

MINUTES OF THE TRUST BOARD

26 March 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 Martin Wilson	Director of Improvement and Delivery
	Mr Rob Elek	Director of Strategy
	Ms Sarah Wilton	Non-Executive Director

In attendance:

Apologies: Mr Mike Rappolt Non-Executive Director

01. Opening remarks

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.

02. Declarations of interest

No declarations of interest were noted in relation to this meeting's agenda.

03. Minutes of the previous meeting

The minutes of the meeting held on 26 February 2015 were approved as an accurate record.

04. Schedule of Matters Arising

Branding

Mr Jenkinson confirmed that the branding workshop had resulted in a final 'house-style' for the trust, which had been launched at the foundation trust event on 10th March. The design for the joint branding with St. George's, University of London had been signed off and would be launched from 1st May. The next Joint Implementation Board meeting would consider the communications plan for this launch.

Workforce report

It was noted that Mrs Brewer would provide a more detailed report on staff turnover for the April board meeting. The board would also receive a recruitment plan in April.

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Mrs Brewer also confirmed that all those staff who received annual increments had had an appraisal.

Nelson risk assessment

Mr Jenkinson reported that the risk assessment of the Nelson, including any risk of opportunity cost from not using the full capacity, would be included in the risk assessment of annual objectives.

05. Chief Executive Report

The Board received and noted the chief executive's report.

The Board noted the feedback from the DH major trauma peer review. Mr Scott confirmed that feedback had been very positive and assured the board that the two 'serious' concerns related to national issues and were being addressed, but did not represent 'immediate' concerns.

Mr Smallwood welcomed the LiAISE staff support service initiative and asked what issues had been identified in the A&E department. Mr Scott advised that it showed a proactive promotion of such a support service encourages staff to raise concerns. The concerns raised through this initiative covered a broad spectrum of issues, including suggestions as to improve care, but did not include any major patient safety concerns. The departmental management team were taking the feedback received and using it to inform an improvement plan.

Dr Hulf endorsed the initiative and encouraged the development of a structure to sustain the culture of openness and the ability of staff to raise concerns.

06. Quality and performance report

Performance report

Mr Bolam presented the performance report for month 11, highlighting areas of concern including compliance with RTT, cancer standards and ED waiting time standards. The Board noted that this resulted in a rating of 3 in the Monitor risk ratings, and would have resulted in a 4 were the trust not allowed to breach the RTT target.

The board noted that the trust expected to continue to breach the RTT target until June 2015. Mr Bolam reported on the ongoing 'joint investigation' with commissioners, with a view to agreeing a joint action plan to address underperformance. In addition, the trust's capacity planning was ongoing to ensure sufficient capacity to meet requirements.

The Board therefore noted that challenges in achieving compliance continued in RTT and ED, and therefore the need to achieve all other standards. The finance and performance committee would review recent performance in cancer in detail, to ensure that compliance would be sustained in future.

Mrs Pantelides asked whether the trust was escalating potential cancer breaches with other trusts where a delay in referring the patient caused the trust to face the risk of breaching the standard. Mr Wilson confirmed that appropriate escalation processes were in place, including a weekly review by the management team and chief operating officer to chief operating officer discussions when required.

Mrs Pantelides referred to the ED performance, noting that a more detailed action plan had been reviewed by the finance and performance committee; she asked

what assurance the board could take regarding future compliance when the original plan had been to achieve compliance by the end of March. Mr Wilson reported that the trust had been facing increasing demand in recent months and therefore there was a need for a model of care to meet that demand. The focus was therefore on patient flow, including admission and discharge. Mr Bolam added that a similar 'joint investigation' was ongoing with commissioners in ED. The Emergency Care Intensive Support Team (ECIST) had reviewed the ED and had provided positive assurance about the department; therefore the focus needed to be on the patient flow through the trust.

The board received the discharge paper presented by Ms Hall, which set out the approach and phasing of the discharge workstream. This approach included the implementation of the 'Breaking the cycle' initiative, running over the Easter week; this national initiative was designed to focus on the flow of patients, with objectives of the initiative agreed with commissioners.

Mr Smallwood endorsed the comprehensive approach to improving patient flow, but questioned whether there was evidence of improvement. The board noted the use of several metrics to measure improvement: the use of the discharge lounge, which had seen a small increase; the number of discharges prior to 11.00hrs in pilot wards, which had seen good improvement and was now being rolled out across the trust. In addition the long—stay patient profile was being monitored and metrics for the acute medical unit were being developed.

Prof Kopelman asked whether there were training and opportunities for rotation of AMU staff. Ms Wilton asked for assurance that the quality of discharges would be maintained and Dr Hulf asked for assurance that the transport services were prepared to support. Ms Hall assured the board that there was a focus on AMU and its status as a short-stay area. Opportunities for rotation were being explored and escalation processes put in place to alert other areas of the trust when specific areas were busy. She assured the board that discharges were being expedited but would not compromise quality; there was no indication of such adverse impact. Ms Hall added that improvements were being made to the timing of requests and demand for transport services, which would improve the effectiveness of the service to support improved discharge.

Mr Smallwood asked how many of the 'blocked' beds was as a result local authority capacity constraints. Ms Hall referred to a recent audit which presented a snap shot of bed capacity issues on one day. That audit suggested that between 10 and 20 patients were waiting for external care packages. In addition to this there were also patients waiting to return to their local hospital. In total these two categories of patients waiting for discharge represented about one and a half wards. Mr Wilson reported that the trust was implementing a technical solution which would enable management to track patients and their pathway towards discharge.

Ms Wilton asked what action was being taken to address the deterioration in performance in relation to notes availability in clinics. Ms Hall acknowledged the deterioration and explained that it was due to the transfer of medical records to an archive store. This process had overrun which had led to a backlog of records waiting to be transferred. Remedial action had been implemented and the backlog was now reducing.

Quality report

Effectiveness domain

The board noted the updates, with no significant issues to note.

Safety domain

Ms Hall highlighted key issues, including:

- Pressure ulcers, remaining a concern in terms of number reported and severity;
- VTE profile remaining largely unchanged, but with focussed support now in place for those areas with iClip;
- Infection control, with a fifth case of MRSA having been reported. This case, as with another reported case, was related to external wound management and there was therefore a focus on surgical site infections, with external support from Public Health England. The results of this review would be presented to the next board meeting.

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Mr Smallwood asked for comment on the increasing rate of serious incidents. Ms Hall advised that an increased number of LAS breaches had been included. Other incidents reflected current themes and concerns, including never events in maternity and dermatology and HMP Wandsworth. Ms Hall welcomed the culture of openness in place which led to good levels of reporting. The board acknowledged the importance of this indicator as an indicator of impact of operational and financial pressures on quality.

Experience domain

The board noted the updates, and welcomed the encouraging signs of improvement in complaints performance. Ms Hall confirmed that three of the four divisions were on track to achieve the target by year-end.

Well-led domain

The board noted the updates, and welcomed the improved fill-rate.

Ward heat-map

The board noted the current heat-map showing ward-level quality indicators.

Mr Smallwood expressed his concern that the various indicators painted a picture of pressure on staffing levels across the trust, especially in senior clinical staff. Ms Hall advised that there was a need to train junior staff to ensure that the fill-rate was sustained; it was recognised that specific areas faced pressures and the leadership in those areas were being supported in addressing those issues. For example the divisional director of nursing was providing support in the Gwyn Holford ward.

The board acknowledged that the quality inspection programme had been paused temporarily due to the run-rate expenditure controls, but agreed that these should be reinstated as soon as possible.

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The board agreed that there needed to be very robust governance processes around the cost savings and run-rate schemes, including staffing indicators and assurance mechanisms such as quality inspections, the heat-map and a dashboard of other quality indicators which was being developed, to ensure a focus on quality. It was understood that the level of financial challenge faced would have an impact on quality and that the risk appetite would increase, but this needed to be minimised. Ms Hall reported that she would be discussing with senior nurses in the following week how they support front-line staff and Dr Mackenzie confirmed that job planning for medical staff would commence the

following week and this would be used to ensure best use of medical staff and a reduction in the use of locums. It was agreed that the final judgement on risks must rest with the medical director and chief nurse.

Report from quality and risk committee

Ms Wilton presented a summary of key points raised at the last quality and risk committee, including a refocusing of the committee in the light of forecast pressures to ensure that risk and assurance relating to quality was a key driver for the agenda of the committee. This would include the role of the clinical governance group in monitoring risks in CIPs and run-rate schemes.

Ms Wilton summarised other discussions, including assurance received relating to the ongoing process to ensure quality assurance of external providers, a review of recent never events in maternity and the ongoing process to ensure follow-up of diagnostic tests.

07 Finance report

Mr Bolam presented the month 11 finance report, highlighting that the trust was £9.5m adverse to plan, with a £3m adverse position in-month. This was due to a smaller than planned increase in income which was insufficient to off-set expenditure. In particular elective income was £1m adverse to plan; this meant that the additional activity had been emergency work which had an impact on financial position as it was only paid at 30% of tariff. Other causes included continued overspend against budget, particularly on staff, and underperformance against CIP targets.

Mr Bolam advised that this performance had a significant adverse effect on the trust's cash position. The year-end cash balance would remain at £20m but this would include drawn down loans. He reported that overspend in capital projects such as IM&T had been addressed.

Mrs Pantelides asked why the trust had not been able to forecast such a significant deterioration in performance. Mr Bolam advised that it was not a surprise as the trend over the past few months had been one of continued deterioration and the revised year-end forecast had indicated such.

There was a discussion regarding the trust response to such a position, in particular to protect income. It was recognised that capacity and patient flow issues were having an adverse impact on income and therefore the use of existing capacity needed to be maximised. The board welcomed the work being done by Mr Wilson to introduce systems to monitor and manage activity on a more real-time basis. The board also noted that there were ongoing discussions with commissioners, including negotiation of a year-end settlement.

Report from the finance and performance committee

Mr Smallwood highlighted key points of discussion at the last committee meeting, including the need to revise and agree the capital investment plan due to the change in the financial position. It had been agreed that an extra-ordinary meeting of the committee would be arranged to consider the revised plan ahead of presentation at the next board meeting for approval. Mr Smallwood advised that it would be important for the board to understand the impact of the planned change in capital investment and to understand the risks.

Mr Smallwood reported that the committee had discussed whether further financial support would be required in terms of loans or working capital facility, to

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support the trust's cash position. It had been agreed that Mr Bolam and Mr Scott would be reviewing the need.

The committee had also considered the draft programme to review the long-term financial model and clinical services model, being initiated as a response to the forecast financial challenges. This programme would include a service line level review of all services, clinical and non-clinical, to ensure long-term sustainability. It was anticipated that the outcome of this programme would be published in September 2015.

Mrs Pantelides endorsed the approach being taken to review services for long-term sustainability but questioned whether the process should be expedited in light of the current position. Mr Scott agreed that the process needed to be completed as soon as possible, but advised that this needed to be balanced against the need to manage the immediate 'business as usual' issues. He confirmed that some of the programme was being expedited, including the run-rate schemes and downside mitigations, but that a service-line level review of all services would take time. However the programme would be continually reviewed and certain workstreams would be accelerated if necessary. Mr Smallwood added that it would be important to test any assumptions made very carefully.

The board endorsed the approach being taken to address the short-term issues and the long-term sustainability. It recognised that the trust's position was not dissimilar to other large teaching trusts in London and that nationally the health service was under considerable pressure, but it also recognised the responsibility for the trust to address its own performance.

08. Approval of additional LEEF loan

The board reviewed the proposal to take an additional LEEF loan to extend the scope of the planned refurbishment, recognising that the proposal had been discussed in detail at the finance and performance committee. The board agreed to the recommendation from the committee and approved the proposal.

09. Workforce performance report

Mrs Brewer presented the workforce report for month 11, highlighting that sickness absence rates had reduced back to pre-winter levels and a reduction in usage of agency staff.

The board noted the report and agreed that an update against the recruitment plan would be presented for the May meeting. The next report would also include a trajectory for the planned reduction in turnover.

10. Annual staff survey results

Mrs Brewer presented a summary of the results of the annual staff survey, noting a small increase in the response rate and highlighting an above average overall engagement score and a positive response from staff regarding their ability and willingness to raise concerns.

The board noted the trust had retained a steady position compared with the previous year and that other trusts had deteriorated so that the trust's position had improved slightly when compared nationally. The board however also noted that the trust remained in the bottom 20% nationally for bullying and harassment.

It was noted that the survey results would be used to inform the workforce action plan.

Ms Wilton highlighted the discrimination results as being disappointing and stressed the need to raise the profile of equality. The board referenced the Workforce Race Equality Scheme (WRES) data in a subsequent paper. Mrs Brewer acknowledged that there was more to do but reported that some targeted work had been done in maternity and a series of unconscious bias workshops had been run for senior managers. In addition the 'St. Georges as one' group had now been established.

The board acknowledged that there had been insufficient focus and engagement on equality over the recent past which would need to be addressed.

Dr Hulf highlighted the bullying and harassment as a specific area of focus and asked whether there were any examples of good practice which could be disseminated, as well as taking a zero tolerance approach to cases of bullying. Mrs Brewer confirmed that specific actions had been taken following the last CQC inspection and that the board commitments to bullying and harassment had been reinforced. Mrs Pantelides suggested that the Board treats bullying and harassment as a safety issue given the evidence of harm that staff using the Staff Support Service are reporting.

Mrs Leach highlighted the level of staff suffering violence or abuse from other staff and therefore welcomed the approach being taken.

Mr Smallwood suggested a more robust approach where examples of bullying and harassment are identified. Mrs Brewer confirmed that action was being taken, including senior members of staff, but advised that some cases were very complicated.

The board endorsed the approach, noting that Guys and St. Thomas had reduced their bullying and harassment scores by 20% over the past ten years and therefore improvement could be made. It was agreed that two board development sessions would be arranged – one on embedding the values (to cover bullying and discrimination) and one on developing leaders.

**W Brewer / P
Jenkinson
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Report from the workforce committee

The board received and noted the report from the last workforce committee meeting.

11. Report from the audit committee

Ms Wilton gave an oral summary of key points raised at the last meeting; it was agreed that the written report would be circulated to the board separately. Ms Wilton highlighted particular concern of the committee – continued concerns regarding compliance with fire safety and a lack of progress made in implementing the agreed action plan, which presented a significant potential risk to patient safety.

Mr Munro reported that fire risk assessments had been completed by all areas and 33% of those had been issued as signed off assessments. The gap was therefore in issuing the completed assessments to local areas. He acknowledged a lack of progress in implementing the action plan but confirmed that fire safety and estates compliance roles had now been recruited to and therefore expected all actions to be completed within the next period. Mr Scott accepted responsibility for resolving this issue on behalf of the whole executive team.

Ms Wilton also highlighted issues with ongoing salary overpayments. Mr Bolam

confirmed that systems were in place to prevent salary overpayments but that it was the responsibility of individual managers to notify payroll of leavers. He also confirmed that all not overpayments were written off.

12. Equality Delivery System (EDS) annual report

The board received and noted the annual report, including the results of the annual self-assessment against the EDS standards and the setting of objectives for 2015/16.

The board reiterated its commitment to equality and approved the objectives as presented. Mrs Pantelides stressed the need to support the launch of the 'St. Georges as one' initiative.

The board also noted the outcome of the review of the governance arrangements for equality, agreeing to the proposal that the trust's equality and human rights committee report to the executive management team, but with appropriate reporting to the workforce committee and quality and risk committee.

13. Risk and compliance report

The board received and noted the risk report, noting the most significant risks from the board assurance framework and noting that the controls for the most significant risks had been picked up in discussions through the agenda.

Mr Jenkinson outlined the approach to reviewing the risks on the framework, agreed by quality and risk committee, which would enable a 'deep dive' review of individual risks and assurances and therefore provide the board with greater assurance around the management of risks.

14. South West London Pathology update

The board received and noted the update report, outlining progress within the programme. The board noted that an assessment of the specific impact of the programme on the trust should be considered by the finance and performance committee.

15. Questions from the public

Mrs Ingram raised a concern about waiting times for triage in the emergency department, citing a 30 minute wait over the previous weekend. Ms Hall agreed to follow up – it would be unacceptable to have such waiting times but would also be very unusual. Mr Wilson assured the board that the triage process in ED had been validated by commissioners, and Mr Munro added that the current triage area would be extended to provide a better waiting area.

Mrs Ingram also raised concern that, according to the staff survey results, 89% of staff had witnessed an adverse incident. The board noted that adverse incidents included a variety of severity and nature.

Mr Crocker referred to previous discussions with the council of governors regarding governor attendance at board sub-committees and asked the board for its thoughts. Mr Smallwood confirmed that there would be a board discussion later that day and this would be fed back to the council at its next meeting on 2 April.

Mrs Washington asked whether the trust had cash reserves. Mr Bolam confirmed that the trust had £20m in reserves but that this was not earning much interest.

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The trust had also secured a working capital facility in case of future liquidity problems. He advised that these cash reserves were not as large as other trusts due to previous historic debt issues.

16. Meeting evaluation

The board endorsed the timing of the meeting, however Mrs Pantelides highlighted that improvements needed to be made in the timing of circulation of papers and the quality of papers. The board reinforced the need for a technical solution to help manage the use of electronic papers Mrs Pantelides also suggested that the order of agenda items be reviewed so important agenda items are placed first.

17. Any other business

There was no other business.

18. Date of the next meeting

The next meeting of the Trust Board will be held on 30 April 2015 at 9.00am.