

# Minutes

# Trust Board

Minutes of the meeting Trust Board of St George's University Hospitals NHS Foundation Trust, held on Thursday 4 February 2016 in the Seminar Room, Rose Centre, St George's Hospital, commencing at 9am and concluding at 12.10pm.

## 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
Steve Bolam	SB	Chief Finance Officer
Wendy Brewer	WB	Director of Workforce
Martin Wilson	MW	Director of Delivery & Improvement
Rob Elek	RE	Director of Strategy
Paula Vasco-Knight	PVK	Chief Operating Officer
Eric Munro	EM	Director of Estates and Facilities
Jill Hall	JHA	Interim Trust Secretary
Andrew Burn	AB	Director of Transformation
Lisa Pickering	LP	Divisional Chair, Medicine and Cardiology
Paul Alford	PA	Divisional Chair, Community Services
Tunde Odutoye	TO	Divisional Chair, 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**

There were none.

### 3 **Declarations of Interest**

Mike Rappolt, Non-Executive Director, declared an interest in agenda item 9.2 Charity Independence Report as he is a Trustee of the St George's Charity.

4. **Minutes** of the meeting held on 14 January 2016 were approved as an accurate record subject to the following:

COO was looking at the call centre performance to aim to reduce the number of abandoned calls  
 Finance report – add – MR asked why performance had dipped in November....

PKV

**RESOLVED**

**That the minutes of the meeting held on 16 January 2016 were approved.**

- 5 **Matters Arising**

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

Action 7 – Mental health in ED – CSU had produced a review and evaluation which will be included in the April performance report

PVK

Action 7 – Outpatients appointments – 18 week position will be included in the April performance report

PVK

Action 7 – Bed occupancy rates it was noted the calculation for October/November was incorrect.

Action 7 – Mental Health mortality issues – due to be reported to Board on 7 April 2016

PVK

Action 7 – Complaints – will be reported to Board on 7 April 2016

JH

Action 8.3 – Outpatient additional activity income – move due date to 7 April 2016.

- 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 recent acknowledgement by the Sentinel Stroke National Audit Programme (SSNAP) which rated the Trusts Hyper Acute Stroke Unit an 'A' grade and the 24/7 thrombectomy service, the first in the Country, which the Trust expects to launch this year.

The Board noted the positive media coverage in the Guardian following interviews with staff on two occasions and the positive social media comments.

The Board were updated on the urogynaecology consultation noting that to ensure all comments from stakeholders and the public had been analysed a report would be submitted to the Board at its March meeting for decision..

It was noted that there had been growing interest in the PAG service and three members of the Executive team would be attending OSCs in South West London over the next week. The Chief Executive reiterated that the PAG service had not been closed.

In response to a question on primary care and GP involvement and views on strategic development it was noted that a report would be brought to the Boards meeting on 7 April 2016.

RE (7 April 2016)

## 7 Quality and Performance

### 7.1 Quality & Performance Report

The Chief Operating Officer (COO) introduced the report had highlighted that Emergency Department (ED) performance remained challenging in January with an increase of 12% in attendances and 16% increase in ambulances, this mirrored the picture across London. It was noted that McKinsey had been engaged and would work with the Trust over five weeks to implement One Version of the Truth and look at onward care. It was reiterated that this was a system wide issue that required a system wide approach and action plan. The Chief Nurse was the Senior Responsible Officer (SRO) for this work.

It was noted that although the RTT standard had not been achieved, progress on patients waiting over 18 weeks was being made. A new plan to replace the Health Commissioners Plan, which no longer applied, would look at planned and unplanned care. Timescales had been agreed with commissioners and a sustainable action plan was due for submission at the end of March.

The Board welcomed the news that in December both the 14 day and 62 day cancer targets had been achieved. A lot of work to support patients waiting over 104 days was noted. The cancer plan was continuing to be delivered with patients referred via the 14 day referral process now being seen within 7 days.

Discussing delayed discharge of care (DTC) and stakeholder engagement it was noted that this remained a problem with 86 patients currently delayed. It was noted that there had been a two day multidisciplinary event with representatives from the local authorities, commissioners, GPs and staff, which had reviewed all wards and patients and came up with a number of actions. Domiciliary and onward care had been highlighted as a problem for local authorities and it was recognised that the system needed to work collectively. Future monitoring would be through the System Resilience Plan.

The Chief Nurse reported that the Flow Programme would be supported by McKinsey over the next five weeks. She would be co-chairing the group with a CCG representative, still to be appointed, which meant that both organisations could hold each other to account. KL asked for assurance on the commitment of the co-chair, it was noted that the appointment would be confirmed later that day.

It was agreed that as this was an important piece of work the Flow Programme would be circulated to the Board. The Chief Executive reported it was also part of the Transformation Programme.

The Board also noted that the surgical virtual assessment unit was open and was working well.

The Chief Executive reported that Commissioners required assurance on the Boards, and clinical services, commitment to achieve RTT performance standards, it was agreed that the RTT Plan would be

JH by end  
of the  
week

submitted to the Board at its meeting on 7 April to ensure the Board had a good understanding.

PVK – 7  
April 2016

The Chief Executive also explained that Commissioners could impose a fine for failing to achieve RTT, however, an agreement had been reached that if the standard was met by 31 March 2016 then no fines would be levied and an agreed amount would be refunded back to the Trust.

In response to a comment on cancelled operations performance it was noted that performance looked worse due to the small numbers of patients involved. It was further noted that operations cancelled before the day were not counted.

### **Mortality**

The Chief Nurse reported that SHMI numbers had returned to lower than expected levels.

### **Safety**

It was noted that the SI trend charts had been amended as requested by the Board.

There had been no reported cases of MRSA and to the end of December 24 cases of C-Diff had been reported. The Trust remained on trajectory for C.Difficile.

### **Safeguarding Training**

It was noted that the Safeguarding Manager was working to improve rates across the Trust.

### **Patient Experience**

FFT performance continued to underperform against the target for response rates in outpatient settings, it had been agreed that the method used to collect responses would be reviewed.

### **Complaints**

The number of complaints had decreased in November and response rates had improved. The Chief Nurse addressed the points raised in the internal audit report and said that the Policy did include tracking complaints but this would be amended to include themes. It was further reported that a workshop was being held in March on lessons learnt from complaints.

The Board noted issues with the infrastructure on Knightsbridge Wing and Buckland Ward with interruptions in the electricity supply and failure of the heating system which led to temperatures dropping in some clinical areas, with disruption to some services.

In response the Director of Estates and Facilities reminded the Board of the age of Knightsbridge Wing and that to run a clinical service in that area required a lot of work to upgrade the infrastructure. Due to the age of the systems replacement parts had to be custom made.

SW referred to WHO non-compliance and sought assurance that where compliance was low Divisional Chairs and DDO's had clear action plans in

place to improve performance. Where areas required support this would be given.

SP referred to safe staffing and queried the comments on robustness of recruitment plans. In response the Chief Nurse confirmed that plans were in place. However the current job environment was challenging alongside turnover rates.

The Board commented on the low levels of Safeguarding Children training, which was currently at 43% trained and how this looked across the Divisions. The Director of Workforce commented on the importance of ensuring the ARIS system was up to date with staff in post.

### 7.1.1 **Quality and Risk Committee update report**

The Chair of the Quality and Risk Committee provided a verbal update on the recent meeting of the Committee. In particular the following was highlighted:

- Medical Records data had improved from 90% to 97%, a significant improvement;
- The committee noted the progress on SAP Committee for diagnostic, this was still not satisfactory but processes were being put in place, the QRC would continue to monitor progress monthly.

The Board noted the update.

### 7.2 **Finance Report**

The Chief Finance Officer presented the Month 9 finance report 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 £1.8m better than plan mainly due to a underspend on pay budgets because recruitment to posts had been slower than planned. Pay spend had improved following better control of agency and recruitment processes. It was noted that the underspend had been partially offset against underperformance on SLA income, particularly in outpatients and non-elective admissions and higher than expected SLA penalties.

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 it was noted there was now evidence in the numbers of the improving position, recognised by the regulators.

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

In response to comments on NHS debt and progress on debt recovery, it was noted that the 2014/15 debt would be recovered by the end of February. There had been no payment on the 2015/16 contract which was currently £9m and increasing, this would be escalated during February. It was also noted that the Trust was actively pursuing all debt.

Discussing NHS England (NHSE) debt it was noted their payment terms were 3 months in arrears and would challenge back to the Trust any invoices it deemed were outside of the contract terms. NHSE then had to follow their local approval procedures prior to payments being made. It was noted that the total debt owed by NHSE was £14m.

In response to KL's comment on the estate infrastructure and particularly Knightsbridge Wing issues reported earlier, it was noted that high risk areas were being addressed and resources identified.

The Board also discussed outpatient activity, which now had plans and a strategy to deliver against. DNA rates continued at 13%, a lot of work was being done to reduce this down to 10%.

## **RESOLVED**

**That the Board NOTED the financial performance for month 9.**

### **7.3 Workforce and Performance Report**

The Board received the report of the Director of Workforce who highlighted the following:

- Turnover had increased again in clinical roles
- There had been a net reduction in vacancy rates in December
- Sick absence levels remained above target at 3.5%, at this time of year levels were expected to peak, however, the spike was holding for longer than expected
- Bank/agency staffing rates had increased in December but was now showing a return to October/November levels
- Agency price cap breaches were being reported
- MAST training and appraisal rates remained static

MR asked what the Trust was doing about framework agreements for agency staff which were above the price cap set by Monitor, in response it was noted that the framework was set below caps. It was still unclear what penalties would be imposed; Monitor was in the process of collecting information. HR Directors were working together to ensure there were no breaches and Trusts continued to provide safe patient care. There would continue to be a need to bring in staff urgently but with better planning better rates could be achieved. The focus was now on working with South West London Bank but with a recognition that there would be times when premium rate staff would be needed.

MR referred to Safe Staffing and asked what the implications would be if a further review was carried out by the regulators and Government. In response the Chief Nurse reported that next year a workforce redesign would be undertaken. It was noted that a review of skill mix had already been completed. The Carter review was recommending that staffing should be looked at by nursing hours per patient in a day. The Board were reminded the Trust had been part of the pilot and had some data available to it. It was felt that next year the Trust would be reporting nurse : patient hours.

In response to comments on sick absence rates and concerns on the number of days lost due to stress and anxiety, the Director of Workforce

recognised that this was an issue of concern. She reported that there was a framework of support mechanisms in place for staff to access.

Discussing how workforce data reflected in the financial position and particularly the impact of £43m savings needed to be achieved in 15/16 and £50m in 16/17 and staff taking on more work. SP reiterated that 16/17 savings must be transformative and not just about taking people out.

The Chief Executive agreed that staffing issues were a concern, particularly the continuing high levels of staff turnover. He recognised that benchmarking data available tended to related to performance of more than 3 months previously. He asked the Director of Workforce if she could contact peer trusts to find out if there was a similar situation.

WB

## **RESOLVED**

**That the Board NOTED and DISCUSSED the report.**

### **7.3.1 Update of the Workforce Committee**

The Chair of the Workforce Committee reported on the meeting held on 26 January 2016. In particular:

- A review on the progress to date on appraisal process and review of past performance
- Noted that workforce efficiency and the efficiency project were monitored at TAB
- It could not give the Board assurance on the Community Service action plan due to a lack of evidence, the Director of Workforce would support the service with developing more specific actions.
- When securing savings Divisions should do this alongside maintaining quality and staff experience
- There had been a report on undergraduate education. The committee had requested more information about resourcing and proposals about the strategic direction.
- A review had been undertaken of the trust's policy on bullying and and harassment and, it was clear that some other Trusts were doing taking a more proactive approach. The trust's policy and approach would be revised to reflect this feedback.
- A business case to expand the recruitment team and purchase new software systems was endorsed
- Targets and plans to achieve 85% MAST compliance by June had been received.

MR suggested that the Trust think about outsourcing recruitment, in response, the Chair of the Workforce Committee reported the current approach was to develop the internal team.

JMH referred to training and asked who owned the St George's brand, it was agreed this should be a discussion between the trust and the university.

MR requested a report on training be submitted to a future Trust Board meeting.

Director of  
Workforce  
– date to  
be agreed



#### 7.4 **Junior Doctors Update**

The Chief Executive gave an update on the position of the Junior Doctors industrial actions. Further action was due to take place on 10<sup>th</sup> February.

The Medical Director reported that many Consultants and senior doctors supported the Junior Doctors action. He added that the outcome of the strikes would likely be a government imposed solution. The Divisional Chair for Surgery added that junior doctors accepted Saturday working was coming but were unhappy with the proposed rate of pay remaining the same as week day pay.

The Chief Operating Officer reported that letters were going out to patients in preparation as some outpatient appointments would be cancelled.

#### 7.5 **Audit Committee Report**

The Board received and noted the report of the Chair of the Audit Committee. In particular it was noted that the internal audit into discharge summaries had been delayed by 5 months due to no clinical expert being available, the new internal auditors had been asked to help. The external auditors as part of the annual accounts had recommended reducing the level of materiality to 1.2%, the Committee had asked for further clarity.

TIAA had begun the handover process from LAC. The Committee had thanked LAC for their services to the Trust.

The committee had also thanked Judith Hulf and Sarah Wilton for their contribution and support.

The report highlighted changes made to the Audit Plan 15/16 and sought the Boards approval.

#### **RESOLVED**

**That the Board NOTED the report and ENDORSED the changes to the Audit Plan 15/16.**

#### 7.6 **Transition Plan**

The Transformation Director reported on the work being done to ensure a smooth transition once KPMG had exited the Trust. It was noted that the Director of Delivery and Improvement was the responsible officer for driving this forward. The SRO's had identified 50 WTE to ensure business as usual (BAU). The list would be reviewed and would be part of the process to look at relocating internal staff whilst a recruitment process was undertaken or aspect of the work required were tendered out. Final plans and numbers would be reported to Finance and Performance Committee and Board for approval.

#### 7.7 **2015/16 Working Capital Loan Agreement Authorisation**

The Chief Finance Officer presented the report which set out in detail the current loan agreement arrangements and the need to secure a new permanent facility with a lower interest rate. He reported that the Trust expected to draw another £9.7m in March from the temporary facility.



SP asked if disposal of assets would breach the agreement, in response it was noted that the Trust would need to seek approval.

In response to a comment on cash flow it was noted that the Trust needed to focus on cash during quarter 4 to ensure it didn't experience the similar issues going forward in 2016/17.

## 7.8 Monitor Update

The Board noted the verbal update which highlighted the following for the board to note:

1. Positive progress was being made on identifying the £50m savings target for 16/17
2. The Board had accepted the proposal regarding transitional funding with NHSI to get to £17.5m

## 8 Strategy

### 8.1 2015/16 Annual Report Process

The Board received and noted the report of the Director of Strategy on this years process for the preparation of the Annual Report. The Board noted the key dates and that additional meetings of the Audit Committee and Trust Board were required.

### 8.2 Annual Operating Plan and Corporate Objectives 2016/17

The Director of Strategy presented the report which set out progress against the current business planning round and some of the key assumptions underpinning the draft.

It was noted that the process had begun early off the back of the turnaround process. This was an early first draft that was required by Monitor to be submitted to them by 8 February.

The Board discussed the report and highlighted the need for the plan to be aligned with other 16/17 plans. The Director of Strategy reminded that Board that there were a number of holding pages that would be completed once the Challenge Sessions with Divisions had been completed.

The Board approved the recommendations and agreed that the Chair should be included in the delegated authority.

#### **RESOLVED**

##### **That the Board:**

- a. **AGREED to delegate authority to the Chair, Chief Executive and Chief Finance Officer to authorise the completed operational plan and financials to Monitor on 8 February 2016; and,**
- b. **APPROVED the proposed framework for the development of corporate objectives for 2016/17**

### 8.3 Annual (Operational) Plan Q3 monitoring report

The Board received and noted the report.

## 9 **Governance**

### 9.1 **Procurement Policy**

The Board received and noted the policy. It was noted that the policy was not just addressing procurement but also behaviour around the Trust. A communications plan would be run alongside the policy implementation and monitored by Finance and Performance Committee.

### 9.2 **Charity Independence Report**

The Chief Executive presented the report and explained the proposal to support the charity for independence highlighting that this would not affect the Trust.

KL highlighted the importance of knowing who the Trustees were so as not to lose sight and cause problems in the future. It was noted that a NED would sit on the Charity Board, currently this was Mike Rappolt.

#### **RESOLVED**

##### **That the Board:**

- a. **NOTED and DISCUSSED the two options set out in the report;**
- b. **AGREED to register its agreement for St George's Hospital Charity to form as a new charity independent of the Department of Health and unaffected by the NHS Act 2006.**

### 9.3 **Risk and Compliance Report**

The Chief Nurse presented the report and highlighted the new risks as set out in the report.

## 10 **General Items for information**

### 10.1 **Care & Environment Report – Arts Strategy**

The report of the Director of Estates and Facilities provided an update on progress with improving care and the environment across the Trust. It was noted that a number of the schemes had been supported by the Charity.

### 10.2 **Use of the Trust Seal**

The Seal had not been used in January 2016.

### 10.3 **Questions from the public**

- a. A member of the public stated they hoped the Junior Doctors industrial action would not take place and therefore ensure no operations were cancelled.
- b. A member of the Council of Governors suggested that there were a number of ways Governors could be used including links to wards and supporting staff welfare.  
In response the Chief Executive reported that currently governors were involved in the Boards Sub-committees and its strategic agenda.

Governor involvement would be picked up in more detail with governors.

- c. A member of the public asked if the Trust and University held joint Board meetings. In response it was noted that there was a joint meeting, JIB, which discussed finance and operational issues.

11. **Meeting evaluation**

12. **Date of next meeting**  
Thursday 3 March 2016