

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting  
Part 1 (Public)  
Thursday 28 February 2019, 10:00 – 13:30  
H2.6, 2<sup>nd</sup> Floor, Hunter Wing, St George's University of London**

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
Sarah Wilton	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection Prevention & Control	CN
Dr Richard Jennings	Chief Medical Officer	CMO

<b>IN ATTENDANCE</b>		
Harbhajan Brar	Director of Human Resources & Organisational Development	DHROD
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Stephen Jones	Director of Corporate Affairs	DCA
Ellis Pullinger	Chief Operating Officer	COO
Kevin Howell	Director of Estates & Facilities	DEF
Ralph Michell	Head of Strategy (for items 4.1 and 4.2)	HoS
Tom Shearer	Director of Financial Performance / Deputy CFO	DFP

<b>APOLOGIES</b>		
Tim Wright	Non-Executive Director	NED
Andrew Grimshaw	Chief Finance Officer	CFO
Suzanne Marsello	Director of Strategy	DS
Sally Herne	NHSI Improvement Director	NHSI-ID

<b>SECRETARIAT</b>		
Jill Jaratina	Interim Assistant Trust Secretary (Minutes)	IATS
Michael Weaver	Interim Head of Corporate Governance	IHCG

<b>Feedback from Board Visits</b>	
<p>Members of the Board provided feedback on the departments visited which included William Drummond, Neuro Infusion Suite on McKissock Ward, Therapies Outpatients, Lung Function Outpatients, Paul Calvert Theatres, GICU, Anticoagulation Clinic, Renal Offices, Neuro MRI, Bellrock Plant Floor, Psychiatric Liaison Service and Emergency Department.</p> <p>The COO commented that the staff on William Drummond Ward were very enthusiastic and committed. There was good patient management and patients</p>	

were positive about the care they were receiving. On McKissock, staff were positive about their work but highlighted issues around repatriation of patients post-procedure in William Drummond and flow from the ED. Overall, the unit was busy but staff had a positive attitude and were full of energy. One estates issue was flagged, with an air conditioner in the neurology suite currently not working. The Chairman commented that she had never seen so many happy patients and this was very uplifting.

The DDET reported on the visit to Lung Function Outpatients and Therapies Outpatients. One of the Consultants had been very complimentary about the team, saying it was the best he had worked with. There were some estates issues such as holes in the walls and poor drainage, and some rooms used by staff and patients did not have windows. Both areas raised issues about procurement. Infection prevention and control issues had been identified, including the frequency of changing curtains and the ward accreditation team had observed unclean stickers. Staff reported long waiting times and evening clinics were being considered.

The CMO provided feedback on the visit to Paul Calvert Theatres. The CMO observed that staff were generally positive, cheerful and that their knowledge of infection prevention and control measures was impressive. Staff highlighted issues with productivity and felt that efficiency could be improved if they had a dedicated porter. Concerns were also raised that the light covers and taps had dust on them and about the temperature in theatres. Staffing levels were a concern as six members of staff had left recently to join critical care outreach teams. The CMO confirmed that the rate of staff turnover in ITU was well known and the business case to set up a Critical Care Outreach team at the Trust had been completed. The Chairman asked that staff be informed of this to deter them from leaving.

The DCFO provided feedback on the visit to the renal offices where staff had highlighted challenges around transport for dialysis patients. The service was proud it had completed 157 kidney transplants 2018/2019, which was an increase on the 140 transplants the previous year. There were 150 patients on the transplant waiting list and there were issues with staffing shortages. It was noted that a covered walkway was needed to protect patients and staff from adverse weather. The Anticoagulation Unit was impressive albeit the team could benefit from more support. A joint thrombosis unit had been set up which was the first in the country. Sir Norman Williams suggested supporting the team with a Nurse Specialist so that there could be greater concentration on complex work.

Stephen Collier commented on the visit to Neuro MRI, which was a generally well maintained area and the service was observed to be calm, with good patient flow and enthusiastic staff. Neuro MRI had access to 2.5 static and mobile MRIs which were in good condition but were insufficient for the needs of the Trust. The service's "Did Not Attend" (DNA) rate was lower than 5%. Staff turnover was also low. There were highly effective MDT meetings and records were well kept. The CEO commented that the importance of MRI was understood and this would be reflected in the new clinical strategy.

Jenny Higham reported on the visit to the Emergency Department and advised that the Psychiatric Liaison team comprised of two consultants, junior doctors and twenty nurses. It was noted that funding for the two nursing positions was scheduled to end in March 2019 which was disappointing. The CEO advised that these positions were funded by the CCG rather than the Trust. The team reviewed cases of frequent attenders every 72 hours. The team are doing a lot of good work but felt a disconnect between psychiatric liaison and mental health as a whole.

The Board Chairman thanked the Board members for the feedback and assured the

members of the public that actions from visits were reviewed every quarter.		
<b>OPENING ADMINISTRATION</b>		<b>Action</b>
<b>1.1</b>	<b>Welcome, Introductions and apologies</b>	
	The Chairman opened the meeting and noted that Tim Wright, Andrew Grimshaw, Suzanne Marsello and Sally Herne had given their apologies. It was noted that Ralph Michell was deputising for Suzanne Marsello and Tom Shearer for Andrew Grimshaw.	
<b>1.2</b>	<b>Declarations of Interest</b>	
	It was noted that there were no new declarations of interest.	
<b>1.3</b>	<b>Minutes of the meeting held on 31 January 2019</b>	
	The minutes of the meeting held on 31 January 2019 were agreed as an accurate record subject to adding the term “lesbian” to the inclusion workstream on gay, bisexual and transgender referred to in the CEO’s report (point 3, page 3).	
<b>1.4</b>	<b>Action Log and Matters Arising</b>	
	The Board reviewed the action log and agreed to close those actions proposed for closure.	
<b>1.5</b>	<b>Chief Executive Officer’s Update</b>	
	<p>The CEO highlighted a number of areas which had been set out in the CEO report. Earlier in the month, the CEO had met the new London Regional Director for NHS England and NHS Improvement. The relationship with the new regional team would be crucial for the Trust as it continued its improvement journey.</p> <p>The Board had agreed to return to the reporting of referral to treatment (RTT) data at its meeting in January 2019 and performance data for the Tooting site would be published as part of the national performance data release in March. This would then be presented to Board monthly as part of the Integrated Quality and Performance Report. This was a significant landmark for the organisation both in terms of patient safety and enabling the Trust’s clinical and management teams to have confidence in the patient administration systems they used. The CEO noted, however, that there was more work to be done to improve the RTT performance and to progress work to ensure that the Trust could also return to reporting at Queen Mary Hospital.</p> <p>Nevertheless, the progress made to date should not be understated and it was notable that NHS Improvement had referred other providers to the Trust to learn from its work in successfully returning to reporting on RTT. In terms of workforce, the Trust vacancy rate was significantly better than other Trusts in Surrey and outer London. This highlighted that, despite the challenges it faced, the Trust was increasingly becoming a place where</p>	

	<p>people wanted to work. Nonetheless, further work was needed to keep the turnover rate low. The DHROD added that the full report for the staff survey would be presented to the Board at a future meeting but the results had plateaued. The Board noted the report.</p>	
<p><b>QUALITY AND PERFORMANCE</b></p>		
<p><b>2.1</b></p>	<p><b>Quality and Safety Committee Report</b></p>	
	<p>Sir Norman Williams, Chair of the Committee, provided a summary of the key issues and discussions at the meeting held on 21 February 2019:</p> <ul style="list-style-type: none"> <li>• <b>Quality Improvement Plan (QIP):</b> The Committee noted that 12 indicators were demonstrating sustainable performance against target. This trend was continuing and was encouraging. However, 10 indicators were not performing in line with the agreed targets. Two of these related to compliance with timeliness of responding to patient complaints. The Committee heard that the Trust was in the process of recruiting a new complaints team and expected to have staff in place by May 2019. The Committee was clear that the Trust needed to demonstrate the same level of rigour in handling complaints as it had achieved in managing SI investigations.</li> <li>• <b>Trust action plan in response to the Care Quality Commission:</b> The Committee noted improvement in this area. The Trust had commissioned additional training resources in January 2019 to secure progress in achieving the required compliance rate for mandatory training but the Committee expressed concern with performance in the delivery of Basic Life Support training which stood at 70% against a target of 90% compliance. The Committee heard that the Trust was arranging further training to address this.</li> <li>• <b>Cardiac surgery:</b> The Committee had reviewed progress in improving the operation, quality and governance of the service and it was noted that the CMO would provide further details under item 2.3 of the Board's agenda.</li> <li>• <b>Report from Patient Safety and Quality Group:</b> The Committee was disappointed that the Trust's position on the National Cancer Patient Experience Survey 2017 had deteriorated from 106 to 123. However, duty of candour compliance was improving.</li> <li>• <b>Serious Incident thematic review:</b> The Committee noted the decline in the number of serious incidents reported (93 incidents declared in 2018).</li> <li>• <b>Healthwatch Enter and View Reports:</b> The Committee recognised the need to ensure more information and better communication with patients and their carers and noted that key themes identified in the Healthwatch Enter and View Reports triangulated well with the Trust's National Inpatient Survey results.</li> </ul> <p>Sarah Wilton commented on the deterioration in the patient experience survey and asked what was being done to identify improvements. The CN advised that London Trusts as a whole had not performed well in the survey and it would be important to understand this. Patients had highlighted a number of areas that required improvement and some improvements were already evident in waiting times in clinic, access to</p>	

	<p>clear written communication, providing areas to have meetings in private and improving patient confidence in nursing staff. Ann Beasley welcomed the decrease in the number of serious incidents declared and asked how learning had been embedded.</p> <p>The CMO explained that the Trust was committed to embedding learning and there were various ways of achieving this. Particular focus had been given to the themes identified in serious incident panel meetings such as timeliness in detecting deteriorating patients and incidents of avoidable harm. This has been tested in ITU where there was emphasis on holistic care, early treatment and escalation and completion of documentation for patients without mental capacity. The CMO emphasised that, although the number of serious incidents has declined, the Trust could not be complacent and continuously aimed to provide safe care. It was evident that staff took infection prevention seriously but noted that non-compliance by some medical staff had been reported during the January 2019 Board visits. A draft protocol for escalating non-compliance with infection prevention and control by medical staff had been developed. The Board noted the report.</p>	
<p><b>2.2</b></p>	<p><b>Integrated Quality and Performance Report</b></p>	
	<p>The DDET gave an overview of the report. The area of greatest delivery challenge to the Trust remained the issue of emergency flow, where lower than anticipated discharges before Christmas had led to increased bed occupancy and over-congestion in the Emergency Department. While safety had been maintained at all times, physical access to areas for patient assessment and treatment had been constrained. A total of 4,918 patients had left the ED within four hours of arrival in January 2019 and this was an increase compared with the previous year. 77% of the patients had started treatment within 60 minutes of arrival and this was as a result of a model change in the ED. The COO presented performance data and advised that on the day of the cancellations had increased in January but all the patients were rebooked within 28 days. He acknowledged that performance against the Four Hour Operating Standard in January was 84.2%, which was below the monthly improvement trajectory of 90%. He also underscored the observation made by the DDET that attendance in the ED had increased in February and this had resulted in challenges with beds. The Trust had achieved seven of the nationally-mandated cancer standards in December 2018, and was continuing to achieve both the 14 day standard and the 62 day standard. There continued to be a focus on reducing on the day cancellations and on ensuring that all patients were rebooked within 28 days, and this had been achieved in January 2019.</p> <p>Ann Beasley and Jenny Higham agreed that the Trust needed to consider actions to address demand, such as looking at frequent attenders to see if they were known to other authorities. The DDET advised that the Trust was working in partnership with Clinical Commissioning Groups (CCGs) to audit the cohorts of terminally ill patients. The spike in ED attendances had been a problem across London and commissioners were taking steps to address this. A review of frequent attenders for patients with mental health problems had been completed over a five day period and the Trust was working in partnership with South West London and St George's Mental</p>	<p><b>TB28.02.2019/1 COO</b></p>

	<p>Health NHS Trust on this. Sarah Wilton asked for an update on urology. <b>The COO explained that he would provide an oral update on urology at the next Board meeting.</b></p> <p>The CN explained that the Trust had reported two patients with attributable C.difficile in January 2019 and was reporting 27 cases year-to-date which was above the trajectory for the period between April 2018 and January 2019. There had been one Never Event in January 2019. Six SIs had been reported in the same month, with a total of 42 SIs year-to-date. A total of 128 falls were reported in January 2019, of which three patients sustained moderate harm. A falls coordinator was working with divisions to improve falls practice and undertake education and training of staff. In terms of the workforce, the DHROD explained that there had been a seasonal increase in sickness and absence and this had increased agency usage. The software for online appraisals had been purchased and transfer of data would commence at the end of March 2019 with online piloting of in April 2019. The Board noted the report.</p>	
<p><b>2.3</b></p>	<p><b>Cardiac Surgery Update</b></p>	
	<p>The CMO highlighted the key points of the Cardiac Surgery update, which updated the Board on improvements in the operation, quality and governance of the service, the 'dry run' inspection of the service which had been undertaken recently, the progress of the External Mortality Review, and developments in managing the risks previously identified. The CMO advised that a 'dry run' inspection of cardiac surgery had been undertaken on 15 February 2019, led by colleagues from NHS Improvement, NHS England and London Trust staff and chaired by Dr Sean O'Kelly, the Medical Director for Professional Leadership at NHS Improvement. The Trust was now considering the findings and the initial findings were encouraging. The reviewers had identified positive signs of progress in leadership, governance and aspects of culture within the service and there was evidence that staff had taken the findings of the Bewick report and subsequent CQC report seriously and had sought to address the issues identified. The CMO commended the cardiac surgery staff for their engagement as this had paved the way for improvements. The service was continuing to benefit from the leadership of Steve Livesey, Associate Medical Director (Cardiac Surgery), who had joined the Trust as Associate Medical Director and Care Group Lead for cardiac surgery in December 2018. Mr Livesey's appointment had helped improve the service. The Trust also acknowledged that it needed to put in place a long term plans for leadership of the unit given that Mr Livesey had been appointed for a period of one year.</p> <p>The External Mortality Review, which had been established in December 2018, was continuing its work in reviewing all deaths of patients who were under the care of the cardiac surgery unit during the period April 2013 to September 2018. The Review had made good progress and planned to complete its work during 2019. All families of the relatives who had died would be contacted proactively about the review and where the review identified problems in care that had contributed to a death, the Trust would inform the relatives of this and exercise its legal duty of candour. The Trust would also undertake a Serious Incident (SI) investigation where there was strong evidence that poor care had contributed to a death. The Trust was working hard to support the review and was committed to embedding improvements identified.</p>	

	<p>The CMO advised that the review would undoubtedly identify shortcomings in patient care in cardiac surgery and in addition to the distress this would cause to patients' families this would have financial and reputational implications for the Trust. Sir Norman Williams asked whether the Trust had in place adequate legal protection should the review lead to future claims. The DCA advised that this had been considered and should any claims arise as a result of the review these would be covered under the Trust's current CNST insurance. The CN asked about team working within the service and the DHROD responded that the Trust was looking into external support and considering the use of an expert to support the cardiac surgery team with its development. This would be a long-term piece of work focusing on team development. The Board noted the report.</p>	
<b>FINANCE</b>		
<b>3.1</b>	<b>Finance and Investment Committee Report</b>	
	<p>Ann Beasley, Chair of the Committee, highlighted the key messages from the meeting held on 21 February 2019. The repayment for working capital borrowing had been delayed to the next financial year which was being considered as part of the planning for 2019/20. A deep dive on ICT risks had been completed and the Committee had recognised the significant work that was taking place within the department and noted that the situation was generally improving; which had been shown by the reduction in the number of unmitigated risks on the ICT risk register. A health and safety incident relating to a fall had been reported and this was currently under investigation. The Committee had agreed that further work was needed to scope and identify estates risks.</p> <p>The Committee expressed strong concerns around capital expenditure, particularly in relation to the need to mitigate estates risks, and it had asked for assurance that the 2019/20 estates plan could move quickly to address issues once there was clarity around additional capital funding. In terms of financial performance and forecast, the Committee had seen increasing maturity in financial processes and improved grip on finance policies. The improvement in quality and planning were also evident. There was evidence of good cash management. The Board noted the report.</p>	
<b>3.2</b>	<b>Month 10 Finance Report</b>	
	<p>The DCFO introduced the report and informed the Board that the Trust was reporting a pre-Provider Sustainability Fund (PSF) deficit of £46.0m at the end of January 2019, which was £20.3m adverse to plan. Within this position, income was £8.9m adverse to plan and expenditure was overspent by £11.4m. The Trust had planned to deliver £39.4m of CIPs by the end of January 2019 and, to date, £36.1m had been delivered, which was £3.3 behind plan. Capital expenditure of £24.9m had been incurred year to date and this was £2.7m above plan. At the end of Month 10, the Trust's cash balance was £3.6m which was better than plan by £0.6m. The Trust had secured a loan of £7.1m for February and requested £2.5m for March 2019. A total of £21.4m of capital expenditure had been incurred</p>	

	<p>year-to-date, which was £2.7m above plan.</p> <p>Sarah Wilton asked about the reasons driving the medical staffing overspend and for assurance that this would not recur in the next financial year. The DCFO explained that a number of contributory factors had been identified and they included insufficiently robust planning in the current year. Teaching sessions about demand and capacity plans had been conducted and the finance team was in a better position to project expenditure and job planning was now clearer. As a result, the same challenges were not anticipated in 2019/20. In response to a request from Non-Executive Directors, <b>it was agreed that the Trust's run rate should be included in future finance reports.</b></p> <p>The Board noted the Trust's financial performance.</p>	<p>TB28.02.2019/2 CFO</p>
<b>STRATEGY</b>		
4.1	<b>Clinical Strategy Highlight Report</b>	
	<p>The HoS introduced the report which provided an update on the progress in developing the Trust's new clinical strategy. All actions committed to were on plan as at February 2019. A Board seminar covering support services and cancer services had been held on 12 February 2019 and a final Board seminar was planned for March ahead of the Board's scheduled consideration of the strategy at the March Board meeting. A number of engagement events for staff and the public had also taken place during February 2019. The Chairman commented that detailed discussions had taken place at the Board seminars which had been helpful in progressing the strategy.</p> <p>Looking ahead, the CEO highlighted that following the agreement of the new clinical strategy, the Board would need to develop and agree supporting strategies in relation to estates, education and research. Jenny Higham explained that St George's University of London had developed its own research strategy which overlapped with the developing Trust strategy and it would be important to ensure these aligned. Sir Norman Williams agreed and stated the Board needed to have an overview of the two strategies (for the Trust and University). The HoS confirmed that this would be considered. The Board noted the progress in developing the clinical strategy and the identified issues and risks.</p>	
4.2	<b>NHS Long Term Plan</b>	
	<p>The HoS presented the report which set out the main elements of the NHS Long Term Plan which had been published by NHS England and NHS Improvement in January 2019 and its potential implications for the Trust. It was clear that there was an increasing emphasis on collaboration and partnership and that STPs and Integrated Care Systems would grow in significance as for a for decision-making. As the largest Trust in South West London, the Trust would need to play a leadership role in shaping the local health economy. The Trust would also need to finalise its clinical strategy in light of the commitments and priorities set out in the Long Term Plan. Sarah Wilton asked how the Board would have sight of the draft clinical strategy to which the Chairman responded that a Board seminar would be held in March prior to the March Board meeting where the strategy was scheduled to be agreed. The DDET asked the Board to note the outpatients strategy relied on the rollout of Cerner. The Board noted</p>	



	the report.	
<b>WORKFORCE</b>		
<b>5.1</b>	<b>Workforce and Education Committee Report</b>	
	<p>Stephen Collier, Chair of the Committee, reported the key points of discussion at the meeting held on 7 February 2019. He reported that the Committee had recently changed its focus and was placing more emphasis on assurance and relatively less on helping to shape Trust policies. This had helped the Committee move more crisply over a tighter agenda and ensures there was more time available for deeper discussion on the critical issues. A deep dive on medical and non-medical staff appraisals had been completed. The non-medical appraisal rate currently stood at 71.5% and the Committee had heard that the introduction of an upgraded TOTARA system by the end of February would ensure that appraisal data would be captured in real time. The Committee heard that staff sickness absence, which continued to trend between 3% and 4%, was being actively managed within an appropriately focussed policy structure which was known and applied. The Committee had discussed the initial results of the NHS staff survey and there had been an increase in response rate compared with the previous year. Induction arrangements were being reviewed and the Committee had felt the plans were an improvement.</p> <p>There was discussion about Trust policies and it was noted that policies and compliance were a key area of focus for the Audit Committee. The DCA added that this was an area which required improvement. There were approximately 350 Trust-wide policies but a significant number were out of date and this was currently being reviewed. Responsibility for ensuring policies were in date and fit for purpose was devolved across divisions but central coordination was helping to ensure there was greater understanding of the areas which needed improvement. He also highlighted the risks associated with the availability of out of date policies on the Trust's intranet which staff could continue to access. The current intranet required replacement and this would address the issue but the funds to deliver this needed to be identified. The DHROD highlighted that some of the policies required a complete review but the difficulty was that a significant number of policies were being reviewed and some of them were lengthy and it would therefore take time. The Board noted the report.</p>	
<b>5.2</b>	<b>Workforce Race Equality Standard 2018 Report</b>	
	<p>The DHROD presented the NHS Workforce Race Equality Standard (WRES) indicators and key findings that had been published in January 2019. This presented both the national picture and how the Trust was performing in relation to key indicators. Overall, the Trust was beginning to show signs of marginal improvement on most WRES indicators, particularly in relation to recruitment, access to training and composition of the Board. Improvements had been made on six of the eight indicators. However, the data also showed the Trust had a considerable way to go to address race inequalities. This was in line with the position of a number of London Trusts where performance was poorer than the national position and work was underway across London to address this. The DHROD noted that the Trust's new diversity and inclusion strategy had been launched since the period in which the WRES data had been gathered and it was hoped that the strategy would begin to have a positive impact in addressing the ongoing inequalities highlighted in the report.</p>	

	<p>A number of Non-Executive Directors queried the presentation of certain statistics in the report and expressed concern that they could potentially be misinterpreted by staff. This was particularly the case in relation to the data relating to BAME staff who had reported bullying, harassment or abuse in the previous 12 months. This had been presented as 'green' on the basis that the Trust's performance had improved from 33% to 31%. While it was encouraging to see some improvement, the RAG-rating risked implying to staff that the Trust regarded it as acceptable that this was an acceptable level, which was clearly not the case. Likewise, the percentage of BAME staff reporting personal experience of discrimination had improved from 20% to 18%, and while this was presented as green due to the improved performance, almost a fifth of staff reporting such discrimination was unacceptable. Sarah Wilton commented that while the report was factual, it was important to be mindful of the messages the presentation of the data would send to staff. Communicating the message clearly would be key.</p> <p>The DHROD reported the next stage was be to answer the "so what question" as the key issue was the action the Trust was taking to improve its performance and eradicate discrimination, and delivery of the recently launched diversity and inclusion strategy was central to this. The CEO expressed her passion for improving the Trust's position on this issue and informed the Board that she had recently written a staff blog about the importance of tackling discrimination and had received a lot of responses. She was determined to ensure that BAME staff had their voices heard as they made up over 40% of the Trust's workforce. She now chaired the BAME workstream of the diversity and inclusion strategy was keen to use this to drive change. Sir Norman Williams noted that BAME staff were over-represented in local disciplinary cases, serious incident investigations and professional regulation cases. He explained that recognising and tackling unconscious was essential to address this. <b>The Board noted the report and agreed that it would be revised to clarify the presentation of statistics before it was circulated to staff.</b></p>	<p>TB28.02.19/3 DHROD</p>
<p>5.3</p>	<p><b>Gender Pay Gap</b></p>	
	<p>The DHROD presented the report and set out the actions being taken to address gender pay gap. As at 31 March 2018, the gap stood at 13.61% mean and 4.96 median in favour of males. The mean pay gap had decreased since the previous year and had narrowed across most of the Trust's pay grades. However, in the medical pay grades the gap had increased overall; despite a decrease in the gap at consultant level, the gap among doctors in training had increased. Overall, female employees were under-represented in the upper pay quartile and in most of the higher paid payscales, despite the fact that the Trust's workforce was 72% female. The DHROD explained that the Trust was required to publish the report by the end of March 2019. Ann Beasley welcomed the progress reported overall but expressed concern that the report was not sufficiently clear for it to be circulated to staff and suggested that it should be developed further prior to publication. The DHROD agreed to this and therefore requested that the paper be withdrawn. <b>It was agreed that the gender pay gap report would be recirculated to the Board for approval following further development ahead of publication by 31 March 2019.</b></p>	<p>TB28.02.19/4 DHROD</p>

5.4	<b>Ethnicity Pay Gap</b>	
	<p>Introducing the report, the DHRD advised that unlike the gender pay gap report there was no legal obligation to publish ethnicity pay gap report. However, it was felt that it was important to do so. The ethnicity pay gap as at 31 March 2018 was 11.04% mean and 5.77% median in favour of white staff. BAME employees were over-represented in the lower pay quartiles and under-represented in the higher pay quartiles. The DHRD explained that having withdrawn the gender pay gap report to undertake further work to ensure the paper was clear to staff, he would also withdraw the ethnicity pay gap report to further refine this. <b>It was agreed that the ethnicity pay gap report would be recirculated to the Board for approval following further development ahead of publication.</b></p>	<p><b>TB28.02.19/5 DHRD</b></p>
5.5	<b>Guardian of safe working</b>	
	<p>The CMO presented the report which summarised progress in providing assurance that doctors were safely rostered and enabled to work hours that were safe and in compliance with the 2016 terms and conditions of service for doctors in training. It was note that rota gaps had reduced to 46 and that there was active recruitment in most departments. However, trainee doctors continued to submit exception reports, and there had been 56 such reports in quarter 3 2018/19, 47 of which related to working hours and conditions and a further 9 related to lack of opportunity to attending teaching. The Board was also informed that doctors were regularly working outside work schedules in general surgery, acute medicine, and neonatal medicine. Steps had already been taken to change the way in which doctors in training work and were supported in neonatal medicine. Of particular concern was the current additional hours being worked in cardiology due to rota gaps and this would feature in the next report to the Board.</p> <p>Urgent action was required to prevent fines being levied in the coming weeks due to potential breaches of the 48 hour average working week limit. The CMO committed to work with doctors in training and support them to submit their reports on time. The CEO questioned whether general surgery was providing more support to the junior doctors or if the doctors were working hard. The Chairman concluded that although progress was being made, rota gaps were still an issue and the Trust needed to continue to explore ways to improve. She also noted that Dr Serena Haywood had been appointed as the Trust's new Guardian of Safe Working on 1 December 2018. The Board noted the report.</p>	
<b>GOVERNANCE</b>		
6.1	<b>UK withdrawal from the European Union</b>	
	<p>The DCFO introduced the report on the steps being taken by the Trust to prepare for the UK's withdrawal from the European Union which had been requested by the Board at its meeting in January 2019. The Department of Health and Social Care (DHSC) had issued guidance to all Trusts in December 2018 and had held a briefing session with Trust "EU exit" leads on 14 February 2019. This had set out the steps being taken by the Government to mitigate the risks to the effective operation of the NHS supply chain. The CFO had been appointed as the Trust's lead on EU Exit and an internal EU Exit Group had been formed which was satisfied the Trust had addressed, or was in the process of addressing, all of the issues required by the Government. Systems had been put in place across South West London to share medicines in the event that local shortages</p>	

	<p>developed and material lines of supply had been reviewed. All Trusts had been advised not to stockpile goods locally as this would likely distort supply chains. The Trust employed a large number of nationals from other EU member states and was monitoring closely any changes in the workforce. Business continuity plans had been reviewed and the Trust was working through various scenarios provided by the DHSC to test this.</p> <p>Stephen Collier advised that the Trust's Workforce and Education Committee had recently discussed the UK's withdrawal from the EU and had noted that 16% of Trust staff were from other EU member states. Sir Norman Williams commented that in October 2018 he had toured the Trust's cardiac investigations unit and heard that the unit employed a large number of Portuguese clinicians, due in part to the similarities in training with the UK. An EU withdrawal, particularly a 'no deal' withdrawal, could have profound effects on the Trust's workforce especially in teams where there were large numbers of other EU nationals, who felt unsure of their position and status after Brexit. Sir Norman asked whether there was anything further the Trust could do to reassure staff from other EU nation states. The DHROD commented that the Trust had sought to provide as much reassurance as it could within the uncertain national picture. It had previously offered to pay the costs incurred by any member of staff who applied to remain in the UK as part of the EU Settlement Scheme, and had welcomed the Government's decision to lift these charges. The Board noted the report.</p>	
<b>CLOSING ADMINISTRATION</b>		
<b>7.1</b>	<b>Questions from the Public</b>	
	<p>The Chairman invited questions from the public and noted that members of the public had submitted some questions to the Board in advance via e-mail.</p> <p>One member of the public asked how confident the Trust could be in delivering its year end forecast given performance to date, and suggested that the Trust was already in excess of its yearend target. The DCFO explained that this was not the case and that the figures he had cited could not be added together in the way suggested. In relation to a follow-up question on the NHS Long term Plan, the DCFO noted that the Trust was currently working through the implications of this. A further follow up question was asked in relation to the unitary charge for the PFI and who was responsible for it. The DCFO responded that the PFI payment was included in the Trust's expenditure.</p> <p>Another member of the public asked questions relating to the cardiac surgery unit, specifically how the Trust intended to implement the findings of the Hollywood review into behaviours in the unit and the timescales for doing so. She also asked the COO to set out the cost of the locum cover during the December 2017 mediation between members of the cardiac surgery service. In response to the question on the Hollywood review, the CMO explained that the Trust had received the review but had concluded that it did not provide the basis on which to resolve the issues facing the service and would not therefore implement it. This decision had been communicated to the surgeons and had been reported in the Times in December 2018. Instead, the Trust had appointed Steve Livesey as Associate Medical Director for Cardiac Surgery and Care Group Lead to improve the operation, quality and governance of the service, including team working. The COO confirmed that the total costs of the locum cover</p>	

	<p>during the cardiac surgery team mediation in December 2017 was £4,522 and this was for two locum consultants over the course of the two day period.</p> <p>Another member of the public reminded the CMO that she had not received a response to the question she had asked at the Board meeting in January 2019 relating to deaths in radiology related to contrast. The CMO responded that the deaths were not related to the contrast and apologised for not responding previously and assured that he would respond to this question outside of the meeting as he did not have the relevant information to hand.</p> <p>A question was asked about the number of consultations with staff in recent months on team restructures. The DHROD confirmed that the Trust was putting structures in place to get the right outcomes and establish the structures necessary for the long term. He explained that the consultation on payroll was not linked to the year end. In relation to a follow-up question about contractors bidding on domestics, waiting and cleaning services. The DEF explained that the Trust was required to tender for new contracts and the Trust had been open about the process.</p>	
<b>7.2</b>	<b>Any new risks or issues identified</b>	
	There were no new risks or issues to note.	
<b>7.3</b>	<b>Any Other Business</b>	
	No other business was raised.	
<b>CLOSING ADMINISTRATION</b>		
<b>7.4</b>	<b>Reflection on meeting</b>	
	<p>The Chairman invited feedback from the Board and the DHROD led the discussion and commented that the meeting room was good. Some reports required additional assurance and this had been explored during the meeting, and there was a good balance of questions posed by Board members. The DDET suggested that the papers on gender and ethnicity pay should be labelled as draft to avoid confusion as they were now in the public domain. The CMO reflected that there had been a good discussion on performance and quality and pointed out that there was merit in using SPC charts in order to understand small movements in the figures. <b>A date would be identified in April for a Board seminar on the performance and the use of SPC charts.</b></p> <p>The Chairman concluded that, overall, that the quality of paperwork, discussions and challenge had moved on significantly compared with two years ago. Sir Norman Williams and Sarah Wilton concurred.</p>	<b>TB28.02.19/6 DCA</b>
<b>PATIENT STORY</b>		
	<p>Elizabeth Palmer, Director of Governance, presented a video of a patient's sister who relayed her experience of care her brother had received at the Trust the previous year. Her brother had renal carcinoma and was admitted with a severe chest infection in October 2018. They had arrived in ED at 10am and the patient was seen in 10 minutes by triage. The patient was kept in the relative's room as he had a complex medical condition and was seen by the Oncology Registrar at 3pm. He received a diagnosis of pneumonia and was admitted. The patient was in severe pain but access to pain relief was difficult in ED as they said he would get pain relief</p>	

on the ward so the patient did not get pain relief for six hours. The patient was later discharged in the afternoon and re-admitted in another hospital in Manchester. The story highlighted the importance of pain management which was an area identified for improvement and was a priority in the Quality Improvement Programme. It was important that staff understood the importance of dealing with pain and the effect this had on patients.

The CEO commented that when oncology patients attended ED they were seen quickly and asked why there was a delay in being seen on the ward. The CEO also asked about the role of the acute pain nurses as they often complained that they did not receive referrals. The CN explained that the case had demonstrated that despite having specialist teams, clinical areas should manage pain even when patients are outliers. The ward in question usually managed pain well and the Trust had learnt lessons from this experience. The CMO commented that the patient's relative had refrained from making a complaint. However, the Trust should not miss the opportunity to learn as it would with a formal complaint. Cultural issues needed to be addressed and the CN would work with the CMO to address this.

The Chairman asked that when this exercise was completed, feedback be given to the patient and his sister. Sir Norman Williams asked if the Trust could investigate whether this was an isolated incident or whether it suggested there wider problems. **It was agreed that the CN would investigate whether the issues highlighted in the patient story were isolated or raised wider concerns, and this would be presented to a future meeting of the Quality and Safety Committee.**

TB28.02.19/7  
 CN

**Date of next meeting: Thursday 28 March 2019 at St George's Hospital**