

**Minutes of the Annual Members Meeting Notes held on
25th September 2017 held at Salisbury Arts Centre
Commencing at 5 pm and concluded at 6.30 pm**

The event had been advertised in the Salisbury Journal the week before the meeting and was featured in the Trust's Annual Review which had also been circulated as an insert with the Salisbury Journal earlier in September.

The Trust had used social media to promote the event

Around 60 members of the public attended.

Principal Contributors

Nick Marsden	Chairman
Cara Charles-Barks	Chief Executive
Lisa Thomas	Director of Finance
Raymond Jack	Lead Governor
Stuart Henderson	Consultant, AMU
Andy Hyett	Chief Operating Officer

In Attendance:

Lorna Wilkinson	Director of Nursing
Christine Blanshard	Medical Director
Paul Hargreaves	Director of People and Organisational Development
Tania Baker	Non-Executive Director
Michael von Bertele	Non-Executive Director

Governors Present

Beth Robertson	Nick Alward
Ross Britton	Lucinda Herklotts
John Mangan	Alastair Lack
Paul Horwood	John Parker
Jenny Lisle	
Lynn Taylor	

Foyer Displays

My Trusty
STARS Charity

Support Team

Paul Russell	Business Development Manager
Isabel Cardoso	Foundation Trust Membership Manager
Patrick Butler	Head of Communications
David Seabrooke	Head of Corporate Governance

Nick Marsden opened the evening and introduced Cara Charles-Barks who had started with the Trust in January, Lisa Thomas who had started in September 2017.

PRESENTATION BY CARA CHARLES-BARKS, CHIEF EXECUTIVE

CC-B introduced the Trust's range of local, regional and super regional services. CC-B highlighted the Trust's performance in 2016/17, which included an achievement of 90.8% in relation to the Emergency Department 4 Hour Wait Target and 91.4% for Referral to Treatment within 18 Weeks against the target of 92%.

The Trust had 470 inpatient beds, there had been 2,300 births, and there were over 50,000 visits to A & E and 21,000 day case procedures carried out. CC-B highlighted the role of the Trust's volunteers who gave over 1900 hours a week to the hospital of their time and the Trusts governors and 17,000 members.

The challenges highlighted included the recruitment and retention of nurses and doctors and managing through the impact of BREXIT in future years. There continued to be serious financial challenges. CC-B highlighted a number of awards and achievements in the Trust for Pride in Practice and the opening of the Breast Unit.

The Trust enjoyed very high ratings and recommendations for the quality of care and the care and compassion from patients through Real Time Feedback. The hospital was highly recommended by its staff as a place to work or to receive treatment.

Finally the areas for improvement were improving the learning from when patients die, improving patients flow through the hospital and reduce the number of falls resulting in fracture or serious harm.

LISA THOMAS, DIRECTOR OF FINANCE

It was noted that the Trust had met its planned control total set by NHS Improvement and had benefited from additional national funding to support its position. It had delivered £8m of savings and had spent £12.7m on buildings, equipment renewals and digital programmes.

The Trust had received an unqualified Audit Opinion.

The principal areas of spend totalling £131m included nurses and doctors, other clinical support staff and £14m on administration and clerical. Non-pay spend was £75m on clinical supplies and drugs and over £7m on maintenance of premises.

In the 2017/18 year the Trust was planning to deliver a £7m deficit which included delivering £8.5m of savings. It had launched the Outstanding Every Time Policy within the Trust to focus this work.

Capital works to provide an additional MRI scanner, further ward upgrades and preparations for major redevelopment were also highlighted.

RIGHT CARE RIGHT PLACE

The Chairman thanked Cara Charles-Barks and Lisa Thomas for their presentations and introduced Andy Hyett, Chief Operating Officer and Stuart Henderson, Clinical Director – Medicine who would describe the current reconfiguration works being undertaken at the hospital, the reasons for this and anticipated benefits.

The reconfiguration was to help the Trust prepare for winter 2017/18 and to avoid the use of short term escalation beds in clinical areas.

The range of medical wards was being re-modelled along with the Orthopaedic/Plastic Surgery and Burns wards layouts, the Acute Medical Unit was being expanded and a short stay surgical unit was being introduced. The first move was of the Ophthalmology Outpatients Service to a modular build

which had recently been installed at the hospital. This was due to open on Monday 2 October.

The aim of the project was to ensure that patients were cared for in the right environment, reduce cancellations and reduce the impact on escalation areas such as the Day Surgery Unit, Endoscopy or Pembroke Suite.

Stuart Henderson described the four clinical directorates that made up Salisbury Foundation Trust and highlighted a number of the clinical presentations typically seen in the Acute Medical Unit. There could be very subtle differences between a harmless presentation which can be treated with over the counter medicines and those that pointed to something more serious. He highlighted the differing roles of general physicians and specialist clinicians. Medical training had in recent years tended to emphasise specialisms and he felt that general medicine was important particularly in the light of an aging population. Greater capacity in the Acute Medical Unit supported by more general medicine would help bring about the future vision for the Medical Directorate that was described.

LEAD GOVERNOR

The Chairman introduced Raymond Jack who outlined the role of the Council of Governors in the Trust and his own undertaking of Real Time Feedback in the hospital on a weekly basis. RJ endorsed the earlier points around recruitment challenges and in the Trust's finances.

RJ concluded by stating the Trust needed good leadership through difficult times.

QUESTIONS FROM THE PUBLIC

The Chair thanked the speakers again and invited questions from the audience.

Phil Mathews paid tribute to former Director of Finance and Procurement, Malcolm Cassells. He asked about the impact on BREXIT. Nick Marsden said that the Trust welcomed the focus on EU citizens already in the UK. The Trust was working with the local college to try and get more local people into positions at the Trust. Beyond that the impact on BREXIT remained uncertain. Further questions centred on appointments cancelled by the hospital, difficulties in arranging appointments and cases where the patient did not attend. In terms of charging patients where they did not attend for an arranged appointment there was no practical or legal basis on which NHS hospitals could charge patients if they did not attend an appointment.

Andy Hyett undertook to discuss a concern raised with a referral to Ophthalmology and the role of a Referral Management Centre introduced by the Clinical Commissioning Group.

The introduction of the Electronic Patient Record had caused some difficulties in recent months with managing appointments. Where there were empty clinical slots in the hospital this was now much more visible to management. Text message reminders to patients with appointments included a reference to the cost of delivering session.

In relation to the annual question about complimentary medicine, Stuart Henderson highlighted the work of the Elevate programme.

There being no further questions the Chairman thanked everyone for attending.