

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
Part 1 (Public)
Thursday 31 January 2019, 10:00 – 13:30
Hyde Park Room, 1st Floor Lanesborough Wing, St George's Hospital**

| Name | Title | Initials |
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| 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 |
| Sarah Wilton | Non-Executive Director | NED |
| Avey Bhatia | Chief Nurse and Director of Infection Prevention & Control | CN |
| Andrew Grimshaw | Chief Finance Officer | CFO |
| Richard Jennings | Chief Medical Officer | CMO |

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| IN ATTENDANCE | | |
| Harbhajan Brar | Director of Human Resources & Organisational Development | 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 |
| Ellis Pullinger | Chief Operating Officer | COO |

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| APOLOGIES | | |
| Tim Wright | Non-Executive Director | NED |
| Sally Herne | NHSI Improvement Director | NHSI-ID |

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| SECRETARIAT | | |
| Jill Jaratina | Interim Assistant Trust Secretary (Minutes) | IATS |

| Feedback from Board Visits | |
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| <p>Members of the Board provided feedback on the departments visited which included Therapies Outpatients, Fracture Clinic, Ruth Myles Ward and Day Unit, Endoscopy, Infection Control Team, McEntee Ward, Allingham Ward, Cardiac List Planning, Benjamin Weir Ward, Frederick Hewitt Ward and Blue Sky Centre.</p> <p>The DDET advised that the Therapies Outpatients Unit had received its first accreditation. Staff highlighted some estates problems in the unit and they had devised a list of tasks for estates. There was a toilet blockage which had not been fixed. Staff highlighted general infrastructure problems and that one consultant room was not in use. The Chairman had asked staff about their understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) and had been encouraged by their level of knowledge. In Radiology, there were also estates</p> | |

issues. The team had resorted to painting the walls and it was noted that the temperatures were very low, particular given staff were required to be bare below the elbows. Despite this, staff were very enthusiastic and one of the team had recently won an award. It was noted that there was no recovery space in the department so patients often went to Theatres for recovery.

The CFO provided feedback on the Ruth Myles Ward. He commented that recruitment and retention of senior staff was good and staff were dedicated. The physical condition of the ward was also good but cluttered and the service was pushed to capacity. Staff had highlighted issues with ventilation. This was functional and met requirements, but staff noted that it would be difficult to maintain services if anything went wrong with the equipment which was ageing. There had been teething problems with iCLIP but this had now been resolved.

The CN provided feedback on the visits to Endoscopy and the Infection Control Team. The Endoscopy unit was clean, efficient and a soothing environment. St George's was a hub for bowel treatment and had a good reputation. Staff had demonstrated a good understanding of MCA and DoLS. Staffing on the unit was good, though would benefit from the appointment of a Practice Educator. The unit had encountered persistent problems with its printer, and this was essential equipment as the unit printed discharge reports for its patients. The unit had achieved the external accreditation and previous concerns regarding single sex accommodation had been addressed. The Infection Control team had recruited new staff but was experiencing IT issues particularly in relation to inputting relevant infection control information onto iClip. The team also highlighted challenges with some medical staff complying with infection control practices.

The DS provided feedback on the visits to McEntee and Allingham Wards. Staff had reported that although the estates team was very responsive, there were longstanding estates issues. The Ward was planning to use money from the St George's Hospital Charity Special Purpose Funds to refurbish the ward. Medical staff reported that iCLIP could sometimes be slow and further iClip training was needed. The DS advised that Allingham Ward had a very large number of patients who were present due to social challenges rather than medical need which placed significant pressure on the service. In terms of estates, staff fed back that they believed the unit did not have enough toilets.

Stephen Collier reported on the visit to Cardiac List Planning and Benjamin Weir Ward. The group had attended a pre-meeting with the surgeons, and there had been thoughtful discussions about protocols, engagement and oversight. The CMO commented that the discussions at the Cardiac MDT had been encouraging. Benjamin Weir Ward was busy, tidy and organised with increased uptake in activity. The group had arrived in the middle of a ward accreditation assessment and they asked staff about their understanding of MCA and DoLS, with staff demonstrating good levels of knowledge. The CMO commented that improvements were needed in the comprehensiveness of documentation on the ward.

Jenny Higham provided feedback on the visit to Frederick Hewitt Ward and the Blue Sky Centre. Room temperatures in Fredrick Hewitt Ward were discussed and staff asked for the air conditioners to be serviced before the summer. Staff were complimentary about the support they received from the security team. Staff commented that the unit would benefit from having an additional cubicle.

The Chairman reflected that, overall, there were a lot of things that were positive and that the feedback had moved on a good deal recent months, particularly in relation to estates. Undoubtedly, there continued to be problems with the estate, but what had come through clearly was the generally good morale among staff.

| OPENING ADMINISTRATION | | Action |
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| 1.1 | Welcome, Introductions and apologies | |
| | The Chairman opened the meeting and noted that Tim Wright and Sally Herne had given their apologies. | |
| 1.2 | Declarations of Interest | |
| | It was noted that there were no new declarations of interest. | |
| 1.3 | Minutes of the meeting held on 20 December 2018 | |
| | The minutes of the meeting held on 20 December 2018 were agreed as an accurate record subject to three amendments: <ul style="list-style-type: none"> • To add Jenny Higham to the list of those present (page 1); • To substitute “radiology” with “radiotherapy” in the section on Board visit feedback (page 1); • To omit the reference to “Caroline Ward” in the section on ward accreditation in the Board visit feedback (page 2). | |
| 1.4 | Action Log and Matters Arising | |
| | The Board reviewed the action log and agreed to close those actions proposed for closure. This included the closure of action TB 20.12.2018/01 (Information Governance breach involving iCLIP cards) following assurance from the CFO that a report on the breach and actions to address future occurrences would be considered by the Informatics Governance Group and the Trust Executive Committee in February 2019. | |
| 1.5 | Chief Executive Officer’s Update | |
| | The CEO provided an update on the following issues: <ul style="list-style-type: none"> • The NHS Long Term Plan had been published earlier in the month and this had potentially wide-ranging implications for major secondary care providers like St George’s. The Trust was currently considering the details of the Plan, including implications for the development of the Trust’s new five year strategy. • The United Kingdom’s withdrawal from the European Union had been the subject of intense speculation in recent weeks and contingency planning for the possibility of a “no deal Brexit” had been stepped-up across the NHS. The CFO had been appointed as the Senior Responsible Officer and “Brexit lead” and a small working group had been established to support the contingency planning that had recently been put in train. A new NHS London Brexit Oversight Group had been established and the Chief Nurse had been appointed as a member. • The Trust had recently commenced a new piece of work to embed the new diversity and inclusion strategy. Four groups had been established: Black, Asian and Minority Ethnic (BAME); Disability and Wellbeing; Gay, Lesbian, Bisexual and Transgender and Women. Some 42% of the staff at the Trust were from BAME backgrounds but were significantly under-represented in more senior roles. The Trust was committed to addressing this and diversity and inclusion as a | |

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| | <p>whole was a major priority for the Trust.</p> <p>Sarah Wilton asked what measures the Trust was taking to prepare for the UK's withdrawal from the EU and the risks of a "no deal Brexit". The CFO advised that the Department of Health and Social Care had issued guidance for operational readiness in December and both NHS England and NHS Improvement were working with NHS organisations to ensure appropriate contingency planning was in place. The Chief Pharmacist at NHS England had recently written to all providers about the steps necessary to maintain medicines supply which had reiterated previous guidance to Trusts not to stockpile medicines. The Trust was updating its business continuity arrangements so that these were in place in the event of a "no deal Brexit". The CFO agreed bring a paper to the February Board with an update on the Trust's work on planning for the UK's withdrawal from the EU.</p> <p>Sir Norman Williams advised that he had been approached by an individual who felt there was discrimination in the NHS, and in particular insufficient BAME representation in senior posts and in relation to serious incident investigations. He added that unconscious bias was an issue which affected everyone and it would be important to address this. The DHROD advised that there were undoubtedly challenges with the under-representation of BAME staff in senior roles and this had come through clearly in the latest data in the Workforce Race Equality Standard (WRES) report. The scale of the challenge reinforced the importance of the diversity and inclusion work the Trust had recently launched. The CEO emphasised the importance of ensuring there was real impetus behind this work and stated that it would not be a tick box exercise; the Trust was committed to making a step change on diversity and inclusion. The Chairman commented that some staff had queried whether the new BAME group was making a difference, to which the CEO responded that attendance at a recent meeting had been disappointing and work was underway to ensure that future meetings were well attended. The DHROD agreed to bring a report on the WRES to the February Board.</p> <p>The Board noted the report.</p> | <p>TB.31.01.2019/01 CFO</p> <p>TB.31.01.2019/02 DHROD</p> |
| QUALITY AND PERFORMANCE | | |
| 2.1 | Quality and Safety Committee Report | |
| | <p>Sir Norman Williams provided a summary of the key issues and discussions at the Quality and Safety Committee meeting held on 24 January 2019. Sir Norman reported that the Committee had discussed the importance of embedding the learning from clinical audits and Serious Incidents. It had emphasised that reports needed to contain quantifiable data that provided evidence that lessons had been learned and that this had been embedded. The Committee noted a slippage in performance on the Duty of Candour completed for all incidents graded at moderate harm and above. It heard that this was a local issue that related to capacity in a division rather than a wider problem. Remedial action was being undertaken to recover performance.</p> <p>In relation to the CQC action plan, a total of 80 actions had been completed, although the Trust had missed a deadline for one red action</p> | |

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| | <p>with no mitigation in place. To ensure the Trust met all of the regulatory requirements identified in the CQC inspection in March 2018, the Trust had established a weekly Executive challenge meeting to address all areas of concern and identify what additional support was needed. Sir Norman expressed concern that basic life support training compliance was at 64% and nursing staff had fed back that they do not have the time to attend training. The Trust was commissioning external training and was expected to achieve a performance of 85%. The Committee heard that training on DoLS and MCA training was progressing well. One never event and two serious incidents had been reported in January 2019 and these were currently under investigation and would be reported to the Committee in due course. The Committee noted that only one case of MRSA had been reported to date and, as a result, the Trust was one of the best performing providers in London. On the BAF, the Committee had felt that there was significant assurance for RTT reporting therefore the risk score should be revised but there was an emerging risk related to sustainability in reporting. It was noted that this would be considered later on the Board's agenda.</p> <p>Ann Beasley asked for an explanation on the KPI in relation to appraisal rates for nurses in ED department that had not been met and commented that the Trust could not keep moving the timeline. The CN explained that the Trust was working through the action plan and getting support. The CEO reiterated that the Trust should be able to clock steady progress and not set a blanket target and move away from RAG ratings. In relation to basic life support, the CFO asked if non-compliance was due to capacity or planning issues. The CN advised that there were a significant number of staff who did not attend their training when booked. Sir Norman Williams commented that staff would like to attend training but there were staffing gaps so they ended up covering the rotas and this prevented them from attending their scheduled training. The CN noted that rotas were planned six to eight weeks in advance.</p> <p>The Board noted the report.</p> | |
| <p>2.2</p> | <p>Integrated Quality and Performance Report</p> | |
| | <p>The DDET provided a summary of quality and performance and highlighted four areas: Emergency Department attendance, inpatient elective and day cases, non-elective cases and outpatients attendances and variances in the activity plan year to date. The Friends and Family response rate in the Outpatients department had doubled due to the implementation of two-way text messaging. The CN commented that the Board had expressed concerns about the increase in the number of falls and noted that these has significantly reduced and a PDSA cycle had been completed for quality improvement. The COO explained that there were 60 on-the-day cancellations for non-clinical reasons and 58 of the cancelled appointments had been rescheduled. The priority was to keep a good flow of acute and elective patients. The number of Emergency Care attendances had been reviewed in the previous week and the flow of patients out of the organisation continued to be a daily focus. The Chairman acknowledged the commendable work of the the Cancer team.</p> <p>The DHRD reported that the Trust vacancy rate continued to be below the target of 10%. Sickness levels had remained above target at 3.8%.</p> | |

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| | <p>Non- medical appraisal had remained below target at 71.5%. Individual appraisals were being completed manually and these were progressing at a slow pace. In response to Sarah Wilton’s question about when the Trust was expecting to have an electronic system of appraisal, the DHROD responded that this was in the implementation stage and it would fully start running on 1 April 2019. The electronic version would also enable quality checks. The Chairman commented that some staff members felt they could not rely on appraisals and that across the Trust completion of appraisals was a concern. The CEO pointed out that managers at all levels needed to ensure appraisals were taking place. There were opportunities to improve the appraisal process and to link these to the Trust’s strategy and values.</p> <p>The Board noted the report.</p> | |
| <p>2.3</p> | <p>Cardiac Surgery Update</p> | |
| | <p>The CMO highlighted the key points of the Cardiac Surgery update. The CMO, CEO and Associate Medical Director for Cardiac Surgery (Steve Livesey) had met the Independent Scrutiny Panel appointed by NHS Improvement on 10 January 2019 and the meeting was constructive and positive. The separate External Mortality Review Panel had so far met five times, having started its work in December 2018, and the Trust was reflecting on the feedback from the Panel. The CMO reported that he had attended an MDT meeting where he had observed reassuring audit results on consent. A Quality Summit with NHS England, NHS Improvement, the CQC and other key stakeholders, had taken place on 28 January 2019 and the Trust was receiving on-going support from Guy’s and St Thomas’ NHS FT and King’s College NHS FT. One of the service developments in the last four weeks was the agreement to implement an improved model for the case management of all elective patients. The Board noted the risks on the risk register for the cardiac surgery service. The Chairman acknowledged the scale of the work that had been done in Cardiac Surgery in recent weeks and months to improve the service. The Board noted the report.</p> | |
| <p>2.4</p> | <p>Learning from deaths Q3 Mortality Monitoring Committee report</p> | |
| | <p>Dr Nigel Kennea, Associate Medical Director, presented the report and explained that the Trust had a well-established system for reviewing deaths. The Trust had participated in the second meeting of the Learning from Deaths London Network and work was progressing locally to design and implement the Medical Examiner system which would strengthen the work of the Mortality Monitoring Committee. Trusts were required to have this system in place from April 2019. Deaths were reviewed and linked with the risk management system and Serious Incident 72-hour reviews were carried out. The daily reviewing of deaths helped the Trust to identify issues in care. It was noted there had been an increase in the number of deaths recorded in ITU in the last two months, but no lapses in care had been identified.</p> <p>The Trust’s Summary Hospital-level Mortality Indicator (SHMI) for July 2017-June 2018 was lower than expected and the Hospital Standardised Mortality Ratio (HSMR) for weekday emergency admissions was significantly better than expected but the weekend ratio was not</p> | |

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| | <p>significantly different to that expected. Sarah Wilton asked if anything could be done to reduce the weekend mortality and whether end of life care patients who die at home are captured in SHMI and/or HSMR. Dr Kennea advised that the SHMI and HSMR related to patients who died in the hospital. Further work would be done to establish if mortality figures had gone up for particular groups and mortality for individuals who are admitted during the weekends. In response to a question from Ann Beasley on whether patients with mental health needs were contributors to mortality, Dr Kennea confirmed that other services recorded the mortality for this cohort of patients. Sir Norman Williams asked how the appointment of a medical Examiner would improve services and whether learning from Serious Incidents and the national guidelines had been embedded. Dr Kennea advised that the Trust had adopted the leader programme for patients with learning difficulties and that the Learning Disability team was exceptional. Dr Kennea explained that the Medical Examiner (ME) system was independent from the Trust's governance. The ME would review non coronial deaths, liaise with families of deceased patients and complete death certifications. This service would initially be available over 5 days for the Trust as it was difficult to commit to 7 days at present. The DS commented that patients with mental health issues typically died younger and advised that she was part of the team that was setting up a group to cater for patients with mental health issues and this group would link with the Mortality Monitoring Committee. In relation to child death reviews, the CN commented that there would be a shift in responsibilities with resource implications. The CMO thanked the Mortality Monitoring Committee for all the work they were doing in the Trust and advised that the Treatment Escalation Plan (TEP) was a key quality improvement strategy for 2019/20 and structured judgement reviews for departmental mortality monitoring would also be introduced.</p> <p>The Board noted the update on implementation of the 'Learning from Deaths' national framework and supported the next steps in the process. It also agreed to support the introduction of the Medical Examiner system from April 2019. The Board also took assurance that the Trust had robust processes for assessing deaths and from learning any lessons that arise from them. In addition, it noted the need for divisional teams to use this report to take learning back to their services. Finally, the Board noted the specialty areas where mortality signals are present.</p> | |
| <p>2.5</p> | <p>Transformation Q3 Update</p> | |
| | <p>The DDET introduced the report which provided the regular update to Board on the progress and impact of transformation work across the Trust. Overall, progress remained on track but there still remained some IT and operational capacity issues. The Board was asked to note that the Model Hospital information suite had been refreshed and that the Trust's Emergency Department had moved from being in the most expensive quartile nationally for cost of service delivery in 2016-17 to being in the best quartile in 2017/18. The DDET advised that performance in the Outpatients virtual clinic had declined. With regards to planned care, the</p> | |

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| | <p>two-way text message reminders had increased to 400 per day. Stephen Collier asked for clarity regarding the information set out in paragraph 2.14 of the report relating to the Urgent Treatment Centre at Queen Mary Hospital. The DDET responded that there would be very minimal migration and the focus was on activity growth. The DDET pointed that the Trust had originally been overly ambitious in setting its objectives but it now had the right level of ambition to enable the Trust to meet performance. The Board noted the report.</p> | |
| FINANCE | | |
| 3.1 | Finance and Investment Committee Report | |
| | <p>Ann Beasley, Chair of the Committee, introduced the report which provided an update on the Committee's meeting held on 24 January 2019. The Committee had considered finance, IT and estates risks. In relation to capital investment, the Committee had agreed that the lack of progress in securing additional capital funding should be raised with NHS Improvement at the next Provider Oversight meeting. The Committee heard that there had been improvement in mitigating risks relating to data quality and risks associated with ongoing work to become compliant with the new data protection legislation, including GDPR. The Committee had asked that more work be done to keep the risk list in "real time" and that some of the emerging risks be added for consideration. It also asked for greater consistency in the presentation of risks to the Committee. Ann Beasley explained that the DEF had presented a paper on Dalby Ward and the Committee had welcomed the improved environment and agreed to undertake a post project evaluation in six months. In relation to emergency flow, Ann Beasley commented that the Trust should be mindful that there had been a significant increase in demand compared with the previous year which needed to be considered when reflecting on current performance levels. The Committee had heard that the procurement department had achieved a Level 1 status and it was one of the four in London and the first in South West London to be recognised in this way. The Committee also noted that cash continued to be well managed.</p> <p>The CN advised that NHS Improvement had requested more information on water quality and the response would be sent on 1 February 2019. With regards to the progress made on the emergency capital bid and the capital and cash scenarios, the Chairman expressed concern at the ongoing delays with the potential for reorganisation at national level to impact on the timescales for deciding on the bid. The CFO advised that there were significant national capital pressures and the Trust could not rely on the bid alone and needed to find alternative ways to resolve the capital issues. The Board noted the report</p> <p>.</p> | |
| 3.2 | Month 9 Finance Report | |

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| | <p>The CFO informed the Board that the Trust was reporting a pre-PSF (provider Sustainability Fund) deficit of £44.1m at the end of December 2018, which was £17.7m adverse to plan. Within this position, income was £10m adverse to plan and expenditure was overspent by £7.7m. The Trust had planned to deliver £34.2m of CIPs by the end of December 2018 and, to date, £31.1m had been delivered, which was £3.1 behind plan. Capital expenditure of £19.7m had been incurred year to date and this was £1.5m above plan. At the end of Month 9, the Trust's cash balance was £3.1m which was better than plan by £0.1m. The Trust had secured a loan of £5.6m for January and requested £7.1m for February. It had also submitted an emergency capital bid to NHS Improvement which was currently being considered. Sir Norman Williams asked what proportion of the deficit cardiac surgery contributed and the CFO advised that the bulk of the deficit related to loss of income resulting from lower than planned activity. The Chairman expressed concern at the ongoing low levels of activity and said that making improvements for the balance of the year would be important for the outturn position at year end. The CFO added that the Trust was continuing to protect the elective flow. The Board noted the Trust's financial performance at Month 9 2018/19.</p> | |
| STRATEGY | | |
| 4.1 | Clinical Strategy Highlight Report | |
| | <p>The DS introduced the report which provided an update on progress in developing the Trust's new clinical strategy. All actions committed to were on plan as of January 2019 and the remaining Board workshops for the development of the strategy had been scheduled. The plan was to bring the draft strategy to the Board for consideration and approval in March 2019 and to launch the strategy shortly thereafter. The DS advised that she had met with the Merton locality leads and was engaging with General Practitioners. The Board noted the progress in developing the clinical strategy and noted the identified issues and risks.</p> | |
| 4.2 | Corporate objectives 2018/19 Q3 Report | |
| | <p>The DS presented the quarterly update report on progress in delivering the Corporate Objectives 2018/19. Twelve objectives had been rated green, 11 amber, and 15 red. A total of 11 objectives had no applicable milestones for Q3. Overall, the position at the end of Q3 was a deterioration on Q2, when 19 objectives had been rated green, 17 amber and 9 red. Sarah Wilton observed that it was a concern that the position had deteriorated with so many objectives not achieved according to the plan. The Chairman asked that the CEO for her reflections. The CEO explained that there were lessons that would be taken from 2018/19 in framing the objectives for the following year. On reflection, the Trust had set too many objectives but there was a question as to whether they were pitched at the right level and dealt with the transformational goals the Trust was committed to delivering. For next year, the business as usual items will be removed so that focus was on the strategic objectives. Priorities would be cascaded to the divisions and quarterly progress would be reported to the Trust Executive Committee. The Chairman asked for that the Board workshop on the Premis Assurance Model be arranged before April 2019.</p> | <p>TB.31.01.2019/3 DEF & DCA</p> |
| GOVERNANCE | | |

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| 5.1 | Audit Committee Report | |
| | <p>Sarah Wilton introduced the report which provided a summary of the key issues discussed and agreed by the Audit Committee at its meeting on 10 January 2019. The Committee had held a busy meeting and the report reflected the volume of items considered. There continued to be progress in reducing the number of overdue internal audit actions and the new arrangements by which these were reviewed by the Trust Executive Committee were working well. Currently, there were six overdue actions, with a further 54 actions not yet due. Eight internal audit reports had been completed since the previous meeting and were considered by the Committee. Two of these had received substantial assurance (Core Financial Systems; Cancer Pathway), three had received reasonable assurance (CIP delivery; Elective Care Recovery Programme; and Complaints), and three had received limited assurance (Friends and Family Test; Cyber Security; and Clinical Systems not supported by Central IT). The Committee had been assured with the levels of assurance achieved, particularly in comparison with previous years. In response to the internal audit on Freedom to Speak Up (FTSU), which had received limited assurance, the policy would be reviewed and updated to ensure that there was one comprehensive policy that addressed both FTSU and whistleblowing. The Committee had considered the internal audit plan for 2019/20 and endorsed this, noting that the plan would be further refined by the Trust Executive Committee, with a final version presented to the Committee in April 2019. The plan for the Annual report and accounts 2018/19 and timetable for production were considered and a draft report would be presented in April. The plan from the external auditors had been recommended to the Board. It was noted that the Quality and Safety Committee had asked for assurance on the content of learning from clinical audits. It was also reported that the Standing Orders, Scheme of Delegation and Standing Financial Instructions remained sufficiently robust but a more comprehensive review would be completed by July 2019. Two areas had been identified in the review of Audit Committee effectiveness and plans for each issue would be presented to the Committee for consideration.</p> <p>In relation to the FTSU internal audit, the Chairman emphasised the importance of having robust processes for staff raising concerns and that it was important staff knew how to raise concerns. The DHROD agreed and advised that a review of the policy would be completed by end of March 2019 and be presented to the Audit Committee in April. This would include clarification of the ownership of FTSU at Executive level, support to the designated Non-Executive Director, and routes for raising concerns.</p> <p>The Board noted the report and agreed the annual audit plan by the Trust's external auditor, and associated audit fees, on the recommendation of the Audit Committee.</p> | |
| 5.2 | Board Assurance Framework (BAF) Q3 Report | |
| | <p>The CN presented the quarter 3 report on the Board Assurance Framework and advised that the assurance ratings for the risks related to Workforce and Education Committee were not available as the Committee was not due to meet until 7 February 2019. It was noted that the risk score for Strategic Risk 8 had increased from 10 to 12 following the Board's request to the Workforce and Education Committee review the score. There was a discussion about Strategic Risk 2 and it was noted that the</p> | |

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| | <p>Quality and Safety Committee had considered this and had concluded that while there was significant assurance on the controls managing risks to date, quality specifically related to referral to treatment. The Committee considered that it needed to see sustained performance for timely treatment and that the risk score should remain unchanged until that point. The Chairman asked whether Strategic Risk 4 should be scored at a higher level given the emerging risks in the external environment, particularly relating to the South West London Health and Care Partnership. Further consideration would be given to this and would be brought back through the Quality and Safety Committee, and any changes brought back to Board in the next quarterly report. The CN also noted that the Board had considered the effectiveness of the BAF at a Board workshop on 17 January 2019 and the strategic risks would be refreshed for 2019/20. For the 14 risks assigned to Board sub-Committees, the Board noted the risk scores, assurance ratings and statements from the respective Committees. For the three strategic risks reserved to the Board, the Board noted the risk rating, agreed the proposed assurance rating and agreed the proposed assurance statements. The Board also noted that further consideration would be given to the risk score relating to the partnership aspects of Strategic Risk 4 and that this would be brought back to Board through the Quality and Safety Committee and the next quarterly report to Board.</p> | <p>TB.31.01.2019/4 CN</p> |
| <p>5.3</p> | <p>Emergency preparedness Resilience and Response (EPRR) - Annual EPRR Assurance submissions to NHS England (London)</p> | |
| | <p>The COO presented the report and advised that the Trust had achieved partial compliance with the EPRR core standards, with 11 areas not compliant. There was an action plan in place to achieve full compliance. Ann Beasley commented that some of the dates in the action plan were set quite far into the future (with some not due until August 2019) and asked whether, given the significance of the work, these should be brought forward. The COO responded that the Business Continuity plan was being revised on a shorter timescale, particularly with a view to contingency planning for the UK's withdrawal from the EU. The Board noted the report and that the Trust achieved partial compliance with the EPRR Core Standards and that the Trust had developed an action plan to achieve full compliance.</p> | |
| <p>CLOSING ADMINISTRATION</p> | | |
| <p>6.1</p> | <p>Questions from the Public</p> | |
| | <p>The Chairman invited questions from the public and noted that a question had been submitted in advance by Lord Armstrong of Illminster, which asked the Chairman to state whether she or any members of the Board "knew that Dr. Simon Haynes was the clinical director of cardiothoracic services at Freeman Hospital, Newcastle, who "slightly hesitantly" agreed to let Mr. Sukumaran Nair carry out the fatal robotic mitral valve replacement, when he was appointed co-author of the Bewick Review in response to the NICOR alert covering the period from 2014 to 2017 when Mr. Nair was a locum at St. George's". In response, the Chairman stated that certain Executive members of the Board were aware that Professor Bewick had appointed Dr Haynes to assist him. These included the Chief Executive, the Acting Medical Director and the Director of Human Resources. She added that Professor Bewick had led the review, and the Trust's contract for undertaking the review was with Professor Bewick. Professor Bewick was recommended to the Trust by NHS Improvement and had significant experience of conducting similar reviews at other NHS</p> | |

Trusts, as well as being a former Deputy Medical Director at NHS England. The Chairman explained that Professor Bewick appointed Dr Simon Haynes to assist him with the review and Dr Haynes' role was discussed at that time with NHS Improvement. Dr Haynes had a successful track record of leading a cardiac unit from an underperforming to a high quality service, and Professor Bewick considered him to be "an outstanding clinician with a practical and pragmatic view of the service". Professor Bewick was aware of Dr Haynes' position at Newcastle and any potential conflicts of interest were considered. In his view, the robotic procedure undertaken in Newcastle had no bearing on Dr Haynes' impartiality or ability to critique the service at St George's, which was principally focused on providing insight into cardiac surgery data. The Chairman asked that the answer be sent to Lord Armstrong given that he had been unable to attend the meeting.

A member of the public asked further questions about cardiac surgery, stating that she had been dissatisfied with responses given to her questions at previous Board meetings:

- In response to the first question regarding the distinction made between an "exclusion" and a "suspension" of a medical practitioner, the DHROD explained that this was an important distinction. Only the General Medical Council had the power to suspend a practitioner from the medical register, pending a hearing of their case or as an outcome of the fitness to practise hearing. An employing Trust has no such power and cannot suspend a doctor. The DHROD further stated that an exclusion of a medical practitioner from the workplace was a temporary and precautionary measure and not a disciplinary sanction. It was used only as an interim measure while action to resolve a problem is being considered. As such, exclusions could not be permanent. National guidance made this distinction explicit, and it was important to be clear about the actions that were and were not taken.
- In relation to a second question regarding lost income and activity to the Trust during the mediation involving members of the cardiac surgery unit in December 2017, the COO explained that there was sufficient cover to provide a full emergency service to fulfil St George's status as a trauma centre. He explained that it was routine for surgery scheduling to take into consideration time for team development and that all patients scheduled to have an operation were treated, so there was no lost activity or income. In response to the question about the cost per case of cardiac surgery, the COO explained that the income for each procedure depended on the specific procedure each patient received and it was not possible to provide a generalised figure of cost per case.
- In response to the question about the CQC report on cardiac surgery and the steps that had been taken to address the issues around leadership and managerial oversight, the Chairman stated that she could not add to the answers previously given. The CQC report had identified a number of problems with the service and highlighted a range of improvements that were necessary and which the Trust was addressing with the assistance of NHS Improvement. The problems within the cardiac surgery unit were longstanding, and dated back at least a decade. An entirely new Board and new Executive team were in place. A restructuring of

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| | <p>clinical divisions had been undertaken. The Trust had appointed Steve Livesey to the position of Associate Medical Director for cardiac surgery and this had already led to significant improvements in the service and a focused review of clinical governance across the Trust is currently being undertaken by the new Chief Medical Officer, with the support of NHS Improvement, to ensure that we have the right structures, systems and processes in place to identify issues at an early stage and learn from these. The Chairman stated that where the review identified that changes needed to be made, those changes would be implemented at pace.</p> <p>Another member of the public asked whether deaths in radiology related to contrast. The CMO advised that he would respond to this question outside of the meeting as he did not have the relevant information to hand.</p> | |
| <p>6.2</p> | <p>Any new risks or issues identified</p> | |
| | <p>There were no new risks or issues to note.</p> | |
| <p>6.3</p> | <p>Any Other Business</p> | |
| | <p>No other business was identified.</p> | |
| <p>CLOSING ADMINISTRATION</p> | | |
| <p>6.4</p> | <p>Reflection on meeting</p> | |
| | <p>The Chairman invited Sarah Wilton, Non-Executive Director to lead reflections on the meeting. Sarah Wilton commended the quality of the Board papers received and that they had been received in good time. She asked to know where all the points raised from Board visits were recorded and emphasised the importance to staff of demonstrating that matters raised were acted on. She commented that while there had been good discussions, the Board also needed to reflect on whether it was focusing on the same issues at each meeting without moving those issues forward. The CEO noted the need to strike a balance between the role of the Board seeking assurance, maintaining strategic oversight and developing organisational culture. Ann Beasley commented that while there undoubtedly remain significant challenges for the Board to address, it was also important to take stock and reflect on the improvements made to date; the Board should celebrate these. Sir Norman observed that few of the staff he had spoken to that morning knew what was discussed at Board and asked what more could be done to promote the Board's visibility. The CEO explained that updates from the Board were communicated via her weekly newsletter to staff. The Trust's monthly senior leaders meeting also had a dedicated slot for updating managers at Band 8 upwards on the outcomes of Board meetings, and it was expected that the issues discussed were cascaded to staff at team meetings. In response to Sarah Wilton's question regarding Board visit actions, the DCA advised that it had been agreed in the past that actions for Board walkabouts are logged by the Trust Secretariat team and a report would be presented on a quarterly basis, with the next report due in February 2019. The DCA also stated that the Trust's annual report, the preparation of which would shortly get underway, provided an opportunity to highlight areas of progress and improvement across the Trust, though it was key that this was disseminated through a variety of channels and his team were looking at this.</p> | |
| <p>PATIENT STORY</p> | | |

The patient story was presented by Elizabeth Lyle, Occupational Therapist and Carolyn Romer, Consultant Midwife in Maternal Medicine and it focused on “Getting over the bump”, a joint service provided for Disability Pregnancy Parenting. A gap in service had been recognised as increasingly people with learning disabilities, physical impairments and chronic health problems were using maternity services and much more work was needed to provide high quality individualised care to disabled women. The Board heard two recorded patient stories. The first story was that of a patient who had suffered a stroke. She expressed her thoughts before pregnancy, the difficulties she thought she would face in caring for the baby and risks to herself and to the baby. The team advised her on the equipment she could use as aids when bathing the baby and the type of car seat she could use in order to make her independent. The second story involved a patient who was a wheelchair user with spina bifida. She was very complimentary about the service. She had a positive experience during her pregnancy as she had equipment in place such as the board and bath chair during the last few months of her pregnancy. The Team had also managed to link the second patient with other teams in the community for support. Kyra Hamilton, Occupational Therapist, highlighted the service provision challenges particularly in terms of limited resources. The CEO asked about the extent to which commissioners were supportive of the service and what discussions had taken place with them about funding. The team advised that they were moving ahead on a journey to acquire some funding. The CMO commended the project and good working relationship from different specialty areas. The DHRD advised that a new group on disability had recently been established as part of the Trust’s work on diversity and inclusion. He encouraged the presenters to get involved in its work so that the group could benefit from their experience.

Date of next meeting: Thursday 28 February 2019 at St George’s Hospital