



Quality Account Summary 2024/25

June 2025

This Quality Account summary highlights just some of the key Quality priorities for 2024/25 and the Trust's plans for 2024/25. Further information is in the full Quality Account, available at [Quality Account 2024/25](#)



Statement on Quality from the Chief Executive

I am pleased to present our Quality Account for 2024/25 for Salisbury NHS Foundation Trust (SFT), which shows how we have performed against our priorities this year and sets out the main areas of focus for 2025/26. This is the first set of accounts I have had the pleasure of presenting as the jointly appointed Chief Executive of Salisbury NHS Foundation Trust, the Royal United Hospitals Bath and Great Western Hospitals Swindon.

Our continuous improvement methodology known as *Improving Together* has begun to deliver tangible improvements at SFT such as Healthcare Assistants feeling better supported, more confident and more likely to remain in their ward roles and in the Trust because of the Trust's focus on the compliance with Care Certificate initiative. This methodology aligns with similar work our partners at Royal United Hospitals Bath and Great Western Hospitals Swindon are undertaking.

The year has seen significant development of the collaboration between the three hospitals with the creation of the BSW Hospitals Group. The new collaboration means that in the coming years the three hospitals will work together, improve together and learn together to deliver modern effective and quality care to the communities we serve.

Our new Imber Ward within the new Elizabeth Building opened in the summer of 2024 and provides 24 new beds in a modern environment to care for our elderly patients. The ward was held up by national commentators as an example of the best of hospital care for the elderly.

I am proud that the achievements of our new Same Day Emergency Care team that has improved our same day discharge rate and our new Frailty service that has reduced the average length of stay for patients were both finalists for the Health Service Journal Patient Safety Awards.

Despite the flow constraints and an increase in attendances to our Emergency Department (ED) during 2024/25, the Trust has seen improvements across various metrics that are regularly monitored for example, 4-hour performance, ambulance handover times and the number of patients experiencing longer waits. Although we recognise that further improvements are required across some specialities, 75% of suspected cancer patients are now receiving a diagnosis or a ruling out of

cancer within 28 days of referral (according to March '25 data).

Our team working with the local military community was also honoured to have been a finalist at the Health Service Journal Awards.

Staff are the organisations most valuable asset, and we continue to invest in their daily experience of work. The annual NHS Staff Survey measures how staff rate their experience of working at the Trust. The 2023 survey saw Salisbury rated as the most improved trust in England. I am delighted that the 2024 survey has shown that overall staff experience has continued to improve. All nine core indicators have shown significant improvement and are now in the top half nationally with seven elements of the People Promise now in the top quartile.

This year SFT was ranked top in the country for staff indicating in the survey that they looked forward to going to work. A huge achievement and testimony to the hard work of everyone across the whole Trust in making the hospital the best place to work.

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

"Thank you for the exceptional care our mother received and for the way we were all supported during her final hours. The exceptional kindness we were shown throughout the night went a very long way to making it more bearable, and the knowledge that mum's suffering was kept to an absolute minimum, and that her comfort was so closely monitored, was also a great help to us all."

On behalf of the Trust Board, I would like to thank all our staff in all professions who every day work together to deliver compassionate and high-quality care to our patients, regularly going above and beyond. We could not do this without the contribution from each and every one of you.

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

Cara Charles Barks
Chief Executive Officer





Looking back at 2024/25 – What did we say we would do?

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

Increasing Additional Clinical Services Staff Retention

**Target 15%**

How have we performed?

There has been a
consistent and significant reduction
in turnover, however we are still not at the target
level of 15%, this means the Breakthrough Objective
will remain a focus for 2025/26.

Actions for improvement included:

- Launch of HCA preceptorship to improve training and induction experience.*
- All new to care HCAs are identified at induction and receive additional support.*
- HCA apprenticeship route established*
- Quarterly HCA learning and celebratory events.*

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

Managing Patient Deterioration

**Target 60%**

How have we performed?

A **slow but steady improvement** has been seen.
In addition to this we have seen our balance metric
of Intensive Care Unit admissions decrease,
suggesting that we are effectively reducing the
negative impact of non-timely patient observation.

Actions for improvement included:

- NEWS2 scores reviewed at handovers.*
- NEWS2 added to the daily morning huddle.*
- Critical Care Outreach Team to join weekend medical handover with NEWS2 scores reviewed.*
- NEWS2 training available on the LEARN system.*
- Ensuring staff have completed POET training.*

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

Time to First Outpatient Appointment

**Target 90 days**

How have we performed?

We remain some way from our absolute target of a
reduction to an average of **90** days.
This is in part due to complex system factors on
which work has begun.

Actions for improvement included:

- Establishment of a Planned Care Board.*
- Focusing on a handful of specialties with the biggest opportunity for improvement.*
- Dedicated resource from the Transformation team and the case built for a clinical and operational lead to drive a new programme of work on this.*
- Investigate how Robotic Process Automation can help with Patient Initiated Follow-Up (PIFU) utilisation.*

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

Creating Value for our Patients

**Target -8%**
Relative to 2019/20

How have we performed?

When selected as a breakthrough objective our
productivity was at -21% relative to 2019/20
By the end of 2024/25 our productivity had improved
to **-11%** relative to 2019/20.

Actions for improvement included:

- Controls on temporary staffing.*
- A review and standardisation of outpatient clinic templates.*
- Reductions in length of stay in partnership with system colleagues.*
- Executive attendance in key forums to drive decision making and approach change.*

Glossary of Terms

CNST

Clinical Negligence Scheme for Trusts
This maternity incentive scheme applies to all Acute Trusts that deliver maternity services and are members of the CNST.

News2 - National Early Warning Score 2

A scoring system which helps to determine the severity of illness in patients.

CQC

Care Quality Commission
The independent regulator of health and social care in England.

POET

The system into which NEWS2 observations are recorded.

Datix

A patient safety and risk management system.

Power BI

A tool to help transform data into meaningful and interactive insights.

Further information is available on pages 20 to 24 of [Quality Account 2024/25](#)



Quality Directorate Highlights

Patient Experience

What did we do in 2024/25?

- ✓ The Trust has invested in the digitalisation and extraction of data insights from our Friends and Family Test surveys.
- ✓ Over **330** real-time feedback surveys have been conducted by the patient's bedside.
- ✓ The Trust launched a Carers Passport aimed at better informing staff about the importance of carer involvement.

What are our aims for 2025/26?

To achieve a minimum response of 18% using the Friends and Family Test and keep 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 2024/25?

- ✓ In 2024/25, there were **465** registered users, compared to 372 registered users in 2023/24.
- ✓ **17** audit reports with a **risk score of moderate or above** were discussed at the Clinical Effectiveness Steering Group.
- ✓ **Networking** has increased with teams from Bath and Swindon, along with other Trusts from the South West and nationally.

What are our aims for 2025/26?

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

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

We will upload our monthly performance monitoring charts to Power BI to increase Trust-wide accessibility to this data.

Patient Safety and Risk

What did we do in 2024/25?

- ✓ A daily patient safety huddle was established to provide immediate actions, support, and review of any patient safety incident form (Datix) that is submitted.
- ✓ We supported with the implementation of **Call for Concern** (a [Martha's Rule](#) initiative).
- ✓ We introduced **Fundamentals of Care** months.

What are our aims for 2025/26?

We will continue to embed our Patient Safety Incident Response Plan and Policy, which will determine how the Trust responds to patient safety incidents using the national patient safety incident framework model.

Further information is available on pages 15 to 19, 60 to 64 and 71 to 72 of [Quality Account 2024/25](#)



Key Achievements of our Clinical Divisions

Clinical Support & Family Services Division

- ★ **Reduced the average time each patient waits for first outpatient appointment** from 124 days in March 2023 to **92** days in February 2025.
- ★ **Restored compliance with 28-day Faster Cancer Diagnosis Standard** in December 2024, **SFT performance** was the best in the South West.
- ★ **Pressure Ulcers**: Halved the number of pressure ulcers reported for patients in the Spinal Unit in last 6 months, from an average of 6 per month to an average of **3** per month in January 2025.

Medicine Division

- ★ **Divisional structure investment** supporting operational functions and performance across the Division. The Operations team won a **national award** for its work.
- ★ **NHS Staff Survey**: The Division has **improved** upon the results of 2023/24.
- ★ **Awards**: The Acute Frailty Unit and Acute Medicine Unit were **regional finalists** in the Health Service Journal awards for improving care in older people and urgent and emergency care on Same Day Emergency Care.

Surgery Division

- ★ **Surgical Same Day Emergency Care** launched in March 2025. This **new unit** is a pilot for an initial three-month period while the effectiveness and realisation of benefits are reviewed.
- ★ **Awards**: Consultants from Anaesthetics and Spinal Surgery won National awards, celebrating their **achievements** in their chosen field.
- ★ **NHS Staff Survey** response rate **improved**. The responses from the survey will support the Division in its plans for improving staff development and retention.

Women & Newborn Division

- ★ **Compliance with CNST Maternity Incentive Scheme**: **10/10 compliance** achieved for 2024, evidencing areas that demonstrate safe practice.
- ★ **CQC inspection report** showing **GOOD** for all areas in maternity.
- ★ **Maternity Safety Support programme**, exited the programme due to evidence of **continued commitment** to quality and safety.
- ★ **Neonatal Unit** achieved **UNICEF Baby Friendly level 3**.

Further information is available on pages 79 to 82 of [Quality Account 2024/25](#)

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