

TBR (M) 03.12.15 (public)

MINUTES OF THE TRUST BOARD

3rd December 2015

Hunter boardrooms, 2nd Floor, Hunter Wing, St. George's Hospital

Present:	Mr Christopher Smallwood	Chair
	Mr Miles Scott	Chief Executive
	Mike Rappolt	Non-Executive Director
	Professor Jennie Hall	Chief Nurse
	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
	Mrs Kate Leach	Non-Executive Director
	Mr Steve Bolam	Chief Financial Officer
	Mrs Wendy Brewer	Director of Workforce
Ms Paula Vasco-Knight	Interim Chief Operating Officer	
In attendance:	Dr Andrew Rhodes	Divisional Chair
	Dr Lisa Pickering	Divisional Chair
	Richard Coxon	Minutes
Apologies:	Professor Jenny Higham	Non-Executive Director
	Dr Judith Hulf	Non-Executive Director
	Ms Gill Hall	Interim Board Secretary

The Board welcomed ten members of the public who had attended the meeting to raise their concerns on the changes to the Urogynaecology service and the consultation process. The Board heard the concerns of two patients of the service, who were opposed to the service remaining suspended.

Ms Barbara Bohanna said she had been a patient at St George's for many years and felt that the Trust had handled the suspension of the service appallingly and that the public consultation should be scrapped and started again. She felt that the Trusts claim that there would be a 'smooth transition' of patient care to Croydon Health Services (CHS) was not true as she had tried to make an appointment at CHS and was told they did not have the capacity to take any more patients. Ms Bohanna reiterated that she felt the public consultation had not been correctly undertaken as she had worked previously in the health service and carried out similar consultations.

Ms Stephanie Suliaman spoke next and felt the Trust had already made its decision to close the urogynaecology service at St George's. Ms Suliaman felt that the timetable and administration behind the consultation was unsatisfactory, she highlighted a letter she received from the Trust on the 6.11.15 about the service suspension which was dated 19.10.15 and postmarked 3.11.15, it had no official address and was difficult for her to read due to vision impairment. Ms Suliaman asked why the consultant from CHS could not continue to also work at St George's.

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Mr Scott responded that no decision had been made regarding the long term future of the service which was suspended on the 11 June 2015 on patient safety grounds. The consultation process was described and would be concluded in the New Year when a paper would be submitted to the Trust Board for decision. It was further noted that the consultation period had been extended twice to accommodate the views of those affected with the final closing date moved to the 4 December 2015. Mr Scott reported that to ensure as wider consultation as possible the Trust had consulted with Wandsworth Healthwatch.

Prof MacKenzie confirmed that the service had been suspended for patient safety concerns and not for financial reasons. A Consultant from CHS had been brought in to support the service for a year which was extended for further 3 months. It was further reported that the service was being provided by CHS, who had an excellent reputation, and other hospitals in the area.

Dr Rhodes, Divisional Chair for Urogynaecology service, reiterated that the service had been unsafe for patients and was suspended before any patients were harmed.

Mr Scott thanked the contributors for their comments and thoughts on the adequacy of the public consultation and these would be fed into, and considered as part of the process as well as forming part of the report to be submitted to the Board in the new year. The Board would need to be satisfied that the consultation process was correct and assure itself before making a decision on the future of the service.

It was further noted that due to the considerable response and interest in the Urogynaecology Public Consultation, the trust had further extended the consultation period to 4th December: a decision welcomed by Wandsworth Health Overview and Scrutiny Committee. It was noted that a consultation drop-in session had been arranged for the evening of 1st December. Furthermore the trust had worked with Wandsworth Healthwatch to ensure that all interested parties had an opportunity to comment. Once the consultation had ended all comments received would be collated and reviewed to form part of the decision making process.

The Board thanked the group.

The Board discussed the views and comments, in particular:

Ms Wilton asked about how concerns about accessibility of the consultation and options available had been addressed.

Mr Rappolt thought that the correct decision had been made to suspend the service in the circumstances.

Ms Pantelides also agreed and noted that it was disappointing that the service could not be built back up due to lack of a specialised service lead.

Mr Scott stated that best practice had been used for the consultation, first with staff being consulted followed by the public consultation and advice had also been sought from Capsticks.

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1. Chair's opening remarks

The chairman welcomed everyone to the meeting and reminded all present that this was a meeting of the Board held in public not a public meeting. However members of the public present would be given the opportunity to raise questions at the end of the meeting.

2. Declarations of interest

No interests relating to agenda items were disclosed.

3. Minutes of the previous meeting

The minutes of the meeting held on 5th November were accepted as an accurate record.

Mr Rappolt requested that actions be clearly stated in the minutes.

4. Schedule of Matters Arising

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

5. Chief executive's report

Mr Scott presented his report as read and there were no questions.

6. Quality and performance report

The board received and noted the monthly quality and performance report.

A&E

It was reported that ED performance in October remained challenged achieving 91.89% of patients seen within 4 hours, against a national target of 95%, however it was noted that October performance had improved on the previous month. The trust was also below the YTD target with performance at 92.28%.

Cancer

The Board received assurance that the cancer wait time target was being closely monitored. Following comments on timeliness of data being reported it was noted that cancer reporting was always reported in arrears and the Trust was reviewing data weekly at the monitoring meetings. It was further noted that NHS England had recently carried out an inspection and given good feedback on the service.

Cancelled Operations

The Board were reminded that the national standard was that 'all patients whose operation has been cancelled for non-clinical reasons should be treated within 28 days'. The trust had 40 cancelled operations out of 4497 elective admissions in September. 37 of those cancellations were rebooked within 28 days with 3 patients not rebooked within 28 days, accounting for 7.5 % of all cancellations. There had been a significant decrease in the number of cancelled operations compared to the same period last year.

Quality report

Prof Hall presented the regular quality report, in particular, it was noted there had been a rise in serious incidents; a paper on trends would be circulated.

Action: J Hall

There had been 3 reported cases of MRSA. C-Diff cases reported was much

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better than our peers.

Mr Rappolt asked about complaints and trends given pressures such as FOIs, and failure to follow up. It was noted that these were quality priorities within divisions. It was further noted that the Trust had a robust process for the review of serious incidents which included a weekly meeting.

Ms Wilton stated that the Quality & Risk Committee looked at this regularly and assumed all divisions followed up with a high level of urgency.

Report from Quality & Risk Committee

The board noted the report of the Chair of the quality and risk committee, in particular,

- concerns raised about duty of candour by consultants.
- Out of date and incomplete Trust policies
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Mr Rappolt asked about individual consultants disregarding duty of candour. Prof MacKenzie stated that any instances of consultants not to be complying with the requirement would be addressed by Divisional Chairs at annual appraisal.

Action:
J Hall

6.1 Finance report (month 7)

Mr Bolam presented the financial performance report for month 7, highlighting overall in-month performance and year to date performance, and the key drivers for underperformance which included underperformance in outpatients, unidentified cost saving programmes, prior year issues and fines and penalties levied by commissioners.

Income and expenditure performance in October showed a further improvement on previous months, £0.3m better than plan. However this reflected the benefit of a number of one off items totalling £1.5m, of which the most significant was the speeding up of high cost drug accounting. The Trust was beginning to see evidence of a reduction in pay costs and an increase in income.

The cumulative deficit was £36.7m, £7.2m worse than plan. The Board noted the contributory factors which included low outpatient income, costs/income adjustments relating to the prior year and a £1.2m shortfall on savings. Work was progressing to improve systems and process, the accuracy of reporting and to ensure actions were being taken to manage performance issues in divisions. £15.6m of CIPs had been achieved to date, with plans for a further £15.2m of schemes to deliver in the remainder of the year. A total of £31m had been included in the outturn projection from the reforecasting exercise.

The cash balance at the end of October was £9.8m higher than plan. The continuing improved cash position and the lower deficit in month were the main factors that led to the improvement in the Trust's overall risk rating from 1 to 2 for a second month. Capital spend was continuing to be slowed down as part of the overall cash management plan with spend to date at £18.3m against a plan of £33m.

The reforecasting exercise had been completed and approved by the Board. This

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showed a year end deficit of £63m before a range of mitigating actions was applied. An initial assessment of these actions was presented to the Board and as a result the Board had agreed a target deficit of £50.2m by year end (including exceptional one off items relating to prior year costs and turnaround support). Reporting would now switch to reporting against the reforecast plan for the remainder of the year.

Mrs Leach queried the £500k cost of drugs for patients on regimes which commissioners were not paying. Mr Bolam reported there was always a delay in commissioners meeting these types of costs. The Finance & Performance Committee had requested the Chief Pharmacist attend the December meeting to discuss this matter.

Mr Smallwood asked about divisional finance reviews, in particular Community Services. It was reported that a plan was being developed to rationalise community services. This would be shared with commissioners as it would affect where patients are seen.

Mr Scott reported that the relationship with KPMG would continue, pending Monitor approval, to complete the 2 and 5 year business plans. A report would be submitted to the January Board and include a transition plan to transfer resources from KPMG to the Trust. It was noted that Monitor were coming under increasing scrutiny over advisory spend.

Ms Wilton raised concerns that KPMG had not achieved what they had been brought in to do, particularly the review of procurement processes.

Mr Scott stated that retrospective approval from Monitor was not helpful to manage the contract and welcomed input from NEDs.

Ms Wilton also felt too much time was spent writing business cases for projects not taken forward. Mr Elek stated that one of the key recommendations from the PwC Report was for some business cases stop before creating pointless work for staff but at the same time not stifling innovation. Mr Scott reassured the board that there were no cases where staff were working on business cases that would not go forward.

Report from the finance and performance committee

The board noted the report from the finance and performance committee, including a summary of key discussions and decisions. The committee had noted concern regarding the potential £10m fine from commissioners. Mr Bolam reassured the board that the Trust were actively looking to avoid fines and also negotiate with commissioners how fines could be 'reinvestment' to improve our services.

6.2 Workforce report (month 7)

The board received and noted the monthly workforce performance report, in particular noting that turnover has steadied in month. High turnover rates was an issue for all London trusts and St George's compared well with benchmarked trusts. However, high turnover had a significant impact on the trust. KPMG were providing support around managing pay costs.

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Mrs Brewer reported that the agency cap had now come into effect and HR were working with agencies and procurement. All London NHS Trusts were working together.

Mr Rappolt asked about the implementation of the PwC recommendations for staff pay increments to be performance linked. Mrs Brewer reported that the Trust continued to be in discussions with unions about implementing the introduction of withholding pay increments if performance was not met.

Mr Smallwood asked about the high number of vacancies and whether nursing and clinical posts had to be panel approved. In response it was noted that all nursing and clinical posts were automatically approved without need to go to panel but all new posts needed to go through the approval process.

Mrs Leach asked whether the high cost of London accommodation was a large factor in the Trust not being able to recruit and retain staff. Mr Scott replied that there was no evidence to support that potential staff were deterred due to affordable accommodation in the area. Staff would normally prefer to find their own accommodation to suit their circumstances rather than stay in hospital accommodation. There was a need for the Government to undertake a study to see how far people commuted to work and compare how this had changed in the last 5 years.

Report from the workforce committee

The board received and noted the report of the workforce committee, noting the pressures of recruitment and agency control. Each division had a CIP plan. It was noted that there was still a lot of work to do around education particularly with reduced funding which would affect plans for 2016/17.

Mr Smallwood commented on the high turnover of staff in community services which needed to be addressed.

Action: W Brewer

7. Strategy

7.1 Q2 Annual Plan progress report

Mr Elek provided an update on the Annual Plan approved by the board in April 2015. It was noted that it excluded the turnaround actions which have since been agreed. Overall performance when measured against all the objectives was amber/red.

7.2 Outpatient Strategy

Mr Elek introduced the report which outlined the work of the Outpatient Strategy Board (OSB) formed in May 2015 to review outpatient services and to make recommendations to improve the quality and efficiency of services.

The key OSB findings included:

1. A requirement for consistent and simplified processes to ensure the delivery of a safe and high quality service.
2. Acknowledgment that there was no single best practice solution – other trusts had both centralised and devolved models both of which had their advantages and disadvantages.
3. Current trust processes had developed organically, with multiple variations and many back-office fixes to technical problems; there was trust-wide

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protocols for some service aspects, but these were not consistently adhered to.

4. The current patient experience in outpatients was poor.
5. GPs reported the Trusts referral systems were confusing compared to other Trusts and therefore were referring elsewhere
6. There was no central oversight of outpatient performance or room utilisation, and no consistent set of KPIs.
7. The different income models caused confusion and did not incentivise clinical services to maximise capacity or efficiency.
8. The different management models were a barrier to efficient use of capacity.

The OSB therefore recommended:

- a) A single payment method is adopted across the Trust. This should entail clinical specialities receiving all PbR income, with supporting outpatient delivery functions receiving payment via an SLA which incentivises high quality customer care and maximises room utilisation across all sites. This was similar to the current Corporate Outpatient Services model at SGH.
- b) Referral and administration (booking) systems, and the provision of outpatient services themselves, should be consistently delivered across the trust through the adoption of simplified processes.
- c) There should be a single point of referral for GPs in the short-term. In the longer-term we should work collaboratively with commissioners to actively promote e-referral take-up.
- d) These processes (as detailed within the paper) should be rapidly developed and documented, in parallel with the creation of a single suite of KPIs, and compliance monitored through OSB.
- e) A single management model should be adopted across the Trust, ensuring the best use of available capacity through the use of an electronic room booking system that reflects the standardised and simplified clinic templates.
- f) The management model, combined with standardised and simplified processes, does not preclude local delivery of outpatient services – the Neurosciences pilot should be allowed to continue and report as planned at the end of the year.
- g) The Corporate Outpatient Services and QMH outpatients' management, administration and service delivery teams should be merged into a single function – this will ensure the efficient and consistent delivery of services utilising a single set of processes. This function would require a new dedicated GM. OSB considers that as the central booking service already sits within CWDT that this would be a logical alignment.
- h) The existing Corporate Outpatient Services SLA should be changed to ensure that it meets the needs of patients, GPs and clinical services and that it includes appropriate mechanisms to incentivise good performance and to penalise poor performance.

The board was asked to consider the paper and its recommendations.

Mrs Leach queried whether the work was operational or strategic, and if it would be an opportunity to launch and market the new process.

Mr Elek responded that he was leading on the project and working closely with Ms Vasco Knight. He agreed that GPs would welcome the improvements to the service and marketing exercise would be considered.

The Board agreed the strategy.

RESOLVED

That the Trust Board APPROVED the Outpatient Strategy

7.3 Divisional Medicine & Cardiovascular Presentation

The Board welcomed Dr Pickering who presented some highlights in the six clinical areas within the division, in particular:

- 19.94% of ED attendances converted to admission – better than other Trusts.
- 85% positive FFT feedback in patient responses
- There had been a significant reduction in the response time for complaints and reopen rates through identifying a link Consultant to contact complainants and lead on written responses.
- Palliative Care Team had a 25% increase in referrals over the previous 5 years and had provided a 7 day service since 2009 which only 20% Trusts nationally provide.
- The fast track End of Life discharge service last year discharged 250 patients saving 2500 bed days (& improved EOLC). The Trust is a pilot site for testing NHS England Palliative Care Development Currency – new approach to funding.

7.4 Emergency Planning (Annual Report)

Ms Vasco-Knight presented the emergency planning annual report highlighting the report passed a recent national inspection with only one area requiring improvement, an action plan had been developed to address the gap.

7.5 Travel Plan for approval

Mr Munro provided an update and progress report on the Travel Plan highlighting that the plan was a working document. The Board noted that the proposal by TFL to change the location of the Cross Rail extension from Tooting Broadway to Balham was currently out to public consultation and the Trust would be submitting a response.

7.6 South West London Acute Collaborative Providers (Update)

Mr Elek gave an update on the outcome of recent discussions to agree to further strengthen and build on the programme of work that has been carried out in South West London and Surrey Downs to date, this included forming closer working arrangements and developing a single programme of work – the South West London and Surrey Downs Healthcare Partnership Programme (SSHP).

Mr Smallwood highlighted the importance of this going ahead as it would greatly benefit the Trust. The Board noted there were some political issues that needed to be resolved.

8. Risk and compliance report

Prof Hall presented the report to the Board.

Corporate Risk Register (CRR):

The most significant risks on the CRR were detailed. It was noted that controls were developed for all risks. The Board further noted that the Quality & Risk

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Committee carried out a rolling programme of risk deep dives.

Action:
J Hall
Jan 2016

Assurance:

A full review and redesign of the board assurance framework was currently underway. The underpinning procedural document was also being developed and would be presented to the Executive Management Team with a view to presenting to Trust Board in Jan 2016.

8.1 Report from the audit committee

Ms Wilton gave an update to the Board on the Audit Committee, in particular the following was noted:

- An investigation was being carried out by Internal Audit on the high level of tender waivers
- Reasonable Assurance was given from an Internal Audit of South West London Pathology although work remained to be done on assessing the benefits in the light of a £2.4m negative variance in Business Case financial assumptions.
- The Audit Committee had been concerned at the detailed analysis of expenditure on consultancy services and general management support costs for 2014/15 which totalled £5.5 m and the significant expenditure on interim management in Divisions (£3.7 m). The Audit Committee was not assured that this area was yet under control and had asked the Trust to present the report to the next Finance & Performance Committee, to explain the largest expenditures in 2014/15 and to provide assurance that expenditure was now under control.

8.2 Trust Plan for Approval

Mr Munro explained that the report had been withdrawn as more time was needed to consult with staff, it would be resubmitted at a later date.

9. Trust seal

The recent use of the trust seal had been noted in the Trust seal book.

9.1 Questions from the public

None.

10. Any other business

Mr Smallwood informed the Board of the death of Nan Coker, the previous Chair of the Trust who recently passed away. She made a significant contribution to the Trust taking a very active interest in improving patient quality and experience. She had unfortunately had to step down due to ill health and will be much missed by everyone who knew her.

Mr Rappolt noted that this was Mr Smallwood's last Board meeting and on behalf of the Board thanked him for the huge contribution he had made during his time as Chairman and wished him all the best for his retirement.

Mr Smallwood responded that it had been a great privilege being Chairman over 9 years in Hounslow, Kingston and at St George's. He felt that the pressures facing the organisation were very difficult especially the scrutiny that the executive directors were under. He hoped that along with the non-executive

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directors and governors they would continue to support each other for the benefit of the Trust. He had been greatly impressed by the excellent clinical teams here, meeting staff and patients and wished everyone all the best for the future.

11. Date of the next meeting

The next meeting of the Trust Board will be held on 14th January 2016.