

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
In Public (Part One)
Thursday, 27 June 2019, 10:00 – 13:30
Hyde Park Room, 1st Floor, Laneborough Wing St George's Hospital**

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive Officer	CEO
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Jenny Higham	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/Deputy Chief Executive Officer	CFO/DCEO
Dr Richard Jennings	Chief Medical Officer	CMO
IN ATTENDANCE		
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
Ellis Pullinger	Chief Operating Officer	COO
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Stephen Jones	Director of Corporate Affairs	DCA
APOLOGIES		
Suzanne Marsello	Director of Strategy	DS
Sally Herne	NHSI Improvement Director	NHSI-ID
SECRETARIAT		
Tamara Croud	Interim Assistant Trust Secretary (Minutes)	IATS

Feedback from Board Visits

Members of the Board provided feedback on the departments visited.

Neuro Outpatients and Kent Ward: Chairman and DHROD

The DHROD reported that the two services were very clean and calm. Neuro Outpatients had a bronze level ward accreditation and were keen to learn from Kent Ward which had a gold rating, which was very evident from the visit. The good level of team engagement and joint working was also evident and this was reflected in the team morale.

Phlebotomy Outpatients and Gynaecology Outpatients: Ann Beasley

Ann Beasley reported that having previously visited these areas it was good to see the progress made. The teams were prepared for the Care Quality Commission (CQC) inspection and could

Feedback from Board Visits

clearly articulate key challenges in relation to fire, water and other safety checks. The Phlebotomy service was very busy and whilst the team was professional the environment was less friendly and facilities made the service feel undervalued. With more blood tests taken for people outside St George's it was important to contact GPs to ensure they were not sending people to the Trust for blood tests. The teams commented that there had been real improvements in recruitment processes, though there were still some delays in relation to the processing of selected candidates and undertaking employment checks in a timely way. The printer in Phlebotomy had not been working for a year and it was agreed that the COO would follow this up.

Gunning and Holdsworth Wards: Sir Norman Williams and DDET

The DDET reported that the nursing lead had spoken highly about the closer team working between doctors and nurses. A key challenge for the service was space availability, with large pieces of equipment taking up valuable treatment space. However, the team had adopted a flexible approach. The team was actively using the quality board and they were very impressed by the prescribing pharmacists. Sir Norman Williams also reported that a discharge co-ordinator had commented that whilst processes were working well it would be useful to have better liaison with the community teams and asked the Trust to facilitate closer contact and engagement.

Sterile Services and Paul Calvert Theatre: Sarah Wilton and CWO

The CEO reported that there was a lot of good team working and staff engagement in Paul Calvert Theatre. Because of the size of orthopaedic instruments and space restrictions, Paul Calvert Theatre had moved to St James's wing and the team was currently progressing plans to convert recovery space into storage. Sterile Services was very impressive with the teams working well. With young enthusiastic staff they focused their recruitment on values predominately. Sarah Wilton also reported that there were some estates issues such as a leak which should be addressed immediately and there were also some issues with the kit. Orthopaedics was also working well with SWLEOC as part of the partnership. The COO advised that engineering and capital planning was looking at the how to fund and address the estates issues and refresh the equipment. In response to a question from the Chairman, the CEO reported that at each SWL Acute Provider Collaborative meeting the list of referrals to SWLEOC was reviewed and recently the Trust was referring more patients more quickly.

Surgical Admission Lounge and Nye Bevan Unit: Prof Jenny Higham and CMO

The CMO reported that the surgical admissions lounge was a very positive place to work but it was noted that the unit could be very hot with patients waiting up to nine hours for their surgical intervention. However, as a testimony to the very good staff engagement and management of patients, patients tended not to complain. The team was looking for charitable funding to renovate the space to be more patient focused. The Nye Bevan Unit, which received patients from the emergency department, conducted surgical ambulatory care. The service was currently quite modest and if the Trust were to upscale this service it could potentially prevent around two thirds of surgical admissions. The service was proactive and engaged with the emergency department pathway.

Emergency Department: Stephen Collier and CN

Stephen Collier reported that the department was focused on its performance in relation to the CQC's key lines of enquiry (KLOE). The service was looking at how it could move from a performance-driven service to a quality framework, for example time to treat, how they care and trauma, resuscitation emergency, leadership innovation and sepsis (TRELIS). In response to the staff survey, the team had established a staff council to address the key issues and ensure staff felt valued. The team were responding flexibly to the key changes in demand and capacity and the new head of nursing was already settling into the team. The Chairman queried the variability of performance against the 4 hour standard and commented that it was important that the Board noted the continued volatility around this performance metric. Whilst it was recognised that there may be a 'London-wide' element to performance, the Trust still had some way to go to demonstrate consistency. Stephen Collier reflected that the team saw this as a key performance metric but also felt the time to treat indicator was equally as valuable.

Feedback from Board Visits

Dragon Centre and Child Development Centre: Tim Wright and COO

Tim Wright reported that the environment was calm and nice. Space, however, was very limited in clinical rooms. Something needed to be done in relation to the two reception areas which could lead to patients being redirected. The Child Development Centre also had challenges with tensions with the community links. Two areas for further consideration in relation to the Dragon Centre related to flow and whether or not this would be improved by using chairs instead of beds.

		Action
1.0	OPENING ADMINISTRATION	
1.1	<p>Welcome, Introductions and apologies</p> <p>The Chairman welcomed everyone to the meeting and noted that apologies had been received from the DS who was attending a South West London Heath and Care Partnership meeting on behalf of the CEO.</p>	
1.2	<p>Declarations of Interest</p> <p>The Board noted the register of Board members' interest. Sarah Wilton reported that since January 2019 she had been a co-opted member of the Wimbledon and Putney Commons Conservators Audit and Risk Committee. She also clarified that her roles with Hampden and Capita were remunerated. The DCA confirmed that the Board register of interests would be updated to reflect these changes. Sarah Wilton clarified that none of these new interests were relevant to the decisions and discussions at the meeting.</p>	
1.3	<p>Minutes of the meetings held on 30 May 2019</p> <p>The minutes of the meeting held on 30 May 2019 were agreed as an accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Board reviewed the action log and noted that all three actions on the log were not yet due. However, it received an update on the following action:</p> <ul style="list-style-type: none"> Action TB25.04.19/01: The CN reported that she would be taking a paper on the BAF and risk management to the Audit Committee on 1 August which would address the action. On that basis, the Board agreed that this action could be closed and that an update on the Committee's consideration of the paper should be included in its report to the Board. It was agreed that prior to the Audit Committee, the CN would meet Sarah Wilton, in her role as Audit Committee Chair, to discuss the paper. 	CN
1.5	<p>Chief Executive Officer's Update</p> <p>The CEO highlighted the key elements of her report, noting the Trust's engagement with the South West London Health and Care Partnership, its joint working with South West London and St George's Mental Health Trust to improve the experience of patients with mental health needs, and the publication by NHS England and NHS Improvement of the NHS Interim People Plan. The Board received and noted the CEOs report.</p>	

	Action
<p>2.0 QUALITY AND PERFORMANCE</p>	
<p>2.1 Quality and Safety Committee Report</p> <p>Sir Norman Williams, Chair of the Committee, presented the report of the meeting held on 20 June 2019. The deep dive into the maternity service highlighted an increase in activity and the number of patients presenting with co-morbidities. The Committee recognised and commended some areas of very good performance and practice, but also noted that there were areas in which improvements could be made, for example around succession planning in the service. The Committee also challenged the service on the increase in the number of emergency caesarean sections and was told that the 8% target was a local target set based on previous year's performance where there were very few. The national target was 14% and the service would look at revising the local benchmark. The Committee noted that there had been eight clostridium difficile cases since April 2019 but no lapses in care had been found. The Committee would continue to monitor performance on infection control closely. There had also been eight serious incidents in May 2019, which was more than usual, and the Committee would consider the lessons learnt reports and continue to monitor this area closely as to any trends. The Committee was also pleased to note that there had been an improvement in the friends and family tests scores but noted more needed to be done to improve response rates. The Trust also completed two of the four outstanding actions related to nursing appraisals and the completion of the level 1 Mental Capacity Act/Deprivation of Liberty (MCA/DoLs) training target. More work was required on the resuscitation training and implementing the medical records storage units. The Committee was assured by the comprehensive review into the recent infection control incidents related to salmonella and candida auris. It had welcomed and reviewed the clinical governance review, which the Board would discuss later in the meeting.</p> <p>The Board noted the report.</p>	
<p>2.2 Integrated Quality and Performance Report (IQPR)</p> <p>The DDET gave an overview of the IQPR at Month 02 (May 2019). The IQPR now included the 'plot the dots' SPC data which was the output of the NHS Improvement (NHSI) benchmarking work. Elective activity had increased and the elective length of stay had reduced. The number of cancellations on the day demonstrated sustained improvement.</p> <p>The COO reported that in terms of emergency care flow the Trust received 9% more admissions in the past week compared to the same time last year. Compared with other Trusts across London, the Trust performance on delayed transfer of care was in a better place. It was however recognised that more needed to be done to manage the pathway and improve the discharge process. Work to improve cancer performance was underway and the focus was on the 62-day and 2-week targets. June performance was looking better than May's position.</p> <p>The CN flagged that the actions to deliver the resuscitation training targets in relation to the CQC action plan were set out in the IQPR. The Board was also asked to note that there had been 10 cases of Methicillin-sensitive Staphylococcus aureus (MSSA) since April 2019 and a root cause analysis was being undertaken for each case. Whilst this was not a mandated target for reporting the Trust was keeping this under close scrutiny.</p>	

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<p>The DHROD reported that the workforce data is now available in the 'plot the dot' format which was supporting effective performance management. Staff performance was improving with non-medical appraisal rates at 84.5% and consultant appraisal rates above 90%. Sir Norman Williams flagged that whilst it was good to see the improvement in the number of appraisals being undertaken it was equally important to focus on the quality of the appraisals and it would be therefore useful to conduct an audit of quality of the appraisals. Jenny Higham reported that the new consultants appraisals also had an element about feedback on the quality and noted that once the Trust had circa six months of data it could include this in the way Sir Norman had suggested. It was agreed that the CMO and DHROD would look into reviewing quality of appraisals and report to the Workforce and Engagement Committee. The CMO noted that whilst it was possible to complete an audit on appraisal quality the Board should be cognisant of the difficulties of meaningfully assessing this and noted that some of the information in medical appraisals may be subject to restrictions.</p> <p>In response to a query from Sir Norman Williams, the DDET advised that the internal target for discharges before 11 am had been reduced. This was to reflect that the important issues were making sure that flow and capacity was being managed effectively and that patients were placed in the right place to receive the right care. Having reviewed performance it was evident that a majority of patients were capable of being placed in downstream wards earlier than the arbitrary 11:00 am deadline.</p> <p>Sarah Wilton commented that when reviewing the content of the IQPR thought should be given to including benchmarking data. It would also be useful to understand when the Trust would achieve the complaints target. The COO advised that each committee needed to consider what benchmarking data would be useful and agreed to facilitate these discussions. In response to Sarah Wilton's comment on complaints, the CN reported that the Trust was forecasting achieving the complaints target by September 2019 and this work would be supported by the new head of patient experience and a new team was being established. The Chairman reflected that attaining the complaints target would not solely rest with the experience and complaints team and that the whole organisation needed to be mobilised to engage and respond to complaints effectively.</p> <p>In response to a query from Stephen Collier, the DDET advised that performance on the cardiothoracic waiting list was tracked weekly through the 'magic numbers' performance report and considered at the Trust Executive Committee. The COO reported that the movement in the waiting list related to a step-up of activity in May but this seemed to have stabilised in June. The Finance and Investment Committee would conduct a further review of this performance target by reviewing the patient tracking lists.</p> <p>The Board noted the report.</p>	<p>CMO & CoP TB27.06.19/01</p>
<p>2.3 Clinical Governance Review</p> <p>The CMO provided an overview of the comprehensive clinical governance review which had been externally facilitated and which had also been discussed at the Quality and Safety Committee the previous week. Whilst the Trust had a good reputation in relation to reviewing mortality and structured judgment reviews and was recognised as having a good clinical incident</p>	

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<p>review process, the issues with cardiac surgery had still arisen. The review process included 23 interviews with individuals, a review of 29 multi-disciplinary team (MDTs) and mortality meetings. The review outlined three key areas for development:</p> <ol style="list-style-type: none"> i. Corporate Safety Processes: learning from deaths and ensuring there were more robust ways to feed into the departmental reviews; ii. MDTs: Whilst there was good practice in some areas there were variations. Therefore, there needed to be a robust system and proper capability to do the work. There was also a perception that the systems were too medically led. iii. Community of Clinicians: The Trust needed to build a community of clinicians responsible for safety governance reviews. This would include chairs of MDTs and mortality review meetings. This would also include a single governance process. <p>The CEO noted the importance of this work and commented that it would require a change in culture, but there were green shoots in the organisation exemplified by the quality improvement work undertaken by the urologists.</p> <p>Sir Norman Williams commented that the Quality and Safety Committee had welcomed the review and noted that if implemented effectively this would result in significant quality improvement in the process. In addition, it was important that variation in practice was addressed and support was given to teams to implement the recommendations which included provision of co-ordinators to organise meetings; a business case should be developed to ensure there were sufficient resources. People also needed to feel that this work was of value and the clinical excellence awards framework could be used to encourage people to take this on. The CMO agreed that there were implicit resourcing issues and these would require upfront investment. When the recommendations were implemented the leaders of this work would have a new profile and this community would have direct access to the CMO and the Quality and Safety Committee which changed the profile of these roles which are sometimes currently taken on by the newest, most inexperienced members of staff.</p> <p>The CMO advised that consideration would be given as to how impact was best measured but as the variations reduce and the Trust moved to a single governance framework and more information being uploaded to national databases, outcomes would be a key indicator. Other indicators could include KLOE and get it right first time (GIRFT) metrics. The CMO agreed to present a formal report to the Board on the metrics which will be used to measure impact of implementing the recommendations in the review.</p> <p>The Chairman and Tim Wright commented on the ambitious timetable for implementing the actions in the implementation plan. It was important to maintain the balance between pace and realism and CMO should include an update on implementation of the action plan in the next report to the Board.</p> <p>The Board welcomed and noted the report.</p>	<p>CMO TB27.06.19/02</p> <p>CMO TB27.06.19/03</p>
<p>2.4 Cardiac Surgery Update</p> <p>The CMO presented an update on the steps being taken to improve the cardiac surgery service and outlined the key points of the report. The CN noted that there seemed to be lots of positive improvements and, given this,</p>	

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<p>queried the rationale for maintaining the current risk scoring. The CMO advised that the Trust had already adjusted the income forecast and the risk scoring related to the adjusted assumptions. The patient numbers had not changed but there remained some underlying volatility and as a result the CMO felt it was not appropriate to change risk scoring at this time. In addition, he commented that whilst other indicators remained on track, this did not give rise to changing the risk scoring at this stage but recognised that this may need to be done in the latter part of the year.</p> <p>Jenny Higham commented that the Trust had done a lot around patient referrals and it was important to ensure this and other cardiac surgery successes were effectively communicated in order to increase activity and income. This should include robust relationship development and building confidence in the Trust's service. The CMO agreed that more could be done to communicate the successful outcomes in the service but also noted that Steve Livesey, Associate Medical Director (Cardiac Surgery), was actively engaging with referring hospitals to rebuild patient referrals to the service.</p> <p>The Board noted the report.</p>	
<p>2.5 Quality Improvement Academy Quarter 1 Update</p> <p>The DDET introduced the report which set out the progress and impact of the Quality Improvement Academy (QIA) work completed. There was lots of good quality improvement work going on across the Trust with good examples including the Digestive Flow project. Work was now underway to look at how the Trust could effectively measure the impact of the QIA work and a Board seminar would be organised to engage the full Board in discussions. Sir Norman Williams suggested that it may be useful to use some of the GIRFT indicators to measure the outcomes and impact of the QIA work. The Chairman stated that it was important to hear staff talking about quality improvement (QI) and to ensure that QI was built in systematically into everything the Trust did and commented that the Board needed to be more involved and engaged with QI. The CN reported that the staff story in July would focus on QI and leadership. QI took a long time to implement and embed but the Trust was beginning to get traction throughout the organisation and more staff were engaged.</p> <p>The CEO noted that it was important that the Trust used 'the St George's Way' QI methodology in everything it did and this needed to be unpacked at the Board seminar. There were some fantastic initiatives across the Trust and the Trust needed to highlight this work. Sarah Wilton noted that the Board would benefit from seeing a heat map of activity and projects which would enable easy visibility of any gaps and how it triangulated with performance. She also queried the extent to which the maternity service was involved in QI and the DDET reported that the maternity team were part of three QI programmes including Diabetes and Outpatients.</p> <p>It was noted that a Board Seminar on QI would be organised and consideration would be given to how best to measure impact.</p> <p>The Board noted the report</p>	<p>CCAO & CTO TB27.06.19/04</p>
<p>2.6 Safeguarding Adults Annual Report</p> <p>The Board received and noted the Annual Safeguarding Adults Report which</p>	

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<p>had been discussed at the Quality and Safety Committee on 20 June 2019. The CN outlined the key elements within the report. The Chairman noted that the Quality and Safety Committee had been substantially assured by this report. The Board noted the report.</p>	
<p>3.0 WORKFORCE</p>	
<p>3.1 Workforce and Education Committee Report</p> <p>Stephen Collier, Chair of the Committee, provided an update on the meeting held on 13 June 2019. The underlining workforce metrics were going in the right direction but it had been slow. There had been a divergence in the trend between agency spend and bank staff usage, with agency increasing and bank usage decreasing and the Committee were considering the key drivers and bank fill rates. The Committee was also cognisant of the need to balance pace and traction in addressing some of the key workforce issues and the ability of the Trust to prioritise key workforce actions. The Committee raised concerns about the progress being made in relation to the Workforce Race and Equality Standard especially in light of the national staff survey feedback and a report was due to the Committee soon. The Committee also considered the engagement plan being discussed in Part 2 of the Board, and were concerned that while it was a good start it did not go far enough to address the root cause issues and drive the change in culture required.</p> <p>Ann Beasley queried the overlap between the work of the Committee and that of the Finance & Investment Committee in reviewing agency spend noting that it was important that both committees were not focusing on the same things. She also queried the degree to which the Committee was considering key strategic risks. For example, the new clinical strategy called for new ways of working and it would be good to understand how the Committee was scrutinising and managing this risk. Stephen Collier reported that this was covered under theme three of the Committee's report and the Committee would consider a further report at its August meeting. In relation to wider workforce risks, the Committee critically examined workforce data and the impact on other key metrics . The DHROD also reported that in relation to Board Assurance Framework SR4 the Committee focused on different metrics to assess impact on culture and bullying and harassment. In addition, a report on new ways of working would be presented to the Board in December 2019. On diversity and inclusion, the Trust would have to start to think differently about how it delivered this agenda. Sarah Wilton queried how new ways of working fitted into the QI programme and noted that this work should not be done in isolation. The DHROD commented that the clinical strategy work was within the programme of work and would consider QI as part of this process. The DCA and CN flagged that with the new BAF risks, approved at the April Board, being presented in the new framework it was time to consider how each Committee looked and embedded this to ensure consistency. The CFO added that this would also be reflected in the way in which the Trust Executive Committee reviewed risks. The Chairman also noted the good performance in relation to sickness and absence rates and the CEO reported that focus would be given to how the Trust supported people to feel well-led.</p> <p>The Board noted the report.</p>	
<p>4.0 FINANCE</p>	

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4.1	<p>Finance and Investment Committee Report</p> <p>Ann Beasley, Chair of the Committee, provided an update on the meeting held on 20 June 2019. The Committee had discussed plans around the development of a five-year financial strategy and a further report would be presented to the Committee in September 2019. The Committee was pleased to see the inclusion in the IQPR of SPC charts and felt this was an important step in understanding changes in performance data. The Committee noted the good process made on the roll out of Cerner which was expected to go live at Queen Mary Hospital in September 2019. The Committee also considered the impact of the capital allocation across the SWL Health and Care Partnership. The Board noted the report.</p>	
4.2	<p>Finance and Investment Committee (Estates) Report (FIC(E))</p> <p>Tim Wright, Non-Executive Director lead for estates, provided an update on the meeting held on 20 June 2019. FIC(E) had noted the good progress made on the immediate actions related to water safety and noted the updates on work around fire and ventilation. The Committee was tracking progress in each area. In addition, the Committee considered the work that had started on developing the medium and long term plans for estates. The Committee continued to be concerned about capacity to undertake the work required and would receive the report from the external governance review in July 2019. The Chairman noted the significance of this work and commented that good progress was being made. The Board noted the report.</p>	
4.3	<p>Month 02 Finance Report</p> <p>The CFO reported that at Month 02 income and expenditure was in line with plan which was good news, but he noted that there was a long way to go until year-end. Key challenges included managing contract income and the tensions created with the block contract. On capital, the CFO noted that the Trust's capital budget for 2019/20 was £42.3m and that spend against this was on plan, with the Trust having spent £5.2m of capital expenditure year-to-date. Estates remained the key focus of capital expenditure. The Trust Executive Committee was maintaining weekly scrutiny of the financial position.</p> <p>The Board noted the report.</p>	
5.0	Governance	
5.1	<p>Care Quality Commission (CQC) Statement of Purpose</p> <p>The Board received and approved the CQC Statement of Purpose.</p>	
6.0	CLOSING ADMINISTRATION	
6.1	<p>Questions from the public</p> <p>The Chairman invited questions from the public.</p> <p>Mr Nicolas Low, a member of the public, raised concerns about recent media publications around MITIE and the reports that MITIE cleaning staff were also undertaking catering duties and he queried the extent to which</p>	

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<p>the Trust conducted due diligence on the business modelling and accounting practices of firms to which it awarded contracts and how this could impact on the Trust's reputation. The CFO reported that the Trust conducted all required due diligence processes, including looking at MITIE's ability to deliver the contract, as part of the robust procurement and tender award processes. For the avoidance of doubt, the CFO stated that catering and cleaning were conducted by different staff members.</p>	
<p>6.2 Any other risks or issues identified</p> <p>There were no other risks or issues identified that were not already considered by the Board or on the risk register.</p>	
<p>6.3 Any Other Business</p> <p>There were no matters of any other business raised for discussion.</p>	
<p>6.4 Reflections on the meeting</p> <p>The Chairman invited the CN to offer reflections on the meeting. The CN commented that the agenda items were managed flexibly within time giving more times to key discussion points as required to ensure Board members were able to raise the necessary points. The discussion on the clinical governance review was very good and it was good to see NED-on-NED challenge in addition to NED-on-Executive challenge, which was reflective of the progress the Board had made and the fact that it was working well as a unitary Board. The IQPR had developed and enhancements, such as the introduction of SPC charts, had further aided discussions. Thought was now needed about how relevant benchmarking data was included in the IQPR, but it was already evident that the discussions were more strategically focused. In particular, the triangulation made by the COO as part of the IQPR discussion was good. The CEO's report was now more strategically focused. Finally, it was now time to review the Board visits format to ensure it was addressing the needs of Board members. The Chairman and a number of Board members supported the review of the Board visits and noted that it was important to take the visits to another level, improve co-ordination of programme to ensure that all areas, including corporate functions, were covered, ensuring that Board members were not repeatedly going to the same areas and that learning from visits was embedded across the Trust. It was also suggested that visits take place at a different point of day although the Chairman noted that having the visits at the start of the day helps to focus discussions at the Board meeting.</p> <p>The Chairman noted that unfortunately the patient involved in the patient story was unavailable to attend the meeting. it was important to have a programme of patient and staff story lined up in advance so that one story would replace another if required at short notice. Where there was no patient available to attend Board staff were available to deliver the patient story, with their consent.</p>	
<p>Date of next meeting: Thursday 25 July 2019 at Room H2.6, Hunter Wing, St George's, University of London</p>	