

**Minutes of Trust Board Meeting
7 December 2017 – from 10:00, Hyde Park Room, 1st Floor, Lanesborough Wing**

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive	CEO
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 & DIPC
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
Tom Shearer	Acting Director of Financial Performance & Planning (for Andrew Grimshaw)	DFPP
APOLOGIES		
Ann Beasley	Non-Executive Director	NED
Andrew Grimshaw	Chief Finance Officer	CFO
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
GOVERNORS IN ATTENDANCE		
Mike Grahn	Appointed Governor, Healthwatch Wandsworth	
David Kirk	Public Governor, Wandsworth	
Yvonne Langley	Public Governor, Wandsworth	

Feedback from Board Walkabout

The Board members began by giving feedback from the departments visited which included: Cavell Ward, Nye Bevan Unit, Cardiac ICU, Belgrave Ward, Day Surgery Unit, Max Fax, Therapies Outpatients, Pathology, Surgical Admissions Lounge and Macmillan Information Centre.

General observations included a continued need for refurbishment in some areas though it was noted that the Estates department had plans in place to do this. Nevertheless some day to day maintenance issues remained problematic and effort needed to continue to be directed to getting these sorted. The wards visited were all busy and well run with positive staff. The Macmillan Information Office staff had spoken enthusiastically about their work and how they had explored opportunities for funding. There was discussion around the need to bring together all the surgical admission areas to improve patient flow and experience as well as overall efficiency.

The Flu vaccination rate was currently at 81% and Patricia Campbell, Flu Lead gave a presentation on how this was achieved later in the meeting.

1. OPENING ADMINISTRATION	
Welcome and Apologies	
1.1	The Chairman opened the meeting and noted the apologies as set out above. A welcome was given to Tom Shearer, Director of Financial Planning, who was attending on behalf of the Chief Financial Officer and also to Suzanne Marsello, incoming Director of Strategy, who was attending as a member of the public.
Declarations of Interest	
1.2	There were no declarations of interest.
Minutes of Meeting held on 09.11.17	
1.3	The minutes of the meeting of 09.11.17 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. Regarding TB.09.11.17/51, the DDET noted that, after further discussions with the team, it had emerged that Genomes DNA testing was not an appropriate option for Board member participation though an alternative around testing pain control and pain tolerance was offered instead. This action would be removed from the Action Log and any interested Board members should pursue this through the DDET.
CEO's Report	
1.5	The CEO reported that a new Director of Corporate Affairs, Stephen Jones, had been appointed and would start in February/March 2018 and since the last Board meeting, Avey Bhatia, Chief Nurse and Director of Infection Prevention & Control, and James Friend, Director of Delivery, Efficiency and Transformation, had also been appointed substantively to their roles. In addition, Matt Laundy, Consultant Microbiologist and Clinical Director of Specialist Medicine, had been appointed to the important role of Chief Clinical Information Officer. His appointment would be critical in shaping the Trust's clinical IT priorities and moving forward to a paperless medical records system.
1.6	She noted that the Board seminar on ICT held in November had been very useful in ensuring that the Board was absolutely clear on the current state of the Trust's ICT and had a shared understanding of risks and priorities. More work would be done to produce a detailed plan which would be presented to the Trust Board in January 2018.
TB.07.12.17/53	Present a detailed plan for the future of the Trust's ICT to the Board in January 2018. LEAD: Andrew Grimshaw, Chief Financial Officer
1.7	The CEO reminded the Board of the significance of the challenges with the estate but advised that changes had been made to improve the team's responsiveness and enable staff to keep track of Estates queries that they had raised.
1.8	The CEO went on to thank Richard Hancock, Interim Director of Estates & Facilities, for all his dedication and hard work over the last 18 months. He would leave the Trust at the end of December 2017. She also expressed thanks to Fiona Barr, Interim Trust Secretary & Head of Corporate Governance, who was also leaving in December 2017, for her tireless work to improve the Trust's corporate governance arrangements and improve the running of the Board.

STRATEGY	
Business Planning 2018/19	
2.1	The DFPP introduced the paper which set out the Business Planning work that had been completed to date and the timetable for action over the coming months. It was noted that Business Planning guidance for 2018-19 had not yet been issued by NHS Improvement (NHSI) so last year's guidance was being used for reference, though this would be updated as soon as the new requirements were received.
2.2	Already meetings had been held between the Trust and its commissioners as well as with Divisions and Specialities to discuss their plans for next year. A demand and capacity model was being used to inform staffing requirements and the workforce plan was being developed as part of the Business Planning process.
2.3	The Board welcomed the progress which was being made and felt that plans were further advanced than in previous years. There was a general feeling that there still remained opportunities to explore with other trusts in South West London to consolidate back office functions and improve overall efficiency in the sector.
2.4	The report was received.
Trust Strategic Objectives	
2.5	The CEO introduced the paper which set out a final set of strategic objectives for the next 18 months following comments made by Board members at the November 2017 meeting.
2.6	These were approved and the Board resolved to receive a quarterly update on progress against the strategic objectives.
TB.07.12.17/54	Present a quarterly update on progress against the Trust's strategic objectives. LEAD: Suzanne Marsello, Director of Strategy
South West London (SWL) Strategy Sustainability & Transformation Partnership (STP) Refresh	
2.7	The MD presented a discussion document on the SWL STP refresh for information which set out an updated strategy for health and care in SWL following a year of engagement with stakeholders and local people since the publication of the SWL STP in November 2016.
2.8	Generally there was disappointment about the results of the refresh which the Board felt was a missed opportunity particularly in terms of population health. There was discussion around St George's role as the largest NHS provider in the SWL sector and it was felt that the Trust should take more of a lead role to help to shape and drive change. Whilst a number of internal challenges remained at St George's, the NEDs felt that the Executive team had now been strengthened and was beginning to stabilise which should release some capacity for the Trust to focus on its position in the STP. This was an important priority given the Trust's size and status as a teaching hospital, as well as its key links with academic partners and other partners in the sector.
2.9	The Board resolved to receive a regular update on the Trust's progress within the STP at its meetings in private.
TB.07.12.17/55	Present a regular update on the Trust's progress with the SWL STP to its meeting in private. LEAD: Suzanne Marsello, Director of Strategy
QUALITY	
Quality Committee Report	
3.1	Sir Norman Williams, Chair of the Quality & Safety Committee (QSC), briefly talked through his report of the meeting held on 29.11.17, noting the following: <ul style="list-style-type: none"> i. A new Quality Improvement Dashboard was in development which would track the delivery of the Quality Improvement Plan (QIP). Once the information had been

	<p>validated on the Dashboard, it would be published regularly on the Trust's website. The Committee had received a briefing on an episode of probable hospital acquired legionella infection. There had been low counts found from two outlets in the area where the patient was treated, the counts were in a range not usually considered to be significant. Action had been taken immediately to ensure the area was safe with filters put in place across the unit.</p> <p>ii. The report on Cardiac Surgery provided significant assurance to the Committee that the department was running safe services and not an outlier in terms of mortality. Work was ongoing to further improve performance in the department, particularly communication within and between teams.</p> <p>iii. The Dementia Lead had given a comprehensive presentation on the Dementia workstream of the QIP. The workstream had delivered the first of its objectives to introduce a dementia carer passport and the uptake of the carer's survey had improved since it was linked to the Friends & Family Test (FFT) questionnaire. The team had an ambition to make the Trust a Dementia Friendly hospital which the Board strongly supported.</p> <p>iv. Response rates for the FFT outside in-patient areas were low leading to little assurance being provided by the good recommendation scores. A business case had been made to improve this by using text messaging which was working well in other parts of the hospital.</p>
3.2	The report was received.
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 October (88.0%). There had been especially high numbers of patients in the Emergency Department (ED) on certain days which had created a problem with overall flow through the hospital. Thanks were given to all the clinical teams who had completed additional ward rounds in the last week to discharge patients due to the large number of patients being admitted for treatment.
4.2	The Board was advised that the ED Summit on 21.11.17 had been attended by over 100 staff who collectively set out ways in which the Trust's performance against the ED standard could be improved; these improvements were being implemented and monitored through the weekly CommCell meetings.
4.3	As part of the new Ambulatory Care model, the team was looking at how to better manage patients who frequently attended and was working with nursing homes in Wandsworth and Merton to improve support to elderly patients in care.
4.4	The COO reported that, in October, the Trust had met seven of the eight standards for Cancer waiting times which was a significant improvement. This was welcomed.
4.5	The DHROD reported an improvement in the use of agency staff usage.
4.6	As the quality metrics had been discussed in detail at the QSC, and the highlights presented through the Committee report, these were not discussed by the Board.
4.7	The Board received the report.
Elective Care Recovery Programme (ERCP) – Action Plan	
4.8	The COO gave an update on the progress of the ERCP Action Plan which had made significant progress over the last month.
4.9	There was an implementation of a maximum waiting cap for new outpatients and a continued focus on longest wait patients and increased emphasis on speciality plans.
4.10	The Chairman noted the step change and level of activity on the programme and thanked the ECRP team on behalf of the Board.

Winter Plan	
4.11	The COO presented the Winter Plan which had been considered in detail by the Executive Management Team. Elements of the Plan had already been discussed, such as the new Ambulatory Care model, and the Board's attention was drawn to the revised escalation plans in place to deal with increases in demand. The plan had been agreed with commissioners.
4.12	The report was approved.
FINANCE	
Finance & Investment Committee Report	
5.1	The report from the Finance & Investment Committee was taken as read.
Month 7 Finance Report	
5.2	The DFPP presented the Month 7 Finance Report which showed a cumulative deficit of £41.9 at the end of October, an adverse variance to plan of £4.8m. While this position was not in line with the overall plan to achieve a year-end deficit of £45m, it was consistent with the current forecast reported to NHSI and the Executive Team continued to work to improve the position from the current year-end forecast deficit of is £53m. The Board emphasised the importance of these focussed efforts, recognising in particular the elements of risk.
5.3	The Board received the report and noted the current financial position and forecast.
ESTATES	
PLACE Audit Report and Action Plan	
6.1	The DE&F presented the annual appraisal from the Patient Led Assessment of the Care Environment (PLACE) 2017. Thanks were given to the dedicated patient representatives who had participated in the PLACE audit over 10 years with special thanks to Leslie Robertson and other members of the Patient Experience team.
6.2	Over 25% of the St George's Hospital services had been assessed including wards, outpatient areas and ED (different areas were selected each year) at the Tooting site had been assessed; Food and Hydration had been reviewed at both the Queen Mary and Tooting sites.
6.3	The Board was disappointed with the overall performance against the PLACE audit and did not consider below average to be at all acceptable. It was noted that whilst some improvements would only be made through the completion of refurbishment works, such as the programme to replace and upgrade the patient bathrooms, others could be actioned through better compliance with the Trust's systems and procedures. An Action Plan had been drawn up in response to the findings which would be monitored closely by the Executive Team.
6.4	Leslie Robertson thanked all her fellow patient representatives for their time and commitment and singled out Mary Prior, General Manager - Facilities for praise.
6.5	The Report and Action Plan were received.
GOVERNANCE	
Audit Committee Report	
7.1	Sarah Wilton, Chairman of the Audit Committee, gave a summary of the issues discussed at the Audit Committee on 15.11.17. She particularly noted:

	<p>I. Procurement – breaches and waivers are still high but appropriate controls were in place, there just needed to be greater compliance with them</p> <p>II. Grant Thornton has been re-appointed as External Auditors through approval by the Council of Governors on 06.12.17. However there had been a lack of choice of bidders.</p>
7.2	The report was received.
Single Oversight Framework	
8.1	The DDET introduced the paper which set out the NHSI Single Oversight Framework which has evolved to apply to all NHS trust providers in England. The presentation had been provided as a reference guide and sets out the changes in each domain whilst at the same time highlighting what has remained the same.
8.2	The report had been provided for information only at this stage in preparation for the review of the Well Led Framework. In preparation, the Executive was undertaking an internal review of compliance with key line of enquiry number six: <i>Is appropriate and accurate information being effectively challenged and acted on?</i> The results of this would be presented to the Board on 25.01.18.
TB.07.12.17/56	Present to the Board on 25.01.18 the results of the review against Key Line of Enquiry 6 <i>Is appropriate and accurate information being effectively challenged and acted on?</i> LEAD: James Friend, Director of Delivery, Efficiency & Transformation
CLOSING ADMINISTRATION	
Questions from the Public	
9.1	Hazel Ingram commented that she believed that the experience of the Trust's services as an in-patient was good though due to the timing of the PLACE audit, this did not always appear to be the case. For example there were beautifully kept gardens at the Tooting site, though these were not shown to best effect as the PLACE audit took place when the gardens were not in full bloom. It was noted though that the Trust has no authority over when the PLACE audit is scheduled.
New Risks or Issues and Any Other Business	
9.2	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.
Reflection on Meeting	
9.2	The Board generally felt that there had been a good discussion with everyone contributing effectively.
Staff Story	
<p>Patricia (Pat) Campbell, Flu Lead, explained to the Board how she had achieved 81% of staff receiving a flu inoculation this year. Pat had been supported by Michael Reynolds from the communications team using social media and designing effective awareness-raising posters to encourage people to get their flu jab. Pat felt that a key part of people's reluctance to get immunised against flu was a misunderstanding about the potential side effects or how the inoculation worked – so she worked hard to provide a full briefing on flu immunisation and be prepared for any questions which may arise. To overcome this the Board thanked Patricia for her tireless drive and enthusiasm and achievement of such a great result.</p>	

Patient Story

Nadine King, 43, a single mum with two daughters, shared her story of being a patient with malignant melanoma. She had been diagnosed in 1999 and had been treated at St George's since 2009 undergoing all types of therapy including having her lymph glands removed and having chemotherapy; she was still receiving palliative care and some radiotherapy. She explained the huge changes since more support had been provided through Macmillan – which had freed up Macmillan Melanoma Clinical Nurse Specialist, Carol Cuthbert, to concentrate on clinical duties whilst Sheila Horsman, Macmillan Support Worker, focused more on the administration of cancer support and providing a personal service to patients who were attending for treatment, for example meeting them on arrival and making them feel comfortable. The Chairman and the Board thanked Nadine for sharing her inspiring story and to Carol and Sheila for their commitment and support.

Date and Time of Next Meeting: Thursday 25 January 2018, from 10:00 (feedback from Board Walkabout) and 10:30 (meeting proper)