St George's Healthcare NHS
NHS Trust

MINUTES OF THE TRUST BOARD

29 January 2015
H2.6 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/Director Infection Prevention and Control
	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
	Ms Suzanne Marsello	Acting Director of Strategic Development
	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
	Ms Sarah Wilton	Non-Executive Director
In attendance:	Mr Daniel Camp	Assistant General Manager, Corporate Outpatients Service
	Ms Hannah Hamilton	Programme Manager and NHS Fast Track Executive Programme
	Dr Andrew Rhodes	Divisional Chair, Children's, Women's Diagnostics, Therapeutics and Critical Care
	Mr James Taylor	Assistant Trust Secretary
Apologies:	None	

15.000 Chair's opening remarks

Mr Smallwood welcomed all to the meeting, in particular Dr Mackenzie, for whom this was his first Trust Board meeting.

15.001 Declarations of interest

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

15.002 Minutes of the previous meeting

The minutes of the meeting held on 18 December 2014 were approved as an accurate record, subject to the following amendments:

- Chief Executive's Report (page 3): Under the 'sign up to safety' item, it should be recorded that Ms Hall was the clinical director across South London for the Patient Safety Collaborative; **James Taylor**

- Chief Executive's Report (page 3): Under the 'St George's – Partners in the African Patient Safety Movement' item, an action should be recorded for a process to approve similar future initiatives being formulated; **James Taylor**
- Risk and Compliance Report (page 10): It should be recorded that the CQC Intelligent Monitoring Report was not considered by the Quality & Risk Committee (QRC) at its subsequent meeting, but that an action to hold a session on Mortality should be shown. **James Taylor**

15.003 Schedule of Matters Arising

Report from the Quality and Risk Committee

Mr Jenkinson reported that the issue of the appropriate forum for the Equality & Human Rights Committee had been discussed at QRC, where it had been reported that the upcoming annual Equality Delivery System (EDS) review included governance considerations – as a result, proposals would be brought to the March Trust Board meeting. **Peter Jenkinson 26.03.15**

Chief Executive's Report

Ms Hall reported that the Trust's response to the Department of Health's national programme 'sign up to safety' campaign, including details of the relevant internal governance process that had been put in place, had been circulated to Board members.

Quality and Performance Report

Mr Wilson reported that the three year analysis of ED trends had been shared with Board members.

15.004 Chief Executive's Report

Mr Scott presented the report to the Board and invited questions and comments from Board members. In doing so, he further updated the report:

- *Professor Peter Kopelman:* Professor Kopelman had announced that he would leave the university by the end of 2015 – as a result the university council had commenced its search for his successor. Further opportunities to pay tribute would present themselves over the next few months, but in particular it was worth noting the proactive stance taken by the university, working in conjunction with the Trust's Chairman and Chief Executive and the Joint Director of Human Resources to find the next principal. There was optimism that an appointment could be made which would lead to a continuation in Professor Kopelman's work to ensure that joint working between the university and the Trust remained mutually beneficial.
- *Genomic Medicine Centre:* The Trust's involvement in this national initiative provided potential far-reaching laboratory and genetics development opportunities.
- *Foundation Trust (FT) application:* Monitor's executive committee was meeting on 30 January, when considerations such as the Trust's liquidity situation would be reviewed with a view to reaching a decision on the application. Preparations were in place to cover every eventuality; if the decision was positive, it was understood that the Foundation Trust status would be granted from 1 February.
- *Wandsworth Council Health Overview and Scrutiny Committee:* changes had occurred in the way that the committee worked, with fewer formal meetings that considered performance reports and additional meetings with the opportunity to consider certain topics in greater depth, such as the

management of people living with alcohol dependency, Major Trauma and system resilience.

- *Funding Bids:* Research was a key strategic objective of the Trust, with Dr Daniel Forton taking the lead in producing an increase in clinical trials activity, improved performance generally and thus creating an attractive environment for further research. The Trust was the largest recruiter onto commercial trials in South London, for which Mr Forton and his team must take credit.
- *New Year's Honours:* Fiona Ross, who had been Dean and Professor of Primary Care Nursing at the Faculty of Health, Social Care and Education, had been made a Commander of the Order of the British Empire (CBE); additionally Judith Evans, the recent chair of SGUL Council had been appointed an Officer of the Order of the British Empire (OBE).

In response to Mr Rappolt's question whether South West London Collaborative Commissioning considered the inability of Trust patients to return to their homes after receiving treatment because of a lack of social care in the community, Mr Scott reported that it was not an appropriate forum to examine the matter. Mr Wilson added that this issue was discussed on a daily basis by team leaders, meetings which were attended by community services representatives; weekly meetings at directorate level were held across the Trust; finally, system resilience group meetings were attended by local CEOs and COOs, including Mr Scott and Mr Wilson. He confirmed that it was these latter meetings at which more strategic discussions took place, although there were ongoing moves to make the conversations more strategic rather than operational. Mr Scott believed that it would be beneficial for Ms Hall to produce a Board report on the discharge process in due course.

Jennie Hall 26.02.15

Ms Wilton reported that the recent Board to Board meeting with Wandsworth commissioners had been very open and frank on the subject of quality of services, with an output of the meeting being a further meeting to discuss quality issues.

ACTION: The Board noted the report.

Quality and Performance

15.005 Quality and Performance Report

Mr Bolam presented the performance element of the report and invited questions and comments from Board members. In doing so, he highlighted the following points:

The recent Finance & Performance Committee meeting had looked at the fact that the Trust's RTT performance was now rated as amber/red. Mr Bolam reminded Board members that the Department of Health had suspended the measurement between January and November, with a view to trusts reaching their target again in December. The Trust had been clear and upfront with commissioners in relaying its inability to achieve the target in the short term whilst ensuring appropriate treatment of patients; the commissioners had for their part accepted that Trust's position was a reasonable one, with compliance expected again during the month of January.

Mr Bolam reported that the situation of two patients waiting over 52 weeks was disappointing – further work was needed with referrer trusts. A warning had been

sounded in relation to diagnostic capacity, with pressure building and a need to understand management challenges; Emergency Department (ED) performance had shown improvement in recent weeks, but was still not reaching the 95% target for the quarter.

Mr Wilson reported that from late November until early January the Trust had been beset by increasingly ill patients attending, with increased flu numbers and cold weather adding to the challenge, as there was in any event little opportunity to flex on capacity. Improved social care had brought performance back to November levels, but a daily and ongoing problem in ED for elderly patients was the struggle to provide prompt discharge. He confirmed to Mr Smallwood that recent media publicity about attendance at EDs meant that the numbers had fallen, but that those attending were sicker upon arrival. Ms Hall acknowledged that the strain of flu being contracted was not covered by the flu immunization programme that had been put in place, which had doubled the numbers of cases from last year and presented significant operational challenges.

Ms Hall and Mr Wilson paid tribute to the Trust's staff for their ongoing hard work and vigilance in maintaining standards of patient care during what had proved to be an extremely difficult number of weeks and months.

Ms Hall presented the quality element of the report and invited questions and comments from Board members. In doing so, she highlighted the following points:

Effectiveness Domain

A number of recent audits were worthy of note: the Sentinel Stroke National Audit showed improvement after a period of low achievement, with good clinical care demonstrated. The Paediatric Intensive Care Audit showed good results but it remained an outlier, which accounted for the proactive recruitment programme in place to address the issue. The National Lung Cancer Audit had shown mixed results, with the clinical team having identified data quality issues; the World Health Organisation Surgical Checklist Audit showed improved performance since 2011, although it remained a challenge to achieve 100% compliance, and so had been chosen as a quality priority for 2015/16.

Mr Rappolt commented that a trend which ran through a number of audits was the question of data quality, particularly iCLIP performance. He believed that more scrutiny was required, as there might be both good and bad performance that was not highlighted as a result. Ms Hall responded by noting that divisions had local resources in order to examine data quality, with a forward looking position adopted to ensure that issues were addressed. Use of the iCLIP system was now 'live' in 44% of the Trust's bed base. Mr Smallwood added that the Finance & Performance Committee had commissioned a paper on data quality priorities.

In answer to Mr Rappolt's question regarding the Paediatric Intensive Care Audit, Ms Hall reported that staff shortages was a national issue, such that proactive work on nurse recruitment, including branding, was taking place, with progress having been made over the last twelve months.

Ms Hall agreed that the warning triangle incorporated into many of the report's pages be used more sparingly, rather than on every page. **Jennie Hall**

Professor Kopelman requested that further assurance regarding tracking of notes be brought back to the Board in due course. Ms Pantelides reported that the **Jennie Hall 26.03.15**

recent meeting of QRC had considered that the organisation needed to work in a different way – identifying issues and the nature in which they arose. Mr Scott agreed that programme management arrangements in relation to business change were in place, so that implementation plans were agreed and could be measured in terms of their effectiveness.

Ms Hall concluded the discussion by noting that a weekly meeting to discuss the implementation of Cerner took place with IT leads and operational teams, which had helped to achieve a commonality of purpose.

Safety Domain
No trends had been identified for the month of December. Safety Thermometer performance had achieved national performance during the month, with pressure ulcer profile improvement occurring as well as VTE performance. A deep dive review into the pressure ulcer profile in two divisions had now been completed, with the other two divisions now to carry out the exercise. The increase in falls profile reflected patients within the Trust, with actions outlined in the report which sought to address the issue.

The VTE profile was largely unchanged, although some issues regarding the recording of VTE risk assessments had been reported – as a result an active programme of assurance was being pursued.

Another MRSA case had been reported during December, involving a patient with a sternal wound infection. C-Difficile cases remained steady, still ahead of trajectory but with several winter months still to go.

Safeguarding activity was significant, with the training profile a subject of focus, especially for level 3 training where a high turnover of staff and non-attendance at training sessions was proving challenging.

In response to Mr Rappolt's question regarding whether the service improvement programme in relation to patient notes would extend beyond Outpatients, Ms Hall confirmed that all staff had a responsibility to manage records appropriately – with the move now being made to electronic records, she agreed to provide the Board with the necessary assurance in due course, as agreed earlier.

In response to Mr Rappolt's question regarding VTE, Ms Hall reported that the issues regarding a recent SI where there had been an improper VTE assessment were being investigated. Ward rounds were being made to ensure staff 'buy-in'.

Experience Domain
Friends and Family Test response rates improved in all areas but Maternity, where remedial action was being taken. A 12% reduction in overall complaints from Q2 had been reported, with the detail to be provided to the February Board, but with all but the Community Services division showing improvement. The Cancer Patient Experience Survey results were positive, with the Trust being noted as one of the ten most improved of those surveyed.

Ms Hall agreed with Professor Kopelman that a correlation could be drawn between the number of complaints recorded within community services and the increasing number of vacancies within the division – there was a need for greater focus, given that the challenges were longer standing than in other divisions.

Well Led Domain and Ward Heatmap

The safe staffing return was less than the 90% target – this was being reviewed along with the number of staffing alerts over the last six month period to identify trends or issues to be worked upon. **Jennie Hall 26.02.15**

Ms Hall agreed to check the status of validation alerts as part of the safe staffing return.

In response to Mr Smallwood's question on what was done with the information contained in ward heatmaps, Ms Hall reported that it was shared down to ward level, where a degree of healthy competition between wards was in evidence. Quality Inspection visits also provide additional intelligence. Escalation was also employed – a supportive but informal process of 'special measures' was available, as well as the information gathered being used to inform decision-making. Ms Hall agreed to share the special measures process with Board colleagues. **Jennie Hall 26.03.15**

Mrs Brewer confirmed to Mr Smallwood that considerable improvements in the time taken to recruit could now be reported.

ACTION: The Board noted the report.

15.006 Report from the Quality and Risk Committee

Ms Wilton highlighted the following key matters discussed at the last Quality and Risk Committee meeting:

- Daily consultant rounding: this was made a requirement last year by Dr Given-Wilson and a snap shot review had been completed by Yvonne Connolly, Head of Patient Safety, to confirm compliance. While this daily review was happening in most areas, there were still some wards where this is not embedded. The committee was concerned that there were some exceptions and Ms Hall confirmed that work was in hand to ensure there is full compliance. In response to a question about the impact of daily consultant rounding, Ms Hall suggested that it was too soon to tell and hard to measure, although there was little doubt that this was the right approach;
- Update on cardiology RTT waiting list audit data, as had been raised by commissioners at the Board to Board meeting on 27 January. There had been considerable tightening of processes and much greater clinical engagement, as a result of which the tracking of patients on the waiting list both chronologically and for clinical risk and prioritisation were now effective. Ms Hall reported that there had been very good clinical engagement, triggered in part by the two SI's in which patients suffered adverse harm while waiting for cardiological intervention. Mr Wilson had suggested that the RTT pressure areas were now different (for example, ENT) and that lessons learned from the cardiology position would be applied elsewhere;
- In reviewing the Quality Report, the committee had noted that the mortality index had increased from 76 to 84, but had been assured by Nigel Kennea, who chairs mortality monitoring, that the indices have been re-based and that the Trust was still very well placed on mortality measures;
- The committee had noted some issues of concern where there appeared to be plateauing of a number of quality measures: VTE compliance, particularly in those areas where the iCLIP upgrade had been completed. It had now been implemented in around 45% of areas and there was now a pause imposed to learn lessons, repeat or extend training etc before the rolling out to the remaining 55%. The committee noted two recent incidents where there

were adverse impacts on patients who developed blood clots. Ms Hall explained the very active programme of assurance in place; it would be a key area of focus for QRC in the short term;

- Pressures Ulcers: still a concerning high level of 3s and 4s, especially in Surgery and Community Services divisions: deep dives initiated by Ms Hall in these divisions;
- WHO checklist compliance: the committee was very concerned that although compliance was mandatory, there are still some areas which were not compliant. QRC asked what sanctions can be applied – Ms Hall would raise the matter with Dr Mackenzie so as to consider how best to do this;
- The results of an audit of compliance with tissue sample protocols was concerning - especially on ensuring appropriate permissions had been given. Urgent action was underway to ensure that there was full compliance;
- The committee had been concerned to note that safe staffing measures/fill rates on some rosters were found to be less than 90% - Ms Hall had launched a deep dive to identify the causes and find solutions;
- The committee noted overall that despite all the very significant pressures over the last few weeks, there was no evidence that quality of care had been adversely affected - this was very much to the credit of all staff who have worked very hard and with great commitment over this period to deliver high quality care in spite of all the pressures and difficulties;
- Julian Sutton (lead midwife for clinical governance) updated the committee on two recent SI reviews currently being completed. Key themes emerging were a need for staff to follow existing policies or guidance (so not cutting swabs in half, not disposing of swabs after the final count, not using unused swabs after the final count to wash patient, and the need to make final counts appropriately, amongst other measures). Yvonne Connolly had tabled a draft report from the review panel set up to review the three SIs relating to retained foreign objects – it was not yet complete and so the committee asked for a final version with clear recommendations and responsibilities, especially for disseminating learning, to be brought back to the next QRC meeting to demonstrate that this was dealt with effectively and in a timely fashion;
- The committee had reviewed the Board Assurance Framework, noting that the Trust's current financial and capacity and other pressures were reflected in the increased number of risks with gross rating of 25, 20 and 16. The bed capacity shortfall risk was recently increased to 'certain' on an unmitigated basis due to the exceptional pressures experienced during December. This took the overall score to 25 (based on 5x5 likelihood and impact). A number of actions were in place which brought the mitigated risk back down to 20 (4 likelihood and 5 impact). These actions included:

  - opening remaining 'St George's at' beds at Nightingale House
  - implementing command and control bed and discharge management across the medical division
  - introducing daily review meeting attended by all local boroughs and community health providers to review and expedite all delayed discharges (DTOCs and non-DTOCs)
  - SRG agreeing to implement a 'discharge to assess' scheme and commissioning a third party broker to expedite discharge and make better use of community rehab capacity (to commence next week)
  - spot purchasing orthopaedic rehabilitation beds in the independent sector (funded by the SRG)
  - maximising proportion of elective admissions managed as day cases
  - opening three additional beds within existing wards at St George's

The committee had been concerned that its last seminar meeting had been cancelled – the next taking place on 25 February, to focus on the deep dive of top five quality risks, on complaints and the quality dashboard (postponed from October/November), plus a quality presentation from the Surgery division, which had been asked to focus on key quality issues, particularly WHO checklist compliance, retained foreign objects and compliance.

ACTION: The Board noted the report.

15.007 Finance Report

Mr Bolam reported that, at Month 9, the deficit of £458k was £4.4m off target. There had been a movement of £1.9m during the month, caused largely by Project Diamond funding for complex and specialist care not being included in the national tariff – it had been announced in the autumn that the NHS would only provide funding of 25%. Other factors included the Trust struggling operationally through the month. The forecast outturn was now for income and expenditure to break even, resulting in a surplus of £2.7m.

Two major, interrelated activities were currently under way: (i) engaging with commissioners regarding flexibility on issue such as capacity pressures, and (ii) addressing internal issues during the last 60 days of the current financial year – stopping, delaying or deferring expenditure wherever possible and demonstrating to commissioners that everything possible was being done.

While cash levels had been very low recently, they had now recovered, with £16m expected by the end of January. Overspend on capital projects was being addressed so as not to affect clinical care. £3.2m of adverse CIP savings was reported, with little prospect of it being recovered.

Mr Bolam confirmed to Ms Pantelides that the Trust would have access to a cash facility if it were needed, with the specific terms dependent on Foundation Trust status at the time.

Mr Smallwood reported that the recent Finance and Performance Committee had considered the following:

- A budget setting review and monitoring of financial management more generally, being carried out by Simon Milligan in the Strategy Team;
- A review of progress on data quality issues;
- The Working Capital documentation to be considered at the private Trust Board meeting;
- Ways to ensure ten days' liquidity cover that was sustainable;
- Radicals proposals for change of the Trust's Integrated Business Plan and Long Term Financial Model;
- A presentation from the Trust's external auditors, Grant Thornton, on how to strengthen the Trust's Cash Management position and processes, which would be taken for consideration to the next Audit Committee meeting.

ACTION: The Board noted the report.

15.008 Workforce Performance Report

Mrs Brewer reported that December being a pressurised month was reflected in the indicators, but maintenance of standards was a good sign. Overall turnover had steadied, although there remained room for improvement. Mrs Brewer

reminded the Board of the detailed turnover report that had been presented in October. These reports would now be presented on a six monthly basis with the next one due in June. In terms of those leaving, there was a need to differentiate between those who were doing so due to unhappiness and those who had received career development opportunities. It seemed that a high proportion of staff left in order to gain promotion. For this reason, additional information was being provided on the percentage of staff who are internally promoted each month. The figures for November and December compare favourably with the population of staff in post for more than one year, of whom 5% had been promoted into their current role.

Mrs Brewer noted that considerable efforts were being made to reduce staff sickness levels, with some confidence that the Trust could revert to previously lower rates. Struggles to fill some shifts had meant use of agency and/or bank staff once more. MAST training levels remained encouraging.

In response to Mr Smallwood's question regarding aspirations for the future, Mrs Brewer reported that it was hoped to reduce staff turnover down to the target of 13% for all turnover and 10% for voluntary turnover. The trust had been at these figures in June 2013. There would not be an immediate change in what was an annual rolling trend, although it now appeared to be a little more positive. She advised Ms Wilton that turnover figures should be viewed with some caution and that further investigation was required to ascertain why the Trust remained an outlier compared to the available benchmark information.

Ms Pantelides commented that the Trust now had some evidence to demonstrate ongoing trends – three years of staff survey data showed that pride was exhibited in many of those working for the Trust, but there was also concern at the levels of bullying and harassment within the organisation. Mrs Brewer noted that the Trust was on a par with other similar trusts in these terms, although work was needed and was ongoing to improve the situation.

ACTION: The Board noted the report.

Strategy

15.009 Service Improvement Update: Capacity

Mr Wilson introduced the item by noting there was a need to close the gap and look ahead. Additional projects which it had anticipated would lead to Length of Stay (LOS) reductions had not yielded during 2014/15 – there was therefore a need to reduce reliance upon LOS reductions going forward.

In response to Mr Smallwood's question regarding ongoing capacity issues within the Trust, Mr Wilson reported that some of the recent rise in bed numbers was caused by non-recurrent beds being made recurrent, with others not yet being allocated recurrent funding; additionally it was expected that a ward would be closed in May 2015 as part of the Children's and Women's Hospital redevelopment. Mr Bolam added that the allocation of winter monies was announced in the previous summer, which was then followed by the system resilience group. For 2015/16 all NHS money had already been allocated – any additional beds that were provided would be done so solely at the Trust's risk, which would need to be factored into the Trust's baseline.

Mr Smallwood noted that capacity shortfall would be considered at the next Finance and Performance Committee meeting. Mr Rappolt believed that it was

critical that the Board received KPI measures on progress made by the Service Improvement Programme in terms of LOS, for example, reported into the committee to ensure Board assurance. Ms Pantelides questioned whether the correct information was being sought and if implementation of projects was being monitored appropriately and with sufficient rigour.

15.010 Service Improvement Update: Outpatients

Mr Wilson introduced the item by noting that the majority of Outpatients was within the remit of the Children's and Women's division.

Dr Rhodes reported that the division had not been working in an optimal fashion when the current management team had joined during the course of 2014. There had been widespread complaints about the call centre, availability of medical notes and patient experience more widely. With 650,000 appointments made annually, Outpatients was a source of income for the Trust, but it was also for many their first impression of what St George's was like. The paper considered a number of improvements that might be made, with still a way to go.

In response to Mr Smallwood's question regarding priorities, Dr Rhodes reported that moving the call centre off the main St George's site ranked highly as it would lead to greater capacity and hopefully less crisis management; a review of the appointments system – how referrals were made and the way that appointments were processed – was also required.

Mr Rappolt was encouraged by the report. Dr Rhodes confirmed to Mr Rappolt that review of progress was covered within the monthly Performance Report to the Board. Dr Rhodes reported that the Outpatients business models for each site within the Trust were all different – work was being conducted with Mr Bolam to harmonise working practices during the current financial year.

In response to a question from Mr Rappolt regarding the 'Choose and Book' service, Mr Camp reported that a quarter of patients used the service, which was currently undergoing a national rebranding exercise. Its use was encouraged as it eased pressure on the service as well as providing greater patient choice.

In response to Mr Rappolt's question regarding patient representation, Ms Hamilton reported that patients were involved in every workstream included within the Service Improvement Programme. Dr Rhodes added that it had been a lesson learned that the implementation of new systems had taken place at the same time as a level of reduction in IT resource – this had proved to be a false economy at the time, but would ultimately result in some cost benefits to the service as a whole. Ms Hall agreed with Mr Scott that the engagement of Clinical Quality Review meetings with the programme would be of merit.

Mr Scott believed that engagement with medical secretaries, around whom much patient experience was focused, was needed as part of the Service Improvement programme. Dr Rhodes reported that the pilot of an e-triage system would lessen the numbers of people involved in each case, but that their involvement was important.

In response to Professor Kopelman's point that the paper focused on Outpatients at the St George's Hospital site, Dr Rhodes reiterated that clinics were held at other sites, but that their business models were different and needed to be streamlined.

Dr Rhodes agreed with Ms Wilton's point that the 10% figure of Outpatients not attending appointments was a concern – with lots of last minute appointments being made, there was a need for greater forward planning, with a workstream looking at the issue of patient communications. Work was also needed with clinicians regarding their individual responsibilities and the need to tighten up the link with diagnostic needs.

Mr Wilson confirmed to Ms Wilton that the opening of the Nelson Local Care Centre in Merton in April 2015 and its associated risks were being managed within the Community Services division, with assistance from two other divisions that were also impacted.

In response to Mrs Leach's question regarding efforts to reduce staff turnover, Dr Rhodes reported that it was an ongoing task to get the establishment correct within the service, with a high volume of agency staff proving destabilising. Behaviours needed to be improved to ensure that lists were run properly and staff not concerned unnecessarily. Turnover and its attendant stresses on the system were intrinsically linked with capacity.

Mr Wilson agreed to provide Board members with a date when it would consider an overarching outpatient strategy. **Martin Wilson 26.02.15**

Mr Bolam believed that improving the Outpatients service would only prove beneficial if it was done in tandem with efforts to address capacity issues within the Trust. Dr Rhodes agreed that virtual clinics were being opened, by way of an example of doing things differently, but that estates issues sometimes presented challenges. Ms Pantelides wondered whether the use of apprentices in Outpatients might be scaled up in an effort to achieve greater stability as opposed to an agency model.

ACTION: The Board noted the report.

15.011 Annual Plan and Objectives 2014/15 – Quarter 3 Monitoring

Ms Marsello noted that a number of the reports that the meeting had considered showed that the Trust was making good progress in terms of meetings its objectives. Mrs Leach was of the view that there were too many objectives set for there to be a realistic chance of meeting them all.

ACTION: The Board noted the report.

Governance

15.012 Risk and Compliance Report

Mr Jenkinson introduced the item by reporting that the Trust's overall risk profile had changed because of short and mid term financial considerations, as well as increased risk in capacity and operational performance. No increase had been identified in quality and regulatory risks, but there remained a need to monitor them in the light of other higher risks, to ensure any signals are picked up as and when they arise. Mr Jenkinson reminded Board members that the ratings in the report were as originally set, which didn't show residual risks when controls had been imposed.

Mr Jenkinson agreed that he would review whether the Nelson project merited a separate entry in the Risk Register. **Peter Jenkinson ASAP**

ACTION: The Board noted the report.

General Items for Information

15.013 Use of the Trust Seal

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

15.014 Questions from the public

In response to a question from Ms Hazel Ingram, Mr Wilson reported that the reminder messaging service for appointments was such that messages which were not acknowledged did not result in appointments being cancelled as a matter of course – an opportunity to renegotiate the time and date was possible.

In response to Ms Hazel Ingram's point about arrangements at the Trust over the Christmas and New Year period, Mr Scott advised that full medical cover was in place throughout, with no cancellations of emergency operations.

Mr Wilson agreed to speak to Ms Ingram regarding her query on staff reluctance to recommend accommodation in the local area that was outwith NHS facilities. **Martin Wilson ASAP**

In response to a question from Thomas Saltiel, Mr Smallwood confirmed that achieving Foundation Trust status would free up considerable management time to do other valuable work around the Trust.

In response to Tom Coffey's question regarding those consulted on proposed changes to Outpatients, Mr Wilson reported that patient ambassadors chose patient representatives for such consultations – those chosen tended to bring significant life experience with them.

15.015 Any other business

There was no other business.

15.016 Date of the next meeting

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