Bundle Trust Board Public 4 November 2021

1 OPENING BUSINESS

1.1 10:00 - Presentation of SOX certificates

Presented by Nick Marsden

1.2 10:10 - Patient Story

1.3 Welcome and Apologies

1.4 Declaration of Interests

1.5 10:30 - Minutes of the previous meeting

Minutes attached from meeting held on 9th September

1.5 Draft Public Board mins 9 September 2021.docx

1.6 10:35 - Matters Arising and Action Log

1.6 Public Trust Board action log.pdf

1.7 10:40 - Chairman's Business

Presented by Nick Marsden
For information

1.8 10:45 - Chief Executive's Report

Presented by Stacey Hunter
For information

1.8a CEO Board Report - October for November.docx

1.8b Salisbury NHS Foundation Trust SOF Letter Oct 21 FINAL 151021.pdf

2 ASSURANCE AND COMMITTEE REPORTS

2.1 10:55 - Clinical Governance Committee - 26 October

Presented by Eiri Jones
For assurance

2.1 Escalation report - from October CGC to November Board 2021.docx

2.2 11:00 - Financial and Operational Performance - 26 October

Presented by Paul Miller
For assurance

2.2 Finance and Performance Committee escalation paper 26th October 2021.docx

2.3 11:05 - Trust Management Committee - 27 October

Presented by Stacey Hunter
For assurance

2.3 TMC Escalation Report for Board.docx

2.4 11:10 - People and Culture Committee - 29 October

Presented by Michael von Bertele
For assurance

2.4 P&C Escalation report - Oct 2021.docx

2.5 11:15 - Integrated Performance Report (M6) to include exception reports

Presented by Judy Dyos
For assurance

2.5a Integrated Performance Report 041121 Trust Board cover sheet.docx

2.5b IPR November 2021 DRAFT TB V4.pdf

3 FINANCIAL AND OPERATIONAL PERFORMANCE

3.1 11:45 - Trust Strategy 2022 -26

Presented by Stacey Hunter
For approval

3.1a 211104 Trust Strategy 2022-26.docx

3.1b OurStrategy_FINAL_201021_LowRes s.pdf

3.2 11:55 - Corporate Priorities 2021/22 and Quarterly Review

Presented by Lisa Thomas
For assurance

3.2a 041121 Trust Board cover sheet corporate priorities 2.docx

3.2b Corporate priorities Q2 update.pdf

3.3 12:05 - BREAK

4 QUALITY AND RISK

4.1 12:15 - Board Assurance Framework and Corporate Risk Register

Presented by Fiona McNeight
For assurance

4.1a TB BAF cover sheet November 2021.docx

4.1b REVISED BAF v1 October 2021.docx

4.1c Draft Corporate Risk Register Oct 21 141021.pdf

4.1d CRR tracker v1_October Board Committees 2021_Revised.xlsx

4.2 12:25 - Patient Experience Report - Q1

Presented by Judy Dyos
For assurance

4.2 Quarterly Patient Experience Report - Q1.docx

4.3 12:35 - Learning from Deaths Report - Q1

Presented by Peter Collins
For assurance

4.3 Q1 Learning from Deaths Report – approved by PC.docx

5 PEOPLE AND CULTURE

5.1 Education and Development Annual Report - deferred to January meeting

5.2 12:45 - Medical Revalidation and Appraisal Annual Report to include Statement of Compliance

Presented by Peter Collins
For assurance

5.2a Annual Board Report and Statement of Compliance RO and Revalidation OCT 2021 Front Sheet.docx

5.2b Annual Board Report and Statement of Compliance RO and Revalidation OCT 2021.docx

6 GOVERNANCE

6.1 12:55 - Board Effectiveness Internal Well-Led Review

Presented by Fiona McNeight
For assurance

6.1a Cover Trust Board Nov 2021 Board Effectiveness Well Led 1.docx

6.1b Appendix A Evalu8-Summary-Report-2021-.pdf

6.1c Appendix B Evalu8-Comments-Report-2021.rtf

6.2 13:05 - Annual Report

Presented by Fiona McNeight
For Information

6.2a Cover Sheet Final Annual Report 2020_21 v2.docx

6.2b Final Annual Report 2020_21_MASTER.pdf

6.3 13:10 - Register of Seals

Presented by Fiona McNeight
For Information

6.3 Register of seals.docx

7 Closing Business

7.1 13:15 - Agreement of Principle Actions and Items for Escalation

7.2 13:20 - Any Other Business

7.3 13:25 - Public Questions

7.4 Date next meeting

8 Resolution

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

Salisbury NHS Foundation Trust

Draft
Minutes of the Public Trust Board meeting held at 10:00am on Thursday 9 September 2021, Salisbury Rugby Club/MS Teams
Salisbury NHS Foundation Trust

Present:

Nick Marsden (NM)	Chairman
Paul Kemp (PK)	Non-Executive Director
Paul Miller (PM)	Non-Executive Director
Eiri Jones (EJ)	Non-Executive Director
David Buckle (DB)	Non-Executive Director
Michael von Bertele (MvB)	Non Exec Director
Tania Baker (TB)	Non-Executive Director
Lisa Thomas (LT)	Chief Finance Officer
Judy Dyos (JDy)	Chief Nursing Officer
Andy Hyett (AH)	Chief Operating Officer
Stacey Hunter (SH)	Chief Executive
Paul Wood (PW)	Interim Director of Transformation
Melanie Whitfield (MW)	Chief People Officer

In Attendance:

Kylie Nye (KN)	Head of Corporate Governance (minutes)
Fiona McNeight (FMc)	Director of Integrated Governance
Esther Provins (EP)	Director of Transformation
Kat Glaister (KG)	Head of Patient Experience (via teams for item TB1 9/9/1.2)
Helen Rynne (HR)	Patient Engagement Lead (via teams for item TB1 9/9/1.2)
Sophie Brooks (SB)	Patient Advice and Liaison (via teams for item TB1 9/9/1.2)
Emma Cox (EC)	Head of Quality Improvement (via teams for item TB1 9/9/5.1)
James Robertson (JR)	Governor Observer
Lucinda Herklots (LH)	Lead Governor Observer
John Mangan (JM)	Deputy Lead Governor Observer

ACTION

TB1 9/9/1 OPENING BUSINESS

TB1 9/9/1.1 Presentation of SOX (Sharing Outstanding Excellence) Certificates

NM noted the following members of staff who had been awarded a SOX Certificate and details of the nominations were given:

- Sarah Hall, Physiotherapist, Spinal Centre
- The COVID-19 Testing Team

NM and the Board congratulated the members of staff who had received a SOX award and the Board noted the continued effort from staff who provide a great level of care to patients.

TB1 9/9/1.2 Patient Story

The Staff story was presented which KG explained is the journey of a patient who had been assaulted and their only relative lived in America. The relative flew over to be with her brother but she had

issues with communication on the ward and getting a confirmed plan for his care. The relative was keen to have her brother discharged to his place of residence but due to the seriousness of his injuries this was not possible. However, it was agreed to move him from a ward setting to a side room so the relative could spend more time with him.

Whilst the gentleman sadly did not regain consciousness what was important to the relative was that she was able to spend time with her brother before he passed away. Whilst the relative was thankful for the car the ward provided, the lessons learned from the feedback was the importance to her of having a side room and being able to spend time with her brother, that she would have felt more at ease and more comfortable if she had been offered a hot drink whilst sitting with her brother and if the communication regarding the plans for his care had been clearer.

Discussion:

- NM thanked the patient for sharing their story and noted that whilst the video clip had not been able to play it would be useful to hear at the next Trust Board meeting.
- SH noted that she had the opportunity to hear the story which was concerning and distressing. What was clear is that the nurses on the ward were upholding the position of the Trust in relation to the context of visiting during COVID-19 at the time which the relative did not appreciate in the circumstances. Whilst the nurses were following Trust protocol this case highlights the need for person centered bespoke care and in this situation there were several missed opportunities. This led to a poor experience for relative, some of which was justified in relation to context of COVID.
- JDy agreed that this was a distressing story to hear and there were instances where there had been a failure to properly communicate the reasons for limited visiting. The relative had been given unlimited access to begin with so when heightened restrictions around visiting were enforced her expectations were skewed. These issues have been highlighted and there has been work with educational training.
- EJ asked if the Trust use these videos to train a wider remit of clinical staff. KG explained that this does depend on the sort of consent the person sharing their story. However, all stories where possible will be shared as a tool for reflection and learning.

SB, HR and KG left the meeting.

TB1 9/9/1.3 Welcome and Apologies

NM welcomed everyone to the meeting and noted that the following apologies had been received:

- Peter Collins, Chief Medical Officer
- Rakhee Aggarwal, Non-Executive Director

NM noted that PW would be joining the public Trust Board meeting

later.

TB1 9/9/1.4 Declarations of Conflicts of Interest

There were no declarations of conflicts of interest pertaining to the agenda.

EJ noted that whilst this was not a conflict she sat on the Allocate Advisory Board.

TB1 9/9/1.5 Minutes of the part 1 (public) Trust Board meeting held on 5th August 2021.

NM presented the minutes from 5th August:

- It was noted that on p.11 under Audit Committee escalation report it said "People and Culture Committee."
- It was noted that on p.8 under the Clinical Governance Committee Escalation report it said "Finance and Performance Committee."

Further to these amendments the minutes were agreed as a correct record of the meeting.

TB1 9/9/1.6 Matters Arising and Action Log

NM presented the action log and the following key points were noted:

- **TB1 8/7/2.3 Improving People Practices –** It was noted that this would be picked up as part of the discussions throughout the Board and is on People and Culture Committee's radar. Item closed.
- **TB1 8/7/5.3 Director of Infection, Prevention and Control (DIPC) report –** It was noted that air quality and ventilation would be included in the next annual report. Item closed.

It was agreed that all other matters arising were either on the agenda, a future agenda or closed.

TB1 9/9/1.7 Chairman's Business

NM highlighted the following key points:

- Over the last month further clarity has been provided about the funding that might be available in H2 and the next few years. Whilst this is an indication there could possibly be changes to this plan over the coming months which the Trust should expect.
- Whilst this has provided a level of clarity in relation to finances, there needs to be a switch of focus to try and address the back log of patients waiting for treatment and the volumes of patients requiring emergency care which is likely to continue into the winter months and beyond.
- The Trust and Board need to focus on how these challenges can be addressed because if the Trust continues to work in the same way there will be insufficient staff and unsustainable services. Therefore, it is agreed that change is

required to help staff to work differently and come up with solutions to mitigate the current volumes of work and lack of staff.

TB1 9/9/1.8 Chief Executive's Report

SH presented her report and highlighted the following key points:

- The Trust is in unprecedented times and escalation in the system has been in Opel 4 for the longest period of time. This is affecting the executives as they are utilising a lot of time to manage day to day operational issues. It is acknowledged that this is very likely to be our baseline for some time to come and possibly over the next 12 months. There is a relentless nature of work and therefore the transformation work the Trust is embarking on and changing working practices has never been more needed.
- SH noted that from a COVID-19 perspective there has been an increase in community cases but from the hospital perspective it is in a stable position. However, Swindon and RUH Bath have seen an increase in cases. Whilst there have been challenges in critical care this has not yet impacted the elective recovery programme.

Discussion:

- The Board discussed the challenges around the Trust and the system being in the highest level of escalation for prolonged periods of time. This level of escalation normally relies on help from other organisations in the system to help to try and decompress but this is not an option. Conversations and decisions are based on risk. PK asked when the Non-Executives should be informed of this. SH noted that this is operational business but agreed that an additional slide in IPR might be helpful to highlight escalation across the month. **ACTION: AH** **AH**
- DB noted how remaining in OPEL 4 affects staff and patients and is immensely time consuming for staff. AH noted that whilst operational pressures are high, divisional teams are engaged in the Improving Together programme and know that the way in which the Trust works needs to change in order to move forward.
- MVB referred to the high number of attendees coming through the Emergency Department and asked if there was a disproportionate number of people attending from outside the catchment area. SH confirmed that most attendees are from the Trust's catchment area.

TB1 9/9/2 PEOPLE AND CULTURE

TB1 9/9/2.1 Guardian of Safe Working (GoSW)

JB joined the meeting to present the Guardian of Safe Working Annual Report and highlighted the following key points:

- From August 2020 – May 2021 health education fill rates for the Trust range from 85-89% mitigated by Locally Employed Doctors. The non-fill rate is particularly high in senior training posts which can impact a smaller hospital disproportionately.
- There is an overall shortfall in the number of doctors provided by the deanery with respect to the required number to fill rota slots.
- COVID-19 has caused disruption to the deployment of junior doctors making it more difficult to fill those gaps and has increased sickness and isolation.
- The ED F2/GPVTS rota is still operating at 1:2 weekends. This is contractually permitted but as an exception. This has been the case since pre COVID and ongoing efforts have not produced a solution. The British Medical Association is aware and concerned. The Trust is a national outlier in this situation.
- There are mitigating actions in place including; employing Trust Grade doctors and internal locums, initiating a medical workforce review to better understand the gaps, recruiting to extra F2 posts and considering non-medical professional posts to relieve the gaps in staffing, e.g. Physician's Associates.

Discussion:

- PK asked if how long the issue would continue if the recommendations in the report are followed. JB explained that the staffing issue is a national problem and therefore until more junior doctors can be trained the issue could continue indefinitely.
- JB noted that to make the positions more attractive the Trust were considering introducing exception reporting to local employed doctors to ensure they paid for the overtime they do. This would provide the Trust with more data and provide those doctors with additional support.
- The Board discussed the risk on patients if the weekend rota in ED was to go down to 1:3. AH explained that it is safer for patients to have a 1 in 2 rota, although it is recognised that for staff this is a challenging rota in an increasingly intense role.
- There have been a number of exception reports from F1s in medicine which does not reflect where the rota gaps are but highlights the need for senior leadership. SH noted that roles including Physician's Associates and Advanced Practitioners were already being introduced in other Trusts and this should be focus to manage workforce gaps.
- EJ thanked to JB for her role as Guardian of Safe Working and noted that the Trust does need to prioritise the strategic direction for new roles and new ways of working.
- TB thanked JB and noted that the Trust's efforts in introducing these alternative roles should be documented somewhere as the obstacles and successes is an important part of the staffing solution.
- MVB reminded the Board that JB's role is to monitor junior doctor staffing but not to provide solutions to the problem.

TB1 9/9/2.2 Health and Safety Annual Report (deferred to November)

It was noted that this is deferred to November's meeting.

TB1 9/9/3 ASSURANCE AND REPORTS OF COMMITTEES

TB1 9/9/3.1 Clinical Governance Committee- 31 August

EJ presented the report, providing a summary of escalation points from the meeting held on 31 August:

- The Committee discussed National and Local Safety Standards. The associate medical director for quality this will support requirement and the Committee welcomed Dr Zoe Cole into this role.
- The Transformation report for July was received. The update covered four key areas, e-outcome forms, Advice and Guidance and the changing practice re new ways of working in first appointments, Flow and ERF.
- A detailed discussion was held in relation to the latest update on gastroenterology services presented by the clinical lead. The Trust has actioned key improvements in relation to the Royal College review and the GIRFT report. The committee agreed that it was appropriate for the next update to be an annual one.
- The Director of Integrated Governance presented an organogram outlining the changes to strengthen the Clinical Governance arrangements. These were noted.

The report was noted.

TB1 9/9/3.1a Care Quality Commission (CQC) Spinal and Maternity Update

JD provided a verbal update and noted the following key points:

- The meeting in August was well received with the CQC detailing the progress made against the warning notice. The next Maternity report will come to September's CGC. JD noted that the CQC are likely to visit the Trust again for further investigation.
- In relation to the maternity Clinical Negligence Scheme for Trusts (CNST) the year four standard is going to be very difficult to achieve. There is work underway to see how this can progress.
- As part of the Maternity improvement programme with NHSE/I there was an introductory meeting with national team. It is a supportive process and is welcome to any ideas to help improve maternity services.

Discussion:

- PM asked if there were to be another CQC visit were there any issues that would not be addressed before this. JD noted that the Trust have taken action on everything they have asked us to do. There were wider suggestions about things

that we have not been able to do.
- JD explained that there is a consultation underway in relation to continuity of carer due to the Trust's rural location. However, the Trust is actively recruiting whilst it awaits the outcome of the continuity of carer review.
- SH explained that the return visit will be to address the issues raised as part of the warning notice. The team has done a good job in addressing the issues raised.
- EJ explained that the continuity of carer is a national challenge.
- It was noted that the new Director of Maternity will start from November.
- JD noted that in relation to the actions in Spinal services the team is working through the must-dos. They are an engaged team and working on improving governance and meeting structures within the department. EJ noted she would invite Spinal to a future CGC.

TB1 9/9/3.2 Finance and Performance Committee – 31 August

PM provided a summary of escalation points from the Finance and Performance Committee held on 31st August:

- The Committee reviewed a number of business cases which will be taken in the private Trust Board meeting.
- The IPR was discussed in detail and the Committee discussed that the elective recovery fund (ERF) is going to be challenged by theatre productivity.
- The Committee discussed the work underway to understand the underlying financial deficit of the ICS. This work is ongoing and initial forecasts need to be validated, but the bottom line is the ICS faces a very significant financial challenge to get back into financial balance
- The Committee received an update on the challenges relating to estates. The Committee was assured these issues are being addressed but there might be some strategic decisions regarding the estates function.

The report was noted.

TB1 9/9/3.3 Trust Management Committee – 25 August

SH provided a summary of escalation points from the Trust Management Committee (TMC) held on 25th August.

Discussion
- PM asked SH if TMC is operating the way it should do. SH explained that there are aspects of the meeting that require improvement but the meeting plays an important role in relation to internal controls.

TB1 9/9/3.4 Integrated Performance Report (M4)

AH presented the Integrated Performance Report to the Board and noted that this report provided a summary of July's performance. The following key points were noted:

- There has been an increased demand in activity.
- Staffing continues to be an issue across a number of wards and specialities.
- With new demand and workforce shortages alongside the challenge of working in a new infection arena with COVID and Respiratory Syncytial Virus (RSV).

Discussion:

- The Board had a lengthy discussion about the challenges in ED across the system. AH pointed out three key challenges; that patients are arriving in ED who could be seen in another health care setting; the acuity of those who need urgent care is high, including patients with delayed cancer diagnosis; and the lack of flow out of the hospital which causes a bottleneck situation in ED.
- The Board discussed staff turnover which is currently at 12% which PK noted is on an upward trend. MW noted that in terms of recruitment further work is required in relation to how the Trust attract staff whilst acknowledging the challenging the aspects of job roles within the Trust. In relation to staff leaving the Trust, the challenge is to identify the primary causes of this and then learning from this and committing to change where required.
- EJ referred to the number of challenges highlighted in the IPR and highlighted the need for the Board to look at risk appetite, to review what will be done differently and what will have to be stopped. FMc noted that the Trust was due to review of risk appetite and a paper is being drafted following a workshop with NHS Providers. SH explained that a Risk Summit had been arranged as a system next week to get visibility of each organisation's risk to hopefully distribute this risk.
- PM referred to the increase in demand but noted that the way to improve services is giving people the tools to make the right decisions thereby creating an organisation where a safer clinical decision can be made quicker. SH explained that this will be part of the work on 'Improving Together' and MW noted that she would be working on and providing a paper regarding devolved accountability in relation to decision making.
- AH referred back to the ongoing challenges in the Trust and noted that due to the hard work of teams this week, the hospital did not hold any ambulance over 15 mins this week.

TB1 9/9/4 FINANCIAL AND OPEATIONAL GOVERNANCE

TB1 9/9/4.1 Standing Financial Instructions

LT presented the report which had been discussed in detail at the Audit Committee and recommended to the Board for approval.

Decision:

- The Trust Board approved the SFIs.

TB1 9/9/5 QUALITY AND RISK

TB1 9/9/5.1 Quality Improvement (QI) Progress Report

PW and EC presented the report providing an update on the Quality Improvement progress. The following key points were noted:

- This worked was based around the 'Strategy for Improvement' work which commenced in May 2019 and was based around the findings from the last CQC visit which suggested that improvement practices were given prioritisation within the Trust.
- EC summarised the progress and highlights within the last 12 months noting that QI is a continuous process which requires sustained focus over time and involves a cultural shift in ways of thinking and working.
- Over 70 staff have been successfully trained in the QI approach and more recently face to face training has been really valuable.
- There has been significant progress but there is a long way to go to until cultural improvement is embedded.
- Following the initial approval of a business case submission to NHSE/1, the Trust is now working closely with KPMG. Working collaboratively across RUH, GWH and SFT as part of Improving Together is now being formally established. In terms of next steps a key focus is to recruit to the coach house to ensure delivery of timescales and that the overall programme can be achieved.

Discussion

- PM asked if the Trust would welcome coaching and a streamlined approach to Quality Improvement. EC noted that there is buy in from staff and a general desire to do this. What the Trust needs to provide is the understanding and tools to improve.
- PK noted that the real challenge is not the training aspect but embedding cultural change and sustaining this.
- PW noted that there is a lot of work underway relating to leadership development, capacity and capability which is part of the Improving Together work.
- MW noted that staff have to be mindful of the direction of travel in terms of what good looks like and have a positive mind-set to move forward.
- The Board thanked Emma and team for their hard work over the past 12 months.

TB1 9/9/5.2 Nursing Skill Mix (deferred from July)

JD presented the report which asked the Board to note the full ward establishment review and the Trust position in relation to adherence

to the monitored metrics on nurse staffing levels. JD noted that Henry Wilding, had produced the report and the following key points were noted:

- Over the past 12 months the approach to skill mix reviews has evolved as the previous edition was taken to Board in February 2021 and embedded within divisional budgets in April 2021 and June 2021. This award included the headroom uplift of 19%-24%, the 2019/20 and 2020/21 skill mix review outcomes, allocation of B2 specials and any additional COVID costs.
- In the appendices there is a table which details what each ward felt they required in terms of additional staff. A number of cases were not supported as recruitment to achieve the 24% headroom is required first to see if this has an impact on the way staff can work.
- The Maternity staffing report is attached as an appendix and it is acknowledged that the wider position regarding maternity staffing will need to go into a business case.

Discussion

- PK noted that there are a couple of items not counted in total costs but are COVID funded. PK noted that COVID funding is finite so queried what would happen to these posts once the funding stopped.
- LT explained that if there is an ongoing need to have these additional staff then this would require a business case. LT reminded the Board that this is an assurance paper regarding safer staffing rather than requesting funding.
- There was a discussion relating to agreeing safer staffing levels in one report and then having a separate business case which may or may not be approved.
- EJ noted that the assurance she received from the report is that JD considers the nurse staffing model to be safe. This data is received twice annually and is a position statement of a moment in time. What is clear is that there are points in time when some areas are not safely staffed but there are mitigations put in place on a daily and sometimes hourly basis.
- JD noted the challenges in reaching establishments with COVID, isolation as a result of COVID, other sick leave and maternity leave.
- PK noted that this is is a non-recurrent position of this year from a COVID funding perspective and that anything that has not been agreed recurrently has to come through business case process for further funding in the future.
- LT noted that she continually pushes back on funding and there needs to be an overall agreement on risk appetite to help us make these difficult workforce decisions that inevitably occur.

TB1 9/9/5.3 Clinical Governance Annual Report

JD presented the report which had been completed by C Gorzanski prior to her retirement and had been reviewed by Clinical Governance Committee.

The report was noted.

TB1 9/9/5.4 Research Annual Report

SS joined the meeting via teams to present the report. It was noted that this report had been discussed in detail at the CCG. The following key points were noted:

- The national research key performance indicators were suspended during 2020/21.
- The Trust recruited 1914 participants into 9 national COVID-19 studies, The results from the COVID-19 studies have changed routine clinical treatment of patients hospitalised with COVID-19 around the world.
- Trust staff also supported the clinical trials at the COVID-19 Vaccine Hubs. The Janssen vaccine is licenced for use in the UK and the Novavax vaccine soon to undergo regulatory review.
- The majority of the Trust's research portfolio was suspended due to COVID-19. The Trust recruited 308 patients into 24 non-COVID-19 studies, giving a total of 2222 recruits.
- The Trust have had 3 research grants successfully funded.
- The Trust will receive flat funding for 2021/22.

Discussion

- NM thanked SS and noted how impressed he was by the amount of research the Trust manages to achieve.
- EJ acknowledged that research active organisations provide safer care. The Board discussed how a number of studies are now multidisciplinary and look to both clinical and non-clinical staff to support. It was noted that the Trust should focus on how it supports other staff groups to be involved in research studies and try to integrate this into its wider strategy. SS left the meeting.

TB1 9/9/6 GOVERNANCE

TB1 9/9/6.1 Annual review of Board and Committee Effectiveness

FMc presented the report which asked the Board to note the process and outcome for the annual review of Board and Committee Effectiveness. The following key points were noted:

- The NHS FT Code of Governance sets out the requirements that the Board of Directors should undertake a formal and rigorous annual evaluation of its own performance and that of its committees and individual directors.
- The Committee effectiveness reviews have been completed over the last few months (with the exception of People and Culture Committee) which concluded that the Committees

were meeting the requirements set out in their terms of reference.
- During 2020 the Board undertook an in-depth evaluation process and was due to have an external review of the CQC Well Led Framework in 2021. However, it has been agreed to defer this to 2022 given the ongoing executive recruitment continued focus of recovery plans in relation to COVID-19.
- It was been agreed that the Board will undertake an internal self-assessment against the Well-Led framework which will take place during September 2021 and the outcome will come back to November's Board meeting.

Discussion:
- The Board discussed Committee effectiveness and PM asked if the report should have included specific examples of how Committees could have been more effective, for example if the issues raised as part of the CQC maternity visit were highlighted and picked up appropriately. SH explained that a detailed timeline was developed as part of that work which evidenced the Committees actively discussing the challenges in Maternity and noted that the issues were cultural and leadership focussed.

TB1 9/9/6.2 Approve Board and Committee dates for 2022

FMc presented the report which detailed the Board and Committee dates for next year.

Decision:
The Board approved these dates.

TB1 9/9/6.3 Board Assurance Framework (BAF) Reporting

FMc presented the report which asked the Board to support proposed changes to Board Assurance Framework reporting. The following key points were highlighted:

- The BAF currently reports to the Board Committees bi-monthly and to the Board three times a year.
- As part of our implementation of Improving Together and the commitment to better align corporate (breakthrough) objective delivery reporting to the reporting of strategic risks to delivery and strengthen content of reports, the proposal is for the Board to receive comprehensive quarterly reports on the BAF and corporate objectives delivery.
- Due to the public board meeting being held bi-monthly, the quarterly reporting schedule will result in 2 reports to public board and 2 reports to private board. The papers will be published on the occasions reporting falls on a private board meeting for transparency.

Discussion:
- FMc was asked if each Committee will pick up a theme or will each meeting continue to receive the whole BAF which is

aligned to each strategic objective. FMc explained that the Board Assurance Framework (BAF) is now in the process of being revised to align to the new strategic aims and objectives – Population, Partnerships and People. The Corporate Risk Register (CRR) will also require revision to align the risks in the same manner.

Decision:
The Board noted concerns that the reporting schedule might be complicated but were happy to support the new process.

TB1 9/9/6.4 Corporate Governance Statement Self-Assessment (Well Led Review) deferred to November
This item was deferred to November.

TB1 9/9/7 CLOSING BUSINESS

TB1 9/9/7.1 Agreement of Principle Actions and Items for Escalation

N Marsden noted they key points from the meeting as follows.

- The discussion around the Integrated Performance Report was useful and it was worth giving it more than the allocated time.
- At future Trust Boards it will be agreed prior to the meeting what the specific focus should be. There should be an equal balance of the meeting which acknowledges the current challenges and looks at the future strategy of the organisation.

TB1 9/9/7.2 Any Other Business

There was no further business raised.

TB1 9/9/7.3 Public Questions

There were no public questions.

TB1 9/9/7.4 Date of Next Public Meeting

Thursday 4th November 2021, Board Room, Salisbury NHS Foundation Trust

TB1 9/9/8 RESOLUTION

TB1 9/9/8.1 Resolution to exclude representatives of the media and members of the public from the remainder of the meeting (due to the confidential nature of the business to be transacted).

Public Trust Board Action log

Deadline passed, update required	1
Update required /paper due at next meeting	2
Completed	3
Deadline in future.	4

Reference Number	Action	Owner	Deadline	Current progress made	Completed Status (Y/N)	RAG Rating
TB1 8/7/5.2	**Learning from Deaths Report Q4/Annual Report -** Update to come back to the Board on up to date Dr Foster HSMR data once it is published.	**PC**	04/11/2021		N	2
TB1 9/9/1.7	**Chairman's Business/ Escalation Levels to NEDs -** The Board discussed the challenges in the Trust and the system being in the highest level of escalation (OPEL 4). It was agreed that this detail on escalation should be included in IPR.	AH	04/11/2021		N	2

NHS Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	1.8
Date of Meeting:	04 November 2021		

Report Title:	Chief Executive Officer Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	X			
Approval Process (where has this paper been reviewed and approved)				
Prepared by:	Stacey Hunter, Chief Executive Officer			
Executive Sponsor (presenting):	Stacey Hunter, Chief Executive Officer			
Appendices (list if applicable):	Appendix 1 – NHSE/I System Oversight Framework segmentation Letter.			

Recommendation:
The Board is asked to receive and note this paper as progress against the local, regional and national agenda and as an update against the leadership responsibilities within the CEO portfolio

Executive Summary:
The purpose of the Chief Executive's report is to highlight developments that are of strategic relevance to the Trust and which the Board of Directors needs to be aware of. This report covers the period since the board meeting on the 9th September 2021.

Board Assurance Framework – Strategic Priorities	Select as applicable
Population: Improving the health and well-being of the population we serve	☒
Partnerships: Working through partnerships to transform and integrate our services	☒
People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	☒
Other (please describe) -	☐

1. National and ICS Updates

The focus over this period has been the agreement of the budget for the second half of the year for the NHS which has emerged in H2 planning guidance we are currently responding to with system partners.

The finance and performance committee received a detailed update on the 26th October 2021 about the priorities and expectations within the guidance. The majority of the guidance aligns to our working assumptions and plans for H2.
At the time of writing this report the draft plan for BSW ICS has been submitted to the regional team and I with system CEOs are due to meet with them on the 28th October 2021 for feedback on the draft plan.

I will provide any relevant feedback from this to the Board at our meeting on the 4th November 2021.

The government have now tabled the legislation changes which will formalise the arrangements for Integrated Care Systems. This is a continuation of a significant change and way of working for all of the NHS which we will want to continue to engage in to maximise the opportunities it can offer for our local communities.

There is a significant amount of work to do to transition to the new arrangements which is being led by BSW Executive on a tight timetable which has to deliver for the end of March 21.

This does make it challenging to share all of the detail with Board members and we will continue to use our strategy updates to the Board and our Board development time to discuss and where needed agree the most pertinent elements for us.

The focus of activity over the last 4 weeks has been on the recruitment of the Chair and CEO of the ICS Board, the BSW Partnership Development Programme and progressing discussions on arrangements for place based governance and leadership.

The work programme of the Acute Hospital Alliance continues to progress well and where appropriate we are responding collectively to the ICS transition and development work.

The Trust recently received a letter in relation to NHSE/I System Oversight Framework segmentation. (Appendix 1) This is a new approach which provides focused assistance to organisations and systems.

We have been placed in segment 3 which mandates support on the basis of:

a) Financial legal undertakings
b) CQC issues in the recent maternity and spinal unit inspections
c) Accuracy in the reporting and delivery of cancer waiting times

This was received and discussed in detail by the Finance and Performance Committee. Whilst Board members will recognise from our governance processes items a and b above we have not aligned with the view that has been taken in relation to segment 3 for cancer waiting times having explored the rationale for this with the regional cancer lead.

I am in the process of raising my concerns re this with the regional team and will provide a verbal update to the Board at our meeting.

2. Operational Context

Our teams continue to face increased and significant pressure in this period resulting in consistently high escalation levels of Operating Pressure Escalation Levels (OPEL) 3 or 4. As Board members will be aware OPEL 4 represents the highest level of escalation. This is replicated across all of the NHS providers in the ICS and is having a significant impact on the timeliness and experience of care we are able to offer. I am conscious that this level of sustained pressure is also relentless and stressful for our clinical and operational colleagues. I know Board members will want to join me in thanking everyone for all of their continued efforts to care for our local communities.

The Chief Operating Officer and the leadership team are managing our response to the escalation levels within our agreed frameworks on a day by day, hour by hour basis to ensure we are doing everything feasible to respond and mitigate increased levels of risks given the operating environment.

There are multiple factors that are contributing to this position including:

a) Increased volume and complexity of patients accessing urgent and emergency care services.
b) Higher number of patients with no criteria to reside in hospital unable to be discharged in a timely way due to constraints in community , care home and domiciliary care provision (see detail in the IPR).
c) Increased community COVID rates in Wiltshire resulting in more people requiring hospital care for COVID and the consequent impact it has on the availability of our staff who are also impacted by COVID and or family/household contacts.
d) Elective recovery and reduction of waiting times for those people who have the longest waits for care and treatment.

As we have discussed as a Board given the level of pressure this continues to be a priority for executives and senior leaders and is inevitably detracting from the time to progress other priorities. I am confident that this balance is being managed well and is appropriate.

Despite all of the above it is testament to our teams that the recently published CQC Inpatient Survey continued to show a positive performance and benchmarks in the Top 5 South West providers for several of the key questions patients responded too.

In addition to this Patient Experience Platform (PEP Health) who offer real time opportunities to people in hospital have recently published their latest findings and ranking which places us in the Top 5 Non- Specialist Acute Trusts in the country (published Oct 21) .

This would be a brilliant achievement in any given year and one that I know you will all be as proud of as I am given the pressures we know colleagues have been responding too over this last year.

3. COVID-19 and Flu vaccination

The annual staff flu vaccination programme is well underway with good staff take up, the SFT vaccination team have been successfully working from a hub at the onsite Leisure Centre. The team are also administering the COVID booster to staff from the City Hall. The City Hall team have now also started to administer COVID vaccine to 12-15 year olds.
As at the 26th October the team are reporting excellent early progress with 65% of staff having accessed the flu vaccine and 55% of staff having had their COVID booster.
We continue to receive fantastic feedback from people who use these services both in respect of the efficiency and effectiveness of the service.

4. Finance

We have met the core financial requirement of delivering a breakeven position for the first half of 2021/22; this includes an additional non recurrent investment of just over £1m in Elective Recovery initiatives that have been funded over and above the Trust's block contract by means of the Elective Recovery Fund (ERF). The Trust has also been funded for the 2021/22 pay award which was made to staff (including back pay to April '21) in September.

We are now working to the planning and operational guidance released for the second half of the year. The operational challenges centre around stabilising waiting lists and continuing to work towards eliminating long waits, in order for this to be a success the management of winter pressures will be pivotal; the financial challenge remains to live within our means on an income base comparable to that received in the first half of the year, while managing the increased risks relating to Elective delivery combined with winter and a likely increased prevalence of COVID.

5. Workforce

In respect of turnover, month 6 has continued to be above the Trust target (11.58%). There were 27 leavers and 55 starters by headcount. Of the known reasons for leaving were Voluntary Resignation / Relocation and Voluntary Resignation / Work Life Balance and Retirement Age. Together, these formed 50% of all voluntary reasons for leaving.
For month 6 there was a marked improvement in turnover within Women and Newborn division, with the highest turnover figures in CSFS (6 leavers), Surgery (5 leavers), and Medicine (6 leavers).

5.1 Turnover improvements planned

We are now part of the national NHS EI Flex for the Future programme. "We work flexibly" is one of the core pledges within the NHS People Promise, and we recognise there is more that we can do to accommodate, encourage, promote and celebrate flexible working across all areas of the Trust. We are developing a Project Initiation Document that describes our ambition to be a flexible employer and provides a detailed delivery plan.

Within CSFS, we are working with departments to review the banding of some of the roles. This includes benchmarking against other Trusts.

In Genetics, we are seeing a slow but steady increase in leavers due to the impending TUPE of the service to University Hospital Southampton. The impact of this is being seen in our recruitment activity.

In Surgery, workforce and succession planning work continues within the Division's Admin and Clerical teams. This includes planned progression routes between admin departments (i.e., Reception to Central Booking to Medical Secretariat).

Ophthalmology is undertaking a workforce redesign to upskills Optical Nursing Assistants to Ophthalmic Assistants in line with workforce models at Moorfields Eye Hospital and other teaching hospitals. The work is due to complete in January 2022.

5.2 Vacancy data

This month was 5.65%, compared to 4.27% in August. The Division with the highest vacancy rate was Corporate at 8.71%. The staff group with the highest number of vacancies Trust wide was Registered Nurses at 98.2 FTE (9.7%).
The vacancy factor in Theatres is driven by elective recovery targets, with staffing required to operate 13 Theatres by March 2022. A comprehensive Workforce Plan has been developed and presented to DMT for wider discussion at an Executive Meeting.

6.3 Vacancy improvements planned

A revised job description format went live on 18th October with a comprehensive communication plan to support implementation.
Cohorts of 18 international nurses are due to arrive this month. The recruitment team are providing a cohesive and warm welcome programme for our new recruits. There has been a piece of work to identify suitable accommodation for OSCE training. This has now been identified for our new cohort arriving in November.

Revised wording has been added to all of our vacancies in Trac which showcases the benefits of working at the Trust. This links to Flexible Working core pledge.

A revised Workforce Control Panel (WCP) process commenced in October, and includes a new Terms of Reference, process flow charts and detailed communications for managers.

7.0 Maternity Services

The Care Quality Commission inspected Maternity services on the 8th October 2021 which was an inspection focused on our response to their previous inspection of Maternity services on the 31st March 2021. Their focus was on the areas where must do improvement is needed in relation to the warning notice within that inspection.

Our Divisional leadership triumvirate supported the visit and ensured the 3 inspectors were able to access colleagues and information as they needed. I anticipate the draft report mid-November and will share with Board colleagues when it is available.

Our new Director of Midwifery Joanne Hayward started on the 6th October and the team continue to make good progress recruiting to their new leadership roles the Board agreed earlier this year. Clinical governance committee receive a regular detailed update from the team and it is clear that progress is being made in relation to the CQC, Ockenden and local LMS priorities.

Recruiting sufficient clinical midwives to fill all of the vacancies given the ongoing investment in staffing and turnover is still a challenge and the team are working with system partners to secure international recruits to compliment other routes of attraction.

8.0 Thank you events for Salisbury NHS Foundation Trust staff

Supported by the League of Friends and the Stars Appeal a number of thank you events were held in September. These consisted of a Staff Awards, Staff End of Summer Party and Staff Family Fun Day – all hosted within the Cathedral Close. There was also free pizza delivered to the night shift working on the evening of the Awards. The awards included a special video looking back on the year – you can view it here A Year Like No Other - YouTube

The feedback from the events has been exceptional with staff saying *"I don't think I will feel like I did on Thursday again… it was amazing on so many levels." "It was a brilliant night." "The best night!"* commenting on the Family Fun Day staff said *"It was a great day! My kids had a blast. What a great week it's been for us all."" …my daughter and son loved it - most amazing day ever Mummy"*
In addition the Spoken Word project that is now supported by the League of Friends had its first live readings at Brown Street and this attracted very positive national, regional and local media coverage.

I want to pay my personal thanks to the comms team and a small group of people who put in a huge amount of work to enable us to have such a great event.

9.0 Diversity and Inclusion

October has been Black History Month with activity throughout the month led by our Race Equality Network and we were delighted to be able to support Salisbury Pride in Elizabeth Gardens in September too.

The Board are due to receive an update on our EDI strategy at our meeting today which is a significant milestone in progressing our commitment to this key agenda. I know we have much to do but I am really encouraged by the dialogue and commitment colleagues are contributing to this priority.

And finally congratulations to Mark Ellis our Associate Director of Finance who ran the London Marathon in under three hours. And a big hand for the winners of the first Wessex Wall Challenge John, Taffy, Chris and Tom, from Radiology. This was a great event held as part of celebrations to recognise the vital role of Allied Health Professionals

Sent via email to:
Salisbury NHS Foundation Trust
Trust CEO: Stacey Hunter
Chair: Nick Marsden
Cc ICS Leader: Tracey Cox

Elizabeth O'Mahony
Regional Director South West
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Taunton
TA1 2PX
Telephone: 01823 361338
Email: e.omahony@nhs.net

15th October 2021

Dear Colleagues,

Salisbury NHS Foundation Trust: NHS system oversight framework segmentation

As you will be aware, NHS England and NHS Improvement (NHSEI) recently consulted on the new NHS System Oversight Framework (SOF) 2021/22, which introduced a new approach to provide focused assistance to organisations and systems.

Following feedback from local leaders and others, this new SOF is now being implemented. The final SOF can be found here.

Following consideration by the NHSEI regional support group, it has been agreed that **The Salisbury NHS Foundation Trust** should be placed into SOF segment 3 and mandated support. This is due to the trust having Legal Undertakings in place, along with recognised issues relating to the accuracy of reporting and delivery of cancer waiting times, as well as issues raised by CQC with regards to spinal and maternity services.

What this means in practice is that the regional team will work collaboratively with you to undertake a diagnostic stocktake to identify the key drivers of the concerns that need to be resolved. Through this, we aim to better understand your support needs, reach agreement on clear and timely exit criteria.

We recognise and thank you for the efforts of you and your teams to provide the best quality care to our patients, including meeting and recovering from the additional challenges COVID-19 has posed. This decision is not a reflection of all those staff who have worked so tirelessly for patients this year in particular, but an opportunity for us all to work together to build better and more sustainable services for those patients for the future.

If you wish to discuss the above or any related issues in more detail, please contact Anthony Martin, in the first instance, email: sw.oversightandassurance@nhs.net

Yours Sincerely,

E O'Mahony

Elizabeth O'Mahony
Regional Director South West
NHS England and Improvement

NHS Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.1
Date of Meeting:	4th November 2021		

Report from: (Committee Name)	Clinical Governance Committee		**Committee Meeting Date:**	26th October 2021
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	X	X	X	
Prepared by:	Miss Eiri Jones, Chair CGC			
Board Sponsor (presenting):	Miss Eiri Jones, Chair CGC			

Recommendation
Trust Board members are asked to note and where relevant, discuss the items escalated from the Clinical Governance Committee (CGC) meeting held on the 26th October 2021. The report both provides assurance and identifies areas where further assurance has been sought and is required.

Key Items for Escalation

- Key information / issues / risks / positive care to escalate to the Board are as follows:
  - A brief update on the strategy from a clinical perspective confirmed that the Divisions are actively involved in this work. Each Division will present to CGC in due course. The committee agreed that this would be after winter pressures, noting the pressures on teams currently.
  - From a transformation and improvement perspective, the committee have requested that the Chief Information team (CIO, CNIO and CCIO) present a hot topic to a future committee to outline the clinical digital plan.
  - Following discussions over recent months in relation to the change in stroke performance the Clinical Lead was asked to update the committee. A detailed presentation on Stroke services was provided outlining the areas of performance which have been impacted by the pandemic. Assurance was provided by CMO that the Trust is not an outlier in relation to mortality for stroke patients. A discussion took place in relation to morbidity outcomes. These are not currently measured as part of the national audit. It was noted that incidents and complaints about the service are few. The committee requested an update on these for a future meeting. Further assurance was provided that the Executive team would provide support to the Stroke service to address current challenges.
  - Following on from the detailed discussion at the last committee meeting, a hot topic presentation on child and adolescent mental health services (CAMHS) was provided by the link Consultant. The committee noted the national challenge whereby referrals had increased alongside the number of Tier 4 beds reducing. It was also noted that no new money was expected for CAMHS services. Assurance was provided in relation to governance arrangement around this work. This included:

- improved working relationships with relevant partners and establishment of an oversight group
- implementation of joint ward rounds with the mental health team
- weekly clinical reviews
- ad hoc escalation hub
- specialist RMN to work with the ward teams

It was also noted that the appointment of the new Matron for Paediatrics had resulted in a positive impact. Further work was required in relation to training of general paediatric staff and this was underway. The Trust continues to escalate concerns to both the CCG and the regional team.

- New quality metrics have been included in the Integrated Performance Report (IPR). These included venous thromboembolism (VTE) and fractured neck of femur (#NoF) information. It was positive to hear that hospital acquired thromboembolus (HAT) rate for the Trust is lower than the national average. From a fractured neck of femur perspective, it was noted that further work is needed on the best price tariff (BPT) achievement. The IPR will be discussed further at the Board in November.
- The latest quarter's maternity report was presented which updated the committee on recruitment. It was positive to note that all senior posts will have commenced by the beginning of November. The committee was also updated on the CQC visit. The formal feedback from this is expected later in November.
- The newly revised BAF was considered noting that there were no new quality risks. The BAF will be discussed further at the Board.
- The CMO outlined the work underway to embed the Getting it Right First Time (GIRFT) programme into the clinical improvement work. Assurance was provided that this will be managed through Divisional teams and will be linked to the clinical strategic work.
- Feedback was provided on the 2020 Patient survey. The Trust have performed well in this.

The Board is asked to note and discuss the content of this report.

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.2
Date of Meeting:	4th November 2021		

Committee Name:	Finance and Performance		**Committee Meeting Date:**	26th October 2021
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Paul Miller, Non-Executive Director			
Board Sponsor (presenting):	Paul Miller, Non-Executive Director			

Recommendation
To note key aspects of the Finance and Performance (F&P) Committee meeting held on the 26th October 2021. *Please note this escalation report is written based on the performance of Salisbury NHS FT and not the wider performance of the Bath, Wiltshire and Salisbury (BSW) Integrated Care System (ICS), unless otherwise indicated.*

Items for Escalation to Board
(1) Provision of Sleep Contract – The Committee received a procurement outcome report for a five-year contract, covering Salisbury NHS FT, Great Western Hospitals NHS FT and Royal United Hospitals Bath NHS FT. The total value of the contract across all 3 Trusts was £7.7m and the Committee supported the recommended outcome of this report, which will go to the November 2021 Trust Board for a formal decision. **(2) Integrated Performance Report** – There was a long and detailed discussion at the Committee relating to, (a) how busy and under pressure the health and social care system and hospital is, (b) the continuation of staffing shortages in the hospital, community and particularly social care, (c) the challenges in recovering elective activity, (d) the emotional and stress pressure that this continuous high workload has on staff and (e) very significantly the high bed occupancy in the hospital, the challenges of discharging patients who need care packages and support and the steady continuing increase in patients in the hospital who are classified as having "no criteria or right to reside". In July 2021 this number was 50 patients and in October 2021 this has increased to 69. The risk is that this number could increase further during the second half of the year, with consequential impacts throughout the hospital up to the emergency department and 4-hour performance, if the hospital becomes so full that new emergency patients cannot be admitted. The Committee

recommended that the Trust Board discuss this risk at the upcoming November meeting.

(3) **NHSEI System Oversight Framework Segment Letter** – NHSEI have recently approved a 4 tier system oversight framework, where; **level 1** is "consistently high performing", **level 2** is "on a development journey", **level 3** is "significant support needs across one or more of the six oversight themes and **level 4** is "very serious, complex issues…..that require intensive support". Salisbury NHS FT has been placed into level 3 as a consequence of (a) our financial deficit (*the Committee recognises this*), (b) the recent CQC report into maternity and spinal services (*the Committee recognises this*) and (c) cancer reporting and performance (*the Committee does not recognise this concern and believes NHSEI are incorrect in this finding*). The query around cancer needs to be formally clarified and corrected as a matter of urgency. However, the Committee recognises that the other two issues are sufficient to place us into level 3.

(4) **H2 Planning (second half of the year 1st October 2021 to 31st March 2022)** – The Trust has recently received details of the NHS financial settlement for the second half of the year and in particular the financial consequences for our Integrated Care System (ICS) and Salisbury NHS FT. The Committee received a detailed briefing on the likely implications, though details are still subject to negotiation and final confirmation. That said the Committee were unanimous in recognizing our number one priority for the winter of 2021/22 was to continue to provide safe urgent and emergency services to our population.

(5) **Estates Status update report** – the Board has been aware of significant risks relating to the Trust Estates function and actions to mitigate these risks. The committee received a further update on progress and noted that a detailed estates compliance report had been produced, which has resulted in the production of a comprehensive risk assessed action plan. Finally, further progress is being made on recruiting to key senior estates leadership posts.

(6) **Board Assurance Framework (BAF) and Corporate Risk Register (CRR)** – In light of the meeting, the Committee reviewed the BAF and CRR, which had been revised to reflect the Trusts new strategic objectives of Population, Partnerships and People.

NHS Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.3
Date of Meeting:	04 November 2021		

Report Title:	Trust Management Committee Escalation Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	X		X	
Approval Process (where has this paper been reviewed and approved)	Reviewed and signed off by Stacey Hunter, Chief Executive Officer.			
Prepared by:	Gavin Thomas, Executive Services Manager.			
Executive Sponsor (presenting):	Stacey Hunter, Chief Executive Officer			
Appendices (list if applicable):				

Recommendation:
The Board is asked to note the report from the Trust Management Committee held on 27th October 2021.

Executive Summary:
This month's Trust Management Committee Meeting had a full agenda but owing to operational pressures we reduced the meeting to one hour with a focus on the Business Cases and policies which were for approval. The committee received and approved 3 Business cases namely Non Face to Face Appointments business case, Cardiac Specialist Nurse and a Business case to allow the substantive recruitment of cancer pathway navigators. In respect of the Non Face to Face Appointment business case, it was explained that approval of the case will enable the Trust to continue offering video consultations as an alternative to face to face or telephone appointments. The continued implementation of video consultations throughout the hospital contributes to the trust's Covid recovery plan, as well as facilitating a method for patients to be seen in a Covid safe environment. This approach will help to bullet proof the trust as part of any required future Covid response. The continued use of VC will also facilitate the improvement of patient experience, as wait times for first assessment and length of delays to follow up reviews, decrease & patients will have reduced travel time and expenses. This element in particular will be key to ensuring additional capacity is available to tackle long waiting list in many of the specialties. This case also demonstrates the Trust's commitment to compliance with the contractual requirement for 25% of consultations with patient's to be virtual. In respect of the Cardiac Specialist Nurse Business case, the committee heard that the case was looking for approval to recruit a 1.0 WTE Band 6 Cardiac Specialist Nurse which will enable a

new pathway of care to be developed whereby patients admitted with chest pain will be assessed in the Acute Medical Unit. The committee heard that the benefits of this new pathway include:

- improved patient flow,
- early identification for suitable patients for transfer to Tisbury ward
- Significantly reducing the time from referral to specialist review, reducing patient length of stay, and assisting in the substantial inpatient pressures being experienced by the Trust.
- This pathway of care is in line with the Trust's SDEC plans.

The committee heard that there is a plan to move this service towards 7 day working but noted that there are challenges around workforce and recruitment and retention to achieve this. Following discussion within the committee it was agreed that the business case would be approved on the basis that its used as a proof of concept over a maximum period of 12 months and will be reviewed with a view to initiating a seven day service. The potential for this to new service to reduce LOS and release bed days is significant the proof of concept will enable the evidence of this to be consolidated at scale.

In respect of the substantive recruitment of cancer pathway navigators business case, the committee heard that the case proposes a further recurrent investment in cancer services specifically to enable the substantive recruitment of an additional 4 Cancer Pathway Navigator posts for the following tumour sites:

- Acute Oncology/Cancer of Unknown Primary;
- Breast;
- Gynaecology;
- Haematology cancer services.

The committee heard that the recruitment of a 4 additional posts will bring the complement of Cancer Pathway navigators in Salisbury Foundation Trust to 10 (9.6 WTE) and will ensure equity across all tumour sites. This is aligned with the requirements set out by the Cancer Alliance and models of cancer care in most acute providers.

The committee did ask that the deployment of these roles allowed the balance between an individual needed to develop the specialist knowledge of pathways relevant to different tumour sites (there is significant variation and complexity) and ensure that there was sufficient generic knowledge to enable a level of cross cover for annual leave and other absence .

Following discussion the committee agreed the case with a request that the benefit realisation comes back to the committee in 6 months.

The committee also received the Adverse Events Policy for ratification, and it was noted that the last policy was ratified by TMC in October 2018. It was explained that there have been some additional changes made to this policy in the latest update which included Quick reference guide, Update job/team titles, Supporting policies and Screening Incidents. The committee ratified the policy.

The committee further received the Serious Incident Policy for ratification and it was noted that the last policy was ratified by TMC in October 2018 and that there have been some changes made to this policy in the latest update which include, an Updated quick reference guide, Reference to PSIRF, Update job/team titles along with an update to appendices A and B.

The committee received the updates from the Sub Groups of Trust Management Committee which were all noted by the committee.

The committee received the revised Board Assurance Framework which has been completely revised to align to the recently approved Trust Strategy and Strategic Objectives of Population, People and Partnerships. Furthermore, the format has been amended to strengthen the presentation and alignment of corporate risks to the corporate priorities, making the link more explicit.
TMC asked colleagues to review the BAF and feedback to Fiona any comments/observations. It will be brought to the next TMC for approval.

END

Board Assurance Framework – Strategic Priorities	Select as applicable
Population: Improving the health and well-being of the population we serve	☐
Partnerships: Working through partnerships to transform and integrate our services	☐
People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	☐
Other (please describe) -	☐

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.4
Date of Meeting:	28 October 2021		

Report from: (Committee Name)	People and Culture Committee		**Committee Meeting Date:**	28th Oct 2021
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Michael von Bertele, Non-Executive Director			
Board Sponsor (presenting):	Michael von Bertele, Non-Executive Director			

Recommendation
The Trust Board are asked to note the items escalated from the People and Culture Committee on 28th October 2021. This was a largely positive committee meeting that provided updates on a number of work strands where demonstrable progress has been made, providing assurance that issues are being addressed. Feedback was given on the impact of the various staff events that were held in the last week of September. These were rated by a vast majority of respondents as hugely successful, and a word map of comments resounded with the words happy, team, and valued. Four strands of work that feed into Winter Planning, and that will contribute generally to a more resilient workforce, were presented. Of note is the tremendous progress being made in supporting the health and wellbeing of staff, with a stronger focus on mental as well as physical health. We are also taking part in a national pilot scheme to change the perception and approach to flexible working. This is achieving real traction with employees and emphasising further the value of team working to address challenges. Progress is being made in developing a refreshed EDI strategy and an external expert has been brought in to assist the Head of Diversity and Exclusion, part time, for 6 months.

Key Items for Escalation
As above

NHS Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	2.5
Date of Meeting:	04 November 2021		

Report Title:	Integrated Performance Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	x		x	
Approval Process (where has this paper been reviewed and approved)	Sections approved by responsible committee: Operational Performance & Resources – Finance & Performance Committee Quality – Clinical Governance Committee Workforce – People and Culture Committee			
Prepared by:	Louise Drayton, Performance and Capacity Manager			
Executive Sponsor (presenting):	Judy Dyos, Chief Nursing Officer			
Appendices (list if applicable):				

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

Executive Summary:
A continued improvement in the 6 week diagnostic standard saw achievement of standard for the first time since February 20. Achievement of this important standard really helps to support recovery of the cancer and RTT standards. There was a further improvement in the number of patients referred with suspected cancer waiting longer than 14 days for their first appointment – 92.54% of patients were seen within 14 days (88% in M5). Patient choice remains a big factor, with 63 breaches relating to this. Performance against the 62 day cancer standard remains below the standard level (85%) with 81.82% (increase compared to M5 at 79.49%) of patients receiving their first treatment within 62 days of referral. Complex diagnostic pathways remain a challenge, detailed tumor site analysis is being undertaken to identify improvement opportunities. Recovery of elective activity still remains challenging, with the Trust reaching 90% of elective activity in M5, this however is under the revised ERF threshold of 95%. Challenges around increasing theatre activity and resolving workforce issues remain, however progress is being made. The number of patients waiting longer than 52 weeks increased slightly from 660 in M5 to 681 this month, which was higher than the plan for M6 of 660. The number of patients reaching the Stroke unit within 4 hours fell further to 25% (50% in M5), and the number of patients receiving at CT scan within one hour also reduced to 17% (30% in M5), below the national target of 50%. The loss of the assessment room and trolley due to the

right side of Farley being used as a respiratory care unit has delayed transfers to the unit, and a new assessment room has now been identified and ring-fenced to improve access to the unit.

Performance against the 4 hour standard deteriorated further in M6, with 76.9% of patients being treated or admitted within 4 hours. Total A&E attendances are broadly in line with 19/20 levels, however within that type 1 (main ED) attendances were up 9% in Q1 and 4% in Q2 when compared to 19/20. Flow into the hospital has been significantly challenging with occupancy at 93% and over 1400 escalation bed days (an increase of almost 400 from M5).

The impact of pressure on the workforces is being felt with sickness and turnover levels increasing, and appraisal and mandatory training rates declining. Workload pressures are amongst reasons cited for this decline. Anxiety and stress is the top reason for long term sickness.

There were 5 deaths in September due to Covid-19. HSMR has continued to reduce as anticipated (year end June 2021). The latest available SHIMI at the time of publishing is 103.39 (year-end April 21).

From a safety perspective there was 1 stillbirth in September (commissioned as an SII and to be investigated through the HSIB process). There were no maternal deaths and 1 neonatal death within 28 days of birth. There was 1 hospital onset c.difficile case (YTD total of combined community and hospital cases now 16), 2 hospital onset cases of MSSA bacteraemia, and 3 hospital onset cases of E.Coli bacteraemia. There was 1 hospital acquired category 3 pressure ulcer in September. A SWARM and 72 hours report was completed and no omissions in care were identified. There were no category 4 pressure ulcers.

There were 4 SII's commissioned in September, of which 2 were 'never events.' There have been 3 high harm falls in September (2 major/ 1 moderate). These have not been commissioned as SII's but are being managed as local SWARM RCA's with the CCG.

Board Assurance Framework – Strategic Priorities	Select as applicable
Population: Improving the health and well-being of the population we serve	☒
Partnerships: Working through partnerships to transform and integrate our services	☒
People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	☒
Other (please describe) -	☐

NHS
Salisbury
NHS Foundation Trust

Integrated Performance Report

November 2021

(data for September 2021)

An outstanding experience for every patient

Summary

Salisbury NHS Foundation Trust

A continued improvement in the 6 week diagnostic standard saw achievement of standard for the first time since February 20. Achievement of this important standard really helps to support recovery of the cancer and RTT standards.

There was a further improvement in the number of patients referred with suspected cancer waiting longer than 14 days for their first appointment – 92.54% of patients were seen within 14 days (88% in M5). Patient choice remains a big factor, with 63 breaches relating to this. Performance against the 62 day cancer standard remains below the standard level (85%) with 81.82% (increase compared to M5 at 79.49%) of patients receiving their first treatment within 62 days of referral. Complex diagnostic pathways remain a challenge, detailed tumor site analysis is being undertaken to identify improvement opportunities.

Recovery of elective activity still remains challenging, with the Trust reaching 90% of elective activity in M5, this however is under the revised ERF threshold of 95%. Challenges around increasing theatre activity and resolving workforce issues remain, however progress is being made. The number of patients waiting longer than 52 weeks increased slightly from 660 in M5 to 681 this month, which was higher than the plan for M6 of 660.

The number of patients reaching the Stroke unit within 4 hours fell further to 25% (50% in M5), and the number of patients receiving at CT scan within one hour also reduced to 17% (30% in M5), below the national target of 50%. The loss of the assessment room and trolley due to the right side of Farley being used as a respiratory care unit has delayed transfers to the unit, and a new assessment room has now been identified and ring-fenced to improve access to the unit.

Performance against the 4 hour standard deteriorated further in M6, with 76.9% of patients being treated or admitted within 4 hours. Total A&E attendances are broadly in line with 19/20 levels, however within that type 1 (main ED) attendances were up 9% in Q1 and 4% in Q2 when compared to 19/20. Flow into the hospital has been significantly challenging with occupancy at 93% and over 1400 escalation bed days (an increase of almost 400 from M5).

The impact of pressure on the workforces is being felt with sickness and turnover levels increasing, and appraisal and mandatory training rates declining. Workload pressures are amongst reasons cited for this decline. Anxiety and stress is the top reason for long term sickness.

There were 5 deaths in September due to Covid-19. HSMR has continued to reduce as anticipated (year end June 2021). The latest available SHIMI at the time of publishing is 103.39 (year end April 21).

From a safety perspective there was 1 stillbirth in September (commissioned as an SII and to be investigated through the HSIB process). There were no maternal deaths and 1 neonatal death within 28 days of birth. There was 1 hospital onset c.difficile case (YTD total of combined community and hospital cases now 16), 2 hospital onset cases of MSSA bacteraemia, and 3 hospital onset cases of E.Coli bacteraemia. There was 1 hospital acquired category 3 pressure ulcer in September. A SWARM and 72 hours report was completed and no omissions in care were identified. There were no category 4 pressure ulcers.

There were 4 SII's commissioner in September, of which 2 were 'never events.' There have been 3 high harm falls in September (2 major/ 1 moderate). These have not been commissioned as SII's but are being managed as local SWARM RCA's with the CCG.

Summary Performance
September 2021

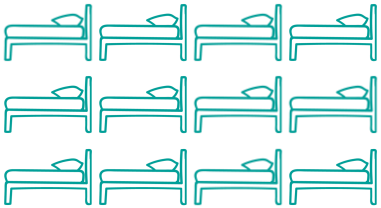
Salisbury NHS Foundation Trust

There were **2,783** Non-Elective Admissions to the Trust

We delivered **37,382** outpatient attendances, **19.7%** through video or telephone appointments

We met **4 out of 4** Cancer treatment standards

We carried out **345** elective procedures & **1,918** day cases



We provided care for a population of approximately **270,000**

RTT 18 Week Performance: **73.4%** ↓

Total Waiting List: **19,367** ↓

99.0% ↑ of patients received a diagnostic test within **6 weeks**

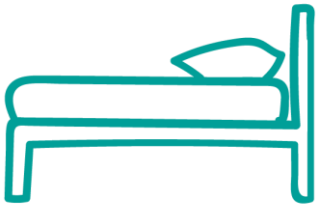
Our income was **£28,468k** (£4,159k above plan)

17.0% ↓ of discharges were completed before 12:00

Emergency (4hr) Performance **76.9%** ↓

(Target trajectory: 95%)

70 patients stayed in hospital for longer than 21 days



Our overall vacancy rate was **5.65%** ↑

Reading a Statistical Process Control (SPC) Chart

The two dotted grey lines represent the boundaries of "normal"

There should always be a minimum of 24 months worth of data

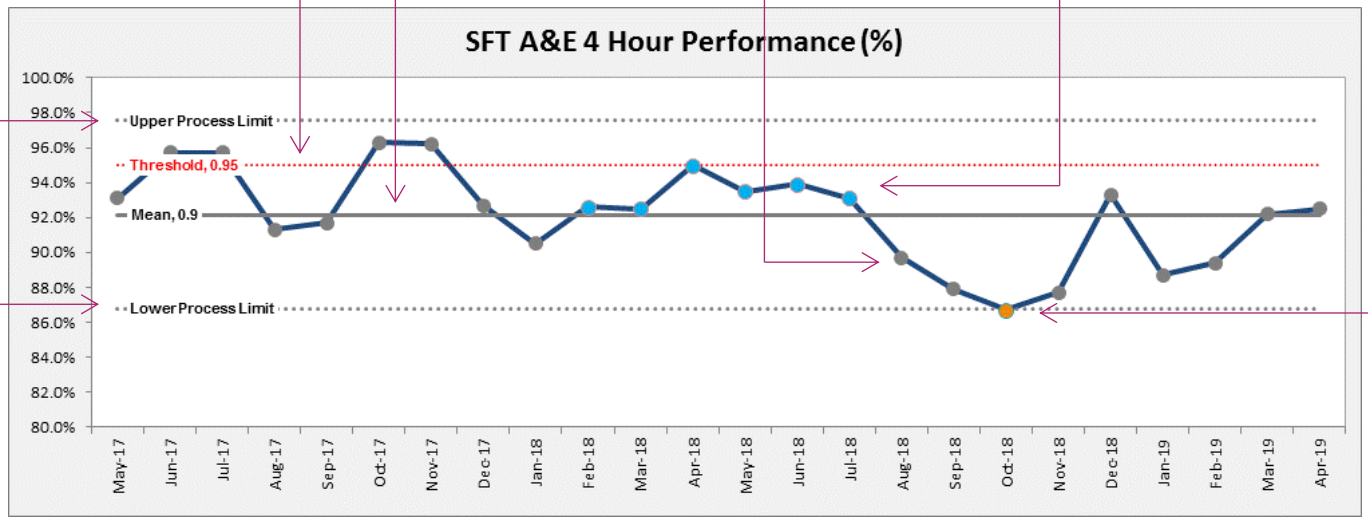
The red line shows the target for the KPI, if there is one

The solid grey line shows the mean value for the dataset

Grey markers show normal behaviour with no significant cause for variation

Blue markers indicate that there has been a marked improvement in performance, showing 6 or more points continuously improving or any point above the upper limit

Orange markers indicate that there has been a marked decline in performance, showing 6 or more points continuously deteriorating or any point below the lower limit



Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points with continuous improving performance, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)
- Common Cause Variation

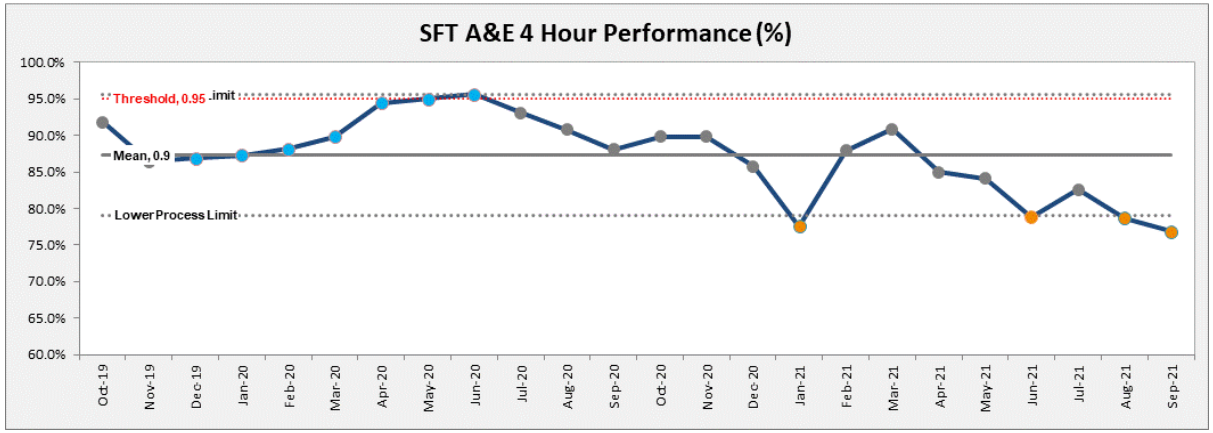
Part 1: Operational Performance

Performance against our Strategic Priorities and Key Lines of Enquiry

Our Priorities	How We Measure	
People	Are We Effective?	Are We Responsive?
Population	Are We Safe?	Are We Caring?
Partnerships	Are We Well Led?	Use of Resources

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

National Key Performance Indicators



Data Quality Rating:	
Performance Latest Month:	76.9%
Attendances:	6172
12 Hour Breaches:	0
ED Conversion Rate:	26.7%

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

M6 saw a further decrease in performance for the 4 hour standard. Attendances were in line with levels in M5.

Staffing gaps remained challenging in M6 in both ED and AMU. AMU have staffing gaps both in junior doctors and Consultant level. Nursing gaps have also remained a factor within ED.

We continue to see a rise in our military attendances with an increase of 119 compared to M5. Patients continue to chose to attend the Emergency Department rather than primary care in many cases.

Flow out of the department has been a significant challenge, with the Trust being at Opel 4 for large periods of time contributed by the high acuity of patients.

Despite all of the above, latest figures released from ECIST South NHSI UEC Dashboard places the Trust 5th place for 4 hour performance target. Staff in both ED and AMU continue to show resilience, hard work and dedication during consistently challenging shifts.

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

Successful external recruitment to 1.43wte B5 nurses. Shortlisting in process for B2 vacant posts, interviews in M7. Shortlisting complete for a vacant 0.8wte administration post and reception vacancies are out to advert.

The fracture clinic is due to move out of the department in M7 and will require building works which will last 2-3 months and will be done in 2 stages. This will enable a larger footprint of the department.

SDEC and ED Improvements work streams continue - current work streams include matching AMU radiology requests with ED permissions to speed up ambulatory pathways. Working with surgical team to identify hot clinic appointments for max fax and ENT and identify clinic space to work up their own patients.

Patient tracker role pilot in the department in M7 to assist with flow and to keep information on Lorenzo up to date facilitating live breach data.

Exploring possibility with SWAST to identify a clinical navigator post to support triage and to support the department in off loading ambulances and cohorting patients if required.

Risks to delivery and mitigations

Middle grade staffing gaps continues to be a challenge for the department with gaps on the rota. Nursing gaps continue to remain an issue within the department.

Access to primary care continues to be given anecdotally as a reason for impact both in ED and AMU, the department is collecting data and raising datix's where appropriate.

Flow out of the department still remains one of our biggest factors affecting the 4 hour performance standard. The department continue to work collaboratively with specialties and clinical site.

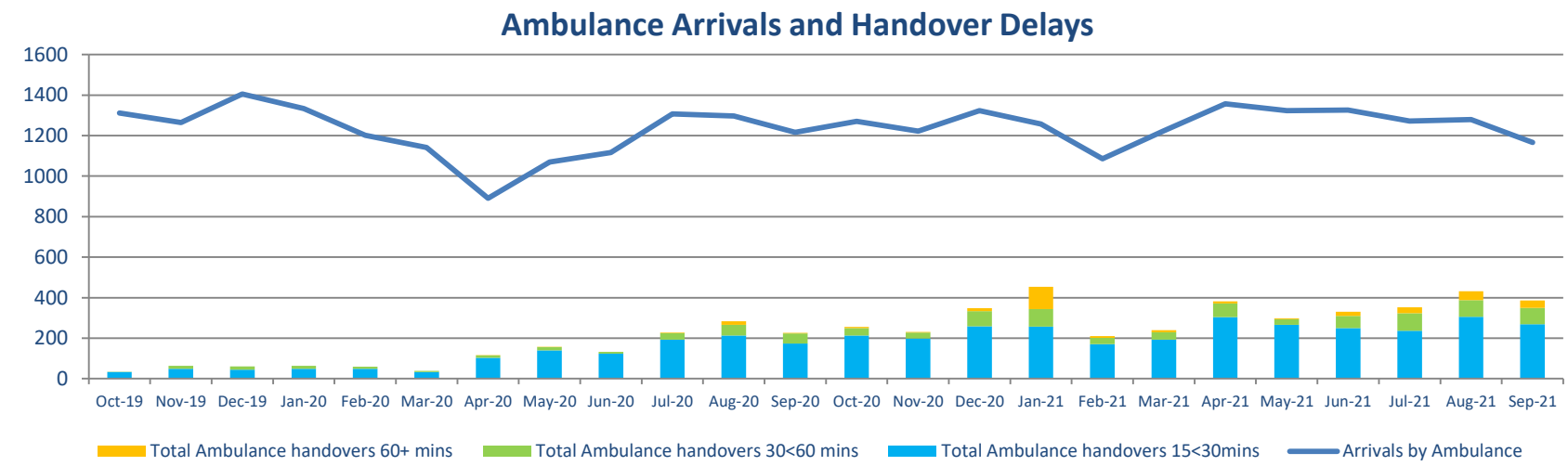
Building works that are due to start in M7/8 may have an impact on our minors service. This will be monitored closely. The work is being completed in 2 stages, to reduce the impact of the necessary work.

Statistical Process Control Chart Key:

- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points with continuous improving performance, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points with continuous deteriorating performance, or a single point outside the control limit)
- Common Cause Variation

Ambulance Handover Delays

National Key Performance Indicators



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

There has been a decrease in number of ambulance in M6 of 1166 compared to M5 of 1279.

There has been a small decease in handover delays in M6 across all delay length categories. This reflects of all the hard work done by staff in offloading ambulances.

SOP continues to be utilised in converting paediatric area in order to off load ambulances.

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

Following a pilot earlier in the year, ACP's from Wiltshire Health and Partners are based (part time) with SWAST to promote admission avoidance for frailty patients.

In M7 a Physician Response Unit pilot begins with an ED consultant working with SWAST. Criteria for this will be falls, oral and IV antibiotics. If no suitable calls they will either take from the stack at SWAST or they can divert car back to the Trust to stream (rapid triage) at the front door. The pilot will focus on twilight hours to help impact upon the surge in ED attendances later in the day.

Working with SWAST to develop a dedicated phone line to clinicians into ED for advice and guidance. Currently working through the information governance and documentation side to initiate the pilot.

Staff focused on the importance of off loading ambulances and are actively using SOP to convert paediatric area into nurse out area to provide capacity within main Majors to off load waiting ambulances. Identifying a "queue" nurse for this area continues to be challenging with current nursing shortages across the Trust.

Risks to delivery and mitigations

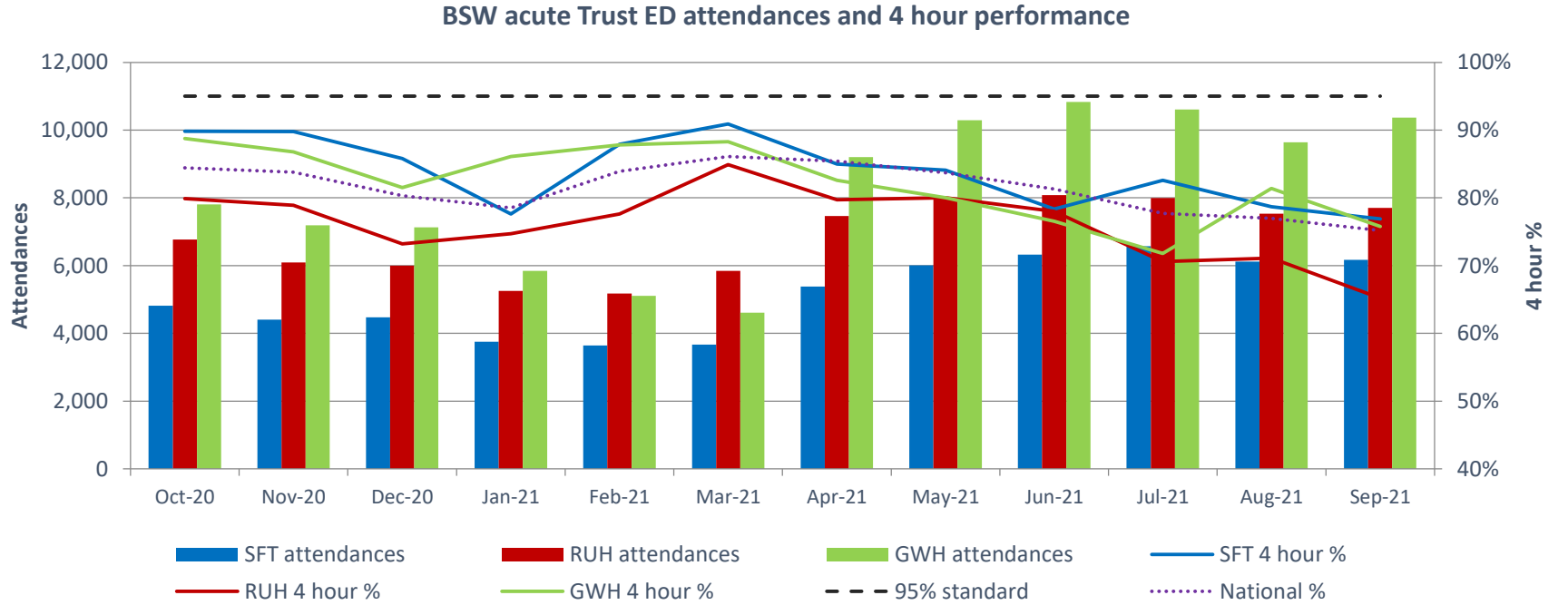
Continued high numbers of patients presenting into the department. It remains a challenge when ambulances present at the same time to off load in a timely manner.

Medical and nursing workforce gaps both in ED and AMU still remain a contributing factor in being able to accept handovers promptly.

Ambulance conveyance continues to be closely monitored closely in hours by UEC Manger. Twilight and overnight when we have reduced staffing numbers remain challenging.

BSW Context – Emergency Access (4hr) standard

Are We Effective?



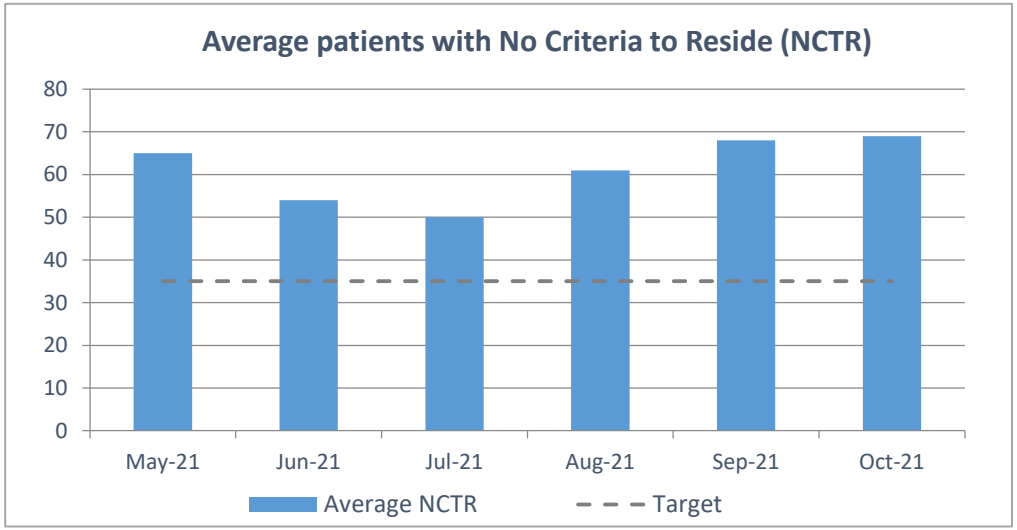
Attendances to emergency departments remained high in M6, although slightly below the peak months of June and July. Attendances in Q2 of this year have been broadly inline with levels seen in Q2 of 2019/20 (pre pandemic) with SFT at 6172, versus 6238 in Q2 2019/20, RUH at 7991 versus 7491 in Q2 2019/20 and GWH at 10606 versus 11769 in Q2 2019/20.

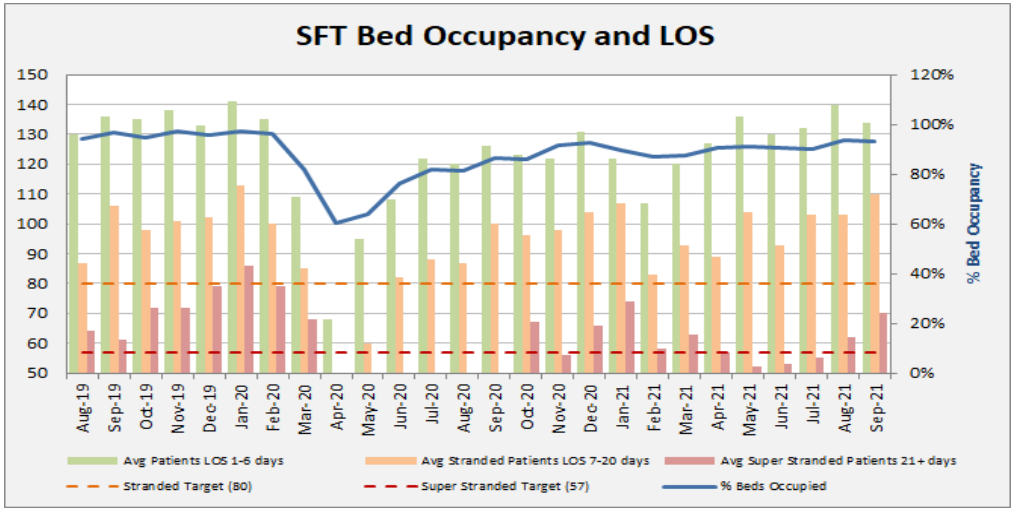
Performance against the four hour standard continues to be very challenging, both locally and at a national level. The performance fell compared to M5 at all three acute BSW Trusts, and at national level a reduction was also seen (75.2% in M6 compared to 77% in M5).

Although overall ED attendance levels are in line with 19/20 levels, there has been some growth at type level. At SFT Type 1 activity was 9% up on 19/20 levels in Q1 and 4% up in Q2. Type 2 (Ophthalmology) and Type 3 (Walk in Centre) activity remains under 19/20 levels – 3% down in Q1 and 4% down in Q2 for Type 2, and more notably, 32% down in Q1 and 13% down in Q2 for Type 3.

Patient Flow and Discharge

Are We Effective?





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

Dtoc reporting ceased in April 20 at the start of the pandemic and was replaced with No Criteria to reside reporting in May 21, leaving a reporting gap from Apr 20 – April 21. To mitigate the data gap data around LOS groupings and the new NCTR data are both being used to understand a benchmark position.

NCTR reside patients have increased consistently over the last 4 months, and a similar increase can be seen in the number of patients with a 21+ day LOS. The M6 position was above the same month in 19/20 indicating a deteriorating position.

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

On going work with system partners to review D2A pathways and levels of care provision in the community.

Medicine division exploring slight reconfiguration of 2 wards to promote use of the whiteboards and improve accuracy of data capture regarding discharge and criteria to reside. Criteria to Reside sustainability review to be completed by the end of Q3, and a case for change launched.

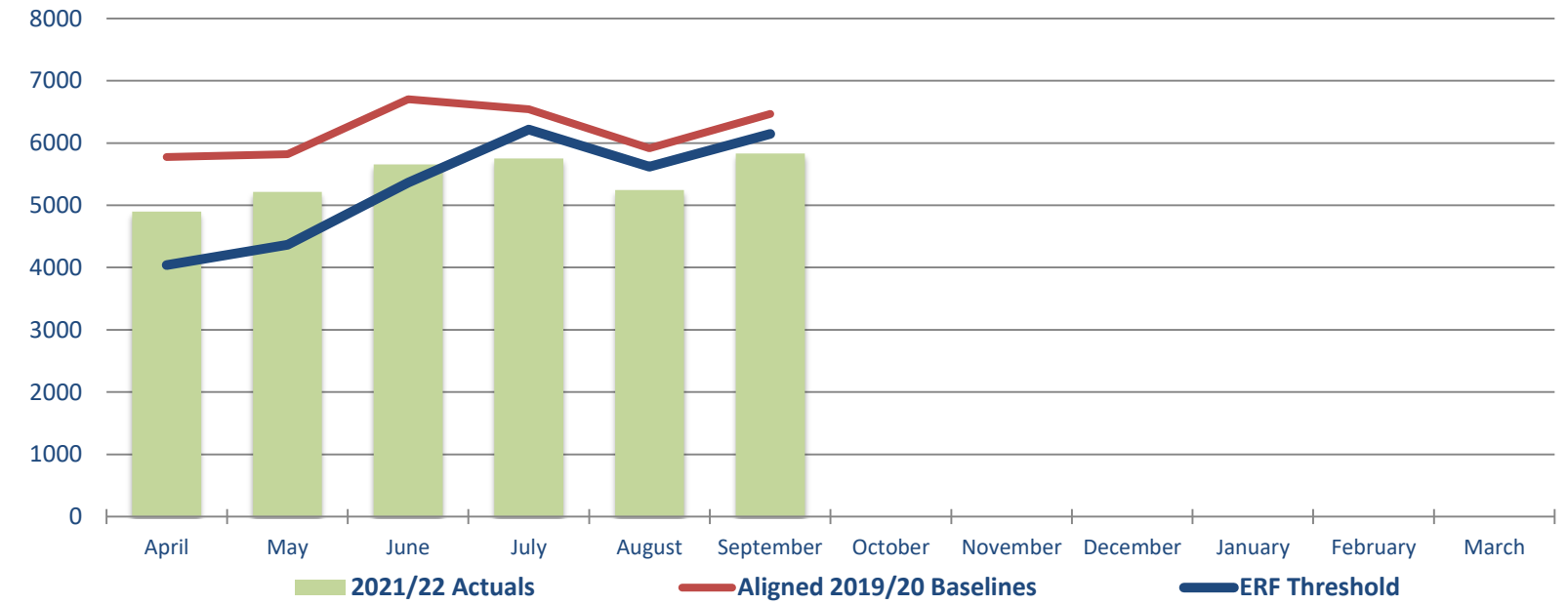
System partners exploring more use of third sector to support home care.

Risks to delivery and mitigations

Clinician capacity to engage with program of work
Operational staffing levels to own projects of work
Delays to project deliverables due to operational pressures.
Pressures across the system may limit capacity to support SFT

Activity recovery – Elective Recovery Fund

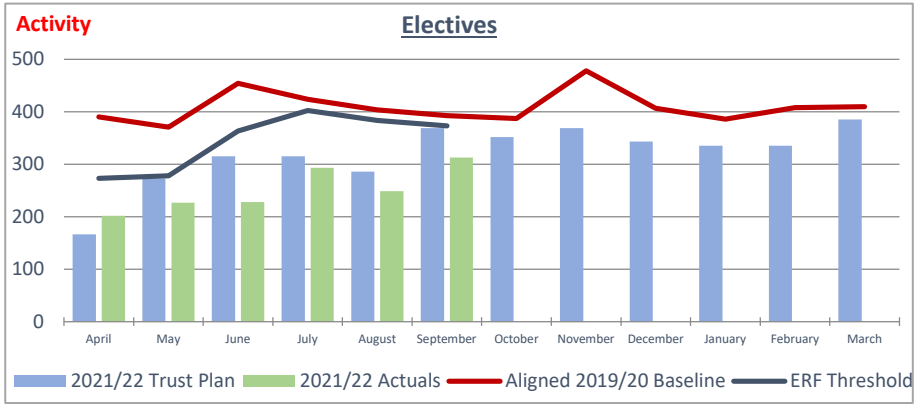
Are We Effective?



Elective activity levels are at 90% of 2019/20 baseline activity year to date. This is based on eligible activity under the Elective Recovery Fund calculation. The threshold is currently 95% to receive Elective Recovery Funds, but in months 7-12 the threshold will change to 89% of RTT activity.

Activity recovery – Electives (target 95%)

Are We Effective?



Specialty	2019-20	2021-22	Delivery
Clinical Haematology	5	14	267%
Gastroenterology	4	10	239%
Spinal Injuries	12	17	148%
Oral Surgery	13	18	143%
Breast Surgery	8	10	119%
Urology	60	65	109%
Ophthalmology	3	3	95%
Paediatric Plastic Surgery	1	1	95%
Plastic Surgery	64	57	89%
General Surgery	23	19	82%
Gynaecology	17	11	66%
Spinal Surgery Service	18	9	51%
General Medicine	10	5	48%
Colorectal Surgery	29	14	48%
Paediatrics	2	1	48%
Trauma & Orthopaedics	86	39	45%
ENT	22	9	41%
Cardiology	8	2	24%
Medical Oncology	2	0	0%
Paediatric Ear Nose And Throat	3	0	0%
Palliative care	1	0	0%

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

The target levels for elective activity to meet the Elective Recovery Fund (ERF) threshold in month 6 was 95%. The Trust achieved performance of 71%, which is an improvement from M5, but falls short of the ERF threshold. Activity in comparison to the plan resulted in a shortfall of 56 cases.

Areas of underperformance this month are Trauma and Orthopaedics, ENT, Colorectal and General Surgery. This is largely owing to increased trauma presentations, volume of low priority patients and sickness respectively.

Gynaecology, Plastic Surgery and Urology have each reported improved performance since M5, this is largely owing to increased access to Theatre lists.

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

The Four Eyes productivity and efficiency work continues and is being underpinned by a weekly Operational Theatre Group. Regular representation from multidisciplinary Teams is enabling route cause analysis and identification of issues, and solutions for mitigation. Current focus points are utilisation of lists and prevention/reduction of late starts

The insourced staffing model is embedded and performing well, with the majority of additional activity delivered via day cases. Weekend lists have also run throughout the month for LA Plastic cases, resulting in an increase of 33% delivery against target.

Risks to delivery and mitigations

Theatre workforce for local lists. High levels of sickness continued to impact lists in M6 leading to the cancellation of elective work. The mitigation for this issues is largely linked to the Workforce Review being led by OD&P, with support from both the Theatres Specialty Team and DMT. This paper will be tabled for TIG in November, and if approved, TMC in the same month.

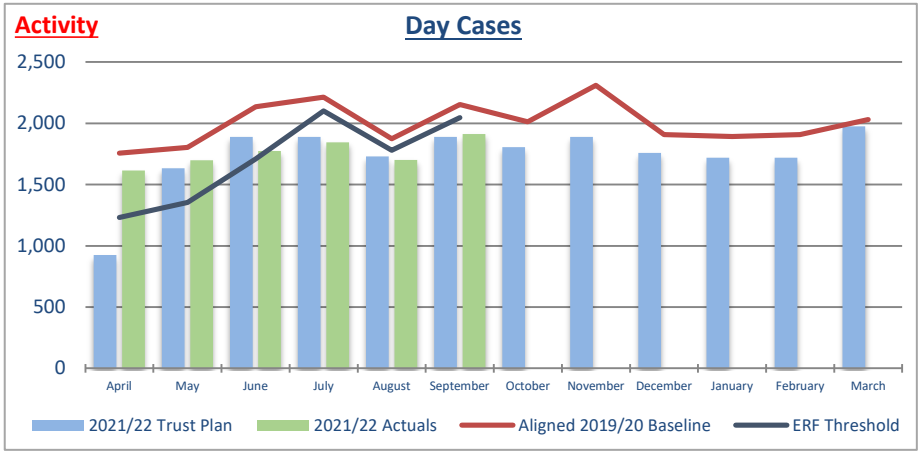
Continued risks remain in relation to high levels of Trauma in both Plastics and Trauma and Orthopaedic Specialties. This is being mitigated by daily reviews by the Specialty, Theatre and DMT to ensure patients are clinically prioritised acccordingly, and elective cancellations are minimised where practical. The Orthopaedic pathway for 'cold' trauma is also being reviewed.

Late starts, particularly in DSU, continue to be an issue – this is a focal point for the Operational Theatre Group.

Theatre access continues to be allocated by clinical priority (for further review following H2 guidance) and volumes of patients waiting 52 weeks for surgery has increased in month.

Activity recovery – Day case (target 95%)

Are We Effective?



Specialty	2019-20	2021-22	Delivery
Paediatrics	1	39	3723%
Geriatric Medicine	1	5	477%
Urology	125	232	186%
Plastic Surgery	213	287	135%
Neurology	18	20	112%
Cardiology	96	100	104%
Oral Surgery	80	81	102%
Respiratory Medicine	16	15	95%
Breast Surgery	17	15	89%
Ophthalmology	127	111	88%
Spinal Surgery Service	25	20	80%
Gynaecology	56	43	77%
General Surgery	290	222	77%
Interventional Radiology	15	11	75%
Rheumatology	107	78	73%
Gastroenterology	544	380	70%
Trauma & Orthopaedics	73	47	64%
ENT	54	33	61%
Colorectal Surgery	203	118	58%
General Medicine	79	38	48%
Vascular Surgery	9	2	21%

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

The target levels for elective activity to meet the Elective Recovery Fund (ERF) threshold in month 6 was 95%. The Trust achieved performance of 101% against plan, but this did not exceed the ERF threshold.

Main areas of underperformance were Trauma and Orthopaedics, due to the transfer of their daycase activity to Newhall and ENT and Colorectal Surgery, who have both been impacted by the allocation of theatres based on clinical priority.

The success story of the month is Plastic Surgery, entirely owing to increased weekend working utilising TXM insourced staffing.

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

Improvements in month are largely owing to increased numbers of High Volume Low Complexity (HVLC) lists taking place, increasing our ability to do more from a numbers perspective in month. This model is set to continue in forthcoming months, but is entirely dependent on SFT's ability to identify a Consultant Surgeon and TXM to identify appropriately skilled staff for weekend lists.

The Four Eyes productivity and efficiency work continues and is being underpinned by a weekly Operational Theatre Group. Regular representation from multidisciplinary Teams is enabling route cause analysis and identification of issues, and solutions for mitigation. Current focus points are utilisation of lists and prevention/reduction of late starts

Risks to delivery and mitigations

Theatre workforce for local lists. High levels of sickness continued to impact lists in M6 leading to the cancellation of elective work. The mitigation for this issues is largely linked to the Workforce Review being led by OD&P, with support from both the Theatres Specialty Team and DMT. This paper will be tabled for TIG in November, and if approved, TMC in the same month.

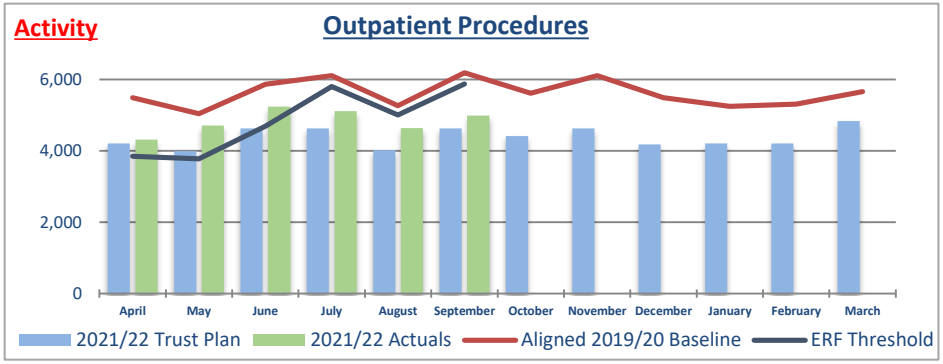
Late starts, particularly in DSU, continue to be an issue – this is a focal point for the Operational Theatre Group.

Theatre access continues to be allocated by clinical priority (for further review following H2 guidance) and volumes of patients waiting 52 weeks for surgery has increased in month.

Theatre access continues to vary by specialty as a direct result of clinical prioritisation. The impact of which is easily identified in specialties with a high proportion of clinically routine , low priority patients.

Activity recovery – Outpatient Procedures (target 95%)

Are We Effective?



Specialty	2019-20	2021-22	Delivery
Physiotherapy	9	28	297%
Gynaecology	305	700	230%
Breast Surgery	44	91	207%
Clinical Cardiac Physiology	140	260	185%
Paediatrics	10	18	172%
Orthodontics	252	258	102%
Clinical Neurophysiology	186	177	95%
Gynaecological Oncology	34	30	89%
Respiratory Physiology	98	84	85%
Interventional Radiology	17	14	84%
Audiology	684	570	83%
Plastic Surgery	793	654	82%
Maxillo-Facial Surgery	17	13	78%
Oral Surgery	197	145	74%
Ophthalmology	1,520	1047	69%
Rheumatology	16	10	64%
Trauma & Orthopaedics	65	40	62%
Vascular Surgery	44	27	61%
Colorectal Surgery	25	15	60%
ENT	475	258	54%
Urology	306	165	54%
Dermatology	427	220	51%
Respiratory Medicine	344	131	38%
Optometry	20	2	10%

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

The target levels for Outpatient Procedure activity to meet the Elective Recovery Fund (ERF) threshold in month 6 was 95%, the Trust fell short of this achieving 81%.

The Trust however achieved plan, and the number of procedures undertaken in month increased by 349 in comparison to M5.

There continues to be challenges for those services constrained by space, whereby an increased number of outpatients appointments are being delivered virtually. Specialties with fewer Covid-19 related and physical space constraints can be seen to have fully recovered more effectively with activity for some being well over 100%.

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

Sustained performance in a number of areas in relation to outpatient procedures, with improvements overall in the total number of procedures delivered in month.

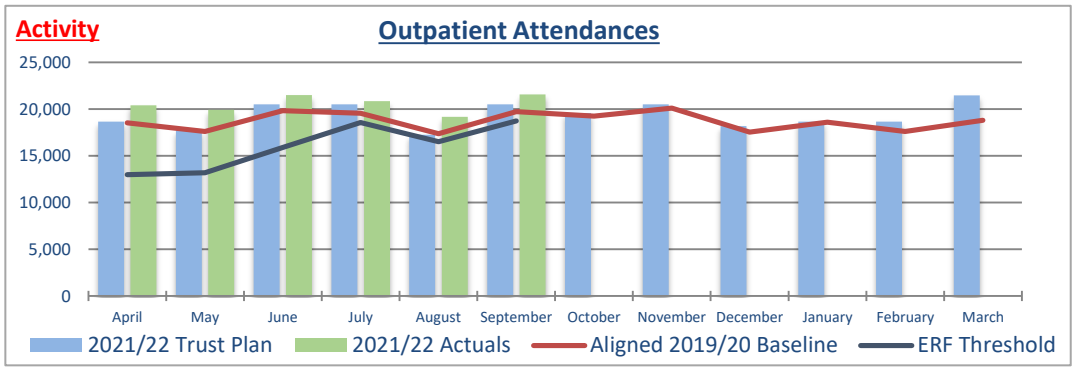
Audiology performance has improved in month, following an improvement in capacity from a workforce perspective. This has resulted in percentage improvements against plan and DM01 performance in line with trajectories in place.

Risks to delivery and mitigations

Space constraints across outpatient departments continue to be a significant challenge. This is particularly impacting Ophthalmology and Respiratory Medicine. Insourcing solution for weekend capacity is ongoing for Respiratory Medicine, this is to support the loss of activity within their area owing to the impact of AGP procedures and the limited physical space for these. Whilst performance from a percentage perspective has declined in month, the number of procedures delivered has increased.

Activity recovery – Outpatient Attendances (target 95%)

Are We Effective?



Specialty	2019-20	2021-22	Delivery
Respiratory Medicine	355	2,247	633%
Clinical Cardiac Physiology	553	1,181	214%
Burns Care	108	223	207%
Clinical Oncology	72	129	178%
Paediatric Ear Nose And Throat	57	92	163%
Endocrinology	310	439	142%
Gastroenterology	332	454	137%
Clinical Haematology	430	577	134%
Orthoptics	192	246	128%
Ophthalmology	1,101	1,317	120%
Urology	614	722	118%
Speech And Language Therapy	402	462	115%
ENT	428	484	113%
Dermatology	306	339	111%
Geriatric Medicine	205	214	104%
Anticoagulant Service	131	136	104%
Rehabilitation	555	575	104%
Colorectal Surgery	593	594	100%
Oral Surgery	569	560	98%
Physiotherapy	282	272	97%
Breast Surgery	434	416	96%
Medical Oncology	513	491	96%
Vascular Surgery	200	188	94%
Cardiology	657	607	92%
Audiology	620	571	92%
Trauma & Orthopaedics	1,824	1,650	90%
Plastic Surgery	1,668	1,482	89%
Rheumatology	921	810	88%
Gynaecology	450	394	87%
Clinical Physiology	410	354	86%
Orthotics	796	662	83%
General Medicine	157	123	78%
Diabetic Medicine	291	227	78%
Paediatrics	855	631	74%
General Surgery	436	286	66%
Spinal Injuries	169	110	65%
Cardiac Rehabilitation	383	247	64%
Clinical Psychology	183	109	59%
Spinal Surgery Service	294	141	48%

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

The target levels for Outpatient activity to meet the Elective Recovery Fund (ERF) threshold in month 6 was 95%. The Trust achieved performance of 110% well exceeding the ERF threshold. This performance was significantly higher than plan with 21,581 attendances against a plan of 20,518. This was also further improvement compared to M5 at 106%

Specialties with fewer Covid-19 related constraints can been seen to have fully recovered with activity sustained well above 100%

Virtual appointments continue to work well for a number of specialties and an overall Trust performance of approx. 25% in line with the national target.

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

Increased capacity for T&O following their recent relocation has resulted in a further 273 attendances in M6 in comparison to M5 despite a decline in percentage performance.

Risks to delivery and mitigations

Space constraints across outpatient departments continue to be a significant challenge, particularly in specialties with low levels of patients suitable for virtual appointments such as Trauma and Orthopaedics and Spinal Surgery with recovery for these specialties being limited by a lack of access to face to face clinical space exacerbated by limited suitability for virtual solutions.

A return to face to face attendances from virtual has been identified in some specialties and focused work continues to be to undertaken to improve medium and long term virtual service delivery models.

Theatre Performance

Theatre KPI's

	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 21	Feb 21	Mar 21
19/20	497	532	501	531	453	522	524	555	476	548	481	364
20/21	239	294	327	317	346	362	379	401	328	248	263	383
21/22 Actual	301	378	379	442	455	473						
21/22 Plan	252	411	452	456	441	463	451	463	451	435	423	482
21/22 Plan+	252	411	551	560	540	563	554	568	547	541	517	588

Measure - Theatre Performance & Efficiency	Area	Target	Sept 21
% Utilisation	Day Surgery Theatres	90%	76%
	Main Theatres	85%	88%
Turnaround	Day Surgery Theatres	8 mins	16
	Main Theatres	12 mins	32
% short notice Hospital Cancellations (0-3 days)	Total	2%	1.79%
% Short notice Patient Cancellations (0-3 days)	Total	2%	9.41%

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

Plan in month achieved as a direct result of Day Case performance.

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

Theatres Workforce Review tabled to for TIG, and if approved, TMC in November

SFT IPC guidelines updated to reflect national process for low risk pathways, improving the ability to book patients into cancelled slots with less notice required, in turn improving utilisation.

The insourced staffing model is embedded and performing well, with the majority of additional activity in month delivered via day cases. Weekend lists have also run throughout the month for LA Plastic cases, resulting in an increased delivery against target.

Continuation of High Volume Low Complexity (HVLC) lists running both in week and at weekends for a number of specialties as targeted Waiting List Initiatives.

The Four Eyes productivity and efficiency work continues and is being underpinned by a weekly Operational Theatre Group. Regular representation from multidisciplinary Teams is enabling route cause analysis and identification of issues, and solutions for mitigation. Current focus points are utilisation of lists and prevention/reduction of late starts

Theatre Education continues with increased numbers of Scrub Nurses, ODP's and SFA's in full time training. Recruitment is also progressing favorably with a number of international recruits joining the organisation in the months of October and November.

Risks to delivery and mitigations

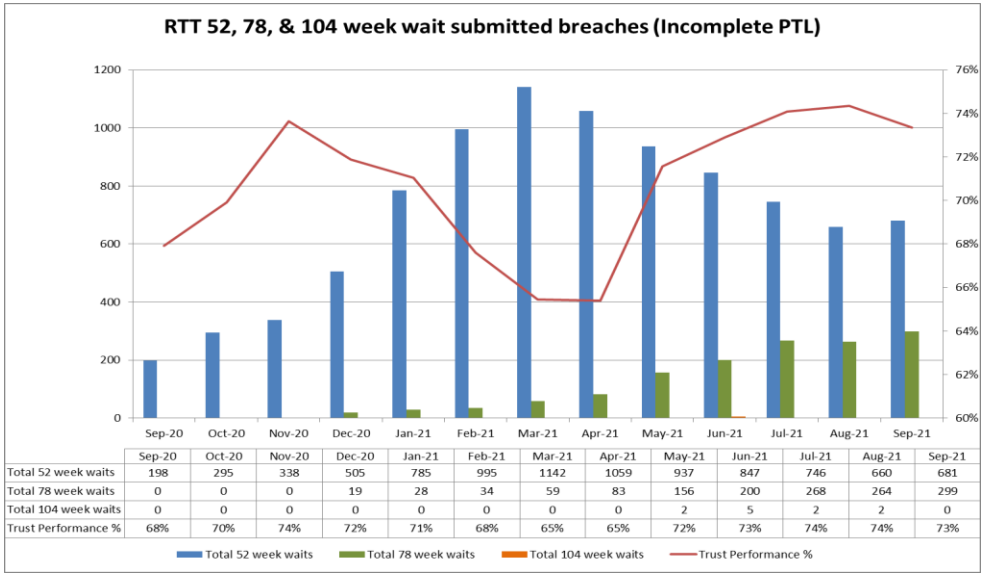
Theatre workforce for local lists. High levels of sickness continued to impact lists in M6 leading to the cancellation of elective work. The mitigation for this issues is largely linked to the Workforce Review being led by OD&P, with support from both the Theatres Specialty Team and DMT. This paper will be tabled for TIG in November, and if approved, TMC in the same month.

Continued risks remain in relation to high levels of Trauma in both Plastics and Trauma and Orthopaedic Specialties. This is being mitigated by daily reviews by the Specialty, Theatre and DMT to ensure patients are clinically prioritised acccordingly, and elective cancellations are minimised where practical. The Orthopaedic pathway for 'cold' trauma is also being reviewed.

Theatre access continues to vary by specialty as a direct result of clinical prioritisation. The impact of which is easily identified in specialties with a high proportion of clinically routine , low priority patients.

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

National Key Performance Indicators



	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Total 52 week waits	198	295	338	505	785	995	1142	1059	937	847	746	660	681
Total 78 week waits	0	0	0	19	28	34	59	83	156	200	268	264	299
Total 104 week waits	0	0	0	0	0	0	0	0	2	5	2	2	0
Trust Performance %	68%	70%	74%	72%	71%	68%	65%	65%	72%	73%	74%	74%	73%

Top 5 with highest 52 week wait submitted breaches (Incomplete PTL)

Treatment function	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	% change from
Plastic Surgery	107	132	148	139	145	140	133	130	129	-1%
Ophthalmology	202	238	253	203	158	120	92	92	90	-2%
Oral Surgery	97	117	135	146	102	87	76	63	63	0%
Trauma and Orthopaedic	71	104	134	130	114	99	85	74	59	-20%
Urology	65	84	96	89	94	88	78	52	54	4%

Longest Waiting patient (Weeks)	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
	101	106	110	108	112	103

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

The number of patients waiting longer than 52 weeks has increased by 21 to total of 681 exceeding the trajectory position of 660 for M6.

The number of reportable patients waiting 104 weeks is zero, with the longest waiting patient waiting 103 weeks.

Of the patients waiting on an outpatient pathway, the majority continue to be within Ophthalmology. Of the patients on admitted pathway awaiting surgery the split is broader as illustrated in the table identifying the 'Top 5'.

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

Transfer of Hand pathway patients to Sulis Hospital in Bath has commenced.

Transfer of suitable Orthopaedic Patients to Newhall and Ophthalmic Cataract patients to two external providers continues.

HVLC lists for Plastics LA lists have been running throughout the month of September, with the impact measurable in the reported activity figures.

H2 trajectories are in the process of being set, with national guidance to eliminate 104 week breaches by March 22 (unless a P5 or P6 patient choice to wait), hold or reduce the number of patients waiting longer than 52 weeks, and hold total waiting list size around September 21 levels.

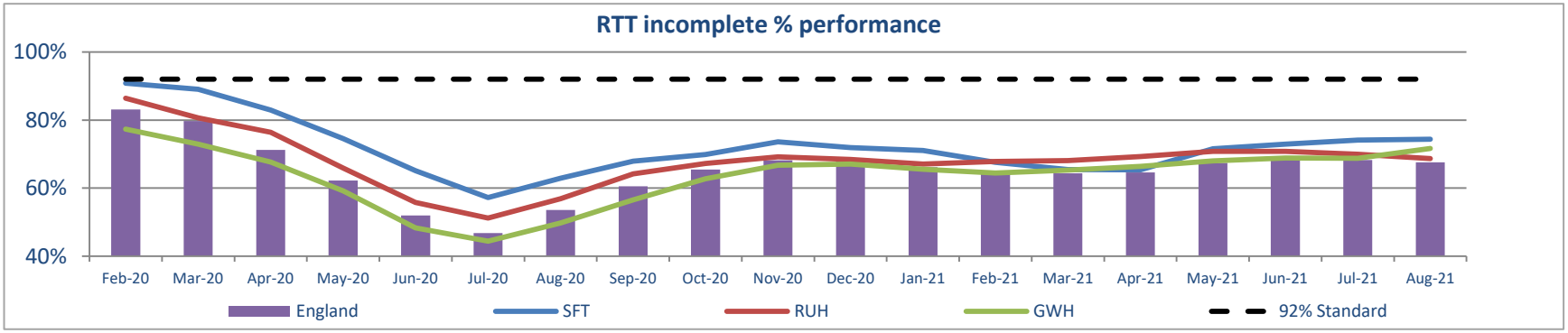
Risks to delivery and mitigations

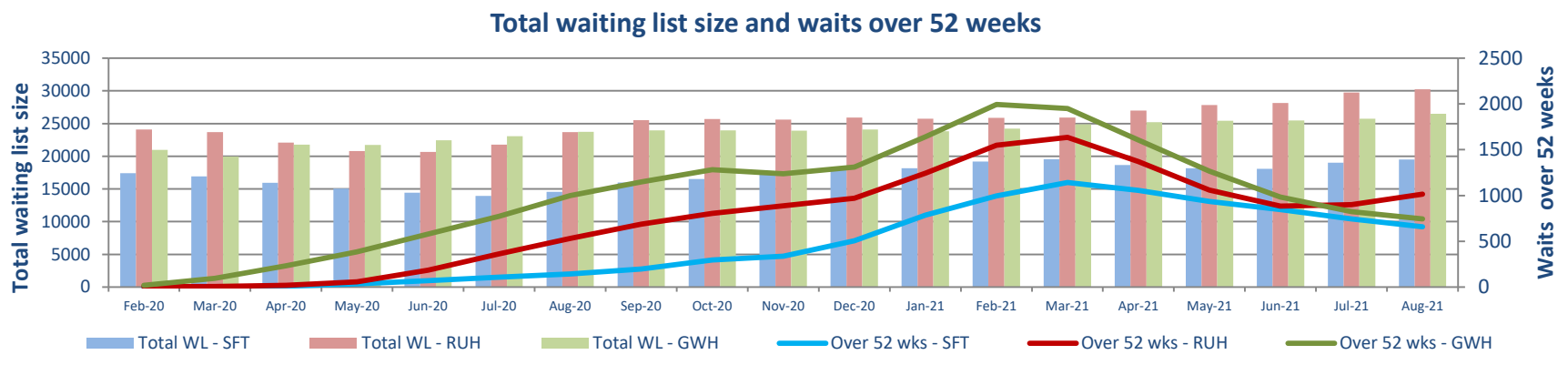
Continued risks remain in relation to high levels of Trauma in both Plastics and Trauma and Orthopaedic Specialties. This is being mitigated by daily reviews by the Specialty, Theatre and DMT to ensure patients are clinically prioritised acccordingly, and elective cancellations are minimised where practical. The Orthopaedic pathway for 'cold' trauma is also being reviewed.

Risks associated with staffing levels as a direct result of Covid-19 also remain prevalent, with some activity lost in M6 owing to Consultants and Theatre staff needing to isolate.

BSW Context – Referral To Treatment (RTT)

Are We Effective?





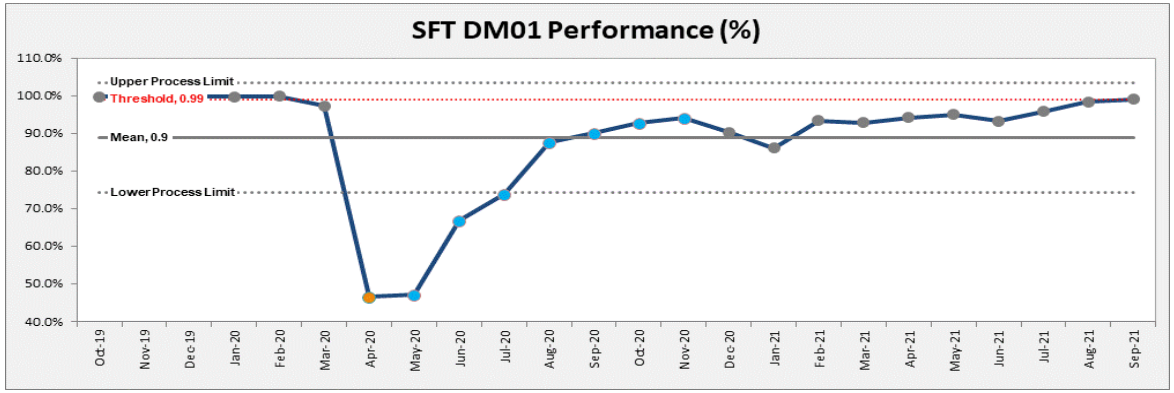
*Due to the time it takes to for NHSE to publish the data, RTT data on this slide is always a month behind

Total waiting lists increased at all three BSW Trusts for the third consecutive month. Improvements in the number of patients waiting over 52 weeks for treatment were seen at SFT and GWH, however at RUH this group of patients increased for the second consecutive month

Challenges in improving the performance are being seen at a national level with performance dropping in M5 to 67.6% (68.3% in M4). Nationally 5.1% of the total waiting list has waited longer than 52 weeks, at a BSW level this is lower – 3.4% at SFT and RUH, and 2.8% at GWH.

Diagnostic Wait Times (DM01) Target 99%

National Key Performance Indicators



Data Quality Rating:

Performance Latest Month: 99.0%

Waiting List Volume: 3351

6 Week Breaches: 31

Diagnostics Performed: 7340

Modality performance

MRI	99.1%	US	100.0%	Audio	97.2%	Neuro	100.0%	Flexi sig	98.4%
CT	100.0%	DEXA	100.0%	Cardio	94.5%	Colon	96.3%	Gastro	99.1%

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

Continued increase in performance from 98.39% in M5 to 99.07% in M6 giving a compliant position for Trust performance. Reduction in backlog within audiology and cardiology resulted in total number of breaches of 31 in M6 (reduction from 53 in M5).

4 breaches in MRI

4 breaches in Audiology

16 breaches in Cardiology Echo

7 breaches in Endoscopy (GA capacity constraints)

Anticipating continued achievement of performance for M7.

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

4 patients of the 31 are above 13 weeks waiting and these are being discussed with the teams to understand cause and prioritise them for booking

Change in information pull to simplify validation (not splitting the validation into two sub groups now that numbers are smaller). Deadline for validation to also be brought forward to enable close down of position at sooner point in month.

Risks to delivery and mitigations

Cardiology Echo remain reliant on locum cover and overtime of substantive workforce to meet demand.

USS continue to require some overtime (although in reducing numbers as compared to M4 and M5).

GA lists in endoscopy challenging to organise and increase capacity for but Surgery Division are reviewing this.

As outlined at board previously delivery of this standard may be volatile for the next few months due to uncertainty around referral levels and workforce challenges.

Statistical Process Control Chart Key:

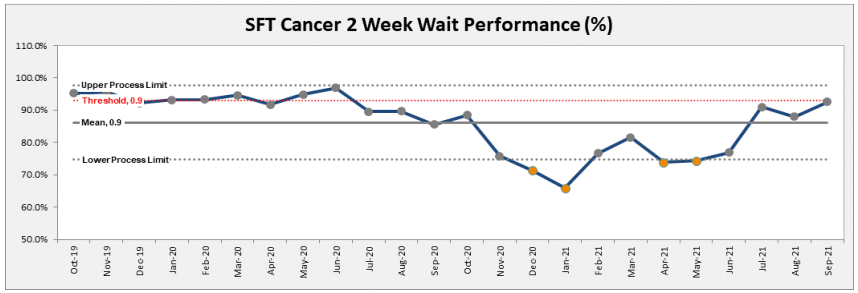
- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)
- Common Cause Variation

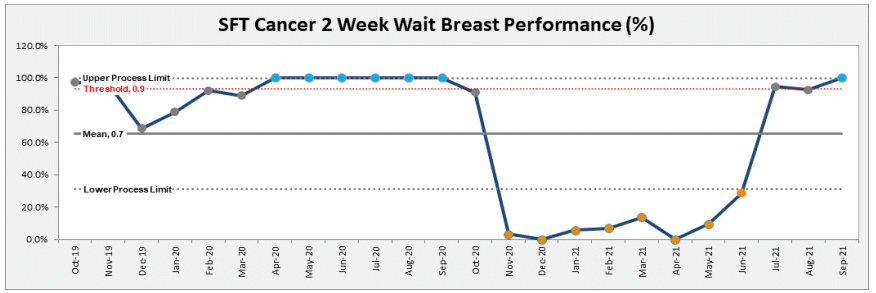
Cancer 2 Week Wait Performance Target 93%

National Key Performance Indicators

Performance Latest Month	Performance	Num/Den	Breaches
Two Week Wait Standard:	92.54%	906/979	73 (45 patient choice)
Two Week Wait Breast Symptomatic Standard:	100%	36/36	0

Data Quality Rating:





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

Two week wait standard not achieved for Month 6, with month end validated performance of 92.54% (979 patients seen; 906 in target; 73 breaches). Breach reasons associated with:

- Patient choice: 45 breaches
- Endoscopy capacity: 6 breaches
- Incomplete GP referrals: 11 breaches
- Administrative delays: 2 breaches
- OPA capacity: 1 breach
- Clinical delays: 5 breaches
- Radiology capacity: 3 breaches

Quarter 2 validated performance of 90.48% (2973 patients seen; 2690 in target; 283 breaches).

Breast symptomatic two week wait standard achieved in Month 6 (36 patients seen; 36 in target; 0 breaches), with validated month end performance 100%. Quarter 2 validated performance of 95.96% (99 patients seen; 95 in target; 4 breaches).

28 day Faster Diagnosis standard achieved, with month end performance of 88.2% (703 patients diagnosed, 620 in target; 83 breaches)

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

Breast one stop clinic capacity: Significant improvement in breast two week performance. Capacity to remain under review in light of recent celebrity death and breast cancer awareness month (October 2021). Increase in breast referrals evident over September 2021. Service is currently scoping opportunities with radiology department.

Patient choice delays: Incremental increase in patient choice 2ww breaches on a monthly basis. Revised comms has been shared with primary care to ensure patients are willing and able to attend hospital at the point of referral. Issue raised with BSW CCG to look at potential opportunities and solutions.

Incomplete GP referrals: Inconsistent completion of straight to test referral forms. Conversations underway with Hampshire and Isle of Wight CCG re referrals from Hampshire in hope that this will improve understanding of Salisbury pathways and therefore improve the completeness of clinical information within the forms.

Risks to delivery and mitigations

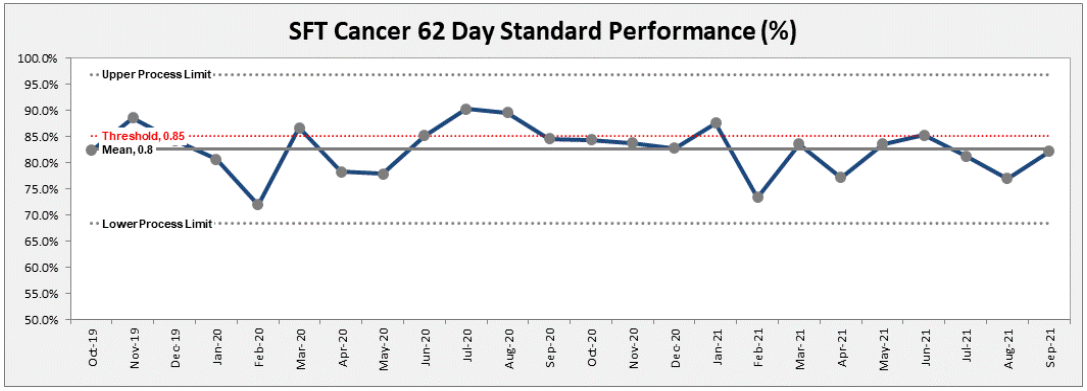
Impact of COVID-19: Risk associated with potential increase in referrals as a result of the 'COVID-19' backlog (patients who chose not to present to their GP during the pandemic, who may present at a later date). Referral rates have remained consistently high across all tumour sites since March 2021 and are comparatively higher when compared with our BSW counterparts.

Patient choice: Incremental increase in patient choice 2ww breaches on a monthly basis. Delays associated with a variety of reasons.

Statistical Process Control Chart Key:
- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)
- Common Cause Variation

Cancer 62 Day Standards Performance Target 85%

National Key Performance Indicators



Data Quality Rating:

March 21	Performance	Num/Den
62 Day Standard:	81.82%*	58.5/71.5
62 Day Screening:	50%	2.5/5

*62 day performance is subject to change prior to final submission

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

Month 6 62 day performance standard not achieved, with validated month end performance of 81.82% (71.5 treated in total; 58.5 in target; 13 breaches).

- Colorectal: 4 breaches (combination of patient choice, clinical delays and diagnostic capacity constraints)
- Gynaecology: 3 breaches (patient choice and complex diagnostic pathways)
- Haematology: 2 breaches (both associated with delayed transfers from other tumour sites)
- Skin: 1 breach (theatre capacity)
- Urology: 3 breaches (combination of diagnostic capacity constraints including reporting turnaround times and template biopsy capacity, as well as evidence of administrative delays)

Quarter 2 validated 62 day performance of 80.09% (211 patients treated; 169 in target; 42 breaches)

62 day screening standard not achieved for Month 6, with validated month end performance of 50% (5 patients treated; 2.5 in target; 2.5 breaches). Two bowel cancer screening breaches associated with initial BCSP endoscopy capacity. One breast screening breach as a result of patient choice.

Quarter 2 validated 62 day screening performance of 60.01% (16.5 patients treated, 10 in target; 6.5 breaches).

31 day standard not achieved for Month 6, with validated month end performance of 94.4% (125 patients treated; 118 in target; 7 breaches). Breaches as a direct result of insufficient DSU capacity for skin cases. More robust escalation process in place across cancer services and surgical division.

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

Patient choice: Services continue to see patient choice delays throughout pathways, both at the point of diagnostics or treatment. Individualised input in to each patient to help establish and address any concerns. Patient focus group established to receive feedback from service users to identify good practice and learning, as well as identify potential reasons as to why patients delay. Initial meeting held in July and will be rolled out routinely across the year. Tumour site feedback mechanism is currently being piloted within skin cancer services in the hope that this can be replicated across all services.

Access to PET CT: Service is provided by Alliance Medical. Capacity issues raised via Clinical Lead directly with providers, as well as through SWAG cancer alliance and BSW ICS for resolution. Capacity has the potential to adversely affect pathways across all tumour sites and will hinder SFT's ability to deliver the nationally recommended optimum timed diagnostic pathways. Audit of average waiting time from request to reporting of PET CT underway to evidence the impact on patient pathways.

Radiology and histology reporting turnaround times: Increased waiting times for both radiology and histology reporting. Radiology delays associated with insufficient consultant radiologist capacity in light of management of routine backlog. Increase in number of histology reports being outsourced due to staffing constraints locally. Raised with CSFS via Cancer Action Group and weekly list out outstanding cases raised with division directly.

Risks to delivery and mitigations

Impact of COVID-19 and patient complexity: Risk associated with delayed presentation as a result of the COVID-19 pandemic. There have been instances where patients are being diagnosed with more advanced stages of cancer, complex metastasis and co-morbidities. This is resulting in an increased PTL backlog size. Ongoing focus from BSW ICS and national campaigns to encourage patients to present to their GP with any concerns.

Patient choice: Services continue to see patient choice delays throughout pathways both at the point of diagnostics or treatment. Individualised input to each patient to help establish and address any concerns.

Accessibility to diagnostics and theatres as a result of routine backlog: Cancer patients have continued to be prioritised during the COVID-19 pandemic. There is a risk however that access to treatment is affected due to reduced capacity as the routine backlog is managed. Any delays are escalated promptly as per the cancer escalation policy.

Review of Bowel Cancer Screening Pathway: Although not likely to affect SFT's 62 day screening performance, the management of the BCSP PTL is under review. This will result in SFT having oversight of the BSW-wide waiting list for patients as opposed to only patients who choose to attend locally. This will likely affect SFT's 28 day faster diagnosis performance and will also result in increased administrative pressure on cancer services. Request for additional investment to recruit Screening MDT co-ordinator under way.

Statistical Process Control Chart Key:
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- Mean
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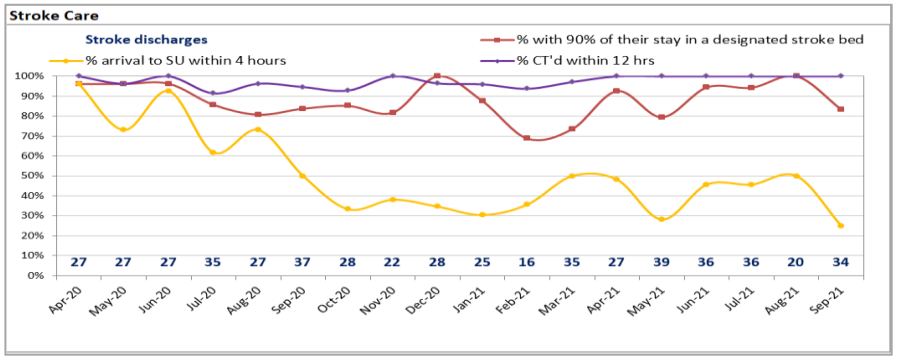
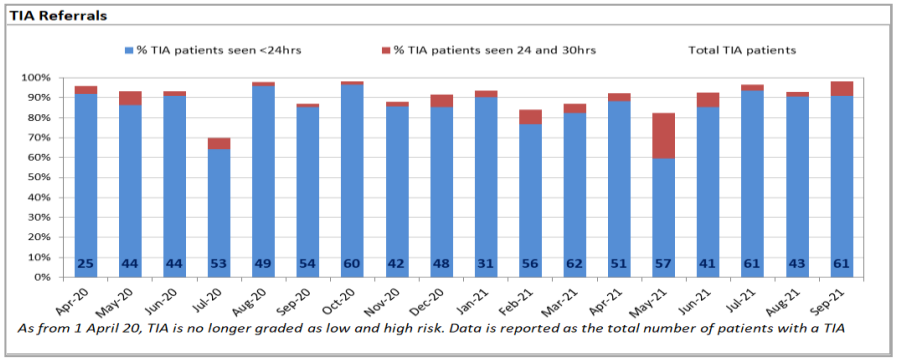
- Common Cause Variation

Stroke & TIA Pathways

Are We Effective?





As from 1 April 20, TIA is no longer graded as low and high risk. Data is reported as the total number of patients with a TIA

Data Quality Rating:	
% Arrival on SU <4 hours:	25.0%
% CT'd < 12 hours:	100%
% TIA Seen < 24 hours:	91.1%

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

Acute Stroke patients are now being looked after on Farley, however, the rehab part of Farley is still being used to care for respiratory patients. Rehab stroke patient continue to be cared for on Breamore ward.

The number of patients reaching the stroke unit within 4 hours fell this month to 25%, whilst only 17% of patients had a CT within 1hr. Increased pressures in ED are though to have contributed to this reduction. Local audits are being undertaken to try and ascertain the reasons for this and to see if there are any learning actions that can be taken forward. Stroke data also continues to be reviewed at both department and divisional meetings. The current problems may be multi-factorial but the impact of the pandemic and staffing levels (in part due to care being delivered/stretched across different parts of the hospital) appear to be significant factors.

Clinical lead for Stroke is now attending Clinical Governance Committee to update on progress and discuss challenges facing the service.

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

(Note: The information below is only partially validated with informatics at the time of publishing. Coding can sometimes result in minor adjustments to the data).

- There were 12 stroke discharges this month.
- There were no stroke deaths within the 30 day period in September.
- 90% of stay in the stroke unit was 83% this month.
- The number of patient reaching the stroke unit within 4 hours fell to 25% with 2 waiting 1st Doc, 2 waiting specialist doc, 1 in ED 4hrs, 1 to AMU, 1 waiting Bed, 1 Inpatient stroke.
- 4 long stay patients were discharged this month resulting in an average stroke Unit length of stay of 17.57 days and an Average Total length of 17.79.
- 17% of patients had a CT within an hour which was below the national target of 50%.
- Two patients were discharged this month who had been thrombolysed with an average door to needle time of 75 minutes.
- 5 of the eligible 10 patients were referred to ESD in September.
- TIA's performance was 91.1% with 4 patients were affected by full clinics, 1 had scans later in day.

Risks to delivery and mitigations

Whilst there is now a ring fenced direct admissions bed on the Stroke Unit (with aim of increasing direct admission to the unit within 4 hours), staff have not always been available to operate this as planned. Also, whilst a senior stroke nurse on the unit is designated for the rapid assessment of patients in ED, they have been unable to operate in this role without impacting on staffing levels on the wards. Recruitment of a stroke ANP is perceived to be an important factor in helping to mitigate the risks. The business case for this recruitment remains in progress.

Salisbury NHS Foundation Trust

Part 2: Our Care

Performance against our Strategic Priorities and Key Lines of Enquiry

Our Priorities	How We Measure	
People	Are We Effective?	Are We Responsive?
Population	Are We Safe?	Are We Caring?
Partnerships	Are We Well Led?	Use of Resources

Maternity Dashboard

Data Quality Rating:

Are We Safe?

		Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar21	Apr21	May21	Jun 21	Jul 21	Aug 21	Sep 21
Denominator	Number of live births	184	207	192	182	168	159	165	186	158	182	191	220	214
Still Birth	Number	1	0	0	4	0	0	0	1	0	1	0	0	1
Babies requiring cooling	Number	1	0	1	0	0	0	0	1	0	0	0	0	0
Maternal Mortality	Number	0	0	0	0	0	0	0	0	0	0	0	0	0
Neonatal deaths within 28 days Born at Trust	Number	0	0	1	0	0	0	2	0	0	1	0	0	1
Pre Term Birth Rates (24+0 – 27+0)	Number	0	0	0	2	0	0	0	0	2	0	0	1	1*
Continuity of Carer	Number of women	16	24	19	21	19	17	34	5	11	7	6	9	4
	% of women with continuity	8.7%	11.5%	9.7%	11.7%	11.1%	10.8%	19.3%	2.7%	7.0%	3.7%	3.%	4%	1.8%

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

- In September there was 1 stillbirth, this case has been commissioned as an SII and will be investigated through the HSIB process, 0 maternal deaths and 1 neonatal death within 28 days of birth (* baby born at 23/40).
- 0 term babies required transfer for cooling in September.
- 1 baby born at 23 weeks presented in labour, family declined intervention.
- 4 women were booked on a continuity of carer pathway.

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

- Continuity of carer action plan – also CQC 'Should do' action – for completion by 30/11/21.
- External review of all cases that meet the PMRT criteria underway – Bereavement lead in post, 2 completed in September.

Risks to delivery and mitigations:

- The service remains under high clinical pressure.

Saving Babies' Lives Care Bundle v2

Are We Safe?

Data Quality Rating:

Saving Babies Lives Care Bundle v2			
Last regional survey: April 21	Have any responses changed since last survey?	Are you meeting all requirements of the bundle	Are you carrying out any improvement activity?
Element 1: Reducing smoking in pregnancy	Yes	Yes	No
Element 2: Identification and surveillance of pregnancies with fetal growth restriction	Yes	No	Yes
Element 3: Reduced fetal movement (RFM)	Yes	Yes	No
Element 4: Effective fetal monitoring during labour	Yes	Yes	No
Element 5: Reducing preterm births	Yes	No	Yes

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

- SBLCBv.2 is a care bundle that brings together 5 elements of care to reduce perinatal mortality. Completion of quarterly surveys detailing compliance and change in practice at trust level (last completed April 2021). Within each element above there is criteria that determines compliance. Compliance of SVBLCBv.2 reported through NHSR Maternity Incentive Scheme annually.

Element 1- Fully compliant

Element 2- Non compliant with 1 requirement

Element 3- Fully Compliant

Element 4- Fully Compliant

Element 5- Non compliant with 2 requirements

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

- Element 2 Uterine Artery Doppler scans for High risk women by 24 weeks. Antenatal transformation work ongoing to support development of pathway – includes changes to Antenatal clinic set-up's, offering more flexibility across the week for high risk women.
- Element 5 – Preterm birth guideline in draft, to be presented to Maternity Governance October 2021.
- Non compliant with recording of antenatal corticosteroids on Maternity Information system – Digital Lead (role out to advert) to action by Q4 21/22.

Risks to delivery and mitigations:

- Non compliance to all elements of care bundle therefore unable to demonstrate full compliance with Safety Action 6 for CNST maternity incentive scheme at present. Work continues towards meeting compliance
- Element 2 mitigation in place compliant with trust guidance, review of all cases of FGR by Fetal surveillance Lead Midwife and Lead Obstetrician reviews all unexpected FGR cases and babies born less than 3rd centile.
- Element 5 Unable to recruit Digital Midwife, DMT to appoint an Associate CNIO role to support maternity for 2 years, this will enable progression of digital work supporting SVBLv.2. Aim to be in post Q4 21/22.

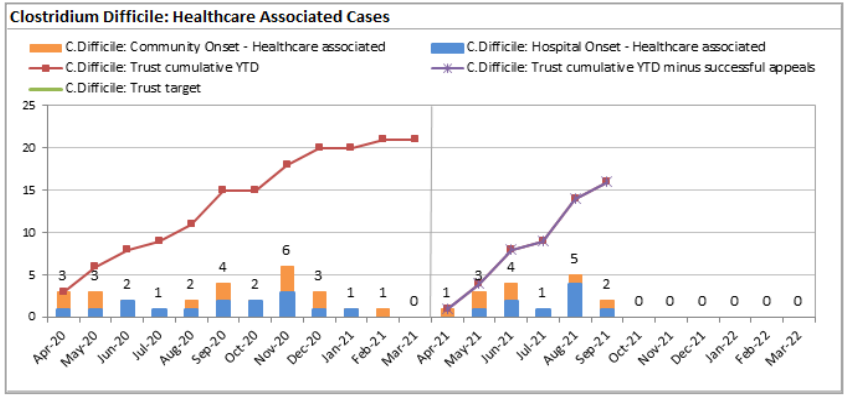
Infection Control

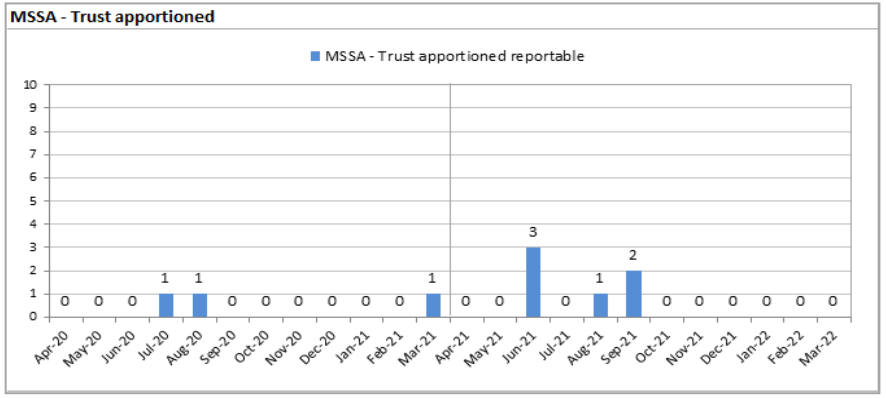
Data Quality Rating:

Are We Safe?

Clostridium Difficile	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Cases Appealed	0	0	0	0	0	0	0	0	0	0
Successful Appeals	0	0	0	0	0	0	0	0	0	0

MRSA	2020-21	2021-22
Trust Apportioned	3	0





Summary and Action

C.difficile = 2 healthcare associated cases reportable to PHE

- Hospital onset; healthcare associated reportable cases = 1 (sample sent for inpatient on Spire Ward).
- Community onset; healthcare associated reportable cases = 1 (GP sample).

MRSA bacteraemia = no hospital onset cases.

MSSA bacteraemia = 2 hospital onset cases

- Inpatient on Whiteparish Ward with source determined as unknown.
- Inpatient on Radnor Ward with source determined as pancreatitis/biliary (this blood culture sample also identified E.coli).

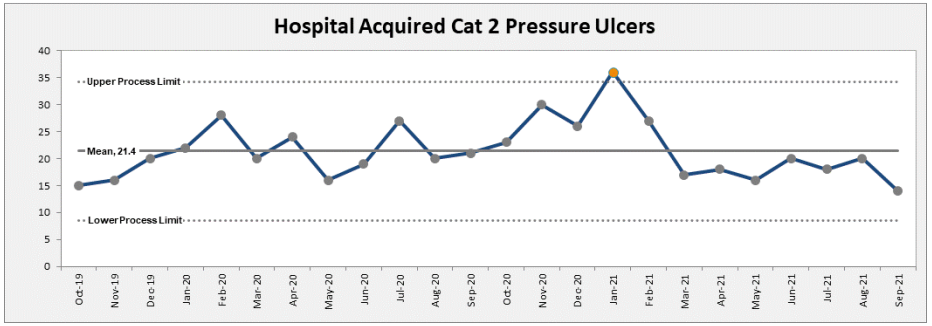
E.coli bacteraemia = 3 hospital onset cases

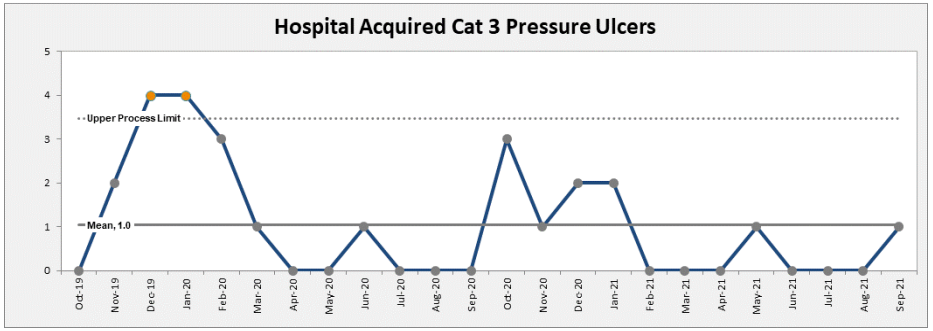
- Inpatient on Britford Ward with source determined as hepatobiliary.
- Inpatient on Radnor Ward with source determined as upper respiratory tract and ENT.
- Inpatient on Radnor Ward with source determined as hepatobiliary (this blood culture sample also identified MSSA).

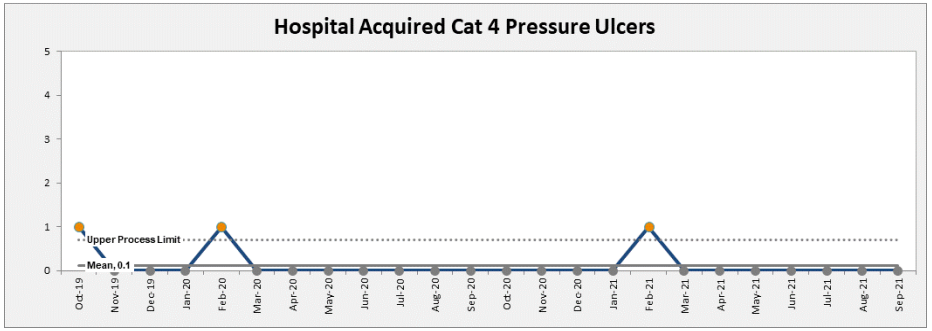
Pressure Ulcers

Are We Safe?

Data Quality Rating:







Per 1000 Bed Days	2020-21 Q3	2020-21 Q4	2021-22 Q1	2021-22 Q2	2021-22 Q3
Pressure Ulcers	2.10	2.21	1.47	1.30	

Summary and Action

- Category 2 PUs have decreased to 14 in September from 20 in August. The Surgical division acquired over half of this number so work will be undertaken with surgical matrons at the weekly huddle meeting to see if a theme or cause for this can be identified, taking into account that operational pressures have been significant over the last month with staffing problems noted in many areas.
- One hospital acquired Cat 3 PU has been identified during September on Longford ward. This wound is currently unstageable but is a minimum of cat 3 therefore it has been categorised and investigated as such to ensure accuracy and timely investigation. A SWARM and 72 hour report has been completed and no omissions in care were identified. This patient is non-concordant with care and has capacity. This is well documented in medical notes and has been addressed in MDT meetings with the patient and family.
- No category 4 PUs have been identified in September.
- Deep Tissue Injuries have increased significantly in September (11 in September compared with 4 in August). The medical division acquired over half of these and the majority of the 11 were all found to be on heels which is an ongoing theme despite education around the use of orthotic offloading boots as a preventative measure. A cluster of 4 DTI's were identified on one of the surgical wards and we will be working together with the surgical matron for that area to identify any gaps in education or themes for this.
- Unstageable PUs have remained the same from August to September (2 in August and 2 in September). For September these were both identified on the same patient on one of the surgical wards with one of the areas being device related; causation identified as the patient's own glasses which they declined to have removed until the time that the PU was identified. This patient was acutely unwell and nutritionally compromised and unfortunately passed away shortly after identification of these pressure ulcers.
- Band 5 education had poor attendance this month, only 2 staff were booked on to this and both did not attend. This has been chased up with ward leads. We continue to offer band 5 education twice a month and encourage attendance as this is not yet mandatory.

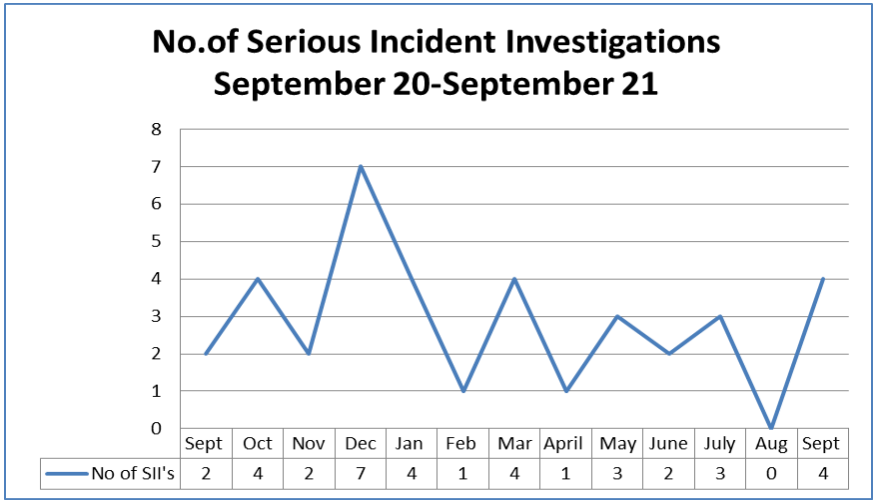
Statistical Process Control Chart Key:

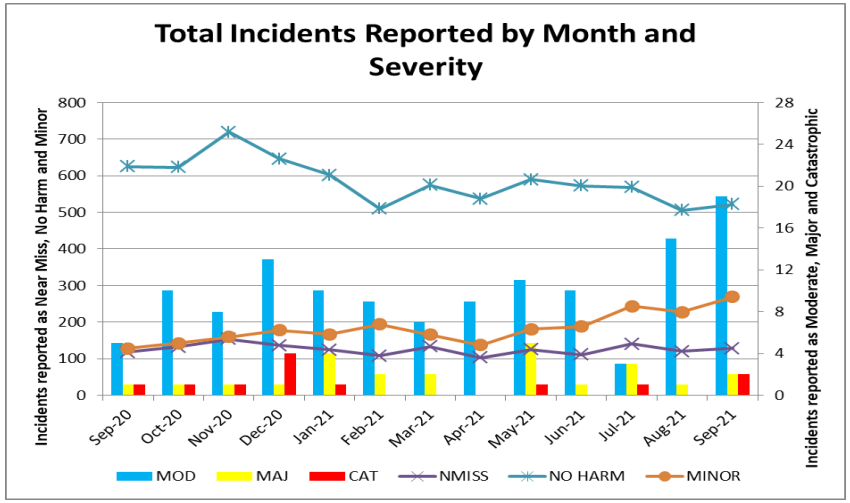
- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)
- Common Cause Variation

Incidents

Are We Safe?

Year	2020-21	2021-22
Never Events	0	2





Summary and Action

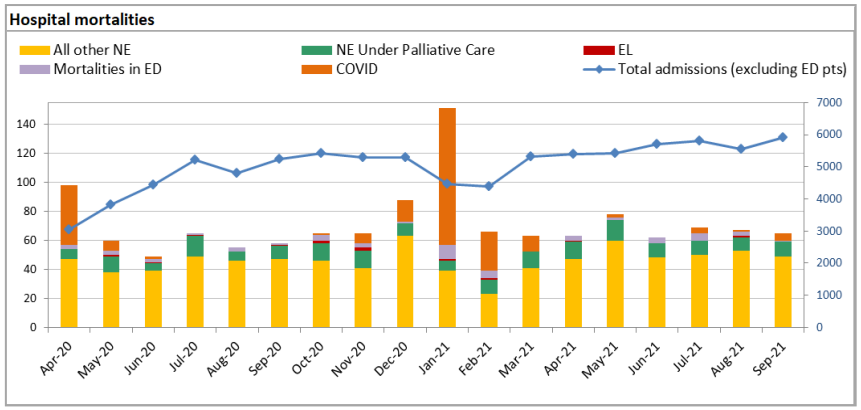
There were 4 SII's commissioned in September:

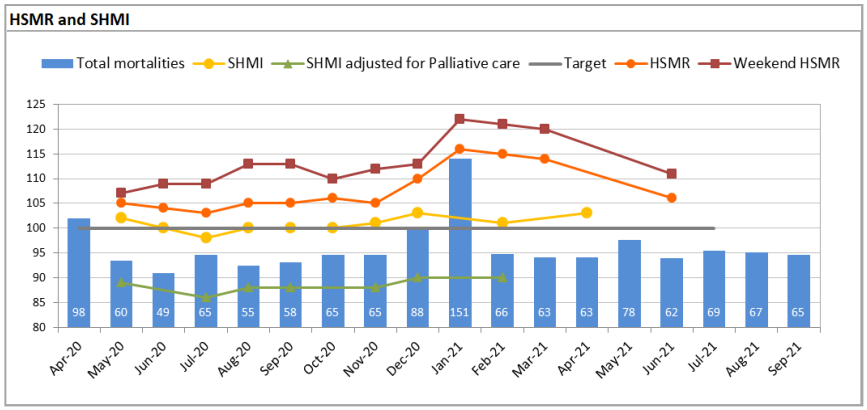
- **SII 428** Hyperkalaemia management – Unexpected death of a patient with unresolved high potassium levels, potential delay in earlier commencement of hyperkalaemia treatment.
- **SII 429** Ng Misplacement (**Never Event**) in paediatrics. Patient required ventilation and transfer to PICU.
- **SII 431** Administration of Oral medication via intravenous route (**Never Event**) – no harm. Patient inadvertently administered oral morphine via intravenous cannula. Failsafe mechanism of utilising purple enteral syringe for oral medication not used.
- **SII 432** – Intra-uterine death of foetus at 37+4/40 weeks. Case being investigation by HSIB.

Mortality Indicators

Are We Safe?

Data Quality Rating:





Summary and Action

- Reporting of mortality indices through our external partner (Telstra health UK) had been delayed due to data migration issues at Telstra Health. As per last month's report, the Chief Medical Officer and the mortality surveillance group received assurances that the issue would be resolved as quickly as possible and that there was no indication that the trust is an outlier for mortality compared to national or peer data. Data is now being published (Oct 2021) and will be reviewed in depth at the next mortality surveillance group scheduled for early November.

- HSMR data to the year ending June 2021 is 106.4, which is a reduction from 114 for the year ending March 2021. SHIMI is 103.39 to the year ending April 2021.

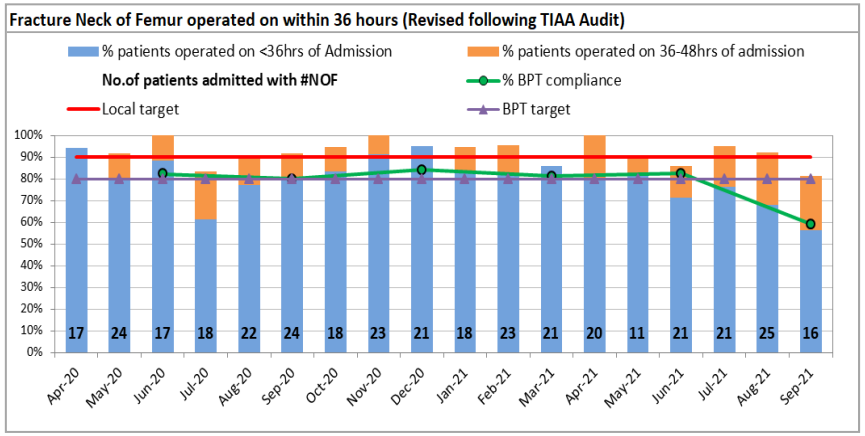
- 5 deaths were reported in September due to Covid-19.

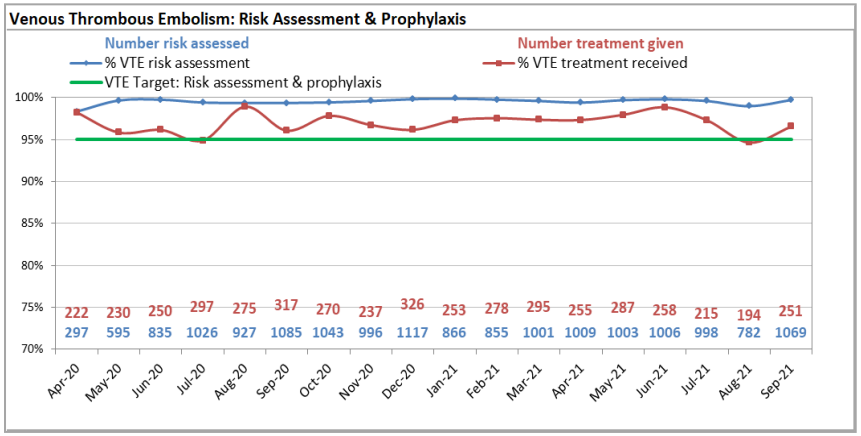
- **Update from our external partner (Telstra Health UK):** *Telstra Health UK are now receiving HES data directly from NHS Digital rather than via the former Imperial College Unit. This is a richer data set as it now includes patients who have registered a national data opt-out. We have also made significant improvements to our data processing and have reduced the volume of records that are excluded from our risk models (e.g. those with an invalid age). Both these changes mean that overall volumes have increased as a result and this will impact on risk adjusted and crude rate metrics. Our benchmarks now include 10 years of national data up to and including March 2021, as a result, there is now a full year of COVID-19 activity included in the model and risk scores are becoming increasingly adjusted for the changes we have seen over the pandemic.*

Fracture Neck of Femur & VTE Risk Assessment/Prophylaxis

Are We Safe?

Data Quality Rating:





(Please note: due to the time it takes to complete clinical coding, the fracture neck of femur data may not always be available/complete for the latest month).

Summary and Action

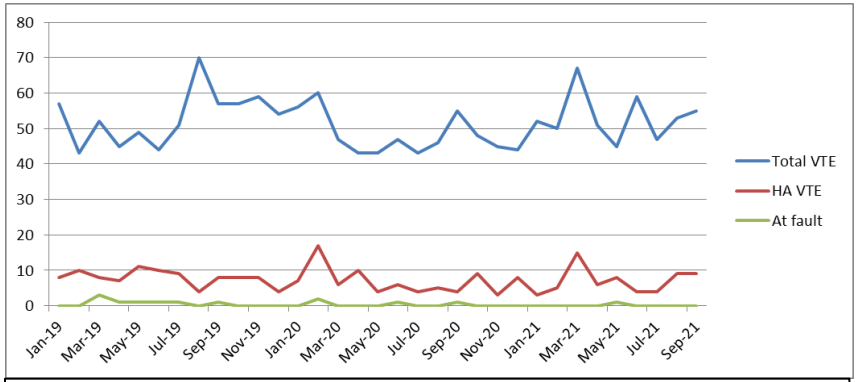
Quarter 2 BPT% has reduced to 59.09%. A task and finish group has been established to undertake a review of this and to formulate an action plan. Five actions have already been agreed to help improve performance.

BPT% for September:

- Total patients discharged: 39
- Not applicable for BPT: 1 (PP#)
- Number of patients who failed to meet BPT: 19

Reason for failure:

- Awaiting space: 18 patients
- Awaiting space & time to Geriatrician: 1 patient

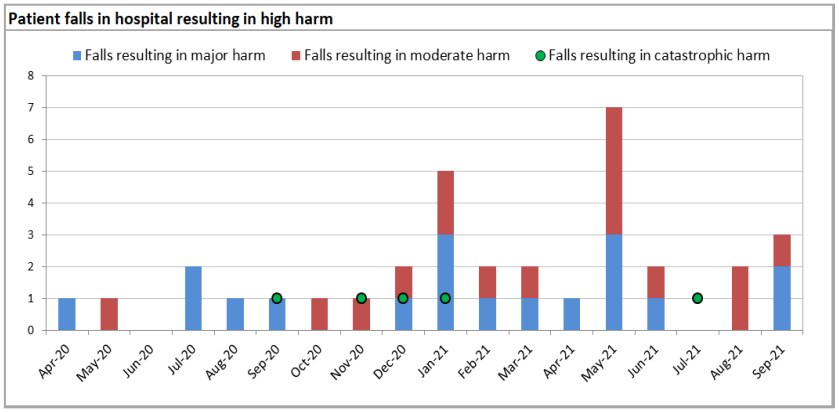


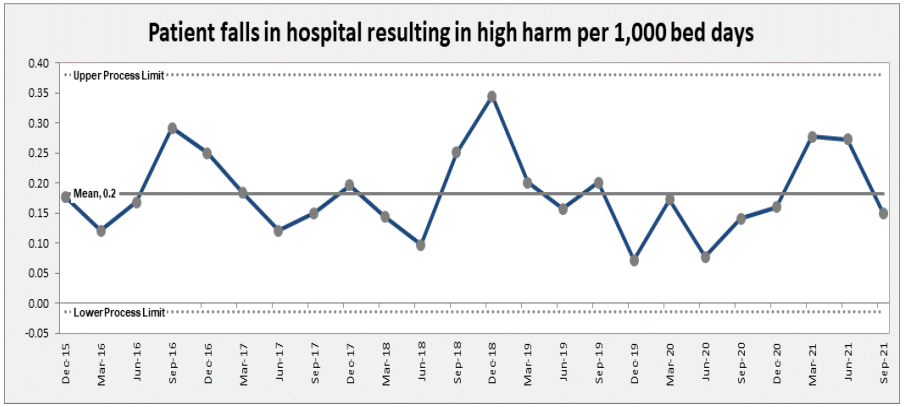
- VTE prophylaxis: There was a small dip in the provision of VTE prophylaxis in Aug, due to the introduction of new doctors and the inability to provide a face to face induction due to Covid-19 restrictions. Paper induction was however provided. These figures have now improved to 96.5% for September.
- All patients diagnosed with VTE are assessed and a RCA is performed on all events that have been associated with a hospital admission within 12 weeks of the VTE diagnosis.
- HA VTE 0.08% of total admission for September. National average: 0.5 – 1.6%.
- There has been 1 VTE so far this year (2021) that has been associated with an omission in VTE prophylaxis provision.

Patient Falls

Are We Safe?

Data Quality Rating:





Summary and Action

There were 3 high harm falls in September (2 major, 1 moderate). All are being managed as local SWARM RCA's with the CCG (none commissioned as SII):

- Whiteparish –a patient sustained a fractured neck of femur (major)
- Hospice – a patient sustained a fractured neck of femur (major)
- Spire– a patient sustained a fractured pubic rami (moderate)

A new falls lead has now started in post.

Statistical Process Control Chart Key:

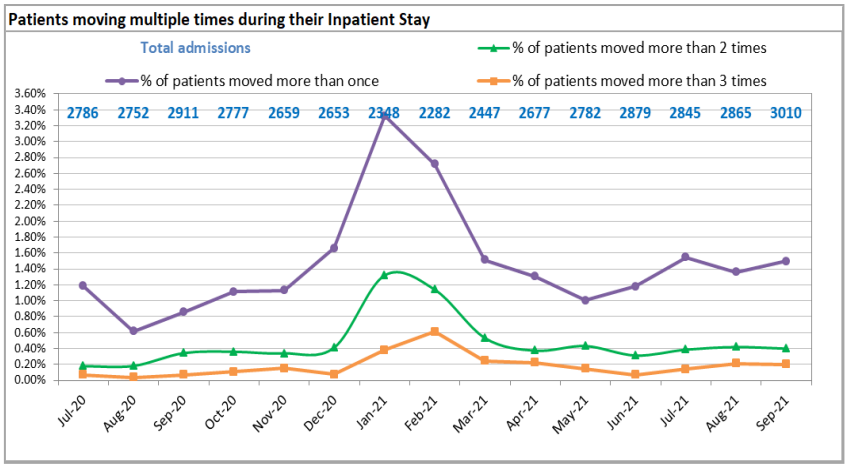
- Target
- Mean
- Upper / Lower Process Control Limits (UPL/LPL)
- Special Cause Variation Improvement (6 or more points better than the mean, or a single point outside the control limit)
- Special Cause Variation Concern (6 or more points worse than the mean, or a single point outside the control limit)
- Common Cause Variation

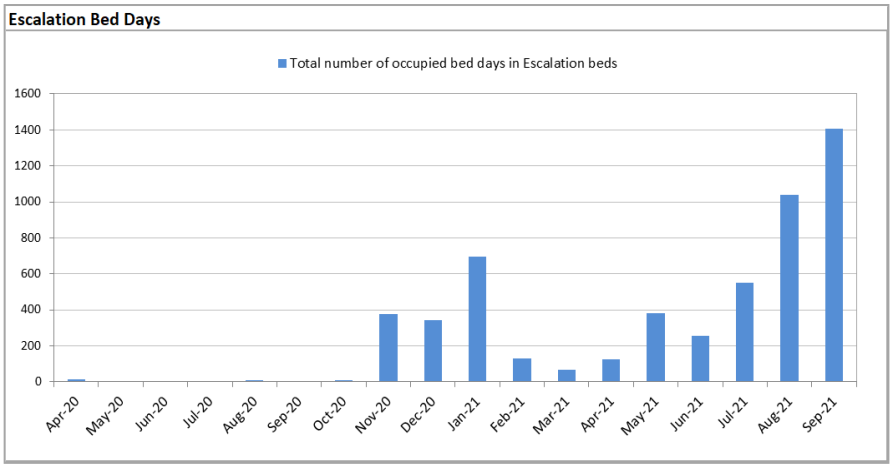
Patient Experience

Are We Safe?

Last 12 months	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Bed Occupancy %	85.8	91.6	92.4	89.4	86.8	87.6	90.8	91.2	90.8	90.0	93.9	93.0

Data Quality Rating:





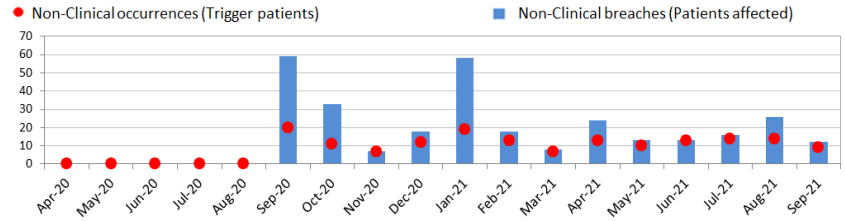
The Trust remains in an escalated position (93% capacity) which has contributed to both the number of bed days in escalation beds, and the number of moves patients experience. To accommodate infection control issues and maintain single sex accommodation in what can be very limited capacity will indicate a requirement to move wards. Additionally moves will have been undertaken to secure specialist beds for patients requiring them at any one time.

Patient Experience

Are We Safe?

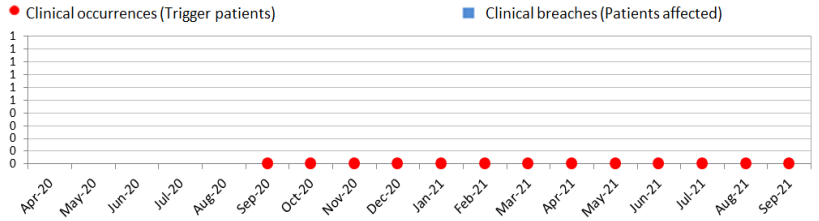
Data Quality Rating:

Delivering Same Sex Accommodation - Non-clinical



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
■	0	0	0	0	0	59	33	7	18	58	18	8	24	13	13	16	26	12
●	0	0	0	0	0	20	11	7	12	19	13	7	13	10	13	14	14	9

Delivering Same Sex Accommodation - Clinical



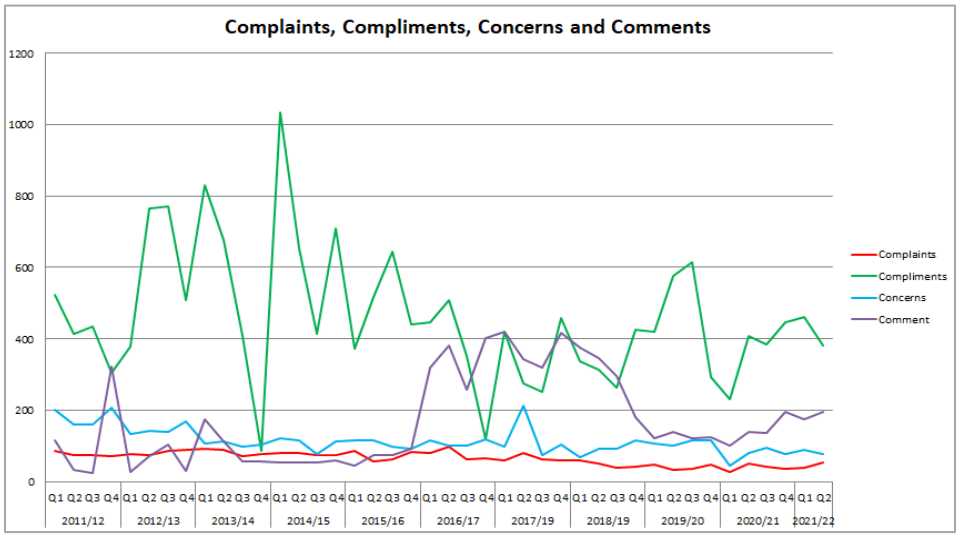
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
■						0	0	0	0	0	0	0	0	0	0	0	0	0
●						0	0	0	0	0	0	0	0	0	0	0	0	0

Summary and Action

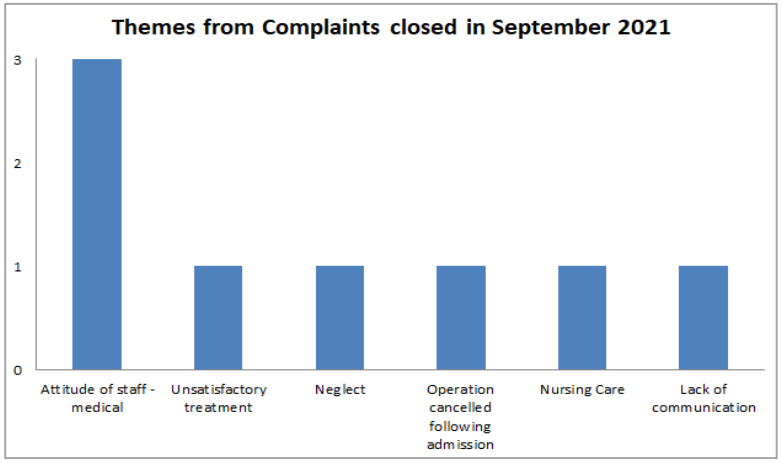
- There were 8 breaches affecting 8 patients which occurred on Radnor. These were all patients who were unable to be moved off the department within 4 hours of being declared fit to move. All breaches were resolved within 24 hours. Privacy and dignity was maintained at all times within the patients bed space.
- There was 1 breach affecting 4 patients on the AMU assessment bay. All patients had access to single sex bathrooms within the ward and screens were used to maintain privacy and dignity. All breaches were resolved within 24hrs.

Patient & Visitor Feedback: Complaints and Concerns

Are We Responsive?



Data Quality Rating:



In Q2 n=54 complaints were received, which represents 0.049% of the number of patients seen/treated here in the same time period.

Summary and Actions:

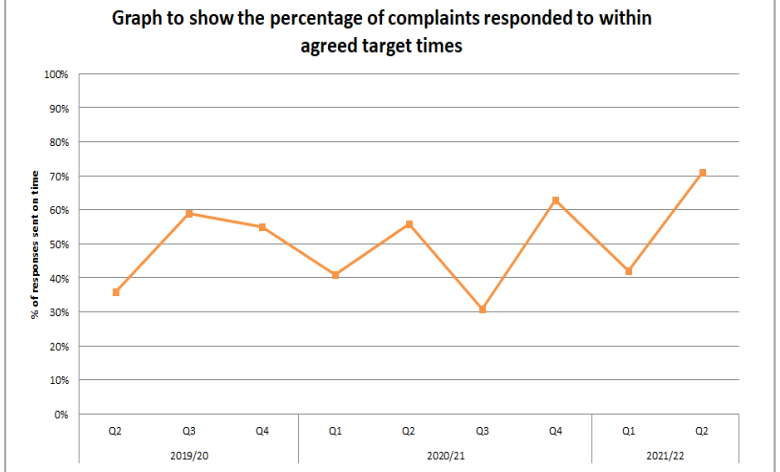
Themes from complaints:

Attitude of medical staff remains a sub-theme under the main theme of 'Values and Behaviours'. Work is underway to better understand the issues that are raised under this subject heading.

We have seen an increase in the percentage of complaints closed within the agreed timeframe in Q2 (71%).

Themes from concerns:

Unsatisfactory treatment is the main theme for concerns (n=3) but there but there are no clear sub-themes and the theme is seen across the clinical divisions.



Response times are agreed with the complainant and are either 25, 40 or 60 working days.

Salisbury NHS Foundation Trust

Part 3: Our People

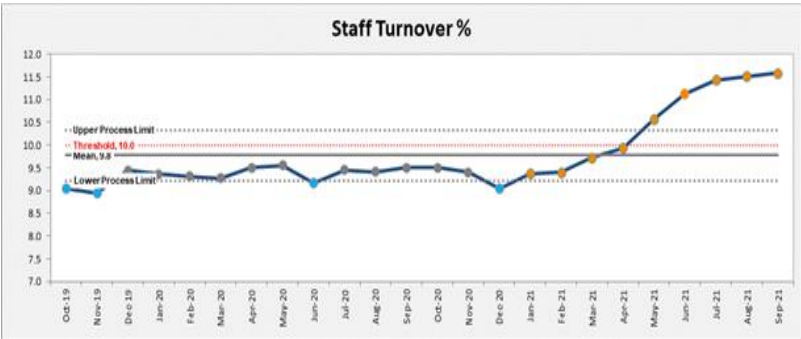
Performance against our Strategic Priorities and Key Lines of Enquiry

Our Priorities	How We Measure	
People	Are We Effective?	Are We Responsive?
Population	Are We Safe?	Are We Caring?
Partnerships	Are We Well Led?	Use of Resources

Workforce – Turnover

Use of Resources

Total Workforce vs Budgeted Plan - WTEs



Background – What is the data telling us, and underlying issues.

Turnover for month 6 has continued to be above the Trust target (11.58%). There were 27 leavers and 55 starters by headcount.

The most common reasons for leaving were Voluntary Resignation – Relocation", Voluntary Resignation – Work/Life Balance, and "Retirement – Age" Together these formed 50% of all voluntary reasons for leaving, where a reason was given.

In Women and Newborn, turnover was green in month, an improvement in month - with only 1 leaver, meaning the Division had the lowest turnover of all Divisions in the Trust.

In CSFS there were 6 leavers in month, with the top reason for leaving continuing to be relocation. 2 of the leavers in month were fixed term contracts. The leavers were spread across all departments within the Division, there are no hotspots for turnover

In Surgery there were 5 leavers this month (3.73 WTE). In Medicine there were 6 leavers in the month. This was the same as last month. The hot spot is admin and clerical.

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

Flex for Future program has commenced. Establishing benchmark data and communications. "We work flexibly" is one of the core pledges within the NHS People Promise. At the Trust we recognise there is more that we can do to accommodate, encourage, promote and celebrate flexible working across all areas of the Trust.

In CSFS, we are working with departments to look at banding of jobs to ensure parity taking into account banding in other Trusts. In Pharmacy, better pay in other Trusts has been cited for a while as a reason for leaving, and certainly the reports say this as well. This work includes benchmarking information to look at what other Trusts pay for the same roles. We are also ensuring that all leavers are reminded of the exit interview process, not all staff wish to have exit interviews – to mitigate, we are trying to contact staff early in their notice period to allow time to get them booked in.

In Genetics, there is a slow but steady increase in leavers, due to the impending TUPE of the service to University Hospital Southampton (UHS), staff are citing this as the reason for leaving or moving to another department internally. This also leads to more difficult recruitment with the impending TUPE. Alternative options for recruitment are being explored with UHS. One option being explored is for UHS to recruit, and then second the staff to SFT until the TUPE happens. This will mean they would already be under UHS contracts and therefore not need to TUPE.

In Surgery workforce and succession planning work continues within the Division's admin and clerical teams. Effective long-term succession planning is in place for demographic challenges within the admin and clerical staff group, including planned progression routes between admin departments (i.e. receptions to Central Booking to medical secretariat etc.).

Ophthalmology are undertaking a workforce redesign to upskill Optical Nursing Assistants to Ophthalmic Assistants in line with workforce models in Moorfields and other teaching hospitals. The work will be completed be January 2022. In Surgery the risks are operational pressures, but these are mitigated by DMT oversight, prioritisation and sponsorship. A lack of budget for Ophthalmology workforce redesign. Mitigated by DMT review of business case. Silo thinking and resistance to change. Mitigated by DMT challenge, coaching and support.

In Medicine there is a back log of administrative, particularly patient letters. The Division has costed and written a paper to be able to offer an incentive to work extra hours to deal with the back log. This is because part time staff are unlikely to work overtime at the standard rate. Staff are leaving alternative jobs with higher rates of pay in Salisbury. Respiratory Physio have submitted a request to increase one of their administrative job roles from band 2 to band 3. The people operations team are working with the managers to ensure quality exit interviews are taking place and where clinical pressure delay exit interview and stay conversation the people advisor will offer to do instead.

In Procurement there is a concern of people leaving following the TUPE of staff from Royal United Hospitals Bath to facilitate closer ICS working. In October there was a successful team meeting with very positive feedback. The people Advisor will be carrying out all exit interviews for the foreseeable future at the request of the Procurement Director to understand more about why and where people are leaving to.

Workforce – Vacancies

Use of Resources

Total Workforce vs Budgeted Plan - WTEs

(Data excludes temporary staff)	Aug'21		
	Plan WTEs	Actual WTEs	Variance WTEs
Medical Staff	435	499	-64
Nursing	1016	920	96
HCAs	579	538	41
Other Clinical Staff	686	699	-13
Infrastructure staff	1063	991	72
TOTAL	**3779**	**3646**	**132**

Background – What is the data telling us, and underlying issues.

Vacancy rate in month was 5.65%, compared to 4.27% in August. The Division with the highest vacancy rate was Corporate at 8.71%. The staff group with the highest number of vacancies Trust wide was Registered Nurses at 98.2 FTE (9.7%).

The vacancy factor in theatres is driven by elective recovery targets, with staffing required to operate 13 theatres by March 2022.

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

The revised job description format was agreed by Operational Management Board (OMB) to go live week commencing 18th October, communications are being rolled out across the Trust to implement this.

A cohort of 18 international nurses are due to arrive on 20th and 21st October. The Recruitment Team are currently working with teams across the Trust to provide a cohesive and robust welcome and induction programme.

Revised wording to be added to all vacancies in Trac which showcases the Trust and benefits of working at the Trust. These changes will go live by 18th October.

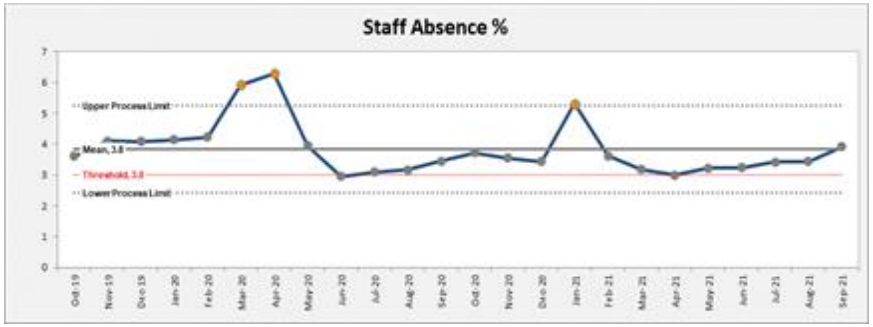
A revised Workforce Control Panel (WCP) process commenced 11th October. Finalisation of TOR, flow charts supporting the process roll out to be completed by 22nd October.

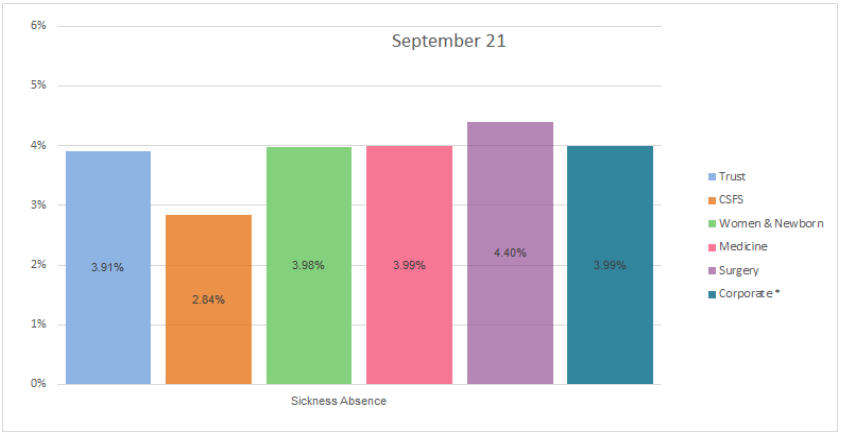
Risks to delivery and mitigation.

International recruitment – Lack of OSCE training space. Education currently reviewing training room bookings to identify if space can be created.

Workforce - Sickness

Use of Resources





Background – What is the data telling us, and underlying issues.

Sickness in month saw an increase to 3.91%, sickness for the rolling year was at 3.62%. Medicine, Surgery, Corporate and Women and Newborn are the Divisions with sickness higher than the Trust target. Anxiety, stress and depression remains the top cause of sickness across all Divisions.

In relation to staff in sickness processes 87 staff are in a short-term sickness management process and 74 in a long-term. This is an increase from last month. CSFS are showing a reduction in sickness rates in month, moving below target and green, it is noted they are the only Division within the Trust to be green in month and over 1% lower than other Divisions. Women and Newborn have moved from red to amber this month, and although sickness remains above target at 3.98%, this is a reduction of 0.34% on last month.

In Medicine sickness absence has increased from August 3.71% to September 3.99%. The two highest hot spots are palliative care 11.8% and Tisbury ward 9.7% however all cases are being appropriately managed. In Estates sickness absence significantly increased by 10% engineering and 3% in buildings staff group.

Surgery sickness increased by nearly 1% in month 6 to 4.40% and is Red on the Trust RAG rating, with 24 of 83 teams currently over the sickness target. Hotspots were Theatres/DSU, Inpatient Orthopaedics, Plastics & Burns, Ophthalmology, Urology CNSs, Radnor, Central Booking, Britford and Rheumatology. In Surgery there is a dedicated People Advisor to support with sickness management linked to areas where elective recovery is taking place. The team are focussed on supporting managers with getting staff back to work supporting managers with phased returns, temporary redeployments, reasonable adjustments, OH referrals and case conferences. OD&P is helping to address patterns of short-term absence for conditions such as D&V as part of this e.g. after declined annual leave requests, school holidays etc.

Sickness absence is split 50/50 between short and long term. Primary reasons for short-term absence in these hotspots were GI disorders, Headache/Migraine and Cough/Cold/Flu. Anxiety/stress is the main long-term cause. Theatres is a priority focus of the People Advisors, principally on Theatres ODP and Recovery absence.

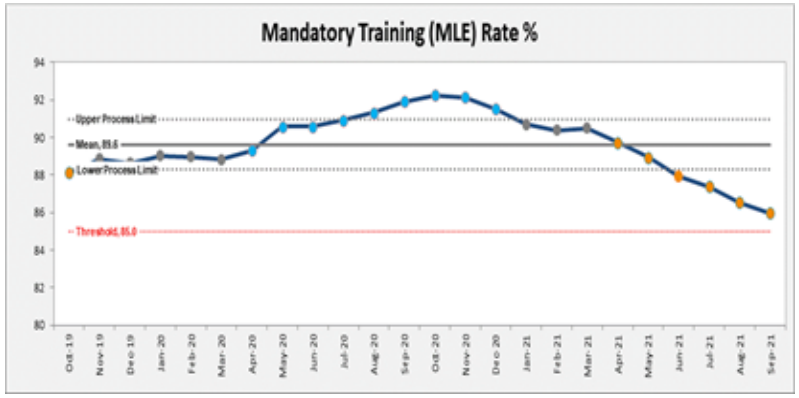
In addition to sickness-related absence, 38 staff were on maternity leave in month 6, equivalent to an absence rate of 3.74%. Inpatient areas are receiving the 24% headroom uplift to help backfill, but outpatient areas are not. There have been some instances of staffs' total absence related to maternity being extended due to Covid role restrictions and pregnancy complications. The change of risk assessment scoring and recommended mitigation for pregnant staff pre 28 weeks with underlying health conditions other than heart disease has had minor effect on reducing redeployments away from normal duties.

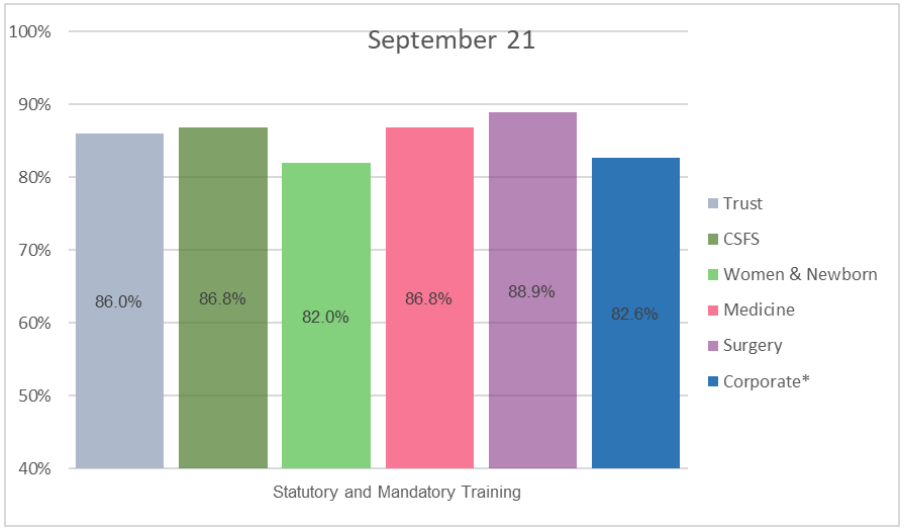
Facilities sickness increased by 1.66% in month 6 to 4.89% and is Red on the Trust RAG rating. Housekeeping is the principle hotspot area with a sickness rate of 8.21%. Absences in the directorate overall are slightly weighted towards long-term causes but not dramatically so. Short term reasons within Housekeeping are primarily GI problems, MSK injuries and Cough/Cold/Flu. Anxiety/Stress/Depression is the principle long-term cause. Housekeeping, Catering and Portering are the primary focus of the People Advisors to assist with elective recovery activity (cleaning, patient flow, notes and accommodation for overseas recruits). This work has just begun following the changeover in People Operations portfolios.

In Women and Newborn, it has become apparent that short term sickness has not been being managed as closely as it should have been. This is mainly due to workload within the department (births in month have been far higher than expected). However, the management team are now aware of this and taking the following steps to address this: review of all sickness absence and identify where formal stages are required, a new process of an administrator alerting the line manager of sickness and prompting the return to work discussion, and the People Business Partner will lead a refresher session on absence management for divisional leads.

Workforce – Staff Training

Use of Resources





Background – What is the data telling us, and underlying issues.

Mandatory training was at 86.0% for month 6. This is slightly below the previous month and the same time last year. All 5 Divisions are below target – Corporate (82.6%), CSFS (86.8%), Medicine (86.8%), Surgery (88.9%) and Women & Newborn (82.0%).

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

Focus on increasing the availability of access to Hand Hygiene Assessments (currently lowest levels of compliance) with a targeted approach of assessors coming out to individual departments. Targeted approach and reactivating of current trained assessors will result in an increase in compliance.

Statutory and Mandatory Training subject matter experts group set up to establish main barriers and what options are available to increase compliance and resource required. Meeting arranged for 19th October. Surgery are contacting staff with details of their non-compliance on GDPR and Hand Hygiene and it is anticipated this work will move the Division to green by the end of quarter 3.

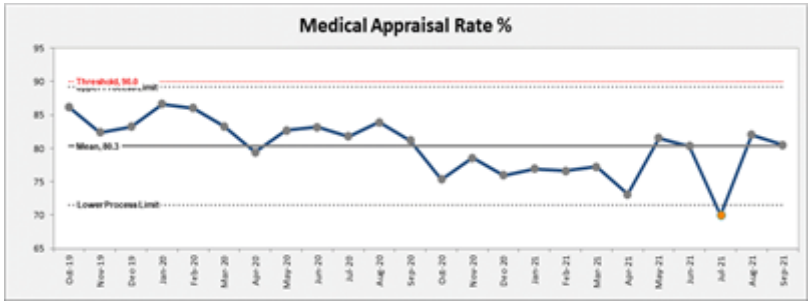
Estates have obtained more computers for staff to access to complete their training. Also due some staff having low IT skill levels extra support by other team members is being made available. A schedule /rota has been put in place for estates staff to release from operations to complete the training

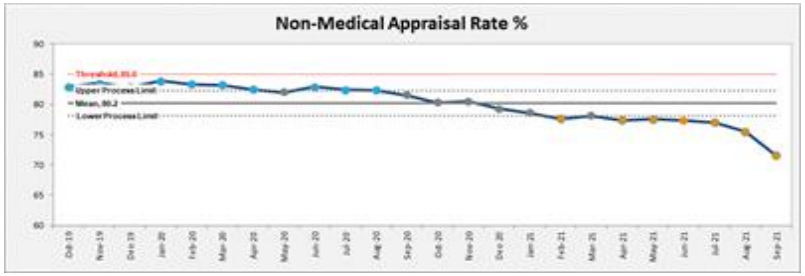
Women and Newborn are linking with Education as there are Maternity staff with duplicate records and this has led to showing incorrect out of date figures on PREVENT training (an area of focus that the Execs have asked us to review). Upon discussing with Education, this has now been rectified for this particular area, so we have gone from 12 staff out of date down to only 7. We will be contacting these staff again to advise that they need to undertake this training. Director of Maternity Services is keen that time is set aside to focus fully on this to ensure compliance gets to where it needs to be. The risk is that this happens again next month and in the future. To mitigate this the People Business Partner will monitor to ensure duplicate records are removed as and when.

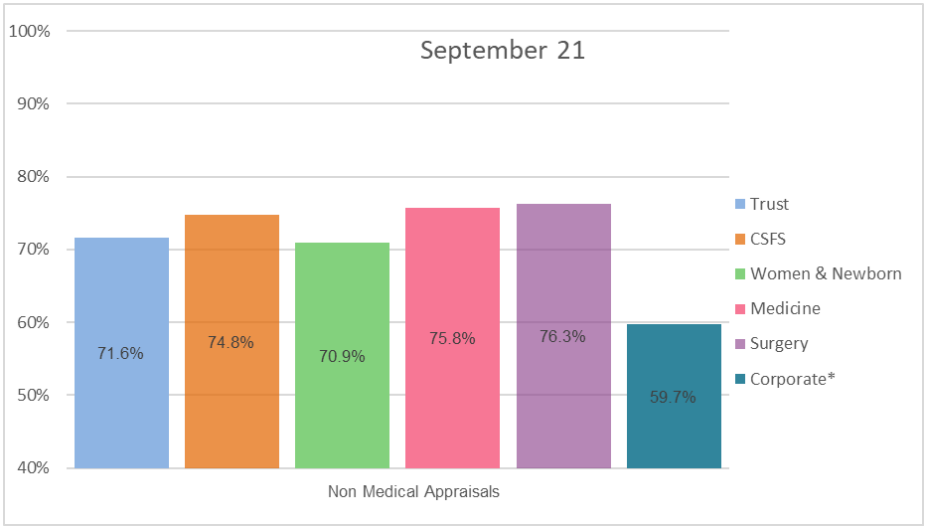
In Medicine some managers are reporting that the data they receive from education of compliance is different to the reports People team. The People Business Partner is work with a couple of managers to see what the difference is. Medicine are committed to complete training however increase clinical workload and pressures are cause a challenge to release staff to complete their training. Staff also do not want to do it when they get home.

Workforce – Appraisals

Use of Resources







Background – What is the data telling us, and underlying issues.

Appraisals remain under target at 71.6%, this is a decrease on the previous month position (75.5%). Hotspot areas are Corporate (59.7%) and Women and Newborn (70.9%)

Following the transfer of appraisals into ESR in September 2021, a number of staff whose appraisal compliance was previously not recorded in the legacy system (SpIda) are now included in the numbers. This has resulted in a drop in reported compliance from 75.5% in August to 71.6% in September. We are encouraging staff and managers to record their appraisal dates in ESR as soon as possible so we can ensure the numbers reflect a true picture.

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

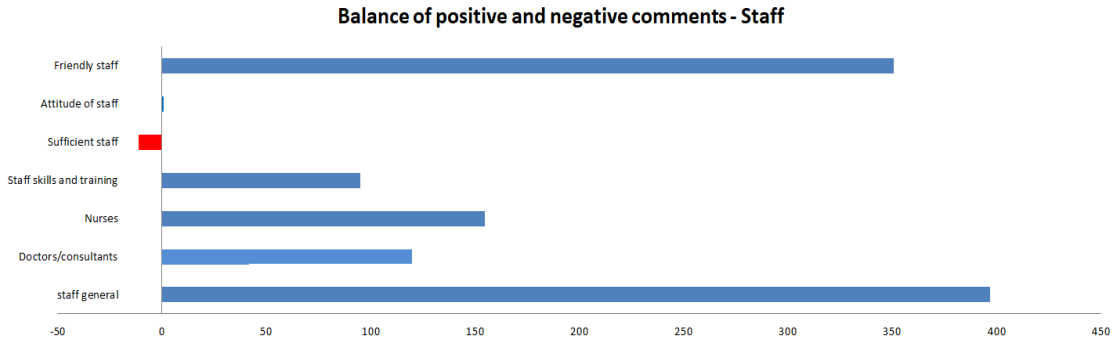
Women and Newborn - starting to allocate more time in for staff to be able to have their appraisals, now that some of the newly qualified midwives having started in the team. The People Business Partner is working with the Director of Midwifery on this to increase compliance. There is also more admin resource in maternity now who will also be able to help managers more in terms of the planning of when these should be done and helping book these in for staff. In Women and Newborn, the risk is that workload could continue to increase, whereby staff may be pulled clinically instead of admin time, therefore not completing the appraisal.

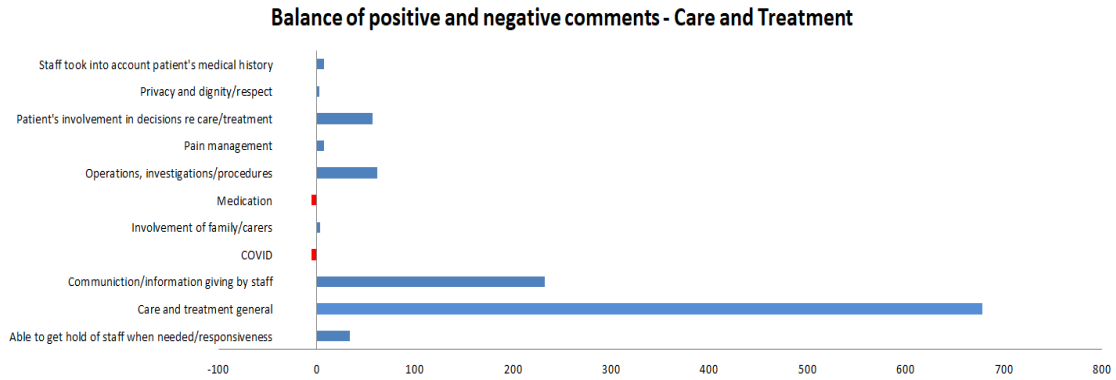
Surgery have actions in place to routinely review the data, write to all staff who are overdue an appraisal, setting a deadline of 1st December for completion. Operational pressures (patient activity, sickness) restricting management capacity to undertake appraisals.

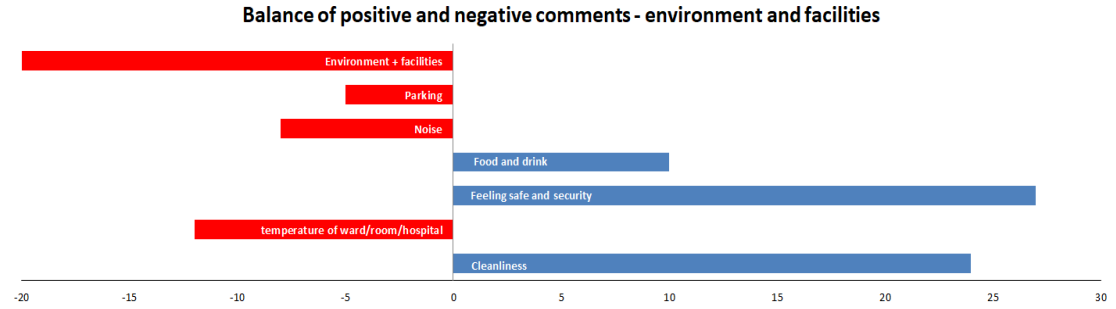
Estates and Procurement managers and staff from both have reported struggling with ESR , finding it is taking time to input data and it keeps timing out and losing the data inputted. All have been encouraged to read the guidance provided and the People BP is working with L&D to provide face to face and virtual appraisal training for the teams. Procurement have committed to compliance timescales; all band 8 staff by end of Oct – November, band 7's by end of November and band 5 and under by end of December. Similarly Estates have committed to a program to complete all by then end of December.

Feedback from Friends and Family test – Q2

Are We Responsive?







FFT comments (September)

"All staff very friendly with patients and each other which meant that all were aware of patients needs and fears".
ED

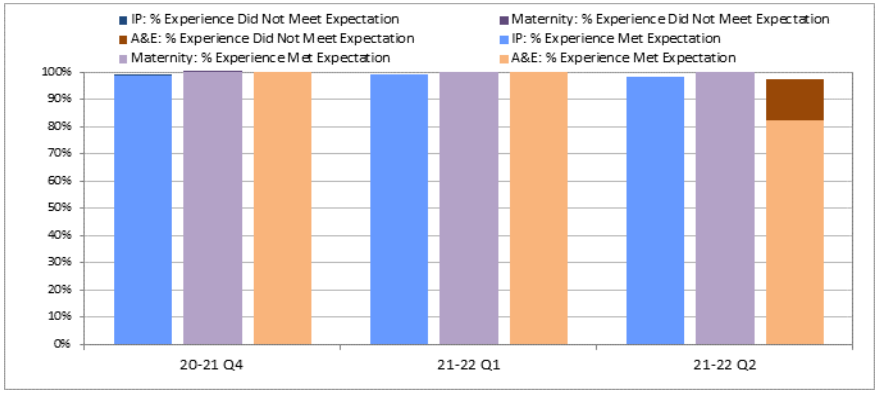
"On arrival the nurse, was so lovely and kind. The Doctor who I then went on to see was very informative and I really appreciated how he made sure I understood everything. He explained things very clearly and just generally was very nice".
Medical/Surgical OPD

"The professionalism and total caring of the staff. Not once was covid used as an excuse. Thanks to all staff".
Downton

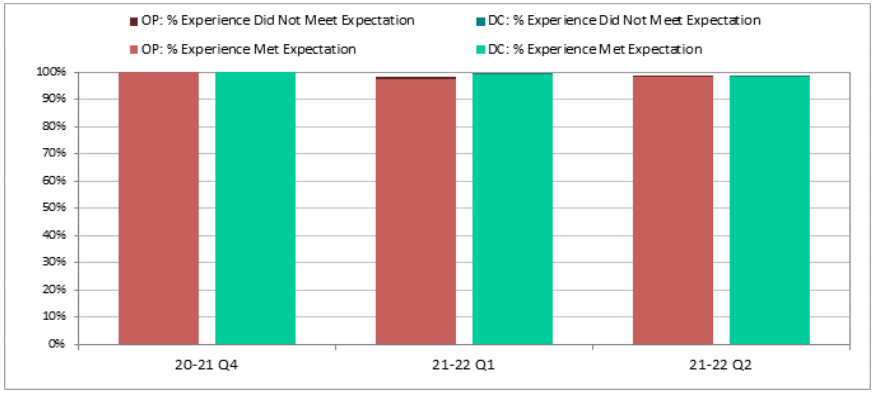
Friends and Family Test – Patients and Staff

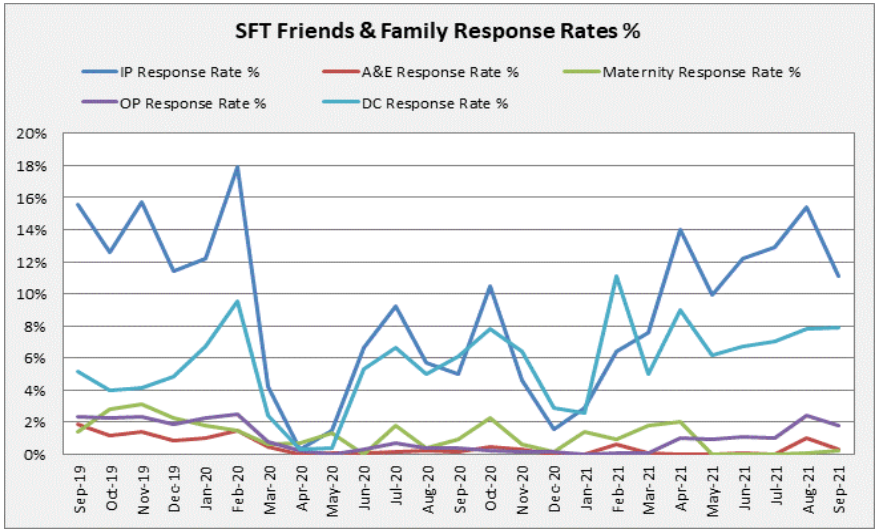
Use of Resources

Patient Responses: Inpatient, Maternity and A&E



Patient Responses: Outpatient and Daycase





We have seen an increase in the FFT response rate for most areas recently.

- **In September 98% of patients reported a good or very good experience**

Inpatient areas that have had few/or no FFT responses for the two quarters include

- Maternity
- Spire
- Farley

Outpatient areas that have had few/or no FFT responses for the two quarters include:

- Audiology + ENT
- Burns OPD
- Children's Unit
- Urology

Part 4: Use of Resources

Performance against our Strategic Priorities and Key Lines of Enquiry

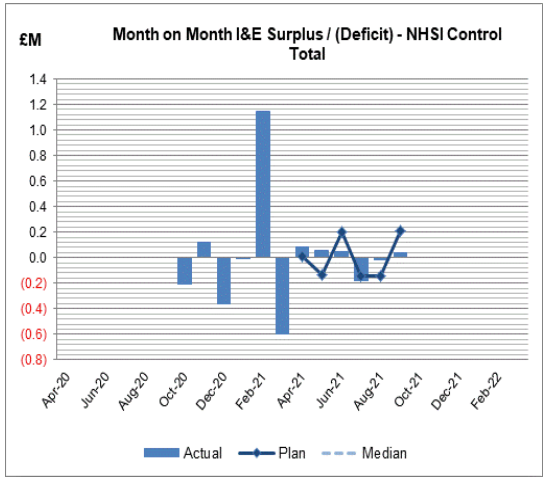
Our Priorities	How We Measure	
People	Are We Effective?	Are We Responsive?
Population	Are We Safe?	Are We Caring?
Partnerships	Are We Well Led?	Use of Resources

Income and Expenditure

Income & Expenditure:

Use of Resources

	Sep '21 In Mth			Sep '21 YTD			2020/21
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s
Operating Income							
NHS Clinical Income	20,691	24,558	3,867	124,144	128,732	4,588	124,144
Other Clinical Income	961	1,041	80	5,006	4,167	(839)	5,006
Other Income (excl Donations)	2,657	2,869	212	15,342	16,061	719	15,342
Total income	**24,309**	**28,468**	**4,159**	**144,492**	**148,960**	**4,468**	**144,492**
Operating Expenditure							
Pay	(14,758)	(17,776)	(3,018)	(88,775)	(92,199)	(3,424)	(88,775)
Non Pay	(7,792)	(9,140)	(1,348)	(46,453)	(47,538)	(1,085)	(46,453)
Total Expenditure	**(22,550)**	**(26,916)**	**(4,366)**	**(135,228)**	**(139,736)**	**(4,508)**	**(135,228)**
EBITDA	**1,759**	**1,552**	**(207)**	**9,264**	**9,223**	**(41)**	**9,264**
Financing Costs (incl Depreciation)	(1,544)	(1,511)	33	(9,264)	(9,179)	85	(9,264)
NHSI Control Total	**215**	**41**	**(174)**	**0**	**44**	**44**	**0**
Add: impact of donated assets	*(60)*	*(68)*	*(8)*	*(368)*	*(276)*	*92*	*(368)*
Surplus/(Deficit)	***155***	***(27)***	***(182)***	***(368)***	***(232)***	***136***	**(368)**



Variation and Action

The Trust continues to operate within its allocated H1 2021/22 contractual envelopes up to the end of September 2021, with a YTD reported surplus of £44k (excluding the impact of donated assets). Expenditure envelopes are derived from the system's winter 2019/20 run rate, meaning expenditure growth beyond baseline inflationary (excluding that specifically funded for Covid measures) will drive a cost pressure for the Trust that needs to be mitigated.

Pay spend has increased sharply in Month 6, due to pay award arrears being paid in month. The underlying position, however, is slightly up . Arrears pay has been offset by national funding.

Elective activity levels are at 90% of 2019/20 baseline activity year to date. This is based on eligible activity under the Elective Recovery Fund calculation. The threshold is currently 95% to receive Elective Recovery Funds, but in months 7-12 the threshold will change to 89% of RTT activity.

H2 guidance has now been issued and confirms that an additional 0.82% efficiency requirement will be applied to the second half of the year. Furthermore, targeted reductions in system top-up funding will be applied to those systems based on their distance from their 2021/22 Financial Improvement Trajectory, for BSW this adjustment is equal and opposite to the additional capacity funding received.

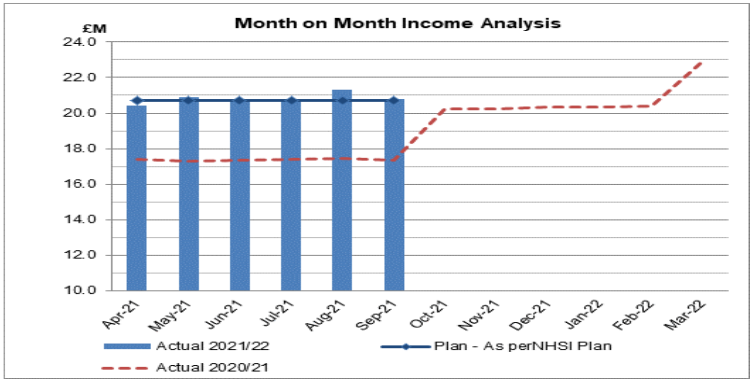
Income & Activity Delivered by Point of Delivery

Clinical Income:

Use of Resources

Income by Point of Delivery (PoD) for all commissioners	Sep '21 YTD		
	Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
A&E	4,600	4,924	324
Day Case	7,288	7,848	560
Elective inpatients	6,049	4,849	(1,200)
Excluded Drugs & Devices (inc Lucentis)	10,391	9,986	(405)
Non Elective inpatients	31,514	32,567	1,053
Other	51,619	53,635	2,016
Outpatients	12,683	14,923	2,240
TOTAL	**124,144**	**128,732**	**4,588**

SLA Income Performance of Trusts main NHS commissioners	Contract Plan (YTD) £000s	Actual (YTD) £000s	Variance (YTD) £000s
BSW CCG	76,136	80,499	4,363
Dorset CCG	12,484	12,484	-
Hampshire, Southampton & IOW CCG	9,395	9,395	-
Specialist Services	16,992	17,076	84
Other	9,137	9,278	141
TOTAL	**124,144**	**128,732**	**4,588**



Activity levels by Point of Delivery (POD)	YTD Plan	YTD Actuals	YTD Variance	Last Year Actuals	Variance against last year
A&E	34,902	34,917	15	27,166	7,751
Day case	9,579	10,147	568	6,095	4,052
Elective	1,682	1,421	(261)	971	450
Non Elective	14,075	14,322	247	12,581	1,741
Outpatients	116,168	133,815	17,647	89,355	44,460

Variation and Action

Activity in September in day cases recorded 245 spells more than in August and exceeded the plan for the month. Day case activity has improved against plan in the specialties of Urology and Plastic Surgery, but activity levels have dipped this month in Gastroenterology although activity is still above planned levels. Activity in elective inpatients was 60 spells higher than in August with good performance in Urology, however T&O failed to achieve the planned level for the month. Non-Elective spells were higher than in August and remain above plan year to date. Activity pressures continue in Geriatric Medicine, Obstetrics and Paediatrics. Outpatient performance improved against last month with more activity this month in Cardiology, GU Medicine, T&O, Cardiology and Plastic Surgery.

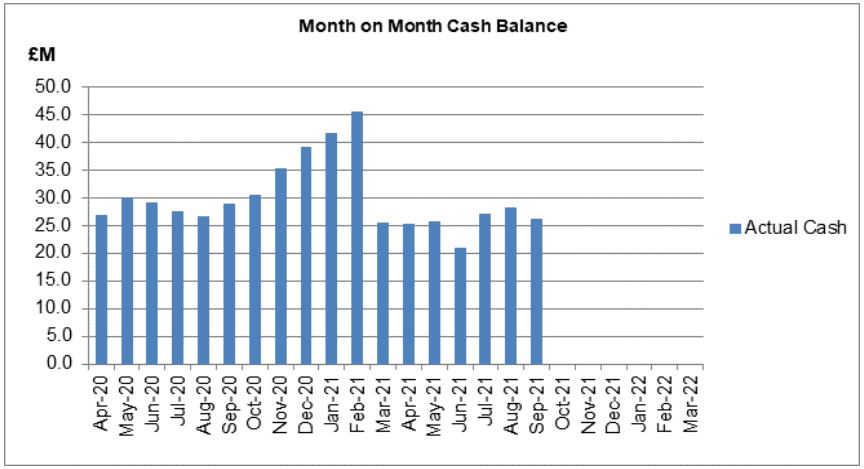
For the first six months of 2021/22 the Trust will continue to receive fixed payments from the main commissioners which have been based on Phase 3 payments (October 2020 to March 2021) uplifted by 0.5%. There is additional funding for growth and Covid. Some high cost drugs and devices are paid on a cost and volume basis by NHS E. An Elective Recovery Fund payment will be applicable in the first six months of 2021/22 to systems who achieve delivery above the set thresholds. The delivery of day cases, electives, outpatient procedures and outpatients was at 90% against the revised threshold of 95% for September. Income of £2.02m has been included in the financial position for ERF against BSW CCG in September as agreed with the CCG. Income of £2,293k has been accrued against BSW CCG in recognition of the pay award funding for 21/22 which should be paid to the Trust in the H2 (second 6 months of the financial year) allocations.

Cash Position & Capital Programme

Capital Spend: 

Cash & Working: 

Use of Resources



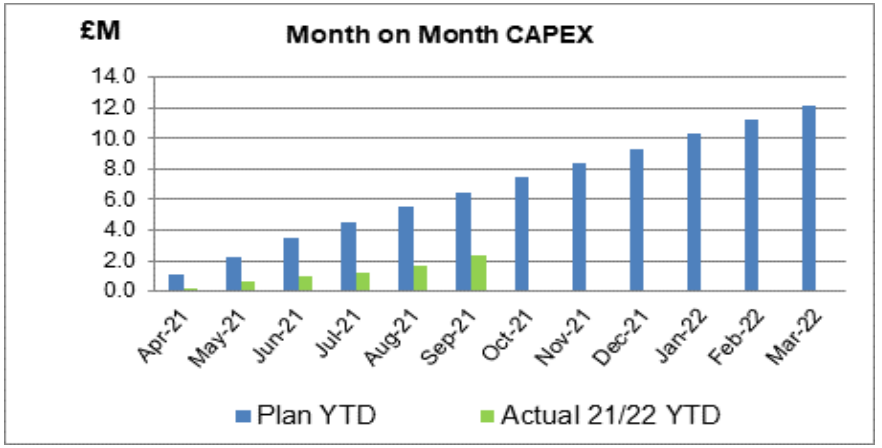
The Trust has now returned to the pre-Covid mid-month contractual payment arrangements. Block contracts and a balanced revenue plan were agreed up to 30 September 2021. The guidance for the second half of the year has now been issued and the Trust is currently determining the funding it will receive up to 31 March 2021.

The base assumption from a cash forecasting perspective is that the Trust will continue to report a balanced revenue position throughout 2021/22.

The cash position decreased slightly in September due to the payment of public dividend capital. This sum is paid in two instalments, September and March of each year and is forecast at approx. £4m for 2021-22. The capital programme remains behind plan and this is resulting in higher levels of cash than expected.

Capital Expenditure Position

Schemes	Annual Plan £000s	Sep '21 YTD		
		Plan £000s	Actual £000s	Variance £000s
Building schemes	900	805	528	277
Building projects	5,254	2,573	287	2,286
IM&T	3,872	1,938	982	956
Medical Equipment	1,728	931	243	688
Other	450	220	220	0
TOTAL	**12,204**	**6,467**	**2,260**	**4,207**



Summary and Action

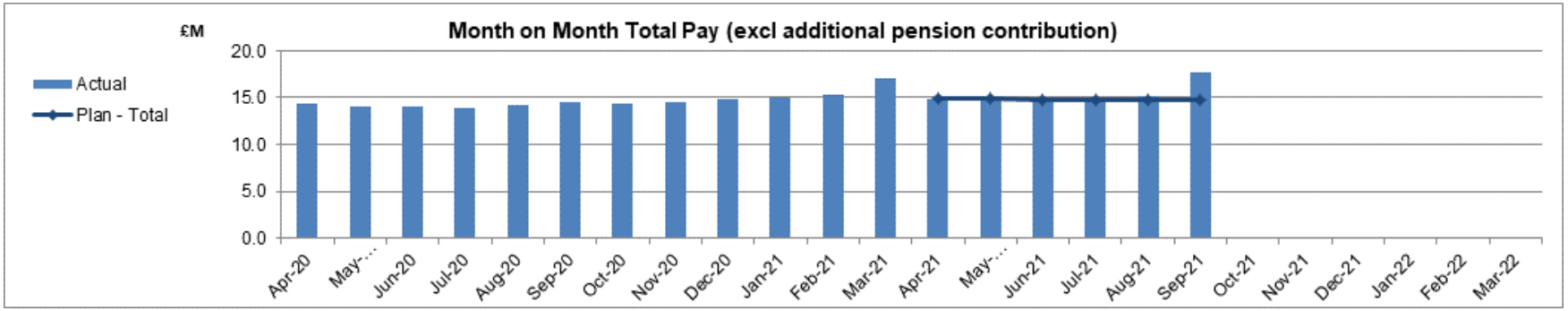
2021/22 capital allocations have been made at a system level, and although the Trust's baseline allocation of £12.2m exceeds the initial 2019/20 allocation by c£3m, the Trust remains capital constrained based on an initial assessment of over £20m. The internal funding of a £12.2m capital plan is contingent on the Trust delivering a balanced revenue position in 2021/22, and a further £0.5m from the opening cash balance.

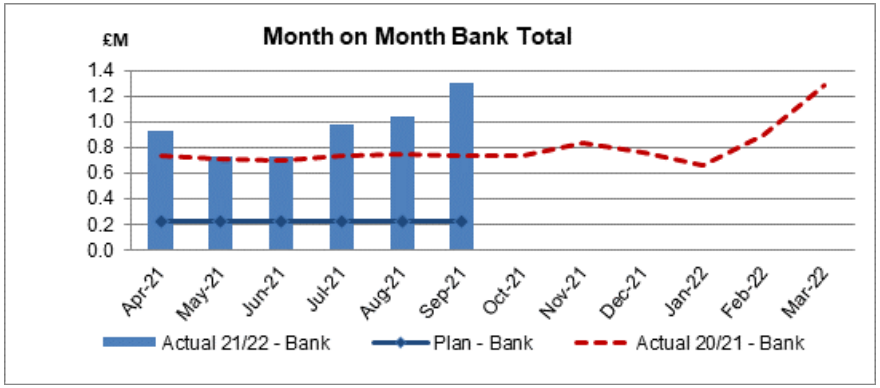
The original capital plan was based on a fairly even distribution of spend throughout the year. However, some building schemes have either been delayed or have been revised. A revised detailed profile plan of how all elements of the programme will be achieved by the end of the year has been developed. This will be challenging to achieve and further work is underway to identify the risks and issues associated with delivering this revised plan. An extraordinary Capital Control Group meeting was held during the month at which all sub groups reported they will spend their allocations for the year and the capital programme will be achieved.

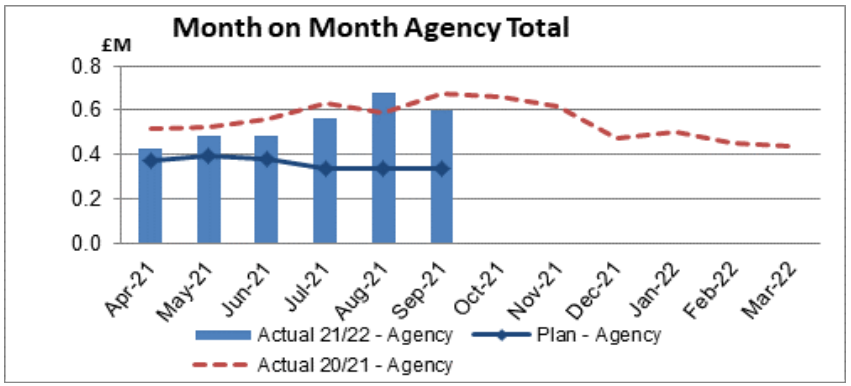
Workforce and Agency Spend

Pay:

Use of Resources







Summary and Action

Pay arrears of £2,293k were paid in month 6. If this is stripped out then the underlying pay cost in month 6 was £15.4m which represents a 1% increase on the month 5 pay bill. Pay was reasonably flat in most areas, but increased by £285k in Surgery - in Theatres and Orthopaedics. This is related to an increase in the number of theatre sessions run over the month: an average of 112 theatre sessions per week were run in September 2021, an improvement of 9 per week on Month 5, and now achieving more than baseline plan (although still 30 sessions below 19-20 levels).

The Trust has reported 11.2 WTE infrastructure support staff (cost £31k) over planned levels relating to the vaccination centre at Salisbury City Hall, where the plan is for staffing to be provided by RUH, but any staffing provided by SFT is considered 'out of envelope' and directly reimbursed through NHSEI.

NHS Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	3.1
Date of Meeting:	04 November 2021		

Report Title:	Our Strategy 2022-26			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	✓			✓
Approval Process (where has this paper been reviewed and approved)	Trust Board Private Session, 9 September 2021			
Prepared by:	Kieran Humphrey, Associate Director of Strategy			
Executive Sponsor (presenting):	Lisa Thomas, Chief Finance Officer			
Appendices (list if applicable):	Our Strategy 2022-26			

Recommendation:
The Board is recommended to approve the Trust Strategy 2022-26 for publication and wider engagement with our teams, communities and partners.

Executive Summary:
Following Board approval of a programme to update the Trust's corporate and clinical strategies in late 2020, development work and wide engagement has continued on the strategic themes that have been identified through a series of Board seminars and engagement events over the past 10 months. The strategic priorities agreed are: • Improving the health and well being of the **Population** we serve • Working through **Partnerships** to transform and integrate our services • Supporting our **People** to make Salisbury NHS Foundation Trust the Best Place to Work As set out in the strategy document at Appendix 1, our Vision and Values have been refreshed but remain well recognised and supported across the Trust. Publishing the Trust's strategy is the beginning of the process to embed the new priorities across how the Trust operates and develops over the next five years. With broad support and an increasing understanding of our new priorities, work should now commence to embed these priorities in the wider operational and business development of the Trust. This is particularly supported by the Improving Together programme, and work is underway to deploy our strategy across all of our teams. On publication of the strategy, our engagement with our communities, partners and staff will continue as we develop plans across the organisation which contribute towards

delivering our strategic priorities. The Board will receive regular updates, briefings and further seminars as we deploy our strategy and take steps towards achieving our strategic priorities.

Board Assurance Framework – Strategic Priorities	Select as applicable
Population: Improving the health and well-being of the population we serve	☒
Partnerships: Working through partnerships to transform and integrate our services	☒
People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	☒
Other (please describe) -	☐

NHS
Salisbury
NHS Foundation Trust

Our Strategy
2022-26

Welcome

We are delighted to be sharing the new strategy for Salisbury NHS Foundation Trust, which sets our ambitions for the next five years.

It describes the framework we will use to deliver our vision of an Outstanding Experience for the people who use our services and the staff who provide them.

People sit at the heart of our strategy - those we support, care for and the staff and partners we work with every day.

The last eighteen months have been a challenging time for all of our communities, the NHS nationally and us as a hospital. We are very proud of the way our teams have responded to these challenges, adapted our services and delivered high quality care to our patients.

In speaking to our patients, communities, staff and partners, we have recognised that whilst our vision of an Outstanding Experience remains central to what we do, our strategic plans to achieve this need to be more focussed on responding to the challenges we will face over the next five years.

The aim of this strategy is to clearly state our vision, values and strategic goals and set out how we plan to achieve them. We have put improving the quality of our services at the forefront of our strategy, and this document contains important commitments we are making to our community over the next five years.

Our priorities are:

- Improving the health & well being of the Population we serve
- Working through Partnerships to transform and integrate our services
- Supporting our People to make Salisbury NHS Foundation Trust the Best Place to Work

Our hospital and our people are fantastic assets in our local community and we are proud to work with exceptional people who provide outstanding services and care to our communities. We look forward to working with you on achieving our new strategic priorities.

Nick Marsden
Chair

Stacey Hunter
Chief Executive

Salisbury NHS Foundation Trust is a district general hospital in south Wiltshire. As part of the Bath, North East Somerset, Swindon and Wiltshire Integrated Care System (BSW), we deliver a broad range of clinical care to approximately 270,000 people in Wiltshire, Dorset and Hampshire which includes:

- Emergency and planned inpatient services
- Day case services
- Outpatient services
- Women & Newborn and Paediatric Services
- Diagnostic and therapeutic services
- Specialist rehabilitation, plastics and burns

Specialist services, such as burns, plastic surgery, cleft lip and palate, rehabilitation and the Wessex Regional Genetics Laboratory, extend to a much wider population of more than three million people. Salisbury District Hospital includes the Duke of Cornwall Spinal Treatment Centre, a purpose built, 45 bed unit which specialises in caring for people who have spinal cord injury. It serves a population of 11 million covering an area across most of southern England.

Underpinning all our services are 4,800 staff, across a range of clinical and non-clinical professions, who work together with our partners in delivering high quality care to our local population.

Our clinical services are delivered through a divisional management structure which co-ordinates and delivers high quality services. Services are provided through the following Clinical Divisions:

- Medicine
- Surgery
- Clinical Support and Family Services
- Women and Newborn Services

Our Strategic Context – what is changing

Since we published our Corporate and Clinical Strategies in 2018 there have been significant changes and developments in the national and local policy agenda. In particular, the publication of the NHS Long Term Plan, the NHS People Plan and integration of local health and care drive how we provide our services.

We are focussed on the role of Integrated Care Systems in our collective responsibility to improve the health and care of the populations we serve.

The COVID-19 pandemic has shaped how we prioritise and adapt our services alongside our local partners for the next 5 years of the Trust's strategic development.

We have some key challenges and opportunities to address in our renewed strategic direction. These are our primary drivers for change:

Ageing Population and Changing Demographics

Health Inequalities further exposed

Integrated Care

Use of Technology

Living with and beyond COVID-19

Workforce Sustainability

Our Vision is to provide an outstanding experience for our patients, their families and the people who work for and with us.

As part of our aspiration to be the Best Place to Work, we have listened to our staff and partners and reaffirmed that our vision and values remain supported and relevant as drivers for our new strategy.

Maintaining this vision at the heart of what we do will ensure that we priortise the things that are most important to our local communities and our people.

We will focus on improving the quality of the care and services we provide, the quality of the experience of coming to our hospital, the experience of working with us as a partner and the experience of working as part of our Team. We want all of these things to contribute to better health for our local population.

Our Values

How we will work towards our vision

We have reflected on our core values and behaviours which have been developed and tested with our staff. These are the characteristics which define how our organisation works, and reflect how we want to be viewed by the communities we serve.

We have restated and refined our values to ensure they remain relevant and drive the way we work towards our strategic priorities as an organisation. In recognising the scale of our current and future challenges, we have added a further value, **Progressive**. This reflects our desire and commitment to tackle future challenges and opportunities with positivity and a continuous improvement ethos.

We will be:

Person Centred & Safe

Our focus is on delivering high quality, safe and person focussed care through teamwork and continuous improvement.

Professional

We will be open and honest, efficient and act as role models for our teams and our communities.

Responsive

We will be action oriented, and respond positively to feedback.

Friendly

We will be welcoming to all, treat people with respect and dignity and value others as individuals.

Progressive

We will constantly seek to improve and transform the way we work, to ensure that our services respond to the changing needs of our communities.

In order to deliver Our Vision, our Strategic Priorities are:

Improving the health and well being of the Population we serve

Working through Partnerships to transform and integrate our services

Supporting our People to make Salisbury NHS Foundation Trust the Best Place to Work

As an organisation focussed on delivering outstanding, high quality care for our population, we have developed our new strategic priorities to shape the development of our hospital and the services we provide.

This will help our communities, partners and our people identify, understand and contribute to the three strategic priorities that are most important to us.

Alongside our partners, we will tackle the wider determinants of health and focus attention on prevention and well being.

Our Population

The services we provide, and the role we play in our health system, will be determined by the changing needs of our population, and we will support our population to be healthy, reducing their need to access hospital services.

We will work with our partners to deliver care and services as close to home as possible.

The health and well being of our population

While the health of our local population is relatively high, we must continue to contribute to improvements in health and well being for our future populations. In particular, there are health inequalities between our local neighbourhoods. We will focus more closely on the specific needs of our individual communities, using the community level data that the Wiltshire Joint Strategic Needs Assessment (JSNA) now offers.

Increasing the number of years that our population lives in good health is a priority for our partners across Wiltshire. While life expectancy in Wiltshire is 80.8 years for males and 84.0 years for females, healthy life expectancy is at 66.0 and 69.4 years respectively. Closing this gap, and the need for health services to support this forms part of plans for managing ill health and frailty amongst our older populations.

Wiltshire's Health and Well Being JSNA was updated in 2020. This analysis provides a summary of the current and future health and well being needs of people in Wiltshire. The JSNA assists in planning the health, well being and social care services for the population we serve. We will also take account of the data available for the other communities we serve – particularly in Dorset and Hampshire.

Improving the quality of the care we provide will not be focussed solely on the treatments we deliver in our acute services; improving the health and well being of our population also depends on the actions taken by individuals and communities to tackle the wider causes of ill health. We will play our part in broadening our focus from providing outstanding patient care to contributing to the improvement of the health of our population as a whole. We will support local people to stay well by addressing the causes of poor health, illness and injury.

We will support and contribute to lifestyle changes, including a focus on the well being of our own staff. We will contribute to planning services around individual needs, not existing clinical pathways and networks.

Our Population – our priorities

Understanding and acting on local needs – Population Health Management

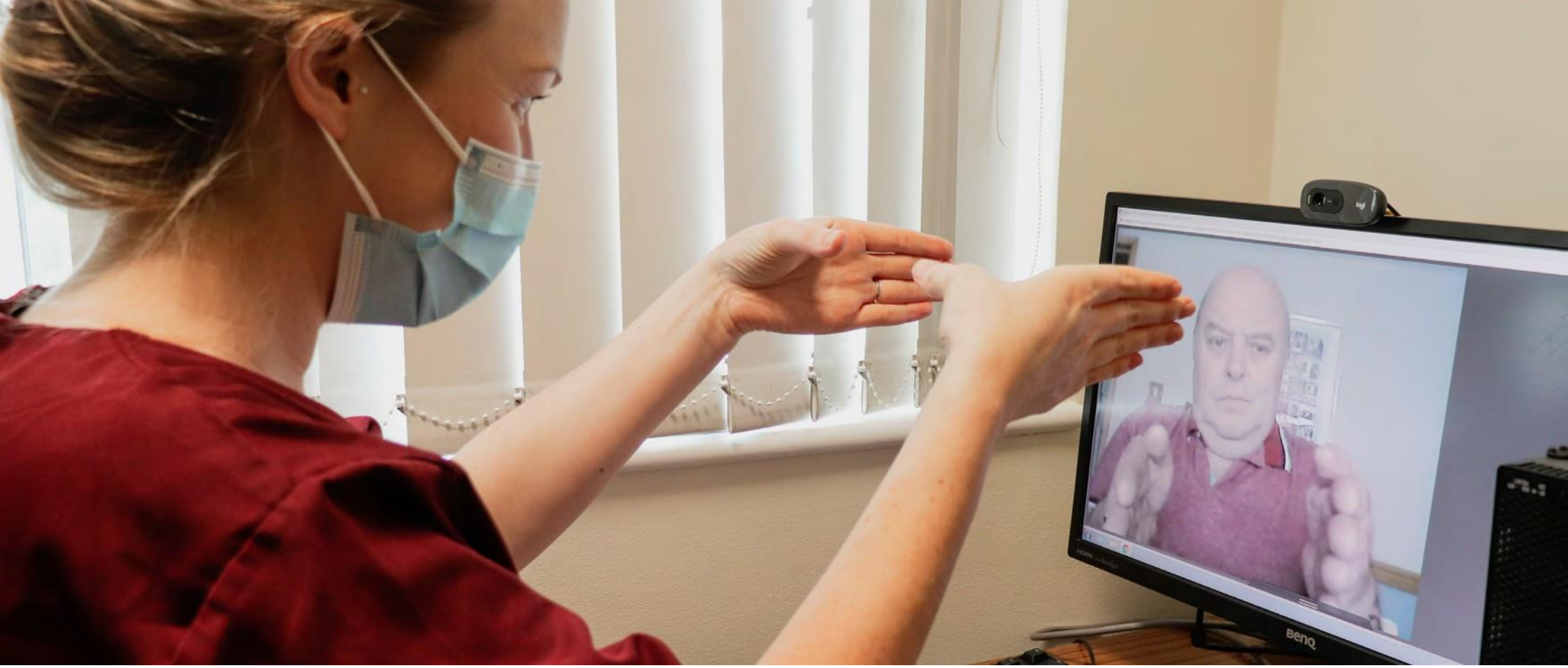
To best support the health and well being of our population, we will develop our services and plans through wide engagement that ensures that our service development and our decision making will be led by the communities we serve. We will step outside our hospital and connect with communities and understand what matters most to local people.

We will need to plan our services in tandem with our partners – especially primary, community and social care. We will identify where health inequalities exist and tailor our services to ensure that everyone is able to access the services we provide, when they are needed.

As a hospital, we will invest in a different way of service planning – using strategic review and population health data to help us design services which best meet the future needs of our communities. To do this, we will need to share data with our partners in the health and care system – especially primary care, and come to a common understanding of individual needs and health promotion priorities.

What this means for the hospital is we will need to change the way we collect and manage data about our populations and their health needs, and use future looking analysis to inform how we plan our services. How we share information with partner organisations, and how our finance and information services work will increasingly look forward to determine future needs.

The changes in the way our local health system operates (moving from a transactional and contractual method of working to partnership and integration) will help us achieve this renewed balance and more effective planning based on future needs, rather than historic levels of activity.



Our Population – what we will do

Recovering our Planned Services

The pandemic has impacted the lives of many in our community who have had to wait longer than they should for planned care and operations, while the NHS has focussed on providing immediate care for anyone requiring it as a result of the effects of COVID-19.

We have continued to provide urgent treatment, for cancer or for emergency admissions, throughout the pandemic.

Our immediate task is to rebuild and extend our capacity and productivity to deliver planned care – making the most effective use of our facilities and helping our people to deliver the most timely and successful care possible. This will require strong partnerships, most notably with our Acute Hospital Alliance partners, Great Western Hospitals (Swindon) and the Royal United Hospitals (Bath).

We have learned from the process of prioritising care during the pandemic by regularly assessing clinical need. We will continue to build on this approach to ensure that the people who need care most are prioritised for consultations and treatment.

COVID-19 has provided opportunities for us to test and embed new ways of delivering normal hospital services. The feedback we have received from providing more care and appointments virtually has been positive and we will continue to transform our outpatient services to make it as easy as possible for people to receive their care without having to come to hospital.

Providing Specialist Services and research locally

We are proud of the specialist services that we provide for a wide population in Southern England. In developing these, we will build on our existing strengths and work in close partnership with our wider regional clinical networks to ensure that people requiring specialist services receive them at the earliest stage of their treatment, as close to home as possible, with the aim of supporting people with life changing illness or injury to recover and live their best possible lives.

Our specialist services will play their part in providing integrated care for our local communities, as well as providing services for patients from across our region. We have the opportunity to build on our current expertise, particularly in rehabilitation services such as Plastics, Burns, Wessex Rehab and our Spinal Unit.

We want to put these services at the centre of a multi-disciplinary rehabilitation network, providing outstanding support to our local population, supporting partnership working on our site, including through our campus development, and offering a wide ranging and innovative rehabilitation service to our regional population and partners.

We are proud of our research-positive culture. Clinical research is an important way in which we can improve our healthcare, and population health. Ensuring that all staff feel empowered and supported to participate in clinical research delivery will mean that patients, their families and their carers are empowered to explore research opportunities and to make informed decisions about participating in research which is relevant to them.

Our Population

A wider contribution to a healthy community

As the largest employer and anchor institution in South Wiltshire, we have the opportunity to make a difference in the health of our community, by providing more than high quality patient care, but by also making a positive contribution to population health and addressing the wider determinants of ill health.

This means alongside providing our acute hospital services, we will prioritise our wider role in the community and in promoting healthy lives. The Trust has a ten year vision to transform our hospital site and use it more effectively. As a reflection of our commitment to be an anchor institution serving and supporting the local community, we believe modernising and diversifying the use of our the hospital will make a broader contribution to improving health and well being and promoting economic development across the local community in and around south Wiltshire, Dorset and Hampshire.

Our Environment

The health and care system in England is responsible for an estimated 4-5% of the country's carbon footprint. The NHS has set a commitment to achieve a 'Net Zero' health service and has launched a call for evidence to inform future plans. As an organisation with a large carbon footprint, large workforce and ambitious estate plans, the Trust can make a significant contribution to the national ambition in its role as a local anchor institution.

Delivering a 'Net Zero' National Health Service was published in October 2020 and began a further process of further engagement with NHS organisations to consider the actions required to decarbonise:

- Estate and facilities
- Travel and transport
- Supply chain
- Medicines (inhalers and medical gas)
- Research, innovation and offsetting

We have made a commitment to be a carbon neutral organisation by 2035. The pandemic has both assisted (through, for example, less travel to our site) and challenged (increased use of disposable consumables) our progress towards this ambition.

We will continue to progress plans across the management of its estate, use of consumables and transport plans to take steps to improve its carbon footprint in 2021-22. Work will build on existing changes such as electric charging points for vehicles and infrastructure to support active travel (and further reducing the need to travel to our hospital site for patients, visitors and staff).

More immediately, we need to resolve the key environmental and estate risks in our services. As a first phase of this, we are progressing plans for an elective care centre which will push the boundaries of the surgery that can be done without requiring an overnight stay in hospital (day cases). This will increase the number of people we can treat as we use new facilities (replacing our outdated Day Surgery Unit) as intensively as possible.

The facilities will help us provide high quality, fast throughput care that uses the latest surgical and anaesthetic techniques to offer patients a standardised, efficient route to their surgery and will provide an outstanding experience before returning home the same day to recover.

Education and Employment

As part of our broader campus plans, we are committed to developing partnerships with higher and further education to promote learning and training in South Wiltshire, and building on our existing links with local colleges and universities.

We want to nurture a sustainable workforce locally. Recognising our role in being an outstanding employer will in turn provide significant employment opportunities for our local population.

Local Economy

We will continue to support the local economy through the supply chains that provide our hospital with goods and services. We will purchase locally as a default, supporting small and medium sized enterprises, the voluntary and community sector and recognising the economic and social benefit this brings to our communities.

Through our Campus Project for the 10-year plan for the development of our hospital, we want to encourage the better use of our estate to integrate other activities with the Trust's hospital operations. This includes not only other health and care sectors sharing our hospital site, but also encouraging new partnerships with industries such as life sciences to make best use of our significant estate.

Supporting our community's recovery from COVID-19

The demand and rapid changes we had to make to the hospital in early 2020 were unprecedented and tested our planning and the processes and the expertise of our staff to the limit. During the pandemic we greatly missed having our community of volunteers, supporters and families with us at the hospital during the time we have had to restrict visitors to the hospital. The pandemic has also brought us closer together with our communities and we will use the opportunity to recover from COVID-19 to shape our future alongside our local population.

While COVID-19 has undoubtedly challenged the strength of our workforce and our community, the experience of living through and managing the impacts of a pandemic has encouraged positive change and rapid transformation of the way we deliver our services and interact with our population. Using this experience will help us to tackle key challenges as we emerge from the pandemic.

Working in Partnership – COVID vaccination programme

In late 2020 BSW's Clinical Commissioning Group was tasked with managing the roll out of the COVID-19 vaccination programme. This involved the whole NHS working together to ensure that the maximum number of people could receive the life-saving vaccine in the most efficient and timely way.

We worked alongside our partners to deliver not just staff vaccines at the Hospital Hub but also offered vaccination to vulnerable people in our community, other NHS staff, the military and social care teams.

We took on the management of the City Hall Large Vaccination Centre where the team worked with volunteers, and the recruitment team at the Royal United Hospital Bath to ensure that the venue was able to operate at maximum capacity over a long period of time.

We co-ordinated a team of communication professionals from across the NHS and local government to support the roll out across BSW including the iconic images of Salisbury Cathedral as a GP led vaccination centre.

Supporting our Population – Digital Healthcare

The pandemic has highlighted the importance of delivering clinical services and a working environment that can respond quickly and flexibly to changing demands and expectations, building technology around the needs of people.

Our aim is to further our 'digital by default' approach, focusing on digital integration and collaboration. We aim to take the opportunities that technology and data can provide to improve the planning and delivery of our services, including how they can be accessed. We will empower people who use our services and staff to securely access information anytime and anyplace.

A strong digital culture amongst our People will be essential to achieve this. We will encourage the expanded use of technology as part of our strategic service development, providing training and education to improve digital and data literacy.

We want to respond to an increasingly digitally informed population – by empowering our communities to proactively manage their health and care in partnership with our clinical teams.

We will invest in digital infrastructure which is robust and flexible, providing our staff with the tools they need to improve processes, innovate, make best use of new technologies and enhance the service experience we provide.

We will work through Partnerships to transform and integrate our services.

Our Partnerships

We will work at all levels of integration to ensure their success, and we will work with our partners to deliver on our shared clinical priorities. We will integrate our teams and services wherever possible with our partners. We will focus on playing an active role in our health and care systems – being a trusted and active partner in our Integrated Care System.

Our Partnerships

We will focus our attention on four levels of integration with our local partners and communities, focussing on the health of our local populations first, and delivering care in a way and the place which is most convenient for our population:

Our Community

- We will put our community at the heart of our organisation, broadening the use of our hospital site to encourage physical integration with our health and care partners and using our estate to drive economic, environmental and educational development in south Wiltshire.
- We will work closely with our partners in primary care – putting the needs of our local communities first and developing shared plans for care which focus on the people who need to access our services the most.

Our Place – the Wiltshire Integrated Care Alliance

- We will work with our partners to drive local integration across Wiltshire. This will allow us to work more closely to improve our services for our elderly population, integrate our urgent care services with our partners and improve our processes for enabling people to be discharged from hospital in a timely way.
- Working with other public services, we will use population health data to plan how our services develop and respond to local need – focussing on how we can contribute to people living healthy lives and living well with long term conditions.

BSW – Our Integrated Care System

- We will work together with our partners across the Integrated Care System to recover from COVID-19 and share plans for providing planned care across BSW.
- We will prioritise work with our Acute Hospital Alliance partners, Royal United Hospitals (Bath) and Great Western Hospitals (Swindon), making best use of our shared planned care resources and establishing virtual clinical networks.
- We will use improved digital technology to achieve better sharing of information about patients to put person-centred care needs first.

Our Regional Networks

- We will play our role as a trusted partner in our neighbouring Integrated Care Systems – particularly Dorset and Hampshire.
- We will increase our influence in our key regional Clinical Networks and contribute to wider research, education and training.
- We will offer our range of specialist services to a wide geography and promote their development regionally.
- We will work across our networks to develop a strong, integrated offer that will attract and secure our future clinical workforce.

BSW – Our Integrated Care System

Our Integrated Care System (ICS), the Bath and North East Somerset, Swindon and Wiltshire Partnership, has accelerated its development over the past 2 years. Our ICS brings together a Clinical Commissioning Group, local government, three hospital trusts, community providers, private providers, a mental health trust, an ambulance trust and voluntary sector organisations.

We will contribute to the delivery of Our plan for health and care 2020-24, the five year plan of the ICS.

We will work together to empower people to lead their best life, guided by the five ambitions set by BSW:

- To improve the health and wellbeing of our population
- Reduce health and care inequalities
- Improve the quality and experience of care for those receiving and those delivering it
- Ensure workforce development and wellbeing
- Make the best use of resources

We will play our part in a thriving ICS – demonstrating strong collaboration and transparent, population focussed decision making.

Our Acute Hospital Alliance

Our Acute Hospital Alliance drives joint working between SFT, the Royal United Hospitals Bath NHS Foundation Trust and Great Western Hospitals NHS Foundation Trust (Swindon).

The Alliance will help us make the most of our collective resources – facilities and people – and support each other in busy periods and in the development of the services we offer to our communities.

The Alliance will help us to become more efficient and consistent in the way that we deliver our services, ensuring that everyone who lives in BSW has equal access to the care they require.

We will prioritise and invest in the work of the Alliance, ensuring that we maximise the impact of our shared projects:

- Alliance Elective Programme – making best use of all our planned care resources, establishing a single BSW waiting list and considering the development of an acute Provider Collaborative.
- Establishing virtual clinics jointly with our Alliance partners – focussed initially on paediatrics, ophthalmology and dermatology.
- Aligning our Electronic Patient Records to achieve better sharing of information about patients and their needs.
- Sharing corporate back office services such as finance, recruitment, occupational health, estates and facilities management, Information Management and Technology.
- Taking a consistent approach to how we improve services
- Maximising our District General Hospitals as community assets.

Weekend Paediatric Surgery

In early 2021 the waiting list for paediatric Ear Nose and Throat and Oral surgery across Bath and North East Somerset, Swindon and Wiltshire (BSW) had become very long, with widely varying waiting times across the system.

In response to this teams of clinicians, managers and commissioners from across BSW collaborated to provide children only surgical weekends.

By the three acute trusts merging lists and sharing resources and expertise the weekend teams from across the locality worked together to offer those who had been waiting the longest the opportunity to have their treatment done at Salisbury District Hospital.

The logistical challenges of unfamiliar teams operating in unfamiliar surroundings were overcome and to date 120 children have been treated, with more weekend sessions planned. Waiting times for these procedures for children in BSW have shortened considerably. children in BSW have shortened considerably.

Our Partnerships – Integrating our Services

Transforming our Urgent Care Services

We want to lead the transformation of how urgent care services are planned and delivered for the communities in South Wiltshire. As we recover from the pressures brought about by COVID-19, the demand for urgent care both at the hospital and in the community is increasing, and the disjointed nature of the services available often means that people aren't able to access the care they need in an easy and timely way.

We will prioritise the integration of our urgent care services such as our Emergency Department with other community and primary care services. We want to ensure that the population of South Wiltshire benefits from a streamlined and co-ordinated urgent care service, and that we remove any barriers to accessing timely care.

We will lead on the joining up of the services provided by our Emergency Department, the Salisbury Walk In Centre, out of hours GP services, ambulance and mental health services to ensure that people in urgent need of medical care get this first time, at their first point of contact with local health services.

Helping People to Age Well – joining up our services for older people

Our older populations are more likely to experience a range of complex conditions that often require support from our hospital services. We want to support the BSW ambition for people to lead healthy lives, receiving the care they need at home as far as possible, so that we can provide timely and effective hospital services when they are needed by our population. This includes our services for older people.

To help achieve this ambition, we will increasingly integrate our services designed to support older people with those that exist in community services, primary care, mental health and social care. We will also work closely with the voluntary and charity sectors to ensure that our services are as supportive as possible in keeping people healthy at home.

Delivering Financial Sustainability in BSW

The financial sustainability of both SFT as an organisation and our local health and care system remains an overriding concern. Pre-pandemic, our Trust annual deficit in 2019-20 was £14.7m and we forecast to have a substantial underlying financial deficit in future years. This is despite the Trust historically demonstrating operational efficiencies that benchmark well against national comparators.

To address this, our financial sustainability strategy will be based on prioritising our approach to system financial balance, alongside developing our local financial sustainability in 4 key areas:

- Tackling financial inefficiencies within the Trust
- Changing the way we provide our acute services (for example making more use of digital technology rather than face to face appointments)
- Reducing duplication and variation between primary, community and secondary care by driving forward the integration of services.
- Reducing our fixed costs, particularly through reducing our estates risks and maintenance

Our NHS and care partners across BSW are working together to agree a method of achieving a sustainable breakeven position across our Integrated Care System. As BSW currently spends £1.07 for every £1 received in funding for the services across our system, this is a significant challenge to overcome.

We will support the development of a financial structure which addresses this challenge but also supports the integration of our system and a balanced approach where no one organisation, function or service bears its financial challenge without system support.

Supporting our People to make Salisbury NHS Foundation Trust the Best Place to Work.

Our People

To ensure we offer an outstanding experience to the people who use our services, we need to be the Best Place to Work for our teams and our partners. We will focus on the health and wellbeing of the people who work for us – giving them the best opportunity to achieve a fulfilling career which makes a real difference to the lives of the people who access our services. Our people will be recognisable through our shared values that they demonstrate in everything they do.

We are committed to delivering the NHS People Plan as part of our strategic priorities – building on the People Promise adopted across the NHS. We will embrace these values, alongside our partner organisations in the NHS and beyond, to provide opportunities for our people and make Salisbury the best place to work.

Supporting our People – our priorities

Staff Health and Well Being

The national 2020 NHS People Plan identified 'Looking After Our People' as a key theme and recognised our people are our greatest asset. It outlined its ambition to ensure quality health and wellbeing support for everyone and encouraged new ways of working and delivering care emphasising the need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.

We recognise that staff health and well being is a key enabler to outstanding services. Our people have a direct impact on our clinical outcomes and the experience of our patients. We are clear that when our staff are well and happy, productivity, performance and the experience of our patients improves.

We know that our staff are more likely to experience mental ill health due to the pressures experienced during the pandemic. The impact has been visible, at work in responding to the crisis or at home shielding, working or awaiting deployment as well as in keeping themselves, their family and loved ones safe.

Our priority is to work with our staff to promote good physical, mental and psychological health and wellbeing, and to support those who need help. We will draw on the experience and expertise we have within the Trust from a range of departments, including Occupational Health, Psychology and OD & People to coordinate our efforts and guide us on best practice and recognise there is no single solution for how an NHS organisation can solve the challenge of improving staff health and wellbeing.

We will prioritise staff health and well being through:

- Leadership – making health and wellbeing everybody's responsibility.
- Prevention – integrating a positive culture and healthy behaviours to support staff in embedding prevention in our day to day business and promote positive health and wellbeing within the workplace.
- Intervention – delivering targeted interventions to address specific areas of need.
- Support – connecting and communicating our support for staff and managers.
- Data and metrics – using data and metrics to support health and wellbeing initiatives.

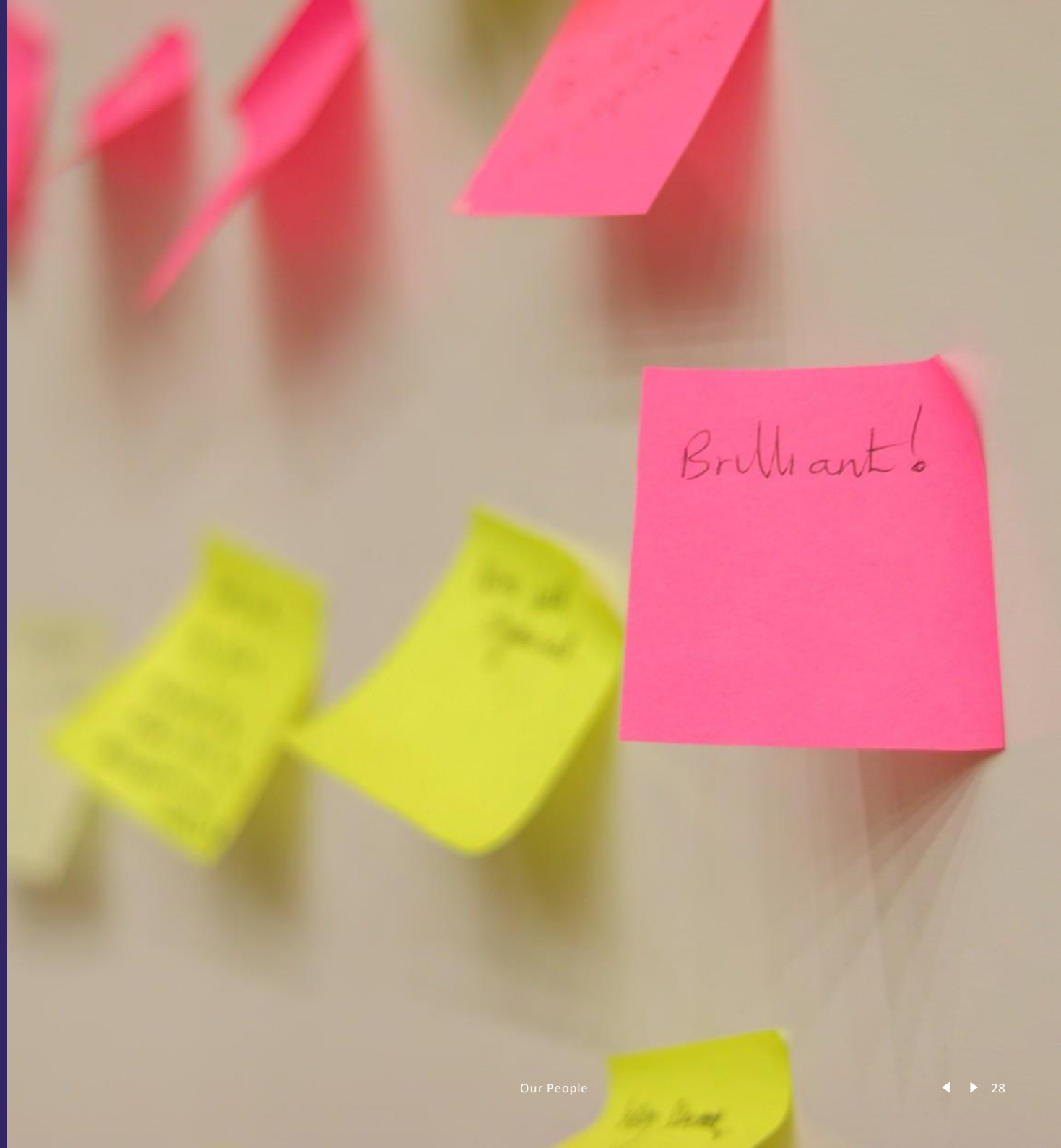
Improving Together
– our approach to building a culture of continuous improvement

We have commenced a programme of improvement which will help us establish a culture that reflects our values, supported by a consistent quality improvement approach to improve patient care. Building on our existing transformation techniques, we will use our new strategy as a starting point to ensure all of our staff can align to, and understand their role in achieving our priorities.

Using an approach that will be consistently applied across BSW, the Trust will design and deliver an integrated organisational development and continuous improvement system which underpins our and the ICS strategy, including delivery of sustainable performance improvement and a consistent service improvement methodology.

In developing an organisation of 4,800 problem solvers, the programme has the following aims:

- Deliver our vision and key objectives for patient safety and quality, staff satisfaction and sustainability;
- Maximise our capacity for change at all levels of the organisation, optimising speed of delivery of our three strategic priorities;
- Introducing and enabling coaching capability to continuously improve our services and deliver consistent top 20% performance and quality standards;
- Maintain and enhance the engagement of our staff, community and wider stakeholders through our organisational cultural change.



Encouraging our future leaders

BSW Academy
We will support the launch of the BSW Academy – offering a number of benefits for the workforce across our ICS including enhanced career development opportunities and a dedicated learning and development portal. We want to support our people and our partners with the tools that will enable them to achieve their best careers, across all the roles that make up and support our ICS and its future leadership.

The Academy will be centred around 5 pillars: Leadership, Learning, Innovation, Improvement, and Inclusion, and priorities will be aligned to the needs of BSW's approach Population Health and Care and building our ICS.

Compassionate Leadership Programme

The Best Place to Work programme is focused on ensuring that people at every level and in every role can flourish and deliver their best for patients, through continuously improving, high quality, safe, compassionate care.

Developing an authentic compassionate inclusive culture is a key dimension of making Salisbury the best place to work, as we make the most of our human capabilities in the delivery of great care. Leadership is one of the key determinants of culture. As part of our Best Place to Work programme, we are committed to the fostering of inclusive, compassionate leadership across the Trust and wider system.

As part of our commitment to this, in 2021 we have delivered a Compassionate Leadership Programme for a first cohort of 19 Clinical Service Leads from across the Trust.

Implementing our Strategy

The publication of our strategy is just the start of the process to deliver our priorities. We will be responsive and flexible to adapt to the challenges that we will face in the next 5 years. In a period of significant challenge and change in our services, we need our strategy to underpin a clear prioritisation of the work we do during the recovery from COVID-19. Through Improving Together, our operational planning and the development of our breakthrough objectives will be driven by our three strategic priorities.

We want our strategy to be the focus which aligns the work we do as a hospital, in partnership with other agencies and on behalf and with our communities. To achieve this, we will engage widely with our staff, partners and communities about our strategic priorities, to help us shape specific and regularly updated and monitored plans to achieve them.

We will empower all of our staff to play their part in achieving our strategic ambitions. With our divisional and corporate teams, we will use a consistent way of undertaking strategic service reviews across our services and functions.

These reviews will focus on how our clinical and corporate services can contribute to the delivery of our strategic priorities, help us to make decisions about the future shape and configuration of our services and help us to ensure that our strategy remains the key driver for service planning and transformation.

We look forward to working with you to build on the strong connection between the hospital and our community, and further improve and anchor Salisbury District Hospital as a valued local asset.

NHS
Salisbury
NHS Foundation Trust

Our Strategy
2022-26

Salisbury NHS Foundation Trust
Salisbury District Hospital
Salisbury
Wiltshire
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Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	3.2
Date of Meeting:	04 November 2021		

Report Title:	Corporate Priorities 21/22 quarterly review			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	x		x	
Approval Process (where has this paper been reviewed and approved)				
Prepared by:	Louise Drayton, Performance and Capacity Manager			
Executive Sponsor (presenting):	Lisa Thomas, Chief Finance Officer			
Appendices (list if applicable):				

Recommendation:

The Board is asked to note the progress and updates against the corporate objectives agreed by Board in May

Executive Summary:

In line with our emergent strategic priorities, we continued to evolve our processes for setting and managing our corporate objectives, which were agreed as part of our annual business planning process. As both the national requirements and our own prioritisation exercises developed, we further consolidated our 2021-22 corporate priorities below. Five themes emerged which our priorities were framed around:

1. **Improving our patient flow**
2. **Recovery from Covid-19**
3. **Improving our maternity services**
4. **Responding to staff health & wellbeing**
5. **Improving our digital capability**

Corporate priority		Executive lead
Improving patient flow	Frailty Integrated pathway	Peter Collins
	Discharge improvement programme, including therapy rehab model	Esther Provins
	Integration of Urgent care services	Andy Hyett
Recovery from Covid-19	Elective recovery programme	Andy Hyett
	QIA process to support decision making around increased activity and staffing models to support	Judy Dyos
Improving our maternity services	Review of maternity services	Judy Dyos
Responding to staff health and wellbeing	Best place to work	Melanie Whitfield
	Improving Together	Esther Provins

	Staff health and wellbeing	Melanie Whitfield
Improving our digital capability	ePMA, Pathology LIMS, shared EPR, SBS (ledger)	Lisa Thomas

The report details updates against these priorities with the exception of one – creating a QIA process around increased activity and staffing models. At the time of setting the objectives it was anticipated there may be new national guidance around staffing models to support the recovery from Covid-19. As yet this has not been received, and usual safeguarding processes are in place to manage decision making around staffing – we continue to use the ward based safe staffing RAG tool to identify areas of risk and this is reviewed daily by Matrons, Heads of Nursing at the Chief Nursing Officer team.

Board Assurance Framework – Strategic Priorities	Select as applicable
Population: Improving the health and well-being of the population we serve	☒
Partnerships: Working through partnerships to transform and integrate our services	☒
People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	☒
Other (please describe) -	☐

Improving patient flow: Integrated Frailty Pathway

Exec Sponsor: Peter Collins

Frailty Improvement Key deliverables

- Deliver OPAL from front door to deliver admission avoidance: integrate the OPAL model across ED and explore other opportunities to maximise benefit of OPAL in patient care and admission avoidance
- Final approval of Business Case to extend OPAL hours to cover twilight, enabling OPAL to extend working hours from 1600 hours to 1800 hours
- New SDEC Frailty pathways utilising current resources
- Development of OPAL ACP roles as current trainees approach qualification. Explore current and proposed banding of ACP roles to ensure retention within SFT

Key Highlights / Challenges

Key Milestones completed – Quarter 3

- OPAL service now working extended hours

Key milestones by Quarter 3

- Update and present/approve OPAL BC for submission
- Adopt new OPAL SDEC pathway across ED and AMU: review use in other assessment areas
- Engage with Trust wide work around ACP training and banding to ensure retention and recruitment in ACP roles
- Communication of new standards to all clinical teams and engage in discussion of CRTP implementation
- Review new standards and perform updated gap analysis

Key milestones by Quarter 4

- Delivery against new standards
- Delivery of permanent OPAL service with full staffing
- Report to Trust around ACP roles and banding with recommendations to ensure training, retention and recruitment

Key delivery challenges or risks

- ACP training, funding and banding may remain unaligned with national accepted levels presenting a workforce retention risk

Proposed Future Metrics

Number of patients seen by OPAL and number diverted/discharged from ED, Measurement of standards (main focus CRTP)
SDEC LOS 0 days: all very much aligned with previous slides

Improving patient flow: Discharge improvement

Exec sponsor: Esther Provins

Patient Flow Key deliverables

- To agree a case for change and infographic to support the engagement of staff with the Trust wide improvement programme
- To implement , embed and ensure sustainability of Criteria Led Discharge in all wards at SFT
- To train, embed and ensure sustainability of Criteria to Reside recording across all wards at SFT by ward staff
- To increase the number of staff trained on the electronic whiteboard system and improve data entry across all wards
- To oversee the procurement, transition and use of the electronic whiteboard system
- To introduce a continuous improvement approach on an initial four identified wards, resulting in a co-designed local project plan owned by the ward MDT
- Agree and implement the Programme metrics to measure and report progress

Key Milestones / Delivery Challenges or Risks

Key milestones completed – Quarter 2

- UEC Delivery Group linked to Patient Flow Improvement programme
- Terms of Reference approved at PMB
- Criteria Led Discharge pilot launched
- Criteria to Reside audit completed
- eWhiteboards Specification Workshop
- NRTR compliance and Programme metrics agreed at PMB

Key milestones by Quarter 3

- DRAFT PID document with UEC & SDEC deliverables to be agreed at PMB
- UEC & SDEC Programme metrics to be agreed at PMB
- Project Plan updated with new UEC deliverables
- Criteria to Reside sustainability review conducted
- Case for Change launched
- Criteria Led Discharge being fully implemented and measured
- eWhiteboards specification confirmed with Procurement
- Ward level Continuous Improvement Plans drafted and presented to PMB

Key delivery challenges or risks

- Clinician capacity to engage with programme of work
- Operational staffing levels to own projects of work
- Delays to project deliverables due to operational pressures

Success measures	How measured	Baseline	Target	September actual
1. Discharges before 5pm (as a % of total discharges) excl. 0 LOS	Patient Flow Main Scorecard	70%	80%	65.73%
2. Weekend Discharges (as a % of total discharges)	Patient Flow Main Scorecard	19.84%	23 / 25%	19.97%
3. % of patients with No Criteria2Reside	Patient Flow Main Scorecard	7.3% (3m baseline)	8%	5%
4. Number of patients with No Criteria2Reside	Patient Flow Main Scorecard	Baseline Period TBC	35	39
5. Total Bed Days where patient has No Criteria2Reside	Patient Flow Main Scorecard	Baseline Period TBC	250	199

Improving Patient Flow: Integration of Urgent Care services

Exec sponsor: Andy Hyett

ED Improvements Key deliverables

- Implement a Triage booth utilising iPads and NHS Direct and full connectivity to transfer data in order to stream patients to alternative care pathways
- Explore the development and Continuous Improvement for alternative streaming pathways on the SFT site or within the local system to include:
- Explore GP sessions supporting ED
- Explore enhanced WIC capacity and capabilities off site
- UTC on site combining current Minors and a Minor Illness capability
- Restoring OOH service to SFT site to allow streaming of patients more efficiently to this service
- Hot kids clinic on site or off site to decompress Paediatric demand on ED and DAU
- Review ED triage process. Explore alternative models (e.g. Luton and Dunstable) and engage staff and national experience to implement an efficient system with reduced delays, better patient care and enhanced streaming
- Invest in the implementation and development of a RAT (Rapid Assessment and Treatment)model of care
- Continuous Improvement opportunities in 111 modelling and booked appointments
- Improved communication to public of alternatives
- Collect and analyse data to financially support and develop a staffing model to meet the new unscheduled care demand
- Explore and implement new staffing groups including Physician Assistants and Advanced Care Practitioners

Key Milestones / Delivery Challenges or Risks

Key Milestones completed – Quarter 3

- ED Improvements T&F Group merged with ED Standards
- ED Improvements / Standards meeting schedule established

Key milestones by Quarter 3

- Deliver a UTC options appraisal for location on SFT site
- Hot clinics (adult and Paeds) appraisal document for offsite assessments
- ED RAT process implemented with streaming options within SFT
- Capacity vs demand supported ED business case addressing clinical, nursing and admin teams
- Establish and implement robust triage process in ED to meet 15 minute standard
- Clear SFT communication plan aligned with BSW to educate public on choosing right option/service

Key milestones by Quarter 4

- OOH/MEDVIVO service on SFT site
- Business Cases completed and submitted to Trust processes
- Complete Trust wide review of ACP/PA staffing model with nationally accepted banding

Key delivery challenges or risks

- Triage booth/front door NHS Direct streaming risked by lack of streaming options and demand on all parts of system: (RUH/GWH placed this action on pause currently
- Staffing resources currently failing to meet demand and future demand and new processes may prevent implementation
- Staff retention and burnout/Staff recruitment
- Physical space on site to accommodate OOH or UTC
- Inability to meet standards

UEC Metrics Update

Currently 4 hour target and aligned metrics around first assessment and ambulance offloads. Future (with current shadow reporting) new 10 metric standards. Metrics around patients diverted to alternative services, ED daily demand

Recovery from Covid-19: Elective Recovery Programme

Exec Sponsor: Andy Hyett

Programme Aims

Increasing capacity and productivity across all elective pathways to address the backlog of elective activity (admitted and non-admitted) and to meet national targets

Key Deliverables

- **In-Sourcing** – Use staff/teams model to meet required additional operating activity
- **Theatre Capacity** – Increase by addressing workforce shortfalls and maximising operating list utilisation
- **Outpatients** – Increase activity through maximising capacity and modernisation approach
- **Waiting Lists** – Reduce number of 52/78/104 week wait patients and manage overall (Note 78 not in H2 guidance)

Key Highlights / Challenges

Highlights

- Theatre recruitment campaign successful with rolling additions in post from October – Aim to open more theatres by end of year
- Theatres In-Sourcing program providing consistent additional staffing resulting in operating sessions increasing
- Outpatients activity increased overall with In-Sourcing model also being adopted to drive further volumes in Medicine
- Progress being monitored internally via weekly Elective Recovery Steering Group and externally via weekly BSW meeting
- GIRFT (HVLC) gap analysis actions being finalised and weekly theatre operational group created to monitor and improve overall performance

Challenges

- Recruitment of Anaesthetic practitioners
- Occupational health capacity to process new recruits
- H2 Guidance published requires review and revision of baseline targets and focus
- Outpatients virtual activity decreased below 25% national target
- Ability to secure additional sessions from Trust Consultants and Nursing staff to support Plan+ figures
- Robust SSL provision

Success Measures (Highlight)	How Measured	Target (Sep)	Actual (Sep)
1. **Elective Activity vs Pre-COVID (Plan vs Actual)** *Inpatient and Day Case*	Weekly reporting	95%	79%
2. **Outpatient Activity vs Pre-COVID (Plan vs Actual)** *New and Follow-Up*	Weekly reporting	95%	103%
3. **Utilisation of Sessions (DSU and MT)** *Including 10 minutes turnaround time*	Weekly reporting	90% (DSU) 85% (MT)	76% (DSU) 88% (MT)
4. **Diagnostic Activity vs Pre-COVID (Actual vs Actual)** *CT, MRI, Ultrasound, Endoscopy*	Weekly reporting	*95%*	99%
5. **Reduce Patients waiting > 52 weeks**	Monthly reporting	660	681

Improving our maternity services: Review of maternity services

Exec Sponsor: Judy Dyos

Overview

Training and development

Leadership program for all band 7-8 staff

Competency frameworks for band 3 to 8 are in development

Workforce

New structure approved and senior leadership posts either advertised or recruited to

Digital lead post developed and in recruitment

Staff wellbeing program being developed in conjunction with OD&P

Risk and Governance

Quality and Safety matron appointed and will lead on developing frameworks for constructive feedback and learning from adverse outcomes.

Learning from serious incidents to be included in the wider communication strategy

Comms and engagement

Feedback boards places within maternity

Bi-monthly feedback sessions by board level safety champions being conducted for staff to raise concerns

DMT senior management team walk rounds

Maternity Voice Partnership feedback shared with staff

Key Highlights / Challenges

Highlights

- Formal governance structure has been implemented with clear lines of responsibility
- Director of Midwifery commencing in post 4th Oct
- Patient safety matron appointed (Nov start)
- Progress on recruitment – actual clinical headcount increased in October to 79.64 (70.62 in July 21)
- Priorities being identified through audit
- All perinatal deaths reviews undertaken
- CQC warning notice evidence submitted on 30th September

Challenges

- Maternity complaint responses and audit delayed due to reduced capacity of team – patient safety matron due to commence in November
- Training grade doctor gaps identified from Feb 22, plan being developed
- Operational pressures remain high with staffing shortfalls – incentive scheme in place to cover Summer period.

Proposed Future Metrics

Formal action plan in response to CQC must do and should do's

Responding to Staff Health and Wellbeing Best place to work

Exec sponsor: Melanie Whitfield

Programme aims & key deliverables

The purpose of the programme is to discover, design and deliver a range of activities developed by NHS Improvement, to enable organisations to embed compassionate and inclusive leadership cultures.

- Phase 1: Discovery and Diagnostics is completed and findings disseminated.
- Next steps aligned to strategic and corporate objectives agreed by Trust Board October 2020.
- Phase 2: Design phase will be informed by findings from phase 1. Phase 2 is underway with new strategy and repurposed vision and values.
- Phase 2 will include 3 pilot leadership development programs. Design phase to be completed and evaluated by end October 2021.
- Leadership development programme roll out to provide up to 96 places per annum.
- Half day Compassionate and Inclusive Culture workshops available for all staff to attend. This provides the ongoing cultural change support to enable teams to engage with 'Improving Together' program. Aim for 100 staff to attend per quarter.
- Phase 3: Delivery will commence in March 2021 as a rolling programme of events into 2021/22 which will be integrated with 'Improving Together'.

Key highlights / challenges

- Project leads established to monitor and manage delivery and risks. Chaired by Ass. Director of Education, Inclusion, Communication and Engagement reporting into CEO and OD and People Director.
- Regular update reports to OD and People committee on the progress of our co-creation approach to the design phase influenced by views of staff.
- Board development day held on 11th February facilitated by external facilitator. BP2W priorities agreed. External facilitator will support the work agreed for the implementation plan.
- Attendance at Compassion and Inclusive Culture workshops is variable ranging between 7 and 19 people. It is a challenge for front line staff to be released. Limited attendance from senior managers and leaders in the Trust. More recently attendance at full capacity and very positive feedback.
- Pilot leadership development programs well evaluated and we are now able to offer 48 places on a program commencing September 2021. There will be two cohorts of 24. This program will include the NHS England Leadership Compact and Executive competencies and also support the 'Improving together' program and Trust's strategic objectives.
- Resource implications to deliver the full program of events using NHSI tools is challenging. Plan to recruit a dedicated virtual team from existing staff with line manager's approval, to support the delivery. Only 3 nominations to date.
- Our implementation plan will dovetail into agreed OD interventions across BSW.
- Current focus is on development and delivery of our leadership development offer which will address several recommendations in the final report and will inform the leadership strategy , a key enabler of the Trust strategy to be developed over the next quarter
- Funding now approved to recruit 3 additional members of the leadership team on two year fixed term contracts to support Improving together and existing leadership and coaching offer.
- Subsequent focus group activity identified the value of the content/curriculum is well received however, it is also acknowledged there is a disconnect between the leadership behaviours being espoused against current reality. (themes include trust, autonomy, capability gap and psychological safety)
- Coach to lead and individual coaching interventions continue to be rolled out to support delegates on our leadership programmes.

Success measures (tbc)	How measured	Baseline	Target	Actual
Phase 1: Discovery phase completion using 6 NHSi tools: 1. Patient experience 2. Culture focus groups 3. Leadership Behaviour Survey 4. Culture and Outcomes Dashboard 5. Board Interviews 6. Leadership Workforce Analysis	Synthesis: bring together the results of the diagnostic tools/resources	Engagement with staff from all levels (Bands 2-9) and directorates across the Trust to achieve 60% engagement	Sept 2020	Phase 1 complete.
Phase 2: Design phase completion using NHSI tools	Design agreed by Trust board and implementation plan approved.	Agree priorities from the recommendations at board development day influenced by priorities of Trust staff.	April 2021	Action progressed under the 3rd cultural element: support and compassion. That is development and delivery of a compassionate and inclusive leadership offer.
Leadership development program for new leaders.	Numbers on courses plus evaluation at the end of course and impact assessment in work area.	12 places per course x 3 courses per annum.	Sept 2021	Pilot program underway. Completion Jan 2022. 36 on programme. Plan to evaluate and tie impact assessment in with Improving together breakthrough objectives.
Leadership development program for existing leaders to commence roll out from September 2021.	Numbers on courses plus evaluation at the end of course and impact assessment in work area.	48 places offered and places filled for September 2021. Plan for 96 places next financial year.	Sept 2021	Pilot program completed. September course already fully booked. Plan to evaluate and tie impact assessment in with Improving together breakthrough objectives.
Integrated Improving together behaviours and Leadership compact into new Leadership programmes	New content drafted and imbedded as part of the Improving together programme	Programme content developed for all leadership programmes	Nov 2021	On track to complete by November 15th.
Utilise BSW partnerships to share learning across BSW	Pool of colleagues that can work across the system to support the roll out of the cultural change element of Improving together.	Establish a community of practice and share development and training materials and approaches.	Dec 2021	Agreeing TOR and membership of community of practice.

Responding to Staff Health and Wellbeing: Improving Together

Exec sponsor: Esther Provins

Programme aim:
To support the design, implementation, delivery and ongoing coaching of a new integrated organisational development and continuous improvement approach which underpins organisational and wider BSW strategy; including delivery of sustainable performance and high quality services alongside both incremental and transformational change.

Key progamme deliverables (year 1)

- To ensure the successful delivery of the improvement and cultural change initial development programme through to June 2022
- To deliver the targeted metrics and initial defined breakthrough objectives (associated with the time period) formulated in the development of the strategic priorities and supporting performance framework
- To establish an internal coach house team and deliver the initial tranche of coaching improvement programme on the targeted teams
- To implement the performance routines and approaches in the Trust governance structure at a Trust wide and Divisional management level

Key programme deliverables (Medium term)

- To ensure all teams in SFT receive relevant and appropriate training
- To embed Improving Together across all teams within SFT
- To embed a culture of continuous improvement across all areas of the Trust
- To ensure improvement processes and cultural change are embedded to deliver the specified medium term breakthrough objectives and supporting metrics

Key deliverables Quarter 2 (21/22)

- Complete KPMG Readiness assessment and roadmap – **Completed**
- Agree resourcing requirements, secure funding and recruit to SFT Coach House – **Completed**

Key milestones completed – Quarter 2

- KPMG roadmap finalised and approved with monthly workshops and 1:1 with work stream leads planned
- Programme timescales confirmed at 16 September workshop
- Non-recurrent investment in staffing to support the leadership and behaviour, Comms, and BI work streams has been approved.
- Coach House staffing model has been approved, applicants shortlisted and interviews have finished. BPTW and Coach House training alignment scoped and agreed
- Kick-off/briefing meeting's for Exec deputes, Divisions and Divisional level teams were successful
- PMB group has been established with positive levels of engagement and Terms of Reference has been agreed
- RUH/GWH/SFT monthly meetings have been scheduled to share learning and experiences and align work programmes

Key milestones expected – Quarter 3

- Improving Together PID to be finalised
- Trust wide comms launched
- Metrics at all levels/key priorities to be agreed, with wave 1 teams confirmed
- Divisional/speciality level training approach/dates identified and confirmed
- Coach House team to be in post and training completed

Points for escalation

- NHSEI funding approval for KPMG resource input outstanding
- Capacity of Exec and divisional management teams to commit resource and time to the programme roadmap.
- Training programme cannot commence until Coach House recruitment completed.

Key delivery challenges/Emerging risks – Quarter 3

- NHSEI funding approval for KPMG resource input outstanding. If funding not approved, KPMG have raised concern about the viability of continuing within a £500k footprint (an outline of the activities that would be included has been provided).
- Capacity of Exec and Divisional Management teams to commit resource and time to the programme roadmap in the short, medium and long-term
- Capacity of wave 1 front line teams to commit to the training timetable.

Programme Metrics

1. A 20% improvement in staff engagement, experience and job satisfaction in all teams and services benefiting from the new approach.

2. Improved productivity and quality that leads to a step change in costs profile over a 4 year projection; consistently achieving higher performance and quality targets delivery in all teams and services benefiting from the new approach.

3. Increase pace and timely delivery of the Trust existing and future priorities

Responding to Staff Health and Wellbeing: Health & Wellbeing

Exec sponsor: Melanie Whitfield

Programme aims & key deliverables

To deliver high-quality patient care, our staff need to be healthy, well and at work.

- Leadership – making health and wellbeing everybody's responsibility.
- Prevention – integrating a positive culture and healthy behaviours to support staff in embedding prevention in our day to day business, and to promote positive health and wellbeing within the workplace.
- Intervention – delivering targeted interventions to address specific areas of need.
- Support – connecting and communicating our support for staff and managers.
- Data and metrics – using date and metrics to support health and wellbeing initiatives.

Key highlights / challenges

- Review and refresh the H&WB strategy capturing recommendations from the NHS People Plan
- To deliver immediate / ongoing interventions to promote staff health and wellbeing as part of the OD&P winter plan
- Support public health initiatives
- Support the post covid recovery plan
- Listen to our staff feedback e.g. from national and local surveys to revise and refocus support
- Ensure our staff know what support services are available to them
- Provide ongoing covid support and guidance
- Leadership –champion staff networks in place for Race Equality, LGBTQ+, Women's, Disability and Mental Health First Aiders to support and champion positive change for staff.
- Prevention – continue to offer / refresh all staff a risk assessment in response of the pandemic. Implemented comprehensive safer working measures to protect staff from transmission of the virus.
- Training managers on psychological wellbeing

Success measures (tbc)	How measured	Baseline	Target	Actual
Decrease in sickness absence	To develop metrics and reporting mechanisms around staff sickness and introduce KPI's for access to physio and counselling services to hep tackle our top causes of ill health. Report to OD&P Management Board to monitor progress against strategy and ambitions.	KPI's agreed as : Off work – within 5 working days At work with MH or MSK – within 10 working days At work, not struggling/advice needed – within 6 weeks	3%	September 2021 - 3.91% August 2021 – 3.43% July 2021 - 3.42%
Increase in participation in the staff survey particularly those scores relating to H&W	Staff survey participation results Each Divisional area are focussing on 3 areas to further engage with staff and to improve their working lives with the Trust.	54.2% (2020)	56% (2021)	TBC – annual reporting
Reduction in the top 3 reasons for sickness absence - anxiety, stress and depression	Reported through IPR reports. Use data to identify and if necessary target interventions/actions to improve attendance and support staff.	Mental health, MSK and gastro continues to be in the top 3 causes of absences	1% reduction	In the last quarter, Anxiety /stress/depression/ psychiatric disorders remains the top cause of absence across all divisions. MSK and Gastro is commonly seen as the 2nd cause across a number of divisions, followed by unknown and ENT as featured as the 2nd cause of absences across other divisions
Implementation of a data dashboard	To track performance against workforce KPIs, H&W and Staff Survey action plans. To identify and target areas with emerging trends in relation to work MSK and related stress	To work with Civica to achieve electronic KPI's in new OH system and to establish a new process to identify area hot spots to provide more targeted interventions	To evidence KPI measures and hotspots	To be implemented

Improving our digital capability: ePMA, Pathology LIMS, Shared EPR, SBS ledger

Exec sponsor: Lisa Thomas

Key deliverables

Electronic Prescribing and Medicines Administration (ePMA)
- Patient medication clerking including patient allergies and alerts through GP Connect
- Electronic prescribing of medicines:
  - Inpatient
  - Discharge, including discharge summary
- Clinical verification of prescribed medicines
- Technical validation of prescribed medicines
- Electronic medicines administration
- Ward stock control through the integration of Lorenzo EPMA dispense with Trust's Pharmacy Stock Control System (Wellsky - JAC)

Pathology Laboratory Information Management System (LIMS)
- To implement a shared enterprise wide pathology LIMS in conjunction with pathology network partners across 8 sites
- Enable connectivity to current systems including EPRs and Order Comms
- To agree the standardisation of test codes, ranges and processes

Shared EPR
- To oversee the successful approval of an outline business case including output based specification and full business case for a shared EPR across the three acute Trusts in the ICS
- To implement the agreed shared EPR, delivering benefits outlined in the Full Business Case
- To replace in house built applications with Shared EPR functionality

SBS (Ledger)
- Migrate to a modern and supported Oracle solution to include General Ledger, Accounts Payable, Accounts Receivables, Order Management, Cash Management, Oracle Purchasing and Business Intelligence
- Standardised process solution agreed and signed off

Key Milestones / Delivery Risks

Key Milestones completed – Quarter 2

ePMA
- Sep 2021 – Formal commencement of project board

Shared EPR
- Sep 2021 – Specialist Resource Procured to support FBC
- Sep 2021 – high level OBS scoping agreed

SBS Ledger
- July 2021 – go live with NHS SBS on Oracle
- Sep 2021 – project closure meeting

Key Milestones work in progress – Quarter 2

Shared EPR
- Agreement of detailed OBS, expecting to complete by Nov 2021
- Complete recruitment of project staff, key posts expecting to commence in Dec 2021

Pathology LIMS
- Sep 2021 – formal commencement of project board

Key milestones by Quarter 3

ePMA
- Dec 2021 – Wellsky Upgrade

Shared EPR
- Dec 2021 – Completion of OBC approved by AHA/Trusts

Emerging delivery risks

ePMA
- Delays in recruitment has means the pilot go live is now June 22, Mitigation: looking to mitigate through taking standardised approaches use by other Lorenzo sites.

Success measures	How measured	Baseline	Target
1. Approval of Outline Business Case (OBC)	OBC approved by Trust Boards	N/A	Jan 2022
2. Migrate ledger to Oracle	System in place	N/A	Sept 2021 - complete
3. Implement shared pathology LIMS	System in place	N/A	Oct 2022
4. Successful pilot of EPMA	System in place	N/A	Aug 2022

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	4.1
Date of Meeting:	04 November 2021		

Report Title:	Board Assurance Framework (BAF) and Corporate Risk Register (CRR)			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
		x	x	
Approval Process (where has this paper been reviewed and approved)	N/A			
Prepared by:	Fiona McNeight, Director of Integrated Governance			
Executive Sponsor (presenting):	Fiona McNeight, Director of Integrated Governance			
Appendices (list if applicable):	Board Assurance Framework Revised v1 October 2021 (draft) Draft Corporate Risk Register October 2021 Draft Summary CRR revised tracker v1 October 2021			

Recommendation:

The Board Committees are asked to approve the revised BAF format.

The Board Committees are asked to review, discuss and make any updates to the following:

- Board Assurance Framework (BAF)
- The Corporate Risk Register (CRR)
- The Corporate Risk Tracker

Specifically, the Committee is required to:

- Review the overall risk profile for each strategic priority and agree this reflects all current and future risks.
- Review the principle risks and any associated gaps in control or assurance identified against the delivery of the 2021/2022 strategic priorities and review delivery of associated actions
- Review the content of the corporate risk register to ensure that it accurately reflects the corporate risks and related actions with particular attention to mitigating actions, risk score and residual risk score.

Agree escalation points for the Trust Board, to include any emerging risk/s, control concerns and risks associated with delivery of the corporate priorities.

Executive Summary:

The Board Assurance Framework (BAF) provides the Trust Board with a mechanism for satisfying itself that its responsibilities are being discharged effectively. It identifies through assurance where aspects of service delivery are being delivered to internal and external

requirements. It informs the Board where the delivery of principal objectives is at risk due to a gap in control and/or assurance.

The BAF has been completely revised to align to the recently approved Trust Strategy and Strategic Objectives of Population, People and Partnerships. The format has been amended to strengthen the presentation and alignment of corporate risks to the corporate priorities, making the link more explicit.

The process of BAF updates has changed since the last report in July 2021. The Performance and Capacity Manager, Strategy and Planning, has joined the BAF meetings between the Director of Integrated Governance and the Executives. This is to facilitate a more robust discussion regarding corporate priority delivery and associated risks to this through a joint conversation. This is the first round of updates in this manner which has been successful particularly in focusing the discussions on progress of corporate priority delivery and clearly identifying emerging risk. These discussions will develop over time which will be reflected in subsequent reports. The Trust Board will receive the BAF and a report on corporate objective delivery at the November meeting which will hopefully reflect the benefit of having these joint discussions and further alignment of the delivery of these objectives with the BAF to strengthen the assurance process.

As part of the Improving Together Programme and revision of the Trust corporate priorities, the BAF will be amended to reflect any changes for 2022/23.

In the transition from the previous BAF to the revised version, there has been cross reference between the two documents to ensure that any actions not completed of which are relevant to the revised corporate objectives, have been transferred over. There was only one incomplete action relating to the ward accreditation system which has not been transferred over as it was not associated with the new objectives however; this work is on-going and has oversight through the Trust committee structure to ensure delivery.

The Corporate Risk Tracker has been revised and risks aligned to the three Strategic Objectives.

Board Committee discussion points:

- New BAF format clear and accepted – no concerns raised.
- Need for some further alignment of the risks under the 3 priorities.
- Workforce risks need further review – The Chief People Officer and the Director of Integrated Governance will pick this up.
- Potential for a Board seminar session to further consider strategic risks vs operational risks and risk appetite.
- Streamline the CRR to facilitate focus on current actions.

<u>Summary Risk Profile</u>

Extreme risks

- 5751 (Population) - Risk of patient harm caused by a delayed discharge from hospital (Score 15).
- 6247 (Population) - Risks associated with critical plant and building infrastructure that may result in utility or system failure (Score 16).
- 6961 (Population) - As a result of unclear governance arrangements regarding Health and safety, there is a risk that risks will not be identified and/or escalated appropriately resulting in insufficient risk mitigation which could lead to staff/patient harm (Score 16).
- 6900 (Population) - As a result of a lack of capacity within the maternity leadership team

there is a risk that quality improvements are not progressed with pace. This may result in failure to undertake the actions identified to improve service delivery as identified from external reviews (Score 16).

- 6471 (Partnerships) - Shortfall in funding available (locally and nationally) for capital programme, leading to potential risk to safety and availability of buildings and equipment to deliver services (Score 15).

Relevant new risks since July 2021

- 7078 (People) - As a result of competing priorities and deliverables there is a risk of slippage of the Improving Together Programme deadlines (Score 12).
- 7081 (People) - As a result of vacant roles which are defined as hard to recruit to posts there is a risk that there becomes a reliance on covering the vacancy with costly Agency/Locums and/or outsourcing and/or discontinue services. Risk of impact on services (Score 10). This risk replaces risks 6099 and 6102 which both related to the impact of not recruiting to hard to recruit to posts.

Risks removed

- 6099 (People) - Risk of not being able to recruit to hard to fill non-clinical posts resulting in continued use of high cost agency/locum support and/or outsourcing and/or discontinued services. Replaced with risk 7081 above.
- 6102 (People) - Risk of being unable to fill medical workforce gaps resulting in use of high cost agency/locum support and/or outsourcing and/or discontinuation of service. Replaced with risk 7081 above.
- 6129 - Risk of the non-delivery of the IT Improvement Plan (incorporating clinical risk)

Risks with an increased score

- Nil to note

Risks with a decreased score

- 5704 (Population) - Inability to provide a full gastroenterology service due to a lack of medical and nursing workforce (Score 15 to 9). The reduction in score is a result of the last presentation to CGC demonstrating progress with recruitment.
- 6654 (Population) - The impact on service delivery as a result of Covid and the subsequent infection control requirements impacting on the ability to recover activity to pre-Covid levels. Risk of delay to treatments, impact on quality of care and performance (Score 16-12).
- 5970 (Population) - Lack of capability and capacity to deliver the digital strategy, resulting in poor quality services, reputational damage and inability to attract and retain high quality staff (Score 16 to 12).
- 6942 (Population) - The Trust strategy is being replaced with a new strategy and until this is complete there is a risk that the Trust lacks coherence on its strategic priorities and direction (Score 8 to 4). The Trust strategy has been approved by Trust Board in September.
- 6836 (Population) - There is a risk that the re-designation of the Neonatal Intensive Care Unit (NICU) will result in restricted access to neonatal intensive care for women in Wiltshire with the impact on quality and safety (Score 12 to 4). The Regional discussions are currently on hold. This risk may escalate again if discussions re-start.
- 6856 (Partnerships) - Due to Covid-19, the guidance for the 2021/22 planning round has not been released. There is a risk that the Trust will not deliver key objectives aligned to operational, activity and workforce plans (Score 12 to 8). H2 guidance has now been

received.

Deep Dive
The Board approved the criteria for the initiation of a deep dive of a risk on the corporate risk register in February 2020. The criteria is set out below:

- A corporate risk of 16 and above for a period of 6 months will initiate a deep dive
- A corporate risk score <16 unchanged for 12 months will initiate a deep dive
- An escalating risk score over a 3 month period will initiate a Board Committee discussion

Risk 6129 (Innovation): Risk of the non-delivery of the IT Improvement Plan (incorporating clinical risk) had scored 6 since May 2020 and triggered a deep dive review. This was presented to Finance and Performance Committee in September and there was agreement to close the risk.

Risk 5360: Risk of a cyber or ransomeware attack resulting in the potential loss of IT systems, compromised patient care and financial loss has scored 10 since July 2020. This was presented to Finance and Performance Committee in September and the risk remains.

Risk 5751 (Population): Risk of patient harm caused by a delayed discharge from hospital. This risk has scored 15 since November 2020 and therefore triggers a deep dive to be presented to Finance and Performance Committee.

Risk 6471 (Partnerships): Shortfall in funding available (locally and nationally) for capital programme, leading to potential risk to safety and availability of buildings and equipment to deliver services. This has scored 15 since May 2020 and a deep dive was completed and a capital programme update including risks was presented to Finance and Performance Committee.

Board Assurance Framework – Strategic Priorities	**Select as applicable**
Population: Improving the health and well-being of the population we serve	☒
Partnerships: Working through partnerships to transform and integrate our services	☒
People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	☒
Other (please describe) -	☐

Salisbury
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BOARD ASSURANCE FRAMEWORK

Incorporating the revised Strategic Objectives 2021-2022

The Board Assurance Framework (BAF) has been revised and aligned to the new Trust Strategy and Strategic Objectives for 2022-2026.

Trust Vision

The Trust vision is to provide an outstanding experience for our patients, their families and the people who work for and with us.

Trust Values

The core values and behaviours to support the achievement of the Trust vision:

Strategic Objectives

Board Assurance Framework Glossary

Strategic priority	Executive Lead and Reporting Committee	Key Controls	Assurance on Controls	Positive Assurances	Gaps in Control	Gaps in Assurance
What the organisation aims to deliver	Executive lead for the risk The assuring committee that has responsibility for reporting to the Board on the risk.	What management controls/ systems we have in place to assist in securing delivery of our objective	Where we gain independent evidence that our controls/ systems, on which we are placing reliance, are effective.	What evidence demonstrates we are reasonably managing our risks, and objectives are being delivered **Level 1 Internal Assurance** – Internally generated report or information which describes the effectiveness of the controls to manage the risk. For example – the Integrated Performance Report, self-assessments. **Level 2: semi-independent Assurance** For example – Non-Executive Director walk arounds, Internal Audits **Level 3 External Assurance** – Independent reports or information which describes the effectiveness of the controls to manage the risk. For example – External Audits, regulator inspection reports/reviews.	Where do we still need to put controls/ systems in place? Where do we still need to make them effective?	Where do we still need to gain evidence that our controls/ systems, on which we place reliance, are effective?

	Low Risk (Score 1-3)
	Moderate Risk (Score 4-6)
	High Risk (Score 8-12)
	Extreme Risk (Score 15-25)

STRATEGIC PRIORITY: POPULATION

Improving the health and well-being of the population we serve

Strategic Risk	
Risk of insufficient capacity and capability to deliver the required cultural change to meet the needs of the local population	
Current controls	• Established performance monitoring and accountability framework • Engagement with commissioners and system (Elective and Urgent Care Boards) • Escalation processes in line with the Trust's OPEL status • Weekly Delivery Group meeting • Executive membership of Wiltshire Health and Care • Recruitment process for vacant posts • Executive engagement in all ICS workstreams • Improving Together Programme • Transformation, Innovation and Digital Board • Board Committees • BSW system capability workstream • Digital Strategy Implementation Plan • Shared Acute Alliance EPR Progamme Board
Positive Assurance	• Integrated performance report • Performance review meetings with CCG • Whole system reports (ICS) • Performance reports to weekly Delivery Group • Divisional performance reviews • Model Hospital Benchmarking • Acute Alliance reports • BSW system capability reports • BAF and CRR

CORPORATE OBJECTIVES 2021/22

Corporate Priority	Work Programme	Executive Lead
Recovery from Covid-19	Elective Recovery Programme	Chief Operating Officer
	QIA process to support decision making around increased activity and staffing models to support	Chief Nursing Officer
Improving our maternity services	Review of maternity services	Chief Nursing Officer
Improving our digital capability	ePMA, Pathology LIMS, shared EPR, SBS (ledger)	Chief Finance Officer

Gaps in control/assurance	Actions	Deadline	Lead
During the peak of the pandemic, system processes were not sufficient to support the required volume of patients to be discharged (GC)	Development of the 'No Right To Reside' Programme aligned with Improving Together Programme	31/12/2021	Chief Operating Officer
Significant numbers of 'No Right To Reside' patients (GA)			
Vacancies within Maternity and impact on service and quality improvements (GC)	Recruitment campaign working with NHSE	Review 31/12/2021	Director of Midwifery
Maternity staffing to achieve Continuity of carer standard (GC)	Awaiting National guidance		
Reduction in virtual appointments (GA)	Delivery of transformation workstream aligned to H2 guidance	Review 31/12/2021	Director of Transformation/ Deputy Medical Director

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Linked Corporate Risk Register Risks to Population

Risk ID	Risk Title	Risk Score
6961	As a result of unclear governance arrangements regarding Health and safety, there is a risk that risks will not be identified and/or escalated appropriately resulting in insufficient risk mitigation which could lead to staff/patient harm.	16
6900	As a result of a lack of capacity within the maternity leadership team there is a risk that quality improvements are not progressed with pace. This may result in failure to undertake the actions identified to improve service delivery as identified from external reviews	16
6247	Risks associated with critical plant and building infrastructure that may result in utility or system failure	16
5751	Risk of patient harm caused by a delayed discharge from hospital.	15
6654	The impact on service delivery as a result of Covid and the subsequent infection control requirements impacting on the ability to recover activity to pre-Covid levels. Risk of delay to treatments, impact on quality of care and performance	12
5970	Lack of capability and capacity to deliver the digital strategy, resulting in poor quality services, reputational damage and inability to attract and retain high quality staff.	12
5972	Risk that improvement and transformation is not delivered in a timely manner	12
6666	As a result of low staffing levels within theatres there is a risk to patient safety and provision of service which may result in cancelled/delayed surgery, staff fatigue/stress, increase in staff sickness and poor skill mix	12
6963	Risk of a surge in paediatric respiratory viral infections as a result of Covid-19	12
5360	Risk of a cyber or ransomeware attack resulting in the potential loss of IT systems, compromised patient care and financial loss	10
6825	The scale of and demand for certain specialist or sub-specialty services provided at SFT are not compatible with long-term sustainability. This confers a risk that patients will not have access to either a quality service or a local service	10
5704	Inability to provide a full gastroenterology service due to a lack of medical and nursing workforce	9
6570	Risk of Covid-19 outbreaks within the Trust either for staff and/or patients	9
6143	Risk to the ability of SFT to provide the same quality of service 24 hours a day, 7 days a week, with a potential impact to patient care. Difficulties in recruiting vacant posts, funding for new posts and restrictive medical contracts contribute to this risk.	9
5955	Insufficient organisation wide robust management control procedures	9
6942	The Trust strategy is being replaced with a new strategy and until this is complete there is a risk that the Trust lacks coherence on its strategic priorities and direction	4
6836	There is a risk that the re-designation of the Neonatal Intensive Care Unit (NICU) will result in restricted access to neonatal intensive care for women in Wiltshire with the impact on quality and safety	4

STRATEGIC PRIORITY: PEOPLE

Supporting our people to make Salisbury NHS Foundation Trust the best place to work

Strategic Risk	
Insufficient resources (skilled staff and infrastructure) to deliver safe effective care	
Current controls	• Integrated Governance Framework • Accountability Framework • Clinical and HR policies and procedures • Workforce plan • Clinical Governance Committee • Clinical Management Board • People and Culture Committee • OD & People Management Board • Divisional Performance Meetings • Weekly patient safety summit • Contract Quality Review Meeting / contractual monitoring • Annual audit programme (national and local) • GIRFT Programme • Infection Prevention and Control Governance Framework and plan • Infection Control Board Assurance Framework • Safer Staffing Group • Health and safety Committee • Appraisal and revalidation of doctors
Positive Assurance	• Internal reporting processes to Committees and Board • External reporting and benchmarking mechanisms • Internal audit programme • CQC inspection regime • Patient Surveys/Friends and Family Test/Real Time Feedback • Executive Board Safety Walks

	• Executive 'Back To The Floor' Programme • GIRFT reports and action plans • CQC engagement with specialist services • Ward performance reviews • Staff survey

CORPORATE OBJECTIVES 2021/22

Corporate Priority	Work Programme	Executive Lead
Responding to staff health and wellbeing	Best Place to Work	Chief People Officer
	Improving Together Programme	Director of Transformation
	Staff health and wellbeing	Chief People Officer

Gaps in control/assurance	Actions	Deadline	Lead
Lack of strategy for EDI (GC) and Gaps in assurance from Internal Audit of EDI	Development of an EDI Strategy and associated implementation plan	Review 31/12/2021	Chief People Officer
Lack of recruitment and retention plan	Development of a recruitment and retention plan	Review 31/12/2021	Chief People Officer

Linked Corporate Risk Register Risks to People

Risk ID	Risk Description	Risk Score
7078	As a result of competing priorities and deliverables there is a risk of slippage of the Improving Together Programme deadlines **New risk**	12
7081	As a result of vacant roles which are defined as hard to recruit to posts there is a risk that there becomes a reliance on covering the vacancy with costly Agency/Locums and/or outsourcing and/or discontinue services. Risk of impact on services. **New risk replacing 6099 and 6102.**	10
6834	As a result of Covid-19 pandemic there is a significant risk that a large proportion of the workforce could suffer from significant mental and physical wellbeing consequences. This may result in a large number of staff resignations and retirements as well as increased staff absence due to sick leave	9
6954	As a result of the national pay award for nurses not being accepted by the Royal College of Nursing, there is a risk of industrial action by members of the RCN. This could result in staffing shortages or staff working to rule	8

STRATEGIC PRIORITY: PARTNERSHIPS

Working through partnerships to transform and integrate our services

Strategic Risk	
Risk that the Trust will be unable to reach sustainability (income, cash, capital) and inability to shift the culture to meet priorities	
Current controls	• Finance and Performance Committee • Digital Steering Group • Accountability Framework – Directorate Performance Reviews • Contract monitoring systems • Contract performance meetings with commissioners • INNF Policy • Transformation Board • Capital control group • Budget setting process • Internal Audit Programme • Trust Investment Committee (TIG) • IT Improvement Plan • Digital Strategy Implementation Plan • Acute Alliance Programme Board • Local urgent and planned care boards
Positive Assurance	• Internal Performance reports to Trust Board • Audit Committee Reports • Internal Audit Reports • External Audit Reports • NHSI Benchmarking Report • Campus Joint Venture Agreement

CORPORATE OBJECTIVES 2021/22

Corporate Priority	Work Programme	Executive Lead
Improving patient flow	Frailty Integrated Pathway	Chief Medical Officer
	Discharge improvement programme, including therapy rehab model	Chief Operating Officer
	Integration of Urgent Care services	Chief Operating Officer

Gaps in control / Assurance	Action	Lead	Deadline
Evolving and maturing relationships with system partners could impact on the pace of developing an ICS	Active participation in Wiltshire Alliance to co-design ICS	Chief Finance Officer / Chief Medical Officer/ Chief Executive Officer	31/12/2021
National guidance evolving on ICS governance structures; therefore implications for BSW unknown.	Active participation of BSW key planning groups, including system architecture group	Chief Finance Officer	31/12/2021
Remain in a National Incident impeding strategic change (GC)	Trust responding to National Covid-19 guidance as required		

Linked Corporate Risk Register Risks to Partnerships

Risk ID	Risk Description	Risk Score
6471	Shortfall in funding available (locally and nationally) for capital programme, leading to potential risk to safety and availability of buildings and equipment to deliver services	15
6855	The financial regime for 2021/22 is uncertain, Covid-19 has meant a delay to the planning guidance and suspension to the existing regime. This places significant uncertainty on the ability to develop a financial plan to support the Trust delivering its objectives for 2021/22. There is a risk that cash flow is challenged during the year resulting in the Trust having to take emergency measures	12
6858	There is a risk as new guidance and models of working emerge, the immaturity of partnerships between the Trust and wider BSW	9

	organisations will impact on progress to achieve key objectives	
5487	The risk of a deteriorating financial position for a subsidiary company impacting on SFT cash flow and reputation	8
6856	Due to Covid-19, the guidance for the 2021/22 planning round has not been released. There is a risk that the Trust will not deliver key objectives aligned to operational, activity and workforce plans	8
6043	Lack of a National clear model for small rural DGH services places future strategic planning uncertainty at SFT.	8
6857	There is a risk that weaknesses in controls give rise to an opportunity for fraud, in turn resulting in the Trust incurring financial losses	6

Corporate Risk Register
Aug 2021

ID	Directorate	Location (exact)	Opened	Source of Risk	Rating (initial)	Description	Likelihood (current)	Consequence	Rating (current)	Actions	Action Due date	Action Done date	Action Lead	Source of Review	Review date	Rating (Target)	Assurance Framework link (AF Risk Ref)	Assurance Committee	Executive Lead	Risk Owner	Date Escalated to Corporate Risk
6836	Women and Newborn Division	Neonatal Unit	24/02/2021	Directorate risk assessment	12	There is a risk that the re-designation of the neonatal intensive care unit will result in restricted access to neonatal intensive care for women in Wiltshire with the resulting impact on quality and safety.	Will probably recur, but is not a persistent issue	None	4	Service review to ensure patient safety following re-designation.	30/11/2021		Ashton, Nicky	Trust Board	30/11/2021	4	Care	Trust Board (Corporate Risk Register)	Medical Director	Kingston, Miss Abigail	24/02/2021
										Finance review of re-designation NICU. To include 3 scenarios. 27 week's, 32 week and 34 weeks gestation To include income related to births.	30/09/2021	28/09/2021	Ashton, Nicky								
6942	Finance and Procurement	Trustwide	16/06/2021	Trusts Objectives	8	The Trust strategy is being replaced with a new strategy, therefore until this is complete there is a risk the Trust lacks coherence on its strategic priorities and direction impeding success.	Do not expect it to happen again but it is possible	Minor	4					Trust Board	30/07/2021	4	Innovation, Resources	Finance Committee, Trust Board (Corporate Risk Register)	Director of Finance	Thomas, Lisa	24/06/2021
6857	Finance and Procurement	Trustwide	12/03/2021	Financial management	6	There is a risk that weaknesses in controls give rise to an opportunity for fraud, in turn meaning the Trust incurs financial losses.	May recur occasionally	Minor	6	continue programme of fraud awareness and prevention with Counter Fraud team	31/03/2022		Thomas, Lisa	Departmental Team meeting	31/12/2021	4	Resources	Trust Board (Corporate Risk Register)	Director of Finance	Thomas, Lisa	12/03/2021
6954	Trustwide	Trustwide	22/06/2021	Union Activity	8	As a result of the National Pay Award for nurses not being accepted by the Royal College of Nursing, there is a risk of industrial action by members of the RCN. This could result in staffing shortages or staff working to rule.	Do not expect it to happen again but it is possible	Major	8	Active monitoring of National Outcomes.	01/10/2021		Dyos, Judy	Trust Board	01/10/2021	4	People (Care)	Trust Board (Corporate Risk Register)	Director of Nursing	Dyos, Judy	22/06/2021
6856	Finance and Procurement	Trustwide	12/03/2021	COVID-19/Coronavirus, Trusts Objectives	12	Due to Covid 19 the guidance for the 2021/22 planning round has not been released . This risks the Trust not delivering key objectives aligned to operational, activity and workforce plans in year.	Do not expect it to happen again but it is possible	Major	8	Set corporate objectives based on Trust priorities and assumed planning priorities set by NHSI/E	06/05/2021	06/05/2021	Thomas, Lisa	Finance and Performance Committee	30/11/2021	8	Resources	Finance Committee, Trust Board (Corporate Risk Register)	Director of Finance	Thomas, Lisa	#########
										Plan for H2 likely to be submitted November 2021, Trust to implement planning process for submission. Further guidance awaited	30/11/2021		Thomas, Lisa								
5487	Finance and Procurement	Finance Department	26/07/2018	Other assurance not listed	12	Subsidiary Governance. Where SFT is the major shareholder, and the financial position is included in the SFT financial position, if a significantly deteriorating financial position occurs it places SFT at risk both in terms of cash flow and reputation. Covid 19 places increased uncertainty with changes in demand impacting on subsidiary cash flows.	Will probably recur, but is not a persistent issue	Minor	8	- Subsidiary have slight improvement in financial forecast, cash flow to be updated to reflect changes and actions. - Subsidiary asked for detailed action plan of short term mitigations and longer term alternative care models	21/12/2018	19/12/2018	Thomas, Lisa	Finance and Performance Committee	31/12/2021	6	Resources	Trust Board (Corporate Risk Register)	Director of Finance	Thomas, Lisa	16/10/2018
										Subsidiary to produced revised strategic plan for future operating model to ensure a sustainable business plan for 2019/20 and beyond.	31/01/2020	18/02/2020	Thomas, Lisa								
										Subsidiary companies to recruit or establish suitable qualified financial support.	31/03/2020	24/05/2020	Thomas, Lisa								

Corporate Risk Register
Aug 2021

ID	Directorate	Location (exact)	Opened	Source of Risk	Rating (initial)	Description	Likelihood (current)	Consequence	Rating (current)	Actions	Action Due date	Action Done date	Action Lead	Source of Review	Review date	Rating (Target)	Assurance Framework link (AF Risk Ref)	Assurance Committee	Executive Lead	Risk Owner	Date Escalated to Corporate Risk
										Board of Directors to review Subsidiary benefits to SFT to decide on future strategic direction- hold seminar at Board in August	31/08/2021	12/10/2021	Thomas, Lisa								
6043	Finance and Procurement	Trustwide	25/10/2019	Trusts Objectives	12	The lack of a national clear model for small rural DGH services places future strategic planning uncertain at SFT. The funding regime and clinical models of care as advocated by royal college guidelines are built around average Trusts. SFT is more geographically challenged and smaller than an average DGH which in turn places its future as an independent Trust at risk which could limit and damage service provision to the local population.	Will probably recur, but is not a persistent issue	Minor	8	Nuffield Trust are visiting SFT in January 2020 to assess and offer help on development of the South Wiltshire	28/02/2020	18/02/2020	Hyett, Andy	Trust Board	31/12/2021	6	Resources	Trust Board (Corporate Risk Register)	Director of Finance	Thomas, Lisa	25/10/2019
										Development of system plans for sustainability of NHS elective care	31/03/2020	24/05/2020	Humphrey, Kieran								
										Trust part of BSW drivers of the deficit work to ascertain the financial issues in BSW, of which size and geography will be identified.	31/07/2020	26/08/2020	Thomas, Lisa								
										work with BSW to develop Financial sustainability plan for BSW to be agreed by March 2021	29/10/2021	12/07/2021	Thomas, Lisa								
										once the guidance is published with regards to the new Consultation on integrated care and provider collaboration, develop action plan accordingly	30/09/2021	12/10/2021	Thomas, Lisa								
6099	Organisational Development and People	All clinical areas	06/12/2019	Other assurance not listed	12	Risk of not being able to recruit to posts identified as hard to recruit. Risk is that they will remain hard to fill with the result that we are forced to continue costly Agency/Locum support and/or outsourcing and/or discontinue services.	May recur occasionally	Moderate	9	Head of Resourcing to focus further time on Recruitment issues and to feedback to Deputy Director of OD and People	28/02/2020	03/02/2020	Holt, Sharon	Executive Workforce Committee	31/12/2021	9	People	Trust Board (Corporate Risk Register)	Director of Organisational Development and People	Holt, Sharon	14/02/2020
										Review and update of Directorate action plans to be undertaken monthly with Head of Resourcing, BP's, DM's and CD's. This includes planning for 2020/2021.	30/06/2020	06/07/2020	Holt, Sharon								
										Follow up with Lead Clinicians possible leads for specific vacant posts and provide support as required.	30/06/2020	06/07/2020	Holt, Sharon								
										Business case for funding for marketing and branding expertise to be resubmitted to TIG.	30/10/2020	11/11/2020	Holt, Sharon								
										This risk will be discussed at People and Culture Committee on 29th July and a paper is to be developed on identifying the hard to recruit posts, the scope of the risk and any further actions to be taken.	30/09/2021		Wilkinson, Claire								

Corporate Risk Register
Aug 2021

ID	Directorate	Location (exact)	Opened	Source of Risk	Rating (initial)	Description	Likelihood (current)	Consequence	Rating (current)	Actions	Action Due date	Action Done date	Action Lead	Source of Review	Review date	Rating (Target)	Assurance Framework link (AF Risk Ref)	Assurance Committee	Executive Lead	Risk Owner	Date Escalated to Corporate Risk
6102	Organisational Development and People	Trustwide	06/12/2019	Other assurance not listed	16	Risk of being unable to fill Medical Workforce Gaps which may include posts identified as hard to fill. Risk is that they will remain hard to fill with the result that we are forced to continue costly Agency/Locum support and/or outsourcing and/or discontinue services	May recur occasionally	Moderate	9	Head of Resourcing to focus time on Medical Recruitment issues and to feedback to Deputy Director of OD and People	31/01/2020	03/02/2020	Holt, Sharon	Executive Workforce Committee	31/12/2021	9	People	Trust Board (Corporate Risk Register)	Director of Organisational Development and People	Holt, Sharon	14/02/2020
										Lead Clinicians to follow up with potential recruitment leads for specific posts	30/06/2020	06/07/2020	Holt, Sharon								
										Hard to recruit plans to be routinely updated with Head of Resourcing, BP's, CD's and DM's	31/12/2020	06/07/2020	Holt, Sharon								
										Attendance at Doctors Job Fair (29 February 2020). To report back on success of event and any actions required.	31/03/2020	26/05/2020	Holt, Sharon								
										Review of current recruitment process to ensure efficient and conducted in timely manner to mitigate against the potential loss of candidates applying for positions.	29/02/2020	26/05/2020	Holt, Sharon								
										Successful recruitment to Medical Workforce Manager post.	31/10/2020	08/01/2021	Craine, Sarah								
										Paper to be submitted to Executive Team on possible Trust incentives to be offered/applied to Medical vacant posts.	01/02/2021	07/01/2021	Holt, Sharon								
										Approval of Job Planning Policy at the Local Negotiating Committee and TMC.	30/04/2021	30/06/2021	Collins, Peter								
										Medical Workforce Plan to be developed for the Medicine Division.	30/09/2021		Wilkinson, Claire								
										Risk discussion at People and Culture Committee on 29th July. Detailed paper to follow to understand the scope of the risk.	30/09/2021		Wilkinson, Claire								
										Weekend safety and effectiveness action plan reported to Board on a quarterly basis.	01/04/2020	28/04/2020	Blanshard, Dr Christine (Inactive User)								
										Report containing triangulation of all relevant information and associated action plan to be submitted to Clinical Governance Committee.	30/06/2020	07/07/2020	Blanshard, Dr Christine (Inactive User)								

Corporate Risk Register
Aug 2021

ID	Directorate	Location (exact)	Opened	Source of Risk	Rating (initial)	Description	Likelihood (current)	Consequence	Rating (current)	Actions	Action Due date	Action Done date	Action Lead	Source of Review	Review date	Rating (Target)	Assurance Framework link (AF Risk Ref)	Assurance Committee	Executive Lead	Risk Owner	Date Escalated to Corporate Risk
6143	Quality Directorate	Trustwide	20/12/2019	Trustwide risk assessment	16	Risk that inadequate medical staffing in the organisation (due to insufficient budgeted workforce and/or failure to recruit and retain staff) will impact on the ability of the Trust to maintain safe and effective services across 7 days.	May recur occasionally	Moderate	9	Reinstate the weekend working Task and Finish Group.	31/03/2021	24/02/2021	Collins, Peter	Trust Board	28/02/2022	6	Care	Trust Board (Corporate Risk Register)	Medical Director	Collins, Peter	02/01/2020
										The work reviewing the weekend working arrangements to be carried out as part of the Medical Division workforce review and overseen by new Medical workforce group.	28/02/2022		Henderson, Dr Stuart								
										Physicians Associates training programme to be commenced.	01/09/2021	31/08/2021	Murray, Dr Duncan								
										Medical e-roster business case to be refreshed by Medical Director and reconsidered by TIG and TMC.	29/10/2021		Collins, Peter								
										Medical Workforce recruitment and retention strategy to be developed through Medical Workforce Group.	31/03/2022		Collins, Peter								
										Ongoing recruitment drive.	30/09/2019	25/04/2019	Clarke, Lisa								
										Continual clinical prioritisation to ensure that high risk areas are covered.	01/04/2019	17/04/2019	Clarke, Lisa								

ID	Directorate	Location (exact)	Opened	Source of Risk	Rating (initial)	Description	Likelihood (current)	Consequence	Rating (current)	Actions	Action Due date	Action Done date	Action Lead	Source of Review	Review date	Rating (Target)	Assurance Framework link (AF Risk Ref)	Assurance Committee	Executive Lead	Risk Owner	Date Escalated to Corporate Risk
5704	Surgery	Trustwide	31/01/2019	Directorate risk assessment	16	A risk that the current lack of substantive Gastroenterology medical and nursing workforce will impact on the ability of the service to deliver sustainable comprehensive safe and effective care to patients.	May recur occasionally	Moderate	9	Continuing insourcing of private provider to endoscopy.	30/06/2019	25/04/2019	Vandyken, Mrs Ali	Intensive Support Meeting	28/02/2022	8	Local Services (Care, People)	Trust Board (Corporate Risk Register)	Medical Director	Collins, Peter	31/01/2019
										Quantification and mitigation of the risk to bowel scope.	01/04/2019	17/04/2019	Vandyken, Mrs Ali								
										Tender for elements of the Gastroenterology service.	01/04/2019	17/04/2019	Stagg, Andrew								
										Monthly update to F&P Committee and CGC.	10/05/2019	25/04/2019	Hyett, Andy								
										Presentation of gastro strategy to Finance and Performance Committee.	31/05/2019	12/06/2019	Hyett, Andy								
										Put together a workshop with CDs and Clinical Leads to discuss options for service provision.	01/10/2019	22/10/2019	Hyett, Andy								
										Continue conversations and meetings with alternative NHS providers for likely future joint partnership for delivery of service	30/09/2019	29/08/2019	Henderson, Dr Stuart								
										Medical Director to link with other STP partners around system wide solution.	31/12/2019	21/02/2020	Blanshard, Dr Christine (Inactive User)								
										Case for change to develop a GI unit to be completed	31/12/2019	04/03/2020	Hyett, Andy								
										New GI unit to be launched on 1st April	01/04/2020	07/05/2020	Hyett, Andy								
										To recruit medical and nursing staff for the GI Unit.	31/05/2021		Young, Susan (Inactive User)								
										Confirm Southampton will be able to take over full responsibility for the GI Bleed out of hours service.	23/04/2021	23/04/2021	Branagan, Mr Graham								
										Secure support for existing junior doctors	30/07/2021	31/08/2021	Branagan, Mr Graham								
										Ongoing regular review of workforce strategy in GI unit	01/12/2021		East, Rachael								
										Recruitment to Nutrition Service Vacancy required.	30/11/2021		East, Rachael								

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5955	Finance and Procurement	Trustwide	13/08/2019	Trustwide risk assessment	15	Insufficiently robust management control procedures across the organisation which pose a financial, reputational, legal and operational/clinical risk.	May recur occasionally	Moderate	9	Process mapping underway for business critical controls	31/12/2019	16/12/2019	Thomas, Lisa	Trust Board	11/11/2021	9	Resources	Trust Board (Corporate Risk Register)	Director of Finance	Thomas, Lisa	13/08/2019
										Trust identifying additional procurement training for those areas of non compliance across the organisation. New process targeting individuals starts in November 2019.	29/03/2020	17/06/2020	Willoughby, Kelly								
										Trust developed draft risk training specification for additional support for directorates- view to tender and award before December 2019.	31/12/2020	07/01/2021	Thomas, Lisa								
										Introduce a monthly informatics department management committee that feeds into monthly executive performance reviews	31/10/2019	18/10/2019	Burwell, Jonathan								
										Approval of IT General Controls plan at Informatics DMC and ratify at exec performance review	31/01/2020	02/03/2020	Scott, Andy								
										Approach to testing of backups agreed	20/03/2020	02/03/2020	Cowling, Andrew (Inactive User)								
										All IT system contracts reviewed with IAA and IAO confirmed and delivery of duties being monitored	31/12/2020	15/12/2020	Burwell, Jonathan								
										Full review of informatics standard operating procedures including putting in place monitoring processes	31/12/2021		Scott, Andy								
										Full implementation of IT general controls framework	31/12/2021	12/03/2021	Scott, Andy								
										Complete a stocktake of all IT operational infrastructure	31/01/2020	02/03/2020	Burwell, Jonathan								
										Implement a robust asset management system	30/10/2020	01/07/2020	Burwell, Jonathan								

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										Implement a centralised rolling replacement programme for computers, laptops and iPads	01/04/2020	28/04/2020	Burwell, Jonathan								
										Complete review of IT security policies	30/10/2021		Burwell, Jonathan								
										Review of existing storage locations of Informatics SOPs to centralise and improve searchability though using modern software such as CITO or Sharepoint	31/08/2021	16/08/2021	Burwell, Jonathan								
6834	Organisational Development and People	Trustwide	23/02/2021	COVID-19/Coronavirus	16	As a result of the Covid-19 pandemic there is a significant risk that a large proportion of the workforce could suffer from significant mental and physical wellbeing consequences. This may result in a large number of staff resignations and retirements as well as increased staff absence due to sick leave.	May recur occasionally	Moderate	9	Review the implementation of the Health and Wellbeing Strategy.	31/12/2021		Wilkinson, Claire	Trust Board	31/12/2021	6	People	Trust Board (Corporate Risk Register)	Director of Organisational Development and People	Wilkinson, Claire	23/02/2021
6570	Quality Directorate	Trustwide	15/07/2020	COVID-19/Coronavirus	12	As a result of the fact that the highly contagious Covid variant is still circulating within the community, there is a risk that an outbreak of COVID-19 could occur within the Trust either for staff and/or patients. This may result in patient and/or staff sickness and potential mortality.	May recur occasionally	Moderate	9	COVID positive cohort wards to have daily COVID-19 inspections on PWA, all other wards weekly to be implemented by HoN and Matrons.	29/01/2021	22/01/2021	Major, Denise	ction Prevention and Control Committee	01/12/2021	6	Care	Trust Board (Corporate Risk Register)	Director of Nursing	Major, Denise	15/01/2021
										The IT support for data to support swabbing dates being more easily accessed.	16/06/2021	05/05/2021	Burwell, Jonathan								
										Outbreak review to be undertaken and SII to be completed.	30/09/2021	01/09/2021	Major, Denise								

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										SJR of all patient that died of Covid to be undertaken and report completed.	30/09/2021		Cornforth, Dr Belinda	Infe						
6858	Finance and Procurement	Trustwide	12/03/2021	Trusts Objectives	9	There is a risk as new guidance and models of working emerge the immaturity of partnerships between SFT and wider BSW organisations will impact on progress to achieve key objectives.	May recur occasionally	Moderate	9	Executive team participate in Place based leadership development within the ICS to help shape collaborative arrangements. workshop 13th July	31/08/2021	12/10/2021	Thomas, Lisa	Trust Board	31/12/2021	6		Trust Board (Corporate Risk Register)	Director of Finance	Thomas, Lisa	12/03/2021
										Trust developing committee in common with Acute Alliance - progress towards provider collaborative in line with national guidance	31/12/2021		Thomas, Lisa								
5360	Transformation & IM&T	Information Technology	28/02/2018	Data Protection	15	Risk of a cyber or ransomware attack, resulting in the potential loss of IT systems, compromised patient care and financial loss.	Do not expect it to happen again but it is possible	Catastrophic	10	02/10/18 IT Technical group on 8/10/18 to discuss what Anti virus software should be purchased	10/10/2018	14/12/2018	Noble, Bob (Inactive User)	Information Governance Steering Group	30/11/2021	6	Resources	Trust Board (Corporate Risk Register)	Director of Finance	Thomas, Lisa	11/02/2020
										Technical Group made decision to extend current product. Quotes being obtained for 1, 2 and 3 year extension.	28/02/2019	20/02/2019	Noble, Bob (Inactive User)								
										Review of practicalities of getting ransomware with	24/07/2019	09/09/2019	Burwell, Jonathan								
										Development of Cyber Essentials plus plan to support achievement of the standard by 2021	17/01/2020	03/02/2020	Carman, Mr Stephen								
										Review of options for SIEM automated logging and impact of this on resource	31/03/2020	28/04/2020	Carman, Mr Stephen								
										Business case to TMC for agreement of option, associated resources an risk management	18/03/2020	28/04/2020	Carman, Mr Stephen								
										Windows 10 migration complete	30/10/2021		Arnold, Jon								
										Cyber essentials plus accreditation achieved	30/06/2021	09/07/2021	Carman, Mr Stephen								
										Completion of outstanding penetration test actions prior to moving into cyber essentials plus plan	28/02/2020	17/03/2020	Burwell, Jonathan								
										Implementation of SIEM solution with regional leads	30/06/2020	10/07/2020	Carman, Mr Stephen								
										ATP to be installed on Servers	31/12/2020	08/01/2021	Gibson, Richard								
										External CORS review to be undertake to support progress review	31/01/2021	24/02/2021	Burwell, Jonathan								
										Test implementation of IT Health Assurance Dashboard	31/05/2021	09/07/2021	Burwell, Jonathan								
										Review of proposed actions outlined by NHSD cyber team and CORS assessment to develop a 2021/22 updated cyber plan.	30/07/2021	12/10/2021	Gibson, Richard								

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6825	Trustwide	Trustwide	11/02/2021	Service Delivery Plan, Specialty Risk assessment, Trusts Objectives	15	The scale of and demand for certain Specialist or Sub-Specialty services provided at SFT are not compatible with long-term sustainability. This confers a risk that patients will not have access to either a quality service or a local service.	Do not expect it to happen again but it is possible	Catastrophic	10	Oncology: Develop additional joint working and new posts.	31/10/2021		Barrett, Mrs Jessica	Trust Board	28/02/2022	8	Specialist Services	Trust Board (Corporate Risk Register)	Medical Director	Collins, Peter	11/02/2021
										Refresh of current clinical strategy to reflect response to the NHS long term plan, formation of the BSW ICS and strengthening of specialist service operational delivery networks(ODNs).	30/09/2021		Collins, Peter								
6855	Finance and Procurement	Trustwide	12/03/2021	Trusts Objectives	12	The Financial regime for 2021/22 is uncertain, Covid 19 has meant a delay to the planning guidance and suspension to the existing regime. This places significant uncertainty on the ability to develop a financial plan to support the Trust delivering its objectives for 2021/22. there is a risk that cash flow is challenged during the year resulting in the Trust having to take emergency measures.	May recur occasionally	Major	12	Trust to issue interim budget in April 2021 in absence of financial guidance	30/04/2021	11/05/2021	Thomas, Lisa	Finance and Performance Committee	30/09/2021	8	Resources	Finance Committee, Trust Board (Corporate Risk Register)	Director of Finance	Thomas, Lisa	12/03/2021
										Review all Covid spend - ensuring in line with national guidance Covid investment reduces over the first 6 months of the year.	30/04/2021	30/04/2021	Thomas, Lisa								
										Develop financial plan for H2 following guidance, briefing from NHSI expected 3% CIP, more guidance to follow on SFT final enverlope.	29/10/2021		Thomas, Lisa								

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6654	Operations Directorate	Trustwide	02/09/2020	COVID-19/Coronavirus, National guidance	15	The impact on service delivery as a result of Covid 19 and the subsequent infection control requirements impacting on the ability of the Trust to recover activity to pre-Covid Levels. The consequence of not achieving this would be delay to treatments, impact to quality of care and impact on performance. Specific concern relates to echocardiogram waiting list, long waiting elective procedures and cancer diagnostics. (Risk merged with risk 6782).	Will probably recur, but is not a persistent issue	Moderate	12	Increase outsourcing to external providers.	09/07/2021	08/10/2021	Hyett, Andy	Trust Board	30/11/2021	8	Local Services (Care, People)	Trust Board (Corporate Risk Register)	Chief Operating Officer	Hyett, Andy	02/09/2020
										Develop strategy for recruitment and retention of nursing workforce.	31/10/2021		Holt, Sharon								
										Continue to increase insourcing.	30/07/2021	13/09/2021	Vandyken, Mrs Ali								
										Set up long line agency request to mitigate staffing gap.	30/07/2021	13/09/2021	Vandyken, Mrs Ali								
										Decrease IPC restrictions in line with Government guidelines and local prevalence	29/10/2021		Dyos, Judy								
										Procure more theatre equipment to allow increased activity and flexibility	30/11/2021		Cripps, Mandy								
										Align all data sources	30/11/2021		Hyett, Andy								

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6666	Surgery	All clinical areas	01/09/2020	Specialty Risk assessment	12	As a result of low staffing levels within theatres there is a risk to patient safety and provision of service which may result in cancelled/delayed surgery, staff fatigue/stress, increase in staff sickness, decrease in staff retention, poor skill-mix with a potential increase in incidents reported, increase in elective surgical waiting times and loss of income.	Will probably recur, but is not a persistent issue	Moderate	12	Anaesthetic Lead to work at reducing agency requirements a the newly recruited staff become competent.	31/12/2021		Hurley, Alexandra	Theatre Risk Group	12/11/2021	4	Care	Trust Board (Corporate Risk Register)	Chief Operating Officer	Evans, Jennifer	12/07/2021
										Review skill mix with Theatres. Meeting for strategy. Dual role staff to be identified.	31/12/2021		Hurley, Alexandra								
										To block book agency staff for up to 3 months to facilitate opening sessions.	31/03/2022		Hurley, Alexandra								
										Review of staffing to create a strategy for the next 12 months.	31/12/2021		Breach, Sam								
										Matrons to review and provide an update on required establishment and budget	31/12/2021		Evans, Jennifer								
										Review and share current vacancy. Include plan for services re opening	31/12/2021		Breach, Sam								
										Development of an IT improvement plan which includes staffing, communications, infrastructure, governance and any outstanding pen test/audit actions.	22/11/2019	11/12/2019	Provins, Esther	Finance Committee				Trust Board (Corporate Risk Register)	Chief Finance Officer	Evans, Jennifer	
										Set up monthly executive performance reviews.	30/09/2019	31/10/2019	Provins, Esther								
										Completion of internal audit action plans and penetration test action plans.	31/12/2019	02/03/2020	Burwell, Jonathan								
										To complete the review and proposal for improving our capacity to do business change.	30/06/2020	18/06/2020	Provins, Esther								
										Agree long term direction of the EPR and short/medium term investment.	15/07/2020	19/08/2020	Burwell, Jonathan								
										Develop, agree and implement a new range of informatics service standards	19/05/2020	19/06/2020	Burwell, Jonathan								
										Conclude work to agree and commence implementation of a robust and fit for purpose service delivery model	29/03/2020	28/04/2020	Burwell, Jonathan								
										Develop and implement a communications and engagement plan aligned to digital strategy	15/01/2020	02/03/2020	Burwell, Jonathan								

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5970	Transformation & IM&T	Trustwide	23/08/2019	Trusts Objectives	16	Lack of capability and capacity to deliver the digital strategy, resulting in poor quality services, reputational damage and inability to attract and retain high quality staff.	May recur occas	Major	12	Evolve current change management approach, ensuring it is comprehensive, clinically led	31/01/2020	02/03/2020	Burwell, Jonathan	Finance and Performanc	30/11/202	9	Innovation	Finance Committee, Trust Board (	Director of Fin	Thomas, Li	23/08/201
										Implement an Informatics team development programme	30/06/2020	01/08/2020	Burwell, Jonathan								
										Strengthen clinical leadership in informatics by reaffirming priorities for CCIOs and appointing to CNIO roles	31/03/2021	09/07/2021	Provins, Esther								
										Embed information analysts into directorate management teams	31/03/2021	09/07/2021	Burwell, Jonathan								
										Informatics staff to undertake relevant customer service	30/09/2020	23/10/2020	Burwell, Jonathan								
										Work with BSW to agree a shared EPR approach.	30/11/2021		Thomas, Lisa								
										Recruitment of Lead Information Business Partner	30/11/2020	08/01/2021	Burwell, Jonathan								
										Consider further resource requirements to strengthen strategic Informatics leadership.	31/10/2021	09/07/2021	Provins, Esther								
										Recruitment of Joint Chief Digital Officer.	30/01/2022		Thomas, Lisa								
5972	Transformation & IM&T	Trustwide	23/08/2019	Trusts Objectives	16	As a result of deeply rooted historic ways of working, resistance to change and the absence of a mature continuous improvement culture, there is a risk that improvement and transformation is not delivered in a timely manner. This may result in poor quality services, reputational damage, financial impact, ineffectiveness, an inability to attract and retain high quality staff and non-delivery of strategic and or corporate priorities.	r recur, but is not a persistent issue	Moderate	12	Review of role and purpose of Innovation Committee; develop a clear approach for innovation	13/12/2019	21/02/2020	Provins, Esther	Trust Board	31/12/2021	6	nnovation (Resources)	st Board (Corporate Risk Register), Workforce Committee	ector of Transformation	Wood, Paul	23/08/2019
										Introduce a Dragon's Den event to inspire, promote and reward innovation	30/07/2020	19/08/2020	Provins, Esther								
										Develop a comms and engagement plan to promote innovation, linked to QI and continuous improvement	31/12/2019	11/12/2019	Provins, Esther								
										Review effectiveness of Quality Improvement plan.	01/06/2020	19/08/2020	Provins, Esther								
										Implement Quality Improvement plan (see also risk 6138).	31/03/2021	22/06/2021	Provins, Esther								
										Finalising procurement of external support to develop a QI coach network.	31/10/2019	06/11/2019	Provins, Esther								
										Develop a business case and procurement approach for an OD/Trust transformation intervention jointly with GWH.	31/03/2021	20/04/2021	Provins, Esther								
										Strengthen capability and capacity of theatres operational staff; review benefits of this and whether it has mitigated the current risk	28/08/2020	03/09/2020	Hyett, Andy								

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							Will probably			Escalate discussions with system partners regarding levels of DToCs. *Action covered by Corporate Risk 5751. Please see risk 5751*	31/12/2019	04/03/2020	Hyett, Andy					Clinical Governance Committee, Tru	Dir		
										Provide increased oversight of flow programme and links to Trust KPIs, in particular length of stay, as per GIRFT data pack received 10/12/19	28/08/2020	19/08/2020	Provins, Esther								
										Review workforce transformation programme progress for 19/20 and provide support to develop the programme for 20/21	31/01/2020	21/02/2020	Provins, Esther								
										Undertake a CIP assurance exercise for 19/20	11/01/2020	21/02/2020	Provins, Esther								
										Delivery of phase 1 of NHS Improvement Cultural Leadership Programme.	31/07/2020	18/08/2020	Lane, Lynn (Inactive User)								
										Delivery of 20/21 Transformation Priorities.	31/03/2022		Wood, Paul								
										Development of the Operational Excellence Workplan.	31/12/2021		Wood, Paul								
6963	Clinical Support and Family Services	Sarum Ward	01/07/2021	NHS England	12	Respiratory viral infections in children usually peak in November and December and this creates significant pressure in paediatric acute services, including critical care. However, as a result of the Covid-19 pandemic, and the behavioural changes associated with this, in 2020/21 there have been minimal numbers of viral respiratory infections in infants and children. Cases of respiratory syncytial virus (RSV) for example, have risen consistently since 2015 however, were negligible in 2020/21. 2. As a result, an increasing cohort of infants and children have never been exposed to these	Will probably recur, but is not a persistent issue	Moderate	12	Regional and local RSV surge planning in development, once finalised further actions will follow	31/10/2021		Staples, Dr Rowena	Paediatric Risk Meeting	29/10/2021	6	Care	Trust Board (Corporate Risk Register)	Director of Nursing	Staples, Dr Rowena	13/07/2021

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7078		Trust Offices	12/10/2021	Trusts Objectives	12	As a result of competing priorities and deliverables there is a risk of slippage of the Improving Together work programme deadlines	Will probably recur, but is not a persistent issue	Moderate	12	Use of existing PMB groups to address issues on A3	22/11/2021		Cox, Emma	Executive Director Meeting	30/11/2021	6		Trust Board (Corporate Risk Register)		Provins, Esther	13/10/2021
										SRO leads to prioritise the work and engage with specific task and finish groups	30/11/2021		Cox, Emma								
										Winter director managing Trustwide ECIST actions.	01/05/2019	12/06/2019	Hyett, Andy								
										Winter Director coordinating trajectory for delivery of DTOC target.	01/05/2019	12/06/2019	Hyett, Andy								
										Trust actions being led by COO and Medicine CD and managed through weekly delivery meeting and monthly PMB.	01/05/2019	12/06/2019	Hyett, Andy								

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5751	Operations Directorate	Discharge Team	11/03/2019	Directorate risk assessment	16	Risk of patient harm caused by patients remaining in hospital when their clinical need does not require this (no right to reside). This risk is caused by lack of capacity within the community and delay in internal and external processes.	Will undoubtedly recur, possibly frequently	Moderate	15	Weekly expert panel meeting to challenge discharge pathways chaired by CCG director of quality.	01/05/2019	12/06/2019	Hyett, Andy	Trust Board	30/11/2021	12	Local Services (Care)	Trust Board (Corporate Risk Register)	Chief Operating Officer	Hyett, Andy	11/03/2019
										Trust implementing discharge PTL	01/07/2019	04/09/2019	Hyett, Andy								
										Agreement of Improvement Trajectory with system partners.	30/07/2021	08/10/2021	Hyett, Andy								
										Delivery of the Transformation Improvement Plan.	30/11/2021		Wood, Paul								
6471	Finance and Procurement	Trustwide	24/05/2020	Financial management	15	Shortfall in funding available (locally and nationally) for capital programme, leading to a potential risk to the safety and availability of buildings and equipment to deliver services.	Will undoubtedly recur, possibly frequently	Moderate	15	confirm capital programme estate priority for next year compared to funding availability	01/02/2021	11/05/2021	Thomas, Lisa	Trust Board	31/12/2021	8	Resources	Finance Committee, Trust Board (Corporate Risk Register)	Director of Finance	Thomas, Lisa	26/05/2020
										completion of six facet survey to support gaps for capital investment	31/12/2021		Thomas, Lisa								
										submit emergency capital bid if NHSE guidance permits	31/12/2021		Thomas, Lisa								

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6247	Estates	Estates	10/03/2020	Directorate risk assessment	12	As a result of a comprehensive external review of the Estates function it has been identified that the Trust has significant risks associated with critical plant and building infrastructure, that may result in utility or system failure. Including: Water ingress leading to a loss of building use. Failure to maintain critical plant leading to failure of systems e.g. nurse call, ventilation, power, gas, water, lifts and pressure systems. Failure to ensure compliance with mandatory training, leading to an inability to maintain plant. Lack of appropriately trained staff to undertake preventative maintenance. In ability to complete mandatory returns or compliance checks/reporting. Increased occurrence of sickness absence linked to workplace stress Failure to mitigate these risks may result in the loss of buildings and services/utilities, for clinical functions.	Will probably recur, but is not a persistent issue	Major	16	BSW solution for Estates Management to be identified.	30/04/2021	11/05/2021	Thomas, Lisa	Executive Director Meeting	31/12/2021	8	Resources	Trust Board (Corporate Risk Register)	Chief Operating Officer	Hyett, Andy	16/03/2020
										Plan to recruit to all vacant posts.	31/12/2021		Frith, Gerry (Inactive User)								
										Consider options for 12 months outsourcing via contractors specifically for on-call services	29/10/2021		Hyett, Andy								
6900	Women and Newborn Division	Maternity Administration	05/05/2021	Care Quality Commission	16	As a result of a lack of capacity within the maternity leadership team there is a risk that quality improvements are not progressed with pace. This may result in failure to undertake the actions identified to improve service delivery as identified from external reviews.	Will probably recur, but is not a persistent issue	Major	16	Strengthen the Governance arrangements within Maternity.	29/10/2021		Dyos, Judy	Trust Board	29/10/2021	6	People (Care)	Trust Board (Corporate Risk Register)	Director of Nursing	Dyos, Judy	05/05/2021
										Improvement programme to be developed based on external clinical review findings.	31/08/2021	07/09/2021	Dyos, Judy								

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6961	Organisational Development and People	Trustwide	30/06/2021	Incident reports	16	As a result of unclear governance arrangements regarding Health and Safety, there is a risk that risks will not be identified and/or escalated appropriately which could result in insufficient risk mitigation. This could lead to harm to staff and/or patients.	Will probably recur, but is not a persistent issue	Major	16	Agree a Health and Safety Committee reporting structure and Terms of Reference for each of the identified groups.	31/12/2021		Young, Susan (Inactive User)	Trust Board	31/12/2021	6	People	Trust Board (Corporate Risk Register)	Director of Organisational Development and People	Wilkinson, Claire	30/06/2021
										Review of all Health and Safety Risks currently on Datix.	30/07/2021	10/09/2021	Perry, Gordon								
										Development of Health and Safety Committee workplan and metrics.	31/12/2021		Wilkinson, Claire								

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Risk (Datix) ID	Risk Title	Exec Lead	Date Risk Added	Initial Score	Jul-20	Sep-20	Nov-20	Jan-21	Mar-21	May-21	Jul-21	Sep-21	Target
Risk Detail				Score Trend									
POPULATION - Improving the health and wellbeing of the population we serve													
5704	Inability to provide a full gastroenterology service due to a lack of medical and nursing workforce	Chief Medical Officer	31-Jan-19	16	12	12	12	9	9	15	15	9	6
5751	Risk of patient harm caused by a delayed discharge from hospital.	Chief Operating Officer	11-Mar-19	16	12	12	15	15	15	15	15	15	12
6654	The impact on service delivery as a result of Covid and the subsequent infection control requirements impacting on the ability to recover activity to pre-Covid levels. Risk of delay to treatments, impact on quality of care and performance	Chief Operating Officer	02-Sep-20	15		15	15	15	15	12	16	12	8
6825	The scale of and demand for certain specialist or sub-specialty services provided at SFT are not compatible with long-term sustainability. This confers a risk that patients will not have access to either a quality service or a local service	Chief Medical Officer	11-Feb-21	15					10	10	10	10	8
5970	Lack of capability and capacity to deliver the digital strategy, resulting in poor quality services, reputational damage and inability to attract and retain high quality staff.	Chief Finance Officer	23-Aug-19	16	12	12	12	16	16	16	16	12	9
6247	Risks associated with critical plant and building infrastructure that may result in utility or system failure	Chief Operating Officer	16-Mar-20	12	12	20	12	12	16	16	16	16	8
5360	Risk of a cyber or ransomeware attack resulting in the potential loss of IT systems, compromised patient care and financial loss	Chief Finance Officer	11-Feb-20	15	10	10	10	10	10	10	10	10	6
5955	Insufficient organisation wide robust management control procedures	Chief Finance Officer	13-Aug-19	15	12	9	9	9	9	9	9	9	9
6942	The Trust strategy is being replaced with a new strategy and until this is complete there is a risk that the Trust lacks coherence on its strategic priorities and direction	Chief Finance Officer	24-Jun-21	8							8	4	4
5972	Risk that improvement and transformation is not delivered in a timely manner	Director of Transformation	23-Aug-19	16	9	9	9	12	12	12	12	12	6

6143	Risk to the ability of SFT to provide the same quality of service 24 hours a day, 7 days a week, with a potential impact to patient care. Difficulties in recruiting vacant posts, funding for new posts and restrictive medical contracts contribute to this risk.	Chief Medical Officer	02-Jan-20	16	8	8	8	9	9	9	9	9	6
6666	As a result of low staffing levels within theatres there is a risk to patient safety and provision of service which may result in cancelled/delayed surgery, staff fatique/stress, increase in staff sickness and poor skill mix	Chief Operating Officer	12-Jul-21	12							12	12	4
6963	Risk of a surge in paediatric respiratory viral infections as a result of Covid-19	Chief Nursing Officer	13-Jul-21	12							12	12	6
6570	Risk of Covid-19 outbreaks within the Trust either for staff and/or patients	Chief Nursing Officer	15-Jan-21	12				16	9	9	9	9	6
6961	As a result of unclear governance arrangements regarding Health and safety, there is a risk that risks will not be identified and/or escalated appropriately resulting in insufficient risk mitigation which could lead to staff/patient harm.	Chief People Officer	30-Jun-21	16							16	16	6
6900	As a result of a lack of capacity within the maternity leadership team there is a risk that quality improvements are not progressed with pace. This may result in failure to undertake the actions identified to improve service delivery as identified from external reviews	Chief Nursing Officer	05-May-21	16						16	16	16	6
6836	There is a risk that the re-designation of the Neonatal Intensive Care Unit (NICU) will result in restricted access to neonatal intensive care for women in Wiltshire with the impact on quality and safety	Chief Medical Officer	24-Feb-21	12					12	12	12	4	4
People - Supporting our people to make Salisbury NHS Foundation Trust the best place to work														
7081	As a result of vacant roles which are defined as hard to recruit to posts there is a risk that there becomes a reliance on covering the vacancy with costly Agency/Locums and/or outsourcing and/or discontinue services. Risk of impact on services **New risk** (replacing 6099 and 6102)	Chief People Officer	15-Oct-21	10								10	8

6834	As a result of Covid-19 pandemic there is a significant risk that a large proportion of the workforce could suffer from significant mental and physical wellbeing consequences. This may result in a large number of staff resignations and retirements as well as increased staff absence due to sick leave	Chief People Officer	23-Feb-21	16					16	12	9	9	6
6954	As a result of the national pay award for nurses not being accepted by the Royal College of Nursing, there is a risk of industrial action by members of the RCN. This could result in staffing shortages or staff working to rule	Chief Nursing Officer	22-Jun-21	8							8	8	4
7078	As a result of competing priorities and deliverables there is a risk of slippage of the Improving Together Programme deadlines **New risk**	Director of Transformation	13-Oct-21	12								12	6
PARTNERSHIPS - Working through partnerships to transform and integrate our services														
5487	The risk of a deteriorating financial position for a subsidiary company impacting on SFT cash flow and reputation	Chief Finance Officer	26-Nov-18	12	10	10	10	10	10	8	8	8	6
6857	There is a risk that weaknesses in controls give rise to an opportunity for fraud, in turn resulting in the Trust incurring financial losses	Chief Finance Officer	12-Mar-21	6					6	6	6	6	4
6858	There is a risk as new guidance and models of working emerge, the immaturity of partnerships between the Trust and wider BSW organisations will impact on progress to achieve key objectives	Chief Finance Officer	12-Mar-21	9					9	9	9	9	6
6855	The financial regime for 2021/22 is uncertain, Covid-19 has meant a delay to the planning guidance and suspension to the existing regime. This places significant uncertainty on the ability to develop a financial plan to support the Trust delivering its objectives for 2021/22. There is a risk that cash flow is challenged during the year resulting in the Trust having to take emergency measures	Chief Finance Officer	12-Mar-21	12					12	12	12	12	8

6856	Due to Covid-19, the guidance for the 2021/22 planning round has not been released. There is a risk that the Trust will not deliver key objectives aligned to operational, activity and workforce plans	Chief Finance Officer	12-Mar-21	12					12	12	12	8	8
6043	Lack of a National clear model for small rural DGH services places future strategic planning uncertainty at SFT.	Chief Finance Officer	25-Oct-19	12	12	12	12	12	12	8	8	8	6
6471	Shortfall in funding available (locally and nationally) for capital programme, leading to potential risk to safety and availability of buildings and equipment to deliver services	Chief Finance Officer	26-May-20	15	15	15	15	15	15	15	15	15	8

Risk Score Key

Low Risk 1-3
Moderate Risk 4-6
High Risk 8-12
Extreme Risk 15-25

Report to:	Trust Board (Public)	**Agenda item:**	4.2
Date of Meeting:	04 November 2021		

Report Title:	Q1 Patient Experience Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Katrina Glaister, Head of Patient Experience			
Executive Sponsor (presenting):	Judy Dyos, Director of Nursing			
Appendices (list if applicable):				

Recommendation:
The Board is asked to note this report.

Executive Summary:

This report provides a report of activity for Q1 2021/22 in relation to complaints and the opportunities for learning and service change.

- New National Complaint Standards has been published by the Ombudsman and will be rolled out across the NHS in 2022. We are pleased to be accepted onto the early adopters' programme. We are currently in the process of undertaking a self-assessment; this is to identify aspects of the Complaint Standards that are already in place within the Trust and to establish where our priorities should sit.
- Attitude of medical staff remains the main theme from complaints and concerns.
- An increased number of patients completed the Friends and Family Test feedback questions this quarter.
- This quarter we have seen a19% reduction in complaints being responded to within the agreed time frames. Of the complaints allocated a 60 working days return, none achieved the agreed target time.
- COVID-19 continues to be a theme seen in comments received by PALS in Q1.

This report provides assurance that the Trust is responding and acting appropriately to patient feedback and assurance of patient and public involvement in service co-design and improvement.

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

Patient Experience Report - Quarter 1

Purpose of paper

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

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

Background

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

Making a complaint takes courage. Patients fear that speaking up could affect their care, but we are clear that this is not the case and welcome complaints as a means to improve our services.

The Trust takes concerns and complaints seriously. They are an important opportunity for us to learn and improve. Concerns and complaints can surface, and the quality of the investigation, response and actions allow improvements in the safety and quality of care delivery. We strive to create an open culture where complaints are welcomed and learnt from.

1. Sharing Outstanding Excellence (SOX)

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

The PALS team (and patient representatives going forward) review all the SOX nominations and chose a selection to go forward to the Trust Board where recipients receive a certificate.

Increasingly we are seeing patients use the email address to give unsolicited feedback. For example:

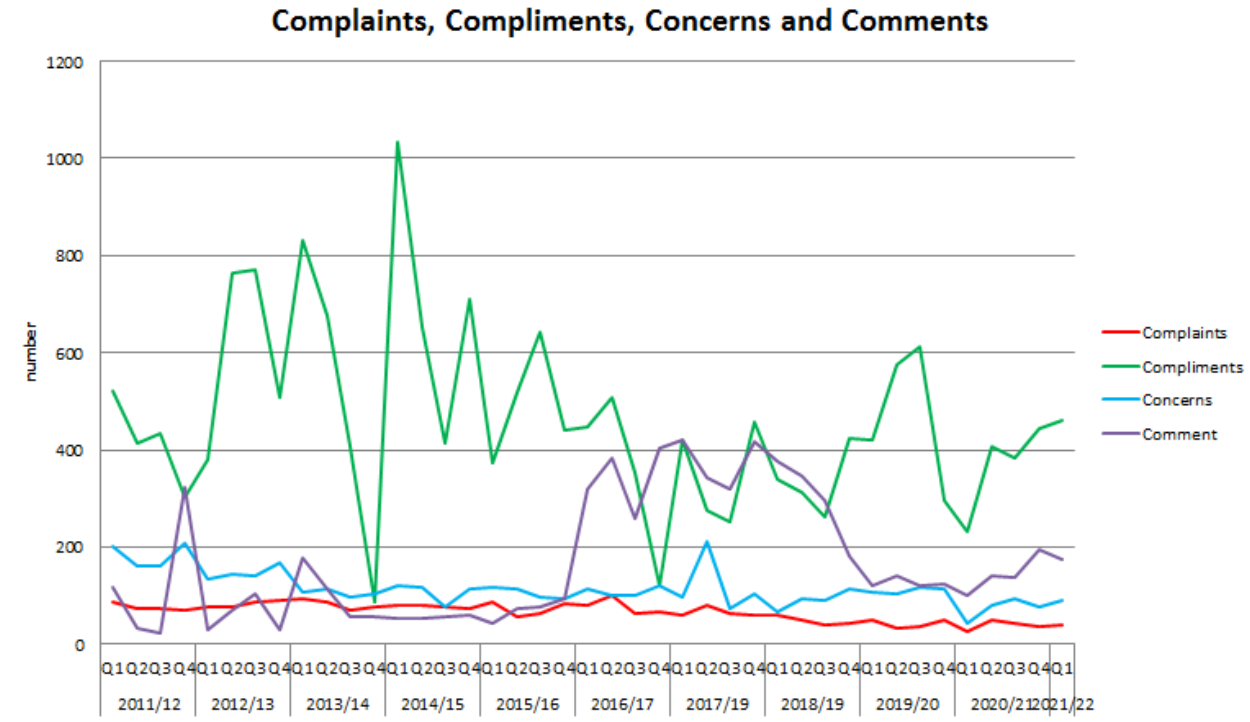
- I would like to put in writing how pleased and grateful I was with my recent stay in hospital. I was admitted to A & E by ambulance in the early hours of the morning Wednesday 7th July having collapsed after losing a lot of blood. The staff were very good throughout my stay and in fact right from the off, from the ambulance team through to all of the doctors, nursing staff and the

auxiliaries. So please can you pass on my gratitude and many thanks to all the staff involved in my care I must say this was a very impressive performance by the team in the Britford ward and they could not have all done enough for me and in particular when they have all been under such extreme pressure during these unprecedented times Again Huge Thank You

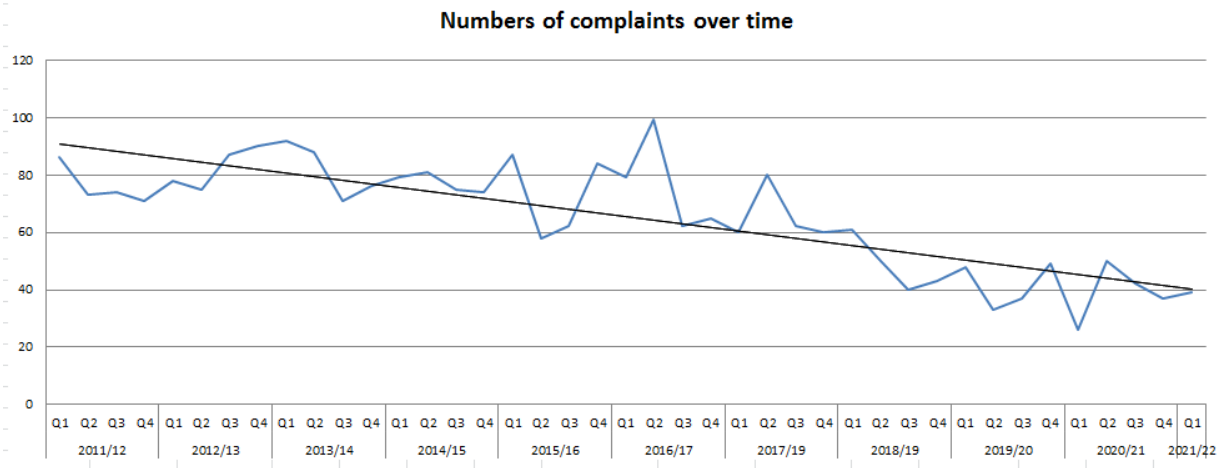
- I am writing to tell you how wonderful the orthotics team are and what a great service has been provided to myself and my children over a number of years now. During the pandemic this care continued without a break and I feel that this deserves recognition. Please can you pass my thanks on to them and let them know how much I appreciate their care.

2. Complaints, compliments, concerns and comments

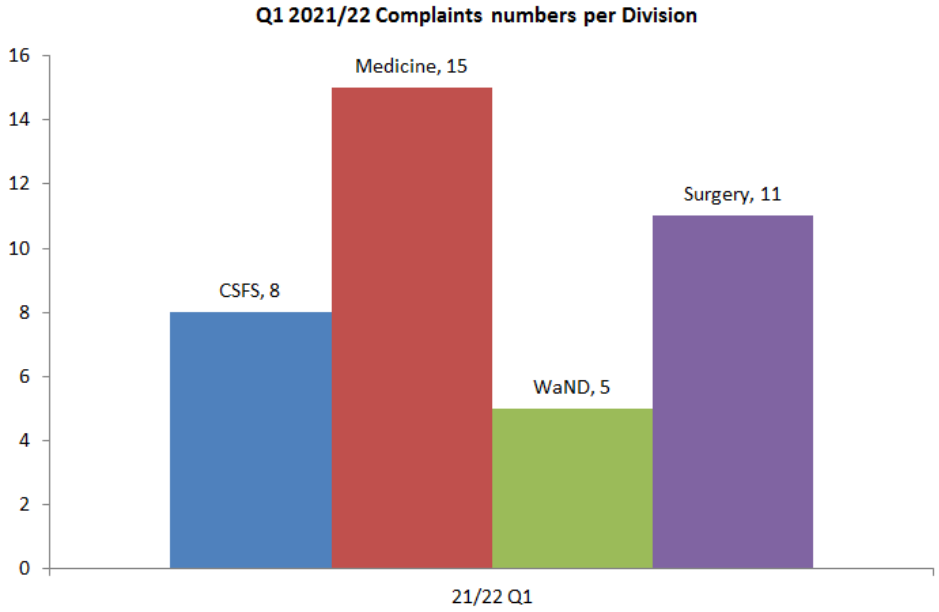
The graph below shows the numbers of complaints, compliments, concerns and comments over time.



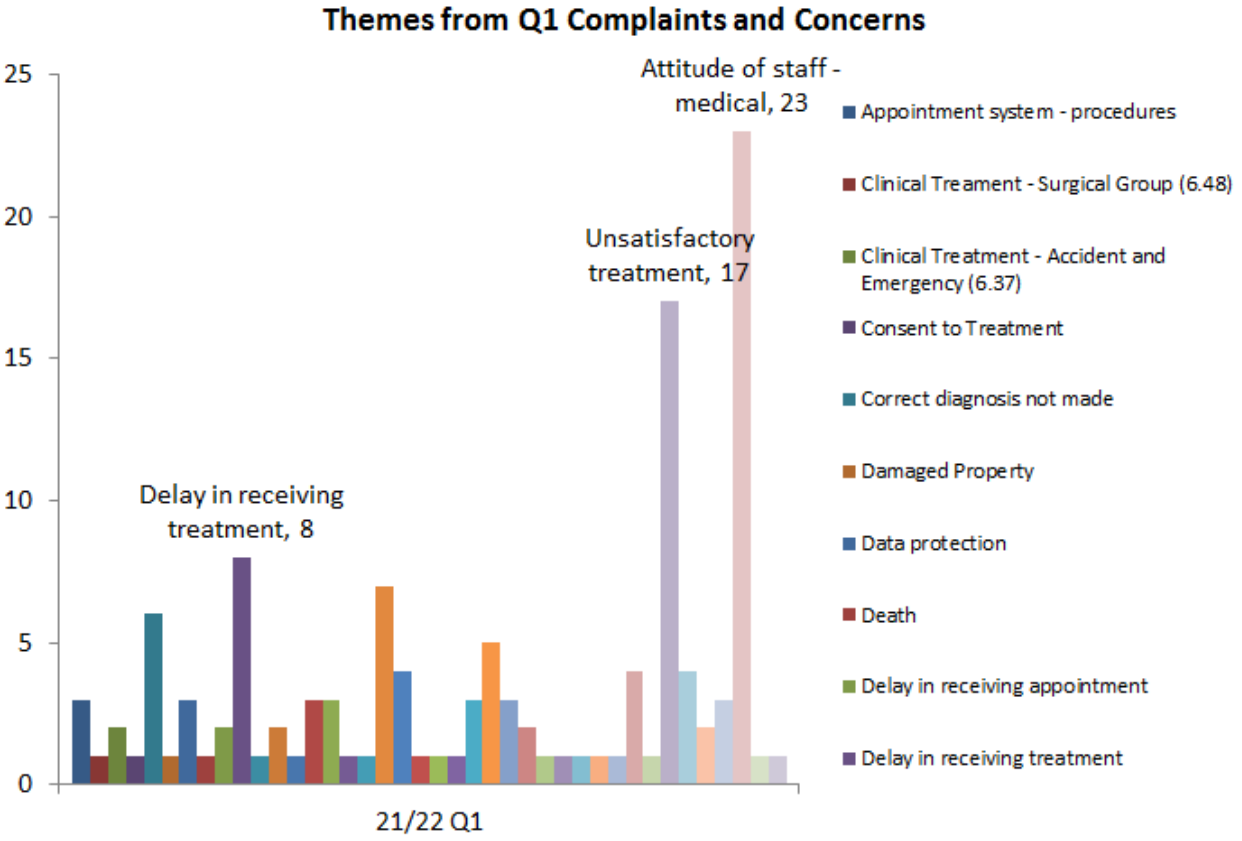
Below you can see that complaints continue to show a slight downward trend.



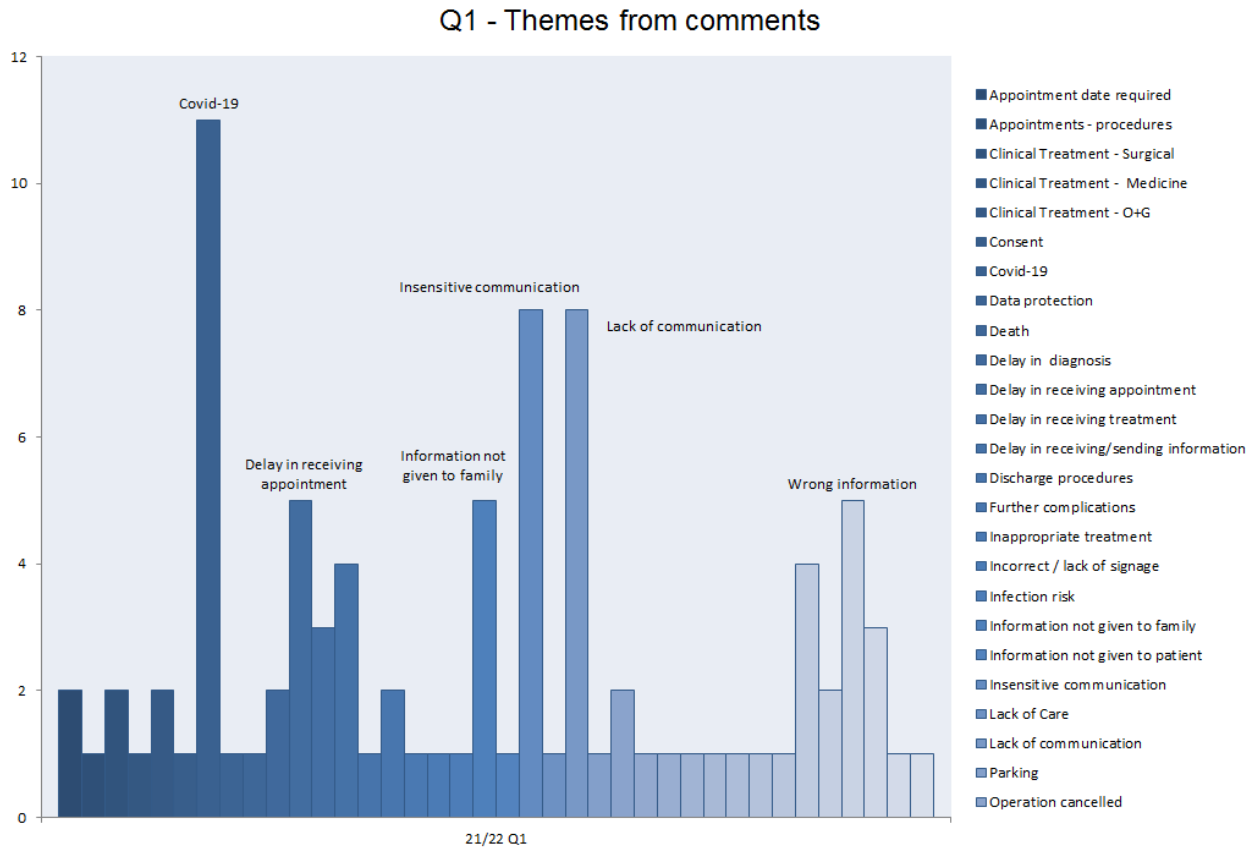
The chart below shows the divisions involved in complaints in received in Q1.



As can be seen in the graph below, 'Attitude of medical staff' remains the main theme from complaints and concerns combined. Where there has been a theme surrounding an individual this has been escalated to the relevant Divisional Clinical Director. A 'deeper dive' into to this theme is currently underway



As can be seen from the graph below, COVID-19 continues to be a theme seen in comments received by PALS in Q1. Communication (in all its forms) is the main theme (n = 21).



Complaint themes (key themes highlighted)

	CSFS	Medicine	WaND	Surgery	totals
Consent to Treatment	0	0	1	0	1
Correct diagnosis not made	1	2	0	0	3
Delay in receiving appointment	1	0	0	1	2
Delay in receiving treatment	0	1	0	0	1
Dignity in End of Life Care	0	1	0	0	1
Drug Error	0	0	0	1	1
Falls	0	2	0	0	2
Further complications	0	0	2	0	2
Neglect	0	1	0	0	1
Nursing Care	0	1	1	1	3
Operation delayed	0	0	0	1	1
Operation delayed following admission	0	0	0	1	1
Poor communication	0	1	0	0	1
Unsatisfactory arrangements	0	2	0	0	2
Unsatisfactory treatment	4	3	0	0	7
Attitude of nursing staff	1	0	0	0	1
Attitude of staff - medical	1	0	1	6	8
Discrimination on the grounds of weight	0	1	0	0	1
total	8	15	5	11	

Concern themes Q1 – clinical divisions (key themes highlighted)

	CSFS	Medicine	WaND	Surgery	Trustwide	OML	total
Appointment system - procedures	1	0	0	2	0	0	3
Clinical Treatment - Surgery	0	0	0	1	0	0	1
Clinical Treatment - ED	0	2	0	0	0	0	2
Correct diagnosis not made	0	0	1	2	0	0	3
Damaged Property	0	1	0	0	0	0	1
Data protection	0	0	2	0	0	0	3
Death	0	1	0	0	0	0	1
Delay in receiving treatment	1	1	0	4	0	1	7
Discharge procedures	0	0	0	2	0	0	2
Falls	0	1	0	0	0	0	1
Further complications	0	1	0	0	0	0	1
Inappropriate treatment	1	0	0	0	0	0	1
Information not given to patient	0	0	0	1	0	0	1
Insensitive communication	2	4	0	1	0	0	7
Lack of communication	0	1	0	3	0	0	4
Lost Property	0	1	0	0	0	0	1
Meal not available	0	0	0	1	0	0	1
Mental Health	0	0	0	1	0	0	1
Neglect	0	1	0	1	0	0	2
Nursing Care	0	0	0	2	0	0	2
Operation cancelled	0	0	0	3	0	0	3
Operation delayed	0	0	0	1	0	0	1
Overnight Discharge	0	1	0	0	0	0	1
Poor facilities/environment	0	0	0	0	1	0	1
Trust policy	0	0	0	0	0	0	1
Unsatisfactory arrangements	0	1	0	1	0	0	2
Unsatisfactory Outcome	0	0	0	1	0	0	1
Unsatisfactory treatment	3	5	2	0	0	0	10
Wrong information	0	2	0	2	0	0	4
Attitude of nursing staff	0	0	1	0	0	0	1
Attitude of staff - admin	1	0	0	1	0	0	3
Attitude of staff - medical	2	7	3	3	0	0	15
Attitude of staff - other	0	0	0	1	0	0	1
total	11	30	9	34	1	1	

Concern themes Q1 – non clinical divisions

	Transformation & IM&T	Finance and Procurement	total
Data protection	1	0	1
Trust policy	0	1	1
Attitude of staff - admin	0	1	2
total	1	2	

In Q1 the Trust treated 16,498 people as inpatients, day cases and regular day attendees. Another 17,719 people were seen in the Emergency Department and 60,949 as outpatients (this excludes telephone calls). 37 complaints were received which is 0.049% of the number of patients treated.

462 compliments were received across the Trust in Q1. Those sent directly to the Chief Executive, PALS or via the SOX inbox are acknowledged and shared with the staff/teams named. Where individual staff

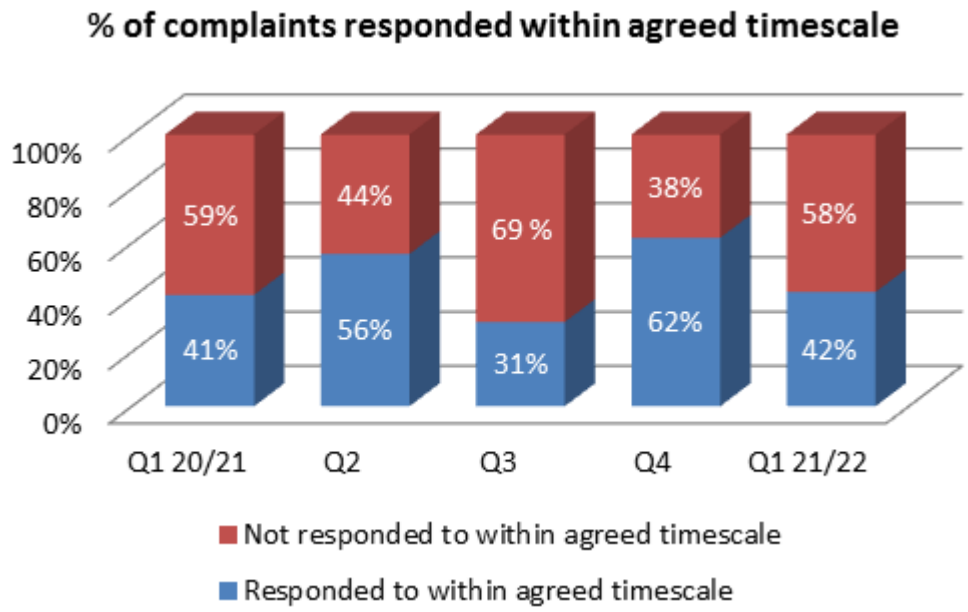
members are named in a compliment/national patient survey/RTF/FFT the PALS team complete a SOX which is sent to the individual and their line manager.

Concerns, comments and enquiries

A total of 339 comments, concerns and enquiries were logged by PALS this quarter. Of this number 82% were closed within 10 days.

Concerns, enquiries and comments - closed within 10 working days	No.	%
Not yet closed	14	4
0-10 working days	279	82
11-24 working days	31	9
25+working days	15	4
Total	**339**	

The chart below demonstartes the percentage of complaint sclosed in Q1 which were responded to within the agreed timescales.



The chart below offers a break down of the data for Q1 per target times.

CLOSED COMPLAINTS

	On target	Overdue	Total	% compliance	
Green	*13*	*15*	*28*	*46%*	*(target: <=25 working days)*
Amber	*3*	*4*	*7*	*43%*	*(target: <=40 working days)*
Red	*0*	*3*	*3*	*<1%*	*(target: <=60 working days)*
Total complaints	**16**	**22**	**38**	**42%**	

(for the period 01 Apr 2021 to 30 Jun 2021)

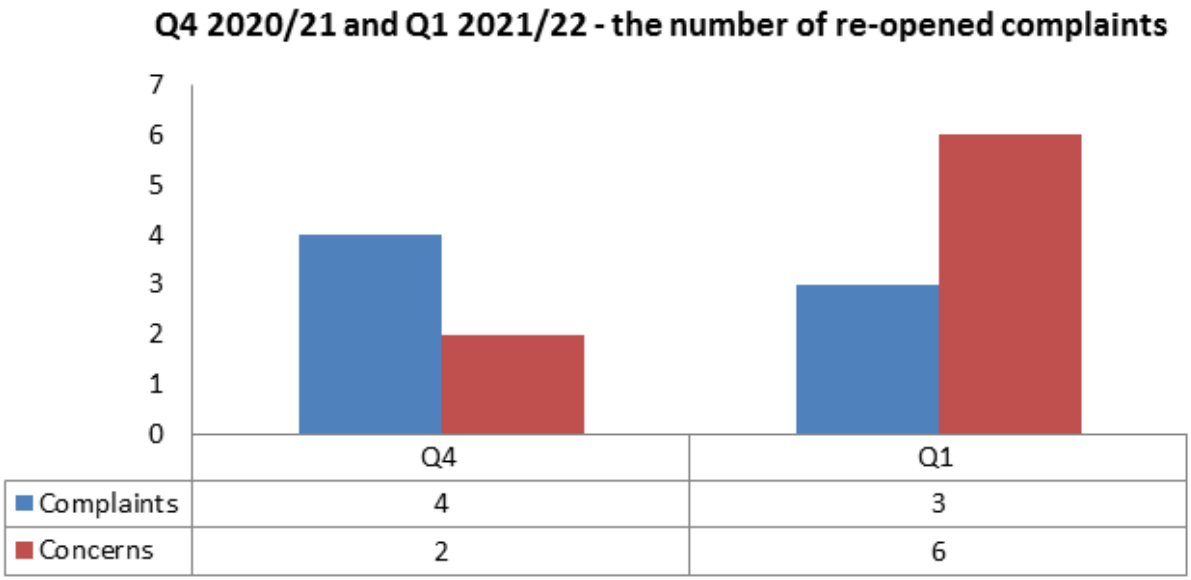
This quarter we have seen a19% reduction in complaints being responded to within the agreed time frames. Of the complaints allocated a 60 working days return, none achieved the agreed target time.

However, although we have seen a decrease in compliance over all, we have seen a significate increase in closures during Q1.

Example of actions from Q1 closures:

- In order to fully establish the facts surrounding the case and to identify further learning and service delivery improvements, the case was escalated as a Serious Investigation Incidents (SII).

- It was acknowledged that the timeline was 'too tight' to get the MRI scan completed before the proposed surgery date. Apologies were offered for the delay, caused largely by the impact Covid-19 has had on services. The patient did receive a date for surgery.
- The spinal unit is undertaking a transformation project and actively engaging with best practice and goal achieving.
- Staff have been reminded about the importance of maintaining the 'patient's transfer of care form'.
- Staff on the postnatal ward will ensure that women who choose to artificially feed their babies receive a 24 hour supply of formula.



In Q1 we saw an increase in reopened complaints and concerns. Examples of why these cases were reopened are as follows:

- Numerous concerns raised surrounding staff's attitudes and behaviour and the lack of routine care.
- Unhappy with response – feels further investigation is required.
- Disagree with outcome from the investigation. Explanation in regards to the delayed diagnostic investigation and subsequent treatment was unacceptable.

3. Complaints by Division

Clinical Support and Family Services

	Q1 2020-21	Q4 2020-21	Q1 2021-22
Complaints	1	10	13
Concerns	3	20	21
Compliments	32	27	95
Re-opened complaints	1	1	0
% closed complaints responded to within agreed timescale	0%	27%	45%
Complaints closed in this quarter	3	11	11
% closed concerns responded to within 25 working days	100%	68%	64%

- There were 13 complaints raised in Q1 with no particular themes discernible.
- 11 complaints were closed in Q1; with 45% being responded to within the agreed timescale. The reason for delay on the others was due to awaiting statements from clinical staff.
- 21 concerns were raised in Q1. Maternity received 8 concerns with the main theme being unsatisfactory treatment. Gynaecology received 5 concerns with the theme being attitude of medical staff.

- The PALS department received 17 comments and enquiries for CSFS in Quarter 1 which were investigated, managed and responded to by the team.
- Total activity within the directorate was 35,792 and of this number 0.03% raised a complaint.
- There are 7 action plans outstanding from the directorate.

Themes and actions from concerns and complaints closed in this quarter

Q1 21/22 themes		
Department	**Themes**	**Actions**
Maternity Department	Unsatisfactory treatment	• Additional community midwifery support offered; Midwife escorted woman to her ANC appointments. Plan of care to be agreed with the woman. • Cascade to staff on DAU of the importance of undertaking pre discharge checks; this has particular significance when women have been transfer to Maternity DAU from other departments within the Trust. • Improved access to formula feeds, for those women who choose to artificially feed their babies.
Gynaecology	Attitude of medical staff	• The Clinical lead will share complaints and learning discussed with the wider team at M&M meetings. Concerns will be escalated to DMT.
All actions from previous quarters have been implemented.		

Compliments

Bowel Screening (16) Pathology (3) Radiology (3) SALT (2) Sarum (18) Maternity (14) NICU (39)

Medicine Division

	Q1 2020-21	Q4 2020-21	Q1 2021-22
Complaints	16	15	15
Concerns	25	28	30
Compliments	116	148	170
Re-opened complaints	1	0	1
% closed complaints responded to within agreed timescale	54%	33%	40%
Complaints closed in this quarter	11	18	20
% closed concerns responded to within 25 working days	75%	58%	69%

- 15 complaints were received in Q1. Laverstock Ward (Resp) and the Emergency Department received the most with 3 each. There was no particular theme for Laverstock ward however the theme for Emergency Department was correct diagnosis not made.
- 20 complaints were closed in Q1 and of these 40% were responded to within the agreed timescale. Delays in responses being sent out on time were due to awaiting statements from clinicians and delays in approval from the DMT.
- 1 complaint was re-opened in Q1, this was due to the complainant feeling that not all her concerns were answered adequately and a meeting has now been arranged.
- There were 30 concerns raised in Quarter 1. The Emergency Department received the most with 12, the main theme being attitude of medical staff.

- The PALS department received 84 comments and enquiries for Medicine in Quarter 1 which were investigated, managed and responded to by the team.
- Total activity within the directorate was 33326 and of this number 0.04% raised a complaint.
- The Complaints Co-ordinator is waiting for 2 outstanding action plans from the directorate.

Q1 21-22 themes		
Department/Ward	**Topic**	**Actions**
Emergency Department	Correct diagnosis not made	• To improve communication with patients about their diagnosis by offering a copy of the ED discharge letter To code each diagnosis with a qualifier of suspected or confirmed diagnosis to improve clarity for GP / patient • To redesign and improve quality of ED GP discharge letter. Be more pro-active with safety netting advice Reassure staff that we won't always have a definitive diagnosis made in ED but our role is to rule out any Emergency Presentations
	Attitude of medical staff	• Identification of specific staff members who struggle with appropriate communication and offer of support / training Offer regular 1:1's and appraisals with all staff Direct action for staff who have more than one complaint relating to attitude / communication Consider putting staff on communication and coaching courses.
All actions from previous quarters have been implemented.		

Compliments

AMU (5) Durrington (2) Emergency Department (5) Farley (8) Hospice (59) Longford (3) Pembroke (7) Redlynch (15) Tisbury (20) Spinal (2) Spire (41) Whiteparish (1)

Surgical Division

	Q1 2020-2021	Q4 2020-21	Q1 2021-22
Complaints	8	11	11
Concerns	10	22	34
Compliments	64	139	90
Re-opened Complaints & Concerns	3	4	6
% closed complaints responded to within agreed timescale	28%	50%	29%
Complaints closed in this quarter	18	13	7
% closed concerns responded to within 25 working days	37%	65%	74%

- There were 11 complaints received this quarter with Gastroenterology and Plastics Department having the same number each (2). The main theme is Attitude of staff – medical (6 complaints in total), with Gastroenterology and Plastics Department complaints having this theme for all their complaints received this quarter (two each), and the other two for Dermatology Outpatients and Rheumatology Outpatients (one each).
- There was one concern meeting held in this quarter with resolution being reached at the meeting and now closed. There was also an MDT meeting organised by Rachael East to try and resolve concerns

and to gain better resolution of the different issues with various specialties and to coordinate a combined plan of action for the patient (concern 44421)

- There were 34 concerns raised in Quarter 1. Amesbury Suite and Orthopaedics had 4 concerns each. Downton Ward, Gastroenterology, General Surgery and Plastics all had 3 concerns each. Four concern themes were; Delay in receiving treatment but there was no one area highlighted. There were three concerns which had Attitude of staff – medical and Operation cancelled following admission for the theme but all were in different areas.
- There were 2 complaints and 4 concern re-opened in Quarter 1. Three are still open and three are closed.
- There were no themes for the 7 complaints closed in Q1 which were; Delay in receiving treatment, Pain management, Nursing care, Operation delayed, Attitude of staff – medical, Further complications and Drug error.
- The main themes for the 38 concerns closed in Q1 were; Delay in receiving treatment (5) across 5 specialties; Appointment system - procedures (3) across 3 specialties; Attitude of staff – medical (3) across 3 specialties; Operation cancelled following admission (3) across 3 specialties; Wrong information (3) across 3 specialties.
- The PALS department received 82 comments and enquiries for Surgery in Quarter 1 which were investigated, managed and responded to by the team which was an increase of 10 to the previous quarter.
- Total activity within the Division was 26,048 and of this number 0.04% raised a complaint.
- There are no action plans outstanding from closed complaints since 1st January 2021 for the Surgery Division.

Themes and actions from concerns and complaints closed in this quarter:

Q1 21/22 themes		
Department/Ward	**Topic**	**Action and update:**
Not closed: Plastics 8456 Closed: Oral & Maxiliofacial 44693	Patients refusing to comply with Covid protocols for elective/non-emergency surgery	Both cases discussed at Ethics Committee meeting. Fiona Hyett is going to produce an Action Card for Covid Protocols for elective patients who refuse to comply with the Trust's Covid Policy.

Q4 2019/20 themes and updates		
Laser Clinic	Lack of capacity; resulting in delayed and cancelled appointments.	**Laser Clinic** has experienced some service delivery issues; which the team are working to resolve. There is a programme of training ongoing, and it is anticipated that in the near future they will have two fully trained members of the nursing staff, in the Dermatology/Plastics team. It is hope this will increase the capacity of the laser clinic; thus reducing the need for the service to reschedule patient's appointments. **Update Q1 2020:** The training plan is in progress. Activity in the laser clinic was put on hold as part of the Trust's response to the pandemic, and has not yet restarted. **Update Q2 2020:** Restarting of Laser activity has now been signed off. **Update Q4 2021:** The Laser Clinic was restarted in April 2021 and we hope to increase capacity in the coming months. **Update Q1 2021:** We have restarted with consultant lead clinics, and are in the process of training a nurse to provide additionality. The service has not restarted any private procedures in order to focus on the NHS backlog. No further complaints received.

Orthopaedic and Orthopaedic Outpatients	Lack of information or miscommunication	Misinformation received regarding preoperative testing; which was unfortunately due to human error. This has been addressed with both the booking and administration teams in Central Booking. A crib card to remind staff of the timings regarding the validity of pre-ops and bloods and swabs for various specialties has been produced and circulated to the teams. Plans are in place to amend the letter template for orthopaedic operations to include further information about the timeframes for pre-op bloods and swabs. **Update Q1 2020:** Changes to template letters currently on hold due to Covid-19 as we are not currently able to undertake any routine orthopaedic procedures and several main theatres have been repurposed for the Covid-19 escalation. **Update Q2 2020:** We are sending orthopaedic patients to New Hall hospital and are working through the highest priority patients first as per the guidelines given to us by NHS England, these patients are being booked and pre-opted by New Hall who will be sending their own letters to these patients, therefore our template letters have not yet been changed for orthopaedic patients. **Update Q4 2021:** This is an ongoing process and we are working with all our clinical teams to help support them with patient communication, however, the Covid-19 restrictions have meant that some patient processes have changed out of our control and patients' expectations have been difficult at times. The Surgery Division continues to work with our patients and staff to improve communication and once elective orthopaedic operations restart we will ensure the letter templates are updated accordingly. **Update Q4 2021:** Elective recovery is under way; all patients on the waiting list have been sent a separate letter informing them of the situation and delays. Changes to template letters still on hold due to differing POA process post COVID where no patients had in date POA so all patients are being booked a POA immediately before / after being allocated a surgery date which means all bloods and swabs in date so do not want to cause confusion to patients with adding this comment at this time.

Compliments

90 compliments were received in Quarter 1, the breakdown is as follows:

Orthopaedics/fracture = 22, Chilmark Ward = 16, Rheumatology = 16, DSU = 15, Radnor Ward = 6, Plastic O/P = 2, Britford Ward = 1, Downton Ward = 1, General Surgery = 1, Wessex Rehab = 1

4. Parliamentary and Health Service Ombudsman (PHSO)

There was one 'request for information' made by the PHSO in Q1, and a further notification of intention to investigate. The notification of intention to investigate is in reference to a complaint which was referred to the PHSO in October 2019, prior to the Covid-19 pandemic. The original intention was for the case to be progressed through the PHSO's Mediation service. The original intention was for this case to be progressed through the PHSO's Mediation service. However, it was felt that the complainant's concerns would be better addressed by an independent review.

For the first time the PHSO has published data about their recommendations for upheld and partially upheld cases. They have also published a data table of complaints received, assessed and investigated about NHS Organisations. This data will be published every quarter alongside their existing health complaints statistics report.

NHS Complaint Standards

New NHS Complaint Standards have been published by the Ombudsman and will be introduced across the NHS in 2022. Pilot sites have been asked to work with the Ombudsman to test the various aspects of the Standards and we have been accepted as an early adopter. We are currently working on a gap analysis against the Standards and these will be reported to the Patient Experience and Patient Safety Steering Group in due course.

The NHS Complaint Standards set out how organisations providing NHS services should approach complaint handling. They apply to NHS organisations in England and independent healthcare providers who deliver NHS-funded care.

The Standards aim to support organisations in providing a quicker, simpler and more streamlined complaint handling service, with a strong focus on early resolution by empowered and well-trained staff. They also place a strong emphasis on senior leaders regularly reviewing what learning can be taken from complaints, and how this learning should be used to improve services.

The Complaint Standards are based on My Expectations, which set out what patients expect to see when they make a complaint about health or social care services (see appendix 5). You can read a summary of the new Standards here.

5. Trust wide feedback

Patients surveyed

A total of 1012 patients provided feedback during the quarter through the Friends and Family Test (FFT). This has pretty much doubled from 534 in the last quarter. We are encouraging areas to start displaying the FFT feedback forms again.

Friends and Family Test

Responses for the quarter are set out in the table below.

		Rating											
	Total Responses Received	Very good		Good		Neither Good nor poor		Poor		Very poor		Don't know	
Day Case	309	283	92%	24	7%	1	0.5%	1	0.5%	-	-	-	-
Emer Dept	5	5	100%	-	-	-	-	-	-	-	-	-	-
Inpatients	499	422	84%	73	14%	4	2%	-	-	-	-	-	-
Maternity	10	10	100%	-	-	-	-	-	-	-	-	-	-
Outpatients	189	177	94%	9	4.5%	1	0.5%	-	-	1	0.5%	1	0.5%

Some feedback received this quarter

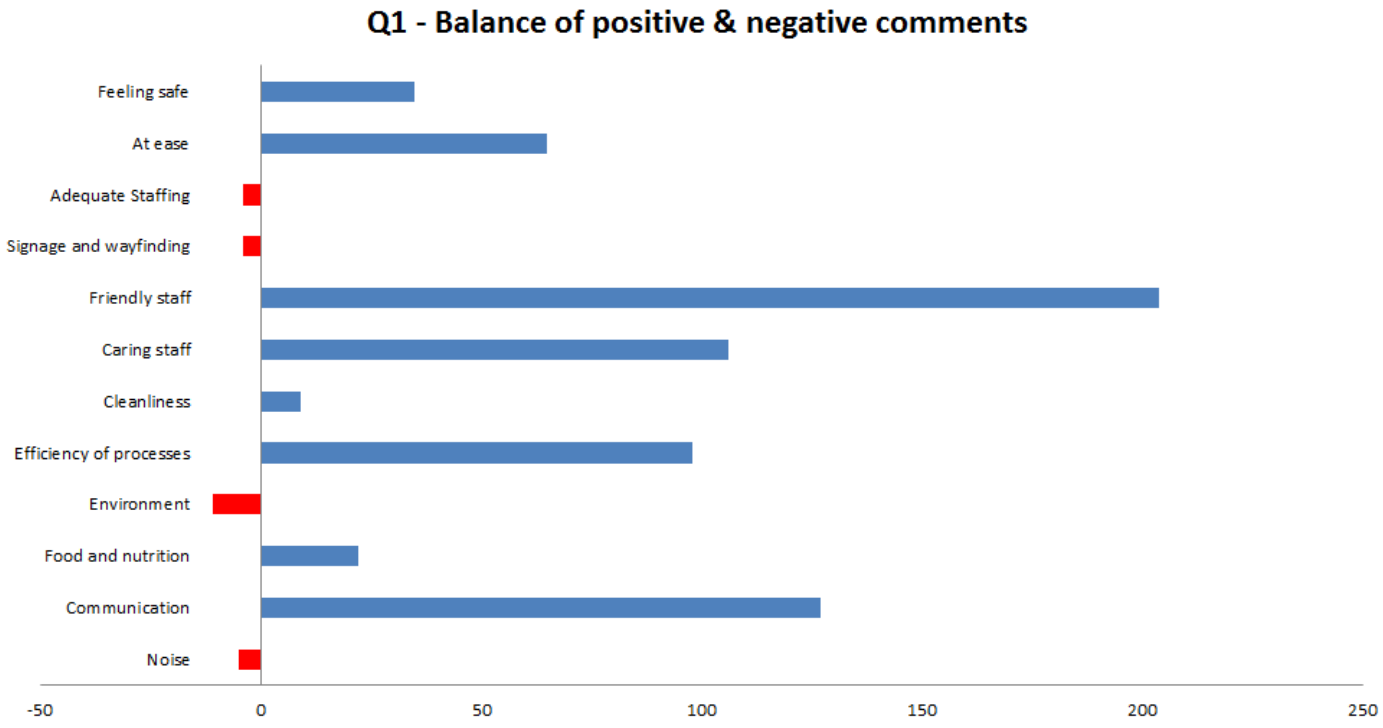
What was good about your experience?

- Such a caring and friendly team. Inspires confidence and security for patients. Food great. 10/10.
- Every member of staff was excellent. In fact after a year of isolation their kindness made me cry. They were so kind and so helpful.
- The staff are amazing. They're kind and comforting and I felt in safe hands. I almost didn't want to leave!
- Just about the friendliest, most professional staff I have come across in any hospital incl this one. I was kept well informed and up to date throughout.
- Arrived to see my appt date had been changed but no letter on system to advise me. The reception staff found me a doctor who could help and we were treated well instead of having to go home and come back a week later.
- Staff were absolutely amazing and understanding of autism anxiety disorders. They were friendly and helpful and took time to reassure my daughter and didn't overwhelm.

- I'll be sad to leave. Everyone has been lovely, it feels like a family.
- The company of the other patients having been together over Easter.

What could we have done better?

- My admission was abysmal. I was seen immediately by blood technician and a nurse who took all my details, then waited 4hrs before a doctor came who was then called away to an emergency. I was assured another doctor would come to continue but no one appeared
- Levels of noise due mainly to extremely disruptive dementia patient day and night very high to sleep.
- During my stay it was quite difficult to get cups of tea as the nursing staff were so busy. I felt more staff were needed on the ward.
- Overall the care and treatment has been amazing. There are a few members of staff that I came across that could do with some more training and show some compassion. But my experience on the ward has been for the most part, extremely positive.
- Pharmacy appear to be possible bottleneck on discharge.
- The delay! In at 7.45am, surgery at 5.50pm. Too long a wait, especially for a nervous, hungry and very bored teenager.
- Whoever owns the TVs - overpriced!!
- Pity no library. Difficult with no visitors. Otherwise you're doing everything you can to make the stay as good as can possibly be.



Patient and Public Involvement – national surveys

Urgent and Emergency Care survey 2020

The report has been received at a local level and we expect the CQC publication date to be in September

Adult inpatient survey 2020

The report has been received at a local level and we expect the CQC publication date to be in October

Children and young person's survey 2020

This survey has closed and we are expecting to receive the local level report in August

Maternity Survey 2020

We are expecting the local level report in September

Actions taken on areas of concern

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

6. Health Watch Wiltshire feedback

Regular virtual meetings are held between PALS and Health Watch Wiltshire and any feedback they receive about this hospital is shared with us.

7. Translation and Interpretation

The Procurement team have been working with PALS on a new tender for the interpretation and translation managed service. The idea is that a 'one stop' service will be provided (BSL, video, telephone, face-to-face and translation of written material). This piece of work has been done in conjunction with the other organisations in our STP. The new contact should commence in May 2021.

This quarter's most frequently used languages for face-to-face interpretation (used on 5 occasions):

- Polish 20% Arabic 20% Romanian 20% Portuguese 20% Mandarin 20%

The areas where interpretation was used most often are:

- Audiology = 20% Children's Outpatients = 40% Oral Surgery 20% DSU 20%

British Sign Language was used on 1occasion this quarter with a total spend of £140

Translation was used for 4 documents with a total spend of £750

The **total spend for 2020/21** is:

Face-to-face interpretation: £880
British Sign Language: £140
Translation (of documents): £750
Overall total: £1800

8. Patient Stories

Patient stories are taken to every public Board meeting. The Head of Patient Experience has now completed a Masters level course on digital patient stories.

9. Patient and public involvement (PPI)

Please see separate end of year report for updates and progress against our engagement strategy.

PPI Projects are shared on the following web page on the Intranet:
http://intranet/website/staff/quality/customercare/patientandpublicinvolvement/ppiprojects/index.asp

The PPI toolkit is available here: https://viewer.microguide.global/guide/1000000334#content,1df17a5a-25ee-4524-ab5e-96031930d247

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10. Social media

NHS Website feedback

There were five items of feedback posted on the NHS Website in Q1. All were positive and all rated their care as excellent- all receiving the maximum score ★★★★★ out of 5

ED n = 2 ED, AMU and Cardiology n = 1 (Recognised at the Public Trust Board) Gynaecology n = 1

Oral and maxillofacial surgery n = 1

All feedback is available here: https://www.nhs.uk/services/hospital/salisbury-district-hospital/P1700/ratings-and-reviews

Report to:	Trust Board (Public)	**Agenda item:**	**4.3**
Date of Meeting:	4 November 2021		

Report Title:	Q1 Learning from Deaths 2021 - 2022			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	
Prepared by:	Dr Belinda Cornforth, Consultant Anaesthetist, Chair of the Mortality Surveillance Group Dr Ben Browne, Head of Clinical Effectiveness			
Executive Sponsor (presenting):	Dr Peter Collins, Chief Medical Officer			
Appendices (list if applicable):				

Recommendation:
Assurance that the Trust is learning from deaths and making improvements.

Executive Summary:

- There were 196 inpatient deaths (inclusive of stillbirths) and 8 deaths which occured in the Emergency Department during the first Quarter (Q1) of 2021-22.
- A Structured Judgement Review (SJR) was undertaken in 20 deaths occuring within Q1. This represented approximately 10% of all inpatient deaths.
- There were no SII's relating to deaths occurring in Q1.
- The HSMR is 113.6 for the twelve month period ending in March 2021. Weekday HSMR is 111 and weekend HSMR is 119.7.
- HSMR has become statistically significantly higher than expected for the last 4 rolling 12 month periods. If COVID-19 activity is removed from the HSMR then it remains within the expected range.
- SHMI is 102.72 for the twelve month period ending March 2021. When comparing SHMI by site, Salisbury District Hospital is 97.60 and Salisbury Hospice 243.01. When compared with regional peers the Trust has a SHMI within the expected range.

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

Quarter 1 2021/22 Learning from Deaths report

Date of First Publication: September 2021

1.0 GLOSSARY OF TERMS

CUSUM
A cumulative sum statistical process control chart plots patients' actual outcomes against their expected outcomes sequentially over time. The chart has upper and lower thresholds and breaching this threshold triggers an alert. If patients repeatedly have negative or unexpected outcomes, the chart will continue to rise until an alert is triggered. The line is then reset to half the starting position and plotting of patients continues. The CQC monitor CUSUM's at a 99.9% threshold to determine outliers.

HSMR
The Hospital Standardised Mortality Ratio (HSMR) is the ratio of observed deaths to expected deaths for a basket of 56 diagnosis groups, which represent approximately 80% of in hospital deaths. It is a subset of all and represents about 35% of admitted patient activity.

ME
Medical examiners (MEs) are senior medical doctors who are contracted for a number of sessions a week to undertake medical examiner duties, outside of their usual clinical duties. They are trained in the legal and clinical elements of death certification processes. The purpose of the medical examiner system is to provide greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths, ensure the appropriate direction of deaths to the coroner, provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased, improve the quality of death certification, and improve the quality of mortality data. The Medical Examiner (ME) system was introduced in April 2020 and was established in the Trust by August 2020.

MSG
The Mortality Surveillance Group (MSG) meets bi-monthly and is responsible for reviewing deaths to identify problems in care and commissioning improvement work, to reduce unwarranted variation and improve patient outcomes. To identify the learning arising from reviews and improvements needed.

PALS
The Patient Advice and Liasion Service (PALS) offers confidential advice, support and information on health-related matters and they provide a point of contact for patients, their families and their carers. A complaint is an expression of dissatisfaction made to an organisation, either written or spoken, and whether justified or not, which requires a formal response from the Chief Executive. A concern is a problem raised that can be resolved/responded to by the clinical or non-clinical teams concerned. Concerns include issues where the patient/family member has said that they don't want to make a formal complaint.

SFT
Salisbury NHS Foundation Trust.

SHMI
The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It covers in-hospital deaths and deaths that occur up to 30 days post discharge for all diagnoses excluding still births. The SHMI is an indicator which reports on mortality at trust level across the NHS in England and it is produced and published as an official statistic by NHS Digital.

SII
Serious Incident requiring Investigation.

SJR
The Structured Judgement Review (SJR) is a process for undertaking a review of the care received by patients who have died.

SMR
A calculation used to monitor death rates. The Standardised Mortality Ratio (SMR) is the ratio of observed deaths to expected deaths, where expected deaths are calculated for a typical area with the same case-mix adjustment. The SMR may be quoted as either a ratio or a percentage. If the SMR is quoted as a percentage and is equal to 100, then this means the number of observed deaths equals that of expected. If higher than 100, then there is a higher reported mortality ratio.

SOX
Sharing Outstanding Excellence (SOX) is a method of paying a compliment to a team or a member of staff. It is a way of learning from when things go well.

QUARTER 1 (Q1) LEARNING FROM DEATHS MORTALITY REPORT 2021/22

2.0 Purpose

To comply with the national requirements of the Learning from Deaths framework, Trust Boards must publish information on deaths, reviews and investigations via a quarterly report to a public board meeting.

3.0 Background

The Learning from Deaths initiative aims to promote learning and improve how Trusts support and engage bereaved families and carers of those who die in our care.

4.0 Summary of Learning

The MSG met on both 13th April and on 8th June in Q1, where learning, improvement themes, and actions around in-hospital deaths are discussed.

SJRs

- Themes identified requiring improvement include documentation and unacceptable delays for specialist reviews and treatment, and procedures.

Formal Alerts and Reports

- The CUSUM alert regarding gastrointestinal (GI) haemorrages (related to previous Quarterly report) fed into work around upper GI care, and an upper GI care bundle has been approved. Furthermore, the CUSUM alert relating to 'other' liver diseases has highlighted a number of themes for action.

Serious Incidents Requiring Investigation (SIIs)

- Trust-wide guidance is being updated following an incident of hypoglycaemia in a non-diabetic patient. Education regarding recognition and adherence to Acute Coronary Syndrome (ACS) pathways is being reinforced.

Bereavement

- Overall End of Life (EOL) care is perceived as good by relatives and loved ones. Poor communication with families, lack of privacy for difficult conversations, and concerns regarding pain relief have been addressed.
- Families experience has been improved by the introduction of bespoke jute property bags for the return of deceased patient's belongings.

5.0 Summary of Mortality Data for Q1

- **204 deaths occurred in the Trust in Q1 (2021/22).** The total includes patients who died in the Emergency Department and the Hospice. This is an overall reduction from a total of 281 deaths occurring in Q4 (2020/21). This compares to 207 deaths which occurred in the same Quarter (Q1) last year (2020/21).
- There was **1 inpatient death from COVID in Q1**. This compares with 134 out of 281 deaths (48%) occuring in Q4 (2020/21), and 51 out of 207 deaths (25%) which occurred in the same quarter last year. **Q1 was therefore not dominated by deaths of patients who died from COVID-19.**
- There were **3 unexpected deaths in Q1**.
- There were **2 stillbirths and 2 neonatal deaths in Q1.**
- There were **no maternal deaths in Q1.**
- There was **1 child death in Q1.**
- There were **no deaths reported for patients with learning disability in Q1.**
- There were **2 deaths of patients with serious mental illness.**

6.0 Medical Examiner (ME) and Structured Judgement Reviews (SJR)

The ME system was introduced in April 2020 to ensure excellence in care for the bereaved, and learning from deaths to drive improvement. The Medical Examiners aim to scrutinise all acute hospital deaths, however, the process currently excludes deaths occurring in the Emergency Department and some Hospice deaths at SFT. A local network of MEs exists to share learning and provide an independent review facility if needed.
The system was established in the Trust by August 2020 and is expected to be further extended into the community later next year as per national guidance.

- **There were 20 Structured Judgement Reviews requested in Q1, which represented approximately 10% of all deaths.**
- **6 reviews were requested in April 2021**
- **7 reviews were requested in May 2021**
- **7 reviews were requested in June 2021**

- 6 SJRs were requested due to identification of the following:
  - **1 Elective Admission**
  - **2 Concerns Raised by Family**
  - **2 Patients with Serious Mental Illness**
  - **1 Covid-19 Case.**

The remaining 14 SJRs were requested by the MEs for other reasons. A summary of the reasons for each review has been outlined below and these have been cateogrised into problem themes and stage of care (see Table 1).

Table 1: Reasons for SJR Requests and Themes–Quarter 1, 2021-22

A patient who had not had a medical review undertaken prior to death following readmission to SFT.
An unexpected death following an elective procedure with concerns about record keeping.
Concerns about the care a patient received whilst pending an investigation.
A delay whilst awaiting a specialist review (the family also raised a concern in this case).
The lack of regular consultant review undertaken during an inpatient admission.
Complications following a medical procedure. This case was referred to the coroner.
A patient with COVID.
Concerns about poor documentation.
Possible treatment complications and omission of treatment for one night.
A delay in receiving an investigation.
A fall possibly contributing to the patient's death.
A fall and and concerns about inappropriate treatment administration.
Concerns about documentation during last days of life.
A patient with a known mental health condition.
A patient with a known mental health condition.
Family raising concerns about the lack of communication regarding how unwell a patient was.
A treatment delay.
No clerking or post-take ward round documentation indentified.
A treatment delay
Family concerns about visiting

Annual accumulative totals to be shown in brackets (except in the Q1 report where no accumulative data for the year will yet be available).

Type of problem	*Stage of Care* →						
	Admission and initial assessment (first 24 hours)	Ongoing care	Care during a procedure	Perioperative/procedure care	End of life care (or discharge care)	Concerns about over all care	**TOTAL**
1. Problem in assessment, investigation or diagnosis (including assessment of pressure ulcer risk, venous thromboembolism (VTE) risk, history of falls)	*3*	*1*			*1*		***5***
Problem with medication / IV fluids / electrolytes / oxygen		*2*					***2***
Problem related to treatment and management plan (including prevention of pressure ulcers, falls, VTE)				*1*			***1***
Problem with infection control							***0***
Problem related to operation/invasive procedure (other than infection control)			*1*	*1*			***2***
Problem in clinical monitoring (including failure to plan, to undertake, or to recognise and respond to changes)		*4*		*1*		*1*	***6***
Problem in resuscitation following a cardiac or respiratory arrest (including cardiopulmonary resuscitation (CPR))							***0***
Problem of any other type not fitting the categories above		*1*				*3*	***4***
TOTAL	***3***	***8***	***1***	***3***	***1***	***4***	

7.0 Incidents, Complaints and Concerns

7.1 Serious Incidents and learning relating to patient deaths

- **There were no SII's relating to deaths occurring in Q1.** However, there has been one clinical review commissioned of a patient who died in May 2021 related to escalation of end-of-life care decision making. The panel have not met.

- **Two SIIs were discussed at the MSG in April 2021 and three SIIs discussed at the MSG in June 2021**

7.2 PALS Complaints and Concerns in Q1

Family concerns are often addressed by the medical examiner in the first instance through discussion and/or encouraging families to complete a bereavement survey, which is sent out on behalf of the end of life care team. If the family still have concerns then these are referred to PALs.

- **There were 2 complaints and 3 concerns received by PALS related to end of life care or death in Q1**, 4 of which have been closed. Two were related to information written on the death certificate, one was regarding poor communication, and two were regarding treatment and end of life care.

7.3 Your Views Matter Survey

The your views matter survey is offered to all bereaved families, providing them with an opportunity to feedback their experiences of support given to themselves and the care given to dying patients in their last days of life.

- In Q1, **101 families gave consent for the Trust's Your Views Matter bereavement survey to be posted** and **42 completed surveys were returned.**
- **No formal complaints were raised** by survey responders in Q1
- **Three quarters of surveys received rated the overall end of life care as either good or very good**.
- The End of Life Care (EOLC) team **completed 6 SOX** on behalf of families when indicated.
- **Five surveys rated the care as poor or very poor and a total of six families requested contact**. All were phoned by the lead nurse for EOLC within 7 working days of receiving the completed survey and action is then taken in consultation with the family.
- During Q1, two very positive meetings were facilitated between a bereaved relative and a consultant, nurse and clinical psychologist related to a negative survey received in February.

8.0 Mortality Benchmarking

8.1 HSMR rolling 12 month trend to March 21

- **The HSMR is 113.6 for the twelve month period ending in March 2021.** This is due to a slight increase in the crude mortality rate and a stabilisation of the expected mortality rate– the gap between the two has widened resulting in the increase in HSMR.

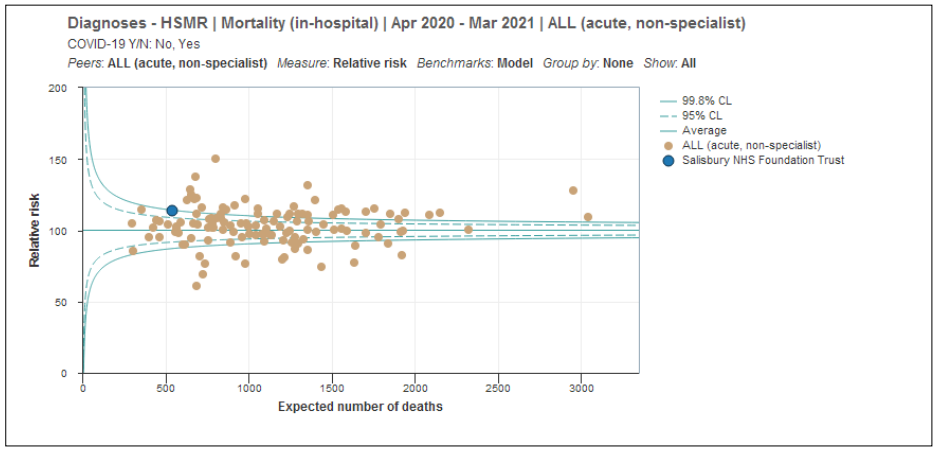
- **The HSMR has become statistically significantly higher than expected for the last 4 rolling 12 month periods.**

- **Weekday HSMR is 111 and weekend HSMR is 119.7. Both weekday and weekend HSMR for emergency admissions are also now statistically significantly higher than expected** but will be influenced by the second wave of the COVID-19 pandemic (see supplementary report graphs for additional HSMR data).

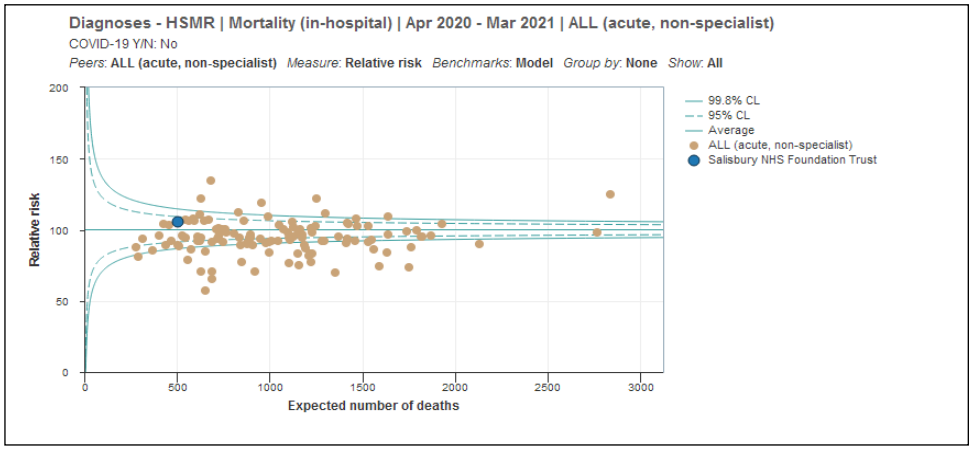
- **If COVID-19 activity is removed from the HSMR then it remains within the expected range – 105.8 (Confidence Interval 97- 115.2)**.

At the moment our national benchmarks are based on data to Dec-20 and therefore do not include much of the second wave of COVID-19, however, when the benchmarks catches up, it is anticipated that HSMR will reduce. The Trust should be reassured that the HSMR is within the expected range when COVID-19 activity is removed. The MSG group continues to review any outlying diagnosis/procedure groups to provide futher reassurances and will continue to monitor the HSMR. If HSMR continues to rise (or remains statistically significantly higher than expected once the benchmarks include the second wave of COVID) then further investigation will be undertaken.

Comparative HSMR including COVID



Comparative HSMR excluding COVID



8.2 Summary Hospital-Level Mortality Indicator (SHMI) for Apr 2020 – Mar 2021

The SHMI is an indicator which reports on mortality at Trust level across the NHS in England and it is published as an official statistic by NHS Digital. There is a delay in the publication of this data such that SHMI for the twelve month period ending in Q4 will be presented in Q1.

- **SHMI is 102.72 for the twelve month period ending March 2021 for SFT**. When comparing SHMI by site, **Salisbury District Hospital is 97.60** and **Salisbury Hospice 243.01**. When compared with regional peers, the Trust has a SHMI within the expected range.

- The tables in the supplementary data pack show the SHMI data for SFT as a breakdown for specific conditions for the twelve month period ending March 2021. **All are within the expected range.**

8.3 CUSUM alerts

Three diagnosis groups generated negative CUSUM alerts within Q4 20/21 (Jan-Mar 21):

- **Non-infectious gastroenteritis** - 1 alert generated in Mar-21. It relates to the death of one patient and will be discussed at the next MSG.

- **Other connective tissue disease** - 1 alert generated in Feb-21. This was discussed at June's MSG meeting and the group agreed the cases should be reviewed. A report will follow.

- **Viral infection** - 3 alerts generated – 2 in Jan-21 and 1 in Feb-21. All deaths in this group had a diagnosis of COVID-19 and the alerts were related to the second wave of the pandemic. As the Trust is undertaking a review of all COVID deaths this alert did not generate any additional actions

9.0 Recommendations

The report is provided for assurance that the Trust is learning from deaths and making improvements.

Dr Belinda Cornforth, Consultant Anaesthetist
Chair of the Mortality Surveillance Group
Medical Examiner

Dr Ben Browne,
Head of Clinical Effectiveness

September 2021
Reviewed by Dr Peter Collins 13th September 2021.

10.0 SUPPLEMENTARY DATA PACK

SHMI Data for the 12 Month Period Ending March 2021

SHMI - Summary Hospital Mortality Indicator

Period: Apr 20 - Mar 21

Provider: RNZ - SALISBURY NHS FOUNDATION TRUST

Region: SOUTH WEST

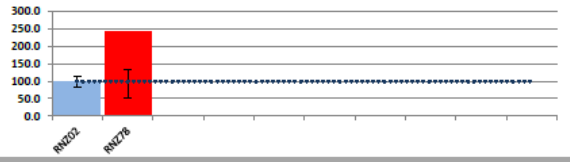
☐ Click to enable bespoke peer

SHMI - Published (With Over Dispersion)

** click group name to filter; click header title to clear*

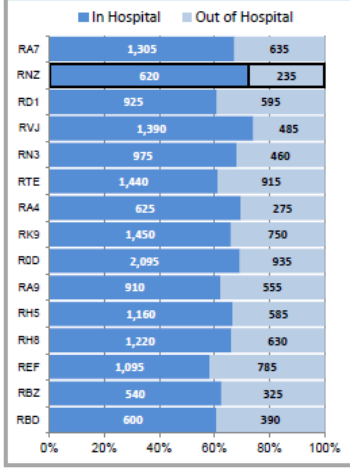
	Provider	Denominator	Obs	Exp	Obs-Exp	SHMI	Low	High
RBD	Dorset County Hospital NHS Foundation Trust	22,500	990	865	125	114.46	88.07	113.55
RBZ	Northern Devon Healthcare NHS Trust	23,540	865	820	45	105.76	87.98	113.66
REF	Royal Cornwall Hospitals NHS Trust	52,725	1,880	1,910	-30	98.49	88.94	112.43
RH8	Royal Devon And Exeter NHS Foundation Trust	51,915	1,850	1,920	-70	96.54	88.95	112.42
RH5	Somerset NHS Foundation Trust	44,685	1,745	1,745	0	99.83	88.87	112.52
RA9	Torbay And South Devon NHS Foundation Trust	38,760	1,465	1,425	40	102.78	88.69	112.75
R0D	University Hospitals Dorset NHS Foundation Trust	81,080	3,030	3,260	-230	92.88	89.27	112.02
RK9	University Hospitals Plymouth NHS Trust	60,800	2,200	1,905	295	115.41	88.94	112.43
RA4	Yeovil District Hospital NHS Foundation Trust	24,810	900	970	-70	92.87	88.23	113.34
RTE	Gloucestershire Hospitals NHS Foundation Trust	88,740	2,350	2,430	-80	96.75	89.11	112.22
RN3	Great Western Hospitals NHS Foundation Trust	47,960	1,435	1,540	-105	93.11	88.77	112.66
RVJ	North Bristol NHS Trust	77,610	1,875	2,055	-180	91.34	89.00	112.36
RD1	Royal United Hospitals Bath NHS Foundation Trust	50,965	1,515	1,480	35	102.58	88.73	112.71
RNZ	Salisbury NHS Foundation Trust	31,080	855	830	25	102.72	88.00	113.63
RA7	University Hospitals Bristol And Weston NHS Foundation Trust	77,100	1,940	2,030	-90	95.58	88.99	112.37
Group		774,270	24,895	25,185	-290	98.85		

Site - All Diagnosis	Den	Obs	Exp	SHMI	Low	High
SALISBURY DISTRICT HOSPITAL	30,980	780	800	97.60	85.81	116.54
SALISBURY HOSPICE	105	70	30	243.01	67.88	147.32

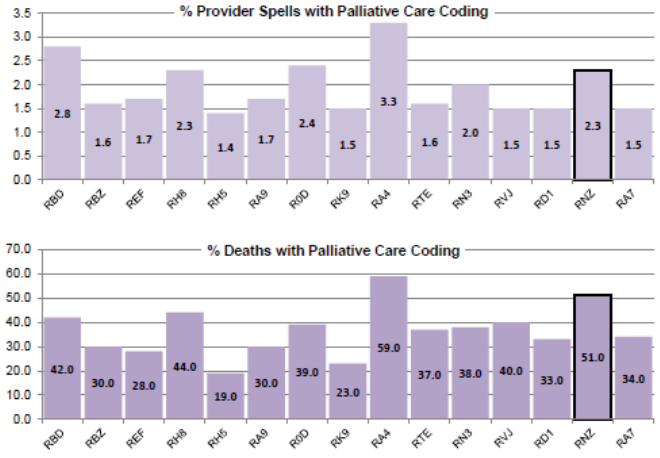


SHMI Group	Obs	Exp	SHMI	Low / High
Septicemia (except in labour), Shock	60	60.00	100.67	74.82 133.65
Cancer of bronchus, lung	30	20.00	150.31	64.00 156.24
Secondary malignancies	30	30.00	113.75	69.11 144.71
Fluid and electrolyte disorders	10	10.00	86.45	49.87 200.54
Acute myocardial infarction	20	20.00	92.57	65.59 152.45
Pneumonia	90	90.00	102.04	79.86 125.21
Acute bronchitis	15	10.00	113.21	56.08 178.32
Gastrointestinal haemorrhage	15	10.00	104.42	57.38 174.28
Urinary tract infections	15	20.00	96.13	59.36 168.47
Fracture of neck of femur (hip)	15	20.00	70.75	64.37 155.36

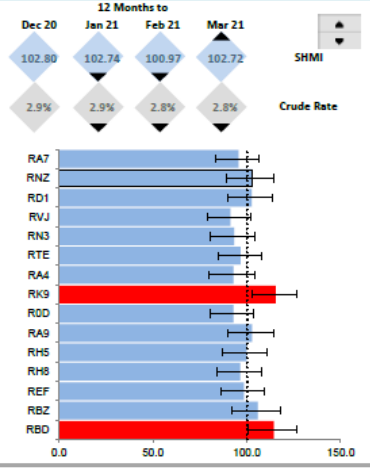
Deaths: In / Out Hospital



% Palliative Care Coding



Trend / Rate



SHMI Group - With 95% CI (Dr Foster)

SHMI Group	Obs	Exp	SHMI	Low / High
(98) Other gastrointestinal disorders	15	10	150.00	83.89 247.42
(89) Intestinal obstruction without hernia	15	10	150.00	83.89 247.42
(13) Cancer of pancreas	15	10	150.00	83.89 247.42
(77) Aspiration pneumonitis, food/vomitus	25	20	125.00	80.87 184.53
(66) Acute cerebrovascular disease	50	55	90.91	67.47 119.86
(65) Congestive heart failure, nonhypertensive	30	30	100.00	67.46 142.76
(31) Cancer of bone and connective tissue, Cancer of thyroid, Malignant neoplasm without specification of	20	20	100.00	61.06 154.45
(124) Intracranial injury	15	15	100.00	55.93 164.95

** Dr Foster "SHMI Group" values based on published, rounded values with 95% CI's*

SHMI_Public_Apr20_Mar21_.xlsm

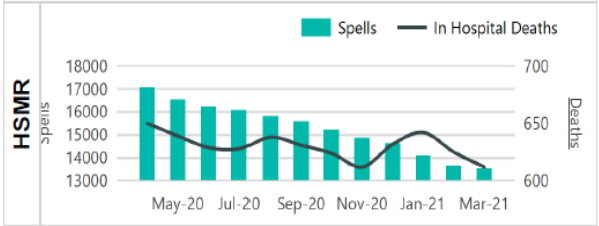
HSMR Data for 12 month period to March 2021 for SFT (Including Hospice Data)

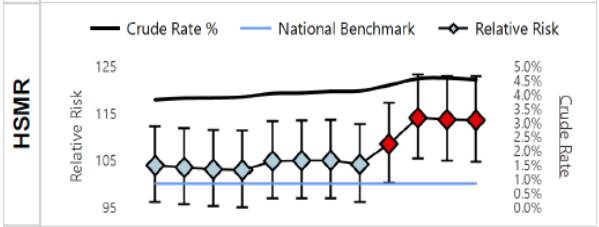
HEALTH | dr foster. HEALTHCARE INTELLIGENCE PORTAL

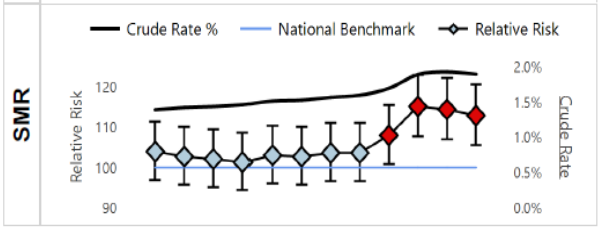
Mortality Summary for 12 months to Mar-2021 as at 22/07/2021

Salisbury NHS Foundation Trust - All Sites

Rolling 12 month trends







Mortality Influencers

Performance	Site	Trust	Peer	National
HSMR		113.6	103.7	103.4
SMR		112.9	104.9	107.1
Non-elective (HSMR)		113.5	103.3	103.1
Weekday, emergency (HSMR)		111.0	101.6	101.6
Weekend, emergency (HSMR)		119.7	109.2	108.5
Saturday, emergency (HSMR)		112.2	106.0	108.0
Sunday, emergency (HSMR)		127.8	112.3	108.7
Coding/Casemix	**Site**	**Trust**	**Peer**	**National**
% Non-elective deaths with palliative care (HSMR)		49.7%	32.9%	34.1%
% Non-elective spells with palliative care (HSMR)		6.4%	4.3%	4.7%
% Spells in Symptoms & Signs chapter		6.9%	7.0%	6.9%
% Non-elective spells with Charlson comorbidity score = 0 (HSMR)		44.3%	42.1%	40.8%
% Non-elective spells with Charlson comorbidity score = 20+ (HSMR)		13.1%	14.2%	14.8%
% Non-elective spells in Risk Band (0-10%) (HSMR)		83.2%	83.6%	83.1%

Diagnosis Groups

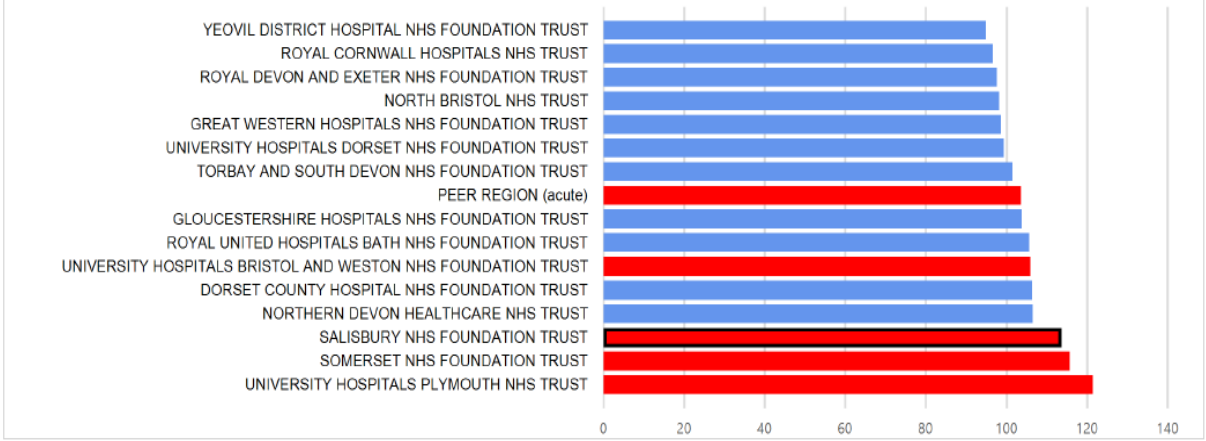
Relative Risk Alerts (Top 10)	CUSUM	Obs	Exp	RR	LCI	Trend
Other liver diseases	1	11	3.9	281.7	140.4	
Other connective tissue disease	1	17	9.4	181.8	105.8	
Viral infection	3	113	88.5	127.7	105.2	
Cancer of bronchus, lung	1	24	15.2	157.6	101.0	

CUSUM 99% Threshold (Top 6)	CUSUM	Obs	Exp	RR	LCI	Trend
Other liver diseases	1	11	3.9	281.7	140.4	
Other connective tissue disease	1	17	9.4	181.8	105.8	
Viral infection	3	113	88.5	127.7	105.2	
Cancer of bronchus, lung	1	24	15.2	157.6	101.0	
Gastrointestinal haemorrhage	1	16	9.4	170.4	97.3	
Cancer of pancreas	1	13	8.5	152.8	81.3	

CUSUM 99.9% Threshold (Top 6)	CUSUM	Obs	Exp	RR	LCI	Trend
Viral infection	2	113	88.5	127.7	105.2	
Cancer of bronchus, lung	1	24	15.2	157.6	101.0	
Cancer of pancreas	1	13	8.5	152.8	81.3	
Cancer of brain and nervous system	1	5	2.5	202.0	65.1	

Patient Safety Indicators	Obs	Exp	RR	LCI	Trend
Deaths in low-risk diagnosis groups	60	88.3	68.0	51.9	

HSMR Peer Comparison



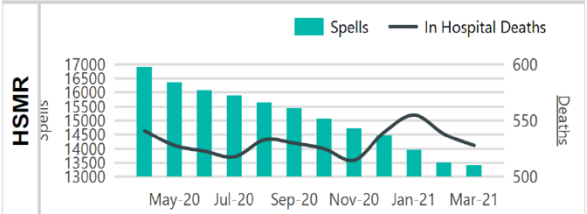
HSMR Data for the 12 month period to March 2021 for SFT (excluding Hospice data)

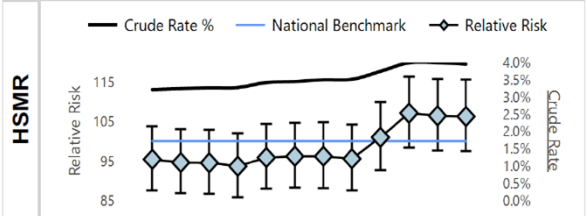
HEALTH | dr foster. HEALTHCARE INTELLIGENCE PORTAL

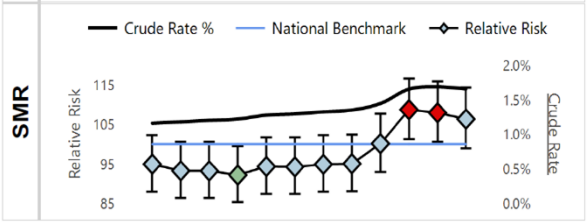
Mortality Summary for 12 months to Mar-2021 as at 22/07/2021

Salisbury NHS Foundation Trust - Salisbury District Hospital (RNZ02)

Rolling 12 month trends







Diagnosis Groups

Relative Risk Alerts (Top 10)	CUSUM	Obs	Exp	RR	LCI	Trend
Other liver diseases	1	11	3.9	281.7	140.4	
Viral infection	3	113	88.5	127.7	105.2	

CUSUM 99% Threshold (Top 6)	CUSUM	Obs	Exp	RR	LCI	Trend
Other liver diseases	1	11	3.9	281.7	140.4	
Viral infection	3	113	88.5	127.7	105.2	
Gastrointestinal haemorrhage	1	15	9.1	165.3	92.4	
Pathological fracture	1	4	1.5	259.0	69.7	
Systemic lupus erythematosus and connective tissue disorders	1	1	0.1	679.7	8.9	

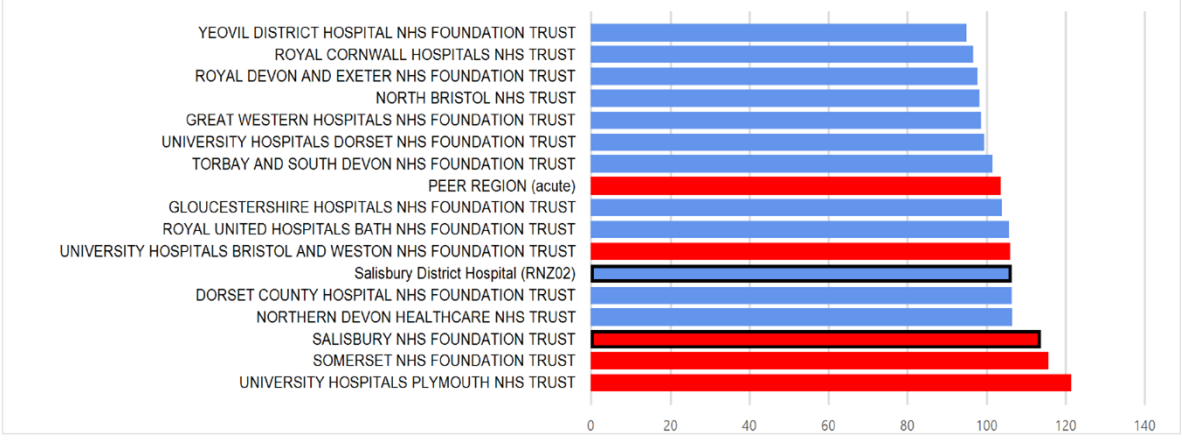
CUSUM 99.9% Threshold (Top 6)	CUSUM	Obs	Exp	RR	LCI	Trend
Viral infection	2	113	88.5	127.7	105.2	

Patient Safety Indicators	Obs	Exp	RR	LCI	Trend
Deaths in low-risk diagnosis groups	60	88.3	68.0	51.9	

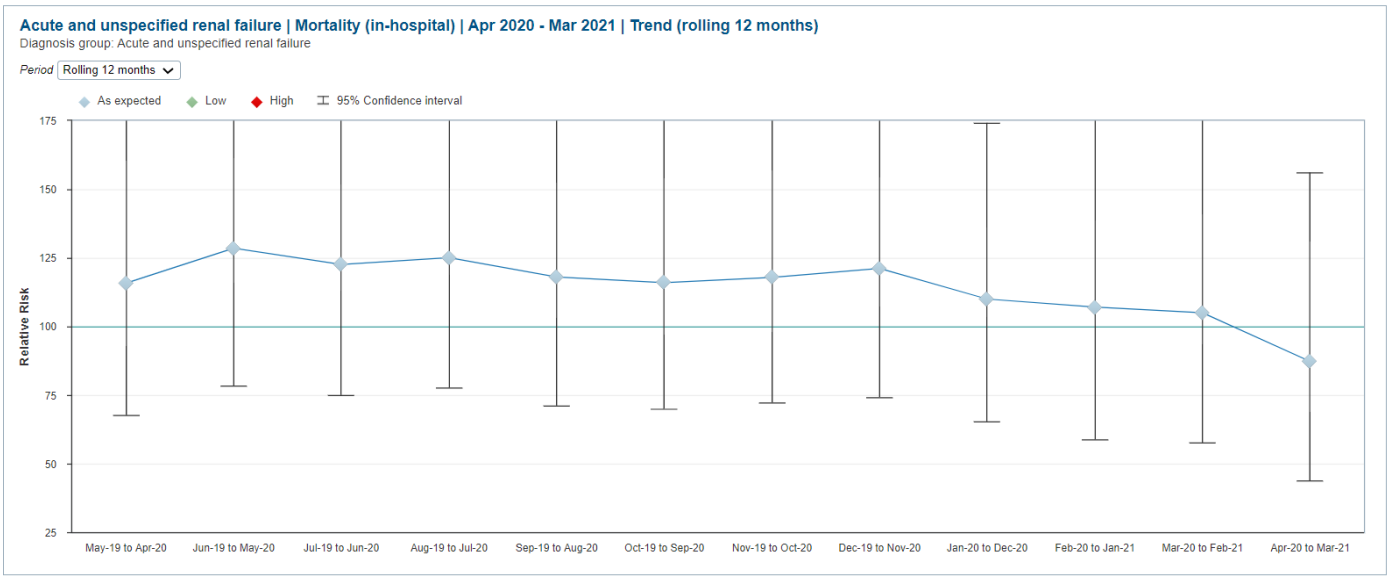
Mortality Influencers

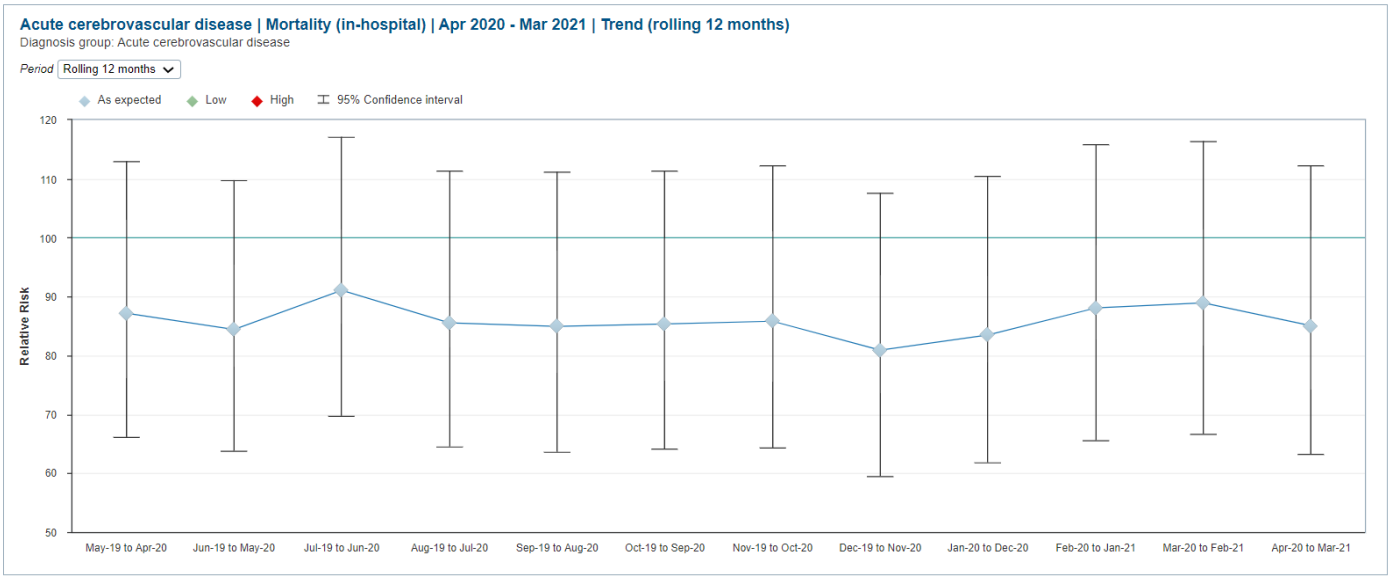
Performance	Site	Trust	Peer	National
HSMR	106.3	113.6	103.7	103.4
SMR	106.4	112.9	104.9	107.1
Non-elective (HSMR)	106.5	113.5	103.3	103.1
Weekday, emergency (HSMR)	102.4	111.0	101.6	101.6
Weekend, emergency (HSMR)	116.8	119.7	109.2	108.5
Saturday, emergency (HSMR)	113.6	112.2	106.0	108.0
Sunday, emergency (HSMR)	120.3	127.8	112.3	108.7
Coding/Casemix	Site	Trust	Peer	National
% Non-elective deaths with palliative care (HSMR)	41.8%	49.7%	32.9%	34.1%
% Non-elective spells with palliative care (HSMR)	5.0%	6.4%	4.3%	4.7%
% Spells in Symptoms & Signs chapter	6.9%	6.9%	7.0%	6.9%
% Non-elective spells with Charlson comorbidity score = 0 (HSMR)	44.9%	44.3%	42.1%	40.8%
% Non-elective spells with Charlson comorbidity score = 20+ (HSMR)	12.9%	13.1%	14.2%	14.8%
% Non-elective spells in Risk Band (0-10%) (HSMR)	84.5%	83.2%	83.6%	83.1%

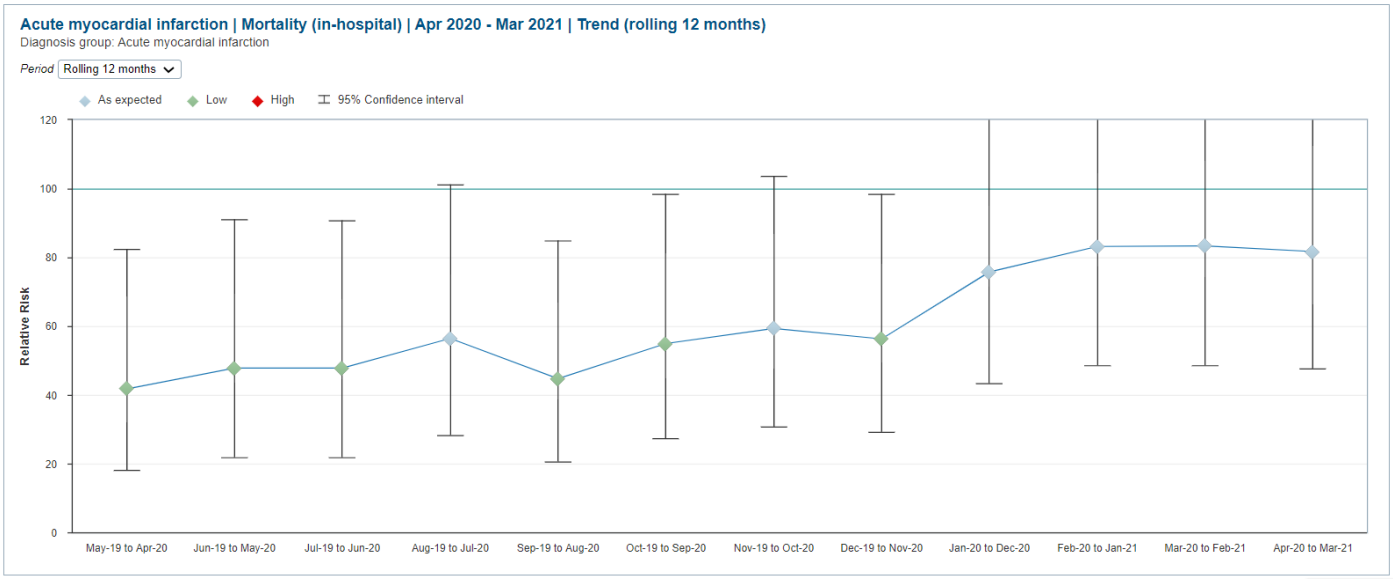
HSMR Peer Comparison



12-Month Trends in Relative Risk for High Risk Groups

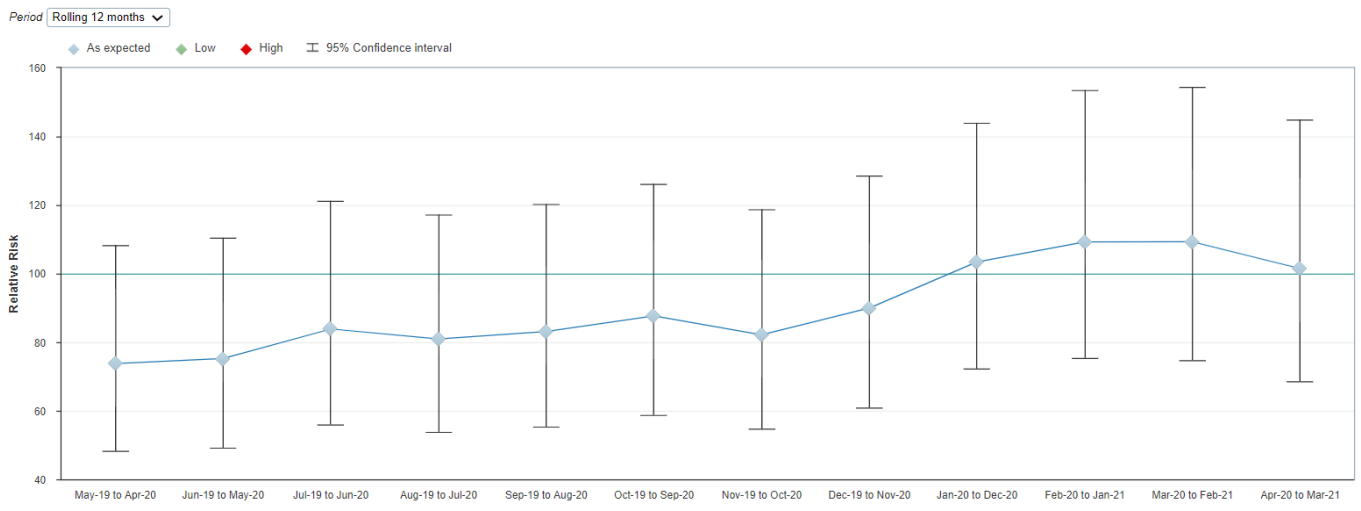






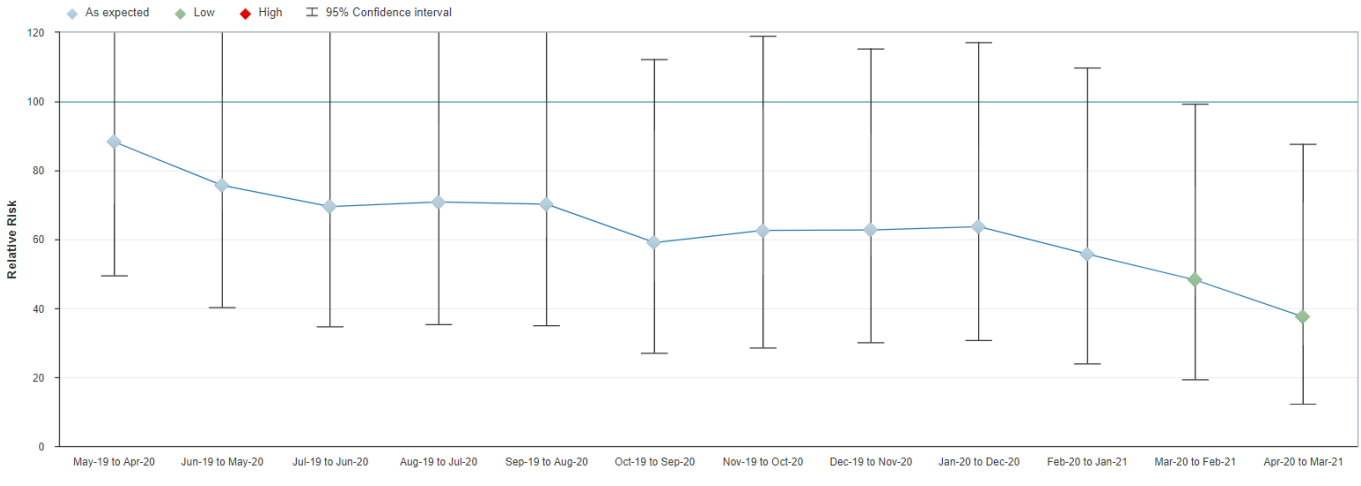
Congestive heart failure, nonhypertensive | Mortality (in-hospital) | Apr 2020 - Mar 2021 | Trend (rolling 12 months)

Diagnosis group: Congestive heart failure, nonhypertensive



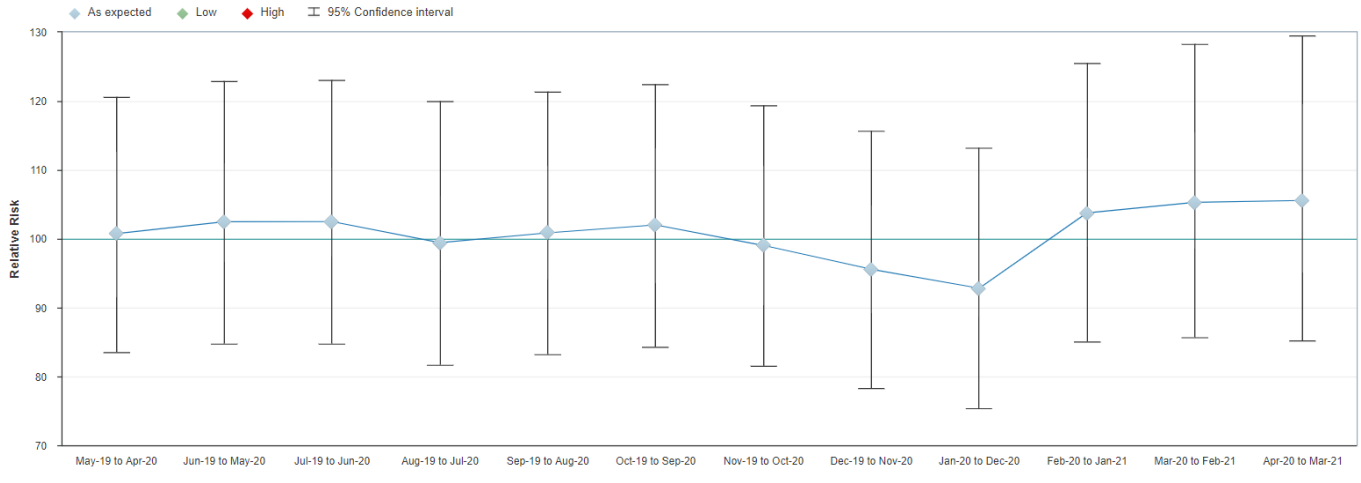
Fracture of neck of femur (hip) | Mortality (in-hospital) | Apr 2020 - Mar 2021 | Trend (rolling 12 months)

Diagnosis group: Fracture of neck of femur (hip)



Pneumonia | Mortality (in-hospital) | Apr 2020 - Mar 2021 | Trend (rolling 12 months)

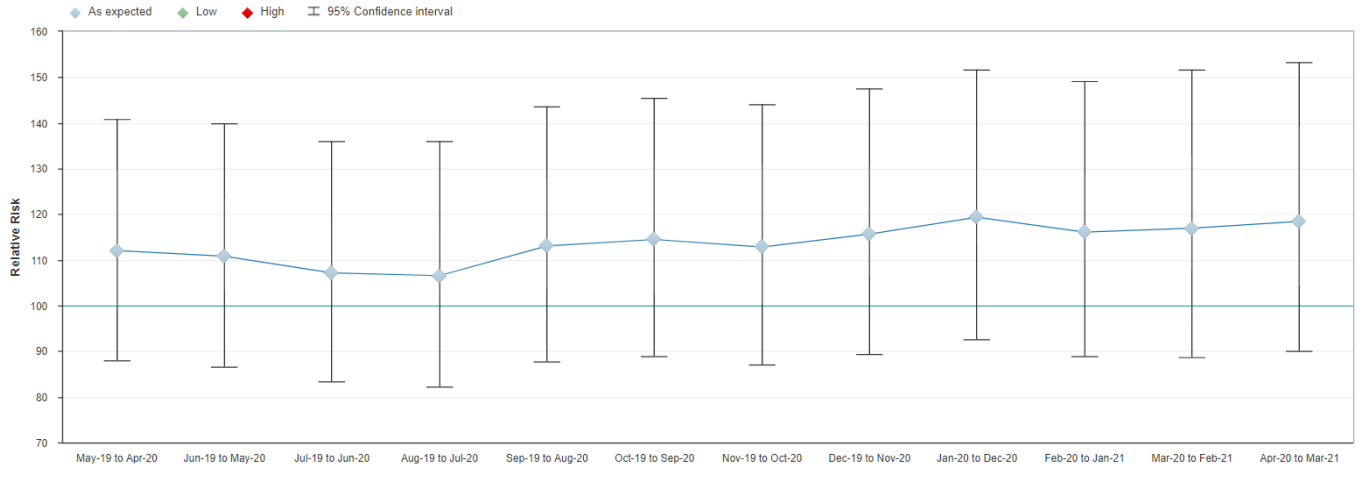
Diagnosis group: Pneumonia



Septicemia (except in labour) | Mortality (in-hospital) | Apr 2020 - Mar 2021 | Trend (rolling 12 months)

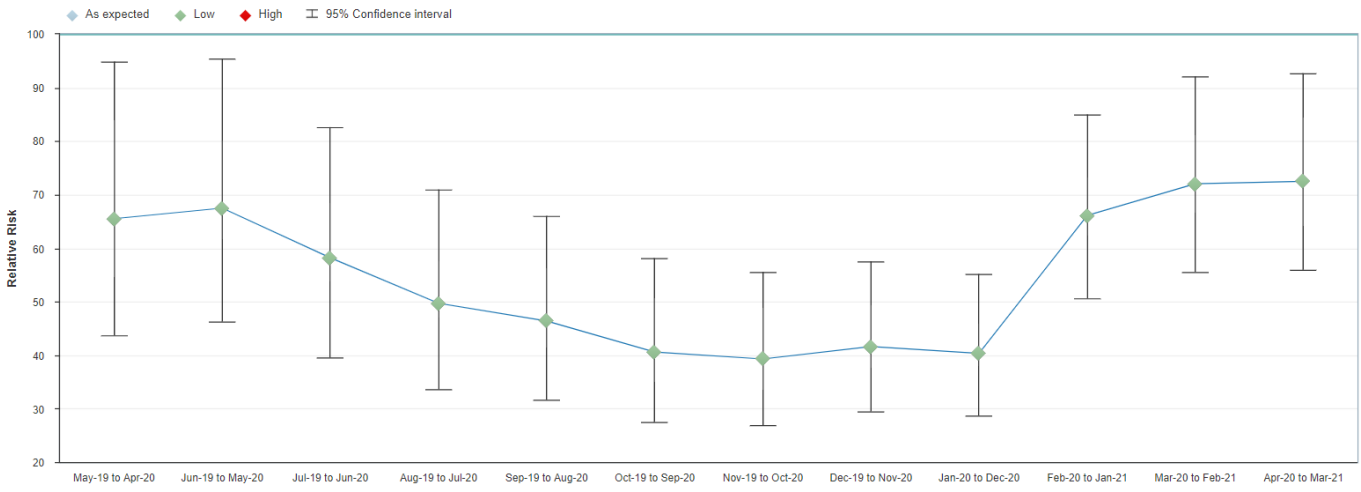
Diagnosis group: Septicemia (except in labour)

Period Rolling 12 months



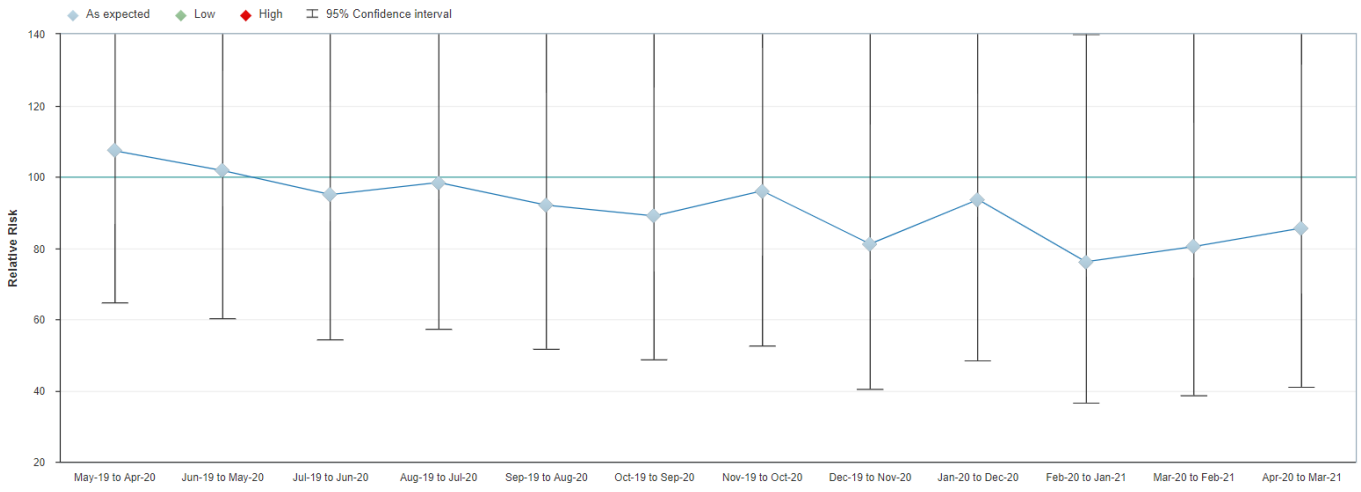
Diagnoses | Deaths in low-risk diagnosis groups | Apr 2020 - Mar 2021 | Trend (rolling 12 months)

Period Rolling 12 months



Diagnoses | Deaths after surgery | Apr 2020 - Mar 2021 | Trend (rolling 12 months)

Period Rolling 12 months



END

Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	5.2
Date of Meeting:	28 October 2021		

Report Title:	Medical Appraisal and Revalidation Annual Report to include Statement of Compliance			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			X	
Prepared by:	Chief Medical Officer			
Executive Sponsor (presenting):	Chief Medical Officer			
Appendices (list if applicable):	Annexe D: Annual Board Report and statement of Compliance			

Recommendation:
The board are asked to approve the annual Board Report for Medical Appraisals and Revalidation and support the completion of the Statement of Compliance to NHS England

Executive Summary:
The Trust is required to provide assurance to NHS England that there is a robust and sufficiently resourced system to ensure the provision of safe and effective care by the medical workforce. There is a standardised framework of quality assurance that provides the board with information on key aspects of the employment, appraisal and revalidation of medical staff. The reporting period for 2020/21 was impacted by the COVID pandemic (and the national agreed actions regarding appraisals and revalidation) as well as a change in Responsible Officer (In October 2021) and Appraisal Clinical Lead The Trust has processes to ensure the appraisal and revalidation for all of the doctors it employs The Trust has adequate policies and procedures for the management of concerns raised about doctors The Trust has a clinical governance infrastructure to allow doctors to understand and

develop best practice, monitor their performance and respond to and reflect on incidents concerns or complaints they are involved in.

Areas for development for 2021/22 include:

- Strengthening board reporting around appraisals quality assurance.
- Strengthening board reporting around managing concerns in doctors and dentists.
- Developing appraisers peer review network for training and quality assurance.
- Improving processes to ensure that all aspects of managing doctors and dentists within the organisation are fair, just and free from bias.

Overall conclusion:

Salisbury Foundation Trust remains Compliant in its responsibility to ensuring the quality and suitability of the medical workforce through the GMC revalidation process.

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

Classification: Official

Publications approval reference: B0614

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2021

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

Annual Organisational Audit (AOA):

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model, for those organisations who have, in their annual Board report and Statement of Compliance.

Board Report template:

Following the revision of the Board Report template in June 2019 to include the qualitative questions previously contained in the AOA, the template has been further updated this year to provide organisations with an opportunity to report on their appraisal data as described in the letter from Professor Stephen Powis.

A link to the letter is below:

https://www.england.nhs.uk/coronavirus/publication/covid-19-and-professional-standards-activities-letter-from-professor-stephen-powis/

The changes made to this year's template are as follows:

Section 2a – Effective Appraisal

Organisations can use this section to provide their appraisal information, including the challenges faced through either pausing or continuing appraisals throughout and the experience of using the Appraisal 2020 model if adopted as the default model.

Section 2b – Appraisal Data

Organisations can provide high level appraisal data for the period 1 April 2020 – 31 March 2021 in the table provided. Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested is enough information to demonstrate compliance.

With these additional changes, the purpose of the Board Report template is to help the designated body review this area and demonstrate compliance with the responsible officer regulations. It simultaneously helps designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.[1] This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). The intention is therefore to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. Bringing these two quality strands together has the benefits of avoiding duplication of recording and harnessing them into one overall approach.

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,

b) provide the necessary assurance to the higher-level responsible officer, and

c) act as evidence for CQC inspections.

Statement of Compliance:

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

[1] Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

Designated Body Annual Board Report

Section 1 – General:

The board of Salisbury NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Dr Peter Collins was appointed as substantive Chief Medical Officer as of 01/04/21. He has previous experience as a medical director and RO and has received appropriate training. He attends regional RO updates regularly. Dr Zoe Cole has been appointed (from September 2021) associate medical director and appraisal lead and will undergo formal RO training to act as deputy in case of unexpected CMO absence.

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes Following the resignation of the current appraisal and revalidation administrator the CMO and clinical appraisal lead will undertake a review of the role to ensure that there is sufficient resource dedicated to the effective use of this role to support revalidation for all medical staff within the Trust

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

The Chief Medical Officer and appraisal administrator update a list of connected medical practitioners on a quarterly basis and this is triangulated with Electronic Staff Records and HEE information under the oversight of the Trusts Medical Workforce Group

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Policies associated with medical workforce are reviewed an updated through the trusts Joint Local Negotiating Committee. Recent reviews/rewrites have been completed for the trusts Job planning policy and appraisal policy. Policies under current review/revision include the annual and study leave policy and the managing concerns about doctors policy .

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

No recent reviews but there is an intention to develop a peer review and standardisation process across the BSW ICS as well as with a neighbouring ICS acute trust.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

All locum doctors within the organisation are assigned a clinical supervisor to ensure they are able to complete the necessary assessments to aid appraisal and revalidation. All locally employed doctors who remain at the trust for 6 months or longer are supported to carry out a formal documented appraisal. The Trust has recently developed a new role to ensure the ongoing oversight and development of the educational needs of locally employed doctors.

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

There is a mechanism for all doctors to undergo formal appraisal with access to either the Trusts electronic appraisal platform or through collation of independent appraisal by the appraisal admin team. Sufficient numbers of appraisers are trained and updated and there is sufficient SPA time recognised to allow appraisers to perform this duty.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

There is a mechanism to remind doctors about their appraisal due dates and to investigate and escalate (ultimately to the CMO) those that do not. Following the agreed ability to suspend appraisal during 2020/21 due to the COVID pandemic the trust has signalled an expectation of mandated appraisal using the appraisal–lite principle.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

An updated Appraisal policy was agreed by Joint Local Negotiating Committee and the Trusts internal governance processes in 2021.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Sufficient numbers of appraisers are trained and updated and there is sufficient SPA time recognised to allow appraisers to perform this duty.

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

The Associate Medical Director and appraisal lead is responsible for annual updates to all appraisers and ensuring that new appraisers are adequately trained. There is a twice yearly quality assurance process where a panel (including Chief Medical Officer, Deputy Medical Director, Associate Director of Education and Associate Medical Director) assess anonymised appraisal output forms to provide feedback to appraisers. In the coming 12 months the new Clinical Lead for appraisal will explore strengthening links with neighbouring acute Trusts to provide am more robust external quality assurance process and networking opportunity for appraisers.

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

The appraisal assurance process described above has been reported to the board via the annual ROs report. The new Appraisal lead will be asked to provide a separate brief assurance paper from 2022 onwards to accompany the annual statement of compliance.

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March 2021	**274**
Total number of appraisals undertaken between 1 April 2020 and 31 March 2021	**156**
Total number of appraisals not undertaken between 1 April 2020 and 31 March 2021	**118***
Total number of agreed exceptions	**117**

*NHSEngland and the General Medical Council suspended the requirement for mandatory appraisal during 2020-21due to the COVID-19 pandemic. A “missed appraisal” required the approval of the Medical Director based on previous satisfactory appraisal record and no immediate concerns about performance.

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

All doctors have had a recommendation made within the notice period. There were no referrals for non-engagement within this reporting period.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

All doctors receive email confirmation of actions taken. Doctors are involved in deferment decisions usually by direct correspondence with the Chief Medical Officer. Non –engagement decisions are only considered after at least one formal meeting with the Chief Medical Officer

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

There is an effective Clinical safety and Governance structure with well attended meetings and evidence of positive assurance in all significant domains (such as audit, medicines management, mortality and morbidity, incident reporting). A new associate medical director for clinical governance post has been created to provide increased senior medial leadership particularly focused on divisional clinical governance and understanding the new national patient safety framework. After a retirement a new head of clinical governance has been appointed at the trust and this has coincided with an alteration of the clinical governance reporting structure to provide better oversight and triangulation of clinical effectiveness, patient experience, risk and safety.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

There are mechanisms in place for the reporting and escalation of concerns about doctors from a number of routes (performance concerns, involvement in serious incidents, staff or patient concerns or complaints, freedom to speak up guardian reports). Information on serious incidents and complaints is provided to doctors to use at the time of appraisal but this is an area for further development within the trust

The current update of the managing concerns form medical and dental staff policy will the setting up of a consistency panel to ensure the fair treatment of all doctors

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

There is a current process described in the trusts managing concerns about medical or dental staff policy. The policy is being revised this year to ensure it includes elements of a compassionate and just culture. The Management of serious concerns is

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[3]

Reporting of concerns raised about doctors or dentists in the Trust are collated by the Chief Medical Officer and Deputy Medical Director.

There are regular meetings with the Trusts GMC ELA to ensure external triangulation and consistency.

Formal reports on concerns are being developed to provide the correct assurance to the Trust Board on concerns raised and actions taken for the 2021/22 period.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other

[3] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

places, and b) doctors connected elsewhere but who also work in our organisation.[4]

Information transfer requests are responded to by a combination of Medical HR and Appraisal leads as well as the CMO if there are active or historic serious or recurrent concerns about an individual practitioner.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

The trust has policies in place for the reporting and investigation of concerns raised by practitioners regarding any form of discrimination or bias. The Chief Medical Officer has accountability for assuring the board that all processes managing doctors (including recruitment, job planning, management of conduct or capability concerns and career progression) are free from fair and free from bias.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

There are a robust set of pre-employment checks carries out on all doctors employed by the trust in line with GMC guidance. Overnight is provided by the Trusts new Medical Workforce Group with assurance to the Trust Board

Section 6 – Summary of comments, and overall conclusion

The reporting period for 2020/21 was impacted by the COVID pandemic (and the national agreed actions regarding appraisals and revalidation) as well as a change in Responsible Officer (In October 2021) and Appraisal Clinical Lead

[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

The Trust has processes to ensure the appraisal and revalidation for all of the doctors it employs

The Trust has adequate polices and procedures for the management of concerns raised about doctors

The Trust has a clinical governance infrastructure to allow doctors to understand and develop best practice, monitor their performance and respond to and reflect on incidents concerns or complaints they are involved in.

Areas for development for 2021/22 include:

Strengthening board reporting around appraisals quality assurance.

Strengthening board reporting around managing concerns in doctors and dentists.

Developing appraisers peer review network for training and quality assurance.

Improving processes to ensure that all aspects of managing doctors and dentists within the organisation are fair, just and free from bias.

Overall conclusion:

Salisbury Foundation Trust remains Compliant in its responsibility to ensuring the quality and suitability of the medical workforce through the GMC revalidation process.

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _ _ _ _ _ _ _ _ _ _ _ _

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

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NHS Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	6.1
Date of Meeting:	04 November 2021		

Report Title:	Board Effectiveness Internal Well-led Review			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	x	x		
Approval Process (where has this paper been reviewed and approved)	Trust Board			
Prepared by:	Kylie Nye, Head of Corporate Governance			
Executive Sponsor (presenting):	Kylie Nye, Head of Corporate Governance Fiona McNeight, Director of Integrated Governance			
Appendices (list if applicable):				

Recommendation:
The Trust Board is asked to note the process and consider the outcome for the annual review of Board Effectiveness in relation to the CQC Well-Led Framework. The Board is also asked to discuss any areas of development to focus on prior to the external CQC Well Led Assessment scheduled for May/June 2022.

Executive Summary:
The NHS FT Code of Governance sets out requirements that the Trust Board should undertake a formal and rigorous assessment of its own performance and that of its committees and individual directors. A report came to September's public Board describing the annual process of assessing the performance of Board Committees and individual directors. The Board noted that it was due to have an external review of the CQC Well Led Framework in 2021. However, it was agreed to defer this to 2022 given the ongoing executive recruitment and continued focus on the recovery plans in relation to COVID-19 and instead undertake an internal self-assessment against the CQC Well Led Framework. It was suggested this be completed to support a discussion about the Board's effectiveness prior to the external review next year. The internal self-assessment was facilitated through a system called Evalu8 which sent out a questionnaire for the Trust Board to complete. This questionnaire included 46 statements based on the CQC Well Led Inspection Framework under six categories. The results and themes are summarised within the report and in Appendices A and B.

Board Assurance Framework – Strategic Priorities	Select as applicable

Population: Improving the health and well-being of the population we serve	☒
Partnerships: Working through partnerships to transform and integrate our services	☒
People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	☒
Other (please describe) -	☐

Board Effectiveness Internal Well-led Review

1. Purpose

1.1. To provide evidence in order to support a discussion about the effectiveness of the Board and any actions to inform Board development prior to a more extensive external CQC Well Led Framework in 2022.

2. Background

2.1. The NHS FT Code of Governance sets out requirements that the Trust Board should undertake a formal and rigorous assessment of its own performance and that of its committees and individual directors. A report came to September's public Board describing the annual process of assessing the performance of Board Committees and individual directors.

2.2. The Board noted that it was due to have an external review of the CQC Well Led Framework in 2021. However, it was agreed by the Board to defer this to 2022 given the ongoing executive recruitment and continued focus on the recovery plans in relation to COVID-19.

During 2020 the Board undertook an in-depth evaluation process, including a facilitated 360 review, Board member questionnaire, a self-assessment against the Good Governance Maturity Matrix and a review of Board papers. Therefore, this year it was agreed that the Board would undertake an internal self-assessment against the CQC Well Led Framework. It was suggested this be completed to support a discussion about the Board's effectiveness prior to the bigger external review next year.

3. Method

3.1. The internal self-assessment was facilitated through a system called Evalu8 which sent out a questionnaire for the Trust Board to complete. This questionnaire included 46 statements based on the CQC Well Led Inspection Framework under the categories of:

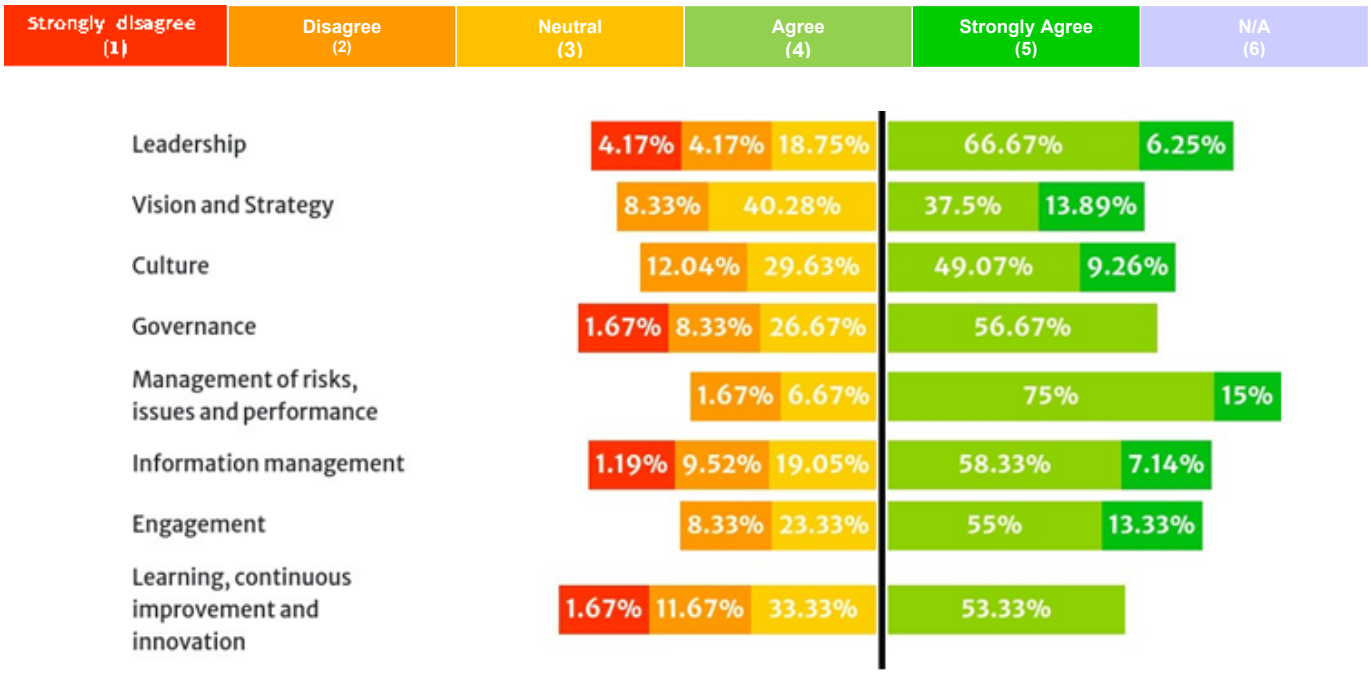
- Leadership
- Vision and Strategy
- Culture
- Governance
- Management of risks, issues and performance
- Information Management
- Engagement
- Learning, continuous improvement and innovation

3.2. The system scores answers on the basis that 'Strongly Disagree' scores 1 point and 'Strongly Agree' scores 5 points. This is then worked out as a percentage score dependent on the individual responses to each statement. The questionnaire asked for comments on each question to gain more of an insight into individual responses. These have been anonymised and summarised in Appendix B. The number of respondents was 12.

4. Self-Assessment Results

4.1. The results of the questionnaire are included in the summary report in Appendix A. The majority of responses were positive with 55.3% agreeing with the well-led statements and a further 8.3% of respondents strongly agreeing. 8.5% of responses disagreed with the statements and 0.9% strongly disagreed. The overall score of the Well Led Inspection Framework Assessment is 73%.

4.2. Whilst Table 2 in Appendix A provides an overall percentage score against each category, the bar chart below provides a further comparison into the Board's responses. Responses to 'Management of risks, issues and performance', and 'Leadership' received the highest proportion of positive comments and 'Culture', 'Information Management' and 'Learning, Continuous Improvement and Innovation' received the highest proportion of negative responses.



4.3. The self-assessment questionnaire sought to help the Board understand, from an individual perspective, how it is operating against the CQC Well Led Framework. Below are all the statements, taken from Appendix A, which scored below 70% and some of the related comments beneath each statement.

Leadership	
W1.4 There are clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and there is a leadership strategy or development programme, which includes succession planning.	63%
"Succession planning is patchy. Much work has been done on	

compassionate leadership. Very varied and whilst policies are in place the culture still needs to change." "The Improving Together programme is taking shape which is supporting this agenda. Identified gap around succession planning."	
Vision and Strategy	
W2.4 Staff know and understand what the vision, values and strategy are, and their role in achieving them.	68%
"Staff members are clear on vision and values. Refreshed strategy is newly agreed at board and yet to embed but will be a key focus of the improving together work commissioned by the board." "Staff are familiar with the vision and values but strategy needs further communication for it to become embedded."	
W2.6 Progress against delivery of the strategy and local plans is monitored and reviewed, and there is evidence for this.	62%
"I do not see enough evidence that either the ICS or the Wiltshire/ South Wiltshire "Place" is sufficiently developed to (a) agree a collective strategy delivery plan or (b) monitor and review it." "Evidence is not good needs improvement."	
Culture	
W3.6 There are mechanisms for providing all staff at every level with the development they need, including high- quality appraisal and career development conversations.	55%
"Training needs a lot of development so that people are clear what is available." "The mechanisms are in place e.g. appraisals and PDP however, the quality and completion of these is inconsistent. Picked up in Staff Survey."	
W3.8 Equality and diversity are promoted within and beyond the organisation and all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably.	57%
"Renewed focus at the Board given recent identified weaknesses across the EDI agenda e.g. lack of strategy and objectives and limited resource to deliver." "A lot of good work has been done to enable staff to speak of their experiences but the staff networks need developing and some behaviour needs to be addressed/ called out."	
Governance	
W4.3 Staff at all levels are clear about their roles and they understand what they are accountable for, and to whom.	60%

"People don't hold others to account and don't always take responsibility for actions." "Lack of clarity around accountability with culture of seeking permission and bypass escalation to exec team." "Recent divisional changes not yet embedded."	
W4.4 Arrangements with partners and third-party providers are governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care.	69%
"I feel that the governance arrangements at an ICS and Place level how some distance to go, before they are strong and effective." "I think this is an area of development for us in the ICS development programme."	
Information Management	
W6.1 There is a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances. Information is used to measure for improvement, not just assurance.	63%
"The current approach is very much "point of pain" rather than holistic. Effective root cause analysis is very rarely used, which prevents a holistic approach. Gaps in business intelligence result in a reactive rather than proactive approach." "We still haven't changed organisations approach for BI, lots of work required improving together programme gives us a strong chance." "There is oversight via the IPR reporting but the move to improvement versus just assurance is an area for us to focus on for improving together."	
W6.4 There are effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant. What action is taken when issues are identified? Please use the free text box to give examples	68%
"We continue to find issues which are due to capacity in the BI teams." "This has markedly improved over the last couple of years, but there is still some way to go for me to regard the arrangements as effective."	
W6.5 Information technology systems are used effectively to monitor and improve the quality of care.	62%
"Systems are used reactively rather than proactively." "We are in need of rapid progress in digital system implementation to	

allow benefits to be realised from basic technological systems to improve patient flow and care." "Whilst the trust has good examples this is very mixed. For example more could be done to create a linked patient level data warehouse."	
Engagement	
W7.1 People's views and experiences are gathered and acted on to shape and improve the services and culture and this includes people in a range of equality groups.	68%
"Evidence is that we don't fully listen to the views of our staff patient voice is underdeveloped in strategy patchy and needs more focus." "Further improvement acknowledged engaging across all patient / population groups. Key focus of the Improving Together Programme."	
Learning, continuous improvement and innovation	
W8.2 There are standardised improvement tools and methods, and staff have the skills to use them.	58%
"Not as yet but this is a clear focus of Improving together. "There has been a programme to deliver in this area but it has not been embedded and it will be part of the improving together work."	
W8.4 All staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance and this leads to improvements and innovation.	62%
"No this is the main focus of the improving together program." "Capacity and resource restraints." "This is part of the culture work which is ongoing," "In theory yes, but if I am honest since COVID and the resultant operational pressures, I am not sure all staff have the protected time they should have to be truly reflective and improve."	
W8.5 There are systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work	67%
"No this is the main focus of the improving together program." "Agree this is important and we are the beginning of a journey to achieve this Improving Together Programme has been commenced to address this Again, efforts have begun to deliver this, but there is still a long way to go this requires improvement and this is part of the improving together aims."	

5. Summary

5.1. The areas of focus arising from the self-assessment relate to:

- The work required to develop a compassionate and sustainable leadership approach.
- Communicate and effectively embed the new Trust Strategy across wider staff groups.
- Accountability across all staff groups and ensuring the appropriate escalation routes are used.
- Enabling staff to develop and ensuring everyone is aware of career development opportunities.
- Equality, Diversity and Inclusion (EDI) has been flagged as a key issue at Board level and it is recognised that much improvement is needed.
- The work required to improve business intelligence and to ensure the Trust is using information for improvement and key decision making.
- Enhancing the patient voice when it comes to strategy, learning and improving services.
- Continuous improvement is a key focus and has not yet been embedded across the organisation.
- Acknowledgement that the Integrated Care System governance arrangements with partners and third party providers require strengthening.

5.2. It is important to note that a theme which supported a number of statements is the Trust's focus and commitment to the Improving Together programme as a number of the issues raised are being addressed as part of this work, particularly the commitment to quality improvement, innovation and cultural change at a system level, not just within the Trust. What is clear is that there are improvements needed in a number of key areas and this need for change is acknowledged from a Board perspective.

6. Recommendations

6.1. The Trust Board is asked to note the process and consider the outcome for the annual review of Board Effectiveness in relation to the CQC Well-Led Framework.

6.2. The Board is also asked to discuss any areas of development to focus on, identify if the concerns are already being addressed as part of established work streams and agree specific actions prior to the external CQC Well Led Assessment scheduled for summer 2022.

Appendix A

This summary report shows total scores, total percentage scores and a breakdown of responses by category and by individual statement.

Key and Scoring

Strongly disagree (1)	Disagre e (2)	Neutral (3)	Agre e (4)	Strongly agree (5)	N/ A

CQC Well Led Inspection Framework Self-Assessment

Number of respondents: 12
Number of statements: 46

Table 1

							Score	%age
CQC Well Led Inspection Framework Self Assessment	5 [0.9%]	47 [8.5%]	140 [25.4%]	305 [55.3%]	46 [8.3%]	9 [1.6%]	1969/2715	73%

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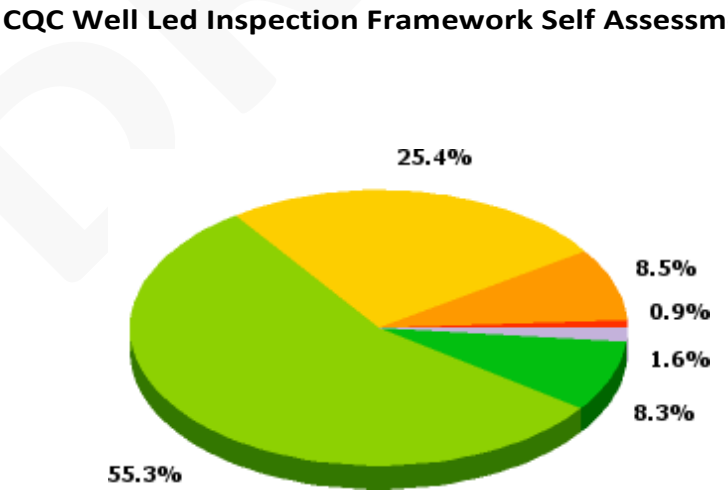

Breakdown of report by category

Table 2

Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	N/A (0)

CQC Well Led Inspection Framework Self Assessment							Score	%age
Leadership	2	2	9	32	3	0	176/240	73%
Vision and Strategy	0	6	29	27	10	0	257/360	71%
Culture	0	13	32	53	10	0	384/540	71%
Governance	1	5	16	34	0	4	195/280	70%
Management of risks, issues and performance	0	1	4	45	9	1	239/295	81%
Information management	1	8	16	49	6	4	291/400	73%
Engagement	0	5	14	33	8	0	224/300	75%
Learning, continuous improvement and innovation	1	7	20	32	0	0	203/300	68%

Breakdown of report by individual statements

Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	N/A

	CQC Well Led Inspection Framework Self Assessment								Score	%age
Leadership										
1	W1.1 Leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis.	1	0	1	8	2	0		46/60	77%
2	W1.2 Leaders understand the challenges to quality and sustainability, and they can identify the actions needed to address them.	0	1	1	9	1	0		46/60	77%
3	W1.3 Leaders are visible and approachable.	0	0	2	10	0	0		46/60	77%
4	W1.4 There are clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and there is a leadership strategy or development programme, which includes succession planning.	1	1	5	5	0	0		38/60	63%
Vision and Strategy										
5	W2.1 There is a clear vision and a set of values, with quality and sustainability as the top priorities	0	0	3	6	3	0		48/60	80%
6	W2.2 There is a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care	0	1	6	3	2	0		42/60	70%
7	W2.3 The vision, values and strategy have been developed using a structured planning process in collaboration with staff, people who use services, and external partners	0	0	4	6	2	0		46/60	77%
8	W2.4 Staff know and understand what the vision, values and strategy are, and their role in achieving them	0	1	5	6	0	0		41/60	68%
9	W2.5 The strategy is aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population	0	2	3	5	2	0		43/60	72%
10	W2.6 Progress against delivery of the strategy and local plans is monitored and reviewed, and there is evidence for this	0	2	8	1	1	0		37/60	62%
Culture										

	CQC Well Led Inspection Framework Self Assessment							Score	%age
11	W3.1 Staff feel supported, respected and valued	0	1	4	7	0	0	42/60	70%
12	W3.2 The culture is centred on the needs and experience of people who use services	0	0	2	7	3	0	49/60	82%
13	W3.3 Staff feel positive and proud to work in the organisation	0	0	0	10	2	0	50/60	83%
14	W3.4 Action is taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority	0	2	3	6	1	0	42/60	70%
15	W3.5 The culture encourages openness and honesty at all levels within the organisation, including with people who use services, in response to incidents, leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and action is taken as a result of concerns raised	0	1	4	6	1	0	43/60	72%
16	W3.6 There are mechanisms for providing all staff at every level with the development they need, including high- quality appraisal and career development conversations	0	5	5	2	0	0	33/60	55%
17	W3.7 There is a strong emphasis on the safety and wellbeing of staff	0	0	2	8	2	0	48/60	80%
18	W3.8 Equality and diversity are promoted within and beyond the organisation and all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably	0	3	8	1	0	0	34/60	57%
19	W3.9 There are cooperative, supportive and appreciative relationships among staff. Staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively	0	1	4	6	1	0	43/60	72%
Governance									
20	W4.1 There are effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services and these are regularly reviewed and improved	1	0	1	10	0	0	44/60	73%
21	W4.2 All levels of governance and management function effectively and interact with each other appropriately	0	1	3	8	0	0	43/60	72%

CQC Well Led Inspection Framework Self Assessment								Score	%age
22	W4.3 Staff at all levels are clear about their roles and they understand what they are accountable for, and to whom	0	3	6	3	0	0	36/60	60%
23	W4.4 Arrangements with partners and third-party providers are governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care	0	1	4	6	0	1	38/55	69%
24	W4.5 There are robust arrangements to make sure that hospital managers discharge their specific powers and duties according to the provisions of the Mental Helath Act 1983 (Specialist mental health services)	0	0	2	7	0	3	34/45	76%
Management of risks, issues and performance									
25	W5.1 There are comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes. These are regularly reviewed and improved	0	1	0	9	2	0	48/60	80%
26	W5.2 There are processes to manage current and future performance. These are regularly reviewed and improved	0	0	0	11	1	0	49/60	82%
27	W5.3 There is a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken	0	0	0	8	4	0	52/60	87%
28	W5.4 There are robust arrangements for identifying, recording and managing risks, issues and mitigating actions and there is alignment between the recorded risks and what staff say is 'on their worry list'?	0	0	1	10	1	0	48/60	80%
29	W5.5 Potential risks are taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities	0	0	3	7	1	1	42/55	76%
Information management									
30	W6.1 There is a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances. Information is used to measure for improvement, not just assurance	1	3	2	5	1	0	38/60	63%

	CQC Well Led Inspection Framework Self Assessment							Score	%age
31	W6.2 Quality and sustainability both receive sufficient coverage in relevant meetings at all levels. All staff have sufficient access to information, and they do challenge it appropriately	0	1	2	6	2	1	42/55	76%
32	W6.3 There are clear and robust service performance measures, which are reported and monitored	0	0	0	11	0	1	44/55	80%
33	W6.4 There are effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant. What action is taken when issues are identified? Please use the free text box to give examples	0	2	3	7	0	0	41/60	68%
34	W6.5 Information technology systems are used effectively to monitor and improve the quality of care	0	2	7	3	0	0	37/60	62%
35	W6.6 There are effective arrangements to ensure that data or notifications are submitted to external bodies as required	0	0	0	11	0	1	44/55	80%
36	W6.7 There are robust arrangements (including appropriate internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards. Are lessons learned when there are data security breaches? Please use the free text box provided to eleborate	0	0	2	6	3	1	45/55	82%
Engagement									
37	W7.1 People's views and experiences are gathered and acted on to shape and improve the services and culture and this includes people in a range of equality groups	0	3	2	6	1	0	41/60	68%
38	W7.2 People who use services, those close to them and their representatives are actively engaged and involved in decision- making to shape services and culture and this includes people in a range of equality groups	0	2	2	8	0	0	42/60	70%
39	W7.3 Staff are actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture and this includes those with a protected equality characteristic	0	0	5	7	0	0	43/60	72%

CQC Well Led Inspection Framework Self Assessment								Score	%age
40	W7.4 There are positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs	0	0	4	6	2	0	46/60	77%
41	W7.5 There is transparency and openness with all stakeholders about performance	0	0	1	6	5	0	52/60	87%
Learning, continuous improvement and innovation									
42	W8.1 Leaders and staff strive for continuous learning, improvement and innovation and this includes participating in appropriate research projects and recognised accreditation schemes. Please use the free text box to say how this is done	0	0	2	10	0	0	46/60	77%
43	W8.2 There are standardised improvement tools and methods, and staff have the skills to use them	1	3	4	4	0	0	35/60	58%
44	W8.3 There is effective participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the servicer and learning is shared effectively and used to make improvements	0	0	3	9	0	0	45/60	75%
45	W8.4 All staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance and this leads to improvements and innovation	0	2	7	3	0	0	37/60	62%
46	W8.5 There are systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work	0	2	4	6	0	0	40/60	67%

Appendix B

This report shows comments associated with each statement and are coloured to correspond with the given response.

Key

Strongly disagree	Disagree	Neutral	Agree	Strongly agree	N/A

W1.1 Leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis.

- Management capability and experience in the senior team is inadequate. Part of the reason for this is generally they lack any diversity of experience outside the NHS. However, I would not criticise their integrity.

- Firstly I am not clear whether you want me to score this assessment using (a) whether I agree with the general statements, in a hypothetical abstract sense or (b) how I would score Salisbury against these statements? For the record I have gone for (b) for all answers and I hope it's what you want. But leaders are we talking the board, I which case I would expect board members to have high levels of skill, knowledge, experience and integrity. However there are also important leaders in Divisional triumvirates, directorates and wards/departments and I would expect leaders at these levels to have development needs in skills, knowledge and experience. Hence I have scored this neutral as clearly nothing is perfect in any organisation and we need to keep working at developing our leaders.

- Very varied but overall agree

- It's a bit of a mixed picture but in balance I agree

- Number of processes in place e.g. appraisal, FPPR Acknowledged area for improvement around leadership development however this is being linked in with the Improving Together programme and more recently the leadership compact

- of the leaders I have met in my early induction I would be content to agree, recognizing this is a limited view at this time

- New exec team but with strong experience from elsewhere at organisation and system exec level.

- We are now approaching a time where most of the leaders have the skills and knowledge or are ready for the development to get them there soon after appointment. I do not doubt the integrity of our leaders

- It varies across the team and as much as some have significant knowledge and experience whilst others are relatively new to the roles

- This is a strong part of the recruitment process.

- Agree with assessment

W1.2 Leaders understand the challenges to quality and sustainability, and they can identify the actions needed to address them.

- More work to do on drivers and responses of change
- This is discussed frequently at Board and sub committees
- Yes to the challenges and usually to the actions though sometimes these are more complex especially with entrenched issues.
- people openly discuss sustainability of the trust and what actions we need to take
- All leaders understand the challenges and constraints, though I guess not all leaders fully understand that challenges can bring opportunities and perhaps they can sometimes feel options to change are more limited than they really are.
- Again I agree but its variable
- Strengthened governance arrangements have increased visibility of challenges. More work to do within divisions/specialties in respect of risk mitigation and escalation
- refresh of strategy with strong emphasis on system working and vertical and horizontal integration as a key to reducing unnecessary costs whilst ensuring high quality care strong focus on workforce and leadership development within the organisation to deliver engaged and skilled workforce, reduce turnover and premium spend and ensure pipelines for new workforce models.
- I feel we understand the challenges and are using our improving together plans to identify sustainable solutions but this is in early stages of development
- This is still a work in progress as both the challenges and our ability to make those challenges keep changing.
- Evidence of this

W1.3 Leaders are visible and approachable.

- Multiple approaches to visibility across all workforce groups although clear feedback that this could improve further. Constraints of COVID and instability of the board over last 24 months have hampered progress. Beginning to shape clarity of message and delivery. Empowered and devolved leadership and approachability through coaching style required of improving together methodology
- I feel the executives are approachable but this can vary more widely across divisional leadership.Executive visibility is a challenge due to the meetings required and this is more difficult due to the ICS partnership. we have tried to address this with a back to the floor programme , tweeting and blogging but the commitment to this can vary either on the side of the receiving areas or the

availability t of the executive.

- This applies to most. Where this isn't the norm, action is underway. The improving together programme has a focus on this.
- Triangulates with my experience of talking to staff
- people always say that they would like to see more of leaders but there is good evidence that leaders are visible
- This is good and is getting better and Stacey Hunter is a very good role model for a visible and approachable leader
- Positive feedback on the whole
- Taking into account Covid I agree but it's just not been what we would want
- In respect of the Executive Team, the back to the floor initiative is being well received. Safety walkabouts including the NEDS. NED champions for key functions e.g. maternity, EDI
- agreed – board safety walks, back to the floor sessions
- I have received a warm welcome and colleagues have willing introduced and struck up a conversation with me
- All our leaders are working hard on this particular aspect despite the restrictions placed upon them.

W1.4 There are clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and there is a leadership strategy or development programme, which includes succession planning.

- in progress with strategy refresh
- Succession planning is patchy. Much work has been done on compassionate leadership. very varied and whilst policies are in place the culture still needs to change
- I was caught between a neutral and agree, because we have started the Improving Together programme, but I opted for neutral in the end because we have only started the journey. This journey and the Improving Together programme is key in moving the Trust forward towards a "strongly agree" and I hope to get there over the next 18 months to 2 years.
- The Improving Together programme is taking shape which is supporting this agenda. Identified gap around succession planning

- There is the genesis of a leadership programme but no visibility of the element of succession planning yet
- This is underway as part of the improving together programme Structure and plan in place
- Yes but more needs to be done...it is happening
- Improving together methodology helping to shape clear priorities around population people and partnerships -real focus on inclusive and compassionate leadership. Development programmes for staff being developed both at organisational and system level. Some constraints imposed by workforce gaps which are addressed if possible through interim arrangements
- The new trust strategy does focus on inclusive compassionate leadership with plans delivering for succession planning leadership again this is early in its development.
- I believe the team have recognised that we need to focus on a small number of areas rather than trying to boil the ocean.

W2.1 There is a clear vision and a set of values, with quality and sustainability as the top priorities

- there is a vision and there are values Quality is important as well
- Vision describes outstanding experience for service users and staff therefore explicit about quality Sustainability is implicit and thread that runs throughout strategy and priorities.
- The new strategy about to be published achieves this
- I am confident that through improving together this will improve further
- We have recently renewed our vision and values and now need to roll out and reinforce as part of the Improving Together programme.
- Significant progress made in relation to the Trust Strategy and corporate objectives. Values and vision widely understood and articulated by staff. Organisation wide engagement in the development of the strategy however, this needs full socialisation now
- Refresh of the strategy in place Sept 2021, improving together programme to disseminate.
- The vision and values are strongly recognised. Sustainability is a focus of the ICS working and improving together but again at the start of the improvement journey
- This is the case but more refinement is required Just been reviewed and completed

- Recently agreed. Values stayed consistent as well known
- We are embarking on an Improving Together Programme and these key strategic elements are recently refreshed as critical to our success

W2.2 There is a robust, realistic strategy for achieving the priorities and delivering good quality sustainable care

- we try to do too much
- Our strategy is a currently high framework level identifying what is important and what we want to achieve i.e. what good would look like. However our strategy has not developed sufficiently to identify the road map of how to achieve it and who with.
- Commenced new programme of work Salisbury Improving Together but not yet embedded. We are in early phases; however improving together framework will allow focus.
- as we are at the start of our Programme this is now in development to meet the refreshed strategy
- This is the aim of the improving together programme but at the start of the journey, there is oversight and management of quality care through IPR and EPR. Some the BI work needs to be in place to help this improve
- How to prioritise needs more attention
- Significant progress made in relation to the Trust Strategy and corporate objectives. Organisation wide engagement in the development of the strategy however, this needs full socialisation now
- Still being worked on to some extent.
- Refreshed strategy to underpin vision for delivering outstanding experience for citizens and staff current focus on determining strategic priorities as part of improving together methodology which will focus on delivering key areas under population people and partnerships focused on delivering long term quality and sustainability across the portfolio Deliberate shift in focus from organisational to system level quality and sustainability solutions

W2.3 The vision, values and strategy have been developed using a structured planning process in collaboration with staff, people who use services, and external partners

- We are on a journey with this and is the plan behind improving together not sure but I believe so

- Need more patient engagement in our planning and strategy
- Robust development with stakeholder engagement to develop strategic framework allowing co- creation with staff and patients at service level
- The process of creating the high level strategy has been very good (but limited to within Salisbury NHSFT), but the next challenge is to develop a broad based collaborative approach to answering the "how to deliver it" question.
- Co- created with staff and partners
- good collaboration across multiple workshops and discussion groups – not sighted on the range of attendees
- I feel this has been very good and well managed. Staff engagement was vi the best place to work initiative
- This has happened to some extent but will be much refined with the QI work as above
- Strong process lead by the Associate Director of Strategy with engagement internally and externally

W2.4 Staff know and understand what the vision, values and strategy are, and their role in achieving them.

- Staff are dearon vision and values. Refreshed strategy is newly agreed at board and yet to embed but will be a key focus of the improving together work commissioned by the board.
- This has started, however as the new strategy is not yet launched, not everyone knowsthis. It's a new strategy so communication is not yet complete.
- we are on a journey with this and is the plan behind improving together simply not sure of the answer
- Staff are familiar with the vision and values but strategy needs further communication for it to become embedded.
- Yes I believe staff are aware of the high level strategy (though maybe unclear how to get there), but the high level strategy messages need to refreshed and renewed in the context of the Improving Together programme and the new post-COVID, ICS system world.
- Yes know them need more work re CI to align their contributions

- Vision and values well understood. Strategy finalised in development with key stakeholders. Needs to be fully communicated
- Outstanding vision is clear, further work on the strategy is required in roll out to whole Trust. Recent cultural diagnostic completed this year would suggest this is the case
- Yes to vision and values , the strategy is too new

W2.5 The strategy is aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population

- Engagement with local PCNs and primary care is challenging to engage them in this discussion
- This is very much a work in progress.
- It is but lots to be done.
- It is in it ambition but too early to judge.
- Yes the high level strategy is aligned, but the how to deliver it strategy needs to be "fleshed out" with partners
- External stakeholder engagement with strategy development Refreshed strategy aligned to ICS and NHS plan significant part of the conversation
- Strategic framework aligned with acute partners and emerging system strategy priorities. Heavy emphasis on population health and vertical and horizontal integration.
- Part of the planning process
- Yes – linked to HWB and JSNA outcomes for Wiltshire

W2.6 Progress against delivery of the strategy and local plans is monitored and reviewed, and there is evidence for this

- I do not see enough evidence that either the ICS or the Wiltshire/South Wiltshire "Place" is sufficiently developed to (a) agree a collective strategy delivery plan or (b) monitor and review it.
- The previous strategy was reviewed quarterly and the new strategy will follow the same process To be commenced
- Evidence is not good needs improvement
- Monitoring system and process in place - yet to fully commence. Significant Board engagement to date
- still in build/ develop stage

- Progress is monitored by a number of metrics notably within the IPR but evidence for a systematic approach to progress is lacking in some areas particularly around change management. Data is produced but evidence of targets and trajectories plus remedial action is not consistent or universal
- Only just setting KPIs
- This happens to some degree but we need to take it further as the plans develop
- Strategy aligned to BAF and quarterly review to board.
- Agree

W3.1 Staff feel supported, respected and valued

- Evidence from well led and staff survey suggest tat here is more to do in this domain particularly in the EDI space.
- Mixed evidence on this and particular issues remain especially around some groups very varied and dependant on depts. unfortunately evidence from the staff survey would suggest the majority do but as we come to the end of an astonishing busy summer ,with little respite for front line services we are seeing an increasing level of absence and concern from staff and will be revisiting our support to them over the winter
- There is variation in this as with all Trusts. Some feel more supported and respected than others. The Trust has networks to support various groups such as LGBT+ and BAME. More work is needed to support people of all protected characteristics and all staff in general. Work is underway through the improving together programme. This is focussed on the culture of the organisation.
- It's really difficult to get a true sense of this, but looking at the results of the staff survey, current operational performance, board safety walks, whistleblowing/freedom to speak up, junior doctors monitoring and finally the recent staff awards I feel we are not in a bad place, though of course we should (and will) improve
- Evidence in staff survey
- Yes I believe so, but I wonder if it's less so now due to all the pressures.
- On the whole, I think this is true
- I feel the majority do but this question comes at a time of extreme stress after the height of the pandemic
- Applies to the majority

W3.2 The culture is centred on the needs and experience of people who use services

- We have not actioned what we were told in BPTW yet. That's needs attention ASAP.

- To some degree but needs to be improved
- This is certainly the aspiration
- We try to do this , but more to be done
- Value of patient centred is well upheld in the organisation but much more could be done to ensure genuine stakeholder engagement in services and to address concerns from patients about staff attitudes or not being involved in discussions about their care
- Part of the strategy process Strong focus on patients
- Patient-centred focus

W3.3 Staff feel positive and proud to work in the organisation

- The majority do there are small pockets where this is not the case but generally I agree
- Evidence of strong commitment.
- On the whole, I think this is true. Reflected in staff survey

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- I believe the majority do and there is a good level of pride in the organisation There are numerous examples of this.
- The Trust is well recognised as a friendly place. That's my impression.
- Agree this is a strong element of the culture in the Trust

W3.4 Action is taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority

- Performance management is inconsistent and does not always follow policy. Long standing issues which do not get addressed in a timely manner or with process. This is changing more recently though
- There is variation in this. Whilst it is a Board commitment, its application varies across the organisation.
- This has been an issue but is now recognised Inconsistent
- Further work required on diversity
- Yes action is taken and recent examples include estates and maternity Can't say if that's always true but that's what we want
- This is occurring now but has been inconsistent and non-transparent in the past
- I feel we have shown ourselves as an exec team that addresses behaviours that are not in our vision and values but there are cases that we may not be aware of and there are behaviours that we are challenging but it will take time to shift.

- Needs to be more rigorously applied but with compassion
- For confidential reasons staff don't always see this happening

W3.5 The culture encourages openness and honesty at all levels within the organisation, including with people who use services, in response to incidents, leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and action is taken as a result of concerns raised

- I agree with the first part of the statement. I disagree with the statement that "appropriate learning and action is taken as a result of concerns raised". This element is discussed and claimed frequently, but evidence over time does not support it.
- There is mixed evidence here. I want to say agree but some of the staff survey results suggest otherwise. It's a mixed picture.
- The processes are in place e.g. FTSUG, complaints, PALS. Culturally, further work to do
- Some staff have shared their concerns about consequences of speaking up – Freedom to Speak up Guardian has made us aware / welcome greater visibility of when incident/ feedback reported what action has been taken
- This is what we claim but there are examples where this does not apply.
- This is definitely the culture we aspire to
- With 4,000 employees there are going to be areas where there is more openness than others, but on the whole I feel the culture of Salisbury is open and where it is not systems and processes e.g. freedom to speak up and junior doctors monitoring etc. provide a safety net
- Some inconsistency
- The clear message is around openness and learning from mistakes but there is still some way to go to reverse a cultural belief in incident reporting resulting in blame or workload and to ensure we are open with the public about our mistakes and the learning we have taken from them.
- I think that is being strongly messaged by the executive team but it does not always get followed at all levels and some teams are fearful of stepping forwards due to retribution from colleagues at peer level . Transparency is some professionals fear due to the risk of litigation.

W3.6 There are mechanisms for providing all staff at every level with the development they need, including high- quality appraisal and career development conversations

- Training needs a lot of development so that people are clear what is available
- The mechanisms are in place e.g. appraisals and PDP however, the quality and completion of these is inconsistent. Picked up in staff survey.

- The large gap in management capability demonstrates that this is untrue. A large part of this is the overall culture of the NHS, which effectively does not prioritise this aspect of capability, in spite of frequent statements to the contrary.
- Patchy and inconsistent at present but a key area of focus
- This is an area of weakness that is being addressed now . We are looking at training and development plans across professional groups to caret a cohesive approach to this are of staff development
- These do exist but need to be strengthened and made more rigorous
- I feel, though there is a not a lot of evidence that I have seen (apart from appraisal statistics), that the quality of appraisals and career development can be improved.
- Appraisal rates good but quality needs to improve not sure funding is identified as a challenge, and workforce shortages
- This includes ongoing regular appraisals and HWB conversations
- In general this is the case

W3.7 There is a strong emphasis on the safety and wellbeing of staff

- From board yes but not sure we could evidence it
- Evidence of exemplary practice in some areas but lack of robust health and Safety function and poor support of staff networks needs to be addressed.
- Increasingly part of the people domain thinking
- I feel that there is am emphasis on the safety and well-being of staff, though more can be done to “walk the talk” e.g. violence and aggression against staff for example
- New Health and Well-being strategy drafted. Significant focus during Covid with good staff support initiatives in place. In-house staff psychologist
- Improvements in well-being approach post Covid
- This is being signalled in many ways with a big focus on a number of wellbeing developments
- In general this is the case

- This has strengthened since Covid and the people plan under development is focussing on this Significant improvements certainly true at Board level

W3.8 Equality and diversity are promoted within and beyond the organisation and all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably

- Unfortunately they don't.
- Renewed focus at the Board given recent identified weaknesses across the EDI agenda e.g. lack of strategy and objectives and limited resource to deliver
- Again, I agree with the first part of the statement, but we have clear evidence that the second part has not been achieved
- Whilst the framework is in place, different people give different responses to this (as per staff survey). The Trust is committed to this and there has been progress in the past year
- A lot of good work has been done to enable staff to speak of their experiences but the staff networks need developing and some behaviours need to be addressed/called out
- Salisbury complies with the legal requirements, but there is a sense that it does not go further than that i.e. into the hearts and minds of all 4,000 employees. When the board recently opened itself up to hear from individuals adversely impacted by inequality, there was a strong message that we had further to go on this journey. This needs to be taken forward (a) within the Improving Together programme and (b) within specific inequality actions
- Needs a lot of work
- trying hard to achieve this
- much more work required, but board has started the journey
- Recent feedback through Networks and Staff Survey suggest this is not always the case. Lead for EDI is currently accelerating work in support of networks and refreshing the strategy in the light of a recently commissioned independent audit
- I believe this is being promoted at executive level but this is a bog shift for many teams across the organisation. Many staff do not feel they are treated equally
- Strenuous efforts are made but still a long way to go
- Beginning of promotion and championing of EDI networks but much more to be done in this area and clear evidence of inequitable treatment

W3.9 There are cooperative, supportive and appreciative relationships among staff. Staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively

- There is very good team working within the small local units, but each acts as a bubble when it comes to larger networks. For example, when issues are raised by staff in safety walks and we ask what they have done about it, by far the most frequent responses are “I sent an email” or “I have put it on our risk register”
- Can’t answer with certainty but believe so
- hard for blanket comment as varies, some pockets of brilliance
- areas of good and poor behaviours -more OD work to support team functionality would be helpful
- Generally true in my experience
- yes but pockets where performance issues with some managers
- This is evidenced by current operational performance (holding our own despite constraints) and particularly the recent Novichok and COVID major incidents.
- Staff committed to each other on the whole I agree
- I feel this is true of most teams and staff but not all Many examples during the pandemic

W4.1 There are effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services and these are regularly reviewed and improved

- Much better for clinical services than for management issues.
- Generally true at board level and improving as we go down the organisation but not there yet yes in fact divisional structure is currently being reviewed
- This is evidenced by the Board being aware of issues e.g. maternity and estates, even it can take us a while to resolve them.
- Good structures - needs improvement division to specialty true and its improving
- Significant amount of work done over the last few years to strengthen Board Governance. Work to do at divisional level. Significant changes to Executive and Divisional Management Teams have hindered this always room for improvement but governance is strong and embedded structures challenge to get people to follow processes – so more on teaching.
- There are a number of mechanisms in place with various monitoring processes with varying levels of quality but in the large part I feel is at a good level.
- Significant emphasis on this

W4.2 All levels of governance and management function effectively and interact with each other appropriately

- From my perspective I agree
- Need to strengthen divisional and specialty governance. Committee structure changes are now having a positive impact on escalation and reporting of key issues and risks
- I feel that governance at corporate level is strongly led and managed but weakened as it moves down the organisation , we have been focusing on improving divisional governance and how that cascade to teams and services through the divisions
- I believe so but would struggle to evidence
- Good needs improvement as per comment above improving picture
- In the main a good structure although divisional governance needs further work Still room for improvement

W4.3 Staff at all levels are clear about their roles and they understand what they are accountable for, and to whom

- people don't hold others to account and don't always take responsibility for actions
- lack of clarity around accountability with culture of seeking permission and bypass escalation to exec team
- In some areas yes but not yet sufficiently across the organisation
- Recent divisional changes not yet embedded
- I can't answer about ALL staff
- Further work required and not sure we have assurance on this point too early to know.
- I think this is an area of development linked to the comment above
- I believe so but would struggle to evidence
- See above and this will only get stronger when the new Divisional triumvirate leadership arrangements bed in further
- Need to ensure this applies across the whole organisation

W4.4 Arrangements with partners and third-party providers are governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care

- I am confident that this will approve however this is not good at present
- I feel that the governance arrangements at an ICS and Place level how some distance to go, before they are strong and effective
- lack of formal arrangements provide vulnerability in some clinical pathways

- I think this is an area of development for us in the ICS development programme
- Have improved over the last few years
- ICS , place based leadership structures and contract management all present
- From my experience, yes
- On the whole yes.
- Still a work in progress.

W4.5 There are robust arrangements to make sure that hospital managers discharge their specific powers and duties according to the provisions of the Mental Health Act 1983 (Specialist mental health services)

- Unsure on this
- The short fall in MH capacity is making this a very challenged requirement. I feel our staff do all they can to manage this safely and have put in mitigation where these services are not available
- Yes however the increased number of MH patients impacts on the service delivery
- Yes and this is evidenced through the hospitals mental health arrangements and support from AWP (adults) and Oxford Health (children), though pressures on the main stream statutory specialist mental health providers is causing up-stream pressures in our physical health services. That said I believe we know what to do, even if at times actually doing it is a challenge.
- Recent work to strengthen the governance around this. Mental Health Steering Group terms of reference reviewed and reporting now within the Trust governance arrangements
- Much better governance and focus on mental health through operational and steering groups would question evidence of compliance and understanding against MHA provision amongst all senior managerial staff
- That's where appropriate

W5.1 There are comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes. These are regularly reviewed and improved

- The assurance systems are in no way comprehensive. However I would agree if the question used the word “appropriate” instead of “comprehensive”
- These are strong at the senior level
- Yes clear process and regularly reviewed
- We have robust systems and processes and these are regularly tested and audited

- To my mind this seems strong.
- Revised committee structure including quality governance reporting. Focus on development of the integrated performance report. Executive performance reviews also been an area of focus.
- Escalation reports to key committees and up to the Board BAF, risk registers
- There are structures in place and these are embedded well. They will need to adapt as we move into the Improving together work.
- Now in bedded some areas

W5.2 There are processes to manage current and future performance. These are regularly reviewed and improved

- Generally true
- Through divisional exec performance reviews As above
- Need to improve forecasting tools for mid to longer term view yes
- Revised committee structure including quality governance reporting. Focus on development of the integrated performance report. Executive performance reviews also been an area of focus.
- Escalation reports to key committees and up to the Board.
- Yes wide range of performance review process
- Emerging infrastructure at service, divisional and corporate level but not always consistent and focussed.
- There are structures in place and these are embedded well. They will need to adapt as we move into the Improving together work.
- Under normal circumstances this supplies but not easy to implement during the pandemic

W5.3 There is a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken

- Processes are good. Actions and improvement are sometimes yes plus deep dive process for audit committee
- Internal Audit programme overseen by the Audit Committee. Clinical audit programme in place with work underway to increase oversight of this and increase engagement of divisions
- clinical and internal audit improved in last few years
- Robust internal audit has a tendency to focus on F&P rather than quality but this is covered through clinical governance oversight.
- Yes and governed well
- This is well managed
- Works well at the moment but there is always room for improvement

W5.4 There are robust arrangements for identifying, recording and managing risks, issues and mitigating actions and there is alignment between the recorded risks and what staff say is 'on their worry list'?

- More to be done regarding risk at a service level although key corporate risks are well aligned with front line staff concerns.
- Generally true and triangulates with safety walks
- yes for divisions but potential gap for corporate services
- Further work to do at Divisional/specialty level
- Divisional risk register deep dives facilitated by executive
- Datix and BAF well embedded.
- There has been moves to get greater oversight of risk but we need to do work on the quality of the risk register and the work about board level risk appetite
- Needs work to ensure there is alignment between board view and front line
- Yes works well

W5.5 Potential risks are taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities

- Not sure on assurance for this planning still needs significant improvements
- Part of the planning process

- robust business continuity plans in place
- As above and a current example is the annual winter planning process
- Risks are considered as part of the process and a quality impact assessment is included Happens to some degree
- Evidence of in planning

W6.1 There is a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances. Information is used to measure for improvement, not just assurance

- The current approach is very much "point of pain" rather than holistic. Effective root cause analysis is very rarely used, which prevents an holistic approach.
- Gaps in business intelligence result in a reactive rather than proactive approach
- We still haven't changed organisations approach for BI, lots of work required improving together programme gives us a strong chance
- Whilst there is a fair amount of data collected it is not curated in a way that enables focus and clear.
- Measurement of improvement of enables supportive holding to account for progress against plans. Focus is on data rather than the interpretation of those data
- There is oversight via the IPR reporting but the move to improvement versus just assurance is an area for us to focus on for improving together
- Much work has been done on the IPR and this continues to evolve
- Again there are robust systems and processes, which are regularly tested and audited e.g. integrated performance report and Divisional performance meetings etc. One area to possibly improve however would be obtaining a wider, deeper and more frequent appreciation of person's views than we currently have.
- Yes but could be better
- Significant development of the IPR including trend analysis and benchmarking Access to information can be challenging
- Again a work in progress
- Good triangulation

W6.2 Quality and sustainability both receive sufficient coverage in relevant meetings at all levels. All staff have sufficient access to information, and they do challenge it appropriately

- Disagreement is largely driven by the second part of the statement
- I think quality gets this coverage but not sustainability. I do not think it is always challenged at all levels

- More work is required to ensure staff have access to and understand the key information for their areas
- much improved quality does, long term focus is improving
- Need to work on giving staff more access to information
- Yes heavy lifting done via the sub committees and equally air time at the Board
- Strong focus on quality and triangulation of information across board committees.

W6.3 There are clear and robust service performance measures, which are reported and monitored

- Outcome and process measures tend to be separated – good process doesn't always mean a good outcome
- Agree but there are too many - hopefully this will be addressed through the improving together program
- Room for some improvement but good
- Significant development of the IPR including trend analysis and benchmarking. Potentially further work to be done at divisional and service level
- Explicit performance monitoring in place
- There is but it would be good to review these again
- Works reasonably well in normal circumstances but again challenged during the pandemic

W6.4 There are effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant. What action is taken when issues are identified? Please use the free text box to give examples

- We continue to find issues which are due to capacity in the BI teams
- This has markedly improved over the last couple of years, but there is still some way to go for me to regard the arrangements as effective.
- In parts, room for improvement no experience of to date
- Picked up in the IPR.

- Maternity culture and clinical practice reports agree.
- Data quality marking within IPR Board committee agendas focussed on key risk areas. Deep dive topics through Audit Committee looking at key processes
- The EPR process aims to manage this and there is good engagement.
- Information is available from external to the organisation and internally. Examples of this were developed during the pandemic.

W6.5 Information technology systems are used effectively to monitor and improve the quality of care

- Systems are used reactively rather than proactively
- We are in need of rapid progress in digital system implementation to allow benefits to be realised from basic technological systems to improve patient flow and care.
- Whilst the trust has good examples this is very mixed. For example more could be done to create a linked patient level data warehouse.
- Our information technology systems could be strengthened and improved e.g. data warehouses, to make it easier to provide information
- Yes, but often information not intelligence
- On-going improvement as part of the Digital Strategy
- Situation here is improved but still some distance to go.
- Works well but needs lots of manual reconciliation.
- Moving to power BI aligned in aspiration, gaps in funding and service provision remain.
- IT systems are a challenge as they do not interface well but we do get data that is useful to monitor key quality metrics. We have been trying to ensure staff delivering acre access their data more to own the improvement in wards but this does not reach all services and teams there is room for improvement

W6.6 There are effective arrangements to ensure that data or notifications are submitted to external bodies as required.

- Generally we work hard to keep good relationships with regulators and other third parties. Yes and this has recently been tested by the informatics department.
- See comments about data warehouse above Yes monitored centrally.
- Recent focus on this. Oversight of CQC, NHSI submissions through Board and Board committees
- appropriate controls in place

- strong reporting function but more could be done on ensuring the right level of sign off
- These arrangements exist and can sometimes gain a life of their own.

W6.7 There are robust arrangements (including appropriate internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards. Are lessons learned when there are data security breaches? Please use the free text box provided to elaborate

- Clear internal governance reporting arrangement sin place. DPS Toolkit submission with oversight through Board Committees
- Part of the training modules
- Yes there are systems and processes and these are regularly tested and audited internal and external audit
- I believe so there is oversight form IG about any breeches
- Still room for improvement but significant progress has been made very robust IG team
- Very strong systems.
- Very strong IG function in the trust.

W7.1 People's views and experiences are gathered and acted on to shape and improve the services and culture and this includes people in a range of equality groups

- evidence is that we don't fully listen to the views of our staff patient voice is underdeveloped in strategy patchy and needs more focus
- This is a key focus of Best Place to Work and KPMG.
- I feel this is a key area for future improvement in both the hospital and our Wiltshire/South Wiltshire Place.
- From a board view
- Further improvement acknowledged engaging across all patient /population groups. Key focus of the Improving Together Programme
- we have followed traditional lines of gathering views via F&F and we are building our patient engagement processes as a continuous improvement process but we have not achieved strong levels pf co production but this is the ambition
- This is happened during the extensive work on best place to work but from an equality perspective needs further work
- There have been a series of focus groups over the past year – both looking at immediate operational concerns and as part of the cultural diagnostic project.

W7.2 People who use services, those close to them and their representatives are actively engaged and involved in decision- making to shape services and culture and this includes people in a range of equality groups

- Needs much further involvement from our patient population
- Some pockets yes, not well embedded across the Trust
- Good engagement in service design
- We have a good history
- Some evidence of at specialty level – needs to be more systematic I only see this from a board perspective.

W7.3 Staff are actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture and this includes those with a protected equality characteristic

- Ongoing work
- Needs more work
- Happens to some degree
- Evidence is that we don't fully listen to the views of our staff with protected characteristics mainly.
- Further work to do in relation to EDI. Strong Council of Governor engagement in Board and Board Committees.
- Getting better with new strategy, lots of opportunity in next 12 months.
- Staff engagement has been strong but we have to deliver on the views expressed

W7.4 There are positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs

- Work streams around better understanding population needs.
- Some examples but lots more to be done around population management and wider primary care. It is too early to say whether these arrangements are effective or appropriately structured.
- Alot of work has gone into this in recent years so it's much improved Work at a number of levels.
- Development of the ICS strong ICS leadership in place.
- These relationships can we be challenging but I think there is a collective focus on making the services for our population better

- Good examples are available with regard to the work of the AHA
- We are strong on partnership working and system leadership

W7.5 There is transparency and openness with all stakeholders about performance

- Salisbury openly shares, but I'm not sure whether stakeholders listen. That said I'm not sure we truly listen to their issues either? The next stage of our local system development is to create a governance structure in our local Place that goes beyond transparency and openness, into collective action and delivery
- Daily meetings with all providers
- Discussions at Board and Council of Governors.
- There is transparency and openness about the state of the performance but still need greater focus on how we change the performance
- It's an important principle for the trust Consistent examples of I have never seen anything other than openness
- Clear mandate to share performance data across BSW.
- I do not think there are any examples of this not being the case in my time in the organisation but there has been a historical example of where this was not true for 1 department in relation to CNST

W8.1 Leaders and staff strive for continuous learning, improvement and innovation and this includes participating in appropriate research projects and recognised accreditation schemes. Please use the free text box to say how this is done

- Not yet got a systematic approach
- There are some great examples of this but it can be patchy and is a focus of the KPMG work good involvement in research programs.
- I agree we consistently strive, which is not always the same as consistently delivering. Everybody I meet practices continuous learning.
- Commitment demonstrated through the Improving Together Programme.
- recent presentation to Board about research supported in the trust
- Improving together registered accreditation for service, participation in national audit and quality improvement initiatives, impressive participation in research around COVID.
- I think we have some excellent examples of services contributing to audits and benchmarking and there being examples of good practice and innovation. We need to strengthen research that is not part of national bids but more about non-medical local primary research
- There are examples where this is the case but it is not pervasive throughout the organisation

W8.2 There are standardised improvement tools and methods, and staff have the skills to use them

- Not as yet but this is a clear focus of Improving together.
- No this is the main focus of the improving together program
- The development of this has started but it will be some time before sufficient momentum has been established to regard these as working and effective
- There has been a programme to deliver in this area but it has not been embedded and it will be part of the improving together work.
- These are being developed and rollout as part of the Improving Together programme, therefore things should improve relatively quickly in this area.
- Not yet delivered - will happen via Salisbury Improving Together not sure I know. QI is not fully developed Improving Together Programme has been commenced to address this.
- We are part way down the track on this improving together programme Key component of our Improving Together Programme This is very much a work in progress

W8.3 There is effective participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the servicer and learning is shared effectively and used to make improvements

- I could not be sure
- There are strong processes but as is often the case whilst there are good attempts at learning the effectiveness of this aspect needs to be improved
- Yes there are systems and processes in place to learn lessons, though I have an open mind whether all learning "sticks".
- Good evidence
- Learning is the clear goal. Sometimes it's not so easy to demonstrate Learning from deaths regular reporting.
- Evidenced in process reporting.
- I think we are good at reviewing but we need to strengthen how we share the learning across frontline teams.
- There are good examples of this but it needs to become more pervasive across the organisation.

W8.4 All staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance and this leads to improvements and innovation

- No this is the main focus of the improving together program
- Capacity and resource restraints
- This is part of the culture work which is ongoing
- In theory yes, but if I am honest since COVID and the resultant operational pressures, I am not sure all staff have the protected time they should have to be truly reflective and improve.
- Don't have a way to demonstrate this
- I would say it's true but I am not in a position to respond on behalf of all staff
- Not all staff this is service dependent and we need to build more time for this , however my assessment id based in a period of time when we have been managing a pandemic
- Framework in place to support this
- This happens across significant parts of the organisation but the pressure we are under does not give time to make it all pervasive.

W8.5 There are systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work

- No this is the main focus of the improving together program
- Agree this is important and we are the beginning of a journey to achieve this Improving Together Programme has been commenced to address this Again, efforts have begun to deliver this, but there is still a long way to go this requires improvement and this is part of the improving together aims.
- Yes there are systems of support in place, but I feel that consistent compliance with those systems across all 4,000 staff can be improved.
- Some good examples
- There re are some but a lot more needs to be achieved from a trust perspective
- Improving together programme will support this
- There are a number of Improvement coaches already working across the Trust. Some of this happens needs to be more of it

General comments for the CQC Well Led Inspection Framework Self-Assessment appraisal.

Only weeks into my service here, I have answered positively where I have had some experience of or indication that is the case

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As a NED who is part time and has had to work at home due to Covid, I found some of these questions very difficult to answer with certainty.

Overall, there has been significant work over the last 2 years to strengthen the governance arrangements within the organisation with commitment from the Board. The Improving Together Programme demonstrates the Trust Board commitment to quality improvement and innovation. Changes to the executive team and divisional management teams over the last year have potentially slowed progress. Recent strong appointments to the leadership teams will hopefully support the necessary changes and improvements required. Quality of care and patient experience is an absolute focus and an integral part of decision making. Health and wellbeing of staff agenda also has high profile

NHS Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	6.2
Date of Meeting:	04 November 2021		

Report Title:	Annual Report 2020/21 Salisbury Hospital NHS Foundation Trust			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	x			
Approval Process (where has this paper been reviewed and approved)	TMC - for noting Audit Committee – signed off Annual Report and Accounts			
Prepared by:	Kylie Nye, Head of Corporate Governance			
Executive Sponsor (presenting):	Fiona McNeight, Director of Integrated Governance Kylie Nye, Head of Corporate Governance			
Appendices (list if applicable):	2020/21 Annual Report			

Recommendation:
The Board is asked to note the Annual Report which has been laid before parliament and is published on the Trust's website.

Executive Summary:
The Annual Report was prepared in accordance with the NHSI FT Annual Reporting Manual 2020/21. The final Annual Report and Accounts was submitted and approved by the Audit Committee on 18th June 2021. The Annual Report was successfully laid before parliament on 9th September 2021 and subsequently published on the Trust's website. The Communications Team is currently producing an 'Annual Review' document which is sent out to Trust members and staff to provide a summary of the year's activities. The Board is asked to note the Final 2020/21 Annual Report.

Board Assurance Framework – Strategic Priorities	Select as applicable
Population: Improving the health and well-being of the population we serve	☒
Partnerships: Working through partnerships to transform and integrate our services	☒
People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	☒
Other (please describe) -	☐

NHS Salisbury NHS Foundation Trust

Salisbury NHS Foundation Trust Annual Report and Accounts 1 April 2020 to 31 March 2021

Salisbury NHS Foundation Trust

Annual Report and Accounts 2020 to 2021

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

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PERFORMANCE REPORT

Overview of Performance

This overview provides a summary of the Trust and its activities. It highlights the Trust's performance against both the NHS national performance standards and the Trust's own corporate and strategic aims. This overview sets out the primary risks and challenges the Trust has encountered in the delivery of its objectives and how these have impacted on performance.

Chief Executive's Statement

Salisbury District Hospital experienced a year like none other in our history throughout 2020. We finish this year with the national vaccination programme progressing well, delivered locally through our vaccination centre at Salisbury City Hall and also at the hospital where we have vaccinated our staff, partners from across the health and care system and some of the most vulnerable people in our community. We are grateful for the response of our local communities in taking up their vaccinations and for our teams who have worked tirelessly to deliver them.

The demand and rapid changes we had to make to the management of the hospital in early 2020 were unprecedented and tested our planning and management processes and expertise of our staff to the limit. At its first peak in mid-April, we were treating 45 patients who had tested positive for COVID-19, and sadly the hospital had experienced 55 deaths of patients being treated for the virus by June 2020. The period between June and October, however, saw a reduction in hospitalisations and we were able to begin the process of recovery, further improving our new ways of working and implementing the longer term changes required. By October, however, we began to experience again the impact and intense pressure of a rise in community transmission of COVID-19. The volumes of patients who required our care grew very quickly in early 2021 and reached a peak of 188 inpatients on 20 January 2021; nearly half of our available inpatient beds. Very sadly, by the end of March 2021, the hospital had reported 212 COVID-19 related deaths.

For all of us here at this hospital the data is more than statistics, behind every number is a person with a family, friends and neighbours, all of whom were either worried about their loved one or are mourning a life cut short.

Despite the exhausting and relentless nature of the pandemic, the hospital team has amazed me with their professionalism, compassion and flexibility. Not only have we delivered COVID-19 related care in desperately difficult circumstances, we have established a successful vaccination programme in the City Hall and at the hospital for our staff and most vulnerable patients, and we have continued, albeit with significant restrictions, to deliver our normal services including cancer, high priority, emergency and trauma surgery. We have also continued to deliver babies 24 hours a day, 7 days a week.

Alongside our own response, we continue to build our partnerships across Bath, North East Somerset, Swindon and Wiltshire and our growing relationships have been underpinned by the formal identification of our area as an Integrated Care System in November 2020. We are now focussed on how these partnerships will promote the health and well-being of our local communities, and we are particularly keen to play our role in the development of Wiltshire as an Integrated Care Alliance. In 2020-21 we have embarked on a review of our Corporate and Clinical Strategies, ready to embrace the further integrated structures of the NHS and our partner organisations. Subject to further consultation and engagement across our area, we will prioritise:

- Improving the health and well-being of the **population** we serve.
- The **partnerships** that will help us achieve this.
- Investing in the **people** who work for us to ensure they can deliver the best possible care.

These priorities will focus our work for the next five years, and help us design and deliver sustainable and integrated health and care services for our populations in future years. We continue to believe that this gives us the best opportunity to engage with our communities, staff and partners to meet the challenges ahead whilst recovering from this year's pandemic.

I cannot thank the Trust's staff and partners enough for everything they have done over this unprecedented year, whether you are a group or individual who has stood with us for many years, contributed to the Stars Appeal projects which enhance our care or support our staff in their jobs, or whether you are a member of the military who joined our teams in early 2021 to support our response to COVID-19. We have greatly missed having our community of volunteers, supporters and families with us at the hospital during the time we have had to restrict visitors to the site and we are very much looking forward to seeing you all in person again soon.

Stacey Hunter
Chief Executive

Purpose and Activities of the Trust

Introduction to Salisbury NHS Foundation Trust
Salisbury NHS Foundation Trust is a statutory body, which became a public benefit corporation on 1 June 2006.

We deliver a broad range of clinical care to approximately 270,000 people in Wiltshire, Dorset and Hampshire which includes:

- Emergency and elective inpatient services
- Day Case services
- Outpatient services
- Diagnostic and therapeutic services
- Specialist spinal rehabilitation, plastics and burns

Specialist services, such as burns, plastic surgery, cleft lip and palate, rehabilitation and the Wessex Regional Genetics Laboratory extend to a much wider population of more than three million people. Salisbury District Hospital includes the Duke of Cornwall Spinal Treatment Centre. This is a purpose built, 45 bed unit which specialises in caring for people who have spinal cord injury and serves a population of 11 million covering an area across most of southern England.

Our services are delivered by 4,800 staff who work tirelessly to deliver high quality care to our local population.

Our clinical services are delivered through a divisional management structure which co-ordinates and delivers high quality services. Services are provided through the following Clinical Divisions:

- Medicine
- Surgery
- Clinical Support and Family Services
- Maternity and New born

The clinical divisions are supported by a number of corporate functions including estates and facilities, finance, quality, human resources and information technology. Divisions are led by divisional management teams, with a clinical director, supported by a Divisional Director and Divisional Head of Nursing or allied health professional. This means that the hospital's clinically trained staff have direct responsibility for budgets and patient services, within their Division. The Divisions have a clear line to the Board reporting to the Chief Operating Officer who in turn reports to the Chief Executive.

As an NHS Foundation Trust, the Trust has a Council of Governors. The Trust Board is accountable to the Council of Governors. In addition, Governors have a wider role which includes ensuring that the local community and staff have a say in how services are developed and delivered by the Trust.

The Trust has two subsidiary companies, Odstock Medical Ltd and Salisbury Trading Limited. Odstock Medical Ltd (OML) was set up in 2005 to market worldwide its experience and knowledge of functional electrical stimulation and its own pioneering electrical devices for patients who have had a stroke or other neurological disorders. Income generated is used for research and for new initiatives.

Salisbury Trading Limited provides a laundry service to Salisbury District Hospital and other NHS organisations. The Trust also works with other organisations in joint ventures. For instance, we work with our Acute Hospital Alliance partners, the Great Western Hospitals NHS Foundation Trust and the Royal United Hospitals Bath NHS Foundation Trust to provide adult community services

across Wiltshire through Wiltshire Health and Care. It also works with Sterile Supplies Ltd to provide sterilisation and disinfection services to Salisbury District Hospital and other NHS organisations. Our procurement and payroll services provide support for a number of local NHS organisations.

The Stars Appeal is the official NHS Charity for Salisbury District Hospital. The Stars Appeal has been integral to our pandemic response, funding projects and distributing care packages which bring the hospital and our community together and make a positive impact on the lives of the people we serve and the staff who work at the Trust. The Stars Appeal has also been our primary link to NHS Charities Together throughout the course of the pandemic and we are extremely grateful for the charitable support that has been provided to enhance the care we provide. In 2020-21, we have undertaken a wide-ranging governance review of the charity to establish a renewed vision, mission, goals and objectives.

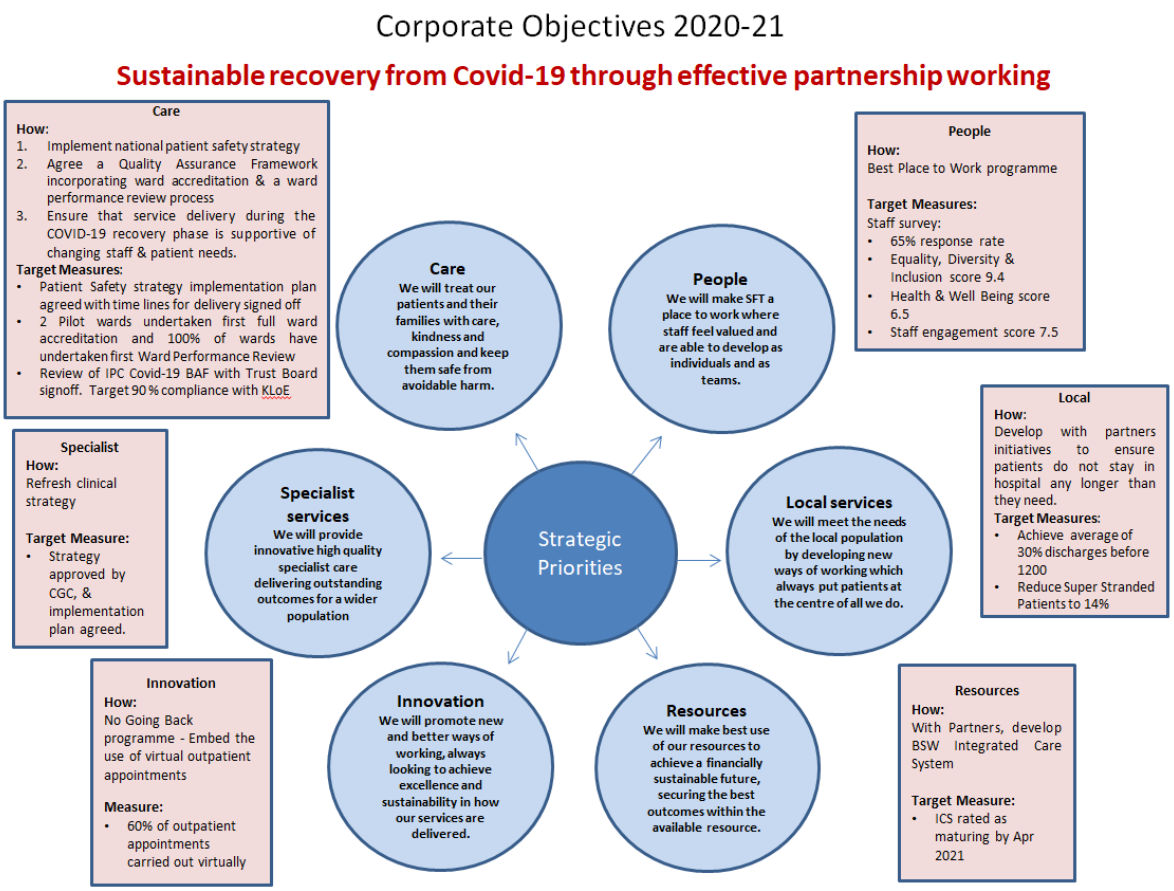
Our Role in the Bath, North East Somerset, Swindon and Wiltshire Integrated Care System (BSW)

BSW was formally recognised as an Integrated Care System in November 2020. Driven by the health and care needs of our local populations, we are committed to developing our role in supporting system partnerships and co-operation across Bath & North East Somerset, Swindon and Wiltshire (BSW). We are working across the geography of both BSW and our local area (which includes parts of Dorset and West Hampshire) to change and improve the way in which health and care is delivered. We recognise that we need to balance a system partnership approach with the Trust's priorities and promote relationships (formal and informal), clinical pathways and NHS structural reform which support solutions to local challenges.

In order to achieve an outstanding experience for every patient, integrating service provision across Wiltshire offers the best opportunity of addressing the challenges that lie ahead. This transformation approach has continued, and COVID-19 has accelerated an ever closer collaboration between community services, Wiltshire Council and our local Primary Care Networks. The Trust has a shared vision for improving health and care for the local population.

Our Strategic Priorities 2020/21

On 17 March 2020, NHS England and Improvement (NHSEI) published revised guidance on next steps on the NHS Response to COVID-19 which included suspension of normal planning processes. The Board reviewed the draft Trust Operating Plan at its April meeting, accepting that many of the initiatives required suspension. Further guidance on the second phase of the NHS response to COVID-19 was published on 29 April 2020, which included guidance on the restart and recovery of services. In line with this guidance, the Trust commenced recovery activity and this included setting priority actions for the remainder of 2020-21.We identified a small number of priorities that both contributed to the Trust's strategy and assisted in recovering from COVID-19.



Progress against our objectives

Length of Stay in Hospital

During the first wave of COVID-19 guidance was issued by NHSE/I for hospital discharge through the pandemic. This outlined a significant change to the way acute hospitals planned and referred patients for discharge services, with funding in place to support a rapid discharge to assess model. An improvement was seen almost immediately in a reduction in inpatients experiencing the longest spells in hospital. With the refresh of the corporate priorities in June 2020 in the context of recovery from COVID-19, the plan for patients remaining in hospital for more than 21 days was reset to a level of 14% of occupied beds rather than an absolute number. The reason for this being the low occupancy levels in the Trust could artificially show or hide progress

As the impact from the first wave reduced, non-urgent elective work was restarted in the hospital, and non-elective and emergency levels all began to rise with the impact of bed occupancy once again rising. With this, the proportion of super stranded patients began to rise. A second, more intense, wave of COVID-19 in Quarter 4 caused further increases, with many COVID-19 patients requiring long hospital stays.

During the first wave of the pandemic there was an immediate improvement in discharges before midday, but as activity in the hospital increased there has been a fluctuation in the levels, and further COVID-19 waves have slowed the pace of the improvement work. A criteria-led discharge pilot has been undertaken, and work is underway to roll this out across wards.

Transformation of Outpatient Services

29.08% of all outpatient appointments in March 2021 were carried out virtually. Face to Face appointments were heavily restricted in the first wave of the pandemic, with virtual appointments being the default. As face to face services have restarted and outpatient attendances increased, the proportion of appointments that were virtual has decreased, and it has been challenging to increase these. However the actual number of virtual appointments has doubled over the year from 4290 in March 2020 to 10,077 in March 2021. Patient feedback has been promising; with 86% of patients saying their video appointment was better than face to face, and 95% being happy to be seen to by video.

A 'virtual by default' review was started in March 2021, to assess which outpatient services could also move to delivery through virtual means. This is expected to be completed by the end of May and will form part of the 2021/22 project work.

In addition to this, the Trust is hoping to implement a new system providing direct access for General Practitioners to seek advice from our specialty departments, further supporting virtual activity.

Patient Safety Strategy

National guidance was expected for the patient safety strategy but has been delayed. The Trust has good overview systems in place and has implemented weekly safety summits reviewing all risks graded moderate and above. The sign off process for serious incident investigations is being reviewed. These systems provide confidence in the management of patient safety in lieu of the strategy update, which will follow when the national guidance is released.

Ward accreditation

A ward performance review process has been established and 100% of wards have had reviews. A clinical summary dashboard is being developed to support the process; however this has been delayed due to COVID-19. A ward performance review data pack is in place as an interim solution.

Infection, Prevention and Control (IPC) COVID-19 Board Assurance Framework (BAF)

The IPC BAF has been regularly reviewed throughout the year reflecting frequent guidance change. We are over 90% compliant with Key Lines of Enquiry (KLoE), the key areas outstanding are around ventilation in relation to limitation with our physical estate.

National Staff Survey

54.2% of our staff completed the 2020 staff survey. This compares to a response rate for last year's survey of 54.0%. The median response rate was 45.4% and was slightly lower than the 2019 median of 46.9%. The Trust is significantly above the median and increased on the 2019 response rate.

The Trust is benchmarked against 128 acute and community Trusts and has performed above average for five of the ten survey schemes; health and well-being, immediate managers, morale, safe environment (bullying and harassment) and staff engagement. The Trust has scored below average in quality of care, safe environment (violence), safety culture and team working. The Best Place to Work project continues into 2021-22 and is being developed particularly to address the themes raised in the staff survey and in wider engagement and listening to staff views which has taken place this year.

Clinical and Corporate Strategy Review

Development of the Clinical Strategy has taken place alongside the wider strategic review being undertaken by the Trust, as we seek to align and simplify our strategic priorities and direction. Through wide engagement, we have been working to take this work forward under the umbrella of our proposed strategic priorities of **population**, **partnerships** and **people**.

While 'publication' of the new clinical and corporate strategy is only one component of the work, completing this important step will take longer than anticipated due to the pressures of COVID-19 management, Phase 3 planning (in Quarter 2 2020-21) and the wider system development work that the Trust has taken a lead role in. However, the strategic direction is increasingly driving our corporate priorities, relationships with partners and investment in our staff.

The Trust is keen that our future strategic direction is the driver for our work and prioritisation across all areas of the Trust, and we are progressing well through a wide engagement and communication programme, with a view to ensuring that our new strategies are in place as part of our new Corporate Priorities for 2021-22. These priorities link to the specific areas of focus in our clinical strategy – particularly elective recovery, integrated urgent care and frailty services, maternity and mental health service reviews and advancing our digital approaches to care.

Development of our Integrated Care System

Bath and North East Somerset, Swindon and Wiltshire Partnership

Working together for your health and care

BSW achieved designation as an Integrated Care System in November 2020-21 and is fully embracing the next steps on Integrated Care set out in the Government White Paper published in February 2021. The system's planning, prioritisation, performance management and transformation is increasingly moving toward the integrated approach defined by national policy. Our own strategic direction and priorities reflect this ambition. Moving forward into 2021-22, our commitment to work with our partners and deliver services to our communities in an integrated way is further driving our corporate priorities, and we will input further to the development of our ICS, making sure that the benefits of integrating our services with other parts of health and social care are achieved.

Setting our future priorities and strategic direction

The response to the COVID-19 pandemic and the drive for integration has accelerated the Trust's review of its corporate and clinical strategies in 2020-21. We have been developing our strategic priorities as part of an update to our 2018-22 Corporate and Clinical strategies with the expectation that our focus will adjust to three strategic priorities:

- Improving the health and well-being of the population we serve.
- The partnerships that will help us achieve this.
- Investing in the people who work for us to ensure they can deliver the best possible care.

Trust Risks, Opportunities and Sustainability

COVID-19 has presented the primary risk to the delivery of the Trust's broader corporate priorities. The Board Assurance Framework (BAF) is the tool which the Trust uses to assure itself about successful delivery of its priority objectives. High scoring risks in the Corporate Risk Register also have an impact on delivery. In addition to the broader impact and legacy of the 2020 phase of the

COVID-19 pandemic, the key risks being managed by Salisbury NHS Foundation Trust in 2020/21 are set out in the Annual Governance Statement below.

Further integration across BSW provides an opportunity for the Trust to refocus its strategic objectives against those set out in the system Long Term Plan. The Trust is committed to working alongside our partners to progress each of these priorities, along with the wider plans for greater integration of our services which have been accelerated as part of the pandemic response.

Going Concern

After making enquiries the directors have a reasonable expectation that the services provided by the NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Looking forward to 2021-22

As we enter 2021-22, we remain focussed on the recovery from the intense COVID-19 related activity experienced by all our staff, local communities and partners throughout 2020. Our corporate priorities for the next year reflect this, and the strategy we are adopting to address the emerging risks we have identified in the Annual Governance Statement below. We look forward to driving forward the transformation of our services and further integration with our partners.

The Trust therefore starts the year focussed on:

- Recovering our planned care programmes and addressing the backlog of care and treatments that has arisen during the management of COVID-19
- The health, wellbeing and recovery of our staff
- Integrating our urgent care services, therapy and rehabilitation services and our care for frail and elderly people
- Further improvements through the Hospital Discharge Programme
- Reviewing our maternity and mental health services
- Strengthening our partnerships to improve the health of our local populations
- Major digital projects in prescribing, patient records, laboratory management and finance
- Publishing our updated corporate and clinical strategies and continuing to make Salisbury NHS Foundation Trust the 'Best Place to Work'.

Within this context, we acknowledge the great opportunity in our closer integration with local partners and will continue to prioritise this and the benefits it provides in the delivery of our wider strategic objectives. This includes adherence and contribution to the BSW Design Principles (table below), supporting and working with our Primary Care Networks and making our Wiltshire Integrated Care Alliance a success.

No	Design Principle	Assumptions and Notes
1	**We work as one system** with parity of esteem between social care & wellbeing, mental and physical wellbeing.	• **We operate as one system** to plan and deliver ***high quality, value for money health & social care*** for our population in BSW. • **Operating as one system**, we approach social care & wellbeing, mental and physical health with equal importance, recognising the interdependency between them. • **Subsidiarity, transparency** and **distributed leadership** are embedded in how we work.
2	**Prevention** first, and recognition of the **Wider determinants of health**	• Our professionals focus on health & wellbeing; this starts with prevention • We focus on the **wider determinants of health** in the way that we design and deliver services with partners. • Our approach is asset and strength-based with the capacity and capabilities of individuals, neighbourhoods and communities at the centre of what we do.
3	**Care designed around individuals**.	• Health & Care services are designed ***with and around*** individuals and their needs: ***right*** *approach/* ***service, right place, right time*** based on a personalised approach and 'no decision about me without me'. • Teams strive for continual improvement in model of care. • Only essential staff are based in healthcare facilities
4	**Home is Best**	• Wherever possible people are supported at home including discharge from hospital to home • Assessments at home • Virtual wards
5	**Digital by default**	• Digital by default whilst protecting equality of access • Information will be shared safely and efficiently • Decision-making & direct care will be supported through a population health lens • A digital workforce supported through consistent tools and infrastructure • New care models are supported through digital enablers • Cyber security is a fundamental enabler
6	**Flexible workforce**	• Workforce operates in multidisciplinary teams beyond organisational boundaries • Co-located teams & community hubs • Community and voluntary sector workforce as a vital part of BSW team
7	**7-day provision**	• Hours to be optimised to enable timely decision-making and support.

The future sustainability of the Trust will also be dependent on our ability to progress the delivery of our Estates masterplan. The operational resilience of areas such as Day Surgery and the Maternity Unit remain regular concerns, alongside managing the risk of high capital expenditure on reactive maintenance in the ageing parts of our Estate. While we have continued to develop these in 2020-21, we have had to focus our attention on the physical changes required to operate the hospital safely during the pandemic including significant improvements to allow social distancing, a reconfiguration of our Emergency Department, dedicated COVID-19 intensive care capacity and an expanded outpatient clinic area.

PERFORMANCE ANALYSIS

The Trust publishes a monthly Integrated Performance Report (IPR) which provides both the Board and the public with an overview of our performance. The report is structured around the strategic and enabling priorities identified by the Trust, and divided into performance sections of Operational, Quality, Workforce and Resources. The report evolves to reflect new areas of monitoring or national focus.

Our monthly integrated performance reports are available on our website as part of monthly Board papers and can be downloaded via:

https://www.salisbury.nhs.uk/about-us/the-trust-board/board-papers/

Each of the four performance sections of the IPR are presented at Board Committees, and then brought together into one integrated document for presentation and scrutiny at Trust Board. The statistical process charts allow our Board and Committees to see trend analysis for the previous 24 months, which in an extraordinary year affected by the presence of COVID-19 provides more depth and understanding around our performance.

Performance overview

COVID-19

The Trust was required to rapidly reconfigure its services in order to respond to the COVID-19 pandemic. In short timescales the Trust ensured it had sufficient capacity to respond, keeping patients and staff as safe as possible, whilst continuing to deliver high quality care. All staff had to adapt to changes at work, and this was done with remarkable resilience, strength and determination from staff. A dedicated respiratory assessment zone (RAZ) was created in the Emergency Department, allowing better segregation of potentially infectious patients.

Inpatient ward areas were reconfigured to create a dedicated COVID-19 Respiratory Care Unit (RCU) with up to 60 beds. This supported efficient flow of potential COVID-19 patients from the Emergency Department and with a high number of side rooms provided appropriate isolation facilities. In the first wave this was largely enough capacity to manage the demand, however in the second wave the numbers of patients quickly outstripped this area, with substantially more beds required. Further wards were converted to COVID-19 areas as demand grew. At the peak the Trust had 188 COVID-19 positive inpatients.

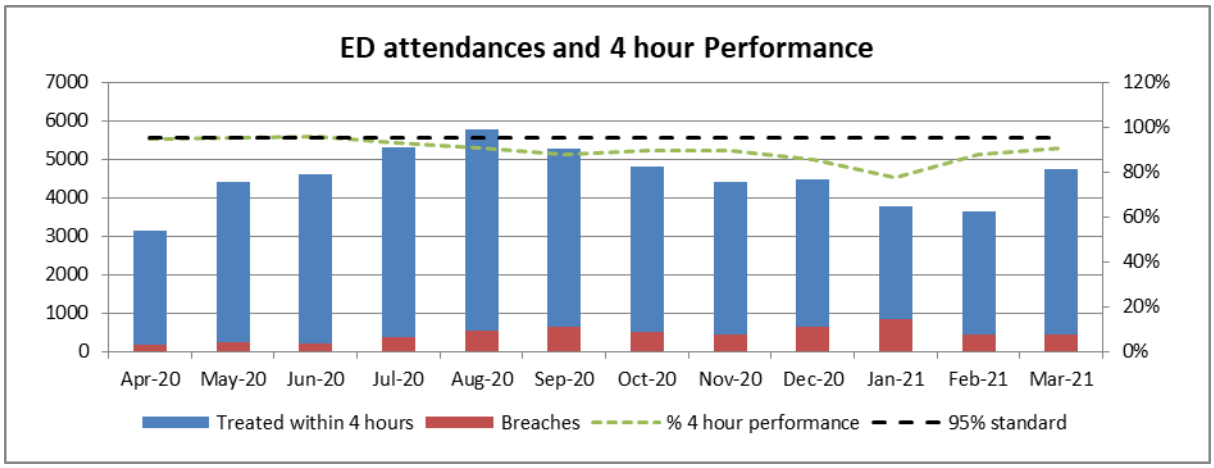
A second intensive care area was opened within our theatre complex to provide an additional, but temporary, critical care unit. Estate work was undertaken throughout Quarter 3 and Quarter 4 to upgrade an area within the Trust to be used as a permanent intensive care area. This opened in March, releasing theatre capacity and providing a long term escalation option for critical care.

Elective surgery continued throughout the second wave, with protected capacity in the Spinal unit preserved for these patients to reduce risk of contact in COVID-19 areas. Outpatient services were rapidly transformed with enhanced advice and guidance services available to GPs through email and telephone services. The use of telephone clinics was expanded, and Attend Anywhere video consultation was widely used. This reduced foot fall on the hospital site, and enabled adequate social distancing in waiting rooms and outpatient areas for those patients required to attend for a face to face appointment.

Emergency Access

As with many acute Trusts the delivery of the Four hour standard for treating 95% of patients attending the Emergency Department has been challenging for the Trust, and the COVID-19

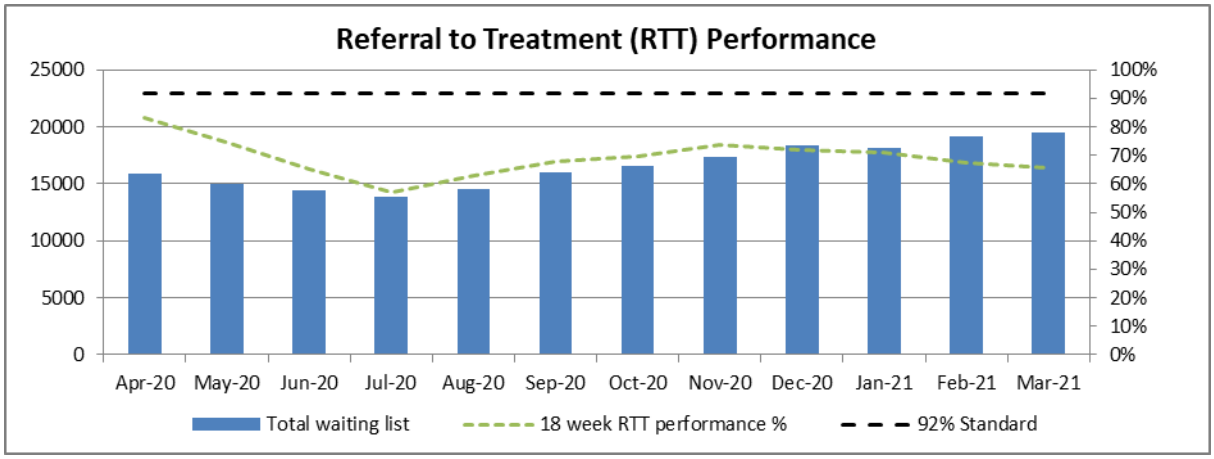
pandemic has added further complexities to the challenge. Attendances over the year have been low, and with an accompanying reduction in the inpatient occupancy levels, performance against the standard significantly improved during the first wave of the pandemic. As attendances increased, and prevalence of COVID-19 in the community began to rise the impact from pandemic was felt most acutely in Quarter 4. The Trust neared 50% of inpatient beds being used to treat COVID-19 patients.



Although ED activity remained lower than previous years the department was under significant pressure managing the flow of acutely unwell patients into the hospital. Despite this pressure the Trust maintained performance above the national average.

Elective care - Referral to Treatment (RTT)

The Trust continues to benchmark favourably against both the national performance and the performance across BSW, although as expected the pandemic has heavily affected the Trust's ability to deliver improved, or even maintained, performance against the 18 week referral to treatment standard.



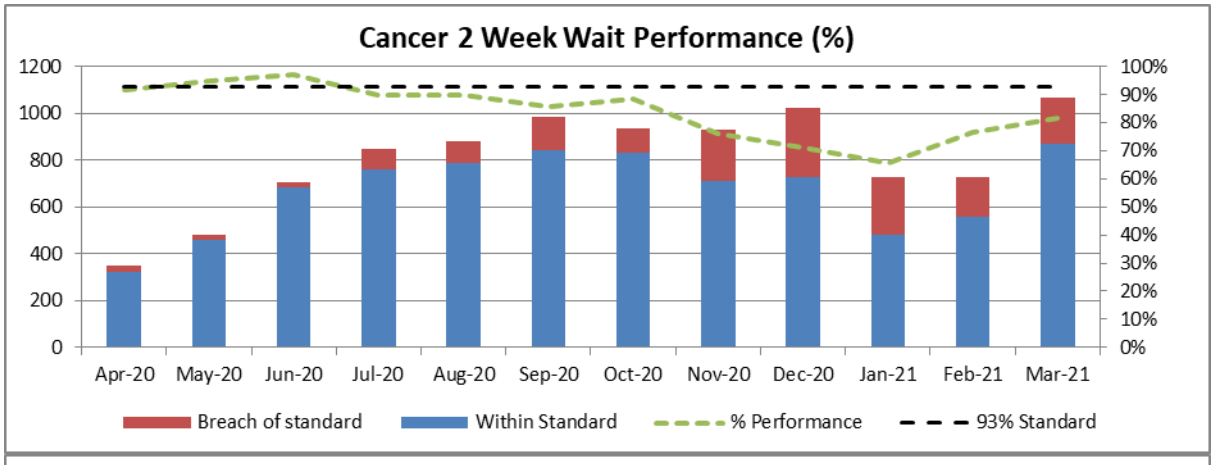
During the first wave of the pandemic all routine elective activity was suspended, however urgent and life threatening surgery was always maintained throughout the year. Routine surgery was restarted following wave 1, but the second, more intense, wave in quarter 4 resulted in routine surgery being further affected. As a result of high numbers of COVID-19 cases in the hospital a second intensive care area was maintained throughout Quarter 4 in the theatre complex, reducing the number of theatres available for elective operating.

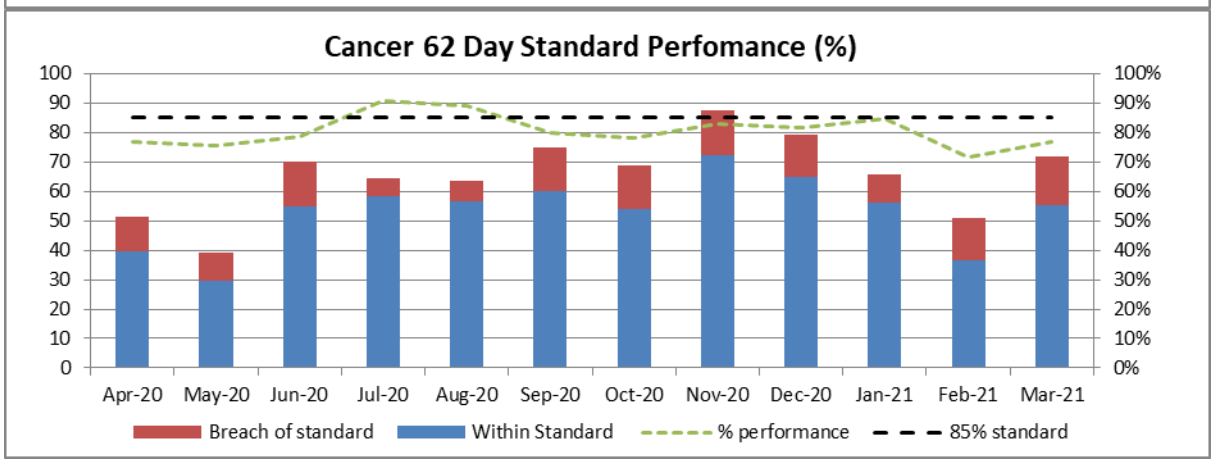
The waiting list volume initially shrank as GP referrals also reduced, but has steadily grown beyond the size at the start of the year, and the Trust was unable to recover performance against the standard. The Trust began to build a backlog of patients waiting longer than 52 weeks for elective treatment. Throughout the year the total waiting list size has increased from 15,958 in April 2020 to 19561 in March 2021. Within this the number over 52 weeks has grown from 10 in April 2020 to 1142 by March 2021. The Trust ended the year with RTT performance of 65.47% in March against the 92% RTT standard.

Some specialties have been more adversely affected than others, with surgical specialties such as Ear, Nose & Throat, Oral Surgery, Gynaecology and Ophthalmology that have a lower proportion of clinically urgent patients receiving reduced levels of access to theatre capacity in order to prioritise providing treatment to the most clinically urgent patients first.
Medical specialties that have been limited by their ability to see patients in a face to face environment have also seen big growth in their waiting lists, in particular Respiratory and General Medicine.

Recovery plans for 2021-22 focus on increasing capacity in specialties close to levels achieved in 2019/20. Increasing theatre staffing, continuing with virtual outpatients and working with our partners across the Integrated Care System will be key to delivering improved and equitable waiting times.

Elective Care - Cancer pathways

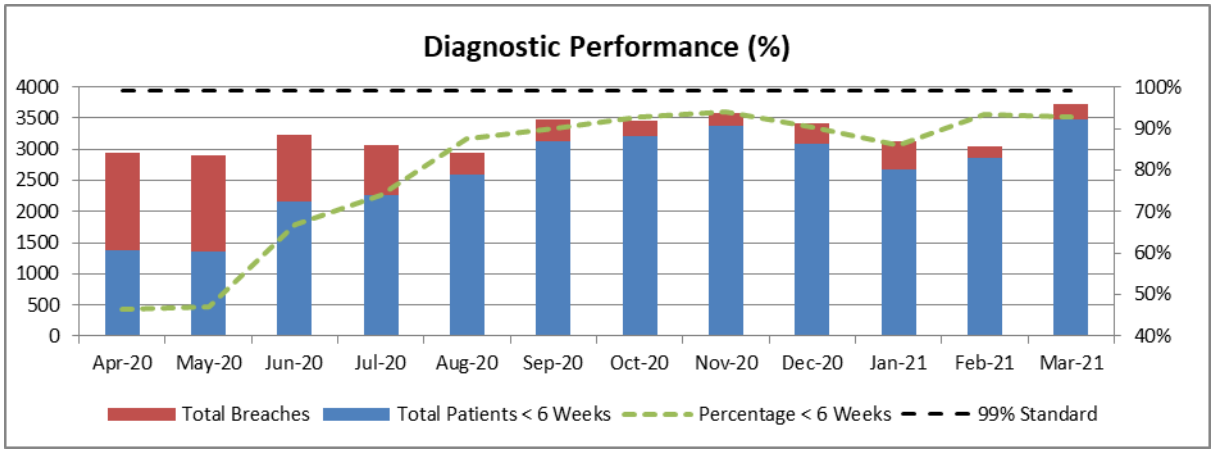




Performance against the cancer waiting times targets has been more challenging in the second half of the year. Throughout the pandemic urgent and emergency treatment was maintained, and initially performance against the cancer standards increased, however this was likely due to referral levels dropping as a result of patients not presenting in primary care for onward referral. Throughout the second half of the year performance against the two week wait standard fell, in

particular for Breast services. Constraints in space to facilitate social distancing measures in outpatient departments led to challenges in utilising capacity effectively.

Elective Care – Diagnostic waits



Performance against the six week diagnostic standard was greatly affected by the ceasing of routine activity during the first wave of the pandemic, and as a result performance fell to less than 50% early in the year. It has steadily improved as the year progressed and despite further peaks in COVID-19 activity in the Trust, performance was recovered close to pre COVID-19 levels by the end of the year. As with other elective measures referral rates remained below pre COVID-19 levels throughout the year, and capacity was reduced by the implementation of social distancing measures.

We continue to assess all of our service performance, clinical policies and processes and change projects through Equality Impact Assessments which guide our services through the potential impact on equality of access and quality of care which could arise either from existing service delivery or proposed changes.

ACCOUNTABILITY REPORT

DIRECTORS' REPORT

Board of Directors

The Board of Directors is accountable, through the Chair, to NHS England and NHS Improvement and is collectively responsible for the strategic direction and performance of the Trust. It has a general duty, both collectively and individually, to act with a view to promoting the success of the organisation.

Directors of Salisbury NHS Foundation Trust during 2020-21

Dr Nick Marsden	Chairman
Stacey Hunter	Chief Executive (from 1 September 2020)
Cara Charles-Barks	Chief Executive (until 30 August 2020)
Dr Christine Blanshard	Medical Director (until 25 August 2020)
Dr Peter Collins	Interim Medical Director (from 5 October 2020)
Andy Hyett	Chief Operating Officer
Lorna Wilkinson	Director of Nursing (until 29 June 2020)
Judy Dyos	Interim Director of Nursing (from 30 June 2020)
Lisa Thomas	Director of Finance
Lynn Lane	Interim Director of Organisational Development and People
Michael von Bertele CB, OBE	Non-Executive Director
Rachel Credidio	Non-Executive Director (until 30 April 2020)
Tania Baker	Non-Executive Director (Senior Independent Director)
Paul Kemp	Non-Executive Director
Paul Miller	Non-Executive Director
Eiri Jones	Non-Executive Director
Rakhee Aggarwal	Non-Executive Director
David Buckle	Non-Executive Director

Register of Directors' Interests

NHS employees are required to be impartial and honest in the conduct of their business. It is also the responsibility of all staff to ensure they are not placed in a position which risks, or appears to risk, conflict between their private interests and NHS duties.

Members of the Board of Directors are required to disclose details of company directorships or other material interests in companies held which may conflict with their role and management responsibilities at the Trust. There is an annual review of the Register of Interests and compliance with the Fit and Proper Persons Requirements. As a standing agenda item, the Directors declare any interests before each Board and Board Committee meeting which may conflict with the business of the Trust and excuse themselves from any discussion where such conflict may arise. The Trust Board considers that all its non-executive directors are independent in character and judgement.

The Register of Declared Interests is made available to the public by contacting the Director of Corporate Governance, Trust Offices, Salisbury NHS Foundation Trust, Salisbury District Hospital, Salisbury, SP2 8BJ. This can also be found on the Trust website following the link below: **https://www.salisbury.nhs.uk/media/5yalae1w/trust-board-register-of-members-interest-2021.pdf**

NHS Improvement's Well Led Framework

The Trust has considered NHS Improvement's well-led framework in arriving at its overall evaluation of the organisation's performance and in developing its approach to internal control, board assurance framework and the governance of quality.

The Care Quality Commission (CQC) undertook an inspection of the well-led question in December 2019 and rated the Trust as 'Good'. The CQC stated that 'There was effective, experienced and skilled leadership, a strong vision for the organisation and embedded values. The leadership had the capacity and capability to deliver high-quality sustainable care. Leaders understood the challenges to quality and sustainability and they were visible and approachable. There was a clear vision for the trust and strong values.'

During 2020/21, the Trust has focussed on the response to the COVID-19 pandemic and there have also been a number of changes to the Executive Directors. Acknowledging this, there has been Trust Board agreement to undertake a self-assessment against the well-led framework in October 2021 and the commissioning of an external well-led review in May 2022.

The Annual Governance Statement describes in further detail the Trust's approach to ensuring services are well-led and quality governance. The Quality Account describes quality improvements in more detail.

Other disclosures

Modern Slavery Act 2020-21 annual statement

At the Trust we are committed to ensuring that no modern slavery or human trafficking takes place in any part of our business or our supply chain. We are fully aware of the responsibilities we hold towards our service users, employees and local communities. We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers (i.e. all companies that we do business with) to adhere to these same principles. We have zero tolerance for slavery and human trafficking.

Cost allocation and charging guidance Issued by HM Treasury

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

Political Donations

The Trust has made no political donations of its own.

Better Payment Practice Code

The Trust conforms to the principles of the Better Payment Practice Code and aims to pay its bills promptly. Performance against the code can be viewed below. No interest was paid under the late Payment of Commercial Debts (Interest) Act 1998.

Better payment practice code	By Number	By Value £'000
Non NHS	86.0%	89.7%
NHS	75.2%	82.2%
Total	85.7%	89.4%

Information on fees and charges

Please see table below which provides an aggregate of all schemes that, individually, have cost exceeding £1million.

		2020-21	***2019-20***
	Expected sign		
Income	+	*13,065*	*14,535*
Full cost	-	*12,103*	*-11,577*
Surplus/Deficit	+/-	***962***	***2,958***

Income Disclosure

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

Other Income and Impact on Provision of Services

The Trust provides a variety of services to patients, visitors, staff and external bodies that generate income which cover the cost of the service and makes a contribution towards funding patient care. Services that generate income include: payroll services, accommodation, catering, car parking, private patient treatment, pharmacy products and sterile supplies. The total income from all of these areas amounted to around £6.9 million. The other areas contributed surpluses, which have been applied to meeting patient care expenditure. In addition, the Trust received £9.3 million through Salisbury Trading Ltd (excluding laundry undertaken for the Trust) and £1.7 million through Odstock Medical Ltd.

The Accountability Report has been approved by the Trust Board.

Stacey Hunter
Chief Executive (Accounting Officer)
18.06.2021 (on behalf of the Trust Board)

REMUNERATION REPORT

Chairman of the Remuneration Committee's Annual Statement on Remuneration

In accordance with the requirements of NHS England and NHS Improvement, this remuneration report consists of the following parts:

- An Annual Statement on remuneration
- The Senior Manager's Remuneration Policy
- The Annual Report on remuneration

As the Chairman of the Remuneration Committee, I am pleased to present our remuneration report for 2020-21.

Senior managers have the authority or responsibility for directing and controlling the major activities of the Trust and for Salisbury NHS Foundation Trust this covers the Chairman, the Executive and Non-Executive Directors. It is important to note that the Remuneration Committee of the Board has responsibility for setting the terms and conditions for the Executive Directors, while responsibility for setting the terms and conditions for the Chairman and Non-Executive Directors lies with the Council of Governors, which is advised by the Performance Committee.

The Remuneration Committee reviewed the salaries and the individual reward packages of the Executive Directors for 2020-21. Salaries are set in comparison with those given to holders of equivalent posts within the NHS. Advancement within the individual salary scales of Executive Directors is based on successful appraisal outcomes and this is the only performance-related element of the Executive Director's remuneration. The Remuneration Committee works closely with the Chief Executive in reviewing each Executive Director's performance and the Chairman advises the committee on the performance of the Chief Executive.

2020-21 major decisions on remuneration

During 2020-21, the Remuneration and Nominations Committee did not make any major decisions affecting remuneration for very senior managers. In line with recommendation received from NHS England and NHS Improvement in November 2020 regarding an annual cost of living pay increase, the uplift was applied in line with the recommendations.

The changes to the Trust's Executive team during 2020-21 were:

- Christine Blanshard left her post on 25 August 2020
- Peter Collins started as interim Medical Director on 5 October 2020
- Cara Charles-Barks left her post as Chief Executive on 31 August 2020
- Stacey Hunter started as Chief Executive on 1 September 2020
- Rachel Credidio left her post as Non-Executive Director on 30 April 2020
- Lorna Wilkinson left her post as Director of Nursing on 29 June 2020
- Judy Dyos started her role as Interim Director of Nursing on 30 June 2020

Nick Marsden
Remuneration Committee Chairman
18.06.2021

Senior Managers' Remuneration Policy

The following report details how the remuneration of senior managers is determined. A 'senior manager' is defined as 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS Foundation Trust'. The Trust deems this to be the Executive and Non-Executive members of the Board of Directors.

The remuneration of the Chief Executive and Executive Directors (with the exception of the Medical Director*) is determined by the Board of Directors' Remuneration Committee taking into account market levels, key skills, performance and responsibilities. In reviewing remuneration, including making decisions about whether to pay the Chief Executive and any of the individual Executive Directors more than £150,000 per annum, as outlined in the guidance issued by the Cabinet Office, the Committee has regard to the Trust's overall performance, delivery of agreed objectives, remuneration benchmarking data in relation to similar NHS Foundation Trusts and the wider NHS and the individual Director's level of experience and development of the role.

*The pay, terms and conditions for the Medical Director are determined by the national Consultant Contract and the associated Medical Terms and Conditions. An additional payment is made which reflects the additional responsibilities for the role of Medical Director. The Medical Director is eligible to apply for discretionary performance-related pay under Medical Terms and Conditions.

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

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

- Attract, motivate and retain senior managers with the necessary abilities to manage and develop the Trust's activities fully for the benefit of patients
- Align remuneration with objectives that match the long term interests of the Trust
- Drive appropriate behaviours in line with the Trust's values
- Focus senior managers on the business aims and appraise them against challenging objectives
- Comply with the Public Sector Equality Duty under the Equality Act 2010, our compliance with equality and diversity requirements of the NHS Constitution and Care Quality Commission and meet the standards set within the Trust Equality, Diversity and Inclusion Policy.

Future Policy Table

Element of pay (Component)	How component supports short and long term strategic objective/goal of the Trust	Operation of the component	Performance metric used and time period
Basic salary	Provides a stable basis for recruitment and retention, taking into account the Trust's position in the labour market	Individual pay point is set within a pre designed pay band which has a minimum and maximum	Pay is reviewed annually in relation to individual performance based

	and a need for a consistent approach to leadership. Stability, experience, reputation and widespread knowledge of local needs and requirements supports the Trust's short term strategic objectives outlined in its annual priorities and its long term strategic goals of: Local Services - meeting the needs of the local population by developing new and improved ways of working which always put patients at the centre of all we do Specialist Services - providing innovative, high quality specialist care delivering outstanding outcomes for a wider population Innovation - promoting new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered making a positive contribution to the financial position of the Trust Care - treating our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm People - making the Trust an outstanding place to work where everyone feels valued, supported and engaged and are able to develop as individuals and as teams Resources - making best use of our resources to achieve a financially sustainable future, securing the best outcomes within available resources	limit. (See salary scales at the end of the Future Policies table which sets out the rates payable). Please note that this does not include additional payments over and above the role such as clinical duties, Clinical Excellence Awards. Total remuneration can be found in the Remuneration tables in the Annual Report on Remuneration. Initial positioning on this pay band is based on experience and benchmarked against the NHSI Guidance for pay for very senior managers.	on agreed objectives set out prior to the start of that financial year which runs between 1 April and 31 March.
Benefits	Benefits in kind relate to either the provision of a car, training or additional pension contributions. Salary for	(See above)	(see above)

	Executive Directors includes any amount received (See Basic salary on how this component supports short and long term strategic objective/goal of the Trust)		
Pension	Provides a solid basis for recruitment and retention of top leaders in sector. Supports the Trust's short term strategic objectives outlined in its annual priorities and its long term strategic goals stated in the basic salary component.	Contributions within the relevant NHS Pension Scheme	Contribution rates are set by the NHS Pension Scheme
Bonus	N/A	N/A	N/A
Fees	N/A	N/A	N/A

The components above apply generally to all Executives and there are no particular arrangements that are specific to an individual Executive Director. The Remuneration Committee adopts the principles of the Agenda for Change framework when considering Executive Director's pay. However, unlike Agenda for Change, there is no automatic salary progression within the salary scale, even if individual directors meet their annual objectives.

The performance measures were chosen to reflect the Trust's adopted values and its strategic goals form the basis for Directors' objectives. Objectives for each Executive is set at the start of the financial year in order to deliver the strategic intentions (longer term) and the operational plans (short to medium term). These SMART objectives are the performance measures for the individual Executives. The objectives / performance measures are reviewed during the year and progress recorded.

There is no specific minimum level of performance that affects the payment and no further levels of performance which would result in additional amounts being paid. There is no specific provision for the recovery of sums paid to directors or for withholding the payment of sums to senior managers that relate to their basic salary. However, the Remuneration Committee in respect of the Executive Directors and the Council of Governors for the Non-Executive Directors does have the authority to decide on whether any pay increase should be awarded each year based on performance.

No Executive Directors have been released to undertake other paid work elsewhere.
Where an individual Director is paid more than the Prime Minister, the Trust has taken steps to assure itself that remuneration is set at a competitive rate in relation to other similar NHS Foundation Trusts and that this rate enables the Trust to attract, motivate and retain senior managers with the necessary abilities to manage and develop the Trust's activities fully for the benefit of patients. This has been benchmarked against the NHSI guidance for pay for very senior managers.

Remuneration of Non-Executive Directors

Element of pay (Component)	How component supports short and long term strategic objective of the Trust	Operation of the component	Performance metric used and time period
Basic salary	The pay level reflects the part time nature of the role. It is set at a level that gives recognition for the post holder's commitment and responsibility of the role. Supports the Trust's short and long term strategic objectives outlined in its annual priorities and its long term strategic goals of: Local Services - meeting the needs of the local population by developing new and improved ways of working which always put patients at the centre of all we do Specialist Services - providing innovative, high quality specialist care delivering outstanding outcomes for a wider population Innovation - promoting new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered making a positive contribution to the financial position of the Trust Care - treating our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm People - making the Trust an outstanding place to work where everyone feels valued, supported and engaged and are able to develop as individuals and as teams Resources - making best use of our resources to achieve a financially sustainable future, securing the best outcomes within available resources	It is one single pay point based on research of NHS pay for Non-Executive Directors in other NHS Foundation Trusts	The pay level is reviewed annually by the Council of Governors, advised by the Performance Committee
Benefits	N/A	N/A	N/A
Pension	N/A	N/A	N/A
Bonus	N/A	N/A	N/A
*Fees	N/A	N/A	N/A

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

Statement of consideration of employment conditions elsewhere in the Trust

While the Trust did not consult with employees on the remuneration policy regarding senior managers, it did take into account the national pay and conditions on NHS employees.

Responsibility for setting the terms and conditions of appointment for Non-Executive Directors rests with the Council of Governors, which is advised by the Performance Committee and takes into account remuneration in other NHS organisations by reviewing available national comparisons in NHS Employers information. This was determined when the Trust was authorised, on the basis of independent advice. Please note that no additional fees are paid to the Chairman and the Non Executives Directors, other than travel and subsistence costs incurred.

Annual Report on Remuneration

Service contracts obligations

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

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

The Service Contract for Non-Executive Directors is not an employment contract. Non-Executive Directors are appointed for an initial term of up to four years and are eligible for a further term of up to four years. Where a director has served eight years, his appointment may be renewed for a further year provided that exceptional circumstances exist in relation to the renewal. The Council of Governors is responsible for appointing, suspending and dismissing the Chairman and Non-Executive Directors as set out in the Trust's Constitution.

Name	Role	Current term of office	Notice Period
Nick Marsden	Chairman	Commenced December 2016	3 months
Rakhee Aggarwal	Non-Executive Director	Commenced January 2020	3 months
Tania Baker	Non-Executive Director	Commenced June 2016	3 months
Michael von Bertele	Non-Executive Director	Commenced November 2016	3 months
David Buckle	Non-Executive Director	Commenced January 2020	3 months
Rachel Credidio	Non-Executive Director	Commenced March 2018	Left April 2020
Margaret (Eiri) Jones	Non-Executive Director	Commenced November 2019	3 months
Paul Kemp	Non-Executive Director	Commenced February 2018	3 months
Paul Miller	Non-Executive Director	Commenced March 2018	3 months
Cara Charles-	Chief Executive	Commenced February 2017	Left August

Barks			2020
Christine Blanshard	Medical Director	Commenced September 2011	Left August 2020
Peter Collins	Interim Medical Director	Commenced October 2020	6 months
Judy Dyos	Director of Nursing	Commenced June 2020	6 months
Stacey Hunter	Chief Executive	Commenced September 2020	6 months
Lynn Lane	Interim Director of OD & People	Commenced October 2019	Left March 2021
Andy Hyett	Chief Operating Officer	Commenced April 2015	6 months
Lisa Thomas	Director of Finance	Commenced September 2017	6 months
Lorna Wilkinson	Director of Nursing	Commenced August 2014	Left June 2020

The remuneration and expenses for the Trust Chairman and non-executive directors are determined by the Council of Governors, taking account of any National guidance.

Remuneration Committee

The Remuneration Committee decides the pay, allowances and other terms and conditions of the Executive Directors. The Trust's Chairman is chair of the Remuneration Committee and all non-Executive Directors are members of the committee.

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

Name	Role	Attendance from three meetings
Nick Marsden	Chairman	4
Rakhee Aggarwal	Non-Executive Director	4
Tania Baker	Non-Executive Director	4
Michael von Bertele	Non-Executive Director	4
David Buckle	Non-Executive Director	4
Rachel Credidio	Non-Executive Director	0
Margaret (Eiri) Jones	Non-Executive Director	4
Paul Kemp	Non-Executive Director	4
Paul Miller	Non-Executive Director	4

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

Disclosures in accordance with the Health and Social Care Act

Expenses for Senior Managers and Governors

Year	Number of Directors in Office	Number of Directors Reimbursed	Amount Reimbursed to Directors	Number of Elected Governors in Office	Number of Elected Governors Reimbursed	Amount Reimbursed to Elected Governors
2019/2020	17	10	£12,677	18	6	£2,579
2020/2021	18	6	£22,011	22	3	£299
Expenses incurred during the course of their duties relate to travel, accommodation and subsistence. Directors include those who were in post in an interim capacity during the year						

Salary and Pension Entitlement

Name and Title	Remuneration Year to 31 March 2021					
	Salary	Benefits in Kind	Annual Performance Related Bonus	Long-Term Performance Related Bonus	Pension Related Benefits	Total
	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	(bands of £2500) £000	(bands of £5000) £000
Nick Marsden - Chairman	45-50	0	0	0	0	45-50
Paul Kemp - Non Executive	10-15	0	0	0	0	10-15
Tania Baker - Non Executive	15-20	0	0	0	0	15-20
Rachel Credidio - Non Executive	0-5	0	0	0	0	0-5
Paul Miller - Non-Executive	10-15	0	0	0	0	10-15
Michael von Bertele OBE - Non Executive	10-15	0	0	0	0	10-15
Rakhee Aggarwal - Non Executive	10-15	0	0	0	0	10-15
Margaret Jones - Non Executive	10-15	0	0	0	0	10-15
David Buckle - Non Executive	10-15	0	0	0	0	10-15
Stacey Hunter - Chief Executive	95-100	0	0	0	95-97.5	190-195
Cara Charles-Barks - Chief Executive	80-85	0	0	0	27.5-30	110-115
Lisa Thomas - Director of Finance	130-135	0	0	0	57.5-60	190-195
Peter Collins - Medical Director	95-100	0	0	0	10-12.5	105-110
Christine	75-80	0	0	0		

Blanshard - Medical Director					30-32.5	105-110
Judy Dyos - Director of Nursing	80-85	0	0	0	102.5-105	180-185
Lorna Wilkinson - Director of Nursing	25-30	0	0	0	55-57.5	85-90
Lynn Lane - Interim Director of Organisational Development & People	135-140	0	0	0	0	135-140
Andy Hyett - Chief Operating Officer	115-120	0	0	0	40-42.5	160-165

This table is subject to audit

The amount shown above for Christine Blanshard, and Peter Collins Medical Director, represents their total salary and any remuneration received from their clinical roles. No other member above received remuneration for additional duties. No remuneration was received from another body and no severance payments were made within the year.

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

There is no additional benefit that will become receivable by a director in the event that that senior manager retires early.

Christine Blanshard left her post on 25 August 2020 and Peter Collins started as interim Medical Director on 5 October 2020

Cara Charles-Barks left her post as Chief Executive on 31 August 2020 and Stacey Hunter started as Chief Executive on 1 September 2020

Rachel Credidio left her post as Non-Executive Director on 30 April 2020

Lorna Wilkinson left her post as Director of Nursing on 29 June 2020 and Judy Dyos started on 30 June 2020

Name and Title	Remuneration Year to 31 March 2020					
	Salary (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100	Annual Performance Related Bonus (bands of £5000) £000	Long-Term Performance Related Bonus (bands of £5000) £000	Pension Related Benefits (bands of £2500) £000	Total (bands of £5000) £000
Nick Marsden - Chairman	40-45	0	0	0	0	40-45
Paul Kemp - Non Executive	10-15	0	0	0	0	10-15
Tania Baker - Non Executive	15-20	0	0	0	0	15-20
Rachel Credidio - Non Executive	10-15	0	0	0	0	10-15

Paul Miller - Non-Executive	10-15	0	0	0	0	10-15
Jane Reid - Non Executive	5-10	0	0	0	0	5-10
Michael von Bertele OBE - Non Executive	10-15	0	0	0	0	10-15
R Aggarwal - Non Executive	0-5	0	0	0	0	0-5
M Jones - Non Executive	5-10	0	0	0	0	5-10
D Buckle - Non Executive	0-5	0	0	0	0	0-5
Stacey Hunter - Chief Executive	0	0	0	0	0	0
Cara Charles-Barks - Chief Executive	185-190	0	0	0	45-47.5	230-235
Lisa Thomas - Director of Finance	125-130	0	0	0	45-47.5	170-175
Peter Collins - Medical Director	0	0	0	0	0	0
Christine Blanshard - Medical Director	175-180	0	0	0	32.5-35	205-210
Judy Dyos - Director of Nursing	0	0	0	0	0	0
Lorna Wilkinson - Director of Nursing	120-125	0	0	0	55-57.5	175-180
Paul Hargreaves - Director of Organisational Development & People	45-50	0	0	0	20-22.5	70-75
Lynn Lane - Interim Director of Organisational Development & People	50-55	0	0	0	0	50-55
Andy Hyett - Chief Operating Officer	115-120	0	0	0	7.5-10	125-130

This table is subject to audit

The amount shown above for Christine Blanshard, Medical Director, represents her total salary and any remuneration received from her clinical role. No other member above received remuneration for additional duties. No remuneration was received from another body and no severance payments were made within the year.

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

The pension related benefits figures for 2019-20 have been restated to include lump sum increases in addition to annual pension rate increases.

Pension Benefits

Name and title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 March 2021 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2021 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 1 April 2020 £000	Employers Contribution to Stakeholder Pension To nearest £100
Cara Charles-Barks - Chief Executive	0-2.5	0-2.5	35-40	50-55	554	20	469	0
Stacey Hunter - Chief Executive	10-12.5	7.5-10	45-50	95-100	860	85	680	0
Christine Blanshard - Medical Director	0-2.5	5-7.5	80-85	230-235	2,061	52	1,874	0
Peter Collins - Medical Director	0-2.5	0	45-50	95-100	835	10	781	0
Lorna Wilkinson - Director of Nursing	0-2.5	5-7.5	50-55	125-130	1,126	55	875	0
Judy Dyos - Director of Nursing	5-7.5	10-12.5	25-30	60-65	469	80	342	0
Lisa Thomas - Director of Finance	2.5-5	2.5-5	35-40	70-75	560	39	495	0
Andy Hyett - Chief Operating Officer	2.5-5	0-2.5	45-50	100-105	796	36	731	0
Lynn Lane - Interim Director of Organisational Development & People	0	0	0	0	0	0	0	1,300

Lynn Lane was not a current member of the NHS pension Scheme and so no additional benefits accrued to her in the year under this scheme.

This table is subject to audit

Notes to Remuneration and Pension Tables

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

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the

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

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

Median Remuneration that Relates to the Workforce (Including Fair Pay Multiple) – these figures are subject to audit

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest paid Director in the financial year 2020-21 was £185,000 (£190,000 in 2019-20). This was 7.1 times (7.2 times in 2019-20) the median remuneration of the workforce, which was £25,900 (£26,200 in 2019-20). The Trust's median remuneration reduced in 2020/2021 compared with the previous year. This resulted from the changes to the national Agenda for Change pay scales whereby newly recruited staff within the median pay band serve a number of years before receiving an actual salary increase (increment).

In 2020-21, one employee (three in 2019-20) received remuneration in excess of the highest paid Director. Remuneration ranged from £14,000 to £213,000 (£13,300 to £197,000 in 2019-20). Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Payments for loss of office

There were no payments made to senior managers for loss of office in 2020-21 or 2019-20.

Payments to past senior managers

None to report in 2020-21.

The Remuneration Report has been approved by the Trust Board

Stacey Hunter
Chief Executive (Accounting Officer)
18.06.2021 (on behalf of the Trust Board)

STAFF REPORT

Analysis of average staff costs (subject to audit)

	Total 2020/2021 £000	Permanently employed Total £000	Other Total £000
Salaries and wages	**140,670**	140,670	0
Social security costs	**14,144**	14,144	0
Pension cost- defined contribution plans employer's contributions to NHS pensions	**16,204**	16,204	0
Paid by NHSE on provider's behalf (6.3%)	**7,073**	7,073	
Pension cost – other	**42**	42	0
Temporary staff/agency contract staff	**5,391**	0	5,391
Apprenticeship levy	**676**	676	0
TOTAL STAFF COSTS	**184,200**	178,809	5,391
Less: Costs capitalised as part of assets	**(854)**	(854)	0
TOTAL STAFF COSTS IN OPERATING EXPENDITURE	**183,346**	177,955	5,391

Analysis of average staff numbers (subject to audit)

	Total 2020/ 2021 number	Permanently employed 2020/2021 number	Other 2020/ 2021 number	Total 2019/ 2020 number	Permanently employed 2019/2020 number	Other 2019/ 2020 number
Medical and Dental	444	432	12	413	405	8
Administration and Estates	1,289	1,214	75	1,103	1,044	59
Healthcare assistants and other support staff	493	475	17	699	693	6
Nursing, midwifery & health visiting staff	1,067	1,061	6	942	919	23
Scientific, therapeutic and technical staff	668	668	0	441	424	17
Total	**3,961**	**3,851**	**110**	**3,598**	**3,485**	**113**

The figure shown under the other column relates to other staff engaged on the objectives of the organisation such as, short term contract staff, agency/temporary staff, locally engaged staff

overseas and inward secondments where the organisation is paying the whole or the majority of their costs.

The comparative numbers have been restated to bring them in line with the occupation codes within the electronic staff record, the NHS human resource and payroll database system.

The number of male and female directors, senior managers and employees at 31 March 2021

Head Count	Female	Male	Total
Directors	7	7	14
***Senior managers**	4	3	7
All other staff	3,642	1,102	4,744

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

Staff Turnover

Staff turnover information can be found on the NHS Digital website:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics

Sickness Absence

Between April 2020 and March 2021 the Trust has seen a decrease in sickness absence levels from 27,669 working days lost in 2019/20, to 27,491 in 2020-21.

It is our aim to reduce sickness absence to our stretch target of 3%. During 2020-21 absence rates decreased below the previous year's level of 4.02% to 3.75%. Within this figure, 2.03% related to short term absence whilst long term absence accounts for 1.72% in total; although 28.5% of our staff recorded no sickness absence, we saw significant absence in January 2021 due to COVID-19.

The Trust has procedures in place to manage short term and long term sickness absence. For frequent short term absence a trigger tool is used to help managers set a target for improvement. For long term absences where there is a single underlying cause, staff are referred to Occupational Health and absence is reviewed on a regular basis, providing support and giving due consideration to re-deployment, reasonable adjustments (in the case of disability) and phased return to work.

In addition to the above managers are able to view their sickness absence data by using ESR Manager Self Service. This includes the number of episodes of sickness absence, enabling managers to identify those areas where additional intervention and support is required. Data is also shared with Staff Side organisations on a regular basis.

Ill health can result in impaired productivity if the staff member has remained at work or sickness absence if remaining at work has not been possible. It has been proven that early intervention can have a positive impact on staff in relation to recovery, positive outcomes to their overall wellbeing and/or ability to return to work and their productivity levels. All of which, we know has a positive effect in terms of the individual, team morale and patient outcomes.

Salisbury NHS Foundation Trust offers a range of proactive wellbeing initiatives with the view of promoting health and wellbeing for all staff. This includes an in house full time physiotherapist and

counselling service, monthly health and wellbeing topics/events, trained mental health first aiders, the implementation of a psychological wellbeing practitioner role to promote psychological wellbeing for managers and their teams and the promotion of health improvement coaches for weight management, alcohol, smoking, healthy eating, increasing physical activity and building confidence and motivation. Staff have access to the onsite health and fitness centre, green spaces and walking routes. A health and wellbeing presentation has been implemented for all new starters as part of their induction. COVID-19 risk assessments are completed for all staff to protect their health and wellbeing at work as a result of the pandemic. A clinical COVID-19 support line dedicated to staff for COVID advice and staff testing has been in place throughout the last 12 months. National and internal health and wellbeing initiatives are frequently advertised to ensure that staff are well informed of the support services required to promote their holistic wellbeing. This is also available in a handy pocket size leaflet. The offer of a Flu and COVID-19 vaccine has been made available to all staff.

Policies

All the Trust policies are time-limited, to comply with the principles of good governance, and require a periodic review to ensure alignment with current employment legislation and best employment practice. The intervals of such review will vary from six months to three years, dependent upon the subject matter and the employment landscape at the time of the review.

All employment policies are subject to consultation with staff side colleagues with regular discussions occurring through the Joint Consultative Committee (JCC) for staff groups covered by Agenda for Change terms and conditions of service, and the Joint Local Negotiating Committee (JLNC) for those staff groups covered by medical terms and conditions.

Policies that are currently in development include the introduction of a new Workforce Investigation policy which is designed to further embed and therefore standardise delivery of high-quality investigations across the Trust, and following positive feedback linked to staff wellbeing initiatives introduced as part of the Trust's COVID-19 response, revision of the Trusts Stress and Wellbeing at Work policy is currently with staff side colleagues for approval.

Other policies that have undergone recent review and update include:

Professional Registration Policy
Secondment Policy
Pre & Post Employment Checks
Trust Associate Specialist
Volunteering Policy
Starting Salaries Policy
Recruitment and Retention Premia (RRP) Policy
Domestic Abuse Policy - Supporting Our Employees
Disclosure and Barring Service Policy
Policy for Use of Bank and Agency
Recruitment and Selection Policy
Personal Contributions for Training and Development Policy

All Trust policies including those linked to counter fraud and corruption, are either ratified by the Trust's Operational Management Board (OMB) or the Trust Management Committee (TMC). Employees are then signposted to approved policies via the Trust's central Microguide system.

Health and Safety

The Health and Safety function is supported by a committee, including representatives from every area of the Trust and staff side organisations, which meets regularly and disseminates policy and information to the wider Trust. This committee also has responsibility for other sub-Committees for specific areas for example Fire Safety, Waste and Radiation Protection. The Committee is responsible for monitoring risk and maintaining appropriate records.

Health and Safety is part of a wider Health and Wellbeing function which encompasses the Occupational Health and the Chaplaincy teams. The regulatory requirements for health and safety are set out in the Trusts 'Health and Safety Policy.' Although the ultimate responsibility lies with the Chief Executive Officer, the day to day management is with the Director of Organisational Development and People and their Deputy.

As a matter of routine, the Health and Safety function provides training at induction for all new starters in the Trust, so that everyone is aware of their responsibilities in respect of protecting their own and colleagues' health and safety. Additionally, the team also provides training and 1:1 support as necessary for managers undertaking risk assessments which can be quite technical and/or complex.

The Health and Safety Department, as part of its responsibility to manage risk, facilitates an annual audit system that is conducted by clinical and non-clinical areas. This covers the full range of Health and Safety topics at a corporate level. The Health and Safety Manager provides a strategic overview of the Trust's position regarding regulatory compliance and ensures that a systematic approach to measuring health and safety and demonstrating assurance is in place. They monitor practicable safe systems of work that are in evidence and complied with throughout the organisation. For the current, and previous, financial year there has been support given for the management of COVID-19 requirements for the Trust.

The Health and Safety governance arrangements are currently under review to strengthen reporting and to ensure there is appropriate escalation to the Trust Board.

Consultancy Expenditure - Off Payroll Payments

Table 1: Highly-paid off-payroll worker engagements as at 31 March 2021 earning £245 per day or greater **For all off-payroll engagements as of 31 March 2021**	
	Number
Number of existing engagements as of 31 March 2021	**11**
Of which:	
Number that have existed for less than one year at the time of reporting	**2**
Number that have existed for between one and two years at the time of reporting	**5**
Number that have existed for between 2 and 3 years at the time of reporting	**1**
Number that have existed for between 3 and 4 years at the time of reporting	**2**
Number that have existed for 4 or more years at the time of reporting	**1**

Table 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2021 earning £245 per day or greater.	
	Number

Number of off-payroll workers engaged during the year ended 31 March 2021	**12**
Of which...	
Not subject to off-payroll legislation	**0**
No. assessed as caught by IR35	**6**
No. assessed as not caught by IR35	**6**
No. of engagements reassessed for consistency / assurance purposes during the year.	**6**
No. of engagements that saw a change to IR35 status following the consistency review	**0**

Table 3: Off-payroll board member/senior official engagements **For any off-payroll engagements of board members and/or senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021**	
Number of off-payroll engagements of board members and/or senior officers with significant financial responsibility, during the financial year (1)	**0**
Total number of individuals on payroll and off-payroll that have been deemed 'board members, and/or, senior officials with significant financial responsibility', during the financial year. This figure must include both on payroll and off-payroll engagements. (2)	**18**

Staff Survey

A total of 2,062 or our staff (54.2% of the total) took part in the 2020 NHS Staff Survey. This compares to a response rate for last year's survey of 54.0% (1,954 responses).

For 2020 the survey results were grouped into ten key themes. The Trust score was above average for five of the ten key survey themes, average for one theme (ED & I) and below average for four themes, (Quality of Care, Safe Environment – Violence, Safety Culture, Team Working).

All themes are listed with the Trust Score overleaf:

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	9.1	6.2	6.9	6.3	7.4	8.2	9.4	6.7	7.2	6.4
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	2,009	2,022	2,024	1,998	1,792	1,960	2,013	2,009	2,041	2,030

The Trust Score improved compared to last year in two themes, remained the same in three and deteriorated in five. Actions are currently being developed to address key themes arising from the survey and will be aligned with the Trust's 'Best Place to Work' programme as described in the Leadership and Development section below.

Equality, Diversity & Inclusion (ED&I)

The Trust recognises that delivering on equality, diversity and inclusion is a key driver to achieving the Trust's overall strategic aims. It gives a real opportunity to place people at the centre of the work the Trust undertakes, recognising how respecting and valuing the diversity of patients, their relatives, carers, and our people helps to provide high quality care whilst meeting the needs and expectations of the diverse communities we serve.

The Trust is fully committed to engaging and involving all our staff to ensure that they have the appropriate skills to understand some of the causes and employment inequalities of protected groups through ensuring that ED&I training is mandatory for all staff. The close link between EDI and the Freedom To Speak Up Programme has continued. The Head of Diversity & Inclusion and The Freedom To Speak Up Guardian regularly run training sessions together and attend Trust Induction every Monday.

The Trust has continued to meet its legal and contractual duties by engaging with the Workforce Race Equality Standard, Workforce Disability Equality Standard and the Gender Pay Gap reporting programme. Summaries of the relevant reports for 2020 are included in this report. The original reports are available on the Trust website. For the first time this year the Trust has included the equality data for our 600 volunteers.

During the past 12 months the Trust has reviewed its EDI Policy, introduced a new Equality Impact Assessment process and updated its equality pages on the Trust website.

EDI activity was disrupted by the COVID-19 Pandemic. The pandemic has focussed us on supporting the most vulnerable groups within our workforce and patients. We have engaged

closely with all our people and in particular those who were disproportionally affected (e.g. BAME (Black, Asian and Minority Ethnic) people and people with health conditions.)

The Trust has continued to develop and support a number of staff networks. At the present time the following networks are operating at various stages of development:

- BAME Forum
- Rainbow Shed Network – LGBT+ Network
- Women's Network
- Mental Health First Aiders Network
- #LoveOUREUStaff Network

Work has also started on creating a Disability Network.

The Trust ED&I Committee has been meeting throughout the year and is a link between the Staff Networks and the Organisational Development and People Management Board. The Committee is continuing to align our work programmes to The NHS People Plan and the results of the Best Place to Work programme.

The Trust Head of ED&I now leads a programme of work across the BSW (Bath and North East Somerset, Swindon and Wiltshire) region landscaping the regional ED&I provision and establishing an ED&I network.

Freedom to Speak Up Guardian (FTSUG)

National work

Five years have passed since the publication of the Francis Freedom to Speak Up Review in 2015. The speaking up culture of the health sector in England has changed with a network of over 600 Freedom to Speak Up Guardians in over 400 organisations.

The National Guardian's Office has launched, with Health Education England, training for all workers, and plan training for managers and leaders – with the view that everyone needs to take personal responsibility for their actions.

As the health landscape continues to evolve with the development of Integrated Care Systems (ICS), Regional Integration Plans have been produced to describe actions going forwards and how to measure progress and uptake. The National Guardian's Office is working with primary care organisations to show how this can work at system level. By working in partnership with others we will improve speaking up across patient pathways.

At the start of the first lockdown, the National Guardian's Office launched the first of three pulse surveys to gauge the impact of the pandemic on speaking up. There has been a mixed response; those who had an established culture of speaking up said it made things easier. Others had a less positive response reporting there simply was not enough time to listen to everything workers were raising. The Care Quality Commission (CQC) Chief Inspectors and the National Guardian wrote to all Trust CEO's and Chairs to remind them about how important it was to maintain safe speaking up channels for their workers.

Regional work

The Trust's FTSUG has attended the regional network meetings that have been held virtually during the past 12 months. The main focus has been on peer support during the pandemic. This has been strengthened by regular meetings with the FTSU Guardians from Royal United Hospitals Bath and Great Western Hospital to share experiences, what has worked well and what areas require improvement.

In response to the need to be developing services within the Integrated Care System, recent discussions with Sarum North Primary Care colleagues have taken place and a proposal is being developed for the Trust to provide FTSU services on a consultancy basis commencing early summer 2021.

Local work

During this extraordinary time for the health and care sector, the importance of workers being able to speak up freely is more important than ever. The Trust has responded to this by promoting FTSU in the daily COVID-19 Staff Bulletin and posters have been put up all around the Trust. During the autumn of 2020 the FTSUG recruited five FTSU Ambassadors to support the FTSU programme and support staff networks in promoting Speaking Up and developing an open and honest culture.

Despite the restrictions in place for COVID–19, the numbers of concerns being raised through FTSU has continued to increase in line with the national trajectory. 105 cases were raised during 2020-21, compared to 85 during the same period in 2019-20. Where issues are complex, external investigations commissioned by the Executive Team have taken place.

During this period, the FTSUG has been working full time on site, enabling staff to raise concerns in real time. Induction for new starters has been moved to virtual training, but will move back to face to face when restrictions allow. NHSI/E and Heath Education England (HEE) have developed a three tier on-line training package specifically for FTSU. The first level, Speaking Up in a Healthcare Environment, has been released and is on the Trust's e-learning platform. The Trust Management Committee has agreed that this training for all workers will become mandatory from 1st April 2021.

Apprenticeships

COVID 19 has impacted the uptake of apprenticeships, with a reduction in activity and some programmes pausing. Despite this the Trust has continued to see new starts, albeit in smaller numbers than the Trust would like in order for us to meet our financial and staff development targets.

The more significant impact of COVID-19 has been on the strategic planning and recommendations set out in the 2019-20 Apprenticeship annual report. Whilst some work has been able to continue some has not been started, and nothing is yet completed. The Trust anticipates the start of a number of apprenticeships in the next quarter, including Registered Nurse Degree Apprenticeships (RNDA). This includes a top-up programme from Nursing Associate to Registered Nurse Degree Apprenticeship (RNDA) made available in part due to potential funding from HEE for salary support.

The Trust Wide Training Needs Analysis process that took place at the end of 2020 has identified a number of apprenticeships which could be started as soon as staff are available.

There has been an increase in professional degree apprenticeships available through BSW, South West and National procurement and the Trust will be accessing some of these from September 2021, notably an apprenticeship in Therapy and Radiography. This will support the development of roles which have been identified as hard to fill in the past as well as providing internal development for our people.

Working within BSW the Trust will increase the amount of levy money that can be transferred to other organisations within the system to avoid 'sunsetting'. The term given to money within the apprenticeship levy pot which is not used and then returned to the Treasury. Plans are already in place for a collaborative recruitment programme with a GP surgery to recruit Pharmacy

Technicians, and further support for Trainee Nursing Associates. The Trust is committed to five in 2021.

	April 18- March 19	April 19- March 20	April 20- March 21
Number of apprentices	29	84	125 (plus 7 on pause)
Number of training providers	6	13	19
Current funds	£1,017,848	£1,207,780.00	£1,318,012
Total spent so far	£81,944	£407,238.17	£430357
% of monthly payment spent	19%	48% (based on Feb figures due to error payment in March)	64%
	Apprenticeships in progress		
	Assistant Accountant	Advanced Clinical Practitioner	Accountancy or taxation professional, Level: 7 (Standard)
	Business Administrator	Assistant Accountant	Advanced Clinical Practitioner, Level: 7
	Chartered Manager Degree	Associate Project Manager	Associate project manager, Level: 4
	Healthcare Assistant Practitioner	Business Administrator	Business Administrator, Level: 3
	Infrastructure Technician Level 3	Chartered Manager Degree	Chartered manager degree apprenticeship, Level: 6
	Senior Healthcare Support Worker	Commercial Procurement and Supply	Commercial Procurement and Supply, Level: 4
	Team Leader/Supervisor	Engineering Technician Maintenance	Engineering Manufacture: Engineering Technical Support, Level: 3
		Health Pharmacy Services	Health Pharmacy Services, Level: 3
		Healthcare Assistant Practitioner	Healthcare assistant practitioner, Level: 5
		Healthcare Science Associate	Healthcare science associate, Level: 4
		Healthcare Science Practitioner	Healthcare Science Practitioner, Level: 6
		Healthcare Support Worker	Healthcare support worker, Level: 2
		Maintenance and Operation Engineering Technician	Lead adult care worker, Level: 3
		Nursing Associate	Learning and Skills Teacher, Level: 5
		Operating Departmental Practitioner	Nursing Associate, Level: 5

		Operational/Departmental Manager	Operating Department Practitioner Level: 6
		Senior Healthcare Support Worker	Operations / departmental manager, Level: 5
		Senior Leader	Payroll Administrator, Level: 3
		Team Leader/Supervisor	Pharmacy Services Assistant, Level: 2
			Pharmacy Technician (integrated), Level: 3
			Senior healthcare support worker, Level: 3
			Senior Leader Master's Degree Apprenticeship, Level: 7
			Team leader / supervisor, Level: 3

Leadership and Development

The Trust has continued to develop its leadership offer. In February 2020 the Trust embarked upon a Trust-wide culture change program entitled the 'Best Place to Work' which is based on the evidence-based NHS Improvement (NHSI) 'Culture and Leadership' programme. It is widely acknowledged that:

> "A healthcare organisation's culture – the way we do things around here – shapes the behaviour of everyone in the organisation and directly affects the quality of care they provide. Research shows the most powerful factor influencing culture is leadership" (NHSI).

The programme has three distinct phases. Phase 1 the discovery phase which aimed to establish a baseline for the culture of the organisation is complete. Phase 2, the design phase commenced in February 2021. The purpose of this phase is to design a compassionate inclusive leadership strategy based upon the outputs from Phase 1. This strategy is based upon the Trust's organisational strategy and will describe the leadership needed to nurture an overall culture of compassion and inclusivity, identifying the skills and behaviours needed to achieve strategic goals, and to ensure this style of leadership is developed at all levels across the Trust. Phase 3 is the implementation phase and in order to prepare for this and as part of the initial development of the strategy there is a series of pilot leadership programmes being rolled out across the Trust which include:

- Co-creating compassionate inclusive culture workshops – delivery commencing in mid-May
- Best Place to Work Leadership Development programme – commencing on12th May
- Best Place to Work Clinical Service Leadership Programme, based upon the recommendations from Phase 1
- Midwives Band 7 and 8 development programme

Working with our partners across Bath and North East Somerset, Swindon and Wiltshire (BSW)

The Trust is involved in the establishment of a BSW system academy which will provide a real opportunity to utilise the skills and knowledge available in organisational academies to increase the learning and development opportunities for all, to reduce duplication, create efficiency and increase resilience in delivery of opportunities.

The Trust is already involved in a number of learning and development programmes where one organisation is delivering the programme on behalf of the system, for example:

- Associate Medical Director development programme
- Clinical Lead development programme (in development)

Our plan is to develop this further in programmes such as:

- Leadership apprenticeship training programmes for non-registered staff
- Equality, Diversity and Inclusion leadership programme for senior leaders
- Leading your first team

This is expected to be an area of significant growth as we expand system-wide delivery of care and ensure the learning opportunities and staff development reflects new models of care.

Staff Exit Packages

Staff exit packages include those made under nationally agreed arrangements or local arrangements for which Treasury approval is required. This does not include retirements due to ill health. Figures for 2020-21 are included in this table. The 2019-20 figure is in brackets.

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Under £10,000	(0)1	(4)9	(4)10
£10,000 - £25,000	(0)0	(1)3	(1)3
£25,001 – £50,000	(0)1	(0)	(0)1
£50,001 - £100,000	(0) 0	(0)1	(0)1
£100,001 - £150,000	(0)0	(0)	(0)0
£150,001 - £200,000	(0)0	(0)	(0)0
Total number of exit packages by type	(0) 2	(5)13	(5)15
Total resource cost	(£0)£43,000	(£24000) £164,000	(£24,000) £207,000

This table is subject to audit.

The other departures shown above relate to contractual payments in lieu of notice.

Trade Union Facility Time Disclosures

Since April 2017, public sector organisations are required to report on trade union facility time.

Table 1
Relevant Union Officials

Number of employees who were union reps	25
FTE union reps	21.59

Table 2
Percentage of time spent on facility time

Percentage of time	
0%	9
0-50%	16
51-99%	0
100%	0

Table 3
Percentage of pay bill spent on facility time

Percentage of pay bill on facility time	£
Total cost of facility time	£28,574
Total pay bill	£183,050,819
Percentage facility time	0.2%

NHS FOUNDATION TRUST CODE OF GOVERNANCE

Disclosure Statement

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

The Board considers that for the 2020-21 year the Trust has been fully compliant with the provisions of the Code, with the exception of provision B.6.2 that states “evaluation of the boards of NHS foundation trusts should be externally facilitated at least every three years”. An external review has been delayed until 2022, given the ongoing executive recruitment and the continued focus on COVID-19 recovery. The Trust Board will undertake a self-assessment later this year which will highlight specific areas of focus for improvement, prior to the external review in 2022.

The Board is committed to the highest standards of good corporate governance and follows an approach that complies with this code through the arrangements that it puts in place for our governance structures, policies and processes and how it will keep them under review. These arrangements are set out in documents that include:

- The Constitution of the Trust
- Standing orders
- Standing financial instructions
- Integrated Governance Framework
- Accountability Framework
- Terms of reference for the Board of Directors, the Council of Governors and their committees
- Annual declarations of interest
- Annual Governance Statement

Council of Governors

The Trust’s Governors are the representatives of members, staff, our stakeholders and public interests, and are an integral part of advising us on how best to meet the needs of patients and the wider community. Our governors have a number of statutory duties but their key role is to hold the Non-Executive Directors to account individually and collectively for the performance of the Board of Directors. Other statutory duties of the Council of Governors’ role include:

- Appointing the Chairman and Non-Executive Directors
- Approving the appointment of the Chief Executive
- Deciding on the remuneration of the Chairman and Non-Executive Directors
- Receiving the Trust’s Annual Accounts, Auditors Report and Annual Report
- Reviewing the Membership and Public Engagement Strategy

The Council has been placed into groups to consider various topics over which they can have an influence. In 2020-21 these covered:

- Membership and Communications Committee
- Performance Committee (Chairman and Non-Executive Directors)
- The Trust’s Annual Plan prior to submission to the regulator
- Patient Experience Group
- The strategic direction of the Trust

- Volunteers

The Governors review their work programme and the make-up of their working groups annually. They appreciate that, statutory roles apart, their principal duties are to monitor, advise and inform. Governors are also party to discussions about elements of the Trust's strategy, when items are taken at meetings of the Trust Board and Council of Governors.

The public and staff members of the Council are elected from and by the Foundation Trust membership to serve for three years. They may stand for re-election but they may not serve for more than nine years in total.

In addition, some of the organisations we work most closely with nominate stakeholder governors. An appointed governor may hold office for three years and can be re-appointed in line with elected governors.

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

The Council of Governors hold four meetings a year, in addition to the Annual General Meeting (AGM), and a joint meeting with the Trust Board to review the Annual Plan. The governors canvass opinions of the members and public through their constituency meetings and at the AGM. It should be noted that constituency meetings have been put on hold due to the COVID-19 pandemic.

Elected Governors – Public Constituency

Name	Constituency	Elected or Re-elected	Term of Office	Attendance from 5 meetings
Kevin Arnold	Salisbury City	June 2020	Three years	3 / 3
Lucinda Herklots	Salisbury City	May 2018	Three years	5 / 5
Jan Sanders	Salisbury City	May 2017	Three years	1 / 1
Joanna Bennett	Salisbury City	June 2020	Three years	3 / 3
Sir Raymond Jack	South Wiltshire Rural	May 2018	Three years	4 / 5
Dr Alastair Lack	South Wiltshire Rural	May 2017	Three years	1 / 1
Jennifer Lisle	South Wiltshire Rural	May 2018	Three years	5 / 5
William Holmes	South Wiltshire Rural	May 2018	Three years	3 / 5
Dr James Robertson	South Wiltshire Rural	Sept 2019	Three years	3 / 5
Anthony Pryor-Jones	South Wiltshire Rural	June 2020	Three years	3 / 3
John Wigglesworth[1]	South Wiltshire Rural	June 2020	Three years	0 / 0
John Parker	North Dorset	May 2018	Three years	4 / 5
Christine Wynne	North Dorset	May 2018	Three years	4 / 5
John Mangan (Lead)	New Forest	Feb 2018	Three years	5 / 5
Peter Kosminsky	Kennet	June 2020	One year	3 / 3
Nicholas Sherman	East Dorset	Sept 2019	Three years	5 / 5
Mary Clunie	Rest of England	Feb 2018	Three years	5 / 5

[1] John Wigglesworth resigned from his post shortly after the election and therefore attended no Council of Governor meetings.

Elected Governors - Staff Constituency

Name	Constituency	Elected or Re-elected	Term of Office	Attendance from 5

				meetings
Paul Russell	Clerical, Administrative and Managerial	June 2020	One year	2 / 3
Pearl James	Volunteers	May 2018	Three years	5 / 5
Vacant	Hotel & Property Services	N/A	N/A	N/A
Jonathan Cullis	Medical & Dental	May 2018	Three years	3 / 5
Lee Phillips	Scientific, Technical & Therapeutic	May 2018	Three years	3 / 5
Jayne Sheppard	Nurses & Midwives	May 2018	Three years	4 / 5

Nominated Governors

Name	Constituency	Appointed or Re-appointed	Term of Office	Attendance from 5 meetings
Vacant	Wiltshire Council	June 2018	Three years	0 / 5
Vacant	Wessex Community Action	April 2017	Three years	4 / 5
Vacant	Dorset CCG	N/A	N/A	N/A
Dr Edward Rendell	BaNES, Swindon and Wiltshire (BSW) CCG	June 2020	Three years	3 / 5
Rachel King	West Hampshire CCG	January 2020	Three years	1 / 5
Vacant	Military	N/A	N/A	N/A

During the year the Directors have used a variety of methods to ensure that they take account of, and understand, the views expressed by Governors and members. The Council of Governors is chaired by the Chairman and these meetings are attended by the Chief Executive, who presents a performance report and answers questions. This is an opportunity for Governors to express their views and raise any other issues, so that the Chief Executive can respond.

There have been no formal requests for Director attendance at the Council of Governors meetings but it has been standard practice for the Chief Executive and Director of Nursing to attend. The Chief Operating Officer also attends when operational queries have been raised. Dependent on the agenda, other Executives attend as required.

An informal meeting is normally held between the Governors and the Non-Executive Directors a week after a public board meeting approximately four times a year. However, due to the prevalence of COVID-19 and at the request of our Governors the Trust scheduled an informal briefing with the Non-Executive Directors after every Public Board meeting. Executive and Non-Executive Directors also attend some of the Governor committees.

The Trust Board is aware of the work carried out by the governor committees and information is fed back to the directors.

In 2020-21, the Trust Board met regularly in public and, as part of its commitment to openness, Governors and members are invited by the Chairman to comment or ask questions on any issues that they may wish to raise at the end of the public session. A response is provided by the appropriate member of the Trust Board.

Public Trust Board papers are made available on the website and governors alerted so that these can be viewed prior to the meetings.

The Trust Board has invited the lead Governor to attend as an observer at the private meetings of the Board and has also invited Governor observers to attend the meetings of the Board's Finance and Performance Committee, its Clinical Governance Committee and its People and Culture Committee.

Register of Governor Interests

A register of interests is held in the Trust Offices. Information regarding the Governors' interests and whether they have undertaken any material transactions with Salisbury NHS Foundation Trust can be obtained by contacting:

Director of Corporate Governance,
Trust Offices,
Salisbury NHS Foundation Trust,
Salisbury
SP2 8BJ

Dispute Resolution

There are a number of mechanisms in place that allow an issue or concern to be discussed and escalated. Informally, there are meetings between the Lead Governor and the Chairman and there are regular meetings between the Governors and the Non-Executive Directors. A formal procedure is in place (see point 51, Dispute Resolution in the Trust's Constitution) should there be a dispute between the Council of Governors and Trust Board.

The Board of Directors

The Board comprises the Chairman, Chief Executive, five other Executive Directors and seven other Non-Executive Directors. There is a clear separation between the roles of the Chairman and the Chief Executive, which has been set out in writing and agreed by the Board. As Chairman, Nick Marsden has responsibility for the running of the Board, setting the agenda for the Trust and for ensuring that all Directors are fully informed of matters relevant to their roles. The Chief Executive has responsibility for implementing the strategies agreed by the Board and for managing the day to day business of the Trust.

All of the Non-Executive Directors are considered to be independent in accordance with the NHS Foundation Trust Code of Governance. The Board considers that the non-executive directors bring a wide range of business, commercial and financial knowledge required for the successful direction of the Trust. All Directors are equally accountable for the proper management of the Trust's affairs.

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

The Board Committees including the Clinical Governance Committee, Audit Committee and Finance and Performance Committee have completed a self-assessment of committee effectiveness. These reviews concluded that these Committees were meeting the requirements as set out in their terms of reference. The People and Culture Committee did not undertake a self-assessment as the Internal Audit of Board Governance and Compliance in November 2019 had identified improvements required. This has now been supported with the introduction of the OD and People Management Board.

There were no commissioned external reviews of the Board during the reporting year.

The Trust has Board approved Standing Financial Instructions and a Scheme of Delegation and Reservation of Powers, which outline the decisions that must be taken by the Board and the

decisions that are delegated to the management of the hospital. These documents include, but are not limited to, instructions on budgetary control, contracts and tendering procedures, capital investment and security of the Trust's property, delegated approval limits, fraud and corruption and payroll.

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

Trust Board Members

Dr Nick Marsden – Chairman (Independent)

Nick Marsden joined the Trust in January 2014. Before this he was an NHS non-executive director and vice chairman at Southampton. He has an engineering Ph.D and also commercial experience having held several senior executive roles at IBM, before becoming Senior Vice President for Service at Danka Europe.

Stacey Hunter – Chief Executive

Stacey is an experienced NHS Board Director with over 34 years' experience working in the NHS and a decade operating in Chief Operating Officer, Divisional Director and Executive System Transformation roles. She has spent time working in large scale teaching hospitals, an integrated acute and community trust and is passionate about reducing the inequalities patients experience in respect of their access , experience and outcomes of care.

A nurse by background Stacey spent several years working in clinical leadership roles before expanding her experience in general management. She has invested in her leadership development having undertaken the NHS Leadership Academy Aspiring CEO programme and is keen to continue to support the Trust to develop an inclusive culture that develops clinical and operational leaders to seek to continuously improve their services. Stacey has experience of being a trustee in a number of different charities over the last 20 years most of them related to health and care. Stacey joined the Trust in September 2020.

Rakhee Aggarwal – Non-Executive Director (Independent)

Rakhee Aggarwal joined the Trust in January 2020 on a three year term. Rakhee has been a mental health nurse since 1999; She has a BSc in Behavioural Studies (Psychology); and a Masters in Teaching and Learning for Health Professionals. She has worked for the University of the West of England for the past 15 years as a Senior Lecturer; Associate Head of Nursing and Midwifery - Mental Health and Learning Disability Nursing; Associate Head of Nursing and Midwifery - Adult Nursing; and as Associate Head of Nursing and Midwifery - Continuing Professional Development. Rakhee is leading and developing the CPD Education provision for the NHS and private and voluntary sectors. In addition to her work at the University she has been a Non-Executive Director with the South Western Ambulance Trust since 2017.

Tania Baker - Non-Executive Director (Independent)

Tania Baker joined the Trust in June 2016 for a three year period. Her term of office was extended for a further two years in February 2019. She was Chief Executive Officer at health analytics company, Dr Foster where she was involved in developing the business nationally and internationally. Before this Tania held senior appointments in private healthcare and was Commercial Director at Aviva Health insurance. Tania is the Senior Independent Director.

Michael von Bertele CB, OBE - Non-Executive Director (Independent)

Michael joined the Trust in November 2016 for a three year period. His term of office was extended for a further three years in October 2019. As an army junior doctor, he trained in occupational and environmental medicine, and became a consultant in 1992. Michael has served in the UN Protection Force in Croatia, was chief medical planner in the Ministry of Defence and was Director General of the Army Medical Services. He retired in 2012 and worked for Save the Children International until 2015.

Dr David Buckle – Non-Executive Director

Dr David Buckle joined the Trust in January 2020 on a three year term. He is MB BS, DRCOG and MRCGP qualified and is a Fellow of the Royal College of General Practitioners. He was a practising GP until 2017 whilst latterly working part-time (until May 2018) as the Medical Director for Herts Valley Clinical Commissioning Group, where he was the Director of General Practice development. He has previously held other roles comprising various positions within Berkshire East and Berkshire West Primary Care Trusts and with NHS Berkshire West Primary Care Trust. David currently has a portfolio of Non-Executive appointments, as the President of the Society for Assistance of Medical Families, Non-Executive Director with Berkshire Healthcare NHS Foundation Trust, Non-Executive Director with East and North Hertfordshire NHS Hospitals Trust; and Vice Chair (clinical) of the Stroke Association. David became a voting member of the Board in May 2020.

Peter Collins – Medical Director

Peter trained as a liver specialist and was the clinical lecturer at the Sheila Sherlock Liver Centre at the Royal Free Hospital prior to taking up a consultant post at University Hospitals Bristol Foundation Trust in 2005. He has a research interest in primary liver cancer and alcohol related liver failure and led the regional Primary Liver Cancer Service for the West of England. He has had a number of senior leadership positions in research, education and hospital care. In 2017 Peter was appointed to the role of Medical Director at Weston Area Health Trust where he played a key role in developing models of integrated care, reconfiguring services across Bristol and North Somerset and readying the organisation for a successful merger with University Hospitals Bristol. Since the merger Peter worked as a Deputy Medical Director for the large organisation focusing on the delivery of safe and effective COVID-19 care and the restoration of non-COVID services for the Trust and the local Healthcare system. Peter joined the Trust as Interim Medical Director in October 2020 and was successfully appointed to the substantive position in March 2021.

Judy Dyos – Director of Nursing

Judy joined the Trust from Isle of Wight NHS Trust where she was formerly Deputy Director of Nursing and was instrumental in the Isle of Wight Trust obtaining a CQC rating of Good in many areas. Prior to this she was the Lead for Clinical Assurance and Quality Governance at University Hospital Southampton. Judy joined the Trust as Interim Director of Nursing in June 2020 and was successfully appointed to the substantive position in March 2021.

Andy Hyett – Chief Operating Officer

Andy Hyett has a wide range of NHS experience. He started his career as a biomedical scientist at Dorset County Hospital in the 1990s and moved into NHS management in Winchester. He continued to progress through senior management positions in Portsmouth and then University Hospital Southampton NHS Foundation Trust where he was Deputy Chief Operating Officer. Andy joined the Trust in 2015.

Eiri Jones – Non Executive Director (Independent)

Eiri Jones joined the Trust in November 2019 for a three year period. Eiri is a registered adult and children's Nurse, has an MA in Professional Development and is a QSIR Practitioner. She has clinical, managerial and executive leadership knowledge and skills gained during a career spanning over 40 years. Eiri has held senior and board positions in a range of Trusts in England and Wales and has also held regional (Trust Development Authority), national (Welsh Government and State of Qatar) and regulatory (Nursing and Midwifery Council) appointments. Her last UK Executive role was as the Director of Nursing for the United Lincolnshire Hospitals NHS Trust (2012 – 2014). Since then, she has held roles as an interim Quality Manager at NHS Crawley CCG; interim Director of Quality Governance at Barts Health NHS Trust; Implementation Director of GIRFT in the South West of England and most recently as a Quality Programme Director for Cwm Taf Morgannwg Health Board. Eiri is also Non-Executive Director at Homerton University Hospital Foundation Trust and sits on Allocate's Advisory Board.

Paul Kemp – Non Executive Director (Independent)

Paul Kemp joined the Trust in February 2015 for a three year period having completed 34 years in industry, initially as a development chemist before concentrating on finance, IT and business change leadership. His term of office was extended for a further two years in November 2020. He has worked for a number of large multinational companies, including British Airways and Cobham plc, the multinational aerospace and defence company. In 2018, Paul was appointed as a Justice of the Peace, sitting on the Dorset bench and in 2019 took up the role of Trustee and Honorary Treasurer for the Magistrate's Association, a charity supporting the magistracy across England and Wales.

Paul Miller – Non Executive Director (Independent)

Paul Miller joined the Trust in March 2018 for a three year period. His term of office was extended for a further three years in November 2020. His experience spans 23 years as an executive director in a wide variety of organisations. It includes five years as a Chief Executive in both Wales and England and 16 years as a Director of Finance in specialist regional, mental health and acute organisations. These roles covered finance, strategy, organisational leadership and successful working at a very senior level in a wide variety of health systems.

Lisa Thomas – Director of Finance

Lisa has over 18 years' finance experience in a number of NHS organisations having started her career in 1999 on the Graduate Financial Management Training scheme. She was previously Deputy Director of Finance at Royal United Hospitals Bath NHS Foundation Trust, and prior to that she spent time working in Basingstoke, Winchester and Gloucestershire NHS organisations in senior roles. Lisa joined Salisbury in 2017.

Directors that left the Trust during 2020/2021

Cara Charles–Barks – Chief Executive

Cara Charles-Barks has a wide range of clinical and management experience in both the NHS and Australian healthcare systems. She qualified as a registered nurse in Australia in 1991 and, having worked in London for three years, moved back to Australia where she became a nurse consultant, then clinical practice manager and subsequently Nursing Director. Cara was then Deputy Chief Operating Officer in Peterborough in the UK and, before coming to Salisbury, she was Deputy Chief Executive Officer and Chief Operating Officer at Hinchingbrooke Health Care NHS Trust. Cara left the Trust in August 2020.

Dr Christine Blanshard – Medical Director

Christine Blanshard graduated in Medicine from Cambridge University in 1986 and has over 25 years NHS experience. She trained in East Anglia and London, and became a consultant gastroenterologist and general physician in 1998. She has undertaken a variety of managerial roles alongside her clinical work and before joining the Trust was Director of Strategy and Associate Medical Director at Homerton University Hospital NHS Foundation Trust. Christine left the Trust in August 2020.

Rachel Credidio – Non Executive Director (Independent)

Rachel Credidio joined the Trust in March 2018 for a one year period. This term of office was extended for a further two years from March 2019. She started her career in housing in 1998 and has worked for the Aster Group since 2005. Rachel's current role is Group People and Transformation Director, where her role includes people, IT and communications. Prior to this she was Group Strategic Change Director. She has been sponsor for the group's major change projects. Previous roles at Aster included Sales and Development Director. Rachel left the Trust in April 2020.

Lynn Lane – Director of Organisational Development and People

Lynn joined the Trust in October 2019 with over 20 years' generalist HR experience working at Executive Director level with both the BBC, and the NHS. Lynn lives in Oxfordshire and works primarily covering interim director roles across London, the South East and the South West of the UK in both the acute and non-acute sectors. Lynn left the Trust in March 2021.

Lorna Wilkinson – Director of Nursing

Lorna qualified as a registered nurse at the Royal Free Hospital, London in 1989 and has over 30 years NHS experience. She progressed through a number of nursing roles in London before moving into quality improvement and clinical governance. She was Deputy Director of Nursing, firstly in Salisbury and then in Portsmouth, before returning to the Trust in August 2014 as Director of Nursing. Lorna left the Trust in May 2020.

Board of Directors' Attendance (Members attendance only)

	Appointment Date		Trust Board (12 meetings)	Audit Committee (5 meetings)	Remuneration Committee (4 meetings)	Finance & Performance (12 meetings)	Clinical Governance Committee (10 meetings)	People and Culture Committee (8 meetings)	Subsidiary Governance Committee (3 meetings)	Council of Governors (4 meetings)
	From	To								
Rakhee Aggarwal Non-Executive	01/01/20	-	12		4			7		2
Tania Baker Non-Executive	01/06/16	-	12	4	4					1
Michael Von Bertele Non-Executive	01/11/16	-	11	4	4			7		1
Christine Blanshard [1] Medical Director	05/09/11	25/08/20	5				3	2		0
Dr David Buckle Non-Executive	27/01/20	-	12		4		3			3
Cara Charles-Barks [2] Chief Executive	09/01/17	31/08/20	5	1		4	4			2
Peter Collins [3] Medical Director	05/10/20	-	4				6	3		1
Rachel Credidio [4] Non-Executive	11/03/18	30/04/20	0		0					0
Judy Dyos [5] Director of Nursing	15/06/20	-	9				9	6		3
Andy Hyett Chief Operating Officer	13/04/15	-	10			10	8			0
Stacey Hunter [6] Chief Executive	01/09/20	-	6	3		7	5			2
Eiri Jones Non-Executive	11/11/19	-	12		4	12	10			2
Paul Kemp Non-Executive	01/2/15	-	12	5	4	12			3	1
Lynn Lane Director of OD & People	07/10/19	30/03/21	12			9		7	0	0
Nick Marsden [7] Chairman	01/01/14	-	12		4		6	1[7]	2	5
Paul Miller Non-Executive	16/04/18	-	12	5	4	12	10		3	2

Lisa Thomas Director of Finance	03/07/17	-	**12**	**5**		**12**			**3**	**0**
Lorna Wilkinson [8] Director of Nursing	04/08/14	29/06/20	**1**				**1**			**1**

[1] Christine Blanshard left the Trust in August 2020
[2] Cara Charles-Barks left the Trust in August 2020
[3] Peter Collins joined the Trust in October 2020
[4] Rachel Credidio left the Trust in April 2020
[5] Judy Dyos joined the Trust in June 2020
[6] Stacey Hunter joined the Trust in September 2020
[7] Nick Marsden acted as Chair for the March 2021 People and Culture Committee in Michael Von Bertele's absence. Although a regular attendee, Nick is not a member of People and Culture Committee.
[8] Lorna Wilkinson left the Trust in June 2020

The Audit Committee

Name	Committee Role	Attendance out of five meetings
Paul Kemp	Chairman	5/5
Michael von Bertele	Non- Executive Director	4/5
Tania Baker	Non- Executive Director	4/5
Paul Miller	Non- Executive Director	5/5

The Work of the Audit Committee in Discharging its Responsibilities

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

The committee is supported by the Appointed Auditor, Grant Thornton LLP who took office from November 2018. In October 2019 the Council of Governors approved the appointment of Grant Thornton as the Trust's External Auditor for the next four years.

During 2020-21, the internal audit service was provided by PwC UK.

The Committee has an annual work programme as well as dealing with other items that arise during the year. It also agrees annual work programmes with the auditors and the Executive.

The Audit Committee is chaired by Paul Kemp, Non-Executive Director. The Audit Committee is responsible for:

- Monitoring the integrity of the financial statements of the Trust, any formal announcements relating to the Trust's financial performance and reviewing significant financial reporting judgements contained in them.

- Assisting the Board of Directors with its oversight responsibilities and independently and objectively monitoring, reviewing and reporting to the Board on the adequacy of the processes for governance, assurance, and risk management; where appropriate, facilitates and supports through its independence, the attainment of effective processes.

- Reviews the effectiveness of the Trust's internal audit and external audit function.

- In discharging its role and function, the Committee shall provide assurance to the Board of Directors that an appropriate system of internal control is in place to ensure that business is conducted in accordance with the law and proper standards.

In addition to its standing items of business, which includes payroll analysis, internal audit recommendation tracker, Internal Audit Reports, External Audit Reports and Counter-Fraud progress reports, the Audit Committee has reviewed risk management systems and processes.

During 2020-21 there was a distinct adjustment in priorities within the executive team due to COVID-19 which did have an impact on delivery of some actions. It is acknowledged that whilst delivery of some actions has been delayed, there are no indicators of any failures in the main control systems of the Trust.

The Committee reviewed the draft financial statements and governance statements for the 2019/20 Annual Report. The Trust and the auditors were required to make some late adjustments to the planned process of completing and reviewing the accounts, principally related to the necessity of adopting remote working. Overall, within the constraints of the circumstances, the process and outcomes were satisfactory.

Over the financial year 2020/21 PwC carried out reviews of six areas, agreeing a total of 22 actions with management, of which three were rated high risk findings. Of the 22 management actions 16 were agreed to be completed by year-end and 13 met this target. Additionally, there were six management actions from an audit undertaken in 2019-20 which remained incomplete at the end of 2020-21. Overall, the Head of Internal Audit issued a formal opinion of “generally satisfactory with some improvements required” as was reported the previous year. The opinion also noted seven specific examples of good practice within the Trust.

The Committee has continued to invite management teams to give detailed presentations on specific management processes or areas of concern. In 2020-21 the Committee received presentations on capital management processes, management of outsourced service contracts, programme management processes and management of cancer waiting lists. All of the presentations were of a good standard and led to a good discussion in the committee on the issues raised.

The Committee also received regular updates from the Local Counter Fraud Officer (LCFO) who continued to work with management on both proactive and reactive work packages, linking in with guidance from the NHS Counter Fraud Authority.

The Audit Committee is also responsible for monitoring the external auditor’s independence and objectivity, including the effectiveness of the audit process. The committee reviews the effectiveness of the audit process including verifying compliance with statutory requirements and deadlines, communication with key senior management personnel, satisfactory planning processes, and confirmation that the provision of staff to carry out work for the Trust are those named and qualified.

Grant Thornton has not provided any non-audit services for the Trust in 2020-21.

Membership of the Audit Committee

The Audit Committee is comprised of three of the eight eligible Non-Executive Directors. The other main assurance committees of the Board are the Finance & Performance, People and Culture and Clinical Governance committees.

Financial Audit

The external auditors for the Trust are Grant Thornton. During the 2020-21 period, the Trust has incurred the following costs on external audit:

- Audit services: £77,735 (including VAT)
- Other services: None

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

The Trust has an internal audit function which was delivered under contract by PwC in 2020-21. The work programme is reviewed and approved by the Audit Committee. Senior representatives of PwC report to the audit committee and a working protocol is in place with Grant Thornton, the Trust's appointed auditor. The delivery of the contract with PwC is overseen by the Director of Finance and the internal audit fee for 2020-21 was £96,151**.**

Revaluation of Property and Land

The Trust's accounting policies requires a land and buildings revaluation to be undertaken at least every five years, dependent upon the changes in the fair value of the property. The five-yearly revaluations are carried out by a professional qualified valuer in accordance with the Royal Institute Chartered of Surveyors (RICS) Appraisal and valuation manual. The valuations are carried out on the basis of a Modern Equivalent Asset, as required by HM Treasury. The annual reviews are carried out using the most appropriate information available at the date of the review. The last full revaluation was carried out during 2019-20. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – modern equivalent depreciated replacement cost

Annual desktop valuations and annual impairment reviews are carried out in all other years where a full revaluation has not taken place.

Recognition of Income

Of the Trust's income, 88% is received from other NHS organisations, with the majority being receivable from NHS Bath and North East Somerset, Swindon and Wiltshire CCG. The Trust participates in the Department of Health and Social Care's agreement of balances exercise. This exercise seeks to identify all income and expenditure transactions and payable and receivables balances that arise from Whole Government Accounting (WGA) bodies. The Audit Committee is satisfied that by participating with this exercise it helps to provide further assurance that the vast majority of income and expenditure with WGA have been properly recognised and WGA receivable and payable balances are appropriately recorded. The Trust's external auditors will review the outcome of the exercise and report their findings to the Audit Committee.

Directors' Responsibilities for Preparing the Annual Report and Accounts

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

NOMINATIONS COMMITTEE

The purpose of the Directors' Nominations Committee is to conduct the formal appointment to, and removal from office, of Executive Directors of the Trust, other than the Chief Executive (who is appointed or removed by the Non-executive Directors subject to approval by the Council of Governors).

The Committee membership includes the Trust Chairman, as Chair and all Non-Executive Directors.

In 2020-21 Judy Dyos was appointed as Interim Director of Nursing and Peter Collins was appointed as Interim Medical Director. Following a recruitment process for the substantive posts, both Judy Dyos and Peter Collins were successfully appointed to the Chief Nursing Officer and Chief Medical Officer roles respectively. Stacey Hunter was appointed as Chief Executive Officer and started at the Trust in September 2020.

FOUNDATION TRUST MEMBERSHIP

The membership of the Trust is made up of local people, patients and staff who have an interest in healthcare and their local hospital. Public members have to be aged 16 and over.

Until February 2021 the staff membership had six classes to reflect the following occupational areas:

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

The Hotel and Property Services staff class had not been successfully filled for a number of years and therefore it was decided to merge this with the Clerical, Administrative and Managerial class. This staff class has been renamed Administrative, Facilities and Managerial. The constitutional change for this constituency was approved in January 2021 and February 2021 by the Trust Board and Council of Governors respectively.

Public members (including volunteers) can only be a member of one constituency. Staff members can only be a member of the staff constituency. Eligibility requirements for joining different membership constituencies, including the boundaries for public membership, are shown in the Trust's Constitution, which is available on the Trust's website.

During the year the Trust sought to broadly maintain membership numbers. However, in 2020-21 the Trust procured an externally managed database. A thorough data cleanse was undertaken and membership numbers have decreased since 2019/20 but remain at an expected level for the size of the organisation. At 31 March 2021 the membership for Salisbury NHS Foundation Trust was as follows:

Public Constituency	Number
Salisbury City	2,584
South Wiltshire Rural	5,235
Kennet	1,253
North Dorset	1,466
East Dorset	592
New Forest	1,058
Rest of England	1,126
Staff Constituency	1,707
Total	**15,068**

Ownership of the Trust's membership strategy rests with the Governors with support from the Trust. A key objective of the strategy is to maintain an engaged membership of Salisbury NHS Foundation Trust which broadly represents the population it serves, taking account of age, ethnicity and diversity in the population of the catchment area.

The Trust's Membership Strategy was revised and approved by the Council of Governors in November 2020, which identified several areas of development that are already in-progress. Currently, the Trust uses its public meetings to highlight the benefits of membership and encourage recruitment. Additionally, members' newsletters are used to encourage existing members to promote membership amongst friends and acquaintances.

During 2020-21 the Trust hoped to widen the scope of the Trust's membership recruitment. However, due to COVID-19 and the impact on public gatherings and footfall in the hospital, recruitment has been challenging. It is hoped that the newly implemented membership database will help recruit members as it provides enhanced digital capability which the Trust did not have previously; e.g. people interested in Trust membership can now sign up online via the website. Furthermore, it is hoped that a focused membership page on the Trust's website and the re-introduction of constituency meetings and other events like 'Medicine for Members' will attract a more representative membership and is a focus for 2021-22.

This year, a digital summary of the Annual Review was distributed to enable a wider reach. This document was published on the Trust website, promoted to our members and provided a succinct and informative summary of the year's events, including our ambitions for the year ahead.

During this year Governors have been joining their Committee's and groups virtually due to the COVID-19 pandemic. They have been focusing on their statutory duties and have also been involved in the development of the Trust's Annual Plan and Quality Account. A number of other public initiatives that Governors have previously been involved in were put on hold during this time. However, Governors have still been able to participate virtually on Trust-led working groups, such as Food and Nutrition and the Transport Strategy. It is hoped that, with the prevalence of COVID-19 declining, Governors will once again be provided with the other opportunities to be involved in or sample the 'patient experience'.

A dedicated section on the Trust's website and intranet provides details of each Governor, their interests and a means for members to communicate with them. There are also members' newsletters for staff and people in the public constituencies as well as formal constituency meetings where governors can gather the views of their members.

Table 1 below sets out the Code of Governance Provisions to be included in the Annual Report and their location.

Table 1: Code of Governance Provisions included in the Annual Report and their location

Relating to	*Code of Governance* reference	Summary of requirement	Annual Report Location
Board and Council of Governors	A.1.1	The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors.	Code of Governance 'Board of Directors'/ 'Council of Governors'
Board, Nomination Committee(s), Audit Committee, Remuneration Committee	A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors. Part of this requirement is also contained within paragraph 2.24 as part of the directors' report.	Code of Governance 'Board of Directors'/ Accountability Report 'Directors Report'
Council of Governors	A.5.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Code of Governance 'Council of Governors'
Council of Governors	n/a	The annual report should include a statement about the number of meetings of the council of governors and individual attendance by governors and directors.	Code of Governance 'Council of Governors'/ 'Board of
Board	B.1.1	The board of directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	Code of Governance 'Board of Directors'

Board	B.1.4	The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	Code of Governance 'Board of Directors'
Board	n/a	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated	Code of governance 'Board of Directors'/ Remuneration Report
Nominations Committee(s)	B.2.10	A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments.	Code of Governance 'Nominations Committee'
Nominations Committee(s)	n/a	The disclosure in the annual report on the work of the nominations committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director.	N/A – external consultancy agency used
Chair/Council of Governors	B.3.1	A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report.	Code of Governance 'Board of Directors'
Council of Governors	B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Code of Governance 'Council of Governors'

Council of Governors	n/a	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	Code of Governance 'Council of Governors'. No issues identified in the reporting year.
Board	B.6.1	The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted.	Code of Governance 'Board of Directors'
Board	B.6.2	Where there has been external evaluation of the board and/or governance of the trust, the external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	Code of Governance 'Board of Directors' No commissioned external reviews.
Board	C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report). See also ARM paragraph 2.97.	See Annual Accounts and Annual Report. 'Directors Responsibilities for preparing the Accounts, the Independent Auditor's Report to the Governors and the Annual Governance Statement'

Board	C.2.1	The annual report should contain a statement that the board has conducted a review of the effectiveness of its system of internal controls.	Annual Governance Statement
Audit Committee/control environment	C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	Code of Governance 'Financial Audit'
Audit Committee/ Council of Governors	C.3.5	If the council of governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	No issues identified in the reporting year.
Audit Committee	C.3.9	A separate section of the annual report should describe the work of the audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	Code of Governance 'Audit Committee'

Board/ Remuneration Committee	D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	Nil to report for the reporting year
Board	E.1.5	The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Code of Governance 'Foundation Trust Membership' and 'Council of Governors'
Board/ Membership	E.1.6	The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	Code of Governance 'Foundation Trust Membership'
Membership	E.1.4	Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	Code of Governance 'Foundation Trust Membership'
Membership	n/a	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.	Code of Governance 'Foundation Trust Membership'

Board/Council of Governors	n/a	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report. See also ARM paragraph 2.24 as directors' report requirement.	Accountability Report 'Board of Directors'

NHS OVERSIGHT FRAMEWORK

NHS Improvement's (NHSI) Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs.
The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence. The Trust is currently segmented at 3 and was subject to enforcement undertakings due to the suspected breach of licence from January 2018 for the deteriorating financial position.

This segmentation information is the Trust's position as at 31 March 2021. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

Statement of the Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities, as the accounting officer of Salisbury NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Salisbury NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The

accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Salisbury NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and, hence, for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

Stacey Hunter
Chief Executive (Accounting Officer)
18.06.2021 (on behalf of the Trust Board)

ANNUAL GOVERNANCE STATEMENT

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum.*

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Salisbury NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Salisbury NHS Foundation Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

As the Chief Executive, I have overall responsibility for risk management within the Trust. The day to day oversight has been delegated to an executive lead for risk (the Chief Nursing Officer), who is responsible for reporting to the Trust Board on the development and progress of risk management and for ensuring that the Risk Management Strategy is implemented and evaluated effectively.

The Trust's Senior Leadership Team, which I chair, has the remit to ensure oversight of the adequacy of the management of key risks facing the organisation. The Audit Committee provides a key forum through which the Trust's Non-Executive Directors bring independent judgement to bear on issues of risk management and performance. The constructive interface between the Audit Committee and Board supports the effectiveness of the Trust's systems of internal control.

The Board brings together the corporate, financial, workforce, clinical and operational risk agendas. The Board Assurance Framework (BAF) ensures that there is clarity about the risks that may impact on the Trust's ability to deliver its strategic objectives together with any gaps in control or assurance.

The day to day management of risks is undertaken by operational management, who are charged with ensuring that risk assessments are undertaken proactively throughout their area of responsibility and remedial action is carried out where issues are identified. There is a process of escalation to Executive Directors through Executive Performance Reviews, relevant committees and governance groups as required where there are challenges in implementing mitigations.

The Trust has a Risk Management Strategy in place which provides the framework for managing risk across all levels of the organisation. The strategy provides a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of all clinical, managerial and financial processes. Risk management is supported in the following ways; a central risk management team and a Director of Corporate Governance in place. Directorate Governance

committees were introduced in 2019 to further strengthen the governance arrangements. The Trust's capacity to handle risk was evidenced through the Care Quality Commission (CQC) Inspection in March 2019 that "The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected". The CQC rated the Trust Good for the Well-led domain which recognised the strong culture of good governance.

The Head of Risk Management supports the Executive Lead and is responsible for ensuring that staff are trained and equipped to manage risk in a way appropriate to their authority and duties. This is achieved through risk training programmes and through supporting and facilitating departments and teams directly. The National Patient Safety Strategy that was published in 2019 has revised several of the original strategy timeframes following the disruption arising from the pandemic. New timescales are being initiated to reflect this, which in turn will inform more specific training going forward in line with the Patient Safety Incident Framework that will be replacing the current Serious Incident Framework.

The Risk and Control Framework

The Trust understands that healthcare provision and the activities associated with caring for patients, employing staff, providing premises and managing finances will always involve an inherent degree of risk. Good risk management practice requires that identified risk is analysed, evaluated, treated and actions followed up for the purposes of monitoring and review to further improve.

The overall objective of the Risk Management Strategy is to ensure that robust risk management processes are in place which provide assurance to the Board that the Trust is discharging its responsibilities as an NHS Foundation Trust in ensuring business and financial acumen, improving services and the quality of care provision, whilst operating as a model employer and service provider in achieving the Trust's operational and strategic objectives. The strategy is updated every three years to ensure that it continues to reflect best practice in risk management methodologies and sets out the key responsibilities and accountabilities and includes a review of the Trust's risk appetite. The Risk Management Strategy sets out the strategic goals towards which the Trust is working with regard to risk management, and provides a framework that sets out the key responsibilities for managing risk within the organisation, including ways in which risk is identified, evaluated and controlled. A review of the Trust's risk appetite statement is taking place in 2021 and will inform the review of the Trust Risk management Strategy.

Risk management requires participation, commitment and collaboration from all staff. The process starts with the systematic identification of risks via structured risk assessments. These risks are documented on risk registers throughout the organisation.

These risks are then analysed in order to determine their relative importance using a risk scoring matrix. Low scoring risks are managed by the area in which they are found, whilst higher scoring risks are managed at progressively higher levels within the organisation.

Risk control measures are identified and implemented to reduce the potential for harm. The potential consequence and likelihood of the risk occurring are scored along with the effectiveness of existing control measures. It is the sum of these scores which determines the level in the organisation at which the risk is reported and monitored to ensure effective mitigation.

Each Division maintains risk registers containing clinical and non-clinical risks. All unresolved risks affecting multiple departments or the division as a whole are recorded within the Divisional risk register whilst individual departments/specialties maintain departmental risk registers containing risk to the achievement of individual department's objectives. The escalation process between these risk registers is monitored monthly via the divisional management team with oversight through the Divisional Governance Committees which were introduced in 2019 to strengthen the

governance arrangements. Escalation of Divisional risks to the Corporate Risk Register is via the Executive Performance Reviews.

Risks are identified through third-party inspections, recommendations, comments and guidelines from external stakeholders and internally through incident forms, complaints, risk assessments, audits (including clinical and internal), information from the Patient Advice and Liaison Service (PALS), benchmarking and claims and national survey results. External stakeholders include the Care Quality Commission, NHS Improvement, the Health and Safety Executive, NHS Resolution (previously the NHS Litigation Authority), the Medicines and Healthcare Products Regulatory Agency and the Information Commissioner's Office.

The Audit Committee oversees and monitors the performance of the risk management system, with internal and external auditors working closely with this committee. The internal auditors use a risk based model to undertake reviews and provide assurances on the systems of internal control operating within the Trust. The results of internal audit reviews are reported to the Audit Committee which oversees that weaknesses in the system are addressed. Procedures are in place to monitor the implementation of control improvements and to undertake follow-up reviews if systems are deemed less than adequate. Internal Audit recommendations are tracked via reports to the Audit Committee. The Counter Fraud programme is also monitored by the Audit Committee.

The Clinical Management Board consider evidence that the Trust's comprehensive programme of clinical audit effectively supports improving clinical quality in alignment with the Trust's quality objectives.

The Trust's Board Assurance Framework (BAF) details the principle strategic risks to the achievement of the Trust's corporate objectives. This is received by the Board three times per year together with the Corporate Risk Register and a report detailing progress against delivery of the objectives. The Finance and Performance Committee, People and Culture Committee and Clinical Governance Committee have oversight of the BAF and Corporate Risk Register on a bi-monthly basis where the risk profile is reviewed and discussed in detail. The work plan of the Board Committees is linked so that the Board is assured that there is an aligned independent and executive focus on strategic risk and assurance. Referral of issues between committees ensures a respective understanding of risk and assurance concerns.

The management of the coronavirus pandemic has meant the Trust has seen the overall risk profile for 2020-21 dominated with risks associated with the management of COVID-19. Whilst we have focussed on ensuring our staff and patients remain safe and effectively treated during the COVID-19 pandemic we have also sought to mitigate the effects of risk of the delayed diagnosis or treatment for non-COVID-19 related conditions. Key risks include:

- Information technology, clinical systems and technical infrastructure.
- Critical plant and building infrastructure within limited capital funding.
- Managing the cancer pathway and the consistent tracking of patients.
- Impact on patients, staff and service delivery as a result of COVID-19.
- Management of COVID-19 associated infection outbreaks.
- Health and well-being of staff during and following the pandemic.
- Maternity leadership capacity and culture
- Compliance with access standards

The Trust established controls or implemented actions to manage these risks as summarised below:

- Maximising the use of remote access to consultations
- Developing robust processes for tracking patient with known or suspected cancer and investigating any harm caused by delays
- Ensuring robust processes for prioritising elective surgery

- Working with our system partners to maximise elective diagnostic and treatment activity across all available providers
- Incident management structure in response to the National Level 4 incident
- COVID-19 risk assessment for all staff.
- Vaccination programme.
- Creative use of volunteers to support ward staff e.g. ward buddies
- Occupational Health and wellbeing support for staff including clinical psychology support
- Introduction of mental health first aiders
- Enhanced cleaning services
- Redeployment programme
- Implementation of the digital strategy and continued focus development of the infrastructure and controls.
- Thematic analysis of maternity serious incidents. Intensive support to the service management team. Development of a quality improvement plan following a commissioned external review of the maternity service.
- Robust capital prioritisation processes to ensure resources are deployed effectively.
- Continuation of the development of a health and care campus.
- Controls in place for oversight and monitoring of access and performance information.

Major risks 2021/2022

As we enter 2021/2022, the Trust is focused on enacting recovery plans following de-escalation from the National Level 4 incident. The focus will be on the delivery of NHS England Operational Planning Priorities 2021/22:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention
- Delivering the NHS COVID-19 vaccination programme and continuing to meet the needs of patients with COVID-19
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- Working collaboratively across systems to deliver on these priorities.

Key risks include:

- Pace of recovery
- Impact of COVID-19 on the health and wellbeing of staff
- Balancing business as usual with recovery plans
- Financial constraints

Within this context, we acknowledge the great opportunity in our closer integration with local partners and will continue to prioritise this and the benefits it provides in the delivery of our wider strategic objectives. We will review these to ensure the Trust is best placed to deliver the NHS and Bath, Swindon and Wiltshire Integrated Care System (BSW ICS) Long Term Plans and we will embrace the priorities of the NHS People Plan with the vision to make the Trust 'the Best Place to Work.'

Our underlying financial position remains a significant challenge. The financial regime for 2020-21 was very different due to the funding arrangements in response to COVID-19; which meant all NHS organisations reported a breakeven position. However 2021-22 signals a move back to a funding settlement in line with the long term plan, which would return the Trust to a deficit. As a healthcare system, financial sustainability is also a priority; BSW ICS is developing plans to

address the system deficit where Salisbury will play a significant role. The changes in pathways and services in response to COVID-19 present both a challenge and opportunity to deliver and redesign services ultimately at a lower cost.

The future sustainability of the Trust will also be dependent on our ability to progress the delivery of our Estates masterplan. The operational resilience of areas such as Day Surgery and the Maternity Unit remain regular concerns, alongside managing the risk of high capital expenditure on reactive maintenance in the ageing parts of our Estate.

Quality Governance

The Trust is committed to and expects to provide excellent healthcare services that meet the needs of our patients and their families and provides the highest quality standards. The Board and Senior Management Team have a critical role in leading a culture which promotes the delivery of high quality services. All efforts are focussed on creating an environment for change and continuous improvement.

The Trust has a robust Quality Governance reporting structure in place through an established Clinical Governance Committee. The Quality Governance arrangements are described in both the Integrated Governance Framework and Accountability Framework. These frameworks are a means by which the Board controls and directs the organisation and its supporting structures, to identify and manage risk and ensure the successful delivery of the strategic objectives. The Integrated Governance Framework makes it clear that quality governance is the responsibility of the Board supported by the Clinical Governance Committee for continuously improving the quality of services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. The Quality Report, published alongside this Annual Report and Accounts describe quality improvements and quality governance in more detail.

The Chief Executive is the Accountable Officer for quality governance. Each Director is a lead for a number of Board objectives. The responsible officers for quality are the Chief Medical Officer who leads on clinical effectiveness and the Chief Nursing Officer who leads on patient safety and patient experience.

The Board approved ‘Our Strategy for Improvement’ and Quality Improvement (QI) Plan in May 2019.

The implementation of full spectrum of the plan initiatives was restricted by the pandemic. Developing a continuous QI culture across the organisation will be given a greater priority as part of the Trust operational excellence programme. Delivery of this will take pace during 2021/22.

During 20/21 quarter 1 areas of focus and that was taken forward were:

- Delivery of a very successful Dragons Den initiative
- Commencement of a ward level accreditation programme
- Development of QI coaches and associated training
- Delivery of some QI training/workshops
- Inclusion within Trust wide induction programme

The future QI development programme will form part of our proposed Operational Excellence Programme and be integrated into our wider cultural change programme work. It is intended to build our Trust capability and capacity thorough the proposed development of internal “coach house” team to work alongside our clinical teams and service departments.

Our QI approach will be tailored to the findings collected from the Best Place to Work survey and development of our service transformation approach within our Service Divisions and clinical teams

The Trust has maintained a robust approach to the assessment of the potential impact of cost reduction programmes on the quality of services. The quality impact assessment process involves

a structured risk assessment using a standard template which requires Divisional Management Team sign off. This is then presented at the Quality Review Panel, where the Medical Director and Director of Nursing make the final approval decision. The Trust's overall processes for monitoring quality and triangulating information provide a framework within which to monitor the impact of schemes.

Delivery of the Trust's strategic objectives is underpinned by the publication of the annual quality report which sets out the progress made against our quality priorities in 2020-21 and the quality priorities selected for 2021-22. Progress of the priorities is monitored via the Clinical Governance Committee; reviewing a suite of quality metrics that track performance against key quality indicators.

The Integrated Performance Report, which comprises of detailed reports on quality, operational performance, finance and workforce, has been received by the Board monthly and is considered in detail. Through 2020-21, there was a continued focus on this report

Dedicated data quality teams pro-actively manage data quality within core systems, and provide appropriate training and guidance to service colleagues across the Trust. Independent assurance regarding data quality is provided using SUS dashboards annual external audits of key national performance indicators, as reported in the annual Quality Account, various internal and external audits carried out throughout the year, and the annual Data Security and Protection Toolkit self-assessment review by internal audit and external auditors.

Risks to data quality and data security are continually assessed and added to the Trust's risk register and scored appropriately. These are all managed following internal governance processes, overseen at the Information Standards Group and assured through the Information Governance Steering Group. Escalation of issue goes to the Trust Management Committee and the Trust's Finance and Performance Committee where appropriate.

The Trust has a Freedom to Speak Up Guardian (FTSUG) to act in an independent and impartial capacity to support staff who raise concerns and whom has access to the Chief Executive and the Trust's nominated Non-Executive Director for 'Freedom to Speak Up'.

Risk management is embedded in the activity of the organisation in a variety of ways. A suite of risk management policies underpin the Risk Management Strategy and are available to staff on the intranet. Training and awareness sessions are available to staff across the Trust and via mandatory training. Divisions and Corporate Functions proactively identify risks which are recorded on risk registers. The specialties and Directorates also retrospectively identify risk through adverse incident reporting, receipt and response to complaints and claims, patient and staff surveys and feedback, and concerns raised by the Coroner.

Due to the devolved nature of risk management and compliance of incident reporting and investigation at a local level, quality and quantity of incident reporting continues to improve and develop. The Trust actively promotes an open and fair culture that encourages the honest and timely reporting of adverse events and near misses to ensure learning takes place and improvement actions are taken. The Trust submits patient safety incident data to the National Reporting Learning System. The Trust works in partnership with our commissioners to share learning and improvement actions. The Trust reviews compliance with Duty of Candour on a monthly basis.

Salisbury NHS Foundation Trust has taken the following actions to improve the quality of its services and reduce the rate of patient safety incidents that have resulted in severe harm or death by:

- Determining the Trust's quality priorities and monitoring delivery against key objectives

- Monitoring ward to board reporting on key patient safety and experience indicators and reporting these to Board via the Integrated Performance Report
- Investigating incidents and sharing the lessons learnt across the Trust and ensuring recommendations are implemented through the Executive Directorate Performance Review meetings and ward performance review meetings.
- Reviewing a proportion of deaths in hospital through the Trust's Medical Examiners, Learning from Deaths Process and Mortality Review Group
- Monitoring the identification and timely investigation of incidents resulting in serious harm through a weekly patient safety meeting and executive exit process
- Ensuring that learning from incidents is maximised and disseminated via Clinical Risk Group, Clinical Management Board and Divisional Governance Committees
- Monitoring the completion of recommendations from incident reviews at the Clinical Management Board and Clinical Governance Committee.
- Improved oversight of duty of candour to ensure we are transparent with people that use our services if aspects of their care needs to be reviewed
- Introduction of a Ward performance review and ward accreditation programme to ensure ward leaders are fully sighted on their red flag risks.
- Refreshing the Clinical and Divisional governance structure and lines of communication to strengthen ward to Board information flows.

The Trust is working with partners within the BSW ICS and with KPMG to embed a transparent just culture, learning from our mistakes and our successes and driving quality improvement in all aspects of care.

The Trust's patient and public involvement and consultation process ensures compliance with relevant legislation, and is described in the Patient and Public Involvement Strategy. All departments, both clinical and non-clinical, are responsible for planning and undertaking patient and public involvement initiatives, where appropriate. The Trust completes an annual patient and public engagement report, which is reported to Trust Board.

When developing plans for significant service changes, the Trust has to show how stakeholders might be affected and to ensure they are consulted and how their views will be taken into consideration in developing proposals for change. Equality impact assessments are part of this process. The Trust works closely with patients and public stakeholders to ensure that the impact of any changes on patients is minimised.

The Trust works with Healthwatch Wiltshire to enable regular liaison and communication, to identify opportunities for the involvement of Healthwatch in Trust activities. A planned focus group with people who had raised a complaint had to be cancelled due to the pandemic but HealthWatch spoke with all those who had wanted to attend and their feedback has been incorporated into Trust guidance on writing a response letter. HealthWatch members are active members in a number of engagement groups in the Trust (for example the Carers Group and Outpatient Transformation Group).

The Trust's Council of Governors engage with the quality agenda through its relevant working groups and a nominated Governor attends the Clinical Governance Committee. There is nominated Governor representation on all Board and Board Committees.

The Trust has assessed compliance with the NHS provider condition 4. The Trust believes that effective systems and processes are in place to maintain and monitor the following conditions:

- The effectiveness of governance structures
- The responsibilities of Directors and subcommittees
- Reporting lines and accountabilities between the Board, its subcommittees and the executive team

- The submission of timely and accurate information to assess risks to compliance with the trust's licence *and*
- The degree and rigour of oversight the Board has over the Trust's performance.

These conditions are detailed within the Corporate Governance Statement, the validity of which is assured via the Finance and Performance Committee. Finance and Performance Committee reviewed the assessment in detail at its meeting on 27 April 2021 and confirmed that no material risks had been identified.

In October 2018, the *Developing Workforce Safeguards Framework* was launched. Building on existing National Quality Board (NQB) guidance, the framework provides a set of recommendations on workforce safeguards to strengthen the delivery of safe, high quality care across all staff groups and includes new recommendations for governance processes and formal reporting from ward to board.

The Trust has a number of key mechanisms to ensure that the short, medium and long-term workforce strategies and staffing systems are in place to assure the Board that staffing processes are safe, sustainable and effective. These include the following:

- Resourcing programme with a strong focus on hard to recruit posts, including registered nurses, consultants and other professionals.
- Optimisation programme for the use of the Electronic Staff Record (ESR) which will have close links with the roll-out of eRoster and implementation of e-OPAS (Occupational Health) systems.
- Workforce planning and deployment of staff to ensure safe staffing levels.
- Twice daily nurse staffing meetings.
- The Board receives regular updates on key strategic staffing issues, including staff wellbeing and systems to support staffing processes. These include care hours per patient day.
- Use of evidence-based tools to support planning and rostering of permanent and temporary staff.
- Formal reports on nurse staffing to Board and Board Committees.
- Integrated performance reports showing safe staffing levels and bank/agency usage.
- Executive Performance Review meetings consider staffing issues with escalation of any concerns

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC). There was an unannounced visit from the CQC on 30th March 2021 to the Maternity and Spinal Units. The Trust has received the draft report.

The CQC has not been routinely inspecting services during the COVID-19 pandemic period and recovery phase, although they have still been carrying out some focused inspections. They have been maintaining contact with providers through their usual engagement calls, with an agenda focused around COVID-19 arrangements. The Trust has continued to discuss key risks and our main quality concerns. Our local CQC engagement team have felt assured about progress and mitigation and appropriate reports and evidence have been/continue to be shared as agreed. All core services have had direct engagement with the CQC since our last inspection in November/December 2018, either face-to-face or via Microsoft Teams during the pandemic.

In July 2020, the Trusts engagement call specifically centred around the completion of CQCs' Emergency Support Framework, a document focusing on infection prevention and control arrangements. There were no concerns raised as a result of the conversation and the summary record of this process provided by the CQC stated that the assessment outcome indicated the Trust is assured and that the Trust is managing and have managed well through the COVID-19 pandemic. Completion of the NHSE Infection Prevention and Control Board Assurance Framework has been discussed during the engagement calls and a copy of our completed framework was shared with the CQC. Furthermore, the CQC have been carrying out a series of rapid reviews of

how providers are working collaboratively in local areas to help health and social care services learn from the experience of responding to COVID-19. Participation in the reviews is not mandatory and findings of reviews do not affect providers' ratings. The Trust has participated in two reviews; provision of services within urgent and emergency care settings and provision of cancer services. No immediate concerns have been brought to the Trusts attention as a result of these reviews.

In August 2020 the Trust received positive feedback from our local CQC engagement team. We were thanked for really good engagement during the COVID-19 pandemic, described as open, honest and timely. The team were very appreciative of the opportunity to have continued engagement with the core services virtually; something which has not been seen in all organisations.

There are no material inconsistencies between the Annual Governance Statement, the annual and board statements required by NHS Improvement and the corporate governance statement.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of Economy, Efficiency and Effectiveness of the use of Resources

The Trust regularly reviews the economy, efficiency, and effectiveness of the use of resources through benchmarking, reference costs, regular meetings between directorates and the Executive Directors, and assessing performance against plans. Investments are determined against detailed business plans and outcomes are reviewed against those plans.

The Audit Committee gives specific consideration to matters of probity, the propriety, regularity of public finances and value for money, which arise from the work of the external auditors and the Trust's "local counter fraud specialist" and internal audit service.

The Trust continues to actively pursue the opportunities as identified through the model hospital, GIRFT and the right care data, increasingly the Trust is working with system partners to identify how working collaboratively can reduce the cost base. This is reviewed at the Acute Alliance and BSW Directors of Finance meetings.

Arrangements to operate efficiently, economically and effectively are formally reviewed by external audit. Departmental cost improvement programmes and their delivery is tracked through the Directorate Performance Reviews and through the Trust Transformation programme. This will continue to be taken forward as a key part of financial governance and controls.

The Trust's finances are reviewed by the Finance and Performance Committee at its monthly meetings. Monthly performance, workforce and quality information is scrutinised each month by the Board through the Integrated Performance Report.

Information Governance

The Trust acknowledges the importance patients and staff place on the security, confidentiality, integrity and availability of corporate and personal information. The Trust is committed to proactively managing all its resources through clear leadership and accountability, which is underpinned by the Trusts values and behaviours through awareness and education.

The Chief Medical Officer, Caldicott Guardian and Director of Transformation Senior Information Risk Owner (SIRO), oversee compliance and adherence to the Trusts Confidentiality, Information Risk and Security policies and procedures which define how the Trust proactively manages the security and confidentiality of personal information and systems.

Information Governance arrangements within the organisation are constantly reviewed by the Trust. During the 2020/2021 Data Security and Protection Toolkit (DSPT) year, the Trust self-reported one security incident to the Information Commissioners Office and NHS Digital. The incident related to video footage taken on site. The Information Commissioners Office considered the information provided by the Trust, and decided that no further action by the ICO is necessary on this occasion.

Work continued to ensure that a comprehensive and robust evidence based assurance programme exists to reinforce the work of the DSPT to demonstrate that the organisation can be trusted to maintain the confidentiality and security of personal information, increasing public confidence that the NHS and partner organisations can be trusted with personal data.

The Trust prepared for the UK's exit from the European Union and the implementation of the UKs General Data Protection, Network and Information System Regulations within the organisation. Asset Owners and Information Asset Administrators evidence is internally audited and updated on a regular basis. The Trust has also committed time and resources to continually review policies, procedures and guidance to ensure changes in regulatory, legislative and best practice are incorporated.

In line with the NHS Digital guidance, the Trust confirms it will not be submitting a Data Security and Protection Toolkit assessment until 30th June 2021.

Whilst, the Trust recognises the DSPT submission deadline has being amended, we remain resolved in our commitment to maintaining and continually look for ways to proactively improve the security and confidentiality of personal information entrusted to us.

Data Quality and Governance

There is corporate leadership for data quality with the Director of Transformation (SIRO) holding responsibility for the quality of performance data which is reported monthly at the Trust Board and assurance committees.

The Trust has an up to date Data Quality Policy that is reviewed annually and was last refreshed during 2020-21. The policy outlines a strengthened approach to data quality, focussing on the following key areas:

- Raising awareness of the importance of high quality data.
- Assisting all staff in understanding their role and responsibility in maintaining high quality data.

- Assisting staff in getting data quality 'Right First Time' through supporting staff in putting in working practices and processes which enable high data quality at the first time of input.
- Minimising risks arising from poor data quality.
- Monitoring the quality of data used by the Trust and where needed, to highlight where data is inaccurate and needs to be checked and improved.
- Establishing a framework within which data quality issues can be raised and actioned

The Trust introduced a data quality maturity assessment for core reports in 2019-20. This has been extended from key performance indicators used in key Trust Committees to include all reports used for core external returns. Where required improvements have been highlighted a full analysis of the impact on reporting is completed to ensure there is a robust change control process. The maturity assessment is overseen at the Trust's Information Standards Group.

During 2020-21 the Trust has continued its development of a new business intelligence platform underpinned by a new data warehouse. This project will continue into 2021-22 and will be complimented by the introduction of Power BI in 2021-22. Power BI will provide a modern and intuitive self-service business intelligence platform to help inform decision making and analysis cross the Trust. A system wide information group is reviewing standardising of key reports and best practice. This is likely to expand in 2021-22 to include the standardised development of Power BI and potential move to cloud based business intelligence for true mobile business intelligence provision.

All data used for quality reporting is derived from operational clinical systems which are well known and reviewed by the staff using them. With regular analysis and use of data coming from the system comes a degree of assurance about the accuracy of reporting. The weekly directorate-led Delivery Performance Group regularly reviews performance data, including patient level information especially on elective waiting times.

Waiting list data is updated daily and this feeds into a suite of reports that allow various operational teams to monitor the size and performance of the waiting list. There is a dedicated team that review and validate the waiting list daily, ensuring that records are accurate and up to date as far as possible, and there is close review of the longest waiting patients by the directorate team, providing the Trust with the greatest possible opportunity to meet waiting list targets. All key performance related external submissions are reviewed and signed off at Executive level before being submitted. This is supported by the use of Statistical Process Control (SPC) charts to allow close monitoring of specialty level performance over time, highlighting any deteriorating or improving trends or outliers.

Data Quality features within the roles and responsibilities of key staff members who are inputting data into systems, and those who review and assess data accuracy.

The Trust will be further educating staff in the role they play in meeting the high standards of data quality the Trust aspires to; and data quality champions are being introduced across the Trust during 2021-22.

A Data Quality Improvement Group reviews key data quality issues and oversees data quality improvement across the following headings:

- Training – design and delivery of targeted training to support high quality data.
- Awareness – using existing forums (e.g. ward clerk meetings) to communicate data quality issues.
- Process change – use of structured Standard Operating Procedures to meet operational and reporting requirements.
- Information systems – regular checks to ensure data being used is compliant and accurate.
- Data quality monitoring – reviewing nationally and locally developed data quality reports, use of spot checks (e.g. monthly review of waiting list data) and software such as coding software to check data quality.

The Trust receives both internal audit and external audit reviews to check processes and compliance with regards to data quality.

Review of Effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Clinical Governance Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board of Directors and its committees have met regularly and kept arrangements for internal control under review through discussion and approval of policies and practice and monitoring of outcomes agreed as indicators of effective controls. The Board and its committees review the Integrated Performance Report monthly which covers the key national priority and regulatory indicators and locally derived key performance indicators. The report provides more detailed briefings on any areas of adverse performance. This report is supported by a number of more granular reports reviewed by Board committees and regular Executive performance review meetings with the Directorates.

The selection of appropriate metrics is subject to regular review, with changes in definitions or strategic priorities reflected in the selection.

The Audit Committee has provided the Board of Directors with an independent and objective review of financial and corporate governance, and internal financial control within the Trust. The Audit Committee has received reports from external and internal audit, including reports relating to the Trust's counter fraud arrangements. There is a full programme of clinical audit in place.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of the internal audit work. The Head of Internal Audit opinion remains unchanged from the opinion given for the year 2019-20 for 2020-21. The opinion on the adequacy and effectiveness of governance, risk management and control is that this is "Generally satisfactory with some improvement noted". This demonstrates the continued commitment to robust governance.

During 2020-21, Internal Audit conducted six internal audits. The finalised reports have resulted in the identification of three high, 14 medium and five low risk findings to improve weaknesses in the design of controls and/or operating effectiveness.

A summary of the three high risk findings were taken into account in forming the opinion as to the adequacy and effectiveness of the Trust's framework of governance, risk management and control is set out below:

- Staff risk assessments were not completed in line with NHSE/I deadlines as part of the COVID-19 response. Since the review, the audit sponsor confirmed that the key actions identified in relation to this finding (completing all staff risk assessments, and implementing risk assessments as part of the on-boarding process for new joiners) have been completed.

- A number of key processes within Pharmacy were not supported by relevant Standard Operating Procedures (SOPs). Since the review, the audit sponsor confirmed that relevant documentation has been created and/or updated, and is available to relevant staff.
- Stock takes within Pharmacy were not performed daily, and the independent review of stock takes and investigation of discrepancies was inconsistent.

A report is produced at the conclusion of each audit assignment and, where scope for improvement is found, recommendations are made and appropriate action plans agreed with management. Reports are issued to and followed up with the responsible Executive Directors, with the results of audit work reported to the Audit Committee. In addition to the planned programme of work, internal audit provide advice and assistance to senior management on control issues and other matters of concern. Where Internal Audit issued a limited assurance report, the relevant audit executive lead attended the Audit Committee to discuss the report and actions taken.

The Trust is focused on action plans to address the identified risks reported in 2020-21 which have been approved by the Trust Audit Committee. The Trust is in the process of implementing an electronic solution to track all audit recommendations and actions to enhance monitoring and oversight. This will be fully implemented early 2021-22.

Conclusion

The Trust Board is committed to the continuous improvement of its governance arrangements to ensure that systems are in place to identify and manage risks correctly. Any serious incidents or incidents of non-compliance with standards and regulatory requirements are escalated and are subject to prompt and effective remedial action. This is to ensure that patients, service users and staff and stakeholders can be confident in the quality of the services delivered and the effective, economic and efficient use of resources.

Overall there is in place a dynamic process for the management of internal control which is reviewed and updated regularly by the Executive Team and various Board Committees that are in place in the Trust to help me meet my responsibilities as Accounting Officer. The risks the Trust has faced, together with the actions taken to address each of these areas are detailed within this annual governance statement. My review confirms that Salisbury NHS Foundation Trust has sound systems of internal control up to the date of approval of the annual report and accounts.

Stacey Hunter
Chief Executive (Accounting Officer)
18.06.2021 (on behalf of the Trust Board)

SALISBURY NHS FOUNDATION TRUST

CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR TO 31 MARCH 2021

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FOREWORD TO THE ACCOUNTS

These consolidated accounts for the year ended 31 March 2021 have been prepared by Salisbury NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006.

Signed:

Stacey Hunter - Chief Executive

Date: 18 June 2021

Independent auditor's report to the Council of Governors of Salisbury NHS Foundation Trust

Report on the Audit of the Financial Statements

Qualified opinion on financial statements

We have audited the financial statements of Salisbury NHS Foundation Trust (the 'Trust') and its subsidiaries, associates and joint ventures (the 'Group') for the year ended 31 March 2021, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Consolidated Statement of Changes in Taxpayers Equity, the Consolidated Statement of Cash Flows and notes to the accounts, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

In our opinion, except for the possible effects of the matter described in the 'Basis for qualified opinion' section of our report, the financial statements:

- give a true and fair view of the financial position of the Group and the Trust as at 31 March 2021 and of the Group's expenditure and income and the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for qualified opinion

Due to the national lockdown arising from the Covid-19 pandemic in March 2020, we were not able to observe the counting of the physical inventories at 31 March 2020 or satisfy ourselves by alternative means concerning the inventory quantities held at that date, which had a carrying amount in the Trust Statement of Financial Position of £5.892 million and the Group Statement of Financial Position of £7.514 million. Consequently, we were unable to determine whether any adjustment to this amount at 31 March 2020 was necessary or whether there was any consequential effect on drugs and supplies and services for the year ended 31 March 2021.

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General.. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Group and the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Group and the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Group or the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2020 to 2021 that the Group and Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Group and Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Group and Trust and the Group and Trust's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Group and the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Accounting Officer with respect to going concern are described in the 'Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements' section of this report.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have

As described in the basis for qualified opinion section of our report, we were unable to satisfy ourselves concerning the inventory quantities of £5.892 million held by the Trust and £7.514 million held by the Group as at 31 March 2020, and related balances. Accordingly, we are unable to conclude whether or not the other information is materially misstated with respect to this matter. Other information we are required to report on by exception under the Code of Audit Practice.

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2020/21 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006; and

- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or

- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer set out on pages 63 to 64, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2020/21, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Group's and the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust and the Group without the transfer of the services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the Group and Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Group and Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).

- We enquired of management and the Audit Committee, concerning the Group and Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

- We assessed the susceptibility of the Group and Trust's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and fraudulent revenue and expenditure recognition. We determined that the principal risks were in respect of the Trust and in relation to:
  - journals with risk characteristics that we determined as elevated or high risk
  - management estimates in particular those relating to land, buildings and dwellings valuations:
  - fraudulent recognition of revenue streams that are not derived from contracts that are agreed in advance at a fixed price or from central allocations from government :
  - fraudulent expenditure recognition, and specifically the completeness of expenditure.

- Our audit procedures involved, which related to the Trust only:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - selected journal entry testing, with a focus on journals with risk characteristics that we determined as elevated or high risk, such as large journals, journals posted by staff with elevated access privileges, inter group and related party transactions**;** post year end transactions and journals posted by senior management.
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land, buildings and dwellings valuations and the PFI liability;
  - evaluation of the Trust's income recognition policies and agreeing a sample of income transactions to supporting documentation; and
  - assessing the completeness of operating expenditure with a particular focus on the adequacy of year end accruals and testing a sample of transactions recorded close to and after the year end to ensure they were recorded in the correct financial period.

- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to land, buildings and dwellings valuations and the Trust's PFI liability.

- Assessment of the appropriateness of the collective competence and capabilities of the Group and Trust's engagement team included consideration of the engagement team's;
  - understanding of, and practical experience with, audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the Group and Trust operates
  - understanding of the legal and regulatory requirements specific to the Group and Trust including:
  - the provisions of the applicable legislation
  - NHS Improvement's rules and related guidance
  - the applicable statutory provisions.

- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - the Group and Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, financial statement consolidation processes, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - the Group and Trust's control environment, including the policies and procedures implemented by the Group and Trust to ensure compliance with the requirements of the financial reporting framework.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, these will be reported by exception in our Audit Completion Certificate. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2021.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Salisbury NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Barrie Morris

Barrie Morris, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor
Bristol

22 June 2021

STATEMENT OF COMPREHENSIVE INCOME
For The Year Ended 31 March 2021

		Group		Trust	
		2020/21	2019/20	**2020/21**	2019/20
	Note	**£000**	£000	**£000**	£000
Revenue from patient care activities	3	**243,623**	222,621	**243,623**	222,621
Other operating revenue	5	**51,672**	38,106	**40,274**	24,918
Operating expenses	7	**(289,341)**	(263,885)	**(277,623)**	(252,570)
OPERATING SURPLUS/ (DEFICIT)		**5,954**	(3,158)	**6,274**	(5,031)
FINANCE COSTS					
Finance income	12	**287**	454	**170**	265
Finance expense	13	**(2,122)**	(2,592)	**(2,122)**	(2,592)
PDC Dividends payable		**(3,322)**	(3,037)	**(3,322)**	(3,037)
NET FINANCE COSTS		**(5,157)**	(5,175)	**(5,274)**	(5,364)
Losses on disposal of assets	17	**(156)**	(72)	**(156)**	(72)
Share of profit/ (loss) of associates/ joint ventures	33	**93**	(15)	**93**	(15)
Movement in fair value of other investments	18	**1,417**	(986)	-	-
RETAINED SURPLUS/ (DEFICIT) FOR THE YEAR		**2,151**	(9,406)	**937**	(10,482)
OTHER COMPREHENSIVE INCOME:					
Items that will not be reclassified to income and expenditure					
Revaluations		**4,601**	(441)	**4,549**	(444)
Items that may be reclassified to income and expenditure					
Fair Value gains/ (losses) on Available-for-sale financial investments	18	**-**	-	-	-
TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR		**6,752**	(9,847)	**5,486**	(10,926)
NOTE: ALLOCATION OF PROFIT/(LOSSES) FOR THE YEAR					
(a) Surplus/(Deficit) for the period attributable to:					
(i) Minority interest, and		**3**	8	**-**	-
(ii) Owners of Salisbury NHS Foundation Trust		**2,148**	(9,414)	**937**	(10,482)
TOTAL		**2,151**	(9,406)	**937**	(10,482)
(b) Total comprehensive income/ (expense) for the year attributable to:					
(i) Minority interest, and		**3**	8	**-**	-
(ii) Owners of Salisbury NHS Foundation Trust		**6,749**	(9,855)	**5,486**	(10,926)
TOTAL		**6,752**	(9,847)	**5,486**	(10,926)

The notes on pages 5 to 50 form an integral part of these financial statements.
All revenue and expenditure is derived from continuing operations.

STATEMENT OF FINANCIAL POSITION
31 MARCH 2021

	Note	Group		Trust	
		31 March 2021	31 March 2020	**31 March 2021**	31 March 2020
		£000	£000	**£000**	£000
NON-CURRENT ASSETS					
Intangible assets	16	**10,952**	8,828	**10,952**	8,828
Property, plant and equipment	17	**149,210**	140,083	**146,956**	137,635
Investments in subsidiaries	32	**-**	-	**5**	5
Investments in joint ventures	33	**181**	88	**181**	88
Investments	18	**7,893**	6,319	**-**	-
Other financial assets	19	**2,395**	2,299	**4,551**	4,982
Receivables	21	**762**	649	**762**	649
Total non-current assets		**171,393**	158,266	**163,407**	152,187
CURRENT ASSETS					
Inventories	20	**7,634**	7,514	**6,050**	5,892
Receivables	21	**12,077**	15,575	**11,783**	13,894
Investments	18	**113**	133	**-**	-
Other financial assets	19	**-**	-	**1,027**	-
Cash and cash equivalents	22	**31,169**	16,145	**22,309**	9,087
Total current assets		**50,993**	39,367	**41,169**	28,873
Total assets		**222,386**	197,633	**204,576**	181,060
CURRENT LIABILITIES					
Trade and other payables	23	**(36,727)**	(29,191)	**(35,364)**	(27,799)
Borrowings	24	**(1,608)**	(22,784)	**(1,608)**	(22,784)
Provisions	25	**(971)**	(198)	**(971)**	(198)
TOTAL CURRENT LIABILITIES		**(39,306)**	(52,173)	**(37,943)**	(50,781)
TOTAL ASSETS LESS CURRENT LIABILITIES		**183,080**	145,460	**166,633**	130,279
NON-CURRENT LIABILITIES					
Borrowings	24	**(18,680)**	(20,271)	**(18,680)**	(20,271)
Provisions	25	**(1,256)**	(1,144)	**(1,256)**	(1,144)
TOTAL NON CURRENT LIABILITIES		**(19,936)**	(21,415)	**(19,936)**	(21,415)
TOTAL ASSETS EMPLOYED		**163,144**	124,045	**146,697**	108,864
FINANCED BY:					
TAXPAYERS' EQUITY					
Minority Interest		**53**	50	**-**	-
Public dividend capital	34	**90,997**	58,650	**90,997**	58,650
Revaluation reserve		**65,738**	61,193	**65,738**	61,193
Income and expenditure reserve		**(8,896)**	(9,779)	**(10,038)**	(10,979)
Charitable fund reserves	35	**15,252**	13,931	**-**	-
TOTAL TAXPAYERS EQUITY		**163,144**	124,045	**146,697**	108,864

The notes on pages 5 to 50 form an integral part of these financial statements.
The financial statements on pages 1 to 50 were approved by the Board on 18 June 2021 and signed on its behalf by:

Signed:

Stacey Hunter - Chief Executive

CONSOLIDATED STATEMENT OF CHANGES IN TAXPAYERS EQUITY

	Trust				Subsidiary		Charitable Fund	Group
	Public dividend capital (PDC)	Income and expenditure reserve	Revaluation reserve	Trust Reserves	Profit & Loss Reserves	Minority interest	Charitable Funds reserve	Total taxpayers' equity
	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers' and Others' Equity at 1 April 2019	**57,297**	**(687)**	**61,827**	**118,437**	**1,032**	**42**	**13,028**	**132,539**
Changes in taxpayers' equity for 2019/20								
Retained surplus/(deficit) for the year	-	(10,482)	-	**(10,482)**	168	8	900	**(9,406)**
Other recognised gains and losses	-	-	-	**-**	-	-	-	**-**
Impairment of property plant and equipment	-	13	(13)	**-**	-	-	-	**-**
Net gain/(loss) on revaluation of property plant and equipment	-	-	(444)	**(444)**	-	-	-	**(444)**
Transfers between reserves	-	-	-	**-**	-	-	-	**-**
Revaluations and impairments - charitable fund assets	-	-	-	**-**	-	-	3	**3**
Fair Value gains/(losses) on Available-for-sale financial investments	-	-	-	**-**	-	-	**-**	**-**
Other reserve movements	-	177	(177)	**-**	-	-	**-**	**-**
Public dividend capital received in year	1,353	-	-	**1,353**	-	-	**-**	**1,353**
Balance at 31 March 2020	**58,650**	**(10,979)**	**61,193**	**108,864**	**1,200**	**50**	**13,931**	**124,045**
Changes in taxpayers' equity for 2020/21								
Retained surplus/(deficit) for the year	-	937	-	**937**	(58)	3	1,269	**2,151**
Other recognised gains and losses	-	-	-	**-**	-	-	-	**-**
Impairment of property plant and equipment	-	4	(4)	**-**	-	-	-	**-**
Net gain/(loss) on revaluation of property plant and equipment	-	-	4,549	**4,549**	-	-	-	**4,549**
Transfers between reserves	-	-	-	**-**	-	-	-	**-**
Revaluations and impairments - charitable fund assets	-	-	-	**-**	-	-	52	**52**
Fair Value gains/(losses) on Available-for-sale financial investments	-	-	-	**-**	-	-	**-**	**-**
Other reserve movements	-			**-**	-	-	**-**	**-**
Public dividend capital received in year	32,419	-	-	**32,419**	-	-	**-**	**32,419**
Public dividend capital repaid in year	(72)	-	-	**(72)**	-	-	**-**	**(72)**
Balance at 31 March 2021	**90,997**	**(10,038)**	**65,738**	**146,697**	**1,142**	**53**	**15,252**	**163,144**

The notes on pages 5 to 50 form an integral part of these financial statements.

CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2021

	Note	Group 2021 £000	Group 2020 £000	Trust 2021 £000	Trust 2020 £000
CASH FLOWS FROM OPERATING ACTIVITIES					
Total operating surplus/ (deficit)		**5,954**	(3,158)	**6,274**	(5,031)
NON-CASH INCOME AND EXPENSE					
Depreciation and amortisation charge	7	**12,370**	11,204	**12,084**	10,982
Impairments	7	**318**	19	**318**	19
Non-cash donations credited to income		**(1,253)**	(606)	**(1,253)**	(606)
(Increase)/ decrease in trade and other receivables	21	**3,311**	7,776	**1,910**	9,012
(Increase)/ decrease in inventories	20	**(120)**	(744)	**(158)**	(1,052)
Increase/ (decrease) in trade and other payables	23	**5,905**	4,092	**5,955**	4,090
Increase/ (decrease) in provisions	25	**775**	353	**775**	(295)
NHS charitable funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows		**7**	(400)	**-**	-
Net cash inflow from operating activities		**27,267**	18,536	**25,905**	17,119
CASH FLOWS FROM INVESTING ACTIVITIES					
Interest received		**-**	113	**74**	108
Payments to acquire property, plant and equipment	17	**(12,309)**	(6,683)	**(12,269)**	(6,449)
Receipts from sale of property, plant and equipment		**57**	-	**57**	-
Payments to acquire intangible assets	16	**(4,379)**	(2,436)	**(4,379)**	(2,436)
NHS charitable funds - net cash flows from investing activities		**54**	68	**-**	-
Net cash (outflow) from investing activities		**(16,577)**	(8,938)	**(16,517)**	(8,777)
CASH FLOWS FROM FINANCING ACTIVITIES					
New public dividend capital received	34	**32,419**	1,353	**32,419**	1,353
Public dividend capital repaid	34	**(72)**	**-**	**(72)**	**-**
Loan to subsidiary		**-**	-	**(500)**	(700)
Loan repayment received		**-**	-	**-**	115
Movement in loans from the Department of Health and Social Care		**(21,713)**	(631)	**(21,713)**	(631)
Capital element of finance lease rental payments		**(434)**	(434)	**(434)**	(434)
Capital element of Private Finance Initiative obligations	29	**(479)**	(468)	**(479)**	(468)
Interest paid		**(190)**	(643)	**(190)**	(643)
Interest element of finance lease rental payments		**(24)**	(24)	**(24)**	(24)
Interest element of Private Finance Initiative obligations	29	**(1,939)**	(1,928)	**(1,939)**	(1,928)
PDC dividend paid		**(3,234)**	(3,194)	**(3,234)**	(3,194)
Net cash inflow/ (outflow) from financing		**4,334**	(5,969)	**3,834**	(6,554)
Increase/ (decrease) in cash and cash equivalents		**15,024**	3,629	**13,222**	1,788
Cash and cash equivalents at the beginning of the financial year		**16,145**	12,516	**9,087**	7,299
Cash and cash equivalents at the end of the financial year	22	**31,169**	16,145	**22,309**	9,087

The notes on pages 5 to 50 form an integral part of these financial statements.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern.

After making enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

1.3 Critical accounting estimates and judgements

International accounting standard IAS1 requires estimates, assumptions and judgements to be continually evaluated and to be based on historical experience and other factors including expectation of future events that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The purpose of evaluation is to consider whether there may be a significant risk of causing material adjustment to the carrying value of assets and liabilities within the next financial year, compared to the carrying value in these accounts.

Critical accounting judgements employed in the year are outlined in note 36.

Critical accounting estimates made in the year are outlined in note 37.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.4 Basis of Consolidation

1.4.1 NHS Charitable Fund

The Trust is the Corporate Trustee to Salisbury District Hospital Charitable Fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The consolidation is for reporting purposes only and does not affect the charity's legal and regulatory independence and day to day operations.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the Trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

Charitable donations and assets are maintained and administered separately and distinctly from those of the Trust by Charitable Trustees. By virtue of the fact that the patients and staff of Salisbury District Hospital are the beneficiaries of the charity's fundraising activities HM Treasury has mandated that the Trust must consolidate the charity's financial data to comply with International Financial Reporting Standards.

The key accounting policies of the charitable funds are included below in the relevant sections to which they relate.

1.4.2 Subsidiaries

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The amounts consolidated are drawn from the published financial statements of the subsidiaries for the previous year together with draft figures for the current year.

Where subsidiaries' accounting policies are not aligned with those of the Trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

Unless otherwise stated the notes to the accounts refer to the Group and not the Trust. Where the Trust's balances are materially different, these are stated separately.

1.4.3 Associates

Associate entities are those over which the Trust has the power to exercise a significant influence. Associate entities are recognised in the Trust's financial statement using the equity method. The investment is initially recognised at cost. It is increased or decreased subsequently to reflect the Trust's share of the entity's profit or loss or other gains and losses (e.g. revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution, e.g., share dividends are received by the Trust from the associate.

1.4.4 Joint ventures

Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement.

Joint ventures are accounted for using the equity method.

1.4.5 Joint operations

Joint operations are arrangements in which the Trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement.

The Trust includes within its financial statements its share of the assets, liabilities, income and expenses.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.5 Income Recognition

1.5.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Sustainability and Transformation Partnership level.

The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer.

At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.5 Income Recognition (continued)

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust does not receive income where a patient is readmitted within 30 days of discharge from a previous planned stay. This is considered an additional performance obligation to be satisfied under the original transaction price. An estimate of readmissions is made at the year end this portion of revenue is deferred as a contract liability.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Education and training
Income for training and education is received from Health Education England. The Trust recognises the income when the conditions of the contract have been met.

1.5.2 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.5 Income Recognition (continued)

Apprenticeship service income
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Income received by the Charity
Charitable incoming resources are recognised once the charity has entitlement to the resources, it is certain that the resources will be received and the monetary value of the incoming resources can be measured with sufficient reliability.

Legacy income is accounted for within the charity as incoming resources, either upon receipt, or where the receipt of the legacy is probable; this will be once confirmation has been received from the representatives of the estate(s) that payment of the legacy will be made, or property transferred, and once all conditions attached to the legacy have been fulfilled.

1.6 Expenditure on employee benefits

1.6.1 Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period. In line with National Guidance resulting from the Covid 19 pandemic, employees are entitled to carry forward accrued leave arising in the year, but untaken at 31 March 2021, for a period of up to two years.

1.6.2 Pension costs

NHS Pension Scheme
Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Trust (NEST)
Employees that are not entitled to enrol on the NHS Pension Scheme are auto-enrolled into the Government NEST defined contribution workplace pension scheme.

Under the terms of the NEST scheme employees retain the right to opt-out after having been auto-enrolled.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Subsidiary pension scheme
The subsidiary companies operate defined contribution schemes for employees who have contracts of employment directly with the companies. Employer's pension costs are charged to operating expenses as and when they become due.

These schemes comply with legislative requirements.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.7 Expenditure on goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.8 Intangible assets

1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently, intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost (DRC) and the value in use where the asset is income generating. The Trust uses historic cost less depreciation as an approximation of DRC. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

Software 1 - 7 Years

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.9 Property, plant and equipment

1.9.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

1.9.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.9 Property, plant and equipment (continued)

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated. All other assets are being depreciated as follows:

Buildings (excluding dwellings) 3 - 67 years
Dwellings 9 - 60 years
Plant and Machinery 1 - 15 years
Transport equipment 3 - 10 years
Information Technology 3 - 10 years
Furniture and Fittings 5 - 15 years

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Property, plant and equipment which have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.9 Property, plant and equipment (continued)

1.9.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds, less costs associated with the sale, and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.9.4 Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

In 2020/21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

1.9.5 Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as "on-Statement of Financial Position" by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment at their fair value, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/ or intangible assets as appropriate.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

a) Payment for the fair value of services received;
b) Payment for the PFI asset, including finance costs; and
c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

Services received

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

PFI Asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.9 Property, plant and equipment (continued)

PFI liability
A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement
Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme
Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator
Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.10 Investments

Investments in subsidiary undertakings, associates and joint ventures are treated as fixed asset investments and stated at cost.

Deposits and other investments that are readily convertible into known amounts of cash at or close to their carrying amounts are treated as liquid resources in the cash flow statement.

Investments in quoted stocks, shares, gilts and alternative investments are included in the Statement of Financial Position at mid-market price, ex-dividend.

All gains and losses are taken to the Statement of Comprehensive Income as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value (or value at purchase date if later).

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.11 Borrowing costs

Borrowing costs are recognised as expenses as they are incurred.

1.12 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured on the First In, First Out (FIFO) method. Work-in-progress comprises goods in intermediate stages of production. The Laundry stock value is based on the original cost less an adjustment to reflect usage, over a three year life (except for Towels and Scrub Suits which have a two year life), in determining an approximation of net realisable value.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.14 Financial assets and financial liabilities

1.14.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

1.14.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost, fair value through income and expenditure or fair value through other comprehensive income.

Financial liabilities classified as subsequently measured at amortised cost or fair value through income and expenditure.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.14.3 Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

1.14.4 Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

The Trust does not normally recognise expected credit losses in relation to other NHS bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

1.14.5 De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.15.1 The Trust as lessee

Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.15.2 The Trust as lessor

Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases
Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

1. ACCOUNTING POLICIES (CONTINUED)

1.16 Provisions (Continued)

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.18%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2021:

	Inflation rate
Year 1	1.20%
Year 2	1.60%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 25 but is not recognised in the Trust's accounts.

Non-clinical risk pooling
The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.18 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

1. ACCOUNTING POLICIES (CONTINUED)

1.18 Public dividend capital (continued)

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at:

https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.19 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Corporation Tax

The Trust does not have a corporation tax liability for the year 2020/21 (2019/20 £nil). Tax may be payable by the Trust on activities described below:

- The activity is not related to the provision of core healthcare as defined under Section 14(1) of the HSCA. Private Healthcare falls under this legislation and is not therefore taxable.
- The activity is commercial in nature and competes with the private sector. In house trading activities are normally ancillary to the core healthcare objectives and are therefore not subject to tax.
- Annual profits from the activity must exceed £50,000

The Trust's subsidiary companies have made a modest profit leading to a corporation tax liability of £30k (2019/20: £77k).

1.21 Foreign exchange

The functional and presentational currency of the Trust is sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.22 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note (note 31) to the accounts in accordance with the requirements of HM Treasury’s FReM.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.23 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.24 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21

1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES (CONTINUED)

1.26 Standards, amendments and interpretations in issue but not yet effective or adopted (continued)

From 1 April 2022, the principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI imputed lease liability will be remeasured when a change in the index causes a change in future imputed lease payments and that change has taken effect in the cash flow. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred. This is expected to increase the PFI liability on the statement of financial position upon transition to IFRS 16. The effect of this has not yet been quantified.

2. Segmental Analysis

Group and Trust

The business activities of the Group can be summarised as that of 'healthcare'. The Trust's activities comprise five key operating areas where costs are closely monitored during the year. The chief operating decision maker for Salisbury NHS Foundation Trust is the Trust Board. Key decisions are agreed at monthly Board meetings and sub-committee meetings of the Board, following scrutiny of performance and resource allocation. The Trust Board review and make decisions on activity and performance of the Trust as a whole entity, not for its separate business activities. The activities of the subsidiary companies, Odstock Medical Limited and Salisbury Trading Limited, and of the charity, Salisbury District Hospital Charitable Fund, are not considered sufficiently material to require separate disclosure.

NOTES TO THE ACCOUNTS

3 Revenue From Patient Care Activities

3.1 Revenue by Nature

	Group and Trust	
		Restated
	2021	2020
	£000	£000
Block contract / system envelope income*	**207,419**	184,319
High cost drugs income from commissioners	**18,645**	18,515
Other types of activity revenue	**2,602**	2,326
Total revenue at full tariff	**228,666**	205,160
Private patient revenue	**1,759**	2,118
Additional pension contribution central funding**	**7,073**	6,436
Other clinical income	**6,125**	8,907
Total income from patient care activities	**243,623**	222,621

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

Other types of activity revenue above includes amounts due for specialist services (e.g. spinal, burns, genetics, cleft lip and palate), direct access, intensive care, community and hospice services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

3.2 Revenue by Source

	Group and Trust	
	2021	2020
	£000	£000
NHS England	**53,483**	49,762
Clinical commissioning groups	**181,501**	160,927
Department of Health and Social Care	**42**	19
Other NHS providers	**2,787**	4,646
NHS other	**152**	609
Local authorities	**1,554**	1,546
Non NHS:		
- Private patients	**1,759**	2,118
- Overseas patients (chargeable to patient)	**107**	158
- NHS Injury cost rcovery scheme	**725**	1,345
- Other	**1,513**	1,491
	243,623	222,621

NHS Injury Scheme revenue is subject to a provision for doubtful debts of 22.43% (2020: 21.79%) to reflect expected rates of collection. The doubtful debt provision is included in the allowance for impaired contract receivables included in note 21.3.

NOTES TO THE ACCOUNTS

3 Revenue From Patient Care Activities (continued)

3.3 Commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	Group and Trust	
	2021	2020
	£000	£000
Income from services designated as commissioner requested services	**227,289**	197,618
Income from services not designated as commissioner requested services	**16,334**	25,003
	243,623	222,621

3.4 Overseas visitors (relating to patients charged directly by the provider)

	Group and Trust	
	2021	2020
	£000	£000
Income recognised this year	**107**	158
Cash payments received in-year	**113**	143
Amounts written off in-year	**24**	2

4. Private patient revenue

The Health & Social Care Act 2012 removed the restriction on the amount a Foundation Trust could earn from private patient income as a percentage of total income, provided a ceiling of 49% is not exceeded for non-NHS income.

Salisbury NHS Foundation Trust private patient income in 2020/21 (and 2019/20) was substantially below the revised level permitted.

NOTES TO THE ACCOUNTS

5.1 Other operating revenue

	Group		Trust	
	2021	2020	**2021**	2020
	£000	£000	**£000**	£000
Provider sustainability fund / Financial recovery fund / Marginal rate emergency tariff funding (PSF/FRF/MRET) (2019/20 only)	**-**	4,626	**-**	4,626
Reimbursement and top up funding	**15,644**	-	**15,644**	-
Research and development	**842**	926	**842**	926
Education and training	**9,022**	8,392	**9,022**	8,392
Non-patient care services to other bodies	**2,383**	2,483	**2,383**	2,483
Received from DHSC group bodies for COVID response- donated assets	**869**	-	**869**	-
Received from NHS charities - donated assets	**-**	-	**384**	606
Contributions to expenditure - equipment donated from DHSC group bodies for COVID response below capitalisation threshold	**2**	-	**2**	-
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	**3,640**	-	**3,640**	-
Salisbury Trading Limited	**9,324**	8,513	**-**	-
NHS Charitable Funds: Incoming Resources excluding investment income	**1,228**	3,736	**-**	-
Odstock Medical Limited	**1,686**	1,996	**-**	-
Accommodation	**1,268**	1,380	**1,268**	1,380
Administrative services provided to Sterile Supplies Limited	**311**	365	**311**	365
Car Parking	**256**	1,815	**256**	1,815
Catering	**413**	1,027	**413**	1,027
Payroll services provided to other organisations	**1,676**	1,488	**1,676**	1,488
Other	**3,108**	1,359	**3,564**	1,810
	51,672	38,106	**40,274**	24,918

Included within 'Other' revenue above are: Central funding in respect of annual leave and overtime £1,129k (2020: £nil) and overseas recruitment £133k (2020: £nil), procurement framework income re: apprenticeships £346k (2020: £nil), Leisure Centre income £10k (2020: £221k), income from the rent and hire of rooms £105k (2020: £191k), Vat recoveries £210k (2020: £149k) and Hospice at Home service £nil (2020: £134k).

6. Operating lease income

6.1 As lessor

The Trust has entered into short term commercial leases on buildings, which primarily relate to the rental of an area within the hospital main entrance to a high street retailer and properties rented to subsidiary companies.

6.2 Receipts recognised as income

	Group		Trust	
	2021	2020	**2021**	2020
	£000	£000	**£000**	£000
Rental revenue from operating leases - minimum lease receipts	**177**	181	**425**	427

6.3 Total future minimum lease income

	Group		Trust	
	2021	2020	**2021**	2020
Receivable:	**£000**	£000	**£000**	£000
Within 1 year	**175**	75	**423**	240
Between 1 and 5 years	**408**	71	**893**	670
After 5 years	**462**	-	**511**	100
Total	**1,045**	146	**1,827**	1,010

NOTES TO THE ACCOUNTS

7. Operating Expenses

Operating expenses comprise:

	Group		Trust	
	2021	2020	**2021**	2020
	£000	£000	**£000**	£000
Purchase of healthcare from NHS and DHSC bodies	**3,469**	3,684	**3,469**	3,684
Purchase of healthcare from non-NHS and non-DHSC bodies	**2,991**	3,493	**2,991**	3,493
Staff and executive directors costs	**183,346**	167,996	**176,803**	161,751
Non-executive directors	**168**	142	**168**	142
Supplies and services – clinical (excluding drugs costs)	**24,612**	22,869	**24,030**	22,714
Supplies and services - general	**5,897**	4,824	**4,392**	3,511
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	**22,516**	21,222	**22,516**	21,222
Inventories written down	**64**	-	**64**	-
Consultancy costs	**2,016**	322	**2,016**	322
Establishment	**2,059**	2,762	**1,505**	2,762
Premises	**13,707**	10,773	**12,427**	9,973
Transport	**1,541**	2,171	**1,541**	1,587
Depreciation on property, plant and equipment	**10,090**	9,151	**9,815**	8,868
Amortisation on intangible assets	**2,280**	2,053	**2,280**	2,053
Impairments net of (reversals)	**318**	19	**318**	19
Movement in credit loss allowance: contract receivables / contract assets	**-**	32	**-**	32
Provisions arising /(released) in year	**79**	(37)	**79**	(37)
Change in provisions discount rate(s)	**6**	12	**6**	12
Operating lease expenditure (net)	**108**	92	**150**	134
Audit fees payable to the external auditor				
audit services- statutory audit	**104**	92	**94**	82
other auditor remuneration (external auditor only)	**-**	-	**-**	-
Internal audit costs	**82**	120	**82**	120
Clinical negligence	**7,041**	6,435	**7,041**	6,435
Legal fees	**504**	100	**504**	100
Insurance	**361**	298	**361**	298
Research and development	**40**	50	**40**	50
Education and training	**906**	822	**906**	822
Charges to operating expenditure for on-SoFP PFI scheme	**1,110**	1,074	**1,110**	1,074
Other	**3,926**	3,314	**2,915**	1,347
	289,341	263,885	**277,623**	252,570

The total employer's pension contributions are disclosed in note 9.1.

Redundancy payments totalling £43k (2020: £nil) are included in staff costs.

There is a limitation on the Auditor's liability of £2.0m (2020: £2.0m). The fees payable to auditors for the statutory audit and additional services above are quoted gross of VAT at 20%, reflecting the Trust's inability to reclaim VAT on this type of expenditure.

Other expenses include professional fees associated with the hospital site development £0.9m (2020: £nil), a contractual dispute with a supplier £0.5m (2020: £nil), home testing kits £292k (2020: £199k) as well as costs attributable to the Trust's subsidiary companies and Charity, Odstock Medical Limited £nil (2020: £nil), Salisbury Trading Limited £0.3m (2020: £0.9m) and charitable fund expenses of £0.7m (2020: £1.0m).

NOTES TO THE ACCOUNTS

8. Operating leases expenditure

8.1 As lessee

The Group has entered into commercial leases on certain items of property, motor vehicles and equipment. The principal arrangements are in respect of motor vehicles. For these, rentals are for an agreed mileage over a three year term. Excess mileage is charged at a price per mile determined at the inception of the lease.

8.2 Payments recognised as expense

	Group		Trust	
	2021	2020	**2021**	2020
	£000	£000	**£000**	£000
Minimum lease payments	**108**	92	**150**	134

8.3 Total future minimum lease payments

	Group		Trust	
	2021	2020	**2021**	2020
Payable:	**£000**	£000	**£000**	£000
Within 1 year	**52**	56	**87**	97
Between 1 and 5 years	**26**	68	**40**	116
After 5 years	**-**	-	**-**	-
Total	**78**	124	**127**	213

HM Treasury has delayed the implementation of IFRS 16 Leases until 2022-23, see Accounting Policy note 1.26.

9. Employee benefits

9.1 Staff costs

	Group		Trust	
	2021	2020	**2021**	2020
	£000	£000	**£000**	£000
Salaries and wages	140,670	127,620	**135,398**	122,799
Social security costs	14,144	12,149	**14,144**	12,149
Apprenticeship levy	676	619	**676**	619
Employer's contributions to NHS pensions	23,277	21,296	**23,208**	21,254
Pension cost - other	42	37	**41**	35
Temporary staff (including agency)	5,391	6,635	**4,190**	5,235
Total gross staff costs	**184,200**	168,356	**177,657**	162,091
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**184,200**	168,356	**177,657**	162,091
Of which				
Costs capitalised as part of assets	854	360	854	360

NOTES TO THE ACCOUNTS

9. Employee benefits (continued)

9.2 Directors' remuneration

	Group and Trust	
	2021	2020
	£000	£000
Salaries and wages	**991**	965
Social Security Costs	**108**	118
Employer contributions to Pension Schemes	**141**	155
	1,240	1,238

The total number of Directors accruing benefits under pension schemes is 6 (2020: 6). The Directors Remuneration only relates to the Group.

10 Pension costs

The total cost charged to income in respect of the Group's obligations to the NHS Pension Agency and the defined contribution schemes for Odstock Medical Limited and Salisbury Trading Limited was £16.2m (2020: £14.86m). With the exception of employer contributions to NHSPA paid by NHSE on provider's behalf (6.3%), as at 31 March 2021, contributions of £2.29m (2020: £2.16m) due in respect of the current reporting period (representing the contributions for the final month of the year) had not been paid over to the schemes by the balance sheet date.

10.1 NHS Pension Schemes

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

NOTES TO THE ACCOUNTS

10 Pension costs (continued)

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

11. Retirements due to ill-health

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

During the year to 31 March 2021 there was 1 (2020: 2) early retirements from the Trust on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £56k (2020: £114k). The cost of the 2021 ill-health retirements will be borne by the NHS Business Services Authority -Pensions Division.

NOTES TO THE ACCOUNTS

12. Finance income

	Group		Trust	
	2021	2020	**2021**	2020
	£000	£000	**£000**	£000
Interest receivable	**287**	454	**96**	208
Other loans and receivables	**-**	-	**74**	57
	287	454	**170**	265

13. Finance costs

Group and Trust

	2021	2020
	£000	£000
Interest on capital loans from the Department of Health and Social Care (DHSC)	**49**	61
Revenue support / working capital loans from DHSC	**-**	578
Interest on obligations under finance leases	**24**	24
Finance costs on obligations under Private Finance Initiatives	**1,130**	1,161
Contingent finance costs - PFI	**809**	767
Total finance expense - financial liabilities	**2,012**	2,591
Other finance costs - unwinding of discounts on provisions	**110**	1
Total	**2,122**	2,592

14. The Late Payment of Commercial Debts (Interest) Act 1998

There were no amounts payable arising from claims made by businesses under this legislation (2020: £Nil).

15. Losses and special payments

	Group and Trust			
	2021		2020	
	Number	**Value**	Number	Value
		£000		£000
Losses				
Cash losses	**-**	**-**	-	-
Fruitless payments and constructive losses	**-**	**-**	-	-
Bad debts and claims abandoned	**470**	**181**	501	18
Stores losses	**2**	**2**	1	43
	472	**183**	502	61
Special payments				
Compensation payments	**-**	**-**	1	-
Extra-contractual payments	**-**	**-**	-	-
Ex-gratia payments	**20**	**17**	38	47
Special severence payments	**-**	**-**	-	-
Extra-statutory and extra-regulatory payments	**-**	**-**	-	-
	20	**17**	39	47
Total losses and special payments	**492**	**200**	541	108

There were no case payments that exceeded £0.1m.

NOTES TO THE ACCOUNTS

16. Intangible Assets

16.1 Intangible assets at the balance sheet date comprise the following elements:

Group and Trust

	Assets under Construction £000	Software Licences £000	Total £000
Cost or valuation			
At 1 April 2020	1,637	15,179	16,816
Additions - purchased	4,379	-	4,379
Additions - donated	-	30	30
Impairments charged to operating expenses	(5)	-	(5)
Reclassifications	(3,868)	3,868	-
Disposals	-	-	-
At 31 March 2021	**2,143**	**19,077**	**21,220**
Amortisation			
At 1 April 2020	-	7,988	7,988
Provided during the period	-	2,280	2,280
Impairments charged to operating expenses	-	-	-
Disposals	-	-	-
Amortisation at 31 March 2021	**-**	**10,268**	**10,268**
Net book value at 31 March 2021			
- Purchased at 31 March 2021	2,143	8,760	10,903
- Donated at 31 March 2021	-	49	49
Total at 31 March 2021	**2,143**	**8,809**	**10,952**

Cost or valuation			
At 1 April 2019	201	14,124	14,325
Additions - purchased	2,436	-	2,436
Additions - donated	-	55	55
Impairments charged to operating expenses	-	-	-
Reclassifications	(1,000)	1,000	-
Disposals	-	-	-
At 31 March 2020	**1,637**	**15,179**	**16,816**
Amortisation			
At 1 April 2019	-	5,935	5,935
Provided during the period	-	2,053	2,053
Impairments charged to operating expenses	-	-	-
Disposals	-	-	-
Amortisation at 31 March 2020	**-**	**7,988**	**7,988**
Net book value at 31 March 2020			
- Purchased at 31 March 2020	1,637	7,137	8,774
- Donated at 31 March 2020	-	54	54
Total at 31 March 2020	**1,637**	**7,191**	**8,828**

NOTES TO THE ACCOUNTS

17. Property, plant and equipment

Group

17.1 Property, Plant and equipment at the balance sheet date comprise the following elements:

	Freehold land	Freehold buildings excluding dwellings	Freehold dwellings	Assets under construction and payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation									
At 1 April 2020	1,715	103,528	7,793	3,441	70,514	361	12,995	3,882	204,229
Additions - purchased	-	-	-	13,879	40	-	-	-	13,919
Additions - donated	-	-	-	-	1,193	-	15	15	1,223
Impairments	-	(244)	-	(69)	-	-	-	-	(313)
Reclassifications	-	2,658	2	(11,169)	6,881	25	1,565	38	-
Revaluation	98	668	(208)	-	-	-	-	-	558
Transfer to assets held for sale	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(28,421)	(135)	(143)	(227)	(28,926)
At 31 March 2021	**1,813**	**106,610**	**7,587**	**6,082**	**50,207**	**251**	**14,432**	**3,708**	**190,690**
Accumulated depreciation									
At 1 April 2020	-	-	-	-	53,305	332	8,033	2,476	64,146
Provided during the period	-	3,823	220	-	4,104	5	1,605	333	10,090
Revaluation	-	(3,823)	(220)	-	-	-	-	-	(4,043)
Impairments	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(28,219)	(135)	(143)	(216)	(28,713)
Accumulated depreciation at 31 March 2021	**-**	**-**	**-**	**-**	**29,190**	**202**	**9,495**	**2,593**	**41,480**
Net book value at 31 March 2020									
Owned	1,715	82,906	7,793	3,441	17,044	29	3,505	1,406	117,839
Finance leased	-	-	-	-	165	-	1,457	-	1,622
On balance sheet PFI	-	20,622	-	-	-	-	-	-	20,622
Donated	-	-	-	-	-	-	-	-	-
Total at 31 March 2020	**1,715**	**103,528**	**7,793**	**3,441**	**17,209**	**29**	**4,962**	**1,406**	**140,083**
Net book value at 31 March 2021									
Owned	1,813	85,874	7,587	6,082	20,874	49	3,869	1,115	127,263
Finance leased	-	-	-	-	143	-	1,068	-	1,211
On-SoFP PFI	-	20,736	-	-	-	-	-	-	20,736
Donated	-	-	-	-	-	-	-	-	-
Total at 31 March 2021	**1,813**	**106,610**	**7,587**	**6,082**	**21,017**	**49**	**4,937**	**1,115**	**149,210**

On 31 March 2021 Gerald Eve LLP revalued the Trust's land, buildings and dwellings on a Modern Equivalent Asset basis in accordance with the guidance included in the Royal Institution of Chartered Surveyors Valuation Standards. As a result, these assets were revalued to bring them to their current value at that date. (see note 17.5 Valuation Report)

NOTES TO THE ACCOUNTS

17. Property, plant and equipment (continued)

Group

17.2 Property, plant and equipment at the previous balance sheet date comprise the following elements:

	Freehold land	Freehold buildings excluding dwellings	Freehold dwellings	Assets under construction and payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation									
At 1 April 2019	1,170	106,121	8,520	138	68,836	361	12,337	3,769	201,252
Additions - purchased	-	421	-	6,487	57	-	-	-	6,965
Additions - donated	-	-	-	-	467	-	-	84	551
Impairments	-	-	-	(19)	-	-	-	-	(19)
Reclassifications	-	379	206	(3,165)	1,888	-	658	34	-
Revaluation	545	(3,393)	(933)	-	-	-	-	-	(3,781)
Disposals	-	-	-	-	(734)	-	-	(5)	(739)
At 31 March 2020	**1,715**	**103,528**	**7,793**	**3,441**	**70,514**	**361**	**12,995**	**3,882**	**204,229**
Accumulated depreciation									
At 1 April 2019	-	-	-	-	50,042	320	6,468	2,172	59,002
Provided during the period	-	3,102	238	-	3,927	12	1,565	307	9,151
Revaluation	-	(3,102)	(238)	-	-	-	-	-	(3,340)
Impairments	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(664)	-	-	(3)	(667)
Accumulated depreciation at 31 March 2020	**-**	**-**	**-**	**-**	**53,305**	**332**	**8,033**	**2,476**	**64,146**
Net book value at 31 March 2019									
Owned	1,170	85,762	8,520	138	16,084	41	4,011	1,309	117,035
Finance leased	-	-	-	-	188	-	1,845	-	2,033
On-SoFP PFI	-	19,269	-	-	-	-	-	-	19,269
Donated	-	1,090	-	-	2,522	-	13	288	3,913
Total at 31 March 2019	**1,170**	**106,121**	**8,520**	**138**	**18,794**	**41**	**5,869**	**1,597**	**142,250**
Net book value at 31 March 2020									
Owned	1,715	82,906	7,793	3,441	17,044	29	3,505	1,406	117,839
Finance leased	-	-	-	-	165	-	1,457	-	1,622
On-SoFP PFI	-	20,622	-	-	-	-	-	-	20,622
Donated	-	-	-	-	-	-	-	-	-
Total at 31 March 2020	**1,715**	**103,528**	**7,793**	**3,441**	**17,209**	**29**	**4,962**	**1,406**	**140,083**

On 31 March 2020 Gerald Eve LLP reviewed the Trust's land, buildings and dwellings on a Modern Equivalent Asset basis in accordance with the guidance included in the Royal Institution of Chartered Surveyors Valuation Standards. As a result, these assets were revalued to bring them to their current value at that date.

NOTES TO THE ACCOUNTS

17. Property, plant and equipment (continued)

Trust

17.3 Property, Plant and equipment at the balance sheet date comprise the following elements:

	Freehold land	Freehold buildings excluding dwellings	Freehold dwellings	Assets under construction and payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation									
At 1 April 2020	940	103,528	6,853	3,441	67,079	339	12,995	3,882	199,057
Additions - purchased	-	-	-	13,879	-	-	-	-	13,879
Additions - donated	-	-	-	-	1,193	-	15	15	1,223
Impairments	-	(244)	-	(69)	-	-	-	-	(313)
Reclassifications	-	2,658	2	(11,169)	6,881	25	1,565	38	-
Revaluation	70	668	(208)	-	-	-	-	-	530
Transfer to assets held for sale	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(28,411)	(113)	(143)	(227)	(28,894)
At 31 March 2021	**1,010**	**106,610**	**6,647**	**6,082**	**46,742**	**251**	**14,432**	**3,708**	**185,482**
Accumulated depreciation									
At 1 April 2020	-	-	-	-	50,603	310	8,033	2,476	61,422
Provided during the period	-	3,823	196	-	3,852	5	1,605	333	9,814
Revaluation	-	(3,823)	(196)	-	-	-	-	-	(4,019)
Impairments	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	(28,219)	(113)	(143)	(216)	(28,691)
Accumulated depreciation at 31 March 2021	**-**	**-**	**-**	**-**	**26,236**	**202**	**9,495**	**2,593**	**38,526**
Net book value at 31 March 2020									
Owned	940	77,636	6,853	3,441	13,814	29	3,493	1,098	107,304
Finance leased	-	-	-	-	165	-	1,457	-	1,622
On balance sheet PFI	-	20,622	-	-	-	-	-	-	20,622
Donated	-	5,270	-	-	2,497	-	12	308	8,087
Total at 31 March 2020	**940**	**103,528**	**6,853**	**3,441**	**16,476**	**29**	**4,962**	**1,406**	**137,635**
Net book value at 31 March 2021									
Owned	1,010	80,588	6,647	6,082	17,245	49	3,851	868	116,340
Finance leased	-	-	-	-	143	-	1,068	-	1,211
On-SoFP PFI	-	20,736	-	-	-	-	-	-	20,736
Donated	-	5,286	-	-	3,118	-	18	247	8,669
Total at 31 March 2021	**1,010**	**106,610**	**6,647**	**6,082**	**20,506**	**49**	**4,937**	**1,115**	**146,956**

On 31 March 2021 Gerald Eve LLP revalued the Trust's land, buildings and dwellings on a Modern Equivalent Asset basis in accordance with the guidance included in the Royal Institution of Chartered Surveyors Valuation Standards. As a result, these assets were revalued to bring them to their current value at that date. (see Note 17.5 Valuation Report)

NOTES TO THE ACCOUNTS

17. Property, plant and equipment (continued)

Trust

17.4 Property, plant and equipment at the previous balance sheet date comprise the following elements:

	Freehold land	Freehold buildings excluding dwellings	Freehold dwellings	Assets under construction and payments on account	Restated Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation									
At 1 April 2019	390	106,121	7,555	138	65,458	339	12,337	3,769	196,107
Additions - purchased	-	421	-	6,487	-	-	-	-	6,908
Additions - donated	-	-	-	-	467	-	-	84	551
Impairments	-	-	-	(19)	-	-	-	-	(19)
Reclassifications	-	379	206	(3,165)	1,888	-	658	34	-
Revaluation	550	(3,393)	(908)	-	-	-	-	-	(3,751)
Disposals	-	-	-	-	(734)	-	-	(5)	(739)
At 31 March 2020	**940**	**103,528**	**6,853**	**3,441**	**67,079**	**339**	**12,995**	**3,882**	**199,057**
Accumulated depreciation									
At 1 April 2019	-	-	-	-	47,586	302	6,468	2,172	56,528
Provided during the period	-	3,102	205	-	3,681	8	1,565	307	8,868
Revaluation	-	(3,102)	(205)	-	-	-	-	-	(3,307)
Disposals	-	-	-	-	(664)	-	-	(3)	(667)
Accumulated depreciation at 31 March 2020	**-**	**-**	**-**	**-**	**50,603**	**310**	**8,033**	**2,476**	**61,422**
Net book value at 31 March 2019									
Owned	390	85,762	7,555	138	15,162	37	4,011	1,309	114,364
Finance leased	-	-	-	-	188	-	1,845	-	2,033
On-SoFP PFI	-	19,269	-	-	-	-	-	-	19,269
Donated	-	1,090	-	-	2,522	-	13	288	3,913
Total at 31 March 2019	**390**	**106,121**	**7,555**	**138**	**17,872**	**37**	**5,869**	**1,597**	**139,579**
Net book value at 31 March 2020									
Owned	940	73,465	6,853	3,441	13,814	29	3,493	1,098	103,133
Finance leased	-	-	-	-	165	-	1,457	-	1,622
On-SoFP PFI	-	20,622	-	-	-	-	-	-	20,622
Donated	-	9,441	-	-	2,497	-	12	308	12,258
Total at 31 March 2020	**940**	**103,528**	**6,853**	**3,441**	**16,476**	**29**	**4,962**	**1,406**	**137,635**

On 31 March 2020 Gerald Eve LLP reviewed the Trust's land, buildings and dwellings on a Modern Equivalent Asset basis in accordance with the guidance included in the Royal Institution of Chartered Surveyors Valuation Standards. As a result, these assets were revalued to bring them to their current value at that date.

NOTES TO THE ACCOUNTS

17. Property, plant and equipment (continued)

17.5 Valuation Report

In the prior year Gerald Eve LLP performed the estate valuation exercise between February and April 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 (Red Book), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is due to the impact of markets caused by the outbreak of Novel Coronavirus (Covid 19). The values in the report have been used to inform the measurement of property assets at 31 March 2020.
In the current year valuation at 31 March 2021 no material valuation uncertainty ws declared by Gerald Eve.

Group and Trust

17.6 Net Book Value of Assets Held Under Finance Leases	Plant & Machinery £000	Information technology £000	On-SoFP PFI £000	Total £000
Cost or valuation				
At 1 April 2020	844	1,943	20,622	23,409
Additions - Purchased	-	-	449	449
Revaluations	-	-	(396)	(396)
Disposals	(616)	-	-	(616)
At 31 March 2021	**228**	**1,943**	**20,675**	**22,846**
Accumulated depreciation				
At 1 April 2020	679	486	-	1,165
Provided during the period	23	389	573	985
Revaluation	-	-	(573)	(573)
Disposals	(616)	-	-	(616)
Accumulated depreciation at 31 March 2021	**86**	**875**	**-**	**961**
Net book value at 31 March 2021				
- Purchased	142	1,068	20,675	21,885
Total at 31 March 2021	**142**	**1,068**	**20,675**	**21,885**
Cost or valuation				
At 1 April 2019	844	1,943	19,269	22,056
Additions - purchased	-	-	421	421
Revaluation	-	-	932	932
At 31 March 2020	**844**	**1,943**	**20,622**	**23,409**
Accumulated depreciation				
At 1 April 2019	656	97	-	753
Provided during the period	23	389	468	880
Revaluation	-	-	(468)	(468)
Accumulated depreciation at 31 March 2020	**679**	**486**	**-**	**1,165**
Net book value at 31 March 2020				
- Purchased	165	1,457	20,622	22,244
Total at 31 March 2020	**165**	**1,457**	**20,622**	**22,244**

18. Investments

Non-current	Group		Trust	
	2020/21	2019/20	**2020/21**	2019/20
	2021	2020	**2021**	2020
	£000	£000	**£000**	£000
Carrying value at 1 April	**6,319**	7,059	-	-
Additions	**4,961**	3,949	-	-
Fair value (losses)/ gains taken to I & E	**1,417**	(986)	-	-
Fair value movements taken to OCI	**-**	-	-	-
Disposals	**(4,804)**	(3,703)	-	-
Carrying value at 31 March	**7,893**	6,319	-	-
Current				
Financial assets designated at amortised cost	**113**	133	**-**	-

Non-current investments represents an investment portfolio managed by HSBC Private Bank (UK) Limited on behalf of the charitable fund.

Current asset investments are the cash balances held by HSBC Private Bank (UK) Limited on behalf of the charitable fund and represents dividend income, interest income and the proceeds of fixed asset investment disposals which have not yet been reinvested.

NOTES TO THE ACCOUNTS

18. Investments (continued)

Fair value measurement of investments
Financial assets and financial liabilities measured at fair value in the Statement of Financial Position are grouped into three levels of a fair value hierarchy. The three levels are defined based on the observability of significant inputs to the measurement, as follows:

Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities
Level 2: inputs other than quoted prices included in level 1 that are observable for the asset or liability, either directly or indirectly
Level 3: unobservable inputs for the asset or liability

The investments in the group financial statements are all level 1 investments and are measured at quoted prices at the date of the Statement of Financial Position.

19. Other financial assets

Non-current	**Group**		**Trust**	
	31 March 2021	31 March 2020	**31 March 2021**	31 March 2020
	£000	£000	**£000**	£000
Carrying value at 1 April	**2,299**	2,204	**4,982**	3,340
Loans provided in year	**-**	-	**500**	700
Transfer (to)/ from current assets	**-**	-	**(1,027)**	962
Amortisation at the effective interest rate	**96**	95	**96**	95
Repayments in year	**-**	-	**-**	(115)
Carrying value at 31 March	**2,395**	2,299	**4,551**	4,982
Current				
Carrying value at 1 April	**-**	-	**-**	962
Transfer from/ (to) non-current assets	**-**	-	**1,027**	(962)
Loans	**-**	-	**-**	-
Carrying value at 31 March	**-**	-	**1,027**	-

Current other financial assets represent loans made to:
a) Salisbury Trading Limited to purchase laundry equipment and laundry stocks from Salisbury NHS Foundation Trust on the commencement of the subsidiary business due in less than one year; and
b) Salisbury Trading Limited to purchase laundry stocks following the successful tender to acquire new business.

Non-current other financial assets represent loans made to:
a) Salisbury Trading Limited to purchase laundry equipment and laundry stocks from Salisbury NHS Foundation Trust on the commencement of the subsidiary business due after more than one year: and
b) Sterile Supplies Limited to re-develop a new production facility with a third party.

Details of the loans to Salisbury Trading Limited are as follows:
1. £1.3m to purchase the laundry stock is repayable over a 5 year term and attracts interest at 2% above the Bank of England base rate. Repayments commenced on 1 July 2015 but were deferred for two years from 1 July 2019. They are due to commence again on 1 July 2021, with no change to the original term of the loan.

2. £2.0m to purchase the laundry equipment is repayable over a 10 year term and attracts interest at 2% above the Bank of England base rate . Repayments commenced on 1 July 2015 but were deferred for two years from 1 July 2019. They are due to commence again on 1 July 2021, with no change to the original term of the loan.

NOTES TO THE ACCOUNTS

19. Other financial assets (continued)

3. £0.5m to purchase laundry stocks is repayable in full on 1st November 2021 and attracts interest at 3% above the Bank of England base rate.

4. £0.7m to purchase laundry stock is repayable over a 5 year term commencing on 1 July 2021 and attracts interest at 3.5% above the Bank of England base rate.

5. £0.5m to purchase laundry stock to assist with the Covid 19 pandemic. The loan is repayable on a 5 year term commencing on 1 September 2021 and attracts interest at 3.5% above the base Bank of England base rate.

In March 2016 the Trust made a loan to its then wholly owned subsidiary company, Sterile Supplies Limited. The intention was for this sum to be used to help finance a joint venture arrangement with a third party, which will deliver cost savings into the future. Until the joint venture agreement was finalised and formal agreement signed, the loan remained repayable on demand.

During 2016-17 Sterile Supplies Limited became the joint venture vehicle between the Trust and a third party, Steris Plc (Registered in Ireland (formerly Synergy Health Plc)). As part of the joint venture agreement the Trust ceded control of Sterile Supplies Limited and the loan agreement was formalised as long term.

The long term loan of £2.0m is to assist the development of a new production facility. Loan repayments will commence when the building becomes operational. Interest is payable at 4% above the Bank of England base rate and is capitalised and added to the principal sum.

20. Inventories

	Group		Trust	
	31 March 2021	31 March 2020	**31 March 2021**	31 March 2020
	£000	£000	**£000**	£000
Drugs	**1,329**	1,656	**1,329**	1,656
Consumables	**4,275**	4,081	**4,275**	4,081
Laundry	**1,405**	1,454	**-**	-
Other	**625**	323	**446**	155
	7,634	7,514	**6,050**	5,892
Inventories recognised as an expense in the period	**45,963**	46,179	**44,726**	45,027

In response to the Covid pandemic, The Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £3,640k items free of charge.
These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

21. Receivables

21.1 Amounts falling due after more than one year:

	Group		Trust	
	31 March 2021	31 March 2020	**31 March 2021**	31 March 2020
	£000	£000	**£000**	£000
Clinician pension tax provision reimbursement funding from NHSE	**762**	649	**762**	649
	762	649	**762**	649
Of which receivables from NHS and DHSC group bodies:	**762**	649	**762**	649

NOTES TO THE ACCOUNTS

21. Trade and other receivables (continued)

21.2 Amounts falling due within one year:

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	**31 March 2021 £000**	31 March 2020 £000
Contract receivables	**9,445**	12,849	**9,124**	11,603
Allowance for impaired contract receivables / assets	**(1,351)**	(1,569)	**(1,351)**	(1,569)
Prepayments (non-PFI)	**3,262**	3,358	**3,262**	3,290
PDC dividend receivable	**57**	145	**57**	145
VAT receivable	**627**	219	**627**	219
Other receivables	**37**	573	**64**	206
	12,077	15,575	**11,783**	13,894
Of which receivables from NHS and DHSC group	**2,179**	5,161	**2,179**	5,161

The majority of transactions are with Clinical Commissioning Groups (CCGs) or NHS England's Specialist Commissioners, as commissioners for NHS patient care services. As CCGs and Specialist Commissioners are funded by government to buy NHS patient care services, no credit scoring of them is considered necessary.

The average credit period taken on sale of goods is 14.4 days (2020: 21.7 days). No interest is charged on trade receivables.

21.3 Allowance for credit losses

Group and Trust

	31 March 2021		31 March 2020	
	receivables and contract assets £000	**All other receivables £000**	receivables and contract assets £000	All other receivables £000
Allowance for credit losses at 1 April - brought forward	**1,569**	**-**	1,547	-
New allowances arising	**-**	**-**	32	-
Utilisation of allowances (write offs)	**(218)**	**-**	(10)	-
Balance at 31 March	**1,351**	**-**	1,569	-

An allowance for impairment is made where there is an identifiable event which, based on previous experience, is evidence that the monies will not be recovered in full.

NOTES TO THE ACCOUNTS

22. Cash and cash equivalents

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	**31 March 2021 £000**	31 March 2020 £000
Balance at beginning of year	**16,145**	12,516	**9,087**	7,476
Net change in year	**15,024**	3,629	**13,222**	1,611
Balance at end of year	**31,169**	16,145	**22,309**	9,087
Made up of:				
Cash with Government Banking Service	**22,201**	8,969	**22,201**	8,969
Cash at commercial banks and in hand	**8,968**	7,176	**108**	118
Cash and cash equivalents as in balance sheet	**31,169**	16,145	**22,309**	9,087
Bank overdrafts	**-**	-	**-**	-
Cash and cash equivalents as in cash flow statement	**31,169**	16,145	**22,309**	9,087

23. Trade and other payables

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	**31 March 2021 £000**	31 March 2020 £000
Amounts falling due within one year:				
Trade payables	**11,522**	12,470	**10,200**	11,070
Capital payable	**4,554**	2,944	**4,554**	2,944
Accruals and deferred income	**1,693**	770	**1,693**	770
Receipts in advance	**3,057**	1,802	**3,057**	1,802
Social security and other taxes payable	**3,754**	3,182	**3,754**	3,182
Pay and pensions related	**5,648**	4,494	**5,648**	4,494
Other	**6,499**	3,529	**6,458**	3,537
	36,727	29,191	**35,364**	27,799
Of which payables from NHS and DHSC group bodies:	**3,076**	3,702	**3,076**	3,702

Included in 'Other' payables is £0.8m (2020: £0.6m) drugs accrual, £0.3m (2020: £0.4m) PFI accrual, £0.5m (2020: £nil) professional fees associated with the hospital site development, £0.9m (2020: £0.8m) potential exposure following change in Vat guidance, £0.9m (2020: £nil) funds due as an agent on an education training contract.

All Trade and other payables are current liabilities.

NOTES TO THE ACCOUNTS

24. Borrowings

Group and Trust	Current		Non-current	
	31 March 2021	31 March 2020	**31 March 2021**	31 March 2020
	£000	£000	**£000**	£000
Obligations under finance leases	**434**	434	**292**	726
Amounts due under PFI (note 30)	**526**	479	**16,175**	16,701
Capital loans from Department of Health and Social Care (DHSC)	**648**	652	**2,213**	2,844
Revenue support / working capital loans from DHSC	**-**	21,219	**-**	-
	1,608	22,784	**18,680**	20,271

The finance leases relate to the purchase of medical equipment and hardware infrastructure. Both are for a term of 5 years. For the year ended 31 March 2021 the effective borrowing rates were 3.4% and 5.1% respectively. Interest rates are fixed at the contract date.

The capital loan from the Department of Health and Social Care is unsecured and for a 10 year period, repayable in equal instalments commencing on 18 May 2016. Interest is payable on the loan at a rate of 1.64% pa.

Department of Health and Social Care revenue support/ working capital loans taken out during 2017-18 and 2018-19 were repayable at the end of three year periods from the inception date of each loan; interest accruing at 1.5% - 3.5% per annum and payable twice yearly. However, on 1 April 2021 DHSC, NHSE and NHSI implemented reforms to the NHS cash regime. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment.

Amounts payable under finance leases:	**Minimum lease payments**		**Present value of minimum lease payments**	
	2021	2020	**2021**	2020
	£000	£000	**£000**	£000
Within one year	**459**	459	**434**	434
Between one and five years	**306**	765	**292**	726
After five years	**-**	-	**-**	-
	765	1,224	**726**	1,160
Less finance charges allocated to future periods	**(39)**	(64)		
	726	1,160		
Included within:				
Current borrowings			**434**	434
Non-current borrowings			**292**	726
			726	1,160

NOTES TO THE ACCOUNTS

25. Provisions for liabilities and charges

Group and Trust	Current		Non-current	
	31 March 2021	31 March 2020	**31 March 2021**	31 March 2020
	£000	£000	**£000**	£000
Pensions - early departure costs	19	24	**13**	-
Pensions - injury benefits	23	23	**236**	250
Legal claims	453	151	**-**	-
Clinician pension tax reimbursement	-	-	**762**	649
Other	476	-	**245**	245
	971	198	**1,256**	1,144

	Pensions - Early departure costs	Pensions - Injury benefits	Legal claims	Clinician pension tax	Other	**Total**
	£000	£000	£000	£000	£000	**£000**
At 1 April 2020	24	273	151	649	245	**1,342**
Change in the discount rate	-	6	-	-	-	**6**
Arising during the year	29	4	350	-	476	**859**
Utilised during the year	(19)	(23)	(14)	-	-	**(56)**
Reversed unused	-	-	(34)	-	-	**(34)**
Unwinding of discount	(2)	(1)	-	113	-	**110**
At 31 March 2021	**32**	**259**	**453**	**762**	**721**	**2,227**
Expected timing of cash flows:						
Within 1 year	19	23	453	-	476	**971**
1 - 5 years	13	95	-	-	-	**108**
5-10 years	-	141	-	762	245	**1,148**
	32	**259**	**453**	**762**	**721**	**2,227**

Pension provisions arise from early retirements which do not result from ill health. These liabilities are not funded by the NHS Pension Scheme.

Legal claims relate to the Trust's provision for personal injury and employee claims. These are based on valuation reports provided by the Trust's legal advisers.

Clinician pension tax reimbursement provision arises in respect of clinicians who are members of the NHS Pension Scheme, and who as a result of work undertaken, face a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold. Government policy is that the Trust will reimburse the NHS Pension Scheme on the retirement of the clinician in exchange for the Scheme paying the additional tax due.

Other provisions relate to the early termination of a supplier contract, a contractual dispute with a supplier and additional tax liabilites following revised guidance by HMRC.

£79.4m is included in the provisions of NHS Resolution (previously the NHS Litigation Authority) at 31 March 2021 in respect of clinical negligence liabilities of the Trust (2020: £76.2m).

NOTES TO THE ACCOUNTS

26. Capital and other commitments

Capital commitments - Group and Trust

Commitments under capital expenditure contracts at the balance sheet date were £2.77m (2020: £3.46m).

27. Contingent liabilities

The Trust has agreed in principle to underwrite any loans to its subsidiary company, Odstock Medical Limited, up to a value of £0.5m.

28. Related Party Transactions

Salisbury NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

The Department of Health and Social Care is regarded as a related party. During the year ended 31 March 2021 the Foundation Trust has had a significant number of material transactions with other entities for which the Department is regarded as the parent. These entities include Clinical Commissioning Groups, NHS England, Health Education England, NHS Resolution and other Trusts and Foundation Trusts.

Salisbury NHS Foundation Trust also has transactions with its subsidiary companies, joint ventures and charitable funds (for which it is the Corporate Trustee) These are listed below:

	Income £000	Expenditure £000	Receivables £000	Payables £000
Year ending 31 March 2021				
Salisbury Trading Limited	200	787	258	65
Odstock Medical Limited	215	-	380	-
Salisbury District Hospital Charitable Fund	423	42	586	-
Sterile Supplies Limited	1,066	1,949	177	198
Wiltshire Health and Care LLP	697	380	-	72
Year ending 31 March 2020				
Salisbury Trading Limited	200	825	264	81
Odstock Medical Limited	212	-	176	-
Salisbury District Hospital Charitable Fund	645	42	304	-
Sterile Supplies Limited	1,066	1,907	179	192
Wiltshire Health and Care LLP	713	371	56	93

During the period none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Salisbury NHS Foundation Trust.

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies.

29. Private Finance Initiative Schemes (PFI)

29.1 PFI schemes deemed to be on-Statement of Financial Position

Contract start date: 3 March 2004
Contract end date: 31 January 2036
The PFI scheme provides modern clinical buildings for patient services covering a number of specialties including: Burns, Plastics,
At the end of the contract term the hospital buildings revert back to the Trust for Nil consideration.
There were no changes to the terms and conditions of the PFI agreement during the year.

Terms of the Arrangement - the unitary payment is comprised of two elements, an Availability fee which is fixed for the duration of the contract and a service fee which is subject to indexation based upon 'the Retail Prices Index (RPI) All items'. At the end of the project term the Agreement will terminate with no compensation payable. In the event of re-financing of the PFI the Trust is entitled to receive half of the re-financing cash flow benefits.

NOTES TO THE ACCOUNTS

29. Private Finance Initiative Schemes (PFI) (continued)

29.2 PFI scheme - Charge to operating expense in Statement of Comprehensive Income

	Group and Trust	
	2021	2020
	£000	£000
Amounts included within operating expenses in respect of the 'service' element of PFI schemes deemed to be on-Statement of Financial Position	**1,110**	1,074
Depreciation of PFI asset	**573**	468
Net charge to operating expenses	**1,683**	1,542

29.3 PFI scheme - Analysis of amounts payable to service concession operator

	Group and Trust	
	2021	2020
	£000	£000
Interest	1,130	1,161
Repayment of finance lease liability	479	468
Service element	1,110	1,074
Capital lifecycle maintenance	449	420
Contingent rent	809	767
Unitary payment payable to service concession operator	**3,977**	3,890

29.4 Annual commitments under Private Finance Transactions - On Statement of Financial Position

The Trust is committed to make the following service payments on the PFI:	**2021**	2020
	£000	£000
Due within one year	**1,114**	1,110
Due within 2 to 5 years	**4,500**	4,520
Due after 5 years	**11,845**	13,163
	17,459	18,793

The annual charge will be indexed each year. Indexation will be increased in line with the Retail Price Index.

Imputed finance lease obligations comprise:	**Minimum lease payments**		**Present value of minimum lease payments**	
	2021	2020	**2021**	2020
	£000	£000	**£000**	£000
Rentals due within one year	**1,624**	1,609	**526**	479
Rentals due within 2 to 5 years	**6,868**	6,751	**2,895**	2,601
Rentals due thereafter	**18,501**	20,242	**13,280**	14,100
	26,993	28,602	**16,701**	17,180
Less: interest element	**(10,292)**	(11,422)		
Total	**16,701**	17,180		

29.5 Total future payments committed in respect of PFI

	2021	2020
	£000	£000
Total	**71,223**	76,114
of which due:		
Within one year	**4,025**	3,977
Within 2 to 5 years	**17,130**	16,927
Due thereafter	**50,068**	55,210
Total	**71,223**	76,114

NOTES TO THE ACCOUNTS

30. Financial instruments

IFRS 7 and IFRS 9 require disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. The main source of income for the Group is under contracts from commissioners in respect of healthcare services. Due to the way that the Commissioners are financed, the Group is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Group in undertaking its activities.

30.1 Currency risk

The Group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Group has no overseas operations although the charity holds a small number of investments denominated in United States dollars and Euros, these are immaterial and, as a result, the Group has low exposure to currency fluctuations.

30.2 Liquidity risk

The NHS Foundation Trust's net operating costs are incurred under contracts with commissioners, which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure from funds made available from Government. Salisbury NHS Foundation Trust is not, therefore, exposed to significant liquidity risks.

30.3 Interest-rate risk

The Group's financial liabilities carry either nil or fixed rates of interest. The Group is not exposed to significant interest-rate risk.

30.4 Liquidity and interest risk tables

The interest rate profile of the non-derivative financial liabilities of the Group, their contractual maturity profile and their weighted average effective interest rates are as follows:

As at 31 March 2021

	Weighted average effective interest rate %	Less than one month £000	1-3 months £000	3 months to 1 year £000	1-2 years £000	2-5 years £000	over 5 years £000	Discount £000	**Total £000**
Fixed rate									
Finance lease obligations	3.4 - 5.1	-	-	459	306	-	-	(39)	**726**
PFI obligations	6.5	135	270	1,219	1,673	5,195	18,501	(10,292)	**16,701**
DHSC capital loan	1.64	-	339	336	665	1,621	-	(117)	**2,844**
DHSC revenue support loans	1.5 - 3.5	-	-	-	-	-	-	-	**-**
Floating rate									
Trade and other payables	-	17,769	-	-	-	-	-	-	**17,769**

As at 31 March 2020

	Weighted average effective interest rate %	Less than one month £000	1-3 months £000	3 months to 1 year £000	1-2 years £000	2-5 years £000	over 5 years £000	Discount £000	**Total £000**
Fixed rate									
Finance lease obligations	3.4 - 5.1	-	-	459	765	-	-	(64)	**1,160**
PFI obligations	6.5	250	250	1,109	1,896	4,855	20,242	(11,422)	**17,180**
DHSC capital loan	1.64	-	344	342	615	2,285	-	(111)	**3,475**
DHSC revenue support loans	1.5 - 3.5	-	-	21,219	-	-	-	-	**21,219**
Floating rate									
Trade and other payables	-	16,184	-	-	-	-	-	-	**16,184**

30.5 Credit risk

As the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk, the maximum exposures at 31 March 2021 are in receivables from customers, as disclosed in note 21.

NOTES TO THE ACCOUNTS

30. Financial instruments (continued)

30.6 Carrying values of financial assets

Group	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total carrying value £000
Carrying values of financial assets as at 31 March 2021				
Trade and other receivables excluding non financial assets	8,512	-	-	**8,512**
Other investments / financial assets	2,395	-	-	**2,395**
Cash and cash equivalents	25,415	-	-	**25,415**
Consolidated NHS Charitable fund financial assets	6,248	7,893	**-**	**14,141**
Total at 31 March 2021	**42,570**	**7,893**	**-**	**50,463**

Group	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total carrying value £000
Carrying values of financial assets as at 31 March 2020				
Trade and other receivables excluding non financial assets	12,119	-	-	12,119
Other investments / financial assets	2,299	-	-	2,299
Cash and cash equivalents	10,420	-	-	10,420
Consolidated NHS Charitable fund financial assets	6,225	6,319	-	12,544
Total at 31 March 2020	**31,063**	**6,319**	**-**	**37,382**

Trust	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total carrying value £000
Carrying values of financial assets as at 31 March 2021				
Trade and other receivables excluding non financial assets	8,599	-	-	**8,599**
Other investments / financial assets	4,737	-	-	**4,737**
Cash and cash equivalents	22,309	-	-	**22,309**
Total at 31 March 2021	**35,645**	**-**	**-**	**35,645**

Trust	Held at amortised cost £000	Held at fair value through I&E £000	Held at fair value through OCI £000	Total carrying value £000
Carrying values of financial assets as at 31 March 2020				
Trade and other receivables excluding non financial assets	10,889	-	-	10,889
Other investments / financial assets	5,075	-	-	5,075
Cash and cash equivalents	9,087	-	-	9,087
Total at 31 March 2020	**25,051**	**-**	**-**	**25,051**

NOTES TO THE ACCOUNTS

30. Financial Instruments (continued)

30.7 Carrying values of finacial liabilities

Group	Held at amortised cost £000	Held at fair value through I&E £000	Total carrying value £000
Carrying values of financial liabilities as at 31 March 2021			
Loans from the Department of Health and Social Care	2,861	-	**2,861**
Obligations under finance leases	726	-	**726**
Obligations under PFI, LIFT and other service concession contracts	16,701	-	**16,701**
Trade and other payables excluding non financial liabilities	28,464	-	**28,464**
Provisions under contract	2,227	-	**2,227**
Total at 31 March 2021	**50,979**	**-**	**50,979**

Group	Held at amortised cost £000	Held at fair value through I&E £000	Total carrying value £000
Carrying values of financial liabilities as at 31 March 2020			
Loans from the Department of Health and Social Care	24,715	-	**24,715**
Obligations under finance leases	1,160	-	**1,160**
Obligations under PFI, LIFT and other service concession contracts	17,180	-	**17,180**
Trade and other payables excluding non financial liabilities	24,182	-	**24,182**
Provisions under contract	1,342	-	**1,342**
Total at 31 March 2020	**68,579**	**-**	**68,579**

Trust	Held at amortised cost £000	Held at fair value through I&E £000	Total carrying value £000
Carrying values of financial liabilities as at 31 March 2021			
Loans from the Department of Health and Social Care	2,861	**-**	**2,861**
Obligations under finance leases	726	**-**	**726**
Obligations under PFI, LIFT and other service concession contracts	16,701	**-**	**16,701**
Trade and other payables excluding non financial liabilities	27,147	**-**	**27,147**
Provisions under contract	2,227	**-**	**2,227**
Total at 31 March 2021	**49,662**	**-**	**49,662**

Unless otherwise stated above, carrying value is considered to be a reasonable approximation of fair value.

NOTES TO THE ACCOUNTS

30. Financial Instruments (continued)

Trust	Held at amortised cost £000	Held at fair value through I&E £000	Total carrying value £000
Carrying values of financial liabilities as at 31 March 2020			
Loans from the Department of Health and Social Care	24,715	-	**24,715**
Obligations under finance leases	1,160	-	**1,160**
Obligations under PFI, LIFT and other service concession contracts	17,180	-	**17,180**
Trade and other payables excluding non financial liabilities	22,815	-	**22,815**
Provisions under contract	1,342	-	**1,342**
Total at 31 March 2020	**67,212**	**-**	**67,212**

Maturity of financial liabilities - undiscounted future cash flows

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	**31 March 2021 £000**	31 March 2020 £000
In one year or less	**33,599**	48,308	**32,282**	46,942
In more than one year but not more than five years	**9,567**	5,852	**9,567**	5,852
In more than five years	**19,649**	14,419	**19,649**	14,419
Total	**62,815**	68,579	**61,498**	67,213

31. Third Party Assets

The Trust held £0.1k cash at bank and in hand at 31 March 2021 (2020: £0.1k) which relates to monies held by the NHS Trust on behalf of patients. This has been excluded from the cash at bank and in hand figure reported in the accounts.

32. Investment in subsidiary

32.1 Odstock Medical Limited

Salisbury NHS Foundation Trust established, following Department of Health approval, a subsidiary company, Odstock Medical Limited (registered in England), to market and develop a technology created at Salisbury District Hospital. The technology assists patients to obtain increased mobility following illnesses which reduce their muscular co-ordination. The company was established in August 2005 and commenced trading on 1 April 2006. Salisbury NHS Foundation Trust owns 70% of Odstock Medical Limited.

Shares at cost	Trust £
At 31 March 2021 and 31 March 2020	**5,034**

No goodwill arose in respect of the subsidiary as the reporting Trust established the company and received an interest in the company equal to the fair value of assets on its formation.

The Trust's charity, Salisbury District Hospital Charitable Fund, owns a further 18% of Odstock Medical Limited.

NOTES TO THE ACCOUNTS

32. Investment in subsidiary (continued)

32.2 Salisbury Trading Limited

Salisbury NHS Foundation Trust established a subsidiary company, Salisbury Trading Limited (registered in England), to market and deliver laundry and linen services. The company commenced trading on 1 October 2013. Salisbury NHS Foundation Trust owns 100% of Salisbury Trading Limited. The company has experienced steady growth since commencing to trade by winning new linen contracts. It has increased operational capacity through arrangements involving the management of another NHS laundry facility, which will provide an additional base for future expansion.

	Trust
Shares at cost	£
At 31 March 2021 and 31 March 2020	**1**

No goodwill arose in respect of the subsidiary as the reporting Trust established the company and received an interest in the company equal to the fair value of assets on its formation.

32.3 Replica 3DM Limited

Salisbury NHS Foundation Trust initially purchased one third of the shares at cost in a start up company, Replica 3DM Limited (registered in England), which produces three dimensional models from scans and is marketing this capability to other NHS organisations. The company commenced trading in September 2012, but results from that date to 31 March 2020 are deemed to be immaterial and have not been incorporated into these consolidated financial statements. During the year to 31 March 2017 the Trust acquired the remaining share capital in the company for a nominal sum of 1 pence per issued share. The company has now ceased trading.

33. Investment in Joint Ventures

33.1 Sterile Supplies Limited

Salisbury NHS Foundation Trust owns 50% of the issued share capital of Sterile Supplies Limited, the remaining 50% is owned by Steris Plc (Registered in Ireland (formerly Synergy Health Plc)). The Board structure and voting rights are such that the Trust is not able to exert overall control of Sterile Supplies Limited, the Trust therefore recognises the company as a joint venture. The joint venture is re-developing a new production facility, from which it will market and deliver sterilisation services. The Joint Venture currently trades from the Trust's existing Sterlisation and Disinfection Unit.

Group and Trust	**2021**	2020
	£000	£000
Shares at cost	250	250
Brought forward share of profit/ (loss)	(162)	(147)
Share of profit/ (loss) in the period	(20)	(15)
Carrying value of investment at 31 March	**68**	**88**

33.2 Wiltshire Health and Care

The Trust is a one third partner in Wiltshire Health and Care LLP. The other equal partners being Royal United Hospitals Bath NHS Foundation Trust and Great Western Hospitals NHS Foundation Trust. Wiltshire Health and Care is focused solely on delivering improved community services in Wiltshire and enabling people to live independent and fulfilling lives for as long as possible.

Salisbury NHS Foundation Trust has not invested any capital sum in this partnership.

Group and Trust	**2021**	2020
	£000	£000
Share of surplus in the period	113	-
Carrying value of investment at 31 March	**113**	**0**

NOTES TO THE ACCOUNTS

34. Movements on Public Dividend Capital

Group and Trust	2021 £000	2020 £000
Public Dividend Capital at 1 April	**58,650**	57,297
New public dividend capital received	**32,419**	1,353
Public dividend capital repaid	**(72)**	-
Public Dividend Capital at 31 March	**90,997**	58,650

The new public dividend capital received in the year relates to the conversion of revenue loans to PDC £21,082k and the receipt of additional funding to purchase capital items of £11,337k.

35. Charitable fund balances

Group only	2021 £000	Restated 2020 £000
Restricted funds	**8,408**	9,027
Unrestricted funds	**6,835**	4,895
Endowment funds	**9**	9
	15,252	13,931

Restricted funds are funds that are to be used in accordance with specific restrictions imposed by the donor, or where the donor has restricted the use of their donation to a specified ward, patients', nurses' or project fund. Where the restriction requires the gift to be invested to produce income but the trustees have the power to spend the capital, it is classed as expendable endowment.

Unrestricted income funds comprise those funds that the Trustee is free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include general funds, where the donor has not specified or restricted the use the Charity may make of their donation. General funds additionally generate income from Gift Aid, investment income, interest and donations given specifically to cover running costs.

Endowment funds are funds which the trustees are required to invest or to keep and use for the Charity's purposes.

36. Critical accounting judgements

The Trust has made no critical judgements in the application of the accounting policies set out on pages 5 to 21.

37. Critical accounting estimates

In the application of the Trust's accounting policies, the Trust has made estimates and assumptions in a number of areas, as the actual value is not known with certainty at the Statement of Financial Position date. By definition, these estimations are subject to some degree of uncertainty; however in each case the Foundation Trust has taken all reasonable steps to assure itself that these items do not create a significant risk of material uncertainty. Key areas of estimation include:

- The valuation of the Trust's estate of land and buildings was carried out on 31 March 2021 by Gerald Eve, Chartered Surveyors. Gerald Eve valued the land and buildings (including dwellings) at £114.3m, of which £113.3m relates to specialised assets valued on a depreciated replacement cost basis."

  It is the rebuilding cost values determined by the valuer using industry standard rates that gives rise to the uncertainty in the valuation.

  A 10% change in the valuation would have £11.3m impact on the statement of financial position with a £396,000 impact on the PDC dividend due to be paid next year and accrued in these finacial statements."

NOTES TO THE ACCOUNTS

38. Reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time the establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health and Social Care as the public dividend capital dividend..

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revalaution reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Group and the Trust.

Minority interest
Minority interest relates to the ownership stake in the subsidiary companies which is under 50% of the total shares in terms of voting rights and hence doesn't exercise control of the company.

Independent auditor's report to the Council of Governors of Salisbury NHS Foundation Trust

In our auditor's report issued on 22 June 2021, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2021, in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice, until we had:

- Completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021, issued on 22 June 2021, we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the group and of the Trust as at 31 March 2021 and of the group's expenditure and income and the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of Salisbury NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Barrie Morris

Barrie Morris, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Bristol

22 July 2021

NHS Salisbury NHS Foundation Trust

Report to:	Trust Board (Public)	**Agenda item:**	6.3
Date of Meeting:	04 November 2021		

Report Title:	Register of Seals			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	✓			
Approval Process (where has this paper been reviewed and approved)	Approved by Nick Marsden, Chairman and Stacey Hunter, Chief Executive			
Prepared by:	Sasha Grandfield, PA and Board Support Officer			
Executive Sponsor (presenting):	Fiona McNeight, Director of Corporate Governance			
Appendices (list if applicable):				

Recommendation:
The Board is asked to note the entries to the Trust's Register of Seals which, while not formally authorised by resolution of the Trust Board, have been authorised through powers delegated by the Trust Board.

Executive Summary:
To report entries in the Trust's Register of Seals since the last report to Board in July 2021. None of the signatories who witnessed the fixing of the seal of Salisbury NHS Foundation Trust had an interest in the transactions they witnessed.

Register of Seals entries

No.	Date signed in Register	Approval Details	Held on file with:	Signature one:	Signature Two:
366	4/10/2021	Lease of land at SDH known as Horatio's Garden	Laurence Arnold	Stacey Hunter	Nick Marsden

Board Assurance Framework – Strategic Priorities	Select as applicable
Population: Improving the health and well-being of the population we serve	☐
Partnerships: Working through partnerships to transform and integrate our services	☒
People: Supporting our People to make Salisbury NHS Foundation Trust the Best Place to work	☐
Other (please describe) -	☐