St George's Healthcare NHS
NHS Trust

MINUTES OF THE TRUST BOARD

29 May 2014
H2.8 Board Room, 2nd Floor, Hunter Wing, St George's Hospital

Present:	Christopher Smallwood	Chair
	Mr Miles Scott	Chief Executive
	Ms Bernie Bluhm	Interim Director of Service, Delivery and Improvement
	Mr Steve Bolam	Director of Finance, Performance and Informatics
	Mrs Wendy Brewer	Director of Human Resources and Organisational Development
	Mr David Hastings	Interim Director of Estates and Facilities
	Dr Judith Hulf	Non-Executive Director
	Mr Peter Jenkinson	Director of Corporate Affairs
	Dr Trudi Kemp	Director of Strategic Development
	Professor Peter Kopelman	Non-Executive Director
	Mrs Kate Leach	Associate Non-Executive Director
	Ms Stella Pantelides	Non-Executive Director
	Professor Alison Robertson	Chief Nurse and Director of Operations
	Ms Sarah Wilton	Non-Executive Director
In attendance:	Dr Jeremy Cashman	Clinical Director
	James Taylor	Assistant Trust Secretary
Apologies:	Dr Ros Given-Wilson	Medical Director
	Mr Mike Rappolt	Non-Executive Director

14.52 Chair's opening remarks

Mr Smallwood welcomed all to the meeting. He noted that this was the last meeting for Professor Robertson before she left the Trust, having made a huge contribution during her time here, not least in raising quality, as evidenced in the Quality Report that was to be discussed later. Universally respected, Professor Robertson had also taken on the Service Improvement Programme in addition to her other responsibilities. On behalf of the Trust Board, Mr Smallwood thanked Professor Robertson for her efforts.

14.53 Declarations of interest

No declarations of interest were made.

14.54 Board Code of Conduct and declarations of directors' interests – annual review

Mr Jenkinson reported that, whilst any declarations of interest were made at the beginning of each Trust Board meeting, there was also a need for directors to make an annual declaration, which can be recorded in the Trust's Annual Report. Any amendments on the Register of Interests should be sent to Mr Jenkinson. In addition, there was an annual requirement to reaffirm a commitment to the Board's Code of Conduct, which incorporates the Nolan Principles of standards in public life.

Trust Board members

Action: The Board reaffirmed its commitment to the Board Code of Conduct and noted the Register of Interests.

14.55 Minutes of the previous meeting

The minutes of the meeting held on 27 March 2014 were approved as an accurate record.

14.56 Schedule of Matters Arising

Updates were received on one item on the schedule of Matters Arising:

14.27 Communication Plan and Brand Development

Mr Scott reported that discussions had been taking place about branding, particularly in the event of Foundation Trust status being achieved. There were many opinions about the way forward, with consideration needed for the link with St George's University of London, as part of a joint branding commitment.

As agreed at the previous meeting, the Chair and Chief Executive had discussed the options further and had agreed that the trust name should change to 'St George's University Hospitals' on authorisation as a foundation trust. Plans would now be developed to ensure appropriate governance processes were followed for the implementation of this name. It was also agreed that further discussions with the university would follow regarding an overarching name to represent the joint entity of the trust and university. A working proposal was currently 'St George's Health System'.

In response to Ms Wilton's point about Board members regularly engaging with their counterparts in the university, Mr Smallwood reported that the Partnership Board which was being set up would do much to achieve this aim. A joint board to board meeting with the university's council would also be arranged. **P Jenkinson July 2014**

14.57 Chief Executive's Report

Mr Scott presented his report to the Board and invited questions from Board members.

In response to Ms Wilton's question about the move of Wolfson rehabilitation services to Queen Mary's Hospital, Mr Scott reported that the transfer arrangements were still being planned, but delays had been caused through lack of engagement with both NHS Property Services and the Private Finance Initiative contractors involved. Mr Hastings reported his confidence that the transfer will have taken place by Christmas, affording the opportunity to re-use the space that is vacated at St George's Hospital.

In response to Ms Pantelides' question about the way the current governors have been handled since the need to re-run elections had come to light, Mr Jenkinson reported that he had met with all governors to explain the situation. The governors had then taken it upon themselves to write jointly to Monitor, requesting that they take a pragmatic view, particularly given the election costs involved. Mr Thomas Saltiel confirmed this, reporting that the letter of response was silent on the cost issue, which the governors had found to be not surprising, but disappointing. He believed that the governors had received the appropriate communications in the light of this turn of events. Mr Smallwood noted that currently all of the existing governors were expected to stand for election again in the rerun of the ballot.

ACTION: The Board noted the report.

Quality and Patient Safety

14.58 Quality Report

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

Infection Control

- *MRSA:* The seventh potential MRSA infection is currently subject to an appeals process - originally attributed to the community, but rejected by them as a contaminant was identified, which was as a matter of course attributed to the Trust, which took the blood culture. The panel had agreed that it was not an infection, but that it could be a transient bacteraemia; as a result, the panel chair had written to NHS England, proposing that a third way be added to the assessment options;
- *Clostridium difficile:* Close monitoring was taking place, as three cases had been identified in April, after an impressive start to the year;
- *Serious Incidents:* A concerning rise in SI had been detected, with no particular themes identified – the Head of Patient Safety is to investigate further;
- *Pressure Ulcers:* Whilst the report appeared to show an increase in pressure ulcers, there were some good news statistics – for example, the CQUIN for grade 3 and 4 pressure ulcers had been achieved, with the Trust achieving lower figures than the national average. There had been a focus on grade 2 pressure ulcers, some of which had been found to be incorrectly scored. A thematic review was carried out every six months, a full report of which was considered by the Patient Safety Committee (PSC) and shared with the Quality and Risk Committee (QRC);
- *Early Warning Score:* A robust audit plan was now in place, the results of which show an improvement on all indicators – there remained the need to ensure appropriate responses and activity are recorded in the relevant documentation;
- *Patient Safety Thermometer*: As part of this national initiative, the Trust had achieved harm free care results that exceeded the national average.

Patient experience

- *Complaints:* There had been a rise in the number of complaints of 31% during the year 2013/14. Informal liaison with other trusts had established that this increase was reflected elsewhere; an annual report on the topic in August would provide a wider picture, with further information to be included in the Trust's own Annual Report later in the year. The number of reopened complaints had decreased, as had the number referred to the Parliamentary & Health Service Ombudsman. Discussions had taken place with the divisions – particularly Surgery & Neurosciences and Children's & Women's – on the number of complaints received, with the aim now being to be back on track by the middle of Q2; monthly reporting now took place at Operational Management Team (OMT) meetings and reports to Patient Experience Committee (PEC) and QRC now including an overview, together with a divisional narrative outlining remedial work being done. Ms Wilton registered her approval in this change of reporting to QRC, as receiving an annual divisional report struck her as being insufficient for the committee's purposes.

  In response to Mrs Leach's question about the reasons for the increase in complaints, Professor Robertson expressed her view that criticism of the

NHS in the press has been a contributing factor. In terms of establishing the veracity of complaints received, each is thoroughly examined before it is referred to the appropriate team; both she and Mr Scott carefully scrutinise responses before they are sent out. Whilst some themes are apparent, there remained a real need for divisions to 'own' complaints and make the necessary changes to their working practices.

In response to Mr Rappolt's question (via e-mail, prior to the meeting) about the need to improve both the numbers of complaints and the rate of response to them, Professor Robertson noted that thematic analyses by care group, together with monthly reporting to both OMT and QRC will hopefully increase the level of assurance that the Board requires.

- *CQC inpatient adult survey 2013:* The Trust had maintained its position in relation to the survey taken the previous year, as will be discussed at the June meeting of PEC;
- *Day Case Survey 2013:* In response to Mrs Leach's question regarding the action plan that has been developed within the Surgery division, Professor Robertson reported that it would be for the day surgery unit to 'own' the plan; updates on the plan's implementation would be reported to the Divisional Governance Board, then as part of QRC's scrutiny of the division and with PEC reviewing any subsequent action plans;
- *Friends and Family Test:* Persistent failure in the Emergency Department in relation to responses sought was noted – again, there was a question of ownership, i.e. accepting responsibility to seek responses. Scores were good when they were given – a cultural shift was needed, as other trusts were able to demonstrate.

  In response to Ms Wilton's point about the use of volunteers, Mrs Hazel Ingram noted that responses needed to be provided anonymously. Dr Hulf wondered about the optimum time to ask the question; Professor Robertson was of the view that the best people to ask were doctors, but they had not yet embraced the concept.
- *Dementia carers' questionnaire 2013/14:* Good work was being carried out in relation to the provision to carers of information about dementia services and the sharing of feedback and good practice with partner agencies;

<u>Clinical Audit and Effectiveness (Patient Outcomes)</u>

- *National and local audits:* The Trust would not be participating in the National Diabetes Inpatient Audit for the next year, as there may be a local solution that is preferable; there will however be a full programme of local audits;
- *NICE guidance:* The audit team has worked well with the divisions in establishing the implementation status of NICE guidance;
- *Mortality:* The Trust continues to perform strongly, with both the summary hospital-level mortality indicator and standardised mortality ratio both being lower than expected.

Action: The Board noted the report.

14.59 Report from Quality and Risk Committee

Ms Wilton highlighted the following key matters discussed at the last Quality and Risk Committee meeting:

- An update was received from Nigel Kennea on medical equipment training - progress has been made but a further update has been requested in July to

ensure that all the actions agreed earlier on medical equipment training, maintenance, replacement are complete and we can be assured that all relevant safety and training processes are well embedded;

- An update from Tom Dewar was received on ward staffing and quality indicators - an excellent first analysis which enables ward managers and others to identify shortfalls and bank/staff usage. It is also being linked to quality indicators – pressure ulcers, falls etc, so will be very powerful. At present they are being gathered manually but it will become automated - Tom is providing a fuller update on Quality Information Function/Database at the next QRC seminar meeting on 26 June;
- Helene Anderson briefed the committee on the final SI report for the never event SI where a contributory cause was an operation offsite at Parkside where images were not available to the surgeon. We were assured that all actions are underway to reduce the risk of any recurrence. Tied to this is the work which Deidre Baker is progressing to ensure that we have all the necessary safety and quality requirements incorporated into our contracts with all offsite providers - focussing initially on Parkside and St Anthony's and then extending to other providers.
- Jacqueline McCullough reported back on all the new processes now in place to prevent a recurrence of the recent incident involving a fake medical locum;
- Complaints were discussed at length - both the very poor response times and also the overall numbers (also increased numbers for PALs). Surgery has continued to increase, which is very concerning. Professor Robertson has worked hard to get the divisions to deal with the backlog but QRC has now asked that complaints reporting should now be accompanied by a report from each division explaining what is being done to respond promptly and to detail themes and actions being taken to address concerns raised. Surgery is due to come to the next QRC seminar on 26 June and has been asked to address these concerns particularly.
- A briefing was received on a new never event, involving a retained throat swab. Great concern was expressed at the meeting, given how much emphasis has been placed on this risk and how thorough the procedures are now regarding swabs being tagged, listed and counted. QRC will wish to review this SI investigation report. The committee was briefed on recent and ongoing SIs, with concern expressed that two investigations were overdue; there was further concern about delayed reporting on one. The committee felt that the Board needed to be briefed earlier; there was also concern that Organisational Risk Committee (ORC) is reporting a continuing backlog of Datix incidents awaiting review;
- An exercise to analyse themes in SIs was orally reported but the report was not circulated to the committee until after the meeting. The committee will follow up on this;
- The committee reviewed the Board Assurance Framework (BAF) and the top associated risks, including the top divisional risks. There was considerable discussion about how effectively and fully all key divisional risks are assessed for inclusion on the BAF; the committee also identified some high IT and Estates risks which members thought should be elevated. This will be taken forward at ORC with Mr Hastings and Mr Jenkinson;
- Professor Robertson presented a paper outlining the very valuable and extensive work which has been done on setting safe staffing levels by ward and then to understand how safe staffing is being achieved, using permanent, bank and agency staff and taking into account training, sickness, leave, etc. This is very valuable work - lots to do to get it working well but it already provides an excellent tool for ward managers and also to identify

where some cost efficiencies can be achieved without any adverse quality impact;

Ms Wilton noted that the above comments reflected the reports back into QRC from Patient Safety Committee, Patient Experience Committee, ORC, Patient Reference Group and clinical governance groups. She reported that the next QRC seminar, to which all Board members were welcome, would consider the following:

- Cardiology RTT - reviewing how this is being addressed while at the same time reducing risk to long waiting patients – for example, one SI of a patient who sadly died waiting;
- Surgery quality and risk presentation, looking at complaints, SIs and associated learning;
- Tom Dewar update on quality indicators;
- Outpatients – quality report and an update on the improvement project;
- Mortality data update.

Action: The Board noted the verbal update.

14.60 Staffing establishment review

Professor Robertson reported that, following the Francis report on Mid Staffordshire, there had been an increased focus in the NHS on safe staffing levels in nursing and midwifery, with a requirement that Boards receive a report every six months. She thanked the Deputy Chief Nurse for the report now to be considered – setting establishments is complex but it has a significant impact on patient experience.

The report only focuses on 49 inpatient wards at St George's and Queen Mary's hospitals – there was a recommendation that other wards should be examined in a similar way in due course. Work has taken place with those on wards to achieve an increased understanding of establishment systems and to ensure that it becomes part of good housekeeping.

Professor Robertson stressed that, whilst some of the statistics in the report may appear alarming, in all the work that has taken place it is a fact that there are no wards that are not currently being staffed safely. Each ward establishment has been reviewed on an individual basis – no blanket rules have been applied.

Findings from the review include the existence of a gap between Whole Time Equivalents (WTE) and existing budgets of 137.59, albeit with nearly 50 WTE previously agreed. Getting establishments correct can drive down workforce efficiencies; with the press likely to investigate the amounts being spent in this area, this was a chance to convert Staff Bank posts into substantive roles.

A number of next steps have been identified, to ensure greater understanding of initiatives such as e-rostering. On levels of maternity leave, work is being done to create capacity by wards not operating as 'silos'; an opportunity exists to create an additional £118k of funding by standardising shifts, which is of itself a fairer system; in addition, better use of information is recommended.

Mr Bolam reported that budgets have been reset in the light of this review, with a reserve set aside – he believed that the gap mentioned in the report may not be of the size stated. It was correct to look at this ward by ward, allocating areas where the reserve might be employed, and ascertaining the level of shortfall – if

small, every ward would be expected to move to the new budget levels; if larger, there will be a prioritisation exercise. A report outlining the ways forward will be brought to the July Board meeting. **S Bolam / Chief Nurse**

In response to Ms Pantelides' question about whether this work taking place on the wards for the first time was the appropriate forum, Professor Robertson noted that this had to be a nurse-led piece of work, with more work required in some areas regarding education than others. The new Chief Nurse will naturally look at the work through a different lense and perhaps challenge in different ways.

In response to Ms Pantelides' point about sickness levels of 3.5%, Professor Robertson reported that the figures quoted were based on reality, although they could be revisited; Mrs Brewer added that the high level mentioned was to be examined in tandem with the previously mentioned work on maternity leave levels.

In response to Ms Pantelides' question about recruitment of the right staff, Professor expressed the hope that the correct recruitment will result in staff members wishing to remain as employees – retention was crucial.

Mr Scott believed that the arrangements were simple and clear – it was either to be accepted by the Board or not. It was important that it was built up from the wards, as well as to be considered by the Board every six months, with other work going on in parallel. All was driven by patient needs, data on which will improve in the fullness of time. This work was material more in terms of forward CIPs, rather than in relation to the current financial year.

In response to Ms Wilton's question on whether all wards have the information and tools that are necessary, Professor Robertson reported that it was more a question of staff knowing how to use the systems well. Surgery had so far proved to be the most efficient division – its efforts need to be reproduced across the Trust. She reported that the Corporate Recommendations include a note that ward budgets needed to be presented in a more understandable format.

Professor Robertson confirmed to Mrs Brewer that supervisory ward leadership was built into the system, as well as adherence to NICE guidance.

Ms Bluhm believed that, to recruit to the volume required, a considerable timeframe would be needed, during which normal housekeeping will be activated, with two systems running in parallel for a time.

Professor Kopelman believed that the resources involved in this process were challenging – there was a need in particular for divisions to be more radical in their approach to patient pathways. Professor Robertson agreed that triangulation needed to happen, as well as concurring with Mr Rappolt's suggestion (via e-mail, prior to the meeting) that development and implementation of an automated, ward-level nursing scorecard was essential and was on its way. SW and SB both noted that most scoring was gathered manually at present, which itself represented a challenge for the future.

In response to Mr Smallwood's question on the level of the current monthly overspend, Professor Robertson reported that cost savings will occur, as less is spent on Staff Bank. There will be an uplift in every establishment to deal with issues such as unplanned leave.

In response to Mrs Leach's question about accountability for the recommendations, Professor Robertson acknowledged that responsibility within Nursing and Midwifery will need to be assigned going forward.

Action: The Board noted the report and approved the proposed next steps in the establishment setting process.

14.61 Safeguarding Annual Report

Professor Robertson reported good progress in what had been a very busy year for the teams that work on safeguarding children and vulnerable adults. She noted that wider education was needed in relation to the deprivation of liberty principles contained in the Mental Capacity Act. Two learning disability nurses were being recruited on the SGH site to work with vulnerable adults; in addition, a submission regarding further recruitment for child safeguarding had been accepted. Training levels have also risen during the last quarter.

Action: The Board noted the report.

14.62 Quality Governance Memorandum

Mr Jenkinson advised that the Memorandum needed to be approved before being submitted to Monitor. The first Memorandum had been completed in November 2012, after which it had been validated by Deloitte, with a refresh taking place during 2013 and the actions flowing from that review being monitored by the Foundation Trust Programme Board. Most actions were concerned with embedding practices, such as quality inspections. This iteration of the Memorandum had been examined by the Executive Management Team, QRC and all board members had been involved in its development as part of a Board development session. The overall conclusion is an overall score of 2.5 – an improvement on the score of 3.5 given by Deloitte in their review in April 2013.

In response to Dr Kemp's question regarding the gaps in Board awareness of potential risks to quality, Mr Jenkinson reported that the CQC CIH inspection had made recommendations for the further development of divisional risk registers.

Mr Jenkinson concluded the discussion by noting that the estimated scores contained in the Memorandum were considered realistic.

Action: The Board approved the Quality Governance Memorandum.

Governance and Performance

14.63 Trust Performance Report

Mr Bolam reported that there was at present a process of agreeing targets with the divisions and capturing from the NHS Trust Development Authority (TDA) what their requirements will be.

Actual performance was fairly consistent: the ED under four hours waiting target of 95% was just being missed, at 94%, although adjusted counting added to the challenge. An improvement will be required during June – Mr Scott, Mr Bolam and Ms Bluhm were now meeting with the ED team fortnightly to address the issues.

Mr Bolam reported that monitoring will continue of 18 week Referral to Treatment (RTT) performance – it is treated as an exception, even though its target had been achieved.

Mr Bolam reported that the recent increase in patients waiting over 52 weeks is being examined by divisions, with reference to OMT. The 62 day Cancer wait rate was achieved in March, with a monthly Cancer Performance Review meeting providing the opportunity to raise any concerns.

In response to Ms Pantelides' question about whether a systematic way forward was in place, Mr Bolam reported that a new staff member had been employed to focus on our internal systems and the possibility of greater automation. A system will need to be created across the networks to address the more difficult question of patient visibility. In response to Mr Smallwood's question about assurance, Mr Bolam believed that the level of assurance that could now be given had increased, with more to be done in conjunction with other trusts and further changes within to be adopted.

In response to Mrs Leach's question about some red rated indicators that are seemingly intractable, in that they remain the same on every report, Mr Bolam reported that some are a genuine problem, such as ambulance staff issues and complaints. Mr Scott noted that the report only highlighted significant issues. Mr Bolam agreed to include amber indicators on future reports. Mrs Brewer added that workforce issues could be highlighted, but they are by their nature binary and therefore challenging. **Steve Bolam**

In response to Mr Smallwood's question about whether the Trust was in the process of improving its performance, Ms Bluhm noted that the current work with the ED team that had previously been mentioned would be continued and enhanced with a view to achieving an all systems approach throughout the Trust.

ACTION: The Board noted the report.

14.64 Finance Report

Mr Bolam reported that, despite a tough month, the planned target of a £1.8m deficit in month 1 had been achieved, with no surplus expected until September. The £0.8m achieved through reviewing VAT and other accruals was a one-off; income in the region of £250k was also missing from the Surgery division. This first month had demonstrated what the risks will be as the year continues.

The cash position was improved on previous months, but it will deteriorate in May because of the £9m that is currently owed to the Trust by NHS England. The phasing of the capital programme had made a good start, which also assists in managing the financial risk but could also be revised if necessary to adapt to changing circumstances. CIP targets were slightly down.

In response to Mr Thomas Saltiel's question regarding the money owed to the Trust by NHS England, Mr Bolam reported that it was hoped that a contract to make a part payment without prejudice might be agreed, but the NHS system to make this happen was particularly laborious; he noted that cash was available from the TDA *in extremis*.

Mr Smallwood believed that the Trust was in a tight position at present, but he was reassured that the executive team were very systematic in their approach to the challenges that were faced. He reminded Board members that loan applications remained a real factor in negotiating a way through the current issues; Mr Bolam added that the Trust would have to approach both the TDA and the ITFF before a loan could be approved, in addition to applying for the loan

itself.
Mr Hastings confirmed to Mr Smallwood the fact that, despite the challenging situation, capacity was to be increased in the medium term, with nearly 100 additional beds by February 2015.

In response to Ms Wilton's question about the capital programme, Mr Bolam confirmed that it would be reduced. Mr Hastings noted that the programme was in a dynamic phase, with a revised five year programme planned.

Mr Bolam requested that any further suggestions regarding the proposed financial model should be forwarded to him. **Trust Board members**

ACTION: The Board noted the report.

14.65 Workforce Performance Report

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

- The data provided includes information about safe staffing levels;
- As requested at the last Board meeting, data presented also includes a comparison with the previous year;
- Vacancy rate has increased by 0.6% this month, due in part to the transfer of of South West London Pathology staff, together with questions regarding run rates and the number of vacancies that have been placed on hold – Mrs Brewer noted that it was hard to see complete trends across 8,000+ staff;
- Voluntary turnover had decreased by 0.1% during the month – some analysis had been carried out, which identified the issue that 20% of staff leave during their first year. More qualitative analysis was required, together with some organisational development initiatives to address the issue.
- Sickness absence had shown some reduction, but it could not yet be classified as a downward trend. Each division had a CIP target to reach in relation to these levels;
- Mandatory training had remained static during the month – although Mrs Brewer was happier with the quality of data now received, this was an amber indicator, for which more work needed to be done;
- A decrease in the number of staff appraisals had led to the need to roll out a programme of linking managers' incremental progression to the appraisals they are required to conduct.

In response to Mr Smallwood's question about the high levels of voluntary turnover within five care groups, Mrs Brewer reported that Pathology was due to a change of personnel within the team; Dermatology and Lymphoedema, Inpatient Care Older People and Paediatric Surgery were all challenging areas, where work on a number of areas including addressing difficult management issues and combatting a lack of engagement was ongoing; the Information Directorate was of itself a transient group of staff members.

In response to Dr Hulf's question about the high levels of turnover within Medical and Dental, Mrs Brewer confirmed that the figures included postgraduates.

In response to Mr Smallwood's question about the high levels of temporary staff places that are not filled, Mrs Brewer confirmed that this was of concern, particularly in regard to safe staffing levels; however, it is usual practice to overbook, which is not removed from the system when the need fails to

materialise, and which in turn drives up costs.
Turning to the Ward Staffing and Quality Indicators Report, Mrs Brewer noted that the gap of unfilled duty hours was 13.51% of the total. This kind of reporting has driven housekeeping, through initiatives such as e-rostering; work needs to be done on overbooking, as mentioned previously, and there needed to be a greater alignment of rotas. The information produced will be uploaded nationally and then benchmarked, leading to the need for constant refining.

Professor Robertson reported that the Trust had chosen its own quality indicators – there was a possibility that these would not be approved at a national level; in addition, new NICE guidance will have other indicators to consider.

Professor Kopelman believed that, as the Trust's number of beds increases, so will there be a requirement to make further business cases regarding greater staff numbers.

In response to Ms Pantelides' question about continuing high voluntary turnover in Dermatology and Lymphoedema, Mrs Brewer acknowledged that there was a need to report back on outliers in a more meaningful way.

ACTION: The Board noted the report.

Workforce Chair Report
Mrs Pantelides noted that, prior to this meeting, her report on the last meeting of Workforce and Education Committee had been distributed. No issues were raised.

ACTION: The Board noted the report.

14.66 Compliance Report including Board Assurance Framework
The Board received the report, for information.

Mr Jenkinson reported that the risk in relation to the Better Care Fund was due to be reduced. He confirmed to Mr Smallwood that the risk of diminished quality of patient care as a result of Cost Improvement Programmes showed an increase.

In response to Mrs Leach's question about how the red workforce indicators were reflected in the board assurance framework, Mr Jenkinson explained that this report showed only the top four or five risks, with the entirety of the risks being shown on the full framework. He reported that all objectives are now to be risk assessed, with a report due to come to the July Board meeting. Mrs Brewer reported her view that workforce within the Trust was not an overly concerning risk.

Peter Jenkinson 31 July 2014

In response to Mr Smallwood's question about the amber ratings contained in the Care Quality Commission (CQC) acute rating heat map, Mr Jenkinson reported that the report included actions plan to remedy the two areas where the CQC had said that there was areas for improvement.

ACTION: The Board approved the report and the revised CQC Statement of Purpose, as well as approving the action plan in response to the Chief Inspector of Hospitals inspection.

14.67 Board Governance Assurance Framework (BGAF) Memorandum
Mr Jenkinson reported that the finalised document had been amended in the light

of discussions that took place at the Board Development session in May.

Mr Jenkinson accepted Mr Rappolt's point (made via e-mail, prior to the meeting) that there should be an action plan against point 1.2 – Balance and calibre of Board members – if it was to be given an Amber/Green rating. **Peter Jenkinson**

ACTION: The Board approved the BGAF Memorandum.

General Items for Information

14.68 Audit Committee – Annual Report and draft Work Plan
The Board received the Annual Report, for information.

Ms Wilton reported that the committee had been concerned about the limited assurance it had received in a Fire Safety report – there was more work needed to be done, with a need for a formal disclosure. Mr Jenkinson responded by reporting that Internal Audit were happy for this issue not to be formally recorded as a 'significant issue' within the Annual Governance Statement; the statement would however reflect the audit committee's concern about the level of non-compliance and that the risk would be escalated to Board via the board assurance framework.

ACTION: The Board noted the Annual Report and approved the committee's draft Work Plan.

14.69 Care and Environment progress report
The Board received the report, for information.

Mr Hastings believed that a scorecard in relation to cleaning standards should be included within the report going forward. Professor Robertson reported that the relevant data was already regularly considered by the Infection Control Committee.

ACTION: The Board noted the report.

14.70 Use of the Trust Seal
Mr Smallwood reported that there had been no use of the Trust seal since the last Board meeting.

14.71 Questions from the public
In response to a question from Mrs Hazel Ingram on snack boxes, Professor Robertson acknowledged that it was important that all staff on wards should have access to and be trained on the provision of snack boxes – the Nutrition Strategy Group was working on this.

In response to Mrs Ingram's question on the Never Event involving a retained swab, Professor Robertson reported that the event had been unusual in that the swab had been cut in half. Not all Never Events occurred in theatre – for example, dental incidents. Ms Wilton confirmed that the Surgery division was to report to QRC with its findings in relation to the incident. Dr Hulf believed that the same rigour needs to be applied to all such events, whether they took place in theatre or without.

In response to Mrs Ingram's question on private patient debt, Mr Bolam reported that there was a delicate balance to be drawn, so as not to appear intrusive, but

credit checks and possibility of advance payments being made were being investigated, in conjunction with bodies such as the Borders Agency.

In response to Mrs Ingram's question about the governors' elections, Mr Jenkinson reported that re-running the elections would cost in the region of £10,000. Mr Jenkinson confirmed to Mr Thomas Saltiel that Electoral Reform Services were to be used in the re-run of elections, rather than UK Engage who had conducted the first elections.

14.72 Date of the next meeting

The next meeting of the Trust Board will be held on 26 June 2014 at 10.30am in H2.5 Boardroom, 2nd Floor, Hunter Wing, St George's Hospital.