St George's Healthcare NHS
NHS Trust

MINUTES OF THE TRUST BOARD

27 November 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
	Mr Daniel Forton	Associate Medical Director
	Ms Jennie Hall	Chief Nurse
	Dr Judith Hulf	Non-Executive Director
	Mr Peter Jenkinson	Director of Corporate Affairs
	Ms Suzanne Marsello	Acting Director of Strategic Development
	Mr Eric Munro	Director of Estates and Facilities
	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:	Caroline Beazley	Named Nurse for Safeguarding Children, Community Services Division
	Geraldine Fraher	Named Nurse for Safeguarding Children, Acute Services
	Dr Mark Hamilton	Clinical Director, Adult Clinical Care
	Mr Bruce Okoye	Clinical Lead, Paediatrics
	Ms Jennifer Owen	General Manager, Critical Care
	Dr Andrew Rhodes	Divisional Chair, Children's and Women's
	Mr Aris Papageorghiou	Clinical Lead, Obstetrics & Gynaecology
	Mr James Taylor	Assistant Trust Secretary
Apologies:	Dr Ros Given-Wilson	Medical Director
	Professor Peter Kopelman	Non-Executive Director
	Mrs Kate Leach	Associate Non-Executive Director

14.236 Chair's opening remarks

Mr Smallwood welcomed all to the meeting.

14.237 Declarations of interest

Mr Smallwood reported that Mr Rappolt had requested that his recent appointment as a Trustee of St George's Hospital Charity be noted.

14.238 Minutes of the previous meeting

The minutes of the meeting held on 30 October 2014 were approved as an accurate record, subject to the following amendment:

- Under 'Questions from the public', it should be recorded that the question on NICE quality standards was posed by Dr Mike Grahn rather than Ms Hazel Ingram.

Peter Jenkinson ASAP

14.239 Schedule of Matters Arising

Report from the Quality & Risk Committee

Mr Jenkinson advised that formal proposals on the appropriate forum to which the Equality & Human Rights Committee should report would be brought to a future meeting, as further benchmarking was required. **Peter Jenkinson tbc**

14.240 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:

- *Foundation Trust application:* The Trust's application had been considered by the Monitor executive at its meeting on 20 November. The application was expected to be referred to Monitor's Board for a decision on 17 December.
- *Call Centre:* This was the last meeting at which such a level of detail would be provided in the report. A good recovery had been made in this area, with improved performance now proving to be sustainable, with the target of 85% of calls being answered within 30 seconds becoming ever more attainable. The Children's and Women's division had made excellent progress in improving the service and it remained a focus for the division.

  Mr Wilson confirmed to Ms Wilton that the statistics refer to the time between making a call and being answered by a person, rather than being placed in a queue. Mr Scott noted that a third of callers wait longer to be answered than the median time quoted in the report.

  Mr Bolam and Mr Wilson agreed that performance metrics, albeit not in the depth provided for in this report, would now be included in the monthly Performance Report. **Steve Bolam Martin Wilson Ongoing**

- *Academic Development:* Drew Fleming, Divisional Chair for Surgery and his colleagues were to be congratulated on becoming the core surgical provider in south east London, as well as the lead provider for vascular surgery education in the whole of London.

- *Staff engagement:* The Pass It On event on 1 December would form part of the Listening into Action programme, sharing successes and challenges for project teams in rotation. LIAiSE – the equivalent of PALS for staff, involved the dedicated adviser speaking to a wide range of staff and holding drop-in sessions, amongst other activities – the dissemination of contact numbers for the service at this early stage was being kept to a minimum at present, so as not to raise expectations. Finally, the team briefing system would be launched in December, ensuring that each division and department had its own monthly local brief and the opportunity to provide feedback.

- *Community Open Day:* This took place at the St George's Hospital site on 15 November and was the best so far, with particularly favourable feedback received from external visitors. Work would now be initiated to ensure that this model is replicated in the future, and that attendance was increased.

- *Fit and Proper Persons Test:* New transparency regulations came into force on this day, including the Fit and Proper Persons Test and the organisational duty of candour. The Board received assurances regarding systems already in place to ensure compliance with these regulations and actions to provide

further assurance. The Fit and Proper Persons test would be applied through the Nominations and Remuneration Committee of the Trust, as well as via the Council of Governors.

Mrs Brewer confirmed to Mr Rappolt that the Trust was doing all that was required in terms of appointments, using NHS guidance.

- *Duty of Candour:* Ms Hall was taking the lead on this work, taking Quality & Risk Committee (QRC) through the requirements, in order to provide the Board with the necessary assurance. Ms Hall added that there was a degree of complexity to these issues and that other instances where it would be applicable needed to be considered.

  In response to Mr Rappolt's question regarding whistleblowing being a part of the Duty of Candour, Dr Hulf advised that this regulation related to organisations rather than individuals, and that the current General Medical Council consultation on individuals' responsibilities would hopefully marry up the two requirements. Ms Hall added that the Duty of Candour was a statutory responsibility, while the individual requirement would not. It was important that as many medical staff and nurses as possible took part in the consultation.

- *Branding:* In an attempt to ensure that future branding represented its work, the proposed strapline for the Trust was "excellence in specialist and community healthcare."

  In response to Mr Rappolt's point that the use of rankings in the brand proposition could prove problematic in the future, Mr Scott confirmed that it would be used as background, rather than in public pronouncements, but that the wording should be amended. Mr Jenkinson confirmed to Ms Wilton that the Community Services division had been consulted on the branding proposals and were content with them. In terms of the brand proposition, there was now a need to agree appropriate usage.

Peter Jenkinson
ASAP

In response to Ms Pantelides' question about the effect of '24 hours in A&E' upon the Trust and its staff, Mr Scott reported that no adverse feedback had been received – indeed it had been universally positive, although dealing with all of the comments received was new territory for the Trust. The sense of pride in the Trust had been, in his experience, very striking – Mr Smallwood agreed that it had provided a welcome morale boost for the Trust in general and the Emergency Department in particular.

In response to Mr Rappolt's question about Trust staff travelling to West Africa to assist the fight against Ebola, Ms Hall reported that two staff members had expressed such an interest; additionally the Royal Free Hospital had requested assistance in the event of an outbreak in London.

Mr Scott agreed with Mr Rappolt's request that the non-executive directors should receive copies of all divisional, corporate and local briefs going forward.

Peter Jenkinson
Ongoing

In response to Ms Wilton's question on the impact of recent industrial action, Mr Scott reported that the Trust had not been affected operationally, although 70 staff members had taken strike action – Mrs Brewer and Mr Wilson had engaged in effective negotiations with unions to achieve this result.

ACTION: The Board noted the report.

Quality and Performance

14.241 Quality and Performance Report

Mr Bolam presented the performance element of the report and invited questions and comments from Board members. In doing so, he highlighted the following points within the report:

The Trust remained at a quality score of 4 against the NTDA accountability framework and an 'Amber-Green' rating in relation to the Monitor risk assessment framework. RTT compliance was expected to resume in the month of January; a number of measures had been taken such as escalation in ED performance and in relation to 52 week waits in ENT. Additionally the number of cancelled operations was being closely monitored.

Mr Wilson reported that ED performance had declined in the last four to six weeks, driven largely by an increase in patient numbers, with more acute attendees. Additional capacity was being created through an increase of 50 beds, the creation of a discharge lounge, improved working protocols and working with commissioners and local authorities to ensure that the correct patients attend the Trust. The additional beds represented an improvement, at a time of exceptional demand for them within the Trust.

In response to Ms Wilton's question regarding ambulance numbers, Mr Wilson reported that he would be working with local authorities and commissioners to investigate the management of ambulance flow within the Trust.

In response to Mr Rappolt's point regarding the patient appointment cancellations concerns he had raised at the last Trust Board meeting, Mr Wilson reported that related data would be included in the Performance Report going forward; assurance had been provided to the recent QRC meeting and a paper resolving recent cancellation issues would be provided to the January Board meeting. Ms Wilton added that QRC had been afforded reasonable assurance, although reporting was not as effective as it could be.

Martin Wilson 29.01.15

Mrs Brewer confirmed to Mr Forton that a detailed plan was in place to ensure the new beds would be supported with additional human resource.

In response to Ms Pantelides' question as to whether the measures already put in place to improve ED performance had worked, Mr Wilson agreed to circulate the ED action plan to Board members. The new rapid assessment and treatment approach was now being employed to address the challenge of seeing patients in a timely manner, but it was still early days for a number of the measures that had been put in place. Ms Hall added that scrutiny of patient flow through the hospital had identified 'exit block' in some areas, and so a focus was now on discharge, with the new lounge becoming operational on 1 December and work being done with staff and external partners to discharge patients earlier and relieve the current pressures.

Martin Wilson ASAP

Ms Hall presented the quality element of the report and invited questions and comments from Board members. In doing so, she highlighted the following points within the report:

Effectiveness Domain

Mortality and SHMI performance remained strong for the Trust – on the latter point, the Trust was one of .seventeen trusts whose SHMI was lower than expected. The Trust had also recently been named as having a lower mortality rate than was expected for two consecutive years; mortality for weekend emergency admissions also remained positive.

Consultant outcome data was positive; the results of the national hip fracture database audit showed two areas of strength but some process weaknesses – however the data related to the first half of 2013 and was thus quite old. Assurance was being sought from the division and additional recruitment was taking place.

In response to Mr Smallwood's question regarding the database audit results where the Trust fared less well than other trusts, Ms Hall reported that this was a reflection of the patient pathway leading to earlier discharge. Clinical capacity had now been secured which, alongside service improvement work being carried out by the Surgery division, would lead to increased quality standards. Ms Wilton added that a review of more recent data was to be an agenda item at a future QRC meeting.

Ms Hall agreed with Mr Scott's suggestion that an amber category in the report would prove useful to Board members. **Jennie Hall Ongoing**

Safety Domain

The number of serious incidents was rising but pressure ulcer figures were decreasing, with clusters of the latter occurring in specific areas. Additional thematic work by Dr Given-Wilson on failure to act on test results was taking place. Safety Thermometer performance was below national standards, with an increase in Cather related infections – work was ongoing with the Patient Safety Collaborative to improve performance. It was now four months since an MRSA bacteraemia case had been reported; 25 cases of C-Difficile meant that the Trust was in line with the planned trajectory.

In response to Mr Rappolt's question as to when the work on failure to act on test results would be completed, Mr Hall agreed to provide a date for the finalisation of the thematic review, together with a written update on work done. This included a review of the standard operating procedures of clinical areas, in conjunction with the ongoing rollout of iClip, and was reported to the Patient Safety Committee in order that assurance was provided to that committee. **Jennie Hall 18.12.14**

Ms Hall confirmed to Mr Smallwood that communication issues were frequently reported as contributory factors in Serious Incidents, but that greater clarity on themes could be provided in future reports. Work was taking place to produce an airline-type booklet that would involve patients more by highlighting contributions they could make to ensure patient safety. **Jennie Hall Ongoing**

Experience Domain

The Trust had been named as one of the ten most improved trusts in the recent National Cancer Patient Experience programme – it had also agreed to be a part of a new national initiative by NHS IQ to encourage shared learning and peer to peer support between twelve trusts across England.

Friends and Family Test results continued to be a challenge, with ongoing issues reported leading to a decline in performance. With complaints targets not being

met, performance management measures were now in place to improve the situation during Quarter Four. The report included the related action plan; additionally a 'deep dive' would be conducted as part of an upcoming QRC seminar.

Mr Rappolt believed that there was a need to get to the root causes of the continuing increase in complaints and address them quickly, especially the recent number of Outpatients appointment cancellations. Ms Hall reported that there was an ongoing Corporate Outpatients improvement programme, but there was a need to listen to patient feedback, as a number of issues were being raised. Mr Smallwood felt that the physical environment in Outpatients needed to be improved, to which Ms Hall responded that some work would be taking place in the near future. Mr Wilson agreed to produce a capacity modelling paper for consideration at the Trust Board meeting in January 2015. **Martin Wilson 29.01.15**

Ms Wilton questioned whether there was enough resource to deal with all of the ongoing problems – a considerable number of issues were being raised in relation to IT issues, for example. Mr Scott believed that informed discussions using the data received would be beneficial, looking to identify areas where more activity took place than in others, in order that resources could be targeted appropriately. Mr Smallwood agreed, noting that doctors' clinics could be spread throughout the week, rather than taking place at the same time, which led to unnecessary congestion in Outpatients. It was agreed that individual points should be relayed to Mr Wilson.

Well Led Domain and Ward Heatmap
The current fill rate of 91.1% represented an improvement. Staffing alerts were now provided twice daily.

Ms Hall agreed that divisional scorecards should be included in future reports. **Jennie Hall Ongoing**

Ms Pantelides agreed that the fill rate was impressive, given the current challenges. In terms of triangulation and comparison of data, she wondered what the divisions were doing with the data they received. Ms Hall reported that the information was now being relayed to teams and, through various other fora, being fed into the system – the next step was to provide an opportunity for the teams to give the appropriate feedback. Behaviours were changing and good practice was being recognised more widely.

ACTION: The Board noted the report.

14.242 Report from Quality and Risk Committee

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

- The committee had challenged the Quality Report that had been considered at this meeting;
- The committee had welcomed the action plan for complaints, agreeing that it should be examined closely at a future seminar, with divisional input;
- A report from the Head of Patient Safety had been considered on the thematic review of Serious Incidents, which had focused on pressure ulcers and failure to act on test results, with a correlation between clinical audits and SIs. The patient safety leaflet that would be available to patients in the New Year, mentioned earlier in this meeting, had been examined;

- An increase in SIs with similar themes such as nasogastric tubes or Deaths in Custody had been debated;
- The committee had noted an improvement in the time delay between identifying SIs and reporting them to the commissioners;
- The Deputy Chief Nurse had made a presentation on End of Life Care, highlighting new requirements, work with the divisions and patient representation on a new convened group that would be examining the issue;
- Mr Munro had given a presentation on the Health and Safety Plan, which would happen every six months going forward – it had examined issues such as *inter alia* Water Safety, Smoke Free Areas and Ionising Radiation;
- The committee had requested that risk was a main topic for review at their next meeting.

In response to Mr Rappolt's question regarding the use of a mobile 'app' to communicate Serious Incidents across the Trust, Ms Hall reported that there were inherent technical complexities at present that did not make it a viable option.

Ms Wilton confirmed to Mr Rappolt that data quality processes to enable meaningful analysis of Serious Incident 'hotspots' was another to be considered at the next QRC seminar, led by the Head of Information.

ACTION: The Board noted the report.

14.243 Safeguarding – six monthly update

Ms Hall introduced the item by noting that reporting on safeguarding was a statutory duty for the Trust under the Children's Act.

Ms Beazley reported that a significant review of the service had been undertaken at the beginning of the calendar year, which had led to a merger of the community and acute teams, resulting in closer working.

Training compliance continued to be an issue and, as such, had been added to the risk register. With eight serious case reviews ongoing, there would be a long governance process before publication of any conclusions was possible.

In response to Mr Rappolt's question about training compliance difficulties, Ms Beazley reported that monitoring of the situation was continuous, but with turnover issues, it was the case that staff were not compliant from their first day in post. It was difficult to drill down into the statistics to identify trends; additionally there was no dedicated trainer employed at the Trust. There was no way to verify training gained by new staff from previous employers. Ms Fraher added that questions on appropriate training were meant to be asked at induction, with MAST training available, but Level 3 training proving the most challenging as it involved face to face training rather than e-learning. Mrs Brewer reported that a meeting on 11 December had been convened to ascertain whether the appropriate staff were being signposted towards the correct training.

Ms Beazley confirmed to Dr Hulf that refreshing of training took place every three years, but that annual MAST training was mandatory. Mrs Brewer reported that the Trust was working with others to ensure transfer of certification was carried out wherever possible.

Ms Fraher confirmed to Mr Rappolt that the Trust had been involved in a recent

local case where three children had been killed, with a great deal of learning to be taken on when the final report was published in June 2015. It was agreed that the Board would be given updates on this case as appropriate. **Jennie Hall Ongoing**

ACTION: The Board noted the report.

14.244 Inpatient Nursing Establishment Review

Ms Hall reported that such establishment reviews were a statutory requirement for the Trust. The report gave the outcome of the review that had been carried out by the divisions and ward teams, showing no material changes from the last review and updating on the work that had been done since eighteen recommendations had been made in the review carried out in spring 2014.

The first assurance to be made was that issues concerned alignment of budgets rather than staff being in post, with a need to align central funding with work carried out as part of the establishment review. Further work was needed to cover areas such as Outpatients, Community Services and theatres, which would be part of the upcoming business planning process.

Ms Hall confirmed to Mr Smallwood that different approaches had been adopted in the divisions and that there was a need to achieve consensus in, for example, a unified uplift policy.

In response to Ms Pantelides' question about the allocation process, Ms Hall acknowledged that the process might need some prioritisation, in what was a dynamic situation. Some discussions had taken place about moving overspends to match actual posts, for example, but these needed to be concluded by the end of November, supported by members of the Trust's Finance team. Ms Pantelides believed that the Board should recognise that long terms benefits, such as better management and positive financial implications, would result from this work.

ACTION: The Board noted the report and approved the proposed next steps contained within it.

14.245 Finance Report

Mr Bolam introduced the item by highlighting that the predicted surplus of £1.5m meant that the Trust was now a further £2.2m astray from the target as reported to the last Board meeting. Income targets had been increased, as had those for the CIP programme; unfortunately the higher income had not been achieved, although expenditure was lower. It had been a challenging month for the Trust.

At the recent meeting of the Finance & Performance Committee, divisional results had been examined. Children's and Women's had gone down by £1.6m, due to the critical care profile; Medicine & Cardiovascular was on trend; Surgery's inability to hit its target was due to disappointing elective results; Community Services had returned to meet its target.

The Trust had reported to the TDA that it would hit its projected plan. The TDA was itself reviewing targets across England, recognising that the Trust's risks reflected a national picture.

CIP performance was suffering particularly badly, now being £4m behind its projection, due mainly to increased activity and an inability to create more 'virtual' capacity.

In terms of capital, a £9.5m underspend was predicted – as this was mostly funded by loans or leases, this created concern that the planned activity was not taking place. IT spending was in line with target, but with other overspending and income not being realised, there was a need to protect the cash balance by year end.

Mr Smallwood reported that, at the Finance & Performance Committee meeting, there had been a discussion on the Emergency Department's performance, with Mr Wilson committing the executive to investigate the challenges. The divisions had attended to discuss their forecast outturns. Cash balances had fallen below expectations, due to issues such as NHS England not paying their bills. Future scenarios would be considered at the next committee meeting.

In response to Dr Hulf's question about whether other trusts had similar experience of NHS England non-payments, Mr Bolam reported that reimbursements from the Secretary of State wash through the system and are sometimes timely, but often are not. The Trust was negotiating with commissioners to do more than current targets, but consensus was difficult to achieve when income was not being collected at the moment. The issues with NHS England payments were likely to be ongoing and would mean a continuing delay in payment.

In response to Dr Hulf's question regarding winter payments, Mr Bolam confirmed that all allocations had been agreed, through the local system resilience group, which meant that the Trust was not competing with others and creating extra cash risks. Mr Scott noted that no recognition was given to the fact that the Trust played the biggest role in the area in terms of its ED performance in comparison to all other district general hospitals.

Mr Bolam confirmed to Ms Pantelides that Outpatient income being below budget was a reflection in the increased October targets, together with the fact that there were more working days in the month. In response to Ms Pantelides' question regarding Surgery's £2m underspend on clinical supplies, Mr Bolam reported that there was a real issue with non-pay spend, which clinical teams were working with Finance to address, as control had slipped in the first part of the financial year. Mr Bolam acknowledged that the cash situation being shown in the report as RAG rated green indicated that it was a somewhat crude reporting method.

Mr Bolam reported that the tariff consultation had now commenced, with a proposed 3.8% reduction in efficiency (the Trust was currently running at 4%). Price changes and controls on specialist commissioner spending were also proposed, although there was some recognition of ED pressures. He agreed to provide an update on the consultation to the December Board meeting.

Steve Bolam
18.12.14

ACTION: The Board noted the report.

14.246 Workforce Performance Report

Mrs Brewer reported that the key issue remained staff turnover, although the Trust was not alone in this respect. A recruitment plan would be considered at the Board's private meeting which would consider nursing and the reduction in turnover as currently being experienced. Some corporate actions were to be taken, such as making internal moves more straightforward within the Trust – further information would be provided on this in future reports; hotspots were to be examined, to address the variety of reasons for staff leaving, including line management, environment and other causes.

Wendy Brewer
Ongoing

There was an early indication that use of Bank staff had increased, with agency staff usage reducing – this was not yet a trend, but it was hoped that it might become one. In terms of MAST training, a meeting had taken place with specialist leaders to ensure that the appropriate staff were receiving the right training, with capacity being created to make this possible.

In response to Ms Wilton's question regarding e-rostering, Mrs Brewer explained that staff worked particular shifts as appropriate but were paid for 37.5 hours, which meant that discrepancies between hours worked and payments made could occur. Planning six weeks in advance to ensure that all staff hours were utilised effectively was now standard, as a matter of good housekeeping.

Mrs Brewer agreed with Mr Rappolt's request that benchmarking information regarding staff performance KPIs should be included in future reports. **Wendy Brewer Ongoing**

Mrs Brewer confirmed to Mr Rappolt that work was needed with Estates and Facilities to increase the number of fire wardens, as the high fire safety training figures were for basic online training rather than the recruitment of wardens.

In response to Ms Pantelides' concerns regarding the high rates of vacancies and staff turnover within the Community Services division, Mrs Brewer reported that quarterly performance meetings took place with the division, leading to greater engagement than had been the case previously. The vacancy rate had now stabilised, particularly now that the reorganisation at HMP Wandsworth was complete, but more work was needed in what was a demanding environment. A fairly large Human Resources team now supported the division, which needed it because of issues particular to it, such as IT problems. Ms Hall added that a cohort of overseas staff had decided to move *en masse* within the Trust – a situation that should not be allowed to happen in future.

ACTION: The Board noted the report.

Strategy

14.247 Capital Projects Update (including Development Control Plan)

Mr Munro reported that capital projects were on target against plan, although there remained the need to agree decant solutions for the Surgical Assessment Unit (SAU) before Christmas. As requested, the table in the report now showed original completion dates together with current expected dates.

Mr Scott explained to Mr Rappolt that the Board had approved the SAU business case in July, subject to changes to it being necessary. If the basis of the business case altered significantly, there would be need for the Board to consider it a second time. Mr Bolam added that a challenge exercise with the relevant team would take place in December, with a view to the Board revisiting the business case in January.

Mr Munro confirmed to Ms Wilton that the legal agreement for Neuro rehab at Queen Mary's Hospital had not yet been signed, but the contractor had been instructed to carry out all preliminary work.

Mr Smallwood reported that the next Board Strategy session would consider the five issues contained within the executive summary of the Development Control Plan summary, namely:

- Establishing a modular decant facilities on the site of redundant buildings with the St George's campus, to create headroom to move major departments and functions around;
- Combining new Renal facilities and some private patient facilities into a new wing adjoining the existing Atkinson Morley Wing;
- Demolishing Knightsbridge Wing to form additional parking facilities;
- Redeveloping the Maybury Street site into a mixed use community/residential development incorporating a new Outpatient Centre for the Trust and other complementary healthcare activities;
- Demolishing the existing Lanesborough Outpatient Clinic and extending the Lanesborough Wing to create the new Children's and Women's Hospital;

Mr Munro added that there would be a focus on community estate challenges, including Queen Mary's Hospital. There was a need to provide an update on clinical strategy capacity issues, together with the work of a team now dedicated to address theatre capacity. Opportunities would present themselves as a result of a space utilisation exercise; financial feasibility would also need to be examined.

ACTION: The Board noted the report.

14.248 Business Cases:

Children's and Women's – Full Business Case – 5th floor

Mr Okoye gave a presentation to the Trust Board on the key elements of the full business case.

Mr Okoye reported that the Full Business Case concentrated on the provision of other children's services within the St George's site – the 5th floor was principally about inpatient services, all under one roof. It would represent the cutting edge for South West London's primary tertiary provider. The current building, constructed during the 1970s, was no longer fit for purpose. One important addition would be the addition of a much needed adolescent unit. The increase of between 57 and 68 beds would be in line with expected growth.

Mr Okoye reported that issues had arisen with the detail contained in the Outline Business Case since the Board had considered it, but this had proved beneficial in terms of revisiting some of the information it contained when drafting the FBC. He added that the majority of funding would be from loans, although the charity had committed to fundraising £2m.

In response to Ms Wilton's question regarding charity support and the ability to fundraise, Mr Scott reported that, at the OBC stage, discussions with the charity had been about the fundraising £6m; however, in light of the plans to develop the Children's and Women's hospital, the charity had reconsidered the profile of their fundraising, so their overall commitment would remain the same but their strategy would be to target more of the fundraising towards the wider scheme than the 5th floor. Mr Rappolt agreed with Mr Scott's point that there was a need for a mitigation plan, as other fundraising other than working with the charity was not possible.

In response to Ms Hall's question regarding confidence in the proposed design and other "future proofing", Mr Okoye stated that what was proposed would greatly enhance the service, although any major shifts in provision in South West

London would need to be addressed as they arose in the future.

Mr Rappolt agreed that the business case needed to be examined in the light of the Trust's ability to fundraise and the overall capital programme. In response to his question as to whether the services would be provided would make a surplus, Mr Okoye confirmed individual services did not all make such surpluses, but combined they did make a net financial contribution to the Trust. Mr Bolam added that further work would be needed before the application was made to the TDA, including possible protection in relation to the charity's funding. A bigger loan would probably be required to deal with that particular contingency – this needed to be addressed explicitly in the business case.

In response to Mr Rappolt's question about whether the 10% contingency on the project was sufficient, Mr Munro reported that, as this was not a new build, it was adequate. He confirmed that detailed designs and technical surveys would be discussed with London Fire Brigade.

ACTION: The Board approved the Full Business Case, subject to a review of the financing plan being conducted, with any material changes to be relayed to Board members prior to submission to the TDA. **Steve Bolam / Sofia Colas Dec 15**

Children's and Women's – Strategic Outline Case – Children's and Women's Hospital

Mr Papageorghiou gave a presentation to the Trust Board, summarising key points in the outline business case.

Mr Papageorghiou reported that the proposals represented the division's vision for the future, resulting in a state of the art hospital. The focus was on maternity, due to an increase in birth rates nationally and particularly in South West London. More women could benefit from the excellent care that was provided, were it not for the current capacity constraints and the quality of the environment at present. This proposal would ensure that the Trust could do more, better. The Hub would be a single point of contact for patients; research and education would be enhanced; the South West London Collaborative would be the vehicle by which it would be integrated regionally.

Mr Smallwood felt that the question that needed to be asked was about the huge commitment of capital resources that the proposal entailed, and whether the challenges faced would be addressed by this solution.

Mr Rappolt reiterated his earlier declaration of interest as a trustee of the charity and outlined his suggestions for what the Outline Business Case should contain: he reported that charity's commitment to raise funds was not a guarantee – this needed to be addressed. Additionally, the OBC should outline the stages by which this project would be phased, as well as expectations of future profitability.

Mr Scott confirmed to Mr Rappolt that the proposal would not include a refurbishment of Children's and Women's Outpatients – that would require a total re-build. Mr Rappolt added that staffing issues should be covered in the OBC.

Ms Hall stated her view that it would be helpful to have reflections of women's experience within the business case, demonstrating the ability to provide choice. Changes in the way the service would feel to all patients on a personal level should be shown – not just those patients at either extreme of the spectrum in terms of acuity and risk.

Mr Scott noted that the proposal had been considered by the Board previously, but it had now evolved to become a project of national significance – as a result, the Programme Board would need to take on additional considerations not previously examined. It would be vital to plan external engagement locally and nationally, and to instigate it immediately.

CWDT division/ Communications ASAP

Mr Papageorghiou confirmed to Ms Wilton that broad support for the proposal had been received from commissioners, GP services and the broader community. He agreed with Ms Wilton's point that there was a danger the Trust would not be able to maintain its position as the main tertiary provider in the area if the proposal was not followed through. In response to Ms Pantelides' question regarding the 5,000 birth cap imposed by the commissioners, Mr Papageorghiou reported that they had agreed that the cap should be removed, such was their enthusiasm for this project.

Mr Bolam stated that this proposal was for the equivalent of a new district general hospital in terms of the investment required, which transformed the level of support that was required. A second strategic outline case would be required to deal with the enhanced levels of regional and national engagement – including the Treasury – that would be involved.

Mr Munro confirmed that the investment in question was for refurbishment, which meant that it was unsuitable for PFI funding, which in turn attracted a number of associated risks.

ACTION: The Board approved the Strategic Business Case.

Adult Critical Care Expansion Plan – Outline Business Case

Dr Hamilton gave a presentation to the Trust Board, which is appended to these minutes.

Dr Hamilton reported that the case for change was clear. The proposal involved three units, with another thirteen beds, nine of which would be in GICU. Two preferred solutions had emerged as a result of an options appraisal; there was a need to work through mitigating circumstances.

Mr Rappolt was very supportive of the business case, as he felt it was in line with the Trust's overall strategy. He believed that there was a need for understanding how capacity would be affected whilst the building was taking place. There was also the question of service line reporting for adult critical care, which currently produced a deficit – he questioned whether this would result in more of a loss.

Dr Hamilton responded by noting that the Full Business Case would include capacity modelling during the build, but much of the work could be done with limited impact during the summer months, as critical care was highly seasonal. Ms Owen added that the service's seasonality meant that there was an expectation that the service would break even by the end of each year – in any event, the local tariff arrangements agreed with commissioners required that the Trust could only report 1% above or below its target. Dr Rhodes added that this represented an opportunity to renegotiate those arrangements, in an attempt to make the service cost-neutral.

Mr Scott believed that this was a chance to reconsider the affordability of critical care – the Full Business Case would need to state how productivity might be

generated, in order that the service covered its own costs. Dr Rhodes agreed, noting that staff efficiencies and other considerations were being worked through with the relevant teams.

Ms Wilton felt that it was important for the Board to understand the interdependencies between other projects – for example, to be realistic about the nursing recruitment challenges that the Trust currently faced. Dr Rhodes responded by reporting that there was not a problem in terms of recruiting to critical care; Ms Hall added that the workforce planning programme would review the proposals as a matter of course.

Dr Hamilton reported to Mr Smallwood that the proposal was a staging post, to get the Trust the capacity it needed until 2020, after which a further review would be necessary.

In response to Ms Pantelides' point that she remained unsure whether considerations of the capital programme and impacts upon other services were being addressed as a whole, Mr Bolam responded that the business case had always been loan financed, but that there was no reason why the TDA would not support it. There remained a wider need to question whether the assumptions contained in the capital plan remained true.

In response to Mr Rappolt's question regarding timings, Mr Bolam reported that the rule of thumb was that each organisation should make one loan application to the TDA per year – it was expected therefore that the Trust would be one of the first to apply at the beginning of the financial year 2015/16.

ACTION: The Board approved the Outline Business Case.

14.249 Annual Plan and Objectives 2014/15 – Quarter 2 Monitoring

Ms Marsello presented the report was for information. The Trust was largely on track, although it was behind in terms of elective surgery and productivity. She agreed with Mr Rappolt's request that RAG ratings be included in future reports.

Suzanne Marsello Ongoing

ACTION: The Board noted the report.

Governance

14.250 Audit Committee report

Mr Rappolt highlighted the following key matters discussed at the last Audit Committee meeting:

- Fire Safety: whilst the committee was broadly content with progress in this area, the issue of recruitment of appropriate numbers of fire wardens remained a concern. Although the reasons for this were outwith the control of Mr Munro, an executive response on proposals to rectify the situation was required. A quantified progress report should be provided to the next committee meeting;
- Data Quality Governance: weaknesses had been identified in cashing up processes, leading to a £0.5m loss in revenue;
- Medical Locums: the committee had been pleased to receive assurance regarding the induction of Medical Locums;
- Whistleblowing: the committee had received limited assurance, as a policy was in place but it did not appear to be working in practice – the topic would be considered once again at the committee's next meeting;

Eric Munro 15.01.15

ACTION: The Board noted the report.

14.251 Annual Fire Safety Report

Mr Munro reported that a report of this nature would from this point be produced, with an update every six months, despite the fact that the Department of Health since 2009/10 had decided not to request sight of such reports.

The most significant risks related to fire safety but a considerable amount of work was being undertaken, including an updated Trust-wide policy. The lack of staff participation in training was an area where further work was needed.

Mr Munro reported that the next report would be sent at the end of the financial year and would include a dashboard with data on training, fire warden numbers and other information. A complete list of senior responsible officers would also be compiled. **Eric Munro 26.03.15**

ACTION: The Board noted the report.

14.252 Risk and Compliance Report

Mr Jenkinson reminded Board members that the Board Assurance Framework (BAF) was incorporated into the report every other month. He reported that cash flow risks and those in Outpatients needed to be considered for inclusion in the BAF.

The overall number of risks in the CQC Intelligent Monitoring Report had gone down, but two of those remaining had been elevated. The divisional self-declarations of compliance against CQC standards/outcomes needed to be triangulated with the Heat Map that was produced.

Turning to the Risk Management Strategy, Mr Jenkinson reported that its purpose was to drive risks down to their appropriate level, in order that they were considered from a ward perspective, for example. The Strategy had been considered and approved by the Organisational Risk Committee, QRC and the Executive Management Team, with a view to implementation plans being produced for the divisions during the next month.

In response to Mr Rappolt's question regarding capacity risks being "unpacked", Mr Jenkinson reported that discussions on how best to present them, including one at the recent QRC meeting, were ongoing. It was noted that a detailed review of the BAF would be completed in the next QRC seminar session.

ACTION: The Board noted the report.

General Items for Information

14.253 Use of the Trust Seal

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

14.254 Questions from the public

In response to Ms Hazel Ingram's question about whether the Moorfields proposal involved a new build, Mr Munro reported that it was an interim solution.

Ms Ingram added that telephone calls were now answered quickly, but promises

to call back with further information were not honoured, in her experience.

Ms Ingram stated her view that the increased numbers of ambulances attending the Trust was due to the fact that paramedics wanted to come to St George's, as they felt well catered for in comparison to other sites.

Dr Mike Grahn asked what assurance the Board had that iClip was being implemented so that staff were fully supported in its use and that there were no negative impacts on patient safety or the quality of the patient experience.

Mr Bolam responded by reporting that implementation of the electronic prescribing deployment programme was being clinically led (Linda Murdoch – prescribing/administration and Martin Gray – clinical correspondence). The scope of this phase included inpatients, theatres and ED (Outpatients not being within its scope). Renal, Cardiac services and Paediatrics deployment had been completed, with neurology and neurosurgery deployment currently underway, for completion by early December. ED, Maternity and the remaining medical and surgical specialities in St.James' wing would be deployed between January and May next year.

The deployment programme had been preceded by an eighteen month programme of building, validating and testing of e-prescribing, together with drug administration against the well-established drug formulary and dosage guidance. Prior to deployment, the programme also went through a clinically led gateway progress to check safety and readiness

Deployment in each speciality area was led by a local task force team with a clinical lead. Each local deployment prior to "go live" gateway included stress testing of IT infrastructure, a review of downtime procedures and confirmation that at least 80% of all staff groups in the area concerned were trained. Data take on for drugs was conducted by qualified pharmacists. 24/7 post deployment support was provided for two weeks following deployment in each area, with 24/7 support being provided across the Trust until the deployment activities were concluded.

The ePMA team collected information from various sources including regular daily debriefs, weekly team meetings, reviews of Datix and, where required, prioritisation or changes made to the ePMA system; additionally clinical areas were provided advice on optimisation of workflow, for example (where the system had identified pre-existing challenges).

Dr Grahn asked whether the Board was fully confident that the iClip system was able to store and present all data needed in order to inform clinical and quality audits and so provide assurance that proper procedures had been followed, and that iClip was able to flag instances where required procedures have not been followed.

Mr Bolam replied that the Cerner Millennium Clinical Information system had full audit capabilities that covered all aspects of the clinical documentation, prescribing and drug administration process. Warnings and alerts had been embedded into the system to advise users (who had to positively override warnings). It also enforced dual authorisation of controlled drug administration where the protocol required it. In addition, the ePMA team was auditing prescribing to ensure only those who were authorised performed this role – this

had identified and helped correct poor practice.

Dr Grahn asked whether the Board planned any future actions with regard to monitoring the effectiveness of the iClip system.

Mr Bolam replied that Cerner Millennium, which was the basis of the main iClip system, was one of the top five leading enterprise wide clinical information systems in the world and was a key component to enable the Trust to deliver its ICT strategy, with a full electronic patient record and paper light processes supporting the delivery of high quality care to patients. The usage and development of the system (and other key information systems) was monitored via a Clinical Systems Programme Board which had senior executive and clinical representation. After the planned move from the currently nationally contracted service to locally contracted service next year the Trust would move to the latest release of the software, which would also provide an opportunity to review key processes and procedures across the Trust's acute services and ascertain how best to configure and utilise iCLIP and its new functionality (including direct mobile access) that would become available.

In response to Dr Grahn's recent experience during a Quality Inspection of a 20 minute delay in dispensing medication, with staff unable to access the necessary information, Ms Hall reported that e-prescribing issues were being identified, in order that the Trust might work in a different way, but that current delays were recognised. The clinical audit team was engaged in improved future working.

14.255 Any other business

Mr Smallwood said that it was unreasonable for Board members to be expected to read a pack of more than 650 pages ahead of a meeting – an effort needed to be made to cut down the length of papers, with summaries to assist those reading them. He reported that he had asked Mr Scott to discuss the matter with the executive directors, in order that the Board was provided with the information it really needed.

Executive Directors ASAP

In response to Ms Wilton's request, it was agreed that minutes of all Board sub-committees should be sent electronically to non-executive directors as a matter of course.

Peter Jenkinson Ongoing

14.256 Date of the next meeting

The next meeting of the Trust Board will be held on 18 December 2014 at 9.00am.