

MINUTES OF THE TRUST BOARD

27 March 2014

Barnes and Richmond Room, Queen Mary Hospital

Present:

Christopher Smallwood (CS)	Chair
Mr Mike Rappolt (MR)	Non Executive Director
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 (SB)	Director of Finance, Performance and Informatics
Prof Alison Robertson (AR)	Chief Nurse and Director of Operations
Mr Peter Jenkinson (PJ)	Director of Corporate Affairs
Mrs Wendy Brewer (WB)	Director of Human Resources
Mr Neal Deans (ND)	Director of Estates and Facilities
Mrs Kate Leach (KL)	Associate Non Executive Director

In attendance:

Kofo Abayomi (KA)	Interim Asst Trust Secretary
Karen Larcombe	Deputy Director, Strategic Development
Louise Halfpenny (LH)	Head of Communication (for item 8.2)
David Hensley	(for item 8.2)

Apologies:

Trudi Kemp	Director of Strategic Development
------------	-----------------------------------

14.19 Chair's opening remarks

The Chair welcomed all to the meeting and 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.

Mrs Kemp's apologies were noted by the Board.

14.20 Declarations of interest

Nil declared.

14.21 Minutes of the previous Meeting

The minutes of the meeting held on 30 January 2014 were approved as an accurate record, subject to inserting £13m in the 6th line, third paragraph of section 14.13.

The first paragraph of the Workforce Committee Chair's report was redrafted to read "He further stated that consultants would be commissioned to advise on 2016/17 planning and the topic under discussion could be included to extend to 2018/19".

14.22 Schedule of Matters Arising

Updates were received on due items on the schedule of matters arising:

14.06 Staffing – Nursing & midwifery establishment and skill mix

Prof Robertson reported that eight paediatric beds were now open and staffed and an extra two as agreed during the winter; these were staffed by bank and agency staff.

14.23 Chief Executive's Report

Mr Scott presented his report to the Board and highlighted key points:

- CQC Inspection – Mr Scott stated a draft copy of the inspection report would be available the following week, to allow the trust to challenge any factual inaccuracies prior to publication on 24 April.
- Better Service, Better Value (BSBV) – Mr Scott reported that the CCG and SWL had now closed this programme but have reiterated a case for change and set up a new programme called SWL Collaborative Commissioning to take up the change. This programme would include engagement with providers. Mr Scott informed the Board that Mr Bolam would be attending a meeting on how to take the process for change forward and that the Board would be kept informed of progress.
- Listening into Action – Mr Scott reminded the board of the purpose of this programme – to improve staff engagement and patient services. Mr Smallwood commented on feedback from the staff survey and enquired about actions to be taken concerning the results. Mrs Brewer responded that the survey was carried out at a point when the Trust was busy and staff felt pressured, however the feedback would be taken seriously and the Trust would provide necessary support to staff. She advised that some of the actions were longer term in nature. Mr Scott also stated that going forward, senior managers would have more input in Listening into Action.
- Helipad – Mr Scott reported that the helipad would be going live shortly and Boris Johnson would be guest of honour at the opening.
- '24 hours in A&E' – The Board noted that filming by Channel 4 for this documentary would commence in the ED department shortly. Mr Rappolt raised concerns that this could disrupt ED and impact performance. Dr Given-Wilson explained that filming would not involve a camera crew so was not intrusive and that the last experience with the BBC was good. She was confident that it would not adversely affect the operation of the department. S Wilton asked for confirmation that there would not be a financial impact on the Trust. L Halfpenny confirmed to the Board that A&E resources would not be used and that the trust was being paid to cover costs.

ACTION: The Board noted the report.

Quality and Patient Safety

14.24 Quality Report

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

Patient SafetyInfection Control

- The Board noted that there were 6 MRSA infections to date. Prof

Robertson referred the Board to page 3 of the report which indicated learning from root cause analysis of each case.

- MSSA: Prof Robertson stated that although there was no national reporting threshold/benchmark, the Trust's infection control doctor had confirmed that the Trust was not an outlier.
- Pressure Ulcers: The Board noted there were higher numbers than previous months and an upward trend compared to this time last year. Prof Robertson stated that the incidence of pressure ulcers was monitored and actions had been put in place to reduce avoidable pressure ulcers. She further stated that she did not think the increased trend would continue in March. Mr. Bolam stated that using days as a denominator could be a factor as February had fewer days. It was agreed that Prof Robertson would review the trend with the tissue viability team to identify any concerns.
- Serious Incidents: Prof Robertson reported that root cause analysis is used to learn from incidents and reduce risk of future occurrence. She stated that it was identified that communication was a root cause of SIs; this issue would be looked at as part of ongoing work to continually improve the safety culture in the Trust.
- Safety Thermometer: Prof Robertson stated that the report was provided for general information and stated that the report included old and hospital acquired infections. Dr Hulf commented that the safety thermometer was a complex and cumbersome reporting indicator and asked whether there was a forum to express this reservation. Prof Robertson responded that she was in discussion with NHS England. Dr. Hulf recommended that the Board support Prof Robertson in this matter.
- Medication safety: Prof Robertson reported that following Board request for more details on types of incidents, level of harm and the type of training offered to staff in relation to medication safety, a summary was included in the quality report. Mr. Bolam commented on the proportionality of the indicator, stating that only errors were included and recommended that both number of times and errors should be reflected in the indicator.
- Safe Staffing reporting: The Board noted that the Trust was already compliant with most of the recommendations, but would still continue to be monitored. A further review of ward establishments would be presented at the next meeting.

**A Robertson
May 2014**

Patient experience

- Friends and Family Test: The Board noted that maternity had not yet embedded the process and the 20% target rate for Q4 would not be achieved. Prof Robertson was in discussion with the division to ensure that this was addressed.
- Complaints: The Board noted that February figures were higher and similar to figures in October 2013. Prof Robertson confirmed that the rate had increased in three out of four clinical divisions. Mr. Smallwood enquired whether the Trust was benchmarked against other Trusts. Prof Robertson responded that a national report would be available shortly, but

in the interim, she could conduct an informal benchmarking.

The Board also noted that response rate to complaints was slipping. Mrs Wilton confirmed that this issue had been extensively discussed at the Quality Risk Committee, where it was identified that there were backlogs, causing performance issues. Discussions have been mainly on how to deal with the issues. Mr. Smallwood enquired what the action plans were and Prof Robertson stated that actions involved engaging with DDOs and continuing to performance manage through the Divisional Chairs.

Mr. Bolam enquired from Mr. Jenkinson whether anything was coming out of the divisional governance review that would help deal with this issue. Mr. Jenkinson responded that with regards to performance, the approach was right, but there were variations at the care groups as to how much focus on this issue and also there was an issue with regards to how divisions managed under-performance. Mrs. Wilton contributed to the discussion by stating that the Quality Risk Committee considered whether PALS was doing what it was supposed to be doing and how to carry lessons learnt forward.

The Board noted the actions being taken to address this issue and agreed continued focus to ensure improvement.

- Improving outpatient experience: The Board noted that improvement of the Trust's outpatient services was a key quality improvement project for 2014. Prof Robertson informed the Board that a project initiation document was presented for approval to the Trust Executive Management Team. She explained that this was a significant piece of work which would run over two years. Recent stakeholder engagement events with patients, administrative staff and clinicians have highlighted the following key areas to be taken forward to unlock the barriers that exist to improve outpatient service efficiency, enhance clinical engagement with the corporate outpatient team and, most importantly, to improve the experience if the many thousands of people who use the services:
 - 1) Technology
 - 2) Environment
 - 3) Business rules
 - 4) Engagement with clinicians
 - 5) Improving patient experience.

The Board welcomed the focus on outpatients and endorsed the approach being taken.

Patient Outcomes

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

- National Audit of PCI: The Board noted that overall rate of in-hospital death following PCI has gradually risen over the past few years. For all PCI's in-hospital mortality was 1.9% and 30 day mortality was 2.6%. This was due to a change in case mix.

- Health care record audits: Dr Given-Wilson explained that this involved housekeeping of records. She further stated that there were issues with some specialties not completing the audit. This issue was discussed at the Executive Management Team Meeting and other forums. The Board noted that the Trust was committed to improving this area.
- WHO Theatre checklist: Dr. Given-Wilson explained that this audit is conducted to determine the extent to which the WHO safer surgical checklist had been implemented in theatres and to identify areas where improved compliance is required. The Board noted that there was a marginal increase in the number of specialties which were fully compliant, with 13 scoring 100%, compared to 11 last quarter.
- NICE Guidance: Dr. Given-Wilson highlighted that the Clinical Audit Team continued to prioritise work to reduce the number of NICE guidance where compliance is unknown. She reported that significant progress was made regarding the backlogs reported in January due in large to significant improvements in the surgical division. Divisions would continue to be supported in order to eliminate backlog.

14.25 Report from Quality and Risk Committee

Mrs Wilton highlighted the following key matters discussed at the last Quality and Risk Committee. The committee:

- Reviewed the rate of incidence of new complaints and reduction in response rates, and agreed an escalation of response by divisions to address performance;
- Received assurances from Dr Given-Wilson regarding quality assurance systems in place for patients being treated off-site. Further assurances were required and it was agreed that further update would be at the next meeting.
- Reviewed VTE performance, with Dr Given-Wilson reporting results of the most recent audit which revealed 98% compliance.
- Received the first quarterly update on the implementation of the quality improvement strategy from Prof Robertson.
- Approved the annual clinical audit programme.
- Reviewed the Board Assurance Framework, extreme divisional risks and updates from external assurances received during the last period.

14.25 Draft Annual Objectives

K Larcombe presented the 2014/15 objectives to the Board. She explained that the set of objectives followed the same format as the previous year, however the difference this year was that only detailed high level objectives would be received by the Board. K Larcombe confirmed that the governance process for the board review of progress against those objectives was proposed to remain the same – quarterly reporting.

Mrs Leach was of the opinion that the objectives were not well defined and could not be measured; she felt they were just statements. She added that she felt that with limited resources there were too many objectives and she did not see how they fitted with the business plan. Mr Bolam responded by stating that from a regulatory context, objectives had to be explicitly written and spelt out and with regard to how the annual objectives linked in with the business plan, he confirmed that he worked with Mrs Kemp and there was a connectivity regarding financial and strategic objectives.

The Board discussed this matter and requested that key objectives should be picked out and measured against performance to ensure delivery with quarterly reporting to the Trust Board. The Board further recommended that the objectives should be SMART.

It was agreed that more work would be done on the objectives and circulated to the Board for feedback. The updated version would be considered for approval at the next Board meeting.

14.26 **Draft Business Plan**

Mr Bolam presented the plan to the Board for approval. The following key points were highlighted:

- Business planning and budget setting principles and approach – Mr Bolam stated that there was a change in process planning; one model was now available with key attributes managing the process.
- Service Level Agreement Income – The Board noted the Trust was still expecting to be in arbitration process with local commissioners regarding the money under dispute (£1.7M). Mr Bolam stated that a solution was expected at the end of the week.
- Other Income – Mr Bolam highlighted education, SWL Pathology and private patient.
- Cost Pressures – Mr Bolam explained that proposed cost pressures or 2014/15 have been captured as part of the business planning process. They have been subject to Divisional review and ranking and then a joint review by Divisional and corporate representatives chaired by the Medical Director.
- CIP Programme – Mr Bolam described what had been done regarding CIP and stated that it supported the programme on capacity and length of stay.

The Board discussed the business plan and noted the most significant risks in the plan, including CIP and capital plan. It was agreed that these risks would be monitored monthly through the Finance and Performance Committee.

ACTION: The Board considered and approved the business plan.

14.27 **Communication Plan and Brand Development**

Mr Jenkinson presented the communication plan to the Board and stated that the plan set out progress made in delivering the five year communications strategy approved by the Board in 2013. He further stated that as can be seen from the plan, the team was making good overall progress on delivering the strategy, particularly in raising the profile of the trust externally. This had been the focus of efforts in the past six months. Mr Jenkinson explained that in the next 12 months the priority would be to improve staff engagement as well as maintaining the improvements made in external profile.

Mr Jenkinson made the following recommendation to the Board:

Recommendation 1: The board was asked to approve the communications plan for 2014/15.

Mr Jenkinson informed the Board that the trust had a great opportunity with foundation trust status to renew its branding and re-emphasise its vision, values and strategy. The trust has undertaken an exercise over the past three months to understand our stakeholders' view of the trust and to use this feedback to develop a draft brand positioning statement – the key message upon which our communications will be based on. The trust has also reviewed options for names for when the trust is authorised as a foundation trust, planned for later in 2014.

Recommendation 2: The Board was asked to agree the proposed position statement and to agree the name of the trust once authorised as a foundation trust.

Mr Rappolt commented that engagement with GPs was an important area and asked whether there were other areas where this was managed. Mr Jenkinson confirmed that this was being monitored in the Strategy Group but from a communication perspective, it collected intelligence in this area and then a marketing strategy is built upon from there. K Larcombe confirmed that the Strategy Group would be reporting further on engagement with GPs.

ACTION: The Board approved the communications plan

Brand Development

D Hensley provided a brief summary of the Trust's brand positioning, including a summary of the process undertaken to date to obtain external and internal views of the trust, and the resulting recommendations. He highlighted the need to agree a name for the Trust once it was authorised as a foundation trust.

D Hensley explained that with regards to the brand positioning, the fact that the Trust is a university teaching hospital was not always reflected. He stated that proposal on projecting this extensively was reassuring patients that this was the best hospital to come to i.e. leading teaching hospital. He further stated that St George's was not currently mentioned as a leading teaching hospital and that the aim of the brand development would be to position the Trust alongside the top teaching hospitals.

Mr Bolam commented that the research budget for Imperial was £100m while St Georges was £3m; he stated that it was therefore a very ambitious aspiration for St George's to be ranked alongside Imperial in terms of research.

Mr Hensley summarised the options for names with pros and cons of each option. His recommended name was St Georges University Hospital NHS Foundation Trust.

The Board discussed the Brand proposal and Mr Scott stated that an articulation of the brand position should be emphasised. He agreed that a name would need to be considered prior to FT status, guided by the recommendation. Further to discussion, it was agreed that this would be considered further outside of the meetings and Mr Smallwood requested that feedback should be emailed to Mr Jenkinson. The board delegated authority to the chairman and chief executive to consider the options and the comments from the board and to agree a preferred option.

**C Smallwood /
M Scott
May 2014**

14.28 Performance report

The Board received the monthly performance report and Mr Bolam summarised performance for the reporting period. The Board noted improvement in the achievement of A&E and cancer standards, but noted that the trust would not achieve the year-end standard in either. The Board reviewed the actions being taken in respect of both areas of under-performance and agreed that the Finance and Performance Committee would continue to monitor progress.

Mr Bolam also highlighted concerns in the increasing RTT backlog. It was agreed that the controls in place to respond to this risk would be monitored by the Finance and Performance Committee meeting.

ACTION: The Board noted the report.

14.29 Finance report

Mr Bolam reported at the end of February, the Trust was showing a £4.687m actual surplus compared to the YTD planned surplus of £4.98m, therefore the Trust showed a £293k adverse variance to plan.

In February, the Trust was behind its monthly income target by £3,221k. Overall SLA income had over-performed for the YTD by £10.1m. Activity in month over-performed for Out patients, Exclusions and Bed Day activity but underperformed significantly for Elective & Programme activity.

The Board noted that there had been negotiations with the CCGs on end of year settlement. Mr Bolam highlighted a cash flow risk resulting in the trust not being able to pay NHS property bills, due to not receiving monies due from commissioners, specifically NHS England. Discussions were ongoing to resolve the issue and the board would be kept informed.

ACTION: The Board noted the report.

14.30 Chair Report Finance Performance and Investment Committee

Mr Smallwood gave a verbal report from the committee meeting held the previous day and confirmed that the above issues had been discussed in detail by the committee. He also noted that in respect of budget and financial performance, the divisions would be invited to attend the committee to review their respective gaps and mitigations.

ACTION: The Board noted the report.

14.31 Workforce report

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

Vacancy: Vacancy rate had decreased by 0.1% in the reporting period.

Turnover: The Board noted that the trust turnover rate increased by 0.3% in the reporting period.

Voluntary Turnover: The Board noted that voluntary turnover increased by 0.1% in the reporting period

Stability: The Board noted that stability had decreased in the reporting period by 0.2%.

Sickness absence: The Board noted that sickness absence increased by 2.6% in the reporting period.

Temporary Staffing Usage (FTE): The Board noted that temporary staff usage increased by 5.3% in the reporting month.

Staff Appraisal rate: Mrs Brewer reported that there was an increase of 1.4% in the number of staff who have had an appraisal in the past 12 months compared with previous month.

Mr Smallwood commented that with regards to the performance survey, there should be a column that compared with previous year.

**W Brewer
May 2014**

ACTION: The Board noted the report.

14.32 Workforce Chair Report

Mrs Pantelides presented a report from the last Workforce Committee meeting and highlighted discussions regarding support to be provided to the Trust in terms of pressures.

The Board noted the following key points discussed at the last Workforce Committee meeting:

Staff Survey: Mrs Pantelides reported that the staff survey results had been discussed at the last workforce meeting and key issues coming out of Listening into Action, which included bullying, stress and discrimination. The Board noted that workforce plans were in progress. Plans would continue to be monitored by the Committee.

Mrs Pantelides commented that there was a need to push the message out to the staff on how to get support and it was important for managers to provide support.

Mrs Pantelides informed the Board that she had challenged the executive's response to concerns regarding bullying and harassment, as she was concerned that proposals on what would be done to tackle this matter was not adequate and stated that more systematic and remedial actions would be appropriate. Mr Scott explained his earlier point that this matter was more about respect than bullying/harassment. Mrs Brewer summarised planned initiatives to tackle this issue and that their impact would need to be monitored and reviewed if necessary.

14.33 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.

Mr Jenkinson reported that he expected the CQC risk to be reduced once the CQC inspection report becomes available.

It was agreed that once the annual objectives are agreed, they would be risk assessed in order to inform the board assurance framework.

Mr Jenkinson reported that St. Georges would officially become the host Trust of South West London Pathology Services on 1st April 2014. As part of this process

the Trust was required to inform the CQC of these changes through an update to the Statement of Purpose to reflect this new arrangement. He stated that the updated Statement of Purpose was provided at Appendix 2. The Board was asked to approve the amendment to the statement of purpose reflecting the changes in light of the new South West London Pathology service. The statement of purpose would be subject to a much more detailed revision thereafter and would be presented to Board upon completion.

The Board noted that throughout quarter three, divisions undertook self-assessments of compliance across all wards and areas, using a standardised audit tool. These assessments informed a divisional declaration of compliance with the CQC standards. The divisional declarations were agreed at the Divisional Governance Board in January 2014 and are a quarterly requirement of all divisions going forward. Mr Jenkinson referred the Board to the report and highlighted key issues identified.

Mr Jenkinson reported a decrease in risks highlighted in the CQC intelligent monitoring report in conjunction with other external assurances; he stated that this provided a significant level of assurance around the Trust's compliance with regulatory requirements. There are also detailed action plans in place to address any concerns identified, as appropriate.

ACTION: The Board noted the report and approved the amendment to the statement of purpose.

14.34 Quality Governance Assurance Framework

Mr Jenkinson presented a revised quality governance assessment following an exercise to refresh the assessment previously completed in December 2012. This would be followed by a comprehensive assessment and a revised memorandum being presented to the Board at the next meeting.

ACTION: The Board considered the Quality Governance Assurance Framework and approved the self-assessment.

14.35 Audit Committee report

Mr Rappolt highlighted key points which the Audit Committee felt it needed to bring to the Board's attention based on its last meeting:

Further to the report in January the Committee had received an update on progress with respect to concerns over Fire Safety and Estate Maintenance. As far as the Committee could tell progress was now being made but follow up by Internal Audits at the end of March would confirm whether these areas are still issues of concern.

Following an update on cyber security the Trust would undertake a full cyber security risk assessment.

An Internal Audit of Incident Management at the Trust gave Reasonable Assurance – Significant Assurance on SIs but Limited Assurance on non-serious incidents. The committee felt that it was important that the Trust address non-serious incidents as all acknowledge that significant learning can arise from understanding “near misses”. It was therefore recommended that the Executive follow this up at the Divisional level and QRC will track progress.

Reasonable Assurance was obtained from Internal Audits of the Board Assurance

Framework and Risk Registers and on the Information Governance Toolkit and Significant Assurance for Information Governance Training Materials.

Following adverse events at Colchester General Hospital regarding Cancer Wait Data an Internal Audit of Cancer Waiting Data was commissioned for St Georges. No evidence was forthcoming that data had been manipulated and the audit found a culture in place that encouraged accurate reporting. However a review of the systems in place identified significant weaknesses that enabled data recording errors to be made. Overall Limited assurance was given. Improvements to cancer wait time systems are already in train and we were assured that the Trust is taking these changes seriously and that no patient safety issues arise. A follow up audit will be conducted later this year.

An Internal Audit of Patient Transport gave Reasonable Assurance. However Renal was excluded from the Audit as it is undergoing major change and the audit highlighted the need to extend the successful Service Improvement Programme to improve the discharge process and timeliness of patient transport booking within 6 Medicine Wards to other wards within the Trust. Particularly in the light of the Internal Audit of Discharge Summaries at 7 below we urge the Trust to undertake this rapidly.

An Internal Audit of Discharge Summaries gave Limited Assurance. This was particularly disappointing as discharge summaries are a CQUIN with circa £400k attached to them and they are a very visible to CCGs and GPs. In quarter 3, 12% of Merlin discharge summaries were either not done or not completed. 72% were sent electronically, within 48 hours to those GP practices signed up to receive discharge summaries in this manner against the 90% target. 10% of patients surveyed stated they did not receive a discharge summary on discharge. The quality of discharge summaries was variable with key details regularly omitted. Relevant controls were not effectively operating. Discharge summaries are a significant input to coding. The Medical Director has accepted the findings and recommendations of this report and will present a detailed implementation plan to the next regular meeting of the Audit Committee in September. In the meantime we recommend that the Executive urgently follow up on this report to ensure that discharge summaries are improved upon for the year 2014/15.

Reasonable Assurance was given for the start-up of the complex and important IT based Portal Project. We will continue with quarterly reviews of this project.

The Committee received a very satisfactory update from the Clinical Audit and Effectiveness Committee.

An Internal Audit of the Fundamental Financial Systems of the Trust gave Significant Assurance for 5 systems and Reasonable Assurance for another 2. This audit forms a major input into the External Audit of the Trust's financial accounts. The Audit Committee congratulated the Finance Department on this good result.

The Audit Committee reviewed the terms of reference and key performance indicators of the Internal Auditors.

The Audit Committee approved its Annual Report and next year's draft audit plan subject to minor amendments still to be made and delegated finalisation of them to the Chair. Both these documents will be presented to the May meeting of the Board.

ACTION: The Board noted the report.

14.36 Care & Environment Report

The Board noted the care and environment report.

14.37 Doctors Appraisal and Revalidation Update

The Board noted the update provided.

14.38 Education Report

The Board noted the report.

14.39 Use of the Trust Seal

The Board noted use of the Trust seal.

14.40 Questions from the public

Mr Edward Crocker commented that if the Governors are expected to scrutinise the financial position of the Trust, hard copies of the report should have been provided prior to the meeting.

Mr Crocker further commented on the ongoing discussions concerning workforce and enquired how often Mr Scott met and talked with staff around the hospital. Mr Scott responded that this was checked by the CQC and they came back with satisfactory feedback. Mr Crocker stated that staff were not aware who the key management staffs were. Mr Scott responded that with regards to appraisal, all management staff were required to do shop floor commitment; therefore he did not think it was accurate to say staff did not know key management staff.

Mr Scott responded to Mr Crocker's comment on hard copies of Board papers by stating that once the Trust go to Foundation Trust, this issue would be addressed with the Council of Governors to discuss necessary issues that would be carried forward.

14.41 *Date of the next meeting –*

The next meeting of the Trust Board will be held on 29th May 2014 at 1.00pm in H2.8 Boardroom.