

Minutes

Trust Board

Minutes of the meeting Trust Board of St George's University Hospitals NHS Foundation Trust, held on Thursday 28 July 2016 in Boardroom H2.7 commencing at 10am.

PRESENT

Sir David Henshaw	DH	Chairman
Sarah Wilton	SW	Non-Executive Director
Stella Pantelides	SP	Non-Executive Director
Jenny Higham	JH	Non-Executive Director
Simon Mackenzie	SM	Chief Executive Officer
Iain Lynam	IL	Chief Restructuring Officer
Richard Hancock	RH	Director of Estates and Facilities
Andy Rhodes	AR	Medical Director
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
Luke Edwards	LE	Head of Corporate Governance
Chris Rolfe	CR	Associate Director of Communications
Jacqueline McCullough	JMC	DD Workforce and OD, Item 6.3
Hazel Tonge	HT	Deputy Chief Nurse

Agenda Item

Action

1. Welcome and Apologies

The Chair opened the meeting. Apologies were received from Sir Norman Williams, Gillian Norton, Jennie Hall, Karen Charman, Larry Murphy and Corrine Siddall.

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 2 June and noted some minor amendments.

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

4. Matters Arising

The Board noted the matters arising:

- AB confirmed that 7.4 had been completed;
- IL confirmed that 8.4 would be included within the wider outpatients review at the next Board; and
- AB confirmed that the public question from Barbara Bohana (June Minutes, Section 12) had been passed to the CCG for a response.

6 PATIENT SAFETY, QUALITY AND PERFORMANCE

6.1 CQC Update

DH updated the Board that further helpful discussions had taken place with the CQC last week and the report was now expected toward the end of August. PM summarised his paper noting the areas of good practice and concern and focusing on the areas where the CQC had required immediate assurance.

The Trust had successfully provided sufficient assurance to CQC to avoid enforcement action with respect to Buckland Ward and fire detection, fire separation and water treatment in Lanesborough Wing. RH then summarised the immediate action taken which had included repairing the roof, ensuring that senior nursing staff undergo fire awareness retraining, stopping the use of beds affected by the risk of electric shock from water ingress. There had been two inspections from London Fire Brigade who provided a satisfactory report to CQC. The Trust is enacting a plan to relocate renal services with inpatient facilities moving to Champney's Ward in September and some outpatients moving to community satellite services at Colliers Wood, North Wandsworth and Kingston.

The CQC had also identified concerns with the high density of clinics in Lanesborough outpatients. However, following further detailed work we have agreed that, in view of the significant level of risk associated with a complete move, a revised plan will be adopted which will see fewer clinics move out over a longer period of time. This avoids the major disruption to services that would have been the result of moving all outpatients and will sufficiently mitigate the risk.

PM summarised the work to improve governance, including the creation of the Director of Quality Governance role. There are a number of actions that have been put in train including work to develop the Board Assurance Framework, improve the visibility of risk exposure and control, and build a Quality Improvement Programme (QIP). PM will be the Programme Director for the QIP this this will be brought forward to the Board in due course. PM noted finally that urgent action was being undertaken to stabilise the risk around the clinical prioritisation of referrals. This would be discussed in more detail later in the agenda.

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

6.2 Performance and Quality Account

AR introduced the report in CS's absence. He noted that the Trust was struggling to deliver all three access targets (cancer, referral to treatment and 4 hour emergency department standard). For cancer the two week wait standard and 62 day standard remained problematic. RTT data performance was only 88% against the target of 92% notwithstanding the further significant challenges around the data quality. The focus for RTT is on pathway and capacity management and we have been worked with commissioners to redirect demand and reduce the load. Although the trust was not meeting the 4 hour ED standard performance had improved to 94% and remained above the trajectory agreed with commissioners. However there remained some way to go to ensure stability particularly over the winter period. There had been a number of unusually busy days recently which had impacted on performance. A new performance management framework is being developed which will ensure the issues are gripped by the Divisions.

SW highlighted her concern that the number of outstanding items of NICE guidance had increased and asked whether there were risks to patient safety. AR and LP agreed this was an important quality metric and further work was required. A new process would be applied going forward to ensure the issues were managed effectively building on the Serious Incident model. It was possible that many areas are compliant but not providing the necessary paperwork. HT noted that the clinical audit team are working with divisions to address the backlog. DH recognised the points made however he required clear evidence that compliance was greater than indicated before the Board could accept this. SM shared the Chair's concerns and reiterated the intention to make significant changes to the way in which the Executive Team related to the divisions.

SW also noted her continued concerns around complaints performance. SM highlighted that fact that many of the responses themselves were unsatisfactory and he had asked for them to be re-drafted. DH was clear that issues such as these need to be addressed. The trust had reached a good position with the regulators and that we needed to take responsibility for addressing poor performance. The report needed significant development as it explained the problem not what was being done. He expected to see real evidence of change going forward and complaints was an example of the type of problem that needed to be fixed. He asked PM to provide any early reflections.

PM felt that the information provided to the Board did not easily enable the Board to understand the position, risks and level of control and that the information provided in the performance report was lacking in a number of key areas. SM added that the Executive Management Team had discussed the report and felt it did not provide either assurance to the Board or the information necessary to enable the effective running of the organisation. An improved version would be provided for next month with further development thereafter. SW

asked that the staff staffing information to be improved and integrated with the ward heat map. AB noted that an appropriate methodology should be adopted for safe staffing in the community.

Resolved: that the Board noted the report and asked for a revised report to be put forward to the next Board

CS/HT
Sept 16

6.3 Workforce Performance Report

Jacqueline McCullough joined the meeting. She summarised the report identifying the negative trend in turnover and increase in temporary staffing usage. More positively there had been continued progress in mandatory training compliance and reduction in staff sickness levels. The increase in temporary staffing is mainly the result of the trust improving its recording through the increased use of health roster. Progress has been made in resolving acting up arrangements that have lasted for more than six months. SW was disappointed that turnover had increased, stability had reduced and temporary staffing usage had increased. She asked what the trust was doing to improve staff engagement. DH felt the issues were brought together well in the CQC report and in particular the issue around staff, in particular BAME staff, not being able to challenge needed to be addressed. It was encouraging that staff felt loyal to the organisation but they needed to be better led. JMC noted that KC had been working with the team on developing a new focused set of priorities. These will be presented to the next trust board.

KC
Sept 16

SM drew to the Board's attention that to fact that while the staffing profile had increased and this had not been accompanied by a reduction in temporary staff or additional income generating activity. DH felt that workforce controls needed to be much tougher and focused on value for money with a clear clinical priority. SP asked whether divisions had the finance data they required. NC confirmed that the data was available but that it is was not sufficiently used.

6.4 Quality and Risk Committee

JH summarised the key issues discussed at QRC for the Board. It has not been possible to produce a written report in view of the close proximity of the two Boards. There were a number of overarching issues including actions not being closed down and the slowness of the response on complaints and adverse incidents. It was noted that the Recovery at Home presentation was not made to QRC. Other areas discussed included: that there were a variety of data sources regarding thromboprophylaxis and this needed to be resolved; the Clinical Audit programme needed to be reviewed and more effectively linked to key risks; the SI Report would be developed and focused on lessons learned; the Freedom to Speak Up Guardian appointment process was agreed and would be taken forward as a matter of urgency; and the health, fire and safety report would be developed to be more proactive. The important work of the feeder Committees was considered, in particular the work on patient experience and the terms of reference would be reviewed more fully.

6.5 RTT Update

SM introduced the item in CS's absence. The Quality Assurance Board, led by commissioners and regulators, had taken an update on the issue and it was clear they would like us to be going faster. Recruitment had been challenging but an appointment had now been made at Associate Director level to drive the work forward on a day to day basis. Work was on going to identify and Executive Director level appointment and procure a technical partner. AR was leading the work to set up the clinical harm review process and the aim was to ensure that all new referrals get a 'clock start' clearly recorded. The Health Service Journal had requested a copy of the MBI report and other documentation and we can expect them to run a story. This has the potential to be picked up by the national media.

AR updated the Board on the clinical harm review process reminding the Board that there was a patient behind every number. The NHSI national framework would be used to guide the work and cases would be reviewed through virtual clinics. This inevitably had potentially significant resource and capacity implications.

DH highlighted that this was a very significant issue and a major concern for the trust and the wider NHS. The key was to manage the problem as best as one can now it had been identified. As the data is disaggregated it was likely that the volumes will reduce dramatically due to double counting. DH was satisfied that we have a robust approach.

SW supported the actions identified in the paper but asked that they been developed into a more detailed plan. DH asked that a report comes each month to ensure that the Board retains effective oversight.

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

CS
Sept 16

6.6 Vascular IR Update

AR introduced the item reminding the Board that Guys and St Thomas's (GSTT) had identified concerns over the safety of the service last month. These concerns were being managed on a daily basis and work is on-going to develop a longer term plan. The workforce issues were being tackled and the trust is exploring the scope for networking with NHSI support. One option is a South London vascular network run by GSTT with a hub at St Georges.

LP added that the response to the mediation sessions had been positive and this gave a good platform for moving forward. Ensuring safe rotas remained a challenge but they were in place to the end of August and probably beyond. DH said that he had had feedback confirming that the mediation had been positive.

Resolved: that the Board noted update

7. FINANCE

- 7.1 NC summarised the report for the Board. The trust was £4.1m deficit in month 3 which was £1.5m adverse to plan. 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 month has seen the highest SLA income performance this year however expenditure continues to increase as a result of pay overspends. The trust is exceeding the Agency cap by £1m a month although some of this is due to high cost interims and it is not clear whether the agency cap is intended to capture this type of expenditure. A re-phasing of the Cost Improvement Programmes had been undertaken with a revised full year forecast of £34m against an original projection of £42.7m. At a divisional level medicine and cardiovascular and surgery are underperforming which key issues including theatre utilisation and outsourcing. Recovery meetings are due to be held next week with both areas. Cash is £3.5m better than plan due to improved management.

SW note that the CIP programme is £8m adrift at the end of quarter 1 and asked whether targeting savings of £50m by the end of the year was realistic. NC responded by saying £50m was an appropriate target but a full year value of £50m of savings realised in 2016/17 was likely to be unrealistic at this point. Action was being taken to strengthen the PMO to increase the likelihood of delivery. IL added that the current position was unsatisfactory but the aim was to target new opportunities. The focus on the CQC may have meant that some pace was lost.

DH was clear that the trust had to live within its means. This meant both focusing on running the day to day operations better and transforming the hospital longer term. There needed to be a focus on the 10 or so 'big ticket items'. For example, around £1m of work that is sent out monthly however we do not maximise theatre utilisation. Similarly action needs to be taken to manage headcount, particularly in the back office.

SP noted the positive signs around outpatients and questioned whether there are sanctions for not complying with the agency cap. NC noted that the agency cap was part of the STF criteria but also it would make the case for securing any additional funding more challenging. IL noted that we needed to do more work to define the expenditure that we felt should be covered by the agency cap as related to its original objective. SW asked that the Board be kept sighted on the cash flow position going forward and that this is stress tested.

Resolved: that the Board noted update and agreed that urgent corrective work was required.

8 Governance and risk

8.1 Risk and Compliance Report

PM updated the Board on his work to review the corporate risk register. He was not satisfied that it was fit for purpose in its present form and felt it needed to be more focused on the key risks. The conversation needed to be more focused on the treatment of the risk and the effectiveness of internal controls. The review had not concluded but the risks can be distilled into a small number of areas: ensuring patients had timely access to services, encompassing the key targets; the fragility of IT and estates; financial sustainability, encompassing the deficit and CIP; and the adequacy of governance. A Board Assessment Framework would be developed to provide a strategic overview and the format of the risk report would be developed. The detail relevant risks would also be scrutinised by the appropriate Sub-Committees of the Board going forward.

SW felt that the review was moving in the right direction but was surprised by some of the changes proposed on the scoring. PM noted that the simplified scoring methodology provided a different view and agreed to discuss this with SW in more detail outside the meeting. DH welcome the progress and felt like the Corporate Risk Register was moving beyond being a list of worries and towards an appropriate process with clear accountabilities. SP noted that the workforce cluster continues to merit focus and attention by the Executive.

Resolved: that the Board noted update and the progress made.

9 Items for Information

9.1 Capital Bid to NHSI

This was noted by the Board

9.2. Use of the Trust Seal

The use of the trust seal was noted.

9.3. Questions from the Public

Questions were raised regarding: the overall financial position of the trust in the context of the wider NHS position and specifically around the PFI liability; the reasons why theatres were not being fully utilised and around the extent of stakeholder engagement and support from CCGs. The focus on addressing the fire safety concerns was also welcomed.

DH noted that the overall position of the NSH was not within the trust's gift to influence however it was important that we made best use of the resources that were available and this would strengthen the case for additional resources. NC added that he had identified an external partner to review the PFI contract and explore the scope for better re-financing.

The Board was taking a presentation on theatre productivity in private.

There were likely to be a myriad of reasons as to why this was sub-optimal and the key at this stage was to focus on improvements. A new approach would be implemented from 1st August to address the problems.

The trust has focused on developing the relationship with the CCGs as this was an area that required improvement. This is now starting to happen supported by greater transparency. We have a new relationship with GPs and are working with them on the retendering of community services. Equally there remained challenges we needed them to address and again this had started. For example the joint work to address the 14,000 regular attenders at the emergency department, many of whom could be more effectively managed through default pathways in the community which would also release pressure on trust. Overall there was a lot more to do but the Strategic Transformation Plan had identified the trust as a fixed point and there was a recognition that we were at the start of the recovery process.

11. Date of next meeting

The next scheduled meeting of the Board to be held in public will be 1st September 2016.
