

Minutes of Trust Board Meeting
9 November 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
APOLOGIES		
Mike Murphy	Quality Improvement Director - NHS Improvement	QID
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: Wandle Annex; Gardeners; Day Surgery Unit; Surgery Pre-Assessment; Genetics; Communications Cell; Delivery Suite; Radiology; Phlebotomy; Endoscopy; Houtung Centre; Cardiac Cath Lab and Cardiac Investigation.

General observations included very positive staff who were keen to be involved in improving the areas where they work. Estates issues included insufficient storage space or space that was not being fully utilised. In the Pre-Operative Assessment Unit, the unsatisfactory drop off and collection of patients was highlighted again as well as the scope for a more efficient process. These were under review by Estates and the Surgical Division respectively. The SW Thames Regional Genetics service was found to be very innovative, worked well with pathology and managed a paperless office though in general the scientists did not feel well represented in the Trust. They did however invite the Board Members to get their DNA mapped as part of the 100k Genomes Project.

It was noted that some staff had experienced problems completing the Staff survey online or had not received any notification of it. The DHROD was aware and was investigating where the problem lay (eg in the Trust's firewall security or with Picker which was coordinating the survey) though advised that a quarter of Trust staff had so far completed the survey.

The Flu vaccination rate was currently at 69% and should be at 70% by the end of the day.

TB.09.11.17/51	Board to be invited to be part of 100k Genomes Project and a visit organised to the service for interested Governors. LEAD: Director of Efficiency, Delivery & Transformation, James Friend and Associate Director of Communications, Chris Rolfe
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1. OPENING ADMINISTRATION	
Welcome and Apologies	
1.1	The Chairman opened the meeting and advised the only apology was from Mike Murphy, the Quality Improvement Director from NHS Improvement.
Declarations of Interest	
1.2	Ann Beasley declared that she had just been appointed as Independent Financial Advisor to the ACAS Audit Committee but would not be a conflict of interest.
Minutes of Meeting held on 05.10.17	
1.3	The minutes of the meeting of 05.10.17 were agreed as a correct and accurate record.
Action Log and Matters Arising	
1.4	The Board noted that most actions on the Action Log were not yet due or had been closed because appropriate action had been taken outside the meeting. It was agreed that the Board Assurance Framework would come back to the Board in January. It was noted that the Quality Improvement Plan (QIP) information on workstreams would be complete and online before the next meeting.
TB.09.11.17/52	Present a fully populated Board Assurance Framework to the Board in January 2018. LEAD: Chief Nurse, Avey Bhatia
CEO's Report	
1.5	The CEO gave a brief report, advising that the performance of key services remains a particular challenge, especially the against the Four Hour Operating Standard. In September 90.03% of patients were seen within the Four Hour target and performance had deteriorated in October. To involve the whole Trust in the measures to address the Four Hour target, she explained that she had organised a Clinical Risk Summit on 21.11.17 to explore what improvements could be made to improve patient flow, including admission and discharge, and overall deliver a better service for patients. A large number of staff had been invited from the Divisions and individual services along with representatives from the Emergency Department and bed management teams. The NEDs welcomed the approach and asked to be invited to listen and participate. This was agreed.
TB.09.11.17/53	Invite the NEDs to participate in the Clinical Risk Summit on 21.11.17. LEAD: Trust Secretary & Head of Corporate Governance, Fiona Barr
1.6	She highlighted the current focus on quality improvement ahead of the mock Care Quality Commission (CQC) inspection, the launch of Quality Improvement Week at the end of November and the two day workshops with the Institute for Healthcare Improvement at the beginning of December. She would report on progress at the next meeting.
1.7	In closing, the CEO advised that Kevin Howell had been appointed as the new Director of Estates & Facilities and would start will start in post in January 2018. The Trust was advertising for a Director of Corporate Affairs with interviews taking place in the next few weeks. She would make a further announcement at the next meeting.
STRATEGY	
Trust Strategic Objectives	
2.1	The CEO introduced the paper which set out the Trust's Strategic Objectives which had been carefully drafted following internal discussions and presentation to various groups for

	feedback. They were presented for final review before they were launched.
2.2	The NEDs welcomed the work that had been done on the overarching objectives and the supporting deliverables but asked that an objective on strategy and partnership working be added and the objective on spending and saving re-drafted to give a greater sense of urgency. The DHROD also advised that he planned to add an objective on leadership and strengthen the wording on bullying and harassment to clarify that this would not be tolerated.
2.3	In terms of timing, the Board concurred that even though the new Strategy Director would be joining in January 2018, it was important to set out the strategic direction now for the benefit of staff and stakeholders. This would give an important framework from which the Trust could develop its organisational and clinical strategies and also on which the Board Assurance Framework could be built.
2.4	The new Strategic Objectives were agreed subject to changes noted in 2.2.
TB.09.11.17/54	Strengthen the Strategic Objectives by adding objectives on strategy, partnership working and leadership, re-drafting the objective on spending and saving to give a greater sense of urgency and strengthening the wording on bullying and harassment. LEAD: Chief Executive Officer, Jacqueline Totterdell
QUALITY	
Quality Committee Report	
3.1	<p>Sir Norman Williams, Chair of the Quality Committee (QC) gave an update report from the meeting held on 26.10.17 and noted the following:</p> <ul style="list-style-type: none"> i. The Committee undertook a “deep dive” review of the healthcare records workstream of the Quality Improvement Plan and noted continued risks in the availability and storage of healthcare records; it also discussed the importance of moving to electronic health records as soon as possible. ii. The Committee was briefed about the delivery of improvement actions arising from the s.29a and requested a paper to the November meeting on the electricity supply programme of work currently in progress to ensure safety requirements were being met. iii. The Committee received a new report which pulled together information about incidents, complaints, inquests and litigation. Further analysis would be conducted to map this data against location and service and would be presented to a future meeting.. A report on litigation against the Trust was also requested. The Committee noted a high number of incident reports in obstetrics but was assured that this was not unusual. Embedding a culture of learning from incidents and preventing recurrence is a key part of the Committee’s duties and this new report represented a good start from which to review and strengthen these processes. In addition, the Committee considered the visibility of litigation and concurred that the Board should receive an annual report on litigation. iv. Two new cases of MRSA bacteraemia were reported along with a case of Legionella on which a full investigation as to the cause was currently in progress. Of the two MRSA cases, one appeared to have been acquired outside the hospital. The Committee requested an analysis of all three cases brought to the next meeting though received strong assurances that good infection control measures were in place at the Trust. v. The annual review of medication incidents and controlled drugs, presented by the Acting Chief Pharmacist, indicated that the number of incidents reported had increased by 21% though the level of harm had fallen - providing assurance that incidents were being identified and that learning from them leading to improvement had been achieved.

	<p>vi. There had been two serious medication errors in recent months in the prescription of anti-coagulants and it was likely that the controls in the electronic prescribing system would have prevented these errors. The Committee was keen to see the full roll-out of electronic prescribing across the whole Trust as soon as possible.</p> <p>vii. The Committee received assurances on the review underway in the Cardiac Surgery team following a National Institute for Cardiovascular Outcomes Research (NICOR) alert with a fuller paper on a review into cardiac mortality at the next meeting.</p> <p>viii. Good progress was being made on tackling the backlog of elective care though performance – particularly against the Four Hour Operating Standard and Cancer targets – remained a challenge. A report on cancer patients waiting over 104 days for treatment would be taken to the next meeting.</p>
3.6	He concluded by reporting that there was a lot of good work underway to support quality improvement.

PERFORMANCE

Integrated Quality & Performance Report (IQPR)

4.1	The DDET introduced the first part of the report and confirmed that the Four Hour Operating Standard had not been achieved in September (90.3%). There had been particularly high numbers of patients in the Emergency Department on certain days which had created a problem with overall flow through the hospital though steps were being taken to improve escalation. To reduce variability in performance, the weekly “Communications Cell” was reviewing the previous week’s performance and sharing lessons learned/agreed actions to improve performance the following week and there was a daily forward look of staffing levels to ensure clinical staffing best matched time of attendances. Attention was also turning to ambulance handover processes to reduce delays in handover and use the SAFER bundle more consistently. Overall there was not a problem with bed occupancy and good links with local Councils was supporting the timely discharge of patients.
4.2	The CN & DIPC advised that no new patient Never Events were reported in September though there had been two events year to date; thirteen 13 Serious Incidents (SIs) had been declared in the month. There had been one case of hospital attributable Clostridium Difficile infection bringing the year to date total to nine cases against a threshold of 31, though there had been an improvement in CDiff rates over the past six months. The Trust was on the alert for seasonal Norovirus and planned to start reporting against Gram Negative Bacteria in line with new reporting requirements.
4.3	Latest Hospital Standardised Mortality Ratio (HSMR) data Trust showed mortality remained significantly better than expected and Summary Hospital Mortality Indicator (SHMI) was lower than expected when benchmarked against national comparators. The Trust was one of only 17 with lower than expected mortality rates and the Board received further assurance that the National Lung Cancer audit showed that the Trust had better mortality rates when compared with other trusts. This pointed to good learning from patient deaths which had received national recognition.
4.4	In September, six out of the eight Cancer standards were met with improvements in the performance of Breast Symptomatic and recovery plans in place for other modalities. 1.4% of patients had waited in excess of six weeks for a diagnostic procedure against a standard of 1%. Performance would worsen slightly from November as the Trust had recently identified that it had not been reporting on sleep studies and stress echo tests. However it was anticipated that the position would be recovered by the new calendar year.
4.6	The DHROD reported the Trust’s vacancy rate had decreased along with use of agency which was at its lowest ever level. All trusts had signed up to pan London break glass ceiling and St George’s was one of the few London trusts that had remained within it. The Board strongly encouraged the DHROD and the Executive to continue to hold the line.
4.7	The Board received the report.

Elective Care Recovery Programme (ERCP) – Action Plan	
4.8	The COO presented the report which was also been reported to the Quality Committee and Executive Management Team every month.
4.9	He explained that the ERCP had three key workstreams running in parallel across both hospital sites to treat patients; return to reporting patients on a referral to treatment pathway; and also on improvements in technology and training. Two further workstreams focused on elective care (Cancer and Diagnostics) and each workstream was underpinned by a need to provide clear communication to and engage with patients, GPs, staff and other stakeholders.
4.10	The COO talked through the programme structure and deliverables, noting that there was a good deal of work to do before the Trust could return to a position of reporting nationally. However this remained the intention. The plan to move to a new single, improved patient tracking list (which was vital to track patients on their clinical pathway) was on track to be delivered in December 2017 and good progress was being made to 'validate' patients on current patient tracking lists to understand who may require a further appointment with the Trust.
4.11	The Board welcomed the simplicity of how the information was presented - from which they could draw greater understanding and confidence in the steps being taken to treat the backlog of patients. The key change now was to move from a position of validating patients to actually treating them and for that additional capacity was needed. Additionally the DDET noted that the rate of 'did not attend' for outpatient appointments had dropped by 30%, which means 10,000 more patients turned up for their appointments. This would also have an impact on available capacity.
4.12	In receiving the report, the Board extended its thanks to the teams who were working on the ECR programme.
FINANCE	
Finance & Performance Committee Report	
5.1	Ann Beasley, Chair of the Finance & Performance Committee (FPC) was pleased to present the first written report to the Board from the Committee - which had been made possible by the rapid turnaround of the draft minutes.
5.2	She advised that between FPC and Quality both Committees were reviewing different elements of the IQPR in advance of its consideration at the Board. She felt that FPC was now taking a more proactive forward look at the Trust's financial position with a strong focus on forecasting rather just reviewing historical performance.
5.3	The Committee welcomed the improved position in regard to "green" Cost Improvement Programmes, as shown in the latest Finance Special Measures report, and it received a paper on debt recovery. This would be a regular paper given the scale of the debts owed to the Trust, a lot of which was aged. The Committee also approved two business cases the format and presentation of which were being improved by the Executive.
5.4	The Board received the report.
Month 6 Finance Report	
5.5	The CFO presented the Month 6 Finance Report which showed a cumulative deficit of £38.7m at the end of September, an adverse variance to plan of £2.8m. While this position was not in line with plan, it was consistent with the current forecast to NHS Improvement. The reduction in income was partially offset by an underspend in expenditure.
5.6	The Executive continued to work hard to improve the position and move as close to the year-end planned deficit of £45m as possible. There was close working with operational colleagues to ensure greater grip and control throughout the organisation on financial

	management; the CFO was seeking to inspire the same level of interest and engagement as with the quality agenda. The Executive noted some pressures in the position going into winter though the Board was advised there is some provision in the plan.
5.7	The Board noted a reduction in income from South West London Pathology (SWLP) and was advised that there had been a decline in the volume of the work. The reasons for this were under investigation though it was likely to be general reduction in demand rather than a shift to using other providers (though some private provision was already used within SWL).
5.8	The Board received the report noting the financial position.
ICT	
ICT Risk Review	
6.1	The CFO introduced this paper which set out how the Trust has recognised for a considerable length of time that the state of the ICT infrastructure, systems and operation posed a significant risk to the smooth and continuous running of the Trust. Late in 2016, several ICT risks were identified and recorded on the risk register, several were rated high risks but no individual risk had a score above 20. Consolidation of these risks had resulted in a heightened overall risk score.
6.2	The CFO explained that the ICT risks would be subject to a full risk assessment of each of the ICT components to identify the level of risk of each element. The controls, and assurance against those controls, would be evaluated and assessed and the risks re-scored. They would be presented back through the Board's Assuring Committee for ICT risk, the Finance & Performance Committee, as part of the Board Assurance Framework.
6.3	Tim Wright, NED with oversight for ICT, advised that the Board workshop planned for 14.11.17 would help the Board to better understand the current position with ICT and also the risk – from which it could make an informed decision about next steps and investments needed.
6.4	The Board supported the proposal to assess the risks associated with ICT as outlined in the paper.
WORKFORCE	
Quarterly Report of Compliance with the Fit & Proper Persons Regulations	
7.1	The DHROD introduced the report which noted that the Trust continued to be fully compliant with Regulation 5, Fit and Proper Persons (FFP) - Directors. Tim Wright, the most recently appointed NED, met all the FFP requirements before taking up his role and checks for incoming Directors Suzanne Marsello and Kevin Howell's FFP were in progress and they would not commence in role until these have been completed.
7.2	The Board was assured by the processes in place to conduct FFP.
GOVERNANCE	
Overview of New Board and Committee Arrangements from January 2018	
8.1	The Trust Sec introduced the paper which set out a revised Board and Committee structure following a governance report by the Trust's Internal Auditors, a detailed review of external governance by Deloitte and internal consideration of an appropriate Board and Committee structure by the Board.
8.2	The proposals were agreed in full save that the CEO clarified that there would not be Director reports to supplement the IQPR and the CEO's report.

CLOSING ADMINISTRATION	
Questions from Public	
9.1	Hazel Ingram, Patient Representative, gave an example of a friend of hers who had tried without success to change an appointment. Despite trying all through the day, she had been unsuccessful in reaching someone by telephone to change the booking. The COO agreed to look into this with the Central Booking team.
9.2	Nigel Brindley, Public Governor for Wandsworth, advised that he had spoken to patients who had been referred from Epsom & St Helier for treatment who had now decided that they only want to be treated at St George's. The Board agreed that sometimes the preferred place of care was not always the closest to a patient's home. The CEO also noted that the refreshed Sustainability and Transformation Plan had a focus on driving up standards across SWL and explained how she was working with other local CEOs to ensure that the most appropriate patients were referred to the Trust for treatment – and repatriate those whose care could be better managed by a more local provider.
9.3	It was noted that everyone could hear the proceedings clearly today.
New Risks or Issues and Any Other Business	
9.4	There were no new risks or issues and no items of any other business. In closing the meeting, the Chairman thanked everyone for their input and there was a shared view that the discussion had been good with everyone contributing effectively.
Patient Story	
<p>The Chairman introduced Greta Adedeji, carer of her son Tajudeen (Taj), who had a learning disability and also Padraic Costello the Clinical Nurse Specialist for Learning Disabilities who had supported Greta and Taj.</p> <p>Greta started by saying how honoured she was to speak to the Board. Her daughter had died at the Trust and as a result she had bad memories and had not felt able to attend the hospital. When her son Taj was born, at another hospital, she was told he would have learning disabilities. He was cared for at different hospitals and had very good care from a consultant for five years until he retired.</p> <p>Greta herself needed treatment and was advised to get it from St George's in 2015. She had to force herself to come but once she had, her experience encouraged her to consider the Trust for Taj's care too. In 2016, Taj needed an operation which would require a stay in hospital and Padraic and the Learning Disabilities team exceeded expectations by organising a side room for Taj to ensure he felt safe and comfortable and explaining what the procedures were and what would happen. Greta felt so confident with Taj's care she even felt that she could leave him for a couple of days.</p> <p>Greta also explained that a hoist was moved from another department to enable Taj to get an X-Ray – though once this need had been identified everything was put in place for the next visit. Greta had nothing but praise for Padraic and the Learning Disabilities Team.</p> <p>Padraic spoke of how he and the Learning Disabilities Team had built up a relationship with Greta and Taj and worked in partnership with them to ensure Taj's needs were met. He explained that the Trust is a great advocate for Learning Disabilities and staff see the patient not the disability. He and his team members can support patients with Learning Disabilities and their carers by ensuring that reasonable adjustments are made - such as flexible visiting and using a 'Patient Passport' to avoid having to repeat the same details to different staff.</p> <p>Board members were very impressed to hear Greta's and Taj's story which was one of empowerment and brought to life the Trust's Strategic Objective to "treat the patient" by "treating the person". The Chairman thanked Greta and Padraic for attending and sharing their experiences with the Board.</p>	

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