

IN CONFIDENCE

SALISBURY NHS FOUNDATION TRUST

TRUST BOARD

FRIDAY 22 MAY 2015 IN THE BOARD ROOM

A G E N D A

| | | | Page |
|---------------------------------|--|------------|-------------|
| 12.00 noon | 1 APOLOGIES Alison Kingscott & Sarah Mullally | | |
| | 2 INTERESTS | | |
| | 3 REPORTS | | 1 |
| | 1. 2014/15 Financial Statements for MC Approval | | - |
| | 2. 2014/15 Annual Report for Approval | PB | 3 |
| | 3. 2014/15 Quality Account for Approval | LW/CB | 91 |
| 4 PURCHASE OF OML SHARES | MC | - | |
| 5 LOAN AUTHORISATION | MC | 157 | |
| 6 NEXT MEETING | The next meeting will be held on the 8 June 2015 in the Boardroom at Salisbury District Hospital following the public meeting. | | |

APPROVAL OF THE ANNUAL REPORT AND QUALITY ACCOUNT 2014 - 2015

PURPOSE OF PAPER:

To approve the Annual Report and the Quality Account 2014/2015.

MAIN ISSUES:

- The Annual Report has been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual (FTARM). There is a requirement for a Quality Report, which is included as directed, in the Annual Report. (Please note that you will receive this separately and it will be inserted in the designed copy of the Annual Report and Accounts that will be laid before Parliament).
- There is also a legal requirement that the Quality Report is also published separately as the Trust's Quality Account and this document should be prepared in accordance with Department of Health (DoH) guidance. For ease, the Quality Report meets both DoH and FTARM requirements and is circulated within the Annual Report to Board members.
- The Quality Account has been reviewed using patient, public, governor and staff feedback and indicators developed and reviewed by the Clinical Governance Committee. Stakeholder engagement took place to gauge views on areas of quality. The Quality Account itself has been shared with Governors and also sent formally to the county councils for Wiltshire, Hampshire and Dorset, Wiltshire Clinical Commissioning Group, and Healthwatch who all commented on the final document for publication.

ACTION REQUIRED BY THE BOARD:

To approve the Annual Report and the Quality Account 2014/2015.

Authors:

Annual Report - Patrick Butler, Head of Communications.

Quality Account - Christine Blanshard, Medical Director and Lorna Wilkinson, Director of Nursing

Date: May 2015

Salisbury NHS Foundation Trust

Annual Report and Accounts 2014/2015

Salisbury NHS Foundation Trust

Annual Report and Accounts 2014/2015

**Presented to Parliament pursuant to
Schedule 7, paragraph 25 (4) of the National
Health Service Act 2006**

CONTENTS

Message from the Chairman
Trust Values and Behaviours
Organisational Structure
Strategic Report
Directors' Report

- Patient and Stakeholder Relations
- Directors' Report Additional Disclosures

Remuneration Report

- Chairman of the Remuneration Committee's Annual Statement
- Senior Managers Remuneration Policy
- Annual Report on Remuneration

NHS Foundation Trust Code of Governance

- Disclosure Statement
- General Statements
- Council of Governors
- Board of Directors
- Audit Committee
- Nominations Committee
- Membership
- NHS Code of Governance Additional Reporting Requirements

Quality Report
Sustainability Report
Equality Report
Staff Survey Report
Regulatory Ratings Report
Public Interest Disclosures
Annual Accounts

If you would like further copies of this report or need a copy in larger print, another language or on tape please contact the Chief Executive's Department on 01722 429249.

Salisbury NHS Foundation Trust
Salisbury District Hospital
Odstock Road
Salisbury
Wiltshire
SP2 8BJ
01722 336262
www.salisbury.nhs.uk

MESSAGE FROM THE CHAIRMAN

This has probably been the most difficult year since we gained Foundation Trust status in 2006, with unprecedented demand throughout the year on a number of our services and the major financial challenges that we, and the whole of the NHS, are facing at a time when nationally the aim is to move more care away from hospital and into the community.

Despite this we have responded well to the operational challenges we have faced and continued to provide high quality, safe care in what have sometimes been periods of extreme pressure. We have also made significant improvements that have made a real difference to our patients, their relatives and carers. This would not have been possible without the commitment, professionalism and dedication of all our staff, whether they work on the “frontline”, or provide an invaluable support role at ward or departmental level. Looking through our Annual Report I can see so many positive examples of this, whether these relate to the way in which our staff are actively involved in improving services for their own patients or sharing best practice across the wider NHS.

Our local community continues to play a key role in the development of the hospital and its services through our Governors and members, and the wide range of fundraising activities carried out in conjunction with the Stars Appeal. We also enjoy significant support from other charitable sources such the Southern Spinal Injuries Trust, Hospice Trustees and the Salisbury Hospital League of Friends, which celebrated a major milestone this year, having given loyal and dedicated support to healthcare in Salisbury over the last 60 years.

This year saw the start of a new fundraising campaign for a dedicated Breast Cancer Unit. This will provide the best possible environment for patients, with purpose-built waiting, diagnostic and treatment rooms for breast patients and also enable faster care and treatment. This follows the installation of two new CT scanners, which was made possible thanks to the tremendous generosity of local people, organisations and staff who supported the CT scanner fundraising campaign in the previous year. I have never experienced such a high level of support and affection for a hospital than I have seen here in Salisbury, and once again I thank our local community, fundraisers and supporters for all their efforts over the years.

Next year will present us with further challenges, both operationally and financially as we look carefully at how we can provide more efficient and effective services for our patients without compromising their care. The financial situation and the relationship that we have with other providers and our partners in health and social care will be absolutely critical if we are able to make the changes to the way in which healthcare is delivered. What is important is that patients receive the right level of care in the appropriate setting, whether this is in hospital or in the community, and we all agree that the long term success of our hospital and the key services we provide forms an important part of any changes that take place in the future.

We will improve services wherever we can and we are working together with other hospitals on a joint bid to create a new model for adult community services across Wiltshire, which will increase integration across hospital and community settings and deliver care that focuses on the needs of patients. Plans are also progressing on £2.2 million extension to our maternity unit to cater for an increase in the local population due to the rebasing of thousands of soldiers and their families from Germany to Wiltshire. These are just two examples of our ambition and our commitment to continual improvement.

We will continue to review our services so that we maintain our high standards and the good quality of care which is such a key factor for patients at Salisbury District Hospital. We will also continue to work closely with our staff to ensure that we continue to attract and retain the very best people here in Salisbury. I look forward to the challenges that lie ahead and a positive future for our hospital, our patients and our staff.



Nick Marsden
Chairman
22 May 2015

Principal Activities of the Trust

At Salisbury District Hospital, Salisbury NHS Foundation Trust provides a range of clinical care, which includes general acute and emergency services, to approximately 240,000 people in Wiltshire, Dorset and Hampshire. Specialist services, such as burns, plastic surgery, cleft lip and palate, genetics and rehabilitation, extend to a much wider population of more than three million people. The Duke of Cornwall Spinal Treatment Centre at Salisbury District Hospital covers most of southern England with a population of approximately 11 million people. Trust staff provide outpatient clinics in other locations in Dorset and Hampshire. Specialist staff hold outreach clinics in hospitals within the Wessex area and, in total, the Trust employed 4,054 staff at 31 March 2015. This includes full and part-time staff.

The Trust has a subsidiary company called Odstock Medical Limited. This was set up in 2006 to market worldwide its experience and knowledge of functional electrical stimulation and its own pioneering electrical devices for patients who have had a stroke or other neurological disorders. This is so that income generated could be used to further research and create new developments that help NHS patients in this country. The Trust also transferred its laundry service to a subsidiary company in 2013 and it is now called Salisbury Trading LTD (STL), which provides a laundry service to Salisbury District Hospital and other NHS organisations. It now has a 22% stake in Replica 3DM, which makes 3D models, which helps clinicians who carry out complex surgery

TRUST VALUES AND BEHAVIOURS

All strategic planning is underpinned by a number of values and behaviours. These were developed in conjunction with staff and are used in their day to day work with patients, colleagues and stakeholders. There are four core values which staff should follow, which influence a further three key areas for each:

Patient Centred and Safe

This centres on patient safety, team work and continuous improvement

Professional:

This focuses on being open and honest, efficient and acting as a good role model.

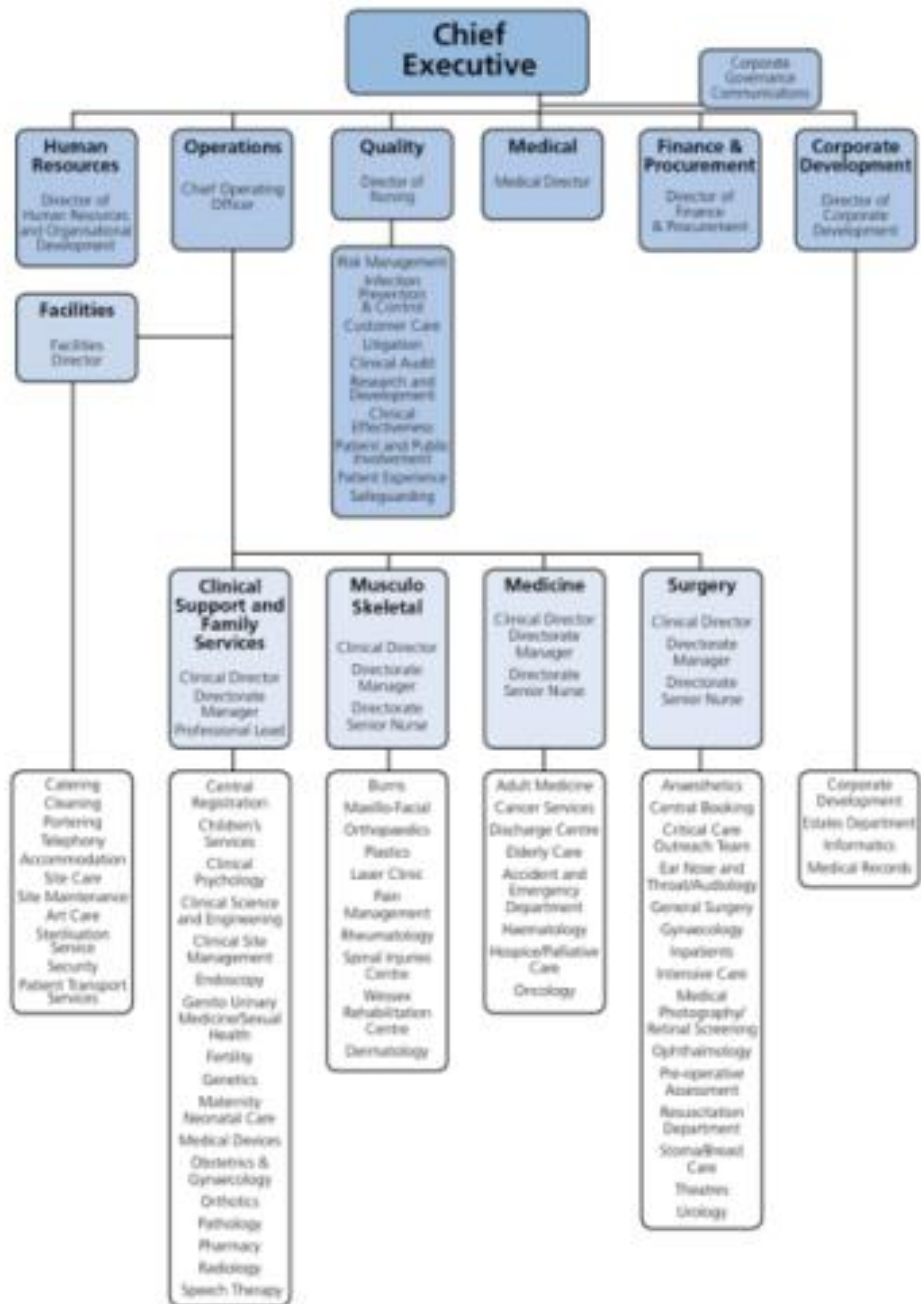
Responsive:

The expectation here is that staff will be action orientated, with a “can do” attitude and that they innovate, take personal responsibility and listen and learn

Friendly:

We would expect staff to be welcoming, treat people with respect and dignity and value others as individuals

Organisational Structure



Strategic Report

This has again been a challenging year as we continue to see the ongoing operational and financial pressures that all hospitals have been facing. This is set against the backdrop of increasing demand on services, significant change throughout the NHS proposed by NHS England in its Five year Forward View, and the scale of the challenge that lies ahead if the NHS is to continue to improve and save £30 billion over the next five years.

In order to meet the challenges the Trust faces now and in the future the Board has been building on its strategic direction published in 2013. This underpins the work of the Trust and centres on the vision of offering an **outstanding experience for every patient**, so that it maintains its position as the local provider of choice.

The Trust's long term strategy sets out how it can remain a thriving and independent Foundation Trust and, at the same time, reach far beyond its local catchment area through its high quality specialist regional services.

It describes an organisation which will extend beyond the confines of the hospital and work more closely in partnership with health and social care providers in the communities we serve and focuses on four strategic goals. These have been revised this year and are:

- **Choice - We will provide a comprehensive range of high quality local services enhanced by our specialist centres**
- **Care - We will treat our patients with care, kindness and compassion and keep them safe from avoidable harm**
- **Our Staff - We will make SFT a place to work where staff feel valued to develop as individuals and as teams**
- **Value - We will be innovative in the use of our resources to deliver efficient and effective care**

The work and performance of the Trust throughout the year is assessed against these four key strategic principles Choice, Care, Our Staff, Value

Choice

We will provide a comprehensive range of high quality local services enhanced by our specialist centres

Fast access to high quality safe treatment can play a key role in patient choice and during the year staff worked hard to provide the very best care that they can for their patients and maintain high standards at Salisbury District Hospital.

In the previous year the Care Quality Commission (CQC) found that the Trust met all essential quality and safety standards after a follow up visit at Salisbury District Hospital and, as part of its intelligent monitoring system based on more than 150

different indicators, placed the Trust in Band 6, which is the rating given to hospitals with the lowest risk. The CQC regularly publishes its latest ratings and since its first publication last year the Trust has continued to remain in band 6.

HIGHLIGHT OF THE YEAR – HOSPITAL REMAINS IN SAFEST CQC BANDING

Salisbury maintains its position in Band 6 which is the risk rating given to the hospitals with the lowest risk

CQC inspections now involve a far more comprehensive assessment, with larger inspection teams, more time spent within individual Trusts and a wider engagement process for gathering views from the local community. The assessment is based on whether hospitals are safe, effective, caring, responsive and well-led. It is anticipated that the Trust will receive a comprehensive inspection some time in 2015/2016.

During the year guidance was published on safe staffing to ensure that nationally, each hospital ward and every shift has the right number of staff on duty to provide patients with safe, good quality care. The Trust had carried out a hospital-wide skill mix review during the previous year and invested in additional nursing staff to ensure that staffing numbers, experience and the roles and responsibilities were right for what was needed on each ward. The Trust now carries out six-monthly skill mix reviews and the results are published on the Trust's website, along with monthly information on staffing levels and actions that are taken when staffing levels are below plan for a particular ward. In addition, information is also displayed at ward level so that patients are able to see staffing levels on the ward that they are on.

HIGHLIGHT OF THE YEAR – SAFE STAFFING LEVELS AT SALISBURY DISTRICT HOSPITAL

Regular review and publication of staffing levels takes place and levels remain on plan

Staffing levels are reviewed monthly by the Trust Board. Board reports are designed to highlight areas where staffing may need to be improved and what plans need to be put in place to ensure improvements. During the year staffing levels were consistently maintained to plan.

HIGHLIGHT OF THE YEAR – HOSPITAL MORTALITY RATES CONTINUE TO BE IN EXPECTED RANGE

Following a national rebasing exercise rates continue to be within expected range.

The Hospital Standardised Mortality Rate (HSMR) and the Standardised Hospital Mortality Index (SHMI) enable the NHS to see whether mortality rates in hospitals are changing and help to ensure that they continue to provide good quality safe care. HSMR is a complex indicator and compares the number of deaths in hospital with the predicted number. This predicted number takes into account the age of the patient, their complicating medical problems and whether they were admitted for end of life care. SHMI compares the number of deaths in hospital or within 30 days of discharge, with expected levels, but is not "corrected" for patients who are admitted for end of life care. Both the HSMR and SHMI at Salisbury District Hospital remained within the expected range. More detail can be found in the Quality Report later in this Annual Report.

Care of older patients in hospital remains a key priority area for the NHS, in particular those with dementia. The Trust has continued to implement the eight South West Regional Standards for dementia care. These focus on all aspects of care and treatment and how well hospitals create a 'dementia-friendly' environment, which is supported by dedicated staff training and development. Throughout the year the Trust continued to make good progress against all eight standards and introduced improvements that help ensure that patients with dementia are treated with respect and dignity, and that they have the necessary care, stimulation and support to fulfil the best possible outcome for them based on their condition and circumstances.

HIGHLIGHT OF THE YEAR – MORE STIMULATION AND SUPPORT FOR DEMENTIA PATIENTS

The Trust introduces 1950s style tea parties that helps keep mind active and provide a distraction from hospital life

As part of the Trust's Elevate programme patients on Redlynch Ward now enjoy 1950's style tea parties. The introduction of activities linked to years gone by is often used in residential homes and is proving to be particularly beneficial for patients with dementia and enjoyable for those who need some form of social stimulation while in hospital. This complements the range of arts, crafts and musical activities that already take place within the hospital and other initiatives such as finger foods, pictorial menus and coloured crockery that help increase nutritional intake and support dementia patients at mealtimes.

HIGHLIGHT OF THE YEAR – FURTHER EXPANSION OF PSYCHOLOGICAL SUPPORT FOR OLDER PEOPLE

More wards benefit from social stimulation through memory games and discussion groups

In addition, clinical psychologists expanded their award-winning Engage programme further from 12 to 14 wards and increased the number of volunteers following a successful recruitment and education day. Engage volunteers provide social stimulation for older patients in hospital through quizzes, discussion groups and memory games. The package developed in Salisbury, is now being used by other hospitals in the south of England and, strategically, the hospital will continue to use every opportunity to promote the benefits of the programme and encourage other hospitals to buy it over the coming years. The Trust also developed a booklet 'understanding and managing the symptoms of dementia' which was produced following feedback from carers.

HIGHLIGHT OF THE YEAR – REFURBISHMENT AND EXPANSION ON INTENSIVE CARE UNIT (ICU)

£1.2 million investment to improve intensive care facilities for critically ill patients

In terms of the environment, changes were made to Pitton Ward that provide more personalised bed spaces, better lighting and more social areas for patients. This follows changes to Redlynch Ward in the previous year. Other key developments that took place in the year that benefit other patient groups include the refurbishment and expansion of the Intensive Care Unit and the installation of two new CT scanners, thanks to the successful Stars Appeal fundraising campaign. A new Breast Cancer Unit campaign is carrying through into 2015/2016 and, as part of its strategy, the Trust will also continue to look at

redevelopment options for the southern end of the hospital site that would best support existing and potential services.

HIGHLIGHT OF THE YEAR - EXCELLENT WAITING TIMES

Over 90% of patients admitted to Salisbury District Hospital were treated within 18 weeks of being referred by their GP. Over 95% of patients who needed an outpatient procedure were treated within 18 weeks of referral.

Waiting times and access to treatment continue to be important factors for patients and are part of a number of performance indicators and quality measures that are monitored monthly by the Trust Board. In line with the NHS Constitution, the Trust again met the national 18 week pathway. All Trusts have to ensure that 90% of admitted patients – those whose treatment takes place as an inpatient or day case – have their initial outpatient appointment, any diagnostic procedures and surgical treatment within 18 weeks of a GP referring the patient to hospital. The same applies to 95% of patients who receive their treatment as an outpatient.

At the end of the 2014/2015 financial year the Trust met its cancer waiting time indicators. For instance, 94.7% (target 93%) of patients were seen within two weeks of referral from the GP, 98.4% had their treatment started from the decision to treat (target 96%) and 89.2% (target 85%) were treated within 62 days of GP referral. Despite unprecedented pressure in the winter and peak periods within the year staff right across the hospital worked tirelessly to maintain services and ensure that patients moved safely through the 'hospital system'. This enabled the Trust to meet the Accident and Emergency target for 95% of people to be admitted, treated or discharged within four hours when other hospitals across the country failed to meet this target.

KEY PERFORMANCE INDICATOR APRIL 2014 – MARCH 2015

Cancer Waiting Times – Patients treated within 62 days of referral. Target: 85% for the year: Total 89.2%

| | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | March |
|--------|-------|-------|-------|-------|-----|-------|-----|-------|-------|-------|-------|-------|
| Target | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% |
| Actual | 90.8% | 86.4% | 82.7% | 87.8% | 96% | 91.4% | 96% | 92.2% | 91.8% | 88.1% | 76.2% | 88.7% |

KEY PERFORMANCE INDICATOR APRIL 2014 – MARCH 2015

Proportion of A&E attendees who were admitted, treated or discharged within four hours. Target: 95% for the year: Total 95.2%

| | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | March |
|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |
| Actual | 96.2% | 95.8% | 94.7% | 94.4% | 95.9% | 95.4% | 94.3% | 94.3% | 93.3% | 94.4% | 95.4% | 97.5% |

There was also good performance in diagnostic waiting times. All patients were seen within the six week target for routine MRI, CT and angiography scans, with 84% seen within four weeks for MRI, 94% for CT and 95% for angiography.

The Trust continued to work in partnership with stakeholders, developing clinical networks and services with other NHS providers, maintaining good working relationships with existing commissioners and building relations with specialised commissioners who are the second largest commissioner in terms of financial value to the Trust. Good working relationships with stakeholders is not only important to the long term future of the hospital, but also to the development of services that meet the needs of patients, which in turn can have an indirect influence on where patients choose to go for their treatment.

The Trust met regularly with local GPs to discuss their ongoing and future needs and worked with other agencies, including voluntary organisations and its key partners in health and social care. Examples of good partnership work that has benefitted patients can be seen in several projects this year. Electronic Discharge Summaries (EDS) can now be sent from all inpatient wards and feedback from GPs has been very positive. Junior doctors have reduced out of hours prescription errors through access to a new electronic system for on-call medical teams. This has also resulted in better access to GP records in the Accident and Emergency Department and both Medical and Surgical Medical Assessment Units.

The development of care pathways ensures that coordinated care takes place at the right time and in the right location and the Trust worked closely with Wiltshire Clinical Commissioning Group to update and improve the diabetes care pathway. It is now working on a pathway covering heart failure which will carry through into 2015/ 2016. During the year the Trust carried out a service review of the Spinal Treatment Centre using external facilitators from Wiltshire Council with a view to developing the service further. At the same time discussions with local and national commissioners have begun regarding a step down facility, which still safeguards existing ventilated beds. And, with more service personnel moving back into the Wiltshire area from overseas over the coming three years, the Trust is developing plans to expand its Maternity Unit to ensure that the service can continue to serve a larger local population.

As we move into the 2015/ 2016 financial year nationally there could be changes in the way healthcare is provided by Health and Social Care, with shared budgets and more care provided in the community through the development of new "Models of Care". In some areas this could even involve the creation of new organisations that provide both GP and hospital services, together with mental health, community and social care. Engagement with Commissioners, Health and Wellbeing Boards and patients will be critical, both to the implementation of the key outcomes of the Better Care Fund which has been created to promote more integrated working between Health and Social Care providers and any future changes that offers more 'patient centred coordinated care' as part of NHS England's Five Year Forward View.

Care

We will treat our patients with care, kindness and compassion and keep them safe from avoidable harm

It is essential that we treat patients with care, kindness and compassion and keep them safe from avoidable harm. Safety remains the highest priority and is monitored regularly through the Safety Steering Group and the Clinical Governance Committee, with safety performance reported at the Trust Board.

HIGHLIGHT OF THE YEAR – TRUST JOINS SIGN UP TO SAFETY CAMPAIGN
Link to national campaign enhances commitment in key area of patient care

During the year the Trust joined the national Sign Up To Safety Campaign, which aims to halve avoidable harm within the NHS over the next three years. We have

signed up to five pledges that strengthen patient safety under the following headings: Put patient safety first; Continually learn; Honesty; Collaborate; Support. This fits in with the Trust's strategic plan and complements the new national Duty of Candour which will be monitored by the Care Quality Commission (CQC). While this new duty does not differ from the Trust's current approach, all Trusts will now have to identify that an incident causing moderate or major harm has happened, apologise and tell the patient about it swiftly and honestly and provide them with appropriate support or remedial treatment.

We are committed to high standard of cleanliness and good infection, prevention and control policies and procedures are essential to the safety of patients. Regular hand washing initiatives, cleanliness audits and campaigns, are just some of the initiatives the Trust uses to limit the risk to patients and improve safety while in hospital. While the Trust narrowly missed its targets for MRSA (Methicillin Resistant Staphylococcus Aureus) bacteraemia and Clostridium Difficile infection rates this year, it will be working closely with wards and departments in 2015/2016 as part of its strategy to have one of the lowest infection control rates across the region.

| KEY PERFORMANCE INDICATOR APRIL 2014 – MARCH 2015 | | | | | | |
|---|--------------|------------|-------------|-------------|------------|-------------|
| Clostridium Difficile. Target for Trust apportioned cases is 18. Total: 23 | | | | | | |
| | April | May | June | July | Aug | Sept |
| Notifications | 5 | 2 | 1 | 1 | 4 | 0 |
| | Oct | Nov | Dec | Jan | Feb | Mar |
| Notifications | 0 | 0 | 1 | 0 | 4 | 5 |

| KEY PERFORMANCE INDICATOR APRIL 2014 – MARCH 2015 | | | | | | |
|--|--------------|------------|-------------|-------------|------------|-------------|
| Number of notifications of MRSA Bacteraemia made to the Health Protection Agency. Target: 0 for year: Total 1 | | | | | | |
| | April | May | June | July | Aug | Sept |
| Notifications | 0 | 0 | 0 | 1 | 0 | 0 |
| | Oct | Nov | Dec | Jan | Feb | Mar |
| Notifications | 0 | 0 | 0 | 0 | 0 | 0 |

* Please note that the Trust had one MRSA bacteraemias during the year. However, the Trust has reported two cases, one of which was a contaminate and therefore does not count towards the Trust's target.

During the year all hospitals had a Patient Led Assessment of the Care Environment audit. The PLACE audit is wide ranging and challenging and covers food services, cleanliness, privacy and dignity, as well as the condition, appearance and maintenance of hospital buildings. While it was felt that the NHS England criteria had been applied differently across NHS organisations in the first two years of assessments, inspections in Salisbury have been carried out without compromise. While there were a number of positive findings, the Trust did identify areas for further improvement such as food and hydration, and cleanliness within outpatient departments. The action plan will carry through into the 2015/2016 financial year.

It is important that patients have the opportunity to tell us about the care and treatment they receive in hospital, whether this is through patient and public involvement projects, national patient surveys, our frequent feedback initiative where volunteers and Governors regularly tour the wards gathering patients' views or comments made on NHS Choices.

HIGHLIGHT OF THE YEAR – PATIENTS RATE A&E STAFF AMONG BEST IN COUNTRY
Confidence in staff, privacy and overall experience rated highly

People needing emergency treatment rated the Accident and Emergency Department (A&E) as one of the best in the country with confidence in staff, privacy and overall experience rated highly in an independent survey. Around 850 patients were asked their views on facilities, waiting times, the quality of care and the way they were treated. Improvements made in response to the survey included an increase information on anticipated waiting times, changes to increase patient flow and the installation of vending machines in the waiting room. Cancer patients also responded positively in a national survey, with 94% of those asked saying that it was excellent or very good. Over 340 patients responded to the questionnaire which covered the patient's diagnosis and treatment, confidence in staff, hospital information and the support that they received at home. Plans to improve written information and encouraging patients to bring a friend to sensitive consultations were two actions carried forward into the 2015/2016 year.

In the national inpatient survey, overall patients rated their care well and they felt that were treated with respect and dignity. However, there were areas where the Trust does need to make improvements. For instance, issues around communication between staff and patients, better information on discharge and noise at night, where the Trust is already creating greater awareness among staff to keep noise to a minimum at night. A full action plan has been developed and will be monitored at Board level in 2015/2016.

HIGHLIGHT OF THE YEAR – SMOKING CESSATION SUPPORT FOR PATIENTS
Patients who wish to give up smoking given information and support

Good patient care not only centres on treatment and first class facilities, but also the prevention of accidents and illness. As part of this the Trust has maintained a strong focus on the local and national public health agenda, which aims to reduce the number of people dying from preventable conditions. During the year over 22,800 patients were asked if they smoke, and all those who said they wished to “kick the habit” were given information, with 77% also being given support. There has also been some success in encouraging mothers to stop smoking during their pregnancy. In A&E, 25,291 patients were asked about their drinking, and of those, 733 were found to be drinking harmful levels. These patients were all referred to GP services and some followed up by the Trust's alcohol nurse specialist. Initiatives to reduce obesity and promote healthy lifestyles including the Counterweight programme are also ongoing.

HIGHLIGHT OF THE YEAR – SELF CARE WEEK
Specialist health promotion campaigns and events support patient's own care

Staff also worked hard on providing additional support or advice through health promotion campaigns. This was complemented by Self Care Week, which gave hospital staff and local people an opportunity to find out more about how they can improve their own health and pick up potential signs of serious illnesses. This year there was a particular focus on keeping healthy during winter and directing people to authoritative sources of reliable health information. Throughout the week specialist staff were on hand to provide information on a wide range of areas, from how to protect against flu and healthy eating to more specific support

around alcohol and stop smoking advice.

HIGHLIGHT OF THE YEAR – MORE SUPPORT FOR END OF LIFE CARE
New Medical and Nursing Personalised Care Plans to support end of life care

Care of older people in hospital continues to be a focus across the NHS, and support for patients and their families when planning for end of life care provides the cornerstone of our aim to ensure that patients die where they choose and with dignity. The phasing out of the Liverpool Care Pathway is now complete and the new Medical and Nursing Personalised Care Plans are being used in the Hospice. The “conversation project”, which provides support to patients so that they can make decisions about their own end of life care, has been welcomed by patients and their families. During Dying Awareness Week the Trust held a special event at the Salisbury Guildhall to publicise the crucial actions that people can take such as making a will, planning their care and support and telling loved ones of their wishes.

Patient and public involvement continues to play an important part in the development of hospital services. Patients were involved in over 30 projects this year, using many different methods including patient stories, focus groups and questionnaires. Staff views are equally important to the development of services and the Trust continued to use their knowledge and expertise to improve services for patients through focus groups and this will continue to be a key area in 2015/2016.

Our Staff

We will make SFT a place to work where staff feel valued to develop as individuals and as teams

If the Trust is to remain successful it must continue to attract and retain the best possible staff. Innovation, reputation, top quality training, support and recognition will again be key factors in ensuring that the Trust has an excellent workforce that is proud to work in Salisbury.

Despite the significant pressures, staff responded with a positive view of the hospital and what it's like to work in Salisbury, as part of the national staff survey. Communication and engagement, team working, job satisfaction, support from immediate managers and the ability for staff to contribute to improvements where other indicators where staff placed the Trust among the best in the country. While nationally and locally, the survey found low levels of discrimination at work, staff perceptions of bullying and harassment increased, as we heightened awareness and pursued an ongoing “zero tolerance” in this area. We will continue to encourage the reporting of incidents, promote positive attitudes and, make changes and improvements where they are needed through our action plan in 2015/2016. See Staff Survey later in this Annual Report.

HIGHLIGHT OF THE YEAR – TRUST ONE OF THE TOP HEALTHCARE ORGANISATIONS TO WORK
Comments from staff place Salisbury in top 100 in national publication

During the year comments from staff also placed the hospital in the top 100 best healthcare organisations in which to work. The Health Service Journal gathered a range of information from employers and staff and these were analysed by an independent research company. The assessors found that there was an “open and honest feel” within the Trust and a genuine desire to give good quality care, with a range of training and wellbeing programmes to support staff. This was followed by excellent results in the new Staff Friends and Family Test.

The Trust acknowledges the significant contribution staff make to the hospital and their professionalism and commitment was recognised in the annual Striving for Excellence awards. This recognition is key to the Trust's success and this year there were 11 categories focusing on good customer care, leadership, special achievements, mentoring and equality and diversity. There were also service improvement presentations and awards which gave staff an opportunity to share best practice and showcase their work with the Trust's Foundation members.

HIGHLIGHT OF THE YEAR – A&E TEAM WINS LOCAL HERO AWARD
A&E rewarded for the care they give to patients

There were also a number of external successes and achievements. This included staff in A&E who won a Local Hero award from the Salisbury Journal and Spire FM, Jodie Leigh Jones from the Day Nursery who won the Intermediate Apprentice of the Year Award from Salisbury College and Christine White in pathology who won the Chief Scientific Officers 2015 award for Organisational Lead Scientist. These are just a small selection of the many staff achievements during the year.

HIGHLIGHT OF THE YEAR – VALUES AND BEHAVIOUR EMBEDDED IN RECRUITMENT POLICY
Staff help develop new Trust values and behaviours to be used in day-to-day work

Last year the Trust agreed a new set of values and behaviours for the organisation, which were developed in conjunction with staff. These now underpin all strategic planning and are now used as part of the Trust's appraisal process and incorporated in recruitment and promotional information. A new Living the Values category was also introduced in this year's Striving for Excellence awards and staff were encouraged to nominate colleagues who had successfully applied these values in their daily work. This category will be expanded further in 2015/2016, highlighting the importance of values to the future success of the Trust and its support of staff.

The Trust continues to take a positive approach to Equality and Diversity (E&D) both internally and externally. This encompasses all aspects of E&D, including social, community and human rights issues. As part of its commitment in this area, the Trust continues to work with the British Institute of Human Rights and has a number of Human Rights champions who can provide advice to staff and act as a focal point on human rights issues.

HIGHLIGHT OF THE YEAR - EQUALITY AND DIVERSITY FOCUS IN LOCAL EVENT
Cultural diversity takes centre stage in Equality is for Everyone event

The Trust's positive approach to E&D could also be seen in its own Equality is for Everyone event where visitors and staff learnt more about the cultural diversity that exists within the hospital. The focus this year was on celebrating the diversity of NHS staff with the aim of highlighting the many different cultural groups at the hospital and the positive benefits of living and working in a multi cultural society. Further information on the Trust's policies and approach to E&D can be found later in the Annual Report.

HIGHLIGHT OF THE YEAR – REVISED RAISING CONCERNS POLICY
Raising concerns policy revised to reflect recommendations in Francis Report

It is essential that staff feel empowered to raise issues about their work, whether this relates to bullying and harassment or raising concerns about medical practice or treatment. Within the year the Trust revised its existing “whistleblowing” policy and raised awareness of this and other policies relating to bullying and harassment. The raising concerns policy takes into account current legislation and the recommendations set out within the Francis Report, and the Trust carried out a staff survey to determine the awareness and effectiveness of the policy. The findings highlighted a positive view of the policy and how to use it, with a good response rate, awareness of the policy and where to find it. A large number either didn't feel the need to raise a concern or did and used it effectively so that we could look into the matter appropriately. Very few had a concern and did not raise it. Better access to online reporting, promotion of the policy by the Executive team within departments and training and support for frontline staff and managers were examples of actions identified from the survey which were actioned during the year.

HIGHLIGHT OF THE YEAR – SHAPE UP @ SALISBURY
Staff Health and wellbeing strategy developed with programme of support for staff

Developing the workforce and ensuring that they have the skills and support to do their jobs is a key factor and the Trust held a number of events to support staff in their work and promote staff health wellbeing and safety as part of its Shape Up @ Salisbury campaign. This included free classes in the staff club and opportunities for advice on a number of health issues. There is evidence to show that the health and wellbeing of our staff can have a positive impact on the care that they are able to give to our patients. The appointment of a mental health nurse will further increase the range of support services available and the Trust is working with the NHS Leadership Academy to enhance career and leadership development within the Trust. The Trust is also working on a Medical Leadership Framework that will promote medical engagement and succession planning for key clinical roles such as lead clinicians, clinical directors and the position of Medical Director.

Value

We will be innovative in the use of our resources to deliver efficient and effective care

The 2014/15 year was particularly challenging and despite our strong tradition of sound financial management, we have for the first time in our history posted a

deficit of £726,000 (£2.15 million deficit when charitable donations are not taken into account), reflecting the major financial and operational pressures facing all parts of the NHS.

Despite this, our staff have worked hard to provide more efficient and effective services that meet the needs of our patients, and continued to maintain high standards of care in what are unprecedented and exceptional circumstances.

Our position has been caused by a combination of factors. The continued reduction in the national tariff, which determines the amount we are paid for most of our work, required us to achieve savings of £8 million. We only achieved £6.2 million. A planned £1million reduction in agency staff costs was also not achieved as they were needed to staff "high cost" escalation beds, because of an increase in non-elective (urgent) activity. Under national rules we were also only paid 30% of the national tariff for this extra work and, in effect, this was carried out at a loss. The extra non-elective work also displaced elective work which is paid at the full national tariff rate.

The deficit, savings made non-recurrently, and a further reduction in the national tariff will impact on our financial position in 2015/16, where we are facing a financial gap of £14 million. The main factor affecting strategic planning for all acute NHS Trusts is the ongoing reduction in the tariff. In 2014/15 we saw a 4% real terms reduction which meant that that we had to do more work for less money. This difficult challenge is set to continue, with a further 3.5% real terms reduction in 2015/16. The effect of the Better Care Fund is also unclear. The Better Care Fund was announced in June 2013 to ensure that people receive better and more integrated care and support in the most appropriate setting for them. NHS money has been allocated to health and social care to set up pooled budget arrangements between local authorities and Clinical Commissioning Groups. The national assumption is that more people will receive their care in the community, leading to a 3.5% reduction in non-elective admissions to hospital. The financial impact for this Trust may be significant. A reduction in activity from which we get paid will compound the Trust's financial difficulties as we will not be able to reduce costs to match the reduction in income.

The NHS as a whole still needs to save approximately £30 billion over the next five years and while the Trust has had a strong tradition over many years of achieving its financial targets, it is now becoming increasingly difficult to identify and implement recurrent efficiency savings at the rate that is needed, and this is seen as the main risk facing the Trust.

During 2014/15 the Trust set up a Programme Management Office (PMO) to help address the savings challenge through a range of cross cutting schemes. These have run alongside traditional savings plans and delivered around £1.7m of savings. These savings are linked to: process changes, non-pay such as supplier contracts, and reductions in workforce expenditure. A review of therapy identified more efficient and better ways of working which will also contribute to a reduction in the length of stay for some patients. Another project is reviewing the way that a patient progresses through the hospital. This includes e-referrals from GPs and a new Discharge Assessment Referral Team that aims to initiate discharge planning

earlier in the patients' pathway. Work in outpatient areas has resulted in the installation of eight self-check-in kiosks in various locations releasing £25,000 in recurrent savings in 2014/15 and a further £40,000 of recurrent saving expected in 2015/16. A more standardised and centralised approach to administrative processes and support services for outpatients has also been developed during the year. Improved efficiency in theatres, the Day Surgery Unit and the introduction of walk in GP x-ray service are examples of other areas that have contributed to savings and will continue into 2015/16.

| Patients Treated | | | |
|-------------------------------------|------------------|------------------|------------------|
| | 2014/2015 | 2013/2014 | 2012/2013 |
| Elective inpatient (spells) | 6,405 | 6,712 | 6,956 |
| Day cases | 22,855 | 21,372 | 18,845 |
| Non elective (spells) | 28,494 | 27,789 | 28,346 |
| Regular day attendees | 6,631 | 6,359 | 6,468 |
| Outpatients (consultant led) | 183,732 | 184,725 | 180,269 |
| New attendances | (72,322) | (68,817) | (63,532) |
| Follow up | (111,410) | (115,908) | (116,737) |
| Accident and Emergency | 43,988 | 43,157 | 42,919 |
| New attendances | (42,936) | (42,127) | (41,939) |
| Follow up | (1,052) | (1,030) | (980) |

Spells are the main way in which hospital activity is recorded. A spell is the period of time from Admission to Discharge.

In terms of the number of patients seen this year there was an increase, in particular those needing urgent or emergency treatment, day cases and regular day attendees. There was also an increase in A&E attendances compared with the previous year.

In 2014/15 there was a £1m increase in the amount spent on nursing compared with the previous year, mainly driven by greater use of high cost agency nurses and more 'specialising' of patients at risk of a fall or wandering. On-going efforts were made to curtail agency usage, but high levels of non-elective demand on the hospital together with a national shortage of nurses made it difficult to control expenditure in this area. With a number of some long term, hard to fill vacancies, expenditure on doctors and locums has also been higher than the Trust can afford. However, the Trust is taking action through a proactive recruitment campaign for both doctors and nurses and during 2014/15 it recruited a further 32 additional nurses from Italy. With staffing costs increasing, medical staffing and nurse recruitment form a key part of the Trust's workforce strategy for 2015/16 and beyond.

As part of our income we get additional money for achieving Best Practice Tariffs (BPTs) for specific types of work. Best Practice Tariffs (BPTs) help the NHS to improve quality of care by reducing unexplained variations and making best practice universal across NHS organisations. In 2014/15 the Trust secured around 76% of income that could be gained through this source. This will need to increase further in 2015/16 to maximise the benefit for the Trust and patients.

The overall financial position of the Trust and changes to the national tariff represent the principal risks and uncertainties facing the Trust in 2015/2016 and beyond. This could be exacerbated by money being diverted away from the NHS through the Better Care Fund and it is not yet certain what impact its

implementation will have on the Trust. Difficulties in recruiting certain specialist staff also represent a risk based on current costs associated with the use of agency and locum staff.

HIGHLIGHT OF THE YEAR – MY TRUSTY LAUNCHES NEW PRODUCTS
Award winning body butter and new face and body oil join the My Trusty range

In the current climate it is important that the Trust builds on its reputation for innovation and also looks to generate more income from its own commercial activities. Since the launch of 'My Trusty Little Sunflower Cream', the Trust has benefitted from local and national media attention which has driven sales activity. Last year the Trust added body butter, and face and body oil, to the exciting My Trusty range and these have proven popular with the public. The new body butter also won a national *Silver* award from magazine Pure Beauty just four months after the launch of this exciting new product. This was an outstanding achievement, as it was up against some of the leading brands on the market. The My Trusty range has attracted real interest and the Trust is in discussion with a leading retailer to see whether they will stock the products, and this and other discussions continue into the 2015/16 year.

HIGHLIGHT OF THE YEAR – ENGAGE SELLS PROGRAMME TO MORE HOSPITALS
Award winning Engage programme sold to another hospital in south Wales.

Last year the Engage programme, where volunteers provide stimulation for older people in hospital, sold their award winning programme to Poole Hospital. This year they sold it to another hospital in south Wales. With Innovations Lead, Carol Read, named in the top 50 healthcare innovators by the Health Service Journal, innovation and ideas originating from staff are providing additional support for NHS services and will be important to the future success of the Trust.

The key financial assurances include an assessment of income levels; provision of services and treatment; the achievement of budgetary targets and cost savings; general and financial targets. The Trust also has a risk rating from the regulator covering liquidity and the ability to service debt. At the end of the financial year the Trust had an overall Continuity of Service Risk Rating of 4. Cash flow remained reasonable and enabled the Trust to pay its staff and its bills promptly. This is reflected in the Trust's performance against the Better Payments Practice Code, with 82.5% of non NHS bills and 72.7% of NHS bills paid within the 30 day target. The Trust has made no political or charitable donations of its own.

Efficiency and Use of Resources

- Good levels of efficiency maintained with overall costs 1% less than the national average
- Management and administrative costs contained within 3.9% of turnover

Key financial indicators centre on liquidity – the Trust's ability to convert assets to cash quickly - and the servicing or return on assets. Key financial indicators are monitored monthly by the Trust Board.

Capital Expenditure

Capital expenditure of over £10 million was overseen by the Group in 2014/2015 and was spent on a range of service developments. Capital projects included:

| | |
|--|------------|
| Extension and upgrade of Intensive Care Unit | £1,101,000 |
| Medical equipment | £1,762,000 |
| IT systems and technology | £1,572,000 |
| Ward improvements for patients with dementia | £ 655,000 |
| Bed replacement programme | £ 240,000 |

Investment in facilities and equipment has benefited patients in a number of ways and these can be viewed throughout this report.

Sources of Income - 1 April 2014 to 31 March 2015

| | £M |
|---|------------------|
| Wiltshire CCG | 93.619 |
| Dorset CCG | 18.600 |
| West Hampshire CCG | 14.382 |
| NHS England (Bath, Gloucester, Swindon and Wiltshire Area Team) | 26.858 |
| NHS England (Bristol, N. Somerset and S. Gloucestershire Area Team) | 8.790 |
| NHS England (Wessex Area Teams) | 2.961 |
| NHS England (Other Area teams) | 0.191 |
| Health Education England | 5.594 |
| Other NHS | 11.478 |
| Other Non NHS | 15.570 |
| Total | £ 197.884 |

During the year the Trust took steps to ensure that staff are fully aware of the financial issues facing the Trust now and the future, and staff continued to receive regular updates, with key operational and financial information cascaded throughout the organisation, as well as the day to day communications that takes place at different levels of the Trust. The Chief Executive regularly sends out a personal message to all staff as part of the wider communication process and also held ad-hoc open sessions for staff on the current Trust priorities, the financial challenges faced by the NHS and the Trust's strategy. Staff are also able to raise any issues during the Trust Board led safety and quality walk rounds. Operational and financial information is presented in Public Board Meetings and placed in the public domain. The Trust's financial position is also assessed quarterly by the Regulator.

Income generated by Odstock Medical Ltd (OML), is used to further research and create new developments that help patients. The Trust also created a subsidiary company called Salisbury Trading Ltd (STL) to run its laundry service and provide services to other Trusts. Last year STL received significant capital investment to make the laundry more efficient and this year the laundry delivered a surplus so that the service is no longer running at a loss.

The Trust treats private patients through a partnership with Odstock Private Care Limited (OPCL). The Trust has a designated unit called the Clarendon Suite, where private patients can be treated on the Salisbury District Hospital site. While (OPCL) is contracted to provide private care on site, income generated is used to benefit NHS patients by supporting our services. This year OPCL donated £138,500 to the hospital for new Day Surgery equipment that will benefit patients who need specialist micro surgery for hand injuries. There are also a number of treatments offered that are not available on the NHS. These are provided privately within departments without compromising our own NHS service. A good example of this is the Laser Centre.

The Trust has a 22% stake in a company, Replica 3DM, which makes three-dimensional models to enable clinicians to prepare for complex operations more easily. The models are produced from CT scans and the service is provided to an increasing number of hospitals.

The Trust is committed to the environment and has a Sustainability and Carbon Reduction Strategy. As part of this, it continues to work with stakeholders to ensure that, where possible, the Trust uses renewable sources of energy and looks to reduce its impact on the environment. As part of its strategy the Trust is looking to generate more solar energy and is looking at plans to generate income for the national grid.

Strategic Report

Additional Reporting Requirements

The number of male and female directors, senior managers and employees at 31 March 2015

| Head Count | Female | Male | Total |
|------------------|--------|------|-------|
| Directors | 5 | 8 | 13 |
| *Senior managers | 3 | 4 | 7 |
| All other staff | 3114 | 920 | 4034 |

*Senior managers are defined as members of the Joint Board of Directors which provides a forum for the Chief Executive, supported by the Executive Directors and Clinical Directors, to advise on the strategic direction of the Trust and the Trust's involvement in the wider health economy. Senior managers in this context includes members of Joint Board of Directors who are not included in the two remaining groups.

Preparation of accounts.

The accounts have been prepared under a direction issued by Monitor under the National Health Service Act 2006.

History of the Trust

Consistently high standards and excellent financial management enabled Salisbury Health Care NHS Trust to start its application for NHS Foundation Trust status in the latter part of 2005. This led to authorisation under the Health and Social Care (Community) Act 2003 on 1 June 2006, and a new name – Salisbury NHS Foundation Trust.

Going Concern

As part of the Trust's formal reporting requirements the Trust has to provide a statement on whether the accounts were prepared on a going concern basis. After making inquiries, the directors have a reasonable expectation that Salisbury NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

The Strategic Report has been approved by the Trust Board.



Peter Hill
Chief Executive (Accounting Officer)
22 May 2015 (on behalf of the Trust Board)

DIRECTORS' REPORT

Directors of Salisbury NHS Foundation Trust during 2014/2015

| | |
|--------------------------------------|--|
| Nick Marsden | Chairman |
| Peter Hill | Chief Executive |
| Laurence Arnold | Interim Chief Operating Officer (from 15 December 2014) |
| Christine Blanshard | Medical Director |
| Lydia Brown MBE | Non Executive Director (Vice Chairman and Senior Independent Director) |
| Malcolm Cassells | Director of Finance and Procurement |
| Ian Downie | Non Executive Director |
| Andrew Freemantle CBE | Non Executive Director |
| Paul Kemp | Non Executive Director (from 1 February 2015) |
| Alison Kingscott | Director of Human Resources and Organisational Development |
| Stephen Long | Non Executive Director |
| Lorna Wilkinson | Director of Nursing (from 4 August 2014) |
| Revd. Dame Sarah Mullally DBE | Non Executive Director |

Directors who left or completed an acting Director's role at Salisbury NHS Foundation Trust within 2014/2015

| | |
|-----------------------|--|
| Nigel Atkinson | Non Executive Director (until 31 January 2015) |
| Kate Hannam | Chief Operating Officer (until 14 December 2014) |
| Fiona Hyett | Interim Director of Nursing (From 1 April 2014 to 3 August 2014) |

PATIENT CARE AND STAKEHOLDER RELATIONS

During the year the Trust introduced a number of developments and initiatives that have directly or indirectly contributed to the performance of the Trust, improved patient experiences and the quality of care at Salisbury District Hospital. The Trust has also worked in conjunction with a number of other organisations on projects that reinforce partnership working, stakeholder relations and staff involvement. Items not already covered in the Strategic Report are summarised within the following themes:

TAKING CARE OF OUR PATIENTS

Improving recovery for critically ill patients

Patients recover faster when there is better recognition and treatment for delirium, psychological factors and a programme of physical therapy. Staff in clinical Psychology and the intensive therapy unit introduced a project which involved earlier diagnosis, psychological therapies, greater rehabilitation and follow up through a multidisciplinary team, which has improved screening rates, patient mobility and patients' experience of care.

End of life advice

Local people had an opportunity to speak to the experts and find out what steps they can take to make their end of life experience better for them and for their loved ones at a special event at the Guildhall. The event coincided with Dying Matters Awareness Week.

Social stimulation for older people

Patients on Redlynch Ward can now sing to the tunes of Irving Berlin and enjoy the splendour of a 1950s style tea party, as part of a new programme of activities to support older people in hospital. This is proving beneficial for patients with dementia and others who need some form of social stimulation while in hospital.

Cancer patients' wellbeing improved through support programme

Patients and staff celebrated the first year of the Salisbury District Hospital Wellbeing Programme which has seen a marked reduction in psychological problems and fatigue associated with cancer. Clinical psychologists and gym staff provide a unique package of physical activities, information and shared support for cancer patients.

Cleft lip and palate children enjoy super heroes fun day

Families from the Spires Cleft Centre enjoyed songwriting, storytelling and designed super hero characters for a short animated film as part of a Super Hero Family Fun Day at the Salisbury Arts Centre.

Portage picnic for children with learning disabilities

Families enjoyed a special Teddy Bears Picnic in the Cathedral Close, where children going on to mainstream school were given portage graduation certificates and others received certificates of achievement.

New guidance and training on “thickening drinks” for patients

Thickened drinks are recommended for some patients with swallowing difficulties, but these should match the consistency required from swallowing assessments. Staff in the Adult Speech and Language (SLT) Team Speech and language have provided training and clearer information for staff about how to thicken drinks which has shown improvement in many parts of the hospital.

WORKING WITH OUR STAKEHOLDERS, PARTNERS AND LOCAL COMMUNITY

Trust wins Lord Lieutenant employer recognition scheme award

The Trust has been awarded a Silver award in the HM Lord Lieutenant for Wiltshire Employer Recognition Scheme, for its support of the Reserve Forces in Wessex. We have a long tradition of giving reservists time off for training and collaborating with reserve units and the Trust was described as a “truly Armed Forces-friendly organisation”.

Successful breast care lunch

Breast cancer patients enjoyed each other’s company and support as part of the annual lunch for past and present patients held by the breast care nurses at the Michael Herbert Hall in Wilton. The annual lunch was first held 28 years ago so that existing patients could share their experiences and provide additional support to people newly diagnosed with breast cancer.

Mayor thanks NHS staff on behalf of local community

Mayor of Salisbury, Councillor Mrs Jo Broom, said a special thank you to NHS staff for their contribution to the local community over the last 21 years and beyond at a special Mayor’s at Home event in the Guildhall. The celebration was one of a number of events organised to mark the 21st anniversary of Salisbury District Hospital.

Over 170 enjoy open day

Members of the public had a unique opportunity to see behind the scenes of some of the hospital’s key services as part of its Open Day. Over 170 people enjoyed guided tours around the cardiac suite where complex heart procedures take place, the endoscopy unit where the latest diagnostic equipment is used to identify a range of conditions and one of the hospital’s operating theatres.

PROMOTING BETTER HEALTH AND SUPPORT FOR OUR PATIENTS

Local people find out more about how to keep well

Hospital staff and local people had an opportunity to find out more about how they can improve their own health and pick up potential signs of serious illnesses during Self Care Week. This year there was a particular focus on keeping healthy during winter with information and advice from staff in a wide range of areas.

Patient information at Salisbury District Hospital

The Trust recognises the value of good quality information and continues to build up and update its patient information library. All our information can be found on the Trust's website. A large group of volunteers comment on all patient information including leaflets, web pages and DVDs as part of the work carried out by the Readership Panel. We continue to be certified under NHS England's Information Standard. Any organisation achieving the Information Standard has undergone a rigorous assessment to check that the information they produce is clear, accurate, balanced, evidence-based and up-to-date.

LISTENING AND LEARNING FROM OUR PATIENTS

Cancer patients rate their care highly

Cancer patients have rated their care highly with 94% of those asked saying that it was excellent or very good in a national survey carried out by Quality Health on behalf of NHS England. Over 340 patients responded to the questionnaire which covered the patient's diagnosis and treatment, confidence in staff, hospital information and the support that they received at home.

Patients rate A&E staff and services among best in country

People needing emergency treatment rated the Accident and Emergency (A&E) Department as one of the best in the country, with confidence in staff, privacy and overall experience rated highly in an independent Care Quality Commission (CQC) survey. Around 850 people who attended A&E in the summer were asked their views on facilities, waiting times, the quality of care and the way they were treated.

Comments, concerns, complaints and compliments

Last year the Trust treated 64,385 people as inpatients, day cases and regular day attendees. Another 43,998 were seen in the Emergency Department and 183,732 as outpatients. The Chairman, Chief Executive and Customer Care Department received 2,827 thank you letters/cards, with many more sent directly to staff on wards and units. There were 777 general enquiries, 221 comments, 423 concerns and 309 complaints. The overall number of comments, concerns and complaints responded to in 0-10 working days was 1,400 (75%), in 11-25 working days 259 (14%) and above 25 working days 208 (11%). All comments, concerns and complaints were acknowledged either verbally or in writing within three working days. Seven

complaints were referred to the Parliamentary and Health Service Ombudsman for independent review and, to date four have not been upheld. The Trust is awaiting a decision on three cases.

The Trust welcomes feedback as this is used to improve the quality of its services. Areas where improvements were made following complaints include:

- Self-check-in has improved the wait to check in and is well used in Radiology.
- GP walk-in service established in January 2015 where patients can have an x-ray on the day. This has been well received by patients and GPs.
- A Discharge Workshop was held and work continues on developing a discharge checklist.
- Due to delays in booking appointments, ENT are delivering ad hoc additional clinics and an additional clinician is being recruited. Following an audit changes to follow-up criteria and timescales are now being implemented.
- A "STOP moment" has been introduced in Dermatology before undertaking particular procedures. This is a pause before treatment takes place to ensure all safety measures are in place.

More detail about improvements can be found in the Trust Board quarterly reports.

IMPROVING SERVICES AND FACILITIES FOR OUR PATIENTS

Major improvements to intensive care facilities

Major changes have been made to the layout and decoration on Radnor Ward following a £1.2m investment in intensive care facilities, which included £300,000 left by a former patient in her Will to provide additional state-of-the-art equipment. As part of the improvements the ward has been expanded and refurbished to provide a calm, sensitive and therapeutic environment for patients who are seriously ill and more comforting surroundings for relatives and carers. There are now four new side rooms, a new quiet room, separate family room, social area and kitchen.

New urology centre opens

A new Urology Centre has opened providing a range of diagnosis and treatment for kidney disorders, ureter, bladder, prostate problems and conditions involving the male reproductive organs in one dedicated location. Before the change all clinics and treatment would have been carried out in general surgical outpatients or other non-specialist areas.

Expansion of mobile chemotherapy service

More patients who travel to Salisbury District Hospital for chemotherapy and related treatment are able to have this closer to home thanks to an increase in the number of locations the Mobile Chemotherapy Unit (MCU) visits. The MCU now

operates in Ludgershall, as well as Fordingbridge, Westbury and Gillingham or Shaftesbury.

New Pembroke unit garden

Patients who have had a stroke or need cancer treatment now have a quiet area to relax and gather their thoughts following the completion of the beautifully designed and landscaped courtyard garden in between Farley Stroke Unit and the Oncology Outpatient Clinic. Over 5,000 people a year are seen in the oncology clinic and over 400 people a year are admitted to Farley Stroke Unit.

Self check-in kiosks for outpatients

Some patients are now able to check in for their outpatient appointment at quickly and securely using a self check-in kiosk within some outpatient departments and in main reception. The system means that patients do not need to queue while the receptionist may be assisting other patients who need more help or are busy booking follow-up appointments.

Improved care and surroundings for patients on Pitton Ward

Major changes have been made to the layout and decoration on Pitton Ward that provide more calm and relaxing surroundings for patients and help with their care and wellbeing while in hospital. Improvements to Pitton Ward follow changes made to Redlynch Ward.

Hospice refurbishment

Hospice and hospital staff joined Lady Pembroke as she officially reopened Salisbury Hospice following a major refurbishment. The refurbishment involved the use of internal design, art, colour and lighting to improve outpatient and inpatient areas, main reception and waiting rooms and give a more comforting and sensitive environment for patients and their families.

IMPROVING EFFICIENCY TO SUPPORT PATIENT CARE

Improved internal referral system introduced

An internal electronic referral system has been implemented that enables medical and surgical teams to obtain a senior clinical opinion from another specialty instead of using paper copies. To date over 700 referrals have been successfully completed, with patients being seen faster and more efficiently.

Salisbury second best in region on antibiotic prescribing

While antibiotics are an important treatment for our patients, more antibiotic use worldwide is leading to antibiotic resistance and can lead to an increase in the incidence of *C. difficile*. Following an audit of antibiotic prescribing, Salisbury had the second best results out of 17 Trusts across the South West of England.

Salisbury linen services

Salisbury Linen Services has been externally assessed and certified to be compliant with both the Choice Framework and the European Standard for Healthcare Linen. This significant achievement provides the Trust with the assurance that the processing and management controls within the laundry are meeting the highest industry standards.

Reducing prescription errors

As part of a health improvement project, junior doctors carried out a review to see how they could reduce out of hours prescription errors through access to a new electronic system for on call medical teams. Errors were reduced, with the additional benefit of better access to clinical information such as GP records and prescribing information.

New process for endoscope decontamination interests other hospitals

Staff in the Sterilisation and Disinfection Unit (SDU) have created a dedicated central decontamination process for endoscope decontamination which, together with training, audit and review, has increased capacity, freed up nursing time, provided national quality accreditation (the second in the country) and generated interest from other regional hospitals in the service.

RECOGNISING INNOVATION THAT IMPROVES PATIENT CARE

Portering team develop new medical notes trolley

Existing patient notes trolleys needed to be replaced to maintain security and reduce manual handling risks. Following consultation with staff and information governance advisors, the portering team designed an ergonomic trolley which has improved the service, saved money and prompted a review of trolleys used in other areas.

Salisbury psychologists shortlisted for national award

Psychologists in the award-winning Engage programme were shortlisted from over 700 applications for a national Patient Safety and Care Award for the package of support and stimulation they use to help older adults in hospital. The team was shortlisted in the Dementia Care category. The team are also providing the Engage programme to other hospitals in the region.

Innovations lead named in best 50 NHS innovators in country

Innovations Lead, Carol Read, was named in the top 50 healthcare innovators by the Health Service Journal. The judging panel cited Carol's involvement and inspiration behind the commercial development and success of My Trusty Little Sunflower Cream.

RECOGNISING AND REWARDING THE BEST

Director of Fundraising wins outstanding achievement award

Director of Fundraising for the Stars Appeal, Dave Cates won the Trust's outstanding achievement award for his work on leading a number of successful fundraising initiatives that support patient care, making the stars Appeal one of the most recognised charities in the area.

Caretaker rewarded as the Trust's unsung hero

Central Health Clinic caretaker Graham Love was praised for his support, commitment and cheerful good humour by staff at Salisbury District Hospital as he picked up the Trust's Unsung Hero Award.

Staff recognised for customer care

Staff in the Hospice and Paediatric Physiotherapy Assistant Carol Evans received Trust Customer Care awards for the kindness and compassion they show in caring for people in difficult and sensitive circumstances.

Staff living the values

In support of the Trust's new values and behaviours Rosie Stenning, Sister in Gynaecology Outpatients and Liam Thornhill, Library Assistant, were rewarded for the way in which they used The Trust's values in their everyday work.

Hospital entertainer rewarded for his work with sick children

The hospital Governors recognised the joy and happiness that Arthur Kendrew has brought to children who were unwell in hospital with a special award for his work as a children's entertainer on Sarum Ward.

Equality and diversity rewarded

Equality and Diversity at Salisbury District Hospital has been recognised with an award for Anne Phillimore, Assistant Audiologist, who showed passion and commitment in setting up a project to deliver hearing aid maintenance and advice to patients in nursing homes.

Hospital in top 100 healthcare organisations to work

Comments from staff have placed the hospital in the top 100 best healthcare organisations in which to work. The Health Service Journal gathered a range of information from employers and staff and these were then analysed by independent workplace research firm Best Companies Group who used this to benchmark organisations and identify the top 100 in the country.

A&E staff win local hero award

Staff in the Accident and Emergency Department won a Salisbury Journal/Spire FM Local Hero Award for their hard work and dedication and continued excellent care despite demands on the service. The team picked up their award at a special ceremony in Salisbury.

Surgery manager wins leadership award

Directorate Manager for Surgery Mandy Cripps, has won the Trust's leadership award. This award is given to someone who has shown exceptional leadership skills by either supporting staff through change, encouraging staff to develop through different learning experiences or motivating individuals and teams to achieve personal or organisational goals.

CELEBRATING ACHIEVEMENTS

Staff and patients mark historic links with US military

Staff and patients marked Salisbury District Hospital's historical links with the US military on the 70th anniversary of the D-Day landings with a ceremony on the Green in the presence of the Senior Liaison Officer for the US Army Training and Doctrine Command and representatives from the Royal British Legion.

Staff rewarded for services to patients

Staff have been rewarded for their professionalism and commitment and the way in which they have improved services for patients as part of the hospital's Striving for Excellence Awards. There were 11 categories in all, and award nominations were made by patients, staff and volunteers, with members of the public voting for the winners in the Service Improvement categories.

Community midwife wins mentorship award

Community Midwife Rachel Holmes has won the Pinder Award which recognises the role experienced nurses play in supporting students throughout their training programme. Rachel was nominated by a student midwife who saw her as a role model for "true excellence in midwifery practice and mentorship".

Horatio's Garden and spinal unit 30th anniversary

The Spinal Unit enjoyed a weekend of celebrations with over 1,500 people coming along to three events to raise funds for Horatio's Garden and mark the 30th anniversary of the Duke of Cornwall Spinal Treatment Centre. This included a summer drinks party, an anniversary celebration and a plant fair in Horatio's Garden.

Staff do well in chief scientific officer's workforce innovation award.

Pathology technical manager, Christine White, won the Chief Scientific Officer's 2015 award for Organisational Lead Scientist. This is a prestigious award and demonstrated how Salisbury healthcare scientists are engaged in their work and promote the hospital as an excellent place for career progression and recognition.

SUPPORTING OUR STAFF TO PROVIDE BEST CARE

Improvements following staff survey

The Trust has implemented a number of improvements for staff following the 2013/2014 staff survey

In supporting staff experiencing work related stress the Trust has put in place a number of activities linked to its Wellbeing programme including mindfulness sessions, additional access to counselling services and a specialist mental health nurse, additional physiotherapy sessions and pop-up clinics.

The majority of incidents involving violence and aggression towards staff are due to the nature of a patient's medical condition the trust has increased access to "conflict resolution" training for frontline staff, provided more appropriate "specialing of patients" and put in place a 24/7 security service.

To increase the uptake of training and appraisals managers have been given access to greater detail about team compliance to enable targeted support with tailored training for individual areas.

In terms of incident reporting the Trust has increased awareness of the need to report all incidents. High reporting rates indicate a positive reporting culture and leads to a significant increase in the level of 'no harm' incidents. Staff are encouraged to report all harmful errors, near misses or incidents and reporting remains good, and the number of events witnessed has decreased.

New values and behaviours

The Trust Board has agreed a refreshed set of values and associated behaviours for the organisation. The values and behaviours were developed through staff focus groups and wider staff consultation and describe what is important to staff in going about their day to day business in the Trust. There are four core values which focus on staff being Patient Centred and Safe, Professional, Responsive and Friendly.

Visitors and staff celebrate cultural diversity

Visitors and staff learnt more about the cultural diversity that exists within the hospital as part of its Equality is for Everyone event. The focus this year was on celebrating the diversity of NHS staff with the aim of highlighting the many different cultural groups at the hospital and the positive benefits of living and working in a multi cultural society.

Day nursery graded as 'good' by Ofsted

The on-site Day Nursery has been graded as 'good' by Ofsted following an inspection. This is a great achievement as it is the nursery's first inspection under Ofsted's new and more rigorous inspection framework. The inspection report said "all children are valued for their uniqueness" and staff "support children to make good progress in their learning and meet their individual needs well".

Staff loyalty recognised with long service awards

Thirty seven members of staff were rewarded for their loyalty and commitment to patients when they received long service awards for completing 25 years of continuous service. Staff were presented with certificate, flowers and a gift from Nick Marsden, Chairman and Peter Hill, Chief Executive at a special ceremony.

ADDITIONAL DIRECTORS' REPORT DISCLOSURES

Please note that the Trust has only disclosed information under the Companies Act that is relevant to its operations. Companies Act disclosures relating to political donations, future developments, provision for staff communication on matters of concern and financial risk management are included in the Trust's Strategic Report section.

Research and Development

The Trust hosts the Research Design Service (SW) Salisbury Office, which advises researchers who are preparing a grant application. The South West RDS is part of the National Institute of Health Research (NIHR) and, as part of the regional structure; the Trust meets the research governance objectives set by the NIHR. Based on the latest available figures, the number of NHS patients taking part in clinical research in the Trust in the 2014/2015 financial year was 877 people taking part in 54 National Institute of Health Research and Clinical Research Network studies hosted by the Trust, compared with 912 patients taking part in 44 studies in the previous year. Participation in clinical research forms part of the NHS constitution and the NHS operating framework, and enables the NHS to develop new treatments and shape services in the future.

Policies relating to the training, career development and continuing employment of disabled employees

Please see Equality Report at the end of this Annual Report.

Overview of Trust's Quality Governance Arrangements

The primary responsibility for maintaining and improving quality rests with the Trust Board. As part of this the Board has to have regard for Monitor's Quality Governance Framework. Monitor is the NHS Foundation Trust regulator. The Trust has a range of systems to ensure that quality governance is not only embedded firmly within the culture of the organisation, but that it also forms a key part in Trust

strategy – with processes in place to monitor and measure capability and performance and review individual services. This is maintained through a quality framework. Information is gathered from patient feedback, reports, audits, external agency and peer reviews, and from Trust staff at ward and departmental level through Trust Board led quality walks. This is discussed at directorate quality meetings and presented to the Clinical Governance Committee as part of the assurance process. The Trust has clear reporting lines through individual directorates, the Clinical Management Board and the Trust Board itself, which reviews performance through a comprehensive series of quality indicators that are discussed in public at Trust Board meetings. Full details of the work the Trust is carrying out in this area can be found in the Quality Report and the Annual Governance Statement later in this Annual Report. It is important to note that there are no material inconsistencies between the Trust's Annual Governance Statement, Board reports required by the Risk Assessment Framework, the Corporate Governance statement submitted with the Annual Plan, the Annual Report (incorporating the Quality Report) and any reports arising from Care Quality Commission reviews. The Trust Board will continue to monitor the governance of quality through its quality framework.

Statement on disclosure to the auditors.

As far as the Directors are aware there is no relevant audit information of which the auditors are unaware. Each individual director that has approved this Annual Report has taken all steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of the information.

Accounting policies for pensions and other retirement benefits

These are set out in note 10 to the accounts and details of senior employees' remuneration can be found in the Remuneration Report.

Register of Interests for Directors and Governors

A register of interests is held in the Trust Offices. Information regarding the Directors' and Governors' interests and whether they have undertaken any material transactions with Salisbury NHS Foundation Trust can be obtained by contacting David Seabrooke, Head of Corporate Governance, Trust Offices, Salisbury NHS Foundation Trust, Salisbury District Hospital, Salisbury, SP2 8BJ.

Sickness Absence Information

The Trust has robust procedures for the management and monitoring of sickness absence with regular reporting at departmental, directorate and Trust Board level.

| | 1 April 2014 to 31 March 2015 | 1 April 2013 to 31 March 2014 |
|--------------------------|-------------------------------|-------------------------------|
| Total days lost | 20,653 | 19,656 |
| Total staff years | 2,751 | 2,736 |

| | | |
|-----------------------------------|-----|-----|
| Average working days lost per WTE | 7.5 | 7.2 |
|-----------------------------------|-----|-----|

Statement on compliance with cost allocation and charging guidance Compliance with HM Treasury and Office of Public Sector Information Guidance

Salisbury NHS Foundation Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information Guidance.

REMUNERATION REPORT

Chairman of the Remuneration Committee's Annual Statement on Remuneration

Senior managers have the authority or responsibility for directing and controlling the major activities of the Trust and for Salisbury NHS Foundation Trust this covers the Chairman, the Executive and Non Executive Directors. It is important to note that the Remuneration Committee of the Board has responsibility for setting the terms and conditions for the Executive Directors, while responsibility for setting the terms and conditions for the Chairman and Non Executive Directors lies with the Council of Governors, which is advised by the Performance Committee. The Remuneration Committee reviewed the salaries and the individual reward packages of the Executive Directors for 2014/2015. Salaries are set in comparison with those given to holders of equivalent posts within the NHS. Advancement within the individual salary scales of Executive Directors is based on successful appraisal outcomes and this is the only performance-related element of the Executive Director's remuneration. The Remuneration Committee works closely with the Chief Executive in reviewing each executive director's performance and the Director of HR and Organisational Development advises the committee on the performance of the Chief Executive.

Senior Manager's Remuneration Policy

The policy described in this section applies to the executive and non executive directors and is periodically reviewed so that it remains aligned to the Trust's requirements, recruitment needs and practices.

The Trust's overarching Remuneration Policy is designed to ensure that senior managers' remuneration supports its strategy and business objectives. The policy in practice has been developed to support the provision of high quality services for patients through its strategic aim of delivering an outstanding experience for every patient, financial stability and improved service performance. The Trust is mindful of a broad range of factors in setting this policy.

The Trust's remuneration principles are that rewards to senior managers should enable the Trust to:

- Attract, motivate and retain senior managers with the necessary abilities to manage and develop the Trust's activities fully for the benefit of patients

- Align remuneration with objectives that match the long term interests of the Trust
- Drive appropriate behaviours in line with the Trust's values
- Focus senior managers on the business aims and appraise them against challenging objectives

Future Policy Table

Executive Directors

| Element of pay (Component) | How component supports short and long term strategic objective/goal of the Trust | Operation of the component | Performance metric used and time period |
|----------------------------|--|---|---|
| Basic salary | <p>Provides a stable basis for recruitment and retention, taking into account the Trust's position in the labour market and a need for a consistent approach to leadership.</p> <p>Stability, experience, reputation and widespread knowledge of local needs and requirements supports the Trust's short term strategic objectives outlined in its annual priorities and its long term strategic goals of:</p> <p>Choice - providing a comprehensive range of high quality local services enhanced by our specialist centres</p> <p>Care - treating our patients with care, kindness and compassion and keep them safe from avoidable harm</p> <p>Our Staff - making the Trust a place to work where staff feel valued to develop as individuals and as teams</p> <p>Value - being innovative in the use of our resources to deliver</p> | <p>Individual pay point is set within a pre designed pay band which has a minimum and maximum limit. (See salary scales at the end of the Future Policies table which sets out the rates payable).</p> <p>Initial positioning on this pay band is based on experience and research into pay in other NHS Foundation Trusts.</p> | <p>Pay is reviewed annually in relation to individual performance based on agreed objectives set out prior to the start of that financial year which runs between 1 April and 31 March.</p> |

| | | | |
|----------|---|--|--|
| | efficient and effective care | | |
| Benefits | Benefits in kind relate to either the provision of a car, training or additional pension contributions. Salary for executive Directors includes any amount received (See Basic salary on how this component supports short and long term strategic objective/goal of the Trust) | (See above) | (see above) |
| Pension | Provides a solid basis for recruitment and retention of top leaders in sector. Supports the Trust's short term strategic objectives outlined in its annual priorities and its long term strategic goals stated in the basic salary component. | Contributions within the relevant NHS pension scheme | Contribution rates are set by the NHS Pension Scheme |
| Bonus | N/A | N/A | N/A |
| Fees | N/A | N/A | N/A |

Note 1: The components above apply generally all Executive Directors in this table and there are no particular arrangements that are specific to an individual executive director.

Note 2: While a review-point was introduced in 2013/2014 for newly-appointed Executive Directors after two years in post, no new components were introduced in 2014/2015. There were also no changes made to the existing components of the remuneration package.

Note 3: The Remuneration Committee adopts the principles of the Agenda for Change framework when considering executive director's pay. However, unlike Agenda for Change, there is no automatic salary progression within the salary scale even if individual directors meet their annual objectives. See Statement of consideration of employment conditions elsewhere in the Trust for more detail.

Note 4: The performance measures were chosen to reflect the Trust's adopted values and its strategic goals form the basis for Directors' objectives. There is no specific minimum level of performance that effects the payment and no further levels of performance which would result in additional amounts being paid.

Note 5: There is no specific provision for the recovery of sums paid to directors or for withholding the payment of sums to senior managers that relate to their basic salary. However, the Remuneration Committee in respect of the Executive Directors and the Council of Governors for the Non Executive Directors does have the authority to decide on whether any pay increase should be awarded each

year based on performance. The review point described above in Note 2 is subject to satisfactory performance.

Note 6: No Executive Directors have been released to undertake other paid work elsewhere.

Non Executive Directors

| Element of pay (Component) | How component supports short and long term strategic objective of the Trust | Operation of the component | Performance metric used and time period |
|----------------------------|---|--|---|
| Basic salary | <p>The pay level reflects the part time nature of the role. It is set at a level that gives recognition for the postholder's commitment and responsibility of the role. Supports the Trust's short term strategic objectives outlined in its annual priorities and its long term strategic goals of:</p> <p>Choice - providing a comprehensive range of high quality local services enhanced by our specialist centres</p> <p>Care - treating our patients with care, kindness and compassion and keep them safe from avoidable harm</p> <p>Our Staff - making the Trust a place to work where staff feel valued to develop as individuals and as teams</p> <p>Value - being innovative in the use of our resources to deliver efficient and effective care</p> | It is one single pay point based on research of NHS pay for Non Executive Directors in other NHS Foundation Trusts | The pay level is reviewed annually by the Council of Governors. |
| Benefits | N/A | N/A | N/A |
| Pension | N/A | N/A | N/A |
| Bonus | N/A | N/A | N/A |
| *Fees | N/A | N/A | N/A |

*Non Executive Directors Fees: Responsibility for setting the terms and conditions for the Chairman and Non Executive Directors lies with the Council of Governors. The policy on remuneration is that the Non Executive Directors are paid a basic salary (see Salary Scales). No additional duties which require a fee are carried out by the Non Executive Directors.

Salary scales for senior managers

| Senior Manager/Executive Directors | Role | Salary scale £ |
|------------------------------------|---|-------------------|
| Peter Hill | Chief Executive | 143,531 - 175,235 |
| *Laurence Arnold | Interim Chief Operating Officer | 105,000 - 120,750 |
| Christine Blanshard | Medical Director | 134,835 - 155,075 |
| Malcolm Cassells | Director of Finance and Procurement | 110,090 - 126,603 |
| Kate Hannam | Chief Operating Officer | 105,000 - 120,750 |
| *Fiona Hyett | Interim Director of Nursing | 90,900 - 104,030 |
| Alison Kingscott | Director of HR and Organisational Development | 86,385 - 99,353 |
| Lorna Wilkinson | Director of Nursing | 90,900-104,030 |

* Please note that salary scales relate to the substantive postholder

| Senior Manager/Non Executive Directors | Role | Fixed Salary |
|--|---------------|--------------|
| Nick Marsden | Chairman | 43,000 |
| Nigel Atkinson | Non Executive | 13,000 |
| Lydia Brown (Vice Chairman) | Non Executive | 16,000 |
| Ian Downie | Non Executive | 13,000 |
| Andrew Freemantle | Non Executive | 13,000 |
| Paul Kemp | Non Executive | 13,000 |
| Stephen Long | Non Executive | 13,000 |
| Sarah Mullally | Non Executive | 13,000 |

Service contracts obligations

There are no specific obligations on Salisbury NHS Foundation Trust that impact on remuneration payments or payments for loss of office that are not disclosed elsewhere within the Remuneration Report.

Policy on payment for loss of office

This is subject to individual negotiation and takes into account the circumstances and merits of the individual case and the likely treatment by an employment tribunal.

Statement of consideration of employment conditions elsewhere in the Trust

While the Trust did not consult with employees on the remuneration policy regarding senior managers, it did take into account the national pay and conditions on NHS employees. On this basis, the Remuneration Committee adopts the principles of the Agenda for Change framework when considering executive director's pay. However, unlike Agenda for Change, there is no automatic salary progression within the salary scale even if individual directors meet their annual objectives (see Annual Statement on Remuneration for decisions taken for the 2014/2015 year). The initial position on the salary scale will depend on the Executive Director's previous relevant experience and any progression within that scale is determined by the Remuneration Committee (See Annual Statement on Remuneration). Performance objectives for the Executive Directors is identified and agreed with the Chief Executive, or by the Chairman in the case of the Chief

Executive, and signed off by the Remuneration Committee. Objectives are set for individual Executive Directors based on strategic aims within the annual plan.

Responsibility for setting the terms and conditions of Non Executive Directors rests with the Council of Governors, which is advised by the Performance Committee and takes into account remuneration in other NHS organisations by reviewing available national comparisons in NHS Employers information. This was determined when the Trust was authorised, on the basis of independent advice. In 2010 the Council of Governors decided not to award a pay increase to the Non Executive Directors and this has remained the case since then. Please note that no additional fees are paid to the Chairman and the Non Executives Directors, other than travel and subsistence costs incurred

Annual Report on Remuneration

Senior Manager's Service Contracts

None of the current Executive Directors is subject to an employment contract that stipulates a length of appointment. The appointment of the Chief Executive is made by the Non-Executive Directors and approved by the Council of Governors. The Chief Executive and Executive Directors have a permanent employment contract and the contract can be terminated by either party with three months' notice. The contract is subject to normal employment legislation.

Executive Directors are appointed by a committee consisting of the Chairman, Chief Executive and Non Executive Directors. The Trust's Constitution sets out the circumstances in which a Director will be disqualified from office and employment terminated. No significant awards have been made to past senior managers in 2014/2015. As stated in the Annual Statement on Remuneration, salaries are set in comparison with those given to holders of equivalent posts within the NHS. There is no bonus scheme for Executive Directors and any pay progression is based solely on individual performance, as noted above and to recognise new responsibilities.

The Chairman and Non-Executive Directors of the Trust are appointed by the Council of Governors for a term of office of up to three years for all new appointments. This can be renewed for a second three-year term with the agreement of both parties. The Council of Governors can terminate the appointment at any time during this period of office. For those who were in post during 2014/ 2015 please see Directors Report for details of service period.

Remuneration Committee

| Name | Role | Attendance from 2 meetings |
|--------------------------|------------------------|----------------------------|
| Nick Marsden | Chairman | 2 |
| Nigel Atkinson | Non Executive Director | 1 from 2 |
| Lydia Brown | Non Executive Director | 2 |
| Ian Downie | Non Executive Director | 1 from 2 |
| Andrew Freemantle | Non Executive Director | 1 from 2 |
| Paul Kemp | Non Executive Director | 0 from 0 |
| Stephen Long | Non Executive Director | 2 |

| | | |
|-----------------------|------------------------|---|
| Sarah Mullally | Non Executive Director | 2 |
|-----------------------|------------------------|---|

*External advice is not routinely provided to the Remuneration Committee. However, the Chief Executive, Director of HR and Organisational Development and the Head of Corporate Governance attend and provide internal advice to the committee.

The Work of the Remuneration Committee and the Trust's Statement on Pay Policy

The Remuneration Committee reviews the salaries and where relevant, the individual reward packages of the Executive Directors. Most other staff within the NHS have contracts based on Agenda for Change national terms and conditions, which is the single pay system in operation in the NHS. Doctors, dentists, very senior managers and directors have separate terms and conditions. Pay Circulars inform of changes to pay and terms and conditions for medical and dental staff, doctors in public health medicine and the community health service, along with staff covered by Agenda for Change. The Trust follows these nationally set pay policies in negotiating with Trade Unions on areas of local discretion.

Expenses for Senior Managers and Governors

| Year | Number of Directors in Office | Number of Directors Reimbursed | Amount Reimbursed to Directors | Number of Elected Governors in Office | Number of Elected Governors Reimbursed | Amount Reimbursed to Elected Governors |
|-----------|-------------------------------|--------------------------------|--------------------------------|---------------------------------------|--|--|
| 2014/2015 | 16 | 12 | £10,300 | 21 | 8 | £2,320 |
| 2013/2014 | 14 | 10 | £10,448 | 21 | 6 | £2,828 |

Expenses incurred during the course of their duties relate to travel, accommodation and subsistence. Directors include those who were in post in an interim capacity during the year

Off Pay Roll Payments

Off-payroll engagements as of 31 March 2015, for more than £220 per day and that last for longer than six months

| | |
|--|---|
| No. of existing engagements as of 31 March 2015 | 6 |
| Of which... | |
| No. that have existed for less than one year at time of reporting. | 6 |
| No. that have existed for between one and two years at time of reporting. | 0 |
| No. that have existed for between two and three years at time of reporting. | 0 |
| No. that have existed for between three and four years at time of reporting. | 0 |
| No. that have existed for four or more years at time of reporting. | 0 |

*All existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

New off-payroll engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015, for more than £220 per day and that last for longer than six months

| | |
|--|---|
| No. of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015 | 6 |
| No. of the above which include contractual clauses giving the trust the | 6 |

| | |
|---|---|
| right to request assurance in relation to income tax and National Insurance obligations | |
| No. for whom assurance has been requested | 6 |
| Of which... | |
| No. for whom assurance has been received | 0 |
| No. for whom assurance has not been received | 6 |
| No. that have been terminated as a result of assurance not being received. | 0 |

Off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2014 and 31 March 2015

| | |
|--|----|
| Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year. | 0 |
| Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements. | 16 |

Statement on the Trust's policy on high paid off payroll arrangements

The Trust makes use of these arrangements only in exceptional circumstances. For instance, where there is a requirement for short term specialist project management experience which cannot be filled within the existing workforce because of capacity or in-house knowledge and experience. Where an executive director post becomes vacant, the Trust looks to put in place an "acting-up" arrangement, but may select an interim manager to provide cover for up to a year pending recruitment.

Salary and Pension Entitlement

| Remuneration 1 April 2014 – 31 March 2015 | | | | | | |
|--|--|--|---|--|---|--|
| | Salary and fees (Bands of £5,000) £000 | Taxable Benefits Rounded to the nearest £100 | Annual Performance Related Bonus (Bands of £5,000) £000 | Long term Performance Related Bonus (Bands of £5,000) £000 | Pension Related Benefits (Bands of £2,500) £000 | Total (Bands of £5,000) £000 |
| Laurence Arnold Interim Chief Operating Officer | 25-30 | 0 | 0 | 0 | 5-7.5 | 30-35 |
| Nigel Atkinson Non Executive | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Christine Blanshard Medical Director | 165-170 | 0 | 0 | 0 | 80-82.5 | 245-250 |
| Lydia Brown Non Executive | 15-20 | 0 | 0 | 0 | 0 | 15-20 |
| Malcolm Cassells Director of Finance | 120-125 | 0 | 0 | 0 | 0 | 120-125 |
| Ian Downie Non Executive | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Andrew Freemantle Non Executive | 10-15 | 0 | 0 | 0 | 0 | 10-15 |

| | | | | | | |
|---|---------|---|---|---|---------|---------|
| Kate Hannam Chief Operating Officer | 75-80 | 0 | 0 | 0 | 22.5-25 | 120-125 |
| Fiona Hyett Interim Director of Nursing | 30-35 | 0 | 0 | 0 | 22.5-25 | 55-60 |
| Peter Hill Chief Executive | 150-155 | 0 | 0 | 0 | 42.5-45 | 195-200 |
| Stephen Long Non Executive | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Nick Marsden Chairman | 40-45 | 0 | 0 | 0 | 0 | 40-45 |
| Sarah Mullally Non Executive | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Paul Kemp Non Executive | 0-5 | 0 | 0 | 0 | 0 | 0-5 |
| Alison Kingscott Director of HR & Organisational Development | 95-100 | 0 | 0 | 0 | 22.5-25 | 120-125 |
| Lorna Wilkinson Director of Nursing | 55-60 | 0 | 0 | 0 | 77.5-80 | 135-140 |

There were no taxable benefits paid to Directors in the year. Salary for Executive Directors includes any amount received for car allowance.

Kate Hannam left the Trust on 14 December 2014 and Laurence Arnold was appointed Interim Chief Operating Officer from 15 December 2015, which carried through into the new financial year. Nigel Atkinson completed his final term of office on 31 January 2015 and was replaced by Paul Kemp on 1 February 2015. Fiona Hyett was Interim Director of Nursing from 1 April 2014 to 3 August 2014 and Lorna Wilkinson joined the Trust on 4 August 2015.

Remuneration 1 April 2013 – 31 March 2014

| | Salary and fees (Bands of £5,000) £000 | Taxable Benefits Rounded to the nearest £100 | Annual Performance Related Bonus (Bands of £5,000) £000 | Long term Performance Related Bonus (Bands of £5,000) £000 | Pension Related Benefits (Bands of £2,500) £000 | Total (Bands of £5,000) £000 |
|---|--|--|---|--|--|---|
| Nigel Atkinson Non Executive | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Christine Blanshard Medical Director | 165-170 | 0 | 0 | 0 | 37.5-40 | 200-205 |
| Lydia Brown Non Executive | 15-20 | 0 | 0 | 0 | 0 | 15-20 |
| Malcolm Cassells Director of Finance | 125-130 | 0 | 0 | 0 | 17.5-20 | 145-150 |
| Ian Downie Non Executive | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Andrew Freemantle Non Executive | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Kate Hannam Chief Operating Officer | 90-95 | 0 | 0 | 0 | 87.5-90 | 175-180 |
| Peter Hill Chief Executive | 150-155 | 0 | 0 | 0 | 145-147.5 | 295-300 |
| Stephen Long Non Executive | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Luke March Chairman | 30-35 | 0 | 0 | 0 | 0 | 30-35 |
| Nick Marsden Chairman | 10-15 | 0 | 0 | 0 | 0 | 10 - 15 |

| | | | | | | |
|---|---------|---|---|---|---------|---------|
| Sarah Mullally Non Executive | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Tracey Nutter Director of Nursing | 100-105 | 0 | 0 | 0 | 0 | 100-105 |
| Alison Kingscott Director of Human Resources | 90-95 | 0 | 0 | 0 | 50-52.5 | 145-150 |

There were no taxable benefits paid to Directors in the year. Salary for Executive Directors includes any amount received for car allowance.

Luke March's term of office ended on 31 December 2014 and he was succeeded by Nick Marsden on 1 January 2014. Sarah Mullally started on 1 April 2013 and Kate Hannam took up her post on 3 June 2013.

Pension Benefits 1 April 2014 – 31 March 2015

| | Real increase in pension at age 60 | Real increase in pension lump sum at age 60 | Total accrued pension and related lump sum at age 60 at 31 March 2015 | Lump sum at age 60 related to accrued pension at 31 March 2015 | Cash Equivalent Transfer Value at 31 March 2015 | Real increase in Cash equivalent Transfer Value | Cash Equivalent Transfer Value at 1 April 2014 | Employers contribution to Stakeholder pension |
|----------------------------|------------------------------------|---|---|--|---|---|--|---|
| | (Bands of £2,500) | (Bands of £2,500) | (Bands of £5,000) | (Bands of £5,000) | | | | |
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | To nearest £100 |
| Laurence Arnold | 0-2.5 | 0-2.5 | 75-80 | 55-60 | 340 | 7 | 308 | 0 |
| Christine Blanshard | 2.5-5.0 | 10-12.5 | 260-265 | 195-200 | 1,279 | 104 | 1,145 | 0 |
| *Malcolm Cassells | N/A | N/A | N/A | N/A | N/A | N/A | 1,327 | 0 |
| Kate Hannam | 0-2.5 | 0-2.5 | 100-105 | 75-80 | 426 | 28 | 387 | 0 |
| Fiona Hyett | 0-2.5 | 2.5-5 | 95-100 | 70-75 | 408 | 17 | 350 | 0 |
| Peter Hill | 0-2.5 | 5-10 | 250-255 | 185-190 | 1,272 | 72 | 1,168 | 0 |
| Alison Kingscott | 0-2.5 | 2.5-5 | 100-105 | 75-80 | 426 | 28 | 387 | 0 |
| Lorna Wilkinson | 2.5-5 | 10-12.5 | 105-110 | 75-80 | 434 | 63 | 329 | 0 |

* Malcolm Cassells is not a current member of the NHS Pension Scheme and so no additional benefits have accrued in the year.

Notes to Remuneration and Pension Tables

As Non-Executive directors do not receive pensionable remuneration, there are no entries in respect of any pensions.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension

scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement). The factors used to calculate the 2015 CETV's have increased; therefore the value of CETV's for some members has increased by more than expected since 31 March 2014.

Median Remuneration that Relates to the Workforce

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director and the lowest paid director in their organisation and the median remuneration of the organisation's workforce. The mid-point of the banded remuneration of the Trust's highest paid director in 2014/15 was £167,500 (£2013/14, £167,500). This was 6.8 times (2013/14, 6.9 times) the median remuneration of the workforce, which was £24,800 (2013/13, £24,400). In 2014-15, two (2013-14, four) employees received total remuneration in excess of the highest paid director. Remuneration ranged from £5,338 to £185,000, (2013/14, £5,240 to £186,000). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The pay multiplier between the median remuneration of the workforce and the highest paid director fell in 2014-15. Based on annualised pay, the Medical Director was the highest paid director in both years. Please note that this information has been subject to audit.

Payments for loss of office

There were no payments made for loss of office in either 2013/2014 or 2014/2015.

Payments to past senior managers

None to report in 2014/2015



Peter Hill
Chief Executive
22 May 2015

NHS FOUNDATION TRUST CODE OF GOVERNANCE

Disclosure Statement

Salisbury NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The way in which the Board applies the principles and provisions is described in the various sections of the report. The Directors consider that for the 2014/2015 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

General Statements

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 Trust maintains a continuing 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, patient groups, and external organisations such as commissioners, and local councils while healthcare 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 with the 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.

The Board holds a joint meeting with the Council of Governors to consult on the objectives, priorities and strategy that is included in the Annual Plan. This is supported by the Governors' Strategy Committee.

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 (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 website 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 Communications 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 continue to develop ways of communicating with members and giving Members the opportunity to express their thoughts. Constituency meetings and Medicine for Members' sessions are examples of where this takes place. 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 through a monthly Cascade Brief, Members' newsletter and the Chief Executive's message 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.

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 post 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 website.

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
- 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
- Exercising the above duties in a way that is accountable to the Governors, members and stakeholders

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

The Council consists of 26 Governors:

- 15 Public Governors
- 6 Staff Governors
- 6 Nominated 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 and respond to questions.

Non-Executive Directors attend the Council of Governors by invitation on a rota basis to develop their own understanding of the work of the Governors and their issues.

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

The statutory duties are to:-

- Hold the Non-Executive Directors to account
- Advise the Board on the effect on the provision of NHS services of non NHS provision
- Set the Terms and Conditions of Non-Executive Directors together with their remuneration and allowances
- 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
- Be consulted by the Board of Directors on the development of forward plans for the Trust and any significant changes to the health care provided.
- To undertake training in the role

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

On the non-statutory side the Governors have been placed into groups to consider various topics over which they can have an influence. In 2014/2015 these covered:

- Communications and Membership
- Performance of Chairman and Non Executive Directors
- The Trust's Annual Plan for 2014/2015 prior to submission to the regulator
- Patient experience
- Governor's self assessment
- The strategic direction of the Trust
- Volunteers

The Governors review their work programme and the make-up of their working groups annually. They appreciate that, statutory roles apart, their principal duties are to monitor, advise and inform.

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.

The Executive Directors have established the Joint Board of Directors which consists of the Executive Directors, Clinical Directors and other senior post holders. The Joint Board of Directors 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.

Council of Governors policy for engagement with the Board of Directors where they have concerns about the performance of the Board, compliance with the provider licence or matters related to the overall wellbeing of the Trust. The council of governors should input into the Board's appointment of a senior independent director.

There are a number of mechanisms in place that allow an issue or concern to be discussed and escalated. Informally, there are meetings between the Lead Governor and the Chairman. There are bi-monthly meetings between the governors and the non-executive directors. Governors attend Trust Board and Directors attend the Council of Governors. If the range of informal approaches do not resolve a concern, a joint meeting of the board and the governors may be called.

Under the Trust's Constitution, the Board will consult the Council on the appointment of the Deputy Chairman. A process for formal dispute resolution is included in the Trust's constitution as follows:

Dispute Resolution

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.

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.

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.

THE COUNCIL OF GOVERNORS

The Council of Governors is made up of elected and nominated Governors who provide an important link between the hospital, local people and key organisations - sharing information and views that can be used to develop and improve hospital services.

Seven public constituencies were originally created to cover the Trust's general and emergency catchment area using local government boundaries in place at the time. These have been reviewed to take account of minor changes to electoral wards. A further, Rest of England, Public Constituency was added in 2013.

The Trust's other public constituencies are called Salisbury City, South Wiltshire Rural, New Forest, Kennet, West Wiltshire, North Dorset and East Dorset. Governors from all these areas are elected by members from these constituencies in accordance with election rules stated in the Trust's constitution using the 'First Past the Post' voting system. Elections by postal ballot are carried out on behalf of the Trust by the independent Electoral Reform Services Ltd.

In addition, there are elected staff Governors representing six staff groups and Governors who are nominated by partner organisations that have an interest in how the Trust is run. These were Wessex Community Action, a body that provides an over-arching voluntary presence at local level; Wiltshire Council that provides the main local authority link; and the Wiltshire, West Hampshire and Dorset Clinical Commissioning Groups, who supplied nominations during the year. The Trust also appointed a representative from the Armed Forces to the Council of Governors.

The representatives of public constituencies must make up at least 51% of the total number of Governors on the Council of Governors.

In addition to the AGM, and the joint meeting with the Trust Board to review the Annual Plan, the Trust held four meetings of the Council of Governors during the 2014/15 year.

In addition to the AGM, and the joint meeting with the Trust Board to review the Annual Plan, the Trust held six meetings of the Council of Governors during the 2013/2014 year.

Elected Governors – Public Constituency

| Name | Constituency | Elected or Re-elected | Term of Office | Attendance from 5 meetings |
|---------------------------|-----------------------|-----------------------|----------------|----------------------------|
| John Carvell | Salisbury City | May 2012 | Three years | 4 from 5 |
| *Celeste Collins | Salisbury City | May 2011 | Three years | 1 from 1 |
| *Jan Sanders | Salisbury City | May 2014 | Three years | 4 from 4 |
| Chris Wain | Salisbury City | May 2012 | Three years | 4 from 5 |
| Robert Coate | South Wiltshire Rural | May 2011 | Three years | 1 from 1 |
| June Griffin | South Wiltshire Rural | May 2012 | Three years | 3 from 5 |
| Sir Raymond Jack | South Wiltshire Rural | May 2012 | Three years | 5 |
| Dr Alastair Lack | South Wiltshire Rural | May 2011 | Three years | 5 |
| Beth Robertson | South Wiltshire Rural | May 2012 | Three years | 5 |
| Lynn Taylor | South Wiltshire Rural | May 2014 | Three years | 4 from 4 |
| *Paul Goldman | North Dorset | May 2011 | Three years | 1 from 1 |
| *Madeline Hewitt | North Dorset | May 2012 | Three years | 0 from 1 |
| Katherine Saunders | North Dorset | May 2014 | Three years | 1 from 1 |
| Sarah Bealey | New Forest | May 2012 | Three years | 4 from 5 |
| John Markwell | Kennet | May 2012 | Three years | 5 |
| Carole Noonan | West Wiltshire | May 2012 | Three Years | 5 |
| Nicholas Sherman | East Dorset | May 2012 | Three years | 4 from 5 |

*Celeste Collins completed her term of office in May 2014 and Jan Sanders was elected to the Salisbury City constituency. Robert Coate completed his term of office in May 2014 and Lynn Taylor was elected to the South Wiltshire Rural constituency. Paul Goldman completed his term of office in May 2014 and Katherine Saunders was elected to the North Dorset constituency. Katherine Saunders and Madeline Hewitt stood down in September 2014.

Elected Governors - Patient/Carer Constituency

| | | | | |
|-----------------------|-----------------|----------|-------------|----------|
| *Andrew Farrow | Rest of England | May 2012 | Three years | 0 from 0 |
|-----------------------|-----------------|----------|-------------|----------|

*Andrew Farrow was a Governor for the Rest of England constituency until July 2014 and this position was vacant at 31 March 2015.

Elected Governors - Staff Constituency

| | | | | |
|---|---|----------|-------------|----------|
| Mandy Cripps | Clerical, Administrative and Managerial | May 2012 | Three years | 5 |
| Brian Fisk | Volunteers | May 2012 | Three years | 5 |
| Shaun Fountain | Medical & Dental | May 2012 | Three years | 5 |
| Colette Martindale (Lead Governor) | Nurses & Midwives | Nov 2012 | Three years | 4 from 5 |
| Lynda Viney | Hotel & Property Services | May 2012 | Three years | 4 from 5 |
| Christine White | Scientific & Therapeutic | May 2012 | Three years | 4 from 5 |

Nominated Governors

| Name | Constituency | Appointed or Re-appointed | Term of Office | Attendance up to 5 meetings |
|-------------------------|-------------------------|----------------------------------|-----------------------|------------------------------------|
| *William Moss | Wiltshire Council | May 2011 | Three years | 1 from 1 |
| *John Noeken | Wiltshire Council | May 2014 | Three years | 4 from 4 |
| Chris Horwood | Wessex Community Action | April 2014 | Three years | 4 from 4 |
| Simone Yule | Dorset CCG | August 2013 | Three years | 0 from 5 |
| Mary Monnington | Wiltshire CCG | August 2013 | Three years | 1 from 5 |
| Rob Polkinghorne | West Hampshire CCG | Nov 2013 | Three years | 3 from 5 |

*During the year William Moss was replaced by John Noeken who started in May 2014.

Please note that a register of interests is held in the Trust Offices. Information regarding the Governors' interests and whether they have undertaken any material transactions with Salisbury NHS Foundation Trust can be obtained by contacting David Seabrooke, Head of Corporate Governance, Trust Offices, Salisbury NHS Foundation Trust, Salisbury District Hospital, Salisbury, SP2 8BJ.

Statement Setting out the Steps that the Members of the Board, in Particular the Non Executives, Have Taken to Understand the Views of Governors and Members

During the year the Directors have used a variety of methods to ensure that they take account of, and understand, the views expressed by Governors and members. The Council of Governors is chaired by the Chairman and these meetings are attended by the Chief Executive who presents a performance report and answers questions. This is an opportunity for the Governors to express their views and raise any other issues, so that the Chief Executive can respond. Starting in February 2014, there has been an informal meeting held of the governors and the non-executive directors a week after the public board meeting.

A formal joint meeting of the Board and Council was held in February 2015 to consult on the draft strategic plan. Executive and Non-Executive Directors also attend some of the Governor working groups.

The Trust Board is aware of the work carried out by the governor working groups and information is fed back to the Directors. Relevant Directors attend

constituency meetings and the annual general meeting and answer member's questions.

The Trust Board meets bi-monthly in public and, as part of its commitment to openness, Governors and members are invited by the Chairman to comment or ask questions on any issues that they may wish to raise at the end of the public session. A response is provided by the appropriate member of the Trust Board. Trust Board papers are made available on the website and Governors alerted so that these can be viewed prior to the meetings.

Starting in September 2014, the Trust has invited a governor to attend meetings as an observer of the Clinical Governance Committee and Part II meetings of the board. In line with legal requirements, the approved minutes of the part II meeting of the board are circulated to the governors.

THE BOARD OF DIRECTORS

Statement about the Balance, Completeness and Appropriateness of the Board of Directors

The Board comprises the Chairman, Chief Executive, five other Executive Directors and up to seven 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. As Chairman, Nick Marsden 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.

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.

The Board is satisfied as to its balance, completeness and appropriateness but will keep these matters under review.

Statement Setting out that the Board of Directors Undertake a Formal and Rigorous Evaluation of its Own Performance and that of its Collective and Individual Directors.

At a meeting in November 2014, the Board engaged the Thames Valley & Wessex Leadership Academy to undertake a review of effectiveness taking account of the Care Quality Commission's Well Led methodology and the guidance provided by The Healthier Board. This reported to the Board in March 2015 and a number of actions are being considered in response to the findings, which will be covered in next year's Annual Report.

Evaluation of the Chairman's performance is led by the Senior Independent Director. The Chief Executive and Non Executive Directors' performance is evaluated by the Chairman, while an evaluation of the Executive Directors' performance is carried out by the Chief Executive.

Fit and Proper Persons Regulations

Under the Health and Social Care Act 2008, providers of services registered with the Care Quality Commission must ensure that all existing and new directors of the Trust meet and continue to meet the definitions of Fit and Proper Persons, as set out under the regulations. These can be found on the CQC website at www.cqc.org.uk. All existing Directors have affirmed their compliance in writing and continued compliance will be monitored through appraisal and the declaration of interest process during public Trust Board meetings. The continued application of due diligence procedures will be used in relation to new appointments.

The Board of Directors

Dr. Nick Marsden – Chairman (Independent)

Nick Marsden joined the Trust in January 2014. He has been an NHS non executive director at Southampton since 2007 and a vice chairman since 2011. He has an engineering Ph.D and also commercial experience having held several senior executive roles at IBM before becoming Senior Vice President for Service at Danka Europe. He lives near Andover in Hampshire.

Peter Hill – Chief Executive

Peter Hill has a nursing background and before coming to the Trust in 1986 worked on wards and intensive care units in London and Newcastle. He has a Masters degree in Business Administration and has extensive senior management experience. Peter lives in Salisbury in Wiltshire.

Laurence Arnold – Acting Chief Operating Officer

Laurence Arnold has almost 20 years NHS experience having worked in both commissioning and provider organisations. He joined the Trust in June 1999 from the Whittington Hospital in London and has since led on strategic planning and site redevelopment projects at Salisbury District Hospital. He lives in West Dean, near Salisbury.

Dr. Christine Blanshard – Medical Director

Christine Blanshard graduated in Medicine from Cambridge University in 1986 and has over 25 years NHS experience. She trained in East Anglia and London, and became a consultant gastroenterologist and general physician in 1998. She has undertaken a variety of managerial roles alongside her clinical work and before joining the Trust was Director of Strategy and Associate Medical Director at Homerton University Hospital NHS Foundation Trust. She lives in Winchester in Hampshire.

Dr. Lydia Brown MBE – (Vice Chairman and Senior Independent Director)

Lydia Brown joined the Trust on 1 November 2008 and is now in a second four-year term. She is a qualified vet and former President of the Royal College of Veterinary Surgeons. She has considerable business experience and is a Director of a number of local voluntary organisations. Lydia lives in West Gomeldon in Wiltshire.

Malcolm Cassells – Director of Finance and Procurement

Malcolm Cassells is a qualified accountant with extensive financial experience gained through over 35 years in the NHS. He held senior financial positions at Regional Health Authority and District Health Authority level, before moving to Salisbury in 1986 as Director of Finance. He lives in Winterslow in Wiltshire.

Ian Downie – Non Executive Director (Independent)

Ian Downie, who is Strategic Development Director of Serco group, joined the Trust on 1 November 2009 for a four year term, which has been renewed for a further three years. He has considerable management experience within the aviation industry and more recently through a number of roles within the Serco group. He lives in Gussage St Andrew in Dorset.

Andrew Freemantle – CBE Non Executive Director (Independent)

Andrew Freemantle joined the Trust on 1 January 2013 for a three year term. He has wide range of experience as a former Chief Executive of the Scottish Ambulance Service NHS Trust and Chief Executive Officer of the Royal National Lifeboat Institution. This followed a distinguished army career. Andrew lives in Tarrant Monkton in Dorset.

Paul Kemp – Non Executive Director (Independent)

Paul Kemp joined the Trust in February 2015 for a three year period, having completed 34 years in industry, initially as a development chemist before concentrating on finance, IT and business change leadership. Paul has worked for a number of large multinational companies, including British Airways and Cobham plc, the multinational aerospace and defence company. Paul lives in St Leonards, near Ringwood.

Alison Kingscott – Director of Human Resources and Organisational Development

Alison Kingscott has a wide range of HR experience in both the NHS and private sector. She has held senior NHS positions in the south west of England and was Director of Human Resources and Corporate Lead for Estates and Facilities at Weston Area Health NHS Trust before joining the Trust. Alison currently lives in Weston Super Mare.

Stephen Long – Non Executive Director (Independent)

Stephen Long joined the Trust on 1 November 2008 and is now in a second four-year term, having retired as Deputy Chief Constable of Wiltshire after 30 years service. He was a diversity champion within the constabulary and a national lead for Science and Technology. Stephen lives in Wilton in Wiltshire.

Dame Sarah Mullally DBE – Non Executive Director (Independent)

Revd. Dame Sarah Mullally DBE joined the Trust in April 2013 for a three year term. She is a trained nurse and former Chief Nursing Officer and Director of Patient Experience at the Department of Health, where she provided advice to the Government and professional leadership to nurses and midwives. She is Canon Treasurer at Salisbury Cathedral and lives in Salisbury.

Lorna Wilkinson – Director of Nursing

Lorna has extensive nursing and managerial experience having started her career in 1989 and progressing through a number of nursing roles in London before moving into quality improvement and clinical governance. She was Deputy Director of Nursing, firstly in Salisbury and then in Portsmouth, before returning to the Trust in August 2014 as Director of Nursing. Lorna lives in Salisbury.

Fiona Hyett – Interim Director of Nursing (1 April 2014 to 3 August 2014)

Fiona Hyett qualified as a Registered Nurse at St Thomas' Hospital in 1992 and has over 20 years experience within the NHS. Fiona has worked within several hospitals in the South increasing both her clinical and managerial skills in a range of positions. Fiona joined Salisbury in 2012 as Deputy Director of Nursing.

Nigel Atkinson – Non Executive Director (Independent) (until 31 January 2015)

Nigel Atkinson is a chartered accountant and retired corporate financier and a former Head of Listing at the London Stock Exchange with over 30 years of experience of corporate finance. Mr Atkinson was appointed on 1 February 2007 and completed two four-year terms.

Kate Hannam – Chief Operating Officer (until 14 December 2014)

Kate Hannam has a wide range of NHS experience in both operational and financial roles. She moved up through senior financial and operational management positions in Torbay, Bristol and Swindon and came to Salisbury from Taunton and Somerset NHS Foundation Trust where she was Director of Acute Service Development.

At the end of the first term of office, the Chairman and Non Executive Directors are subject to an evaluation by the Governors Performance Committee, which will make a recommendation to the full Council as to their individual suitability to serve a second term.

The removal of the Chairman or a Non Executive Director of the Trust requires the approval of three-quarters of the members of the Council of Governors at a general meeting.

Appointment of the Vice Chairman and Senior Independent Director is reviewed annually.

Employment terms for Executive Directors can be found in the Remuneration report earlier in this report.

Directors can be contacted by members through the Membership Manager.

Please note that no significant other commitments affecting the time that is required to devote to the role of Chairman were declared on appointment. This position has not changed in 2014/2015.

BOARD OF DIRECTORS' ATTENDANCE

| | Trust Board (6 meetings) | Audit Committee (4 meetings) | Remuneration Committee (2 meetings) | Finance Committee (11 meetings) | Clinical Governance Committee (9 meetings) |
|--|--|---|--|--|---|
| Nick Marsden | 6 | N/A | 2 | 11 | N/A |
| Peter Hill | 5 from 6 | N/A | N/A | 11 | 8 from 9 |
| Laurence Arnold Interim Chief Operating Officer | 6 | N/A | N/A | 5 from 6 | 5 |
| Nigel Atkinson Non Executive | 5 from 6 | 4 | N/A | N/A | 7 from 7 |
| Christine Blanshard Medical Director | 5 from 6 | N/A | N/A | N/A | 7 from 9 |
| Lydia Brown Non Executive | 6 | 3 from 4 | 2 | 11 | 8 from 9 |
| Malcolm Cassells Director of Finance | 6 | N/A | N/A | 10 from 11 | N/A |
| Ian Downie Non Executive | 3 from 6 | 3 from 4 | 1 from 2 | 9 from 11 | N/A |
| Andrew Freemantle Non Executive | 5 from 6 | 2 from 3 | 1 from 2 | 8 from 11 | N/A |
| Kate Hannam Chief Operating | 3 from 5 | N/A | N/A | 6 from 7 | 4 from 5 |

| | | | | | |
|---|----------|-----|-----|----------|----------|
| Officer | | | | | |
| Fiona Hyett Interim Director of Nursing | 2 from 2 | N/A | N/A | N/A | 8 from 9 |
| Stephen Long Non Executive | 5 from 6 | N/A | 2 | N/A | 8 from 9 |
| Sarah Mullally Non Executive | 5 from 6 | N/A | 2 | 4 from 5 | 5 from 9 |
| Paul Kemp Non Executive | 1 from 1 | N/A | N/A | N/A | 2 from 2 |
| Alison Kingscott Director of HR & Organisational Development | 6 | N/A | N/A | N/A | N/A |
| Lorna Wilkinson Director of Nursing | 4 from 4 | N/A | N/A | N/A | 5 from 6 |

The Council of Governors understands the different process that should apply in the selection and appointment of a replacement Chairman and that the Chairman must not simultaneously be the Chairman of another Trust.

THE AUDIT COMMITTEE

| | Committee Role | Attendance out of four meetings |
|--------------------------|------------------------|--|
| Nigel Atkinson | Chairman | 4 |
| Lydia Brown | Non Executive Director | 3 from 4 |
| Ian Downie | Non Executive Director | 3 from 4 |
| Andrew Freemantle | Non Executive Director | 2 from 3 |

The Work of the Audit Committee in Discharging its Responsibilities

The Audit Committee is in place to provide the Board with assurance as to the effectiveness of the processes overseen by the Board itself and by the Finance & Performance and Clinical Governance Committees.

The Committee has an annual work programme as well as dealing with other items that arise during the year.

At all meetings the Committee is particularly concerned to ensure the Trust has systems in place that support financial management and enhance the quality of services by:-

- Safeguarding assets
- Maintaining proper records
- Producing reliable information
- Providing effective control systems
- Ensuring these can be independently reviewed and assessed by both external and internal Audit

The receipt, discussion and follow-up of completed internal audit reports is a key driver of its activity in relation to the system of internal control. The Committee pays special attention to reviewing the annual financial statements on the Board's behalf and the external auditor's review and opinion on the accounts. There

were no significant issues arising from the 2013/2014 accounts. It received the Auditor's opinion on the Quality Account 2014/2015.

The Committee reviewed and approved the Head of Internal Audit (South Coast Audit: from 1 January 2014, TIAA) Opinion. The Head of Internal Audit report concluded there was Significant Assurance as to the Trust's system of internal control. The committee received the Annual Management Letter, which is submitted to the Board.

Reports from the internal auditors covered their conclusions on a range of Trust activities within their 2014/2015 work plan as agreed by the Committee.

Appointment of the Trust's External Auditors

The Council of Governors approved the appointment of KPMG as external auditors from 1 April 2012 for a period of up to five years, with a break-clause in 2015. This was considered in February 2015 and following an assessment of the effectiveness of the services provided it was decided to retain KPMG for the remainder of the contract term.

Other duties and Responsibilities of the Audit Committee

The Committee also oversees the work of the Local Counter-Fraud Specialist on proactive work to strengthen the Trust's counter-fraud awareness an arrangements and also the small amount of case-work associated with this.

The Committee meets with the Trust's auditors separately from the Trust so there is an opportunity for them privately to disclose any matters of concern. The Committee has reviewed its effectiveness in relation to its terms of reference and the Audit Committee handbook.

It sought assurances about audit reports where limited assurance was given, and the actions underway to address these. It has reviewed the operation of the Trust's Assurance Framework, sections of which are reviewed throughout the year by other committees of the board.

The Director of Finance & Procurement, who has the Executive responsibility for liaising with both Audit functions, attends the Committee to comment and inform as required. During the year, the Chairman of the Audit Committee retired from office and the membership of the Committee has been amended to maintain its independence from the Trust.

The minutes of all four meetings were presented to the Directors at the following public meeting of the Trust Board by the Chair of the Audit Committee.

Revaluation of Property and Land

The Trust's accounting policies requires a land and buildings revaluation to be undertaken at least every five years, dependent upon the changes in the fair value of the property. The five-yearly revaluations are carried out by a professional

qualified value in accordance with the Royal Institute Chartered of Surveyors (RICS) Appraisal and valuation manual. The valuations are carried out on the basis of a modern Equivalent Asset, as required by HM Treasury. The annual reviews are carried out using the most appropriate information available at the date of the review. A full revaluation was carried out at 31 March 2015. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost until 31 March 2015, when the assets were valued at modern equivalent value

Recognition of Income

Over 92% of the Trust's income is received from other NHS organisations, with the majority being receivable from Wiltshire CCG. The Trust participates in the Department of Health's agreement of balances exercise. This exercise seeks to identify all income and expenditure transactions and payable and receivables balances that arise from Whole Government Accounting (WGA) bodies. The Audit Committee is satisfied that by participating with this exercise it helps to provide further assurance that the vast majority of income and expenditure with WGA have been properly recognised and WGA receivable and payable balances are appropriately recorded. The Trust's external auditors will review the outcome of the exercise and report their findings to the Audit Committee

Financial Audit

The external auditors for the Trust are KPMG. During the 2014/2015 period, the Trust has incurred the following costs on external audit:

- Audit Services: £64,200
- Further assurance services: £7,800
- Other services: None

As mentioned above, no other remuneration was paid to the auditor and the auditor was not involved in any other work that may have compromised its independence.

The Trust has an internal audit function delivered under contract by TIAA. Senior representatives of TIAA report to the audit committee and a working protocol is in place with KPMG, the Trust's appointed auditor. The delivery of the contract with TIAA is overseen by the Director of Finance and Procurement.

Directors' Responsibilities for Preparing the Accounts

The Directors are aware of their responsibilities for preparing the accounts and are satisfied that they meet the requirements as reflected in the statement of Chief Executive's Responsibilities as the Accounting Officer at Salisbury NHS Foundation Trust. This can be found in the Annual Accounts for Salisbury NHS Foundation Trust. In Summary, the Accounts taken as a whole are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

NOMINATIONS COMMITTEE

During the year the Trust established Nominations Committees to oversee the recruitment of a new Non-Executive Director and a Chief Operating Officer.

One Nominations Committee for a non-executive director met during 2014/15. The committee was appointed by the Council of Governors and was joined by the Chief Executive and Chairman. The committee selected a provider of specialist recruitment services to support the process. The non-executive director role was publicly advertised in September and the committee selected the long-list of applicants, who were interviewed on the Trust's behalf by Gatenby Sanderson. From the report of this, a short-list of three candidates was derived by the committee. Final interviews were in November and the committee made a recommendation to the Council of Governors as to an appointment.

In the case of the Chief Operating Officer the process was managed by Alison Kingscott, the Director of Human Resources and Organisational Development, without the use of an external consultancy. The role was advertised on the NHS Jobs website and on Health Service Journal online. The committee met once and was chaired by Dr Nick Marsden (Chairman) and included Peter Hill (Chief Executive), Lorna Wilkinson (Director of Nursing), Ian Downie (Non-Executive Director) and Alison Kingscott who was advisor to the Committee. They reviewed the job descriptions, personal specifications and the candidate briefs and shortlisted candidates. An interview and assessment took place to choose the successful candidate.

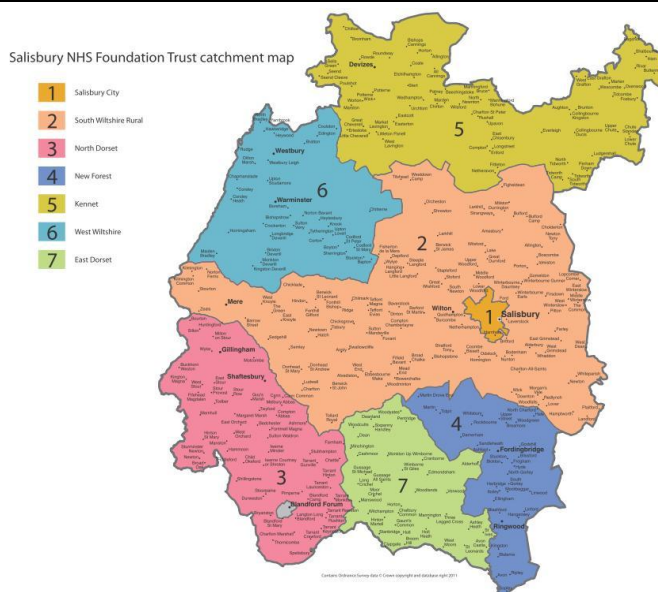
MEMBERSHIP

The Trust has traditionally had strong links with the local community, attracting over 600 volunteers and many more who take part in patient and public involvement activities. It has an excellent response rate for annual patient surveys and receives regular correspondence from grateful patients, highlighting the affection and interest local people have for Salisbury District Hospital.

The membership is made up of local people, patients and staff who have an interest in healthcare and their local hospital and these are broken up into two groups with different eligibility criteria.

Public Members

These are members of the public aged 16 and over. Public members are placed in constituencies based on where they live and there are seven constituencies that have been created to reflect the Trust's general and emergency catchment area and these are based on local government boundaries (see map). In addition, there is an eighth public constituency called the Rest of England.



Staff Members

The Trust has a wide range of staff undertaking a variety of roles and professions who come from different backgrounds. The aim is that staff membership reflects that diversity. Initially staff membership was done on an 'opt in' basis rather than staff automatically being made members. During the 2008/2009 year, the Trust changed its policy and new members of staff who are eligible now automatically become members, with the option to 'opt out'. Eligible staff members are defined as those who:

- Hold a substantive contract of employment in excess of 12 months
- Hold a fixed term contract in excess of 12 months
- Hold a temporary contract in excess of 12 months
- Hold an honorary contract in excess of 12 months

The staff membership has six classes to reflect the following occupational areas:

- Medical and dental
- Nurses and midwives
- Scientific, therapeutic and technical
- Hotel and property services
- Clerical, administrative and managerial
- Voluntary

Public members (including volunteers) can only be a member of one constituency. Staff members can only be a member of the staff constituency. Members are able to vote and stand in elections for the Council of Governors, which is chaired by the Chairman of the Trust.

During the year the Trust sought to increase membership numbers. At 31 March 2015 the membership for Salisbury NHS Foundation Trust was as follows:

| Public Constituency | Number |
|-----------------------|--------|
| Salisbury City | 2,537 |
| South Wiltshire Rural | 4,387 |
| Kennet | 1,453 |
| North Dorset | 1,592 |

| | |
|--------------------|---------------|
| East Dorset | 843 |
| New Forest | 1,217 |
| West Wiltshire | 1,109 |
| Rest of England | 730 |
| Staff Constituency | 3,261 |
| Total | 17,129 |

Ownership of the Trust's membership strategy rests with the Governors with support from the Trust and this was amended and approved by the Council of Governors in 2013/2014. The main change related to the establishment of a Rest of England constituency. Minor changes were also introduced to ensure that membership involvement continues to be encouraged in the Trust's governance and decision making process, and that services continue to meet the needs of local people. Another objective of the strategy is to ensure that the membership continues to grow and is representative of the population by geography, age, ethnicity and gender.

The Trust uses information from the Office of National Statistics (Census 2011) to build up a picture of the population size and ethnicity for each constituency. This helps the Trust in its aim to make the membership reflective of its population, and also to ensure that the number of Governors is representative of the population of the constituencies. Having built up a membership database of 17,129 at 31 March 2015, the Trust regularly reviews the age, ethnicity, gender and geographical spread to ensure that the membership is reflective of the whole area that it serves and following a review of the Trust's Constitution in 2013/2014 resulted in changes to the catchment area.

The Trust has also determined the socio-economic breakdown of its membership and the population within its catchment area.

| Membership Size and Movements | | |
|--------------------------------------|------------------|------------------------------|
| Public Constituency | 2014/2015 | 2016/2017 (Estimated) |
| At year start (1 April) | 14,115 | 13,868 |
| New members | 104 | 1,153 |
| Members leaving | 351 | 362 |
| At year end (31 March) | 13,868 | 14,659 |
| Staff Constituency | | |
| At year start (1 April) | 3,222 | 3,261 |
| New members | 102 | 158 |
| Members leaving | 63 | 78 |
| At year end (31 March) | 3,261 | 3,341 |
| Overall Total | 17,129 | 18,000 |

The Trust used its in-house database to monitor and increase the membership in line with demographic and statistical information and continued to use induction as a membership gathering point for staff.

The Trust uses its public meetings to highlight the benefits of membership and encourage recruitment. Members' newsletters are also used to encourage existing members to promote membership amongst friends and acquaintances and Governors continued to use their 'Are You a Member' campaign to recruit members in outpatient clinics.

This year distribution of the Annual Review went to around 190,000 households in the local area. This brought the work of the Trust and its staff to a wider audience and again highlighted the benefits of membership. Governors have been working in groups on their statutory duties and have also been involved in the development of the Trust's Annual Plan and Quality Account. They have been working on patient and public involvement initiatives, for instance, End of Life Care and Dementia Care. The End of Life Care Group covers a wide range of work which includes dedicated education and training for staff, and greater support and assistance for families where patients prefer to die at home. Both groups have made significant improvements which have been covered in more detail earlier in this report.

Governors have also been involved in Patient Led Assessments of the Care Environment (PLACE), which looks at cleanliness, food quality, cleanliness and the patient environment. They are also on the Transport Strategy Group which looks at a range of areas such as green travel, signage and car parking. Another group is looking at food and nutrition in the hospital and Governors have joined catering managers on unannounced visits to check food quality and temperatures at ward level. Governors are also given a number of other opportunities to become involved or sample the 'patient's experience'. For example, Governors and volunteers visit wards and outpatient areas gathering instant feedback from patients about their hospital stay, which enables ward staff to resolve issues quickly. Between 100 and 200 patients a month last year were asked their views in this way.

The Trust is conscious that staff and their families may have had to use hospital services at some stage, but that many are probably not feeding back their experiences of hospital care. Staff Governors were keen to find out more about the experiences of staff and held feedback sessions in the main restaurant.

The Trust continues to work with the Governor Membership and Communication groups on a range of communication initiatives. This includes the development of the popular Medicine for Members series of lectures. These talks aim to give people an insight into how the body works, highlight the clinical conditions that are treated and provide some practical tips to keep safe and healthy. Talks that took place within the year covered pain management, breast care, interventional radiology and diabetes.

A dedicated section on the Trust's website and Intranet provides details of each Governor, their interests and a means for members to communicate with them. There are also members' newsletters for staff and people in the public constituencies as well as formal constituency meetings where Governors can directly canvass the views of their members. This year meetings took place in the Salisbury City, South Wiltshire Rural and West Wiltshire constituencies and further

opportunities are planned for Governors across the other constituencies to meet their members in the 2015/2016 financial year.

NHS CODE OF GOVERNANCE ADDITIONAL REPORTING REQUIREMENTS

Table 1 - Code of Governance sections of the code included in the Annual Report and their location

| | Code Provision | Annual Report & Accounts Section |
|--------|--|---|
| 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. 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. | See Code of Governance "General Statements" |
| 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. | See Code of Governance "Council of Governors and Board of Directors" |
| 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. | See Code of Governance "Council of Governors" |
| 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. | See Code of Governance "Board of Directors" |
| 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. | See Code of Governance "Board of Directors" |
| 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. | See Code of Governance "Nominations Committee" |
| 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. | See Code of Governance "Board of Directors" |
| 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 | See Code of Governance "General Statements and Membership" |

| | | |
|-------|--|--|
| | 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. | |
| 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. | See Remuneration Report "Board of Directors" |
| 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. | See Code of Governance "Board of Directors" |
| 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). | See Annual Accounts "Directors Responsibilities for preparing the Accounts, the Independent Auditor's Report to the Governors and the Annual Governance Statement" |
| 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. | See Annual Accounts "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. | See Code of Governance "Financial Audit" |
| 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 | No Issues Identified in the reporting year |

Table 2 - Code of Governance sections which need further information under "comply or explain"

| | Code provision | Trust 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. This is published in the Quality Account |
| A.1.6 | The board should report on its approach to clinical governance. | The Trust has completed a self-assessment 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 |
| 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. 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 Codes are 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 16 February 2015. |
| A.4.2 | The chairperson should hold meetings with the non-executive directors without the executives present. | 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 5.13 | The council of governors may require one or more of the directors to attend a meeting to obtain information about performance of the trust's functions or the directors' performance of their duties, and to help the council of governors to decide whether to propose a vote on the trust's or directors' performance. | Confirmed - The Council of Governors did not exercise this power in 2014/15. |
| A.5.2 | The council of governors should not be so large as to be unwieldy. | Confirmed – This was reviewed in 2015 and the number of governors is considered to be workable. |
| A.5.4 | The roles and responsibilities of the council of governors should be set out in a written document. | Confirmed |
| 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. The Chairman has 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 performance 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 |
| 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 normally 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 detailed in the Council of Governors' Standing Orders. The Chairman does not "chair" the Nominations Committee set up to appoint a new Chairman. At the discretion of the Committee, a Governor can chair the Committee in the case of the appointment of a Non Executive Director or Chairman. |
| 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 | Confirmed – board members are able to describe the board's |

| | | |
|-------|---|--|
| | qualifications, skills and experience required for each position. | 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 |
| 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 and are able to access necessary resources. |
| 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. |
| 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 | Confirmed - This is undertaken by an internal review sub- |

| | | |
|-------|---|---|
| | on how they have discharged their responsibilities. | 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 |
| 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. | The Trust's Raising Concerns policy was 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 to perform at the highest levels. | 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 | Confirmed - benchmark |

| | | |
|-------|---|---|
| | responsibilities of their roles. | information is reviewed by the Performance Committee each year |
| 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 – Good relationships are maintained with principal stakeholders |
| 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 & Wellbeing Board, Healthwatch and neighbouring Trusts. The state of relations with major stakeholders is kept under regular review. |

QUALITY REPORT**TO INSERT****SUSTAINABILITY REPORT****Trust Strategy on Sustainability**

It is recognised that the NHS has a role to play in reducing the UK's carbon dioxide emissions. The operation of Salisbury NHS Foundation Trust involves many activities which have an impact on the environment. These include the use of energy and water, the production and handling of waste and the use of natural resources. The Trust continues to investigate ways in which its environmental impact can be reduced.

The Trust measures a number of key indicators to assist with the monitoring of environmental performance such as utility usage and waste generation. Key indicators are measured and reported within the Trust through regular reports and to the Department of Health through ERIC returns.

The size of the Trust also means that it participates in the National Carbon Reduction Commitment (CRC) scheme. The reports generated for this scheme allow the Environment Agency (EA) to monitor the absolute carbon generated by the organisation and the change year on year to a "footprint" year.

The NHS Sustainable Development Unit (SDU) has also set targets for the NHS of a 10% reduction in carbon emissions by 2015 from a 2007 baseline. The Trust has achieved this target reduction in 2014 and is continuing to work towards a more challenging target of a 34% reduction by 2020, from the 1990 baseline.

The Trust will continue to develop more accurate key performance indicators with the progression of environmental management and improved sustainability initiatives.

The Trust continues to ensure compliance with the Building Performance Directive and ensure that updated Display Energy Certificates (DEC) are in place.

Summary Performance to update 20 May

| Area | | Non Financial data | Non Financial data | | Financial data | Financial data |
|--------------------------|----------------------------------|---|---|--|---|---|
| | | 2012/2013 | 2013/2014 | | 2012/2013 | 2013/2014 |
| Greenhouse Gas Emissions | Scope 1 (Direct) GHG Emissions | Gas: 7790 Tonnes CO _{2e} 42,058,402 kWh Transport; 148 tonnes CO _{2e} | Gas: 7143 Tonnes CO _{2e} 38,560,401 kWh Transport; 135 tonnes CO _{2e} | | *Gas; £1,374,820 Transport; £105,434 | *Gas; £1,377,003 Transport; £103,411 |
| | Scope 2 (Indirect) GHG Emissions | 2997 tonnes CO _{2e} | 3270 tonnes CO _{2e} | | £584,494 | £,742,877 |

| | | | | | | |
|--|--|---|---|-------------------------------|----------|----------|
| | | 5,497,581 kWhs | 5,998,208 kWhs | | | |
| | Scope 3 ** Official Business Travel Emissions | 197 tonnes CO _{2e} | 88 tonnes CO _{2e} | | £339,063 | £144,940 |
| Waste minimisation and management | Absolute values for total amount of waste produced by the Trust Methods of disposal | 1,287 tonnes High Temperature. Non Burn Treatment. Landfill. Recovery /Recycling | 1,367 tonnes High Temperature. Non Burn Treatment. Landfill. Recovery /Recycling | Expenditure on waste disposal | £294,892 | £319,942 |
| Finite Resources | Water & Sewerage | 156,023 m3 | 139,873 m3 | Water & Sewerage | £385,572 | £385,097 |

Source: Final Estates Return Information Collection (ERIC) information for 2012/2013 and 2013/2014

*Includes £1,290 annual CRC subsistence fee and £148,647 CRC allowances for 2012/13

*Includes £1,290 annual CRC subsistence fee and £145,560 CRC allowances for 2013/14

** Please note that Scope 3 reporting includes business mileage rates but not public transport travel

Projects and Initiatives in 2014

The Trust has been investing for the future by carrying out a series of sustainability and energy management projects and initiatives. The major schemes have included the replacement of some heating boilers, with efficient condensing units, and the Trust is continuing with the programme of installing energy efficient LED lighting wherever appropriate. The replacement of the main cooling equipment has been carried out to ensure that the hospital can provide a suitable clinical environment in a cost and energy efficient way. Voltage Optimisation equipment has been installed to ensure that electrical equipment is operating efficiently on the appropriate voltage. Investment has been made in renewable technology with the installation of Solar Thermal and Photo Voltaic arrays on the roofs of buildings, and other sites are under consideration. These will provide both power and heating to help further reduce the carbon footprint. A project for generating electricity to support the grid during peak winter demand is also programmed this year. This will reduce our electricity costs through generating income and reduce the CRC commitment.

Future Priorities and Targets

As already stated, the Trust is working towards the achievement of the NHS Sustainable Development Unit targets of carbon reduction, which in line with the Climate Change Act 2008 gives an ambitious aspiration for the health and care system to achieve a 34% reduction by 2020 in carbon dioxide equivalent emissions from building energy use and the travel and procurement of goods and services.

To achieve this target the Trust has developed a Sustainable Development Strategy and SDMP to improve the sustainability of the Trust's operations by

establishing clear objectives and targets. This will provide the basis for long term improvements in sustainability within the Trust. Regular reviews of the SDMP will be undertaken by the Trust's Sustainability Working Group, to ensure that the Trust's commitments to sustainable development are being fully integrated into all areas. These include.

Travel

Policies and performance: The Trust set itself an objective to reduce the carbon that it is responsible for from the vehicle fleet it has. In line with this objective, new vehicles which have been leased for the courier fleet have Euro 5 engines which have the lowest emissions in their class. In addition, a vehicle review ensured that the correct sized vehicle appropriate for the workload were leased, which contributed to further savings. Electric vehicles are being considered for some duties where appropriate, however range is a limiting factor until technology improves.

Active Travel: The Trust had a vision to engage with staff and the local community and develop a plan to encourage active travel with supporting facilities. The Trust has continued with its commitment to run the cycle to work schemes for staff and has introduced cost effective schemes for staff to buy cycles should they wish.

Traffic management: The Trust has plans to reduce traffic impact and promote public transport and active travel which is supported by information and incentive schemes. On-site car parking is managed through the use of enforcement measures by the Trust.

Procurement

Policies and performance: Work is ongoing to develop a sustainable procurement policy that supports local community and minimizes environmental impacts.

Procurement skills: Work is ongoing to provide staff with accessible information on sustainable procurement, provide training and review the learning and development needs of staff against key sustainable development objectives.

Engaging suppliers: Work is ongoing to assess the impact of key suppliers on our sustainable development objectives and also create an understanding of our objectives and help improve their understanding of sustainable development.

Sustainable procurement: We have added sustainable development clauses in tendering documents and contracts. When bids are evaluated, we now include a Carbon Reduction Strategy and Sustainability weighting. The next stage is to benchmark the impact of CO₂ from a procurement perspective and agree an action plan to reduce this.

Facilities Management

Minimising waste: The Trust has an active campaign to recycle unused or unwanted office equipment and furniture through a scheme run by volunteers. This has proved very popular with staff and has directly reduced the level of waste from the site that goes to landfill. The Trust has avoided the cost of buying new equipment, by sorting waste and using suitable recycling operators.

Energy and water usage: The Trust has made use of specific funding set aside internally and government-backed loans to invest in energy efficient equipment. These schemes include low energy lighting LED, high efficiency condensing boilers, highly efficient chillers and renewable energy through PV and solar thermal arrays.

Workforce

Healthy workplace: The trust objective is to provide incentives and facilities to promote active low carbon travel, healthy and sustainable food choices and regular exercise. The Trust has an on-site fully equipped leisure facility, which promotes fitness programmes and healthy activities. This has been upgraded during 2013/14 to increase the number of staff who can benefit from this.

Community Engagement

Policy and performance: The Trust developed a community engagement action plan with clear social, economic and environmental objectives. The Trust continues to work in partnership with other bodies and links in with local government and climate change adaptation teams where required to ensure a coordinated approach to environmental management.

Community participation: The Trust has gathered views on sustainable development. In addition, local volunteers have been very successful with a ground-breaking initiative for the NHS, by forming a voluntary equipment recycling and reclamation project. This initiative links in with the site waste management group to reuse and recycle as much equipment as we can.

Healthy and sustainable food choices: Plans for healthy and sustainable food choices, a system to track sourcing, transportation, consumption and disposal of food and drink products is ongoing, together with targets to increase healthy and sustainable food choices.

Facilities and New Buildings

Policies and performance: During the year a review of the south side of the site took place. A partnership with development companies is being sought to explore possibilities for this section of land.

Design: Work to minimise whole life costs of building and refurbishment projects through design will continue, with work to produce design briefs that encourage low carbon, low environmental impact proposals from suppliers and partners.

EQUALITY REPORT

Approach to Equality and Diversity

We respect and value the diversity of our patients, their relatives and carers, and our staff and are committed to meeting the needs and expectations of the diverse communities we serve, providing high quality care.

The Trust has undertaken a considerable amount of work on Equality and Diversity (E&D), which helps improve patient services and promote equality of opportunity for staff. The Equality and Diversity Steering Group (EDSG) reports to the Trust Board and determines the strategic direction on E&D, based on current legislation and national initiatives.

The group reports to the Trust Board twice a year on its work and progress against action plans and provides information on the make up of staff and patients. The Trust also has several equality networks:

- Reaching Equality Aspiring Confident Hope (REACH) group for Black Asian Minority Ethnic (BAME) staff
- Lesbian, Gay Bisexual and Transgender (LGBT) network (Rainbow SHED) for staff to discuss issues that relate to their employment experiences and hospital services
- Disability Employees Network (DEN) which covers disability issues and policies. For instance, the Trust has the 'Positive About Disabled' people 'two ticks standard' and has policies that apply to the recruitment, retention, training and development of staff with disabilities.

We have used the Equality Delivery System 2 (EDS 2) to engage with local and national interest groups who have offered feedback and the opportunity for involvement in the Trust's EDS assessment.

Public Sector Equality Duties (PSED)

The Trust has to prepare and publish one or more objectives that help the organisation further the three aims of the Equality Duty. The Trust used the refreshed NHS equality assessment tool (EDS 2 Equality Delivery System) to support the collection of evidence on equality practises and measure its progress in the different equality groups: age, gender, religion/or belief, sexual orientation, marriage/ civil partnership, race, disability, pregnancy and maternity, gender reassignment.

The Trust also carries out equality analysis to ensure that Trust policies, procedures, developments or activities do not have an unintentional adverse impact on patients or staff from equality groups.

The Trust is compliant with its PSED duties and has published its Equality Delivery System gradings, equality objectives and supporting documents. This can be

found at www.salisbury.nhs.uk/about-us/equality and diversity along with other E&D information.

Priorities and Targets Going Forward

We have adopted the EDS 2 (Equality Delivery System) model and are working with local interest groups on four equality objectives for 2014/15:

Objective 1 - To develop a fundraising campaign that will raise awareness in the community of the needs of elderly people which will result in improvements to our medical wards

Objective 2 – Use the fundraising campaign to challenge the views of the community on how much we should do as a society to improve the profile of the elderly

Objective 3 - To design and implement a programme of positive action for our staff to ensure that they are able to perform their duties free from abuse, harassment, bullying, violence from patients, other members of the public and colleagues

Objective 4 - To develop and implement a plan to enable and encourage managers and staff to understand the benefits of diversity in the workplace, which will ensure our work environment is free from discrimination

In addition we are also:

- Holding several awareness events throughout the year on various Equality and Diversity themes
- Publishing a quarterly Equality and Diversity newsletter for internal and external organisations
- Working with local interest groups delivering bespoke training. For instance, training for staff to assist partially sighted visitors and patients. This will be run by the National Guide Dogs Association

These priorities are regularly reviewed, monitored and measured through the EDSG which is chaired by a non-executive director of the Trust.

STAFF SURVEY REPORT

Approach to Staff Engagement

The Trust is proud to engage with staff through a number of well-established processes focused on effective staff communications and consultation. Staff engagement occurs at a variety of levels through-out the organisation and includes monthly face to face cascade briefings led by the Executive Team, corporate messages shared through the intranet, Broadcast emails and quarterly

Chief Executive open sessions. Dedicated Directorate Quality and Safety Walkrounds provide staff with opportunities to highlight areas of good practice as well as concerns. We also provide topic based communications where and when appropriate.

Our Staff Survey and Staff Friends and Family Test provide opportunities for regular staff feedback which is used to plan developments and improvements across the Trust. This is monitored through the internal Operational Management Board.

There is a good working relationship between Trust management, Trade Unions and staff, and Trade union representatives are actively involved in discussions around the future financial challenges facing the Trust, as are staff through a number of open events. These events also provide opportunities to feedback ideas and comments.

The Trust has an open and honest culture of involvement and engagement and effective feedback mechanisms for staff. The 2014 staff survey included a measure of 'staff engagement' which reveals how staff feel about contributing to improvements at work, whether the Trust is somewhere they would recommend to work and whether they feel motivated. The Trust score places it in the top 20% of acute Trusts.

Summary of performance – NHS Staff Survey

| Response rate | 2013/14 | | 2014/15 | | Trust Improvement/deterioration |
|---------------|---------|------------------|---------|------------------|---------------------------------|
| | Trust | National average | Trust | National Average | |
| | 59% | 49% | 57% | 42% | 2% deterioration |

| Top 5 ranking scores | 2013/14 | | 2014/15 | | Trust Improvement/deterioration |
|---|---------|------------------|---------|------------------|---------------------------------|
| | Trust | National Average | Trust | National Average | |
| Staff job satisfaction | 3.74 | 3.60 | 3.75 | 3.60 | 0.01 improvement |
| Support from immediate manager | 3.80 | 3.64 | 3.80 | 3.65 | No change |
| Staff motivation at work | 3.95 | 3.86 | 4.00 | 3.86 | 0.05 improvement |
| Percentage reporting errors, near misses or incidents witnessed in the last month | 90% | 90% | 94% | 90% | 4% improvement |
| Staff recommendation of the Trust as a place to work or receive treatment | 4.01 | 3.68 | 4.02 | 3.67 | 0.01 improvement |

| Bottom 5 ranking | 2013/14 | 2014/15 |
|------------------|---------|---------|
| | | |

| scores | 2013/14 | | 2014/15 | | Trust Improvement/ deterioration |
|--|---------|------------------|---------|------------------|-------------------------------------|
| | Trust | National Average | Trust | National Average | |
| Percentage of staff experiencing physical violence from staff in the last 12 months | 2% | 2% | 3% | 3% | 1% deterioration |
| Percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months | 17% | 15% | 17% | 14% | No change |
| Percentage experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months | 26% | 29% | 31% | 29% | 5% deterioration |
| Percentage experiencing harassment, bullying or abuse from staff in the last 12 months | 23% | 24% | 27% | 23% | 4% deterioration |
| Percentage receiving job relevant training, learning or development in last 12 months | 81% | 81% | 79% | 81% | 2% deterioration |

In addition to the top and bottom ranking scores above, there had been significant changes in the scores from the previous year in the following areas.

| Significant changes | 2013/14 | | 2014/15 | | Trust Improvement/ deterioration |
|---|---------|------------------|---------|------------------|-------------------------------------|
| | Trust | National Average | Trust | National Average | |
| Percentage of staff experiencing discrimination at work in the last 12 months | 7% | 11% | 11% | 11% | 4% deterioration |

Future Priorities and targets

National staff survey scores measure how the Trust performs in relation to other acute Trusts and in terms of staff perceptions. Scores are not absolute scales or

targets of good or bad performance. However, following publication of the staff survey, the Trust has an action plan that focuses on **six key areas** for improvement, which are listed below. These will be monitored by the Trust Board, reported on in Trust Board meetings that are held in public and measured through the 2015 staff survey.

1. Percentage of staff experiencing discrimination at work in the last 12 months, is a new category where the results this year are worse than in the previous year. Further work is required to investigate what forms of discrimination staff are reporting, and the sources of the discrimination such as peers, managers, patients and / or relatives. This will be done through focus groups to allow for a qualitative assessment of the issues. Clear messages about discrimination being unacceptable will be reinforced, supported by the equality and diversity work plans. The trust prides itself on being professional and friendly and these values will be reinforced through internal processes.
2. Percentage experiencing harassment, bullying or abuse from patients, relatives the public or staff in the last 12 months is also a category where previously staff have not reported high incidence and so forms a new area for work and change. The NHS and Salisbury NHS Foundation Trust has a zero tolerance of any form of harassment, bullying or abuse. Staff need to feel supported where it occurs and the Trust will take action to reduce the incidence and to hold to account those found to be exhibiting such behaviours.
3. Percentage experiencing physical violence from patients, relatives the public or staff in last 12 months, represents a theme from previous survey results, and despite a significant number of focused actions in the past 12 months the results have not shown improvements. Existing plans will be reviewed and support by detailed understanding through working groups.
4. Percentage receiving job relevant training, learning or development in last 12 months. Critical to our 'patient-centred and safe' values is ensuring that our staff are up to date and can practice safely. Ensuring that staff who are ward based are able to access training is essential and Directorate managers and Senior Nurses have a key role in ensuring that teams feel supported to prioritise training and learning. A focus group approach will be used to explore what is preventing the regular process of being up to date with learning.

Additional areas for work (Stretch Targets)

5. Percentage suffering work related stress. The trust has improved its support to staff through focused activity including the appointment of an RMN, stress awareness sessions, access to counselling and alternative therapies. This has resulted in an improvement this year with fewer staff reporting experiencing stress at work. However, this remains a key area of interest and concern for the trust and so will remain as a trust wide activity in the action plan.

6. Percentage appraised in the past 12 months. There has been no further progress on the percentage of staff reporting that they have been appraised in the last 12 months, and we are average in comparison with other acute trusts. As we continue to embed the appraisal system Splda and our Trust values the work on appraisals will continue to feature on the plans for improvement and change.

REGULATORY RATINGS REPORT

Financial Rating

The Continuity of Services assessment, on two key financial ratios and is scored 1-4 which describes the level of risk of financial failure.

Governance Risk Rating

Monitor's assessment of governance risk is based predominantly on the Trust's plans for ensuring compliance with its Licence, but will reflect historic risk performance where this may be indicative of future risk.

The governance rating is determined by an assessment of governance elements, which are:

- performance against national measures
- compliance with Care Quality Commission requirements
- any declared risk of, or actual, failure to deliver mandatory or commissioner requested services
- any other factors not covered above that the regulator may regard as a breach of the Trust's authorisation or provider Licence

NHS Foundation Trusts will, in general, supply the information that forms the basis for their governance risk rating. In particular, they are responsible for self-certification on a quarterly basis on areas of governance and for supplying any required exception reports.

Under the Risk Assurance Framework, the quarterly information is assessed as Green (no concerns), Red (regulatory action underway) or Concerns, which are described in narrative.

The Trust then submits quarterly reports on which it is assessed by Monitor against the agreed plan. The Annual Plan forecast ratings and the quarterly performance against these ratings for 2013/14 and 2014/2015 are set out below.

| | Annual Plan 2013/2014 forecast | Q1 2013/2014 actual | Q2 2013/2014 actual | Q3 2013/2014 actual | Q4 2013/2014 actual |
|-----------------------------------|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Financial Risk | 3 | 3 | 3 | 4 | 4 |
| Governance Risk rating | Green | Green | Green | Green | Green |

| | Annual Plan 2014/2015 forecast | Q1 2014/2015 actual | Q2 2014/2015 actual | Q3 2014/2015 actual | Q4 2014/2015 actual |
|--|--------------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Continuity of Service Risk Rating | 4 | 4 | 4 | 4 | 4 |
| Governance Risk rating | Green | Green | Green | Green | *Please see note below |

Quarter 4. Please note that the Trust had yet to receive feedback from Monitor on its assessment of the Trust's targets and indicators return at the time of publication of this Annual Report.

At no time since the Trust was authorised as a Foundation Trust on 1 June 2006, has Monitor formally intervened under any of the powers that are available to the Regulator.

PUBLIC INTEREST DISCLOSURES

Income Disclosure

The Trust can confirm that income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

Other Income and Impact on Provision of Services

The Trust provides a variety of services to patients, visitors, staff and external bodies that generate income which cover the cost of the service and makes a contribution towards funding patient care. Services that generate income include: accommodation, catering, car parking, private patient treatment, pharmacy products including My Trusty range and sterile supplies. The total income from all of these areas amounted to around £ 6.2 million. Some areas, such as day nursery and the Staff Club, aim to break even. The other areas contributed surpluses, which have been applied to meeting patient care expenditure. In addition, the Trust received £4.4m from Salisbury Trading Ltd (excluding laundry undertaken for the Trust) and £1.8m from Odstock Medical Ltd.

Partnership Working

The Trust works in partnership with other statutory, non statutory and voluntary sector organisations to commission and develop work to support diverse communities. Current work includes the Equality and Diversity Wiltshire Public Sector Lead Officer Group, which brings together lead officers from statutory organisations working together collaborative on a collective Equality & Human Rights Charter and understanding the needs of local people so that there is an integrated approach to our PSED (Public Sector Equality Duties). The Trust is also working with learning disability groups to improve these patients' and their carers' experiences of hospital care. The Trust has also determined the socio-economic breakdown of its membership and the population within its catchment area.

Occupational Health and Safety

Each member of staff has access to a comprehensive in-house Occupational Health Service that includes a full-time staff counsellor. The Trust has an active Health and Safety Committee, where management and staff Health and Safety representatives meet regularly to consider the Trust's performance against a range of indicators and to discuss actions and developments for improvement.

Policies and Procedures to Counter Fraud

As part of its communications with staff and the public, the Trust acknowledges that it has a responsibility to ensure that public money is spent appropriately and that it has policies in place to counter fraud and corruption. The Trust has detailed Standing Financial Instructions and a Counter Fraud and Corruption Policy to ensure probity. In addition, the Trust raises awareness of fraud in its staff communications and through displays in public and staff areas.

Better Payment Practice Code

| Better Payment Practice Code | | |
|---|---------------|---------------------|
| | Number | £000s/Amount |
| Total Non-NHS trade invoices paid in the period | 78,986 | 69,694 |
| Total Non-NHS trade invoices paid within target | 65,639 | 56,082 |
| Percentage of Non-NHS trade invoices paid within target | 83.1% | 80.5% |
| Total NHS trade invoices paid in the period | 2,173 | 5,608 |
| Total NHS trade invoices paid within target | 1,640 | 4,601 |
| Percentage of NHS trade invoices paid within target | 75.5% | 82.9% |
| The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. | | |

Management Costs

| Management Costs (excluding subsidiary) | |
|--|-------------|
| | £000 |
| Total Trust Management Costs | 7,727 |
| Total Trust Income | 197,884 |
| % of total Income | 3.90% |

Provision of Information and Involvement of Employees

The Trust continues to build on its existing processes for staff communication and consultation, and this includes the involvement of Trade Unions and staff on issues that affect them. Regular communication through face to face briefings, the Intranet, a Chief Executive's message and publications are enhanced by topic based communications where and when appropriate. The Trust has continued to create awareness of the financial and economic factors that affect the performance of the Trust as well as information that relates to the development of the Trust, and the quality of its services through its normal communication

channels. This is supported by executive led safety and quality walk rounds that not only enable staff to share any concerns, but also give the Executive team the opportunity to feedback their views on these key areas to ward staff. Financial information and the Trust's position is also shared regularly with the Trust's Trade Union representatives.

Patient and Public Involvement Initiatives

Patients were involved in a number of projects this year, using many different methods including patient stories, focus groups, questionnaires and real time feedback, along with the results of the National Patient Surveys and the Friends and Family Test. Salisbury is one of six acute Trusts that will be involved in a pilot to investigate the use of real time feedback in order to improve patients' experiences of relational aspects of care. The study is being undertaken by the Picker Institute Europe and the University of Oxford and the data collection will run from June 2015 to March 2016.

Policies Adopted with Suppliers

Tender specifications now require companies or individuals to disclose their approach to equality and diversity.

Serious Untoward Incidents involving data loss or confidentiality

During 2015/2016 there was one reported Serious Untoward Incident involving data loss or confidentiality breaches which is covered in the Annual Governance Statement in the Annual Accounts.

Review of Effectiveness of Trust's System of Internal Control

The Trust Board has carried out a review of the effectiveness of its systems of Internal Control. This is covered in the Annual Governance Statement in the Annual Accounts.

The Annual Report has been approved by the Trust Board on 22 May 2015.



Peter Hill
Chief Executive
22 May 2015

FINAL

QUALITY ACCOUNT 2014 - 2015

Vs 4 (14/5/15)

Consultation:

| | |
|----------|--|
| 10/12/14 | Warminster Health and Social Care Group – 18 people |
| 6/1/15 | Director of Nursing presented proposed quality priorities to NHS Wiltshire CCG |
| 14/1/15 | Age UK Salisbury District Branch – 18 forum members, 3 Health watch and 1 person from SWAN |
| 28/1/15 | Clinical Management Board |
| 5/2/15 | Governors PEAG forum – 8 governors present |
| 23/2/15 | Council of Governors |
| 24/2/15 | Operational Management Board |
| 2/3/15 | Readership panel |
| March 15 | Broadcast staff survey on the quality priorities – 89 people responded |
| 13/3/15 | Pride into Practice event – poster display and leaflets |
| 26/3/15 | Clinical Governance Committee |

The Quality Account is written in accordance with the following guidance:

- Department of Health Quality Account Toolkit 2010
- Monitor 2015 Detailed requirements for quality reports 2014/15
- Monitor 2015 Detailed guidance for external assurance on quality reports 2014/15

Items in red are those that still require updating as of 14 May 15

Please note any formatting issues will be corrected in the professionally prepared public version

Quality Report

Introduction

This is our annual report which looks at the quality of our services over the previous year and also includes plans for quality improvement next year.

Quality accounts, which are also known as quality reports, cover three components; patient safety, clinical effectiveness and patient experience. These reflect the quality of care adults, children and young people receive and each of our priorities is linked to one of these three components.

Part 1:

Our commitment to quality - the Chief Executive's view

The NHS continues to attract widespread interest highlighting the enormous loyalty, affection and pride that so many people have for their local hospitals and the NHS as a whole.

This year NHS England published its Five Year Forward View and at its heart is an understanding that the culture of healthcare in this country and the way it is provided needs to change. The ambitions include a greater emphasis on the prevention of illness and on encouraging more people to take responsibility for their own health. Better access to support and information and a bigger role for public health will be key. The Five Year Forward View also sets out a need to redesign urgent and emergency care services, so that there is better integration between A&E departments, GP out of hours services and support through other services such as NHS 111. The report from the Seven Day Services Forum by the National Medical Director highlights the need to examine the key issues which affect delivery of a seven day service and also to make improvements in access to diagnostics seven days a week for patients receiving urgent and emergency care.

The aim is to achieve better working relationships between health and social care, with shared budgets and more care provided in the community to support the development of new "Models of Care". In some areas this could even involve the creation of new organisations that provide both GP and hospital services, together with mental health, community and social care.

While the NHS has already gone through a period of significant structural change, we must not forget the fundamental priority for us all – the delivery of high quality, safe patient care. This care is our priority whether it is provided in hospital, or the community, or a combination of organisations.

Delivering high quality, safe care, with a positive patient experience are the main factors that drive our organisation and continued improvements in these areas will remain a key priority for the Board. I am pleased with the progress we have made over the last year in so many areas that affect the quality of care that we give to our patients. I also feel that we have done much to improve their experience with us and this extends to their families, friends, carers and visitors to the hospital.

A positive patient experience can be seen in patient surveys, inspections and reviews and was highlighted by the Care Quality Commission (CQC), which has again placed the Trust

in band 6, which is the rating given to the lowest risk hospitals. Monitor, the independent regulator, also gives us a Green (Best) Governance Risk Rating.

Good quality care is also reflected in a number of positive improvements that have taken place across the hospital. A key area for us continues to be the care of older people, in particular those with dementia. We have continued to implement the eight South West Regional Standards for dementia care, which focus on all aspects of care and treatment and how well hospitals create a 'dementia-friendly' environment. We have expanded our programme of psychological support for older people from 12 to 14 wards and introduced a number of new and exciting developments to increase social stimulation and support for patients in hospital. This includes the introduction of 1950s style tea parties, which was described as "truly inspiring" by National Patient Safety Lead for NHS England, Caroline Lecko, when she visited the hospital to meet staff and see the outstanding work taking place to ensure older patients receive the right food and nutrition while in hospital.

Safety continues to remain a high priority for us and, as part of our ongoing commitment in this area, we have joined the national Sign Up to Safety Campaign. This aims to halve avoidable harm within the NHS over the next three years. It involves signing up to five pledges focussing on patient safety first, continually learning, collaborating, supporting, and being honest. This builds on the fantastic work that has already been undertaken as part of the South West Programme over the last five years.

The Trust has continued to make significant progress in other areas. Good examples of this can be seen in our reduction in the number of serious pressure ulcers and positive progress in our Hospital Standardised Mortality Ratio.

As I stated above, high quality care is a key priority for the Trust and the Trust Board is committed to improving quality through a 'whole organisation approach'. Three years ago we developed a 'risk tool' for each service, which is a method that enables teams to assess themselves against key quality performance criteria. The tool was redesigned and further changes were made this year to reflect the Care Quality Commission's (CQC) inspection model and its five domains on whether a service is safe, effective, caring and responsive to people's needs and also well-led. Another example of this 'whole organisation' approach can be seen in the implementation of the Sepsis Six campaign, which ensures that appropriate treatment is delivered within one hour of a patient receiving an initial diagnosis of a severe infection in Accident and Emergency. The learning from this campaign is being used to extend it to the whole hospital.

The Trust uses clinical audit results, patient feedback and information from complaints and safety reports to show where improvement is needed. For example all wards develop an action plan based on feedback from their patients. This could be through the Trust's own real-time feedback, where volunteers and Governors regularly gather views directly from patients on wards, or through comments made by patients as part of the Friends and Family Test.

Quality of care is included in Directorate level plans and reporting processes. It is measured as part of Directorate service reviews, and mid and end of year reports. Members of the Trust Board regularly walk round the hospital and talk with patients and staff enabling them to raise any quality or safety issues in their own areas and these reviews will now be based on the CQC's five domains.

Quality is monitored regularly by the Board through a number of quality measures and indicators. For instance, the Trust Board receives a quality indicator report every month and a patient story is heard at Clinical Governance Committee meetings. These stories may have come from complaints, incidents or from service improvement projects. The quality indicators and patients' stories ensure that the Trust keeps focused on the things that are important to our patients. A good example of action arising from this initiative is the plan to introduce patient diaries on the intensive care ward. As part of the patient's recovery staff will record, on handheld computers, all that has happened to them while they are unconscious so that staff can later share this progress with patients when they regain consciousness.

Patients and staff are also involved in service improvement work that covers their own areas. For instance, the new Rapid Access Care of the Elderly initiative on Durrington Ward. Prompt therapy is used to increase mobility and to help patients to go home sooner.

While the Trust Board has overall responsibility for quality, safety and patient experience, leadership for these areas is delegated to the Director of Nursing and the Medical Director.

Our emphasis on quality will continue through a number of priorities for 2015/2016. Views and comments from clinical staff, local people, commissioners and the Trust's Governors have been used in the development of these priorities, which will be addressed later in this Quality Report.

Our staff work hard to provide excellent standards of care, and constantly assess their practices in order to make any changes that could benefit their patients. On behalf of the Board, I want to thank them for their commitment and professionalism in 2014/2015 and the very positive contribution they make to the Trust and our patients.

To the best of my knowledge the information in this document is accurate.

A handwritten signature in black ink, appearing to read 'Peter Hill', with a small dot above the first letter.

Peter Hill
Chief Executive
22 May 2015

On behalf of the Trust Board, 22 May 2015

Part 2: Priorities for improvement and statements of assurance from the Board

2.1 This section provides a review of the progress we have made in our 2014/2015 priorities as published in the last Quality Account

The Trust's priorities in 2014/2015 were:

- Priority 1** Reduce the number of patients dying from preventable conditions
- Priority 2** Ensure all patients receive high quality care including those with long term conditions.
- Priority 3** Continue to help patients recover from illness or injury
- Priority 4** Ensure that every patient has individualised co-ordinated care
- Priority 5** Continue to keep patients safe from avoidable harm

The NHS Outcomes Framework 2014/2015 provided a national overview of how well the NHS performed by focusing on patient outcomes and experience. The framework sets out five domains where health improvement could be achieved over a number of years and we linked each of our quality account priorities to one of these domains.

These domains were:

- Domain 1 Preventing people from dying prematurely – see priority 1.
- Domain 2 Enhancing quality of life for people with long term conditions – see priority 1 and 2.
- Domain 3 Helping people to recover from episodes of ill health or following injury – see priority 3
- Domain 4 Ensuring that people have a positive experience of care – see priority 4
- Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm – see priority 5

Both the Director of Nursing and the Medical Director have responsibility to lead in these priority areas. The Medical Director leads on Domain 1, 2 and 3 and the Director of Nursing leads on Domain 4 and 5.

What we did in 2014/2015:

Domain 1 Preventing people from dying prematurely

Priority 1 Reduce the number of patients dying from preventable conditions

The Trust has continued its work to reduce the number of deaths in hospital. We have done this by monitoring the Hospital Standardised Mortality Ratio (HSMR), the Summary Hospital Level Mortality Indicator (SHMI) and the actual number of deaths.

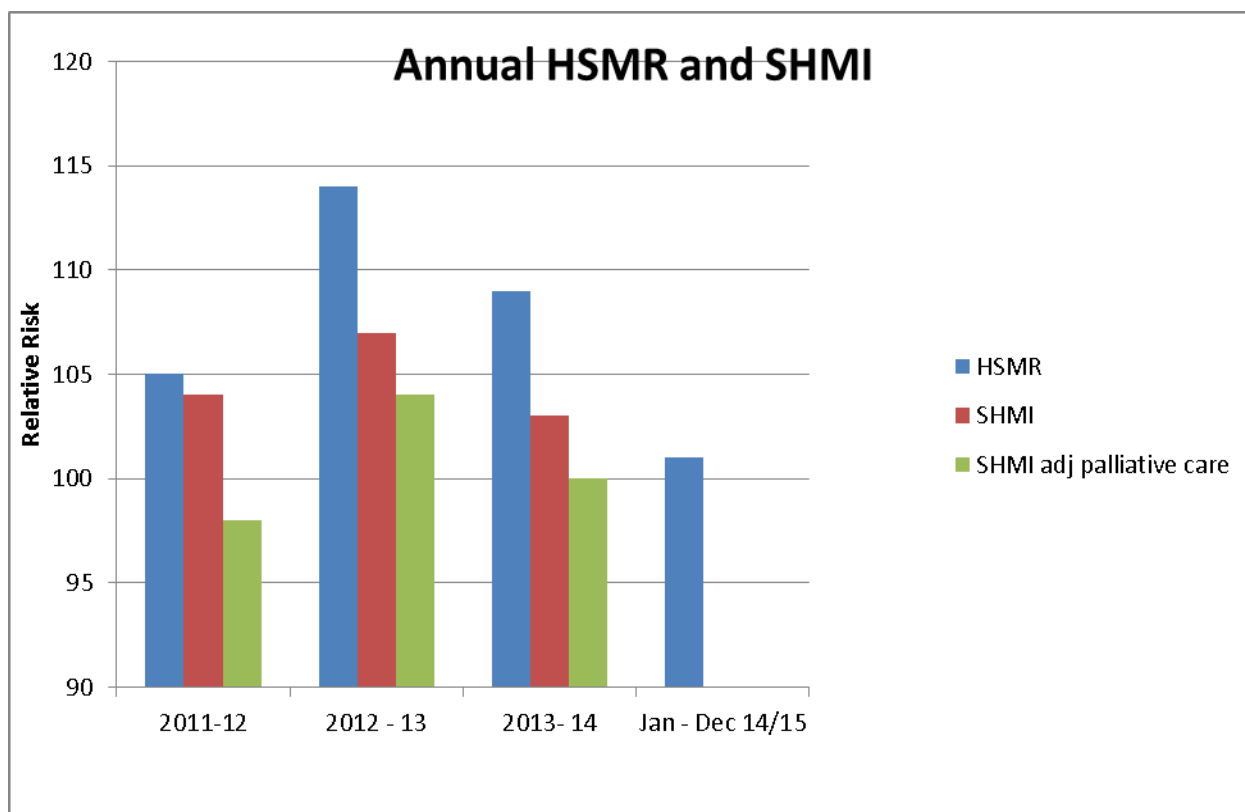
At the end of 2013/2014 the Trust's HSMR was 109* which was higher than expected. HSMR is a complex indicator and compares the number of deaths in hospital with the expected number of deaths. The expected number takes into account the age of the patient, their complicating medical problems and whether they were admitted for end of life care. SHMI compares the number of deaths in hospital and within 30 days of discharge against expected levels. It is not "corrected" for patients admitted for end of life care, for example to Salisbury Hospice. Our SHMI for April 2013 to March 2014 was 103. Currently 31.8% of our deaths are patients admitted for palliative or end of life care compared to 28.9% in 2013/2014.

If the number of deaths was exactly as expected the HSMR and SHMI would be 100. However, some natural variation is to be expected, and a number above or below 100 can still be within the expected range. Our HSMR for January 2014 to December 2014 is 101 and our SHMI for October 2013 to September 2014 is 104. Both these levels are within the expected range.

We regularly review deaths within the hospital and following a review of the 2014/2015 figures we have not identified a pattern of preventable deaths or patient care and safety issues that were contributing to our HSMR.

However, as part of the review we started to make further improvements that benefit patients and their care. We implemented the Sepsis Six campaign which ensures that patients admitted to the Emergency Department with severe sepsis have a blood test and receive antibiotic treatment, fluids and oxygen within an hour of diagnosis (see priority 5). We have maintained a low number of patient moves and handovers within the hospital and have continued to work with our commissioners and community partners to reduce unnecessary admissions. We have also improved the availability of community palliative care nursing care at the weekend.

Current status



HSMR per year from 2011/2012 to 2014/2015. SHMI is published 6 months in arrears.

***In our quality account 2013/2014 we reported our HSMR from April 2013 to January 2014 as 107. The final HSMR for 2013/2014 was 109.**

In July 2013 Professor Sir Bruce Keogh, the NHS Medical Director reviewed the quality of care and treatment provided to patients at 14 hospitals that had persistently higher than average mortality rates. The aim was to understand whether there were any serious failings that needed immediate action, whilst setting the hospitals on the road to improvement.

In his report Keogh set out eight ambitions for improvement. The Trust has continued to use these ambitions to improve the way we review and learn from deaths more quickly. We regularly use data to alert us to potential quality problems. Every six months we review ward nurse staffing levels to ensure patients receive the right level of care. This year the Board invested £1 million in more nursing staff. A junior doctor and junior nurse now regularly attend our Clinical Governance Committee so that their experiences are heard and used to drive improvements. We also provide open forums where junior doctors can alert us to safety concerns and describe their experience of front line care. Junior doctors also take part in improvement projects, supported by senior doctors and managers.

What we did in 2014/2015 to support this improvement priority:

The bullet points below indicate the quality priority set for 2014/2015; the paragraph that follows is the progress made towards their achievement.

- With our community partners we focused on preventing ill health by helping patients to stop smoking, drink less alcohol, eat healthily, exercise more to tackle obesity and improve bone health.

Since April 2014, we have continued to ask inpatients and outpatients if they smoke. Patients were also asked if they were ready to stop smoking and 1373 patients said they wanted to stop. 1051 patients received information and support on how to stop at the time. 871 patients were referred to community NHS stop smoking services for a more intensive programme of support.

Through the year 25,291 (73%) patients who attended the Emergency Department were asked how much alcohol they drink. We found that 773 (3%) patients drank alcohol to a level that put their health at risk. Of these, 571 (66%) patients were given information about drinking less alcohol and all 773 (100%) patients were referred to their GP for follow up. Any patient who is admitted to hospital with an alcohol related condition is contacted by an Alcohol Specialist Nurse who provides advice and support. We have trained 21 alcohol advisors in 17 different areas in the hospital who are able to give patients advice on how to drink less alcohol or stop altogether. We are working with Wiltshire Council community health trainers who are able to help people make positive lifestyle changes such as drinking less alcohol, reduce or stop smoking, become more active, eat more healthily and improve general wellbeing.

In May 2014 the Trust took part in a Patient Led Assessment of the Care Environment (PLACE) audit. As a result, we have reviewed our patient menus and increased the range of foods for patients to choose, and the availability of snacks, fresh fruit and chilled water. The menu cards give information on healthy eating choices. Fruit is also on sale at all our shops and restaurants.

Our hospital leisure centre runs a Counter Weight programme enabling GPs to refer patients with a body mass index of 28 or more. Counter Weight is a structured two year lifestyle programme to help patients lose 5% to 10% of their body weight by helping them to change their behaviours around eating everyday foods and increasing activity through exercise. Patients receive one-to-one support with exercise, dietary advice and monitoring.

Osteoporosis, one of the causes of fragile bones can lead to painful and disabling fractures. Not all patients with osteoporosis suffer from a fracture. A range of bone protecting treatments have been shown to reduce a person's chances of a fracture by up to 50%. We are supporting GPs by providing advice about bone health assessment of patients who have attended with a simple fracture or following a fall. In addition, since April 2014, we have assessed 270 (99%) of 271 hip fracture patients for bone health, started treatment, and a specialist nurse has given individual education sessions. To ensure we manage falls, fractures and osteoporosis effectively we are working with local commissioners and Wiltshire Council to set up a Fracture Liaison Service in 2015/2016 to ensure that all fragility fracture patients are identified and preventative treatment is started early.

- With our community partners we continued to support women to stop smoking in pregnancy and breast feed their babies for as long as possible.

All women are asked at the booking appointment whether they smoke. Since April 2014 347 (12.1%) women out of 2857 who booked for maternity care said they smoked. Women who smoke are also asked to do a breath test so the level of carbon monoxide can be measured and advice is given on how to stop smoking. Women are also referred to the NHS stop smoking service. We have trained all our community midwives in carbon monoxide monitoring and are working towards monitoring all women who smoke at every antenatal appointment. Since April 2014, 285 (11.8%) women out of 2424 who had had their baby were still smoking when their baby was born.

Since April 2014 1944 (80.1%) women out of 2424 were breast feeding 48 hours after the birth of their baby. Between April 2014 to September 2014 412 (46%) women out of 893 women in the area covered by the Salisbury community midwives were still breast feeding their baby. We recognise we need to do more and we are working in partnership with a community breast feeding co-ordinator who is training volunteers to give extra support to breast feeding women at home.

- We continued to improve the health of our staff through the 'Shape-up at Salisbury' campaign.

The 'Shape-up at Salisbury' campaign is a health and wellbeing programme for our staff. We know that helping staff to be happy and healthy improves the quality of patient care. A singing group was set up in November 2013 and has 30 staff who attend regularly. Singing in a group helps to improve morale and fitness. We have also continued to provide blood pressure and cholesterol check clinics for our staff. In 2014/2015 75 staff have attended these clinics. They are given advice about follow-up and life style choices. Stress awareness events have taken place throughout the year to help staff identify stress and relieve it. A mental health nurse is also able to give support and advice to staff on mental health issues. Psychological wellbeing courses are also held regularly for staff. A staff-led running club meets weekly throughout the spring and summer.

- We continued to work with GPs to ensure that patients who wanted to record their wishes about their end of life care had an advance care plan in place which was used and respected by doctors and nurses.

In South Wiltshire patients who live in some nursing or care homes now have a dedicated GP who visits every week. Each patient, in discussion with their family and GP, has a care plan which sets out their wishes should they become unwell and also their wishes for end of life care.

- We continued to improve patient care at the end of life and improved communication with families.

Since April 2014 we have introduced a Conversation Project to help patients talk about their wishes for end of life care. It is important to recognise when a patient is approaching end of life as delays may prevent timely involvement in the planning of their care. Since the phasing out of the Liverpool Care Pathway we have trialled a new personalised medical and nursing care plan which prompts a conversation with the

patient and their family about their wishes for end of life care. This includes a discussion about food and hydration, pain relief, symptom management, spiritual needs and communication with the family and where they want to die. We will introduce this care plan document throughout the hospital. We will also introduce an End of Life Care Specialist Nurse to support patients and families at the end of life and to train staff to have end of life care conversations.

- We continued to work with GPs and senior doctors to investigate the care of patients who died in hospital to see if there were any changes or improvements we needed to make.

We have continued to regularly review deaths within the hospital and have not found a pattern of preventable deaths or patient care and safety issues. In 2013/2014 our HSMR was 109 and our SHMI was 103. Since then we have seen a reduction in our HSMR to 101 up to December 2014. Our SHMI up to September 2014 was 104. Both these levels are within the expected range.

With the information we have collected from these reviews we have continued to make further improvements to patient care and implemented the Sepsis Six campaign. This ensures that patients admitted with severe sepsis have a blood test and receive antibiotic treatment, fluids and oxygen within an hour of diagnosis. We have also continued to maintain a low level of patient moves within the hospital and continued to improve the availability of community palliative care at the weekends to support end of life care at home. We have started work to improve the prevention and treatment of acute kidney injury.

What our patients and public have told us?

- 'I accompanied a friend whose wife had suffered a cerebral haemorrhage at home. From the care by the paramedic and ambulance crew to her admission and later that night of her death the patient and family were treated with extreme care, respect and dignity. Particular mention must be made of the Consultant who from the start showed compassion and excellent communication skills at a very difficult time.'
- 'They are doing everything they can to help my pain. They involve me in conversation and don't talk over me'.
- 'I have lung problems and the Specialist, scanners, nurses even the administration staff are a credit to the hospital and the area. I have experienced other hospitals and was very surprised at the efficiency, friendliness and warmth from such a busy yet well run hospital'

What we did in 2014/2015:

Domain 2 Enhancing quality of life for people with long term conditions

Priority 2 Ensure all patients receive high quality care including those with long term conditions

Description of the issue and the reason we prioritised it:

All our patients will be treated with compassion, dignity and respect and with care that is personal to their individual needs. We have worked with local GPs, Age UK and Governors who have all told us that the care of vulnerable older people, people with dementia and people with learning disabilities need to be key priorities. In particular, giving priority to ensure that all patients have help to eat and drink, that staff have time to meet relatives and that all patients know what is happening in their care.

What we did to support this improvement priority:

- We worked with GPs, care co-ordinators and senior doctors to support people with heart failure, diabetes and chronic breathing problems to stay healthier for longer and seek help earlier to better manage their own care.

Patients who are admitted to hospital with heart failure often suffer from shortness of breath or leg swelling. They receive a visit by a specialist nurse who involves them in devising their management plan and gives advice on healthy eating, exercise and medication. Patients can keep track of their plan in their own patient-held record. The plan also advises them what to do if they become unwell. Once a patient has left hospital they will receive a telephone call a week later to check on their health. If necessary, an outpatient appointment or a visit by the community matron is arranged to assess and advise them in their own home.

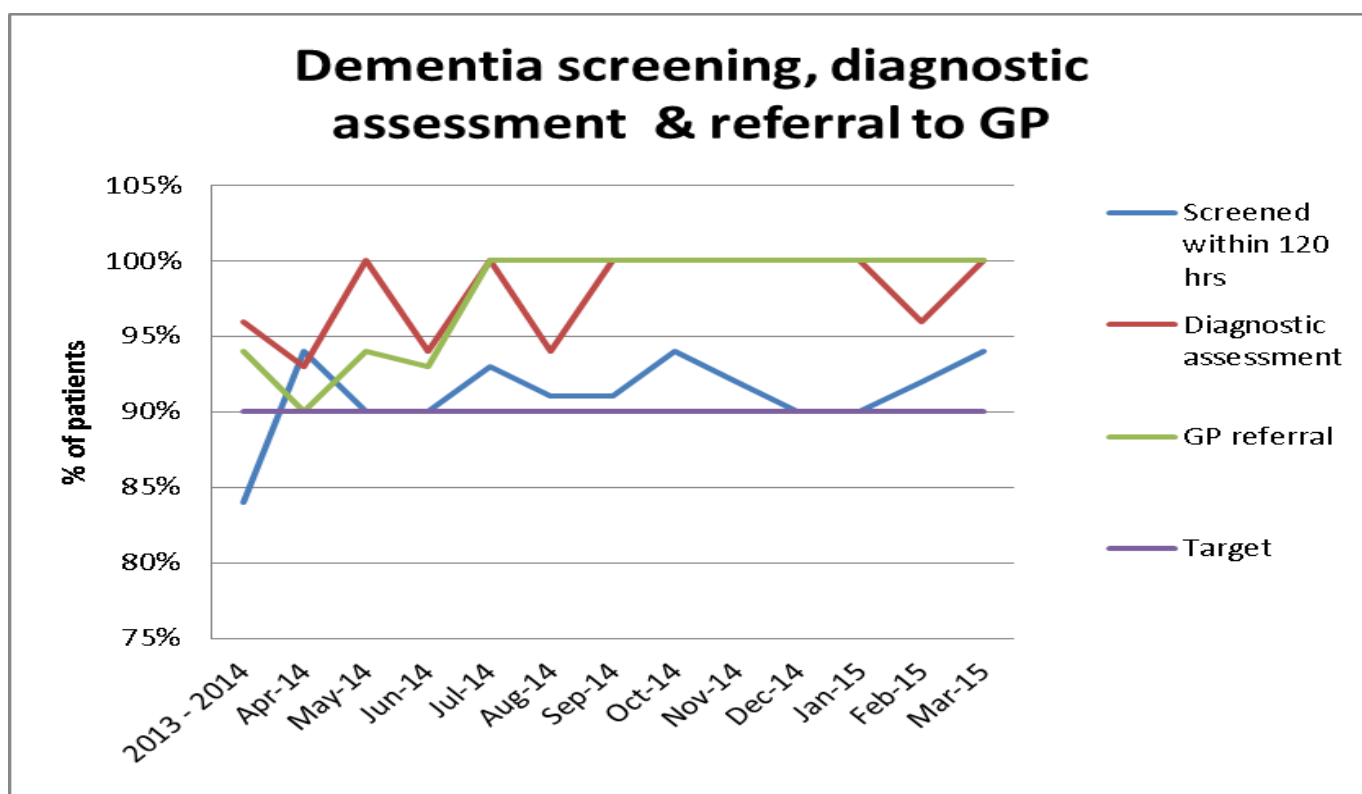
Since April 2014 17 patients with type one diabetes have attended a Freedom for Life course to learn to adjust their insulin, food, exercise and lifestyle and 9 patients have attended a carbohydrate counting course. These patients are better able to control their blood sugar levels and are less likely to be admitted to hospital than patients who do not attend the course. Patients with type two diabetes can attend a structured education programme similar to the Freedom for Life course. These patients are less likely to develop complications of diabetes compared to patients who do not attend the programme. Patients and GPs can also obtain telephone advice from our specialist diabetes team about adjustment of insulin regimes and how to help patients who are unaware of low blood sugar levels.

People with chronic breathing problems who are restricted in their normal activities can attend a pulmonary rehabilitation programme. The programme includes a home exercise and self management plan should they become unwell. Over the last year, 62 patients successfully completed a programme and improved their symptoms and fitness. Patients who are admitted to hospital with a lung problem are advised on exercise and are also offered a pulmonary rehabilitation programme. Patients with asthma and other chronic breathing problems also have a self management plan to help them stay healthier for longer and manage their own condition. Our respiratory team work closely with GP's and community matrons to offer patients education and advice.

- We continued to improve the identification of patients with dementia and delirium and referred them to their GP or specialist mental health team when needed, to ensure they received effective care and treatment.

With the support of our dementia champions we have consistently improved the number of patients screened for a diagnosis of dementia when they are admitted to hospital as an emergency. If a patient is screened and dementia is suspected they are assessed either by the in-house specialist mental health team or referred to their GP.

The table below shows how we have improved (Purple line is the target of 90%)



- We continued to improve the support we offered carers of people with dementia by giving advice and information.

We continue to find out from carers of people with dementia whether they get the right support to provide care, have access to information and advice, and whether they know how to seek respite care. We have published an information booklet called 'Understanding and managing the symptoms of dementia' which is given to carers of people with dementia. Since April 2014, 17 carers have given their feedback and have been offered information and advice on support services. Two dementia advisors employed by the Alzheimer's Society continue to provide support for carers. We are working with Wiltshire Council to do more to help identify, support and recognise the vital role carers play; to help them to provide care, and stay well themselves.

- In partnership with the Alzheimer's Society we continued to train our dementia champions and staff in dementia care.

Working with the Alzheimer's Society we continue to provide basic dementia awareness training for our staff. We have held 6 training days since January 2014 attended by 57 members of staff.

- With funding from the Arts Council, the Stars Appeal, the League of Friends, and the Salisbury Independent Hospital Trust we continued to support a programme called 'Elevate' to help lift people's spirits by using music and movement, creative stories, nature, poetry and reminiscence.

Specially trained volunteers have continued to support patients through the enjoyment of singing, music, dance and story telling to help keep their minds active and provide a distraction from hospital life. We have introduced 1950s-style tea parties with vintage china and activities linked to years gone by. This proved particularly beneficial for patients with dementia and was also enjoyed by other patients.

- We helped patients manage their own care so that they were able to decide whether to arrange their own outpatient follow up appointment or simply receive telephone advice from a nurse or doctor.

We have started to offer patients with ear, nose and throat and orthopaedic conditions the choice of receiving a follow-up appointment by telephone from a nurse or doctor instead of attending a face-to-face appointment. We have also started to offer patients with straightforward conditions the choice of attending an outpatient follow-up appointment only if they feel they need it. Since April 2014 584 orthopaedic patients and 28 ear, nose and throat patients have been given the choice and so far 25 orthopaedic patients have booked and attended an appointment. One ear, nose and throat patient booked and attended an appointment.

- We introduced an improved care pathway for children with cystic fibrosis and eating disorders.

Significant changes have occurred in the pathway to manage children with cystic fibrosis. This means that children and young people are cared for at this hospital by a specialist team and once a year are assessed at Southampton General Hospital. We are planning to increase the provision of physiotherapy and dietician time at this hospital. We are also moving towards a best practice model, which is a set of practices which, when used together, help keep children with cystic fibrosis as healthy as possible.

We have also developed an improved care pathway for children and young people with eating disorders. Young people are regularly seen by a senior paediatric doctor together with a member of the Child and Adolescent Mental Health team. As a result we have a low admission rate for children and young people with eating disorders compared to other hospitals.

What our patients and public have told us?

- 'My husband was brought to the Accident and Emergency ward following a fall at home. He had suffered concussion and had experienced a horrible kind of nightmare and so was very frightened. I wanted to write to express my appreciation of the way we were all looked after. The nurses and doctor were so kind and comforting; we couldn't have received better care and consideration. Nothing was too much trouble'.
- 'My 84 year old mother-in-law underwent an operation on her leg following a fall at home. All the staff were excellent - helping my mother-in-law regain her mobility very quickly whilst being very aware of her needs and dealing sensitively with her dementia-related issues. The staff kept us informed about what was happening on a daily basis and assisted with her smooth transition to a nursing home for convalescence prior to returning home. The staff were all very efficient, professional and caring. We were very impressed - especially since the recent bad press concerning care of the elderly. It is good to know that Salisbury Hospital has excellent standards'
- 'The food is just warm and could be hotter. Two patients were very noisy at night and I have not been able to sleep'.

What we did in 2014/2015:

Domain 3 Helping people recover from episodes of ill health or following injury

Priority 3 Continue to help patients recover from illness or injury

Description of the issue and the reason we prioritised it:

The length of stay in hospital can vary between patients with similar conditions for a number of reasons including the way in which we manage ward rounds and arrange tests and medicines. There can also be delays when patients are ready to be discharged, but the support they need at home is not yet available. We are working with our community and social care colleagues to integrate services and to make changes which will benefit our patients.

- With our community partners we enabled early supported discharge for stroke patients so they spent less time in hospital and continued rehabilitation at home.

Since April 2014 we have referred 67 patients to the early supported discharge team. However, some of these patients told us that they waited over 6 weeks to start their rehabilitation. We are working with NHS Wiltshire and Wiltshire Council to resolve this problem.

- We improved access to rehabilitation for patients who have suffered a major traumatic injury and ensured they had a named therapist co-ordinating their care.

We have been working collaboratively with the Trauma Centre at Southampton General Hospital since April 2012. We have increased the number of trauma patients who have had rehabilitation by our specialist team at our Wessex Rehabilitation Centre from 3 patients in 2013/2014 to 13 patients in 2014/2015. Each patient benefits from a programme of physical therapies, pain management and psychological support

designed for their specific needs. Each programme is co-ordinated by a key therapist. In November 2014 we had a very positive peer review which is reported on page 31.

- We introduced a specialist fragility fracture clinic to ensure patients were investigated and have bone protection medication, information and advice to prevent more serious fractures in the future.

In October 2013 we introduced a specialist nurse outpatient clinic for patients who have recovered from a hip fracture and other low impact fractures. So far 29 patients have been investigated and started on bone protection medication as well as receiving advice on eating a healthy diet, exercise and preventing falls. Patients who attend the Rheumatology Department who have been found to have a low bone density can have an annual infusion of Zoledronic Acid which helps build up bone density. To ensure we manage falls, fractures and osteoporosis effectively we are working with NHS Wiltshire to set up a Fracture Liaison Service in 2015/2016.

- We expanded the 'Keep active campaign' for older people aimed at helping maintain independence to another ward.

We have introduced the Keep Active campaign onto a second ward; Durrington ward, to help older people keep active and maintain their independence. Patients are encouraged to help with their recovery by being active throughout the day. This helps to stop their muscles from becoming weak and can help patients go home more quickly. In December 2014, staff helped all eligible patients to keep mobile on average 4.8 times a day during the week compared to 3.7 times in August 2014. At the weekends staff helped patients to move on average 5.7 times a day at weekends compared to 3.8 times a day at weekends in August 2014.

- We continued the Rapid Access to Rehabilitation for the Elderly project (RARE) so that older people with problems such as a simple fracture were moved directly from A&E to Winterslow ward to start immediate rehabilitation.

We have changed the RARE project to the Rapid Access for the Care of the Elderly (RACE) project. The project involves patients with simple fractures or conditions where a rapid recovery is expected being moved directly to Durrington Ward to start immediate rehabilitation. This means patients are able to leave hospital sooner.

- We continued to support patients undergoing cancer treatment with a programme of physical activities, information, and shared support to help decrease anxiety, tiredness and feelings of helplessness.

For the past year, clinical psychologists and gym staff at the hospital have delivered this unique programme, funded by Macmillan Cancer Support, which educates and supports patients to keep them physically and emotionally healthy, aiding their recovery. The eight week group programme covers topics such as diet, sleep problems and relaxation, a range of tailored exercise including gym and swimming sessions, and support with financial issues from the Macmillan Benefits Adviser.

- With GPs and the community network we continued to reduce the number of children and young people with diabetes, asthma and epilepsy admitted to hospital as an emergency.

Children with diabetes, asthma and epilepsy are only admitted to hospital when absolutely necessary and usually stay only one day or less. Children, young people and parents can now seek rapid advice from a newly appointed community diabetes specialist nurse. One of our senior paediatric doctors has taken part in a regional audit about the management of common childhood reasons for admission to hospital. We have started to work with GPs in managing the seven most common conditions.

What our patients and public have told us?

- 'I visited the hospital recently to have a suspected fractured wrist checked out and I was so impressed with how quickly and easily I was attended to and how pleasant the staff made the experience. Very impressed with the efficiency of the staff and the cleanliness of the rooms I entered'.
- 'Attended the TIA unit on a Sunday. We were greeted by such friendly staff, reception and stroke nurse. Immediately made to feel comfortable, everything done with utmost care and attention. Could not have had a more informative and caring person with a doctor taking over, getting everything sorted quickly and efficiently, arranging all the various tests, ECG, BP, ultrasound and MRI then explaining all the results. It made a possibly frightening and stressful day an easy one to bear'.
- 'I accept that the call bell cannot be answered immediately'
- 'Noise from call bells at night and in the day disturbs my sleep'

What we did in 2014/2015:

Domain 4 Ensuring that people have a positive experience of care

Priority 4 Ensure that every patient has individualised co-ordinated care

Description of the issue and the reason we prioritised it:

It is important the Trust does everything it can to provide high quality care for all our patients and make sure that the care is effective, personal, safe and patients are treated with compassion, dignity and respect. Patients have told us that we do not get everything right every time and we must therefore find out what happened, learn from it, and continuously work to improve care.

The table below shows how patients rated their care in the National Inpatient Survey from 2010 to 2014

| National Inpatient Survey question | 2010 | 2011 | 2012 | 2013 | 2014 |
|---|------|------|------|------|------|
| Overall, how would you rate the quality of care you received? | | | | | |
| Mean score | 7.9 | 7.8 | 8.1 | 8.1 | 8.3 |

Whilst these results are very good, the survey shows that:

- Not all patients liked the quality of the food.
- Noise, especially at night is disturbing sleep.
- Patients are sometimes delayed on the day of leaving hospital.

What we did in 2014/2015 to support this improvement priority:

- We ensured that all patients had a named consultant in charge of their care.

We are testing out a board placed at the end of each patient's bed so that the name of the consultant can be written on it which is visible to the patient whilst in bed. This will help patients know which senior doctor is in charge of their care.

- We also ensured that every patient had a care plan that they had been involved in developing which recognised their individual needs and that of their families and carers.

We have updated our nursing assessment documentation to ensure patients are asked about how they were before they came into hospital compared to how they are now. This ensures the patient receives the right care for their needs. A group of senior nurse leaders have looked at the daily management plan. The plan will become an electronic process later in 2015 which will enable the patient to be more involved in planning their care. We have started to ask patients with long term conditions, such as diabetes, chronic lung problems and heart failure to bring their care plans into hospital with them so that care specific to their needs is continued during their stay.

- We ensured that on every shift every patient had a named nurse who was co-ordinating and responsible for their care.

We are testing out a board placed at the end of each patient's bed so that the name of the nurse co-ordinating their care can be written on it which is visible to the patient whilst in bed. This will help patients know which nurse is in charge of their care. On some wards we have a board at the entrance to each bay giving the names of the nurses responsible for the care of the patients in that bay.

- We ensured that the named nurse reviewed and was familiar with every patient's care plan on every shift.

All patients have a treatment and care plan which is reviewed by each nurse on every shift. Our senior nurses and charge nurses now work in a supervisory capacity to ensure essential standards of care are maintained. Part of the supervisory role is to make sure patients are involved in their treatment and care plan and they know what to expect next. It ensures our ward leaders can be much more visible and accountable to all our patients on the wards and their families. In addition, when nurses change shifts they handover to the next nurse at the patient's bedside so the patient can be involved in the discussion about their care.

- We introduced an in-depth enquiry into poor discharge planning and multiple ward moves to learn and improve.

We have looked at incidents of poor discharge planning and found that poor communication between the wards and community services were a common factor. We ran a discharge planning workshop with a broad range of staff in December 2014 to understand the problem in more detail. We identified areas for improvement which includes a redesigned discharge checklist.

We have also looked at why patients are moved from one ward to another. We have found that most patients are moved for good clinical reasons. However, some patients were moved at times of high activity to a ward that did not specialise in their condition which made their stay in hospital longer than necessary. We have started to use and monitor this information at the daily team meetings to ensure no patient is moved more than twice and that they are moved to the right ward straight away.

- We introduced an audit programme to review and improve care plan and discharge plan documentation.

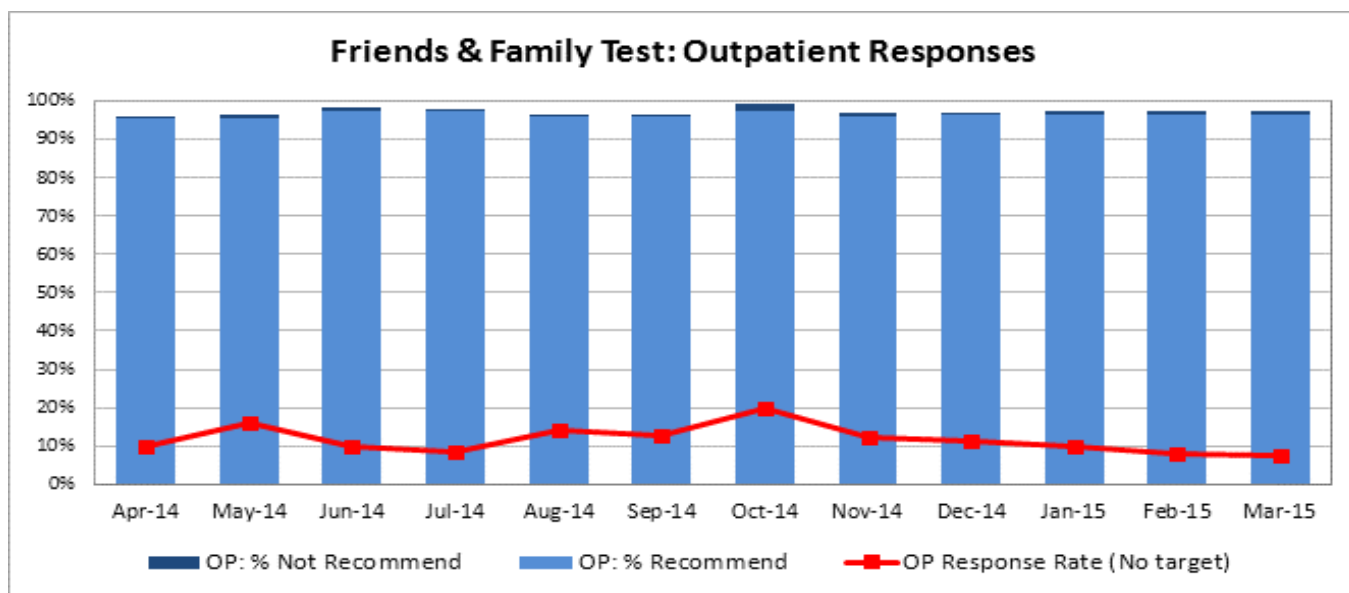
In May 2014 we undertook an audit of the quality of nursing assessment on admission and found that 57 (81%) patient assessments on admission and 91% of patient care plans met all the standards in the audit. Ongoing work is undertaken by our supervisory ward leaders to improve standards of assessment and care planning.

A plan is in place to improve discharge planning documentation. This will include a redesigned discharge checklist and to work together with two local nursing homes to improve the transfer of care information.

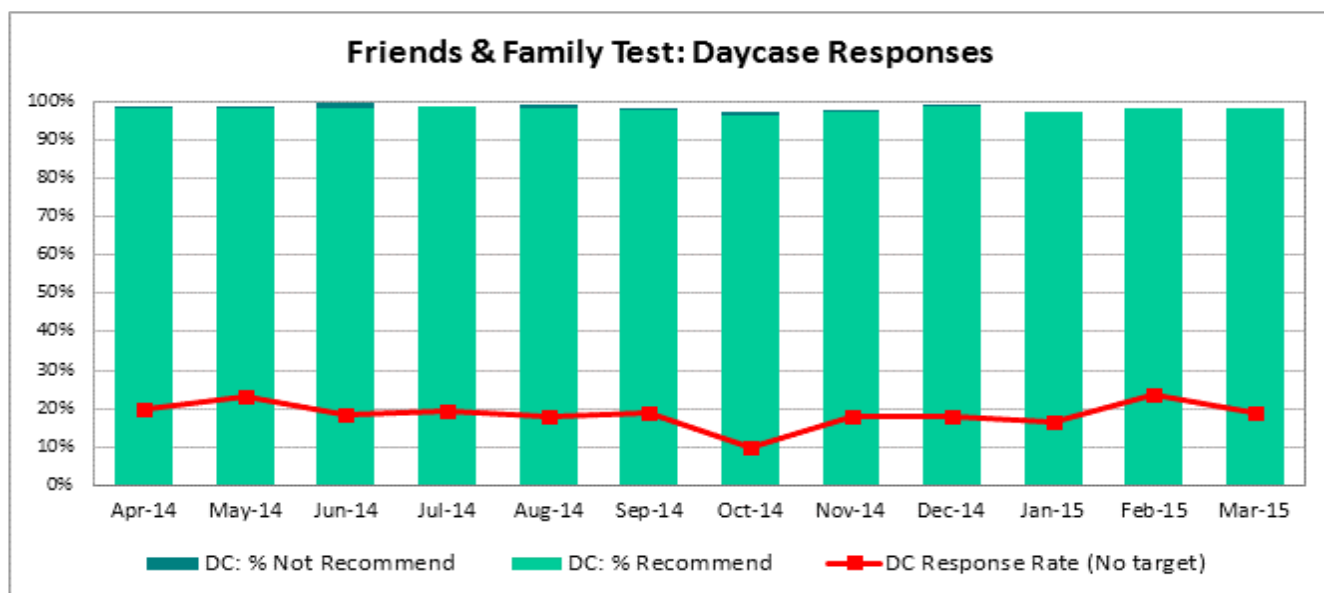
- We introduced the Friends and Family test in day case areas and outpatient departments to monitor the quality of care.

Since April 2014 outpatients and patients who attend as day cases have been asked how likely they would be to recommend the outpatient department or day case area to friends and family if they needed similar care or treatment. Of those patients who responded 96.7% said they were extremely likely or likely to recommend the hospital to friends and family. Patients are also invited to comment and the vast majority of comments were very positive, with care, compassion, friendliness and helpful advice common themes.

The bar chart below shows the response rate and the percentage of outpatients who would recommend the hospital to their friends and family if they needed similar treatment or care



The bar chart below shows the response rate and the percentage of day case patients who would recommend the hospital to their friends and family if they needed similar treatment or care



What our patients and public have said:

- 'Admitted via GP with suspected appendicitis. Resulted in an appendectomy that night. Received completely outstanding faultless care from beginning to end. I cannot recommend this hospital highly enough. Add to the high standards the hugely caring and thoroughly professional staff with a real team spirit'.
- 'I was admitted for a total hip replacement and although my stay was brief, I cannot fault the treatment I received. Everybody on the orthopaedic unit, and all other staff I encountered, were highly professional in their approach, and those on the ward could not have been more attentive and caring. My needs were met with good grace and appropriate humour, and I was not fussed over but given just the right amount of

encouragement and independence, whilst still feeling safe. The only negative I would like to mention is the poor signage in the corridors’.

- ‘I would like the consultant to talk to me a lot more’.

What we did in 2014/2015:

Domain 5 Treating and care for people in a safe environment and protecting them from avoidable harm

Priority 5 Continue to keep patients safe from avoidable harm

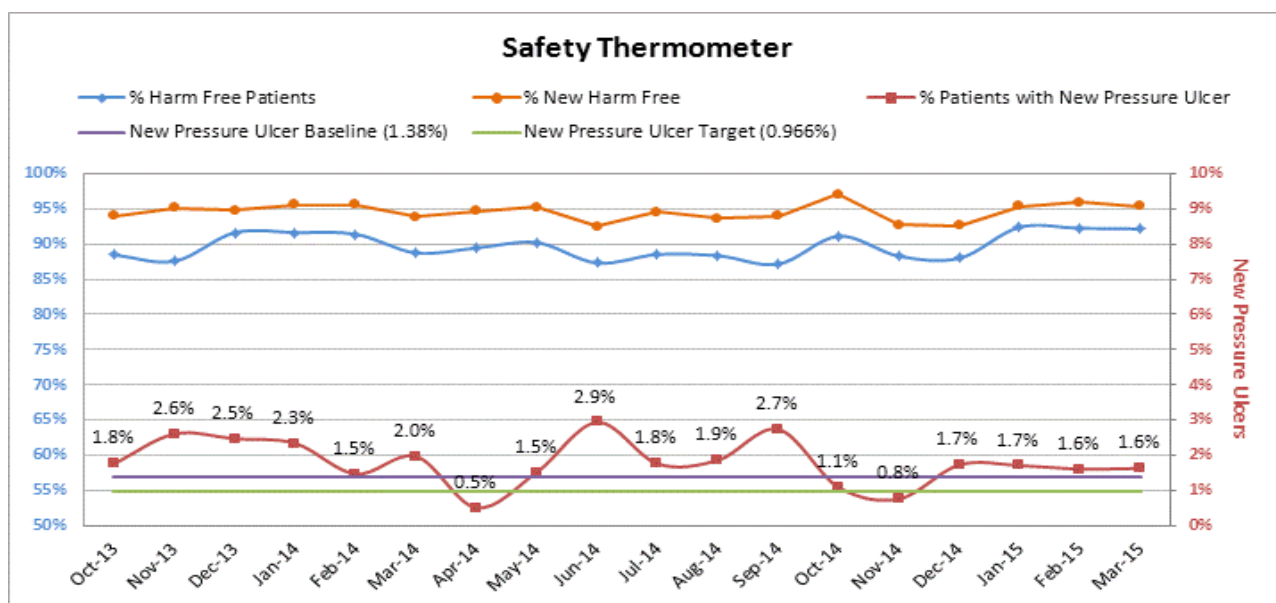
Description of the issue and the reason we prioritised it:

The safety of our patients is a key priority in our quality improvement work. We continue to run a patient safety programme. Our aim is to reduce levels of harm to patients whilst in hospital and we measure this through harms like pressure ulcer rates, infection rates, thrombosis events, and the number of patients falling in hospital. All of these can lead to pain and distress for our patients and extra days or weeks in hospital. Our aim fits with a continuing national priority across the NHS to measure the incidence of pressure ulcers (sores), falls, urine infections from catheters, and blood clots, through a system called the Safety Thermometer.

We have reported on harm free care since April 2013. Since then we have seen a decrease in the number of patients acquiring a new pressure ulcer in hospital as measured by the Safety Thermometer. Our actual number of grade 2 pressure ulcers has reduced by 9% this year.

We have also started to measure the number of patients who are admitted to hospital with a harm, such as a pressure ulcer, catheter associated urine infection or blood clot. Working with our community partners to improve safety and reduce harm will be a priority action for 2015/2016.

The Safety Thermometer chart below shows we have sustained a high percentage of new harm free care. It also shows the percentage of patients who are admitted with a harm and the percentage of new pressure ulcers developed in hospital.



- We continued to make sure patients were assessed for their risk of developing a blood clot and given preventative treatment if at high risk. We conducted a detailed enquiry of patients who developed blood clots to ensure we learned and improved.

Since April 2014 we have assessed 99.1% of patients for their risk of developing a blood clot in hospital. We have given preventative treatment to 96.6% of patients at high risk. We have reviewed the care of all patients who developed a blood clot and found the vast majority of patients were managed appropriately. The Trust continues to be recognised as an exemplar site and shares knowledge and experience to help other hospitals achieve the best blood clot prevention for all patients.

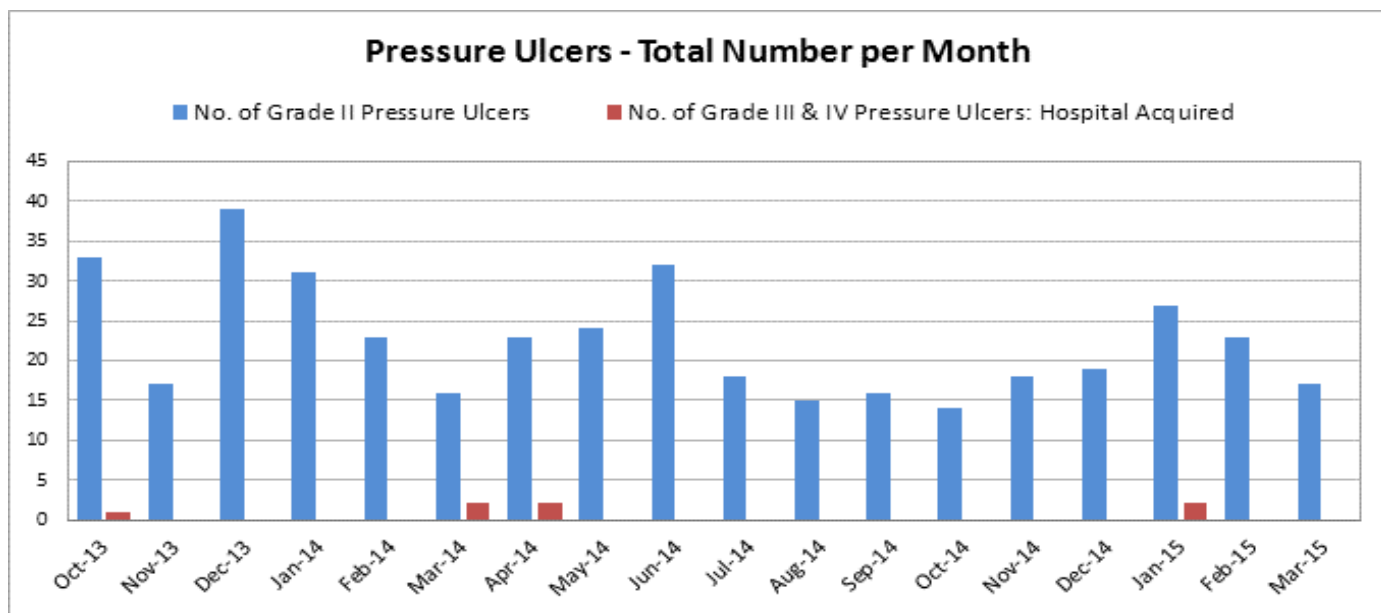
- We aimed to reduce the number of preventable falls and undertook a detailed enquiry of patients who fell and injured themselves to ensure we learned and improved.

Since April 2014 there have been 29 incidents reported where a patient had a fall resulting in a fracture. Of these, 18 incidents resulted in a fracture which required non-surgical treatment and 11 patients had a fractured hip which required surgery. Our detailed investigations of all patients who fell and sustained a fracture or major harm showed that patients often fell when they were walking or standing during their rehabilitation phase. We also found that communication with families had improved. We should continue to improve assessment and re-assessment of a patient's risk of falling, and ensure that patients have the correct footwear and walking aids.

- We continued to reduce the number of patients who developed grade 2, 3 and 4 pressure ulcers (sores) in hospital. We continued to conduct a detailed enquiry of patients who developed grade 3 and 4 pressure ulcers in hospital so we learned and improved. We aimed to do more work with our community partners to undertake reviews of patients who came into hospital with pressure ulcers.

This year we have reduced by 9% the number of grade 2 pressure ulcers from 269 in 2013/2014 to 244 in 2014/2015. This year there have been four hospital acquired grade 3 pressure ulcers (more serious), and no grade 4 pressure ulcers. A detailed review is undertaken if any one ward has three or more pressure ulcers in one month. As a result we have improved the recognition and treatment of moisture sores and introduced ear guards for patients with oxygen tubing to protect the skin on the ears which can be very thin. We have also introduced softer oxygen tubing on every ward this year.

The chart below shows the total number of hospital acquired grade 2, 3 and 4 pressure ulcers



- We aimed to reduce the number of catheter associated urine infections by continuing the use of the catheter care bundle and on-going catheter care.

We have continued to use the catheter care bundle. This is a set of practices which, when used together, help reduce urine infections when a catheter is first put in and guides on-going catheter care. We want to reduce the number of infections further and so this continues to be a priority in our 'Sign Up to Safety' Campaign.

- We ensured adults and children were protected by aiming to increase to 80% the number of staff who were trained to safeguard adults and children.

Safeguarding adults training to protect vulnerable people from abuse is a high priority for the Trust. On their first day all new staff have a session on safeguarding adults and the Mental Capacity Act, and what action they should take if they are concerned a vulnerable adult is being abused. All new staff are given a Mental Capacity Act and adult safeguarding 'prompt cards' booklet. All staff must complete an adult safeguarding e-learning module. By the end of March 2015 79% of staff had completed this training. Staff are also able to attend teaching sessions. Completion of training is discussed at staff appraisals.

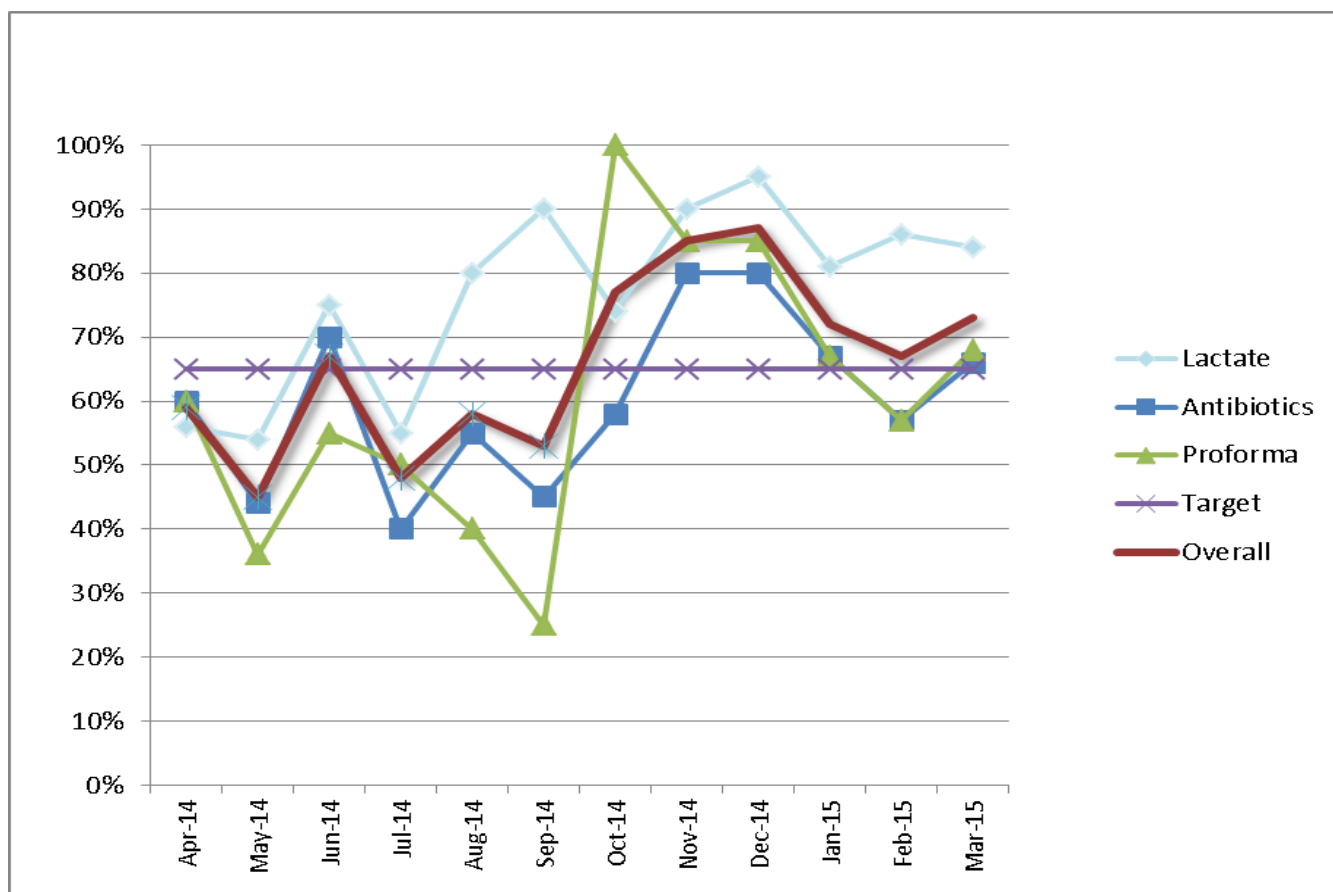
Safeguarding children's training is also a high priority for the Trust. On their first day all new staff have a taught session on safeguarding children and what they should do if they are concerned a child may or is being abused. There are several levels of training dependent on the person's job role and contact with children. Between April 2014 to December 2014 76% of appropriate staff completed level 1 training, 74% of appropriate staff completed level 2 training, and 97% of appropriate staff completed level 3 training.

Infection prevention and control – work plan for 14/15

- We continued to use the Sepsis Six campaign to treat patients with severe infections within an hour of arrival in hospital.

Sepsis Six is the name given to a set of practices designed to reduce the number of people who die from severe infection. We introduced the Sepsis Six campaign in the Emergency Department at the end of 2013 through an education programme. Patients with severe infection must have their blood count, blood culture and blood acid measurement taken in the first hour. Treatment with oxygen, antibiotics and fluids must also begin in the first hour and urine output measured. Since April 2014 we have measured 3 key components of Sepsis Six – blood acid measurement (lactate), treatment with antibiotics and completion of the Sepsis Six pathway (proforma). Between April 2014 and September 2014 we achieved an overall compliance of 55%, between October 2014 and March 2015 we had an overall compliance of 83% and 72% for each quarter against a target of 65%.

The line graph below shows our overall compliance with the three measures in the Emergency Department from April 2014 to March 2015



- We aimed to maintain low numbers of patients with avoidable MRSA bloodstream infections and avoidable C. Difficile infections through good infection control practice.

Between April 2014 and March 2015 2 patients had an MRSA bloodstream infection. Both of these were investigated and one was found to be a contaminant. This means it was not a true bloodstream infection. 23 patients developed C. difficile against a target of 18 patients for the year. We have worked collaboratively with our commissioners to ensure best practice and have a detailed action plan in place. This includes a variety of

measures. For example, using different coloured aprons in each ward bay, Actichlor plus, (a combination of detergent and disinfectant) for cleaning and a trial of sporicidal wipes for cleaning commodes.

- We continued to monitor infection control practice through audit and report findings to the Infection Prevention and Control Committee.

We continued to monitor hand hygiene practice which shows a high level of compliance. We also continue to monitor a range of other infection prevention and control practices such as commode cleanliness and the storage and use of clean and dirty laundry practices.

- We continued to review technologies into the prevention and control of infections and introduced new technologies where appropriate.

New innovations have been introduced such as a new alcohol hand gel dispenser which is part of the door handle at the entrance and exit to the Neonatal Unit. We have introduced Actichlor plus and disinfectant wipes for cleaning. We continue to use two Glosair machines to ensure beds, rooms and surfaces are properly decontaminated after use.

- We continued to use ATP monitoring (our hygiene monitoring system) to ensure the cleanliness of equipment and the environment.

We continued to routinely monitor the cleanliness of equipment and the environment using this system. It is used before and after an area is deep cleaned to highlight the standard of cleaning. This includes the main patient touch points such as bed frames, door handles and toilet areas.

- We continued to monitor hand hygiene practice, including a review of hand wash and alcohol hand rub facilities, to encourage staff and visitors to wash their hands.

We continued to monitor hand hygiene practice which showed a high level of compliance. We have introduced some new automated hand gel dispensers and made the signage more prominent at all the entrances and exits to the wards and outpatient departments.

- We reviewed cleaning products for use in sinks and bathrooms to use the best available.

We have looked into what other hospitals in the South West use to clean their sinks and bathrooms. We are now using Actichlor Plus throughout the hospital and for all our ward deep cleaning programmes.

- We aimed to complete the review of outpatient dirty utility rooms to make sure they met the required Trust standard.

We have focused our work on ward dirty utility rooms which are checked by a senior nurse every day. The review of outpatient dirty utility rooms will be progressed in 2015/2016.

What our patients and public have told us?

- 'Full marks to the cleaners'. 'The cleaner is very meticulous'
- 'The nurses and doctors always clean their hands'
- 'Some staff do not wash their hands'.
- 'The toilets are not always clean'.

2.2 This section sets out our quality priorities for 2015/2016

Our priorities for quality improvement in 2015/2016 and why we have chosen them

Looking forward to 2015/2016 we have used a broad range of methods to gather information and generate our quality priorities. These include:

- Speaking to patients and asking them to give us feedback on their experience of care during their hospital stay.
- Using information from the national inpatient survey and the Friends and Family test.
- Learning from themes from comments, compliments, concerns and complaints.
- Learning from risk reports and listening to what staff have told us during Executive Safety and Quality walk rounds. These rounds give staff the opportunity to talk face-to-face about safety or quality concerns with Executive Directors and Non-Executive Directors.
- Listening to what our staff have told us from the national staff survey and the staff Friends and Family test.
- Talking to our local commissioners and Wiltshire Council and asking them about local people's needs and improvements that could be achieved by working together.
- Continuing to respond to the recommendations made into the failings at Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC (the Francis Report).
- Responding to NHS England's NHS Services Seven days a Week Forum report with ten clinical standards to improve urgent and emergency care for patients seven days a week.
- Responding to NHS England's Five Year Forward View which sets out a national plan on how the NHS needs to change and improve over the next five years.

We have consulted widely on the priorities and involved the local Age UK, Warminster Health and Social Care Group, our staff, governors and members to help us make the final decisions on our priorities for 2015/2016. The priorities have been discussed with clinical teams as part of the service planning process. Our Clinical Commissioning Groups have also helped us work out what our priorities should be and the work we need to do together. Some of their comments are included in this report.

This process confirmed that the priorities for 2015/2016 are the areas where we need to focus our quality improvement. We have changed them from 2014/2015 and given an explanation. The Board has agreed these priorities.

The Trust has made good progress on last year's priorities however there are still further improvements that can be made and additional work has been identified for 2015/2016. A number of these areas are required for our Commissioning for Quality and Innovation (CQUIN) programme and support the Care Quality Commission (CQC) regulations.

The actions we plan to take in our quality priorities reflect the Trust's vision to ensure that every patient has an outstanding experience. We will continue to listen to our patients so that we can understand if we are meeting their needs and expectations. We will do this by acting on patient real time feedback, the Friends and Family test comments, national survey results, concerns and complaints and listen to patient stories at the Clinical Governance Committee. We will continue to make sure staff voices are heard and that

they know how to raise concerns. We will do this through members of the Trust Board actively talking to staff at ward and departmental level about any issues or concerns they may have as part of our quality and safety walks. We actively promote a culture of openness and honesty so that our staff feel able to report adverse incidents and we take action to improve our national staff survey results.

Our priorities for 2015/2016* are:

- Priority 1 Strive to keep patients safe from avoidable harm
- Priority 2 Ensure patients have a positive experience of care
- Priority 3 Actively work with our community partners and patients to prevent ill health
- Priority 4 Provide patients with high quality care seven days a week
- Priority 5 Provide co-ordinated care across the whole health community.

*These priorities are **not** ranked in order of priority. The Trust Board agreed the 2015/2016 priorities on 22 May 2015.

Progress in our priority areas will be measured and monitored through the Trust's quality governance process. To enable the Trust Board, the Clinical Governance Committee and Clinical Management Board to do this they will receive monthly reports and ask for further work where it is needed. The Trust Board minutes and reports can be viewed on the Trust website.

The following sections describe the work which will be undertaken in 2015/2016 to achieve or improve the priority areas.

What we will do in 2015/2016:

Priority 1 - Strive to keep patients safe from avoidable harm

Description of the issue and reason for prioritising it:

Patients should be able to expect to be treated in a safe and clean environment and be protected from avoidable harm. Improving patient safety involves many things, including, high quality nursing care and creating a culture of learning from incidents to prevent them happening again. As a Trust, patient safety is our first and most important priority so we will continue to implement national standards and monitor and report the level of harm free care in the Safety Thermometer and other key quality indicators. We have joined the 'Sign up to Safety' campaign which aims to cut avoidable harm by 50% over the next three years and we will report progress against each element every year. We are also an active participant in the Wessex Patient Safety Collaborative.

What we will do in 2015/2016?

- We will continue to reduce the number of patients who have preventable falls and fracture their hip in hospital.
- We will continue to reduce the number of patients who develop grade 2, 3 and 4 ulcers.
- We will continue to reduce the number of patients who develop a catheter associated urine infection.
- We will improve the recognition and treatment of patients with severe infections using Sepsis Six practices which are designed to reduce the numbers of people who die from severe infections.
- We will work collaboratively with our network to improve the prevention, recognition and treatment of patients with acute kidney injury.
- We will continue to work with our staff to ensure that we have low numbers of patients with avoidable infections and reduce the number of patients with surgical site infections.
- We will continue to improve surgical safety by the use of the World Health Organisation safety checklist and safety briefings.
- We will implement the GROW programme to identify babies who are smaller than expected for their stage of pregnancy.

How will we report progress throughout the year?

Safety work is overseen by the Safety Steering group. We measure our infection rates, blood clot assessment and treatment, pressure ulcers, falls resulting in harm and report them every month to the Trust Board, Clinical Management Board, Operational Management Board and to the Clinical Governance Committee at every meeting as well as our commissioners.

Priority 2 – Ensure patients have a positive experience of care

Description of the issue and reason for prioritising it:

Patients and their families should experience high quality care. No one going into hospital should have to worry about being left in pain, unable to eat, drink, or go to the toilet. Patients who are in need of support and their families, should have peace of mind that they will be treated with kindness, compassion, respect, dignity, understanding and honesty. We need to continue to measure and understand how patients really feel about the care they receive and take improvement actions. As well as our patient feedback surveys, our national staff survey provides important information on the health of the Trust, so too, does the staff Friends and Family test which asks staff whether they would recommend this hospital to their friends and family as a high quality hospital to receive treatment and care. Patients, their families and carers have told us that an area that needs improvement is for different services to work together so that their care is joined up

or integrated. We are working closely with Wiltshire Council and our commissioners to improve the patient's journey from admission to discharge home.

Timely access to services is a critical part of a patient's experience of care. The NHS should be there for patients when they need it. This means providing equally good quality care seven days a week (see priority 4).

What we will do in 2015/2016:

- We will continue to improve the identification and diagnosis of patients with dementia and refer them to their GP or specialist mental health team when needed to ensure they receive effective care and treatment.
- We will work with GPs and voluntary organisations to do more to identify carers and provide them with better support, advice and information.
- We want to focus more on learning from patient complaints, concerns and feedback so we can make improvements when issues are identified.
- We want to continue to ensure that patients, their families and carers are involved in decisions about their care, treatment and on-going care. We will compare patient feedback from those admitted in the week with those admitted at the weekend and make improvements.
- We will start to plan to improve the choices available to women during pregnancy about where they have their baby and who will lead their care.
- We will work collaboratively with our network to improve care for children as they move from children's to adult services. This is called the Ready Steady Go Programme.
- We will introduce the Friends and Family test for children under the age of 16 to monitor the quality of care.
- We will continue to report on the staff Friends and Family test and make improvements where needed.

How will we report progress throughout the year?

Real time feedback and the Friends and Family test score will be measured and reported to the Trust Board, Clinical Management Board, Operational Management Board and our commissioners monthly and to the Clinical Governance Committee.

Priority 3 – Actively work with our community partners and patients to prevent ill health

Description of the issue and reason for prioritising it:

We want people to live longer and with a better quality of life. We want to continue to work with GPs in supporting the earlier diagnosis of illness and tackling risk factors such as high blood pressure and cholesterol and we want to ensure people have access to the right treatment when they need it. We want to do more to help people stay in good health and to take responsibility for their own health. Better access to support and information will be crucial in preventing ill health.

What we will do in 2015/2016:

- With our community partners we will focus on helping patients and pregnant women to stop smoking.
- We will continue to work with GPs to help patients to drink less alcohol and reduce the number of patients admitted to hospital with alcohol related problems.
- With our community partners we will help patients to eat healthily and exercise more to tackle obesity.
- With our local commissioners and Wiltshire Council we aim to set up a Fracture Liaison Service to improve bone health of patients who have had a simple fracture.
- We will continue to support patients with long term conditions such as diabetes, heart disease and chronic breathing problems to manage their own health and avoid complications.
- We will continue to support the physical and mental wellbeing of our staff in the 'Shape up at Salisbury' programme.
- We will publish the outcomes of our bowel screening programme and respond to new public health campaigns.

How will we report progress throughout the year?

We will measure improvements from the 2013/2014 figures, monitor and report our progress through the our Maternity Services dashboard, our Public Health Steering Group, our Staff Health and Wellbeing programme, local audits and quality indicator reports to the Clinical Management Board and to the Clinical Governance Committee.

Priority 4 – Provide patients with high quality care seven days a week

Description of the issue and reason for prioritising it:

We want to ensure all our patients have an outstanding experience of care. Over the next two years we want to work towards implementing the ten clinical standards described by the NHS Services, Seven Days a Week Forum. The Forum described the standard of urgent and emergency care that all patients should expect to receive seven days a week.

What we will do in 2015/2016:

- We will ensure that all emergency patients admitted to the Medical and Surgical Assessment Units are seen and assessed by a consultant within 14 hours of arrival.
- We will develop a one stop clinic for urology and gynaecology emergency patients so they can be seen and assessed without admission to hospital.
- We will ensure that when medical shifts change over twice daily handovers will continue to be led by a senior doctor with multi-professional participation from the incoming and out-going shifts seven days a week.
- We will improve access to inpatient ultrasound scans and MRI slots at weekends.
- We will improve the efficiency of theatres.
- Throughout the hospital we will introduce new personalised medical and nursing care plans for patients at the end of life to improve patient care and communication with families and GPs.
- We will continue to support patients near the end of their life in their homes and on the wards with our community and hospital palliative care service 7 days a week.

How will we report progress throughout the year?

We will measure, monitor and report progress through the Hospital at Night Board and the End of Life Care Strategy Steering Group and to the Operational Management Board. The Hospital at Night Board and the End of Life Care Strategy Steering Group report to the Clinical Management Board every six months and to the Clinical Governance Committee annually.

Priority 5 – Provide co-ordinated care across the whole health community

Description of the issue and reason for prioritising it:

The Five Year Forward View has set the NHS the challenge of better integration of care across different services. From April 2015 we will see the plans for the Better Care Fund (the first joining up of NHS and social care funding) take effect. The Better Care Fund will join up health and care around the needs of patients, so that people can be supported in their own home for longer rather than being admitted to hospital.

What we will do in 2015/2016:

- We will provide more support for GPs and community care services by direct access to senior doctors via telephone, email, rapid access clinics and better information in the electronic discharge summary.
- We will ensure that all patients admitted to hospital as an emergency are assessed for complex needs within 14 hours by a team of doctors, nurses, therapist and social workers.
- With our community partners we will develop a single discharge assessment process which records all a patient's assessments in one place.
- With Wiltshire Council and the Clinical Commissioning Group we will work together on improvements which are part of the Better Care Fund. The Better Care Fund was set up to reduce the number of patients delayed in hospital by testing out new services to see what works well and where community services can improve.

How will we report progress throughout the year?

We will measure, monitor and report progress through the Patient Flow Programme Management Board. It reports to the Operational Management Board every six months.

2.2 Statements of assurance from the Board

Review of Services

During 2014/2015 Salisbury NHS Foundation Trust provided and/or subcontracted 46 relevant health services. Salisbury NHS Foundation Trust has reviewed all the data available to us on the quality of care in all 46 of these relevant health services. The income generated by the relevant health services reviewed in 2014/2015 represents 100% of the total income generated from the provision of relevant health services by Salisbury NHS Foundation Trust for 2014/2015.

The Trust has published a Quality Strategy 2012 – 2015 which sets out a quality governance framework for the review of individual services. This includes the completion of the Salisbury Organisational Risk Tool which alerts us to risks relating to quality of care. Where risks are identified, plans are put in place for improvement. It also includes a review of quality information to provide assurance of effectiveness, safety and patient experience in each individual service. Information reviewed includes a Directorate Quality Indicator report, clinical audit results, patient survey feedback, real time patient feedback, the friends and family test, comments, complaints and compliments and a risk report highlighting adverse events. This information is discussed quarterly at Directorate performance meetings and the Department Executive Safety and Quality walk rounds. Clinical teams present their quality and safety outcomes and improvement work to the Clinical Governance Committee every year as part of the assurance process.

There is a clear quality reporting structure in the Trust where scheduled reports are presented and discussed at the Clinical Management Board or Clinical Governance Committee. Many of the reports are also reported to our commissioners as part of our requirement to provide assurance on contract and quality performance compliance.

Each year the Trust has a number of external agency and peer review inspections. The reports, recommendations and action plans are discussed at one of the assuring committees. For example, in November 2014 the Wessex Trauma Network undertook a peer review of the care of patients with major trauma. The review team commented that they observed some excellent practice and performance and the hospital was commended for its care for patients with major trauma, particularly in the time of arrival in A&E to the time of a CT scan, access to rehabilitation and psychology services, and collaboration with the major trauma centre in Southampton with regard to the provision of plastic surgery. Two improvement actions are planned: the trauma leaders and managers to have deputies to step in if the need arises, and ongoing work with our partners to reduce the number of patients delayed in the spinal unit who are fit to be discharged from hospital.

Areas where problems or concerns have been identified have action plans for improvement and these are monitored through the Directorate performance management meetings. Any recurrent themes can be included as key objectives for improvement in the Trust service plan or the following year's Quality Account priority areas.

Participation in Clinical Audits

During 2014/2015, 28 national clinical audits and 2 national confidential enquiries covered relevant health services that Salisbury NHS Foundation Trust provides.

During 2014/2015, Salisbury NHS Foundation Trust participated in 27 (96 %) national clinical audits, and 2 (100%) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Salisbury NHS Foundation Trust was eligible to participate in during 2014/2015 are as follows in the table below.

The national clinical audits and national confidential enquiries that Salisbury NHS Foundation Trust participated in, and for which data collection was completed during 2014/2015, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

| National Clinical Audit / Clinical Outcome Review Programme | Eligible | Participation | % of cases submitted to each audit | Category |
|--|----------|---------------|------------------------------------|----------------------|
| Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP) | yes | yes | 100% | Heart |
| Adult Community Acquired Pneumonia | yes | yes | 100% | Acute |
| British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing | yes | no | N/A | Long term conditions |
| Bowel cancer (NBOCAP) | yes | yes | 100% | Cancer |
| Cardiac Rhythm Management (CRM) | yes | yes | 100% | Heart |
| Case Mix Programme (CMP) | yes | yes | 100% | Acute |
| Congenital Heart Disease (Paediatric cardiac surgery) (CHD) | no | N/A | N/A | Heart |
| Coronary Angioplasty/National Audit of PCI | yes | yes | 100% | Heart |
| Diabetes (Adult) | yes | yes | 100% | Long term conditions |
| Diabetes (Paediatric) (NPDA) | yes | yes | 100% | Long term conditions |
| Elective surgery (National PROMs Programme) | yes | yes | 100% | Other |
| Falls and Fragility Fractures Audit Programme (FFFAP) | yes | yes | 100% | Older People |
| Inflammatory Bowel Disease (IBD) programme | yes | yes | 100% | Long term conditions |
| Lung cancer (NLCA) | yes | yes | 100% | Cancer |

| | | | | |
|---|-----|-----|--------------------------------------|-----------------------------|
| Major Trauma: The Trauma Audit & Research Network (TARN) | yes | yes | 90% to 30/6/14 | Acute |
| Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) | yes | yes | 100% | Women and Children's Health |
| Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD) | yes | yes | 100% | Acute |
| National Audit of Dementia | yes | yes | No national audit took place in 2014 | Older people |
| National Cardiac Arrest Audit (NCAA) | yes | yes | Did not participate | Heart |
| National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme | yes | yes | 100% | Long term conditions |
| National Comparative Audit of Blood Transfusion programme | yes | yes | 100% | Blood and Transplant |
| National Emergency Laparotomy Audit (NELA) | yes | yes | 100% | Acute |
| National Joint Registry (NJR) | yes | yes | 100% | Acute |
| National Vascular Registry | yes | yes | 100% | Acute |
| Neonatal Intensive and Special Care (NNAP) | yes | yes | 100% | Women's & Children's Health |
| Non-Invasive Ventilation - adults | yes | yes | No national audit took place in 2014 | Acute |
| Oesophago-gastric cancer (NAOGC) | yes | yes | 100% | Cancer |
| Paediatric Intensive Care Audit Network (PICANet) | no | N/A | N/A | Acute |
| Pleural Procedure | yes | yes | 100% | Long term conditions |
| Prescribing Observatory for Mental Health (POMH) | no | N/A | N/A | Mental Health |
| Renal replacement therapy (Renal Registry) | no | N/A | N/A | Long term conditions |
| Pulmonary Hypertension (Pulmonary Hypertension Audit) | no | N/A | N/A | Heart |
| Rheumatoid and Early Inflammatory Arthritis | yes | yes | 100% | Long term conditions |
| Sentinel Stroke National Audit Programme (SSNAP) | yes | yes | 100% | Older people |

Salisbury NHS Foundation Trust participated in a number of audits that are not in the Quality Account mandatory list. This activity is in line with the Trust's annual clinical audit programme which aims to make sure that clinicians are actively engaged in all relevant national audits and confidential enquiries as well as undertaking baseline assessments against all NICE guidelines and quality standards. This enables the Trust to compare our performance against other similar Trusts and to decide on further improvement actions. The annual programme also includes a number of audits agreed as part of the contract with our Clinical Commissioning Groups. The Trust took part in the following additional audits:

- British Association of Dermatologists national audit on Psoriasis
- British Association of Dermatologists national audit on use of Isotretinoin for the treatment of acne
- British Association of Dermatologists national audit on non melanoma skin cancer audit 2014
- Accidental Awareness during Anaesthesia
- National audit of Prostate Cancer
- National Care of the Dying audit Round 4

The reports of 18 (100%) national clinical audits that were published in 2014 were reviewed by Salisbury NHS Foundation Trust in 2014/2015. Of these 16 (89 %) were formally reported to the Clinical Management Board by the clinical lead responsible for implementing the changes in practice and Salisbury NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided set out in the table below.

The table below shows examples of national clinical audit reports reviewed during 2014/2015 and examples of resulting actions being taken by Salisbury NHS Foundation Trust.

| Audit report | Reviewed by whom | Action taken or required to improve |
|---|---|---|
| Vascular Registry – Outcomes after Elective Repair of Infra-renal Abdominal Aortic Aneurysm (AAA) | Clinical Management Board in April 2014 | <p>This national audit looked at the outcomes of planned aneurysm surgery. The dataset was of a high quality. The audit results showed a safe service. This hospital’s open AAA volume is comparable with peers whereas our mortality rate (0%) was much better than our peers. One improvement action was required:</p> <ul style="list-style-type: none"> • To improve patient pathways further by working together with the central vascular hub. |
| Falls and Fragility Fractures Audit Programme: National Hip Fracture Database 2014 | Clinical Management Board in October 2014 | <p>The report showed that there were 287 patients at this hospital with a hip fracture. Readmission rates were low and a high rate of patients (77%) returned home within 30 days. The hospital achieved most of the criteria for the best practice tariff (patients operated on within 36 hours). However, achievement of the best practice tariff dropped from 84% to 78% mainly due to lack of theatre space. Improvement actions included:</p> <ul style="list-style-type: none"> • Reinstating the ‘golden patient’ initiative which ensures these patients take priority on the operating list. • Routine trauma theatre lists at the weekends were introduced. |

| Audit report | Reviewed by whom | Action taken or required to improve |
|-----------------------------|---|---|
| BTS Emergency Use of Oxygen | Clinical Management Board in October 2014 | <p>This report showed our results for the prescription and administration of emergency oxygen were above the national average in key areas and had improved year on year. Further improvement actions included:</p> <ul style="list-style-type: none"> • Education sessions for doctors and nurses on the prescription of oxygen and nurse signature of oxygen administered. |

The Trust expects to formally review all national audits at the Clinical Management Board within two months of publication. This gives clinical teams time to discuss the findings and to develop an action plan which is presented to the Board for approval and support where actions are needed.

Action plans have been developed for all national audits and confidential enquiries published during the year. Monitoring of these actions is through the Trust's quality performance management structure or through designated working groups. Examples are given in the table above.

The reports of 183 (100%) local clinical audits were reviewed by the Trust in 2014/2015 and Salisbury NHS Foundation Trust intends to take or has taken the following actions to improve the quality of healthcare provided.

- Thickened drinks are recommended for some patients with swallowing difficulties, but these should match the consistency required from swallowing assessments. Staff and patient questionnaires showed improvement after training and clearer information about how to thicken drinks.
- An internal electronic referral system was implemented to enable medical and surgical teams to obtain a senior doctor clinical opinion from another speciality instead of using a paper copy. To date over 700 referrals have been successfully completed with patients being seen faster and more efficiently.
- Patients had their temperature taken every 30 minutes during operations (98%) and were warmed with heated air (86%) if their temperature fell below 36 degrees. Delays in patients leaving the recovery room due to a low temperature fell from 4% to 1.6%.

Research

The number of patients receiving relevant health services provided or subcontracted by Salisbury NHS Foundation Trust in 2014/2015 that were recruited during that period to participate in research approved by a research ethics committee were 877 patients into 54 studies*. This compares to 912** patients into 44 studies in 2013/2014.

The level of participation in clinical research demonstrates Salisbury NHS Foundation Trust's commitment to improving the quality of care we offer and to making a contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes. Summary information and contact details of study co-ordinators of all clinical research trials our patients are recruited to are available at <http://public.ukcrn.org.uk/search/>

*End of year recruitment figures will not be finalised until later in the year.

** In the quality account 2013/2014 we reported that 908 patients were recruited into 42 studies. The final number of patients recruited was 912 patients into 44 studies.

Goals agreed with Commissioners

A proportion of Salisbury NHS Foundation Trust's income in 2014/2015 was conditional on achieving quality improvement and innovation goals agreed between Salisbury NHS Foundation Trust and any person or body the Trust entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2014/2015 and for the following 12 month period are set out in the tables below. The planned income through this route for 2014/2015 was £3,667,616 (In 2013/14 it was £3,756,771). The amount the Trust actually received in 2014/2015 was £3,635,520. The Trust has invoiced for non-contracted CQUINs of £35,440.

CQUIN contracts were signed with our commissioners during 2014/2015 as part of their overall contract. The Trust achieved all of the quality improvements as set out in the table below.

CQUIN indicators (Wiltshire, Dorset, Bournemouth Poole, Somerset, Southampton City, Isle of Wight, Portsmouth) 2014 – 2015. West Hampshire had separate local CQUINs

| Goal name | Description of goal and number | Target in 14/15 | Performance in 14/15 |
|---|---|---|---|
| National Goals | | | |
| Friends and Family Test – implementation of staff Test | 1a) All staff groups are asked the Friends and Family test quarterly except for Q3 during the national staff survey | Staff are given the opportunity to answer the Friends and Family test questions once in quarter 1, 2 and 4. | Q1 – 204 responses, 97% recommended the hospital as a place to receive care and treatment. 83% recommended the hospital as a place of work. Q2 – 653 responses, 92% recommended the hospital as a place to receive care and treatment. 81% recommended the hospital as a place of work. Q4 – 314 responses, 92% recommended the hospital as a place to receive care and treatment. 82% recommended the hospital as a place of work. |
| Friends and Family Test – early implementation | 1b) Early implementation of outpatients and day cases | Implementation in all outpatients and day case departments by 1 October 2014 | Outpatient response rate – 11% Day case response rate – 18% |
| Friends and Family Test – increased or maintained response rate | 1c) Increased or maintained response rate in A&E and inpatient services | In quarter 4 a response rate at least 20% for A&E services and at least 30% for inpatient services | Q4 – A&E – 24% response rate Q4 – Inpatients - 47% response rate |
| Friends and Family test: increased response rates in acute inpatient services | 1d) Increased response rate | A response rate of at least 40% of inpatients in the month of March 2015 | March 2015 - 47.9% response rate |

| | | | |
|---|--|---|--|
| NHS Safety Thermometer – improvement goal | 2) Reduction in the prevalence of new hospital acquired grade 2 to 4 pressure ulcers | 10% reduction on the median value of 2.14% to 1.93% median value in the last 5 months of 2014/2015 | 1.5% |
| Dementia – find, assess, investigate and refer | 3a) 1. Number of patients over 75 years admitted as an emergency who have a known diagnosis of dementia or clinical diagnosis of delirium who have been asked the Mental Test Score within 120 hours of admission. 2. Number of above patients who underwent a diagnostic assessment for dementia. 3. Number of above patients who were referred on to specialist services. | 1) 90% 2) 90% 3) 90% | 1) 92% 2) 98% 3) 97% |
| Dementia – clinical leadership | 3b) Named lead clinician for dementia and a training programme for staff | Clinical lead in place. Outcome is based on the planned training programme being delivered | Consultant in Elderly Medicine is the clinical lead. Training programme - completed |
| Dementia – supporting carers of people with dementia | 3c) Ensuring carers feel supported | Monthly audit to find out if carers feel supported, were given advice and information | 17 carers |
| Local Goals | | | |
| Functional movement in hospital for elderly care patients | 4) To reduce the functional decline of elderly patients whilst in hospital through increased mobilisation on two wards | Q1 audit of number of patients appropriate to mobilise and frequency of mobility during the day Q3 sustain numbers of patients with a mobility plan. | Q1 audit was carried out in Q2 Durrington ward – 16 patients mobilised 3.7 times a day during the week and 3.8 times a day at the weekend. Winterslow ward – 17 patients mobilised 2.9 times during the week and 2.4 times a day at the weekend. Q3 audit Durrington ward - 34 patients mobilised 4.8 times a day during the week and 5.7 times a day at the weekend. Winterslow ward - 35 patients mobilised 3.5 times during the week and 2.5 times a day at the weekend. |

| | | | |
|---------------------------------------|--|---|--|
| End of life care | 5) To improve the care of patients and families as end of life approaches by implementing the conversation project | Quarterly audit of implementation of standards associated with the conversation with patients and families. Target 50% by Q3, 65% by Q4 of discussion with primary care. | Discussion with the patient - 85% Discussion with the family - 94% Discussion with Primary care - Q3 - 51%, Q4 - 69% |
| Sepsis Six | 6) To increase the percentage of acute patients admitted through A&E with severe sepsis who received the Sepsis Six bundle within 1 hour. | Monthly audit of 3 measures - proforma use, lactate measured and IV antibiotics. Achieve 65% overall by 31/12/14 and sustain in Q4. | Q3 = 83% overall Q4 = 73% overall |
| Appropriate antibiotic prescribing | 7) To measure whether antibiotics are prescribed and reviewed appropriately. | Annual South West region prevalence audit and a monthly audit of whether antibiotics are prescribed and reviewed appropriately on 2 wards to achieve 80% per quarter. | Annual audit in May 14 - completed - 79% Monthly audit of 2 wards - 28 audits in year. Q1 - 81.3%, Q2 - 96.7%, Q3 - 93.6%, Q4 - 91.9% |
| West Hampshire CCG Local Goals | | | |
| Outpatient follow up reform | Reduce routine face to face follow up and commence patient initiated follow up. | Commence and increase non face to face appointments in Trauma and Orthopaedics and Ear Nose and Throat outpatients | Trauma & Orthopaedics Telephone appointments - 46 patients Patient initiated follow ups - 584 patients were given the choice & 25 patients booked and attended an appointment. ENT Telephone appointments - 10 patients. Patient initiated follow ups - 28 patients were given the choice & 1 patient booked and attended an appointment. |
| System wide delayed transfer of care | To ensure effective joint working of hospital services and community based care in facilitating timely and appropriate transfer from hospital for all adults | Improve the information supplied to the commissioner, internal flow process and hip fracture pathway and report improvements. | NHS delays Q3 - 2 patients, Q4 - 16 patients Social Services delays Q3 - 6 patients, Q4 - 28 patients. Improvement report completed. |

| | | | |
|--|---|---|---------------------------------|
| Reducing ward moves | To minimise clinically unnecessary ward moves for patients within their hospital stay | Sustain ward moves at less than 1% as a 12 month rolling average | 0.89% |
| Time from arrival to initial consultant assessment | To ensure patients admitted via the Acute Medical Assessment Unit and Surgical Assessment Unit are seen by a consultant within a maximum of 14 hours of initial arrival at hospital | a) Acute Medical Assessment Unit – 90% of patients seen within 14 hours by a consultant b) Surgical Assessment Unit – 55% of patients seen by a consultant within 14 hours by the end of Q3 and 60% by the end of Q4 | a) 90% b) Q3 = 67%, Q4 = 79% |

Specialist Commissioning CQUIN indicators 2014 – 2015

The Trust achieved the quality improvements as set out in the table below.

| Goal name | Description of goal and number | Target in 14/15 | Performance in 14/15 |
|---|--|---|---|
| National Goals | | | |
| 3 national CQUINs | Friends and Family Test Safety Thermometer Dementia care | The same as the Wiltshire, Dorset and West Hampshire CQUINs above | The same as the Wiltshire, Dorset and West Hampshire CQUINs above |
| Local goals | | | |
| Quality dashboards | To maintain and further enhance quality dashboards for the following services: <ul style="list-style-type: none"> • Adult Critical Care • Specialised vascular • Specialised orthopaedics • Complex spinal surgery | Quarterly publication of quality dashboards | Data submitted to 2 of the quality dashboards. The specialised orthopaedics & complex spinal surgery dashboard remained in development by NHS England and was not available to enter data. However, the Trust submitted data to the British Spine Register and National Joint Registry from which the dashboards will be populated. |
| Patient held records | To introduce patient held self care plans including contacts to access care in emergencies in breast cancer and haematology patients | 90% of patients to have a patient held self care plan from Q2 to Q4 | Breast cancer patients – 90.8% had a patient held self care plan Haematology patients – 92% had a patient held self care plan |
| Improved access to breast milk in preterm infants | Increase in the percentage of preterm babies born at less than 34 weeks gestation who are receiving some of their own mother's breast milk at final discharge home from the neonatal unit | Increase from 54% baseline in 2013/2014 to 59% for the full year | 68.1% |

| | | | |
|-----------------------------------|---|---|---|
| Reduction of chemotherapy wastage | Implementation of a programme of improvements that deliver measured reductions in chemotherapy drug wastage | Average waste in Q1 was £7,394 per month. Reduce by 10% in Q2 and Q3 and by 20% in Q4. Cost of waste reduction within 15% of target | Q2 & Q3 Wastage reduced by over 10% Q4 Wastage reduced by over 20% |
|-----------------------------------|---|---|---|

Our quality priorities in 2015/2016 reflect the need to continue to work with our partners to improve these aspects of care. The Trust has agreed CQUINs with our commissioners for 2015/2016 as set out in the table below:

CQUIN indicators (Wiltshire, Dorset, Bournemouth Poole, Somerset, Southampton City, Isle of Wight, Portsmouth) 2015 – 2016. West Hampshire has separate local CQUINs

| Goal name | Description of goal and number | Target | Quality Domain |
|------------------------------|--|--|---------------------------|
| National Goals | | | |
| 1. Acute Kidney Injury | The percentage of patients with AKI treated in hospital whose discharge summary includes each of the 4 key items: 1. Stage of AKI 2. Evidence of medicines review having been undertaken 3. Type of blood tests required on discharge for monitoring 4. Frequency of blood test required for discharge for monitoring | To be confirmed following baseline measures in Q1 | Physical health |
| 2. Sepsis | 2a) The total number of patients presenting to A&E and other units that directly admit emergencies who met the criteria of the local protocol and were screened for sepsis. 2b) The number of patients who present to A&E and other wards/units that directly admit emergencies with severe sepsis, Red Flag sepsis or septic shock and who received intravenous antibiotics within 1 hour of presenting. | To be confirmed following baseline measures in Q1 | Physical health |
| 3. Dementia | 3a) 1. The proportion of patients aged 75 years and over to whom case finding is applied following an episode of emergency, unplanned care to hospital. 2. The proportion of those identified as potentially having dementia or delirium who are appropriately assessed. 3. The proportion of those identified, assessed and referred for further diagnostic advice in line with local pathways agreed with commissioners, who have a written care plan on discharge which is shared with the patient's GP. 3b) To ensure that appropriate dementia training is available to staff through a locally determined training programme. 3c) To ensure that carers of people with dementia and delirium feel adequately supported. | 1) 90% 2) 90% 3) 90% in Q4 B) Report on progress c) Survey of carers | Mental health |
| 7. Urgent and Emergency care | To decrease the proportion of avoidable emergency admissions to hospital | To be confirmed following baseline measure in Q1 | Urgent and Emergency care |

| Goal name | Description of goal and number | Target | Quality Domain |
|--|--|---|--------------------------------------|
| 8. Urgent and Emergency care | To improve the recording of diagnosis in A&E | 85% | Urgent and Emergency care |
| Local CQUIN | | | |
| End of life care | To improve the care of patients and families as end of life approaches by implementing the conversation project | Sustain Q4 14/15 measures. 85% patients discussed with the GP. | End of life care |
| West Hampshire local goals (only) | | | |
| Outpatient follow up reform | Continue to reduce routine face to face follow ups and continue patient initiated follow up. | Continue improvement actions | Outpatient follow up reform |
| System wide delayed transfer of care | To ensure effective joint working of hospital services and community based care in facilitating timely and appropriate transfer from hospital for all adults | Continue improvement actions | System wide delayed transfer of care |
| End of life care | To improve the care of patients and families as end of life approaches by implementing the conversation project | Sustain Q4 14/15 measures. 85% patients discussed with the GP. | End of life care |

Specialist Commissioning CQUINs 2015 – 2016

| Goal name | Description of goal and number | Target | Quality Domain |
|---|--|--|----------------|
| 2 year outcomes for infants born at 30 weeks or less gestation | All infants born at 30 weeks or less gestation, discharged home from the hospital who remain alive at 2 years corrected aged who have been assessed and have data entered in the neuromotor, malformations, social, respiratory, cardiovascular system, gastrointestinal, renal, neurology, auditory, vision and communication fields in the Badgernet 2 year follow up fields | To be confirmed following baseline measure | Neonatal care |
| Prevention of hypothermia in preterm babies | To achieve a reduction in the number of preterm babies (34 weeks or less) admitted to the neonatal unit with hypothermia | 95% | Neonatal care |
| Reduce separation of mothers and babies and reduce demand on neonatal services by improving learning from avoidable term admissions (babies over 37 weeks) into the neonatal unit | All babies admitted to the neonatal unit for medical care of babies over 37 weeks will have a joint clinical review by the maternity and neonatal service within one month of the admission. The review should aim to identify the learning points to improve care provision and service design. | 95% | Neonatal care |
| Increase effectiveness of rehabilitation after critical illness by completion of rehabilitation assessment 24 hours after admission | All adult patients have a completed assessment of rehabilitation needs 24 hours after admission to Critical Care. | 95% | Critical care |

Care Quality Commission (CQC) registration

Salisbury NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is without conditions.

The Care Quality Commission has not taken enforcement action against Salisbury NHS Foundation Trust during 2014/2015.

Salisbury NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2014/2015.

Care Quality Commission intelligent monitoring

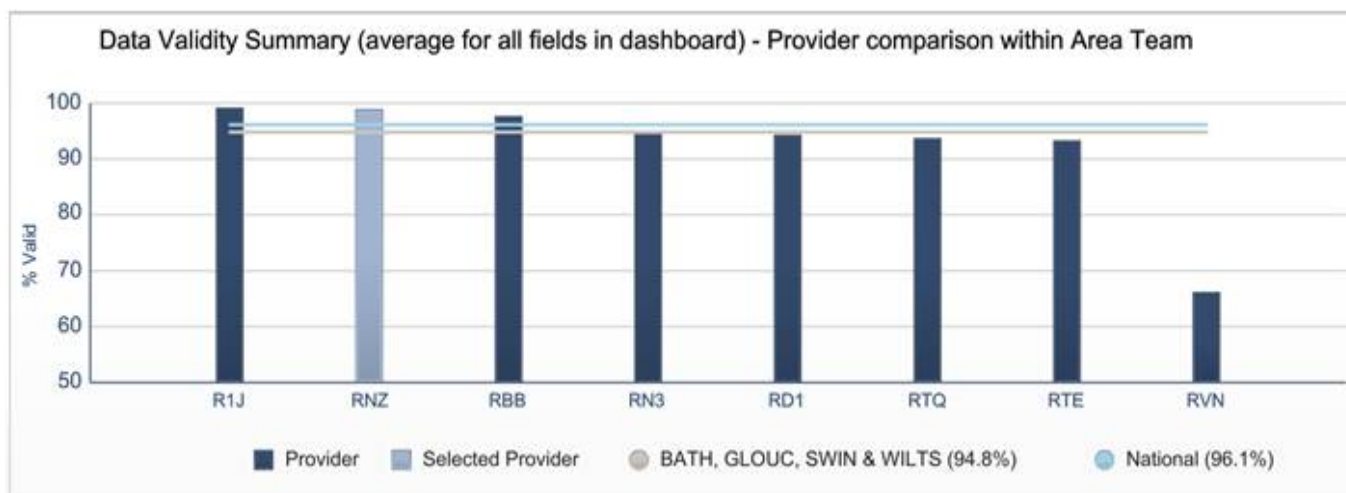
The Care Quality Commission are using a new report based on a wide range of indicators which they use to analyse the quality and performance, patient and staff experience of acute hospitals.

In July 2014 Salisbury NHS Foundation Trust had an overall risk score of 4 and in December 2014 an overall risk score of 1. This puts the Trust in band 6 which is the rating given to hospitals with the lowest risk.

Data quality

Good quality information (data) underpins the effective delivery of patient care and is essential if improvements in the quality of care are to be made. Improving data quality will improve the delivery of patient care and improve value for money.

The table below shows the Trust's national Data Quality Score compared to other local hospitals and nationally from April 2014 to November 2014



RNZ = Salisbury NHS Foundation Trust data quality score is 98.9% validity versus a national average of 96.1%

Salisbury NHS Foundation Trust will continue to take the following actions to improve data quality:

- Continue to increase the number of reports sent to clinicians and managers to help them make decisions on areas in their service which need to improve.
- Continue to integrate IT systems to reduce duplication and risk of errors.

- We will continue to focus on data quality errors and use the themes to improve training and processes.
- We will implement new national best practice data quality guidance to improve patient care.

To ensure our data quality is able to support the assurance of overall care quality the Trust manages a Data Quality Service. The Data Quality Service aims to ensure staff record clinical information accurately on every occasion. The service achieves this by supporting good practice in the process of data collection, this ensures the person coding the episode of care has the right information about the care given and the appropriate training to ensure accurate data capture. The Data Quality Service staff spend time working with doctors and administrative staff to demonstrate best practice as well as correcting errors made. Errors are detected through the use of automatic electronic data quality reports and rectified by the person who recorded the data incorrectly. Data quality reports include volumes and types of errors and are reported to the Data Quality Improvement Group, Directorate performance meetings and the Information Governance Steering Group. The Data Quality Service continually monitors and audits data quality locally and participates in an external audit which enables the Trust to benchmark its performance against other Trusts.

The use of these techniques gives the Trust assurance that the information regarding quality of care given is an accurate representation of performance.

Salisbury NHS Foundation Trust submitted records during 2014/2015 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number and General Medical Practice Code is set out in the table below. These are important because the NHS number is a key identifier for patient records and an accurate record of the General Medical Practice Code is essential to enable the transfer of clinical information about the patient.

| Data item | Salisbury District Hospital *13/14 | National benchmark *13/14 | Salisbury District Hospital 14/15 as at <u>Month 10</u> | National benchmark 14/15 as at <u>Month 10</u> |
|--|------------------------------------|---------------------------|---|--|
| % for admitted patient care with a valid NHS number | 99.7% | 99.1% | 99.7% | 99.2% |
| % for outpatient care with a valid NHS number | 99.8% | 99.3% | 99.8% | 99.3% |
| % for Accident and Emergency care with a valid NHS number | 98.9% | 96.0% | 98.8% | 95.2% |
| % for admitted patient care with a valid General Medical Practice code | 99.1% | 99.9% | 100.0% | 99.9% |

| | | | | |
|--|-------|-------|-------|-------|
| % for outpatient care with a valid General Medical Practice code | 98.9% | 99.9% | 99.9% | 99.9% |
| % for Accident and Emergency care with a valid General Medical Practice code | 99.1% | 99.1% | 99.9% | 99.2% |

*2013/14 month 11 data was reported in the quality account last year and is now reported as at year end

Information Governance Toolkit Attainment levels

Salisbury NHS Foundation Trust's Information Governance Assessment report overall score for 2014/2015 was 85% and was graded as satisfactory (green). The assessment provides an overall measure of the quality of data systems, standards and processes within the organisation. The Trust's score improved from 81% in 2013/2014. The Trust achieved the necessary standard for all areas assessed.

In the toolkit there are 6 standards with 45 separate requirements. Of these, 17 were subject to audit to demonstrate compliance in 2014/2015 and areas for improvement. There will be an ongoing audit programme of the requirements in 2015/2016.

Clinical Coding Error Rate

Clinical coding translates the medical terminology written in a patient's health care record to describe a patient's diagnosis and treatment into a standard, recognised code. The accuracy of this coding is a fundamental indicator of the accuracy of the patient records and underpins payments and financial flows within the NHS. The Trust introduced new coding software in 2012. This has improved consistency of coding and provides an audit tool which enables local improvement actions to be taken.

Salisbury NHS Foundation Trust was subject to an external Information Governance clinical coding audit by an independent company during 2014/2015 and the error rate reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were:

| | Primary diagnosis | Secondary diagnosis | Primary procedure | Secondary procedure |
|------|-------------------|---------------------|-------------------|---------------------|
| 2015 | 99.5% | 98.9% | 96.2% | 98.05% |
| 2014 | 96.5% | 95.4% | 93.8% | 94.6% |
| 2013 | 98% | 97.5% | 98.6% | 97.5% |

The speciality services reviewed within the sample in January 2015 were Gastroenterology, Cardiology, Plastics, Urology and Haematology. The results should not be extrapolated further than the actual sample audited.

The following improvement actions were progressed in 2014/2015:

- We have introduced an electronic discharge summary on most of the wards and ensured they contained information regarding active co-morbidities and other conditions treated whilst an inpatient.

- We continued to improve the coding of co-morbidities of patients. A coder is present at the weekly mortality review meeting and we have successfully used a co-morbidity checklist to record long term conditions accurately and have started to extend its use in the Medical Assessment Unit.
- A re-audit of palliative care coding of patients who had died was undertaken in November 2014. We found in a sample of 137 patient spells there were 14 instances (10%) where the patient should have had a palliative care code assigned to their care. The re-audit showed an improvement on the 2013 audit which showed of 212 patient spells there were 40 instances (20%) where the patient should have had a palliative care code assigned to their care. This was corrected retrospectively and further training provided to the coders.

Salisbury NHS Foundation Trust will be taking the following actions to improve data quality in 2015/2016:

- Continue to improve the quality of filing in health care records.
- Develop an internal audit programme to ensure the quality of coding is maintained throughout the year.
- Ensure that comorbidities are included on all GP discharge summaries and complete the full roll out to all wards.
- Monitor the completion of coding for the 5th working day of the month.

2.3 Reporting against core indicators

Summary Hospital Level Mortality (SHMI)

Salisbury NHS Foundation Trust considers that the SHMI data is as described for the following reasons:

- See explanation under description of the issue and reason for prioritising it in priority one.

Salisbury NHS Foundation Trust has taken the following actions to improve the SHMI of 104 to improve the quality of its services by:

- A senior doctor has continued to lead weekly mortality reviews with clinicians and coders. We did not find any serious failings in care but have found areas where we could improve. For example, applying the use of the Sepsis Six care practices within an hour of diagnosis of severe sepsis.
- Since October 2013 we have extended our specialist palliative care services to seven days a week. This has enabled more people to be cared for at home or in the community.

Salisbury NHS Foundation Trust intends to take the following actions to ensure the SHMI remains as expected by:

- Continuing the implementation of Sepsis Six in the Medical and Surgical Assessment Units
- Continuing with other care bundles.
- Continuing to reduce patient moves.
- Continuing to ensure early senior review of acutely ill patients seven days a week.

| NHS Outcomes Framework Domain | Indicator | 2011/12 | 2012/13 | 2013/14 | 2014/15 | National average | Highest average other Trusts 2014/15 | Lowest average other Trusts 2014/15 |
|--|--|----------------------|--------------------|----------------------|----------------------|------------------|---|--|
| Domain 1: preventing people from dying prematurely | a) SHMI value | 105 | 107 | *103 | 104 to Sept14 | 100 | 112 | 89 |
| Domain 2: Enhancing quality of life for people with long term conditions | a) SHMI banding b) Percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust. | As expected 29.5% | As expected 26% | As expected 28.9% | As expected 31.8% | As expected | Higher than expected | Lower than expected |

* In 2013/2014 SHMI was reported as 108 to September 2013. The full year SHMI was 103 to March 2014.

Patient Reported Outcomes Measures (PROMs)

Salisbury NHS Foundation Trust considers that the Patient Reported Outcomes Measures (PROMs) are as described for the following reasons:

- We introduced PROMs in 2010 for patients who had hip and knee replacement surgery, groin hernia and varicose vein surgery. These measure a patient's health gain after surgery. The information is gathered from the patient who completes a questionnaire before and after surgery. The responses are analysed by an independent company and compared against other Trusts.
- The finalised (18 months in arrears) PROMs in England 2012/2013 national report concluded that based on patients' responses to questionnaires before and after surgery, the proportions reporting improvements in their conditions, and the average health gains reported, were in line with previous years for all procedures. Proportionally, more patients reported improvement on measures focussed specifically on their condition than reported improvement on more general health measures. Overall, Salisbury NHS Foundation Trust compares favourably on all four procedures which were similar to previous years.

Salisbury NHS Foundation Trust has taken the following action to sustain the improvement in the health gain of patients having groin hernia surgery to improve the quality of its services by:

- The senior doctor for groin hernia repair and gall bladder disease has continued to prepare and follow up patients for surgery by a telephone consultation before and after the operation. This saves patients a trip to the hospital. Patients often prefer a telephone call in the privacy of their own home.

| NHS Outcomes Framework Domain | Indicator | 2012/13 | *2013/14 | 2014/15 Provisional | National average 2014/15 | Highest average other Trusts 2014/15 | Lowest average other Trusts 2014/15 |
|---|--|---------|----------|------------------------|---|--------------------------------------|-------------------------------------|
| Domain 3: helping people to recover from episodes of ill health or following injury | Patient reported outcome measures scores for: | | | | Average health gain where full health = 1 | | |
| | i) groin hernia surgery | 0.079 | 0.113 | 0.130** | 0.081 | 0.125 | 0.009 |
| | ii) varicose vein surgery | 0.089 | 0.035 | 0.070** | 0.100 | 0.142 | 0.054 |
| | iii) hip replacement surgery | 0.440 | 0.427 | 0.514** | 0.442 | 0.501 | 0.350 |
| | iv) knee replacement surgery | 0.333 | 0.289 | 0.117** | 0.328 | 0.394 | 0.249 |

*In the quality account 2013/2014 provisional data was presented. The data presented is now the final position.

**Average health gain figures have been used for the Trust for 2014/2015, rather than adjusted average health gain, due to the total number of records being lower than 30 for the time period covered (1 April 2014 to 30 September 2014).

Emergency readmissions within 28 days of discharge

Salisbury NHS Foundation Trust considers that the percentage of emergency re-admissions within 28 days of discharge from hospital is as described for the following reasons:

- Every time a patient is discharged and readmitted to hospital the staff code the episode of care. The Data Quality Service continually monitors and audits data quality locally and we participate in external audits which enables the Trust to compare its performance against other Trusts.

Salisbury NHS Foundation Trust has taken the following actions to reduce readmissions of patients within 28 days of discharge to improve the quality of its services:

- The haematology team have continued to provide a daily email advice service for GPs which has helped reduce re-admissions.
- The acute medicine team continue to provide telephone advice for GPs which has helped reduce re-admissions.

Salisbury NHS Foundation Trust intends to take the following actions to reduce readmissions to improve the quality of its services:

- We will continue to review groups of patients with diagnoses and procedures where readmission rates are higher than expected and take improvement actions.

| NHS Outcomes Framework Domain | Indicator | 2012/13 | 2013/14 | 2014/15 | National average 2014/15 | Highest average other Trusts | Lowest average other Trusts |
|---|---|---------|---------|------------------|--------------------------|------------------------------|-----------------------------|
| Domain 3: helping people to recover from episodes of ill health or following injury | Percentage of patients readmitted within 28 days of discharge from hospital of patients aged: | | | 0 to 15* 4.3% | | | |
| | i) 0 to 14* | 5.11% | 4.69% | 4.1% | 6.3% | Not available | Not Available |
| | ii) 15 or over* | 5.87% | 5.74% | 5.84% | 10.6% | | |

*In MONITORS detailed requirements for quality reports 2014/2015 it has been acknowledged that an error was made in the drafting of the regulations and that the split of patients for this indicator should be (i) 0 to 15 and (ii) 16 or over

Responsiveness to the personal needs of patients

Salisbury NHS Foundation Trust considers that the mean score of responsiveness to inpatient personal needs is as described for the following reasons:

- Each year the Trust participates in the National Inpatient Survey. A random sample of 850 patients are sent a nationally agreed questionnaire and the results are analysed independently by the Patient Survey Co-ordination Centre.

Salisbury NHS Foundation Trust has taken the following actions to improve responsiveness to inpatient personal needs and improved the quality of its services by:

- We have reviewed the skill mix and numbers of nursing staff on each ward every six months and reported these to the Board. The Board has invested £1 million in additional ward nursing staff this year. We continue to publish the actual number of staff on duty against the expected number on our website.

Salisbury NHS Foundation Trust intends to take the following actions to improve responsiveness to inpatient personal needs and improve the quality of its services by:

- Continuing to eliminate mixed sex accommodation.
- Looking in detail at real time feedback about the help patient's need with eating and drinking and improve assistance at mealtimes.
- Reducing delays on the day of discharge.

| NHS Outcomes Framework Domain | Indicator | 2011/12 | 2012/13 | 2013/14 | 2014/15 | National average in 2014/15 | Highest average other Trusts 2014/15 | Lowest average other Trusts 2014/15 |
|---|---|---------|---------|---------|---------|-----------------------------|--------------------------------------|-------------------------------------|
| Domain 4: ensuring that people have a positive experience of care | Responsiveness to the personal needs of its patients (mean score) | 6.9 | 7.1 | 7.2 | 7.0 | 7.2 | 8.8 | 5.6 |

The Staff Friends and Family Test – taken from our local quarterly survey and our national staff survey results

Salisbury NHS Foundation Trust considers that the percentage of staff employed by, or under contract to the Trust during 2014/2015 who would recommend the hospital as a provider of care to their friends and family is as described for the following reason:

- Each year the Trust participates in the National Staff Survey. A random sample of 800 staff are sent a nationally agreed questionnaire and the results are analysed by the Staff Survey Co-ordination Centre.

The table shows how staff responded to the Friends and Family test in the national staff survey 2014. The Trust was in the top 20% of hospitals nationally for this indicator

| NHS Outcomes Framework Domain | Indicator | 2012/13 | 2013/14 | 2014/15 | National average in 2014/15 | Highest average other Trusts | Lowest average other Trusts |
|---|--|---------|---------|---------|-----------------------------|------------------------------|-----------------------------|
| Domain 4: ensuring that people have a positive experience of care | Percentage of staff who would recommend the hospital to friends or family needing care | 76% | 82% | 83% | 68% | 93% | 38% |

- In 2014/2015 we also introduced the staff Friends and Family test and gave every member of staff the opportunity to answer the questions once a year. Staff were asked two questions. Firstly, we asked them whether they would recommend the hospital as a place to work and secondly whether they would recommend the hospital to their friends and family if they needed care or treatment.

The table below shows how staff responded to the two questions in Quarter 1, 2 and 4. Quarter 3 was excluded due to the national staff survey taking place.

| NHS Outcomes Framework Domain | Indicator | 2014/15* | National average in 2014/15 | Highest average other Trusts | Lowest average other Trusts |
|---|--|---|--------------------------------|--------------------------------|--------------------------------|
| Domain 4: ensuring that people have a positive experience of care | Percentage of staff who would recommend the hospital to friends or family needing care | 93.1% (Q1, Q2 & Q4 surveys combined) Q1 = 97.5% Q2 = 92.0% Q4 = 92.1% | 77% (2014-15 Q2 survey) | 98% (2014-15 Q2 survey) | 41% (2014-15 Q2 survey) |

*The staff Friends and Family test was introduced locally from 1 April 2014

Salisbury NHS Foundation Trust plan to take the following actions to improve the percentage of staff who would recommend the hospital as a place to work to improve the quality of its services by:

- Continuing to train our staff in preventing and dealing with violence and aggression and supporting our staff who experience violence and aggression from patients or visitors.

Venous thromboembolism

Salisbury NHS Foundation Trust considers that the percentage of patients admitted to hospital and who were risk assessed for venous thromboembolism (blood clots) is as described for the following reasons:

- Patient level data is collected monthly by the ward pharmacist from the patient's prescription chart. The data is captured electronically and analysed by a senior nurse linked to the Thrombosis Committee.

Salisbury NHS Foundation Trust has taken the following actions to improve the percentage of patients admitted to hospital who were risk assessed for venous thromboembolism to improve the quality of its services:

- Salisbury NHS Foundation Trust is an exemplar site for the prevention and treatment of venous thromboembolism (blood clots) and has continued to achieve 99.1% of patients being assessed for the risk of developing blood clots and 96.6% receiving appropriate preventative treatment. We will continue to monitor our progress and feedback the results to senior doctors and nurses.
- We continued to conduct detailed enquiries of patients who develop blood clots to ensure we learn and improve.
- We introduced a ward based anti-coagulant nurse to provide patient and staff education.

Salisbury NHS Foundation Trust intends to continue with the actions described above to sustain the percentage of patients admitted to hospital who are risk assessed for venous thromboembolism and given preventative treatment.

| NHS Outcomes Framework Domain | Indicator | 2012/13 | 2013/14 | 2014/15 | National average | Highest average other Trusts | Lowest average other Trusts |
|--|--|---------|---------|---------|-----------------------|------------------------------|-----------------------------|
| | | | | | 2014/15 | 2014/15 | 2014/15 |
| Domain 5: treating and caring for people in a safe environment and protecting them from avoidable harm | Percentage of patients who were admitted to hospital and who were risk assessed for Venous Thromboembolism | 98% | 98.7% | 99.1% | 96.2% (2014-15 Q2) | 100% (2014-15 Q2) | 86.4% (2014-15 Q2) |

C.difficile infection

Salisbury NHS Foundation Trust considers that the rate per 100,000 bed days of cases of C.difficile infection are as described for the following reason:

- The Trust complies with Department of Health guidance against which we report positive cases of C. difficile. We submitted our data to the Health Protection Agency and are compared nationally against other Trusts. C. difficile data is subject to external audit for assurance purposes.

Salisbury NHS Foundation Trust has taken the following actions to reduce the rate per 100,000 bed days of cases of C. difficile infection to improve the quality of its services by:

- Maintaining and monitoring good infection control practice including hand hygiene, prompt isolation and sampling of patients with suspected C. difficile, introduced different coloured aprons for each bay, introduced Actichlor Plus and trialled new sporicidal commode wipes.
- Maintaining and monitoring standards of cleanliness and taking actions to improve.
- Designated ward rounds and improved best practice in antibiotic prescribing.
- In depth analysis of patients who develop C difficile in hospital to learn and improve.

Salisbury NHS Foundation Trust intends to take the following actions to reduce the rate per 100,000 bed days of cases of C.difficile infection to improve the quality of its services by:

- Continued vigilance through the above actions
- Ongoing designated wards rounds to support doctors in best practice in antibiotic prescribing.
- Ongoing monthly audits of antibiotic prescribing practice and improvement actions.

| NHS Outcomes Framework Domain | Indicator | 2011/12 | 2012/13 | 2013/14 | 2014/15 | National average 2013/14 | Highest average other Trusts 2013/14 | Lowest average other Trusts 2013/14 |
|--|--|---------|---------|---------|---------|--------------------------|--------------------------------------|-------------------------------------|
| Domain 5: treating and caring for people in a safe environment and protecting them from avoidable harm | The rate per 100,000 bed days of C difficile infection reported within the Trust amongst patients aged 2 or over | 30.0 | 16.9 | 14.2 | 15.3 | 14.7 | 37.1 | 1.2 |

Patient safety incidents

Salisbury NHS Foundation Trust considers that the rate of patient safety incidents reported and the number and percentage of such incidents that resulted in severe harm or death are as described for the following reasons:

- The Trust actively promotes an open and fair culture that encourages the honest and timely reporting of adverse events and near misses to ensure learning and improvement actions are taken.
- The Trust submits weekly patient safety incident data to the National Reporting Learning System. We are ranked against other Trusts in respect of the rate of reporting and category of harm.
- We work in partnership with our commissioners to share learning and improvement actions.
- The Trust complies with the duty of candour.

Salisbury NHS Foundation Trust has taken the following actions to reduce the rate of patient safety incidents and the number and percentage of such incidents that have resulted in severe harm or death to improve the quality of its services by:

- Investigating clinical incidents and serious incidents and sharing the lessons learnt across the Trust and ensuring recommendations are implemented through the Directorate quality performance meetings.
- Continuing to monitor the completion of recommendations of clinical reviews and serious incidents at the Clinical Management Board and Clinical Governance Committee.
- Ensuring more timely identification of themes and trends with the implementation of Datix web.

Salisbury NHS Foundation Trust intends to take the following actions to reduce the rate of patient safety incidents and the number and percentage of such incidents that result in severe harm or death to improve the quality of its services by:

- Data from the National Reporting Learning System (see table below) shows that the Trust has decreased levels of harm compared to the median for acute (non specialist) organisations. The Trust will continue to actively promote reporting, investigation of clinical incidents and serious incidents and share learning across the Trust and with our commissioners to ensure improvement.
- Our staff survey also indicates that the hospital is in the top 20% of Trusts for staff feeling able to report errors, near misses or incidents witnessed and staff feeling secure to raise concerns about unsafe clinical practice.

| NHS Outcomes Framework Domain | Indicator | 2012/13 | 2013/14 | 2014/15 1/4/2014 – 30/9/2014 | Median for acute (not specialist) organisations 2014/15 1/4/2014 – 30/9/2014 |
|--|--|----------------------------------|------------------------------------|--------------------------------------|--|
| Domain 5: treating and caring for people in a safe environment and protecting them from avoidable harm | Rate of patient safety incidents reported. | 7.4 incidents per 100 admissions | *8.04 incidents per 100 admissions | ***28.94 incidents per 1000 bed days | ***35.1 incidents per 1000 bed days |
| | The percentage of such incidents that resulted in severe harm or death | 0.8% | *0.45% | 0.4% | 0.5% |

*In 2013/2014 8.0 incidents per 100 admissions and 0.65% of such incidents results in severe harm or death were reported. Data was only available to 30/9/2013. The full year is now reported.

**The number of incidents per 100 admissions is taken from the National Reporting Learning System (NRLS) report. This shows the latest actual figures reported nationally for the Trust which are always 6 months in arrears.

***The comparative reporting rate was changed on 1/4/2014 from incident per 100 admissions to incidents per 1000 bed day. This does not allow a comparison of the 2012/2013 & 2013/2014 data with the 2014/2015 data.

The Friends and Family Test – Patients

Salisbury NHS Foundation Trust considers the data collected from inpatients and patients who attended the Accident and Emergency department, outpatient departments or had a day case procedure who would recommend the ward or department if they needed similar care or treatment is as described for the following reasons:

- The Trust follows the Friends and Family Test national technical guidance published by NHS England to calculate the response rate and the percentage who would recommend the ward or the Accident and Emergency Department or outpatient department or day case procedure. From 1 October 2014 NHS England withdrew the net promoter score and replaced it with a new score which measures the percentage of patients who were extremely likely or likely to recommend the hospital and the percentage of patients who were extremely unlikely or unlikely not to recommend the hospital. Don't know and neither likely nor unlikely responses are excluded from the score.

Salisbury NHS Foundation Trust has taken the following actions to improve the response rate and the percentage of patients who would recommend the hospital to friends and family needing care and improve the quality of its services by:

- Providing a range of different methods for patients to give their feedback, such as postcards, the Trust website, a Friends and Family Test App for patients with a smartphone.
- Publishing the response rate and percentage who would recommend every month by ward and department with patient comments and the improvements we have made in response to feedback.

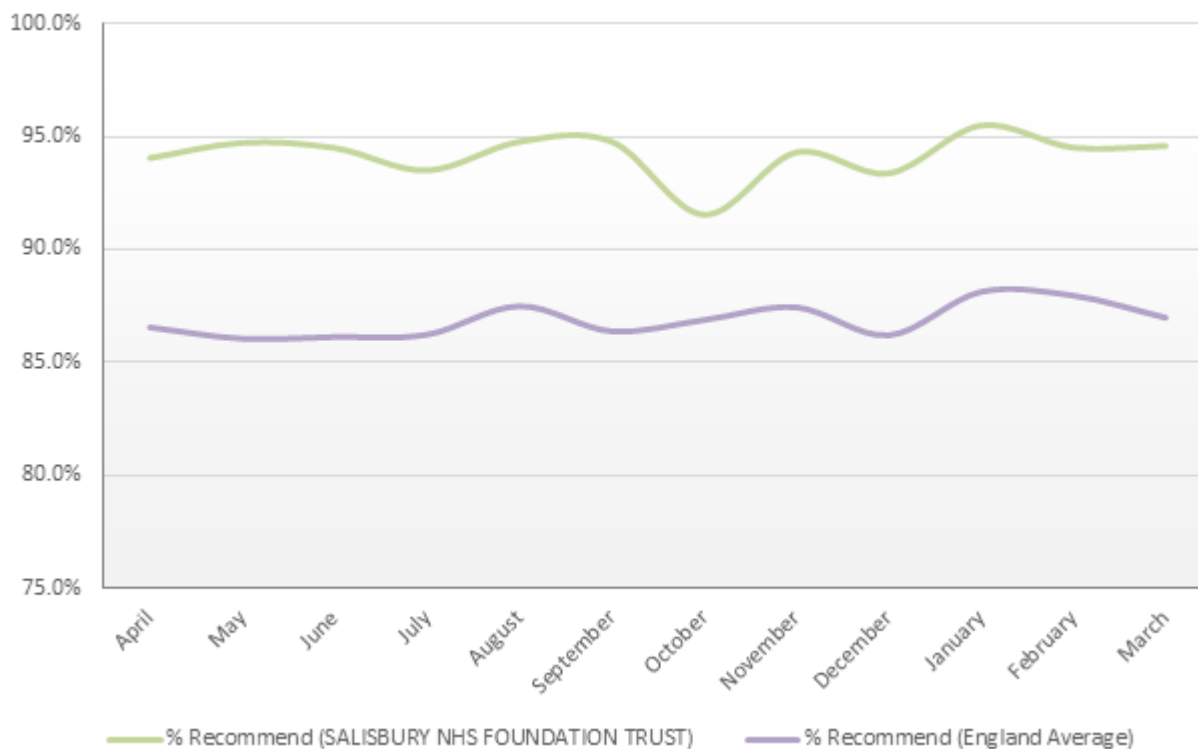
Salisbury NHS Foundation Trust intends to take the following actions to improve the response rate and percentage of patients who would recommend the hospital to friends and family needing care and improve the quality of its services by:

- In 2015/2016 we will introduce the Friends and Family test for children under the age of 16 years.

| NHS Outcomes Framework Domain | Indicator | *2013/14 | 2014/15 | National average 2014/15 | Highest average other Trusts | Lowest average other Trusts |
|---|---|--|--|--|---|--|
| Domain 4: ensuring that people have a positive experience of care | Response rate and net promoter score (graph below) of patients who would recommend the ward or A&E department to friends or family needing care | Response rate: Wards: 44.2% A&E: 14% Trust overall response rate: 24.3% | Response rate: Wards: 45.5% A&E: 20.6% Trust overall response rate: 28.5% | Response rate: Wards: 35.8% A&E: 20.1% Overall response rate: 25.2% | Response rate: Wards: 100% A&E: 80.3% Overall response rate: N/A | Response rate: Wards: 7.1% A&E: 2.5% Overall response rate: N/A |

* The Friends and Family test was introduced on 1 April 2013

The graph below shows the Trust's Friends and Family percentage of patients who would recommend the A&E department compared to the national average from April 2014 to March 2015



Part 3: Other information

Review of Quality Performance

This section gives information relating to the quality of care that Salisbury NHS Foundation Trust provides through a range of selected measures of patient safety, effectiveness and experience. These areas have been chosen to cover the priority areas highlighted for improvement in this Quality Account, as well as areas which our patients have told us are important to them, such as cleanliness and infection prevention and control. Our commissioners measure a number of these areas and our CQUIN contract supports improvement measures.

These indicators are included in a monthly quality indicator report that is reported to the Board and Clinical Governance Committee.

| Patient Safety Indicators | | | | | | | | |
|--|---|---|--------------------------------------|--------------------------------------|--|-------------------------------------|-------------------------------------|---|
| | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | National average | What does this mean? | Source of measure |
| 1. Mortality rate (HSMR) | 95* | 104 | 114 | *109 | 101 to Dec 14 | 100 | Lower than 100 is good | Based on the national definition of HSMR & SHMI. |
| SHMI (new measure 2011/12) | n/a | 105 | 107 | 103 *&* | 104 to Sept 14 | 100 | | |
| 2. MRSA notifications** | 0 (5) | 4 (5) | 3 (3) | 2 (2) | 2 (5) | Not available | 0 is excellent | National definition |
| 3. C. difficile infection per 1,000 bed days | 0.32 | 0.51 Trust and non Trust apportioned | 0.25 Trust and non Trust apportioned | 0.19 Trust and non Trust apportioned | 0.19 Trust and non Trust apportioned | Not available | Lower than national average is good | National definition |
| | | 0.29 Trust apportioned only | 0.16 Trust apportioned only | 0.14 Trust apportioned only | 0.15 Trust apportioned only | | | |
| 4. Global Trigger adverse events rate | 31 | 41 | 32 | 34 *** | 48 to 31/1/15 | 40 | Lower score the better | Definition based on Patient Safety First Campaign |
| 5. 'Never events' that occurred in the Trust**** | 2 (These were associated with surgery & rectified with no long term harm) | 1 (This was associated with surgery with no patient harm) | 2 | 0 | 2 (These were associated with surgery) | 271 never events (1/4/14 – 28/2/15) | 0 is good | Definition from National Patient Safety Agency |

| Patient Safety Indicators | | | | | | | | |
|--|---------|-------------------------------------|---------------------------------------|---------------------------------------|--|------------------|-------------------------|--|
| | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | National average | What does this mean? | Source of measure |
| 6. Patient falls in hospital resulting in a fracture or major harm | 21 | 32 | 32 | 21 | 29 | Not available | Low number is good | Definition from National Patient Safety Agency |
| Clinical Effectiveness indicators | | | | | | | | |
| 7. Patients having surgery within 36 hours of admission with a fractured hip | 74% | 87% | 80% | 81% | 87.1% | 90% | Higher number is good | Based on national definition with data taken from hospital system and national database. |
| 8. % of patients who had a risk assessment for VTE (venous thromboembolism) | 91% | 92% | 98% | 98.7% | 99.1% | 90% | Higher number better | Based on national definition with data taken from hospital system and national database. |
| 9. % patients who had a CT scan within 24 hrs of admission with a stroke | 90% | 92% | 94.6% | 91.6% | 96.9% in 2014/15 measured as a CT scan within 12 hours | Not available | Higher number better | Based on national definition with data taken from hospital system and national database. |
| 10. Compliance with NICE Technology Appraisal Guidance published in year | 80% | 70% | 72% | 68% | 73% | Not measured | Higher number better | Local indicator |
| Patient experience indicators | | | | | | | | |
| 11. Number of patients reported with grade 3 & 4 pressure ulcers | 19 | 12 | 7 | 6 | 4 | Not available | Lower number is better | National definition with data taken from hospital reporting systems |
| 12. % of patients who felt they were treated with dignity and respect | 81% | 79% Yes always 19% Yes sometimes | 83% Yes always 15.5% Yes sometimes | 82% Yes always 15.5% Yes sometimes | 83% Yes always 15% Yes sometimes | Not available | Higher number is better | Data taken from national inpatient survey |

| Patient Safety Indicators | | | | | | | | |
|---|---------|---------|---------|---------|---------|------------------|-------------------------|---|
| | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | National average | What does this mean? | Source of measure |
| 13. Means score of patients stating the quality of care was very good or better | 7.9 # | 7.8 # | 8.1 # | 8.1 # | 8.3 # | Not available | Higher number is better | Data taken from national inpatient survey |
| 14. % of patients in mixed sex accommodation | 11% | 11% | 7% | 3% | 11% | Not available | Lower number is better | Data taken from national inpatient survey |
| 15. % of patients who stated they had enough help from staff to eat their meals | 67% | 63% | 74% | 75% | 68% | Not available | Higher number is better | Data taken from national inpatient survey |
| 16. % of patients who thought the hospital was clean | 66% | 65% | 66% | 69% | 70% | Not available | Higher number is better | Data taken from national inpatient survey |

- In previous annual reports the HSMR was reported as 101 in 2009/10 and 97 in 2010/11. However, in 2011/2012 HSMR was rebased and our figures were rebased to 100 in 2009/2010 and 95 in 2010/2011. In 2013/2014 we reported our HSMR from April 2013 to January 2014 as 107. The final HSMR for 2013/2014 was 109.

* & * In 2013/2014 SHMI was reported as 108 to 30/9/2013. The full year rate was 103.

** In previous annual reports the Trust quoted Trust and non-Trust apportioned MRSA notifications as a total figure. This will have included community hospital and GP patients. The total figure is quoted in brackets in the table.

*** The Global Trigger/adverse events rate in 2013/2014 was published as 34 up to 31 January 2014. The total figure for the full year in 2013/2014 was 34.

**** Never events are adverse events that should never happen to a patient in hospital. An example is an operation that takes place on the wrong part of the body. The never events list increased from 8 to 25 on 1 April 2011.

In the national inpatient survey in 2012 the way patients were asked to answer the question was changed. To enable a year on year comparison the average score has been substituted with a mean score of patients asked the question.

National Targets and Regulatory Requirements

| | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | Target for 2015/16 |
|---|---------|---------|---------|---------|---------|--------------------|
| Maximum time of 18 weeks from point of referral to treatment in aggregate - admitted | 94.9% | 93.5% | 93.4% | 94% | 91.6% | 90% |
| Maximum time of 18 weeks from point of referral to treatment in aggregate - non-admitted | 98.6% | 98.2% | 97.9% | 98.2% | 98.1% | 95% |
| Maximum time of 18 weeks from point of referral to treatment in aggregate - patients on an incomplete pathway | 92.9% | 91.5% | 94.7% | 96.3% | 96.4% | 92% |
| A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge | 97.8% | 97.86% | 96.9% | 96.3% | 95.2% | 95% |
| All cancers: 62 day wait for first treatment from urgent GP referral for suspected cancer | 92.7% | 93.3% | 90.5% | 92.85% | 89.2% | 85% |
| All cancers: 62 day wait for first treatment from NHS cancer screening service referral | 100% | 97.2% | 100% | 100% | 95.2% | 90% |
| All cancers: 31 day wait for second or subsequent treatment - surgery | 98.5% | 98.9% | 98.9% | 97.6% | 99.6% | 94% |
| All cancers: 31 day wait for second or subsequent treatment - anti cancer drug treatments. | 100% | 100% | 100% | 100% | 100% | 98% |
| All cancers: 31 day wait for second or subsequent treatment - radiotherapy | n/a | n/a | n/a | n/a | n/a | 94% |
| All cancers: 31 day wait from diagnosis to first treatment | 98.5% | 97.9% | 97.9% | 98.4% | 98.4% | 96% |

| | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | Target for 2015/16 |
|--|--|---|--|---|---|---------------------|
| Cancer: two week wait from referral to date first seen for all urgent referrals (cancer suspected) | 94.7% | 94% | 94.4% | 94.4% | 94.7% | 93% |
| Cancer: two week wait from referral to date first seen for symptomatic breast patients (cancer not initially suspected) | 96.6% | 97.3% | 97.0% | 94.9% | 95.1% | 93% |
| C. difficile year on year reduction (from 10/11 positive samples taken within 72 hrs of admission are reported as non Trust apporportioned)* | 52 (31 Trust apporportioned, 21 non Trust apporportioned) | 111 (44 Trust apporportioned, 67 non Trust apporportioned) | 39 (25 Trust apporportioned, 14 non Trust apporportioned) | 30 (21 Trust apporportioned, 9 non Trust apporportioned) | 29 (23 Trust apporportioned, 6 non Trust apporportioned) | 19 |
| MRSA – maintaining the annual number of MRSA bloodstream infections at less than half of the 03/04 | 0 (5) | 4 (5) | 3 (3) | 2 (2) | 2 (3) | 0 |
| Certification against compliance with requirements regarding access to health care for people with a learning disability | Compliant | Compliant | Compliant | Compliant | Compliant | Maintain compliance |

* From 2010/2011 the definition changed and this reflects the number of positive Trust in-patient cases split between Trust apporportioned (over 72 hrs after admission) and non-Trust apporportioned (less than 72 hrs of admission).

Statement from NHS Wiltshire Clinical Commissioning Group for Salisbury NHS Foundation Trust Quality Account – X May 15

Statement will not be available until 20 May 2015

Statement from NHS Dorset Clinical Commissioning Group for Salisbury NHS Foundation Trust Quality Account – 6 May 15

Over the past 12 months Salisbury Hospital NHS Foundation Trust (SFT) has continued to focus on improving the clinical outcomes, safety and experience of patients within their services. The work that the Trust has done throughout the year on improving their mortality rates has been effective, achieving an eight point drop in Hospital Standardised Mortality Ratio. The Trust has also made good progress with their other priorities for the year including dementia diagnosis and treatment, harm free care and improving patient experience.

In relation to the priorities identified for 2015/2016 there is an ongoing focus on working with partners to improve the coordination of carers. The CCG recognises and endorses the continued focus on preventing avoidable harm, improving patient experience and access to services seven days per week.

The CCG looks forward to working with SFT over the coming 12 months to maintain and improve high quality healthcare services for the population of Dorset”.

Statement from Wiltshire Council Health Select Committee – 14 May 2015

Wiltshire Council Health Select Committee has been asked to comment on the Trust's quality account 2014/15.

The Committee believes this to be an accurate reflection of the Trust's performance in 2014/15 as regards patient safety, clinical effectiveness and patient experience, the 3 overarching criteria for quality accounts.

We have noted the continued effort to achieve success in relation to particular priorities in 2014/15 these include:

Domain 1, Priority 1: the mortality trend is reducing year on year and is now within the expected range; many measures have been instigated to achieve this, the Sepsis Six campaign has seen real success.

Domain 2, Priority 2: the faster assessment of patients and the provision of dementia champions has improved the rate at which patients are referred when admitted to hospital; the Freedom for Life programme is helping patients to control their diabetes; and people with COPD can attend a pulmonary rehabilitation programme.

Domain 3, Priority 3: access to rehabilitation has been improved; you have expanded the Keep Active campaign; and are working with GPs to manage the 7 most common conditions for admission of children.

Domain 4, Priority 4: the national in-patient survey shows an increase in the quality of care and 96.7% of patients said they were likely to recommend SFT to friends and family.

Domain 5, Priority 5: the Trust have sustained a high percentage of new harm-free care; reduced pressure ulcers; and tackled cleanliness with even better and more rigorous measures being put in place.

During 2014/15 18 clinical audits were reviewed and 16 reported to the Board as a result of which trauma theatre lists at weekends were introduced and the number of patients leaving the recovery room with a low temperature dropped from 4 to 1%.

Just 2 never events were recorded; the number of patients who were in mixed sex wards increased but the number of patients who said they had been helped with meals decreased; cases of C.Difficile halved since 2012/13 and MRSA reduced as well from 3 to 2.

Your priorities for 2015/16 are 1) strive to keep patients safe from avoidable harm; 2) ensure patients have a positive experience of care; 3) actively work with partners and patients to prevent ill health; 4) provide patients with high quality care 7 days a week and 5) provide co-ordinated care across the community. The Trust are putting many measures and programmes in place to see that good outcomes are achieved and have joined the "Sign up to Safety " campaign, the GROW programme, "Shape up at Salisbury" initiative amongst many others and will measure, monitor and report progress to the Board and steering groups.

The committee would like to thank the Board for the transparency and co-operation afforded to them throughout the year.

Statement from Healthwatch – 11 May 2015

Healthwatch Wiltshire (HWW) welcomes the opportunity to comment on Salisbury NHS Foundation Trust's quality account for 2014/15. HWW was established to promote the voice of patients and the wider public with respect to health and social care services. Over the past year we have continued to work with the Trust to ensure that patients and the wider community are appropriately involved in providing feedback and that this feedback is taken seriously by the Trust.

We are pleased to see that the Care Quality Commission have rated the Trust as being in the lowest band for risk in its provision of care services and that it has also been given a green (best) governance risk rating by Monitor. In addition, the Trust has joined the 'sign up to safety' campaign, which aims to halve avoidable harm within the NHS over the next 3 years. This is positive news for patients and shows that the Trust has committed to providing safe and good quality care and effective governance.

Care for older people and in particular for those with dementia continues to be a key area for the Trust. We welcome this commitment and in particular the Trust's focus on creating dementia friendly environments, psychological support for older people, improvements in the number of patients screened for dementia on admission and their work to increase social stimulation for inpatients. This fits well with the new dementia strategy for Wiltshire and it is hoped these actions will significantly improve the experience of older and more vulnerable patients. We look forward to hearing about the outcomes of this work.

Results from the national inpatient survey showed that patients were sometimes delayed on the day of discharge. We know from our own engagement work that this is a major issue for patients across the county. However, we are satisfied that the Trust has carried out work to identify the causes of the delays and that they have put in place actions that aim to improve the experience of discharge for patients and their families. We will continue to monitor the outcomes of the new initiatives.

We note that rates for C. Difficile infections are slightly higher than the national average but note that action has been taken to reduce the rates. We will continue to monitor these rates over the coming year.

The Trust has said it is committed to learning from incidents that resulted in harm and to share learning across the organisation. We particularly welcome this as we are aware that the two never events (by definition, events that should never happen) occurred over the past year within the Trust. We will be looking to see whether learning from these events has occurred and will continue to closely monitor any further occurrences over the coming year.

The results from the national inpatient survey show that 68% of patients said that they had had enough help from staff to eat their meals. We would like to see this figure improve over the coming year. The concern is that many more vulnerable patients (who may not have completed the survey) may be at risk. We do note the investment in more ward nursing staff and hope that this has a positive impact on these figures.

The Trust has introduced a number of different ways for patients to provide feedback. Friend and Family test feedback can be given online, via text and from a phone app as well as by more traditional methods. This may explain the increased response rate for the test. We welcome also the use of patient feedback being in the creation of 'local' ward-based action plans and to make improvements to patient care across the Trust.

We are pleased to see that the Trust is working more with their community partners to improve the health of local people. Much work has been done around smoking cessation, reduction in alcohol intake and obesity. We note that this partnership working around public health/prevention is set as one of the Trust's priorities for the coming year. We welcome this commitment as we recognise that the wider health community has a role to play in the Trust's performance.

We note the new priorities set by the Trust. Healthwatch Wiltshire will engage with patients, carers, and the wider community to support the Trust in meeting these priorities over the coming year.

Statement from the Governors – 14 May 2015

Thank you for inviting the Governors to comment on the quality account. The Governors were impressed with the wide range of quality improvements over the past year. We are particularly pleased to see the reduction in pressure ulcers, the innovative initiatives to encourage rehabilitation, a compassionate approach to end of life care and the continued improvements to the environment. Whilst the number of C Difficile cases was disappointing the action taken by the Board demonstrated a collaborative, open and positive attitude to learning and improving.

Going forward the Governors support the priorities in this year's quality account. The Board's continued focus on the care of older people, vulnerable adults and children is welcome. The Trust Board clearly have patient safety and patient experience at the centre of their priorities with commitment to the 'Sign up to Safety Campaign'. We are pleased to see the Trust will continue to listen to patients and respond to this feedback as well as respond to national drivers that aim to improve the care for patients. We commend the recognition of the caring, compassionate and hard-working staff who strive to provide an outstanding experience for patients.

How to provide feedback

All feedback is welcomed and the Trust listens to these concerns and steps are taken to address individual issues at the time. Comments are also used to improve services and directly influence projects and initiatives being put in place by the Trust.

Statements of Directors Responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, Directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/2015 and supporting guidance.
- The content of the quality report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2014 to May 2015;
 - Papers relating to quality reported to the Board over the period April 2014 to May 2015;
 - Feedback from the commissioners dated **x May 2015**.
 - Feedback from the governors dated 14 May 2015.
 - Feedback from Local Healthwatch organisations dated 11 May 2015
 - Feedback from Overview and Scrutiny Committee dated 14 May 2015.
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2014, September 2014, January 2015.
 - The 2014 national patient survey dated 21 May 2015.
 - The 2014 national staff survey dated 25 February 2015.
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated **X May 2015**.
 - Care Quality Commission intelligent monitoring report dated December 2014.

The quality report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;

- The performance information reported in the quality report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;

- The data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- The quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations (published at www.monitorhst.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the quality report (available at www.monitorhst.gov.uk/annualreportingmanual).

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board



Nick Marsden
Chairman
22 May 2015



Peter Hill
Chief Executive
22 May 2015

SALISBURY NHS FOUNDATION TRUST

PAPER: Report 5

TITLE: **APPROVAL OF INDEPENDENT TRUST FINANCE FACILITY
LOAN (ITFF) OF £6M**

BACKGROUND

The Trust Board has previously agreed an application to the ITFF for a £6m loan, repayable over 10 years to assist with the Trust's 2015-16 capital programme. The Trust has now received notification that the Committee at the Department of Health (DH), established to independently consider these cases, has supported the application and recommended it for approval by the DH. The DH has also confirmed the loan meets its relevant criteria. Final approval of the loan is dependent on the DH receiving all the necessary approved and signed documentation. The loan will be drawn down in 4 instalments during 2015-16, the first of which will take place in June 2015.

REQUIREMENTS

The purpose of this paper is to request the Trust Board approves the documentation, required by the DH, listed below and approves the suggested authorised officers, in each case, to sign on behalf of the Board:

1. Resolution of the Trust Board

A copy of a resolution of the board of directors of the Trust:

(A) approving the terms of, and the transactions contemplated by, the Finance Documents to which it is a party and resolving that it execute the Finance Documents to which it is a party;

(B) authorising a specified person or persons to execute the Finance Documents to which it is a party on its behalf; and

(C) authorising a specified person or persons, on its behalf, to sign and/or despatch all documents and notices (including, if relevant, any Utilisation Request and) to be signed and/or despatched by it under or in connection with the Finance Documents to which it is a party.

It is recommended that Mr Cassells be approved to sign the documentation referred to in (B) and (C) above.

2. Certification of Documentation

A certificate of an authorised signatory of the Trust certifying that each copy document relating to it specified in Schedule 1 and provided to the DH is correct, complete and in full force and effect as at a date no earlier than the date of this Agreement.

It is recommended that Mr Hill certifies all documentation to be submitted to the DH.

3. Direct Debit Mandate

The loan will be repayable in equal instalments commencing on 18 May 2016. The DH requires the Trust to sign a Direct Debit Mandate to facilitate these repayments.

It is recommended that Mr Hill and Mr Cassells sign the mandate on behalf of the Trust Board.

ACTION REQUIRED BY THE BOARD:

The Trust Board is asked to approve a resolution to meet the requirements of the DH and to authorise Mr Cassells and Mr Hill to authorise the necessary documents to complete the ITFF loan application.

Malcolm Cassells
Director of Finance and Procurement
18 May 2015