Ashford and St. Peter's Hospitals
NHS Foundation Trust

TRUST BOARD
27th June 2019

AGENDA ITEM	16.3	
TITLE OF PAPER	Modern Healthcare Committee Minutes	
Confidential	**NO**	
Suitable for public access	**YES**	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED		
These minutes were reviewed and approved at the Modern Healthcare Committee meeting held on 20th June 2019.		
STRATEGIC OBJECTIVE(S):		
Quality Of Care		
People		
Modern Healthcare	√	
Digital		
Collaborate		
EXECUTIVE SUMMARY		
	The minutes of the Modern Healthcare Committee meeting held on 23rd May 2019 are attached. The key points for noting are: - • The Committee received an update on the A&E recovery plan, noting that this was highly complex with a number of workstreams in place. Further updates would be received by the Committee in due course; • reviewed the month 1 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; • reviewed and commented upon the first cut of Committee strategic objective KPI's; • reviewed, and recommended Trust Board approval, of tender outcomes for both patient feeding and retail tenders. It was noted	

	that robust procurement processes had been followed; and • reviewed and approved the pre-submission report for the national cost collection for 2018/19, noting the arrangements that the Trust had in place to meet the requirements and deadline.
RECOMMENDATION:	*Receive and note the paper*
SPECIFIC ISSUES CHECKLIST:	
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.
AUTHOR	Paul Doyle, Deputy Director of Finance Please approach for any further information required.
PRESENTED BY	Meyrick Vevers, Non-Executive Director and Committee Chair
DATE	20 June 2019
BOARD ACTION	Receive

Ashford and St. Peter's Hospitals
NHS Foundation Trust

TRUST BOARD
27th June 2019

MODERN HEALTHCARE COMMITTEE
MEETING MINUTES
23rd MAY 2019

PRESENT:	Meyrick Vevers	Non-Executive Director
	Neil Hayward	Non-Executive Director
	Marcine Waterman	Non-Executive Director
	Simon Marshall	Director of Finance and Information
	James Thomas	Chief Operating Officer
	Tom Smerdon	Director of Strategy and Sustainability
IN ATTENDANCE	Suzanne Rankin	Chief Executive
	Andy Field	Chairman
	Paul Doyle	Deputy Director of Finance
	Sal Maughan	Associate Director of Corporate Affairs and Governance
	Colleen Sherlock	Assistant Director of HR, Corporate Services
	Sue Wales	Associate Director of Transformation Projects (for agenda item 4.3)
SECRETARY:	Nicky Ghahrai	Associate Director of Financial Management
APOLOGIES:	David Fluck	Medical Director

1. Introductions and Apologies for Absence

Meyrick Vevers welcomed everyone to the meeting and stated that the meeting was quorate. Neil Hayward asked if sections 4, 6, 7 and 8 could be prioritised in the agenda, as he had to leave the meeting by 9.30am. The Committee agreed that these papers would be dealt with first.

2. Minutes of the meeting held on 21st March 2019

The minutes of the meeting held on the 21st March 2019 were reviewed, and agreed.

3. Matters Arising – Actions List

3.1 Actions List

All but one action points had been completed.

It was agreed by the Committee that the action point relating to internal standards and trajectory for A&E performance would be removed from the actions list as the A&E Recovery Plan update was a separate item on the agenda.

4. Operational Performance

4.1 Operational Performance Report

The Chief Operating Officer noted that compliance had been achieved against the 92% RTT standard in April. Progress had been made in Orthopaedics, and Ophthalmology was only marginally non-compliant.

The Chief Operating Officer said that the services which required adult inpatient beds were General Surgery, Gynaecology and Urology. Non-compliance in Oral & MaxFacs should be addressed by an additional post which had been approved this week.

Cancer performance was compliant against the TWR, but non-compliant against the 62 day GP referral to treatment target in April. Marcine Waterman asked if this would cause significant variation in achievement, to which the Chief Operating Officer responded that only confirmed cancers are reported. The Director of Strategy and Sustainability added that skin treatments had been reduced in April due to Easter, while the Chief Operating Officer confirmed that meetings were being changed to improve waiting times and colorectal treatment pathway was being redesigned.

Marcine Waterman asked if the new measures being introduced by NHSI in their very detailed recent paper will be tracked. The Chief Operating Officer confirmed that these had already been modelled. The Chief Executive confirmed that the Trust had volunteered to be a pilot for these new measures, but had not been chosen, although Frimley Health had been.

4.2 A&E Recovery Plan Update

The Chief Operating Officer stated that A&E performance continued to be challenging; NHSI performance was at 84.5% in April, which was lower than last year. Nationally, most Trusts are performing at around 5% less than last year's percentage achievements, but the differences for the Trust are more marked. Attendances are up 12.5% while admissions are up by 6.8% and length of stay has also increased.

Neil Hayward asked where the Chief Operating Officer thought we should be. The Chief Operating Officer responded that a significant recovery programme was in progress, but not all strands had yet been evaluated. The continuation of current arrangements was not an option – additional recruitment and beds were both required. Neil Hayward asked about the timetable for these, to which the Chief Operating Officer responded that he could not quantify either at present, only that to deliver more was required.

Andy Field agreed that timings would be helpful when the plans had been worked through and asked what the changes in the internal plan were expected to produce, and what the system was doing to help. The Chief Executive said that the ICP Board had discussed finance and performance recovery e.g. optimising hospice / community beds. It was agreed that the system must improve before next winter and that financial recovery in this year would be more difficult as all partners are capacity bound and staff are hard to find. GPs have additional capacity due to extended hours, but there does not appear to be any benefit; efficiency opportunity gains are possibly marginal as there do not appear to be any actual solutions being mobilised.

The Chief Executive said that the regional team confirmed last month that volumes have increased everywhere, with a 12% increase nationally for admissions. Hotter organisations are less productive. The Director of Strategy and Sustainability said that he would not expect to see change until further beds are available. Staff are also required in the community in order to affect admissions.

The Chief Executive said that some patients may not require intervention, but the practice of bumping patients from one system to another cannot continue. Meyrick Vevers asked if there were life factors in addition to health affecting patients and the Chief Executive said that she understood this was the case.

The Chief Operating Officer said that he understood that Surrey had the lowest rates of district nurse provision and mental health expenditure in the country, which contributed to the position. Meyrick Vevers asked if there were resources in A&E to deal with patients presenting with mental health issues. The Chief Operating Officer responded that there can be issues as mental health services do not provide additional capacity and CAMHS is also an issue. These patients require a safe place, but not always a bed.

The Chief Operating Officer confirmed that there were numerous strands of work taking place to improve performance within A&E, including a review of the discharge infrastructure, models of care with the Trust Executive Committee, a workforce stream with middle grade and consultant recruitment, and estates infrastructure. The Chief Operating Officer confirmed the A&E refurbishment included a new UTC being built and more assessment beds. Beds would be utilised differently at Ashford Hospital; the changes would free up more beds, e.g. by using Dickens, and cold surgery would transfer there prior to winter. The Director of Finance and Information said that there were a number of emergency business cases in the pipeline to be approved by the Board.

The Chief Operating Officer confirmed that even if all beds were open, occupancy rates would still be >100%, so flow and efficiency work was also required, while ward moves and a decant ward were also being explored.

Marcine Waterman asked for a definition of ‘stranded’ Length of Stay. The Chief Operating Officer said this referred to the length of stay, rather than the cause, in this instance more than seven days. ‘Super-stranded’ referred to those over twenty one days.

Meyrick Vevers asked if a communication element was required; the Chief Operating Officer said that the key components of this had been finessed and agreed this week, and it was certainly on his radar that the organisation needs to be kept abreast of solutions that are being progressed. The Chief Executive added that there had been various iterations of the plan, and clarity and certainty about the final version is required before communicating it.

The Committee noted the update paper.

4.3 GIRFT

Meyrick Vevers asked if there was a new way of taking GIRFT forward. The Chief Operating Officer responded that the programme was clinically and medically led, and financial consequences would fall out of this. Surgical projects were generally more outcome orientated, whilst in the Medical division the measures are not there, but episode statistics are being reviewed. The focus is on the balance with urgent care.

Meyrick Vevers asked if projects are driven by clinical engagement. The Chief Operating Officer confirmed that the organisation was performing well against national targets. The Associate Director of Transformation Projects confirmed that there was a clinical lead for each specialty nationally who review, report and benchmark each site. The whole MDT is involved, and contribute to the agreement of an action plan if there are issues to address – the goal being to improve patient outcomes.

Marcine Waterman asked if the Trust feeds into other programmes e.g. Model Hospital.

The Director of Finance and Information said that there was some uncertainty about where Model Hospital data has come from and if it is the most up to date. Marcine Waterman then asked how improvements are sustained through GIRFT. The Associate Director of Transformation Projects responded that this was through action plans, and also through the impact of various actions assessed (internally as well as nationally).

The Director of Strategy and Sustainability commented that this was good work, but was also keen to understand how it maps through to quality and strategy, as he did not believe there was a £3m opportunity in GIRFT 'golden patient' work - he believed this was more likely to be in the region of £0.3m. The Chief Executive commented that the GIRFT principles are consistent with the organisation's principles e.g. SSI opportunities, and were another way of looking at opportunities.

The Chief Operating Officer commented that he had found external leadership of GIRFT to be very variable. The Chief Executive said that the approach should be standardised, and outcomes improvement should be monitored, but the Trust was an exemplar organisation.

The Committee noted the update.

5. Workforce Report

The Assistant Director of HR presented the Workforce Report for April and noted that the overall vacancy level was amber, and therefore good. Expenditure had been slightly under for some staff groups and there was currently a recruitment team in India who had recruited ten A&E specialty doctors, and one for acute medicine, although it was currently unclear how many would take up post.

Nursing vacancies are reducing despite slippage in the number of overseas nurses, as they had not progressed through either English or competence tests. The Philippines four week accelerated programme had not been successful, and instead Dubai, the UAE and Australia are being scoped.

The Assistant Director of HR stated that the Trust may be losing out as other organisations have increased their relocation packages. Meyrick Vevers asked whether, as these are one-off costs, it would be worthwhile to increase the offering by the Trust. The Assistant Director of HR responded that the payback period was not long enough before nurses leave, and the cost of a package may be £10,000 but without any benefit to the organisation.

Andy Field asked if there was an agreed position across Surrey Heartlands; the Assistant Director of HR responded that the nurses were not leaving to go to other local organisations but to other parts of the UK or other communities. The nursing committee preferred to 'grow our own' Nursing Associates who could then progress to Registered nurses, but this did take four years (the first cohort could be trained in 2020), meanwhile it would be necessary to recruit overseas nurses). Andy Field asked if there were certain countries the Trust should not recruit from, to which the Assistant Director of HR responded that only agencies registered by a country's government were utilised.

If we recruit according to plan, by the end of the year there should be less than a 5% gap. Marcine Waterman asked if leavers had been built into the plan and the Assistant Director of HR confirmed that this was the case, although the plan did not allow for the expansion of beds or the acuity review.

The Assistant Director of HR added that the special cause variation trend line was to be amended. In addition a tracker of recruitment – actual versus planned would be added. CS

The paper was noted by the Committee.

6. Finances as at 30th April 2019

6.1 Operational Effectiveness/Efficiency Metrics

The paper was noted by the Committee.

6.2 Finance Report – Month 12 2018/19

The paper was noted by the Committee.

6.3 Finance Report – Month 1 2019/20

The Director of Finance and Information introduced the paper saying the month 1 formal results were fine based on the data, but that the plan included non-consolidated AfC payments in the budget, while the cost had been accrued last year. If this was excluded, the Month 1 position would have been approximately £350k adverse to budget.

Activity income is per budget this month while detailed plans are worked through. With regard to staffing, if the nursing pipeline is not on target this would lead to further spend, and the impact of the nursing establishment review had also not been included. The Chief Executive confirmed that staff were budgeted for established beds, not for all of the additional sixty beds currently open.

Marcine Waterman enquired about the large percentage of CIP's currently showing as Unallocated. The Director of Finance and Information confirmed that these mainly related to Procurement central initiatives. While the margin savings are expected to be on target, renegotiation is outstanding and no details are available. These savings will be allocated to Divisions in due course once further detail is received from NHS Supply Chain.

The Director of Finance and Information confirmed that the cash relating to PSF was expected to be received in July, after the 2018/19 national accounts had been signed off.

Andy Field asked about the use of off framework agencies and how we could get them to comply with regulations. The Assistant Director of HR confirmed that work with suppliers on individual Service Level Agreements was taking place. Tier 1 and Tier 2 agencies were separate and the use of sister agencies not permitted within each category. Collaborative meetings are taking place locally and it is hoped that by autumn there will be an agreement in place.

The Deputy Director of Finance commented that nationally the capital plans exceeded the limit set by Treasury. Organisations had been asked to resubmit their plans and the Trust had been submitted an unchanged plan at £30m as there is a requirement for this amount to be invested. The Deputy Director of Finance believed that it would be difficult for NHSI to reduce the allocation for a Foundation Trust, even though they could exert pressure.

The Committee noted the report.

7. Strategic Objective KPIs

The Director of Finance and Information introduced the paper saying that there were two elements – the KPIs previously agreed by the Committee, and the other part to monitor how productive opportunities were tracked and progressed. The indicators were

not colour coded as yet, these will need to be monitored against plan, while some are new e.g. distance from NHSI target.

Marcine Waterman commented that the payment performance metric did not look good, but the Director of Finance and Information responded that it was favourable in comparison to other NHS Trusts.

Marcine Waterman said she had noted that drugs were overspending; the Director of Finance and Information said that there was a £1.2m CIP challenge which relates to Adalimumab, which was on target this month, but this had been captured in a different way.

Within the clinical services section on page 2, the Director of Finance and Information said it had been difficult to capture the challenges of the services. High and low opportunities were highlighted, and he felt that the lows should be a priority. Marcine Waterman said that she understood that some of these came from the Model Hospital, but CIP's were internal, and she found the paper very helpful.

The Director of Finance and Information said that although Orthopaedics was a challenging area, there was a £0.6m opportunity for theatres, and he wanted to highlight differences. Pathology showed a £0.6m opportunity also, and although national data indicated that this was on target, it may go above that, as it was based on midpoint.

The metrics will be monitored on a quarterly rather than monthly basis, so the next report would be at the July Modern Healthcare Committee. The next iteration would include targets and colour coding/RAG rating. The Director of Strategy and Sustainability said he believed that overall productivity also needed to be included for the Strategic Change Committee. PD

Neil Hayward said he felt that the metrics were work in progress, they were looking at the right areas but the measurements may not highlight all factors e.g. workforce issues. He asked if there would be a measure of the percentage of posts filled by permanent staff. The Director of Finance and Information commented that the issue was one of cost, as most substantive staff worked between the hours of 7am – 7pm and agency usage was at the most expensive times.

The paper was noted.

8. Business Cases and Contract Approvals

8.1 Patient Feeding contract

The Director of Finance and Information reported that currently both patient and staff catering provision came from the same provider, but in the future this will be split into two separate contracts. This was due to the scale of the new retail element.

Patient catering was very well regarded in the organisation and nutritional standards were highly important. The Director of Finance and Information confirmed that the patient feeding contract was for 5 years, 5 months and the retail contract was for 11 years. The patient feeding contract is being awarded on the basis of best value, but compared to benchmarks would be slightly more expensive due to the provision of snacks. Meyrick Vevers said that he did not find the scoring clear, as some appeared to be very low e.g. Table 1 a weighted score of 34% and 37% respectively. The Director of Finance and Information confirmed that further details were available.

Neil Hayward queried if OCS had a lower margin than Sodexo, to which the Director of Finance and Information replied that he would not expect OCS to submit an unprofitable

bid, but as they were the current suppliers would have a good understanding of what was required. Both Neil Hayward and the Director of Finance and Information agreed that they believed the best choice was to stay with OCS as recommended following the robust procurement process.

The paper was noted by the Committee and would recommend approval to the Trust Board.

8.2 Retail contract

The Director of Finance and Information confirmed that a shared patient and staff restaurant would be situated at the front of the site. The Post Grad centre catering facilities would also be maintained, with some hot food choice available.

The Director of Finance and Information commented on the sustainability of the providers, broadening the scope of the offering, and also noted that various surveys had been undertaken. Branded offerings won through the scores, although final designs are to be agreed. Meyrick Vevers asked if approval would be required at the main Board, and this was confirmed.

Marcine Waterman said she understood that implementation would be complex due to the new build. The Director of Finance and Information confirmed that work would start on the car park first, preparation work will be ongoing throughout the summer. Phase 2, from April 2020, would require staff parking to be made available in Berkeley Homes while building work was in progress.

Neil Hayward said he believed there was some risk to suppliers due to the building works, which would be a key risk for commercial negotiation due to delays and asked if the possibility of delays leading to a different provision had been considered. The Director of Finance and Information said that planning permission had already been received, and start dates were being confirmed as the funding was in the bank.

The paper was noted by the Committee and it was agreed to recommend to the main Board to approve the contract award to the preferred bidder.

9. Strategy

9.1 Long term plan

The Director of Finance and Information said that the long term plan would be reviewed collectively. The Director of Strategy and Sustainability confirmed that some work was being undertaken to see how it would be incorporated into plans.

10. Financial risks

10.1 Key Points to Take to Trust Board

The Committee noted the following for discussion at Trust Board:

- To recommend Board approval of the papers for patient and retail catering.

11. Items for Information or Approval:

11.1 Schedule of Business

The Schedule of Business was noted.

11.2 Service Line Reporting Month 12

The paper was noted by the Committee.

11.3 National Cost Collection 2018/19

The paper detailed the arrangements for the National Cost Collection. This paper was a pre-submission report before the collection window opens for 2019 which NHSI require to be taken to the Trust Board, or appropriate sub-Committee, and the Committee were asked to approve the paper.

A final submission report – at around the time of, or following submission, will also be presented to the Committee.

The Committee approved the paper.

12. Any Other Business

No other matters were raised.

13. Date and Time of Next Meeting

Thursday 20th June 2019 at 8.00am in Room 3, Chertsey House, St Peters Hospital.