

**Minutes of Trust Board Meeting
 Part 1 (Public)**

Thursday 25 October 2018, 10.00 – 13.00, Hyde Park Room, 1st Floor, Lanesborough Wing

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection, Prevention & Control	CN
Andrew Grimshaw	Chief Financial Officer	CFO
Andrew Rhodes	Acting Medical Director	MD
IN ATTENDANCE		
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
Kevin Howell	Director of Estates & Facilities	DEF
Stephen Jones	Director of Corporate Affairs	DCA
Suzanne Marsello	Director of Strategy	DS
Ellis Pullinger	Chief Operating Officer	COO
James Friend	Director of Delivery, Efficiency and Transformation	DDET
APOLOGIES		
Jacqueline Totterdell	Chief Executive Officer	CEO
SECRETARIAT		
Sheila M Murphy	Interim Head of Corporate Governance (Minutes)	IHCG

Feedback from Board Walkabout

Members of the Board gave feedback on the departments visited, which included the Simulation Suite, Haematology and Oncology Outpatients, Neurology Outpatients, the Fracture Clinic, the Surgical Admissions Lounge, Cardiac Investigations and the Cardiac Catheterisation Laboratory, Lanesborough Theatres and radiology, Pathology, the Spiritual Care Centre, the Macmillan Cancer Care, Bereavement Services, the restaurant, and Gunning Ward.

The CN commented on the enthusiasm of staff in the Simulation Suite, one of the first such centres in the country. It could create various scenarios including those of actual SIs to assist with learning and multidisciplinary training. The CN questioned whether best use was being made of the facility as only 50% of training slots were being filled as a result of staff not being released to attend. In Haematology and Oncology Outpatients there had been issues with “bare below the elbows” which had been addressed. Vacancies remained a problem and required staff to work flexibly. Space for staff was also lacking. The Friends and Family tablet was not working but would be replaced the following day.

The DS reported that staff in the restaurant were happier being directly employed by the Trust. A CQUIN was on target to ensure healthy products accounted for 80% of all sales. Fruit was provided at cost price and only three sugary drinks were sold. Patient feedback was being sought to make further improvements. The environment required improvement and Ann Beasley queried whether some of the revenue from the CQUIN could be used to address this. The DEF responded that the FM contract was coming up for renewal and this could be explored. The fracture clinic lacked adequate staff facilities; the sister's office was used as a clinical room and a clinical room was being used for storage. There were no separate facilities for children. The DS commented that the introduction of virtual telephone clinics had gone well.

Tim Wright reported on the Surgical Admissions Lounge noting that the area was very busy. Improving the space would improve flow of patients. There was only one toilet for all staff and no staff room. Cerner was being used but staff had said it would be helpful for this to be used for pre-assessment, but this was not in the plan. Gunning Ward was very proud to have been the first ward to achieve gold accreditation and maintain this. Cerner smart boards were in use and implementation had gone smoothly.

Sir Norman Williams reported on the visit to Cardiac Investigations and the Cardiac Cath Labs. Cardiac Investigations had a high DNA rate and he queried whether text messages would assist with addressing this. Additional space was needed, with inpatient echo examinations being a particular stress point. A number of staff were from EU countries and they had concerns about the effect of Brexit. Some staff commented that the current issues in cardiac surgery had needed to be addressed and there were now signs of improvement.

Stephen Collier stated that he was encouraged by his visit to South West London Pathology (SWLP). There were 400 dedicated staff working 24/7, seven days per week. The facility was considered to be one of the largest laboratories in London with very strong leadership. The equipment and premises were of a high standard and SWLP were gripping commercial opportunities with growth in all areas. Neurology Outpatients was a good facility. Corridors were clean and patient notes were secured. The area would, however, benefit from a kiosk facility. Stephen Collier commented text messages to patients needed to be clearer about where they needed to go for appointments.

Sarah Wilton and Kevin Howell fed back on their visit to Lanesborough Theatres and radiography. Delays to theatre start times were an issue, partly caused by delays in transfers. The availability of scanned notes was also an ongoing problem. The arrival area for children was regarded as too clinical. An issue with the image intensifier was to be raised. Staff commented on the need for a new CT scanner, an intervention theatre and for a network system that could hold information required for imaging, specifically for trauma reports, as it was difficult to report within the one hour target given the unreliability of the current equipment.

Jenny Higham and James Friend had visited the Spiritual Centre, Macmillan Cancer Support and Bereavement Services. Staff were passionate about their work but commented that the Spiritual Care Centre environment was very poor. Macmillan Cancer Support's environment worked well and provided a hub for cancer nurse specialists and some bereavement support space. Macmillan was setting up a cam-chat for patients further down the pathway to discuss experiences with new patients. The Bereavement Service was working on the issue of communication between doctors and relatives, and training was planned.

OPENING ADMINISTRATION	
Welcome and Apologies	
1.1	The Chairman opened the meeting and welcomed Dr Sally Herne as the new NHSI Improvement Director. It was noted that the CFO was deputising for the CEO who was unable to attend the Part 1 Board meeting and that the DCA would join the meeting later.
Declarations of Interest	
1.2	No new declarations of interest were made.
Minutes of Meeting held on 27 September 2018	
1.3	The minutes of the meeting held on 27 September 2018 were agreed as an accurate record.
Action Log and Matters Arising	
1.4	<p>The Board reviewed the action log and agreed to close those actions proposed for closure. It also noted the following updates:</p> <ul style="list-style-type: none"> • TB.28.06.18/85: There was an item on the agenda to consider the diversity and inclusion strategy and it was therefore agreed that a planned workshop on the issue should be deferred so that progress against the strategy could be reviewed. The item remained open. • TB.26.07.18/87: This would remain open as the item would be considered by the Quality and Safety Committee in November. • TB26.07.18/94: A date for the Board workshop on the BAF workshop should be found as soon as possible. <p>The DHROD commented that, following the Board's discussion in September, thank you cards had been prepared to thank staff for their work and these were now ready to be sent out.</p>
CEO's Update	
1.5	The CFO, deputising for the CEO, noted that the NHS Long Term Plan would have significant implications for the Trust, particularly in relation to the national tariff. The new Secretary of State had a focus on IT and the CFO acknowledged that considerable work was needed to improve the Trust's IT systems. The staff survey had been launched earlier in the month and would close at the end of November. The Q2 Staff Friends and Family Test had highlighted some concerns; the CEO was engaging with staff and emphasising the importance of recognising staff for their contributions. The CFO welcomed the appointment of Amerjit Chohan as the new Chief Executive of the ST George's Hospital Charity, and thanked Paul Sarfaty for his support as Interim CEO. Ann Beasley asked if there was a link between the recent IT outages and Cerner deployment and whether there had been sufficient stress testing considering the challenges with the Trust's IT infrastructure. The CFO stated that stress testing had taken place and that the outages related to specific infrastructure issues. IT issues and Cerner deployment were monitored closely by the Trust Executive Committee and Informatics Governance Group. Tim Wright commented he had discussed these issues with the Chief Information Officer and it was clear that there was still a lot of work to be done in this area. The Board noted the Report.

QUALITY & PERFORMANCE	
2.1	Quality and Safety Committee Report
	<p>Sir Norman Williams, Chair of the Committee, presented the report. There had been sustained improvement in the majority of indicators in the Quality Improvement Plan. Performance on responding to complaints within 40 days had fallen, though the quality of responses was improving. Overall, the Committee was assured that the CQC action plan 'must' and 'should dos' were currently on target. There had been no MRSA cases for 14 months and though there had been some cases of C.difficile this remained below the national threshold. The Committee had been made aware of a possible never event involving plasma transfusion which was in the process of further investigation prior to classification. It was noted that seven of the eight cancer targets were achieved but that the 62 day target looked challenging. The Committee had received its first offender healthcare report and noted that the CQC had found that the regulations were being met. The Looked After Children Annual Report had also been received for the first time, having been commissioned by Wandsworth CCG. It was noted that the Trust's performance on the provision of care plans was poor compared with the previous year and needed to improve. Sir Norman Williams noted that cardiac surgery had been discussed in detail, and noted that the subject was on the Board agenda.</p> <p>The MD confirmed that that the possible never event concerned a blood infusion which had not resulted in harm but he observed that a similar event had taken place six months ago raising the issue of whether learning had been acted on. In response to a question from Ann Beasley, Sir Norman Williams stated that there was no obvious explanation for the increase of complaints. Sarah Wilton raised a concern that the Board had been informed action was being taken to improve complaints but it appeared not to have had the intended effect. The CN explained that complaints could be challenging and a number of factors had contributed to delays. The Chairman noted that this was a work in progress and that the Board needed to see sustained progress. Ann Beasley also raised a concern in relation to performance in producing healthcare plans for looked after children. The CN confirmed that this was being closely monitored. The Chairman commented she had been assured by the CN's responses to similar questions at the Quality and Safety Committee. The Board noted the report.</p>
2.2	Integrated Quality & Performance Report
	<p>The DDET provided an overview of the IQPR focusing on productivity and activity. He noted that the number of day case and elective operations for September was 4,843. Performance on outpatient first appointments was ahead of expectation. Theatre touch time utilisation was tracked weekly and was currently performing at 77% against an 85% target. There remained a focus on reducing on the day cancellations for non-clinical reasons and ensuring that all patients were rebooked within 28 days; there had been significant improvement in August where 84.1% of patients had been rebooked within 28 days. The CN reported on the continued focus on Friends and Family by wards; this had produced good feedback but the response rate could have been better. The CN drew attention to the indicators that would be included in the maternity dashboard going forwards and noted that the missing VTE data for September was 96.7%. The MD reported on the mortality slide noting that both the Trust level mortality indicators (SHMI and HSMR) remained lower than expected compared with national patterns. HSMR weekend data was increasing but the MD stated that this may be due to the method of reporting. The Chairman expressed concern and Sarah Wilton commented that it would help to be able to understand better what lay behind the changes. In response to a question on waiting</p>

	lists, the Chairman commented that there was no doubt there had been progress. The DHROD commented on Workforce, noting that the vacancy rate was now 10.4%. It was anticipated that the proportion of staff with completed appraisals would improve with the introduction of a new IT solution. There had been a steady decline in agency staff, with the Trust well below the £21.3m ceiling set by NHSI. The Board noted the report.
2.3	Elective Care Recovery Programme Update
	The COO presented the report and confirmed that the Trust had started shadow reporting on RTT in preparation for a planned return to national reporting in the new year. The Trust was ahead of trajectory with a continued reduction in the PTL and improvements in a number of data quality metrics. The COO also gave an update on the revised Trust-wide training which had been agreed and rolled out earlier in the month. Further details would be provided to the Board the following month. Action TB.25.10.18/01: Update on the roll out of training to be provided next month. The Board noted the report.
2.4	Cardiac Surgery Report
	The MD presented the report, which provided an update on recent developments in the cardiac surgery service. Since early September patients requiring the most complex cardiac surgery had been treated at other London hospitals. Lower activity levels could be sustained for a period but could not be continued indefinitely as there would come a point where surgeons became deskilled. It also had significant financial implications. The service remained the focus of external scrutiny both from the Quality Summits and the Independent Scrutiny Panel appointed by NHSI. The service was safe but also required considerable internal oversight. Sarah Wilton asked about the longer terms plans for cardiac surgery across South London. The MD said that there were discussions as part of the Operational Delivery Network and updates would be brought to the Board. The Chairman commented on the importance of the management of data and effective governance. The MD agreed and noted that the service was due to implement a new data management system, Dendrite, by the end of November and staff training was already underway. In response to a question from Sir Norman Williams, the MD explained that the loss of five junior doctors in September had been a challenge but the recruitment of additional trust grade doctors had been undertaken which was preferable to relying on agency staff. The Chairman commented that the Trust was working closely with NHSI, NHSE and the CQC in managing risks and was being well supported by King's and Guy's and St Thomas'. The Board noted the report.
2.5	Patient Partnership and Engagement Strategy
	The CN informed the Board that the Strategy had been developed with the new Patient Partnership and Experience Group. It had been widely consulted on and feedback had been incorporated, including feedback from Governors. In responding to a question from the DS, the CN explained that the Trust had not had an effective structure for engaging patients for a number of years and the new group had helped address this. The CN highlighted that the strategy had been co-produced with patient representatives and the Quality and Safety Committee had recommended it to the Board. The Board agreed the strategy.
2.6	Transformation update: Q2 report
	The DDET presented the report and noted that progress remained on track. He commented

	<p>that the aim was to move items from the transformational to the operational remit as soon as practical as had happened with medical records. There had been a lot of focus on the roll out of virtual clinics and the Trust was on track to deliver CQUIN requirements for the year. The roll out of one-way text reminders for outpatient appointments was almost complete and reducing DNA rates was a priority. Discharging patients before 11 am was important but remained a challenge; AMU had improved and maintained the midday threshold and was now looking to achieve 10am discharges. The CN commented on the potential of the Continuity of Carer initiative to deliver better outcomes and reduced length of stay. It was noted that this had initially been funded locally and the CN asked whether central funding would be forthcoming. The CFO observed that a fundamental challenge for any transformation project was early funding and maintaining engagement of staff. In relation to ICT, Tim Wright commented that it was important to focus on the development and delivery of the ICT strategy. Ann Beasley asked about the mental health CQUIN and for clarification of the Trust's position on patients presenting with mental health issues. The DDET confirmed discussions had taken place with South West London and St George's Mental Health NHS Trust to see if assessments could be undertaken at the Springfield site. Its leadership team was looking at whether the patients needing full assessment could be moved to Springfield for the first assessment and then transferred for admission if necessary. The Board noted the report.</p>
2.7	Learning from Deaths Q2 report
	<p>The MD presented the report and noted the Trust was working to establish a new medical examiner system by the nationally mandated deadline of April 2019. Between July and September 2018 there had been 342 deaths and the Mortality and Monitoring Committee (MMC) had conducted independent reviews of 284 deaths. External mortality signals had been raised in primary hip replacement, adult cardiac surgery, general intensive care and hip fractures. On adult cardiac surgery, members of the MMC were working to support NHSI with its external review of mortality. The Summary Hospital-level Mortality Indicator (SHMI) from April 2017 to March 2018 had been published recently, which had shown that the Trust was categorised as lower than expected, one of 15 Trusts nationally in this category. In response to a question from Sarah Wilton, the MD clarified that the HMSR data related to deaths in hospital and SHIMI looked at all deaths within 30 days of admission. Ann Beasley sought clarification on the figures and the number of cases where harm was identified in the treatment provided. The CN confirmed that the number of deaths involving problems with healthcare provided was at the lower end of the national average. Sir Norman Williams stated that lessons needed to be learnt from avoidable deaths and said that it was important errors were reported. The MD commented that a review was underway to allow patients and families to participate in the SI process. The Board agreed the recommendations in the report.</p>
FINANCE	
3.1	Finance and Investment Committee Report
	<p>Ann Beasley, Chair of the Committee, presented the report and noted that the Committee had a particular focus on the risks it monitored on behalf of the Board; activity levels, productivity, performance, and the Trust's financial position. With regard to ICT, Ann Beasley noted that mitigation was in place but significant improvements were needed and the Committee would receive a more detailed report at its next meeting. The Committee had been very concerned about the deterioration in the Trust's financial position and the under-delivery against plan. The Trust would not meet the year end target deficit of £29m and would not therefore attract</p>

	<p>Provider Sustainability Funding (PSF). A number of factors had contributed to this, but key among them were cardiac surgery, failure to meet planned activity levels, shortfalls in delivery of the CIP, and medical staffing. Cash was being managed well but the financial position would have implications for cash which would need to be discussed with NHSI. The Committee had been encouraged by a presentation from the clinical director of vascular surgery showing what the team had done to understand the unit's income and expenditure. The Committee was also encouraged about the progress in procurement. In response to a question from Jenny Higham, there was a discussion about how CIPs would be achieved. Ann Beasley explained that some CIPs were not delivering the savings that had been identified. The CFO commented that work was continuing with care groups to support the planned £50m CIP savings target and there remained confidence in the deliverability of the CIP target as a whole. It was important to continue to identify new CIPs to mitigate against any under-delivery. Sir Norman Williams asked why the target deficit would not be met. The CFO explained the factors driving deviation from plan and noted that the Trust was developing plans to improve the year end financial position. The Board noted the report.</p>
3.2	Month 6 Finance Report
	<p>The CFO presented the report and commented that extensive work was being undertaken to improve the financial position. The Trust was reporting a pre-PSF deficit of £29.5m at the end of September, £6.2m adverse to plan. Income was adverse to plan by £4.7m and expenditure overspent by £1.5m. Q2 PSF income had not been achieved. Action was being taken to support the cash position. Discussions were taking place with NHSI about the deterioration in the Trust's financial forecast. In response to a question from Sarah Wilton on the capital bid to NHSI, the CFO explained that typically any additional funds did not become available until later in the year and that, while some funding could be anticipated, there was no guarantee and it was necessary to work on projects at risk. The Chairman commented that the deterioration in performance was a significant concern and one which was shared by NHSI. The Board noted the Trust's financial performance as set out in the report.</p>
WORKFORCE	
4.1	Workforce and Education Committee Report
	<p>Stephen Collier, Chair of the Committee, presented the report. In relation to the Staff Friends and Family Test, the Committee was concerned to see a reversal of the previously steady improvement in responses during Q2, which was the first time the results had fallen. The Committee had discussed the underlying causes. Work was required to address these and would be looked at carefully over the next quarter. Face-to-face engagement with staff was essential as was acknowledging the depth and number of challenges facing the Trust. The Committee had considered the diversity and inclusion strategy and had recommended this to the Board. With regard to the ethnicity pay gap, comparatively the Trust was in a reasonable position in relation to other trusts but there were deep seated variations in particular staff groups which needed to be addressed. Stephen Collier explained that there were, however, a number of areas of encouragement. The Trust was continuing to work on developing new types of staff groups such as physician assistants and nursing associates which would allow the Trust to work differently in the future. The Chairman commented that the report was very good and provided an assessment of the assurance taken by the Committee. In response to a question from the DDET about pay gaps, the DHRD commented that there was no equivalent data for LGBT as staff did not always wish to give such information. The Chairman commented</p>

	that the CEO would have wanted to express concerns about the staff friends and family test scores. The DHROD explained that work was going on to address the causes and the CEO was planning further engagement with staff. Plans for improving the culture of the organisation would be brought to the Board soon. The Board noted the Report.
4.2	Diversity and Inclusion Strategy
	The DHROD presented the Workforce Diversity and Inclusion Strategy which had been considered by the Workforce and Education Committee and highlighted the four strategic aims. Celia Oke, Workforce Diversity and Inclusion Manager, commented that establishing a solid foundation was essential in order for the Trust to become a champion of diversity. Tangible goals, targets and ownership across the Trust were necessary. This would involve launch of the Diversity and Inclusion Network and events to raise awareness, engage and educate staff as well as setting targets for a reduction in bullying and harassment and the introduction of a reverse mentoring programme. Sarah Wilton commented that she was very supportive of the strategy and asked about baseline levels at the shortlisting stage of recruitment. Ann Beasley also asked for clarification on the targets. The DHROD commented that discussion had taken place at the Committee on the right level to pitch the targets, and possibly these were not sufficiently challenging. Stephen Collier explained that from his perspective the strategy was a starting point to be reviewed at the end of the year. Sir Norman Williams commented on the number of BME staff who were referred to professional regulators. He highlighted the need for training for those involved in investigations and tribunals and emphasised that the Board needed to have confidence in the practicalities of the plan. Tim Wright commented that the plan was clear and concise and stated that the key would be to ensure it was communicated effectively to staff. The CFO stated that the CEO was fully committed to the strategy and was working with the wider executive team to support and deliver it in practice. The Board agreed the strategy and implementation plan.
STRATEGY	
5.1	Corporate Objectives 2018 – 19: Quarterly Update
	The DS presented the report which provided an update on the delivery of the corporate objectives as agreed by the Board at its meeting in June 2018. Of 45 objectives, 19 were rated green, 17 amber and 9 red which represented a deterioration since Q1. The DS explained that the majority of amber and red rated objectives did not pose a material risk to the achievement of the objectives by year end with the exception of ED performance, theatre productivity, RTT, reduction in the deficit, and review of estates. The Chairman commented that these had been expected but it would be important to consider how slippage may affect the year end position. The CFO stated that the report would go back to the Trust Executive Committee to address the highlighted issues. Action TB.25.10.18/02: report to return to TEC for further consideration of the issues presenting a material risk to the delivery of the strategic objectives. The Board noted the report.
5.2	Trust Strategy Highlight Report
	The DS presented the report and noted that actions were currently on track. Although the paper highlighted that the communication and stakeholder engagement workstream was behind schedule this had been resolved. In response to a question from Sarah Wilton the DS confirmed dates for Wandsworth engagement events had been revised and the DS would

	<p>ensure these were readvertised. Action TB.25.10.18/03: DS to ensure dates for the Wandsworth engagement events are readvertised. The Board noted the report.</p>
<p>GOVERNANCE</p>	
<p>6.1</p>	<p>Audit Committee Report</p>
	<p>Sarah Wilton, Chair of the Committee, presented the report and stated that the Committee was pleased to see the number of outstanding internal audit actions reducing. The Committee had considered five internal audit reports, two of which gave limited assurance. These were the Friends and Family Test where current systems were not operating effectively, and Outpatients where an action plan had now been agreed. With regard to counter fraud, the Committee heard that sample testing of qualifications was being undertaken. The Committee had received a report on whistleblowing and would consider an internal audit on Freedom to Speak Up at its next meeting in January. In response to a question from Jenny Higham, the CFO explained that there were no specific problems with staff qualifications; this was an important area to consider and on which there was a national focus. In relation to whistleblowing, the DCA agreed there was a need for greater clarity in the relationship between whistleblowing and Freedom to Speak Up which he and the DHROD were currently considering ahead of the Audit Committee discussion in January. The Board noted the report.</p>
<p>6.2</p>	<p>Board Assurance Framework</p>
	<p>The CN presented the report and stated that there had been no changes to the risk scores from Q1 to Q2 and no deterioration in assurance ratings over this period. However, the assurance rating for Strategic Risk 2 had improved from limited to partial assurance from Q1 to Q2 as a result of the work undertaken through the Elective Care Recovery Programme. The CN noted that new risks related to cardiac surgery had been added to the Divisional and Corporate Risk Registers, which concerned quality, financial and reputational issues. These contributed to the strategic risks on the BAF but had not impacted on the scoring. There was discussion about whether Strategic Risk 5, which had a risk score of 16, was scored appropriately given the Trust's financial position. The CFO observed that there were four distinct elements to SR5 and explained that an average had been taken of the contributing risks in determining the score. The Chairman suggested that given the material changes to the financial forecast, it may be appropriate to increase the score. Action TB.25.10.18/04: Risk score for BAF Strategic Risk 5 to be re-considered by the Finance and Investment Committee at its meeting in November. In light of the Board's recent discussions around culture, the DHROD commented that Strategic Risk 8 – currently scored at 10 – seemed low. There was discussion about whether the risk scoring should be increased but it was agreed that the Workforce and Education Committee should consider this at its next meeting in December and any changes should be brought back to the Board for approval. Action TB.25.10.18/05: Workforce and Education Committee to review Strategic Risk 8 at its meeting in December. A wider discussion followed about the wording of the risks as currently expressed on the BAF, and it was agreed that this should be considered at the forthcoming Board workshop.</p> <p>In terms of the strategic risks reserved to the Board (SR 9, 16, and 17), the Board noted the current risk rating and agreed the assurance ratings and assurance statements. For the remaining risks assigned to Committees, the Board noted the risk score and the assurance</p>

	ratings and statements as agreed by the relevant Committees.
6.3	Board sub-Committee Terms of Reference
	The DCA presented the report, noting that in line with good governance practice work was underway to review the terms of reference of all Board sub-Committees. The changes proposed to the Finance and Investment Committee (FIC) and Audit Committee were minor and had been considered by the respective Committees. It was proposed that all NED-chaired Board sub-Committees, with the exception of the Audit Committee, should include the Trust Chairman as an <i>ex officio</i> member. Subject to adding the DS and DHROD to cast list of regular attendees for FIC, the Board approved the terms of reference.
CLOSING ADMINISTRATION	
7.1	Questions from the Public
	A member of the public asked whether the cardiac surgeon suspended in August was suspended specifically for reasons of patient safety. The Chairman noted that that the surgeon involved was excluded rather than suspended which was an important distinction. The Chairman explained it was not appropriate to go into the details of the surgeon's exclusion in a public forum but she confirmed that the reason was not specifically in relation to patient safety. The DCA read out a question submitted by Hazel Ingram who had praised the care she received at St George's and in particular from the receptionist in the ED. While there were aspects of her care that could have been managed better, overall she was very satisfied with her care.
7.2	Any new risks or issues
	No new risks or issues were identified.
7.3	Any Other Business
	No items were raised.
7.4	Reflection on meeting
	The DDET commented that the room was not conducive to Board meetings, given the low temperature and high levels of noise externally. The DEF stated that he was looking into alternative venues. Ann Beasley welcomed the balance on the agenda between papers concerned with the future direction of the Trust and those concerned with the present. Sarah Wilton commented that the quality of the debate was aided by the fact that the Board papers had been circulated in a timely manner, and the Chairman underscored the importance of papers being submitted on time. In relation to the BAF, the DS commented that this had been a very useful discussion as was the earlier item around culture.
	Patient Story
	The Chairman welcomed Eglionna Treanor, a gastroenterology patient at the Trust, and Mark Soomaroo from the gastroenterology team. Eglionna had suffered for many years with irritable bowel syndrome before diagnosis. On attending the Trust a clinician had commented that she would be taken care of which had greatly reassured her, but she had also had less positive engagement with another clinician and she had lodged a complaint. A response to the complaint was received after four months informing her that the matter had not been addressed as the clinician had left the Trust, which was very disappointing. Eglionna

commented that although her condition stabilised she suffered a relapse at which time it was suggested she would need a colectomy. Her Registrar had requested further blood tests and following treatment with infusions she was currently asymptomatic. It was at this point it was identified that she had been taken off azathioprine when this should not have happened. This was subsequently restarted which had a positive effect. Mark Soomaroo commented on improvements that had been made that would have made Eglionna's admission a better experience. At the request of the Chairman, Mark explained how he would normally deal with a complaint. The MD explained that he would also expect the complaint to be shared with the clinician and a response obtained. The CN acknowledged the communication and other issues identified, such as being wheeled around the hospital backwards, needed to be addressed, as did the issue of why her azathioprine had been stopped. The Chairman commented there were clearly certain areas where Eglionna's experience could have been better and that there had been periods of ineffective communication. The DDET commented he was pleased that the Triple Access Assessment had been used and that there was now an electronic decision outcome which would reduce the length of time for clinic letters to be issued. The Board thanked Eglionna and Mark for sharing their experiences.

Date of next meeting: Thursday 29 November 2018 at 10:00 at Queen Mary Hospital