tools that straight allies have.

10.MAKE IT NATURAL There's no right or wrong way to be a straight ally. Be yourself so that your colleagues know gay equality isn't something you're doing because you have too, but because you want too.

For more information about becoming a Straight Ally at Salisbury Foundation Trust, contact Lisa Brown, LGBT Champion at lisa.brown@salisbury.nhs.uk or ext: 4056

Race Equality Champion Appointed – Michelle Harry

Four years ago I moved to Salisbury from my home in Colorado, USA so that my British husband and I could live together. I have worked in different jobs but have now found my place here at the SFT Staff Club as a Leisure Assistant. I feel I am no longer "The American" in my work place but rather Michelle, an individual in my own right.

My Personal Story:

Since moving to the UK I have personally experienced negative stereotyping, when I begin to speak I can sense the judgments people put on me. It is a definite reality that race equality is not as easily identified as strictly the colour of your skin. Cultural prejudice can be made up of many differences, whether it may be about the colour of one's skin or the sound of their voice.

As the Race Equality Champion I feel that I offer empathy and compassion to others who feel misunderstood or not treated as they should because they are culturally different. By championing Race Equality issues at the Trust I can help make the workplace a more positive experience for all our staff regardless of our cultural differences.

If you would like to contact me to discuss race equality further I can be contacted at race@salisbury.nhs.uk or you may contact the Equality and Diversity Manager at pamela.permalloo-bass@salisbury.nhs.uk

Christmas is coming!

"Christmas is a Christian holy day that marks the birth of Jesus, the son of God. Christmas has always been a combination of Christian, Pagan and folk traditions.

During the medieval period, Christmas was a time for feasting and merrymaking. It was predominantly a secular festival but contained some religious elements.

The Victorians gave us the kind of Christmas we know today, reviving the tradition of carol singing, borrowing the practice of card giving from St. Valentine's day and popularising the Christmas tree.

Christmas trees were a German tradition, brought to Britain and popularised by the royal family. Prince Albert first introduced the Christmas tree into the royal household in Britain in 1834. He was given a tree as a gift by the Queen of Norway which was displayed in Trafalgar Square."

Extract from www. bbc.co.uk/religions

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Dates for the Diary

Anti Bullying Week	Nov 18 – Nov 22
World AIDS Day	Dec 1
Human Rights Day	Dec 10
Christmas Day	Dec 25

NOVEMBER 2013						
S	M	T	W	T	F	S
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Why not get in touch?

Is there something you would like to see us doing, would you like to ask a question or get involved in any of the networks we run at the Trust. Please contact us, we'd love to hear from you!

The Trusts Equality & Diversity Manager: pamela.permalloo-bass@salisbury.nhs.uk

Equality & Diversity Assistant : josie.kennedy@salisbury.nhs.uk

Tel: 01722 336262 x 4206

This newsletter is available in alternative formats on request

DECEMBER 2013						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
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JANUARY 2014						
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**Trust Board Report
February 2014**

Progress Report on Nurse Recruitment and Agency Spend

Introduction
Following concerns raised at the October Trust Board a paper was presented to the Workforce Committee in November 2013, and shared with governors, which detailed the actions that have been taken to increase nurse recruitment and subsequently reduce nurse agency spend.

This paper provides a progress report on the recommendations that were agreed at the Workforce Committee.

Update
The table and graphs below provide an overview of nurse agency spend and a breakdown across the areas of expenditure. From the table it can be seen that there has been a reduction in agency spend, which has been sustained over a 4 month period. December's data shows the lowest spend, but needs to be considered in the light of reduced annual leave during the Christmas/New Year period.

Month	Total	Ward nursing	Specials	Escalation/SAU/ Externally funded	Other
April	£279,448	£160,890	£70,068	£30,912	£17,578
May	£336,458	£207,459	£67,678	£30,174	£31,147
June	£334,060	£225,541	£83,208	£6,316	£18,995
July	£345,663	£264,425	£78,717	£3,094	£2,521
August	£409,537	£306,201	£76,802	£7,461	£17,073
September	£213,211	£149,358	£53,834	£3,265	£6,754
October	£237,615	£159,122	£55,004	£14,358	£9,131
November	£218,006	£147,909	£48,515	£14,231	£7,351
December	£168,522	£89,001	£51,325	£20,729	£7,000

Total Nurse Agency Spend:
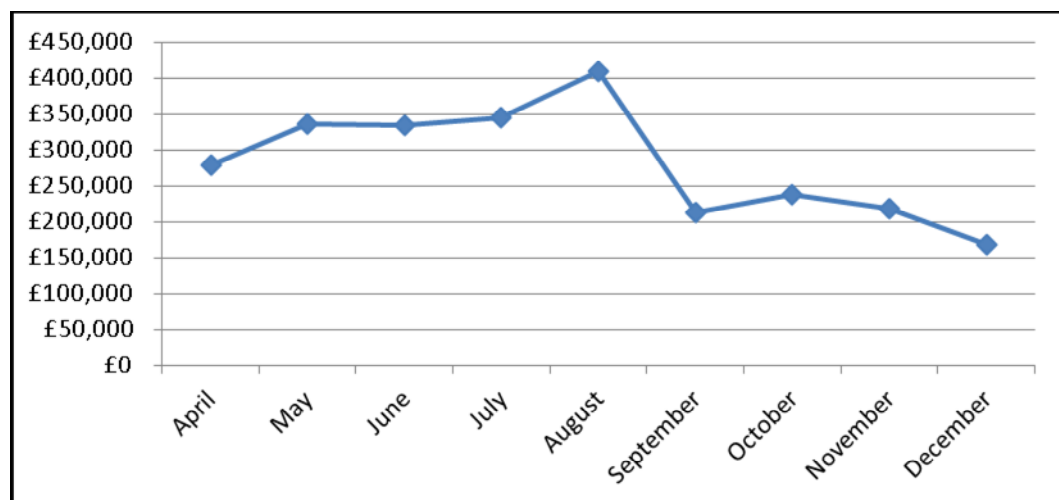
Nurse Agency Spend by Reason:
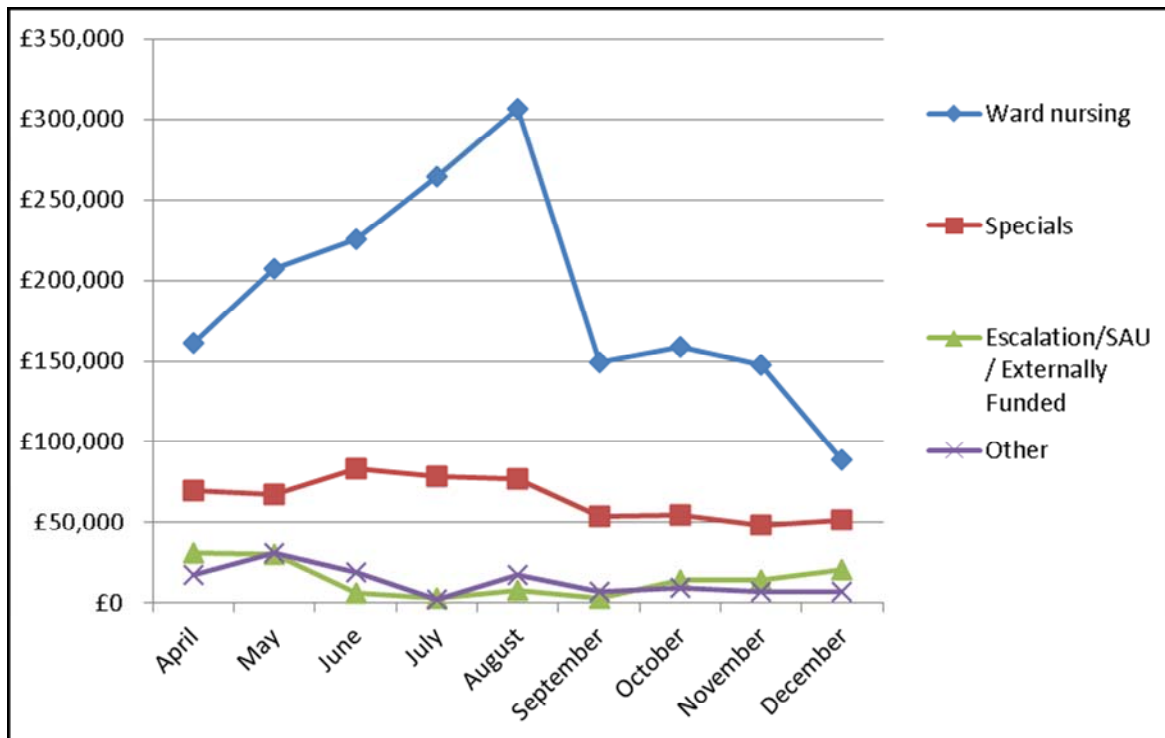
Progress on Recommendations:

Approval to recruit further 15 nurses from overseas
A plan is in place to recruit 15 nurses from Spain, arriving in the Trust in April 2014. A group has been reconvened to plan for the arrival and to ensure that the lessons learnt from the summer recruitment are reflected in the process. Additional educational support has also been accessed via Bournemouth University to help with adaptation to the NHS system.

Focused Recruitment
The graph below shows the number of vacancies by month:
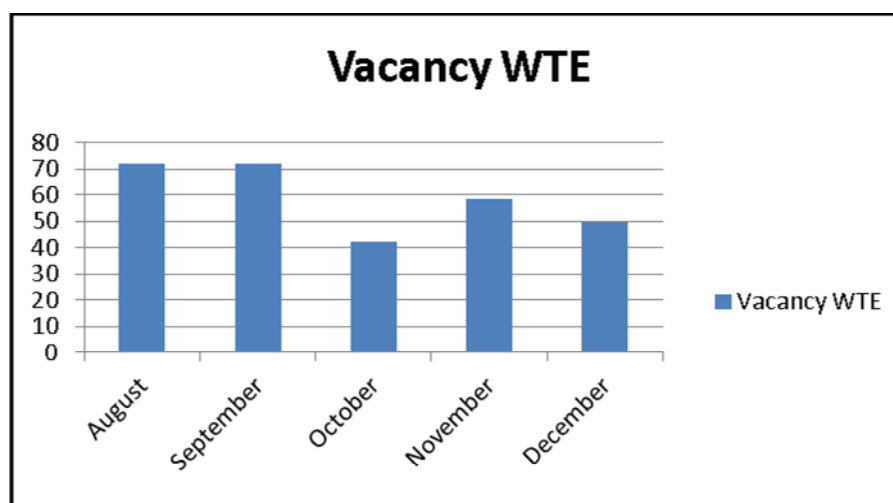
Vacancies on the ward as of beginning of January 2014 stood at 49.28, which equates to a vacancy rate of 7.4%, compared to 71.92 (10.9%) in September 2013. The majority of the vacancies are within nursing assistants (33.35wte) for which recruitment is underway. There are 35 nursing assistants within the recruitment process due to start during January and February of which 17 are for substantive posts and the remainder for the nurse bank.

A generic recruitment process has been tested with the recruitment of nursing assistants. The process of interviewing, offering posts and completing HR and Occupational health documentation on the day of the interview worked well, as did an initial open day which enabled an early sifting of candidates to ensure they had the appropriate skills and qualifications.

A stand was manned at the Southampton University Recruitment Fayre in December and follow up has been made with all candidates who attended the programme. A recruitment open day is being planned for the late spring to recruit newly qualified nurses who will finish their programmes in September. All candidates who attended the stand at both the Southampton and Bournemouth Fayres will be invited to the open day.

Nursing Assistant Trainee Programme
The first cohort has been recruited with 10 candidates due to start in February. Further adverts have been placed for experienced nursing assistants, and an additional advert placed at the end of January for the next cohort of trainee nursing assistants. The Trust has also secured funding to support the further development of bands 1-4 nurses.

Use of Social Media/Technology in Recruitment
Early progress has been started with all Nursing Assistant adverts having been included on the Trusts Facebook page. The first two links on the Facebook page have had over 450 views, we now need to evaluate whether this leads to individuals applying for jobs.

Work is underway to add recruitment videos to the Trust's webpage, and an initial meeting has been held with a company to record the videos. A meeting is due to take place in February with a company to explore other ways the Trust can increase its recruitment opportunities – exploring radio campaign, recruitment literature and innovative ways of promoting the Trust.

Appointment of Recruitment Nurse
In January the Trust was secured £20k from Health Education Wessex to support the introduction of a structured preceptorship programme for new registrants. The money is being used to employ an individual nurse to take forward the early work of a Trust preceptorship framework and embed this into a fully structured programme that will enable us to compete with other providers for newly qualified nurses. The funding will enable the appointment of a Band 6 for 4 days per week for 8-10months. If this proves to be successful we will be exploring continued funding.

Realtime Vacancy Data from Source
A weekly monitoring tool is now used by the DSNs and Ward Sisters which gives weekly actual information on vacancies, maternity leave, special leave, sick leave, annual leave and specials used. It correlates this information with the amount of bank, agency and overtime used.

The data is circulated weekly and discussed and challenged at a weekly meeting. A week on week comparison picture is now being built which is helping to track and shape recruitment and areas for the agency project group to focus.

Conclusion
As can be seen from the report good progress has been made against the recommendations. This has impacted on vacancy rates and therefore spend on agency. Actions will continue to ensure further progress is achieved.

Tracey Nutter, Director of Nursing

Fiona Hyett, Deputy Director of Nursing

CAPITAL DEVELOPMENT REPORT
FOR THE PERIOD OCTOBER 2013 – JANUARY 2014

PURPOSE:

The purpose of this paper is to update the Board on developments with some of the more significant capital schemes on the Salisbury District Hospital site since the date of the last report (September 2013).

MAIN ISSUES:

Springs main entrance redevelopment (7087C0)

An external design team has been appointed after a tendering exercise to make improvements to pedestrian access at the Level 2 Springs entrance. This project will comprise two single storey extensions to the existing SDH North building, internal alterations close to the corridor end of Springs restaurant, creation of a new main entrance lobby with retail space, replacement of the covered pedestrian walkway and minor alterations within car park 8. Due to other building schemes in that area, work on site is now expected to start on site in August 2014 with completion in April 2015.

Dementia patient care project in Redlynch Ward (7086C0)

Following confirmation of DoH funding (£800k), this project will see significant alterations within the current Redlynch Ward. Building work is due to be completed in January 2014. A second phase of work in Pitton Ward is being planned and could take place in the summer of 2014.

Hospice refurbishment

Following more successful bidding, funding of £526k has been secured from the DoH to carry out refurbishment within the Hospice. Tenders are being evaluated for a start on site the 3rd February and building work is planned for completion in May 2014.

ITU Expansion

A £1.2m major redevelopment of Radnor Ward Intensive Therapy Unit is being planned for completion during the next financial year (2014/15). This development will increase the potential bed capacity from 8 to 12.

Other SDH Site Redevelopment schemes

Work is continuing to investigate development opportunities for the vacated areas of SDH South. The approval of the Trust's strategic service review and the estates review now gives the opportunity to engage with the two preferred bidders in detail dialogue. An initial list of potential schemes has been shared with each bidder for further joint working.

Second CT Scanner

The funding to purchase a second CT Scanner using Charitable donations is now secured. It is planned for the new scanner to be purchased and operational by the autumn.

External DoH funding bids in progress

A bid to secure further funding for Maternity Care Settings has been made to the DoH for circa £250,000. If successful, the works within Post Natal services have to be completed during 2014/15.

ACTION REQUIRED BY THE BOARD:

To note the progress of the Trust's significant capital schemes.

ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:

Other significant schemes in the Approved Capital Programme for 2013/14 (Appendix A to B inclusive)

Laurence Arnold
Director of Corporate Development

APPENDIX A

Other significant schemes in the Approved Capital Programme for 2013/14

Building and Works schemes	Completion date	Budget cost incl VAT
Efficiency schemes (7703C0) Funding available to support efficiency projects with rapid payback revenue savings.	March 2014	£396k
DSU Theatres ventilation and chiller plant (7027C0) This scheme was completed with final spend of £96k.	Completed	£119k
Main Theatres Laminar Flow system (7070C0) This scheme is slipped into 2014/15.	2014/15	£185k
Laundry Building (7085C0) A two storey extension to the existing laundry store which was completed on 20th January 2014.	Completed	£316k
Laundry Equipment (7708C0) The equipment provision includes a finishing and folding machine, new compressors and resiting of the cage washer.	Jan 2014	£558k
Relocation of Liquid Oxygen VIE Plant (7095C0) The relocation of the VIE Plant to car park 1 is completed.	Completed	£130k
Maternity (7084C0) Work in the Labour ward (£325k DoH funding) to enhance the environment is completed.	Completed	£426k
Spinal Treatment Centre refurbishment (7049C0) Replacement of single glazed windows with double glazed units along with range of smaller refurbishment items prioritised for 2013/14 programme. Remainder of scheme may be amalgamated with other works planned in Spinal Treatment Centre for economy of scale in 2014/15.	Part slipped into 2014/15	£180k (£100k slipped)
Main Entrance Level 3 upgrade (7098C0) Scheme to improve patient flow and service and accommodate centralised outpatient reception. In planning stage, some enabling works completed.	March 2014	£125k

Building and Works schemes		Completion date	Budget cost incl VAT
Main Kitchen refurbishment (7099C0) Replacement of equipment, ceilings and flooring which necessitated hiring of temporary mobile kitchens for food production now all completed.		Completed	£222k
Security improvements (7214C0) Schemes include replacement of Phase 2 door locking system, CCTV expansion and hospital access (lockdown at night).		March 2014	£159k
Main Chillers replacement (7212C0) Project 1st phase to replace the main chiller units located in SDH north with modern compliant and energy efficient plant.		March 2014	£484k

Rolling work programmes (multi year projects)

Building and Works schemes	Completion date	Budget cost incl VAT
Air Handling Units (7041C0) This is the second of a 7 year (£2m) programme to replace the 50 specialist ventilation systems supporting SDU, Pharmacy, ED/SSEU, Pathology, Spinal X ray and all the Theatres.	March 2020	£228k this year (£116 now slipped)
Electricity at work regulations compliance (7828C0) Inspection and testing of fixed electrical installations across the SDH site following legislation and DH guidance. Excludes PFI buildings. This is the last of a 3 years funding requirement.	Complete	£198k (this year)
Ductwork and fire damper cleaning (7093C0) Across whole SDH site, ventilation ductwork and fire dampers will be cleaned out to comply with fire and health and safety legislation. 1st year of 2.	March 2015	£120k (this year)
Nurse Call System upgrade (7202C0) Project to replace ageing nurse call systems through out wards in the main SDH north building and maternity wards. 1st year of 2.	March 2015	£132k (this year)

Information Technology schemes	Completion date	Budget cost incl VAT
Server Virtualisation (7702C0) This scheme aims to decommission 168 of the 191 IT servers and convert them to virtual servers running in 14 physical hardware platforms. A lot of investigation work has been necessary on this project. There are 60 physical servers left of which approximately 35 can never be virtualised. A first take of benefits realization has been undertaken which indicates a cost avoidance of over £1 million in not having to buy and build new physical servers.	March 2014	£1,250k overall
Clinician's View (7932C0) Phase 2 (SSO will allow staff to log in once and access the same patient's records from various systems is now part of the Citrix upgrade (to XenApp). XenApp being rolled out in SDH South. Pilot in February of XenApp with SSO and roll out to wards beginning March to Mid May with Outpatients afterwards. Phase 3 (Electronic Document Management) – the proof of concept was successful. Hierarchy for files agreed. Tables being set up to align signature blocks to files. Work scheduled for completion end February.	June 2014 May 2014	£470k
PACS/RIS (7943C0) SFT is in collaboration with 3 other Trusts to procure and implement new PACS/RIS systems before the existing contracts ran out on 30 June 2013. Salisbury went live 26th May 2013. Follow on project to add the enhancements (These had been deliberately omitted in order to meet the June deadline). Many enhancements are now complete. Work progresses on XDS (Cross Data Sharing)	October 2014	£412k
Order Comms and Results Reporting (7942C0) The contract was awarded to Indigo 4 and the first phase of the project (results reporting using Review) is complete. The second phase (Pathology requesting using tQuest) is complete.. Radiology requesting for inpatients went live beginning December. Radiology requesting for Outpatients started 20 January.	Feb 2014	£189k
Blood Tracking Phase 2 (7996C0) Project to allow tracking of blood from "vein to vein". 100 % Traceability is a regulatory requirement under the Blood Safety and Quality regulations (2005). Currently completing Phase 1 which is a pre-requisite of Phase 2.	June 2014	£155K

Electronic Prescribing and Medicines Administration (EPMA) (7961C0) In collaboration with 3 other Trusts to procure system. Requirements phase nearing completion. HM Treasury approval given for funding. OJEU procurement process with invitation to tender/ issue of pre-qualification questionnaire to follow successful assurance review (by NHS England) at beginning of October 2013. Assurance Reviews now proving very detailed and resource hungry. Final (legal) review completed and documentation being updated in preparation in going to OJEU first week February. Installation by April 2015 is required to get the full benefit of Government funding	April 2015	£131K

APPENDIX A (cont)

Medical Devices schemes	Completion date	Budget cost incl VAT
Bed Replacement Programme (7131C0) The bed audit highlighted the need to replace the beds across the Trust & this will be completed over a four year period. A comprehensive evaluation has been completed and the contract awarded to Sidhil. The first 30 beds of the programme will arrive at the end of January 2014 and will be used for the refurbished Redlynch ward.	4 year programme	£185k (2013/14)
Hysteroscopes (7136C0) The outpatient hysteroscopy service will improve patient outcome and deliver cost savings to the Trust. By attracting a best practice tariff and moving from an in-patient laparoscopic procedure for specific gynae treatments to an outpatient hysteroscopic service. There was a small delay whilst the recovery room was completed in the outpatient department.	March 2014	£75k
Theatres Operating Lights (7128C0) The lights in Theatres are due to be replaced owing to their age. Theatres 5, 6 and 8 in Main Theatres and Theatre C in the Day Surgery Unit will be replaced first. The lights have been procured and enabling works are planned before installation in May.	Completed	£115k
Mortuary Refrigeration (7142C0) The mortuary service needs to increase the capacity for storing deceased bodies on the Trust's site, this will reduce the need to use local undertakers. The additional storage will also enable the mortuary service to increase activity and income by offering Cadaveric Training Courses and increase the quantity of coronial work undertaken for Her Majesty's Coroner for Wiltshire. The refrigeration has been purchased and installed, but there has been a delay in the additional body storage which is being progressed.	March 2014	£40k
DNA Sequencer (7130C0) The sequencer has been purchased and is fully operational.	Completed	£105k

APPENDIX B

CAPITAL DEVELOPMENTS – 4 MONTHLY REPORTING TO TRUST BOARD	
PROJECT	SPRINGS MAIN ENTRANCE REDEVELOPMENT
CURRENT STATUS	IN DESIGN
CAPITAL JOB NO.	7087C0

COSTS (£)	**APPROVED BUDGET**	**SPEND TO DATE**	**FORECAST OUT-TURN**	**VARIANCE + / - TO BUDGET**
FORECAST SPEND 2013/14	£100,000	£1,500	£100,000	NIL
FORECAST SPEND 2014/15	£1,300,000	£0	£1,300,000	NIL
COMMENTS: An external technical team is now appointed to carry out this major project. A full planning permission will be required. This scheme is currently programmed to follow the Laundry extension and Dementia wards conversion projects all located in the same area of SDH North. Spend in 2013/14 will be on design fees to facilitate a main contractor being able to start on site in August 2014.				

TIMESCALES **NEXT SIGNIFICANT MILESTONES:**	**ACTUAL DATES**	**VARIANCE + / - TO ORIGINAL PROG.**
FORECAST PROGRAMME FOR 2013/14 **DESIGN TO START ON SITE**	January – July 2014	NIL
PROGRAMME FOR 2014/15 **PHASED WORK ON SITE**	August 2014 – April 2015	NIL
COMMENTS: The work will comprise a single JCT building contract with phased handovers. A risk register has been compiled as disruption to hospital services and the public will have to be thoughtfully managed in a busy entrance area of Level 2 at SDH North.		

PREPARED WITH	**SUE BIDDLE**	**PROJECT MANAGER**	**21 JAN 2014**

PAPER: SFT 3498

CAR PARK AND GREEN TRAVEL REVIEW
PURPOSE:
To present a review of car park charges, car parking and green travel.

MAIN ISSUES:
A paper was presented to the Joint Board of Directors on January 15th 2014 to seek a recommendation of nil increase in the patient and visitor parking tariff, and a nil increase in the staff parking tariff. In producing this paper the Transport Strategy Steering Group had been asked for their views.

Facilities / parking management:
- A Parking Charge Notice (PCN) system has continued to be used as an enforcement measure to support parking management. The system is a ticket based system which will issue two warning tickets in a rolling 12 month period before a ticket, with a financial charge, is issued. Currently the charge is £30 if paid within 14 days, £90 if paid between 14-28 days. The British Parking Association recommended maximum charge is currently £100 (October 2012)
- Consideration has been given to an increase in Parking Charge Notice fee. **However the recommendation is to keep the current tariff unchanged.**

- There are a number of new permits now in use that cover, as an example, monthly payers, daily payers, volunteers etc and the system is working well.

Encouraging walking, cycling and motorcycling:
- A number of Cycle to Work schemes have been run this year with the local independent retailers. A "salary sacrifice scheme" runs a number of times per year and is available to all employees purchasing a bicycle under this initiative. This successful scheme will continue to be run for staff in the coming year during pre arranged time periods.
- The cycle shelter from the Springs Restaurant patio has been relocated to the Main Entrance as part of the required building works in the Springs Restaurant area and to meet the demand for cycle storage at the Main Entrance.
- The cycle rack storage at the Nunton Entrance has been increased to meet the increased demand in this area and CCTV has been extended into this area as part of another project.
- A capital bid has been submitted for 2014/2015 for a secure 'caged' cycle store with a locker facility that staff will be able to access. Currently there is not a provision of a secure storage facility or clothing lockers which leaves cyclists with difficulty in storing cycling items such as helmets, waterproofs etc. This bid was unsuccessful and will be revised for the 2015/16 process.
- The cycle pods situated in the front of the student accommodation blocks have been cleared and had new locks fitted. It is proposed that a fee of £5 per month is introduced for staff that would like to use this facility for storage.

- *Note the introduction of a £5 per month charge for staff who would like to use the storage facility situated at the front of the student accommodation blocks*

Promoting car sharing:

- A new car share scheme has now been launched in Salisbury by the Salisbury Transport Management Organisation (SALTMO), this has been advertised throughout the Trust and a number of hospital staff have signed up to the scheme. The Trust continues to promote this scheme through Post IT and will continue working with SALTMO in 2014 to further promote and encourage car sharing for staff.

Encouraging use of public transport:

- Bus passes encourage the regular use of public transport, thus reducing site congestion.

Cost of public transport to the hospital (Bus) (November 2013)

- Single from the city centre to SDH -   £2.20
- Return from the city centre -   £3.50
- Weekly Saver 7 days -   £14.00
- 30 Day Saver -   £49.00
- 90 Days Saver -   £122.00

2. Car Parking Update

- The adequate provision of on-site car parking is a high priority for patients, visitors and staff. The latest patient and visitor barrier controlled car park opened in May 2007 and has resulted in a substantial easing of the parking difficulties for patients and visitors.
- Based on comparative information for 2012/2013, the Trust has very good provision of parking facilities, compared with its peer group, with 4.55 spaces per bed vs. an average of 2.86 spaces as detailed in appendix 1

3. Patient and Visitor Charges

- Car parking charges for patient and visitors were last increased on 1st January 2011.
- Consideration has been given to an increase in the patient visitor hourly tariff. **However the recommendation is to keep the current tariff unchanged from the current level of car parking charges as detailed in appendix 2.**

Disabled Parking

- There are currently 92 designated disabled spaces on site. Blue Badge holders are entitled to park in any parking bay with the exception of ambulance bays, purchased permit bays and hatch marked areas.
- Based on comparative information for 2012/2013, the Trust has good provision of disabled car parking facilities, compared with its peer group, with 4.62% of its spaces allocated vs. an average of 4.50 spaces as detailed in appendix 3.

Exemptions & Season Tickets

- In line with DoH advice, we currently offer discounted weekly season tickets at a rate of £9.00 per week for long-term patients, carers and visitors.
- Consideration has been given to an increase in the season ticket charge. **However the recommendation is to keep the current tariff unchanged.**
- To help make patients aware of this scheme, information will be posted at each pay and display machine and at the pay on foot machines.
- Free visitor permits will continue to be issued to visiting Chaplains, Contractors, Police and HM Services (in service vehicles only).

4. Staff Car Parking - Current charges and proposals
Permit System
A tiered permit based system that reflects different salary bands was introduced in July 2010, and increased in 2013 as follows:

£15 per month for staff on pay point 8 or below (Bands 1 & 2 and the bottom 3 points of Band 3)
£22 per month for staff between pay point 9 and pay point 32 (Top 4 points of Band 3, all of Bands 4,5 and 6 and the bottom 7 points of Band 7).
£25 per month for all other staff.

There is a part time option for staff, who work less than 18 hours per week as follows,

£8 per month for staff on pay point 8 or below (Bands 1 & 2 and the bottom 3 points of Band 3)
£12 per month for staff between pay point 9 and pay point 32 (Top 4 points of Band 3, all of Bands 4,5 and 6 and the bottom 7 points of Band 7).
£14 per month for all other staff.

Consideration has been given to an increase in the staff monthly permit tariff. **However the recommendation is to keep the current tariff unchanged.**

Scratch cards
A daily charge system of £1.50 per day runs in conjunction for part time/occasional users or staff that prefer to park this way.

Consideration has been given to an increase in the staff scratchcard tariff. **However the recommendation is to keep the current tariff unchanged.**

A daily charge system of £1.50 per day also runs in conjunction for users of the Staff Club and visitors to the hospital accommodation.

Consideration has been given to an increase in the Staff Club / Accommodation scratchcard tariff. **However the recommendation is to keep the current tariff unchanged.**

Parking Charges in other hospital for comparison are contained in appendix 4

Staff Purchased Bays

In the spirit of the Trust's Travel Plan, staff purchased bays are being reduced and are currently standing at 100 in total. The current cost of a purchased permit bay is £50 per month.

Consideration has been given to an increase in the staff purchased bays tariff. **However the recommendation is to keep the current tariff unchanged.**

ACTION REQUIRED BY THE BOARD:
1. Note the nil increase to the Parking Charge Notice tariff
2. Note the introduction of a £5 per month charge for staff who would like to use the secure cycle storage facility situated at the front of the student accommodation blocks
3. Note the nil increase to the patient and visitor tariff.
4. Note the nil increase to the season ticket tariff.
5. Note the nil increase to the staff monthly permit tariff.
6. Note the nil increase to the staff monthly permit tariff for part time staff.
7. Note the nil increase to the scratchcard tariff for staff.
8. Note the nil increase to the scratchcard tariff for staff club users and visitors to residents in accommodation.
9. Note the nil increase to the staff purchased permit bays.

AUTHOR: Paul Freeman

TITLE: General Manager, Performance Delivery and Support Services

CAR PARK CHARGES REVIEW

Appendix 1

Based on comparative information for 2012/2013, the Trust has very good provision of parking facilities, compared with its peer group, with 4.55 spaces per bed vs. an average of 2.86 spaces [1] as is illustrated by the graph overleaf.
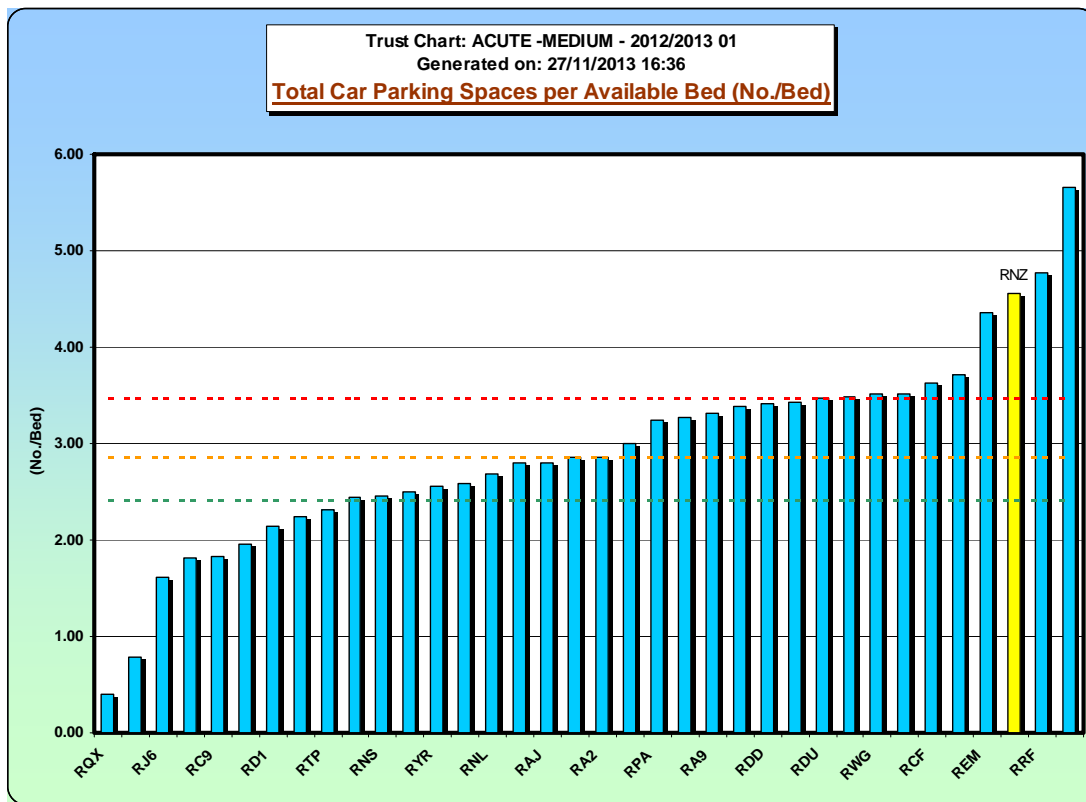
Note : RNZ = Salisbury NHS Foundation Trust

Source – total parking spaces per available beds for small Acute Trusts outside London – "Estates Return Information Collection".

CAR PARK CHARGES REVIEW

Appendix 2

Patient and Visitor Tariff

SDH Current Price

Up to 1 hour	£1.60
Up to 2 hours	£2.50
Up to 3 hours	£3.20
Up to 4 hours	£4.20
Up to 5 hours	£5.30
5 –24 hours	£6.30

Comparable Charges of other Trusts (Patients and Visitors)

It can be seen from the tables below that our car parking charges are broadly in line with comparable Trusts and Salisbury City Centre. Surplus revenue from car parking is reinvested in improving services for patients, staffed security coverage, and improvements in line with the travel plan.

	Salisbury District Hospital	Royal United Hospital	Royal Bournemouth Hospital	Southampton University Hospital	Poole General Hospital	Wiltshire Council (Maltings Car Park)
Up to 1 hour	£1.60	-	-	£2.00	-	£1.40
Up to 2 hours	£2.50	£3.00	£1.80	£3.50	£1.80	£2.50
Up to 3 hours	£3.20	-	£2.70	£4.20	£2.70	£4.20
Up to 4 hours	£4.20	£4.00	£3.60	£5.20	£3.60	-
Up to 5 hours	£5.30	-	£4.50	£6.20	-	-
Up to 6 hours	-	-	£5.40	£7.00	£5.50	-
Over 6 Hours	-	-	£7.00	-	£9.00	-
5 –24 hours	£6.30	£6.00	-	-	-	-

CAR PARK CHARGES REVIEW

Appendix 3

Based on comparative information for 2012/2013, the Trust has good provision of disabled car parking facilities, compared with its peer group, with 4.62% of its spaces allocated vs. an average of 4.50 spaces as is illustrated by the graph.
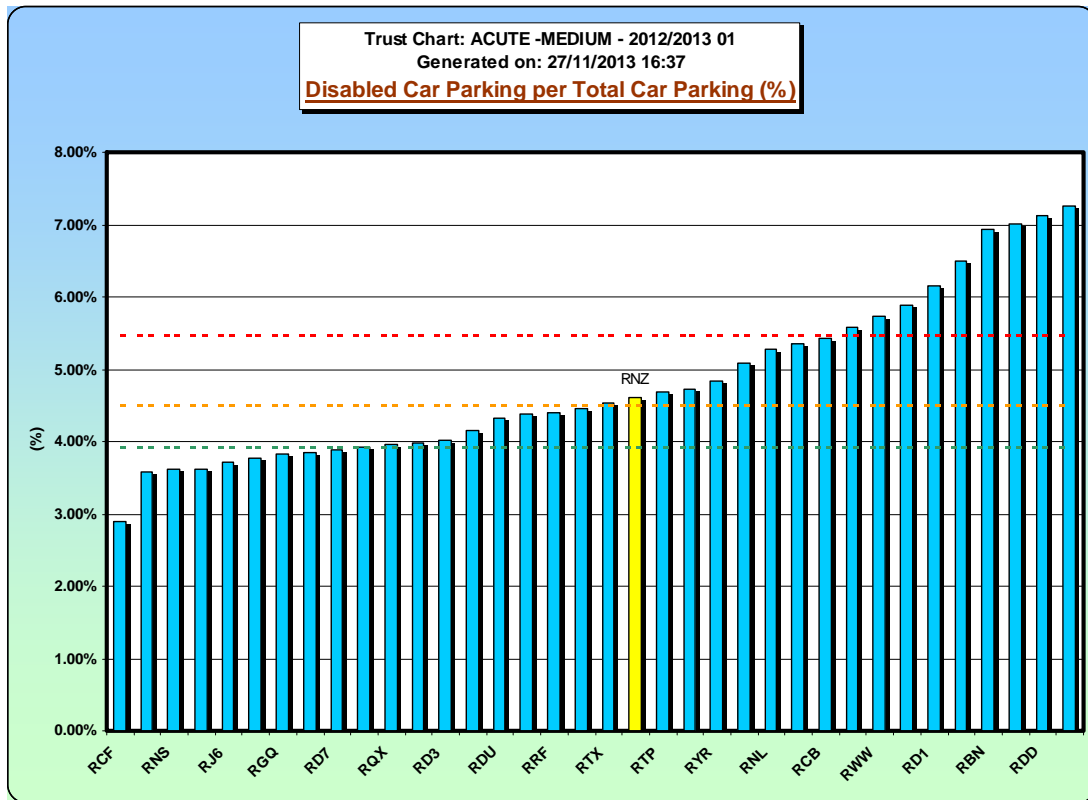
Trust Chart: ACUTE -MEDIUM - 2012/2013 01
Generated on: 27/11/2013 16:37
Disabled Car Parking per Total Car Parking (%)

Note : RNZ = Salisbury NHS Foundation Trust

Source – total parking spaces per available beds for small Acute Trusts outside London – "Estates Return Information Collection".

CAR PARK CHARGES REVIEW

Appendix 4

Comparable Charges of other Trusts for parking (Staff)

Comparison table (based on full time staff, greater detail below the table)

	Salisbury District Hospital	Royal United Hospital*	Royal Bournemouth Hospital	Southampton University Hospital	Poole General Hospital
Band 1	£15	£18.31	£18 R	£15 R	£30 R
Band 2	£15	£19.81	£18 R	£15 R	£30 R
Band 3	£15	£22.24	£18 R	£15 R	£30 R
Band 4	£22	£25.79	£18 R	£15 R	£30 R
Band 5	£22	£30.99	£18 R	£30 R	£30 R
Band 6	£22	£34.78	£19 R	£30 R	£30 R
Band 7	£25	£34.78	£19 R	£30 R	£30 R
Band 8 and above	£25	£34.78	£19 R	£45 R	£30 R

*Taken at mid point of the band
R - Restricted

Royal United Hospital, Bath

All staff 1.5% of their gross salary capped at £34.78 per month

Poole General Hospital

Earning less than £9k pa	£15 (restricted)
Students	£15 (restricted)
All other staff	£30 (restricted)

Staff living within two miles of the Trust will not be eligible for a car-parking permit

Southampton University NHS Trust

Bands 2-4	£15 per month (restricted)
Bands 5-7	£30 per month (restricted)
Band 8 and above	£45 per month (restricted)

If Staff live within 1.5 miles of the hospital or on a direct bus route they are not issued with a permit to park at staff rates.

Royal Bournemouth Hospital

Bands 1-4   £18 (restricted)
Bands 6 and above   £19 (restricted)
Consultants   £30

Staff living within one mile of the Trust will not be eligible for a car-parking permit

All staff may apply for an unrestricted permit at a nearby car park at a reduced rate negotiated by the Trust at £60 per month

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PAPER: SFT 3499

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GUIDANCE FOR THE ANNUAL PLANNING REVIEW 2014-15

PURPOSE:

The purpose of this paper is to update the Board on the guidance published by Monitor in late December 2013 which sets out the requirements for the Trust's core planning documents in the coming years.

MAIN ISSUES:

1. Monitor have issued this guidance against the context of an increasingly challenging economic picture for the NHS with rising demand and at best a static real-terms funding picture, and within the context of increasing patient and public expectation. The focus of the Trust's planning is unequivocal – how to meet that rising demand, whilst still improving quality of care and addressing the financial challenge.

2. For the first time, FT planning guidance is being co-ordinated with that of non-FT's, Clinical Commissioning Groups and the Local Authorities. This is intended to generate more co-ordinated planning and ensure that planning assumptions between organisations are consistent. This will become increasingly important as initiatives such as the Better Care Fund seek to promote more integrated care for patients.

3. There are two submissions required this year:

   a.   Operational Plan 2014/15-2015/16
   This document is to be submitted by **4th April 2014** and is designed to focus on the short terms risks to stability and resilience and ensure that the Trust has robust plans to manage any such risks. The plan will be required to take a two year forward look at the expected demand and the capacity required to meet that demand. In addition the plan needs to describe how the Trust will develop its quality plan, through the Quality Account, and how the Board will ensure that high quality services are maintained. Detailed financial projections are required in line with previous submissions, including any downside risks. Given the date of submission, some estimates of the year end position will be required.

   b.   Strategic Review 2014-19
   A five year strategic review is to be provided to Monitor by **30th June 2014** which is required to identify how the Trust will ensure it provides 'appropriate, high quality and cost effective services for [our] patients on a sustainable basis'. The document must set out how the Trust assesses the needs of the local health economy, including a projection of both the Trust and commissioner activity and revenue assumptions over the five years. The Trust will need to identify where transformational change is required to ensure that high quality, financially sustainable services can continue to be provided.

4. Monitor will assess both plans and it is suggested will be challenging in their assessments of the Trust's approach to strategic planning. If plans are not considered robust, Monitor can request that they be re-submitted.

5. An important aspect of Monitor's guidance is that there is consultation with key stakeholders within the local health economy (LHE). The Trust is engaging with local commissioners on their plans through: a series of planning meetings, individual meetings and performance reviews. An important part of the Trust's process will be, as in previous years, to engage with the Governors on both the medium term plan and the longer term strategic plan.

6. A project group comprising: Corporate Development, HR, Operations, Finance and the PMO is working with the Directorates to pull together the Trust's operational plan.

7. Key dates going forward in relation to the operational plan are:
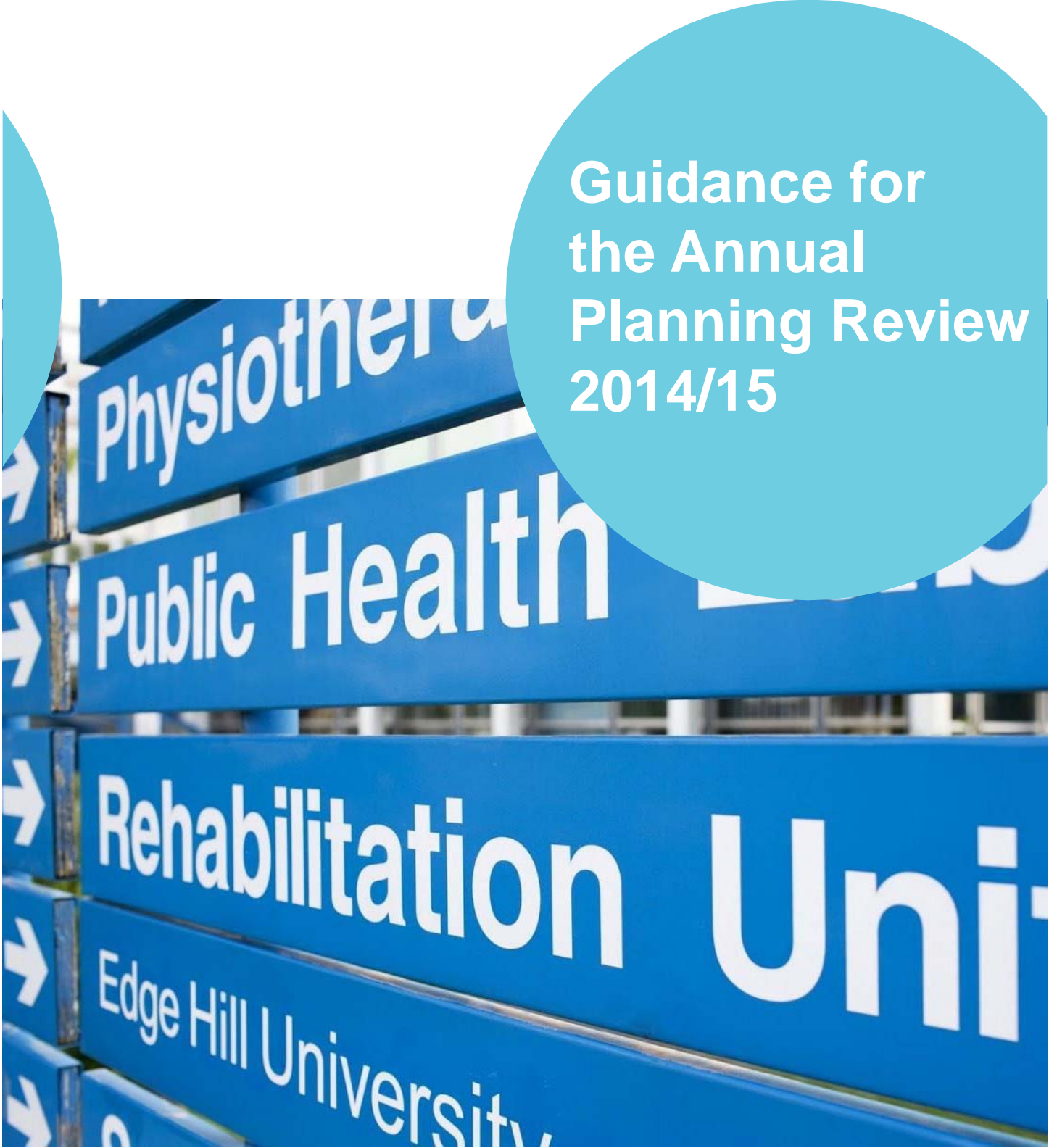
Now to 14th Feb	Meetings with Directorates to discuss their plans in light of Monitor guidance
6th Feb '14	Meeting with governors Strategy Review Group to discuss key issues for inclusion in operational plan
24th Feb '14	Joint meeting of Trust Board and Council of Governors to discuss preliminary draft
24th March '14	Operational plan submitted to Board for approval
4th April '14	Operational plan submitted to Monitor

ACTION REQUIRED BY THE BOARD:

To note the requirements placed upon the Trust by Monitor's revised planning guidance.

Laurence Arnold
Director of Corporate Development

22nd January 2014

Monitor

Making the health sector
work for patients

Guidance for the Annual Planning Review 2014/15

www.monitor.gov.uk

About Monitor

Monitor is the sector regulator for health services in England. Our job is to protect and promote the interests of patients by ensuring that the whole sector works for their benefit.

We exercise a range of powers granted by Parliament which include setting and enforcing a framework of rules for providers and commissioners, implemented in part through licences we issue to NHS-funded providers.

Executive summary

Introduction

Rising health care demand, rising costs and flat real funding mean the NHS could face an estimated £30 billion financial shortfall by 2021[1]. We have worked with our national partners NHS England and the NHS Trust Development Authority to estimate the development of this unprecedented "affordability challenge" and understand how we can help the health care system to respond. Forthcoming changes to pensions and the planned pooling of some NHS spending with local authorities in 2015/16 through the Better Care Fund (previously known as the Integration Transformation Fund) are likely to bring the affordability challenge to an unprecedented peak in 2015/16.

Foundation trusts are already making enormous efforts to meet the affordability challenge, for example, through Quality, Innovation, Productivity and Prevention (QIPP) and Cost Improvement Programmes (CIPs). But our recent research[2] makes it clear that foundation trusts will have to do more than just improve the productivity within existing service configurations at individual providers to meet future NHS efficiency requirements. To be confident of providing high quality care for patients on a sustainable basis, foundation trusts need to work with commissioners to transform the way they deliver services across the system (through measures identified at a national and a local level)

According to the findings of our research, delivering the right care in the right setting and developing new ways to deliver high quality care are the two main opportunities for transformational change available to foundation trusts. From this perspective, the Better Care Fund also represents an opportunity for local health economy (LHE) partners to work together on delivering this transformational change. Successfully meeting the affordability challenge will depend on excellent and co-ordinated strategic planning.

However, Monitor's recent review of strategic planning at foundation trusts concludes that there are significant opportunities to improve strategic planning at the majority of foundation trusts[3].

Monitor considers at a minimum, the following steps are required to develop a robust strategic plan:

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[1] see Monitor's report *Closing the NHS funding gap: how to get better value health care for patients* available at http://www.monitor.gov.uk/closingthegap
[2] see Monitor's report *Closing the NHS funding gap: how to get better value health care for patients* available at http://www.monitor.gov.uk/closingthegap
[3] see *Meeting the needs of patients: Improving strategic planning in NHS foundation trusts,* available at http://www.monitor-nhsft.gov.uk/information-nhs-foundation-trusts/planning-and-reporting-processes/annual-planning

- put in place a robust planning process and, in particular, ensure sufficient and appropriate engagement with the key stakeholders within the Local Health Economy (LHE);

- assess the risks to sustainability of high quality services in conjunction with LHE stakeholders by drawing on accurate inputs that have been analysed and presented correctly;

- assess the options available to address the identified sustainability risks in conjunction with LHE stakeholders and make choices on which option(s) are most appropriate;

- define a vision for sustainability and develop the key initiatives which underpin this, where appropriate in conjunction with LHE stakeholders; and

- set out a plan for delivery including financial projections which are internally consistent and based on credible assumptions.

While Monitor does not intend to be prescriptive about the content of individual foundation trust strategic plans, our review seeks to understand the work that foundation trusts have undertaken against each area above. We will also expect plans to outline how, when implemented, they result in the delivery of high quality care for patients on a sustainable basis.

Many of the resulting strategic initiatives, such as service redesign and cross cutting enablers, will need to be developed and implemented at an LHE level. In response, we are therefore calling for an iterative process of engagement by foundation trusts with their LHE partners. We consider this engagement to be central to the development of a robust strategic plan.

We recognise that meeting these expectations will take considerable board attention at foundation trusts. We also understand that day-to-day pressures make it hard for boards to treat strengthening strategic planning as a priority. However, improving planning is an essential first step towards transforming services, a goal that NHS foundation trusts have to achieve if they are to continue to provide high quality care to NHS patients for years to come. This is why supporting the sector to improve strategic planning is one of Monitor's own strategic initiatives for 2014/15.

Key changes to the 2014/15 Annual Planning Review

As part of this initiative, we have upgraded Monitor's annual planning review process to focus more closely on the strategic element of plans and to understand how foundation trusts intend to address the unique challenges in 2015/16 from both an operational and strategic point of view.

As set out with NHS England and the NHS Trust Development Authority in our joint letter on 4 November, we are making the following key changes:

- Monitor will work with NHS England and the NHS Trust Development Authority to reconcile key commissioner and provider planning assumptions to highlight any LHEs where there are major planning divergences; and

- Monitor will divide its annual plan review into two distinct phases, the first focused on operational planning, and the second focused exclusively on strategic planning.

Phase 1 – Submission 4 April 2014 – Monitor review April to May 2014

The first phase of the Monitor review will assess the strength of foundation trusts' operational plans to address the two-year short-term challenge to 2015/16. During this phase, we will require two year supporting financial projections and we will seek to understand the degree to which foundation trusts have started planning for, and have already begun implementing, transformational initiatives.

Phase 2 – Submission 30 June 2014 – Monitor review July to September 2014

The second phase of the Monitor review will focus on the robustness of foundation trusts' strategies to deliver high quality patient care on a sustainable basis. During this phase, we will ask foundation trusts to present five year financial projections and we will particularly focus on the degree to which each foundation trust has developed realistic transformational schemes and aligned its plans with those of other actors within the LHE.

The outcome of our reviews

Monitor will provide initial feedback to foundation trusts following the first phase review (May 2014) and final feedback will be provided on completion of the second phase review (October 2014).

Monitor is working closely with both NHS England and the NHS Trust Development Authority to ensure that foundation trust plans can deliver high quality sustainable services across LHEs, and that the actions of any organisation does not generate behaviours that work against patients' interests.

Where we identify any significant weakness in planning, or we judge that a foundation trust is not adequately addressing risks to its stability or sustainability, we will take appropriate regulatory action. For the first time, this could include requiring a foundation trust to resubmit its plan.

Purpose of this guidance

This following guidance sets out more detail on each of the areas discussed above and other aspects of the 2014/15 planning round. We would like in particular to draw readers' attention to Section 1, which sets out the planning assumptions for the

2014/15 planning round (including the expected tariff efficiency factor) and how we have reached them, and Section 7, which contains a self-assessment tool to help support strategic planning at foundation trusts. We strongly recommend foundation trusts to use the tool as part of its process to develop its 2014/15 plans.

Contents and document outline

This document is Monitor's guidance on the 2014/15 planning round. This guidance covers Monitor's expectations for foundation trusts and sets out details of our forthcoming Annual Planning Review (APR) process. The sections included in this guidance are outlined below.

This section aims to provide the sector with more certainty about the scale and make-up of the challenge facing the delivery of high quality, sustainable care for patients.

This section describes the two phases of the APR process in 2014/15, the type of feedback Monitor intends to give.

This section provides practical guidance on key submissions and matters which relate to both phases of the APR review.

This section sets out the format of the operational plan and provides guidance on the areas that Monitor would typically expect the document to cover.

This section sets out the key elements of the strategic plan and provides guidance on the areas that Monitor would typically expect the strategic plan to cover.

This section contains a summary of a number of important other matters which foundation trusts should bear in mind when completing their plans.

This section contains a self-assessment tool that has been developed to support Boards and Executive teams at foundation trusts. The tool can be used to rapidly evaluate the robustness of the strategic planning at a foundation trust.

1 Planning assumptions

1.1 Section overview

This guidance aims to provide the sector with more certainty over the scale and nature of the challenge to delivering high quality care for patients on a sustainable basis. Understanding this challenge is critical to robust strategic planning.

1.2 Introduction

When developing plans, commissioners and providers must factor in assumptions about how fast costs, demand and commissioning budgets will rise. If the rate of growth in costs and demand is greater than budgets, then they must work out how they can respond while improving quality of care.

We have worked with our national partners the NHS Trust Development Authority and NHS England to develop assumptions on the rates of cost, demand and budget growth, which together we call the "affordability challenge". These assumptions show that the gap between budgets and projected pressures will rise to an unprecedented level over the next five years.

This means that even with continued tight control of pay and prices across the sector, delivering better patient care will require plans which:

- deliver greater gains in the efficiency of individual providers through redesign of individual patient services; and

- make a step change in the efficiency of the system as a whole by completely redesigning care pathways to transform care quality outside of hospitals.

We have also developed assumptions on this efficiency opportunity.

These planning assumptions presented in this section are intended for commissioners and providers[4] to use when working together to develop credible strategic plans which consistently raise the quality of patient care over the next five years.

1.3 The Affordability Challenge

Every year, pressures on the NHS grow. As the population grows and ages, we have more frail elderly and a greater incidence of chronic disease requiring different patterns of care. Innovations in medicine continue to transform what it is possible for the NHS to provide beyond the expectations of previous generations. And the public rightly expects ever higher standards of safety, quality and access.

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[4] Including acute, mental health, community and primary care providers.

In estimating the scale of the challenge, we have therefore considered the path of likely input cost inflation (pay and procurement), activity growth, known policy commitments, and the overall NHS budget settlement. For all these factors, the numbers reflect our views and those of our national partners, the NHS Trust Development Authority and NHS England.

Allowing for these pressures suggests that, even with extremely tight control of pay and prices from the centre, the "affordability challenge" for the NHS over the next five years will be unprecedented, as shown in Table 1 below. If input costs rise more quickly than shown in Table 1, or unfunded new policy commitments are made, the scale of the affordability challenge for local NHS organisations would increase still further.

Table 1: the total affordability challenge

	2014/15	2015/16	2016/17	2017/18	2018/19
Affordability challenge for NHS as a % of current commissioning budgets	3.1%	6.6%	5.5%	4.7%	4.6%
Assumption on input cost inflation	*2.6%[5]*	*2.9%*	*4.4%*	*3.4%*	*3.3%*

The total affordability challenge is greater in 2015/16 and 2016/17 than in other years. A key driver of this is the estimated cost of changes to pensions in 2015/16 and 2016/17, 0.7% and 1.4% of budget respectively. These represent our current best estimate of the costs of these changes and the extent to which these will translate into cost pressures for providers will depend on whether they are centrally funded. The Better Care Fund will also impact on commissioner budgets in 2015/16, but this presents the NHS with an unprecedented opportunity to transform the quality of patient care outside of hospitals, preventing distressing and costly emergency hospital admissions and integrating care more closely around the needs of individual patients.

1.4 The efficiency opportunity

Over recent years, whilst productivity in the wider economy has struggled to recover from the shock of 2007/08, NHS productivity has continued to rise. This is a real achievement of which the NHS should be proud.

But to meet the affordability challenge shown in Table 1, the sector needs to know where to look for efficiency gains. To help the NHS to plan to redesign services for patients in response to this challenge, we have assessed the evidence of where

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[5] This is a blended uplift of acute and non-acute input cost inflation, including the average impact of the CNST uplift and pensions costs. These inflation assumptions may vary from other industry sources.

those gains might lie and we want to have an open debate about the balance of opportunity between:

- redesigning and improving patient services in **individual providers** to improve quality and efficiency, through, for example, shorter lengths of stay;

- redesigning care pathways to transform how patient care is provided across the **system** and reduce unnecessary emergency admissions, improving quality and efficiency; and

- **further measures** which commissioners and providers can undertake in their local areas to improve quality and efficiency, such as reducing inappropriate variations in how care is provided or reducing interventions which have little if any benefit to patients.

1.4.1 Improving efficiency in individual providers

There is a large body of evidence which demonstrates the scope for significant transformation in service quality and efficiency by using proven methods to increase efficiency in individual providers. But we need to be realistic about the pace at which these gains can be realised across a system as large and complex as the NHS. Work by McKinsey for Monitor[6] identified the potential scope for efficiency improvement if individual providers were able to "catch up" to existing good practice in the NHS. In addition to this, NHS providers continue to develop completely new and better ways of providing patient care. We therefore believe that there is a total opportunity for efficiency improvement in individual providers of approximately 2% per annum over the next five years. This is significantly more than the 0.4% to 1.4% underlying productivity improvement that external research[7] suggests that the NHS has traditionally delivered. This is a big ask, so Monitor, the NHS Trust Development Authority and NHS England will provide all the support we can to help providers and commissioners in the forthcoming planning round.

1.4.2 Improved efficiency across the system

Better patient care provided in the community can prevent avoidable emergency hospital admissions. Better integration of care, prevention of unplanned admissions through better chronic disease management and moving care to more cost effective settings can all have a role to play in improving the quality of care whilst reducing costs to the system as a whole. None of these ideas are new – but the Better Care Fund provides commissioners and providers with the opportunity to plan for the transformational changes which many have wanted to make for years. Work by McKinsey for Monitor[5] suggests significant savings could be delivered by redesigning services in this way. We believe the sector must do all that it can to

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[6] Improvement opportunities in the NHS: Quantification and Evidence Collection, February 2013.
[7] The ONS (0.4%) and Centre for Health Economics, York (1.4%)

deliver this over the next five years, so we have made the assumption that there is an opportunity for further savings of between 1% and 2% per year across the NHS.

1.4.3 Further measures to improve efficiency in individual health economies

Even adding together the opportunities for improving efficiency in individual providers and across the system that we have identified nationally, Table 2 shows that a significant affordability challenge is likely to remain in many local health economies.

Commissioners and providers have the local knowledge and expertise to develop strategic plans to tackle this remaining challenge, according to the circumstances of their local areas. In some cases, they may identify a greater opportunity to improve efficiency in local providers or across the local NHS than these broad national assumptions. In other cases, they may identify further opportunities such as reducing inappropriate variations in how care is provided or reducing interventions which result in little or no clinical benefits to patients.

Commissioners and providers will need to work together across all three of these opportunities to improve efficiency to meet the affordability challenge.

Table 2: Meeting the local affordability challenge

	2014/15	2015/16	2016/17	2017/18	2018/19
Total affordability challenge	3.1%	6.6%	5.5%	4.7%	4.6%
Provider efficiency	2.0%	2.5%	2.0%	2.0%	2.0%
System efficiency	1.0%	2.0%	1.0%	1.0%	1.0%
Remaining challenge	**0.1%**	**2.1%**	**2.5%**	**1.7%**	**1.6%**

1.5 What does this mean for the efficiency assumptions in tariff?

As part of the annual National Tariff setting process, Monitor and NHS England agree an efficiency factor – which broadly equates to our estimate of the opportunity for efficiency improvement in individual providers. This year we have set it at 4%, which is higher than the 2% real efficiency gains we have assumed providers are likely to deliver in practice. This section explains the reason for this discrepancy.

Over the last three years, the tariff efficiency assumption has averaged 3.8%[8]. Falling margins in providers of around 0.4% p.a. suggest providers have managed to reduce costs by 3.4% p.a. at most. This broadly equates to the average delivered recurrent Cost Improvement Plan (CIP) saving of around 3.2%

However, there is a significant gap between reported CIPs of around 3.2% and external evidence that the underlying real productivity improvement across the system has traditionally only been around 0.4% to 1.4% p.a.[9] Unless provider

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[8] The efficiency factor was 3.5% in 2010/11 and 4% from 2011/12.
[9] ONS and Centre for Health Economics, York

efficiency has improved very dramatically since that research was undertaken, closing the gap to balance the books is likely to have meant commissioners and providers have been moving money around the system in non-transparent or unpredictable ways. Not being able to predict income or expenditure with confidence makes it hard for either to plan.

The impact of these actions is sometimes referred to as "tariff leakage". Whatever the source of this tariff leakage[10], it represents real money which has to be paid for from commissioner's budgets since it is not real efficiency. Even if providers have been more successful at driving through efficiency improvements during the last few years, we believe that this tariff leakage could potentially represent around 1 to 2 percentage points of the 3.4% cost reduction although the exact figure is highly uncertain.

What we do know is that this reduces the confidence commissioners have in exactly what cost, quality and volume of patient care is being provided for local people within contracts. In the extreme, it raises the risk of providers being tempted to reduce the quality of patient care or not putting in place the right capacity to deal with winter pressures.

Moving money around might help balance the books, but it undermines planning for better patient care. Better planning is needed to deliver genuine change.

However, in the short term, as we develop a better understanding of the evidence and improve the transparency of commissioning and pricing, reducing tariff leakage may be difficult and we must account for this in the tariff efficiency factor. So until we succeed in bringing the rate of tariff leakage down nationally, or local commissioners and providers are successful in reducing it locally, providers and commissioners should plan for a tariff efficiency factor of 4% p.a. over the full five year period (as shown in Table 3). They should make sure that their response includes real efficiency improvement for individual providers of at least 2% p.a.

Table 3: expected tariff efficiency factor

	2014/15	2015/16	2016/17	2017/18	2018/19
Provider efficiency	2.0%	2.5%	2.0%	2.0%	2.0%
Estimate of leakage	2.0%	2.0%	2.0%	2.0%	2.0%
Tariff efficiency factor if leakage does not fall	4.0%	4.0%	4.0%	4.0%	4.0%

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[10] Which relates to increases in the price of services and is not volume related to services or drugs and devices either within or outside the scope of tariff.

To help support better planning, Monitor, the NHS Trust Development Authority and NHS England will seek to reduce tariff leakage over the next five years, by:

- identifying and estimating the scale of leakage activities;

- introducing new oversight of payment terms with greater expectations on transparency from both providers and commissioners; and

- exploring approaches to identify and take action against non-compliance with the pricing rules.

In line with our approach to devolve greater responsibility to local organisations, we think this will help commissioners and providers focus greater attention on how they achieve a real and lasting transformation in the quality of health care received by local people and less effort on moving money around the system to demonstrate cost reductions to the centre.

Over time, as tariff leakage falls, the efficiency assumption set annually in the National Tariff by Monitor and NHS England will fall in step to reflect more closely the opportunity for efficiency improvement in individual providers in the NHS. The speed and scale of this change will depend on how quickly the volume of tariff leakage in the system is reduced.

These efficiency assumptions challenge NHS commissioners and providers to work together to both:

- take advantage of the opportunities available to deliver a greater, though achievable, increase in real efficiency in how patient care is provided than has been achieved before; and

- make a step change in the quality of strategic planning by having more open and transparent dialogue on the changes in the quality, cost and volume of care which will be provided to local people.

2 Overview of the 2014/15 APR process

2.1 Section overview

This section provides a high level overview of the APR process in 2014/15, the type of feedback Monitor intends to give, and the plan documentation that we will ask foundations trusts to provide at the end of the process. Detailed requirements are described in the following sections.

2.2 Background

The APR process is designed to identify short term risks (quality, financial and operational) and longer term risks to the sustainability of high quality services. Monitor has previously required all foundation trusts to submit a three year annual plan in June which formed the basis of a short desktop review during June and July to determine Monitor's regulatory approach for the year.

2.3 Key changes and rationale

Given the extent of the challenges outlined in our executive summary and Section 1, and the need for foundation trusts to improve planning, Monitor recognises that its plan review process also needs to be upgraded appropriately. Our main goals from the upgrade are to ensure that Monitor has greater visibility over the extent of the short and longer term challenges facing the sector, to ensure that there is robust planning across LHEs and that there are credible plans to deliver high quality services for patients on a sustainable basis.

This has led to the introduction of the following key changes which were set out in our joint letter dated 4 November 2013 (co-signed by NHS England, the NHS Trust Development Authority and the Local Government Authority):

1. Aligning assumptions and planning timetable with NHS England and the NHS Trust Development Authority, enabling better engagement and alignment across local health economies. This will include a reconciliation between provider and commissioner balances; and

2. Splitting the APR into two phases:

   a. Review of foundation trusts' operational plans including a review of the supporting two year's financial projections to 2015/16; and

   b. Review of foundation trusts' strategic plans to ensure sustainability of high quality care for patients, including a review of the supporting five years of financial projections.

2.4 Monitor's two phase review process

Monitor will seek to assess the quality of foundation trust plans through two distinct (but linked) review phases:

2.4.1 Two year operational and financial review: April – May 2014

Plan documents (two year plan narrative and supporting two year financial return) are required to be submitted to Monitor on 4 April 2014. These documents should set out how foundation trust boards intend to deliver high quality and cost-effective services for their patients over the next two years, with particular emphasis on the specific challenges posed in 2015/16.

Monitor will undertake a desktop review of plans during April and May 2014, which will seek to assess the level of short term financial, quality and operational risk to individual foundation trusts over the period 2014/15 - 2015/16 by considering:

- the strength of individual foundation trust's understanding of the challenges being faced over the next two years;

- the Trust's level of engagement with the key stakeholders within the LHE to assess the nature and scale of the challenge and plans to address the specific challenge faced in 2015/16;

- the congruence of commissioner and provider activity and revenue assumptions for 2014/15 and 2015/16 (please see 2.4.4);

- an assessment of the reasonableness of key assumptions in the plan, particularly in light of Monitor's accuracy of planning findings[11] and efficiency assumptions set out in Section 1;

- the level of planned capacity in key services compared to the likely demand over the period to 2015/16; and

- the nature and robustness of foundation trust initiatives to ensure that high quality services continue to be delivered over the next two years to 2015/16.

2.4.2 Five year strategic and sustainability review: July – September 2014

Plan documents (strategic plan and supporting five year financial return) are required to be submitted to Monitor by 30 June 2014. These documents taken together should set out how foundation trust boards intend to deliver appropriate, high quality and cost-effective services for their patients on a sustainable basis.

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[11] see *Meeting the needs of patients: Improving strategic planning in NHS foundation trusts,* available at http://www.monitor.gov.uk/node/5492

Monitor will undertake a desktop review of plans during July - September 2014 to assess the level of risk to longer term sustainability of individual foundation trusts by considering:

- the outcome and trust response from the first phase of the review;

- the robustness of the strategic planning process;

- the trust's understanding of its local health economy and any likely financial gap based on its current configuration;

- the congruence of commissioner and provider activity and revenue assumptions over the coming five years;

- the strategic options, which may include transformational change to the current configuration if necessary, that the foundation trust believes are available to ensure sustainability of high quality services for patients;

- the trust's chosen schemes and initiatives that should secure the foundation trust's long-term sustainability;

- the trust's level of engagement and extent of alignment with the key stakeholders within the LHE to agree key initiatives; and

- the foundation trust board's self-assessment of the trust's longer term sustainability and the key points supporting its conclusions.

2.4.3 Financial returns

There is a single five year financial template which underpins both phases of the annual plan review. Monitor requires year one and two to be completed for the first submission (4 April 2014) and then the subsequent three years for the second submission (30 June 2014).

The operational plan will, because of the required submission date, be developed before a final year end financial position is known. Therefore foundation trusts should use a projected year end outturn for 2013/14 based on the most up-to date and relevant information available.

The financial information in the first two years can only be amended in the later June submission by exception where there is a material impact on the financial projections. Foundation trusts should contact their relationship manager at Monitor should they feel an amendment to the first two years is required, but the expectation is that this will be limited to exceptional circumstances only. While we cannot state all the reasons that may be accepted, these could include a material event or decision occurring after the first submission such as a transaction becoming likely or major service reconfiguration being agreed with commissioners.

Foundation trusts will be required to submit bridging analysis should any resubmission be made.

2.4.4 Reconciliation

Plans need to reflect local priorities for patients and we expect commissioners and providers to cooperate in planning and to be able to explain any differences in their plans.

It is expected that providers' plans will be aligned with those of the wider local health economy. In order to test the alignment of key assumptions Monitor, NHS England, and the NHS Trust Development Authority will reconcile provider and commissioner income and activity plans for both the two and five year review phases.

The outputs of the reconciliation will be shared between the regional teams of Monitor, NHS England and NHS Trust Development Authority. Every step will be taken not to prejudice the position of any trust or commissioner and no information will be shared at individual organisation level without first contacting the appropriate party. However, where significant divergences are identified, this is likely to require further discussion with the parties involved.

2.4.5 Risk based approach

Monitor will take a risk based approach to both reviews.

2.5 Feedback

Monitor will provide feedback to foundation trusts setting out its assessment of individual plans after each phase of the review (initial feedback in May 2014 and final feedback in October 2014). Where necessary, we will take appropriate regulatory action, which could include but is not limited to:

- **Enhanced Scrutiny.** Where foundation trust plans demonstrate potential weakness or may be insufficient to address the nature of challenge facing the foundation trust, we may require additional assurance over whole or part of the plan. The type of required assurance will be bespoke but could well include a relationship visit to discuss the plan in more detail or a request for additional supporting information/explanation.

- **Re-submission.** Where foundation trust plans demonstrate significant weakness or are clearly insufficient to address the nature of challenge facing the foundation trust, we may require a resubmission of the plan and request external assurance over the robustness of any resubmission. Reasons for re-submission may include overly optimistic financial planning, plans that are significantly divergent with commissioner assumptions, material changes that become apparent after submission or apparent weakness in the trust's approach to planning.

- **Investigation.** Where foundation trust plans are considered so weak, or highlight a level of unmitigated risk which could indicate a potential licence breach, Monitor may open an investigation under the Risk assessment framework. Reasons for opening an investigation might include a significant risk to any of financial stability, quality or significant longer term sustainability.

2.6 Publications

Monitor and foundation trusts have a duty of candour and transparency. Accordingly, Monitor intends to publish foundation trusts' two year operational plans and strategic plans, whilst ensuring that commercially sensitive information is not made public.

Monitor intends to achieve this through publishing the following:

- the body of the two year operating plan excluding any commercially sensitive information, which foundation trusts should include in the annexes to their operating plan as in previous years; and

- a summarised version of the strategic plan.

Monitor will therefore require foundation trusts to prepare a separate summarised version of the strategic plan, which can be published at the end of the annual review process. This summary must be consistent with each foundation trust's underlying detailed submission but is required to be a publishable separate document. While the format of which is a decision for each individual foundation trust this should cover as a minimum a summary of the market analysis and context, strategic options, plans and supporting initiatives and an overview of the financial projections.

3   Practical guidance on APR 2014/15

3.1   Section overview

This section sets out the key submissions required for the annual plan process and the matters which are pertinent for both phases of Monitor's APR (engagement with the local health economy and the Better Care Fund).

Sections 4 and 5 respectively provide detailed guidance on both the operational plan and the strategic plan.

Section 6 concludes with a number of other matters which should be borne in mind when completing the annual plan submissions.

3.2   Key submissions

APR 2014/15 comprises two sets of submissions (one for each phase of the review). Both should be returned via the MARS portal (guidance on uploading your template can be found here):

1. On or before 4 April 2014 foundation trusts should submit the financial template with year one and two completed and an accompanying two year operational plan (see section 4); and

2. On or before 30 June 2014 foundation trusts should submit a completed five year financial template (with the final three years completed), an accompanying strategic plan (see section 5) and a publishable summary of the plan (see section 2.6).

The plan templates can be downloaded from the 2014/15 APR website and the financial template will be made available to foundation trusts on 7 January 2014 via the MARS portal (technical guidance on the financial template will also be made available on the 2014/15 APR website on this date).

Set out below is a summary of the two submissions:

	Operating and financial phase	Strategic and sustainability phase
Submission date	4 April 2014	30 June 2014
Financial information (2.4.3)	Two years	Five years
Monitor led reconciliation with commissioners (2.4.4)	Yes	Yes

Monitors key review objective	Understand risks to short term stability and resilience and the sufficiency of the trust response.	Understand the key risks to longer term sustainability and the sufficiency of the trust strategic response and underlying initiatives.
Monitor feedback (2.5)	May 2014	October 2014

3.3 Matters pertinent to both reviews

Both phases of Monitor's review will seek to understand the extent to which foundation trusts have engaged with key stakeholders within the LHE to develop their plans. This will necessarily require a discussion about the challenges arising from the introduction of the Better Care Fund and foundation trusts' responses to this.

3.3.1 Engagement with LHE

Monitor is working closely with both NHS England and the NHS Trust Development Authority to ensure plans lead to sustainability and are deliverable across local health economies.

We are therefore calling for an iterative process of engagement between foundation trusts and their LHE partners. While it is the responsibility of each foundation trust and its LHE partners to define its own process for engagement, Monitor and our partners consider this engagement to be central to the development of a robust strategic plan.

In doing so, providers and commissioners should be mindful of competition law. As a general rule, discussions between providers about their future plans are more likely to give rise to concerns than discussions between providers and commissioners. It is acceptable though for the relevant stakeholders in an area (including providers, commissioners, clinicians and others) to talk at a high level about desired outcomes

and general transformational changes that may be needed to address health care economy challenges.

3.3.2 Better Care Fund

The Better Care Fund (formerly called the Integrated Transformation Fund) plan requires local areas to formulate a joint plan for integrated health and social care and to set out how their single pooled Better Care Fund budget will be implemented to facilitate closer working between health and social care services.

While joint plans for the Better Care Fund should be approved through the relevant local Health and Wellbeing Board and should be agreed between all local clinical commissioning groups (CCGs) and the Upper Tier Local Authority, health and social care providers should also be closely involved in developing the plan.

Both phases of Monitor's annual plan review will seek to understand how individual foundation trusts are addressing the particular challenges posed by the Better Care Fund particularly in 2015/16.

4   Operational plan

4.1   Overview

The operational plan should set out how foundation trusts intend to deliver appropriate, high quality and cost-effective services for patients over the next two years in light of the particular challenges facing the sector e.g. the Better Care Fund.

Foundation trusts will need to develop operational plans that outline projected activity, pressures and performance over the next two years to 2015/16 that ensure that services to patients remain high quality and resilient.

4.2   Publication of the operational plan

Foundation trusts should be aware that, as part of Monitor's duty of transparency, Monitor will publish the entire operational plan except for confidential annexes at the back.

4.3   Strategic and operational planning

Monitor recognises that, in a business as usual situation, a foundation trust would usually expect to develop its strategic plan and high level long term financial projections before translating this into a detailed short term operational plan.

In 2014/15 however, in order to align planning timetables across the system and to allow foundation trusts additional time to fully develop their strategic plans in response to the enclosed guidance, it has not been possible to order our reviews in this sequence.

The operational plan should, however, be linked to the broader strategy but does not need to set out the full evidence base and analysis that will support the strategic plan.

4.4   Format of operational plan commentaries

Monitor expects that a good two year operational plan should cover (but not necessarily be limited to) the following areas (in separate sections):

1. Executive summary

2. Operational plan

   a. The short term challenge

   b. Quality plans

   c. Operational requirements and capacity

   d. Productivity, efficiency and CIPs

e. Financial plan

3. Appendices

As a guide, we expect plans to be a maximum of 30 pages in length. Please note that this guidance is not prescriptive and foundation trusts should make their own judgement about the content of each section.

4.5 Executive summary

Monitor expects that the operational plan will include an executive summary outlining the key elements, including a summary of key financial data.

4.6 Operational plan

This section should set out how the foundation trust plans to deliver high quality services over the next two years in light of the key objectives within the foundation trust's strategic plan. We would expect the trust to comment on the following sections:

4.6.1 The short term challenge
Foundation trusts should work with LHE partners to define the extent of the short term challenges within the LHE and should use this section to summarise the extent of the agreed likely two year challenge.

4.6.2 Quality plans
Foundation trusts should outline their quality plans to meet the short term challenges it faces (both internally and within the LHE) by considering the following:

- national and local commissioning priorities;

- the foundation trust's quality goals, as defined by its quality strategy and quality account;

- an outline of existing quality concerns (CQC or other parties) and plans to address them;

- the key quality risks inherent in the plan and how these will be managed;

- an overview of how the board derives assurance on the quality of its services and safeguards patient safety (foundation trusts may find Monitor's quality governance framework[12] helpful for appraising quality arrangements);

- what the quality plans mean for the foundation trust's workforce;

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[12] Available at www.monitor.gov.uk/home/news-events-publications/our-publications/browse-category/guidance-foundation-trusts/mandatory-

- the foundation trust's response to Francis, Berwick and Keogh;

- risks to delivery of key plans; and

- contingency that is built into the plan.

4.6.3 Operational requirements and capacity

Foundation trusts should outline their assessment of the activity and demand pressures and the inputs needed to address these over the next two years. This section should cover:

- an assessment of the inputs needed (such as physical capacity, workforce and beds) over the next two years, based on the trusts understanding of its expected activity levels; and

- an analysis of the key risks and how the trust will be able to adjust its inputs to match different levels of demand.

4.6.4 Productivity, efficiency and CIPs

Foundation trusts should define a robust programme of schemes which can improve or maintain quality whilst driving up productivity. Foundation trusts should therefore describe their CIP programme and make clear the difference and articulation between those CIPs which are incremental and efficiency driven ("traditional CIPs") and those which are transformational in nature and involve new ways of working ("transformational CIPs").

Monitor is particularly keen to understand the state of development of the transformational schemes being planned. Foundations trusts should therefore detail the nature of the planned transformation, the extent to which transformational schemes are already being implemented and the future schemes which are critical to the delivery of the strategic plan.

4.7 Supporting financial information

Two years of supporting financial projections are required to support the operational plan.

Foundation trusts should prepare the projections based on an assessment of the quality priorities, operating requirements and the productivity and efficiency initiatives in the plan and translate them into a financial projection from 2014/15 to 2015/16.

Foundations trusts should provide financial commentary on at least the following areas:

- income, and the extent of its alignment with commissioner intentions/plans;

- costs;

- capital plans;

- liquidity; and

- risk ratings.

Please note also that in 2014/15 we have introduced into the financial template the ability to model potential downside risks and mitigations to assist foundation trusts and Monitor to quantify the potential risks to plans and mitigations that could be used to offset these risks. We expect trusts to identify potential downside risks and mitigations as part of their planning activities and comment on their inclusion in the APR.

4.8 Appendices

Where foundation trusts have commercially sensitive or confidential matters that they do not want to include in the main published section of the operational plan, they may include them in the appendices.

5 Strategic plan

5.1 Overview

The strategic plan is expected to be a comprehensive summary of each foundation trust's strategy, the analysis which underpins this and the plans to implement them. It should therefore, set out in detail an assessment of the future challenges facing the LHE and the foundation trust, the options available to address the identified challenges and ultimately its key service line strategic plans.

Monitor expects strategic plans to demonstrate the extent of each foundation trust's ambition for patients. It should outline the practical ways in which key services will be transformed to lead to better quality care at a reduced cost and the investment that is required to support this transformation. It could also, for example, set out where key service lines are no longer sustainable and if the trust is proposing to take steps to divest or transfer services for the benefit of patients.

5.2 Publication of the strategic plan

Monitor recognises that the strategic plan is a confidential document and will necessarily contain commercially sensitive information. Monitor therefore does not intend to publish the strategic plan.

Notwithstanding this, Monitor has a duty of transparency and will require a summarised version of the plan to be submitted along side the strategic plan which can be published.

While the format of which is a decision for each individual foundation trust this should cover as a minimum a summary of the market analysis and context, strategic options, plans and supporting initiatives and an overview of the financial projections.

5.3 Self assessment tool

In addition to the guidance included in this section, further information on the hallmarks of high quality strategic planning can be found in Section 7, where we have included a self-assessment tool to help support strategic planning at foundation trusts. We strongly recommend foundation trusts use this tool in their APR process for 2014/15.

5.4 Format of strategic plan

Monitor expects that a good strategic plan should cover the following areas:

1. Declaration of sustainability

2. Market analysis and context

3. Risk to sustainability and strategic options

4. Strategic Plans

As a guide we would expect strategic plans to be a maximum of 50 pages in length and the publishable summary to be a maximum of 20 pages.

Please note that this guidance is not meant to be prescriptive. Foundation trusts should make their own judgements about the content of each section.

5.5 Declaration on sustainability

Monitor requires all foundation trusts to declare whether or not the foundation trust's strategic plans will ensure the sustainability of the foundation trust over the coming five years on a clinical, operational and financial basis.

In this section foundation trusts should summarise on a single page, the key evidence base and critical schemes upon which the foundation trust is relying to ensure the sustainability of high quality services.

5.6 Market analysis and context

Monitor expects strategic plans to be based on a detailed assessment of the wider LHE context. This requires foundation trusts need to engage with all key stakeholders within the LHE at each stage of the development of the strategic plan.

Foundation trusts should therefore set out their assessment of the material challenges facing the wider LHE and the analytical evidence base which underpins this assessment. This may include for example, a high level assessment of the affordability challenge facing the LHE over the coming years, or an assessment of the need for more activity to be provided in primary care.

Monitor would expect the analysis underpinning the market analysis and context section to include as a minimum:

- a healthcare needs assessment, based on demographic and healthcare trends;

- a capacity analysis, based on the sufficiency of estates, beds and staff to meet healthcare needs;

- a funding analysis, based on historic trends and likely commissioning intentions;

- a competitor analysis, based on an assessment of the trust's key areas of strength and weakness relative to its key competitors;

- a SWOT analysis, to identify both the opportunities that can be exploited and the challenges that need to be addressed;

- forecasted activity and revenue in a 'do nothing' scenario and resulting financial gap across the LHE; and

- the extent of alignment of findings from these analyses with comparable intelligence from LHE partners.

An activity guide on the demand forecasting and competitor analysis is included in a recent report by PwC commissioned by Monitor[13], which foundation trusts may find useful.

5.7 Risk to sustainability and strategic options

After completing the outward facing market review, foundation trusts should consider the likely impact of the identified external challenges on each of its key service lines and the resulting sustainability risk.

This assessment should lead to a consideration of the range of strategic options available (e.g. grow, shrink, merge, collaborate or transform) to address the identified risk to sustainability.

Foundation trusts should set out the analysis supporting its view of the risk to sustainability across its key service lines and an assessment of which available strategic options are being rejected and why. In addition a summary of the key reasons for adopting the chosen strategic option(s) should be provided.

Monitor would expect the options analysis to include as a minimum:

- an assessment of the likely impact of chosen options on key service lines;

- an assessment of the likely impact of chosen options on the broader LHE; and

- an assessment of the LHE support required and alignment with the proposed options.

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[13] see *Technical Annex to the Foundation Trust Strategic Planning Assessment Research Findings*. It is recommended that this is read in conjunction with *Foundation Trust Strategic Planning Assessment - Research Findings Report.* Both documents are available at http://www.monitor-nhsft.gov.uk/information-nhs-foundation-trusts/planning-and-reporting-processes/annual-planning

5.8 Strategic Plans

Based on the analysis performed, foundation trusts should summarise its prioritised set of service line initiatives and outline the following:

- key milestones, resourcing requirements, dependencies and risk mitigations;

- communication plan for key stakeholders, including staff and the LHE; and

- the processes the foundation trust has in place to monitor performance against the strategic plan and how plans will be adapted and amended for unexpected future challenges.

An activity guide on initiative prioritisation is included in a recent report by PwC commissioned by Monitor[14] which foundation trusts may find useful.

5.9 Supporting financial information

Five years of supporting financial projections are required to support the strategic plan. Years one and two of the financial return will already be fixed through the operating plan submission, review and feedback process completed during April and May 2014.

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[14] see *Technical Annex to the Foundation Trust Strategic Planning Assessment Research Findings*. It is recommended that this is read in conjunction with *Foundation Trust Strategic Planning Assessment - Research Findings Report*. Both documents are available at http://www.monitor-nhsft.gov.uk/information-nhs-foundation-trusts/planning-and-reporting-processes/annual-planning

6 Other matters to consider

6.1.1 Overview

The section sets out a number of other matters which should be considered when completing annual plans.

6.1.2 Capital planning and capital expenditure

Identifying the right capital expenditure to support strategic plans is one of the most important decisions a foundation trust will take. Monitor therefore expects foundation trusts to ensure that the right capital priorities are identified and supported by deliverable capital expenditure plans.

Historically however, foundation trusts have produced annual plans containing ambitious capital expenditure goals and then gone on to finish the year with a sizeable underspend. This culminated in an underspend of more than £840m against a plan of £2.5bn in 2012/13.

Unrealistic capital planning in foundation trusts affects the entire capital budget for the Department of Health (DH). It limits the availability of capital to other NHS bodies and also prevents the DH from making capital available to all NHS bodies, including foundation trusts, through centrally funded capital spending schemes.

It is therefore imperative that foundation trusts forecast their capital plans within the financial template as accurately as possible. This is particularly important in the two year APR phase, where capital plans and resulting cash flows are input on a quarterly basis.

In December 2013 Monitor will be requesting five year capital forecasts from all foundation trusts on behalf of the DH. These will need to be submitted in early January 2014.

These five year capital forecasts should form the basis of the APR financial template capital expenditure inputs for both the two year and five year submissions (albeit we acknowledge that differences may arise as plans are developed). Any significant variances between these two submissions will require explanation as part of the CapEx worksheet narrative for each scheme.

As usual, those foundation trusts subsequently triggering the *Risk Assessment Framework* (RAF) requirement for a reforecast will be expected to complete the capital expenditure reforecast template.

Foundation trusts should also outline their IT procurement plans as the national IT agreements, such as local service provider (LSP) contracts with BT and CSC, come to an end. The CSC LSP contract covering the North, Midlands and East ends in July 2016 (with a limited number of exceptions) and the BT LSP contract covering London and the South of England ends in October 2015.

6.1.3 Units of planning

When framing their strategic plans, foundation trusts should be aware that NHS England has asked for CCGs, in discussion with area teams, local government and providers to form a "unit of planning" for developing joint commissioner strategic plans. Each unit of planning should have the following characteristics:

- each CCG belongs to one unit only;

- the unit is locally agreed and has clear clinical ownership and leadership;

- it is based on existing health economies that reflect patient flows across Health and Wellbeing Board areas and local provider footprints;

- it has sufficient scale to deliver clinical improvements across the whole geography covered by the unit;

- it enables the pooling of resources to reduce the risk associated with large investments;

- it does not cut across existing locally agreed collaboration agreements; and

- engagement has been secured from local authorities.

It should be noted however that a provider may be part of more than one unit of planning.

6.1.4 Plan assurance

Foundation trust boards have a pivotal role in testing and assuring their plans within the context of their local health economies.

The table overleaf shows the lead responsibilities for plan production and assurance across local health economies.

Strategic plan produced by	Engaged	Triangulation	Formal assurance
Responsible for driving development, completing and submitting plan	*Contribute to plan development*	*Responsible for ensuring that their work triangulates with plan*	*Responsible for providing formal assurance of plan*
Unit of Planning	• Patients • CCG • Provider • HWB • Local Authority • NHS England Area Team	• CCG • Provider • HWB • Local Authority • Area Team	• NHS England Regional Team
CCG	• Provider • Local Authority (contracts with comm./SC providers)	• Provider • HWB • Local Authority • Unit of Planning	• NHS England Area Team
Provider	• CCG • Local Authority (depending on provider type)	• CCG • HWB • Local Authority • NHS England Area Team • Unit of Planning	• Monitor • NHS Trust Development Agency
HWB (Better care fund)	• Local Authority • NHS England Area Team • PHE • Monitor • NHS Trust Development Agency	• CCGs • Provider • Units of Planning	• Ministers • NHS England Area Team • LGA
Direct Commissioning (NHS England Area Team)	• NHS England Regional Team • Provider	• Provider	• NHS England Regional Team

7 Self assessment toolkit

7.1 Key elements of an effective strategic planning exercise

Independent research commissioned by Monitor has concluded that an effective strategic planning exercise (that identifies risks to sustainability and ensures that a provider organisation is doing all that it can to deliver high quality care for patients), requires the following three steps:

- **Step 1 –** the provider must put in place strategic **planning processes** that ensures that an engaged board – and an executive team that can draw on sufficient skilled supporting resource – are undertaking necessary planning actions at the right times;

- **Step 2 -** through that planning process, the provider must develop and refresh a strategic **plan with content** that is based on accurate and correctly-analysed inputs, which establishes an evidence-based sustainable vision and supporting initiatives to guide the organisation, and which explains how those initiatives will be delivered; and

- **Step 3 -** ensure that the **delivery** of the initiatives is monitored, and that staff, patients and other stakeholders understand why transformation is necessary and what part they must play in delivering it.

The independent research report[15] states that if a provider organisation is failing to complete any of these three steps, it is unlikely to be able to adapt to the challenging conditions facing the NHS. The report also states that a significant number of foundation trusts are at present failing to complete these steps, or completing them in a partial and unstructured way. This situation must change if the provider sector is to position itself to meet the future needs of patients sustainably, through transformational change where necessary.

Monitor has been and will continue to work with providers to identify gaps between current planning performance and the quality of planning needed. However, the primary responsibility for assessing the quality of planning being carried out by a provider, and for making any necessary improvements, lies with the board and executive team of that organisation.

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[15]see *Foundation Trust Strategic Planning Assessment - Research Findings Report* available at http://www.monitor-nhsft.gov.uk/information-nhs-foundation-trusts/planning-and-reporting-processes/annual-planning

7.2 Evaluating the quality of provider strategic planning using an assessment tool

To support boards and executive teams in discharging that responsibility, an assessment tool has been developed that can be used to rapidly evaluate the quality of the strategic planning being undertaken. Using a series of structured questions, the assessment tool tests whether a provider is completing the three steps described above fully and rigorously. The tool identifies gaps in provider planning processes that the board and executive team can then fill, and it also identifies weaknesses in the plans produced by the provider that must be addressed.

The board and executive team at a provider can use the assessment tool in one of three ways. They can:

- work through an assessment using the tool collectively during a board session or meeting;

- empower an individual staff member or a group of staff to work through an assessment using the tool, and then have the board and executive team review and debate the findings; or

- identify a third party (eg, an expert from another provider organisation, or an advisory group) to work through an assessment using the tool, and then have the board and executive team review and debate the findings.

7.3 The assessment tool

To establish whether a provider is completing the three steps, the assessment tool requires the provider to discuss whether it can answer 'yes' to a set of key questions. If it cannot answer yes to some of the questions asked, or evidence cannot be found to support an answer, then it is unlikely that the provider is undertaking high-quality strategic planning. In that instance, the provider should seek to ensure that it is taking action to address the areas in which weaknesses have been identified.

The key questions are:

Step 1: evaluation of planning processes	**To show that it has a strategic planning process in place that makes sure its board and executive team take the necessary planning actions at the right times, a provider must be able to answer "yes" to the following questions:**
	1. Has the organisation put in place a structured strategic planning process to guarantee that the board and executive team regularly spend time discussing strategic issues?
	2. Do the board and executive team have strategic planning backgrounds and skills?
	3. Do the board and executive team have an identified, responsible and skilled supporting staff to draw on when they carry out strategic planning?
	4. Do the board and executive team have regular strategy discussions with a range of local health economy stakeholders (eg, commissioners and other providers) and understand their perspectives?

Step 2: evaluation of plan content	**To show that they have developed and refreshed a five to ten year strategic plan with content based on accurate and correctly analysed inputs, a provider must be able to answer "yes" to the following questions:**
	1. Has the organisation quantified the risks to its clinical and financial sustainability and developed transformation plans by drawing on accurate inputs, including internal performance information and external market data, which it has analysed and presented correctly?
	2. Can the board and executive team declare that their organisation will be financially and clinically sustainable according to current regulatory standards in one, three, five and ten years, if it keeps its current configuration and service profile?
	3. Has the organisation identified a vision that establishes why and how the organisation should change or transform, if necessary, in order to deliver high-quality and efficient patient care and address any sustainability gap identified?
	4. Is that vision supported by plans for initiatives that can be shown to address any sustainability gap identified?

Step 3: evaluation of plan delivery	To show that they monitor delivery of their strategic initiatives, a provider must be able to answer "yes" to the following questions:
	1. Does the organisation have detailed delivery plans for each of its strategic initiatives that lay out milestones, resource requirements, dependencies and risk mitigations?
	2. Does the trust have skilled staff to draw on to implement those delivery plans?
	3. Are trust staff, patients and other stakeholders able to explain the ambition and initiatives of the provider when asked, and do they know what they must do to deliver both?
	4. Are strategic plans reviewed and updated yearly to keep them relevant?

7.4 Detailed hallmarks

To make sure all providers apply a consistent standard when they answer these questions, they should refer to the hallmarks of high-quality strategic planning set out below. Providers can use these hallmarks to work out whether they can answer "yes" to the questions above as follows:

- Providers that display most of the positive hallmarks relevant to each question are likely to display the required quality of strategic planning in that area and so be able to answer "yes" to that question;

- Providers that show only some of the hallmarks cannot answer "yes". They have further work to do before they reach the minimum quality of strategic planning in that area; and

- Providers that show few of or none of the hallmarks have serious deficiencies in the quality of their strategic planning and cannot answer "yes". They must make addressing those deficiencies a priority.

Step 1 – Questions and Hallmarks

Step 1	**1. Has the organisation put in place a structured strategic planning process to guarantee that the board and executive team regularly spend time discussing strategic issues at the correct point in the trust calendar?**
	Relevant hallmarks of high-quality strategic planning
	• The board and the executive team are involved in planning, developing and drafting the 5-10 year strategic plan for the organisation and the annual updates required as part of Monitor's APR process.
	• The organisation has a planning calendar showing (a) the trust's medium and long-term strategy development milestones (eg, dates for developing and refreshing five and ten-year strategic plans), (b) annual milestones (eg, dates for developing annual plan and refreshing strategic plan) and (c) regular milestones (eg, dates for strategic discussions at board and executive meetings, dates for engagement sessions with strategic partners).
	• The board has a standing strategy and planning committee, and the executive team has a strategy and planning committee or other relevant forum.
	• The board and relevant executive committees have regular slots at public and private meetings to discuss strategic issues and to monitor progress against the strategic plan.
	• Board minutes show the extent of the strategic discussion held and also show that actions resulting from those discussions are taken within agreed time limits.
	• The board and executive team hold strategic planning sessions of at least half a day and at least twice a year to identify medium- and long-term challenges to their plans and to discuss market developments.
	• The organisation keeps a log of high priority and highly challenging risks to sustainability, which the board and relevant executive committees review regularly.

Step 1	**2. Do the board and executive team have strategic planning backgrounds and skills?**
	Relevant hallmarks of high-quality strategic planning
	• The board includes at least two members with a background in strategy development, commercial development, business planning or organisational development in the public or private sector.
	• The executive team includes a head of strategy or equivalent board-level member who has a background in strategy development in the public or private sector.
	• The board and executive team always deploy qualitative and quantitative information (eg, market profiling information, information on national and local commissioning plans) when discussing strategic options.
	• The board and executive team include a review of their strategic planning performance in all board capability reviews and act on any development points that review identifies.
	• The board and executive team engage quarterly with external experts (including analysts and commentators) to gather new insights and hear external challenges to their views.

Step 1	**3. Do the board and executive team have an identified, responsible and skilled supporting staff to draw on when they carry out strategic planning?**
	Relevant hallmarks of high-quality strategic planning
	• In addition to board and executive capacity, there are at least two skilled fulltime equivalent (FTE) staff dedicated to strategic planning and commercial development (see Appendix A for information on skill profiles).
	• At least one of these two dedicated FTEs has a background in strategy development, commercial development or business planning.
	• The supporting staff report directly to nominated board and executive directors, and meet at least monthly with service line leads and clinical leads to discuss strategic issues.

Step 1	**4. Do the board and executive team have regular and frank strategy discussions with a range of LHE stakeholders (eg, commissioners and other providers) and understand their perspectives?**
	Relevant hallmarks of high-quality strategic planning
	• Board members and executives at various levels (eg, CEO, COO, service line leads) regularly meet their commissioning counterparts and other stakeholders to discuss health economy strategy in general and particular strategic issues. • Board members and executives attend and contribute to local strategy discussion forums (eg, health economy-wide planning meetings, joint strategic needs assessment development meetings, ad hoc strategy forums). • Provider representatives are involved in developing and reviewing commissioning strategies and the strategies of other partner organisations, and vice versa. • Board members and executives can explain concisely the areas of congruence and areas of tension between the strategic intentions of their organisation and those of commissioners or other stakeholders (eg, Health and Wellbeing Boards, Overview and Scrutiny Committees). • Feedback received from stakeholders demonstrates that they characterise their relationship with the provider as strong and productive, with an open discussion of views at all levels.

Step 2 – Questions and Hallmarks

Step 2	**1. Has the organisation quantified the risks to its clinical and financial sustainability and developed transformation plans by drawing on accurate inputs, including internal performance information and external market data, which it has analysed and presented correctly?**
	Relevant hallmarks of high-quality strategic planning
	• Strategy teams gather and analyse quantitative evidence related to key planning inputs and use supporting qualitative evidence.
	• The provider draws on those inputs to generate and maintain three, five and ten-year forecast assumptions about the development of key business factors including funding levels, tariff, demographics and demand, competitor intentions, clinical standards and guidance, and commissioner intentions.
	• The provider also gains insight into what local patients, carers and other stakeholders require of services. The provider should base this on regularly-updated survey and patient outreach work, and include information on patient preferences for how the organisation should transform and develop.
	• Staff update those forecast assumptions both when new information is identified and on a rolling annual basis to ensure that they remain accurate.
	• Staff test those forecast assumptions with reference to comparable benchmarks (eg, assumptions made in other provider strategic plans, assumptions included in commissioning strategies). When they identify areas of difference, they analyse and understand causes.
	• The provider also maintains its insight into its performance by gathering and analysing internal information such as service line reporting activity, profitability data and activity forecasts.
	• Those forecast assumptions directly inform trust work on strategic planning and feed into long-term financial models, Monitor APR submissions, clinical and commercial strategies and long-term strategic plans.

Step 2	**2. Can the board and executive team declare that their organisation will be financially and clinically sustainable according to current regulatory standards in one, three, five and ten years, if it keeps its current configuration and service profile?**

	Relevant hallmarks of high-quality strategic planning
	• The board and executive team review clinical and financial sustainability quarterly and determine whether they can declare that the provider will be sustainable in one, three, five and ten years (a) in its current configuration and (b) if they implement planned transformation and development plans and deliver modelled "base case" returns. • They base their assessment of sustainability on current regulatory standards (eg, Monitor risk assessment framework criteria). • The organisation has one, three, five and ten year strategic plans that illustrate the predicted sustainability position at each of those points. The plans should include forecasts of financial factors (eg, revenue, margin, surplus, cash flow, PFI obligations) and should also include forecasts of clinical viability (eg, staffing shortages, minimum volume problems, excess activity etc).

Step 2	**3. Has the organisation identified a vision that establishes why and how the organisation should change or transform, if necessary, to deliver high quality and efficient patient care and address any sustainability gap identified?** **Relevant hallmarks of high-quality strategic planning** • The organisation has a vision that explains how, at a high level, it will address any sustainability gap it identifies. This vision should be a direct response to the organisation's evidence-based sustainability assessment. • If the vision, when implemented, will not completely close the sustainability gap, then the organisation should acknowledge and explain the remaining gap. • The organisation demonstrates in its plan documents that it considers a broad range of options for becoming sustainable using quantitative and qualitative assessment criteria. • The organisation demonstrates in its plan documents that its vision for becoming sustainable is compatible with local commissioners' intentions and national policy developments, or states clearly why it feels it is appropriate for the organisation to choose an alternative direction. • The vision explains how patients will benefit from the transformation proposed, including considerations of quality, safety, efficiency and access.

Step 2	**4. Is that vision supported by plans for initiatives** that **can be shown to address any sustainability gap identified?**
	Relevant hallmarks of high-quality strategic planning
	• The transformational vision is supported by plans for initiatives that the organisation must undertake to achieve it (eg, service launches or closures, care model transformations, site and workforce developments, etc.)
	• Those initiative plans include modelled forecasts of financial contribution or clinical impact over the plan period. Those forecasts must be evidence-based and cautious. They should model potential impact in line with Monitor standards of financial forecasting, clinical performance benchmarks and workforce benchmarks.
	• The financial contribution and clinical impact of all the initiatives should be enough to close the sustainability gap. If they do not, the organisation should acknowledge and explain the gap.

Step 3 – Questions and Hallmarks

Step 3	**1. Does the trust have detailed delivery plans for each of its strategic initiatives that lay out milestones, resource requirements, dependencies and risk mitigations?**
	Relevant hallmarks of high-quality strategic planning
	• For each initiative, the organisation has a detailed delivery plan including (a) a timeline for delivery with measurable milestones and metrics against which to assess progress, (b) an evaluation of resource and skills requirements and how those requirements will be met, (c) an identified responsible board-level sponsor, and (d) a risk log detailing potential delivery risks and mitigating actions.
	• The organisation has mapped the dependencies between each initiative and all the other initiatives, so that potential knock-on risks are identified.
	• For each initiative, the organisation has developed a stakeholder map to identify (a) the inputs required from key stakeholders both within and outside the organisation, and (b) the broader group of stakeholders who must be engaged with or informed to ensure successful delivery.
	• The organisation reviews performance of their plan for each initiative and updates the resource requirements and risk log every month.

	• Regular reports are presented to the board or relevant committees on initiative progress.

	2. Does the trust have skilled staff to implement those delivery plans?
	Relevant hallmarks of high-quality strategic planning
Step 3	• The organisation reviews quarterly the total staffing requirements (FTE staffing levels and skills mix) to deliver each initiative individually, and all of the strategic initiatives supporting the vision collectively. The review should include both members of strategic planning teams and the clinical and service-level staff needed to deliver the initiatives.
	• The organisation has a staffing capacity and skills development plan that it updates quarterly, based on those reviews of initiative staffing. The plan monitors whether there will be enough of the right resources and skills and shows how any shortages in either will be addressed.

	3. Are trust staff, patients and other stakeholders able to explain the ambition and initiatives of the provider when asked, and do they know what they must do to deliver both?
	Relevant hallmarks of high-quality strategic planning
Step 3	• The ambition of the organisation has been communicated to staff in clearly-written documents and verbal briefings, and staff can explain the ambition when asked.
	• Staff are briefed on their responsibilities for delivering the ambition and strategic initiatives, and can clearly explain those responsibilities when asked.
	• Staff have incentives for delivering the initiatives, with achievement targets built into their objectives.
	• LHE stakeholders, including commissioners, can explain the ambition of the organisation when asked.

Step 3	**4. Are strategic plans reviewed and updated yearly to keep them relevant?**
	Relevant hallmarks of high-quality strategic planning
	• The board and executive team review the strategic plans of the organisation once a year to ensure that they are still based on accurate and up-to-date inputs, and fully reflect developments in the trust's internal performance and external environment.

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PAPER – SFT 3500

MINUTES FROM THE COUNCIL OF GOVERNORS MEETING
25 NOVEMBER 2013

PURPOSE

To present these draft minutes to the Board to provide assurance on the range of issues discussed by the Council of Governors.

MAIN ISSUES

The following are highlights from the draft minutes:

- In reviewing the Q1 customer care report, the impending transfer of Wiltshire patient transport was noted
- A presentation on the Trust's financial prospects was given
- Work was initiated on reviewing the membership of the Council of Governors sub-groups
- A statement under the Code of Governance setting out the role of the Council was approved.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE
The draft minutes from the meeting held on 25 November 2013.

ACTION REQUIRED BY THE BOARD

The Board is asked to note the minutes.

Nick Marsden
Chairman

SALISBURY NHS FOUNDATION TRUST

Minutes of the Council of Governors Public Meeting Held in the Boardroom At Salisbury District Hospital on 25 November 2013

Governors Present:

Luke March – Chairman
Colette Martindale -Lead Governor
Celeste Collins
Mandy Cripps
Carole Noonan
John Carvell
Anita Pheby
Andrew Farrow
Dr Beth Robertson
Paul Goldman
Chris Wain
Dr Alastair Lack
Nick Sherman
Raymond Jack
Shaun Fountain
Lynda Viney
Sarah Bealey
Madeleine Hewitt
Brian Fisk
Christine White
Mary Monnington
John Markwell
Robert Coate

Apologies:

June Griffin
Rob Polkinghorne
Bill Moss
Dr Simone Yule

In Attendance:

Peter Hill, Chief Executive
Alison Kingscott, Director of Human Resources & OD (for item 3)
Jenny Hair, Deputy Director of Human Resources (for item 3)
Malcolm Cassells, Director of Finance (for item 5)
Ian Robinson, General Manager, (for item 6)
Maggie Cherry, General Manager Housekeeping & Patient Experience (for item 6)
Laurence Arnold, Director of Corporate Development, (for item 7)
Nick Marsden, Chair Designate
Patrick Butler, Communications Manager
Isabel Cardoso, Membership Manager
David Seabrooke, Head of Corporate Governance
Nigel Atkinson, Non Executive Director
Dr Lydia Brown, Non Executive Director

ACTION

1. **WELCOME**

    The Chairman was delighted that his successor was able to attend this meeting.

The Chairman informed the Council that West Hampshire CCG had appointed Rob Polkinghorne to represent them. Dr Simone Yule had been appointed by Dorset CCG as their representative.

2.   **MINUTES – 22 July 2013 and 30 September 2013**

The minutes of the two meetings of the Council of Governors were approved as a correct record. It was noted that Brian Fisk had been appointed by the Lead Governor to representative the Council on the Outpatient Reception Centralisation Steering Group.

3.   **VALUES AND BELIEFS**

Jenny Hair gave an update on the work towards a new set of Values for the Trust which had been developed in consultation with staff. She described the emerging four themes. It was suggested that these could be reflected in the 2014 Striving for Excellence awards.

4.   **TRUST PERFORMANCE TO 30 SEPTEMBER 2013 INCLUDING CUSTOMER CARE REPORT AND OTHER ISSUES**

The Council received the Performance Report that indicated that to 30 September 2013 the Trust had met all of its performance targets across A&E, 18 weeks and Cancer. Good progress and rates were being made with the in-patient friends and family test results. One case of MRSA had been attributed which was understood to be a contaminated sample. It was noted that the financial risk rating was '3' and the governance risk rating was 'green'. As reported elsewhere, the CQC had now lifted the minor concerns in relation to records and staffing.

PH confirmed that a press release had been issued on the preceding Friday advising people not to visit the hospital if they had had symptoms of diarrhoea and vomiting in the preceding 48 hours. This was in response to reports of norovirus at Southampton Hospital.

In relation to the Quarter 1 Customer Care report, it was noted that work was underway to improve the range of information contained in the report and its format.

The following principal points were made;

- The Trust would address instances where staff attitude was the cause of the complaint.
- Governors serving on subject steering groups would be interested to receive more detailed information about the complaint profile in the area.   Head of Clinical Governance
- The Trust was considering proposals for a 23 hour surgery ward and feedback on progress to the Council of Governors was requested.   KH
- The Workforce Committee was looking in detail at nurse staffing levels.   TN
- In terms of recruitment the Trust was planning to attend local career fairs, hold its own recruitment days and make use of social media for different staffing groups. Ward Leaders were adopting real-time vacancy planning and the programme of skills-mix was continuing.

- The daily bed meeting was looking at the deployment of bank and agency staff across wards.

The Trust continued to discuss Delayed Transfers of Care with the CCG and County Council. There were frequently more than 20 patients in the hospital who were fit for discharge. It was understood that there was capacity in the care sector to take these patients where necessary but it was unclear as to whether these were affordable to Social Services. The issue continued to be discussed at the Health & Wellbeing Board.

It was noted that the non-urgent patient transport contract for Wiltshire and Dorset was moving from 1 December 2013 to the private sector following a tender exercise by the former PCT. Staff had been transferred under TUPE and it was understood that most of the vehicles the Trust had used were reaching the end of their lease.

In respect of decisions by Commissioners, it was confirmed that from 1 December 2013 emergency Abdominal Aortic Aneurysms activity would be transferred to the Royal Bournemouth & Christchurch Hospital.

The alternative to Bournemouth for patients would be Southampton or Bristol if they required this specialist surgery.

The Council noted the Performance Report and the Customer Care report.

5. **FINANCE REPORT AND OUTLOOK**

The Council received the Finance Report to 30 September 2013 which at that point indicated a deterioration in the financial position of the Trust due to relatively lower activity combined with higher expenditure that had been budgeted. The Trust was currently £800,000 below its planned surplus of £1.8m (1%). Part of the issue was the delivery of cost improvement programmes – the Trust was on target to deliver £7.6m of its £9.2m target.

The financial risk rating was 3 and under the risk assurance framework the continuity of service rating was 4.

MC gave the Governors a presentation on the Trust's financial prospects. The costs of staffing the escalation wards was highlighted and in particular use of agency staff where for a qualified nurse at a weekend the cost was three times as much as a contracted employee.

The Council noted the Finance Report.

6. **PLACE RESULTS 2013**

The Council received a report summarising the self assessment under PLACE in respect of cleanliness, food, privacy, dignity, wellbeing, condition appearance and maintenance. Four Governors and three external representatives had made up the independent element of the assessment team. The assessment had been carried out on 25 April 2013 across a range of clinical areas.

Privacy, dignity and wellbeing had come out as close to the national

average, food was somewhat below. An action plan had been produced. It was felt that the Trust had undergone a rigorous and independent assessment.

The Council noted the report.

7. **LEVEL 2 SPRINGS ENTRANCE DEVELOPMENT**

Laurence Arnold attended for this item and reported that the Trust had now placed an advertisement seeking interest in leasing space in the Springs area which was due to close on 9 December 2013. The scheme was designed to promote a better patient environment on level 2.

The Council noted the report.

8. **CODE OF GOVERNANCE SECTION B.1.4 ROLE AND RESPONSIBILITIES OF GOVERNORS**

The Council received a report setting out a draft of the statement as to the role of Governors.

Minor amendments were agreed and it was requested that the final version be circulated to Governors as soon as possible.   DS/IC

It was noted that Monitor were currently consulting on a revised Code of Governance which would take effect from 1 April 2014.

The Council approved the statement under B.1.4 subject to minor amendments.

9. **SUB GROUPS REVIEW**

The Council received a report setting out the existing range of Governor sub groups and also those internal groups that Governors attended by invitation.

There was no statutory requirement for any of the sub groups to exist but many of them supported the Council of Governors in the delivery of the Council's statutory duties.

It was suggested that the existing range of working groups and internal groups that Governors attended remained appropriate and that the Council should review the membership of these groups and who the Council wish to attend the internal groups. Feedback from the Trust leads shown in the report had been sought and was overwhelmingly positive about the contribution and value of Governor representatives on these groups. Governors that represented the Council were positive about their role. Feedback had also been sought from individual Governors as to whether they wish to continue on groups they were on or wished to join others. These would be reviewed by the Lead Governor and a proposal put forward to the informal meeting of the Governors in December.

10. **FEEDBACK FROM SOUTH WEST GOVERNOR ENGAGEMENT NETWORK AND FTGA MEETING IN BIRMINGHAM**

The Council received a written report from Raymond Jack and Brian Fisk gave a verbal account of the 21 November 2013 meeting of the FTGA.

BF highlighted the following from the address given by David Behan, the Chief Executive of the Care Quality Commission;

- Poor staff satisfaction often gave rise to poor patient care – the CQC would spend longer with junior employees on inspections.
- The CQC's aim was to complete the first round of inspections by December 15.
- The CQC's view was too much business was conducted by Boards in private sessions.
- Staff engagement was key in acute Trusts.

The Council received the reports.

11. **WORKING GROUP REPORTS**

The Council received reports from the Staff Governors, Membership and Communications Group, Performance Committee and Patient Experience Group.

12. **DATES OF COUNCIL OF GOVERNORS MEETINGS 2014**

A list of planned dates for 2014 was circulated. The next full meeting of the Council of Governors was scheduled to take place on Monday 10 February 2014 at 4.00 pm.