



# Nick Marsden

## Chairman

Professional

Responsive

Friendly

- |   |   |
|---|---|
| 1. Introduction and Welcome                     | Dr Nick Marsden, Chairman   |
| 2. Annual Report 2016/17                        | Cara Charles-Barks,<br>Chief Executive                                      |
| 3. Annual Accounts and Audit<br>Opinion 2016/17 | Lisa Thomas, Director of Finance  |
| 4. Right Care @ Right Place<br>Clinical Context | Andy Hyett, Chief Operating Officer<br>Dr Stuart Henderson, Acute Physician |
| 5. Council of Governors – report to<br>members  | Sir Raymond Jack, Lead Governor   |
| 6. Questions and Answers                        | Dr Nick Marsden, Chairman   |



Maternity

Facilities

Surgery

Orthopaedics







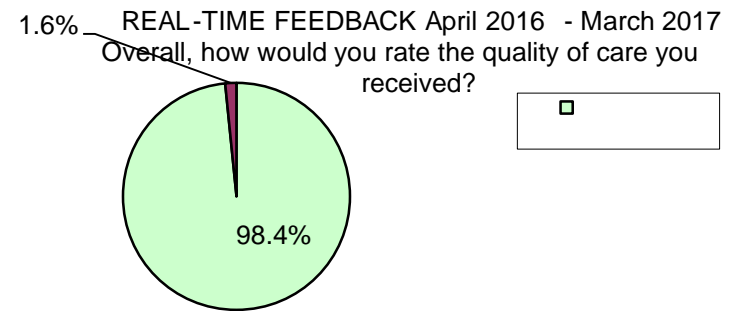




4 hour wait in A&E	90.8% (target 95%)
18 week incomplete	91.4% (target 92%)
MRI scan 6 week wait	96% (target 100%)
CT scan 6 week wait	100% (target 100%)
Cancelled ops c.	1.18% to update
Cancer 2 week wait	93.5% (target 93%)
62 day wait for treatment	

## Recommend Hospital

## Quality of Care



## Care and Compassion

305 Complaints

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## Pride in Practice

Anna Woodman

Britford ward

Emma Ward

Spinal nurse

Research  
administrator

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### **Challenges:**

Workforce – recruitment of skilled groups

Financial challenges

Developing services so that we can work more closely with our community partners

### **Areas for improvement:**

Continue to reduce falls resulting in fracture or serious harm

When our patients die – what can we learn?

Patient flow through our hospital





Met our planned control total

Received £7.8m from the sustainability and Transformation Fund including a bonus.

Delivered £8m savings

Spent £12.7m on capital on buildings, equipment and digital programmes.

Unqualified audit opinion



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Over the last year we have invested more than £12.7m in SFT.

Medical equipment £1.7m

Ward upgrades and improvements £1.9m

Building works £2.7m

Digital systems & technology £1.5m

Electronic patient record £3.6m

Ophthalmology department development £1.3m

- Challenging financial position in 2017/18 and into the future.
- Planned deficit of £7m, which includes delivering £8.5m savings.
- Financial improvement programme

# Right Care @ Right Place

Andy Hyett  
Chief Operating Officer

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# Background

- Site changes being planned to prepare for next winter
- Reduce the number of short term escalation beds in clinical areas
- Stream and manage emergency and elective patients more effectively

# Proposed Changes

- Re-remodelling of medical ward footprint
- Re-remodelling orthopaedic/plastic surgery and burns ward templates
- Expanding our Acute Medical Unit (AMU)
- Introducing a short stay surgical unit
- A new area for ophthalmology outpatients, freeing up space on level 3 to create more ward accommodation

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We want to improve the care and experience of our patients and these changes should enable us to:

- Care for patients in the right environment
- Reduce the number of times patients are moved
- Reduce cancellations
- Reduce the impact on areas such as the Day Surgery Unit, the Endoscopy Unit and the Pembroke Suite.





## July 2017

- Laverstock Ward merges with Amesbury, Chilmark wards and Burns Unit
- Winterslow Ward moves to former Laverstock Ward
- Farley Stroke Unit moves to former Winterslow Ward

## Aug – Nov 2017

- Major refurbishment of former Farley Stroke Unit for expanded AMU

## Nov – Dec 2017

- Whiteparish Ward/AMU moves to new AMU
- Breamore Ward moves to former Whiteparish Ward
- Short Stay Surgical Unit created in former Breamore Ward

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Late September

- Ophthalmology OPD moves to new unit. Operational from 2<sup>nd</sup> October

Nov – March 2018(TBC)

- Major refurbishment of former Ophthalmology OPD L3 for Pembroke Ward/Suite

Q4. (TBC)

- Pembroke Ward and Suite move to new accommodation L3
- Medical Ward created in former Pembroke Ward/Suite L2

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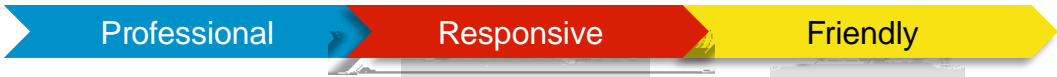
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- Performance at the 'front door' is challenging
- More people are being looked after in the wrong place by the 'wrong' people
- Specialists doing more general work (and less specialist work)
- People are staying longer
- Quality is harder to maintain
- Impact on the wider hospital is enormous



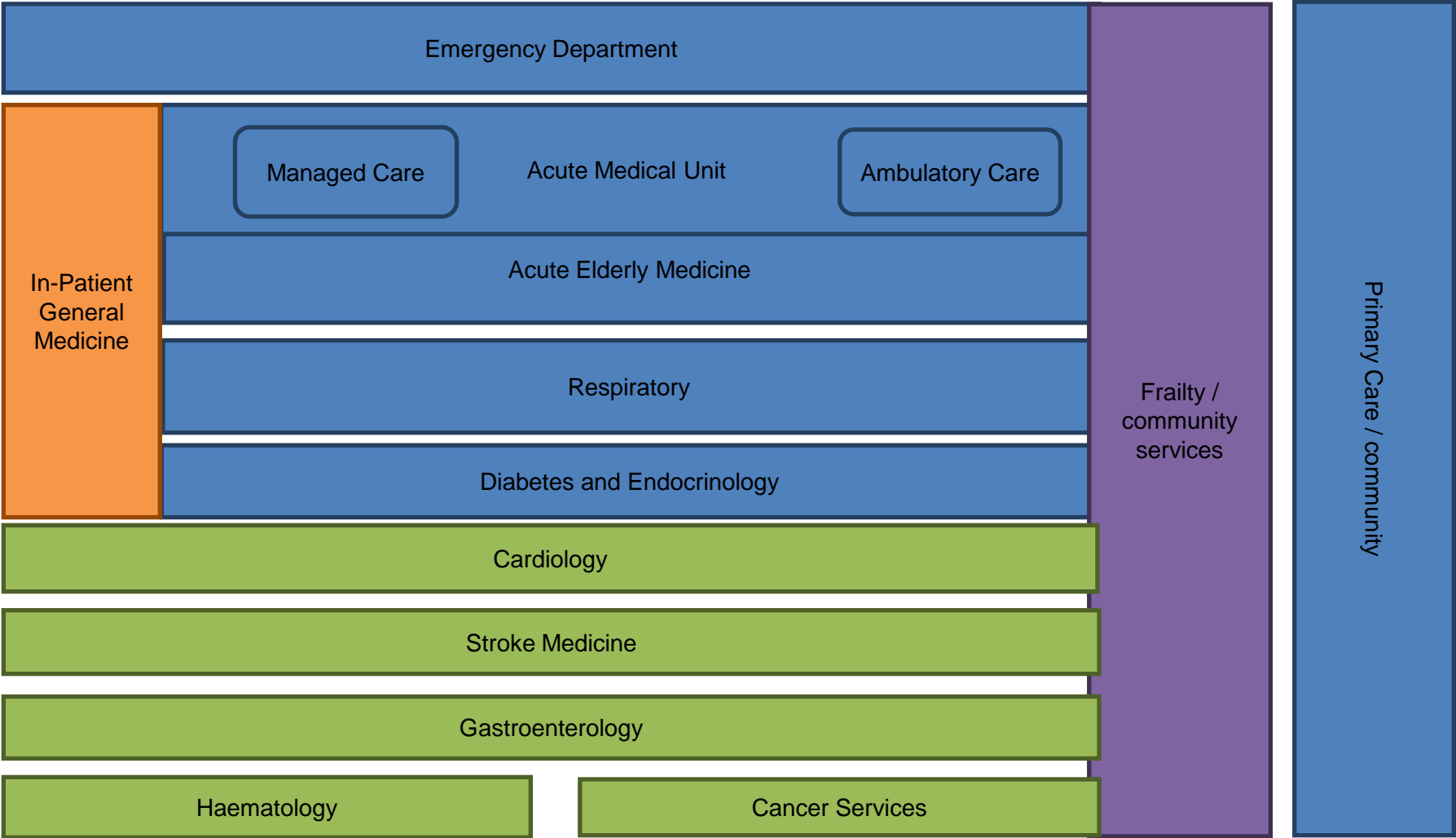
Bigger Porch

More general medicine

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- **Better AMU capacity**
  - Front door streaming
  - Ambulatory care
  - Managed care
  - Co-located Acute Elderly / Frailty Unit
  - Front door access
- **Enhanced General Medical Capacity**
  - More people seen by the right person in the right place
  - Specialists doing more of what only they can do
  - Better care for more people reflecting current and future healthcare needs

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