

MINUTES OF THE TRUST BOARD

28 November September 2013

Board room H2.6, Hunter Wing

Present:

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| Mike Rappolt (MR) | Deputy Chair |
| Mr Miles Scott (MS) | Chief Executive |
| Ms Stella Pantelides (SP) | Non Executive Director |
| Prof Peter Kopelman (PK) | Non Executive Director |
| Dr Judith Hulf (JH) | Non Executive Director |
| Ms Sarah Wilton (SW) | Non Executive Director |
| Dr Ros Given-Wilson (RGW) | Medical Director |
| Mr Steve Bolam | Director of Finance, Performance and Informatics |
| Prof Alison Robertson (AR) | Chief Nurse and Director of Operations |
| Mr Peter Jenkinson (PJ) | Director of Corporate Affairs |
| Dr Trudi Kemp (TK) | Director of Strategy |
| Mrs Wendy Brewer (WB) | Director of Human Resources |

In attendance: Mrs Sharon Welby (SW) Asst Director, Capital Projects

Apologies: Mr Christopher Smallwood (CS) Chair
Mr Neal Deans (ND) Director of Estates and Facilities

13.88 Chair's opening remarks

Apologies for Mr Smallwood and Mr Deans were noted by the Board.

Mr Rappolt, Deputy Chairman of the Trust, welcomed all to the meeting. He would be acting as Chair for this meeting in Mr Smallwood's absence. Some members of the public/staff were present during the meeting. The Chair reminded those present that this was a Board meeting in public, and not a public meeting. Those present would be given the opportunity to ask questions on agenda items at the end of the meeting.

13.89 Declarations of interest

Nil declared

13.90 Minutes of the previous Meeting

The minutes of the meeting held on the 29th November 2012 were approved as an accurate record, subject to inserting £1.55m in the first line of paragraph 13.78.

13.91 Schedule of Matters Arising

Updates were received on the due items on the schedule as follows:

13.67 Bed Capacity –The Board enquired when a view would be available with regards to completion. In the absence of Mr Deans, Mr Scott reported that capital work was required in order to make it operational this winter. He further reported

that Medicines and Cardiovascular Division was carrying out a piece of work to identify suitable theatre capacity for patients, although this was independent of the issue under discussion. He agreed to provide an update at the next Board meeting.

M Scott
January 2011

13.69 Monitoring Ward Performance – Professor Robertson reported that a paper would be presented to the Quality and Risk reporting on the current position. She stated that further to her presentation she would be advised by the Chair of the Quality and Risk Committee the mode of reporting to the Board. The Board requested for feedback at the next meeting.

A Robertson
January 2011

13.79 Workforce report – Mrs Given-Wilson reported that this matter would be picked up at the next Workforce Committee meeting and feedback would be reported to the Board. Dr Hulf further updated that it was agreed that regular reporting regarding the education structure would come to the Workforce Committee.

13.92 Chief Executive's Report

Mr Scott presented the report, updating the board on key developments. He highlighted:

- The Improvement Programme – The Board noted confirmation of the proposed approach for the second year of the Improvement programme, taking forward methods developed in partnership with GE in the first year of the programme. Mr Scott explained that an aspect of the programme continuing from year one into year two would be handled with GE by a bridging contract.

Year two of the programme would see the Trust investing in its structures and capabilities to take the programme forward.

- Listening into Action – Mr Scott reported that since Listening into Action launched, there had been good progress in the beginning to address some of the issues that got in the way of staff providing the very best care for patients and their families.

Mr Scott informed the Board that there would be a special 'Pass it on' event on 13 December to share success stories.

- Foundation Trust (FT) application – Mr Scott reported that the Trust was in discussion regarding finalisation of the timescale for the Trust's application, following the confirmation of a date for the Chief of Hospitals inspection in February 2014, with a view to approval by the Trust Development Authority (TDA) for entry into Monitor phase. No timescale had yet been confirmed as to when the Trust would receive the Chief of Hospital inspection report but this would likely be available by March and would be followed by a TDA Board to Board meeting.
- Complaints – Mr Scott notified the Board about a letter of complaint received by the Trust. He stated that as a Trust, feedback was welcomed from patients and users of the Trust services in order to help the Trust to continually improve services.

Mr Scott explained that as highlighted in the complaint, the Trust, on that

occasion lived up its values and apologies had been sent to the complainant. Dr Given-Wilson read out the letter of complaint and response from the Trust. She summarised that despite the good care provided by the hospital, there was a failure on the part of the A&E doctor in this instance to display compassion.

Dr Given-Wilson informed the Board that actions in response to this incident included a personal apology; the doctor concerned had discussed the matter at length with his appraiser and a communication to staff reiterating level of care to patients and relations had been issued.

The Board discussed this matter and highlighted the importance of compassion demonstrated by clinical staff and the need to conduct regular review of complaints, feedback and the impact this had on the Trust. Professor Kopelman asked whether this was the only complaint against the doctor. Dr Given-Wilson responded that no complaint had previously been received against the doctor.

The Board agreed to record sympathy and compassion to the family and a formal apology by the Trust.

- Election of Council of Governors – The Board noted the outcome of the elections and that the Council had now been established in shadow form. There would be a welcome and introduction event on 16 December which would commence an induction programme.

ACTION: The Board noted the report.

Quality and Patient Safety

13.93 Quality Report

Professor Robertson presented the quality report and highlighted the key points as follows:

National Quality Dashboard

Professor reported on the national quality dashboard. She informed the Board that data on this dashboard were not as up to date as the Trust internal dashboard and she enquired from the Board whether reporting on the national quality dashboard was relevant.

Mr Jenkinson enquired whether regulators made use of the dashboard; Professor Robertson and Mr Bolam responded that there were no visible evidence that regulators monitor the dashboard but this was not to be taken for granted. Professor Robertson stated that regardless of this, the Trust was reporting more accurate information. Further to discussion by the Board, it was agreed that Professor Robertson continue to report on the National Quality Dashboard for the purposes of benchmarking / matrix process but the dashboard was not to be relied on for up to date reporting.

Patient Safety

- Infection control: The board noted that the Trust was now below trajectory for Clostridium Difficile with no reported case for the month of October.

Professor Robertson reported on MRSA and stated that the threshold for the year was zero avoidable cases and so far there had been five cases with three ascribed to the Trust. A root cause analysis had been carried out for lessons learnt with positive feedback.

- Serious incident (SI) trend analysis: The board noted that the trend in declaration of SIs remained downward.
- Pressure ulcers: The board noted that the serious incident reports had begun to record whether the pressure ulcer was avoidable so that data will be able to show where there were incidences of poor care and where this was not a contributing factor. Professor Robertson reported that pressure ulcer prevention would be picked up by the Quality and Risk Committee.
- Keogh Mortality Review: The board noted that the Keogh Mortality Review announced the need for monitoring avoidable death within hospitals and that a national indicator would be developed. Professor Robertson reported that additional analysis had been carried out to demonstrate the level of harm and the extent of care and contributed to harm. Data indicated that of the 10 SIs relating to patient deaths, in 9 of these there was some contribution towards death and in the 12 where patients suffered some harm, 10 reports identified contributing factors from their treatment or care.
- Staff feedback (learning from serious incidents): The board noted progress on staff feedback from SIs and this was being tracked to see impact on safety.
- Being open / Duty of Candour: The Board noted that training was ongoing for the duty of candour and it was hoped that this programme would continue to improve practice in this area.
- Safety Thermometer: The Board noted progress to date. Professor Robertson reported that two new safety thermometers were being proposed for maternity services and medication safety, both of which were being piloted nationally. This would cause audit burden on the organisation (nursing time) and this could likely impact patient care. Professor Robertson was of the opinion that the data required would be better collected by pharmacists and doctors given its complexity. Discussions on this would continue with the national team and NHS England about next steps and concerns about the resource implications.

Patient experience

- Complaints: The Board noted that there was a decline in performance in this area and as a result, there would be an increased focus on divisional performance.

The Board further noted that year to date five requests for documentation had been received from the Ombudsman office compared to 12 at the same point last year. These requests pertain to complaints from five different areas: Urology, Cardiology, General Intensive Care, Accident & Emergency and Acute Medicine.

Professor Robertson reported that the recent complaints satisfaction survey conducted would be discussed at the Patient Safety Committee meeting in December.

- Family and Friends test: The board noted the results in the responses received to date.

The Board discussed the overall quality report including areas such as patient experience and concluded that more work was needed in this area. Furthermore, issues around outpatients were discussed; it was noted that this would be discussed by the executive and agreed actions reported to Board.

Patient Outcomes

- National audit findings: Dr Given-Wilson presented a summary of national audit findings and highlighted the following:

Kidney Transportation Audit: The Board noted that the problems demonstrated in the audit had already been acknowledged by the renal service and actions were underway to review the transport provision and address these issues. These included a zoning project which enabled joint transportation of dialysis patients. Mr Rappolt requested that for Audit Committee purposes, Dr Given-Wilson should provide feedback on progress.

- Mortality: Dr Given-Wilson reported that on 29 October the latest summary hospital-level mortality indicator was published. St George's SHMI, for the period April 2012 to March 2013 was 0.81, categorized as 'lower than expected'. 16 other trusts in England were in this category. In the supplementary report issued alongside the data, the Trust was identified as one of the twelve repeat positive outliers whose mortality had been lower than expected for two consecutive years.

13.94 Report from Quality and Risk Committee

The Board received the report from the Quality and Risk Committee, noting items discussed by the committee and agreed actions.

13.95 Foundation Trust Application

Mr Jenkinson reported that the Trust was on track to make the final FT submissions to the NTDA on 18th December 2013. These would be used by the NTDA to inform the Board to Board meeting with the Trust in March/April 2014 and enable the NTDA Board to make a final decision as to whether to refer the Trust to Monitor for assessment.

Mr Jenkinson requested that the Board review and approve the following documents to the NTDA, subject to any required revisions. It was noted that all documents had been updated to reflect comments by the Board at the previous meeting:

- Integrated business plan and Long-term financial model (LTFM) – The Board approved this subject to changes prior to submission.
- Board Governance Assurance Framework –The Board approved this subject to changes prior to submission.
- Board Governance self-certification: Monitor Board statements and supporting evidence - The Board considered the statements and supporting evidence and provided approval.
- Chairman's statement that directors meet the "fit and proper test" – The Board approved the Chairman's statement.
- CEO statement that the Trust has a capable workforce, fit for purpose-

R Given-Wilson
January 2014

- The Board approved the CEO statement.
- vi. CEO letter of declaration – The Board approved the letter of declaration.

13.96 Performance report

The Board received the monthly performance report and Mr Bolam summarised performance for month 7. The Board noted that the Trust reported an amber/red Governance rating and a Financial Risk Rating (FFR) of 3 in October. He stated that the Trust was forecasting that the FRR of 3 would be maintained and the Governance rating would improve back to Amber / Green assuming that 62 day cancer performance plans led to sustainable achievement and ED performance improved. The TDA had confirmed that the Trust remained at level 2 escalation level ('Emerging Concerns') but that this should become no identified concerns once the final CQC report has been received.

The Board noted reportable areas of underperformance or risk at month 6 as follows :

MRSA: In October there were no MRSA incidents leaving the number of MRSA bacteraemia at 3 so far this year. There was a zero tolerance approach to MRSA bacteraemia (hence no national target). In evaluating the Governance Risk Rating for Trusts, Monitor apply a 'de minimis' limit of 6 per annum before a penalty point is scored against the compliance framework. The NTDA are also applying this methodology.

A&E <4hrs: In October performance for ED (Type 1) was 92.9% and ED & MIU (Type1 & 3) was 94.8%. Q2 performance was 95.0% for all types.

Cancer: The Trust was non-compliant against the 62 day target with performance in September at 76.1% against a target of 85%. This underperformance followed an improvement in August performance compared to the 2 months previous. Qtr 2 performance was 80.5% and the year to date position is 83.6% which was below the target of 85%.

The Board discussed actions stemming from the above and impact of intervention. Mr Bolam advised that impact would be reflected in Q4 but for now the overall rating would remain amber/red in Q3.

13.97 Finance report

The Board received the monthly finance report and Mr Bolam summarised key performance metrics, reporting a £4.93m surplus year to date position.

The Board noted the following:

- That the cash balance was £18.7m at 31st October compared to £20m in September. Invoice debt was reduced significantly but the Trust needed to raise SLA over-performance invoices in November. Capital expenditure was also higher in October than previous months. Although the cash balance continued to benefit from delays in receiving bills for community services premises charges and from the continued under spend on the capital programme, SLA debt with the new commissioning bodies continues to merit concern as the finalisation of contract terms has taken longer than in previous years. The Trust continues to manage its supplier payment runs to achieve its minimum month-end cash balance target equivalent to 10 day operating expenses.
- The total CIP target for 13/14 was £37.1m which had been identified. However, 7% of schemes remained Red rated by the PMO. Year to date

performance was £0.604m behind the plan of £20.0m reflecting some additional risks around the phasing of schemes that had been identified. All CIP schemes go through a rigorous Quality Impact Assessment before they are approved for implementation.

Mrs Wilton commented on the central budget and contingency plan and enquired whether there were allocated contingencies for unforeseen events. Mr Bolam responded that contingencies were yet to be allocated due to on-going pressures and currently all contingencies would be used to offset Division overspend, but assured the Board that the Trust was working on additional income schemes such VAT refund.

Mr Rappolt provided a summary of key points discussed at the Finance and Performance as follows:

1. Finance Position for month 7 (October) showed a continuing improving performance with a £4.93 surplus.
2. Good performance on keeping infection down but noted issues in A&E and cancer 62 day target underperformance.
3. Reports received from three of the four divisions on their recovery plans.
4. Reviewed 5 year CIP programme for 13/14 to 18/19 submissions to the TDA.
5. Briefing on Monitor change of Financial Risk Rating to Continuity of Service Risk Rating.

13.98 Workforce report

The Board received the monthly workforce performance report and Mrs Brewer highlighted the following key points:

- Substantive vacancy rate had decreased in October due to recruitment of substantive positions, particularly in the area of nursing. The Board noted that a hundred critical nurses would be joining the Trust in November. This would ensure quality, reduction in cost and continuity.
- Mandatory Training, Mrs Brewer stated that the Trust's MAST was now in line with the Core Skills Training Framework which, as previously highlighted to the Board, has introduced new topics to MAST reporting as a result, reporting would be by subject area. This was reflected in the workforce report to ensure compliance.
- Appraisal, the Board noted that effectiveness was the key focus of the appraisal and promotion would be linked to managers who did their appraisals i.e. incremental progression.

Professor Kopelman commented on the future reduction of junior doctors; he had reviewed this in light of 7 day service and requested that the Board consider the risks involved. The Board discussed this, with contribution from Dr Kemp who explained that business planning around 7 day service was at division level, however an overall Trust plan for this model could be reported on and included in the Trust Strategy. Dr Given-Wilson stated that the Trust was working on a 7 day cover across the divisions, but a more robust approach was required in acute areas. She also highlighted that 7 day service was currently not supported by consultant cover.

Mrs Brewer informed the Board that the Workforce Committee had considered 7

day service and consultant contracts i.e. to identify opportunities within consultant contracts for 7 day working rather than change the contracts and also there was a piece of work to look at skill mix to underpin the LTFM.

Mr Rappolt queried vacancies in Estates and Facilities and enquired whether the gaps were being covered by temporary staff. Mrs Brewer responded that temporary staff were being used in some areas; a new Estate Manager was now in post and would be recruiting his next layer of staff. Mrs Brewer also reported the slow progress in recruiting into portering and security posts. Estates and Facilities have agreed to focus on this area. Mrs Welby commented that recruitment was underway and reported that poor progress in recruiting into the portering post was due to the calibre of applicants.

Mr Rappolt enquired whether those areas underperforming on appraisal would be named. Mrs Brewer responded that the Workforce Committee was looking at a positive approach in handling this matter and would be rewarding performers rather than naming offenders.

Mrs Pantelides summarised key points discussed at the last Workforce Committee meeting. The committee had welcomed the list of workforce related prompts to be taken into account in the course of 14/15 business planning cycle and further suggestions made (highlighted in the report).

The committee had also reviewed proposals for rewarding for performance which contained Executive Management Team suggestion to link senior managers and consultants award of increments to completion of appraisals for their staff.

13.99 Compliance Report including Board Assurance Framework

The Board received the risk report and noted that all the significant risks had been reviewed by the Executive Management Committee and Quality and Risk Committee. The board reviewed the risks presented and agreed that some may now be reduced in impact and likelihood, such as the infection control risk.

The Board noted the areas of potential risks identified in the current Intelligent Monitoring report published by the Care Quality Commission as follows:

- Incidence of MRSA
- Potential under reporting of patient safety incidents resulting in death or severe harm
- Whistleblowing.

13.100 Audit Committee report

The Board received the report from Mr Rappolt, summarising the key points of discussion from the last audit committee meeting. Mr Rappolt reported on the satisfactory progress made on IT continuity and disaster recovery but four departmental systems were still red RAG rated, however plans were in place to bring these to green RAG status. The Audit Committee would continue to monitor progress.

The Audit Committee received satisfactory assurance on steps to reduce Agency spend and to bring further areas of agency spend under better control and to ensure appropriate induction for agency staff. The Audit Committee would continue to follow up on this area with a further audit in 2014.

Mr Rappolt highlighted that the internal audit report on Data Quality – Maternity pathways provided limited assurance. Significant changes were made to the maternity pathways for 13/14. Whilst some detail was understood, providers for IT systems which enabled robust recording and prevented complex manual workarounds have been slow in development. As a result there were weaknesses in the systems and controls which could lead to errors in the data. The Audit Committee received assurance that this did not result in risk to patient safety but there was a risk of over or under recording of revenue. The findings were accepted by the maternity department and an action plan was already in place to rectify matters as speedily as possible. The Audit Committee recommended that data audits are undertaken on recorded events to ensure that revenue figures are accurate prior to year end. Mr Rappolt highlighted three lessons to be drawn from this matter to the Board.

Mr Rappolt also highlighted that the Finance and Performance Committee recently recommended that the Board approve a major Trust IT development, the IT portal, which would provide improved and unified access to patient records. The Audit Committee requested Internal Audit to undertake regular series of audits in the project aimed at assuring the Board that the project was progressing satisfactory and would achieve its aims.

13.101 Care & Environment Report

The Board noted improvements to the Hospital Environment & Medical equipment from June to July.

Mr Rappolt commented on the progress of the Trust Helipad and enquired whether this was still on course for the completion date. Mrs Welby responded that there was a delay on completion, but this was now scheduled for completion at the end of March.

13.102 Safeguarding 6 Month Update Report

The Board welcomed David Flood to the meeting and congratulated him on his election to the Trust Council of Governors. It was noted that Mr Flood was the Lead Nurse for safeguarding Adults.

The Board noted the Safeguarding Adult report with the following key points:

- Increase in safeguarding referrals between April 2013 and September 2013. Mr Flood assured the Board that this area would be monitored to avoid further referral cases. The Board noted that of the 33 concerns raised around care and treatment at St George's, 22 cases were found to be unsubstantiated and therefore closed after information gathering and discussion with social care services; in all the cases no evidence was found of neglect or abuse by St George's staff.
- Training – the Trust induction was revised and basic safeguarding awareness training was now delivered via a newly developed e-learning package which all new staff must successfully complete.
- Mental Capacity and Deprivation of Liberty Safeguards – The Board noted the responsibilities of care homes and acute hospitals under this legislation.
- Learning Disability Service – the Board noted that full time specialist nurses and a band 6 staff had been recruited and would be coming into post shortly.

Mr Rappolt enquired how dementia linked in with adult safeguarding i.e. patients over 65years coming into the Trust not being assessed. MR Flood responded that Safeguarding Team was working with other specialist groups in this area. Mr Rappolt also enquired whether Community Services in Wandsworth was covered by adult safeguarding. Mr Flood responded that overall it was covered from a governance perspective but there were specific leads who managed this area locally.

The Board noted the Safeguarding Children report with the following key points:

- Challenges in recruiting to looked after children's post. Professor Robertson highlighted the challenge in recruiting for the post of Designated Doctor for looked after children, the post was advertised and interviews held in the summer months but a suitable candidate was not immediately appointed.
Furthermore the Board noted the pressure of external participation representation. Professor Robertson explained that agenda was increasing and putting a strain on the team. A retired safeguarding nurse was commissioned to give recommendation on organising the team internally and reviewing resources within the organisation.
- Issue of safeguarding training was now on the risk register and level 2 and 3 training would be increased, Divisions are aware of the requirement for level 2 and 3 training and this be monitored regularly and reported to the Trust Board.

13.103 Francis Recommendation Report

The Board noted the progress of the Trust in implementing the actions agreed by the Board in May 2013, in response to the Francis Report recommendations. Mr Jenkinson highlighted the seven corporate commitments in response to the recommendations and the Board noted that the commitments would be monitored by various mechanisms within the organisation such as the Quality and Risk Committee or the Workforce Committee.

Dr Hulf commented about the new regulation concerning the issue of care certificates to be issued to care assistants and enquired whether the Trust followed regulatory provisions regarding the use of care assistants. Professor Robertson responded that the Trust had in the past used healthcare assistants and would continue to do so, however the recommendation was to strengthen monitoring in this area i.e. proper checks and inductions would be ensured. With regards to the care certificates, she did not have a view on this as it was yet to be enforced but she was confident that the Trust would meet whatever standard or requirement that was set.

Mrs Wilton enquired about the mock CQC inspection and what areas of concern emerged from the inspection. Mr Jenkinson stated that no new areas of concern were identified but the issue of accuracy and completion of medical documentation was recurring and this had strengthened. The Board noted that the workshops organised by Professor Robertson was addressing the importance of documentation. It was agreed that the message on this would be reinforced within the Trust.

13.104 Questions from the public

Mr Mundle asked Non-Executive Directors what their challenges were within their role in the Trust.

Mrs Pantelides commented that the challenge for her was the financial aspect and not compromising on quality. Mrs Wilton commented that the challenge for her was on safety matters and ensuring compliance. Dr Hulf commented that the challenge for her was maintaining patient experience in the face of a very serious capacity and workload problem with pressure of efficiency. Mr Rappolt commented that the challenge for him was sufficiently challenging Executive Directors without interfering in executive management of the Trust.

13.105 Meeting evaluation

The Board noted the smooth process of the meeting.

13.106 Date of the next meeting–

The next meeting of the Trust Board will be held on 30th January 2014 at 1.00pm in H2.6 Boardroom.

DRAFT