

Minutes

Trust Board

Minutes of the meeting Trust Board of St George's University Hospitals NHS Foundation Trust, held on Thursday 1 September 2016 in Boardroom H2.8 commencing at 10am.

PRESENT

Sir David Henshaw	DH	Chairman
Mark Gordon	MG	Chief Operating Officer
Gillian Norton	GN	Non-Executive Director
Sir Norman Williams	NW	Non-Executive Director
Thomas Saltiel	TS	Associate Non-Executive Director
Simon Mackenzie	SM	Chief Executive Officer
Iain Lynam	IL	Chief Restructuring Officer
Suzanne Banks	SB	Chief Nurse
Karen Charman	KC	Director of Workforce
Nigel Carr	NC	Chief Finance Officer
Paul Moore	PM	Director of Quality Governance
Justin Richards	JR	Divisional Chair, Children's and Women's,
Alison Benincasa	AB	Divisional Chair, Community Services
Lisa Pickering	LP	Divisional Director of Medicine and Cardiovascular
Jenni Doman	JD	Assistant Director, Facilities
Hazel Tonge	HT	Deputy Chief Nurse
Steve Sewell	SS	Outpatient Programme Director

Agenda Item

Action

Patient Story – Dino Bragazzi

The Chair introduced Dino Bragazzi to give personal experience his story of being a patient at St George's. Mr Bragazzi had suffered right hand side body paralysis in 2005 but a diagnosis could not be found. In 2006 following an MRI scan at St Georges, he had a front lobe tumour removed in a successful operation. He felt that the care he had received throughout at St George's was fantastic and he has since made a full recovery. The only criticisms he had concerned the aftercare on discharge in 2006 did not offer sufficient support or signposting to any charity's that offer support to patients. Also, he felt there was a lack of cohesion between NHS services regarding shared information and centralised patient record. The Board thanked Mr Bragazzi for sharing his story with the Board.

1 Welcome and Apologies

The Chair opened the meeting and welcomed Suzanne Banks, Mark Gordon, Karen Charman and Thomas Saltiel. Apologies were received from Sarah Wilton, Richard Hancock, Andrew Rhodes,

Jenny Higham, Chris Rolfe, Luke Edwards and Larry Murphy.

2. Declarations of Interest

No declarations of interest, pecuniary or non-pecuniary, were received.

3. Minutes

The Board considered the minutes of the last meeting held on 28 July and noted some minor amendments.

Resolved that the Board: approved the minutes as a true and accurate record as amended.

4. Key Issues

Key issues are covered in agenda.

5. Matters Arising

The matters arising were covered in the agenda.

6 PATIENT SAFETY, QUALITY AND PERFORMANCE

6.1 Performance & Quality Report

MG presented to performance report highlighting that performance against the cancer two week standard was 90% in June against the standard. This reflects an over the quarter and an activity plan has been put in place which will enable delivery of the standard in the future. NW asked if the Trust had any 'one stop clinics'. MG responded that currently we do not, but this needed to be considered further as it may be a more efficient model for services such as Dermatology.

MG noted that had been a major shift in the way in which we organise theatres to ensure better matching of appropriate theatre space. This will assist in clearing the backlog of operations and help increase income. Paediatrics has been the first division that has been given responsibility over booking theatre space and this will then be rolled out to our divisions. All outsourced surgery has been stopped and is now on individual exceptional basis where we have contract arrangements. The junior doctors proposed strikes will mean that planned operations will have to be cancelled and rescheduled and will have a negative impact.

NW noted the good progress that had been made and asked whether there was a lack of capacity. MG confirmed that lack of capacity was not the key issue but that capacity planning needed to be significantly improved. MG is currently spending time coaching General Managers to ensure that a standard process is followed and to ensure that they have a sufficient knowledge of the day to day delivery of their service.

HT introduced the quality element of the report. The mortality figures are within normal limits including weekend however health records

audit figures are down to 75% which is very poor with significant variation amongst divisions. A lead has been identified to improve performance and a report will be submitted to the next EMT for consideration. Infection control is performing well with no cases of MRSA in nearly a year and 2 cases of c diff in July.

There is an on-going problem around compliance with safeguarding children training. There were 50 places at last training day and only 12 staff attended. Action will be taken to ensure managers release staff for essential training and a plan will be put in place to resolve the issue.

Resolved: that the Board noted the update and next steps.

6.2 Workforce & Performance Report

KC introduced the report which showed some performance improvement in a number of areas however there remained a significant amount of work that needed to be done. The turnover rate has increased this month to 18.8%, significantly above the current target of 13%. We are looking at where we are losing people through the recruitment process such as drop outs, ensuring we know where new recruits are in the 'pipeline'. There is a '100 day' tipping point for new staff who leave because they are not happy or do not feel well supported. The key priority is to ensure that they have received a good induction and feel supported in their new role. In respect of retention of staff, after the Brexit vote a Trust wide message was sent out to all staff to say how much we value our European members of staff. We received a great response from staff and will be ensuring that we continue to support staff going forward once the result of Brexit negotiations have begun. Mast training is now over 80% against a target of 85%

The number of bank and agency staff remains broadly at the same level despite increases in overall staff levels. This raises a number of concerns including around costs and we are investigating this issue. The Trust has put in place process to manage recruitment with a short term vacancy freeze in place as revised plans are developed with all divisions including the corporate areas of the business. The focus will be to deliver a sustainable reduction in administrative staff and other non-essential staff but not clinicians. An improved monthly report will be presented to the Board from next month.

Resolved: that the Board noted the report.

6.3 RTT Report

IL presented an update report on the RTT programme. An initial contract has been awarded to Cymbio to conduct a first small sizing exercise to determine the number of patient records that will need validating. Chris Nolan has been appointed as Programme Director as he has experience of Cerner and major software projects.

A full report will be prepared for the next Board which will include the

budget required to resolve the issue.

Resolved: the Board noted the report and that a more detailed paper will be presented to the October meeting.

IL October
2016

6.4 Estates

JD updated the Board on progress against the plan in RH's absence:

- Work has now completed on theatres 5 and 6 and they are expected to open imminently.
- The Wandle Annexe has been vacated and demolition has commenced. All other marked buildings will be demolished this year.
- Some renal services for appropriate patients have been relocated in the community and the mobile dialysis unit is now on site.
- The Mortuary project phase 2 will be completed by end of September.

SM confirmed to NW that we needed to have actioned changes to the estate in response to the CQC by the 30 November and a large part of programme was underway including the theatre refurbishment. The latter had to be balanced with on-going activity. CQC are being kept informed of progress and are realistic in their expectations.

Resolved: the Board noted update.

6.5 Complaints Action Plan

HT introduced the item. The Trust had held a workshop on 19 April in relation to the poor performance on complaints. This identified 40 areas which required further work to address including the timing and quality of responses. Staff have already been provided with training including e-learning. It was noted that obvious errors and typos should be checked before given to CEO for signature.

GN asked if there was learning from complaints. HT responded that in weekly divisional meetings with complaints team, actions and themes were recorded such as communication, bookings and attitude of staff. This standard practice in many Trusts and we are looking at learning from good practice at other trusts including Leicester Hospitals.

Resolved: that the Board noted update was and agreed that monthly reports would be provided.

7. TRANSFORMATION

7.1 Outpatient Programme presentation

SS introduced the item reminding the Board that the previous report was at the June meeting. There are still many challenges across the Trust which are being prioritised but there have been some positive outcomes. In July, improvements in Dermatology outpatients led to an

increase of £35,000 in income. The call centre has dramatically improved answered calls within 60 seconds. In the next six months, referrals will get a response within days with a future appointment date. We want to ensure that patients are not given unnecessary follow up appointments.

GN asked whether we have a reasonable level of confidence in our IT systems to provide support for these changes. IL responded that we intend to use three databases across the Trust which will be capable of providing what we want and these are on track to be delivered early next year.

DH noted that he had met with Dermatology team last week who wanted to try new ways of working but felt they needed to seek permission. DH informed them it is their service to manage and they don't need permission to make improvements that will benefit patient care.

FM asked about some elderly neighbours she helps who were unable to speak to someone at the call centre to cancel an appointment. SS stated that this has now greatly improved and text and letter reminders will be sent to patients nearer to appointment date when appointment booked far in advance to avoid DNAs.

Resolved: that the Board noted update

7.2 Interim Resourcing

IL presented a paper on interim resourcing. The Trust currently has 1128.38 WTE of temporary staff working here, including 61 WTE interims and 12 WTE of KPMG consultants. The KPMG consultants will be phased out by end of September.

Every interim will be reviewed over the next few weeks to ensure the role is justified and an exit date is agreed. An update will be provided once this is complete.

DH added that he was aware that there had been concerns raised about the number of interims at senior level and positions not filled substantively. However the interims were not here for just a few months but to provide stable leadership, push through a huge agenda of change and to leave the Trust in a better position. It will then be possible to attract the right people in the substantive roles going forward.

Resolved: that the Board noted update

8. FINANCE

- 8.1 NC summarised the report for the Board. The trust was £11.0m deficit in month 4 which was £9.0m adverse to plan. This includes £5.9m adverse variance due to the exclusion of STF income previously accrued, no longer expected to be received. The adverse variance excluding this adjustment is £3.1m.

The year to date deficit is now £16.5m which was less than £1m below the control total of £17.2m. These figures assume that we accrue the STF funding and while the guidance for Quarter 1 remains unclear we are clearly in a very challenging position.

The cash position is deteriorating given the worse revenue deficit and the trust drew down £20.9m from facilities on the 15th August. The forecast outturn is based on a revenue deficit of £53.3m.

The total forecast borrowing requirement for the year would be £107.7m, £75.2m higher than planned. This includes the emergency capital funding request of £39.1m for urgent estates investment and £36.1m extra borrowing needed to finance the higher operating deficit.

£3.8m of cost year to date relate to items outside of the Trust's initial plan regarding unforeseen, one off issues associated with the CQC, the estate, IT infrastructure, additional senior management support and Junior Doctors strike.

GN stated that she felt reassured despite the big numbers that we were facing the risks and challenges.

Resolved: that the Board noted update.

9. Governance and risk

9.1 Risk and Compliance Report

PM updated the Board on the progress of his work to review the corporate risk register (CRR). The CRR is currently being rebuilt and reassessed and is due to be completed by the 30th September. This will produce a report on which the Board can rely for assurance and decision making can rely for assurance and decision making purposes. The CRR may change as further analysis, challenge and the development of the risk profile progresses.

The Board's strategic risks are currently being assessed ahead of producing a new Board Assurance Framework (BAF) for the next Board Meeting.

TS asked about how many items had been identified as risks? PM responded that there were around 500 across the Trust but had not all yet been validated.

Resolved: that the Board noted update and that the BAF and revised risk register will be reported to the October Board.

10. Items for Information

10.1 Use of the Trust Seal

The use of the trust seal was noted.

10.2. Questions from the Public

Leslie Robertson asked MG about the gaps he had identified between general managers and clinicians in the divisions. MG responded that it was no different from any other trust and they needed guidance to be clear on individual responsibilities.

Gail Adams asked about theatre utilisation and whether work is still outsourced and a weekend list? MG confirmed that we have stopped the outsourcing of theatre work and are using weekend surgery where suitable.

Gail Adams asked if there had been any racist abuse 'Brexit' attacks on staff following the out vote? She noted that she was pleased that the Trust had reassure staff by email after the vote. KC responded she was not aware of any such attacks within the Trust but would check. We would continue to reassure and support staff as any changes to EU employment situation changes.

Gail Adams asked about the Francis Report and whether the Trust was assured that staffing levels and use of bank and agency staff are at the correct levels? HT responded that we are confident that we have the right number of staff in place with a bi-annual review. We are also developing apprenticeships for nursing staff to ensure that patients get the right care.

10.3 Key Reflections

Gail Adams stated that she liked the patient story and would also like to hear some staff stories in the future.

GN felt that it had been a purposeful meeting with a good balance of discussion. She personally felt that the Trust had a better grip on its problems.

NW stated that he had arrived with trepidation due to the big issues the Trust is facing but felt more assured that progress was being made.

11. Date of next meeting

The next scheduled meeting of the Board to be held in public will be 6th October 2016 at Queen Mary's Hospital.
