St George's University Hospitals NHS
NHS Foundation Trust

Minutes of Trust Board Meeting in Public
8 June 2017 – From 10:00, Hyde Park Room, 1st Floor, Lanesborough Wing

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	GN
Jacqueline Totterdell	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
Anna D'Alessandro	Director Financial Planning / Deputy CFO (on behalf of Ann Johnson, CFO)	DFP
Avey Bhatia	Chief Nurse	CN
Andrew Rhodes	Acting Medical Director	MD
IN ATTENDANCE		
Thomas Saltiel	Associate Non-Executive Director	NED
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Richard Hancock	Director of Estates & Facilities (Part)	DE&F
Diana Lacey	Elective Care Recovery Programme Director (Part)	ECRPD
Peter Riley	Consultant Medical Microbiologist and Infection Control (for item 2.4)	CMM/IM
Sandra Shannon	Deputy Chief Operating Officer	DCOO
Marie-Noelle Orzel	NHS Improvement (NHSI) Quality Improvement Director	QID
APOLOGIES		
Ann Johnson	Acting Chief Financial Officer	Acting CFO
SECRETARIAT		
Fiona Barr	Trust Secretary & Head of Corporate Governance	Trust Sec
Sumiya Ahmad	Senior Corporate Administrator	SCA

Feedback from Board Walkabout

Board members had been to visit different areas of the Trust before the meeting including Ruth Myles / Day Unit: Medical Records; Delivery Suite; Carmen Suite; Caroline Ward; McKissock Ward; Cheselden Ward; Vernon Ward; Frederick Hewitt; Caeser Hawkins; Holdsworth ward; Keate Ward and the Trevor Howell Day Unit.

There were a number of common themes: Staff were welcoming and committed, and were very open in their discussions with the Board. There was a good focus on patient care and the wards visited were calm and well-organised. The main issues raised by staff remained around delays in recruitment and the vacancy control process. There were some specific estates and IT issues raised in particular wards which needed to be addressed.

The Chairman asked that the Board to Ward programme also included Queen Mary Hospital (QMH) and community services.

TB.08.06.17/32A	**Arrange a Board meeting at QMH and Board Walkabout on same day. LEAD: Trust Secretary and Chief Nurse**
TB.08.06.17/32B	**Broaden the Board Walkabout programme to include community services.**

	LEAD: Chief Nurse
1. OPENING ADMINISTRATION	
Welcome and Apologies	
1.1	The Chairman opened the meeting and welcomed everyone present and welcomed Anna D'Alessandro, Director of Financial Planning who was attending on behalf of Ann Johnson, Acting Chief Financial Officer, and Marie-Noelle Orzel, NHSI Quality Improvement Director. The Chairman introduced Ellis Pullinger who had been appointed as the Chief Operating Officer who was in attendance and would take up post on 12.06.17. The apologies were as set out above.
Declarations of Interest	
1.2	The Chairman asked for declarations of interest. None were made.
Minutes of Meeting held on 04.05.17	
1.3	These were accepted as a true and accurate record of the meeting held on 04.05.17 subject to the following amendments to the patient questions in section 6.1:
1.4	Leslie Robertson, Patient Representative mentioned she had tried out one of the replacement dental chairs in the Maxillofacial unit last week which was very comfortable. She welcomed the CEO and was also pleased to hear the feedback from the Board Walkabouts. LR, as patient lead for the Patient Led Assessment of the Care Environment Audits (PLACE) had recently visited wards along with other patients as organised with Mary Prior, General Manager, Facilities and some of the issues the Board members gave from their visits today had already been highlighted. Sadly the slower pace of progress in general refurbishment was seen to be having an effect on staff morale.
1.5	Hazel Ingram, Patient Representative asked for clarification about the cost of sending the Trust's patients for care in a private hospital – for example to address long waiting lists – and if there was cross-charging between the St George's and the QMH site. These were emailed to Hazel following the meeting.
Matters Arising and Action Log	
1.6	The following was noted on the Action Log: • Action reference TB.04.05.17/28 – was closed. • The DCOO was asked to address action TB.09.02.17/16 and TB.09.02.17/18. • Action reference TB.09.03.17/21 - the Trust Sec advised that Deloitte would be supporting the Trust in the review of governance arrangements, and a risk workshop would be organised; this was being developed with the CN as the Executive Lead for risk. The CN assured the Board that in the meantime work was underway on developing a new Board Assurance Framework though the Chairman cautioned doing too much work on this without involving the NEDs and the rest of the Board. It was agreed that this was an important priority and that a date must be agreed. • All other actions remained open.
1.7	The Executive was reminded that they had to account for each action for which they had lead responsibility before the papers were prepared and circulated for the Board and that actions could only be re-dated subject to agreement with the CEO.
Update from Chairman and CEO	

1.8	The CEO said she had had a fantastic first month, having met hundreds of staff at specially organised briefing sessions, and also spending time visiting different teams and departments. Even though the scale of the challenge facing the Trust was big, she was struck by the "can-do" attitude of staff. The CEO was positive and optimistic. The current focus was on understanding the issues, and setting out key short, medium and long-term priorities and ensuring the Trust had strong and stable leadership; two new members of the Executive Team, the Chief Operating Officer and the Chief Financial Officer, would take up post in June 2017.
1.9	The CEO reported that changes had been introduced to the leadership team at QMH which was now under the direct management of the Community Services Division, with a senior member of the team based there full time as Hospital Director.
1.10	An unannounced Care Quality Commission (CQC) inspection had taken place over three days in May, checking on progress made since the Trust received its Section 29A warning notice in 2016. The final CQC report was awaited though informal feedback from the CQC team directly following the inspection was broadly positive and showed the Trust had made some good progress though there was still a lot of work to be done.
1.11	The End of Care Life Strategy had been launched in May; this was a important area of work to support patients and their families at this critical time.
1.12	The CEO reported that the recent NHS cyber attack had not affected the Trust and noted the significant amount of work undertaken by IT which had been a real team effort, and a good test of the major incident preparedness and systems.
1.13	The Annual Report & Accounts (ARA) had been signed off by the Board on 31.05.17. The Board reflected that the process must be improved and streamlined by starting the ARA earlier, identifying project leads for different sections and having a clear timeline for delivery. The CEO noted that the 2016 Terms and Conditions of Service for Doctors in Training (TCS) had been implemented at St George's in line with the national timeline. There was a requirement for an annual report on rota gaps, and the plan to reduce these gaps was required to be included in a statement in the Trust's Quality Account. The CEO reported that this had been omitted from the 2016/17 Quality Accounts. The Trust Board was also required to publish details of the Guardian of Safe Working fines in the Trust Annual accounts which had been omitted from the 2016/17 ARA. Both were reported to the Board as a matter of record.
2. PATIENT SAFETY, QUALITY AND PERFORMANCE	
Quality Improvement Plan	
2.1	The CN presented the Quality Improvement Plan (QIP) which over the past two months had been reviewed and restructured into five programmes of work, each with revised workstreams and projects being further developed and re-launched in June 2017 subject to resourcing requirements.
2.2	The QIP would be reported through a weekly QIP Board with oversight aligned to Financial Recovery Programme timescales and using the same reporting format to ensure consistency of approach. Each project would have agreed terms of reference, key performance indicators/metrics for monitoring outcomes and a clear trajectory for delivery. Progress would be checked at regular workstream meetings.
2.3	The Board received the report and noted progress with re-framing the QIP, and agreed to receive updates on progress against plan at future meetings.
Performance & Quality Report	
2.4	The DEDT reported that compliance and quality improvements had been incorporated into the report though work was still underway to produce a truly integrated performance report. The DEDT advised that he would circulate a proposed new format using data from the current performance report to get feedback from the Board.

2.5	The CN presented the Quality Report and reported: I. The had been two MRSA cases which were going through a root cause analysis process, and a deep dive would take place at the Quality Committee; II. The Trust had seen deterioration in hand hygiene and cleanliness results though the CN assured the Board that there was clarity on the areas which required improvement; III. Work was on-going to improve the Family and Family Test (FFT) scores particularly in Maternity and Outpatients to bring them into line with the national position; IV. The number of complaints received had decreased though performance remained below internal standard of responding within 25 days. However this had now become one of the workstreams under the Quality and Risk programme in the QIP.
2.6	The Board expressed continuing concerns with the quality of data though the MD advised that this was being addressed – largely through the work underpinning the Elective Care Recovery Programme.
2.7	The DEDT reported that performance against the Emergency Department (ED) Four Hour Standard for May was below trajectory though work was being undertaken to improve patient flow – particularly through the expansion of the ambulatory care and improvements in other internal systems. A weekly reflective session to review performance and see where improvements could be made had resulted in the national standard being met over the last three days.
2.8	Diagnostics performance remained below standard though to address this a simple demand and capacity tool had been developed; this was being tested to assess its impact in reducing the backlog and meeting demand.
2.9	The Board noted that patient referral from Primary Care had fallen in month and asked that this be monitored by the Executive, particularly given the Trust's large local income target.
2.10	The Board received the report though agreed in the future that it should contain all the workforce performance data.
Referral to Treatment and Elective Care Recovery Programme	
2.11	The ECRPD briefly updated the Board on the implementation of the elective care recovery programme (ECRP), including delivery of the 18 week referral to treatment (RTT), diagnostic and cancer access standards. The ECRP plan was being revised to tackle issues at pace, and meet key milestones with greater oversight of delivery and risk. The plan would include the resource plan and revised governance arrangements, would be submitted to NHS Improvement by 30.06.17. The ECRP plan would report into a Board Committee to ensure oversight.
2.12	The Board received the report.
Infection Prevention Control Annual Report 2016-17	
2.13	Peter Riley, Consultant Medical Microbiologist and Infection Control Doctor attended to present the report. He reported the overall performance again IPC thresholds was good though there was still work to ensure we get the basics right. The Trust was currently an outlier in Surgical Site Surveillance and though the mandatory requirement had been met further work was required. The MD noted the National Get It Right First Time Programme focused on metrics in Surgical Site infections. It had been agreed the surgical specialties would participate in the national programme and Doctors would receive mandatory training.
2.14	CMM/ICM noted that Trust had previously accepted in principle for surgical site surveillance to be expanded at the Trust following the introduction of the NICE quality standards, which required providers to undertake surgical site surveillance. A business case had been completed for acceptance by the Trust executive but due to financial constraints was not implemented as planned. It was agreed that the business case should be reviewed again by the Executives.

2.15	The Board approved the report and the infection and prevention control programme for 2017-18.
Adult Safeguarding Annual Report 2016-17	
2.16	The CN presented the report. She advised that Safeguarding had been an area on which she had had a priority focus since starting at the Trust given the importance of protecting vulnerable patients and keeping them safe throughout the patient pathway. The CN provided a summary of activity with regard to safeguarding adults at risk and highlighted how the Trust was responding to and reporting on allegations of abuse and neglect and work to ensure that safeguarding was integral to everyday practice.
2.17	The CQC had identified issues in the Trust organisation and response to Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) in four wards. A significant amount of work had been undertaken to raise awareness amongst staff, ensure evidence of MCA/DoLS activity was documented in patient notes, implement a new policy on MCA/DoLS and develop an audit tool to demonstrate that audits had been done and identify areas of improvement. Despite problems being identified with Gwynne Holford ward during the CQC inspection in 2016, this ward was now an exemplar in MCA and DoLS where a multidisciplinary approach had been taken which was led by a consultant. The challenge now was to implement this best practice across the Trust.
2.18	The Chairman asked on the feedback received from the Adult Social Care Lead at Wandsworth to the Trust's approach to Adult Safeguarding The CN responded that she had received positive feedback that the Trust was responsive on reporting and responding to safeguarding issues.
2.19	The Board received the report.
Report from Quality Committee	
2.20	Quality Committee Chairman, Sir Norman Williams provided a report to the Board from the last Committee meeting noting the following: I. Following the recent unannounced CQC inspection in May 2017, the final report was awaited though the initial feedback had been positive and no new areas of concern had been raised; II. Duty of Candour had improved though the Trust was still working towards full compliance and to ensure sustainable delivery at service level; III. Inpatient Family & Friends Test (FFT) survey results indicated four areas that required improvement; IV. The Committee received the Annual Adult Safeguarding Report 2016-17 and was assured to see progress with an overarching framework now in place; V. The Committee received a Mortality Monitoring Update and recognised the excellent work being undertaken by Nigel Kennea, Associate Medical Director, who was a national lead in this field. The report noted learning that needed to take place around out of ICU cardiac arrests and mortality following cardiac surgery; VI. The excellent work in Infection Prevention & Control was noted; VII. As previous comments, the Quality Account 2016-17 was poor and required work before submission which must be improved for 2017-18.
2.21	There was an erratum in the Committee Report which noted that the Trust had performed worse than the national average in the Picker Survey results FFT. The CN noted that the Trust had performed well overall however four areas had been identified that required improvement. The inpatient survey results had been received which would be presented to the Board in July.
TB.08.06.17/33	**Present the Inpatient Survey to the Board in July 2017.** **Lead: Chief Nurse**

3. FINANCE	
Month 1 Finance Report	
3.1	The Director Financial Planning (DFP) presented the report on behalf of the Acting CFO, confirming that the audited final accounts for 2016-17 were approved by the Board on 31.05.17. She advised that the Board had submitted a plan for 2017-18 to NHS Improvement for a projected deficit of £28.5m comprising a baseline budget of £88.5m deficit partially offset by a £60m Cost Improvement saving (CIP). The Month one position was a deficit of £12.2m against a plan of £6m resulting in an adverse variance of £6.2m related to unidentified CIP plans and an income shortfall of £4.9m. Pay performed favourably to budget by £1.3m.
3.2	The NEDs expressed concern that the Trust was still in the process of finalising budgets for 2017-18 and needed to start the process of budget planning for 2018-19 in the next 2 months; she also noted the encouraging reductions in agency spend. The NEDs were concerned over the significant CIP target and asked for greater visibility to understand the details. The Executive confirmed that this would be presented to the FPC as part of the update on the Financial Recovery Programme and it would also be covered at the Board meeting to review the revised Financial Recovery Plan (FRP) before it was re-submitted to NHSI. The NEDs also asked for clarification on the additional funding for capital programme for IT considering it had been six months since application. The DFP confirmed an application had been submitted for £8.6m for IT emergency funding which had been raised with NHSI who had agreed to look into this with the Treasury. However the funding had not yet been received.
3.3	The Board received the report.
Report from Finance & Performance Committee	
3.4	The Committee Chair reported that the Committee had focused on the FRP at its last meeting – in particular the development of workstreams with clear deliverables to achieve the financial targets set out in the plan. She expressed concern at the Month 1 financial performance noting that if this continued, the Trust would reach £28.5m deficit by the end of the first quarter. In closing, she strongly encouraged the Executive to do more work on the Performance & Quality Report and develop it into a robust and reliable report from which the Board could triangulate data and better understand action being taken to address variance in performance. Whilst she accepted that this was still "work in progress" with a number of improvements still to be made, she advised that this report should be a key document from which the Board could draw assurance on the Trust's performance on a range of metrics.
4. WORKFORCE	
Workforce Performance Report	
4.1	The DRHOD presented the Workforce Performance Report. I. Bank and agency usage had fallen in April and agency spend as a percentage of the total pay bill had decreased. II. Staff in post Full Time Equivalent (FTE) and establishment FTE have both fallen, however as Staff in Post (SiP) had fallen more than establishment the vacancy rate had increased slightly. III. Sickness levels had decreased to 3.2%. IV. Turnover had increased to 19.42%. V. Non-medical appraisal rates had increased whilst medical appraisal rates had decreased slightly.

	VI. MAST compliance had increased to 86%. VII. The DHROD advised that he was looking into the high rates of staff turnover.
4.2	The Board noted the report but agreed that for future meetings, the Workforce Performance Report would be incorporated into the Quality & Performance Report.
Report from the Workforce and Education Committee	
4.3	The Committee Chair Stephen Collier provided an oral updated. He advised that the committee had agreed to facilitate a workforce strategy over the next six months. The three areas identified initially as the strategic themes included: engagement, leadership & development and workforce planning with two supporting activities: regulatory compliance and HR core service. Comments were also made on the importance of also prioritising equalities work. The Committee terms of reference and strategic activities would be reset in line with achieving these.
Staff Survey Results	
4.4	The DHROD presented the report which provided an overview of the 2016 National NHS Staff Survey results and provided a brief summary of the three keys areas which needed to be addressed: employee engagement, bullying and harassment and improving equality and diversity. He confirmed that he would present the action plan to tackle these areas at the next Board meeting (TB.06.04.17/27).
4.5	The NEDs asked about the Freedom to Speak Up Guardian and how the work in this area was progressing that the HROD agreed to provide a report to the next meeting.
4.6	In closing the HROD advised the Board of an erratum in table one of the report: the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months was 33% not 27% as set out in the report.
4.7	The Board received the report.
TB.08.06.17/34	**Present a report on the work of the Freedom to Speak Up Guardian report at the July 2017 Board meeting.** **Lead: Director of Human Resources & Organisational Development**
Fit & Proper Person Policy & Procedure	
4.8	The DHROD reported that the Board had approved the Fit and Proper Person Policy and Procedure (FPPPP) in October 2016. Following an internal review of the document and the issue of further guidance by the CQC, it was proposed that the FPPPP was updated – particularly to include additional provisions to accommodate exceptional situations where an appointment was made and a new Director started within a short timescale and before the FPPPP had been completed. This change had been discussed by the Executive Directors and agreed internally with the Chairman. The proposed addition had also discussed with the CQC during the recent inspection.
4.9	The Board approved the revised policy.
Managing Conflicts of Interest in the NHS	
4.10	The Trust Sec reported that NHS England had produced new guidance for managing conflicts of interest which all Trusts were to implement from June 2017. This was extensive and far-reaching. She advised that work was now underway to set out an implementation plan to support this policy.
4.11	The Board approved the policy.

5. GOVERNANCE & RISK	
Report from Audit Committee	
5.1	The Chair of the Audit Committee reported that all five of the the Internal Audit Reports received at the last Audit Committee had Limited Assurance and the Head of Internal Audit Opinion for 2016-17 was one of Limited Assurance. The CEO advised that to continue the focus on Internal Audit, the Internal Audit Team would be invited to attend Executive Team meetings when the Internal Audit Tracker was discussed.
5.2	She advised that the Committee did not receive the regular report on breaches and waivers due to on-going staff shortages and changes in the Procurement team. The Committee considered this to be unacceptable and required full restitution of breaches and waivers reporting from September onwards.
Annual Freedom of Information Report	
5.3	The Trust Sec presented the report and noted the significant improvement in responding to FOI within the 20 day target. The FOI team were working to develop a publication scheme to improve access to information without the need for an FOI request.
5.4	The Board noted the performance of the FOI function between July 2016 and March 2017 and thanked staff for the improvement. It was agreed an annual FOI report would be provided for information at the Trust Board every June.
STAFF STORY	
Patient Sue Lines shared her story with the Board. Sue was first a patient at St George's when its neurology services were based at Atkinson Morley Hospital in Wimbledon, over 30 years ago. At the time, she was being treated for a subarachnoid haemorrhage which resulted in severe right sided paralysis. After five years of rehabilitation she could walk with a stick but never regained any function in her right arm. Sue told the Board that earlier this year she returned to St George's as an inpatient for what should have been an overnight stay following surgery to improve the mobility of her right arm – but the stay lasted 12 days. Sue was very happy with the surgeon and anaesthetist, and the surgery was straight forward. The main issues however related to the care and support received afterwards which were stressful. Though she had provided the pre-op assessment staff with a list of the things that would help her to maintain some degree of independence due to her disabilities these were not handed over to ward staff. Many of these were simple things – like putting water within reach and not on her right side or giving her bottles of water to open – but critical to her care and wellbeing. Sue was pleased that as a result of the concerns that she raised whilst on the ward changes had been made which would improve the experience for patients in the future. Sue concluded her story by saying that she will never forget the surgeon who operated on her and saved her life. She was thankful that overall St George's was a tremendously good teaching hospital. The Chairman thanked Sue for sharing her story with the Board.	
6. CLOSING ADMINISTRATION	
Questions from Public	
6.1	A member of the public asked about the implementation and enforcement of the no-smoking policy and e-cigarettes – particularly at QMH. The DE&F advised there was no official guidance on e-cigarettes though in the main this was handled in the same way as smoking (ie no smoking areas would also be no vaping areas). He confirmed that there should be no smoking/vaping in any part of the Trust (including QMH) though this was

	difficult to enforce – partly due to the size of the Trust and the resources required but also because sometimes allowing people to smoke/vape was a compassionate act, following the receipt of bad news. Further it would be difficult to issue fines without support from the Council. However, the Trust was proceeding with the installation of more signing and encouraging appropriate challenging of people smoking especially where it was close to patient areas, e.g. maternity.
6.2	The member of the public advised that patients and relatives were smoking and vaping on the wards at QMH and across on the St George's site. The Board considered this to be unacceptable and asked the DE&F to look at what could be done to address this.
6.3	Finally the member of the public advised that he had found it difficult to understand the complaints procedure and make a complaint and also expressed concerns with the FFT. The CN agreed to meet with him and look into his concerns directly.
Any other Business	
6.4	With no other items of any of any other business, the Chairman closed the meeting.
In accordance with Section 1 (2) Public Bodies (Admissions to Meeting) Act 1960, the Board is invited to approve the following resolution: "That representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"	

Date and Time of Next Meeting: Thursday 6 July 2017, from 10:00