SALISBURY NHS FOUNDATION TRUST

TRUST BOARD

MONDAY 7 APRIL 2014, 1.30 PM

In the Board Room, Salisbury District Hospital

A G E N D A

					Page No.
1.30pm	**1**	**APOLOGIES FOR ABSENCE**			
	2	**DECLARATION OF INTERESTS**			
	3	**MINUTES**			
		Public Board Meeting held on 3 February 2014			**1**
		and Joint Board Meeting held on 24 February 2014.			**9**
	4	**MATTERS ARISING**			
1.35pm	**5**	**CHIEF EXECUTIVE**			
		1. Chief Executive's Report	PH	**SFT 3507**	**13**
1.45pm	**6**	**STAFF**			
		1. Staff Survey Results 2013	AK	**SFT 3508**	**15**
		2. Values and Behaviours	AK	**SFT 3509**	**41**
2.00pm	**7**	**PATIENT CARE**			
		1. Quality Indicator Report to 28 February 2014 (month 11)	CB/FH FH	**SFT 3510**	**45**
		2. Customer Care Report, Quarter 3, 1 October– 31 December 2013	FH	**SFT 3511**	**51**
		3. Maternity Survey Results 2013	FH	**SFT 3512**	**55**
		4. Nursing Skill Mix Review		**SFT 3513**	**63**
2.30pm	**8**	**PERFORMANCE AND PLANNING**			
		1. Update on Planning Process	NM/LA		
		2. Finance Committee Minutes from Meeting on 24 February 2014	NM	**SFT 3514**	**71**
		3. Financial Performance to 28 February 2014 (month 11)	MC	**SFT 3515**	**75**
		4. Progress against Targets and Performance Indicators to 28	KH	**SFT 3516**	**85**

Time	Item	Paper	Lead	Ref	Page
		February 2014 (month 11)			
		5. Financial Estimates 2014/15	MC	**SFT 3517**	**93**
3.15pm	**9**	**PAPERS FOR NOTING OR APPROVAL**			
		1. JBD Minutes Evidencing Quarterly Review of Assurance Framework and Risk Register	PH	**SFT 3518**	**97**
		2. Informatics Strategy 6 monthly Progress Report	LA	**SFT 3519**	**99**
		3. Code of Governance Compliance Review	NM	**SFT 3520**	**115**
		4. Wessex Academic Health Science Network	NM/PH	**SFT 3521**	**141**
		5. Clinical Governance Committee - minutes from meeting held on 12 March 2014	LB	**SFT 3522**	**143**
		6. Audit Committee - draft minutes from Meeting held on 10 February 2014	NA	**SFT 3523**	**157**
		7. Council of Governors Committee - draft minutes from Meeting held on 10 February 2014	NM	**SFT 3524**	**161**
3.45pm	**10**	**ANY OTHER URGENT BUSINESS**			
	11	**QUESTIONS FROM THE PUBLIC**			
	12	**NEXT MEETING** The next ordinary meeting will be held on Monday 9 June, 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 3 February 2014
In the Boardroom, Salisbury District Hospital

Board Members Present:	Dr N Marsden	Chairman
	Mr N Atkinson	Non-Executive Director
	Dr C Blanshard	Medical Director
	Dr L Brown	Non-Executive Director
	Mr M Cassells	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 & Organisational Development
	Mr S Long	Non-Executive Director
	Reverend Dame S Mullally	Non-Executive Director
	Miss T Nutter	Director of Nursing
Corporate Director:	Mr L Arnold	Director of Corporate Development
In Attendance:	Mr P Butler	Communications Manager
	Mr D Seabrooke	Secretary to the Board
	Mr P Lefever	Wiltshire Health Watch
	Mr M Wareham	Unison
	Dr A Lack	Governor
	Mr R Coate	Governor
	Mrs C Collins	Governor
	Dr B Robertson	Deputy Lead Governor
	Mrs J Griffin	Governor
	Mr R Polkinghorne	Governor
	Mrs C Noonan	Governor
	Mr J Carvell	Governor
	Mrs C Martindale	Lead Governor
	Sir R Jack	Governor

1937/00 **INTRODUCTION AND WELCOME**

Dr Nick Marsden introduced himself as this was his first public meeting since taking up the role of Chairman of the Trust on 1st January 2014. He paid tribute to his predecessor, Luke March.

1938/00 **INTERESTS AND FIT AND PROPER DECLARATION**

Board members were reminded that they had an obl igation 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.

1939/00 **MINUTES OF THE MEETING OF THE TRUST BOARD – 9 December 2013**

The minutes of the Board held on 9 December 2013 were agreed as a true record subject to minor amendments. The Chairman requested that Executive Directors ensure actions signalled in the minutes were completed as necessary.

1940/00 **CHIEF EXECUTIVE'S REPORT – SFT 3488 – Presented by PH**

The Board received the report of the Chief Executive and P H highlighted the following principal points:

- The Trust had achieved high scores in the Care Quality Commission Survey of NHS maternity units
- The improvement work to Redlynch ward in support of dementia care was now completed and would be open to viewing by hospital staff on Thursday 6th February. The Pitton ward would be refurbished later in the year.
- A joint business case with University of Southampton and University Hospital Southampton NHS Foundation Trust for the development of the regional genetics service would be developed in the coming three months.
- The Trust had received a 5 star rating from Wiltshire Council's Environmental Health Service for standards of hygiene in its catering facilities.
- Executive Directors had begun a programme of out of hours visits to the hospital and any ensuing actions would be dealt with by the relevant Board committee.
- It was noted that Miss Tracey Nutter had been appointed as Director of Nursing at Poole Foundation Trust and she would start her duties there in April.

The Board noted the Chief Executive's Report.

1941/00 **PATIENT CARE**

1941/01 **QUALITY INDICATORS REPORT TO 31 DECEMBER 2013 (month 9) – SFT 3489 – Presented by TN and CB**

The Board received the Quality Indicator Report which gave quarter 3 data.

The following principal points were highlighted:

- There had been 10 serious incident inquiries year to date (4 in Quarter 3).
- The standard hospital mortality indicator for quarter 3 was now 106 and was within the expected range.
- Hospital standard mortality rate remained higher than expected. Actions to address this continued.
- There had been 13 attributed cases of CDiff year to date against an annual trajectory of 21. There has however been 6 attributed cases during January 2014. Each case was subject to a detailed review.

In response to a question from SM, CB highlighted two lessons from the mortality reviews: first to ensure that antibiotics were started where necessary within one hour of admission and ensuring that there was a clear record of the diagnosis made in the patient's notes.

In response to a question from NA it was noted that clusters of pressure ulcers were kept under review and that more patients were coming into the hospital with pre-existing pressure ulcers. Reporting rates continued to be good.

CB circulated a recent profile of the hospital standardised mortality rate in the 12 months to November 2013.

The Board noted the Quality Indicator Report.

1941/02 **CUSTOMER CARE REPORT – QUARTER 2**
1 July - 30 September 2013 – SFT 3490 – Presented by TN

The Board received the Customer Care Report detailing the themes of complaints received across the Directorates, informing the Board of changes taking place with Customer Care and the planned changes to the reporting on complaints.

It was noted that the issue was being discussed in detail by the Clinical Governance Committee. The functions of the Customer Care Department were changing under a new structure which was intended to integrate individual advisors better with the wards and clinical teams.

The Board noted the Customer Care Report.

1942/00 **PERFORMANCE AND PLANNING**
1942/01 **MINUTES OF FINANCE COMMITTEE – 20 DECEMBER 2013 - SFT 3491 – Presented by NM**

The Board received for information the approved minutes of the Finance Committee meeting held on 20 December 2013.

1942/02 **FINANCIAL PERFORMANCE TO 31 DECEMBER 2013 – SFT 3492 – Presented by MC**

The Board received the report setting out the financial and contracting position to 31 December 2013.

MC highlighted the following principal points:

- The Trust was £370k below plan on its surplus.
- Both income from activity and expenditure were above plan
- The Wiltshire CCG contract was expected to have overperformed by £3m at year end.
- Discussions were continuing with Dorset CCG on the block contract
- Overperformance on military and specialist commissioning were expected to be funded.
- Directorate budgets were generally overspent – savings targets were being missed to the value of £2m.
- There continued to be overspending on nursing and also agency doctors.
- There was an i ncrease in the Trust's payment to the NHS Litigation Authority

NA highlighted the turnaround since the last meeting in the operation of the Laundry, now managed by Salisbury Trading Ltd. The financial position of the new undertaking was still being worked through in detail and it was safe to say that the annual losses experienced previously had been eliminated now.

It was noted that there was a spend of £1.3m on agency doctors but

that some of this activity could be funded for example from the Deanery or Winter Pressures money. MC undertook to add more detail to the report on doctor agency costs. As part of work to control agency spend an internal audit review of compliance with the Trust's purchase standing orders was underway. The matter would also be reviewed by the Workforce Development Committee. MC

Replica 3DM had increased its business throughput through a new arrangement with an orthopaedic prostheses supplier.

The Board noted the Financial Performance Report.

1942/03 **TRUST PERFORMANCE REPORT TO END OF DECEMBER 2013 – SFT 3493 – Presented by KH**

The Board received the Performance Report with regard to key activity and quality indicators.

The performance of the Patient Transport contract, let by Wiltshire CCG, since it started on 1 December 2013 was discussed. Work continued to share reported instances of poor patient experience with the Arriva team who have now bought in an independent reviewer. The contract may itself be under-specified, for example, it allowed a four hour pick up window for patients booked the day before travel. Delays were being experienced more with home journeys and in response the Trust had extended the opening hours of its discharge lounge.

It was noted the that Trust had met its Monitor targets, including the Emergency department. Work continued on reviewing patient pathways in Diagnostics.

On delayed transfers of care it was noted that 10 extra beds had been purchased by the CCG and that review by Wiltshire County Council was continuing. The council were subject to the requirements of the Better Care fund that would help ensure this issue was addressed.

The target rate of completed appraisals had now been fully achieved. It was noted that workload had been an issue and appraisal sessions had sometimes been cancelled for operational reasons. A more formalised approach to the rebooking of cancelled appraisal sessions was being developed. SL emphasised the need for the appraisals completed to be of good quality.

The Board noted the December 2013 Performance Report.

1942/04 **CAPITAL PROGRAMME 2014/15 – SFT – 3494 – Presented by MC**

The Board received the final draft of the Capital Programme for 2014/15 which had been the subject of detailed review by the Capital Control Group, the Joint Board of Directors and the Finance Committee. £8.8m was available and health and safety measures remained a priority. £1.9m was being spent on renewal of medical equipment and this was supported by a £500k donation from charitable sources to support specific schemes. The capital programme included replacement catering trolleys.

The Board approved the 2014/15 Capital Programme.

1943/00 **STAFF**

1943/01 **EQUALITY AND DIVERSITY SIX MONTHLY UPDATE – SFT 3495 – Presented by AK**

The Board received the half-yearly update detailing progress with meeting the requirements of EDS 2, the second iteration of the NHS Equality Delivery System. Work in this area was overseen by the Equality and Diversity Steering Group chaired by SL. SL highlighted progress in the assessment by Stonewall of their top 100 employers.

The report showed a comprehensive picture of achievement against EDS 2's requirements.

The Board approved the ongoing development and implementation of EDS 2 and agreed the updated and reviewed assessment set out in Appendix 1 of the report.

1943/02 **PROGRESS REPORT ON NURSE RECRUITMENT AND AGENCY SPEND – SFT 3496 – Presented by TN**

The board received a report setting our progress with actions to increase nurse recruitment and to reduce agency spend in this area. The report showed a reduction during 2013 of ward nursing agency costs, costs associated with specials and in the number of whole time equivalent vacancies. Improvements were being made in relation to nursing assistant recruitment and the real time reporting of ward vacancies.

The Trust would be carrying out an overseas recruitment in Spain in February with a view to recruiting 15 qualified nurses.

The Trust was discussing with commissioners the spend on specialling in relation to individual patients.

The Board noted the Nurse Staffing report.

1944/00 **PAPERS FOR APPROVAL OR NOTING**

1944/01 **CAPITAL DEVELOPMENT REPORT – OCTOBER 2013 - JANUARY 2014 – SFT 3497 - Presented by LA**

The Board received the Capital Development Report and LA highlighted the following principal schemes:

- The Springs entrance reconfiguration will start on site in August
- The Hospice refurbishment would commence on 12 February following the decant of the Hospice service to Salisbury Manor.
- The Intensive Care expansion was in the design phase at present.
- The Trust continued to work with potential contractors in relation to the proposed SDH South development.
- Following the completion of the fundraising for a second CT scanner it was planned that this would be purchased and operational in the autumn. It was noted that the Trust had selected a latest model that would not be available from the manufacturer immediately.

The Board noted the Capital Development report.

1944/02 **CAR PARK AND GREEN TRAVEL REVIEW – SFT 3498 – Presented by KH**

The Board received the report setting out the recommendations of the Transport Strategy Steering Group and Joint Board of Directors in relation to parking and associated charges and also setting out progress with encouraging walking, cycling and motor cycling.

It was noted that there were some parking problems for staff on busy days in the hospital and this would be reviewed by the Transport Strategy Steering Group.

The Board agreed the recommendations set out in the report for no change to car parking tariff and the introduction of a £5 monthly charge for the use of the secure cycle storage facility situated at the front of the student accommodation blocks.

1944/03 **GUIDANCE FOR THE ANNUAL PLANNING REVIEW 2014/15 – SFT 3499 - Presented by LA**

The Board received a report giving details of the revised annual planning requirements set out by Monitor just before Christmas 2013.

An operational plan was required to be submitted by 4 April 2014 and a strategic plan by 30 June covering the remaining three years. The planning round was being co-ordinated with the Clinical Commissioning Group.

The operational plan focuses on continuity of service, risk and resilience and financial plans. There would be further consultation on the five year plan via the Strategy Review Group.

The first draft of the plan would be considered by the joint meeting with the Council of Governors on 24 February.

The Chairman emphasised the importance of decision making about the Trust's future in the coming five years.

The Board noted the report.

1944/04 **MINUTES OF COUNCIL OF GOVERNORS MEETING – 25 NOVEMBER 2013 – SFT 3500**

The Board received a copy of the draft minutes of the 25 November meeting of the Council of Governors.

The Board noted this item.

1944/05 **APPOINTMENT OF DEPUTY CHAIRMAN**

Following informal discussions the Chairman would put forward a nomination for the post of Deputy Chair and Senior Independent Director to the 10 February meeting of the Council of Governors for consultation.

1945/00 **QUESTIONS FROM THE PUBLIC**

The following points were raised:

- Mark Wareham restated the Union's position on staff parking charges and as ked that the Trust consider another form of charging arrangement.
- In relation to a question from Mark Wareham regarding the arrangements for the provision of the laundry service, MC highlighted the benefits of the Salisbury Trading Ltd arrangements which included more focussed management and better autonomy to pursue new business, accounting advantages over the NHS arrangement, more competitiveness with the private sector. MC noted the challenge to the new Terms and C onditions proposed for Salisbury Trading Ltd employees.
- In relation to a question raised by Paul Lefever regarding the rebasing of soldiers returning to the UK, Peter Hill confirmed that the Trust was discussing the prospect with the local authority and commissioners in relation to services for soldiers and their families.
- In relation to a point regarding patient privacy arrangements in A&E PH undertook to review whether any further actions could be usefully taken. PH
- It was noted that Governors would be joining school visits for the purpose of recruiting new Foundation Trust members and promoting the medical profession as a career choice.
- The requirement to display publicly the Trust's nursing number on wards was discussed.
- In relation to a q uestion raised by Rob Polkinghorne regarding the Trust's performance on s taff statutory and m andatory training, AK confirmed that the Trust had recently refined its statutory and mandatory training requirements so that these now comprised nine core topics which all staff were required to complete and work continued on the basis of hot topics to raise compliance levels.
- It was noted that the Smart Suits would be starting to appear for nursing staff in March.
- It was noted that the Electronic Patient Discharge System had been rolled out to five wards in the hospital so far.

1946/00 **DATE AND TIME OF NEXT MEETING**

7 April 2014 in the Board Room at Salisbury District Hospital commencing 1.30 pm.

1947/00 **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.

SALISBURY NHS FOUNDATION TRUST

Minutes of the Joint Meeting of
Council of Governors and Board of Directors
Held on 24 February 2014
In the Boardroom, Salisbury District Hospital

PRESENT

Directors:
Nick Marsden (Chairman)
Andrew Freemantle
Ian Downie
Steve Long
Sarah Mullally
Peter Hill
Malcolm Cassells
Tracey Nutter
Kate Hannam
Alison Kingscott

Laurence Arnold (Corporate Director)

Governors:
Colette Martindale (Lead Governor)
Beth Robertson (Deputy Lead Governor)
Shaun Fountain
Rob Polkinghorne
Carol Noonan
John Markwell
Robert Coate
John Carvell
Christine White
June Griffin
Chris Wain
Alistair Lack
Celeste Collins
Paul Goldman
Nick Sherman
Sarah Bealey

In Attendance:
Claire Gorzanski
David Seabrooke
Isabel Cardoso

APOLOGIES:
Lydia Brown

1. MONITOR PLAN

The Joint meeting received a copy of the draft Key Priority Objectives 2014/15 which formed the basis of the Board's consultation with the Council of Governors for this part of the Annual Plan submission.

It was noted that for 2014 Monitor required Foundation Trusts to submit a five year plan in two parts: a two year Operational Plan to be submitted by 4 April and a Strategic Plan giving the remaining three years to be submitted by 30 June.

It was emphasised that the objectives were the subject of ongoing work in the six weeks up to the submission deadline.

Part of the submission included extracts from the Trust's draft Quality Account 2013/14, for which a separate round of development and consultation was underway. Claire Gorzanski gave examples of the range of consultation that was being

undertaken which included Wiltshire Health Watch. There were five proposed Quality priorities and supporting work streams reflecting a mixture of national drivers and local aspirations.

There would be further engagement with Commissioners and a workshop with the Clinical Leads.

The Chairman invited comments on the draft document and the following principal points were made:

- Concern that the aspirations were insufficiently challenging and insufficiently detailed in what would be delivered.
- A concern that the aspirations for growth in the services provided by the Trust were not stated clearly.
- The provision of quality services should be more prominent in the draft key objectives.
- There should be a greater emphasis on outcomes for patients rather than outputs of initiatives.
- The role of the specialist services could be made more prominent.
- Was enough attention being given to supporting systems and processes such as IT infrastructure and Informatics?

The following responses to issues raised were also noted:

- It was considered that the key to achieving growth was to attract people to the hospital through the provision of high quality services and a good working environment.
- The documents had been produced to be consistent with existing plans.

The Directors thanked the Council of Governors for their responses to the draft document. The Chairman reminded the meeting of the next steps towards submission of this part of the plan to Monitor.

2. NHS STAFF SURVEY 2013

The meeting received a report summarising the National Staff Survey results and it was noted that the information provided was due for public release later in the week of the meeting.

Peter Hill highlighted the high response rate to the survey and the score of 4 in relation to staff recommending the Trust as a place to work or to receive treatment.

Although listed as a bottom 5 score, the percentage of staff witnessing potentially harmful errors, near misses or incidents demonstrated that employees increasingly recognised potential harm and reported it. A new online reporting system was being rolled out at present that would further encourage this. The Board would be receiving a fuller report on the Staff Survey results at a future meeting.

The meeting noted the Staff Survey summary.

3. DATES FOR FUTURE MEETINGS

It was noted that the Governors Strategy Group would meet again on 1 May. The Board of Directors was due to meet again to sign off the Annual Plan on 24 March at 1.30pm and the next ordinary scheduled meeting was on 7 April at 1.30pm.

The next meeting of the Council of Governors was on 12 May at 4pm. The programme of informal meetings between Governors and Non-Executive Directors taking place a week after the scheduled public meetings of the Board would be communicated to Governors shortly.

SFT 3507

CHIEF EXECUTIVE REPORT

MAIN ISSUES:

1. END OF YEAR POSITION

We are now at the end of the 2013/2014 financial year. Although it will be some time before we have the final figures available, at this stage it looks like we will have met our key financial and operational targets. This includes waiting times for planned treatment, and those for more urgent cases such as cancer. It also includes infection prevention and control which forms such an important part of the Trust's overall approach to keep people safe in hospital. Clearly it has been a challenging year for us and other NHS organisations across the country and, on behalf of the Board and our Governors, I want to use this opportunity to thank our staff for their commitment. It is their professionalism and quality that has played such an important part in our success and our end of year position.

2. NHS STAFF SURVEY RESULTS

NHS England has published the staff survey results from the questionnaires completed by a random sample of Trust staff. Overall the results are very good and we scored in the top 20% of best performing hospitals in 13 of the 28 key findings. It was pleasing to see that when compared with other hospitals across the country, we were in the top 20% of best performing hospitals on the question that related to staff recommending the Trust as a place to work or receive treatment. We also did particularly well in other areas. For instance, staff job satisfaction, the support staff get from their immediate manager and the overall score for staff engagement.
The one area where we scored in the lowest 20% of acute Trusts related to the relatively high number of staff witnessing potentially harmful errors, near misses or incidents. We encourage the reporting of all incidents and near misses that may have resulted in the relatively high score that we received, so we will need to look carefully at this area, as part of our action plan.

3. PUBLIC OPEN DAY AT SALISBURY DISTRICT HOSPITAL

The Trust is celebrating the 21st anniversary of Salisbury District Hospital with a number of planned events and activities to mark the occasion. The latest event is a public open day (April 5), showcasing the work of a range of services across the hospital through guided tours in areas such as a hospital operating theatre, the Cardiac Suite and the Endoscopy Unit, with displays from other services in the Education Centre.

4. NEW COLOURED SCRUB UNIFORMS

Patients will find it easier to identify the role and seniority of healthcare staff following the introduction of new coloured scrub uniforms. Following feedback and an extensive review and staff and patient consultation, we have moved from blue scrubs to new, better quality scrubs which come in five different colours that relate to roles and responsibilities. Senior ward leaders/sisters now have navy blue uniforms, ward staff nurses/assistant practitioners, light blue and specialist nurses and directorate senior nurses, silver. Patients will find it easier to identify nursing assistants and phlebotomists who now wear green, with therapists and radiographers in maroon.

The new scrubs are lightweight and comfortable to wear and are also better quality which will improve appearances. Early feedback has been very positive.

5. DEVELOPMENT OF GENETICS SERVICE

Following a meeting between the Trust , University Hospitals Southampton and the University of Southampton regarding the recent developments and advances in the field of genetics/genomics, we have agreed to work collaboratively with the aim of remaining competitive in this rapidly developing market. NHS England is looking to reorganise the genomic services across he country, so we need to be well placed to respond to the changes. We also believe that our patients would benefit from this collaboration which would look to invest in leading edge technologies. The business case for these new technologies will be developed by a Business Development Manager working across the three organisations and an initial draft is expected by early May 2014. We are also working closely with University Hospitals Southampton on the development of the Plastic Surgery Trauma Service which we provide to the Wessex Trauma Centre based in Southampton.

6. USE OF RENEWABE ENERGY IN SALISBURY

Following the award of £800,000 from the Department of Health’s energy efficiency funding, we now have solar panels on a number of roofs at Salisbury District Hospital - providing us with additional electricity and supporting our approach to use renewable energy on site where we can. This is one of a number of initiatives in this area, which has also seen the replacement of department entrance and on-site street lamps with LED lighting. This will reduce the electricity consumption and help provide uniform lighting across external parts of the hospital. We are also changing the hospital’s central ventilation chillers which use an outdated refrigerated gas, with newer high efficiency equipment. This will enable the hospital to maintain the correct environment for our clinical services and provide additional capacity to cool hospital areas as part of our heatwave and climate change plan.

7. NHS CHANGE DAY – MONDAY, 3 MARCH 2014

While staff across the country made personal pledges that could improve patient care as part of NHS Change Day, we used the opportunity share ideas and pledges as part of our own *Change Can Make a Difference* Campaign. Many of the pledges we received related to better customer care and communication with patients and colleagues - either generally in the way that staff treat other people or more specific pledges about their work or providing support in their own areas. Compassion in care, listening to patients and ensuring patients remain safe while in their care were also other strong areas, reflecting staff commitment in this area and these were posted by the Trust on the national website.

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

STAFF SURVEY 2013

PURPOSE : To report to the Board the outcome of the national staff survey, conducted during autumn 2013, to share the areas proposed for the development of targeted action plans and to summarise the impact of previous action plans.

MAIN ISSUES:
The 2013 national NHS Staff Survey results were published in February 2014. The Trust's response rate of 59% was in the best 20% of acute Trusts and better than the Trust rate in 2012 of 53%.

An earlier version of this report was considered by the joint meeting with the Council of Governors on 24 February. A summary report and a more detailed full report for this Trust are available to view on the website.

This paper summarises and c onsiders the overall results for the Trust. The Deputy Director of Human Resources (Jenny Hair) will take a lead co-ordinating role in relation to any actions required to respond to the results, through the Operational Management Board that will be responsible for developing the action plan and reporting on actions. It is proposed that updates of work on the staff survey results and actions planned and taken will be r eported to meetings of the Trust Board, the action plan in June 2014 and an update on progress in December 2014.

The staff survey is structured to report on the four NHS staff pledges from the NHS Constitution:-

1. To provide all staff with clear roles, responsibilities and rewarding jobs
2. To provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed
3. To provide support and opportunities for staff to maintain their health, wellbeing and safety
4. To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services

Plus three additional themes:-

5. Staff Satisfaction
6. Equality and Diversity
7. Overall staff engagement

Our Results

Out of the 28 'key findings' the Trust's results place it in the best performing 20% of acute trusts in 13 areas:

- *Effective team working*
- *Support from immediate managers*
- *% receiving health and safety training in last 12 months*
- *% suffering work related stress in last 12 months*
- *Fairness and effectiveness of incident reporting procedures*
- *% feeling pressure in last 12 months to attend work when feeling unwell*
- *% able to contribute to improvements at work*
- *Staff job satisfaction*
- *Staff recommendation of the trust as a place to work or receive treatment*

- *Staff motivation at work*
- *% having equality and diversity training in the last 12 months*
- *% believing the trust provides equal opportunities for career progression or promotion*
- *% experiencing discrimination at work in the last 12 months*

The Trust's results were better than average in seven areas:

- *% appraised in last 12 months*
- *% having well structured appraisals in last 12 months*
- *% saying hand washing materials are always available*
- *% experiencing physical violence from staff in the last 12 months*
- *% experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months*
- *% experiencing harassment, bullying or abuse from staff in the last 12 months*
- *% reporting good communication between senior management and staff*

The Trusts results were average in six areas:

- *% feeling satisfied with the quality of work and patient care they are able to deliver*
- *% agreeing their role makes a difference to patients*
- *Work pressure felt by staff*
- *% working extra hours*
- *% receiving job relevant training, learning or development in last 12 months*
- *% reporting errors, near misses or incidents witnessed in the last month*

The Trust results were below average in one area:-

- *% experiencing physical violence from patients, relatives or the public in last 12 months*

The Trust results were in the bottom 20% compared to other acute Trusts in one area:

- *% witnessing potentially harmful errors, near misses or incidents in the last month*

The scores making up the themes of staff satisfaction and equality and diversity were both better than average or in best 20%. The staff engagement score was in the best 20% of acute Trusts.

Areas of Change since 2012

Trust scores improved in two areas:-

- Staff recommendation of the Trust as a place to work or receive treatment (3.73 to 4.01)
- % of staff appraised in last 12 months (80% to 86%)

No Trust scores deteriorated.

All other scores were sustained and this resulted in the Trust overall results improving in comparison to other acute Trusts since 2012, as can be demonstrated by the attached benchmark analysis produced locally from the full National Staff Survey results (Appendix One).

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Areas for focus in Action Plan for 2013
Our action plan will primarily relate to those areas where scores are below average compared to other acute Trusts or where our scores are not meeting local Trust targets.

Appraisals. Our results show that we have not only sustained but improved still further on our performance since 2010, reflecting the continued management focus in this area. For the first time this meant our scores were better than the average acute trust. However we are not at the target we have set ourselves and wish to continue to improve our performance on both the quality and quantity of appraisals. We will seek to retain our overall Trust performance to 'above average' compared to other acute Trusts by the time of the next staff survey, with a stretch goal of moving into the top 20% in the benchmark.

% witnessing potentially harmful errors, near misses or incidents in the last month: Our results show that slightly more staff are witnessing potentially harmful errors, near misses or incidents than last year and more than the average acute Trust. Whilst this increase can be interpreted as our staff being very aware of the potential for harm in a culture where ensuring patient safety is paramount this is not how it is interpreted nationally. We need to investigate and understand better the reasons for these results.

% experiencing physical violence from patients, relatives or the public in last twelve months. Any form of physical violence is unacceptable and therefore is an area in which we must continue to strive to improve in keeping with Trust values. This result is worse than average for an acute Trust and is an area the Trust wishes to improve. The actions developed this year will focus on 'hot spots' and develop more focused remedies for these areas. Our Target for 2013/1 4 is to reduce the number of instances of violence and to move our scores to at least average compared to other acute Trusts .

% suffering work related stress. This score has increased significantly since 2011 and despite still being in the best 20% of acute Trusts it is unacceptable to have nearly 1/3 of staff reporting that they have suffered work related stress. We will continue the work we began in 2013 to provide staff with appropriate support and guidance to improve these results and reduce the overall result further.

Conclusion
Overall the staff survey results are very positive and demonstrate the value the Trust places in its staff and the ongoing improvements in a number of areas. It is the Trust's intention to continue to sustain this good performance and improve in areas wherever possible, engaging with our staff to provide them with a positive experience of working at Salisbury NHS Foundation Trust.

ACTION REQUIRED BY THE BOARD:

1. The Trust Board are asked to note the survey results
2. To note the areas proposed for the development of targeted action plans
3. To agree to the proposal to bring update reports to the board at the June and December meetings

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE:

Staff Survey results for Salisbury NHS Foundation Trust 2013

AUTHOR: Jenny Hair
TITLE: Deputy Director of Human Resources

NHS South West 2013 Staff Survey Key Findings

		Staff Pledge 1 - to provide all staff with clear roles, responsibilities and rewarding jobs					Staff Pledge 2 - to provide all staff with personal development, access to appropriate training for their jobs, and line management support to succeed				Staff Pledge 3 - to provide support and opportunities for staff to maintain their health, well-being and safety											Staff Pledge 4 - Staff Engagement		Additional Theme - Staff Satisfaction			Additional Theme - Equality and Diversity			
		% feeling satisfied with the quality of work and patient care they are able to deliver	% agreeing that their role makes a difference to patients	Work pressure felt by staff	Effective Team working	% working extra hours	% receiving job-relevant training, learning or development in last 12 months	% appraised in last 12 months	% having well structured appraisals in last 12 months	Support from immediate managers	% receiving health and safety training in last 12 months	% suffering work-related stress in last 12 months	% saying hand-washing materials are always available	% witnessing potentially harmful errors, near misses or incidents in last month	% reporting errors, near misses or incidents witnessed in last month	Fairness and effectiveness of incident reporting procedures	% experiencing physical violence from patients/relatives in last 12 months	% experiencing physical violence from staff in last 12 months	% experiencing harassment, bullying or abuse from patients/relatives in last 12 months	% experiencing harassment, bullying or abuse from staff in last 12 months	% feeling pressure in last 3 months to attend work when feeling unwell	% reporting good communication between senior management and staff	% able to contribute towards improvements at work	Staff job satisfaction	Staff recommendation of the Trust as a place to work or receive treatment	Staff motivation at work	% having equality and diversity training in last 12 months	% believing Trust provides equal opportunities for career progression or promotion	% experiencing discrimination at work in last 12 months	
	Response Rate	1	2	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	Total Score
Acute Trusts																														
Salisbury NHS Foundation Trust	59%	A	A	A	G	A	A	+	+	G	G	G	+	R	A	G	-	+	+	+	G	+	G	G	G	G	G	G	G	114
Royal Berkshire NHS Foundation Trust	55%	G	+	G	G	+	A	+	G	+	-	G	A	+	R	A	R	-	G	G	+	+	G	G	G	G	A	A	A	107
Great Western Hospitals NHS Foundation Trust	67%	-	+	R	A	-	-	G	G	G	G	+	+	G	R	G	G	+	R	G	-	A	-	G	-	G	G	G	G	102
University Hospital Southampton NHS Foundation Trust	59%	A	+	+	A	R	G	+	-	+	+	A	R	A	A	G	A	G	G	G	+	+	G	G	+	R	A	+	G	102
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	55%	A	A	G	G	-	G	A	+	+	A	-	G	R	G	G	R	-	A	R	A	G	+	+	+	+	-	A	-	93
Taunton and Somerset NHS Foundation Trust	52%	G	+	G	A	+	G	+	-	A	R	A	G	-	G	+	R	-	-	-	G	G	-	+	G	A	R	A	A	93
Royal Devon and Exeter NHS Foundation Trust	47%	-	G	+	A	-	R	-	-	+	+	+	G	A	-	-	+	G	G	+	+	R	A	-	+	-	A	G	G	92
Poole Hospital NHS Foundation Trust	63%	A	+	-	A	A	-	-	A	+	A	+	G	-	+	A	R	G	R	R	-	G	G	+	+	G	A	G	+	92
Weston Area Health NHS Trust	49%	+	-	-	G	+	+	+	A	+	G	A	G	R	A	R	R	+	+	-	G	R	G	A	R	A	A	A	A	88
Hampshire Hospitals NHS Foundation Trust	32%	-	+	-	-	R	R	-	A	A	+	R	+	-	A	+	G	G	+	A	+	A	A	+	+	-	+	+	G	88
Royal United Hospital Bath NHS Trust	60%	-	+	R	G	+	+	A	+	+	R	A	A	R	-	A	R	-	R	-	A	A	+	+	A	+	A	A	-	79
North Bristol NHS Trust	52%	-	+	-	R	A	+	G	-	A	-	-	-	R	G	A	-	+	A	+	A	R	+	+	-	A	R	A	+	79
Yeovil District Hospital NHS Foundation Trust	55%	-	-	A	R	A	-	-	R	A	-	A	G	A	+	-	A	+	+	+	+	A	R	A	A	A	-	R	-	75
Portsmouth Hospitals NHS Foundation Trust	57%	R	R	R	-	G	R	A	-	-	G	A	+	A	+	+	A	+	A	-	-	A	R	-	-	R	+	A	-	73
University Hospitals Bristol NHS Foundation Trust	52%	R	A	R	R	A	+	-	-	A	R	R	R	R	A	A	+	-	+	R	+	-	A	A	+	A	-	A	-	67
Dorset County Hospital NHS Foundation Trust	62%	R	-	-	-	A	-	-	R	A	R	-	G	-	R	R	R	-	A	-	-	-	-	-	-	-	+	+	+	62
Plymouth Hospitals NHS Trust	45%	R	-	R	-	-	R	+	R	-	A	A	-	R	A	+	+	R	A	-	R	A	-	R	-	R	+	R	+	61
Gloucestershire Hospitals NHS Foundation Trust	63%	R	R	-	-	+	R	+	-	-	G	-	-	-	-	-	R	-	-	-	-	-	-	-	R	R	G	-	A	61
Royal Cornwall Hospitals NHS Trust	49%	R	R	R	R	-	R	-	R	R	G	R	A	R	+	R	-	A	-	R	R	R	R	R	R	R	+	R	A	48

KEY:

		score
Best 20%	G	5
Better Than Average	+	4
Average	A	3
Worse Than Average	-	2
Worst 20%	R	1

Total Score Key: 100 & above; between 75 & 99; 74 & below

Maximum Score Possible = 140

2013 National NHS staff survey

Brief summary of results from Salisbury NHS Foundation Trust

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1. Introduction to this report

This report presents the findings of the 2013 national NHS staff survey conducted in Salisbury NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 28 Key Findings.

These sections of the report have been structured around 4 of the seven pledges to staff in the NHS Constitution which was published in March 2013 (http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution) plus two additional themes:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.
- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.
- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- Additional theme: Staff satisfaction
- Additional theme: Equality and diversity

Please note that the NHS pledges were amended in 2013, however the report has been structured around 4 of the pledges which have been maintained since 2009. For more information regarding this please see the “Making Sense of Your Staff Survey Data” document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2013 survey results for Salisbury NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

Your Organisation

The scores presented below are un-weighted question level scores for questions Q12a - 12d and the weighted score for Key Finding 24. The percentages for Q12a – Q12d are created by combining the responses for those who "Agree" and "Strongly Agree" compared to the total number of staff that responded to the question.

The Q12d score is related to CQUIN payments for Acute trusts participating in the National NHS Staff Survey. 2013/2014 guidance on CQUIN payments can be found via the following link https://www.supply2health.nhs.uk/eContracts/Documents/cquin-guidance.pdf.

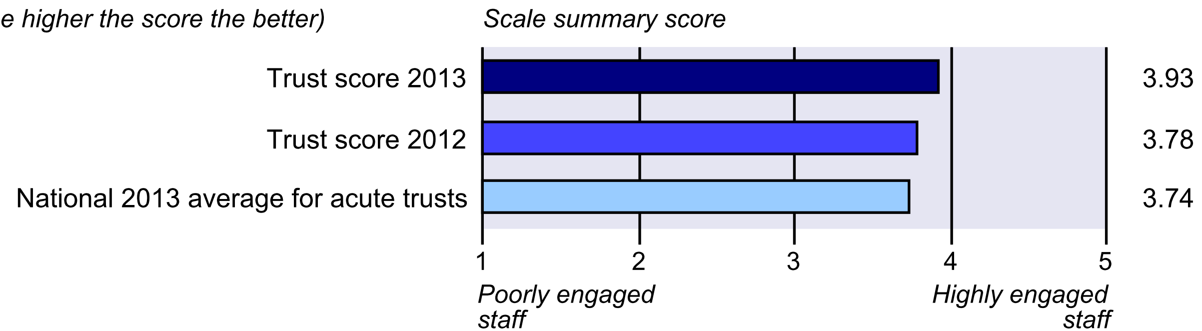
Q12a, Q12c and Q12d feed into Key Finding 24 "Staff recommendation of the trust as a place to work or receive treatment".

		Your Trust in 2013	**Average (median) for acute trusts**	**Your Trust in 2012**
Q12a	"Care of patients / service users is my organisation's top priority"	77	68	65
Q12b	"My organisation acts on concerns raised by patients / service users"	77	71	72
Q12c	"I would recommend my organisation as a place to work"	75	59	66
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	82	64	76
KF24.	Staff recommendation of the trust as a place to work or receive treatment (Q12a, 12c-d)	4.01	3.68	3.73

2. Overall indicator of staff engagement for Salisbury NHS Foundation Trust

The figure below shows how Salisbury NHS Foundation Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.93 was in the highest (best) 20% when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 22, 24 and 25. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 22); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 24); and the extent to which they feel motivated and engaged with their work (Key Finding 25).

The table below shows how Salisbury NHS Foundation Trust compares with other acute trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2012 survey.

	Change since 2012 survey	Ranking, compared with all acute trusts
OVERALL STAFF ENGAGEMENT	✓ Increase (better than 12)	✓ Highest (best) 20%
KF22. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	✓ Highest (best) 20%
KF24. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.)*	✓ Increase (better than 12)	✓ Highest (best) 20%
KF25. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	✓ Highest (best) 20%

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data***.

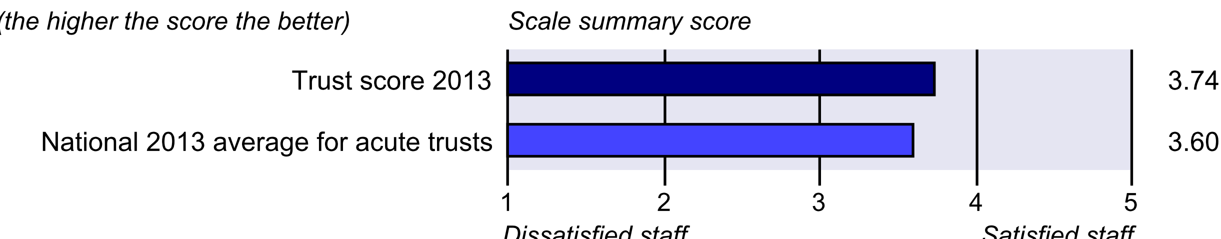
3. Summary of 2013 Key Findings for Salisbury NHS Foundation Trust

3.1 Top and Bottom Ranking Scores

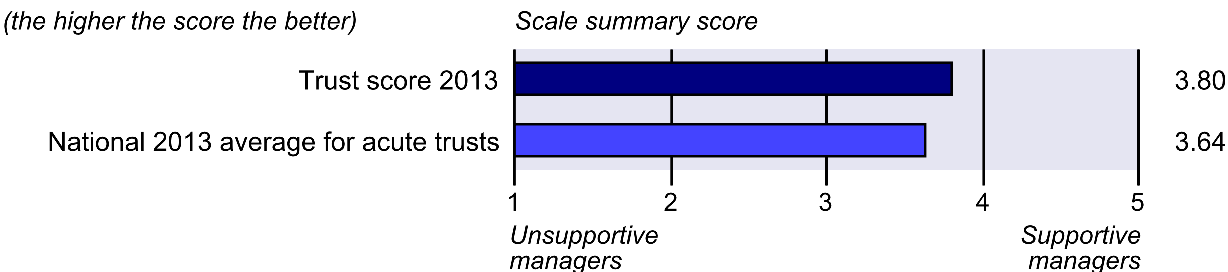
This page highlights the five Key Findings for which Salisbury NHS Foundation Trust compares most favourably with other acute trusts in England.

TOP FIVE RANKING SCORES

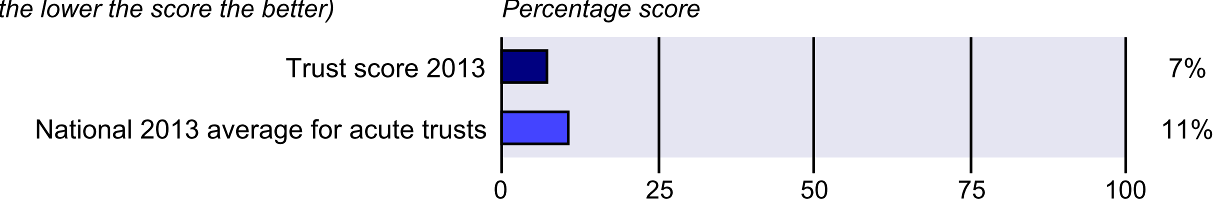
✓ KF23. Staff job satisfaction



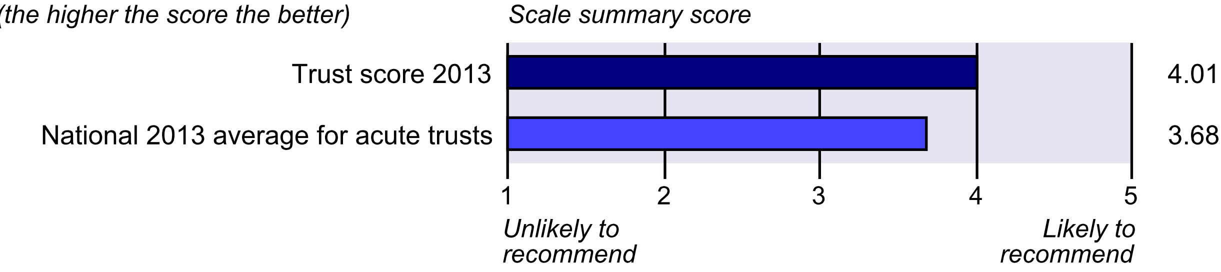
✓ KF9. Support from immediate managers



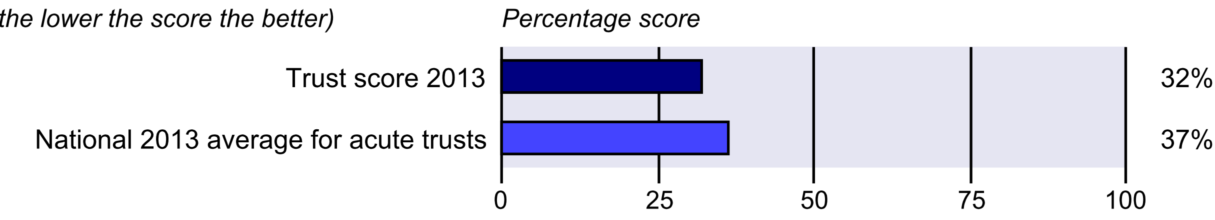
✓ KF28. Percentage of staff experiencing discrimination at work in last 12 months



✓ KF24. Staff recommendation of the trust as a place to work or receive treatment



✓ KF11. Percentage of staff suffering work-related stress in last 12 months

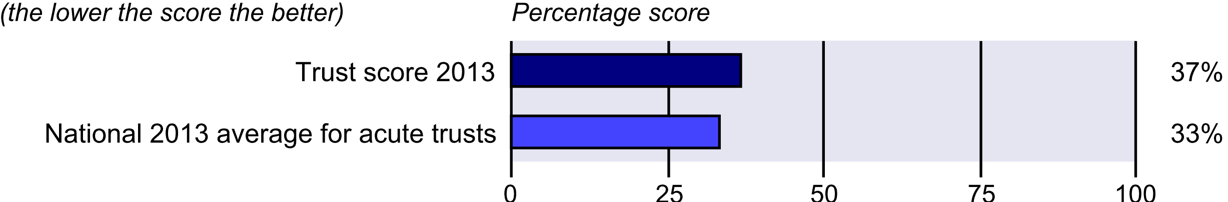


This page highlights the five Key Findings for which Salisbury NHS Foundation Trust compares least favourably with other acute trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

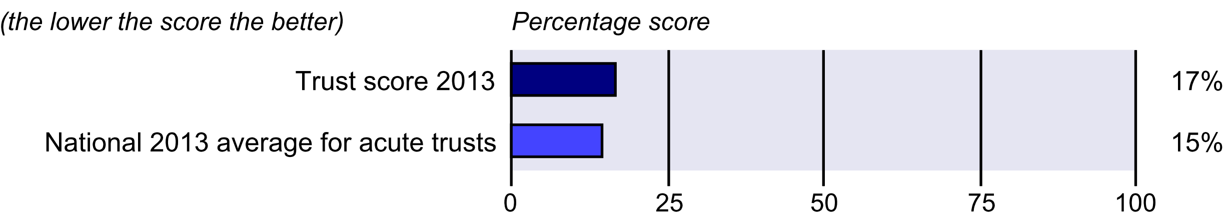
! KF13. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



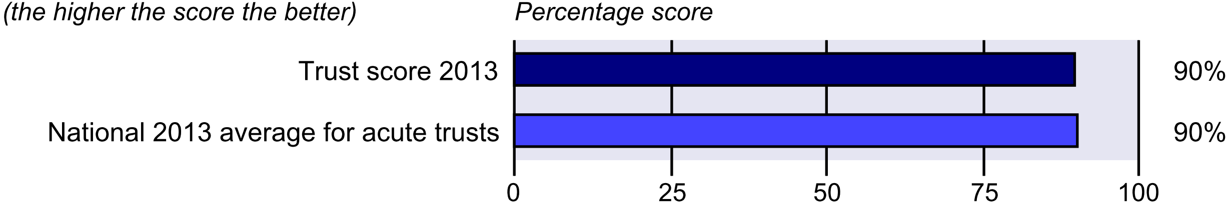
! KF16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



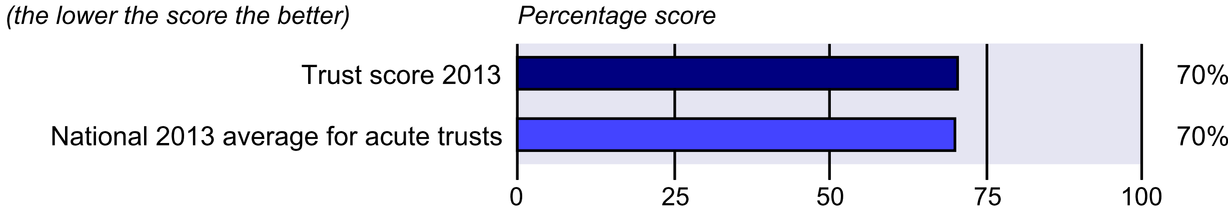
! KF14. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



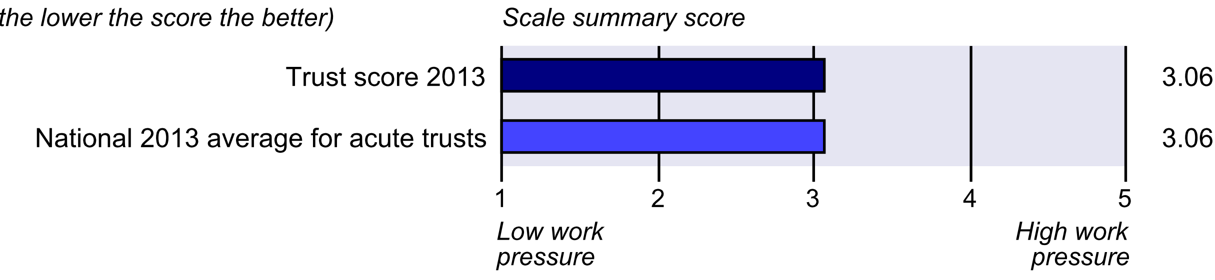
! KF5. Percentage of staff working extra hours

(the lower the score the better)



! KF3. Work pressure felt by staff

(the lower the score the better)



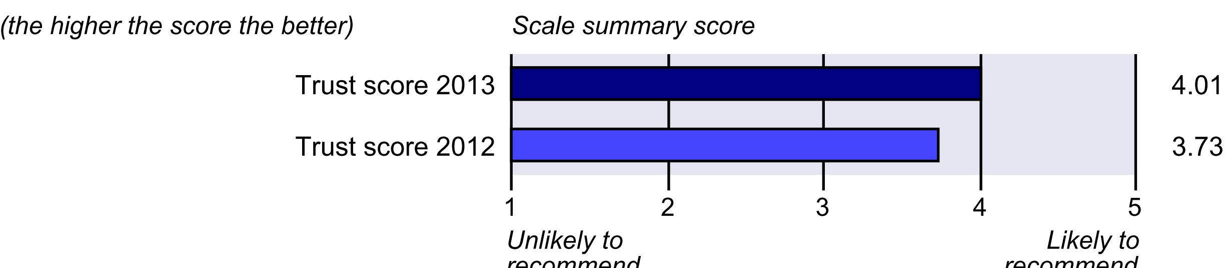
For each of the 28 Key Findings, the acute trusts in England were placed in order from 1 (the top ranking score) to 141 (the bottom ranking score). Salisbury NHS Foundation Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 141. Further details about this can be found in the document ***Making sense of your staff survey data***.

3.2 Largest Local Changes since the 2012 Survey

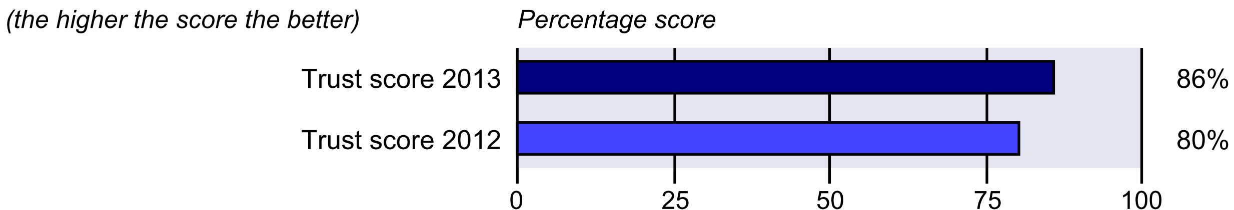
This page highlights the two Key Findings where staff experiences have improved at Salisbury NHS Foundation Trust since the 2012 survey.

WHERE STAFF EXPERIENCE HAS IMPROVED

✓ KF24. Staff recommendation of the trust as a place to work or receive treatment



✓ KF7. Percentage of staff appraised in last 12 months



3.2. Summary of all Key Findings for Salisbury NHS Foundation Trust

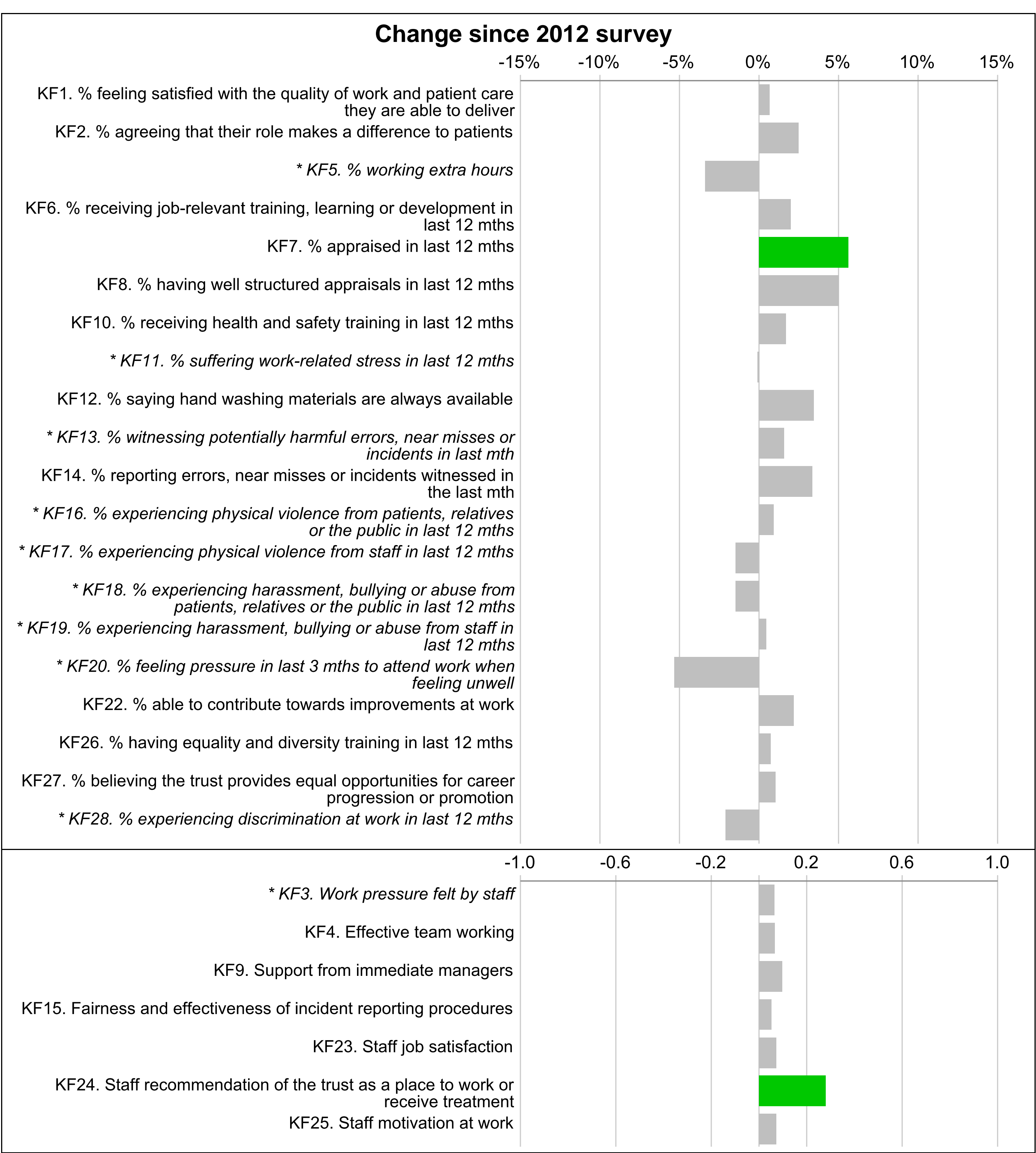
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2012 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2012 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2012 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterix and in *italics*, the lower the score the better.



3.2. Summary of all Key Findings for Salisbury NHS Foundation Trust

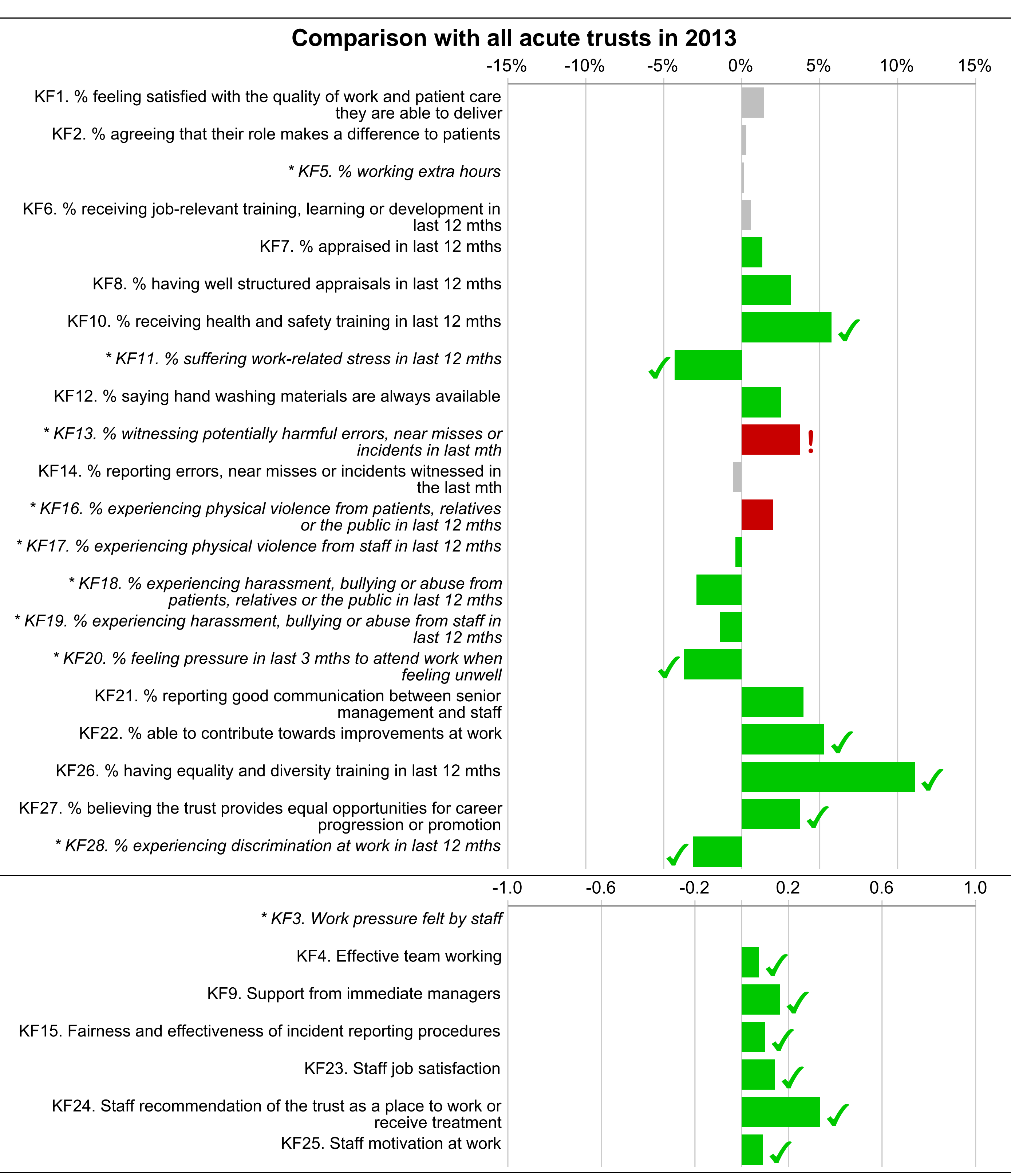
KEY

Green = Positive finding, e.g. better than average. If a ✓ is shown the score is in the best 20% of acute trusts

Red = Negative finding, e.g. worse than aveargе. If a ! is shown the score is in the worst 20% of acute trusts.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterix and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for Salisbury NHS Foundation Trust

KEY

✓ Green = Positive finding, e.g. in the best 20% of acute trusts, better than average, better than 2012.

! Red = Negative finding, e.g. in the worst 20% of acute trusts, worse than average, worse than 2012.

'Change since 2012 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2012 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2012 score are not possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterix and in *italics*, the lower the score the better.

	Change since 2012 survey	Ranking, compared with all acute trusts in 2013
STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.		
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	• No change	• Average
KF2. % agreeing that their role makes a difference to patients	• No change	• Average
* *KF3. Work pressure felt by staff*	• No change	• Average
KF4. Effective team working	• No change	✓ Highest (best) 20%
* *KF5. % working extra hours*	• No change	• Average
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.		
KF6. % receiving job-relevant training, learning or development in last 12 mths	• No change	• Average
KF7. % appraised in last 12 mths	✓ Increase (better than 12)	✓ Above (better than) average
KF8. % having well structured appraisals in last 12 mths	• No change	✓ Above (better than) average
KF9. Support from immediate managers	• No change	✓ Highest (best) 20%
STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.		
Occupational health and safety		
KF10. % receiving health and safety training in last 12 mths	• No change	✓ Highest (best) 20%
* *KF11. % suffering work-related stress in last 12 mths*	• No change	✓ Lowest (best) 20%
Infection control and hygiene		
KF12. % saying hand washing materials are always available	• No change	✓ Above (better than) average
Errors and incidents		
* *KF13. % witnessing potentially harmful errors, near misses or incidents in last mth*	• No change	! Highest (worst) 20%
KF14. % reporting errors, near misses or incidents witnessed in the last mth	• No change	• Average
KF15. Fairness and effectiveness of incident reporting procedures	• No change	✓ Highest (best) 20%

3.3. Summary of all Key Findings for Salisbury NHS Foundation Trust (cont)

	Change since 2012 survey	Ranking, compared with all acute trusts in 2013
Violence and harassment		
* *KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths*	• No change	! Above (worse than) average
* *KF17. % experiencing physical violence from staff in last 12 mths*	• No change	✓ Below (better than) average
* *KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	✓ Below (better than) average
* *KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	✓ Below (better than) average
Health and well-being		
* *KF20. % feeling pressure in last 3 mths to attend work when feeling unwell*	• No change	✓ Lowest (best) 20%
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF21. % reporting good communication between senior management and staff	--	✓ Above (better than) average
KF22. % able to contribute towards improvements at work	• No change	✓ Highest (best) 20%
ADDITIONAL THEME: Staff satisfaction		
KF23. Staff job satisfaction	• No change	✓ Highest (best) 20%
KF24. Staff recommendation of the trust as a place to work or receive treatment	✓ Increase (better than 12)	✓ Highest (best) 20%
KF25. Staff motivation at work	• No change	✓ Highest (best) 20%
ADDITIONAL THEME: Equality and diversity		
KF26. % having equality and diversity training in last 12 mths	• No change	✓ Highest (best) 20%
KF27. % believing the trust provides equal opportunities for career progression or promotion	• No change	✓ Highest (best) 20%
* *KF28. % experiencing discrimination at work in last 12 mths*	• No change	✓ Lowest (best) 20%

4. Key Findings for Salisbury NHS Foundation Trust

493 staff at Salisbury NHS Foundation Trust took part in this survey. This is a response rate of 59%[1] which is in the highest 20% of acute trusts in England, and compares with a response rate of 53% in this trust in the 2012 survey.

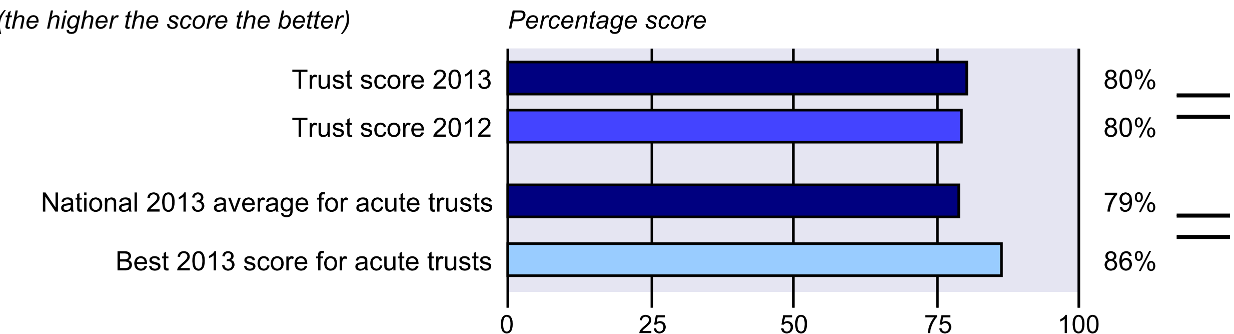
This section presents each of the 28 Key Findings, using data from the trust's 2013 survey, and compares these to other acute trusts in England and to the trust's performance in the 2012 survey. The findings are arranged under six headings – the four staff pledges from the NHS Constitution, and the two additional themes of staff satisfaction and equality and diversity.

Positive findings are indicated with a green arrow (e.g. where the trust is in the best 20% of trusts, or where the score has improved since 2012). Negative findings are highlighted with a red arrow (e.g. where the trust's score is in the worst 20% of trusts, or where the score is not as good as 2012). An equals sign indicates that there has been no change.

STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

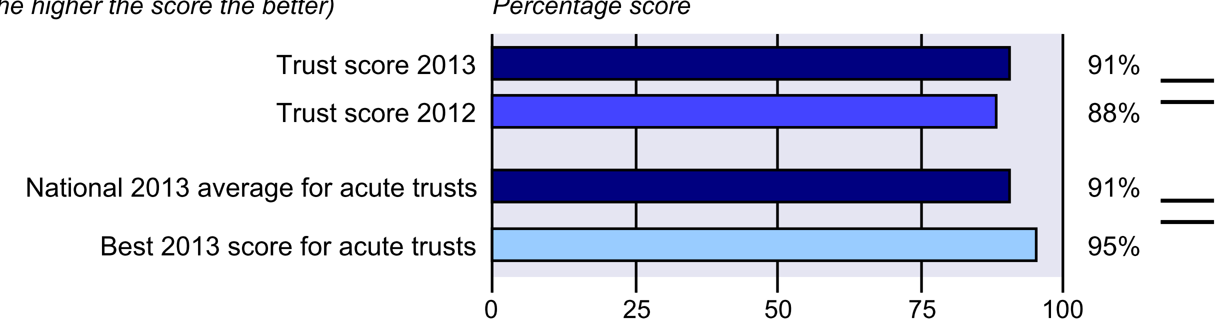
KEY FINDING 1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver

(the higher the score the better)



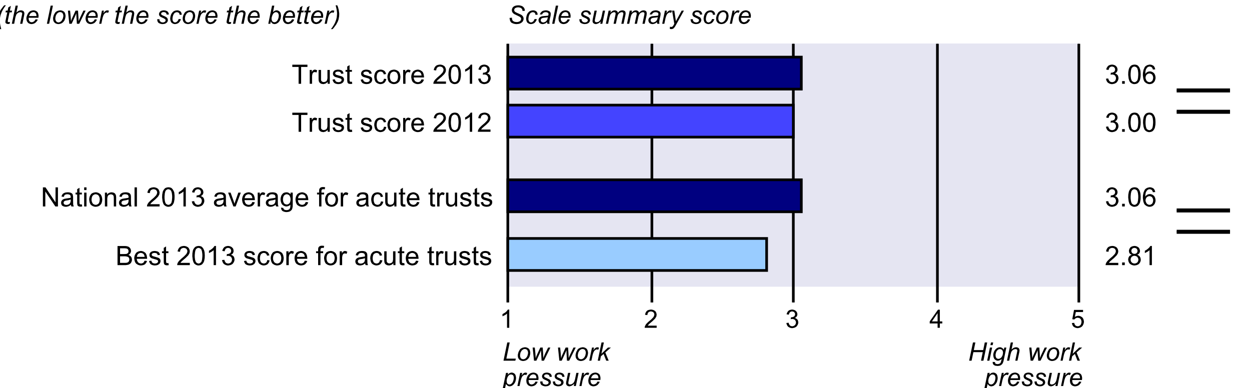
KEY FINDING 2. Percentage of staff agreeing that their role makes a difference to patients

(the higher the score the better)

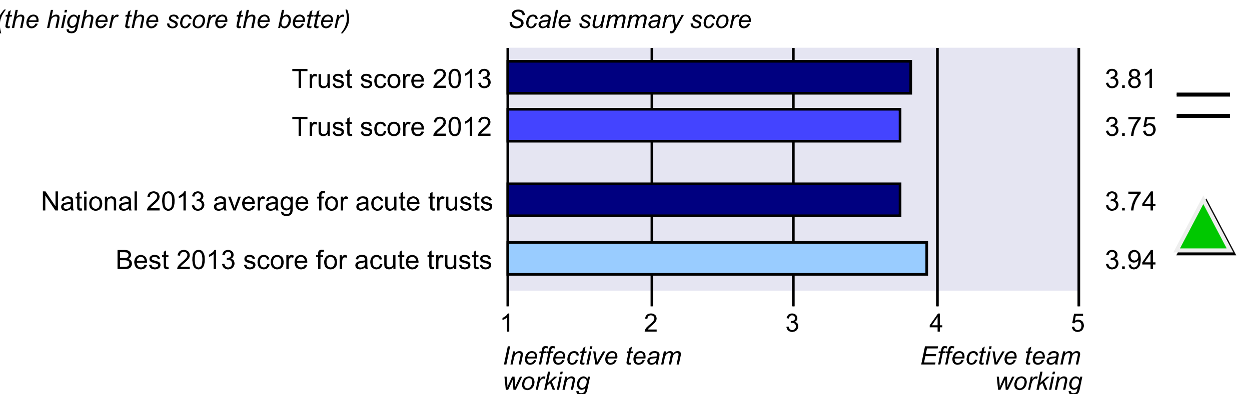


[1] At the time of sampling, 3083 staff were eligible to receive the survey. Questionnaires were sent to a random sample of 829 staff. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

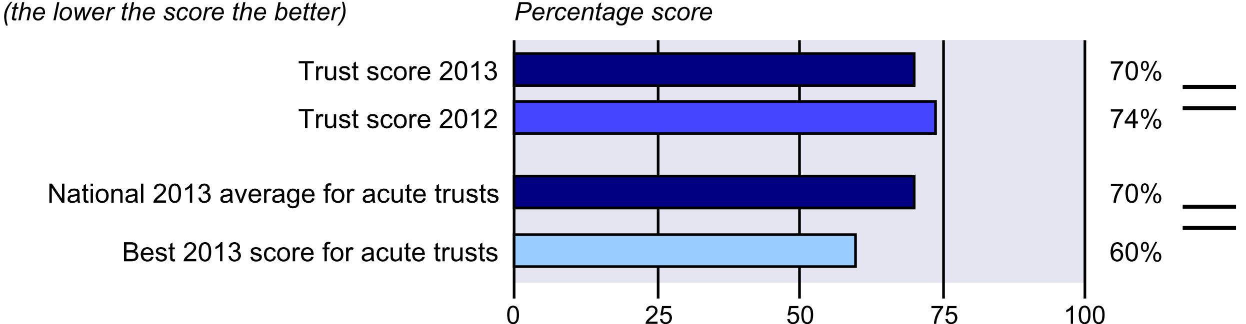
KEY FINDING 3. Work pressure felt by staff



KEY FINDING 4. Effective team working

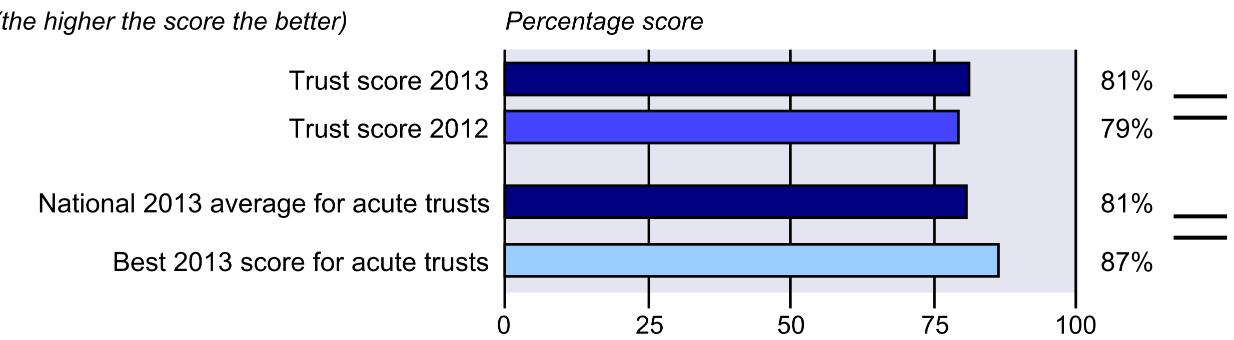


KEY FINDING 5. Percentage of staff working extra hours



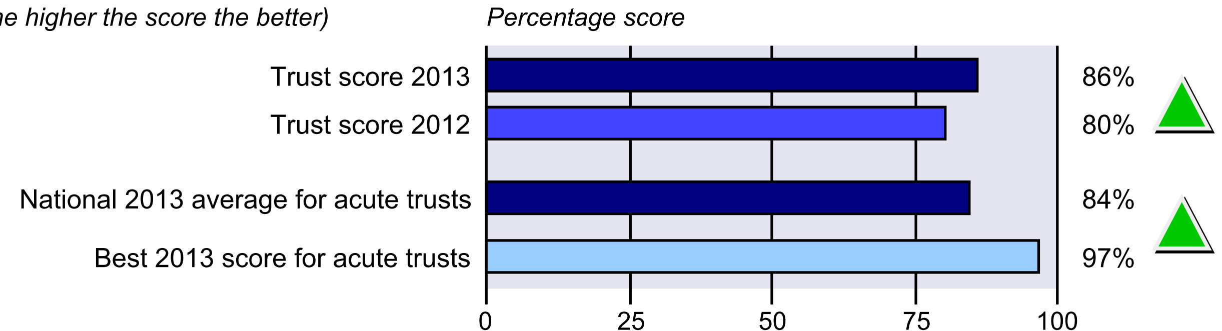
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

KEY FINDING 6. Percentage of staff receiving job-relevant training, learning or development in last 12 months



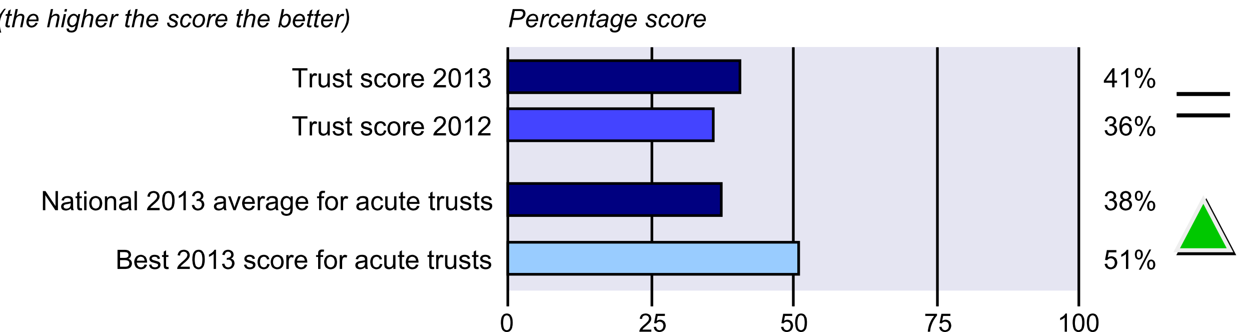
KEY FINDING 7. Percentage of staff appraised in last 12 months

(the higher the score the better)



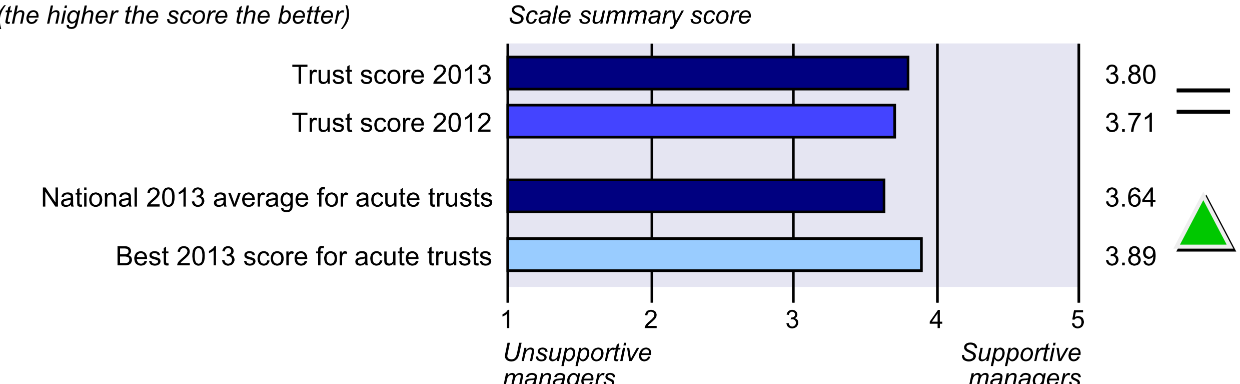
KEY FINDING 8. Percentage of staff having well structured appraisals in last 12 months

(the higher the score the better)



KEY FINDING 9. Support from immediate managers

(the higher the score the better)

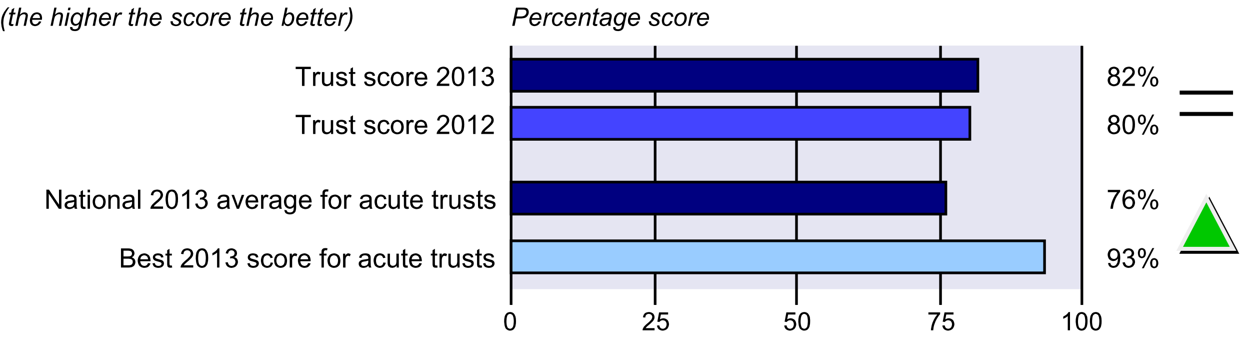


STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

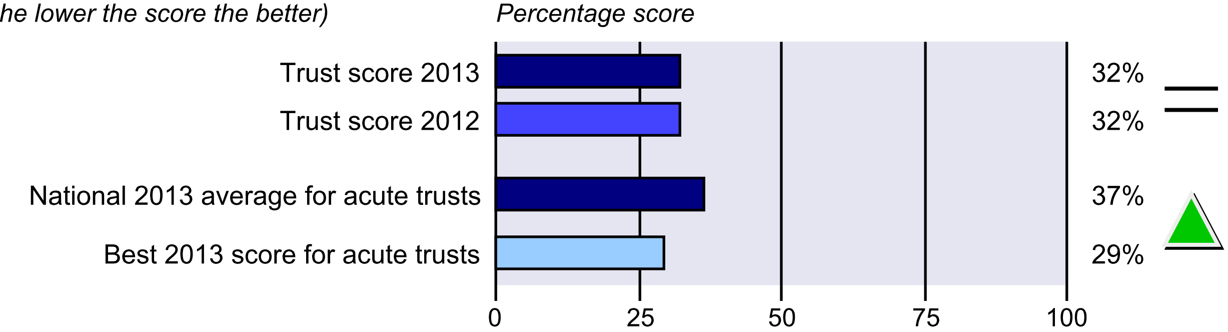
Occupational health and safety

KEY FINDING 10. Percentage of staff receiving health and safety training in last 12 months

(the higher the score the better)

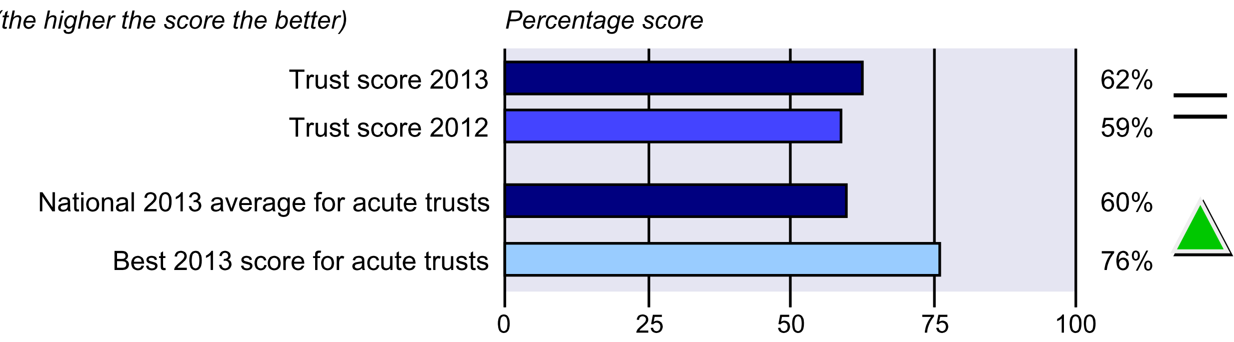


KEY FINDING 11. Percentage of staff suffering work-related stress in last 12 months



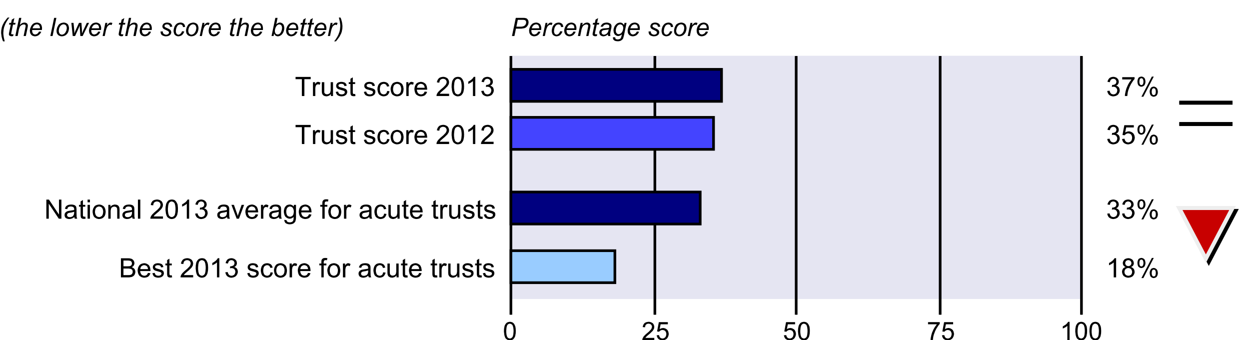
Infection control and hygiene

KEY FINDING 12. Percentage of staff saying hand washing materials are always available

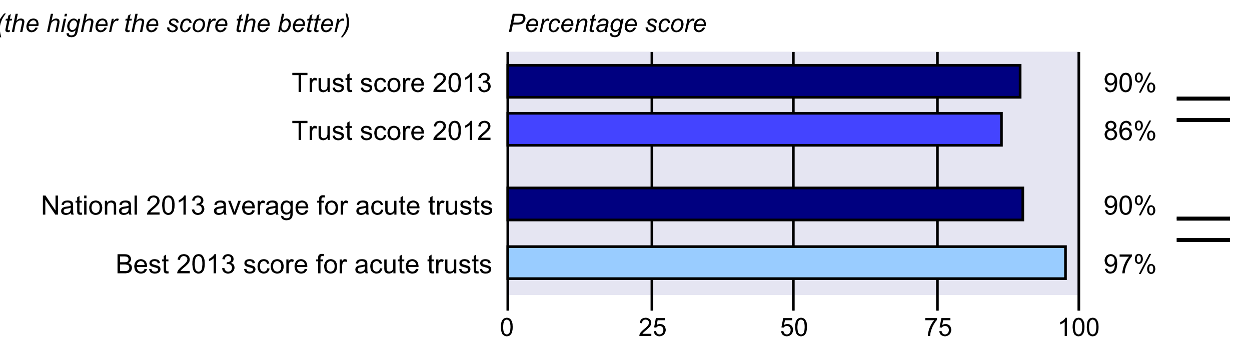


Errors and incidents

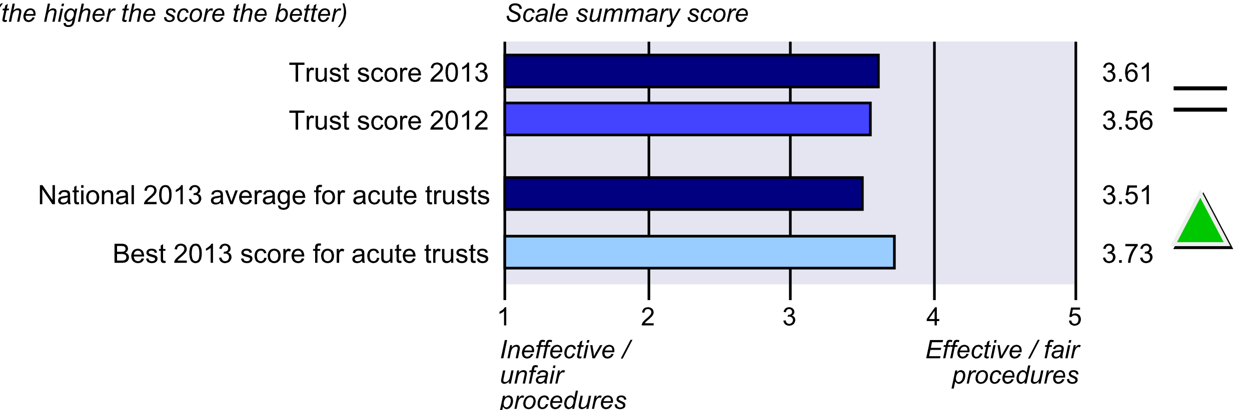
KEY FINDING 13. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month



KEY FINDING 14. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

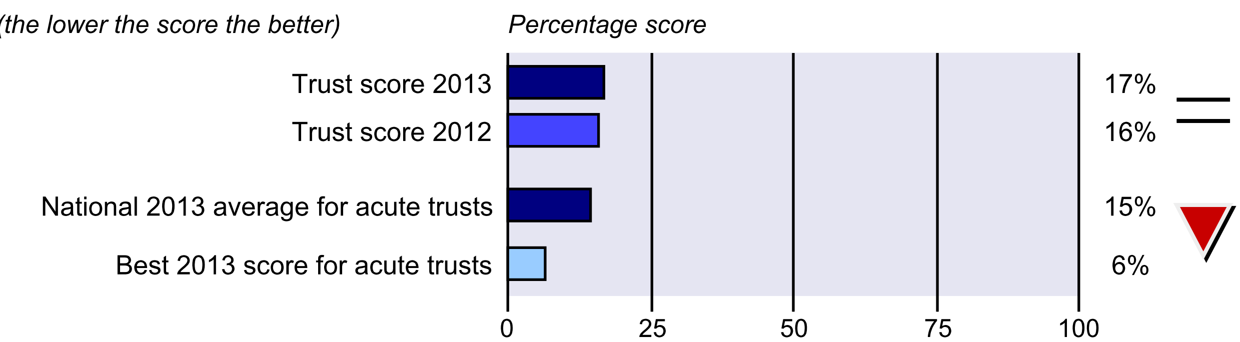


KEY FINDING 15. Fairness and effectiveness of incident reporting procedures

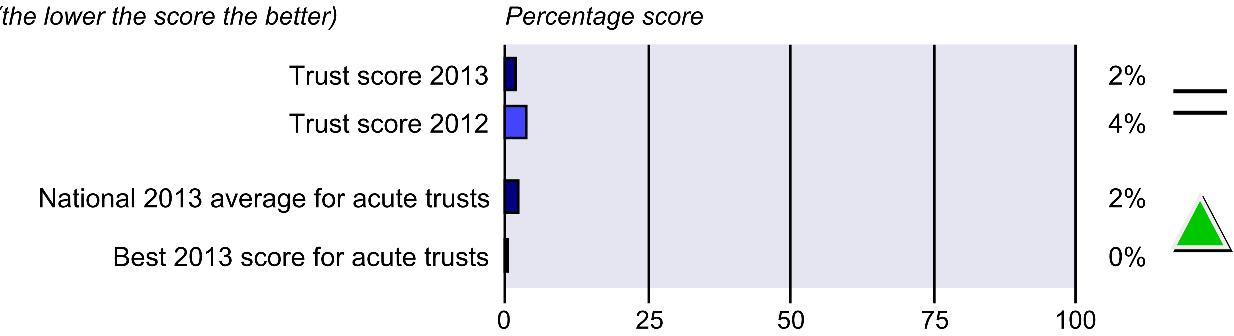


Violence and harassment

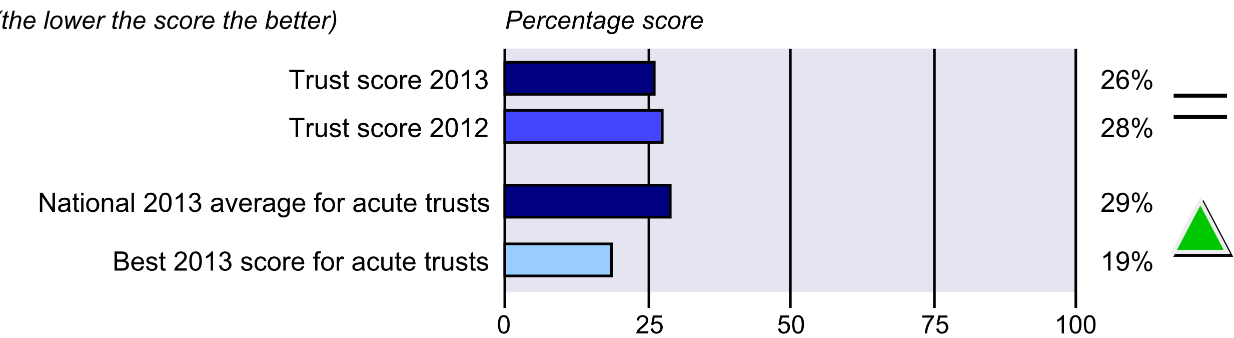
KEY FINDING 16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months



KEY FINDING 17. Percentage of staff experiencing physical violence from staff in last 12 months

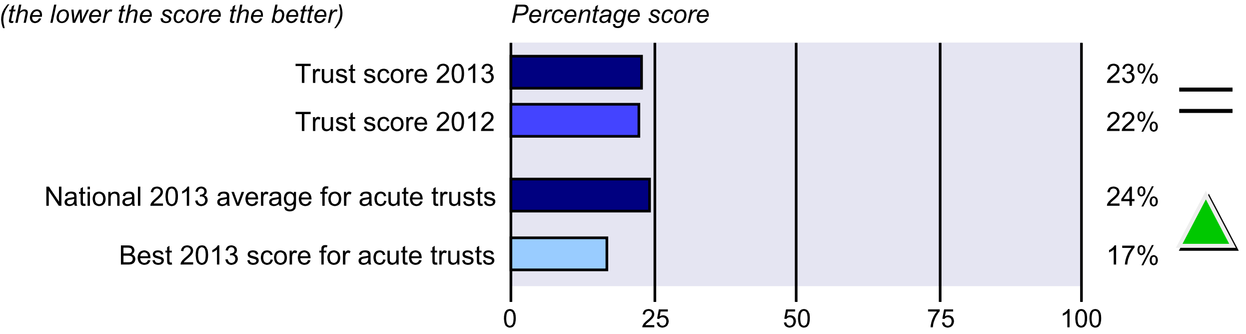


KEY FINDING 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



KEY FINDING 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

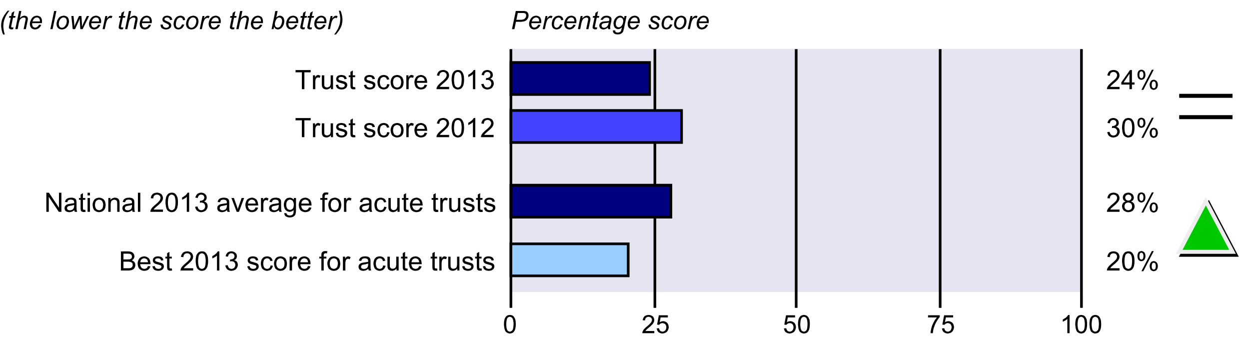
(the lower the score the better) *Percentage score*



Health and well-being

KEY FINDING 20. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell

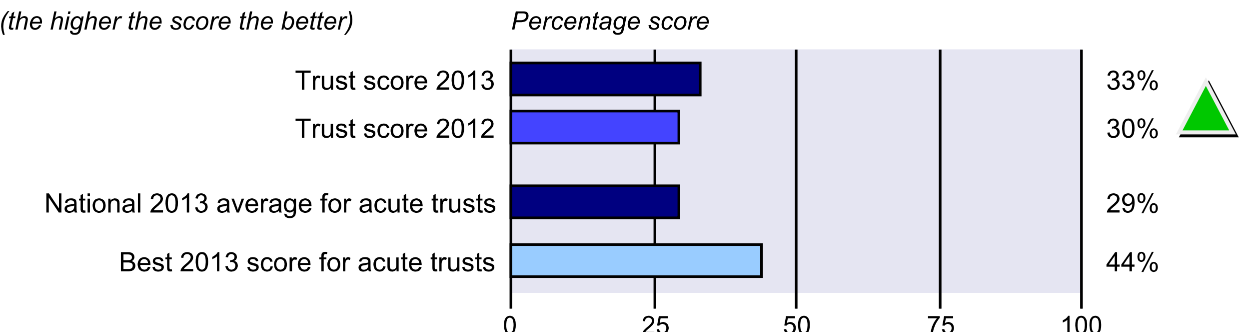
(the lower the score the better) *Percentage score*



STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

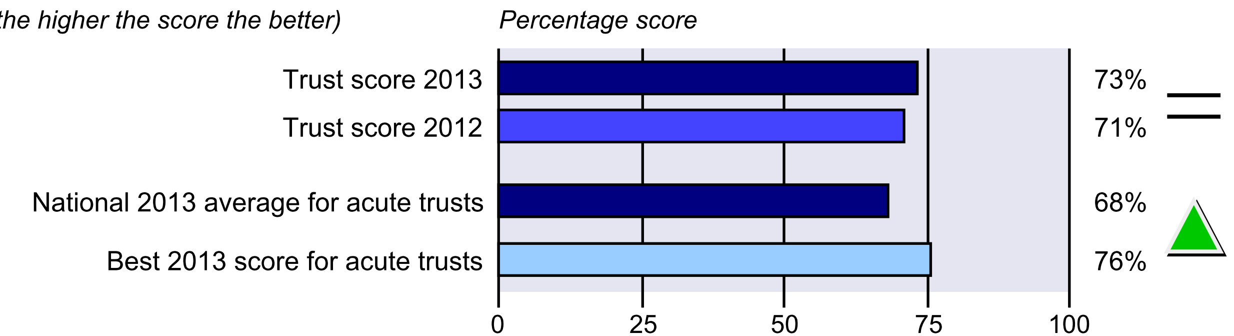
KEY FINDING 21. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better) *Percentage score*



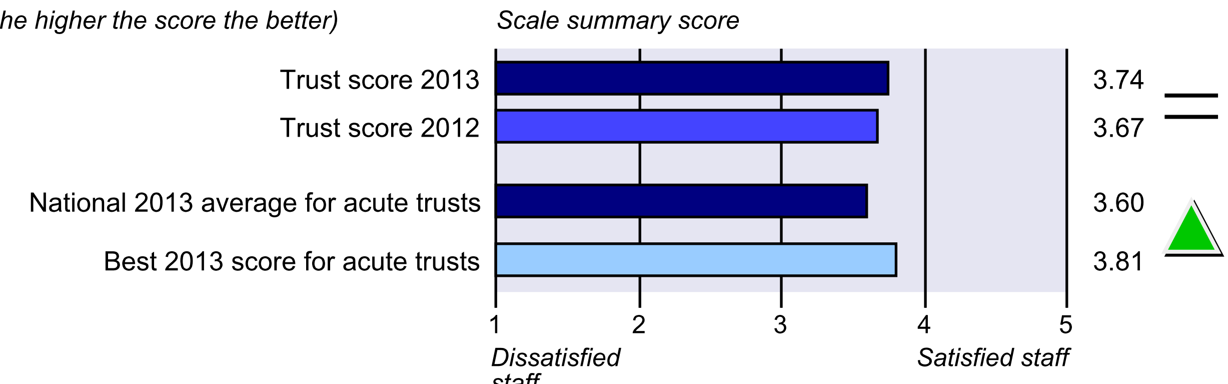
KEY FINDING 22. Percentage of staff able to contribute towards improvements at work

(the higher the score the better) *Percentage score*

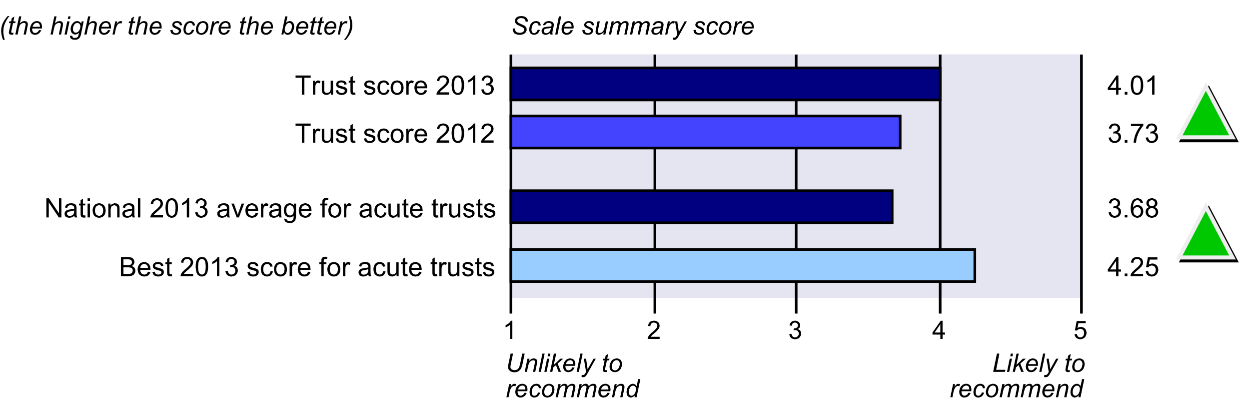


ADDITIONAL THEME: Staff satisfaction

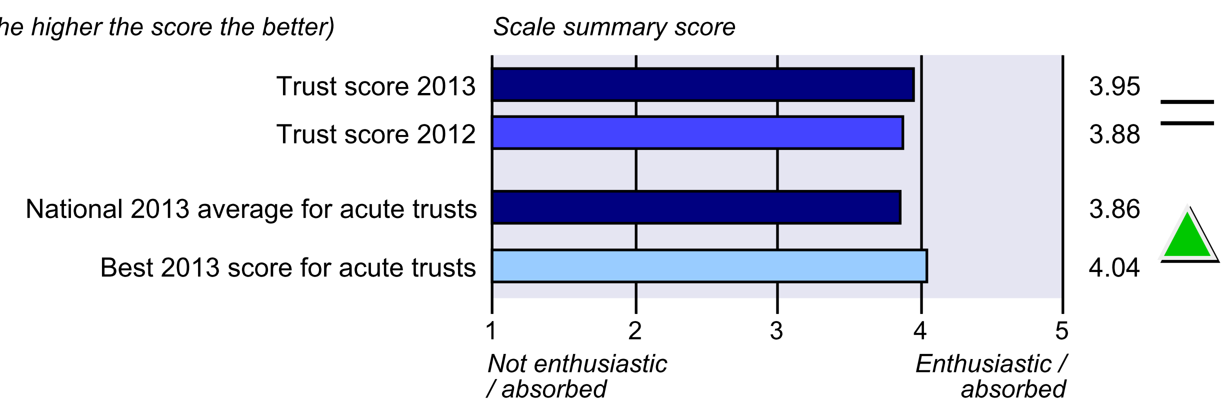
KEY FINDING 23. Staff job satisfaction



KEY FINDING 24. Staff recommendation of the trust as a place to work or receive treatment

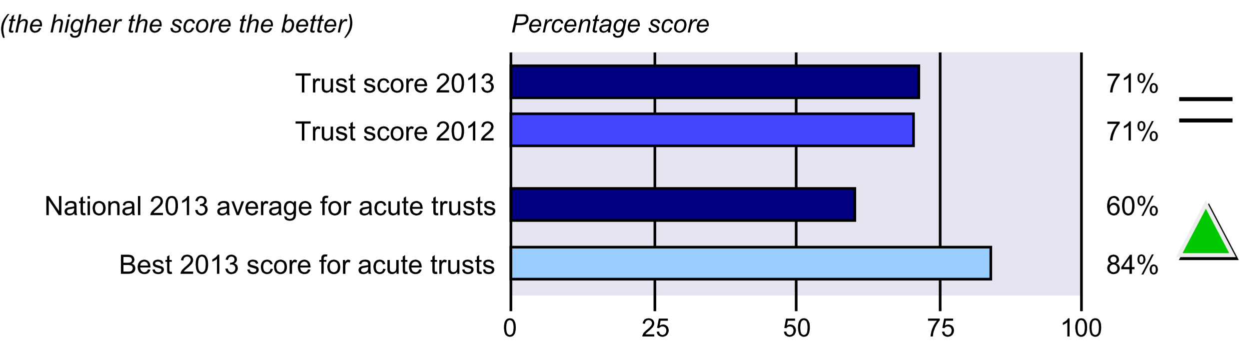


KEY FINDING 25. Staff motivation at work



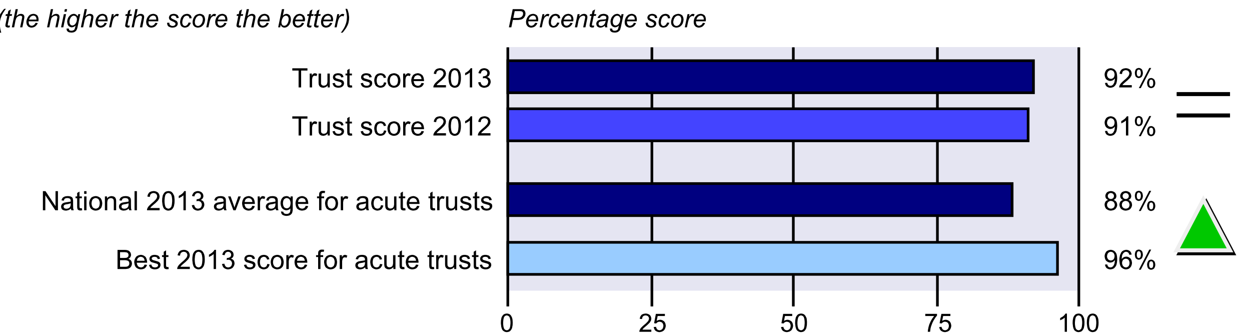
ADDITIONAL THEME: Equality and diversity

KEY FINDING 26. Percentage of staff having equality and diversity training in last 12 months



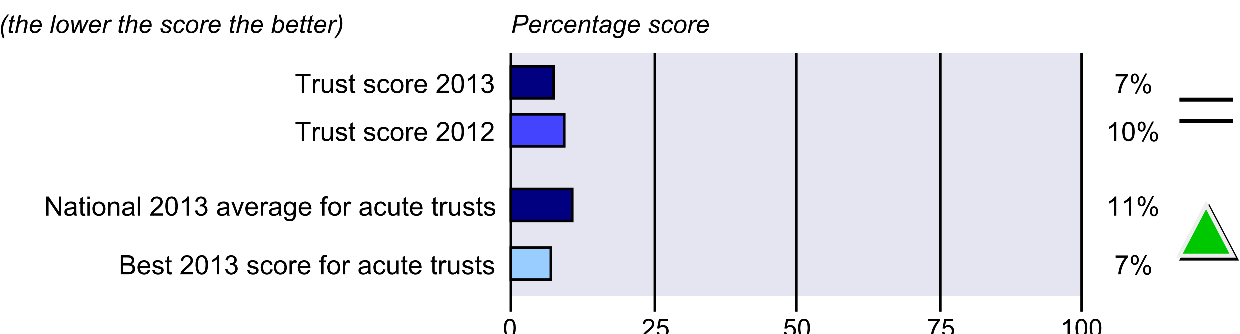
KEY FINDING 27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion

(the higher the score the better)



KEY FINDING 28. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)



Values and Behaviours

PURPOSE: This short paper gives an update on progress since the last paper to the Trust Board in December 2013.

MAIN ISSUES:

The Trust Board received a report in December 2013 proposing 4 new values of Friendly, Patient Centred, Responsive and Professional. It also described the work that was still taking place to develop further the behaviours aligned to each value. The Trust Board asked that safety should feature more prominently in the values and behaviours and it was agreed that a further paper would be submitted to the April Board.

As a result the values have been renamed to include safety and now read:

Patient Centred and Safe
Professional
Responsive
Friendly

The behaviour grids have been reviewed so that they:

- Include safety behaviours
- The wording and tenses have been improved following further consultation

The most recent versions have again been sent to staff from the focus groups for final comment. They have been asked if they recognise the behaviours and feel they are reasonable. Responses have been very positive. HR Managers have also been asked to share the work within their directorates and seek responses to continue the strategy of wide consultation.

Artcare have used their expertise to show the values and behaviours in creative ways and to develop a branding. The results are attached.

Implementation

The values and behaviours are being integrated into the design of the new performance appraisal system which will go live from 7th April 2014. Staff behaviour will be an area of discussion during the appraisal and any areas requiring improvement will be documented, ensuring clarity for staff and managers alike.

HR Managers are in the initial stages of considering how we integrate the behaviours into our selection processes in future so that we recruit people with behaviours aligned to this organisation. This has involved reviewing national work on values based recruitment and discussing possible

approaches with recruiting managers. The response from recruiting managers has been extremely positive.

Following Trust Board approval there will be a 'soft' launch of the values and behaviours to promote them to existing staff throughout the summer, via a communications campaign. At the same time opportunities to use the branding will be taken, eg display in new reception areas, adding the values branding on e-mails, letterheads and ID badges/lanyards. A small budget will be required to do so. An example of the proposed lanyard is attached.

We will seek opportunities to facilitate discussions within departments about how staff would wish to integrate the behaviours into their day to day workings.

Facilitation of a similar discussion at meetings will also be offered, for example how can they ensure that decisions are aligned to our values, how can they ensure behaviour at meetings is aligned to the values?

HR policies will be reviewed to ensure the expected behaviours are reinforced, for example within the Capability and Disciplinary procedures

Regular reviews on progress will enable an evolutionary approach to integrating the values and behaviours into the day to day workings of the Trust, allowing us to learn from what has worked well and modify our approach to things that have not been so positive.

ACTION REQUIRED BY THE BOARD:

1. The Trust Board is asked to approve the 4 values as described above and seek their integration into the day to day workings of the Trust
2. To request an update on progress and determine when that would be appropriate
3. To consider how the Trust Board can integrate the values and behaviours into the day to day working of the Trust Board

ATTACHMENTS:

Values branding
Example of a lanyard with values shown

AUTHOR: Jenny Hair
Deputy Director of Human Resources

914mm

15mm 9.5mm

Patient Centred and Safe - Professional - Responsive - Friendly   Patient Centred and Safe - Professional - Responsive - Friendly

60mm 350mm 25mm

450mm

Front

Back

140308-Lesar-Patient Centred and Safe

Color of strap: PMS 300 C
Color of text/logo: White

Patient-centred & Safe
Professional
Responsive
Friendly

TITLE: CGC 0307 - Trust Quality Indicators report – February 2014

To provide the Boards/Committee/Forum with February 2014 data and improvement actions where appropriate.

EXECUTIVE SUMMARY:

- One case of C difficile. 20 cases so far this year against a threshold of 21. Target is 18 in 14/15.
- A decrease in grade 2 pressure ulcers.
- Safety Thermometer – 92% 'harm free care'. A decrease in patients with a new hospital acquired pressure ulcer. Ongoing cluster reviews.
- A decrease in SHMI to 106 to June 2013 (103 when adjusted for palliative care) and is as expected. HSMR has declined again to 109 in December 13 but remains higher than expected. Key actions:
  - Implementation of the Sepsis Six campaign.
  - Reducing missed doses of medication.
  - Reducing patient moves and handoffs.
  - Weekly mortality reviews with immediate dissemination of learning points.
- Patients arriving on the stroke unit within 4 hours has declined. This relates to patients transferred from ED out of hours and the stroke team are working with them to resolve. Patients spending 90% of their time on the stroke unit has declined related to one patient. 100% of patients had a CT scan within 12 hours. A reduction in TIA referrals seen within 24 hours; the stroke team are working with referring clinicians to improve use of referral pathways.
- There were no non-clinical same sex accommodation breaches. Escalation bed capacity increased slightly but ward moves remain low.
- Two falls resulting in major harm.
- Friends and Family test – the best response rate yet for wards, ED and Maternity Services. Roll out to day case areas and OPD has commenced.

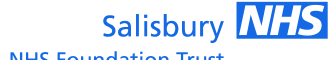
CARE QUALITY COMMISSION OUTCOME:

Outcome 16 – assessing and monitoring the quality of service provision

ACTION REQUIRED BY THE BOARD/COMMITTEE/FORUM

1. To note the report.

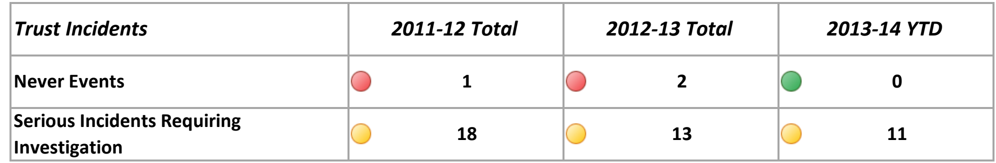
Author: **Dr Christine Blanshard**
Title: **Medical Director**
Date: **March 2014**



Trust Quality Indicators - February 2014

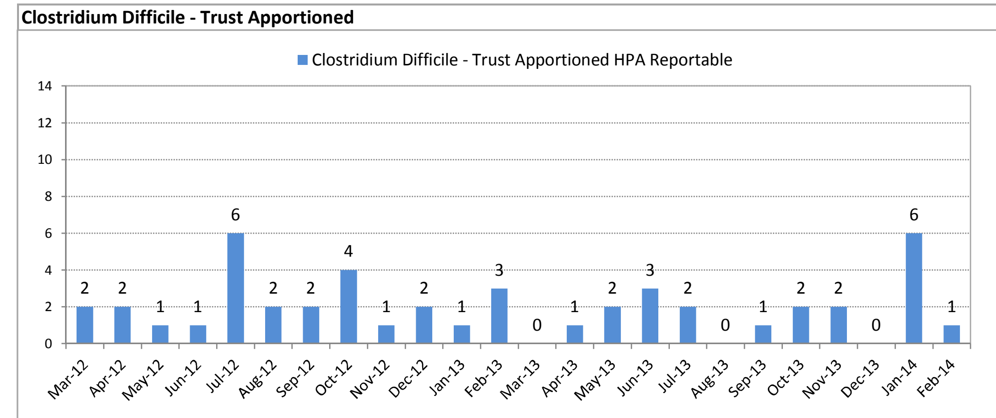
Quality Measures

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

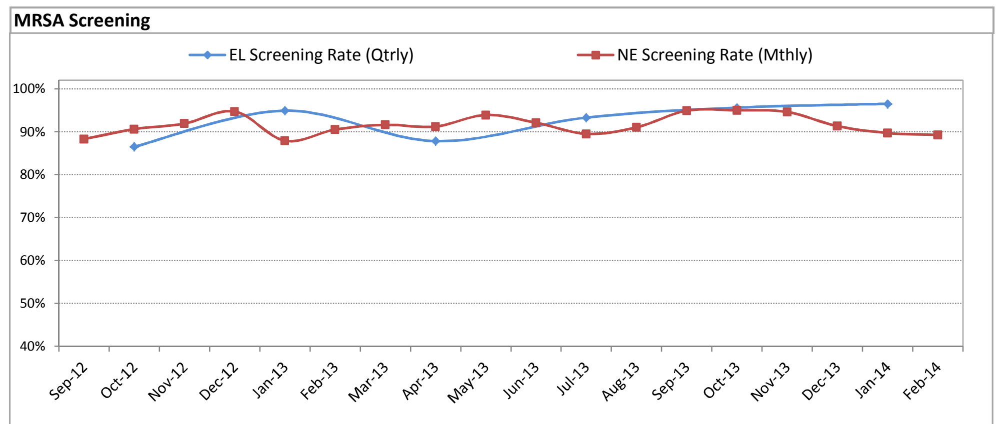


Trust Incidents	*2011-12 Total*	*2012-13 Total*	*2013-14 YTD*
Never Events	**1**	**2**	**0**
Serious Incidents Requiring Investigation	**18**	**13**	**11**

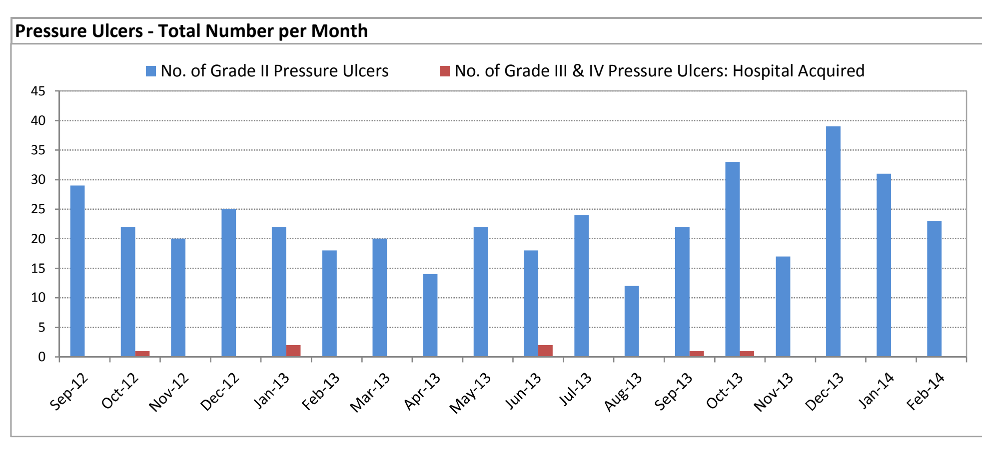
Clostridium Difficile - Trust Apportioned



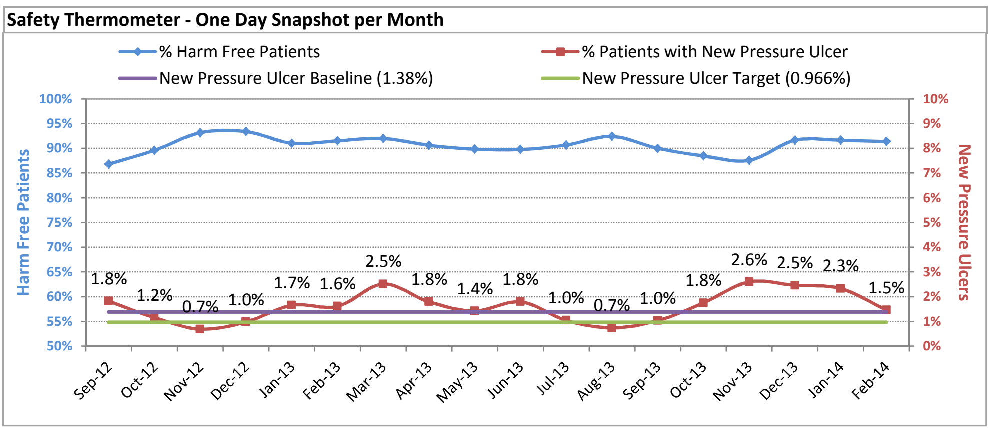
MRSA Screening

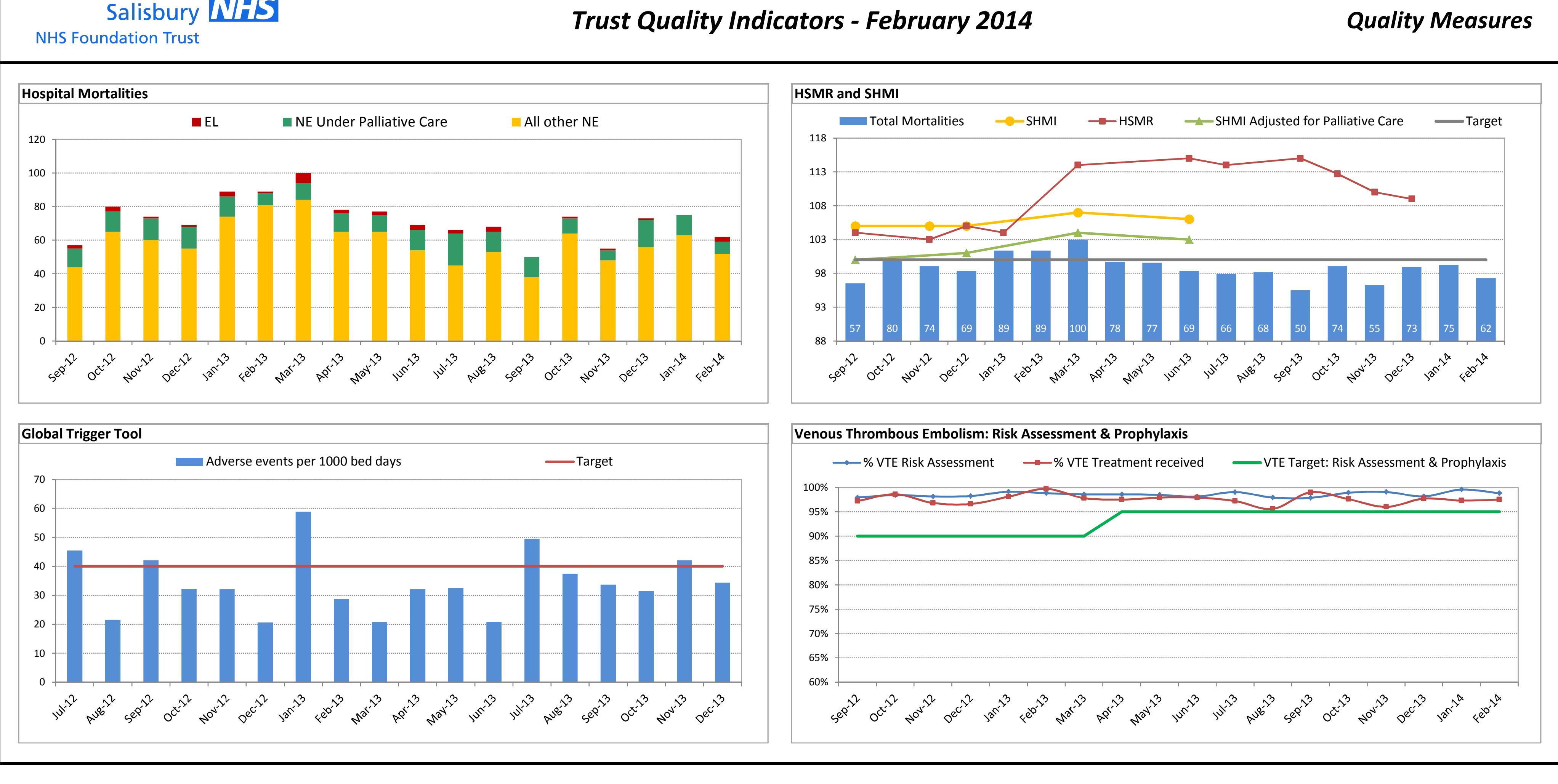


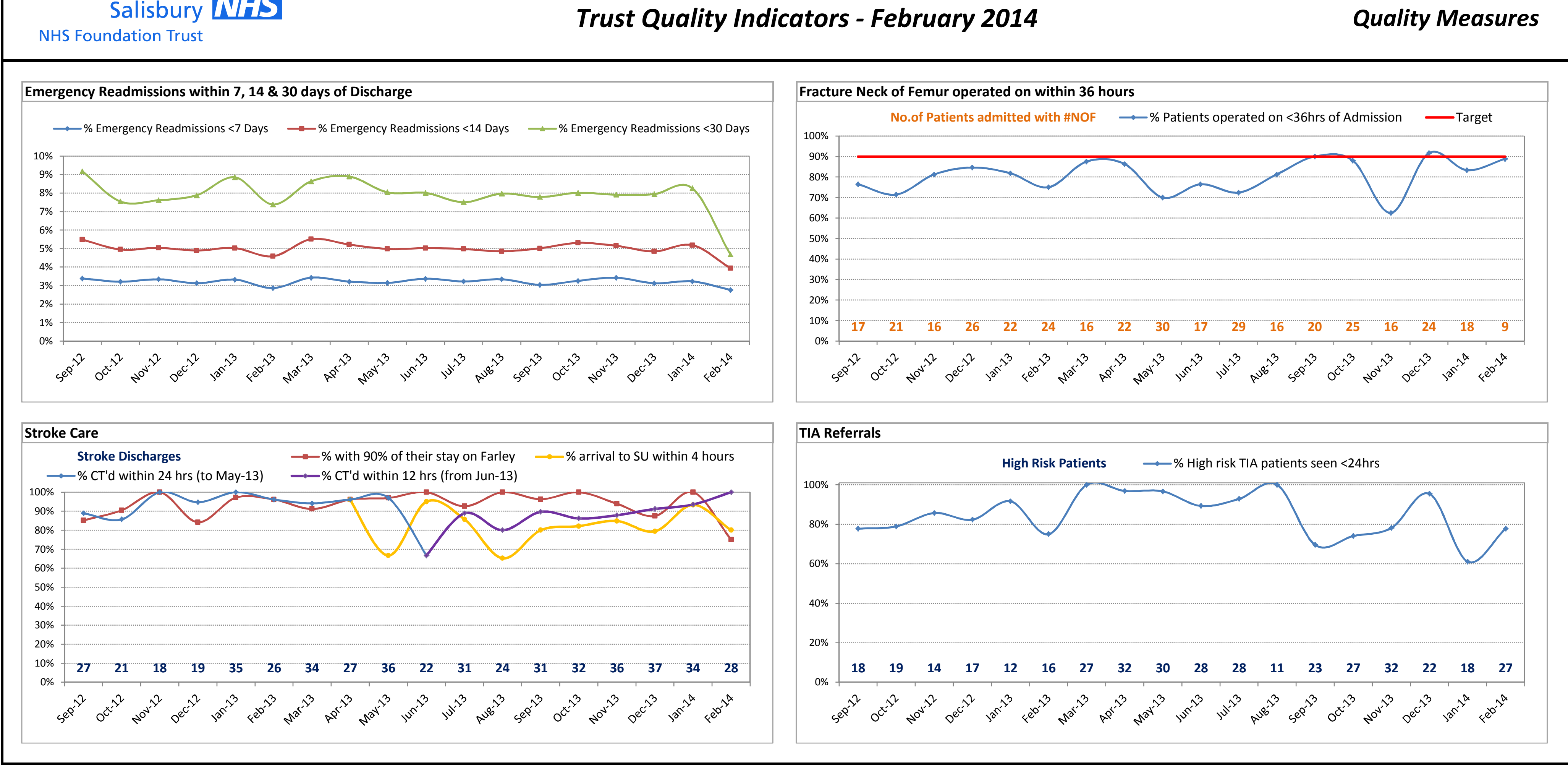
Pressure Ulcers - Total Number per Month



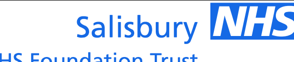
Safety Thermometer - One Day Snapshot per Month




Salisbury NHS
NHS Foundation Trust
Trust Quality Indicators - February 2014
Quality Measures
Hospital Mortalities
EL
NE Under Palliative Care
All other NE
HSMR and SHMI
Total Mortalities
SHMI
HSMR
SHMI Adjusted for Palliative Care
Target
57
80
74
69
89
89
100
78
77
69
66
68
50
74
55
73
75
62
Global Trigger Tool
Adverse events per 1000 bed days
Target
Venous Thrombous Embolism: Risk Assessment & Prophylaxis
% VTE Risk Assessment
% VTE Treatment received
VTE Target: Risk Assessment & Prophylaxis

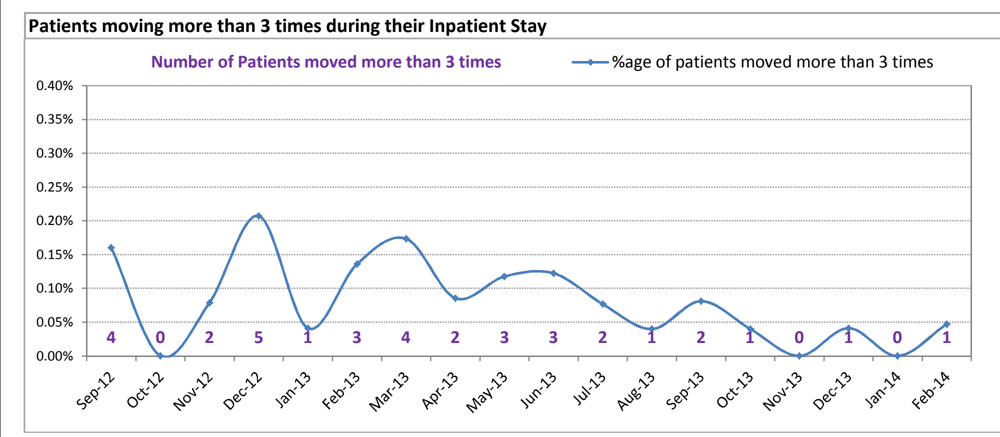


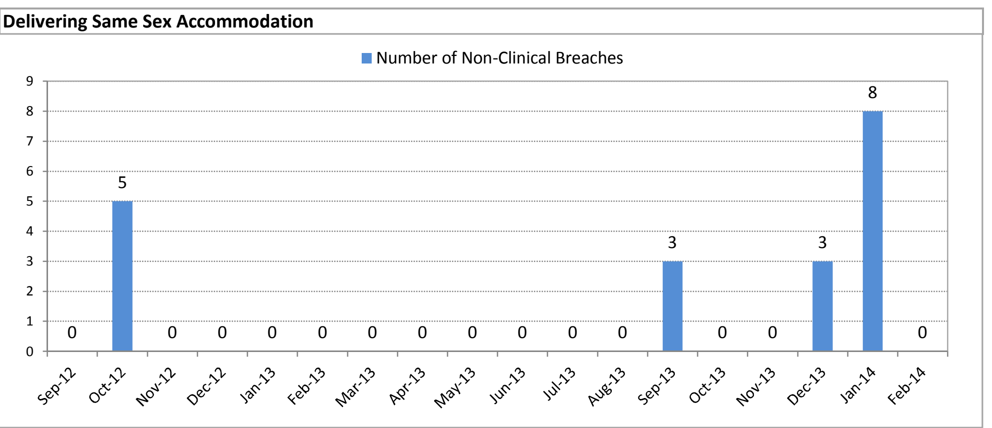
Salisbury NHS
NHS Foundation Trust
Trust Quality Indicators - February 2014
Quality Measures
Emergency Readmissions within 7, 14 & 30 days of Discharge
% Emergency Readmissions <7 Days
% Emergency Readmissions <14 Days
% Emergency Readmissions <30 Days
Fracture Neck of Femur operated on within 36 hours
No.of Patients admitted with #NOF
% Patients operated on <36hrs of Admission
Target
17 21 16 26 22 24 16 22 30 17 29 16 20 25 16 24 18 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)
27 21 18 19 35 26 34 27 36 22 31 24 31 32 36 37 34 28
TIA Referrals
High Risk Patients
% High risk TIA patients seen <24hrs
18 19 14 17 12 16 27 32 30 28 28 11 23 27 32 22 18 27
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 Jan-14 Feb-14

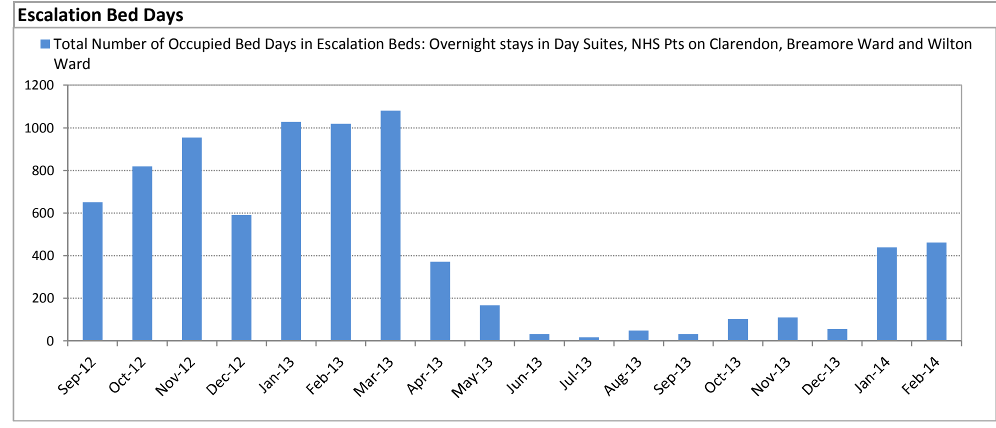


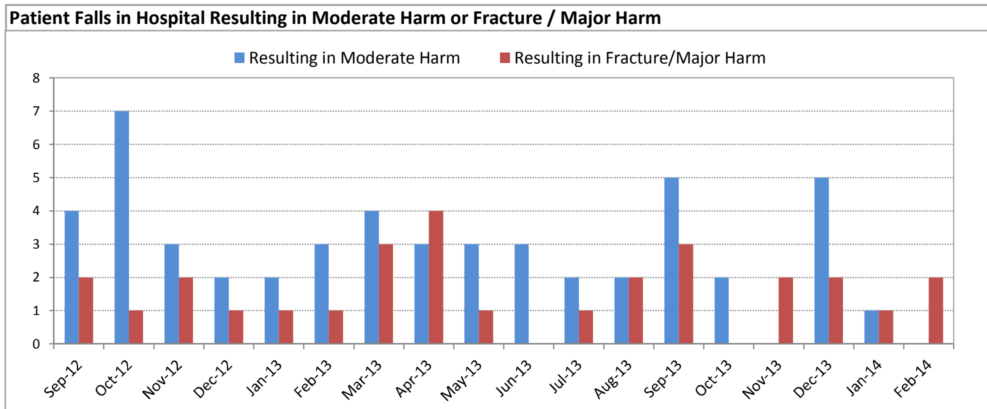
Trust Quality Indicators - February 2014

Quality Measures

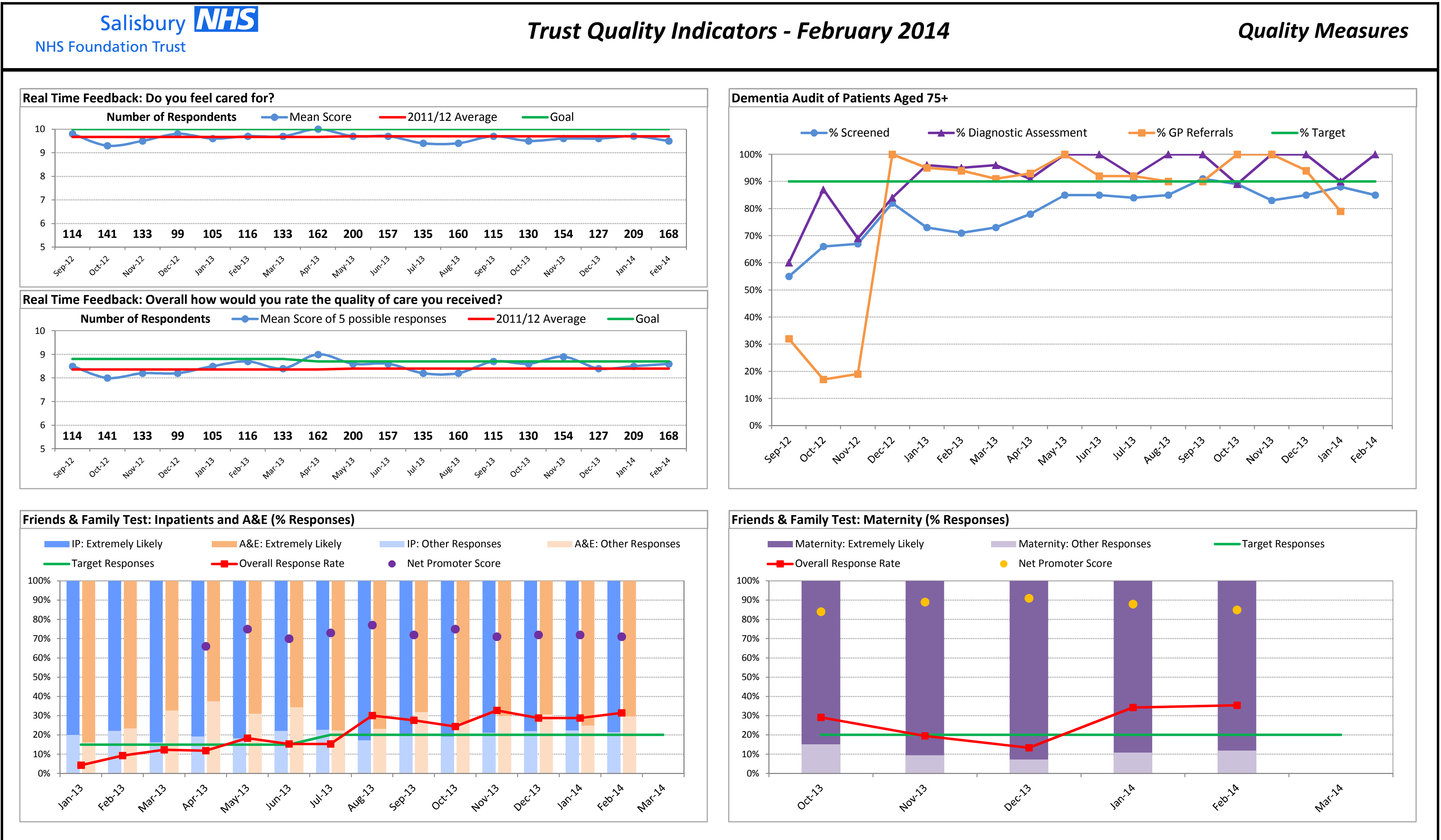








Please note, Durrington Ward (22 beds) was an escalation ward from Nov-11 to Mar-13 and has been counted within these figures for these months. The additional 10 beds above the Standard 30 beds on Winterslow Ward were escalation beds until Mar-13 and Breamore Ward has been included as an escalation ward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



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Customer Care Report - Quarter 3
1 October – 31 December 2013

PURPOSE OF PAPER:
- The purpose of the paper is to update the Board with Quarter 3 complaints data

MAIN ISSUES:
- The new format for complaints report was discussed by the Clinical Governance Committee in February. The format of this quarter's report to the Board reflects the changes requested by the committee.

ACTION REQUIRED BY THE BOARD: to note the report

74 complaints were received in quarter 3. This compares to 87 complaints in quarter 2 this year and 87 complaints for the same period in the previous year. A breakdown of numbers and themes according to Datix is below.

	Clin Supp & Family Services	Facilities	Medicine	Medical Director's Directorate	Musculo -Skeletal	Surgery	Total
Clinical Treatment	5		14		3	7	29
Attitude of staff	5	1	9	1	3	2	21
Communication	2				1	2	5
Discharge arrangements	1	1	2		1		5
Appointments			1			1	2
Confidentiality			1		1		2
Dementia			2				2
Transport		1	1				2*
End of life care	1						1
Equality and Diversity					1		1
Nursing Care			1				1
Operation					1		1
Transfer arrangements			1				1
Waiting time						1	1
Totals	14	3	32	1	11	13	**74**

* this does not include the number of complaints that have been lodged with Arriva directly

90.5% of complaints were acknowledged within three days. Delays were seen in November and December due to the unexpected illness of key team members.

The overall number of enquiries, comments, concerns and complaints response times:

0-10 working days		**10-25 working days**		**25+ working days**	
126	54.31%	45	19.40%	61	26.29%

CLINICAL SUPPORT AND FAMILY SERVICES

Actions from Quarter three:

1. Track and trace all responses from the first request after one week and then every 3 working days.
2. Offer face-to-face meeting for complex complaints where many issues are identified or when bereavement has occurred.
3. Map themes and ask for local actions
4. Devise system for tracking actions from the response.

Moving forward

- The Directorate Management Team (DMT) is committed to resolving complaints quickly and satisfactorily. Many complaints in the Directorate are complex and all members of the DMT act promptly to offer face-to-face resolution followed up with a letter. They have had success with this approach particularly when Consultants are involved. If mistakes have been made, the DMT will continue to help staff to acknowledge this and to apologise with an explanation about what will happen to prevent a recurrence.
- The DMT continue to work to improve the individual response times and keep track of complaints before the due date. It is recognised that some of the processes are reactive rather than proactive and the DMT are working hard to address this.

Themes and actions by area

Department/Ward	themes	actions
Endoscopy	Pain during procedure	• Staff reminded to listen and act promptly when patients request the procedure to stop.

MEDICINE DIRECTORATE

- Complaints have increased from 26 in Quarter 2 to 35 in Quarter 3.
- Staff attitude noted as a theme.
- ED sees large number of complaints but this is in proportion to the numbers of patients they see. The numbers of complaints are similar to other EDs.

Directorate challenges

- Locum PA is taking a greater role in the co-ordination of complaints which will improve response times.
- Delays are sometimes encountered when trying to arrange meetings with complainants due to busy diaries of staff involved.

General actions

- The Directorate is working closely with its named Complaints Facilitator to improve the management of complaints including early and local resolution.
- The Directorate is taking a more pro-active approach at preventing complaints and responding to complaints promptly by contacting the complainant and trying to resolve the issue immediately or by inviting them to a meeting.
- All reopened complaints are invited to a face-to-face meeting.
- For complaints where it is identified that learning can be shared across other clinical areas, these are discussed at the monthly Medical Directorate Nursing Leads meeting and have been taken to the Nursing, Midwifery and Allied Health Professions forum for discussion.

Themes and actions by area

Department/Ward	themes	actions
Emergency Department/ Whiteparish AMU	Waiting times	• Continue to ensure patients who are waiting are given regular updates on waiting times and possible delays whilst in the Department/Unit. • Accurate recording of time of referral to specialty teams. • Recording the time and name of the member of medical staff the receptionist speaks to when raising their concerns about patients in the waiting room
All areas	Attitude of staff	• Investigation specifically considers the individual if they have been named and they are asked for a statement • Line manager will specifically discuss any attitude

		concerns that may have been raised with the individual • All staff to complete Customer Care training
General wards	Discharge plan	• Daily whiteboard meetings held on each ward with MDT representation where discharge plans are robustly discussed • Durrington and Winterslow wards are trialling documentation of the whiteboard into the medical records • Each medical ward has a named discharge facilitator who attends the daily whiteboard meeting
ED	Missed/delayed diagnosis	• A safety net to review X-rays is in place

MUSCULOSKELETAL DIRECTORATE

- The numbers of complaints and concerns have not significantly changed in Q3 with 11 complaints and 11 concerns (Q2 12 and 10 respectively).
- Orthopaedics continues to have the highest number of complaints and concerns (6 and 4 respectively). This has not changed from Q2.

Directorate challenges

- Timeliness of responses from staff involved remains a challenge for the Directorate and will be addressed via the DMTs.

General actions

- One complaint was quickly resolved with a telephone call and one complaint was followed up with a telephone call but a letter was still requested by the patient.
- Four meetings have taken place with patients and families with one further meeting planned for April.
- Initial meetings with the Directorate Patient Experience Facilitator have taken place.
- Feedback from complaints is shared at the DMT meetings (2 complaint outcomes taken to February Orthopaedic DMT).

Themes and actions by area

Department/Ward	themes	actions
Outpatient appointments and clinics	Communication	• These are being discussed across the DMTs to identify ways of improving the patient experience.
Orthopaedic Inpatients	Discharge Communication and staff attitudes	• Clarification with patients regarding understanding of support services on discharge • Complaints issues with communication to be shared more widely with staff
Spinal	Admission to general ward for surgery	• Spinal Urology meeting regarding patient admissions. • Staff training from Spinal Staff. • Service planning regarding future admissions.
Plastics Outpatients	Long wait for minor operation	• Staff reminded of importance of timely changes to patients' personal details • Availability of medical notes for clinic letter sign off • Daily checking of up-to-date theatre list by nursing staff

SURGICAL DIRECTORATE

- Complaints were down by 31.5% and concerns were down by 50% from the previous quarter.
- Two complaints were re-opened.
- Response rate within 25 days was 64% in quarter 3.

Directorate challenges

- Scheduling a suitable meeting date with complainants within the 25 day timescale.

- Delays in establishing contact and obtaining response and complaint approval from clinicians who no longer work within the Trust. This is managed effectively within the Directorate, however response delays have necessitated timescale extensions when the response required is essential to the investigation.

General actions

- All complaints are discussed with the relevant department leads and shared at Surgical Directorate Nursing Leads meeting for highlighting key issues and improving shared learning.
- Complaints relating to outpatient experience have been passed to the Outpatient Transformation Project Lead to ensure patient views are considered as part of the project.
- Previous actions relating to quality of care and provisions on Clarendon suite have seen a 100% reduction of complaints for this area. The Trust is currently undertaking a review of Clarendon Suite which will inform any additional actions required

Themes and actions by area

No themes were identified this quarter.

TRUSTWIDE THEMES

From the chart on page 1 it can be seen that clinical treatment is the most frequently occurring trustwide theme across 26 different areas. This theme is very broad and any complaint with an aspect of clinical care will be recorded against this theme on Datix. A breakdown of the data shows no particular themes.

The second highest theme is staff attitude with 10 relating to medical staff and 8 to nursing staff. Complaints against a member of staff are dealt with by a face-to-face discussion and individual action is taken as appropriate. If several complaints are received about the same person then line manager will develop a plan with the individual through appraisal process or possible disciplinary or capability procedures. All doctors must discuss complaints in which they have been named in their annual appraisal.

A number of patients and relatives have experienced delays and cancellations with non-urgent patient transport since a new company took over the contract. Patients are directed to raise complaints directly with Arriva and a separate group is looking at ways to improve patients' experience.

PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN

In Quarter 3 there were two new requests for independent review (Medicine and Surgery) and two complaints closed with no further action.

NHS CHOICES WEBSITE

In Quarter 3 there were nine positive comments posted on the NHS Choices website relating to eight different areas. One patient said "The many staff I encountered were unfailingly attentive, and worked as a highly organised efficient team. I could not have wished for a better standard of care. The ward was clean, and even the food was excellent. Salisbury NHS Trust is (another) really good reason to live in Wiltshire".

AUTHOR: Hazel Hardyman
TITLE: Head of Customer Care
DATE: March 2014

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PAPER: SFT 3512

National Maternity Services Survey 2013 Analysis of the Care Quality Commission's Benchmark Report and Local Action Plans

PURPOSE:

To provide the Board with an analysis of the Care Quality Commission's (CQC) benchmark report on the National Maternity Survey 2013 and actions to be taken by Maternity Services.

MAIN ISSUES:

1.0 Introduction

Salisbury NHS Foundation Trust participated in the third national Maternity Services survey between March and September 2013. Previous national surveys have taken place in 2007 and 2010. Questionnaires were sent to 300 mothers who had given birth during January and February 2013. A target 60% response rate was set. The Trust achieved 62% compared with the national average of 46%.

Historical data on previous maternity surveys is available upon request.

2.0 The Benchmark Report

Each Trust was provided with three separate benchmark reports covering antenatal care, labour and birth, and postnatal care. However, only the results from the labour and birth data have been published on the Care Quality Commission's (CQC) website due to the fact that not all Trusts were able to identify whether mothers who gave birth at a particular site also received their antenatal and/or postnatal care at the same site.

3.0 Analysis of the Benchmark Report

3.1 Antenatal Care

A total of 93 Trusts participated in this section of the survey. The results were divided into two sections:-

Section 1 – The start of your care in pregnancy
Section 2 – Antenatal check-ups

SFT was on the border of 'about the same' and 'better' than most other Trusts for section 1 and was the highest scoring Trust for section 2.

For the individual questions, SFT scored 'better' than most other Trusts for five questions, one of which was the highest score of all Trusts:-

Highest score

- If you contacted a midwife, were you given the help you needed?

- Did you get enough information from either a midwife or doctor to help you decide where to have your baby?
- During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?
- During your antenatal check-ups, did the midwives listen to you?
- Thinking about your antenatal care, were you involved enough in decisions about your care?

For the remaining four questions, SFT scored 'about the same:-

- Were you offered any choice about where to have your baby?
- During your pregnancy were you given a choice about where your antenatal check-ups would take place?
- During your pregnancy, did you have a telephone number for a midwife or midwifery team that you could contact?
- Thinking about your antenatal care, were you spoken to in a way you could understand?

3.2 Labour and Birth

A total of 137 Trusts participated in this section of the survey. The results were divided into three sections:-

Section 3 – Labour and birth
Section 4 – Staff
Section 5 – Care in hospital after the birth

SFT scored 'better' than most other Trusts for sections 4 and 5, and was the highest scoring Trust for section 3.

For the individual questions, SFT scored 'better' than most other Trusts for 11 questions, three of which were the highest scoring of all Trusts:-

Highest scores

- Did you have skin to skin contact with your baby shortly after the birth?
- Did the staff treating and examining you introduce themselves?
- Did you have confidence and trust in the staff caring for you during your labour and birth?

- At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?
- During labour, could you move around and choose the most comfortable position?
- If you raised a concern during labour and birth, did you feel that it was taken seriously?
- Thinking about your care during labour and birth, were you spoken to in a way you could understand?
- Thinking about your care during labour and birth, were you treated with respect and dignity?
- Looking back, do you feel that the length of your stay in hospital after the birth was appropriate?
- After the birth of your baby, were you given the information or explanations you needed?

- After the birth of your baby, were you treated with kindness and understanding?

For the remaining six questions, SFT scored 'about the same' at most other Trusts:-

- If you had a partner or a companion with you during your labour and delivery, were they able to be involved as much as they wanted?
- Were you and/or your partner or a companion left alone by midwives or doctors at a time when it worried you?
- If you used a call button, how long did it usually take before you got the help you needed?
- Thinking about your care during labour and birth, were you involved enough in decisions about our care?
- Thinking about your stay in hospital, how clean was the hospital room or ward you were in?
- Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?

3.3 Postnatal care

A total of 86 Trusts participated in this section of the survey. The results are divided into two sections:-

Section 6 – Feeding
Section 7 – Care at home after the birth

SFT scored 'better' than most other Trusts in both sections.

For the individual questions, SFT scored 'better' than most other Trusts for seven questions, one of which were the highest score of all Trusts:-

Highest Score

- Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?

- During your pregnancy did midwifes provide relevant information about feeding your baby?
- Were your decisions about how you wanted to feed your baby respected by midwives?
- Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby?
- At home after the birth of your baby, did you have a telephone number for a midwife or midwifery team?
- If you contacted a midwife were you given the help you needed?
- Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP?

For the remaining 11 questions, SFT scored 'about the same' as most other Trusts:-

- Would you have liked to have seen a midwife (more/less often; about right)?
- Did the midwife or midwives that you saw appear to be aware of the medical history of your and your baby?
- Did you feel that the midwife or midwives that you saw always listened to you?
- Did the midwife or midwives that you saw take your personal circumstances into account when giving you advice?

- Did you have confidence and trust in the midwives you saw after going home?
- Did a midwife or health visitor ask you how you were feeling emotionally?
- Were you given enough information about your recovery after the birth?
- Did you receive help and advice from a midwife or health visitor about feeding your baby?
- Did you receive help and advice from health professionals about your baby's health and progress?
- Were you given enough information about any emotional changes you might experience after the birth?
- Were you given information or offered advice from a health professional about contraception?

4.0 Comparisons with Demographic Characteristics

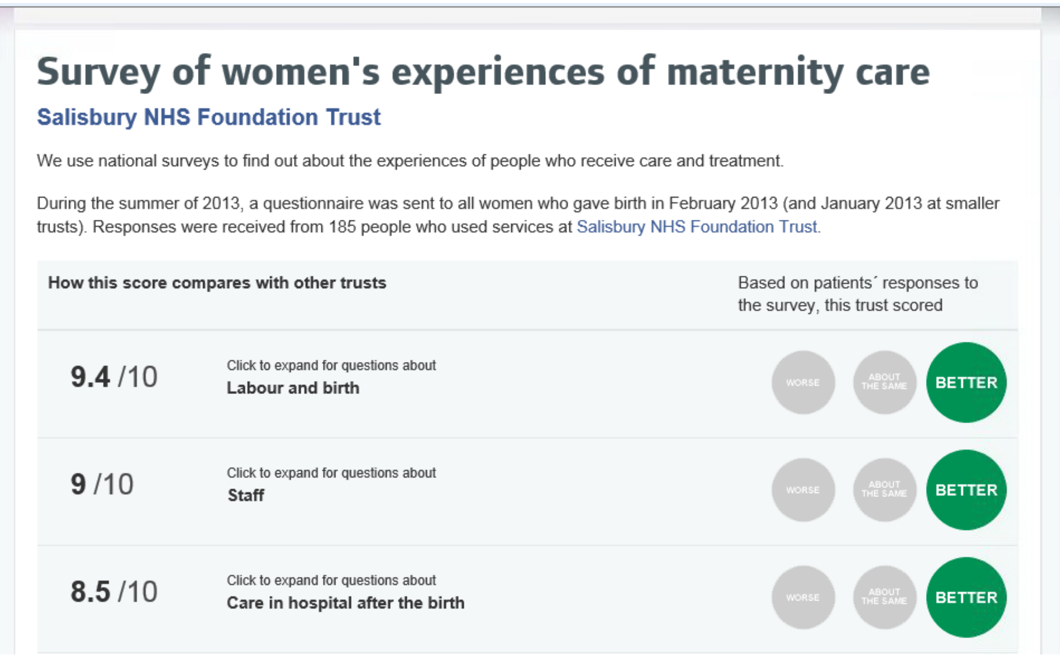
The split between first time mothers and those who had given birth previously was in line with the national average (49% / 51% compared to 48% / 52% nationally).

Age group responses were in line with the national average but slightly higher in the 25-29 year group (27% compared to 23%) and slightly lower in the 30-34 year group (29% compared to 35%).

SFT's ethnicity responses for the White group were slightly higher (90% compared to 83%) and lower for the Asian or Asian British group (3% compared to 8%). All other ethnic groups were in line with the national average.

5.0 Information Published on the CQC Website

Every NHS Trust received a score out of ten for each question in the labour and birth section of the survey which could be evaluated. The conclusions have been presented in a simple way so that it is quick and easy for the public to identify where Trusts are doing well or poorly. The survey data can be found on the CQC website by searching for a Trust from the CQC home page. Salisbury's headline results appear as follows:-



The sub-categories show 11 'better' (green) and 6 'about the same' (amber) results. There are no 'worse' (red) results.

6.0 Comparison with the 2010 Results

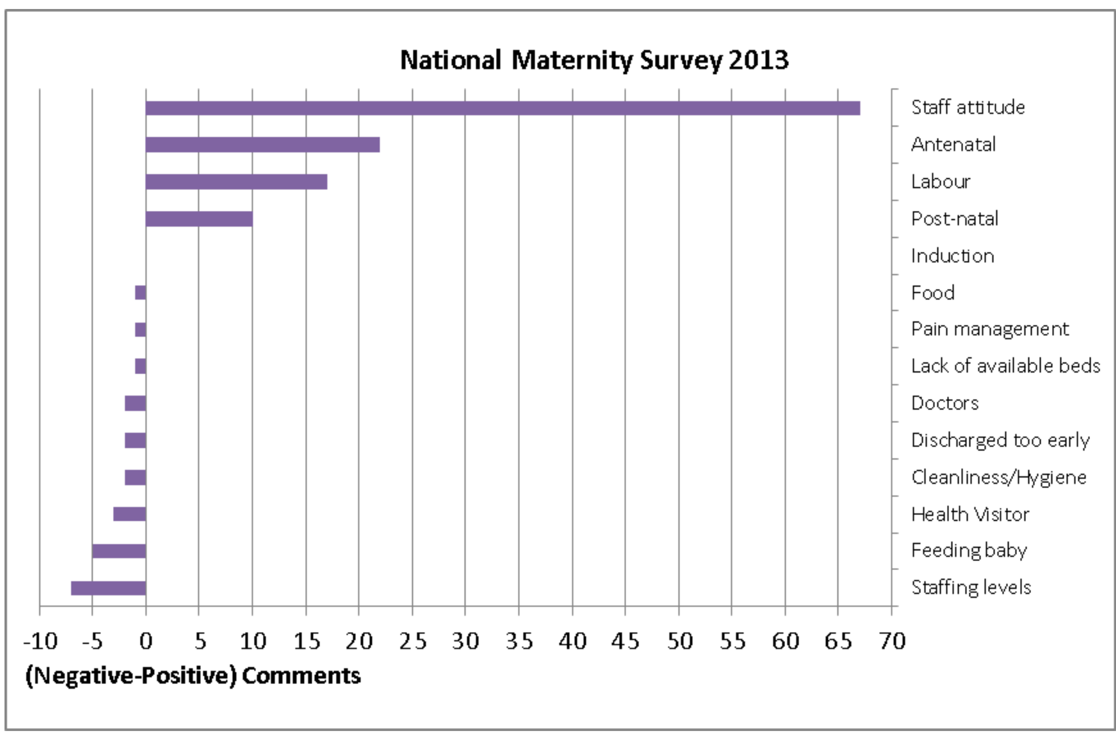
The CQC were unable to show comparative data for the antenatal section of the results because it was not possible to tell from the 2010 survey data which women received their antenatal care form the same Trust as which they gave birth. Comparative data is, however, provided for the sections covering labour and birth, and postnatal care.

There was a statistically significant improvement for SFT in mothers having confidence and trust in the staff caring for them during their labour and birth.

There were no statistically significant declines for SFT.

7.0 Local Results Analysis and the Next Steps

In addition to specific questions, mothers were given the opportunity to comment on things that went well and areas where they felt improvements could be made. A total of 91 positive and 62 negative comments were received. These have been categorised and the table below shows the balance of positive and negative comments for each category:-



The results have been considered widely across the Maternity Unit and an action plan has been developed (Appendix A).

ACTION REQUIRED BY THE BOARD:

Board members are invited to endorse this approach and note the contents of this report.

ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:

Appendix A Maternity Unit Action Plan

AUTHOR: **Fiona Hyett**

TITLE: **Deputy Director of Nursing**

APPENDIX A

Salisbury NHS
NHS Foundation Trust

National Maternity Services Survey 2013

ACTION PLAN

No	Action	By Whom	By When	Progress Update
1.	To ensure all mothers who are rooming in with their baby on NICU are provided with hospital meals.	Shirley Kinsey	31/12/13	Completed by 31/12/13 A leaflet providing information about food and facilities is available in the Kangaroo Room and parents' accommodation.
2.	To review all incidents relating to poor discharge arrangements and communication, to learn and improve.	Louise Jones	Ongoing	Complete and ongoing
3.	To do a PDSA of use of the QUIS observational tool (Patients Association) to observe staff interactions and provide immediate feedback to staff, to learn and improve.	Elaine Willman & Shirley Kinsey	31/03/14	
4.	To improve the bathrooms and toilets on the postnatal ward.	Shirley Kinsey	31/12/14	

8 January 2014

Ward Based Skill Mix Review Paper

Monday 7th April

Trust Board Meeting

Executive Summary

The government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry '*Hard Truths – The Journey to Putting Patients First*,' (DH, 2013), was published in November 2013. In its executive summary, the report highlights the importance of safe staffing and refers to the National Quality Board and the Chief Nursing Officer published guidance that sets out the current evidence on safe staffing. This guidance '*How to ensure the right people, with the rights skills, and in the right place at the right time,*' clarifies the expectations on all NHS bodies to ensure that every ward and every shift have the right number of staff on duty to ensure that patients receive safe care.

By the summer of 2014, the National Institute of Care and Excellence (NICE), will produce independent and authoritative evidence based guidance on safe staffing, and will review and endorse associated tools for setting safe staffing levels in acute settings.

From April 2014, and by June 2014 at the latest, the Trust is required to publish ward level information on staffing requirements and if these are being achieved on a ward by ward and shift by shift basis. Actual versus planned nursing and midwifery staffing will need to be published every month.

The Board is also required to undertake a detailed review of staffing using evidence based tools. The review must take place before June 2014 clearly stating the evidence used to reach conclusions. A second review is required to be undertaken by December 2014 using NICE accredited tools. From then on the Trust will be expected to review staffing every six months to allow for the collection of several data points to inform appropriate staffing going forwards.

The ward based skill mix review for 2013/14 has been completed with the following principles:

- There should be a supervisory Band 7 on every ward as detailed in the Francis recommendations
- Skill mix should be between 60:40 and 70:30 and support the principle of a ratio of 1RN to 8 patients as outlined in the RCN Guidance
- There should be sufficient Band 7 and 6's within a ward to provide cover across 7 days
- There should be an uplift of headroom from 19% to 22% into ward budgets

The Board is asked to consider the findings of the review and consider the recommendations for investment.

Fiona Hyett, Interim Director of Nursing

Ward Based Skill Mix Review

Trust Board February 2014

Background

The government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry '*Hard Truths – The Journey to Putting Patients First*,' (DH, 2013), was published in November 2013. In its executive summary, the report highlights the importance of safe staffing and refers to the National Quality Board and the Chief Nursing Officer published guidance that sets out the current evidence on safe staffing. This guidance '*How to ensure the right people, with the rights skills, and in the right place at the right time,*' clarifies the expectations on all NHS bodies to ensure that every ward and every shift have the right number of staff on duty to ensure that patients receive safe care.

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Previous Skill Mix Review 2012/13

In February 2012 a skill mix review paper was presented to the Trust Board which explained that in the autumn of 2011 the Trust had taken part in the Audit Commission's Nurse Staffing Benchmarking exercise. 18 organisations were benchmarked in total and of these, 14 of the Trusts were reported to have more nursing staff per bed than the Trust. Headroom (for annual leave, sickness, study leave) ranged between 19% & 23.8%, with SFT being the lowest with 19% and the average being 22%. 14 Trusts had a higher ratio of Registered Nurses to Unregistered Nurses, and the Trust was reported as having the weakest skill mix of all the organisations included.

Another finding from the benchmarking audit illustrated that a significant majority of nursing staff had worked for the Trust for many years resulting in it being highest cost for band 5 nurses for all 18 organisations. It was acknowledged that this compounded on funding requirements across the wards as posts are currently costed at mid pay-point, and a significant number of staff exceed this at the top end of the pay scale.

The McKinsey's report presented to the Trust Board in September 2011, also demonstrated that the Trust has a lower allocated nursing hours/bed day and a lower ratio of qualified staff when compared to the peer median for the benchmarking exercise.

Following publication of the benchmark data in November 2011 the Director of Nursing and Directorate Senior Nurses (DSNs) utilised the RCN Guidance for conducting a skill mix review and triangulated the information obtained with professional judgement, benchmarking data and comparisons with another organisation outside of the Benchmark group (Portsmouth Hospital). Portsmouth Hospital was chosen as the interim Chief Operating Officer at that time had recommended that an external consultant had informed Portsmouth's skill mix review.

At the same time, all ward budgets were reviewed which showed inconsistencies in their baseline from ward to ward. The calculations of the 19% headroom were difficult to interpret, and the allocation of resources had continued to be displayed in a historic fashion (e.g. allocation of budgets demonstrated an allowance for 2.0 WTE band 6 posts, when in fact there was only 1.0 WTE band 6 in post for several years or vice versa). Some budgets had posts assigned into the costings that were not directly linked to the clinical requirements of the ward such as nurse practitioners who did not contribute to the clinical establishment of the ward. The budgets did not demonstrate vacant funded posts and it was difficult to ascertain how or if any backfill costs for maternity leave had been allocated back into the budget.

To deliver safe care, the skill mix review identified that there was no scope for a reduction in the nursing inpatient resource. Some areas needed an increase in their staffing levels and this was supported primarily by resource reallocation. An investment of £200k was approved to address a deficit in the baseline budget and also to support the introduction of the supervisory role for ward sisters.

It was agreed that an annual skill mix review would be undertaken with the ward sisters and DSNs and recommendations presented to the Board. This review process would be supported by the introduction of the Safer Care tool which assesses levels of acuity and dependency in wards. However this was not possible because the tool was not supported due to the closure of the NHS Institute for Innovation and Improvement. The tool was then part of the review leading to the published guidance by the National Quality Board and the Chief Nursing Officer.

It was also agreed that headroom needed to be further explored and that this could have been achieved through the utilisation of Rosterpro and Matrons Dashboard. After many attempts at using Matrons Dashboard to monitor headroom together with a number of other system problems with Rosterpro it became evident that a different e-rostering system was required to achieved this. A business case was therefore developed and agreement reached that Allocate would be a better rostering system to effectively monitor rota efficiency and headroom. Allocate also has the added benefit of its own acuity tool which will enable future skill mix reviews to include acuity and dependency information with less burdensome data entry.

Current Skill Mix Review 2013/14

The Director of Nursing commissioned this year's ward based skill mix review following on from the recommendation in the 2012/13 review that the Trust would undertake an annual skill mix review with Ward Sisters and DSN's and present the findings to the Board.

The CQC Inspection of the Trust in February 2013 raised minor concerns in relation staffing levels "at the time of our visit we found the trust had relatively high levels of vacancies for nursing staff filled by the use of agency and bank staff. Evidence we gathered told us staff were under pressure to provide prompt quality and safe care to patients at all times. On some wards this was because there were not always enough staff to meet the needs of patients with high needs". The CQC also commented about the lack of information the Trust

Board was receiving on nursing vacancies. The HR Director as part of the Performance report has been regularly informing the Board of nursing vacancies for this financial year and during June and August the RN vacancy rate was 13%, with Unregistered (UR) at 15%, in October RN rate had reduced to 7% and UR to 10%, in November the RN rate had further reduced to 4% but UR had increased to 14%. It is important to continue with active recruitment efforts to ensure that vacancies do not further dilute the skill mix available in wards areas

Methodology

There are currently no nationally agreed standards or guidelines for the number of nurses required to deliver safe care, to meet fundamental care needs, prevent complications, avoid unnecessary deaths and to deliver care to a recognised level of quality (except in specialist areas such as Critical care). However, work undertaken by the RCN and supported by the Safe Staffing Alliance has demonstrated a ratio of 1 registered nurse to 8 patients to be shown through evidence to support safer patient care – RN4CAST study showed that hospitals who had an average ratio worse than 1:8 would expect to see around 2% more deaths among surgical patients and 1% amongst medical patients when compared to the 20% best staffed hospitals.

NICE has subsequently awarded the contract to conduct a literature review of the research on nursing ratios to Southampton University, which will be led by Professor Peter Griffiths and Jane Ball. The recommendations from their review will be taken to the newly formed Staffing Levels Advisory Committee, which will consider the evidence alongside economic models.

19 wards were included in the review.

Specialist areas such as Intensive Care Unit, Emergency Department are subject to different models of staff and have therefore been excluded from this review. Stroke and paediatrics are subject to different staffing models but have been included.

The Deputy Director of Nursing utilised the RCN Guidance for conducting a skill mix. The guidance does not set targets for nurse staffing but does set out the essential elements for planning and reviewing nurse staffing and a comparison against the ratios identified above were used.

The review was undertaken using a defined approach to ensure consistency for comparison and which included a range of information; budgeted establishment, vacancies, skill mix, ward support roles, comparisons to RCN guidance, nurse sensitive indicators and HR indicators.

Professional judgement was used through a structured meeting between each Ward Sister, DSN and Deputy Director of Nursing which enabled a discussion of professional judgements on staffing requirements, deployment of staff, factors impacting on staffing levels, safety and quality indicators through the nurse quality dashboards.

When considering the staffing levels the following principles were applied:

- There should be a supervisory Band 7 on every ward as detailed in the Francis recommendations.
- Skill mix should be between 60:40 and 70:30 as outlined in the RCN Guidance.
- There should be sufficient Band 7 and 6's within a ward to provide cover across 7 days.
- There should be an uplift of 22% into ward budgets to allow for annual leave, sickness, absence and other training and development leave (the RCN recommends 25% and recent comparisons with other organisations indicates an average of 22%).

The review also draws observations from the quality of care provided over the last year using quality measures of: MRSA bacteraemia, reportable Clostridium difficile cases, hospital acquired pressure ulcers, falls and drug errors.

Benchmarking against other organisations has not been possible this year as the Audit Commission have ceased to provide this and whilst a new company has set up this service to date there has been insufficient hospitals included to provide analysis.

Findings

The overall assessment is that the majority of the wards have satisfactory staffing levels when the hospital is running efficiently and bed capacity is matched to demand. However there are several areas where concerns were highlighted which included supervisory roles for ward sisters, inadequate headroom to meet ward requirements (this has recently been identified when Allocate undertook a benefits realisation assessment ahead of purchasing of the system) and failure in some areas to meet the safer care benchmark of 1RN to 8 patients particularly on late shifts, often resulting in the need for additional specials. Investment into these areas would demonstrate improved outcomes for patients and provide support to staff.

Ward sisters highlighted the importance of their supervisory role, in line with the Francis recommendations, in providing clinical leadership and ensuring high quality care. However, the maximum allocation within the budgeted establishments (with the exception of Sarum) is currently 0.4wte of their time which is generally taken up with managing recruitment, rostering and staffing issues alongside other administrative tasks and not focused on the supervisory element of the role. Expectation 6 of "*How to ensure the right people with the right skills, are in the right place at the right time"* describes the importance of having sufficient time to provide supervision and mentorship. It also describes the requirement for ward establishments to enable ward sisters to assume supervisory status and that the benefits are reviewed and monitored locally.

Work has been undertaken at a national level to describe the benefits of supervisory status for ward sisters and have been outlined as:

- Being visible and accessible in the clinical area to the clinical team, patients and service users, by for example, being available to visitors, enabling team members to ask questions, participating in ward rounds alongside the medical teams and working on complex discharges with the multidisciplinary team.
- Being enabled to work alongside the team in different ways, for example, by supporting junior colleagues, facilitating learning in and from practice at the same time as working alongside, or undertaking a review when a serious untoward incident or complaint has occurred.
- Being enabled to monitor and evaluate the standards of care provided by the clinical team, for example, by enabling reflective review at handover, bringing staff together to review clinical and workforce data and participating in ward-based nursing audits to improve care.
- Being enabled to provide regular feedback to the clinical team on the standards of nursing care provided to, and experienced by, patients and service users, for example by giving feedback at the end of each interaction with staff members during a shift and by analysing and using patient feedback/surveys as drivers of change.
- Creating a culture for learning and development that will sustain person-centred, safe and effective care, for example, through ensuring there are systems in place to ensure evaluation of practice, clinical supervision and shared decision making, as well as a focus on patterns of behaviour and the provision of high challenge and high support.

The ward sister/charge nurse role is pivotal and can be seen as a crucial bridge between what researchers identify as the 'front stage' (patient interface) and the 'back stage' (continuity at organisational systems level).
Investment into the supervisory ward sister role can be seen to have clear benefits and within the organisation would support delivery of several of the transformational programmes such as patient flow, reduction of agency spend and facilities transformation project.

The majority of wards only have 1 Band 7 and 1 Band 6 therefore are unable to provide senior cover at weekends. This results in junior staff being in charge of wards at a vulnerable time when there is less support to the ward areas. An initial pilot in the medicine directorate of band 7 ward sisters covering the weekend has already demonstrated benefits on staff allocation, reduction of agency requests and ward staff feeling better supported.

Late shifts demonstrated difficulty in meeting the guidance of safe staffing ratios of 1RN to 8 patients in several areas. Investment into ensuring these ratios are better met would lead to improved patient outcomes.

The purchase of the Allocate electronic rostering system will enable a better understanding of nursing hours per bed through the acuity and dependency element of the system which provides detailed analysis.
Since the skill mix review was undertaken in September additional concerns have been raised with regard to the staffing levels on a medical ward due to the high acuity of the patients and their staffing on the night shift as well as the late needs to be considered. It is recognised that the on-going work to increase bed capacity on Radnor ward would require review of the ward skill mix in the future.

Across all wards headroom has been set at 19% which does not enable the wards to meet the requirements of staff. Information obtained from other Trusts showed the range to be from 21-26%. Expectation 6 describes how nurses and care staff need to have sufficient time to fulfil responsibilities that are additional to their direct nursing care duties. Staffing establishments need to be set to enable staff to meet their continuous professional development fulfil mentorship and supervision. It also describes how providers of NHS services need to make realistic estimations of likely planned and unplanned leave and that this is factored into establishments.

At the end of month 11 spend on specials equated to approximately £950k. Analysis of the reasons for specials shows the main reasons to be supporting high care patients in general ward areas (this has also been recognised within the ITU expansion business case), an increase in confused and wandering patients and also in those patients at high risk of falls resulting in major harm. This is compounded in areas where the skill mix is dilute particularly on late shifts and overnight.

In some areas the costs can be seen to be high when a patient requires a 1:1 RN across 24hours, this cost can range from £13k if all shifts are filled by bank to £19k if using low cost agency for a month. It has been possible to track individual patients to spends on specials in particular settings. For example, one patient was requiring 1:1 RN 24 hour cover whilst on Sarum ward during June, July and August when the patient was transferred. On readmission that patient has transitioned into adult care and the cost of the resulting requirement for 1:1 RN cover can be seen in the Pitton spend on specials during September and October. An increase in spend on Farley during September can also be directly related to two patients requiring 1:1 care.

Attempts were made last year to establish a pool for Registered nurses – this was unsuccessful due to the inability to recruit registered nurses to the pool, however there could

be consideration to exploring whether such an approach could be used for Unregistered Nurses specifically to use for specials.

Through the reducing agency project a work stream has been established focusing on reducing the number of specials, including the introduction of a tool to assist staff in establishing the requirements, and this is demonstrating an impact in terms of a reduction in spend. It is very likely that some of the recommendations within the paper would have an impact on the number of specials being used but further analysis is needed to quantify this.

Consideration should also be given to fully staffing Clarendon Suite (Private Patients Unit) under the management of Downton ward. This would reduce the reliance on agency staff to open the Suite and when closed provide Trust staff who could fill gaps/specials on other wards.

Recommendations

As a result of the skill mix review the following priorities have been identified which the Board is asked to agree in principle. It is anticipated that the £800k investment that has initially been identified for nursing whilst not fully meeting the requirements will make a significant contribution to meeting these recommendations:

- Provide additional staff into ward areas that are not meeting the requirement for 1RN to 8 patients.

- Support the implementation of full-time band 7 supervisory ward sisters in all ward areas.

- Support the concept of minimum of 2 band 6's per ward to enable a move to senior cover 7 days per week– this could be achieved at minimal cost by amending the banding of band 5 to 6 within the ward.

- Review the options for supporting the requirement for specials including the potential for a pool of nursing assistants, this work is being undertaken via the agency review group and the costs are to be further understood.

- Establish headroom to more realistic level of a minimum of 22%. The Trust introduced a new electronic rostering system in January which is due to be rolled out across all ward areas by the end of March. The system will enable a full analysis of the headroom requirement per ward, thus it is recommended that this is reviewed in 6months time and true costs identified.

- Work towards publishing planned and actual staffing numbers on a monthly basis including presenting these to Board – it is anticipated that this will be able to be achieved through the Allocate rostering system.

- Key performance indicators will be used to provide the Board with assurance that investing in the workforce in a sustainable way results in improved clinical outcomes for patients and an improved experience for patients and staff. The release of overall efficiencies will also be demonstrated though measurable outcomes.

The Trust will be required to review the ward skill mix every 6 months so all investment will be subject to constant review allowing for adjustments to be made.

MINUTES FROM THE FINANCE COMMITTEE MEETING HELD ON 24 FEBRUARY 2014

PURPOSE

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

MAIN ISSUES

The committee met with representatives of Salisbury Trading Ltd and will continue this to monitor the company's performance on the Board's behalf.

Concern continued to be expressed about the sustainability of running costs into 2014/15.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

The approved minutes from the meeting held on 24 February 2014

ACTION REQUIRED BY THE BOARD

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

Nick Marsden
Chairman

SALISBURY NHS FOUNDATION TRUST

Minutes of the Finance Committee
Held on 24 February 2014

Present:	Dr N Marsden	Chairman
	Mr I Downie	Non-Executive Director
	Mr A Freemantle	Non-Executive Director
	Mr P Hill	Chief Executive
	Mr M Cassells	Director of Finance and Procurement
	Ms K Hannam	Chief Operating Officer
Apologies:	Dr L Brown	Non-Executive Director
In Attendance:	Mrs C Gorzanski for item '3'	Head of Clinical Effectiveness
	Ms T Nutter for item '3'	Director of Nursing
	Mr D Seabrooke	Head of Corporate Governance
	Mr R Burrows for item '5'	Chairman, Salisbury Trading Limited
	Mr D Taylor for item '5'	Financial Consultant

1. MINUTES

The minutes of the meeting held on 20 January 2014 were agreed as a correct record.

2. MATTERS ARISING

Market Intelligence Report
The Chairman requested an action plan to recover the position on Trauma and Orthopaedic referrals to the hospital.

Delayed Transfers of Care
Current position: 23.

It was noted that the ten Winter Pressure Beds purchased by the CCG were now open. The County Council was conducting a system review of its elderly care management processes. This may be considered in due course by the Health and Wellbeing Board. There was also concern about the consistent application of the definition of a Delayed Transfer of Care.

It was noted that a new Head of Patient Flow had now been appointed starting in March and this post would manage the Trust's Discharge Team.

3. PROGRESS WITH CQUIN OBJECTIVES

The Committee received the monthly report on CQUIN objectives.

On the High Impact Innovation Gateway measures Intra-operative fluid management was flagged as amber but it was believed that the Trust could pass through the gateway by year end.

On the Safety Thermometer the reduction in pressure ulcers by 10% was

based on a very small number of patients. On Dementia Screening the target was 90% and the Trust was achieving in the mid 80's percentage at present.

For 2014/15 the Trust was moving towards an agreement with Wiltshire and Dorset CCGs for three local CQUINs in addition to the three national CQUINs. At present the Trust was discussing with West Hampshire CCG the possibility of a separate set of CQUINs. Initial discussions with Specialist Commissioners regarding CQUINs for 2014/15 were taking place.

The Committee noted the month 10 progress and the update on CQUIN for 2014/15.

4. PERFORMANCE TO 31 JANUARY 2014

The Committee received the report of the Director of Finance.

It was noted that the Trust was now in line with plan, the continuity of service rating under the Risk Assurance Framework was 4 and the self assessed Financial Risk Rating was a sound 3. Discussion was under way with Wiltshire CCG on contract over-performance and similarly with Specialist Commissioners.

Discussions were under way with Dorset CCG and Wiltshire CCG on 2014/15 contracts.

The Trust had requested from the NHSLA a reduction in the proposed increase in the CNST premium of £980k.

MC was concerned about the Directorate overspending position. The following principal points were made:

- The 7 April Trust Board would be considering a report on the nursing skill mix.
- Costs of specialing did not seem to be reducing.
- There were less inpatients in 2013/14 than in the preceding year yet costs were greater.
- Wards were staffing up to headroom limit of 119% which left no flexibility for sickness.
- The Trust could not afford this level of spend in 2014/15.

There was also concern about progress with Cost Improvement Programmes and the delivery of £9 million of savings. The Committee requested a high level paper to provide a better understanding of the relationships between the Trust's income, excess activity and increased nursing costs.

MC

The Committee noted the Finance report for month 10.

5. SALISBURY TRADING LIMITED

The Chairman welcomed Ron Burrows, Chairman of Salisbury Trading Ltd (STL), to the meeting. It was noted that Kevin Newton the Managing

Director of STL was on leave.

The Committee discussed the following with Salisbury Trading:

- The current position with the Staff Side challenge on the STL terms and conditions for staff.
- The re-tendering of the contract with Southampton and other future tendering opportunities.
- Relations with customers were positive and the quality of the Laundry's output was high.

It was agreed that STL be invited to the June meeting to discuss further progress. DS

6. DATE OF NEXT MEETING

Monday 24 March 2014 at 9.30 am in the Boardroom.

SALISBURY NHS FOUNDATION TRUST

TRUST BOARD

PERFORMANCE TO 28 FEBRUARY 2014

1. EXECUTIVE SUMMARY

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

Key indicators of performance for the period to 28 February 2014 are summarised below and detailed in Appendix 1.

	FT Plan to 28.02.14	Actual To 28.02.14	% of Plan to 28.02.14
EBITDA £m	14.228	15.456	108
I & E Surplus £m*	1.923	2.243	
Total spells	51,609	54,202	105
Outpatient attendances	219,891	228,940	104
A&E Attendances	39,444	39,377	100
RAF Rating	4	4	

*Including donated assets treated as income under new rules

I & E Summary £m	FT Plan to 28.02.14	Actual to 28.02.14
I & E Surplus - Trust	1.123	1.962
I & E Surplus – Net Donated income	0.800	0.281
Total I & E Surplus	**1.923**	**2.243**

The financial position of the Trust continued to improve during February with outturn income agreed with Dorset and Wiltshire CCGs enabling clarity regarding challenge provisions.

Operating income is £176.9m which is above the FT plan of £168.1m. Operating expenditure within EBITDA amounted to £161.5m against a plan of £153.9m.

EBITDA is £15.456m which is above plan of £14.228m (Appendix 2). Under the Risk Assessment Framework, which came into force on 1 October 2013, the Trust's rating is 4.

On 1 October 2013 Salisbury Trading Limited commenced trading. Income and expenditure relating to the laundry operations have been excluded from the Trust's performance from that date. The company's assets and liabilities are not included in the Statement of Position at 28 February 2014. It is not considered that the consolidation of STL in the accounts at the year end will have any material impact.

Net current assets amounted to £13.9m against a plan of £8.8m, but with a cash balance of £13.8m against a plan of £16.7m.

NHS Wiltshire has agreed a final year end position with over-performance of £2.4m based on the annual contract value of £85.8m. Dorset CCG is overperforming against the contract by circa £0.68m. The contract with West Hampshire CCG is underperforming by £0.26m at the end of February 2014. Other CCGs within Hampshire are also underperforming and the combined position for all Hampshire CCGs is £0.43m below contract. This needs more work to understand if market share is changing from this area.

The contract with Specialist Commissioners is over-performing by £1.1m at the end of February, which is slightly down on the January position. The Military Commissioner is above the agreed base contract by £0.44m, which is a further rise on the January position.

2. SALES

Elective inpatients activity fell in February and the monthly figure was the third lowest level for 2013-14.The year to date position remains in line with plan and is marginally down on the same period last year. In contrast, planned same day cases activity remains significantly above plan. Although the February activity level was one of the lower months in 2013-14, it exceeded both the planned figure and that experienced in the same month last year. As a result, elective activity levels overall continued the trend of moving significantly above the same period in 2012-13 and the plan for the current year.

Non-elective activity levels in February were the lowest for 2013-14, resulting in a slight worsening of the adverse variance with the plan for the year to date. It is likely that the mild winter has reduced some of the non-elective activity.

Outpatient activity in the period to 28 February 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 six months continued and February figures were the lowest for the year to date and activity is now below plan for the year.

Neonatal care and critical care activity reduced in February and both are below the levels experienced in the first eleven months of 2012-13. Burns activity remains above the same period last year with activity for the year to date of 1,899 occupied bed days (2012-13 ytd 1,754 OBDs). The number of births in the year to date at 2,190 remains below the number experienced in the same period to date last year of 2,281. The number of Spinal bed days increased in the month to 12,635 OBDs compared with the 2012-13 level of 12,203 OBDs at this stage of the year.

Performance v 2012/13 and 2013/14 plans	Actual M11 2012/13	Actual M11 2013/14	FT plan M11 2013/14	*Comm plan M11 2013/14	FT plan Variance M11 2013/14	*Comm plan Variance M11 2013/14
Elective: Inpatients	5,870	5,811	5,792	5,853	19	-42
Elective: Daycases	22,953	25,490	22,718	22,986	2,772	2,504
Non-elective spells	23,354	22,901	23,099	23,281	-198	-380
Outpatient: Initial attendances	60,472	62,063	60,695	60,695	1,368	1,368
Outpatient: Follow-up attendances	128,931	125,805	127,272	127,272	-1,467	-1,467
Outpatient procedures	31,836	41,072	31,925	31,925	9,147	9,147
Total Outpatient	221,239	228,940	218,891	218,891	9,049	9,049
A&E Attendances	39,270	39,377	39,444	39,444	-67	-67

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

3. COST OF SALES INCLUDING INDIRECT COSTS

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

The total for all Directorates is an overspend position of £2,915k. The position is summarised below:

Directorate	Net Budget to 28.02.14 £000	Net Expend to 28.02.14 £000	Variance to 28.02.14 £000
			[+ over/- under]
Medicine	34,427	35,409	982
Musculo Skeletal	26,226	26,696	470
Surgery	30,385	31,317	932
Clinical Support & Family	29,844	30,361	517
Facilities	4,343	4,479	136
Sub-Total	**125,225**	**128,262**	**3,037**
Other Directorates	21,299	21,177	-122
TOTAL	**146,524**	**149,439**	**2,915**

A significant part of the overspend is due to unrealised savings against plan of £1,682k, and is also affected by agency expenditure. The level of this expenditure remained high in February at £288k but was less than recent months (£387k in January, £337k in December, £359k in November and £390k in October).

After 11 months of the financial year nursing and healthcare assistants budgets are overspent by £1,079k. In addition 'specialing' has cost us £944k against a reserve of £200k, an increase in the month of £64k. Accordingly nursing and healthcare assistants budgets are overspent by £1,823k, an increase in month of £234k. This is after funding excess maternity leave of £231k. It is also after funding significant increases in capacity compared with 2012-13 totalling roughly £1.2m. After 11 months of the financial year we have spent £39,576k on nurses and healthcare assistants compared with £36,560k at the same time last year, an increase of £3,016k. This level of spend is despite treating less in-patients than in the previous year. The overseas recruitment has reduced the use of qualified nurse agency during the last two months but all agency needs to reduce much further, including agency doctors. Action is currently taking place to address this issue through the Transformation work streams.

After 11 months of the financial year, Medical budgets across the Trust, are overspent by £229k. During the first 11 months of this year, £453k has been spent on agency consultants and a further £1,066k has been spent on all other grades (excluding consultants). The main areas currently using agency consultants are Acute Medicine and Oncology and those using agency to cover training posts are Burns & Plastics, Orthopaedics, Acute Medicine and Emergency Department.

4. STATEMENT OF FINANCIAL POSITION (BALANCE SHEET)

The Statement of Position is included at Appendix E.

The Trust's cash position at 28 February was £13.8m. Interest earned was £63k.

On 1st October the Trust's subsidiary company, Salisbury Trading Limited, commenced trading. The Trust transferred plant and equipment and trading stock used in the operation of the laundry to the company on that date. The consideration for these assets was a loan of £2.122m, which has been included in Non-Current Assets on the Trust's Statement of Financial Position.

The Trust's cash position is lower than planned as the Trust has raised invoices for overactivity and year end settlements but these were outstanding at 28 February. Collection of non-contracted activity invoices is also proving to be challenging due to the number of CCGs which now have to be invoiced, many of which need to be chased for payment. Funds have also been loaned to Salisbury Trading Limited to purchase new laundry equipment and to meet initial working capital requirements.

The Capital Programme expenditure for the period to 28 February 2014 was £6.7m (Appendix 3). The total programme for the year currently stands at £10.4m following slippage of some schemes into 2014-15. Considerable expenditure is expected to be incurred in the final month of the year.

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 £6,137k against a target at 28 February of £7,819k i.e. 78%. Of the savings achieved to date, 49% is recurring which is slightly lower than the level at Month 10.

The savings deficit has been offset by extra income in 2013-14 but this cannot be relied upon in the future.

In 2014-15 it will be necessary to achieve a further £9m in savings and this is becoming a very serious issue. The work done to target savings through 11 workstreams and overseen by the PMO is not yet showing enough savings. This in turn causes uncertainty about the additional amounts to be driven out by Directorates. The position will also be made worse by the amount of savings in 2013-14 which are non-recurrent although it is intended to mitigate the need to carry forward these savings by assuming the level of additional activity income experienced in 2013-14 will continue in the new year.

6. RISKS

The Trust's key financial risks for 2014-15 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 in order to avoid losing work to local competitors
- Deliver the CIP target – this is probably the greatest financial challenge
- 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.
- Increases in non-emergency readmissions.

7. CONTRACT DISCUSSIONS FOR 2014/15 AND OTHER ISSUES

7.1 Contracts: Discussions have been taking place with our main commissioners and in the main financial envelopes are agreed. However there is a long way to go before contract documentation is likely to be in a form that it can be signed with any of the commissioners. We do have Heads of Agreement in place with Dorset CCG and West Hampshire CCG.

7.2 CNST: A revised increase has been agreed with the NHSLA, which although significant is less than originally notified.

7.3 Oracle Licences: The NHS currently has a 10 year Enterprise Agreement in place with Oracle which is due to expire in June 2014. This agreement covers the use of Oracle databases. No national agreement has been re-negotiated from July 2014 and these costs are being passed to individual Trusts. Indicative licence costs are in excess of £100,000 with

additional annual fees of 22% of these licence costs. National negotiations are ongoing but no agreement has been reached to date.

7.4 VAT: In the last month HMRC has announced changes to the VAT rules relating to NHS Organisations, which become effective from 1 April 2014. These will have a significant impact on the Trust by reducing the amount of VAT recoverable. There are a number of areas of serious concern where VAT is currently reclaimed but may not be next year. These areas relate to Managed Service Contracts for Treatment and Diagnostics, Maintenance Agreements, PFI and Capital Projects. Clarification is being sought on the interpretation of the new guidance but, if not changed, this would cause significant additional pressures on next year's budgets and this could exceed £1m. The cost nationally has been estimated to be in excess of £500m. This matter is being raised at national level by a number of organisations including the FTN. Clearly the Government cannot claim to be protecting the NHS budget if additional taxes are then levied in this way and so it is hoped that this matter is a mistake and will be withdrawn.

8. CONCLUSION

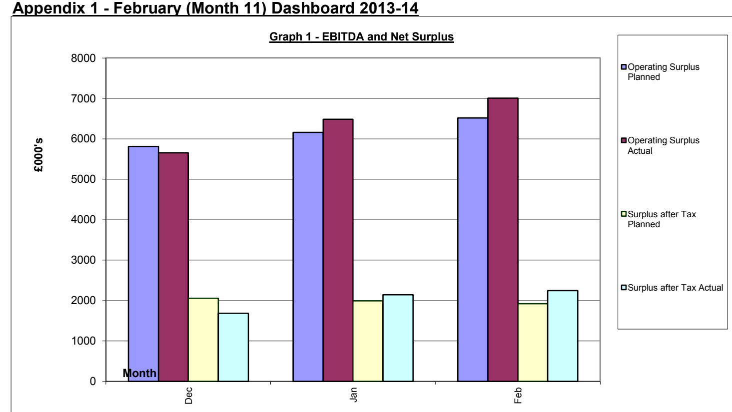
The Trust has a surplus at Month 11 of £2,243k, which is above the planned position and a slight improvement from the Month 10 position. The rating under the Risk Assessment Framework is 4 in accordance with Plan. It is expected that we will end the year above planned surplus of £1.8m.

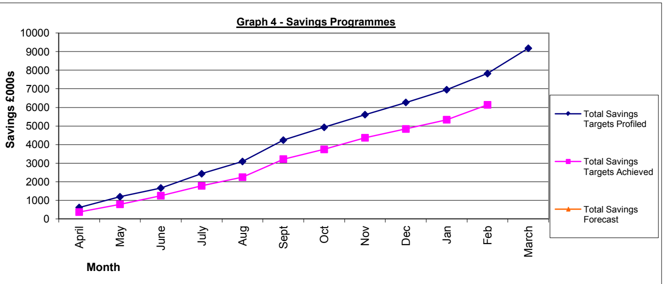
9. RECOMMENDATION

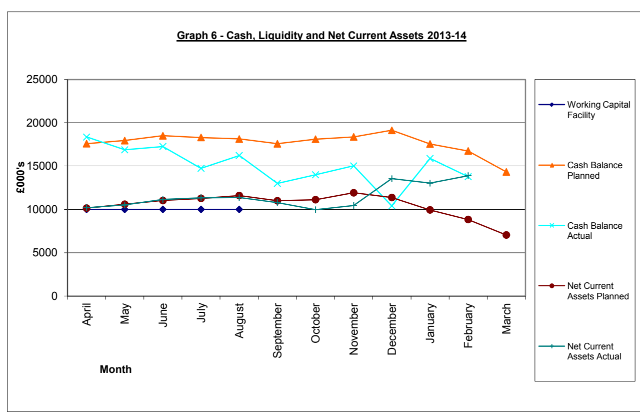
The Trust Board is asked to consider the position at 28 February 2014.

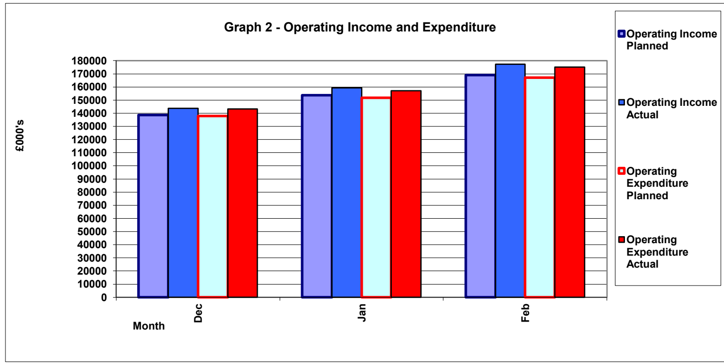
Malcolm Cassells
Director of Finance
28 March 2014

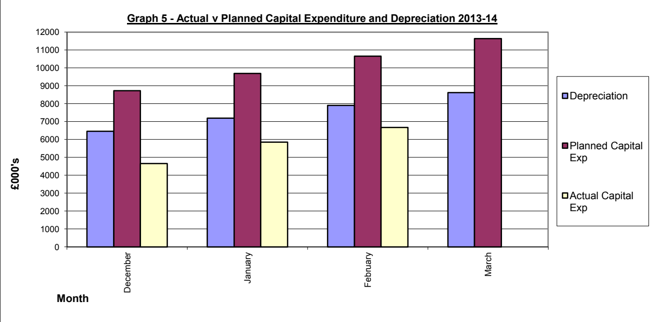
Appendix 1 - February (Month 11) Dashboard 2013-14

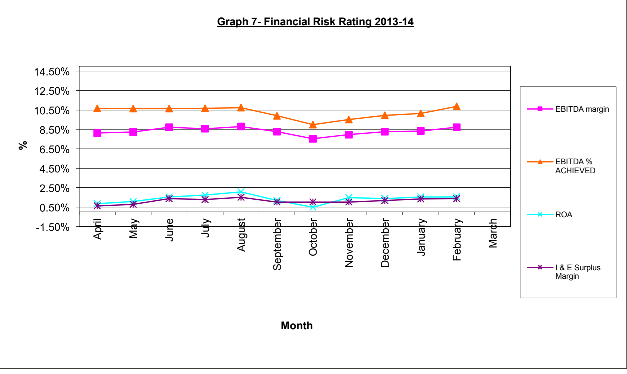












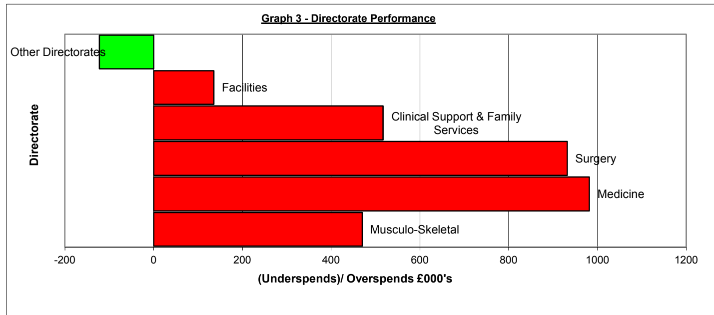


Table 2 New FRR

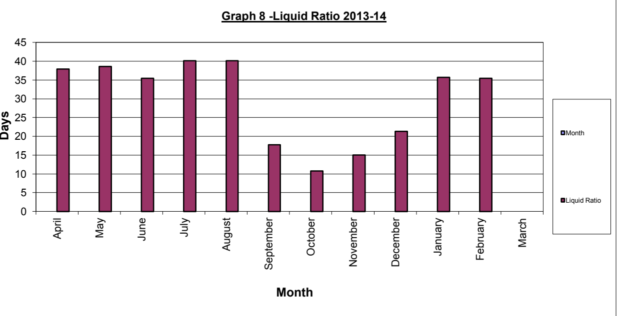
Ratio	Description	Planned Risk Score	Actual			Rating	Risk Ratings
Capital Service	Revenue Avaliable for Debt Service Divided by Capital Service Costs	4	13557.00 / 4826.00	=	2.81	4	50%
Liquidity	cash for liquidy puposes*360 divided by operating expenses	4	17.35 / 161.48	=	35.46	4	50%
Total Weighted Score		**4.0**				**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	15.46 / 177.28	=	8.7%	3	25%
EBITDA %	EBITDA Actual divided by EBITDA Plan	5	15.46 / 14.22	=	108.7%	5	10%
ROA	(Net Surplus/(Deficit) minus PDC Capital minus FA Impairments) divided	3	2.14 / 137.68	=	1.6%	3	20.0%
I&E Surplus	(Net Surplus/(Deficit) minus FA Impairments) divided by Total Income	3	2.43 / 177.28	=	1.4%	3	20.0%
Liquid Ratio**	See below	3	35.5 Days			3	25%
Total Weighted Score		**3.2**				**3.2**	**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) expres



	units	sense	Actual Year2012/13 £M	Plan February £m	Actual February £m	Variance February £m
Operating						
NHS Clinical Revenue						
NHS Acute Activity Income						
Elective inpatients						
Tariff revenue	£m	(+ve)	18.086	16.649	17.131	-0.482
Non-Tariff revenue	£m	(+ve)	0.096	0.077	0.098	-0.021
Elective activity revenue, Total	£m		18.182	16.725	17.229	-0.504
Elective day case patients (Same day)						
Tariff revenue	£m	(+ve)	15.177	13.859	15.024	-1.165
Non-Tariff revenue	£m	(+ve)	0.894	0.809	1.138	-0.329
Elective Day Case activity revenue, Total	£m		16.071	14.668	16.162	-1.494
Non-Elective patients						
Tariff revenue	£m	(+ve)	47.150	43.542	43.032	0.510
Non-Tariff revenue	£m	(+ve)	14.362	13.011	14.860	-1.849
Non-Elective activity revenue, Total	**£m**		**61.512**	56.552	57.892	-1.340
Outpatients						
Tariff revenue	£m	(+ve)	23.688	22.139	23.991	-1.852
Non-Tariff revenue	£m	(+ve)	1.440	1.304	2.408	-1.104
Outpatients activity revenue, Total	**£m**		**25.128**	23.443	26.399	-2.956
A&E						
Tariff revenue	£m	(+ve)	4.759	4.293	4.489	-0.196
Non-Tariff revenue	£m	(+ve)	0.000	0.000	0.000	0.000
A&E activity revenue, Total	**£m**		**4.759**	4.293	4.489	-0.196
Other NHS activity						
Tariff revenue	£m	(+ve)	1.438	1.875	3.397	-1.522
Non-Tariff revenue	£m	(+ve)	33.335	30.160	30.811	-0.651
Other NHS activity revenue, Total	**£m**		**34.773**	32.035	34.208	-2.173
Total NHS Tariff income	**£m**		**110.298**	**102.357**	**107.064**	**-4.707**
Total NHS Non-Tariff income	**£m**		**50.127**	**45.360**	**49.315**	**-3.955**
NHS Acute Activity Income, Total	**£m**		**160.425**	**147.717**	**156.379**	**-8.662**
Sub-total NHS Clinical Revenue	**£m**		**160.425**	**147.717**	**156.379**	**-8.662**
CHANGE Contract penalties or adjustments not included abo	**£m**	**(+ve)**	**0.000**			
NHS Clinical Revenue, Total	**£m**		**160.425**	**147.717**	**156.379**	**-8.662**
Non Mandatory/Non protected revenue						
Private patient revenue	£m	(+ve)	1.807	1.687	1.737	-0.050
Other Non Mandatory/Non protected clinical revenu	£m	(+ve)	4.502	4.217	4.889	-0.672
Non Mandatory/Non protected revenue, Total	**£m**		**6.309**	**5.903**	**6.626**	**-0.723**
Other Operating Revenue						
Research and development revenue	£m	(+ve)	0.743	0.681	0.722	-0.041
Education and training revenue	£m	(+ve)	4.796	4.396	4.801	-0.405
PFI specific revenue	£m	(+ve)	0.000	0.000	0.000	0.000
Donations & Grants received of PPE & intangible assets (se	£m	(+ve)	0.000	0.000	0.000	0.000
Donations & Grants received of cash to buy PPE & intangib	£m	(+ve)	1.042	0.800	0.281	0.519
Donations& Grants received of PPE & intangibles	£m	(+ve)	**1.042**	**0.800**	**0.281**	**0.519**
Parking revenue	£m	(+ve)	1.128	1.027	1.164	-0.137
Catering revenue	£m	(+ve)	0.848	0.770	0.774	-0.004
Accommodation revenue	£m	(+ve)	1.210	1.107	1.187	-0.080
Revenue from non-patient services to other bodies	£m	(+ve)	1.682	1.503	2.417	-0.914
Misc. other operating revenue	£m	(+ve)	5.244	5.037	2.870	2.167
Other Operating revenue, Total	**£m**		**15.651**	**14.521**	**13.935**	**0.586**
Operating Revenue, IFRS, Total	**£m**		**183.427**	**168.942**	**177.221**	**-8.279**
Operating Expenses						
Raw Materials and Consumables Used						
Drugs	£m	(-ve)	-14.273	-13.709	-13.718	0.009
Clinical supplies	£m	(-ve)	-17.185	-14.987	-16.561	1.574
Decrease (increase) in inventories of finished goods 8	£m	(-ve)	0.000	0.000	0.000	0.000
Vehicle Fuel costs (ambulance trusts)	£m	(-ve)	0.000	0.000	0.000	0.000
Non-clinical supplies	£m	(-ve)	-17.090	-15.721	-16.107	0.386
Raw Materials and Consumables Used, Total	**£m**		**-48.548**	**-44.416**	**-46.386**	**1.970**
Ambulance trust vehicle operating expenses						
Vehicle insurance costs	£m	(-ve)	0.000	0.000	0.000	0.000
Vehicle leasing costs	£m	(-ve)	0.000	0.000	0.000	0.000
Vehicle maintenance/Other Costs	£m	(-ve)	0.000	0.000	0.000	0.000
Ambulance trusts vehicle operating expenses, Total	**£m**		**0.000**	**0.000**	**0.000**	**0.000**
Cost of Secondary Commissioning of mandatory servi	£m	(-ve)	-2.745	-2.530	-2.657	0.127
Employee Expenses [was "Pay"]						
Employee expenses, permanent staff	£m	(-ve)	-110.124	-100.363	-103.632	3.269
Employee expenses, agency & contract staff	£m	(-ve)	-4.441	-3.782	-5.304	1.522
Employee Expenses, Total	**£m**	**(-ve)**	**-114.565**	**-104.145**	**-108.936**	**4.791**
Research & Development expense	£m	(-ve)	-0.550	-0.504	-0.394	-0.110
Education and training expense	£m	(-ve)	-0.392	-0.367	-0.284	-0.083
Consultancy expense	£m	(-ve)	-0.358	-0.293	-0.252	-0.041
Misc. other Operating expenses	£m	(-ve)		-1.163	-1.543	0.380
(Increase)/decrease in Provisions, Current and Non-C	£m	(+/-ve)	0.184	0.110	-0.100	0.210
(Increase)/decrease in Impairment of receivables, Cu	£m	(+/-ve)	0.260	0.238	-0.041	0.279
PFI operating expenses						
PFI unitary payment	£m	(-ve)	-0.921	-0.843	-0.891	0.027
IFRIC12 revenue/(expense) adjustment	£m	(+/-ve)	0.000	0.000	0.000	0.000
Other PFI expenses	£m	(-ve)	0.000	0.000	0.000	0.000

PFI operating expenses, total	**£m**	**(-ve)**	**-0.921**	**-0.843**	**-0.891**	**0.027**
Operating Expenses within EBITDA, Total	**£m**		**-167.635**	**-153.913**	**-161.484**	**7.550**
Depreciation and Amortisation						
Depreciation and Amortisation - owned assets	£m	(-ve)	-7.605	-7.661	-7.923	0.262
Depreciation and Amortisation - donated assets	£m	(-ve)	-0.306	-0.329	-0.306	-0.023
Depreciation and Amortisation - owned assets			**-7.911**	**-7.991**	**-8.229**	**0.238**
Depreciation and Amortisation - assets held under fin	£m	(-ve)	-0.062	-0.057	-0.056	-0.001
Depreciation and Amortisation - PFI assets	£m	(-ve)	-0.523	-0.468	-0.446	-0.022
Depreciation and Amortisation, Total	**£m**		**-8.496**	**-8.515**	**-8.731**	**0.216**
Impairment (Losses) / Reversals net (on non-PFI asset	£m	(-/+ve)	-0.795	0.000	0.000	0.000
Impairment (Losses)/ Reversals net on PFI assets	£m	(-/+ve)	0.000	0.000	0.000	0.000
Restructuring Costs	£m	(-ve)	0.000	0.000	0.000	0.000
Operating Expenses excluded from EBITDA, Total	**£m**	**(-ve)**	**-9.291**	**-8.515**	**-8.731**	**0.216**
Operating Expenses IFRS, Total			**-176.926**	**-162.429**	**-170.215**	**7.766**
Surplus (Deficit) from Operations			6.501	**6.513**	**7.006**	**-0.513**
Non Operating						
Non-Operating income						
Finance Income [for non-financial activities]						
Gain (Loss) on Financial Instruments Designated as Ca	£m	(+ve)	0.000	0.000	0.000	0.000
Gain (Loss) on Derecognition of Available-for-Sale Fin	£m	(+ve)	0.000	0.000	0.000	0.000
Gain (Loss) on Derecognition of Non-Current Assets N	£m	(+ve)	0.000	0.000	0.000	0.000
Gain (Loss) on Investments & Inv.Property (NOT chari	£m	(+ve)	0.000	0.000	0.000	0.000
Interest Income	£m	(+ve)	0.219	0.037	0.063	-0.026
Dividend Income	£m	(+ve)	0.000	0.000	0.000	0.000
Share of profit (loss) from equity accounted Associates, Joint Ventures						
Share of Private Patient Income from equity accounte	£m	(+ve)	0.000	0.000	0.000	0.000
Share of non Private Patient Income from equity acco	£m	(+ve)	0.000	0.000	0.000	0.000
Share of expenses from equity accounted Associates,	£m	(-ve)	0.000	0.000	0.000	0.000
Share of profit (loss) from equity accounted Associate	£m		0.000	0.000	0.000	0.000
Finance Income [for non-financial activities], Total	**£m**		**0.219**	**0.037**	**0.063**	**-0.026**
Other Non-Operating income	£m					
Gain/(loss) on asset disposals	£m	(+/-ve)	-0.001	0.000	0.000	0.000
Income of NHS Charitable funds (if consolidated)	£m	(+ve)	0.000	0.000	0.000	0.000
Gain (Loss) of NHS Charitable funds' investments (if c	£m	(+ve)	0.000	0.000	0.000	0.000
Other Non-Operating income	£m	(+ve)	0.000	0.000	0.000	0.000
Other Non-Operating income, Total	**£m**		**-0.001**	**0.000**	**0.000**	**0.000**
Non-Operating income, Total	**£m**		**0.218**	**0.037**	**0.063**	**-0.026**
Non-Operating expenses						
Finance Costs [for non-financial activities]						
Interest Expense						
Interest Expense on Overdrafts and Working Capital F	£m	(-ve)	0.000	0.000	0.000	0.000
Interest Expense on Bridging loans	£m	(-ve)	0.000	0.000	0.000	0.000
Interest Expense on Non-commercial borrowings	£m	(-ve)	-0.065	-0.028	-0.027	-0.001
Interest Expense on Commercial borrowings	£m	(-ve)	0.000	0.000	0.000	0.000
Interest Expense on Finance leases (non-PFI)	£m	(-ve)	-0.036	-0.024	-0.024	0.000
Interest Expense on PFI leases & liabilities	£m	(-ve)	-1.732	-1.596	-1.674	0.078
Interest Expense, Total	**£m**		**-1.833**	**-1.648**	**-1.725**	**0.077**
Other Finance Costs	£m	(-ve)	0.000	0.000	-0.010	0.010
PDC dividend expense	£m	(-ve)	-3.254	-2.979	-3.091	0.112
Finance Costs [for non-financial activities], Total	**£m**		**-5.087**	**-4.627**	**-4.826**	**0.199**
Other Non-Operating expenses						
Non-Operating PFI costs (eg contingent rent)	£m	(-ve)	0.000	0.000	0.000	0.000
Other Non-Operating expenses (developments)	£m	(-ve)	0.000	0.000	0.000	0.000
Misc Other Non-Operating expenses	£m	(-ve)	0.000	0.000	0.000	0.000
Non-Operating expenses, Total	**£m**		**-5.087**	**-4.627**	**-4.826**	**0.199**
Surplus (Deficit) before Tax	£m		1.632	1.923	2.243	-0.341
Income Tax (expense)/ refund	£m	(-/+ve)	0.000	0.000	0.000	0.000
Surplus (Deficit) After Tax	**£m**		**1.632**	**1.923**	**2.243**	**-0.341**
Profit/(loss) from discontinued Operations, Net of Tax	£m	(+/-ve)	0.000	0.000	0.000	0.000
Surplus (Deficit) After Tax from Continuing Operations	**£m**		**1.632**	**1.923**	**2.243**	**-0.341**
Elements of Comprehensive Income						
Share of comprehensive income from associates and joint	£m	(+/-ve)	0.000	0.000	0.000	0.000
Revaluation gains/(losses) straight to revaluation reserve	£m	(+/-ve)	0.000	0.000	0.000	0.000
Impairments/(reversals) straight to revaluation reserve	£m	(+/-ve)	0.000	0.000	0.000	0.000
Fair Value gains/(losses) straight to reserves	£m	(+/-ve)	0.000	0.000	0.000	0.000
Additions/(reduction) in "Other reserves"	£m	(+/-ve)	0.000	0.000	0.000	0.000
Other recognised gains and losses	£m	(+/-ve)	0.000	0.000	0.000	0.000
Actuarial gains/(losses) on defined benefit pension scheme	£m	(+/-ve)	0.000	0.000	0.000	0.000
Total			**0.000**	**0.000**	**0.000**	**0.000**
Total Comprehensive Surplus/(Deficit)			**1.632**	**1.923**	**2.243**	**-0.341**
Memorandum lines						
Total Revenue	£m		178.405	168.978	177.284	-8.306
Total Expenses	£m		-177.587	-167.056	-175.041	7.965
Total Operating Revenue for EBITDA	£m		177.605	168.142	176.940	-8.798
Total Operating Expenses for EBITDA	£m		-163.646	-153.913	-161.484	7.550
EBITDA (for FRR calculation)	£m		13.959	14.228	15.456	-1.248
Operating Surplus (Deficit)	£m		5.768	6.513	7.006	-0.513
Surplus (Deficit) After Tax (for FRR calculation)	£m		0.818	1.923	2.243	-0.341

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 28th February 2014	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	53,660	0	0	53,660	53,660		0
SDA	Small items - Donated Additions	A1	0	0	0	0	188,162	0	0	188,162	188,162		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**	**241,822**	**0**	**0**	**311,871**	**281,052**	**-1,650**	**32,469**
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	231,516		272,484
7084C0	Maternity - DoH Grant	A2	0	0	426,227	426,227	50,400	0	0	476,627	446,260		30,367
7002C0	NICU to old Wilton Ward	A2	0	0	955	955	0	0	0	955	1,218	-263	0
7087C0	Springs entrance development	A2	1,000,000	0	0	1,000,000	0	0	-900,000	100,000	10,076		89,924
7086C0	Ward changes - Dementia Patient Care	A2	250,000	0	0	250,000	884,229	0	-421,580	712,649	712,649		0
2	**Building Schemes - Totals**	**0**	**1,250,000**	**0**	**427,182**	**1,677,182**	**1,453,629**	**0**	**-1,321,580**	**1,809,231**	**1,420,914**	**-4,459**	**392,776**
3	**Building and Works**	**BWG**											
7035C0	Accommodation & Leisure Centre Boilers	BWG	0	0	0	0	0	20,000	0	20,000	0		20,000
7009C0	Accommodation - Replacement glazing units	BWG	0	0	6,000	6,000	0	0	-3,000	3,000	2,977		23
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 7	BWG	280,000	0	228,819	508,819	-289,432	0	-140,638	78,749	78,749		0
7042C0	Asbestos management	BWG	0	0	23,894	23,894	0	0	0	23,894	2,027		21,867
7482C0	Avon & Tamar - Nursing Stations	BWG	0	0	10,000	10,000	-10,000	0	0	0	0		0
7814C0	BMS upgrade 3rd year of 3 - invest to save	BWG	0	0	75,042	75,042	-15,000	0	0	60,042	9,941		50,101
7089C0	Bulk Fuel Tank Installation	BWG	25,000	0	0	25,000	-25,000	0	0	0	967	-967	0
7043C0	Catering boiling pan replacement	BWG	0	0	10,000	10,000	0	0	0	10,000	6,847		3,153
7044C0	Catering refrigeration upgrade	BWG	0	0	85,000	85,000	0	0	0	85,000	57,573		27,427
7090C0	Catering Replacement Cooking Equipment	BWG	21,000	0	0	21,000	0	0	0	21,000	11,825		9,175
7091C0	Childrens OPD Audiology Soundproof Room	BWG	84,000	0	0	84,000	0	0	-49,000	35,000	3,265		31,735
7045C0	Drainage compliance works	BWG	0	0	97,769	97,769	-97,769	0	0	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	25,400		8,600
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
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	-116,777	3,224	3,224		0
7094C0	Education Centre Reception DDA Compliance	BWG	8,000	0	0	8,000	0	0	-8,000	0	0		0
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	63,435		59,670
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	0
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	1,987		28,013
7836C0	Fuel Storage for Standby Generator	BWG	0	0	661	661	0	0	0	661	0	661	0
7007C0	Gas mains test	BWG	0	0	12,000	12,000	-5,000	0	-1,000	6,000	0		6,000
7059C0	Hedgerows - Public WC's Refurbishment	BWG	0	0	24,265	24,265	0	0	0	24,265	21,667		2,598
7005C0	Hedgerows extension	BWG	0	0	15,000	15,000	0	0	-14,935	65	65		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 Areas	BWG	92,000	0	0	92,000	55,622	0	-61,500	86,122	79,599		6,523
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	0
7054C0	Legionella risks	BWG	0	0	8,092	8,092	0	0	0	8,092	5,276		2,816
7096C0	Level 2 Flooring	BWG	102,000	0	0	102,000	0	0	-98,721	3,279	3,279		0
7097C0	Level 4 Bedspace Power Sockets	BWG	80,000	0	0	80,000	-5,968	0	-70,267	3,765	3,765		0
7055C0	Level 5 plant rooms access equipment	BWG	0	0	8,000	8,000	0	0	0	8,000	8,078	-78	0
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	22,032	0	-12,600	134,432	50,314		84,118
7099C0	Main kitchen Refurbishment	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	1,040		1,622
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 Room	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	-11,735	3,265	3,265		0
7142C0	Mortuary Refrigeration	MDC	0	0	40,000	40,000	0	0	-18,432	21,568	21,568		0
7492C0	Noise Reduction & Facilities Equipment	BWG	0	0	43,389	43,389	0	0	0	43,389	8,754		34,635
7202C0	Nurse Call System Upgrade - SDH North & Maternity - 1st yr of 2	BWG	132,000	0	0	132,000	-27,425	0	-64,575	40,000	1,178		38,822
7203C0	Occupational Health Replacement Boilers	BWG	48,000	0	0	48,000	0	0	0	48,000	46,932		1,068
7074C0	Ophthalmology Admin	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	55,341		44,659
7204C0	Pathology & Histopathology OSNA Room (4.5.20) Air Conditioning	BWG	24,000	0	0	24,000	-10,000	0	0	14,000	9,027		4,973
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
7206C0	Portering Improvements B - Low Loaders	BWG	7,000	0	0	7,000	-7,000	0	0	0	0		0
7207C0	Portering Improvements C - 2 way radio	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	127,007	-10,245	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	1,596		18,404
7211C0	Radiology Recovery Area Improvements	BWG	60,000	0	0	60,000	0	0	-60,000	0	0		0
7095C0	Relocation of Liquid Oxygen VIE Plant	BWG	130,000	0	0	130,000	0	0	0	130,000	101,852		28,148
7061C0	Rheumatology temperature control	BWG	0	0	17,951	17,951	0	0	0	17,951	872		17,079
7020C0	Roads and paving repairs	BWG	60,000	0	3,530	63,530	97,769	0	-160,949	350	350		0
7880C0	Roof Repairs - Various	BWG	0	0	35,601	35,601	0	0	0	35,601	9,768		25,833
7212C0	SDH Main Chillers Replacement - 1st phase (2013/14)	BWG	255,000	0	0	255,000	229,920	0	0	484,920	972		483,948
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	0
7214C0	Security Improvements 2013/14	BWG	159,000	0	0	159,000	19,790	0	0	178,790	112,507		66,283
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	4,708		2,292
7049C0	Spinal treatment centre refurbishment	BWG	80,000	0	100,000	180,000	10,000	0	-189,935	65	65		0
7016C0	Spinal Unit - wheelchair cleaning and storage	BWG	0	0	15,000	15,000	0	0	0	15,000	12,249		2,751
7890C0	Spinal X-ray booking facilities and doors	BWG	0	0	26,993	26,993	0	0	-23,728	3,265	3,265		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	3,540		62,460
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	9,753		40,247
3	**Building Projects/Building and Works Totals**	**BWG**	**2,439,000**	**0**	**2,001,120**	**4,440,120**	**237,941**	**30,000**	**-1,577,392**	**3,130,670**	**1,577,398**	**99,858**	**1,453,413**
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	11,455		1,545
7901C0	AD Upgrade to 2008	IT	65,000	0	0	65,000	0	0	-61,940	3,060	3,060		0
7990C0	Allocate' Roster System	IT	0	0	0	0	210,000	0	0	210,000	131,832		78,168
7995C0	Auditbase link to iPM	IT	20,000	0	0	20,000	0	0	-20,000	0	0		0

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 28th February 2014	Under/(Over) spent on Project	Outstanding Spend 2013/2014
7930C0	Back up hardware	IT	0	0	1,145	1,145	0	0	0	1,145	0	1,145	0
7964C0	Block 72 & 74 - IT Upgrade	IT	0	0	17,494	17,494	0	0	0	17,494	16,660	834	0
7714C0	Blood Tracking	IT	0	0	30,167	30,167	0	0	-17,491	12,676	12,676		0
7996C0	Blood Tracking Phase 2	IT	155,000	0	0	155,000	0	0	-120,000	35,000	17,823		17,177
7993C0	BMS Network Upgrade	IT	41,000	0	0	41,000	0	0	-18,000	23,000	5,634		17,366
7940C0	Brocade Switch Replacement	IT	0	0	13,438	13,438	0	0	-9,500	3,938	0		3,938
7954C0	Clinical Coding Encoder	IT	0	0	32,480	32,480	0	0	-22,500	9,980	8,788		1,192
7984C0	Community Midwifery system trial	IT	0	0	35,748	35,748	0	0	-35,748	0	0		0
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	71,289	-1,289	0
7969C0	Dell Kace Push Software	IT	0	0	0	0	0	96,000	-1,200	94,800	94,563		237
7909C0	Desktop PC Windows 7 Upgrade	IT	38,000	0	0	38,000	0	0	0	38,000	6,513		31,487
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	-9,500	0	0		0
7920C0	Edge Security replacement	IT	71,000	0	1,882	72,882	0	0	-11,700	61,182	8,514		52,668
7997C0	Electronic Letters	IT	0	0	0	0	33,250	0	-18,925	14,325	4,257		10,068
7961C0	EPMA (Yr 1 (2013/14) of 7)	IT	131,000	0	8,539	139,539	0	0	-80,000	59,539	56,014		3,525
7925C0	Estates Management Information System	IT	35,000	0	0	35,000	0	0	-35,000	0	0		0
7926C0	Exchange 2010 Upgrade	IT	35,833	0	0	35,833	0	0	-23,235	12,598	12,598		0
7759C0	Genetics Starlims system	IT	0	0	10,419	10,419	0	0	0	10,419	10,338	81	0
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	165,664		15,904
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	0
7916C0	Maternity PC Replacement & Screens	IT	0	0	0	0	0	22,000	0	22,000	0		22,000
7914C0	Mobile Computing for Wards	IT	0	0	56,412	56,412	0	0	0	56,412	27,493		28,919
7972C0	Moorefield's Eye Hospital Software	IT	0	0	0	0	27,000	0	-27,000	0	0		0
7917C0	Network - Replacement of non Supportable	IT	0	0	1,695	1,695	0	0	0	1,695	1,492	203	0
7928C0	Network Upgrade	IT	145,000	0	0	145,000	0	0	-66,845	78,155	67,750		10,405
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	117,279		22,889
7943C0	PACS Reprocurement	IT	304,000	-139,000	192,283	357,283	0	0	-18,000	339,283	269,989		69,294
7931C0	Palliative Care EPR	IT	46,552	0	0	46,552	0	0	-7,000	39,552	19,159		20,393
7902C0	Patient Observations Monitoring and Decision Support/Early Warning System/POET	IT	0	0	0	0	0	9,500	0	9,500	9,500		0
7552C0	Patient Tracking	IT	0	0	1,253	1,253	0	0	0	1,253	0		1,253
7991C0	Pefromance Review Process Development	IT	0	0	0	0	12,500	0	0	12,500	11,025		1,475
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	0
7976C0	Replacement PC's 13/14	IT	0	0	0	0	15,000	0	0	15,000	3,683		11,317
7985C0	RIS patient self check in	IT	0	0	7,910	7,910	0	0	-7,848	62	62		0
7970C0	Scanned Health Rtecords	IT	0	0	11,356	11,356	6,000	0	-7,418	9,938	9,938		0
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	28,307		5,793
7933C0	SQL Virtual Licenses (+ 500 Sophos Licenses)	IT	50,000	0	0	50,000	0	0	0	50,000	49,156	844	0
7938C0	Symphony Upgrade 2013	IT	0	0	0	0	30,771	0	0	30,771	30,732		39
7948C0	Telecomms Voice Over IP - invest to save	IT	0	0	51,166	51,166	0	0	-21,400	29,766	6,204		23,562
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	-1,496	0	0		0
7935C0	UPS Replacement	IT	18,000	0	0	18,000	0	0	0	18,000	15,448		2,552
7922C0	UPSs - Room based for Computer Rooms	IT	0	0	27,000	27,000	0	0	-27,000	0	0		0
7924C0	Wireless Expansion	IT	39,000	-14,000	0	25,000	0	0	-4,494	20,506	20,506		0
4	**Information Technology Totals**	**IT**	**1,372,385**	**-206,000**	**1,048,640**	**2,215,025**	**456,989**	**127,500**	**-790,862**	**2,008,652**	**1,526,611**	**-2,625**	**484,666**
5	**Medical Devices**	**MDC**											
7108C0	(EVAR) Endovascular Aneurysm Repair	MDC	0	0	103,292	103,292	0	0	0	103,292	47,614	55,678	0
7131C0	Bed replacement programme - 1st (2013/14) yr of 4	MDC	185,000	0	0	185,000	0	0	-40,000	145,000	94,077		50,923
7132C0	ENT scopes	MDC	50,000	0	0	50,000	1,660	0	0	51,660	51,574	86	0
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	0
7116C0	Foetal Heart Monitors X 6	MDC	0	0	7,531	7,531	0	0	-7,531	0	0		0
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	9,107	3,634	0
7141C0	GYRUS	MDC	0	0	71,322	71,322	0	0	0	71,322	70,205	1,117	0
7109C0	Histopathology Tissue Processor	MDC	0	0	33,857	33,857	-33,857	0	0	0	0		0
7104C0	ICSI Rig	MDC	0	0	0	0	2,043	67,000	0	69,043	0		69,043
7117C0	Laparoscopic Camera Stacks X 3	MDC	0	0	16,406	16,406	0	0	0	16,406	12,893	3,513	0
7118C0	Laparoscopic instrumentation	MDC	0	0	68,400	68,400	0	0	-53,902	14,498	14,498		0
7128C0	Main Theatre Operating Lights	MDC	115,000	0	7,720	122,720	-115,000	0	0	7,720	1,998	5,722	0
7764C0	Medical Equipment < £50k 11/12	MDC	0	0	57,091	57,091	-1,660	0	0	55,431	9,897	45,534	0
7113C0	Medical Equipment < £50k 12/13	MDC	0	0	97,410	97,410	-12,256	0	-73,800	11,354	11,354		0
7103C0	Medical Equipment < £50k 13/14	MDC	350,000	-16,800	0	333,200	0	0	-146,261	186,939	186,939		0
7133C0	Negative pressure theatre devices	MDC	60,000	0	0	60,000	2,144	0	0	62,144	62,186	-42	0
7102C0	Neonatal ventilator	MDC	0	0	5,885	5,885	0	0	0	5,885	0	5,885	0
7120C0	Ophthalmology Programme	MDC	0	0	2,377	2,377	0	0	0	2,377	2,203	174	0
7134C0	Patient monitoring and stations 1st phase of 2	MDC	100,000	0	0	100,000	2,040	0	-3,392	98,648	98,648		0
7135C0	Patient trolleys x 14 + 1 Radiology	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	8,069	0	0	108,069	77,035		31,034
7136C0	Rigid hysteroscopes x 4 plus stack	MDC	75,000	0	0	75,000	0	0	-39,842	35,158	35,158		0
7213C0	Scopes	MDC	0	0	2,718	2,718	0	0	0	2,718	0	2,718	0
7126C0	Second CT Scanner - Feasability	MDC	0	0	2,000	2,000	0	0	0	2,000	0	2,000	0
7978C0	Theatre Operating Tables	MDC	0	0	14,471	14,471	0	0	0	14,471	0	14,471	0
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	66,000		0
7114C0	Zimmer Meshers and Microtomes	MDC	0	0	0	0	0	75,000	0	75,000	0		75,000
5	**Medical Equipment Totals**	**MDC**	**1,355,000**	**-121,800**	**614,028**	**1,847,228**	**-131,457**	**142,000**	**-364,728**	**1,493,043**	**1,057,573**	**140,470**	**295,000**
6	**Other**	**OTHER**											
7712C0	Drinking Water Stations	OTHER	0	0	5,775	5,775	600	0	0	6,375	0		6,375
7716C0	Catering Trolley Replacement x20	OTHER	0	0	0	0	0	170,000	0	170,000	0		170,000
7703C0	Efficiency schemes	OTHER	200,000	0	196,724	396,724	-237,400	0	-59,324	100,000	20,954		79,046
7701C0	Finance systems 2011/2012	OTHER	30,000	0	60,000	90,000	-34,100	0	0	55,900	36,357		19,543
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
7700C0	Forklift Truck Replacement - Procurement	OTHER	0	0	0	0	17,500	0	0	17,500	0		17,500
7707C0	LED Lighting	OTHER	0	0	0	0	87,035	0	0	87,035	3,774		83,261
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	128,021		132,979
7760C0	Project costs 2013/14	OTHER	10,000	0	0	10,000	0	0	0	10,000	4,402		5,598
7705C0	Project Costs 2012/2013	OTHER	0	0	8,398	8,398	0	0	0	8,398	8,398		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	88,910		95,134
7718C0	Ward Waste Bins	OTHER	0	0	0	0	100,000	0	-91,839	8,161	8,161		0
6	**Other Totals**		**259,000**	**-19,000**	**272,759**	**512,759**	**629,643**	**170,000**	**-168,663**	**1,143,739**	**337,126**	**-1,642**	**808,255**
	TRUST TOTALS		**6,675,385**	**-346,800**	**4,433,778**	**10,762,363**	**2,888,567**	**469,500**	**-4,223,225**	**9,897,206**	**6,200,674**	**229,952**	**3,466,579**
7	**Outside of Trust Sourced Funding**												
7708C0	Laundry Equipment	A2	0	0	0	0	558,000	0	0	558,000	486,107		71,893
	Outside of Trust Sourced Total		**0**	**0**	**0**	**0**	**558,000**	**0**	**0**	**558,000**	**486,107**	**0**	**71,893**
			6,675,385	**-346,800**	**4,433,778**	**10,762,363**	**3,446,567**	**469,500**	**-4,223,225**	**10,455,206**	**6,686,782**	**229,952**	**3,538,472**

SFT 3516

AGENDA ITEM

TRUST PERFORMANCE REPORT TO END OF FEBRUARY 2014

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

MAIN ISSUES:

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

MONITOR

1. **2 Week waits** – whilst all suspected breast cancer and other cancer targets were met, capacity and patient choice issues in February resulted in 92.73% of patients referred with symptomatic breast symptoms being seen within the 2 week period. This issue is constantly under review by the team in conjunction with the GPs and is expected to continue to deliver in future months.

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 February 2014. Current waiting times indicate that within 4 weeks: 99% for CT (3 patients outside of the 4 weeks); 87% of patients were seen for MRI (49 patients outside of this period) and 94% for ultrasound scans (71 outside of the 4 weeks) which for both MRI and ultrasound reflects a deterioration from previous months influenced by the increased demand and workforce pressures within ultrasound.

   Additional capacity continues to be deployed through the mobile CT and MRI vans and agency sonographers are being deployed to mitigate the loss of capacity through vacancies and sickness, although demand increases continue to provide a challenge to the department: (CT (5.8%); ultrasound (7.6%); MRI (5.4%) and direct access referrals from GPs (9%).

   Endoscopy also continues to experience challenges in February due to increases in demand (colonoscopies and gastroscopies have shown a 10% increase in demand over the year). 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.

   An extended waiting time for neurophysiology has been noted this month caused by increased demand (13% in last year) in part but also capacity issues within the technician function. A review is being undertaken by the Directorate to understand the options available for longer term sustainability.

   Audiology waiting times in excess of 4 weeks are now at 23% (67 patients) which reflects increased demand in this area and short term capacity shortfalls which are

now resolved. Additional capacity has been deployed to manage the waiting times within the 6 weeks National target.

PARTNERSHIP WORKING

3. **Delayed transfers of care (DTOC)** – DTOCs remain a significant issue for our patients. Whilst additional capacity was secured by the CCG to support the improvement of this during the winter period, delays in securing the additional beds and initial confusion with regards to accessibility has meant this has not had the impact which was initially desired. A systems review has been undertaken of the frail elderly pathway as part of the Better Care Fund workstreams to better understand the issues facing both health and social care regarding delays which is due to report its findings to the CCG executive in March 2014.

STAFF

4. **Appraisal rates** – the overall Trust position at the end of February noted a further improvement to 91% from the January position of 88%. Individual directorates continue to improve their position and focus continues at 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.

5. **Statutory Mandatory Training** – compliance levels against statutory mandatory training have now been raised as the required area of focus during 2014 with all Directorates. Initially all Directorates have been asked to review the accuracy of the data held within the system, with a plan to improve performance to be presented in April 2014.

VALUE AND EFFECTIVENESS

6. **Non-elective Surgical Length of Stay –** whilst some specialties have seen a reduction in the overall non-elective surgical length of stay and all specialties within surgery are reporting in the upper quartile of performance, focused work is being undertaken within the Patient Flow transformation workstream to understand the main issues contributing to delays, specifically in orthopaedics, to ensure all of our patients are being treated and discharged in a timely and effective manner.

7. **Coding** - the coding attainment levels have reduced in this quarter as a result of staff absence. A plan is being developed, based on an analysis of demand in terms of expected number of episodes to code in the coming year and the available projected capacity to meet the demand. This will be presented early in the new financial year with a view to developing a staffing plan which substantially reduces the backlog in a sustained way, which is not reliant on agency or overtime.

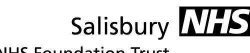
ACTION REQUIRED BY THE BOARD:

To note the Trust's performance.

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

AUTHOR: KATE HANNAM
TITLE: CHIEF OPERATING OFFICER

Trust Board Performance Report - February 2014

Salisbury 
NHS Foundation Trust

Monitor Assurance

Metric Name	Indicative Monthly Volume	Target Source	Target	Feb-14	YTD	Benchmark	Trend
Infection control – Clostridium difficile	5,800 discharges	Contract	21 cases	1	20		
Infection control - MRSA	5,800 discharges	Contract	0 cases (deminimis volume 6)	0 (+2) *	0 (+2) *		

Metric Name	Indicative Monthly Volume	Target Source	Target	Feb-14	Quarter 4 to date	Benchmark	Trend
Patients treated within 18 weeks requiring admission	1,000 patients	Contract	90% treated within 18 weeks	93.0%	93.5%	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	97.5%	N/A	95%	
Zero tolerance RTT waits > 52 weeks		Contract	Zero	0	0		

Metric Name	Indicative Monthly Volume	Target Source	Target	Feb-14	YTD	Benchmark	Trend
All Cancer two week waits	450 patients	Contract	93% patients within 2 weeks	95.7%	94.1%	95.4%	
Symptomatic Breast Cancer - two week waits	85 patients	Contract	93% patients within 2 weeks	92.7%	94.8%		
31 day wait standard	110 patients	Contract	96% patients within 31 days	96.0%	98.3%	97.9%	
31 day subsequent treatment : Surgery	20 patients	Contract	94% patients within 31 days	100.0%	97.4%		
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	88.7%	91.6%	87.0%	
62 day screening patients	4 patients	Contract	90% patients within 62 days	100.0%	100.0%		
62 day patients waiting first definitive treatment after Consultant upgrade	3 patients	Contract	85% patients within 62 days	100% (Dec-13)	91.7% (Dec-13)		

Metric Name	Indicative Monthly Volume	Target Source	Target	Feb-14	YTD	Benchmark	Trend
A&E - Time in A&E department	3,600 patients	Contract	95% patients leave within 4 hours of arrival	95.7%	96.2%	94%	

Quarterly Governance risk rate	Green: No evident concerns

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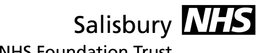
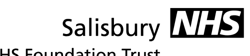


Patient Choice

Metric Name	Indicative Monthly Volume	Target source	Target	Feb-14	YTD	Benchmark	Trend
Patients waiting less than 4 weeks for diagnostics	1,800 patients	Trust	98% of Diagnostic Waiting List <= 4 weeks	90.1%	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	0%	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	50.8%	43.8%	N/A	
Friends and Family - % likely to recommend Hospital	1,400 discharges			78.6%	94.4%	N/A	
A&E Clinical Target 1 - Effectiveness of Care - unplanned reattendance rate	3,600 patients	Contract	<5% ED attendances to have unplanned return	2.2%	2.4%	7.2%	
A&E Clinical Target 2 - Left without being seen	3,600 patients	Contract	<5% patients to leave ED without being seen by clinician	1.1%	1.4%	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	00:08	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	52	59	benchmark data not fit for purpose	
Ambulance Handover Breaches	970 arrivals by ambulance	Contract	Patients waiting > 20 minutes for Ambulance Handover	3	22		
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	81.6%	84.4%	89%	
Cancelled operations on the day of surgery	2,100 elective admissions (incl. daycase)	Trust	< 0.7% elective patients cancelled	0.9%	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	Dec-13	YTD	Benchmark	Trend
Market Share: NHS Wiltshire - Elective		Strategy		29.0%	29.6%		
Market Share: NHS Wiltshire - Non-Elective		Strategy		35.2%	35.8%		
Market Share: Core Practices - Elective		Strategy	Increase market share from 52% to 55% over 5 years	52.3%	52.5%		
Market Share: Core Practices - Non-Elective		Strategy		65.0%	63.9%		



Partnership working

Metric Name	Indicative Monthly Volume	Target source	Target	Feb-14	YTD	Benchmark	Trend
Delayed Transfers of Care - NHS				4	N/A		
Delayed Transfers of Care - Social Services			4 DTOCs based on 3 Wilts SS delays and ~1 other	6	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	Feb-14	YTD	Benchmark	Trend
Staff absence rate		Strategy	3.0% absence rate	2.98%	2.90%		
Staff turnover	2731 FTE	Strategy	12% over 12 months as a cumulative figure	N/A	13.91%		
Appraisal rates		Strategy	90% of Appraisals completed	91.0%	N/A		
Statutory and Mandatory Training levels		Strategy	100% of Training completed	63.0%	N/A		
Registered Nurses Vacancy Factor		Strategy	10%	5.0%	8.6%		
Nursing Support Vacancy Factor		Strategy	10%	8.9%	13.0%		
Trustwide Vacancy Factor		Strategy	10%	5.7%	6.7%		
Bank Spend		Strategy	To be determined	£456677	£4,255,320		
Agency Spend		Strategy	To be determined	£616216	£5,560,882		

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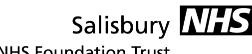

Value and Effectiveness

Metric Name	Indicative Monthly Volume	Target source	Target	Feb-14	YTD	Benchmark	Trend
Elective Medical Length of Stay	40 Medical G&A overnight stays	Trust	3.48 days	3.4	4.0	Benchmark data not fit for purpose	
Non-Elective Medical Length of Stay	900 Medical G&A overnight stays	Trust	7.78 days	7.4	7.1	15.7	
Elective Surgical Length of Stay	480 Surgical G&A overnight stays	Trust	2.19 days	2.6	2.8	3.5	
Non-Elective Surgical Length of Stay	750 Surgical G&A overnight stays	Trust	3.15 days	3.8	3.8	3.0	
Hip replacements discharged within 5 days	25 patients	Trust	60% patients discharged within 5 days	70.0%	74.4%		
Knee replacements discharged within 5 days	24 patients	Trust	60% patients discharged within 5 days	80.0%	72.0%		
Coding - % coded within 1 week of discharge	5,800 discharges	Trust		33.2%	42.9%		
Coding - % coded within 5 days of month end	5,800 discharges	Trust		58.4%	72.0%		
NHS no. coverage	230,000 patients	Contract	95% of patients with activity in last 3 years to have validated NHS no.	97.6%	97.7%		
1st Outpatient DNA rate	5,500 appointments	Contract	No more than 7.5% patients to not attend 1st outpatient appointment	5.4%	4.9%	7.8%	
Elective Theatre Utilisation - Main Theatres	530 cases	Trust	Data recently obtained from new theatre system, no target set at this point	93.0%	94.3%		
Elective Theatre Utilisation - Day Surgery	860 cases	Trust	Data recently obtained from new theatre system, no target set at this point	78.3%	79.2%		
Non-elective Theatre Utilisation - Main Theatres	370 cases	Trust	Data recently obtained from new theatre system, no target set at this point	41.7%	49.6%		
Daycase Rates for selected procedures	350 patients	Trust	80% of selected elective surgical cases to be treated as daycase	82.5%	82.0%	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**

PAPER NUMBER: **SFT** 3517

TITLE OF PAPER: **BASE ESTIMATES FOR 2014/15**

PURPOSE OF PAPER:

This summary of the Base Estimates for 2014/15 is intended to highlight the key elements of the estimates to enable budgets to be set for the new financial year in accordance with the Standing Orders of the Trust.

The following notes should be considered with the attached Source and Application of Funds.

MAIN ISSUES:

1. In order to have management budgets in place the estimates have been compiled prior to the finalising of contracts with commissioners. However, contract values are agreed with the main commissioners. Nevertheless the Source and Application of Funds Statement attached should be considered as work in progress.
2. There is again a 4% real terms cut in funding, in addition to which the Trust has to address its own unavoidable cost pressures. Nationally the tariff has reduced by 1.2% in cash terms for PbR contracts and 1.5% for non-PbR work.
3. The tough financial climate continues, and securing a sound financial position will involve the Trust becoming even more efficient and in particular continuing to reduce length of stay, and making better use of technology to improve efficiency. We have reduced our planned surplus by £1m from 2013/14 to £0.8m which is not a level to support long term sustainability. We need to challenge everything we do to avoid doing things which are not necessary.
4. Income is forecast to be roughly £183.9m for 2014/15. This sum could increase if activity is higher than plan. Forecast revenue expenditure is expected to be £192.6m. In order to achieve a surplus of £0.8m (0.4% of turnover) savings of £9.4m (£9.2m in 2013/14) are needed. It is hoped to reduce this requirement to £9m through discussions with the NHSLA regarding the level of increased costs of clinical negligence insurance (CNST).
5. We have assumed that we will achieve all of CQUIN money for quality improvements and this represents 2.5% of contracted income or roughly £4m.
6. Inflation is assumed at 2.5% overall although this is an area of uncertainty. The recent national A4C pay settlement, for which there is no additional funding, will simply exacerbate the position.
7. The intention is to work with CCG colleagues to reduce inappropriate activity as a part of QIPP proposals. It will be important for us and GPs to understand the consequences of reductions in activity which may leave SFT with the overheads and no income to fund them. Discussions with CCGs demonstrate a good understanding of this. QIPP for Wiltshire CCG is planned to reduce our income by £2m in 2014/15, but we have assumed that only £750k of this would be realisable in our own savings plans. The net effect is to add further to our savings requirement.
8. Specialised Commissioning is now our second largest source of funds at £27.4m and it is important that we continue to provide these services in Salisbury. It is not yet finalised how CQUIN arrangements will work on this contract.
9. There is now a separate Military Commissioner (MC) for service personnel. We will have a contract with a value of about £5.3m for this work and this is likely to increase over the years ahead with the relocation of military families in the locality. It is not yet clear how CQUIN will work on this contract.
10. The estimates are based on 2013/14 forecast out-turn activity levels. No assumption has been made in the base estimates for growth in demand such as from repatriating work from other local hospitals.
11. Assumptions have been made about the likely level of contract challenges in 2014/15 and we have made a provision for this.
12. New drugs approved by NIHCE during 2013/14 have been allowed for but no assumption has been made regarding new ones in 2014/15.
13. We have been informed that membership of the NHSLA Clinical Negligence Scheme for Trusts (CNST) will cost an additional £981k in 2014/15 due to financial pressures on the scheme nationally and because of a change by the NHSLA in the way they calculate contributions. It is clear that over recent years we have paid less into the scheme than the cost of the payments made for us. We are seeking a reduction in the level of increase as it is one of the highest percentage increases in the Country.

14. Apart from the CNST increase a further £4.0m provision has been made for additional cost pressures which includes: additional nursing and some other clinical staff, the cost of driving forward the transformation projects, security, running the new CT scanner, rostering software, IT development etc
15. In terms of nursing budgets, £800k extra has been allowed for the effect of: specialing, headroom issues, the nursing review of numbers on shifts, and supervisory time. It is recognised that this is much less than was being sought and assumes a much better control of agency and specialing in 2014/15.
16. Budgets have been set on a recurring rolling basis as they are regularly reviewed and updated during the course of each year. A sort of on-going 'zero-base' approach. In addition a detailed review has taken place for nursing, and diagnostic departments to ensure funding is based on staff in post prior to completing the estimates. All budgets will be further scrutinised in seeking savings. Adjustments have been made where appropriate for the full year effect of developments, changes, and cost pressures in 2013/14. There are regular discussions with budget managers.
17. Savings targets for 2014/15 are being set on a different basis to that in 2013/14 due to the 'transformation' approach driven by the PMO. The total savings requirement is roughly 5% but areas such as ward nursing are protected. In addition some cost areas such as PFI, rates, utilities etc are less able to deliver savings. In 2013/14 there was £3.5m of savings achieved non-recurrently which is included in the application of funds. However extra income has allowed us to avoid adding this to the Directorate savings targets. The final split between 'transformation' and other CIPs has not been finalised and more work is necessary to identify further savings to bridge a substantial gap.
18. The estimates are for SFT alone and do not include figures for Salisbury Trading Ltd, Odstock Medical Ltd, or Replica 3DM Ltd. When the annual accounts are completed it is necessary to consolidate the numbers.

ACTION REQUIRED BY THE BOARD:

The Finance Committee is asked to consider the Base Estimates in respect of 2014/15. Changes arising following contract negotiations will be advised to the Board subsequently.

AUTHOR: **Malcolm Cassells**
TITLE: **Director of Finance and Procurement**
14 March 2014

SOURCE AND APPLICATION OF FUNDS STATEMENT 2014/15	SFT view of 2014/15 Budget	
	£000	£000
SOURCE OF FUNDS		
Contract values:		
Wiltshire CCG	86,129	
Dorset CCG	17,995	
Hampshire CCG	15,970	
Other Contracted CCGs and Dental	4,010	
Hospice Contract	1,933	
National Commissioning Board - Specialised Services	27,368	
Military	5,283	
Non Contracted Activity	2,700	
Miscellaneous	3,109	
Total Recurrent Income before adjustments below		**164,497**
Penalty Provision		-500
NCA Bad debts		-100
Income within Directorate Budgets		17,802
Non-recurring Directorate income in 2013/14		1,430
Additional Dorset activity income		400
Maternity Tariff increase		400
TOTAL INCOME		**183,929**
APPLICATION OF FUNDS		
Base Estimates (based on 2012/13 outturn activity) - Recurring		162,067
Non-recurring Directorate expenditure matched by income, based on 2013/14 outturn		1,430
Add back Directorate savings not achieved recurrently in 2013/2014		3,456
Add expenditure supported by income received by directorates		17,802
Sub Total of Base Estimates		**184,755**
Cost pressures not in base estimates:		
Pay inflation:		
Increments	150	
Agenda for Change Pay Awards	1,105	
Consultant Contract	250	
CEA awards	91	
Sub Total Pay Inflation Costs		1,596
Add NICE funding (drugs) based on 2013/14 activity		1,200
Add funding for maternity cover above 2013/14 level		91
Add Nursing on wards to include Specialling		800
Add CNST increased contribution		981
Add cost of achieving CQUIN money		88
Add other Internal Cost Pressures - (to be challenged further)		3,102
TOTAL APPLICATION OF FUNDS		**192,613**
SUB-TOTAL DEFICIT ON SOURCE LESS APPLICATION OF FUNDS		**-8,684**
Less savings:		
Savings from Laundry	250	
Less cost savings from Wiltshire QIPP	750	
Transformation and Directorate savings	8,154	
Target Reduction in CNST increase	330	
Sub-total savings		9,484
SURPLUS		**800**

Issues:
Ward nursing - specialing and agency
Level of Inflation
The final value of CNST increase
The impact of CQUIN in 2014/15

JOINT BOARD OF DIRECTORS (JBD) MINUTES FROM 15 JANUARY 2014 RE: QUARTERLY REVIEW OF ASSURANCE FRAMEWORK AND RISK REGISTER

PURPOSE

To evidence the quarterly review by the JBD of the Assurance Framework and Risk Register for which it has delegated responsibility. This responsibility is set out in the JBD's Terms of Reference.

MAIN ISSUES

Each year the Trust Board reviews and approves the Assurance Framework and associated Risk Registers.

During the year, delegated responsibility for reviewing the Assurance Framework and Risk Register falls to a combination of the Finance Committee, Clinical Governance Committee and the Joint Board of Directors (JBD).

Extract of JBD minutes – 15 January 2014

ASSURANCE FRAMEWORK REVIEW AND UPDATE
The [Joint] Board received the report accompanied by the Assurance Framework and an extract from the Risk Register. In relation to Risk 2.2 (Impact of Poor Performance on Trust) the Board noted new gaps in control and remedial actions in relation to C-Diff rates, performance of Oral Surgery in relation to referral to treatment targets and the management of trauma patients, cancelled operations. There were new positive assurances indicating that the Trust was meeting the 18 Weeks Target for most specialties and that a decision had been made to expand ITU beds. In relation to Risk 2.4 (Failure to Deliver the IT Strategy) four new gaps of control had been identified around the implementation of e-prescribing and discharge, resistance to new electronic systems, capacity within the IT Department to progress IT projects and it was noted that a benchmarking exercise was being undertaken to assess clinical digital maturity. Newly identified positive assurances included the development of an IT Strategy by the new Director of Informatics. Newly identified positive assurances were noted in relation to Risk 4.1 (Workforce Meeting Needs of Service) and Risk 5.1 (Failure to Secure Income).

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

none

ACTION REQUIRED BY THE BOARD

The Board is asked to note the minute extract from JBD

Nick Marsden
Chairman

PAPER: SFT 3519

REVISED INFORMATICS STRATEGY

PURPOSE:
This report is to update on progress against the refreshed Informatics Strategy which will guide investments and a programme of work over the next 2-3 years to achieve the SFT vision for Informatics.

MAIN ISSUES:
The Salisbury Foundation NHS Trust (SFT) vision for Informatics is as follows:

SFT will make patient care safer and more efficient and improve the working lives of staff by using modern Informatics.

This strategy responds to the internal and external influences on the Trust, particularly the national Information Strategy 'The Power of Information' with its renewed emphasis on the creation of an electronic patient record (EPR), patient choice, outcome measures and linking systems.

The focus of the Informatics workplan will be:

- Improving access to systems to release time for clinical staff
- Increase availability of technology in clinical areas through the use of mobile devices, improved wi-fi access (also for patients and visitors)
- Better access and availability to reporting and data management systems – ensuring that directorate management teams (DMT's) and clinicians have improved access to the data they need
- Ultimately moving towards an electronic patient record with the Clinician's View (CV) system at the core of this development – a clinically led Board is being established to deliver this

ACTION REQUIRED BY THE BOARD:
The Trust Board is asked to note this update on the Informatics Strategy.

ATTACHMENT/S AVAILABLE TO VIEW ON WEBSITE:
Update document, including project plans.

AUTHOR:
Laurence Arnold
Director of Corporate Development

Informatics Strategy Update (March 2014)

Purpose of report

This report is intended to give a summary of progress made on the work-stream themes of the Informatics Strategy 2011 - 2016, since its last update in July 2013 which amended the Trust strategy in light of strategic and external impacts such as publication of the *Power of Information*

Context

The Informatics Strategy 2011 – 2016 sets a Vision for Informatics at Salisbury Foundation Trust (SFT) and describes the approach that the department will take to deliver that Vision. The strategy sets out forty themes intended to enable the organisation to deliver the overarching vision and strategy for the Trust.

1. **Picture Archive and Communication System (PACS) and Reporting Information System (RIS) re-procurement.**

The PACS contract ended on 30 June 2013. SFT has used this opportunity to ensure the second wave of PACS meets the needs of the Trust for the following 5 years with a clinically led re-procurement exercise. The new contracts have been signed and the new system went live successfully on 26 May 2013 and includes new functionality, including the ability to share images with local providers.

Update: *The new PACS system was successfully installed at SFT at the end of May 2013. A significant amount of additional effort applied by the SFT team project to progress the project across the partnership and overcome issues experienced by other organisations involved to ensure we made the contract end date of our own contract thus avoiding additional penalty fees for an extension of the contract.*

Since then several enhancements have been tested and installed including the ability to view SFT patients images held at other Trusts in the consortium (Southampton, Isle of Wight, Portsmouth & Southern Health). Currently this is achieved by accessing the systems at the other Trusts.

With the introduction of the cross data sharing (XDS) system, in October 2014, any search on the SFT system will automatically return results available from the other partners.

2. **Clinicians View (CV) Stage 1 (Datasets).**

This work will continue during 2013/14 and we now have 23 databases in CV feeding clinically agreed data sets in real time. The remainder of the databases will be added as CV is expanded.

Update: *The initial version of CV was released through the existing Hospital Application System (HAS) and provided a summary of patient information held in those datasets.*

CV stage 2 (Click Through) was planned to enable Clinicians to retrieve more detailed patient information from the CV front screen without the need to sign in to each individual dataset.

The HAS system required upgrading to enable CV stage 2 to function. The Citrix upgrade (to XenApp version) is covered in the detail for workstream 33.

3. **CV Stage 2 (Click through).**

In this stage a minimum of 5 host clinical systems will be linked to CV to allow the user to access them without logging into the host system or finding the patient again and this functionality will be made available to all users of CV.

Update: *This project has become known as Single Sign On (SSO) and is now linked with Bighand (system used for the creation of clinical letters), XenApp and WinDip (electronic document management system). So far 8 bridges (patient context data transfer between systems for lookup and editing purposes) have been developed in the test environment. During April, May and June these bridges will be moved into a live environment and released into a pilot phase. Following a successful pilot phase this facility will be made available to Trust staff from August 2014.*

4. **CV Stage 3 (Electronic Document Management (EDM).**

The commercial EDM system that was purchased in 2011/12 will be seamlessly integrated into CV to provide the facility to store, retrieve, search and arrange clinical objects (for example, transcribed clinic letters, medical photography, outputs from some medical devices (e.g. ECG machines) and scanned paper records). This will be made available to all users of CV. This is in the final stages of testing and will go live in Autumn 2013.

Update: *This project is now referred to as the WinDip project. During a review of the functionality and extent of the use of the CV product the decision was made to integrate the EDM system with the BigHand letter creation system. BigHand allows for the electronic creation, storage and automated distribution of clinical letters.*

The filing structure has now been defined and agreed. The system has been configured to allow a letter to be automatically filed based upon the signature block used on the end of the letter. This removes the need to input filing information for letters.

We have now begun to set up and test the downloading of existing letters. The testing of the process was completed by the end of March. We are now planning the download of existing letters into the new file structure. We plan to implement document management to the Outpatient Attendance letters first and then Patient Clinical documents directly afterward.

For information: The original plan was to import medical photographs into WinDip however we are now planning to import them into the PACS system so that all images are controlled by a sole central system.

5. **Networked Medical Devices.**

This project will systematically ensure that all medical devices with information processing capabilities are networked, store their images and reports on network storage and provide a summary of their content to CV as appropriate. This may be via the PACS system if appropriate or using an alternative arrangement. This is happening as new systems are installed (e.g. Blood Glucose) and existing systems are replaced (e.g. Spacelabs replacing existing bedside monitoring kit)

Update: *The Blood glucose (BG) system has now been upgraded and data is being fed from the device into the BG server via a network connection. As Spacelabs devices are installed to replace existing products they are being connected to the Trust network by default.*

6. **CV Stage 4 (Patient Access).**

In this stage patients, carers and other professionals will be able to access and update (either directly or via a medical device in the home) CV. CV will be developed so that it can be embedded into the clinical systems of primary care and other healthcare partners, with appropriate security controls.

Update: *This work is planned to begin once CV stages 1 to 3 have been completed successfully.*

7. **Digitise medical records.**

The results of the consultation exercise on the Outline Business Case for Scanned Records will be presented to the Healthcare Records Committee and then the Joint Board of Directors and a way forward agreed. A pilot has been carried out in the Cleft Lip department and the results are being analysed and the OBC updated accordingly. The Health Records Committee has recommended that new forms should be created electronically wherever possible.

Update: *A pilot involving the scanning of 500 patient records has been completed. An independent supplier has been engaged to recommend a strategy for digitising paper records.*

8. **Electronic Discharge Summaries (EDS).**

This project will achieve the full implementation of electronic discharge summaries (including To Take Out (TTO) prescribing) sent directly to GP practices systems electronically. The contents of the EDS will be available on CV. This is now being rolled out.

Update: *EDS is now being used in Amesbury, Chilmark, Pitton (Respiratory), Sarum, Downton and Britford wards.*

We plan to roll out to the 4 wards in April, 2 wards in May and 4 wards in June 2014. The Electronic transmission of Discharge Summaries to GPs will be live by the end April 2014.

9. Access to primary/community information.

In the first instance read only access to the Wiltshire clinical system (SystemOne from TPP and the national Summary Care Record will be provided to clinical staff at SFT using a proprietary viewing system for each data source (Phase 1), in the longer term datasets will be imported from the local community, primary care and Social Service systems into CV (Phase 2). Read only access to TPP has been set up for specific areas in the Trust. Permission is being sought to extend this access to all clinical areas. The national Summary Care Record still does not exist in the South of England we are unable to progress this. TPP are engaging with other GP Systems suppliers to share information and we are examining whether it will be possible to electronically transfer information (with the patient's permission) into the Trust Information Systems.

Update: *Access to TPP is no live and available in the Emergency Department (ED) and the Medical Assessment Unit (MAU). It is also used by the Pharmacy. A GP lead is helping with the training of clinical staff in the use of this system. .*

We are working with Wiltshire CCG to allow GPs access to SFT records.

10. Electronic Transmission of Clinic Letters.

Letters that are currently generated via IPM will be created in BigHand (SFT's digital dictation system). This will enable the creation of an electronic workflow by department so that letters can be approved electronically. Once approved, where possible these letters will then be transferred directly into GP clinical systems. For GP's that are not able to receive letters in this way, they will have the opportunity to receive them by email via NHS.net or by paper via Synertec, our outsourcing company.

Update: *A new version of BigHand will be released through the XenApp platform after April 2014. This will require some retraining of staff but does add better functionality.*

This project is now interlinked with the XenApp, SSO, CV and WinDip projects. As a result these projects are now being delivered as a programme of works ensuring the best use of resources available.

11. Electronic Requesting by GPs for Diagnostic Tests.

A new pathology web browser will be launched which will enable GPs to access test results for their patients that were initiated by SFT clinicians during the patient's care at the Trust. The current roll

out of electronic requests for pathology tests from GPs will continue until full implementation. The GP requesting of Pathology results was expanded in 2012/13 to include Histopathology results and will be expanded in 2013/14 to include Radiology results.

Update: *In June/July 2014 work is planned to allow GP's to electronically request Radiology images and also to allow GP's to access the results (for their patients) of tests requested by SFT clinicians.*

12. Order Communications/Results Reporting (OCS/RR).

Review (the electronic viewing of results) has been installed. Paper results to GP Surgeries has been switched off and the number of results in SFT being printed has greatly reduced. This will reduce to zero as the electronic patient record is developed. Electronic Requesting (tQuest) of Pathology results is being rolled out with a planned completion date of October 2013. The electronic requesting of Radiology results will start in September 2013 and complete by the end of 2013.

Update: *The rollout of Radiology requesting by clinicians was completed in December 2013.*

The rollout of requesting in outpatients for pathology and radiology test will be complete by the end of March 2014.

A follow on project to include a fix for histopathology requesting, requesting in sexual health and an upgrade to Review (results reporting) will take place in June/July 2014.

13. Theatre Management System (TMS).

SFT will implement the procured TMS to enable real time recording of patient activity and theatre utilisation and support the productive theatre project. This has been installed. Enhancements are planned for 2013/14 – Tray Tracking is planned to complete by November 2013. The next stage is the upgrading of the Operation Notes capability which is in the planning stage. Beyond that we will be looking at Patient Level Costing in Theatres.

Update: "*Tray tracking" provides an audit trail of the sterilised trays of surgical equipment used within the Theatres. It allows the identification and reconciliation of specific trays used on individual patients during their operations providing safer operating environments for patients.*

Tray Tracking has, however, been delayed due to the discovery that the scanners supplied were not fit for purpose. These are being replaced free of charge by the supplier. The new scanner model is currently under test.

The operation notes facility is installed but is in limited use. This is due to the fact that only a generic template is available for use however clinicians want a template per speciality. This would require a substantial amount of resource commitment from both project team members, clinicians and the supplier however it is being reviewed as part of the Theatre Management stream within the trusts Transformation Programme.

14. Clinical Datasets.

This work will expand the use of Excelicare or equivalent forms framework to capture data that is currently only held on paper or based in unsustainable databases. This will provide a clinical documentation facility for all clinical staff to collect structured, coded data at the point of care. A review of the best approach to developing clinical datasets will be undertaken in late 2013.

Update: *The Excelicare product is currently being upgraded to the latest version but is also under review as to its future operation within the Trust. This is being driven by*

a. the installation of the new Cancer Outcomes and Services Dataset (COSD) system. COSD is a set of national indicators used to implement and monitor improvements in cancer outcomes. The implementation of this system will result in approximately 30% of the existing databases being decommissioned from Excelicare and also

b. the success of the Hospice requirement being fulfilled using in-house written systems. The e-Pal system has delivered an electronic patient record (EPR) that is used across the entire palliative care spectrum including inpatients, outpatients and also within community services. The success of this system within the palliative care arena, allowing the teams to work more efficiently to meet patient's needs, demonstrates the power of an EPR system and sets an ideal precedent for extending an EPR system across the Trust.

15. Enhanced Patient and Bed Tracking.

Building on the successful implementation of the Bed Availability Tracking System (BATS) the next phases of the project will improve patient flow through the inpatient settings of the Trust and support length of stay reduction. This has been expanded to include electronic whiteboards so that updating either a Whiteboard or BATS or Consultant Lists or iPM will automatically update the other systems for specific information. A project to record electronically the blood in the Blood Fridge is nearing completion. The next phase, tracking of blood from vein to vein is scheduled to complete towards the end of 2013. The final phase, printing of blood sample labels at the bed site is planned for 2014/15.

Update: *The outputs required of the Whiteboards project is now being absorbed into the work being undertaken as part of the Patient Pathways Project within the Trusts Transformation Programme. This programme will also review BATS as although BATS has been delivered it is not being used consistently across all wards.*

The project to electronically record the blood in the Blood Fridge is still nearing completion. This was delayed as the product purchased did not function as originally described.

16. Electronic Prescribing and Medication Administration (EPMA).

This project will manage the purchase and implementation of a system to achieve electronic transmission of prescription information from a prescriber to the pharmacy, integrate to the current

electronic dispensing process and achieve paperless administration of drugs. SFT has formed a consortium with 3 other Trusts to jointly procure jointly a system. A significant part of the funding will come from the Government. Final Government approval was received in mid May 2013. The next stage is to plan the procurement and implementation.

Update: *The assurance reviews instigated by the Treasury and Department of Health have delayed this project however a tender was submitted to OJEU on the 11th February 2014 for a provider.*

The introduction of an additional assurance review (gateway 2.5) has meant that contract signing is now planned for October 2014 with go live by 1st April 2015.

17. Patient Monitoring.

The intention is to build or procure a system to enable electronic capture of patient vital signs (e.g. temperature, pulse, and respiratory) at the point of care and the automatic calculation of an Early Warning Score for patient deterioration. It will also incorporate clinical decision making information and the ability for nursing assessments to be collected electronically. National funding is to be sought to undertake an in-house development.

Update: *NHS England funding has been obtained and the project is in the early stages of planning. We have received good clinical engagement and the project plan has been signed off by project management board and Information Systems Strategy Group (ISSG).*

18. Promoting the trust website.

The vast majority of the survey respondents have not used the trust website or were unaware of it. This suggests that there should be more communications to promote the trusts presence on the web. The latest data shows increasing “hits” to the website and this promotional work should continue. Feedback about the Trust website has resulted in some development work to redesign the website to reflect today’s needs – this will go live in late summer 2013.

Update: *The Website has been redesigned and was re-launched in 2013. The website is now advertised on outgoing patient letters.*

An increasing amount of patients contact with the Trust occurs via the website.

We plan to extend the functionality of the website with further patient engagement projects, such as allowing patients to change their appointments online.

19. Email letters to patients.

Patients responded very positively to receiving clinical letters, appointment letters and test results via email. However, a significant minority would have issues with this so the choice of paper letters

should be preserved. The deployment of electronic check in facilities with outpatients will assist with the collection of patient email addresses.

Update: *"Email letters to patients" is now part of the BigHand clinical letter project. The deployment of electronic check in facilities is now governed by the Outpatients centralisation project. A supplier has been chosen for the check in kiosk and the contract has now been awarded.*

20. Patient held medical devices.

A project will be established to explore the use of patient held medical devices that are capable of sending electronic information to care organisations. SFT will review the lessons of the national Whole System Demonstrators (WSD) on this subject before proceeding. A trip to review a national early adopter will take place in late summer.

Update: *There has been no progress on this workstream.*

21. System replacement.

Rewrite the Risk Management System and replace with an in house alternative and create the specification for and then write an application to provide a bespoke Ophthalmology Electronic Patient Record. Work was undertaken to create an electronic alert system for adverse events, however it has subsequently been decided to proceed with an upgrade of the commercially produced offering. Informatics is working with Moorfields Hospital in London to embed their open source software into the SFT environment. The software is currently installed on 3 PCs so that Ophthalmology staff can confirm the software meets their needs.

Update: *An externally produced system, called Datix, was eventually chosen as a Trust wide risk management product. The version the Trust uses was recently upgraded which is a crucial step for the next stage of improvement, migrating to the DatixWeb online system.*

Funding has been obtained from NHS England for a system from Moorfields Hospital. A meeting has taken place to define a path for progression for the implementation of this system.

22. Selling Software.

Procure the services from a commercial partner to support SFT selling existing software. First attempt was unsuccessful; now in discussions with potential alternative.

Update: *Further work to engage a partner provider have also been unsuccessful.*

We continue to sell our products to neighbouring Trusts, such as our Freedom of Information (FOI) system. We are also drawing up plans to provide an FOI and data protection advice service to NHS organisations, public sector organisations and businesses.

23. **Secondary Thin Client Environment.**

The feasibility of running a secondary Citrix environment (HAS II) for non clinical applications will be explored to reduce the load on the clinical HAS and to increase the speed of deploying non clinical applications.

Update: *This is on hold as it is now felt that this may no longer be required. This is a result of the introduction of the XenApp platform which can be updated in a much more controlled and timely manner.*

24. **Patient and public questionnaires.**

The Trust needs to support the increased use of online questionnaires by developing the current system or replacing it with an alternative that feeds the Data Warehouse and hence enables effective reporting. In line with Government initiative, the Trust has developed the ability for patients and relatives to give structured feedback using the Friends and Family questionnaire. Findings from these questionnaires will be published on the Trust website.

Update: *Following a significant resource commitment from the in house development team the Friends and Family questionnaire and results are now live on the external website.*

25. **Public access to wi-fi.**

During 2013-14, guest wifi will be installed throughout the hospital, allowing patients and the public access to the internet and emails.

Update: *This service is in the tendering stage of procurement. In parallel we are investigating whether we can partner with another public sector provider to provide a free wifi service.*

26. **Reporting Services.**

The recently launched reporting service of dashboards and cubes framework will be further embedded to improve the Trust's consumption of information. This framework will be capable of adaptation to any of the requirements generated by the agendas shown above. During 2012/13 the Dashboards for Performance, Human Resources and Quality were launched. During 2013/14 these will be refined further. Further dashboards and tools will be developed aimed specifically to support the work of the Directorates in providing safe, effective and efficient services.

Update: *A number of dashboards have been developed in the existing system however the Trust is currently procuring a new reporting tool that is likely to replace the existing.*

27. Forecasting/modelling/benchmarking.

The analysis team will develop a forecasting/modelling and benchmarking capability to proactively alert senior stakeholders to unexpected variation in activity, process and outcome measures and provide a scenario testing service to enable users to simulate the outcome of alternatives courses of action. During 2012/13 modelling work was completed demonstrating bed requirements. Also a piece of simulation work demonstrating the flow of Orthopaedic patients through Main Theatres was completed. During 2013/14 these pieces of work will be developed further, to provide more comprehensive planning information that can subsequently be monitored against.

Update: *A Bed Modelling and Outpatient capacity identification tool has been delivered to Directorate Managers. Patient Flow Project Management Office is currently making use of the Bed Modelling Tool.*

Focus in 14/15 will be on improving to data to undertake demand and capacity analyses for forward planning capacity in OP, theatres with a focus on orthopaedics initially.

Performance Assurance Framework and monthly scorecard will be developed which supports operational delivery and an integrated approach to performance management to be used in monthly performance reviews with the directorates.

28. Outcome measures.

In collaboration with the Quality Directorate Information Services will lead on the creation and embedding of outcome measures into existing and new information systems, and then reported on, to support the Trust achieving an outcome focus to its Quality Accounts. During 2012/13 the Information Services department developed a range of metrics that were successfully used as part of the ongoing reporting to support CQUINs, and inform the Quality Account. During 2013/14 these indicators will be expanded in line with service developments and the CQUIN framework.

Update: *Information Services have assisted with the specification and reporting of a number of measures for this year's CQUIN including Friends and Family reporting and Safety Thermometer reporting. Wards now have access to summaries of performance and are using this data for improvement purposes.*

29. Supporting Choice.

The analysis team will participate in all national and regional initiatives to support patients making choices based on a set of assured information that describes the availability and quality of the Trusts services.

Update: *Each month the Information services team reviews the clinical indicators published by the HSCIC ensuring that the data presented accurately represents performance at SFT. The data quality team within Informatics regularly review and work with staff to improve recording of clinical information input into the Trusts information systems.*

The Information Services team also provides data outputs to populate national patient surveys.

30. Real time notification.

Users will receive more proactive notification (as near real time as possible) when their work breaches DQ standards so it can be resolved at source, during the operational process.

Update: *Over 70 Automated Data Quality Notices are sent out to users on the same day as an error is recognised on the database, giving the user an opportunity to fix an error very close to real time. A programme is in place to update Data Quality Notices and create new Data Quality Notices based on new requirements.*

31. Process improvement.

Using the analysis produced by the data Quality team, the Informatics training team will support operational departments in defining their processes to support 'right first time' data collection and ensure appropriate training and support is in place.

Update: *The Informatics Team continue to support operational departments in defining their processes to support 'Right First Time' data collection and ensure that appropriate training and support is in place. A member of the Informatics Training Team has responsibility for leading on 'Right First Time' issues. Requirements for support are normally generated by either external or internal changes in data requirements and the change is managed and communicated via the Data Quality Improvement Group which is made up of a range of operational and Informatics staff. A programme of new user assessments is in place to support staff who have recently been trained in key areas of the system, including Registration, Referrals and Receptionist to ensure they maintain a high level of accuracy over the first three months following training. Some work has been progressed in utilising information from the Data Quality Notices to proactively manage Data Quality.*

32. Innovative skill building.

The training department will continue to implement innovative/blended training solutions that respond to the needs of customers - including e-learning, floorwalking and peripatetic training support (solving work based problems).

Update: *The Informatics Training Team have utilised e-learning, floorwalking and peripatetic support to respond to customers training needs. This flexibility has been particularly important over the last year, with the number of new systems implemented in clinical areas, including PACS and Pathology and Radiology Requesting where staff have been trained with minimal disruption to the working environment. It is anticipated that the use of flexible learning methods will be developed further and*

the team look forward to the full implementation of the new Citrix Xenapp environment which will bring additional features, such as the availability of video and sound capability widely across the network, which will further enrich learning provision.

33. Thin client upgrade.

The current thin client environment will be modernised following a competitive tender to identify the best technical option for SFT. The system will begin to be deployed in Q3 2013/14.

Update: *XenApp (the latest thin client system) has been rolled out in SDH South and is planned to be rolled out in clinical areas alongside SSO, Bighand and WinDip.*

34. Storage, back up and archive strategy.

With the new SAN there are opportunities to improve the speed of backup and restoration and apply a tiered storage model – so that older data is consuming less expensive disk space. A strategy will be developed that balances these new functions with the cost of consuming our primary storage area at a greater rate.

Update: *The backup strategy is currently being developed to ensure the availability and integrity of data can be maintained.*

Work has been undertaken to virtualise the server estate as the initial stage of this project. These virtualised servers are now backed up by "snapshotting" an entire server rather than backing up individual files on that device.

35. Review of key infrastructure applications.

There will be a proactive review of all the key applications that support the SFT core IT infrastructure to ensure the supplier's roadmap for this application is known, particularly if they plan to end support of the product in the next 12 months.

Update: *Work to reconcile the existing software estate continues. The service catalogue is being updated for each core application to reflect the roadmap for that product.*

36. Mobile Devices.

As ward based use of CV and other clinical applications (e.g. Order Comms, EPMA) develops the demand for bed side computing will grow. The latest advances in mobile computing and lessons learnt from leading NHS Trusts will be studied to ensure SFT invests wisely in this complex area.

Mobile clients will also be required to support the roll out of the Maternity system to the community midwives.

Update: *NHS England funding has been secured to procure mobile computing devices for nursing staff.*

37. **Operating Level Agreements.**

With the implementation of the new service desk will come the opportunity to agree operating levels with Trust departments which can be measured, reported on and subject to escalation if necessary.

Update: *A service level agreement has been put in place for the services supplied to Genetics team. As new applications and systems are installed the service catalogue for that system will reflect the expected service levels.*

38. **IG Assurance.**

A governance system will be implemented and reviewed that ensures all critical assets are owned, administered effectively and the full range of assurance activities are completed.

Update: *As part of the work to comply with the IG Toolkit an InfoPath form for completion by Information Asset Owners and Information Asset Administrators.*

We have recently received confirmation that we have achieved a Satisfactory compliance status for the year 2013 – 2014.

39. **Corporate Records Management.**

The Corporate Records will be audited and procedures agreed with the appropriate departments to ensure the organisational memory is preserved effectively.

Update: *Regular audits are now carried out including audits of management boards and committees. The security and efficiency of records usage has been significantly improved as a result of increased use of digital information over paper based records.*

40. **Informatics capacity management.**

A new capacity management tool will be implemented within Informatics to improve the overall management of the department's activities and reduce the potential for competing priorities of the different workstreams (and operational tasks) for individuals. A new system to log and control

changes has been implemented in 2013/14, but the capacity management tool is still at the pilot stage.

Update: *The capacity management tool has been created and is being rolled out across the Informatics teams. The request for change (RFC) process is now soundly embedded into the culture of Informatics and new RFC's are reviewed at the weekly Informatics Senior Managers meetings.*

<u>Additional works undertaken</u>

During the last year, since the update of the Informatics Strategy in July 2013, a number of additional projects that were not known of at the time have been either delivered or initiated. The most notable have been:-

- Allocate – A replacement for the existing staff rostering system. This project was successfully completed by the Informatics team working to very tight timescales brought about by the looming possibility of having to recommit to further contract extension with the existing provider
- SpIda (Salisbury Performance Individual Development Appraisal) – A new electronic staff appraisal system that has been produced by the in house software development team.
- Leg Ulcer telemedicine (LUTM) – This system required switching to in house support function at very short notice following the discovery that vendor was suddenly ceasing support of the product.
- Disconnection of the Laundry from our network - Salisbury Linen Services are now a separate legal entity from the Trust and are no longer a primary NHS organisation. As a result they require disconnecting from our the SFT network and the NHS higher security N3 connection that provides the majority of the Trusts internet facilities such as email and browsing

<u>Where we are we heading.</u>

As we enter the forthcoming year the Informatics Department will focus on supporting the Trust to deliver its business goals and corporate vision by providing and supporting new ways of working that deliver improved patient care and operational efficiencies in particular by using technology to release clinician time.

These will include :-

- Providing more mobile computing facilities, such as tablet devices to allow staff better access to more electronic patient information at the patient bedside and also in the community.

- Faster review of patient information by clinicians brought about by the introduction of the Single Sign On facility which carries relevant patient details automatically across between specific applications.
- Enable a wider range of clinicians the ability to access corporate systems securely, for those appropriately entitled to access that information, via non corporately owned equipment. This will allow clinicians to view patient information from other locations without requiring the use of a SFT issued computing device.
- Better access and availability to reporting and data management systems – ensuring that DMT's and clinicians have improved access to the data they need.
- Improved patient observation and monitoring with a new in house developed application that will alert clinicians in the case of sudden deterioration of patients.
- An improved patient experience brought about by the introduction of public accessible WiFi facilities within the Trust campus.
- The Clinicians View Project Management Board will effectively become the patient records committee as we move toward further digitisation of patient information across the Trust.
- The selection of a suitable replacement for the existing Patient Administration System (PAS) will identify potential relevant system consolidation opportunities and revenue savings

NHS FOUNDATION TRUST CODE OF GOVERNANCE

PURPOSE

For the Board to consider the Trust's overall position on compliance with the Code of Governance, the outcome of which will help inform the content of the 2013/14 Annual Report.

MAIN ISSUES

Monitor published a new Code of Governance taking effect from 1 January 2014. This replaced the Code that had been in force since 1 April 2010.

This year's local compliance review is based on the three main tables set out by Monitor, mentioned below.

Also set out as appendix A are some highlights from the 2014 Code.

> **Table 1** The provisions […] require a supporting explanation, even in the case that the NHS foundation trust is compliant with the provision. (These are often matters normally included in the annual report.)
>
> **Table 2** The provisions […] require supporting information to be made publicly available even in the case that the NHS foundation trust is compliant with the provision. This requirement can be met by making supporting information available on request and on the NHS foundation trust's website.
>
> **Table 3** For these provisions, the basic "comply or explain" requirement stands. The disclosure should therefore contain an explanation in each case where the trust has departed from the Code, explaining the reasons for the departure and how the alternative arrangements continue to reflect the main principles of the Code

The Code also requires the Board to publish a range of statements. It is timely to review the content of these and they are set out in Appendix B.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

The Trust's response to the range of disclosures now required by the Code of Governance.

ACTION REQUIRED BY THE BOARD

The Board is asked to approve the Trust's responses to the various sections of the NHS Foundation Trust Code of Governance for 2013/14.

Nick Marsden
Chairman

Appendix A

THE NHS FOUNDATION TRUST CODE OF GOVERNANCE

The Code of Governance reflects the implementation of the 2011-13 NHS reforms, so much of the new Code content is within the expected range. The move from the Authorisation to the Licence and from the annual Compliance Framework to the Risk Assurance Framework are also reflected.

The three-yearly external reviews of board governance are not new, nor brought about by the new Code, but they are reflected in it.

> B.6.2. Evaluation of the boards of NHS foundations trusts should be externally facilitated at least every three years. The evaluation needs to be carried out against the board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.

There is more explicit coverage of the role of the non-executive directors in challenging the actions of the board and in relation to their time-commitment. The requirement to maintain a list of organisations to whom the Duty to Co-operate applies has been removed.

> A.1.c The role of the board of directors is to provide *entrepreneurial* leadership…

> B.1.e The value of appointing a non-executive director with a clinical background to the board of directors should be taken into account by the council of governors.

> C.1.4– not wholly new, but a more public rendering of the requirements to make exception reports to Monitor if the Trust is expecting to suffer a substantial downturn in its fortunes. What is new here is the requirement to communicate also to the Council of Governors and potentially to the public.

> C.3.2. The main role and responsibilities of the audit committee should be set out … The council of governors should be consulted on the terms of reference…

Board Statements under A.1.1, A.5.6, B.1.4, E.1.1 and E.1.2

A.1.1 [Extract] The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors (as described in A.5). The annual report should include … a statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.

A STATEMENT EXPLAINING HOW THE BOARD OF DIRECTORS AND THE COUNCIL OF GOVERNORS OPERATE, INCLUDING A HIGH LEVEL STATEMENT OF WHICH TYPES OF DECISIONS ARE DELEGATED TO THE MANAGEMENT BY THE BOARD OF DIRECTORS

BOARD OF DIRECTORS

The Board of Directors comprises the Chairman, Chief Executive, up to seven Non-Executive Directors and five Executive Directors making thirteen in total.

The Board meets bi-monthly. The dates of the meetings are advertised on the Trust's web-site. The agendas, papers and minutes for all public meetings are published on the web-site.

The Directors have collective responsibility for:-

- Setting strategic direction, ensuring management capacity and capability, and monitoring and managing performance
- Providing leadership and governance to the Trust within a framework of prudent and effective controls
- Providing accountability to Governors and being responsible to members and stakeholders
- Managing the operational, business and financial risks to which the Trust and its related businesses are exposed
- Monitoring the work undertaken and the effectiveness of the sub-committees of the Board
- Allowing flexibility to consider non-routine matters or items that are outside of the planned work programme
- Reviewing the performance of the senior management team

Annually the content of the agendas for the following twelve months is agreed to ensure there is a good order and appropriate timing to the management of the above functions

The Board is required to comply with its Standing Orders, Standing Financial Instructions and the Licence. The Board has to submit a strategic plan to Monitor and quarterly reports to confirm compliance with both the Trust's Continuity of Service and Governance targets under the risk assurance framework.

COUNCIL OF GOVERNORS

As set out in the Constitution the Trust has a Council of Governors, comprising public, appointed and staff governors.

The Chair of the Trust Board is also the Chair of the Council of Governors and is a key conduit between the two bodies. The full Council of Governors meets in public four times a year and also holds an annual members meeting.

The Chief Executive normally attends the Council meetings to present a performance report. Non-Executive Directors regularly attend to develop their own understanding of the work of the as part of their accountability.

The work of the Governors is divided between their statutory and non-statutory duties. The statutory duties are to:-

- Represent the membership and wider public
- Hold the non-executives to account for the performance of the board
- Appraise and appoint or remove the Chairman and Non Executive Directors of the Trust
- Approve the appointment of future Chief Executives
- Appoint or remove the Trust's External Auditor
- At the AGM consider the Trust's annual accounts, auditor's report and annual report
- Set the Terms & Conditions of Non Executive Directors together with their remuneration and allowances
- Hold the non-executive directors to account for the performance of the board
- Be consulted by the Board of Directors on the development of forward plans for the Trust and any significant changes to the healthcare provided.

Where appropriate Governors have been placed, on a voluntary basis, into Committees or groups to look at the requirements of these functions and make recommendations for the full Council.

DECISIONS DELEGATED TO THE MANAGEMENT BY THE BOARD OF DIRECTORS

The Scheme of Delegation, which is included within the Trust's Standing Orders, sets out the decisions which are the responsibility of the Board of Directors. These are actioned either by the Trust Board or a committee of the Board.

Below Trust Board level the Directors have established the Joint Board of Directors which consists of the Executive Directors, Clinical Directors and other senior post holders. This meets monthly and is chaired by the Chief Executive. Its remit is to consider the management of the day to day business of the Trust, both operationally and clinically. The Joint Board of Directors is supported in its work by the Operational Management Board Chaired by the Chief Operating Officer and the Clinical Management Board Chaired by the Medical Director.

A.5.6. The council of governors should establish a policy for engagement with the board of directors for those circumstances when they have concerns about the performance of the board of directors, compliance with the *new provider licence* or other matters related to the overall wellbeing of the NHS foundation trust. The council of governors should input into the board's appointment of a senior independent director.

U
nder the Trust's Constitution, the Board will consult the Council on the appointment of the Senior Independent Director. A process for formal dispute resolution is included in the Trust's constitution as follows:

51. DISPUTE RESOLUTION
51.1. In the event of a dispute arising between the Board of Directors and the Council, the Chairman shall take the advice of the Secretary and such other advice as he sees fit, and he shall confer with the Vice-Chairman and the Lead Governor and shall seek to resolve the dispute.

51.2. If the Chairman is unable to do so, he shall appoint a committee consisting of an equal number of directors and governors to consider the matter and to make recommendations to the Board and Council with a view to resolving the dispute.

51.3. If the dispute is not resolved, the Chairman may refer the dispute to an external mediator appointed by the Centre for Dispute Resolution, or by such other organisation as he considers appropriate

CODE OF GOVERNANCE SECTION B .1.4

B.1.4. The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the **annual report**, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust. Both statements should also be available on the NHS foundation trust's **website**.

A STATEMENT ABOUT THE BALANCE, COMPLETENESS AND APPROPRIATENESS OF THE BOARD

The Board currently comprises the Chairman, Chief Executive, 5 ot her Executive Directors and 6 other Non Executive Directors. There is a clear separation of the roles of the Chairman and the Chief Executive, which has been set out in writing and agreed by the Board. The Chairman has responsibility for the running of the Board, setting the Agenda for the Trust and for ensuring that all Directors are fully informed of matters relevant to their roles. The Chief Executive has responsibility for implementing the strategies agreed by the Board and for managing the day to day business of the Trust.

All of the Non Executive Directors, are considered to be independent in accordance with the NHS Foundation Trust Code of Governance. While, on appointment, the Chairman has to meet the Code's 'test of independence' it does not, thereafter, apply to this role.

The Board considers that the Non Executive Directors bring a wide range of business, commercial and financial knowledge required for the successful direction of the Trust. This includes clinical and f inancial matters in particular.

All Directors are equally accountable for the proper management of the Trust's affairs.

All Directors are subject to an annual review of their performance and contribution to the management and leadership of the Trust.

At the present time the Board is satisfied as to its balance, completeness and appropriateness and will keep these matters under review.

CODE OF GOVERNANCE SECTION E.1.1

E.1.1. The board of directors should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on.

As an acute hospital and a Public Benefit Corporation the Trust exists to deliver NHS services in line with national guidelines and also to respond to the requirements of the health community which it serves. The Trust Board welcomes the views and opinions of all individuals and stakeholders who have an existing connection, or might have a future connection, with the Trust.

The Board maintains an open communication with members, patients, clients and stakeholders and, while welcoming individual comment, will also seek to make maximum use of the various corporate relationships that exist. These will include Governors, Members, Patients groups, and external organisations such as Commissioners, and local Councils while Health care professionals will always be able to make their views known through the range of hospital departments.

The Trust Board undertakes to involve the local community in all its forms, as appropriate, in any significant aspect of physical or service change. The nature of any proposed change may require different levels of consultation from Governors only through to full public consultation. The Trust will consult formally on those matters where this is necessary. In this regard the Trust Board will take advice and guidance from Wiltshire Health Watch on the procedure/process for conducting any formal consultation where this is required.

CODE OF GOVERNANCE SECTION E.1.2

E.1.2. The board of directors should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums (eg, Local Healthwatch, the Overview and Scrutiny Committee, the local League of Friends, and staff groups).

The Trust Board recognises the importance of having mechanisms in place which ensure that a satisfactory dialogue can always take place with its stakeholders and appreciates the constructive comments that can flow from this style of relationship.

The Directors are very open in the release of information about the Trust and its performance through the availability of information on the Trust's web-site and the publication and distribution of a range of written information such as Press Releases, the Annual Report, Annual Review and Members and Staff Newsletters. This creates 'openness' and allows external challenge which the Trust welcomes. To help in this process the Trust has a full time Public Relations Manager.

The Trust Board looks to work closely with all key groups and their representatives. A representative of the Wiltshire Health Watch routinely attends the Public meetings of the Trust Board. Trust representatives regularly brief the local Health & Well-Being Board.

Governors are exploring ways of communicating with Members and giving Members the opportunity to express their thoughts. The Board understands the critical importance of maintaining strong relationships with Staff Groups and the Staff side Secretary attends Trust Board meetings, the Trust has regular meetings with the JNC which has an Executive presence, and communicates to all staff verbally via a monthly Cascade Brief, in writing via Health News Weekly and on the Intranet. Staff opinion is sought on all matters which affect working conditions.

By adopting an open, engaging and listening approach the Trust is well placed to ensure that the public interests of all stakeholders are considered appropriately with any resulting consultation being managed in accordance with the response to paragraph E 1.2.

Table 1 - Sections of the Code where a supporting explanation of compliance is required via annual report

The provisions listed below require a supporting explanation, even in the case that the NHS foundation trust is compliant with the provision. **Where the information is already contained within the annual report, a reference to its location is sufficient to avoid unnecessary duplication.**

	Code provision	Section of the Annual Report
A.1.1	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors (as described in A.5). This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	Annual Report A statement is included as part of appendix 1.
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.	Annual Report

A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Annual Report
B.1.1	The board of directors should identify in the annual report each non- executive director it considers to be independent, with reasons where necessary.	Annual Report
B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	Annual Report Statement included with Appendix 1
B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	Annual Report
B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	Annual Report
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Annual Report

B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	Annual Report
B.6.2	Where an external facilitator is used for reviews of governance, they should be identified and a statement made as to whether they have any other connection with the trust.	Annual Report
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	Annual Report
C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	Annual Governance Statement

C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	Annual Report
C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	Annual Report

C.3.9	A separate section of the annual report should describe the work of the [Audit] committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	
E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	

E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	

Table 2: Code of Governance public statements

The Trust is required by Monitor to make certain information available to the public through the website

Provision	Information required on website:	
A.1.3	The board of directors should make available a statement of the **objectives** of the NHS foundation trust showing how it intends to balance the interests of patients, the local community and other stakeholders, and use this as the basis for its decision-making and forward	Click here to see the statement
B.1.4	A description of **each director's expertise** and experience, with a clear statement about the board of director's balance, completeness and **appropriateness**.	Click here to see the details of the board of directors Click here to see the statement on balance completeness and appropriateness.
B.2.10	The main role and **responsibilities of the nominations committee** should be set out in publicly available, written terms of reference.	Click here to see the terms of reference
B.3.2	The terms and conditions of appointment of non-executive directors.	Click here to see a specimen appointment letter
C.3.3	The main role and **responsibilities of the audit committee** should be set out in publicly available, written terms of reference.	Click here to see the terms of reference

D.2.1	**The remuneration committee should make available its terms of reference**, explaining its role and the authority delegated to it by the board of directors. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the NHS foundation trust.	Click here to see the terms of reference
E.1.1	The board of directors should make available a public document that sets out its **policy on the involvement of members, patients and the local community** at large, including a description of the kind of issues it will consult on.	Click here to see the statement
E.1.4	**Contact procedures for members who wish to communicate with governors** and/or directors should be made clearly available to members on the NHS foundation trust's website.	Click here to visit the governors' pages Click here to contact the trust

Table 3: "Comply or explain" assessment of compliance with the 2014 Code of Governance

The way in which the Board applies the principles and provisions is described in the various sections of the report. In addition, there are a number of new additional reporting requirements and explanatory notes that are tabled at the end of the NHS Code of Governance section of this Annual Report. This requirement follows amendments to the NHS Foundation Trust Code of Governance by Monitor in December 2013. These reflect changes to the UK Corporate Governance Code, the provisions within the Health and Social Care Act (the 2012 Act) and a number of regulatory issues which have implications for how Trust's establish and report on corporate governance arrangements. The Directors consider that for the 2013/2014 year the Trust has been fully compliant.

Details on the NHS Foundation Trust Code of Governance can be found on the Monitor website at www.monitor.gov.uk

For all provisions listed below there are no special requirements … For these provisions, the basic "comply or explain" requirement stands. The disclosure should therefore contain an explanation in each case where the trust has departed from the Code, explaining the reasons for the departure and how the alternative arrangements continue to reflect the main principles of the Code.

Provision	Summary:	Response
A.1.4	The board should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its health care delivery	Confirmed. The Board receives regular reports on quality, performance and finance. There is a board assurance framework and system of internal control, as detailed in the Annual Governance Statement.
A.1.5	The board should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance	Confirmed. The Board receives regular reports on quality, performance and finance.
A.1.6	The board should report on its approach to clinical governance.	The Trust has completed a self-assessment of against the Monitor Quality Governance Framework.
A.1.7	The chief executive as the accounting officer should follow the procedure set out by Monitor for advising the board and the council and for recording and submitting objections to decisions.	The Chief Executive is aware of the requirements of this provision in the Accounting Officer Memorandum

Provision	Summary:	Response
A.1.8	The board should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life	The Trust has a set of staff values in place, which are being reviewed during 2013/14. Staff are periodically reminded of the Nolan principles of the values and accepted standards of behaviour in public life.
A.1.9	The board should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility.	The Board has adopted the Professional Standards Council's code of conduct. This is also reflected in job descriptions.
A.1.10	The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors.	As well as NHSLA cover, a separate Directors and Officers liability policy is maintained
A.3.1	The chairperson should, on appointment by the council, meet the independence criteria set out in B.1.1. A chief executive should not go on to be the chairperson of the same NHS foundation trust.	Confirmed – the requirement to meet the Licence "fit & proper" requirements, additional constitutional requirements and be able to be certified as independent under the Code is built into the advertising and recruitment process
A.4.1	In consultation with the council, the board should appoint one of the independent non-executive directors to be the senior independent director.	Confirmed – this is the Deputy Chairman. The board consulted the Council proposed appointment at the Council meeting on 10 February 2014.
A.4.2	The chairperson should hold meetings with the non-executive directors	Confirmed – meetings are bi-monthly and as necessary
A.4.3	Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the board minutes.	Confirmed – Directors are aware of this provision.
A.5.1	The council of governors should meet sufficiently regularly to discharge its duties.	Confirmed – The Council has four scheduled meetings per year.
A.5.2	The council of governors should not be so large as to be unwieldy.	Confirmed – This was reviewed in 2013 and the number of governors is considered to be workable.

Provision	Summary:	Response
A.5.4	The roles and responsibilities of the council of governors should be set out in a written document.	Confirmed – This document (under B.1.4.of the 2010 Code) was adopted in 2013.
A.5.5	The chairperson is responsible for leadership of both the board and the council but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate.	Confirmed – The Chief Executive attends all Council meetings. Chairman arranged for at least two non-executives to support him at each Council meeting.
A.5.6	The council should establish a policy for engagement with the board of directors for those circumstances when they have concerns.	Confirmed – policy in place. Bi-monthly informal meetings with the NEDs, were increased from quarterly starting in 2014.
A.5.7	The council should ensure its interaction and relationship with the board of directors is appropriate and effective.	Confirmed – the Board and Council keep this essential relationship under continual review
A.5.8	The council should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board.	Confirmed – governors are aware of this provision and of the consequences of using this power.
A.5.9	The council should receive and consider other appropriate information required to enable it to discharge its duties.	Confirmed During 2013 the Trust developed the range of activity information available to the Council of Governors
B.1.2	At least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.	Confirmed. All non-executives are considered to be independent
B.1.3	No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.	Confirmed. Directors and governors are aware of this provision,
B.2.1	The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors.	A Nominations Committee is in place on the Board to oversee Executive appointments and is appointed ad hoc for non-executive appointments

Provision	Summary:	Response
B.2.2	Directors on the board of directors and governors on the council should meet the "fit and proper" persons test described in the provider licence.	Confirmed. Governors and Directors are requested at each public meeting to confirm this individually
B.2.3	The nominations committee(s) should regularly review the structure, size and composition of the board and make recommendations for changes where appropriate.	A review would arise from a change of circumstances.
B.2.4	The chairperson or an independent non-executive director should chair the nominations committee(s).	Confirmed – this is in the Trust's Constitution.
B.2.5	The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors.	Confirmed - This is established in the setting up of the Nominations Committee,
B.2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors.	Confirmed - reflected in the Constitution
B.2.7	When considering the appointment of non-executive directors, the council should take into account the views of the board and the nominations committee on the qualifications, skills and experience required for each position.	Confirmed – board members are able to describe the board's needs for specific skills and appropriately to influence the recruitment process
B.2.8	The annual report should describe the process followed by the council in relation to appointments of the chairperson and non-executive directors.	Confirmed – this is set out in the Annual Report.
B.2.9	An independent external adviser should not be a member of or have a vote on the nominations committee(s).	Confirmed – this is not the Trust's practice

Provision	Summary:	Response
B.3.3	The board should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity.	Confirmed – this is monitored through the declaration of interests process
B.5.1	The board and the council governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make.	Confirmed – the Trust has developed the performance, workforce, quality and financial information provided to the Board and Council
B.5.2	The board and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis.	Confirmed – independent external advice would be made available if required.
B.5.3	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors.	Confirmed – Independent external advice would be made available if required.
B.5.4	Committees should be provided with sufficient resources to undertake their duties.	Confirmed – committees have the Board's authority to investigate matters in their terms of reference
B.6.3	The senior independent director should lead the performance evaluation of the chairperson.	Confirmed – the SID is commissioned by the Performance Committee to undertake this.
B.6.4	The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non- executive directors relevant to their duties as board members.	Confirmed – training and development opportunities are circulated to NEDs and the need for training/development are discussed regularly.

Provision	Summary:	Response
B.6.5	Led by the chairperson, the council should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities.	Confirmed - This is undertaken by an internal review sub-group
B.6.6	There should be a clear policy and a fair process, agreed and adopted by the council, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council or has an actual or potential conflict of interest which prevents the proper exercise of their duties.	Confirmed. This is set out in the Constitution
B.8.1	The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	Confirmed – directors are aware of this provision
C.1.2	The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.	Confirmed This is given in the annual plan and annual report
C.1.3	At least annually and in a timely manner, the board should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance.	This is given in the annual plan and annual report

Provision	Summary:	Response
C.3.1	The board should establish an audit committee composed of at least three members who are all independent non-executive directors.	Confirmed – an Audit Committee of four independent non-executive directors is in place
C.3.3	The council should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors.	Confirmed – the last appointment round was in 2011/12
C.3.6	The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust.	Confirmed – the auditor was appointed from 1 April 2012 for five years, with a review clause after three years.
C.3.7	When the council ends an external auditor's appointment in disputed circumstances, the chairperson should write to Monitor informing it of the reasons behind the decision.	Confirmed
C.3.8	The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.	Confirmed. The Trust's Raising Concerns policy is developed and approved by the Joint Board of Directors
D.1.1	Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives	It is not the Trust's practice to use performance related pay
D.1.2	Levels of remuneration for the chairperson and other non-executive directors should reflect the time commitment and responsibilities of their roles.	Confirmed - benchmark information is reviewed by the Performance Committee each year

Provision	Summary:	Response
D.1.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination.	Confirmed
D.2.2	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments.	Confirmed – delegated authority is in the terms of reference
D.2.3	The council should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	The current NED remuneration was set in 2009 and a professional adviser would be engaged if a major change to this was envisaged. The Performance Committee finds the results of the annual remuneration survey very helpful in advising the Council.
E.1.2	The board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums.	A statement setting this out has been approved by the board
E.1.3	The chairperson should ensure that the views of governors and members are communicated to the board as a whole.	Confirmed. Governors attend the public board meeting and are able to ask questions. The Board receives a report on the Council of Governors meetings through the Chair.
E.2.1	The board should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate.	Confirmed – examples given below

Provision	Summary:	Response
E.2.2	The board should ensure that effective mechanisms are in place to co- operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each.	Confirmed – the Trust has sound relationships with its major stakeholders, including the CCGs, local authority, health & well-being board, Health Watch and neighbouring trusts.

March 2014

WESSEX ACADEMIC HEALTH SCENCE NETWORK

PURPOSE

To approve the Trust becoming a voting member and guarantor of the Wessex AHSN, which has been formed as a company limited by guarantee.

MAIN ISSUES

Background to the Wessex AHSN

The Wessex AHSN is funded and licensed by NHS England and covers a locality based on Bournemouth, Dorset, Hampshire, Isle of Wight, Poole, Portsmouth, Southampton and southern Wiltshire.

Wessex AHSN aims to:

- Ensure that people across the region can expect the same, high quality of care regardless of location or provider through collaborative service improvement and innovation programmes.

- Rapidly translate research into practice, promote adoption and spread of innovation – including timely implementation of NICE technology appraisals – through efficient knowledge exchange.

- Work with the NIHR research networks to support delivery of clinical trials to time and to target, by facilitating research initiation and supporting patient participation.

- Use information systems to support quality and care delivery improvements, improving access, understanding the impacts of our interventions and identifying emergent issues.

- Provide an open door to health and university expertise for industry, to enable the design, development and investment in new services and technologies.

- Work with Health Education England (Wessex) to ensure education and training programmes draw on emergent best practice, and foster an innovative, improvement–focused workforce.

Governance of the AHSN

A company limited by guarantee has been incorporated. The company's board of directors is comprised of representatives of NHS providers, CCGs and universities.

It is proposed that Salisbury FT joins initially as a Voting Member and Guarantor (£1). We are asked to put forward an executive director to be our voting member.

If this appointment is agreed, then the Trust is committed for two years to an annual membership fee in year one of £10,000, with year two's fee to be agreed.

The company's articles and the Voting Members' Agreement have been designed so that differences in the status of membership of NHS Trusts (who cannot become guarantors) and other partners is minimised.

Voting Members commit to harmonising information governance arrangements, providing performance information on activities relevant to the Company, sharing best practice and adopting a 'mutual recognition agreement' for clinical trials so as to enable the CLG to fulfil its mission.

Voting Members should endeavour to consider all opportunities and issues that affect the Company in the light of what is in the best interests of the fulfilment of the Company's mission not solely in relation to the narrower interests of their own organisation.

It is envisaged that the Trust's representative will attend four partners' meetings per year and will receive the agenda papers for the board of directors (ten per year) plus acting as adviser to AHSN, plus advocate for AHSN.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

The AHSN's prospectus and business plan set out the network's objectives, system of delivery, financial plan and programmes and are available at http://wessexahsn.org/.

ACTION REQUIRED BY THE BOARD

- Approve Salisbury FT becoming a Voting Member and Guarantor of the Wessex Academic Health Science Network
- Approve the payment of £1 in the event that Wessex AHSN is wound up whilst the Trust is a Guarantor, or within 1 year of it ceasing to be a Guarantor
- Ratify the completion and signing of the Deed of Adherence for the Voting Members Agreement and the Application for Admission as a Guarantor
- Approve payment of Year 1 membership fee of £10,000. Subsequent years level of membership fees are to be set by the Wessex AHSN Board and approved by Voting Members on a two-thirds majority basis.
- Approve the appointment of the Chief Executive to act on the Trust's behalf in this regard and the Director of Finance & Procurement as Deputy

Nick Marsden
Chairman

MINUTES OF THE CLINICAL GOVERNANCE COMMITTEE
held at 10am-12pm, Thursday 27th February 2014
in the Boardroom, Salisbury District Hospital

Present:

Sarah Mullally (Chair)	Peter Hill
Christine Blanshard	Tracey Nutter
Fiona Hyett	Claire Gorzanski
Steven Long	Sally Tomlin
Nigel Atkinson	Mark Stabb

In attendance:	Item
Helena Eagles (Minute-taker)	
Dr Claire Page	CGC0205
Hazel Hardyman, Katrina Glaister, Emma Rayfield	CGC0206
Dr Stef Scott	CGC0210

Apologies:

Lydia Brown, Kate Hannam

Sarah Mullally welcomed the Committee and confirmed the meeting was quorate.

MINUTES OF THE MEETING HELD ON 23rd January 2014

The Committee approved the Minutes as an accurate record of the meeting.

CGC1101 MATTERS ARISING/ACTION TRACKER

CGC0101 (A.O.B. Sept 13) R&D Committee
On agenda.

CGC1102 (Nov 13) Patient Story
Heidi Lewis confirmed that appropriate conversations had taken place and this item was complete.

CGC1104 (Nov 13) Dementia Strategy Mid Year Report
Helena Eagles is liaising with Tom Newman & Kim Bennett from Informatics and will be able to give an update in March 2014.

CGC1105 (Nov 13) Proposed CGC Schedule 2014 - Hot Topics & CGC0106 (Jan 2014) Complaints Report
Updates on Junior Doctors' Rotations and Complaints Report are on the agenda (see items CGC0205 & 0206). Both items complete.

CGC1116 (Nov 2013) Internal Audit Report
Mark Stabb confirmed that he would bring a report to the March CGC meeting.

CGC0103 (Jan 2014) Spinal Unit Leadership
Tracey Nutter reported that the visit to Rheumatology has been swapped with the Spinal Unit so that their visit could be brought forward. Complete.

AOB (Jan 2014) Radiology
TN will chase local feedback with Colette Martindale and the next Quality Visit to Radiology is due on 22nd July 2014.

STRATEGY

CGC0203 HOT TOPIC - HOW CGC RECEIVES REPORTS ON COMPLAINTS (SEE ITEM CGC0206)

CGC0204 HOT TOPIC - ROTATIONS OF JUNIOR DOCTORS UPDATE

CP discussed the following points and the effect that they may have on SFT:-

- Several posts already unfilled creating gaps in departments and on rotas.
- Transfer of Foundation Trainees from acute trusts to Psychiatry from August 2014.
- Further creation of community posts in Foundation Programme expected August 2015 – again will be created by conversion of acute trust posts.
- Increase needed in number of training posts for GP schemes – likely to come from Core Medical rotations and run through training posts in O&G and Paediatrics.
- Poor recruitment to Emergency Medicine and Medical Specialties with a commitment to the G(I)M rota.
- Impact of Shape of Training (Greenaway report) – may improve situation in time but changes likely to be implemented very slowly.
- Broadening the Foundation programme – will have dramatic impact on DGHs if published, but appears to be on hold currently.
- Many hospitals poorly prepared for a workforce with fewer trainee doctors despite being warned that this would happen in time and no quick fix solutions to replace this cohort of the workforce.

SFT are working collaboratively with HEE/Wessex Deanery..

Matters regarding the implications on clinical governance of a reduction in the numbers of junior doctors were fully discussed. SFT are now really seeing changes starting to develop.

CP assured the Committee that SFT is aware of the issues and is analysing them.

The big message from CP was that SFT are not alone, this is a nationwide problem. Nationally the NHS is poorly prepared for the changes and there are no quick fixes.

NA - this report is very helpful and suggested this item returns on a regular basis so that the CGC can receive updates.

CB - the Medical Workforce Project is looking at how SFT will manage with lower numbers of junior doctors.

SM suggested that it would be helpful for this report to contain 2 extra columns - the risks to the organisation and then how SFT intends to address these risks.

CB - issues are well known at Directorate level but it can be difficult to get more of an overall picture. CB expressed her gratitude to CP for putting this report together to demonstrate the cumulative risk.

SM - we need to assure that the cumulative risk is covered.

PH suggested that this report should be given a good airing at the Workforce Committee. Agreed by the CGC members.

PH - we need to push back to the Deanery over this issue.

Action: This report will return to the CGC in May 2014, including the additional information on the risks to SFT and how SFT will address these risks. **CP**

MS asked whether this paper leads to discussions about the financial risk and CB confirm it did. PH confirmed that the Joint Board of Directors have discussed this.

CP noted that SFT has been approached to take 2 ACCS trainees and CP will be following this up.

The Committee noted the report.

CGC0205 NURSING, MIDWIFERY & AHP STRATEGY UPDATE

TN presented the report.

TN - the strategy outline was presented at the AGM and launched in October 2013, since then it was has been widely presented in various forums.

Detail has been added under the goals, we now have an overall document, one which discusses what the Director of Nursing and Quality Directorate will do, another discusses what the DSNs and ward leaders will do, and finally another which says what individuals will do.

TN met with the ward sisters in January. Maria Ford (Senior Nurse for Critical Care) has done a lot of work on this strategy.

TN saw some very good ideas from ward leaders, with good discussions over the value of the pledge and what it means. TN is considering changing some of the appraisal documents to include the pledge. Some of the sisters are looking at how to develop the role of the senior nurse and rotational work is also being considered. The sisters' action plans were discussed, Gary Cleeve from

Redlynch did a very good interactive presentation using props.

TN has spoken with staff about what she would like them to present in October 2014.

TN will be meeting with the Therapy Leads and this will be the next source of work. Following this SFT needs to identify what to do at a corporate level to support this.

SL questioned how we could measure the results of this strategy with regard to the patients and changes made to their care.

TN - Real time feedback and the Friends & Family feedback will help. Some of the complaints data and ward based quality indicators can also be used.

Action: Ward based quality indicators to be presented by staff in October and discussed in November CGC meeting. **TN/FH**

PH agreed and believed that some of the outcomes will be s ofter and less measurable. FH agreed, in terms of the October presentations in October staff have been asked to hone in on one or two things that have changed as a result of implementing the strategy.

SM asked whether there were any areas of concern that have not progressed.

CB reported that this is a fantastic piece of work but CB would like to see more of a steer on the strategy regarding some of the problems identified in real time feedback.

TN - this is identified in the strategy under patient centred care.

PH would like to see the messages from the strategy connected across other areas of work and SL agreed that good practice needs to be shared across all wards. Wards have very different cultures. SM noted that ward leaders have a big influence on the ward culture.

The Committee noted the report.

<u>ASSURING A QUALITY PATIENT EXPERIENCE</u>

CGC0206 QUARTER 2 COMPLAINTS REPORT AND HOT TOPIC DISCUSSION ON HOW CGC RECEIVES COMPLAINTS REPORTS

Directorate management teams have each prepared a qualitative report for complaints received in quarter 2 which have been pulled together into one report. No format was requested - the teams were asked to provide themes and actions taken to give a clear picture of the complaints in each directorate. The report therefore has different content and layout for each directorate.

KG - HH submitted the Q1 report at the end of 2013 and CGC did not like the previous format. KG has therefore sought a more narrative report with direct input from the Directorate Management Teams. KG asked the CGC to feed back

their opinions on the format of the reports and confirm how they would like the complaints report format to look in future.

PH felt that KG had done well to get different reporting ideas from each DMT.

PH considered the Surgery report to be too detailed.

CB liked the new report format and feels it is much easier to gain information from the Q2 report and measure what has changed since Q1.

KG explained the changed to the Customer Care team; there are now 3 Band 6 Patient Experience Facilitators (Elaine Willman for Surgery, Andrea Edwards for Medicine and Emma Rayfield for CSFS & MSK). They will work closely with their directorates to improve the complaints handling process.

SM liked the summary on the front page and the table from Medicine.

NA liked this layout but added that it would be helpful to pick out whether totals of complaints under the various themes are increasing or decreasing.

TN liked the main issues presented in the Q1 report which put the overall report into context.

NA wanted to see more information on whether complaints are being resolved within their target times.

MS discussed where in the process actions taking place are tracked and KG explained that the Patient Experience Facilitators will be working closely with directorates to ensure action plans are used and closed. The new DATIX web system is much better than the old version and should help in this regard.

SL wanted personal issues captured more effectively - some complainants want to raise awareness about practice whereas others are seeking a more extreme response. KG then discussed how the PEFs will offer an early meeting to any patient who has a more complex complaint. They will then agree the way forward - this will enable SFT to get to the nub of the complaint early on in the process.

SL asked whether figures for complaints that receive an early telephone call or meeting could be noted on the report.

FH discussed how ward sisters would be more involved in any complaints that result to their area, therefore ward sisters would be making some of these early phone calls themselves.

SL's role in sampling complaints needs to be formally reviewed as part of Information Governance. **Action: SL, KG, HH to meet and discuss how to formalise this arrangement.** **SL, HH, KG**

To summarise, future complaints report will include:-

- a rolling average
- ombudsman information
- national changes to the complaints system

- a chart on the front
- use the Medicine Directorate's format
- more information on overall themes
- track changes over the year
- response time
- information on early interventions

The Committee noted the report.

ASSURING CLINICAL EFFECTIVENESS

CGC207 QUALITY INDICATOR REPORT JAN 2014 (FOR INFORMATION)

- Two MSSA bacteraemias.

- Six cases of C difficile, with no link between them. 19 cases so far this year against a threshold of 21.

- A decrease in grade 2 pressure ulcers.

- Safety Thermometer – 92% ‘harm free care’. A decrease in patients with a new hospital acquired pressure ulcer. Ongoing cluster reviews.

- A decrease in SHMI to 106 to June 2013 (103 when adjusted for palliative care) and is as expected.

HSMR has declined again to 110 in November 13 but remains higher than expected. Key actions:

- ➢ Implementation of the Sepsis Six campaign.
- ➢ Reducing missed doses of medication.
- ➢ Reducing patient moves and handoffs.
- ➢ Reducing avoidable admissions from nursing homes.
- ➢ Weekly mortality reviews with immediate dissemination of learning points.

- 80% of patients had their fractured hip repaired within 36 hours. At the beginning of February a dedicated weekend trauma list started for orthopaedics.

- Patients arriving on the stroke unit within 4 hours has improved but patients spending over 90% of their stay on the unit has declined due to bed capacity. Improvement sustained in patients having a CT scan within 12 hours. A reduction in TIA referrals being seen within 24 hours; the stroke team are working with GP practices to improve use of referral pathways.

- There were eight non-clinical same sex accommodation breaches due to ITU patients not being able to be moved to a ward within 12 hours of being ready. Escalation bed capacity increased but ward moves remain low. Wilton ward opened to accommodate delayed transfer of care

patients.

- Falls resulting in major harm continue at a low level.

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

TN - SFT had one positive C.difficile result in February 2014 and we are currently at 20 cases out of a target of 21. If we exceed target this will be flagged as a concern with Monitor.

There is a national struggle with C.difficile.

PH noted that the target of 21 was reduced from last year; therefore we will not necessarily have had more cases than before.

TN suggested that the information SFT receives on a quarterly basis could be brought to CGC.

The Committee noted the report.

CGC0208 MAJOR ISSUES REPORT

CB presented the report and highlighted:-

1. Closing the gap priorities for essential change in Mental Health.
2. CQUINS 14/15 and local quality requirements agreed.
3. Holiday Playscheme achieved a successful Ofsted report.
4. The Transformation programme launched.
5. The appraisal system developed.
6. Refurbished Redlynch Ward opened.

The transformation on Redlynch ward is fantastic.

CB discussed the new electronic appraisal system for doctors which should give a more structured approach,

The Transformation Programme and efficiency savings were discussed at length; PH remarked that staff response had been variable. Theatre staff have a good buy in but Patient Flow is very much still at discussion phase.

CQUINs – still under discussion with West Hants CCG who would like to see something different from the other CCGs. It would be easier to harmonise all the schemes.

SM would like to hear more about the 11 areas in the Transformation Programme and in relation to quality indicators. PH confirmed that most schemes are driven by Quality and FH noted that the quality impact assessment scheme could be shared with the CGC.

Action: TN agreed that areas affected by the Transformation Programme should be flagged up in future Quality Walks. **TN**

The Board noted the report.

CGC0209 DR FOSTER REPORT

CB presented the report.

- SHMI is 106 to June 2013 and is as expected. HSMR has declined to 110 in November 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.

- Performance summary December 2012 to November 2013 indicates deaths from secondary malignancies, pneumonia, COPD and senility and organic mental disorders were above expected. These deaths have been reviewed by the weekly mortality reviews and key learning points disseminated to teams. There were no deficiencies in clinical care which resulted in an avoidable death. Deaths where the patient had received a blood transfusion in the last episode of care were above expected – these deaths will be reviewed by the chair of the Mortality Working Group.

HSMR is gradually declining and SHMI expected. The mortality reviews are continuing and we are now seeing some positive results. There is evidence of some good practice regarding end of life care and communication with families. At the CMB this week we heard about SFT's success in resuscitating cardiac arrest patients.

The Committee noted the report.

CGC0210 GOVERNANCE ARRANGEMENTS FOR R&D

Clinical research is a vital part of the work of the NHS, and a commitment to conduct, promote and use clinical research to improve patient care is part of the NHS England Constitution. Arrangements for research governance are at 3 levels:

- National: National Institute of Health Research (NIHR) The NIHR provides the framework through which the Department of Health maintains and manages the research, research staff and research infrastructure of the NHS in England. A summary of the NIHR governance arrangements is detailed in Annex A to the report.

- Network: The NIHR Clinical Research Network (CRN) funds the Trust Research Office to implement the NIHR research governance framework and provide the NIHR Research Support Service for a consortium of NHS organisations. A summary of the role and operation of NHS Research Management Offices in England may be found at Annex B to the report.

- Local: The Trust research governance arrangements (over and above any national and/or network systems) are detailed at Annex C to the report.

The arrangements for performance management of these research governance arrangements may be found at Annex D to the report.

SS - all SFT research studies are national multi-centre trials, only 1 at present is led by SFT. SFT goes through an approval process with the NIHR when participating in studies. The same form is used for all the regulatory processes in the NHS. Checks and contracts are consistent amongst all Trusts.

The NIHR also funds the clinical research network, as of 1st April we are changing to a new system. Wessex Clinical Research Network provides the next tier of the system.

R&D reports come to CGC on an annual basis.

CB - there are a lot of metrics we report to CRN such as recruitment targets, adverse events etc.

SS - SFT does well and we punch above our weight for an organisation our size.

The third layer of governance was discussed, this is typically for local policies and procedures such as the sponsorship policy and small scale, low risk studies.

CB - SFT does not run clinical trials locally.

The difference between service improvement and research was discussed, items for clinical audit and service improvement do not come under R&D. CGz explained that a protocol for service evaluation is currently being drafted, once this is in place arrangements will be watertight. An annual report for service evaluation will be brought to CGC once the protocol is up and running. Service evaluation is often a precursor to research.

Intellectual property was discussed. Normally the Trust would own IP and the funding body would ask for a share.

The Committee thanked SS and noted the report.

ASSURING SAFETY

CGC0211 DRAFT CQC INTELLIGENT MONITORING REPORT – FEB 2014

CGz presented the report.

- The report presents the CQC's analysis of 93 applicable indicators. These cover quality and performance indicators, patient and staff

experience.

- Each indicator has two possible levels of risk, that is, a risk or elevated risk. The indicators show SFT has one elevated risk and one risk:

  1. Elevated risk - HSMR is higher than expected. CGC 0209 Dr Foster's report explains the actions we are taking to address this risk.

  2. Risk – The mortality rate in patients with endocrinology conditions is higher than expected. This is an aggregate measure which includes patients with a primary diagnosis of diabetes with and without complications and fluid and electrolyte imbalance. The mortality working group will review these deaths to ascertain if any were preventable to learn and improve.

- SFT has an overall risk score of 3, a reduction from 4 in October 13. SFT has a risk banding of 6 which puts us in the lowest possible band.

The report came out in draft form and will be formally published in mid-March. The report is being discussed here in CGC to be formally aired before being taken to the CCG.

Mortality of endocrinology patients are a risk, Dr Will Garrett who is leading the weekly mortality reviews will be looking at this. CB explained that some problems last year occurred when all of Dr Lawrence's patients were given an endocrinology code when some should have gone under a consultant general physician code. We need to check if this has happened this year too.

SL - last year the CGC heard how sensitive this score is and was pleased to hear that SFT is again in the lowest risk band.

The Committee noted the report.

CGC0212 SII/CR Report Q3

TN presented the report.

Updates since October 2013 CMB to outstanding recommendations:

- CR 93 All recommendations completed
- CR 94 Recommendations 1,2, 4 and 5 completed
- CR 96 Recommendations 6 and 7 completed
- CR 99 Recommendations 2 and 3 completed
- CR 100 All recommendations completed
- CR 101 All recommendations completed
- CR 102 All recommendations completed
- CR 104 Recommendation 3 completed
- SII 121 Recommendations monitored via NMAHP forum
- SII 123 Recommendations monitored via NMAHP forum

- SII 125 All recommendations completed

Reviews with outstanding recommendations:

- CR 94, CR 96, CR 99, CR 104

Reviews with recommendations added to Department/Directorate Risk Register
- Nil

New Recommendations since October 2013 CMB
- CR 99 CS&FS
- CR 101 Medicine
- CR 104 Medicine
- SII 121 Medicine
- SII 123 MSK
- SII 125 MSK

Serious Incident Inquiry/Clinical Review for Closure
- CR 93, CR 100, CR 101, CR 102, SII 121, SII 123, SII 125

TN reported that CR96 was now complete and on p.5 of the report recommendations 1 and 2 are now complete.

TN - the Risk Team have done a great job of getting recommendations completed much quicker.

NA congratulated the Risk Team for completing these reviews in a timely manner.

The Committee noted the report.

CGC0213 SAFEGUARDING ADULTS & CHILDREN QUARTER 3

ADULTS:-

FH presented the report.

Included in this quarterly report are updates on referrals, activity and themes in relation to Safeguarding Adult work in the Trust. This report has already been to the Integrated Safeguarding Committee

Work continues around completion of Safeguarding Adults MLE and the Mental Capacity Act (MCA) MLE. MLE training numbers for Adult Safeguarding and MCA have begun to dip slightly

Awareness of the MCA is increasing, requests for IMCAs remain low, but we are not convinced this is because we are missing patients. Deprivation of Liberty Safeguard (DoLS) authorisations continue to be made as required.

4 alerts were received about care in the Trust but none were upheld as neglect after investigating with Social Services. Adult safeguarding is very

much in the public eye and with awareness increasing we would expect an increase in alerts but this is challenging. We have been very supported by the CCG and have worked hard with Social Care to help them understand the figures with respect to turnover and number of patients.

TN discussed the draft response to the Jimmy Savile investigation, this has now gone to the Department of Health.

CHILDREN:-

General Information relating to Safeguarding Children For Salisbury NHS Foundation Trust (SFT).

CQC inspected SFT in October 2013, as part of their 'Review of health Services for Looked After Children and Safeguarding in Wiltshire'. The inspection was completed under the new framework and focused on organisations compliance with Section 11 of the Children Act, including the statutory guidance Working Together to Safeguard Children 2013. They looked at the role of healthcare organisations in understanding risk factors, identifying need and their contribution to multi agency communication and working. They also looked at the role of providers in providing holistic assessment and care to Looked After Children. There was a strong focus on the involvement of families and young people, tracing their journey through safeguarding and they met with Children, young people and their family's as a part of this.

As this was a review of the inspection in 2012, a rating was not given but a number of recommendations will be made. At the time of writing, the report has not been released and therefore the recommendations and corresponding action plan will be detailed in the quarter 4 report.

The new Integrated Safeguarding Committee has taken place twice, TN chairs and FH leads on adults. CM will be taking over the child elements when FH steps up to cover TN's role from April until a new Director of Nursing is recruited.

Update on action plan from CQC inspection in October 2013 - SFT did well as an organisation, CQC were pleased with ED & Maternity but we do have some actions. The action plan has been signed off at the Integrated Safeguarding Committee.

Jane Murray is working with IT to get safeguarding on the intranet and make leaflets available for children and parents. Training is still a struggle, we have made good progress but the commissioners would like to see increased levels. Multi-agency training has been discussed,

DBS checks are being reviewed.

The Committee noted the report.

CGC0214 LEARNING DISABILITIES ANNUAL REPORT

FH presented the report.

- Key achievements:
- Agreement to flag LD patients on PiMS
- Further Easy Read material
- Reduction seen in complaints and calls related to LD
- Easy Read Menus completed
- Launch of Integrated Safeguarding Committee
- Clinical representation on LDWG

Challenges:

- LD training and awareness
- Availability of CTPLD Liaison Nurse for assessments and training
- Medical Lead for Adult Safeguarding, MCA and LD

FH discussed the development of a buddy system which will be added to the list of challenges. SM commended FH on this initiative.
The Easy Reading Group has reviewed all necessary documentation and will only meet as and when required in future.

The Learning Disabilities Working Group now has a patient representative and it will be interesting to see how this progresses.

SL and FH discussed how patients with learning disabilities are flagged up on admission. FH reported that this can be a challenge if the GP does not alert SFT.

The Committee noted the report.

CGC0215 MEDICATION SAFETY REPORT

The report was presented by Sally Tomlin.

ST highlighted the following aspects:-

1) BNF - previously released as a paper copy biannually, with 1 free of charge copy for every pharmacist and every prescriber in the hospital twice a year. The government is no longer out free hard copies, instead the publication will be available as an e-book but hard copies are available to buy for £40 per copy. The e-version is updated monthly.

Discussion was had over how best to access the BNF. It was agreed that the most sensible solution seems to be to keep the Sept 2013 copies available for staff but highlight the availability of the electronic version for absolutely up to date guidance. CB suggested that a link should be added so that the electronic version can be easily accessed from PC desktops.

2) ST has been logging the mixing of medicines on the report for some time. The rules have been clarified regarding this - when 2 medicines are

mixed to form an unlicensed compound you can only legally administer this if the doctor specifically states this must be done at the time of prescription.

The Committee discussed doctor expertise and concerns about implementing these rules as it may result in nurses being asked to mix medicines which are not compatible and could result in patient harm.

ST is waiting for national guidance.

Action: TN asked ST to log the risk and ensure the risk assessment is completed. **ST**

The Committee noted the report.

PAPERS FOR NOTING

The Committee noted the following:-

CGC0216 Clinical Risk Group minutes (December, January)
CGC0217 Clinical Management Board minutes (January meeting cancelled)
CGC0218 Infection Prevention & Control Committee minutes (January minutes available for March CGC)
CGC0219 Children & Young People's Quality & Safety Board minutes (December)
CGC0220 Integrated Safeguarding Committee minutes (November)

CGC0221 ANY OTHER URGENT BUSINESS

No matters were raised.

NEXT MEETING

Thursday 27th March, 10am-12pm, Boardroom.

DRAFT MINUTES FROM THE AUDIT COMMITTEE MEETING HELD ON 10 FEBRUARY 2014

PURPOSE

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

MAIN ISSUES

This meeting was attended by representatives of KPMG, the Trust's appointed auditors.

The committee received (and has since followed up) internal audit reports from TIAA (formerly South Coast Audit) as follows: significant level of assurance in relation to the robustness of Board KPI's, Monitor compliance, payroll (other Trusts) and CQC Outcome 9 – Medicines; satisfactory assurance in relation to Odstock Medical Limited and limited assurance on the findings of the ward visit review. The work carried out on wards in the hospital was in relation to the completion of routine procedures to check drug fridge temperatures, maintain detailed records of medical equipment training, application of cash and valuables procedures for patients and the booking of charitable donations.

Regular updates from the counter-fraud service and in respect of the assurance framework have been received and reviewed.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

The draft minutes from the meeting held on 10 February 2014

ACTION REQUIRED BY THE BOARD

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

Nick Marsden
Chairman

SALISBURY NHS FOUNDATION TRUST
Minutes of the Audit Committee
Held on: 10 February 2014

Present: Mr N Atkinson (Chairman and Non-Executive Director)
Dr L Brown (Non-Executive Director)
Mr A Freemantle (Non-Executive Director)
Mr I Downie (Non-Executive Director)

In Attendance: Mr M Cassells (Director of Finance and Procurement)
Mr J Brown (KPMG)
Mr M Stabb (South Coast Audit)
Mr A Morley (Local Counter Fraud Specialist)
Mrs F Hill (for item '4')
Mr D Seabrooke (Head of Corporate Governance)

ACTION

1. MINUTES

The minutes of the meeting held on 14 October 2013 were accepted a true record.

2. EXTERNAL AUDIT

The Committee received the progress report and technical update from KPMG. Mr J Brown highlighted the following principal points:

- A revised working protocol with Internal Audit (TIAA) have now been agreed.
- KPMG have set out their timetable for the year end process.
- A successful interim audit had been c ompleted in recent days and work with the annual report and quality report was well advanced.

JB also reported that the detailed guidance on quality accounts for 2013/14 had recently been issued by Monitor and that the requirement for Governors to select a performance indicator had been reinstated.

KPMG's analysis of Foundation Trust Annual Plans was also presented comprising a mixture of actuals and planned figures in relation to length of stay, bed occupancy and theatre utilisation.

The Committee noted the report from KPMG.

3. INTERNAL AUDIT

The Committee received the Internal Audit Progress Report condoning details of final audit report issued and noting work in progress.

There was a significant level of assurance in relation to the robustness of Board KPI's, Monitor compliance, payroll (other Trusts) and CQC Outcome 9 – Medicines. There was satisfactory assurance in relation to Odstock Medical

Limited and limited assurance on the findings of the ward visit review.

The work carried out on wards in the hospital was in relation to procedures to check drug fridge temperatures, maintain detailed records of medical equipment training, application of cash and valuables procedures for patients and the booking of charitable donations.

In addition there was a medium priority issue in relation to the documentation and sign off of ward handover and safety briefing processes. The Auditors were satisfied that the handover/briefing processes were themselves working.

The Committee also reviewed the audit plan 2014/15 this was risk assessed on the basis of 340 available days and the number of days may vary following the merger between South Coast Audit and TIAA.

Counter Fraud
This section of the report described the ongoing work in relation to counter fraud. The Committee highlighted the case involving a work group of 11 employees where the indications were that the staff rota meant that staff were often working 2.5 hours less per week than their contracted hours. The practice was understood to have been continuing for several years. New processes were being introduced, including the rollout of E-Rostering.

The Committee noted the Counter Fraud report.

4. ASSURANCE FRAMEWORK

Mrs F Hill attended for this item and the Committee received a report setting out the findings of the three assuring committees and the following principal points were highlighted:

- Finance - there was a new gap in control for risk 5.2, a £1.8 million gap in the savings plan, positive assurances had been noted in respect of reference costs, a high continuity of service monitor rating and good internal audit reports.
- Under Clinical Governance Committee infection control rates had been highlighted and positive assurances around new monitoring processes were identified.
- Joint Board of Directors had highlighted gaps in control in relation to impact of poor performance and failure to deliver the IT Strategy. Positive assurances have been identified in relation to 18 weeks performance and the recent decision to expand ITU beds. Positive assurances have been identified in relation to successful IT implementations and the work of the Director of Informatics devoted to the delivery of the IT Strategy.

The Committee approved the Assurance Framework process.

5. REVIEW OF LOSSES AND COMPENSATION REGISTER

MC circulated the latest compilation of the register and this was signed by the Chairman.

6. DATE OF NEXT MEETING

Friday 23 May 2014 at 10 am in the Boardroom.

PAPER - SFT 3524

MINUTES FROM THE COUNCIL OF GOVERNORS MEETING HELD ON 10 FEBRUARY 2014

PURPOSE

To present these draft minutes to the Board for information as to issues discussed by the Council of Governors.

MAIN ISSUES

The governors received the customer care report for Q2 and an update on trust performance. The Council was consulted on the appointment of deputy chairman of the trust. A Nomination Committee was appointed to take forward a non-executive director recruitment.

ATTACHMENTS AVAILABLE TO VIEW ON WEBSITE

The draft minutes from the meeting held on 10 February 2014

ACTION REQUIRED BY THE BOARD

To note the draft minutes of the Council of Governors meeting 10 February 2014

Nick Marsden
Chairman

SALISBURY NHS FOUNDATION TRUST

Minutes of the Council of Governors Meeting – Part 1
At Salisbury District Hospital
Held on Monday 10 February 2014

Governors Present:		**Apologies:**	
	Nick Marsden (Chairman)		Simone Yule
	Colette Martindale (Lead Governor)		Raymond Jack
	Celeste Collins		John Carvell
	Mandy Cripps		Christine White
	Carole Noonan		
	Anita Pheby		
	Andrew Farrow		
	Beth Robertson		
	Paul Goldman		
	Chris Wain		
	Alastair Lack		
	Nick Sherman		
	Shaun Fountain		
	Lynda Viney		
	Sarah Bealey		
	Brian Fisk		
	Mary Monnington		
	John Markwell		
	Robert Coate		
	June Griffin		
	Rob Polkinghorne		

In Attendance:
Peter Hill (Chief Executive)
Malcolm Cassells (Director of Finance and Procurement) for item '5'
David Seabrooke (Head of Corporate Governance)
Isabel Cardoso (Membership Manager)
Nigel Atkinson (Non-Executive Director)
Lydia Brown (Non-Executive Director)
Fiona Hyett (Deputy Director of Nursing)

ACTION

1. CHAIRMAN'S INTRODUCTION

The Chairman Nick Marsden introduced himself as this was his first meeting of the Council of Governors following his appointment of Chairman of Salisbury FT from 1 January 2014.

It was noted that Anita Pheby was resigning her position as a representative of the Wessex Community Action. The Chairman thanked Anita for her contribution to the Council of Governors over recent years.

It was noted that Paul Goldman, Celeste Collins and Robert Coate would be retiring when the current term of office came to an end as they will have served the maximum 9 years. The Trust will be running an event for prospective candidates on 27 February.

2. MINUTES OF THE PUBLIC MEETING HELD ON 25 NOVEMBER 2013

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

Matters Arising
It was noted that the delivery of the patient transport contract had improved slightly in recent weeks but concerns continued to be escalated to Arriva, the appointed contractor.

It was noted that work on ward staffing was continuing and a report would be made to a future meeting of the Trust Board.

It was noted that Monitor had published a revised Code of Governance which had taken effect from 1st January 2014.

3. TRUST PERFORMANCE TO 31 DECEMBER 2013 (MONTH 9)

The Council received the performance summary and the following principal points were made:

- The Trust was confident in the accuracy and quality of the figures provided, this was demonstrated by Audit.
- The Trust's 4 hour A&E performance had at times been below the required standard and this was shown as Amber rated in the report.
- There had been a further six attributed C-Diff cases in January 2014 bringing the year-to-date total to 19 – it was noted also that the Trust carried out more testing of patients looking for Norovirus which meant that there were further C-Diff positive results. In each case root cause analysis was completed and three of the affected patients in January had been transferred in from other hospitals.

The Council noted the Performance Report.

4. CUSTOMER CARE REPORT – QUARTER 2

The Council received the update for qtr 2 complaints submitted by the Interim Head of Customer Care.

Peter Hill described the significant and positive changes to the Customer Care Service with a range of new appointments now in post and some employees with a clinical background better able to get into the detail of issues behind complaints with wards in the hospital.

Work was underway through the Clinical Governance Committee to develop the format of the report further.

It was confirmed that the name of the service was still under discussion and that as yet there was no firm plan for its relocation although the possibility of accommodation in the new Springs entrance was being looked at.

Other principal points were made as follows:

- Complaints received represented 0.1% of activity.
- The new arrangements in Customer Care would improve the Trust ability to address main themes arising from the report, such as attitude of medical staff (15 complaints in qtr 3) and any hotspots where any greater proportion of complaint was arising.

It was also noted that the latest patient survey results would be published as soon as they were available.

The Council noted the Customer Care report for qtr 2.

5. FINANCIAL PERFORMANCE TO 31 DECEMBER 2013

The Council received the report on the financial and contracting position to 31 December 2013 and Malcolm Cassells attended for this item.

The following principal points were made:

- The 9 month position was close to the plan.
- Both income and expenditure were up against plan, the income arising from additional activity.
- The continuity of service rating was at the highest, 4, and the Trust self assessed rating under the old FRR was 3 – both figures in line with the plan.
- Figures for Salisbury Trading Limited would be consolidated into the Trust’s accounts at year end. It was thought that the previous annual loss of £0.5 million had been eliminated.
- Discussions with commissioners were ongoing where there was over performance.
- The Trust was considered likely to end the year on plan making a surplus of around 1% of turnover.
- Cost improvement targets were 77% met and the gap was currently being filled by revenue from extra activity.
- There were concerns about agency costs for both nursing and medical personnel although there were signs that previous high levels of agency spend were now being controlled effectively.
- Agency spend for doctors was £1.5 million although this was thought to be have been properly approved and some of it was funded.

MC emphasised that the Trust’s ability to invest in capital schemes was largely reliant on it making a surplus.

It was noted that the Trust had improved its approach to recruiting and retaining nursing assistants and had reduced vacancy rates. A further recruitment round for overseas qualified nurses would shortly be undertaken.

In response to a question from Alastair Lack MC indicated that the Trust could improve its capacity to take on new activity by reducing length of stay where appropriate, eliminating blockages in the system, diagnostic delays. The Trust had a good track record of taking on new activity and delivering it well.

In conclusion the Chairman emphasised the need to strengthen the Trusts future planning in 2014/15.

6. APPOINTMENT OF DEPUTY CHAIRMAN

The Council received a report from the Head of Corporate Governance. It was noted that Directors had discussed this issue and that the Chairman was putting forward Dr Lydia Brown as Deputy Chairman for consultation with the Council of Governors. The Chairman explained that he preferred continuity over change so that he could develop his relationship with the Vice Chairman and senior independent Director.

The Council of Governors discussed the nomination and raised no objection the Chairman's proposal.

7. NOMINATION COMMITTEE

The Council received a report from the Head of Corporate Governance setting out the requirements to appoint a Nomination Committee to lead on behalf of the Council of Governors the recruitment of a Non-Executive Director to succeed Nigel Atkinson who retired on 31 January 2015. The Head of Corporate Governance reported that following a request to the Governors that 2 nominations had been received for the 2 places available for Public Governors, none had been received for an appointed Governor and 3 had been received for a Staff Governor.

Following discussion with the Council of Governors, the Head of Corporate Governance concluded that the following Governors could be appointed to the Committee: Colette Martindale, Beth Robertson, Raymond Jack and Mary Monnington.

Arrangements would be made for an initial meeting of the Committee and it was anticipated that the Committee would report its recommendation as to the appointment at the 24 November Council of Governors.

8. REVIEW OF GOVERNOR SUB GROUPS AND REPRESENTATIVE ON TRUST LED GROUPS

The Council received a report setting out revised Committee memberships and lead group appointments. It was noted that Raymond Jack, Alastair Lack and Chris Wain would continue to review the constitution.

The Council of Governors approved the committees and working groups list.

9. WORKING GROUP REPORTS

Strategy Review Group

The Council received a copy of the notes of the meeting of the Strategy Group held on 11 December 2013. It was also noted that the Group had met again in January.

Membership and Communications Group

On behalf of John Carvell, Chris Wain presented the report of the Membership and Communications Group which had met on 4 February.

He highlighted the following principal points:

- The group had discussed progress with individual Governors' constituency meetings.
- It had discussed protocol in relation to Governors attending meetings held in their locality – it was requested that Governors notify Isabel Cardoso in advance when they were attending meetings where they may be seen as representing the Trust.
- A number of Governors were attending career fairs at local schools to promote membership and NHS careers.

10. DATES FOR FUTURE MEETINGS

The Council received a list of planned meetings for the remainder of 2014.

The next meeting was on 24 February at 3pm.