

Bundle Trust Board Public 4 July 2019

- 1 09:30 - Opening Business
 - To include Staff Story*
- 1.1 Welcome and Apologies
 - Apologies received from Cara Charles-Barks, Andy Hyett, Rachel Credidio and Jane Reid*
- 1.2 Declaration of Interests
- 1.3 Minutes of the previous meeting
 - Minutes attached from Public Trust Board meeting on 6th June 2019*
 - 1.3 DRAFT Public Board mins 6 June 19.docx
- 1.4 Matters Arising and Action Log
 - 1.4 Public TB Action Log.pdf
- 1.5 09:45 - Chairman's Business
 - Nick Marsden*
- 1.6 09:50 - Chief Executive Report
 - Christine Blanshard*
Information
 - 1.6 CE Trust Board Report - July 2019.docx
- 2 Assurance and Committee Reports
 - 2.1 09:55 - Clinical Governance Committee Report - 14 May and 25 June 2019
 - Paul Miller*
Assurance
 - 2.1 Clinical Governance Committee escalation paper 14th May 2019.docx
 - 2.1 Clinical Governance Committee escalation paper 25th June 2019.docx
 - 2.2 10:00 - Finance and Performance Committee Reprt - 25 June 2019
 - Paul Miller*
Assurance
 - 2.2 Finance and Performance Committee escalation paper 25th June 2019.docx
 - 2.3 Charitable Funds Committee - 20 June 2019
 - Verbal update*
Lisa Thomas
 - 2.4 10:05 - Workforce Committee - 23 May 2019
 - Michael von Bertele*
Assurance
 - 2.4 Workforce Committee escalation report 23 May 2019.docx
 - 2.5 10:10 - Integrated Performance Report
 - Christine Blanshard*
Assurance
 - 2.5 IPR cover sheet.docx
 - 2.5.1 Integrated Performance Report v2.pptx
- 3 Governance
 - 3.1 10:25 - Annual Review of Directors Interests
 - Fiona McNeight*
Assurance
 - 3.1 Annual Review of Directors Interests.docx
- 4 Quality and Risk
 - 4.1 10:30 - Patient Experience Report Q4
 - Lorna Wilkinson*
Assurance
 - 4.1 Patient Experience Q4 2018_19 May 2019 final.docx
- 5 Financial and Operational Performance
 - 5.1 10:35 - Draft Operating Plan 2019/20

Lisa Thomas
Information

5.2 Operating Plan Summary.docx

5.2 Salisbury_OperatingPlan_AW3 (2).pdf

6 Strategy and Development
6.1 10:40 - Interim NHS People Plan
Paul Hargreaves
Discussion
6.1 Board interim NHS People plan.docx

6.2 10:45 - Estates Strategy
Laurence Arnold
Approval
6.2 Estates Strategy cover sheet July 2019.docx
6.2 Estates Strategy 2019 2024 v4.4.docx

7 10:50 - Closing Business
7.1 Agreement of Principle Actions and Items for Escalation
Nick Marsden
7.2 Any Other Business
7.3 Public Questions
7.4 Date next meeting
1 August 2019

8 Resolution
Resolution to exclude Representatives of the Media and Members of the Public from the Remainder of the Meeting (due to the confidential nature of the business to be transacted)

DRAFT

**Minutes of the Public Trust Board meeting
held at 09:00am on Thursday 6th June 2019
in The Board Room, Salisbury NHS Foundation Trust**

Present:

Dr N Marsden	Chairman
Ms T Baker	Non-Executive Director
Mr P Kemp	Non-Executive Director
Mr P Miller	Non-Executive Director
Ms R Credidio	Non-Executive Director
Mr M Von Bertele	Non-Executive Director
Mrs C Charles-Barks	Chief Executive
Mrs L Thomas	Director of Finance
Ms L Wilkinson	Director of Nursing
Mr P Hargreaves	Director of Organisational Development and People
Mr Andy Hyett	Chief Operating Officer

In Attendance:

Fiona McNeight	Director of Corporate Governance
Kylie Nye	Corporate Governance Manager (minutes)
Justine McGuinness	Head of Communications (TB - 06/06/14)
Claire Gorzanski	Head of Clinical Effectiveness (TB - 06/06/12)
Kat Glaister	Clinical Effectiveness Facilitator (TB - 06/06/01)
Helen Rynne	Patient and Public Engagement Coordinator (TB - 06/06/01)
Eunan Tiernan	Consultant Plastic Surgeon (TB - 06/06/01)
Megan Gibson	Physiotherapist, Plastic and Reconstructive Surgery (TB - 06/06/01)
Mandy Cooper	Senior Sister, Sarum Ward (TB - 06/06/01)
Nix Beavan	Paediatric Burns Outreach Nurse (TB - 06/06/01)
Rowena Staples	Consultant, Children's Outpatients (TB - 06/06/01)
Fiona McCarthy	Senior Nurse, Infection Control (TB - 06/06/13)
Julian Hemming	Consultant, Microbiology (TB - 06/06/13)
Mark Wareham	UNISON Representative
Odette Coveney	Care Quality Commission (CQC)
Robert Boyd	Consultant, Orthopaedics
John Mangan	Lead Governor (observer)

ACTION**OPENING BUSINESS**

TB1 - Patient Story
06/06/01

L Wilkinson introduced the team and presented the patient story which outlined the experience of a child who received care in Sarum Ward after suffering severe burns. The story was told from the mother's point of view and she highlighted the outstanding collaborative working between the children's department, plastics, burns and physiotherapy in order to ensure optimal care for her daughter. It was noted that children suffering with burns were moved to Sarum from The Odstock Burns Unit several years ago. This story highlighted the positive outcome arising from this move.

Discussion:

- A Hyett noted the exceptional work carried out by the staff in Sarum Ward and explained that this story reflected one of many cases where patients have received outstanding care.

- N Marsden commented that this particular patient story really portrayed how patients should be treated and suggested the learning from this should be disseminated across the Trust. L Wilkinson explained that she had spoken with KG to discuss the best methods of sharing this story to staff across the hospital.
- A letter, written by the family to her Majesty, the Queen, was passed around the table. C Charles-Barks noted the exceptional care SFT provides and congratulated the team on their hard work.

**TB1-
06/06/02**

Apologies

Apologies were received from:

- Christine Blanshard - Medical Director and Deputy Chief Executive
- Jane Reid – Non-Executive Director

**TB1-
06/06/03**

Declarations of Interest

Members of the Board were reminded that they have a duty to declare any impairment to being Fit and Proper and of good character as well as to avoid any conflict of interest and to declare any interests arising from the discussion.

No member present declared any such interest or impairment.

**TB1 -
06/06/04**

Register of Attendance

N Marsden presented the register of attendance for 2019/20. It was discussed and agreed that if a director is unable to attend a Board or committee meeting due to other work commitments and a deputy attends in their place, this will be highlighted on the register.

**TB1 -
06/06/05**

Minutes of the Public Trust Board meeting held on 4th April 2019

LW referred to TB1 - 23/05/08, on p.4 para 2 and asked for the wording to change to "Overall quality has performed positively over the year; however it is noted there were more Serious Incidents reported than the previous year."

Further to the above correction the minutes of the Trust Board meeting held in public were approved as a correct record.

**TB1 -
06/06/06**

Matters Arising and Action Log

2374/07 – NHSI Quality Governance Framework Self-Assessment – It was noted that the Communications Strategy was on the agenda. Item closed.

0702/12 - Nurse Skill Mix Review – The Board noted that this action was related to doctors rather than nurses. The report is scheduled to come to August's Board. **ACTION: CB**

CB

P Miller queried when the report relating to weekend HSMR (Hospital Standard Mortality Ratio) was coming to the Board. CCB noted that it would be going to Clinical Governance Committee first and then to Board.

The dates will be updated on the action log tracker, once confirmed.

P Kemp asked that the actions from Board and committee meetings be recorded on the new online paper administration system, iBabs. F McNeight advised that this would be trialed for Board going forward.

**TB1 -
06/06/07**

Chairman's Business

N Marsden reported that the combined entity of NHS Improvement and NHS England had appointed a Chief Operating Officer, Amanda Pritchard. NM advised that this was a really positive appointment and that Amanda's awareness of the challenges to acute providers and knowledge of integrated systems would be invaluable.

On Monday 3rd June the Interim People Plan for the NHS was published. The plan outlines the vision for how employees of the NHS will be supported to deliver the NHS Long Term Plan with immediate work identified for the next year and onwards. NM emphasised the prominence of this plan noting that supporting staff is vital to the success of the NHS.

**TB1-
06/06/08**

Chief Executive's Report

C Charles-Barks presented her report and highlighted the following key points:

- The Trust did not meet the ED 4 hour waiting time standard of 95% but did achieve 92.5% which was above the planned trajectory. Whilst the Trust remains in the top 20% nationally in relation to ED waiting times, there is ongoing work to reach the 95% standard.
- There have been no MRSA or Clostridium Difficile cases in month 1 and no hospital acquired grade three or four pressure ulcers. There was one reported fall resulting in major harm and one resulting in moderate harm. Measures have been put in place to reduce the risk of falls in these areas.
- The Trust met its 2018/19 control total deficit resulting in £2.6m Provider Sustainability Funding (PSF), plus a further £2.7m PSF bonus. CIP delivery last year was £10.2m which was a great achievement for the Trust. The Trust will need to deliver a further £10m in CIP savings in 2019/20.
- A recruitment and retention strategy has been drafted and is currently being consulted on internally. The Trust continues to use overseas pipelines for qualified nurses.
- There is a Health and Safety Executive inspection scheduled for 3 - 4 of July. This is to review the Trust's systems and processes regarding manual handling, violence and aggression and control and management of asbestos. There is a number of drop in sessions in June ensuring staff can access information and understand how the inspection may affect them.
- Walk for Wards takes place on Sunday, 7 July at Wilton House to raise money for Stars Appeal. There are entry forms across the hospital or you can visit www.starsappeal.org for more information. With the help of Stars Appeal two new gardens have opened at the hospital. One is to provide therapy to older stroke patients and is called The Stars Appeal Therapy Garden. The other garden is

called 'Rod's Place, in tribute to Rod Lennox Gordon, a nurse on Farley Stroke Unit. The garden will provide a quiet space for relatives and patients.

- The Striving for Excellence Awards take place on 13 June in Horatio's Garden and is supported by the Salisbury Hospital League of Friends. The even gives everyone the opportunity to recognise the contribution staff members make to the hospital, patients and community. There have been over 70 nominations so far.
- Volunteers' week begins on 3 June and provides the opportunity for the Trust to say thank you to all of the volunteers for their contribution.
- STP Update – C Charles-Barks reported that work is ongoing to restructure and appoint to key posts. A locality lead for Wiltshire has not yet been appointed. In July, the Trust hopes to hold a networking event to begin to foster relationships between the hospital and Primary Care Network (PCN).

Discussion:

- P Miller queried if there was to only be a locality lead in Wiltshire, not South Wiltshire as this could affect partnerships and focus. C Charles-Barks explained that there would be deputies for North and South Wiltshire.

ASSURANCE AND REPORTS OF COMMITTEES

**TB1 -
06/06/09**

Corporate Governance Statement Self Certification FT4

F McNeight presented the report asking the Board to note the Trust's declaration in relation to Licence Condition FT4.

F McNeight noted that NHS Foundation Trusts are required by NHS Improvement to make declarations in relation to compliance with the provider licence. The Private Board meeting on 23 May agreed the declarations for FT4, G6 and CoS7. The report has also been received by the Council of Governors.

The report was noted.

**TB 1-
06/06/10**

Integrated Performance Report

A Hyett presented the Integrated Performance Report and highlighted the following keys points:

- As highlighted in the Chief Executive's report the Trust has performed well in Month 1. Whilst not achieving the 95% waiting time standard, the Trust achieved 92.5% which is above trajectory. There continues to be peak hours of attendances, which is challenging and places additional pressure on achieving the standard. The Trust failed to deliver the diagnostic standard by 0.3% with ongoing capacity issues in Endoscopy.
- There have been challenges resulting from the pension cap affecting the number of additional consultant sessions.

- A Hyett reported a reduced level of activity against plan across several departments during April. AH noted that the issue was mitigated quickly due to mapping activity on a weekly basis.
- L Wilkinson noted that the Trust had experienced a challenging May with cases of norovirus reported and several wards affected in the hospital. L Wilkinson explained that the virus has been prevalent in community with a number of patients admitted with active symptoms.

Discussion:

- T Baker queried the Theatres project that had been undertaken with the help of Foureyes Insight. A Hyett explained that as part of a national initiative Foureyes had visited the Trust to provide a low level diagnostic on theatre services. The Trust found this information helpful and subsequently asked them to provide a more in depth analysis. This work has highlighted areas of opportunity and improvement within Theatres, which the Trust is compiling. L Thomas advised that the results of this work are under review and this is due to report back via the Transformation Programme.
- T Baker queried if the Trust had been successful in obtaining benchmarking data against other hospitals in relation to Length of Stay (LoS). A Hyett explained that the Trust have been working with the Model Hospital Team as the goal is to monitor performance in real time. However, there have been challenges replicating how data is collected and informatics is working to resolve this. T Baker queried if clinicians would be able to see their own individual performance. A Hyett advised that he would check if this was possible. **ACTION: AH.** MvB commented that LoS was one part of a bigger pathway and shouldn't be considered in isolation. MVB suggested that it would be more useful to track pathways instead of an individual process as this would highlight specific areas to focus on.
- LW referred to Graph 17 within the report 'Green to Go and Trust DToC Total' and highlighted the increase in patients discharged with a short LoS. LW explained that whilst there are areas of improvement there has been a positive shift in these numbers compared to January 2019. T Baker suggested that whilst LoS was a key indicator, readmissions, particularly in relation to elderly patients would be a useful indicator to focus on.
- P Miller noted that the Trust regularly reports mixed sex breaches, with 26 cases report in April. L Wilkinson explained that a majority of these breaches occurred in ambulatory, assessment areas and are linked to capacity issues. L Wilkinson noted that whilst this is an issue there have been no concerns raised from a dignity or privacy perspective and that in regards to providing the best possible care, the correct actions are taken when placing these patients. P Kemp was assured that the clinical decisions to place patients in these areas are made with the patient's best interests in mind. L Wilkinson noted that a visit and walk around had been arranged with the Director of Nursing and Regional Director of Quality for NHSI to review the ward spaces and consider the options going forward.
- T Baker commented that mortality figures now included deaths that occur in ED and asked if this was a national change. It was noted

AH

that this would be picked up under the 'Learning from Deaths' report later in the meeting.

- R Credidio referred to the 'Registered Ward Nursing Vacancy Profile' table on p.3 of the Workforce Report and suggested that the columns relating to future trajectory should differ in colour to the months that have gone, in order to distinguish trajectory from the reported figures.
- P Kemp noted that since a review of the IPR and an initial reduction in papers, the report had grown in size again. C Charles-Barks noted that the Associate Director of Strategy, K Humphrey had been working on a revised report and this would be piloted for 3 months from July's meeting. It was noted that an example would be presented at the part 2 Private Board meeting.

**TB1 -
06/06/11**

Finance & Performance Committee Report – 3 June 2019

P Miller raised the key points discussed at the Finance and Performance Committee held on 3rd June.

- The committee received the updated Estates Strategy and were content with the changes that had been discussed at a previous meeting.
- The Annual Data Security and Protection Toolkit paper had been received and discussed. P Miller noted that the paper highlighted the volume of high quality work completed throughout the year. There are further improvements to be made in relation to storing and managing data and this is underway.
- The committee received and recommended for approval several business cases and procurement recommendation reports including, Spinal Centre Progression Bed Contract, Cath Lab 2 Business Case, the contract for the Supply of Cardiology, Radiology, Endoscopy and associated products (as part of the STP) and Managed Print Services Procurement Recommendation Report.
- P Miller noted that a particular hotspot throughout the meeting was around the issue of recruiting and retaining staff. P Hargreaves advised that there is a granular recruitment plan underway to focus on long term vacancies, which will be tracked via the Workforce Committee. P Miller suggested that a link needs to be made between F&P and the Workforce Committee to provide assurance that actions to recruit and retain medical staff are ongoing. This will be raised at the next Workforce Committee.

QUALITY AND RISK

**TB1-
06/06/12**

Learning From Deaths Report Q4/ Annual Report

C Gorzanski joined the meeting to present the Learning from Deaths Report and highlighted the following key points:

- A majority of deaths in 2018/19 were unavoidable, 5 were considered probably avoidable and 4 were subject to Serious Incident enquiries. These have been reviewed and key themes arising from the learning points were related to recognising

deteriorating patients and escalating to the appropriate level; communication with the patient and family around End of Life Care and rapid discharge to preferred place of care; Decisions, documentation and discussion with patients and families, including treatment escalation plans.

- Seven families had raised concerns regarding care. All families have linked with an End of Life nurse and the outcome of these discussions has meant very few complaints have been followed through.
- The support for bereaved families has been
- A key issue currently is the concerns raised in relation to weekend HSMR, particularly those patients admitted on a Sunday. A case notes review is underway to include the diagnosis groups with the biggest number of observed deaths. This work will identify themes, for example if the patients admitted over the weekend had community escalation plans or if they were already on an End of Life care plan when they were admitted.

Discussion:

- C Charles-Barks commented that when looking into the detail there is a piece of work in relation to the community and if patients are on an End of Life pathway when they are admitted to hospital, where was their preferred place of care.
- C Blanshard noted that the introduction of the ReSPECT form led by the Resuscitation Committee has been agreed and will be in place by November 2019. This is aligned with ongoing work across the BSW STP.
- In relation to the weekend HSMR weekend figures P Miller noted that depending on the case note review, the Trust may need to triangulate the outcomes with the reduced capacity of senior clinician reviews available at the weekend. T Baker commented that this would only be significant if the case note review reveals patients are not being treated correctly within the first 48 hours of their stay. T Baker suggested that depending on the outcome it would be useful to acquire comparative data from similar sized rural hospitals.
- C Gorzanski was asked about the inclusion of ED mortality figures in the monthly Quality Indicator report. C Gorzanski confirmed they had been included from April but were generally small numbers.

**TB1 -
06/06/13**

DIPC Annual Report

F McCarthy and J Hemming joined the meeting to present the Director of Infection Prevention and Control Annual Report. FM noted the following key points:

- The report outlines the Trust's performance against Infection Prevention and Control requirements for the year and provides the opportunity for the Board to recognise their collective responsibility for minimising risks of infection.
- There have been 7 reported *Clostridium difficile* cases against a trajectory of 18 for 2018/19. For 2019/20, it is important that the Trust Board are aware of the updated Public Health England (PHE) classification of *C.difficile* cases, which will be a significant

- performance challenge for the organisation.
- There have been 3 reported MRSA infections against a target of zero for 2018/19. The key learning from these episodes includes improving screening and decolonisation and management of indwelling catheter devices.
- A safe water system has been maintained throughout the year despite the challenges of an aged water system requiring continued oversight. There are robust monitoring and mitigation activities in place.
- Antimicrobial stewardship continues to be a key measure in reducing the risk of C. difficile and reducing the selection of multiple antibiotic resistant bacteria.

Discussion:

- P Miller thanked the team for a comprehensive report. PM noted that as the Trust develops wider working relationships within the community, the role of infection control will need to develop alongside this. PM asked the team how they link with the community currently. F McCarthy noted that the department already links with the CGC and enables them with as much information as appropriate. PM queried if the department had experienced any additional workload pressures externally and how this affects resources. J Hemming noted that there has been an increase in workload and the team work hard to complete what they are able to.
- L Wilkinson noted that the department also have internal pressures. The large amount of work required on antimicrobial resistance requires further resource if it is to be completed successfully. Additionally, a senior microbiologist is soon to retire which will provide an additional pressure to the team.
- M Von Bertele asked if the Trust had been lucky to avoid an outbreak of Norovirus in 2018/19 or had further mitigating actions been completed. J Hemming explained that Norovirus outbreaks are difficult to predict and whilst there had been individual cases an outbreak had been avoided, following the normal infection prevention and control procedures.
- N Marsden thanked the team for a concise and informative report and their hard work throughout the year.

STRATEGY AND DEVELOPMENT

**TB1 -
06/06/14**

Corporate Communications Strategy

J McGuinness joined the meeting to present the Corporate Communications Strategy, which outlined the Trust's vision to move from public relations to corporate communication function. The following key points were noted:

- J McGuinness referred to the Patient Story which had been presented earlier in the meeting and noted how this particular case had demonstrated outstanding communication.
- The strategy itself suggests a modernised outreach and to deliver the Trust's strategic message to all its audiences, including patients, employees, local community, regulators and other

stakeholders.

- The strategy sets out the shift to becoming a news generating organisation, rather than a reactive service. JMc used the example of the recent story released around the time of the birth of the royal baby, asking for maternity blankets. J McGuinness reported that this story received a 17.5k hit which is much higher than the Trust normally experiences. This change of approach will see tangible benefits for the Trust.

Discussion:

- P Hargreaves advised that a key objective of the strategy is to involve and make sure staff have a voice. C Charles-Barks noted that the strategy had been to the Workforce Committee and the key recommendations were now in the Operational Plan. The progress on this strategy will be monitored via the Workforce Committee.
- P Kemp noted that one of the recommendations asked to 'Ensure the delivery team is adequately resourced'. P Kemp supported the strategy but noted that a resource was for the Executive team to manage. The Board agreed on this matter.
- R Credidio noted her support for the strategy and commented that ideally all staff would be communication ambassadors. This culture change would empower people to take responsibility for their own communication.
- C Charles-Barks noted that there is a further piece of work regarding Organisational Development which will enable a cultural transformation and will heavily involve communications as part of this shift.
- T Baker queried how important national audiences are. J McGuinness noted that gaining national interest is challenging. C Charles-Barks commented that the Trust need to ensure the Trust's reputation is reflecting the great work we do and that we continue to build upon this platform.
- MVB suggested that the Trust need to work on using the communications department as a tool, rather than a function and really think about the message we're trying to convey, externally and internally to our staff.

Decision:

- The Board agreed to support the Corporate Communications Strategy but noted that point 2 of the recommendations relating to adequately resourcing the delivery team would be agreed and managed via normal Trust processes.

CLOSING BUSINESS

**TB1 -
06/06/15**

Agreement of Principle Actions and Items for Escalation

N Marsden noted that the key items discussed were:

- Weekend HSMR
- Annual DIPC Report
- Communications Strategy.

**TB1 -
06/06/16**

Any Other Business

R Credidio referred to the closure of Glenside Care which she had seen in the media and asked what impact this had on patients and on hospital services. A Hyett noted that the Trust has been involved with daily conversations with the CGC to ensure any impact on patients was quickly mitigated. A Hyett reported that one patient was still an inpatient in the Trust and the team were currently looking for a suitable placement. L Wilkinson and A Hyett noted that communication regarding the closure of the site had been managed well, allowing the Trust to mitigate appropriately.

**TB1-
06/06/17** **Public Questions**

J Mangan raised his concerns regarding the weekend HSMR rates and suggested that further explanation was required. A Hyett noted that a review was underway and the report would be coming back to CGC and Board.

There were no further questions.

**TB 1-
06/06/18** **Date of Next Meeting**

Thursday 4th July 2019, 10:00 am, The Board Room, Salisbury District Hospital

**TB1 -
06/06/19** **ITEMS FOR INFORMATION**

There were no further items for information.

**TB1 -
06/06/20** **RESOLUTION**

Resolution to exclude representatives of the media and members of the public from the remainder of the meeting (due to the confidential nature of the business to be transacted).

Trust Board Part 1 (Public) Action log

Deadline passed. Completed Status = N	1					
Deadline in future. Current progress made is updated. Completed status = 'N'	2					
Completed status = 'Y'	3					
Deadline in future. Current progress made is not updated	4					
Reference Number	Action	Owner	Deadline	Current progress made	Completed Status (Y/N)	RAG Rating
06 December 2018						
TB1-06/12/23 - Clinical Strategy TB1 – 23/05/04	Patient facing version of the document to be produced which also details the patient engagement and participation approach	CB	31/03/2019 04/07/2019	Met with JM on 28/12/18 to discuss comms and engagement approach. No comments received. Comms team to undertake stakeholder mapping and developing an engagement strategy No update re patient engagement - meetings happening with GPs and CCGs CB noted that help from the comms team is required. CCB ill pick this up with JMc	N	2
07 February 2019						
0702/12 - Doctor Safer Staffing Toolkit TB1 - 06/06/06	C Blanshard, the clinical director for medicine and head of medical workforce will consider the new doctor safe staffing toolkit and will look to bring a future report to Board via the Workforce Committee	CB	06/06/2019 01/08/2019	Workforce agenda - 23rd May Trust Board - June Update: The action relates to doctor staffing and will come back to August's Board.	N	2
7th March 2019						

Action log

Reference Number	Action	Owner	Deadline	Current progress made	Completed Status (Y/N)	RAG Rating
TB1 - 0703/15 - Estates Strategy	1. L Arnold to meet with J McGuiness to ensure the strategy describes the ambition for the organisation. 2. The language in the strategy to be reviewed as the term “backlog maintenance and high risk” required context. L Arnold will provide context and bring back to the Board once changes have been made	LA/JM	04/07/19		Y	3
04-Apr-19						
TB1 - 04/04/04 - mortality rates	A paper will come to a future Board meeting following a detailed piece of work into weekend mortality rates.	CB	01/08/2019	C Blanshard noted that work is ongoing to look into the upward trend, however, clarified that the mortality rate isn't higher at the weekend; the indicator refers to the higher mortality rate of those admitted over the weekend. August's Board.	N	4
TB1 - 04/04/15 - IPR	1) A revised IPR report will be coming to the Board in June. 2) AH to clarify data in relation to time to first assessment and time to triage figures and include in future IPR reports.	AH/KH	06/06/2019	The revised IPR will be reviewed at June's Private Board and come to July's Public Board meeting.	Y	3
TB1 - 04/04/15 - Exit Interviews	PH to write to all staff who have left in a 6 month period to investigate reasons for leaving. This will feed back to Workforce Committee	PH	26/09/2019		N	4
TB1 - 04/04/15 - safer staffing	LW to arrange a session with NEDs on interpreting the 'hours of care per patient' data.	LW/FMc	23/05/2019	A Board Seminar to be arranged on 'interpreting hours of care per patient' FMc to review Board Schedule for an appropriate date.	N	4
23-May-19						
TB- 23/05/06 - Armed Forces Day	N Marsden requested a brief schedule of the events over Armed Forces Weekend to be pulled together and distributed.	JMc	06/06/2019		Y	3
06-Jun-19						
TB 1- 06/06/10 - LoS/ Model Hospital	AH to check with Model Hospital Team if clinicians can monitor their own individual performance in relation to LoS.	AH	04/07/2019		N	4

Action log

Reference Number	Action	Owner	Deadline	Current progress made	Completed Status (Y/N)	RAG Rating
TB1 - 06/06/11 - Recruitment and retention of medical staff	Feedback required to F&P from the Workforce Committee to provide assurance that actions to recruit and retain medical staff are ongoing.	PH	03/09/2019	This will be pick up via the workforce committee	Y	3

Report to:	Trust Board (Public)	Agenda item:	1.6
Date of Meeting:	4 July 2019		

Report Title:	Chief Executive's Report			
Status:	Information	Discussion	Assurance	Approval
	Yes			
Prepared by:				
Executive Sponsor (presenting):	Cara Charles-Barks, Chief Executive			
Appendices (list if applicable):	None			

Recommendation:
None

Executive Summary:
<p>This report provides an update for the Trust Board on some of the key issues and developments within this reporting period and covers:</p> <ul style="list-style-type: none"> • Performance – update on current performance • Finance – update on our financial recovery plan • Workforce – update on workforce situation • Armed Forces weekend • Celebrating our staff and volunteers • Winter flu planning

Performance

We continue to face challenges in managing our emergency pathways, achieving 88.81% for the 4 hour wait standard against a trajectory of 92.2%. An outbreak of Norovirus across the region significantly impacted on patient flow which increased pressure on our Emergency Department. We also missed our diagnostic standard but met the 18 week time to referral standard, reporting 93.28%.

It is essential that we continue to provide good quality, safe care and we have had no cases of MRSA, but two cases of C.difficile cases during May. Next month, community onset healthcare associated cases will also be reported in line with the new national guidance and will increase the number of Trust apportioned cases.

Finance

We have made a positive start to the 2019/20 financial year and met the NHS Improvement control total target in both April and May. This performance was underpinned by a significant reduction in premium costs relating to temporary staffing - delivered through a combination of reductions in clinical vacancies over the last six months and the closures of our winter escalation bed capacity.

However, we continue to face challenges. We are below the planned level of Elective and Day Case activity, but are actively reviewing the booking of theatre capacity on a weekly basis. We are also looking to identify a further £2m in cost reductions and productivity improvements in order to deliver our full 2019/20 target of £12m, although delivery of the financial plan is only contingent on £10m.

Workforce

Recruitment remains our main workforce challenge and we continue to use overseas pipelines for qualified nurses. This has been very successful, with 90 appointments made in India recently. The recruitment and retention strategy should be approved this month and we are making good progress in the NHSi nursing retention programme - the intention is to spread this good practice to all other staff groups.

The Trust's overall sickness absence rate is 3.19%. This is above the 3% target but is an improvement on last month's figure of 3.45%. Long term sickness has increased slightly and short term sickness has decreased. We continue to focus on specific 'hot spot' areas to proactively manage sickness absence, with the aim of reducing it back below target to a sustainable level.

Armed Forces weekend

The military are an important and growing part of our community; the hospital is supporting the national armed forces weekend on 28-30 June in Salisbury.

To mark the occasion there was a flag raising ceremony on the Green at the hospital, led by our Armed Forces Champions, who are dedicated to fulfilling the Trust's commitments to be aware of veterans' specific needs and to ensure serving personnel, veterans and their families are not disadvantaged from accessing health services. Welcome signs have also been put up across our campus.

To help bring a flavour of Armed Forces Weekend here, a 'real' field hospital will be on our Green on Sunday 30 June.

Large scale events like this are a welcome boost for our community but, with extra people in the city and road closures, there could be extra pressure on our services. We have been preparing for several months to make sure there is no disruption.

Celebrating our staff and volunteers

Our Striving for Excellence awards ceremony took place on 13 June, giving us an opportunity to recognise the enormous contribution our staff make to the hospital, our patients and our local community. There were eight award categories in all, with over 100

individuals nominated by staff of the hospital, and there were winners from both clinical and non-clinical areas. Congratulations to all the winners and to all those nominated.

Despite the unseasonably cold weather there was a great turn out from staff, with the event purposely being held on site so that more staff were able to participate in the celebrations.

We will be restructuring our staff awards for 2019/20, moving towards a monthly award process that is more closely aligned with our hospital values.

Our staff do an exceptional job all year striving to do their best for our patients and each other. To thank all our staff and volunteers for their hard work a staff barbecue will be held on 8 July. I know the Trust Board is looking forward to joining our staff on what should be an enjoyable and informal occasion.

Winter flu planning

We have a responsibility to protect our patients while they are with us in hospital and we are already well underway with our staff seasonal flu campaign preparations. Very early indications from the Southern Hemisphere, who have experienced an early spike in incidences of flu, suggest we may be facing a difficult flu season this winter. We are therefore ensuring we are fully prepared if this is the case. We know that comprehensive staff vaccination can help reduce the risk of flu spreading across patient areas and affecting vulnerable patient groups. Our staff vaccination campaign will officially kick-off on 30 September, with a launch event for all staff.

HSE Visit

We will be inspected by the Health and Safety Executive on 3 and 4 July focusing on manual handling, violence and aggression and management of asbestos.

CHKS Hospital Awards

The Trust has been honoured with two awards by the healthcare intelligence company – CHKS. We won the most improved hospital and top hospitals award. These awards are based on a wide range of benchmarked quality and performance data and reflect fantastic performance by our staff in a year overshadowed by the major incidents and financial recovery plan.

Cara Charles-Barks
Chief Executive

Report to:	Trust Board (Public)	Agenda item:	2.1
Date of Meeting:	4 th July 2019		

Committee Name:	Clinical Governance Committee		Committee Meeting Date:	14 th May 2019
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Paul Miller, Non Executive Director			
Board Sponsor (presenting):	Paul Miller, Non Executive Director			

Recommendation
To note key aspects of the Clinical Governance Committee meeting of the 14 th May 2019.

Items for Escalation to Board
<p>Vascular services – the Trust has historically been reliant upon other NHS Foundation Trusts for key medical staff to enable us to safely undertake certain vascular procedures on the Salisbury Hospital site. The Board has been previously made aware that going forward, these historic arrangements are no longer able to be supported. Therefore we are continuing to urgently seek alternative arrangements to support new service models to ensure that a full range of services can continue to be provided on the Salisbury Hospital site. Whilst these discussions are taking place we were assured that current services are safe, but in the worst case it would require an unplanned patient transfer to another hospital. Finally to help resolve this ongoing issue we have escalated the matter to NHSE/NHSI.</p> <p>Q4 Serious Incident Inquiry/Clinical Review Outstanding Actions Report – The Committee received this important quarterly report, which helps the Trust close off actions agreed from various Serious Incident Inquiries (SII's). The observations from all parties was that the report was not fully up to date and progress on actions and the inter-relationship with the risk register should be improved. Therefore it was agreed to bring the Q4 report back to the next meeting of the CGC on the 25th June 2019.</p> <p>Learning from deaths Q4 – 2018/19 – The Committee received this report and noted the previously identified issue of “weekend HMSR is statistically significantly higher than expected. Sunday has a statistically significant higher than expected relative risk” continues to be a concern. Importantly this issue does not relate to deaths on a weekend, but rather</p>

deaths from patients admitted on the weekend. Finally the CGC and the Trust Board is sighted on this issue and an audit and investigations are ongoing and a full report is planned for September 2019. In the meantime the Executive have assured the CGC that whilst the audit and report are being worked on, that all relevant operational actions are being taken to address any potential patient safety risks.

Final Quality Account 2018/19 – The papers were received and good progress was noted and these would be forwarded to the full Trust Board at a special meeting for sign off.

Non-Executive Attendance at Clinical Governance Committee – In the continued absence of the Chair of the CGC through ill health, it was agreed that the number of Non Executives both assigned to CGC and in attendance at CGC be raised at the full Trust Board. Finally the future attendance of Non Executives at CGC should reflect the vital work that the Committee performances on behalf of the Trust.

Report to:	Trust Board (Public)	Agenda item:	2.1
Date of Meeting:	4 th July 2019		

Committee Name:	Clinical Governance Committee		Committee Meeting Date:	25 th June 2019
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Paul Miller, Non Executive Director			
Board Sponsor (presenting):	Paul Miller, Non Executive Director			

Recommendation
To note key aspects of the Clinical Governance Committee meeting of the 25 th June 2019.

Items for Escalation to Board
<p>Q4 Serious Incident Inquiry/Clinical Review Outstanding Actions Report – The Committee received an updated report, from the original report presented on the 14th May 2019. Good progress had been made in updating the actions and cross referencing this to the risk register, however further work was required and would be picked up in the 2019/20 Q1 report going forward.</p> <p>Learning from deaths Q4 – 2018/19 (matters arising action log) – The Committee received a verbal update on the progress of the patient audit of weekend admissions and the report on the reasons behind the “statistically higher HMSR” was on track to come to the September 2019 CGC meeting.</p> <p>Research and Development Annual Report 2018/19 – The committee received this excellent report, which summarised the very impressive research undertaken in the Trust during 2018/19. There were many highlights, but perhaps the most impressive statistic is Salisbury NHS Trust is very clearly the number 1 ranked small acute Trust in England by number of studies in 2018/19. This track record and culture of research could be a feature we may wish to promote when recruiting staff.</p>

NHS 7 Day Services Board Assurance Framework – This report was presented and the summary was *“the April 2019, 7 Day Service (7DS) Board Assurance Framework provides evidence the Salisbury NHS FT has broadly met the 4 priority standards for patients admitted as an emergency in the week and at weekends. All the standards were achieved for a sample of stroke and STEMI heart attack patient.*

Of concern, the standard for daily review at a weekend was not met – action is underway to a rising weekend HMSR, as it is significantly higher than expected, to undertake a case note review of patients who died when admitted on a Sunday.”

Update on Missed and Delayed Cancer Diagnoses (May 2019) – Following a number of previous serious incident inquiries (SII's) a comprehensive root cause analysis action plan report was commissioned, covering all lessons learnt and actions. This May 2019 update report outlined progress to date, however despite a significant number of individual actions being progressed, what was not clear was whether the underlying patient risks had reduced to an acceptable level?

Therefore the Committee noted this report as an update on progress and awaited a more definitive outstanding risk conclusion, which should be available at the September/October meeting after a Risk Summit to be held in August 2019.

National reporting changes for Clostridium difficile 2019/20 – There are two issues that have come into effect in April 2019 that are important to highlight to the Board (a) our Trust 2019/20 C.difficile target has reduced to 9 a year and (b) there has been a change in definition of what is counted as HOSPITAL ACQUIRED rather than community. Both of these when taken together significantly increase the chances of the Trust not achieving its C.difficile target in 2019/20.

Non-Executive Attendance at Clinical Governance Committee – Following previous discussions surrounding the number of Non-Executives assigned to the CGC meeting, good progress has been made however formal confirmation of the final outcome needs to be confirmed by the Chair and the Chief Executive so that the committee terms of reference can be amended if necessary.

Report to:	Trust Board	Agenda item:	2.2
Date of Meeting:	4 th July 2019		

Committee Name:	Finance and Performance		Committee Meeting Date:	25 th June 2019
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Paul Miller, Non Executive Director			
Board Sponsor (presenting):	Paul Miller, Non Executive Director			

Recommendation
To note key aspects of the Finance and Performance Committee meeting of the 25 th June 2019.

Items for Escalation to Board
<p>Operational Performance 2019/20 – The hospital has faced two significant changes during May 2019. Firstly an outbreak of noro-virus, which led to a total loss of 64 beds (wards and bay closures) with a consequential impact on hospital flow and our Emergency Department (ED) 4 hour performance. This reduced ED performance from 92.5% in April to 88.8% in May, which is below our operational plan month 2 trajectory of 92.2%. That said performance has picked up in June and we are cautiously optimistic that the previous trend of improved ED performance will continue during the summer. Assuming that is delayed discharges can continue to be successfully managed.</p> <p>Secondly the ongoing operational and recruitment issues relating to the hospitals endoscopy services, which have previously been reported, continue to adversely impact on diagnostic service performance and the May performance was 97.44% against a target of 99%. This service will be the subject of a future Trust Board strategic discussion.</p> <p>Financial Performance 2019/20 – The Trust achieved its cumulative month 2 control total deficit of £2.58m. This resulted in the payment of over £1m of Provider Support Funding (PSF) and other central funding, which taken with other technical adjustments has brought our bottom line month 2 cumulative deficit down to £1.66m. Finally whilst the NHS financial arrangements are currently rather complex, the Committee is assured that we have had a good start to the year and the future financial risks to achieving our year end control total deficit (before central funding) of £8.854m have been identified.</p>

Transformation Programme update – Firstly the Committee has a useful discussion on the structure and format of future Transformation Programme updates and the consensus was (a) transformation activities, in all their various forms create (b) measurable benefits i.e. productivity improvements, workforce opportunities, quality gain etc. which in turn result in (c) quantifiable financial savings i.e. the cost improvement programme (CIP's).

Secondly the Committee noted that Trust still had a CIP planning gap of £2m to achieve its 2019/20 target of £12m and the Executive were requested to identify this outstanding gap, as soon as possible and report successful progress back to the next F&P Committee on the 23rd July 2019.

Pensions and higher rate tax update – The Committee received a paper on the workforce implications of the current HMRC tax arrangements and in particular the reduction in the annual pension tax relief from £40,000 to £10,000. The impact of this change and others is potentially a significant risk to the future supply of highly skilled clinical and managerial staff.

Procurement and Commercial Services annual report – The Committee received this report which demonstrated excellent achievements during 2018/19 and the Procurement and Commercial Services team were commended for their performance, initiative and commitment.

Collaborative procurement F&PC delegated authorisation – As a result of the increase in collaborative procurements with our Sustainability and Transformation Partners (STP) the Trust Board will be requested to consider delegating certain procurement decisions (which are currently held by the Board alone) down to the F&P Committee. The exact nature and threshold of this delegation is to be determined, but failure to do so may either delay the achievement of savings or increase the number of out of Board Chairman's approvals, neither of which are desirable.

Other commercial activities on the Salisbury Hospital site – Finally the Committee were briefed on a range of potential hospital retail and campus developments, that will be more fully reported to the Trust Board during the summer in the private part of the Board.

Report to:	Trust Board (Public)	Agenda item:	2.4
Date of Meeting:	4 July 2019		

Report from: (Committee Name)	Workforce Committee		Committee Meeting Date:	23/05/2019
Status:	Information	Discussion	Assurance	Approval
			X	
Prepared by:	Michael Von Bertele (NED)			
Board Sponsor (presenting):	Paul Hargreaves, Director of People and OD			

Recommendation

The Trust Board are asked to note the items escalated from the Workforce Committee meeting held on 23/05/2019.

Key Items for Escalation

Health and Safety – HSE are due to inspect the Trust on 3/4 July in relation to Manual Handling, Violence & Aggression, and Management of Asbestos. Director of OD & People has taken personal responsibility for a weekly Task & Finish Group to work on preparations in advance of the Inspection.

Health and Wellbeing Strategy – investment for the reward/recognition platform and employee assistance programme has not been approved through TMC and some elements of the Strategy are consequently at risk.

Guardian of Safe Working - The paper planned for committee meeting in May, to outline the risks and mitigating actions recommendations going forward, was delayed due to absence of a key member of staff. With continued concerns regarding junior doctors night and weekend working, this is now planned for the July meeting.

Report to:	Trust Board (Public)	Agenda item:	2.5
Date of Meeting:	04 July 2019		

Report Title:	Integrated Performance Report			
Status:	Information	Discussion	Assurance	Approval
	✓		✓	
Prepared by:	Kieran Humphrey, Associate Director of Strategy Felicity Anscombe, Information Services Manager			
Executive Sponsor (presenting):	Dr Christine Blanshard, Medical Director			
Appendices (list if applicable):				

Recommendation:

The Board is requested to note the report and highlight any areas of performance where further information or assurance is required.

Executive Summary:

The Integrated Performance Report consolidates the latest performance information and improvement actions across the Trust's strategic priorities.

This report for July 2019 Board is a new format using data and commentary available for performance in May 2019 across the Trust's services to produce a summary report. The structure of the report is aligned with the Trust's key strategic priorities and their related (CQC based) assessment frameworks.

The Trust is performing positively against a number of indicators, continuing to meet the Referral to Treatment standard and the majority of Cancer diagnosis and treatment standards (6/8). The Trust has delivered against its financial control total in the year to date. Positive progress is being made against the Trust's workforce key performance indicators.

Performance against the Emergency Access (4hr) and Diagnostic Standards and the Trust has mitigation actions in place to address this. Effective patient flow and discharge remains a challenge for the Trust and wider system to address.

Board Assurance Framework – Strategic Priorities

Select as applicable

Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>

Integrated Performance Report

July 2019

(data for May 2019)

Executive Summary

The **Integrated Performance Report** highlights key themes and issues across the Trust, attempting to make links between the various aspects of the organisation. It brings together themes from the performance, quality, workforce and finance reports and seeks to set out the interlinking issues and plans to move forward the challenges faced.

This report for July 2019 Board is a draft format using data and commentary available for performance in May 2019 across the Trust's services to produce a summary report. The structure of the report is aligned with the Trust's key strategic priorities and their related (CQC based) assessment frameworks.

Operational Performance

ED (4 hour) performance fell to 88.8% in May, below trajectory for the month and a fall from April (92.5%). While bed closures for infection control were a contributing factor, workforce planning and focus on the Patient Flow Programme remain key areas to drive improved performance.

The Trust continues to meet the Referral to Treatment target of 92% for patients waiting less than 18 weeks for elective treatment, although overall waiting list size grew by 278 patients.

The Trust met 6 out of 8 cancer standards in May, recovery of 62 day standards remains focus.

The Trust failed to deliver the diagnostic waiting time standard by 1.6% with primary challenges remaining in Endoscopy capacity (this also has an impact on cancer waiting times).

Our Care and People

Quality Indicators in May indicate expected SHMI rate and maintained performance in Stroke indicators. A rise in weekend HSMR will be reviewed through a case notes audit with findings reported to Clinical Governance Committee in September 2019.

The pay budget is underspent by £204k year to date. Agency spend has increased in month by £27k to £411k, with the largest increases in Consultant Medical Staff (£28k) and Career Grade Medical Staff (also £28k). The Trust's sickness rate is over the 3% target in this month at 3.19%, and the year to date rolling absence figure is at 3.43%. Compared to last month's figure of 3.45%, long term sickness has increased slightly and short term sickness has decreased. There were 33 starters in May, and a decrease in leaver numbers at 20. FTE turnover reduced slightly to 9.01%.

Use of Resources

The Trust met its control total in May 2019, reporting a control total deficit of £0.7m, releasing additional payments of £513k for MRET funding, PSF, and FRF.

Structure of Report

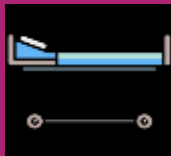
Performance against our Strategic and Enabling Objectives



Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

Summary Performance – May 2019

There were **2,812**
Non-Elective
Admissions to
the Trust



We provided care for a
population of
approximately
270,000



18% of
discharges
were completed
before 12:00 ↓



We delivered
22,879
outpatient
Attendances ↑



RTT 18 Week Performance:
93.3%
Total Waiting List:
17,300 ↑



Emergency (4hr)
Performance
88.8% ↓
(Target trajectory: 92.2%)



We met
6 out of 8
cancer treatment
standards ↑

97.4% of
patients received
a diagnostic test
within **6 weeks** ↓



1,292
Patients
arrived
by Ambulance ↑



We carried out
397 Elective
Procedures &
1,793 Daycase



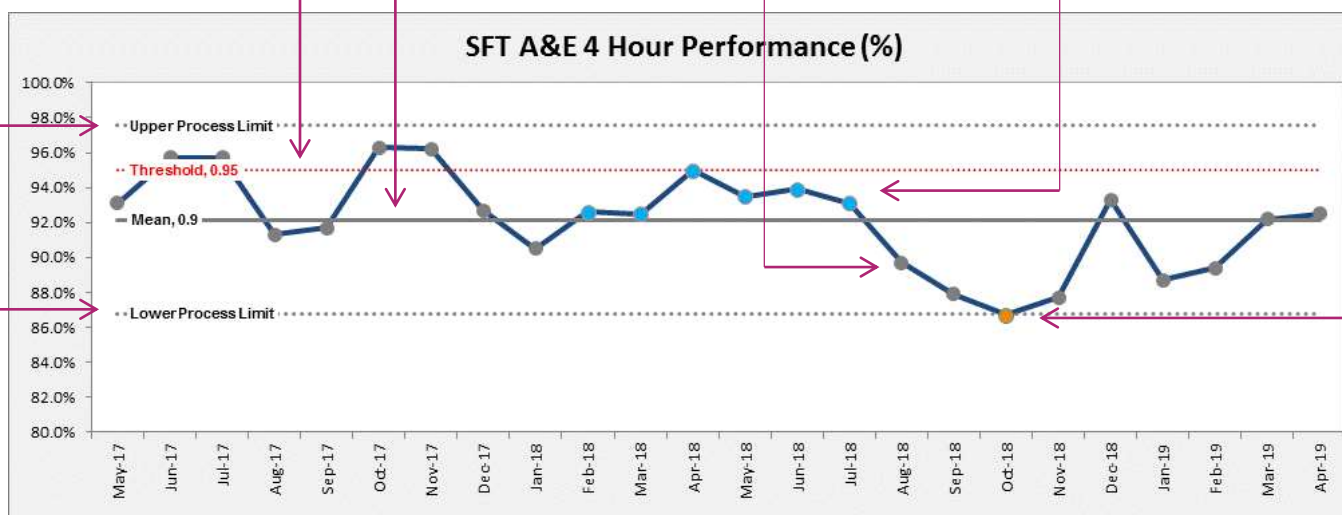
Our clinical
income
was **£17,243k**
(£27k under plan)

Our overall
vacancy rate
was **6.68%** ↓



Reading a Statistical Process Control (SPC) Chart

- The two dotted grey lines represent the boundaries of "normal"
- There should always be a minimum of 24 months worth of data
- The red line shows the target for the KPI, if there is one
- The solid grey line shows the mean value for the dataset
- Grey markers show normal behaviour with no significant cause for variation
- Blue markers indicate that there has been a marked improvement in performance, showing 7 or more points above the Mean or one point greater than the upper limit
- Orange markers indicate that there has been a marked decline in performance, showing 7 or more points below the Mean or one point less than the lower limit



Statistical Process	--- Target	● Special Cause Variation Improvement (7 or more points better than the mean, or a single point outside the control limit)
Control Chart Key:	— Mean	● Special Cause Variation Concern (7 or more points worse than the mean, or a single point outside the control limit)
 Upper / Lower Process Control Limits (UPL/LPL)	● Common Cause Variation

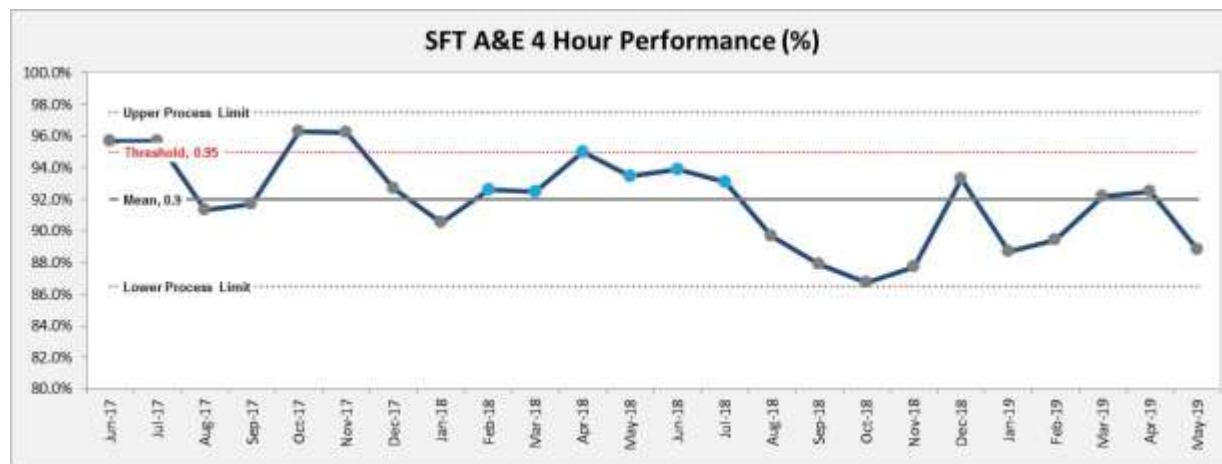
Part 1: Operational Performance



Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

Emergency Access (4hr) Standard Target 95% / Trajectory 92.3%

National Key Performance Indicators



Data Quality Rating:



Performance Latest Month:

88.8%

Attendances:

6209

12 Hour Breaches:

0

ED Conversion Rate:

28.3%

Background, what the data is telling us, and underlying issues

M2 performance was impacted by a number of operational issues within the Trust. The outbreak of Norovirus had serious implications for Flow and, at its peak, resulted in 20 empty medical beds being out of use and an impact of flow through a total of 64 beds due to ward and bay closures.

Ward and bay closures led to significantly reduced flexibility in the management of site which often, during the outbreak period, meant that ED was full with no movement out of the Department. When this happens, wait times increase and 4 hour performance is put at risk.

Improvement actions planned, timescales, and when improvements will be seen

The Trust continues to move along its improvement trajectory with specific work streams continuing from the Directorate and from the COO. An example of this is further work that has been undertaken to interrogate the time to triage and assessment performance to ensure a high standard is being achieved for these and ensure wait times are at a minimum – this will, in turn, support the anticipated national direction with regards to changes to emergency pathways standards.

Timely assessment, treatment and onward flow will remain essential to the delivery of any new standards. Work will now continue to analyse the same set of data for our Majors and Minors patients to provide assurance that we are treating our patients within the appropriate and expected timeframes.

Risks to delivery and mitigations

Workforce issues continue to be of concern for nursing and medical posts. 1.6WTE consultants will be leaving the Trust in the next quarter along with 4 other doctor posts. Potential candidates have been identified with some offers made. Workforce plan for Medical staffing to be submitted later in 2019.

The Trust will review ambulatory pathways to increase access to outpatient ambulatory services (away from the inpatient areas) as part of patient flow programme.

The Trust has agreed a project plan for SAFER agreed and continued implementation to all wards.

Statistical Process Control Chart Key: --- Target

Control Chart Key: — Mean

..... Upper / Lower Process Control Limits (UPL/LPL)

● Special Cause Variation Improvement (7 or more points better than the mean, or a single point outside the control limit)

● Special Cause Variation Concern (7 or more points worse than the mean, or a single point outside the control limit)

● Common Cause Variation

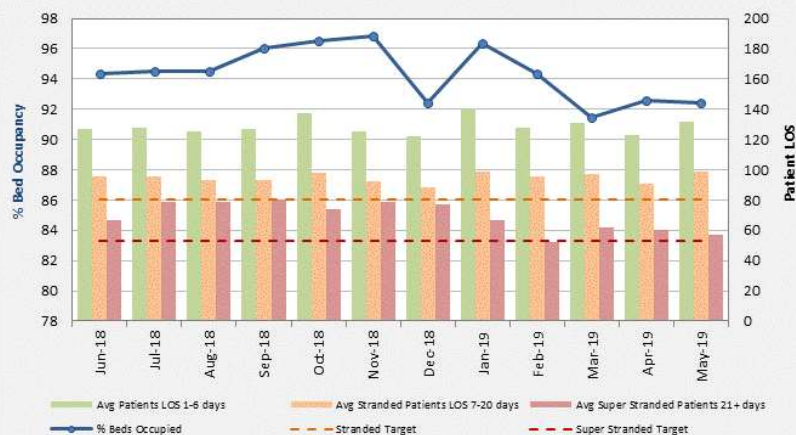
Patient Flow and Discharge

Data Quality Rating:



Are We Effective?

SFT Bed Occupancy and LOS



SFT Discharges Before Midday (All Wards)



Background, what the data is telling us, and underlying issues

In May, flow in the ED was impacted by the norovirus outbreak in particular and on periods of surge (particularly in minors during twilight hours). The norovirus outbreak resulted in a number of beds being out of action which impacted flow and caused the ED to be full at times with no movement possible in or out. This has consequentially caused the reduction in performance and whilst the outbreak clearly did not last for the whole month, it is widely known that more than three days of significantly reduced performance (i.e. below 75%) will cause the month position to be in jeopardy.

Improvement actions planned, timescales, and when improvements will be seen

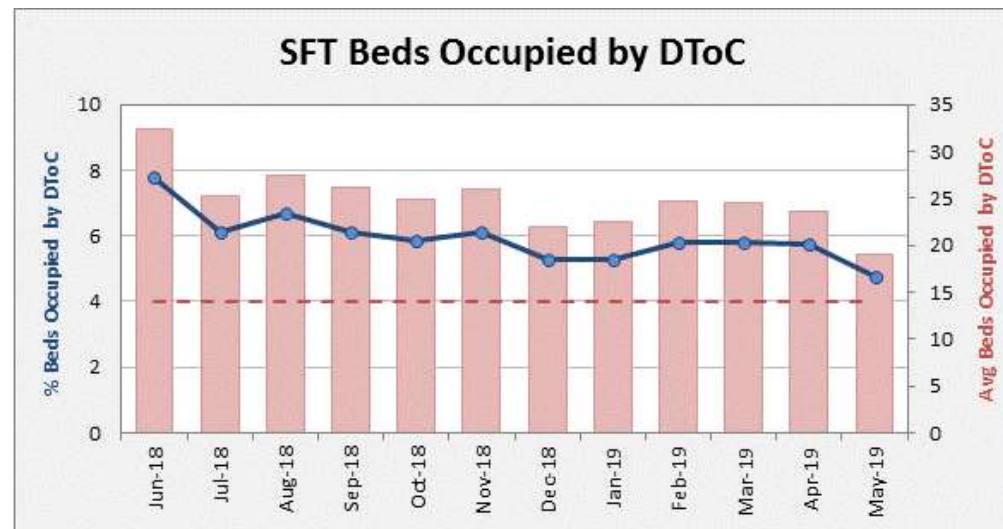
The CD and DM for Medicine are working to improve clinical engagement in the Patient Flow Programme by resetting objectives and workstreams (whilst keeping the national work streams in mind, i.e. SAFER, ECIST etc.) They intend to meet individual with key stakeholders for the programme with a view to split the programme into three phases (Ready, Steady, Go) in order to focus attention on the front door, the diagnostic phase and discharge. Key individuals that have expertise in each phase will be 'recruited' to participate and influence the programme with a view to working towards achieving the originally agreed metrics for it.

Risks to delivery and mitigations

The patient flow project plan continues to be updated, with key areas of focus in the next month linked to:

- The intra hospital plan
- SAFER roll out and individual ward plans
- Ambulatory care pathway
- T&O Enhanced care pathway
- Action plan following ECIST workshops
- Breamore chair initiative (potential roll out in DSU)

Delayed Transfer of Care (DToC) Bed Days



Data Quality Rating:



Performance Latest Month:

Days Lost to DToC (NHS): 185

Days Lost to DToC (SS): 133

DToC Patients (last Thursday of month snapshot): 9

Background, what the data is telling us, and underlying issues

The number of patients who are coded as DToC remains above the target of 14. The system (A&E LDB, SFT, Wiltshire Health and Care and Wiltshire Council) agreed a revised target for May of no more than 14 DToC patients delayed per day (including Spinal unit) for May 2019.

Improvement Action Planned

The weekly Expert Panel continues to meet, with the format of these meetings having been reviewed in the previous 6-8 weeks. In addition to the patients who are medically fit for discharge, wards are now being asked to discuss their longest two waiting, not medically fit patients, so that discharge planning can commence earlier.

The CCG are currently not attending these meetings however, attendance from other partners is in place. It is anticipated that from the 13 June the meeting will be moved to a Thursday afternoon, to allow the Deputy Director of Nursing to attend.

Three 2 hour workshop sessions on the 2 and 3 May 2019, were delivered by ECIST. In addition there was a senior management session on the Thursday morning, with the focus being on how they would support teams to continue to embed the principles of SAFER and good patient flow within their teams.

Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

SFT RTT PTL Volume by CCG:

Total WL	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Dorset CCG (11J)	2,495	2,564	2,505	2,480	2,490	2,424	2,459	2,537	2,588	2,650	2,702	2,700	2,771	2,832
West Hampshire CCG (11A)	1,572	1,621	1,626	1,583	1,574	1,565	1,620	1,639	1,666	1,628	1,696	1,748	1,638	1,667
Wiltshire CCG (99N)	10,961	10,752	10,577	10,481	10,616	10,335	10,343	10,441	10,192	10,584	10,500	10,328	10,540	10,478
Other CCGs	2,886	3,024	3,138	3,135	3,016	2,989	2,834	2,526	2,411	2,180	2,105	2,133	2,088	2,923
Trust Total	17,514	17,961	17,846	17,679	17,666	17,313	17,256	17,143	16,857	16,842	17,063	16,949	17,032	17,300

Data Quality Rating:



Performance Latest Month:

93.3%

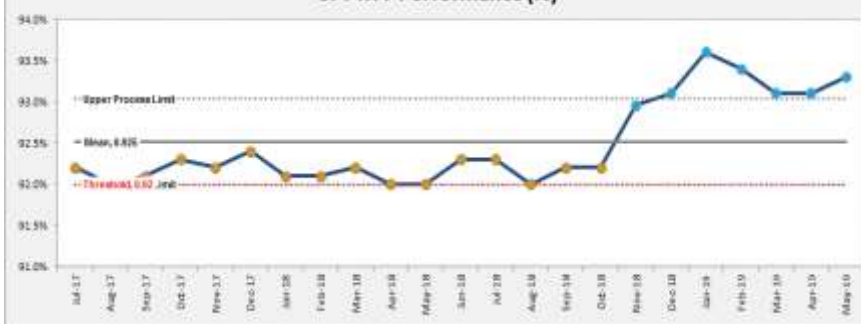
PTL Volume:

17,300

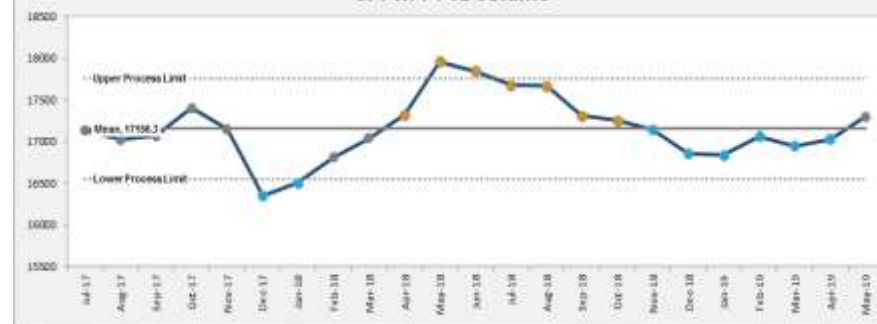
52 Week Breaches:

0

SFT RTT Performance (%)



SFT RTT PTL Volume



Background, what the data is telling us, and underlying issues

The Trust has continued to deliver against the RTT standard as a total and continues to work on plans for those specialties where further performance improvements or capacity issues can be identified.

Particular areas of pressure in general surgery, orthopedics, oral surgery and plastic surgery.

Dermatology continues to be a challenge with Dermatologist capacity. RTT currently for May 73.24%.

Waiting List increased to 83 above trajectory.

Improvement actions planned, timescales, and when improvements will be seen

The Trust remains committed to achieving the standard and maintaining waiting list size through:

- Weekly review of activity booked being undertaken for areas with biggest activity shortfall
- Using Forward Look tool to work on recovery plans for specialties under activity.
- Continued monitoring of waiting list size to ensure any growth is within trajectory.
- Continued validation of specialty PTLs

Risks to delivery and mitigations

Specialties failing to achieve the standard are General Surgery, Urology, ENT, Trauma & Orthopaedics, Dermatology & Plastic Surgery.

Workforce gaps are the primary risks in these areas, with recruitment activity, process and list validation improvement work and additional clinics being brought forward to increase capacity.

Diagnostic Wait Times (DM01) Target 99%

SFT DM01 Performance (%)



Data Quality Rating:



Performance Latest Month: 97.4%

Waiting List Volume: 3,705

6 Week Breaches: 95

Diagnostics Performed: 7,420

Background, actions being taken and risks and mitigations

Endoscopy

Concerns raised in relation to capacity for May resulted in **95** in-month breaches. Outsourcing for May was deemed inappropriate owing to governance issues relating to the in-sourced provider responsible for the delivery of April's weekend capacity. These are being addressed at Executive level, with resolution expected to conclude in June 2019. Maximum capacity in hours was therefore secured by ensuring Monday to Friday lists were fully utilised, with a focus on DNA's and active prevention by phoning patients in advance of appointments.

In hours capacity for June remains a concern, and there is an expectation that the DM01 target will not be met for the third consecutive month. As a result of the Executive Intensive Support being provided to the service, weekend lists have been authorised on two consecutive weekends in June, and will be delivered by 18 weeks. Whilst this action will reduce the number of June in month breaches, it will not enable the Trust to meet the DM01 target. The Directorate are working with the COO and DoF to prepare a recovery plan to share with the Commissioners.

Radiology

There were no Radiology related breaches in May, despite identified downtime associated with CT1 (1 and ½ days). This was achieved by a combination of additional weekend lists and evening working.

The MRI waiting list at the end of May was 326 with the majority of patients waiting less than 6 weeks. The demand remains constant so we continue with the use of the mobile scanner for 3/4 days per week on a regular basis.

The Ultrasound Service has identified concerns around capacity in June. This will be mitigated by a combination of additional weekend and evenings lists and active monitoring of potential DNA's.

Staffing continues to be challenging; there has been a significant reduction in clinicians willing to do additional sessions and measures continue to be investigated to improve recruitment and retention of staff.

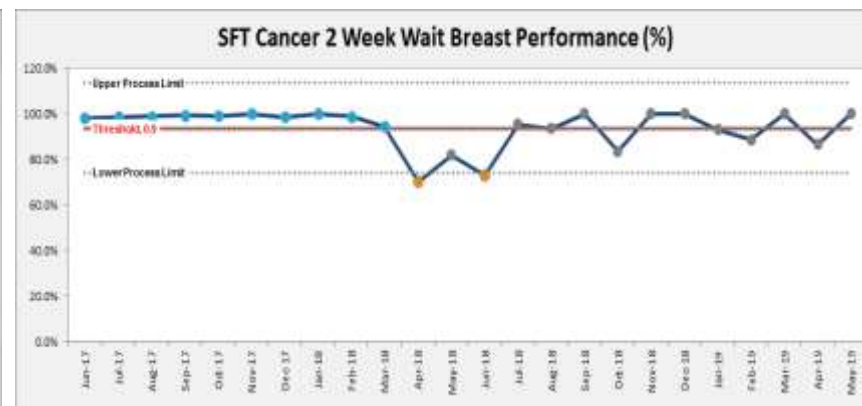
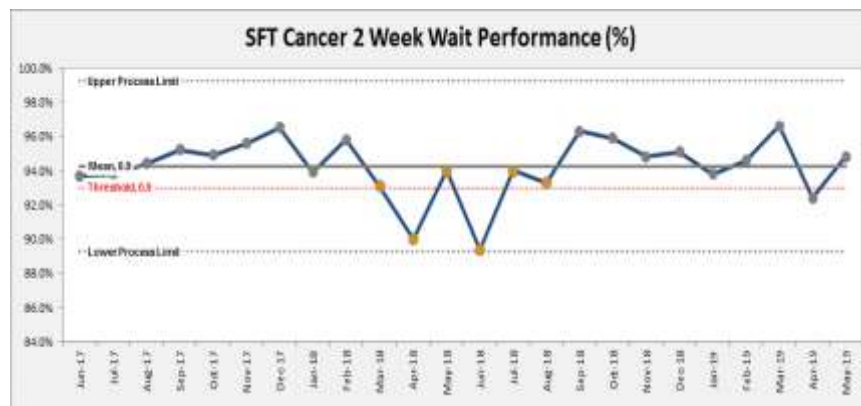
Cancer 2 Week Wait Performance Target 90%

Performance Latest Month:

Two Week Wait Standard: 94.8%

Two Week Wait Breast Standard: 100%

Data Quality Rating:



Background, what the data is telling us, and underlying issues

2 week wait performance standard was met for both 2WW and 2WW (Breast symptoms) in May 2019. Improvement was seen in both standards from April 2019 when neither metric met the 93% target for patients being seen within 2 weeks.

Improvement actions planned, timescales, and when improvements will be seen

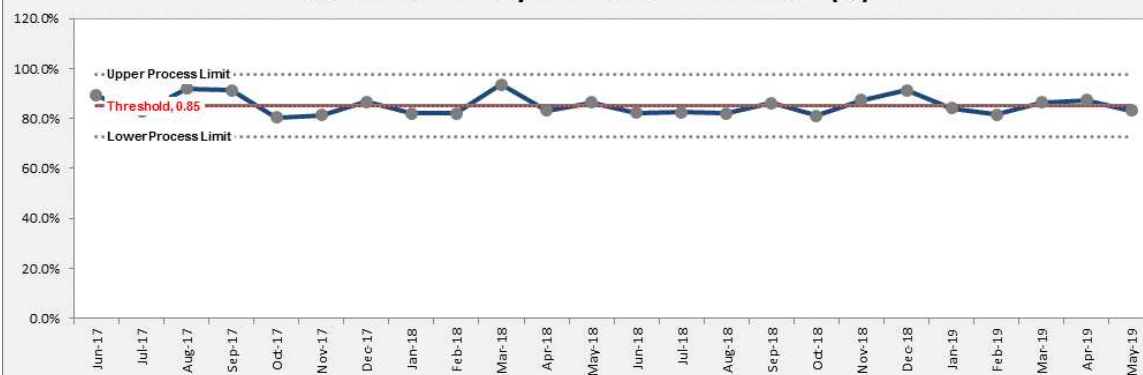
The Trust will now focus on maintaining the 2 week wait performance through efficient tracking of patients on open pathways and quick resolution of diagnostic delays through patient tracking list meetings.

Risks to delivery and mitigations

Achieving the performance standard for Q1 (2019/20) is at risk primarily due to capacity within diagnostic services (see diagnostic update).

Cancer 62 Day Standards Performance Target 85%

SFT Cancer 62 Day Standard Performance (%)



Data Quality Rating:



Performance Latest Month:

62 Day Standard: 83.3%

62 Day Standard (without shared care): 82.5%

62 Day Screening: 100%

Risks to delivery and mitigations

The ongoing challenge to maintaining 62 day performance will be the following:

- Urology: delays at the tertiary centre and late referrals by us. Appointment of CNS as cancer lead (in process) will improve the pathway.
- Dermatology capacity – service is extremely lean.
- Endoscopy capacity issues, 2WW endoscopy investigations and mid pathway patients often waiting 14-21 days for tests rather than the desired 7 days.
- Histology delays due to outsourcing of histology analysis and reporting (including 2WWs).

Statistical Process Control Chart Key: --- Target

Control Chart Key: — Mean

..... Upper / Lower Process Control Limits (UPL/LPL)

● Special Cause Variation Improvement (7 or more points better than the mean, or a single point outside the control limit)

● Special Cause Variation Concern (7 or more points worse than the mean, or a single point outside the control limit)

● Common Cause Variation

Stroke & TIA Pathways

SFT SSNAP Case Ascertainment Audit Score (target 'B' rating):

Year	Q1	Q2	Q3	Q4
2018-19	B	C	B	B
2019-20				

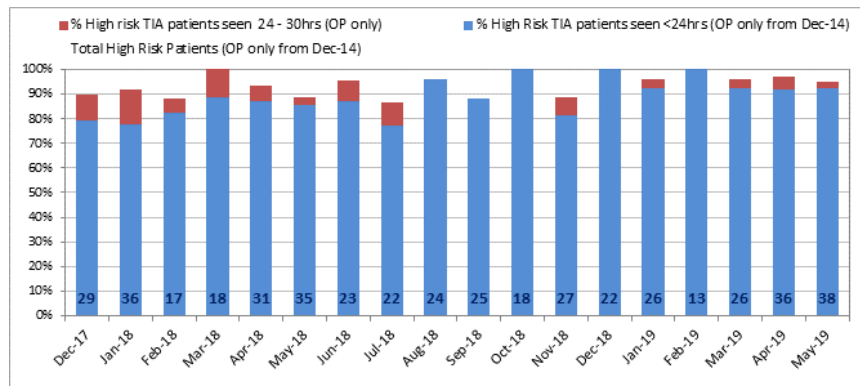
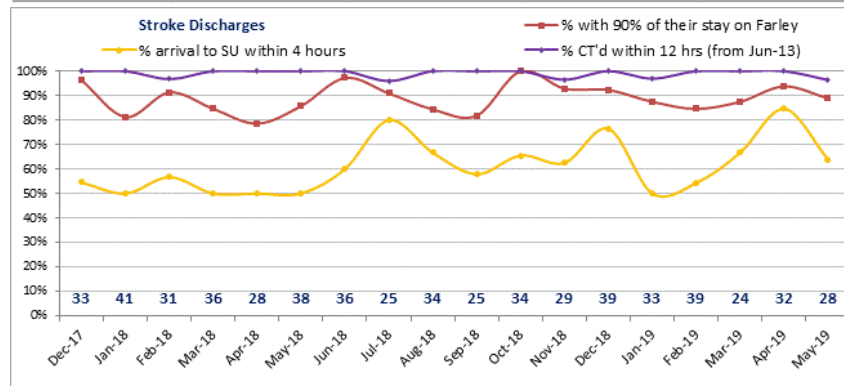
Data Quality Rating:



% Arrival on SU <4 hours: 64.0%

% CT scan < 12 hours: 96.4%

% High Risk TIA Seen < 24 hours: 92.1%



Are We Effective?

Background, what the data is telling us, and underlying issues

Patients spending 90% of their stay in the stroke unit continued to exceed the national target of 80%.

Q4 18/19 SSNAP case ascertainment score sustained at B. Performance sustained for high risk TIA patients being seen within 24 hours of referral.

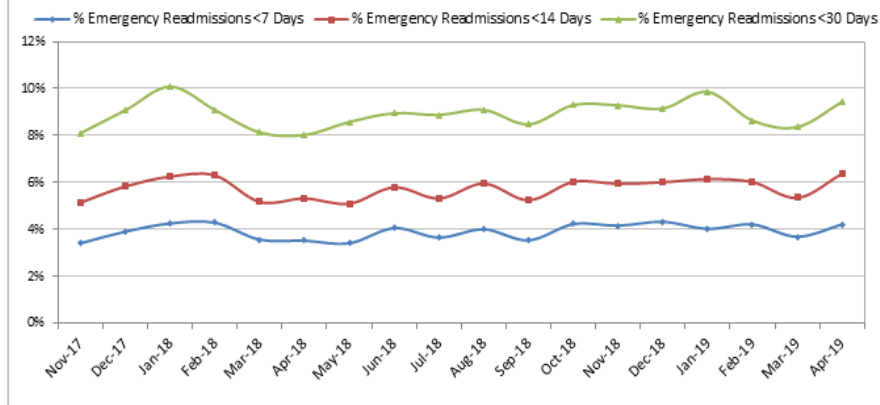
Risks to delivery and mitigations

All but 1 stroke patient received a CT scan within 12 hours (96%). Time to reach the stroke unit within 4 hours decreased to 64% with delays mainly due to first & speciality doctor assessment in ED (6).

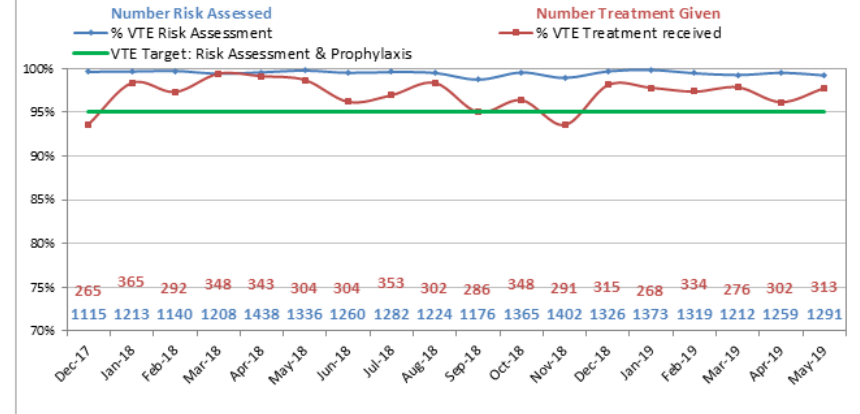
Other Measures

Are We Effective?

Emergency Readmissions within 7, 14 & 30 days of Discharge



Venous Thrombous Embolism: Risk Assessment & Prophylaxis



SFT Cancelled Operations (On The Day)



SFT Outpatient DNA Rate (%)



Part 2: Our Care



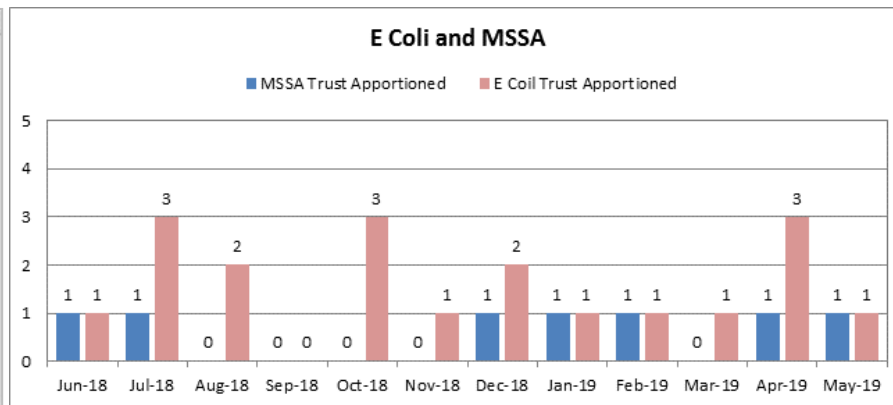
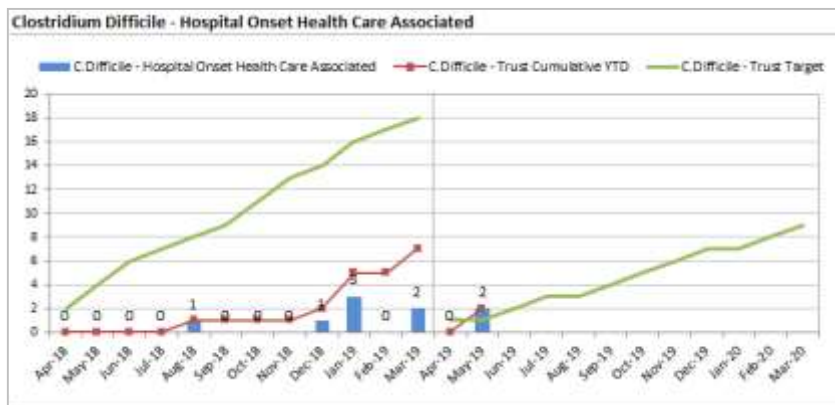
Our Priorities		How We Measure	
Local Services		Are We Effective?	Are We Responsive?
Specialist Services			
Innovation			
Care		Are We Safe?	Are We Caring?
People		Are We Well Led?	Use of Resources
Resources			

Infection Control

Data Quality Rating:



Year	2018-19	2019-20
MRSA (Trust Apportioned)	3	0

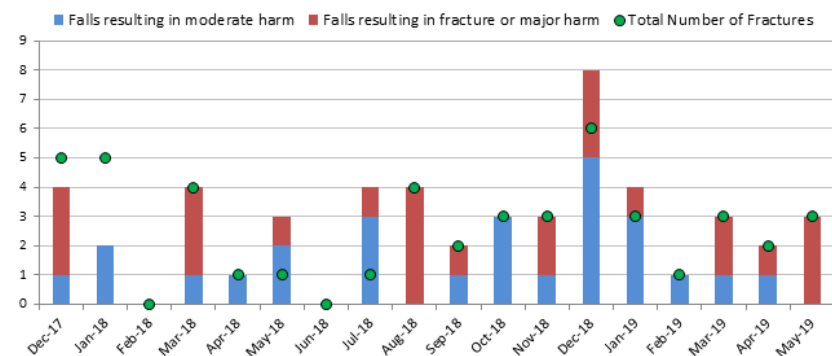
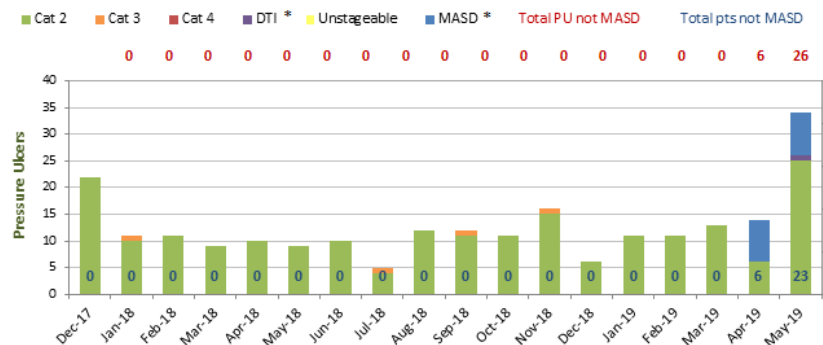


Summary and Action

- Two cases of hospital onset healthcare associated C Difficile cases. Next month, community onset healthcare associated cases will be reported in line with the new national guidance and will increase the number of Trust apportioned cases.
- One MSSA bacteraemia - likely burns related.
- One E Coli bacteraemia – likely source hospital acquired lower urinary tract infection.

Are We Safe?

Data Quality Rating: 



Pressure Ulcers

The number of category 2 hospital acquired pressure ulcers has increased due to the change in national reporting. Pressure ulcers must be identified at the first skin inspection but not all were identified within 6 hours of admission. Three of the ulcers, were device related (oxygen/ET tubes (2) and a brace (1). One suspected deep tissue injury. Eight cases of hospital acquired moisture associated skin damage (MASD) likely due to norovirus in May. A 'swarm' meeting is to be held week beginning 17 June to ascertain the cause and actions needed to improve.

Falls

In May, 3 falls resulted in major harm (all hip fractures treated surgically). A CQUIN with 3 high impact interventions to prevent hospital falls is underway and will be reported to the Falls Working Group and Patient Safety Steering Group.

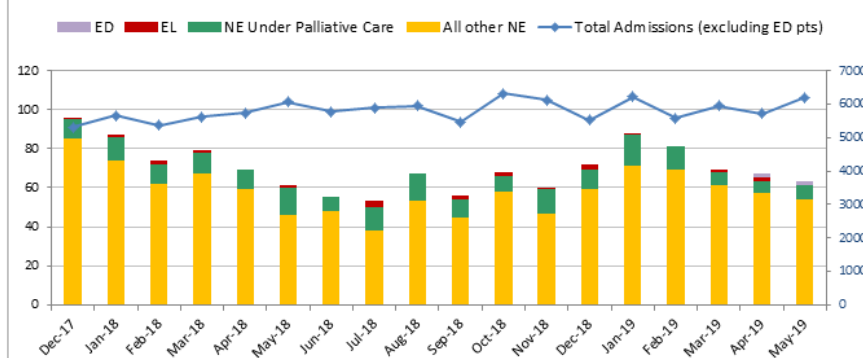
Mortality Indicators

Data Quality Rating:

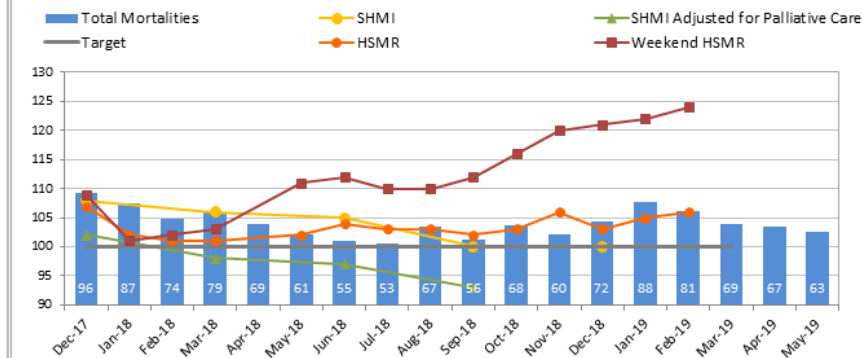


Year	2018-19	2019-20
Never Events	3	0

Hospital Mortalities



HSMR and SHMI



Are We Safe?

Summary and Action

A reduction in crude mortality in May. HSMR slightly increased to 105.6 to February 19 and is within the expected range. SHMI is 100 to December 18 and when adjusted for palliative care is 94 to September 18. Both are within the expected range. Weekend HSMR increased for the 5th, 12 month rolling data period to 123.5 to February 19 and is significantly higher than expected range. A case notes review based on a detailed analysis of the contributory factors has been undertaken and will be presented to the Clinical Governance Committee in September 2019.

Operational Management

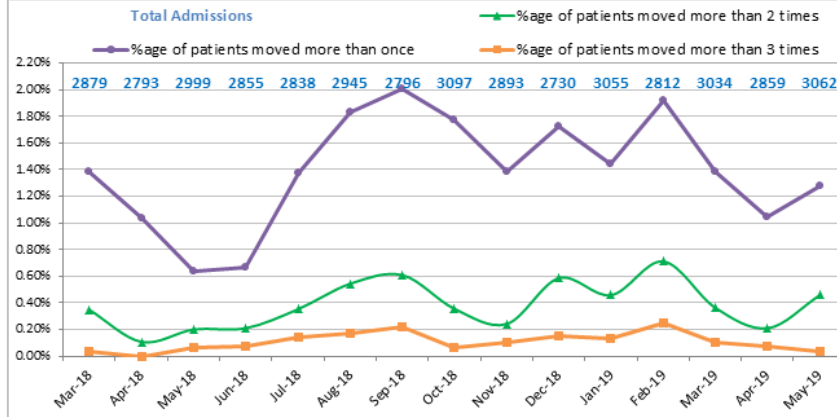
Are We Safe?

Last 12 months	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19
Bed Occupancy %	94.3	94.5	94.6	96.0	96.5	96.8	92.5	96.3	94.4	91.4	92.6	92.5

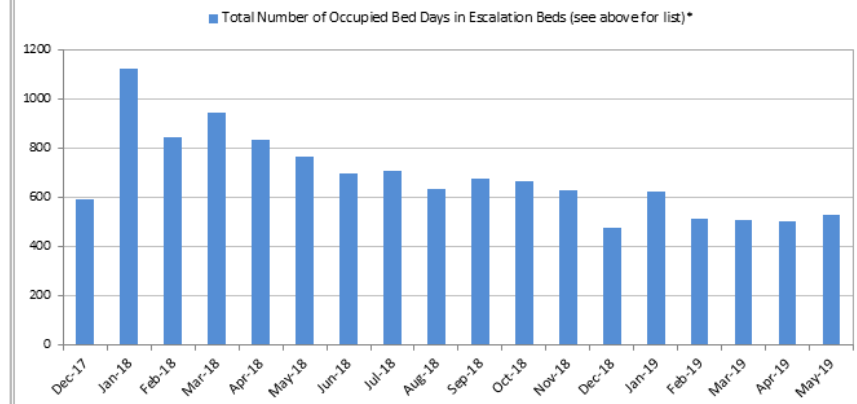
Data Quality Rating:



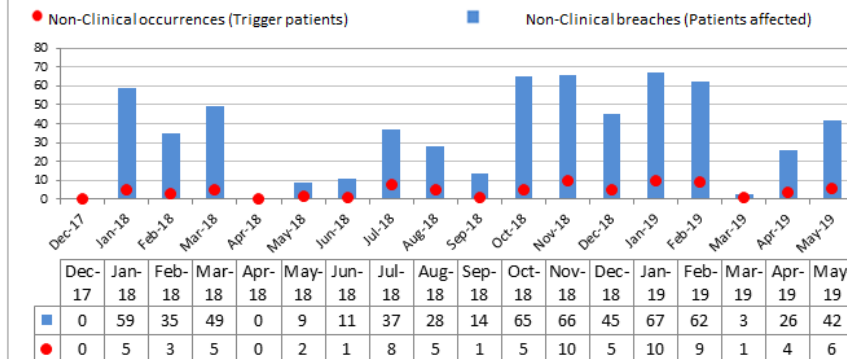
Patients moving multiple times during their Inpatient Stay



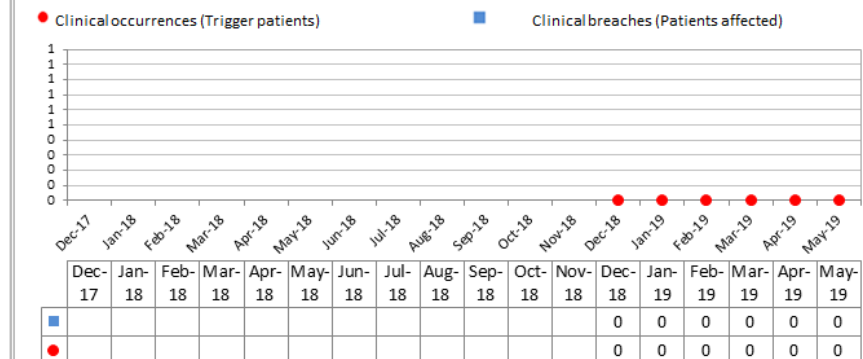
Escalation Bed Days



Delivering Same Sex Accommodation - Non-clinical



Delivering Same Sex Accommodation - Clinical



Please note Clinical DSSA figures have been collected since June 2018

Part 3: Our People



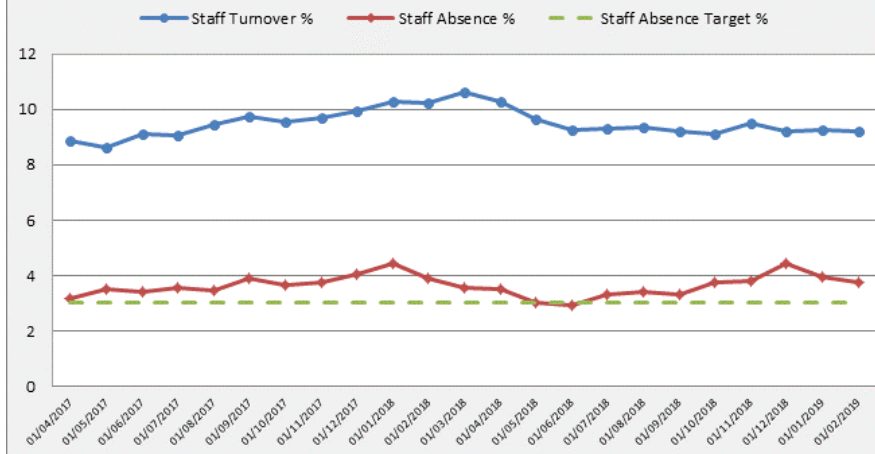
Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People	Are We Well Led?	Use of Resources
Resources		

Workforce - Total

Total Workforce vs Budgeted Plan - WTEs

	Plan WTEs	May '19 Actual WTEs	Variance WTEs
Medical Staff	403.6	401.2	2.4
Nursing	939.4	894.0	45.4
HCA's	405.7	499.0	(93.3)
Other Clinical Staff	607.9	599.3	8.6
Infrastructure staff	1,187.0	1,116.1	70.9
TOTAL	3,543.6	3,509.7	34.0

Staff Turnover and Absence



Summary and Action

Staff turnover is below our 10% target, and decreased slightly at 9.01% compared to last month's 9.20%. Exit questionnaire responses increased from 1 in April to 10 this month.

Our commitment to the 4th wave NHSi nursing retention programme continues. Subgroups have met to monitor progress against workstreams which cover flexible working, career progression and relaunch of existing tools e.g. career clinics and the introduction of a breakfast club for managers.

Workforce – Nursing and Care

% Fill of Registered Nurse/Nursing Assistant shifts

Day	RN	NA
Total Planned Hours	38138	20906
Total Actual Hours	35603	21781
Fill Rate (%)	93%	104%

Night	RN	NA
Total Planned Hours	25098	12645
Total Actual Hours	24954	14592
Fill Rate (%)	99%	115%

The only ward flagging Red for this reporting month is Whiteparish for RN days shifts.

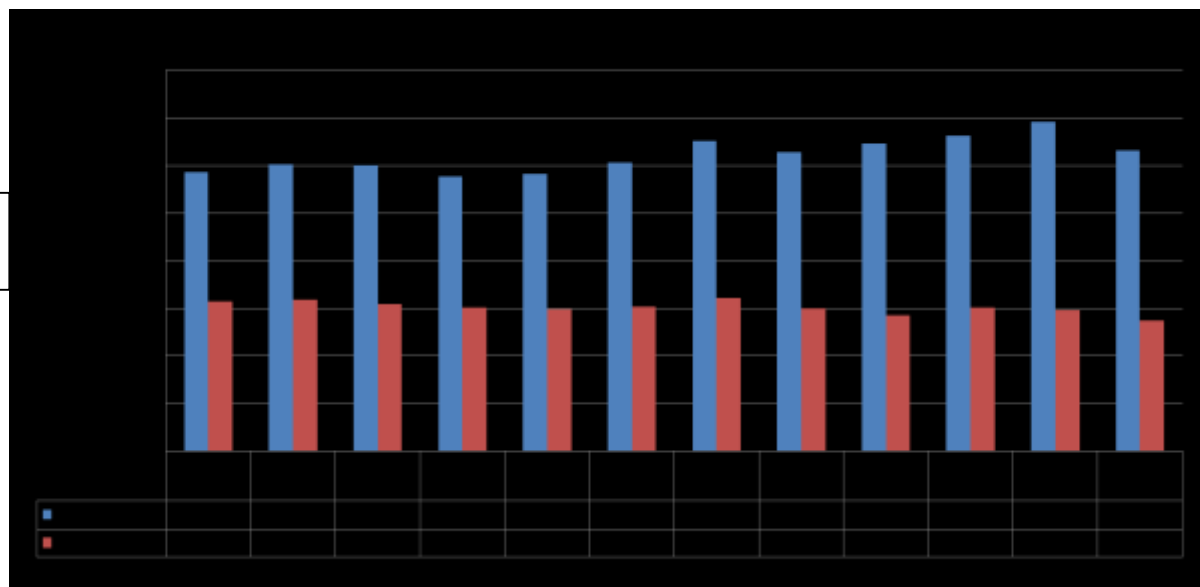
These were for skilled Band 4 staff who currently sit within the NA mix but cross roles between band 5 and 2. Where there are unfilled shifts, often there is utilisation of skilled alternative grade cover.

There remains a high level of maternity/paternity leave across the Trust. Despite this, the overall actual trend for RN fill rates has remained static at 93% RN days & increased to 99% RN nights





There are only 4 areas (including Maternity) flagging as Amber for unfilled shifts. Of these, 3 were at 89% fill rate, only 1% below the acceptable threshold of 90% based on the internal rating*

Some shifts may remain unfilled but are managed within the existing skills sets. All are based on assessing staffing skills & numbers against patient acuity and demand to ensure they are both manageable and the provision of safe care.

Care Hours Per Patient Day (CHPPD) - Monthly, 12 month trend



Workforce – Staff Training and Appraisals

Training		Appraisal	
Mandatory Training		% Complete Medical Staff	% Complete non-medical staff
YTD Trend			
Month Trend			
Target	85.00%	90.00%	85.00%
Jan-19	91.32%	88.16%	86.30%
Feb-19	92.03%	91.46%	84.90%
Mar-19	92.09%	92.62%	86.00%
Apr-19	92.19%	90.65%	86.70%
May-19	91.99%	92.31%	85.05%
totals	91.92%	91.04%	85.79%

Summary and Action

Training

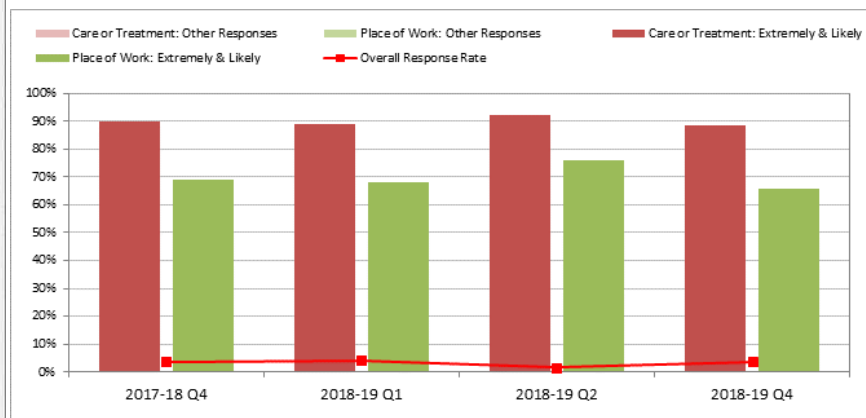
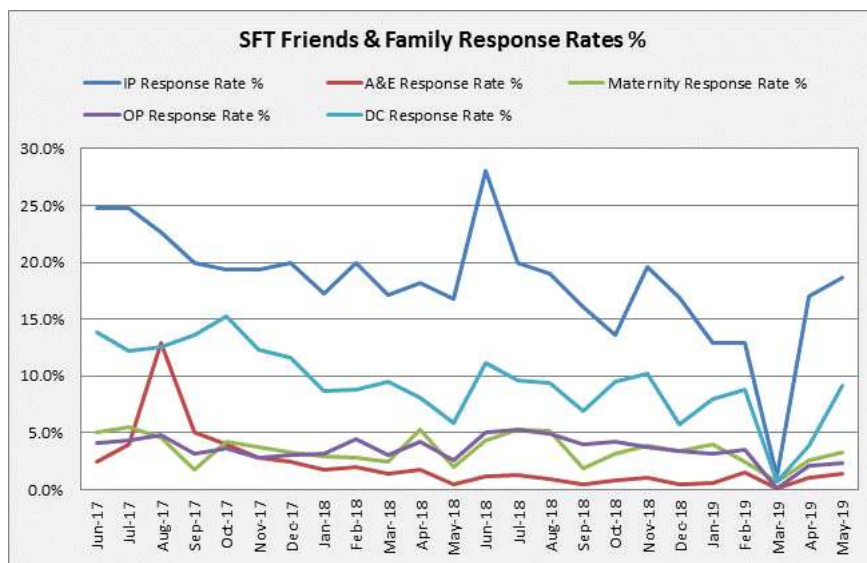
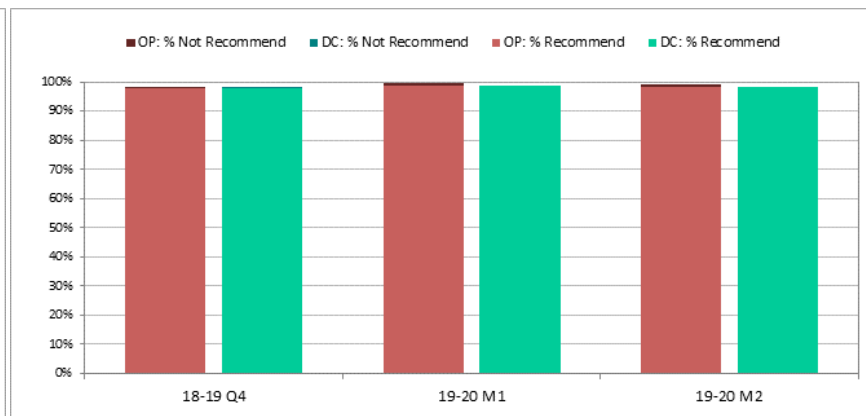
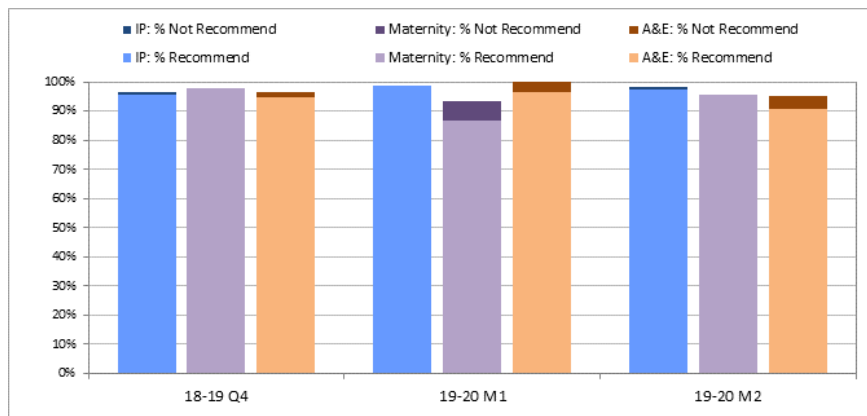
Mandatory training compliance levels have decreased this month to 91.99%, this compares to last month's position of 92.19%. Compliance for the same period last year stood at 85.51%. The calendar year to date average compliance level is 91.92%, this compares to last month's position of 91.91%. The Directorate with the lowest compliance rate was Corporate with 87.54%, followed by Medicine (90.16%) and Clinical Support & Family Services (92.45%).

Non Medical Appraisals

Compliance has decreased this month to 85.05%, this compares to last month's position of 86.70%. Non-medical appraisal compliance for the same period last year stood at 75.30%. The calendar year to date average compliance is 85.79%, this compares to last month's position of 85.98%. The Directorate with the lowest compliance rate was Corporate with 81.03%, followed by Medicine (82.36%) and Clinical Support & Family Services (85.06%).

Friends and Family Test – Patients and Staff

SFT Friends & Family Test: Responses by Area



There was an issue in March 2019 whereby responses were input into the wrong FFT website and were unable to be retrieved, hence the low response rate for one month.

Part 4: Use of Resources

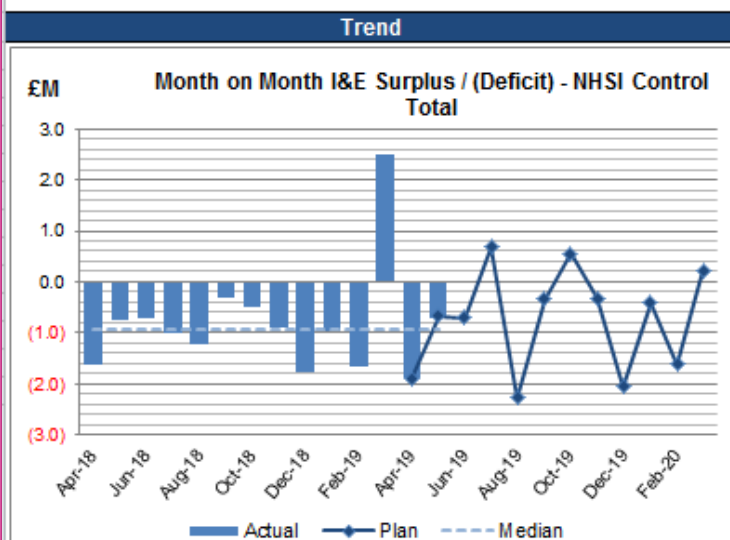


Our Priorities	How We Measure	
Local Services	Are We Effective?	Are We Responsive?
Specialist Services		
Innovation		
Care	Are We Safe?	Are We Caring?
People		
Resources	Are We Well Led?	Use of Resources

Income and Expenditure



Status	Position						
	May '19 In Mth			May '19 YTD			2019/20
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
Operating Income							
NHS Clinical Income	17,270	17,243	(27)	33,799	33,296	(503)	196,036
Other Clinical Income	769	981	212	1,538	1,601	63	21,449
Other Income (excl Donations)	2,320	2,167	(153)	4,640	4,591	(49)	28,307
Total income	20,359	20,391	32	39,977	39,488	(489)	245,792
Operating Expenditure							
Pay	(13,068)	(13,075)	(7)	(26,540)	(26,337)	203	(157,326)
Non Pay	(6,539)	(6,620)	(81)	(13,161)	(12,871)	290	(80,163)
Total Expenditure	(19,607)	(19,694)	(87)	(39,701)	(39,208)	493	(237,489)
EBITDA	752	697	(55)	276	280	4	8,303
Financing Costs (incl Depreciation)	(1,430)	(1,405)	25	(2,860)	(2,860)	(0)	(17,157)
NHSI Control Total	(678)	(708)	(30)	(2,584)	(2,580)	4	(8,854)
Add: impact of donated assets	105	(53)	(158)	210	(105)	(315)	1,260
Add: Impairments	0	0	0	0	0	0	0
Add: MRET, PSF, & FRF	513	513	(0)	1,026	1,025	(1)	8,854
Surplus/(Deficit)	(60)	(248)	(188)	(1,348)	(1,660)	(312)	1,260



Variation & Action

The Trust met its control total in May 2019, reporting a control total deficit of £0.7m, leading to additional payments of £513k for MRET funding, PSF, and FRF. An underlying shortfall in activity levels offset by operational underspends is masked by a high tariff excluded drugs spend in the period.

Drivers of the underperformance against clinical income were: Elective Orthopaedics (£0.2m), Day Case Cardiology procedures, and lower complexity in Emergency Admissions. Planned activity continues to be held under close scrutiny, although actions around productivity are currently constrained by a reduction in take up of additional sessions owing to pension tax arrangements.

The Trust's Pay position continues to benefit from reductions in agency premium, following recruitment in the second half of 2018/19. Increased escalation resulting from bed pressures is the key risk to this run rate in the short term.

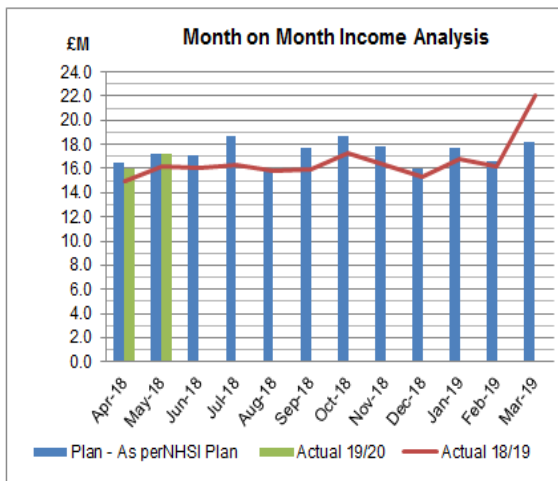
The Non Pay underspend derives from M01, when both utilities and clinical supplies spend were significantly lower than planned. Increased costs of outsourcing is beginning to drive a pressure against planned spend.

Income & Activity Delivered by Point of Delivery

Income by Point of Delivery (PoD) for all commissioners	May '19 YTD		
	Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
A&E	1,480	1,444	(36)
Elective inpatients	3,061	2,843	(218)
Day Case	2,851	2,779	(72)
Non Elective inpatients	9,261	8,667	(594)
Obstetrics	1,788	1,810	22
Outpatients	5,377	5,493	116
Excluded Drugs & Devices (inc Lucentis)	2,885	3,020	135
Other	7,096	7,240	144
TOTAL	33,799	33,296	(503)

SLA Income Performance of Trusts main NHS commissioners	Contract		
	Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
Wiltshire CCG	18,282	17,750	(532)
Dorset CCG	3,840	3,781	(59)
Hants CCG	2,794	2,831	37
Specialist Services	5,581	5,141	(440)
Other	3,302	3,793	491
TOTAL	33,799	33,296	(503)

Activity levels by Point of Delivery (POD)	YTD			Last Year Actuals	Variance against last year
	Plan	Actuals	Variance		
Elective	862	819	(43)	816	3
Day case	3,617	3,558	(59)	3,629	(71)
Non Elective	4,761	4,661	(100)	4,477	184
Outpatients	42,739	43,762	1,023	41,574	2,188
A&E	8,558	8,383	(175)	8,201	182



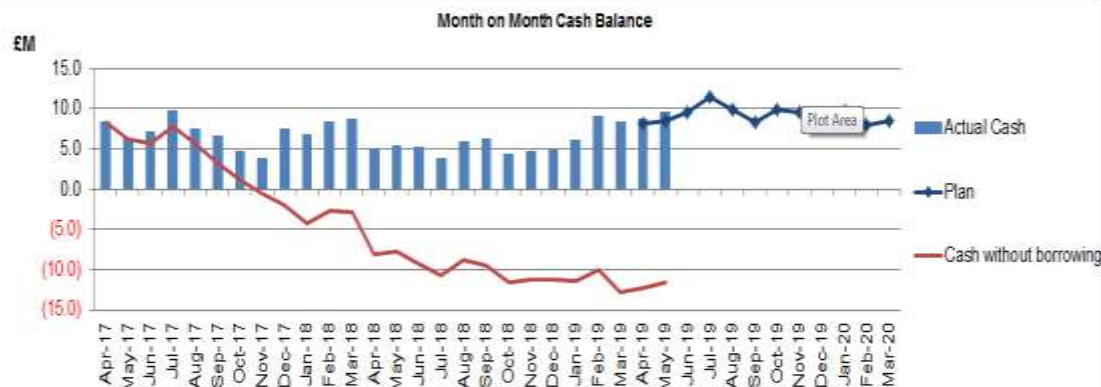
Variation and Action

Income to date is £33,296k, £503k below plan and an under performance of £27k in May. Income has under performed on A&E, Day cases, Elective and Non Elective year to date. Cardiology Day cases are 61 cases and £61k below plan year to date resulting from a reluctance to undertake additional lists due to the impact on Pensions with actions being undertaken to mitigate this. Elective Orthopaedics were 23 spells below the plan of 100 in April and 24 spells below the 105 plan in May. The Non Elective position is driven by a combination of casemix and under performance on excess bed days mainly General Medicine, Geriatrics and Trauma and Orthopaedics.

An adjustment of -£57k is included to reflect the Wiltshire CCG blended approach due to over performance on the non elective element of the contract. An adjustment of £310k is included to increase income to reflect the under performance on the Dorset managed contract at Month 2.

Commissioners and the Trust are working towards concluding remaining contract issues by 1st July 2019.

Cash Position & Capital Programme

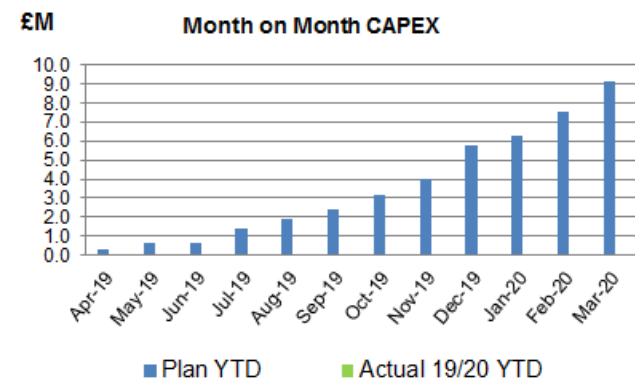


The Trust's working capital position is slightly ahead of plan. The majority of the extra non-recurrent income earned in the year to 31 March 2019 has been received. PSF funding of £4.4m remains outstanding from 2018-19 and the Trust has yet to be advised when this will be received.

The cash flow will continue to be closely monitored during 2019-20 to ensure funds are available when required but the Trust is not planning for additional borrowing in 2019/20.

Capital Expenditure

Status	Position				
Schemes	Annual Plan £000s	May '19			
		Plan £000s	Actual £000s	Variance £000s	
Building schemes	700	0	10	(10)	
Building projects	1,814	130	13	117	
IM&T	3,540	300	7	293	
Medical Equipment	2,650	100	6	94	
Other	420	70	37	33	
TOTAL	9,124	600	73	527	

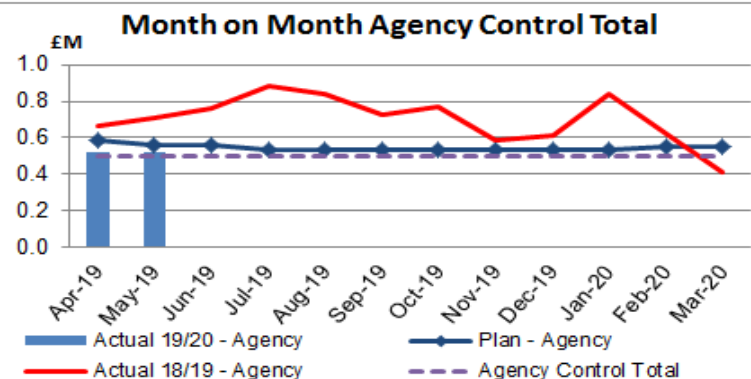
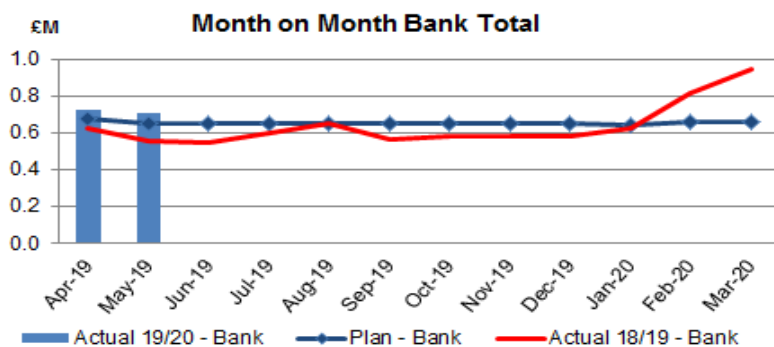
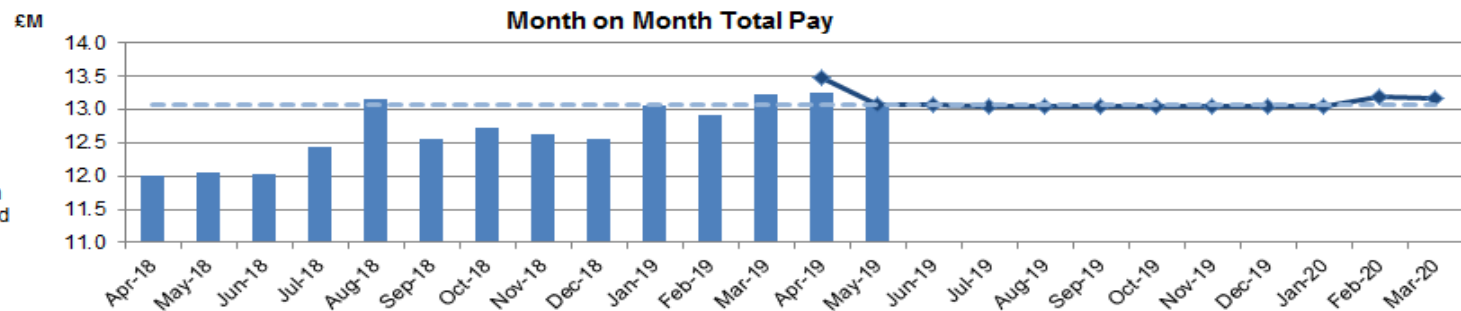


Variation & Action

The Trust is financing its capital spend in 2019-20 through depreciation.

The Trust is anticipating to be behind plan for the first half of the year following a revision to the phasing of schemes within the capital programme. Expenditure is expected to come back in line with the plan later in the year with all funds fully spent by the year end. Plans are being monitored through the operational Capital Control Group which now reports into a Strategic projects group chaired by the Director of Finance.

Workforce and Agency Spend



Variation & Action

Pay expenditure of £13,075k in May is in line with planned expectation (Inclusive of a £458k CIP target). A £45k under delivery against the CIP plan is offset by an underlying vacancy factor, the delivery of plan is therefore non-recurrent.

Agency costs were once against within planned expectations, although still slightly above the NHSI cap. The Trust has seen a slight increase in the numbers of high cost Thornbury shifts being used to cover gaps on wards, but this remains under control of Director of Nursing/exec on-call approval. There was also an increase in the costs of escalation in May following instances of Norovirus on the wards leading to bay closures. Non elective activity during this period remained at planned levels meaning the total number of staffed beds was greater than planned for.

The Surgery and Medicine Directorates continue to mitigate nursing vacancies with the usage of Nursing Assistants.

Agency premium for the period is estimated at c£180k, spread evenly across the professional groups. The Trust has plans to increase its focus on hard to recruit areas in 2019/20 in order to continue the successful recruitment trend of the last 12 months.

Infrastructure staff WTEs are understated for the laundry subsidiary (72 WTE), which is on plan for workforce costs

Efficiency – Better Care at Lower Cost

Use of Resources

Status	Position							
	Directorate	Annual Plan £000s	May '19			YTD		
			Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Efficiency	Medicine	2,192	171	81	(90)	332	171	(162)
	Musculo Skeletal	1,385	94	70	(24)	178	143	(34)
	Surgery	1,728	132	72	(60)	262	117	(145)
	Clinical Support & Family Services	1,965	141	99	(42)	275	189	(87)
	Corporate Services	1,730	133	162	28	267	321	54
	Strategic	1,000	(8)	45	53	(17)	45	62
	TOTAL	10,000	663	528	(135)	1,298	986	(312)
	Position							
	Scheme	Annual Plan £000s	May '19			YTD		
			Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
	Theatres	1,156	96	0	(96)	193	0	(193)
	Workforce	1,001	83	74	(9)	167	149	(18)
	Diagnostics	600	42	42	0	83	83	0
	Patient Flow	825	69	22	(46)	138	45	(93)
	Outpatients	500	0	0	0	0	0	0
	Non-Pay Procurement	1,494	95	90	(5)	169	164	(5)
	Medicines Optimisation - Drugs	500	0	45	45	0	45	45
	Clinical Directorate Plans	2,547	171	119	(51)	333	228	(105)
	Corporate Directorate Plans	1,378	108	136	28	216	271	56
	TOTAL	10,000	663	528	(135)	1,298	986	(312)

Summary and Action

The Trust has reported CIP delivery of £528k in May 2019, the shortfall YTD has been offset by non-CIP related budgetary underspends. Although the impact of non-delivery is mitigated in the short term, recurrent savings must be achieved to deliver the required improvement in the Trust's underlying financial performance.

Under performance is being driven by the theatres programme, where significant opportunities to improve list utilisation have been identified, but booking processes are yet to be adapted. Further analysis of this has been reviewed by the Finance and Performance Committee.

Report to:	Trust Board (Public)	Agenda item:	3.1
Date of Meeting:	04 July 2019		

Report Title:	Trust Board – Register of Members’ Interests 2019			
Status:	Information	Discussion	Assurance	Approval
	x		x	
Prepared by:	Kylie Nye, Corporate Governance Manager			
Executive Sponsor (presenting):	Fiona McNeight, Director of Corporate Governance			
Appendices (list if applicable):	N/A			

Recommendation:
To note the updated Trust Board Register of Interests as at June 2019

Executive Summary:
<p>As part of the annual governance cycle the Register of Interests is received by the Trust Board.</p> <p>Following a recent revision of the Conflicts of Interest Policy, going forward the Corporate Governance Department will collate and monitor a definitive list of those required to complete an annual Conflict of Interest Declaration. On an annual basis this will include all band 8d and above or equivalent staff. Those members of staff will be sent a Register of Interests Declaration form to complete.</p> <p>Following this annual review of Declarations of Interests, the Senior Independent Director and the Corporate Governance Department will review any positive declaration and document the agreed outcome.</p>

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input type="checkbox"/>

CLASSIFICATION: UNRESTRICTED

Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input type="checkbox"/>

SALISBURY NHS FOUNDATION TRUST

REGISTER OF MEMBERS' INTERESTS 2019

Trust Board

COMMERCIAL INTERESTS		
Name	Company	Position
Nick Marsden Chairman	Nil return	
Paul Hargreaves Director of OD and People	Nil return	
Rachel Credidio Non-Executive Director	Aster Group Limited	Group People and Transformation Director
Dr Michael von Bertele Non-Executive Director	Nil return	
Christine Blanshard Medical Director	Nil return	
Cara Charles-Barks Chief Executive	Nil return	
Paul Miller Non-Executive Director	Sparrow Healthcare Consulting Limited	Director Mary, Wife, bank employee, NE Hampshire and Farnham CCG
Lorna Wilkinson Director of Nursing	Member of the Clinical Advisory Panel of GS1	Member of Salisbury Plain Academies.
Jane Reid Non Executive Director	Awaiting response - absent	
Lisa Thomas	Sterile Services Ltd (SSL) Salisbury Linen Services (STL) Healthcare Storage Ltd My Trusty Co Ltd Odstock Medical Ltd (OML) Replica 3dm Ltd Dauntsey Academy Primary School	Director Director Director Director Director Director Governor
Andy Hyett Chief Operating Officer		Married to Fiona Hyett, Deputy Director of Nursing
Paul Kemp Non-Executive Director	Nil return	
Tania Baker Non-Executive Director	Awaiting response	
Fiona McNeight Director of Corporate Governance	Nil return	
Esther Provins Director of Transformation		Partner is a Board Director at Dorset Healthcare NHS Foundation Trust and the communications and engagement lead for Dorset Integrated Care System
Glennis Toms	Nil return	

CLASSIFICATION: UNRESTRICTED

Deputy Director of OD and People		
Peter Holloway Deputy Chief Operating Officer	Nil return	
Mark Ellis Deputy Director of Finance	Nil return	
Sallie Davies Deputy Medical Director	Nil return	
Denise Major Deputy Director of Nursing	Nil return	
Fiona Hyett Deputy Director of Nursing	Awaiting response	

Report to:	Trust Board (Public)	Agenda item:	4.1
Date of Meeting:	4 th July 2019		

Report Title:	Patient Experience Report Q4 2018-19			
Status:	Information	Discussion	Assurance	Approval
			x	
Prepared by:	Katrina Glaister, Head of Patient Experience			
Executive Sponsor (presenting):	Lorna Wilkinson, Director of Nursing			
Appendices (list if applicable):	Patient Experience Headlines Trust-wide themes (financial year) Themes per month (financial year) Healthwatch Report (Oct 2018) – snapshot of patient experiences			

Recommendation:
The Board is asked to note this report.

Executive Summary:
<p>This report provides a report of activity for Q4 2018/19 in relation to patient experience, complaints, public engagement, and the opportunities for learning and service change. Some key changes are highlighted below:</p> <ul style="list-style-type: none"> Compliance with agreed timescales continues to be challenging but has improved since last quarter. A new compliance report has been compiled and was be shared with the directorates every quarter. A quarterly PALS/Clinical Risk meeting with all the directorates is being considered. Other Trusts have found this a useful way to share learning. The Complaint Handling Policy has been re-written and will be presented for approval and ratification in Q1 2019/20. A new way of RAG rating complaints based on their complexity (and expected time each one will take to investigate) is being brought in. This will give the directorate teams' three possible timeframes that they can negotiate with the complainant (25 days, 40 days and 60 days) and should mean that complaints are fully investigated and responded to in a more appropriate timescale that is negotiated with the complainant. It is also hoped that this will reduce the number of re-opened complaints. Additional contact points for complainants will be brought in (day 20 and day 40) so that the Investigating Manager can reassure the complainant that their complaint is being investigated. <p>This report provides assurance that the Trust is responding and acting appropriately to patient feedback.</p>

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input type="checkbox"/>

Patient Experience Report - Quarter 4

1 January – 31 March 2019

Purpose of paper

To provide assurance that the Trust is responding appropriately to complaints from patients and demonstrate that learning and actions are taken to improve services in response to feedback.

To provide assurance of patient and public involvement in service co-design and improvement.

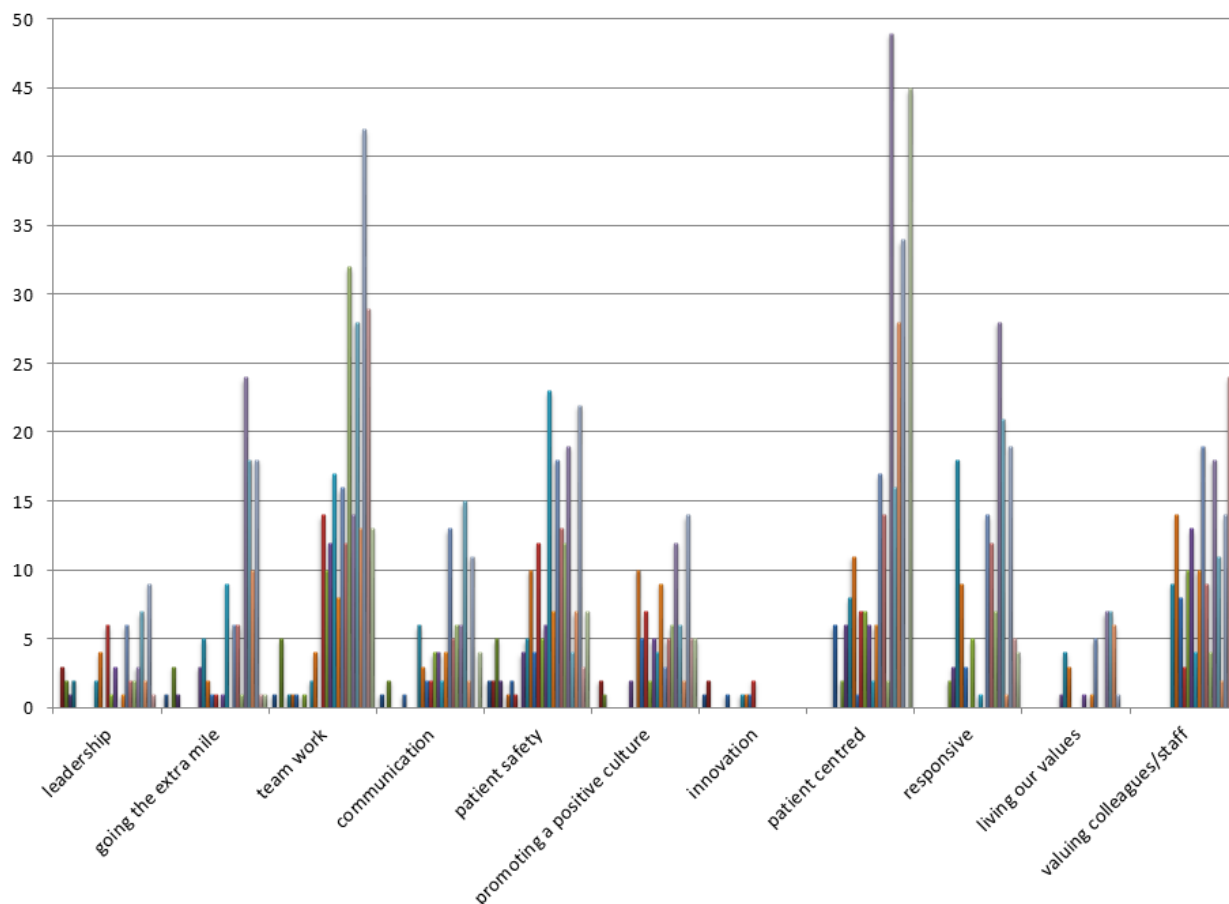
Background

Patient experience is defined as “the sum of all interactions, shaped by an organisation’s culture that influence patient perceptions across the continuum of care”.¹ Nationally, the scrutiny in relation to compassionate healthcare, as well as in engaging with the public, is to understand their voice and feedback is an imperative, including learning from feedback, transparency and honesty when healthcare goes wrong. This report provides some evidence of the patient experience feedback and activities in relation to self-improvement based on that feedback.

1. Sharing Outstanding Excellence (SOX)

There is growing awareness nationwide that since complaints are a small minority compared to other PALS feedback, learning from what goes well in a Trust is as important as learning from complaints. In this Trust, a positive report is known as a SOX.

As can be seen from the graph below, ‘Team Work’ and ‘Patient Centred’ are the most frequently occurring themes:



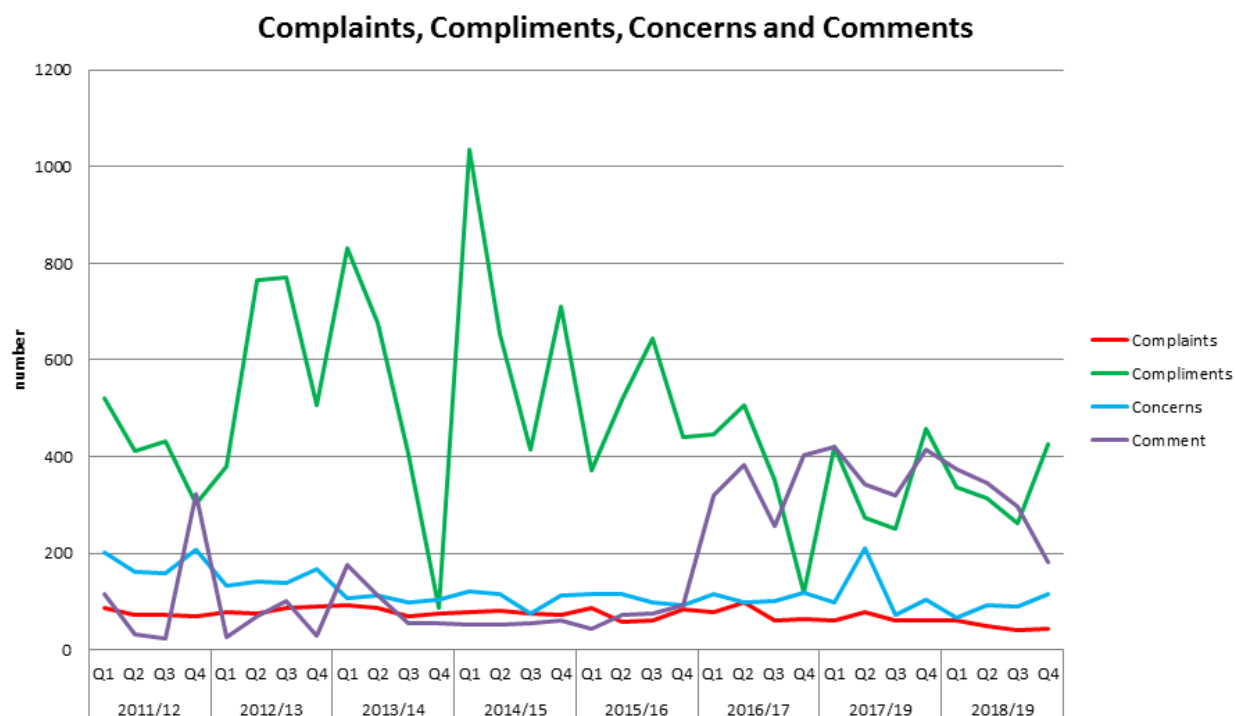
Each month we are seeing an increasing number of SOX forms completed by patients/visitors. The link to the SOX form was added to our patient-facing website this quarter.

2. Complaints

The graph overleaf shows the numbers of complaints, compliments, concerns and comments over time. Complaints show a slight reduction over time. There is more variation in concerns and comments and the

¹ The Beryl Institute. Available at <https://www.theberylinstitute.org/page/DefiningPatientExp>

PALS team have met to clarify what constitutes a comment vs what constitutes a concern, as whilst concerns can be themed, comments cannot be and it is important that key themes are not missed. The result of this work shows as an increase in concerns and a corresponding decrease in comments this quarter.



Actions taken since last report

- PALS have met with all the directorate management teams this quarter
- The Complaints handling policy has been reviewed and amended.
- A new complaints compliance report has been pulled together and was sent to the directorates. This will be done each quarter. Going forward these reports will be shared with all the directorates at a quarterly PALS/Risk meeting.

Complaint themes

The K041 categories are used to theme complaints. The main theme this quarter is:

- Clinical treatment (n = 11); this is a theme within Surgery, Accident and Emergency and General Medicine.

43 complaints were received in Q4. A breakdown of numbers and themes from complaints according to the K041 subject code is listed below by directorate:

	CSFS	Facilities	Medicine	MSK	Quality	Surgery	Total
Appointment system - procedures	0	0	0	0	0	1	1
Clinical Treatment - Surgical Group	0	0	2	0	0	2	4
Clinical Treatment - Accident and Emergency	0	0	4	0	0	0	4
Clinical Treatment - General Medicine Group	0	0	3	0	0	0	3
Correct diagnosis not made	0	0	1	0	0	1	2
Delay in receiving appointment	0	0	1	0	0	0	1
Delay in receiving treatment	0	0	0	1	0	1	2
Discharge procedures	0	0	1	0	0	0	1
Drug Error	0	0	0	0	0	1	1
Early discharge	0	0	0	1	0	0	1
Further complications	1	0	1	1	0	0	3
Lack of communication	0	0	1	0	0	0	1
Missing Patient	0	0	1	0	0	0	1
Neglect	0	0	1	0	0	0	1

Operation cancelled following admission	0	1	0	0	0	0	1
Pain management	1	0	0	0	0	0	1
Treatment unavailable	0	0	0	1	0	0	1
Unsatisfactory treatment	0	0	5	0	0	1	6
Attitude of nursing staff	1	0	1	0	0	0	2
Attitude of staff - admin	0	0	0	0	1	0	1
Attitude of staff - medical	0	0	2	2	0	1	5
Total	3	1	24	6	1	8	43

There were 90 concerns in Q4. The main issues from concerns are:

- Unsatisfactory treatment (n = 12)
- Appointment systems and procedures (n = 11)
- Delay in receiving appointment (n = 9)

In Q4 the Trust treated 28,672 people as inpatients, day cases and regular day attendees. Another 17,394 were seen in the Emergency Department (includes the walk-in clinic) and 17,703 as outpatients. 43 complaints were received which is 0.067% of the number of patients treated. The figure for the whole year is 0.4%

425 compliments were received across the Trust in Q4. Those sent directly to the Chief Executive or Customer Care Department were acknowledged and shared with the staff/teams named. Where individual staff members are named in a compliment/national patient survey/RTF the PALS team complete a SOX which is sent to the individual and their line manager.

Timeliness of response

100% of complaints were acknowledged within 3 working days.

There were 5 re-opened complaints in Quarter 4:

- Two complaints were reopened in the Surgical Directorate – one disagreed with final letter stating where the referral came from and the other was opened due to ongoing issues with test results.
- Three complaints were reopened in MSK. One felt that the response was inaccurate (a meeting was arranged but the patient cancelled), one did not see any evidence of care as stated in the final response letter, and another disagreed with the outcome of the final response.

The total number of enquiries, comments, concerns and complaints received by the team in Q4 was 440. Of these 77% were dealt with within 10 days.

0-10 working days		11-24 working days		25+ working days	
340	77%	35	8%	44	10%

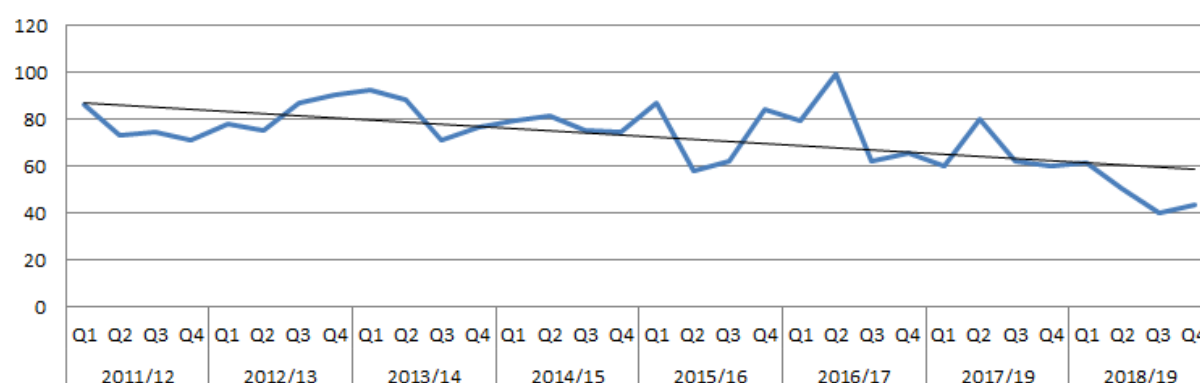
Response timescales for complaint responses going out beyond 25 working days has improved slightly this quarter. However, whilst complainants are kept informed of delays further work within the directorates needs to be done to improve agreed response timescales. See individual directorate reports for the maximum length of time a complainant waited for a response this quarter.

0-10 working days		11-24 working days		25+ working days	
6	30%	9	14%	15	35%

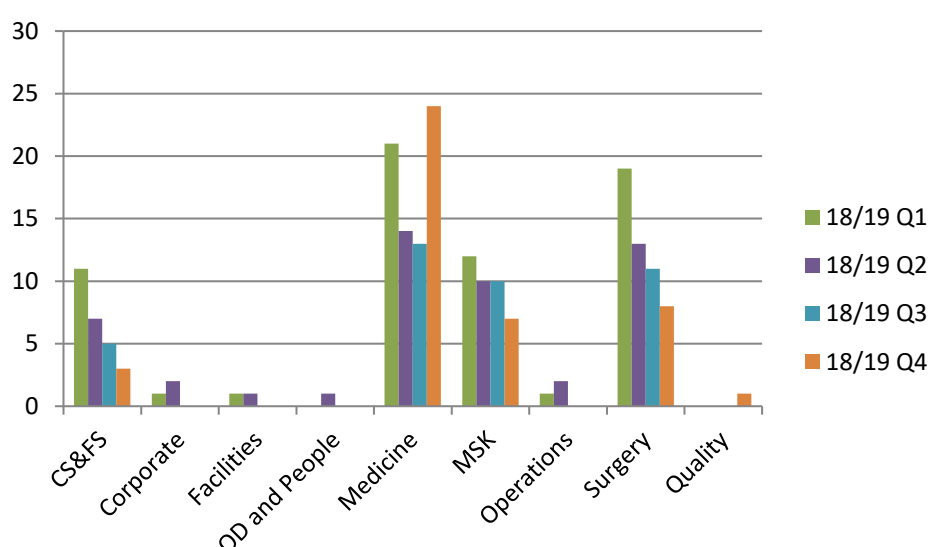
A new way of RAG rating complaints based on their complexity (and expected time each one will take to investigate) is being brought in and once ratified should be in place by Q2 2019/20. This will give the directorate teams' three possible timeframes that they can negotiate with the complainant (25 days, 40 days and 60 days) and should mean that complaints are fully investigated and responded to in a more appropriate timescale that is negotiated with the complainant. It is also hoped that this will reduce the number of re-opened complaints. Additional contact points for complainants will be brought in (day 20 and day 40) so that the Investigating Manager can reassure the complainant that their complaint is being investigated.

3. Complaints by directorate

Numbers of complaints over time



The following graph shows the number of complaints by directorate over the last four quarters.



Clinical Support and Family Services Directorate

	Quarter 4 2017-18	Quarter 3 2018-19	Quarter 4 2018-19
Complaints	9	5	3
Concerns	35	13	16
Compliments	173	121	96
Re-opened complaints	0	1	0
% complaints responded to within 25 working days	55%	40%	33%

- There were 3 complaints raised in quarter 4. Labour ward received 2 but there was no particular theme from these complaints.
- 16 concerns were raised in quarter 4 with Endoscopy and Gynaecology receiving 3 each; again with no particular themes. The Maternity Department received 4 concerns with the themes being unsatisfactory care and communication.
- Response compliance has decreased during this quarter. One of the complaints is still open and the other was delayed due to awaiting statements from relevant staff.
- The PALS department received 43 comments and enquiries for CS&FS in Quarter 4 which have been resolved by the team.

- Total activity within the directorate was 8879 and of this number 0.03% raised a complaint.
- One action plan is outstanding.

Themes and actions

Department/Ward	Topic	Actions
Maternity Department	Poor communication and poor explanation of care from staff	<p>All complaints and concerns have had the opportunity for a debrief at a mutually convenient place (home, surgery or maternity unit) to achieve mutual understanding.</p> <p>1 HR process has arisen from a complaint.</p> <p>All complaints and concerns to be anonymised and fed back to all staff via a HOM update</p>

Compliments

96 compliments were received in quarter 4, the breakdown is as follows:

Bowel Screening = 12, Community Midwives = 11, Endoscopy = 9, GP and Spinal X-ray = 27, Labour ward = 1, Postnatal = 9, Radiology = 3, SALT = 5, Sarum ward = 19.

Medicine Directorate

	Quarter 4 2017-18	Quarter 3 2018-19	Quarter 4 2018-19
Complaints	23	13	24
Concerns	27	28	37
Compliments	82	258	110
Re-opened complaints	4	0	0
% complaints responded to within agreed timescale	17%	53%	46%

- The Emergency Department received the most complaints with 7 this quarter. Unsatisfactory clinical treatment is the main theme of these complaints.
- 5 complaint meetings have or are being held from complaints raised in this quarter.
 - There are still currently 7 complaints that were not closed within the agreed timescale; most of these have meeting dates arranged. One was opened at the beginning of February but is delayed due to a SII running alongside the complaint process. One complaint was opened at the beginning of March and there has been in delay in receiving a response from the investigating manager.
- There were 37 concerns raised in Quarter 4. The Emergency Department received 6 followed by Gastroenterology who received 4 concerns and also 4 complaints. The themes for Gastroenterology were unsatisfactory clinical treatment and delays in receiving appointments.
- Response compliance has decreased from Quarter 3; however, most of these remain open until arranged meetings have been held.
- PALS received 70 comments and enquiries for Medicine in Quarter 4 which were resolved by the team.
- Total activity within the directorate was 31976 and of this number 0.07% raised a complaint.
- The Complaints Co-ordinator is waiting for 22 outstanding action plans from closed complaints (since 1st April 2018). The Complaint Lead has examined these and most do not need an action plan, however, an action plan is needed for 4 complaints and this is being followed up urgently.

Themes and actions

Department/Ward	Topic	Actions
Emergency Department	Unsatisfactory Clinical Treatment	We are updating our ED clinical handbook; We are trying to put robust senior cover overnight and to improve the commitment and support for junior doctor training in ED. We are also working with IT to improve the quality of our discharge documentation so patients and GPs have higher quality information about the patient's attendance in ED.
Gastroenterology	Unsatisfactory Clinical Treatment and delays in receiving appointments.	The reduced gastroenterology team has caused us significant problems with capacity. Since the beginning of April 2019, we have been using ID Medical as a provider of gastro consultant cover. This has given us increased capacity and provided consistent cover for the ward as well.

Compliments

110 compliments were received in Quarter 4, the breakdown is as follows:

AMU = 9, Discharge Team = 1, Emergency Department = 17, Farley ward = 45, Hospice = 25, Pembroke = 1, Pitton = 1, Redlynch = 8, Spire ward = 1, Tisbury ward = 1, Whiteparish ward = 1.

Musculo-Skeletal Directorate

	Quarter 4 2017-2018	Q3 2018-2019	Quarter 4 2018-2019
Complaints	12	10	6
Concerns	13	28	22
Compliments	139	48	14
Re-opened complaints	4	1	3
% Complaints responded to within agreed timescale	33%	20%	33%

- The total activity in the Directorate was 13,778 and of this number 0.04% raised a complaint
- There have been 3 re-opened complaints - one concern is now a clinical review, 3 further response letters have been sent, one was resolved with a telephone call, one meeting was booked but was cancelled by the patient and one meeting was held.
- The largest number of complaints received was for the Plastics Department with 2 complaints with one each for Orthopaedics, Dermatology, Chilmark Suite and Rheumatology.
- The main theme for complaints was attitude of staff - medical (2 complaints, Plastics and Rheumatology) and then delay in receiving treatment, early discharge, further complications and treatment unavailable with one each.
- The longest time a complaint (8050) was open for this quarter was 45 working days. The updates given said that there would be a delay due to staff absence and a holding letter was sent.
- The highest number of concerns received were for Orthopaedics (8 concerns) and Plastics Department (6 concerns).
- The main themes for concerns were the delay in receiving appointment with 3 concerns.
- There have been 2 complaint/concern meetings held in this quarter.
- The PALS department received 52 comments and enquiries for MSK in Quarter 4 which have been resolved by the team.
- The MSK directorate have no action plans outstanding from closed complaints.

Themes and actions

There are no new specific actions following the complaints in Q4. Early discussions with patients, relatives or carers continues to be promoted in each of the specialities to avoid issues escalating. The directorate management team are continuing to provide support to services to manage complaints and concerns at the point of the issue arising.

Compliments

In total 14 compliments have been received across the Directorate with the breakdown as: Plastics Department = 5, Wessex Rehab = 3, Amesbury Suite = 2, Orthopaedics = 2, Spinal Treatment Centre = 2. Only the numbers of compliments are now sent to PALS rather than the actual card or letter. Therefore the DMT believe (from department feedback) that this is the reason for the drop in the number logged as departments are less likely to count up and send the number through each month in place of sending a copy of a letter of card.

Surgical Directorate

	Quarter 4 2017-18	Quarter 3 2018-2019	Quarter 4 2018-19
Complaints	12	11	8
Concerns	25	18	35
Compliments	49	171	218
Re-opened complaints	0	1	2
% complaints responded to within agreed timescale	25%	9%	25%

- Total inpatient and outpatient activity within the Directorate was 9774 and of this number 0.08% raised a complaint.
- There are 5 complaints still open. 8059 – open 70 working days, 8074 – open 50 working days, 8077 – open 44 working days, 8084 – open 40 working days. The oldest complaint open is 8044 which was due out on 19th February 2019 and has been open for 91 working days. A meeting is being set up and a letter offering a date will be sent out as soon as possible.
- There has been one complaint meeting held this quarter.
- The highest number of complaints were for the Ophthalmology Department with 3 complaints and Radnor Ward with 2 complaints.
- Two complaints have been re-opened in this quarter, they are now closed.
 - The reasons the two complaints were re-opened are as follows: 8036 – disagreed with final letter stating where referral came from, 7998 – patient was still having issues with test results.
- The most common theme for complaints was for clinical treatment – surgical group (2 complaints).
- The most common theme for concerns was for the appointment system – procedures (10 concerns).
- The highest number of concerns were for the Central Booking Department with 13 concerns and Urology, Ophthalmology and General Surgery with 4 concerns each.
- PALS received 47 enquiries and comments for Surgery, which were resolved by the PALS team.
- The Complaints Co-ordinator is waiting for 22 outstanding action plans from closed complaints (since 1st April 2018). The Complaint Lead has examined these and most do not need an action plan. However, an action plan is needed for 4 complaints and this is being followed up urgently.

Themes and actions

Department/Ward	Topic	Actions
Central Booking	Automated call system options to not match options on booking letters to patients.	We have submitted an improvement request to Netcall on 01/04/2019 (new financial year) to

	Voice notes are not being received by the Booking team, or are not clear.	improve the automated call system – e.g. to match options on call with options on letters; to split the queuing option for outpatients and theatres; to get rid of the automated voice notes.
Central Booking	Changes to appointments booked through ERS require manual printing of letters, which are being missed due to it being a different process to internally booked appointments.	Request made to IT to create automated letters for ERS appointment changes so that process is the same for both types of bookings.
Ophthalmology	Three complaints received for Ophthalmology. No common theme. 2 out of 3 cases were unjustified complaints. The remaining complaint relates to a patient who was discharged in 2004 and the consultant has since retired.	None required.

Compliments

In total 218 compliments have been received across the Directorate with the breakdown as:

Britford Ward = 119, Radnor Ward = 39, Downton Ward = 35, Breast Recon Nurse Specialists Unit = 15, Urology = 5, DSU = 2, Pre-op = 1, Breamore Ward = 1, ENT = 1

4. Trustwide feedback

The top areas for improvement from inpatient real time feedback, the Friends and Family Test and complaints are:

Feedback area	Theme	Actions
Complaints	Clinical treatment	<ul style="list-style-type: none"> No themes of treatment or individual clinician noted. Individual actions relating to complaint have been taken to resolve issues.
	Values and behaviours	<ul style="list-style-type: none"> Staff attitudes have been raised with the Ward Leads and/or medical staff as appropriate. Particular concerns have been raised with identified staff and managed through appropriate HR processes. Identified staff are being closely monitored in their areas and supported to ensure behaviours are not repeated
	Patient care	<ul style="list-style-type: none"> Ward leaders are incorporating themes into their improvement plans. Individual staff are managed by the ward leaders on a case-by-case basis. Continue recruitment and retention work
Inpatient, Maternity, Paediatrics and Spinal RTF	<ul style="list-style-type: none"> Noise Food and nutrition (this is also one of the highest areas reported positively) Toys & entertainment Call bells Weekends Communication 	<ul style="list-style-type: none"> Wards review progress on their action plans and 'You Said – We Did' information updated on the ward Hot Boards. Limited action can be taken as noise in certain ward areas is due to location and deliveries to the Laundry. These areas are offering earplugs to aid sleep. See PPI section for more information on noise and food/nutrition.
FFT	Numbers too low to theme	<ul style="list-style-type: none"> Wards reviewed progress on their action plans.

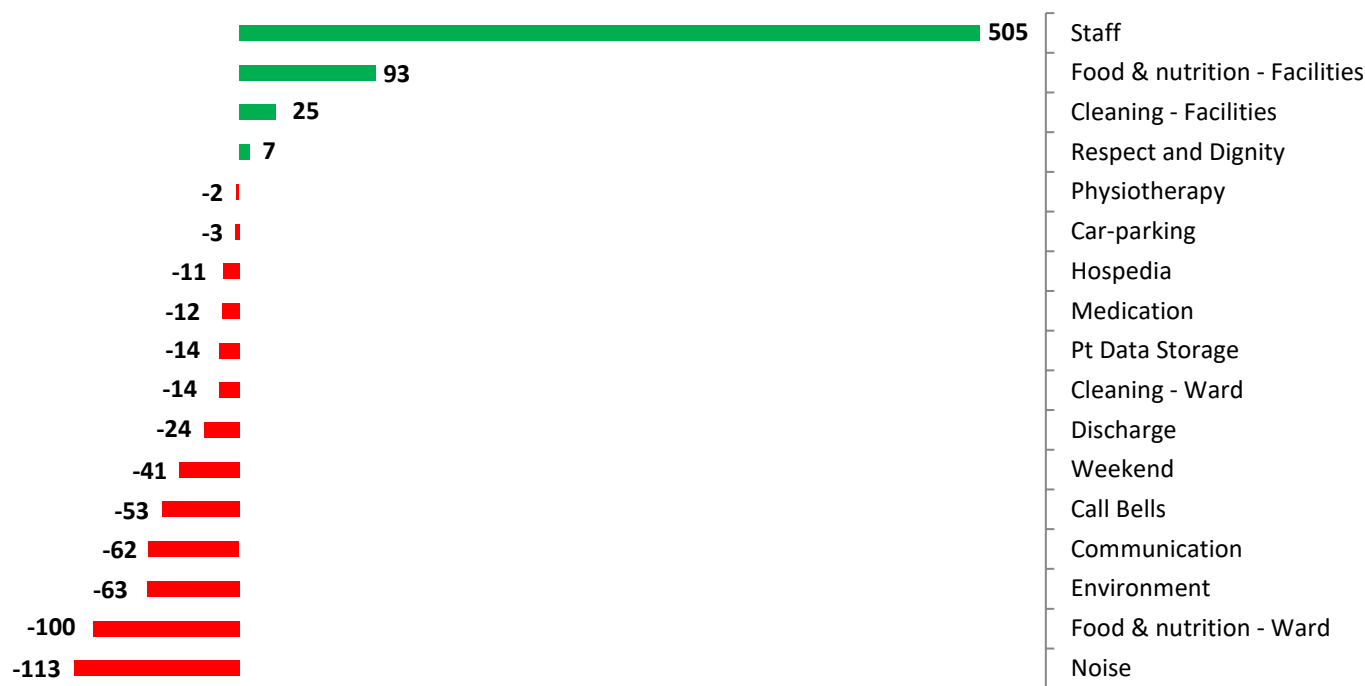
5. Real time feedback

Patients Surveyed

A total of 15,268 patients provided feedback during the year through national patient surveys, real-time feedback (eRTF) and the Friends and Family Test (FFT).

Inpatients

A total of 1,184 inpatients were surveyed during the year. They made 1,195 positive comments and shared 1,038 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.



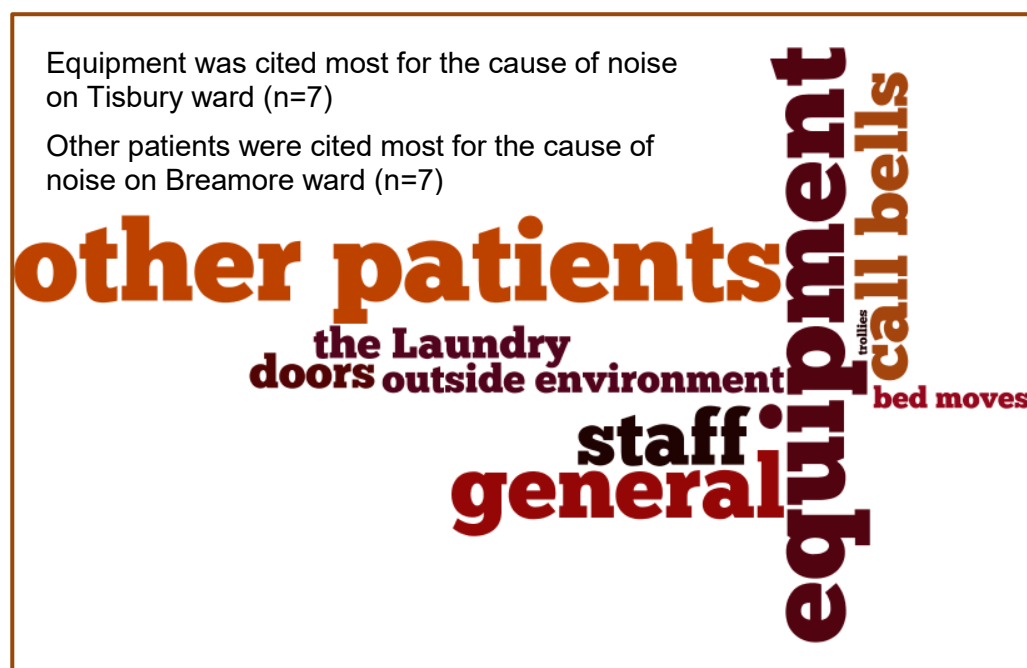
The overwhelming area of positive comments related to staff (610 positive against 105 negative).

"It is a real pleasure to come to this hospital. All the different nationalities with one aim, to give you the care you need."

The main areas of concern were noise and food and nutrition on the ward.

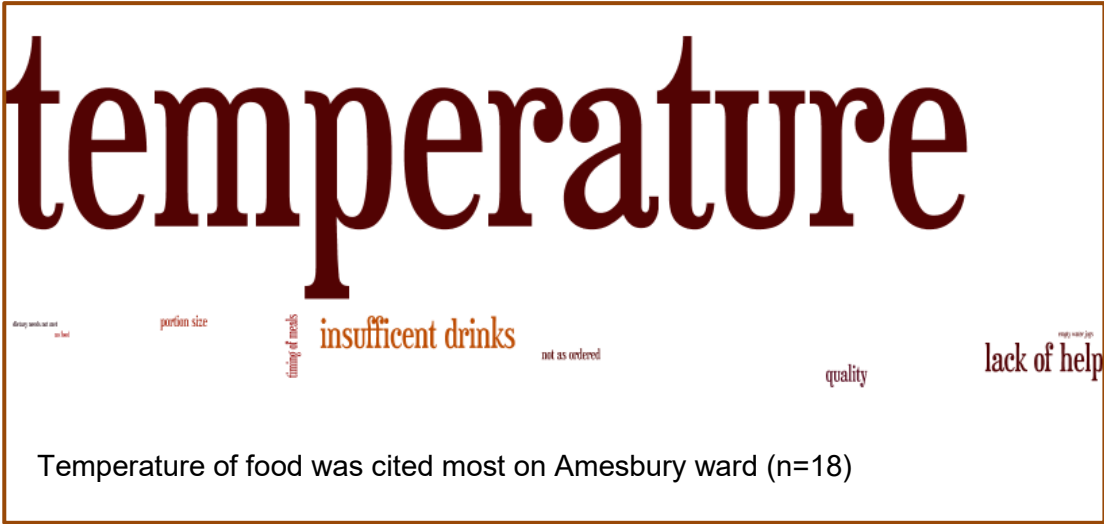
Noise

58 positive and 171 negative comments were made regarding noise.



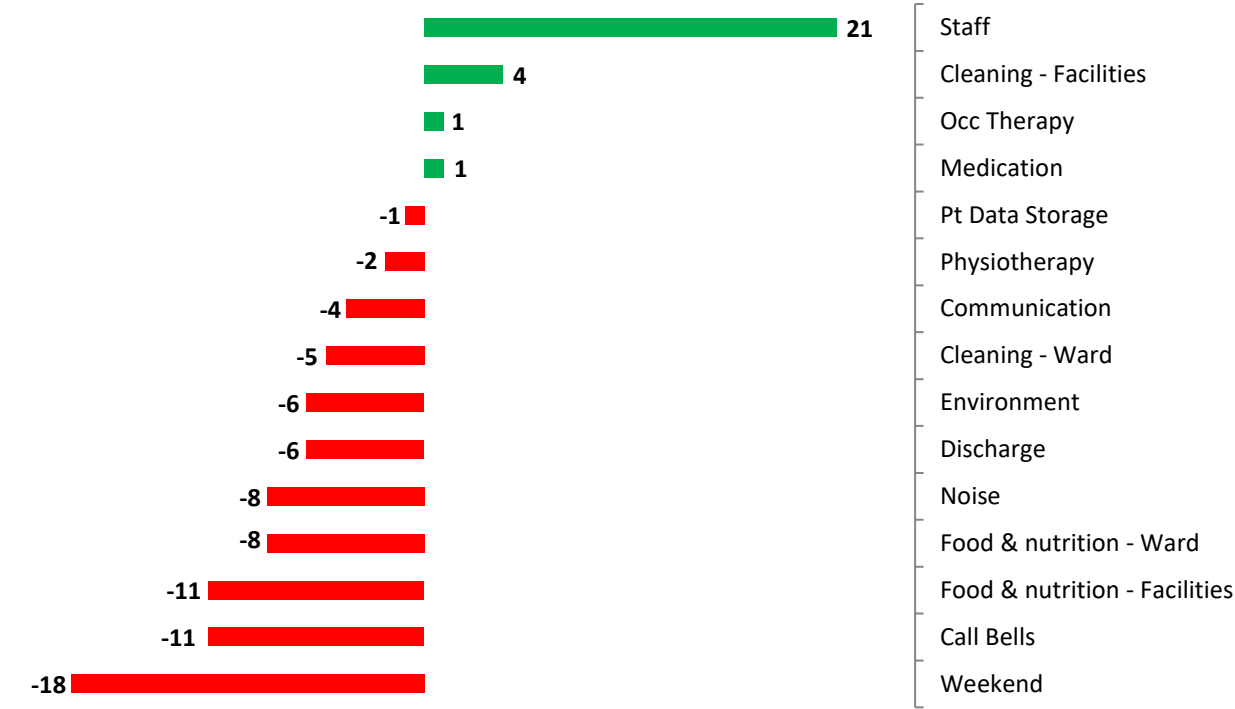
Food and nutrition on the ward

14 positive and 114 negative comments were made regarding food and nutrition on the ward.



Spinal

A total of 95 patients were surveyed during the year. They made 100 positive comments and shared 154 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph overleaf.



Again, the main area of positive comments related to staff (48 positive against 27 negative).

“On a bad day, you get a hug. You can't ask for more. They are all kind and caring.”

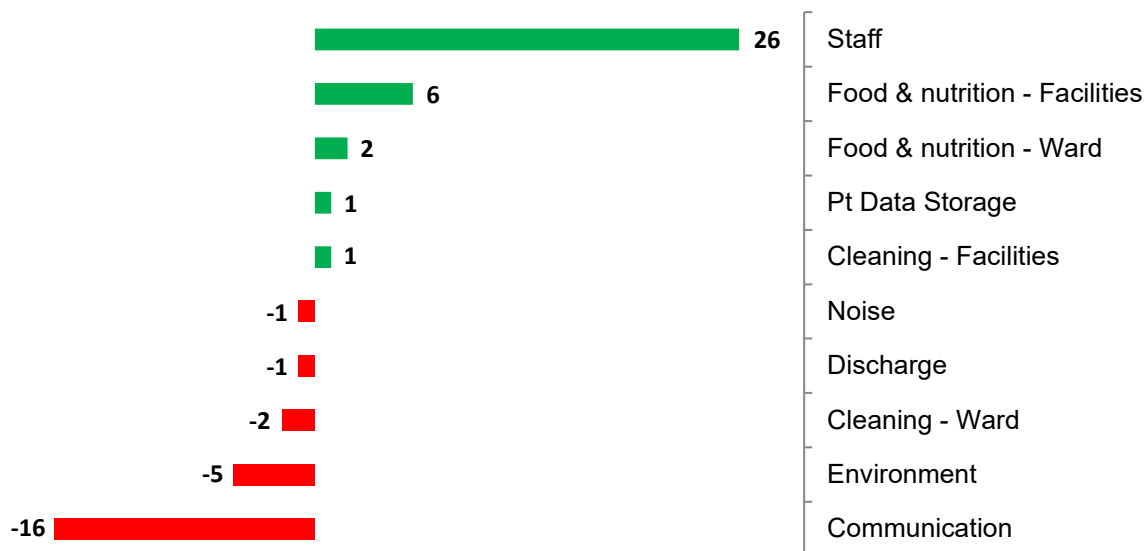
The main area of concern related to services not being available at the weekend (gym opening times = 8; staffing levels = 6; physiotherapy = 5)².

“There is only gym on Saturday if there are enough staff. It was not open last weekend.”

Maternity

A total of 62 new mothers were surveyed during the year. They made 69 positive comments and shared 44 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph overleaf.

² Some patients raise concerns which fall into more than one category.



The main area of positive comments related to staff (34 positive against 8 negative).

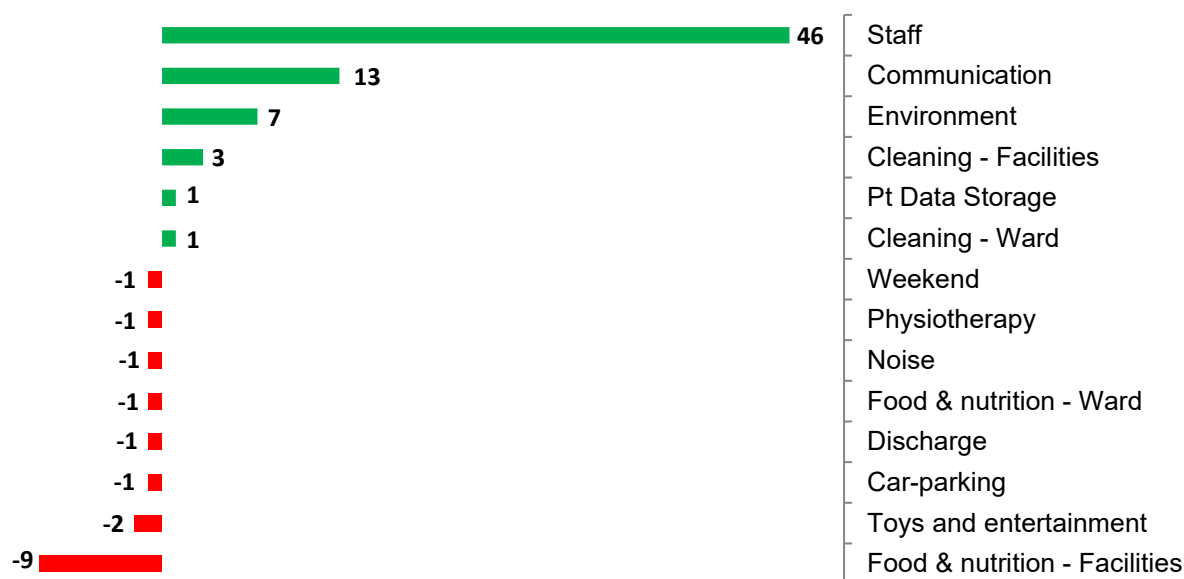
"I was induced then had sepsis so can't remember everything. The care I had once it all happened was brilliant."

The main area of concern was communication (11 positive against 27 negative).

"Things need more empathy. There is definitely a difference between the staff who have been on overnight as they are tired and grouchy themselves. There should be the same level of care all the time, even if tired. Being left to sleep was the main concern, and also the differing communication from different members of staff."

Paediatrics

A total of 38 adults or carers and 28 children were surveyed during the year. They made 93 positive comments and shared 52 suggestions of areas where services could be improved. These have been categorised and the balance of positive to negative comments is shown in the graph below.



The overwhelming area of positive comments related to staff (49 positive against 3 negative).

"The staff are lovely and very patient with my child."

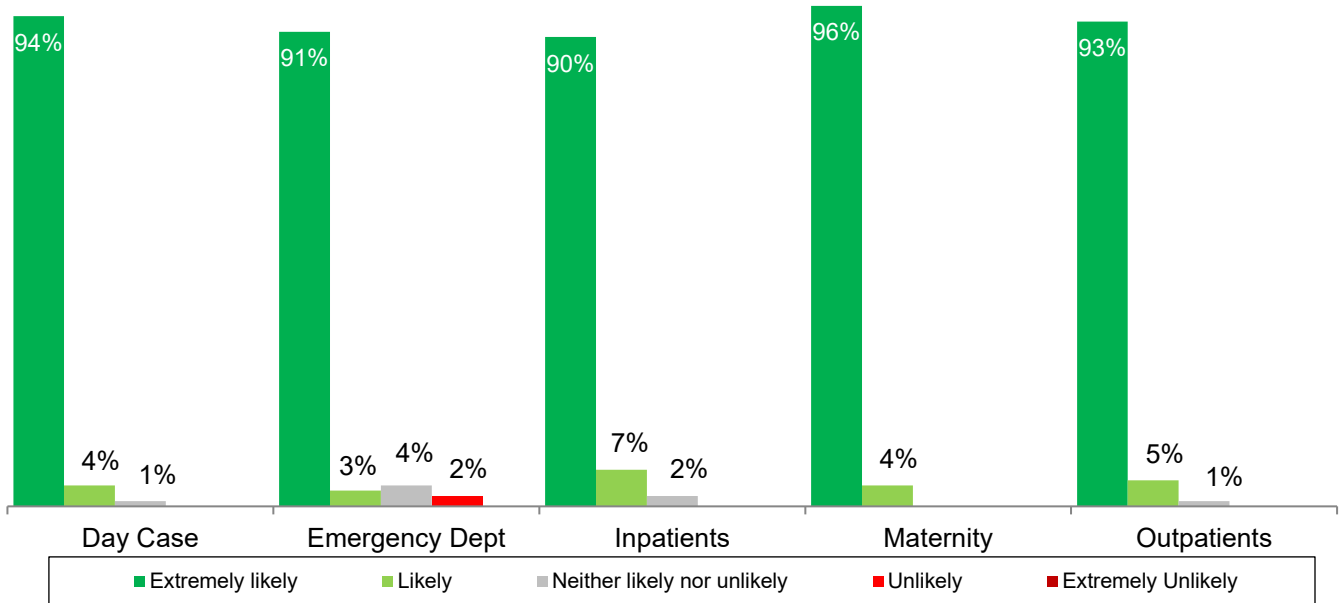
The main area of concern was food and nutrition (13 negative against 4 positive).

"The food is fine but healthier options need to be more appealing to children, i.e. not just pizza, etc."

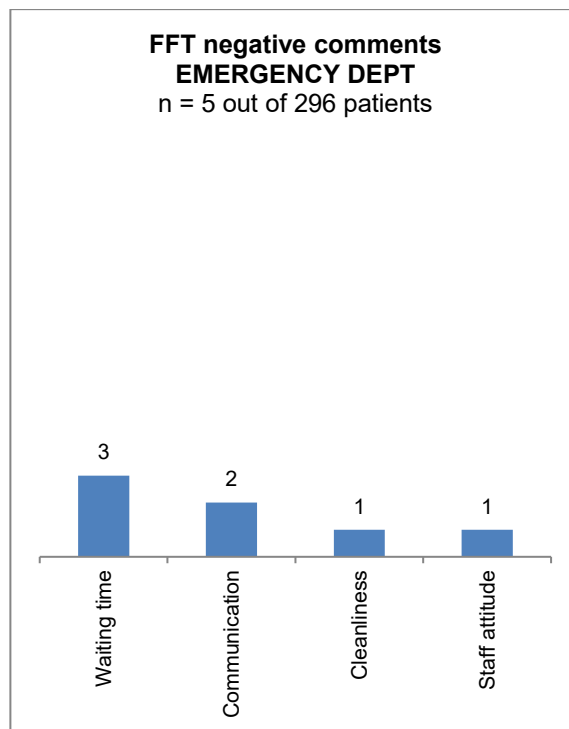
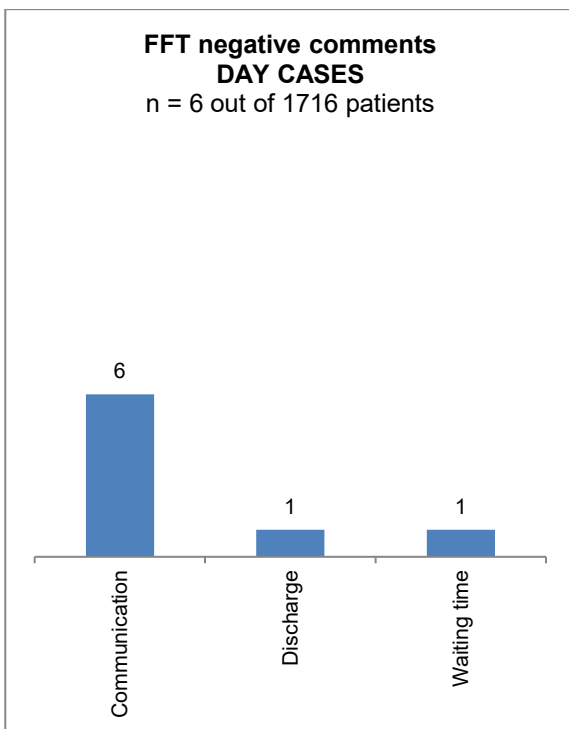
Friends and Family Test

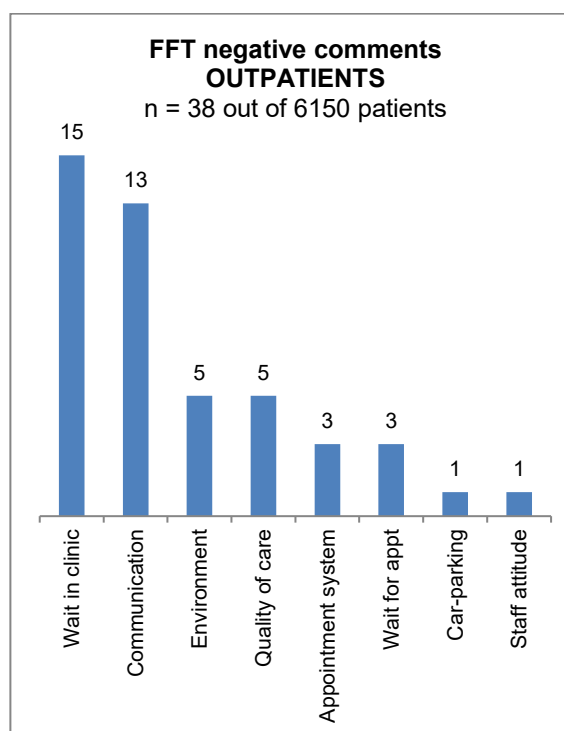
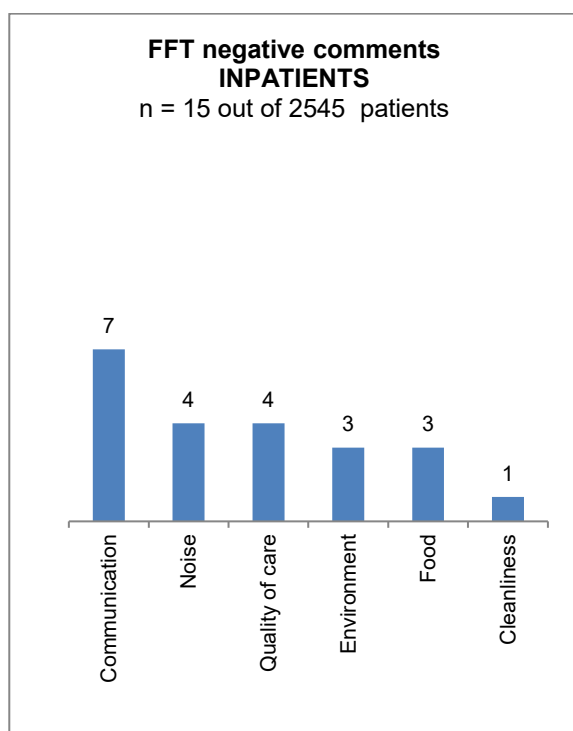
Responses for the year to February 2019 are set out in the graphs below. March data is unavailable due to issues with data input experienced during that month.

How likely are you to recommend?



Comments made by those patients who stated they would be unlikely or extremely unlikely to recommend the hospital have been categorised as set out in the graphs below.





The numbers are too low to identify any trends.

Staff named on FFT

Three patients named staff members when feeding back negative experience. These have all been shared with the named member of staff's line manager who has spoken to the staff member concerned.

6. National Patient Surveys

No national patient survey benchmark results have been published by the Care Quality Commission within the reporting period.

1. National Inpatients Survey 2018

Benchmark results are expected back June/July 2019.

2. Urgent & Emergency Care 2018

Analysis will begin shortly.

3. Children and Young People 2018

The current response rate remains at 40% compared with 31% at this stage in 2016.

The survey closes 21st June 2019

Previous results are available on the Care Quality Commission's web site at:

<https://www.cqc.org.uk/provider/RNZ/survey/3>

Maternity

On 29 January 2019 the Care Quality Commission published the benchmark results for the national maternity survey 2018.

SFT scored 'better' than most other Trusts for four sections:-

- Antenatal check-ups
- Labour and birth
- Staff
- Care at home after the birth

It scored 'better' than most other Trusts for 14 of the individual questions:-

- During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?

- During your antenatal check-ups, did the midwives listen to you?
- During your antenatal check-ups, did a midwife ask you how you were feeling emotionally?
- During your pregnancy, if you contacted a midwife, were you given the help you needed?
- Thinking about your antenatal care, were you involved enough in decisions about your care?
- During your labour, were you able to move around and choose the position that made you most comfortable?
- If you raised a concern during labour and birth, did you feel that it was taken seriously?
- If you needed attention during labour and birth, were you able to get a member of staff to help you within a reasonable time?
- Thinking about your care during labour and birth, were you involved enough in decisions about your care?
- Were your decisions about how you wanted to feed your baby respected by midwives?
- Were you given a choice about where your postnatal care would take place?
- Did you feel that the midwife or midwives that you saw always listened to you?
- Did you have confidence and trust in the midwives you saw after going home?
- Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP?

The results are available on the Care Quality Commission's web site at:

<https://www.cqc.org.uk/provider/RNZ/survey/5>

National Maternity Survey 2019 - Questionnaires have now been sent out.

ACTION TAKEN ON AREAS OF CONCERN

Wards, the Emergency Department and Maternity, have action plans in place to address the main areas of concern in their location. Progress is monitored via the Trust's Matrons Monitoring Group and is overseen by the Clinical Management Board.

7. Patient Stories

Patient stories are presented at the public Trust Board 6 times a year. Explicit consent is obtained to share the taped stories and, as soon as the Trust's Intranet is developed, these will be uploaded along with a structured reflection guide for staff to use for revalidation and personal/team learning.

8. Patient and public involvement (PPI)

Our patient and public experience and involvement priorities 2019 - 2022

1. Communication

We want to build on the work that has already taken place and improve the way we listen to and communicate with our patients their families and their carers

- Two signposting cards for young people and their carers are being developed following feedback received at the Youth Mental Health Wiltshire event held in the hospital by Artcare and Wiltshire Creative. The cards will list contacts and resources that can be used whilst waiting for referrals and next appointments. They will be given out when patients are discharged from the ward.
- The Signage Group has designed three new maps of the site and surveyed patients and visitors to the site to see which map was most helpful. The preferred option is being installed at each of the car park lecterns at the end of the month.

2. Working together

We want to review patient experience (positive and negative) and learn from it so we can improve our services and how people are involved

- Maternity will shortly be holding focus groups around the proposed birthing centre
- A Cancer Focus group took place with the Macmillan nurses ahead of the 'What now' campaign they are rolling out. High praise was received for the Wellbeing Programme and Mobile Cancer Support Care. Confusion over the term 'carer' and lack of support for carers was identified and is an action going forward. A second focus group is planned for August 2019.

- Wessex rehab held a very successful focus group with different patient groups. A report has been written and actions are being progressed. A patient story went to the Trust Board.
- Always Event - PALS will be working with Amesbury and Breamore wards on improving the issue of noise at night on wards using an NHSE approved initiative called an Always Event.
- Course by Course - Catering have been successfully trialling and are now rolling out the option of serving meals course by course in an attempt to keep food hotter for longer. Catering is offering support to trial this; based on a ward's individual needs. The initiative includes menus being returned to the ward before each meal (rather than arriving with the food) to allow for sorting and reordering as necessary. Jugs are provided to allow easier and quicker serving of soup. Odstock and Downton have now adopted this procedure, Chilmark and Tisbury have signed up to trial during May and June and Breamore, Whiteparish and Britford have also expressed an interest. Comments received via Real Time Feedback since the start of the initiative are positive and show that patients are noticing the difference in food temperature.
- PALS have held an outreach clinic at Salisbury Medical Practice. This will be held every month.

3. Outstanding care

We want our patients, their families and carers to have an outstanding experience first time and every time they come into contact with our staff

- A Dementia Carers information pack is being developed by staff and carers
- The national initiative Eat, Drink, Move, is being implemented on Spire ward at present. Currently the project is assessing the usefulness of finger food for some patients, introducing mobility volunteers and using it as an opportunity to reinvigorate the #PJ Paralysis project.
- 'Treat me well' – we are implementing this Mencap campaign to transform how the Trust treats people with a learning disability in hospital. Service users/parents are shaping our work priorities.
- Armed Forces - In the Chief Executive's weekly message in December 2018 a request was made for volunteers who would like to train as a Champion. The response was very good and 24 people came forward from both senior clinical roles and non-clinical roles. Two training events were held, one on the 28 February and the other on 11 March 2019 led by the operational lead for the Armed Forces Covenant and provided by the Defence Medical Welfare Officers and Help for Heroes Officers.

PPI Projects are shared on the following web page on the Intranet:

<http://intranet/website/staff/quality/customercare/patientandpublicinvolvement/ppiprojects/index.asp>

We have had permission from IT to develop a new website for the PPI projects. The plan is for the patient stories to be hosted here (they would only be available from within the Trust). A reflection tool for staff to use in conjunction with a story will be made available for individual/team learning and IPR/revalidation purposes.

9. Interpreting and Translation

The annual spend on interpretation and translation has risen year on year. As a result of this, reminders and updates about the interpreting service will be sent out to all email users and updates in Cascade Brief/Pulse are planned.

The PALS team have started to look at the use of face to face language interpreters, to ensure they are being used appropriately, and reduce the overall cost of interpreting to the Trust. It is hoped that by increasing staff awareness of the telephone language interpreting service and clarifying when the use of face-to-face language interpreters is appropriate, costs can be reduced but an excellent service can still be provided. This may involve vetting of requests for face-to-face language interpreters, as well as the option of video (via iPad) language/BSL interpreting. A solution across the STP is being explored by Procurement

This quarter's most frequently used language for face-to-face interpreting (used on 17 occasions):

Nepalese 36% Romanian 36%

Total spend for face-to-face interpreting this quarter = **£4776.0**

British Sign Language was used on 13 occasions this quarter with a total spend of £1935.60

Yearly totals for interpreting and translation

British Sign Language was used on 57 occasions this year with a total spend of £8,402

Face-to-face interpreting was used on 99 occasions

This year's most frequently used language for face-to face interpreting was:

Polish = 19.2% Arabic = 18.2% Romanian = 15.2% Nepalese = 14.2% Bengali = 8.1%

Total Spend **£15549.80**

The areas where interpretation was used most often are:

Endoscopy = 42% Radiology = 5.1% Sarum OP = 4.0% DSU = 4% Spinal = 4.0%

10. Patient Information

Patient Information has moved from the Quality Directorate to PALS.

All new patient information is given a sense check by a group of volunteers prior to the information being approved for use in the Trust. The Trust is certified against NHS England's Information Standard. Work is underway to provide all patient information within an app. Currently there are over 800 information sheets available on a wide variety of clinical conditions.

All information leaflets will move to a web-based app this year.

A focus group with patients is being planned for Q2 so that the app can be designed to best meet their needs.

11. Parliamentary and Health Service Ombudsman (PHSO)

The PHSO received one new request for independent review in Q4.

PHSO feedback

- The PHSO has fed back on one safeguarding complaint from 2017 that was raised against Wiltshire Council, Salisbury NHS Foundation Trust and South West Ambulance Service NHS Foundation Trust. The Ombudsmen found no fault with the way safeguarding concerns were dealt with by the three organisations. The Ombudsmen also found no fault by the Council in relation to it following child protection procedures.
- The PHSO has submitted their report in relation to a complaint surrounding the lack of informed consent. The Ombudsman partly upheld the complaint. This was on the grounds that although the ombudsman felt that there was no clinical impact to the complainant, the fact that the procedure she consented to (on the consent form) was not the procedure that was ultimately performed. However, the surgical procedure was undertaken in order to achieve the best results for the patient. Alternative surgical options and the possibility of requiring additional cosmetic corrective surgery was discussed with the patient prior to surgery; but not documented on the consent form. The Directorate has met to discuss the action plan, and a letter of apology will be sent to the complainant, in compliance with the Ombudsman's recommendations.

The PHSO publishes complaints data on a quarterly basis that includes numerical information on the complaints received, assessed, and investigated and is available at:

<http://www.ombudsman.org.uk/reports-and-consultations/reports/health/quarterly-reports-on-complaints-about-acute-trusts>

12. NHS Choices website

In Q4 there was one new comments posted on the NHS Choices website. This was a positive one surrounding care in Audiology "*The member of staff we saw could not have been kinder or more professional. She took her time and explained every step of the way with clarity and patience. My wife has some significant cognitive disabilities but she was handled with a kindness and tolerance that was beyond the usual*"

The NHS Choices feedback has been managed by the Communication Team in the past but was handed back to PALS in May 2019. This will allow faster response and earlier sharing with the named teams.

13. Health Watch

A report from Health Watch is attached in the appendices.

The Health Watch Manager also telephoned with 3 issues they had identified in their listening events. These concerned two for surgery which were shared with the Directorate Management Team:

- issues surrounding an appointment letter and subsequent 'reminders'
- issues surrounding a carer and his wife. The carer had been admitted to hospital but according to the hospital records the cared-for person had been admitted. There was no apparent thought about how the carer would cope with his caring responsibilities once he had been discharged.

One issue was raised surrounding a missed fracture in the Emergency Department. Health Watch had not had the patient's permission to share the feedback and the team were unable to investigate without knowing the patient's details.

14. Facebook

48 positive comments were posted on Facebook in Quarter 4. Most of these were comments on photographs and articles posted by the Comms Team. However, there were 8 comments that related to care here. For example *'I have only been under Salisbury hospital for a few months and I have to say the care which I have received has been outstanding. I have been in and out of hospital since I was young and out of all the hospitals I have been under, Salisbury has definitely come out on top. Well done. You deserve to have a good CQC report as everyone works so hard. X'*

There were 8 negative comments; the vast majority of which concerned staff/patients smoking at the exits to the hospital. For example *'don't bother walking around the hospital as smokers at every exit'*.

15. Summary

This report brings together the themes from patient experience feedback and where improvements can be made.

Actions for the PALS team for Q1:

- Ratify the amended the Complaint Handling Policy
- Work with directorate teams to improve compliance against the agreed complaint response timescales
- Work with the directorate teams to close some outstanding actions (a new action plan proforma is being released with the amended Complaint Handling Policy and it is hoped that this might help)
- Item in Pulse newsletter and Cascade Brief regarding interpreting/translation.
- Develop a complaints newsletter so that learning can be shared trust-wide.
- Hold a focus group with patients to determine the best format for the patient information app.

Actions for the PALS team going forwards:

- Review the PPI toolkit
- Develop a new website to share projects/improvements/learning across the Trust
- Attend the Always Event training event (June 2019) and use this QI methodology to explore noise at night in more detail
- Start to move all the patient information onto the new app-based portal.

16. Recommendations

The Board is asked to note this report and agree the actions going forwards.

AUTHOR: Katrina Glaister
TITLE: Head of Patient Experience

Appendices

Patient Experience Headlines

Trust-wide themes (financial year)

Themes per month (year – awaiting data for financial year)

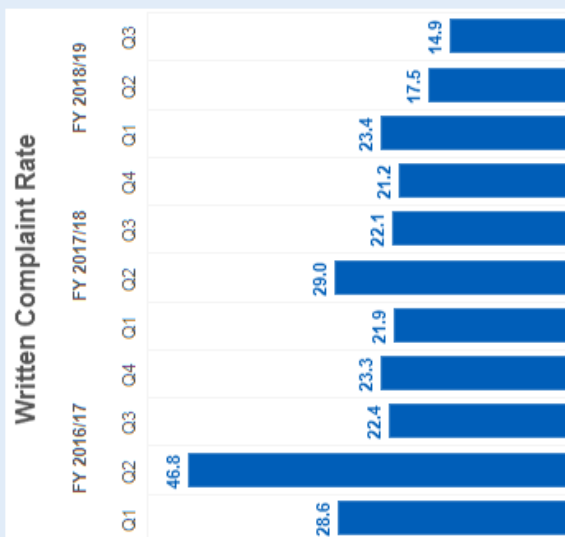
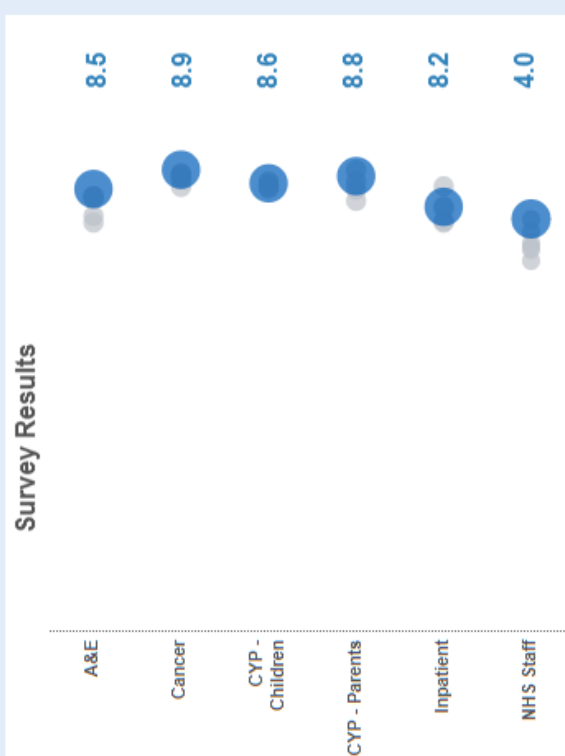
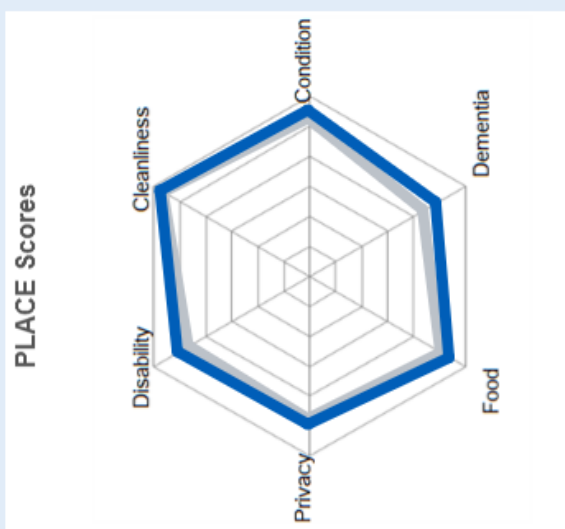
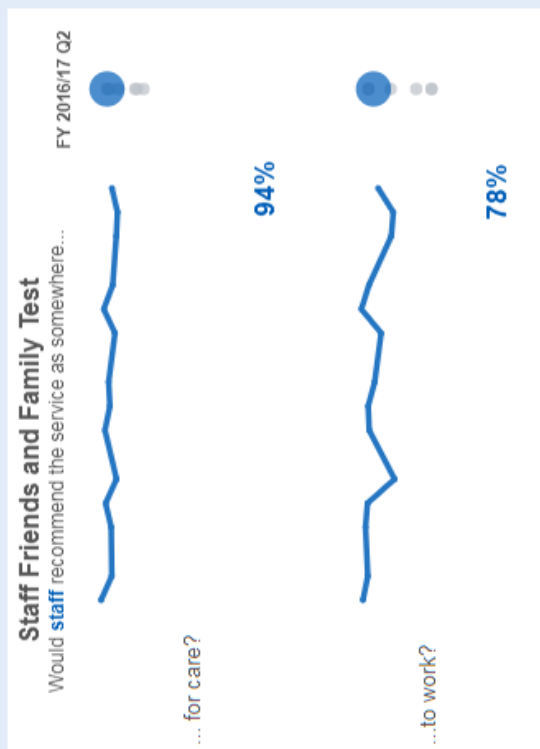
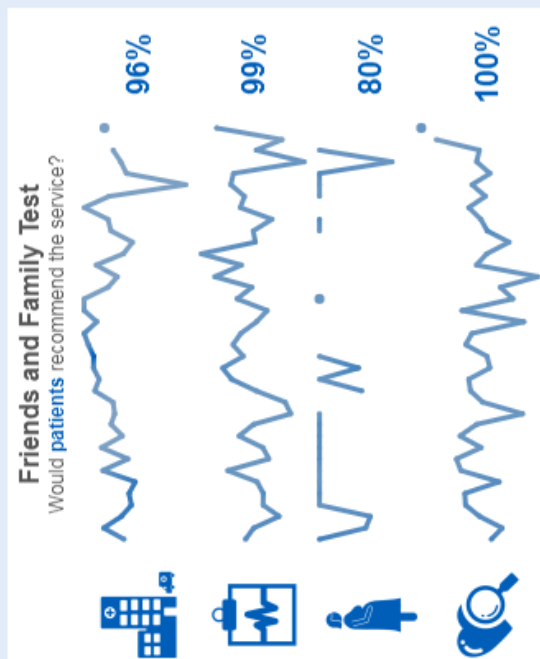
Healthwatch Report (Oct 2018) – snapshot of patient experiences

Patient Experience Headlines

for Salisbury NHS Foundation Trust

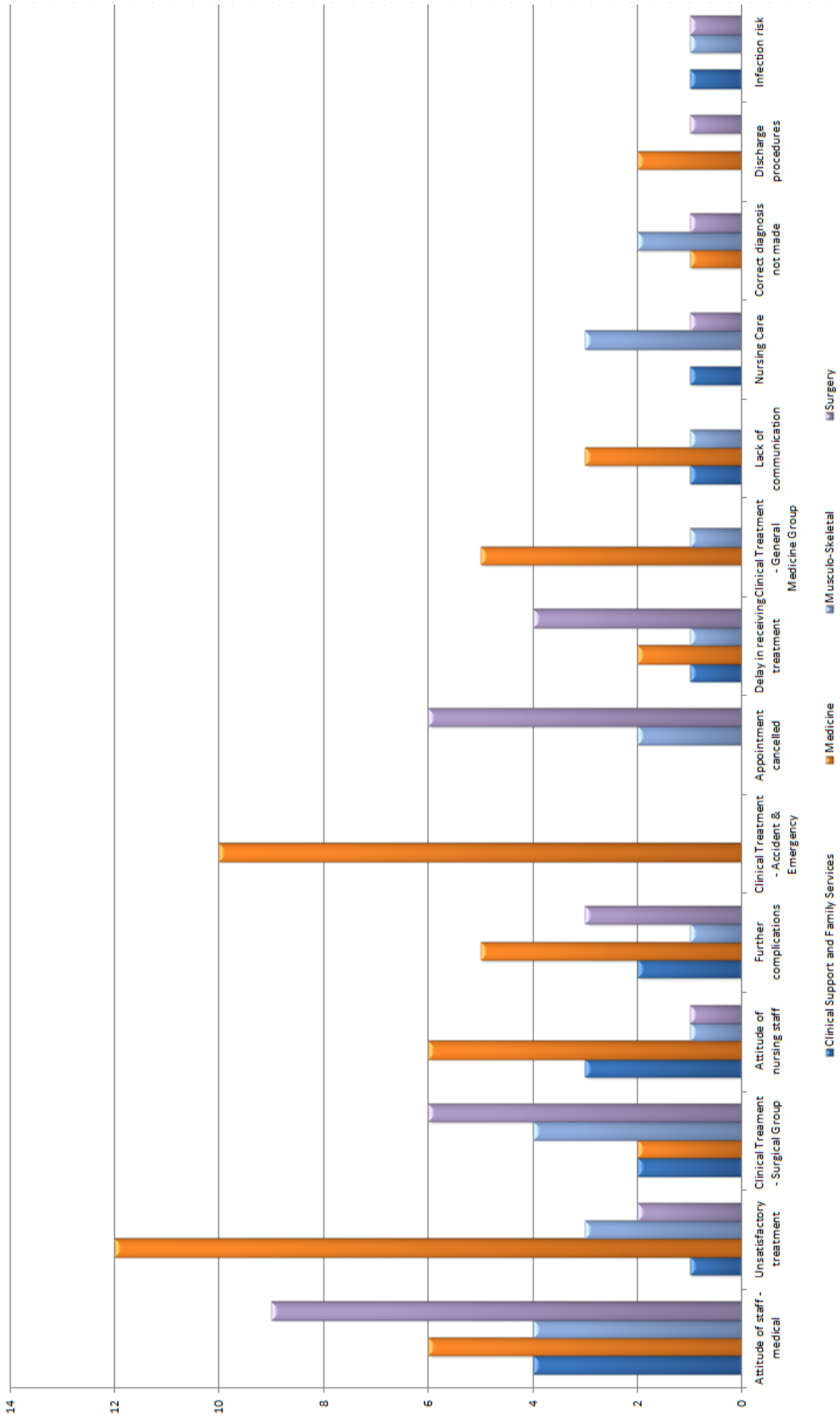
Click on the graphs for more details

Selected Trust
Peer Group

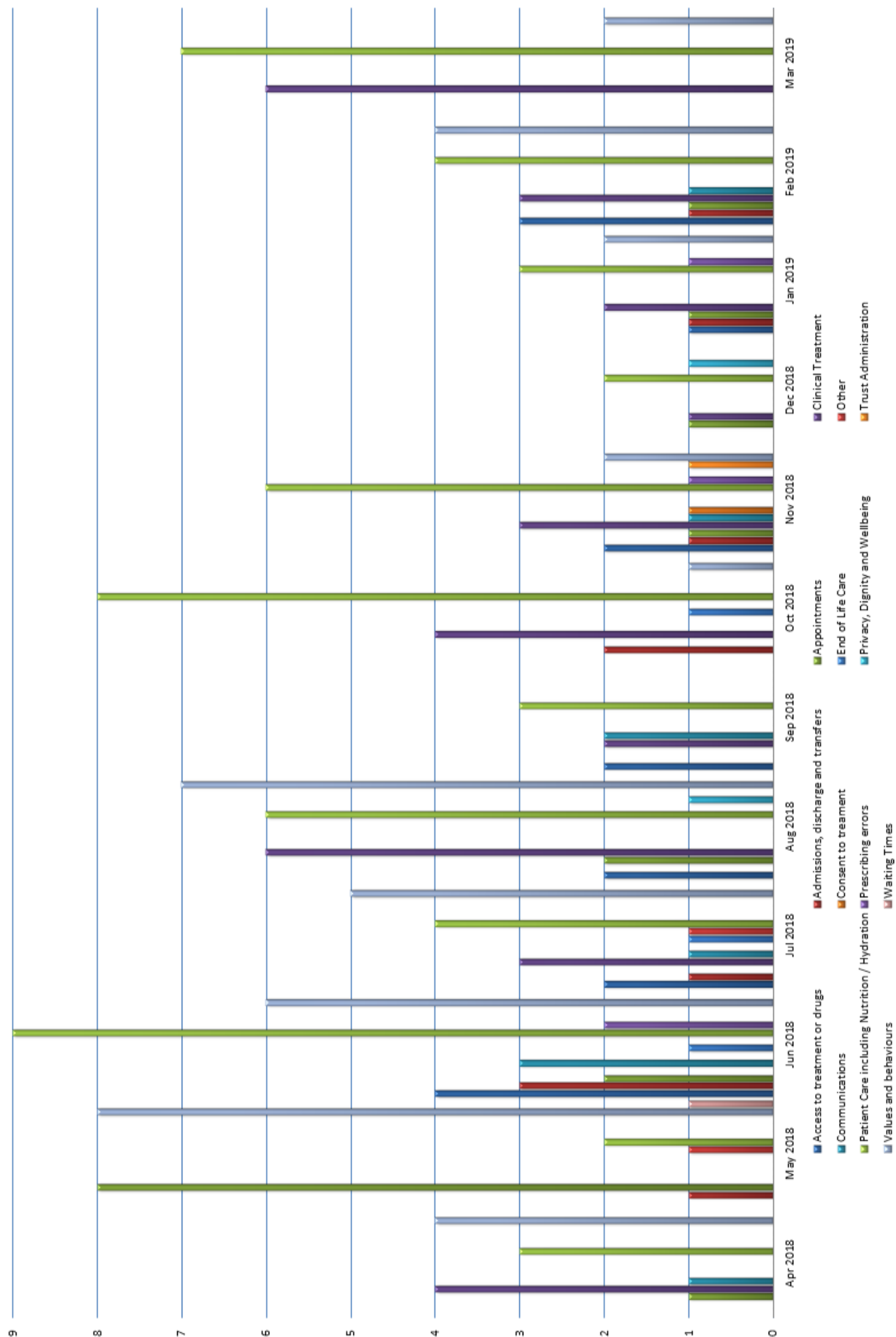


The above infographic is one that is pulled together from data that all trusts submit to NHS Digital. This image shows how Salisbury NHS Foundation Trust compares to others in our region.

Graph to show the top 15 themes from complaints (clinical areas) April 2018 - March 2019



Trustwide themes per month (2018/2019)



Report to:	Trust Board (Public)	Agenda item:	5.2
Date of Meeting:	04 July 2019		

Report Title:	Operating Plan 2019/20 - Summary			
Status:	Information	Discussion	Assurance	Approval
	✓			
Prepared by:	Kieran Humphrey, Associate Director of Strategy			
Executive Sponsor (presenting):	Lisa Thomas, Director of Finance			
Appendices (list if applicable):	Draft Operating Plan 2019/20 – Summary for publication			

Recommendation:

The Board is requested to note the 2019/20 Operating Plan summary document which will be published on the Trust's website.

Executive Summary:

As part of the submission of the Trust's Operating Plan to NHS Improvement for 2019/20, the Trust is required to publish a summary document outlining its plans and priorities for the financial year, in a method which is accessible to the local population. The Trust's Operating Plan submission was approved by Board at its April meeting and this document provides a summary of that submission. The Operating Plan 2019/20 – Summary, will be obtainable from the Trust's website and the format will be used for the publication of other Trust documents.

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input checked="" type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input checked="" type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input checked="" type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>

Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input checked="" type="checkbox"/>
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Operating Plan 2019/20

Summary



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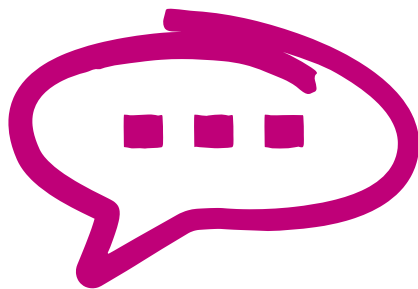
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Foreword from our Chairman and Chief Executive

This summary of our 2019/20 Operating Plan details Salisbury NHS Foundation Trust's planning assumptions and priorities for 2019/20 and builds on the recent refresh of the Trust's Strategic Plan (2018-2022).

During 2019/20 the Trust will work with our local partners on the development of a longer term five year plan due for publication in the autumn of 2019.



The vision for Salisbury NHS Foundation Trust is to provide an outstanding experience for every patient.

To achieve this, the Trust is focused on three strategic priorities:

Local Services

We will meet the needs of the local population by developing new and improved ways of working which always put the patient at the centre of all we do.

Specialist Services

We will provide innovative, high quality specialist care, delivering outstanding outcomes for the wider population.

Innovation

We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered whilst also making a positive contribution to the financial position of the Trust.

Like the rest of the NHS, Salisbury NHS Foundation Trust continues to operate in a challenging environment and is focussed on working in partnership with others to plan sustainable future services. We are, however, building these plans on strong foundations. The Trust was recently inspected by the Care Quality Commission (CQC) and received an overall rating of 'Good', with an 'Outstanding' rating for our Critical Care services. We will be using the findings of this inspection to further develop our plans to deliver outstanding services across all of our clinical and non-clinical areas.

This summary plan demonstrates how the Trust intends to deliver our services and work with our partners about how health and care services are planned and provided across South Wiltshire.

Cara Charles-Barks
Chief Executive

Nick Marsden
Chairman

Partnerships and integrating the health and care system



The area of our local Sustainability and Transformation Partnership (STP) – Bath & North East Somerset, Swindon and Wiltshire (BSW) – has a population of approximately 874,000 people.

There are three local authorities, 110 GP practices, three Clinical Commissioning Groups (CCGs), three hospital trusts, a mental health provider and an ambulance trust within our geographical area as well as organisations providing community services and many voluntary and charitable organisations. We have a combined health and care workforce of approximately 40,000 people.

NHS and Local Government organisations across the health and social care landscape in BSW, including partners in the third and independent sectors, recognise that working in partnership to plan and deliver services offers great potential to improve service quality, efficiency and sustainability.

In 2019/20 we will take significant steps to develop our Integrated Care System (ICS), where local NHS, public and voluntary organisations will work together and join up planning and service delivery to meet the needs of our local population. The Trust will work increasingly closely with these other organisations and lay the groundwork for the implementation of the NHS Long Term Plan.



System priorities

The Trust will support and embed system-wide priorities in its service planning and delivery. These are set out across five priority areas:

Priority 1

Improving the health and wellbeing of our population



Priority 2

Developing sustainable communities



Priority 3

Sustainable secondary care service



Priority 4

Transforming care across our region



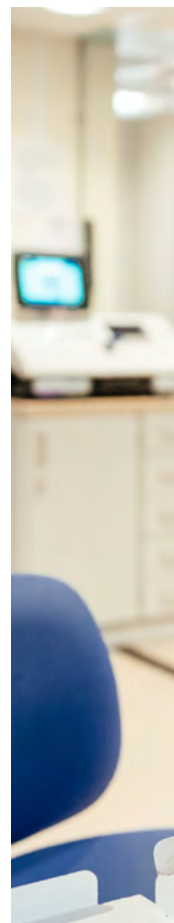
Priority 5

Creating strong networks of health and care professionals



Priority 3

- ✓ Acute Hospitals Alliance partners working together to address capacity issues; specialties under pressure; back office services and co-designing care pathways
- ✓ Determining where it makes sense for specialist services to be commissioned locally as part of the care pathway redesign work
- ✓ Aim to utilise Acute hospitals to their full potential for elective care



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The Trust is working with commissioners and the Sustainability and Transformation Partnership (STP) on system-wide actions to change pathways and develop new models of care to meet the increasing demand for services. The aim is to ensure maximum value from every penny spent in South Wiltshire.



The Trust works with our partners across the NHS system to forecast demand and align this with the Trust's capacity to meet growing pressure on services.

The Trust is planning for new local population growth, such as the Army Basing Programme which will bring up to 7,600 military personnel and their families to Wiltshire throughout 2019/20.

Our hospital is planning for greater demand for our main service areas and the Trust plans to:

- Provide emergency treatment to 25,000 people
- Carry out 29,000 planned operations or procedures
- Provide 248,000 outpatient appointments
- Treat 69,000 patients in our Emergency Department

Capacity

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Predicted growth in demand for our services in 2019/20 can be broadly accommodated within existing the Trust’s capacity plans.

Salisbury NHS Foundation Trust is confident that we have the capacity to meet the predicted demand for our services in 2019/20.

As part of long term improvement plans, the Trust is planning to increase capacity and efficiency in a number of specialties including Gastroenterology, Respiratory, Interventional Radiology and Vascular services.

Our key areas of capacity planning include workforce, beds, theatre sessions and diagnostics. Directorates ensure workforce planning is an integral part of the overall annual planning cycle.

The directorates focus on delivering robust workforce plans which support the service delivery intentions. The Trust uses bed acuity tools alongside a safer staffing review to ensure appropriate nursing levels on wards.



Performance and service improvement



Emergency and Urgent Care

In 2018/19 the Trust saw an increase in emergency attendances. This placed significant pressure on patient flow and subsequently the achievement of the Emergency Access standard.

The expanded Ambulatory Care Unit saw record patient numbers which demonstrated improvements in assessment and prevented admissions. In addition the Trust implemented an Emergency Department recovery plan. This focused on improving internal processes, e.g. time to first doctor assessment, implementation of the navigator role, a focus on time to triage and improved pathways for specialty referrals.

Overall in 2018/19, the Trust achieved the length of stay targets for stranded and super stranded patients and is finalising improvement plans for 2019/20 with the local Emergency Local Delivery Board.

In planning for unscheduled care in 2019/20, including the 4 hour Emergency standard, the Trust plans to improve monthly performance compared to 2018/19 and deliver 95% by March 2020. The Trust expects to maintain its good performance on minimising ambulance handover delays.

Our plans will focus on maximising patient flow by:

- developing discharge pathways and a system wide frailty pathway.
- system wide Multi-Agency Discharge Events (MADE)
- further embedding the SAFER care bundle
- developing of new ambulatory care pathways
- focusing on discharge plans for patients spending a long time in hospital

Performance and service improvement (continued)



Elective and Outpatient Care

Both the STP and NHS Long Term Plan have prioritised the transformation of outpatient services in 2019/20. Trust services will focus on reducing Did Not Attend (DNA) levels we will continue to challenge New to Follow Up Appointment ratios and encourage patient initiated follow up appointments.

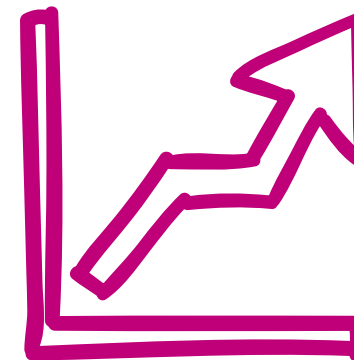
The Trust plans to deliver the Referral to Treatment (RTT) waiting time standard and improvement plans focus on specialties such as Gastroenterology and Urology where further capacity is required. This will ensure that growing demand for elective care services can be accommodated and the waiting list time is maintained or reduced.

Cancer Care

The Trust has achieved national cancer standards over recent years despite the continued workforce pressures and rising demand. Our plans are focussed on addressing capacity gaps within gastroenterology, endoscopy and urology. The Trust continues to work with partners to identify longer term solutions that will provide a comprehensive service in a sustainable way. The Trust is developing a reporting process to support the development of the 28 day faster diagnosis standard. The Trust will start to report this from April 2019.

Diagnostic waiting times

The Trust will focus on achieving the national waiting time targets. Capacity in our Endoscopy unit is the main area of risk. The Trust is delivering plans put in place in 2018/19 to mitigate this risk, while a longer term solution is developed with partners.



Performance and service improvement (continued)

Our Quality Goals

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

Our quality improvement plan reflects local, STP and national priorities. Our objectives in 2019/20 are:

Priority 1

Work with our partners to prevent avoidable ill health and reduce health inequalities



Priority 2

Reduce avoidable patient harm by 50% over 3 years (2019–2021)



Priority 3

Work with our partners to improve patient flow through the hospital



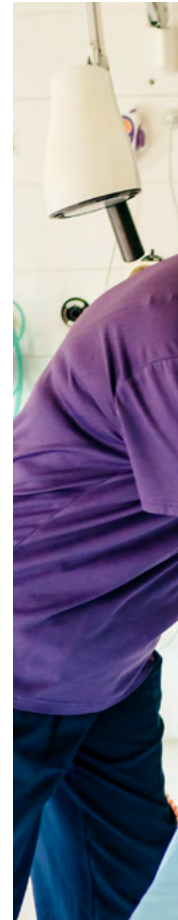
Priority 4

Design new models of care to provide patients with more convenient access to services and make the most of digital care



Priority 3

- ✓ Improve patient flow using the SAFER care bundle to ensure the right patient is in the right place at the right time – led by the Patient Flow programme
- ✓ Increase the number of patients who are able to return to their preferred place of care at the end of their life – led by End of Life Care Steering Group and monitored by the End of Life Care Steering Group
- ✓ Work towards achieving 60% best practice compliance for patients with chronic obstructive pulmonary disease – continuous measurement of practice & improvements led by the Respiratory Team
- ✓ Work towards achieving 80% best practice compliance for patients having an emergency abdominal laparotomy – work with the NHSI Emergency Laparotomy Collaborative



Our people

We will make the Trust an outstanding place to work where everyone feels valued, supported and empowered to develop their skills and expertise.



Approach to Workforce Planning

The STP is developing a workforce plan to improve the availability and deployment of the clinical workforce. We will work with our partners to better link the health and social care workforce. Together this will enhance career pathways, reduce turnover and improve staff experience. We plan to work together across the STP on training, development, temporary staffing and support functions to provide cost effective and consistent services.

Priorities for our region include managing demand in urgent care, improve workforce planning (such as making it easier to move staff between employers), create a collaborative training academy and improve NHS finances by increasing productivity and efficiency, making better use of estates and digital tools.

Our workforce plans are closely aligned with service, quality and financial planning priorities. They ensure the proposed workforce levels are affordable, sufficient and able to deliver efficient and safe care to patients.

Workforce Transformation

As part of our People Strategy the Trust will support managers to carry out a review of their workforce in all major services. The Trust will also support line managers with key aspects of workforce planning and the development of new roles and new ways of working. Our aim is to avoid costly vacancies in hard to fill posts wherever possible by getting the right people in the right place.

The approach to financial planning

The NHS Long Term Plan has set an expectation that all Trusts will plan and deliver against a new control total in 2019/20, and plan to eliminate Trust deficits by 2023/24.

We are committed to making the best use of our resources to achieve a financially sustainable future, securing the best outcomes with the available resources.

Our plan supports the Trust's longer term strategy to deliver place based care. It is built on the following assumptions:

- The Trust will deliver a control total of an £8.854m deficit in 2019/20
- The Trust will receive Provider Sustainability Funding, Financial Recovery Funding and centrally funded marginal rate emergency tariff totalling £8.854m

Our key financial assumptions include:

- a 1.1% (£2.2m) national efficiency target
- A fully funded staff pay award (5% including 2018/19 centrally funded component)
- £0.7m procurement top slice that will be recovered through existing Cost Improvement Plans
- Activity growth assumed at 70% marginal cost



Efficiency in 2019/20

The Outstanding Every Time Programme will continue to focus on improved recurring efficiency and increased productivity whilst maximising opportunities for growth from commercial services and income recovery.

The programme will closely align with the Trust's Clinical Strategy to ensure we innovate, improve quality and patient safety and reduce cost.

We will transform services by further developing digital solutions to consolidate our systems and processes enabling us to use our staff more effectively. For example, the use of robotics, virtual workers and digital dictation will enable us to automate tasks currently undertaken manually. We are already an exemplar site for e-rostering in nursing and this will be expanded to other services and staff groups.

We will continue to grow our commercial income through our Managed Procurement Service. We will develop our existing businesses – with currently over £90m of third party spend under management –

energy procurement and technology frameworks, as well as explore new markets. There are opportunities to increase the recovery of overseas visitor income.

The South West Pathology network "South 6" is developing long term plans to transform the delivery of services on a network basis. Pharmacy and medicines management will continue to closely align with recommendations within the NHS national productivity tool, 'Model Hospital', introducing substitutions and biosimilar products where clinically viable. We will continue to work collaboratively with our commissioners to develop joint benefits from medicines provisions and focus on innovative ways of reducing pharmacy costs.



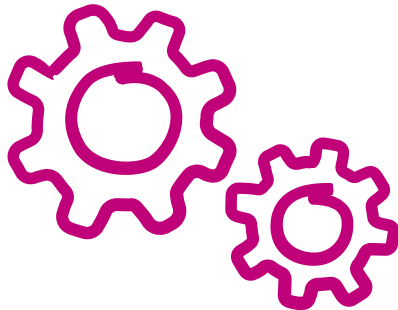
Efficiency in 2019/20 (continued)

Our outpatient services will continue to improve booking processes and communications with patients to maximise utilisation and reduce Did Not Attend's (DNAs). The intention is to further expand the use of e-outcomes and e-records in order to streamline systems and accurately capture clinical information.

To increase outpatient capacity, the Trust will focus on reducing inappropriate interventions, providing face-to-face appointments only where necessary. The Trust will further develop virtual services, group outpatient clinics, alternative clinical practitioners. It will extend advice and guidance, and reduce follow up appointments.

We will further develop patient initiated follow ups to enable patients to self-manage their own appointments. We will expand the type of clinics we provide so that patients see the most appropriate clinician for their needs. We will strive for excellence in day surgery – we will use benchmarking data to identify opportunities to drive out inefficient practices as well as develop pre-operative assessment. These improvements will be supported by continuing to drive efficiencies through the Scan4Safety initiative and improved supply chain management.

We will continue to maximise the 'Getting It Right First Time' (GIRFT) Programme as a driver for improved quality, safety and efficiency, and utilise the Model Hospital and our own local dashboards to support clinically led specialty level reviews. We will continue to engage in the national Innovation and Technology Programme, 'Tech...me'.



Capital development

01

Foreword

02

Partnerships and
integrating the
health and care
system

03

System priorities

04

Objectives and
priorities for
2019/20

The 2019/20 capital programme underpins the delivery of our strategic ambitions.

The Trust has to continually balance multiple demands and prioritise capital plans to take account of:

- Maintaining our infrastructure to ensure that we provide safe, compliant services. This is against a backdrop of a backlog maintenance of £42m
- The need to transform our services, including digital and physical infrastructure, to deliver efficient services and change ways of working
- The Trust will deliver a prioritised capital programme contributing to improvements in patient safety, health and safety and operational performance.

The key schemes for 2019/20 are split into three main categories:

- Digital: Upgrading IT software and replacing medical imaging systems
- Building & Estates: Air handling, theatre cooling and fire safety works
- Medical Equipment: MRI infrastructure, replacement echo machines and catheterization laboratory replacement



Regenerating our hospital site

Despite delivering modern healthcare, Salisbury District Hospital is not a modern building. It has evolved over time, on a site that has had different uses. The hospital is our city's largest employer and a pivotal part of the local economy.

However, to ensure its long term sustainability and viability, the Trust has to reconfigure to make the best of its specialist services and work with other providers in the community to ensure it can deliver an optimum service to the city and surrounding region.

This will require commitment and support, but presents an opportunity to create a more efficient, practical resource that is fit for the future. This will include provision of education, social and environmental elements as well as health care and delivery.

We intend to make best use of the public estate and place the highest premium on enhancing and protecting the environment, both within the site and the surrounding landscape.





Salisbury
NHS Foundation Trust

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Priority 1

- ✓ Increasing our focus on prevention and reducing inequalities
- ✓ Taking a life course approach – planning for effective healthcare throughout a person's life
- ✓ Health in all policies – ensuring that the health impact of decisions is considered and accounted for
- ✓ Making shared decision-making with individuals regarding plans for their care the norm in BSW
- ✓ Supporting people to take more responsibility for their health and wellbeing and seeking to involve the third sector and communities in the planning, provision and delivery of care
- ✓ Using initiatives such as MECC & 3 conversations – making Every Contact Count and an approach with supports patients to make positive changes to their physical and mental health and wellbeing to offer a strengths based approach to care support
- ✓ Engaging with stakeholders and the public about our local vision for delivering the NHS Long Term Plan and agreeing early priorities

Priority 2

- ✓ Sustainability of primary care as Primary Care Networks develop
- ✓ Delivery of joined up efficient and effective primary, community and social care services, which meet the health and social care needs of our population
- ✓ Primary Care Networks, community services and secondary care working together with an initial focus on helping frail individuals to maintain independence, reducing their length of stay in hospital and preventing admission to hospital wherever appropriate
- ✓ Using the efficiencies gained from this integrated approach to reduce care costs for all partners

Priority 3

- ✓ Acute Hospitals Alliance partners working together to address capacity issues; specialties under pressure, back office services and co-designing care pathways
- ✓ Determining where it makes sense for specialist services to be commissioned locally as part of the care pathway redesign work
- ✓ Aim to utilise acute hospitals to their full potential for elective care

Priority 5

- ✓ Reviewing our leadership arrangements for all health and care professionals including social care colleagues
- ✓ Investing in leadership development, quality improvement methodology and workforce training to support service transformation
- ✓ All health and care professionals, including social care colleagues, working together across BSW to determine priority pathways for review
- ✓ All health and care professionals including social care, leading the engagement on our long term plans

Priority 4

- ✓ Focusing on Mental Health, Maternity and Outpatient Services
- ✓ Working with partners in BNSSG and AWP to agree plans so that mental health is considered equal to physical health
- ✓ Concluding our consultation regarding maternity services and implementing the Better Births plans
- ✓ Rethinking our approach to the outpatients' service to reflect the potential of technology, the way in which the public wishes to receive care in the twenty-first century Century and delivering ambitions set out within the Long Term Plan

Priority 1

- ✓ Increase the number of adult patients admitted to hospital that are screened for smoking to 90% by March 2020 – led by the Smoking and Alcohol Reduction Group
- ✓ Enable 20% of vulnerable women to see the same carer through their pregnancy, labour and the postnatal period by March 2020 – led by the Maternity Transformation Group
- ✓ Work with local acute Trusts to develop a carer's policy and staff training to gain a better understanding of the needs of people with learning disabilities and autism. Launch the Treat Me Well campaign in April 2019
- ✓ Improve the health and wellbeing offer to our staff – improvements led by Organisational Development and People

Priority 2

- ✓ Reduce the number of patients who have a fall in hospital that results in a fracture or major harm by 10% – work with NHSI Falls Prevention Collaborative
- ✓ Reduce MRSA bloodstream infections to zero – improvement initiative led by the Infection, Prevention and Control Team
- ✓ Reduce harm from sepsis by improving the number of patients screened for sepsis and treated with intravenous antibiotics within an hour of diagnosis of sepsis – audit, education and improvement work overseen by the Deteriorating Patient and Sepsis Working Group
- ✓ Demonstrate a responsive safety culture by training our staff in human factors, learning and sharing lessons when things go wrong and from when things go right – work led by Theatre Transformation Group
- ✓ Introduce the new Saving Babies Lives care bundle to reduce the number of stillbirths and neonatal deaths – led by Maternity Transformation Group

Priority 3

- ✓ Improve patient flow using the SAFER care bundle to ensure the right patient is in the right place at the right time – led by the Patient Flow programme
- ✓ Increase the number of patients who are able to return to their preferred place of care at the end of their life – led by End of Life Care Steering Group and monitored by the End of Life Care Steering Group
- ✓ Work towards achieving 60% best practice compliance for patients with chronic obstructive pulmonary disease – continuous measurement of practice & improvements led by the Respiratory Team
- ✓ Work towards achieving 80% best practice compliance for patients having an emergency abdominal laparotomy – work with the NHSI Emergency Laparotomy Collaborative

Priority 4

- ✓ Continue to increase the number of frail older people who are able to go home the same day or within 24 hours of admission – supported by the recently expanded Older People's Assessment Liaison Team
- ✓ Work with our partners to extend our Rapid Access Care of the Elderly (RACE) clinics to other parts of Wiltshire to provide care closer to people's homes
- ✓ Transform the follow-up of cancer patients by designing supported self-management pathways
- ✓ Train more staff and teams in quality improvement methods and provide support to enable them to lead and implement sustainable changes
- ✓ Work with our partners to develop the hospital site as a health and wellbeing campus over the next 5 years

To achieve the Trust's quality priorities and outcomes, we will focus on linking our plans and identified risks on workforce and recruitment, capacity and demand and delivery of the Trust's financial targets.

Report to:	Trust Board (Public)	Agenda item:	6.1
Date of Meeting:	04 July 2019		

Report Title:	NHS Interim People plan briefing			
Status:	Information	Discussion	Assurance	Approval
	X	X		
Prepared by:	Paul Hargreaves, Director of OD and People			
Executive Sponsor (presenting):	Paul Hargreaves, Director of OD and People			
Appendices (list if applicable):				

Recommendation:

The board note the report and the aims of the plan.

Executive Summary:

The Interim People Plan for the NHS has been developed over the last few months and sets out an ambitious and necessary agenda to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year. I have addressed the key aims of the plan and cross-referenced with our current People strategy. The plan is structured into the following themes,

- Making the NHS the best place to work
- Improving NHS leadership culture
- Addressing workforce shortages
- Delivering 21st century care
- Developing a new operating model for workforce.

This will be presented and discussed in detail at the next Workforce committee scheduled for July 2019.

This interim plan will be followed by work over the summer and the final plan will be developed via a National People Board (to be chaired by the Chief People Officer, Prerana Issar) and an advisory board (to be chaired by Baroness Harding).

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Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input type="checkbox"/>
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	<input type="checkbox"/>
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	<input type="checkbox"/>
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	<input checked="" type="checkbox"/>
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	<input checked="" type="checkbox"/>
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input type="checkbox"/>

1. Introduction

NHS England/Improvement has now published the Interim People Plan for the NHS. This has been developed over the last few months and sets an agenda to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year.

The plan is structured into the following themes, with each theme having a number of immediate actions that need to be taken by NHS organisations to enable the people who work in the NHS to deliver the NHS Long Term Plan. Key themes are:

- Making the NHS the best place to work
- Improving NHS leadership culture
- Addressing workforce shortages
- Delivering 21st century care
- Developing a new operating model for workforce.

NHS Improvement is continuing to work with all partners to further develop the final People Plan which is scheduled for release later this year; NHS Employers will be part of the process of developing final proposals.

I have commented on where the current Salisbury FT People strategy correlates with the interim NHS People plan with commentary.

Key themes

2. Make the NHS the best place to work

The interim plan aims to develop a new offer for all people working in the NHS, nationally this will be achieved through widespread engagement with NHS staff and their representatives over the summer of 2019.

All local NHS systems and organisations will be required to set out plans to make the NHS the best place to work as part of their NHS Long Term Plan implementation plans, to be updated to reflect the people offer published as part of the full People Plan.

The plan acknowledges the growing pressure on staff, the fact that Black, Asian minority ethnic (BAME) staff in particular report the poorest work experience, and a need to focus on health and well-being as key areas for attention. These echo our priority areas and current areas of attention at Salisbury.

“Best place to work” is the key vision of the people strategy at Salisbury NHS Foundation Trust. Nationally, as well as locally, we are paying greater attention to why staff leave the NHS, taking action to retain existing staff and attracting more people to join.

At SFT, as part of the emerging integrated care systems (ICSs) and the local placed based care group we will be central in determining this over the next few months.

3. Improve our leadership culture

The national people plan will undertake system-wide engagement on a new NHS leadership compact that will establish the cultural values and leadership behaviours we expect from NHS leaders together with the support and development leaders should expect in return.

Priority areas are:

- System leadership
- Quality improvement
- Talent management
- Inclusion and diversity.

These leadership challenges apply just as much to the national NHS arms-length bodies, which have an equally important role to play in fostering a new leadership culture.

Again, a key strand of the People strategy at SFT; nationally this mirrors addressing how we need to develop and spread a positive inclusive person-centred leadership culture across the NHS. Our current strategy is based on “Developing People - Improving care” by Professor Michael West, encompassed in a “compassionate leadership” approach and the emerging programmes match the aspirations in the interim people plan. Diversity and inclusion, and a speaking up culture are central to this.

4. Prioritise urgent action on nursing shortages

The national plan aims to deliver a rapid expansion programme to increase clinical placement capacity by 5,000 for September 2019 intakes. The plan also proposes working directly with trust directors of nursing to assess organisational readiness and provide targeted support and resource to develop the infrastructure required to increase placement capacity.

Our central recruitment plan has been filling vacant nursing roles and increasing our retention, resulting in lowering turnover. We have moved from a position of c120WTE ward based nursing vacancies a year ago to now around c73WTE. As part of the NHSI retention plan we are supporting and retaining existing nurses. Our overseas campaign has been critical to the fill we have seen in our numbers.

5. Develop a workforce to deliver 21st century care

The plan aims to develop a multi-professional and integrated workforce to deliver primary and community healthcare services. Also ensuring the NHS has a flexible and adaptive workforce that has more time to provide care. With regard to this a new programme entitled *Releasing Time to Care*, which has a focus on using technology to support better deployment of staff time and increase productivity, will be launched.

The plan envisages establishing a national programme board to address geographical and specialty shortages in doctors, including staffing models for rural and coastal hospitals and general practice.

CLASSIFICATION: UNRESTRICTED

Supporting local health systems (ICSs) to develop five-year workforce plans, as an integral part of service and financial plans, enabling a better understanding of the number and mix of roles needed to deliver the NHS Long Term Plan and inform national workforce planning.

This is an emerging area as SFT are heavily involved in the ICS and supporting infrastructure.

6. Develop a new operating model for workforce

Nationally, the plan aims to put workforce planning at the centre of the planning processes, continuing to work collaboratively with more people planning activities devolved to local ICSs.

The plan aims to co-produce an ICS maturity framework that benchmarks workforce activities in ICSs which also informs decisions on the pace and scale of devolution of workforce activities

The plan also includes specific commitments to:

- increase the number of nursing placements by 5,700
- increase the number the number of nurse associates to 7,500
- increase the number of doctors and nurses recruited internationally.
- work with Mumsnet on a return to the NHS campaign
- better coordinate overseas recruitment.

7. Final People Plan

NHS Improvement is continuing to work with all partners to further develop the final People Plan which is scheduled for release later this year; NHS Employers will also be part of the process of developing final proposals.

This interim plan will be followed by work over the summer with a range of stakeholders to help develop a fully-costed final plan. The aim is to publish a full, five-year plan later this year, following the Spending Review and the development of five-year ICS plans.

The final plan will include:

- measures to embed culture change and develop leadership capability
- more detail on changes to professional education and on investment in CPD
- more detail on additional staff needed.

The final plan will be developed via National People Board (to be chaired by the Chief People Officer, Prerana Issar) and an advisory board (to be chaired by Baroness Harding).

Report to:	Trust Board (Public)	Agenda item:	6.2
Date of Meeting:	04 July 2019		

Report Title:	Estates Strategy 2019-2024			
Status:	Information	Discussion	Assurance	Approval
				✓
Prepared by:	Laurence Arnold, Project Lead Campus Project			
Executive Sponsor (presenting):	Lisa Thomas, Director of Finance			
Appendices (list if applicable):				

Recommendation:

To approve the amendments to the Estates Strategy in line with Trust Board feedback.

Executive Summary:

This estates strategy outlines how Salisbury NHS Foundation Trust (SFT) will seek to make best use of its estates resources to assist in delivering on the Trust's key strategic objectives.

The strategy describes the current estate's performance and condition, sets out where the key risks are and the development options required to mitigate these risks and deliver on the Trust's clinical strategy. It articulates the direction of travel over the next five years, making the best possible use of the estate to deliver modern integrated care for the benefit of the local community and establish innovative aspects of healthcare and health education.

The Trust will face a considerable challenge in consolidating the development of the estate and will use all the resources available to improve the facilities from which clinical services are provided. In particular the opportunity for the development of the overall site is considerable, and close working with local partners will be essential to create a site which is attractive, vibrant and a positive boost to the local community and economy

The following amendments have been made:

- Layout set out in consistent Trust style
- Inclusion of outline project milestones for the campus project and an initial view on the cost range for the scheme

CLASSIFICATION: UNRESTRICTED

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	<input type="checkbox"/>
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Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	<input type="checkbox"/>

Salisbury NHS Foundation Trust Estate Strategy 2019—2024



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1. Executive Summary



This estates strategy outlines how Salisbury NHS Foundation Trust (SFT) will seek to make best use of its land, buildings and infrastructure to assist in delivering on the Trust's key strategic objectives, consistent with delivering:

An Outstanding Experience for Every Patient

The strategy describes the current estate's performance and condition, sets out where the key risks are and the development options required to mitigate these risks and deliver on the Trust's clinical strategy. It articulates the direction of travel over the next five years, making the best possible use of the estate to deliver modern integrated care for the benefit of the local community and establish innovative aspects of healthcare and health education.

The strategy is influenced by:

- The current estate configuration and standards
- The priorities described in the Trust's clinical strategy responding to the changing needs of the local population
- The needs of our partners
- The external context in responding to key national (eg Naylor review) and regional (STP estates plans) priorities and as the local community responds to the Ten Year Plan and the development of integrated care
- Impact of a digital first strategy for the NHS

Our key estates strategic objectives are:

- Management of identified risk
- Provide buildings, services and surroundings that are high quality, fit for purpose, safe and affordable
- Support clinical requirements
- Development of a more efficient estate
- Contribute to the sustainability agenda
- Development of a campus scheme to use the estate for wider health community benefit

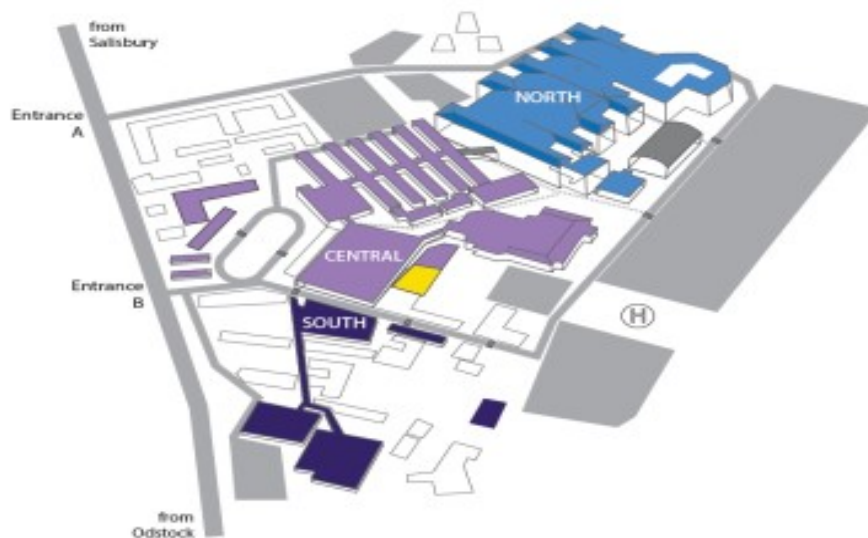
The Trust will face a considerable challenge over the period of this strategy in consolidating the development of the estate and will use all the resources available to it to improve the facilities from which services are provided. In particular the opportunity for the development of the site is considerable, and close working with local partners will be essential to create a site which is attractive, vibrant and a positive boost to the local community and economy.

2. Estate Profile: Baseline 2018

The Trust owns one freehold property, Salisbury District Hospital, which is fully operational and is situated some three miles to the south of the city of Salisbury. The Salisbury District Hospital site occupies an area of 21 hectares and has buildings with a total floor area of 97,764m².

The full asset valuation as at March 2018 (Trust land and buildings) was £106,017,517 (including £15.8 m for the PFI building).

The hospital can be divided into three distinct areas:



SDH North

The North area of the site is the modern Phase 1 and 2 developments totalling 53,117m² of floor space. Phase 1 was completed in January 1993 and is based on the nucleus cruciform design with a hospital street on 5 levels. Phase 2 (top right) opened in May 2006.

SDH North houses most of the acute inpatient wards, emergency department, main theatres, diagnostic services (including laboratories), burns and plastics services and the main outpatient departments.



SDH Central

SDH Central is predominately 1940s, single storey, flat roofed accommodation comprising 34,841m² of floor area.

Approximately 7,000m² of these wartime structures still house clinical services, including the neonatal intensive care unit (NICU), maternity services and pre-operative assessment. SDH Central also includes the day surgery unit (DSU), a satellite radiology department and the Spinal Unit. The Spinal Unit is a traditional pitched roof building opened in the early 1980s. Day surgery is of modular construction built in 1993 which was subsequently extended in 1999 and again in 2003, but includes two of the original theatres dating from the 1980's.



In 2016, following a successful fundraising scheme by the Hospital charity, Stars Appeal, a dedicated Breast Unit was opened. The building, which extends out from the gynaecology outpatient department, offers a welcoming environment where patients receive all their care and treatment in a unit which has been designed specifically for their needs.

SDH South

SDH South comprises a mixture of largely single storey 1940's buildings totalling approximately 4,300m². The more recent, substantive buildings are the Salisbury Hospice, Wessex Rehabilitation Centre and Court Close staff residential houses. This area also includes the Medical Engineering and Science Centre which was relocated into existing buildings. There is a strategic aim to move these services out of these old, dated buildings and clear the southern end of the site.



3. Trust Strategy

The Trust vision is to provide:

An Outstanding Experience for Every Patient



The contribution which the development of the estate over recent years has made to these strategic priorities is described as follows:

Local Services:

- Expanding acute medical unit
- Purpose built ophthalmology unit
- Improved signage and wayfinding

Specialist Services:

- New intensive care facility

Innovation:

- New breast unit, enabling more treatments provided at one visit
- Development of surgical and gynaecology assessment units, reducing number of patients being admitted

Care:

- Provision of dementia friendly wards
- PLACE score: SFT is above national average for 2018
- Improved infection control compliance

People:

- Better facilities for staff
- Staff engagement in development for new facilities

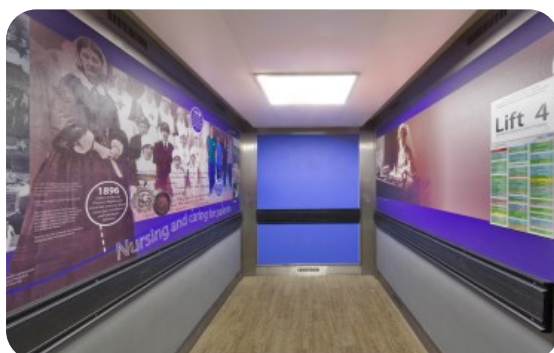
Resources:

- Reducing the amount of energy used
- Better waste management
- Laundry facilities
- Use of barcoding technology

The Digital Context

The impact of digital developments will have a major impact on the use of the estate and will be a major driver for change. The digital agenda, as set out in the Trust's emerging digital strategy, will have a compelling impact on future estate utilisation. Fewer face to face appointments as more digital methods are used will impact on the amount of clinical space required. Increased opportunity to work from home will change working patterns, reducing traffic to and from the site and potentially change how office accommodation should be configured in the future. Greater control of room utilisation, management of the site environment and resources will help the Trust become more efficient and contribute to environmental standards. Improved booking systems and the use of barcoding technology will be crucial in enabling the Trust to use clinical resources more effectively.

Therefore it will be important for the development of and associated ongoing workplans for our infrastructure related strategies to be aligned and consistent.



4. Developing the Estate Strategy



The development of this estate strategy has been considered in the light of these factors:

- The priorities described in the Trust's **clinical strategy** — it is the requirements of the Trust's clinical services designed to meet the needs of the local population which will shape the estate development plans, determining how and where the estate advances.
- The **external context** in responding to key national (e.g. Naylor review) and regional priorities (STP estates plans) and as the local community responds to the recently published NHS Long Term Plan and particularly its focus on the development of integrated care.
- The **current estate configuration and standards** — this is the starting point from which the Trust is seeking to make changes and improvements to its site wide infrastructure. This is described in detail in pages 14-17 and describes the current situation and highlights priorities for improvements.
- The priorities driven out by internal and external assessment of current estate condition and the risks (financial and clinical) described as a result of poor functional suitability and the condition of buildings still housing clinical services.



NICU – Salisbury Foundation Trust

5. The Trust's Future Clinical Strategy

The key elements of the Trust clinical strategy as it affects the development of the estate include the following:

Easy Access for Patients and GPs

We will embrace **different approaches** (e.g. digital, telephone) to ensure that patients do not have to travel to the hospital except when a face to face consultation, physical examination or treatment is necessary.

Our diagnostic and treatment services will be provided in locations other than our main site to better meet **the needs of the population**; equally we will encourage in-reach of community services into the hospital to support patient care.

We will try to exploit to the maximum the time patients spend on our site by combining tests, procedures and appointments and offering **one-stop services** and multidisciplinary clinics as appropriate.

We will ensure that our services are accessible for **people with special needs**.

Integrated Care

The approach in our locality will place greater emphasis on prevention, keeping patients well at home and getting patients home as quickly as possible if they have to come into hospital. This will mean the hospital only providing the care those patients need in an acute environment and more care being **provided in a community setting**. Hospital staff will increasingly be working with community based multi-disciplinary teams to manage patients' needs outside of the hospital.

We will play our part in the development of **community hubs**, where those community MDT's (including, community nursing, pharmacists, optometrists, therapists, social teams, general practitioners and support staff) can provide a range of services for patients. We will provide space for patients and the public to spend time together, **combating loneliness**.

Maternity

All women should have access to three models of care as determined by their risk and preference: home birth, a midwifery-led birthing unit and an obstetric unit. Women in our catchment area currently only have two choices therefore it is a priority for us to develop a **midwifery led birthing unit**. In order to maintain skills and flexibility in the workforce and best access for women this will be alongside our obstetric unit. Planning for the re-provision of the maternity services into more modern accommodation will be high priority over the life of this strategy.

Children

It will be a priority that care for children should be provided in environments which are **appropriate for their age** and stage of development.

Frail Elderly

We will work with local partners in primary care community and social care to reduce admissions through delivering comprehensive, co-ordinated care in the community. If a frail older patient is admitted they will be kept out of bed and dressed where possible to reduce deconditioning and their discharge will be planned from the day of admission with the aim of keeping the patient in hospital no more than five days.

We will use our estate better to provide improved **rehabilitation services**, drop-in and respite services such as a day centre, reminiscence therapy, exercise classes and support for independent living.

Surgical Care

Patients who require elective surgery want short waiting times, day case surgery where possible, short inpatient stays and the provision of good quality accessible information about their recovery and rehabilitation. Within our surgical services we will **separate routine elective care** from emergency care. Elective surgery will be provided in an efficient, high-throughput way to maximise the use of our operating theatres. Where travel distance is an issue driving overnight stays we will ensure patients have access to hotel or hostel accommodation.

Mental Health

We recognise the important links between mental and physical health and support the concept of parity of esteem between mental and physical health conditions. This means ensuring that patient wellbeing is supported both in the community and in hospital. As well as developing our onsite services (e.g. liaison psychiatry, clinical psychology), we will work with local mental health providers to determine how we can support the delivery of mental health services, e.g. **care of older people with both physical and mental health needs**.

6. External Factors Influencing the Estate Strategy



Bath Swindon and Wiltshire (BSW) Sustainability & Transformation Programme (STP)

The STP estates strategy supports the emerging clinical strategy, and describes the approach to be taken for modernising the BSW estate with priorities for:

- Developing new facilities for integrated care
- Increasing capacity for primary care services
- Providing facilities for specialist services
- Reconfiguring services for mental health services
- Increasing acute hospital capacity and improving quality.

The STP strategy highlights the need to upgrade facilities at Salisbury Hospital generally. The Trust's emerging campus project is regarded as one of the key priority schemes. The BSW *Transforming Maternity Services Together* consultation has recently completed with the final outcome awaited. One of the proposals is to create two midwife led delivery suites at the Salisbury unit.

One Public Estate

The Trust is part of the Wiltshire One Public Estate initiative supporting ways of using all public facilities in Wiltshire more effectively, eg the Trust supported the ambulance service provision during the 2018 major incidents. More strategically there is intent to share estates strategies across organisations and sectors to co-ordinate future plans and collaborate in using the public estate more effectively.

Naylor Review

The Naylor Review (2016) set out the opportunities for the NHS in disposing of excess land and for that land to be used to provide additional housing to support the national housing undersupply. With a large site at its disposal, SFT will be expected to contribute and will look to reconfigure its site both to reduce operating costs and to secure for disposal additional land in such a way as to maximise value for the NHS.

7. Current Efficiency Review

SFT is working and will continue to work through the recommendations of the Lord Carter Efficiency Review in conjunction with SFT's own analysis of exploring opportunities to increase productivity and reduce costs

Reduce Non Clinical space to a maximum of 35 % of the overall Trust footprint.

April 2017: 40.82%

Empty/underused areas would not exceed 2.5% of the overall Trust footprint.

April 2017: 0.84%

Reduce energy consumption by investing in energy efficient schemes.

2017/18 Lower Quartile

Achieve median benchmark in soft FM costs such as cleaning and patient food services.

2017/18 Lower Quartile

Achieve median benchmark for Estates Facilities running and costs.

2017/18 Lower Quartile

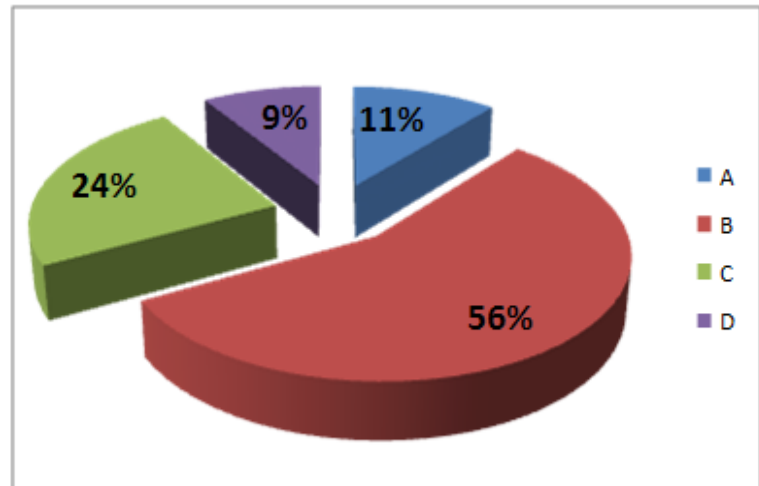


8. Current Estate Condition



Physical Condition and Age

The overall physical condition of the estate is a product of the various ages, use, design, construction and maintenance of the total estate assets. The NHS standard for the assessment of physical condition of facilities which assesses buildings on a rating of A (highest) to D (lowest).



Almost a quarter of the SFT estate is condition code C and 9% is condition D. Just under half of the SDH estate has a building age of between 1985—

1994, with 19% of the estate being over 70 years old and still housing clinical services.

These assets have gone beyond their economic life due to elements that are obsolete and/or inefficient and many of the buildings in SDH Central and South have reached the end of their economic life and require substantial investment in many cases. It is not possible to renovate these buildings as they are beyond economic repair and even in optimal condition do not offer an environment conducive to 21st century healthcare and it would not be possible to renovate in situ requiring additional decant costs.

Assets worked beyond their economic life will incur an increased frequency of maintenance and emergency breakdown repairs at additional cost and will continue to offer poorer clinical services and additional clinical risks.

Impact of Physical Condition – Day Surgery Unit (DSU)

The clinical service which poses the biggest risk from a physical condition perspective is the day surgery unit (DSU). The DSU building is condition code 'D', the unit being a mixture of building types with two of the theatres (A & B) housed in part of the Spinal Unit and were originally built in the 1980's. Theatres C, D, E and F are all accommodated in modular buildings (expected lifespan circa 15 years). The theatres and support areas are a mix of ages from the 1980's (Spinal Unit), with subsequent extensions to this added in the mid 90's, the latest addition (Theatre F) and additional bed spaces was added in 2008.

The different building type presents many challenges for maintenance of the building fabric, and especially the roof with the complex joints that have been employed to join both traditional (Spinal) and modular builds. These have in some circumstances not been designed to ensure suitable access for future maintenance.

With the mix of age and building type this has led to numerous issues with the service that is provided in the building, which impacted on the patient experience, including cancelled operations. In 2017-18 there were two events which were as a result of heating failure and roof leaks into the theatre areas – both of which had a substantial impact on patient activity, including two days of cancelled elective activity and incurred substantial costs (over £12,000).

Impact of Physical Condition



DSU Link to the Spinal Unit

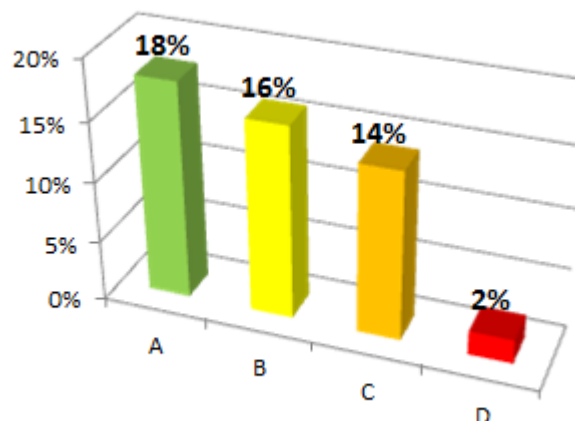


Deterioration of roof fabric

The risk to clinical services as a result of service failure (eg ventilation / heating) and from roof leaks increases every year. Work has been completed on repairs to areas of the building with some work on the heating, ventilation and roofs funded with Trust capital. This work though is a 'patch' repair as permanent, substantial repair is not feasible due to the type of building. These types of buildings are not maintainable and therefore are at the end of their economic life.

Functional Suitability (clinical areas only = 50% of total site)

The functional suitability analysis describes how effectively a site, building or part of a building supports the delivery of a specified service. The three elements



assessed are internal space relationships, support facilities and location. A third of the clinical estate is being provided from accommodation which is sub-optimal. In the main this relates to the services provided within SDH Central, notably maternity and neonatal intensive care unit (NICU) and day surgery unit (DSU)

Impact of Functional Suitability – Maternity Services

The maternity unit is provided from buildings which were initially built in the early 1940s. The buildings are robust and resilient and have been adapted a number of times to provide the best possible facility for women in labour and their partners, but the facility has substantial issues with its functional suitability. Most of the birthing rooms are far too small and do not conform to current health building note (HBN) recommendations – they should be 50% larger than their current size to provide the environment for women to be able to move about and to house the required equipment. Maintaining even temperatures within the old buildings is very difficult and consequently they are hot in the summer and very cold in the winter. The layout is disjointed and does not support patient flow or efficient logistical movement. This is exacerbated by significant patient movements across the central corridor and is the cause of frequent patient complaints. There is a significant slope which makes patient movements on beds difficult and presents risk of injuries for staff.

The Trust's NICU is co-located via the same corridor from the maternity department and suffers from similar functional limitations. A particular issue is that the rooms are too small to allow both parents to remain with their babies overnight although parents do have access to the Stars supported family rooms nearby.

Mechanical and Electrical Services

The mechanical and electrical systems that serve SDH are in need of investment and modernisation as much is more than 25 years old. There has been some investment in areas of SDH North through Trust capital funds, eg lift modernisation, air handling unit replacement, and boiler / burners replacement.

Further investment has also been made during ward refurbishments which have included new electrical and hot and cold water systems. Other areas in SDH North which will require capital investment in coming years relates to: standby power generators, medical gas plant (air plant and manifolds), fire alarm systems and nurse call systems.



SDH North Boiler Plant (1992 LTHW plant with new modulation burners fitted in 2016)

Investment in the **South & Central** area of the Trust has been limited given the potential lifespan of the buildings and with the likelihood that these areas would be re-provided in future site developments. This has led to challenges with the infrastructure that support these areas and these are now in need of significant investment, especially **SDH Central** where the next major expansion of service will require substantial investment in electrical infrastructure.



SDH North Standby Generators

Despite deploying sizeable funds on refurbishment, the lifts in SDH North remain unreliable and this has a major impact on the flow of the hospital when any of them are out of commission.

Backlog Maintenance

In 2017 the Oakleaf Group was commissioned to complete a survey for the site; and they assessed the total declared backlog maintenance for the site is circa **£44m** with high risk / statutory works indicated as circa £12m. It is projected that even allowing for expenditure on high risk issues through the capital programme that the backlog maintenance will increase to about **£54m** by 2024.

This is summarised in the following table:

Trust backlog maintenance, 2019 to 2024

	Total	High Priority	Projected to 2024	High Priority
Fire compartment / compliance	£2.5m	£0.7m	£2m	£0.5m
Mechanical and electrical	£2.5m	£0.8m	£9m	£3m
Building	£31m	£8.5m	£36m	£12m
Statutory compliance	£8m	£2m	£7m	£1.75
Total	£44m	£12m	£54m	£17.25m

9. Our Approach to Sustainability



The Trust's vision is to sustain a health and care system that works within the available environment and social resources protecting and improving health now and for future generations. The Trust commits to reducing its environmental impact, our reliance on natural resources and to improving the resilience of our environments, ensuring they are available for future generations. We will look to manage precious resources (fossil fuel, water etc.) to deliver healthcare in a sustainable manner.

This is an area that is supported by the Sustainability Policy and Sustainability Development Management Plan. Targets have been set to reduce the use of resources such as electricity, gas and water while maintaining excellent standards of patient care.

As an NHS organisation we recognise that we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health in the immediate and long term, even in the context of the rising cost of natural resources. We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our the environmental impact of the services we provide.

Energy

The Trust has a duty to manage the impact on the environment with regard to CO² emissions both direct (gas / fuel for transport) and indirect with the use of imported electricity. The Trust has invested in schemes to reduce the impact of these areas such as the installation (in 2012) of an 850KWe combined heat and power (CHP) unit which provides heating and electricity for SDH North and the Spinal Unit. Since its installation it has saved 42,631,862KW of imported electricity and 9000 tonnes of CO². The Trust will continue to look at areas which will reduce carbon emissions through the use of intelligent controls for heating and cooling systems, LED lighting and renewable technologies such as PV arrays.

Waste

The site's waste is managed with the combination of direct labour and specialist waste contractors. Every effort is taken to reduce and recycle as much material as possible and work with specialist waste companies has reduced material that is directed to landfill. In 2019 all the Trust's waste contracts are due to re-tendered, and the Trust see this as an opportunity to develop partnership with waste providers to innovate and improve resilience while ensuring compliance in this area – a

particular area of focus will be on educating staff about the appropriate segregation of waste.

2017/18 Waste data:

Waste type	Volume (tonnes)	Cost (£)	% by volume
Landfill disposal	416	63,065	35%
Incineration	442	199,959	37%
Waste recycling	329	39,958	27%
Other	9	8,133	1%
Total	1,196	311,115	

Operational Resilience

Electrical

The SFT site is provisioned with two 11HV incoming supplies. These are connected to an internal HV ring which supplies the 11 KV /400V LV substations, which are, in turn, supported by standby generators. The generators serve approximately 60% (essential supplies) of the connected load, and therefore do not provide the resilience that is recommended. Critical areas such as Radnor, NICU and ED are backed up by local UPS (uninterrupted power supplies). There is also an issue with resilience with the electrical supply in SDH Central which is on a radial, rather than ring, supply which means there is no resilience should the supply fail, unlike the rest of the estate.

Gas

The site is supplied with one medium (120 mBar) pressure gas main; this supplies the fuel for the main heating (low temperature hot water boilers) and hot water systems for the clinical and non-clinical wards and departments. The main clinical (SDH North, Maternity / NICU and the Spinal Unit) areas are serviced with dual fuel (Gas + Oil) boilers and therefore have the capability to run on oil if the site gas supply is compromised.

Water

The site has one incoming mains water supply; this is configured as an internal ring circuit which feeds the cold and hot water systems that supply both the clinical and non-clinical areas of the Trust. The clinical areas of the Trust are provided with storage tanks for both potable and hot water generation.

Note: - the site has a backup water supply which is not metered but can be utilised (by the Wessex Water) in the event of a failure of the incoming water supply.

Telecoms / Communication

Voice over Internet Protocol (VoIP) telephones

As capital becomes available the Trust plans to increase the number of internal extensions on its VoIP network, up to a maximum of 90% of extensions. These new VoIP telephones will be supported with the strategic positioning of analogue telephones, sitting on telecoms infrastructure installed in 2006.

Switchboard consoles

The Trusts switchboard was upgraded in 2018 and runs on our VoIP network, a remote telecoms console, with full functionality.

Pagers

2 way pagers are used for all critical messaging between staff groups (e.g. crash groups), these two way devices can operate on a local network (installed in 2018), the national pager network or any UK mobile phone signal. The device provides live status reports including the delivery and receipt of messages, battery strength and confirmation the device is powered up. Pager messages can be sent remotely by the system provider or by staff over the internet, removing the need for onsite presence.

Mobile signal

The lack of a reliable mobile phone signal on site requires the Trust to continue to use long range pagers for the foreseeable future. Whilst the Trust pagers have greater functionality, it will remain an important issue for the Trust to try and work with partners to improve the mobile signal on the site as part of future developments.

Two way radio communications

A network of digital two way radio communications is provided to a number of Trust departments, this provides additional resilience to desk and mobile telephone communications.

Transport/Car parking

With over 4,000 staff in addition to the patients, visitors, and contractors coming to the hospital site, the traffic generated is significant to the hospital, the city of Salisbury and surrounding areas. We need to have commitment from all our employees to work towards a reduction in private car travel, especially single occupancy journeys. We plan to promote healthier and more sustainable forms of travel to our staff and visitors.

The 2018/21 Travel Plan outlines the responses to the 2018 staff travel survey and highlights the areas that we need to review to provide a hospital that is accessible by patients, visitors and staff and encourage them to make sustainable transport choices.

All the site car parks are currently full to capacity most days and demand is expected to increase over time. A number of travel initiatives have already been introduced to encourage more people to cycle, walk, jog or use the bus. This is not an easy task, given the hospital's location. To succeed in our objectives, we need the support, involvement, and commitment from staff, our patients and visitors to think about their journeys to the hospital.

Severe Weather

SFT Estates buildings and services are designed to operate in the summer (28°C) and winter (-3°C) temperature range. Temperatures outside of these parameters create challenges with environments in clinical areas, especially in the wards and outpatient clinics. There is increased evidence of extreme temperatures where the systems (heating and cooling) that service these areas will not provide a suitable clinical environment. Capital investment (where practicable) has been made in areas such as DSU (theatre ventilation) due to the impact of severe weather (-4°C) which resulted in cancelled theatre lists.

It has to be considered that as the frequency of extreme / severe weather events increase, investment will need to be made into the heating / cooling systems that service the Trust. Like for like replacement will not be an option when equipment is 'end of life' and redesign of these systems (and with the subsequent additional cost) will have to be considered. Clearly, any refurbishments or new builds will need to consider these factors, along with the balance of delivering a sustainable clinical environment and reducing the impact of delivering healthcare for the local population.

10. Future Development Zones

In considering its future estate development plans, the Trust's broad intent is to continue to refurbish SDH North which is now 25 years old, to redevelop SDH Central and look to move all services away from SDH South.

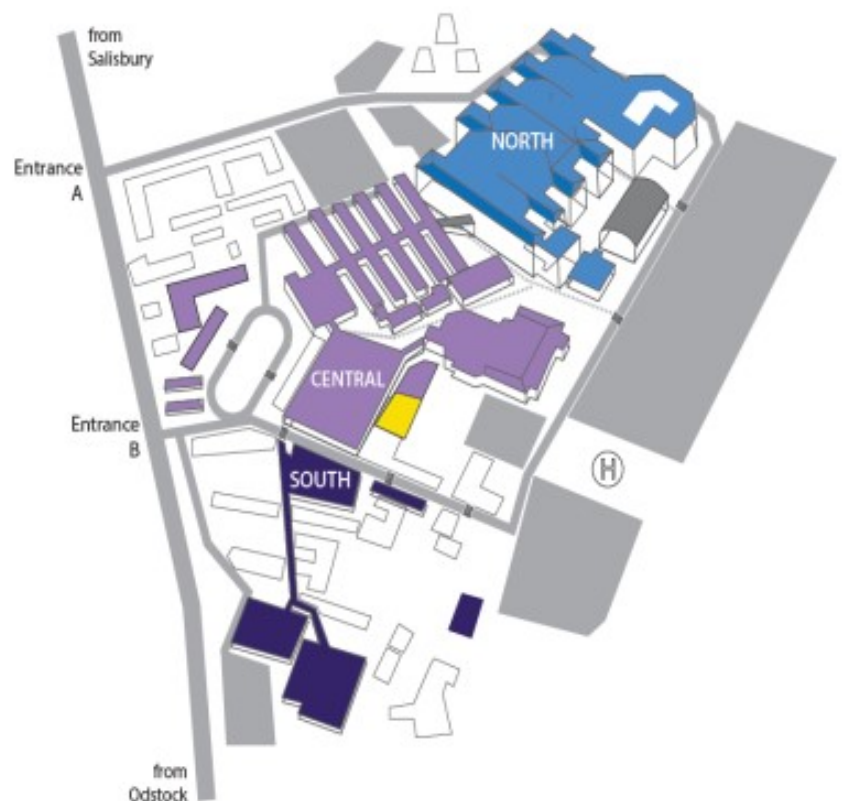
1. SDH North: Refurbishment

Over the last eight years, the Trust has moved forward in refurbishing key clinical areas within SDH north. This programme will continue, however on a smaller scale, due the financial constraints currently being faced. Some areas, such as the main operating theatres, will require significant investment in the future due to the age of the infrastructure which is now over twenty years old.

2. SDH Central: Redevelopment

The likeliest development site sits between SDH North and Central.

The central corridor, particularly the lower half closer to the link bridge, will continue to be a route used by patients but this route is long and in poor condition. The future requirement to upgrade the current Day Surgery and maternity facilities need to be high priorities.



3. SDH South: Release

Post Phase 2 when many clinical services were relocated into SDH North, some buildings remained empty and decommissioned. Along with the established clinical buildings which sit on the extremities of SDH South, there is a main corridor conduit which bisects the site in two.

11. Health & Wellbeing Campus Project



Whilst maintaining the estate to seek to minimise the risk from the ageing buildings as described above, the Trust will be bringing forward a scheme, or schemes, to make the best use of the 54 acres of the SFT site for the whole community. The intent is to bring together a range of partners who will commit to delivering a range of new services and facilities to replace the high-risk areas of the estate. The key objectives of that scheme will be to:

- Provide an outstanding patient experience
- Improve the health of the local population
- Make best use of the estate for the wider community
- Assist in making the Trust an inspiring place to work
- Contribute to the transformation of services to meet the needs of local population
- Increase the efficiency and effectiveness of the Trust's services

Acute and inpatient zone

The current SDH North buildings will continue to be the acute heart of the hospital where the emergency department, main theatres, ITU, the inpatient wards and laboratories will be sited. The Trust will bring forward plans to expand its assessment and diagnostic services, in particular by expanding the Acute Medical Unit (AMU) into the current Nunton unit providing rapid access, ambulatory emergency care for patients with acute medical conditions. There will also be plans to improve access for children with emergency needs and for acute gynaecology and the early pregnancy assessment unit.

Elective care planned zone

With the intent to separate emergency and planned workstreams where effective to do so, our intent is to create an elective care centre which will comprise: a replacement for the day surgery unit, outpatient services linked to diagnostics to provide more one-stop care and the provision of ambulatory cancer services. There will be a link to the acute zone to ensure that patients can be transferred in the event of needing emergency care and to provide efficient movements for patients and staff.

Maternity zone

We will reprovide maternity and NICU services to link them more closely to the acute zone and to provide new accommodation which meets with patient expectations and national standards.

Rehabilitation zone

Providing a more rehabilitation focussed environment for patients from both the acute elderly service and for patients who have had a traumatic injury, we will bring forward plans for a rehabilitation facility.

Improving access

The site-wide scheme will present an opportunity to improve access, in terms of ensuring that there is adequate parking provision, within the context of the Trust's green transport strategy, to improve facilities for patients and visitors as they arrive at the hospital (including an expanded retail offering), and wayfinding around the site.

Community Benefit

The Salisbury site offers an opportunity to be used for the best possible benefit for the whole community and must harness the opportunities offered by its rural location and the views over the surrounding countryside. We want to create a place where patients receive acute care, but people also come to learn, where they come to walk and cycle, where people can meet up and socialise and where they can go to the pharmacy or dentist or do some shopping. For the many people who currently come to the hospital site and for the many more who will come in the future we want to be able to meet as many of their requirements in one visit as possible. By integrating care, work, living, education and recreation on one site we will regenerate the Salisbury hospital site, promote healthy lifestyles and make a significant contribution to the local economy.

We believe that this approach can make a positive contribution to the Wiltshire One Public Estate Initiative and will be working with partners in other sectors to make the best possible use of the overall estate for the widest possible benefit.

Overall Programme

Appendix A sets out the indicative, outline programme for the campus site scheme. Given the estate infrastructure issues around the day surgery unit (DSU) and maternity, which are described above, the priority for this estates strategy is to move these clinical services. There may be some enabling works required to precede that.

When the transfer of these services is complete the majority of SDH Central will have been freed up to allow the development of the rehabilitation zone, linked to and around the Spinal Unit.

Initial headline costings for the campus programme are in the range of £140m to £170m (at 2019 prices) however these will be firmed up further in the strategic outline case due to be completed in July for Board approval in early August. There will be a range of sources of funding for the scheme, in addition to the requirement for public capital, which will include: private infrastructure investment, contributions from other partners, land sales and potentially a charitable element.

Next Steps

During 2019/20, the Trust will be working with partners to bring together a fully-formed scheme which can be submitted for consideration firstly at STP level, then at national level. An options appraisal will be undertaken in June 2019 which will determine the options available to the Trust to bring forward a scheme which will meet the estates challenges which are currently faced.

12. What do we want to achieve?

Over the lifetime of this strategy the Trust wants to achieve the following:

What	What will be done?	How will performance be assessed?
Managing the risks identified	<ul style="list-style-type: none"> Proactively manage operational areas proactively high risk from a maintenance Replacement of key mechanical and electrical infrastructure in SDH North Manage impact of backlog maintenance Manage impact of severe weather on the estate and on clinical services 	<ul style="list-style-type: none"> Limited downtime for clinical services Work carried out with limited impact on operational activity Annual backlog maintenance appraisal to identify emerging risks Proactive management of the estate in response to severe weather forecasts.
Provide buildings, services and surroundings that are high quality, fit for purpose, safe and affordable	<ul style="list-style-type: none"> Future plan for the development of the estate Improve the quality of accommodation from which clinical services are provided Capital programme – projects undertaken with full clinical engagement and input (e.g. infection control, manual handling, IT) Effective procurement of building solutions, using broad range of procurement routes 	<ul style="list-style-type: none"> Strategic outline case produced and supported at STP and national level' To include option appraisal which will include preferred option and 'do minimum' Increase proportion of buildings that are estatecode condition B or higher PLACE surveys Projects delivered to time and to budget, using consistent project management approach Close engagement between projects and procurement to ensure best value is secured

What	What will be done?	How will performance be assessed?
Support clinical requirements	<ul style="list-style-type: none"> • Develop design with clinical teams for low risk birthing unit and procure the building work to successful outcome • Installation of 2nd MRI • Replacement of cardiac catheter laboratories 	<ul style="list-style-type: none"> • Positive patient and staff feedback. Project undertaken with minimum of operational disruption • New machine and building procured successfully, with build and installation effectively managed • New equipment procured successfully, with build and installation effectively managed
Development of a more efficient estate	<ul style="list-style-type: none"> • Reduce the amount of space not used for clinical activities • Improved estate asset utilisation • Water consumption reduced through awareness sessions and leak detection 	<ul style="list-style-type: none"> • Reduce from the current 41% non-clinical space to 38% • Overall building footprint reduced by 3% with useable footprint increased by 2% • An 8% reduction of consumptions (baseline = 103k cubic meters)
Contribute to the sustainability agenda	<ul style="list-style-type: none"> • Improve use of gas and electricity – current cost pressure of 10% • Retendering of waste contracts and improved segregation of waste will lead to a reduction of waste going to landfill • Promote use of hybrid and electronic vehicles • Reduce single occupant vehicle usage 	<ul style="list-style-type: none"> • Manage energy consumption through energy awareness schemes • 6% reduction in waste going to landfill from baseline of 416 tonnes • Increased use of Trust electronic vehicles and provision of electric charging points • Impact on car parking availability

13. Five Year Capital Plan



In recent years, notwithstanding charitable contributions and other external sources, the Trust has been able to allocate approximately £2m to site improvements. Given this level of potential investment, the Trust will need to prioritise extremely effectively its available funds and particularly focus on maintaining statutory compliance. The capital programme for 19/20 is in development and an early indication of priority areas is:

Capital expenditure by programme	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000
New Build - Land, buildings and dwellings	350	500	1,000	1,000	1,000
Routine Maintenance (non-backlog) - Land, buildings and dwellings	750	750	750	750	750
Backlog Maintenance - Land, buildings and dwellings	900	900	900	900	900
IT	3,150	3,000	2,750	2,750	2,750
Fire Safety	100	100	100	100	100
Plant and machinery/equipment/transport/fittings/other	2,500	2,500	2,250	2,250	2,250
Other - Intangible assets, investment property, Other	250	250	250	250	250
TOTAL	8,000	8,000	8,000	8,000	8,000

This table shows clearly that the Trust will not be able to generate sufficient resources to be able to make a significant impact on its backlog estate's needs, without an external injection of funding. Clearly the Campus Project described in section 11 will need to form the pre-eminent route to solving the backlog issues and the Trust will need to continually review the risk presented by these issues and ensure that the timing and availability of funding for the overall scheme offers a manageable risk.

14. Governance of Estates Strategy



Board Level

The Trust Board will receive an annual update on progress with delivering this strategy via a regular capital development report. The Strategy Committee will be the main overseeing sub-Board committee.

Strategic Capital Planning Group

A strategic planning group will be established, chaired by the Director of Finance and Procurement, to oversee the key work areas of the strategy. This group will report regularly to the Strategy Committee on progress. This group will also review the development of major capital bids ensuring that proposed new schemes go through the appropriate due diligence and ensure the necessary project management arrangements are in place when approved. It will also ensure that new schemes align with the estates strategy, prioritise space allocation across the organisation and ensure that it schemes are consistent with the emerging campus plans. It will also receive regular reports from the operational group on progress with key projects and the capital expenditure programme.

The strategic capital group will also review high risk elements of the estate and ensure that the level of risk remains manageable.

Capital Control Group

The Capital Control Group will meet more frequently and oversee progress with all projects reviewing forecast and actual expenditure and project future capital expenditure. It will report on progress to the Strategic Group.

15. Conclusion



The Trust will face a considerable challenge over the period of this strategy in consolidating the development of the estate at a time of financial restraint. A combination of success at bidding for external funds, the generosity of the local public in supporting the Stars Appeal, the considered reuse of existing accommodation and a robust approach to cost control and effective project management has meant that a significant number of schemes have been delivered and limited funds have been used effectively. There remains a lot that can still be done. SFT is fortunate to have substantial land at its disposal and there remain considerable opportunities to harness those opportunities to improve further the environment we deliver our services to our patients and these plans are being brought forward. The opportunity for the development of the site is considerable, and the demands to do so extremely pressing, and therefore close working with partners will be essential to create a site which is safe, vibrant and a positive boost to the community and the economy.