

MINUTES OF THE TRUST BOARD

30 January 2014

Boardroom H2.6, Hunter Wing

Present:

Christopher Smallwood (CS)	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
Mr Neal Deans (ND)	Director of Estates and Facilities
Mrs Kate Leach (KL)	Non Executive Director

In attendance: Miss Kofo Abayomi (KA) Interim Asst Trust Secretary
Andrew Fleming Divisional Chair,

Apologies: Mr Mike Rappolt (MR) Deputy Chair, NED

14.01 Chair's opening remarks

The Chair welcomed all to the meeting and introduced Ms Kate Leach to the Board as the new Associate Non-Executive Director of the Trust. He summarised her commercial background and experience to the Board.

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.

Apologies were noted for Mr Mike Rappolt.

14.02 Declarations of interest

Nil declared.

14.03 Minutes of the previous Meeting

The minutes of the meeting held on 28 November 2013 were approved as an accurate record, subject to inserting £1.55m in the first line of paragraph 13.78.

14.04 Schedule of Matters Arising

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

Bed Capacity – Mr Scott reported that Medicine and Cardiovascular have shown an interest in Ingleby House and have undertaken a piece of work to identify

patients who may benefit from the project. This interest was being worked into a detailed proposal which required sign off from Prof Robertson and Dr Given-Wilson by the first quarter of next year. A proposal would be agreed and populated further to this.

13.69 Monitoring Ward Performance—Prof Robertson reported that it would be done via nursing scorecard, which would provide better ability to benchmark performance. Furthermore the scorecard would indicate accountability and responsibility framework. This would be in place by April and would be led by a senior sister who would be called to account.

13.93 Kidney Transport Audit - Dr Given-Wilson explained that this proposal related to setting up zonal transportation of patients. However after consultation with patients this proposal has now been dropped due to patient feedback on changing their dialysis appointments.

An alternative arrangement was now in place i.e. renal parking was now available and patients parking cost would be reimbursed. A transport manager was now in place to oversee this aspect.

14.05 Chief Executive's Report

Mr Scott briefed the Board that the Chief Nurse and Director of Operations would be leaving the Trust later in the year. Succession planning was underway and he would be in a position to report on the plans shortly.

The following key points were highlighted in the report:

- 2013/14 Capacity Plan (winter funds) – Mr Scott reported that since the last Board meeting, funding arrangement had been finalised with the Clinical Commissioning Groups. The Board noted that implementation plan was in progress. Mr Scott acknowledged the work put in by both the Director of Strategy and Director of Finance. He further expressed appreciation to Wandsworth CCG for their leadership role in enabling the Trust to arrive at this present position.
- Foundation Trust Application – Mr Scott mentioned that the TDA Executive to Executive meeting was held on 28 January and he briefed the Board on outcomes of the meeting.
- Listening into Action – The Board noted that following the success of the first event, it had now been extended to a second cycle. A team to support the second cycle were already selected.
- Communications (New Surgical Admission Lounge) –The Board noted that this project was now opened and it had already impacted patient experience in a positive way.

Mr Smallwood referred to the appendix relating to the Improvement Programme and raised concerns about areas that could be improved. Mr Scott explained that these were areas that Steve Bradbury, Head of Service Improvement had been working on, to streamline and ensure consistency trust wide. He assured Mr Smallwood that progress had been made and proceeded to highlight details of progress to date.

Professor Robertson contributed to the discussion by stating that areas of

improvement were a stocktake of what went wrong in the first year and lessons learnt from the experience. Mrs Wilton stated that it would be useful for the Board and the Finance Investment and Performance Committee to be provided with details of major service improvement projects.

**A Robertson
March 2014**

ACTION: The Board noted the report.

Quality and Patient Safety

14.06 Quality Report

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

Patient Safety Infection Control

- **C. difficile:** The Trust remained below trajectory with only 26 cases to date and low in comparison to last year.
- **MRSA:** The Board noted that a fifth case occurred in January. Prof Robertson stated that audit and communication on good practice would be published.
- **Serious Incidents data trend:** Professor Robertson mentioned that there was an increase in Serious Incidents and this would require close monitoring. She explained that certain incidents are automatic SIs within maternity whether they caused death or not.
- **Pressure Ulcers:** The Board noted that a Pressure Ulcer Task Force was now in place to review grade 3 and 4 pressure ulcers.
- **Incidents by severity:** Prof Robertson explained that the graph to the Board and stated that in an organization with a good safety culture, you would expect to see a high number of reported incidents and overall with a small proportion where incidents are categorized as moderate to severe.
- **Duty of Candor:** The Board noted that this would be enhanced when reporting SIs and more rigour would be established.
- **Student Safety Forum:** Prof Robertson confirmed to the Board that the forum was now taking place for student nurses and this exercise has been useful. Mr. Scott enquired whether areas of concern had emerged. Prof Robertson responded that it was too early as only two forums had taken place. However issues discussed were fed back to the wards. Ms. Leach commented on student nurses forum and enquired whether there was an on-going form of engagement with the students. Prof Robertson responded that although ongoing engagement was not available, feedback was provided at the end of every placement (8-10 weeks) and information was also communicated to them as part of the Trust Workforce.

Mrs. Hulf asked whether, since the forum was a success, there were plans to involve doctors and student doctors. Dr Given-Wilson responded that

plans were already in progress, and they had been invited to participate in the quality inspections.

- Safety Thermometer: Prof Robertson mentioned that it was important to monitor the safety thermometer due to national reporting. Prof Robertson referred the Board to challenges highlighted in the report.

Patient experience

- Friends and Family Test: The Board noted that maternity was now included, however it was too early to draw any conclusion. Prof Robertson provided a breakdown of response rate.
- Complaints: The Board noted Quarter 3 had the highest number of complaints in comparison to previous years. Prof Robertson reported upward complaints trajectory in Medicine & Cardiovascular and Surgery.

Prof Robertson informed the Board that work was ongoing to improve outpatient experience and a proposal was presented to Executive Management.

The Board further noted that five requests for documentation was received from the Ombudsman office compared to seventeen requested this time last year.

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

- CQC Maternity Survey: The Board noted that the Patient Experience Committee was now overseeing action plans concerning this matter.
- Dementia Care: Prof Robertson mentioned that improving dementia care was a national requirement. The Board was referred to the report which highlighted achievement so far, current work and future plans. It was noted that the clinical lead reported to the Patient Experience Committee.

Mr. Fleming, Divisional Chair for Surgery Theatres Neurosciences and Cancer Division commented on the issue of complaints in surgery. He stated that neuro surgery and T&O surgery were the biggest areas with acute patients as such families of acute patients were usually more critical of the system. Mr. Fleming confirmed to the Board that the complaints had been reviewed with no findings of lack of care. Mr. Fleming and Mrs. Colas would meet with the care groups to further review the areas of complaints.

Patient Outcomes

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

- National Heart Failure Audit: The Board noted that a service improvement project was underway to design an integrated care pathway for heart failure patients.
- Mortality: DR Given-Wilson reported the Trust remained lower than expected. The Trust was one of the Trusts that continue to remain consistently low.

- NICE Guidance: The Board noted items of guidance outstanding. Dr Given-Wilson mentioned that identifying specific areas of application would enable how to determine areas of compliance and non-compliance.

The Board discussed the Quality report. Mrs. Wilton commented on the issue of PICU staffing and requested assurance regarding this matter. It was agreed that Prof Robertson would confirm nursing and staffing levels in PICU.

**A Robertson
March 2014**

14.07 Staffing – Nursing & Midwifery establishments and skill mix

Prof Robertson informed the Board that the paper was a detailed report with a number of recommendations that the Trust would be expected to comply with.

Prof Robertson highlighted actions and recommendations from the Trust Board meeting today with updates to date. She stated that staffing updates would be reported regularly to the Board, including the output of an establishment review in May 2014.

The Board noted that methodology and approach was being reviewed and this would be presented to the Board twice yearly. Data monitoring system would also be put in place and e-rostering would be embedded in nursing.

With regards to implementation, Prof Robertson stated that staffing details in the wards would be available i.e. the number of staff available on the wards.

The Board noted that recommendations would be operationalised into an action plan and this would be reported to the Board in March.

**A Robertson
March 2014**

ACTION: The Board approved the recommendation.

14.08 Clinical Service Presentation – Surgery Theatres Neuroscience and Cancer

Mr Fleming highlighted visions for the divisions as follows:

Surgical Admission Unit – Mr Fleming informed the Board that he visited other hospitals to review their SAU plans, further to this, a business case would be completed shortly. He stated that benefits of the SAU included reduced waits in ED, admission avoidance, one stop and safer pathways for patients and significant improvement of patient and GP experience.

Rehabilitation (Centre of Excellence) – Mr Fleming stated that the proposal was to utilise vacated space at Queen Mary (from mental health), a business case would be presented to management shortly.

Elective Surgical Centre – The Board noted plans and Mr Fleming commented that the plans highlighted in the report were bound to improve patient experience.

Actions – Proposed actions included moving non-acute activity into the community, conversion rate from referral to surgery, proactively manage pathway with commissioners and social services, create capacity for acute and specialist services and increase market share.

The Board also noted risks to the proposal i.e. money, time and resource.

Mr Bolam commented that the proposal would require sign off from the Commissioners. Mrs Leach commented on the economical aspect and enquired whether the division considered partnering with pharmaceutical and IT

organisations with regards to elective surgical centre and actions to be taken. Mr Fleming responded that he was open to the approach.

ACTION: The Board approved the recommendation.

14.09 Report from Quality and Risk Committee

The Board received the report from the Quality and Risk Committee, summarising key points of discussion.

14.10 Annual Objectives Monitoring

Mr Jenkinson reported on annual objectives monitoring. He mentioned that the reporting format would be refreshed for the next financial year.

Mr Jenkinson stated that based on the reports received to date, a number of risks to the achievement of the corporate objectives had been identified. However these were risks that have been previously identified through other governance arrangements and controls were in place to manage the risks.

Mr Smallwood commented that the Board was to be assured that going forward the highlighted shortfalls would not re-occur. Mr Scott advised that key objectives should be reported on rather than tracking voluminous objectives. This would aid clarity in reporting progress.

The Board requested that at the next reporting period, a presentation on areas Trust was slipping on should come the Board and the objectives should be reviewed substantively rather than from a governance perspective.

14.11 Transfer of Wandsworth PCT Charity to St George's Hospital Charity

Mr Bolam reported on this matter. He stated that the only outstanding matter regarding the transfer was the sign off of the letter of representation. The Audit Committee sought assurance regarding the letter of the representation at the last meeting and there was now confirmation that this had been provided by Pricewaterhouse.

ACTION: The Board considered and approved the transfer.

14.12 Performance report

The Board received the monthly performance report and Mr Bolam summarised performance for the reporting period. The Board noted that the Trust reported an amber/red Governance rating and a Financial Risk Rating (FFR) of 3 in December. 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 from Quarter 4 once ED performance and 62 day cancer performance remedial plans took full effect.

The Board noted areas of underperformance at month 9 as follows :

MRSA: The total number of MRSA incidents remained 4 in December and was below the de minimus limit of 6 per annum applied by Monitor and the TDA.

A&E <4hrs: In December performance for ED (Type 1) was 94.3% and ED & MIU (Type1 & 3) was 94.2%. The year to date total at the end of December was Q2 performance was 94.9%.

Cancer: In November the Trust met all of its cancer targets except the 62 day target where only 80.8% of patients were seen against a target of 85%.

Mr Bolam reported that the Finance Performance and Investment Committee had considered the 62 day cancer performance at length and how to address the issue. He concluded that assurance regarding actions to be implemented from an operational and administrative perspective was underway and clinical improvements were being developed.

ACTION: The Board noted the report.

14.13 Finance report

Mr Bolam reported at the end of December, the Trust was showing a £3.6m actual surplus compared to the YTD planned surplus of £3.6m, therefore the Trust showed a £6k favourable variance to plan.

In December, the Trust was ahead of its monthly income target by £2.3m. Overall SLA income had over-performed for the YTD by £11.5m. Activity in month over-performed for Out patients, Elective, Exclusions and Bed Day activity.

The high levels of emergency work were continuing to result in lower elective throughput than planned due to a shortage of capacity for some elective procedures. This was resulting in some 18 week target breach fines. The Trust was further penalised by the 30% marginal rate payable on excess Emergency activity above historical thresholds. The forecast for the annual level of this discounted tariff income was now expected to be over £12m by year end. The Trust had worked with commissioners to get £3.5m of this reinvested to support winter pressures. In addition the Trust had received a further £1.3m from WCCG and £1.2m from the national winter funds to support the agreed winter plan.

The Trust was overspent on pay YTD while it seeks to implement cost improvement schemes but did see an underspend of £207k in month 09. The in month pay position has been helped by allocation of contingencies to cover specific pay cost pressures. Use of additional facilities and maintaining safe staffing levels meant bank and agency costs continue to be significant. CIP targets are removed from budgets but if the actions to reduce costs have not fully delivered this would come through as an overspend.

Non pay was overspent on drugs & clinical consumables which were primarily reclaimable as exclusions. There have been pressures on Energy bills and on-going cost premiums incurred on the use of external facilities and on the requirement to deliver savings to close the CIP gap.

Mr Bolam confirmed to the Board that 2015/16 plans have been submitted to NTDA. Risk assessment of the plans was being reviewed to provide assurance that the plans would deliver as expected.

ACTION: The Board noted the report.

14.14 Report from Finance and Performance Committee

The Board received the report from the Finance and Performance Committee

14.15 Workforce report

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

Turnover: The Board noted that the trust turnover rate has remained relatively stable in the financial year, only varying between 13.1% to 13.6%.

Sickness absence: The Board noted that sickness absence increased between November and December 2013 with the seasonal impact of colds and gastric bugs likely to be responsible for the increase.

Substitution of Bank to agency staff: The Board noted that there was an increase in bank over agency staff and this was reflected in e-rostering.

Appraisal rate: Mrs Brewer reported that medical appraisal rate was increasing while non-medical appraisal rate had declined. She assured the Board that although there was slippage she was confident that this would be back on track by April.

ACTION: The Board noted the report.

Workforce Chair Report

Mrs Pantelides summarised key points discussed at the last Workforce Committee meeting as follows:

- Five year workforce plan: Mrs Pantelides recommended that a workforce planning process with a similar approach to planning within the Trust. Prof Kopelman raise a point on forward planning and modelling changes on 7 day working. Mr Bolam supported this approach. The Board discussed Mrs Pantelides recommendation and how to take it forward. Mr Bolam advised that it should be an HR led initiative. He further stated that consultants would be commissioned to advice on 2015/16 planning and the topic under discussion could be included to extend to 2018/19.

The Board agreed that Mrs Brewer would take lead on this matter with consultancy support.

- Work Experience Scheme: Mrs Brewer reported that two schools had been identified for the Trust to work with. Prof Kopelman stated that it would send out a positive message from the Trust of as much opportunity were made available. Mr Scott advised that HESL should be involved in this matter.

14.16 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 Team and Quality and Risk Committee.

Mr Jenkinson reported that the FT risk was now reduced due to submission to TDA, the Executive to Executive meeting and a date was now available for the Board to Board meeting.

Mr Jenkinson highlighted new risks to the Board and stated that the risks would be reviewed to develop controls and mitigation within the next month.

The Board noted actions on-going to prepare for CQC inspection and the Divisional CQC assessment and declaration of compliance.

Mr Jenkinson discussed the Board Governance statements for self-certification.

ACTION: The Board noted the report.

14.17 Audit Committee report

The Board received the report from Mrs Wilton, summarising the key points of discussion from the last audit committee meeting. Mrs Wilton reported that the most concerning audit report was on fire safety. Internal Audit recommendations have been agreed and implementation was underway. She informed the Board that the Audit Committee requested a follow up audit to review progress of implementation and if progress was unsatisfactory at the end of the year, this would be reported in the Trust Annual Governance Statement.

Mrs Wilton highlighted that the Committee reviewed the Internal Audit Tracker for progress. She reported that there were 102 actions on the tracker with 62 actions completed and the remainder on-going.

The Audit Committee received reasonable assurance from Internal Audit with regards to the CQC, efficient purchasing, implementation of the IT Portal, Infection control audits. Limited assurance was received for the Estates and fire safety audits.

Mrs Wilton highlighted that there was delay in the cancer wait audit. The Committee was concerned about this delay and urged executives and internal audit to finalise the audit as soon as possible.

Mrs Wilton informed the Board that the Audit Committee requested full details of audits are to be provided to the Committee, details to include identification of the lead executive, timing of the audit. The area of focus should also be agreed with Executive management. Discussion and agreement with executive management would then be presented to the Audit Committee for approval.

14.18 Care & Environment Report

The Board noted the care and environment report.

14.19 Questions from the public

Mrs Ennis stated that she spent quite an amount of time in the Trust Accident and Emergency department and it appeared that time was spent on minor injuries. She wanted to know whether there could be a separation of minor and major accidents.

Prof Robertson explained that the Trust had pathways in place to differentiate between minor and major accident.

14.20 Meeting evaluation

The Board discussed the issue of timings for attendance and how this could be managed going forward.

The Board also discussed content and scope of divisional presentation and whether the presentations should be discussed at Board level or at the Finance Performance and Investment Committee. It was agreed that going forward, a set of questions should be prepared and forwarded to the divisions.

14.21 Date of the next meeting–

The next meeting of the Trust Board will be held on 27th March 2014 at 1.00pm in the Barnes and Richmond Room, 2nd Floor, Queen Mary Hospital.