

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

Name	Title	Initials
PRESENT		
Gillian Norton	Chair	GN
Jacqueline Totterdell	Chief Executive	CEO
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Avey Bhatia	Chief Nurse	CN
Ann Johnson	Acting Chief Financial Officer	Acting CFO
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
Mark Gammage	HR Advisor to the Board	HRAB
Larry Murphy	Chief Information Officer	CIO
Sandra Shannon	Deputy Chief Operating Officer	DCCO
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
Marie-Noelle Orzel	NHSI Quality Improvement Director	QID
APOLOGIES		
Jenny Higham	Non-Executive Director	NED
Andrew Rhodes	Acting Medical Director	MD
SECRETARIAT		
Fiona Barr	Trust Secretary & Head of Corporate Governance	Trust Sec
Richard Coxon	Membership & Engagement Manager	MEM

Feedback from Board Walkabout

Board members had been to visit different areas of the Trust before the meeting including Rose Centre & Surgical Day Unit; Cavell Ward & Nye Bevan Unit; Neuro ICU & Belgrave; Gordon Smith Ward & Champneys Ward; Nicholls & NNICU and Florence Nightingale Ward & Amyand Ward.

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 were infection control, and being able to challenge senior colleagues on the “bare below the elbows” policy, delays in recruitment and the vacancy control process. There were some specific estates and IT issues raised in particular wards.

Board members welcomed the opportunity to go on a walkabout and speak to staff before the start of the Board meeting though agreed that more fine tuning was needed to ensure that the visits were not rushed and there was sufficient time for structured feedback. Board members also confirmed their intention to visit community and administrative areas as part of the annual programme.

1. OPENING ADMINISTRATION	
Welcome and Apologies	
1.1	The Chairman opened the meeting and welcomed everyone present, in particular Jacqueline Totterdell, the new CEO as well as James Friend, Harbhajan Brar and Ann Johnson who were all attending their first Board meeting. Sandra Shannon, Deputy COO, was representing operations and 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 06.04.17	
1.3	These were accepted as a true and accurate record of the meeting held on 06.04.17 except for some spelling errors.
Matters Arising and Action Log	
1.4	<p>The following was noted on the Action Log:</p> <ul style="list-style-type: none"> Action reference TB.03.11.16/03 – was closed. It was agreed that action TB.05.01.17/11, TB.09.03.17/22, TB.06.04.17/23 – 25 could be closed subject to their satisfactory consideration in the meeting. The DCOO agreed to address action TB.09.02.17/16 and TB.09.02.17/18 All other actions remained open. <p><i>Post meeting note: Action reference TB.09.03.17/22 was re-opened as the Board concluded that it still needed a workshop on risk to be organised.</i></p>
Update from Chair and CEO	
1.5	The new CEO thanked everyone she had met so far for making her feel so welcome and confirmed that she felt privileged to be at the Trust. Stability in the leadership team was important and she wished to reassure staff and Board members that she planned to stay long term. She had already met a number of staff and more briefings were planned. She emphasized the importance of listening to staff to understand their concerns. She would use this feedback alongside the requirements of the Trust's regulators to build a plan for recovery and prioritise work over the coming months to respond to needs of internal and external stakeholders.
1.6	The deadline for the submission of the Financial Recovery Plan to NHS Improvement was 19.05.17. Whilst the Trust had support from EY through the Financial Special Measures regime, the Plan was one which was very much developed and owned by the Trust.
1.7	The CEO closed by explaining the work needed to improve the Trust's elective care planning and delivery, noting the work still required to fully understand the position in regard to patients referred to the Trust for treatment. More work was needed on the pace and scale of the programme though some progress had been made. She agreed that the Elective Care Recovery Programme Director would provide a regular report to the Board from June.
TB.04.05.17/28	Provide a regular report to the Board on the progress of the Elective Care Recovery Programme. LEAD: Elective Care Recovery Programme Director, Diana Lacey
2. PATIENT SAFETY, QUALITY AND PERFORMANCE	

Quality Improvement Plan	
2.1	The CN presented a report on the Quality Improvement Plan (QIP) which had been developed since the last Board meeting through input with the Trust's Quality Improvement Director and the Trust's commissioners and regulators (to ensure the new approach was in line with their expectations). Over time, the intention was to combine the recovery plans for quality and finance, along with individual programmes to track identified areas for improvement in estates, IT and Outpatients to ensure there were no competing priorities. Key to the success in all areas was the involvement and engagement of staff at all levels as the plans themselves – and their outcomes – had to be owned by the staff.
2.2	The CEO explained that the Trust was commissioning an external review of governance which would start in the next few weeks. This would provide a welcome opportunity to build the internal assurance and control framework for the Trust which had become fragmented. She also advised that the programme structure which the incoming DDET would introduce would provide greater clarity of approach and lines of reporting and decision making.
2.3	The Board received the report and noted improvement on the delivery of the QIP.
Section 29a Progress Report	
2.4	The CN presented a report on the follow up to the Section 29A warning notice served on the Trust on 26.08.16 which had identified: <ul style="list-style-type: none"> i. Unsafe and unfit premises where healthcare was provided and staff accommodated. ii. Lack of formal mental capacity assessments and best interest decision making. iii. Governance arrangements not effective in identifying and mitigating significant risks to patients. iv. Data used in reporting and managing patients was not robust or reliable. v. More governance was needed to underpin the effective integration of End of Life Care (EoLC). vi. Arrangements for ensuring directors were fit and proper people were deficient.
2.5	In response to these concerns, the Trust had identified 21 actions that needed action to provide safe care for patients in an environment that supported staff and patients which was in line with the standards expected by the Care Quality Commission (CQC).
2.6	The evidence for compliance had been reviewed and where necessary validated by directly reviewing practice and showed that progress had been made in a number of areas. However the nature of some of the actions required (eg significant estates work) meant that full delivery of some of the actions would take longer to deliver, embed and sustain.
2.7	The Board re-confirmed its overall commitment to addressing all of the areas of concern covered in the Section 29A notice and welcomed the paper which clearly set out progress and where work was still required. The Board noted progress with compliance with the Mental Capacity Act and Deprivation of Liberties Safeguards, as well as improvement with End of Life Care, agreeing that a number of improvements had been made though more work was still required. The CEO explained that a new Recovery Board had been established particularly in response to the Trust being placed in Financial Special Measures. Whilst its current focus was the development of the Financial Recovery Plan, once this had been submitted its scope would be widened to oversee and scrutinise the Trust's financial and quality improvement programme.
2.8	The Board briefly discussed the likely timing of a re-inspection by the CQC and received the report.
Performance & Quality Report	
2.9	The DCOO presented the Performance Report advising that the Four Hour standard for

	March was 88.60% and the year ended on 91.86%. Capacity in the Emergency Department (ED) remained a significant issue and had contributed to a number of breaches (activity was 1.5% higher year to date) though plans to increase the triage area would improve flow and overall capacity within ED.
2.10	The Board was briefly updated on the Elective Care Recovery Plan (ECRP) which was reviewing and revalidating patients on elective waiting lists. A number of patients had waited in excess of 52 weeks and the impact of these long waits on their health and need for treatment was being assessed. The Board concurred that it needed to monitor the situation closely and looked forward to receiving its first detailed report in June 2017.
2.11	It appeared that there had been an increase in grade 3 and 4 pressure ulcers though the Board was reassured that this was as a result of conducting a look back exercise; there had been no material increase in the number and grade of pressure ulcers. However it did note a deterioration in MRSA compliance and the CN advised that she would present a report to the Quality Committee to understand the reasons behind this.
TB.04.05.17/29	Provide a report to the Quality Committee on the increase in MRSA cases. LEAD: Chief Nurse
2.12	The Board noted that concerns remained with the Trust's complaint handling service. The CN agreed though explained the work she was doing to examine the complaints handling process to see where improvements could be made – particularly in learning lessons and preventing recurrence of issues as well as improving the complaints handling process. She would bring a report back to the Board in due course.
TB.04.05.17/30	Present a report to the Board on complaints handling and where improvements can be made in both the complaints handling process and learning lessons. LEAD: Chief Nurse
2.13	The Board received the report.
3.Finance	
2016-17 Outturn Report	
3.1	The Acting CFO reported that the Trust's 2016-17 Revenue Outturn was a £73.9m deficit against a baseline forecast outturn of £76m (excluding £5m recycling of fines). This was a £2.1m improvement against the forecast though this was mainly due to one-off accounting adjustments and the underlying position was an in-month deficit of £6.6m. Work was still required to understand the drivers of the deficit.
3.2	The Board received the report.
Report from the Finance Committee	
3.3	The Committee Chairman expressed concern that the Trust had started the new financial year without a final budget. She also queried if a £60m cost improvement programme (CIP) for 2017-18 was realistic and achievable.
	The Executive advised that there had been a reduction in spend on agency and interim workers and a drive to fill vacant posts with substantive staff. Furthermore more controls were being introduced through the Programme Management Office to validate this year's CIPs and give greater confidence in their delivery; once CIPs were confirmed, their value was removed from baseline budgets. Considerable work was underway on analysing CIP opportunities (for both income generation and cost saving) and once this had been completed, the Executive would have more confidence in the deliverability of the CIP target for the year.
3.4	In closing, the Board concurred that staff involvement and engagement in CIP delivery was vital as these targets would only be achieved through the combined effort of staff, management and the Executive working together.

4. Workforce	
Workforce Performance Report	
4.1	The HRAB presented the Workforce Performance Report for March 2017 which showed: <ul style="list-style-type: none"> i. Overall agency spend for 2016-17 was £43.32m against a cap of £24.54m. The Trust was determined to operate within the agency cap and had set an internal target of £22m against an agency cap for 2017-18 (and 2018-19) of £24.54m. ii. Appraisal compliance had increased to its highest level of 80% for non-medical and 85% for medical staff. iii. Mandatory and statutory training (MAST) compliance remained at the target of 85%. iv. The reasons for gender and ethnicity disparity in Employee Relations cases was being investigated and would be reported through the Workforce & Education Committee (WEC).
4.2	The Board received the report.
Update on Leadership Strategy	
4.3	The incoming Director of HR & OD, Harbhajan Brar, presented a leadership development strategy and implementation plan to improve leadership at all levels in the Trust. He noted that leadership had been highlighted as a weakness by the CQC and the new approach focused on building for critical capabilities: <ul style="list-style-type: none"> i. Compassionate, inclusive leadership skills ii. Improvement skills iii. Talent Management systems, and iv. Systems leadership skills. He said it was impossible to put a value on such a programme, given the supplementary benefits (eg reduced turnover and sickness, greater staff satisfaction).
4.4	The Board welcomed the strategy and plan which had previously considered at the Workforce & Education Committee. It endorsed this leadership strategy and supported its implementation.
5. Governance & Risk	
Corporate Risk Register	
5.1	This was taken as read. It was agreed to leave this item until the second part of the meeting to discuss in more detail.
IG Toolkit Submission	
5.2	The Board was advised that the Trust maintained Information Governance (IG) Toolkit Level 2 compliance for 2016-17. However it was informed of a significant change in legislation would come into effect by May 2018 (briefing had been provided in the supporting paper).
5.3	There would be a number of far reaching changes. For example, there would be the requirement to appoint a Data Protection Officer (DPO) – this new separate role from the Senior Information Risk Owner and the Caldicott Guardian which had to report directly to the highest management level of the organisation, would not receive instructions on how to perform his or her tasks, and would be protected from disciplinary action. In addition there would be new requirements to adhere to in relation data erasure and portability between organisations.
5.4	Given the significance of the change and the scale of work required to prepare for it, the Board requested to receive a regular report on the IG Toolkit going forwards.

TB.04.05.17/31	<p>Receive a regular report on the IG Toolkit going forwards and progress on compliance on new IG Toolkit. Lead: Chief Information Officer</p>
<p>Report on Use of Trust Seal 2016-17</p>	
5.5	<p>The report on the use of the Trust Seal from Q2 2016-17 was taken as read and accepted by the Board.</p>
<p>STAFF STORY</p>	
<p>Giovanni Gambaruto, Medical Devices Co-ordinator, was invited to explain to the Board how he had managed to spend £30m+ capital before the year end. He explained that whilst this had been a challenge, what had made it significantly easier had been the records that he and his team kept of the status of medical equipment in the organisation and their excellent knowledge of the clinical needs of the organisation. As they had first hand knowledge of what was needed and where, he was able to mobilise procurement very quickly.</p>	
<p>Giovanni was thanked for all his hard work and asked that the Board's thanks be passed on to his team.</p>	
<p>6. CLOSING ADMINISTRATION</p>	
<p>Questions from Public</p>	
6.1	<p>Leslie Robertson mentioned she had tried out one of the newly bought 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. She had been on ward inspections organised by Mary Prior, CHECK TITLE, and was disappointed with lack of progress around general refurbishment.</p>
6.2	<p>Hazel Ingram asked for clarification about who pays for patients' treatment if they are sent to a private facility for treatment. She was told that the NHS would pay for this if the referral had been from the NHS. She was also advised that Queen Mary Hospital was an NHS hospital (and part of St George's) rather than a private hospital.</p>
6.3	<p>Finally she raised concerns about children using scooters in the hospital making it very hazardous for visitors, especially the infirm. The Board agreed and the CEO said that the Executive would look into the matter.</p>
<p>Any other Business</p>	
6.4	<p>With no other items of any of any other business, the Chairman closed the meeting.</p>

Date and Time of Next Meeting: Thursday 8 June 2017, from 10:00