Minutes of Trust Board Meeting
7 September 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
Andrew Rhodes	Acting Medical Director	MD
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
Karen Daly	Associate Medical Director/Responsible Officer (item 3.5)	AMD-RO
James Friend	Director of Delivery, Efficiency & Transformation	DEDT
Richard Hancock	Director of Estates & Facilities	DE&F
Nigel Kennea	Associate Medical Director (item 3.4)	AMD
Ellis Pullinger	Chief Operating Officer	COO
APOLOGIES		
Jenny Higham	Non-Executive Director	NED
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 their visit to Queen Mary's Hospital (QMH) on the 10.08.17. The departments visited included: Outpatients, Diagnostics, Gwynne Holford Ward, Wolfson Rehabilitation Unit, Amputee Rehabilitation Unit and Wheelchair Service. General themes included positive, courteous and enthusiastic staff with all areas feeling airy, light and providing a calm atmosphere for both patients and staff. It was agreed that the Roehampton campus was underutilised and the additional capacity could be used to alleviate pressure on the Tooting campus. It was noted that the high level skills of the amputee and wheelchair service needed to be developed for a new generation through apprenticeships. There had been an opportunity to try the patient food at lunchtime and Board Members were impressed with the choice available. The MD stated that he had been to the staff canteen there the week after and was disappointed at what was on offer.

At today's walkabout Board members visited: the Spiritual Centre, Brodie Ward, Porters' Lodge, Pharmacy, Mortuary, the Rose Centre, Dragon Centre and Dialysis Unit. The feedback was very positive about the Spiritual Centre which provided a calm multi-faith area in the centre of the hospital for everyone and the Henry Marsh Garden, by the Brodie Ward, for providing a quiet area for patients. The porters were welcoming and positive despite the very poor condition of the Porters' Lodge. The majority of staff who met Board members were very committed and had good ideas on how to improve efficiency. Succession planning was also found to be an issue with long serving staff moving to other trusts due to lack of progression opportunities. The pharmacy was very impressive though the estate could benefit from a refresh.

1. OPENING ADMINISTRATION	
Welcome and Apologies	
1.1	The Chairman opened the meeting and gave apologies from Jenny Higham. She reported that John Murray & Tom West from Deloitte were in attendance.
1.2	The Chairman mentioned that a new Non-Executive Director had been selected for appointment following a rigorous day of assessment. The candidate would be presented for formal approval at the Council of Governor meeting on 14.09.17 and would commence with the Trust following completion of the appropriate checks. There were also interviews scheduled for the posts of Director of Strategy and Director of Estates for later in the month.
1.3	The Annual Members' Meeting would take place later in the day which will be celebration of staff achievements. The Chairman explained that during the day, visitors and staff at both the Roehampton and Tooting campuses were being invited to write down on post it notes what they love about the Trust or working here.
Declarations of Interest	
1.4	There were no declarations of interest.
Minutes of Meeting held on 06.07.17	
1.5	These were accepted as a true and accurate record of the meeting held on 06.07.17.
Action Log and Matters Arising	
1.6	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.
CEO's Report	
1.7	The CEO gave a brief report, advising that: i. Following the inspection by the Care Quality Commission (CQC) in May, the Trust had now received the official report which noted a number of considerable improvements though indicated there was still much work to do. ii. The Elective Care Recovery (ECR) Programme had become a main priority with a major restructure of the team which would now report to the Chief Operating Officer. A formal update report would be brought to the Board meeting setting out actions for both the Roehampton and Tooting campuses. Diana Lacey, outgoing ECR Programme Director, was thanked for all her hard work. iii. The Integrated Sexual Health Services would be moving to a new provider (CLCH) from the 01.10.17 after the Trust opted not to bid for the service. Staff were being supported in their transfer to CLCH which was actively considering what model it needed going forward. The HIV service currently provided would be unaffected. iv. The CEO also met with 100 OP staff last week to discuss the Trust and way forward. v. Good progress was being made with the external review of governance and a number of internal processes were being updated and improved as a result.
STRATEGY	

South West London Sustainability & Transformation Partnerships (STP) and Acute Provider Collaborative	
2.1	The Board was advised that transformation of both planned care and emergency care pathways was under development through the work of the South West London (SWL) STP and the SWL Acute Provider Collaborative. This may pave the way for an Accountable Care System (ACS) or an Accountable Care Organisation (ACO) though discussions were still at an early stage.
2.2	The Executive was keen to apprise the Trust Board of these developments and to keep it fully briefed so that the Trust could take an active role in the development of any changes.
2.3	The Board agreed to receive further updates at the Board meeting in September, covering the SWL Procurement Hub and the hosting arrangements for South West London Pathology (SWLP) and South West London Elective Orthopaedic Centre (SWLEOC). The Board noted progress with other collaborative arrangements in SWL including the Staff Bank which had harmonised pay amongst key groups of staff. Once the impact of this had been assessed, there would be expansion into other staff groups and this represented a key strand of the strategy to reduce agency spending.
2.4	The Chairman welcomed the update and agreed that this was an important area of development which would pick up pace once the new Director of Strategy was appointed.
TB.07.09.17/40	**Receive a paper on the SWL Collaborative Governance Arrangements for approval at the 05.10.17 Board meeting.** **LEAD: Chief Operating Officer, Ellis Pullinger**
TB.07.09.17/41	**Receive a report on the proposed arrangements for the SWL Procurement Hub.** **LEAD: Chief Financial Officer, Andrew Grimshaw**
QUALITY	
Quality Committee Report	
3.1	The Chair of the Quality Committee gave an update report from the meeting held on the 26.07.17. He noted the intention which was welcomed to return the Committee to meeting monthly.
3.2	There had been two Never Events in operating theatres and measures to address this had included training all the teams concerned using human factors training and this approach was welcomed.
3.3	A comprehensive nursing review into the nursing establishment had been conducted by the Chief Nurse. The staffing levels were reviewed and matched against national and speciality guidance. This process identified the equivalent of 54wte that could safely be removed from the ward budgets, saving £3.9m; the process was supported by NHS Improvement (NHSI).
3.4	Whilst there had been a greater incidence of MRSA in recent months, a deep dive review considered by the Committee indicated that there had no lapses in care. There were concerns that compliance against hand hygiene and basic infection control procedures had reduced though this was being addressed through a Period of Increased Surveillance Audit (PISA) process.
3.5	The Committee had been informed that the Trust had received an alert from NICOR (National Institute for Cardiovascular Outcomes Research) and an external independent review was being commissioned to investigate if there was a problem and, if so, recommend measures to be taken.
3.6	The Committee also considered the Annual Safeguarding Report for Children which was incorrectly described in the Committee report to the Board as the Annual Safeguarding Report for Adults. This error was noted
3.7	The Committee received the report.

Care Quality Commission Report and Action Plan	
3.7	The CN introduced the Report and Action Plan. The CQC had found significant progress had been made against the section 29a warning notice but also identified areas that required continued focus and improvement. The warning notice had been lifted but improvement notices remained for regulations 5, 12, 15 and 17 which were being addressed.
3.8	A detailed response had been produced and returned to the CQC by the 29.08.17 deadline; the CQC would continue to monitor progress.
3.9	The Chair of the Audit Committee welcomed the report and recent improvements on the follow up and closure of Internal Audit recommendations which had been identified by the CQC as an area of weakness.
3.10	The report was received.
Outstanding Care Every Time – Our Quality Improvement Plan	
3.11	The CN was pleased and proud to be presenting the Quality Improvement Plan (QIP) in its new format which set out the Trust's statement of intent in relation to its quality priorities and how these would be measured. She reported that there had been a high level of clinical involvement in the production of the new QIP though advised that it remained under review. Whilst it would remain very much a "live" and dynamic document, she was keen to finalise and publish it following input from the Board.
3.12	Non-Executive Directors welcomed the plan but agreed it would benefit from further discussion particularly in relation to indicating as it had not been previously considered by any Board Committee. It was agreed that a separate Board Workshop would be arranged to finalise the QIP prior to submission in final form to the Quality Committee and Board.
TB.07.09.17/42	**Arrange QIP Board Workshop before the next Quality Committee on 27.09.17.** **LEAD: Trust Secretary & Head of Corporate Governance, Fiona Barr**
Mortality Monitoring – Learning from Patient Deaths Update	
3.13	Nigel Kennea, AMD and Neonatologist, joined the meeting to present the paper. He explained that the Trust had to have a policy on Learning from Patient Deaths which was compliant with the National Framework on Learning from Patient Deaths and this was scheduled for approval at PSQB later in September.
3.14	It was noted that between 80-90% of deaths in the Trust were reviewed in the Trust and whilst St George's was a leader in the area of learning from patient deaths, and mortality statistics remained positive, the Board questioned if it had the right information to detect any emerging problems. In this regard it considered the National Hip Fracture Database report (September 2017) which showed the Trust as a mortality outlier for 2016. Nigel Kennea explained that even before the report was received, all cases had already been subject to review and validation which indicated that the majority of the patients were elderly and had co-morbidities which reduced their chances of survival. However what was the subject of on-going monitoring and review was the for prioritising of younger complex patients over older patients with co-morbidities at times of high stress, for example in winter when theatre time is limited.
3.15	In this regard, Nigel Kennea raised the importance of having clarity on the consultant in charge of a patient's care and noted that this could be difficult if the patient had multiple needs. Following a brief discussion, it was agreed that the Medical Director look into consultant attribution and report back to the Quality Committee on how this would be achieved and by when.
TB.07.09.17/43	**Advise how consultant attribution is agreed and report this to the Quality Committee.** **LEAD: Acting Medical Director, Andy Rhodes, and Associate Medical Director and Neonatologist, Nigel Kennea**

3.16	The Board received the report.
A Framework of Quality Assurance for Responsible Officers and Revalidation	
3.16	Karen Daly, the AMD-RO, presented the report explaining that as a designated body the Trust and its Responsible Officer (RO) had statutory responsibilities that were monitored by NHS England. These responsibilities included the oversight of annual appraisal of the medical employees of the Trust and the monitoring of their fitness to practice.
3.17	Karen Daly explained that in response to the completed return sent into NHS England (NHSE) in June 2017, NHSE identified two areas of concern in the national comparator report: i. The Trust had only a basic administrative process for recording the appraisal of doctors and only one validation support officer who sent out manual reminders and recorded information on a spreadsheet. This was an area which could be improved. ii. Whilst there was a process in place to manage areas of concern for medical practice it was not felt to be robust and could be strengthened – particularly through the triangulation of information.
3.18	The Chair of the Audit Committee expressed concern that there was no electronic system to support revalidation and identify concerns with fitness to practice. The AMD-RO explained that the Trust uses NHS MAG form but data was collected manually. However the Trust was in the process of purchasing a multisource 360 assessment tool.
3.19	It was agreed that a better electronic system was required to support and that this should be prioritised in the Capital Programme.
3.21	The Board thanked the AMD-RO for her report and looked forward to receiving another annual report next September though asked that she provide interim reports to the Workforce & Education Committee in the meantime.
TB.07.09.17/44	**Provide interim reports on Medical Revalidation to the Workforce & Education Committee.** **LEAD: Acting Medical Director, Andy Rhodes, and Associate Medical Director and Responsible Officer Karen Daley**
PERFORMANCE	
Integrated Performance Report	
4.1	The DEDT reported that there had been a Never Event in July 2017 which meant there had been two cases to date in 2017-18. There were 11 Serious Incidents (SIs) declared in July 2017 including one drug related. On the safety thermometer, performance had dropped since December to slightly below 95% and the CN was looking into the causes of this.
4.2	The DHROD reported that the workforce benchmark data against other trusts will be built into future reports. Staff sickness had increased to 3.6% compared to 3.4% the previous month. Human Resources had been trialling a new initiative to manage staff sickness and the Workforce & Education Committee will look at the impact of this.
4.3	The report was received.
Winter Preparedness 2017-18	
4.4	The COO presented the report which outlined the Trust's preparedness for Winter 2017-18 as well as sector wide planning. It was noted that this item would return regularly as the Board would want to monitor progress and performance throughout the winter months.
4.5	The report was received.

FINANCE	
Finance & Performance Committee Report	
5.1	The Chair of the Finance & Performance Committee (FPC) reported the financial performance had been discussed in detail at the last meeting and noted significant improvements in the level and type of financial reporting. The Financial Recovery Programme (FRP) workshops had played a key role in supporting refinements to the FRP.
5.2	In closing the item, she explained that the Committee had reviewed the Capital Programme which was the first time it had been received at the Committee. She welcomed its consideration later on the Board agenda. She also noted continued nervousness around financial planning for 2018-19 though advised that a paper outlining the process was scheduled for FPC.27.09.17.
Month 4 Finance Report	
5.3	The CFO presented the Month 4 Finance Report which showed a cumulative deficit of £28.5m in July, a favourable variance of £0.03m and in line with what has been agreed with NHSI. The delivery of £45m yearend deficit remained still at risk though mitigations included identifying more cost improvement programmes (CIPs) and maintaining a strong grip on financial performance. Income was £8.9m adverse to plan though expenditure was £8.9m favourable to plan.
5.4	The CFO noted that the Trust was ahead of plan on CIPs though a number remained “amber” as the actions required to achieve them had not yet been set out. He advised that the Trust continued to rely on working capital support from the Department of Health. .
5.5	In closing he noted that action was still required to validate income recovery and improve the depth of coding and reporting. This was a very complex multi-factoral issue with implications throughout the organisation to address it successfully.
5.6	The report was received.
Capital Plan Allocations 2017-18	
5.7	The CFO reported that the Capital Plan for 2017-18 was £43.9m and that discussions were ongoing with NHSI regarding emergency capital. Whilst this had not yet been secured, NHSI were described as being “sympathetic” to the request for additional funding.
5.8	The Board was asked to note that the FPC had agreed: i. The proposed approach to manage the overall Capital Programme given the forecast overspend. ii. To support the continued Information Management & Technology (IMT) expenditure above allocation, noting that this is at risk unless further capital funding could be secured. iii. To mitigate the forecast expenditure two parallel actions would be progressed: 1. Seek additional capital funds, primarily in relation to IMT. 2. Identify options to reduce the forecast outturn to within available expenditure. This would require other programmes and projects to be reduced/delayed. iv. The prioritisation of IMT and medical equipment due to their relationship to both quality improvement and RTT.
5.9	The report was received.
Evaluation of Overseas Visitors and Migrant Cost Recovery Project	
5.10	The CFO introduced the report which set out the findings from the Overseas Visitors study in Obstetrics. The aim was to establish the eligibility of patients for free NHS treatment

	and the pilot was part of a Department of Health and NHSI strategy to recover income from patients who were not eligible for free NHS care. As at 31.12.16 the overall outstanding Trust debt from overseas visitors was circa £5m with £1.75m attributable to Obstetrics.
5.11	During the pilot, new processes were introduced which required all new patients to provide two forms of identification and proof of residency at their first appointment. This helped identify whether the patient was legally resident in the UK in the previous 12 months and entitled to free NHS care. Following the introduction of the new processes 99% of the total patients seen were able to confirm eligibility. The remaining 1% (18 patients) were not eligible and were invoiced accordingly.
5.12	The Board received the report.
Children Safeguarding Annual Report 2016-17	
6.1	The CN introduced the report which had previously been considered at the Quality Committee. Staff training at all levels was now seen as very good and the focus had now turned to targeting areas which were outliers; staff who had not been trained and had not taken up offered training would not be able to practise. The CN noted that one of the main areas of risk was the Trust's IT systems – as records were fragmented, it was difficult to get a whole view of a patient's care (whether adult or paediatric).
6.2	The CN reported high levels of confidence that staff would follow the safeguarding policy for children and flag a child for whom they had safeguarding concerns. However she noted that not all of the necessary documentation was completed in all cases. She added that there was a growing awareness and sensitivity amongst staff to look for child safeguarding signals when seeing vulnerable adult patients – "treat the adult, treat the child" – and getting the timing right on when and how to involve external stakeholders, though this should be applauded.
6.3	The Chairman thanked the CN for the excellent report which highlighted all the right concerns. The Chairman asked how the Trust's children's safeguarding arrangements are viewed externally. The CN responded that she believed that the Chair of the local Safeguarding Board would respond positively. The report was received.
Fit and Proper Persons Update Report	
6.4	The DHROD introduced the report which sought to give the Board full assurance that the Trust was now fully compliant with Regulation 5: Fit & Proper Persons: Directors.
6.5	Following the CQC's unannounced visit in May 2017 where they found that the Trust did not have "suitable arrangements in place for ensuring Directors were fit and proper" and found files were incomplete, the Trust had asked Internal Audit to conduct a deep dive into the Trust's Fit & Proper Person process. Internal Audit gave reasonable assurance on the process but identified a number of small improvements that could be made, such as keeping a checklist of progress against the checks..
6.6	Some small errors were noted in the report's appendix though these would be corrected and an updated appendix uploaded to the website. This would be an area that the CQC would reinspect on their return to be fully satisfied that the Trust's procedures and record keeping was in order.
TB.07.09.17/45	**Correct the appendix to the Fit and Proper Persons Update Report and upload to the website.** **LEAD: Director of HR & OD, Harbhajan Brar**
6.7	The Board thanked the DHROD for taking the grip required on this process. It was noted that the new NED would not start without all the necessary paperwork and checks being completed which the Trust's recruitment team would process.
6.8	The report was received.

6. CLOSING ADMINISTRATION	
Questions from Public	
7.1	Khaled Simmons, Public Governor for Merton explained that he had recently visited the Roehampton site and noted that some areas appeared to be under-utilised. In response, the CEO advised that a strategy for QMH was under development and there may be scope to re-locate overcrowded services from Tooting to Roehampton. He asked a second question about the human factors training mentioned earlier in the meeting and the MD explained that the Trust had an advanced patient simulation and skills centre which provided a very effective environment for multi-disciplinary learning.
7.2	Hazel Ingram, Patient Experience Representative, commented that the patient experience at the Roehampton site was better than at Tooting. She noted that at the Tooting site waiting times were sometimes much longer, for example her experience at Christmas two years ago where patients were waiting two weeks for operations due to lack of surgeon holiday cover. In response, the CEO explained that there was a lot of operational detail behind the Trust's winter plans to try to minimise disruption to patients during the bank holidays.
7.3	There was a final question relating to what was being done to support staff, for example those affected by the loss of the Sexual Health Services contract. The Board recognised that this was a difficult time for those particular staff. A number of mechanisms were in place to listen to staff concerns, such as Team Talk, Listening into Action and the soon to be launched "Big Conversations". Whilst the Executive closely monitored sickness absence, levels at the Trust were in line with comparable trusts.
Any New Risks or Issues	
7.2	There were no new risks or issues.
Any Other Business	
7.3	There were no items of any other business.
Staff Story	
Kelly Kohut, Lead Genetic Counsellor, and her team were nominated for a Trust Values Award in August 2017 for their great work in providing personalised, sensitive care to patients who had a significant risk of breast and ovarian cancer due to a BRCA1 or BRCA2 gene mutation. These patients were faced with difficult decisions about risk reducing surgery and the challenge of sharing information with their families. The team was also involved in the 100,000 Genomes project in which St George's had an excellent reputation and this was a likely area of expansion. In closing she described a close team dynamic with team members supporting each other and to celebrating each other's success.	

Date and Time of Next Meeting: Thursday 5 October 2017, from 10:00