

# Quality Account Summary 2025/26

June 2026

This Quality Account summary highlights just some of the key Quality priorities for 2025/26 and the Trust's plans for 2026/27. Further information is in the full Quality Account, available at: [Quality Account 2025/26](#)



## Statement on Quality from the Chief Executive

I am pleased to present the Quality Account for 2025/26 for Salisbury NHS Foundation Trust (SFT). This report highlights our performance against key priorities over the past year and outlines our main areas of focus for 2026/27.

Last September, we welcomed our new Managing Director (MD), Nick Johnson, following Lisa Thomas's move to Great Western Hospitals, Swindon as MD.

Despite significant challenges over the past 12 months - including financial pressures, workforce constraints and national change - the Trust has continued to deliver high-quality, compassionate care and a strong patient experience.

We have also made important progress in innovation and improvement. Our continuous improvement methodology, *Improving Together*, is delivering tangible benefits at SFT. Healthcare Assistants report feeling better supported, more confident, and more likely to remain in their roles, supported by our achievement of 100% Care Certificate compliance. This approach aligns with developing collaboration across the three Trusts in the BSW Hospitals Group (SFT, Royal United Hospitals, Bath and Great Western Hospitals, Swindon). By working, improving and learning together, we are enhancing our ability to deliver modern, effective and high-quality care to our communities.

Partnership working is further demonstrated through the opening of our new Discharge Hub in the Elizabeth Building, improving discharge processes and strengthening collaboration with HCRG Care Group and Wiltshire Council.

I am particularly proud of the progress of our Surgical Same Day Emergency Care (SDEC) unit. Established a year ago through the reconfiguration of the Surgical Assessment Unit (SAU) on Britford Ward, the service has responded well to a 21% increase in demand since 2024. Improvements include a dedicated clinical lead, enhanced triage pathways, extended hours with increased senior medical cover, and direct GP referrals that allow patients to bypass the Emergency Department where appropriate.

These changes have improved performance, patient flow and productivity. Notably, the time from arrival in the Emergency Department to transfer to Surgical SDEC/SAU has reduced from 74 minutes in 2024 to under 60 minutes in 2025, helping to relieve pressure on emergency services.

We have also adopted the Patient Safety Incident Response Framework (PSIRF), which supports a coordinated, data-driven approach to patient safety, with a strong emphasis on compassionate engagement and learning. The Trust remains committed to fostering a just and restorative culture that supports continuous improvement.

Despite ongoing pressures from increased Emergency Department attendances during 2025/26, we have seen improvements in key performance measures, including four-hour performance, ambulance handover times and reductions in long waits. While further progress is needed in some areas, it is encouraging that 78% of patients with suspected cancer are now receiving a diagnosis or an all-clear within 28 days of referral (February 2026 data).

Our staff are our most valuable asset, and we continue to invest in their experience at work. The 2025 NHS Staff Survey places Salisbury in the top half nationally, reflecting positive progress in staff engagement and wellbeing.

We are also proud to celebrate national recognition for our colleagues. This year, Katie Ransby and Champi Dona received the National Chief Nursing Officer's Silver Award, and Vicki Marston received the Chief Midwifery Officer's Silver Award for their outstanding contributions to patient care.

The quality of care we provide is reflected in feedback through our Sharing Outstanding Excellence Awards. One nomination shared:

***"My wife and I had been living in the hospital since December, after the birth of our daughter eight weeks early, and the Neonatal Team was fantastic. Team members helped us stay strong together rather than falling apart."***

On behalf of the Trust Board, I would like to thank all our staff across every profession. Your dedication and compassion make a profound difference to our patients every day.

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

**Cara Charles Barks,**  
Chief Executive Officer



## Looking back at 2025/26 – What did we say we would do?

Working through **Partnerships** to transform and integrate our services



### Creating Value for Our Patients

#### How have we performed?

When selected as a breakthrough objective, our productivity was at -21% relative to 2019/20, by the end of 2025/26 it had improved to **-11%**.

Our position has since failed to improve due to demand on services, flow to out of hospital services and staff absence.

#### Actions for improvement included:

- ✓ Controls on temporary staffing.
- ✓ Review of meetings & establishing new routines to oversee.
- ✓ Reductions in length of stay in partnership with system colleagues.
- ✓ Executive attendance in key forums to drive decision making and approach change.

Improving the health and wellbeing of the **Population** we serve



### Time to First Outpatient Appointment

#### How have we performed?

We have seen continued improvement towards our absolute target of a reduction to an average of **90** days. In 2025/26, an improvement of **14%** (19 days) was seen.

#### Actions for improvement included:

- ✓ Appointment of an Outpatients Associate Medical Director, to lead and provide dedicated leadership.
- ✓ Each Division having this as a 'driver' for their teams.
- ✓ The Outpatients Team developing a plan of what a specialty needs to improve.
- ✓ Outpatient forum established.
- ✓ Implementation of a national project – Advice and Refer to elective care specialities.

Improving the health and wellbeing of the **Population** we serve



### Managing Patient Deterioration

#### How have we performed?

A **consistent and steady improvement** has been seen.

Our balance metric of Intensive Care Unit admissions decreased, suggesting that we are effectively reducing the negative impact of non-timely patient observation

Mid-year, this breakthrough objective was replaced by **Reducing Pressure Injury**.

#### Actions for improvement included:

- ✓ NEWS2 scores reviewed at handovers and morning huddle.
- ✓ Critical Care Outreach Team to join weekend medical handover with NEWS2 scores reviewed.
- ✓ NEWS2 and POET training availability completed.

Improving the health and wellbeing of the **Population** we serve



### Reducing Pressure Injury

#### How have we performed?

The performance is currently **steady state**, with our interventions starting to gain traction.

Further identification of countermeasures being scoped to further improve performance.

#### Actions for improvement included:

- ✓ Developed an A3 to drive focus and improvement.
- ✓ Introduction of a Task and Finish Group.
- ✓ Rapid Improvement Event planning with a focus on appropriate use of continence products to reduce moisture associated skin damage.
- ✓ Education and learning to support staff confidence.

Supporting our **People** to make SFT the Best Place to Work



### Increasing ACS Staff Retention

#### How have we performed?

A **consistent & significant decrease** in turnover was seen.

The Trust Vision Metric was achieved and maintained its **13%** target consistently.

Mid-year, this breakthrough objective was replaced by **Reducing Staff Unavailability**.

#### Actions for improvement included:

- ✓ Launch of HCA preceptorship to improve training.
- ✓ HCA apprenticeship route established.
- ✓ Quarterly HCA learning and celebratory events.
- ✓ Understanding leaver reasons and consistent recording of trends and hot spots.

Supporting our **People** to make SFT the Best Place to Work



### Reducing Staff Unavailability

#### How have we performed?

Our performance has proved **steady state**.

However, the process to improve this metric is complex and had not been expected to move the dial instantly.

#### Actions for improvement included:

- ✓ Developing a case study of well-deployed team-based rostering.
- ✓ Teams with high turnover identified to triangulate with vacancy, temporary staff usage, and absence data.
- ✓ Stratifying our data at Divisional level.
- ✓ Improve annual leave planning.

Further information is available on pages 22 to 27 of [Quality Account 2025/26](#)

## Quality Directorate Highlights

## Patient Experience

## What did we do in 2025/26?

- ✓ We are proud to have achieved Gold reaccreditation for **veteran awareness** from the **Armed Forces Covenant**.
- ✓ Over **340** real-time feedback surveys have been conducted by the patient's bedside.
- ✓ The Trust has purchased Photosymbols Software licences to enable the Trust to produce more **Easy Read** patient information.

## What are our aims for 2026/27?

To achieve a minimum response rate of 18% using the Friends and Family Test and maintain at least a 95% good / very good rating.

To respond to 85% of complaints within their agreed timescale and reduce re-opened complaints to less than 5%.

To increase our response rates to real-time feedback by >15% on 2024/25 and maintain a 90% positive experience rating.

## Clinical Effectiveness

## What did we do in 2025/26?

- ✓ The Team has **strengthened** operational efficiency despite ongoing recruitment pressures.
- ✓ Along with national audits and quality improvement programmes, there were **180 local clinical audits** registered in 2025/26
- ✓ We have **collaborated** with teams at Bath & Swindon to develop a consistent Group approach to NICE compliance reporting.

## What are our aims for 2026/27?

We will continue to use Improving Together as the vehicle for driving continuous improvement across the Clinical Effectiveness portfolio.

We will continue to reduce the number of mandated national audits which have passed their target date for completion.

We will continue to collaborate with teams at Bath and Swindon to develop a consistent Group approach to NICE compliance reporting in the future.

## Patient Safety and Risk

## What did we do in 2025/26?

- ✓ We prioritised the implementation of **Patient Safety Incident Response Plan (PSIRP)** in line with national Patient Safety Incident Response Framework (PSIRF) requirements.
- ✓ We launched **Call for Concern** – a part of Martha's Rule empowering patients, families, carers and staff to request an urgent clinical review if they have concerns about a patient's deteriorating condition.

## What are our aims for 2026/27?

We will review and revise our patient safety incident response plan and policy, to ensure that the Trust responds to its current risk and patient safety profile.

Further information is available on pages 17 to 20, 63 to 68 and 74 of [Quality Account 2025/26](#)

## Key Achievements of our Clinical Divisions

### Family & Specialist Services (FaSS) Division

- ★ **Pathology Career Day** high number of attendees with **positive** feedback.
- ★ **New Nurse Led Paracentesis Service**, reduces patient **wait time** and need for **overnight stay**.
- ★ **New resources** to support people with **Learning Difficulties and Autism** coming to the Radiology Department.
- ★ **Staff Awards**, over **100** nominations, **13** shortlisted and **4** winners, including Mortuary, Orthotics, Maternity & Neonatal and Laboratory Medicine.

### Maternity & Neonatal Services

- ★ **Chief Midwifery Officer's Awards** for **Director of Midwifery** and a **Maternity Support Worker**.
- ★ **Minimal vacancy rates** across all areas, **excellent** responses to recruitment.
- ★ **10/10 Compliance** to Maternity Incentive Scheme.
- ★ **Excellent feedback** from **Insights** visits from regional and ICB lead teams.

### Surgery Division

- ★ **Following launch of SDEC** and regional review we have achieved upgraded **maturity score** from 2 to 4 (Mature).
- ★ Both **Divisional Deputy Directors of Nursing** awarded the **National Chief Nursing Officer's Award**.
- ★ **Mutual aid** provided to **RUH Bath** and **University Hospital Southampton**.
- ★ **Consultant** awarded an **OBE** for gallant and distinguished services in the field in his 2025 deployment.
- ★ **Completion** of Somerset, Wiltshire, Avon and Gloucestershire **Days Matter** program for Urology and Lower Gastrointestinal pathways.

### Medicine Division

- ★ **Successful CQC visit** with the service rated **Good** overall.
- ★ **Staff Survey results improved**, with teams reporting that they felt **proud** to work in the team.
- ★ **Refurbishment and redesign** of our estate continued with development of a new **Urgent Treatment Centre** and refurbishment of Tisbury ward.
- ★ **Extensive innovation in the discharge process**, with the development of **Early Supported Discharge** teams helping to ensure the Breamore No Criteria To Reside (NCTR) model continues to thrive and NCTR levels reduce.

Further information is available on pages 81 to 85 of [Quality Account 2025/26](#)

#### Glossary of Terms

- **A3** – A structured framework for problem solving, which encourages us to spend more time thinking about a problem before identifying solutions. It is a visual communication tool that supports collaboration and curiosity.
- **ACS** – Additional Clinical Services Staff, Health Care Assistant (HCA) roles.
- **CQC** – Care Quality Commission, the independent regulator of health and social care in England.
- **Driver** – A metric which the team will actively work on to improve.
- **ICB** – Integrated Care Board, this is a statutory organisation that will bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS.
- **MDT** – Multidisciplinary Team, A collaborative group of professionals from different disciplines working together to provide coordinated care or address complex issues.
- **News2** – National Early Warning Score 2, A scoring system which helps to determine the severity of illness in patients.
- **POET** – the system into which NEWS2 observations are recorded

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