

MINUTES OF THE TRUST BOARD

28th May 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
	Mr Peter Jenkinson	Director of Corporate Affairs
	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
	Mr Mike Rappolt	Non-Executive Director
	Professor Peter Kopelman	Non-Executive Director
Dr Judith Hulf	Non-Executive Director	

In attendance:

Apologies: Mrs Kate Leach Non-Executive Director

15.05.11 Opening remarks

Mr Smallwood 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.

15.05.12 Declarations of interest

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

15.05.13 Minutes of the previous meeting

The minutes of the meeting held on 30 April 2015 were approved as an accurate record. Mr Rappolt identified several instances of where actions should have been recorded from the minutes, such as mortality at QMH (page 3) and team brief (page 2)

**P Jenkinson
June 2015**

15.05.14 Schedule of Matters Arising

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

It was agreed that the action regarding the African Partnership could be closed and that a board development session on mortality would be arranged.

Mr Wilson reported that the joint investigation with commissioners into ED and RTT would be concluded by the end of the following week so would be reported to the next board meeting.

**M Wilson
June 2015**

The board noted the actions arising from the annual plan discussion at the previous meeting, and the chairman confirmed the status of the plan – it was confirmed that the trust had agreed a plan as the output of planning work to date; however this plan would be subject to change following the conclusion of the Monitor's investigation.

The board noted that the first of the two workforce workshops was taking place that day.

15.05.15 Chief Executive Report

The Board received and noted the chief executive's report. Mr Scott highlighted the appointment of Adam Doyle as chief officer of Merton clinical commissioning group, the appointment of a new head of learning at St. George's university and the election results for the local constituencies, including the appointment of Jane Ellison to the cabinet. He also reported on the opening of the Gordon Smith ward and the start of filming for a new series of '24 hours in A&E'.

Ms Hall also highlighted the recent international nursing day which celebrated the the contribution of nurses and demonstrated the embedding of the trust values.

15.05.16 Quality and performance report

Performance report

Mr Bolam presented the performance report for month 1, highlighting a change in the format of the Monitor ratings page and explaining the ratings. He reported that the trust's governance rating was currently 'under review' due to the ongoing Monitor investigation. However the trust rating would be a '4' due to ongoing areas of underperformance, including ED, RTT and Cancer. It was also noted that the rate of cancelled operations was also rising.

It was noted that ED performance had shown signs of improvement but was not yet consistent. The board noted that the joint investigations with commissioners into ED and RTT were due to report in the next month and would be presented to the Board once published.

Mrs Pantelides raised concerns that continued failings in cancer performance demonstrated a systemic failure rather than merely a 'blip'. Mr Bolam agreed that there was a systemic issue with achieving the 62 day standard as the standard had not been achieved for the past two quarters. One of the reasons for this was the dependency on other trusts and therefore the need for a written agreement between providers regarding how shared breaches should be allocated. It was agreed that a more detailed paper, including an action plan to address performance, would be presented to the next Finance and Performance committee meeting. Mr Bolam added that the focus was currently on resolving

**S Bolam
June 2015**

Mr Rappolt challenged the timeliness of the trust's response to address the cancer underperformance. Mr Bolam explained that the focus had been on resolving any internal process issues through the implementation of IT system and investment in the cancer team. However there was also a need to work with the system, engaging with partner trusts. While the trust and south west London was in no worse position than other parts of London there was a need to do something different as a system. The board noted that the trust had agreed with commissioners to implement another model, such as that in operation in north London. It was agreed that this would be reviewed again in July.

**S Bolam
June 2015**

Mr Wilson reported that in respect of other specialties he was meeting with them to agree plans. He advised that performance may deteriorate further in the short term before progress is made to clear the backlog in the next four weeks, with additional capacity coming on stream. It was agreed that this would be reviewed by the finance and performance committee.

**M Wilson
June 2015**

Mr Smallwood expressed his concern that trajectories for improved ED performance had been revised a number of times but had not been met, so asked for assurance that this latest trajectory would be met. Mr Wilson explained that there continued to be pressure on the ED, particularly in the level of attendance and admission of over 70 year olds. There had also been issues with repatriating patients to other local hospitals but that this should be improved in the next year due to contractual changes. The trust was also working with social services to improve access to social care facilities. He advised that an output of the joint investigation would be a revised trajectory which all parties signed up to, and an action plan to improve performance.

Mr Scott advised that the purpose of the joint investigation was to develop plans for sustainable performance within the system, including capacity and transformation within acute, primary and social care. He added that the revised trajectory and assurance on delivery should be developed through the finance and performance committee.

**M Wilson
June 2015**

Prof Kopelman asked whether the reason for increased cancellations was clinical capacity. Mr Bolam clarified the data presented and the difference between the rate of cancellation of procedures and the proportion of those cancelled patients who are then not rebooked. The data showed that a small proportion of those patients cancelled are not rebooked within 28 days. Mr Wilson added that less than 1% of patients were having their procedures cancelled. Mr Scott agreed that the surgery division would be asked for an explanation of the causes of cancelled procedures, for the next finance and performance committee.

**M Wilson
June 2015**

Mr Rappolt shared the board's concerns that these three standards were consistently being missed and recommended that trajectories for improvements in each standard were agreed by the finance and performance committee. He accepted that the percentage of procedures being cancelled was low but cautioned that it was poor experience and worrying for individual patients.

Mrs Pantelides raised concerns regarding the rising number of never events and asked how the board receives assurance around the effectiveness of actions taken in response to incidents, citing repeated incidents involving retained swabs. Ms Hall explained that the incidents of retained swabs were not identical in nature, and were down to individual error which no system could eliminate.

Quality report

Ms Hall presented the report and highlighted key points in each section. Overall Ms Hall felt that the trust was holding a steady position regarding quality and making progress in some areas, but that focus needed to be applied to the increase in serious incidents and in monitoring mortality rates.

Effectiveness domain

The board noted areas of non-compliance with NICE standards. Ms Hall confirmed that these areas had been picked up with the respective services and improvement monitored through the clinical effectiveness committee.

Safety domain

The board noted the ongoing increase in serious incidents, though not a significant increase and including nine incidents relating to London Ambulance Service handover breaches in the last period. It was noted that the themes of serious incidents were reviewed by the quality and risk committee.

The board also noted that two cases of MRSA bacteraemia infections had been reported year to date – one case related to line care and the other case involved a seriously ill patient who elected to face the risk of line insertion. It was therefore noted that, although there had been a 12 month gap since the last infection caused by line management, there was a need to reinforce the importance of catheter line management.

Mr Smallwood reiterated the need to monitor any impact on, or any rising trends in, quality from the trust's challenging financial position and that the board should continue to ask itself the right questions regarding risks to quality. Prof. Kopelman reflected on discussions at the quality and risk committee the previous day and opined that there were a number of related indicators that could be used proactively to monitor the impact, such as safe staffing and the ward heat map.

Ms Hall confirmed that a process of triangulating and monitoring a core set of indicators on a weekly basis had been implemented. It was agreed that a board seminar should focus on bringing this together.

**S Mackenzie, J
Hall, P Jenkinson
tbc**

Mr Rappolt recommended a simpler presentation of the VTE data in the report and clarity over the key messages to the board.

Experience domain

The board noted that the friends and family test scores were showing a continuing improvement and noted the quarterly report on complaints which showed that the trust had achieved the target for responding to complaints where an extension had been agreed. The target without extensions included had, however, not been achieved despite divisional assurances that it would. The board noted the positive trend in reducing numbers of complaints received.

Mr Rappolt welcomed the insertion of examples of service user experience in the report and highlighted the example involving cancelled operation in day surgery, asking for more detail as to how this incident could occur. Ms Hall agreed to give more detail at the next meeting.

**J Hall
June 2015**

Well-led domain

The board noted the ward heat map and that the assurance processes regarding staffing levels were being reviewed to ensure that they remained robust.

Mr Smallwood asked for an update on progress against the recruitment plan and in particular asked for assurance regarding the robustness of the trust's checks on staff recruited from overseas, following a recent national media story. Ms Hall confirmed that the trust had received assurances regarding the checks made by international recruitment firms. She reported that recruitment was ongoing, with numbers reported via the workforce report and monitored by the workforce committee. Mrs Brewer reported that the original target of 400 additional appointments over and above the 500 routinely appointed each year was now being reviewed in the light of revised capacity plan. It was agreed that a refreshed target would be reported to the board.

**W Brewer /J Hall
June 2015**

Report from quality and risk committee

Ms Wilton presented a summary of key points raised at the last quality and risk seminar.

Corporate outpatient improvement programme: the committee had received an update, noting that the 10 month improvement programme was now closed and all work underway had been transferred to business as usual. In general good progress had been made to improve quality across all key workstreams and the committee was assured that oversight was now incorporated in the Outpatient Strategy Board chaired by Rob Elek.

However, the committee had noted that availability of medical records for all outpatient appointments had deteriorated once more, with rates as low as 90% recorded following reduction of records storage on site. The committee was assured that considerable effort is being devoted to returning the rate to 97/98%, with current rate at 95%.

Maternity pathways: The committee had picked up this issue from the audit committee and was very concerned that IT and process developments to ensure that the mother and baby discharge reporting process is safe and complete and links securely to community services are not yet complete and are unlikely to be in place now until 2017. The trust would shortly be the only trust in London using the old system which involves manual processes and faxing details of discharges. There was a back-up system in place but is cumbersome and prone to error, especially at nights and weekends. The committee urged the children's and women's division to expedite the system improvement and the committee would monitor progress.

Safe medical staffing: the committee had discussed a report on safe medical staffing, focussing particularly on numbers and seniority of staff working in acute specialties and across the Trust out of hours. The report had identified a number of areas of concern:

- medicine has a significantly lower doctor to patient ratio compared to surgery, at night and at weekends - staff feedback is that current levels are not sufficient during out of hours period;
- the trust does not operate a critical care outreach service which many organisations use as an adjunct to assist out of hours teams in rapid escalation and admission to intensive care for the deteriorating patient
- some specific services are showing particular stress, as evidenced by high locum expenditure, reporting of staffing-related adverse incidents, difficulty in meeting London Quality Standards

The committee was pleased to note those services which had been innovative in redesigning their medical teams and using the alternative workforce to manage quality demands better. Those services with a high level of consultant presence are delivering the Consultant of the Week model and have lower rates of serious incidents. The committee noted that a number of actions were being taken forward as a result of this review, and the committee would monitor progress.

The committee had noted an outstanding action from the March meeting, relating to the issue of quality assurance for services provided on remote sites. The committee had expressed its concern that this long-standing quality risk had not yet been closed down, especially given the increasing level of activity being sub-

contracted to these remote private hospital sites. Ms Hall had agreed to report progress at the next meeting.

Serious Incidents: the committee had examined the current position and considered the six monthly thematic review by the Patient Safety manager. The committee had been very concerned to see continuing incidents relating to failure to follow up diagnostic tests, despite the assurances being sought by the medical director from each service. Dr Mackenzie was following up.

The committee had also reviewed and challenged the monthly quality report, and had welcomed continuing improvements in the ward heat map reporting and analysis showing how this data is being used to drive quality improvements. However, the committee discussed at length how improving data capture and analysis is enabling much better triangulation of serious and adverse incidents, complaints, safe staffing, safety thermometer and other measures: this needed to be a priority area for quality leadership in the trust. The committee had been concerned to note two MRSA cases already this year, and never events including one (old incident) identified that week.

Risk management: the committee had convened an additional meeting to complete a deep dive review of one of the trust's key risks, the impact of CIP programme on quality – testing the controls and assurances in place for this risk. This programme of deep dives and challenges of the assurances will continue, prioritised for high risks. Ms Wilton invited all board members to attend the next committee seminar meeting, with the focus of the meeting being a deep dive into the key capacity risks, including the physical capacity and the workforce capacity risks. There would also be a regular quality risk presentations from divisions.

Mr Rappolt questioned whether there was a disconnect between the outpatient improvement plan and the quality and performance report. Mr Wilson advised that the outpatient improvement programme should also include a review of the management of outpatient services across the organisation, to ensure efficient use of existing capacity to meet demand. Mr Elek advised the board as to the key workstreams within the improvement programme, including operational issues and the longer term strategy. It was agreed that a further update on the outpatient strategy would be presented to the next Board meeting.

**R Elek
June 2015**

15.05.17 Finance report

Mr Bolam presented a tabled summary of month 1 financial performance, advising that a more detailed report would be available for the finance and performance committee meeting the following week. Mr Bolam introduced a new format for the monthly report and invited comment on the format. He then highlighted key messages for month 1 position, including deficit of £1.1m adverse to the plan. The reasons for this adverse position were summarised as being:

- reduced activity levels, particularly in outpatients: it was noted that this needed to be investigated and an explanation provided to the finance and performance committee through the weekly activity tracking;
- pay costs: there had been encouraging signs that pay controls were beginning to have an effect, showing a downward trend in pay costs. However it was noted that this was not sufficient to meet the in-year CIP requirements and there remained some variances in pay budgets which needed to be resolved;
- non-pay costs: the trend remained adverse and this required further investigation;
- CIP performance: month 1 had seen underperformance against pay CIPs.

Mr Bolam reported that capital expenditure had been under budget and that this would benefit in the case of projects funded by trust capital, however where the project was externally funded this was not positive. He advised that a cash forecast would be presented to the finance and performance committee the following week, but if the month 1 position were to prove typical for the rest of the year then additional cash would be required during the year. He confirmed that the working capital facility of £25m remained in place and would be drawn down in July.

Mr Smallwood summarised what he took to be the overall message from this – that the run-rate controls were having an effect but not sufficiently, as well as activity continuing to be down against plan which was a continuation of the position in quarter 4 of 2014/15. Therefore there remained a gap between income and expenditure. Mr Bolam agreed that the trend was changing albeit to an insufficient level to meet the current plan. He agreed to present a more detailed explanation regarding income to the next finance and performance committee.

**S Bolam
June 2015**

Ms Wilton noted that the medicine and cardiology division was already £800,000 behind plan and asked how such a deterioration against an agreed plan could happen in one month. Mr Bolam explained that there was a need to review the income variance in that division, especially in special medicine outpatients.

Ms Wilton challenged that the division should be providing this explanation as it was their business, but Mr Bolam advised that due to delays in setting budgets it was harder for divisions to understand their respective positions; normally they would be expected to provide such explanations. It was noted that budget sign-off was not yet complete at individual budget holder level, however this would be completed for month 2. Mr Scott assured the board that divisions were aware of their respective issues and had discussed them with executive colleagues.

Mr Rappolt expressed his concern that CIP underperformance would not be recovered later in the year and therefore recommended that the board needed to be realistic about the underlying position.

Ms Wilton noted the reduction in income but opined that costs should therefore also be flexed down to reflect the reduced income. The divisions should be asked to respond to this challenge.

Mr Smallwood agreed that the concern was a continuing trend from 2014/15 – it was important to note some improvement but that improvement was not sufficient. There also remained concerns about the financial management capacity at divisional level. Mrs Pantelides agreed with this, noting that the divisions needed to be able to understand their income and expenditure and forecasting, and then to be able to respond to those forecasts. Mr Bolam reported that progress had been made in forecasting activity, including the introduction of a weekly activity tracker; he agreed that the challenge was in the use of that information and agreeing a response to the information available.

All board members were invited to attend the finance and performance committee meeting the following week to further their understanding and to challenge.

15.05.18 Workforce performance report

Mrs Brewer presented the workforce report for month 1, highlighting key points. She highlighted that requests for temporary staff had now been included in the report as well as the overall cost to provide more accurate information to the

board. However she also advised that the vacancy control figures should be treated with caution as they needed further analysis.

Mrs Brewer highlighted an increase in turnover versus the target of 'steady state'. More intelligence regarding this had been discussed at the workforce committee, including information from exit surveys. The key reasons for staff leaving included the work that they were expected to do and the quality of staff relationships. The workforce committee was therefore focusing on these areas in terms of retaining staff.

The board noted the current level of performance in level 3 safeguarding training and asked for assurance that performance would be improved following a pause in the delivery of training. Mrs Brewer confirmed that the training system was now operational once again. She advised that the risk was the recording of training and the identification of appropriate staff groups. But also additional training resources had been brought on stream. Ms Hall confirmed that monitoring of incidents would identify any causal link with training, but there was no evidence of any link to date.

Dr Hulf referred to the medical staffing report discussed at the quality and risk committee and asked for more information regarding the identified gaps in staffing, especially junior doctors. Mrs Brewer confirmed that various data was being collated regarding junior doctors and would review that via the workforce committee and board.

Mr Rappolt highlighted the high turnover in the community services division, but few quality metrics available to the Board, and asked therefore how the board could be assured that the high turnover was not having an adverse effect on quality. Ms Hall confirmed that Mrs Brewer was supporting the division and she was aware of quality issues in the division, such as offender healthcare, and executive colleagues were supporting the division to address such issues. She assured the board that there was good intelligence and action was being taken. Mr Wilson also summarised the recently introduced system of divisional self-assessment and escalation and support mechanisms in place for divisions. Mr Rappolt recommended that more community quality measures were included in the quality report.

Report from the workforce committee

Mrs Pantelides presented a summary of key messages from the last workforce committee meeting, including:

- Workforce planning: the committee had noted the importance of workforce planning, particularly at 'ground level' to ensure ownership of the numbers. Work was required to agree budgets and workforce numbers;
- Nursing recruitment and retention: the committee had considered the data from the leavers survey, noting that 53% of staff leaving said that it was because of their perception of the line management or how they were treated. The committee had noted that this was positive in that this was something that the trust could improve. This added emphasis to the board development session to follow on culture and leadership;
- Agency costs: the committee had reviewed performance against the target of 3.5% and Mrs Pantelides cautioned the board to be realistic regarding achievement of the target.

Mrs Pantelides confirmed that recommendations were being followed up by the committee and the board agreed that the recommendation regarding agency

**Mrs Brewer
June 2015**

costs should be discussed with executive colleagues.

15.05.19 Mutually Agree Redundancy Scheme (MARS) scheme

Mrs Brewer presented the proposal to the board, seeking approval for the implementation of this national scheme. She noted the importance of transparency and equity of process for all staff and that the proposals reflected comments by Gail Adams, public governor.

Ms Wilton asked how such a scheme supported the trust's need to reduce turnover and increase recruitment. She expressed her concern that there was no area of over-staffing in the trust and therefore no need to lose staff. Mrs Brewer reminded the board that this was one of the downside mitigation actions previously agreed by the board; she assured the board that certain groups of staff would be excluded if operational requirements demanded and advised that this scheme would enable the trust to change its workforce profile through redeployment as well as leading to savings.

Mr Scott advised that there was no conflict – there were shortages in some areas and there were some areas where there was an excess of staff. In communicating the scheme there was a need to be clear about where the scheme was being targeted and why. Mrs Pantelides agreed that the scheme provided a tool which would enable a reduction in turnover and assist in the driving through of efficiencies.

The board approved the implementation of the scheme.

15.05.20 Annual plan 2015/16

Mr Elek presented the final version of the plan submitted to Monitor, for the board to note. The board noted that the narrative part of the plan was as approved by the board at the last meeting. The board also noted and endorsed the submission of the declarations which had been agreed on behalf of the board by the finance and performance committee.

The board noted that the trust would receive feedback on the plan from Monitor, in due course.

Dr Hulf asked for more explanation of the plans for e-triage in due course. It was agreed that this would be included in the outpatients strategy report being considered by the board at its next meeting.

The board noted the plan.

15.05.21 Annual accounts 2014/15

Mr Rappolt gave an oral report from the last audit committee meeting.

The committee had met on 26th May primarily to consider the annual financial accounts (2 sets), quality accounts and annual report. He advised that board needed to rely on the External Auditors Opinion when considering the accounts. The committee had therefore reviewed the External Audit's opinion on the accounts, learning that the auditors were satisfied with the Financial Accounts in all but one area – the going concern test. The board accepted that the trust's cash forecast for the coming year is such that it has had to apply to Monitor for an additional facility of £52m. The trust was therefore only a going concern on the basis of receiving that additional financial support.

**R Elek
June 2015**

The trust had not yet had confirmation from Monitor that this would be approved so the external auditors had highlighted this as a material uncertainty in their formal opinion. Subject to this qualification which the trust has fully disclosed and the incorporation of a number of additional minor changes the committee recommended the board approval of both sets of Financial Accounts.

Mr Rappolt explained the role of the committee in respect of the Quality Accounts – to assure itself that the underlying data upon which the Quality Accounts are based is sound. Again the committee relied on the assurances of the external auditors in this respect. They reported that they had tested two quality indicators and found them to be satisfactory; however they were unable to test the third, the local indicator selected by the governors, as the Trust did not have auditable data for this indicator. The board noted that the quality and risk committee had reviewed and signed off the content of the Quality Accounts. The committee recommended the Quality Account to the Board for approval.

Mr Rappolt also advised that the committee had reviewed the draft annual report, noting that it had been drafted as prescribed by Monitor, at the same time as the Accounts. The committee had congratulated the trust management on this achievement. The annual report was considered by the committee from the perspective of whether it accurately reflected the Accounts and was consistent with them and in particular did not provide any forecast information which was not already contained in the accounts. Again the committee relied on the opinion of the external auditors and, subject to a few minor amendments and edits, the committee recommended them to the Board for approval.

The Letter of Representation had been considered by the Audit Committee. This is a letter to the Auditors signed by the chief executive on behalf of the Board in essence confirming that the board had disclosed all that it should to the auditors before they issue their audit opinion. The committee was satisfied that the chief executive could sign this letter on behalf of the board but had pointed out that because the non-executive directors are not as close to the business as the executive directors it was normal commercial practice for the chief executive on behalf of the executive directors to issue a back to back Letter of Representation to the non-executive directors. Mr Jenkinson confirmed that this had been drafted and would be shared with the chief executive for approval.

**P Jenkinson /
M Scott
June 2015**

Mr Rappolt reported that two other matters had been considered by the committee:

The committee considered the Fire Safety Annual report that will come to the Board next month, noting the progress made in this area and that as a result the London Fire Brigade had lifted its fire enforcement notices. However the committee was still very concerned at the slow progress in appointing Fire Wardens, with only 250 out of an estimated requirement of 850 appointed to date. The committee had asked for justification of the stated requirement of 850 but also reminded the executive team that they agreed to find ways of increasing the number of Fire Wardens a couple of months ago but this does not seem to have had the required result.

The committee also received an Internal Audit report on how the partnership between the Trust and University was progressing. The report presented a mixed picture of achievement. As the report had not addressed the value for money question it had been agreed for the report to be resubmitted to the next meeting. It was noted that the report had been shared with executive colleagues in the university but not with Prof Kopelman, so this needed to be done.

The board approved the two sets of accounts, the annual report and the quality account.

15.05.22 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. The board noted the output of the first risk review using this methodology – the risk of impact on quality from cost savings.

15.05.23 Board governance statements

Mr Jenkinson presented and explained two of the annual governance statements that the board was required to submit to Monitor. These statements related to compliance with corporate governance best practice.

Mr Rappolt asked about the circulation of the Monitor's monthly bulletin and audit trail of actions being taken. It was agreed that the monthly bulletin should also be circulated to non-executive directors and that a formal audit trail of actions taken should be established.

**P Jenkinson
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The board discussed the development of the assurance framework, which would provide the board with ongoing assurance to enable the board to confirm compliance with governance statements. It was noted that the assurance framework would be based on Monitor's 'Well-led' framework. More detailed proposals would be presented to the quality and risk committee.

**P Jenkinson
July 2015**

15.05.24 Use of the trust seal

The board noted that the trust seal had not been used during the last period.

15.05.25 Questions from the public

Mike Grahn referred to the auditor's inability to audit community outcome indicators due to lack of auditable data and asked whether the board had assurance regarding the quality of community services. Ms Hall assured the board that lessons had been learnt from this process, but also assured the board that process measures for community outcomes existed. Mr Bolam added that there were a number of key performance indicators relating to community services in the contract, but the challenge would be to ensure there were auditable indicators. There was also a national initiative ongoing to identify suitable indicators for community services.

Gail Adams referred to the media story mentioned earlier in the meeting by Mr Smallwood, regarding a Philippine nurse. She reported that in this case the recruitment controls had been poor and it was impossible to mitigate against individual criminal acts, but she stressed the contribution which international nurses and health workers made to the NHS and suggested that this needed to be celebrated. Gail also recommended that the trust implement initiatives such as 'Just say thanks' to help in recruitment and retention. Mrs Brewer agreed and confirmed that this was a priority for the team.

Gail raised the likely cost of revalidation of nurses as a significant risk which the board should be aware of, with implementation due in April 2016. She advised that the trust should learn from pilot sites such as Guy's and St. Thomas'. Ms Hall confirmed that she was a member of a London wide group considering the implications and would work these through with Mrs Brewer.

15.05.26 Any other business

There was no other business.

15.05.27 Date of the next meeting

The next meeting of the Trust Board will be held on 25 June 2015 at 9.00am.