

**Minutes of Trust Board Meeting in Public**  
**6 April 2017 – From 10:00, Hyde Park Room, 2<sup>nd</sup> Floor, Lanesborough Wing**

<b>Name</b>	<b>Title</b>	<b>Initials</b>
<b>PRESENT</b>		
Gillian Norton	Chair	GN
Simon Mackenzie	Chief Executive	CEO
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Avey Bhatia	Chief Nurse	CN
Andrew Rhodes	Medical Director	MD
<b>IN ATTENDANCE</b>		
Thomas Saltiel	Associate Non-Executive Director	NED
Anna D'Alessandra	Director of Financial Planning & Performance	DFPR
Chris Evans	Chief Pharmacist (part)	CP
Robert Flanagan	Director Financial Operations	DFO
Mark Gammage	HR Advisor to the Board	HRAB
Mark Gordon	Chief Operating Officer	COO
Richard Hancock	Director of Estates & Facilities	DE&F
Nigel Kennea	Associate Medical Director (part)	AMD
Larry Murphy	Chief Information Officer	CIO
Alison Benincasa	Divisional Chair, CSD	DC – CSD
Tunde Odutoye	Divisional Chair, SCTN	DC – SNTC
Lisa Pickering	Divisional Chair, CWDT	DC – CWDT
Justin Richards	Divisional Chair, MedCard	DC – MedCard
<b>APOLOGIES</b>		
Iain Lynam	Chief Restructuring Officer & Acting Financial Officer	CRO/CFO
Marie-Noelle Orzel	NHSI Quality Improvement Director	QID
<b>SECRETARIAT</b>		
Fiona Barr	Trust Secretary & Head of Corporate Governance	Trust Sec

**PATIENT STORY**

Robert Bieber gave a very positive account of the care he had in the Trust over a long period of time. He had recently been admitted by ambulance with a suspected heart attack and was full of praise for Trust and ambulance service staff.

**1. OPENING ADMINISTRATION**

**Welcome and Apologies**

<b>1.1</b>	The Chairman opened the meeting and welcomed everyone to her first Trust Board meeting as Chairman. The apologies were as set out above.
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**Declarations of Interest**

<b>1.2</b>	The Chairman asked for declarations of interest. None were made.
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<b>Minutes of Meeting held on 09.03.17</b>	
<b>1.3</b>	These were accepted as a true and accurate record of the meeting held on 09.03.17 save for an addition to minute 5.1 to read: <i>"It was agreed that there would be a Board workshop on risk to enable all members of the Board in identifying and agreeing strategic risks"</i> . The Action Log would also be updated to this effect.
<b>Matters Arising and Action Log</b>	
<b>1.4</b>	The Board considered the Action Log and agreed that actions TB.09.02.17/14,15 & 17 and TB.09.03.17/19A, 19B, 20 & 21 which were proposed for closure could be closed.
<b>1.5</b>	The Board requested that appropriate action be taken by the COO to enable the closure of action TB.09.02.17/16. As TB.09.03.17/18 had not been adequately addressed by the COO in the Performance Report, this action was re-opened.
<b>Update from Chair and CEO</b>	
<b>1.6</b>	The CEO confirmed that the new CEO, Jacqueline Totterdell, would start from 01.05.17 and a successful appointment had been made to the role of CFO; negotiations were underway to agree a start date.
<b>1.7</b>	He advised that the Trust had been notified by NHS Improvement (NHSI) that it would be placed into Financial Special Measures. A key part of the recovery was the production of a credible Financial Recovery Plan and sustainable delivery against it and he was confident that the incoming CEO would put an executive team in place which would enable the Trust to get out of both Financial and Quality Special Measures.
<b>1.8</b>	The CEO reminded the Board that despite the difficulties with the Trust's performance, the care it delivered deserved praise and recognition. The Chairman agreed, saying that the staff she had met in her first few days were hugely committed and enthusiastic and were an integral part of the Trust's success.
<b>2. PATIENT SAFETY, QUALITY AND PERFORMANCE</b>	
<b>Briefing on Learning from Patient Deaths</b>	
<b>2.1</b>	Dr Nigel Kennea, Associate Medical Director and Intensive Care Consultant for newborn babies, joined the meeting to brief the Board on the National Quality Board's recently published: <i>A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care</i> . Following events in Mid Staffordshire and a recent review by the Care Quality Commission (CQC), learning from patient deaths was not always given sufficient priority and consequently valuable opportunities for improvements were being missed. The report also pointed out that there was more we could do to engage families and carers and to recognise their insights as a vital source of learning.
<b>2.2</b>	He advised that the standards expected of Trust Boards were set out at in the Appendix to the report but critically there was a requirement for a lead Executive and Non-Executive Director for learning from patient deaths. For St George's, this would be Prof Andrew Rhodes, the acting MD who would be the Lead Director with executive responsibility for the learning from patient deaths agenda and Sir Norman Williams as the NED with responsibility for oversight of progress.
<b>2.3</b>	The Board was assured that the Quality Committee would keep under regular review the process for identifying, reporting, investigating and learning from deaths in care and ensure that the Trust had a clear policy and approach and publication of the data and learning points from Q3 onwards. Already the Trust was well advanced in this field due to the work of Dr Kennea who was asked to speak at a national conference on Learning from Patient

	Deaths. He explained that the Trust's systems were reasonably mature in that they could identify patients in real time, including when and where they died, what the diagnosis was and who was responsible for their care. However, he advised that there was a need to invest in clinical and non-clinical resource to undertake the reviews and identify the lessons learned.
2.4	The Chairman thanked Dr Kennea noting that the point about resources had been heard and that she expected the Executive to work with him to address any requirements. She looked forward to the regular reporting of learning from patient deaths from January 2018 at the latest, though there was an internal target to do this by September 2018.
<b>Quality Improvement Plan</b>	
2.5	The Board was presented with a revised Quality Improvement Plan (QIP) which had been updated in format and content and aimed to put a greater focus on outcome that would be achieved rather than the tasks to be undertaken. The next step was to explain the purpose of the QIP in simple terms to staff and the Executive was working up plans to do this. There had been concern at the February 2017 Board meeting that some actions were slipping though as a result of concerted effort by a number of officers, many actions were back on track.
2.6	Whilst the Board welcomed the new approach, it asked for greater assurance on the actions being taken to address the Section 29A letters. It was agreed that this would be presented to the next meeting.
TB.06.04.17/23	<b>Provide a report on assurance with addressing the issues raised in the Section 29A letters.</b> <b>LEAD: CN</b>
2.7	The Board received the report and noted improvement on the delivery of the QIP. It looked forward to the further refinement of the plan and its outcomes.
<b>Performance &amp; Quality Report</b>	
2.8	The COO presented the Performance Report setting out a number of steps which were being taken to improve performance in the Emergency Department and against the four hour standard which was below 95%. There were still a number of cases of delayed transfer of care though length of stay and overall bed occupancy were reducing, indicating a better flow through the hospital. He confirmed that "front door" processes, such as having senior decision makers available for triage and GP streaming, were in place and working.
2.9	He advised that changing the arrangements for additional payments to consultants had resulted in a reduction of activity in February and two main areas of concern were ENT and General Surgery. All Cancer standards were met in January and February with the exception of Two Week Wait performance which fell below target due to a high number of breaches within Endoscopy and Dermatology as a result of capacity pressures. There were recovery plans in place to improve performance in these areas as well as work with Commissioners to see what steps could be taken to manage demand differently. The NEDs queried why the number of GP referrals had reduced and if this trend would continue in 2017-18. The COO advised that Commissioners had actively taken steps to reduce GP referrals as part of plans to manage demand.
2.10	The Board received the report.
<b>Report from Quality Committee</b>	
2.11	Quality Committee Chairman Sir Norman Williams provided an oral report to the Board from the last Committee meeting noting the following:

	<ul style="list-style-type: none"> <li>i. The CDiff rate was increasing and the Trust was likely to breach its threshold of 31 cases. The majority of cases were sporadic and had not resulted from lapses in care.</li> <li>ii. The Divisional Governance Report produced by STN&amp;C was commended for being a concise and robust report. The Division had reported a significant improvement in compliance with the World Health Organisation checklist and Duty of Candour.</li> <li>iii. The frequency of serious incidents (SIs) was falling but there was now greater reporting. However, the Committee still wished to see a reduction in SIs.</li> <li>iv. The Committee was disappointed that there had been three Never Events following a long period in which none had been reported.</li> <li>v. The Trust was involved in a look back exercise requested by the Department of Health on the use of heater units in cardiac surgery. The Board was assured that all the high risk units had already been replaced.</li> <li>vi. Compliance with Duty of Candour had improved but the Committee had urged the Executive to strive for 100% compliance.</li> <li>vii. The Committee would receive a report on Safer Staffing at its next meeting.</li> <li>viii. The Committee still needed to see a plan for how the 2016-17 Quality Account would be produced.</li> </ul>
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### Elective Care Data Quality Recovery Programme

<b>2.12</b>	This paper provided an update on the elective care recovery programme, and the impact on delivery of the 18 week referral to treatment (RTT), diagnostic and cancer access standards. Whilst progress was being made, which would enable a return to national RTT reporting in 2018-19, there remained a huge amount to do – including addressing the backlog of clinic and discharge letters. Work is also on-going to identify those patients who may have come to harm as a result of long-waits.
<b>2.13</b>	The Board asked for further information about the cost of the RTT programme, and how this linked to delivery of the wider plan.
<b>2.14</b>	The Board concurred that it wished to have a proper report and discussion brought to the next Board meeting.
<b>TB.06.04.17/24</b>	<b>Provide a report to the Board on progress with the RTT project, noting progress made, timeline and milestones for achievement.</b> <b>LEAD: ECRPD, Diana Lacey</b>

### Hospital Pharmacy Transformation Plan 2016 – 2020

<b>2.15</b>	Chris Evans, Chief Pharmacist, attended for this item advising that the Hospital Pharmacy Transformation Plan (HPTP) would underpin the Trust Pharmacy and Medicines Optimisation strategy and business planning for 2017-18 and subsequent years. The HPTP would ensure that 80% of pharmacy staff resource is utilised for clinically focused patient facing medicines optimisation services by April 2020. This will include medicines reconciliation, medicines administration, prescribing of medicines, pharmacists working in out-patient and pre-admission clinics, medication safety and governance.
<b>2.16</b>	The paper set out the transformational work required for successful implementation and also advised of steps taken to share the HPTP with partners across London to support collaboration and economies of scale; the work would feed into the South West London Sustainability and Transformation Plan medicines optimisation agenda. Delivery of the HPTP would be reported by exception to the Patient Safety Quality Board.
<b>2.17</b>	The Board approved the Hospital Pharmacy Transformation Plan to be delivered by 2020.

### 3. FINANCE

<b>Month 11 Finance Report</b>	
<b>3.1</b>	The Board noted a £2m improvement in the Trust's financial position, largely due to non-recurrent accounting benefits in Months 11 & 12, totalling around £8m. The Trust's year to date deficit was £72m and the forecast year-end outturn was a deficit of £74m against the £76m re-forecast deficit position at Month 9 (December).
<b>3.2</b>	Whilst there was an improvement in the overall year-end financial position, the underlying run rate was around £6-7m deficit per month and this had to be addressed. The Board was informed that it was extremely unlikely that the Trust would receive £5m in recycled penalties and fines through NHSI's best endeavours to recover these. The position on cash and capital was noted, including the expenditure of £34m of capital as predicted by year-end.
<b>3.3</b>	The Chair advised the Board whilst she would have expected to have seen next year's budget by this part of the annual cycle, this would be presented to the next meeting.
<b>TB.06.04.17/25</b>	<b>Present the 2017-18 budget to the Board meeting in May 2017. LEAD: CFO</b>
<b>Report from Finance &amp; Performance Committee</b>	
<b>3.4</b>	The Chairman confirmed that Ann Beasley was the new Committee Chairman from 01.04.17. As many of the Board members were in attendance at the Committee and therefore fully apprised of the Committee's recent work, the Committee Chairman confirmed that the Committee's overriding focus had been on finalising the year-end position (reported above) and the work underway to produce the 2017-18 budget including assumptions around Cost Improvement Plans (CIPs). She noted that there was an expectation that the Demand & Capacity Model (DCM) developed by the COO would underpin the production of the budget, in particular resource and activity planning. To give the NEDs greater visibility on the financial position through the year, she requested that the Committee received forecast financial plan (setting out income, activity and CIP delivery) and performance against it by month. She also noted concern that the Trust had not yet agreed a budget for 2017-18.
<b>Clare House – Demolition</b>	
<b>3.5</b>	The Board formally ratified a decision taken at the Investment, Divestment & Dis-investment Group and approved internally at the Executive Management Group and the Finance & Performance Committee to approve the business case to demolish Clare House and associated decant costs, including modular buildings.
<b>4. WORKFORCE</b>	
<b>Workforce Performance Report</b>	
<b>4.1</b>	The HRAB presented the report and focused on improvements in compliance on appraisals and mandatory and statutory training (MAST): non-medical appraisal compliance had increased to 74% (highest level since August 2015), and MAST compliance had reached the target of 85% for the first time this year. In addition, results from the Friends & Family Test showed improvements since Q2 (the last time the survey was conducted) on all measures although there was a considerable amount of effort and focus required to improve staff engagement to desired levels. To this end, the HRAB explained that the Trust had secured some Special Measures funding from NHSI to support staff engagement and he would report on how this money would be used at the next meeting.
<b>4.2</b>	The NEDs expressed concern at the level of staff turnover and requested that the Board received a formal report on the Staff Survey and actions being taken to address staff

	feedback at a future meeting. This was agreed.
TB.06.04.17/26	<b>Present a paper on staff engagement at the May 2017 Board meeting.</b> <b>LEAD: HRAB</b>
TB.06.04.17/27	<b>Present the results of the Staff Survey and the action plan to address feedback from staff at a future meeting of the Board.</b> <b>LEAD: HRAB</b>
<b>Report from the Workforce and Education Committee</b>	
4.3	The Chairman confirmed that Stephen Collier had taken over the chairmanship of this Committee and invited him to provide an update. He advised that he saw two key roles for the Committee moving forwards: to scrutinise the processes which supported the Trust's workforce and to forward plan changes in workforce and culture. Particularly important for the Committee were its scrutiny of the establishment (and plans to re-set the establishment baseline in line with the resource profiling set out in the DCM), tracking agency expenditure and working on actions to address staff concerns as set out in the annual Staff Survey. The Board supported these priorities.
<b>5. GOVERNANCE &amp; RISK</b>	
<b>Corporate Risk Register</b>	
5.1	The report advised that the core operational risk exposure areas were: <ul style="list-style-type: none"> <li>• Timely Access to Clinical Services/Patient Harm</li> <li>• Insufficient Resilience/Unstable Critical IT/Estates Infrastructure</li> <li>• Unsustainable Financial Position</li> <li>• Inadequate Governance/Reputation Loss.</li> </ul>
5.2	The NEDs expressed concerns about resources to support risk management, noting that since the departure of the Director of Quality Governance, there had been a reduction in the resource available to support this important area. Despite straitened times, it was essential that the Trust had adequate resources in place to underpin its risk and governance arrangements. The Chief Nurse confirmed that interviews were planned for the Director of Quality Governance and she expected a successful outcome.
5.3	The Board was advised of work underway to produce a new Board Assurance Framework and the Chairman repeated her desire to have a Board workshop on risk and to involve the NEDs in the identification of strategic risks facing the Trust.
5.4	The Board received the report.
<b>Report from Audit Committee</b>	
5.5	The Chair of the Audit Committee focused on reports from Internal Audit which indicated limited assurance with the Trust's system of internal control (the Head of Internal Audit Opinion was likely to be one of Limited Assurance). She impressed upon the Executive of closing management actions that had been agreed through the Internal Audit process, and asked the CEO to lead the drive on this. She confirmed that reports on the annual audit of the accounts indicated that the audit was proceeding well. She also advised that she had asked the HRAB to provide a regular report on Whistleblowing to the Audit Committee. This was agreed.
<b>6. CLOSING ADMINISTRATION</b>	
<b>Questions from Public</b>	
6.1	The Chairman advised that the Board that Mrs Clare Edgley had submitted a question about a Swine Flu vaccination she had received whilst a member of staff at the Trust in



	2009. Mrs Edgley was present in the audience and repeated her question, advising that since then she had had a sleep disorder and various other symptoms and she wanted the Board's help in understanding if there was a link between the vaccination and her symptoms. She had tried to raise the matter through the complaints service and the Human Resources Department. The Chairman advised Mrs Edgley that Mark Gammage, the HR Advisor to the Board, would have a private meeting with her and had tried to contact her before the meeting to agree a convenient date and time.
<b>6.2</b>	Mrs Leslie Robertson, a patient representative, stated that she and her fellow patient representatives were on standby to provide the Trust with tangible support on initiatives to improve quality and support patient engagement and patient experience. They were a resource to be called on when the Trust was ready and were already looking forward to working with the Chief Nurse.
<b>Any Other Business</b>	
<b>6.3</b>	The Chairman closed the meeting by thanking Simone Mackenzie for his contribution to the Trust and the Board in his time as CEO. He had been the acting CEO in a difficult period for the Trust and on behalf of the Board, she thanked him for all his efforts. He responded by saying it had been a huge privilege to serve on the Board as CEO.
<b>6.4</b>	With no items of any other business, the Chairman closed the meeting.

**Date and Time of Next Meeting: Thursday 4 May 2017, from 10:00**