

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting  
In Public (Part One)****Thursday 25 April 2019, 10:00 – 13:30****Hunter Wing Room H2.6, 2nd Floor, Hunter Wing, St George's Hospital**

Name	Title	Initials
<b>PRESENT</b>		
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
Tim Wright	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection Prevention & Control	CN
Andrew Grimshaw	Chief Finance Officer	CFO
Dr Richard Jennings	Chief Medical Officer	CMO

<b>IN ATTENDANCE</b>		
Bernadette Kennedy	Head of Therapies and Community (Staff Story)	BK
Ellis Pullinger	Chief Operating Officer	COO
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Stephen Jones	Director of Corporate Affairs	DCA
Suzanne Marsello	Director of Strategy	DS

<b>APOLOGIES</b>		
Jenny Higham	Non-Executive Director	NED
Harbhajan Brar	Director of HR & OD	DHROD
Kevin Howell	Director of Estates & Facilities	DEF
Sally Herne	NHSI Improvement Director	NHSI-ID

<b>SECRETARIAT</b>		
Michael Weaver	Interim Head of Corporate Governance (Minutes)	IHoCG

**Feedback from Board Visits**

Members of the Board provided feedback on the departments visited which included Cavell Ward, Marnham Ward, Day Surgery Unit, Max Fax Unit, Richmond Ward, Ambulatory Care and Acute Dependency, Florence Ward, Keate Ward, Heart Failure Unit, Amyand Ward, Rodney Smith Ward, St James Radiology and Fracture Clinic.

The CEO reported Cavell Ward and Marnham Ward were organised, calm and caring wards with young, enthusiastic teams. On Cavell Ward, the Chairman and CEO noted a number of patients were waiting for social services. On Marnham Ward the Chairman and CEO sat in on a respiratory multidisciplinary team (MDT) meeting. The CEO agreed to speak to the neurophysiology unit and look into reported delays in patients receiving cardiac echo scans. The wards were small and cramped on St James' Wing and there was an old tiled floor on Marnham Ward that needed refurbishment. The Chairman and CEO were impressed with the innovative work undertaken by both teams and the calmness of the wards.

## Feedback from Board Visits

Ann Beasley and the CN visited the Fracture Clinic and Interventional Radiology in St James' Wing. Areas of improvement in the Fracture Clinic included the Friends and Family Test (FFT) self-check in. The environment was brighter, cleaner, less cluttered and attention had been given to the storage of medical records. In Interventional Radiology, the layout of the waiting area was much improved and more welcoming. Staff spoke of patient outcomes and how they are monitored and plans for creating a Direct Intravenous Access Service (DIVA). Ann Beasley reported the pilot for the virtual fracture clinic had come to an end and was in the process of being evaluated. The COO said he would be happy to brief the Chairman and Non-Executive Directors on future plans for the virtual fracture clinic.

Sir Norman Williams reported on his visit to Ambulatory Care and Acute Dependency Unit (AAU). The main problem facing the unit was patient flow. Another key issue was drainage. Sir Norman understood that action was being taken to improve the situation but noted that it was unacceptable to hear of cases where raw sewage had leaked into the unit and said that such events could not be tolerated. The COO agreed and noted that this was being taken very seriously. The main problem facing Richmond Acute Medical Unit was patient flow although the average bed stay was only 1.4 days. Nursing staff vacancies had improved significantly, but junior doctor staffing and consultant vacancies remained an issue. There had been a number of vacancies in OT however the situation was improving with the support of the university. The DDET agreed to look into cases of workstations on wheels being transported between wards. The Chairman sought assurance the reported sewerage problems were being addressed. The CEO acknowledged the Trust had some significant infrastructure problems. The Trust had received £27m additional capital funding which would be invested into core infrastructure, including sewerage, fire safety, water, electricity and theatre ventilation. The Trust was acting to reduce the number of sewerage blockages caused by the inappropriate disposal of wipes. Action taken by the Trust had reduced the number of reported blockages and the introduction of biodegradable wipes would help to reduce blockages further. The Deputy Director of Estates and Facilities reported on plans for a dedicated planned preventative maintenance programme for clearance in the areas where blockages occurred and plans for a review of the structure and design of the present sewerage system.

The CMO and DCA visited Keate Ward and Florence Nightingale Ward. Keate Ward had a large number of medical and surgical outliers, which resulted in 15 different clinicians undertaking three different ward rounds at the same time which presented a challenge for the nurse in charge. Florence Nightingale Ward had few medical and surgical outliers. The ward had a stable core of 6 nurses who are experienced in airway management who trained other staff. An example of good practice was the use of portable magnetic signs that identified patients with swallowing difficulties, special dietary needs or at risks from falls.

The COO visited Belgrave Ward and the Heart Failure Unit. There was a large amount of senior nurse experience on Belgrave Ward and a well organised team with good retention rates. Staff were currently reviewing how they may utilise space more efficiently. The main challenge for the Heart Failure Unit was ensuring that all patients were able to access the unit. The Chairman commented on a key theme emerging from today's discussion in relation to nursing staff. The turnover of nursing staff was reported to be much lower, the level of recruitment of nursing staff had improved and vacancies were lower.

Stephen Collier and the DDET visited Rodney Smith Ward and Amyand Ward. Three themes emerged from the visit: IT, space and the recruitment market. Rodney Smith was a very busy ward which was tidy, well organised and had enthusiastic staff. Key observations included the very positive use of iClip in the multidisciplinary team board round and very good visual management. There were developing recruitment challenges and these were increasingly challenging. The DDET agreed he would follow up on a data protection issue identified during the visit. Amyand Ward was busy, well organised and well led. The ward was making good use of Health Care Assistants (HCAs) and it was good to see HCAs go onto take the Nurse Associates course.

## Feedback from Board Visits

Tim Wright and the DS visited the Maxillofacial and Orthodontic Outpatients unit. The unit was a clean, modern and the check-in kiosk was used. Staff spoke of the work they are undertaking to encourage links with local colleges to develop orthodontic technicians in order to support succession planning. There were some minor but important estates issues. The orthodontic area was split into paediatrics and adults, an open plan area with four bays but there was no screening which compromised privacy. There were potential trip hazards that need to be reviewed. Of particular note was evidence of previous investment that provides the Trust with the means to produce highly accurate prosthetics for use in theatre. Such technology reduces theatre time and helps to streamline theatre procedures.

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<b>1.0</b>	<b>OPENING ADMINISTRATION</b>	
<b>1.1</b>	<b>Welcome, Introductions and apologies</b>  The Chairman welcomed everyone to the meeting. Apologies had been received from Jenny Higham, Harbhajan Brar, and Kevin Howell. Sarah Wilton had indicated she would join the meeting later.	
<b>1.2</b>	<b>Declarations of Interest</b>  The Board noted the register of Board members' interest. There were no new declarations of interest to note.	
<b>1.3</b>	<b>Minutes of the meeting held on 28 March 2019</b>  The minutes of the meeting held on 28 March 2019 were agreed as an accurate record.	
<b>1.4</b>	<b>Action Log and Matters Arising</b>  The Board reviewed the action log and agreed to close those actions proposed for closure. Two actions remained open and were not yet due.	
<b>1.5</b>	<b>Chief Executive Officer's Update</b>  The CEO explained that, following Board approval in March, the Trust had launched its new clinical strategy 2019-24 on 23 April, St George's day. This was the culmination of a lot of hard work by staff across the Trust. This was the first time in several years that the Trust had in place an agreed strategy and it was significant that this had been developed in partnership with staff at all levels. The CEO expressed her thanks to the DS for her and her team's work in developing the strategy and the communication team for their work on its launch. The CEO noted that the Trust had received £27m additional capital funding from NHS Improvement. This was welcome and would enable the Trust to make a number of necessary improvements to its estate. The bulk of the funding would be invested into core infrastructure, including sewerage, fire safety, water, electricity and theatre ventilation. The CEO explained that the Trust had made changes to visiting hours and relatives could now visit their loved ones any time between 8.00 am and 8.00 pm. Dr Gill Cluckie, Consultant Nurse for Stroke, had been appointed as the new joint London Clinical Director for Stroke and Dr Jeremy Isaacs,	

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<p>Consultant Neurologist, had been appointed as Dementia Clinical Director for London. The CEO concluded her update noting that the Channel 4 documentary series 24 Hours in A&amp;E, which was filmed at the Trust, had been shortlisted for a BAFTA nomination. This was testament to the many staff and patients who feature, plus the hard work of teams across the Trust who worked behind the scenes to make the series possible.</p> <p>Ann Beasley welcomed the introduction of open visiting hours that would provide a greater opportunity for family members to visit and support their loved ones and considered that this was an important change that would have a real impact. The Chairman asked for future CEO reports to include an update on matters reported on across South West London (SWL). The CEO agreed and noted that the DS would provide a contribution on this for future reports. The Board noted the report.</p>	
<p><b>2.0 QUALITY AND PERFORMANCE</b></p>	
<p><b>2.1 Quality and Safety Committee Report</b></p> <p>Sir Norman Williams, Chair of the Committee, provided an update on the meeting held on 18 April 2019. The Committee considered a report on the patient story reported to the Board in February 2019. The story reported on the experience of a patient who had experienced problems with pain control as an outlier on Champneys Ward. The Committee heard about the scope of the review that had been undertaken and was assured by the steps taken since the incident and the responses given, and noted that the use of e-prescribing had improved. The Committee endorsed the Quality Improvement Plan for 2019/20. It noted the infection control performance during 2018/19 during which period there had been 1 case of MRSA and 31 cases of C.difficile, against a threshold of 30 cases. There had been an increase in grade three pressure ulcers and the Committee agreed this would be kept under close scrutiny. The Committee had reviewed the action plan to address CQC 'Must' and 'Should' recommendations and was disappointed that there remained four outstanding actions. These would be reviewed monthly until their completion by September 2019. The Committee reviewed the results from the core services self-assessments against the CQC Fundamentals of Care Standards. Maternity Services had downgraded their own safe domain from a rating of good to requires improvement and Outpatients had revised its well-led and caring rating to requires improvement. The next stage would be to undertake an independent external review which would be triangulated with the internal self-assessments and form an overall view and judgement. The Committee considered the results of its annual effectiveness review and approved the proposed action plan to address the key issues arising from the review.</p> <p>The Chairman thanked Sir Norman Williams for his report and invited comments from the Board. Ann Beasley asked why the Committee agreed to close the CQC Action Plan when there were four actions yet to be completed. The CN explained that the four outstanding actions related to appraisal rates in ED, the safe storage of medical records in outpatient areas, and compliance with level one Mental Capacity Act (MCA) Deprivation of Liberty Safeguards DoLs training. Although the Plan had been closed, the Committee would continue to monitor these</p>	

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<p>outstanding actions on a monthly basis, as would the Trust Executive Committee. The CN said that the core services self-assessments against the CQC Fundamentals of Care Standards had been a very thorough process that involved many members of staff. The self-assessment had helped to identify areas where additional support was needed. An external review, running in parallel to the core services self-assessment would provide an overall assessment of each service. Reflecting on the Committee's consideration of the report of the Mortality Monitoring Committee, which would be presented to the Board in May 2019, the CMO reflected on how the Trust measures and reports avoidable mortality, and suggested that improved triangulation with the information received from Serious Incident (SI) reports would be beneficial. Feedback from the clinical governance review would help the Trust to identify how the different sources of data could be better triangulated.</p> <p>The COO asked the Board to note the Trust would report a thorough mitigation plan on risks identified in the Cardiac Catheter Laboratories to the Trust Executive Committee on 1 May 2019. The COO and CMO had met with the clinical lead for Cardiology to discuss plans for the replacement of the Cardiac Catheter Laboratories. The Trust shared the concerns of staff members about the length of time it has taken to replace the Labs and it would commit to proceed with a programme for replacement at the earliest possible time. The CFO confirmed there was an active business case process, the Trust has selected the equipment and it has been put out to tender. The material issue had been securing sufficient financial support given the scale of the project and the potential requirement for NHS Improvement approval. The Trust needed to strike a balance between proceeding at pace, remaining compliant with procurement legislation and undertaking the work within a Private Finance Initiative (PFI) building. Sir Norman asked for assurance that the issues with the reliability of equipment did not pose a risk to patient safety. The CMO reported that colleagues in Cardiology had created a Standard Operating Procedure (SOP) that detailed the action to be taken in each clinical scenario should there be any fault or failure with imaging equipment and there were a number of risk mitigations that had been put in place for a number specific clinical scenarios. The Board noted the report.</p>	
<p><b>2.2 Integrated Quality and Performance Report (IQPR)</b></p> <p>The DDET gave an overview of the report, which reflected a move towards a Statistical Process Control (SPC) control limits approach. The Trust had exceeded the target for Day Case and Elective Surgery and Outpatient first appointments in March 2019. Performance against the Four-Hour Operating Standard in March was 83.1%. The Trust had exceeded the threshold for C.difficile in 2018/19 by one case. The COO asked the Board to note the Trust was reporting a position of 27 against a trajectory of 31 for the number of patients waiting over 52 weeks for surgery. The overall Referral to Treatment (RTT) position for March was 86% at year-end which was 2% above the planned trajectory. The COO asked the Board to note a report on RTT by specialty. The Trust was disappointed to see that 62-day RTT performance had fallen to 77.8% in February 2019 but it was confirmed that the Trust was confident 62-day RTT performance would be back up to 85% for the month of March and the Trust would meet the standard by year end.</p>	



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<p>The Chairman congratulated the COO and the team for the performance in relation to RTT. Tim Wright asked whether the report to Board could include the most up to date data and information, as the latest position was often relayed orally at Board meetings. The CFO stated the need to strike a balance between the timeliness of the report and the amount of effort required to produce the most complete a report with the most up to date information. The DDET explained that there needed to a fixed set of data that is consistent with the previous period set of data reported to the Board.</p> <p>The Chairman expressed her disappointment with the continuing variability in ED performance and asked the COO to comment on measures being taken to improve in this area. The COO reported that the current variability continued to be a concern and the Trust was working to produce a plan that will detail the action to be taken to improve performance. Sir Norman Williams reminded the Board that ED performance was a major problem across the country, with most EDs not achieving the 95% target. Demand on ED at the Trust last month was 11% higher than the same time the previous year and the frailty of patients attending ED had also increased. The Chairman asked the Board to note that the ED performance was a key constitutional standard. Whilst acknowledging there was volatility there are days when the Trust does not achieve the ED standard even with relatively low numbers and good bed flow and therefore the Board needs to understand what action the Trust was taking to improve.</p> <p>The CN acknowledged that the target of 30 cases of C.difficile had been missed by one case in 2018/19. Despite this, the Trust was one of the best performing units in the country. A Root Cause Analysis (RCA) was undertaken on every case of C.difficile and there had been no recorded lapses in care. In order to understand where further improvements could be made the Trust would review all 62 reported cases of C.difficile over the last two years.</p> <p>Stephen Collier asked about the small increase in agency spend and whether this was just a blip or whether it was more significant. The CFO did not consider the year end position on agency spend to be a step change. There were some pressures and systemic issues that need to be addressed more robustly particularly around the management of annual leave at year end where agency expenditure was often required in order to maintain staffing levels to cover annual leave. Action was being taken in some areas where there were specific pressures. Action was also being taken though Cost Improvement Programme (CIP) to tackle overall agency spend.</p> <p>The Board noted the report.</p>	
<p><b>2.3 Cardiac Surgery Update</b></p> <p>The CMO presented an update on the steps being taken to improve the cardiac surgery service. He noted that a locum post in cardiac surgery would be converted into a substantive post and would shortly go out to advert. The Trust had appointed two Clinical Nurse Specialists (CNS) to assist with case management of cardiac surgery referrals. A Programme Lead and Administrator had been appointed to oversee the improvement programme. The NHSI-commissioned external mortality review was ongoing and the Trust understood that it was making good</p>	

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	<p>progress. The Trust had committed to notifying the relatives of all deceased patients who had been cared for in the unit. There were some challenges in finding the up to date contact details for some of those families, but progress was being made. The Trust had recently met the coroner to update her on the progress of the mortality review. At the beginning of April 2019, the CMO and DS attended a planning workshop of the South West London Steering Group which looked at opportunities to engage in further networking and collaboration between the provider trusts in South London in a number of key specialist areas. One of the four areas discussed was cardiac services in general and cardiac surgery. There were opportunities in specialist areas to make quality more sustainable if the different provider organisations networked more effectively in South London. The Board noted the report.</p>	
<b>2.4</b>	<p><b>Transformation Update</b></p> <p>The DDET introduced the report which set out the progress and impact of the transformation work completed at the end of 2018/19. During 2018/19, nearly 600,000 patients had benefitted from the transformation initiatives that reached implementation or live testing. Headline benefits analysis for 2018/19 showed that the £3.4m planned CQUIN and CIP dividends has been delivered. Transformation activity was being integrated into the operational areas for 2019/20 to ensure the risk of silo working would be mitigated. A significant amount of work had been completed on the medical e-roster rollout, which was now live in the ED and other specialties were coming on stream. The DDET expressed his thanks to the DHROD and his operational HR team for their support, working alongside the transformation team to implement a sustainable transformation programme. The Clinical Negligence Scheme incentive arrangements had been rolled forward for 2019/20 and the Maternity team were working to support this programme of work. Transformation on unplanned and admitted patient care was undergoing a full review, refresh and relaunch for 2019/20. The ED front door workstream had closed in March 2019 following the delivery of its planned improvements, as did the ED processes workstream which had delivered multiple efficiency savings. The DDET also set out the work to be undertaken in 2019/20, which included same day emergency care (ambulatory care) and discharge.</p> <p>The CEO asked to know if the rollout of the e-rostering software was for consultants and junior medical staff. The DDET confirmed that the rollout of e-rostering would start with junior medical staff first and then consultant staff. With reference to Appendix One, Key Performance Indicators, Stephen Collier asked to know whether the Trust was comparing like with like when reviewing progress against the baseline set in 2017/18. The DDET said this was the case. He also reported on discussion of downstream ward transfers before noon at the Finance and Investment Committee where it was noted the target was too ambitious. A key tool would be the roll out of the high performing team model to 26 wards within the Trust. The Chairman noted the amount of red reported in Appendix 1, in particular performance reported against metrics 3 and 4. The Admitted Pathway Four Hour Operating Standard was reported as 70.3% in October 2018 and as of March 2019 it was 54.7% against a baseline of 64.3%. The Chairman commented that this underlined the concerns expressed earlier regarding ED performance. The Board noted the report</p>	

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<p><b>3.0 FINANCE</b></p>	
<p><b>3.1 Finance and Investment Committee Report</b></p> <p>Ann Beasley, Chair of the Committee, provided an update on the meeting held on 18 April 2019. The Committee had discussed strategic risks within its remit, and had considered a report on water safety as well as undertaking a deep dive on financial risks. The Committee noted the position at year end was as expected in August 2018 which demonstrated a degree of maturity around the Trust’s financial planning processes and gave assurance to the Committee. In this context, the Committee was encouraged that exiting financial special measures may be possible later in the year and there had been a good discussion on this. As usual, the Committee had discussed activity and performance. It had also received updates on the Costing Transformation Programme, the Trust’s longer-term financial plan, and the Improving Healthcare Together project. The Chair of Southern Healthcare NHS Foundation Trust had shadowed the Committee Chair during the meeting and was impressed with the quality of data reported to the Committee and the trust between Executive and Non-Executive Directors which fostered a supportive but challenging relationship.</p> <p>The Chairman thanked Ann Beasley for her report and invited questions. Sir Norman Williams asked what more the Trust needed to do to exit financial special measures. Ann Beasley replied that what was crucial was not only having a robust financial plan but demonstrating delivery against this over the coming months. The CFO agreed that the Trust needed to deliver what it said it would do and meet its agreed control total. The CEO explained that while the triggers for placing Trusts in special measures were clear, the criteria and process for exiting special measures was far less clear and she had asked NHS Improvement for greater clarity on this. As a percentage of turnover, the Trust was no longer an outlier in terms of its financial performance and, without minimising the challenges which remained, was in a significantly better financial position than a number of Trusts in London and across the country. The CEO stated that if the Trust was on track to meet its agreed control total after quarter one 2019/20 the Board should ask NHSI for clarity on the path for exiting financial special measures. The Chairman agreed the Trust should review its position after quarter one but also suggested that in September 2019 it would have a more informed view of the likely year end position. The CFO agreed the Trust needed to be open and honest about what needed to be achieved but it also needed to know about the conditionality attached to non-recurrent funding as this could have a major impact on the Trust’s ability to deliver its plan. Ann Beasley suggested the Trust could influence the criteria for getting out of special measures rather than wait to be informed of the conditions. The Chairman asked to know why the Committee had not reported the outcome of its annual effectiveness review. Ann Beasley explained the pressure of year end work had prevented the Committee from undertaking this and that it would be reported on at the next meeting. The Board noted the report.</p>	



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<p><b>3.2 Month 12 Finance Report</b></p> <p>The CFO explained that the Trust was reporting a pre- Provider Sustainability Fund (PSF) deficit of £52m at the end of Month 12 (March), which was £23m adverse to plan. The CFO asked the Board to note one material variation. On 18 April 2019 the Trust received an additional sum of £6.9m in PSF funding from NHS Improvement that meant the Trust's year end position would be a deficit of £45.1m. The Trust had adjusted the reported draft accounts and these had been submitted on 24 April. Stephen Collier asked to know whether the Trust's position in Month 12 was as predicted. The CFO confirmed that this was the case and that the position was in line with the agreed forecast with NHS Improvement. Stephen Collier also asked about the reasons for the year end position on pay expenditure, which was overspent by £4.7m. The CFO explained there were two material reasons: the treatment of pay awards that came into the accounts at Month 12 and the treatment of GP Leo and other trading services. Medical staffing was overspent and actions were being taken to address this. The CEO asked for future finance reports to include the monthly run rate. The CFO explained that the Month 12 finance report was always somewhat cut down, but assured the Board that the monthly run rate figures would be included in the Month 2 finance report. The Board noted the report.</p>	
<p><b>4.0 STRATEGY</b></p>	
<p><b>4.1 Corporate Objectives 2018/19: Q4 Review</b></p> <p>The DS provided an update on the quarter 4 and year end position for the 2018/19 Corporate Objectives. The Q4 position represented an improvement from Q3 but was not sufficient to change the overall RAG rating for the year. The DS asked the Board to note the objectives which had not been delivered in Q4 as planned which continued to pose a risk into 2019/20. Sarah Wilton asked to know whether lessons learnt in 2018/19 would be applied in 2019/20 to ensure there was an improvement in delivery. In response, the CEO stated the Trust had taken a different approach in 2019/20 which reflected learning from the previous year. A smaller but more strategic set of objectives had been identified and agreed in order to provide greater focus on the key objectives. In addition to the performance management framework being devised by the CFO, the DS reported on work being undertaken with the Divisions to develop their own sub-set of objectives that would drive their work and ensure it was aligned with the Corporate Objectives. The Board approved the report and the proposed actions to address the outstanding priorities which had not been met in 2018/19.</p>	
<p><b>5.0 WORKFORCE</b></p>	
<p><b>5.1 Workforce and Education Committee Report</b></p> <p>Stephen Collier, Chair of the Committee, provided an update on the meeting held on 4 April 2019. The Committee had reviewed the results of the staff survey. There were some positive results, including an increased response rate from 51% to 54% compared with the previous year. However, there were a number of other, less positive results. Bullying and harassment was a concern, and there were generally negative comments not only on this but also around ethnicity, race and</p>	

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<p>gender, and engagement. Despite significant work to improve the culture of the Trust, the results of the survey suggested little overall movement, and this was reflected in the verbatim comments. There was recognition that addressing the issues raised in the staff survey would take considerable time and effort to successfully address. The DHRD and his team were monitoring the position on pensions and pensions taxation and how that influences and effects retention behaviour within the Trust. The HR team were also undertaking a review of the market for healthcare professionals' as part of the preparatory work for development of the workforce strategy. With regards to Guardian of Safe Working, no fines had been levied in the quarter four 2018/19 and the number of exceptions reports continue to be reduced.</p> <p>The CEO reported she had read all of the 1,000 comments submitted as part of the staff survey. The CEO had invited the triumvirates and representatives from HR and finance to discuss the comments and identify what action the Trust needed to take. Feedback would be used to inform the action plan. Sarah Wilton raised a number of actions that needed to be taken to ensure the Trust was compliant in relation to Freedom to Speak Up. Comments made in the annual staff survey suggested that staff did not have confidence in the arrangements and this was a concern. A recent internal audit report had also identified a number of areas that needed strengthening. Stephen Collier reported that a fundamental review of the raising concerns at work policy was underway which would help ensure the process was robust. The CEO agreed and noted that she had recently published a blog on raising concerns and had asked that the policy be developed with input from staff who had experience of the process. Sir Norman Williams supported the steps being taken to strengthen this. The CEO commented that the Board had committed to focusing on cultural change this year and the Trust would be working hard to ensure that staff felt psychologically safe to raise concerns. She noted that the Board would receive a formal report in May 2019 setting out the proposed action plan to address the issues arising from the survey and a further report on quarter one objectives. The Board noted the report.</p>	
<p><b>6.0 GOVERNANCE</b></p>	
<p><b>6.1 Audit Committee Report</b></p> <p>Sarah Wilton, Chair of the Committee, provided an update on the meeting held on 17 April 2019. Internal Audit had completed six reviews since the Committee met in January 2019, five of which had provided reasonable assurance (Board Assurance Framework, Patient Engagement, Car Parking (Tooting), and Data Security and Protection Toolkit). The Committee was pleased to note the reasonable assurance rating on patient engagement and noted plans to undertake a further audit in this area in 12 to 18 months and that patient representatives would be asked to help frame its scope. The Committee, however, was disappointed to learn of the limited assurance rating of the internal audit review into Consultants Job Planning. It heard that the Executive team understood the issues and were taking steps to address them and that oversight was being provided by the Trust Executive Committee. A report relating to a review on Bullying and Harassment was currently in draft awaiting a management response and this would be considered at the next meeting. The Committee looked forward to reviewing this given the importance of this issue and the responses to the recent staff</p>	

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<p>survey. The Committee approved the internal audit programme for 2019/20, but asked that consideration be given to how to include reviews of learning and embedding good practice. Members of the Committee met the external auditor partner for a confidential and private meeting before the start of the full audit committee. The Committee also agreed a process and timeline for the re-tendering of the Trust's internal audit services from April 2020 and would consider the outcome of the tender at its next meeting. The CMO asked the Board to note the Local Negotiating Committee (LNC) has come to an agreement with the Trust about the latest job planning toolkit that removes one of the barriers that was holding up the process of consultant job planning. The Board noted the report.</p>	
<p><b>6.2 Fit and Proper Persons (FPP) Test Annual Report</b></p> <p>In the absence of the DHROD, the CEO presented an update on the Trust's compliance with the Fit and Proper Persons Test, set out in Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Board noted the Trust continued to be fully compliant with the Regulation and that all Executive and non-Executive Directors would be asked to sign FPP declarations forms on an annual basis.</p>	
<p><b>6.3 Board Assurance Framework</b></p>	
<p><b>6.3.1 Quarter 4 Board Assurance Framework Report</b></p> <p>The CN presented the Quarter 4 2018/19 review of the BAF, noting that this incorporated the latest assurance ratings and statements from the Board sub-Committees, and asked the Board to note the following changes:</p> <ul style="list-style-type: none"> <li>• SR16 (Strategy): The assurance rating had been moved from partial to significant assurance, and the risk score lowered from 6 to 3, following the agreement of the new clinical strategy in March 2019. This risk was recommended for closure and a new risk related to the delivery of the new strategy would be described for 2019-20.</li> <li>• SR2 (Pathways): The risk score had been reduced from 15 to 12 on the basis that there was now significant assurance on the quality of data for referral to treatment times and on the steps taken to stabilise the safety and governance of cardiac surgery. However, the Trust's performance in ED remained an area of concern.</li> <li>• SR8 (Culture): The risk score had been reduced from 12 to 10 following discussions at the Workforce and Education Committee.</li> </ul> <p>The Board noted the risk scores, assurance ratings and statements for the 14 risks assigned to its assuring Committees. It also noted the risk ratings, agreed the proposed assurance ratings, and approved the proposed assurance statements for the four strategic risks (SR9; SR16; SR14; SR17) that were reserved to the Board.</p>	
<p><b>6.3.2 Proposed changes to the Board Assurance Framework 2019/20</b></p> <p>The CN introduced a paper setting out changes to the process for the management of strategic risks through Board Assurance Framework in 2019/20. Adopting this process would allow consistency in reporting as well as the detail around individual risks, gaps in control, assurance and actions being taken to address the gaps. It would also ensure that the</p>	

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<p>assuring Committees would see the detail of the constituent risks that fed into the strategic risk. The revised BAF had been developed to align with the new clinical strategy and the major strategic challenges to the organisation.</p> <p>The Chairman asked members of the Board to comment on the proposed strategic risks. The CMO questioned the wording as set out in SR13 noting that it risked implying that the Board believed there was underlying culture of harassment and bullying, which was not the case despite the real challenges around this as shown in the staff survey. Ann Beasley questioned the wording of SR5 and suggested that it needed to be revised to make clear what would lead to the Trust failing to make progress in delivering the strategy. The CFO asked the Board to note SR7 stated there was a risk that the Trust would not develop plans to achieve unsupported financial balance within “x” years. This was because the Trust was still developing the plan to achieve a position of unsupported financial balance. The CN accepted the challenge on the wording of SR5 and SR6 and suggested that a more precise definition of the risk may emerge when there was discussion of the constituent parts that sat beneath each strategic risk. Tim Wright asked where the information governance risks would be reported. The Chairman suggested this was not a strategic risk. The Board agreed there should be further discussion as to the wording for the description of SR5 and SR6 and a revised form of words should be circulated to members of the Board for their approval. The DS asked the Board to note that in the previous version of the BAF the strategy items were placed under ‘Build a better St George’s’ but in the revised version was placed elsewhere. The CN explained that she felt this was appropriate as the clinical strategy was about treating patients in the right place at the right time. The Chairman sought views from members of the Board and in their absence suggested that her slight preference was to agree with the CN.</p> <p>The CN set out the rationale for the proposed changes in how the Board received assurance on the management of strategic risks from its Committees. Ann Beasley supported the proposed approach. The Trust needed to improve the speed with which emerging risks were reported and a consistent way of rating risks was essential across the Committees. Sarah Wilton asked to know how the Audit Committee would discharge its responsibility to ensure the Trust’s risk assurance process was working as it should at both Trust and divisional level. The CN agreed that the proposed process should set out how the Audit Committee would receive assurance on this.</p> <p>The Board noted and approved the 2019/20 risks and agreed the CN would revise the risk description for SR5 and SR6 and circulate a revised form of words to members of the Board for their approval. It also approved the proposal for the future management of strategic risks through the assuring Committees, and noted that this that would include detail of how the Audit Committee will receive assurance the Trusts risk assurance process is working as it should.</p>	<p style="text-align: center;"><b>CN</b> TB25.04.19/01</p> <p style="text-align: center;"><b>CN</b> TB25.04.19/02</p>

		<b>Action</b>
<b>6.4</b>	<p><b>Board Forward Work Plan 2019/20</b></p> <p>The DCA introduced the Board Forward Work Plan 2019/20 which set out a proposed cycle of business for the Board over the coming year. The plan had been developed with the input of Executives and was aligned to the work of the Board sub-Committees. It ensured the Board had a systematic framework for addressing all statutory and mandatory requirements as well as principles around good governance. The Board approved the proposed cycle of business for the Board's meetings in public.</p>	
<b>7.0</b>	<b>CLOSING ADMINISTRATION</b>	
<b>7.1</b>	<p><b>Questions from the public</b></p> <p>The Chairman invited questions from the public. Having heard the update on cardiac surgery earlier in the meeting, a member of the public commented that the sincerity, transparency and compassion with which the Board had addressed the issues around cardiac surgery had left him with a sense of assurance. He asked whether the Board considered the service to be safe. The CMO advised that cardiac surgery was safe, and the Trust had been taking a number of steps to further strengthen the service, including putting in place new leadership for the service and more robust governance. During this period, complex and high risk patients continued to be treated as neighbouring Trusts. The same member of the public went on to ask questions about the potential impact on the medical school in the event the Trust became insolvent. The CFO explained that the medical school was an entirely separate legal entity and was unaffected by the Trust's position in financial special measures and was not subject to regulatory oversight by NHS Improvement. Although the Trust had faced significant financial challenges, it was classified as a going concern and continued to meet its financial obligations and this had been independently verified by the external auditors. While the Trust was in financial special measures, it had received support from the Department of Health and Social care. The chances of it failing to continue to be a going concern were negligible. The Trust's financial performance had improved significantly and while there remained challenges, the Trust was performing significantly better than a large number of Trusts across the country.</p> <p>A public Governor asked about the position of the Trust's transformation programme given that a new clinical strategy had now been agreed. The DDET advised that the need for transformation remained, despite the launch of the strategy. A number of transformation projects had been delivered and had been moved back to the operational teams as business as usual activity. However, there were significant opportunities to improve the way in which services were delivered across the Trust and the transformation team continued to have a key role to play. This was particularly important given operational teams did not always have the capacity to undertake transformational work alone alongside the delivery of day-to-day activity.</p>	
<b>7.2</b>	<p><b>Any other risks or issues identified</b></p> <p>The Board agreed that the refurbishment of cardiology catheter laboratories risk rating would be increased on the risk register.</p>	



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<b>7.3</b>	<b>Any Other Business</b>  There were no matters of any other business raised for discussion.	
<b>7.4</b>	<b>Reflections on the meeting</b>  The Chairman invited the DS to offer reflections on the meeting. She commented that a theme running across the agenda was patient safety and patient experience and discussion of this had been present on all items. There had been helpful and appropriate challenge during the discussions on ED performance. In terms of participation, it was notable that most of the comments and challenge had come from the Non-Executive Directors, until the discussion on the Board Assurance Framework where there had been significantly more input from Executives. This may reflect the fact that Executives had already had the opportunity to comment on most items, with the exception of the BAF, as these had been reviewed previously at the Trust Executive Committee. The discussions also demonstrated that the Board had started to discuss culture and the changes needed, and some areas had been highlighted for future consideration by the Board. Tim Wright reflected that at Board there was a necessary focus on the hard metrics around performance, finance and quality, but given the Trust's vision of providing outstanding care every time it was it is important that there remained an explicit focus on care as part of those discussions. The Chairman agreed, noting that this was at the heart of everything the Board considers.	
<b>8.0</b>	<b>PATIENT STORY</b>  The patient story was deferred to the Public Board meeting in May 2019 due to technical difficulties with the video.	
<b>Meeting closed at 13.30 hours</b>		
<b>Date of next meeting: Thursday 30 June 2019 at Queen Mary Hospital</b>		