NHS
Salisbury
NHS Foundation Trust

Quality Account 2022/23

Glossary of Terms

ACP	**Advanced Clinical Practitioner** *An experienced healthcare professional with a Masters level award or equivalent qualification*
BAF	**Board Assurance Framework** *A document used to report strategic objectives, risks, controls, and assurances to the board*
BAME	**Black, Asian, and Minority Ethnic**
BAUS	**British Association of Urological Surgeons**
BSOTS	**Birmingham Symptom Specific Obstetric Triage System** *A maternity triage system which involves an assessment of patients to determine how urgently they need to be seen*
BSW/ BSW Partnership	**Bath and North East Somerset, Swindon, and Wiltshire Partnership** *An integrated care system made up of NHS and local authority care organisations*
CCG	**Clinical Commissioning Group** *These groups commission most hospital and community services for the area that they serve*
C.diff	**Clostridium Difficile** *A type of bacteria that commonly causes diarrhoea*
CESG	**Clinical Effectiveness Steering Group**
CIG	**Clinical Implementation Group**
CMB	**Clinical Management Board** *This is a senior operational committee responsible for monitoring the quality-of-care provision including oversight of patient safety, patient experience and clinical effectiveness*
CMO	**Chief Medical Officer** *An individual responsible for overseeing the medical operation of a hospital, formally known as the Medical Director*
CNO	**Chief Nursing Officer** *An individual responsible for overseeing the nursing operation of a hospital, formally known as the Director of Nursing*
COVID-19	**Coronavirus Disease** *An infectious disease caused by the SARS-CoV-2 virus*
CNS	**Clinical Nurse Specialist** *An advanced practice nurse*
CQC	**Care Quality Commission** *The independent regulator of health and adult social care in England*
CQUIN	**Commissioning for Quality and Innovation** – *A framework for supporting improvements in the quality of services and the creation of new, improved patterns of care*
DoLS	**Deprivation of Liberty Safeguards** *A set of checks under the Mental Capacity Act 2005 which provide a means of lawfully depriving someone of their liberty in either a hospital or care home, if it is in their best interests and is the least restrictive way of keeping the person safe from harm*
DPWG	**Deteriorating Patient Working Group**
DSP	**Data Security and Protection**
EOLC	**End of Life Care**
EPMA	**Electronic Prescribing and Medicines Administration** *An electric system which helps to facilitate and enhance the communication of a prescription or medicine order*
ERS	**Employer Recognition Scheme** *Encourages employers to support defence and inspire other organisations to do the same*
FFT	**Friends and Family Test** *A feedback tool that anyone can use to give quick, anonymous feedback to providers of NHS services*
GIRFT	**Getting It Right First Time** *A national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change*
H@NT	**Hospital at Night**

HEE	**Health Education England** *A body of the Department of Health and Social Care that supports the delivery of excellent healthcare and health improvement to the patients and public of England*
ICB	**Integrated Care Board** *Each Integrated Care System (ICS) will have an Integrated Care Board (ICB). This is a statutory organisation that will bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS*
ICS	**Integrated Care System** *A partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area*
IG	**Information Governance**
IPC	**Infection, Prevention, and Control**
IS	**Independent Sector**
MCA	**Mental Capacity Act** *A law which is designed to help people who cannot make decisions for themselves because they lack the mental capacity to do so*
MCCD	**Medical Certificate of Cause of Death**
ME	**Medical Examiner** *A senior medical doctor who is trained in the legal and clinical components of the death certification process*
MEOWS	**Modified Early Obstetric Warning Score** *A scoring system which helps to determine the severity of illness in patients which has been adapted for the normal physiological changes seen in pregnancy*
NC2R	**No Criteria to Reside** *Patients who are medically fit for discharge*
NEWS	**National Early Warning Score** *A scoring system which helps to determine the severity of illness in patients*
NHSE/I	**National Health Service (NHS) England/Improvement**
NICE	**National Institute for Health and Care Excellence** *A body of the Department of Health and Social Care that produces guidelines*
OMG	**Outbreak Management Group**
OP	**Outpatient**
OPAL	**Older People's Assessment and Liaison service** *Provides early comprehensive geriatric assessment to prevent avoidable admissions and remove the barriers which can lead to longer stays in older patients*
OPTB	**Outpatient Transformation Board**
PALS	**Patient Advice and Liaison Service** *Offers confidential advice, support and information on health-related matters and provides a point of contact for patients, their families, and their carers'*
PCN	**Primary Care Network** *A network of GP Practices working together with community, mental health, social care, pharmacy, hospital, and voluntary services in their local area*
PPE	**Personal Protective Equipment**
PROMs	**Patient Reported Outcome Measures** *Assess the quality of care delivered to NHS patients from the patient perspective*
PSIRF	**Patient Safety Incident Response Framework** *Outlines how providers should respond to patient safety incidents and how and when a patient safety investigation should be conducted*
RCEM	**Royal College of Emergency Medicine**
SDEC	**Same Day Emergency Care**
SDH	**Salisbury District Hospital**
7DS	**Seven Day Services**
SFT	**Salisbury NHS Foundation Trust**
SHMI	**Summary Hospital-level Mortality Indicator** *The ratio between the actual number of patients who die following hospitalisation and the number that would be expected to die based on average England figures, given the characteristics of the patients being treated*

SJR	**Structured Judgement Review** *A process for undertaking a review of the care received by patients who have died*
SOX	**Sharing Outstanding Excellence** *A method of paying a compliment to a team or a member of staff and a way of learning from when things go well*
VTE	**Venous Thromboembolism** *A blood clot that starts in a vein*
WHC	**Wiltshire Health and Care** *An NHS Partnership focused on community services in Wiltshire*

Contents

Introduction

Quality accounts, which are also known as quality reports, are annual reports for the public that detail information on the quality of services the Trust provides for patients. They are designed to assure patients, families, carers, the public and commissioners that the Trust regularly scrutinises the services it provides and concentrates on those areas that require improvement.

Quality accounts look back on the previous year's performance explaining where the Trust is doing well and where improvement is needed. They also look forward, explaining the areas that have been identified as priorities for improvement resulting from consultation with patients and the public, our staff, and Governors.

Part 1 – Statement on Quality from the Chief Executive

I am pleased to present our quality account for 2022/23 for Salisbury NHS Foundation Trust, which shows how we have performed against our priorities this year and sets out the main areas of focus for 2023/24.

One of the ways in which the quality of care provided by colleagues is recognised is through SOX Awards, this stands for Sharing Outstanding Experience. Anyone can nominate and last year 18 patient-nominated SOX awards were given. There are many wonderful citations and the following are just two examples of some of the outstanding service delivered.

Patient citation:

"I am forever in Alex's debt for not giving up on my daughter. Alex showed incredible patience and persistence while my daughter struggled with her injury, pain levels and mental health. Her patience, persistence and broad and varied approach led to my daughter having 1:1 sessions, often outside of work hours to enable her to be fitted in, and enabled both my daughter's ankle to improve and her constant pain to subside. She can now do some sport, walk to school again and meet friends in town.

"However, I believe the greatest gift Alex has given to my daughter from her treatment has been the improvement to her mental health. My happy and positive daughter has been returned to me, her anxiety is significantly reduced and she has not had a panic attack for over a month. She sleeps well and is now improving both educationally and socially. The significance of this to not just my daughter but our entire family, after over two years of struggling with the injury, cannot be over-estimated."

Colleague citation:

"Kay identified that a patient's elderly relative could be in a financially vulnerable position from a conversation that she had with the patient. Although not directly in her scope of control, Kay was unwilling to risk this individual being exploited and made multiple phone calls to other agencies to highlight the issue she had identified and prompt an action plan. I could see the deep impact that this situation had on Kay, and I admire the proactive action she undertook in safeguarding a vulnerable adult that she had never met.

"Kay demonstrates the principles of safeguarding and sets an example to all of us in how to approach complex situations. She would never leave it to anyone else to act, and always assumes that duty of care."

Improving Together, our way of delivering effective, sustainable changes where it matters most continues to deliver tangible benefits to our people and our population. I am

pleased to share that our Respiratory Department has cut its waiting lists by more than 43% in the last year, one of the fastest improvement rates in our hospital. They achieved this with a marginal-gains approach that cumulatively saved time. The team identified pathway bottlenecks and used a range of techniques including validating waiting lists to find discharge candidates, creating access plans to digitise waiting lists, redesigning clinics to make them more efficient and booking weekend clinics. The team's achievements demonstrate that continuous improvement does not need to be daunting.

Also, under the Improving Together umbrella, our Stroke Team on Farley Ward have adopted one of the essential tools, called Improvement Huddles, into their daily routines. Huddles involve multi-disciplinary participants coming together on a regular basis to share and discuss the progress they are making towards achieving their driver metrics (see more on driver metrics on page 14). In Farley's case, not only has it helped them to reduce the number of falls that occur on the ward it has also significantly improve communication across the team.

We recognise that the legacy of the COVID-19 pandemic and pressure on the NHS and care workforce has continued to impact on the level of care some patient's experience. We have made progress on tackling some of the waiting times for elective surgery and are pleased that work is now well underway to build a new ward that will further help reduce the waiting times. A new surgical robot is being installed and will be operational this summer, further enhancing our surgical services.

Staff are our most valuable resource and we have launched a series of successful recruitment initiatives to fill vacancies in key clinical and non-clinical areas across the Trust. We want all our staff to flourish and develop their skills so they can provide ever better services to our community. We have expanded our focus in this area with several initiatives that include more staff networks, health and wellbeing conversations, monthly recognition awards, regular staff treats and rewards, access to a staff counsellor and a staff physiotherapy service. We have also improved the entry-level rates of pay for our Healthcare Assistants, our housekeeping and clerical staff.

I would like to close by expressing a heartfelt thank you and appreciation on behalf of the Trust Board to each and every member of our staff for everything they have done and are doing each day in service of the communities we serve. We could not do this without the contribution from each and every one of them.

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

Stacey Hunter
Chief Executive Officer

2A - Priorities for Improvement

Salisbury NHS Foundation Trust

In this part of this section of the Quality Report, we outline areas for improvement in the quality of health services that are provided by Salisbury NHS Foundation Trust.

Quality Priorities for 2023/24

Introduction

Our Vision and Goals

Our vision at Salisbury NHS Foundation Trust is to **provide an outstanding experience for our patients, their families and the people who work for and with us.**

To deliver the NHS Long Term Plan and the Trust vision we needed to develop the way in which we all work together and learn. Therefore, in 2020 the Trust undertook a significant conversation with staff. This conversation enabled staff to express in their own words what it felt like to work at the Trust.

In response to this consultation and other available information, such as the annual national NHS staff survey and exit interviews, the Trust Board and colleagues considered how best to build on what was discovered and what was already being done, and how to act to improve our culture, behaviours, and management processes to deliver our vision, strategic priorities, and goals.

The Trust planned to deliver on this re-prioritisation work through the launch of its new strategy in 2022/23, which was driven by a programme of work called *Improving Together*, with priorities being identified under the three strategic themes of **People**, **Population**, and **Partnerships**.

Improving Together

Improving Together is an approach that colleagues in other Trusts locally and across the country have already been engaged in to deliver sustainable long-term improvement. At Salisbury NHS Foundation Trust, this is now the way in which the whole Trust will develop and improve skills, processes, and behaviours and ultimately the mechanism by which we will deliver our new strategy. With the simple goal of delivering an excellent experience for patients, their families, and staff, and being in a position where everyone can proudly say that Salisbury NHS Foundation Trust is the best place to work.

Bringing together many improvement initiatives already underway, this programme is the vehicle which will enable our people to improve their skills, help remove things that staff feel block them from delivering outstanding patient experiences every time and will enable us all to provide the care we aspire to. At its heart, the programme makes sure that our ongoing priorities and the things we focus our time and energy on will help deliver our vision of an outstanding patient experience, while bringing our values to life and offering new development and training opportunities to staff across the organisation.

Our Improving Together approach to delivering our strategy and continually improving will be maturing beyond initial implementation throughout 2023/24. Across the three acute Trusts in Bath and North East Somerset, Swindon, and Wiltshire Partnership (BSW) we are now rolling out Improving Together to align and enable the collective abilities of our workforce to transform and continually improve our services. We are seeking to align our direction, goals, and objectives whilst empowering teams at all levels to maximise their contribution and potential in a focused approach. We are focusing on setting clear expectations and using a coaching leadership style to support problem solving.

Our Key Priorities

As per the Health and Social Care Act of 2012, the NHS has a duty to continually improve the quality of care being delivered across a range of health services.

In 2023/24 we plan to improve the quality of care primarily through the Trust's Improving Together programme and the work that feeds into the selection of our primary 12–18-month objectives (widely known as our 'Breakthrough Objectives')

Quality is defined as having three dimensions: patient safety, clinical effectiveness, and patient experience, and each of these areas are represented by their own steering groups at the Trust. Specific priorities and objectives which are identified from these steering groups are routinely discussed, and then upwardly reported to our Trust Quality Board.

Through this process, and in addition to the work of Improving Together, our key priorities for 2023/24 have been identified. These are outlined in this section of the report.

Priority 1: Delivering Quality and Patient Care through Improving Together

Improving Together enables us to focus on making improvement part of our daily work, fostering a culture of continuous improvement, and developing leaders as coaches. The operating model integrates improvement into the daily life of teams at three levels.

1. Executives reduce the number of priorities and coach teams to solve problems.

2. Managers work on a set of focussed priorities with clear and consistent performance reviews.

3. Frontline teams understand the Trust's strategy and priorities and their role in delivering them. Our goal is for **all** staff to be empowered to make improvements.

The Strategic Planning Framework (appendix A) sets out our areas of focus to achieve our vision and strategy. Nine vision metrics, three under each pillar of the strategy, describe our overarching goals for the next 7-10 years. The vision metrics are how we will measure the progress of achieving our vision.

The strategic initiatives focus on the things we must do and can't fail at to build the foundation for the delivery of our vision. These are large programmes of work with a 3–5-year lifespan.

Cascading from our vision are our three strategic priorities, known by staff across the organisation as 'the three P's'. **People**, **Population**, and **Partnerships**.

Breakthrough objectives are focused at Trust level and targeted for significant improvement (20-30%) within 12 months. Using data to guide our decision making, these have been selected to make the most positive impact on achieving our overall vision and improvement goals. Under-pinning these are a series of metrics (driver-metrics) which govern the process of how the quality of patient care is delivered across the organisation. These are monitored within the individual clinical specialties and are upwardly reported, such that, depending on what the data is telling us, these metrics might form one of our high-level breakthrough objectives in the future. Equally one of our breakthrough objectives might also become a driver-metric should our performance or priorities change in the future.

This is intended to be a seamless process such that every 12-18 months the organisation can focus resources into the areas which will provide the maximum impact for our patients, population, and partnerships. At the same time, improvements in quality and the delivery of patient care will continue to be delivered as part of our core businesses as usual.

Our 12-18 month 'Breakthrough Objectives' for 2023/24, targeting key contributors to these challenges, and which will be driven by our data are:

✓ Bed occupancy

This focusses our energy on reducing the average length of stay in hospital for our patients. This will include facilitating discharge, closing escalation beds, and releasing the potential for increasing elective activity. The national target is set at 92%, but as of March 2022 Salisbury NHS Foundation Trust was operating at 105% bed occupancy (figures exceeding 100% as escalation beds in-use). We are unlikely to achieve the national target this year as one ward is scheduled to be refurbished in May 2023, and escalation beds in South Newton will not be available beyond June 2023. Therefore, we locally **aim to achieve a target of 96% in 2023/24.**

✓ Reducing time to first outpatient appointment

This will focus us on further driving down waits for our patients and increasing our elective activity. We are aiming **to achieve a 30% overall reduction in waiting times** for our patients over the next 12-months. We recognise that there are some disparities internally across specialities in terms of waiting times, with the average waits being greatest across the clinical Divisions of Medicine and Surgery (110 and 136 days respectively). We aim **to reduce the time to first outpatient appointment from an average of 126 days down to 87 days in 2023/24**, by using the Improving Together approach for quality improvement.

✓ Staff availability

We will work to ensure we retain and recruit the appropriate workforce to support our activity and financial goals – this objective focusses us on having the people we need to realise our plan. **We aim to reduce agency spending on staff (as a percentage of gross pay) down from 8.5% (as per February 2023) to a locally agreed target of 3.7%.** We will achieve this by prioritising training of our own staff and closely aligning staffing numbers to the level of bed escalation. We recognise that there are sometimes patients on our wards who will require staff to have additional specialist knowledge for us to deliver the best possible care for our patients. We will ensure that this additional training can be delivered to our own staff, so that the need to employ external agency staff in the future will reduce. This will improve continuity of care and also provide cost benefits for the Trust.

✓ Reducing inpatient falls

With a far higher than average frail and elderly patient population, falls are a huge contributor to patient harm and increased length of stay. Falls in hospitals are the most reported patient safety incident and the severity of injury can sometimes depend on factors such as bone health, frailty, falls risk and weight. Therefore, it is important to assess older patients for factors that may increase their risk of falling, and to ensure that preventative measures are put in place. This was a quality priority last year, and we now intend to build on the improvements made in 2022/23 through the work of Improving Together, as we recognise the need to do even better at achieving our targets. Our aim will be **to reduce the overall number of falls to below 7 per 1,000 bed days in 2023/24**. *

**a bed day is a calculation of the total number of occupied beds each day for one month. The number of falls per 1,000 bed days can be calculated by dividing the number of falls by the number of bed days and multiplying the total by 1,000.*

The Trust-wide breakthrough objectives give focus to the top challenges facing the Trust by starting with the top contributor to the challenge. For example, our vision metric of total incidents with moderate or high harm show falls to be the top contributor, with pressure ulcers second. Through the Improving Together methodology we first focus on falls and once we have sustainably improved falls, we then move to focused improvement work on pressure ulcers. Where pressure ulcers are the top contributor for a ward or department we focus on pressure ulcers as the top contributor at a local level. This enables us to prioritise our work and resources to the biggest areas of potential improvement instead of spreading teams too thinly across multiple priorities at the same time.

Our approach to quality improvement doesn't stop at the four Trust-wide breakthrough objectives. The Improving Together approach feeds into our divisions, specialities, and teams. The areas of focus, known as driver metrics, for each division are listed below.

Driver metrics

Medicine

Falls

Time to first outpatient appointment

% Decision to Admit (DTA) < 4 hours

Time to Initial Assessment (ED)

Active available workforce (% staff availability in RN & HCA groups)

Surgery

Time to first outpatient appointment

Falls

Discharges before midday (%)

Theatres productivity (% capped utilisation)

Active available workforce (agency spend)

Women and Newborn

Time to first outpatient appointment

Clinical training compliance (% selected modules)

Clinical deterioration (% compliance with MEOWs and fluid balance audits)

Antenatal care pathways

Active available workforce (WTE gap between establishment and available)

Clinical Support and Family Services

DM01 Trustwide (seen within 6 weeks)

Medicines Reconciliation (% patients who have had their medicines reconciled within 24hrs of DTA)

Time to first outpatient appointment

Patient Complaints (% responded to within agreed turnaround times)

Staff Availability (% Agency spend)

Spinal Therapy (Hrs of therapy provided per week)

The driver metrics are the areas each division hold in the spotlight and are informed by both the four Trust-wide breakthrough objectives and the division's review of where their most pressing issues and risks are. Each driver metric is chosen based on a review of the data and evidence to validate a metric's relative impact on the performance, quality, and safety of our services. This approach enables our teams to focus on the most impactful interventions first as we work to continuously improve the quality of our services.

Similarly at a speciality and team level driver metrics are chosen. This ensures we can continually work on the most important areas of quality improvement at the Trust, division, speciality, and team level. Through this system Improving Together aims to give everyone the power to define and make continuous improvements to their services without the need for a top-down directions.

Alongside the driver metrics we keep the rest of the division, speciality or team's quality measures under review using 'watch metrics'. Watch metrics are measures of our quality and performance which are performing within safe, normal, or acceptable boundaries. They are 'watched' for deterioration or improvement, but our resources are not specifically targeted to that area of work. This enables teams to focus their efforts on our breakthrough objectives and driver metrics while being alerted if a watch metric significantly moves away from their usual performance.

Weekly and monthly reviews are used to keep track of improvements across teams, specialities, and divisions. With these rolling upwards to the monthly Executive Performance Review meetings between divisional management teams and the executive directors.

Patient Experience

IN 2023/24 WE AIM TO RESPOND TO 90% OF COMPLAINTS WITHIN AGREED TIMESCALES, AND TO ACHIEVE A MINIMUM RESPONSE RATE OF 15% USING THE FRIENDS AND FAMILY TEST

Priority 2: Improving our processes for managing complaints

One of our vision metrics (following gap analysis working through our Improving Together programme of work) is to improve our complaints process.

Our aim is to provide an accessible, supportive, and robust complaints process, that commits to putting the complainant at its heart. With a clear focus on improving response timescales, aimed at identifying and capitalising on opportunities for early resolution.

We fully acknowledge that we will never achieve a zero complaints threshold. Therefore, we are committed to ensuring that the process will be made as easy as possible and will be underpinned by a learning and just culture. We are committed to continuing to develop appropriate support and training for our staff and ensuring that complainants feel not only able to raise their concerns, but that they will be heard, and changes will be made where required.

Our priorities for quality improvement & why we have chosen them

Throughout 2022 the Trust embarked on a co-produced complaints process review project in partnership with Healthwatch Wiltshire (you can access the full report here). The learnings taken from this project will be implemented over the coming 12 months and will inform the changes needed for our complaints policy. In response to these findings, the key areas for improvement will be:

- ✓ **Simplification** of the initial process for raising a complaint and supporting complainants to clearly articulate their concerns and linking in with local advocacy services.
- ✓ **Working more closely with and supporting investigating managers** to improve accountability and identify opportunities for early and appropriate resolution.
- ✓ **More tailored and individual management of complaints**. This includes more frequent communications, and clearer information from the outset on who is managing the complaint and the support services that are available.
- ✓ **Continued development of the profile of the Patient Advice and Liaison Service (PALS)** to ensure its functions are clear for patients, visitors, and our staff. This will be an evolving piece of work initially mobilised through revised posters, leaflets, use of social media and internally through our ward based 'PALS Outreach Services'.
- ✓ **Improvements to content and accessibility for complaints and communications training for staff.** This will be underpinned by ensuring a clear understanding of the principles of the new PHSO Framework.

By working closely with our clinical Divisions we will ensure to develop more effective methods of publicising and celebrating improvements made to services as a direct result of complaints and concerns raised.

Clinical Effectiveness

WE AIM TO IMPLEMENT NEW COMPUTER SOFTWARE FOR MANAGING CLINIC AUDIT WHICH WILL BE FULLY EMBEDDED AND IN USE ACROSS THE TRUST BY OCTOBER 2023

Priority 3: Improving our processes for managing clinical audit

Clinical Effectiveness is defined as the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients.

During 2022/23, significant transformation work began in order in improve the quality of patient care and safety for our patients. This included reviewing our current processes to increase efficiencies and improve our data reporting across the Trust. A primary objective has been to fundamentally change how data is reviewed and reported, such that our reporting is more heavily focused on patient outcomes rather than numbers and statistics. Each year, an excess of 300 audits are undertaken across the Trust, and subsequent outcomes and actions result in improvements to the quality of care which is delivered to our patients. It is therefore extremely important for us to understand which actions are likely to have the biggest impact for our patients, population, and partnerships, and to which areas we have the least assurances and/or where outcomes might post the highest risks. To maximise this potential, we intend to adopt a new electronic system in 2023/24 to help manage our clinical audit activity. Our success will be determined by achievement of the following objectives:

- ✓ **To provide improved visibility of audit activity through self-serve access to data.** In 2023/24 we plan to enable real-time reporting of clinical audit data so that the status, progress, and actions of audits can be accessed by our staff immediately when required. This will reduce the time that staff currently spend on reporting and this time can then be further re-focused on improving the quality of care, and the delivery of actions.

- ✓ **To ensure there is greater focus on actions, learning, and improvements rather than the input and storage of data.** In 2023/24 we aim to use new audit software to develop a new 'filtering' process to improve governance, enhance our reporting, and streamline our processes such that our focus is more heavily centred on clinical risks and the assurance levels resulting from audit outcomes. Our focus will be on improving patient outcomes rather than the number of audits that we complete.

- ✓ **To remove dependencies on in-house and unsupported IT systems**. In 2023/24 we intend to consolidate existing data and reduce the number of locations where clinical audit data is held internally to improve data security.

Patient Safety

IN 2023/24 WE WILL PREPARE AND PUBLISH OUR PATIENT SAFETY INCIDENT RESPONSE PLAN, WHICH WILL DETERMINE HOW THE TRUST RESPONDS TO PATIENT SAFETY INCIDENTS IN THE FUTURE USING THE NEW PATIENT SAFETY INCIDENT FRAMEWORK MODEL

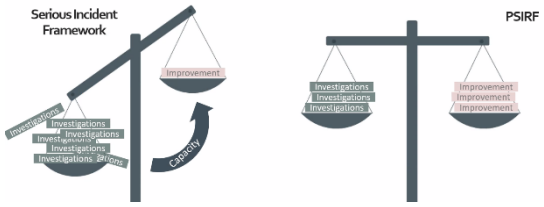
Priority 4: Adoption of the Patient Safety Incident Response Framework (PSIRF)

To improve our approach to responding to patient safety incidents we have begun a 12-month period of preparation ahead of transitioning from the existing Serious Incident Framework (SIF) to NHS England's new PSIRF in September 2023.

A patient safety incident is any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare.

PSIRF sets out new guidance on how NHS organisations respond to patient safety incidents and supports compassionate engagement with all those affected. It supports the key principles of a patient safety culture, focusing on understanding how incidents happen, rather than apportioning blame, allowing for more effective learning, and ultimately safer care for patients. Adopting a compassionate approach when engaging and involving those affected by patient safety incidents is central to the PSIRF approach. The remit nationally for investigations has become increasingly broad over time due to an attempt to be more efficient, by trying to address the many and varied needs of different investigations in a singular approach (i.e., establishing liability / avoidability / cause of death). This has limited the learning that the NHS set out to achieve in relation to patient safety. We know that an in-depth analysis of a small number of incidents brings greater results than routinely examining larger numbers.

In some cases, where it is already clear why the incident happened, it will be more appropriate to concentrate on making improvements rather than spending more time on investigations. Essentially, there will be fewer formal investigations of incidents, but patients and staff will be more likely to be involved in other approaches to learn from incidents and improve patient safety.



There will be a welcomed focus on improvements in patient safety rather than producing numerous investigation reports which often do not result in meaningful change.

What happens next?

At Salisbury NHS Foundation Trust we are currently reviewing how developed our systems and processes are for responding to patient safety incidents, and how these need to be adapted to optimise opportunities for learning and improvement in line with PSIRF recommendations. This will identify areas which require strengthening as we transition across and adopt the new framework. The Trust is preparing a patient safety incident response plan (PSIRP) which sets out how we will respond to patient safety incidents reported by staff and families to continually improve the quality and safety of the care the Trust provides. The plan will set out how the Trust plans to respond to patient safety incidents to learn and improve through patient safety incident investigations.

Looking Back at 2022/23 - What did we say we would do?

Background

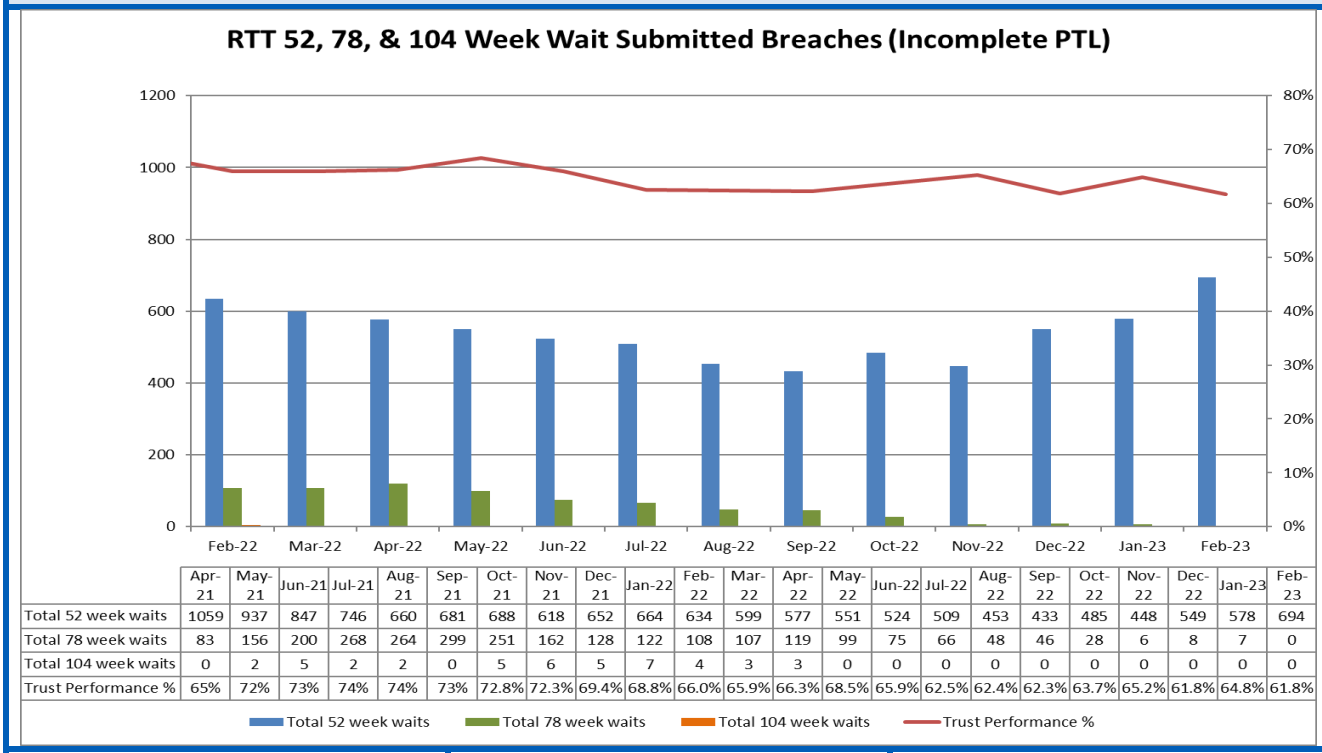
As 2022/23 has progressed our understanding of the Improving Together methodology has matured. Going into a winter of intense operational pressures this led to an executive-led change to our breakthrough objectives. With 'bed occupancy' taking the place of 'No Criteria to Reside,' the rollout of same day emergency care (SDEC) becoming part of our bed occupancy work, and the introduction of staff agency spend as the key metric for staff availability.

These changes recognised the need to focus on staffing alongside falls and time to first outpatient appointment. The use of bed occupancy as a breakthrough objective provided a greater focus on the areas of a patient's pathway, we as a Trust have significant influence over. For example, improving our pathway 0 discharges (to a patient's home, without packages of care being needed).

Our work on SDEC resulted in the launch of our medical SDEC service on 27th March, and early analysis showed a two-fold increase in same day discharges from our ED.

Our recovery from the impact of COVID-19, especially on elective care, continues. We achieved our target of all patients waiting 78 or more weeks for their treatment by March 2023. We are now focusing on the delivery of having no patient waiting 65 weeks for their treatment by March 2024.

Eliminate waits for treatment by > 78 weeks by April 2023



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Total 52 week waits	1059	937	847	746	660	681	688	618	652	664	634	599	577	551	524	509	453	433	485	448	549	578	694
Total 78 week waits	83	156	200	268	264	299	251	162	128	122	108	107	119	99	75	66	48	46	28	6	8	7	0
Total 104 week waits	0	2	5	2	2	0	5	6	5	7	4	3	3	0	0	0	0	0	0	0	0	0	0
Trust Performance %	65%	72%	73%	74%	74%	73%	72.8%	72.3%	69.4%	68.8%	66.0%	65.9%	66.3%	68.5%	65.9%	62.5%	62.4%	62.3%	63.7%	65.2%	61.8%	64.8%	61.8%

Total 52 week waits Total 78 week waits Total 104 week waits Trust Performance %

What the data is telling us

- Whilst the data shows that the average time to first appointment has lengthened, this has been due to the Trust's focus on delivering the national targets for reducing the number of patients waiting the longest before receiving treatment.
- The national target for having no patients waiting over 104 weeks before receiving their first treatment was 31st July 2022. **The Trust achieved this milestone, ahead of target, on 9th May 2022, and has maintained this to date.**
- The subsequent target stipulated by the Government was to have no patient waiting longer than 78 weeks for their first treatment by 31st March 2023. **The Trust achieved this target one month ahead of schedule on 28th February 2023.**

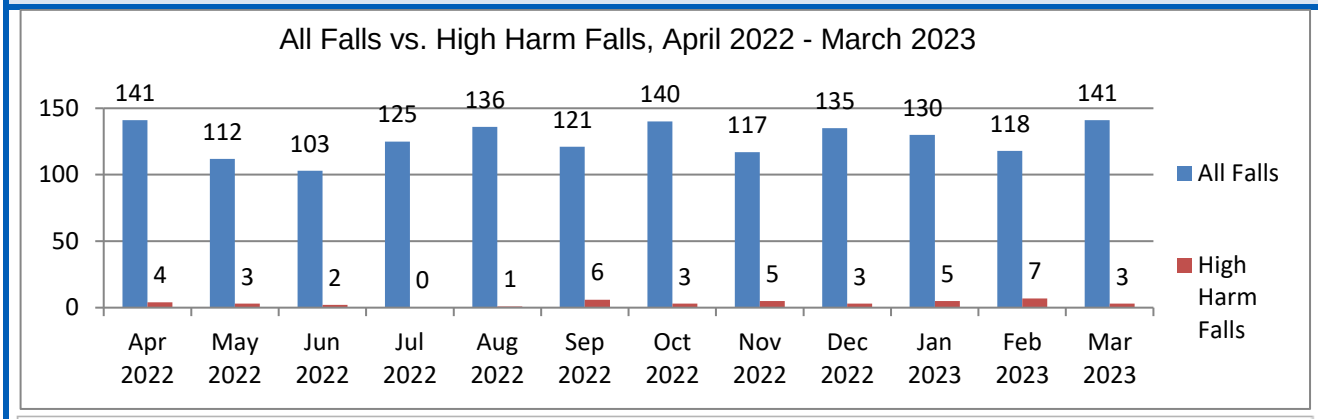
What we did

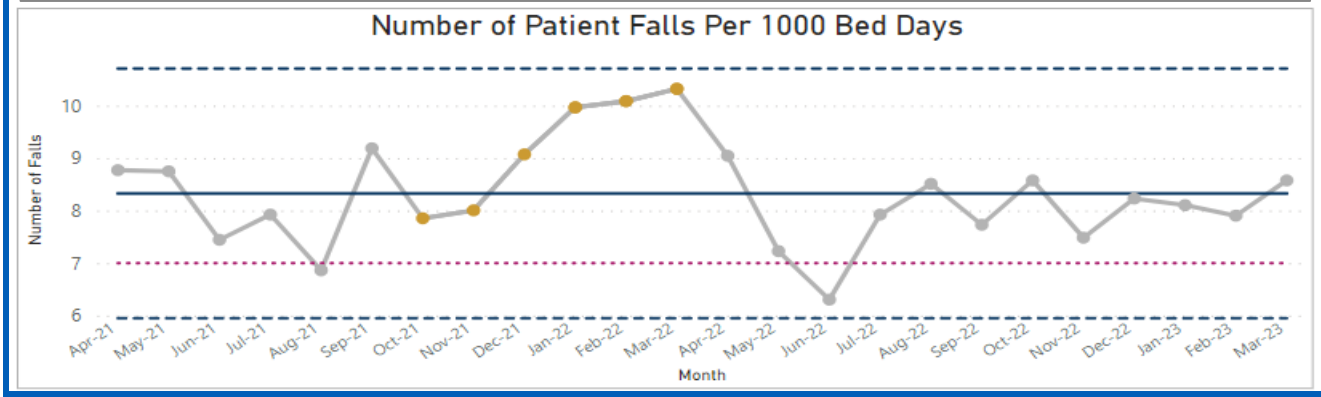
- The achievement of the 78-week target was the culmination of intense monitoring and performance management that commenced in June 2022.
- A performance management structure was established in June 2022, supported by weekly meetings to review individual clinical specialty performance, with progress reports provided to the Chief Executive Officer and Chief Operating Officer.

Next steps

- Maintenance of these targets is now key. Ongoing monitoring remains in place, as is a mirroring of last year's mechanisms to monitor and manage this year's target of an elimination of 65-week waits by March 2024.
- In addition, those specialties with the greatest challenges will receive increased focus and support to further reduce the number of longer waiting patients.

Reduce overall falls by 10% and falls with harm by 20%





What the data is telling us

- Through our Improving Together methodology we set a target to reduce inpatient falls overall by 30% (10% in 2022/23). This has not been achieved, with the reduction being at 6.75%.
- During COVID-19 our falls rate peaked at 10.2 per 1,000 bed days but significantly reduced following concerted efforts and targeted interventions identified using the Improving Together methodology.
- **Reduction in falls causing harm has reduced by 36%** and we therefore achieved our in-year target of a 20% reduction.

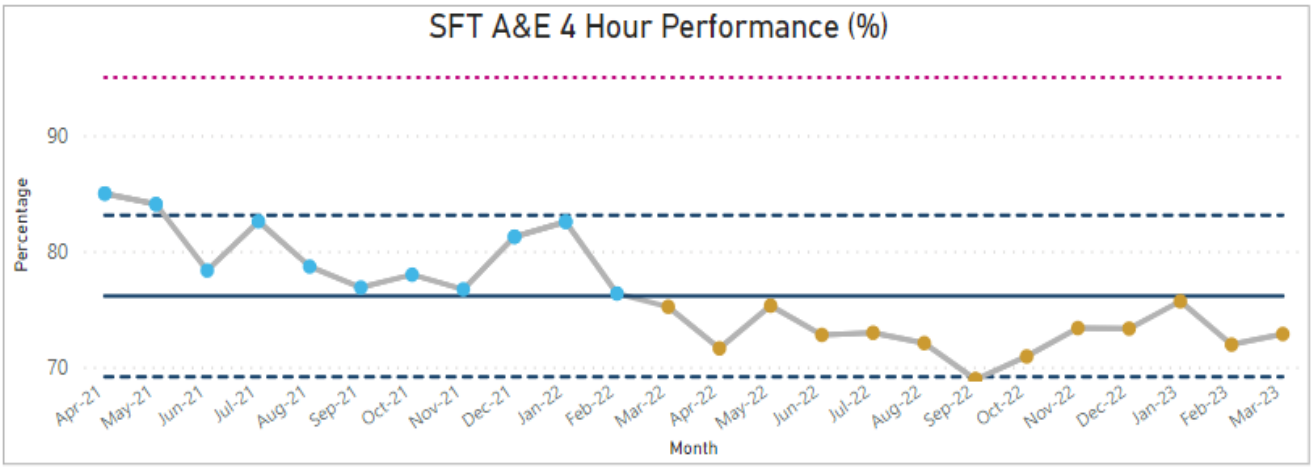
What we did

- We introduced “Bay watch” to wards with high falls rates and with teams who were familiar with the Improving Together methodologies. The most successful ward having immediately dropped from 13.4 falls per 1,000 bed days to 1.1.
- We reinforced the necessity and importance of recognising postural hypotension in patients through taking lying and standing blood pressures, and then acting on the results. Those patients who necessitated a reading improved from 31% in 2022 to 45% in 2023 (March 2023).
- Bed side teaching and advice for patients and staff was provided from the Falls Reduction Specialist.
- Formal teaching for Ward teams and new members of nursing staff was given at induction. 400 members of staff have been formally trained thus far.

Next steps

- Bay watch to be rolled out to all wards with support from senior nurses and Divisions by the third quarter of 2023/24.
- Our training programme is to be further developed to create a more interactive session by the third quarter of 2023/24.
- Ward ‘Champions’ are to be relaunched as ambassadors for falls improvements for clinical teams.

Improve 4-hour Emergency Access Performance to 90% by September 2022 and Ultimately 95%



What the data is telling us

- This data shows us our performance in the Type 1 Emergency Department (ED) attendance.
- The data shows there has been a run below the mean (orange dots) in our performance.
- This trend has occurred across the nation and is recognised in the national target of achieving 76% 4-hour performance in 2023/24, down from 95% previously.

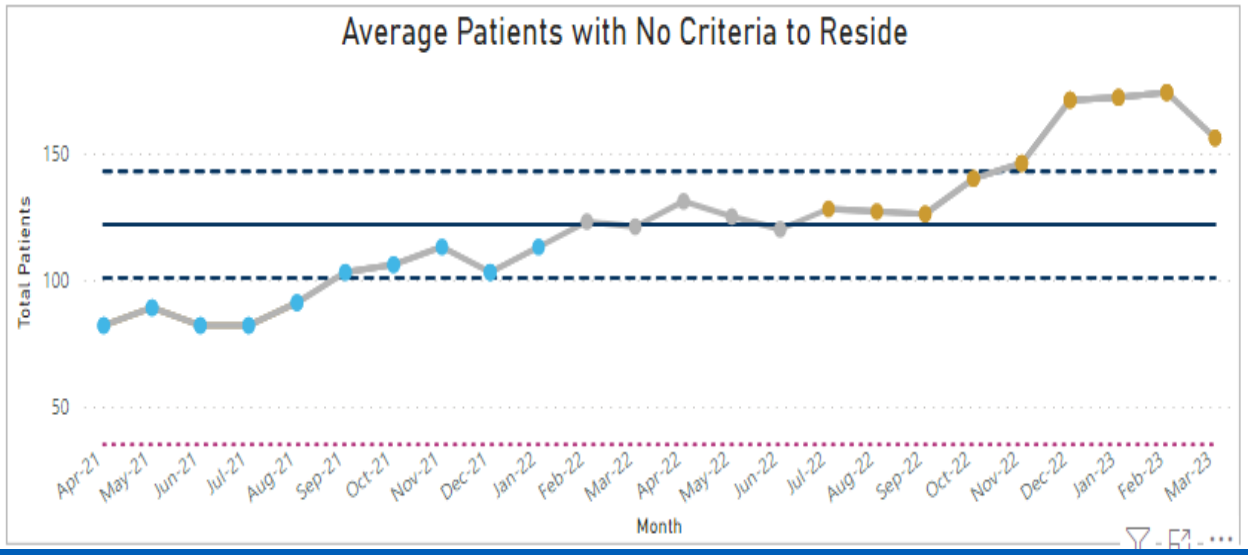
What we did

- We compared our highest risks for ED and then used this a basis to focus our efforts on improving performance.
- We knew that there was a risk associated with the assessment of undifferentiated patients in the waiting area and therefore used the Root Cause Analysis (RCA) process to identify what the root causes were, and how we might improve this. This was then used to form the countermeasures for improving time to initial assessment.
- We also invited NHSE/I to provide feedback on our processes, as improvement is wider than just time to initial assessment. We will use the feedback to inform other changes in the department.

Next steps

- Continuation of the rollout of medical SDEC, enabling the streaming of suitable patients to a same day service to help them avoid having to be admitted to hospital.
- Medicine's driver metric of 'time to first assessment' is focusing improvement on the first step in a patients ED pathway to enhance safety in the department.

Reduce average loss bed days due to NC2R from 250 to 150



What the data is telling us

- As we have gone through the winter the numbers of patients with no criteria to reside in an acute hospital have risen.
- The rise is in line with the number of escalation beds the hospital has opened to cope with the need to accommodate more patients for longer lengths of stay.

What we did

- Opened reablement beds at South Newton.
- Worked with partners across BSW to reduce the delays to accessing appropriate packages of care and beds for patients with no criteria to reside in the hospital.

Next steps

- Through our bed occupancy breakthrough objective, to focus on how we increase the number of patients we can discharge home before 12:00hrs each day.
- To reduce our patients' length of stay, reduce our escalation bed use to better consolidate our substantive staff and reduce patient bed movements.

Consultation and Monitoring of our Priorities

Each year the Trust is required to identify and outline its quality priorities. We consulted on our organisational strategy and approach to quality with several stakeholders, and shared our priorities with commissioners, Governors, Healthwatch, and our Trust Executives. The final priorities were approved at Trust Board.

The priorities that we have selected continue to represent the three indicators of quality (patient safety, clinical effectiveness, and patient experience) and have been embedded across our business plans for 2023/24. Our quality priorities were each discussed at their representative steering groups and were also discussed at the Quality Board (CMB).

Progress in the achievement of these priorities will continue to be monitored through regular reporting and discussion at CMB in 2023/24.

2B - Statements of Assurance from the Board

Salisbury NHS Foundation Trust

In this part of the report, we provide statements of assurance from the Board, as specified by the quality account regulations. We have further expanded on our goals and have provided additional information where possible.

Review of Services

During 2022/23 Salisbury NHS Foundation Trust provided and/or subcontracted 55 relevant health services. Salisbury NHS Foundation Trust has reviewed all the data available to us on the quality of care in all 55 of these relevant health services. The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by Salisbury NHS Foundation Trust for 2022/23.

The Integrated Governance Framework is in the process of being merged with the Accountability Framework to provide one overarching framework which sets out how the Trust Board controls and directs the organisation and its supporting structures, to identify and manage risk and ensure the successful delivery of the organisation's objectives. The framework is designed to ensure the strategic aim of delivering 'an outstanding experience for our patients, their families and the people who work for and with us', by an organisation that is well managed, cost-effective and has a skilled and motivated workforce. In addition, the framework specifies how the performance management systems are structured and tracked, to ensure delivery of the corporate objectives at every level of the organisation focusing across the breadth of quality, operational, finance and workforce performance.

The Clinical Governance Committee is the quality assurance committee of the Trust Board. It is responsible for overseeing the continuous improvement of the quality of services and safeguarding high standards of care by creating an environment in which excellence in clinical care flourishes. The committee hears directly from clinical teams where risks to quality are identified to seek assurance that action is being taken to improve. Service deep dives provide assurance to the Committee on the quality-of-service provision and are aligned to corporate risk identified within the Corporate Risk Register and Board Assurance Framework.

The Trust Board undertakes 'Safety Walkabouts' on a weekly rolling programme. This direct engagement with clinical and non-clinical teams ensures that Board members are sighted on the safety concerns of staff and brings the Board discussions to life. In addition, the Executive Team undertake 'Back to the Floor' sessions. Every month, the Executive Team works with clinical and non-clinical teams for an afternoon with the aim of enhancing 'ward to Board' communication and provide the opportunity for the Executives to speak to staff in all departments, patients, and their families, giving them first-hand knowledge of improvements being made and where further improvements are needed.

Participation in Clinical Audit

During 2022/23, 50 national clinical audits and nine clinical outcome review programmes covered relevant health services that Salisbury NHS Foundation Trust provides. During this period, Salisbury NHS Foundation Trust participated in 47 (94%) national clinical audits, and nine (100%) clinical outcome review programmes of the national clinical audits and clinical outcome review programmes which it was eligible to participate in.

The national clinical audits and clinical outcome review programmes that Salisbury NHS Foundation Trust participated in, and for which data collection was completed during 2022/23, are listed in **Table 1** alongside the number of cases submitted to each audit or programme as a percentage of the number of registered cases required by the terms of that audit or programme.

Table 1.

Eligible national audits and clinical outcome review programmes and those the Trust participated in during 2022/23

National Clinical Audit			
Audit title	**Details**	**Participation**	**% of cases submitted**
Breast and Cosmetic Implant Registry	Audit	Not Applicable	Not Applicable
Case Mix Programme (CMP)	Audit	✓	100%
Cleft Registry and Audit Network (CRANE)	Audit	✓	100%
Elective Surgery (National PROMs Programme)	Audit	✓	Reporting was suspended due to COVID-19
Epilepsy 12 – National Clinical Audit of Seizures and Epilepsies for Children and Young People	Audit	✓	100%
Falls and Fragility Fractures Audit Programme (FFFAP)	Fracture Liaison Service Database	Not Applicable	Not Applicable
	National Audit Inpatient falls	✓	100%
	National Hip Fracture Database	✓	100%
Gastro-intestinal Cancer Programme	National Bowel Cancer Audit (NBOCA)	✓	100%
	National Oesophago-Gastric Cancer (NOGCA)	✓	100%
Inflammatory Bowel Disease (IBD) Registry	Audit	✘	0%

National Clinical Audit			
Audit title	**Details**	**Participation**	**% of cases submitted**
LeDeR – Learning from lives and deaths of people with a learning disability & autistic people (previously known as Learning Disability Mortality Review Programme)	Audit	✓	66.7%
Muscle Invasive Bladder Cancer Audit	Audit	✓	100%
National Adults Diabetes Audit	National Diabetes Core Audit	✓	100%
	National Diabetes Foot Care Audit	✓	100%
	National Diabetes Inpatient Safety Audit	✓	100%
	National Pregnancy in Diabetes Audit	✓	100%
National Asthma and COPD Audit Programme (NACAP)	Adult Asthma: Secondary Care	✓	100%
	Chronic Obstructive Pulmonary Disease (COPD)	✓	100%
	Paediatric Asthma: Secondary Care	✓	100%
	Pulmonary Rehabilitation – Organisational and Clinical Audit	✓	100%
National Audit of Breast Cancer in Older People	Audit	✓	100%
National Audit of Cardiac Rehabilitation	Audit	✓	100%
National Audit of Cardiovascular Disease Prevention (Primary Care)	Audit	Not Applicable	Not Applicable
National Audit of Care at the End of Life	Audit	✓	100% (excluding optional Quality Survey)
National Audit of Dementia	Audit	✓	100%
National Audit of Pulmonary Hypertension	Audit	Not Applicable	Not Applicable
National Cardiac Arrest Audit (NCAA)	Audit	✓	100%

National Confidential Enquiries			
Audit title	**Details**	**Participation**	**% of cases submitted**
Child Health Clinical Outcome Review	Testicular Torsion	✓	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Perinatal Mortality Surveillance	✓	100%
	Perinatal Mortality and Morbidity Confidential Enquiries	✓	100%
	Maternal Mortality Surveillance and Mortality Confidential Enquiries	✓	100%
Medical and Surgical Clinical Outcome Review Programme	Community Acquired Pneumonia	✓	These audits are in progress, it is anticipated that we will submit 100%
	Endometriosis	✓	
Mental Health Clinical Outcome Review Programme	Audit	Not Applicable	Not Applicable

The participation in these audits is in line with the Trust's annual clinical audit programme which aims to ensure that clinicians are actively engaged in all relevant national audits and confidential enquiries as well as undertaking baseline assessments against all NICE guidelines and quality standards. This enables the Trust to compare our performance against other similar Trusts and to decide on further improvement actions. The annual audit programme last year incorporated over 300 audits, including several audits agreed as part of the contract with our Clinical Commissioning Groups.

The reports of 40 national clinical audits and clinical outcome review programmes that were published in 2022 were reviewed by Salisbury NHS Foundation Trust in 2022/23. Of these, 12 (30%) were formally reported to the Clinical Effectiveness Steering Group by the clinical lead responsible for implementing the changes in practice. Further examples of national clinical audits and the actions Salisbury NHS Foundation Trust intends to take to improve the quality of healthcare provided can be found in Appendix B

Local clinical audits

The reports of 85 (100%) local clinical audits were reviewed by the Trust in 2022/23. Examples of local clinical audits and the actions Salisbury NHS Foundation Trust intends to take to improve the quality of healthcare provided can also be found in Appendix B.

Research

Research saves lives. Hospitals that are more 'research active' have lower mortality rates than those that are not; an effect that is not limited to research participants. Research in the NHS has always been important in the patient pathway as it can:

- enable early or more accurate diagnosis;
- provide life-changing treatments;
- prevent people from developing conditions;
- improve health and care for generations to come;
- ensure everyone has a better quality of life.

In addition, health research can provide important decision-making information about disease trends and risk factors, outcomes of treatment or public health interventions, functional abilities, patterns of care, and health care costs and use.

Saving and improving lives: The Future of UK Clinical Research Delivery (March 2021) clearly defines the UK government vision for research in the NHS.

"***Clinical research is the single most important way in which we improve our healthcare – by identifying the best means to prevent, diagnose and treat conditions. So, we need to bolster delivery of innovative research across all phases, all conditions and right across the UK, as we work to rapidly restart our non-COVID-19 research portfolio and build back better.***"

The number of patients receiving relevant health services provided or subcontracted by Salisbury NHS Foundation Trust in 2022/23, that were recruited during that period to participate in research approved by the National Institute for Health Research were 1,075 patients into 54 studies.

This is fewer than previous years. However currently funding is not activity-based, therefore the department has concentrated on creating a stronger more resilient base to relaunch research in the Trust next year and in future years. This includes:

- ✓ **A clear vision for the future:** A number of sessions during the year have meant we have adjusted our vision: Striving for an outstanding and valued research experience for everyone: participants, patients, clinicians, colleagues, stakeholders.

- ✓ **A better place to work:** Emerging from the pandemic there were some clear issues within the department which meant that motivation within the staff was lower than we would like. This was highlighted by the results of a culture review presented in May. A recent survey has shown that this situation has significantly improved. We now have an emphasis on wellbeing, forging links with the wider Trust, improved development opportunities and leadership for all, which we expect will translate into a happier and more resilient workforce.

- ✓ **Reprioritising and restarting non-covid research and a plan for increasing the number of participants.** We have been re-establishing links with Principal Investigators who have had research paused during the pandemic and reviewing the current NIHR portfolio to increase recruitment to non-COVID-19 studies.

- ✓ **Increasing commercial and home-grown research to maximise income both for the department.**

Commercial income

We opened our first commercial study post pandemic this year. We have also entered negotiations regarding several commercial research projects.

Home grown research

There are several nationally funded projects that are open or are due to open in the Trust.

Short title	Full title
ELABS	Early Laser for Burn Scars – A prospective randomised, controlled trial to study the effectiveness of the treatment of hypertrophic burn scars with Pulsed Dye Laser and standard care compared to standard care alone.
HIIT	A Feasibility Study of High Intensity Interval Training to Reduce Cardio-metabolic Disease Risks in Individuals with Acute Spinal Cord Injury.
BOWMAN	A Randomised, Sham-Controlled, Proof of Principle Study of Abdominal Functional Electrical Stimulation for Bowel Management in Spinal Cord Injury.
STEPS II	The Efficacy of Peroneal Nerve Functional Electrical Stimulation for the Reduction of Bradykinesia in Parkinson's Disease: An Assessor Blinded Randomised Controlled Trial.

We have also had a record number of inquiries to do research within the Trust. This includes enquiries from students to be part of research and responses to communications regarding a national competition for nursing led research. We are looking at ways to capitalise on this interest in research.

Other successes

This year we have also had some income for projects looking at increasing research in underserved communities:

- ✓ We have trialled a limited out of hours service to recruit and follow-up patients that are not available for these appointments during working hours.
- ✓ We have compiled resources and participated in a mentoring scheme targeting mentoring of people undertaking research in the wider community.

We have also submitted the largest ever bid for research equipment and we are currently awaiting the result. We submitted a bid for over £250,000 as part of a CRN Wessex bid for equipment across the Trust.

Further information is available in the Trust Research Annual Reports, which are available at https://www.salisbury.nhs.uk/about-us/trust-reports-and-reviews/

Goals Agreed with Commissioners

Our CQUIN Performance

The CQUIN framework supports improvements in the quality of services and the creation of new, improved patterns of care. The CQUIN scheme was restarted in 2022/23 following a period of suspension due to COVID-19, with the purpose of helping the NHS to achieve its recovery priorities. The full guidance and indicator specifications can be found on the NHS England website (NHS England » 2022/23 CQUIN). Commissioning responsibilities were transferred to the ICB during 2022/23 when CCGs were formally disbanded, and Salisbury NHS Foundation Trust income in 2022/23 was not conditional on achieving quality improvement and innovation goals through the Commissioning of Quality and Innovation payment framework.

Eleven CQUINs were considered applicable to Salisbury NHS Foundation Trust for the financial year of 2022/23 and five of these CQUINs were selected as high priority areas of focus. These were determined through joint discussions with our internal staff and local ICB (CCG1, CCG2, CCG3, CCG4, and CCG7

Key Highlights

- ✓ **CQUIN CCG1** - **flu vaccinations for frontline healthcare workers** – Our staff flu vaccine uptake was 66.9% (as of February 2023) which was the 2nd highest in the region, with the South-West region reporting the highest figures overall.
- ✓ **CQUIN CCG2** - **appropriate prescribing for UTI in adults aged 16+** - Salisbury NHS Foundation Trust was identified as one of the highest performing Trusts in this CQUIN for 2022/23, and we reported scores which were significantly above the performance target (80% against the CQUIN target threshold of 60%).
- ✓ **CQUIN CCG3** - **recording of NEWS2 score, escalation time and response time for unplanned critical care admissions** – we reported very high scores in this CQUIN with our results demonstrating nearly 100% compliance.
- ✓ **CQUIN CCG4 - compliance with timed diagnostic pathways for cancer services** – whilst we are not yet achieving the performance target, improvements have been made throughout 2022/23, with a key focus being to improve access to diagnostic imaging for patients. We are hoping to increase MRI scanning capacity by 40 scans per week from April 2023, facilitated through use of a mobile scanner on site. We aim to improve our reporting for patients on a 2 week-wait cancer pathway to within 7-days during the first quarter of 2023-24. Work this year has already resulted in the recruitment of a new radiology navigator who will support our cancer lung pathway and coordination with our local GPs. There has also been an increase in our endoscopy staffing levels in support of our colorectal and oesophago-gastric services.
- ✓ **CQUIN CCG7** - **timely communication of changes to medicines to community pharmacists via the discharge medicines service –** whilst we are not currently achieving our targets, sustained improvements have been demonstrated throughout 2022/23. Improved performance figures reflect the provision of small group training which has been provided to our clinical pharmacy teams.

The CQUIN scheme is expected to continue in 2023/24 and improvement areas will be identified based on the context of continued COVID-19 recovery.

Care Quality Commission (CQC) Registration

Salisbury NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is without conditions. The Trust has not participated in any special reviews or investigations by the CQC in 2022/23.

The Trust was last subject to a full CQC inspection, including Use of Resources, in November and December 2018, receiving an improved rating of 'Good'. Following inspection in 2021, the Maternity Service has continued their engagement in the NHSE/I Maternity Safety Support Programme during 2022/23. There were no announced or un-announced inspections for core services in 2022/23 and the Trust has held regular engagement meetings with the CQC throughout the year.

Registration of an additional location with the Care Quality Commission

Due to the need to provide alternative accommodation to enable the completion of some environmental work on one of the wards at the hospital and, later, to provide additional capacity as part of winter planning processes, alternative accommodation was secured at South Newton Hospital, an independent hospital approximately six miles from the main hospital site.

In September 2022, the Trust applied to the CQC to add a location to its existing registration. Following review of submitted evidence and pre-registration inspection by CQC of the potential new location, the Trust was granted registration to provide the regulated activity of treatment of disease, disorder, or injury.

Three additional conditions were applied to this location:

- The registered provider is only permitted to use Salisbury NHS Foundation Trust inpatients - South Newton Hospital, Nadder Ward and Pembroke Lodge as a condition of registration until 30 June 2023.

- The registered provider must not accommodate patients anywhere within the location other than Nadder Ward and Pembroke Lodge.

- To ensure patient safety, the registered provider must ensure there is an effective traffic management procedure in place within the location that supports the following: pedestrian only access to areas marked as "Time Limited Vehicle Access" on the registered providers South Newton Hospital Site Plan between 8am and 7.30pm except for vehicles with a staff escort.

The patients transferred to this location have been deemed medically fit for discharge with no criteria to reside and each patient is individually assessed against approved criteria to ensure the most appropriate patients are transferred. Management and oversight of the new location is part of the usual Medicine Divisional governance arrangements, with the Medicine Division Management Team having day to day oversight. The new location is discussed with CQC, as required, through the regular engagement meetings with the Trust.

Data Quality

Good quality information (data) underpins the effective delivery of patient care and is essential to drive improvements in the quality of care we deliver. Having high data quality standards gives confidence that decisions that are made using the information are appropriate and ultimately will help to deliver more responsive, high quality and cost-effective services.

Over 2022/23, the Trust continued work on its Business Intelligence Transformation project which included work to replace our data warehouse and delivering modern tools to support the improvement of data quality and the use of information more widely. The Data Quality Manager we recruited in January 2020 continues to lead the Data Quality elements of this project and support implementation.

Our Data Quality Policy is reviewed annually to reflect the progress made in the previous year and includes the scheduled improvements planned for the next twelve months. During the last year we progressed the implementation of the Data Quality Notification (DQN) app by adding more DQNs from our priority list. From the Data Quality Policy and Data Quality Self Assessments we have created the Data Quality Improvement Plan for 2023/24 which outlines actions we want to take to improve Data Quality performance and the time scales in which we hope to complete these, this is regularly monitored and updated at the Information Standards Group (ISG). We developed the Data Quality Champion role in 2022, which has enabled more staff to understand their Data Quality responsibilities and produced a training module that is completed by all new starters at Induction. We are in the progress of publishing a new internal Data Quality dashboard on our PowerBI platform, so all senior leaders and responsible persons are aware of Data Quality compliance across the Trust.

Salisbury NHS Foundation Trust submitted records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number and valid General Medical Practice Code is set out in **Table 2.** These are important because the NHS number is a key identifier for patient records and an accurate record of the General Medical Practice Code is essential to enable the transfer of clinical information about the patient.

Table 2 - Patient records with a valid NHS number and General Medical Practice Code

Data item	SFT 2021/22	National benchmark 2021/22	SFT 2022/23 (M1-10 only)	National benchmark 2022/23
Valid NHS number				
% for admitted patient care	99.9%	99.6%	99.8%	99.6%
% for outpatient care	99.9%	99.7%	99.9%	99.8%
% for Emergency Department care	99.6%	98.9%	99.1%	98.7%
Valid General Medical Practice Code				
% for admitted patient care	99.9%	99.7%	100%	99.7%
% for outpatient care	99.9%	99.6%	100%	99.5%
% for Emergency Department care	99.9%	99.5%	99.9%	99.2%

Data Security and Protection Toolkit Attainment Levels

Information governance (IG) is a term used to describe how information is used. It covers system and process management, records management, data quality, data protection and the controls needed to ensure information sharing is secure, confidential, and responsive to Salisbury NHS Foundation Trust and the people it serves.

Good information governance means ensuring the information we hold about our patients and staff is accurate, keeping it safe, and available at the point of care. The Data Security and Protection Toolkit (DSPT) is the way we demonstrate our compliance with national data protection standards. All NHS organisations are required to make an annual submission at the end of June, to assure compliance with data protection and security requirements.

The Trust self-assessment against the 2021/22 Data Security and Protection Toolkit confirmed compliance in all areas, with a status of 'Standards Met'. The self-assessment for 2022/23 is due for submission at the end of June 2023.

Clinical Coding Error Rate

Salisbury NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission. Salisbury NHS Foundation Trust commissioned an external clinical coding audit from *D&A Consultancy* (specialist clinical coding auditors) to provide evidence for the Data Security and Protection (DSP) Toolkit during the reporting period. The error rates reported in the audit for that period for diagnoses and treatment coding (clinical coding) were:

- **Primary Diagnoses Incorrect 5.0%**
- **Secondary Diagnoses Incorrect 11.2%**
- **Primary Procedures Incorrect 9.6%**
- **Secondary Procedures Incorrect 8.8%**

DSP toolkit Standard 1 attainment level was:

- **Meets standards**

Clinical Coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard, recognised codes. The accuracy of this coding is a fundamental indicator of the accuracy of the patient records. Clinical Coding audit methodology is available from NHS Digital.

The clinical coding results should not be extrapolated further than the actual sample of 200 Finished Consultant Episodes (51 Plastics, 50 ENT, 49 Palliative Care, 50 Gynaecology).

Seven Day Hospital Services – Implementing the Priority Clinical Standards

The Seven Day Hospital Services Clinical Standards were developed by the NHS Services, Seven Days a Week Forum in February 2013 to support hospitals providing acute services to ensure that patients receive the same level of high-quality care on a seven-day basis for patients admitted in an emergency. This framework gives emphasis in reducing care variations especially over the weekend, providing better patient flow and improving patient outcomes and the availability of supporting diagnostic services across the system. The national team no longer seek central submission, but recommend an annual review be conducted internally by each Trust.

During 2022-23 a seven-day services review was conducted at Salisbury NHS Foundation Trust. Our findings showed that 87% of our patients are seen and reviewed by a consultant or senior doctor within 14-hours of admission, with there being limited variation at the weekend versus admissions during the week. We continue to receive high overall satisfaction rates from patients or families who receive care or treatment at Salisbury NHS Foundation Trust.

There are however variations in the length of stay and number of discharges associated with the day of week in which the patient is admitted. Whilst a recent audit showed that there was evidence of shared decision making occurring in most of our patients, and clear documentation of these conversations in the medical records, uptake, and use of the ReSPECT form (a form which is completed by a healthcare professional which contains personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices) needs further improvement. We recognise the importance of this, especially where patients are likely to be admitted to hospital with more advanced illnesses due to national challenges surrounding access to care. Therefore, in addition to work already being undertaken by our Operations Team, we are seeking to improve how we collect and respond to real-time feedback from our patients in 2023/24 (see 'patient experience 'section of the report).

Freedom to Speak Up (whistleblowing and raising concerns)

The Freedom to Speak Up (FTSU) Service is provided by the Trust to empower staff to raise a concern outside of an individual's management process should they require it. The service is led by a Freedom to Speak Up Guardian, supported by a team of Ambassadors. The remit of the service is to support the development of a culture that is open and transparent regarding so that raising concerns becomes business as usual for all staff. The Trust's Guardian is responsible for providing confidential advice and support to staff in relation to any concerns about patient safety or any concern that has a detrimental effect on their working conditions. They can also offer advice and support to ensure concerns raised are handled appropriately and result in a clear outcome. The Trust's Guardian has direct access to all senior leaders including the Chief Executive and all Board members.

Salisbury NHS Foundation Trust is an Exemplar Site for the NHS People Promise. FTSU falls under 'We each have a voice that counts.' As part of the Trust's commitment to this, the Freedom to Speak Up Guardian has completed Restorative Just, and Learning Culture Training delivered by Northumbria University in conjunction with Merseycare NHS Trust and will be taking the lead for Civility & Respect to be delivered across the organisation. The Freedom to Speak Up Guardian has been invited to attend the Patient Safety Incident Response Framework (PSIRF) implementation group and contribute to the aspects regarding what is being done to support the development of a just culture. An additional nine Freedom to Speak Up Ambassadors have been recruited from across the Trust to help support the speaking up agenda.

The National Guardian's Office and NHS England have been working together to develop a revised version of the National Integrated Freedom to Speak Up policy. The new universal policy applies throughout the NHS and to all organisations delivering NHS services. Salisbury NHS Foundation Trust is working to integrate this policy into other policies that affect our people, such as the Dignity at Work policy and the Disciplinary policy. The CQC will be including Freedom to Speak Up as a quality indicator in their new regulatory framework.

Themes and trends are reported quarterly to Board for assurance and to highlight lessons learned from concerns that have been raised. In the year 2022-23 134 concerns have been raised to the Freedom to Speak Up Guardian. Of these, 37 had an element of patient safety and quality, these concerns are escalated immediately to senior leaders for appropriate action.

	Themes	Cases Q1 (22/23)	Cases Q2 (22/23)	Cases Q3 (22/23)	Cases Q4 (22/23)
1	Element of Patient Safety/Quality	8	10	12	7
2	Worker Safety	3	12	8	2
3	Element of other inappropriate attitudes or behaviours	24	14	25	17
4	Bullying/Harassment	5	8	7	4
5	Disadvantageous and/or demeaning treatment (detriment as a result of raising concerns)	1	0	3	1

**Please note that some cases record more than one theme*

Information on how to access the Freedom to Speak Up service is readily available via daily communication on the Staff Bulletin email, posters are displayed in prominent areas, business cards are handed to every new member of staff.

Consolidated Annual Report 2022/23 on Doctors and Dentists in Training Rota Gaps and Improvement Plan

Details of rota gaps are presented quarterly to the People and Culture Committee as part of the Guardian of Safe Working Report. The annual report presents a consolidated view of the rota gaps. Data for the last quarter of the financial year is not yet compiled.

Below is a summary of approximate rota gaps across all grades and specialties for 2022/23. There are approximately 160 junior doctors that are expected to be supplied by the deanery. Where there is a shortfall, the Trust aims to mitigate this by covering the gap with locally employed doctors (LED).

Year 2022/23	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Whole Time Equivalent (WTE) deanery gap	23.95	24.35	19.45	22.45	19.15	16.45	13.7	15.6	14.35
LED cover	11	11	4	4	3	6.55	6.9	6.9	6.7
Net WTE gap	12.95	13.35	15.45	18.45	16.15	9.9	6.8	8.7	7.65

The overall deanery fill rate ranges from circa 85% to 93% of expected. This is comparable to national figures. Our net gap is smaller than usual in the latter part of the year owing to better coverage of unfilled deanery posts with LED doctors.

It is noted that there is a significant disparity between junior (F1- ST2) and senior (ST3+) levels, with a poorer fill rate at senior level. This has been raised at deanery level.

The Trust has invested in 12 new Foundation Posts and the junior ED and palliative care rotas are now compliant with terms and conditions.

Plans for Improvement

- ✓ A new electronic rostering system for doctors is due to be implemented which will provide a greater opportunity for oversight of potential gaps in rotas due to leave and sickness and make it easier for staff wishing to work extra hours to offer to fill shifts. There are, however, significant restrictions on working hours of junior doctors, with many of them already working close to the maximum hours allowed in their contracts.
- ✓ The Trust plans to complete a medical workforce review of key services to ensure that there is the correct skill mix to provide sustainable quality care and to maximise the opportunities provided by Advanced Care Practitioners and Physicians Associates.
- ✓ The Trust continues to work with Health Education England (HEE).
- ✓ Medical F1 doctors will take part in night shift duties from April 2023 to improve hospital cover at night.

National Core Set of Quality Indicators

Salisbury NHS Foundation Trust

All Trusts are required to report their performance against a statutory core set of quality indicators as part of their quality accounts. The indicators are based on recommendations by the National Quality Board. They are split into five domains. In this section we report:

- ✓ **Our performance against these indicators; presented in a table format, for at least the last two reporting periods**
- ✓ **The national average (where available)**
- ✓ **A supporting commentary, which explains the variation from the national average and the steps taken or planned to improve quality**

Domain 1 – Preventing People from Dying Prematurely

Summary Hospital-level Mortality Indicator (SHMI)

National Quality Priorities						
a. Trust SHMI:	**Dec 2019 – Nov 2020**		**Dec 2020 – Nov 2021**		**Dec 2021 – Nov 2022**	
	SFT	**National Average**	**SFT**	**National Average**	**SFT**	**National Average**
The value of the SHMI for the Trust	1.0035	1.0	1.0667	1.0	1.1179	1.0
The banding of the SHMI for the Trust	As Expected	As Expected	As Expected	As Expected	As Expected	As Expected
SHMI broken down by Site:						
The value of the SHMI for Salisbury District Hospital (excluding hospice site)	0.9596	1.0	1.0281	1.0	1.0729	1.0
The banding of the SHMI for Salisbury District Hospital (excluding hospice site)	As Expected	As Expected	As Expected	As Expected	As Expected	As Expected
The value of the SHMI for Salisbury Hospice	2.3652	1.0	2.3025	1.0	2.2734	1.0
The banding of the SHMI for Salisbury Hospice	Above Expected	Above Expected	Above Expected	Above Expected	Above Expected	Above Expected
b. Palliative Care Coding:						
b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust (all sites). The palliative care indicator is a contextual indicator.	52.8%	36%	51.8%	39%	49%	40%

Trust statement

Salisbury NHS Foundation Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust. Salisbury NHS Foundation Trust recognises the importance of providing good quality care to people with life limiting conditions and to those who are dying. We are proud to include our local Hospice on site. As mortality statistical models compare across all acute hospital Trusts (the majority of which will not contain hospice services) the number of expected deaths at Salisbury NHS Foundation Trust will always sit above expected levels. When the main hospital site is separated from the hospice, expected deaths fall well within the expected range. The proportion of deaths with a palliative care coding has no specific target but is felt to be a measure of how Trusts recognise those in the last phase of their life and provide services to support them and their loved ones during that time (i.e., a higher figure is better).

Salisbury NHS Foundation Trust intends to, or has taken the following actions to improve mortality and harm, and so the quality of its services:

- ✓ The Trust's Mortality Surveillance Group (MSG) continue to meet every two months for assurance purposes
- ✓ Several commissioned reviews were undertaken during 2022/23 and learning was shared and discussed at the Trust Mortality Surveillance Group (MSG)
- ✓ A new electronic system for managing mortality reviews and learning from deaths will be adopted in 2023/24
- ✓ A mortality dashboard is being newly developed using new Power-Bi software to provide new data insights
- ✓ Structured training has been provided to staff to improve our understanding of local and national mortality data
- ✓ New staff were appointed during 2022/23 and will help support the Trust's learning from deaths programme

please refer to Part 3 of this report (provider content) for further information about how we are learning from deaths

Domain 2 – Enhancing Quality of Life for People with Long-term Conditions

This section is related to mental health services and admission to acute wards where the Crisis Resolution Home Treatment Team were gate keepers. As these are not commissioned at Salisbury NHS Foundation Trust, there are no indicators to report within Domain 2.

Domain 3 – Helping People to Recover from Episodes of Ill Health or Following Injury

Patient Reported Outcome Measures (PROMs)

National Quality Priorities												
Patient reported outcome measures (EQ5D Index)	**Apr 20 – Mar 21**				**Apr 21 – Mar 22**				**Apr 22 – Mar 23**			
	SFT	**National Average**	**Highest**	**Lowest**	**SFT**	**National Average**	**Highest**	**Lowest**	**SFT**	**National Average**	**Highest**	**Lowest**
i) hip replacement surgery	*	0.467	0.579	0.378	0.0	N/A	N/A	N/A	0.40	N/A	N/A	N/A
ii) knee replacement surgery	*	0.317	0.434	0.215	0.0	N/A	N/A	N/A	0.34	N/A	N/A	N/A

**** Data not published due to small number of procedures or submission being suspended due to COVID-19***

Trust statement

Salisbury NHS Foundation Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust, however the NHS Digital dashboard is noted to not be currently up to date.

PROMs have been collected by all providers of NHS-funded care since April 2009. They assess the quality of care delivered to NHS patients from the patient perspective. They currently cover two clinical procedures (hip and knee replacements) and calculate the health gains after surgical treatment using pre-operative and post-operative surveys.

PROMs data for Salisbury NHS Foundation Trust has not been published for the last two financial years due to the reasons already specified above.

Salisbury NHS Foundation Trust intends to, or has taken the following actions to improve patient reported outcome measures, and so the quality of its services:

- ✓ Salisbury NHS Foundation Trust will reinstate a robust mechanism for collecting PROMS data, the operational model is currently under review and will be incorporated under the Trust's Patient Experience quality branch.

Patients Readmitted to Hospital Within 30-days of Being Discharged

Note: The updated Quality Account guidance states that the regulations refer to a 28-day readmissions period rather than the 30-day period specified.

National Quality Priorities												
Percentage of patients readmitted within 28 days of discharge from hospital by patient age group	**Apr 2020 – Mar 2021**				**Apr 2021 – Mar 2022**				**Apr 2022 – Mar 2023**			
	SFT	**National Average**	**Highest**	**Lowest**	**SFT**	**National Average**	**Highest**	**Lowest**	**SFT**	**National Average**	**Highest**	**Lowest**
Age 0 to 15	18.1%	11.9%	64.4%	2.8%	14.8%	12.5%	46.9%	3.3%	13.51%	Not yet published		
Age 16 or over	14.3%	15.9%	112.9%	1.1%	12.5%	14.7%	142%	2.1%	5.92%	Not yet published		

Trust statement

Salisbury NHS Foundation Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust.

Salisbury NHS Foundation Trust intends to, or has taken the following actions to reduce re-admissions, and so the quality of its services:

- ✓ Same day emergency care is being rolled out throughout medicine and surgery in 2023 preventing unnecessary admission / readmissions.
- ✓ Partner Inreach services alongside revised Integrated Discharge Service offer to support robust discharge planning (to commence summer 2023).
- ✓ New in 2023 - Power BI data reporting availability and use will enable us to better understand the opportunities to further improve performance in this area.
- ✓ Improved communication with community services and GPs via remodelled discharge services in the community, for people needing care or a bed base (pathways 1-3).

Domain 4 – Ensuring People Have a Positive Experience of Care

Responsiveness to the Personal Needs of Patients

National Quality Priorities												
	Apr 20 – Mar 21				Apr 21 – Mar 22				Apr 22 – Mar 23			
	Response Rate	SFT	Highest	Lowest	Response Rate	SFT	Highest	Lowest	Response Rate	SFT	Highest	Lowest
Overall experience score for National Inpatient Survey	57%	8.4	9.5	7.5	48%	8.0	8.5	7.8	Not yet published			

Scoring: For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the Trust is performing.

Trust statement

Salisbury NHS Foundation Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust.

Each year the Trust participates in the national adult inpatient survey. The Trust's last published survey was undertaken in November 2021 where a nationally agreed questionnaire was sent to a random sample of 1250 patients and the results analysed independently by the Patient Survey Co-ordination Centre.

The national inpatient survey was repeated in November 2022 and is scheduled to complete fieldwork in May 2023. Themes from the national adult inpatient survey, FFT, complaints and concerns are identified by each ward and an improvement plan prepared. This year we are also due to take part in the following national surveys:

- The Urgent and Emergency Care Survey took place again in September 2022, with the initial report expected in May 2023.
- The Children and Young Persons survey will take place again in November & December 2023, with the initial report anticipated in August 2024.
- The National adult inpatient survey took place in November 2022, with initial report expected in June 2023.
- The Maternity Survey took place in February 2023, with initial report anticipated in September 2023.

Salisbury NHS Foundation Trust intends to, or has taken the following actions to improve responsiveness to in-patient personal needs, and so the quality of its services:

- **Discharge process and follow-up:**
  - ✓ E-white board upgrades to ensure timely daily updates.
  - ✓ Patient flow group commenced to focus on length of stay and bed occupancy.

- **Communication:**
  - ✓ Refocus on use of SBAR (Situation, Background, Assessment and Recommendation) handover process, including audit of handover documentation.
  - ✓ Commencement of EDOCU (an electronic documentation system) to aid information passage.
  - ✓ Feedback to individual doctors named in concerns and incidents. Discussions with education and clinical supervisors to ensure learning is shared. Communications training modules being developed for both senior and junior staff.

- **Staffing levels:**
  - ✓ Increase HCA recruitment, 100 HCAs recruited to date. Ongoing focus and regular open sessions to continue recruitment drives.
  - ✓ Recruitment of overseas Registered Nurses, 40 further Registered Nurses currently in progress.
  - ✓ Strategic review of the medical workforce to ensure adequate staffing levels with business case being developed to describe the investment required for medical and supporting professionals – linking this to the benefits to patient flow and care.
  - ✓ Retention focused activities related to the People Plan, including development of support networks for staff.
  - ✓ Up-banding of staff to make Trust more attractive to work for (Band 2 to 3 to be fully actioned).

- **Food and drink, noise and distribution, facilities:**
  - ✓ Band 2 ward assistance role developed to focus on nutritional and hydration needs – recruitment of which is actively in progress.
  - ✓ Utilising ward buddy schemes and hospital volunteers to support the wards where needed.
  - ✓ Business case approved to deliver phased compliance with new national cleaning standards.

Friends and Family Test (FFT) – Patient Feedback

National Quality Priorities						
	Apr 20 – Mar 21*		Apr 21 – Mar 22		Apr 22 – Mar 23	
	SFT	England Average	SFT	England Average	SFT	England Average
Response rate of patients who completed the Friends and Family test for the ward or Emergency Department						
Emergency Department	0.2%	10.8%	0.2%	10.8%	0.5%	Not yet published
Inpatients	5.1%	16.3%	9.1%	18.9%	10.3%	Not yet published
Score of patients who rated the ward or Emergency Department as Good or Very Good						
Emergency Department	100%†	87.5%	87.2%†	77.9%	81%	Not yet published
Inpatients	99.4%	94.8%	98.4%	94.4%	97%	Not yet published

**** Data submission was paused from February 2020 to November 2020 as part of the response to COVID-19***
†Data supressed for some months due to the low number of responses.

Trust statement

Salisbury NHS Foundation Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust. The limited methods by which the FFT feedback is collected continues to be a challenge. Responses are not received from every service. The result is not having a representative and diverse view of all patients' experiences.

In the Autumn of 2022, we were able to secure a provider through our ICS partnerships alongside Great Western Hospital that will aid us in increasing these response rate targets going forward. This collaboration has ensured value for money and provided an opportunity to standardise and compare methods for data analysis and interpretation across the acute Trusts.

Salisbury NHS Foundation Trust intends to, or has taken the following actions to improve the Friends and Family Test – Patient Feedback, and so the quality of its services:

- ✓ Implementation of the new provider, and this will be a phased rollout, beginning with the Emergency Department and followed by outpatient areas.
- ✓ Continue to use the FFT cards in the Inpatient areas and will be pooling these data sets on the new dashboard.

Once the above is fully implemented we will be able to progress the following related objectives:

- ✓ Increase overall response rates to FFT to achieve the targets set under our Improving Together Metrics (>10% of eligible patients in 2022-23 and >15% of eligible patients in 2023-24)
- ✓ Diverse methods for completion (including, online, SMS, over the phone)

- ✓ Increased accessibility and options for inclusivity (sight impairments, languages, and additional demo-graphic options) - this is subject to implementation of the IT solution which will encompass these improvements to our online version of the FFT survey
- ✓ Robust analysis of data for insight and meaningful comparison/benchmarking via a real-time dashboard - this is subject to implementation of the IT solution

Despite the challenges with response rates the Trust is seeing an overall slight increase in response rates. Our aim is to consistently achieve 95% and above of people who rate their experience as 'Very Good' or 'Good', Trust-wide.

Staff Who Would Recommend the Trust to their Friends or Family

National Quality Priorities											
National Staff Survey Results											
Apr 20 – Mar 21				**Apr 21 – Mar 22**				**Apr 22 – Mar 23**			
SFT	**National Average**	**Highest**	**Lowest**	**SFT**	**National Average**	**Highest**	**Lowest**	**SFT**	**National Average**	**Highest**	**Lowest**
The percentage of staff employed by or under contract to the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends											
78.7%	74.3%	91.8%	49.6%	67.6%	67.0%	89.5%	43.5%	55.4%	61.9%	86.4%	39.2%

Trust statement

Salisbury NHS Foundation Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust.

Each year the Trust participates in the National Staff Survey. Since 2021, the questions have been aligned to the People Promise as well as two themes, staff engagement and morale. The People Promise sets out, in the words of our NHS people, the things that would most improve our working experience – like health and wellbeing support, the opportunity to work flexibly, and to feel we all belong, whatever our background or our job.

The response rate to the survey is a key measurement because it indicates an overall level of engagement in staff willingness to express their opinions through a formal survey. The 2022 response rate was 47.8% (1861 people), slightly lower than the previous year of 49%, but above the average rate of 46% for comparable Trusts.

Salisbury NHS Foundation Trust intends to, or has taken the following actions to improve the percentage of staff who would recommend the Trust to their friends or family, and so the quality of its services:

- ✓ Established focussed working groups looking at elements of the People Promise, e.g. A Voice that Counts and Reward and Recognition
- ✓ Increased reward and thank you activity that include SOX award of the Month and the annual staff awards plus staff family fun day, staff end of summer party, regular free ice creams during the summer months and Christmas music festival
- ✓ Introduced heavily reduced staff meal of the day and provided free Christmas Lunch
- ✓ Increased minimum salary
- ✓ Introduced 100 day and 1 year feedback sessions for new joiners

Domain 5 – Treating and Caring for People in a Safe Environment and Protecting them from Avoidable Harm

Patients Admitted to Hospital who were Risk Assessed for Venous Thromboembolism (VTE)

A venous thromboembolism (VTE) is a blood clot which starts in a vein and usually occurs deep inside the body, for instance, in the lower leg.

National Quality Priorities												
VTE Risk Assessment	Apr 20 – Mar 21				Apr 21 – Mar 22				Apr 22 – Mar 23			
	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest
Percentage of patients receiving a VTE risk assessment	96.8% (internal audit)	Reporting suspended due to COVID-19			99.1% (internal audit)	Reporting suspended due to COVID-19			99.8% (internal audit)	Reporting suspended due to COVID-19		

Trust statement

Salisbury NHS Foundation Trust considers that this data is as described, as patient level data regarding this has been collected monthly by the ward pharmacist from the patients' prescription chart. The data is captured electronically and analysed by a senior nurse before it is then overseen by the Trust's Thrombosis Committee.

Salisbury NHS Foundation Trust continues to be an exemplar for the prevention and treatment of VTE (blood clots) and we achieved **99.8%** of patients being assessed for the risk of developing blood clots and **98.7%** receiving appropriate preventative treatment in 2022/23. We continue to monitor our progress and feedback the results to senior doctors and nurses. The VTE service has seen a total of 686 blood clot events in 2022/23, of which 89 (12.9%) were attributed to hospital care. This compares to a national average of 25%. All blood clot events were reviewed, and 92.2% of patients sadly developed their blood clot despite being provided with appropriate treatment (known as thromboprophylaxis).

Salisbury NHS Foundation Trust intends to, or has taken the following actions to improve the percentage of patients admitted to hospital who were risk assessed for VTE, and so the quality of its services:

- ✓ Conduct detailed enquiries of patients who developed blood clots in hospital to ensure we learn and improve.
- ✓ Maintain our VTE prophylaxis protocols in line with the most recent National Institute for Health and Care Excellence (NICE) guidance on VTE prevention, prophylaxis, and treatment.

- ✓ Increase education on VTE prevention across the Trust introducing VTE champions on all in-patient wards to assist in the cascade of information. A case has been submitted for a staffing review with the aim to employ a nurse specifically to assist with VTE prevention education.
- ✓ VTE prevention written information is available on all wards and should be provided to all patients on discharge.
- ✓ A QR code has been added to the new electronic discharge summary to signpost patients to Thrombosis UK website to allow them to find further information.
- ✓ Working with informatics to enable patients to also receive a SMS message following discharge with a link to access directly to obtain further VTE prevention information.
- ✓ An electronic VTE risk assessment has been introduced and is to be completed on admission. This will replace the paper version on the prescription chart and completion will be mandatory. Audit will continue to be performed monthly, but the data will be pulled directly from the system.
- ✓ Planned review of the VTE risk assessment currently being used, with a potential change to the Padua scoring system.

Rate of Clostridium difficile (C.diff) infection

C.diff is a type of bacteria that commonly causes diarrhoea

National Quality Priorities												
Rate per 100,00 bed days of C.diff infection	Apr 20 – Mar 21				Apr 21 – Mar 22				Apr 22 – Mar 23			
	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest
Rate per 100,000 bed days of C.diff infection amongst patients aged 2 or over	24.8	33.1	161.3	0	28.7	34.5	112.4	0	Not yet published	Not yet published	Not yet published	Not yet published

Trust statement

Salisbury NHS Foundation Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust. The data is reported for Hospital Onset C.diff cases only.

Salisbury NHS Foundation Trust intends to, or has taken the following actions to reduce the number of C.diff cases, and so the quality of its services:

- ✓ Reduce the numbers further by reviewing all reportable cases to identify any learning that can be shared within the Hospital. This work will continue over the next 12 months.
- ✓ Continue to identify learning through our internal incident investigation process.
- ✓ Continue to participate in and contribute to regional improvement projects for the reduction and prevention of C.diff.

The number of C.diff cases has been increasing nationally during the last 12 months and this is also the experience at Salisbury NHS Foundation Trust. Although numbers have increased, we continue to perform well and rank 60 out of 138 Trusts reporting data nationally.

Patient Safety Incidents and the Percentage that Resulted in Severe Harm or Death

National Quality Priorities												
	Apr 20 – Mar 21				Apr 21 – Mar 22				Apr 22 – Mar 23			
	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest
Number of patient safety incidents	6655	N/A	37572	3169	7462	14368	49603	3441	Not yet published	Not yet published	Not yet published	Not yet published
Rate of patient safety incidents (per 1,000 bed days)	51.6	N/A	118.7	27.2	49.9	57.5	205.5	23.7	Not yet published	Not yet published	Not yet published	Not yet published
Number of patient safety incidents that resulted in severe harm or death	37	N/A	261	4	37	57.8	216	3	Not yet published	Not yet published	Not yet published	Not yet published
% of patient safety incidents that resulted in severe harm or death	0.6%	N/A	2.8%	0%	0.5%	0.4%	1.7%	0%	Not yet published	Not yet published	Not yet published	Not yet published

Trust statement

Salisbury NHS Foundation Trust considers that this data is as described as it is taken from the national dataset using data provided by the Trust. We have good collaborative working across the organisation, which actively promotes an open and fair culture that encourages the honest and timely reporting of adverse events and near misses to ensure learning and improvement actions are taken. Incident data is regularly uploaded to the National Reporting Learning System (NRLS).

Salisbury NHS Foundation Trust intends to, or has taken the following actions to reduce the number of patient safety incidents and the percentage that resulted in severe harm or death, and so the quality of its services:

- ✓ We continue to educate staff on the positive impact of reporting incidents and near misses.
- ✓ All moderate, major, and catastrophic harm incidents are validated by the Trusts Risk team.
- ✓ All moderate harm and above incidents are discussed at the Trust Patient Safety Summit weekly. This multidisciplinary and collaborative approach to patient safety incidents ensures that early actions can be taken to minimise further harm occurring, serious incidents are recognised

promptly, and duty of candour is initiated with patient and families from the outset of the investigation to ensure inclusion with the process.

✓ There have been no reported Never Events during 2022/23

It is crucial that we learn from every incident and near miss that happens to address concerns and continually learn. The Trust reviews all incidents to take immediate any actions and consider safeguards for patients. Alongside senior clinicians reviewing incidents on a weekly basis, on a quarterly basis we identify learning and more thematic areas for improvement.

In line with national guidance, Serious Incidents (SI's) are reported, and an in-depth investigation completed to identify our learning and any actions. Every investigation is shared with our commissioner for review.

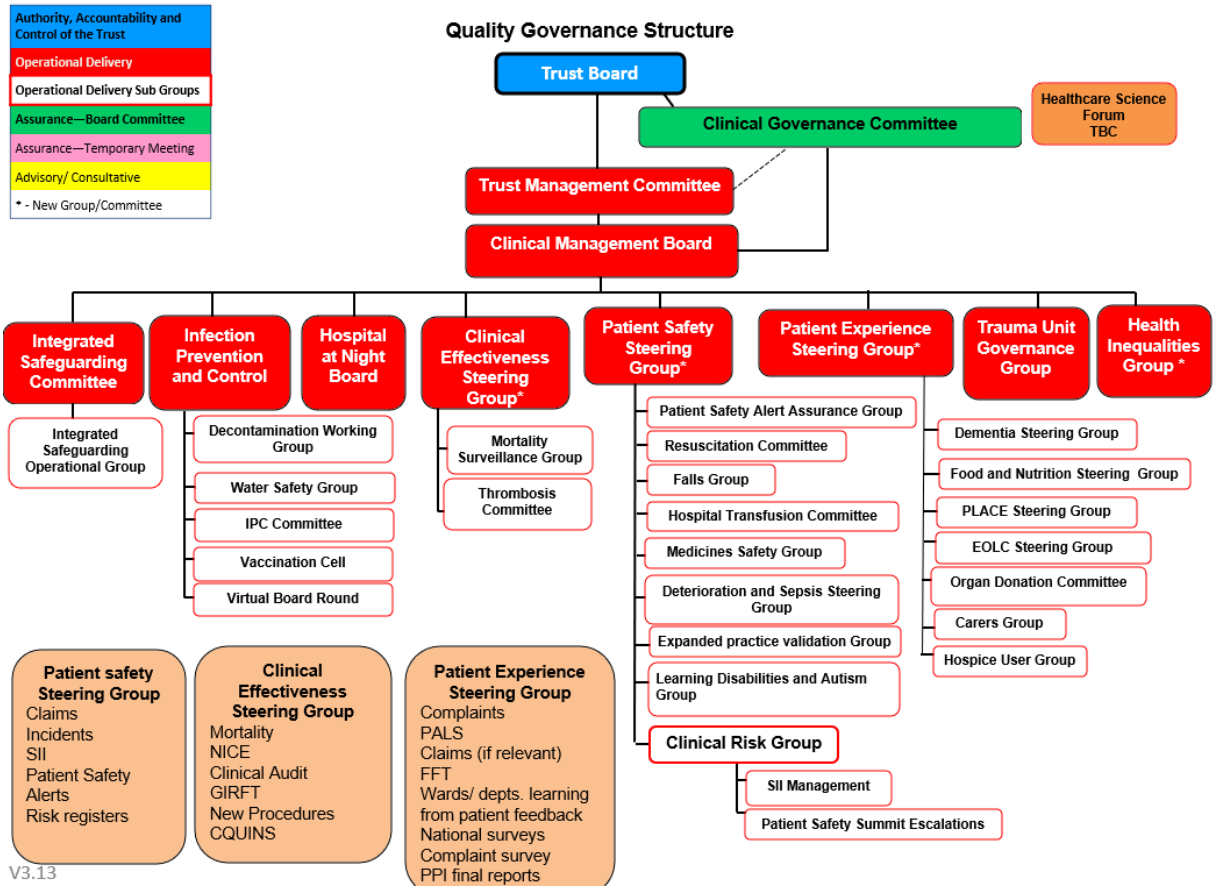
Part 3 - Other/Provider Content

Salisbury NHS Foundation Trust

The quality accounts regulations specify that Part 3 of the quality accounts should be used to present other information relevant to the quality of relevant health services provided or subcontracted by the provider during the reporting period.

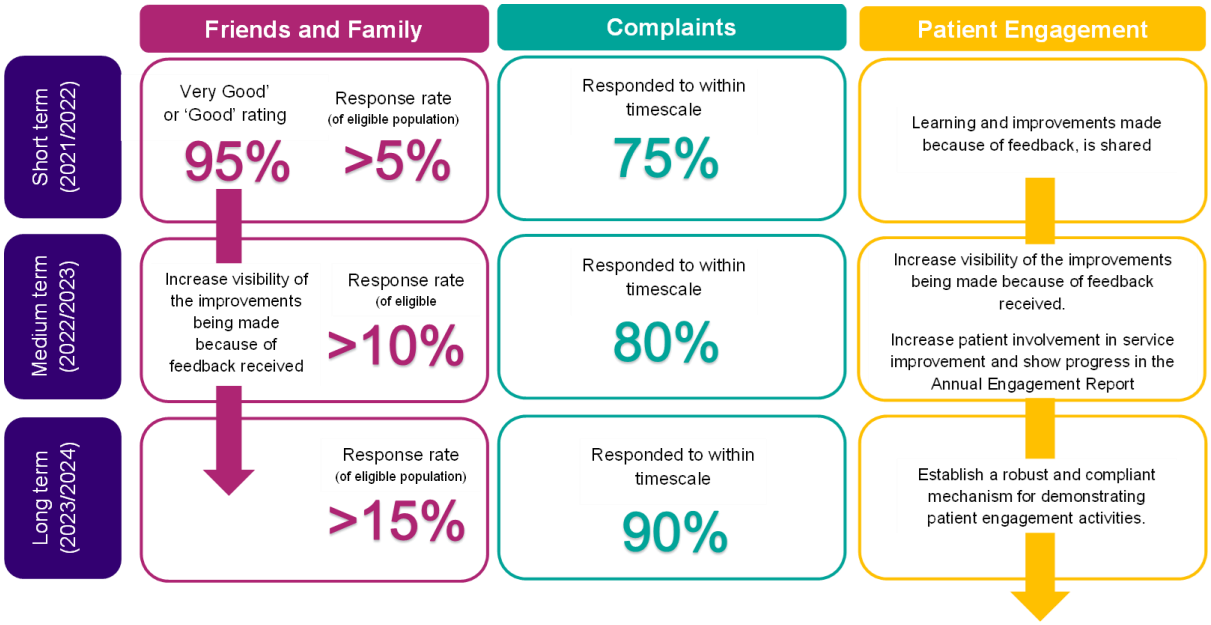
Quality Overview

As we have already established, quality is commonly recognised as having three dimensions: patient safety, clinical effectiveness, and patient experience. At Salisbury NHS Foundation Trust we have three steering groups which each meet monthly, represent each of these arms of quality, and each report upwards to our Quality Board (CMB). It is here that all aspects of quality are scrutinised and discussed. The latest quality governance structure is shown in the diagram below. In this section of the report, we present some highlights of activity across each of these areas of quality, and improvements which have taken place across our four clinical Divisions within 2022/23.



Patient Experience

Overview and Key Priorities (as outlined in part 2A)



Patient Stories

Patient Stories continue to be a highly valued part of our commitment to ensuring the voices of our services users are heard. These continue to be heard at our Trust Board meetings and are now embedding into our departmental and divisional governance groups, along with our Patient Experience Steering Group. We continue to explore different methods and approaches to presenting these stories to ensure maximum impact.

Send a Letter to a Loved One

Since we established the service back in April 2020 over 3,000 messages from families to their loved ones being cared for within the hospital have been received into the dedicated Patient Advice and Liaison Service (PALS) inbox. These messages are printed into cards and delivered to patient bedsides. This initiative has been well received and continues to grow in popularity. We would like to thank our colleagues in the League of Friends for supporting this project and to all the staff who have contributed to the card designs to date.

Patient engagement

This year we have been developing a system to record and develop a pool of service user engagement volunteers. This database will act a point of reference and record for engagement activities and will cover a vast array of opportunities for services users/carers and volunteers to be involved with our hospital. Now that a complaint system has been established we are working through the next phase, exploring opportunities to begin populating this.

Patient led panels

In April 2023 we will be launching our first fully patient-led service improvement panel – working in partnership with service leads. The group has a confirmed attendance of six previous users of our Spinal Services and will be chaired by a patient/ex-service user. This first meeting will seek to establish the groups terms of reference followed by a focused session aimed at sharing lived experiences to help identify the groups next steps.

Complaints Process Review Project – Healthwatch Wiltshire (HWW)

Throughout 2022 the Trust embarked on a co-produced complaints process review project in partnership with Healthwatch Wiltshire (full report accessible here). The learnings taken from this project will be implemented over the coming 12 months and will inform the changes needed for our complaints policy and has been identified as a priority area for Patient Experience. This is a chosen area of priority for Patient Experience (see page, 56 of this report).

Friends and Family Test

Implementation of a new IT solution has had to be delayed this year due to resourcing challenges, however this is now planned for December 2023. We will continue with interim solutions to boost response rates, including trialling the use of QR codes and continued active promotion, particularly within our Emergency Department and outpatient areas. We will also be continuing to utilise social media as way of engaging feedback through #ThankyouThursday and #FeedbackFriday.

Real-time feedback

Real-time feedback was re-launched in February 2023. The newly designed feedback survey has been largely based on the annual inpatient survey areas to develop a more "real-time" picture of the views of our patients. The surveys are undertaken face-to-face and are being scaled up with the support of our volunteers, staff, and Governors.

Working with our communities

The Trust is proud to have achieved its Gold accreditation for veteran awareness from the Armed Forces Covenant for 2022. The Trust has approximately 130 registered Armed Forces Champions and this continues to grow.

In November 2022 we recruited a Learning Disabilities Lead Nurse who is leading out Learning Disability and Autism strategy, working closely with our Treat Me Well Group (established in partnership with Mencap).

We continue to hold our drop-in support and information sessions at our Carer's Café on a weekly basis. This is run by our passionate and experienced volunteers, offering one-to-one support and information for those with unpaid caring responsibilities. On the back of this we are working hard to educate our staff on the important role of carers during their loved one's hospital journey, reaffirming our pledge to the Carers Charter and to John's Campaign.

Listening to our patients in partnership with our Hospital Charity

Stars Appeal funded – Emergency Patient Clothing and TV cards

Stars Appeal provides basic garments and free access to the hospital's TV system. This has enabled those without the means to pay to have some home comforts, such as TV access to pass the time during their stay.

Access to clean or spare clothing enables patients to wear comfortable clothes as opposed to hospital gowns - protecting patients' dignity and improving their confidence. This initiative has also enabled some patients to start practicing putting on clothes by themselves, encouraging independence and aiding recovery.

Stars Appeal funded - Aromatherapist

In November 2022 the Trust appointed an International Federation of Professional Aromatherapists (IFPA) accredited Aromatherapist, funded by our hospital charity. This service is a branch of herbalism aimed to provide alternative therapies to those undergoing chemotherapy. There is also additional capacity to help those with burns or parents of babies in our NICU. This is a 3-year contract and has so far been used to help over 230 patients access alternative medicine.

Clinical Effectiveness

Clinical Audit and NICE

Please refer to sections 2B and Appendix B of the report to see an overview of the audit activity which has taken place across the Trust during 2022/23.

Plans are in place to improve our processes for managing audit and we are planning to adopt a new electronic audit management system in 2023/24 to support these developments. The implementation and roll out of this system has been selected as one of our key quality priorities for next year. An internal review of 'audit' was also undertaken by PwC during 2022/23 and recommendations and actions from this review are being taken forward.

Learning from Deaths

During 2022/23 there has been an increase in the crude number of deaths observed at Salisbury NHS Foundation Trust and we continue to monitor these trends closely. This rising trend is also one which has been observed nationally since the COVID-19 pandemic.

The total number of deaths and the total number of SJRs (including checklists) completed during each quarter of 2022/23 were as follows:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	**TOTAL**
Inpatient Deaths (inclusive of Emergency Department and Hospice)	259	243	254	289	1045
1st Scrutinised by the Medical Examiner	216	195	225	275	911
Additional reviews (SJRs) completed	32	14	115	92	253
SJRs undertaken related to deaths during 2022/23	10	1	68	65	144
SJRs undertaken related to deaths during 2021/22	22	13	47	27	109
Patient deaths judged more likely than not to have been due to problems in the care provided to the patient (Hogan Score)	<5	<5	<5	<5	<5

The Trust's Mortality Surveillance Group (MSG) continue to meet every two months and our mortality data is reviewed at this meeting. A representative from our Partner organisation, Telstra Health U.K. (Dr Foster) is invited to attend to help us interpret and analyse our mortality data and identify any variations in specific disease groups. Where alerts are generated, these are discussed, and a further review of the patient's records may be undertaken.

Most deaths that occur at Salisbury NHS Foundation Trust are reviewed (scrutinised) by the ME shortly after death. An internal review (known as a structured judgement review or SJR) may be requested should there be potential learning identified following the death of a patient. This could be identified through a review of the medical records or following consultation with the relatives or carers of the bereaved. In addition to cases flagged up by the ME, reviews may be commissioned or undertaken by clinical specialties through peer learning and/or at Mortality and Morbidity (M&M) meetings.

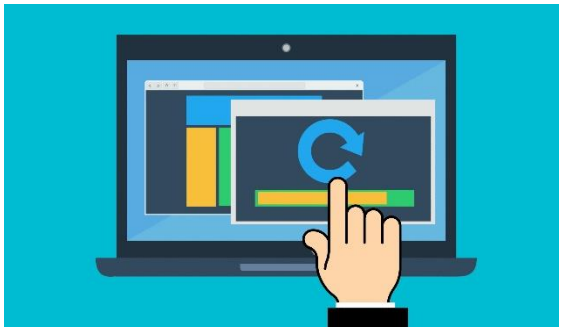
During 2022/23 we commissioned reviews looking at specific diagnosis groups where alerts had been raised through statistical modelling. This included undertaking a review of all COVID-19 deaths up to and including November 2022, and a review of specific clinical diagnosis groups which include COPD and Bronchiectasis, Pneumonia, and Acute Renal Failure. Patient deaths judged more likely than not to have been due to problems in the care provided to the patient.

Several changes have been made in 2022/23 to improve how we are learning from deaths and responding to feedback. A Trust Mortality Lead and a learning disability nurse were both newly appointed and have been supporting our learning from deaths programme. A particular focus has been on supporting clinical specialties to undertake reviews, whilst ensuring that there is a wider pool of professionals who are able to undertake these reviews across the Trust as a whole. A new abbreviated version of the SJR (a checklist) is being piloted to help increase the uptake of reviews whilst ensuring that there is a greater focus on any learning and actions.

Other Developments

A new electronic system to manage mortality reviews and learning from deaths will be adopted in 2023/24. The procurement of this will closely mirror that of clinical audit, as the same system will be used to manage both processes using two separate modules. One of the benefits will be to increase the visibility of data and enable real-time reporting and sharing of learning. Reducing the administrative burden will also ensure that more resources can be channelled into learning and the delivery of actions.

In addition, during 2022/23 we started to develop an in-house mortality dashboard (using the Power-Bi capabilities which have been adopted by our informatics team). We hope to go-live with this in 2023/24, and the data should provide the Trust with new insights in relation to our mortality data. This tool will also support clinical specialties with reviewing their mortality data and this will be another tool for sharing learning across the organisation. In addition, members of our informatics and mortality teams have been undergoing structured training, provided by our external partners (Telstra Health U.K), to further improve our understanding of the local and national mortality data which is accessible to staff members using the Dr Foster toolkit.



Medical Examiner (ME) Update

Preparations for the community ME roll-out have been ongoing, with several GPs having been newly appointed to the role of ME during 2022/23.

Summary:

- ✓ **The Trust's Mortality Surveillance Group (MSG) continues to meet every two months**
- ✓ **Several commissioned reviews were undertaken during 2022/23 and learning was shared and discussed at the Trust Mortality Surveillance Group (MSG)**
- ✓ **A new electronic system for managing mortality reviews and learning from deaths will be adopted in 2023/24**
- ✓ **A mortality dashboard is being newly developed using new Power-Bi software to provide new data insights**
- ✓ **Structured training has been provided to staff to improve our understanding of local and national mortality data**
- ✓ **New staff were appointed during 2022/23 and will help support the Trust's learning from deaths programme**

Getting It Right First Time (GIRFT)

Getting It Right First Time (GIRFT) is a national programme designed to improve the treatment and care of patients. The programme undertakes clinically led reviews of specialties, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.

Although GIRFT activity was reduced during the pandemic activity picked up this year. A BSW GIRFT working group has been set up with help from the national team to provide oversight across the ICS and identify common working. There is significant understaffing in the regional offices and the teams are currently prioritising the High Volume Low Complexity (HVLC) programme workstreams.

In the year 2022/23, GIRFT visits occurred in Adult Critical Care, Geriatrics, Neurology, Acute Medicine, Cardiology, Orthopaedic Adult Trauma and via a BSW system visit.

HVLC Programme

System response is being coordinated with current data collated from comparison and shared. Focus themes such as Day Case activity rates have improved across the system to average 75% (from 73%), with Salisbury NHS Foundation Trust best performing at 80% against a benchmark 82%. Theatre utilisation in terms of inter-case downtime has also improved to 16 minutes average (from 20 minutes) to support maximised utilisation of operating sessions. Focus areas of improvement for Salisbury NHS Foundation Trust aligned to elective recovery are Length of Stay for Orthopaedics (Primary Hip/Knee and Neck of Femur Fractures), ENT emergency admissions without procedure and Day Case Tonsillectomy rates. A Salisbury NHS Foundation Trust Gap Analysis pack of HVLC operating performance against benchmarks is being finalised to inform potential of dedicated lists considering consultant, location, and constraints. This will be shared with specialties to drive best practice and improve overall performance aligned with national targets.

Summary of GIRFT Activity:

Adult Critical Care	**This visit highlighted an exemplary service:** • There was acknowledgement since the Novichock episode of the significant change, improvement, and visibility of leadership. • Length of stay was greater than average - this appears to be related to getting patients back out to the wards in a timely manner. • There should be an increase in dedicated OT, SLT and critical care pharmacist provision.
Geriatrics	**This was a useful visit highlighting many national issues around frailty, length of stay and training:** • High praise was given to the 30-day readmission data and of the advanced care planning allowing patients to die in their own homes. Salisbury NHS Foundation Trust had the lowest number of admissions in the last 90 days of life nationally. • To increase the staff trained in health/frailty core capabilities framework training particularly in general medicine beds. • Lack of access of community hospital and the difficult geography of these beds and in the impact to rehabilitation and length of stay. • Work around reducing deconditioning. • Low number of 0-day LOC to be addressed by SDEC and acute frailty service plans. • Staffing and workforce is a major challenge although sickness is less than the national average.
Acute Medicine	**This visit highlighted several areas of potential improvement:** • To increase the medical workforce in AMU to aim for long term 7 day working. • To increase the size of SDEC to match the demand of ambulatory care. • To stop bedding in of patients in these assessment beds and to increase the size of AMU to the number of daily medical admissions plus 10%. To increase % of zero LOS patients to NHSE recommendations of 33% from current levels 20-27%. • To improve the coding using treatment function code to identify specialty medical work occurring by the acute medical teams. • The team highlighted the excellent VTE and PE pathways.
Neurology	**This service is provided by University Hospital Southampton NHS Foundation Trust (UHS) and recommendations included:** • Acute neurology clinic with referrals from ED and AMU. • To provide an electronic referral mechanism which can be auditable with advice 7 days a week even if some remote via UHS. • Patients in Wiltshire have limited access to outpatient due to capacity, to develop specialist nurse roles for epilepsy and provide further support for Patients with MS and Parkinson's with onsite specialist nurse visits. • To increase the Advice and Guidance from UHS to reduce referrals. • To increase patient initiated follow up and review strategies for reducing DNA.
Cardiology	**This service appears cohesive and very well led, recommendations included** • Review the utilisation of cardiology bed base to ensure patients are accommodated appropriately. • To pursue plans to increase the cardiology consultant workforce. • To look at the outpatient referral triage system which is currently inflexible and outdated. • To review the OPD provision to ensure it meets capacity to include PIFU. • To expand the CTCA service to reduce waiting lists and to ensure second cath. lab is fully utilised.

Patient Safety

Electronic Prescribing and Medicines Administration (EPMA)

In their simplest form, EPMA systems allow doctors to prescribe, nurses to administer medications, pharmacists to clinically review and reconcile medications and pharmacy technicians to input drug histories and order medications. Other members of the multi-disciplinary team (MDT) may also have access to carry out duties within their professional competency.

At the Trust, EPMA is delivered through the Lorenzo platform that is already in use across the Trust providing Electronic Patient Record (EPR) and Patient Administration System (PAS) functionality, supporting daily patient care. The Lorenzo system has been in use across the Trust since 2016, so it is a platform that staff will already be familiar with, reducing the training burden. Further, support functions are well versed in the management and development of the system, making the development easier to deploy.

Approximately 30% of negative drug effects are a consequence of a medication management error. Deploying EPMA enables the realisation of many benefits that can help reduce medication errors, such as:

- ✓ **having a full patient medication history, decision support and online resources available to aid prescribing, with allergies and interactions highlighted;**
- ✓ **eliminating illegibility issues and the need for transcription;**
- ✓ **improving the quality of discharge information;**
- ✓ **providing transparency in the prescribing process;**
- ✓ **making it easier to adhere to safety standards;**
- ✓ **enabling robust audit information on medicines usage.**

There are also further benefits that can be used to leverage efficiency savings, such as:

- ✓ **medication records being stored electronically, accessible remotely and available 24/7, so time no longer wasted searching for paper chart;**
- ✓ **reducing the overall time taken to prescribe, check, supply and administer medicines;**
- ✓ **enhancing patient care as time saved gives clinicians more time to spend with patients.**

This year we have been successful in recruiting the remainder of the team to deliver EPMA. We have configured Lorenzo and established a drug formulary within the application. Testing of the system was undertaken, and training materials developed. Training materials were released into LEARN (the Trust's Managed Learning Environment, or MLE) with staff assigned to these as appropriate. Staff smartcard roles were reviewed, and additional roles created. Staff smartcard testing was undertaken, with staff assigned to new roles as appropriate and Lorenzo access was configured for all. Wards and areas were engaged with and briefed ahead of their planned deployment dates. Staff undertook training as part of their lead-in to go-live engagement plans and the fallback solution was deployed, to support areas in the event of a system outage.

The deployment team were readied and a roll out plan was produced and communicated. The system was piloted in two steps, firstly on Longford ward closely followed by Odstock ward. The pilots proved to be successful, and the deployment commenced across the Trust.

To date the roll out has gone well but there have been challenges, as expected, due to running a hybrid system during the roll out. This situation will improve as we deploy to the front door areas, such as the Acute Medical Unit and Emergency Department, scheduled to be completed early April 2023.

To date we have deployed to 67% of the Trusts total inpatient beds. EPMA is in use supporting the treatment of patients in 348 beds (97% of total Medicine beds, 15% of Surgical and 60% of Clinical Support and Family Services (CSFS). Roll out to the remaining adult inpatients wards/areas is planned to complete in May 2023, with Paediatric areas in the summer. Alongside this development, the Pharmacy system is being upgraded to enable the deployment of an interface to Lorenzo, facilitating the direct ordering of TTO medications. This is expected to be complete at the end of Spring.

Safeguarding Adults (Mental Capacity Act and Deprivation of Liberty Safeguards, Domestic Abuse and Learning Disabilities)

Safeguarding Adults is about **protecting a person's right to live in safety, free from abuse and neglect.** According to the Care Act 2014 the aims of safeguarding adults are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives "Making Safeguarding Personal";
- promote an outcomes approach to safeguarding that works for people resulting in the best experience possible;
- raise public awareness so that professionals, other staff, and communities as a whole play their part in preventing, identifying, and responding to abuse and neglect.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), Domestic Abuse and Learning Disabilities (LD) also sit under the umbrella of *Adult Safeguarding.*

What have we done to improve adult safeguarding in 2022/23?

✓ We have continued to provide Adult Safeguarding, MCA & DoLS and Domestic Abuse training, advice, and support across the Trust.

✓ Continued developing the Safeguarding Champions.

✓ We provided bespoke training to wards, departments, and teams.

✓ Band 7 Adult Specialist Safeguarding Professional commenced within the team in May 2022.

✓ Band 7 Learning Disability and Autism Liaison Nurse joined the team in November 2022.

✓ The Learning Disability and Autism Liaison Nurse has developed a workplan with the Treat Me Well group.

- ✓ The Liberty Protection Safeguards (LPS) introduction has been delayed beyond April 2023, but we have continued to meet within the local health and social care arena.
- ✓ We successfully submitted a business case to fund a new MCA, DoLS and LPS Lead.
- ✓ This post holder will lead the current MCA & DoLS provision and lead the LPS introduction within the Trust.
- ✓ We recruited into the MCA, DoLS & LPS Lead post in March 2023.
- ✓ We submitted the 2021/22 NHSE/I Learning Disability Standards for Acute Trusts in February 2023.
- ✓ We introduced Adult Safeguarding Supervision within the Trust.
- ✓ We continue to support the divisions in investigating and learning from any Safeguarding concerns within the Trust.
- ✓ We now attend the Wiltshire Multi-Agency Risk Assessment Case Conference weekly.

Safeguarding Children

Salisbury NHS Foundation Trust is committed to safeguarding children and promoting the welfare of children and young people. In accordance with the Children's Act 2004 all individuals who work in health organisations must be trained and competent to recognise when a child or young person may need safeguards put in place and know what to do in response to their concerns. Section 11 of the Children's Act places a statutory duty on NHS organisations including NHS England, ICB's NHS Trusts and NHS Foundation Trusts to ensure that their functions and any services that they contract out to others are discharged having regard to the need to safeguard and promote the welfare of the child.

Safeguarding children and promoting welfare of children is defined in 'Working Together to Safeguard Children and Young People' (HM Government 2018) as:

- protecting children from maltreatment;
- preventing impairment of children's mental and physical health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.

What have we done to improve safeguarding children in 2022/23?

- ✓ Continuing to establish 'We can Talk Training' across the organisation. We Can Talk has been produced by Healthy Teen Minds in conjunction with hospital staff, young people, and mental health experts to improve the experience of children and young people attending Salisbury NHS Foundation Trust who are in a mental health crisis.

- ✓ Three Safeguarding Children's Audits were completed in 2022/23: A Staff awareness of safeguarding children audit, a Maternity Domestic Abuse audit, and a Multi-Agency Safeguarding Hub Referral audit. All audits were disseminated, and action plans were implemented where improvements were identified.

- ✓ Level 3 Safeguarding Children's training has continued to be face-to-face and there were 10 sessions facilitated in 2022/23.

- ✓ The Children's and Adult's Safeguarding Supervision Policy was updated in 2022/23 as Salisbury NHS Foundation Trust regards safeguarding supervision an important and essential requirement of all staff engaged in clinical activities. It is an essential element within the governance framework; supervision plays a significant role in ensuring the continuous improvement in the delivery of high-quality care to patients and service users.

- ✓ Four registered Practitioners successfully completed the Safeguarding Supervision Training which will have an impact on the supervision figures. It is important there are Safeguarding Supervisors to facilitate Safeguarding supervision as it is important for staff working with children to remain child-focused to improve the outcomes for children.

- ✓ A new Restrictive Physical Intervention and Therapeutic Holding Policy in Children and Young People was developed. This was to ensure that Salisbury NHS Foundation Trust had a safe policy that protects and safeguards the welfare of children and young people and supports the ethos of caring and respect for children's rights.

Our Workforce

People Promise

Salisbury NHS Foundation Trust is one of the 21 People Promise Exemplar sites, sponsored by NHSE. The NHS People Promise is our promise to each other to work together to improve the experience of working in the NHS for everyone (NHS England » Our NHS People Promise). In 2022/2023 we incorporated the seven elements of the People Promise into our Salisbury NHS Foundation Trust Long Term People Plan. We developed and implemented a range of interventions that support the wellbeing and positive experiences of our staff. There is still further progress to be made and in 2023/2024 we will focus on the following areas and interventions.

Staff Availability

Our breakthrough objective related to staff availability is designed to ensure we meet safe staffing levels without having to resort to a high level of agency use. By April 2024 we aim to reduce agency spend to our 3.7% target. To support this objective the following People Promise interventions are planned.

- ✓ **We are compassionate and inclusive:** We will implement an improved set of recruitment practices to fill our vacancies appropriately and efficiently.
- ✓ **We each have a voice that counts:** Civility saves lives. There has been a proven correlation between positive civility and respect within an organisation leading to improved patient care. We will create a civility and respect compact, piloting and testing it in one or two areas prior to rolling-out Trust-wide with an ambition to support through champions and ambassadors.
- ✓ **We are safe and healthy:** We will actively manage absences, paying positive, proactive attention to our staff wellbeing and reduce vacancy rates. We will work towards achieving accreditation for our Occupational Health Service.
- ✓ **We are always learning:** We will increase our apprenticeship offer and trial new roles to encourage staff to grow their careers at the Trust.
- ✓ **We work flexibly:** We will support departments to use team-based rostering to give individuals greater control over when they work. We will encourage the uptake of the homeworking support fund to enable effective home and hybrid working. We will scope the use of digital passports to ease the movement of staff and trainees joining our organisation.
- ✓ **We are a team:** We will provide people management skills training in place for ward leaders to give them the skills and information they need to deal with absence, sickness and other issues appropriately and in a timely way.

Staff Engagement

Our vision metric in our long-term plan related to staff engagement is designed to create an engaged and motivated workforce. We aspire for people to recommend Salisbury NHS Foundation Trust both as a place to work and somewhere to receive care. We want them to feel they are supported to make improvements in the care and the services they provide. By April 2027 we aspire to return to the upper quartile for NHS acute providers in the NHS Staff Survey in relation to motivation and engagement. To support this vision metric the following People Promise interventions are planned.

- ✓ **We are compassionate and inclusive:** We will continue to develop and roll out our leadership and coaching training offers. We will continue to refine and roll out our leadership framework and to support Improving Together. We will develop policies and practices to support the implementation of a Restorative Just and Learning Culture.

- ✓ **We are recognised and rewarded:** We will develop a recognition framework and continue to promote celebration activities and events. We will celebrate the successes of our people through the staff awards, SOX and recognition events. We will continue to develop and share our pension and retire and return offers.

  We each have a voice that counts: We will introduce a Staff Council, explore promotion of professional networks and continue our feedback and listening events. We co-create these with an engagement working group. We will develop processes and practices that foster speaking up and enabling psychological safety for our people.

- ✓ **We are safe and healthy:** We will continue to offer tailored wellbeing interventions. We will continue to improve our health and wellbeing data collection to ensure our offer meets our people's needs. We will continue to grow and develop both our Mental Health First Aiders and our Wellbeing Champions network.

- ✓ **We are always learning:** We will refresh our appraisal process including linking appraisals to career and wellbeing conversations. We will create a calendar of learning opportunities for our people to access.

- ✓ **We work flexibly:** We will create a communications plan to encourage an equitable and open approach to flexible working in all areas of the Trust. We will begin to develop and gather some evidence to better describe the cost benefits and impact of flexible working on staff engagement and motivation.

- ✓ **We are a team:** We will review our induction processes including for international medical graduates and create a package of interventions that aims to improve the first 90-day experience of staff joining the Trust to encourage a sense of belonging and make people feel welcome from day one.

Staff Turnover

Our vision metric in our long-term plan related to turnover and retention is designed to encourage people to stay within our workforce and take up opportunities of promotion or changes in role. We aspire to reduce turnover where people leave the Trust or the NHS and increase retention of people who continue their careers with us, moving to new jobs within the Trust or within BSW. By April 2027 we aspire to regularly maintain turnover in line with the Trust target of 10% and an increasing stability index. To support this vision metric the following People Promise interventions are planned.

- ✓ **We are compassionate and inclusive:** We aim to improve the feeling of belonging for our people including offering cultural awareness workshops and by creating an advocates programme.
- ✓ **We are recognised and rewarded:** We aim to continue to increase our retire and return offer, keeping our people in the Trust for longer. We will engage with the BSW legacy mentor offer to ensure that expertise is not lost and that our new people benefit from the experience of others.
- ✓ **We each have a voice that counts:** We will continue to further develop our Freedom to Speak Up offer to continually improve experiences and outcomes for our people. We will launch a new policy and actively promote our Freedom to Speak Up training.
- ✓ **We are safe and healthy:** We will improve our exit interview and data collection on leavers so that we can begin to address any common themes. We will revamp our staff rooms so that our people have improved environments in which to rest and relax. We will continue so support the psychological wellbeing of our people.
- ✓ **We are always learning:** We will improve access to career conversations for our people and better direction to talent management opportunities and career pathways to encourage them to seek career progression with the Trust rather than leaving.
- ✓ **We work flexibly:** We will train managers to embrace and fully understand flexible working with a view to increasing the uptake of flexible working opportunities leading to more positive work/life balance for our people.
- ✓ **We are a team:** We will collaborate with our teams to develop conflict resolution skills and to access manager training that gives them the skills to better manage their teams so that people are more likely to stay.

An inclusive employer

Our vision metric in our long-term plan related to inclusion is designed to create an environment where our people recognise and experience the Trust as an inclusive employer. We aspire for a more positive trend against all of the seven Workforce Disability Equality Standards (WDES) and four Workforce Race Equality Standards (WRES) indicators in the staff survey. By April 2027 we aspire to achieve the median for our benchmark group across the workforce standards at Salisbury NHS Foundation Trust. To support this vision metric the following People Promise interventions are planned.

- ✓ **We are compassionate and inclusive:** As well as improving our own in-house Equality, Diversity and Inclusion offers we will be working towards the six high impact actions related to recruitment and promotion. This will help us to recruit a range of different people to join the Trust and to ensure there are equitable career opportunities for all. We will adopt and adapt the SW leading for inclusion strategy which includes a commitment for all leaders to demonstrate a personal objective in support of equality.
- ✓ **We each have a voice that counts:** We will continue to expand our networks and to encourage a range of meetings and events to support our people.
- ✓ **We are safe and healthy:** We will continue to develop our BAME wellbeing offer and to ensure that we are more closely meeting the wellbeing needs of that group.
- ✓ **We are always learning:** We will roll out our Equality, Diversity and Inclusion training across the Trust.
- ✓ **We are a team:** We will set up and deliver cascade briefings that help all of our people to feel informed. We will continue our listening events to ensure our people continue to feel listened to and collaborate on the development of our Trust-wide civility charter.

Highlights from our Clinical Divisions

Medicine Division

Key achievements

Improving together progress: improved driver metrics, meetings, speciality score cards

- ✓ Firm control on finance and vacancies
- ✓ Dedicated governance resource and time
- ✓ Regular DMTs and face-to-face meetings
- ✓ learning from incidents meetings and agenda

Key challenges/objectives and how the Division intends to overcome/achieve these

Improvements made last year (2022/23)

- ✓ Staff survey response and actions
- ✓ Celebrating success and sharing of learning
- ✓ Wider divisional communication

Objectives/plans for next year (2023/24)

- ✓ Managing staff availabilities
- ✓ Falls reduction work
- ✓ Development and succession planning
- ✓ Right patient right place right time
- ✓ Same day emergency care

Other Quality Improvement successes

- ✓ Significant reduction in complaints
- ✓ Structure and clear focus within governance
- ✓ Improving Together engagement

Surgery Division

Key achievements

- ✓ First Trust in the South West to reach national long wait target
- ✓ Contributed to the Armed Forces covenant Gold Award 2022 working with the Plastic Surgery Team
- ✓ Introduction of TULA, trans-urethral laser ablation for the removal of bladder tumours under local anaesthetic in Urology Outpatients

Key challenges/objectives and how the Division intends to overcome/achieve these

Improvements made last year (2022/23)

- ✓ Increase in theatre capacity up to 13 theatres
- ✓ Collaborative working with BSW and clinical networks across various regions
- ✓ Launch of Trust-wide electronic platform for access to urgent and routine advice and guidance for Primary Care

Objectives/plans for next year (2023/24)

- ✓ Recovery programme to further reduce number of patients waiting
- ✓ Focus on Recruitment of staff into division
- ✓ Staff Survey and Wellbeing action plan to deliver NHS People Promise

Other Quality Improvement successes

- ✓ Building commenced on the new elective recovery ward which will help increase our capacity to deliver elective surgery
- ✓ Modernised our technology across all Endoscopy rooms and this includes the addition of a 4th room
- ✓ Achievement of JAG (Joint Advisory on GI Endoscopy) accreditation and recruitment of Gastroenterologists Consultants

Women and Newborn Division

Key achievements

- ✓ GMC survey demonstrated that overall satisfaction had increased from 63 to 83%, and teamwork improved from 71% to 85%
- ✓ Recruitment of a new digital midwife to support clinical and IT teams with implementing a maternity digital platform
- ✓ We celebrated the 100th anniversary of the Beatrice Maternity Unit

Key challenges/objectives and how the Division intends to overcome/achieve these

Improvements made last year (2022/23)

- ✓ Neonatal escalation pathway developed following learning from a serious investigation, enabling staff and families to feel able to escalate concerns when they arise
- ✓ Successful oversees recruitment of new midwives
- ✓ Flexible rostering introduced

Objectives/plans for next year (2023/24)

- ✓ A new behaviour framework for maternity has been developed and will be launched in 2023/24
- ✓ Daily IT huddles in gynaecology are being established
- ✓ Development works planned for the MVA (managing miscarriage for women under LA) suite in the Summer of 2023 (Stars Appeal funded)

Other Quality Improvement successes

- ✓ Coaching for six new leaders in maternity
- ✓ Allied Health Professional ward rounds on the neonatal unit (NNU) from April ’23 and weekly music sessions on the ward (Stars appeal funded)
- ✓ Several new members of staff including a new matron in gynaecology
- ✓ Wellbeing menopause event for staff

Clinical Support & Family Services (CSFS) Division

Key achievements

- ✓ Care of CAMHS patients on Sarum Ward – recognised at staff awards
- ✓ Robust governance with well-established staff engagement and shared learning
- ✓ Staff Survey engagement

Key challenges/objectives and how the Division intend to overcome/achieve these

Improvements made last year (2022/23)

- ✓ Senior Leadership Team meetings with standard agenda and escalation process
- ✓ Positive approach to Improving Together methodology
- ✓ BSW collaborative work

Objectives/plans for next year (2023/24)

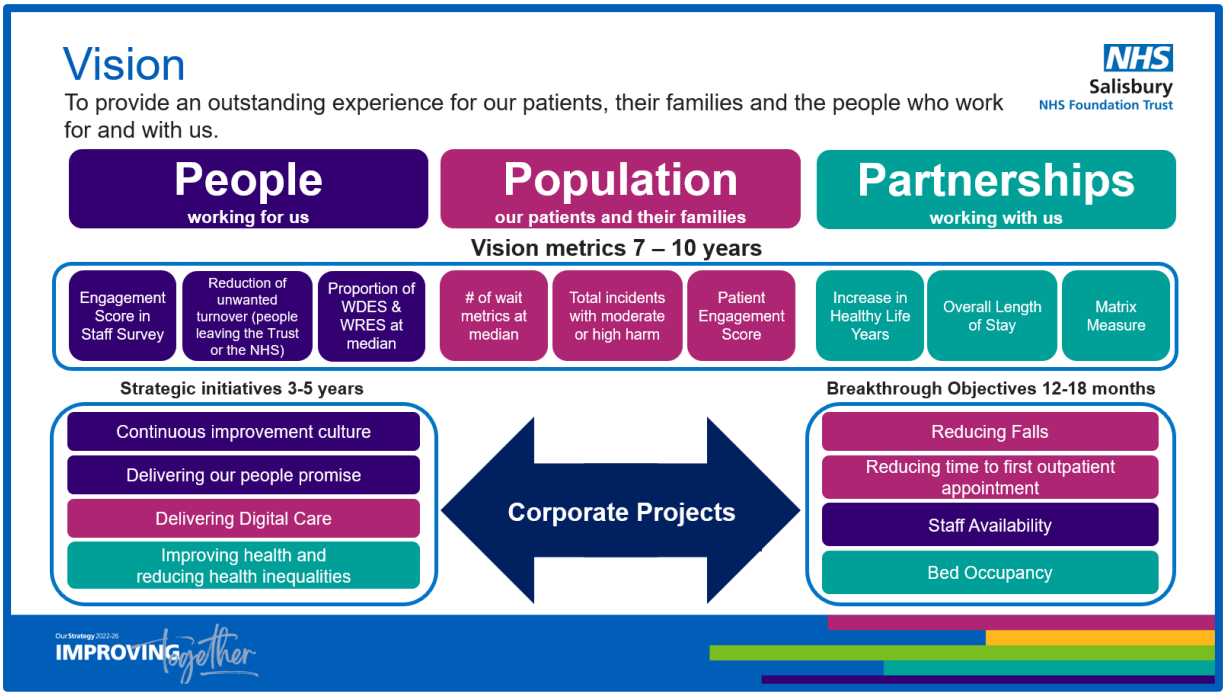
- ✓ Leader standard work across Division
- ✓ Integrating and embedding Improving Together across all services
- ✓ Consolidate and refresh staff survey response

Other Quality Improvement successes

- ✓ Ward buddies
- ✓ Take 5 campaign for staff wellbeing
- ✓ Celebrate success across Division to include Envelopes of Appreciation

Appendix A – Strategic Planning Framework

This framework sets out our areas of focus to achieve our vision and strategy. Please refer to section 2A of the report for further information and context.



Appendix B – Audit Examples and Actions

Examples of National Clinical Audits that were presented to the Clinical Effectiveness Steering Group (CESG) in 2022 / 23	
Audit Title	**Outcome / Actions to improve quality of healthcare**
Cleft Registry and Audit Network (CRANE) 2022 (Data 2021) Published in December 2021 Presented to CESG in June 2022	CRANE produce 2 annual audit reports, a full report for clinicians and cleft centres and a summary of findings for patients and parents/carers. From 2021 the piloting of a new outlier process for CRANE is in use demonstrating where cleft services fall above and below the control ranges. Spires Cleft Centre is above the national average for all measures with 2 positive outliers. Further areas for improvement include consent, clinic attendance and lack of paediatric dentist. **Actions to improve the quality of healthcare** 1. Improve collection of speech outcomes at 5-year audit. 2. Keep up momentum to further improve data collection and recording of data. 3. Ensure verified consent is captured to allow for more complete records to be available on the CRANE database. 4. Look at options for paediatric dentist requirement.
Epilepsy12 Clinical and Organisational Audit report Published in July 2021 Presented to CESG in April 2022	Epilepsy12 aims to help epilepsy services and those who commission services to measure and improve quality of care for children with epilepsy. Metrics include NICE standards, mental health, educational and transition metrics. Some positive results include children obtaining an EEG within 4 weeks of request, improvement in comprehensive epilepsy individualised plan and improved care planning content. Clinical staff with epilepsy expertise, psychology provision and transition are areas to work on. **Actions to improve the quality of healthcare** 1. Approval of Epilepsy business case to include psychology support, increase epilepsy specialist nurse and epilepsy consultant. 2. Start claiming epilepsy best practice tariff., dependent on above. 3. Maintain first afebrile seizure approach from EQIP project 4. Coproduce transition project/ improvement
National Bowel Cancer Audit 2021 (data 2019-2020) Published in February 2022 Presented to CESG in November 2022	The annual report includes all patients diagnosed with bowel cancer between 01 April 2019 and 31 March 2020. Historically there have been issues with our data coming from the Somerset database. The data currently suggests that Salisbury continues to perform above average in this audit.

Examples of National Clinical Audits that were presented to the Clinical Effectiveness Steering Group (CESG) in 2022 / 23	
Audit Title	**Outcome / Actions to improve quality of healthcare**
National Diabetes Inpatient Safety Audit (data 2018-2021) Published in July 2022 Presented to CESG in October 2022	The aim of this audit is to understand how diabetes services for adult inpatients are performing & developing and monitor preventable HARMs occurring to inpatients with diabetes whilst in hospital. The Trust is performing well, in line with other diabetes inpatient services, HARMS are in line with national reporting. Consideration needs to be given to plan for 7 day a week cover and diabetes education. **Actions to improve the quality of healthcare** 1. Discuss the need to start planning a weekend service with Divisional Management Team / Trust Executives. 2. Develop a "Diabetes Safety Board" to report all aspects of diabetes care and associated error.
National Hip Fracture Database 2022 (data April 21 - March 22) Published in September 2022 Presented to CESG in November 2022	This audit enables the Trust to benchmark its care against other services nationally. The Trust performed well in the main key performance indicators and has had consistent performance over several years. Areas for improvements are prioritising hip fracture patients on the Theatre trauma list and decreasing the length of stay. **Actions to improve the quality of healthcare** 1. Prioritise hip fracture patients on Trauma list. 2. Agree an escalation plan when breeches to BPT times are likely. 3. Create a Trauma co-ordinating role. 4. Arrange regular joint clinical governance sessions.
National Neonatal Audit Programme (NNAP) 2022 (data 2020 - 21) Published in March 2022 Presented to CESG in July 2022	The audit has 7 key national targets which are benchmarked with other neonatal units. This year, the unit has introduced the PERIPrem care bundle. The main areas for improvement are around keeping the infant within temperature range and maintaining follow-up at 2 years. **Actions to improve the quality of healthcare** 1. Only use trans warmers at deliveries when required. 2. Introduce PERIPrem care bundle to standardise the approach for infants < 34 weeks. 3. Neonatal nurse to attend 2-year follow-up clinics with medical staff to ensure data is up-to-date and correct.
National Paediatric Diabetes Audit 2022 (data 2020-21) Published in April 2022 Presented in August 2022	This is an annual audit of all paediatric diabetes units. There is close to a 100% submission rate across the country. This audit demonstrated that the paediatric diabetes unit maintained its quality of service and outcomes throughout lockdown. Further work is needed around staffing, nutrition and education and psychology. **Actions to improve the quality of healthcare** 1. Review of nutrition and exercise education programme (after diagnosis). 2. Personal invite (at clinic) to dietetic annual review 3. Team away day to look at options for decreasing HbA1c sugar levels. 4. Develop programme for psychology group work. 5. Band 4 family support role to free up Band 7 time for service development and QI work.

Examples of National Clinical Audits that were presented to the Clinical Effectiveness Steering Group (CESG) in 2022 / 23	
Audit Title	**Outcome / Actions to improve quality of healthcare**
Sentinel Stroke National Audit Programme 2021 (data 2020-21) Published In December 2021 Presented to CESG in April 2022	The aim of the SSNAP audit is to improve the quality of stroke care by auditing stroke services against evidence-based standards, including National trends. There is evidence of the pandemic having an impact on stroke care services. **Actions to improve the quality of healthcare** 1. Peri- and post- pandemic plan to resume stroke services and restore back to a pre-pandemic state. 2. Recruit to stroke consultant post. 3. Advanced Nurse Practitioner business case to be reviewed.
Society of Acute Medicine Benchmarking Audit (SAMBA) (data: 2022) Published October 2022 Presented to CESG in January 2023	The purpose of this audit is to benchmark Acute Medical Unit activity against national standards. Key successes include above average performance in time to first clinician review and above average times to consultant review “in hours” 6 hours and “out of hours” 14 hours. **Actions to improve the quality of healthcare** 3. Utilise SAMBA data in driver of current business case for AMU expansion to reflect Trust development of SDEC and increased patient numbers and workload.

Examples of Local Clinical Audits

Audit Title	Comments and actions to improve quality of healthcare
Application of the Mental Health Act (MHA) - Sections 2, 3, 4, 5(2) and 17 (data 01.07.21 to 30.06.22)	This audit was undertaken to check compliance with the Trusts' Administration of the MHA Guidance and processes when a patient is detained under a section of the MHA (1983). The results of the audit showed 100% evidence of a documented MHA assessment and 94.7% compliance with the Site Team receiving the section papers within the required timescales. Areas for improvement include ensuring the patient is given the MHA rights and information leaflet and that, if the patient did not understand the process, this was revisited and explained. This will be re-audited once all improvement actions have been completed and enough time has lapsed to allow sufficient pool of data for audit.
Audit of patients with Trifecta aortic valve who have had an annual echocardiography.	The audit was to check compliance with the British Heart Valve Society (BHVS) and British Society of Echocardiography joint guidance (2019) on frequency of echocardiography and follow up for patients with replacement heart valves. The audit initially revealed lower than anticipated compliance levels. However, improvement actions were completed, and the re-audit showed a significant improvement. This will be re-audited again in 12 months.
Audit on uptake of post-mortem examinations after perinatal loss (data April 2021 to March 2022)	This local audit is an action from the MBRRACE-UK Perinatal Mortality Surveillance Report. The audit demonstrated that the number of families being offered a perinatal post-mortem are very good, but families are not always choosing to take up the offer of a perinatal post-mortem. Post-mortem uptake is a very sensitive and personal decision for each family. Nationally, there is now a shortage of perinatal pathologists, and some restrictions are coming into place for perinatal post-mortems. An action was agreed to produce a flowchart on the process of offering and consenting a perinatal post-mortem, a re-audit will take place once the flowchart is embedded.
Breast Reconstruction using DIEP flap at Salisbury District Hospital	The aim of this audit was to evaluate adherence to the ERAS protocol for DIEP reconstruction. The results of the audit were comparable to national results despite periods of de-skilling and new staff joining.
Re-audit of out of hours thrombolysis	This re-audit reviewed whether the action plan from a previous audit had led to an improvement in patient outcomes, with shorter door to needle times through the help of the on-call stroke consultant. The re-audit showed that there was prompt assessment of patients out of hours and good support from the on-call stroke consultant for thrombolysis as well as an improved compliance with the use of the remote checklist here at Salisbury NHS Foundation Trust. The recommendation was made to continue educating medical registrars on the importance of the use of the remote checklist along with the NIHSS/Thrombolysis proforma. No further actions were required.

Appendix C – Letters of Assurance

The following were all invited to comment and provide assurances on the content of the Salisbury NHS Foundation Trust Quality Account 2022/23.

- **Wiltshire Council Health Select Committee**
- **Salisbury NHS Foundation Trust Governors**
- **Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)**
- **Healthwatch Wiltshire**

Copies of the responses received have been attached in this Appendix, along with a Directors' Responsibilities Statement which has been signed by the Chairman of the Trust Board and the Chief Executive.

Salisbury NHS Foundation Trust (SFT)

Statement from Wiltshire Council Health Select Committee, dated 15 June 2023

The Wiltshire Health Select Committee welcomes the opportunity to comment on the quality account.

The committee appreciated the clarity of the information provided, making it accessible to a non-medical audience.

The following comments were raised when reviewing the account:

> Noting the progress against priorities in 2022/23 we were pleased to read that the target to reduce time to the first appointment had been achieved.
>
> We hope that continuing to prioritise the prevention in falls will support improvements in this area.
>
> It was encouraging to see that the introduction of the 'Improving Together' quality assurance programme is empowering staff to make changes in their departments and will continue to be developed in 2023/24.
>
> We welcomed the priority to reduce the length of patient stay in hospital and the partnership approach to achieving that.

Wiltshire's Health Select Committee looks forward to learning about the progress of the Trust in the coming year.

Cllr Johnny Kidney,
Chairman of the Health Select Committee, Wiltshire Council

Quality Account

Statement from the Governors – June 2023

The Quality Account for 2022/23 shows how the Trust has performed against its priorities this year and sets out the main areas of focus for 2023/24.

Governors welcome the way that the report is shaped around the three strategic themes of People, Population, and Partnerships of the Improving Together programme that was launched in 2022/23 through which it plans to deliver improved quality and patient care. This provides clarity to the report.

The governors note the impact on the level of care some patients experience of the legacy of the COVID-19 pandemic and pressure on the NHS and care workforce. As the account sets out, there are many areas where the Trust has achieved improvements, and of course some where further work is required.

The governors have been given an opportunity to provide feedback on the Quality Account in draft. We endorse the priorities or 'breakthrough objectives' provided for 2023/24 of increased staff availability, reduction in patient falls and reduction in bed occupancy.

The governors would like to thank all our staff for the tireless work they have done and continue to do each day in service of the communities the Trust provides care for.

Lucinda Herklots, Lead Governor

NHS
Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

Statement from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on Salisbury Foundation Trust (SFT) 2022-23 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on SFT's Quality Account for 2022 / 2023. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank the SFT for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase.

It is the view of the ICB that the Quality Account reflects SFT's on-going commitment to quality improvement and addressing key Improvement objectives in a focused and innovative way. Although achievement of some priorities during 2022/23 have continued to be affected by COVID-19, SFT has still been able to make achievements against all their priorities for 2022/23 including:

1. Eliminating waiting times >78 weeks for elective treatment. Both national targets for achieving 0 patients waiting over 104 weeks and 0 patients waiting over 78 weeks for treatment were achieved ahead of the targeted timescales. SFT continue to focus on elective waiting times, with a target of eliminating patients waiting over 65 weeks by March 2024.

2. The objective to reduce overall falls by 10% and falls with harm by 20% in 2022/23 was partially achieved with overall falls reducing by 6.75% and falls with harm being reduced by 36%. Falls continue to be a focus for SFT and has been included in their priorities for 2023/24.

3. Work is continuing to improve 4-hour emergency access performance with SFT linking identifying key areas for improvement and working in collaboration with NHSE/I to gain feedback on the Trust's processes.

4. Although the priority to reduce average loss of bed days due to patients with no criteria to reside in an acute hospital has not been achieved, there are on-going efforts and bed occupancy has been identified as a break through objective for 2023/24.

The ICB supports SFT's identified Quality Priorities for 2023/2024. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The ICB welcomes continued engagement in the agreed service improvement plan and focus on:

1. Delivering quality and patient care through Improving Together, with breakthrough objectives including: reducing bed occupancy with a local target

of 96% in 2023/24; reducing waiting times for outpatient first appointment by 30% to an average of 87 days; reducing agency spending; and continuing on the previous years improvements on reducing inpatient falls with a target of less than 7 falls per 1000 bed days in 2023/24.

2. Improving processes for managing complaints including using learning from a review carried out in partnership with Healthwatch Wiltshire, such as: simplifying the initial process for making complaints and providing support to complainants; working closely with and supporting investigative managers; more tailored and individual management of complaints with an increase in the frequency of communications; Patient Advice and Liaison Service (PALS) development to provide clarity of the functions of the service; and improvements to content and accessibility for complainants with training provided to staff.

3. Improving processes for managing clinical audit, with a focus on patient outcomes including: improved visibility of clinical audit activity via real-time reporting; greater focus on actions, learning and improvements; and consolidation of existing data to remove dependencies on in-house and unsupported IT systems.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the formulation of the organisations Patient Safety Incident Response Plans (PSIRPs). We would encourage alignment to focus improvement in key areas.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with SFT, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2023/24.

Yours sincerely

Gill May
Chief Nurse Officer
BSW ICB

Statement from Healthwatch Wiltshire

Healthwatch Wiltshire is the independent champion for people using health and care services in Wiltshire. We listen to what people like about services and what they think could be improved and share their views with those who have the power to make change happen.

Healthwatch Wiltshire thanks the trust for sharing its Quality account and welcomes the opportunity to comment.

We welcome the priorities set for 2023/24 and look forward to seeing the progress made against these. We were pleased to work with the trust in 2022 on reviewing the complaints process and are pleased that implementing the learnings from this project are one of the priorities for the coming year. We are also pleased to read about plans to improve processes for managing clinical audits, particularly on the goal of improving outcomes for patients rather than the number of audits completed.

We commend the progress on wait times and recognise the trust achieved its targets ahead of schedule. We hope this can now be maintained.

We recognise the immense pressure that the trust, and the whole system is facing, and that this is reflected in the 4 hour wait time performance and patients with no criteria to reside. We recognise the next steps identified to try and improve these going forwards.

We note the participation in several surveys to hear feedback from patients and the list of actions to improve responsiveness to patient needs. We look forward to following the impact the delivery of these actions has for patients.

Healthwatch Wiltshire notes the low completion rate for friends and family test, and he challenges faced in receiving this data. We are pleased that work with a new provider is being implemented to increase patient feedback. We would be happy to support the trust in hearing patient experiences where appropriate.

We welcome the introduction of a pool of service user engagement volunteers look forward to seeing how these volunteers will be utilised. We would be happy to support and work with these volunteers going forwards. We also welcome the introduction of patient led service improvement panels.

We look forward to following the progress over the coming year.

Salisbury
NHS Foundation Trust

Statements of Directors' Responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

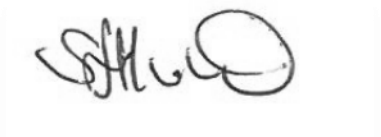
In preparing the quality report, Directors are required to take steps to satisfy themselves that:

- *The content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2022/23.*
- *The content of the quality report is not inconsistent with internal and external sources of information*
- *The quality report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.*
- *The performance information reported in the quality report is reliable and accurate.*
- *There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice.*
- *The data underpinning the measures of performance reported in the quality report is robust and reliable and conforms to the specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.*
- *There is no national requirement for NHS trusts or NHS foundation trusts to obtain external auditor assurance on the quality account for 2022/23. Therefore, no limited assurance report is available on the quality account report in 2022/23.*

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board.

Ian Green OBE
Chairman
Date 27/06/2023



Stacey Hunter
Chief Executive
Date 27/06/2023

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This document is available in large print, audio tape or another language on request.

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