NHS

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

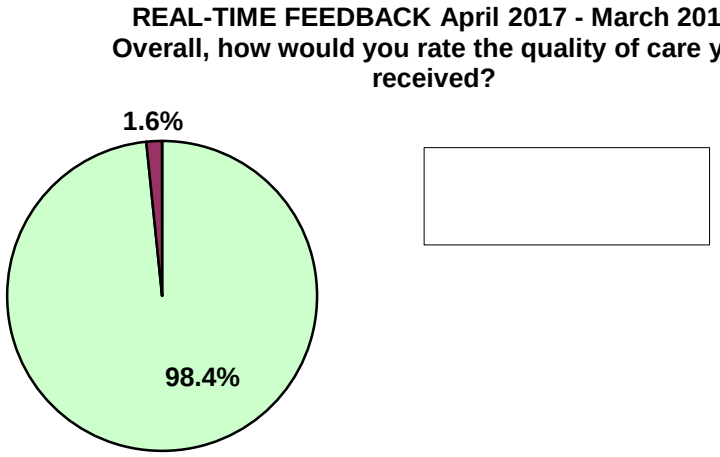
- Spinal Injury Services

Trust Performance 2017/18

	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 Bactaeremia	0	**0**	**0**
Falls resulting in major harm	21	17	

What Our Patients Say

Quality of Care



Recommend Hospital

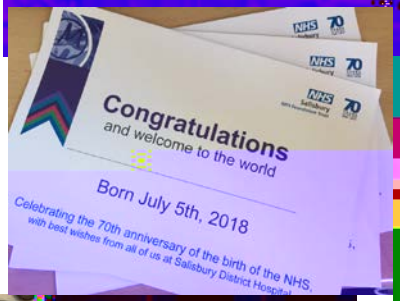
Care and Compassion

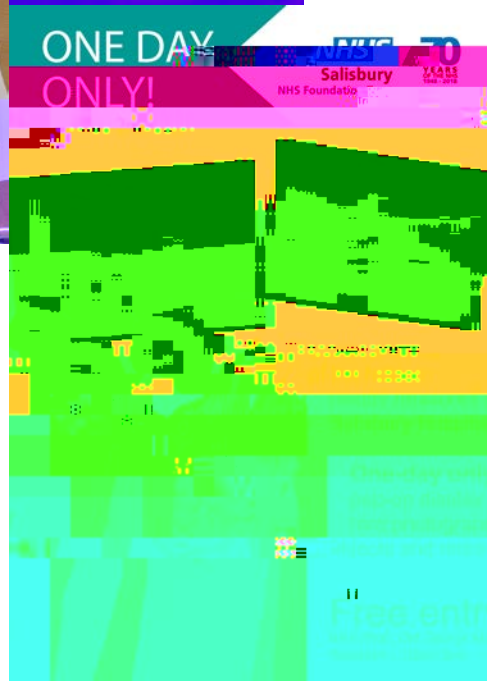
‰Complaints – 262
‰*Compliments – 1.404

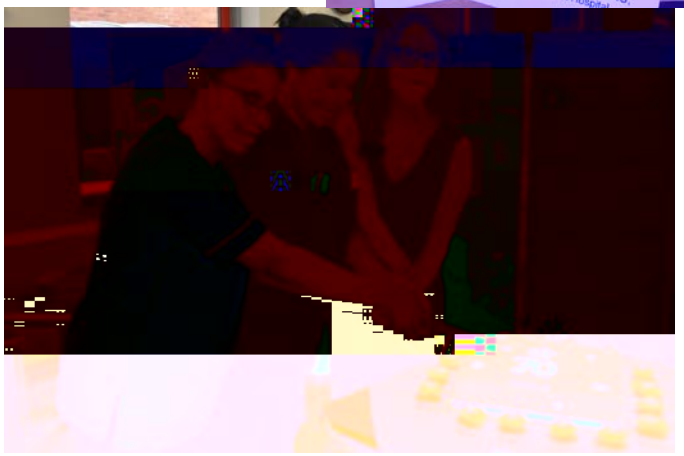
Achievements: Trust

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







Achievements/Service improvements: Trust

- Site changes / improve patient experience
- Launch of new mobile cancer care unit

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: 2018/19

Financial Report 2017/18

Lisa Thomas
Director of Finance

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

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
- Elw 24 -n[(E)iDrc ndicientrtec £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

‰

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

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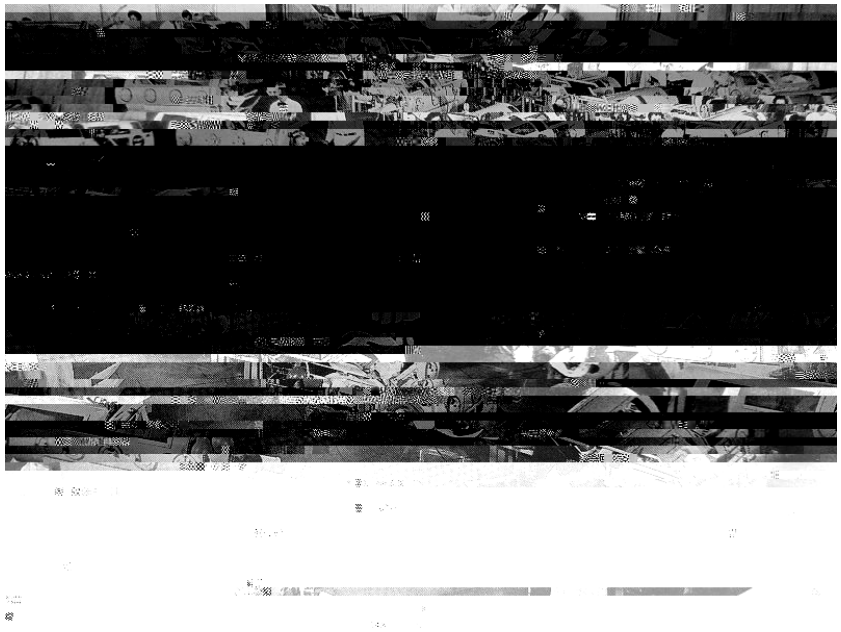
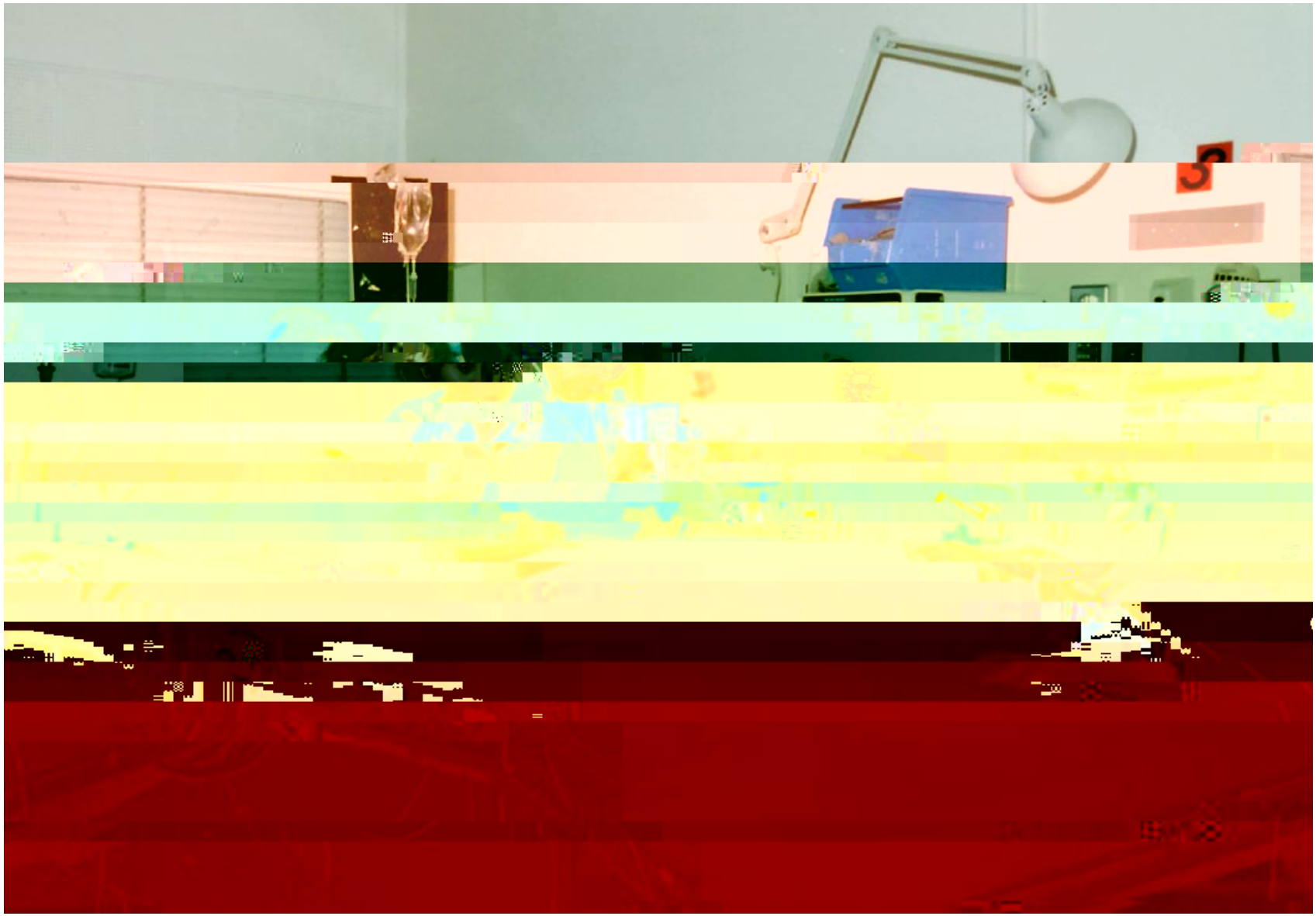




- Historically, ICUs were cold unfriendly places full of deeply sedated patients
- No eTg less invasive, less interventional and hopefully more humane
- Actively try to wake and get our patients moving

ICU without walls

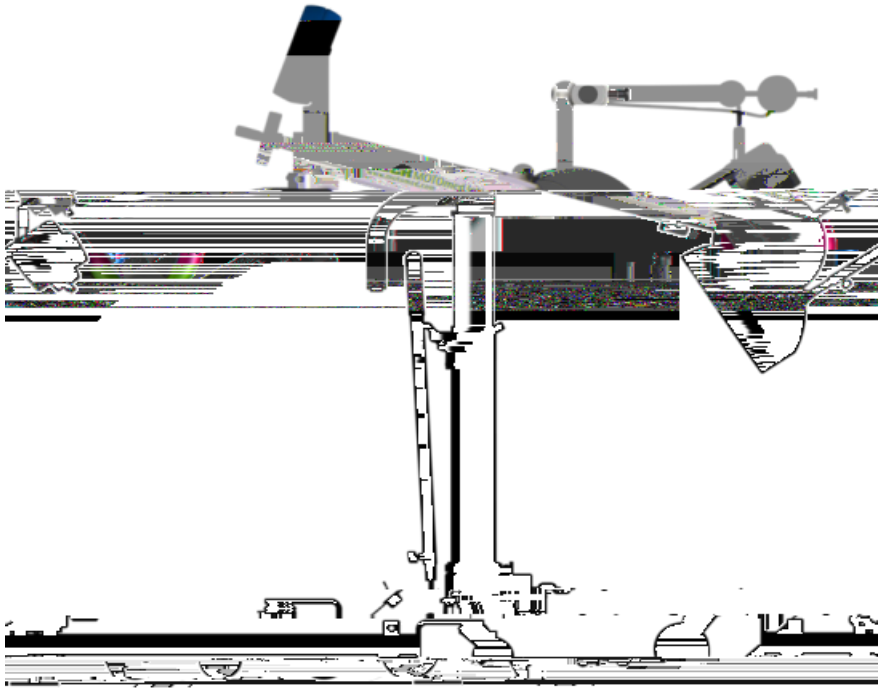
- Critical Care Outreach Teams
- Education
- Paediatric resuscitation and stabilisation
- Cardiac arrest and trauma teams
- Critical care follow up clinic

Goals

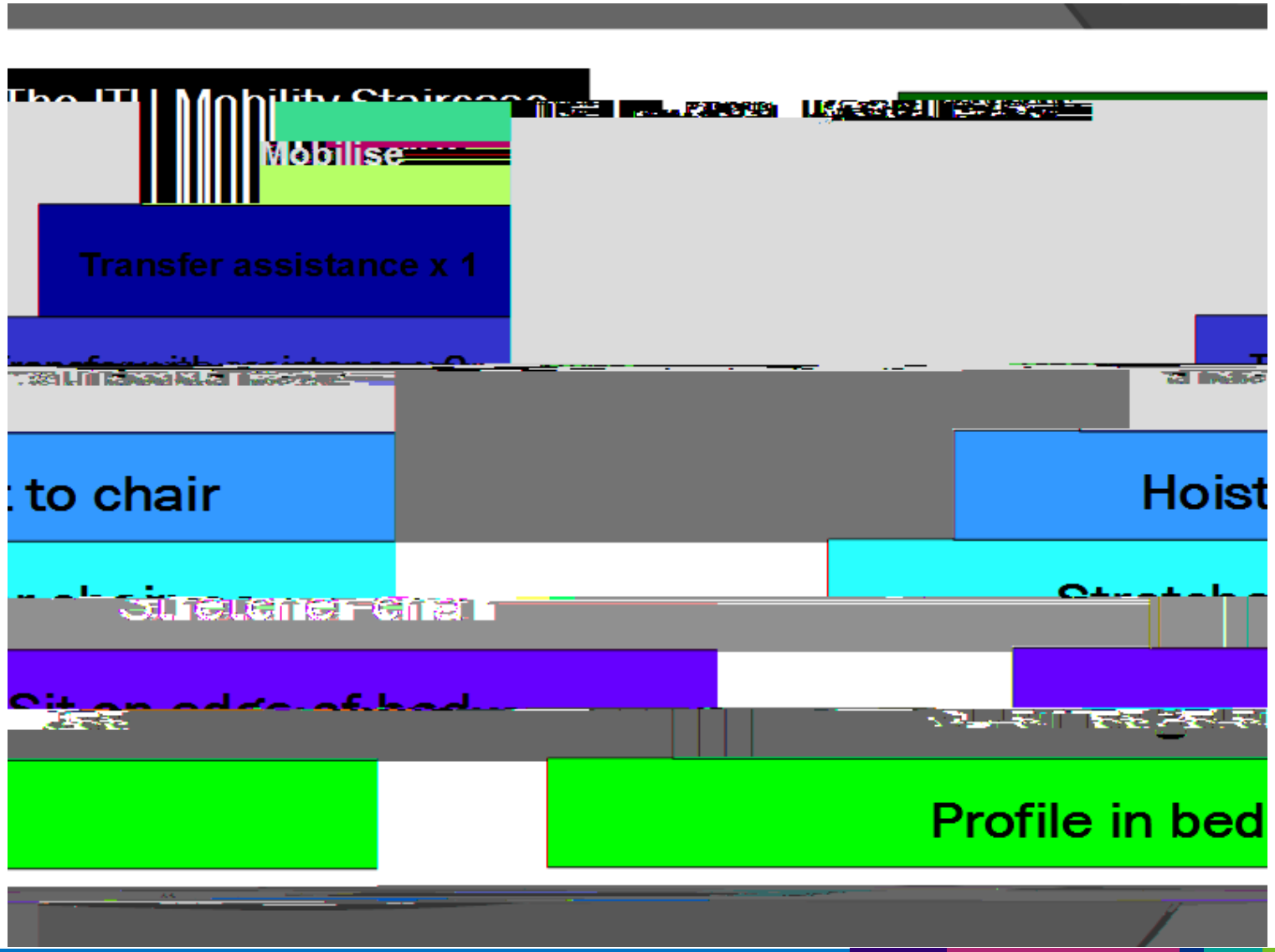
- Return the patient back to a quality of life acceptable for them
- Provide organ support, allowing time for accurate prognostication and / or for specific treatments to work (antibiotics)
- Generally needs to be a reversible condition
- On average, 15-20% do not survive
- Need to recognize when to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

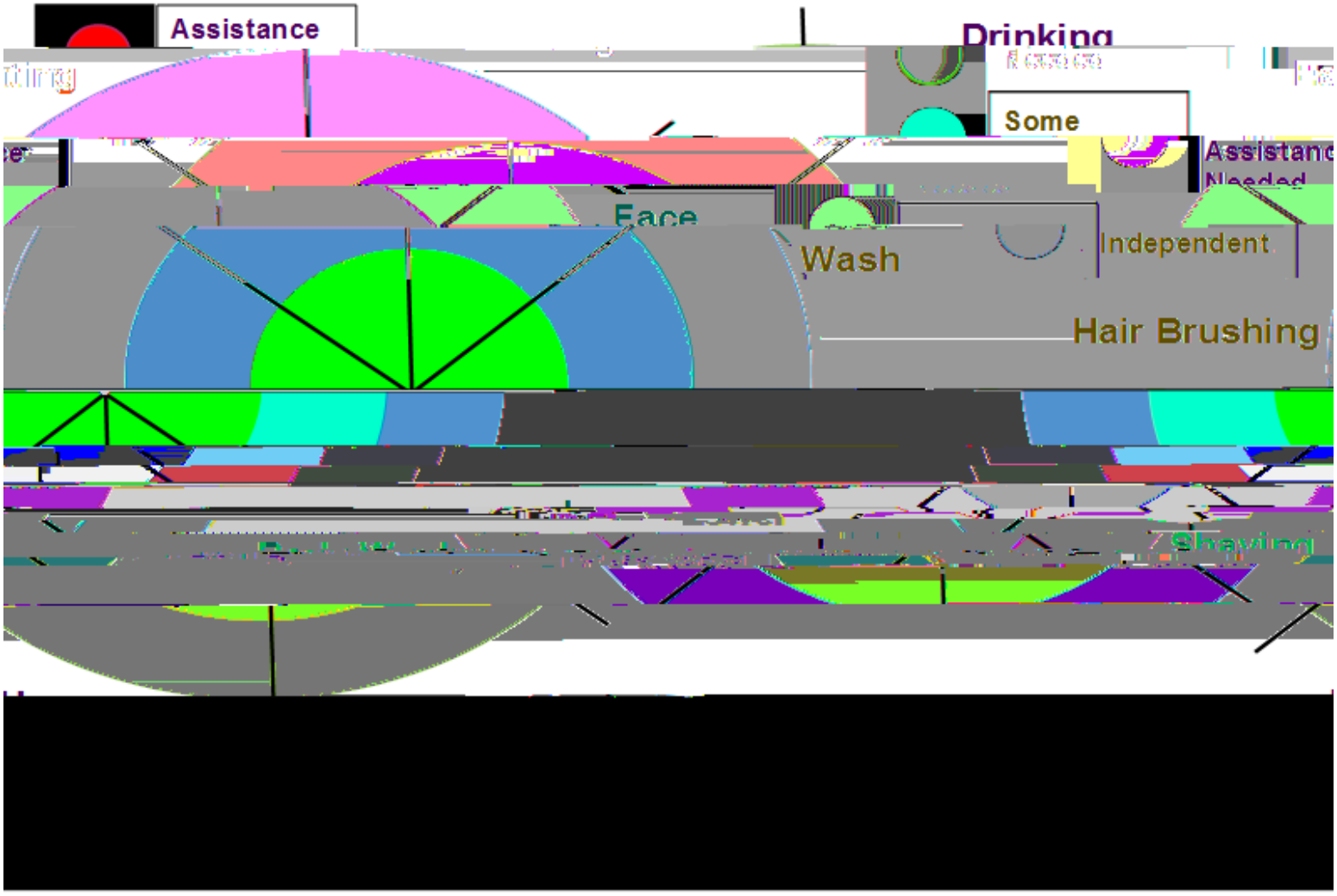
New Equipment ….



Mobility


Mobilise
Transfer assistance x 1
to chair
Hoist
Profile in bed

Function


Assistance
Drinking
Some
Assistanc
Needed
Face
Wash
Independent
Hair Brushing
Shaving