

DRAFT Quality Account 2023/24



Glossary of Terms

Advance Care Plan	<i>A written and shared record of a person's wishes and decisions about their end of life care.</i>
AMaT	Audit Management and Tracking System <i>A system to manage Clinical Audits, NICE compliance and Mortality reviews through real-time data and action control.</i>
BSW	Bath and North East Somerset, Swindon, and Wiltshire
C.diff	Clostridium Difficile <i>A type of bacteria that commonly causes diarrhoea</i>
COVID-19	Coronavirus Disease <i>An infectious disease caused by the SARS-CoV-2 virus</i>
Care Quality Commission	<i>The independent regulator of health and adult social care in England</i>
CQUIN	Commissioning for Quality and Innovation <i>A framework for supporting improvements in the quality of services and the creation of new, improved patterns of care</i>
Deprivation of Liberty Safeguards	<i>A set of checks under the Mental Capacity Act 2005 which provide a means of lawfully depriving someone of their liberty in either a hospital or care home, if it is in their best interests and is the least restrictive way of keeping the person safe from harm</i>
EPMA	Electronic Prescribing and Medicines Administration <i>An electric system which helps to facilitate and enhance the communication of a prescription or medicine order</i>
Friends and Family Test	<i>A feedback tool that anyone can use to give quick, anonymous feedback to providers of NHS services</i>
Getting It Right First Time	<i>A national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change</i>
Health Education England	<i>A body of the Department of Health and Social Care that supports the delivery of excellent healthcare and health improvement to the patients and public of England</i>
Integrated Care Board	<i>Each Integrated Care System will have an Integrated Care Board. This is a statutory organisation that will bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS</i>
Integrated Care System	<i>A partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area</i>
Mental Capacity Act	<i>A law which is designed to help people who cannot make decisions for themselves because they lack the mental capacity to do so</i>
Medical Examiner	<i>A senior medical doctor who is trained in the legal and clinical components of the death certification process</i>
Modified Early Obstetric Warning Score	<i>A scoring system which helps to determine the severity of illness in patients which has been adapted for the normal physiological changes in pregnancy</i>
No Criteria to Reside	<i>Patients who are medically fit for discharge</i>
	National Early Warning Score 2 <i>A scoring system which helps to determine the severity of illness in patients</i>
NHSE/I	National Health Service (NHS) England/Improvement

National Institute for Health and Care Excellence (NICE)	<i>A body of the Department of Health and Social Care that produces guidelines</i>
Patient Advice and Liaison Service	<i>Offers confidential advice, support and information on health-related matters and provides a point of contact for patients, their families, and their carers</i>
PROMs	Patient Reported Outcome Measures <i>Assess the quality of care delivered to NHS patients from the patient perspective</i>
Patient Safety Incident Response Framework	<i>Outlines how providers should respond to patient safety incidents and how and when a patient safety investigation should be conducted</i>
SFT	Salisbury NHS Foundation Trust
SHMI	Summary Hospital-level Mortality Indicator <i>The ratio between the actual number of patients who die following hospitalisation and the number that would be expected to die based on average England figures, given the characteristics of the patients being treated</i>
Structured Judgement Review	<i>A process for undertaking a review of the care received by patients who have died</i>
Sharing Outstanding Excellence	<i>A method of paying a compliment to a team or a member of staff and a way of learning from when things go well</i>
Venous Thromboembolism	<i>A blood clot that starts in a vein</i>

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Introduction

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

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

Part 1 – Statement on Quality from the Chief Executive

I am pleased to present our Quality Account for 2023/24 for Salisbury NHS Foundation Trust, which shows how we have performed against our priorities this year and sets out the main areas of focus for 2024/25.

Improving Together is our way of delivering effective and sustainable change where it matters most, providing a sharp focus on a problem and enabling all colleagues to contribute to making change happen. This methodology aligns with our partners at Royal United Hospitals Bath (RUH) and Great Western Hospital Swindon (GWH).

Our area has a higher than average elderly population and falls are a significant contributor to patient harm and extended stays in hospital. Therefore, one of our targets for 2023/24 was to reduce the number of patient falls in the hospital. I am pleased that we exceeded our target in 8 out of the 12 months.

We also targeted a more sustainable bed occupancy rate of 96% and a reduction in our spend on agency staff and we have made good progress but have not quite achieved either target.

We recognise that the year has been difficult for the NHS with industrial action impacting our performance. However, we have been able to introduce Same Day Emergency Care to improve the level of same day discharge from our emergency department and improve our frailty service with significant reductions in length of stay.

The physical environment can make a significant difference to patient experience and there is no doubt that many parts of the estate at Salisbury Hospital are old, dating back to 1943. It was therefore pleasing to see the refurbishment of Whiteparish Ward completed.

Our new Imber Ward within the new Elizabeth Building will be opening in the summer of 2024 and will provide 24 new beds providing a modern environment to care for our elderly patients.

One of the ways in which the quality of care is recognised is through the Sharing Outstanding Excellence Awards. Patients, family friends or staff can nominate someone.

Patient citation to be added:

Staff remain our most valuable resource and we want all our staff to flourish and develop their skills.

We have introduced new training for leaders and aspiring leaders, initiated the staff-focused Tent Talks to provide inspiring speakers, wellbeing events and some fun for all staff to benefit from and continue to deliver a range of staff benefits.

I will end by expressing a huge thank you on behalf of the Trust Board to all our staff in all professions who every day work together to deliver compassionate and high quality care to our patients and strive to run an efficient and friendly hospital. We could not do this without the contribution from each and every one of them.

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

Lisa Thomas
Interim Chief Executive
Officer



2A - Priorities for Improvement

Salisbury NHS Foundation Trust

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

Quality Priorities for 2023/24

Introduction

Our Vision and Goals

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

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

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

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

Improving Together

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

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

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

Our Key Priorities

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

In 2024/25 we plan to improve the quality of care primarily through the Trust's Improving Together programme and the work that feeds into the selection of our primary 12–18-month objectives (widely known as our 'Breakthrough Objectives').

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

Through this process, and in addition to the work of Improving Together, our key priorities for 2024/25 have been identified. These are outlined in this section of the report.



Delivering Quality and Patient Care through Improving Together

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

1. Executives reduce the number of priorities and coach teams to solve problems.
2. Managers work on a set of focussed priorities with clear and consistent performance reviews.
3. Frontline teams understand the Trust's strategy and priorities and their role in delivering them. Our goal is for **all** staff to be empowered to make improvements.

Improving Together aligns with NHS Impact and is also used by our Acute Hospital Alliance partners: Royal United Hospitals NHS Foundation Trust and Great Western Hospitals NHS Foundation Trust.

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

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

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

Breakthrough objectives are focused at Trust level and targeted for significant improvement (20-30%) within 12 months. Using data to guide our decision making, these have been selected to make the most positive impact on achieving our overall vision. Our divisions then agree a set of driver metrics with the Executive to align with the breakthrough objectives. This process helps ensure we all can focus on improving the quality of patient care together across the organisation. These are monitored within the individual clinical specialties and are

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

Our 12-18 month 'Breakthrough Objectives' for 2024/25 are:

- ✓ **Managing Patient Deterioration**
After successfully reducing the numbers of patient falls and falls with harm, this breakthrough objective is our next priority for our reducing patient harm vision metric. Our data shows our compliance with NEWS2 observation timings is too low and our incident investigations have shown a trend in delays in the timely response to NEWS2 scores in line with the local and national escalation guidance. Our first step to improving in this area is **to increase the percentage of NEWS2 observations taken on time from 29% in Feb 2024 to 50% and then toward 75% within the year.**
- ✓ **Reducing time to first outpatient appointment**
After a year in which we successfully halted further deterioration in waiting times to a patient's first outpatient appointment, we will take our learning into 24/25 and aim **to reduce waiting times by 30%**. We recognise there are some disparities internally across specialities in terms of waiting times, with the average waits being greatest across the clinical divisions of Surgery and Women & Newborn (133 and 137 days respectively). We aim **to reduce the time to first outpatient appointment from a trust-wide average of 128 days down to 90 days in 2024/25.**

✓ **Creating Value for the Patient:
Improving Productivity**

As the NHS continues to rebound from the pandemic, we are moving our focus to achieving the same levels of productivity we had in 2019/20. This supports the quality of our services by improving both our patient experience and clinical effectiveness. In this context 'productivity' is the amount we are paid for the activity the Trust completes against the amount it costs the Trust to deliver the activity. We **aim to improve our productivity from -18% compared to 2019/20.**

Across the Trust our specialities are responding to this aim by working to reduce wasted time and resources and improve the number of patients we can care for each month.

The Trust-wide breakthrough objectives give focus to the top challenges facing the Trust. For example, our vision metric of reducing the total incidents with moderate or high harm show patient deterioration to be the top contributor. Through the Improving Together methodology we first focus on patient deterioration and once we have sustainably improved that, we then move to focused improvement work on the next top contributor at that time. Where a different top contributor is in place on a ward or department we focus on that as the top contributor at a local level.

✓ **Increasing staff retention**

After a year of increasing our recruitment and inflows of staff we will now focus on retaining our staff. At a Trust level retention is now the top contributor to our turnover rate of 14%. We will work to ensure we retain our workforce, especially in the additional clinical services roles, to support our activity and financial goals – this objective focusses us on having the people we need to realise our plan. **We aim to reduce the turnover for additional clinical services from an average of 21% in 2023 to 15% by March 2025.**

This enables us to prioritise our work and resources to the biggest areas of potential improvement instead of spreading teams too thinly across multiple priorities at the same time.

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

Trust breakthrough objectives and Divisional Drivers

Trust-wide Breakthrough Objectives

- Managing patient deterioration
- Reducing time to first outpatient appointment (TT1OPA)
- Increasing staff retention
- Improving productivity

Divisional Drivers

Medicine

- NEWS2 obs compliance
- Reducing TT1OPA
- Non-admitted 4 hr performance
- Admitted 4 hr performance
- Increasing HCA retention
- Pay spend – variance to budget

Draft Surgery

- NEWS2 obs compliance
- Reducing TT1OPA
- Cancer 62-day performance
- Increasing A&C retention
- Theatre productivity

Surgery Divisional Performance Review is on Weds 27th March

Draft W&NB

- Compliance to national guidance
- Reducing time to first outpatient appointment
- Increasing staff recruitment & retention
- Theatre productivity

W&NB Divisional Performance Review is on Friday 22 March

CSFS

- NEWS2 and PEWS obs compliance
- Reducing TT1OPA
- Cancer 28-day performance
- Missed doses of critical medicines
- Increasing HCA retention
- Non-pay spend – variance to budget

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

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

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

Weekly and monthly reviews are used to keep track of improvements across teams, specialities, and divisions. With these rolling upwards to the monthly Divisional Performance Review meetings between Divisional Management Teams and the Executive Directors.

Patient Experience



IN 2024/25 WE AIM TO ACHIEVE A MINIMUM RESPONSE RATE OF 15% USING THE FRIENDS AND FAMILY TEST AND MAINTAIN AT LEAST 95% GOOD / VERY GOOD RATING.

Priority 1: Improving accessibility to our Friends and Family Test

The Trust is continuing to invest in the digitisation and extraction of data insights from our Friends and Family Test surveys, to help inform service improvements. Response rates and overall experience ratings are nationally reported currently, but it is recognised the additional value this data could provide if we were able to robustly theme and analyse feedback received through this mechanism. Implementation of a new digital solution therefore has the anticipated benefits of:

- ✓ **Increasing overall response rates to the Friends and Family Test**
- ✓ **Increased accessibility and options for inclusivity** (sight impairments, languages and additional demographic options)
- ✓ **Diversify methods for access** (including online, SMS, over the phone)
- ✓ **Robust analysis of data** for insight and meaningful comparison and benchmarking through a real-time dashboard
- ✓ **Opportunity to triangulate feedback themes** with complaints, incidents, compliments, real-time feedback and national surveys



IN 2024/25 WE AIM TO RESPOND TO 90% OF COMPLAINTS WITHIN THEIR AGREED TIMESCALE AND REDUCE RE-OPENED COMPLAINTS TO LESS THAN 5%

Priority 2: Improving our timeliness and quality of response to complaints.

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

We are committed to continually developing appropriate support and training for our staff in order to investigate, respond and embed learning from complaints.

We will measure the quality of these responses through our Complaints Process, surveys and through analysing re-opened complaints.

WE PLEDGE TO INCREASE OUR RESPONSE RATES TO REAL-TIME FEEDBACK AND MAINTAIN AT LEAST A 90% POSITIVE EXPERIENCE RATING

Priority 3: Putting the lived experience of the patient at the heart of our service improvements.

Real-time feedback is a face-to-face survey conducted with the help of our volunteers by the patient's bedside. The aim of the feedback is to give a "real-time" view of a patient's perspective of their care. The survey mirrors the focuses of the National Adult Inpatient Survey and includes questions to measure the patient's perception of the following areas: admission to hospital, the ward environment, their care and treatment, leaving hospital and respect and dignity. This is concluded with an overall experience rating. This feedback continues to develop and is now beginning to be used to triangulate themes being seen through complaints, the Friends and Family Test and National Surveys.

In addition, we plan to continue to develop our pool of service user engagement volunteers, including embedding of our new Patient Safety Partner roles.

We have a highly active readership group, reviewing patient-facing material on a weekly basis and in recognition of the value-added, work will continue to fully embed this review process and material will carry an identifiable "patient reviewed" stamp.

We will also continue to explore opportunities for patients to engage with the Trust, offering varied commitments from one-off projects such as those undertaken for Stoma, Colostomy and Breast Care to high-level commitments such as our Inpatient Spinal Group and Patient Safety Partners. We are committed to increasing patient involvement in service improvements through the continued development of Patient Panels owned by Specialities and Services.

Clinical Effectiveness

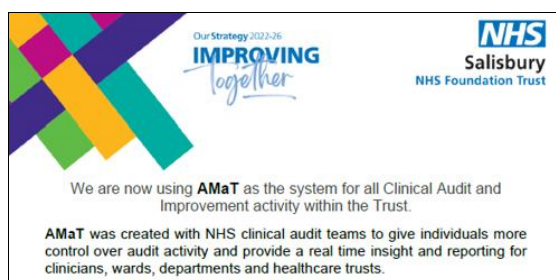


IN 2024/25 WE WILL AIM TO EMBED IMPROVING TOGETHER AS THE VEHICLE FOR DRIVING CONTINUOUS IMPROVEMENT ACROSS THE CLINICAL EFFECTIVENESS PORTFOLIO. WE PLAN TO INCREASE TRUST-WIDE ENGAGEMENT WITH OUR NEW AUDIT MANAGEMENT AND TRACKING SYSTEM (AMaT) AND TO EMBED OUR NEW CLINICAL AUDIT AND MORTALITY PROCESSES THAT WERE LAUNCHED IN 2023/24.

Priority 4: Maturing in our use of Improving Together as the primary vehicle to drive change.

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

LAST YEAR WE HAD AIMED TO IMPLEMENT NEW COMPUTER SOFTWARE FOR MANAGING CLINIC AUDIT (TO BE FULLY EMBEDDED AND IN USE ACROSS THE TRUST BY OCTOBER 2023)



During 2023/24, significant work was undertaken in order to improve the quality of patient care and safety for our patients. This involved the introduction of a new electronic clinical audit management and tracking system (AMaT), which was successfully launched in September 2023 (one month ahead of our quality priority schedule set last year), and the subsequent launch of an electronic mortality and morbidity review (MaMR) module launched March 2024. We also reviewed and updated our policy and processes to reflect improvements in practice. This included acting on recommendations of an internal audit and feedback from a Board requested mortality insight visit.

The improvements are now helping users and managers to review and track the data (in real time) and to focus more on clinical outcomes and action, and less on the administrative

aspects. One of the changes that have made is the inclusion of a new patient risk assessment (based on the audit outcomes). Subsequent actions taken are determined by these risk scores and using a newly designed risk matrix.

The Audit Management and Tracking (AMaT) software was launched on **25th September 2023**

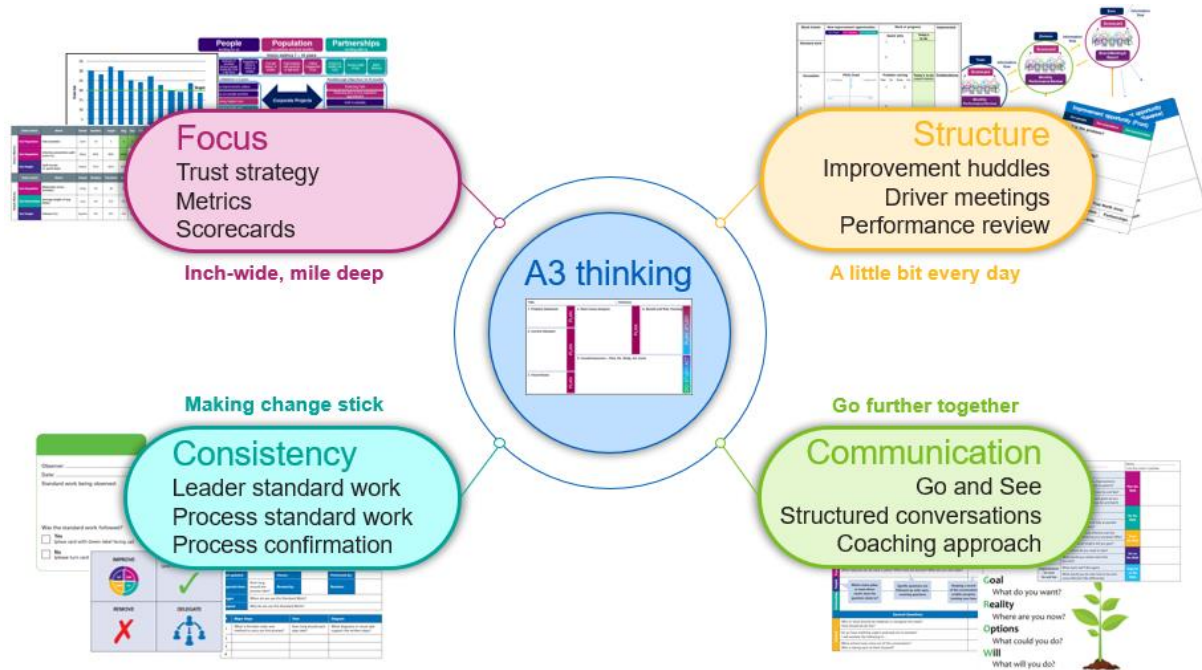
There were 372 registered users and **274** clinical audits (including those migrated) being managed within the system shortly following its launch.

To build on the successes of last year (and the now increased accessibility to data), we intend to increase our maturity and understanding of using Improving Together as the primary vehicle for driving change across the clinical effectiveness portfolio. We aim to improve our adoption of the Improving Together toolkit (outlined below) and we will:

- ✓ **Introduce weekly Improvement Huddles.** Improvement huddles are where teams come together to work on improvement ideas linked to their goals.
- ✓ **Establish our own set of 'driver' and 'watch' metrics which will be used for monitoring and driving improvements.** By identifying a few things to focus on at a time, we can make significant impact more quickly than when we have too many competing priorities. Determining these metrics will help us to prioritise discussions at the Clinical Effectiveness Steering Group, and these are likely to form the basis for setting our quality priorities in the future.

Improving Together Toolkit

The diagram below gives a visual overview of the Improving Together toolkit, demonstrating how the tools fit together to support us in focusing on our top priorities, protecting time to work together, and making change happen in the areas that are important to us.



Patient Safety

IN 2024/25 WE WILL CONTINUE TO EMBED OUR PATIENT SAFETY INCIDENT RESPONSE PLAN AND POLICY, WHICH WILL DETERMINE HOW THE TRUST RESPONDS TO PATIENT SAFETY INCIDENTS IN THE FUTURE USING THE NEW PATIENT SAFETY INCIDENT FRAMEWORK MODEL

Priority 5: Continue to embed the Patient Safety Incident Response Framework

To improve our approach to responding to patient safety incidents we implemented the national change from the Serious Incident Framework to NHS England (NHSE)'s new Patient Safety Incident Response Framework in January 2024.

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

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

In some cases, where it is already clear why the incident happened, it will be more

appropriate to concentrate on making improvements rather than spending more time on investigations. Essentially, there will be fewer formal investigations of incidents, but patients and staff will be more likely to be involved in other approaches to learn from incidents and improve patient safety.



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

What happens next?

The Trust is in the infancy of its transition from the Serious Incident Framework to the Patient Safety Incident Response Framework agenda. The Patient Safety Incident Response Plan (PSIRP) for the Trust sets out how we will respond to patient safety incidents reported by staff and families, to continually improve the quality and safety of the care the Trust provides.

The Patient Safety Team will continue to develop, with the appointment of two Learning Response leads and a Patient Safety Manager. The patient safety team will work closely alongside the Risk Management Team to commit to continuous improvement in patient safety through Trust wide learning.

Looking Back at 2023/24 - What did we say we would do?

Quality Priorities for 2023/24 Delivering Quality through Improving Together



Background

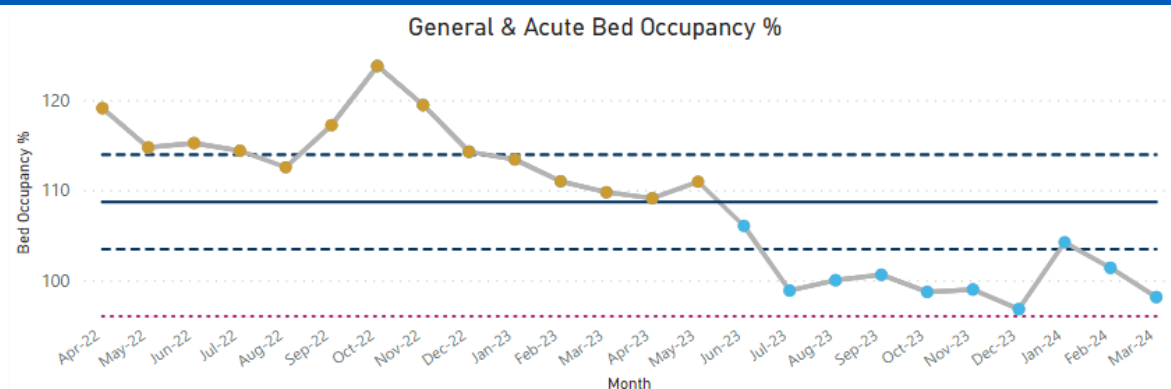
Our understanding of the Improving Together methodology has continued to mature over the course of 2023/24. We have seen improvement in 3 out of 4 of our breakthrough objectives. Our growing confidence in the approach has enabled us to refresh our breakthrough objectives and use this opportunity with our clinical divisions to agree their priorities (or drivers) with the Executive for the 12-18 months ahead.

For 24/25 this has given the divisions the opportunity to cascade their drivers to the specialities in each division, so increasing the depth with which our areas of focus align across the Trust.

Our work on Same Day Emergency Care has continued to catalyse further improvement across our medical division. It is a great example of how success breeds success as our continuous improvement embeds across our teams.

The use of improvement tools such as A3 thinking, improvement huddles, process mapping and data analysis is becoming more routine in our teams. While there remains some way to go to achieve consistent use of the tools, it has been a characteristic of 23/24 that where problems arise our teams are responding more often in a manner of continuous improvement. We are seeing the results of that in areas such as reducing patient falls and our spend on agency staff.

Setting a bed occupancy target of 96% in 2023/24



Our Target for 2023/24

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

How have we performed?

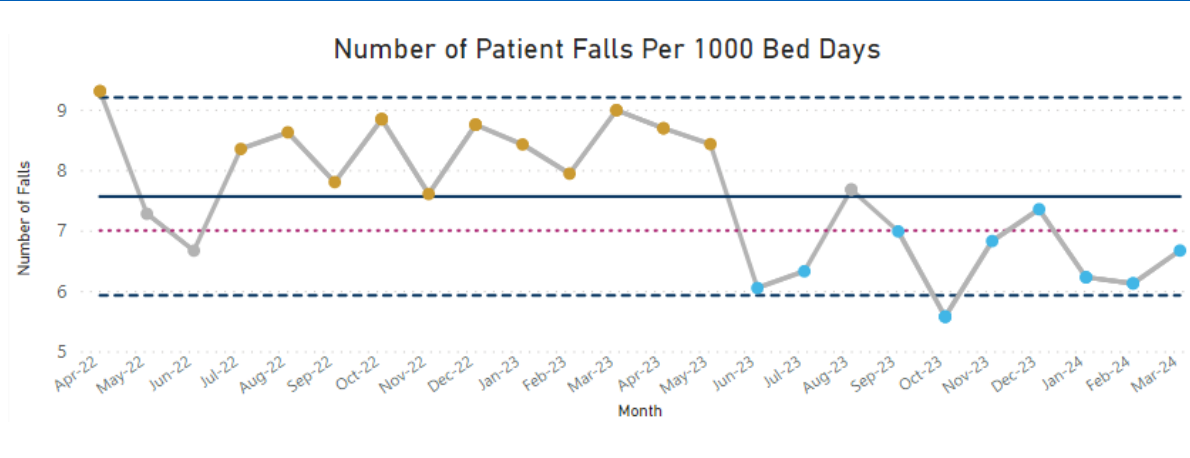
Over the course of the year, we have seen an overall reduction in bed occupancy (with a consistent run below the mean average for the Trust since June 2023). Bed occupancy dropped to 98% in March 2024, which is close to our target.

Despite a slight spike in January, our performance has positively remained below the mean average for 10 consecutive months. This is a significant achievement when considering the challenges related to industrial action across the NHS and needing to balance issues of bed capacity over the winter months (when hospital admissions and infectious diseases increase).

Actions Include:

- ✓ Undertaking Improving Together work across the clinical divisions to identify specific areas for targeted improvements.
- ✓ A specific workstream has been established to support patients deemed fit for discharge to facilitate their return home/place of care, with an aim to reduce the overall number of patients awaiting discharge as a proportion of all inpatients (target 10% or less).
- ✓ Ensuring that discharge paperwork is completed in a timely fashion to prevent unnecessary delays.
- ✓ A ward configuration plan is being developed to support more efficient working.

Reducing Inpatient Falls to below 7 per 1,000 bed* days in 2023/24



Our Target for 2023/24

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

How have we performed?

There has been a significant improvement in our performance over the last year, and we have been below our target for 8 months of the year. This is a result of prioritising this work through our Improving Together programme and is a significant achievement.

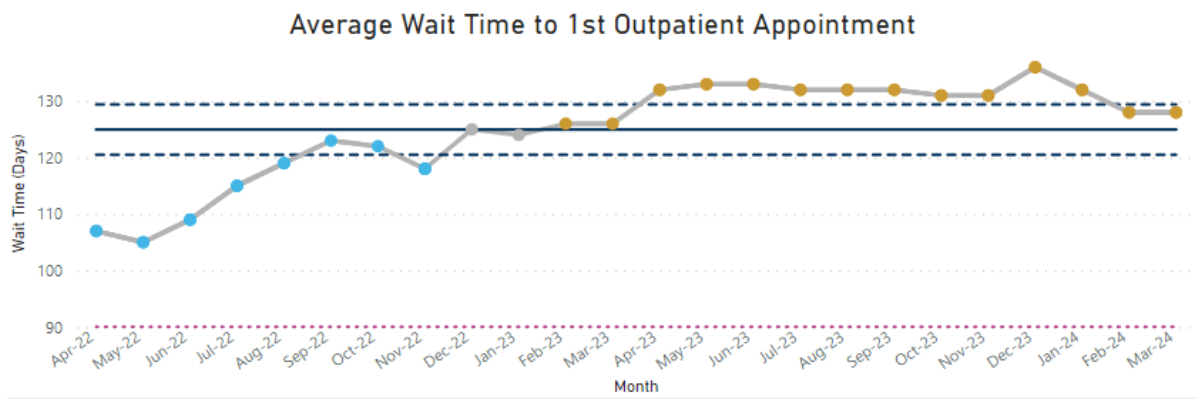
Of note, we had zero inpatient falls of moderate harm and above reported in the month of February 2024, and we have continued to observe a sustained reduction in the number of inpatient falls since June 2023. This is despite some significant operational pressures and staffing challenges, for instance the repeat industrial action that has taken place throughout the past year.

Actions Include:

- ✓ Targeted training in high reporting areas across the medicine directorate where falls rates are often highest.
- ✓ Establishing and sustaining "Bay watch" to ward areas, ensuring that there is someone to provide observation within the patient bay to prevent falls from occurring.
- ✓ Undertaking deep dives and audit to ascertain areas for improvement.
- ✓ Ensuring the delivery of 54 crash mats to all in-patient areas.

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

Reducing time to first outpatient appointment. Aiming to achieve a 30% overall reduction in waiting times and to reduce the time to first outpatient appointment from an average of 126 days down to 87 days in 2023/24



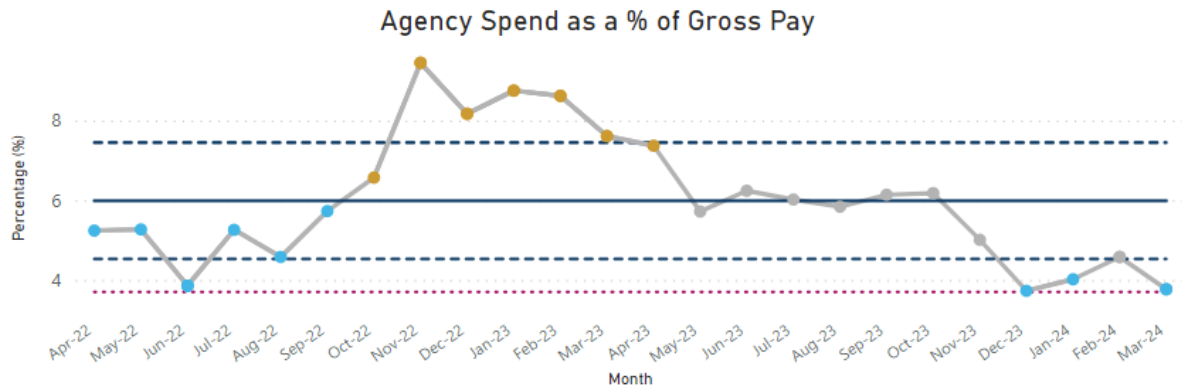
Our Target for 2023/24

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

How have we performed?

Unfortunately, we have not achieved the performance targets set by the Trust last year. We recognise that it is a poor patient experience to wait longer than necessary for treatment, and failure against these key performance standards represents a clinical, reputational, financial, and regulatory risk for the Trust. A small cohort of specialties currently account for the majority of the Trust's current backlog of patients awaiting their first outpatient appointment.

Reducing agency spending on staff to 3.7% (percentage of gross pay)



Our Target for 2023/24

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

How have we performed?

We achieved close to our performance targets by the end of the 2023/24 financial year. Agency spend fell to 3.77% in March 2024 (with similar figures seen in the months of both December 2023 and January 2024).

Staffing numbers for qualified staff able to offer bank shifts has increased, although recruitment for more nursing and health care assistant (HCA) staff has remained active.

Actions Include:

- ✓ Managing medical expenditure and working to align agency rates across the region.
- ✓ Shifting from using more expensive agency cover to cheaper bank for certain shifts.
- ✓ Preparing to move to a new contract provider for medical agency staff to enable a reduced spend on agency use in the future.

Consultation and Monitoring of our Priorities

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

The priorities that we have selected continue to represent the three indicators of quality

(patient safety, clinical effectiveness, and patient experience) and have been embedded across our business plans for 2024/25. Our quality priorities were each discussed at their representative steering groups and were also discussed at the Quality Board (CMB).

Progress in the achievement of these priorities will continue to be monitored through regular reporting and discussion at CMB in 2024/25.

2B - Statements of Assurance from the Board

Salisbury NHS Foundation Trust

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

Review of Services

During 2023/24 Salisbury NHS Foundation Trust provided and/or subcontracted 54 relevant health services. Salisbury NHS Foundation Trust has reviewed all the data available to us on the quality of care in all 54 of these relevant health services. The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by Salisbury NHS Foundation Trust for 2023/24.

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

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

The Trust Board undertakes 'Safety Walkabouts' on a weekly rolling programme. This direct engagement with clinical and non-clinical teams ensures that Board members are sighted on the safety concerns of staff and brings the Board discussions to life. This forms part of a broader 'Go and See' programme as part of the Trust's Improving Together, continuous improvement initiative. The 'Go and See' programme enables the Executive Directors to visit a team or individual to learn, understand problems, model leadership behaviours and to build a culture of coaching and continuous improvement.

Participation in Clinical Audit

During 2023/24, 48 national clinical audits and nine clinical outcome review programmes covered relevant health services that Salisbury NHS Foundation Trust provides. During this period, Salisbury NHS Foundation Trust participated in 43 (90%) national clinical audits, and nine (100%) clinical outcome review programmes of the national clinical audits and clinical outcome review programmes which it was eligible to participate in.

The national clinical audits and clinical outcome review programmes that Salisbury NHS Foundation Trust participated in, and for which data collection was completed during 2023/24, are listed in Table 1 alongside the number of cases submitted to each audit or programme as a percentage of the number of registered cases required by the terms of that audit or programme.

Table 1.

Eligible national audits and clinical outcome review programmes and those the Trust participated in during 2023/24

National Clinical Audit			
Audit title	Details	Participation	% of cases submitted
Adult Respiratory Support Audit	Audit	✘	0%*
British Association of Urological Surgeons Nephrostomy Audit	Audit	✓	100%
Breast and Cosmetic Implant Registry	Audit	✓	100%
British Hernia Society Registry	Audit	Not Applicable	Not Applicable
Case Mix Programme (CMP)	Audit	✓	100%
Cleft Registry and Audit Network (CRANE)	Audit	✓	100%
Elective Surgery (National PROMs Programme)	Audit	✓	Data reported internally – see page 42
Epilepsy 12 – National Clinical Audit of Seizures and Epilepsies for Children and Young People	Audit	✓	100%
Falls and Fragility Fractures Audit Programme (FFFAP)	Fracture Liaison Service Database	Not Applicable	Not Applicable
	National Audit Inpatient falls	✓	100%
	National Hip Fracture Database	✓	100%
Improving Quality in Crohn's and Colitis	Audit	✘	0%*

LeDeR – Learning from lives and deaths of people with a learning disability & autistic people (previously known as Learning Disability Mortality Review Programme)	Audit	✓	100%
National Adults Diabetes Audit (NDA)	National Diabetes Core Audit	✓	100%
	National Diabetes Foot Care Audit	✓	100%
	National Diabetes Inpatient Safety Audit	✓	100%
	National Pregnancy in Diabetes Audit	✓	100%
National Asthma and COPD Audit Programme (NACAP)	Adult Asthma: Secondary Care	✓	100% since August 2023
	Chronic Obstructive Pulmonary Disease (COPD)	✓	100% since August 2023
	Paediatric Asthma: Secondary Care	✓	Audit remains in progress. It is anticipated that we will submit 100%
	Pulmonary Rehabilitation – Organisational and Clinical Audit	✓	100%
National Audit of Cardiac Rehabilitation	Audit	✓	100% data submission was not achieved due to staffing constraints
National Audit of Cardiovascular Disease Prevention (Primary Care)	Audit	Not Applicable	Not Applicable
National Audit of Care at the End of Life	Audit	✓	Audit remains in progress. It is anticipated that we will submit 100%
National Audit of Dementia	Audit	✓	100%
National Audit of Pulmonary Hypertension	Audit	Not Applicable	Not Applicable
National Bariatric Surgery Registry	Audit	Not Applicable	Not Applicable
National Cancer Audit Collaborating Centre	National Audit of Metastatic Breast Cancer	✓	100%
	National Audit of Primary Breast Cancer	✓	100%

National Cardiac Arrest Audit (NCAA)	Audit	✓	100%
National Cardiac Audit Programme (NCAP)	a) National Adult Cardiac Surgery Audit (NACSA)	Not Applicable	Not Applicable
	b) National Congenital Heart Disease Audit (NCHDA)	Not Applicable	Not Applicable
	c) National Heart Failure Audit (NHFA)	✓	100%
	d) National Audit of Cardiac Rhythm Management (CRM)	✓	100%
	e) Myocardial Ischaemia National Audit Project (MINAP)	✓	100%
	f) National Audit of Percutaneous Coronary Intervention (NAPCI)	✓	100%
	g) National Audit of Mitral Valve Leaflet Repairs (MVLRL)	Not Applicable	Not Applicable
	h) The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	Not Applicable	Not Applicable
National Child Mortality Database (NCMD)	Audit	✓	100%
National Clinical Audit of Psychosis (NCAP)	Audit	Not Applicable	Not Applicable
National Comparative Audit of Blood Transfusion	a) Audit of Blood Transfusion against NICE Quality Standard 138	✗	0%*
	b) Bedside Transfusion Audit	✓	100%
National Early Inflammatory Arthritis Audit (NEIAA)	Audit	✓	100%
National Emergency Laparotomy Audit (NELA)	Audit	✓	100%
National Gastro-Intestinal Cancer Programme (GICAP)	National Bowel Cancer Audit (NBOCA)	✓	100%
	National Oesophago-Gastric Cancer (NOGCA)	✓	100%
National Joint Registry	Audit	✓	100%
National Lung Cancer Audit (NLCA)	Audit	✓	100%
National Maternity and Perinatal Audit (NMPA)	Audit	✓	100%

National Neonatal Audit Programme (NNAP)	Audit	✓	100%
National Obesity Audit (NOA)	Audit	Not Applicable	Not Applicable
National Ophthalmology Database (NOD) Audit	National Cataract Audit	✓	100%
National Paediatric Diabetes Audit	Audit	✓	100%
National Prostate Cancer Audit	Audit	✓	100%
National Vascular Registry	Audit	Not Applicable	Not Applicable
Out of Hospital Cardiac Arrest Outcomes	Audit	Not Applicable	Not Applicable
Paediatric Intensive Care Audit Network	Audit	Not Applicable	Not Applicable
Perinatal Mortality Review Tool (PMRT)	Audit	✓	100%
Perioperative Quality Improvement Programme	Audit	✗	0%*
Prescribing Observatory for Mental Health (POMH)	a) Use of medicines with anticholinergic (automuscarinic) properties in older people's mental health services	Not Applicable	Not Applicable
	b) Monitoring of patients prescribed lithium	Not Applicable	Not Applicable
Royal College of Emergency Medicine QIP	a) Care of Older People Audit	✓	100%
	b) Mental Health (Self-Harm)	✓	100%
Sentinel Stroke National Audit Programme (SSNAP)	Audit	✓	100%
Serious Hazards of Transfusion UK National Haemovigilance Scheme	Audit	✓	100%
Society for Acute Medicine Benchmarking audit	Audit	✓	100%
The Trauma Audit & Research Network (TARN)	Audit	✓	No submission as TARN had a cyber incident. 100% of cases identified completed locally.
UK Cystic Fibrosis Registry	Audit	✓	100%

UK Renal Registry Chronic Kidney Disease Audit	Audit	Not Applicable	Not Applicable
UK Renal Registry Acute Kidney Injury Audit	Audit	✘	0%*

National Confidential Enquiries			
Audit title	Details	Participation	% of cases submitted
Child Health Clinical Outcome Review	Juvenile Idiopathic Arthritis	✓	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Audit	✓	100%
Medical and Surgical Clinical Outcome Review Programme	End of Life Care	✓	These audits remain in progress. It is anticipated that we will submit 100%
	Rehabilitation Following Critical Illness	✓	
Mental Health Clinical Outcome Review Programme	Audit	Not Applicable	Not Applicable

* Data was not submitted due to staffing constraints and / or Information Technology issues.

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

The reports of 12 national clinical audits and clinical outcome review programmes that were published in 2023 were reviewed by Salisbury NHS Foundation Trust in 2023/24. Of these, 2 (17%) were risk scored as moderate or higher and therefore formally reported to the Clinical Effectiveness Steering Group by the clinical lead responsible for implementing the changes in practice. Further examples of national clinical audits and the actions Salisbury NHS Foundation Trust intends to take to improve the quality of healthcare provided can be found in Appendix B

Local clinical audits

The reports of 85 (100%) local clinical audits were reviewed by the Trust in 2023/24. Examples of local clinical audits and the actions Salisbury NHS Foundation Trust intends to take to improve the quality of healthcare provided can also be found in Appendix B.

Research

Research is vital in the United Kingdom as it drives innovation, economic growth and societal progress and it is of particular national importance in ensuring that the UK remains competitive on the international stage.

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

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

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

At Salisbury NHS Foundation Trust the number of patients receiving relevant health services in 2023/24, that were recruited to participate in research is 1839. This is over 57 Research studies that are approved by the National Institute for Health Research (NIHR). This is higher than the previous year by 71%.

The funding received from the NIHR is currently not activity-based, as it was in previous years. As such, the service has continued, focusing on creating a stronger, more resilient base to improve the profile of research in the Trust and to work with our partners to improve the health of our community, in future years. This includes:

- Actively collaborating with partners in the BSW region to form a robust alliance. This alliance aims to tackle health inequalities, strengthen research delivery pathways and optimise resource sharing and utilisation for the benefit of the population.
- The establishment of the Research and Innovation Board. We are working along with the Innovation Team to improve the profile of Research and to have engagement with the Executive Team. This Board will have oversight from the Trust Management Committee.
- The development of the Salisbury Research Hub which signifies a strategic initiative aimed at aligning the organisation with leading research partners such as the Wessex Health Partners, generating revenue and most importantly addressing health disparities.

We are also diligently working on increasing commercial and home-grown research to maximise income both for the department and the Trust.

Commercial Income

We have two open commercial studies which is an improvement from the previous year. We are currently setting up three in addition, which

will increase the number of commercial studies running in the Trust to five.

Home Grown Research

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

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

We have also had a record number of enquiries to do research within the Trust. This includes enquiries from students, nurses,

Doctors and other Allied Health Professionals to be part of research. We are looking at ways to capitalise on this interest in research.

Other successes

- ✓ We have trialled a limited out of hours service to recruit and follow-up patients who are not available for appointments during working hours.
- ✓ We have compiled resources and participated in a mentoring scheme targeting mentoring of people undertaking research in the wider community.
- ✓ We have a Clinical Trials Assistant who has successfully completed the Clinical Research Practitioners accredited program.
- ✓ We have been successful in securing the NIHR Capital Funding Award. This achievement has resulted in the allocation of over £60,000 over a period of 18 months to support our initiatives.

We have actively conducted the NIHR Patient Research Experience Survey across 15 research studies between April 2023 – March 2024. With an impressive total of 196 responses received. Our engagement underscores our commitment to gathering valuable feedback in order to enhance the patient experience. ***A range from 63% to 97% participants felt -Prepared, updated, valued and treated with respect and courtesy and knew how to contact the research Team. They would consider taking part in Research again!***

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

Goals Agreed with Commissioners

Our CQUIN Performance

The CQUIN framework supports improvements in the quality of services and the creation of new, improved patterns of care.

The full guidance and indicator specifications can be found on the NHS England website ([NHS England » 2023/24 CQUIN](#)).

Commissioning responsibilities were transferred to the Integrated Care Board during 2022/23 when Clinical Commissioning Groups were formally disbanded, and Salisbury NHS Foundation Trust income in 2023/24 was not conditional on achieving

quality improvement and innovation goals through the Commissioning of Quality and Innovation payment framework.

Ten CQUINs were considered applicable to Salisbury NHS Foundation Trust for the financial year of 2023/24 and five of these CQUINs were selected as high priority areas of focus. These were determined through joint discussions with our internal staff and local Integrated Care Board (CQUIN01, CQUIN02, CQUIN04, CQUIN05, and CQUIN12).

Key Highlights

- ✓ **CQUIN 01 - flu vaccinations for frontline healthcare workers** (achieving 80% uptake) – Our staff flu vaccine uptake was 63% and was below the target threshold. However, this was the 2nd highest in the South-West region and 23rd highest out of 233 Trusts in England.
- ✓ **CQUIN 04 – prompt switching of intravenous (IV) to oral antibiotics** (achieving 40% or fewer patients receiving IV antibiotics past the point at which they meet switching criteria) - Salisbury NHS Foundation Trust's average performance across the year for this CQUIN was 16%. Research shows that early switching to oral antibiotics leads to better patient outcomes and reduced time in hospital.
- ✓ **CQUIN 07 - recording of and response to National Early Warning Score 2 for unplanned critical care unit admissions** (achieving 30% of unplanned critical care admissions from non-critical care wards having a timely response to deterioration, with the National Early Warning Score 2 score, escalation and response times recorded in clinical notes) - we reported an average performance score of 48% in this CQUIN against the 30% national target.
- ✓ **CQUIN 11 - Achieving high quality Shared Decision Making conversations in specific specialised pathways to support recovery.** Feedback from survey results showed a high level of overall satisfaction about shared decision making from our patients across the specialties reviewed (palliative care/spinal/rheumatology/endocrine services).

Several other notable improvements were made throughout the year on areas where the performance figures were lower/non-achieved. For instance, a new care plan has been developed for assessing pressure ulcers and this will improve our ability to provide personalised care for our patients. Additional staff have also been recruited to support early cancer diagnosis and this is improving how we provide care for patients with cancer.

NHSE is currently considering a change to the current 2023-25 NHS Payment Scheme, under which the operation of CQUINs would be 'paused' during 2024/25.

Care Quality Commission Registration

The Trust is fully compliant with the registration requirements of the Care Quality Commission. The Maternity Service has been on the NHSEI Maternity Safety Support programme (MSSP) since 2022 and, in response to the improvements and progress made, transitioned into the sustainability phase of the MSSP at the end of March 2024. There have been no inspections since 2021 and scheduled engagement with the Care Quality Commission has continued.

The Care Quality Commission's new approach to monitoring and regulation

The Care Quality Commission has been developing its new approach to regulation. It has been working with providers, stakeholders, and members of the public to co-create, test and pilot aspects of that new approach, and in November 2023 it formally launched its new Single Assessment Framework.

The new framework, which is designed to apply to providers, systems, and local authorities, promises a more granular and transparent assessment, greater focus on what matters to people using services, and more scope for providers to benchmark themselves against others and to follow their own progress within a rating category. Under the Care Quality Commission's new approach, the five key questions of safe, effective, caring, responsive and well-led and the ratings of outstanding, good, requires improvement and inadequate remain the same. A set of new quality statements replaces key lines of enquiry and six new evidence categories that underpin them will be scored to arrive at an overall rating for each key question, core service and location.

With an improved provider portal and increased reliance on data and technology, the Care Quality Commission has suggested it will be better able to review new evidence and will be able to update core service and provider ratings more quickly, without the need to wait for a full-scale re-inspection, providing greater objectivity and a more 'live' picture of quality.

At the Trust, work began socialising the new approach and framework into the organisation in Spring 2023, with momentum gathering in preparation for the transition. For example, presentations at Divisional governance meetings, core service meetings and the Trust Management Committee (TMC). A follow-up session at a Leadership TMC session is scheduled for April 2024, where the SAF can be given more time with a plan to focus on how we can progress and embed this change within our organisation, recognising it is a significant change in practice to monitoring and regulation.

More information about the Care Quality Commission's new approach to monitoring and regulation can be found at the following link: <https://www.cqc.org.uk/guidance-regulation/providers/assessment>

External Well-led Developmental Review

In Quarter 4, 2022/23 a successful system-wide procurement process was undertaken across the three BSW Acute Trusts to secure an external company to undertake a well-led developmental review. The Trust review commenced in April 2023 for a three-month period, concluding in June. To gain a breadth of understanding of the organisation, in addition to a documentary review, the team interviewed 41 internal stakeholders, 13 external stakeholders and observed five committees. The report was received in July 2023. The Executive Directors reviewed the outcome of the review prior to a Board workshop in October 2023 which focussed on agreement of the key areas for improvement.

The review reflected “an organisation with clear strategic ambition and commitment to lead for the benefit of the wider system. Operational and governance arrangements are in place and a key development challenge relates to the leadership attention needed to sustain and strengthen those foundations. Throughout the review it was clear that Improving Together is a pivotal focus in defining the organisational approach to improvement and development. Whilst recognising that this is still at a formative stage, aligned to more recent changes to board leadership there is now a platform for resetting some of the core foundations of good governance. Regulatory peer reviews continue to have a strong bias in their focus upon these features.

Priorities in the next phase of the Trust’s well-led development are:

- To develop the strength and consistency of the board's line of sight across the organisation. Key to this is the continuing maturity of the divisions in terms of accountability, autonomy, visibility with the board, and increased awareness of wider corporate issues. This recognises the challenges such as those faced through the National Maternity Support Programme.
- To have a collective leadership narrative to the staff survey results which remain an area of significant focus for regulators with an increasing attention being given to Freedom to Speak up, equality, diversity, and inclusion”.

The Trust has aligned the key areas for improvement to existing programmes of work to ensure this has oversight through existing governance arrangements.

Data Quality

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

Over 2023/24, the Trust continued work on its Business Intelligence Transformation project which included work to replace our data warehouse and delivering modern tools to support the improvement of data quality and the use of information more widely. The Data Quality Manager continues to lead the Data Quality elements of this project and support implementation.

Our Data Quality Policy is reviewed annually to reflect the progress made in the previous year and includes the scheduled improvements planned for the next twelve months. During the last year we progressed the implementation of the Data Quality Notification (DQN) app by adding more DQNs from our priority list. From the Data Quality Policy and Data Quality Self Assessments we

have created the Data Quality Improvement Plan for 2023/24 which outlines actions we want to take to improve Data Quality performance and the time scales in which we hope to complete these, this is regularly monitored and updated at the Information Standards Group. We have now published a new internal Data Quality dashboard on our PowerBI platform, so all senior leaders and responsible persons are aware of Data Quality compliance across the Trust. This includes data related to compliance with our admissions, discharge and transfers standard (ADT), DATIX incidents and Key Performance Indicator compliance.

Salisbury NHS Foundation Trust (SFT) submitted records during 2023/24 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number and valid General Medical Practice Code is set out in Table 2. These are important because the NHS number is a key identifier for patient records and an accurate record of the General Medical Practice Code is essential to enable the transfer of clinical information about the patient.

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

Data item	SFT 2022/23	National benchmark 2022/23	SFT 2023/24 (M1-10 only)	National benchmark 2023/24
Valid NHS number				
% for admitted patient care	99.8%	99.7%	99.7%	99.6%
% for outpatient care	99.9%	99.8%	99.8%	99.8%
% for Emergency Department care	99.1%	99.1%	99.1%	98.9%
Valid General Medical Practice Code				
% for admitted patient care	99.9%	99.7%	100%	99.8%
% for outpatient care	100%	99.4%	99.9%	99.5%
% for Emergency Department care	100%	99.5%	99.9%	99.5%

Data Security and Protection Toolkit Attainment Levels

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

Good information governance means ensuring the information we hold about our patients and staff is accurate, keeping it safe, and available at the point of care. The Data Security and

Protection Toolkit is the way we demonstrate our compliance with national data protection standards. All NHS organisations are required to make an annual submission at the end of June, to assure compliance with data protection and security requirements.

The Trust self-assessment against the 2022/23 Data Security and Protection Toolkit confirmed compliance in all areas, with a status of 'Standards Met'. The self-assessment for 2023/24 is due for submission at the end of June 2024.

Clinical Coding Error Rate

Salisbury NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission. The Trust commissioned an external clinical coding audit from D&A Consultancy (specialist clinical coding auditors) to provide evidence for the Data Security and Protection Toolkit during the reporting period. The error rates reported in the audit for that period for diagnoses and treatment coding (clinical coding) were:

- **Primary Diagnoses Incorrect 2.5%**
- **Secondary Diagnoses Incorrect 3.2%**
- **Primary Procedures Incorrect 1.6%**
- **Secondary Procedures Incorrect 0%**

The Data Security and Protection toolkit Standard 1 attainment level was:

Exceeded Level

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

The clinical coding results should not be extrapolated further than the actual sample of 200 Finished Consultant Episodes (46 Spinal, 49 Oral, 55 Palliative Care, 50 Ophthalmology).

Seven Day Hospital Services – Implementing the Priority Clinical Standards

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

Building on the audit undertaken last year and outcomes, it was agreed that the Trust would undertake a more focused audit this year. As such, a case note review was undertaken with specific attention to identifying opportunities for improvement to support with hospital flow and discharge of patients. Particularly in understanding why there may be variation associated with length of stay and to improve our overall understanding of the barriers and opportunities for discharging patients at the weekend.

Our results highlighted the need for further coordination in identifying when a patient may be suitable for discharge, and therefore the need to contact a senior decision-maker.

A weekend working improvement group was established during 2023/24 to help support improvements in the seven-day provision of care and clinical services being provided at the weekend. Early successes have included the redesign of two junior medical workforce models to improve continuity of care over the weekend, as well as providing more consistent weekend cover from senior clinical decision makers.

Other development work includes:

- Reviewing escalation pathways and communication between multi-disciplinary teams.
- Developing standard processes for weekend handover and streamlining handover between weekday and weekend teams.
- Improving visibility of data by upgrading our current data dashboards.
- Establishing a working group for the design and implementation of an electronic process for bed management.

Freedom to Speak Up (whistleblowing and raising concerns)

The importance of Freedom to Speak Up

This year we have had stark reminders of why all efforts to improve the Speak Up culture in health, including the Freedom to Speak Up Guardian route, are so essential for patient safety. Reports from the Lucy Letby case, Donna Ockenden and Bill Kirkup, and inquiries into University Hospitals Birmingham and others have shown why Freedom to Speak Up has never been more important. For instance, considering the harm that might have been prevented and / or lives which might have been saved if colleagues felt able to raise concerns or had been listened to and appropriate action taken swiftly when they did.

In response to last year's Staff survey, in relation to the NHS People Promise, the Freedom to Speak Up Guardian with the wider Occupational Development and People team has worked to improve 'We are Compassionate and Inclusive' and 'We Each have a Voice that Counts' scores. Actions included refreshing and publishing Freedom to Speak Up Policy and Strategy, clear communications plan promoting the Freedom to Speak Up service, expert data triangulated to create thematic analysis to inform

interventions and work alongside staff networks to identify barriers to speaking up. All these aspects have been attended to resulting in significant positive increase staff survey results in these areas.

The Freedom to Speak Up Guardian also delivers training at the Aspiring and Transformational Leaders Course, focusing on how leadership behaviours influence the creation of psychological safety in order that colleagues can raise concerns with confidence and assurance that they will be listened to and acted upon.

The Trust's Guardian has direct access to all senior leaders including the Chief Executive and all Board members.

Themes and trends are reported quarterly to Board for assurance and to highlight lessons learned from concerns that have been raised. In the year 2023-24 163 concerns have been raised to the Freedom to Speak Up Guardian, a 22% increase on the previous year. Of these, 12 had an element of patient safety and quality, these concerns are escalated immediately to senior leaders for appropriate action.

	Themes	Cases Q1 (23/24)	Cases Q2 (23/24)	Cases Q3 (23/24)	Cases Q4 (23/24)
1	Element of Patient Safety/Quality	19	12	9	12
2	Worker Safety	5	9	10	10
3	Element of other inappropriate attitudes or behaviours	22	23	25	30
4	Bullying/Harassment	6	5	8	6
5	Disadvantageous and/or demeaning treatment (detriment as a result of raising concerns)	1	4	5	3

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

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

Consolidated Annual Report 2023/24 on Doctors and Dentists in Training Rota Gaps and Improvement Plan

Details of rota gaps are presented four monthly to the People and Culture Committee as part of the Guardian of Safe Working Report. The annual report presents a consolidated view of the rota gaps.

Below is a summary of approximate rota gaps across all training grades and specialties for 2023/24. There are approximately 160 junior doctors that are expected to be supplied by the deanery.

Where there is a shortfall, the Trust aims to mitigate this by covering the gap with locally employed doctors. Ascertaining how many locally employed doctors are in post at any one time is challenging as these posts flux in number according to departmental / specialty demand and training post gaps. There is no defined number of locally employed doctors or total number of doctors for each specialty.

Year 2023/24	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Whole Time Equivalent (WTE) deanery gap	7	7	7	7	5	5	6	8	10	10	10	10
LTFT gap	3.3	3.3	3.3	3.3	4.0	5.0	5.4	4.5	4.3	4.3	4.3	4.3
Net WTE gap	10.3	10.3	10.3	10.3	9.0	10.0	11.4	12.5	14.3	14.3	14.3	14.3

Despite the gradual upward trend in net WTE gap over the 12 months, when compared with previous years the numbers have improved, with more deanery posts being filled. It is noted that there is a disparity between junior (F1- ST2) and senior (ST3+) levels, with a poorer fill rate at senior level.

There has been a gradual increase in the number of deanery doctors choosing to work Less Than Full Time (LTFT) and doing so earlier in their medical career, this is having an increasing impact on rota gaps.

Since May 2023 locally employed doctors have been transitioned to the 'junior doctor' 2016 Terms and Conditions to allow parity with their deanery appointed colleagues in terms of working patterns and access to exception reporting. Very few locally employed doctors have chosen to remain on old Terms and Conditions.

The Trust has invested in 12 new Foundation Posts, these doctors have progressed into F2 posts, giving a total of 33 doctors at F1 and 33 doctors at F2. Currently three doctors work LTFT at foundation level and 1 F2 post is unfilled.

The past 12 months has seen a significant period of industrial action by junior doctors, with impact on patients and hospital teams.

The BMA has recently announced a mandate for further industrial action.

Plans for Improvement

- ✓ A new electronic rostering system (eRoster) is now in the process of being implemented for medical teams which may provide a greater opportunity for oversight of potential gaps in rotas due to leave and sickness. This may make it easier for staff wishing to work extra hours to offer to fill shifts. There are, however, significant restrictions (2016 Terms and Conditions) on working hours of junior doctors, with many of them already working close to the maximum hours allowed in their contracts.
- ✓ April 2024 will see introduction of new F1 weekend rota in medicine alongside an updated twilight medicine rota which should result in an improved skill mix in the out of hours medicine workforce.
- ✓ Qualified physician associates are now in post and have been generally well received in the Trust. There is ongoing work both locally and nationally to ascertain how these roles will work best to support the existing medical workforce.
- ✓ The Trust continues to work with Health Education England.

National Core Set of Quality Indicators

Salisbury NHS Foundation Trust

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

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

Domain 1 – Preventing People from Dying Prematurely

Summary Hospital-level Mortality Indicator (SHMI)

National Quality Priorities						
a. Trust SHMI:	Dec 2020 – Nov 2021		Dec 2021 – Nov 2022		Dec 2022 – Nov 2023	
	SFT	National Average	SFT	National Average	SFT	National Average
The value of the SHMI for the Trust	1.0667	1.0	1.1179	1.0	1.1186	1.0
The banding of the SHMI for the Trust	As Expected	As Expected	As Expected	As Expected	As Expected	As Expected
SHMI broken down by Site:						
The value of the SHMI for Salisbury District Hospital (excluding hospice site)	1.0281	1.0	1.0729	1.0	1.0658	1.0
The banding of the SHMI for Salisbury District Hospital (excluding hospice site)	As Expected	As Expected	As Expected	As Expected	As Expected	As Expected
The value of the SHMI for Salisbury Hospice	2.3025	1.0	2.2734	1.0	2.4281	1.0
The banding of the SHMI for Salisbury Hospice	Above Expected	Above Expected	Above Expected	Above Expected	Above Expected	Above Expected
b. Palliative Care Coding:						
b) The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust (all sites). The palliative care indicator is a contextual indicator.	51.8%	39%	49%	40%	49%	42%
Trust statement						
<p>Salisbury NHS Foundation Trust (SFT) considers that this data is as described as it is taken from the national dataset using data provided by the Trust. Salisbury NHS Foundation Trust recognises the importance of providing good quality care to people with life limiting conditions and to those who are dying. We are proud to include our local Hospice on site. As mortality statistical models compare across all acute hospital Trusts (the majority of which will not contain hospice services) the number of expected deaths at Salisbury NHS Foundation Trust will always sit above expected levels. When the main hospital site is separated from the hospice, expected deaths fall well within the expected range. The proportion of deaths with a palliative care coding has no specific target but is felt to be a measure of how Trusts recognise those in the last phase of their life and provide services to support them and their loved ones during that time (i.e., a higher figure is better).</p>						
<p>Salisbury NHS Foundation Trust intends to, or has taken the following actions to improve mortality and harm, and so the quality of its services:</p>						
<ul style="list-style-type: none"> ✓ The Trust's Mortality Surveillance Group continues to meet every two months for assurance purposes. ✓ A Board requested mortality insight visit took place during 2023/24 which provided positive feedback and some suggested areas for improvement. Actions related to this remain ongoing. ✓ A new electronic system for managing mortality reviews and learning from deaths was launched during 2023/24 						

- ✓ A Bath and Northeast Somerset, Swindon, and Wiltshire Integrated Care Board wide mortality group was established to help consider shared opportunities for improvement across our wider population.
- ✓ A mortality dashboard was launched (using the latest Power-Bi software) to provide new and improved data insights. The data is now regularly being reviewed at mortality meetings.
- ✓ A new Trust mortality lead was appointed during 2023/24 to help support the Trust with learning from deaths.
**please refer to Part 3 of this report (provider content) for further information about how we are learning from deaths*

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

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

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

Patient Reported Outcome Measures

National Quality Priorities												
Patient reported outcome measures (EQ5D Index)	Apr 21 – Mar 22				Apr 22 – Mar 23				Apr 23 – Mar 24			
	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest
i) hip replacement surgery	0.0	N/A*1	N/A*1	N/A*1	38%	N/A*1	N/A*1	N/A*1	40%*2	N/A*1	N/A*1	N/A*1
ii) knee replacement surgery	0.0	N/A*1	N/A*1	N/A*1	46%	N/A*1	N/A*1	N/A*1	55%*2	N/A*1	N/A*1	N/A*1

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

*2 Response rate as at Feb 2024 collation.

Trust statement

The above data indicates the participation rate for the hip and knee Patient Reported Outcome Measures at Salisbury NHS Foundation Trust (SFT). This data as described is taken from the internal dataset provided by the Trust, the NHS Digital dashboard is noted to not be currently up to date with this information, hence national average and highest and lowest participation benchmarking information cannot be supplied.

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

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

- ✓ Salisbury NHS Foundation Trust have now fully reinstated a robust mechanism for collecting the Patient Reported Outcome Measure data. This data is reviewed for compliance under the Patient Experience quality arm.

Patients Readmitted to Hospital Within 30-days of Being Discharged

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

National Quality Priorities												
Percentage of patients readmitted within 28 days of discharge from hospital by patient age group	Apr 2021 – Mar 2022				Apr 2022 – Mar 2023				Apr 2023 – Mar 2024			
	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest
Age 0 to 15	14.9%	12.5%	49.1%	3.4%	17.6%	12.8%	302.9%	3.7%	Not yet published			
Age 16 or over	12.4%	14.6%	110.2%	2.1%	12.2%	14.4%	46.8%	2.5%	Not yet published			

Trust statement

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

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

- ✓ Same day emergency care has been rolled out throughout the Medicine division during 2023 preventing unnecessary admission / readmissions. Surgical Same Day Emergency Care is to follow in 2024.
- ✓ Dedicated Acute Frailty Unit has been initiated providing specialist intervention for frail and older people with a focus on rapid assessment and treatment avoiding prolonged stays in hospital wherever possible.
- ✓ Partner In reach services alongside revised Integrated Discharge Service offer to support robust discharge planning commenced July 2023 offering a smoother and more joined up transition into the community for people requiring additional health and care services on discharge.
- ✓ New in 2023 - Power BI data reporting availability and use will enable us to better understand the opportunities to further improve performance in this area.
- ✓ Improved communication with community services and GPs via remodelled discharge services in the community, for people needing care or a bed base (pathways 1-3).

Domain 4 – Ensuring People Have a Positive Experience of Care

Responsiveness to the Personal Needs of Patients

National Quality Priorities												
	Apr 21 – Mar 22				Apr 22 – Mar 23				Apr 23 – Mar 24			
	Response Rate	SFT	Highest	Lowest	Response Rate	SFT	Highest	Lowest	Response Rate	SFT	Highest	Lowest
Overall experience score for National Inpatient Survey	48%	8.0	8.5	7.8	51%	8.0	8.5	8.0	Not yet published			
<p>Scoring: For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the Trust is performing.</p> <p>Trust statement</p> <p>Salisbury NHS Foundation Trust (SFT) considers that this data is as described as it is taken from the national dataset using data provided by the Trust.</p> <p>Each year the Trust participates in the national adult inpatient survey. The Trust's last published survey was undertaken in November 2022 where a nationally agreed questionnaire was sent to a random sample of 1250 patients and the results analysed independently by the Patient Survey Co-ordination Centre. 621 surveys were returned, completed.</p> <p>The national inpatient survey was repeated in November 2023 and is scheduled to complete fieldwork by May 2024. Themes from the national adult inpatient survey, the Friends and Family Test, complaints and concerns are identified by each ward and an improvement plan prepared.</p> <p>This year the Trust will be taking part in the additional following national surveys:</p> <ul style="list-style-type: none"> • The Urgent and Emergency Care Survey is scheduled to take place in February 2024, with the initial report anticipated in August 2024. • The Children and Young Persons survey is scheduled to take place between March and May 2024, with the initial report anticipated in March 2025. • The Maternity Survey is scheduled to take place in February 2024. 												

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

- **Discharge process and follow-up:**
 - ✓ E-white board upgrades to ensure timely daily updates.
 - ✓ Patient flow group commenced to focus on length of stay and bed occupancy.
- **Communication:**
 - ✓ Refocus on use of SBAR (Situation, Background, Assessment and Recommendation) handover process, including audit of handover documentation.
 - ✓ Commencement of EDOCU (an electronic documentation system) to aid information passage.
 - ✓ Feedback to individual doctors named in concerns and incidents. Discussions with education and clinical supervisors to ensure learning is shared. Communications training modules being developed for both senior and junior staff.
- **Staffing levels:**
 - ✓ Increase HCA recruitment, 100 HCAs recruited to date. Ongoing focus and regular open sessions to continue recruitment drives.
 - ✓ Recruitment of overseas Registered Nurses, 40 further Registered Nurses currently in progress.
 - ✓ Strategic review of the medical workforce to ensure adequate staffing levels with business case being developed to describe the investment required for medical and supporting professionals – linking this to the benefits to patient flow and care.
 - ✓ Retention focused activities related to the People Plan, including development of support networks for staff.
 - ✓ Up-banding of staff to make Trust more attractive to work for (Band 2 to 3 to be fully actioned).
- **Food and drink, noise and distribution, facilities:**
 - ✓ Band 2 ward assistance role developed to focus on nutritional and hydration needs – recruitment of which is actively in progress.
 - ✓ Utilising ward buddy schemes and hospital volunteers to support the wards where needed.
 - ✓ Business case approved to deliver phased compliance with new national cleaning standards.

In addition, the Trust has also relaunched its “real-time feedback” initiative. Real-Time Feedback is a face-to-face opportunistic survey undertaken by the patient’s bedside whilst they are in hospital. This can be undertaken by staff, volunteers, or governors.

The aim of the feedback to give a “real-time” view of a patient’s perspective of their care. The survey mirrors the focuses of the National Inpatient survey and includes questions to assess the following areas:

- Admission to hospital
- The ward environment
- Doctors & Nurses
- Care and treatment
- Operations and procedures
- Leaving hospital
- Respect and Dignity
- Overall experience

Friends and Family Test – Patient Feedback

National Quality Priorities						
	Apr 21 – Mar 22		Apr 22 – Mar 23		Apr 23 – Mar 24	
	SFT	England Average	SFT	England Average	SFT	England Average
Response rate of patients who completed the Friends and Family test for the ward or Emergency Department						
Emergency Department	0.2%	10.8%	0.7%	Not yet published	0.7%	Not yet published
Inpatients	9.1%	18.9%	11.7%	Not yet published	21.9%	Not yet published
Score of patients who rated the ward or Emergency Department as Good or Very Good						
Emergency Department	87.2%†	77.9%	79.5%	Not yet published	91.0%	Not yet published
Inpatients	98.4%	94.4%	96.5%	Not yet published	97.0%	Not yet published
† Data suppressed for some months due to the low number of responses.						
Trust statement						
<p>Salisbury NHS Foundation Trust (SFT) considers that this data is as described as it is taken from the national dataset using data provided by the Trust. The limited methods by which the Friends and Family Test feedback is collected continues to be a challenge. Responses are not received from every service. The result is not having a representative and diverse view of all patients' experiences.</p> <p>In the Autumn of 2022, the Trust was able to secure a provider through our ICS partnerships alongside Great Western Hospital that will aid us in increasing these response rate targets going forward. The rollout was initially delayed but is now on track for implementation in Spring 2024.</p>						
Salisbury NHS Foundation Trust intends to, or has taken the following actions to improve the Friends and Family Test – Patient Feedback, and so the quality of its services:						
<ul style="list-style-type: none"> ✓ Increase overall response rates to the Friends and Family Test (Improving Together Target of >15% of eligible patients in 2023-24) ✓ Diversify methods for access (including, online, SMS, over the phone to make this more accessible to difficult to reach areas of the Trust) ✓ Increased accessibility and options for inclusivity (easy read, languages, and additional demographic options) ✓ Robust analysis of data for insight and meaningful comparison and benchmarking through a real-time dashboard ✓ Opportunity to triangulate feedback themes with complaints, incidents, compliments, Real time feedback and national surveys. 						
<p>Despite the challenges with response rates the Trust is seeing an overall slight increase in response rates. Our target is to consistently achieve 95% and above of people who rate their experience as 'Very Good' or 'Good', Trust-wide, this has been achieved and exceeded so far through 2023/24.</p>						

Staff Who Would Recommend the Trust to their Friends or Family

National Quality Priorities											
National Staff Survey Results											
Apr 21 – Mar 22				Apr 22 – Mar 23				Apr 23 – Mar 24			
SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest
The percentage of staff employed by or under contract to the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends											
67.6%	67.0%	89.5%	43.5%	55.4%	61.9%	86.4%	39.2%	62.9%	63.3%	88.8%	44.3%
<p>Trust statement</p> <p>Salisbury NHS Foundation Trust (SFT) considers that this data is as described as it is taken from the national dataset using data provided by the Trust.</p> <p>The 2023 annual NHS Staff Survey showed positive progress towards the Trust vision metric to have levels of staff engagement in the top quartile. The 2023 engagement score is above the national average and significantly improved on 2022.</p> <p>The staff engagement score includes elements that measure the likelihood of staff recommending the hospital as both a place to work and a place to be treated. This year the number of staff that would advocate for SFT as a place to work increased by 9% and as a place to be treated increased by 7%. Recent feedback from Hearing <i>It</i> events with the CEO and Chief People Officer included “<i>I love my job, the team I work in, it’s the best job I’ve ever had</i>”. Another attendee described “<i>We have an employer who cares; free Christmas dinners, birthday leave, Tent Talks etc. We are part of the Trust not just part of a machine</i>”.</p> <p>Salisbury NHS Foundation Trust intends to, or has taken the following actions to improve the percentage of staff who would recommend the Trust to their family or friends, and so the quality of its services:</p> <ul style="list-style-type: none"> ✓ Introduction of “Hearing It” sessions. These sessions are held by the CEO and the Chief People Officer for staff to share what it is like to work here, understand why people stay, what we do well and should keep doing and, importantly, what could be done to make their experiences even better. ✓ Opening of the new 24-bed Imber ward and Elizabeth building in the summer 2024. The new state-of-the-art inpatient ward means elderly care patients will be cared for in a dedicated space, in turn this will allow our surgical beds to be better utilised to deliver much-needed elective care such as day surgery. 											

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

Patients Admitted to Hospital who were Risk Assessed for Venous Thromboembolism

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

National Quality Priorities												
Venous Thromboembolism Risk Assessment	Apr 21 – Mar 22				Apr 22 – Mar 23				Apr 23 – Mar 24			
	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest
Percentage of patients receiving a Venous Thromboembolism risk assessment	99.1% (internal audit)	Reporting suspended due to COVID-19			99.8% (internal audit)	Reporting suspended due to COVID-19			34% (internal audit)	Reporting continues to be suspended		
Trust statement												
<p>Salisbury NHS Foundation Trust (SFT) considers that this data is as described, the data is collected from the electronic system Lorenzo and presented in the Power-Bi Dashboard. The data is reviewed by a senior nurse before it is then overseen by the Trust’s Thrombosis Committee.</p> <p>Salisbury NHS Foundation Trust continues to hold exemplar status for the prevention and treatment of Venous Thromboembolism. The Venous Thromboembolism risk assessment were previously completed on the paper prescription charts and compliance was audited by a monthly data collection. However, in 2023 a digital process was introduced, and the Trust has experienced some issues with compliance since the changeover. The data is now more robust and reflective of actual practices and allows us to focus on improvements. We have since developed a comprehensive action plan to increase the number of Venous Thromboembolism risk assessments being completed within 24 hours of admission.</p> <p>We continue to monitor our progress and feedback the results to senior doctors and nurses. The Venous Thromboembolism service has seen a total of 704 blood clot events in 2023/24, of which 99 (14%) were attributed to hospital care. This compares to a national average of 25%. All blood clot events were reviewed, and 90.91% of patients sadly developed their blood clot despite being provided with appropriate treatment (known as thromboprophylaxis).</p> <p>Salisbury NHS Foundation Trust intends to, or has taken the following actions to improve the percentage of patients admitted to hospital who were risk assessed for Venous Thromboembolism, and so the quality of its services:</p> <ul style="list-style-type: none"> ✓ Conduct detailed enquiries of patients who developed blood clots in hospital to ensure we learn and improve. 												

- ✓ Maintain our Venous Thromboembolism prophylaxis protocols in line with the most recent National Institute for Health and Care Excellence guidance on Venous Thromboembolism prevention, prophylaxis, and treatment.
- ✓ Increase education on Venous Thromboembolism prevention across the Trust introducing Venous Thromboembolism champions on all in-patient wards to assist in the cascade of information. A case has been submitted for a staffing review with the aim to employ a nurse specifically to assist with Venous Thromboembolism prevention education.
- ✓ Venous Thromboembolism prevention written information is available on all wards and should be provided to all patients on discharge.
- ✓ A QR code has been added to the new electronic discharge summary to signpost patients to Thrombosis UK website to allow them to find further information.
- ✓ Patients receive a SMS message following discharge with a link to access directly to obtain further Venous Thromboembolism prevention information.
- ✓ Introduction of an electronic Venous Thromboembolism risk assessment providing a robust system for auditing. Introduction of EPMA and ability to review the provision of thromboprophylaxis. This information is now also available on the Power-Bi Dashboard.

Rate of Clostridium difficile (C.diff) infection

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

National Quality Priorities												
Rate per 100,000 bed days of C.diff infection	Apr 21 – Mar 22				Apr 22 – Mar 23				Apr 23 – Mar 24			
	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest
Rate per 100,000 bed days of C.diff infection amongst patients aged 2 or over	14	16.6	53.6	0	8.5	18.5	73.3	0	Not yet published.			

Trust statement

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

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

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

The number of C.diff cases has been increasing nationally during the last 12 – 24 months and this is also the experience at Salisbury NHS Foundation Trust. Although numbers have increased, we continue to perform well and rank 11 out of 137 Trusts reporting data nationally.

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

National Quality Priorities												
	Apr 21 – Mar 22				Apr 22 – Mar 23				Apr 23 – Mar 24			
	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest	SFT	National Average	Highest	Lowest
Number of patient safety incidents	7462	14368	49603	3441	9912	Not yet published.			9818	Not yet published		
Rate of patient safety incidents (per 1,000 bed days)	49.9	57.5	205.5	23.7	55.97	Not yet published.			58.03	Not yet published		
Number of patient safety incidents that resulted in severe harm or death	37	57.8	216	3	36	Not yet published.			39	Not yet published		
% of patient safety incidents that resulted in severe harm or death	0.5%	0.4%	1.7%	0%	0.36%	Not yet published.			0.4%	Not yet published		

Trust statement

In December 2023, the Trust went live with the Learning From Patient Safety Events (LFPSE) platform which has replaced the previous National Reporting Learning System (NRLS). NHS England has released the data to reflect the number of patient safety incidents uploaded per month in England for July 2022 to June 2023, however there is no benchmarking data available at this time to compare with. NHS England has issued a statement that states that the annual publishing of the data has been paused whilst consideration is given to the introduction of the LFPSE platform. (<https://www.england.nhs.uk/patient-safety/monthly-data-patient-safety-incident-reports/>).

Salisbury NHS Foundation Trust (SFT) has a good collaborative working across the organisation, which actively promotes an open and fair culture that encourages the honest and timely reporting of adverse events and near misses to ensure learning and improvement actions are taken.

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

- ✓ We continue to educate staff on the positive impact of reporting incidents and near misses.
- ✓ All moderate, major, & catastrophic harm incidents are quality checked by the Risk team.
- ✓ All moderate harm and above incidents are discussed at the Trust Patient Safety Summit weekly. This multidisciplinary and collaborative approach to patient safety incidents ensures that early actions can be taken to minimise further harm occurring, serious incidents are recognised promptly, and duty of candour is initiated with patient and families from the outset of the investigation to ensure inclusion with the process.
- ✓ There have been four reported Never Events during 2023/24

It is crucial that we learn from every incident and near miss that happens to address concerns and continually learn. The Trust reviews all incidents to take immediate actions and consider safeguards for patients. Alongside senior clinicians reviewing incidents on a weekly basis, on a quarterly basis we identify learning and more thematic areas for improvement. This learning is shared Trust wide and the implementation of Learning From Incident Forums will allow further development of multi-disciplinary discussions.

In line with national guidance, and the implementation of the Patient Safety Incident Response Framework, any Patient Safety Incident investigations will be undertaken using a system-based approach with the emphasis on improvement on patient safety through systems learning and safety improvement. To support this, the Trust is committed to creating foundations that foster a just culture that is supportive and compassionate.

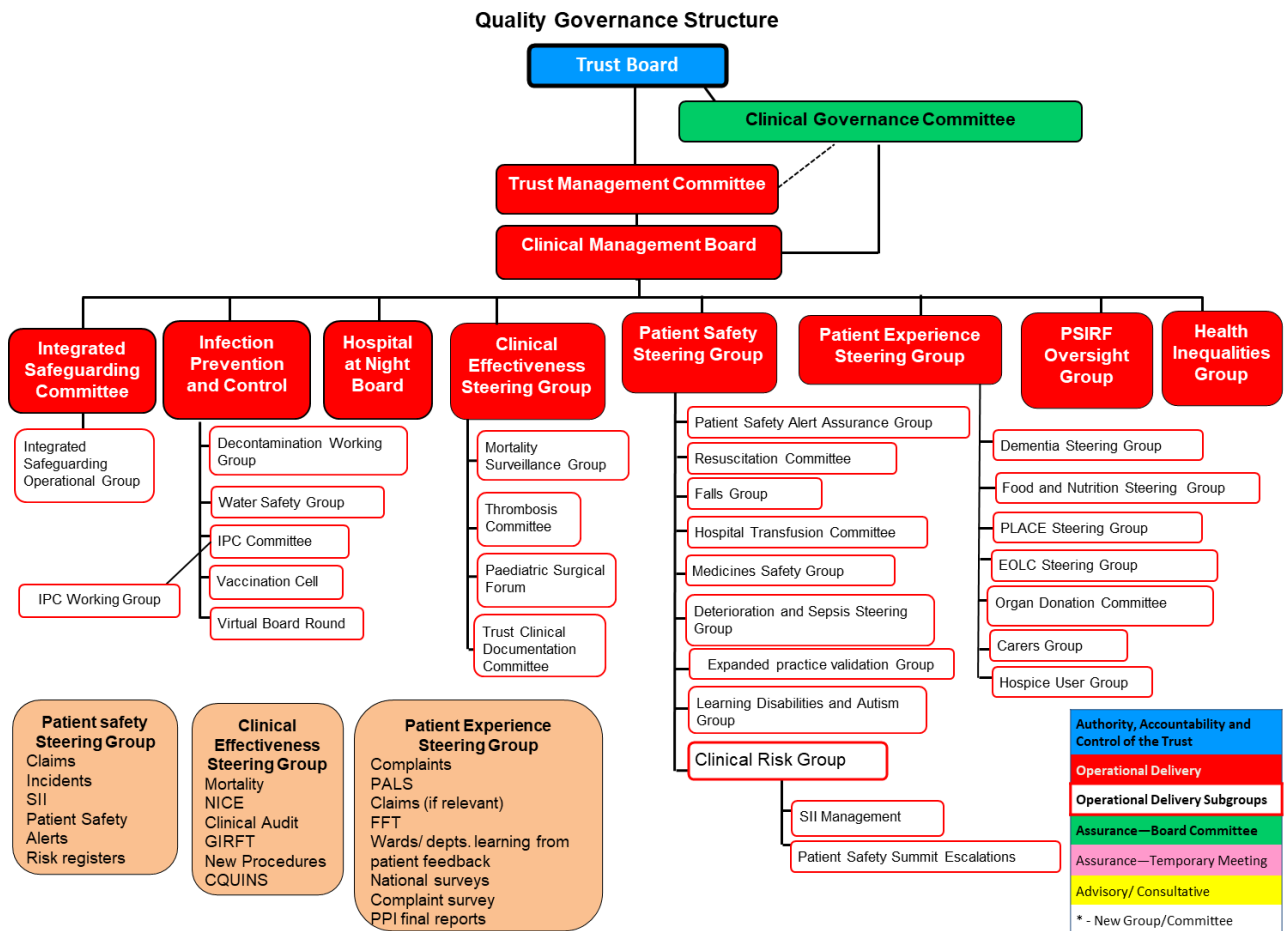
Part 3 - Other/Provider Content

Salisbury NHS Foundation Trust

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

Quality Overview

Quality is commonly recognised as having three dimensions: patient safety, clinical effectiveness, and patient experience. At Salisbury NHS Foundation Trust we have three steering groups which each meet monthly, represent each of these arms of quality, and each report upwards to our Quality Board (CMB). It is here that all aspects of quality are scrutinised and discussed. The latest quality governance structure is shown in the diagram below. In this section of the report, we present some highlights of activity across each of these areas of quality, and improvements which have taken place across our four clinical Divisions within 2023/24.



Patient Experience

Overview of Key Priorities 23 /24 (as outlined in part 2A)

Patient Stories

Patient Stories continue to be a highly valued part of our commitment to ensuring the voices of our services users are heard. So far this year, we have filmed three stories with the following themes:

Elle's Story – Supporting Birth Choices. This has been used as a staff educational video to raise awareness of the importance of informed decision making and supporting the choices of expectant mothers.

Poppy's Story – My Organ Transplant Journey. This was used to promote the importance of the organ donation conversation and showcasing the impact this has on the lives of recipients. This was used in various campaigns during Organ Donation Week.

Helen's Story – An Inpatient Experience as a British Sign Language (BSL) user. This is our most recent production aimed to educate staff about BSL as a requirement under the Equality Act. This story will be used in staff training and used to bolster other initiatives such as the Trust's Hard of Hearing Project and promote national campaigns such as BSL week and Deaf Awareness Week.

In addition, we have also heard several in-person stories at both our Patient Experience Steering Group and Trust Board meetings. These have been poignant and powerful, covering a range of experiences from prostate cancer journeys, carers experiences and reflections on our evolving patient-led panels from both their chairs and members. These are now beginning to embed into our departmental and divisional governance groups as we continue to explore different methods and approaches to presenting these stories in order to ensure their maximum impact and reflection.

Patient led service improvement panels

In April 2023 we launched our first fully patient-led service improvement panel for Spinal Services. This group have held seven meetings to date and have six regular attendees. They have three active projects, all selected based on the common experience of the group (improving patient

information, maximising opportunities for self-rehabilitation and experience of facilities (i.e. noise, toilets). The group now also provides patient representation for the regional oversight group for Spinal Services.

In August 2023 the Trust launched its second patient panel, this time, for Cancer Services. To date the group has held five meetings, developed an action plan and terms of reference. Workstreams were selected again based on common experiences and include: communication and information, facilities and environment and contacting the hospital. The effectiveness of these collaborations are actively being showcased across the Trust and this is driving appetites amongst specialities to replicate similar engagement opportunities locally. This continues to be an area of focus and development for the Trust.

Patient engagement

This year we continued to develop a pool of service user engagement volunteers. This database was an initial point of reference for recruitment of the Trust's new Patient Safety Partner roles and continues to be a resource for any new engagement activities that emerge. We have a highly active readership group, reviewing patient facing material on a weekly basis. This triggered a need to indicate reviewed material through a "patient reviewed" stamp.

There continue to be various opportunities for patients to engage with the Trust and commitment levels vary from one-off projects such as our Stoma, Colosomy and Breast Care focus groups to high-level commitments such as our Inpatient Spinal Group and Patient Safety Partners.



Complaints Process Review Project – Healthwatch Wiltshire (HWW)

In the Autumn of 2022 the Trust embarked on a co-produced complaints process review project in partnership with [Healthwatch Wiltshire](#) (full report accessible [here](#)). The learnings taken from this project have been implemented over the last year, resulting in an updated complaints policy and new Patient Advice and Liaison Service information leaflet. The complaints process continues to be monitored through our quality and governance processes, with focus on quality of response and response within timescale being priorities going into 2024/25.



Friends and Family Test

Implementation of a new digital solution was delayed this year due to resourcing challenges. Implementation recommenced in December 2023 and is set for Go Live in Spring 2024. Benefits of this solution are:

- ✓ Increase overall response rates to the Friends and Family Test.
- ✓ Diversify methods for access (including, online, SMS and over the phone).
- ✓ Increased accessibility and options for inclusivity (sight impairments, languages and additional demographic options).
- ✓ Robust analysis of data for insight and meaningful comparison and benchmarking through a real-time dashboard.

- ✓ Opportunity to triangulate feedback themes with complaints, incidents, compliments, real-time feedback and national surveys.

Real-time feedback

Real-time feedback was re-launched in February 2023 and continues to go from strength to strength. To date 239 surveys have been conducted by the patient's bedside. The aim of the feedback is to give a "real-time" view of a patient's perspective of their care.

The survey mirrors the focuses of the National Inpatient survey and includes questions to assess the following areas; admission to hospital, ward environment, doctors and nurses, care, treatment, operations and procedures, leaving hospital, respect and dignity. This is summarised with an overall experience rating.

This feedback continues to develop and is being used to triangulate themes being seen though complaints and the Friends and Family Test.

Working with our communities

The Trust is proud to have achieved its Gold accreditation for veteran awareness from the Armed Forces Covenant and now has over 230 registered Armed Forces Champions, and this continues to grow.

We continue to develop our Learning Disability and Autism strategy under the leadership of our Learning Disabilities Lead Nurse. The Trust now has an established Learning Disability and Autism operational group and has made close local links with supported living services and local Mencap representatives. The Trust has purchased Widgit Software licences and patient experience teams have undertaken easy-read training in a bid to produce more easy-read patient information.

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

Listening to our patients in partnership with our Hospital Charity

Stars Appeal funded – Recliner chairs

High-end recliner/sleeper chairs were identified as a patient and visitor need, these were to provide more comfort for a patient's family/carer during an inpatient stay and would enhance not only their experience but that of the patient by having this support by their bedside, especially for those with cognitive impairments or those at end of life.

The hospital charity has supported the bid for two recliner/sleeper chairs in each inpatient ward, there will be a phased rollout during the Spring of 2024, beginning with our elderly care and frailty units (Amesbury, Durrington, Laverstock and Pitton).

Stars Appeal funded - Aromatherapist

In November 2022 the Trust appointed an International Federation of Professional Aromatherapists accredited Aromatherapist, funded by our hospital charity. This service is a branch of herbalism aimed to provide alternative therapies to those undergoing treatment. This continues to be highly valued service amongst our patients and is currently offered to parents of babies on our Neonatal Intensive Care Unit, and patients undergoing burns and cancer treatments. To date the service has seen over 630 patients across these three areas of the hospital.

Clinical Effectiveness

Overview

Several significant development changes took place during 2023/24 across the clinical effectiveness portfolio, and this has included a review of current policy and processes, as well as the introduction of a new electronic system to support with the day-to-day management of these processes.

As IT systems have become more advanced, the Trust had looked to procure a system that would improve access to clinical audit data whilst ensuring that there is an even greater emphasis on actions, learning and improvements. As such, a system called AMaT (Audit Management and Tracking) was procured and launched during 2023/24. Training of clinical audit staff around the use of this system began in May 2023, with migration of current audits commencing in August 2023.



System benefits:

1. To enable an outcome-based approach to clinical audit and mortality reviews, with greater focus on actions, learning and improvements rather than the input and storage of data.
2. To provide a system which allows audit leads/divisional staff/managers the ability to own, update and interrogate their own audit and mortality data, a key enabler for continuous improvement.
3. To replace four standalone systems with one integrated governance solution.
4. To release internal IT resource required to maintain and develop the current in-house designed systems, and the management of their associated hardware.
5. To streamline the day-to-day administrative processes of the clinical audit team, with efficiencies meaning that more time can be invested in facilitating audit activity across the Trust.
6. To improve cyber security

Clinical audit staff continue to promote the use of AMaT, ensuring that staff are aware of the process changes.

Other areas of improvement:

- The Clinical Audit team has been providing support to clinical specialities this year through **attendance at department/ divisional governance meetings** and has been identifying new forums and opportunities for engagement with our staff.
- A revised clinical audit / National Institute for Health and Care Excellence **training package has been developed**. By early January 2024 79 staff had completed the online learning (with another 29 in progress). In addition, 49 people had signed up to attend an externally credited clinical audit training programme which is due to take place early in the next financial year.
- As part of changes to current processes a **new risk assessment tool** was developed. This is helping to ensure that actions and audit outcomes are linked to patient safety concerns, and that these risks are prioritised for discussion at Trust governance meetings. This supports our drive to have more focused discussions centred around making improvements for the delivery of patient care

and clinical pathways, rather than discussing numbers.

- We have made some improvements to our processes for undertaking compliance assessments against the latest national Institute for Health and Care Excellence guidance ([NICE](#)). These provide us with evidence-based recommendations, developed by independent committees, including professionals and lay members, and consulted on by stakeholders.
- Work was undertaken to ensure that our clinical effectiveness processes are more closely **aligned to our Trust strategic priorities** (for instance being able to record clinical audit activity against each of our Trust 'breakthrough objectives' ([see introduction, p.X](#)) and to ensure that our learning themes are linked more closely to those being

reviewed by the risk team using the new Patient Safety Incident Response Framework [ref **2A**]. There has been a focus on increasing accessibility to data and improving our integration with other departments so that data can be shared to improve patient outcomes.

- The Clinical Audit and Effectiveness team attended **Improving Together** training this year and the department's understanding and use of this approach for driving continuous improvement has been developing in its maturity. This development has been selected as one of our key quality priorities for 2024/25. Further information about these priorities can be found in **section 2A** of this report.
- The recommendations from an internal audit (that was conducted last year by PwC) were fully implemented during 2023/24.

Please refer to **sections 2B** and **Appendix B** of this report to see an overview of the audit activity which has taken place across the Trust during the last financial year.

Learning from Deaths

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

The total number of deaths and the total number of Structured Judgement Reviews completed during each quarter of 2023/24 are shown in the table below.

The number of Structured Judgement Reviews undertaken related to deaths during 2022/23 was 185, and this represents approximately 20% of all deaths. This is in addition to almost 100% of inpatient deaths being scrutinised by the Medical Examiner prior to a Structured Judgement Review being requested.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Inpatient Deaths (inclusive of Emergency Department and Hospice)	221	193	254	242	910
1 st Scrutinised by the Medical Examiner	203	187	248	241	879
Additional reviews (Structured Judgement Reviews) completed	0	0	2	1	3
Structured Judgement Reviews undertaken related to deaths during 2023/24	59	37	36	51	183
Structured Judgement Reviews undertaken related to deaths during 2022/23	35	16	90	44	185
Patient deaths judged more likely than not to have been due to problems in the care provided to the patient (Hogan Score)	<5	<5	<5	<5	<5

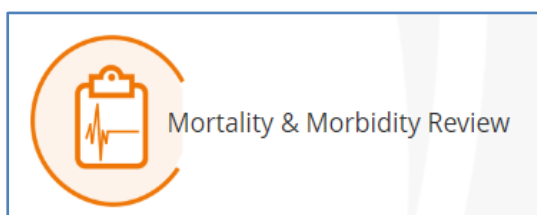
The Trust's Mortality Surveillance Group continues to meet every two months and our mortality data is reviewed at this meeting. A representative from our Partner organisation, Telstra Health U.K. (Dr Foster) is invited to attend to help us interpret and analyse our mortality data and identify any variations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

During 2023/24, a Board requested mortality insight visit took place due to concerns about Salisbury NHS Foundation Trust being a statistical outlier for their reported mortality statistics. Formal feedback from this visit was received in February 2024, and this included some positive feedback and some areas for development and improvement. An action plan has been developed and delivery of these actions are being overseen by the Trust's mortality group. Early signs suggest that our mortality statistics (SHMI and Hospital Standardised Mortality Ratios (HSMR)) are improving.

Other Learning from Deaths Developments

A new electronic system to manage mortality reviews and learning from deaths was launched in March 2024. The procurement of this closely mirrored that of clinical audit, as the same system is being used to manage both processes using two separate modules. One of the key benefits of the system is to enable real-time reporting and sharing of learning, and to increase visibility of this data. Reducing the administrative burden will also ensure that more resources are channelled into learning and the delivery of actions. Our policy and processes have been revised to reflect the improvements being made.

In 2023/24 we completed the development of our in-house mortality dashboard (using the Power-Bi platform). This is now providing the Trust with new data intelligence, and this data is being routinely reviewed at mortality meetings. This data has also been made accessible to all our staff.



Medical Examiner Update

Preparations for the community ME roll-out remain ongoing and we have continued to make progress in this area. Our medical examiners are now operating within most of our local GP surgeries. The community medical examiner roll-out is expected to become statutory by September 2024, and the date for this was recently revised by NHSE (previously April 2024).

Summary:

- ✓ The Trust's Mortality Surveillance Group continues to meet every two months for assurance purposes.
- ✓ A Board requested mortality insight visit took place during 2023/24 which provided positive feedback and some suggested areas for improvement. Actions related to this remain ongoing.
- ✓ A new electronic system for managing mortality reviews and learning from deaths was launched during 2023/24.
- ✓ A BSW Integrated Care Board-wide mortality group was established to help consider shared opportunities for improvement across our wider population.
- ✓ A mortality dashboard was launched (using the latest Power-Bi software) to provide new and improved data insights. The data is now regularly being reviewed at mortality meetings.
- ✓ A new Trust mortality lead was appointed during 2023/24 to help support the Trust with its learning from deaths.

Health Inequalities

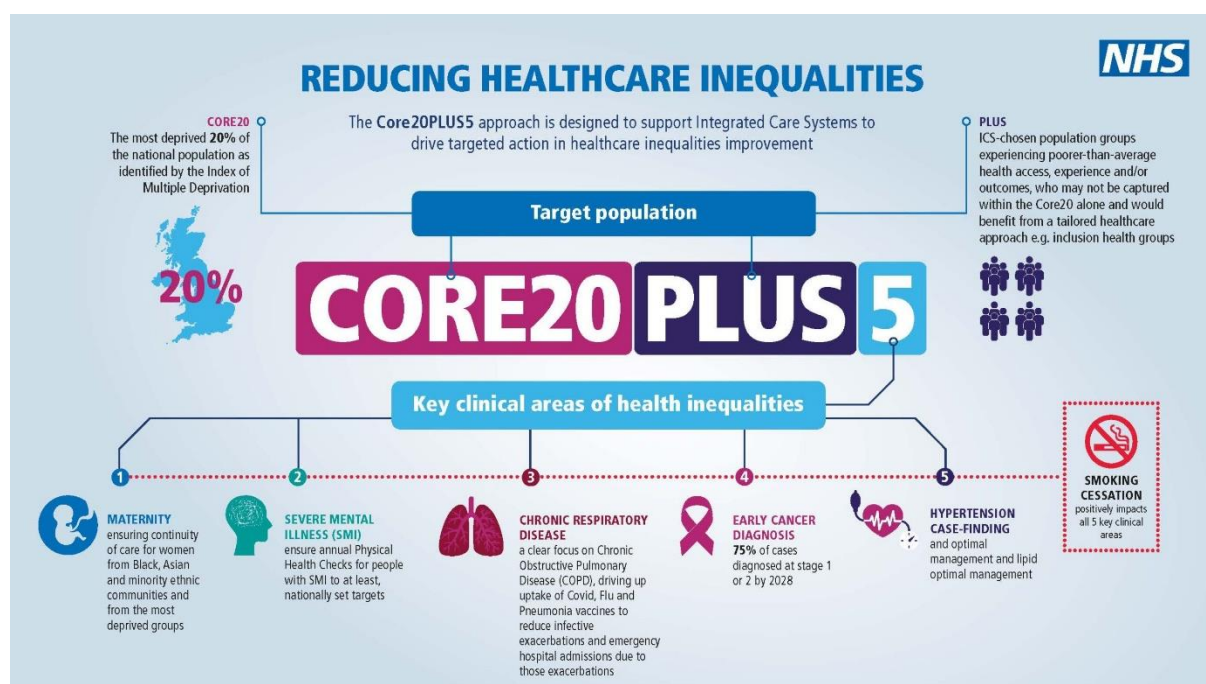
Health inequalities are unfair, avoidable, and systemic differences in health outcomes from different groups of people.

The **CORE20PLUS5** approach guides our work on health inequalities. The 'Core' references the 20% most deprived communities in England. In Wiltshire we have eight geographical areas in the poorest 20% nationally, and three of these are in Salisbury.

The '**PLUS**' represents defined groups that experience disparities in health outcomes within our local geography. In the case of BSW this is Gypsy, Roma, Traveller, and Boater communities, as well as routine and manual workers. Military populations are considered here too. For children there is a focus on mental health, and the children of Gypsy, Roma, Traveller, and Boater families.

The '**5**' represents the key clinical areas of focus – maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, and hypertension. Smoking cessation is a theme through all five.

Core20PLUS5 (adults)



The Joint Strategic Needs Assessment (JSNA) is a document produced by all English local authorities; Wiltshire's can be found here: [JSNA Wiltshire Intelligence](#). It provides high-level data on our population and helps us take a data driven approach to defining our interventions for tackling health inequity.

To support our work at Salisbury NHS Foundation Trust, the Wiltshire Health Inequalities Group continues to meet monthly and there is an acute hospital focus at this meeting on a bi-monthly basis.

This year, approximately £860,000 was allocated to Wiltshire to help fund projects that will reduce health inequalities. This funding call opened in August 2023 and 14 projects were successful in their bids. These projects are aligned with the CORE20PLUS5 priorities and range from supporting under-five health clubs to providing crisis support, with each helping to improve people's health where it is needed most. Working with our partners across Wiltshire on practical projects like this helps us to deliver on our vision to see people living longer, healthier lives.

In addition to the above, there is a range of projects being supported by our staff across the organisation. A sample of a few of these projects are highlighted below.

- The number of inpatients identified as current smokers and referred to our tobacco dependency service each month has almost doubled over the past year. We have also been using Making Every Contact Count as a communication tool in clinics for parents/carers who smoke or vape.
- We have recently developed an 'Asthma Friendly Schools' package, which will enable wider recognition and signposting of children and young people with poorly controlled asthma.
- We have been rolling out an education programme across our wards to help optimise oral healthcare for our inpatients (which can be both a source and cause worsening of disease)
- We established a Learning Disability and Autism operations group, which will support us to make reasonable adjustments for these patients and ensure that accessible information is being reviewed and produced with the support of the local learning disability advocacy group.
- Our cancer specialists have been helping to increase awareness of the early signs of cancer, particularly targeting vulnerable patient groups where access to healthcare may be more challenging.
- The Trust continues to offer comprehensive staff health and wellbeing activities to support with both mental and physical health needs, offering counselling and wellbeing conversations for staff, access to financial support, improvement coaches, a health and fitness centre and pain management programme.
- Sustainability initiatives, such as promoting clean air and water, ensuring access to healthy food and green spaces, can contribute to reducing health inequalities by creating healthier environments for all individuals. These have therefore all been areas of specific focus over the past year.
- Plans are in place to host a partnership workshop in the Summer of 2024 with specific focus on cardiovascular disease and health inequalities.

Getting It Right First Time

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

Getting It Right First Time has expanded over the last year and launched the further faster

forward programme in November 2023 to look at outpatient transformation to reduce variation between hospitals. There are seventeen areas which are relevant within this hospital with departments analysing how improvement can be made.

In the year 2023/24, Getting It Right First Time visits occurred in urology, respiratory, ophthalmology and head and neck.

Summary of Getting It Right First Time Activity:

Ophthalmology	<ul style="list-style-type: none"> • Good practice included 70% of patients were followed up via virtual pathways. • Ability to run HVLC lists with eight patients per four-hour slot (with trainee). • Areas to work on included ability to see and treat patients with active R3a proliferative diabetic retinopathy. • To ensure failsafe officer to ensure processes for each subspeciality.
Head and Neck	<ul style="list-style-type: none"> • Excellent service with restorative dentistry and Max Fax labs. • Patients can be seen same day and lumps scanned with MDT and visiting consultant from Southampton beds. • It was highlighted the poor local access to primary dentistry and the fact we did not have a dental hygienist.
Respiratory	<p>This visit highlighted several areas of potential improvement:</p> <ul style="list-style-type: none"> • Positives included significant work on bringing down DNA rates • Excellent participation in national audits • Very high flu vaccine uptake • Excellent smoking cessation service • Areas for improvement to maximise clinical coding to understand service particularly around sleep activity and appropriate remuneration . • Improved flow to make sure higher numbers of respiratory patients have access to respiratory beds • To support NIV patients with better access and training of these patients with better access to ITU beds where appropriate • Increase nursing clinics to increase capacity
Urology	<ul style="list-style-type: none"> • Actively engaging with previous Getting It Right First Time recommendations with good progress. • Significant success in rapid prostate pathway and increased day case surgery as default option. • Achievement of 62 day target. • Excellent collegiate working with Southampton with recommendation to explore further surgical work from Southampton to support provision of Uro-oncology.

High Volume Low Complexity (HVLC) Programme

Getting It Right First Time launched this programme to support elective recovery from COVID-19, with the aim to reduce the backlog of patients waiting for planned operations, improve clinical outcomes and access to services through standardised clinical pathways. The programme engages Integrated Care Systems and regions to work at pace to agree standardised pathways and adopt best practice.

Focus themes such as Day Case activity rates have improved across the system to average 75% (from 73%), with Salisbury NHS Foundation Trust best performing at 80% against a benchmark 82%. Theatre utilisation in terms of inter-case downtime has also improved to 16 minutes average (from 20 minutes) to support maximised utilisation of operating sessions.

Focus areas of improvement for Salisbury NHS Foundation Trust aligned to elective recovery are Length of Stay for Orthopaedics (Primary Hip/Knee and Neck of Femur Fractures), ENT emergency admissions without procedure and Day Case Tonsillectomy rates. A Salisbury NHS Foundation Trust Gap Analysis pack of HVLC operating performance against benchmarks

has been finalised to inform potential of dedicated operating lists considering consultant, location and constraints. This has been shared with specialties to drive best practice and improve overall performance aligned with national targets.

Key improvements in the last year include reducing Length of Stay for General Surgery Cholecystitis (2nd in country), Appendicectomy Length of Stay (6th in country) and Urology achieving Trans Urethral Resection of Bladder Tumour day case benchmark for the first time. Gynaecology also achieved the benchmark for minimal access Hysterectomy procedures. There is continued reduction in Length of Stay for Orthopaedic Hip and Knee replacements, with the latter only fractionally above the benchmark. Orthopaedic cancellations are at their lowest since tracking and Theatre Downtime has improved from 19 to 17 minutes. ENT adult Tonsillectomy day case rate is the highest since tracking. Areas of improvement include Orthopaedic fractured neck of femur Length of Stay as highest since tracking, ENT non-elective admission without procedure the highest since tracking and an overall reduction of Theatre Utilisation from 77.3 to 73.8%.

Patient Safety

Shared Electronic Patient Record

The Trust is taking big steps to expand its use of digital technology. Plans to implement a high functioning, fully integrated Shared Electronic Patient Record (EPR) have been approved by NHS England. This will transform the way in which the Trust shares and obtains information about its patients, and their needs.

As part of the Acute Hospital Alliance partnership with GWH and RUH, we're going to work together and share one single digital solution.

There will be many benefits to a new shared EPR that can:

- ✓ **Help our clinicians work more efficiently with an instant and secure access to a complete record of patient data.**
- ✓ **Reduce variations in clinical pathways and standardise care processes.**
- ✓ **Enable more time spent on improving patient outcomes within a single information space.**

Lisa Thomas, Interim CEO for Salisbury NHS Foundation Trust, said:

"We are delighted that the shared Electronic Patient Record across the three acute trusts of the BSW system has been approved by NHS England, recognising the importance of the benefits an integrated EPR for our system and our continued efforts to improve experiences for patients and staff.

"This marks a milestone in our ongoing digital transformation across the Trust and is part of our recognition that by working together with partners we can use our collective resources to give patients the best outcomes possible whilst improving the working lives of our staff.

"This exciting programme of work will see us engage with staff, patients, and stakeholders across the organisation as part of our continued commitment to avoiding the duplication of patient records and improving our understanding of the lives and health of the populations we serve."

This is a complex piece of work and will be a priority for all three Trusts over the next couple of years.

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

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

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives "Making Safeguarding Personal";
- promote an outcomes approach to safeguarding that works for people resulting in the best experience possible;

- raise public awareness so that professionals, other staff, and communities as a whole play their part in preventing, identifying, and responding to abuse and neglect.

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

The Mental Capacity Act, and Deprivation of Liberty Safeguards & Liberty Protection Safeguards (LPS) lead post was withdrawn by the Trust following the Governments withdrawal of the LP Safeguards in April 2023

What have we done to improve adult safeguarding in 2023/24?

- ✓ We have continued to provide Adult Safeguarding, Mental Capacity Act & Deprivation of Liberty Safeguards and Domestic Abuse training, advice, and support across the Trust.
- ✓ Continued developing the Ward and Department Safeguarding and Learning Disability Champions, providing bi-monthly workshops.
- ✓ We continue to provide bespoke training to individual wards, departments, and teams.
- ✓ Following the retirement and return to part time of the Lead Nurse, we have successfully recruited into 15 hours of Band 7 Adult Specialist Safeguarding Professional. They joined the Team in January 2024.
- ✓ We continue to attend the Wiltshire Multi-Agency Risk Assessment Case Conference weekly.
- ✓ We have successfully launched the Oliver McGowan Mandatory Training programme and are committed to further training in 2024/5.
- ✓ We submitted the 2022/23 NHSE Learning Disability Standards for Acute Trusts in December 2023.
- ✓ We continue to introduce Adult Safeguarding Supervision across the Trust and provide monthly group Adult Supervision sessions.
- ✓ We have introduced a regular Safeguarding Newsletter.
- ✓ We have reviewed our Operational Groups and separated Learning Disability and Autism from the Integrated Safeguarding Operational Group. They both meet every eight weeks.
- ✓ We continue to support the Divisions in investigating and learning from any Safeguarding concerns within the Trust.
- ✓ We have undertaken a Safeguarding Trolley dash to raise awareness across the clinical areas.
- ✓ Safeguarding has been re-instated in the Trust's Induction programme.

Safeguarding Children

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

Safeguarding children and promoting welfare of children is defined in 'Working Together to

Safeguard Children and Young People' (HM Government 2023) as:

- Children's Welfare is paramount.
- Providing help and support to meet the needs of children as soon as problems emerge.
- Protecting children from maltreatment, whether that is within or outside of the home, including online.
- Preventing impairment of children's mental and physical health or development
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care.

What have we done to improve safeguarding children in 2023/24?

- ✓ Two Safeguarding Children's Audits were completed in 2023/24: A Multi-Agency Safeguarding Hub Referral audit and a Was Not Brought Audit. All audits were disseminated, and action plans were implemented where improvements were identified.
- ✓ Level 3 Safeguarding Children's training has continued to be face-to-face and there were 11 sessions facilitated in 2023/24.
- ✓ A Safeguarding Learning Event was facilitated for staff at the Trust around the theme of neglect. There were guest speakers from the Police, BSW Children's Looked After team, Rise 61 and more. There were over 60 attendees on the day.
- ✓ The Trust's Safeguarding Children's Policy was updated in 2023/24. Salisbury NHS Foundation Trust works in partnership with Wiltshire Local Authority and the Wiltshire Safeguarding Vulnerable Peoples partnership to set and establish a range of Policies and Guidance to achieve these commitments. Therefore, it is important to ensure policies are regularly updated.
- ✓ Three registered Practitioners successfully completed the Safeguarding Supervision Training which will have an impact on the supervision figures. It is important there are Safeguarding Supervisors to facilitate Safeguarding supervision as it is important for staff working with children to remain child-focused to improve the outcomes for children.

Our Workforce

People Promise

Salisbury NHS Foundation Trust is a People Promise Exemplar site, sponsored by NHSE 2022-2024. The NHS People Promise is our promise to each other to work together to improve the experience of working in the NHS for everyone ([NHS England » Our People Promise](#)). In 2022 we incorporated the seven elements of the People Promise into our Salisbury NHS Foundation Trust Long Term People Plan and have been implementing that plan over the following two years. We implemented a range of interventions that support the wellbeing and positive experiences of our staff. Moving into 2024/2025 we will continue to progress against all seven elements.

Staff Availability

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

- ✓ **We are compassionate and inclusive:** We will continue to implement an improved set of recruitment practices to fill our vacancies appropriately and efficiently.
- ✓ **We each have a voice that counts:** Civility saves lives. We will launch a civility and respect compact as it will help to improve our everyday interactions and the care delivered to our patients.
- ✓ **We are safe and healthy:** We will continue to actively manage absences, paying positive, proactive attention to our

staff wellbeing. We will aim to maintain the reduced vacancy rates. We will work towards achieving accreditation for our Occupational Health Service.

- ✓ **We are always learning:** We will increase our apprenticeship offer and trial new roles to encourage staff to grow their careers at the Trust.
- ✓ **We work flexibly:** We will support departments to use team-based rostering to give individuals greater control over when they work. We will encourage the uptake of the homeworking support fund.
- ✓ **We are a team:** We will provide people management skills training for ward leaders to give them the skills and information they need to deal with absence, sickness, and other issues appropriately and in a timely way.

Staff Engagement

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

✓ **We are compassionate and inclusive:** We will continue to roll out our Leadership Behaviours Framework and to expand our leadership and coaching training offers. We will continue to develop policies and practices to support the implementation of a Restorative Just and Learning Culture.

✓ **We are recognised and rewarded:** We will develop a recognition framework that celebrates the successes of our people through the staff awards, Sharing Outstanding Excellence Awards and recognition events. We will further develop all areas of our Employee Value Proposition to continually improve the offer.

We each have a voice that counts: We will introduce a Staff Council, explore promotion of professional networks, and continue our feedback and listening events. We will continue to improve our processes and practices that foster speaking up and enabling psychological safety for our people.

✓ **We are safe and healthy:** We will continue to offer tailored wellbeing interventions. We will continue to improve our health and wellbeing data collection to ensure our offer meets our people's needs. By more effective triangulation of our data, we will be able to ensure support is being directed effectively to those that need it.

✓ **We are always learning:** We will continue to improve our appraisal compliance and the quality of the appraisals completed. We will signpost people better to resources, information, and training to support them at all stages of their careers.

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

✓ **We are a team:** We will review our induction processes including for international medical graduates. We will run our new My first 90 days programme and evaluate the effectiveness of it so that we can continue to improve the first 90-day experience of staff joining the Trust.

Staff Turnover

Our vision metric in our long-term plan related to increasing retention and reducing turnover is designed to encourage people to stay within our workforce. By April 2027 we aspire to regularly maintain turnover in line with the Trust target of 10% and an increasing stability index. To support this the following People Promise interventions are planned.

- ✓ **We are compassionate and inclusive:** We aim to improve the feeling of belonging for our people, including offering cultural awareness workshops and by creating an advocates programme and other programmes that support people to thrive at work.
- ✓ **We are recognised and rewarded:** We will continue to deliver our retire and return offer, keeping our people in the Trust for longer. We will engage with the BSW legacy mentor offer to ensure that expertise is not lost and that our new people benefit from the experience of others.
- ✓ **We each have a voice that counts:** We will continue to further develop our Freedom to Speak Up offer to continually improve experiences and outcomes for our people. We will work together to ensure that those who have spoken up do not suffer detriment.
- ✓ **We are safe and healthy:** We will improve our exit interview and data collection on leavers so that we can begin to address any common themes. We will continue to revamp our staff rooms so that our people have improved environments in which to rest and relax. We will continue so support the psychological wellbeing of our people.
- ✓ **We are always learning:** We will develop a talent management approach that enables a more proactive approach to developing people's careers at the Trust.
- ✓ **We work flexibly:** We will continue to train managers to embrace and fully understand flexible working. We will support teams to develop positive approaches to flexible working that supports all members.
- ✓ **We are a team:** We will collaborate with our teams to develop conflict resolution skills and to access manager training that gives them the skills to better manage their teams so that people are more likely to stay.

An inclusive employer

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

- ✓ **We are compassionate and inclusive:** As well as improving our own in-house Equality, Diversity and Inclusion offers we will be working towards the six high-impact actions related to recruitment and promotion. This will help us to recruit a range of different people to join the Trust and to ensure there are equitable career opportunities for all. We have adopted the SW leading for inclusion strategy which includes a commitment for all leaders to demonstrate a personal objective in support of equality.
- ✓ **We each have a voice that counts:** We will continue to expand our networks and

to encourage a range of meetings and events to support our people.

- ✓ **We are safe and healthy:** We will continue to develop our wellbeing offer for Black, Asian and Minority Ethnic colleagues, to ensure that we are more closely meeting the wellbeing needs of that group.
- ✓ **We are always learning:** We will continue to roll out our Equality, Diversity and Inclusion training across the Trust, making cultural awareness training available to all new starters.
- ✓ **We are a team:** We will deliver cascade briefings that help all of our people to feel informed. We will continue our listening events to ensure our people continue to feel listened to and see the actions taken.

Highlights from our Clinical Divisions

Medicine Division

Key achievements for 2023/24

- **Improving Together** - the Divisional Management team used Improving Together methodology to develop a Divisional Purpose, agree a Behaviour Charter and Catalysis leadership training is underway.
- **Divisional structure investment** supporting operational functions and performance across the Division.
- **Established Governance Structure** with regular well represented forums.
- **Overachievement of Cost Improvement Programme** against 4% target with firm control on governance and overspend.
- **Non-elective recovery** - improvements in 65 & 52-week waiting lists.
- **Flexible Working** - best performing Trust for flexible working for Emergency Department (ED) Registrars.

Improvements made in 2023/24

- **Same Day Emergency Care** – was implemented to help with bed capacity and patient flow.
- **Cardiology Consultant Expansion** – supporting reductions in time to first outpatient appointment.
- **Opening of Acute Frailty Unit** – improving the care of frail patients and reducing the length of stay for these patients.
- **Introduction of RAMBO** – helping us to be the best performing Trust for ambulance handovers in the South West.
- **Junior Doctor Review Times** – one of the top 10 performing Trusts in the Society for Acute Medicine Benchmarking Audit.
- **Operational Service Managers** - introduced across the Division to support successful planning and delivery of services and resources.
- **Administration Review** to standardise secretarial support.
- **Significant reduction in Registered Nurse agency use** across the Division, giving improved continuity of care for the patient and reducing cost involved with using agency staff.
- **The Trust's SNAPP score (a measure of stroke care) improved from a grade C to A** during the year. Grade A represents the hospital meeting the highest standards for almost all stroke patients and therefore represents a significant achievement

Objectives and plans for 2024/25

- **Management of deteriorating patients** – to improve the treatment and escalation of deteriorating patients.
- **Time to first outpatient appointment** -to reduce the time that a patient waits for their first outpatient appointment.
- **4 hour waiting times in ED** – to improve the Trust's performance on waiting times.
- **Retention of our Healthcare Assistant colleagues.**
- **Reduce reliance on temporary staffing** to support Divisional financial recovery.

Surgery Division

Key achievements for 2023/24

- **Significant reduction in long-wait patient cohort in surgery**, despite sustained periods of industrial action. The Division is projecting a year end position of 23 patients waiting longer than 65 weeks from around 2,000 patients.
- **Sustained reduction in patient falls**, allowing this metric to be moved from a divisional metric to watch metric.
- **Day case orthopaedic arthroplasty programme** commenced, allowing the patient to go home on the day of surgery if deemed medically fit to discharge.
- **NHFD (National Hip Fracture Database) BPT (Best Practice Tariff) performance**
In 2023, we met the 80% target (80.23) for the first time since 2020.
- **Awarded Gold Level National Joint Registry Quality Data Provider Award.**

Improvements made in 2023/24

- **NHSE monitoring associated with backlogged delayed breast reconstruction waiting list stepped down**, there is a plan in place to meet 65ww target by end of 23/24.
- **First robotic surgery** cases took place in Main Theatres.
- **Diagnostic Eyecare Hub** welcomed its first patients.
- **Day Surgery Unit refurbishment**, improving patient experience and the environment.
- **Repose equipment for the prevention of pressure ulcers**, the Stars Appeal provided funding for this equipment.
- **Improvement in time to first outpatient appointment**, this has been sustained for six months continuously, target for 23/24 met in January 2024 and sustained to date.

Objectives and plans for 2024/25

- **Focus on recovering 62-day cancer performance**, this is a Divisional driver metric for 2024/25.
- **Manage patient deterioration** by improvement in National Early Warning Score 2 compliance.
- **Improve Theatre Productivity**, we plan to do this by introducing a new 16 Theatre timetable from 1/4/2024.
- **Focus on staff retention throughout the division.**

Women & Newborn Division

Key Achievements for 2023/24

- **100th anniversary of Beatrice Maternity Unit.**
- **Compliance with CNST Maternity Incentive Scheme**, compliance increased from 5/10 in 2023 to 9/10 in 2024
- **Maternity Safety Support programme**, we have moved into the sustainability phase.
- **Excellent compliance** with peri-prem (neonatal) bundle.
- **Creation of Divisional Behaviour Charter**, showing colleagues the behaviour that is expected.
- **Nurse led Early Pregnancy Unit, Menopause and Pessary clinics**, providing continuity of care for the patient.
- **Renewal of Fertility Service Licence** for four years.

Improvements made in 2023/24

- **Improved compliance with Modified Early Obstetric Warning System and Fluid Balance**, using Improving Together methodology.
- **Reduction in vacancy rates**, over 50% reduction.
- **Significant reduction in Midwifery turnover.**
- **Improvements with Staff Survey Satisfaction.**
- **Continuing to improve with safety metrics** within Maternity services in-line with Maternity Improvement Plan
- **Improvement in Clinical Training compliance.**
- **Ongoing engagement** with Improving together methodology for staff across all areas of the Division.
- **Significant reduction in menopause and vulval skin wait times**, using Improving Together Methodology.
- **Reductions in Gynaecology patient tracking lists** and overall breaches.
- **Achievement of 74 week long waiting target** and minimal patients waiting over 65 weeks for elective care.

Objectives and plans for 2024/25

- **Use of AMAT** and focus on guidelines across the division.
- **Increased productivity** in theatres for gynaecology and fertility.
- **Compliance with Getting It Right First Time standards.**
- **Focus on compliance with Maternity and Neonatal Three-Year Delivery Plan.**
- **Continued focus on reducing time to first outpatient appointment.**

Clinical Support & Family Services (CSFS) Division

Key Achievements for 2023/24

- **Improving Together** : Divisional Management Team working with Service Leads to embed this trust-wide quality improvement approach.
- **National NHS Staff Survey**: Continuing engagement with staff and achieved highest clinical division response rate for third year in a row.

Improvements made in 2023/24

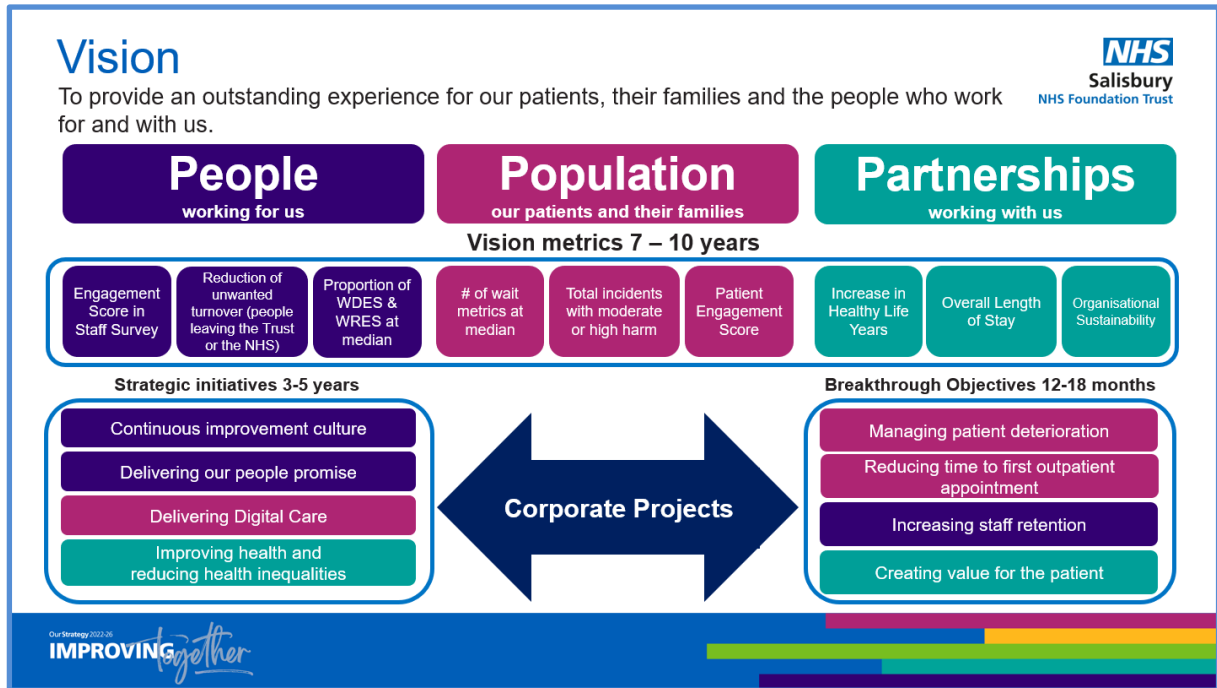
- **CT and MRI scanning** mobilised at Salisbury community spoke site.
- **Excellent Radiology staff survey results**, in particular, staff morale.
- **Aseptic Unit reopened**, providing sterile, controlled environment in which highly qualified staff prepare injectable medicines.
- **Relaunch of Cancer Improvement Group** with engagement from all specialties.
- **National UKAS accreditation for Laboratory Medicine.**
- **Medicines management savings (£>700k)** delivered by Pharmacy.
- **Spinal Unit improvement monitoring** process concluded.
- **81 % patient complaints** responded to in agreed timescale over last 12 months.

Objectives and plans for 2024/25

- **Improving Together rollout to all Departments**
- **Improve the recognition and escalation of deteriorating patients.**
- **Reduce the time each patient waits for their first outpatient appointment.**
- **Restore compliance with 28-day Faster Diagnosis Standard**
- **Reduce staff turnover where possible.**
- **Maintain timely diagnostic scanning performance - CT, MRI, and Ultrasound.**
- **Achieve national UKAS accreditation for Microbiology.**
- **Increase Aseptic Unit capacity.**
- **End Of Life Care team business case for increase in staffing.**

Appendix A – Strategic Planning Framework

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



Appendix B – Audit Examples and Actions

Examples of National Clinical Audits that were presented to the Clinical Effectiveness Steering Group in 2023 / 24		
Audit Title	Summary of Successes and Concerns	Actions to improve quality of healthcare
<p>Adult critical care (Case Mix Programme - ICNARC CMP) (data 2021/22)</p> <p>Published: May 2022 Presented: September 2023</p>	<p>The Case Mix Programme (CMP) is an audit of patient outcomes from adult, general critical care units (intensive care and combined intensive care/high dependency units) covering England, Wales and Northern Ireland.</p> <p>Successes:</p> <ul style="list-style-type: none"> • High risk admissions from wards are low. • No non-clinical transfers. • Mortality is low and Salisbury District Hospital have good survival rates compared to our peers and nationally. <p>Concerns:</p> <ul style="list-style-type: none"> • Delayed discharge of patients no longer requiring critical care. This is increasing, & patients are staying longer once ready for discharge. 	<ol style="list-style-type: none"> 1. Improve collection of unit-acquired infection data by using new ICNARC data collection system. 2. Help from the site team to prioritise ICU discharges and find space on wards for step-downs. 3. Propose that at 48 hours (12 times the GPICS standard), an incident form is completed on Datix.
<p>Cystic Fibrosis (CF) Registry Annual Report 2021</p> <p>Published: September 2022 Presented: May 2023</p>	<p>The UK CF Registry is a secure centralised database, sponsored and managed by the Cystic Fibrosis Trust. It records demographic, health and treatment data on consenting people with CF.</p> <p>Successes:</p> <ul style="list-style-type: none"> • From May 2023, now have dedicated 0.2 WTE admin support for CF team. • Continued above average performance with FEV1 data compared to both regional and national data. This has improved years on year, and a lot this year. • Continued improvement in nutritional status of our patient cohort – now comparable with regional average • Majority of patients are now on new drugs, which have had a big impact. <p>Concerns:</p> <ul style="list-style-type: none"> • Clinic and investigations booking / attendance. • New Homecare provider teething difficulties. • Keeping ward staff up to date with CF care because of less admissions. 	<p>No specific actions required.</p>

Examples of National Clinical Audits that were presented to the Clinical Effectiveness Steering Group in 2023 / 24

Audit Title	Summary of Successes and Concerns	Actions to improve quality of healthcare
<p>National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA) 2021, 2022 & 2023 (Years 3-5)</p> <p>Presented: March 2024</p>	<p>This audit aims to improve the quality of care for people living with inflammatory arthritis by assessing the performance of rheumatology units against the National Institute for Health and Care Excellence Quality Standards.</p> <p>Successes:</p> <ul style="list-style-type: none"> • There have been definite improvements in the quality of services. • Continual review of clinic capacity and how to increase slots to accommodate Early Inflammatory Arthritis referrals <p>Concerns:</p> <ul style="list-style-type: none"> • Staffing crisis leading to reduced clinic capacity, both for new referrals and follow-ups. • Reduced Consultant capacity. • Reduced clinic capacity due to ongoing industrial action. • Audit closed down for collection between end March 2020 and gradually reopened for collection in 2021, becoming mandatory in May 2021. • Not having access to out of area test results - ongoing • Inconsistencies in completing forms – new forms introduced May 2023 will help this. 	<ol style="list-style-type: none"> 1. To re-instate physical nursing capacity to pre-COVID level – reduced capacity due to long term sickness, resignations and retirement. 2. To employ FT substantive Consultant. 3. To further review EIA clinic capacity – ongoing process. Increased capacity in Nov 2023. (This helped the three-week timescale.) 4. Further discussions on moving Rheumatology clinic bookings back in house, away from the central booking model – advised that this will not happen.
<p>National Joint Registry (NJR)2022 (data 2021)</p> <p>Published: November 2022 Presented: July 2023</p>	<p>NJR was set up to audit all hip, knee, ankle, elbow and shoulder replacements, to monitor the performance and effectiveness of different types of surgery.</p> <p>Successes:</p> <ul style="list-style-type: none"> • Following completion of the action plan from last year's audit there is a noticeable improvement in the trend for hips, which has been acknowledged by the Chair of the NJR Surgical Committee. • No longer an outlier for 5-year data, data will be monitored every 6 months. This is very good for the hospital. <p>Concerns:</p> <ul style="list-style-type: none"> • Although Salisbury is no longer an outlier for hips, the improvements, which resulted from last year's audit results, need to be sustained. 	<ol style="list-style-type: none"> 1. Encourage attendance at weekly meetings by reviewing the attendance/apologies in the minutes, and discussing the obstacles which prevent attendance with those individuals. 2. Continue to support weekly meetings which are used to discuss cases, review x-rays, discuss case mix, with a view to preventing problems before they arise. 3. Continue to support yearly peer meetings to discuss current performance and future improvement.

Examples of National Clinical Audits that were presented to the Clinical Effectiveness Steering Group in 2023 / 24

Audit Title	Summary of Successes and Concerns	Actions to improve quality of healthcare
<p>Prostate cancer services during the COVID-19 pandemic (NPCA) Annual Report 2023 (data 20/21)</p> <p>Published: January 2023 Presented: September 2023</p>	<p>Successes:</p> <ul style="list-style-type: none"> • Triage of men on initial 2 weeks waiting referral, via telephone and booked to test or face to face clinic. • Reviewed diagnostics pathway - MRI to Biopsy. Streaming of investigations by protocol. • Additional consultant cover to help with biopsies being undertaken & recruitment of Clinical Nurse Specialist. <p>Concerns:</p> <ul style="list-style-type: none"> • Limited room capacity for biopsies. • Access to PET CT / histology reporting, for example delays in diagnostic pathway such as histology results. • Delays in prostate follow-up. 	<ol style="list-style-type: none"> 1. Room capacity – trial biopsies being undertaken in Day Surgery Unit. 2. Delays in follow-up – introduce support by an additional nurse who is already in the team.
<p>UK Parkinson's Audit - Transforming Care 2023 (data 2022)</p> <p>Published: March 2023 Presented: September 2023</p>	<p>Successes:</p> <ul style="list-style-type: none"> • New full time Parkinson's Disease (PD) nurse since April 2023. • Use of nurse-led clinic schedule and increased follow-up clinics for PD Nurse. <p>Concerns:</p> <ul style="list-style-type: none"> • Discussion of end of life and Advance Care Plan remains low and below national. • Anecdotal evidence of poor adherence to regimens in hospital. • No PD alert system. 	<ol style="list-style-type: none"> 1. Continue to improve integration with MDT. Explore OT/Physio presence in clinic. 2. Develop PD alert system – this will help improve inpatient medication adherence. Lorenzo diagnosis vs. EPMA. With EPMA you can tell from the medications which patients have Parkinson's. 3. Pro-actively identify those patients in the palliative phase and ensure that they are booked into a double slot to have these longer more sensitive discussions around Advance Care Plan and end of life.

Examples of Local Audits in 2023 / 24

Audit Title	Summary of Successes and Concerns	Actions to improve quality of healthcare
<p>Audit on the knowledge of intra-operative fluoroscopic radiation exposure in Orthopaedic trauma theatre.</p> <p>Presented: November 2023</p>	<p>The audit objective was to establish the knowledge of radiation practice, trust protocol and ways to decrease the exposure-related risks20 multiple choice questionnaire (MCQ).</p> <p>Successes:</p> <ul style="list-style-type: none"> • The participants are made aware of the basic knowledge answers in the MCQs. They are now able to identify the X-ray machine's parts adequately. • Participants now know the name of the Radiation Protection Supervisors' name. • Through the audit, basic knowledge on radiation exposure theories has been updated. 	<p>No action plan needed. As this was an audit to identify the knowledge level and make theatre personnel aware of the basic knowledge and radiation related risks- that have been done.</p>
<p>High Tibial Osteotomy Surgical Procedure using the Tomofix Plate</p> <p>Presented: May and June 2023</p>	<p>This was a new procedure for the Trust 5 years ago, using a plate that was new to the market at the time. This is an audit of patient outcomes including surgical complications and patient reported outcomes to ensure that the operation is effective.</p> <p>Successes:</p> <ul style="list-style-type: none"> • The Anatomical Tomofix Medial High Tibial plate achieves good clinical outcomes with few complications irrespective of BMI. • Functional scores show almost equal improvement and radiological outcomes are alike. <p>Concerns:</p> <ul style="list-style-type: none"> • Reduced plate survivorship, thus earlier conversion to unicompartmental or total knee replacement may be required in those with a higher BMI. 	<p>No further action was required as results demonstrated outcomes and survivorship to be above expected based on literature.</p>

Examples of Local Audits in 2023 / 24

Audit Title	Summary of Successes and Concerns	Actions to improve quality of healthcare
<p>PrEP Audit of Hepatitis B and Urea Electrolyte Monitoring</p> <p>Presented: October 2023</p>	<p>The aim of the audit is to assess if the sexual health team are correctly assessing and managing patients attending for PrEP. In particular to assess if all patients have been tested for Hepatitis B and if all patients are correctly having renal function assessment.</p> <p>Successes:</p> <ul style="list-style-type: none"> All patients had their Hepatitis B status assessed prior to starting PrEP. <p>Concerns</p> <ul style="list-style-type: none"> Partially compliant with renal function monitoring for patients on PrEP. 	<ol style="list-style-type: none"> Additional prompt included in EPR to remind clinicians to check renal function as per guidance.
<p>Use of Electronic Prescribing System to undertake a Venous Thromboembolism assessment on patients admitted onto a Surgical Ward</p> <p>Presented: June 2023</p>	<p>The aim of the audit was to determine compliance with completion of the Venous Thromboembolism assessment.</p> <p>Successes:</p> <ul style="list-style-type: none"> 100% of patients prescribed Venous Thromboembolism prophylaxis when indicated. <p>Concerns:</p> <ul style="list-style-type: none"> 35.71% of patients had a Venous Thromboembolism assessment within 24 hours of admission. 	<ol style="list-style-type: none"> Educate the ward team to ensure the Venous Thromboembolism assessment is undertaken within 24 hrs of admission. Posters will be placed around the wards as a reminder. Pharmacy team and nurses to be made aware of the importance of ensuring a Venous Thromboembolism assessment is undertaken and alert doctors if not.

Appendix C – Letters of Assurance [To FOLLOW]

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

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

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

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