



**Ashford and St. Peter's Hospitals**  
NHS Foundation Trust

**TRUST BOARD**  
**25<sup>th</sup> July 2019**

<b>AGENDA ITEM</b>	16.2	
<b>TITLE OF PAPER</b>	Modern Healthcare Committee Minutes	
Confidential	<b>NO</b>	
Suitable for public access	<b>YES</b>	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED</b>		
These minutes were reviewed and approved at the Modern Healthcare Committee meeting held on 18 <sup>th</sup> July 2019.		
<b>STRATEGIC OBJECTIVE(S):</b>		
<b>Quality Of Care</b>	<input type="checkbox"/>	
<b>People</b>	<input type="checkbox"/>	
<b>Modern Healthcare</b>	<input checked="" type="checkbox"/>	
<b>Digital</b>	<input type="checkbox"/>	
<b>Collaborate</b>	<input type="checkbox"/>	
<b>EXECUTIVE SUMMARY</b>		
	<p>The minutes of the Modern Healthcare Committee meeting held on 20<sup>th</sup> June 2019 are attached. The key points for noting are: -</p> <ul style="list-style-type: none"><li>• reviewed the month 2 financial position noting that the underlying position was continuing the trend seen in the latter part of 2018/19, with higher pay costs in particular;</li><li>• reviewed and approved a proposal to appoint a company, for a period of six months, to assist the Trust in improving its urgent care pathway. The procurement route and process was also approved;</li><li>• discussed an update on the proposed new emergency building, paying particular emphasis to the governance arrangements around the project. The Committee recommended that this informs a fuller discussion with Board members at the next Strategic Change Committee meeting; and</li></ul>	

	<ul style="list-style-type: none"> <li>discussed an approved three related tender waivers.</li> </ul>
<b>RECOMMENDATION:</b>	Receive and note the paper
<b>SPECIFIC ISSUES CHECKLIST:</b>	
Quality and safety	
Patient impact	
Employee	
Other stakeholder	The impact on stakeholders through the Trust achieving its required financial targets, hence enabling the appropriate investment into services and infrastructure.
Equality & diversity	
Finance	
Legal	
Link to Board Assurance Framework Principle Risk	Financial risks.
<b>AUTHOR</b>	Paul Doyle, Deputy Director of Finance  Please approach for any further information required.
<b>PRESENTED BY</b>	Meyrick Vevers, Non-Executive Director and Committee Chair
<b>DATE</b>	18 <sup>th</sup> July 2019
<b>BOARD ACTION</b>	Receive



**TRUST BOARD**  
**25<sup>th</sup> July 2019**

**MODERN HEALTHCARE COMMITTEE**  
**MEETING MINUTES**  
**20<sup>TH</sup> JUNE 2019**

<b>PRESENT:</b>	Meyrick Vevers Neil Hayward Marcine Waterman Simon Marshall David Fluck James Thomas	Non-Executive Director Non-Executive Director Non-Executive Director Director of Finance and Information Medical Director Chief Operating Officer
<b>IN ATTENDANCE</b>	Andy Field Paul Doyle Louise McKenzie	Chairman Deputy Director of Finance Director of Workforce Transformation
<b>SECRETARY:</b>	Clare Corrie	Assistant Divisional Accountant
<b>APOLOGIES:</b>	Tom Smerdon Suzanne Rankin Nicky Ghahrai	Director of Strategy and Sustainability Chief Executive Associate Director of Financial Management

**1. Introductions and Apologies for Absence**

Meyrick Vevers welcomed everyone to the meeting and stated that the meeting was quorate.

**2. Minutes of the meeting held on 23<sup>rd</sup> May 2019**

The minutes of the meeting held on the 23<sup>rd</sup> May 2019 were reviewed, and, subject to one correction to section 8.2, were agreed.

**3. Matters Arising – Actions List**

Action point 1 was addressed as part of the Workforce Report – Agenda item 5.0. The second action point was not yet due.

**4. Operational Performance**

4.0 Operational Performance Report

The Chief Operating Officer presented the Operational Performance Report. The section relating to A&E performance was covered under agenda item 7.1, hence this discussion covered the other areas of performance - RTT, Cancer and Diagnostics.

In respect of RTT the Chief Operating Officer noted that overall the Trust was compliant at 92.3%. Within that the non-compliant areas included specialities which require beds which have been taken due to capacity and flow issues. A total of 201

patients have been waiting 39 weeks. Marcine Waterman noted that that was all due to bed capacity, but the Chief Operating Officer said that there were efficiencies to be made in theatres as well as the beds issue.

Marcine Waterman asked if Ashford Hospital was more efficient and the Chief Operating Officer stated that some changes were required. Andy Field stated that when he was at Ashford Hospital last week, Dickens Ward looked half empty. The Chief Operating Officer said that Dickens, in its current format, needs to be utilised in a different way to gain greater efficiencies. There are also more gains to be made at St. Peter's Hospital. The issue with Ophthalmology at Ashford is one of getting consultants, which is a recruitment issue.

Marcine Waterman asked is if there was any potential for outsourcing in order to catch up and clear the backlog. The Chief Operating Officer replied that there are immediate costs involved, as well as latent costs due to the backlog in surgery. The Deputy Director of Finance noted that outsourcing was already occurring in Ophthalmology and Obstetrics & Gynaecology, with plans also for Endoscopy.

The Chief Operating Officer said that diagnostics is now non-compliant due to the need for extra space to complete sleep studies on patients, and also Endoscopy have not been outsourcing. There is a need to revisit the plan going forward. Meyrick Vevers asked if there was a process issue and the Chief Operating Officer explained that the contract took longer than planned to get agreed and started.

Meyrick Vevers said that his impression was that there was a possibility that it could get worse over the rest of the year. Andy Field added that cancellation of a surgery or appointment on the day was distressing and that it might lead to an increase in complaints. The Chief Operating Officer said that each patient who suffers a same day cancellation should receive a personalised letter.

The Committee noted the report.

## **5. Workforce Report**

The Director of Workforce Transformation presented the Workforce Report for May, and noted the escalating costs of bank and agency. There has been an increase in the budgeted WTE for the Trust of 39 WTE, and that an increase in vacant posts meant that there would also be an increase in agency expenditure.

The Director of Workforce Transformation said that Stroke and Therapies were working on a transformation programme of engagement events to discuss the future, especially for the out of hour's service, although there are gaps nationally in Allied Health Professionals.

The Director of Workforce Transformation then moved onto the recruitment of Registered Nurses. This was forecast to be 46 and we achieved 40, however Health Care Assistants had been less successful. There are some dynamic recruitment plans happening within the Trust, including the latest round in Australia which means that they don't have to do the IELTS exam. However it was mentioned that perhaps the Trust needs to try and recruit even more, as there are always some that drop out during the process.

Marcine Waterman requested that charts for the starters and leavers data be included for future reports.

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The Director of Finance and Information stated that, although we are recruiting, this is balanced out by the number of leavers so we are unable to open any more beds

as we don't have the nurses. The Trust could end up in the position where we have recruited from everywhere and there are no more alternatives. Neil Hayward asked if other Trusts in the local area are experiencing the same issues with staffing that this Trust is. The Director of Workforce Transformation said that she was in discussions with Royal Surrey County Hospital, but that we must compare like for like, carefully considering bed base and acuity.

The Medical Director asked where the Trust would be if we filled every position and whether we are deploying staff to the correct areas. The Director of Workforce Transformation said that for bank staff that was possibly an issue. This was due to the flow issues, with bank staff being booked in anticipation of it being required, rather than when it actually was required.

The Medical Director said that both medical and nursing staffing required further investigations; the wards have a fill rate of 95% and they still think that they are understaffed, or feel like they are understaffed. There are national guidelines for wards but not for outpatient areas. The Director of Finance and Information stated that a new software programme was going to be used to help with the deployment of nursing staff.

The Chief Operating Officer said that there are also certain third party costs which are coded to non-pay which relate to workforce. This included Endoscopy and Radiology contracts to provide staffing and this should be captured in the reporting somewhere.

The paper was noted by the Committee

## **6. Finances as at 31<sup>st</sup> May 2019**

### 6.1 Operational Effectiveness/Efficiency Metrics

The paper was noted by the Committee.

### 6.2 Finance Report – Month 2 2019/20

The Director of Finance and Information reported that month 2 was overspent by £0.4m. This is likely to continue for the foreseeable future with the continuation of the number of escalation beds open, pressures on A&E and the cost of recruiting nurses and medical staff from overseas. The Medical Director highlighted issues with the Middle Grade rotas, with the cost of £110k per WTE and £14k cost for each new recruit with a contract to stay for a minimum of 2 years.

The Trust needed to achieve the PSF funding for at least quarter 1 – that would be £0.8m. If the current run rate continues then the Trust will not achieve the PSF target for Q2 and it needs to be decided how to mitigate this. These mitigations include how to help flow through the hospital which needs to involve supporting services outside of the hospital.

The Medical Director pointed out that the largest part of the overspend was in the Medicine Division, and was mainly workforce issues. This is due to the overall cost of escalation areas being open, Chaucer Ward being open and A&E medical and nursing costs increasing.

Neil Hayward was concerned about the amount of unallocated CIP and was seeking assurance that these CIP's could be allocated and could be achieved. The Director of Finance and Information explained that this was due to NHS Supply Chain (NHSSC) savings that hadn't been allocated. It was unclear where these

savings were being achieved as they relate to national frameworks – the Trust is actively trying to get this information out of NHSSC. CIP's are behind plan but the NHSSC savings not being achieved is not the main contributing factor at the moment, as the bulk of these are phased from July.

Marcine Waterman asked about the increase in the Greenbrook contract and if the overspend was outside of the contract. The Director of Finance and Information explained that although it was agreed at the outset the type of patients that would be seen by Greenbrook, this has not helped to reduce the flow of patients to A&E as expected, The type of patients that they will treat is too narrow. The Trust has a seventeen month pilot in place with Greenbrook, with nine months still remaining, so the future of this arrangement needs to be decided.

The Director of Finance and Information summarised by stating that the Trust will do what it can to meet to the quarter 1 PSF target, but that past that meeting the full year plan would be challenging. A fuller report would be provided with the quarter 1 results.

The Committee noted the report.

## **7. Business Cases and Updates**

### 7.1 Urgent & Emergency Care Improvement Programme Proposal

The Chief Operating Officer explained how the Trust's A&E performance measures were based on Type 3. This means that the Trust can include Ashford and Woking Walk in Centres in the reported data when calculating the 4 hour target measure. In future NHS Improvement are going to require all Trust's to report performance measures based on Type 1, main A&E sites, and not including any Walk in Centre data. Under this measure the Trust would score poorly.

The Chief Operating Officer went on to explain the challenging situation faced by the Emergency Department (ED), with an elderly population in this area and issues with the flow of patients from ED into a bed on a ward. The Trust is at 110% medical bed capacity as there are escalation beds open all the time – these are unfunded and generally require agency to staff the areas. Patient experience and quality measures are also suffering with 8% of patients being moved between wards three or more times and this is not including ED, ITU and assessment areas. The Director of Finance and Information stated that there appeared to be no end in sight. Attendances to ED normally drop in April/May, but have instead risen and if this is going to continue this could increase again once we get to October and winter pressures start to be felt.

The Chief Operating Officer also described how issues arise with organisations outside of the hospital such as with nursing homes. The Medical Director said he believed this to be a cultural issue of assuming that a patient requires a nursing home placement, rather than being able to provide care in their own homes.

The proposal being put to the Committee is to engage with an external company to deploy a team within the organisation for six months. This would be to take the Trust on a journey of improvement and to gain knowledge and skills. The company being recommended has a good track record, with three other Trusts having already used them in which significant gains were made. References have been taken up with these Trusts. From all of these it was clear that success will involve the entire Trust, not just ED.

The Director of Finance and Information stated that although he could not

guarantee success, six months from now will put us into winter pressures and we are struggling to manage the volumes we are seeing now. The Trust needs to break the cycle of putting things into place on a temporary basis and then reverting back to how they were.

The Director of Workforce Transformation said that plans that had been put into place previously don't get enough traction. This company included a coaching element and everyone is walked through the entire process so that they see the impact of decisions and actions they make on the rest of the Trust. This is in the expectation that it doesn't revert back when it is all finished.

The Chief Operating Officer explained that this isn't a magic answer. This is just a tool to help put things right and involves a lot of changes which we cannot do by ourselves. It will need support to deliver, and engagement from the whole team.

Neil Hayward asked if there was a plan in place to keep track of, and report on, progress made during the six month deployment. The Director of Finance and Information stated that this would be seen on the usual Operational Performance report each month and that we should see results by the second month of the six month deployment.

Marcine Waterman asked if it was possible that it would end up costing more or that the time frame would increase and end up costing more. The Chief Operating Officer explained that this would be for a period of six months and that a team is deployed within the hospital for four months. It would be a priority for that period and the Trust would need to work closely with them during that time to ensure a clean exit. Andy Field asked if the other organisations that the company had worked with had been able to achieve a clean exit. The Chief Operating Officer explained that two had, and one had extended for an additional two months.

Andy Field stated that something has to be done as the current position was unsustainable. If the Trust opens more beds then we will have difficulty staffing them at a safe level. The Chief Operating Officer said he had spoken to the management team and they agree the situation isn't working and that the correct infrastructure is not in place. The Chief Operating Officer also stated that flow within ED is currently hindered by its layout. The new build programme would enable better flow and this programme is going to be worked on over the next 18 months.

Meyrick Vevers stated that there appeared to be no thinking space, with most people at their limit of time, as well as emotionally, and asked if having the additional work of the company coming into the Trust will exacerbate the issue by taking up more time. The Chief Operating Officer said that there had been some reorganisation within Divisions around Urgent Care already, and that there was a need to be transparent with managers and to discuss the proposal.

Marcine Waterman asked if a team from NHSI could come in and help us instead. The Chief Operating Officer said that we already have a team from NHSI working with us but the support is minimal and we require a bigger intervention at this point.

It was agreed that the Board needed to be aware and that some paragraphs would be added into the usual monthly operational performance report. Subject to finalising contract terms, the company would start mid-July 2019.

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The proposal was approved by the Committee.

## 7.2 New Emergency Building

In the absence of the Director of Strategy and Sustainability, the Director of Finance and Information discussed the new emergency building business case update. Meyrick Vevers said that it was important to have early sight of the plans in order to make sure that it is the right way forward.

There was some discussion about the fact that the labels on the layout could not be read clearly and questions over the actual detail of the layout. The Director of Finance and Information stated that it would be better to go over the details of the floor plan outside of this meeting, and that it perhaps needed to go to the Strategic Change Committee. This was because that Committee contained all Board members who might want sight of the proposals.

Marcine Waterman was concerned about the governance of the project as it was not clearly set out in the paper. Neil Hayward agreed and felt that the project needed sign off at Strategic Change Committee, prior to being handed over to the relevant Board sub-Committee for ongoing monitoring. Marcine Waterman agreed and stated that this Committee needed to discuss the budget, whether the project was on budget and on time and associated risks to delivery of these.

The Director of Finance and Information requested clarification on whether the workforce element of this plan should still come to this Committee. Marcine Waterman said that because the Workforce Report comes to this Committee, then the workforce element should still come to this Committee. Perhaps this should be split and the layout, delivery and presentation should go to other Committees. This could be discussed at the Strategic Change Committee meeting.

The Director of Finance and Information gave a brief timeline; the outline business case is due in October 2019 and then three to four months of planning. By January 2020 we should be moving onto the design detail and procurement and then start works in October 2020. This needs to go to the Board early enough that changes to the plan can be made if necessary.

The Committee noted the paper.

## 7.3 Managed Service Contract for Berkshire & Surrey Pathology Services – Provision of Histology Services

The Director of Finance and Information presented the case and explained that more automation was required to sustain the service. The new machinery was required which would enable faster, more reliable results and enable the Trust to bring some tests back in-house. The Director of Finance and Information said that this had been approved at Berkshire and Surrey Pathology Services Board, but was above the threshold and hence required additional approval by individual partner organisations. This case was within the remit of the Committee.

The paper was approved by the committee.

## 7.4 Trust Construction Programme Update

The Committee noted the update.

# **8. Risks**

## 8.1 Key Points to Take to Trust Board



The Committee noted the following for discussion at Trust Board:

- Urgent & Emergency Care Improvement Programme Proposal to be summarised within the operational performance report; and
- New Emergency Building update.

## **9. Items for Information or Approval:**

### 9.1 Schedule of Business

The Schedule of Business was noted.

### 9.2 Tender Waivers

The Director of Finance and Information reported that there are three tender waivers to discuss, all related to car parking as a result of the sale of the West Site.

1. Extension of the tarmacking of the Ramp car park so that public parking can move there once the main outpatients car park is temporarily closed;
2. Ground clearance – clearing areas to provide 60 more staff car parking spaces; and
3. Hard core of parking areas – creation of additional temporary staff car parking spaces.

The rates from the contractor compare favourably with previous tenders, and the contractor was able to meet the Trust's tight timetable for delivery.

Meyrick Vevers requested that it all be well documented and mentioned that it would be better to not have changes all the time and end up spending more money, to stop all of the quick fixes. The Director of Finance and Information said that the re-provision of staff parking time scale was set by the sale of the land and gave only six months to resolve the issue.

The paper was noted and waivers approved by the Committee.

### 9.3 NHSI Quarter 4 2018/19 Provider Sector Report

The Committee noted the NHSI quarter 4 report.

## **10. Any Other Business**

No other matters were raised.

## **11. Date and Time of Next Meeting**

Thursday 18<sup>th</sup> July 2019 at 8.00am in Room 2, Chertsey House, St Peters Hospital.