

Minutes of Trust Board Meeting
6 July 2017 – From 10:00, Hyde Park Room, 1st Floor, Lanesborough Wing

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive	CEO
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Avey Bhatia	Chief Nurse	CN
Andrew Grimshaw	Chief Finance Officer	CFO
IN ATTENDANCE		
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
Sunil Dasan	Guardian for Safe Working (for Item 5.4)	GSW
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Nigel Kennea	Associate Medical Director (representing the Medical Director)	AMD
Diana Lacey	Elective Care Recovery Programme Director (Part)	ECRPD
Ellis Pullinger	Chief Operating Officer	COO
Chris Rolfe	Associate Director of Communications	ADC
IN ATTENDANCE FROM ST GEORGE'S CHARITY (PART)		
Martyn Willis	Chief Executive	
Dr Carol Varlaam	Vice Chair	
Anthony Marshal	Treasurer	
Dr Hazel Norman	Trustee	
Mike Rappolt	Trustee	
Zeynep Meric Smith	Trustee	
APOLOGIES		
Andrew Rhodes	Acting Medical Director	MD
SECRETARIAT		
Fiona Barr	Trust Secretary & Head of Corporate Governance	Trust Sec
Rebecca Randall	Board and Committee Secretary (Temporary)	Board Sec

Feedback from Board Walkabout

Board members visited a number of departments including: Security, Bereavement, PALS office, Heberden (Dementia) Ward, Therapy Outpatients, Jungle (Day and Planned Admission) Ward, Gwillam (Maternity) Ward, Gunning (Orthopaedic) Ward, Surgical Admissions, Kent Ward and Acute Surgery.

General themes included infection control and “bare below the elbow”; team work; communication between patients, relatives and staff; and rostering. Amongst the areas of concerns were the effect of Brexit on recruitment and retention; outpatient appointments; theatre times on Jungle ward and the challenge of fixed appointment slots when dealing with younger patients. IT, including concerns with iClip and delays in users logging in and out, were also raised as issues.

Some Board members had used the 15 Step Challenge to look at wards from the patients' perspective and

Gunning Ward was particularly commended for being tidy and welcoming whereas the Acute Surgery area was found to be cluttered with equipment.

The Chairman thanked the Board members for their observations and encouraged the Executive both to take action on the areas of concern as well as encouraging all areas to perform to the level of the best.

Patient Story

Lauren Daly, a patient and also a member of the Trust's staff, told her story of experiencing a complication following her tonsillectomy. Lauren's initial surgery went well though a few days after discharge, her condition changed and she was re-admitted for further treatment and monitoring and had a further short stay in hospital. Her particular observations were of kind and caring staff who treated everyone with compassion and made them feel at ease. Overall she had a very positive experience.

1. OPENING ADMINISTRATION

Welcome and Apologies

1.1	The Chairman opened the meeting and welcomed Ellis Pullinger, the new Chief Operational Officer (COO), and Andrew Grimshaw, the new Chief Financial Officer (CFO). She also extended congratulations to Simon Mackenzie, former CEO, who had had taken up a new role at NHS Improvement (NHSI).
------------	---

Declarations of Interest

1.2	There were no declarations of interest.
------------	---

Minutes of Meeting held on 08.06.17

1.3	These were accepted as a true and accurate record of the meeting held on 08.06.17.
------------	--

Action Log and Matters Arising

1.4	The Board noted that most actions on the Action Log were proposed for closure as they were either on the agenda for discussion or because appropriate action had been taken outside the meeting.
1.5	Under Matters Arising, the Chairman referred to the discussions at the last Board meeting on the Fit & Proper Person Policy and Procedure (FPPPP). She explained that at that point, the Board should have been more explicit about its judgement of the balance of risk so this could have been reflected in the minutes. That is, in exceptional circumstances when members of the Board were appointed and started in post before the FPPP had been completed, this was done following a risk assessment: the risk of the Board member starting without the FPPP checks being completed was weighed against the absence of a key post on the Board. She reiterated that this option should be used very sparingly, if at all, going forwards. The Board agreed that they had been very clear on the balance of risk and hoped not to be in such a position again. However if the Trust were to find itself in that exceptional position in the future, then there would be a full written risk analysis undertaken, which would be reported to the next Board meeting.
1.6	The Trust had received notification from the Care Quality Commission (CQC) that it had found some Board member files to be non-compliant with FPPP. The Chairman took this matter very seriously, particularly as the Board had previously received confirmation from the Executive that the files were in order. The DHROD confirmed that Internal Audit would independently audit the files during week commencing 17.07.17 to check compliance and this would be reported back to the Board. Going forwards, the Board would receive a

	quarterly and annual report to demonstrate ongoing compliance. This was agreed.
TB.06.07.17/35	Provide a quarterly and annual report on compliance with the Fit & Proper Persons Regulation to the Board. LEAD: Director of Human Resources & Organisational Development
CEO's Report	
1.10	The CEO gave a brief report, advising that: <ul style="list-style-type: none"> i. Following the Grenfell fire, all Trust buildings had undergone fire safety checks and no concerns had been raised. ii. Infection Prevention and Control (IPC) was an increasing priority due to the four cases of MRSA in the last three months. The NEDs expressed concerns about consultants not being "bare below the elbow" and asked how the Executive would challenge this behaviour and improve compliance. The CN advised that she and the MD were working on a revised uniform policy to clarify what was expected and acceptable in clinical areas. This would be developed in August with a view to implementation in September 2017. This was welcomed. iii. The Trust underwent an externally facilitated quality and safety review in June involving representatives from NHSI, with support from staff, patient representatives Governors. There were some positives as well as some areas for improvement though overall it had been a very good learning opportunity and action had been taken as a result. iv. Staff continued to do excellent and important work around the Trust which should be highlighted and praised. To this end, she mentioned the Tree of Life event on 01.07.17 which paid tribute to, thanked and remembered the many people who had donated life-saving organs on the last year. It had been a very moving ceremony.
2. ST GEORGE'S HOSPITAL CHARITY	
Presentation from Trustees	
2.1	Dr Hazel Norman, one of the Trustees of St George's Hospital Charity, gave a presentation to the Board which: <ul style="list-style-type: none"> • Explained why the Trust and the Charity should work closely together. • Invited one of the NEDs to become a Charity Trustee. • Highlighted some of the important contributions made by the Charity over the last ten years. • Suggested joint collaboration on a major fundraising campaign. • Encouraged the relationship between the two organisations to be renewed for the benefit of staff and patients – particularly as the Charity felt that it was not being fully utilised.
2.2	The Chairman and CEO agreed that the Charity was very important for the Trust and explained that on appointment, the Director of Strategy would be the main Executive link though until then, the CFO would be the main contact for the Trustees. Further CFO and DHROD were keen to explore opportunities to use charitable funds for staff development and/or capital investment projects and it was agreed that this would be discussed more fully with the Trustees outside the meeting, including any restrictions on funds.
2.3	The Chairman confirmed her intention for the new NED to play a lead role with the Charity on appointment though until then Deputy Chairman, Ann Beasley, would be happy to work with the Charity.
2.4	To cement the new working relationship, it was decided that the Trust and Charity would meet every six months.
TB.06.07.17/36	Schedule a meeting with between the Board and the Trustees of the St George's Charity every six months.

	LEAD: Trust Secretary
3. PATIENT SAFETY, QUALITY AND PERFORMANCE	
Quality Improvement Plan	
3.1	The CN explained that a new approach was being taken with the Trust's Quality Improvement Programme (QIP). Finance and quality had equal priority and were indivisible and to this end the new QIP was fully aligned with the Financial Recovery Plan (FRP) to deliver a "One Team, One Plan" approach to get the Trust out of both Quality and Financial Special Measures.
3.2	As with the FRP, the programmes of work which underpinned the QIP had clear patient-focussed outcomes and targets; to support delivery, each of the 17 workstreams had been assigned a clinical lead and programme management support.
3.3	To enable the Board to track progress, a number of Patient Outcome Measures were being developed as the Key Performance Indicators (KPIs) which would be presented to the Board each month as a dashboard. These were still under development but those which were proposed were included in the paper for consideration.
3.4	The CEO reminded the Board that outstanding trusts always sought out greater improvement and this was the cultural shift that the QIP was trying to embed within the organisation.
3.5	The NEDs welcomed a more thorough and planned approach to the QIP and one which built on the best practice of the FRP though explained that to be assured of progress, they needed to see more evidence of positive change. In short, they needed to see that the work that was being done was actually making a difference. They encouraged the CN to identify two or three iconic items which would demonstrate that the Trust looked and felt different – and to focus on these items. The new Uniform Policy and improved compliance with "bare below the elbow" were suggested as possibilities. Also with the change in the QIP, the NEDs also sought reassurance that the actions originally identified to address Quality Special Measures and the S29A letters were still included within the agreed workstreams. This was confirmed.
3.6	The Board received the report and looked forward to the further development and refinement of the Quality Improvement Dashboard. It was also agreed that the QIP would be discussed more fully at the Quality Committee on 26.07.17 and in the future, key metrics from the QIP would be presented in the Integrated Performance Report (IPR).
Integrated Performance Report	
3.7	The CN introduced the quality elements of the IPR advising that two patients had developed an MRSA Bacteraemia in June, which brought the total for the year to four against a zero ceiling. A detailed review of the cases was underway and that the findings of the reviews would be presented at the next Quality Committee. NED Jenny Higham asked what lessons were being learned and if there needed to be a change in practice or behaviour. The CN advised that she and the IPC team were focusing on basic standards of IPC compliance, such as handwashing and ward/equipment cleanliness. The CN explained that standards needed to be raised across the hospital and then be sustained which included compliance with the dress code policy. Jenny Higham challenged when actions would be complete and the CN advised good progress was being made with particular focus on hand hygiene on cleaning equipment and part of the Quality Improvement Plan. A regular audit programme was in place for both hand hygiene and cleanliness which outlined areas for focus. The CN also explained that the initial findings from the investigations did not demonstrate lapses in care however there is good evidence that the patients were colonised and that the subsequent development of MRSA bacteraemia took place while patients received care at St George's and that they were

	cared for in the same bay on the same ward. Thus the importance of compliance with basic standards of IPC are essential at all times. Jenny asked for further clarification on what other actions are being taken. The CEO explained that other action on that particular ward included a full ward deep clean.
3.8	Continuing the theme of IPC, NED Sir Norman Williams flagged significant concerns about a male toilet close to the Hyde Park room which had been blocked for several months and he noted that the disabled toilet was now also out of order. He asserted that failure to complete basic plumbing tasks was a significant IPC risk in itself and asked what was being done to resolve this. There was a general feeling amongst the NEDs that a lot of work was being done to fix identified problems but they were unsure to what extent this work was being effective and closing down the issues. The CEO agreed that more needed to be done to provide stronger assurance though greater triangulation of information from different sources, for example the new ward dashboards, was improving the visibility of issues. It was agreed that swifter decisive action was needed to “nip things in the bud” as soon as problems appeared and to prevent them from growing into significant ongoing issues. The CN accepted the challenges made by the NEDs and confirmed that the availability of a decant ward with the closure of Dalby meant that quicker progress could be made on ward refurbishments, and it would also be used to facilitate deep cleaning of whole wards as soon as Dalby had been refurbished.
3.9	The COO presented the performance aspects of the report and confirmed that the Trust’s performance against the four hour emergency target had improved in June. Six out of the eight cancer standards were met in April though diagnostic performance was still below the 99% standard. However some improvements were being made.
3.10	He explained that it might be necessary to use private/other providers to meet demand, particularly for Ear Nose and Throat (ENT) and Dermatology and agreed to present a report to the next Board meeting which would cover the quality and governance aspects of the provider to provider agreements.
TB.06.07.17/37	Present a report to the Board on the use of other providers to manage demand. The report to cover the quality and governance aspects of provider to provider agreements and the circumstances in which these arrangements were needed. LEAD: Chief Operating Officer
3.11	The DHR0D briefly updated the Board on Workforce performance, noting that his team was currently focusing on measures to reduce sickness and was running a pilot with a specialist company which was delivering good results. He also advised that the Trust had been identified as one of eighteen with staff retention issues and would receive support from NHSI to address this.
Elective Care Recovery Programme (ECRP) Update	
3.12	The ECRPD presented an update on the implementation of the ECRP, including actions to return the Trust to national reporting of the standard and to deliver the 18 week Referral to Treatment (RTT) standard.
3.13	The ECRPD drew the Board’s attention to a number of key issues: <ul style="list-style-type: none"> i. the increasing size of the patient waiting lists which indicated that more needed to be done more to treat patients more quickly. ii. the trend for patients waiting 52 weeks or more was rising. iii. a significant backlog in the typing of clinical letters following outpatient appointments at Queen Mary’s Hospital (QMH). iv. an auto discharge function on the QMH patient administration system (PAS) that had now been turned off.
3.14	She explained the steps which were being taken to address the issues which included a refreshed programme of work with clear actions to mitigate the risks and improved governance arrangements. Resourcing remained a key factor: staff with the right skills to validate records were difficult to find and whilst Cymbio was making good progress with

	validating records, this was an expensive resource to use and further investment was required.
3.15	The Board expressed considerable concern about a number of aspects of the growing waiting lists and the general slow progress, wanting to see much faster progress. The Board resolved to maintain a strong focus on RTT and asked that future reports particularly explain performance against a number of key metrics and risks including re-booking patients.
3.16	The Board received the report, noting the refresh of the plan including revisions to the governance, architecture and reporting arrangements, and the timescales for completion.

National Inpatient Survey (NIS) 2016 Results

3.17	The CN provided a brief introduction to the NIS results for 2016 drawn from inpatients who were surveyed in July 2016. The report also included a comparison of the Trust's results over the past six years and a comparison of results with other London Trusts; the results had already been published on the CQC website.
3.18	Whilst the responses to most questions were in line with the national average, the Trust fared worse on four questions: <ul style="list-style-type: none"> i. Did you ever use the same bathroom or shower areas as patients of the opposite sex? ii. In your opinion, how clean was the hospital room or ward that you were in? iii. Beforehand, did a member of staff explain the risks and benefits of the operation or procedure in a way that you could understand? iv. Did hospital staff discuss with you whether you would need any additional equipment in your home or any adaptations to your home, after leaving hospital?
3.19	The CEO advised that further investigation was required to understand the issues around same sex breaches as this had not previously been identified as an issue. In response the CN confirmed that the results of the NIS had been integrated into the workstreams which supported the QIP so they would get greater focus. The survey results had been widely shared internally and were very much part of the Trust's quality improvement agenda.
3.20	The Chairman emphasized that the national average was not good enough and the Board concurred that the Trust had to be much more ambitious in its aims. The Board received the report.

4. FINANCE

Month 2 Finance Report

4.1	The CFO presented the report advising that it was based on the financial plan currently agreed with NHSI to deliver a year-end deficit of £28.5m though discussions were underway to revise this to a £45m year-end deficit and run rate balance.
4.2	Based on the revised plan, financial performance was on trajectory though income was £4m lower than expected which was offset by a corresponding reduction in pay spend. The volume of work remained broadly the same though the Trust was earning less income; the reasons for this were under investigation. Of an approved capital programme of £43m, around £9m had been spent. Particularly throughout July and August there would be a continued focus on meeting agreed savings targets. Whilst it was still relatively early in the financial year, there was still much work to be done. A key priority was improving financial systems and processes and data quality.
4.3	The Board received the report.

Report from Finance & Performance Committee (FPC)	
4.4	The FPC Chair advised that the meeting had considered the performance issues discussed earlier in the meeting, including the MRSA cases, and that less time than usual had been spent discussing the FRP as this had been discussed in detail at a Board workshop. She advised that Board that performance indicated that the Trust was broadly on plan to achieve a £45m year-end deficit and hoped that an agreement could soon be reached with NHSI to officially change the agreed year-end position to £45m deficit as until then the Trust would have to continue to report on a plan that it was no longer performing against (ie one which delivered a £28.5m year-end deficit). At the end of M2, the deficit position was £18m and she strongly encouraged the Executive to do more to show an improvement in the financial position and demonstrate more clearly the “green shoots” of recovery.
4.5	There was a brief discussion about the significant variance in the flex and final position in M1 though the Board was assured that this was unlikely to recur in future months. However the CFO confirmed that data capture and coding was a key area of focus to understand better estimates could be made of the likely monthly income position.
5. WORKFORCE AND COMMUNICATION	
Freedom to Speak Up Guardian Report	
5.1	DHROD presented the report which updated the Board on the Freedom to Speak Up Guardian (FTSUG) and Listening into Action Service (LIAiSE) services which were important initiatives to enable staff to raise concerns.
5.2	He advised that both services were still in their infancy and more work was needed to publicise their existence to staff. Further for an organisation the size of the Trust, a network of FTSU champions was needed to make the service more available to more staff – particularly as bullying and harassment was regularly reported as a key concern in the Staff Survey.
5.3	Whilst the Board was pleased to receive an update, and was assured that the Trust was compliant with guidance in respect of FTSU, it requested that future reports were more descriptive about the work of the outputs and outcomes of both services. This was agreed.
Staff Engagement Plan	
5.4	The HROD explained that a different approach was being taken to address the issues raised in the recent Staff Survey. A number of staff from across the organisation had been engaged in café style events to talk about the key findings of the survey and what actions they would like to see put in place to address them. The events were well attended and followed a structured format to draw together key themes on which activity should be focused in the main priority areas which were: <ul style="list-style-type: none"> i. improving staff engagement ii. addressing bullying and harassment, and iii. improving equality and diversity.
5.6	The Board received the update noting that the results of the 2016 Staff Survey did not make comfortable reading. The Executive was cautioned against having a plan which was too extensive, suggesting instead that it should be focused on three or four areas which could easily be tracked and measured and reported through the workforce element of the IPR. This was agreed.
5.7	The Board also noted that simple changes in staff attitude could be made by showing more appreciation (eg by sending Thank You cards) and reminding staff of what actions had been taken in response to staff feedback, eg You Said, We Did.
5.8	The Board welcomed the suggestion for a Board level champions for equality and diversity (to include gender, ethnicity and disability) and a paper will be presented to the Board in regards to a way forward. In addition, the Board asked for more regular reporting on

	equality, diversity and inclusion, probably through the workforce element of the IPR.
TB.06.07.17/38	Regularly report on staff engagement and metrics on equality, diversity and inclusion in the workforce element of the IPR. LEAD: Director of HR & OD
Communications Strategy	
5.9	The Communications Strategy was presented for review which was broadly supported. The Board noted that it did not cover patient and public involvement though this was being considered as part of the External Review of Governance. Generally it was felt that strengthening links with patients and patient groups and patient stakeholders (such as Healthwatch) would be very beneficial.
Guardian of Safe Working Quarterly Report	
5.10	Dr Sunil Dasan presented the Guardian of Safe Working (GSW) latest quarterly report which indicated a reduction in the number of reported exception episodes. He noted however that as many medical rotas had an average working week of over 47 hours, a failure to schedule in time of in lieu could result in the 48 hour working time limit being breached which would incur a fine. There had been four breaches of the 13 hour shift length in Obstetrics and Gynaecology though no fines had been incurred. Further he reported that a number of Educational and Clinical Supervisors are not completing timely exception reports though this was being addressed by the MD and the Divisional Chairs.
5.11	His main concern was a lack of reliable data on rota gaps related to unfilled shifts and he specifically asked the Board to note this. In addition he noted that in some instances, breaks were being missed though he was working with a team from Guy's & St Thomas's on a campaign to encourage staff to take breaks. This served the dual benefit of improving their wellbeing as well as preventing patient safety incidents related to overworking.
5.12	NED Sir Norman Williams asked to what extent the Junior Doctors had accepted the contract; Dr Dasan advised its acceptance was "grudging" though pointed out how important Junior Doctors were in providing the capacity to deliver performance. It was generally accepted that more should be done to make Junior Doctors feel part of the St George's team and that the work of the GSW was an important part of this.
6. CLOSING ADMINISTRATION	
Questions from Public	
6.1	The following issues were raised: <ul style="list-style-type: none"> i. the acoustics from the room meant that it had been difficult to hear all of the Board discussions - the Chairman asked that an alternative venue was sought for Board meetings where possible. ii. different discharge arrangements for patients when services had been outsourced from the NHS - the COO advised that he was something that he was aware of and seeking to resolve. iii. When confirmation about the new control total for 2017-18 would be sought from NHSI (£45m year-end deficit) - the CFO advised that this would be discussed at the end of the month.
Summary of Actions	
6.1	To avoid a repeat of the whole meeting, the Chairman suggested in future that actions

	were highlighted with each item.
Any New Risks or Issues	
6.2	The Board was in agreement that there would be no formal Board meeting in August and the next meeting would take place on Thursday 07.09.17 which was also the day of the Annual Members' Meeting.
Items for Future Meetings	
6.3	The Board noted a forthcoming assessment of winter resilience arrangements and asked for this to be added to the next agenda.
TB.06.07.17/39	Discuss the Trust's Winter Resilience Plans at the September Board meeting. LEAD: Chief Operating Officer
Any Other Business	
6.4	The CEO and Board offered their congratulations to Chairman for receiving her OBE in the Queen's Birthday Honours.
6.5	With no further items of business, the Chairman closed the meeting.

Date and Time of Next Meeting: Thursday 7 September 2017, from 10:00