

**Minutes of Trust Board Meeting**

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

<b>Name</b>	<b>Title</b>	<b>Initials</b>
<b>PRESENT</b>		
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
Andrew Grimshaw	Chief Finance Officer	CFO
Andrew Rhodes	Acting Medical Director	MD
<b>IN ATTENDANCE</b>		
Robert Bleasdale	Deputy Chief Nurse	DCN
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Kevin Howell	Director of Estates & Facilities	DEF
Stephen Jones	Director of Corporate Affairs	DCA
Suzanne Marsello	Director of Strategy	DS
Ellis Pullinger	Chief Operating Officer	COO
<b>APOLOGIES</b>		
Avey Bhatia	Chief Nurse and Director of Infection, Prevention & Control	CN
<b>SECRETARIAT</b>		
Terri Burns	Interim Assistant Trust Secretary	ATS

**Feedback from Walkabout**

Members of the Board gave feedback on the departments they had visited ahead of the meeting. These included: the Security Office, Acute Medicine Unit (AMU), Gray Ward, Transport Lounge, Foetal Medicine Unit, Phlebotomy Outpatients, Benjamin Weir Ward, Coronary Care Unit (CCU), Pre-Operative Assessment, Max Fax Unit, Cavell, and Medical Records.

The DEF reported that the security team had recently had a new CCTV system installed. Board members had been shown the processes in place for its use. New body cameras were also being introduced. Staff reported that around 70% of incidents that have been dealt with were related to parking. Team members also reported experiencing abusive behaviour when asking people not to smoke on the hospital site. Staff changing facilities were also in need of upgrade. The group also visited the Acute Medicine Unit (AMU) and were able to see the full patient journey. They spoke to a patient who attended regularly who, in turn, spoke very highly of all of the staff there. The team reported that staff turnover had settled down and the unit was generally working well. Some concerns

were raised in relation to other wards being more developed technologically.

Tim Wright reported that the group were greeted on Gray Ward by a nurse who was very proud to have worked there for 15 years. Staff were able to give full responses when asked what good care meant to them. Hand hygiene and infection control were very good and communication was a priority for the team. There were some details that needed more focus, such as addressing some clutter on the ward. The team in the Transport and Departure areas were very aware of the importance of getting patients in the right place early in the day to ensure transfers were as efficient as possible.

The COO reported that the Foetal Medicine Unit was calm, well organised and staff were motivated. There was a great deal of research being undertaken, as well as investment in technology. There had been some good utilisation of space, however the administrative area could have been better organised. The group had also visited the Carmen Suite, where the birthing pools were now running. Staff were expecting the Suite to be busy in September. Whilst visiting the Phlebotomy service, the group had seen how patient flow worked. The COO was disappointed that the budget had not been shared with the team, as promised, and agreed to ensure this happened.

Stephen Collier reported that the group had been told that a typical stay on Benjamin Weir Ward was usually five to six days. The Ward was calm and well organised, with a well-motivated team which was keen to improve on their ward accreditation. The challenges faced were mainly related to recruitment and retention, which plans were in place to try to address. Key rings were used as a reminder about the type of behaviours and processes that should be embedded by staff. It was noted that there was a new senior nurse, who due to Agenda for Change, had taken on more responsibility but not received an uplift in pay. The Coronary Care Unit (CCU) was staffed by a very experienced team, which was reviewing how to improve the flow of patient information. There was a flexible approach to the service, due to its nature, with a clear awareness of budgets and how small things could make a difference to visitors.

The DHRD reported that previous issues related to moving patients to the Pre-Operative Assessment area had now been resolved. Signage had improved, but staff had been concerned that, on one occasion, an arrest call was made but the staff responsible for responding had not known where the unit was located. There were plans in place to review income generation, which may have an impact upon the use of space in the unit. It was noted that HR support staff were located in an office in the middle of the clinical areas, which was not appropriate and this needed to be reviewed. In the Max Fax Unit, there was only one lift, which could be problematic if it was out of order. The reception area needed better signage, and a self-check in was being considered. The group noted that there were concerns about privacy in the dental treatment areas, particularly for children. Sir Norman Williams stated that the staff were concerned about the heating and air conditioning in the area, which had been raised several times before but was not yet resolved.

The MD reported that the Cavell Ward had a high turnover of patients due to the nature of the service. The main concerns were related to general estates issues. Staff were keen to improve upon their last ward accreditation rating. The Medical Records department showed a very good turnaround compared with a year ago. There was much greater organisation and the manager had had a significant impact. Some concern was expressed by staff in relation to the consultation which was about to take place. Management would need to ensure that there was sufficient support in place for them. It was noted that there was empty space in the records library due to moving to electronic records. Thought would need to be given to how to use this additional space.

<b>OPENING ADMINISTRATION</b>	
<b>Welcome and Apologies</b>	
<b>1.1</b>	The Chairman opened the meeting and welcomed members of the public and a number of the Trust's Governors. Apologies had been received from Avey Bhatia, Chief Nurse and Director of Infection, Prevention & Control; Robert Bleasdale was deputising for her.
<b>Declarations of Interest</b>	
<b>1.2</b>	Ann Beasley declared that she would be taking up the role of Trust Chair at South West London & St George's Mental Health Trust, starting on 1 <sup>st</sup> October 2018.
<b>Minutes of previous meetings</b>	
<b>1.3</b>	The minutes of the meeting held on 26 July 2018 were agreed as a true and accurate record, subject to a minor amendment.
<b>Action log and matters arising</b>	
<b>1.4</b>	<p>The Board noted the action log, agreed the actions proposed for closure, and noted the following updates:</p> <ul style="list-style-type: none"> <li>• TB. 29.03.18/ 77 – The Staff Survey action plan had been discussed by the Workforce &amp; Education Committee and a report on this will be brought to the next Board meeting</li> <li>• TB. 28.06.18/ 85 and TB. 26.07.18/ 94 – Dates for Board Seminars were in the process of being arranged</li> <li>• TB. 26.07.18/ 87 – The Quality and Safety Committee would be reviewing external audit information</li> <li>• TB. 26.07.18/ 92 – To be closed</li> </ul>
<b>1.5</b>	<b>CEO's update</b>
	<p>The CEO reported that the Trust had taken a number of immediate actions to begin implementing the recommendations of the Bewick review on the cardiac surgery service. The report had been published on the Trust's website earlier in the month. There had been significant media coverage of issues affecting the service. The Trust was taking action to address these issues and the principal focus of the Board was ensuring patients were safe and staff were supported. Significant change was required to introduce the improvements necessary, and the Board was committed to taking the actions necessary to ensure a safe and high quality service over the long term.</p> <p>The 10 year NHS Plan was being developed jointly by NHS England and NHS Improvement and would be published in the autumn. This would identify priority areas nationally and would have implications for allocation of funding and investment. The Trust wanted to ensure it was at the forefront of using new models of care. The Quality Improvement Academy had also been launched, with good levels of staff engagement being seen. The CEO also congratulated Dr Shai Betteridge, Professor Sanjay Sharma and Dr Aneil Malhotra for having their work recognised externally. The Board also noted that the Annual Members Meeting was planned for 27 September 2018.</p>

<b>STRATEGY</b>	
<b>2.1</b>	<b>St George's Hospital Charity Report</b>
	<p>Anna Walker, Charity Chair, and Paul Sarfaty, interim Charity Chief Executive, attended to present to the Board. They reported that, over the last seven years, the Charity had contributed around £20m to the Trust. Other major hospitals had received significantly greater assets over a longer period of time. The charity would be setting their ambitions significantly higher for the future in relation to income. The majority of the funds had been spent on staff development and welfare, as well as patient experience. More work was needed to create well defined appeals for a popular purpose, in order to increase income. A new Chief Executive had been appointed and would be starting in post on 1<sup>st</sup> October. It was expected that the Charity would benefit from the new Chief Executive's significant experience.</p> <p>The Charity had made a great deal of progress developing relationships with the Trust. Tim Wright's appointment as a trustee had been invaluable, as well as the close working that the DS had been undertaking. This would be built on further to ensure more progress was made. The Charity recognised the challenges faced by the Trust, but noted the need to engage more with consultants in relation to use of Special Purpose Funds, which were significantly under-spent. A clear definition of what the Trust needed from the Charity was also needed.</p> <p>Paul Sarfaty observed that he had seen a significant improvement in engagement in the last six months. The CEO stated that the programme of work would become more defined as the Trust strategy developed. There was a strong interest in multi-disciplinary research, which would likely be one of the areas considered. The Trust was keen to ensure projects led to direct patient benefit and were carried out by a variety of staff groups.</p> <p>Tim Wright stated that the challenges were clear. He had been concerned about potential conflicts of interest when becoming a trustee, however this had not been an issue. He felt that improvements could be made to processes, as well as communicating how funds were spent to donors. The DHROD informed the Board that the staff awards, which had been funded by the charity, had been very well received by staff. Follow up was needed in relation to staff development and welfare however, in order to better demonstrate outcomes. Paul Sarfaty noted that the next staff awards would be taking place on 16 May 2019.</p> <p>The DS stated that she had been attending trustee meetings where appropriate and was reviewing how to improve processes. She would also be reviewing how best to improve estates project capacity to ensure funds could be used in a timely manner.</p> <p>Katherine Harrison, Lead Governor, noted that governors would be keen to get involved with helping the Charity in any way possible.</p> <p>The Board noted the report.</p>
<b>QUALITY &amp; PERFORMANCE</b>	
<b>3.1</b>	<b>Quality &amp; Safety Committee Report</b>

	<p>The Committee Chair reported that the Committee had been pleased with the outcome of the CQC visit, although there was still work to be done for the Trust to come out of special measures. The Committee were assured that an increase in C. difficile was not due to any failures in care and was being closely monitored. The Trust was below the national average in relation to the mortality review, which was positive. However there were a few areas of note. In relation to an alert relating to hip replacements, only complex cases were carried out at St George's Hospital with elective cases being done externally.</p> <p>The Committee were informed that same day cancellations were mostly due to lack of beds and operating lists running over. Around 40% were due to emergency trauma. ECRP was on target for return to reporting. An early stage GIRFT report was also reviewed. The Committee were also updated on cardiac surgery, with importance being placed on implementing the recommendations of the Bewick review. The CQC had also carried out a review of cardiac surgery earlier in the month, but the Trust had not yet received the report. The Committee were assured of water safety and noted significant improvements in relation to learning from deaths.</p> <p>Ann Beasley asked whether the hip mortality alert had been expected and if the system used already made allowance for complex cases. The Committee Chair stated that the alert process was less mature than, for example, NICOR in relation to cardiac surgery, and would therefore not allow for complexities in the same way. The MD noted that the alert was expected and that every death was reviewed. Both the Trust and the CQC agreed that the hip replacement service was safe.</p> <p>The Board noted the report.</p>
<p><b>3.2</b></p>	<p><b>Integrated Quality &amp; Performance Report</b></p>
	<p>The DDET reported that development of the balanced scorecard was continuing. The Trust was on track for Outpatient delivery overall, though further improvements were still needed. Improvements in theatre productivity were not as good as expected. Staff had been challenged to ensure the booking process was used efficiently to improve productivity. Cancer performance was much improved for August.</p> <p>The DHROD reported that agency use was above the cap for two months, however was still below target overall. Appraisal rates were improved, as were vacancy rates. The biggest concern was turnover, which was a key area of focus to address.</p> <p>Sarah Wilton noted that weekend emergency mortality had increased, as well as the number of complaints for July having gone up, and would welcome more detail. The MD stated that the reasons for mortality figures were not yet fully understood and were being investigated, although the Trust remained in a better position than the national figures. The DCN stated that complaints were triaged to establish their complexity. Overall performance was on track to meet the targets set. Additional resource had also been put in place to streamline processes.</p> <p>The COO apologised to patients who had had to wait longer than expected for cancer appointments, acknowledging that it was not acceptable.</p>

	The Board noted the report.
<b>3.3</b>	<b>Elective Care Recovery Programme</b>
	The COO reported that only 19 patients were referred following the phase one work in relation to the Clinical Harm Review. He also noted the report appended, from RM Partners, which showed progress against recommendations. Ann Beasley noted that the Patient Tracking List was discussed in detail at the Finance & Investment Committee and noted as remaining a significant challenge. The Board noted the report.
<b>3.4</b>	<b>Emergency Care Performance</b>
	<p>The COO reported that the August position for Emergency Department performance was below trajectory. Performance had deteriorated in August across admitted and non-admitted pathways, and the Trust was currently delivering 90.32% against a trajectory of 94% for August. Performance against the agreed trajectory by quarter was linked to eligibility for PSF funding from NHSI, so performance had significant financial implications. Key areas of focus were highlighted and the priority would be shift leadership. Stephen Collier noted that junior doctor vacancies were high in July. The DDET stated that this was due to some junior doctors having resigned earlier than expected and planned for. Actions were in place to address the shortfall.</p> <p>The Board agreed the recommendations and noted the report.</p>
<b>3.5</b>	<b>Learning from Deaths Quarter 1 Report</b>
	The MD reported that the report had been reviewed by the Quality and Safety Committee. Reporting to the Board was a national requirement. The number of reviews carried out was above the level required. The main areas of concern would be reviewed by the Mortality Monitoring Committee and reported via the Quality and Safety Committee. The Board agreed the recommendations and noted the report.
<b>3.6</b>	<b>CQC Report</b>
	<p>The MD reported that the Trust rating had moved from 'inadequate' to 'requires improvement', but that the Trust remained in quality special measures. Further improvements were therefore needed. The main areas of focus were; leadership in the Emergency Department and Outpatients, mental health provision, the ability to track and monitor patients and processes. An action plan was in place to progress these and other areas which had been submitted to the CQC earlier in the month. This included steps to respond to the "requirement actions" set out in the CQC's inspection report, and the additional actions identified.</p> <p>The CEO stated that the Outpatient consultation would need to ensure that staff were included in the process, as well as improvement being sought for the benefit of patients.</p> <p>The Board noted the report, and that it was committed to taking the actions necessary to exit quality special measures as soon as possible.</p>
<b>FINANCE</b>	

4.1	<b>Finance &amp; Investment Committee Report</b>
	<p>The Committee Chair reported that the Committee had expressed concerns in relation to theatre utilisation, as it affected planning and income. The variability of Emergency Department leadership quality was also discussed, which needed to be addressed. Return to reporting was discussed, as well as the need for much broader training and the associated investment necessary. The Committee Chair noted that the Trust had already been aware that quarter two would likely be difficult, with the rest of the year becoming even more so. Because of this, a tight grip would be needed on delivery and accountability ensured where control targets were not being met. CIPs were slightly behind plan. The plans in place came from staff, so they would need to be held accountable for delivery.</p> <p>The Board noted the report.</p>
4.2	<b>Month 4 Finance Report</b>
	<p>The CFO reported that quarter one risks were now materialising. Actions were being taken to address the CIPs shortfall and he was confident that they would still be delivered. Clear divisional responsibilities for delivery were in place. Some areas were overspending on staff and more prescriptive direction would be implemented if this was not addressed adequately. Access to capital funds was being controlled tightly.</p> <p>The Board noted the report.</p>
<b>GOVERNANCE</b>	
5.1	<b>Workforce and Education Committee Report</b>
	<p>The Committee Chair reported that the Committee had reviewed the Staff Survey results. They were not as good as those of other London trusts. Actions were in place to address those areas with the lowest scores. A lead was in place for diversity and inclusion, with a 12 month plan for delivery agreed. The workforce plan had not yet been reviewed by the Committee, which would have an effect on CIPs.</p> <p>Work on establishment reviews was continuing. There was also a constructive report received in relation to safe working. The GMC had audited the Responsible Officer process that was in place and found there had been progress made. The Committee had noted that pan London locum rates were due to change the following week. This would be difficult to deliver as demand for locums remained strong.</p> <p>Sarah Wilton stated that the staff survey result was disappointing and that it would be helpful for the Board to see the action plan. The CEO noted that the HIS had highlighted the Trust response rate as being the most improved in the country. Although there was still progress to be made, this was a positive step and cultural progress was a slow process.</p> <p><b>TB. 30.08.18/ 96: Staff Survey action plan to be reported to the Board.</b></p> <p>The Board noted the report.</p>
5.2	<b>Guardian of Safe Working Report</b>

	<p>The MD informed the Board that the report was intended to assure them of the welfare of junior doctors. The issues identified correlated to general areas of concern within the Trust. The DS asked whether the reduction in number of junior doctors would have an impact on the results. The MD stated that there tended to be more exception reporting when there were rota gaps, as these gaps needed to be filled. The new junior doctor contract had created political tensions and had in turn led to greater reporting.</p> <p>Sir Norman Williams noted that the NHS as a whole had historically relied heavily on junior doctors. He was keen to ensure that the Trust had consultant led care and that junior doctors were well supported. The MD agreed and noted that when junior doctors were well looked after, improvements were also seen in other metrics.</p> <p>The DHROD stated that the report was a tool to facilitate discussions and allow the Trust to encourage reporting from junior doctors, as this would enable better understanding of the issues that needed to be addressed.</p> <p>The Board agreed the recommendations and noted the report.</p>
<b>CLOSING ADMINISTRATION</b>	
<b>6.1</b>	<b>Questions from the public</b>
	<p>Hazel Ingram, Patient Representative, asked whether the issues raised in relation to cardiac surgery were the same as those that raised some years earlier. The CEO stated that issues noted in the Wallwork report were not dissimilar to those raised previously in the Bewick report.</p>
<b>6.2</b>	<b>Any new risks identified</b>
	<p>No new risks were identified.</p>
<b>6.3</b>	<b>Any Other Business</b>
	<p>No other items of business were raised.</p>
<b>6.4</b>	<b>Reflection on the meeting</b>
	<p>Tim Wright queried whether a log was kept of who had visited which areas during the Board Walkabout sessions. The DCA stated that there was a log and that every effort would be made to ensure all areas of the Trust were visited. An action log was also reported from the visits, to the July Board meeting, and would be presented quarterly. The DCN noted that there was a particular focus on including non-clinical and support areas. It was noted that preparatory notes would be helpful ahead of the visits, with any relevant information that may come up during discussions with staff.</p>
<b>PATIENT STORY</b>	
	<p>Liz Aram gave a video account of her experiences as a patient. She had accessed inpatient, outpatient, surgical and diagnostic care since she was diagnosed with cervical cancer. She spoke very highly of her care at the Trust and was grateful to all of the staff who took care of her. She became involved in the Macmillan Improving Cancer Care Project and is Co-Chair</p>



of the Trust's new Patient Partnership and Experience Group. Liz did, however, have a number of reflections about each stage of her treatment and made some suggestions about what the Trust might do to improve the patient experience, particularly around improved communication.

Janice Minter, Macmillan Lead Cancer Nurse, also attended the Board to answer any questions and share more about the patient experience in Cancer Services. Janice stated that the Trust had a very good relationship with Macmillan and strong patient representation. The care in place was good and the relationship was being used to improve processes. Patient pathway issues had been identified and work was taking place to address these. A great deal of communication was taking place to ensure patients knew what to expect and were empowered to ask questions. A new role of Macmillan support workers was also being developed to address the shortage of qualified nurses.

The CEO stated that dealing with a cancer diagnosis was obviously a difficult time for patients, so the Trust needed to ensure the experience was as positive as possible and all staff were engaged with the improvements being made. Janice informed the Board that communication training was being given, as well as having a nurse present at appointments and follow up calls being made, so that patients had more opportunity to ask questions. An app was also in development as another communication tool.

The Chairman stated that she was very pleased to see the improvements that were being made, although there remained work to be done. She thanked those involved, including Liz for her contribution and constructive suggestions.

**Date and time of next meeting: Thursday 27 September 2018, 10:30 – 13:30  
Hyde Park Room, St George's Hospital**