

**Minutes of Trust Board Meeting**

**Thursday 31 May 2018, 10:00 – 13:00, Hyde Park Room, 1st Floor, Lanesborough Wing**

<b>Name</b>	<b>Title</b>	<b>Initials</b>
<b>PRESENT</b>		
Gillian Norton	Chairman	Chairman
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection, Prevention & Control	CN
Andrew Grimshaw	Chief Finance Officer	CFO
Andrew Rhodes	Acting Medical Director	MD
<b>IN ATTENDANCE</b>		
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
Mike Murphy	Quality Improvement Director, NHS Improvement	QID
Fiona Ashworth	Acting Chief Operating Officer	ACOO
<b>APOLOGIES</b>		
Ellis Pullinger	Chief Operating Officer	COO
Jacqueline Totterdell	Chief Executive	CEO
<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 areas included; Cardiac Cath Labs, James Hope Ward, Courtyard Clinic, Renal Dialysis Unit, Frederick Hewitt Ward, Nicholls Ward, Dermatology and Lymphoedema, Heberden Ward, Gwillim Ward, Carmen, Blue Sky Centre Ward, Education Centre and Recruitment.

Observations highlighted where staff felt that investment was needed, particularly in relation to the environment in and around wards. The CFO noted that the executive team were aware there was a need and were working to try to resolve funding challenges.

There was found to be pressure on space in James Hope Ward, as well as a need for some equipment to be upgraded. Cardiac Catheter Lab equipment was in use several years past its anticipated lifespan, with concerns around reliability. Staff reported that they felt empowered to speak up when there was a problem, more so than they had done historically. There was also a British Airways pilot

present at the time of the visit. He and his team had been working with Cardiac staff on the transfer of learning from the aviation industry around embedding safety. The Chairman noted that the ward was a successful example of a nurse led ward.

The visit to the Renal Dialysis Unit included trucks which were used due to capacity issues. They were clean and well maintained. The team had reconfigured the space available following learning from an incident. The Courtyard Clinic had also moved. The staff were found to be positive and engaged. They had been training patients to enable them to have dialysis at home. It was noted that capital was needed for development, to enable the removal of the trucks.

Key issues identified in relation to Freddie Hewitt and Nicholls wards were nurse vacancies. It was noted that full recruitment was expected by September 2018 and that current staff were very committed. Environment was again raised, with refurbishment and capacity being highlighted as areas for improvement.

Environment was again raised as an issue regarding Heberden Ward and Dermatology and Lymphoedema services. Staff had been looking for innovative solutions. Heberden Ward was highly dementia friendly, with calm and assured staff. However, there were a significant number of patients who were ready for discharge but remained on the ward. It was noted that there was a long waiting list for the Dermatology service, although there was flexibility built in for urgent cases. The MD stated that pilot schemes were under development to help prevent delays.

It was reported that Carmen had undergone impressive refurbishment in the birthing areas. However, the triage room was often used as an additional birthing room. There was also only one shower and bathroom, which was not an inviting area and had leaks. Gwillim was much larger but would often overflow into Carmen, as the nature of patient's needs led to difficulty in planning for capacity. The bathrooms again were in need of attention, with cosmetic work needed. Staff were busy but coping well and notice boards were well maintained, with up to date information.

Staff in the Education Centre and Recruitment team noted the need for refurbishments. There was also a great deal of capacity that was not being well utilised due to the layout. Disability access to the first floor was not possible, limiting use of teaching rooms. It was noted that the St George's Charity had recently made a grant for improvement of disability access. Reliance on paper was an inhibitor within Recruitment, although this had already been identified as an area for improvement and alternatives were being reviewed. Staff were generally happy and showed dedication.

## **OPENING ADMINISTRATION**

### **Welcome and Apologies**

<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 Jacqueline Totterdell, Chief Executive, and Ellis Pullinger, Chief Operating Officer.
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### **Declarations of Interest**

<b>1.2</b>	Sir Norman Williams noted that he had been appointed as Chair of the National Clinical Improvement Programme.
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<b>Minutes of the meeting held on 26 April 2018</b>	
<b>1.3</b>	The minutes of the Board meeting held on 26 April 2018 were approved as an accurate record.
<b>Action log and matters arising</b>	
<b>1.4</b>	The outstanding actions were noted, with a Board Seminar date confirmed for 7 <sup>th</sup> June and a charity presentation to the Board due over the Summer.
<b>1.5</b>	<b>CEO's update</b>
	<p>The CFO reported in place of the CEO. He reported that the May 2018 visit by the Secretary of State for Health was an opportunity to focus on the positive work carried out by the Trust in relation to learning from incidents. It was also noted that strategy development sessions were taking place with staff and stakeholders.</p> <p>A briefing had been made to staff and stakeholders in relation to the Trust withdrawing as the provider of some community services. The Chairman noted that there had been some concern raised by staff and stakeholders, who seemed uncertain as to the future of the service with a different provider. It was noted that the services were not being stopped, but the Trust's role within them would pass to a different provider.</p> <p><b>TB. 31.05.18/ 78: Ensure clear messages communicated to staff regarding the Trust's withdrawal from provision of certain community services.</b></p> <p>Ann Beasley queried whether there was a better way for patients to access the Blue Sky Ward and whether GPs could refer directly, rather than going via the Emergency Department. The DDET noted that the design was currently under review, with a particular focus on patients who had been referred by their GP.</p> <p>Sarah Wilton requested that future reports contain details of meetings with networks and other relevant organisations, such as the STP, for the benefit of the Non-Executive Directors.</p> <p>An invitation to the Giant Tea Party and all other NHS at 70 events was extended to all staff within the Trust.</p>
<b>QUALITY &amp; PERFORMANCE</b>	
<b>2.1</b>	<b>Quality &amp; Safety Committee Report</b>
	<p>The Committee Chair reported that the QIP dashboard had been improving. The Committee had been informed about two never events involving nasogastric tubes and had been assured by Dr Rafik Bedair, Consultant in GICU, that actions were in place to address the underlying causes. An increase in the number of C. Difficile cases had been reported, however the Committee had been assured that this was not an epidemic. The Committee had approved the Terms of Reference for a Cardiac Surgery review, which would be carried out externally. The Committee had been assured that the nursing establishment was safe and were informed that £2m had been taken out of the budget for QIP without affecting safety. The Committee Chair also noted the reduction of two risk ratings in relation to</p>

	<p>likelihood.</p> <p>Sarah Wilton noted that the Premises Assurance Model would need to provide assurance on water safety review. The DEF stated that this was planned for discussion at the Board Seminar on 7<sup>th</sup> June 2018. An external assurance report would also be carried out later in the Summer, to give assurance in addition to the internal work already in place. Timothy Wright queried whether there was anything additional that could be done to remedy the issues faced. The DEF reported that some of the dead legs had been removed, as well as the introduction of new systems. Any large works undertaken would include water refurbishments.</p> <p>The DEF reported that he had been liaising with Moorfields in relation to fire safety and had put in place operational mitigations to ensure compliance with legislation. The Trust's risk team had also been working with their Moorfields counterparts to address the disparity in risk scores.</p> <p>The CN&amp;DIPC noted that she would be meeting with the neonatal team to address any concerns about the safe staffing review. Jenny Higham noted that she would like to see how the review would be extended to other staffing areas of the Trust.</p> <p>Ann Beasley expressed concern that the improvement in performance appeared to be in tandem with a reduction in efficiency. The DDET stated that the clinical team were clear that there had to be a focus on both quality and efficiency. Getting the right system in place ahead of surgery would be key. This would mean that more patients would be prepared for theatre to use the capacity available. The ACOO noted that work had been undertaken to address the level of cancellations within surgery, which had resulted in a significant improvement in the last month.</p> <p>The Committee Chair noted that the Trust had previously had a lower day case rate than other providers, as well as lower enhanced recovery rates. The DDET stated that this had been identified, with teams being challenged to make improvements against this. The enhanced recovery programme had been sporadic, so required work to ensure it was implemented effectively.</p> <p>Sarah Wilton queried why mortality rates continued to reduce, except at weekends. The MD stated that rates overall remained lower than expected, with weekend rates being recognised as a multifaceted national issue. It had already been agreed that seven day care data would be reported to the Quality &amp; Safety Committee for assurance.</p> <p>The Board noted the report.</p>
<b>2.2</b>	<b>Integrated Quality &amp; Performance Report</b>
	<p>The DDET reported that the Trust was underperforming in relation to the number of elective and day case operations carried out. The Friends &amp; Family test was positive at 98%. However it was noted that the response rate itself was low. A higher rate would give greater credibility to the results. Cancer delivery standards had been reached for March 2018 and delivery against diagnostics continued. The focus was on rebooking cancellations. Stephen Collier noted that it would be helpful to have an understanding of the reasons for sub-</p>

	<p>optimal numbers of elective and day cases. The CFO noted that there were some planning issues identified that could be improved upon, as well as waiting list initiatives being used in a constructive way as part of work to drive forwards efficiencies. Both short term and structural changes were taking place. Stephen Collier was assured that this was not a trend, although was a concern.</p> <p>The QID expressed surprise that variance from the previous year's plan was around four per cent. It would also be helpful to see greater detail in relation to DNA rates and length of stay and occupancy rates. The CFO reported that performance was off plan for one week only and not the whole month. This was discussed in detail with all operational areas, whilst also having to recognise the effect of special measures. There was a management focus on fine tuning the plan, with fortnightly divisional meetings being used to ensure capacity was utilised. The DDET noted that DNA rates had been particularly impacted in one week, in which some patients had not received appointment letters. Text reminders were being rolled out more widely, with two way reminders being introduced later in the year. The Length of stay and bed occupancy rates had been identified by clinicians as an opportunity for review and would be reported in greater detail at the Finance &amp; Investment Committee.</p> <p>The DHROD reported that sickness absence continued to see a reduction and work was ongoing to improve appraisal rates.</p> <p>The DDET reported that the style of report would continue to evolve for Finance &amp; Investment Committee and that Board member input would be welcomed.</p> <p><b>TB. 31.05.18/ 79: NED opinions to be sought regarding new style of report before returning to FIC.</b></p> <p>The Board noted the report.</p>
<b>2.3</b>	<b>Elective Care Recovery Programme</b>
	<p>The ACOO reported that the Trust had a good performance in cancer for March and was concluding assurance work with a partner, with a draft report and action plan in preparation. Overall performance improvement was beginning to be seen. There had been a consistent achievement of the two week operating standard over the last six months. Diagnostics delivery was well within target and there continued to be improvements in the 52 week wait list.</p> <p>The Board was also informed that there was a great of work taking place in relation to training, with a clear plan and trajectory in place for continuing this. Standard Operating Procedures were also being reviewed to ensure patients were moving through the pathway as efficiently as possible.</p> <p>The Board noted the report.</p>
<b>2.4</b>	<b>Emergency Care Performance</b>
	<p>The ACOO reported that the Trust had struggled to deliver the four hour target in 2017/18. A 15 point plan had been developed with NHS Improvement to address this. Both admitted</p>

	<p>and non-admitted performance had improved, with 95% performance required to meet the planned target for June 2018. The Trust was one of the best performing Trusts in relation to ambulance hand overs, being the highest performing Trust across London in the last week. Where deterioration had been seen, teams were being asked to prepare plans to recover performance. Different pathway options were also being considered.</p> <p>The Chairman noted that the Trust should be seeking to go beyond targets in performance and continue the upward trajectory. Sir Norman Williams asked how the Trust was performing in comparison to the same period in the previous year. The ACOO stated that performance had improved by four per cent. It was also noted that there had been a 12 hour trolley wait, with work in progress to address the reasons with mental health partners.</p> <p>The Board agreed the admitted and non-admitted trajectories, with the caveat that the Trust should strive to deliver further improvements towards achieving the 95% target sustainably.</p>
<b>FINANCE</b>	
<b>3.1</b>	<b>Finance &amp; Investment Committee Report</b>
	<p>The Committee Chair reported that the Committee had welcomed the new Chief Information Officer to the Trust. Improvements needed to be assured around IT had been set out for the Committee. They had been pleased with the productivity metrics reported and had requested more detailed plans. They had also recognised that a great deal of work had been undertaken to progress Emergency Department performance, as well as CIPs where 90% had now been identified. The Committee wanted to see the outstanding balance identified from the pay budget. The Committee had reviewed its membership and agreed that no changes to the membership were required at this time and that it was appropriate for the CEO and Trust Chairman to continue attending whilst the Trust remained in special measures.</p> <p>The Board noted the report.</p>
<b>3.2</b>	<b>Month 1 Finance Report</b>
	<p>The CFO reported that this was a bridging report, which would return to its normal format the following month. The Annual Accounts had been submitted to NHS Improvement with an unqualified opinion. Pay would be an area of focus in relation to control of budget costs, with actions in place to address gaps identified. There was underspend on non-pay and CIPs were progressing as planned.</p> <p>Sir Norman Williams queried the overspend on junior doctors. The CFO noted that rota gaps were being investigated and that new ways of addressing under recruitment were being investigated. There were also some control issues which required further investigation.</p> <p>The Board noted the report.</p>
<b>GOVERNANCE</b>	
<b>4.1</b>	<b>Audit Committee Report</b>
	Ann Beasley reported in the Committee Chair's absence. The Committee had reviewed the

	<p>Annual report &amp; Accounts. They had been pleased with the improvements made to the report from the previous year. The External Auditors were also very positive and had reported good staff engagement from the Trust. There had been no additional audit charges. They had also been pleased with the review of quality indicators and given an unqualified opinion. The Committee had noted the Value for Money opinion, which had been expected.</p> <p>The Committee had recommended that the Board agree the report and accounts. The Head of Internal Audit Opinion had given reasonable assurance, which was an improvement on the previous year. The Trust Chairman noted that the Board had signed off the Annual report and Accounts accordingly, at a special meeting on 24th May.</p> <p>The Committee had also noted a report on the Information Governance Toolkit submission. The Trust had submitted a self-assessment in March 2018 which was later found to be incorrect during audit. It was not possible to amend the submission, but it had been noted by the Committee with actions in place to address the gaps prior to the next submission in October 2018. The Committee would receive a further update at its meeting in July 2018.</p> <p>The Board noted the report.</p>
<b>4.2</b>	<b>Board Assurance Framework</b>
	<p>The CN reported that the risks had been reviewed by the appropriate Board sub-committees. A further review of progress would be undertaken at the end of quarter one. Tim Wright noted that he would be meeting the new Chief Information Officer to review the ICT risk and better understand the associated mitigations.</p> <p>The Chairman queried whether there was a need for the Board to review the Framework every month, as it had now matured and was a better assurance tool with very little movement seen within the space of a month. The Board agreed that a quarterly report would show more significant movement, with any issues of note being brought to the attention of the Board monthly and monthly reporting to and consideration by sub-committees remaining in place.</p> <p><b>TB. 31.05.18/ 80: BAF reporting to Trust Board to move to every quarter.</b></p> <p>The Board noted the report.</p>
<b>4.3</b>	<b>Annual Self-Assessment of Compliance with Foundation Trust License</b>
	<p>The DCA reported that the Trust was required to self-certify against compliance with provider license conditions annually. The report noted the Trust position in relation to financial special measures and that compliance would be subject to meeting the deficit agreed with NHS Improvement.</p> <p>The Board approved the proposed declaration.</p>
<b>CLOSING ADMINISTRATION</b>	
<b>5.1</b>	<b>Questions from the public</b>
	Members of the public asked what the never events discussed in the meeting had been. The

	<p>MD stated that these were nasogastric tube incidents and one occurrence of air being administered instead of oxygen.</p> <p>The Board were also asked what had happened to 11 letters that were not received in relation to a planned clinic. The DDET stated that this was still being investigated as the letters had been sent. However all patients affected had been rebooked.</p> <p>One question had been submitted prior to the meeting: 'Why staff are not held personally accountable for poor attitude, and why the Trust protects them just because they are a consultant. If they were a junior member they would be held to account.' The CN stated that all complaints were taken seriously, irrespective of the seniority of staff involved. She apologised for the delay in arranging a meeting in this case. However it was noted that staff who were the subject of a complaint were not usually in attendance at meetings with complainants.</p> <p>A Governor asked what the scope of improvement work was in relation to data quality, noting that some studies had suggested that weekend emergency admissions were likely to be because of more serious conditions. The CFO responded the performance report looked at finance and quality to ensure that the focus was on the correct areas. Performance meetings also reviewed the variance and performance against plan. The MD also noted that mortality data should be reviewed in conjunction with severity data, advocating caution as the data itself was in need of improvement.</p> <p>The Chairman thanked everyone for their questions.</p>
<b>5.2</b>	<b>Any new risks identified</b>
	No new issues or risks were identified.
<b>5.3</b>	<b>Any Other Business</b>
	No other items of business were raised.
<b>5.4</b>	<b>Reflection on the meeting</b>
	The Chairman noted that there had been good contributions from everyone and expressed her thanks.
	<b>PATIENT STORY</b>
	<p>Elizabeth Mackessy had been a patient at St George's for many years under the care of the Rheumatology and Trauma and Orthopaedics Departments. She participated in a video interview about some of her experiences at the Trust, many of which were positive but one of which (poor communication following an Orthopaedic clinic appointment) necessitated her seeking assistance from the Patient Advice and Liaison Service.</p> <p>Sarah Duncan, the Patient Experience Manager, explained that Ms Mackessy had contacted her with some concerns about a consultant letter in which she did not recognise the details given as relating to herself, such as being able to stand unaided. Ms Duncan ensured that another appointment was arranged and spoke to the medical secretaries in relation to the communication issues which had been identified. She noted that this was not a common theme, but had happened on occasion in the past. The Board were keen to</p>



<p>ensure that the clinicians involved received feedback on Ms Mackessy's experience and the issues she had faced.</p>
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<p>The Board were pleased to see that Ms Mackessy was able to be seen so quickly by the Orthopaedic team. They thanked Ms Mackessy and Ms Duncan for their time and for being prepared to experiment with a video recording, which had worked well.</p>
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**Date and time of next meeting: Thursday 28 June 2018, 10:00 – 13:00  
(Queen Mary's Hospital)**