


Annual General Meeting

24 September 2018

Agenda

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|---|---|
| 1. Introduction and Welcome | Dr Nick Marsden, Chairman |
| 2. Annual Report 2016/17 | Cara Charles-Barks,
Chief Executive |
| 3. Annual Accounts and Audit
Opinion 2017/18 | Lisa Thomas, Director of Finance |
| 4. Work of ITU/ICU | Dr Martin Cook, Consultant
Anaesthetist
Michelle Bray, Senior Physiotherapist |
| 5. Council of Governors – report to
members | Sir Raymond Jack, Lead Governor |
| 6. Questions and Answers | Dr Nick Marsden, Chairman |

Annual Report 2017/18



Cara Charles-Barks
Chief Executive

Trust Services

District General Hospital Services

- Emergency Department
- Surgery
- Maternity
- Children's Services
- Orthopaedics
- Medicine
- Diagnostics
- Facilities

Regional Specialist Services

- Burns
- Cleft lip and Palate
- Genetics
- Plastic Surgery
- Laser Centre
- Wessex Rehabilitation

Supra-Regional Services

- Spinal Injury Services



Trust Performance 2017/18

We have **470** acute and general beds



During the year we handled **129,650** outpatient appointments



We treated **5,191** elective in-patients



We treated **31,095** non-elective patients



We carried out **22,112** elective day case procedures



Our Emergency Department dealt with **59,505** cases,



Our income in 2017/18 was **£221.381 million**



We ended the year with a deficit of **£11.9 million**



In total we have over **700** Volunteers who give up to 1.900 hours of work a week



We carried out **185,500** Diagnostic scans – including CT, MRI and X-Ray



In total we have **4,331** staff in post as at the end of March 2018



2,300 babies were born here



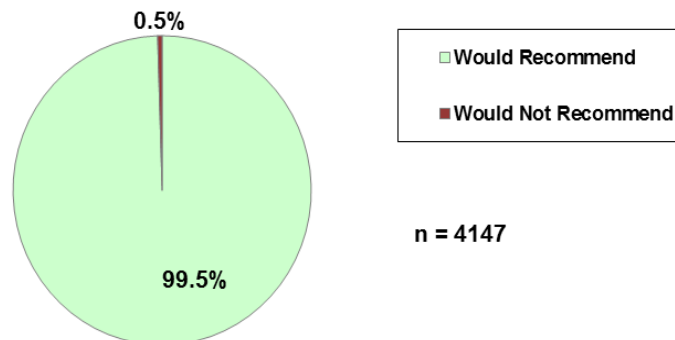
Trust Performance 2017/18

	2016/17	2017/18	Target
4 hour wait in A&E	90.8%	93.6%	95%
18 week incomplete	91.4%	91.3%	92%
Diagnostics - 6 week wait	98.3%	98.7%	99%
Cancer - 2 week wait	93.5%	94.8%	93%
62 day wait for treatment	87.2%	86%	85%
C. Difficile (Hospital Acquired)	13	8	No more than 19
MRSA Bacteraemia	0	0	0
Falls resulting in major harm	21	17	

What Our Patients Say

Recommend Hospital

FRIENDS AND FAMILY April 2017 - March 2018
Percentage of patients that would recommend this Hospital to Friends and Family (Inpatients and A&E Attendances)

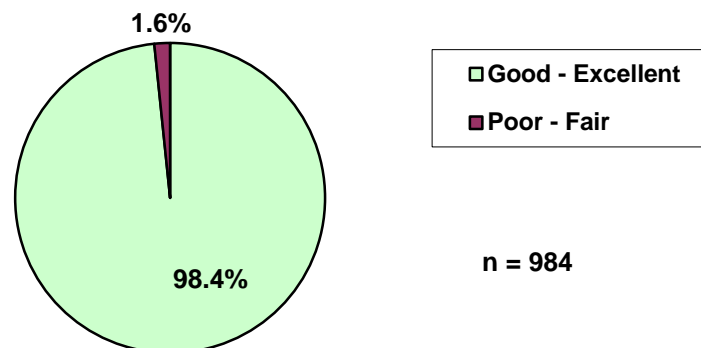


Complaints – 262
*Compliments – 1.404

* Many more received directly on wards and clinical areas

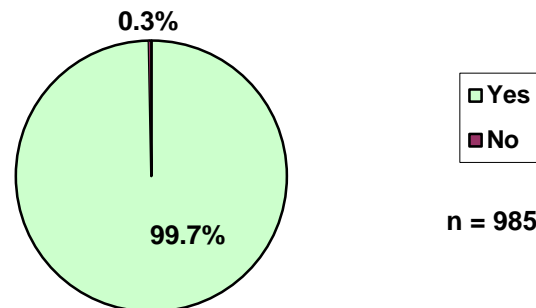
Quality of Care

REAL-TIME FEEDBACK April 2017 - March 2018
Overall, how would you rate the quality of care you received?



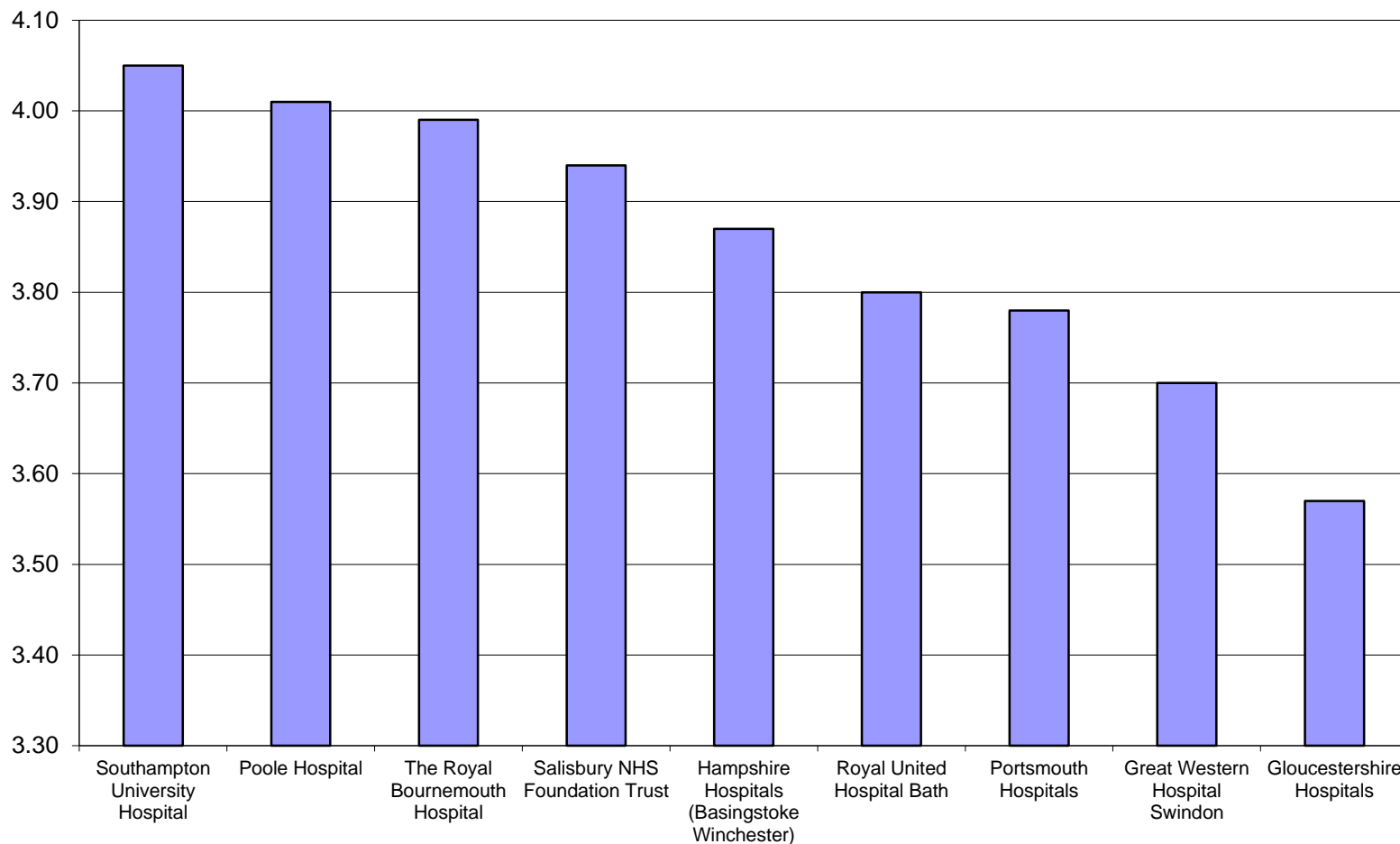
Care and Compassion

REAL-TIME FEEDBACK April 2017 - March 2018
Are you being treated with care and compassion?



What Our Staff Say

Staff recommendation of the Trust as a place to work or receive treatment



Achievements: Trust

NHS 70th

- ❑ Salisbury Cathedral celebration
- ❑ NHS Commemorative travel cups
- ❑ Staff BBQ
- ❑ Special menus for patients
- ❑ NHS certificates for babies born on the 5th July
- ❑ History Project
- ❑ Pop-up history exhibition in Old George Mall
- ❑ BBC live broadcast on July 5th



ONE DAY ONLY!
Monday 2nd July

NHS Salisbury
NHS Foundation Trust

Discover some of the hidden history treasures of Salisbury Hospital

One-day only pop-up display of rare photographs, objects and more

Free entry
BHS shop, Old George Mall, Salisbury - 10am-3pm



Achievements/Service improvements: Trust

- ❑ Site changes / improve patient experience
- ❑ Launch of new mobile cancer care unit
- ❑ A&E patient rate their care high
- ❑ Children and young people rate hospital experience
- ❑ Increase in breast feeding support
- ❑ Successful PLACE assessment



Achievements: Trust



Prof Nigel North

- ☐ Striving for Excellence Awards
- ☐ Service Improvement Awards
- ☐ Procurement Department win National Award
- ☐ Clinical psychology wins life time achievement – Prof Nigel North
- ☐ Breast Unit commended in national awards
- ☐ Staff do well in anticoagulation awards
- ☐ Cancer research excellence in clinical trials



Contribution of Patients, Public, Volunteers and Governors


Patients and Public Involvement:

- Patients Involved in over 34 projects – using patient stories, focus groups and Real Time Feedback

Volunteers:

- Over 700 volunteers give over 1,900 hours a week of extra support, helping on wards and departments, acting as guides and supporting one off projects
- Other volunteers: cover all types of work and includes, Stars Appeal, ArtCare, League of Friends, Horatio's Garden, Engage and Pets as Therapy

Governors:

- 27 Governors (Public, Staff and Nominated) representing over 16,400 members
 - Link with membership, statutory duties, support services and sample patient experience
- 

Our Focus for 2018/19

Key Challenges:

- Workforce – recruitment of skilled groups
- Financial recovery
- Transforming clinical services

Areas for improvement:

- Strategies to meet the key challenges
- Staff engagement and retention
- Patient flow through the hospital
- Working with partners to improve clinical pathways

Financial Report 2017/18



Lisa Thomas
Director of Finance

At a glance

✗ £11.9m deficit exceeded planned deficit of £7m



✓ Delivered £5.9m savings

✓ Spent £10.6m on capital on buildings, equipment and digital programmes.

~ Unqualified audit opinion, although uncertainties around financial sustainability highlighted



Group Statement of Comprehensive Income		2017-18 £'000	2016-17 £'000
Income:			
From clinical activities		195,170	189,215
Other operating income		23,211	33,260
Total Operating Income		218,381	222,475
Operating Expenses		(228,200)	(213,045)
Operating Surplus/(Deficit)		(6,819)	9,430
Finance income		316	188
Public Dividend Capital payable		(2,124)	(1,974)
Other finance costs		(3,659)	(3,714)
Net Finance Costs		(5,467)	(5,500)
Revaluation gains (+) / losses (-) on assets		(17)	217
Fair value gains (+) / loses (-) on investments		381	393
Total Retained Surplus / (Deficit)		(11,922)	4,540
Retained Surplus / (Deficit) for the year for SFT only		(13,170)	4,768

We spent **£131m** on pay last year

including...

£39.8m
doctors



£36.8m
Nurses &
Midwives



£34.4
Clinical
Support staff



£14.7m
admin &
Clerical



We spent **£75.9m** on non pay last year

including...

£21.8m on Clinical supplies

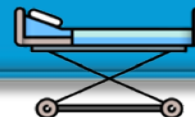
£19.8m on Drugs

£8.9m on our premises

£3.5m on general supplies

£8.9m on depreciation of our
buildings and equipment.

£7.7m on Clinical Negligence
scheme.



Capital spend highlights

Over the last year we have invested more than £10.6m in SFT.

- ✓ Medical equipment £2.2m
- ✓ Ward upgrades and improvements £2.2m
- ✓ Cyber security resilience £1.9m
- ✓ Digital systems & technology £1.0m
- ✓ Electronic patient record £1.2m

Looking ahead: 2018/19 and beyond

Challenging financial position in 2018/19 and into the future.

Accepted NHSI control total deficit of £9m, which includes delivering £12.2m savings.

Opportunity to earn £3.8m Provider Sustainability Funding (PSF).

Working with Commissioners on future payment systems.

Investing with charity support in maintaining and improving our estate and equipment, including:

- ☐ Additional MRI
- ☐ Replacement Pharmacy robot
- ☐ 'Master plan' for major redevelopment of our of our site





Intensive Care Unit

Dr Martin Cook, Consultant Anaesthetist

Intensive Care

- ☐ Specialist hospital ward that provides treatment and monitoring for people who are very ill
- ☐ May provide organ support for one or more essential organ (such as ventilation for the lungs)
- ☐ Or intensive monitoring / nursing care
- ☐ 24 hours a day / 7 days a week

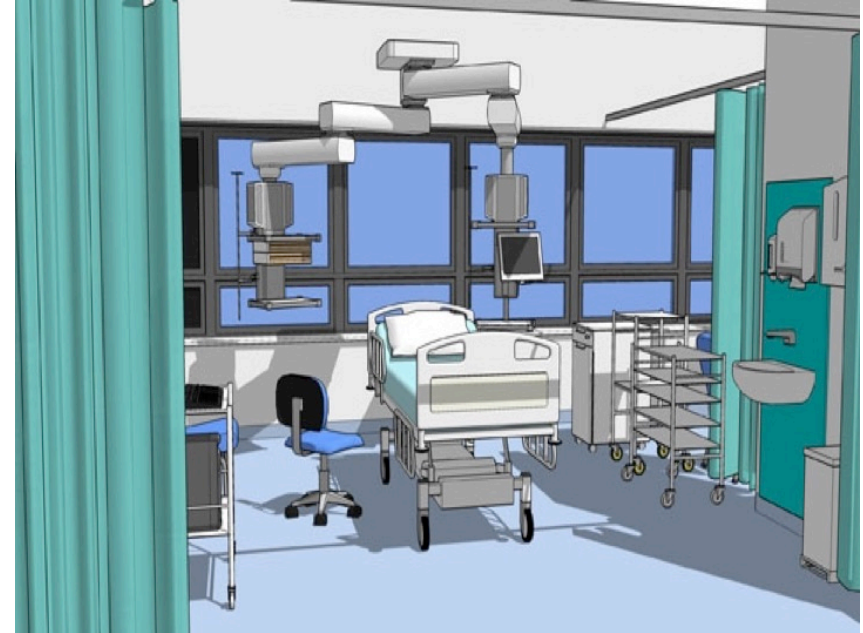


Patients

- ☐ Critically ill or have the potential to deteriorate rapidly
- ☐ Major elective / emergency surgery / trauma
- ☐ Severe acute illness, such as pneumonia
- ☐ Relatively minor insults in patients with significant co-morbidities

Ward

- ❑ Centrally located within the hospital
- ❑ Specially designed bed-spaces, adequate room for additional equipment
- ❑ Lots of technology
- ❑ Therapeutic environment - natural light, calming colours, art.....etc.



Team

- ❑ A dedicated specialised multidisciplinary team
- ❑ Doctors / Nurses / HCAs / Physiotherapists / Speech and Language / Pharmacists / Dieticians / Psychology / Pastoral care....etc.

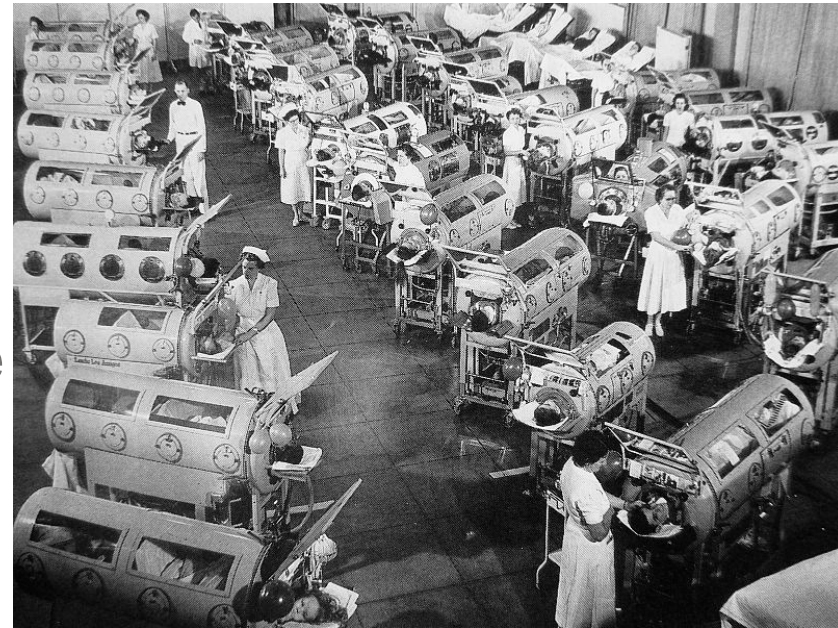


Types of units

- ☐ General
- ☐ Paediatric
- ☐ Neurosurgery
- ☐ Cardiothoracic
- ☐ Burns
- ☐ Spinal

History

- ❑ Developed following the polio epidemic in Copenhagen, 1952
- ❑ Resuscitation techniques and teams since 1970s
- ❑ Now a key component of acute hospitals
- ❑ Large hospitals often have more than one
- ❑ Has contributed to the major advances in surgery and massive trauma, which otherwise, would be unsurvivable





- ❑ Historically, ICUs were cold unfriendly places full of deeply sedated patients
- ❑ Now less invasive, less interventional and hopefully more humane
- ❑ Actively try to wake and get our patients moving



Salisbury Radnor Ward

- ❑ 12 bedded unit
- ❑ Mixed Intensive Care / High Dependency
- ❑ General ICU (Surgical / Medical)
- ❑ Burns / Plastics
- ❑ Spinal
- ❑ Nerve agents



ICU without walls

- ☐ Critical Care Outreach Teams
- ☐ Education
- ☐ Paediatric resuscitation and stabilisation
- ☐ Cardiac arrest and trauma teams
- ☐ Critical care follow up clinic

Goals

- ☐ Return the patient back to a quality of life acceptable for them
- ☐ Provide organ support, allowing time for accurate prognostication and / or for specific treatments to work (antibiotics)
- ☐ Generally needs to be a reversible condition
- ☐ On average, 15-20% do not survive
- ☐ Need to recognize when to stop

- ☐ We aim to work in the best interests of the patient
- ☐ Legal and ethical framework
- ☐ Open, realistic communication
- ☐ Financial – high cost due to staff / equipment
- ☐ Treatment / recovery can carry a heavy burden
- ☐ Active early rehabilitation is key



Physiotherapy in Critical Care

Michelle Bray, Senior Physiotherapist

Our Role

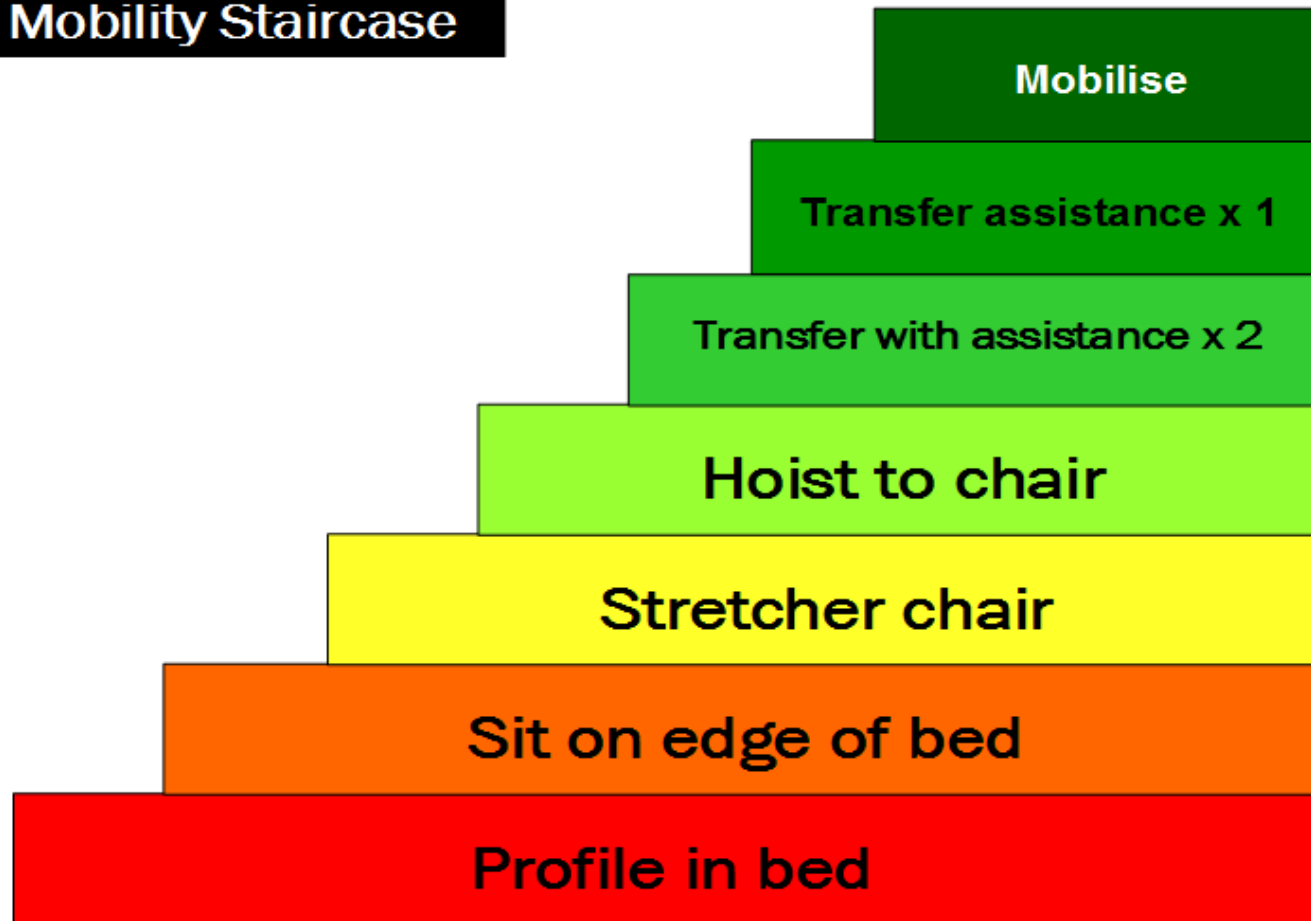
- ❖ To optimise recovery rather than just survival
- ❖ - Chest clearance - Rehabilitation
- ❖ To reduce the long term consequences of critical care
- ❖ (18% reduction in muscle mass within 10 days on ICU)
- ❖ Rehabilitation needs of every patient are assessed within 24 hours of their admission to ICU and active rehabilitation is commenced

New Equipment

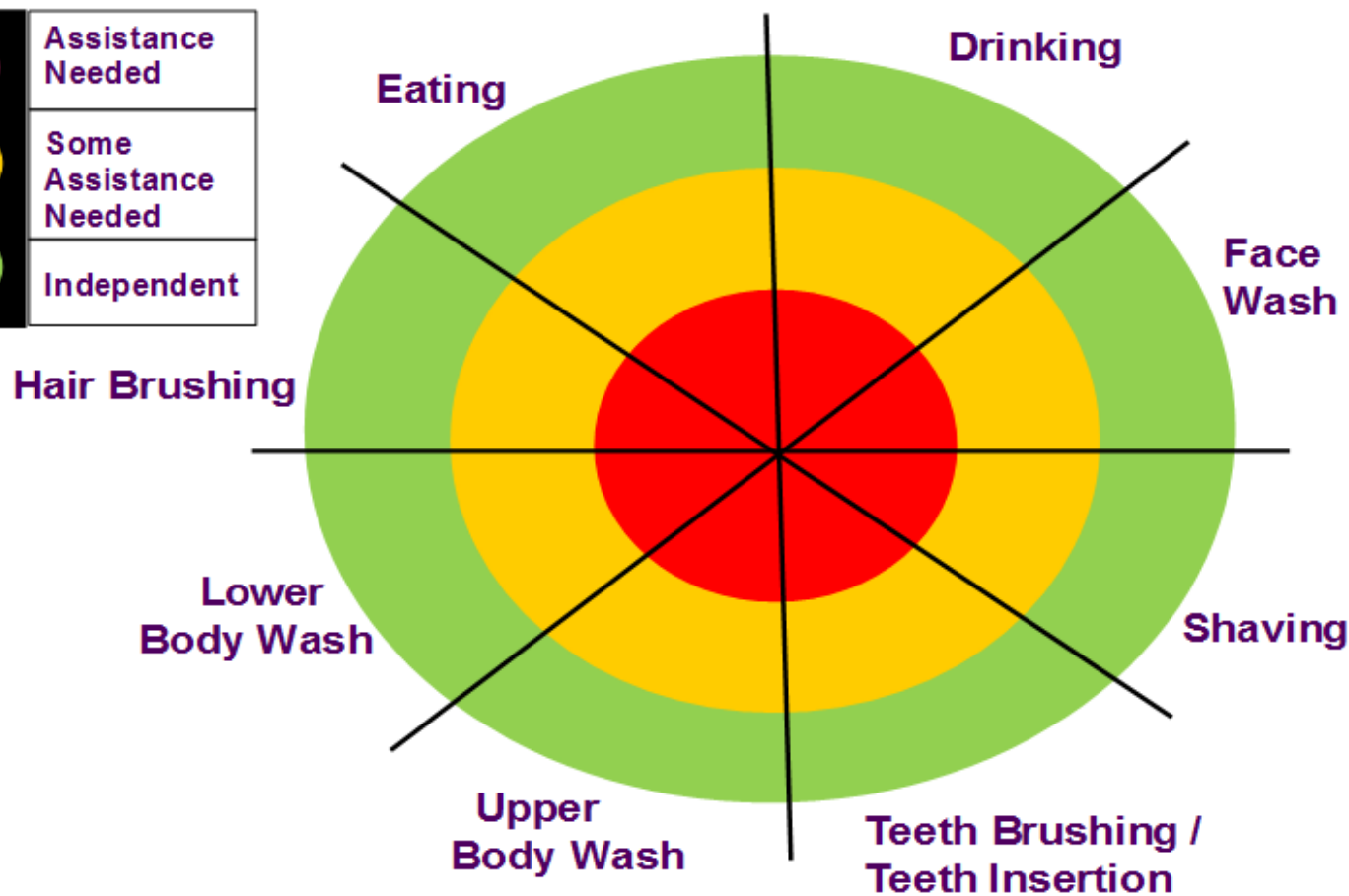
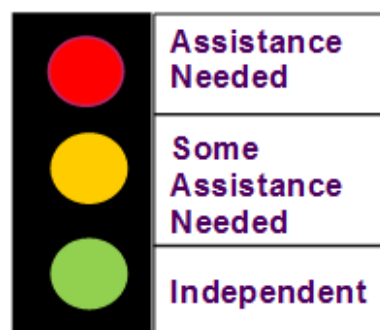


Mobility

The ITU Mobility Staircase



Function



ITU Personal Care Ability Chart

Questions and Answers



Twitter

- CEO - @CaraCBCEO
- SDH - @SalisburyNHS



Facebook

- Salisbury District Hospital Official