St George's University Hospitals NHS
NHS Foundation Trust

Minutes of Trust Board Meeting
5 October 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
Tim Wright	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection, Prevention & Control	CN
Andrew Grimshaw	Chief Finance Officer	CFO
Andrew Rhodes	Acting Medical Director	MD
IN ATTENDANCE		
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Richard Hancock	Interim Director of Estates & Facilities	DE&F
Ellis Pullinger	Chief Operating Officer	COO
Mike Murphy	Quality Improvement Director - NHS Improvement	QID
APOLOGIES		
None		
SECRETARIAT		
Fiona Barr	Trust Secretary & Head of Corporate Governance	Trust Sec
Richard Coxon	Membership & Engagement Manager	MEM

Feedback from Board Walkabout

The Board members began by giving feedback from the departments visited which included: Staff Bank Office, Pre-Operative Assessment, Max Fax Unit, Thomas Addison Unit, Dermatology & Lymphoedema Outpatients, Heberden Ward, Neuro Outpatients, McKissok Ward, Paul Calvert Theatres, Sterile Services Department, St James's X-Ray and Children's Emergency Department. Themes included generally good staff morale and good compliance with the Bare Below the Elbow (BBE) policy – including evidence of staff challenging other staff who were not BBE in clinical areas.

General observations included suggestions on how space could be better used to improve layout and storage. Board members who visited outpatient areas commented on two main areas of inconsistency:

i. Check-in facilities – in some areas, check-in facilities were electronic and in others they were desk-based. Board members felt that electronic check-in facilities probably provided a better patient experience as it speeded up the process
ii. "Customer service" – in some areas, staff were very helpful and engaging with patients and in others appeared to be "chatting" and not responding to patients.

In Sterile Services, Board members were impressed by the high volumes of instruments which staff were decontaminating every day – sometimes using equipment which was very old, though there were no complaints. One of the NEDs visited CommCell, the weekly internal review of Trust performance, and commented that it was very positive to see the wide cross-section of staff in attendance and the engagement with actions to improve performance week on week.

1. OPENING ADMINISTRATION	
Welcome and Apologies	
1.1	The Chairman opened the meeting and advised there were no apologies. Tim Wright, new Non-Executive Director, was welcomed to his first Board Meeting and the Chairman also noted that Anne Brierley, the new Director of the South West London Acute Provider Collaborative, was in attendance.
Declarations of Interest	
1.2	There were no declarations of interest.
Minutes of Meeting held on 07.09.17	
1.3	The Chairman advised that she had separately received a note from Hazel Ingram regarding the point she made in section 7.2 of the minutes and these would be amended to reflect this. Other minor amendments included: i. page 1: add the Rose Centre to list of places visited ii. page 5: replace "pharmacy" with "drug related' in 4.1 iii. page 7: amend 6.1 to clarify that only if staff refused the offer to attend safeguarding training would they be stopped from working.
1.4	Otherwise the minutes were accepted as a true and accurate record of the meeting held on 07.09.17.
Action Log and Matters Arising	
1.5	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. The DHROD gave a verbal update on action TB.06.07.17/38 advising that a new Tableau report would provide details of gender, equality and diversity and over time the Trust would be able to report on all the Protected Characteristics.
CEO's Report	
1.6	The CEO gave a brief report, advising that two new Directors had been appointed in recent weeks, Suzanne Marsello as Director of Strategy and Kevin Howell as Director of Estates & Facilities. Both were very experienced Directors and would start in early January 2018.
1.7	She noted that the Trust's performance on Referral to Treatment standards remained an area of considerable focus. An action plan would be discussed in the public part of the November Board meeting, formally setting out progress and how risks and issues were being managed to ensure patient safety was paramount.
1.8	The Annual Members Meeting which took place after the Board Meeting on 07.09.17 had been a big success with over 70 attendees. The feedback had been very positive and would be used to plan next year's event.
1.9	The CEO apologised for the late issue and quality of some of the Board Papers and advised of action she was taking to address this to ensure that her Executive Team produced high quality papers and presented these to the Trust Secretary for issue to the Board, one week before the Board meeting. The Chairman looked forward to seeing an improvement.
STRATEGY	
Trust Response to *Providing High Quality Healthcare Services 2020 to 2030*	
2.1	The CEO introduced the joint response agreed with Kingston Hospital and Croydon

	University Hospital to the *Providing High Quality Healthcare Services 2020 to 2030* engagement document published by Epsom & St Helier University Hospitals NHS Trust. She noted that the appointment of the new Director of Strategy would help the Trust produce its clinical strategy and support wider links with other key trusts in South West London.
2.2	The Board received the response.
QUALITY	
Quality Committee Report	
3.1	Sir Norman Williams, Chair of the Quality Committee (QC) gave an update report from the meeting held on 27.09.17, apologising that the agenda indicated it would be a written report when it was oral.
3.2	The Quality Improvement Plan (QIP) was reviewed by the QC which recognised the amount of work that had been put into it and commended the report. However, it had not been quite ready to be finally approved so the QC deferred this decision to the Board
3.3	The new Complaints Policy was discussed and the QC broadly welcomed the improvements put forward such as categorisation based on severity (Red, Amber, Green) and the number of days for responding to and addressing the complaint based on severity. However, the committee felt that the new process was "not quite there" and asked the Executive to focus on responding and resolving as quickly as possible and learning from results and being able to demonstrate this.
3.4	There was some discussion around Serious Incident (SI) reporting which had increased with no clear reason for this but was being monitored. It was felt that the quality of the SI reports were improving though more work was required to confirm actions were completed and lessons learned and embedded.
3.5	The QC had been briefed on plans to prepare for another CQC inspection at the end of November and was pleased with plans and felt the Trust was in reasonable shape. There will be a mock CQC inspection in which Governors and Patient Representatives will be invited to participate.
3.6	The QC identified a new risk as a result of the paper on the Caldicott Guardian and the new General Data Protection Regulations (GDPR). The Committee felt that there needed to be greater clarity and visibility on the action being taken to respond to the legislation. It also noted the punitive penalties for any breach of the Regulation (up to 2-4% of operating revenue). It learned that the CIO was leading the recruitment of a new Data Protection Officer (required by the legislation) and also looking to strengthen the Trust's information governance team which the report indicated was under-resourced. Given the magnitude of change that GDPR would bring, the QC requested regular updates on GDPR progress.
3.7	The QC had received a progress update on the Cardiac Surgery department noting the use of an external HR company to support the department review and address its team dynamics. The QC was assured that the Executive was overseeing a process with the department that ensured patient safety remained paramount.
3.8	The Committee received the report.
Quality Improvement Plan	
3.9	The CN introduced the QIP and advised of the work still underway to refine the outcome measures and address some minor inconsistencies. The Board generally welcomed the Plan and noted that it would continue to evolve as new priorities emerged. The Board approved the QIP subject to these amendments being made.

PERFORMANCE	
Integrated Quality & Performance Report (IQPR)	
4.1	The DDET introduced the IQPR and advised that day case activity had increased though two theatres were closed for refurbishment which demonstrated a much more efficient theatre utilisation – this was welcomed. However the Trust was still underperforming against the Four Hour Operating Standard and achieved 89.9% in August 2017 and this had a knock-on impact to patient experience which was lower when the Emergency Department was busy; also patients who waited for more than four hours in pre-admission spent an extra day at the Trust. The NEDs expressed concern about the performance against the Four Hour Operating Standard and asked what actions were being taken to address this. These included: i. Reviewing best practice from Croydon Emergency Department and how something similar could be introduced at St George's. ii. Introducing an A&E hub concept, enabling patients who were triaged to see a GP to be iii. able to see one on site. iv. Working with the Local Authorities and other partners to manage demand from care homes differently – eg rather than ambulance conveyance to St George's, investigating if a GP could attend in the first instance to "see and treat".
4.2	The Board noted the increase in the number of complaints and Serious Incidents which had been discussed at the last Quality Committee and would continue to be kept under close review. The Board discussed Safety Thermometer and noted that some patients were admitted to the Trust with pre-existing "harms", such as Pressure Ulcers and the CN explained that, if there were themes emerging around poor care in specific areas, these were raised with commissioners. In the case of "new harms" as a result of a patient's stay in hospital, the acting MD proposed that the Trust should analyse the 5% of patients who came to harm and thus ascertain the further improvements required. He agreed to explore this further with the Quality Committee.
TB.05.10.17/46	**Quality Committee to explore how further improvements can be made for all and new harms.** **LEAD: Acting Medical Director, Andy Rhodes**
4.3	The COO advised that only three out of the eight cancer standards were met in July and diagnostic performance remained below the 99% Trust standard. However the unvalidated performance for August for both cancer and diagnostics looked much more positive
4.4	The DHROD noted some planned changes for workforce reporting in the IQPR which he had discussed at the Workforce & Education Committee. He noted that whilst reducing the recruitment process from 70 to 40 days, it was still difficult to recruit in some areas – for example on particular wards or in some specialities where there was a nationwide shortage of clinicians (eg neuroscience). However efforts were unstinting to recruit to these posts and present St George's as an attractive place to work and an employer of choice – not least because staff shortages could have a big impact on performance and patient experience. The DRHOD advised of work with NHS Improvement to improve staff recruitment and retention.
4.5	The Board received the report noting the position on a range of performance indicators.
Emergency Prevention Preparedness & Response (EPRR) – Assurance and Compliance Report	
4.6	The COO presented the report which set out the self-assessment which the Trust had completed and submitted in September as part of the 2017 NHS England EPRR assurance process. There would be a follow-up meeting in October to formally review the return and consider the Trust's role as a Strategic Asset and Major Trauma Centre. The self-assessment was against the Trust's compliance with the core standards of the Civil Contingencies Act (2004) as a category 1 responder.

4.7	Whilst the Trust had rated itself green in most areas (fully compliant with the core standard) and had no areas which were red (not compliant with core standard and no evidence of progress), it did rate itself as amber in five core standards (not compliant but with evidence of progress). The Board noted that one of these core standards (20) covered utilities, IT and telecommunications failure which continued to be the focus of considerable management attention. The whole return, and particularly the areas rated amber, had previously been discussed at the Trust's Risk Management Committee.
4.8	The report was received but the Board requested a further update after the NHS England follow-up visit.
TB.05.10.17/47	**Board to receive a further update on the Trust's compliance with core standards against its duties as a Category 1 responder following the review by NHS England. LEAD: Chief Operating Officer, Ellis Pullinger**
FINANCE	
Finance & Performance Committee Report	
5.1	Ann Beasley, Chair of the Finance & Performance Committee (FPC), gave a verbal update from the meeting on 27.09.17 advising that the Committee particularly focused on a number of areas of underperformance against key standards, eg for cancer, diagnostics, the Four Hour Operating Standard, which had already been covered in the meeting. Whilst the Committee had welcomed the improved theatre utilisation, it had been very clear that the levels of efficiency must be maintained when both theatres were returned to operation. She also expressed concern with the likely financial outturn for 2017-18, noting that the current performance was slightly adverse to plan though the plan assumes a significant improvement in the latter half of the year.
5.2	On a positive note, she confirmed that the Committee welcomed the efforts by the Executive to bring the budget planning process forward and to use a zero based approach to budget planning for 2018-19. Whilst the Committee had approved a capital business case, it had noted some deficiencies in the overall business case process which the Executive agreed to address.
5.3	Regarding agency usage, the Committee Chair confirmed that it was in line with plan but was concerned that there was insufficient evidence of month on month reductions. The CN, MD and DHROD all confirmed that the management had a much tighter grip on agency spend – not least through Divisions being scrutinised every two weeks on their agency spend and adherence to their Divisional agency cap.
5.4	The report was received.
Month 5 Finance Report	
5.5	The CFO presented the Month 5 Finance Report which showed a cumulative deficit of £33.9m at the end of August 2017 which was adverse to plan by £1.3m. He confirmed that whilst the position was not in line with the plan agreed with NHSI, to end the year with a £45m deficit and run rate, performance was broadly in line with the Trust's forecast plan of a £55m year-end deficit. As with previous months, income was adverse to plan and the overall financial position was being partly offset by expenditure underspends. Whilst the cost improvement programmes (CIPs) were showing ahead of schedule, this was due to how they had been profiled and the Trust was still slightly short of the full value of the CIP plan: around £42-43m had been identified against an internal target of £47m (to provide a level of contingency).
5.6	Particularly for the second six months of the year, the CFO confirmed that the Trust needed to maintain a continued focus on control, both in the development and delivery of CIPs and the tracking of activity but also in challenging expenditure and finding opportunities to reduce it safely. At Divisional meetings all aspects of financial performance were being challenged and this was a key part of exerting grip on the Trust's

	financial position. The CEO explained how she wanted to devolve budget management and responsibility down to the lowest possible level to enable wards and departments to take greater ownership and accountability for budget performance. The NEDs welcomed this approach but there must be a relentless focus on keeping within budget. They encouraged the Executive to consider how good budget management could be rewarded (and poor budget management result in sanctions).
5.7	The Board received the report noting the financial position.
WORKFORCE	
Workforce & Education Committee Report (including Update from Guardian for Safe Working)	
6.1	Stephen Collier, Chair of the Workforce & Education Committee, provided a verbal report from the meeting held the previous day (04.10.17). The latest Friends & Family Test (F&FT) results showed that 79% of staff would recommend the Trust as a place for treatment (up 2% from last quarter), and 51% would recommend the Trust as a place to work (up 7% from last quarter). These were encouraging results which he hoped would carry through to the NHS Staff Survey which would launch formally on 09.10.17 and close before Christmas.
6.2	The Committee learned that the St George's Charity had approved £80k funding to support 50 overseas qualified nurses currently working at the Trust as Healthcare Assistants (HCAs) to complete a conversion course to become UK registered nurses. In addition the Charity had approved £50k part year funding to establish a bursary fund to support staff in their continued professional development, where no other funds were available. This generous support was welcomed by the Committee.
6.3	The Committee received the latest quarterly report on junior doctors' working hours from Sunil Dasan, Guardian of Safe Working (GSW), which highlighted two instances that had raised specific patient safety concerns. The Committee was concerned with the apparent lack of progress in General Surgery, noting that it would receive a further fine, though the issues were more systemic to the Trust rather than specific to General Surgery. The Committee agreed that both issues should be discussed in more detail at the next available Executive Management Team (EMT) meeting and that future reports of the GSW should be routed through the EMT before being presented to the Committee.
6.4	In addition, the Committee approved a Staff Engagement Plan, a Workforce Race Equality Standard Engagement Plan, endorsed the Trust Chairman, Gillian Norton, as the Trust's Board Champion for Equality & Diversity, agreed an approach to awarding staff based on contribution rather than length of service and proposed to investigate pensions flexibility.
6.5	The Board received the report.
GOVERNANCE	
Audit Committee Report	
7.1	Sarah Wilton, Chair of the Audit Committee (AC) reported from the meeting held on 13.09.17 where the AC received a number of final Internal Audit reports which had an opinion of limited assurance, two of which were for 2017-18 and covered key audit areas. To ensure that the overall Head of Internal Audit Opinion for 2017-18 was one of at least reasonable assurance, it would be essential for the majority of this year's Internal Audits reviews to return a position of reasonable assurance or better. The Committee also stressed to Executives responsible for actions arising from these audits that they must be completed within agreed timescales. The Committee also welcomed the CEO's direct involvement in agreeing any extension to deadlines. Proposals to update the current year's Internal Audit Plan to reflect changing priorities and the need for assurance in a number of new areas was discussed and this would be considered again at the November AC meeting.

7.2	The Committee was still not adequately assured that the learning from completed Counter Fraud cases was always being disseminated to reduce the risk of similar frauds occurring in the future and encouraged the Counter Fraud team to work with the Communications team to agree how awareness across the Trust could be improved. The AC also recommended that EMT received a regular report on Counter Fraud.
7.3	In closing, the AC Chair urged the Executive to improve its production of papers and attendance at Committee meetings and noted the action taken by the CEO to minimise recurrence.
7.4	The Board received the report.
Corporate Risk Register	
7.5	The CN introduced the report and advised that she and her team were doing more work to understand these risks and how they had been scored. She assured the Board that all the risks had all been subjected to a full discussion at the Risk Management Committee and as a result some risk descriptions would be updated and scores reduced (for example for the risk around water safety management). Two new risks around electrical infrastructure had also been added.
7.6	The Executive assured the Board that by the next Board meeting, the scoring on the two IM&T risks would be reduced from 25 to 20 as a result of a full review of both risks and an assessment of the controls and mitigations in place. In addition the Executive agreed to arrange a Board seminar on the Trust's IT programme and plans for IT investment.
TB.05.10.17/48	**Present the two updated IM&T risks on the Corporate Risk Register (covering data quality, completeness or consistency, and ICT infrastructure failure) to the November Board meeting setting out revised risk scores which more accurately reflect the controls and mitigations in place.** **LEAD: Chief Financial Officer, Andrew Grimshaw**
TB.05.10.17/49	**Arrange a Board seminar on the Trust's IT programme and plans for IT investment** **LEAD: Chief Financial Officer, Andrew Grimshaw, and Trust Secretary, Fiona Barr**
7.7	The Board received the report and noted the actions underway to update the Corporate Risk Register and manage the risks contained within it. Whilst the Board required an update on the IM&T risks at the November meeting, it asked the Executive to complete more work on the Corporate Risk Register before re-presenting to a future meeting for assurance and review.
8. CLOSING ADMINISTRATION	
Questions from Public	
8.1	Khaled Simmons, Public Governor for Merton, welcomed the programme governance on the QIP but asked how he could find out more about the work underpinning the workstreams. The CN advised that this was available to drill down from the staff intranet and would look into how this could be made visible to the public as well as staff.
TB.05.10.17/49	**Consider how to make the information underpinning the Quality Improvement Plan available to the public online.** **LEAD: Chief Nurse, Avey Bhatia**
8.2	Hazel Ingram, Patient Experience Representative, welcomed the news that Suzanne Marsello was returning to the Trust as Director of Strategy. She was also pleased to know that the Trust Board was sampling patient food at lunchtime, which she thought was excellent. However when she had spoken to patients, she found that they were not always aware of the choices available and/or get offered an alternative menu. This was noted.
8.3	Hilary Harland, Public Governor for Merton, asked what was being done to improve the Trust's performance against the two week cancer wait target. The COO explained that the national reporting for cancer treatment figures was always one month in arrears and the

	unvalidated position from the Cancer Team showed that over 90% patients are seen within two weeks (this was being tracked weekly). He also explained that some patients opted to be seen outside the two week window (out of their own choice) though he and the team were working with the clinicians to encourage patients to be seen as quickly as possible and to closely track their progress.
New Risks or Issues and Any Other Business	
	There were no new risks or issues and no items of any other business. In closing the meeting, the Chairman thanked Gemma Stott, Consultant Dietitian & Professional Lead, Jenni Doman, Assistant Director – Facilities, as well as the Mitie team, for organising the patient food for sampling over lunch.

Date and Time of Next Meeting: Thursday 9 November 2017, from 10:00