

Minutes

Trust Board

Minutes of the meeting Trust Board of St George's University Hospitals NHS Foundation Trust, held on Thursday 3 March 2016 in Boardroom H2.5, St George's Hospital, commencing at 9am and concluding at 12.50am.

MEMBERS PRESENT

Sarah Wilton	SW	Acting Chair
Mike Rappolt	MR	Deputy Chair, Non-Executive Director
Kate Leach	KL	Non-Executive Director
Stella Pantelides	SP	Non-Executive Director
Prof Jenny Higham	JMH	Non-Executive Director
Miles Scott	MS	Chief Executive
Jennie Hall	JH	Chief Nurse
Simon Mackenzie	SM	Medical Director
Iain Lynam	IL	Interim Chief Finance Officer
Wendy Brewer	WB	Director of Workforce
Martin Wilson	MW	Director of Transformation
Rob Elek	RE	Director of Strategy
Paula Vasco-Knight	PVK	Chief Operating Officer
Anna Anderson	AA	Interim Director of Financial Performance & Planning
Jill Hall	JHA	Interim Trust Secretary
Lisa Pickering	LP	Divisional Chair, Medicine and Cardiology
Paul Alford	PA	Divisional Chair, Community Services
Chloe Cox	CC	Divisional Director of Operations, Surgery
Andy Rhodes	AR	Divisional Chair, Women and Children

Agenda Item

Action

1. Chairman's opening remarks

The Chair welcomed everyone to the meeting

2. Apologies for Absence

Apologies were received from Eric Munro and Andrew Burn.

3. Declarations of Interest

There were none.

4. Minutes of the meeting held on 4 February 2016 were approved as an accurate record.

5. Matters Arising

All matters arising were either on the agenda or being actioned.

6. Chief Executives Report

The Board received the regular report of the Chief Executive which gave an update on key developments within the Trust. In particular highlighting the junior Doctors contract dispute and the breakdown in negotiations. The Secretary of State had decided to impose the contract with effect from the 1st August 2016. A letter had been received from NHS Improvement (NHSI) which was sent out to all trusts in England regarding implementation of the new contracts noting that funding of training posts was reliant upon implementation of the contract.

The BMA had announced three more dates for industrial action with a 48 hour strike scheduled for the 9 March from 8am. This had generated a high level of discontent with doctors at all levels across the Trust. It was noted that SM was leading on a piece of work with both senior and junior doctors on improving moral. SM and WB were looking at how the new contract would work in practice. The Board were given assurance that plans were in place to minimise the impact of strike action on patients.

MS suggested that the Trust could informally lobby for talks to restart, however, as the decision had already been made by the Secretary of State no further negotiations were currently planned.

RESOLVED

That the Board NOTED the report.

7. Urogynaecology Report

AR introduced the report and reminded the Board that the Urogynaecology service had been suspended in June 2015 due to concerns regarding the safe running of the service and HR issues. All patients using the service had been advised and their treatment transferred to either Croydon Healthcare, an accredited centre, or other local service providers. The Board were reminded that an internal consultation had taken place with staff and an external consultation with service users, Overview and Scrutiny Committees, local authorities and local Healthwatch. All comments from the consultations had been reviewed and due to the level of response and comments received it had been decided that the recommendation to the Trust Board was that the service would remain suspended whilst the Trust discussed with Wandsworth CCG (the commissioners) on future arrangements should the CCG want to commission one.

SW allowed questions from the public at this point of the meeting. Barbara

Bohanna spoke as patient representative and stated that patients would like the service to restart as soon as possible as it was felt the service provided at Croydon was not satisfactory and was at a loss why the situation could not be resolved more quickly. In response AR reported that the Trust did not currently have a lead consultant to lead the service and this would be part of the conversation with the CCG. MR agreed with the recommendation in the report but felt the Trust needed to move quickly to resolve the matter. In response AR highlighted there were a number of issues that needed to be resolved including taking legal advice on HR issues.

MS highlighted that the Trust had been listening to all concerned and would be discussing with Commissioners what a local service would look like should they decide to commission one. It was agreed that the Board would receive an update in 2-3 months' time.

AR
May/June
2016

RESOLVED

That the Board DISCUSSED the report and APPROVED the proposal:

- a. **To begin a process of liaison with commissioners to understand the appetite and specification for the re-establishment of a urogynaecology service at SGUH;**
- b. **That the proposed models arising from the consultation be fed into any discussions, and evaluated, should the CCGs indicate that they wish to commission a service from St George's;**
- c. **That any reconfigured service met the requirements of both clinical and financial sustainability in accordance with the trust's business case process;**
- d. **That the Trust do any further work to understand the equalities issues (including around access) NOTING that further consultation may be required.**
- e. **That the service remains in suspension during this period.**

Patient Safety Quality and Performance

8. Quality & Performance Report

JH presented an update of month 10 (January 2016).

The Board noted some environmental challenges experienced in the last month in both Knightsbridge and Lanesborough Wings which impacted on the delivery of clinical services. These arose mainly from failure of infrastructure which led to some clinical areas being very cold and unable to be used to provide clinical care.

Mortality

Figures remained in line with expected for admissions at the weekend, emergency weekday admissions were better than expected. The SHMI position has returned to better than expected. Despite this encouraging position the Trust continued to proactively investigate mortality signals at procedure and diagnosis level.

Safety

There had been no reported cases of MRSA to the end of January, and no

reported cases since Mid-September.

There were now a total of 25 reported cases of C-Difficile to the end of January, the Trust remains on track to meet the annual target of 31 cases for 15/16.

Safeguarding Training

Safeguarding Adults compliance for training remains a key area of focus. The Trust is now demonstrating a compliance of 71% for adult training. The board noted that there was an action in place to achieve adult safeguarding target which was being monitored by the respective safeguarding Committee.

Ward Heat map

The Heat map for January included both Acute and Community services. During the month one clinical ward area had been placed in special measures to support further intervention in relation to the staffing profile and some aspects of clinical practice. There was an action plan in place being led by the Division.

MR asked how long it would take for the ward in special measures to be resolved. In response JH reported this would take about 2 months as it involved recruiting new staff, moving existing staff and running training sessions with medical teams,. It was noted that work had been on going to support the Ward prior to it being placed in special measures.

Performance

Cancer: MS highlighted the huge amount of work undertaken by the cancer team to improve waiting times. It was noted all specialist providers were struggling to meet targets with only the Royal Marsden achieving target. Careful planning on appointments around bank holidays had helped to improve performance against waiting times. It was noted that the breast cancer service at QMH had previously provided by KHFT was now being provided at St George's this had been effective from 1st January 2016.

MR highlighted his frustration with ongoing IT system problems 'not able to talk to each other'.

A&E: One version of the truth was being implemented but had not yet shown results. There had been a 16% increase in admissions during January – nationally the 6th highest increase. During discussion it was agreed there was a need to radically change systems. The escalation committee meet twice weekly to monitor delays in transfer and discharge.

RTT: It was noted the Trust was working with commissioners to clear the backlog.

Outpatient: AR reported that the call centre had suffered a power outage which had shut down the system. It was agreed that external independent IT advice be sought with additional system checking.

RE reported that the Trust would be moving towards online booking for patients and away from telephone booking in the future.

RESOLVED

That the Board NOTED the report.

9. Turnaround Board update

MS reported that 74 of the 75 recommendations would have been implemented from the PwC report by the end of March. The month 11 position was currently £24m ahead of plan and CIP was £43m against a £38m target.

Going forward the Trust will focus on transformation led by MW. It was noted Andrew Burns finished his secondment from KPMG at the end of March. A paper discussing appropriate resources would be discussed later in private session.

RESOLVED

That the Board NOTED the verbal update.

10. Workforce Report

WB reported that staff turnover had remained at the level to which it increased in December. Staff groups with increasing turnover rates included therapists, scientists and clinical technical roles. Nursing turnover was marginally decreasing. Sickness absence has increased again and had now been above target for longer than was usual in the winter. The Trust however continued to benchmark well against similar London Trusts.

The deterioration in mandatory training compliance and rates had reversed and the Trust was currently meeting its trajectory for improvement. The workforce and education committee considered the actions being taken to turnaround performance in mandatory training at its meeting in January. Resources have been reallocated to focus on ensuring well-defined training needs analysis, accurate and trusted monitoring of compliance and easy access to training.

Appraisal rates continued to deteriorate and further focus would be given to this area. There would be a detailed review of appraisal processes at the workforce and education committee meeting in March.

Career development for staff is a priority with 188 staff currently 'acting up'. The priority was to ensure this was resolved fairly and openly.

The Board noted that there continued to be a high turnover of staff still within the HR department with staff moving on to new roles after gaining experience.

MR raised the issue of effective appraisal systems which were there to help and support staff and thought there was a process in place to ensure that these were completed annually. WB agreed that it was very important for all staff to have an annual appraisal and time needed to be set aside to ensure that they were completed. It was noted that nurse's appraisals would be completed through the mandatory nurse revalidation process being brought in.

The Annual Staff Survey results had been received. It was noted that these were disappointing. The message coming from staff was that they were struggling under intense pressure due to recruitment issues, IT issues and frustration. It was noted that the organisation was looking at how best to support staff through training, management behaviour and recruiting staff to create a stable workforce.

Bullying was an area the Trust has always scored poorly and though an action plan was in place and further work which included looking at how other Trusts managed bullying and harassment.

KL felt that the diagnosis around bullying was not solid enough and staff needed to be engaged with more openly. WB accepted that more can be done in this area.

SP commented on the actions in place for this year with more engagement with staff planned and stressed the importance of considering the wider impacts of turnaround and transformation on the human capital of the organisation. In response MS reminded the Board that financial turnaround had only just started. As a Board the longer term programme was an urgent issue with work to be done around infrastructure and IT which will require investment. NHSi would be providing support to the organisation. It was agreed that messages to staff on the transformation work needed to be positive.

PVK stated that she was inspired by the commitment of staff she meet around the Trust.

RESOLVED

That the Board NOTED the report presented for information.

11. SWLP Implementation Review

Saghar Missaghian-Cully (SMC) (MD SWLP) and Aodhan Breathnach (AB) (Clinical Director, SWLP) updated the Board on the creation of the South West London Pathology. Overall they felt it had been successful and had delivered significant change. Generally outstanding issues can be seen in the context of 'snagging', especially relating to quality, although there is no single major quality issue

MR was pleased to note that the service was now delivering against its objectives. Some concerns were expressed about the quality of the lessons learned report and how these would be used. In response Aodhan Breathnach reported new opportunities were being looked at a London tender. The Sexual Health Services testing contract in London is currently being tendered.

RESOLVED

That the Board NOTED and COMMENTED on the report presented for information.

12. Outpatient Recovery Plan update

Outpatients Strategy to be presented at next Board meeting.

RESOLVED

That the Board AGREED that the Outpatient Strategy be submitted to the Trust Board at its meeting on 7 April

13. Annual Plan 16/17 progress update including budget setting

The Board received a progress update on the annual plan submission for 16/17 noting that the Trust had received feedback from Monitor. It was noted that a timetable had been put in place and included a briefing

RE
07.04.16

session for Governors which would be taking place following the Board meeting and was an opportunity for Governors to feed into the process.

It was noted that a new Associate Director of Communications was joining the organisation in May and would be reviewing the Communications Strategy.

During discussion the following points were raised:

- SP felt that opportunities to raise commercial revenue to assist the Trusts finances was missing from the report.
- JH felt that the vision statement needed work. RE agreed that the executive and Board needed to agree on a statement before submission.

MS stated that that there had been a big turnover in Board membership over the last year and that the Board needed to reconnect vision to where the organisation was now.

RESOLVED

That the Board NOTED the report.

14 Finance Report

The Board received the regular finance report, presented by AA, for Month 10 and reminded the Board that at its meeting on 14 January it had agreed the revised budget of £56.1m.

The Board noted that the cumulative deficit was £0.8m better than plan mainly due to a underspend on pay budgets because recruitment to posts had been slower than planned.

The Board noted that the Trust would continue to work to improve the financial position against the £56.2m. Reporting on the recent meeting with Monitor and the TDA, where it was noted there was now evidence in the numbers of the improving position.

Other areas that would contribute positively included delaying capital projects, converting capital to revenue, which would deliver approximately £2.2m. The Board also noted the good news on delivery of CIP with 98% reported green.

Discussing NHS England (NHSE) debt it was noted that the total debt owed by NHSE was £15m. MR commented on the debt position with NHSE and that an action plan was needed to secure the money. In response RE reported that the situation was being raised at the highest levels in NHSE. It was noted that other Trusts were facing similar issues. MR felt that it had been going on too long and needed decisive action from the Board and a report to F&P Committee in the first instance.

RESOLVED

That the Board REVIEWED and DISCUSSED the report.

15. Report from the Finance & Performance Committee

All covered in the previous item.

16. Risk and Compliance Report

JH presented the report and highlighted two issues – high staff vacancies and ongoing estate issues affecting the delivery of patient care.

The Board noted the work in preparation for inspection by the Care Quality Commission in late June 2016.

MR asked why staff moral following staff survey results had not been included in the report. In response it was noted that this was because the results had only just been received and would therefore be reflected in next month's report.

RESOLVED

That the Board NOTED the report.

17. Use of the Trust Seal

The Seal was used:

- 02.02.16 – Purley War Memorial Hospital Breast Screening
- 02.02.16 – Bed Capacity Scheme (Option 5 + 8)
- 02.02.16 – Trinity Fire, Lanesborough Wing
- 09.02.16 – Estates Area Lease SGH

RESOLVED

That the Board NOTED the use of the Trust Seal.

18. Questions from the public

- a. Hazel Ingram stated that recently that had encountered long queues in both the blood clinic and in pharmacy. The blood clinic used to have the waiting time on the wall but not now working. Also when ringing to make an appointment you get prompted to leave a message with your details and the call is not returned. MR responded that he had encountered the same problem.

RE responded that the organisation was moving away from using phones and patients will be able to make appointments more easily on-line – a report would be going to Board next month.

- b. Barbara Bohanna said she was horrified to hear that one of the wards was in special measures and asked how the situation had arisen. JH responded that it had not happened suddenly and that they had been aware of pressures with a programme of actions in place. A number of complex factors came to light which meant things needed to be escalated. It was noted that there was no evidence of any harm to patients.
- c. Gail Adams (GA) mentioned the unsatisfactory recent annual Staff Survey results and felt that the Trust could make some quick wins before the next CQC inspection and offered to help support the Trust WB thanked GA offer of assistance and agreed with points made. She also asked if all

business that was discussed in private board session really needed to be private.

In response MS reported that there would be a review of Governor involvement and how this could be improved to avoid duplication with Board and Governor committees and that would fully involve Governors. MS highlighted that business transacted in private was often patient/staff sensitive or was commercially sensitive and highlighted that there was not intention to withhold information unnecessarily.

19. **Points of Reflection**

None.

20. **Date of next meeting**

Thursday 7 April 2016

DRAFT