

# Minutes

# Trust Board

Minutes of the meeting Trust Board of St George's University Hospitals NHS Foundation Trust, held on Thursday 5 May 2016 at the Rose Centre, St George's Hospital commencing at 10am.

## PRESENT

Sir David Henshaw	DH	Chairman
Sarah Wilton	SW	Non-Executive Director
Stella Pantelides	SP	Non-Executive Director
Jennie Hall	JH	Chief Nurse
Simon Mackenzie	SM	Acting Chief Executive Officer
Iain Lynam	IL	Chief Finance Officer
Wendy Brewer	WB	Director of Workforce
Rob Elek	RE	Director of Strategy
Corrine Siddall	PVK	Chief Operating Officer
Richard Hancock	RH	Director of Estates and Facilities
Alison Benincasa	AB	Divisional Chair, Community Services
Andy Rhodes	AR	Acting Medical Director and Divisional Chair, Women and Children
Luke Edwards	LE	Head of Governance
Nigel Carr	NC	Finance
Leslie Robertson	LR	Patient Representative, Item 7.5

## Agenda Item

## Action

### 1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received from Jenny Higham, Kate Leach, Lisa Pickering and Tunde Odutoye.

### 2. Declarations of Interest

There were none.

### 3. Minutes

The Board considered the minutes of the last meeting held on 7 April. LE informed the Board the Mike Rappolt had requested a number of amendments to the Minutes by correspondence and SW asked for clarification regarding the agreed next steps on the PWC Review.

**Resolved** that the Board: approved the minutes as an accurate record subject to the amendments described above and published on the Trust website.

LE  
June 16

#### 4. Key Issues

No key issues were identified for discussion.

#### 5. Matters Arising

SP asked that the matters arising track key commitments made. This should include the expectation was that the trust would be sustainably hitting all seven standards from April 2016. This was agreed.

LE  
June 16

### 6 BUSINESS PLANNING 2016/17

#### 6.1 Estates Plan including Renal Development

RH provided an update of progress. Key areas of focus included: work to support the CQC Inspection preparation; a rolling programme of audits and assessments including fire, water and heating; and a rolling programme to renovate the boilers. Action had been taken to: increase the number of porters available; conduct 'dump the junk' exercises more frequently; work through the backlog of estates maintenance issues. Water in the pipes would be pasteurised to contain the risk of infection. Work was being taken forward with the University and each issue would be tackled in turn.

RH summarised progress on renal development and noted that the renal facilities were his highest non-estates priority. The renal facilities in the Knightsbridge Wing are not fit for purpose and an initial option analysis had been undertaken. This considered the renal service under four domains of operational delivery: the inpatient ward; dialysis; the transplant clinic and administration. The preferred option at this point was to undertake a two stage decant plan. Firstly, the day dialysis facilities would be transferred to a third party provider in Colliers Wood. This could be undertaken relatively quickly. Secondly a temporary modular build would be erected to house the remaining functions. This could be in place in around 24 weeks and initial discussions had been undertaken with 3 modular building suppliers. The Board had previously agreed, in principle, to demolish the Knightsbridge Wing and the intention would be to erect a permanent modular build. The work is being led by the Renal Project Board and supported by the steering group who will be responsible for driving forward the work.

RH confirmed to the Board that a more detailed proposal would be presented to the Board in June 2016 for agreement. This would include a return on investment analysis and be supported by a full service review. JH noted that the key objective of the work was to mitigate clinical risk.

RH  
June 16

**Resolved** that the Board: noted the update

### 7. PATIENT SAFETY, QUALITY AND PERFORMANCE

#### 7.1 Performance and Quality Report

CS summarised the current performance across the three key areas: RTT, cancer and A&E. The trusts remains below the target for A&E and non-compliant against the 62-day standard cancer targets and RTT incomplete pathways. A technical review of RTT had been completed and a further review and deep dive into data issues was underway.

Additional assurance meetings had been implemented both at the strategic level and operational level. These have significant senior management involvement. A supporting recovery and sustainability action plan had been developed and commissioners are supportive of the work and action we have been taking. Following under performance in January the trust had agreed some changes to the recovery plan with NHSE and commissioners.

On A&E we had achieved the recovery trajectory in March and April however recent weeks have seen significant pressure and high attendances. Improving performance will be a key area focus at the highest level within the trust. CS concluded by highlighting that she would draw out the impact of cancelled operations and diagnostics on cancer and the 18-week target for the next board.

The Board discussed current performance. DH highlighted that fact that RTT was in the process of recovery and the full scale of the challenge still needed to be understood. The expectation was recovery would take at least 2-3 months. SW noted that the STP funding was dependent on meeting the trajectories and asked for assurance that we would do so in quarter 1. CS confirmed that the divisions had been closely involved in developing the plans but there remain risks around delivery. Commissioners understood the potential need to re-negotiate the RTT trajectory in view of the data challenges. DH outlined to the Board that he intended to meet with commissioners with a view to developing a collegiate approach focused on building partnerships and working together to resolve the issues supported by the necessary level of investment. JH assured SP that two maternal deaths were not related to maternity service provision and agreed to provide further detail on the percentage of harm free care in community services.

The Board agreed the performance and quality report needed to be simplified and that the rising trend on cancelled operations was concerning.

JH updated the Board on key quality indicators. In the effectiveness domain mortality HMSR performance remains better than expected and the SHMI position between October 14 and February 15 is categorised 'as expected'. The Board's attention was drawn to the results of the National Diabetes inpatient audit and highlighted that the local audit in relation to the use of NEWS had identified a number of issues in practice and an action plan had been put in place. In the safety domain, Safety Thermometer performance was 94.6%, slightly above the national average but below the target of 95%, C-Difficile cases had reduced by 24% compared to the previous year and pressure ulcer performance shows a 57% improvement in performance for avoidable pressure ulcers compared to the last 12 months. Safeguarding training compliance had improved for both adults and children but work will continue. Complaints performance remains a concern and a workshop had been held which will result in the development of an action plan.

The Board welcomed the progress on infection control but highlighted the need to focus on complaints both in terms of responding and also

learning the lessons. The Board asked for an Action Plan on complaints to be submitted for approval at the June Board following consideration by the Quality and Risk Committee.

NW introduced himself as a new Non-Executive Director and member of the Board and sought assurance that the trust had work on going to prepare for the introduction of the new avoidable mortality measure. JH confirmed that this was being led by Nigel Kennea, Associate Medical Director.

**Resolved** that the Board:

- (i) Noted the content of the report;
- (ii) Asked that JH submit a complaints action plan for approval in June; and
- (iii) Asked for work to be undertaken to simplify and improve the performance quality report

JH  
June 16

JH/CS  
July 16

## 7.2 Workforce and Performance Report

WB introduced the report noting that there had been a positive movement on all key indicators with voluntary turnover reducing by 0.7% and sickness absence has reduced to 3.6% after an unusually long period of above average sickness. The trust will build on this by developing a wellbeing programme in response to the national CQUIN. The programme will include provision of fast track musculo-skeletal physiotherapy support for staff, support for physical activity and mental wellbeing. Managers had been asked to resolve all acting up arrangements which have extended beyond 6 months by the end of July. The new agency cap has been in place since April 2016 which had led to an increased number of nursing and mid-wifery breaches in the week commencing 28 March. A detailed plan is in place to respond to this issue. The deterioration in mandatory training has reversed although more work and continued effort is required. Appraisal rates however had continued to deteriorate. A paper based appraisal system will be rolled out as it has not been possible to deliver an IT based system.

The Board noted that it remained challenging to recruit to key specialities in medical and dental where vacancy rates have increased significantly since December. DH asked that the trust develop a monthly 'dipstick' for engagement by using a sample of focus group approach and that this is reported to the Board. WB provided assurance that staff will not be paid unless they have been booked through the staff bank and that resources have been increased to ensure they can manage the additional workload.

**Resolved** that the Board: noted the report and asked that a monthly engagement 'dipstick' is developed and incorporated in the report.

WB  
June 16

## 7.3 Quality and Risk Committee

SW highlighted the key issues from QRC including progress towards the upcoming CQC Inspection, the Quality Improvement Plan, estates and environmental discussion and safeguarding policies.

## 7.4 Frequent A&E Attenders

AB outlined the proposed new approach to adopt a new approach with 500 patients to facilitate alternative planned care/support away from the Emergency Department and summarised the paper. Wandsworth CCG have developed an initiative to manage the top 500 patients who attended A&E over 6000 times in 2015/16. The GP and the patient will discuss the reasons for their attendance and an analysis will be undertaken to consider changes in community provision that better suit patient needs. The trust proposes to support the initiative and develop a programme building on the approach adopted by the Homerton Hospital. The work will be taken forward in partnership with Wandsworth and Merton CCGs. The intention is to start with 500 patients but then seek to broaden the approach.

DH welcomed the proposal noting that there were around 14,000 regular attenders. The initiative therefore had the potential to have a significant impact on relieving the pressures on A&E and improving patient outcomes. It would form part of the strategic conversation with commissioners. NW asked that careful thought be given to the evaluation of the approach and that appropriate measures both in terms of the impact on demand and on patient outcomes were built in from the start. AB agreed to share the more detailed analysis with NW.

AB  
June 16

**Resolved:** that the Board agreed that work should be taken forward as proposed.

#### 7.5 PPI/PPE Strategy

DH welcomed LR to the meeting and thanked her for agreeing to present the strategy. LR outlined to work that had been undertaken to co-design the strategy through the Patient Reference Group and the critical role that patients can play as a critical friend to the trust. Patients can offer different perspective and it was welcome that the strategy offered greater scope to increase patient involvement at all levels within the trust. There was a need to change the culture and involve patients in decision which affected them.

A colleague had captured the patient view as follows: *“To convey the need for real commitment from the Board to champion line management to engage with patient led bodies and understand the volunteer’s contribution given for the well-being of patients and benefit to the Trust”*.

DH welcomed the report and the contribution that patients had made to its development. He was delighted with the work and the key was making turning the strategy into action. The potential energy and power that could be unleashed for harnessing volunteers is huge and if focused would be of significant benefit.

JH outlined the next steps. These included appointing a project manager to drive forward the work programme. Understanding the current landscape was a key early priority alongside strengthening training and development. The actions identified in the plan were a good first step but would need to iterate and be developed.

The Board agreed that establishing a baseline position was a critical first step. DH asked JH to work with patient representatives to explore whether the delivery of the strategy could be patient led, supported by the trust, as this may provide greater impetus. He concluded by thanking LR and the other patient representatives who had developed the strategy.

**Resolved:** that the Board agreed that strategy and asked JH to set out an action plan, working with patient representatives.

JH  
June 16

## 8 Strategy

### 8.1 Update on Outpatient Strategy

RE summarised the progress made in delivering the Outpatient Programme since it was agreed by the Board in November. There had good progress in a number of areas including the introduction of new business rules, the adoption of a common income model and an evaluation of the use of patient check in booths. However there had been less progress in other areas including limited service capacity and IT constraints. A review of the outpatient strategy had been undertaken. This had concluded that the existing strategy was correct but focused on process and was insufficient to drive transformative change. There need to be a greater focus on innovation.

SW asked whether the governance, resource and direction of travel were fit for purpose. RE confirm the new governance arrangements were more robust and AR identified that the key was to understand the totality of the impacts on the system from the different proposals. DH indicated that the 'state of preparedness' of the business to deliver needs continued attention. He had meet with senior representatives at Cerner, a key external dependency for the outpatient strategy, and agreed how to move this work forward quickly.

**Resolved:** that the Board noted the update and agreed:

- (i) That the Outpatient Strategy Review should be circulated in correspondence after it had been discussed at EMT on 9 May; and
- (ii) A paper outlining next steps on implementing the recommendations from the review is tabled at the June Board

RE  
May 16

IL  
June 16

### 8.2 Outpatient Programme – Call Centre Performance

AR introduced the paper and summarised the key issues. The current poor performance has been caused by a range of factors including increased demand, impact of junior doctor strikes, and current vacancy and sickness rates. Action has been taken to address weaknesses in the current leadership, recruit additional staff and extend opening hours from July 2016, remove the 11 week booking cap and move volumes away from peak time. A DNA Team has been set up to improve attendance rates and reduce income less. A text message system will be introduced from next month.

SW asked how quickly progress would be made in reducing the current wait times and the scope for booking appointments while the patient was in the hospital. AR confirmed that performance was expected to improve



rapidly but that this was dependent on capacity. Performance would however be significantly impaired by any further strikes or issues which required significant numbers of patients to be rebooked. The Board noted that there were lessons to be learned in ensuring that managers with the appropriate skills and experience are recruited. DH said he felt more assured that the performance issues had been gripped and this was another illustration of the continuing need to ensure a focus on getting the basics right.

**Resolved:** that the Board noted the update and supported the actions identified.

### 8.3 Commercial Board Annual Report

RE introduced the first annual report from the Commercial Board and explained that it was coming to note. Any information that was commercially sensitive had been excluded from the Report.

**Resolved:** that the Board noted the Report.

### 8.4 2015/16 Annual Plan, Q4 Review and End of Year Summary

RE introduced the report and indicated that the report detailed a number of achievements set out in the appendix. Overall, however, the overall organisational position is self-assessed as red given the significant impact of those areas that are currently off target. RE agreed to provide an update on the EDM and e-prescribing projects following the Board.

RE  
June 16

**Resolved:** that the Board noted the Report.

### 8.5 SW London Acute Provider Collaborative

RE introduced the report noting that it had been discussed in detail at the away day so had been circulated for completeness. The trust was involved with on-going conversations. WB provided SP with assurance that challenges around agreeing a shared bank rate does not stop the project from moving forward.

## 9. Finance and Performance

### 9.1 2015/16 Annual Report

RE introduced the draft Annual Report, which includes the Quality Account. The Annual Report and Accounts are required for submission no later than 27<sup>th</sup> May 2016 and the key internal and external approval requirements were set out in the cover paper. The Board were requested to provide any initial comments and confirm it is compliant with the Code of Governance.

SW noted that the next two weeks were going to be a busy period in finalising the accounts and she was grateful to Brian Dillon and Felicity Merz for agreeing to continue to support the Audit Committee in the interim period. No concerns were raised regarding compliance with the Code of Governance. The Board agreed that any initial comments should be provided to LE.

## 9.2 2016/17 Annual Plan and APR

RE introduced the update. The narrative plan needed to reflect the outputs of the finalised financial plan. An updated version of the narrative plan will be finalised once the financial position is established. DH outlined that agreement on the 2016/17 financial position was critical and that the Annual Plan and APR would follow.

**Resolved:** that the Board noted the Report and that any concerns should be provide to RE by close of play 6<sup>th</sup> May.

## 9.3 Month 12 Finance Report

IL summarised the end of year position. The trust finished the year with an end of year deficit of £55.1m. This was in line with the latest forecast and £1m better than the revised budget. Pay budgets have continued to underspend and these have been partially offset by continuing underperformance on SLA income and higher than expected penalties. CIPs delivered £41.5m compared to the plan of £43.1m. The cash balance was £4.4m better than plan and the working capital facility was £11.8m lower than expected so the overall cash position was £16.2m better than plan. The trust's overall risk rating in March was 2. NC updated the Board and provided assurance that significant work had been completed into ensuring the year end position 'cut off' in term of expenditure.

**Resolved:** that the Board noted the position and assurance provided

## 9.4 2016/17 Annual Plan

NC introduced the report which detailed the action that had been taken to align the final budget with the control total of £17.2m. The approach taken had been to challenge costs over and above the level of funded development. This process has reduced projected costs by around £20m. A further £6m of unallocated savings have been added to transformational savings line as a balancing item however this remains a significant reduction in the initial level of savings identified. The total level of savings requirement is £35.5m, with gross benefits of £42.2m and non-recurrent implementation costs of £6.7m. The budget excludes any provision for addressing the significant estate and IT infrastructure challenges where separate discussions are on-going with NHSI. The budget does not include an assumed asset disposals. Funding a deficit of this size is within the trust's existing finance facilities however there is only £0.8m of headroom. Therefore additional facilities may be required. There remains a risk that NHSI revises the control total down however the trust has on balance more downside than upside risk.

The Board discussed a range of significant risks and outstanding issues including: the need to finalise the position on CQUINN funding; addressing services which are not currently funded by commissioners over the longer term; the risks around liquidity and the challenge of negotiating additional cash facilities; the reliance on meeting the trajectories to secure the STF funding; and the capacity implications of a 12% increase in elective activity.



DH was pleased with the progress that had been made both in terms of understanding the budget position and in recalibrating the transformation programme. This will enable the trust to enter discussions with commissioners on a firm foundation and at a strategic level. Further work, however, will be required to bridge the funding gap and driving forward the work on transformation while integrating it within the core trust business. IL noted that significant effort had been undertaken to produce new transformation plans and steps were being taken to strengthen project delivery.

SW noted that the planned capital allocation was lower than the allocation in 2015/16. IL outlined that the existing capital budget met the known requirements. Further work was on going to determine the level of additional funding required for catch up maintenance and the resource consequential of any major capital projects. This as previously noted was subject to a separate set of discussions.

NC indicated that the next phase of the work was to finalise the budgets at divisional level and that some discretion was required to settle the final numbers and any adjustments required. Formal budget delegations would then follow. The phasing of benefits would also need to be considered as part of the budget setting process and it was likely that this would result in a backloading of benefits.

**Resolved:** that the Board approved the budget noting the risks and next steps.

## 10 Risk and Compliance

- 10.1 JH introduced the report. She noted that two additional risks have been included: loss of trust data due to malware; and the risk of to the successful delivery of the turnaround/transformation programme in the event there is a lack of engagement across the workforce. Two risks previously identified are undergoing risk assessments. Preparations for the CQC inspection were on-going and a detailed information request was returned to the CQC on 19<sup>th</sup> April. An external Sterile Service Department Inspection had been undertaken been 29<sup>th</sup> February and 4<sup>th</sup> March 2016. Two minor non conformities were identified. Information on corrective actions was provided and the external company (Interk) approved the accreditation.

SW noted that the fire risk rating score (03-01) was too low in view of known issues regarding Lanesborough Wing and that closing the working capital risk (3.14-05) did not seem appropriate in view of the discussion on 2016/17 financial plans. RH and IL agreed to review these points and provide revised scores to JH for incorporation on the risk register. NW asked that the wording of the theatre risk (01-13) be reviewed to incorporate efficiency as well as capacity.

DH indicated that work would be undertaken to review the risk register as the current process was insufficiently robust and was not adequately capturing the critical issues, for example estates. This would be developed over the coming months.

JH  
June 16

## Items for Information

### 11. Use of the Trust Seal

The seal was not used in April.

### 12. Questions from the Public

Barbara Bohana asked whether the Board would be able to set out the process in place to inform and engage with patients around planned service reduction and changes. She expressed her concern that the trust had not done so effectively in the past. DH answered that the trust was focused on establishing the baseline and the current position and then need to work with other across the system to identify options and understand the impacts on patients. He provided assurance that this would be done in a measured and thoughtful way and the proper path for consultation exercises would be followed.

### 13. Date of next meeting

The next scheduled meeting of the Board to be held in public will be 2<sup>nd</sup> May 2016.