

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting  
In Public (Part One)  
Thursday, 30 May 2019, 10:00 – 13:30  
Barnes, Richmond and Sheen Rooms, Queen Mary Hospital, Roehampton Lane, Roehampton  
London SW15 5PN**

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
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
<b>IN ATTENDANCE</b>		
Harbhajan Brar	Director of HR & OD	DHROD
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Stephen Jones	Director of Corporate Affairs	DCA
Suzanne Marsello	Director of Strategy	DS
Fiona Ashworth	Deputy Director of Operations (deputising for COO)	DDO-MedCard
<b>APOLOGIES</b>		
Ellis Pullinger	Chief Operating Officer	COO
Sally Herne	NHSI Improvement Director	NHSI-ID
<b>SECRETARIAT</b>		
Tamara Croud	Interim Assistant Trust Secretary (Minutes)	IATS

**Feedback from Board Visits**

Members of the Board provided feedback on the departments visited.

Day Case, Endoscopy and Dermatology (Chairman and DDET): The DDET reported that the Day Case Unit had a great team who were eager to do the best for patients. The underutilisation of theatres was mentioned and the team flagged the opportunity to use the unit for other minor surgical work. The teams asked for support to install a Wi-Fi connection to enable downloading of friends and family test results and to improve the communication between the Roehampton and Tooting sites especially in relation to transferring patients. A key issue related to receiving histology results from the Kingston pathology system. This required results to be emailed securely via an NHS.NET email

## Feedback from Board Visits

address rather than accessing them through South West London Pathology (SWLP). The Dermatology Unit had staffing challenges, with 40% of the leadership team on long term sickness. The team had, however, demonstrated a high level of flexibility and moved staff and patients around to ensure the best care was provided. Generally the teams reflected that equipment was kept updated by PFI partners, the site is easily accessible with good parking for patients.

Gwynne Holford Ward and Wolfson Rehabilitation Unit (Ann Beasley and CN): The CN reported that the service supported the whole patient pathway, was well equipped and had sufficient space. The service flagged that when patients were repatriated to the community there was variability and sometimes a significant reduction in the level of therapy intervention they received. There was a real gap and unmet need and there was an opportunity for the Trust to influence the creation of a different way of delivering the pathway which may result in the reduction of the number of days patients spend in inpatient beds. The team was collegiate and dynamic. Ann Beasley commented that the integration with mental health and the rehabilitation team was very good. She flagged that with different Clinical Commissioning Groups (CCGs) commissioning varying degrees of step down services could result in some patients staying longer in hospital than necessary and the Trust should raise this with commissioners. It was agreed that the DS and DDET would discuss step down service provision with local commissioners to ascertain if there is any way to improve the pathway.

Outpatients (Phlebotomy, Audiology, Dermatology, ENT, Minor Injuries) and MIU (Sir Norman Williams, DCA and CMO): The CMO reported that there was generally good morale in the teams and people were more positive about the impending rollout of iClip than previously. There was evidence of how staff challenges could impact on the team and certain services not being delivered when key staff were away. There was also a very long wait for phlebotomy services, on average around 2.5 hours. Teams reflected that the estate was very nice and clean but there were some challenges with space even though there were some empty or underused parts of the estate at QMH.

Gait Lab/Wheelchair Service and Special Seating (Sarah Wilton and DHRD): The DHRD reported that the service supported around 10,000 patients who use mobility devices and wheelchairs. A key issue for the service was recruiting permanent staff. Patients were waiting around seven months for the gait service and this largely related to staffing issues. Teams also raised concerns about the procurement process for the servicing of wheelchairs. This is currently out for tender and it was suggested the Trust should consider provision of an internal service to ensure quality is maintained. Generally, staff raised issues around lack of senior leadership visibility on the QMH site, lack of QMH representation at the recent staff awards and the possibility of having the Trust's pooled car service extended to the site.

Outpatient Physiotherapy and Rehab and Bader Gym (Tim Wright and Andrew Grimshaw): The CFO/DCEO reported that the service had a positive group of staff who were happy with the estate and there was a strong sense of community. The management of the variability of services contracted by the various CCGs presented a level of complexity for the teams. The teams commented that ICT was working well but some support was needed to help people transition from older systems. Communication also needed to be improved along with increased visibility of senior leaders to mirror what was available on the Tooting site especially when there are big change programmes and developments. The Chairman referred to the fact that previously, it had been agreed that Executives would have a regular presence at QMH and questioned whether this had broken down. The CEO said this was still the intent and advised that there were discussions about having formal Comcell meetings on a weekly basis which included an executive director being present on the QMH site.

Bryson Whyte Rehab Unit and Mary Seacole Ward (Stephen Collier, CEO, and DDC-MedCard): The DDO-MedCard reported that staff were ambitious about doing the best for patients and working on initiatives through the quality improvement programme. There had been real progress, with teams feeling there is joint working and a sense of one team. Teams continued to look at how to build on MCA/DoLs training compliance. They were also working on opportunities to recruit more staff and looking at bed usage. Transfer of patients and the consequences of transferring patients in unsociable hours and peak busy times for the wards was also raised as an issue. Stephen Collier

## Feedback from Board Visits

commented that he came away from the visit quietly encouraged by the thinking going on behind service delivery, that vacancies were being well managed and that there was good use of the Allocate system.

Douglas Bader Rehabilitation Centre (Jenny Higham and DS): The DS reported that the visit was very positive, and a good flagship service for the Trust with some long standing staff members having served at the hospital for between 25 and 44 years. Staff were also aware of the implications of the move from tariff to vouchers and were already thinking through the implications of this. Having only one nurse specialist was an issue; when she was on leave a consultant did the dressings but the team had a plan and wanted the authority to progress this.

The Chairman flagged that these were good visits but sensed there was a lack of understanding about the move to block contracts and work should be done in divisions to effectively communicate the implications of this change.

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<b>1.0</b>	<b>OPENING ADMINISTRATION</b>	
<b>1.1</b>	<p><b>Welcome, Introductions and apologies</b></p> <p>The Chairman welcomed everyone to the meeting and noted that apologies had been received from the COO, who was being represented by the DDO-MedCard.</p>	
<b>1.2</b>	<p><b>Declarations of Interest</b></p> <p>The Board noted the register of Board members' interest. There were no new declarations of interest to note.</p>	
<b>1.3</b>	<p><b>Minutes of the meetings held on 25 April 2019 and 23 May 2019</b></p> <p>The minutes of the meeting held on 25 April 2019 were agreed as an accurate record subject to the following changes:</p> <ul style="list-style-type: none"> <li>• Page 1: Revise the name of the meeting room; and</li> <li>• Page 10, item 5.1, penultimate paragraph, update the number of comments received on the staff survey to '<i>1,000 comments</i>'.</li> </ul> <p>The minutes of the meeting held on the 23 May 2019 were approved subject to reflecting the minor amendments provided by Ann Beasley outside the meeting.</p>	
<b>1.4</b>	<p><b>Action Log and Matters Arising</b></p> <p>The Board reviewed the action log and agreed:</p> <ul style="list-style-type: none"> <li>• <b>Action TB28.02.19/9</b>: The CN would take forward the presentation on the leadership programme as a staff story at the July 2019 Board meeting.</li> <li>• <b>Action TB28.02.19/10</b>: The DCA had reviewed this action and discussed options with the Chairman. Given the cycle of Committee meetings, including agreed Committee minutes in Board papers would mean the Board receiving minutes from the previous month, rather than the most recent meeting. It was therefore proposed that, as a first step, minutes of Board Committees would be circulated to all Board members, once agreed by the relevant Committee. This would ensure the Board was sighted on the discussions at Committee. It was</li> </ul>	

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<p>noted that reports of the Committee Chairs to the Board were an important vehicle for the Committee conveying its sense of the extent to which it was assured. Ann Beasley commented that there are some matters which are considered by the Committee but which are not appropriate for the public domain and should Committee minutes be incorporated into Board papers, Committees would need to produce two sets of minutes. It was agreed that this action could be closed.</p>	
<p><b>1.5 Chief Executive Officer's Update</b></p> <p>The CEO reported that the Trust had held a successful Board-to-Board meeting with Merton and Wandsworth Clinical Commissioning Groups (CCGs) which had focused on how we could work together most effectively for the benefit of patients. The Acute Provider Collaborative continued its joint working across South West London on initiatives to drive savings from joint procurement, staff recruitment campaigns and back office efficiencies. There are now four to five key workstreams being progressed. In line with the new Trust Strategy, good progress was being made on the ambition to become a more research focused organisation, with the number of clinical trials taking place across the Trust having doubled from the previous year. The Trust was taking positive steps to manage the challenges with its estate at St George's, and was investing £3.5m in improving its water systems. The Trust had celebrated its staff at the St George's Hero Awards on 16 May 2019. The awards were well attended and demonstrated the commitment of staff across the organisation. The documentary series 24-hours in A&amp; E had been shortlisted for a BAFTA and the Trust's Nurse Recruitment Campaign for Band 5 nurses had been shortlisted for a Nursing Times Award. The Trust was pleased with the recent appointment of Steve Livesey as Associate Medical Director for Cardiac Surgery on a permanent basis. Andrew Grimshaw had been appointed to the role of Deputy Chief Executive Officer alongside his role as Chief Finance Officer. As part of this, he had also taken on overall executive responsibility for estates and facilities. In response to a question from Sarah Wilton, the CEO also advised that the Trust continued to hold afternoon tea events for long service staff members and their guests, which were very well received. The Chief Executive's Officer report was noted.</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, presented the report of the meeting held on 23 May 2019. The Committee had noted the recent infection control cases which included four clostridium difficile (C.difficile) cases, four cases of salmonella, and four cases of candida auris. In the case of C.difficile the Committee noted that there had been a change in the reporting requirements which may result in an increase in the number of cases reported over the year. The incidents of salmonella and candida auris (yeast infection) were not of the usual type of infection control issues seen at the Trust and the Committee would conduct a review of these cases at its next meeting in June 2019 with the Consultant Microbiologist. The CN reported that there was very clear guidance on how the Trust should manage infection control cases and the Trust was working with Public Health England. The CN advised that the Infection Prevention and Control Group was also scrutinising these incidents.</p> <p>The Committee was pleased to receive the quality improvement safety priorities dashboard as part of the Integrated Quality and Performance Report (IQPR) and welcomed the improvement in the Advance Life Saving Training. Whilst the</p>	

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<p>performance on responding to complaints had dropped, the Committee was reassured that the new Head of Patient Experience would take leadership of the issues and drive performance improvement. There were eight 12-hour trolley breaches in 2018-19 and one in April 2019 and the Committee would conduct a review of the key drivers once the root cause analysis has been completed. The Committee was also concerned about the pace for completing the remaining three outstanding Care Quality Commission actions and, as a result of the limited assurance, the Committee had asked the executive to look again at the timeline and robustness of the actions. Having been previously concerned about mortality at the weekend, the Committee was pleased to note that there was no trend of higher mortality at the weekend. The Trust was required to have implemented seven-day services by April 2020. Whilst good progress was being made against the four key standards there were some resourcing challenges related to the provision of MRI at the weekend and to every patient being seen by a consultant within 14 hours of admission. Sir Norman Williams flagged that consultant job planning would be a key factor in delivering effective efficient seven-day services. The CMO advised that MRI was available at the weekend but it happened on an ad hoc basis. This was being monitored closely and follow-up reports would be presented to the Quality and Safety Committee. The Committee heard that commissioners had closed the review into clinical harm caused by delays in referral to treatment and the final report is pending. The Trust would need to consider how it closed its internal review in addition to how it utilises the Critical Care Outreach Team effectively to improve pathway flows. The CMO advised that until the final report is published there is no way of assessing the degree of clinical harm caused to patients by referral to treatment delays but there were currently no reported cases of significant clinical harm caused.</p> <p>The Committee noted that there were gaps in the NICE compliance and Sir Norman Williams advised that it may be useful to have this as a regular agenda item at the multi-disciplinary team meetings which were currently being reviewed. Ann Beasley commented it would be useful to understand the nature of the gaps and how they were being addressed. Sir Norman Williams advised that the clinical effectiveness team does audit compliance with the NICE guidance but there were challenges in receiving reports back from services. The Committee had asked for a follow-up report. The CN reported that should any service want to deviate from NICE guidelines there was a strict process which involved applying to the Patient Safety and Quality Group</p> <p>The Committee had also flagged the need to keep the pace of delivery around patient engagement and in getting patients involved in transformation and service change work. The DDET advised that patient engagement was extremely valuable in the transformation programme and work continued on co-design with patients. The Chairman advised that Governors recognised that there was patient participation in some projects but that concerns had been raised that the establishment of the Patient Participation Engagement Group (PPEG) had not led to new areas of patient involvement. She commented that there should be a more formal process for getting patients and stakeholders effectively engaged in the transformation work and how this was facilitated and tracked by PPEG.</p> <p>The Committee also received the learning report following two never events and noted that in relation to the transfusion never event, the Trust was working with South West London Pathology (SWLP) to improve oversight of incidents and improve clinical governance.</p> <p>The Board noted the report.</p>	

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<p><b>2.2 Integrated Quality and Performance Report (IQPR)</b></p> <p>The DDET provided an overview of the IQPR which had been considered at the recent Finance and Investment and Quality and Safety Committee meetings. The DDET noted that the IQPR now included 'plot the dots' style data in statistical process chart form. As a result of an administration error, when patients were transferred from the Tooting site to Queen Mary Hospital the six week diagnostic standard was not achieved in April 2019 which for the first time in over a year but the expectation was that this would improve by May 2019. Non-elective waits increased a little in month 1 which reflected the fact that the Trust was operating under winter pressure conditions for longer than usual. The length of stay for women and children for the last five month increased against trajectory and the elective length of stay for cardiothoracic was down. The CN advised that the Quality and Safety Committee would conduct a deep dive into maternity services at its June 2019 meeting and would explore the drivers for length of stay performance. The DDO-MedCard reported that the Trust was struggling to deliver the trajectory for the emergency 4-hour operating standard. Additional support was being given to the ED to drive systemic changes. The DHROD advised that, since the report was published, the mandatory and statutory training (MAST) overall rating had moved from 89.3% to 91% which was positive. Appraisals rates for doctors were 88% and non-medical appraisals continue to improve, and currently stood at 84.5%. NHS Improvement (NHSI) had set a cap of £20.55m for agency spend in the current year and the Trust was focusing its efforts on ensuring its expenditure on interims and junior doctors were maintained within this limit.</p> <p>Stephen Collier commented that the Trust was under increased pressure to deliver reduced agency spend targets. He noted that whilst the Trust was not achieving its agency target at present, on review of the past 12 months it was clear that great progress has been made overall. On a general point, he flagged that the Trust should map control limits as opposed to having the data drive the control limit. The DDET advised that the Trust was using the formula provided by NHSI but the Trust had flagged this issue with them. Ann Beasley advised that the Finance and Investment Committee would be conducting a reconciliation of the activity data to ensure that it was tracking performance effectively. It was also good to see that the Trust was ahead of its referral to treatment (RTT) trajectory. Sarah Wilton reflected that it was useful to have the breakdown of MAST data and queried whether the Trust would be able to attain the target of 85% and above on the other training targets. The CN advised that more capacity had been put in place to deliver training but more focus was needed on the 'did not attends' (DNAs). This was being monitored on a weekly basis and the focus was very much on achieving the 85% MCA/DoLs training target, which was expected to take 2-3 months to achieve. Sir Norman Williams expressed concern about performance against discharges before 11am which is reported to be 17% against a target of 30% and had not changed for some time. The DDO-MedCard advised that this was currently under review with divisions to drive improvements in the patient pathway and increased focus was being given to the back end of the ward and how to improve flow and encourage staff to discharge patients on time.</p> <p>The Board noted the report.</p>	
<p><b>2.3 Safe Staffing Report (Nursing and Midwifery Inpatient Establishment Review April 2019)</b></p> <p>The CN presented the report noting that a key change to the nursing establishment had been the introduction of nursing associate roles. These were new roles which were registered with the Nursing and Midwifery Council. The Trust currently had</p>	

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<p>seven such posts working in different practice areas with more due to start. The Trust was required to review its nursing establishment twice yearly. Whilst no changes were proposed this year, the Trust would need to consider the nursing establishment in the Emergency Department in addition to supporting the implementation of the new model in maternity which called for continuity of carer and the potential impact over the next two years.</p> <p>Stephen Collier commented that the nursing establishment equated to circa £140m of the Trust's total people cost and it was good for the Board to see the report and how this was being managed. There was, however, a question of clarity pertaining to the coverage. The CN confirmed that the headroom assumptions did include provision for sickness, training and annual leave which could vary across different divisions especially in relation to training. When benchmarked against other organisations, there was a range between 19 and 26% headroom provisions. The DDET flagged that the Trust had received challenges from NHSI about flow and he queried the degree to which the Trust had factored in analysis of the number of patients ready for discharge and the number of staff available to manage this process and whether there were any flags. The CN advised that alerts that were currently available related to a ward's ability to maintain safety but there were no alerts about flow. There were discharge coordinators on wards but the absence of such persons did have an impact on flow. There were also flow coordinators on wards where there was a high throughput of patients. The CFO flagged that whilst the paper addressed plans for having safely staffed wards it did not adequately address the issue of consistent delivery of the planned establishment. Although the nursing establishment budget was currently in balance some wards were underspent and thought needed to be given not only to whether or not there are any safety concerns where wards were operating with fewer staff than the establishment but also to the financial implications of having a full establishment of staff in place. The CN reported that the Quality and Safety Committee reviewed the planned versus actual nurse staffing levels to ensure that wards were able to deliver safe effective services and care to patients. The Trust was operating in a dynamic environment and requirements could change so even with the tools for planning safe staffing levels there were other actions taken in real time to support effective operation of wards on a shift-by-shift basis. However, it was recognised that more needed to be done on flow and efficiency. The CFO also flagged that the proposed increases to headroom alluded to in the report would need to form part of the 2020/21 planning round.</p> <p>The Board noted the report, the governance processes for setting the nursing establishment, the approach to budget setting for Enhanced Care for 2019/20, the 2019/20 ward establishment, and ongoing work to sustain effective use of the staffing resources.</p>	
<p><b>2.4 Cardiac Surgery Update</b></p> <p>The CMO reported that since the last meeting, the Trust had been pleased to have recruited the case management team which would start in June 2019 to help with patient flow and the patient journey through cardiac surgery. A Quality Summit had been held with system partners on 20 May 2019 and this had gone well. Whilst there was no complacency on the safety of the service there was confidence that the Trust had a safe cardiac surgery unit and, as such, discussions had focussed on developing plans for networked cardiac services and improving coordination in order to provide patients with better services. The Trust had met Health Education England (HEE) representatives and there had been discussions with HEE about when the Trust would be in a position to receive trainee doctors in the unit. HEE would keep this under review, but it was unlikely to take place before April 2020.</p>	

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<p>The Independent External Mortality Review continued under the leadership of Dr Mike Lewis. As part of this, the Trust was writing to relatives of those who had died following cardiac surgery between April 2013 and September 2018, and had so far been able to identify and write to over 150 of the 200 families. The CMO noted that the General Manager of Cardiac Surgery would be leaving the Trust at the beginning of June 2019 on promotion to another Trust. He had been instrumental in a lot of the quality improvement that had been implemented. The Trust was sorry to see him go but wishes him well. The Chairman reflected that the General Manager would be missed and the Board extended their thanks for his support.</p>	
<p><b>2.5 Mortality Monitoring Committee Report and Learning from Deaths</b></p> <p>The CMO presented the report, noting that the Quality and Safety Committee had also reviewed the report in some detail at its meeting in April 2019. The report presented an overview of mortality in 2018/19. There had been 1,550 inpatient deaths within that period, of which 1346 had been reviewed by the Mortality Monitoring Committee (MMC) using the structured judgement review tool. 15% of those cases identified problems in healthcare and of that 15%, healthcare problems caused harm in 22% of cases. The number of problems related to resuscitation following a cardiac or respiratory arrest had decreased. A large proportion of the deaths reviewed were judged to be <i>'definitely not avoidable'</i> with 10 deaths judged to be <i>'probably avoidable'</i> and none that have been scored <i>'strongly probably'</i>. The reviews of deaths noted that there were well documented discussions about 'do not attempt resuscitation' (DNAR) for cardiac patients but the Trust was working on ensuring that all patients had treatment escalation plans.</p> <p>Sir Norman Williams flagged that the Trust's low <i>'probably avoidable'</i> score of 0.7% was subject to challenge given that the national average was 3.6% avoidable mortality. Ann Beasley welcomed the introduction of the new version of the tool which better identified mental health patients and she queried when the Trust would be able to conduct more analysis on deaths and avoidable deaths of mental health patients and work with Mental Health trusts to review individual cases. The CMO advised that the Trust was working with Mental Health partners but there was a real challenge in doing high quality joint investigations into deaths and there was a recognition that more could be done on this. A report would come to the Quality and Safety Committee in two months. In relation to the <i>avoidable</i> death scoring, the CMO advised that the issue was less about objectivity and more about the Trust's over reliance on the structured judgement review process which was meant to be one of several pillars that gave an organisation assurance that it understood its mortality performance. Whilst there was nothing wrong with the scoring there was more work to do and in the last Serious Incident Panel it was agreed that the <i>avoidability</i> of death score would be assessed and triangulated in discussions with the MMC. It was also noted that Dr Nigel Kennea would be stepping down from his role as Chair of the MMC. During his time chairing the Committee, the MMC had made good progress on a complex issue and the Trust was making headway on appointing his successor. The Board thanked Dr Kennea for his dedication and work in taking this agenda forward to the benefit of the Trust.</p> <p>The Board noted the annual report from the Mortality Monitoring Committee and Learning from Deaths.</p>	
<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</p>	



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<p>23 May 2019. This was the first of the new structure for FIC meetings which were now being held in two parts to allow dedicated time for the consideration of both finance issues and estates and facilities issues. The Committee had held a good deep dive into Information and Communications Technology (ICT) risks. There was a mature understanding of what was driving the overall risks and it was likely that the underlying risks would be reduced with the new investment in ICT. However, this, in itself, may give rise to new risks. The Committee agreed to produce a monthly reconciliation of activity and finance. The Committee had been encouraged by the latest position on the Cost Improvement Plans (CIPs) and was assured that that 100% of CIP schemes would be Green by the end of June 2019 (end of Q1 2019/20). Currently 78% of those schemes were green which equate to £35.5m of the £45.8m. In reviewing its effectiveness, the Committee had agreed that it would receive more information about the underlying run rate. The Committee also reviewed the submission on Improving Healthcare Together and the outline business case to refurbish the Cardiac Catheter laboratories and could recommend these to the Board. Tim Wright noted that the Trust now needed to outline its future ICT strategy to ensure that investments were aligned with the Trust's long-term plan. The Chairman commented that the Board was not well sighted on ICT, while noting that the draft ICT strategy was due to the Board later in the year, and commented that the Council of Governors had raised some issues at its recent meeting about ongoing problems staff had encountered with ICT. The Chairman noted that the Council of Governors had expressed a desire to hear directly from the Chief Information Officer at its next meeting. The Board noted the report.</p>	
<p><b>3.2 Finance (Estates Assurance) Report</b></p> <p>Tim Wright, NED lead for estates, provided an update on the first monthly meeting of the estates element of the Finance and Investment Committee. The Finance and Investment Committee (Estates) – FIC(E) – was being held to provide more comprehensive assurance on estates risks. It had focused on the establishment of new governance structures for monitoring estates issues, which included the establishment of a new Executive-led Estates Management Group. The FIC(E) had reviewed the estates risks noting the scale of work ahead. The Committee heard about the progress being made on the actions outlined in the Authorised Engineer's report on water safety and had discussed in detail the short-term mitigations being put in place. The intention was to discuss the mid-to-long-term plans at the meeting in June 2019. The Committee considered the procurement proposal for identifying suppliers to support the Trust in addressing these issues and had been assured that there was funding available for this. The Board noted the report and the establishment of new governance processes for managing estates risks and issues.</p>	
<p><b>3.3 Finance Report (Month 01)</b></p> <p>The CFO advised that the Trust is broadly on plan at Month 1. The Board noted the Month 1 finance report.</p>	
<p><b>4.0 GOVERNANCE</b></p>	
<p><b>4.1 Audit Committee Report</b></p> <p>Sarah Wilton, Chair of the Committee, provided an update on the Committee meeting held on 20 May 2019. The meeting had focused on approving the year-end reports namely, the Annual Report, Annual Accounts and Quality Report for 2018/19. All the reports and supplementary documents were endorsed and recommended by the Committee for approval by the Board. The Board had subsequently approved and adopted the reports at its extraordinary meeting held</p>	

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<p>on 23 May 2019 in advance of the deadline for submission to NHS Improvement.</p> <p>The Committee also considered three internal audit reports. The Committee welcomed the reasonable assurance rating from the Assurance Review of Governance and noted the limited assurance rating in relation to the Review of Estates and Facilities Car Parking (Queen Mary's). Of particular note was the output of the operational review into bullying and harassment. The review had included holding workshops in which 18 members of staff had shared their experience of long standing bullying and harassment concerns in a confidential environment. Its findings triangulated with recent staff survey results and work to clarify and update the relevant policies and processes to get a clear path for staff to raise concerns was an area the Committee felt was a high priority on which it expected to see a full report at its August meeting. It was noted that the reference to this being a 'no assurance' report reflected the fact that it was an operational review rather than an assurance review, and as such no rating would be applied.</p> <p>The CEO advised that her biggest concern was how staff felt and the importance of making progress on delivering the changes in organisational culture which were required. The Board would consider a report at its next meeting setting out the action plan for addressing the issues highlighted by the most recent NHS staff survey. Work was ongoing with the Freedom to Speak Up Guardian and the DHROD to build in robust processes and systems to engage and track responses where staff had raised concerns. The gaps had been identified and it was recognised that better ways of capturing staff concerns were needed. The DHROD advised that the raising concerns policy had been reviewed and the Trust was looking at introducing software for managing and tracking concerns which would improve the overall management of the process. It was also recognised that more work was needed on publicising and communicating the policy and the work of the FTSU guardians. Sir Norman Williams noted that it was important that there was clarity in the processes to ensure that staff could raise concerns. The Chairman flagged that NEDs were concerned about the length of time it had taken to bring an action plan in response to the staff survey to Board and stated that this needed to come to the June meeting. Reflecting on the wider challenges about cultural change, the CEO noted that it typically took organisations between 3 and 5 years to change the culture of an organisation. The past 18 months had been focused on getting the organisation where it needed to be on key quality, performance, and financial issues and the focus was now shifting to driving cultural change.</p> <p>The Board noted the Audit Committee report.</p>	
<p><b>4.2 St George's Hospital Charity Report (Q4)</b></p> <p>The DS presented the quarter four report from the St George's Hospital Charity. The Charity's general purpose fund had been fully utilised in 2018/19 which was a positive sign and there has been significant improvement in the relationship between the Trust and the Charity. The Medical Advisory Group which was established a year ago to drive investment of charitable funding into research was moving forward. The Charity was now focusing on Special Purpose Funds (SPFs). The Charity was focussed, this year, on working with the Trust to ascertain how best to spend these monies and rationalise the circa 200 SPFs to get greater benefit for patient and staff. In light of the publication of the Trust's new clinical strategy 2019-24, the Charity was working with the Trust to align priorities to the Trust's forward plans. Jenny Higham noted that it was exciting that the Charity was making larger allocations which are more likely to generate bigger grant submissions and drive enthusiasm among clinical staff. It was also good that investment had been aligned to clinical and research areas where the Trust was a</p>	

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<p>leader, in lymphedema and cardiac risk in the young.</p> <p>Tim Wright commented on the improved relationship between the Trust and the Charity and commended the DS, as executive lead, for her role in this. Over the last 18 months fundraising and spending of funds had improved. The Charity was taking steps to strengthen the grant making process. It was in a much better position than previously but recognised that more work was needed on process. The DDET commented it would be useful to receive progress updates on all the projects in which the Charity had invested. The DS also advised that the Charity recognised that in relation to capital schemes it is willing to make provision for project management support so there was not a delay in starting these projects once the allocation has been made.</p> <p>The Board noted the report and the investment awarded by the Charity in support of Trust projects.</p>	
<p><b>4.3 Provider Licence Compliance Self-Certification</b></p> <p>The DCA reported that each year the Trust was required to undertake a self-certification of compliance with its licence conditions around systems for compliance with licence conditions and related obligations (condition G6), availability of resources (condition CoS7 (3)), and governance arrangements including training of governors (condition FT4 (8)). The Trust was also required to self-certify that it had provided training to its Governors. At its meeting on 22 May 2019, the Council of Governors reviewed the training provided to Governors in 2018/19 and agreed that the Trust could state compliance with regards to the level of training provided to governors. The Board approved and endorsed the self-certification of compliance with licence conditions.</p>	
<p><b>5.0 CLOSING ADMINISTRATION</b></p>	
<p><b>5.1 Questions from the public</b></p> <p>The Chairman invited questions from the public. She also formally noted that at the start of the meeting a group of members of the public had presented a petition raising concerns about ID checks and the charging of overseas patients but the group had not wished to stay until the section of the meeting in which questions from the public would be addressed. Nevertheless, a written response to the points made would be provided to the group.</p> <p>Jonathon Broad, a paediatric doctor and representative of Patients not Passports, asked to present a letter signed by almost 200 healthcare staff and students at the Trust highlighting the group's serious concerns about what it regarded as the inequality of ID checks and the impact on providing safe care and staff wellbeing. The signatories to the letter believed the policy was discriminatory and contradictory to the Trust's values. He also expressed thanks to the CMO for agreeing to meet him in the near future to discuss these issues. The letter set out four key demands of the Trust: suspending upfront charges; suspending ID checks; conducting a full impact assessment; and calling on the government to suspend this policy in line with the position taken by a number of the medical Royal Colleges and the British Medical Association (BMA). Dr Broad asked the Board three specific questions:</p> <p>i. Will the Trust respond to the call from the staff and students suspend the ID checks and upfront charging?</p>	

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<p>The CFO advised that the NHS provided free access to care on a residency basis and not everyone in the UK was eligible; individuals needed to meet the residency criteria to qualify for free care. The Trust and other NHS organisations had a legal duty to recover costs from people who were not eligible for free healthcare and this was a statutory requirement on all NHS organisations. This was not a new requirement. There were certain circumstances where free care was available to everyone, for example emergency care and life saving services. However, once people move from such services ongoing care may become chargeable and this was a standard, longstanding government policy. The Trust was ultimately accountable to the government as a public body and as such was required to comply with that policy. As a result its ability to suspend that policy was limited. It is also very challenging for the Trust to challenge government policy in the same way as the BMA and the Royal Colleges. Those organisations were membership bodies which were entirely separate from government so could challenge the government on its position. As a public sector organisation, the Trust was required to discharge its obligations under the statutory and policy framework governing the NHS. It would not be appropriate for the Trust to comment on policies such as these, which were ultimately political matters for government and Parliament.</p> <p>ii. What measures are in place to guarantee that these policies do not compromise patient safety?</p> <p>The CMO advised that from a clinical perspective he was not aware of any cases in which the Trust's implementation of this policy had negatively impacted on safety. Patients who required emergency care were always treated and were not charged. The Trust and the Board recognises this could sometimes be difficult for staff. The concerns were, however, recognised in addition to the complexities and nuances when reviewing on a case by case basis. There was, potentially, a lot of value in having a face-to-face discussion about the specifics of staff concerns in the context of patient safety, and the CMO was happy to discuss whether the Trust was getting the balance right, whether there was clarity on the difference between non-emergency care and emergency care, and whether there were nuances and variations and other elements to clarify which would enable staff to deliver the type of care they wanted to provide.</p> <p>iii. Does the Trust have plans to conduct a full impact assessment of the policy and make this public?</p> <p>The CFO/DCEO advised that the government had undertaken a full risk assessment of this policy which was available on the overseas visitors' website for the Department of Health and Social Care (DHSC). The Trust had reviewed this risk assessment and believed it was suitable to support the processes the Trust goes through. The Trust had robust processes in place which detailed how the Trust seeks to identify people who would be subject to the policy. The Trust adhered to government recommendations in terms of how it should identify people who were not eligible for free healthcare. The Trust had employed specialist people to give effect to this policy across the Trust and endeavoured to ensure this was done in a fair and even way. The Trust reviewed this to ensure these were clear and there was no reason to believe the Trust was not applying the government rules in a fair and equitable way. The Trust Executive Committee had also reviewed the DHSC recommendations some time ago when the Department requested that the Trust enhanced its requirements for overseas visitors' cost recovery. The Trust had reviewed this and was assured that its practice was satisfactory.</p> <p>To put this in context the Trust had a turnover of £850m, £650m of which came from patient care. Around £2m in income came from overseas visitors, of which</p>	

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<p>less than half was actually paid. There was very active support from the DHSC to encourage NHS trusts to ensure recovery of all eligible income from overseas visitors and there were active processes to support organisations to comply in a way that is fair and equitable as well as national documentation setting out guidelines for doing so which the Trust as adopted.</p> <p>Jonathon Broad thanked the Board and commented that whilst it was recognised that the Trust could not do much to suspend charges the Trust potentially could do more with regards to the impact assessment, including looking at whether the policies were being applied equally and consistently across all Trust services. He suggested a more comprehensive impact assessment was required and that he would be happy to support such a review. He also flagged that he did not believe that ID checks were mandated by the government and this was one of the processes which meant there was unequal and unfair charging which could be distressing for staff. Given that the BMA and Royal Colleges were stating that the policy was unequal and unfair, Dr Broad commented that it was time for the Trust and clinicians to look at what could be done otherwise there was a risk that there could be hostility towards people of different colour and migration backgrounds. The Trust therefore needed to think about what it could do and how it could ensure its policies were more inclusive.</p> <p>The Chairman thanked Jonathon Broad for his contribution and agreed that the CMO would pick-up on behalf of the Board the outstanding points. She also noted that the Board was willing to consider this matter further but noted the Trust's legal obligations. A written response from the CFO/DCEO would be provided responding to Dr Broad's questions.</p> <p><u>Cardiac Surgery</u>                  Polly McCowen, member of the public, asked the Board to explain steps taken to learn from issues outlined in the joint public statement regarding Professor Marjan Jahangiri, Consultant Cardiac Surgeon posted on 20 May 2019. The CMO advised that the Trust had a policy as to how it should investigate issues involving doctors which mirrored the national Maintaining High Professional Standards (MHPS) guidance. In light of the events of August 2018, the Trust had committed to reviewing and, where appropriate, revising its policy to make sure it was clear and robust. This work was already underway and would be completed in the coming months. In addition, the broader and more important issue was that the Trust wanted to ensure that it did not get to a position where it faced the kind of issues that had emerged in the cardiac surgery department, where there had been issues around sub-optimal internal governance and ineffective team working. The Trust was therefore undertaking a piece of work to review how it structured clinical governance across the Trust and this would be considered by the Board in the coming months. This would be an important piece of work in making sure that there was clarity about the governance arrangements across all services and in relation to the process for escalating concerns so that they could be dealt with in a timely manner. The member of public reported that the Mr Justice Nicklin's judgement of 28 August 2018 had flagged that the MHPS policy had not been followed in that case and that it was important the Board understood the issues set out in the judgement. The Chairman commented that the Board was aware of the High Court ruling and accepted its findings. In response to a comment from the member of the public on who had taken the decision to exclude the surgeon, the Chairman clarified that the DCA had not been involved in taking the decision on the exclusion and it was important that this was corrected.</p>	
<p><b>5.2 Any new risks of issues identified</b></p>	

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<p>It was noted that there we no new risks identified from the discussions.</p>	
<p><b>5.3 Any other business</b></p> <p>There were no matters of any other business raised.</p>	
<p><b>5.4 Reflections of the meeting</b></p> <p>The Chairman invited Stephen Collier to lead reflections on the meeting. He commented that it was important that the Board continued to hold meetings at the Queen Mary Hospital site. It was important for the Board to have the opportunity to meet QMH staff and it also gave the Board a very different insight into the work conducted at QMH particularly in relation to rehabilitation. In relation to feedback from the visits as there was a lot to say it would be useful to either have a high level theme set for the visits or to give guidance on the level of feedback required which would give some consistency to the reporting back to the Board. It was also evident that there was the right balance in the level of challenge during discussions. Other observations were that the front sheets of Board reports were not as well used as they had been previously and it may be time to rethink how they are used and to simplify them; those writing papers needed to use them appropriately. The depth of analysis by Board Committees on a number items was useful and had fostered more strategic, constructive discussions which triangulated trends and across clinical, operational and financial areas. The Board gave thoughtful and respectful responses to questions from the public and time was given to individuals and its proceedings are enhanced by having the public in attendance. The CMO reflected that it was good to receive challenge and when parties were mutually respectful it could lead to good quality discussions. Sarah Wilton reflected that it was good to come to Queen Mary Hospital and the Board should come back in the next six months. However, she noted that in the subsequent discussions on the papers there was no mention of QMH outside the feedback from the site visits and this should be more explicit in future reports. Jenny Higham commented that it may be useful, in future, to provide some bullet points on each service being visited ahead of the visits taking place to ensure that reports back focus on key issues, performance and governance as opposed to descriptions of the services. The Chairman pointed out that guidance had been provided in the past but this could be looked at again.</p>	
<p><b>6.0 PATIENT/STAFF STORY</b></p>	
<p><b>Patient Story – Transfers between Trust sites</b></p> <p>The Board watched a video recording of a patient who relayed her experience of being transferred from the St George's Hospital in Tooting (SGH) back to Queen Mary Hospital (QMH). The patient had been sent to the SGH for an X-ray and transferred back to QMH at 2:10 am having been told that she would not be transferred following her X-ray. She found this very disruptive and distressing and would have preferred to have stayed at SGH until the next day. The HoTC advised that the video had been shared with staff as part of the Trust's quality improvement work, who are asked to share their thoughts and reflections on the patient's experience in order to drive change and improve quality for future patients. The story was also shared with the referring team and would be shared with the transformation team to drive Trust--wide change. Two members of staff from QMH, a junior doctor and a discharge coordinator, also shared their reflections on the impact of late transfers. They flagged issues around the ability to effectively assess patients late at night or early in the morning when there was limited staffing, the fact that sometimes patients were not medically fit to be on a rehabilitation ward with co-</p>	

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<p>morbidities which required treatment on acute wards, the lack of records such as drugs charts, the stress on patients, and the impact on staff who feel that they were not providing the best care.</p> <p>The HoTC noted that capturing the real story involved getting the spectrum of experience from staff, patients and teams from both sites. There had been two early morning transfers since December 2018. Looking at the data for May 2019, it was evident that most patients were referred in the afternoon, between 12:30 and 16:30, hence patients were arriving at the time a large proportion of staff were ending their shifts. Only one patient arrived at circa 22:00 but most arrived by 19:00 just before a number of doctors finished their shifts. When iClip is installed at QMH there would be better tracking of these patients which would help ensure that inappropriate transfers were avoided. Consideration had to be given to how the Trust could work differently to change the system to ensure the issues highlighted in the patient story did not reoccur. All the intelligence about referrals, transfer times, arrival times and transport information would be used to drive improvements.</p> <p>Sarah Wilton asked that an update on the quality improvement work be presented to the Quality and Safety Committee in the next 3-6 months. The DHROD advised that patient communication was evidently an issue and communication should be a key element of the quality improvement programme. The CMO advised that it was important that the Trust considered how staff felt when they are pressed to receive patients in the way described in the patient story. Something needed to be done about improving communication between teams to ensure there was greater mutual understanding. The HoTC advised that communication with patients, staff and between teams would be part of the ongoing improvement work.</p> <p>The Chairman on behalf of the Board thanked the HoTC and colleagues for sharing the story and asked that the Board's thanks be passed on to the patient.</p>	

**Date of next meeting: 27 June 2019, Hyde Park Room, St George's Hospital**