MINUTES OF THE TRUST BOARD

26 February 2015
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
	Ms Jennie Hall	Chief Nurse
	Dr Judith Hulf	Non-Executive Director
	Mr Peter Jenkinson	Director of Corporate Affairs
	Professor Peter Kopelman	Non-Executive Director
	Mrs Kate Leach	Associate Non-Executive Director
	Dr Simon Mackenzie	Medical Director
	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
	Mr Rob Elek	Director of Strategy
In attendance:		
Apologies:	Ms Sarah Wilton	Non-Executive Director

15.02.01 Chair's opening remarks

Mr Smallwood welcomed all to the meeting, in particular Mr Elek, for whom this was his first Trust Board meeting. He noted that this was the first meeting of the Board since the trust achieved foundation trust status; he congratulated all involved in the assessment process and welcomed the endorsement of the quality of services that authorisation provided. He noted that there would be a celebration event on 12th March.

Mr Smallwood also welcomed the governors and members of public present. 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.

15.02.02 Declarations of interest

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

15.02.03 Minutes of the previous meeting

The minutes of the meeting held on 29 January 2015 were approved as an accurate record, subject to agreed amendments.

15.02.04 Schedule of Matters Arising

Outpatients

Mr Elek confirmed that he would be chairing an outpatients steering group and would report back to the Board in June 2015 — **R Elek June 15**

Discharge paper
It was agreed that there would be full report to the Board in March; in the meantime Ms Hall reported that work was underway to develop information systems, to review the role of the site team and working with partner organisations to support discharge.

Update on branding
Mr Jenkinson gave an update on the brand development project, including the development of a visual identity to represent the trust's close working relationship with the University. A workshop had been run on 24th February and the output would be presented to M Scott and P Kopelman for final sign off. The trust visual identity would be launched at the forthcoming FT events and the joint branding would be launched at the beginning of May.

In response to a question from Mrs Leach, Mr Jenkinson updated the Board on the implementation of the post-authorisation plan, including notifying suppliers and the roll out of new signage. It was noted that new signage would be rolled out on a phased approach, due to the costs involved.

15.02.05 Chief Executive's Report

Mr Scott presented the report to the Board and highlighted key points:

Call centre
Mr Wilson gave an update on current performance, highlighting that performance had improved since the previous summer, had deteriorated in January but had then improved again in February. It was noted that the deterioration was due to the high level of referrals received meaning that staff had to be diverted to manage those, as well as significant levels of staff sickness.

Mrs Leach questioned the target of calls being answered in one minute, suggesting that this was too long. Mr Wilson confirmed that the target was for 75% of all calls to be answered in 30 seconds.

The Board noted concern in the low percentage of completed calls in January, and also raised concern regarding call resolution – whether the call was then directed to the appropriate department and dealt with by that department. Mrs Leach asked to see additional metrics in relation to this.

Mr Scott summarised by acknowledging the overall improvement in performance since the previous summer, but recognised that the trust had been unable to improve any further and therefore the improvement plan would need to be reviewed as there was a question as to whether the existing plan would deliver further improvement.

In response to a question from Mr Rappolt, Mr Munro confirmed that the private patient unit would have its own separate call centre.

Award of chair professorship
Mr The Board congratulated Dr MacKenzie on being awarded a chair professorship in patient safety.

The Board were invited to make comment on the report.

Mrs Pantelides made reference to the update on the Listening into Action programme, endorsing the programme as a methodology by which staff could

raise concerns but asking whether the programme was effective in delivering improvement and clinical engagement. Mr Scott agreed that updates from the LiA programme should be included in the workforce report to the workforce committee. He advised the Board that the programme had been running for 18 months and was now in its third round. He opined that results from the various initiatives had been variable and that key factors for success was for projects to be run from ground level with support from senior management.

RESOLUTION: The Board noted the report.

Quality and Performance

15.02.06 Quality and Performance Report

Mr Bolam presented the performance element of the report, noting an amendment to the Monitor RAF rating which should read amber / red instead of amber / green, and highlighted key points:

ED performance

The Board noted the current performance and the action plan contained in the report to address current under-performance. It was noted that Monitor required a monthly update on the implementation of the action plan.

Mr Wilson presented the improvement plan, noting that the trust had seen an improvement in performance in January but had deteriorated again in February. It was noted that the trust was not at the required level of performance. The actions, if successfully implemented, would deliver compliance with the 95% standard by the end of March.

The Board noted that implementation of the improvement plan would be monitored monthly by the finance and performance committee. It noted the aspiration to achieve compliance by the end of March, but required ongoing assurance regarding delivery and noted the risks particularly the dependency on external partners.

Mrs Leach asked whether the management was clear over the drivers behind the increased attendance in the ED. Mr Wilson advised that the level of growth in attendance was not large (only a 2% increase against plan), but that there was a difference in the case mix of those attendances which had a significant impact on admission. Mr Scott added that the trust also faced a significant challenge in discharging patients and therefore in the flow of patients. Prof Kopelman agreed with this synopsis and suggested reviewing whether the appropriate teams were in the right place at the right time to deal with this acuity of patients.

Dr Hulf endorsed the aim of achieving the 95% target by the end of March but was concerned about the impact on staff morale if that target is not then achieved; she advised that staff must be supported and not be made to feel as though they failed as the national picture in performance was terrible. Mr Scott acknowledged the pressure being felt in the ED but advised that anecdotally it did not feel that patient safety had suffered. J Hall added that although there was particular pressure in the ED, there had been a response from clinicians across the organisation. She added that to date there had not been any incident data to suggest an adverse impact on patient safety; there were a few hotspots of concerns, for example pressure ulcers, but that overall standards of care had been preserved. Dr MacKenzie agreed that the trust was coping well, but was concerned about the ability to sustain this pressure long-term.

The Board noted the actions being taken and endorsed the approach. It agreed that it was important to recognize that the performance standard was a trust target and not just for the ED to achieve, and that staff should be supported. Mr Scott assured the Board that the ED staff were not feeling victimised and a number of national media pieces had been completed to get the point across. **S Bolam April 15**

RTT performance

Mr Bolam highlighted that the 'managed breach' of the target would continue until March 2015. He advised that the intention had been to achieve compliance with the target from January 2015, but that the trust had not been successful in achieving chronological booking. Therefore the trust would remain just under the target for the next three months.

Mr Bolam reported that the commissioners had issued a 'joint investigation' letter to the trust, requiring the trust to participate in a two month project with the aim of developing a joint plan to address current performance. The trust would support and participate fully in this investigation and would share the outcome of the investigation with the Finance and Performance Committee and Board when published.

Mrs Leach asked for a summary of the financial and resource implications of this investigation. Mr Bolam advised that the process would require executive input, including operations and quality involvement, and senior management from the relevant services. Financial consequences could involve fines for under-performance, although any monies raised from fines would go to the System Resilience Group and invested in initiatives to improve future performance.

Mr Rappolt reminded the Board that ENT had under-performed against the RTT target for some time and this needed to be resolved. Mr Bolam agreed, but advised that ENT had compliance issues two years previously, those issues had been resolved but had since faced problems in sustaining improvement. He advised that additional consultants had now been appointed to address capacity issues within that service.

Cancer – 52 day waiting time

Mrs Pantelides noted the 'incompletes' and asked for a reason for the failures. Mr Bolam identified issues in the visibility of the pathways, with patients coming on to the trust waiting list late on in their care pathway. Issues with the IT systems were being addressed in order to improve the visibility of the waiting list. He also advised that in some cases, human error had led to cases not being followed up with clinicians or patients.

Mrs Leach asked whether it would be useful to hear the patient view of their care pathway. Mr Bolam agreed and would pick up with Dr MacKenzie and Ms Hall to agree the best way to take that forward. Dr Hulf suggested that GPs should also be included in that initiative, in particular to find out why they do not always follow up referrals. **S Bolam March 15**

Diagnostic waiting times

Mr Bolam highlighted a deterioration in performance in recent months, particularly in endoscopy and audiology due to capacity constraints. More details on this issue would be presented at the next finance and performance committee meeting. **S Bolam March 15**

Mr Rappolt asked whether the performance issues in endoscopy were due to the success of the unit. Mr Bolam confirmed that broadly this was the case, that the service had experienced a significant growth in referrals and had won accreditation to deliver new national screening campaigns. A business case had been developed to increase the unit's capacity.

Ms Hall presented the quality element of the report and highlighted key points:

Effectiveness Domain
Ms Hall stated that performance in this area was generally strong, with mortality rates remaining amongst the best in the country.

Prof Kopelman referred to the cardiology audit and queried the interventional devices which looked very low. Ms Hall agreed to investigate further and give a written response. **J Hall March 2015**

Prof Kopelman asked for more details regarding outpatient capacity. Mr Bolam advised that this was a summary of the work with the Children's and Women's division in scheduling and templating of outpatient clinics in order to meet demand. There was also a quality driver regarding ad hoc clincs.

Safety Domain
Ms Hall highlighted the level of mandatory serious incidents reported relating to London Ambulance Service handovers over 60 minutes, and assured the Board of the systems in place to ensure the safety of patients.

The Board noted a third never event in maternity. Ms Hall reported that a themed review was underway to identify actions and seek additional assurance from the team regarding those actions being taken. Dr MacKenzie emphasized the need for consistency.

Ms Hall also highlighted the safety thermometer data, in particular the pressure ulcer profile. She assured the Board that the trust was reviewing all incidents to identify actions that could be taken to minimize avoidable pressure ulcers. Ms Hall also highlighted the VTE indicator and assured the Board that incidents where VTE assessments had not been completed were being monitored and followed up.

Ms Hall also advised the Board that the trust had reported a fifth MRSA bacteremia case. A root cause analysis was currently underway to identify any learning. The Board noted that performance against the Clostridium Difficile was excellent, with the lowest rate of incidence across London teaching hospitals. However the target for 2015/16 had reduced further, to 31 cases, which would be a challenge to achieve.

Mr Rappolt referred to the VTE data and expressed concern regarding continued underperformance. He asked for confirmation of how many patients suffered a thrombosis who had not had an assessment. Ms Hall confirmed that four such cases had been identified through incident data over the past three months; however she agreed to check with the team and would confirm. **J Hall March 2015**

Experience Domain
Ms Hall highlighted complaints performance, advising the Board that performance was now improving in terms of timeliness with three out of the four divisions on track to achieve the year-end target. In addition the Quality and Risk Committee

the day before had reviewed in detail as well as receiving a summary from divisions as to lessons learnt and improvements made in response to complaints.

Well Led Domain and Ward Heatmap
Ms Hall presented the staff return for safe staffing, reporting 93.1% for the month. Mr Smallwood asked whether targets for recruitment were being tracked. Ms Hall confirmed that this was being monitored by the Workforce Committee. Divisional initiatives were being coordinated centrally by Ms Hall.

Mrs Pantelides asked whether metrics for fill rates were being monitored. Ms Hall advised that national benchmarks showed the trust to be in the middle of the pack but that it was difficult to see the detail. She advised that the trust should be aiming for 93-94%.

It was agreed that there would be a more detailed discussion of the heat map at the next meeting, including a summary of the support being given to areas of concern. **J Hall March 2015**

ACTION: The Board noted the report.

15.02.07 Open and Honest Care programme
Ms Hall presented an introduction to the programme and advised that the trust had been invited to participate as an early implementer. The programme was in place in Tyneside and had shown to improve consistency and openness of data with patients.

Mrs Pantelides questioned the added value of such a programme but was supportive. Mr Rappolt suggested that the programme might provide some useful benchmarks. Mrs Leach added that the programme would involve some metrics not currently supported, including maternity indicators. Ms Hall advised that participating in the programme should not involve significantly more resource but that investment would be beneficial.

ACTION: The Board endorsed the trust's participation in the programme.

15.02.08 Report from the Quality and Risk Committee
Mr Rappolt presented a summary of key issues discussed at the last Quality and Risk Committee.

Quality dashboard:
Tom Dewer updated the committee on the development of the heat map. Next steps would be for Tom to speak to all the Divisional Directors of Nursing, to explain the scope and use and ensure there is widespread understanding and use of the data now available. The committee had asked Tom to consider how best to incorporate community services and theatres, and had challenged the extent of triangulation with other data sets, including incidents data and complaints. JH agreed to progress with Tom and others.

Quality Improvement Strategy refresh
Ms Hall presented a draft refresh of the strategy, which focussed particularly on how assurance on patient safety will be linked to the 'Sign Up to Safety' initiative which she is leading. QRC challenged the extent to which the responsibilities for delivery are owned by divisional governance boards, and how we can get assurance of this. Ms Hall will address this when she brings the Quality Improvement Strategy to Board for approval, in April 2015.

Board Assurance Framework (BAF)
QRC was very conscious that while it carries out deep dives throughout the year into key risks in the BAF, it had not yet incorporated a systematic review of all the risks in BAF into its work programme. Mr Jenkinson suggested how this might best be done, by selecting 3 or 4 risks to review and challenge at each QRC seminar meeting. QRC discussed how best to link with workforce and finance committees to review their respective risks and to gain assurance that workforce and finance risks are properly identified and managed.

The implementation plan for the risk management strategy was being revised in the light of resource constraints, but will included separation of corporate risk register and BAF, and change in format to set out very clearly nature and impact of risks, controls in place to mitigate, and assurance that controls are in place and effective.

QRC will review revised reporting at next seminar, together with a deep dive review of 3 or 4 red-rated quality risks.

Complaints
QRC received an update on excellent work ongoing to reach the target of responding to complaints within 25 working days unless extension has been agreed. All four divisions then provided assurance about learning from incidents leads to improvements.

ACTION: The Board noted the report.

15.02.09 Finance Report

Mr Bolam presented the Month 10 finance report, highlighting key points. He advised the Board that he had been warning the Board since month 5 that the trust may not achieve the original surplus target. At month 9 the Board had assessed that the trust could still achieve a year-end break even position, based on assumptions made regarding income and expenditure controls, and achieving a year-end settlement with commissioners.

Mr Bolam then presented the income and expenditure position, which in month 10 had seen a significant adverse movement. This had been compounded by moving from NHS trust to foundation trust status, resulting in a 'hard close' of accounts and therefore timing issues in areas such as stock and depreciation – this led to an additional £1.2m impact. In addition to this there had been a £3m adverse movement in the divisional position. This meant that the year-end position could not be reversed and a break-even position was not possible.

There had been a discussion at the last finance and performance committee meeting to determine what the revised year-end forecast was. It was currently predicted to be a £8.5m deficit, however it was noted that if the adverse trend continued in months 11 and 12 then the year-end position could be worse.

Mr Bolam advised that as a result of the income and expenditure position, the cash position had also deteriorated. Taking into account the assumption of a £8.5m year-end deficit, the Leaf loan and the working capital loan, the predicted cash position was £22m. This meant that there would not be a cash issue in the remainder of 2014/15, but would be a significant risk in 2015/16. Mr Rappolt reiterated the point that the Board noted that cash was currently not an issue, but was supported by drawing down of two loans.

Mr Bolam advised that 2015/16 financial forecast was still difficult to predict due to a number of variables, including the tariff changes, but that the position should become clearer during March.

Mr Smallwood reported from the last Finance and Performance Committee, highlighting in particular the discussion regarding income and expenditure and cash.

Mr Rappolt asked what the current position was with creditors and debtors. Mr Bolam reported that commissioners were also under significant financial pressures but advised that the system was set up to mitigate any cash problems. He opined that the risk lay in provider to provider debt, however in broad terms the debt position between providers was currently even.

[CRS notes from F&P]

The Board noted that there would be an additional finance and performance committee meeting in mid-March to review progress in these areas of risk. The committee had also agreed an outline proposal from the executive for a fundamental review of trust activities to reset the financial cost base of the trust. Further proposals for this review would be presented in due course.

Mrs Leach advised that the trust should understand the differences between the assumptions and the actuals so that the same mistakes were not made in future, and also that the executive should accelerate projects that increased income or reduced expenditure. Mr Bolam responded that the service profile of the trust was currently focussed on emergency non-elective activity, which had an impact on income. This profile had changed over the past five years so that elective work had reduced from making up a quarter of overall activity to a fifth. There was therefore a need to amend the profile of clinical activity to increase the level of elective work, and the need to improve the flow of patients to enable this profile to change. He added that the trust was also facing challenges in respect of staffing and increasing temporary staffing expenditure.

Mr Scott reflected on the key elements of the trust strategy, to be the key specialist provider in south west London and Surrey, including heart attack and major trauma which are emergency services as are many other tertiary services. However capacity constraints had hampered the ability to deliver the elective activity as well as the emergency activity. It would therefore be important to consider the tertiary / secondary activity split as well as emergency / elective split. The trust needed capacity to deliver the tertiary growth at a productive rate. This was one of the key issues to be addressed, but not the only one.

Mrs Pantelides sought assurance that the executive would not only focus on the symptoms but also the underlying issues, and welcomed the opportunity to discuss the planned review at the next finance and performance committee. Prof Kopelman agreed and stressed the need for clinical engagement in the review.

Mr Bolam summarised the changes to the tariff proposed by Monitor and the options for trusts to decide on, and their respective impact on the financial plan. It was noted that the proposals were more favourable towards general acute hospitals rather than specialist providers. As the deadline for trust decision as to which option to select was 4th March, it was agreed that Mr Bolam and Mr Scott would share the conclusion of their analysis with the Board and the agreed approach with the chairman prior to submission.

M Scott / S Bolam 4 March 2015

ACTION: The Board noted the report and agreed the approach to submission of response to Monitor.

15.02.10 Divisional presentation – Community Services

Dr Alford, divisional chair for community services, attended the meeting and gave a presentation, including:

- summary of divisional structure;
- key strategic developments – focus on rehabilitation;
- key performance issues – highlighting risks with meeting the delivery specification for HMP Wandsworth, block contracts, workforce capacity and financial challenges;
- key risks – workforce, financial, tender opportunities / challenges, leadership development, data / informatics and IT support for community services.

Mrs Leach identified ten tenders to be submitted over the next year and asked how the trust would ensure that it was successful in all ten. Dr Alford praised the quality of his management team involved in putting together the tenders, along with strong support from the executive. The Board noted the top three tenders in terms of priority – Merton community services, school nursing and health visiting. Mr Scott add that the trust had a good track record of winning tenders, including HMP Wandsworth and the Nelson Health Centre, and that the executive had a clear idea as to which tenders the trust should be responding to.

Mr Rappolt asked what had been successful or unsuccessful in terms of integration since the merger of Wandsworth community services and the trust in 2010. Dr Alford opined that there were good examples of integrated services, such as children's specialist therapy care to Linden Lodge which had improved the quality of care. Difficulties had been experienced in other areas such as elderly rehabilitation. CAHS provided an opportunity to develop integrated services further.

In response to a follow-up question from Mr Rappolt, Dr Alford stated that he did not know how many members of staff had transferred between divisions as a result of integration but knew of some, for example as a result of the change in responsibility for geriatric wards.

Mr Rappolt stated that the outpatient department at St. George's hospital was overstretched, but Queen Mary's hospital had spare capacity, and asked how the executive were addressing that. Mr Scott accepted the challenge, but assured the Board that the issue was being addressed via the outpatient capacity plan which would be a cross-divisional plan with the aim of improving the use of existing outpatient capacity.

Prof Kopelman highlighted the high level of vacancies (22%) and turnover (20%), and with reference to Homerton asked whether the trust should be looking at a different model. Mr Scott agreed with the principle of linkage between acute and community and staff rotation between the two. Mrs Pantelides welcomed the acknowledgement of the workforce issues and suggested that the HMP Wandsworth could be used to develop staff rotation, as well as junior doctor placements. Mrs Brewer confirmed that support was being given to middle management within the division who faced particular issues in relation to remote working.

The Board thanked Dr Alford, and agreed that there was still more to do regarding integration of community and acute trusts. Mr Rappolt was supportive of the division's request for additional investment in IT.

ACTION: The Board noted the report.

15.02.11 Workforce Performance Report

Mrs Brewer presented the month 10 workforce report and highlighted key points, including current vacancy rates. She reported that 150 staff had joined the trust in the last month, a net increase in staff in post of 28.

Mr Smallwood asked whether bank rates had now been resolved. Mrs Brewer reported that no changes had been made to the general bank rates as benchmarks had shown the trust to be in line with other trusts apart from King'. Mr Smallwood reflected on conversations he had had with nursing staff who had said that an increased bank rate would make a difference. Mrs Brewer agreed, but warned that there were no guarantees that an increased rate would lead to increased usage of the bank; there was other work required in order to reduce the usage of agency nursing. Mrs Leach suggested publication of the benchmark information so that staff could see that the trust's rates were in line with other trusts. Ms Hall agreed that this could be done, once the specialist rates had been checked.

Mrs Leach asked for assurance that recruitment plans were being accelerated, in light of the increasing trend in vacancy and turnover. Mrs Brewer confirmed that the number of staff recruited had increased, and would continue, however it was important to know what activity / capacity plan the recruitment was to support – this would be confirmed as part of the annual planning process.

Mr Smallwood noted that there needed to be an aspiration regarding turnover and vacancy rates. Mrs Brewer confirmed that there were targets for each of the metrics; the trust was currently 'in the pack' when compared with other trusts for turnover. The trust had previously met the target but the position had now deteriorated. It was agreed that Mr Scott and Mrs Brewer would review and suggest a timescale for the return to meeting the target. **M Scott / W Brewer March 2015**

Mrs Leach suggested that in order to help the trust brand and therefore attract candidates, the trust should consider entering nominations for national awards. Mr Jenkinson agreed to take this forward.

Mrs Pantelides asked how many instances there had been of staff having their pay progression withheld following the implementation of the new policy. Mrs Brewer reported that the data was currently being analysed and would be reported to the Workforce Committee. **W Brewer March 2015**

ACTION: The Board noted the report.

15.02.12 Risk and Compliance Report

Mr Jenkinson presented a summary of the most significant risks, advising that a full review of the board assurance framework would be completed for the next month and reflecting on the discussion at the last quality and risk committee in relation to the plan to review risks in detail through that committee.

The Board noted the amended Statement of Purpose and ratified the approval of

the amendments by the Chief Executive, to reflect the addition of the Nelson as a registered location.

ACTION: The Board noted the report.

15.02.13 Care and environment report
The Board noted the update report.

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

15.02.15 Questions from the public
Mrs Ingram asked whether patients were still being referred to St. Anthony's following its recent purchase. Mr Bolam confirmed that it was still being used; the trust was currently in negotiation with the new owners regarding tariffs but currently there was no noticeable difference.

15.02.16 Any other business
There was no other business.

15.02.17 Date of the next meeting
The next meeting of the Trust Board will be held on 26 March 2015 at 9.00am.