St George's Healthcare NHS
NHS Trust

MINUTES OF THE TRUST BOARD

31 July 2014
H2.8 Boardroom, 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
	Mrs Wendy Brewer	Director of Human Resources and Organisational Development
	Dr Ros Given-Wilson	Medical Director
	Ms Jennie Hall	Chief Nurse
	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
	Mr Eric Munro	Director of Estates and Facilities
	Ms Stella Pantelides	Non-Executive Director
	Mr Dominic Sharp	Deputy Finance Director
In attendance:	Mrs Sofia Colas	Divisional Director of Operations, Children and Women Diagnostics, Therapeutics and Critical Care
	Ms Joanna Haworth	Divisional Director of Nursing and Governance, Children and Women Diagnostics, Therapeutics and Critical Care
	Dr Andrew Rhodes	Divisional Chair, Children and Women Diagnostics, Therapeutics and Critical Care
	Mr Dominic Sharp	Deputy Finance Director
	Mr James Taylor	Assistant Trust Secretary
Apologies:	Mr Steve Bolam	Director of Finance, Performance and Informatics
	Mr Mike Rappolt	Non-Executive Director
	Ms Sarah Wilton	Non-Executive Director

14.122 Chair's opening remarks
Mr Smallwood welcomed all to the meeting.

14.123 Declarations of interest
No declarations of interest were made.

14.124 Minutes of the previous meeting
The minutes of the meeting held on 26 June 2014 were approved as an accurate record, subject to the following amendments:

It should be reported under 'Workforce Performance Report' that 42% of those

staff who leave the Trust do so within two years of joining, rather than 42% of all staff leave within two years of joining.

Ms Ingram's statement that the Frederick Hewitt ward was well-staffed again was a personal one, rather than one that arose from Patient-led assessments of the care environment (PLACE) – PLACE did not of itself include staff assessments.

14.125 Schedule of Matters Arising

It was explained to the Trust's Board members by Mr Jenkinson that in an e-mail sent to them on Tuesday 22 July 2014 they had been asked to approve in principle the actions of the Chief Executive and Chairman in approving and finalising and entering into the various documents and ancillary documents and related actions in connection with the Transaction pursuant to standing order 5.2 as a result of an urgent need to take advantage of highly advantageous loan terms offered by Amber which were available only until 31 July. If the Trust delayed consideration of the EPC Contracts and the Loan Agreement until the Board meeting on 31 July this would not allow sufficient time for Amber to complete its own internal approval processes for the loan. It was further explained to the Trust's Board members that the Chairman and Chief Executive had now taken such action and the documents relating to the Transaction had now been entered into.

ACTION: IT WAS RESOLVED that the Transaction would be in the interest of the Trust, and IT WAS FURTHER RESOLVED to ratify the actions taken by the Chief Executive and the Chairman in entering into the Documents and any other ancillary documents taking any other relevant actions in relation to the Transaction as referred to above. **Dominic Sharp**

14.126 Chief Executive's Report

Mr Scott presented his report to the Board and invited questions and comments from Board members. In doing so, he updated the report with a number of further points:

- *Call Centre:* This operational issue had arisen because of the merger of two call centres which, together with a number of staff leaving at short notice, had meant that patients were experiencing long waiting times before being able to get in contact. Sofia Colas reported that the division had instructed an external company, Cirrus, to deal with the fact that the number of calls during a month had risen from 30,000 to 35,000, with only one telephone number to call and one queue in operation. The average wait was now eleven minutes, when it should be around 30 seconds. The system Cirrus advocated to deal with the issue was a virtual platform or 'cloud' which would speed up the answering of calls and also provide useful call intelligence.

  Mrs Leach reported that she used to manage a call centre. In response to her question regarding staff numbers, Ms Colas reported that there was a four week training programme for new staff, which at present was not practicable. Mrs Leach believed that a bank of people to handle calls was necessary, as was the need to reduce the training time. Mrs Leach agreed to discuss the matter with Ms Colas outside of the meeting. **Kate Leach / Sofia Colas**

  Mr Scott and Mrs Brewer agreed that a staff bank area was needed to populate the call centre, including students amongst others. Mr Smallwood recalled that, when the merger of call centres was discussed, it was intended that it would lead to improvement – he remained sceptical about the new

system, noting that the importance of the issue could not be underestimated.

It was agreed that an update on call centre response times progress should be provided for the next Board meeting's Matters Arising schedule, with a substantive paper and discussion on a wider improvement plan to take place at the Board meeting in either September or October. It was further agreed that call centre performance statistics should be included in future Performance Reports for both the Board and the Finance & Performance Committee.

Sofia Colas 25.09.14 / 30.10.14

Steve Bolam

Professor Kopelman questioned the amount of detail about consultants, such as their contact information and names of secretaries, which was available for patients on the Trust's website. Mr Smallwood agreed, noting that additionally there was no way to rearrange appointments online.

- *SW London Collaborative Commissioning:* Mr Scott reported that the four acute providers had met, which had been chaired by Ruth Carnall. All were committed to the same understanding regarding sustainability in South West London, as well as agreeing that significant change was needed. A further meeting was to take place in September. NHS England had endorsed this principle of collaborative working. There was a need to ensure a common narrative regarding the case for change, together with an examination of creative solutions for particular pathways, such as a multi-specialty elective care centre.
- *Renal Redevelopment at St George's:* It was hoped that the business case for this capital development would be brought to the August Board meeting. It would propose either a replacement for the current facilities or joint working with Epsom and St Helier to enhance current provision. There had been discussions about a Surrey base rather than South West London, but the original timetable had not been followed – it was important that the correct way forward was identified.
- *Strategic Alliance with Kingston Hospital:* A great deal had been achieved since this partnership had been formed, including the South West London pathology service. The two organisations were still working together on projects around, for example, urology, but the infrastructure around the partnership had now been scaled back.
- *Listening into Action:* With events now being well attended and received, a LIAiSE Adviser had now been appointed, who would report to the Board regularly. The Friends and Family staff survey had been conducted in June – it seemed likely that this would be removed as a Department of Health requirement in the near future. The Trust had no benchmarks and low response rates, but in general it seemed that staff would rate St George's higher for the provision of treatment than they would as an employer.
- *Communications:* "24 Hours in A&E" had now completed filming, with advance sight of screenings to take place in September. The Trust had provided the backdrop to the publication of new NICE guidelines; in addition the Chief Nurse had recently been interviewed by Sky News.

Mr Scott also reported that the award of the South London Critical Care Operational Network was a vote of confidence in the Trust. Furthermore, the Trust was partnering a joint bid with Guys' and St Thomas' for the provision of one of around six NHS Genomic Medicine Centres that would be opened nationwide.

Mr Jenkinson reported that the results of the elections for the Council of Governors were announced on 28 July, with four changes from the results of the first election.

ACTION: The Board noted the report.

Quality and Patient Safety

14.127 Quality Report

Mrs Hall presented the quality report, noting that its new format gave sight of more high level performance than previously, as well as including new indicators on key areas of clinical risk such as dementia and end of life care.

Effectiveness Domain

Mortality and SHMI performance remain strong. The Consent Audit during the final quarter of last year indicated mixed results for completeness of documentation, with the division required to bring their action plans to Patient Safety Committee in three months' time. Progress had taken place in terms of NICE compliance.

Safety Domain

Whilst the trend for Serious Incidents had been consistent recently, the numbers have doubled over the last year. Greater openness to reporting may have contributed to the increase, but there were other drivers as well, such as the cluster of six incidents relating to failure to act on Adverse Test results, which of itself was a complex issue. The national threshold for Safety Thermometer performance had been raised, with the Trust's non-compliance remaining small.

With two MRSA bacteraemia cases and eleven C-Difficile cases reported to the end of Q1, the initial review had concerned itself with driving existing actions. There was a mixed picture regarding compliance; training rates also needed improvement. Significant activity in Paediatrics and Adults is taking place in relation to Safeguarding Adults. Assurance had been received via review of the Trust-wide Visitors Policy, but a wider review was anticipated. The training profile for Safeguarding Children needed improvement, particularly to ensure compliance at level 3.

Experience Domain

The report included two patient stories that were positive, together with some comments from NHS Choices regarding the Emergency Department and Outpatients. FFT performance had improved noticeably, with considerable effort being put in, such that the CQUIN had been achieved in Q1. A review of Complaints performance would take place in the next quarter, working with the divisions and the Complaints team.

Well Led Domain

The safe staffing return figures seem somewhat arbitrary. In the light of NICE guidance regarding Red Flags, there was a need to review the Trust's processes.

The first iteration of the ward scorecard, with a need to strengthen the KPI framework. It was beneficial that ward managers should have sight of the scorecard, including feedback on audits that took place.

In regards to Mortality, Dr Given-Wilson reported that, whilst the Trust remained

low, some signals had been investigated, as Dr Foster signals included other fractures and intracranial injuries. There were some issues regarding case mix, as well as self-harm, but the review by the Mortality Monitoring Group had not identified any significant issues. Work was continuing to ensure that every death was reviewed proportionately.

Ms Hall reported, in response to a question from Mr Smallwood, that whilst the trend in SIs was up and there remained a need to conduct a review, that it was not a cause for serious alarm. Dr Given-Wilson reported that the number of Maternity SIs had been reduced, with clusters being addressed where they arose. Professor Kopelman noted that it was helpful to examine the areas where SIs were being identified, drilling down via the heat map.

It was agreed that both positive and negative patient experience stories should be included in the report; no white script on a black background should be used, as it was difficult to read. **Jennie Hall**

In relation to the two MRSA cases that had been reported, Ms Hall noted that the first had involved a renal patient with a long association with St George's – a number of learning points had been identified, with the division involved now being clear as to the issues and actions that were necessary; the second incident was undergoing a root cause analysis.

Mr Munro noted that the information regarding Complaints needed to be enhanced by the information posted on the NHS Choices website – for example, recent issues involving the Trust's childrens' play area. Ms Hall agreed that the PALS and Complaints team should flag with the Estates and Facilities directorate when issues are reported, rather than reliance being placed on the information posted on the NHS Choices website. **Jennie Hall**

In response to Dr Kemp's question regarding an improvement in FFT responses in the Emergency Department, Ms Hazel Ingram reported that two bank staff had been used to increase the number of responses. Ms Bluhm felt that a dedicated resource was appropriate.

In response to Mrs Leach's question about the breakdown of complaints in terms of subject and department, Ms Hall reported that greater assurance was needed to ascertain that appropriate remedial actions were being taken. She reported to Ms Pantelides that the broad categories in the table were those prescribed by the Department of Health.

In response to Mr Rappolt's question (via e-mail, prior to the meeting) about the number of wards that failed the June safe staffing test, Ms Hall reported that an answer was not available, as a ward does not fail the test *per se*. Internal alerts had provided limited assurance; during June there had been five alerts, three of which were related to community services and two in Paediatrics – one of these remained open to challenge. It was agreed that the number of alerts received should be included in future reports. **Jennie Hall**

Professor Kopelman felt that there was a correlation between the number of complaints in Paediatrics and staff numbers.

Following a suggestion from Ms Pantelides, it was agreed that the Heatmap Dashboard should include indicators relating to vacancy/turnover rates, as well as narrative explaining any red indicators. **Jennie Hall**

In response to Ms Bluhm's point about the need to engage with senior nurses on wards, Ms Hall reported that this had begun, with discussions about seven day working, for example.

Dr Given-Wilson reported that the medical staffing workforce group now had a Trust-wide focus, with input now in divisional business plans. Several standards were in place, not all of which were uncomplicated and therefore had yet to be reached. Mrs Brewer felt that further work was required to pull together all new staffing data for the Board in a meaningful way.

ACTION: The Board noted the report.

14.128 Report from Quality and Risk Committee

Dr Hulf highlighted the following key matters discussed at the last Quality and Risk Committee meeting:

- A discussion had taken place regarding patient safety, especially SI report, which was linked to thematic analysis, which focused on staffing, communications and handover issues. The latter had also featured in feedback received during the most recent Patient Safety Week, together with availability of medical equipment;
- The Committee had been of the view that the requirement to act upon adverse test results needed to be an integral part of induction for clinicians;
- An update on consultant ward rounds had been considered – a further report was requested for six months' time, highlighting barriers to improvement and the benefit of senior input on ward rounds, as well as judging how to measure improvement by triangulation of information;
- A discussion on discharge had taken place, with the appointment of a Darzi Fellow hopefully leading to improvement; Ms Hall noted that work in nursing should also assist;
- A complaints performance report had been considered, which had shown a need for learning, together with benchmarking against other trusts.

Several Board members agreed that further drilling down into complaints was necessary, looking at methods of providing feedback – including, for example, Patient DVDs – and not only the speed of dealing with complaints but the quality of the response. Ms Hall reported that the Annual Complaints Report would be brought to the next Trust Board meeting.

Jennie Hall 28.0814

Action: The Board noted the report.

14.129 Nursing and Midwifery Establishment Review: Review of Progress

Ms Hall reminded Board members that a comprehensive discussion on this issue had taken place at their May meeting, with a number of recommendations being agreed. The changes were, however, taking longer than anticipated because of staff changes, but there was now a timetable and action plan in place. There was a huge work programme, with relatively short timescales attached to it. This included a project for inpatient work in support of the divisions, which was being coordinated across the Trust. The budgetary position would be finalised within the next two weeks.

In response to Mr Smallwood's question regarding the financial implications, Ms Hall responded that work was ongoing with the divisions to establish the effects, amount of savings and the ability to balance figures.

Professor Kopelman said it would be helpful to hear what learning had been taken on board from past experience and how it would affect the future recruitment strategy. Ms Hall stated that a clear picture was needed by the end of August, that covered the next two years, rather than one. Ms Pantelides and Mrs Brewer confirmed that this emerging issue was to be discussed at the September meeting of the Workforce and Education Committee.

Action: The Board noted the report.

Strategy

14.130 Divisional Presentation – Children & Women Diagnostics, Therapeutics and Critical Care

Dr Rhodes gave a presentation to the Trust Board on behalf of the division. The presentation is appended to these minutes.

In response to Mrs Leach's question about the key issues for the division, Dr Rhodes responded that they were as follows:

- Corporate Outpatients Service, which faced great challenges due to the increase in volume, infrastructure not being fit for purpose, issues with the delivery of medical records and loss of key staff at short notice;
- Lack of capacity in Critical Care and Maternity;
- Staffing and leadership/governance issues.

Dr Kemp and Ms Bluhm agreed with Dr Rhodes that the Critical Care capacity question was a 'red' issue for 2014/15, that was yet to be resolved but would ultimately lead to a compromise having to be made.

In response to Ms Pantelides' question about leadership gaps, Dr Rhodes responded that they were in Paediatrics and Outpatients. Ms Haworth was working with both departments, providing management support and also linking it with the Service Improvement Programme. Strategic financial management was required, as were research leads.

In response to Professor Kopelman's question about linking the integration agenda to community services, Dr Rhodes reported that this was partially in place, also some streamlining was still to be done. The commissioners wanted a unified position – an update was to be provided to Executive Management Team shortly.

In response to Mr Scott's question about imaging, Dr Rhodes reported that MRI usage was increasing, making an imaging strategy necessary. Dr Given-Wilson was chairing the project group, which was looking across the whole Trust.

In response to Mr Scott's question about Maternity, Dr Rhodes reported that it was a high quality unit, but its physical state necessitated a cap on admissions. With Kingston Hospital aiming to be a future competitor, there was a need to ensure financial viability. A business case for an increased space to cover ante-natal care would be made shortly.

In response to Mr Smallwood's point that the cap that had been introduced was not being reached, Dr Rhodes reported that the act of placing a cap sent out a message to GPs and local commissioners. Demand was there, but a marketing

strategy was needed to achieve success in that market.

Ms Hall believed that Maternity was as much about a woman's choice as it was about capacity. In response to her question about whether the division was confident it could improve the staffing situation in Paediatrics, Ms Haworth reported that August would be challenging because of annual leave and vacancies. The new starters arriving in September needed to be made to feel part of the team; with other developments in the division as a whole, there was a need to make it feel an attractive place to receive treatment. Dr Rhodes added that there was also a need to ensure the medical side of the department was working properly – looking at the governance of Paediatrics as a whole.

ACTION: The Board noted the presentation and thanked Dr Rhodes, Ms Colas and Ms Howarth for their contributions.

14.131 Annual Plan and Objectives 2014/15 – Quarter 1 Monitoring

Dr Kemp noted that the report had a new format. She highlighted a number of items contained with the report and elsewhere in the Board paperwork:

- Aligning bed capacity to meet patients' clinical needs – progress had been made, with Lengths of Stay reducing;
- A theatre plan was now in place to meet patients' clinical needs;
- Tertiary income was broadly on track, as was Community Adult Health Services;
- Progress had been made in relation to the Frailty Pathway;
- Constructive working with the commissioners had taken place in relation to the Better Care Fund, but they had been required to re-submit their plans, work on which was ongoing;
- The Trust was yet to reach where it needed to be in terms of the Critical Care Plan;
- A joint partnership with Macmillan was planned in relation to Cancer Services;
- Progress had been made regarding Education and Training across the Trust;
- Implementation of South West London Pathology had been successful;
- A contract for the development of a private patients unit needed to be finalised.

In relation to Mr Smallwood's question about theatre capacity, Ms Bluhm reported that staffing issues were a major contributing factor. Two pieces of work were being carried out – looking at a change to the arrangements for inpatient sessions, as well as increasing the length of theatre shifts. Mr Scott added that Chloe Cox, Divisional Director of Operations for the Surgery division, had agreed a framework to set out the required number of sessions, the production of a detailed month by month plan, key risks and the mitigations in place to address them. This framework would be considered at the next meeting of the Finance & Performance Committee.

Ms Bluhm reported that the release of 20 theatre hours per week was achieved in Q1, despite the fact that this action was not in divisional plans; Mr Smallwood noted that the divisional financial plans assumed that the capacity plan would not be entirely successful.

Mr Munro reported that, as part of the theatre capacity work, a short term solution was the moving of the first floor restaurant into the university, between Grosvenor and Hunter wings, which would free up theatre space in Lanesborough wing.

ACTION: The Board noted the report.

Governance and Performance

14.132 Trust Performance Report

Mr Scott reported that overall performance was strong, which was an important message to be disseminated. Some escalations had been necessary: ED had delivered the required standard for June and thus for the first quarter, but a quirk in NHS England's quarterly reporting periods resulted in a misalignment. The department had absorbed challenging measurement changes, which made reaching the 95% target more difficult; it could not yet be said that the target was being achieved comfortably. In addition, the Infection Control escalation had resulted in a twelve month period of improvement.

The number of cancelled operations had met the approved standard, thus ensuring quality and patient issues were addressed. In terms of RTT the standard was also being met, although there remained issues in ENT, Cardiovascular and Cardiac Surgery; the national system resilience initiative would begin on 1 August, with additional work being agreed as necessary for those three areas.

Mr Scott also reported an escalation in relation to the two week wait target, caused by pressures on the service – the Finance & Performance Committee had sought reassurance from the division that this was a 'one off.'

ACTION: The Board noted the report.

14.133 Finance Report

Mr Sharp reported that the Trust plan was for an annual surplus of £6.9m. A £600k surplus in Month 3 showed that the Trust was on trajectory, with a planned deficit in the first two months of the year, due to fewer working days, plus the CIP programme being weighted towards the end of the year.

In terms of divisional performance, the £2.2m deficit was caused by overspends in some clinical directorates, which were counteracted by favourable central budget figures, together with some 'one off' benefits such as VAT. The annual CIP target was £45.2m; the year to date figure of £6.6m being achieved was £150k adrift, with £6.4m RAG rated red, £16.4m amber and £19.9m green. With a plan to reduce the gap whereby divisions will control their overspends, it was intended that the CIP plan will deliver by the year end.

Mr Sharp reported that the capital programme was double the size of last year's. Spending was on target for the month, although there was an overall underspend – this was subject to monthly review, with an expected annual underspend of £600k.

In response to Mrs Leach's question about the call centre, Mr Sharp agreed to check whether the change of call centre provision had been budgeted; Mr Scott noted, however, that it was not a capital item, although evidently its cost needed to be quantified.

Mr Sharp reported that the actual cash balance was £10.4m, due in part to the

monies unpaid to the Trust by NHS England - £2m had been paid during the last month. An escalation meeting was due to take place with NHS England on 1 August, as 95% of the outstanding amount was payable.

Report from Finance and Performance Committee
Mr Smallwood reported that, at the last Finance and Performance Committee meeting, there had been a discussion regarding discharge processes, with agreement that a systematic approach was needed. The committee had considered that, in terms of financial risks, the Trust could manage the size of deficits. In terms of the Performance Report, the question of the root cause analysis of the MRSA incident had been discussed; the committee had been assured that the breast unit issue was caused by temporary staffing problems; it had been noted that ED had achieved its targets, thus having improved by 2% over the course of the last twelve months.

In addition, on the Finance Report, the committee had registered its concern regarding the divisional positions, especially that of Surgery. There was an expectation that the red ratings would become green as part of the cost reduction programme. The Trust's cash position was also of concern, which needed to be escalated. Mr Munro noted that, in relation to the capital budget, there was confidence that the expenditure would take place during the course of the year.

Mr Munro reported that there was a need to continue investment in ventilation and air conditioning systems, resulting in a more significant renewal programme for infrastructure. Ms Hall reported that the committee had also discussed the potential risks around the replacement of medical equipment; Mr Munro mentioned diagnostic excellence centres as a way of achieving greater efficiencies, rather than merely replacing items that no longer function. Dr Given-Wilson reported that contingency was available and that the situation was constantly monitored.

ACTION: The Board noted the report.

14.134 Workforce Performance Report
Mrs Brewer reported that, at its next meeting, the Workforce and Education Committee would be considering which were the real risks that needed to be highlighted to the Board, to be included in the next iteration of this report. She highlighted a number of points:

- There had been a change in the staffing profile, caused largely by the instigation of South West London Pathology;
- Vacancies were expected to increase because of a number of factors such as staffing establishments – some vacancies were intentionally high, such as where redeployment of staff takes place rather than redundancies. There was a need to coordinate all nursing recruitment plans;
- Turnover was a key concern, as was the case in many other trusts, with much movement in Band 5 nursing. This multi-factorial issue needed to be addressed, with further support for managers and encouraging permanent rather than temporary recruitment;
- The drop in Stability was a concern, although the decrease was gradual;
- Some progress had been made in terms of sickness, but a trend had not yet been established;

- Work was ongoing with partner trusts to manage the significant rise in agency staff costs;
- A programme of work had begun to increase the number of Bank staff
- Mandatory training had seen some progress; analysis of the effective of face to face training was also being carried out;
- Appraisal rates in the Medicine & Cardiovascular division, at 86.3%, was impressive, due largely to leadership, but there was less achievement elsewhere in the Trust – as a result, it had been agreed that divisions could input their own appraisal data. From September, Band 7 staff's increments were linked to their conducting the majority of their appraisals.

At Mrs Leach's suggestion, it was agreed that a staff training checklist should be provided to those conducting Quality Inspections. **Wendy Brewer**

In response to Dr Hulf's point about revalidation targets, Dr Given-Wilson reported that a paper on the subject would be brought to the next Board meeting. **Ros Given-Wilson**

In response to Mr Rappolt's question (via e-mail, prior to the meeting) about the decrease in non-medical appraisal rates, Mrs Brewer said that there was a need to move to an electronic system.

ACTION: The Board noted the report.

Report from Workforce and Education Committee
Mrs Pantelides reported that, at the last meeting of the Workforce and Education Committee, discussion took place on the fact that, now that benchmarking had been carried out, there was a need to make use of the fact in marketing strategies that St George's incorporates a teaching hospital. In looking at KPIs, it was acknowledged that Bank/Agency spend was significantly higher than elsewhere, making it necessary to carry out additional work with Finance and Human Resources.

In terms of the Staff Support Service Annual Report, work stress had been discussed, with report providing some interesting insights. Many staff brought stress with them into the workplace; additionally tensions at work arose because of issues with managers in relation to support, clarity of roles and responsibilities and conflicts between colleagues. Ms Pantelides report that the service provided counselling; Mrs Brewer added that they also provided mediation and manager coaching. Ms Pantelides also reported the need for more leadership development – as a result, a new Assistant Director of Human Resources would be appointed, to develop managers.

Ms Pantelides reported that a report on culture had been considered, where it was apparent that the Trust's values are ingrained – it is obvious where that was not the case. A trend was also debated at the meeting, whereby neighbouring trusts' staff work as temporary staff here, and vice versa, which was profitable to those concerned but represented a risk to the Trust and the wider South West London health economy.

ACTION: The Board noted the report.

14.135 Research Board update
Dr Hulf reported that it had been agreed that this report would come to the Board

three times annually. The Board had met twice thus far, with the purpose of collating and overseeing the Trust's research strategy, as was mentioned in the Chief Executive's Report. It was hoped that divisional management membership of the Research Board might be achieved going forward.

Performance on research KPIs showed a very positive trend; the recruitment target was, however, more challenging. The Trust will be on course to achieve National Institute for Health Research targets.

Ms Hall questioned where the focus on non-clinical research within the Trust takes place.

ACTION: The Board noted the report.

14.136 Risk and Compliance Report including Board Assurance Framework

Mr Jenkinson noted that the report included extreme risks and any that were new. The question for Board members was whether any of the risks identified needed any amendment, based on assurances received during this meeting.

Mr Jenkinson reported that a full report on Fire Safety would be brought to the August Board meeting. **Eric Munro 28.08.14**

Mr Jenkinson reported that the ICT risk that had been identified was short term and related to warmer weather. The risks that were yet to be evaluated came from different sources and were cross-divisional, such as medical equipment; other issues included the call centre that had been discussed earlier.

In response to Mrs Leach's question regarding Ebola, Ms Hall reported that Infection Control plans were in place to deal with any incident. Mr Jenkinson added that it was a risk, but not a likelihood.

Mr Jenkinson reported that the Trust was committed to publishing a thematic review of Quality Inspections – this had been discussed at QRC, with follow up to be taken forward.

ACTION: The Board noted the report.

14.137 Board certification statements

Mr Jenkinson reported that each statement had been assessed – these amounted to proposals for Board members to approve, according to the level of compliance they feel they have received assurance upon.

It was proposed that they were all agreed with the exception of the statement relating to targets that are in Monitor's Risk Assessment Framework. Mr Scott noted that, when the most recent data was incorporated, assurance would be achieved.

Mr Jenkinson agreed to brief Ms Hall about any gaps in knowledge of sources of assurance outside of the meeting. **Peter Jenkinson/ Jennie Hall**

General Items for Information

14.138 Use of the Trust Seal

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

14.139 Questions from the public

Ms Hazel Ingram reported that she and friends had had similar experiences of lengthy waiting times before Trust telephones were answered. Mr Scott explained that it had been agreed earlier in the meeting that an update would be provided to the next Board meeting, with a discussion on a wider improvement plan to take place at a Board meeting later in the year.

Ms Ingram added that she had previously received letters when she had cancelled appointments, with an implication by the Trust that she had not informed staff of her non-attendance. Mr Smallwood agreed that a fundamental look at patient communication by the Trust was absolutely necessary.

14.140 Any other business

There was no other business.

14.141 Date of the next meeting

The next meeting of the Trust Board will be held on 28 August 2014 at 10.30am.