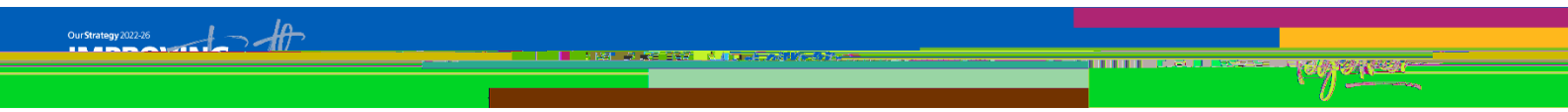


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Introduction

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.

2A - Priorities for Improvement

Salisbury NHS Foundation Trust

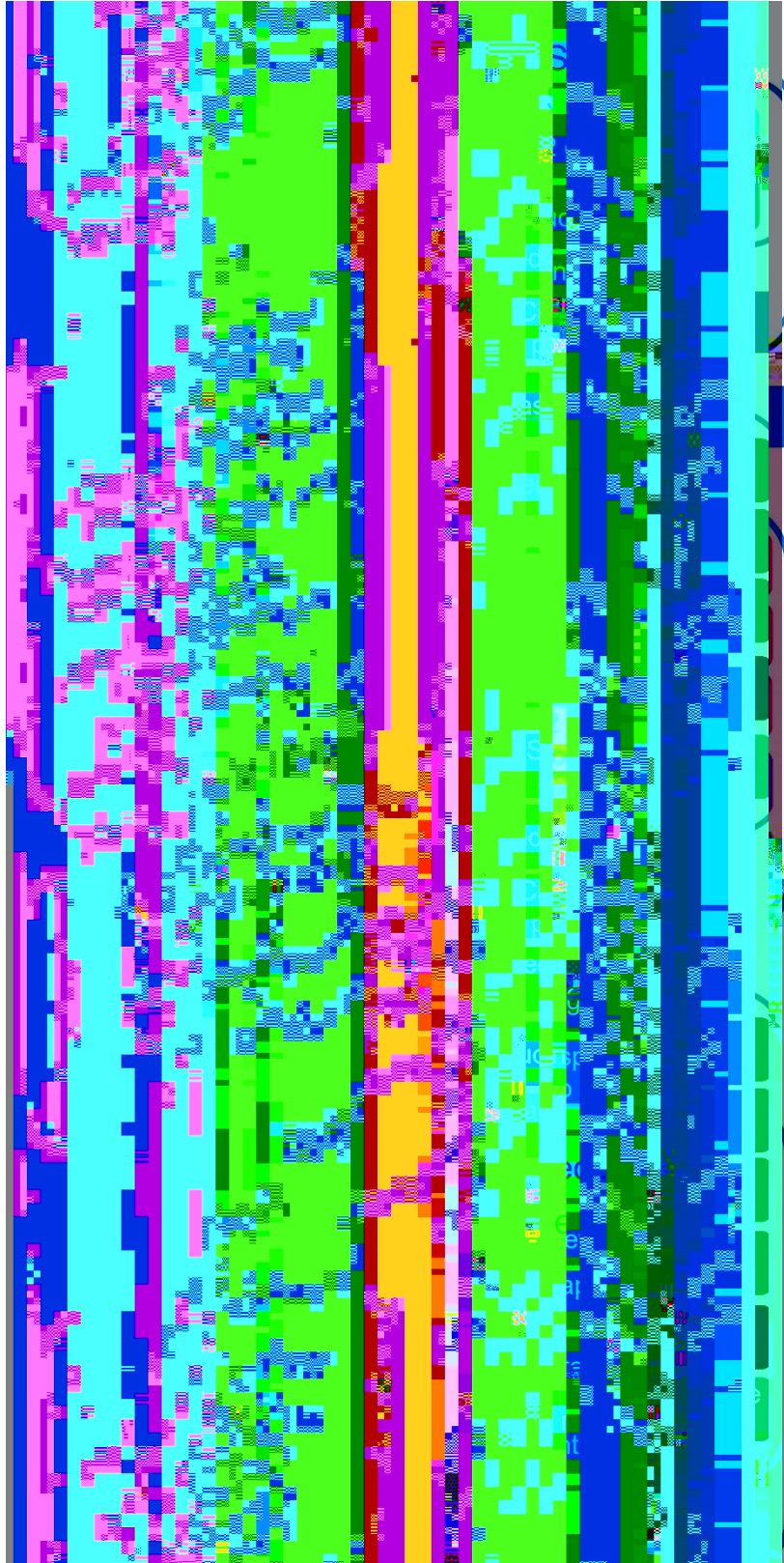
In this part of this section of the Quality Report, we outline areas for improvement in the quality of health services that are provided by Salisbury NHS Foundation Trust.

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 ef

Trust breakthrough objectives and Divisional Drivers



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.**

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

Patient Safety

IN 2024/25 WE WIL7.14 454.27 Qq0.000008871284159532 841.92 reW* nBT/F2 14



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

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.

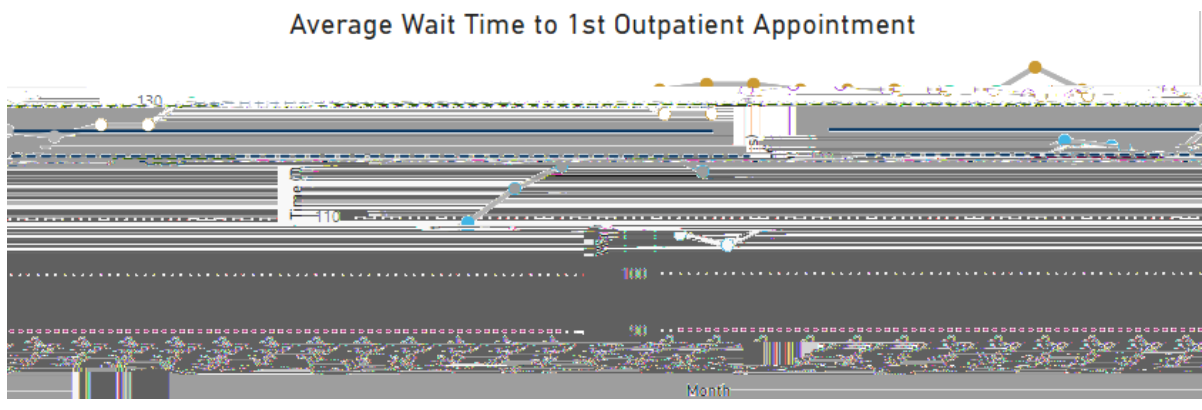
Establishing and sustaining "Bay watch" to ward areas, ensuring that there is someone to provide observation within the patient bay to prevent falls from occurring.

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*

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.

In 24/25, we have continued this priority as one of our four improvement breakthrough objectives (key priorities for all our teams to focus on) in recognition that we did not see the impact we wanted in 23/24. Using our continuous improvement methodology, we will seek to understand our data and focus on local improvements that collectively contribute to a reduction in overall waiting time. We have seen this approach deliver benefits in some specialty areas and will look to understand, share and expand our successes in the coming 12 months.

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:

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.

National Clinical Audit

Audit title	Details	Participation	
-------------	---------	---------------	--

The participation in these audits is in line with the Trust's annual clinical audit programme

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:

Goals Agreed with Commissioners

Our Commissioning for Quality and Innovation (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).

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>

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

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 -

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

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 Organisational 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.

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											

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

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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)												

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:

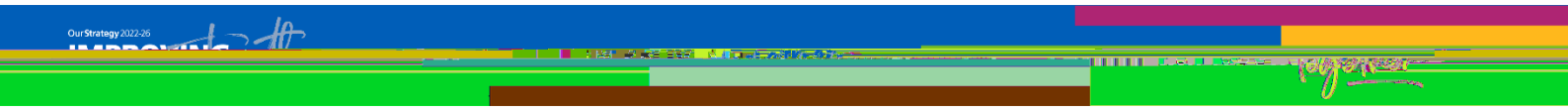
- Increase HCA recruitment, 100 HCAs recruited to date. Ongoing focus and regular open sessions to continue recruitment drives.
- Recruitment of overseas Registered Nurses, 40 further Registered Nurses currently in progress.
- Strategic review of the medical workforce to ensure adequate staffing levels 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

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						

Maintain our Verbo

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:



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:

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.

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.

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 /F2 9.48 Tf1 0 0 1 72.02

stories

Complaints Process Review Project –

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

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

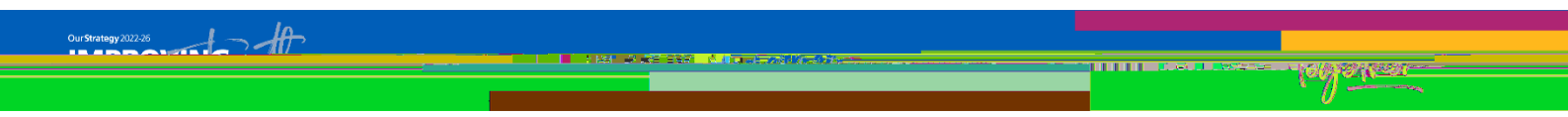
Health Inequalities

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

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



Getting It Right First Time

Getting It Right First Time is a national

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

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.

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 wh5(i)q0.0000nto force. By April 2027 we aspit0 4(uff)4(er de

An inclusive employer

Our vision metric in our long-



Examples of Local Audits in 2023 / 24

Audit Title	

Examples of Local Audits in 2023 / 24

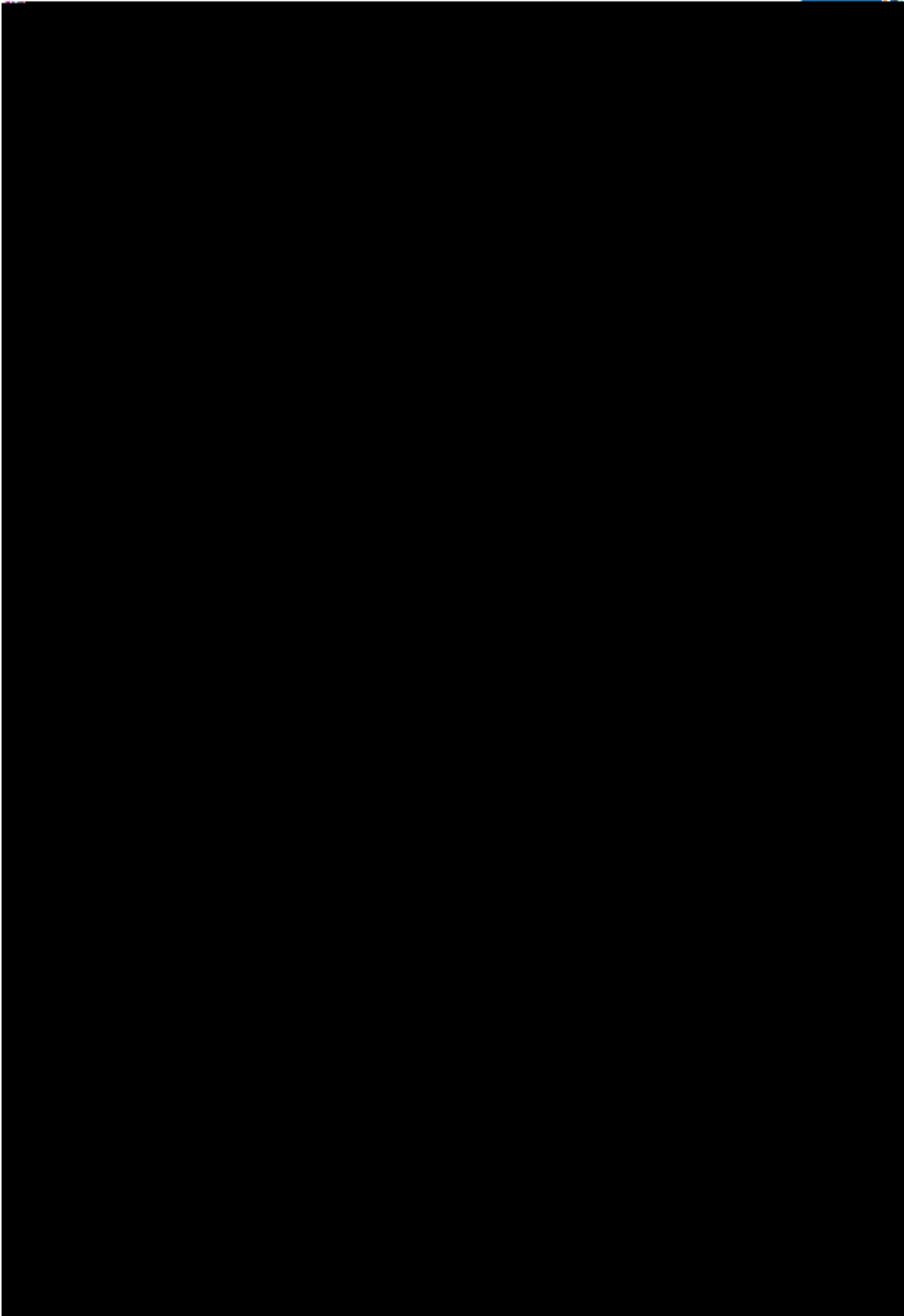
Audit Title	Summary of Successes and Concerns	Actions to improve quality of healthcare
<p>PrEP Audit of Hepatitis B and Urea Electrolyte Monitoring</p> <p>Presented: October 2023</p>	<p>The aim of the audit is to assess if the sexual health team are correctly assessing and managing patients attending for PrEP. In particular to assess if all patients have been</p>	

Appendix C – Letters of Assurance

The following were all invited to comment and provide assurances on the content of the Salisbury NHS Foundation Trust Quality Account 2023/24.

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

Statement from Wiltshire Health Select Committee, 13 June 2024



- o Priority 3: Putting the lived experience of the patient at the heart of our service

Initial exhibition.

Priority 4: Managing our environment to ensure the greatest and most ordinary moments in patients' lives.

Priority 5: Continuing to improve patient safety and our support for our workforce to improve our quality of care.

The Board and the Executive are committed to supporting the work of the Trust and the NHS in the future. We will continue to work with our partners and the public to improve the quality of care and the experience of patients and staff. We will continue to work with our partners and the public to improve the quality of care and the experience of patients and staff. We will continue to work with our partners and the public to improve the quality of care and the experience of patients and staff.

Yours sincerely,
 Gill May
 Chief Nurse Officer

Statement from Healthwatch Wiltshire

Responsibilities for the Quality Report

Statements of Directors

The Board of Directors is responsible for the quality report and for ensuring that the information reported in the quality report is reliable and accurate.

The Board of Directors is responsible for ensuring that the quality report is prepared in accordance with the requirements of the NHS Improvement New Sector guidance for NHS Foundation Trusts and the annual quality reports (NHS) Regulations 2016 and the annual quality reports (NHS) Regulations 2016 (as amended).

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The quality report presents a balanced picture of the NHS Foundation Trust's performance over the reporting period.

The performance information reported in the quality report is reliable and accurate.


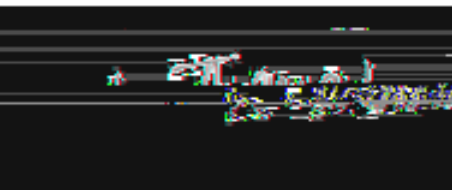
The data underpinning the measures of performance reported in the quality report is robust and reliable and conforms to the specified data quality standards and prescribed definitions.

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By order of the Board, **Richard H. Board**

Ian Green OBE **Lisa Thomas**
 Vice-Chair **Chair**
 Date: 12/06/2024 Date: 12/06/2024

Salisbury NHS Foundation Trust
Salisbury District Hospital
Odstock Road
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This document is available in large print, audio tape or another language on request.

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