

# Annual General Meeting

30<sup>th</sup> September 2024

# Agenda

- 17:15 Arrival**  
*Tea and Coffee available*
- 18:00 Introduction and welcome**  
*Ian Green, Chair*
- 18:10 Annual Report 2023/24**  
*Lisa Thomas, Interim Chief Executive*
- 18:30 Annual Accounts and Audit Opinion**  
*Mark Ellis, Interim Chief Finance Officer*
- 18:40 Clinical Presentation – Improving Together Clinical Achievements**  
*Dr Russell Mellor, Consultant Elderly Medicine (Frailty Lead)*  
*Dr Tom Jackson, Consultant Cardiologist (Heart Failure and Devices)*
- 19:00 Council of Governors Report to Members**  
*Jayne Sheppard, Lead Governor*
- 19:10 Questions and Answer Session**  
*Ian Green, Chair/ Executives*
- 19:30 Finish**



# Introduction and Welcome

**Ian Green**  
Chair

# Annual Report 2023/24

**Lisa Thomas**  
Interim Chief Executive

**Our Vision is to provide an  
outstanding experience for  
our patients,  
their families and  
the people  
who work for and with us.**



# Our strategy

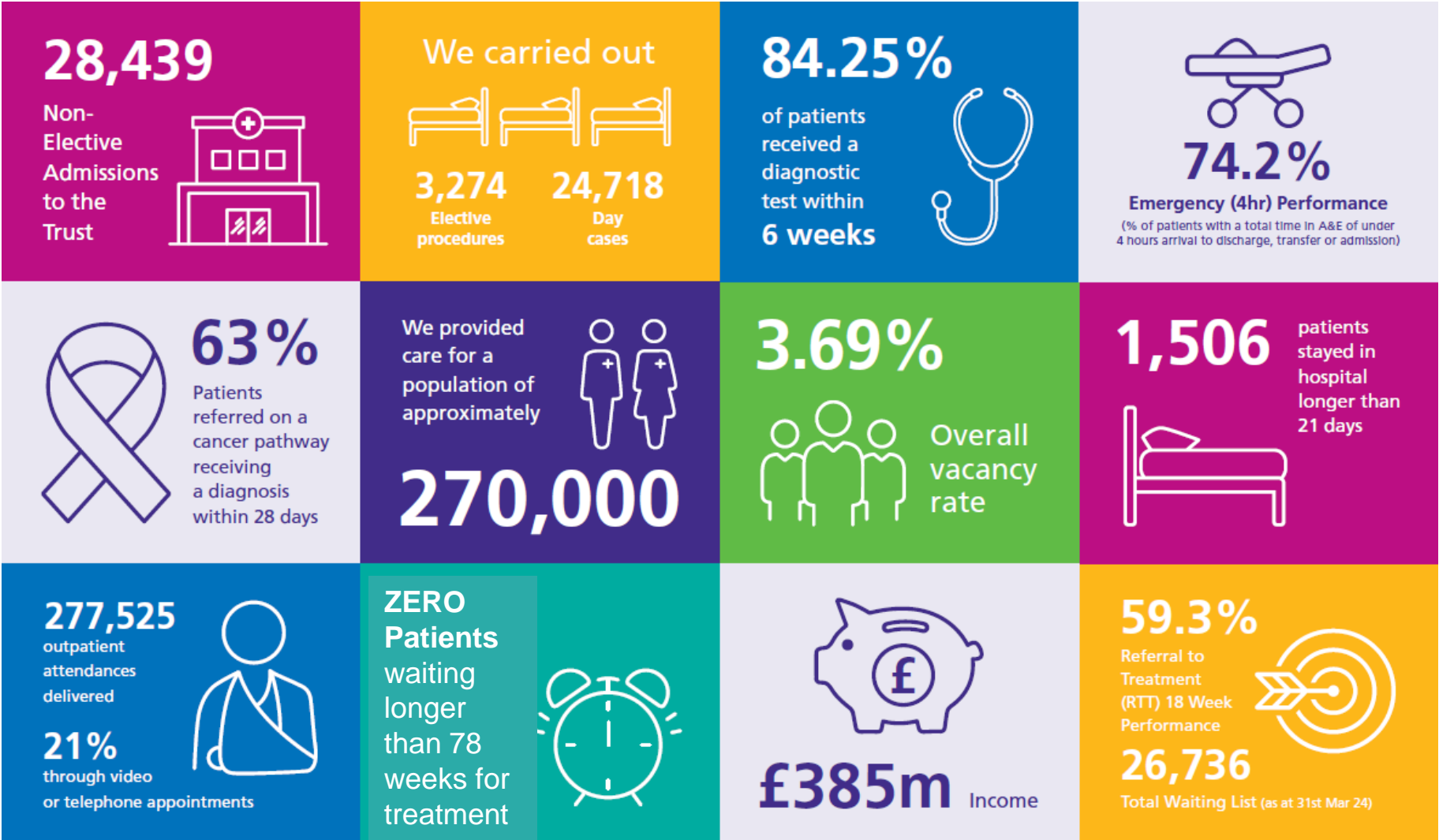
Improving the  
health and  
well being of  
the **Population**  
we serve

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

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

Our 3 Ps give us direction and focus. We focus on these three core areas so we can achieve our vision over the next 10 years.

# Our Performance 2023/24



# VISION

To provide an outstanding experience for our patients, their families and the people who work for and with us.

**NHS**

Salisbury  
NHS Foundation Trust



## PEOPLE

### WORKING FOR US

Longer-term measures: 7-10 years

Staff & volunteers are happy at work

We treat our staff fairly

Staff build long term careers at Salisbury

Long-term priorities: 3-5 years

Everyone can help make improvements to our services

Our staff are well supported so they can do their best for our patients

Focus areas: 12-18 months

We support our staff to keep working at Salisbury Hospital

## POPULATION

### OUR PATIENTS AND THEIR FAMILIES

Longer-term measures: 7-10 years

Working to reduce wait times

Our patients receive the right care for them

Our patients remain safe in our care

Long-term priorities: 3-5 years

Our digital systems support an outstanding experience for all

Focus areas: 12-18 months

Improving our care for patients who are deteriorating

Reducing the time patients wait for their first outpatient appointment

## PARTNERSHIPS

### WORKING WITH US

Longer-term measures: 7-10 years

We help our population live healthy lives

Our organisation is fit for the future

We help people get home as soon as possible

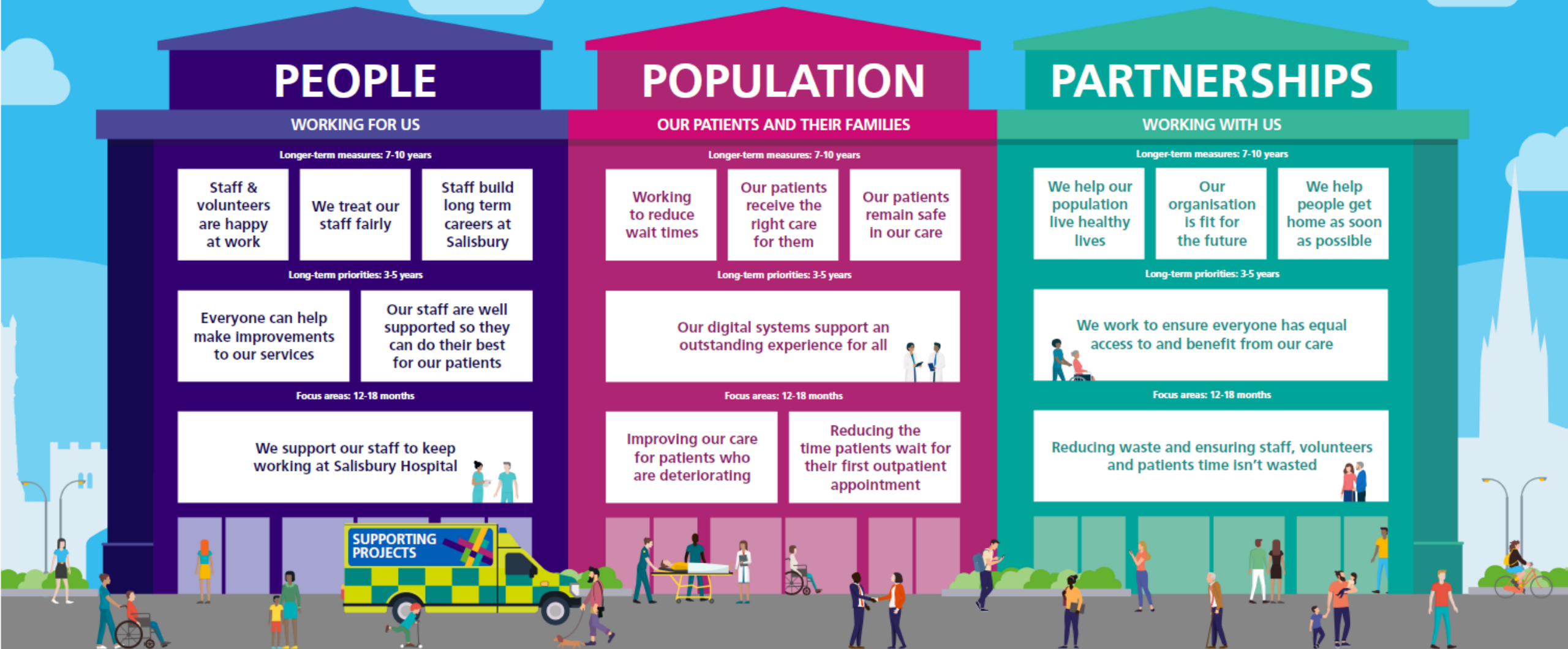
Long-term priorities: 3-5 years

We work to ensure everyone has equal access to and benefit from our care

Focus areas: 12-18 months

Reducing waste and ensuring staff, volunteers and patients time isn't wasted

SUPPORTING PROJECTS





# Improving our services

*Despite industrial action, financial pressures and workforce challenges, our staff continue to strive to improve the patient experience and reduce the amount of time they stay in hospital.*

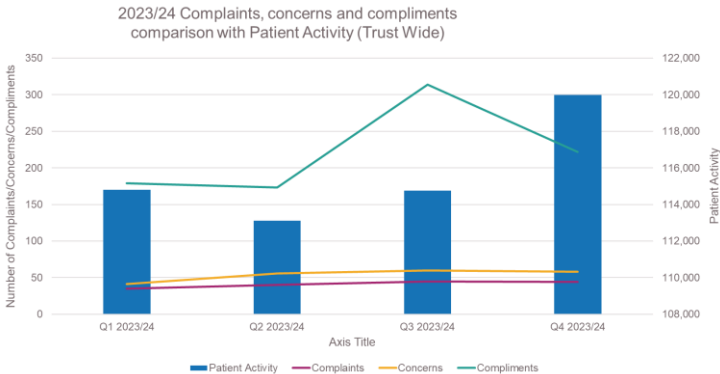
- Working with our partners, we are using all available measures to **reduce waiting times** in line with national requirements. The Trust ended the financial year achieving **zero patients waiting longer than 78 weeks for treatment**. We are also minimising those waiting more than 65 weeks, with the goal of reducing the wait time to less than 52 weeks in 2024/25.
- In addition to improving our waiting times for planned care, we saw a **positive drop in our overall length of stay** as an organisation by one day, due to the changes in our **Same Day Emergency Care (SDEC)** and **opening a dedicated Acute Frailty Unit**.
- Additionally, we show continued improvement **reducing** the number of **falls and pressure ulcers**.
- The Maternity and Neonatal Team has continued work to **improve** their services for women and families over the past year. They have actively **engaged** in the **Maternity Services Support Programme**, supported by NHS England, to **improve and transform** local services.
- Collaborating with Royal United Hospitals Bath and Great Western Hospitals, we have completed a **joint procurement** for a new shared **Electronic Patient Record (EPR)** programme.
- We have re-opened the **refurbished Whiteparish Ward**, which specialises in Diabetes and Endocrinology. Also, patients can now minimise hospital visits by attending the new **Community Diagnostic Centre**, with CT and MRI scanning, and we have plans to increase this service to offer Echocardiogram and Ophthalmology assessments.



# Patient Experience 2023/24

## Complaints, Concerns and Compliments

379 complaints and concerns formally logged with PALS



39%

were related to **Patient Care** (majority of which were **unsatisfied with treatment** or had **further complications**)

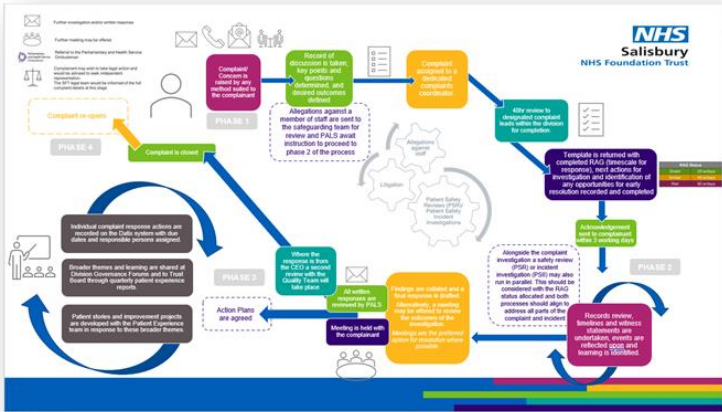
25%

were related to **Communication** (majority of which were related to **insensitive communication** or **lack of communication**)

### KPMG Internal Complaints Audit 2023

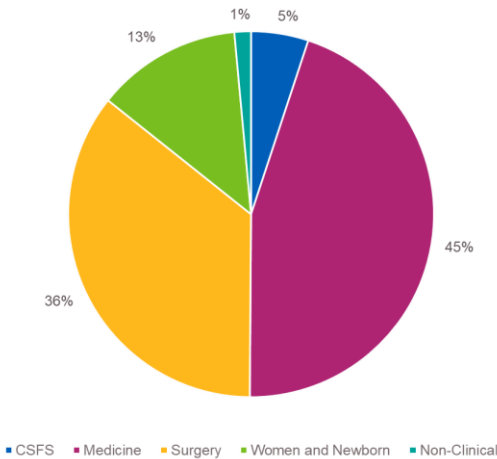
Overall, the findings from this audit were very positive, determining an **AMBER/GREEN** rating describing “a well-designed complaints management process at corporate level with improvement opportunities identified at the Divisional level”. No actions for improvement that were identified were given a high priority rating.

## New Complaints Policy launched:



888 compliments formally logged with PALS

Proportion of compliments by Division



# Patient Experience 2023/24

## Patient Engagement Overview

Our participant engagement projects are designed to engage our service users in becoming involved as partners in the work that we do.

We currently have **18**  
active patient  
engagement projects  
(double the amount compared to  
this time last year!)

### Commitment levels



- Coming into hospital information booklet (LD patients, with the help of Exeter House)
- Bedside storage boxes
- Slippers to reduce falls
- Stoma focus group
- Hard of Hearing Project
- Day-bed sleeper Chairs
- E-Menus

The readership group  
now has 11 active  
members



Input from our readership group has ensured a patient friendly approach to various leaflets and patient information, including our new PALS complaints leaflet

## Meet our two new Patient Safety Partners!



Patrick Craig-McFeeley

Patrick is a retired local GP, bringing a wealth of knowledge from primary care coupled with his keen interest in joined up working across the NHS, patient involvement, quality and safety.



Peter Carey

Peter is semi-retired scientist who spent 30+ years working in public service dealing with government departments and statutory nature conservation organisations. Peter brings these skills and his experiences as a service user of Salisbury Hospital.



# Supporting our staff

Significant investment has been made, including through the Trust's charity the Stars Appeal, in projects to support staff.

## Supporting our staff:

- 6 Staff Networks
- New Health & Wellbeing website
- Odstock Health and Fitness Centre
- Staff saver menus
- Podcast - 'Cake' and 'The Good, the bad and the ugly'
- Clinical Psychology services
- Head of Wellbeing, Equality and Inclusion appointed
- Coaching, leadership development courses and events
- Improving Together programme
- Awareness campaigns
- 'SALI' – staff, access learning and information
- In-house physiotherapy
- Clinical Psychology – counselling services



## Celebrating our staff:

- SOX Excellence Awards
- Post social media feedback from patients
- 'Thank you' week - Staff Awards
- Staff Party, Music and Comedy Night and Family Fun Day
- Hospital Open Day
- Tent Talk - with workshops and activities around leadership and wellbeing



# Our Focus for 2024/25

We continue to focus on delivering our 2022-26 strategy to achieve our vision of an outstanding experience for our people, population and partners



## People

- Deliver a newly refreshed long-term Equality, Diversity and Inclusion Plan (2024/27).
- Continued focus on supporting the health and well-being of staff.
- Continued to deliver improvements across 7 elements of the NHS People Promise to improve the experience of our workforce.

## Population

- Opening Imber Ward in Summer 2024.
- Increasing elective capacity through increased theatres.
- Focused on enacting financial recovery plans.
- Improvements in outpatients and planned reductions in patients waiting for onward care.

## Partnerships

- Working with our partners as part of a group model to expedite improvements in care.
- Heightened focus and work with system partners to develop a financial plan to enable sustainable delivery of services.



# A BIG thank you!

## Volunteers

The Trust currently has approx. 350 volunteers. Our volunteers have an important part to play in the overall care provided and contribute by giving additional support in a wide variety of areas.

## Stars Appeal

The Stars Appeal is the NHS Charity for the hospital. The Stars Appeal helps hundreds of patients across all wards and departments at Salisbury District Hospital and supports the NHS staff who care for them.



## Local community

The community play an important part in delivering hospital services and your engagement and support is greatly appreciated!




# Annual Accounts and Audit Opinion

**Mark Ellis**


Interim Chief Financial Officer

# At a glance

 **£4.5m** deficit vs £4.3m forecast

 £4.7m was earned from the Elective Recovery Fund as the Trust worked to reduce waiting lists

 Spent over **£48m** on capital on buildings, equipment and digital programmes more than double that of recent years.

 Delivery of full **£15.3m** financial efficiency programme, driven by a step change in same day emergency care, and significant improvements in recruitment and retention, driving down agency costs.



<b>Group Statement of Comprehensive Income</b>	<b>2023/24 £'000</b>	<b>2022/23 £'000</b>
<b>Income</b>		
From clinical activities	332,928	316,728
Other operating income	51,908	44,826
<b>Total Operating Income</b>	<b>384,836</b>	<b>361,554</b>
<b>Operating Expenses</b>	<b>(373,779)</b>	<b>(355,455)</b>
<b>Operating Surplus/(Deficit)</b>	<b>11,057</b>	<b>6,099</b>
<b>Finance income</b>	<b>1,565</b>	<b>1,082</b>
<b>Public Dividend Capital payable</b>	<b>(4,928)</b>	<b>(4,447)</b>
<b>Other finance costs</b>	<b>(5,425)</b>	<b>(2,218)</b>
<b>Net Finance Costs</b>	<b>((8,788)</b>	<b>(5,583)</b>
<b>Revaluation and impairment gains (+) / losses (-) on assets</b>	<b>(3,383)</b>	<b>8,564</b>
<b>Fair value gains (+) / losses (-) on investments</b>	<b>0</b>	<b>54</b>
<b>Transfers by absorption gains (+) / losses (-)</b>	<b>0</b>	<b>(329)</b>
<b>Corporation tax expense</b>	<b>(80)</b>	<b>0</b>
<b>TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE PERIOD</b>	<b>(1,163)</b>	<b>8,805</b>
<b>Adjusted Financial Performance (NHSE measure)</b>	<b>(4,475)</b>	<b>39</b>

# We spent

## £239m

### on pay last year

#### Including

£62.58m

Doctors



£61.9m

Nurses and Midwives



£51.9m

Clinical Support Staff



£30.2m

Admin and Clerical



# We spent

## £134m

### on non-pay last year

#### Including

£26.6m

On clinical supplies

£31.1m

On drugs

£21.5m

On our premises

£4.4m

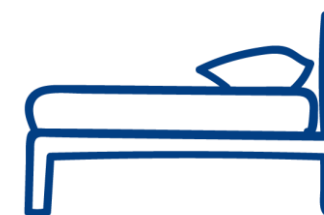
On general supplies

£14.9m

On depreciation of our  
buildings and equipment

£.0m

On Clinical Negligence scheme





# Capital spend highlights

- Over the last year we have invested more than £48m in SFT.

- ✓ Medical equipment **£8.6m**
- ✓ Building and maintenance **£21.7m**
- ✓ Digital systems & technology **£7.1m**
- ✓ Decarbonisation projects **£10.0m**



Of this, £26.3m was funded through national programmes

Includes Electronic Patient Record national funding, supporting a project that runs until 2026/27

# Looking ahead: 2024/25 and beyond

A change of government has not changed the nature of the challenge for the NHS: delivering against an increasing demand for care with constrained resources, the call for transformation is clear.

Key challenges for us in 2024/25 include:

- Delivery of the planned £17m deficit in 2024/25 requires delivery of a £21.2m efficiency programme; key areas of focus are maximising use of our expanded theatre capacity and streamlining urgent care pathways ensuring people are cared for in the most appropriate setting.
- The initial stages of the implementation of a £57m BSW-wide electronic patient record, to be delivered alongside the core capital plan.
- Focus on an organisational wide break through objective of ‘Creating value for our patients’: seeking to make the most of all of our resources to benefit as many patients as possible.



# Clinical Presentation - Improving Together – Clinical Achievements

**Dr Russell Mellor**  
Consultant Geriatrician

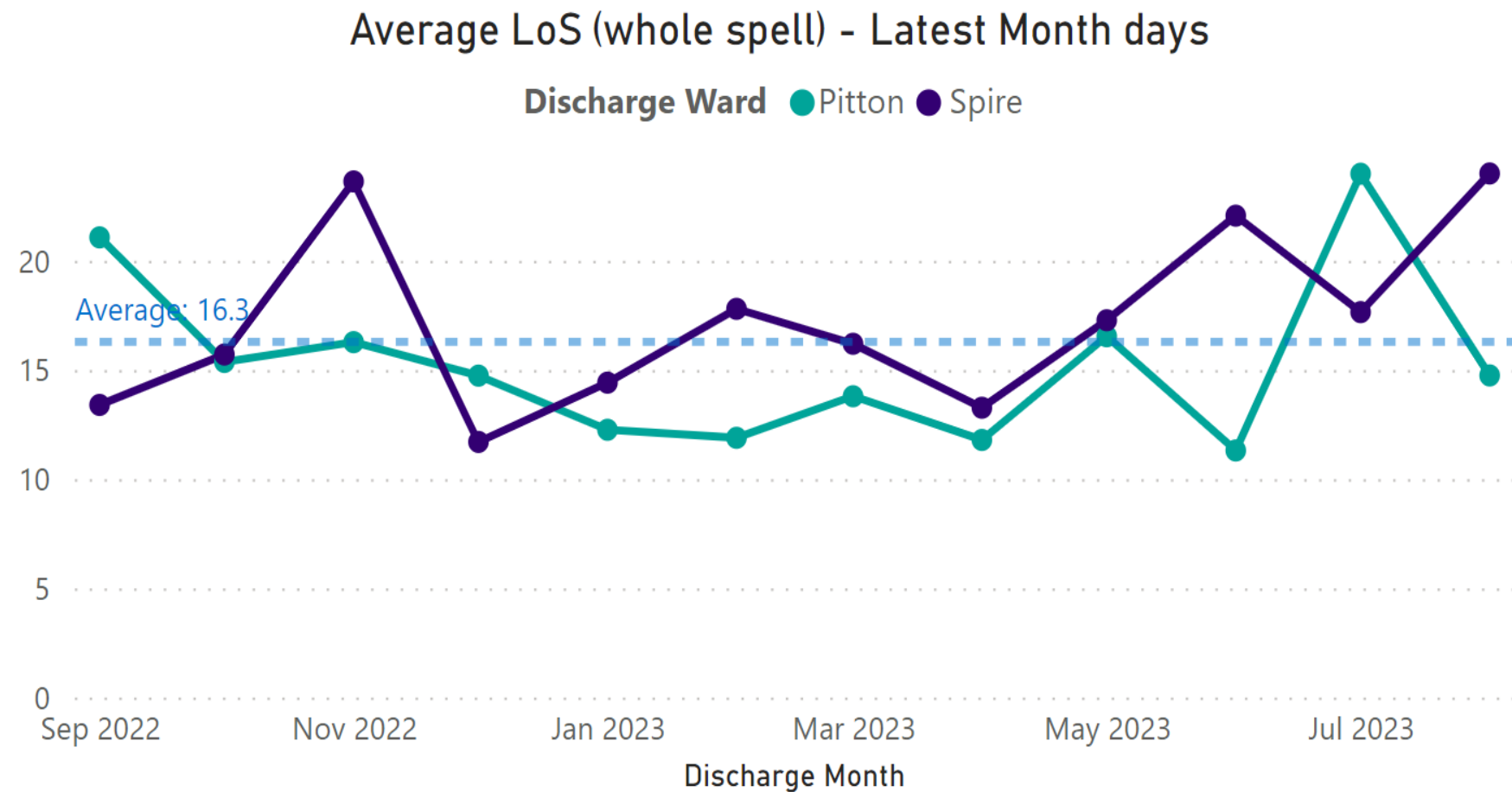
**Dr Tom Jackson**  
Consultant Cardiologist (Heart Failure and Devices)

# Frailty Working Group (AFU)

**Dr Russell Mellor**  
Consultant Geriatrician

# The problem (March 2023)

As an organisation, the care we currently provide for elderly and frail patients was suboptimal.





# Frailty working group (Improving together approach)

- Multi-disciplinary team:
  - Nursing
  - Therapy
  - ACPs
  - Patient flow
  - Pharmacists
  - Operations
  - Project Manager
  - Geriatricians
- 
- GIRFT, Root cause analysis

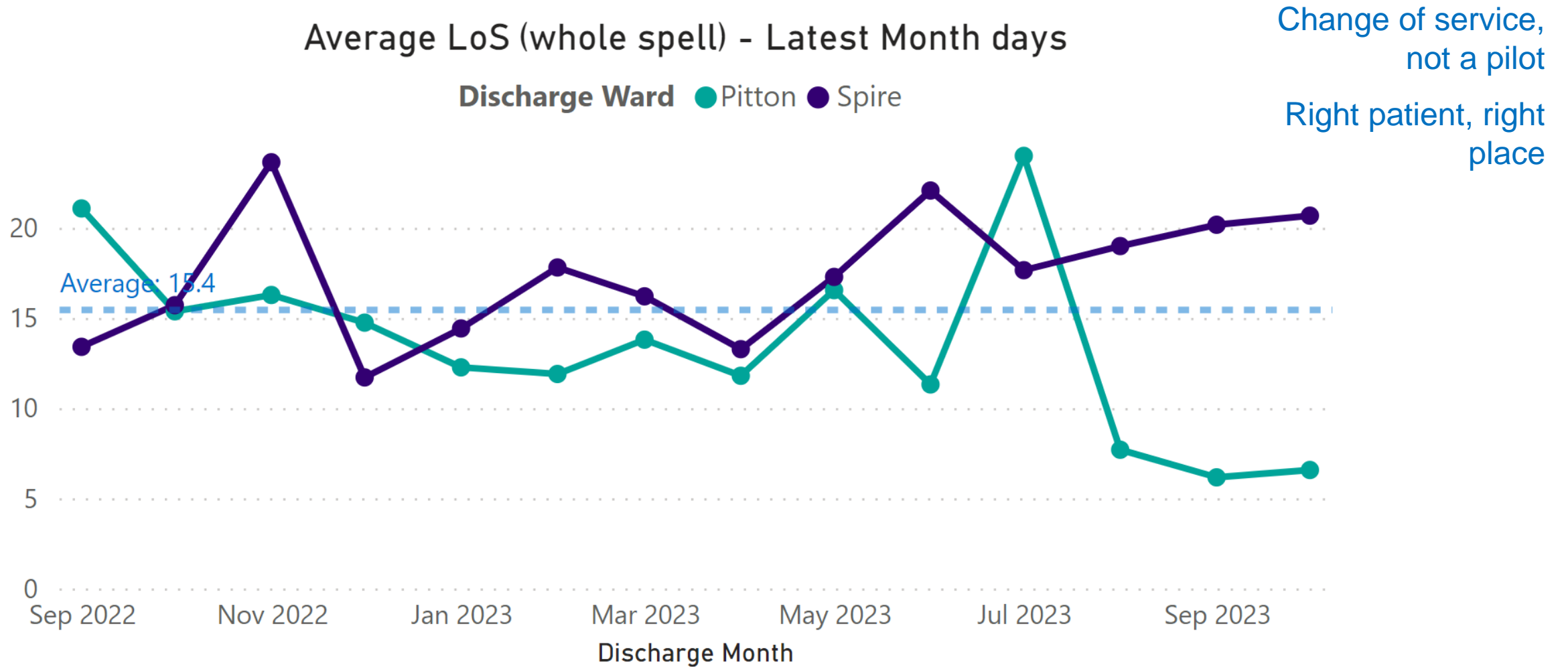


**We need an AFU!**

# First steps (AFU approach on Pitton ward – August 2023)

Average LoS (whole spell) - Latest Month days

Discharge Ward ● Pitton ● Spire



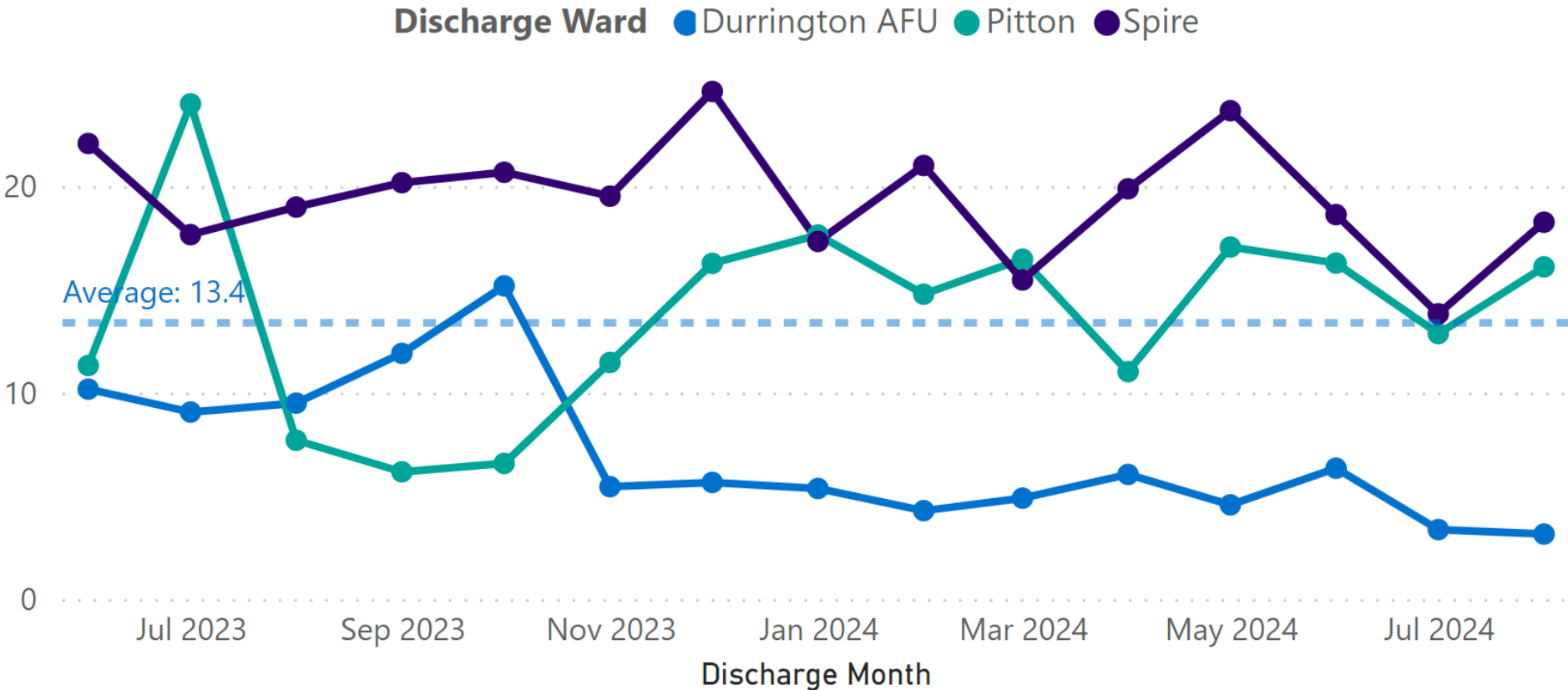
# Relocation of AFU – Nov 2023

- Co-located with AMU
- Concentration on early review allowing early decision making
- Attitude on ongoing improvement



# Sustained and improving results results

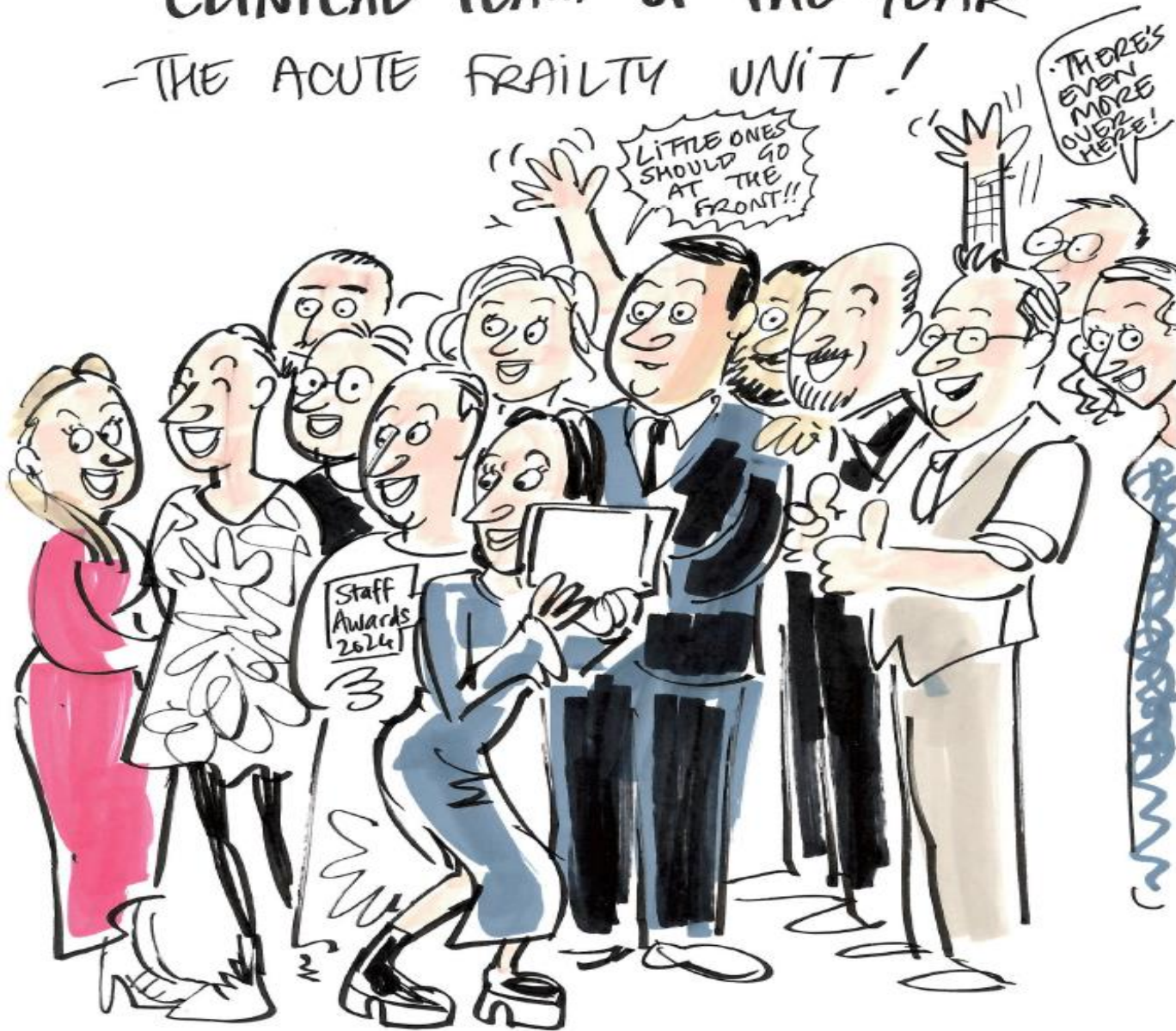
Average LoS (whole spell) - Latest Month days



Reduced spend ~£2.75 million



# CLINICAL TEAM OF THE YEAR -THE ACUTE FRAILITY UNIT!



## What's next?

- Frailty SDEC
- ED inreach
- Community step up/down

**This is just the beginning**



# Cardiology at Salisbury

What we do, where we are and where we are going  
(also, how do we get there?)

**Tom Jackson**  
**Consultant Cardiologist**  
**Clinical lead for cardiology**

# What is cardiology




Cardiology is the branch of medicine that focuses on diagnosing, treating, and preventing conditions related to the heart and blood vessels. This includes a wide range of issues such as heart disease, hypertension, heart attacks, arrhythmias, and congenital heart defects. Cardiologists use various diagnostic tools, like echocardiograms, stress tests, and electrocardiograms (ECGs), to assess heart health and determine appropriate treatments, which may involve medications, lifestyle changes, or surgical interventions. The field is essential for understanding and managing cardiovascular health, which is vital given the prevalence of heart-related diseases globally.

# The Russian Doll of Medicine

## Hospital within a Hospital

**Inpatient**

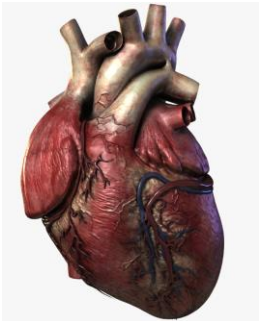



**INPATIENT**

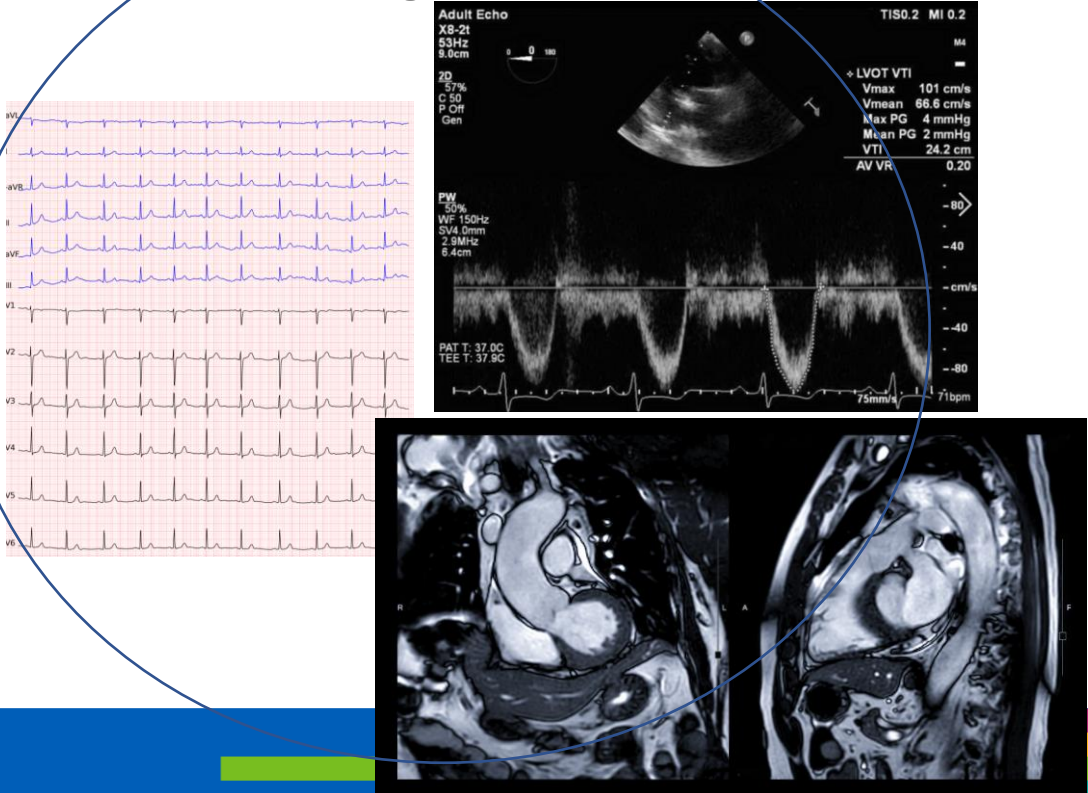
**Outpatient**



**Procedures**



**Investigations**



**Adult Echo**  
XB-2t  
53Hz  
9.0cm  
2D  
57%  
C 50  
P On  
Gen

**LVOT VTI**  
Vmax 101 cm/s  
Vmean 66.6 cm/s  
Max PG 4 mmHg  
Mean PG 2 mmHg  
VTI 24.2 cm  
AV VR 0.20

**PW**  
50%  
Wf 150Hz  
SV4.0mm  
2.9MHz  
6.4cm

**PAT T: 37.0C**  
**TEE T: 37.5C**

75mm/s 71bpm



# Who we are

## Medical Workforce

8 consultants, 7.5WTE

8 Resident doctors

## Nursing Workforce

9 specialist nurses (8WTE)

4 Rehab nurses (2.4WTE)

Tisbury ward

Cardiac suite

## Cardiac Investigations unit

15 WTE physiologists

2 cardiographers

## Administrative workforce

9 WTE admin support



# Outpatient Clinics

- 6 'Combined Cardiology Clinics' per week often consultant supported by 1 or 2 other medical/nursing personnel
- 3 RACPC
- 3 'valve' clinics
- 1 Heart Failure Consultant clinic, daily nurse led clinics
- 1 Arrhythmia Consultant clinic; 8 CNS clinics (wait approx. 4 weeks)
- 1 GUCH clinic
- Preassessment clinics for SBCAs and Complex devices
  
- Predominantly (approx. 60%) Telephone clinics (necessity vs. design)
- Demand>Supply

# Cardiac Suite/Cath lab

- 2 Cardiac Cath labs (Philips installed 2019/20)
- PCI – Lab 1; Devices & TOE/DSE - Lab 2
- 9 recovery beds
- Adjunct coronary imaging/intervention
  - IVUS
  - OFDI
  - Rotablation
  - Shockwave
  - CSR
- Devices
  - PPM
  - CRTP/D
  - ICD
  - SICD
  - ILR
  - Conduction system pacing

	Monday	Tuesday	Wednesday	Thursday	Friday
Lab 1 AM	Elective PCI	Elective PCI	Elective PCI	Elective PCI	Elective Angio
Lab 1 PM	I/P PCI	I/P PCI	I/P PCI	I/P PCI	I/P PCI
Lab 2 AM	Complex Devices	DSE	Complex Devices	Complex Devices	Brady Pacing
Lab 2 PM	<i>Not staffed</i>	ILR	TOE	<i>Not staffed</i>	<i>Not staffed</i>

# Non Invasive Cardiology

- TTE - 25 Weekly lists, WLI weekend lists currently
- ETT
- Monitors: Holter (235/month); Novacor (5/m); BP (10/m)
- Tilt table testing (finapress – beat to beat BP)
- Brady pacing and complex device follow up – transitioning to remote over next 2-3 years
- ESE & DSE
- MPS (Adenosine and exercise – currently mothballed)
- CTCA with heart flow (2 lists per week of 5 patients; not yet single heartbeat)
- CMR started Q4 22/23



# Inpatient work

- 'Tisbury Ward'
  - 23 Bed cardiology ward within medical directorate
  - 11 monitored beds (CCU)
  - Approx. 6 telemetry units
  - Approx. 0-10 medical outliers on Tisbury at any one time, under care of cardiology team
- Whiteparish flex beds <5
- Mon to Fri AMU rounds
- Weekly on call COW
  - Varying amount of afternoon other activity between consultants
  - Also cover A&G and referral triage
- Weekend Cardiology consultant morning ward round (new and unwell patients)
- Monday to Friday afternoon SBCA lists with call back on call
- Monday to Friday 8-5 PPCI
- Cardiology registrar for referrals (mainly AMU) Monday to Friday afternoon
- Surgical referral pathway to UHS
- 24/7 TPW cover

- 6 MDT meetings per week
  - General Cardiology (predominantly coronary and valve) joint MDT with SFT Cardiologists, CNSs and CTS consultants from UHS
  - Hospital HF MDT – Hospital CNSs and HF consultant (Monthly joint with palliative care)
  - Community HF MDT – Community CNSs and HF consultant
  - Arrhythmia MDT – Arrhythmia nurses and EP consultant
  - Device MDT – Device physiologists and Device consultants
  - Echo MDT – Echo physiologists and Imaging consultant

# Tackling Increasing Outpatient Demand

Our Strategy 2022-26

**IMPROVING**  
*Together*

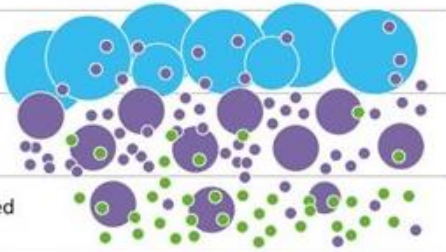
Improving together is our way of working together to deliver effective, long-term improvements to our hospital, and achieve our vision, together.

## Salisbury today

Too many large issues led by Execs with escalation of minor issues

Small and medium issues overwhelm management

Frontline staff overburdened with additional tasks

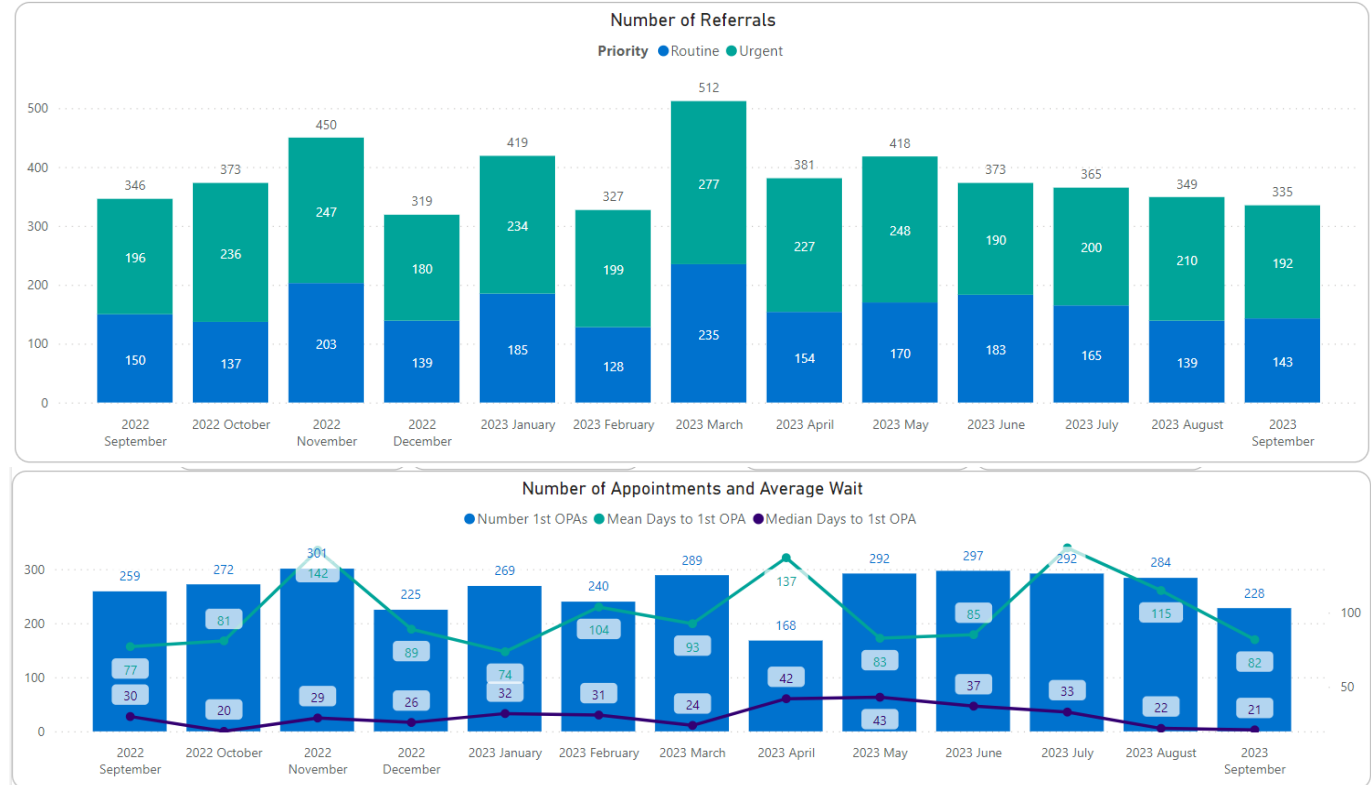
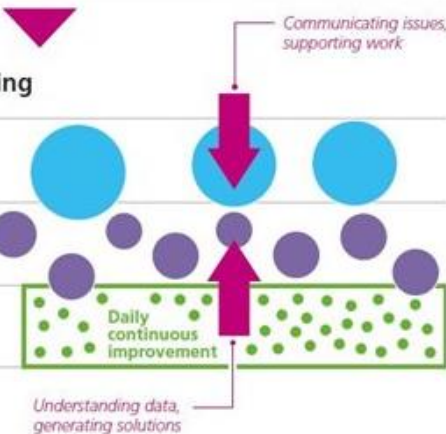


## Salisbury continuously improving

Very few large issues led by Execs

Few medium issues led by management

Many small but critical issues led by frontline



September 2023

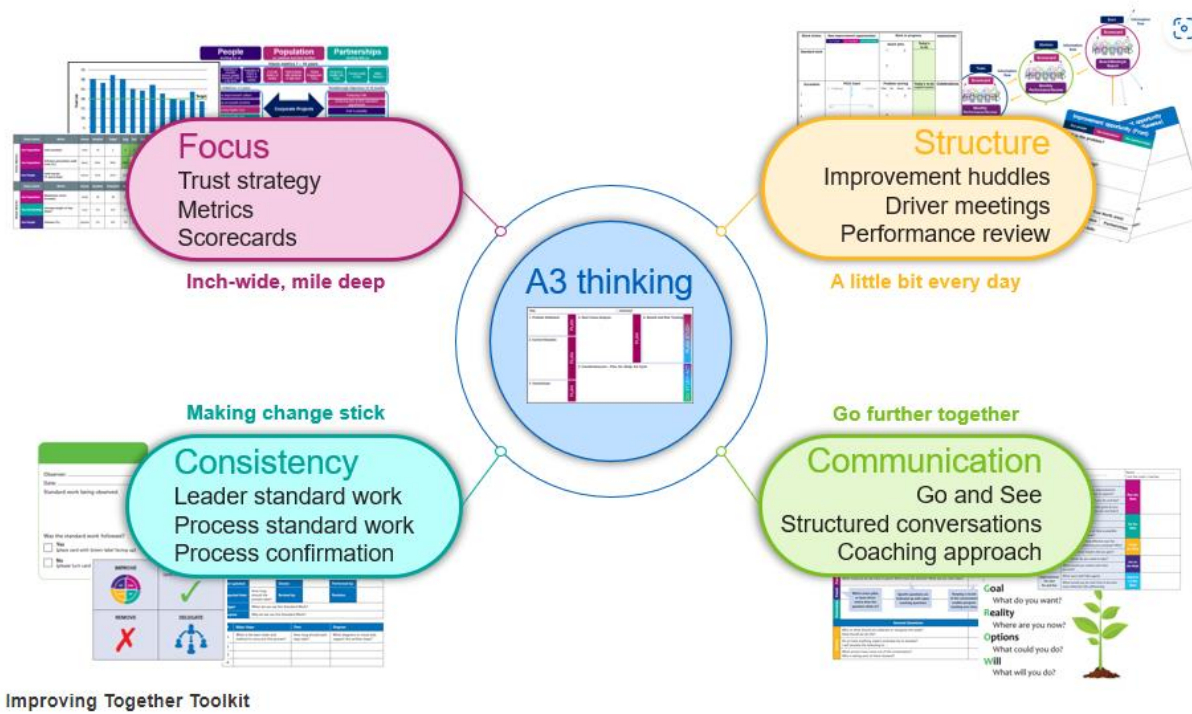
350 - 400 referrals a month

290 OPA slots

# What we did

QI Tools from improving together:

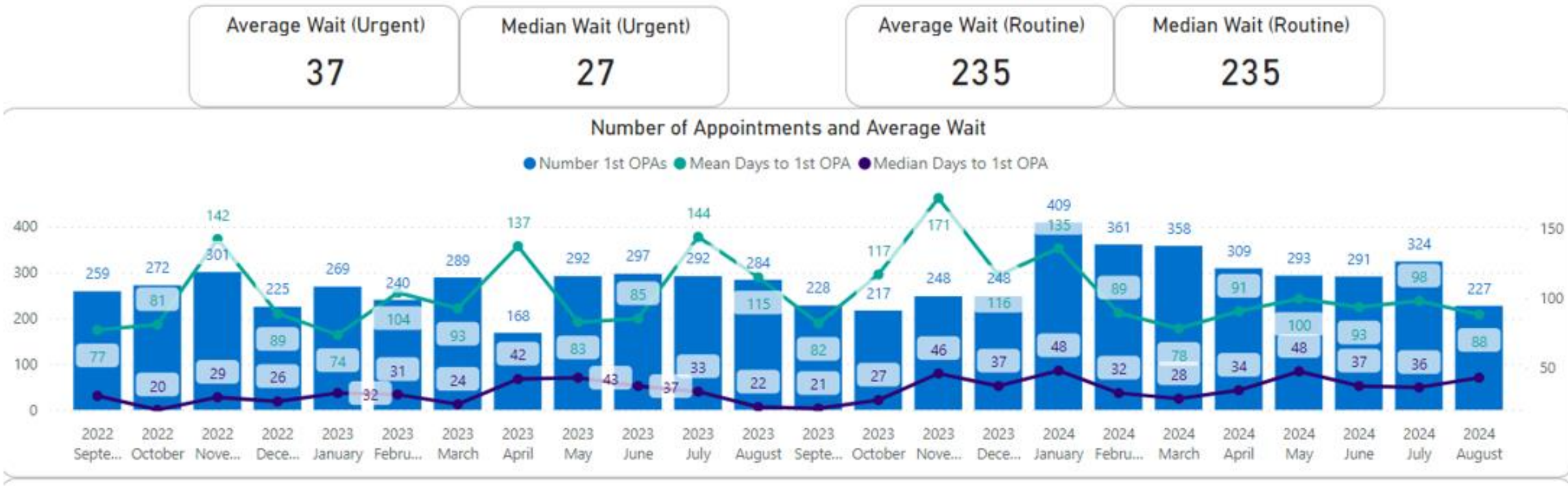
- A3 problem worksheet
- Huddle



- Engaged interaction between admin team and clinicians
- Restructuring Clinic template
- Review of Follow ups
- Moderate increase in capacity (consultant body expansion)



# Where are we now



Waiting list reduced by 30% by mid 2024

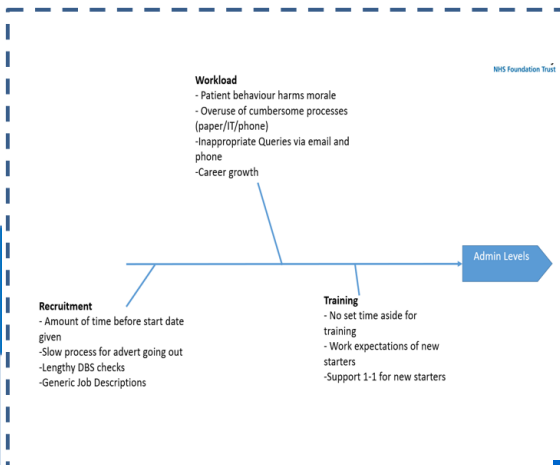
None waiting >52 weeks

# Other Priorities for Improvement (Driver Metrics)

Key Vision Domain	Metric	Target	Apr	May	June	Jul y	Aug
	Time to 1 <sup>st</sup> Consultant OPA	<18 weeks	37	37	37	37	37
	No WTE Admin Staff in Post	100%					
	Echo Waits - Time to Diagnostic Test (<6 weeks) DM01/Inpatient Echocardiogram <72 hours	<85%/<80%	67%/75%	70%/77%	82%/90%	89%/86%	89%/81%

## Root Cause Analysis (Admin)

Salisbury **NHS**  
NHS Foundation Trust



### Understand the Causes

- Top contributor is Recruitment and Processes

## Root Cause Analysis (DM01)

Salisbury **NHS**  
NHS Foundation Trust

### A3 - Fishbone

#### People \*Joint Top Contributor\*

- Training Needs for B6 staff for BSE accreditation
- Absence Rates
- Lack of understanding of DM01 targets/position from staff

#### Processes \*Top Contributor\*

- Inappropriate Referrals (1/3 referrals 'urgent')
- Rota Complex, release dates late meaning letters are often sent late. High Cancellation/DNA rates
- Use of Echo Admin Time
- Bad Admin Processes/high Phone calls-late cancellations-underutilised slots

#### Space Capacity:

- Capacity of CIU 596 Echo P/M (demands on space from Valve Clinic/Cardiology)
- Demands from Cath Lab+Cardiology Cons. To use space.

#### Demand:

- Increased Demand for IP service
- Use of PIFU Cardiology
- High FU/FOPA ratio
- Increasing Echo demand (+3-5% pa)

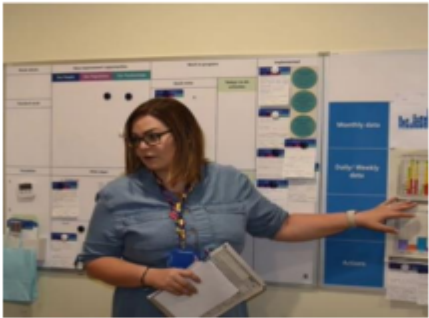
### Understand the Causes

- Top contributors identified as Processes and People.
- People as the variability of staff due to Insourcing causes difficulties in planning
- Processes in that this difficulty in planning due to staff is compounded by processes which limit efficiency.

# Everyone needs a Charlie

**Continuous Improvement in Action**  
Cardiology Clinics  
Charlotte Brauningner

*'Putting myself in the position of the patient drives me to identify improvements to make it better for everyone'*



## WHAT WE NOTICED

There is on average a five-week turnaround in typing clinic letters and long waits in the Arrhythmia Service, with lots of emails/calls from patients and GPs to respond to.

Following the positive impact on the combined cardiology clinic waiting times thanks to Improving Together, we are applying the same approach to the Arrhythmia Service.



## WHAT WE ARE DOING

We continue to identify areas of improvement including:

- Working with ArtCare to produce signs for the waiting area informing patients of the wait time for results.
- Include on patient letters post clinic the wait times for diagnostic tests
- Include on the diagnostic letter appt wait time for results
- Piloting the outsourcing of printing outpatient clinic letters
- Collecting the number of telephone calls received that are linked to test results/waiting times.

We've also identified another [driver metric](#) that we are now developing as part of a new [A3](#), which is linked to staff retention.



## HOW WILL IT HELP

### Patients

**Improved** communication and awareness of wait times to help manage expectations and remain transparent.

**Reduce** the number of calls patients make to find out information.

### Staff

**Minimise** email traffic to clinicians from GP's chasing results

**Reduce** calls to administrative staff, releasing their time to type clinic letters, book clinics more effectively and review referrals



## WHAT'S NEXT

Develop A3 for new driver metric and collect/present data



# Other Improvement Opportunities in SFT Cardiology - Training

## Better Training Better Care

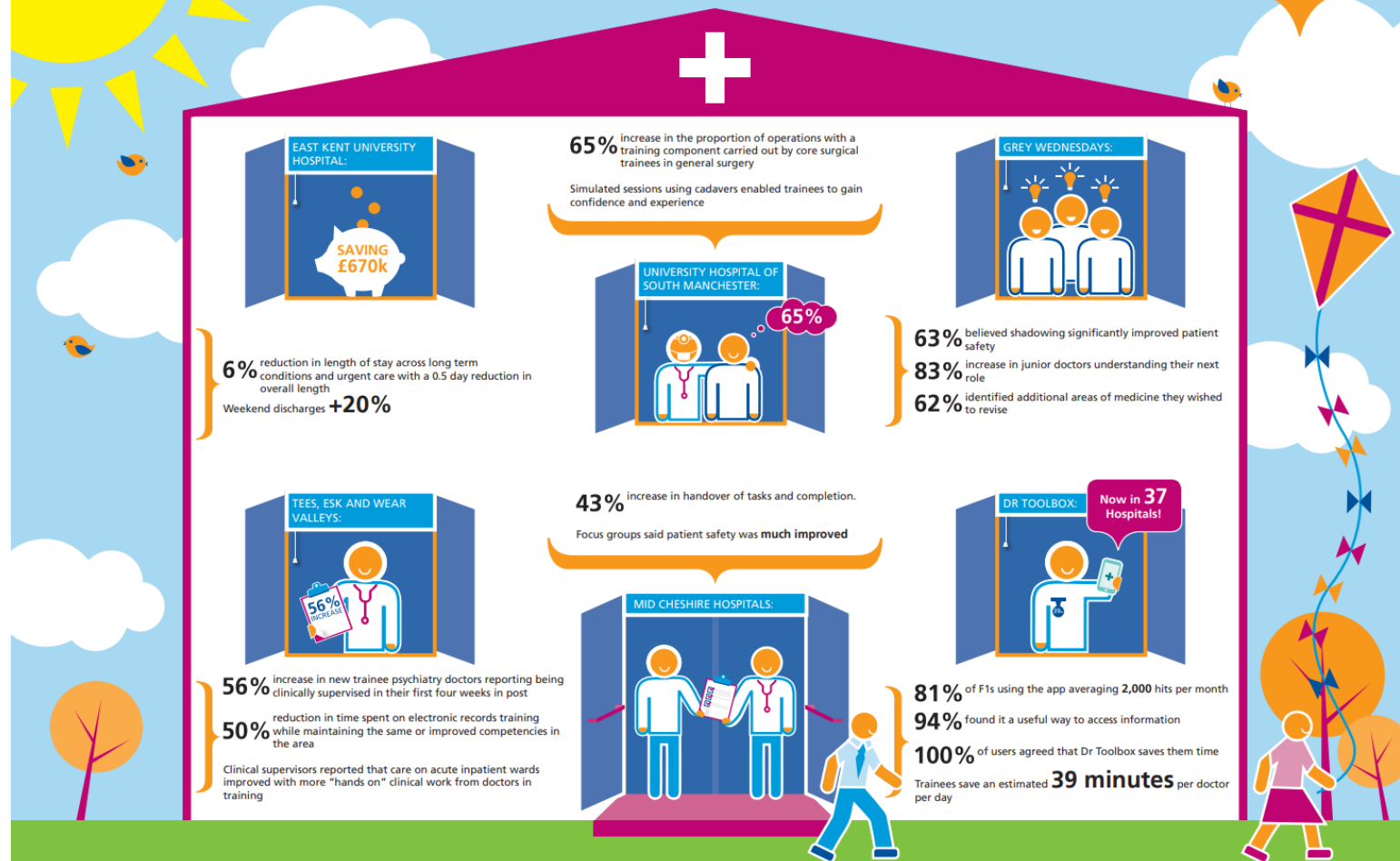
The Better Training Better Care programme produced over 20 successful pilots across England. Take a look at some of the high-impact results that have been demonstrated since implementation:

[www.hee.nhs.uk](http://www.hee.nhs.uk)

[www.facebook.com/nhshee](https://www.facebook.com/nhshee)  
[@NHS\\_HealthEdEng](https://twitter.com/NHS_HealthEdEng)

**NHS**

Health Education England



# Other Improvement Opportunities in SFT Cardiology – Departmental space (real and virtual)



**NHS Salisbury**  
NHS Foundation Trust

What are you looking for?

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**Cardiology**

Description	
Location	Cardiac Assessment Unit
Best place to Park	Car park B
Directions	By car: Enter hospital site at Entrance A. Park in car park B. By bus: Alight at Springs Entrance (second stop). Enter hospital at Springs Entrance and go to level 3. The Cardiac Assessment Unit is opposite Pharmacy.
Direct Telephone No	01222 336262
Extension No	Secretaries 2458/Heart Failure Nurses 5405/Arrhythmia 5120/Carboc Rehab 5404

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# Council of Governors Report to members

Jayne Sheppard  
Lead Governor



# Q&A Session

