

## MINUTES OF THE TRUST BOARD

3<sup>rd</sup> September 2015

Richmond and Barnes Rooms, 2<sup>nd</sup> Floor, Queen Mary's Hospital, Roehampton

<b>Present:</b>	Mr Mike Rappolt	Non-Executive Director (chair)
	Mr Miles Scott	Chief Executive
	Professor Jennie Hall	Chief Nurse
	Mr Peter Jenkinson	Director of Corporate Affairs
	Professor Simon Mackenzie	Medical Director
	Mr Eric Munro	Director of Estates and Facilities
	Ms Stella Pantelides	Non-Executive Director
	Mr Martin Wilson	Director of Improvement and Delivery
	Mr Rob Elek	Director of Strategy
	Ms Sarah Wilton	Non-Executive Director
	Professor Peter Kopelman	Non-Executive Director
	Andrew Burn	Turnaround Director
	Dr Judith Hulf	Non-Executive Director
	Mrs Kate Leach	Non-Executive Director
	Mr Steve Bolam	Chief Financial Officer

**In attendance:**

<b>Apologies:</b>	Mr Christopher Smallwood	Chair
	Mrs Wendy Brewer	Director of Workforce

**15.09.01 Chair's opening remarks**

Mr Rappolt noted the trust chairman's apologies for this meeting and therefore he would be chairing the meeting. He welcomed the governors and members of public present to Queen Mary's Hospital and invited those present to attend the formal opening of the Wolfson neuro-rehabilitation centre after the meeting.

**15.09.02 Declarations of interest**

No interests relating to agenda items were disclosed.

**15.09.03 Minutes of the previous meeting**

The minutes of the meeting held on 30<sup>th</sup> July were accepted as an accurate record.

**15.09.04 Schedule of Matters Arising**

The board received and noted the schedule of matters arising, noting updates given on the schedule.

15.06.05 – the board noted that an update report on the joint work with the Border Agency would be presented in due course, with a date to be confirmed.

15.06.13 – the board noted and accepted the rationale provided for the target figure of 850 fire wardens, as requested. The board noted that the level of recruitment against that target had increased to 250, with a recruitment drive ongoing within the divisions. It was agreed that a more detailed update would be provided to the next audit committee meeting, and that the quality and risk committee had reviewed the risk at its last meeting.

15.07.19 – Ms McCullough reported that a process was in place to control and

**E Munro  
9-Sep-15**

monitor agency expenditure, and would be provided to the board in October. The board expressed its concern regarding the time taken to confirm the numbers.

**W Brewer  
8-Oct-15**

15.07.21 – the chairman noted that there had been a detailed discussion in the reserved part of this board meeting regarding the current bed capacity plan and risks associated with that and operational pressures.

#### **15.09.05 Chief executive's report**

Mr Scott presented his report, highlighting key points.

Mr Scott highlighted the appointments made to key posts within the Cardiology Clinical Academic Group (CAG), including the chief and general manager. September would see a period of transition for the newly established CAG, including further appointments, before go-live in October. Mr Scott also reported that the Joint Implementation Board had agreed a process for initializing development of further CAGs.

Mr Scott provided an update on the bids submitted in relation to the national 'vanguard' programme. The trust had been shortlisted for both bids – one being for the acute provider programme in south west London and the second being to establish a cancer care network with the Marsden and Imperial. A further update would be provided on the outcome of these bids and on south west London at the next meeting.

**R Elek / M Scott  
8-Oct-15**

Mr Scott also provided an update on the Monitor investigation, reporting that Monitor had now concluded its investigation, found the trust in breach of its licence and accepted a range of undertakings from the trust, including the development and implementation of one, two and five year recovery plans. He advised that he would also be meeting with Monitor later that day as part of a challenge process over annual plans – there would be pressure on the trust to achieve better financial performance than planned which would be a significant risk for the trust. It was agreed that the outcome of that discussion would be reported to the next finance and performance committee.

**M Scott  
8-Oct-15**

#### **15.09.06 Quality and performance report**

##### **Performance**

Mr Rappolt reported that there had been detailed discussions about current performance against access standards at the last finance and performance committee meeting, with a follow-up discussion in the reserved part of the board meeting. Both meetings had considered the risks and potential consequences of continued non-compliance with access standards and the development of additional controls and mitigations.

Mr Wilson presented the performance part of the report, highlighting in particular that four domains of performance were now rated as 'red' which was of concern, but with particular concern over non-compliance RTT, A&E and cancer access standards and rate of cancelled operations.

##### **Quality report**

Prof Hall presented the quality part of the report, summarising that the report showed no significant change in performance from quarter 1. She reported that quality assurance mechanisms continued to be strengthened, including strengthening the current quality inspection programme and greater triangulation

of data from other clinical audits and other quality metrics. In addition a group had been established to review and ensure compliance with the CQC fundamental standards, which included a weekly review of emerging or current quality issues such as procurement and estates maintenance.

#### Effectiveness domain

Prof Hall highlighted the outputs from the PRISM survey, which were generally very positive apart from feedback around the quality of medical records which needed to be addressed.

The board requested that the action plan for improving the quality of medical records be brought back to the board for assurance.

**J Hall  
Tbc**

#### Safety domain

Prof Hall highlighted the continued rise in serious incidents and never events, as previously discussed by the board in the reserved part of the board meeting. The board also noted that the trust remained on trajectory against the infection control targets and noted improvement in the compliance with safeguarding training, although the trust was not yet compliant and therefore more focused action would continue in this area.

Mrs Pantelides sought assurance over the data quality relating to pressure ulcers in the community. Prof Hall confirmed that the division had been doing a lot of work in this area and therefore their rates had reduced. She was therefore confident that the reported data was accurate.

Mr Rappolt highlighted that while improvements had been made in compliance with VTE assessments, there were still areas of non-compliance and VTE assessment had been raised in a recent serious incident. Prof Hall confirmed that there was now much better clinical engagement and therefore improvement, but agreed that there was still more to do.

#### Patient experience domain

Prof Hall highlighted the most recent results from the friends and family test surveys and also highlighted continued improvement in response to complaints, with two divisions now consistently meeting the target.

#### Well-led domain

The board noted the heat map.

Prof Kopelman highlighted the commentary regarding complaints in neurosciences and pre-assessment, seeking assurance that this was already embedded in all pre-operative services. Prof Hall agreed to confirm.

**J Hall  
8-Oct-15**

The board also noted the service users' feedback regarding lost referrals. It noted that the specific incident referred to had been resolved but sought greater assurance regarding the trust's referral systems. It was agreed that the quality and risk committee would review on behalf of the trust.

**P Jenkinson / S  
Wilton  
Tbc**

#### Report from the quality and risk committee

Mrs Wilton gave an oral report from the previous quality and risk seminar meeting, reporting that the focus of the meeting had been on a 'deep dive' review of five estates-related significant risks, including estates maintenance and fire safety. The revised risks would be presented to the next quality and risk committee. The committee had also received a presentation from the community

services division, highlighting key quality assurances and risks, including offender healthcare and staffing.

#### 15.09.07 Finance report (month 4)

Mr Bolam presented the financial performance report for month 4, highlighting overall in-month performance and year to date performance, and the key drivers for underperformance: underperformance in outpatients, unidentified cost saving programmes, prior year issues and fines and penalties levied by commissioners. The board noted a continued improvement in the underlying position but continued underperformance against the year to date budget.

Mr Bolam also presented an update on CIP delivery and cash. The board noted an improvement in supplier payments which led to a reduction in debt owed to the trust.

The board also noted the actions being taken in turnaround, and noted that the monthly divisional budget performance reviews had been established.

Prof Kopelman asked about status of the capital programme and the impact on quality. Mr Bolam gave an update on the recent theatre downtime and assured the board that this was not due to cuts to the capital programme but more related to issues in access to theatres to perform essential maintenance. This was being built into theatre capacity plans going forward.

Mrs Wilton welcomed the improvement in cash but expressed her concern that the position still remained tight and asked whether there was any way to expedite the outstanding £20 million debt owed by NHS bodies. Mr Bolam reported that the trust had received £4m in month 4 but that there remained issues with NHS England and their process for payments. The trust continued to escalate this at a regional level, but issues remained with increasing demand and under-commissioning putting pressure on their affordability and delivery.

Mrs Pantelides highlighted that, triangulating across the workforce and finance report, it was clear that pay costs were not increasing which was welcome. However there was an increase in temporary staff usage. She asked for assurance that there were adequate controls in place over pay costs and that workforce and activity planning were linked. Ms McCullough gave an update on the reconciliation work between finance and workforce systems, which was expected to be completed by the end of September. The board noted that the number of substantive staff had increased by 277, but noted that this was due in part to the implementation of additional controls on temporary staff and that ongoing opportunities to reverse-out some the increases would be identified. The board also noted that the trust had seen a 10% increase in clinical activity but not the same level increase in staff. The board agreed that resources required to deliver the planned activity should be picked up as part of the service line review process, and the budget re-forecasting exercise would identify opportunities to reverse some previous increases in workforce overheads.

The board agreed that Mr Bolam would pick up with Mrs Brewer to provide an explanation of the increase in headcount and the additional controls put in place.

**S Bolam / W  
Brewer  
08-Oct-15**

#### **Report from the finance and performance committee**

Mr Rappolt gave an oral report from the finance and performance committee meeting held in the previous week. As well as considering the same finance and operational performance reports reviewed by the board at this meeting, the

committee had challenged the actions being taken by divisions to return to being on budget. The committee had also agreed that an integrated overarching performance report would be developed to bring together the various elements of performance and highlight key issues and risks.

Mrs Leach suggested that the actions in the performance report should be explicit regarding timescales and individual accountability.

**15.09.08 Workforce report (month 3)**

Ms McCullough presented the monthly workforce report and highlighted the vacancy rate being reported, advising that improved visibility on this would be achieved once the ESR reconciliation process had been completed. Prof Hall also highlighted the publication of new national rules regarding limits to agency nursing usage. This would come into force from October and the implications for the trust needed to be worked through.

Mrs Wilton noted differences in the reconciliation in corporate services and asked why such big differences. Mr Bolam explained that the rostering system was used differently in corporate services, to manage annual leave rather than shift rotas.

The board also noted a disappointing decline in MAST compliance and requested a trajectory for improvement. Ms McCullough reported that a fortnightly MAST performance review meeting had been established, as well as the fortnightly appraisal performance meeting. There would also be a review of the MAST syllabus and training methods to determine whether there were ways to improve delivery and compliance.

**W Brewer  
8-Oct-15**

**15.09.09 Risk and compliance report**

The board received and noted the risk report, noting in particular the most significant risks on the corporate risk report as recommended by the quality and risk committee and noting the process for 'deep dive' reviews of key risks and their controls and assurances being conducted by the quality and risk committee. The board agreed that MAST compliance should be recognised as a risk on the register and that the quality and risk committee would review progress in resolving compliance issues in the mortuary.

**15.09.10 Revalidation and appraisal update**

Prof Mackenzie presented an update on medical appraisals and revalidation, recommending to the board that the required compliance statement should be signed, but recognising that additional work was required to strengthen some controls. The board noted the recommendations in the report.

Dr Hulf noted the high percentage increase in new connections reported. Prof Mackenzie advised that the reason for this increase was multi-factorial, including new starters, some related to individuals doctors adopting process and some related to improvements in trust processes in identifying appropriate individuals.

The board noted the draft action plan and agreed that the plan should be brought back to the board once dates and responsibilities were completed and signed off by the executive team.

**S Mackenzie  
8-Oct-15**

**15.09.11 Questions from the public**

The chairman invited comments or questions from the public.

Hazel Ingram commented on the reported Listening into Action conversation

regarding complaints, advising that she received or heard of other anecdotal complaints which did not become complaints or PALS concerns.

Hilary Harland shared her own personal experience of the call centre and asked why it would take two weeks to sort out the problems as recruiting telephonists would be straight forward. Mr Wilson responded that sustainable improvement required improvements to the booking system rather than recruitment. He also advised that additional recruitment would not provide a quick fix as the team already had vacancies that it could not fill and appropriate training of new recruits took three weeks.

Thomas Saltiel asked what impact the change in financial approval limits was having. Mr Bolam confirmed that the trust's standing financial instructions and the procurement workflow had been amended to reflect this change. A cash committee had been established which would monitor the impact of the change and the procurement team were engaging with managers across the organisation. He advised that various incidents had been recorded regarding these changes in procurement controls and these were being investigated. Initial findings were that the causes of incidents were multi-factorial, including judgements on the part of the procurement team and also operational teams.

**15.06.12 Any other business**

There was no other business.

**15.06.13 Date of the next meeting**

The next meeting of the Trust Board will be held on 3<sup>rd</sup> September 2015.