

Minutes of Trust Board Meeting

Thursday 27 September 2018, 10:00 – 13:30, Hyde Park Room, St George's Hospital

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive	CEO
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director (part)	NED
Jenny Higham	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Andrew Grimshaw	Chief Finance Officer	CFO
Andrew Rhodes	Acting Medical Director	MD
Avey Bhatia	Chief Nurse and Director of Infection, Prevention & Control	CN
IN ATTENDANCE		
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Stephen Jones	Director of Corporate Affairs	DCA
Suzanne Marsello	Director of Strategy	DS
Ellis Pullinger	Chief Operating Officer	COO
Jenni Doman	Assistant Director of Estates and Facilities	ADEF
APOLOGIES		
Sir Norman Williams	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Kevin Howell	Director of Estates and Facilities	DEF
SECRETARIAT		
Sal Maughan	Head of Corporate Governance	HCG

Feedback from Walkabout

Members of the Board gave feedback on the departments they had visited ahead of the meeting. These included: Genetics, Cheselden Ward, Medical Physics, Marnham Ward, Mortuary, Rose Centre, Pharmacy, Nye Bevan Unit, Grey and Vernon Ward.

The DS reported that the Genetics team had presented a joint pilot project between the university and the hospital around gene sequencing for drug regimes which was intended to optimise patient benefits. The team were currently recruiting volunteers for a discreet and limited testing of gene sequencing and were actively seeking volunteers for this research. Cheselden Ward had a stable workforce. It currently held bronze accreditation and staff were eager to achieve gold but the ward faced some estates challenges including lack of storage for hoists and some VDUs which were not working. The DS reported that the ward was clean, calm and patients spoke extremely highly of nursing staff.

The DCA reported that Marnham Ward, which dealt with patients with respiratory issues, was performing strongly on the prevention of pressure ulcers, work that had been supported by NHSI. There was currently a 22% vacancy rate, but newly qualified nurses were starting shortly. The ward

held bronze accreditation but was eager to reach gold, and was getting ready to go live with the new work stations on wheels. Some estates issues were reported in relation to storage. Ann Beasley added that the team learned the ward had been named after an eminent doctor and suggested the Trust consider installing commemorative plaques to explain the naming of wards. The team heard from Medical Physics staff that the department was one of the most effective in the country for carrying out in-house repairs of medical equipment and that the department had generated approximately £500,000 of income. Medical Physics was essentially an ED for medical equipment.

Stephen Collier reported on a visit to the Mortuary and commented the Trust should be proud of the facilities for bereaved relatives. Mortuary staff reported significant challenges in recruitment. Working practices appeared well established but opportunities appeared to exist around standardisation of processes and closer working with the bereavement service which was not currently co-located. The Mortuary were planning for a Human Tissue Authority (HTA) inspection in December and further work was underway to strengthen quality governance.

The DDET reported that the team had visited the Blue Sky satellite pharmacy, originally intended to provide pharmacy services to paediatric ambulatory care but which was in fact servicing the whole of paediatrics and Lanesborough wing. The pharmacy team were proud of the significantly improved processing of discharge medications. The new pharmacy robot had been installed. The team heard from the Chief Pharmacist that further utilisation of the robot's capability would enable pharmacists to be realised for increased clinical practice. Rose Centre staff reported that they liked working in the centre which was a clean and fresh environment but that often outpatient staff rotated and were not able to get used to processes easily. A new matron was seeking to address this. Tablets for collating Friends and Family Scores were felt to be working well and the CN confirmed these had been rolled out across all outpatient areas.

The ADEF reported that the Nye Bevan unit, a surgical assessment unit, was very impressive and that leadership appeared to be strong. The unit had increased the number of direct discharges by 55% and the Senior Nurse had offered several further ideas for transformation. Staff reported a concern around the time it took for the orthopaedic team to respond. The team heard from Vernon ward staff that they had a passionate Senior Sister. However, two ward clerks were on long term sickness absence and there were delays with discharge letters. A new Clinical Nurse Specialist had made a difference to the service. Grey ward had recently experienced some leadership challenges which the Matron was actively working to resolve. Estates issues included two bathrooms being out of action. Grey staff fed back that there was good multidisciplinary working.

OPENING ADMINISTRATION

Welcome and Apologies

1.1	The Chairman opened the meeting and welcomed members of the public and a number of the Trust's Governors. Apologies had been received from Tim Wright, Sir Norman Williams and Kevin Howell, for whom Jenni Doman was deputising.
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Declarations of Interest

1.2	There were no declarations of interest to note. The ADEF stated that she was present to deputise for the DEF and was not present in her role as Staff Governor at the Trust.
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Minutes of previous meetings

1.3	The minutes of the meeting held on 30 August 2018 were agreed as a true and accurate record.
Action log and matters arising	
1.4	<p>The Board noted the action log and the following updates:</p> <ul style="list-style-type: none"> • Those actions proposed for closure were agreed to be closed. • TB. 26.07.18/ 87: The Chairman advised that a helpful report had been presented to the Quality and Safety Committee however there was still further work to be done – the action was to remain open. <p>The remaining actions were not yet due.</p>
1.5	CEO's update
	<p>The CEO reported that, during the previous month, the Trust had agreed with NHS Improvement and NHS England that patients requiring some of the most complex cardiac surgery would be treated at other London hospitals. This would enable the service the space required to introduce the improvements recommended by the independent report from Professor Bewick. Following discussions with the Trust, Health Education England (HEE) had withdrawn trainees from the cardiac surgery unit for an initial period of six months. Work was ongoing to implement the recommendations of the Bewick Report and there some evidence of improved multidisciplinary team working.</p> <p>The CEO reported that finances at month five were not where they needed to be at this stage in the financial year; action to improve the financial position was a key priority and steps were being taken to achieve this. Quality improvement continued with positive cultural change being promoted through the work of the Quality Improvement Academy.</p> <p>The CEO advised that Dr Richard Jennings had been appointed as Chief Medical Officer. She also congratulated Jenny Muir for having been appointed as Chief Nursing Information Officer, an important new post in the organisation working alongside the Chief Clinical Information Officer. The Board noted that the Annual Members' Meeting would take place that evening with a programme of events running throughout the day.</p>
QUALITY & PERFORMANCE	
2.1	Quality & Safety Committee Report
	<p>Jenny Higham reported on behalf of the Committee Chair that the Quality Improvement Dashboard had revealed a deterioration in Duty of Candour performance in Children's and Women's Services which had now been rectified and more resilience had been created to ensure there was no recurrence. Although the number of reported <i>c:difficile</i> cases had increased compared with the previous year, the Committee had been assured that there had been no lapses in care.</p> <p>The Committee were informed of the impressive work undertaken to improve clinical records storage and of the on-going actions arising from the thematic analysis of Serious Incidents which had begun to show a decrease in the numbers declared, particularly in relation to falls. The Committee had received a further report following thematic analysis of recent</p>

	<p>maternity serious incidents and had received assurance that there was no underlying trend but that actions to address training issues around interpretation of CTG monitoring were underway.</p> <p>The Committee heard that of approximately 1,000 health and safety issues reported across the previous six months, a significant proportion related to violence and aggression and sharps injuries. The Committee had challenged what additional actions could be done to reduce these types of incident. The Committee also received a report summarising the root cause analysis of all 12 hour trolley breaches and had noted that four of the six breaches reported related to delays in mental health beds being made available. The Committee was assured that work was underway to work more closely with neighbouring mental health trusts to remedy this.</p> <p>The CN confirmed that going forward the Committee would receive regular updates on progress against the CQC Action Plan in addition to the Quality Improvement Plan.</p> <p>TB.27.09.18/97 Ensure regular reporting of CQC Action plan through QSC</p> <p>The Board noted the report.</p>
<p>2.2</p>	<p>Integrated Quality & Performance Report</p>
	<p>The DDET reported that there had been some areas of improved performance as evidenced in the report. He reminded the Board that the Trust was the only Trust which reported its theatre and outpatient productivity publicly.</p> <p>The CN reiterated that in relation to patient experience tablets had now been introduced across all outpatient areas to collect Friends and Family Test (FFT) feedback. However, low response rates in the Emergency Department were still a challenge and new ways of tackling this were needed. This was a potential quality improvement project. An internal audit report upon FFT was due to come to the Audit Committee in October. The MD advised that in relation to mortality, the HSMR rate had increased and the SHMI had decreased. However, analysis by the Trust Mortality Monitoring Committee of the HSMR data had revealed that there had been some issues with the HSMR data as presented. The statistics were nevertheless better than expected and Dr Foster analysis had shown no new trends.</p> <p>Sarah Wilton asked about the progress of work undertaken to improve the complaints process and whether the required improvements had been delivered as planned. The CN responded that significant improvements in response rates had been seen and that the service was much improved but that it was still not stable. The CN confirmed that a full report would be submitted to the Quality and Safety Committee in October.</p> <p>The DHROD reported that agency use had continued to exceed the cap and this largely related to the use of interims. To address this, clear exit plans had been requested in each case. The vacancy rate was significantly improved at almost 10% and an electronic solution to improve appraisal processes would be coming on line shortly. The Chairman queried the timescale for implementation and the DRHOD confirmed it would be in the new year. In response to Stephen Collier's query around whether there was yet any feel for the impact of pan-London rates, the DRHOD advised that implementation across London had been patchy and as such it was too soon to tell.</p>

	The Board received the report.
2.3	Cardiac Surgery
	<p>The MD updated the Board upon progress against the 15 recommendations made in the Bewick report. He set out the steps already taken, and reminded the Board that some of the actions recommended by Professor Bewick, including appointing a new senior clinician to lead the service were longer term actions. Sarah Wilton requested a specific update on recommendation 14.b and 15, querying when these would happen. The MD confirmed that an SOP had been drafted and was due to be signed off the following week. The Chairman emphasised the importance of this update coming to the public Board meeting to provide assurance on progress in improving the service.</p> <p>The Board noted the report.</p>
2.4	Infection Prevention and Control Annual Report
	<p>Dr Peter Riley emphasised that the Trust had performed very well with the lowest number of cases of all teaching hospitals in 2017/18, but stressed that it was important not to be complacent. Infection control audits had shown positive progress throughout the year, in particular the introduction of the PISA model (Period of Increased Surveillance Audit) which would be triggered after a case of <i>c:difficile</i> on a ward and which had shown to help increase compliance across infection control audits. Dr Riley commended the work of the Anti-Microbial Stewardship group in the work undertaken which was fundamental to reducing the number of <i>c:difficile</i> cases. Dr Riley highlighted that surgical site surveillance, whilst improved, could benefit from further focus. He also reported that point of care testing for flu in ED, cohorting of patients, and the high levels of staff who had received the flu vaccine had resulted in the Trust performing extremely well across the previous winter.</p> <p>Dr Riley responded to a query from Sarah Wilton noting that the anti-microbial programme was undertaken every year and informed the antibiotic guidelines. Further, he was focussing on improving compliance across antibiotic audits, for which the target was 95%. The Chairman commended the team for their hard work and congratulated them upon the clear improvements achieved.</p> <p>The Board received and approved the report.</p>
2.5	Elective Care Recovery Programme
	The COO summarised that the report provided a regular update to the Board providing assurance as to the Trust's ability to demonstrate readiness to commence shadow reporting for a period of three months. The aim remained that the Trust would return to reporting nationally in Q4 2018/19. The Board agreed the recommendation and noted the report.
2.6	Quality Improvement Academy Report
	The DDET presented the report and confirmed that this was the first regular quarterly update to the Board. The report set out how the team were shaping the Quality Improvement methodology to support wider and longer term pieces of work around cultural change, aligned to the CQC's Well Led domain. The DDET explained that a baseline assessment had been undertaken in March following which it had been important for Executive Directors to champion quality improvement work. The DHROD commented that achieving cultural change was important but inevitably took time to deliver.

	<p>Sarah Wilton queried how the role of the Patient Experience and Engagement Panel aligned with this work. The DDET clarified that they would have an important role, adding that the team had presented to the panel earlier that week on the work of the Quality Academy.</p> <p>The Chairman reiterated the importance of achieving cultural change and the role of the Board in providing strong leadership in this area. The CEO referred to the forthcoming Board development day where the Board would be focussing in part on this.</p> <p>The Board agreed the recommendations and noted the report.</p>
2.7	Child Safeguarding Annual Report
	<p>The CN confirmed that the report had been discussed in detail at the Quality and Safety Committee. The CN confirmed that at the start of this financial year the team had begun to focus increasingly on integration with other services and had sought to ensure the correct resource was in place. Data capture had improved significantly since April and the CN cautioned that following comparison with the first quarter of the current year, the data contained within the report for 2017/18 was most likely to account for only one third of the actual activity. The CN updated the Board in relation to the Prevent agenda and advised that a new strategy had been launched and mandatory training was almost nearing the target of 85% of staff trained. The CN concluded that the Trust was delivering its statutory duties in relation to safeguarding children in line with the Act.</p> <p>The Chairman thanked the CN and team for the further work undertaken to improve the report and queried how confident the Board could be that staff were picking up the potential for other adults or children from the same household who may be victims of abuse. The CN confirmed that the training offered to staff focussed strongly upon wider consideration of other siblings and women. The DHROD also confirmed this was a focus of the HR team in relation to staff concerns.</p> <p>The Board received and approved the report.</p>
FINANCE	
3.1	Finance & Investment Committee Report
	<p>Ann Beasley reported that the Committee had received a detailed update from the DEF on risks within Estates and Facilities. The Committee had discussed ED performance at length, which was not where it needed to be and had noted that the COO had put in place additional support to address this. This could not be a long term solution, however, and remained a continuing concern. The Committee had considered the reasons for the shortfall in activity and had reflected on the need to set service-specific targets with tighter monitoring. The Committee had discussed the plans to recover the financial position and had noted CIPs were not on track which was a concern given the trajectory was becoming increasingly challenging. Ann Beasley also reported that cash management appeared to have been well gripped and it had been good to see planning for next year underway.</p> <p>Jenny Higham asked what the Executive response was to the worsening financial position. The CFO responded that there was a firm collective view that if something was not now done to arrest the shortfall it would become increasingly difficult to recover the position. The</p>

	<p>Chairman cautioned that the Board would need to see an improved position next month as would NHSI or confidence levels would fall.</p> <p>The Board noted the report.</p>
3.2	Month 5 Finance Report
	<p>The CFO reported that the Trust was currently £4.1m adverse to plan and that urgent action was required to recover the position. Failure to do this by month six would result in the Trust not qualifying for PSF funding. The Trust had achieved Q1 PSF funding of £2m and that the ED performance component of quarter two would be achieved, which amounted to 30% of the overall total of around £2.5 - £3m. However, at this point it looked very likely that the position may not be sufficiently recovered at end of month six for in order to qualify for the remaining 70%. The CFO stated that it was important now to understand what action the Trust needed to take to ensure it qualified for quarters three and four. The DDET offered assurance that there were 19% more elective bookings than two months ago. In addition, the operational teams had worked hard to improve data quality in order to convert activity into income. This was noted and the COO agreed to extend the Board's thanks to the team for the improvements achieved.</p> <p>The Board noted the report.</p>
GOVERNANCE	
4.1	Medical Revalidation Report
	<p>The MD informed the board that it was an annual requirement for the board to consider the statement of compliance which stated that that the medical workforce was fit for purpose, was of the right calibre and that this had been demonstrated through appraisal and the revalidation process. The MD advised that, in the coming year, a new IT system for revalidation would strengthen the process through triangulation of Serious Incidents, complaints and appraisals.</p> <p>Sarah Wilton noted the forthcoming improvements and asked whether the Board could be fully assured in order to make the required approvals. The MD stated that the revalidation of doctors was essential in order for them to practice and that this was the test from which the Board could draw assurance. However, he emphasised that the Trust recognised there was further work that could be done to strengthen the process and ensure that appraisals are of good quality.</p> <p>The Board approved the report.</p>
4.2	Fit and Proper Persons Test
	<p>The DHROD presented the report and reminded the Board that in 2016 the Trust had received a warning notice regarding the implementation of the Fit and Proper Persons test. Earlier in the year, the Board had agreed that a quarterly report should be brought to the Board until such time that it was sufficiently assured that the Trust was fully and consistently compliant with its obligations. The DHROD advised that the regulation may shortly be widened to include a legal duty upon Trusts to act on victimisation and welcomed this addition. The DHROD stated that the Trust was compliant and was now at the point where reporting to the Board could revert to an annual cycle.</p>

	<p>TB 27.09.18/98 Move to annual cycle of FPPT reporting.</p> <p>The Board agreed the recommendation to move to annual reporting and noted the report.</p>
4.3	<p>Staff Survey</p> <p>The DHROD updated the Board that the next staff survey would be undertaken between 8 October and 30 November. The report set out the actions taken in relation to the last staff survey which had been reported in detail to the Workforce and Education Committee. The Chairman commented that the Board did not spend significant time discussing culture and that this would be addressed. The DHROD clarified that the actions highlighted had been completed but were on-going, for example the work around publicising the role of the Freedom to Speak up Guardian. Sarah Wilton welcomed the fact that the Freedom to Speak Up Guardian and Whistleblowing audit report would be coming to a forthcoming Audit Committee and the DHROD confirmed that once the audit report was finalised a separate action plan to address the findings would be developed. In response to Sarah Wilton's second query around improving the quality of appraisals, the DHROD confirmed that the electronic system discussed earlier would address this and ensure a systematic quality assurance mechanism for all appraisals.</p> <p>The Chairman was keen to see quicker progress on the action point about thanking staff for good work. She also stated that the pipeline for patient stories to Board could be improved significantly so as to ensure the Board was effectively learning from these.</p> <p>The Board noted the report.</p>
CLOSING ADMINISTRATION	
5.1	<p>Questions from the public</p> <p>Elspeth Carruthers, junior doctor raised a concern on behalf of around 240 colleagues about the display of posters around the hospital site advising that costs may be recovered from non-UK residents receiving care. Ms Carruthers asked if the Trust would consider removal of the posters and whether an equalities impact assessment had been carried out in order to ensure the most vulnerable groups in society were not discouraged from seeking treatment.</p> <p>The CFO confirmed that the posters were displayed following a Department of Health (DH) national initiative to optimise recovery of payment from those who were not eligible to receive free care. The CFO advised that standard template had been used and agreed to review the wording of the posters with the aim of making it clearer that emergency care was free to all and that there was no requirement to pay upfront. In response to a question from Khaled Simmons, a public Governor, as to whether the cost to the NHS was quantifiable the CFO confirmed that the Finance and Investment Committee would be looking at this, and this would be reported back to the Board in future.</p>
5.2	<p>Any new risks identified</p> <p>No new risks were identified.</p>
5.3	<p>Any Other Business</p> <p>No other items of business were raised.</p>

5.4	Reflection on the meeting
	<p>The Chairman reflected that it had been helpful not to repeat the discussions which had been held at Board sub-committees, whose role it was to provide assurance to the Board. The Board agreed that it would be helpful to continue to move more reporting to the public meeting as opposed to private Board.</p>
	STAFF STORY
	<p>Dr Stephen Brecker, Consultant Cardiologist and Mr Graham Shaw, British Airways Pilot presented the recent safety initiative in the Cardiology Catheter Labs to improve patient safety using lessons learned from the aviation industry.</p> <p>Using a critical factors methodology, the aim of the initiative, which was bespoke to the Cardiology Department, was to embed cultural change and empower staff to innovate in order to improve safety and challenge what they may consider to be unsafe practice. The Board heard from a consultant within the team who reported that the initiative had been driven by consultants and had, for the most part, been embraced as positive. The consultant explained that he had felt better supported by colleagues as a result and that safety was central to the team's work.</p> <p>In response to the DHROD's question around how to engage the most junior of staff the team explained that this started with something as simple as the consultant introducing themselves on first name terms in order to break down traditional barriers which could prevent staff from feeling empowered to raise concern when they felt this was appropriate.</p> <p>The MD stated that it was hugely important, if the Trust was to bring about the type of culture change required, to take forward this kind of learning. The CEO commented that it was testament to the great leadership that the initiative had been so well adopted in Cardiology. It was agreed that ways of incorporating the methodology into the on-going work of the Quality Academy would be explored.</p>

Date and time of next meeting: Thursday 25 October 2018, 10:30 – 13:30
Hyde Park Room, St George's Hospital