

## GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

### NOTES OF THE ANNUAL MEMBERS' MEETING HELD IN THE LECTURE HALL, REDWOOD EDUCATION CENTRE, GLOUCESTERSHIRE ROYAL HOSPITAL ON THURSDAY 20 SEPTEMBER 2018 AT 6:00PM

<b>PRESENT DIRECTORS</b>	Peter Lachecki Deborah Lee Lukasz Bohdan Rob Graves Steve Hams Mark Hutchinson Simon Lanceley Caroline Landon Alison Moon Mike Napier Sarah Stansfield Emma Wood	Chair Chief Executive Director of Corporate Governance Non-Executive Director Director of Quality and Chief Nurse Chief Digital and Information Officer Director of Strategy and Transformation Chief Operating Officer Non-Executive Director Non-Executive Director Director of Finance Director of People and Organisation Development
<b>GOVERNORS</b>	Sandra Attwood Liz Berragan Geoff Cave Graham Coughlin Anne Davies Pat Eagle Charlotte Glasspool Colin Greaves  Marguerite Harris Alison Jones Tom Llewellyn Jeremy Marchant Jacky Martel Sarah Mather Alan Thomas 45 Members	Staff, Nursing and Midwifery Public, Gloucester Public, Tewkesbury Public, Gloucester Public, Cotswold Public, Stroud Staff, Allied Health Professionals Stakeholder Appointed, Gloucestershire Clinical Commissioning Group Public, Out of County Public, Forest of Dean Staff, Medical and Dental Public, Stroud Stakeholder Appointed, Carers Gloucestershire Staff, Nursing and Midwifery Public, Cheltenham (Lead Governor)
<b>MEMBERS</b>		
<b>IN ATTENDANCE</b>	Dr Emma Husbands Natashia Judge Craig MacFarlane Lisa Riddington Miles Wagstaff	Consultant in Palliative Care Medicine Corporate Governance Manager Head of Communications Library and Knowledge Services Manager Consultant Paediatrician
<b>APOLOGIES DIRECTORS</b>	Dr Sean Elyan Dr Claire Feehily Keith Norton Tim Callaghan	Medical Director Non-Executive Director Non-Executive Director Public, Cheltenham Stakeholder Appointed, Gloucestershire County Council
<b>GOVERNORS</b>	Andrew Gravells Jenny Hincks Nigel Johnson Ann Lewis Maggie Powell Valerie Wood	Public, Cotswold Staff, Other and Non-Clinical Public, Tewkesbury Appointed, Healthwatch Public, Forest of Dean

**001/18 WELCOME**

**ACTION**

The Chair welcomed all members to the meeting and asked Directors and Governors to introduce themselves. The Chair outlined that the evening would provide some organisational updates, followed by a short film highlighting examples of the work undertaken by the Trust.

**002/18 NOTES OF THE ANNUAL MEETING HELD ON 3<sup>rd</sup> OCTOBER 2017**

**RESOLVED:** That the notes of the Annual Meeting held on 3<sup>rd</sup> October 2017 be agreed as a correct record with the addition of Steve Webster, former Director of Finance, as an attendee.

**003/18 ANNUAL REVIEW AND QUALITY ACCOUNTS**

The Chief Executive shared her personal reflection on how the Trust had progressed in a year, how this year compared to her first Annual Members' Meeting.

The Chief Executive presented the annual review and quality accounts, noting:

- That the Trust felt different with a culture of openness, transparency, agility and desire to improve.
- The accolades that the Trust had received throughout the year.
- That Trust staff were its biggest asset and the importance that the Trust enable them to deliver outstanding care by improving processes.
- The importance of leadership throughout all levels of the Trust and investing in leaders from the ward to the Board.
- The Trust's CQC rating published in July 2017 and the 73% of services rated Good or Outstanding, despite the overall rating remaining Requires Improvement.
- That Gloucestershire is one of 14 systems which had been awarded Integrated Care System (ICS) status.
- Over the last year the Trust has been developing its Journey to Outstanding and has transformed outcomes for patients in a number of areas; it was recognised for being the most improved system for performance over winter. The Trust has also reduced the number of patients dying from sepsis and improved mortality figures around fractured neck of femur following an improvement project to reconfigure Trauma and Orthopaedics, which has received national acclaim.
- Over the last year, the Accident and Emergency (A&E) 4-hour Standard has improved from 74% to 91.9%.
- Use of the Emergency Department Safety Checklist has increased from 24% to 72% which in turn increases the likelihood of identifying and treating sepsis.
- Ambulance handover times have improved – in the previous winter 642 patients waited for half an hour outside A&E which was reduced considerably to 172 last winter.
- While the Trust has not met cancer standards, there have been improvements and the Trust has achieved the diagnostic standard which has resulted in the Trust's endoscopy services being accredited for the first time in a decade.
- Her pride in the teams that have delivered the impressive performance results. She stressed that if any staff member saw an opportunity for service improvement they should seize that opportunity, with large

- numbers of staff having been trained in improvement methodologies.
- The Trust has secured £39.5m of national funding to develop its estate.
- Disappointments throughout the year were noted to be the deployment of the electronic patient record system, delays in progressing reconfiguration proposals and nursing vacancy rates.
- Looking forward, the Chief Executive said that she hoped to return next year having:
  - o achieved a Good CQQ rating;
  - o delivered the year's financial plan and key performance targets;
  - o improved vacancies through recruitment and retention;
  - o improved staff engagement scores;
  - o improved outpatient care;
  - o approved the capital Business Case;
  - o refreshed the clinical strategy.

## **004/18 ANNUAL ACCOUNTS & FINANCIAL REVIEW**

The Director of Finance presented the Annual Accounts and Financial Review for 2017/18 highlighting the headline financial results:

- The Trust received £498m of income and spent £531m, resulting in an operational deficit of £31.6m. Following technical adjustments in accordance with NHS Improvement (NHSI) guidance, the Trust's final position for the year is a deficit of £33m.
- The Trust did not accept NHSI's control total for 2017/18, and as such £16m of Sustainability and Transformation Funding was withheld.
- Each year the Trust is required to deliver efficiencies and last year delivered £28.5m, significantly over-performing against both the acute hospital sector average and average for Trusts in financial special measures.
- The planned position for the year was for a £16.6m deficit therefore there was a significant material variance with the Trust £18.4m off plan. The main driver for this was under recovery of income due to IT system issues.

The Director of Finance also presented slides detailing a breakdown of income by activity and analysis of expenditure:

### Income by activity - £498m

- Other NHS clinical income £173m
- Non-elective £100m
- Elective £74m
- Outpatients £69m
- General Services to other bodies £43m
- A&E £18m
- Education and Training £13m
- Private patient income £3m
- Non NHS clinical £3m
- Research and Development £2m

### Analysis of Expenditure

- Employees £335m
- Drug costs £61m
- Clinical supplies £49m
- Premises and establishment £23m

- Depreciation and financial costs £18m
- Clinical negligence premium £17m
- Other £10m
- General supplies £9m
- General services £9m

Further details are available within the Trust's Annual Accounts, published on the Trust's website at <https://www.gloshospitals.nhs.uk/about-us/reports-and-publications/>

In summary, 2017/18 was described as a positive year in terms of efficiency, cost control and delivery of the financial position but a disappointment in regards income.

## **005/18 NEW GOVERNORS**

The Chair advised that while there were no governor elections over the last year, 3 new governors had joined the Council:

- Tim Callaghan, Public Governor for Cheltenham Borough Council Area Constituency. [*Post meeting note: Mr Callaghan filled in a vacancy that arose in the Cheltenham constituency; he was the second-highest polling candidate in the previous elections, and, as allowed by the Trust Constitution, was offered the post once the vacancy arose.*]
- Maggie Powell, Stakeholder Appointed Governor for Healthwatch
- Jacky Martel, Stakeholder Appointed Governor for Carers Gloucestershire

The Chair thanked all the Trust's governors for their commitment over the year and for providing a balanced approach of challenge and questioning whilst also providing support. The Chair felt that all Governors were great ambassadors for the Trust.

The Chair also explained the governance arrangements behind a Foundation Trust, and explained that this would be uploaded to the Trust webpage for information.

**NJ/CM**

## **006/18 GOVERNORS AND MEMBERSHIP REVIEW**

The Lead Governor presented his overview of the past year. He reflected on how the Trust had changed, with governors far more involved and working alongside the Trust. He praised the commitment of the current group of governors for all their work over the last 12 months. He took a moment to acknowledge the work of Peter Jackson, a former Trust governor for the Forest of Dean who sadly passed away during the year.

The Lead Governor described the year as successful, with governors having been involved in TrakCare, the introduction of an Estates and Facilities subsidiary company, and Trust finances and now moving to focus more on patient experience and the care of Trust patients. Governors have also recruited a new Non-Executive Director and been involved in the redrafting of the Trust Constitution.

The Lead Governor advised that he was now confident that member engagement was now being addressed through a governors' working group with

dedicated support from the Corporate Governance Team. Leaflets are now available detailing the relationship between governors and members, and members are now able to contact governors via the Trust website's 'Contact a Governor' portal. Better advertising of this feature is required over the next year. Governors also now have business cards they are able to share with members. One of the Trust governors has been working alongside young people in the community, Stroud in particular, in order to increase member engagement. The Trust also plans to increase the number of membership events to be held over the next year.

In summary the Lead Governor felt it had been a good year with governors both challenging and supporting the Trust. He praised the increased openness around information with Finance podcasts and infographics which would extend into quality and performance.

**007/18 NHS70 AND JOURNEY TO OUSTANDING**

Lisa Riddington – Library and Knowledge Services Manager

The Trust's Library and Knowledge Services Manager gave a presentation explaining the Trust's library and an overview of its services, including:

- Literature search service, which finds evidence to support decisions within the Trust regarding issues such as patient care and service improvement
- Training offered to support individuals to find accurate information outside of Google and how to organise, appraise and evaluate that information.
- Fortnightly guidelines and research bulletins offered to individuals based on their interests.
- A new patient information service to signpost patients to good quality information regarding their health and conditions.
- Initiatives to support the health and wellbeing of staff.
- Learning and community space e.g. the White Rose Cafe - a group to support individuals around death and dying

She also gave examples of the impact of library research on patients, including providing evidence and research to support a new initiative around scalp cooling within oncology as well as providing evidence to illustrate the risks and benefits around use of probiotics via jejunal tubes.

Dr Emma Husbands – Consultant in Palliative Care Medicine

Dr Emma Husbands, Consultant in Palliative Care Medicine, gave a presentation on End of Life Care which explained:

- The national definition of End of Life Care and how this is defined as the anticipated last 12 months of life but in reality can merge with palliative care and specialist palliative care.
- How End of Life Care is the responsibility of all involved within a patients care.
- The Specialist Palliative Care Team and how some individuals may need support from this team.
- The evolution of palliative medicine from focusing on just cancer to optimising patient care and quality of life for those suffering from life

- debilitating illnesses.
- The strategy and vision set out to improve End of Life Care and the goal to embed pride in the delivery of this, as well as adaptation to ensure appropriate care routes for individuals.
  - The work undertaken by the End of Life Quality Care Group and End of Life Care materials, campaigns and signage.
  - The importance of reviewing the entirety of a patient's journey.

Miles Wagstaff – Consultant Paediatrician

Miles Wagstaff, Consultant Paediatrician, gave a presentation on neonatology and the developments over the last 70 years of the NHS. As part of the presentation he gave an overview of the service that the Trust offers to premature babies, those with infections and those with birth defects alongside national and local figures and outcomes. He also gave a comparison of services offered now and those 70 years ago and developments made in the 80s and 90s. Finally he reflected on recent advancements in neonatology and what the focus was moving forwards.

**008/18 NHS70**

A short film was shown celebrating the 70<sup>th</sup> anniversary of the NHS. This illustrated the developments in care around knee replacements, heart attacks and neonatal care. The film also discussed the future of genomics and the 100,000 genome project.

**009/18 PUBLIC QUESTIONS**

The Chair invited questions from the floor and the following were raised:

Question – Brian Cade

Brian Cade asked whether all the detailed information from the evening would be on the website, for example the finance information.

Response

The Chief Executive answered that the annual accounts were available via the publications section of the website [<https://www.gloshospitals.nhs.uk/about-us/reports-and-publications/>]

Question – Bren McInerney

Bren McInerney asked what the Trust was doing explicitly in regards to inequalities of health care within society and reflected on the importance of consistency within leaders. He also reflected on patients who 'jump' between episodes of care.

Response

The Chief Executive felt that it was important to develop a workforce, and in particular the Board, reflective of the communities they represent and that the more diverse the Trust workforce the more likely it was to respond well to inequalities. She would further reflect on how to convey the work that has been undertaken over the last year to deliver care to some of the most vulnerable

patients.

With regards to consistent care, the Chief Executive reinforced how important it was that patient care did not occur in isolation and that this be joined up within and outside the organisation.

Question – Julius Marstrand

Julius Marstrand noted that there had been references to reconfiguration of service and public consultation at some point during the new year. He queried which services were being considered for reconfiguration and what the progress and timelines were for this. He also queried the progress of the Sustainability and Transformation plan as there had been no further updates..

Response

The Chief Executive advised that there was a growing evidence base for considering the upside to centralising and collocating services as this delivered more consistent, higher quality care. It is however important to balance this with maintaining local access which is incredibly important to local communities.

The Trust is reviewing services which would continue to benefit from being provided across both sites as well as those where the evidence base illustrates that there would likely be better outcomes if they were centralised. The Trust is looking to refresh its clinical strategy as part of this.

The Chief Executive observed that Julius Marstrand had alluded to general surgery and advised that this was an area where it was increasingly difficult to attract the best staff, therefore making it difficult to deliver the right standards of care across both sites.

Any changes to services would involve consultation with the public and would need to go the Health and Overview Scrutiny Committee. The Chief Executive further advised that the timeline for urgent and emergency care, which included the Trust's A&E services and developing urgent treatment centres had not yet been confirmed. While frustrating, she reinforced that it was important that the right decisions are made.

Question – Michelle Roberts

Michelle Roberts reflected on Trust communication and felt the text messages patients received could be better worded; instead of the current focus stressing the financial cost of missed appointments, it would be better to include appointment details, e.g, clinic/specialty. This would be helpful to patients who have multiple appointments in one day. She also noted that the Trust was not achieving Clostridium Difficile targets and shared a personal story related of a family members experience at the Trust.

Response

The Chief Executive felt this was helpful insight. With regards to Clostridium Difficile, the Director of Quality and Chief Nurse advised that there had been a focus over the last 6-12 months on cleaning with substantial improvement work underway, in particular in relation to antimicrobial prescribing.

Question – Patricia Amess

Patricia Amess noted that when tablets were dispensed to patients they were placed on tables by patients.

Response

The Director of Quality and Chief Nurse advised that work had been undertaken over the last twelve months around nurses to ensure that patients do take tablets, alongside work to ensure that nursing vacancies were filled and wards appropriately staffed.

Question

A Member asked why the Trust did not receive the NHSI's provider sustainability funding.

Response

The Director of Finance explained that an amount was allocated to each organisation each year from the Department of Health for the achievement of targets. This was measured on a quarterly basis. 70% of this is received for achieving financial targets and the other 30% for delivery of the four hour A&E standard. If the Trust does not achieve the financial target then it loses out on the payment in its entirety. The achievement of targets is measured once each quarter so it is possible to achieve 3 quarters and miss one.

The Chief Executive added that the Trust had not had access to the funding for the prior two years because the plan that the Trust was asked to sign up to was a significant surplus plan. The Chief Executive advised that this year a plan and control total had been agreed; as the plan was a deficit one, only half of the provider funding would be available to the Trust. The Trust has so far achieved the first quarter funding.

The Chair thanked members for attending and for their questions.

The meeting closed at 7:30pm.