St George's Healthcare NHS
NHS Trust

MINUTES OF THE TRUST BOARD

25 September 2014
H2.5 Board Room, 2nd Floor, Hunter Wing, St George's Hospital

Present:	Mr Christopher Smallwood	Chair
	Mr Miles Scott	Chief Executive
	Mr Steve Bolam	Director of Finance, Performance and Informatics
	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
	Ms Stella Pantelides	Non-Executive Director
	Mr Mike Rappolt	Non-Executive Director
	Mr Martin Wilson	Director of Improvement and Delivery
	Ms Sarah Wilton	Non-Executive Director
In attendance:	Mr James Taylor	Assistant Trust Secretary
	Ms Sharon Welby	Assistant Director of Capital Projects
Apologies:	Mrs Kate Leach	Associate Non-Executive Director
	Mr Eric Munro	Director of Estates and Facilities

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

14.186 Declarations of interest
No declarations of interest were made.

14.187 Minutes of the previous meeting
The minutes of the meeting held on 28 August 2014 were approved as an accurate record.

14.188 Schedule of Matters Arising
Patient DVD – Cathy's Story
Ms Hall reported that the nurse who was mentioned in the DVD who administered Drug X was a bank nurse. The checking nurse was substantive but had been lent to the ward for a shift so was not familiar with the environment or her colleagues.

Clinician Revalidation – Annual Report and Statement of Compliance
Dr Given-Wilson confirmed that the Trust response had been checked for accuracy following the last Trust Board meeting and that it had now been formally submitted.

NIHR Capability Statement
Dr Given-Wilson confirmed that Research Board had agreed the statement which

had now been formally submitted.

14.189 Chief Executive's Report

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

- *Industrial action:* A number of unions had voted in favour of industrial action, to take place on 13 October. Established plans to deal with such situations were already in place, including discussions with the local Staff Side representatives to ensure that the protest could be made whilst patient care was unaffected. Mrs Brewer reported that constructive relationships existed with the unions; the Royal College of Nursing and the British Medical Association were not involved in the industrial action.
- *Call Centre:* Work by Dr Andrew Rhodes, Divisional Chair and Sofia Colas, Divisional Director of Operations for the Children's and Women's Division, was now having an impact – the next challenge was to deliver consistency in service provision. Mr Wilson was working with the division to maintain the profile of response times, as a future trajectory needed to be agreed. Mr Wilson added that the aim was to answer 75% of all calls within 30 seconds by the end of October – Mr Scott noted that such performance had never been achieved in the Trust before. This would be a performance measure, for future reporting. In response to a question from Mr Rappolt regarding the 9% of calls that were unanswered, Mr Scott explained that these calls were abandoned by the caller.
- *Appointments:* The appointment of Dr Simon Mackenzie as Medical Director, commencing in January 2015, was a joint appointment, across both the Trust and the University. It was important to recognise Dr Given-Wilson's contribution to the organisation – most recently by agreeing to extend her term of office whilst a successor was found, which had been much appreciated. The successes achieved by the Trust in the quality domain over the last few years were due in large part to the efforts of Dr Given-Wilson.

Mr Smallwood noted with concern the fact that, according to the results of the recent Friends and Family test for staff, nearly half of those questioned would not recommend the Trust as a place to work. Ms Pantelides responded by noting that only 10% of those to whom the survey was sent actually took part; Mrs Brewer agreed that more staff need to be involved. Mr Scott believed that this data was immature – it should not be dismissed, but neither should definitive conclusions be drawn from it. More quarters of data were required.

Mrs Brewer reported that a survey of all staff was about to be sent out, with a dedicated campaign to increase response rates by use of relatively sophisticated IT techniques. She confirmed to Dr Given-Wilson that it was only the all-staff survey whereby a breakdown by staff groups could be drawn from the data. The next Friends and Family Test would be sent out to staff in the New Year.

ACTION: The Board noted the report.

14.190 Working Capital Board memorandum and HDD3 draft report

Mr Bolam reported that Ernst & Young, as independent accountants, were reporting to the Trust Board their professional conclusion in relation to projections that the Trust had made, for the period 1 November 2014 to 31 October 2015. If agreed, Mr Smallwood, on behalf of the Board, would sign a letter stating that procedures were in place to ensure proper judgement on the Trust's financial position and prospects, and that those procedures would be maintained over the

subsequent period.

Ernst & Young's report was in draft and was currently being checked by the Trust for factual accuracy. There appeared to be no items that would prevent signature of the Board memorandum, although it had yet to be finalised – a Board confirmation process would be required if any material inaccuracies came to light.

The memorandum concentrated on cashflow projections, using information drawn from the Long Term Financial Model (LTFM), which assisted in providing the required assurance for the Board. Mr Bolam explained a number of the items in the memorandum in non-technical language – that the Trust's borrowing assumptions were valid and that the Trust had in place a credit facility. Mr Bolam added that, rather than using such a facility, the Trust would approach the TDA; in any event, Ernst & Young were of the opinion that it was not required.

In terms of cash flow, Mr Bolam reported that Ernst & Young produced a timings sensitivity chart. The Trust received a large part of its income on the 15th day of the month – as a result there was some volatility experienced, although such fluctuations were to be expected. In terms of sensitivities, Monitor had yet to agree to the downside mitigations that the Trust had submitted, but there was enough tolerance in the system to allow for some amendments if necessary.

In response to Ms Wilton's question as to whether any of the assumptions in the LTFM were no longer as reasonable as had been the case previously, Mr Bolam confirmed that there had been no material change. Some risks existed in relation to current trading which might lead to a failure to deliver the projected surplus.

In response to Ms Wilton's question about whether downside mitigations were feasible – including a surgical elective centre – Mr Bolam responded that it had always been in the commissioners' intentions for 2015/16 to develop such a centre. Dr Kemp added that the Trust was confident that theatre capacity in South West London was enough overall to deliver elective services, although resource would be needed, as well as further working with consultants. Mr Bolam reported that collaborative discussions had taken place with all relevant partners; in terms of the South West London Elective Orthopaedic Centre, a great deal of work was necessary to replicate contractual relationships as had been necessary in relation to South West London Pathology, but the ambition to do so was present.

In response to Ms Wilton's question regarding the charity's contribution to the Children's and Women's Hospital, Mr Bolam explained that the assumptions were reasonable, although there was some difficulty in confirming that fact given that fundraising had yet to commence. Mr Jenkinson added that the charity was committed to raise £12m, but the profile of cashflow had yet to be ascertained. It was expected that the business case for the Children's and Women's Hospital would be considered at the November Trust Board meeting – the Outline Business Case had stated that the charity would contribute £5m. The overall total would remain the same.

In response to Mr Rappolt's question regarding the activity growth in the sensitivity analysis, Mr Bolam explained that a view had been taken on the level of success that would be experienced during years 1 and 2 – assuming less Emergency Department activity, for example, as more work is done in community services. The prediction for 2016/17 was that 75% of success would be achieved, with a rate of 100% for subsequent years.

In answer to Mr Rappolt's question on market growth, Dr Kemp reported that work was ongoing in working through associated volume risks; in addition, NHS England was decommissioning a number of services. This work did not make reference to tariff changes. Mr Bolam added that the memorandum assumed that a reasonable assumption had been made in relation to Project Diamond funding.

In response to Mr Rappolt's question on the cash impact statement, Mr Bolam reported that, although it had yet to be finalised as it did not mirror Monitor's conclusion, it reflected the current situation. He confirmed that the problems experienced by the Trust earlier in the year in receiving payment from NHS England were not expected to reoccur. In response to Mr Scott's question on any downside should it happen again, Mr Bolam commented that it would have a knock on effect on the Trust's NHS creditors, but would be manageable.

In response to Mr Rappolt's question regarding allowance being made to alleviate staff pressures such as premium payments, Mr Bolam reported that a specific assumption had not been made as it would be difficult to quantify, but it was expected that an increase in this area would be likely over the lifetime of the LTFM.

In response to Ms Pantelides' question about medical staff discretionary pay, Dr Given-Wilson reported that any items not affecting clinicians had been removed – the memorandum covered job plans.

In response to Ms Wilton's question about Maybrook Street car park, Mr Bolam confirmed that it could be sold and that independent advice on the disposal proceeds had been sought, with the amount conservatively predicted to be in the region of £16.5m. Proposals for the site will be included in a planning application that is expected to be made in November/December – a thorough job needed to be done, taking into account considerations such as future traffic flow.

ACTION: The Board approved the Working Capital statement and authorised the Chair to sign it on their behalf, to be provided to Monitor. **Steve Bolam/ Christopher Smallwood**

Quality and Patient Safety

14.191 Quality Report (including Offender Healthcare Service update)

Ms 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 for the Trust. The Sentinel Stroke score is a standard, given as part of a national audit – it is not concerned with quality of care. A number of actions were being taken to improve the score, with the repatriation of patients a particular challenge. The NEWS audit had identified performance variations across the Trust but no key areas of risk.

Dr Given-Wilson updated the Board on Mortality: A Care Quality Commission (CQC) alert had been received, based on Dr Foster data in relation to Coronary Artery Bypass Graft surgery and other procedures, with an increase expected in the future of such cases – the Trust had been asked to conduct a review, given that 12 patients had been affected as against an average of 4.9 patients. The review would be conducted by Associate Medical Director Nigel Kennea, to be completed by the end of September – preliminary findings were that there were **Ros Given-**

no issues of quality of care. The Board would be updated further at its next meeting. **Wilson 30.10.14**

Ms Wilton reported that the alert had been discussed at the recent meeting of the Quality & Risk Committee (QRC) – a response was required before Foundation Trust status was granted. The cases in question appeared to be of the kind that might be expected – it was a matter of understanding the kinds of risks expected and weighing them appropriately.

In terms of Ms Pantelides' question regarding assurance for the stroke audit, Ms Wilton noted that the key factor was the time to repatriate patients. Ms Hall confirmed that improvement was expected during the next quarter – examining what measures were taking place internally, plus discussing topics such as the repatriation process across the local network, leading to an agreement on timescales. Professor Kopelman believed that all network members needed to play their part in this work. Dr Given-Wilson added that a dedicated stroke ward was required. Mr Scott believed that it was an important consideration for capacity planning during the next year – QRC would need to understand local restructuring and ensure that the Trust rose to the challenge.

Safety Domain
No key trends had been identified in the SI profile for August. Safety Thermometer performance had slightly increased during the month. A deep dive review on pressure ulcers within surgery had been carried out, with a number of actions identified; a similar review was now to take place within community services. Infection control figures remain static, with the focus on root cause analyses of internal actions such as antibiotic prescribing leading to infection that of necessity are classified as "unavoidable."

Offender Healthcare Service update
The service had a considerable work programme that was assured externally, although its different kind of setting led to a number of risks being identified, covering workforce and, for example, Disclosure and Barring Service checking (formerly CRB checking). An increase in Deaths in Custody nationally had prompted a review of all such cases. Complaints were dealt with in exactly the same way as anywhere else within the Trust.

Mr Scott commented that Deaths in Custody were key, as the Trust was not responsible for offenders' general welfare, but there were questions regarding the service's assessment of offenders upon arrival. Ms Wilton felt that the service should be congratulated on its quality, particularly in regard to second day assessment processes, but that the vacancies that remained needed to be filled urgently.

In response to Professor Kopelman's question regarding the Trust's joint tender with South London & Maudsley Trust, Ms Hall reported that it was intended to produce a unified service that was integrated and coordinated. Mr Scott noted that the Trust was the lead contractor in the arrangement; Ms Pantelides commented that tendering was always a disruptive process.

Experience Domain
Complaints response times were static during the month, with work being conducted on those directorates where delays in providing responses was measured in months, when it should be between five and ten working days. Ms Hall agreed to provide an update on the workplan to the November meeting. In **Jennie Hall 27.11.14**

response to Mr Smallwood's point that it would be useful to categorise complaints by subject matter, Ms Hall explained that differentiation can take place by severity and response times, if that would provide clarification in more complex cases.

Mr Scott commented that timeliness of responses relating to clinical issues was not as important as it would be in the case of car parking complaints, where a swift response would be appreciated. Mr Smallwood thought that including themes in reporting more serious cases would be of merit; Ms Wilton reported that a future QRC seminar would examine themes in complaints received.

Mr Rappolt stated that he had lost faith in complaints procedures in the Trust – he wondered whether the targets that were applied were appropriate. QRC needed to take a deep look at the system and see whether things could be done in a different way. Ms Hall reported that the newly appointed Complaints Manager would hopefully apply a sharper focus to the process going forward.

Well Led Domain

The safe staffing figures reported were not absolute but those for PICU were alarming – beds had been flexed to accommodate staff pressures, but this had not been reflected in electronic recording. She confirmed to Mr Rappolt that theatre staffing was not mandated as part of the Trust's safe staffing requirements.

In response to Dr Hulf's question regarding the 47% fill rate in Obstetrics, Ms Hall noted that there were variations in relation to day and night rates and whether staff were registered or unregistered.

Ward Heatmap

Ms Hall reported that the information is disseminated to the whole of the organization, through the Nursing Boards, and is then picked up as part of Quality Inspection reports. It has contributed to more timely and supportive escalation of issues, working through issues with senior teams.

Mr Rappolt believed that amber and red ratings needed to be triangulated with other known concerns where appropriate.

It was agreed that the Quality Report should be enhanced by including community services data, greater acknowledgement of success and regular focus on particular metrics. **Jennie Hall Ongoing**

ACTION: The Board noted the report.

14.192 Report from Quality and Risk Committee

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

- Mortality Monitoring: Nigel Kennea had briefed the committee on processes for mortality monitoring, which was overseen by the Mortality Monitoring Group but remained the responsibility of the divisions. He had reported that the target was for notes for all deaths to be recorded electronically within six months;
- The committee had reviewed progress on CQC requirements and recommendations: the key EOLC and MCA actions needed to have been fully addressed by the follow-up visit in November or December. Additionally, outpatient note availability needed to have reached 98%, further work on

which was required. Ms Hall was leading on EOLC and the briefings received had proved excellent;

- The committee had received a very disappointing outcome of the review of Hyper Acute Stroke Unit, where it had been rated “dd” (if the rating had been “E” then there would have been an automatic referral to CQC). The main issue was of capacity, especially delays in repatriating to local District General Hospitals (for Croydon the delay was ten days, whilst for Kingston it was four or five days);
- The committee had discussed RTT processes but had not received adequate reassurance that this was under control, especially for the Children’s & Women’s and Surgery divisions. The committee had been informed that the deadline to meet targets was January, although it was expected to take place by December;
- The committee had discussed Medical Equipment: maintenance of high risk items, replacement rates not being sufficient, equipment being 'hoarded', together with a major issue on bed stores, with the required space no longer being available;
- Risk registers and the Board Assurance Framework had been discussed at length, with Mr Jenkinson to bring proposals for a refresh of processes to the October QRC seminar;
- The committee had agreed that complaints was to be a future seminar topic, concentrating on analysis and learning;
- The committee had examined SIs and also considered the overarching review of retained swabs/never events, following two further SIs recently;
- In considering the Service Level Agreement of remote sites, the committee had been informed that a clear specification of all the standards required had now been agreed. Agreement with Parkside and St Anthony's would be complete in the next two or three weeks, after which it would be extended to other remote sites;
- The committee had reviewed the Quality Report considered at this Board meeting and had also received and reviewed reports from all its feeder committees.

Professor Kopelman commented that, in terms of Monitor’s view regarding the timing of QRC meetings, he believed that the current arrangements of meeting in the same week as Board and then receiving a verbal report at Board was effective.

At Mr Bolam’s suggestion, it was agreed that QRC should be involved in the upcoming pilot of a new notes tracking device with therapy equipment.

Ms Hall reported that, in relation to the action plan for CQC to ensure compliance with standards, good progress had been made but some actions remained outstanding. In terms of RTT, work was currently being finalised for a robust clinical partner review programme for those on waiting lists, with two of the four divisions having already provided a response, as part of a wider refreshment of processes.

In response to Dr Hulf’s point that a future QRC seminar should consider the impact of a lack of medical equipment, Dr Given-Wilson reported that a fifth

Associate Medical Director had been appointed, who would focus on and provide leadership in relation to medical devices issues.

ACTION: The Board noted the report.

Governance and Performance

14.193 Trust Performance Report

Mr Bolam reported that RTT performance was below the national standard. The requirements had been suspended during July and August; there was now to be an NHS requirement during October to treat long waiting patients (i.e. over 18 weeks). Mr Bolam agreed to provide the Trust response to new NHS RTT requirements to Board members once it had been finalised. **Steve Bolam Post 03.10.14**

On the work of the Emergency Department, Mr Wilson summarised the action plan for improvement to ensure sustained achievement of the waiting time standard. The Board noted the assurance received in the current performance, with the trust on track to achieve quarter 2 performance, but acknowledged the risk in sustaining that level of performance.

Ms Hall confirmed to Ms Pantelides that the results of the discharge programme should be fed into KPIs that were reported to the Board as a matter of course.

ACTION: The Board noted the report.

14.194 Finance Report

Mr Bolam reported that the Trust year to date deficit of £454k was outside of previous projections. Some of the deficit will be mitigated by upcoming RTT work; increased divisional risks in relation to CIP targets were expected, but a process to manage this through control totals was being implemented, which it was hoped would get the Trust back on target – an update on control totals would be provided to the next Board meeting. **Steve Bolam 30.10.14**

Mr Bolam reported that, on the capital programme, an underspend last year had been followed by an overspend in the current year. The issue was either in relation to the Trust's profiling or the forecasts that had been agreed; additionally risks such as in relation to Fire Safety had increased more than had been predicted. The capital plan therefore needed a firm steer to get it back on track.

ACTION: The Board noted the report.

14.195 Workforce Performance Report

Mrs Brewer reported that staff turnover continued to rise – action needed to be taken to stem this trend by making the Trust a more attractive place to work. A reduction in sickness absence now appeared to be a genuine trend. Systems issues in relation to MAST training now appeared to have been resolved – a review with Ms Hall and Dr Given-Wilson on training requirements was taking place. The first month where a link was made between appraisals and increments had seen a cultural shift within the organisation.

Mr Smallwood believed that it would be interesting for the Board to have sight of the target trajectory for each division in relation to staff turnover – the Board should know what the Trust's ambitions were in that particular direction. Ms Pantelides commented that it was a very specific problem that needed to be addressed, as the bulk of experience was retained within the Trust. She also

commended the progress that had been made on sickness pay.

ACTION: The Board noted the report.

14.196 Audit Committee report (including Counter Fraud Annual Report)

Mr Rappolt highlighted a number of points contained within the report:

- Fire safety within the Trust was a recurring issue, with target dates for implementation of recommendations being missed. The committee accepted that some of the necessary work had now been completed, but not all – evacuation drills and staff training, for example. The committee urged executive directors to ensure swift compliance with outstanding recommendations received from Internal Audit, which would be producing a further report in January;
- Reasonable assurances had been received in relation to the IT Portal and Safeguarding of Children;
- Reasonable assurance had been received for Medical Locums, although action needed to take place in relation to local induction;
- A favourable report by Capita on Payment by Results had been considered, although an issue related to clinician engagement remained;
- Limited assurance had been received from Mr Bolam and Mr Munro in relation to Central Stores, who reported ongoing work with the divisions;
- The recommendations from an Internal Audit of the control of Implantable Cardioverter Defibrillators (pacemakers) had yet to be implemented – management action was required;
- Limited assurance had been received in relation to Estates Maintenance – Mr Munro had provided assurance relating to the necessary investment being made;
- An analysis of the Trust's use of consultancy services had been considered, with tighter controls to be employed going forward;
- An update from the Clinical Audit and Effectiveness Committee had proved useful and provoked discussion on the criteria for good clinical audit;
- Assurance had been received that the final version of the Trust's Annual Report would be consistent with the Quality Account and Financial Accounts, and that they would all be produced at the same time in future years, to comply with Monitor requirements;
- The Annual Audit Letter from the External Auditors was discussed – it had been largely positive and Mr Bolam had provided assurance that outstanding actions were being addressed;
- The committee considered the annual Counter Fraud report and noted that the overall assessment of crime risk was green;
- Finally, the committee had discussed future working in the light of the organisation becoming a Foundation Trust.

Mr Rappolt requested that the relevant executive directors provide responses to a number of Audit Committee requests, as part of Matters Arising at the next committee meeting. **Peter Jenkinson/ Steve Bolam/ Eric Munro**

ACTION: The Board noted the report.

14.197 Risk and Compliance Report

Mr Jenkinson reported that the Board Assurance Framework had been reviewed at the recent QRC meeting, which had received reported risks identified by the Organisational Risk Committee by reference to divisional risk registers, including Offender Healthcare and a number of risks in relation to staffing.

Following recent discussion at the Finance & Performance Committee regarding IT deployment, consideration was taking place on the methodology of a review to be conducted by Mr Wilson.

The draft Intelligent Monitoring Report that had been received from CQC had been subject to a recent routine request for assurance on how current risks were being managed. The Trust's current profile was such that its risk banding would move from band 6 to band 5. Most concern was in relation to Never Events during the period, as well as the sampling issue in relation to the results of the NHS Staff Survey.

In response to Mr Rappolt's question about the poor environment within the ICT department, Mr Jenkinson reported that it was largely a timing issue, with some measures completed but a number outstanding.

Mr Jenkinson confirmed to Mr Rappolt that one element of the staff review would be to consider pressures on internal capacity within the Trust.

ACTION: The Board noted the report.

14.198 Monitor Letter of Representation

Mr Jenkinson reported that this was one of the final items required by Monitor as part of the Foundation Trust application process. The letter, which if agreed would be signed by the Board Chair on behalf of the whole Trust Board, was a standard template that confirmed that the Trust had provided all relevant and material information to Monitor "to the best of its knowledge and belief".

ACTION: The Board confirmed its satisfaction that the letter of management representation could be signed by the Board Chair on behalf of the Board and submitted to Monitor.

14.199 Use of the Trust Seal

Mr Jenkinson reported one use of the Trust Seal during the period:

- St George's Hospital and St George's University of London – retrospective licence to underlet and Consent to Variation: Ms Welby explained that this concerned a change in use of the student café area.

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

General Items for Information

14.200 Questions from the public

In response to two points made by Ms Hazel Ingram, Mr Wilson agreed to investigate two areas of concern:

- Longer turnaround time than was acceptable in emergency care; and
- Lack of access to wheelchairs for patients travelling to the car park.

Martin Wilson

14.201 Any other business

Mr Smallwood noted that this was the last Trust Board meeting for Dr Kemp, who was leaving for King's College Hospital. Her contribution, especially most recently at the Board to Board session with Monitor, had been vital. Dr Kemp's formidable network of contacts had proven particularly useful over the ten years that she had worked at the Trust, leading to greater stakeholder engagement than ever before. On behalf of the Trust Board, Mr Smallwood thanked Dr Kemp for her efforts and wished her well for the future. Dr Kemp thanked Board members for the privilege of working with them over the years and wished the Trust well.

14.202 Date of the next meeting

The next meeting of the Trust Board will be held on 30 October 2014 at 11.00am.