St George's University Hospitals NHS
NHS Foundation Trust

Minutes Trust Board

Minutes of the meeting Trust Board of St George's University Hospitals NHS Foundation Trust, held on Thursday 2 June 2016 in Boardroom H2.5 commencing at 10am.

PRESENT

Sir David Henshaw	DH	Chairman
Sarah Wilton	SW	Non-Executive Director
Stella Pantelides	SP	Non-Executive Director
Jennie Hall	JH	Chief Nurse
Simon Mackenzie	SM	Chief Executive Officer
Iain Lynam	IL	Chief Restructuring Officer
Wendy Brewer	WB	Director of Workforce
Corrine Siddall	CS	Chief Operating Officer
Richard Hancock	RH	Director of Estates and Facilities
Alison Benincasa	AB	Divisional Chair, Community Services
Andy Rhodes	AR	Medical Director and Divisional Chair, Women and Children
Sir Norman Williams	NW	Non-Executive Director
Kate Leach	KL	Non-Executive Director
Nigel Carr	NC	Chief Financial Officer
Gillian Norton	GN	Non-Executive Director
Lisa Pickering	LP	Divisional Director of Medicine and Cardiovascular
Paul Dossett	PD	Partner, Grant Thornton, Item 8.3
Elizabeth Olive	EO	Auditor, Grant Thornton, Item 8.3

Agenda Item	Action
1. Welcome and Apologies The Chair welcomed everyone to the meeting. The Chair introduced Gillian Norton as a Non-Executive Director to the Board. Eric Morton will also be joining the board as Non-Executive Director. Apologies were received from Tunde Odutoye and Luke Edwards.	
2. Declarations of Interest There were none.	

3. Minutes

The Board considered the minutes of the last meeting held on 5 May.

Resolved that the Board**:** approved the minutes as an accurate record.

4. Key Issues

No key issues were identified for discussion.

5. Matters Arising

SW noted there were some actions that required a confirmed due date.

6 PATIENT SAFETY, QUALITY AND PERFORMANCE

6.1 Performance & Quality Report

CS reminded the board that one of the key objectives for access to the Sustainability and Transformation Fund for 2016/17 was the agreement and delivery against improvement trajectories on key access standards. The Trust had submitted the trajectories on the 18th April 2016 as detailed in last month's report. There was an opportunity to review and submit revised trajectories if required. The 62 day cancer standard and over 6 week diagnostic waiting time trajectories were resubmitted. The ED and RTT incomplete pathway trajectories were unchanged.

ED

Formal communication had been received from NHS England recognising the performance in ED and congratulating the team. CS noted the ED team is continuing to work hard, and a number of initiatives have been implemented through May. LP noted ED performance for May was 93.6% which is in line with the trajectory. However, this does not fully capture the changes implemented in ED and Medicine during the month. The board welcomed the changes implemented in the ED department.

RTT

CS noted there was very detailed action plan for RTT recovery which will need to be revised following the external MBI review due to conclude on the 17th June. The RTT action plan will be refreshed and revised following the review. The refreshed plan will be presented to the Board next month.

C Siddall
July 2016

The board were assured there were no patient safety issues or risk to patients which had not already been identified. The third review is currently on going which has raised no significant issues. The operational teams are meeting on a daily basis to review.
CS reported there were 65 patients requiring a further in depth review. 63 of those patients have been reviewed and treated, and the remaining patients would be reviewed today.

The board was concerned on the data quality issues identified in the External Audit by Grant Thornton of the Quarterly Account relating to

the inaccurate reporting of RTT and ED performance. SM said the trust needs to have reliable data in order to manage and ensure services are reliable. The trust needs to move to a standard process and way of reporting. A data quality board has been set up to get to grip with data quality issues.

SW asked how soon the data quality issues would be resolved considering the potential impact on the STP funding which was linked to meeting these targets. IL noted the work carried out in other areas was throwing light on the gravity of the challenge and fixing the fundamental quality of data would be a substantive programme which requires reliable IT and use of a single system with proper data integrity. Currently we are at the stage of finding issues. The issues to be addressed will have to be prioritised.

The board recognised there was still a considerable amount of work to do to ensure the data quality issues are resolved. The board noted the Trust was being open and transparent with the commissioners.

Outpatients
SW noted the improvement in the call centre performance. The level of call activity and the number of abandoned calls remain under target primarily due to shortage in staffing levels. The average wait time for call to be answered is 4 mins. AR reported the call centre is currently going through a transformational phase and on an active recruitment drive to fill the staffing capacity shortfall following recent vacancies which have arisen.

Quality Report
JH updated the committee on key quality indicators. In the effectiveness domain mortality HSMR performance remains significantly lower than expected; for the period March 2015 to February 2016.

The Boards attention was drawn to the national End of Life Care (EOLC) Audit. The audit indicated against benchmarks against the national performance the Trust is performing better in 4 of the 5 indicators. There are still some actions to be taken in order to ensure full compliance. JH confirmed SW had agreed to take on the role as lay member on the Trust Board with responsibility for EOLC.
An ELOC strategy will be developed and the Board will be updated in 3 months on the longer term plans.

J Hall
Sept 2016

The national audit also covered Percutaneous Coronary Interventions (PCI) data between January and December 2014 and assessed key aspects of the patterns and quality of care for PCI. The report looked at a number of key indicators and the Trust was considered to be “Almost excellent”.

Peer review audit was undertaken in this audit round to provide assurance that data submitted by specialties are in line with reported findings. The overall performance shows a drop in compliance rate for all fields in this peer reviewed audit round.

JH reported there were 13 general SIs reported in April. The proportion of patients that received harm free care in April was 95.11% which is better than the national average for the month and in line with our target of 95%. There were no MRSA Hospital acquired bacteraemias reported since September 2015. There is compliance with safeguarding children training compliance level 3 and there is an improving compliance position in safeguarding adults.
The Board noted the proposed complaints action plan.
Safe staffing remains consistent with some variation in individual areas. In April 2016 the trust achieved an average fill rate of 94.5%.

Resolved that the Board**:** noted the updates.

6.2 Workforce & Performance Report
WB introduced the workforce report noting that the vacancy and turnover rates have increased in April. 140 nurses have been recruited from the Philippines and discussions are taking place to bring the nurses through earlier than September. Further recruitment will take place from the EU where work is progressing. All the nurses will be in place by Q3 and Q4. The plan will have an impact on the CIP programme, preparation for Winter and skill mix profile.

Temporary staffing reduced in accrual. There is significant work taking place to reduce temporary staffing particularly around medical locums. There has been good progress in mandatory training compliance and the trust is meeting the trajectory for improvement. The workforce and education committee considered the action being taken on mandatory training. A detailed review will take place at the next meeting in June.

The board were previously updated on the number staff in acting up arrangements. The managers have been requested to resolve all acting up arrangement that have lasted for more than 6 months by the end of July.

SP presented the chairs report from the workforce and education committee meeting on the 31st May. The Board were asked to support the senior leadership on development and coaching/mentoring. The CEO and Chair were asked to support the programmes objectives and visibly act as sponsors.

It was noted that there would be significant reduction in the education income in 16/17 as transition funding support is gradually withdrawn. Further reduction is expected in 17/18 with transition funding ceasing completely in 18/19. The committee requested that a commercial lens is applied to this area. **W.Brewer**

6.3 Quality & Risk Committee
NW presented the key issues arising from the committee. This was his first meeting as Chair and he noted some very good work is on-going in the Trust. NW noted:

- Mortality data is very good
- Improvement in mortality in Cardiology
- End of life information is good with 4 out of 5 indicators above average
- Stroke results have improved but noted problems in capacity
- Poor performance in WHO checklist in some areas
- Plan required to address the slow turnaround time in complaints
- Radiation safety concern – reassurance measures need to be put in place and ensure they are effective
- Productivity needs to be improved in Theatre capacity
- Need to ensure compliance in mandatory training
- Appoint Governor to act as a Freedom to speak up guardian to help to improve bullying and harassment

NW reported he was confident as chair of the committee that there are processes in place to address these issues. However, further assurance is required over the audit cycle.

6.4 Urogynaecology Report
The Board on the 3 March 2016 supported the proposal for the Trust to begin a process of liaison with commissioners to understand the appetite and specification for the re-establishment of a urogynaecology service.

The service remains in suspension as the safety and governance issues have not been resolved. Wandsworth CCG have indicated that they aim to review the clinical needs of the local population in relation to urogynaecology and also the sub speciality needs to support other services at Trust and across SW London. A GP clinical lead has been appointed to work closely with the Trust on the development of any potential new service specification.

Wandsworth CCG will produce a service specification in the Autumn which must go through the formal procurement mechanism in order to re commission the service, the ability to deliver the service within the framework of the national tariff and the timescales for recruitment of new staff.

A Rhodes
June 2016

SW asked whether patients were being consulted through the process before the service specification is prepared in the Autumn considering the strong patient interest. AR agreed to take the suggestion to the commissioners leading on this.

Resolved The Board supported the on-going liaison process with Wandsworth CCG.

7. STRATEGY

7.1 Estates Strategy

RH presented the detailed paper and strategy summary presentation. The Estates strategy vision is for the Trust to be operating from a safe, reliable estate that supports the effective, efficient delivery of services in support of the Trust's operational plan. This is a short to medium term plan to address the shortcomings on site and community sites.

Further funding will be required as the majority of the 2016/17 allocation is needed just to maintain the critical services.
The additional funding will be required to make changes to the unreliable infrastructure. The final estates strategy proposals will form the basis of a business case(s) that will be used to gain funding to deliver the intended improvements.

DH noted the Sustainability and Transformation Plan (STP) process had identified the Trust as a principle site in the future. Hence the need to refurbish the estate and work is underway focussing on reducing cost, demand and throughput by increasing productivity. The STP work recognises the need to have an estates strategy which ensures the best use of all assets and meets the standards.

SW noted the Trust is co-located with the Medical School and asked for assurance that RH is liaising with colleagues on the plans. The Board were assured that meetings were taking place with good dialogue.

Resolved that the Board approved the development of a detailed draft estates strategy for the July Board meeting.

R Hancock
July 16

7.2 Outpatient Review

AR noted that the paper provides an update to the programme and way forward. A review of the outpatient transformation has been undertaken and a number of recommendations made and a Programme Director appointed. Meetings have also taken place with the stakeholders.

The outpatient transformation programme has been reviewed at the Outpatient Strategy Board, Executive Management Team and recommended by the Finance and Performance Committee.

The detailed Implementation Plan (DIP) ran into problems due to competing pressures. The governance structure, process and plans have been reworked and a new mechanism has been developed to delivering this plan.

The board were advised that the work to date is an analysis of the current position process and a single proposal will be developed.

Resolved that the Board approved the recommendations and appointment of Board level Senior Responsible Officer (SRO) and Clinical Responsible Owner (CRO).

8 FINANCE AND PERFORMANCE

8.1 Finance Report – Month 1

NC reported the month 1 position was an adverse variance of £1.6m. This was linked to activity issues with underperformance on SLA income which reflects loss of elective and outpatient activity due to the four days of junior doctor strikes, unachieved RTT targets and business case slippage. April also saw lower levels of non-elective activity than planned. Penalties for the month are broadly in line with plan.

The STF funding has been accrued at the full rate which is paid in arrears. Pay is broadly in line with budget. It was expected to see some mitigation in temporary staff costs given the activity underperformance. NC noted the systems need to be improved to get weekly data to divisions to provide better visibility to reassess their staffing levels in month.

The underperformance of pay CIPs is compensated through holding vacancies in some areas. There is an increase trend in the use of non clinical interims.

NC reported a broadly a clean year end with little prior year into this year. The underlying month 1 deficit after the removal of non-recurrent items was £5.3m. The cash balance was £12.9m, £0.2m less than plan. The adverse I&E performance has not been reflected in the cash position mainly by better working capital performance and capital under spend.

Resolved: that the Board noted the update.

8.2 Finance & Performance Committee

SW outlined the key messages. The committee was concerned on the shortfall at month 1 and fully support the work to understand recurrent and non recurrent items to forecast and deal with reasons for the shortfall. The SLA income was short by £2.2m in the month was a key factor particularly the lower levels of activity in outpatients than budgeted.

It was noted there were £10m CQUINs performance agreed with commissioners within the budget and the committee were keen to ensure that the mechanics to deliver are in place and are able to keep a track of performance against measures in those areas.

The committee will need to consider improvement projects at the next meeting. There are £33m of CIPs in the budget for this year across the key workstreams and the Board needs assurance through the relevant committees that all the projects are properly resourced and will deliver given the highly challenging budget agreed for this year.

Resolved: that the Board noted the update.

8.3 Annual Report and Accounts

Paul Dossett and Elizabeth Olive attended from Grant Thornton. The board were informed that the quality accounts and working papers to support the accounts were not of the standard expected. This led to significant difficulties in completing the audit with an overrun of 3 weeks.

An emphasis of matter paragraph has been included within the auditors report to reflect the material uncertainties that exist given financial challenges faced by the Trust. A note has been included in the accounts to that effect and this is reflected in the auditor's report.

As a result of the Trust's deficit of £55.1m in 2015/16 and its planned deficit of £17.2m for 2016/17, as well as due to the current level of NHS Improvement intervention at the Trust, the auditors have noted adverse conclusion on the Trust's arrangements for securing value for money.

The limited assurance procedures was completed on the Trust's quality report, and assurance was obtained that the quality report is compliant. However, the Trust was unable to provide supporting data sets for the selected indicators of RTT and 4 hour A&E wait that agree to the figures reported in the quality report. As a result, a qualified conclusion in relation to both indicators will be issued.

EO reported across the Referral to Treatment Time indicator 4 out of 25 cases failed. This resulted in an understatement of the actual RTT indicator which means the position reported is better than it actually is. In the 4 hour A&E indicator 5 out of 25 cases failed. EO noted 25 samples are a very small number of indicators to test and this would not change the reporting indicator.

The board noted great concern over the data quality issues identified and will be working to get to the bottom of those issues but these could be significant and difficult to resolve given the technical issues and culture.

EO noted that the finance function needs to address competence and capability work in the department going forward and the training needs of individuals. A key point to address in the finance function will be the culture within the team. NC noted there will be focus in these areas to address going forward.

The audit committee reviewed the report and accounts and subject to the completion of the audit recommend that the board approves. The audit committee also had the assurance to the Non-Executive Directors from the Executive Directors in the letters of representation.

Resolved: that the Board noted the report from the Audit Committee. The Board approved the annual reporting accounts and authorised the CEO and CFO to sign off the relevant documents as SRO.

9. Governance and Risk

9.1 Risk and Compliance Report

JH presented the report. She noted the most significant risks on the corporate risk register were detailed. There were two new risks relating to safeguarding have been included in the CRR. Both have resolutions going forward. Controls are developed for all risks, with a rolling programme of review by QRC.

JH confirmed the Chief Financial Officer has reviewed and confirmed that it is appropriate to close the risk on working capital. The Trust will require more working capital than planned due to: Adverse in year I&E performance & adverse in year cash-flow performance. A new risk will be opened and a risk assessment is also underway.

The Board asked for the risk description on RTT to be reviewed. Non-compliance of fire safety has also been reviewed by the Director of Estates and Facilities.

The CQC visit is scheduled for the 21st – 23rd June. The CQC will be on site initially undertaking open sessions with patients and relatives followed by staff sessions. JH noted there is momentum in preparing for the visit and progress has been made across a number of areas.

The board were asked to note the ofstead inspection in Children and young people with special needs in May. The final report has not yet been received.

The Chair noted the risk and compliance report was disappointing and not what was expected in a high performing Trust. A plan will be developed to get grip in governance risk and quality.
The data quality risk will need to be reviewed in light of the discussion and highlighted to the Board at the next meeting.

J Hall
July 2016

9.2 Board Assurance Statements

The Board were asked to agree the level of compliance with the two governance statements to be submitted to NHSI following the meeting. The Board agreed to statement 2 and the alternative wording was agreed for statement 1.

10 Items for Information

10.1 Annual Plan

Resolved: The final version of the plan was noted by the Board.

11. Use of the Trust Seal

The seal was not used in May.

12. Questions from the Public

Barbara Bohana asked why has the management of the Urogynaecology services failed yet again to engage patients in the plans for reconfiguration of the Urogynae services. She also asked whether the G.P providing the lead, is an expert in Gynaecology. She said patients would be bitterly disappointed to hear the process has been shelved until Autumn, and asked whether this service finally be

privatised.

DH responded that the service has been suspended in light of the reasons explained. The Trust is currently under direction from the commissioners as to whether the service should be established and the CCG are engaged in a process of redesigning the service. The question on patient involvement has been taken on board and will be passed to the commissioners. It was agreed the question will be sent to the commissioners for a response.

13. Key reflections

It was agreed that questions from the public would be taken at the start of the meeting followed by a patient story to start off the Board meeting in future.

J Hall
July 2016

Date of next meeting

The next scheduled meeting of the Board to be held in public will be 28th July 2016.