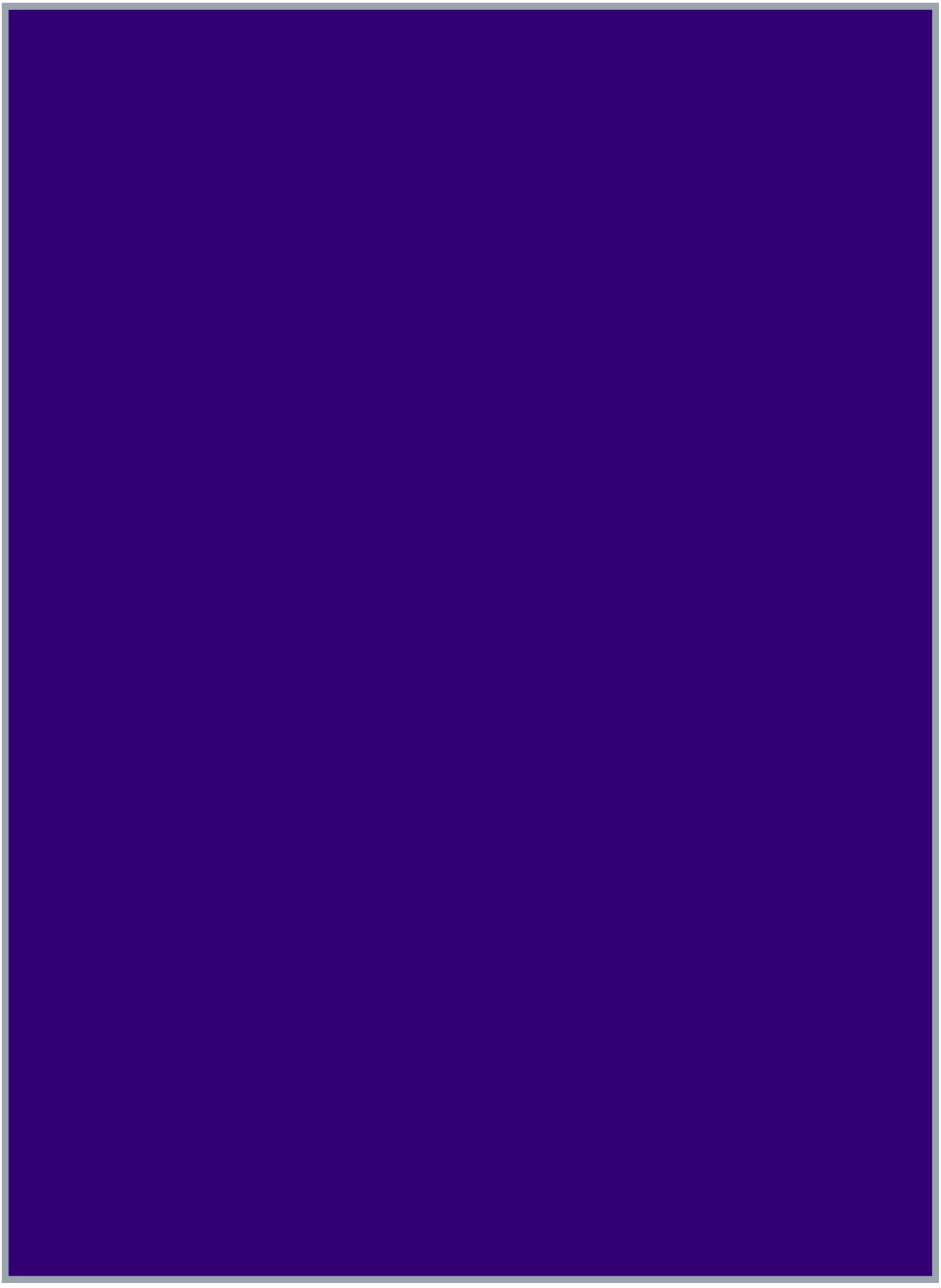
Quality account 2020 ±2021 contents



Priority 4 –

Quality Account

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.

4XDOLW\ DFFRXQWV ORRN EDFN RQ WKH SUHYLRXV \HDU¶V SHUIRUP where improvement is needed. They also look forward, explaining the areas that have been identified as priorities for improvement as a result of consultation with patients and the public, our staff and governors in 2020/2021, although this has been limited this year due to our response to the COVID-19 pandemic.

Part 1

Our commitment to quality - WKH &KLHI ([HFXWLYH¶V YLHZ

I am pleased to present our quality account for 2020/2021 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 2021/2022.

This year has been an extremely difficult year with unrelenting pressure on our services caused by the COVID-19 pandemic, but despite the challenges we have faced, when we take the time to reflect on the year, there is a lot that that we can be extremely proud of.

I joined Salisbury NHS Foundation Trust in September 2020 at a time when the immediate focus was on resetting services following the first wave of COVID-19. From November 2020, the Trust was hit with the second wave of the pandemic resulting in a significant increase in the number of people needing care in our hospital.

January 2021 was a particularly challenging month for our local communities and our teams. We were treating four times as many COVID-19 patients as we saw in the first wave with a large number of people needing to be looked after by our critical care team. The organisation adapted quickly to ensure that we could cope with the surge in demand.

While some of our services needed to be paused again, others including Maternity Services, continued to provide care to patients with non-COVID-19 related illnesses In addition, hundreds of outpatient appointments were carried out by phone and video call.

I am incredibly proud of how our colleagues have responded to ensure that patients received high quality care in the face of such exceptional circumstances. Wards and departments were reconfigured to safely treat both COVID and non-COVID-19 patients. Robust social distancing and hand hygiene measures were put in place and face masks were introduced across the site. Staff were engaged and encouraged to adhere to the guidance in innovative ways - from social distancing buddy signage, to weekly cartoons, and clear screen partitions.

The COVID-19 pandemic has reiterated and exposed the health inequalities that exist in our population and served as a reminder that there is more for us to do to design and deliver services that prioritise those inequalities. Our local response has shown partnership working at its best to protect those most vulnerable in our population. Social and community services, voluntary organisations and NHS organisations joined together to provide support to the shielded and vulnerable in our local communities and the provision of mutual aid between partners. We will continue to invest and build these partnerships to continue to care for local people.

Despite the pandemic, we have made some progress in improving the quality of care. We are proud of the improvements we have made in the implementation of the national learning disability and autism standards. We have improved inpatient sepsis screening and survival from sepsis has improved. However, there is still work to do to improve compliance with the escalation response to deteriorating patients. The increased rate of pressure ulcers and in-patient falls resulting in high harm this year is a concern and will continue to be a priority and focus for us.

Part 2A: Priorities for improvement and statements of assurance from the Board

This section of the quality account describes the progress made against the priority areas for improvements identified for 2020/2021 set out in the 2019/2020 quality account and our priorities for 2021/2022. It includes why the new priorities have been chosen, how the Trust intends to make the improvements and how it plans to measure them. It also sets out a series of statements of assurance from the Board on key quality activities and provides details of the 7 U X V W ¶ V S H U I R U P D Q F H D J D L Q V W F R U H L Q

2.1 Progress against the priorities in 2020/2021

These priorities were identified by speaking to patients, families and carers, the public, our staff and governors, Warminster Health, Wellbeing and Social Care Forum, our partners, local GPs and our commissioners through meetings and surveys.

Our quality priorities were set out in the Quality Account 2019 ±2020

Our Trust quality priorities link to our strategic objectives:

Priority 1	Sustain the recovery from COVID-19 through effective partnership working and improve the quality and experience of care for patients and staff
Priority 2	Improve the health and wellbeing of our staff in the recovery from COVID-19.
Priority 3	Continue to improve patient safety and reduce avoidable harm based on our known risks
Priority 4	Provide ward to board assurance on fundamental standards of patient care at ward and department level
Priority 5	Strengthen our partnerships with other healthcare organisations to improve the health of our local population

What we did in 2020/2021:

The numbered points below indicate the quality priorities set for 2020/2021; the paragraph that follows is the progress made towards their achievement.

Priority 1 ±Work with our partners to prevent avoidable ill health and reduce health inequalities

Description of the issue and reason for prioritising it:

The NHS Long Term Plan sets out commitments for action that the NHS must take to improve prevention of avoidable illness and its exacerbations. It does so whilst recognising that a comprehensive approach to preventing ill health also depends on action that only individuals and communities can take to tackle the wider threats to health. The NHS Long Term Plan is our opportunity to not only treat people, but also prevent them from getting ill in the first place and improve their quality of life. In particular, better antibiotic prescribing will reduce treatment failure and antimicrobial resistance and improve outcomes. COVID-19 has further exposed some health and wider inequalities and it is important we put into practice learning from experience and research by reviewing the care of patients who died from COVID-19. Our staff seasonal flu vaccinations are crucial for reducing the spread of flu during winter months with a significant impact on the health of patients, staff and their families and this now includes a COVID-19 vaccination programme.

What we did in 2020/2021:

1.1 To reduce antimicrobial resistance, achieve 90% of all antibiotic prescriptions for lower urinary tract infection in older people meeting the National Institute for Health and Care Excellence (NICE) guidance for diagnosis and treatment of lower urinary tract infection

Resistance to antibiotics arises when the organisms that cause infection evolve ways to survive treatments. Resistance is a natural biological phenomenon but is increased by various factors such as misuse of medicines, poor infection control practices and global trade and travel. Many of the medical advances in recent years, such as organ transplants and cancer chemotherapy treatment need antibiotics to prevent and treat infections in patients made more susceptible by the treatment. Without effective antibiotics, even minor surgery and routine operations could become high risk procedures if serious infections cannot be effectively treated.

,Q -DQXDU\ WKH *RYHUQPHQW SXEOLVKHG WKH 8.¶V \HDU focuses on the UK continuing to play its part in delivering best practice using surveillance, research, awareness and education. Of particular importance, is strong antibiotic stewardship, ensuring antibiotics are only used to treat infections based on a diagnostic test and the right antibiotic given promptly to reduce harm from sepsis.

The number of alcohol hand gel stations were increased to make it as easy as possible for patients and staff to clean their hands.

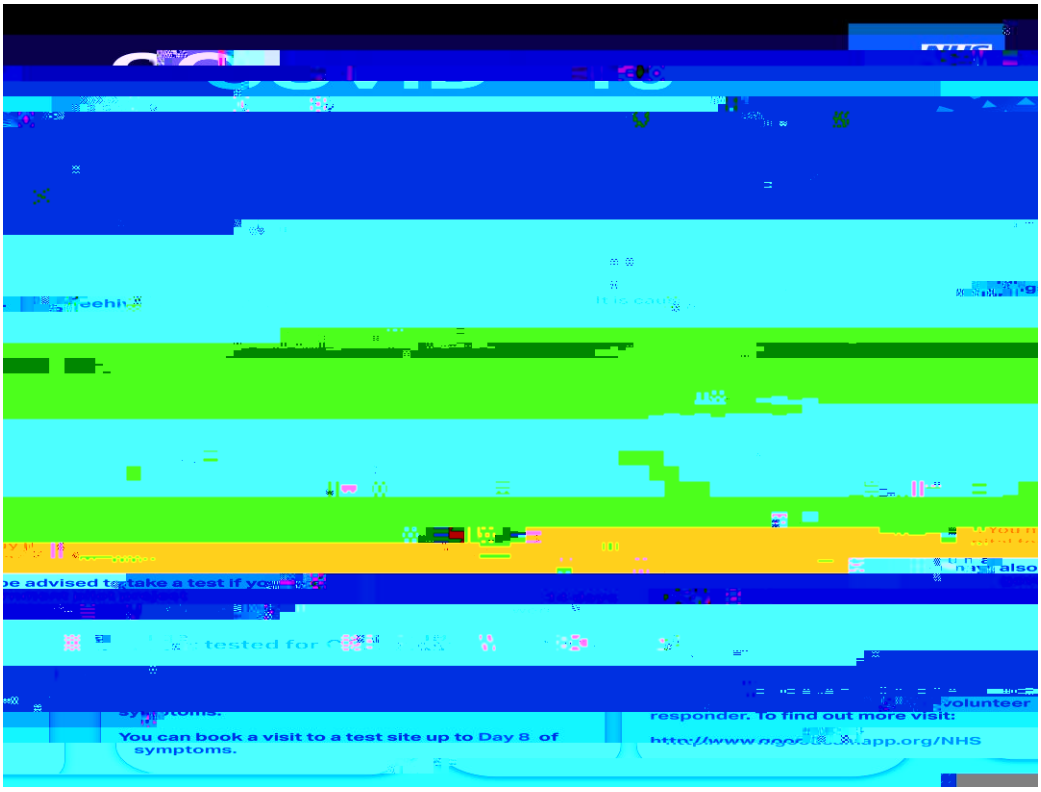
A team of senior doctors, nurses, infection control specialists and Occupational Health specialists meet regularly to make decisions on whether patients can out of isolation and moved to a bay with other patients or re-isolated in a side room. This process reduces outbreaks of infection in the hospital.

To help patients know what to do if they develop COVID-19 symptoms, a group of our doctors led an improvement project and asked 56 patients about their knowledge of COVID-19 and isolation guidelines after potential exposure to COVID-19 ±see figure 2.

Figure 2: Patient survey of knowledge of COVID-19 and isolation guidelines

The survey showed that patients were more knowledgeable about COVID-19 than expected but few patients were able to answer all the questions. The group co-designed a poster with patients shown in figure 3 and displayed it in wards and departments to ensure all the key information is available in one place.

Figure 3: Co-produced COVID-19 information poster



How we reported progress throughout the year

Progress with a

Priority 2 ±Improve patient safety to reduce avoidable harm in our key quality concerns

Description of the issue and reason for prioritising it:

Patient safety is a priority for the NHS which aims to be the best and safest healthcare system in the world. Patient safety is the avoidance of unintended or unexpected harm to people during the provision of health care such as medication errors, never events, harm from sepsis, pressure ulcers, infection and cross infection. Improving maternity and neonatal safety is also a priority. Restarting our services safely from the impact of COVID-19 is a key priority.

A new national NHS Patient Safety Strategy is due to be launched in 2022. The aim of the strategy is to enable the NHS to continuously improve patient safety and to do this the NHS will build on two foundations: a patient safety culture and a patient safety system. The aim will support the development of both foundations by:

- Improving the understanding of safety by drawing intelligence from multiple sources of patient safety information.
- Equip patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system.
- Design and support programmes that deliver effective and sustainable change in the most important areas.

The impact will be continuous improvement in the safety culture, better incident reporting to inform patient safety work streams, reducing death and complication rates, improve patient experience and reduce the cost of litigation. In preparation, we have identified a Patient Safety Specialist to lead the programme in the hospital and set up a new Patient Experience and Patient Safety Steering Group to oversee the work. In the meantime, we have continued to focus improvement on our key quality concerns.

What we did in 2020/2021:

2.1

2.2 Continue to train our staff in infection prevention and control procedures, including the donning and doffing of personal protective equipment (PPE) in high risk areas to reduce the risk of cross infection in the hospital

All our staff are required to complete an infection control e-learning module and test every year which covers standard infection control precautions as well as undertaking a practical hand hygiene assessment. Overall, our staff are 94% compliant with infection control e-learning and 80% compliant compared to the Trust target of 90% with hand hygiene assessments in January 2021. Hand hygiene assessments have been limited by the requirement to socially distance, so more sessions are being held this year.

Frontline staff in contact with suspected or confirmed patients with COVID-19 are required to wear personal protective equipment (gloves, plastic apron and a surgical face mask) and in high risk areas, such as the Intensive Care Unit, wear a filtering face mask level 3 or a respiratory face mask or hood and eye protection. All staff who are required to wear a level 3 mask must attend fit test training to ensure the mask fits properly to reduce the risk of transmission. At the start of the pandemic frontline staff attended training on how to put on and remove personal protective equipment.

2.3 Continue to undertake risk assessments of visitors to high risk areas and help them to put on and take off personal protective equipment safely

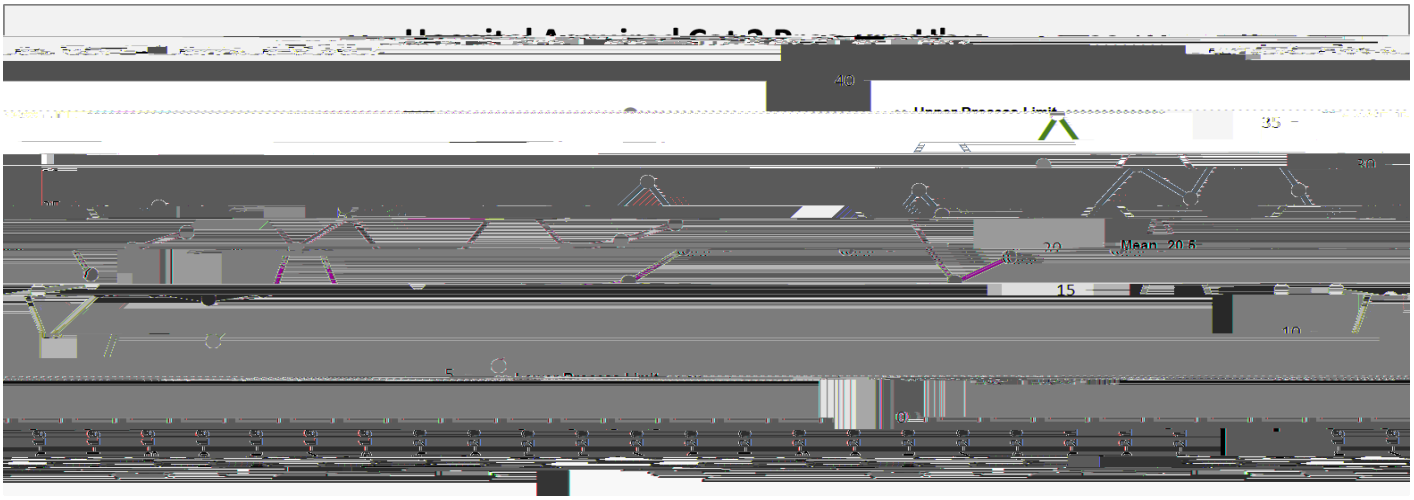
National guidance indicated visitors should be restricted to essential visitors only, a risk assesstedpre /F2 10.9mt

reviews are assigned to the most appropriate grade. Two consultants work multiple four hour shifts, staying on site for 10-12 hours. Feedback for these changes has been uniformly positive. In addition, two more Consultants joined the Acute Medical Team which has helped the workforce shortage present in the survey in 2019.

Figure 4: Standard 8: Ongoing review (standard 90%)

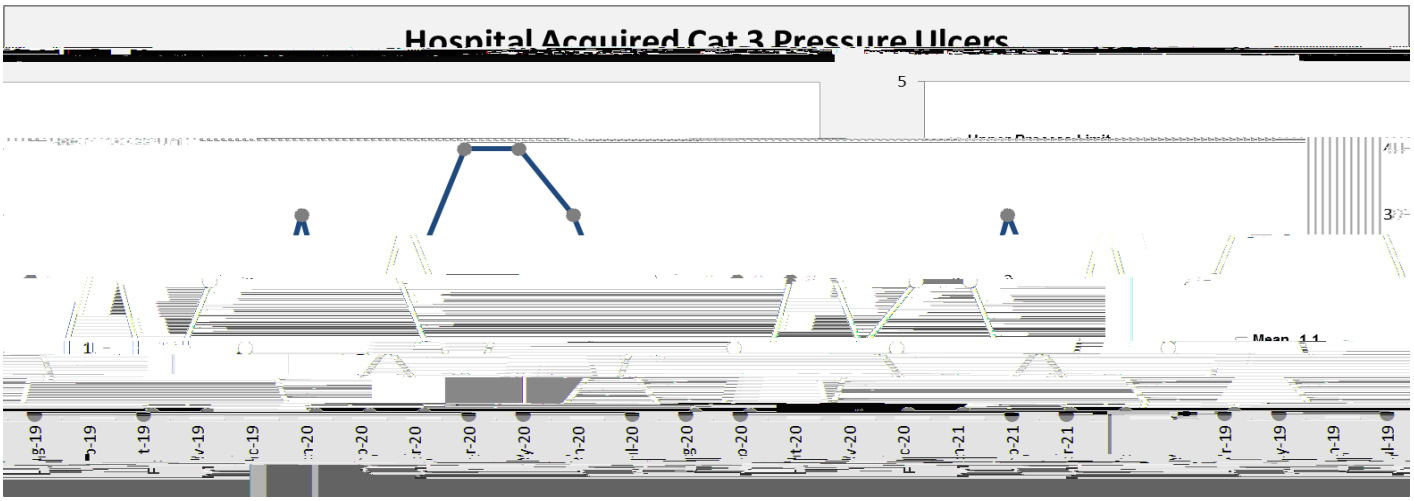
Standard	April 18	March 19	Sept 19	Sept 20
Proportion of patients who required a **once** daily review at a **weekend** and received it.	**93%**			

Figure 5: The number of hospital acquired category 2 pressure ulcers



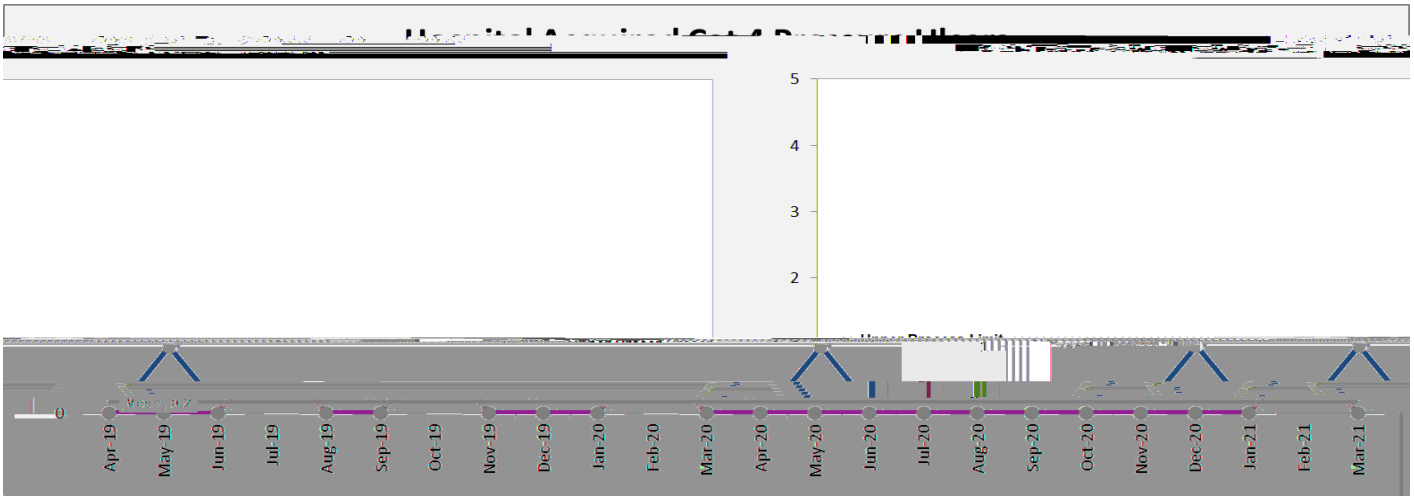
See appendix 1 page 100 ±Reading a statistical process chart.

Figure 6: The number of hospital acquired category 3 pressure ulcers



See appendix 1 page 100 ±Reading a statistical process chart.

Figure 7: The number of hospital acquired category 4 pressure ulcers



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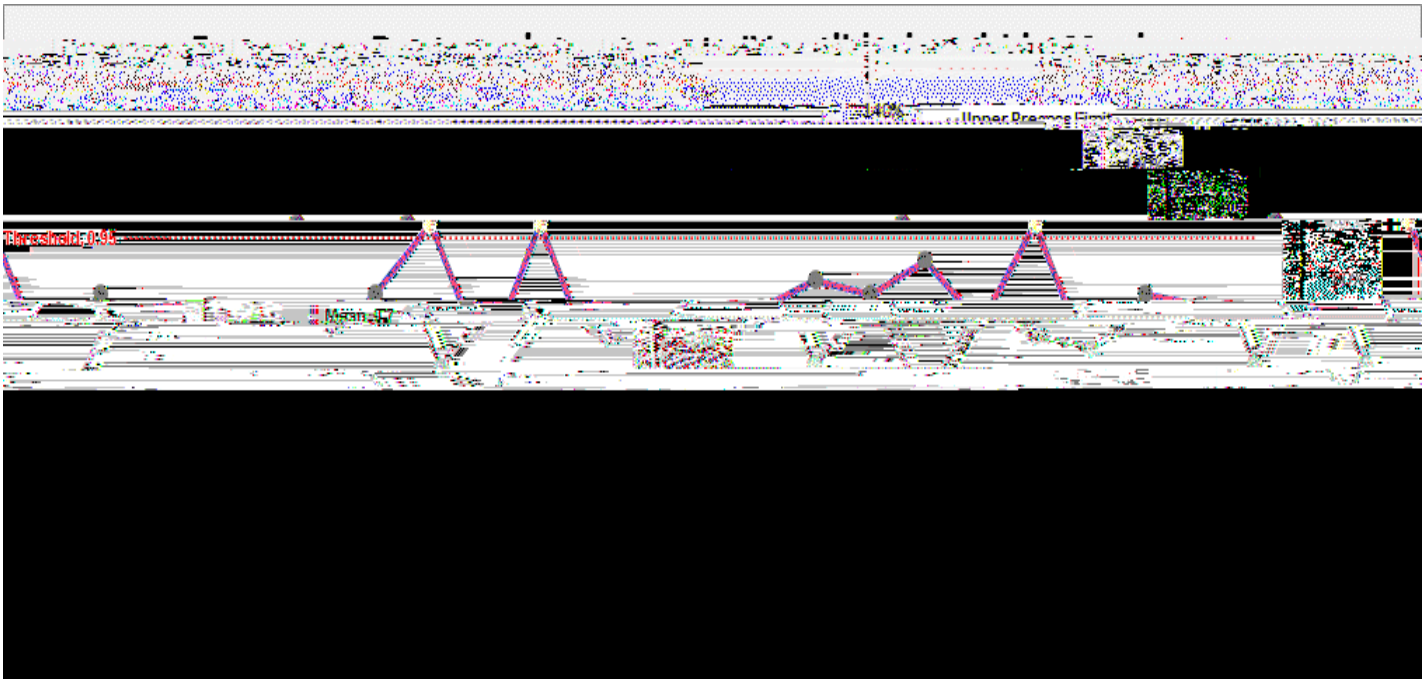
2.6 Reduce harm from sepsis by increasing the number of patients admitted as an emergency and as an inpatient, treated with intravenous antibiotics within an hour of diagnosis of sepsis.

Sepsis is a time critical condition that can lead to organ damage, multi-organ failure, septic shock and death. Rapid diagnosis and treatment are crucial to survival.

Since February 2019 (figure 8) we have sustained 100% of adults screened for sepsis admitted both to the Emergency Department and as inpatients. This was achieved by the full implementation of the National Early Warning Score (NEWS2) to standardise the assessment of acutely ill and deteriorating patients. 3 D W L H Q W ¶ V Y L W D O V L J Q V W H P S H U D W X U H S X O V H E O R R G SfU H V V

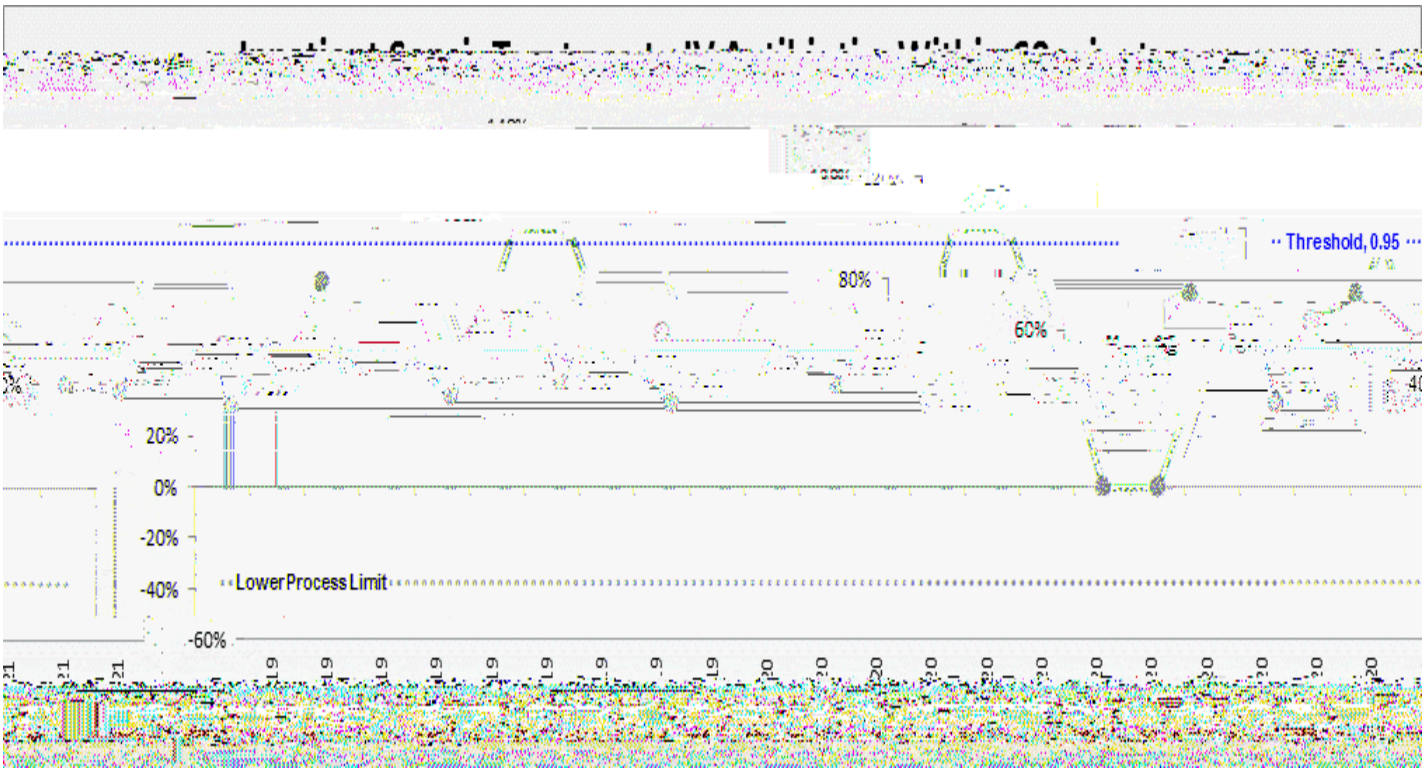
The data in figures 10 and 11 show variation across two years with no sustained improvement over time in in the administration of intravenous antibiotics within 60 minutes of diagnosis. This may be due to the small numbers of adults being treated with antibiotics for sepsis (average 3 patients per month in the Emergency Department, range 1 to 9 patients and 8 patients per month of inpatients, range 1 ±21 patients) and this continues to be a focus of our improvement work. However, the survival rate from sepsis has shown improvement in 2020/21 (figure 12).

Figure 10: Sepsis treatment of patients in the Emergency Department



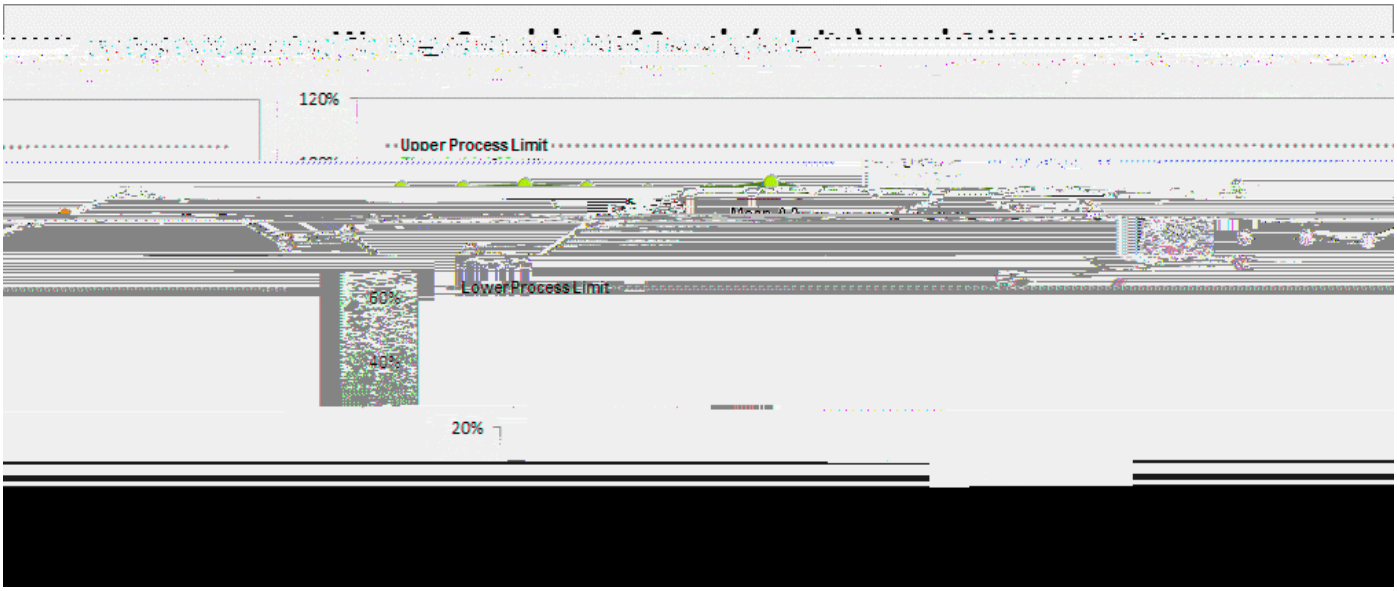
See appendix 1 page 100 ±Reading a statistical process chart.

Figure 11: Sepsis treatment of inpatients



See appendix 1 page 100 ±Reading a statistical process chart.

Figure 12: Suspicion of sepsis (adults) survival rate (data only available to December 20)



See appendix 1 page 100 ±Reading a statistical process chart.

2.7 Review antenatal pathways and use of the Maternity Day Assessment Unit to ensure women with high risk pregnancies are identified and receive an assessment by a senior doctor in a timely manner

The Maternity Day Assessment Unit is designed for the assessment and management of all antenatal women with a pregnancy related problem and postnatal women up to 6 weeks after the birth of the baby. Women are either referred to the Unit or contact the service themselves for advice on any concerning symptoms.

In the early part of 2020/21, the Maternity Day Assessment Unit was closed and relocated to the Labour Ward as it was recognised that improvement work needed to take place to update care pathways and train staff in triage assessment. Assessment pathways were introduced for abdominal pain, bleeding in pregnancy, high blood pressure, reduced fetal movements, early rupture of membranes, suspected labour, being unwell and postnatal problems and the staff trained in their use. The Maternity Day Assessment Unit re-opened in July 2020 following the successful completion of improvement work.

Our guidance makes it clear that every woman who attends the Day Assessment Unit is expected to have a triage assessment within 15 minutes of arrival using one of the triage assessment pathways to identify the presenting problem. The midwife takes a brief history of the problem and asks W K H Z R P D Q D E R X W W movement. A set of clinical observations are recorded, an assessment of pain, palpation of the abdomen and listening to the E D E \ ¶ V heart rate. The triage assessment enables the midwife to decide on a category of clinical urgency using the symptoms described by the woman and guides the timing of a subsequent assessment and care either immediately, within 15 minutes or within 1 or 4 hours of arrival. Figures 13 and 16 shows improvement is needed in timeliness of the triage on arrival and subsequent review.

3.2 With the help of matched national funding we will build a Changing Places toilet for patients on the hospital site

The Trust has secured national funding for a Changing Places toilet but the work planned to convert the facility that was due to start in March 2020 was delayed due to the COVID-19 pandemic. The work is planned to be completed by March 2021.

3.3 &RQWLQXH WKH µ7UHDW 0H :HOO¶ learning disability ambassadors

People with a learning disability face sharp healthcare inequalities, often poor lifelong health, delayed presentation and lower uptake of screening. We need to do more to improve this by providing patient centred, individualised care by making reasonable adjustments for people with a learning disability in hospital.

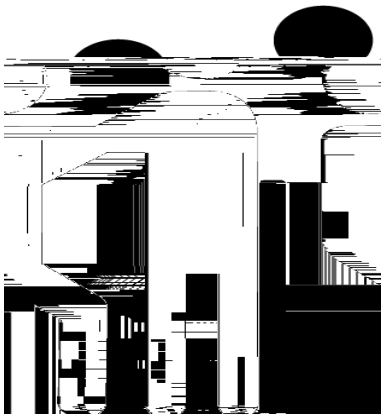
$ µ7UHDW PH ZHOO was established in 2019 working with our staff, service users and carers in Mencap.92 re W* n BT /F4 10.98 Tf 1 0 0 1 77.06 634.66 Tm 0 g 0 G [( )] TJ ET Q 3333333333333333333333

- Things you must know about me
- Things that are important to me
- My likes and dislikes

We have recruited 14 staff to become Learning Disability Ambassadors from across the hospital to help spread best practice and awareness. Plans for training are in the development phase and will ensure greater capability and capacity at a ward level to support patients, families and carers.

The COVID-19 pandemic has seen lower numbers than usual of adults with a learning disability admitted to the hospital and we do not know what longer term health impact this may have for these patients. We have supported carers during restricted visiting and continued to engage with the ¶treat me well ¶campaign via virtual meetings.

3.4 Introduce minimum reasonable adjustments in outpatient departments



This year, we are working to improve the quality of reasonable adjustments in our outpatient departments.

This has included offering patients with a learning disability, autism or both a longer appointment time to enable considered communication.

We have introduced quiet spaces and noise reducing headphones to help patients with sound sensory issues. This helps patients remain calm in an unfamiliar setting.

How we reported progress throughout the year

Work towards the implementation of the national learning disability and autism standards was reported to the Clinical Governance Committee.

What our patients and carers have told us:

A mother - ³ ([F H O O H Q W by the whole staff. The team looked after our daughter with learning disability needs. Well G R Q H W R W K H W H [

Priority 4: **Work with our local communities and partners to implement phase 3 of the NHS response to the COVID-19 pandemic and YDOXH SDWLHQW¶V WKH\ DUH RQO\ LQ KRVSLWDO ZKHQ QHFHVVDU**

Description of the issue and reason we prioritised it:

Patients being in the right place at the right time with reduced delays is crucial to ensuring patients receive optimal care and have a good experience of care. Although, we undertook a significant amount of work with our partners in 2019/2020 to improve the timeliness of patients through the wards, measurements showed that we had not improved as much as we expected and this remained a top priority for 2020/2021.

This year, we have simplified our improvement work and focused on two key areas:

1) Early discharge ±a third of our patients should be discharged from the ward before midday.

2) Introduced criteria-led discharge ±to enable nurses and therapists to used agreed criteria compared to WKH SDWLHQW¶V FOLQLFDO QHHGV to guide clinical decisions about discharge from hospital.

Although this was our aim, on 11 March 20, the World Health Organisation declared a COVID-19 pandemic and a national lockdown was imposed on 23 March 20 in response to this unprecedented event. As a consequence, all planned surgery and procedures were cancelled and many outpatient appointments were changed to virtual consultations. This was in preparation for receiving an anticipated high number of very sick patients with COVID-19 and

What we did in 2020/2021:

4.0 Work with our local communities and partners to implement phase 3 of the NHS response to the COVID-19 pandemic

1. Protect the most vulnerable from COVID-19

We have worked together with our health and care partners in the newly formed Bath and North East Somerset, Swindon and Wiltshire Health and Care system (BSW) Integrated Care System (ICS) to improve patient care and protect those most vulnerable to COVID-19. System working enables us to better address the significant challenges that we face and draws on the diversity of expertise and experience that exists across BSW. The aim of the system is to improve the health and wellbeing and address inequalities in the population.

Our local response to the COVID-19 pandemic has shown our partnership working at its best, with social and community services, voluntary organisations and NHS organisations joining up to provide support to the shielded and vulnerable in local communities and the provision of mutual aid between partners.

An example of this good practice at local level, is a care home working group was established which brought together local authority adult social care, public health and commissioners. The benefits were:

- Clear communication with care homes on infection control, outbreak management and clinical support through a single point of contact. Any patient discharged from this hospital to a care home was tested for COVID-19 and the result communicated before the patient was transferred to the care home.
- No large-scale outbreaks were reported in care homes since the end of April 2020. Current outbreaks are identified through routine testing and identification of staff without COVID symptoms. The rapid response resulted in self-isolation of staff and protection of residents.
- Deaths in care homes are at pre COVID-19 levels
-

use of personal protective equipment where appropriate. Category D is the highest risk where staff are advised not to work with patients with confirmed or suspected COVID and are offered re-deployment to non-clinical duties or to work at home. BSW Integrated Care System achieved 100% of risk assessments completed for all staff by September 2020.

Our social distancing campaign

All our staff are required to wear a face mask in clinical and public areas, wash and clean their hands and maintain social distancing. In December 2020, we introduced a twice weekly staff COVID screening test. Staff with a positive screening test must have a further antigen COVID test and, if positive, must self isolate for 14 days before returning to work.

2. Restore NHS services inclusively

The third phase of the NHS response to COVID-19 focuses on accelerating the return to near normal levels of pre-COVID health services. We are part of an Acute Hospital Alliance which meets regularly to foster effective and collaborative working relationships between our Trust, the Royal United Hospital, Bath and Great Western Hospital, Swindon. The short term focus of the Alliance is to deliver the next phase recovery plan over the next 90 days. A key component is to test out a model of sharing planned elective care capacity, work towards a shared approach to waiting list management for the whole system and share diagnostic services.

2.1 Planned and emergency surgery

As part of the NHS response to COVID-19, NHS England asked

A significant amount of work has been undertaken to reset the way services are delivered ±primarily to establish the overall bed capacity within the constraints of social distancing and infection prevention and control procedures.

2.2 Diagnostic waiting times and referral to treatment times

COVID- K D V K D G D V L J Q L I L F D Q W L P S D F W R Q W K H 7 U X V W¶V ability to reduced to accommodate social distancing in waiting rooms

Figure 17: Referral to treatment time (RTT) ±incomplete pathway performance (92%)

SFT = Salisbury NHS Foundation Trust, RUH = Royal United Hospital, Bath, GWH = Great Western Hospital, Swindon

Figure 18 shows the size of the total waiting list which grew at all three acute Trusts, along with the number of patients waiting over 52 weeks for elective treatment. The proportion of patients waiting over 52 weeks at Salisbury NHS Foundation Trust is 5.8% (1142 patients) compared to 6.3% (1634 patients) at RUH, Bath and 7.8% (1949 patients) at GWH, Swindon at the end of March 2021. A BSW ICS elective waiting list working group is in place with representatives from each of the 3 hospitals. The aim is to increase elective activity by working together to use the resources available and improve equity for patients on waiting lists across the system.

Figure 18: Total waiting list size and patients waiting over 52 weeks for treatment

WL = waiting list, SFT = Salisbury NHS Foundation Trust, RUH = Royal United Hospital, Bath, GWH = Great Western Hospital, Swindon

2.3 Emergency admissions

Figure 21: Cancer 62 day standard performance (target 85%)

See appendix 1 page 100 ±Reading a statistical process chart.

3. Develop digitally enabled care pathways in ways which increase inclusion

NHS England expected Trusts to have re- H V W D E O L V K H G R I R X U O D V W \ H D U ¶ V attendances and follow ups from September 2020. A national benchmark was set that at least 25% of appointments should be conducted by telephone or digitally including 60% of all follow up appointments. We have continued to see recovery of outpatients but the numbers of patients requiring face to face appointments has increased (require physical examination/tests) and physical space in outpatients is a constraint. A modular building to increase space is expected to be opened on 4 May 2021.

During the response to COVID-19, the health and care system has seen an unprecedented level of uptake

Patient comments on areas for improvement:

We recognise that not all

,Q 6DOLVEXU\¶V PDWHUQLW\ VHUYLFHV F provided by the Ivy Team who offer individualised care to women who have had a previous difficult pregnancy or are in a vulnerable group. The team cared for the women during pregnancy, by a known midwife during labour, birth and the postnatal period. The aim is to achieve continuity of carer for at least 35% of women by March 2021. Figure 26 shows more work needs to be done to increase the number of women who benefit from continuity of midwifery care.

Figure 26: Salisbury maternity services continuity of midwifery carer (Target ±35% by March 2021)

Continuity of carer	Number 2019/2020	Number 2020/2021
Women who gave birth	2236	2130
Women who received continuity of carer	257 (11.5%)	256 (12%)

5. Particularly support those who suffer mental ill health

Mental ill-health is a significant contributor to long term health inequalities and the immediate and longer-term impacts of COVID-19 have the potential to contribute to or exacerbate mental health problems.

We have worked with our mental health partners who have continued to provide an adult Mental Health Liaison Team, 7 days a week to see patients with mental health needs in the Emergency Department and in-patients. We have seen an increase in the number of children and young people with mental health concerns during and following the national lockdowns. A clinical nurse specialist works on site 5 days a week to see children who attend the Emergency Department and as in-patients. A child psychiatrist is on call in the evenings and overnight to give telephone advice.

We recognised that there were issues arising from the COVID-19 pandemic that would impact on the bereaved due to:

- Anxiety and distress over COVID-19 and in some cases multiple bereavements.
- Restricted visiting resulting in many relatives not seeing loved ones prior to or at the time of death

The calls were purely supportive and made by staff with experience in undertaking bereavement calls. Staff did not ask any specific questions about the care of their loved one but frequently documented themes included:

- 51 specifically mentioned that they appreciated the bereavement call.
- 46 commented on the excellent care and support they received from staff
- 30 commented on funeral arrangements, most mentioning sadness at not holding a usual funeral. There were a few positives over the funeral being more intimate.
- 27 commented on visiting in the acute Trust, where family were able to visit, this was felt to be really positive.
- 18 commented on excellent family support as a result of the lockdown and family being able to support more.
- 8 commented on negative aspects of care, usually around poor communication.

Following the feedback from families, we have looked at visiting regulations and now enable some limited visiting of close family mem08871 0m staf0CQ q 0.000008871 0 595.32 841.92 re W* n BT /F4 10.98 Tf 1 0 07

How we reported progress throughout the year

Staff health and wellbeing is reported by the Health and Wellbeing Strategy Group to the Organisational Development and People Committee. Progress of the phase 3 NHS response to the COVID-19 pandemic is reported to the Trust Board and Patient Flow to the Transformation Board.

Part 2B: This section sets out our quality priorities for 2021/2022

2.1 Our priorities for quality improvement in 2021/2022 and why we have chosen them

This year our quality priorities have been dominated by the need to reset our services in response to the COVID-19 pandemic. Initially, this showed a positive picture of recovery up until the second wave when there was a significant increase in the number of patients admitted with COVID-19 in December and January 2021 and a high level of staff absence. The COVID-19 pandemic has exposed health inequalities but our local response has shown our partnership working at its best to protect the most vulnerable in our population. We are proud of the good progress made in the implementation of the national learning disability and autism standards. Positive improvements have been seen in the daily consultant review at a weekend and in the redesigned Maternity Day Assessment triage and assessment pathways.

What we will do in 2021/2022:

1.1 To protect the most vulnerable from COVID-19, we will continue to review our infection prevention and control COVID-19 Board Assurance Framework to achieve 90% compliance with the standards.

1.2 To restore our services inclusively, we will continue to work with our Acute Hospital Alliance partners to share planned elective care, work towards a shared approach to waiting list management, and system wide pathway reform.

1.3 Achieve 60% of patient contacts seen by virtual appointments and work with our system partners to procure a virtual solution so that all Trusts can use the same system regardless of geographical location and improve the patient experience.

1.4 To reduce health inequalities, p L O R W D V F K H P H W R W U D F N µ O L Q N H G ¶ S D L U pathway to provide assurance that patients from vulnerable groups are prioritised for treatment in a fair and equitable way.

1.5 Evaluate the impact on practice of our clinical leadership programme. This supports clinical leaders from all professional backgrounds to develop high quality, safe and compassionate care and to work with local leaders to re-

Priority 2: Improve the health and wellbeing of our staff in the recovery from COVID-19

Description of the issue and reason we prioritised it:

Priority 3: Continue to improve patient safety and reduce avoidable harm based on our known risks

Description of the issue and reason for prioritising it:

Patient safety is about maximising the things that go right and minimising the things that go wrong for people experiencing healthcare, such as acquiring an infection in hospital, a fall resulting in a fracture, a pressure ulcer, a missed or delayed cancer diagnosis, an error or missed dose of medication.

Safety is integral to the NHS definition of quality in healthcare, alongside effectiveness and patient experience. The vision for patient safety in the NHS is to continuously improve patient safety. To do this the NHS is building on two foundations:

1) a patient safety culture ±

The national patient safety strategy is to be implemented in 2022 and in preparation, we have nominated a Patient Safety Specialist, whose role is to lead safety improvements across the Trust to ensure that systems thinking, human factors and just culture principles are part of all patient safety activity. We plan to build on this and designate a senior doctor as a Patient Safety Specialist. The work will be overseen by the Patient Experience and Patient Safety Steering Group.

What we will do in 2021/2022:

3.1

Priority 4: Provide ward to board assurance on fundamental standards of patient care at ward and department level

Description of the issue and reason for prioritising it:

Ward accreditations schemes have been shown to promote safer patient care in hospitals by motivating staff and sharing best practice between ward areas. They aim to promote better health outcomes, better patient experience and ensures the ward is a better place to work, train and learn.

The overall aim is to:

- Improve the standards and quality of care at ward level and reduce variation in standards between wards.
- Increase staff pride within their ward area

The scheme involves regularly completing audits and assessments to provide information on how well a ward is doing in meeting standards of patient care. Accreditation brings together key measures of nursing and clinical care into one overarching framework to enable a comprehensive assessment of the quality of care at ward or team level. When used effectively, if can drive continuous improvement in patient outcomes and satisfaction and improve staff experience. It creates a collective sense of purpose necessary to help staff who have been trained in quality improvement to work with their teams to learn and improve and make positive changes for patients and their families as well as make the hospital the best place to work for staff.

The programme is aligned to our strategic priorities and corporate objectives and is supported by the Chief Nurse who meets with the ward teams regularly, to hear about their progress and undertakes a walk-round on the ward to meet staff and patients to gain a real sense of the ward and what it feels like to be a patient and member of the team.

What we will do in 2021/2022:

4.1 Pilot the first full ward accreditation on two wards and share the learning to enable other wards to adopt the programme.

4.2 Ensure all wards take part in a ward performance review process with the Chief Nurse and report progress via a ward accreditation dashboard.

4.3 Ensure all patients aged 65 years and over are screened for dementia and delirium within 72 hours of admission and, if positive, have a diagnostic assessment and where needed are referred to the their GP, memory clinic or mental health team.

4.4 Ensure patients are discharged within 48 hours of being fit to go home and roll out criteria-led discharge to all wards so patients are discharged from hospital without unnecessary delays.

How we will report progress throughout the year:

Progress of our patient safety improvement work will be reported to the Patient Experience and Patient Safety Steering Group

Priority 5: Strengthen our partnerships with other healthcare organisations to improve the health of our local population

Description of the issue and reason for prioritising it:

Integrated care is about giving people the support they need, joined up across local councils, the NHS and other partners, such as the voluntary, community and social enterprise sectors. It removes traditional

2.2 Statements of assurance from the Board

Review of Services

During 2020/2021 Salisbury NHS Foundation Trust provided and/or subcontracted 55 relevant health services. Salisbury NHS Foundation Trust has reviewed all the data available to us on the quality of care in all 55 of these relevant health services. The income generated by the relevant health services reviewed in 2020/2021 represents 100% of the total income generated from the provision of relevant health services by Salisbury NHS Foundation Trust for 2020/2021.

In April 2020, the Integrated Governance Framework was updated and sets out the means by which the Trust Board controls and directs the organisation and its supporting structures, to identify and manage risk DQG HQVXUH WKH VXFFHVVIXO GHOLYHU\ RI WKH RUJDQLVDWLRQ¶V the strategic aim of delivering µDQ RXWVWDQGLQJ H[SHULHQFH IRU HYHU\ SDWLHQW managed, cost effective and has a skilled and motivated workforce. At the same time the Accountability Framework was updated which 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 Govern

Participation in Clinical Audits

During 2020/2021, 54 national clinical audits and 11 clinical outcome review programmes covered relevant health services that Salisbury NHS Foundation Trust provides. During this period, Salisbury NHS Foundation Trust participated in 53 (98%) national clinical audits, and 11 (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 in which Salisbury NHS Foundation Trust was eligible to participate in during 2020/2021 are listed in Figure 29.

The national clinical audits and clinical outcome review programmes that Salisbury NHS Foundation Trust participated in, and for which data collection was completed during 2020/2021, are listed in Figure 31 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.

Figure 29: Eligible national audits and clinical outcome review programmes and those the Trust participated in during 2020/2021

National Clinical Audit/ Clinical Outcome Review Programme	Eligible	Participation	% of cases submitted	Purpose of the audit
Antenatal and Newborn national audit protocol	Yes	Yes	100%	The audit is designed to get a better understanding of some critical points in the screening pathways.
BAUS Urology Audits: Renal Colic	Yes	Yes	100%	To examine data on the assessment and management of all emergency admissions with suspected or confirmed renal/ureteric colic.
BAUS Urology Audits: Bladder				

3) Pain in Children	Yes	Yes	100%	To improve patient care by reducing pain and suffering, in a timely and effective manner.
Endocrine and Thyroid National Audit	Yes	Yes	100%	The audit provides information on outcomes of endocrine surgery, principally on the thyroid, parathyroid and adrenal glands in the UK.
Falls and Fragility Fractures Audit Programme (FFFAP) 1) Fracture Liaison Service Database 2) National Audit Inpatient falls 3) National Hip Fracture Database				

Mental Health Clinical Outcome Review Programme	No	N/A	N/A	N/A
National Asthma and COPD Audit Programme (NACAP) 1) Paediatric asthma: secondary care 2) Asthma (Adult & paediatric) & COPD: primary care 3) Adult asthma: secondary care 4) Chronic obstructive pulmonary disease (COPD) 5) Pulmonary rehabilitation				To drive improvements in the quality of care and services provided for asthma & COPD patients.
	Yes	Yes	100%	As above
	No	N/A	N/A	N/A
	Yes	Yes	100%	As above
	Yes	Yes	100%	As above
	Yes	Yes	100%	As above
National Audit of Anxiety and Depression	No	N/A	N/A	N/A
National Audit of Breast Cancer in Older People	Yes	Yes	100%	Improves the quality of hospital care for older patients with breast cancer by looking at the care received and outcomes.
National Audit of Cardiac Rehabilitation	Yes	Yes	100%	To monitor and support cardiovascular rehabilitation teams and commissioners in delivering high-quality and effective services.
National Audit of Care at the End of Life (NACEL)	Postponed due to the COVID-19 pandemic			Focuses on the quality and outcomes of care experienced by those in their last admission in acute, community and mental health hospitals in England and Wales.
National Audit of Dementia (Care in general hospitals)	Postponed due to the COVID-19 pandemic			Measures criteria relating to care delivery which are known to impact on people with dementia admitted to hospital.
National Audit of Pulmonary Hypertension	No	N/A	N/A	N/A
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Yes	Yes	100%	To improve the quality of care for children and young people with seizures and epilepsies.
National Bariatric Surgery Registry (NBSR)	No	N/A	N/A	N/A
National Cardiac Arrest Audit (NCAA)	Yes	Yes	100%	Audit of in-hospital cardiac arrests in the UK and Ireland.
National Cardiac Audit Programme (NCAP)				
1) National Audit of Cardiac Rhythm Management (CRM)	Yes	Yes	100%	Examines the implant rates and outcomes of all patients who have a pacemaker, defibrillators or cardiac resynchronisation therapy implanted in the UK.
2) Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes	100%	To examine the quality of the management of heart attacks in hospital
3) National Adult Cardiac Surgery Audit	No	N/A	N/A	N/A

4) National Audit of
Percutaneous Coronary

	National Maternity and Perinatal Audit (NMPA)	Yes	Yes	100%	Evaluates processes and outcomes to identify good practice and areas for improvement in the care of women and babies in NHS maternity services.
	National Neonatal Audit Programme (NNAP)	Yes	Yes	100%	Examines whether babies admitted to neonatal intensive and special care units received consistent care.
	National Ophthalmology Audit	Yes	Yes	100%	Examines key indicators of cataract surgical quality.

practice, and Salisbury NHS Foundation Trust has taken or intends to take the following actions to improve the quality of healthcare provided set out in Figure 30.

Figure 30: Examples of national clinical audit reports reviewed during 2020/2021 with actions taken or planned by Salisbury NHS Foundation Trust (SFT)

Society of acute medicine benchmarking audit (SAMBA) (data: 2019)

142 Acute Medical Units took part in a 1 day point prevalence audit in June 2019.

No	Standard	SFT Sept 20	National 2019
CQI 1	All patients should have their NEWS score measured within 30 minutes of arrival at hospital ±standard 100%	**82%**	80.7%
CQI 3	All patients should be assessed by a Consultant Physician within 6 hours of arrival at hospital (in hours)	**60.2%**	59.1%
CQI 3	All patients should be assessed by a Consultant Physician within 14 hours of arrival at hospital (out of hours) ± standard 90%	**88.8%**	87.5%

NEWS = national early

National Audit of Care at End of Life (NACEL) (2019 data) 2020

40 cases were submitted of expected deaths. 11 surveys were completed by bereaved families.

Six domains	SFT 2019	National 2019
Communication with the dying person	**7.5**	7.8
Communication with families and others	**6.1**	6.9
Needs of families and others considered	**5.5**	6.0
Individualised plan of care	**7.3**	7.2
Families and others experience of care	**6.3**	7.0

Local clinical audits

The reports of 171 (100%) local clinical audits were reviewed by the Trust in 2020/2021 and Salisbury NHS Foundation Trust intends to take, or has taken, the following actions to improve the quality of healthcare provided.

Emergency Department patient safety checklist audit 2018 ±2021

- Develop an e-learning WHO safety checklist training module which includes human factors training.
- Ensure all theatre staff undertake and pass an annual competency assessment.

Discharge policy audit report 2020

An audit of 30 discharged adult patients to measure compliance with 6 standards set out in the discharge policy and plan improvement actions where needed
When patients are admitted to hospital it is important to ensure an estimated date of discharge (EDD) is recorded and discussed and agreed by the patient and multidisciplinary team (MDT). This should happen at the first consultant post-take ward round within the first 12 hours of admission. This enables the team to

Research

The number of patients receiving relevant health services provided or subcontracted by Salisbury NHS Foundation Trust in 2020/2021 that were recruited during that period to participate in research approved by the National Institute for Health Research were 2222 patients into 33 studies. 1914 participants were recruited into 9 COVID-19 studies, including RECOVERY and REMAP-CAP. These interventional studies offered participants additional treatments. Findings from RECOVERY and REMAP-CAP have informed standard clinical care for COVID patients around the world. This compares with 1238 patients recruited into 82 studies in 2019/2020.

During the last year research has focused almost entirely on Urgent Public Health COVID-19 studies. 2000 participants were recruited into 9 COVID-19 studies. This local involvement and national collaboration has had a global impact, with updates reported regularly in the Downing Street pandemic press briefings. This has included:

- Vaccine development, including collaboration with the Wessex Vaccine Hub to support development of the Novavax &Janssen vaccines. The Janssen vaccine has recently received regulatory approval in the USA, and will be key to the USA vaccination programme. Both vaccines were being considered for regulatory approval in the UK.
- Vaccine efficacy, including research to show high levels of protection from the first dose of the

Care Quality Commission (CQC) registration

Salisbury NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is without conditions.

Salisbury NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission in 2020/2021.

The Care Quality Commission monitor the Trust under a Single Oversight Framework.

The Trust is planning to take the following actions to sustain good practice in 2021/2022:

1) Improve the coding of the primary diagnosis assigned to paediatric patients by using the information U H F R U G H G L Q W K H S D W L H Q W ¶ V G L V F K D U J H O H W W H U
2) Continue to monitor the comorbidities coding to ensure all relevant codes are captured and national coding guidance is followed and report findings to the Mortality Surveillance Group.
3) Introduce Apprenticeship training for newly appointed coders to develop knowledge and skills in coding activity.

Learning from deaths

During 2020/2021, 884 patients died in Salisbury NHS Foundation Trust. This comprised the following number of deaths which occurred in each quarter of 2020/2021 (Figure 33).

Figure 33: Deaths at the Trust 2020/2021

case record review (structured judgement review) and 472 (77%) deaths had been scrutinised by a Medical Examiner.

By 31 March 2021, 264 (30

Department/teams:

- Improvement actions completed since the review of 33 deaths of patients with a hip fracture in October 2019 has shown a steady decline in the mortality rate attributed to prioritising hip fracture patients for surgery within 36 hours (83% in November 2020 compared to 68% nationally), an increase in spinal anaesthetics (from 14% in October 2019 to 34% in November 2020) and more nerve blocks given pre-theatre (from 31% to 75%) leading to fewer opioids and less delirium.
- A review of 18 patients who died following a gastrointestinal haemorrhage (GI) identified improvements needed in referral and booking processes, use of the acute upper GI bleed care bundle, continuity of care by the GI team and improved governance around learning from deaths. The review was discussed at an Endoscopy User Group and GI team mortality and morbidity meeting. Actions completed. The GI bleed mortality ratio decreased and is as expected
- The stroke team introduced a monthly multi-disciplinary mortality review meeting in June 2020 to share O H D U Q L Q J Z L W K W K H Z L G H U W H D P D Q G L P S U R Y H F R P P X Q L F D W L R U H F R Y H U \ S H U L R G ¶ D Q G W U D Q V L W L R Q I U R P D F W L Y H W U H D W P H Q days reduced from 2019/20 and is well below the national upper limit.
- The maternity services introduced a Perinatal Mortality Review Tool to identify learning across the whole patient pathway. Cardiotocograph interpretation was identified as a theme. Cardiotocograph training levels improved to over 90% and a Fetal Surveillance Midwife was appointed to support midwives and doctors in practice.

Individual level:

- Individual case discussion with doctors and nurses to enable reflection on practice.
- Quarterly Mortality Matters bulletins ±outline learning achieved and case vignettes, published on the

- Any patient re-admitted within 14 days either from this hospital or another hospital should be considered high risk and isolated until the result of an admission test is known. The risk has been mitigated by the

Figure 34: Trend in relative risk for fracture of neck of femur

252 case record reviews and 10 serious incident inquiries of deaths which occurred in 2019/2020 were completed by 2020/2021. These deaths which took place in 2019/2020 are not included in the total number of deaths reported in Figure 35. The case record reviews were undertaken as a result of

The Trust has taken the following actions to improve and sustain good practice in 2020/2021:

- The survey was undertaken during the COVID-19 emergency at the very start of the 2nd wave, although in September 20 no new COVID patients were admitted and the bed occupancy rate was 86.6%, lower than in the September 2019 survey.

- Improved the proportion of patients seen by a suitable consultant within 14 hours of admission both

Freedom to Speak Up (whistleblowing and raising concerns)

Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. Having a healthy speaking up culture is also an indicator of a well-led Trust. We encourage all our staff to speak up about any concern they have at work. Staff can raise a concern about risk, malpractice or wrongdoing that may cause harm to the service we deliver to patients. Staff can speak up in a number of ways:

- Formally or informally with their line manager or lead clinician or tutor.
- Our Freedom to Speak Up Guardian in person, by telephone or email.
- Our risk management team.
-

- The NHS and Social Care Whistleblowing helpline for advice and support 08000 724 725 or a professional organisation such as the General Medical Council or Nursing and Midwifery Council or trade union representative.

We hope that when a member of staff raises a concern they feel comfortable to raise it openly, but we also appreciate that staff may want to do so confidentially. Staff are always thanked for speaking up and will always have access to the support they need.

If the concern is about quality of care or a patient safety incident, an investigation is carried out by someone independent of the case, to examine the concerns and wider circumstances. The person is advised how long it will take and is kept up to date with progress. The investigation report focuses on identifying the cause and making recommendations to promote patient safety and learning. The person is told about the outcome of the investigation and change is monitored to ensure it is working effectively.

If the concern is about bullying and harassment, our Dignity at Work policy http://intranet/website/staff/policies/humanresources/personnelpolicies/dignity+at+work+(bullying+and+harrassment)+policy.asp encourages staff to seek resolution informally in the first instance, but if this is unsuccessful the person can raise a formal complaint. An investigation is carried out in the same way as a patient safety investigation.

We want to make sure our staff feel safe to raise a concern. Our policy makes it clear that if staff raise a

Reporting against core indicators

This section of the Quality Account provides comparisons of quality standards common to all hospitals.

The standards are set by the Department of Health and the information and data used is from NHS Digital. All data can be found at https://digital.nhs.uk. The standards that are benchmarked are:

- Summary hospital-level mortality indicator
- Patient reported outcome measures
- Emergency re-admissions within 28 days
- Responsiveness to the needs of patients
- Staff who would recommend the Trust to family and friends.
- Patients who would recommend the Trust to family and friends.
- Venous thrombo-embolism risk assessment
- C difficile
- Patient safety incidents.

Summary Hospital Level Mortality (SHMI)

Figure 39 S U H V H Q W V W K H 7 U X V W ¶ V S H U I R U P D Q F H D J D L Q V W W K H H [S H F W H G U D Q J H , that the SHMI data is as described for the following reasons:

- SHMI is published by NHS Digital and compares the number of deaths in hospital and within 30 days of discharge with expected levels. It is not adjusted for patients admitted for end of life care, for example to Salisbury Hospice. Our SHMI for January 2020 to December 2020 was 103 and is within the expected range. If the number of deaths was exactly as expected the SHMI would be 100. However, some natural variation is to be expected and a number above or below 100 can still be within the expected range. In 2020/2021, 43.5% of our deaths were patients admitted for palliative or end of life care compared to 47.4% in 2019/2020.

Salisbury NHS Foundation Trust has taken the following actions to improve by the:

- Introduction of the Medical Examiner system in August 2020 to scrutinise all deaths, except those V X E M H F W W R D F R U R Q H U ¶ V L Q T X H V W D Q G W R G L V F X V V W K H P H G to ascertain if they had any concerns about care and investigate them.
- Reduction in the mortality rate associated with a hip fracture by improvements in the pathway (time to theatre within 36 hours, increase in regional anaesthesia and local pain blocks with a reduction in the use of opioids).
- Reduction in the mortality rate associated with an acute gastro-intestinal haemorrhage (improved referral and booking process, implementation of the acute upper GI bleed care bundle, better continuity of care with patients cared for by the GI team, ongoing audit to understand the reason for any delays of patients who need emergency and urgent endoscopy and improvement actions).

ngorm ationeed emergency and urgent endosco en

- During the COVID-19 pandemic, the Specialist Palliative Care Team and the End of Life Care team provided a one off bereavement call to families of patients who were supported by them. This occurred between 1-4 weeks after the death and was an opportunity to offer condolences, listen and support the bereaved. and enable families to ask questions or raise concerns which can either be resolved at the time or a second call is arranged once action has been taken. If the patient was supported by the Specialist Palliative Care Team a referral to the family support team can be made if formal bereavement support is indicated.

Salisbury NHS Foundation Trust intends to take the following actions in 2021/22 to ensure the SHMI remains as expected by:

- In partnership with BSW ICS, introduce the national ReSPECT form.
- Complete a review of all patients who died from COVID-19 disease in the 2nd wave of the pandemic to ensure that treatment shown to be effective in clinical research trials was given, Do Not Attempt Resuscitation orders were appropriate and national guidance was followed to reduce the risk of nosocomial transmission and implement any improvement actions required.

Figure 39: Summary Hospital-level mortality indicator (SHMI)

NHS Outcomes Framework Domain	Indicator	2017/18	2018/19	2019/20	2020/21	National average	Highest & lowest average other Trusts 2020/21
Domain 1: preventing people from dying prematurely	SHMI value	106	101	101*	(103		

Emergency re-admissions within 28 days of discharge

Figure 41 S U H V H Q W V W K H 7 U X V W ¶ V S H U I R U P D Q F H Z L W K U H D G P L V V L R Q V Z L W K L Q G D \ V R I G L V F K D U J H L Q W K H
Foundation Trust considers that the percentage of emergency re-admissions within 28 days of discharge from hospital is as described for the following reasons:

- Every time a patient is discharged and re-admitted to hospital staff code the episode of care.
- The re-admission data is given a score using the data quality assurance framework which is currently green.
- All patients who are re-admitted to hospital are validated by the Validation Officer, Central Booking ' H S D U W P H Q W W R F R P S D U H W K H S D W L H Q W ¶ V I L U V W L Q S D W L H Q W G L V F K D U J H G L D J Q R V L V diagnosis to establish whether they were linked.
- Emergency re-admission rates within 7, 14 and 30 days of discharge are reported to the Board at every meeting.
- Between September 2019 and August 2020, our re-admission HSMR relative risk was 107.4 with 95% confidence interval. This was based on 2060

an acute illness and are counted as a re-

Figure 42: Responsiveness to the personal needs of in-patients

NHS Outcomes Framework Domain	2017/18	2018/19	2019/20	2020/21	National average 2020/21	Highest average other Trusts 2020/21	Lowest average other Trusts 2020/21
Domain 4: ensuring that people have a positive experience of care	6.9	6.9	6.8*	To be reported in Nov 21	To be reported in Nov 21	To be reported in Nov 21	To be reported in Nov 21
Indicator: Responsiveness to the personal needs of its patients (mean score)							

* In 2019/20 the provisional figure of 6.8 was reported. The final figure was 6.8.

The Friends and Family Test ±Patients

Figure 44: Friends and Family test - percentage of patients whose experience met their expectation in the Emergency Department and inpatient wards

NHS Outcomes Framework Domain	Score:	2018/19	2019/20*	2020/21	National average 2020/21	Highest other Trusts

Figure 46: Patients admitted to hospital who were risk assessed for Venous Thromboembolism

NHS Outcomes Framework Domain	2018/19	2019/20*	2020/21	National average 2020/21	Highest other Trusts 2020/21	Lowest other Trusts 2020/21

- NHS Improvement and the Clinical Commissioning Groups are regularly briefed on this issue with no further action required to be taken. No financial fines have been levied by the Clinical Commissioning Groups.

Due to the COVID-19 pandemic, the Trust has seen a reduction in the number of patients being admitted to Salisbury NHS Foundation Trust. The following actions have been taken in 2021/2020 to reduce the rate per 100,000 bed days of cases of C. difficile infection and improve the quality of its services by:

- Maintaining and monitoring good infection control practices including hand hygiene, wearing of personal protective equipment, prompt isolation nursing and sampling of patients with suspected infectious diarrhoea.
- Maintaining and monitoring standards of environmental and patient care equipment cleanliness and taking actions to improve.
- Improved best practice in antibiotic prescribing and review from auditing.

Salisbury NHS Foundation Trust intends to take the following actions in 2021/2022 to reduce the rate per 100,000 bed days of cases of C. difficile infection to improve the quality of its services by:

- Continued vigilance through the above actions.
- Undertaking monthly audits of antibiotic prescribing practice and focus on improvement actions.
- Continue collaborative working partnerships with the local Clinical Commissioning Groups to share learning and best practice.

Figure 47: Rate per 100,000 bed days of C difficile infection reported within the Trust amongst patients aged 2 or over

NHS Outcomes Framework Domain	2017/18	2018/19	2019/20	2020/21

Patient safety incidents

Figure 48 shows W K H 7 U X V W ¶ V S H U I R U P D Q F H R Q S D W L H Q W V D I H W \ L Q F I considers that the rate of patient safety incidents reported and the number and percentage of such incidents that resulted in severe harm or death are as described for the following reasons:

- of such

Our national staff survey 2020 showed that when asked:

- My organisation treats staff who are involved in an error, near miss or incident fairly - 58.8% of staff felt they were treated fairly compared to the national average 61.4%.
- When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again ±70.1% of staff felt the Trust took action to ensure errors, near misses or incident do not happen again compared to the national average of 72.7%.
- We are given feedback about changes made in response to reported errors, near misses and incidents ±56.7% of staff felt they were given feedback about changes made compared to a national average of 61.9%.

Figure 48: National Reporting Learning System rate of patient safety incidents reported and the percentage of incidents that resulted in severe harm or death

NHS Outcomes Framework Domain	Indicator	2018/2019	2019/2020*
Domain 5: treating and caring for people in a safe environment and protecting them from avoidable harm	The number and rate of patient safety incidents reported within the Trust.	39.77 incidents per 1000 bed days	43.79 incidents per 1000 bed days
	The number and percentage of such incidents that resulted in severe harm or death	25 incidents 0.38%	33 incidents 0.52%

*2019/2020 data was not available by 1/5/20. The full year is now reported.

Duty of Candour

Clinical Effectiveness indicators							
6. Patients having surgery within 36 hours of admission with a fractured hip	78.6%	85.2%	81.9%	83.4%	90%	Higher number is good	National definition with data taken from hospital system and national database.
7. % of patients who had a risk assessment for VTE (venous thromboembolism)	99.5%	99.5%	99.6%	96.8%	90%	Higher number is better	
	within 12 hours						
8. % patients who had a CT scan within 12 hrs of admission with a stroke	97.8%	99.2%	96.9%	96.1%	Not available	Higher number is betterTm	Local indicator

* In 2019/2020 HSMR was reported as 105 to December 2019. The full year rate was 103 to March 20. In 2019/2020 SHMI was reported as 103.9 to October 2019. The full year rate was 101 to March 2020.
** In previous annual reports the Trust quoted Trust and non-Trust apportioned MRSA notifications as a total figure. This will have included community hospital and GP patients. The total figure is quoted in brackets in the table.
*** Never events are adverse events that should never happen to a patient in hospital. An example is an operation that takes place on the wrong part of the body. The national never events list was revised in April 2018 describing 15 categories of never events.
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7 K H S D W L H Q W V D I H W \ L Q G L F D W R U Q D P H K D V E H H Q Finding Quality of Care was very good D Q V F R
R U E H W W H U µ U ¶ D Q V F R U H U D W L Q J W L H Q X D O L W \ R I F D U H ¶ D V L W L V Q R O R Q J H U U D W H G E
scale from 10 to zero. In 2019/20 U H S R U W W K H P H D Q V F R U H R I S D W L H Q W ¶ V U D W L Q J The Quality of Care T X D O L W
rating was **8.3.**

NHS Oversight Framework 2019/20 Indicators

Figure 50: Trust performance indicators

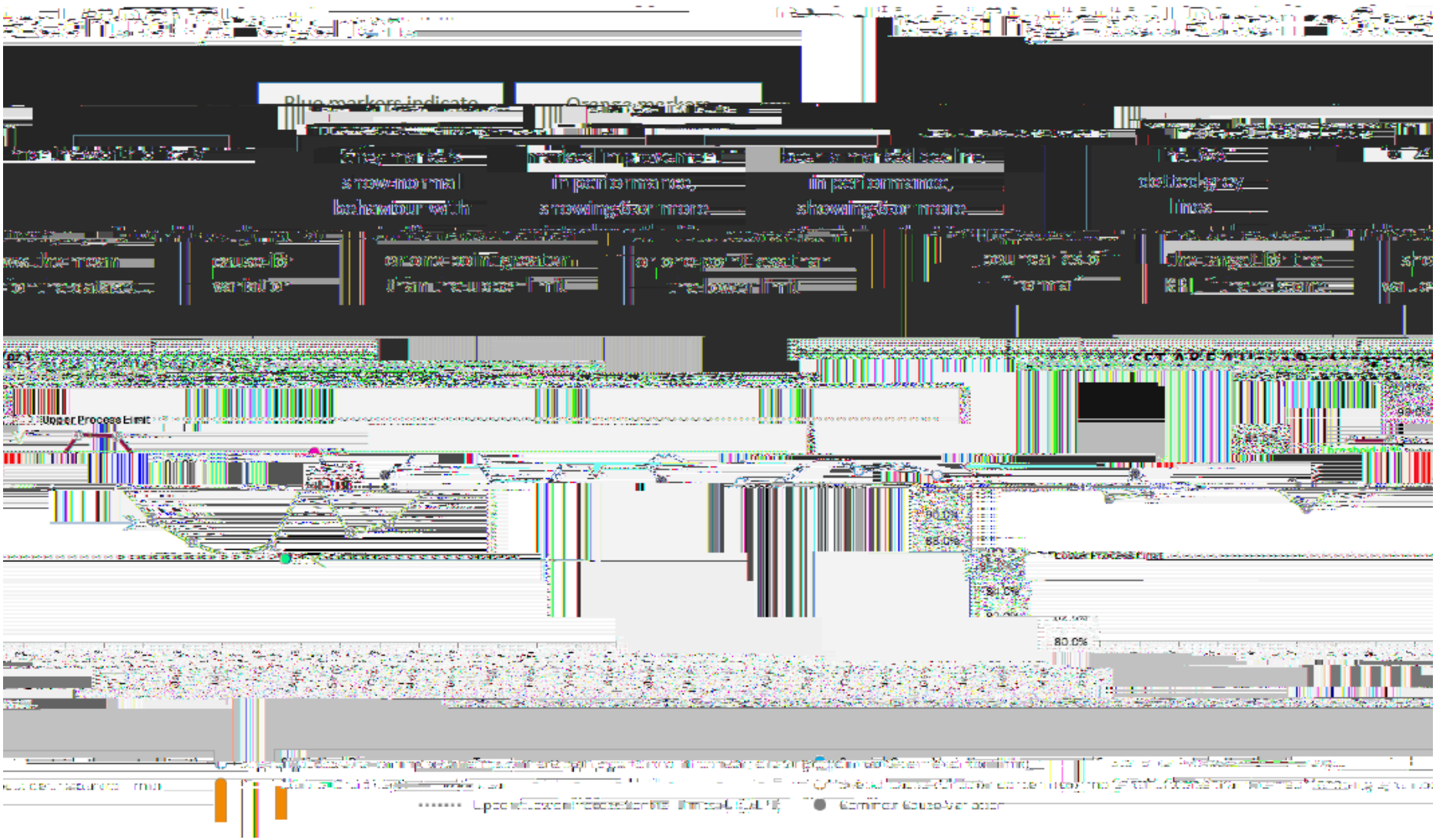
Measure & indicator	2018/2019	2019/2020	2020/2021 (M10)	Standard 2020/2021
Acute emergency care and transfer of care A&E maximum waiting time of 4 hours from arrival to admission, transfer or discharge.	91.01%	90.06%	89.95%	95%
Cancer Services All cancers ±maximum 62 day wait for first treatment from: •				

*This includes Type 1, 2, & 3 Emergency Department attendances from 1 April 2017.

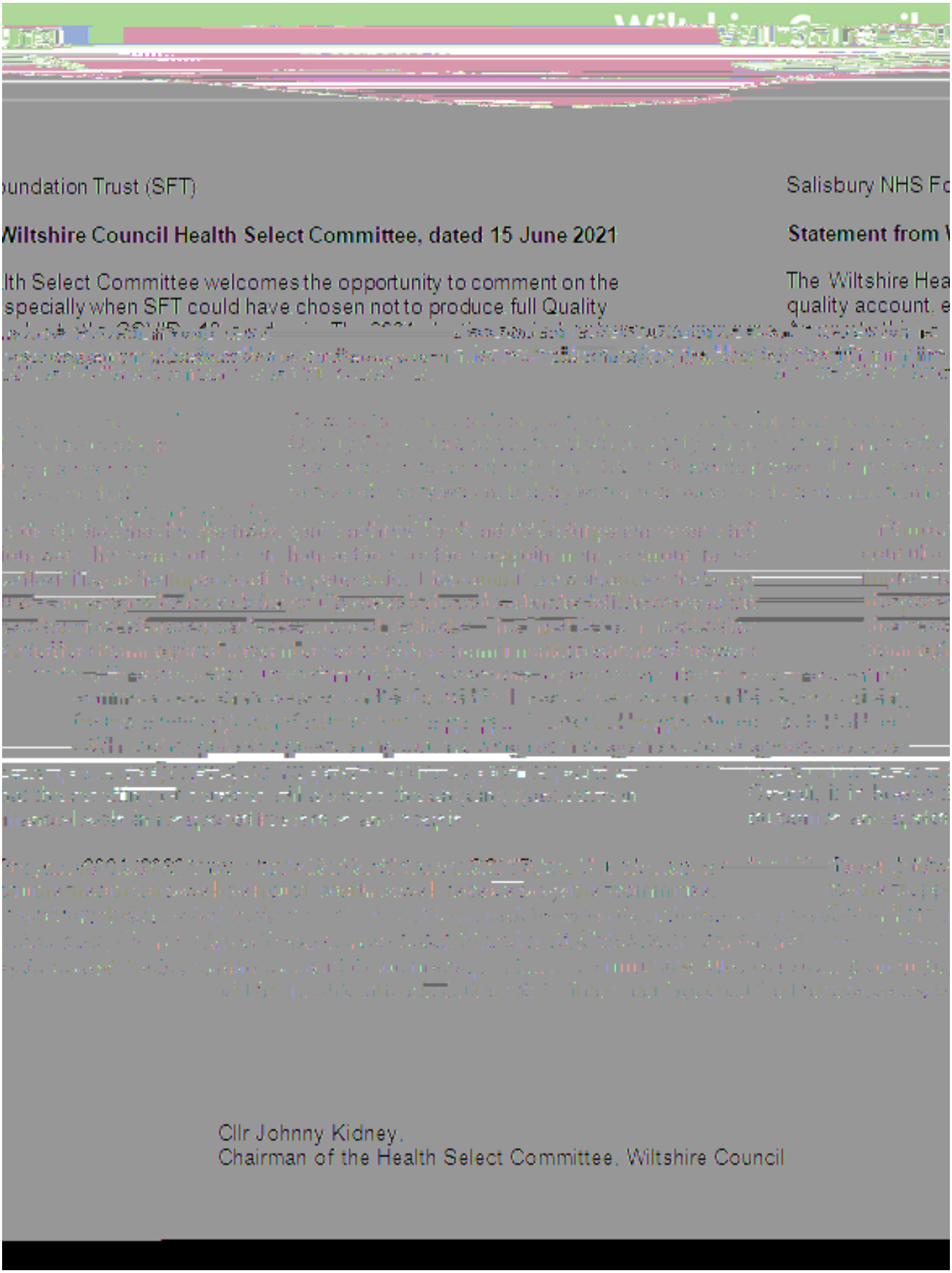
**In 2019/2020, 8 successful appeals for no lapses in care were made to NHS Wiltshire and NHS West Hampshire Clinical &RPPLVVLRQLQJ *URXSV ZKR DJUHHG WKH\ FRXOG EH UHPRYHG IURP WKH 7UXVW reported is the total number of hospital onset health care associated cases including the 8 cases successfully appealed.

*******In 2019/2020 SHMI was reported as 103.9 to 30/

NHS
Salisbury
NHS Foundation Trust



Statement from Wiltshire Council Health Select Committee, dated 15th June 2021



oundation Trust (SFT)

Salisbury NHS Fo

Wiltshire Council Health Select Committee, dated 15 June 2021

Statement from W

lth Select Committee welcomes the opportunity to comment on the specially when SFT could have chosen not to produce full Quality

The Wiltshire Hea quality account, e

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

Statement from Healthwatch, Wiltshire ±13 May 2021

Statement from the Governors ±14 May 2021

The quality account is for a year during which the declaration of the coronavirus pandemic was manifest to all. The Trust, operating as part of the national emergency response, amended its priorities to ensure the hospital had the capacity to respond effectively to local outbreaks whilst maintaining access to urgent and essential treatments and care. Working relationships established in the formation of the Bath, Swindon and Wiltshire (BSW) integrated care system (ICS) proved beneficial in ensuring access to care was coordinated across the health and social care sectors while minimising the risk of disease transmission between hospital and community settings.

The Trust decided to publish the quality account to record how it maintained a state of readiness to respond to COVID-19 while it worked to improve care quality, recover the waiting time standards and minimise the number of people waiting for non urgent appointments and care, enshrining into practice alternative and beneficial ways of working. The report also sets the quality improvement targets for 2021/22 which have the support of the governors.

The second wave of COVID- G U L Y H Q E \ W K H P R U H W U D Q V P L V V L E O H µ . H Q W ¶ under extreme pressure from mid-December through January. Prevalence in the communities served by the Trust rose alarmingly resulting in over 50% of allocatable beds being occupied by patients with the disease. Coupled with institutional outbreaks in the community and the launch of a successful and much appreciated vaccination programme the demand on the organisation was unprecedented.

The effective response required exceptional and innovative action by the Trust leadership. It required all staff to work as one, committed to ensuring every patient was provided with the best possible care. More

- There are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice.

- The data underpinning the measures of performance reported in the quality report is robust and reliable and conforms to the specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.

- 1+6 ,PSURYHPHQW SXEOLVKHG XSGDWHG JXLGDQFH µ1+6 IRXQ 2020/21 ¶ Eebruary 2021. The guidance indicated there is no requirement for a foundation trust to prepare a quality report and include it in its annual report for 2020/21. This is optional. The Trust decided to prepare the report in the usual way and publish it alongside the annual report. https://www.england.nhs.uk/wp-content/uploads/2021/02/B0322-nhs-foundation-trusts-annual-reporting-manual-20-21.pdf

- In accordDQFH ZLWK 1+6 ,PSURYHPHQW JXLGDQFH µ1+6 IRXQGDWL ¶)HEUXDU\ WKHUH LV QR UHTXLUHPHQW IRU D IRXQ assurance of its quality account/report in 2020/21. Therefore, no limited assurance report is available on the quality account report in 2020/2021. In addition, NHS foundation trusts are advised that from RQZDUGV LW LV LQWHQGHG WKDW WKH TXDOLW\ UHSRUV replaced with reporting within the performance report https://www.england.nhs.uk/wp-content/uploads/2021/02/B0322-nhs-foundation-trusts-annual-reporting-manual-20-21.pdf

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

By order of the Board.

Nick Marsden
Chairman
4 June 2021

Stacey Hunter