

Annual General Meeting/ Annual Members' Meeting 2015

Monday 7 September



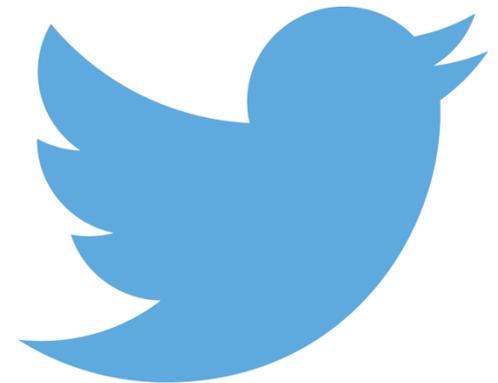
Where YOU come first

Welcome

David Wright, Chairman

Pride

- We are all proud of the Paget
- #proudofthepaget on twitter
- Please tweet from the AGM
- Cannot overstate importance of social media
- Eg. #whywedoresearch



Progress

- All targets met, exception 18 weeks
- This is down to hard work by our amazing clinical and support staff
- None possible if it were not a whole team effort

Board and Governors

- Substantive Executive Team and Board of Directors
- New Council of Governors
- All focus on ensuring patients are first



The AGM

- To give account of performance
- To enable the Board to be held to account
- We aim to be open and transparent

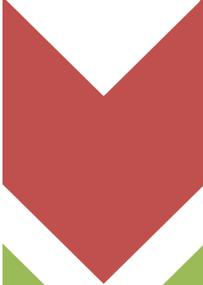
Annual Review

2014/15

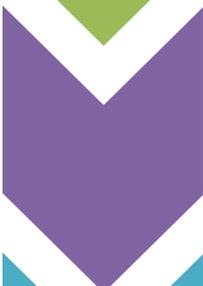
Christine Allen, Chief Executive



Headlines 2014/15

- 
- A particularly challenging winter period in which to provide safe care for patients

- 
- Patient activity increased in all areas

- 
- Start of the capital investment plan e.g. £8m Day Case Theatre build

- 
- Investment in transformation team to support staff to make improvements

Our Vision

to be a well-led organisation delivering compassionate and safe patient care through an engaged and motivated workforce

From

Safe - We have a good safety record but want to improve further

Effective - We encourage our staff to keep learning and use their knowledge to continually improve patient care

Caring - We want patient and carer feedback to be positive 'all of the time'

Responsive - As health needs change we want to be flexible and ready to respond with the right care at the right time

Well-Led - We want our staff to always feel valued, listened to and part of an effective team

Safe

A flexible and responsive organisation providing safe high quality care

through

1A Delivering our quality priorities

1B Learning from our most serious events

1C Integrating our learning from mortality reviews

1D Taking action from all service and quality reviews

Effective

An organisation using education and personal development to support patient safety

through

2A Ensuring staff are up to date with mandatory training

2B Building training to support patient safety by developing teams and individuals

2C Working closely with clinical networks to create the most effective care for patients

2D Delivering the Trust strategy through partnership working

Caring

A caring organisation that provides its patients, relatives and carers with a truly positive experience of care

through

3A Delivering our Patient Experience and Engagement Strategy

3B Working to attract and keep our staff and to recruit based on our values and behaviours

Our Values:
Putting patients first
Recognising that everybody counts

Doing everything openly and honestly

Aiming to get it right first time

Responsive

A responsive organisation delivering the right care, at the right time to its patients, relatives and carers

through

4A Managing our performance well and effectively

4B Planning in line with the 5 Year Forward View

4C Developing the Trust's Site strategy

4D Delivering the right care, at the right time

4E Working towards providing seven day services

Well-Led

A well-led organisation promoting innovation and an open and fair culture through inspirational leadership, management and governance

through

5A Building effective leadership and teams to deliver safe and effective patient care

5B Developing as a health campus for our local area

5C Developing our Clinical Strategy

5D Achieving our plans to develop services

5E Planning for our future sustainability

5F Ensuring staff feel supported to raise any concerns

To

Safe - An organisation with an excellent safety record

Effective - We are an organisation that leads the way in best practice, based on research

Caring - An organisation where excellent patient care is the norm

Responsive - A hospital that is equipped and flexible to respond to future changes

Well-Led - Staff say they are able to provide excellent patient care in teams where they can speak up and feel valued

Our Organisational Development Plan

Clear compelling strategic direction

Inspiring and consistent leadership

Aligned and healthy workforce

Demand, service and workforce planning

Engaged and aligned teams

Communication Plan

Staff Engagement - an organisation staff can be proud of

Robust governance and measurement

Positive culture of improvement

Service Developments



Capital projects

- **July 2014 – Completion of Gynaecology and Obstetrics refurbishment**
- **May 2014 - Completion of resuscitation bay area in our Emergency Department**
- **May 2014 - Start of £8m investment for developing day case facilities and upgrading our existing theatres**
- **February 2015 – Start of Central Delivery Suite refurbishment**



Our Staff

- Recognised as a 'Top 100 Apprenticeship Employer'
- One of the 'Top 100 best places to work in the NHS' by the Health Service Journal
- 44 apprentices recruited in a wide range of roles
- Continued investment in clinical staff



Performance

- Another year with zero cases of MRSA
- Four hour urgent care performance standard achieved for 95.3% of patients
- Reduction in the number of patients waiting more than 18 weeks from referral to treatment
- Achieved financial targets with a surplus of £0.3million
- Delivered £7.1m in transformation savings

Looking ahead

- Focus on our Estates plan and environment to enable us to deliver high quality, safe, effective and sustained clinical services to our patients
- A Site Strategy is being taken forward – aim to develop a ‘health campus’ at the heart of our community
- Facing one of our biggest financial challenges with a clear risk of deficit

Quality Report 2014/15

Liz Libiszewski, Director of
Nursing, Quality and Patient
Experience/Deputy Chief
Executive

2014/15 objectives

1. Patient Safety		
a	Never Events - To increase staff education and training around Never Events and ensure systems and processes are in place to reduce the risk of occurrence	Achieved
b	Medicines Management - Improve controls assurance by implementing robust, effective, sustainable systems for safe and secure handling of medicines.	Achieved
c	Documentation - To reduce the incidence of omissions in patient documentation so as to achieve complete and accurate records of care.	Achieved

2014/15 objectives

2. Clinical Effectiveness		
a	NICE Quality Standards - To review all NICE Quality Standards and demonstrate planning of service delivery around the ability to achieve these aspirational standards.	Achieved
b	Clinical Audit Prioritisation - Prioritise clinical audits, conducting those which are linked to Never Events, Serious Incidents, major litigation, complaints and other national and local priorities and risks	Achieved
c	Clinical Audit Forward Plan - Deliver our Clinical Audit Forward Plan in-year.	Partially achieved – 88% started in-year

2014/15 objectives

3. Patient and Staff Experience	
a	<p>Patient Experience Information - Complete review and development of strategy for how we seek and review patient experience information</p> <p style="text-align: center;">Achieved</p>
b	<p>Communication - Improve communications with patients, relatives and carers e.g. Do Not Attempt Resuscitation orders, end of life care, admission, discharge</p> <p style="text-align: center;">Achieved</p>
c	<p>Responses to Complaints - Shape our responses to complainants to meet their specific needs, including earlier meetings at times and places convenient to them, involvement of complainants in developing improvement plans and audits to ensure changes have been embedded</p> <p style="text-align: center;">Achieved</p>

Our Priorities for 2015/16: Patient Safety

a) Medical Negligence Claims

What we set out to do (Priority):

To develop and embed a process for identifying the learning from medical negligence claims similar to that employed for complaints and Serious Incidents

Why we chose this (Rationale):

- This priority has been aligned to the Trust's Sign up to Safety pledges
- Claims result in a large financial cost for the Trust both in pay-outs to claimants and from the resulting increase in NHS Litigation Authority (NHSLA) premiums

Responsible Person:

Medical Director

Our Priorities for 2015/16: Patient Safety

b) Inpatient falls

What we set out to do (Priority):

To set the Trust standard for falls assessment to ensure our patients receive a comprehensive assessment and to reduce incidence of avoidable inpatient falls

Why we chose this (Rationale):

- Patient slips, trips and falls are consistently one of the highest reported adverse incidents at the Trust (n= 849 for 2014)
- Patient slips, trips and falls are also one of the highest reported harm events for the Trust (n= 299 Minor Harm or above for 2014)

Responsible Person:

Director of Nursing, Patient Safety and Experience

Our Priorities for 2015/16: Patient Safety

c) Hospital Associated Thrombosis

What we set out to do (Priority):

To develop and embed a process for investigating and learning from incidences of hospital associated venous thromboembolism (HAT). To improve reporting, review, root cause analysis processes and learning from HAT.

Why we chose this (Rationale):

- HAT is a high harm incident
- There is not the same level of robust process in place as for other harm events such as Serious Incidents

Responsible Person:

Clinical Director of Quality, Safety and Care

Our Priorities for 2015/16: Clinical Effectiveness

a) Nice Quality Standards

What we set out to do (Priority):

To implement NICE Quality Standards to be achieved within 2015/16 agreed from the 2014/15 priority

Why we chose this (Rationale):

- This is the second phase of the 2014/15 Quality Report priority *‘To review all NICE Quality Standards and demonstrate planning of service delivery around the ability to achieve these aspirational demands’*. With the goal *‘To agree those which will be implemented and identify robust plans to achieve compliance’*.

Responsible Person:

Medical Director

Our Priorities for 2015/16: Clinical Effectiveness

b) Clinical Guidelines

What we set out to do (Priority):

Develop and embed a robust process for review and ratification of Trust Clinical Guidelines

Why we chose this (Rationale):

- Currently going through a process of amalgamating clinical guidelines across three Trusts (JPUH, NNUH and QEHL)
- There is not an existing robust process of review and ratification currently for all clinical guidelines
- There is a need to bring the internal clinical guidelines process more into alignment with the robust process in place for Trust Policies and Procedures.

Responsible Person:

Medical Director

Our Priorities for 2015/16: Clinical Effectiveness

c) Seven Day Services

What we set out to do (Priority):

Continue to work towards implementing seven day services around the identified clinical standards

Why we chose this (Rationale):

- Trust already working with other partners as part of the NHS Improving Quality cohort one for delivering seven day services

Responsible Person:

Medical Director

Our Priorities for 2015/16: Patient and Staff Experience

a) Noise at Night

What we set out to do (Priority):

To reduce patient movements out-of-hours with a view to improving patient experience and reducing complaints of noise at night

Why we chose this (Rationale):

- Feedback from various sources e.g. complaints and the Friends and Family Test (FFT) identified noise at night as an issue leading to poor patient experience

Responsible Person:

Director of Nursing, Patient Safety and Experience/Director of Operations

Our Priorities for 2015/16: Patient and Staff Experience

b) Raising Concerns

What we set out to do (Priority):

To enable our staff to feel comfortable and confident in reporting concerns

Why we chose this (Rationale):

- Feedback from the annual staff survey for Key Finding 15: ‘Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice’ identifies the Trust as below the national average for staff feeling comfortable in raising concerns
- Response to ‘Freedom to Speak Up’ report by Robert Francis QC

Responsible Person:

Director of Workforce & Corporate Affairs

Our Priorities for 2015/16: Patient and Staff Experience

c) Improve Information Provided to Patients on Discharge

What we set out to do (Priority):

Improve information provided to patients on discharge

Why we chose this (Rationale):

- Feedback from national inpatient survey, complaints and Friends and Family Test

Responsible Person:

Medical Director

Governors' Review 2014/15

Angela Woodcock, Lead
Governor

Governors' Review

- Structure of a Foundation Trust
- Governors' responsibilities
- What we do!
- Issues raised
- Challenges



What is a Foundation Trust?

- NHS foundation trusts have a unique legal form known as “public benefit corporations”
- NHS foundation trusts provide healthcare services for patients and service users in England
- They are free from central government control but remain subject to legal requirements and have a duty to exercise their functions “**e**ffectively, **e**fficiently and **e**conomically”.

What is a Foundation Trust?

Each NHS foundation trust sets out its governance structure in its constitution. NHS foundation trusts are made up of:

- Members
- Council of Governors
- Board of Directors

Our Council of Governors

- 34 Members + the Chairman of the Trust

20 elected by the public membership

7 elected by our staff

7 appointed from local organisations

Governors' responsibilities

- Represent Trust members and the public
- Hold the Non Executive Directors individually and collectively to account for the performance of the Board of Directors



Holding the Trust to account

- Board meetings in public
- Council of Governors
- Other meetings and individually
- Performance Reports – complaints and compliments
- Inspections – PLACE (Patient-Led Assessment of the Care Environment) and CQC (Care Quality Commission)

What Governors do

- Council of Governors' meetings
- Board meetings in public – observe
- Membership of Governor Committees
- Receive briefings from Chairman
- Scrutinise performance information - escalate as necessary
- Lowestoft - monitor developments in the north
- Follow progress - new theatres development

Governors' duties

- Strategy input - quality report to AGM
- Inspections – feedback/focus group
- Chairman's appraisal
- Non Exec appraisal sign off
- Appointment/re-appointment of external auditor
- Remarkable People Awards
- Constitution amendments (agreement not required as no changes this year)
- Trialled/approved new Committee structure

Issues raised by Governors this year

- Pressure ulceration – focus and improvement
- Wheelchair availability – more of
- Signage – improvement
- Patient experience activities
- Feedback on a range of issues
- Website – discussion forum

How representative of our community is Trust membership?

- Database issues
- Broadly representative
- More reliable information – better audit
- Want members to give their views on the site strategy – Governors to be involved using a questionnaire

Governor support

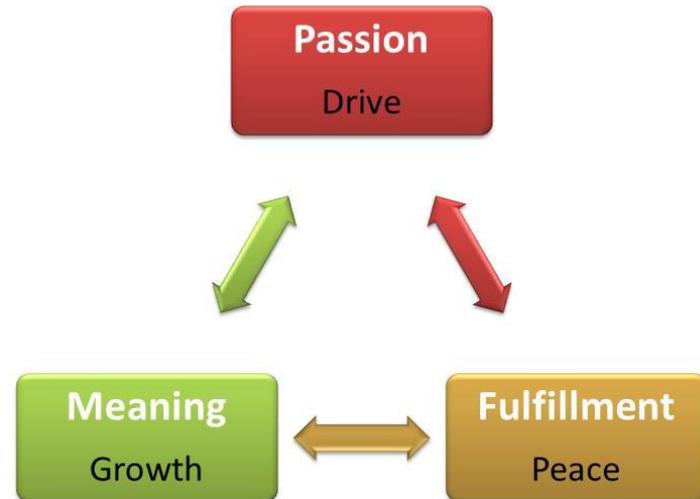
- Chairman
- Chief Executive and the Board
- Trust Secretary
- Support Team
- Head of Patient Experience and Engagement – feedback and action
- Governors' News

Concerns and challenges

- Financial
- Recruitment
- Rising demand
- Meeting crucial targets
- Changes to ‘shape of the local system’
- Estates issues (site strategy)

Passion for the Paget

- Outstanding staff
- Community
- Management
- Health campus
- Education and research



Accounts 2014/15

Mark Flynn, Director of Finance

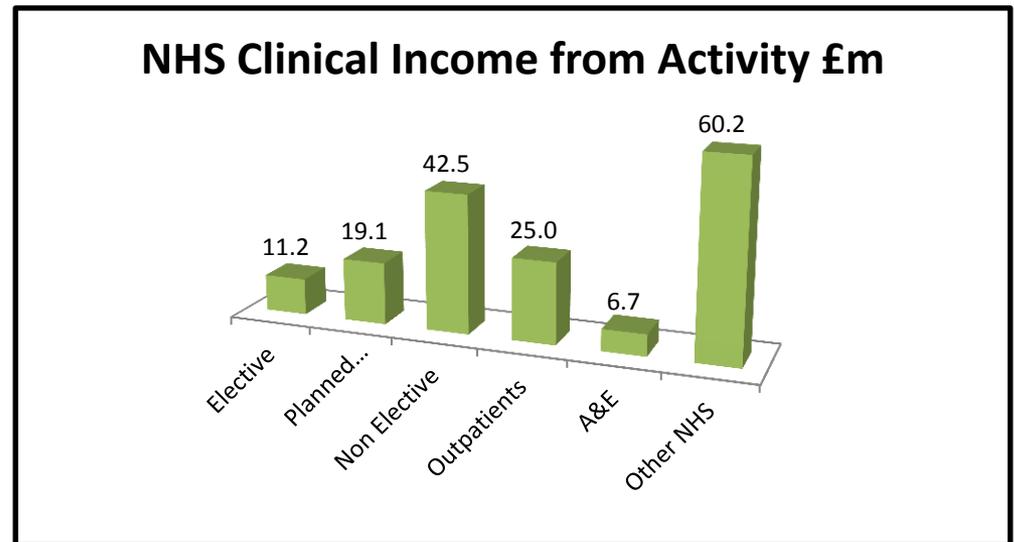
Financial Performance

- Trust surplus of £0.3m compared to plan of £0.3m
- All financial performance targets achieved
- No borrowing necessary
- Net £12.2m reduction in cash

Income for the year

Total income of £180m,
consisting of:

- NHS Clinical Income
£164.6m
- Private patients
£0.7m
- Education & Training
£6.2m
- Other income
£8.4m



Expenditure for the Year

Total of £179.7m consisting of:

- Staffing £118.9m
- Drugs £17.6m
- Clinical supplies and services £15.6m
- Non Clinical supplies and services £2.5m
- Depreciation £4.7m
- Other expenditure £20.4m

Continuity of Service Risk Rating

Metric	Weight %	1st April 2014 to 31st March 2015					
		Annual Plan		Actual		Variance	
		% / Ratio	Rating	% / Ratio	Rating	% / Ratio	Rating
Capital service cover	50%	3.30	4	3.4	4	0.1	0
Liquidity	50%	19.4	4	34.9	4	15.5	0
Continuity of Service Risk Rating			4		4		0

Capital Investment

Capital investment 2014/15	£m
Theatre development	7.4
A&E Upgrade	0.4
Gynaecology Outpatients	0.4
E-roster system	0.3
ICU System	0.3
General estates work	0.5
Carbon reduction initiatives	0.3
Other IT investments	0.6
Equipment replacements , including charitable fund donations	2.0
Total	12.2

Service Investment

Investments in service provision 2014/15	£m
Qualified nursing staff for wards	2.2
A&E patient flow and performance	0.2
A&E doctor training posts	0.1
Pharmacy staffing	0.1
Dementia care	0.1
Total	2.7



2014/15

External Audit

Dr Thomas Ball, Grant Thornton

Key external audit contacts from 2014/15 and 2015/16 team



Paul Dossett
Engagement
Lead since 2014



Frances Slack
In-Charge Auditor
since 2013



Tom Ball
Audit Manager
since 2013

Our role



Reasonable assurance

- Gathers **sufficient appropriate evidence** to be able to draw reasonable conclusions;
- Concludes that the subject matter conforms in **all material respects** with identified suitable criteria; and
- Gives a **positively** worded assurance opinion.



Audit of Trust accounts and
Charitable Fund accounts



Limited assurance

- Gathers **sufficient appropriate evidence** to be able to draw limited conclusions;
- Concludes that the subject matter, with respect to identified suitable criteria, **is plausible in the circumstances**; and
- Gives a **negatively** worded assurance opinion.



Testing of
Quality Report

Our work in 2014/15 – accounts audit and use of resources

Independent assurance provided to the Council of Governors
in the following areas:

Accounts audit

- Unqualified audit opinion on the Trust and group financial statements in accordance with the statutory deadline;
- No audit adjustments affecting the Trust's draft accounts position; and
- A small number of minor disclosure changes made to the accounts; and
- Charitable Fund audit to be completed in Autumn 2015



Account	Debit	Credit
1000	1000	
1001		1000
1002	1000	
1003		1000
1004	1000	
1005		1000
1006	1000	
1007		1000
1008	1000	
1009		1000
1010	1000	
1011		1000
1012	1000	
1013		1000
1014	1000	
1015		1000
1016	1000	
1017		1000
1018	1000	
1019		1000
1020	1000	
1021		1000
1022	1000	
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1098	1000	
1099		1000
1100	1000	

Use of Resources conclusion

- Unqualified audit opinion on the Trust's arrangements to secure economy, efficiency and effectiveness
- Considered the work of other regulators
- Annual Report, Annual Governance Statement and Quality Report consistent with our knowledge of the Trust and its activities

Our work in 2014/15 – Quality Report (part 1)

We were able to confirm that:

- the Quality Report was prepared in accordance with the Monitor Annual Reporting Manual and Monitor's Detailed Guidance
- the Quality Report was consistent in all material respects with other specified information such as CQC reports, staff & patient surveys and stakeholder feedback
- the two tested mandated indicators were reasonably stated in all material respects

- We agreed with the Trust a different approach to testing one of the mandated indicators as a result of late changes to Monitor guidance



Our work in 2014/15 – Quality Report (part 2)

Our testing of one of the two mandated indicators and the locally selected indicator confirmed that:



Maximum waiting time of 62 days from urgent referral to first treatment for all cancers (mandated) and delayed transfers of care (locally selected): based on the results of our procedures nothing came to our attention that caused us to believe that for the year ended 31 March 2014, this indicator had not been reasonably stated in all material respects

Our testing of the second of the mandated indicators confirmed that:

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period: the same as above, BUT due to late changes to Monitor guidance, the scope of the testing was reduced. Thanks to the Trust providing additional data we were subsequently able to provide assurance over nearly 85% of the data

Added value provided in 2014/15

- discussed with you at an early stage the requirements and content of the new enhanced audit opinion
- invited members of the Board to attend our Non-Exec Network events and provided copies of event feedback afterwards
- shared our broader experience of the health sector in bringing an Associate Director in our Healthcare Advisory team to meet with members of the Trust's transformation team
- contributing to engagement with governors by attending the Annual Members' meeting
- held regular meetings with management and agreed timetables for production and review of the Annual Report and Quality Report
- scheduled frequent meetings during the accounts audit so as to discuss emerging issues in a timely manner
- produced and discussed national sector reports, as well as benchmarking reports for the Trust relating to the Annual Report and a range of Key Financial Indicators
- ensured regular senior attendance at Audit Committee meetings in providing insight into the Trust's key issues whilst maintaining a challenging and independent stance



Plans for 2015/16 – challenges and areas to improve on

- Continue to meet regularly with the Trust so as to understand the key issues faced
- Support the Trust in tackling a challenging financial position
- Work with the Trust to ensure the usefulness of our Annual Report benchmarking is maximised and that the report contents are fair
- Ensure we propose pragmatic solutions to areas of difficulty (such as Quality Accounts) such that an acceptable outcome for the Trust can be achieved
- Discuss promptly and as early as possible with the Trust key accounts areas, the audit impact and our requirements
- Discuss the impact of new accounting framework FRS 102 on the charitable fund accounts and ensure an achievable timetable for the charity audit is agreed
- Establish more clearly with Trust staff local preferences and expectations as regards key deliverables required from us for accounts submission to Monitor

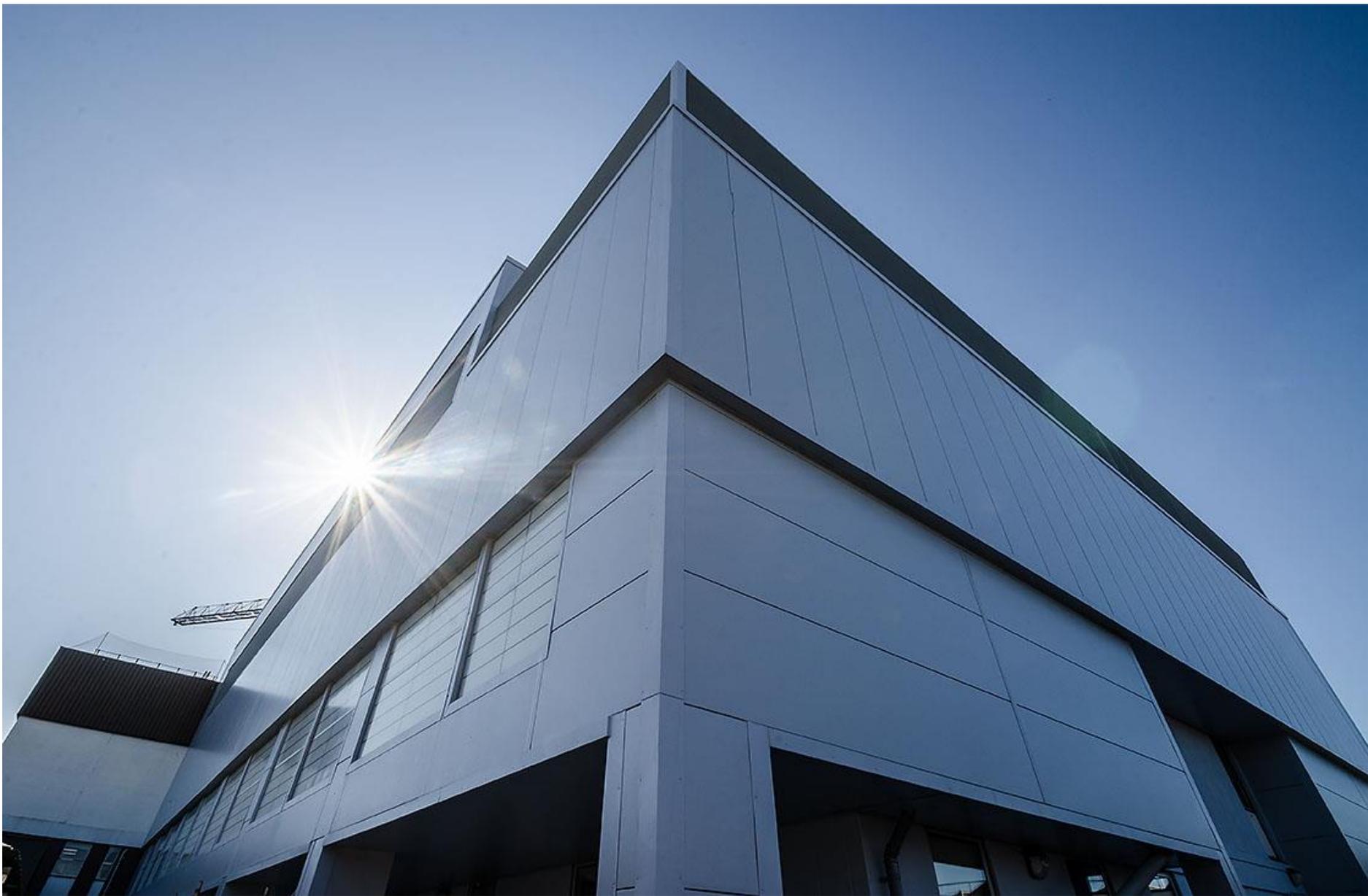
Day Case Theatres

Dean Millican, Consultant
Anaesthetist

Day Case Theatres



- Day Care Pathway
- Opportunities





Day Care Pathway

- Is this Day Care Surgery?
- If yes – am or pm?
- Is this a Day Care Anaesthetic?
- If so, proceed
- Unsure – further “processing”
- If not - inpatient
- Dedicated Day Care lists

Day Care Pathway

- The key to successful Day Surgery?
 - It is a process
 - Pre assessment
 - Setting patient expectations
 - Planning
 - Preparation



Day Care Pathway

- Patient arrives on Day Care
- Admitted/checked in/questions
- Allocated trolley in bay
- Operated on trolley
- Recovered on trolley
- Return to suitable bay on trolley
- TTOs and instructions
- Discharged from chair or trolley

Theatre opportunities

- Day Care Surgical Unit
- Main Theatre Complex
- Align Patients' needs to Theatres

A Classification

How soon should the operation be?

- Immediate
- Urgent
- Expedited
- Elective



Main Theatres

- Planned
- Unplanned
- Include:
 - Major operations
 - Paediatrics
 - Enhanced Recovery patients



Day Care Surgical Unit

- Planned Day Care patients
- Some unplanned Day Care patients



Opportunities - Day Care

- Best practice
- Reduced length of stay
- Patient satisfaction
- Staff satisfaction
- Reputation
- Attract patients and staff

Staff Satisfaction

- Predictable start and finish times for shifts
- Enhanced flexible working
- Increased training and professional development
- Improved job satisfaction
- Staff efficiency increased
- Happy staff = happy patient
- Recruitment to the Trust increased

Patient Satisfaction

- More choice
- Waiting times shorter
- Timing more predictable
- Less disruption to lives
- Speedier recovery
- Patients prefer to be at home
- Less risk of cross-infection etc
- Less risk of cancellation

Other benefits

- Everything close together
- Less anaesthetic rooms
- Team spirit and list ownership
- All day lists
- Case specific lists, i.e. the same procedures/operations



Future

- Direct booking
- Perioperative Department (POD) –
‘One Stop Clinic’
- Integrated staff

Looking Forward

David Wright, Chairman

What are the challenges?

- To be considered exceptional by our patients
- To maintain the highest levels of performance, while demand rises and cash reduces
- To develop the site, maintain the buildings and the equipment with a reducing bank balance

How?

- Give absolute priority to patient safety and care
- Value and support each other
- Be open and receptive to feedback
- Learn and take action

How?

Working together

Integrated services

Sharing costs

Smarter working

Questions?