

MINUTES OF THE TRUST BOARD

28 August 2014

H2.5 Boardroom, 2nd Floor, Hunter Wing, St George's Hospital

Present:	Mr Mike Rappolt	Non-Executive Director (Chair)
	Mr Steve Bolam	Director of Finance, Performance and Informatics
	Dr Ros Given-Wilson	Medical Director
	Ms Jennie Hall	Chief Nurse
	Mr Peter Jenkinson	Director of Corporate Affairs
	Dr Trudi Kemp	Director of Strategic Development
	Professor Peter Kopelman	Non-Executive Director
	Mr Eric Munro	Director of Estates and Facilities
In attendance:	Miss Jacqueline McCullough	Deputy Director of Human Resources
	Ms Alison Ludlam	Divisional Director of Nursing and Governance, Community Services Division
	Mr Dominic Sharp	Deputy Finance Director
	Mr James Taylor	Assistant Trust Secretary
Apologies:	Mrs Wendy Brewer	Director of Human Resources and Organisational Development
	Dr Judith Hulf	Non-Executive Director
	Mrs Kate Leach	Associate Non-Executive Director
	Ms Stella Pantelides	Non-Executive Director
	Mr Miles Scott	Chief Executive
	Mr Christopher Smallwood	Chair

14.151 Chair's opening remarks

Mr Rappolt welcomed all to the meeting, noting that this was a meeting in public rather than a public meeting – there would be an opportunity for those in attendance to ask questions at the end.

14.152 Declarations of interest

No declarations of interest were made.

14.153 Declarations of directors' interests – update

Mr Jenkinson reported that the report was for Board members to receive and to note. A review of directors' interests usually took place annually; however, a number of recent Board changes meant that an interim review was now appropriate.

Action: The Board noted the Register of Interests.

14.154 Minutes of the previous meeting

The minutes of the meeting held on 31 July 2014 were approved as an accurate record, subject to the following amendments:

Andrew Rhodes' title was 'Dr' rather than 'Mr'.

James Taylor

The presentation by the Children & Women Diagnostics, Therapeutic and Critical Care division should be appended to the minutes.

James Taylor

14.155 Schedule of Matters Arising

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

In response to Ms Wilton's question about the compromise that would need to be made in relation to Critical Care capacity, Mr Wilson confirmed that the meeting to discuss the issue had been postponed; Dr Kemp added that it seemed likely that, when that meeting did take place, differing positions regarding resolution would need to be aligned.

Risk and Compliance Report including Board Assurance Framework

In response to Ms Wilton's point that a thematic review of Quality Inspections had yet to be discussed by the Quality and Risk Committee (QRC), Mr Jenkinson reported that a first draft had been presented at the July meeting. A session with patient representatives would discuss Quality Inspection processes and transparency, after which he would discuss the matter with Ms Hall before the results of the review were given to QRC. Ms Wilton requested that themes that had already been identified be included in the review; Dr Hulf noted that triangulation of the data that was received was also necessary.

Workforce Performance Report

It was agreed that clarification should be provided to Board members at their next meeting on the move to an electronic system for non-medical appraisal rates.

Wendy Brewer

14.156 Chief Executive's Report

Mr Jenkinson presented the report to the Board and invited questions and comments from Board members. In doing so, he further updated the report:

- *Call Centre:* Between week commencing 4 August and week commencing 18 August, the number of abandoned calls had fallen from 64% to 30%, the mean response time had gone down from 15 minutes to 4 minutes and the longest waiter had had to wait 29 minutes – down from 55 minutes. The total number of calls had reduced during the period; Mr Wilson continued to work with the division to ensure improvements continue.

Mr Rappolt felt that the situation, even with these improvements, remained unacceptable and unprofessional for a hospital – he recounted an incident where a patient using an internal telephone within St George's Hospital had had to wait more than 60 minutes before receiving a response. He was of the view that the call centre needed to be a corporate function, rather than under the auspices of a particular division. The Board needed to see a genuine plan to reduce the figures as a matter of urgency – if necessary, external advice should be sought. Ms Wilton agreed with Mr Rappolt – she asked when the statistics would be in a satisfactory state.

Mr Wilson reported that the plan to improve was being implemented, in terms of recruitment, technological improvements and co-locating of the service, in order that both teams were in the same working space. Two new steps were to be taken during the following week: (i) a menu system for callers, which may reduce waiting times by 25%; and (ii) staff training time is to be reduced significantly, which will also result in greater capacity. Mr Wilson noted that

there were advantages to the service being situated within a division, as it made it easier to work with other clinical teams.

Mr Bolam confirmed to Mr Rappolt that call centre statistics would now be included in the Performance Report for the Board. In response to Mr Rappolt's question regarding online appointment booking, Mr Wilson reported that there was some functionality regarding requests, but that it was not yet being used to its fullest extent. More use of the Choose and Book electronic referral service by GPs and patients to directly book appointments could assist the Trust, although the Choose and Book system would be replaced nationally in the medium term. In response to Ms Wilton's question about whether the telephony provider was meeting its contractual obligations at present, Mr Wilson reported that the issue was with the Call Booking Service, rather than main reception; all functionality needed to be employed before other providers might be considered. The Telephony Manager understood well the challenges that the service faced; the divisional team remained very focused.

Ms Hall reported to Mr Rappolt that the Complaints and PALS teams reported high numbers of contacts from people dissatisfied with the call centre service.

It was agreed that a Call Centre action plan should be provided to Board members within two weeks, that the issue should be a substantive agenda item for the next Board meeting and that an update on progress should be included in the Chief Executive's regular briefings to non-executive directors.

Martin Wilson
Peter Jenkinson
Miles Scott
11.09.14

Ms Wilton requested that the 'By George!' newsletter be circulated to non-executive directors.

Peter Jenkinson
ASAP

ACTION: The Board noted the report.

Quality and Patient Safety

14.157 Patient DVD – Cathy's Story

Ms Hall presented a Patient Safety DVD which consisted of an interview with a female patient who had agreed to provide feedback on the care she had recently received from the Trust, at St George's Hospital.

Ms Hall reported that the incident that had been recounted had been potentially life-threatening. It had taken place in a satellite area, where no substantive team were in place at the time.

Dr Given-Wilson reported that Drug X should be used infrequently because of the ability to override its failsafes, and certainly not for the administering of insulin. Staff training had now been increased, as well as there being regular audits with feedback provided to local areas. In response to Dr Kemp's question about pumps that did not contain the drug, Dr Given-Wilson reported that that would constitute a potential patient safety risk, as the pump in question was one that might be needed at any point.

Ms Hall added that both existing and new staff were tested to ascertain their knowledge levels, with existing staff proving challenging and often requiring further support – there was often, for example, a real issue in calculating the mathematical skills of staff in terms of gauging doses. Whilst acknowledging that

a mix of substantive and temporary staff was optimal, Ms Hall agreed to check whether the staff member who had administered the insulin was an agency nurse or a full time member of staff. She also reported that agencies used are part of a governance framework of their own.

Jennie Hall
25.09.14

Professor Kopelman reported that NICE guidance stipulated that clear instructions should be in a patient's notes on such matters at the point of admission – clearly there had been errors in processes in this case.

Ms Hall confirmed to Mr Bolam that a library of these patient stories on DVD was available for viewing.

ACTION: The Board noted the presentation.

14.158 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 remained strong, as were the majority of indicators for the National Audit for Head and Neck Cancer. The report listed the findings and actions following the National Cardiac arrest audit; NICE compliance was well sighted within the Trust, with work ongoing to address and instances of non-compliance.

Safety Domain

Investigation work was continuing into the rise in Serious Incidents, with no trends identified as yet, although increased reporting may be a driver. Four reports during the last month concerned failure to act on test results, with a formal review to be conducted by the Medical Director. The outcome of the review of Deaths in Custody at HMP Wandsworth would be reported on completion. There was a decrease in Safety Thermometer performance, as well as a failure to reach the increased national standard of 95% harm free care. A review of the pressure ulcer profile was to take place within community services. Focus is being placed on existing actions to deal with MRSA and C-Difficile, with divisions reviewing their performance and attempts to increase training compliance rates. Increased safeguarding work was reported, with the Trust involved in a number of Serious Case Reviews and Level 3 training rates increasing.

Experience Domain

The Patient Stories contained in the report had two divergent care experiences. Improved FFT performance in ED continued, although a lower satisfaction score during the month was reflected in the number of ED complaints during the month. Performance in complaints overall was of concern, particularly in relation to response times.

Well Led Domain

The third safe staffing return was included in the report, with processes to improve data quality assurance continuing and safe staffing alerts now being included in addition.

Ward Heatmap

This now included vacancy turnover, with some wards now being identified as having specific issues and a need to implement appropriate escalation processes.

Jennie Hall
25.09.14

Ms Hall agreed to include a case study in the report to show the stages of how a complaint was managed and addressed. It was also agreed that the staffing return wording needs to be in a larger type so as to be legible.

Ms Hall reported that a recent Quality Inspection had raised some concerns regarding Brody ward which dealt with Neurosciences – these had been addressed by the time that a second Quality Inspection had taken place.

In response to Ms Wilton's question about what can be done at divisional level about the rising number of complaints unanswered after 25 days, Ms Hall made the following observations:

- In terms of performance trajectories, divisional targets were not realistic – an honest conversation needed to take place regarding performance management;
- A lot of time is spent on performance, less so on learning – local ownership and assured action needed to be taken to deal with complaints;
- Responses to complaints needed to be produced properly – all were now scrutinized by the Chief Executive and the Chief Nurse;
- The current situation represented an opportunity to use different approaches – not just a paper exercise, but with parallel, systematic processes, to remedy three years of complaints being red rated.

In response to Professor Kopelman's question regarding the need for more action on safeguarding training, Ms Hall reported that the training framework had not been reviewed for some time, which meant that there was a need to identify staff groups where there were currently gaps and also to increase the amount of Level 3 training, both in terms of capacity and flexibility.

Mr Rappolt noted that Dr Given-Wilson was conducting a review of the situation whereby there were failures to action upon adverse test results. Dr Given-Wilson reported that the divisions were driving requests for all care groups, with standard operating procedures to be considered by the Executive Management Team by the end of September. Failsafe systems had been strengthened, particularly in Radiology, which were reviewed by MDTs; in addition, steps to increase the user-friendliness of Order Comms software were being examined.

Dr Given-Wilson reported that, with 198 cardiac arrests in 2013/14, the Trust was somewhere in the middle in terms of national performance. Standardisation of defibrillators had now taken place, so that only one sort was now used. To ensure that the number of cardiac arrests is as low as possible, staff are now being encouraged to recognize that deteriorating patients should either be treated with an end of life care plan or being put through to the Emergency Department.

ACTION: The Board noted the report.

14.159 Report from Quality and Risk Committee

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

- Capacity had been considered, including a modelling tool, with committee members challenging on how quality and safeguarding is protected. A further update had been requested;

- An Infection Control presentation had been delivered, including details of how a root cause analysis was conducted. The committee had expressed its concern regarding the number of MRSA cases that had been reported;
- A presentation on Pressure Ulcers had been given, with the committee being satisfied that more nurse resource, training, identification of issues and work in the community was taking place;
- The committee's next meeting would focus on waiting list management.

ACTION: The Board noted the report.

14.160 Annual Complaints Report

Ms Hall noted that the management of complaints was a key risk on the Board Assurance Framework – work was ongoing to address this. The report gave a mixed profile of achievements, with a 31% annual increase in complaints, although no key drivers had yet been identified. There was consistency in the issues raised by service users in comparison to previous years – clinical treatment, communication for patients, delay and cancellation of appointments and staff attitude. Examples within the report showed areas of learning at a divisional level.

Ms Hall also reported that a significant number of compliments about staff care of patients were received – these needed to be enhanced in future reports, as well as highlighting key areas of learning. Such innovations will form part of the action plan that has been produced for the rest of the current financial year.

In response to Mr Rappolt's question about whether complaints and concern are received early enough to ensure proper responses can be drawn together, Ms Hall reported that responses are produced quickly, and that the Board should be assured that responses were timely and appropriate and that lessons were learned. There remained, however, an opportunity to drill down into some issues to see what could be done further to improve patient experiences.

In response to Ms Wilton's question about whether the severity report produced by PALS was useful or simply bureaucratic, Ms Hall reported that it did add value, as any incidents marked red were seen the same day by her and other colleagues, as well as making a connection with the SI process. Mr Munro added that it assisted the Estates and Facilities directorate by providing timely feedback, helping with the prioritisation of issues. Ms Hall reported to Mr Rappolt that the annual report might be produced earlier once arrangements were in place to ensure the receipt of performance statistics earlier than was presently the case.

ACTION: The Board noted the report.

Strategy

14.161 Health Visiting Service Update

Ms Ludlam reported that the future of health visiting in England had been set out in the 2011 Department of Health (DH) document "Health Visiting Implementation Plan 2011-2015: A Call to Action". There was now a requirement to bring a progress report to trust boards by September of each year, with the service in Wandsworth having been chosen by the DH as an early implementer of the plan. This had meant an increase in workforce numbers, backed up by additional funding from the commissioners and NHS England (NHSE), with a requirement to provide a monthly return on activity; additionally, a new service specification and

data set was reported quarterly to NHSE.

Ms Ludlam reported that the Child Health Information System (CHIS) was a database system whereby all children and their health needs were logged, working in conjunctions with GPs and other healthcare providers within the service. A review of these services and their connections had been necessitated by a recent serious incident in East Anglia, with IT and Informatics input.

Ms Ludlam reported that Wandsworth local authority had agreed to a family nurse partnership team, funded by NHSE, which would work to ensure safeguarding and support for pregnant teenagers under the age of 19 – it was anticipated that funding would be in place by December 2014.

A risk that had been identified was that, whilst previously in the area there had been place cross-boundary arrangements, from April 2014 NHSE had required services to be based on borough boundaries, necessitating realignment to ensure continuity of care, as well as ongoing discussions with local GPs.

Ms Ludlam concluded by reporting that the Health Visiting Service in Wandsworth would subject to tender in 2016 – the division intended to make a bid for provision of the service.

In response to a question from Dr Given-Wilson, Ms Ludlam reported that a child who was admitted to the Emergency Department would be reviewed retrospectively to ascertain whether any issues needed addressing. The child would initially be assessed by their GP if a referral was made; otherwise it would be carried out by the Home Visiting Liaison Officer. CHIS was designed to ensure that no gaps existed in care identification and provision.

In response to Ms Wilton's question about tendering requirements, Ms Ludlam reported that there was a need to ensure the services currently provided were fit for purpose beforehand. She foresaw few problems in making a bid, although the local authority's focus was such that the challenge would be to demonstrate a financially robust service that delivered quality care, which would be of benefit to Lambeth and Merton as well as Wandsworth.

Mr Bolam said that all eventualities needed to be considered, to ensure appropriate capacity and links with other services provided by the Trust, whether some or all bids that are submitted are successful, or if not – contingency plans need to be agreed in the event of any bids not succeeding. It was agreed that preparation for the tender bid process and its aftermath should be initiated immediately, including the placing of it on the divisional risk register.

Alison Ludlam

ACTION: The Board noted the report and agreed in principle the intention to entering the tendering process for Health Visiting provision in the area in due course.

Governance and Performance

14.162 Trust Performance Report

Mr Bolam reported that overall performance was positive. ED targets, at under 95% for the year to date, meant that the Trust will not hit the trajectory that had been submitted to commissioners in the quarter, but there was confidence that it would be reached in the second quarter. Some work that had been carried out for Monitor regarding ED performance had shown that none of the trauma centres

had hit their performance targets.

On RTT, there had been a 'planned fail' for the months of July and August – the Trust's position would be agreed locally with the commissioners for quarters 3 and 4 – for example, increased capacity in cardiac surgery would take time and required thought. A separate brief on the RTT issue would be provided at the next meeting.

Steve Bolam
25.09.14

ACTION: The Board noted the report.

14.163 Finance Report

Mr Bolam reported that the Trust remained on track, with a deficit of £561k deficit and no surplus predicted until September.

Significant divisional risks were reported – particularly within Surgery – but it was hoped that enough was in place to offset the projected net deficit, although the situation remained challenging. The issues faced by the Surgery division relate to capacity: if beds were not built, no additional income could be generated – there was a lack of alignment between capacity and financial plans. Control totals will therefore need to be set with the divisions to address the current projected gap.

The current level of cash was at £12.7m, with a large outstanding bill from NHSE, although £6.8m of the amount owed had now been received. A high level of accrued debt related to activity such as work on the Cerner system; there had also been a £2m increase in stock levels, which had led to consideration of measures such as bulk buying. The current environment was a more difficult one in which to operate, as it did not only involve a relationship with the Primary Care Trust – DH, NHS, commissioners, local authorities and other stakeholders needed to be taken into account.

Mr Bolam reported the Trust's successful application for a total of £14.74m in capital loans; Mr Munro had begun placing orders to commence the work, with the ability to draw down on funding from September. Mr Rappolt added that the finance team were to be commended on the fact that DH had complimented the quality of the bid that had been submitted.

In response to Ms Wilton's question regarding Cerner upgrade issues, Mr Bolam reported that the problem was relatively contained, with the ability to work around the issue whilst it was being resolved. A concomitant challenge was that delays were taking place in information gathering, which in turn led to pressure on teams in terms of invoicing. Any changes to the system might have unintended consequences, but the result will be greater control than before.

Ms Hall reported updated the Board by reporting that the apportionment of contingencies with the divisions in relation to safe staffing funding would be included in future reports.

Jennie Hall
Ongoing

ACTION: The Board noted the report.

14.164 Report from Finance and Performance Committee

Mr Rappolt highlighted the following key matters discussed at the last Finance and Performance Committee meeting:

- A discussion had taken place on performance and financial risk, with the key risk being identified as capacity – in terms of beds, theatres, infrastructure and

particularly staff. The committee had been assured regarding the current cash position;

- The committee had examined the forecast, noting that the new control totals would need to be considered again shortly;
- The committee had been reassured that the recent decreases in performance in ED and in terms of RTT were both planned and temporary;
- The committee had received assurance that the IT Portal project which allowed the Trust to communicate with South West London Pathology and then with the wider world was on track – the committee had requested quarterly updates on this major development;
- The committee had requested an explanation from Mrs Brewer at their next meeting as to why the e-rostering initiative which had been approved by the Trust Board in 2010 had not yet been implemented;
- The committee had been reassured that significant strides had been made regarding breaches in Cancer performance.

ACTION: The Board noted the report.

14.165 Workforce Performance Report

Miss McCullough summarised the report by noting that challenges that were ongoing related to vacancies, turnover and the number of temporary staff.

The size of the workforce was increasing; the Trust target was 11% vacancies, but that had recently increased to 13% - some of this was intentional, such as South West London Pathology, where a major restructuring was anticipated in due course, necessitating a need for flexibility. 70% of bank/agency use is caused by vacancies – Ms Hall had conducted a workshop recently as part of a review to address the filling of those vacancies, particularly amongst nursing staff and including, where required, international recruitment. Voluntary turnover figures, at 100 staff per month, showed that supply was outstripped by demand in the area, particularly Band 5 nurses – initiatives needed to be in place to make them wish to stay at the Trust.

Miss McCullough reported that, in terms of staff sickness, work had been carried out by HR managers with teams, which had led to some areas of improvement. Temporary staffing cost increases were caused in large part by annual leave being taken at this time of year. The target of 20% of administrative staff being provided through staff bank by had been achieved, but more work was required.

In terms of Mandatory Training, Miss McCullough reported that staff members were generally more familiar with logging on to the system, but challenges in certain areas remained. A fortnightly meeting to address appraisal levels now took place, with moves to ensure a key contact in each division attends; amongst non-medical staff, those in Band 7 or higher are mandated to conduct 85% of their appraisals before their annual increment is payable.

In response to Mr Rappolt's question about job planning, Miss McCullough reported that arrangements were due to be tightened up – final sign-off of job plans remained a challenge. It was agreed that the final work plan deadline should be communicated when known.

Wendy Brewer

It was agreed, at Mr Rappolt's suggestion, that a paper and presentation to the

Board should be made at their next meeting, looking at 'the big picture' relating to staff planning, staffing issues and the plan to achieve a full complement of substantive posts, especially nursing issues. Ms Hall reported that this had also been requested by the Workforce and Education Committee, outlining five key themes that could improve staff retention.

Wendy Brewer
25.09.14

Professor Kopelman noted that becoming a Foundation Trust would present an opportunity to incentivise potential staff members and ensure their retention. Dr Given-Wilson reported that the recent meeting of Workforce and Education Committee had considered the fact that simplification of the system was required, as at present it was difficult to move up from Band 5.

In response to Ms Wilton's question regarding red rated MAST statistics, Ms McCullough reported that Mrs Brewer now had fortnightly meetings to ensure rates are correctly monitored. At Mr Rappolt's request, it was agreed that the data quality of MAST statistics should be checked.

Wendy Brewer
25.09.14

ACTION: The Board noted the report.

14.166 Clinician Revalidation – Annual Report and Statement of Compliance

Dr Given-Wilson reported that, as the Responsible Officer of the Trust, she oversaw the governance arrangements and revalidation processes for the 651 doctors with whom the Trust had a prescribed connection. Doctors were required to undertake an annual appraisal, as well as a 360 degree review that requires colleague and patient feedback.

Some doctors had been deferred because of issues such as maternity leave, but there had been no instances of any clinicians declining to undergo the requisite checks. Two areas where actions to improve were required related to robust quality assurance throughout the process, together with a focus on locum temporary staff, to ensure the required transfer of information, both in and out of the Trust.

Dr Given-Wilson reported to Ms Wilton that she considered the Trust to be a designated body that was good or excellent in the terms couched at section 1.13 of the Trust's response – she therefore agreed to review the correctness of the data and amend accordingly.

ACTION: The Board accepted the annual report and annual audit, together with the statement of compliance, subject to the checking requested above.

Ros Given-Wilson

14.167 National Institute for Health Research (NIHR) Capability Statement

Dr Given-Wilson reported that this had already been considered by the Executive Management Team, and would subsequently be considered by the Research Board. Mr Rappolt believed that the latter forum should look at the statement before the Board should consider it. Some inaccuracies in the data were also highlighted and Dr Given-Wilson agreed to rectify these and check the data again.

Ros Given-Wilson

ACTION: It was agreed that Board approval would be sought on the Capability Statement once the Research Board had agreed to it.

14.168 Risk and Compliance Report

Mr Jenkinson reported that there were no new significant updates to the risks included in the report. The Organisational Risk Committee (ORC) would be

examining the report at their upcoming meeting; it was for Board members to check the levels of assurance they had received in relation to the risks discussed at this meeting, together with the Fire Safety report that was to be considered shortly. One issue that had been identified at the last meeting had been poor environmental conditions in the ICT department – an update on the timing issues in this area would be provided to ORC.

Additionally Mr Jenkinson reported that divisional compliance statements were self-declarations by the divisions as part of the Compliance Framework – a ‘health warning’ needed to be given regarding data quality, as there was a need to triangulate with other metrics, which would be carried out in conjunction with Ms Hall.

Mr Rappolt said that the top risk identified related to internal capacity – there was a need to deconstruct it, as it is drafted in very broad terms. Mr Jenkinson agreed that it was a very wide-ranging risk, that was addressed in the detail.

In response to Ms Wilton’s point that the divisional self-declarations needed to be linked more closely to an up to date evidence base, Mr Jenkinson agreed that such work was part of the ongoing challenge to ensure the timeliness of evidence provided to support divisional risk registers.

ACTION: The Board noted the report.

14.169 Fire Safety Action Plan – update

Mr Rappolt introduced the item by noting that it was an update that showed ongoing work. A full fires risk assessment would be carried out in September, with a report from the external auditors to Audit Committee during that month.

Mr Munro reported that two enforcement notices were ‘live’ in relation to the Trust, relating to Lanesborough and Grosvenor wings which had multiple causes; in addition there was a deficiency notice served upon Knightsbridge wing. With the lack of investment that had taken place in this area over a number of years, this would not be a “quick fix.” He reported that he had already met with London Fire Brigade – when they returned shortly, they would see a marked improvement in Trust facilities. Some issues were ongoing such as those concerning compartmentation; other challenges included retrofitting where holes had been made in infrastructure but not addressed properly. However, the overall conclusion was that the risk of further notices being served was low.

In response to Mr Rappolt’s point that a key issue identified in the internal audit report was the lack of training and handbooks, Mr Munro reported that he was meeting with the auditors to address the points they had raised. Improvements included additional staff to carry out fire risk assessments and an increase in the number of Fire Officers from the (wholly inadequate) current complement of one for the whole Trust.

ACTION: The Board noted the report.

14.170 Board self-certification statements

Mr Jenkinson reported that, as part of the Foundation Trust application process, Monitor required Board members to provide regular self-certification statements. The Board had been through this process twice over the last twelve months, culminating in the paper that was considered at the July Board meeting, where all but one rating – in relation to ED performance – had been agreed.

However, subsequently in discussions with the Monitor assessment team, it had transpired that an incorrect format for the statements had been submitted. The statements were to be in letter format from the Board Chairman, and Board members were now required to reflect and reaffirm their willingness to sign up to these statements.

The Board considered the key change to the submission required, where the Board stated that there was a risk of the Trust not achieving performance targets. The Board was now required to certify that they were confident that plans were in place to ensure delivery of performance targets.

In response to Ms Wilton's question about the metrics mentioned in statement 7, Mr Jenkinson reported that these were contained in the Performance Reports that the Board considered regularly; Mr Bolam added that the Trust monitored many more statistics and risks than Monitor set out in their risk framework, via the Quality Report, Performance Report and Finance Report.

After some discussion the Board agreed that although there remained risks to the achievement of specific performance targets, there were plans in place to ensure achievement of them. The Board agreed that currently the performance reports included appropriate metrics to give the Board assurance and allow it to monitor progress.

Dr Given-Wilson confirmed to Ms Wilton that the Trust had achieved the minimum Level 2 performance target in relation to the Information Governance Toolkit.

ACTION: Board members confirmed that they were satisfied that all statements were fully met and could be submitted to Monitor.

14.171 Care and Environment progress report

Mr Munro reported that this report would now be provided for the Board on a quarterly basis.

ACTION: The Board received the report.

14.172 Use of the Trust Seal

Mr Jenkinson reported two uses of the Trust Seal during the period:

- The signing of a lease with Crabtree PM Ltd regarding St George's Grove, Strathdon Drive, Tooting – Mr Munro added that this was in the sum of £200k;
- The signing of a lease with Baylight Properties Ltd regarding First Floor, Mapleton Centre – Mr Munro explained that this was in relation to the Mapleton Clinic.

ACTION: The Board noted the use of the Trust Seal.

General Items for Information

14.173 Questions from the public

In response to a point made by Ms Hazel Ingram about Grey Ward staff being unaware of their ability to provide snack boxes to patients who required them, Mr Munro reported that he would pursue the matter with the catering team. He reported that sessions with ward staff took place either quarterly or half-yearly, but an issue was that agency staff might not be as aware as permanent staff of this provision.

Ms Ingram said that many patients were unaware of their right to be reimbursed for car parking charges in the event that they experience delays during their time at Trust sites. Ms Hall noted that this was included in patient information leaflets; Mr Munro reported that the facility to be reimbursed was mentioned on every car parking sign.

Mr Wilson confirmed to Ms Ingram that a new call centre system would be implemented during the following week.

In response to Ms Ingram's question regarding 360 degree appraisals, Dr Given-Wilson reported that clinicians were required to provide feedback from colleagues and also 20-30 patients, every five years; in addition, annual appraisals included reflection on any complaints or incidents during the course of the year.

14.174 Any other business

Mr Munro invited Board members to the catering department's menu sampling session that was taking place on Friday 29 August.

It was agreed that the provision of microphones for Board members, to ensure that all those present could hear what is being said, should be pursued.

Peter Jenkinson

It was agreed that greater effort should be made during future meetings to ensure that visiting presenters for agenda items were not kept waiting for any longer than was necessary.

Christopher Smallwood

14.175 Date of the next meeting

The next meeting of the Trust Board will be held on 25 September 2014 at 3.30pm.