1 Introduction
This Annual Plan has been produced in accordance with the requirements set down in Monitor’s Compliance Framework and its Annual Plan 2009/10: Advice for Foundation Trusts. The document sets out the key strategic issues facing the Salisbury NHS Foundation Trust, the approaches being taken to address those challenges, sets out the financial implications and some of the associated risks. It goes on to summarise the Trust’s approach to developing its membership and sets out the Trust’s self-assessment on its compliance with the terms of its authorisation.

2 Performance in 2008/9

2.1 Chief Executive’s Summary of the Year
Salisbury NHS Foundation Trust’s (SFT) third year as a Foundation Trust saw continued development and progress with a real focus placed on what matters most to patients - fast access to safe, high quality care, provided in first class modern facilities. Innovation, safety and choice were all essential elements that have driven organisational and service improvement throughout the year against a backdrop of the 60th anniversary of the NHS and the publication of Lord Darzi’s next stage review.

At the end of 2007 the Trust started a major organisational development initiative, under the banner of Striving for Excellence began and this has been one of the key drivers for the organisation in 2008/9. There are 4 key elements to the Striving for Excellence programme:

- **Safety**: We will ensure we do no harm to the people who come to us for care and treatment.
- **Service improvement**: We will develop a culture which is constantly looking to improve the way we deliver services and continually measures how we do.
- **Patient and public involvement**: We will actively involve patients and the community in the way we plan and deliver services.
- **Customer service**: We will treat our patients and visitors the way we, as individuals, would wish to be treated.

These key elements are supported by enabling strategies around staff wellbeing, how the Trust carries out its service planning and education and delivering a financial surplus.

Striving for Excellence has defined the ethos of the Trust and ensures that the systems and processes that the Trust uses are aligned with these core areas, providing a focus for all service planning and one single coherent approach to the business of the Trust. This is important within the context of the current climate of competition and changes in the way services are provided. It has and will help the Trust to continue providing the best possible care and treatment for patients in a safe and caring environment. Ultimately, it will help ensure that existing patients continue to look to Salisbury District Hospital for their care and treatment and attract others who may traditionally have gone elsewhere. It will also
mean that the Trust can support staff wellbeing and give staff the skills, education and training that they need and to help maintain its reputation as a high quality employer.

A commitment to safety is paramount at Salisbury District Hospital and a number of projects were introduced during the year under the safety strand of Striving for Excellence. This includes the use of the 'global trigger tool' which helps further identify adverse events so that the Trust can take action immediately and new assessments for patients who are at risk of developing blood clots (venous thromboembolisms). This piece of work led to the award of Exemplar status for the Trust.

Salisbury’s commitment to safety led it to instigate a project to review all deaths in the hospital during 2008. From April 2008 two consultants (one anaesthetist, one pathologist) have dedicated time to review all deaths determining whether there are any areas of concern, common trends or lessons to be learnt. As a result of this work the Trust is reviewing the steps it can take to reduce the number of hospital acquired pneumonias, given the age profile of its patients.

In August, weekly Executive Director led safety walkrounds were introduced where a Director visits a ward or department and offers staff the opportunity to talk openly about any safety issues in their area. This allows the Executives to build up an accurate picture of how safety is currently perceived across the Trust, identify areas for improvement and agree specific actions with staff which are documented. An example of this is where wards have highlighted particular issues with noise and as a result delivery times to the kitchens have been changed and the design of the hospital tugs are being modified.

SFT maintained its good performance in seeking to minimise the number of healthcare associated infections contracted at the hospital. Once more the Trust had fewer MRSA notifications and instances of Clostridium difficile than in the previous year and fewer than the targets set the Trust by its commissioners. The Trust’s performance is one of the best in the SHA.

In November the Trust had an inspection by the Healthcare Commission under the Hygiene Code as part of a programme of unannounced visits to all NHS organisations. The Commission found good systems in place to manage infections, with a programme in place to monitor effectiveness. Overall compliance with Trust infection control policies, good cleaning standards in most areas and the positive attitude of staff towards infection prevention and control were all highlighted in the report. Although the Trust complied in three of the four main duties, a breach in one of the eight sub duties in Duty Four meant that the Trust did not meet this duty fully. Action has since been taken to comply fully with this sub-duty. In March the Care Quality Commission confirmed that the Trust had been registered without condition for its management of infection control following the submission of the Trust Board approved application in January.

The Trust has been appointed one of ten national clinical dashboard pilot sites. This initiative was a key recommendation of the Next Stage Review placing a focus on providing
information to clinical teams to improve the quality of patient care by giving a timely view of performance against key metrics chosen locally. SFT is now developing those metrics with the national team and local clinicians for urology, ENT and stroke services for the system to be operational in September.

In the latest published report from the Healthcare Commission, the Trust received an Excellent rating for Use of Resources and improved its rating from the previous year from Fair to Good for Quality of Services.

Reducing waiting times continued to be one of the Trust's biggest achievements. By December 2008, all Trusts had to ensure that 90% of admitted patients – those whose treatment takes place as an inpatient or day case – had to have their initial outpatient appointment, any diagnostic procedures and treatment within 18 weeks of a GP referring the patient to hospital. The same applied to 95% of patients who receive their treatment as an outpatient. The Trust met this national target in June 2008 – six months ahead of the national deadline. Commissioners within the South West SHA are now seeking to reduce referral to waiting times still further, down to 13 weeks.

Waiting times for diagnostic procedures have fallen significantly with the majority of procedures performed within 4 weeks of the request for the test having been made. In January 2009 SFT became the Lead Centre for Wiltshire for the National Bowel Cancer Screening Programme which covers people from the Bath, Swindon and Salisbury areas.

As with previous years, and in common with most of the NHS, the Trust had a very challenging winter period. The pressures were felt hardest in the period after Christmas until the middle of February. Whilst the number of admissions did rise, the most significant factor was the increased dependency of patients which led to increased lengths of stay and a consistent period of intense bed pressures. As a result the Trust’s performance in relation to the 4 hour ED target suffered in the last quarter of the year. Notwithstanding this, the Trust achieved the 4 hour target in the other three quarters and overall for the year.

During the year the Trust invested significantly in its on-site facilities, with patients who use the pharmacy and spinal unit benefiting from refurbishment and improved environment. Sexual health services moved from outdated buildings to new modern facilities. This year also saw significant investment in radiology services with the replacement of the Trust’s eight year old CT scanner with a new £600,000 state of the art model. This followed the replacement of the MRI scanner, x-ray and ultrasound machines last year as part of an overall £6million investment in the latest digital equipment.

The Trust has a strong tradition of creativity, high quality research and innovation. The work carried out by clinical scientists at Odstock Medical Ltd - the new company set up by the Trust to market worldwide its Odstock Dropped Foot Stimulator – continues to make progress and a significant difference to patients’ lives. This innovation was recognised again when the team was chosen to lead a national trial on assistive technologies that will help improve hand and arm rehabilitation following a stroke. Innovative research carried out by
staff in the Wessex Regional Genetics Laboratory attracted further grants, with the team receiving national recognition for their research on genetic links to blood cancers. This year palliative care staff were runners up in the National Technology Awards for a DVD they developed called *Last Offices Care and Respect of the Dying*. Two members of staff won the South West Innovator of the Quarter Award. There were also advances in information technology and specialists worked closely with clinical teams to develop a new electronic system for patient handover at night. This system improves patient safety by making handovers between clinical teams more effective and has attracted attention from hospitals across the country.

Salisbury NHS Foundation Trust has maintained its commitment to seeking and acting upon patient feedback. A new patient feedback system, supplied by the Picker Institute, was introduced - volunteers tour the wards gathering patient’s views on handheld devices. In the last inpatient survey published at the end of the financial year over 92% of patients rated their overall care as good or better, with privacy, patient information and satisfaction with medical staff, key positive themes in the survey. In the Accident and Emergency survey, carried out by the Healthcare Commission, good quality care, communication, respect, privacy and dignity were all rated highly, as was the safe and non threatening environment in which people were treated.

Over the year, the Trust has undertaken a number of service improvement initiatives which have included sizeable patient and public involvement. This approach has assisted departments such as Radiology and Pembroke (chemotherapy) to review the way that their services are provided to reflect the experiences of patients, their family and carers as well as reflecting staff views. To develop the design for the new paediatric facility, the views of children were sought from internet questionnaires, visits to schools and the involvement of key children’s groups.

The Trust was included in the top 100 healthcare organisations to work for in the UK. This survey was undertaken by Health Service Journal and Nursing Times, in association with NHS Employers, and measured organisations on a range of indicators which affect employee engagement. Based on a survey completed by 850 members of staff the report stated that SFT “inspires affection and loyalty from its employees and has a high level of job satisfaction…and the feeling of ownership of the Trust.” This was further endorsed by the national staff survey where the Trust had one of the best response rates in the country and with the results having placed the SFT in the top 20% of Trusts in the country for the majority of indicators. This is an excellent foundation for taking the organisation forward.

### 2.2 Performance 2008/9

Overall Salisbury NHS Foundation Trust had another strong year in terms of delivering key targets in line with NHS Operating Framework and commissioner contracts. Despite periods of intense challenge, the Trust has sought to achieve and ensure it delivers on key access and quality targets. The area of biggest concern remained, as it has been since
authorisation, delivery of the call to needle target for patients requiring thrombolysis. Further detail on this target is included in 5.1.2 as it continues to be a risk for 2009/10.

**Table 1: Review of Achievement of 2008/9 Targets**

<table>
<thead>
<tr>
<th>Key Targets 2008/9</th>
<th>Target</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Emergency Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain maximum 4 hour wait from arrival to admission</td>
<td>98%</td>
<td>98.3%</td>
</tr>
<tr>
<td><strong>2. Reducing Waiting Times</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure no patient waits more than 26 weeks for elective surgery</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ensure no patient waits more than 13 weeks for first outpatient appointment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All patients who have elective surgery cancelled on the day of surgery to be re-admitted within 28 days</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Maximum time of 18 weeks from point of referral to treatment for patients requiring admission</td>
<td>90%</td>
<td>90.7%*</td>
</tr>
<tr>
<td>Maximum time of 18 weeks from point of referral to treatment for non-admitted patients</td>
<td>95%</td>
<td>97%*</td>
</tr>
<tr>
<td><strong>3. Cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum 2 week wait from urgent GP referral to OP appointment for patients with suspected cancer.</td>
<td>98%</td>
<td>99.5%</td>
</tr>
<tr>
<td>Maintain a maximum one month wait from decision to treat to first definitive treatment</td>
<td>98%</td>
<td>99.3%</td>
</tr>
<tr>
<td>Maintain a maximum two month wait from urgent GP referral to treatment</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td><strong>4. Coronary Heart Disease</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum 2 wait week from GP referral to rapid access chest pain clinics</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>People suffering heart attack to receive thrombolysis within 60 minutes of call (where this is the preferred local treatment for heart attack)</td>
<td>68%</td>
<td>46%</td>
</tr>
<tr>
<td><strong>5. HAI</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRSA Bacteraemia notifications</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Clostridium difficile – notifications</td>
<td>338</td>
<td>66</td>
</tr>
</tbody>
</table>

* March 2009 actual figure – the Trust has at least achieved the 90% and 95% for every month since June 2008.

**2.3 Summary of Financial Performance**

A net surplus of £2.7m was achieved compared with plan of £1.8m, reflecting activity above expected levels as shown below.
Table 2: Financial Performance in 2008/9 – Plan against Actual

<table>
<thead>
<tr>
<th></th>
<th>£ Million</th>
<th>2008/9 Plan</th>
<th>2008/9 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Income</td>
<td>144.80</td>
<td>148.6</td>
<td></td>
</tr>
<tr>
<td>Non-clinical income</td>
<td>15.8</td>
<td>22.6</td>
<td></td>
</tr>
<tr>
<td>Total Income</td>
<td>160.6</td>
<td>171.2</td>
<td></td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay Costs</td>
<td>102.3</td>
<td>108.8</td>
<td></td>
</tr>
<tr>
<td>Non-pay Costs</td>
<td>47.1</td>
<td>50.5</td>
<td></td>
</tr>
<tr>
<td>EBITDA</td>
<td>11.2</td>
<td>11.9</td>
<td></td>
</tr>
<tr>
<td>Exceptional Items</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Net surplus/(deficit)</td>
<td>1.8</td>
<td>2.7</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Activity Performance in 2008/9 – Plan against Actual

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective: Inpatients</td>
<td>7,251</td>
<td>7,358</td>
<td>7,125</td>
<td>+233</td>
</tr>
<tr>
<td>Elective: Daycases</td>
<td>21,175</td>
<td>24,664</td>
<td>20,866</td>
<td>+3,798</td>
</tr>
<tr>
<td>Non-elective: short stays</td>
<td>3,856</td>
<td>4,202</td>
<td>3,930</td>
<td>+272</td>
</tr>
<tr>
<td>Non-elective: longer stays</td>
<td>18,981</td>
<td>19,994</td>
<td>18,585</td>
<td>+1,409</td>
</tr>
<tr>
<td>Outpatient: Initial</td>
<td>76,188</td>
<td>80,374</td>
<td>75,891</td>
<td>+4,483</td>
</tr>
<tr>
<td>Outpatient: Follow-up</td>
<td>129,046</td>
<td>132,685</td>
<td>127,793</td>
<td>+4,892</td>
</tr>
</tbody>
</table>

2.4 Other Major Events

In March 2008 the incumbent Chief Executive, who had seen SFT to Foundation status, moved to Gloucester Hospitals FT. A new Chief Executive was appointed in May and took up post in August. In the interim, the Director of Operations acted up into the CE role. From 1 September the Director of Operations took on an interim role as Chief Executive at the Royal National Hospital for Rheumatic Diseases. This role continued for the remainder of the financial year and he is now back full time in SFT.

Three new Non-Executive Directors were appointed during 2008:

Lydia Brown - Lydia is a qualified vet and former President of the Royal College of Veterinary Surgeons. She has considerable business experience and is now a Managing Director within a Norwegian aquaculture business.

Stephen Long - Stephen is a retired Deputy Chief Constable of Wiltshire. He was a diversity champion within the constabulary and a national lead for Science and Technology.

John Stokoe - Major General John Stokoe CB CBE was a senior army officer who commanded 100,000 soldiers worldwide. He has considerable board level experience and is currently Director of Defence and Security with the BT Group
3 Future Business Plans

3.1 Overall Vision
 Salisbury NHS Foundation Trust is currently developing a new document (An Organisational Blueprint – A Vision For The Next Decade) setting out its strategic vision for the next 10 years. The elements of that document which are reflected in this Annual Plan will be consulted on in May and June and, whilst not definitive, provide a clear indication of the Trust’s current thinking.

The development of the Organisational Blueprint was formally initiated by the Board in early November, following on from previous work undertaken with McKinsey’s to support the Striving for Excellence initiative. A project team reviewed key commissioning documents (Improving Health: Ambitions for the South West, NHS Wiltshire Strategic Framework and Wiltshire Joint Strategic Needs Assessment), the work undertaken with McKinsey’s to develop some core principles. These principles were tested on a wide range of key staff who contributed to establishing the essential elements of the Trust’s core vision statement and to consider a number of key questions for the development of the organisation. The outputs from this session and the previous work were brought together to be reviewed by the Board, Clinical Directors and other senior managers. A further draft will follow and that will then form the basis of a document which will be consulted on. In the first instance the consultation will focus on staff, governors and members, to be followed by a more extensive external consultation process.

3.2 SFT Vision Statement

Our vision is consistent with how the organisation views itself and sets a standard for how SFT is looking to develop and improve over the next 10 years. In 2020 Salisbury NHS Foundation Trust will reflect the following vision statement:

We will be a first choice provider delivering the best in innovative healthcare delivered by our highly motivated and educated staff. As a successful, agile and patient focussed organisation we will have an earned reputation for the high standards of care we provide. We will achieve this through:

- Providing high quality acute services to our local population, enhanced by our highly successful specialist services
- An absolute focus on quality of care
- Development of new and innovative services
- Delivery of services in the most appropriate setting
- The development and motivation of its workforce
- Making a significant contribution to the local community.
To achieve the vision which the Trust has set itself, it appreciates the need to be different to how we are today, both in terms of how we provide our services, but also in terms of the range of services provided.

- **We will have a better understanding of what our patients need:** Salisbury NHS Foundation Trust has a good track record of using patient feedback and involving people to influence how services are developed. But we know that we can do more and need to offer patients better and more opportunities to express their views on the services we provide in order to ensure we can provide the personalised care described in *High Quality Care for All*.

- **And respond to those needs**

  We need to take heed of the views that are expressed on the quality of our services or about the manner in which our services are delivered, and ensure that we respond and develop our services in accordance with the feedback we receive.

- **To deliver our services in better and new ways**

  Within a rapidly changing context for the NHS as a whole and for SFT in particular, the organisation will need to change the way it provides its services so that they best meet the needs of our customers. In the past SFT has undertaken some major service improvement initiatives with great success. The challenge now and in the future will be that these can no longer be seen as initiatives, but instead continuous service improvement needs to be seen as an accepted part of everyone’s daily work.

- **In a culture which is fit for purpose**

  Given the challenging times envisaged, the very nature of SFT will have to change. As an organisation we need to be alert to the changes which are required of us and vigorous in our response to the challenges posed. The bedrock of that culture will be a commitment to providing high quality care to patients in a safe and caring environment.

- **Delivering services which are efficient**

  As custodians of public resources, we will ensure that we manage our resources effectively. This will involve improving the management of our capacity including reducing length of stay. At the same time as growing the Trust’s business where we can, we will take difficult investment and disinvestment decisions on a service line basis. This will reflect the wider work being undertaken in relation to an investment strategy.

Once the final approval of the Trust strategy has been given by the Board, the Trust will launch a series of more detailed department level events to determine what the long term vision means for each department or service. This will be formulated into a three year development plan and will form the governance structure against which departments will be performance managed.
3.3 Strategic Overview
The strategic picture facing Salisbury NHS Foundation Trust in 2009/10 is more challenging than it has been for many years and there is no expectation, given the current economic situation that the picture will improve in the medium term.

3.4 National & Local Challenges
As at the middle of May, SFT had only just reached broad agreement with its host PCT and reflecting the unprecedented difficulty of agreeing contracts in the current time. This highlights the many challenges currently faced, both locally and on a national scale:

Financial Settlements
The financial picture for SFT, after a number of years of sustained investment, is extremely challenging. All the Trust’s main commissioners face considerable financial pressures and are not looking to fund significant increases in activity. At the same time that the national tariff has been deflated by 3.5%, there are a number of cost pressures arising from national commitments which are stretching the Trust’s ability to balance the expenditure which will be incurred:

Table 4: Financial Movements – Key Changes 2008/9 Compared to 2009/10

<table>
<thead>
<tr>
<th></th>
<th>+£M</th>
<th>-£M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus generated by 08/09 activity</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>Reduction in value of tariff</td>
<td></td>
<td>-3.5</td>
</tr>
<tr>
<td>CNST Excess</td>
<td></td>
<td>-1.0</td>
</tr>
<tr>
<td>EUWTD Excess</td>
<td></td>
<td>-0.8</td>
</tr>
<tr>
<td>Maternity Matters</td>
<td></td>
<td>-0.3</td>
</tr>
<tr>
<td>Internal Cost Pressures</td>
<td></td>
<td>-1.4</td>
</tr>
<tr>
<td>Developments</td>
<td></td>
<td>-0.5</td>
</tr>
<tr>
<td>2008/09 savings not met</td>
<td></td>
<td>-0.5</td>
</tr>
<tr>
<td>Tariff Gain</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Reduction in orthopaedic contract (New Hall)</td>
<td></td>
<td>-3.0</td>
</tr>
<tr>
<td>Maternity income</td>
<td></td>
<td>-0.86</td>
</tr>
<tr>
<td>2009/10 Savings Target</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td>Surplus Projected 2009/10</td>
<td>1.84</td>
<td></td>
</tr>
</tbody>
</table>

It is evident that in the medium term the financial picture is no better and that this is the first of a number of years where additional income for developments will not be made available to the Trust as the effects of the economic downturn impact on the government expenditure overall, and health spending specifically. SFT is planning on the basis that over the medium term it can expect reducing income and will be undertaking a wholesale review of its processes to ensure that it can provide services as effectively as possible to match its expenditure to expected income.
Impact on Capital Developments
The challenging financial environment will impact on the Trust's ability to achieve the level of surplus to fund the capital developments it has planned for within its Estates Strategy. This will not affect key capital schemes in 2009/10, allowing the much-needed redevelopment of facilities for cardiac patients, children's services and the Emergency Department to take place, but other schemes are being reviewed to ensure that the Trust is funding what it can afford, both financially and strategically. In order to assist with cash flow in 2009/10 a low interest medium term loan is being sought from the Foundation Trust Financing Facility.

Commissioner Expectations
Commissioners are becoming more challenging in their requirements of acute hospitals. Local commissioners are increasingly tailoring the nationally agreed standard contract to include more extensive quality standards, greater volumes of monitoring information and the introduction of fining for non-delivery. Commissioners are increasingly tendering services as a means of driving up efficiencies and instilling service improvements. SFT is seeking to balance its full acceptance of the need to continue to drive up quality at a time of financial difficulty with ensuring it can continue to develop and invest in its services to allow sustained improvement.

SFT has signed up with Wiltshire PCT to deliver CQUIN targets linked to reducing length of stay. This is an area where joint work with the PCT and social care providers is paramount and an area which is vital to the Trust (see 3.4.1 below).

Increasing Patient Expectations
The expectations of the patients we serve are rightly increasing and as the Darzi review highlights patients will want increasingly personalised care tailored to their particular needs, rather than a one size fits all approach. In patients eyes there is an increasingly small distinction between the service they receive from public bodies and those that they receive from the private sector.

Increasing Competition
Patients with higher expectations, and with access to more information, will increasingly exercise their right to choose and will be prepared to travel to the hospital, or individual clinician, which offers the best outcomes. The private health sector is increasingly a factor in the local health economy and SFT will face increasing competition from that source at a time when the challenging economic picture will see a reduction in self-pay private work.

A new Independent Sector Treatment Centre (ISTC) is opening in Devizes and the expectation is that this will result in a level of work being diverted away from SFT although we have and will continue to discuss potential linkages to this organisation.

Increasing Regulation
The relatively recent creation of the Care Quality Commission (CQC) brings together the work of the Healthcare Commission, the Commission for Social Care Inspection and the
Mental Act Commission. The CQC will be replacing the existing Standards for Better Health with a ‘registration’ system from April 2010. As a result Trusts will be required to register across a range of issues towards the end of the financial year. There could be in excess of 30 activities for which registration is required – for each one the Trust will need to review its compliance against criteria to determine its eligibility and register accordingly.

3.5 Meeting the Challenges

Whilst the challenges outlined in section 3.4 are not inconsiderable, so too is the appetite and the ability within the Trust to face up to those challenges and as a consequence ensure that SFT emerges from this difficult period as a stronger organisation.

3.5.1 Financial Challenge

From a strategic perspective, the first priority for the organisation has to be to address the financial position outlined. But this will only be undertaken whilst ensuring that the quality of care provided and patient safety issues are not compromised. There are a number of areas of focused work, many of which are already underway:

**Directorate Savings Plans**

All the directorates have produced plans which are to deliver cost savings of 3.5%. These are expected to be genuinely cost-releasing. In the past directorates have relied on additional income arising from overperformance – the planning assumption is that these will not generally be available and therefore directorates have not been allowed to rely solely on these.

As part of a programme to reduce the organisation’s expenditure recurrently over the longer terms, the Trust will be looking at areas where it is able to use technology to automate certain tasks. Examples will include the use of digital dictation and the outsourcing of the printing and postage of letters.

**Trust Wide Initiative – Reducing Length of Stay**

A major initiative (Right treatment, right time, right place) has been launched to reduce the Trust’s length of stay by 10% over the coming year amongst other objectives. There will be two elements to the programme – unscheduled and scheduled care. For unscheduled care patients the focus will be on developing an integrated seamless care pathway which results in patients being admitted to the right setting, and being cared for by staff with the right skills to deliver the optimum length of stay. The aim will be to achieve bed occupancy of 90% with minimal medical outliers and a reduction in average length of stay of 10%. This will require close and effective work with commissioners and other agencies to ensure that the provision of services in the community is able to contribute.

For scheduled care the focus will be on a constant level of planned work which will be less affected by the interaction with unscheduled care thereby reducing the number of cancelled operations. There will be a focus on reducing length of stay in orthopaedics where it is clear that the Trust exceeds national benchmarks and the widespread adoption of the
enhanced recovery programme which has significantly reduced length of stay for patients having major colo-rectal surgery.

There is a clear quality improvement element to the initiatives proposed under the right treatment, right time, right place programme – patients’ care will genuinely improve as a result of improved pathways such that patients move through the hospital in a planned manner and in a way that is appropriate for their needs. This is reinforced by the fact that the length of stay target is incorporated in the Trust’s quality priorities for 2009/10.

The efficiencies that the programme will realise will enable the Trust to reduce capacity and therefore make savings on ward costs. The expectation is that staff will be redeployed in order to reduce the requirement for bank or agency staff. The Programme Board which will oversee the whole project will be chaired by the Chief Executive with substantial clinical engagement, involvement and leadership.

**Trust Wide Initiative – Reducing Staff Absence**
The Trust did not achieve its staff absence target in 2008/9 and this was a major cause of additional expenditure in terms of bank and agency staff. There will be a trust-wide focus on reducing absence, the directorates will be putting great emphasis on managing absence more closely. The Trust will be undertaking a more extensive flu vaccination programme in 2009 than it did in 2008 when take-up, especially by clinical staff, was disappointing.

**3.5.2 Increasing Regulation**
It is still unclear exactly what form the registration process will take that the CQC will instigate over the next 9 months. SFT has already engaged in the process attending briefing sessions and sharing some of the early messages with the Board and around the organisation. Some assurance can be taken from the fact that SFT again assessed itself compliant with all 24 core elements of Standards for Better Health and that a number of those standards received positive audits from external auditors. This suggests, but there is no place for complacency, that SFT is well placed to be able to respond to the registration process when it is introduced later in the year.

**3.5.3 Responding to Our Customers**
SFT has to provide a service which matches the very best of all sectors in terms of customer care, facilities and personalised service, or it will not be able to compete or maintain the reputation it has worked hard to develop. As such improving the patient experience is a major plank of the work programme for 2009/10 (see 3.6 below). And the Trust is well-placed to deliver on this – it has a long record of good patient engagement and involvement in developing services and has recently restructured to make the links between patient involvement and service improvement still stronger.

To the same end, and to respond to the new complaints process, the Trust established a Customer Care Team in April 2009 combining complaints and PALs together.
A further focus will be to improve engagement with primary care, notably in the way the organisation communicates with GP’s. An area of frequent concern is discharge summaries and letters. The Trust is to pilot electronic discharge summaries for patients who have been admitted following a stroke and will learn from this pilot and look to have all discharge summaries sent electronically by the end of the financial year.

3.6 Key Priorities for 2009/10
To help the organisation focus on the key issues this year, the following list has been developed to set out the headline priorities that the whole organisation will need to work on together to ensure that continually improving quality through safety, patient experience and effectiveness becomes the organising principle for the Trust. The priorities have developed from the work begun under the *Striving for Excellence* initiative. They were formulated within the executive team with Board and clinical directors’ input, and were officially launched by the Chief Executive to senior clinicians and managers.

**Patient Safety – consistent focus on improving quality and patient safety and specifically**
- Be amongst the lowest Mortality Rates in the country
- Reductions in harm to patients from treatment including the deteriorating patient
- 80% of patients have surgery within 24 hours of admission with a fractured neck of femur
- 100% compliance with the theatre stop moment
- Target zero MRSA and *Clostridium difficile* infection rates

**Patient Experience – continually deliver an excellent patient experience**
- Full compliance with single sex accommodation guidance by 30 June 2009
- Month on month improvements in patient feedback survey results
- Patient reported overall quality rating at least good for over 95% of respondents
- Each clinical group to undertake at least one integrated service improvement initiative with patient involvement

**Effectiveness of care – improving the reliability with which we achieve the best clinical outcomes**
- Clinical teams to improve the effectiveness of their care using dashboards to monitor progress
- Sustain 18 weeks targets and by October 2009 achieve 13 week referral to treatment target for all specialties
- Maintain 98% achievement of 4 hour ED target and achieve 75% against 2 hour target
- Full implementation of the “Productive Ward” – releasing time to care
Patient Safety, Experience and Effectiveness of care – integrated challenges

- As part of the Right treatment, right time, right place initiative, improve scheduled and unscheduled care pathways to reduce length of stay across the hospital by 10%.
- Using Service Line Reporting and Service Line Management to help deliver savings targets to ensure the organisation achieves the financial targets that underpin our patient care.
- Ensure all rotas are European Working Time Directive compliant by 31 July 2009 and that all specialties work together to support Hospital at Night as a key element of this.
- Working with GPs and the PCT develop 3 new clinical pathways linking secondary and primary care together.
- Finalising the long term vision for the organisation with each directorate developing strategies and plans to deliver this vision.
- Progressing major building schemes including the new cardiac, paediatrics and ED developments.
- Promoting and supporting proven leaders in specialist services and innovations in core activities.
- Continue to develop the staff well-being work and appraisal process to ensure staff are able to provide the best service possible to our patients.

3.6.1 Key Actions for 2009/10

Utilisation of FT Freedoms
SFT will ensure that the contracts it signs with commissioners provide a balanced outcome and do not prejudice the Trust’s best interests. For example SFT will not sign any contracts which deviate from the overarching principles of the standard form contract or payment by results. SFT will look to use its FT freedoms, where it is able, to ensure that it can manage its resources on the most favourable terms.

Innovation & Development of Commercial Opportunities
Odstock Medical Ltd continues to trade well and the Trust will harness the benefits of this technology via the trading company. The Salisbury Laundry has been successful in winning a number of contracts during 08/09 and the expectation is that this success will be maintained in the light of good feedback from existing customers and the level of dissatisfaction with competitors in this market.

Research & Development Proposals
The Wessex Genetics Laboratory will continue to progress its existing research programmes which attract substantial funding. Initiatives include:
- Preparation for next generation sequencing
- Preparation for introduction of non invasive prenatal diagnosis (NIPD) when a possible 30,000 patients per annum are tested instead of the 1,200 targeted patients currently tested.
Proposals to be submitted to the new cancer networks for introduction of new patient services (e.g. Her-2-Neu testing in breast cancer)

Impact of Local Implementation of Health Policies
The Trust is working closely with the recently opened Walk In Centre which has been established by the PCT and local GP co-operative. We will be developing shared care pathways as part of its Unscheduled Care pathway. Preliminary discussions are also underway with another primary care venture to determine whether the dermatology referrals can be managed more collaboratively.

In the light of Lord Darzi’s recommendation of delivering high quality care closer to home, the Trust is to work more closely with GP’s on the periphery of its catchment area to see which services can and should be delivered more locally, one proposal being peripheral chemotherapy clinics.

The Trust will be undertaking a series of building works to ensure that from 30th June 2009, it is able to offer all its patients a bed within accommodation which does not share facilities with a member of the opposite sex except in the most exceptional of circumstances (see also the quality agenda).

Winter Planning
Linked to the length of stay issue, SFT will be placing great emphasis on its winter planning for 2009/10. In April 2009 a review of the 08/09 winter was held internally and that review will be shared and discussed with external partners to inform how all agencies can work together better to make next winter’s experience for both patients and staff a more satisfactory one. Given recent developments in relation to swine flu, this will undoubtedly incorporate a requirement for continual planning for a potential flu pandemic.

Competitive Situation within the Local Health Environment
SFT continues to flourish in terms of seeing its market share growing. There have been clear and consistent growth in the Trust’s market share to the west of Salisbury, the market share has stayed relatively constant to the south and is showing some signs of growth to the east (to the north, the Salisbury Plain represents a largely impenetrable barrier). The development of an ISTC in Devizes is likely to constrict some of the demand growth to the west, but this will only be a limited set of procedures (mainly daycases). To offset this, the Trust has been developing relations with practices in Warminster and Westbury and will offer increasing numbers of outpatient clinics and diagnostics to those practices.

The GC4 contract awarded to New Hall Hospital will terminate in March 2010. This loss of approximately 2500 episodes of funded activity, coupled with the current downturn in private healthcare means that New Hall has additional capacity into which they will hope to attract NHS patients under the free choice initiative. The ISTC at Shepton Mallet will also be looking to attract business as their guaranteed income from the GC4 contract is due to end in March 2010. A Circle hospital is due to open in Bath during 2009. This will have 30
daycase and 28 inpatient beds. Whilst this is officially a private hospital, the current climate makes it likely that capacity will be offered to the NHS market.

**Marketing Plans**
The focus of marketing plans will be on ensuring that the Trust continues to see increased referrals from the Warminster and Westbury areas and to determine whether further growth in market share can be achieved in the Stockbridge and Romsey areas to the East. As part of its emerging longer term strategy, the Trust will be reviewing and updating its marketing strategy during 2009/10.

**Joint Working with Other Providers**
During 2009/10 the Trust will be developing proposals for working more collaboratively with other provider organisations. This will include better networking solutions for those services where there is a need to provide a twenty four hour service or where there are benefits from working in a clinical network with other organisations (as successfully happens for cancer, cleft lip and palate and other services).

### 3.7 Service Development Plans

#### 3.7.1 Introduction
The context of this year’s contractual discussions have made clear that commissioners are not expecting to fund either the development of new services or have funds available to finance the additional costs related to a growth in activity. Consequently the Trust has made no plans for major service developments other than those set out below which have been undertaken with commissioner support.

#### 3.7.2 Service Development Priorities
The Trust has set aside in its financial plans £500k for developments in 09/10. This does not include other areas where additional investment is required to deliver nationally mandated standards (e.g. Maternity Matters, EUWTD). A rigorous process saw all service development proposals reviewed by the Executive Directors to determine those initiatives which were considered most in keeping with core national standards and the Trust's key priorities. The following schemes are provisionally approved, but have not received final confirmation until such time as the definitive financial position for the year is known:

#### 3.7.3 New Services
Given the financial position, the development and introduction of new services is not a high priority for the Trust, or its commissioners, unless this will make a positive contribution to the Trust's income or it is meeting a key health inequality. The following new services are currently being developed:

**Angioplasty**
Building work is currently underway to construct an extension to the hospital which will facilitate a major reconfiguration of the Emergency Department but also provide a dedicated angiography facility as the service currently shares accommodation with the
endoscopy department. This will significantly increase the capacity of the angiography unit and will enable the service to provide angioplasties. Patients currently travel to either Southampton or Bournemouth for this therapeutic procedure having had their angiography in Salisbury. Commissioners are encouraging the Trust to provide the service as it will mean a more accessible service for patients. The building will be complete by November, but the angioplasty service will develop in a planned manner from January onwards, with about 100-150 patients being treated in the early part of 2010.

**Bariatric Surgery**
SFT has two clinicians who have developed expertise in bariatric surgery and are currently drawing up plans to introduce this service locally supported by a full multi-disciplinary team. The service involves full surgical, psychological and dietetic assessment prior to, where appropriate, a laparoscopic procedure to fit a gastric band.

**Handover IT System**
A combination of the Trust's IT department, junior doctors, senior nursing and medical staff have developed an IT system to improve the handover of patients between clinical teams. Whilst having developed the system with funding from the NHS Skills for Health, the Trust retains the intellectual property for this system which is attracting considerable interest from across the country. The Trust will be marketing the system during this year to secure maximum benefit from the technology.

**Laparoscopic Hysterectomies**
The Trust is intending to perform hysterectomies laparoscopically so that this procedure can be carried out on a daycase basis for patients for whom it is appropriate.

**Commercial Developments**
The Trust continues to work with a number of independent sector providers on developing joint ventures. The nursing home and radiotherapy schemes continue to be progressed and firm decisions on whether to proceed will be taken by the Board in 2009/10.

### 3.8 Quality

**3.8.1 Introduction**
SFT has a good record of continuously seeking to improve the quality of service provided to its patients and striving to improve clinical outcomes. Irrespective of the economic context, SFT has a responsibility to its patients, their families and to our staff to ensure that the quality of the service provided does not diminish and that indeed we continue to challenge ourselves to improve the quality of care we provide. Consequently SFT has developed a number of key quality improvement priorities which are summarised below and which will be described in more detail in the Trust's Quality Report which is due to be submitted in June. The Director of Nursing is leading on behalf of the Board on this initiative.
3.8.2 Quality Improvement Priorities

To determine the priority areas for quality improvement each directorate discussed their own priorities with clinical teams as part of the service planning process, before submitting a list of quality improvements and initiatives. The Trust also took into account patients’ comments gathered from surveys, and concerns raised through complaints and the Patient Advice and Liaison Service, and also used views expressed by our Foundation Trust members during constituency meetings and the outcome of any internal or external inspections.

Priority 1: Reduce the mortality rate to bring the Trust within the best performing hospitals in the country.

Priority 2: Eliminate mixed sex accommodation: No sharing of sleeping accommodation, toilet or bathroom facilities with members of the opposite sex.

Priority 3: Reduce the average length of stay for all patients across the hospital by 10%.

Priority 4: Increase the percentage of patients who rate the quality of care they received in the hospital as good or better.

Priority 5: Zero tolerance for MRSA and Clostridium difficile infections.

Metrics relating to these priorities and the ones described in section 3.8.3 will be reviewed regularly by the Board in during 2009/10.

3.8.3 Patient Safety Agenda

During 2009/10 Salisbury NHS Foundation Trust will be continuing to place a strong emphasis on patient safety in line with its Striving for Excellence programme and its core priorities. This is a continuous programme built on strong foundations which the Trust views as core to what it does. A safety workstream action plan has been established by the Safety Steering Group which is chaired by the Director of Nursing. The key objectives are summarised below, but these are constantly updated with new initiatives added as appropriate.

The key strategic aims, and associated actions, to the safety action plan:

- Reduce Hospital Standardised Mortality Ratio - by reviewing all hospital deaths and 20 hospital discharges per month to determine adverse event rates.
- Diagnose and Develop the Safety Culture – by undertaking a staff safety survey and weekly Executive Safety Walkrounds.
- Reducing harm in critical care – implementing ventilator care bundle and monitoring compliance, and implementation of central line care bundle on ITU.
Reducing harm from deterioration – improving compliance with the escalation protocol following Early Warning Scoring System (EWSS) trigger, implementation of the SBAR (Situation-Background-Assessment-Recommendation) communication tool onto ward areas and improving fluid balance monitoring.

Reducing harm in perioperative care – fully implementing the WHO checklist, Stop Moment and team briefing before the start of the list. A Surgical Site Infections bundle will be implemented this year.

4 Summary of Financial Forecasts

4.1 Development of Financial Plan

The development of the Financial Plan has been completed with a full appraisal of commissioner requirements and likely income, and an examination of all costs required to meet national agreements and targets.

A summary financial plan is shown below which achieves a surplus of £1.84m.

Table 5: Financial Plan

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective – long stay</td>
<td>32.6</td>
<td>34.5</td>
<td>19.0</td>
<td>21.1</td>
<td>21.1</td>
</tr>
<tr>
<td>Elective – short stay</td>
<td>32.6</td>
<td>34.5</td>
<td>14.4</td>
<td>14.6</td>
<td>14.6</td>
</tr>
<tr>
<td>Non-elective</td>
<td>61.3</td>
<td>60.3</td>
<td>62.7</td>
<td>64.3</td>
<td>64.8</td>
</tr>
<tr>
<td>Outpatients</td>
<td>25.5</td>
<td>27.7</td>
<td>26.2</td>
<td>26.6</td>
<td>26.6</td>
</tr>
<tr>
<td>Other activity</td>
<td>21.2</td>
<td>21.8</td>
<td>27.1</td>
<td>29.2</td>
<td>29.3</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>4.2</td>
<td>4.3</td>
<td>3.6</td>
<td>3.7</td>
<td>3.7</td>
</tr>
</tbody>
</table>

* Assumes NHS orthopaedic work undertaken by New Hall in 2009/10 will be undertaken at SDH
Clinical activity

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective – long stay</td>
<td>7,125</td>
<td>6,686</td>
<td>6,385</td>
<td>6,494</td>
<td>6,604</td>
</tr>
<tr>
<td>Elective – short stay</td>
<td>672</td>
<td>673</td>
<td>684</td>
<td>696</td>
<td></td>
</tr>
<tr>
<td>Non-elective</td>
<td>22,515</td>
<td>24,696</td>
<td>24,607</td>
<td>25,025</td>
<td>25,450</td>
</tr>
<tr>
<td>Outpatients</td>
<td>203,684</td>
<td>219,455</td>
<td>217,449</td>
<td>221,146</td>
<td>224,905</td>
</tr>
<tr>
<td>Planned same day</td>
<td>20,866</td>
<td>24,664</td>
<td>24,340</td>
<td>24,754</td>
<td>25,175</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>40,000</td>
<td>40,820</td>
<td>41,514</td>
<td>42,220</td>
<td>42,937</td>
</tr>
</tbody>
</table>

Non-clinical income

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15.7</td>
<td>24.2</td>
<td>19.0</td>
<td>18.8</td>
<td>19.5</td>
</tr>
</tbody>
</table>

Operating expenses

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay costs/E’ee benefit expenses</td>
<td>102.3</td>
<td>108.8</td>
<td>112.5</td>
<td>116.3</td>
<td>117.5</td>
</tr>
<tr>
<td>Drug costs</td>
<td>9.7</td>
<td>10.1</td>
<td>10.8</td>
<td>11.9</td>
<td>12.5</td>
</tr>
<tr>
<td>PFI operating expenses</td>
<td>2.7</td>
<td>2.9</td>
<td>.7</td>
<td>.7</td>
<td>.7</td>
</tr>
<tr>
<td>Other</td>
<td>34.6</td>
<td>37.5</td>
<td>33.8</td>
<td>35.2</td>
<td>34.6</td>
</tr>
<tr>
<td>EBITDA</td>
<td>11.2</td>
<td>11.9</td>
<td>14.2</td>
<td>14.3</td>
<td>14.4</td>
</tr>
<tr>
<td>Surplus</td>
<td>1.84</td>
<td>2.71</td>
<td>1.84</td>
<td>1.84</td>
<td>2.0</td>
</tr>
</tbody>
</table>

4.2 Impact of IFRS

The main changes of IFRS are to recognise the PFI and the microbiology lease as balance sheet items. The PFI and lease are shown as non-current assets and non-current financial liabilities. The impact on the income statement is to move expenditure from operating expenses to non-operating expenses in respect of the interest and depreciation elements of payments for these items. This has the effect of increasing the value of EBITDA above 2008/09 levels.

The PFI scheme has been revalued to give a non-current asset value of £11.9m. The PFI non-current liability is in excess of £23m. The income and expenditure reserve has then been reduced by £11.2m as a consequence of the revaluation.

Accumulated holiday pay has also been shown as a liability on the balance sheet.
4.3 Key Financial Assumptions

Income has been projected based on Commissioner and SFT expectations of activity and the 2009/10 HRG V4 tariff. The tariff has included a 1.7% uplift and SFT expects a gain of £1.1m in the use of HRG V4. Clinical genetics funds of £1.5m will be transferred to SUHT as they will contract directly with specialist commissioners from now on. Wiltshire PCT has commissioned elective and day case work from other providers which may have an impact of reducing income by £3.4m. Income of £0.45m is expected from the SHA in respect of achieving standards for mixed sex accommodation.

Expenditure items including manpower have been evaluated to deliver the required quality and volume of activity. Inflation and other national cost pressures have also been assessed. Pay inflation in total is estimated at 2.5% which amounts to £2.7m. Other pay cost pressures include Agenda for Change, EU Working Time Directive, and Maternity Matters which in total amount to £2.8m. Agency costs are expected to reduce considerably.

A Savings Plan of £10m is expected to be achieved through a range of initiatives including: fewer beds through reduced length of stay, procurement, changes to postal arrangements, productivity improvements, and some income generation.

4.4 Phasing

The Financial Plan reflects income quarterly in accordance with expected delivery of activity. Expenditure quarterly plans reflect the cost of activity, seasonal trends (i.e. energy), and reductions in costs saved as a result of cost improvement programmes.

4.5 Investment & Disposal Plans

4.5.1 Investment Strategy

During 2009/10, Salisbury NHS Foundation Trust will be reviewing its investment strategy as follows to develop:

1. A set of investment objectives that are aligned to the Trust’s overall strategic priorities. These objectives would cover the key financial and non-financial aspects e.g. scale, reputation, diversification
2. A clearly articulated investment philosophy and set of principles governing the Trust’s overall approach to investments covering areas such as the Trust’s attitude to risk
3. A set of evaluation criteria or guidelines based on 1 and 2 above that will provide the Trust with a framework to help it assess future investment opportunities in a robust and objective way.
4.5.2 Capital Plans
The Capital Plan for 2009/10 amounts to expenditure of £11.5m. This will be funded by internally generated cash resources of £6.5m equating roughly to depreciation levels, and a loan from the National Loans Fund of £5m.

Cardiac Laboratory & Emergency Department
There is £3.2m in the capital programme for this scheme in 2009/10 which is due to complete in November 2009. Once complete, the ED element of the scheme allows for decanting space to enable a major reconfiguration of the ED to improve patient flows which will contribute significantly to reductions in waiting times.

Paediatric Scheme
The Trust will start building work in January 2010 to provide replacement facilities by December for the paediatric department which is currently housed in sub-standard 1940’s accommodation.

Maternity and Oncology Scheme
Planning will continue to develop alternative accommodation for the maternity unit and oncology and haematology services which have similarly challenging facilities. This will be a major scheme and the final proposals will be contained within a business case to be discussed and agreed by the Board.

Table 6: Capital Investment Plan

Investment (including new contracts) and disposal plans

<table>
<thead>
<tr>
<th>£m</th>
<th>Plan 2008/09</th>
<th>Actual 2008/09</th>
<th>Current plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2009/10</td>
</tr>
<tr>
<td>Investment in PPE (non-maintenance)</td>
<td>8.6</td>
<td>4.7</td>
<td></td>
</tr>
<tr>
<td>Investment in PPE (maintenance)</td>
<td></td>
<td></td>
<td>10.9</td>
</tr>
</tbody>
</table>

Capital expenditure plans

<table>
<thead>
<tr>
<th>£m</th>
<th>Plan 2008/09</th>
<th>Actual 2008/09</th>
<th>Current Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2009/10</td>
</tr>
<tr>
<td>Cardiac Catheter Lab &amp; ED External</td>
<td>.7</td>
<td>.1</td>
<td>3.2</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoscopy changes</td>
<td></td>
<td></td>
<td>1.5</td>
</tr>
<tr>
<td>Paediatric Enabling work</td>
<td></td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>Replacement X-ray</td>
<td></td>
<td></td>
<td>1.3</td>
</tr>
<tr>
<td>Other (balancing figure)</td>
<td>6.9</td>
<td>4.6</td>
<td>4.5</td>
</tr>
</tbody>
</table>
4.6 Loans & Working Capital

The aim of the financing and working capital strategy is to maintain positive net current assets and achieve a FRR rating of 3 for liquidity.

The working capital facility (WCF) is planned to reduce from £7m to £4m to avoid unnecessary bank charges, and the WCF is not planned to be utilised.

The estimated cost of continuing the 2008/09 WCF is excessive and does not appear to be good use of public money. To maintain liquidity a low cost five year loan of £5m is proposed to fund capital schemes.

4.7 Cost Improvement Plans

Table 7: Cost improvement plans

<table>
<thead>
<tr>
<th>£m</th>
<th>Plan 2008/09</th>
<th>Actual 2008/09</th>
<th>Current plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopaedics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of stay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional income</td>
<td>-</td>
<td></td>
<td>1.2</td>
</tr>
<tr>
<td>Other</td>
<td>3.3</td>
<td>2.9</td>
<td>4.8  4.6  5.6</td>
</tr>
<tr>
<td>Total CIPs</td>
<td></td>
<td></td>
<td>10  4.6  5.6</td>
</tr>
<tr>
<td>Recurrent</td>
<td></td>
<td></td>
<td>8  4.6  5.6</td>
</tr>
<tr>
<td>Non recurrent</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>% of cost base</td>
<td>2</td>
<td>1.9</td>
<td>6  3  3</td>
</tr>
</tbody>
</table>

There is a range of savings initiatives being driven forward by the Directors and Directorate Management Teams. The financial environment is appreciated and a lot of energy is being put into reducing unnecessary costs without impacting on patient safety. Of particular importance is the need to reduce beds by keeping patients in the hospital only when clinically appropriate. This initiative is being led by the Chief Executive. All schemes have named leads.
5 Risk Analysis
The Trust has a comprehensive risk management strategy, which provides a framework for managing risk and sets out clear expectations about the roles, responsibilities and requirements of all staff. The risk management strategy is designed to:

- Identify and prioritise the risks to the achievement of the organisation’s polices, aims and objectives.
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.
- Identify all financial risks to ensure immediate intervention is taken and progress/remedial action proactively managed.

The Trust Board monitors the implementation and effectiveness of the strategy. The Assurance Framework is the key tool used to inform the Board of those principal risks, which may, if not managed effectively, pose the greatest threat to the Trust in the delivery of the corporate objectives. This allows the Board to reinforce expand or develop controls and assurances in ensuring objectives are ultimately delivered.

The Assurance Framework is agreed annually by the Trust Board. The framework identifies the principal risks by: assessing the risks involved in delivering the objectives outlined in the Service Plan such as the achievement of the Standards for Better Health, and also by analysing the Trust Risk Register and learning from clinical reviews and incidents.

5.1 Governance Risk

5.1.1 Governance Commentary
The Trust has reviewed the seven performance elements which make up the governance commentary and a short summary of each is given below. By way of endorsement in September 2008 PricewaterhouseCoopers carried out three specific audits to help assure the trust board about its governance procedures, there were in respect of Constitution Compliance, Performance Management and Board Reporting and Self Certification and, in each case, the overall opinion was that significant assurance could be given.

As Monitor is aware the Trust has failed to meet the thrombolysis target in 2008/09 and achievement of this target in 2009/10 remains uncertain for the reasons given below.

Legality of Constitution
During the application for authorisation phase the trust was assisted in the drafting of its Constitution by Bevan Brittan. As part of the Terms of Authorisation, issued by Monitor on 1 June 2006, the Constitution was approved by Monitor.
In 2008 several minor amendments were made which were supported by the governors and the trust board and ratified by Monitor following the prescribed process articulated in the document *Variation of the Terms of Authorisation: Guidance for NHS Foundation Trusts*. The Constitution is reviewed annually at the same time as the Trust reviews its performance against the NHS Foundation Trust Code of Governance, the outcome of which is formally reported to the Trust Board.

**Growing a representative membership**
Since authorisation the Trust has increased its number of members from 9,000 to 15,000 in line with the Membership strategy approved by the governors. At the start of each year the governors agree the desired growth in each of the seven areas that make up the public constituency together with the patient/carer and staff constituencies and then, through the year, work with the Membership Manager to achieve these figures. This has ensured an appropriate year on year increase in membership from across the catchment area. The membership report gives a fuller picture.

**Appropriate board roles and structures with a collaborative relationship between the board of governors and the board**
The board is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance (including the Annual Plan), and ensuring management capacity and capability. To help in arriving at this conclusion the Board has, in both 2007/08 and 2008/09, been subject to an external evaluation process run by the NHS Institute for Innovation and Improvement. There is currently a vacancy for a new Medical Director and an appointment is expected in June 2009, although the role is being covered by a clinical director whose role is also back-filled.

The Board maintains a register of interests and can confirm there are no material conflicts of interest.

The trust board and the governors have collaborative working relationship with the governors having access to the papers for public board meetings (whether or not in attendance), providing a significant commentary to accompany the Trust's 2008/09 Annual Declaration which was shared with trust board in draft form and in 2008/09 selecting three new non-executive directors. The chief executive routinely attends all the full council of governors meetings together with, on a rota basis, other executives and non-executive directors. Trust board directors, both executive and non-executive, have supported governors at a number of constituency meetings held during the year. The recently published consultation ‘Guide for NHS foundation trust governors: meeting your statutory responsibilities’ will give the board and the governors an opportunity to review their relationship.
Service performance, ongoing compliance with existing targets and national core standards and prospective compliance with known targets due to come into force

Each year a dashboard is developed which details the performance against targets and national core standards and this is presented monthly to the trust board. This dashboard sets out current, historical and projected levels of performance. Additionally a separate dashboard is presented to the Finance Committee ahead of the quarterly returns to Monitor. All targets and standards are closely monitored and, thrombolysis apart, performance since authorisation date has been strong. The ability to achieve the thrombolysis target in 2009/10 remains questionable and an explanation is given under the significant risks heading.

Clinical quality, effective arrangements are in place to monitor and continually improve the quality of healthcare

This agenda is largely managed by the Clinical Governance Committee, on behalf of the full Trust Board. The committee sets out the objectives for improving quality in the Clinical Governance Annual Report which is approved by the Trust Board. The committee monitors a quality indicator report that includes metrics around patient safety, clinical effectiveness and patient experience, uses the Assurance Framework and Risk Register to drive improvement and maintains an annual audit programme. Updates on cleanliness are reported directly to the Trust Board quarterly while an Infection Control report is presented half-yearly. The Trust was given an 'unconditional' assessment by the Care Quality Commission following the registration submission in January 2009 in respect of Healthcare Associated Infection.

Effective risk and performance management to identify and address risks to ensure continued compliance with the trust’s authorisation

Each component of the terms of authorisation is reviewed quarterly by the Finance Committee prior to the submission of the quarterly return to Monitor. Where appropriate, areas of concern are recorded on either the Assurance Framework or the Risk Register (which themselves are subject to quarterly review). The Board is satisfied that robust processes are in place to track and predict performance and/or possible areas of non-compliance with the terms of authorisation. Since 1 June 2006 the trust has only failed to resolve one under performing target, in relation to thrombolysis, but the issue had been identified and discussed by the board at an early stage.

Duty to cooperate with NHS bodies and local authorities

The board is cognisant of its duties in this respect. The local authority structure has just changed with the introduction of a new Wiltshire unitary authority, Wiltshire Council, on 1 April 2009. Previously the trust enjoyed excellent relationships with Salisbury District Council and Wiltshire County Council, both of whom had governor representation, and will be looking to replicate these relationships with the new Wiltshire Council. Historically relationships with commissioners and other NHS bodies have been positive.
5.1.2 Significant Risks
The following risks have been identified.

**Thrombolysis**
The trust failed to achieve this target in all four quarters in 2008/09. The trust’s partner is the Great Western Ambulance Service NHS Trust (GWAS) and the background to this organisation is outlined in Appendix 1 which will not be put into the public domain.

GWAS has appointed a new chief executive whose appointment took effect on 1 April 2009 and it is anticipated that he will work with the trust to build on the momentum established in recent months between the trust and the ambulance service. This includes the agreement of an action plan for GWAS to improve on response times and communication with the trust when attending a patient suffering from a cardiac arrest while the trust is ready to provide a range of training and to ensure thrombolysis can be administered within 10 minutes of arrival. While an improving trend should emerge the geography of Wiltshire means that the physical transportation of a patient within 60 minutes will, in many instances be a challenge, and the target remains vulnerable.

The ongoing problems with thrombolysis is the reason why the Board is unable to self-certify in section 6.1.2 that it will be compliant with all existing performance targets.

**EU Working Time Directive**
Currently two-thirds of junior doctor rotas are compliant with EUWTD standard of staff working on average 48 hours a week. There is an established plan to ensure the Trust is able to ensure compliance by August 2009, however a number of specialities are proving problematic, with regard to the ability to appoint good quality candidates at junior grades. In recent months the Trust has undergone a number of recruitment processes, only to fail to recruit high quality clinical staff. At the same time the regulatory regimes which have to be complied with particularly in terms of recruiting overseas doctors are becoming more onerous and impacting on the time to get staff in post.

5.2 HCAI Targets
The Trust’s past performance suggests that these targets will not be an area of risk for SFT and the Trust’s determination to continue to improve performance is reinforced by its inclusion in both the quality and performance priorities for 2009/10. The Trust worked hard to ensure that the focus on the key determinants of good hygiene during 2008/9 were maintained even in the depths of the winter and the same will hold true in 2009/10. The works being carried out under the eliminating mixed sex wards will also assist by providing more en-suite facilities.
Table 8: HCAI Targets – Targets vs Plan

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MRSA</strong></td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>08/09 Target</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/09 Actual</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>09/10 Target</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>C-diff</strong></td>
<td>66</td>
<td>68</td>
<td>100</td>
<td>102</td>
</tr>
<tr>
<td>08/09 Target</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/09 Actual</td>
<td>13</td>
<td>7</td>
<td>20</td>
<td>26</td>
</tr>
<tr>
<td>09/10 Target</td>
<td>20</td>
<td>20</td>
<td>30</td>
<td>35</td>
</tr>
</tbody>
</table>

5.3 Mandatory Services Risks

The Trust’s compliance with its Mandatory Services will continue to be managed by the Director of Operations who will report the Trust’s position to the Finance Committee ahead of the quarterly reports to the Monitor.

In 2009/10 the Trust considers that it will maintain a compliant position with the risks outlined below. The Trust has no plans to change the current status of any assets but will advise Monitor if this situation changes during the year.

5.3.1 Significant Risks

Wessex Regional Genetics Laboratory
Salisbury NHS Foundation Trust provides laboratory service for the Wessex Regional Genetics service, with the clinical side provided by Southampton University Hospitals Trust. The Southwest Specialised Commissioning Group (SWSCG) signalled their intention to tender for an integrated clinical and laboratory genetics service to commence in April 2010 and as such gave notice of its withdrawal from the existing contract for genetics laboratory services from Salisbury Health Care Foundation Trust on April 20th 2010. Clearly this is a potential issue for the year after next, but this will be an area of major attention for the Trust in 09/10 in terms of responding to the tender and it was felt important that Monitor was aware of the risk.

Child & Adolescent Mental Health Services
In June 2008, Wiltshire PCT gave notice of its intention to tender for a Wiltshire wide Child & Adolescent Mental Health Services (CAMHS) service. After some consideration SFT decided not to tender for the Wiltshire service as it did not consider this to be part of the Trust’s core business. Instead the Trust is working with the two shortlisted tenderers and it may be that the current service will be sub-contracted to the Trust by the successful bidder. However this cannot be considered definitive and there remains a risk that SFT will cease to provide this service. SFT is still contracted to provide the service until March 2010.
5.4 Financial Risk

5.4.1 Financial Risk Rating
The Trust believes it should be assigned the following financial risk ratings based on the financial projections included in this plan:

<table>
<thead>
<tr>
<th>Year</th>
<th>Risk Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>3</td>
</tr>
<tr>
<td>2010/11</td>
<td>3</td>
</tr>
<tr>
<td>2011/12</td>
<td>3</td>
</tr>
</tbody>
</table>

5.4.2 Significant Risks

- The need to deliver significant savings whilst maintaining quality and access.
- Maintenance of strong budgetary control is essential if the target surplus is to be achieved.
- Ensure the Trust's liquidity position remains sound given the size of the Capital Programme. This will be mitigated through a loan to support a major capital scheme.
- Ensuring appropriate capacity is in place to deliver the forecast activity levels, meet targets and avoid contract penalties.
- The ability of local PCTs to pay for over-performance given their financial positions.

5.5 Risk of Any Other Non-Compliance with the Terms of the Authorisation
The Board does not consider that the trust currently has any significant risks which pose a threat to non-compliance with the Terms of Authorisation not captured elsewhere in the plan. During the year the trust will be required to register compliance across a range of objectives as required by the Care Quality Commission. This is a new initiative from a new regulator and until the relevant detail is published the trust is unable to say whether it will be immediately compliant with all the objectives.

However having declared full compliance with the current 24 Core Standards for Better Health since they were launched in July 2004 the trust is confident that it will be able to respond positively to the registration process.

6 Declarations & Self-Certification

6.1 Board Statements

6.1.1 Clinical Quality

The Board of Directors is required to confirm the following:

☐ The Board is satisfied that, to the best of its knowledge and using its own processes (supported by Care Quality Commission information and including any further
metrics it chooses to adopt), its NHS Foundation Trust has and will keep in place effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients; and

☒ The Board will self-certify annually that, to the best of its knowledge and using its own processes, plans are in place to ensure ongoing compliance with the Care Quality Commission’s registration requirements.
6.1.2 Service Performance
The Board of Directors is required to confirm the following:

☐ The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) and national core standards and with all known targets going forwards. This relates solely to the thrombolysis target as already discussed in detail with Monitor.

6.1.3 Risk Management
The Board of Directors is required to confirm the following:

☒ Issues and concerns raised by external audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the Board is confident that there are appropriate action plans in place to address the issues in a timely manner;

☒ All recommendations to the Board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned;

☒ The necessary planning, performance management and risk management processes are in place to deliver the annual plan;

☒ A Statement of Internal Control (“SIC”) is in place, and the NHS Foundation Trust is compliant with the risk management and assurance framework requirements that support the SIC pursuant to most up to date guidance from HM Treasury (http://www.hm-treasury.gov.uk);

☒ The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Statement of Compliance (IGSoC) in the Department of Health’s Information Governance Toolkit; and.

☒ All key risks to compliance with the Authorisation have been identified and addressed.

6.1.4 Compliance with the Terms of Authorisation
The Board of Directors is required to confirm the following:

☒ The Board will ensure that the NHS foundation trust remains compliant with the Authorisation and relevant legislation at all times;
The Board has considered all likely future risks to compliance with the Authorisation, the level of severity and likelihood of a breach occurring and the plans for mitigation of these risks; and

The Board has considered appropriate evidence to review these risks and has put in place action plans to address them where required to ensure continued compliance with the Authorisation.

6.1.5 Board roles, structure and capacity
The Board of Directors is required to confirm the following:

- The Board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the board;
- The Board is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability;
- The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills;
- The management team has the capability and experience necessary to deliver the annual plan; and
- The management structure in place is adequate to deliver the annual plan objectives for the next three years.

Signature

In capacity as Chief Executive & Accounting Officer

Signature

In capacity as Chairman

Signed on behalf of the board of directors, and having regard to the views of the governors.

7 MEMBERSHIP COMMENTARY

7.1.1 Explanation of Constituencies
Salisbury was authorised as a Foundation Trust on 1 June 2006 and, as part of the application process, it was agreed that there would be three Constituencies – a Public Constituency, a Patient/Carer Constituency and a Staff Constituency.

The Public Constituency is sub-divided into seven areas which are known as:-
The number of areas, and Governors per area, was determined by a combination of county and PCT boundaries (Dorset, Hampshire and Wiltshire) and population statistics as provided by the 2001 census. The full rationale was set out in the Governance document which formed part of the formal application approved by the Trust Board in a public meeting on 5 December 2005 and subsequently submitted to Monitor.

The Patient/Carer Constituency reflects the specialist services provided by the Trust – Spinal, Burns, Plastics and Cleft-Lip and palate.

The Staff Constituency is divided into six Classes:

- Medical and Dental
- Nurses and Midwives
- Scientific, Therapeutic and Technical
- Hotel and Property Services
- Clerical, Administrative and Managerial
- Volunteers

7.1.2 Initial Membership Numbers and subsequent increases

The Trust Board initially set an objective of 6,000 members ahead of authorisation but with a strong consultation process and response from local people a figure of 9,401 was achieved by 1 June 2006 - split 7,703 in the Public Constituency, 1154 in the Staff Constituency and 544 in the Patient/Carer Constituency.

After authorisation a Governors working group consisting of 5 Governors, supported by the Trust’s Membership Manager, was formed to manage the strategy, direction and speed of future membership growth. This group meets quarterly and reports to the full Council of Governors. The Membership Strategy is reviewed annually.

As at 31 March 2007 the overall figure had increased to 10,949 against a target of 11,000 - split 9,097 in the Public Constituency, 1217 in the Staff Constituency and 635 in the Patient/Carer Constituency.
As at 31 March 2008 the overall figure had increased to 13,002 against a target of 13,000 - split 10,853 in the Public Constituency, 1,488 in the Staff Constituency and 661 in the Patient/Carer Constituency.

As at 31 March 2009 the overall figure had increased to 15,000 against a target of the same figure - split 12,348 in the Public Constituency, 1,998 in the Staff Constituency and 654 in the Patient/Carer Constituency.

### 7.1.3 Future plans for membership growth

In April each year the Governors set a membership target for the year and, this year (2009), decided to set a two year goal of achieving a total membership of 17,500 by 31 March 2010 and 20,000 by 31 March 2011 (from the current figure of 15,000). This was consistent with the aspiration set out in the Trust’s application for Foundation Trust status to achieve a total membership of 20,000 over a 5 year term.

The following grid shows how the membership growth in the year to 31 March 2009 was achieved.

**Salisbury NHS Foundation Trust – Membership Growth in Year to 31/3/09**

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Total Population over 16</th>
<th>Total Members 31.03.08</th>
<th>%</th>
<th>Total Members 31.03.09</th>
<th>%</th>
<th>Total members gained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kennet</td>
<td>37,391</td>
<td>1,211</td>
<td>3.24</td>
<td>1,340</td>
<td>3.58</td>
<td>129</td>
</tr>
<tr>
<td>New Forest</td>
<td>21,379</td>
<td>1,004</td>
<td>4.70</td>
<td>1,164</td>
<td>5.44</td>
<td>160</td>
</tr>
<tr>
<td>North Dorset</td>
<td>41,057</td>
<td>1,453</td>
<td>3.54</td>
<td>1,634</td>
<td>3.98</td>
<td>181</td>
</tr>
<tr>
<td>East Dorset</td>
<td>30,773</td>
<td>910</td>
<td>2.96</td>
<td>979</td>
<td>3.18</td>
<td>69</td>
</tr>
<tr>
<td>Salisbury City</td>
<td>37,005</td>
<td>2,139</td>
<td>5.78</td>
<td>2,471</td>
<td>6.68</td>
<td>332</td>
</tr>
<tr>
<td>South Wiltshire Rural</td>
<td>59,144</td>
<td>3,432</td>
<td>5.80</td>
<td>3,967</td>
<td>6.71</td>
<td>535</td>
</tr>
<tr>
<td>West Wiltshire</td>
<td>33,504</td>
<td>704</td>
<td>2.10</td>
<td>793</td>
<td>2.37</td>
<td>89</td>
</tr>
<tr>
<td>Patient / Carer</td>
<td></td>
<td>661</td>
<td></td>
<td>654</td>
<td></td>
<td>-7</td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td>1,488</td>
<td></td>
<td>1,998</td>
<td></td>
<td>510</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>260,253</strong></td>
<td><strong>13,002</strong></td>
<td></td>
<td><strong>15,000</strong></td>
<td></td>
<td><strong>1,998</strong></td>
</tr>
</tbody>
</table>

A targeted approach is also taken to growing membership numbers in each of the Constituencies (and seven areas that make up the Public constituency) and the following grid shows the proposed growth levels in the year to 31 March 2010.
Salisbury NHS Foundation Trust – Planned Membership Growth in Year to 31/3/2010

<table>
<thead>
<tr>
<th></th>
<th>Total Population over 16</th>
<th>Total Members 31.03.09</th>
<th>%</th>
<th>Target Members 31.03.10</th>
<th>%</th>
<th>Total members needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kennet</td>
<td>37,391</td>
<td>1,340</td>
<td>3.58</td>
<td>1,597</td>
<td>4.27</td>
<td>257</td>
</tr>
<tr>
<td>New Forest</td>
<td>21,379</td>
<td>1,164</td>
<td>5.44</td>
<td>1,345</td>
<td>6.29</td>
<td>181</td>
</tr>
<tr>
<td>North Dorset</td>
<td>41,057</td>
<td>1,634</td>
<td>3.98</td>
<td>1,921</td>
<td>4.67</td>
<td>287</td>
</tr>
<tr>
<td>East Dorset</td>
<td>30,773</td>
<td>979</td>
<td>3.18</td>
<td>1,262</td>
<td>4.10</td>
<td>283</td>
</tr>
<tr>
<td>Salisbury City</td>
<td>37,005</td>
<td>2,471</td>
<td>6.68</td>
<td>2,805</td>
<td>7.58</td>
<td>334</td>
</tr>
<tr>
<td>South Wiltshire Rural</td>
<td>59,144</td>
<td>3,967</td>
<td>6.71</td>
<td>4,483</td>
<td>7.58</td>
<td>516</td>
</tr>
<tr>
<td>West Wiltshire</td>
<td>33,504</td>
<td>793</td>
<td>2.37</td>
<td>1,039</td>
<td>3.10</td>
<td>246</td>
</tr>
<tr>
<td>Patient / Carer</td>
<td>654</td>
<td></td>
<td></td>
<td>750</td>
<td></td>
<td>96</td>
</tr>
<tr>
<td>Staff</td>
<td>1,998</td>
<td>2300</td>
<td></td>
<td>302</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>260,253</td>
<td>15,000</td>
<td></td>
<td>17,500</td>
<td></td>
<td>2,500</td>
</tr>
</tbody>
</table>

7.1.4 Activities to grow membership

Public Constituency
The principal methodology used to gather members in the year to 31 March 2009 was to follow the successful tactic of the last three years by writing to recent in-patients and out-patients outlining the purpose and benefits of Foundation Trust status and inviting them to become members. As can be seen from the grid individuals were approached from all geographical areas to ensure that membership growth was spread across the Constituency. Additionally the Governors conducted membership gathering exercises in the hospital by having a stall in the main reception area and also talking to out-patients in out-patient areas. During the year five meetings were held in various areas of the Public constituency which were well attended and helped increase the membership for that area. This range of activities will continue in 2009/10.

With a predominantly white British population (96.7%) then most members will fall into this category. However both the Trust and the Governors recognise the need to seek membership from all ethnic groups and a change in the Trust’s approach to Patient and Public Involvement will aid this objective in 2009/10. Similarly the Socio Economic Data reveals that the local population falls mainly in the ABC1 category. Again the Trust and the Governors appreciate the older age profile of the current membership base and will consider how best this can be improved against the recourses available. The gender split is entirely reasonable considering the membership profile.
Patient/Carer Constituency
This Constituency consists of patients and their carers who either are, or since 1 January 2003, have received treatment from one of the Trust’s Tertiary Services:

- Spinal
- Burns
- Plastics
- Cleft Lip and Palate

Over the last twelve months membership growth has been slightly disappointing in this category and this will be given increased focus in the coming year. It is known that for many patients distance from the hospital is a barrier.

Staff Constituency
This Constituency consists of six Classes:

- Medical and Dental
- Nurses and Midwives
- Scientific, Therapeutic and Technical
- Hotel and Property Services
- Clerical, Administrative and Managerial
- Volunteers

There has been good growth in this Constituency over the last year following the decision to explain about Foundation Trusts and membership at all Induction meetings.

Review of membership growth through the year
This is reviewed quarterly by the Governors working group who report the figures to the full Council of Governors. Statistical information by Constituency is also reported regularly to the Trust Board. Each year the Trust has met its growth targets but remains mindful of the need to build a representative membership.

Membership engagement
In 2008/09 five meetings were held in the Public Constituency which all followed a template designed by the Governors and included a video called ‘24 hours in the life of SDH’. The Chairman or Vice-Chairman, Chief Executive or his deputy, and one other Director, attended each of these meetings in support of the Governors. The Governors produce a quarterly Newsletter, maintain a section on the website and are available for contact by email or letter. The 2008 AGM was attended by over 150 members. In the autumn of 2008 a ‘Good Ideas’ competition was held for staff members with 50 entries received. The Governor representing the Patient/Carer Constituency wrote a personal letter to all members in December 2008. Members have been invited to comment on new hospital developments.
Turnout at the elections held in three areas of the Public Constituency in May 2008 was as follows:-

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Constituencies involved</th>
<th>Number of members in the 3 areas</th>
<th>Number of seats contested</th>
<th>Number of candidates</th>
<th>Election turnout %</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2008</td>
<td>3 areas in Public Constituency</td>
<td>7,007</td>
<td>4</td>
<td>18</td>
<td>46.9</td>
</tr>
</tbody>
</table>

The Board confirms that all elections to the Council of Governors have been held in accordance with the election rules as stated in the Constitution. The Trust has employed Electoral Reform Services to ensure that the elections have been properly and independently conducted.