

**Minutes of Trust Board Meeting
Part 1 (Public)**

Thursday 29 November 2018, 10.00 – 13.00, Barnes and Sheen Rooms, 2nd Floor, Queen Mary's Hospital

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive Officer	CEO
Ann Beasley	Non-Executive Director	NED
Stephen Collier	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 Rhodes	Acting Medical Director	MD
IN ATTENDANCE		
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
Stephen Jones	Director of Corporate Affairs	DCA
Suzanne Marsello	Director of Strategy	DS
Ellis Pullinger	Chief Operating Officer	COO
James Friend	Director of Delivery, Efficiency and Transformation	DDET
Tom Shearer	Director of Financial Performance	DFP
Jenni Doman	Assistant Director, Facilities	ADF
Sally Herne	NHSI Improvement Director	NHSI
APOLOGIES		
Andrew Grimshaw	Chief Financial Officer	CFO
Kevin Howell	Director of Estates & Facilities	DEF
Jenny Higham	Non-Executive Director	NED
SECRETARIAT		
Jill Jaratina	Interim Deputy Trust Secretary (Minutes)	IDTS

Feedback from Board Walkabout

Members of the Board gave feedback on the departments visited, which included Gwynne Holford Ward, Wolfson Rehab Unit, Bryson Whyte Rehab Unit, Mary Seacole ward, Day Case and Endoscopy, Dermatology, Outpatient Physiotherapy, Rehab and Bader Gym, Gait Lab/Wheelchair Service, Special Seating and Douglas Bader Rehabilitation Centre.

Providing feedback on Gwynne Holford Ward and Wolfson Rehabilitation Unit, the ADF commented that Gwynne ward was clean, well presented and the team on the ward were very positive. Patients on the ward provided positive feedback about the care they were receiving. The average length of stay for a patient was 79 days. The Wolfson Rehab Unit, which is one of a few vocational rehab centres

nationally, was very highly regarded and a team had recently visited from Vietnam to see the unit.

The DCA provided feedback on Bryson Whyte Rehab Unit and Mary Seacole Ward. The former was similar to a day hospital, with patients generally over 65 years of age. Patients could self-refer as well as be referred by their GP. Staff highlighted that issues relating to estates were not dealt with as speedily as expected. It was observed that the rehabilitation equipment had, "I am clean stickers". Staff on Mary Seacole Ward commented that the profile of the inpatients in the last two years had changed, with greater numbers of frail patients. The average length of stay was 25 to 30 days. Staff commended the good relationship between the ward and the rehabilitation unit. Louise Patterson, Team Leader BWRU commented that staff were looking forward to using iClip next year.

The COO provided feedback on the Day Case and Endoscopy Unit and Dermatology. The Endoscopy Unit Team Leader had expressed concerns about the utilisation of the three sites. The COO advised the Board that he would discuss these concerns with the General Manager for Endoscopy. The group had also spent time in the Dermatology Unit which looked after patients with conditions such as psoriasis. The Diabetes Nurse Specialist was of the impression that teams were not working as well they could and recommended greater integration with the Tooting site. The CEO asked the COO to further consider integration as this had been raised in the past.

The DFP provided feedback on the visits to Outpatient Physiotherapy and Rehab and the Bader Gym. It was noted that the unit had received 98% positive patient feedback. It was observed that the unit was less busy and more calm than the St Georges' unit and patients experienced a shorter wait. It was reported that the service had two contracts for back and neck patients and staff expressed their frustration at using both paper and digital notes. It was reported that Lisa Duncan, Team Leader-Bader Gym, had started a working group for amputees which met on a Saturday. The Board Chairman commented on this commendable initiative and asked that it be recognised.

The CN provided feedback on the visits to Gait Lab/Wheelchair service and Special Seating where staff showed her around the service and explained that the service provides mobility equipment and seating for postural management for adults and children with medium and complex postural needs. Patient referrals were received through general practitioners and consultants across the country. Staff had highlighted the issues with space and that they could only see one patient at a time. The CN commented on the large number of cameras and the advanced technology used in the unit.

The Head of Service for Special Seating advised that the service had a significant waiting list but this was gradually reducing as new staff had been recruited. The service had 11,000 registered users and at least 1000 patients are managed at any one time. The unit provided varying assessments for different types of wheelchairs. In the workshop, the CN observed a staff member assembling a wheelchair. The risk assessment process was described to the CN and it was explained that patients could be offered a voucher on request if they wanted top of the range wheelchairs.

Ann Beasley fed back on the visit to the Douglas Bader Rehabilitation Centre which supports 10 inpatients and 8 outpatients. The Team Leader had discussed succession planning for the Clinical Nurse Lead role and the bespoke technology used in the unit. Ann Beasley highlighted an issue with the dress code but, overall, staff were enthusiastic and the impact on patients was visible.

OPENING ADMINISTRATION	
Welcome and Apologies	
1.1	The Chairman opened the meeting and welcomed Richard Jennings, Chief Medical Officer, who was commencing his role on 3 December 2018. It was noted that Tom Shearer, Director of Financial Performance (DFP) was deputising for the Chief Finance Officer and Jenni Doman was deputising for the Director of Estates and Facilities. Apologies were noted as above. It was noted that Stephen Collier would be leaving the meeting before the scheduled finishing time.
Declarations of Interest	
1.2	It was noted that Jenni Doman, who was deputising for the Director of Estates and Facilities, is a Staff Governor. No other declarations of interest were made.
Minutes of Meeting held on 25 October 2018	
1.3	The minutes of the meeting held on 25 October 2018 were agreed as an accurate record.
Action Log and Matters Arising	
1.4	The Board reviewed the action log and agreed to close those actions proposed for closure.
CEO's Update	
1.5	<p>The CEO commenced her report by drawing attention to the timeliness of the meeting papers and reminded the Executive team of the requirement to submit Board and Committee papers within the deadline to enable timely circulation. She advised the meeting that the Corporate Governance team had left work at 20.30hrs one Friday as meeting papers had not been received in time for circulation and emphasised the further action in future of naming those who did not provide reports in accordance with the set timescale.</p> <p>The following updates were provided:</p> <ul style="list-style-type: none"> • Mr Livesey, a well-respected cardiac surgeon from Southampton had been appointed to lead the cardiac surgery unit and would be joining the Trust on 3 December 2018, initially on a full-time basis. Staff had fed back that the culture in the department was improving and staff were more positive about the future of the service. • The CEO, Board Chairman and Sarah Wilton had attended a celebration of partnership with McMillan Cancer Support. The CEO reported that waiting times for cancer patients attending the Emergency department had reduced from 3-4 hours to being seen straight away. The CEO had also attended an event as part of the New Beginnings project and the team had asked the Chair if they could present a paper to the Board. • The rollout for iCLIP was due for completion at the end of November 2018 and this had proved to be a positive way forward. • The Trust had made a decision to financially support settlement applications for the 1200 EU staff members employed by the Trust. • It was noted that there had been a decrease in the number of cancelled operations from 23% to 15%. The number of patients eligible for but not having pre-operative assessments had dropped from 29.9% to 3%. The Trust was working towards reducing the number to zero.

	<ul style="list-style-type: none"> • The Trust had won a Health Service Journal award in the Acute Sector Innovation category for a RAPID prostate pathway established between St George's Trust, the Royal Marsden Hospital, Imperial College Hospital, and Epsom and St Helier Hospitals. • The Trust's vacancy rate had reduced to below 10% for the first time in October 2018. <p>The Board noted the report.</p>
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QUALITY & PERFORMANCE

2.1 Quality and Safety Committee Report

	<p>Sir Norman Williams, Chair of the Quality and Safety Committee, presented a summary of the discussions of the meeting held on 22 November 2018. The Committee noted the gradual improvements in hospital acquired pressure ulcers and outpatient first attendances. Deterioration in some areas was noted. The QID had assured the Committee that further assurances for the completed CQC actions would be presented at the next Committee meeting in December. The Committee was concerned to hear that two serious incidents (never events) had been declared in October 2018, one of which concerned the inadvertent injection of a patient with tap water. Neither of these had resulted in significant harm to the patient and both were being investigated under the Trust's Serious Incident investigation processes. The outcomes of the investigations would be reviewed by the Committee to ensure that the appropriate learning takes place. The Committee was also alerted to a further incident that had happened involving a prescribing error in which the regularity of the administration of heparin was changed. Sarah Wilton had also expressed concerns over weekend mortality. The Committee was aware that weekend mortality was a national issue but they were keen for the Trust to conduct a weekend mortality analysis. The CEO had expressed concerns over the increase in the number of falls. The Committee asked for a falls analysis to be carried out for presentation at the next Quality and Safety meeting in December 2018.</p> <p>The Committee had discussed the ward accreditation scheme and expressed their disappointment at the Outpatients department rated as "requires improvement". Ann Beasley commented that when analysing the outpatients data in the report, her impression was that everything was getting worse. The CEO explained that the Outpatients Department had low expectations in the past and the accreditation scheme facilitated a baseline. The CN added that minor issues such as storage of patient notes and compliance with below the elbow policy would be resolved. A detailed analysis of the 19 areas that had been rated as requiring improvement would be carried out. The MD urged the Committee to consider the findings of the 2016 CQC inspection.</p> <p>The CEO commented that the organisation had made progress in managing quality and finance but embedding improvement remained a challenge. It was essential that staff demonstrated the Trust's values and this needed to start with the Board. To date, the Trust had taken a number of small steps forward but now needed more substantial change. The Chairman observed that these cultural issues needed regular attention by the Board. The MD reported that mortality remained lower than expected compared with the national rates. Mortality was reported on a rolling average in the past and this had changed to monthly reporting. The Committee noted the peak in mortality in February 2018 and acknowledged a similar national position. The MD advised the Board that the Trust was within the upper quartile for mortality and this position could be maintained without additional finance. A paper providing</p>
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	<p>assurance on the seven day week service would be presented to the Workforce and Education Committee and the Board. The Board noted the report.</p>
<p>2.2</p>	<p>Integrated Quality & Performance Report</p>
	<p>The DDET commented that there continued to be challenges in theatres and achieving discharges before 11.00 am. Emergency Department performance in November had further deteriorated and staff attributed this position to iClip which had recently been rolled out across the Tooting site. It was noted that the IT department was setting up a programme to capture issues caused by iClip in order to resolve them quickly and this would also be the focus of the transformation team in the next two to three months. The COO expressed concern to the Board about the cancelled operations and brought the Board's attention to the error in reporting the 52 week cancellations. The Board was assured that the error would be rectified in the next report. The Trust had delivered six of the seven cancer standards in September, continued to achieve the 14 day standard, and was returning to compliance against all breast symptomatic standards. It was noted that the Emergency Department performance would be presented as part of the winter plan. Stephen Collier commented that the Trust was almost achieving the monthly activity and sought assurance that the gap would be closed. The Chairman agreed that results reflected in the report were commendable and staff should be thanked for their effort. The CEO commented that a lot of patients with cancer are diagnosed in the Emergency department which prompted questions about whether the Trust could measure this.</p> <p>The CN remarked that the falls underlying trend had risen and a falls analysis would be presented to the next Quality and Safety Commission. Action TB.29.11.18/01: CN to present falls analysis report to the Quality and Safety Committee in December 2018. She also noted that a patient experience report would be presented to the Board in January 2019. The MD commented that the Trust had not experienced any never events for five months but two such events had been declared that month which was of concern particularly as one incident was a replication of a never event that had occurred in Croydon six months ago from which learning should have been embedded.</p> <p>In relation to workforce, the Board noted the decline in the vacancy rate and urged the Executive to sustain this position. The Chairman commented again on the need to improve the compliance rate for non-medical appraisals. The DHROD advised that the Trust would be introducing an electronic system in the near future which would help to achieve the 90% target but real progress was dependent on implementing this system.</p> <p>The Board noted the report.</p>
<p>2.3</p>	<p>Winter Plan</p>
	<p>The COO presented the Winter Plan and advised the Board that the 2018/19 plan followed the 2017/18 format. The Board was asked to note the change in the reporting to the nationally-used OPEL framework categories. The Trust had not met the patient flow and bed occupancy target for October and ED performance had deteriorated significantly. System partners (Central London Community Healthcare NHS Trust, London Boroughs of Merton and Wandsworth) had now identified schemes to provide the equivalent of 32 beds. Sarah Wilton expressed concern about costs and that the service provided by the private sector would not equate with the care</p>

	<p>provided at the Trust, noting that patients had had negative experiences in the past.</p> <p>The COO commented that the Trust Executive Committee had discussed the opening of a winter ward (Dalby). He advised that a checklist for opening the ward would be completed for December 2018. The DDET explained that partner organisations had a commitment to help the Trust close the gaps. The Trust had requested a clear matrix from them and the CCG was leading on obtaining the matrices from the London Boroughs. The DDET advised that the Trust did not have to pay for this service. The COO asked the Board to note that the operational plan for opening the additional bed capacity on Dalby Ward was supported by the clinical leadership of the Medicine and Cardiovascular Division. Triggers to inform the decision to open the additional capacity were being developed with support from the Emergency Care Improvement programme. The CEO informed the Board that she had received notification of closures of residential and nursing homes in South West London so gaps in social care were likely. The Chairman asked that this issue be further explored at the planned Older Peoples' Health Strategic event.</p> <p>The Board members agreed the recommendations set out in the paper.</p>
2.4	Elective Care Recovery Programme Update
	<p>The COO summarised the report and highlighted particular points for the Board to note. The Training Strategy had been agreed in October 2018 and sessions were planned up to 3 December 2018. The Trust continued to aim to return to national reporting in Q4 2018/19. The final assessment outcome for phases 1 and 2 would be presented to the Board in January 2019. Action TB.29.11.28/02: COO to include update on training in ECRP paper to the December Board. The Board noted the report.</p>
2.5	Cardiac Surgery Report
	<p>The MD reported Mr Livesey's appointment had been communicated to the cardiac surgeons and the wider unit earlier in the week. NHS Improvement required an independent review of deaths over the past five years and this was about to start. Lessons would be shared with the Board once the review was completed. The Board noted the report.</p>
FINANCE	
3.1	Finance and Investment Committee Report
	<p>Ann Beasley, Chair of the Finance and Investment Committee, updated the Board on the discussions at the meeting held on 22 November 2018. The Board was informed that the Trust continued to wait for a response regarding capital expenditure from NHSI. The Committee had discussed underperformance and how the Trust could drive costs down. Planning for 2019/20 was discussed at length as well as proposed significant changes. The South West London Pathology- LIMS Business case was discussed and recommended to the Board. Tim Wright recommended that the IT department should have a timeline of progress for iClip. The Chairman agreed with this suggestion and said that the ICT strategy needed to be discussed. Action TB.29.11.18: ICT strategy to be added to Board workshop forward planner. The Board noted the report.</p>
3.2	Month 7 Finance Report

	<p>The DFP presented the report and the Board noted that the Trust had not met its financial target for Q2 and the issues had been discussed at the Finance and Investment Committee meeting in November 2018. The pre-PSF deficit of £33.3m at the end of October was mainly driven by material issues such as cardiac lost income arising from lower than planned levels of activity and medical pay. The Board noted the Trust's financial performance as set out in the report.</p>
STRATEGY	
4.2	Trust Strategy Highlight Report
	<p>The DS presented the progress report on the Trust's five-year clinical strategy. It was noted that for workstream 3 (alignment, deliverability and prioritization), and initial impact modeling were behind schedule, but a recovery plan was in place. In relation to workstream 4 (communication and stakeholder engagement), eight engagement events had been completed, two of which were public events in Merton and Wandsworth in November 2018. A further public event had been arranged in December at St George's. Tim Wright requested further information about the cross cutting issues. The DS advised that information would be provided at the Board seminar in December 2018. The Board noted the report.</p>
GOVERNANCE	
5.1	GDPR Progress Report
	<p>Taking the report as read, the DFP outlined the progress on the project to implement the provisions of Data Protection Act 2018, which included the provisions of the GDPR. In regards to contracts, the Trust had recently commenced a joint approach across SWL and progress would be monitored by the Information Governance Group. The Board noted the report.</p>
CLOSING ADMINISTRATION	
6.1	Questions from the Public
	<p>A member of the public asked a question which had also been submitted in writing, namely the cost of each of the Bewick and Hollywood reviews into the cardiac surgery unit and the cost of the mediation in December 2017, including any associated costs, such as providing cover whilst the surgeons were off site and lost revenue from cancelled surgeries. The DFP responded that the Bewick review had cost £47,410.14 (including VAT), the Hollywood review £38,361.45 and the December 2017 mediation £26,180.05. As the mediation was planned well ahead of time, arrangement had been put in place to ensure there was no loss of income over the two days on which the mediation was conducted. The COO further explained that, as St George's is a trauma centre, the Trust continued to provide a full emergency service at all times.</p>
6.2	Any new risks or issues
	No new risks or issues were identified.
6.3	Any Other Business
	<p>The Board Chairman thanked the MD for his work in the role of Acting Medical Director for more than two years and commented that he had served the Trust ably and with great loyalty in some very difficult circumstances for which the Board was extremely grateful. She moved a formal vote of thanks which was seconded by Ann Beasley, who also commended the way the AMD had handled difficult situations. The Board unanimously endorsed the vote of thanks.</p>

6.4	Reflection on meeting
	<p>The CN commented that the Queen Mary meeting venue was better and quieter than St George's, that the meeting was good, and all the issues that should be discussed had been discussed. Ann Beasley commented that there was a real sense of progress and the right discussions were conducted. The DDET suggested that the public should be informed about other items presented to Committees that are not presented to the Board for the purpose of public accountability. The Chairman agreed with the DDET and commented that she sought to highlight the issues for public accountability for each agenda item.</p>
	Patient Story
	<p>The Chairman welcomed Hannah Lyons and baby Charlie Lyons and asked her to talk through her experience. Hannah explained that she was admitted after a car crash in June 2018 in which she was seriously injured. She received wonderful care in ICU, however she experienced a series of incidents that reflected lack of thought for breastfeeding mothers outside of the maternity unit. Hannah pointed out that the initial problem was communication as staff were not able to tell her husband her correct location. When Hannah's husband was directed to the Emergency Department, he was told that he could not see his wife. At this point baby was hungry and the baby was given formula milk despite recommendations babies were best breast feed the baby for six months and Hannah would have been able to breast feed. When Hannah was transferred to ICU, no-one could tell if the baby was allowed into ICU. When Hannah received a call to inform her of the transfer to a general ward, she was informed that could not take Charlie to the ward as the risk to other patients would be too great. A side room was eventually found. There was also confusion over policies and Hannah expressed concern that staff appeared not to understand them. A porter who transferred Hannah to the ward had been trained about dignity and respect and insisted that she was appropriately covered. A CT scan was performed and staff later advised Hannah not to breastfeed after the scan but she had already breastfed at this point. A phlebotomist who had attended to Hannah to take bloods left without saying anything when he realised that she was breastfeeding.</p> <p>The Chairman acknowledged that staff had not fully appreciated Hannah's situation and the Trust's policies appeared inadequate. In response, Hannah stated that she was now a representative on the Infant Feeding Group and she had attended a meeting. Sarah Duncan, Patient Experience Manager, advised that a new policy to give guidance to staff on breastfeeding mothers who attend St George's hospital had been developed and there would be a launch of the policy which it also be communicated via a newsletter. Sir Norman Williams, NED asked if the policy had considered the side effects of drugs on breastfeeding mothers as some drugs can be passed on to the child. Sarah Duncan confirmed that this had been considered. The DS asked if staff on the ward had offered any help and if Hannah had managed to access the patient advocacy service. The CN added that staff could have sought advice from the corporate nursing team about how individual care could be provided. The CN commented that the Trust required more than a policy to prevent more occurrences. Hannah responded that she was not sure at what point she realised there was a patient advocacy service. The Board Chairman thanked Hannah for sharing her story, apologised again on behalf of the Trust for the experience she had received as a patient and reiterated that the policy on its own would not be sufficient to prevent such occurrences.</p>

Date of next meeting: Thursday 20 December 2018 at 10:00 at St George's Hospital