

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
In Public (Part One)
Thursday 28 March 2019, 10:00 – 13:30
Board Room H2.6, Second Floor, Hunter Wing, St Georges Hospital**

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Jacqueline Totterdell	Chief Executive Officer	CEO
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection Prevention & Control	CN
Andrew Grimshaw	Chief Finance Officer	CFO
Dr Richard Jennings	Chief Medical Officer	CMO

IN ATTENDANCE		
Ellis Pullinger	Chief Operating Officer	COO
Harbhajan Brar	Director of HR& OD	DHROD
James Friend	Director of Delivery, Efficiency & Transformation	DDET
Kevin Howell	Director of Estates & Facilities	DEF
Stephen Jones	Director of Corporate Affairs	DCA
Suzanne Marsello	Director of Strategy	DS
Sally Herne	NHSI Improvement Director	NHSI-ID

APOLOGIES		
Sarah Wilton	Non-Executive Director	NED

SECRETARIAT		
Michael Weaver	Interim Head of Corporate Governance (Minutes)	IHoCG

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<p>Feedback from Board Visits Members of the Board provided feedback on the departments visited which included Dalby Ward, Herberden Ward, McKisson Ward, Brodie Ward, Champneys Ward, Gordon Smith, Jungle Ward, PICU, Gray Ward, Vernon Ward, Estates Office, Jasmin Annex, FMU and Acute Gynaecology Unit.</p> <p>The DS reported that staff on Dalby Ward were enthusiastic, engaged and caring and the ward felt calm but staff reported patchy iClip network coverage. Herberden Ward, currently accredited as silver, was one of only 200 wards nationally to have received the Royal College of Psychiatrists quality mark award for being dementia friendly. The biggest risk was controlling the ambient temperature, which could be very high particularly in the summer.</p>	

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<p>Staff were proud of the contribution of their three dementia volunteers, one of whom had worked on the ward for 15 years, and volunteers were seen as part of the multidisciplinary team. A consultant geriatrician had devised a new delirium assessment on iClip and was keen to see it used consistently.</p> <p>Following the visits to McKissock and Brodie Wards, the DEF reported that he would return to Brodie Ward to discuss utilisation of space and the use of balconies for ongoing care. Ann Beasley reported it was great to see how staff had embraced the use of Quality Improvement (QI) initiatives to create a culture of continuous improvement and this was important if the Trust was to improve significantly its CQC rating. The CEO commented that McKissock Ward was not the optimum size to allow for efficiency and flexibility, but she had been impressed with how staff had embraced and implemented a QI approach in order to drive continuous improvement.</p> <p>The COO reported that on Gordon Smith there was an evident focus on the use of safe staffing. The oncology ambulatory unit had seen referral rates double over the last 12 months and the challenge now was how the unit could be staffed 24 hours a day, seven days a week, with one staff member reporting that they had worked 80 hours in the past week. Sir Norman Williams also highlighted problems with escorting patients when they visited the Royal Marsden. On Champneys Ward, patients had been complimentary about the service. One ongoing issue was the need to have a sluice in that area. A reduction in beds had also been a problem. The CEO reported that she had recently visited both wards and understood concerns in relation to staff working extra hours and advised that this would be looked at.</p> <p>The CN reported that staff on Jungle Ward had been informed during the visit that they would receive their clinical accreditation visit within the next half an hour. The biggest challenge for the unit was space hence staff had to be creative to provide the care needed. There were no vacancies, morale on the unit was good and staff worked as a multi-disciplinary professional team. Staff wanted the Board to note the work of Zed, a member of the domestic staff and Barbara the Ward Clerk, who were essential members of the team. In the Paediatric Intensive Care Unit (PICU), the CN commented that the unit was the lead centre for cancer, working closely with the Royal Marsden. It was busy but calm and staff were enthusiastic. One issue reported was the location of the four beds in the Paediatric step-down unit on the fifth floor which caused some problems for the unit.</p> <p>Jenny Higham observed that the visit to Gray Ward had identified similar themes to other visits. Gray Ward was seeking to achieve gold accreditation and was working to improve standards of documentation and addressing issues with the implementation of iClip. Vernon Ward was clean and tidy with a stable staff base. The Penile Cancer Service on Vernon Ward was a national specialist cancer service and a recognised centre of excellence. The ward had empowered staff to work as a team. Issues common to both wards were pre-11.00 a.m. discharges, the management of documentation, access to medical staff, discharges and medication on discharge.</p> <p>Stephen Collier reported that new boiler plant was very impressive and was making a real contribution to the Trust's Cost Improvement Plan (CIP). There were issues of legacy practice elsewhere that needed to be addressed with some processes regarded as overly bureaucratic. The team were working to adopt a more proactive approach. With the support of the DEF the team are working to implement a system of Planned Preventative Maintenance. Jasmin Annex was a busy unit with happy</p>	

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<p>staff. The Trust was undertaking a deep dive into carriage costs following concerns the Trust may be being overcharged for the delivery of items to the Trust.</p> <p>Members of the Board had also received feedback from some members of staff on plans to outsource the payroll service, the consultation on which was currently underway. Tim Wright reported that 25,000 patients visited the Fetal Medicine Unit (FMU) per year and the Trust received referrals from across the south of England. The unit had a very calm environment with a very efficient patient flow. The unit lacked sufficient space for patient consultation which was particularly difficult when staff had to hold sensitive conversations. The Trust was one of the biggest recruiters of patients into research and over 3,500 women had signed up for the obstetrics and reproductive health research programme. The CMO reported that staff had said that the Friends and Family Test feedback would improve considerably if the unit had four tablet devices and the CN confirmed that these would be delivered later that day.</p> <p>The Chairman thanked members of the Board for their feedback on the visits, which had provided rich detail, but asked that future feedback be concise and focused to ensure the formal Board meeting could start on time.</p>	
OPENING ADMINISTRATION	
1.1	Welcome, Introductions and apologies
	The Chairman opened the meeting and welcomed everyone to the meeting. She explained that Sarah Wilton had apologised and would be joining the meeting as soon as she could.
1.2	Declarations of Interest
	The DCA explained that all members of the Board had been asked to update their interests in line with the requirements of the guidance issued by NHS England. The Register of Interests for Board Members would be published on the Trust's website and the Register would be included in the papers for each Board meeting in order to ensure transparency and provide an opportunity for updating interests and declaring any conflicts of interest in a timely fashion. Members of the Trust's Council of Governors had also been asked to complete Declarations of Interest forms. The Board noted the revised Declarations of Interest. It was noted that there were no new declarations of interest.
1.3	Minutes of the meeting held on 28 February 2019
	The minutes of the meeting held on 28 February 2019 were agreed as an accurate record subject to a minor amendment to Section 2.3 to include Steve Livesey's title as Associate Medical Director – Cardiac Surgery.
1.4	Action Log and Matters Arising
	<p>The Board reviewed the action log and agreed to close the actions proposed for closure, noting that the reports on the gender pay gap and the ethnicity pay gap had been approved on circulation and would be published on the Trust's website later that day, and a Board seminar on performance reporting had been confirmed for 23 April 2019. In relation to the open items on the action log, the Board noted the following updates:</p> <ul style="list-style-type: none"> • TB.31.01.2019/03 Board Assurance Framework (BAF): Action due to be reported on the Trust Board meeting in Public on 25 April 2019.

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<ul style="list-style-type: none"> • TB.28.02.2019/1 Urology: The COO noted the update requested was in relation to cystoscopy and neurodynamics and a further action to take a recovery plan through Trust Executive Committee (TEC) and Finance and Investment Committee (FIC). With reference to the performance scorecard, cystoscopy was reported to be back within the long-term tolerance and although there has been a 2% improvement in neurodynamics performance on the previous month it remained an area of concern. The COO agreed to bring a report back to a future meeting of the Board. • TB.28.02.2019/2 Month 10 Finance Report: It had been agreed that the Trust's run rate should be included in future finance reports and it was noted that this information had been circulated to Board members the evening before Board. The Board agreed that on the basis that the information would be in the report in future the action could be closed. • TB.28.02.19/3 Workforce Race Equality Standard 2018 Report: The DHROD confirmed the report had been revised to clarify the presentation of statistics as discussed at the February 2019 meeting and the Board agreed to close the action. • TB.28.02.19/7 Patient Story: The CN was currently investigating whether the issues highlighted in the story were isolated or raised wider concerns, and the results of this would be presented to a future meeting of the Quality and Safety Committee. 	
<p>1.5 Chief Executive Officer's Update</p>	
<p>The CEO provided an update on the following issues:</p> <ul style="list-style-type: none"> • Subject to its approval by the Board at its private meeting later that day, the Trust planned to launch its new clinical strategy for 2019-2024 on 23 April 2019. In developing the strategy the Trust had engaged with over 500 staff and patients over the last nine months, and had held nine dedicated engagement events for the public, 15 events for staff and two events of diverse groups of patients, staff and wider stakeholders. The Trust had also held meetings with GPs, patient groups, trade unions and clinical and managerial leadership teams. The strategy would be widely communicated to staff, stakeholders and patients. Feedback from the Board visits earlier that morning suggested that staff increasingly felt that the Trust was moving away from being reactive to having more of a sense of direction and a plan which was encouraging. The new strategy would provide further certainty. • Over 200 people had been put forward for the second St George's Hero Awards to be held on 16 May 2019, which would once again be supported and organised by the St George's Hospital Charity. The shortlisted nominees had now been announced and the Trust was delighted that TV personality, Lorraine Kelly, had agreed to compere and present the awards. • An eight year old girl had suffered a stroke whilst attending a dancing class. Seven months later, after being in PICU for three days and seven weeks on Nicholls Ward, as well as a period of intensive rehabilitation, 	

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<p>Issy has returned to dance classes. The CEO paid tribute to the patient and staff working in Children's services and PICU.</p> <p>Ann Beasley congratulated the Trust on its new clinical strategy for 2019-2024, noting that this was an excellent piece of work. The Trust Board noted the report.</p>	
QUALITY AND PERFORMANCE	
2.1 Quality and Safety Committee Report	
<p>Sir Norman Williams, Committee Chair, highlighted the key messages from the meeting held on 21 March 2019. The Committee challenged the Executive to set out when the Trust would achieve the necessary improvements in responding to complaints in a timely way. It had been told that by September 2019 measures would be in place to ensure improvements in performance. Of the 83 actions identified in response to the Care Quality Commission (CQC) inspection, 1 Red and 5 Amber would not be delivered by 31 March 2019. These 6 actions would continue to be addressed as part of the Trust's ongoing quality improvement plan. The Trust had previously reported a Serious Incident involving a reported failure in ventilation on McEntee Ward. All members of staff had been screened and all results received to date had been reported as negative. As at 28 March 2019, there had been a total of 31 cases of <i>C. Difficile</i> against an annual threshold for 2018/19 of 30 cases.</p> <p>The Committee noted a report of legionella on one of the Trusts wards. The patient had been transferred as an inpatient from another hospital. The patient was reported as stable and further tests to identify the exact strain of legionella are underway. The response rate for Friends and Family Test (FFT) in the Emergency Department (ED) in February 2019 was reported as 20%. The FFT response rate for Maternity Services was 4%, compared with a national response rate in this area of 15%. The Committee discussed a number of ways in which the Trust could improve its performance. The Committee questioned the clarity of the quality section of the Annual Plan. The Committee Chair had sought assurance that the narrative was consistent with what would be reported in the Quality Account.</p> <p>The Committee questioned the risk rating for Strategic Risk 4 (SR4) and heard that the strategic risks were being reviewed for 2019/20 and links between SR4 and the strategic risks that recognise the importance of the wider external relationships would be made and the risk score reviewed. Sir Norman Williams also said that the Trust had a well-established transitional care service on the post-natal ward that supported a programme of work to prevent Term Admissions into Neonatal Units. The Trust performed well with a rate of term admissions into the neonatal unit in 2017/18 of 2.75% compared with the national target of <6%. The Committee commended the Trust's performance.</p> <p>The Chairman thanked Sir Norman Williams for his report. The CN asked the Board to note that in 2017/18 the Trust threshold for <i>C.Difficile</i> was 31 cases and the Trust reported 30 cases. In 2018/19 the threshold for <i>C.Difficile</i> was 30 cases and as at the 28 March the Trust has reported 31 cases. In relation to the response rate for Friends and Family Test (FFT) in Maternity Services, the CN commented that, as discussed earlier in the meeting, the Trust would issue four electronic tablets and hoped to see an improvement in feedback.</p>	

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<p>The Trust had 56 different LocSSIPs for non-theatre areas. Improving compliance is a priority however the Trust also needs to ensure it has the right audit tool for every single LocSSIPs. The CEO noted that whilst it was important for the Trust to achieve compliance with 25 and 40 working day complaint responses it was important not to put all the focus on the Trust's complaints team. The organisation needed to change the way it responds to complaints and consider how it acted to resolve complaints more quickly.</p> <p>The Board noted the report.</p>	
<p>2.2 Integrated Quality and Performance Report (IQPR)</p>	
<p>The DDET gave an overview of the report. On the Balanced Scorecard, the activity summary was previously reported as red and at Month 11 was now amber. The Trust would deliver the expected level of activity for outpatients but it was 279 behind for its non-elective discharges for the year. As reported at the Finance and Investment Committee on 21 March 2019, the monthly activity return submitted to NHS Improvement (NHSI) had included positive performance against activity targets in elective and day case areas in February 2019. The Trust had started the roll out of text message reminders for the FFT with circa. 6,000 text reminders being issued each week. The CN reported the <i>C.Difficile</i> threshold for 2019/20 would be 48 cases. There were some changes in the way <i>C.Difficile</i> cases were going to be recorded. With reference to the Quality section, mortality and readmissions, the CMO reported on a high level of scrutiny and discussion at a recent meeting of the Mortality Monitoring Committee.</p> <p>Sir Norman Williams asked the Board to note that NEDs had requested to receive more detail about of mortality at weekends and that this be set out in a formal report. The CMO stated that such a report would be brought to the Quality and Safety Committee in May 2019. Tim Wright noted outpatient productivity (attendance per day) was reported as green on the Balanced Scorecard but on page 8 of the report there were several directorates reported as red. The DDET explained that the differences were due to data catch-up. The Balanced Scorecard rating is informed by the variance column on page 8 of the report. Overall the Trust had done 2.6% more first outpatient attendances per working day in 2018/19 year compared to 2017/18. The CEO noted that in 2019/20 the Trust would enter into a different financial arrangement that supported changes to the model of outpatients. This would require the Trust to change how it reported performance. The CFO reported that the Trust was beginning to see changes in the contractual arrangements which were moving away from a transactional-based funding mechanism to a block-based funding mechanism.</p> <p>The COO asked the Board to note the Trust had reported its referral to treatment (RTT) performance data for January 2019 for the Tooting site which was 85.5%. This was ahead of the Trust's internal trajectory but below the national target of 92%. The COO asked the Board to note there was a technical error when the January data was uploaded to NHS Digital and so there was an incorrect position shown publically. As part of the February position there would be a contract note confirming the error and the action that was being taken to correct this. The Trust had strengthened its own internal processes to ensure no such error can occur again. With reference to on the day cancellations for non-clinical reasons, the COO asked the Board to note there had been an increase in such cases. Whilst this was</p>	

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<p>disappointing, 97.3% of patients were rebooked within 28 days. The Trust had met six of the seven Cancer standards in the month of January 2019 and was continuing to achieve both the 14 day standard and 62 day standard. However, the Trust would not be complaint with the 62 day standard in February 2019. A number of operations were cancelled as a consequence of operational pressures and the COO asked the Board to note the Trust's apologies to those patients affected by these cancellations. The Chairman commented on the Trust's performance in relation to the emergency department (ED). The COO noted the continued challenge associated with ED performance, especially when the Department was receiving more than 30 attendances in an hour.</p> <p>The DHROD reported an improved position in relation to the Trust's vacancy rate. This continued to be below the target in the month of February, reporting 9.3% against a Trust target of 10%. The key focus for 2019/20 was on turnover as the Trust was losing a considerable number of its staff on an annual basis. The Trust would be reporting consultant appraisal figures from April 2019. The percentage of consultant appraisal currently stands at 83%. The Trust was looking at a reduction of Agency Spend of £15m in 2019/20. The Trust had reviewed medical pay rates and was looking to review the potential impact on activity should there be a reduction in agency spend. The Trust was also reviewing the level of spend on interims in the Trust. This included a line by line review of end dates and the rationale for any extensions.</p> <p>The Board noted the report.</p>	
<p>2.3 Cardiac Surgery Update</p>	
<p>The CMO introduced the paper which provided an update on the work being undertaken to improve the cardiac surgery unit. The CMO explained that a 'dry run' CQC inspection (facilitated by NHSI) has been completed and gave the Trust some positive feedback around progress in leadership and governance in cardiac surgery. The quality summit on 14 March and the Independent Scrutiny Panel on 20 March had recognised that the Trust had made progress with governance in cardiac surgery. The Trust continued to monitor patient safety in cardiac surgery and remained confident that services were currently safe. Findings from the external mortality review of patient deaths between April 2013 and September 2018, which had been commissioned by NHSI in December 2018, continued. Its emerging findings would be triangulated with findings from the 'dry run' CQC inspection. Although the mortality review was a retrospective process, the Trust had been asked by NHSI to consider whether any findings or themes from the retrospective review are relevant to current patient safety.</p> <p>The 'dry run' CQC inspection and the external review had both highlighted the issue around clarity of documentation, note keeping and communication, particularly communication through notes. The Trust had put in place a series of contemporaneous rolling audits for note keeping and consent processes in cardiac surgery. The CMO explained that the findings from the 'dry run' CQC inspection and external review should give the Board assurance that the service was currently safe. There continued to be three extreme risks on the risk register. The Trust recognised that it has the same team in cardiac surgery as before and it could not be complacent about issues around team culture and behaviours.</p>	

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<p>The Trust Board noted the update on progress being made in Cardiac Surgery.</p>	
<p>QUALITY AND PERFORMANCE</p>	
<p>2.4 Quality Improvement Academy Update</p>	
<p>The DDET introduced a paper that highlighted some of the larger elements of the Quality Improvement Academy's (QIA) current activities and the key themes that will inform its work over the coming year. The earlier discussion following the Board visits served to highlight just how much Quality Improvement (QI) work was going on in the Trust. Nurses, doctors and managers were now routinely using the Plan Do Study Act (PDSA) approach. The DDET had great hopes for the momentum that was building and with the support of the CN and CMO there was much that could be achieved in the year ahead. The staff survey results were a real catalyst for the QIA team. With a rising levels of demand and expectations from across the Trust, the team had created a high level transformation plan for 2019 and started engagement with senior leaders to set in place the conditions to extend the reach and impact of QI. At the end of March, the team would acquire additional resource from the current planned care programme and work was underway to agree where and how best to deploy the new team members.</p> <p>The CEO asked how quickly the QIA programme could progress whilst ensuring that progress was sustainable and change embedded. The Trust was working to learn lessons from the RTT recovery programme. Operational leadership was key and a multi-disciplinary approach essential. Imposing QI initiatives did not work and the vision for the next year was to improve the clarity of QI priorities at service level. The CMO agreed that imposing QI priorities or projects would not work. The paper demonstrated how much work had been done to get the organisation ready to undertake QI at scale. The vision for the future should be an increase in focus and clarity about what the Trust's QI priorities were, not only as an organisation but also department by department, care group by care group. There are structured ways through which the Trust could achieve that. For example, Getting it Right First Time (GIRFT) visits offered the opportunity to identify quality improvement priorities for the next year or even the next five years. In a years' time, it should be possible to ask any Board member or member of staff what the top three Trust QI priorities were and to get a consistent answer.</p> <p>Sir Norman Williams commented that he served on the programme board for Getting it Right First Time (GIRFT) and was familiar with the programme and it was a powerful tool. But it was also important that progress be sustained without an external group coming back to make sure people were improving. The Trust needed to demonstrate how it would sustain progress with QI initiatives without regular external scrutiny. The DDET reported that the Model Hospital Team had launched the GIRFT indicators in General Surgery. The Trust now had national benchmarking on a monthly basis against its GIRFT indicators and that could be used to report into the quality improvement dashboard. The CMO agreed with Sir Norman Williams that the Trust needed to own the GIRFT outputs, and commented that it should be possible to distil the GIRFT reports into a few key priorities visible to the Quality and Safety Committee and the Board. The DHROD reported on the launch of the Enhanced Leadership Programme which tied in with QI and ensured that new managers were aware of the QI focus. The CEO spoke of</p>	

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	<p>the need to balance some of the efficiency that the GIRFT team brought alongside other quality outcome measures. The Acute Provider Collaborative had agreed to look at five specialties across the four trusts using GIRFT to drive change.</p> <p>The Board noted the intentions and progress of the Quality Improvement Academy to date.</p>	
FINANCE		
3.1	Finance and Investment Committee (FIC) Report	
	<p>Ann Beasley, Committee Chair, highlighted the key issues from the meeting held on 21 March 2019. Members of FIC reflected on how far the Trust had come over the last two years. The Trust had a better understanding of its financial position as well as of the strategic risks facing the organisation. The FIC had undertaken a deep dive into estates risks at its March 2019 meeting. This included a discussion of risks in relation to water safety. The mitigations in place for maintaining water safety were still fragile and were heavily dependent on individuals undertaking checks. The Committee had discussed RTT and noted the huge amount of work undertaken to return the Trust to national reporting for the Tooting site. It had been disappointing to be informed of a technical error when the January data was uploaded to NHS Digital however the fact that it was brought to the attention of the Committee and discussed in a respectful and challenging way said a lot about how the culture in the organisation had changed. Whilst the Trust had not achieved its activity plan for the year, it had developed a credible plan for 2019/20. The Committee had also agreed it would undertake its annual review of its effectiveness before the April 2019 meeting.</p> <p>The Trust Board noted the report.</p>	
3.2	Month 11 Finance Report	
	<p>The CFO explained that the Trust was reporting a Pre-Provider Sustainability Fund (PSF) deficit of £51.8m at the end of February 2019 which is £22.9m adverse to plan. Within the position, income was adverse to plan by £10.1m, and expenditure was overspent by £12.8m. The Trust remained on track to achieve the forecast position.</p> <p>Since the last report, the Trust had agreed a year end settlement with its main commissioners which gave the Trust a degree of security as it approached the year end. That agreement was consistent with the forecast position. The Trust continued to spend capital and was delivering in the way as forecast. The cash position remained challenging but was being closely managed. The Trust was not expecting any major issues or challenges over the next three days. The Board noted the Trust's financial performance to date.</p>	
STRATEGY		
4.1	Clinical Strategy Highlight Report	
	<p>The DS introduced the regular report which sets out the progress in developing the new Trust clinical strategy. A Board Seminar on the strategy had been held on 21 March 2019 and the Board would consider at its private meeting later today the full draft strategy. Subject to Board approval, the intention was to launch the new strategy on 23 April 2019. Communication</p>	

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	had been a key focus and work was underway to ensure that the strategy was communicated effectively to staff, patients, and key stakeholders. With the completion of the drafting of the strategy, there would be no further clinical strategy highlight reports presented to the Board. However, arrangements would be needed for reporting on implementation of the strategy. The Trust Board noted the progress reported and the identified issues and risks.	
4.2	Corporate Objectives 2019/20	
	<p>The DS introduced the report which sets out the proposed corporate objectives for 2019/20. Since the initial discussions at Board in January 2019, further work had been undertaken to ensure the priorities were sufficiently focussed around a smaller number of key priorities aligned to the strategic objectives. The Trust Executive Committee had considered a revised set of objectives on 13 and 20 March 2019 and the Council of Governors had reviewed these at its meeting on 26 March 2019. Each Director and the CEO had signed up to the objectives for 2019/20. The objectives would be triangulated with the final revised Board Assurance Framework and Strategic Risks, once agreed. The CEO reported this was the first year the Trust had focused on a set of corporate objectives. The Trust also recognised the need to focus on fewer, and more strategic priorities. The Trust had launched a Clinical Governance review and the CEO noted that this should be incorporated into the corporate objectives.</p> <p>The Trust Board considered the proposed corporate objectives for 2019/20 and associated milestones and deliverables, and approved the objectives subject to the addition of the work in relation to the Clinical Governance Review.</p>	TB28.02.19/8 DS
GOVERNANCE		
5.1	United Kingdom (UK) withdrawal from the European Union	
	<p>The CFO introduced the report which provided a summary of the key actions being taken to address issues that may result from a “no deal” exit from the European Union (EU). He added that the Trust was as prepared as it could be given the ongoing uncertainty. The Trust had not experienced any issues with supplies to date that could be attributed to Brexit and was monitoring the situation closely. Plans continue to be developed. To date no material risks had been identified, although the high level of uncertainty about what may happen made providing complete assurance difficult. Sir Norman Williams emphasised the potential workforce implications of Brexit, noting that there were a large number of other EU nationals working for the Trust, and that this was concentrated in some services. The DHRD responded, noting that the Trust was monitoring the turnover of EU staff closely. At present, the Trust was not seeing a higher level of turnover for other EU staff. Approximately 11% of Trust staff were from another EU country. In one or two areas, up to 40% of the staff were from other EU member states. The CFO stated workforce issues were likely to impact in three to nine months’ time. This was an area for ongoing monitoring regardless of the outcome. The Board noted the actions being taken.</p>	
CLOSING ADMINISTRATION		
6.1	Questions from the public	

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<p>The Chairman invited questions from the public. A member of the public asked a number of questions about the Trust's cardiac surgery service. In relation to the Hollywood review of behaviours within the unit which had not been implemented, she asked why the Trust had not re-briefed Ms Hollywood on the Trust's expectations, why she had not been asked to revise her report, and why the Trust had funded the review if it had not provided the resolution expected. She suggested that the reason the Trust had not taken forward the review was because it had not provided the response the Trust wanted. She further asked about what the Hollywood review had concluded regarding allegations of bullying within the unit. In addition, she asked why if the Hollywood review had not solved the behavioural issues within the unit the Trust was now employing the services of a mediator. She asked the Trust to confirm the costs of the ongoing High Court action. She also asked whether a succession plan had been put in place for the leadership of the unit given the recommendation in the Bewick report to put such a plan in place within two months.</p> <p>The Chairman thanked the member of public for her question and invited the CMO to provide a response. The CMO explained that the issues affecting the cardiac surgery unit dated back more than a decade. Resolving the dysfunction within the unit would take time, and the steps the Trust was taking to improve teamwork, build better relationships, introduce better governance, and enhance safety were all processes that by definition would not yield instant results. The behavioural issues within the unit had not been solved by Mr Livesey's appointment as Associate Medical Director for the service but he had made a huge contribution to the strengthening of governance, safety and of the team. The Trust had appointed an individual to work with and help develop the cardiac surgical team, and provide pastoral attention and support. It was entirely appropriate to provide this to the team.</p> <p>The Trust had been completely transparent about the cost impact of the issues affecting the cardiac surgery unit. By far the biggest cost impact was the reduction in workload and the resultant loss in income. There were also costs associated with the Trust's attempts to resolve the issues within the service and the Trust had likewise been transparent about this. It would not be appropriate for the Trust to comment publicly on issues regarding ongoing legal action. In relation to the leadership of and succession within the unit, the Chairman stated that the appointment of Mr Livesey was a key part of addressing the issues highlighted in the Bewick report, ensuring the unit had the leadership it needed to improve governance, safety and team working.</p>	
<p>6.2 Any other risks or issues identified</p>	
<p>There were no new risks or issues to note.</p>	
<p>6.3 Any Other Business</p>	
<p>No other business was raised.</p>	
<p>6.4 Reflections on the meeting</p>	
<p>The Chairman invited Tim Wright to lead reflections on the meeting. He reported the meeting had been held in a much better room which had aided the Board's discussions. Feedback from the Board visits was a powerful piece of grounding for the Board. He suggested that the Board had greater confidence in its understanding of the Trust's financial position but said more work was needed in relation to quality where more clarity was needed on</p>	

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<p>some of the underlying causes of the issues affecting quality. The Balanced Scorecard in the IQPR was showing more green and this was encouraging. On culture change, Tim Wright observed that the Board had not explicitly talked about it that morning but it permeated all of the different discussions, and was particularly noticeable in relation to the conversations about quality improvement and queried whether the Trust could replicate some of the exemplars that it was starting to see to other areas and share good practice. Tim Wright commented that the Board was in a much improved place with regard to its understanding of estates risks and of the fragility of the mitigations in place to manage these.</p> <p>Addressing the issue of quality raised by Tim Wright, Sir Norman Williams commented that the Quality and Safety Committee had discussed its forward plan and would be reinstating regular deep dives into areas of concern. The DCA had developed a plan for reviewing the Committee's effectiveness and along with the Clinical Governance Review it was hoped these measures would begin to offer more clarity on matters in relation to Quality and Safety. Stephen Collier suggested that the issues identified during the Board visits were in many cases systemic and the Board needed to be confident they were being addressed. He also observed that a lot of work was done in committee but that this was not always visible and suggested that the minutes of Board Committees should be included in the papers for Board meetings. The DHROD noted that the Trust was beginning to have conversations about cultural change and was developing plans for a change programme. The CEO asked the Board to consider how much it could step away from transactional business in order to spend at least 20 to 30% of its time on culture.</p> <p>The CN commented that the Trust was putting all its ward managers through a leadership programme and the second cohort had just been completed.</p> <p>The Chairman thanked the CN for her update and asked the CN to bring one of the leadership programme presentations to Board. The Chairman also welcomed what had been a very thoughtful discussion about how the Board should progress to the next stage of development. The Chairman agreed with comments made by Tim Wright in relation to feedback from Board visits but suggested that feedback from Board members could be more analytical rather than descriptive. The Chairman noted the Board progressed through the agenda rather expeditiously because so much work had been undertaken at Board Committee level. It is however the responsibility of the Board to demonstrate publically what has been discussed and agreed at Board Committee level. The Board could give consideration to including Board Committee minutes in the Board pack.</p>	<p>TB28.02. 19/9 CN</p> <p>TB28.02. 19/10 DCA</p>
STAFF STORY	
<p>The Chairman welcomed Dr Penny Neild, consultant gastroenterologist, who was invited to attend today's meeting to discuss her work on the Clinical Assessment Service (CAS). Dr Neild explained that she had attended a "Future of outpatients engagement meeting" in March 2017 which had highlighted the need for a fundamental change in approach which started with asking the patients what they wanted, what was going wrong for them, and what could be changed. A month later she had attended a Gastroenterology Council away day where she heard of the work of the gastroenterology team at the Royal Wolverhampton Hospital that introduced a Clinical Assessment Service (CAS) to streamline the patient's pathway in 2014. Having learnt of the success of the programme at Wolverhampton, the</p>	

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<p>Trust decided to undertake a Retrospective Referrals Audit and from January and February 2017 a random sample of 99 referrals were selected. The Gastroenterologists reviewed the referrals as if they were undertaking a CAS and the outcome of the decision made was then compared against the patient's actual pathway. The results of the Audit indicated the majority of investigations selected in the CAS audit were the same as the investigations ordered in the face to face appointment. Of note was that 7 of the 99 patients did not attend (DNA) their face-to-face appointment and 15 patients were 'lost' without further follow up appointments booked. The average number of days from referral to first follow up appointment, after investigations, was 205 days (the range was between 13 and 438). The results indicated that patients had to wait considerable time and attend several outpatient appointments before they got anything meaningful from the Trust.</p> <p>At the beginning of February 2018, the Trust had started a process of consultation with a range of stakeholders including GPs, patients and patient representatives. For Phase One, a process was tested with a sample of patients and the learning from that exercise was incorporated into a second phase of work in October 2018 when the programme acquired a pathway coordinator and later on a clinical nurse specialist. This made a huge difference to the efficiency of the service in terms of the number of patients that could be seen. The service was safe, no patients were lost, the patients had someone to talk to and as soon as investigations were completed they could be reviewed and acted on. Eight General Practices took part in phase two. Dr Neild reported patient and GP feedback and CAS findings so far and presented a summary of two case studies that compared the current pathway and the CAS pathway that illustrated the impact of the CAS pathway in terms reducing the number of attendances at outpatients and reducing the time from referral to diagnosis.</p>	
<p>STAFF STORY</p> <p>In April 2019 the Trust would issue a patient and GP survey and this would be followed up by a series of focus groups. The plan in Quarter 1 2019/20 was to receive business case approval, undertake an evaluation of the testing phase and develop a testing model for patients with access issues. In Quarter 4 2019/20 the plan was to roll out CAS across gastroenterology. Dr Neild set out the reasons for why CAS has worked so far that included leadership, support from the transformation team to help build relationships and reduce barriers to change and a collaborative multidisciplinary team with a 'can do' attitude. Models of care were built iteratively with an eye on what was needed for the next stage. The programme had involved detailed data collection for analysis and to reassure the team (and wider stakeholders) the programme was on the right track. Dr Neild set out the areas where the programme needs senior support, sponsorship and resources.</p> <p>Stephen Collier asked why patients were sent letters when there are other ways to contact them. Sir Norman Williams asked to know how the programme would educate colleagues, GPs and other stakeholders, and asked what lessons had been learnt to date. Dr Neild replied that GPs had been worried there would be more work for them as a result of the process, but this was not the case and people were beginning to see the benefits. The DDET expressed his thanks on behalf of the transformation team for what had been achieved by the Gastroenterology team. The CMO asked to know whether the lessons learnt could be applied to other specialties and if this was done at scale whether it could transform outpatient care and even some inpatient admission decisions. Dr Neild said she believed it could. The Chairman asked the executive whether support for the programme has been built into Trust's plans in 2019/20. The CFO confirmed there was resource to support this</p>	

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initiative.	
On behalf of the Board the Chairman thanked Dr Neild for her presentation.	

Meeting closed at 13.30 hours
Date of next meeting: Thursday 25 April 2019 at St George's Hospital