Guy's and St Thomas' NHS
NHS Foundation Trust

# Board of Directors

**Minutes of a public meeting held on Wednesday 28th October 2015 at 3:45 in the Governors Hall, St Thomas' Hospital**

**Present :** Sir Hugh Taylor (Chairman)

Dr I Abbs
Mr R Drummond
Mr M Franklin
Sir Ron Kerr
Ms A Macintyre
Ms G Niles
Ms A Pritchard
Dame Eileen Sills
Mr M Shaw
Dr S Shribman
Dr S Steddon
Ms D Summers

**Attendance:**

| | |
|---|---|
| Mr P Allanson | Trust Secretary |
| Ms V Cheston | Commercial Director |
| Ms H Coffey | Director of Operations – Hospital Services |
| Ms A Dawe | Director of Operations and Strategic Development, Adult Local Services |
| Mr A Gourlay | Director of Asset Management |
| Ms A Knowles | Director of Communications |
| Mrs J Parrott | Director of Strategy |

Member of the Council of Governors; members of the public; and members of staff

**For item BOD/15/50:**

| | |
|---|---|
| Ms M Boyle | Consultant – Accident and Emergency Services |
| Ms V Hastings | Service Manager – General Medicine |
| Mr James Hill | Head of Nursing – Emergency Department/Acute Admissions |
| Ms. A Joshi | Deputy General Manager – Abdominal Medicine and Surgery |
| Ms S Wheatstone | General Emergency Surgeon |

## BOD/15/43 Apologies

Mr S McGuire, Mr F Nestle, Ms M Ridley, Mr S Weiner

## BOD/15/44 Declarations of Interest

No declarations of interest were made.

**BOD/15/45** **Minutes of the meeting held on Wednesday 22nd July 2015**

The minutes of the meeting held on 22nd July 2015 were approved as a true record.

**BOD/15/46** **Matters Arising**

**BOD/15/38** – The Chief Nurse reported that the NMC had approved proposals for nurse revalidation that would come into effect from April 2016

**BOD/15/47** **Chairman's Report**

The Chairman noted that the Trust had entered a transitional period following Sir Ron Kerr standing down as Chief Executive but welcomed the stability provided by his becoming Executive Vice Chairman with Amanda Pritchard becoming Acting Chief Executive and Simon Steddon resuming the role of Acting Chief Operating Officer in the post he had held during the Acting Chief Executive's maternity leave. The process to recruit a permanent Chief Executive had begun and it was hoped would conclude before the end of the calendar year or shortly thereafter.

This would be Mike Franklin's final meeting after eight years as a non executive director of the Trust. He had made an outstanding contribution to the Board and to the Trust. He had chaired Risk and Assurance Committee and then the Workforce Committee. He had been a vigorous contributor to Board discussions and championed the need for the Trust to reach out to and listen to all the section of the local population that it served. His place would be taken by Dr Priya Singh whose appointment had been approved by the Council of Governors at their July meeting.

Finally the Board welcomed the considerable efforts on fundraising by individuals. The recent Guy's Urban Challenge and the singular achievement by Gavin Tiffin and his bike ride to St Petersburg were two outstanding examples.

**BOD/15/48** **Chief Executive's Report**

The Quality and Performance Committee had reviewed the IQOR in detail at its meeting and the Board's attention was drawn to the minutes of that meeting. However the Board was asked to note that following investigation it had now been confirmed that there had been one "never event" at the end of August.

As anticipated, the rate of c-diff cases had dropped during October. There was concern that staff take up of flu vaccinations was some way behind where it had been in the previous year. The aim was to vaccinate 75% of front line staff though this looked as though it would be difficult to achieve. Efforts to encourage staff would continue.

In terms of operational performance, the cancer targets would not be met. Internal performance was on track to return to compliance, though the efforts needed by the surgical teams to clear the backlog should be noted. As far as late, external referrals were concerned, both Monitor and NHS England were working with the Trust and the late referrers to secure improvements to the way the pathway worked for patients.

The Trust continued to meet the referral to treatment target, though increase in referrals was putting this at risk. The lists were being reviewed to make sure that they were accurate and clinics arranged wherever possible to meet demand within the target.

The Trust had asked staff an additional question about speaking up in the most recent staff friends and family test. This had shown 92% feeling safe and able to speak up which was very positive. Efforts would be made to find out why 8% of staff did not feel able to speak up.

Month 6 finances were showing an improvement over previous months. The Trust was reporting a deficit to date of £18.9mn so some £9mn would need to be recovered in the second half of the year to meet the budgeted deficit of £19mn. Monitor had introduced two new metrics on which the Trust scored 2 which made it subject to further scrutiny. Revised control totals had been given to struggling directorates and work continued to find cash within the balance sheet in the effort to achieve cost reductions of £93mn.

The challenge for 2016-17 was larger and the engagement programme that had followed the launch of the business planning round had so far involved over 500 staff. The sessions were offering ideas and staff were being encouraged to implement schemes locally to save money. The Board noted the list of bold ideas that were being pursued; these included committing to deliver digital solutions as quickly as possible.

A day had been committed to the launch of the business plan with an open discussion setting a number of assumptions including the expectation that there would not be any significant growth in NHS business so efficiency and developing new lines of business were essential. It was intended to refresh and build on the Fit for the Future programme and make sure it became more transformational and ambitious. It was hoped to harness the enthusiasm that had been evident when the CQC inspected the Trust.

The Chief Nurse commended the staff of the Trust for their response to the CQC inspection both in the preparation phase and when it took place. Large numbers had attended the focus groups and the CQC had commented on the positive staff attitudes and enthusiasm. No major issues had been raised with the Trust by CQC and the draft report was expected by 23rd November 2015.

The Chief Executive reminded the Board that it was both necessary and desirable to replace the computer system used in the community (RiO). It would cease to be supported in a few months' time. The trust had opted to move to a system called Advanced Carenotes with a delayed go live date of 31st October 2015 in line with the national timetable. This was a system under development. A week ago the IT, Ops and CEO teams had made the decision not to transfer over to Carenotes on 31st October. There were concerns about clinical safety because a number of late code drops were untested and reliable work arounds not yet in place and the risk of failure could affect the appointments of a very large number of patients. There was a cost of £100k per month as the Trust was liable to RiO but the intention was to transfer to Carenotes as soon as it was safe to do so, if possible by the end of November. The issues were being monitored daily and a weekly report submitted.

The Audit Committee would be asked to review how this situation had arisen and also to take a view as to where the liability to pay the penalty should lie but the Board agreed that the efforts should concentrate on moving to the new system quickly but safely. The Board was asked to put any questions it had to the Audit Committee via the Trust Secretary.

**BOD/15/49** **Briefing on Vanguard Opportunity with Dartford and Gravesham NHS Trust**

The Executive Vice Chairman said that Dartford and Gravesham NHS Trust was well known to the executive team as a sound, well run organisation sharing values and aspirations similar to Guy's and St Thomas'. Its PFI scheme was known to be hampering its ambitions to become a Foundation trust and there had been long term discussions about working more closely together, opening up access to the Kent market and developing common patient pathways.

They had made a bid for finance from the vanguard scheme and with the Trust had met the national team to explore how to develop common services including exploring whether to develop the FT group model so there was a formal relationship albeit at a distance but without going as far as a merger. Building chains across systems was a current challenge to the NHS and defining a relationship with an organisation retaining its independence, with elements of common governance should emerge through this work. Dartford and Gravesham would gain access to the Trust's clinical networks whilst providing opportunities for the Trust to work more closely with a trust sitting at the hub of SE London and Kent, both areas with considerable challenges. There were strong clinical synergies in a number of specialisms and the offer would be very different to what was being provided to the Medway FT.

**BOD/15/50** **Emergency Department**

The Emergency Department was experiencing a challenging period and, in common with a number of other London trusts, was finding it increasingly difficult to meet the target of seeing, admitting or discharging patients within four hours. There had been a similar dip in performance in 2013 when revisions included revising staffing rotas to ensure the department was staffed to meet peak attendance with earlier escalation protocol put in place as well as a rapid assessment streaming nurse to make sure people were directed to the most appropriate service – their GP, eye emergency, sexual health etc and a minor injuries doctor was available all the time.

There had been a welcome recognition that the issues in the Emergency Department should be owned more widely across the Trust. This had been reinforced by a series of "star chamber" sessions led by the Chief Executive looking at the needs of particular patient groups. For example, the Older Persons Assessment Unit had developed out of one of its sessions in response to the increase in admissions of over 75 year olds and the additional challenges from care home patients. Other initiatives included having consultants on duty within A&E for 16 hours every day and building community provision including the @Home service.

All of these had made an impact until July 2015. The latest problems coincided with the latest phase of the department's rebuild where some assumptions had not been delivered, a reduction in the number of admission assessment beds, changes to the admissions model and capacity issues for majors in the department had all contributed to the problems. In response, a extra majors cubicle would be reinstated from 2nd November and a second rapid assessment nurse put in place. Extra beds would come on stream during November and December as extra nurses became available and a 3 take model, involving earlier medical review, would be put in place. The OPAU was to be relocated back to the ED and changes made to the flow of patients to short stay wards.

In addition a problem solving exercise **ft** a week to improve pathways, Breaking the Cycle, would also take place. Overall the team was committed to delivering the promised improvements and had also anticipated the onset of Winter by adding to available resources.

**Emergency Model of Care**

Dr Sarah Wheatstone, locum consultant, introduced the changes being made to the emergency model of care based on up to date practice and literature. Instead of a general surgeon on call for 24 hours the department had moved to having Consultant of the week whose sole duties included a 12 hour shift with twice daily ward rounds in addition to any emergency surgery that needed to be undertaken by the individual. This reduced the number of elective cancellations as there was a clear separation between the emergency work and elective pathways. More particularly it enabled more consultant input with a constant team for the week which would speed up decision making.

Assuming the model settled down satisfactorily the intention was to expand the number of consultants involved, improve the ambulatory and assessment facilities, add nursing capability and extend the service into the weekend.

Getting used to the changed geography in the Emergency Department had taken some time but the insight into the difficulties meant that the problems were more evident as was solving them. It was hoped that the commitment being asked of general surgeons in the new model of care would not adversely affect elective performance but the Board was assured that they were able to manage better because there were fewer cancellations as they were not being pulled away from lists unexpectedly – there would be a need to take on additional general and emergency surgeons to service the 3 tier model fully.

The Board asked what impact the new cap on payments for bank and agency staff would have on the department. The recent recruitment campaign for nurses had been successful but it was acknowledged that there were risks as winter approached and there would need to be solutions to reduce staffing volatility and ways of retaining long term temporary staff at acceptable rates.

The Board acknowledged how difficult running the Department was at present given the number of challenges presented. The commitment to changing models of care and operational arrangements with the team remaining positive was commendable. It accepted that the climate was too volatile to predict when the department expected to return to compliance on the waiting time target but the team was committed to taking the agreed actions and would not deliver anything but the safest and highest quality of care possible.

**BOD/15/51** **Reports from Board Committees**:

**The Board of Directors noted the following:**
**Adult Local Services minutes 23rd September**
**Audit minutes 2nd September**
**Cancer Services minutes 16th September**
**Children's Services minutes 23rd September**
**Corporate Management minutes 7th October**

**Quality and Performance**
**i. Minutes, 2nd September & 14th October**
**ii. IQPR, Month 5**
**iii. Finance Report, Month 6**

**BOD/15/52** **Register of Documents signed under seal**

**The Board noted the register of documents signed under seal during the period 1 July to 30 September 2015. 2015.**

**BOD/15/53** **Any Other Business**

There was none

**BOD/15/54** **Date and time of next meeting**

The next meeting of the Board of Directors will be at **3:45pm** on **27th January 2016 in the Governors' Hall, St Thomas' Hospital**

**Signed: ……** **Date:……**