

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