

Minutes of the meeting of the Trust Board of St George's University Hospital NHS Foundation Trust held on Thursday 14 January 2016 in the Board Room, H2.5, St George's Hospital, Tooting, London, commencing at 9.05 am and concluding at 11.58am.

Present

Mr Christopher Smallwood	Chairman
Mr Miles Scott	Chief Executive
Dr Jenny Higham	Non-Executive Director
Ms Judith Hulf	Non- Executive Director
Mrs Kate Leach	Non-Executive Director
Ms Stella Pantelides	Non-Executive Director
Mr Mike Rappolt	Non-Executive Director
Ms Sarah Wilton	Non-Executive Director
Mr Steve Bolam	Chief Finance Officer
Mrs Wendy Brewer	Director of Workforce
Mr Rob Elek	Director of Strategy
Professor Jennie Hall	Chief Nurse
Professor Simon Mackenzie	Medical Director
Mr Eric Munro	Director of Estates
Ms Paula Vasco-Knight	Interim Chief Operating Officer
Mr Martin Wilson	Director of Improvement and Delivery
Dr Andrew Rhodes	Divisional Chair CWTDC
Dr Lisa Pickering	Divisional Chair
Dr Tunde Odutoye	Divisional Chair STNC
Miss Jill Hall	Interim Trust Secretary

In attendance

Agenda Item	Action
<p>1 Chair's opening remarks The Chair welcomed everyone to the meeting and explained that he would be remaining as Chair of the Trust until 31 January 2016. The Board noted that it was Judith Hulf's last Trust Board meeting and thanked her for the contribution she had made over her years as Non-Executive Director, particularly the contribution she had made in the areas of patient safety and quality and work on the Quality and Risk Committee. The Board wished Mrs Hulf well in the future.</p> <p>The Board noted that due to a Remuneration and Nomination Committee meeting being called for 12 noon to 13.30, the private Board meeting would start at 13.30.</p>	
<p>2. Apologies for Absence There were none.</p>	
<p>3. Declarations of Interest There were none.</p>	
<p>4. Minutes of the meeting held on 3 December 2015 The minutes of the meeting were tabled and members were asked to feed any comments back to the Trust Secretary.</p> <p>The Board reiterated the importance of accurate minutes as these for the basis of evidence for the Regulators and other enquiries.</p>	
<p>5. Schedule of Matters Arising</p>	

	Matters arising were either actioned or listed as items on the agenda.	
6.	<p>Chief Executives Report The Board received and noted the report of the Chief Executive which provided an update on key aspects of the Trusts business, in particular:</p> <ul style="list-style-type: none"> Noting the changes to the Board composition with effect from 1 February with Sarah Wilton taking on the role of Acting Chair until a substantive was appointed and Mike Rappolt term of office as NED and Vice Chairman, being extended for three months to support Mrs Wilton until a new chair was appointed. These changes were effective from 1 February 2016. Until the new NEDs were appointed it left the Board without appropriate membership on its sub-committees, therefore a proposal to co-opt Governors to sit on the Boards sub-committees was being explored for the interim period. The detail needed to be agreed and governors with the relevant skills would be able to express an interest. The Board noted the appointment of Luke Edwards as Trust Secretary who would join the Trust in March. It was noted that Sofi Colas, DDO Children and Women's Division was leaving the Trust to take up an appointment at The Royal Marsden, and Louise Halfpenny, Head of Communication, was leaving, it was noted that Louise had been responsible for 24 hours in A&E, the Board wished them well for the future. In response to comments on the likely implications of success of two tender submissions, it was noted that both had passed the hurdle rates test and would make a positive contribution, tenders that did not meet that criteria were not pursued. Following discussion, It was agreed a report would be submitted to the Finance and Performance Committee at its meeting on 27 January. 	
	Action: report to the Finance and Performance Committee	RE
	RESOLVED That the Trust Board NOTED and DISCUSSED the report and took assurance that the key elements of the trust's strategic development were being progressed by the executive management team.	
7.	<p>Quality and Performance Report The Board received the report which set out the Trusts performance against the Monitor Risk Assessment Framework and quality indicators for month 8 (November).</p> <p>Performance Presenting the performance report the Chief Operating Officer reported on the underperformance of RTT incomplete which under-performed the target, achieving 91.74% against the target of 92%, however it was noted that performance was improving in line with the trajectory and action plan. ED continued to underperform against the 4 hour target achieving 89.33 % against the target of 95%. Patients with mental health problems was highlighted as these patients consistently waited over 4 hours due to delays in waiting to be seen by the psychiatric team and availability of appropriate beds, the action plan in place was described.</p> <p>The Board noted that performance plans put in place for Christmas had been successful and would be circulated to the Board for information.</p> <p style="text-align: right;">Action: COO</p>	

The Board also noted the progress being made on reducing the number of cancelled operations on the day which had reduced by 60%, this had been achieved through a number of actions including daily monitoring at the operations meetings, and ensuring that all cancelled operations were re-booked within 28 days. A report to the Boards February meeting was requested on the impact the junior doctors strike had on cancelled operations.

Action: PV-K

Cancer performance was also highlighted, particularly where the standard had not been met. Patients' waiting over 104 days were being tracked and escalated to the Chief Executive, Medical Director and Chief Nurse, ensuring monitoring at a corporate level.

Outpatient appointment performance had dipped, it was noted that a lot of work was on-going to improve the high rate of out-patient DNA's, additional capacity had been put on, a report to the Boards February meeting was requested.

Action: PV-K

Addressing further comments on outpatient services and DNA rates it was noted that the service used text messaging, a reminder service but needed to improve the admin process for appointments, this was all part of the Outpatient Strategy and change project.

The Board discussed the Trusts performance at length, in response to SP's question relating to October cancer performance and what needed to be done different, it was noted that 14 day referral was a capacity and demand issue and managing all patients on the 85th centile as most were seen on day 11 or after, capacity needed to increase from 24 to 32 ring-fenced clinics to bring back to 7 days, it was noted that KPIs were challenging to achieve without additional capacity. Daily PTL meetings were now being held and improvements were being seen. It was also noted that an IT solution was also required that allowed patients to be followed on the referral pathway. Weekly calls had also been put in place as well as a local standard of seeing patients referred within 42 days allowing a 20 day window to treat.

SW asked for clarification on bed occupancy rates, referring to October and November rates, it was noted the rates reported were a 'snapshot' taken at midnight, a detailed response would be circulated.

Action: PV-K

SW also commented on the impact the junior doctors strike had on cancelled outpatient appointments, it was noted that the plans put in place were successful, 402 appointments had been cancelled, 22 cancelled patients turned up for their appointment and were seen. 427 outpatient routine procedures were cancelled. A&E performance for the day was 94% and there was an increase in the number of ambulances.

KL commented on the number of calls that were abandoned by the call centre, and asked if the loss of revenue, caused by the strike, had been planned for, in response it was noted that there was a £189k loss of income which was off set against pay.

It was noted that the performance report was being re-designed and included updating the charts and graphs to show 13 months of data where applicable. The new format of the report would be brought to the Board in April 2016 for debate.

Quality

The Chief Nurse presented the quality report, highlighting that the overall position remained consistent with previous quarters, however the number of serious incidents remained an area of focus in relation to themes and actions being taken.

Effectiveness Domain

The Board discussed mortality rates that the Mortality Committee were monitoring and taking action against the increase in SHMI previously reported. MR referred to a press report on the deaths of people with mental capacity issues and if these could be identified as a group in the overall figures. It was agreed that this would be undertaken and reported back.

Action: JH

Safety Domain

JH reported that there had been no reported cases of MRSA and C-Diff in November. The board noted that the SI profile was being reviewed. Safeguarding Adults compliance training remained a concern and a key focus, the numbers of staff to be trained was known and actions had been agreed and was being monitored by the Safeguarding Committee.

MR commented on the increase in serious incidents referring to the trend over the last months emphasizing the Board needed to understand if there were any underlying causes and what action was being taken to address, in response JH reported on the 6 month review, which highlighted themes and actions taken. The profile included many themes including: death in custody at Wandsworth prison; diagnostic testing; cancer pathway effectiveness was being picked up in the work by the COO. It was noted that the number of reported moderate incidents was at a higher level and would be looked at going forward. This would be reported through the Quality and Risk Committee. MR asked that the report included an analysis and looked at why there was an increase. SM reported that the trust needed to be aware of risks when the hospital was under pressure and it was important to look at the causes, he also highlighted that the reporting of incidents was good, it was a high number of serious incidents that was the concern.

It was agreed that the 6 month analysis presented to Quality and Risk Committee would be circulated to the wider Board.

JM reported that the response rate to complaints performance was below the standard, discussions were taking place with Divisions over the next 6-8 weeks, it indicated there was pressure in the organisation.

Well-Led

The Chairman highlighted and raised concern at the decline in Friends and Family Test in inpatients, it was noted that in 2014/15 this had been a CQUIN, the fall would be looked into.

SW asked how quickly emerging themes were picked up around complaints and recognised that the improvements made over the last year were now dipping, in response JH suggested the poor performance was a casualty of where we are as an organisation and a way of managing complaints was needed this would be by moving resilience to the divisions where the pressure points were recognised. JHu requested that quarter 3 report should include learning, actions and improvements.

Action: JH

In response to a comment on safe staffing trends for the last 6 months it was noted that 95% was a strong position over the previous 3 months.

	<p>RESOLVED That the Board NOTED and DISCUSSED the regular Quality and Performance report.</p>	
<p>7.2</p>	<p>Finance</p> <p>The Chief Financial Officer presented the regular finance report to the Board which set out the financial performance for month 8, in particular it was noted that a 15/16 reforecast had been undertaken resulting in a year end deficit of £50.1m, this had resulted in year to date variances only relating to months 7 and 8. The board noted the cumulative deficit to end of November was £2.5m better than the reforecast at £39.8m, for the reasons set out in the paper. The cash position was ahead, a draw down on the DoH loan had been made with a further smaller drawdown required in February.</p> <p>The Board discussed the report in detail, MR commented on the November results suggesting they were influenced by one off events, not performance, he felt that there were underlying performance issues and costs were up and that revenue was down. In response SB reported that there was an underlying £4.2m deficit against a forecast of £5.2m and was influenced by one offs, however, the pay underspend was planned and the result of the work being done by JH and WB with Divisions on recruitment.</p> <p>SW welcomed the report and its new style and commented on access to ISF funding, in response it was noted that conversations with the DoH in January were around access to funds and routes to ensure permanent access and board approval so the Trust could access and drawdown permanently, no risks were identified and it was expected that the Trust would need to drawdown between £1-1.5m in February.</p> <p>In response to comments on fines and reinvestment of fines it was noted that the Trust was an outlier. SB explained how fines and penalties were applied in terms of the commissioners and NHS England. It was agreed a paper would be submitted to the next Finance and Performance Committee to include why the Trust was an outlier, NHS England, renegotiation of levels, reinvestment and discussions with the CCG.</p> <p style="text-align: right;">Action: SB</p> <p>SP referred to agency costs and noted that it appeared stationary at 8%, JH explained that the agency cap was based on actual spend not budgeted spend and aggregated. Actions going forward were noted, particularly around improving the rostering system, the current job market had an effect and vacancies were often covered by agency which needed to be reduced by £150k per month. It was further noted that over November and December escalation wards had been opened and staffed by agency. There was also patients who required extra support and the need for registered mental health nurses.</p> <p>MR commented on overachieving SLA's and what the expected income would be, in response it was noted that the trust was underachieving the SLA due to outpatients. MR commented on debtors and the dip in performance in November noting that a number of courses of action were being taken to recover debts.</p> <p>The Finance and Performance Committee had discussed a number of reports, particularly reports received on high spend drugs; CIP gaps, noting that Divisions were doing well against CIP plans however there was concern over community services; DNA rates, and penalties and fines which equated to £10m, a quarter of the deficit, the committee had challenged the executive on these points.</p>	

7.3	<p>Workforce and Performance Report</p> <p>The Board noted and discussed the report of the Director of Workforce which outlined the key workforce performance indicators for November 2015. In particular it was noted that the establishment data was now based on the turnaround reforecast budgets. A forensic review of posts was being undertaken and included freezing posts or not recruiting into all of them. Other actions outlined in the report were noted.</p> <p>Statutory and Mandatory training was highlighted as a concern and it was noted that a deep-dive review would be undertaken at the next meeting of the Workforce Committee. A refocus on training had also begun.</p> <p>During discussion the emphasis on mandatory and statutory training was highlighted, JH reminded the Board that this was not just about non-compliance there was a risk of staff in practice not being up to date with training. The Board discussed this at length and emphasised the need to find ways to ensure staff completed mandatory training and appraisals. It was noted that the appraisal rate for Doctors was good as this was a requirement for revalidation, from April 2016 nurse revalidation was coming in, appraisal rates for this group would also improve. The corporate departments had the worst rates.</p> <p>SW suggested that a trajectory be set to ensure all mandatory training was up to date, it was agreed this would be submitted to the Workforce Board.</p> <p style="text-align: right;">Action: WB</p> <p>MR asked for an update and progress on the proposal that the South West London Trusts would set up a shared Bank agency, it was noted that a report would be brought to the Board in the Spring setting out the plans with a Statement of Memorandum.</p> <p style="text-align: right;">Action: WB</p> <p>The Board further discussed turnover rates and SP highlighted that over 50% of turnover was people not wanting to work for the organisation.</p>	
	<p>RESOLVED</p> <p>That the Board NOTED and DISCUSSED the report.</p>	
8.1	<p>Emergency Planning Annual Report</p> <p>The Board received the report of the Interim Chief Operating Officer and noted that following the assessment carried out in November 2015 the Trust's plan achieved assurance and green pass rate. It was noted that a new standard had been brought in post Paris attacks and the Trust's plan had also passed this.</p>	
8.2	<p>Cancer Action Plan and RTT</p> <p>The Board noted that the plans had been signed off by Monitor, NHS England and commissioners on 13 January 2016, the plan would now be fully implemented to ensure sustainable performance improvement.</p>	
8.3	<p>Update on Outpatient additional activity income</p> <p>The Board received an update on outpatient additional activity income which detailed the values of income achieved, it was noted that £164k would not be achieved due to the inability to recruit consultants. To date £1.4m of activity had been identified. MS asked about the sustainability and it was noted that the focus at present was on</p>	

	<p>recovery.</p> <p>The Divisional Chairs reported that it was currently based on adhoc booking and required change to job planning via the framework and workforce planning was key aspects.</p> <p>The Finance and Performance Committee were asked to review the plan and provide assurance to the Board on its sustainability Action Finance and Performance Committee (Feb 2016)/COO</p> <p>The Board discussed DNA rates and were informed that the Outpatient Strategy was designed to address this issue. The Outpatient Improvement Programme was being rolled out on 1 April 2016, this was a big change programme that would take time to see the benefits.</p> <p>It was further noted that the strategy had a set of trajectories and KPIs and the more granular patient focused KPIs was being developed by the Outpatient Strategy Board. An update on progress would be reported to the March Board. Action: RE</p>	
<p>8.4</p>	<p>One Version of the Truth</p> <p>The Board received the report of the Interim Chief Operating Officer and were reminded why the review was carried out. The paper confirmed and outlined the need for change and redesign of the emergency care system.</p> <p>The Board discussed the report at length and reiterated that this was a system wide problem that could only be affected by system wide change but the report was also building on existing work already being done at the Trust.</p> <p>Following discussion it was agreed a 6 month update would be submitted to the Board in June 2016. Action: PV-K</p>	
<p>8.5</p>	<p>NHS Digital Maturity Assessment</p> <p>The Board noted that the NHS were introducing an IT Digital Self-Assessment process for Trusts. All trusts were required to make a self assessment return on 15 January 2016. The draft assessment was reviewed by the Clinical Systems Portfolio Board in December. It was noted that going forward the assessment would play a role in the CQC inspection regime from March 2018.</p> <p>The assessment was presented to the Executive Management Team and it was agreed that it be submitted for Board approval prior to being formally submitted on 15 January.</p> <p>The Board approved the self assessment.</p>	
	<p>RESOLVED That the Board APPROVED the assessment for submission on 15 January 2016.</p>	
<p>9.1</p>	<p>Risk and Compliance Report</p> <p>The Board received and noted the report which set out the top risks to the organisation and included a draft of the revised Board Assurance Framework (BAF).</p>	

	<p>The Board noted the 2 new risks added since the last report – patient safety risk as a result of the junior doctors strike; and, agency caps.</p> <p>Following the recent meeting of the ORC, it had been agreed that the estates risk register needed further work and the Head of Risk would work with the Director of Estates and Facilities.</p> <p>The Board noted the redesign of the BAF and that it had been reviewed and approved by both EMT and Quality and Risk Committee. In response to a comment to include flow as a risk it was noted that this was captured under the bed capacity risk. It was suggested and agreed that this risk should be expanded to ensure flow was included as a risk.</p>	
<p>9.2</p>	<p>Use of the Trust Seal The report was noted.</p>	
	<p>Question from the Public A member of the public highlighted that patients were not always to blame for not attending appointments, sometimes letters and emails were not received. In response the Director of Strategy said that there were a lot of causes to DNA and the process needed to be reviewed. The member of the public was concerned as DNA's went on to patients notes.</p>	
	<p>A local Councilor had attended the Board as he thought the Urogynaecology decision was being brought to the board for decision and he wanted to raise that a number people including Heathwatch felt that the consultation process had been inadequate. The Chief Executive responded and said that the decision would be taken at the Boards meeting in March as long as it was confident and assured of the adequacy of the consultation.</p>	
<p>10</p>	<p>Date of next meeting 4 February 2016.</p>	