

MINUTES OF THE TRUST BOARD

5th November 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
	Professor Peter Kopelman	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 Paul Alford	Divisional Chair
Apologies:	Mr Peter Jenkinson	Director of Corporate Affairs
	Andrew Burn	Turnaround Director
	Mrs Kate Leach	Non-Executive Director
	Dr Judith Hulf	Non-Executive Director

1. Chair's opening remarks

The chairman started the meeting by informing the board that Dr Judith Hulf would be formally stepping down on the 31 January 2016. This would also have been Peter Jenkinson's last Board Meeting and the chairman wanted to note the terrific contribution he had made to the Trust especially successfully guiding us through the difficult Foundation Trust process.

The four Divisional Chairs will from now on be attending every board between their clinics.

He also welcomed governors and other members of the public to the meeting. He reminded all present that this was a meeting of the Board in public rather than a public meeting. However members of the public present would be given the opportunity to raise questions at the end of the meeting.

3. Declarations of interest

No interests relating to agenda items were disclosed.

4. Minutes of the previous meeting

The minutes of the meeting held on 8th October were accepted as an accurate record. It was agreed that the draft minutes needed to be circulated a few weeks in advance of the next meeting.

Ms Wilton requested that the circulation of sub-committee minutes be reinstated.

Mr Scott will be resetting the executive directors' objectives for the second half of the year and discussing priorities which will be brought back to the board.

5. Schedule of Matters Arising

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

Well led domain/heat map – Prof Hall confirmed action complete.

Call centre – Ms Vasco-Knight reported that things had started to improve after changes but had deteriorated again. Dr Rhodes confirmed they are recruiting more staff to improve service to previous level.

Workforce Report – Mrs Brewer reported that work is still ongoing with process agreed with KPMG. The financial systems reconciliation needs to be implemented which Anna Anderson is leading for finance team.

Ms Pantelides felt that the board had received limited assurance on progress and the system needed to be tested. Mr Rappolt appreciated all the hard effort that had been done to date but this needs a target date for completion as its key to the turnaround and has been dragging on for 3 months. Mr Bolam stated he would push this forward with his team but they do have many priorities, all equally important,

Questions from public – Mr Scott has responded direct to Mr Poloniecki.

6. Chief executive's report

Mr Scott presented his report, highlighting key points including welcoming Prof Jenny Higham, who succeeds Prof Kopelman. Prof Higham will be both the Principal for SGUL and a non-Executive Director of the Trust. There are two new Divisional Chairs – Dr Lisa Pickering and Dr Tunde Odutoyem.

The Listening into Action pass it on event this year - when teams showcase and celebrate their work - will take place alongside the Clinical Audit half day on Friday 4th December 2015 from 8.30am to 1pm in the Hunter Wing Boardrooms.

In relation to executive changes, we have advertised for a permanent Chief Operating Officer with interviews in 2-3 week's time. We will also be appointing a new Trust Board Secretary with some changes to the role and in the interim Jill Hall will be starting in 2 weeks time with a week's handover with Mr Jenkinson.

Mr Scott advised that the Chairman's and two Non-Executive Director appointments recruitment proposals had been agreed by the Council of Governors on the 27th October. These proposals included the composition of the appointment panel and stakeholder involvement in the process. The intention would be to appoint the new chairman before Christmas so that he / she could be involved in the appointment of new non-executive directors in January.

7. Quality and performance report

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

Performance

The board received and noted the monthly performance report from Ms Vasco-Knight, noting that the trust was failing to achieve the standard in four areas: the RTT performance had deteriorated over the month, A&E performance was currently at 91.4% which was the second best performance amongst London trauma centres and fourth best out of seven trusts in south west London, and

cancer standards with two of the nine cancer standards having been missed and having deteriorated further in month.

A&E

Mr Wilson reminded colleagues that despite the ED department being very busy, national benchmarking data shows Wandsworth and Merton have low levels of emergency ED attendances and low levels of non-elective admissions per 1,000 weighted population compared to the rest of London. This is a successful consequence for the local healthcare system of many years work to ensure that only sick patients who require emergency care come to the emergency department, and patients with low level urgent care needs go direct to primary care services elsewhere. The impact on the Trust is that patients coming to the ED are proportionately sicker than in alternative health economies where patients with non-acute urgent care needs also attend their local emergency department. The impact of this needs to be a key feature in the review of the Trust's strategy going forward

Cancer

Ms Vasco-Knight assured the board that the cancer waiting target will be back on track during November and was being closely monitored. Mr Rappolt stated that looking at August data in November was unhelpful. Assurance was given that current data was being looked at during the weekly monitoring meetings.

Diagnostic waits

Mr Rappolt asked about the financial penalties we are incurring due to targets not being met. Mr Bolam reported that there is a forecast of £10.5m compared to £7.2m last year. The way penalties are imposed have been changed and the Trust is working with the CCGs and Monitor to minimise the penalties.

Ms Wilton asked about what action is being taken now that bed occupancy is now increased to 98.5%. Ms Vasco-Knight stated that there are meetings daily of how this figure can be reduced.

Cancelled Operations

The number of cancelled operations has decreased.

8. Quality report

Prof Hall presented the quality part of the report, summarising key messages with each section of the report.

The number of general reported incidents in September indicates a similar trend in terms of numbers and level of harm. The Board should note that the trend for Serious Incidents indicates a gradual increase. Of those declared for September the Board noted that the issues are across a range of clinical issues, some are mandatory in terms of reporting. A paper will be circulated on trends concerning 'never, never incidents'.

The Trust has now reported 4 MRSA bacteraemia cases and 17 C-Difficile to the end of September. The Board noted that the MRSA case declared in early September is going to arbitration and may subsequently be removed; we are one case above the annual Trajectory for C Difficile which is set at 31 cases for 15/16.

Ms Wilton queried the CAS alerts where clinicians can over-ride electronic system. Prof MacKenzie assured the board that this meant that doctors could override electronic system so that they could deal with more urgent work before

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returning to task.

There has been a modest improvement in the complaints figures since August's figures but below where we need to be. Mr Rappolt mentioned that the example patient experience story of a patient failing to contact the Cardiology Department on the number given has also happened to a friend of his. Prof Hall stated that she would look into this.

9. Update on flow programme

Prof Hall gave a presentation on the flow programme with four members of her team, Jane Galloway, Dr Helen Jones, Brendan McDermott and Helen Anderson. The flow of patients through the hospital is key to supporting discharge arrangements. The Trust started at a low base when Prof Hall joined in summer 2014. There is now a framework in place but still more work to do. A work process has been designed to aim to get patients discharged before 11am rather than post 4pm. The target set is 200 patients a week with 126 currently being discharge before 11am at present. The roll out is nearly complete with much better planning for discharge using discharge co-ordinators. Both nursing and pharmacy staff have been trained The work has revolved around setting a discharge date on admittance to hospital; closer liaison with pharmacist over discharge medications and closer liaison with patient transportation.

Mr Munro commented that the previous day there had been 73 on the day bookings for patient transportation which can be difficult to plan for. It was agreed that booking should ideally be done the day before or with sufficient notice. IClip can assist with running a daily report of predicted date of discharge for patients.

The departure lounge which opened last December looks after 80 patients a week and a business case has been submitted for 2 beds. The discharge co-ordinators cover the evenings and weekends and monitor patients across the hospital. There has been good progress in getting patients out of AMU and onto the appropriate ward. There has been better use of the ward whiteboard with primary and secondary bed choices. The ward managers will bleep when beds become available. Telephone handover has also been introduced for those patients who do not need to be escorted. Funding has been granted for 2 dedicated porters for 2 weeks in A&E as a trial.

Mr Rappolt said there had obviously been a huge amount of work going on to free up bed capacity and asked whether using a bed management system software would help the Trust further. Prof Hall stated that it would certainly help and it is compatible with systems on site but data quality not there yet.

Ms Wilton stated that the patient experience must not be forgotten with patients discharge or transferred late at night. Prof Hall stated that each case was looked at individually and some patients just wanted to get home regardless of the time.

10. Finance report (month 6)

Mr Bolam presented the financial performance report for month 6, 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. The board noted a stabilisation in pay and non-pay expenditure but fluctuations in income which was driving the deficit variance. It was noted that £11.7m of CIPs have been achieved

to date, and there are plans for a further £15.2m of red/amber/green schemes for the rest of the year. There is also a pipeline of £13.3m of further initiatives. £22.4m needs to be delivered in the second half of the year to reach the £34.2m, 90%, requirement in the annual plan.

11. **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 development of CIPs for 2016/17, but acknowledged that the focus was beginning to shift towards this. There was also concern about the progress made to date on the five year plan. The committee had agreed the need for assurance regarding the process to identify some of the 'big ticket' opportunities

Mr Rappolt endorsed the summary presented. The PwC Report recommends reports and actions that can be monitored but even with the finance and performance committee scheduled a week before it does not give enough time to report back as the board papers are sent out a week before the meeting. It was agreed that this would be discussed in more detail in the private board.

It was noted that an extraordinary board meeting had been arranged for the 19th November, at which the board would approve the 2015/16 reforecast budget to be submitted to Monitor– this would be discussed later in more detail by the board in private session due to the confidential nature of the discussion, but would be made public once approved and submitted.

S Bolam
Dec 2015

Ms Pantelides stated that the Trust needed to be watertight on systems and protocols around usage of agency staff and managers disciplined if not using these.

Prof Kopelman noted the declining performance in outpatients and wondered whether the targets were overambitious. Mr Scott stated that the targets had been agreed with each division who felt they could be achieved.

12 **Workforce report (month 6)**

The board received and noted the monthly workforce performance report, noting key points: turnover remained flat but high, although the level was comparable to peer benchmarks; detailed bank and agency usage; compliance levels for MAST; and appraisal rates which were deteriorating due to management constraints at an organisational level despite some good improvement made by specific services. The board noted the importance of appraisal in reducing turnover.

Mrs Brewer highlighted the risk posed by the junior doctors BMA ballot over the new contract offered by the Government. If doctors vote for industrial action they have to give 7 days notice each time they take action and would take place during period 16th December to mid-January. Other members of BMA could come out on strike in sympathy to the junior doctors. However the Trust has experience of previous industrial action and emergency care and inpatient care would be relative unaffected. It would be outpatients and elective care that would be most affected

13. **Report from the workforce committee**

The board received and noted the report from the previous workforce committee, noting in particular the role of the committee in considering the output from the establishment review and the ongoing initiatives being launched by divisions to

tackle recruitment and retention. The committee had noted that the establishment review had been prioritised over the recruitment and retention initiatives, and noted concern regarding the lack of transformational impact on recruitment and retention, but that focus would return to that subject.

14. Risk and compliance report

Mr Scott reported that the Quality and Risk Committee carried out a deep dive into the following risks on 28th October 2015: *A534-07: Failure to provide adequate supporting evidence for all the CQC Essential standards of Quality and Safety*

The risk was reviewed following a detailed presentation around trust compliance with CQC Regulations and Fundamental standards of Care which came in to force on 1st April 2015. The presentation set out the current quality assurance arrangements in place to provide assurance to the board; the current trust position, and work underway to strengthen collection and utilisation of ward audit to understand and provide assurance around standards of quality of care.

The QRC considered the information presented, which included a gap analysis with the findings of other recent CQC inspection and agreed the risk score should be updated to C5 x L5 = 15 (extreme). The detailed risk description, controls and assurances will be updated to reflect the deep dive discussion and will be approved by QRC before inclusion in December board report.

Mr Scott noted the risk around the junior doctors' industrial action, noting that the risk related to income loss rather than patient safety.

Prof Hall felt the risk to our staff managing a large number of equally important priorities should be noted. It was agreed by the board that this ought to be noted and priorities regularly reviewed.

15. Report from the audit committee

Mr Rappolt apologised for the late circulation of the report. The audit committee has met twice since the last board - once with both the internal and external auditors to consider the implications of the PwC report on audit and once with others in an evaluation team to select new internal auditors. He had found it surprising that PwC had not met or spoken to either firms while preparing their report.

Some of the conclusions in the report include; there needs to be clear priorities, judgements and assumptions in the annual audit plan; both sets of auditors would need to go deeper into the organisation than the Divisional level; in future the auditors would need to test inputs and outputs and devote more time to testing the quality of management information and increase sampling approaches.

The Trust decided to put the Internal Audit out to competitive tender with the selected company to start contract on the 5th April 2016, following a handover. The Trust has adopted an accelerated tendering process which limits us to a pre-authorised list of prospective 1A companies. LAC, our current Internal Auditor, is not on that list. The selection panel, which included a Governor, met 4 prospective suppliers of internal audit services last week and shortlisted two. The final selection will be made when certain supplementary questions have been satisfactorily answered.

As a result there is an estimated increase of 77 days at a cost of £31,000 for the

additional work that will be required. As a consequence of these conclusions above and other Trust requirements revisions have been made to the 2015/16 Audit Plan and which were agreed by the Board.

16. Trust Travel Plan for approval

Mr Munro apologised as this item had been withdrawn as more time was needed to consult with staff so this would be resubmitted at a later date.

**E Munro
Dec 2015**

17. Trust seal

The board noted that the trust seal had been used on one occasion during the reporting period, relating to the Nelson contract.

18. Questions from the public

Mrs Baker asked what the Trust Seal was. The Trust Seal is used to seal a wafer on legal documents which the Chairman and Chief Executive both sign on behalf of the Trust.

Mr Saltiel asked in relation to the possible industrial action by the BMA, how many doctors the trust employed and how we could be sure of appropriate clinical cover. Mrs Brewer responded that we employ around 2,000 doctors and was confident that we would be able to still provide most services but outpatients and elective surgery would likely be most affected.

Ms Ingram introduced an appointment letter she had received which was a proforma which was very confusing to patients. Dr Rhodes agreed to take a look and see how that could be changed.

A question was raised regarding the announcement yesterday by Transport for London (TfL) about rerouting the proposed Cross Rail 2 (CR2) service from Tooting Broadway Station to Balham Station. Mr Scott responded that this decision was disappointing for the Trust as it was more beneficial for our staff, patients to visitors to have CR2 service at Tooting Broadway. We would respond to TFL possibly jointly with local stakeholders.

19. Any other business

There was no other business.

20. Date of the next meeting

The next meeting of the Trust Board will be held on 3rd December 2015.