

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting  
In Public (Part One)  
Thursday, 25 July 2019, 10:00 – 13:30  
Room 2.6, 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
Tim Wright	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection Prevention & Control	CN
Andrew Grimshaw	Chief Finance Officer/Deputy Chief Executive Officer	CFO/DCEO
Dr Richard Jennings	Chief Medical Officer	CMO
<b>IN ATTENDANCE</b>		
Harbhajan Brar	Chief People Officer	CPO
James Friend	Chief Transformation Officer	CTO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Suzanne Marsello	Chief Strategy Officer	CSO
Emilie Perry	Deputy Director of Operations – Children, Women, Diagnostics and Therapies (deputising for COO)	DDO-CWDT
<b>APOLOGIES</b>		
Ellis Pullinger	Chief Operating Officer	COO
Sally Herne	NHSI Improvement Director	NHSI-ID
<b>SECRETARIAT</b>		
Tamara Croud	Interim Assistant Trust Secretary (Minutes)	IATS

**Feedback from Board Visits**

Board members visited a range of services across Lanesborough Wing which experienced particular challenges during the July 2019 heat wave. Board members were accompanied by members of the Estates and Facilities team who recorded key issues raised during the visits to ensure that steps were taken promptly to address them.

3<sup>rd</sup> Floor Lanesborough: Chairman and CEO

The CEO reported that whilst the wards were very hot, staff understood the challenges and were sanguine about the situation, noting that the heat wave would only last a few days. Staff appreciated the level of engagement from senior management, the provision of additional iced water, ice creams and the relaxation of the dress code allowing staff to wear scrubs. Speaking to patients, it was

## Feedback from Board Visits

evident that they also understood the challenges in the heat wave and appreciated everything the Trust had done.

### 4<sup>th</sup> Floor Lanesborough Wing: Prof. Jenny Higham and CFO/DCEO

Jenny Higham reported staff felt that the challenges were being addressed, noting that the current inconveniences could be tolerated in the short-term. Staff also appreciated the enhanced visibility from the senior team and Board members. The CFO/DCEO reported that higher levels of reliance on fans and air conditioning units had resulted in power outages which presented additional issues for the Trust and those interdependencies were not to be underestimated.

### 5<sup>th</sup> Floor: Sir Norman Williams and CMO

The CMO reported that whilst some parts of the floor were more comfortable than others, the open corridors and staff areas were very uncomfortable. Some patients were unable to self-manage fluid intake so staff had devised effective systems so that patients did not get dehydrated. The team flagged the challenge with the air flow in one of the single rooms used to manage isolated patients on Pinckney Ward and the need to address this. Staff were also cognisant of the challenges with managing patients who had mental health challenges in the extreme heat on Frederick Hewitt Ward.

### Resuscitation Training and Delivery Suite: Sarah Wilton and CN

The CN reported that there was variability in temperature with areas such as the drug room and theatres very cool. Whilst it was hot in areas such as the delivery suite, staff were doing everything they could to keep patients comfortable. Other issues raised by staff included the challenge of getting to grips with the new iClip system, staffing and the state of the ladies' changing room. The Resuscitation Team advised that despite additional resources and more online training, it was unlikely the Trust would attain the statutory mandatory training target for resuscitation until the end of the year as opposed to the September 2019 as originally planned.

### General Intensive Care Unit (GICU) and Clinical Health Records: Ann Beasley and CSO

The CSO reported that the Estates Team would look into issue with regulating the air conditioning unit in GICU. Ann Beasley commented that it was encouraging to see good leadership that considered what services could be run during the heat wave. The Clinical Health Records environment was extremely hot and the Estates Team would follow-up on issues with ordering fans for the team.

### PICU and Neonatal: Stephen Collier and CPO

Stephen Collier reported that following conversations with three sets of patients it was evident that people were positive about the way the Trust had managed the challenges with the heat wave. It was also evident there had been a cultural change, with staff taking ownership of rostering in these areas. The CPO reported that PICU were very proud to have achieved Gold ward accreditation. The environment was welcoming and positive and management flexibility around uniform was very much appreciated during the heat wave. The team were very proactive about staffing and had taken control of self-rostering. An issue related to bank staffing would be addressed by the CPO. Another general issue raised by the team was around the lack of space for paediatric patients' parents to stay which was being temporarily addressed with the use of space in Ronald MacDonald House.

### Emergency Department: Tim Wright and CTO

Tim Wright reported that although the ED was very busy the passion and care was evident and stood out. The estates team were also committed to addressing any issues. Whilst the teams are using iClip it did take time to log on and it would be useful to look into speeding this up and also useful to introduce express iClip training for bank staff. The air conditioning system is very old and it was not possible to get more out of it. The team huddle was a very good example of the implementation of new ways of working.

	<b>Action</b>
<b>1.0 OPENING ADMINISTRATION</b>	
<b>1.1 Welcome, Introductions and apologies</b>  The Chairman welcomed everyone to the meeting and noted the apologies as set out above.	
<b>1.2 Declarations of Interest</b>  The Board noted the register of Board members' interests. Sir Norman Williams advised that he had recently been appointed as Chair of the Independent Reconfiguration Panel from 1 October 2019. This new role would give rise to conflict of interest that could not be managed and, as a result, Sir Norman would resign from his role as a Non-Executive Director at the Trust on 30 September 2019. The Chairman noted that the Board was very disappointed to see Sir Norman Williams leave and noted the huge contribution he had made to the Trust since joining the Board in April 2016.	
<b>1.3 Minutes of the meetings held on 27 June 2019</b>  The minutes of the meeting held on 27 June 2019 were agreed as an accurate record subject to correcting a typographical error in the spelling of Tim Wright's name under the Board visits feedback section on page three.	
<b>1.4 Action Log and Matters Arising</b>  The Board reviewed the action log and agreed that actions TB28.02.19/9 (Leadership programme presentation), TB25.04.19/02 (Changes to the BAF) and TB27.06.19/04 (Quality Improvement Academy) would be closed for the reasons stated.	
<b>1.5 Chief Executive Officer's Update</b>  The CEO highlighted the key elements of her report, noting congratulations to the Chief Strategy Officer on being asked to join the expert panel convened by South West London and St George's Mental Health NHS Trust, Richard Mycroft for taking on the role of Lead Governor, and Terence Joe on his appointment as the new Head of Patient Experience and Partnership. The Board received and noted the CEO's report.	
<b>2.0 QUALITY AND PERFORMANCE</b>	
<b>2.1 Quality and Safety Committee Report</b>  Sir Norman Williams, Chair of the Committee, presented the report of the meeting held on 18 July 2019. The Trust's clinical negligence claims profile was the feature of a comprehensive deep dive and the Committee was pleased to see a detailed breakdown of the pattern of claims and the ways in which the Trust currently sought to learn from them. The Committee heard that a large volume of benchmarking data had just been shared with the Trust through the Get It Right the First Time (GIRFT) programme and this would enable the Trust to effectively benchmark on activity, patient cohort and specialism, and the Committee looked forward to this. The Committee also noted that the new NHS Patient Safety Strategy would have significant implications for the way in which the Trust sought to learn from claims.	

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<p>The Committee had been reassured that the correct and immediate steps were taken in light of the recent 'never event' related to retained swab. The Committee would receive a full report on lessons learnt and actions taken to eliminate further incidents. Ann Beasley commented that it would be useful to know if there were any correlating factors between this never event and previous never events to enable better understanding of any reoccurring trends which could get to the root cause and support prevention. The CN advised that a meeting attended by around 130 theatre staff was held shortly after the incident and key solutions such as the provision of additional training on the surgery checklist, empowering staff to take the time to carry out the relevant checks, and cross checking of swab trays had been identified as steps that could support improvements. The CMO reported that it was important to look at learning from other organisations when considering how best to improve systems and practices which reduce or eliminate the possibility of human error and the Trust had some work to do to reflect on this. The teams concerned were high performing so when something went wrong it was important to understand the full picture. Sir Norman Williams noted that there were around 360 never events each year across the NHS as a whole, the pressure faced in these areas could not be underestimated and it was important to put measures in place to support teams. It was also important to carry out effective training at regular intervals to ensure that systems and practice were sufficiently embedded. The CEO noted that retained swab never events had happened on a number of occasions and it was important to understand what was giving rise to this, including any cultural issues. Addressing the issue meant going beyond the usual processes and changing hearts and minds. Sir Norman Williams offered that it may be useful to implement the stop the line card systems implemented by car manufacturers.</p> <p>The Committee considered the proposed submission for a rebate from the Clinical Negligence Schemes for Trusts (CNST) for Maternity Services and had been satisfied that the service had met the 10 safety standards and could provide robust evidence. As a result, the Committee commended the report to the Board and recommended that it approved the submission. The Committee was assured that the cervical screening backlog was being addressed and was reassured that the processes for blood transfusion had been reviewed and strengthened from the quarterly report on South West London Pathology. The Committee noted the good progress on the referral to treatment performance at the Tooting site in the first quarterly report and noted that plans were progressing to begin reporting at Queen Mary's Hospital. The learning from deaths quarter one report highlighted the possible presence of some soft signals that there may be challenges with the sufficient senior reviews at weekends and the Committee heard that this was part of the on-going work around seven day working of which consultant job planning was a key element. For the avoidance of doubt, he noted that there were no mortality concerns at weekend. The Committee also raised concerns about the Board Assurance Framework risk pertaining to the four hour standard in the Emergency Department, noting that as articulated the risk should have a higher risk score.</p> <p>The CMO also reported that the Lead Medical Examiner interviews would take place on 8 August in response to the query flagged by the Committee.</p> <p>The Board noted the report.</p>	

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<p><b>2.2 Integrated Quality and Performance Report (IQPR)</b></p> <p>The CTO gave an overview of the IQPR at Month 3 (June 2019). Day case and elective activity performance had improved and the Trust was ahead of plan on outpatients receiving first appointments. Theatre productivity had improved significantly but the Trust needed to manage its activity within the block contracts and ensure it was having the right conversations with local commissioners to ensure it was properly reimbursed for activity. There was also improvement in patient safety and infection control performance metrics and cancer had moved forward. The new accountability framework was now operational and performance challenge sessions with Divisions which had been held recently had highlighted a step change in performance oversight. This provided greater transparency in key areas. The DDO-CWDT reported that the June performance data on 62-day and 2-week cancer targets would show an improvement as a result of the continued operational focus. The referral to treatment (RTT) external review report would be completed soon and would provide a recommendation about whether or not it was possible to roll-out RRT reporting at the Queen Mary's Hospital site as planned in the autumn, subject to Board approval. The Emergency Department (ED) remained challenged and focus was being given to the following three areas as part of the improvement plan to turnaround performance:</p> <ul style="list-style-type: none"> <li>• Strengthening the leadership in the ED with the re-establishment of the two-hourly huddles with escalation as required and focusing on the workforce to ensure rotas were robust.</li> <li>• Focus was being given to patients with long lengths of stay in particular stranded and super stranded patients. The weekly meetings led by Divisional Directors of Nursing and Governance continued to focus on cross agency pathway management. Therapies teams were also working hard to see all referrals on the same day by proactively diverting resources to meet demand.</li> <li>• Improving Divisional support, for example by enhancing the daily divisional silver role. The inter-professional standards had been re-launched in order to achieve the 30 minute speciality referral standard paired with timely transfer of patients to ambulatory care areas where appropriate.</li> </ul> <p>The CSO reported that the Emergency Care System Support Group was conducting a focused review of mental health and frail patients which would feed into the emergency department action plan.</p> <p>Ann Beasley noted that the Finance and Investment Committee had discussed ED performance. Whilst it recognised the effort to sort out the issues, the Committee was frustrated with the inconsistency in performance. The Chairman noted that it was good to see that plans were in place to address the ED issues, but stated that it was time to see those actions translate into sustained improvements in performance. Sarah Wilton asked for more information on what was being done system-wide around admission prevention. The CEO reported that the Trust was one of four London Trusts that were away from plan on ED performance and, as such, there was increased scrutiny from NHS Improvement. The Trust had agreed with commissioners to conduct an external review of all pathways across the system with the view of developing a holistic plan to address the root causes of the performance shortfall. The Chairman noted that the ED target must be delivered and actions needed to be implemented. Sarah Wilton commented that any new plans should build on previous work and not override previous actions plan. The CEO agreed and reported that the review would include</p>	

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<p>reviewing previous plans to ensure that it was built on previous work, with the view that the new plan would deliver the systematic change required to achieve consistent high performance in ED. The CTO reported that the improvement action plan was intended to address the immediate actions required to begin the turnaround ED and did not seek to address the long-term issues as this was the focus of the external review. Whilst it was important that the Trust did not lose sight of the challenge with the primary care pathway and capacity, the Chairman commented that the Board needed to be cognisant that a significant part of the challenge in ED related to internal practice and processes which needed to be addressed.</p> <p>The CN reported that the infection control and prevention report in month 4 would include details of the approach to reviewing Escherichia Coli (E. Coli) and Methicillin-sensitive Staphylococcus aureus (MSSA).</p> <p>Sir Norman Williams requested that the information on the percentage of day cases be reinstated in the IQPR as it was important that the Board monitored this metric; the CTO advised that this would be reinstated.</p> <p>The CPO advised that increased focus was being given to reducing the number of agency staff in the Trust and this was picked up in the divisional performance challenge sessions. It was expected that many roles would be substantively filled by September.</p> <p>Sarah Wilton reminded the Board of the request to include more external benchmarking data against key metrics.</p> <p>The Board noted the report.</p>	
<p><b>2.3 Cardiac Surgery Update</b></p> <p>The CMO presented an update on the steps being taken to improve the cardiac surgery service and outlined the key points of the report. The Trust was pleased that Cheryl Ramsay had started work as Interim Programme Manager on 1 July 2019 and noted that she would support the Trust's engagement with the Independent External Mortality Review and wider work to improve the service. Of the 210 patient deaths between 2013 and 2018 which were being considered by the Independent External Mortality Review, the panel had contacted the relatives of 181 of these and both NHS Improvement and NHS England agreed that the Trust had done everything it could to contact the relatives of patients whose deaths were within scope of the review. The development of electronic referral forms would improve processes in cardiac surgery and at the Quality Summit held on 24 July the Care Quality Commission advised that there were no concerns about the safety of the service. Work continued with partners to develop a high quality networked cardiac surgery service across South London.</p> <p>The Board noted the report and took assurance from the update.</p>	
<p><b>2.4 Transformation Quarter 1 Update</b></p> <p>The CTO reported that during Quarter 1 good progress had been made against the transformation programme. Key workstreams included centralisation and automation of patient letters, improving the focus on the Quality Improvement Academy, and enhanced working to get the 'St George's' way embedded. Over 400 people across the Trust had been</p>	

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<p>engaged in quality improvement projects. Many of the transformation projects related to patient involvement and engagement. The transformation team had also worked closely with teams to develop business cases for the emergency pathway.</p> <p>Ann Beasley noted that it was evident there were some good projects progressing and queried how the Trust would measure their impact and outcome. The CTO reported that the effective measurement of impact and outcome was a key workstream for the Trust. The IQPR included quality improvement (QI) metrics which enabled the Trust to begin tracking and measuring the impact of key QI and transformation projects. However, more work was needed and this would be picked up at the Board development session on leadership and QI on 29 August. The CEO noted that the Trust would know that these transformation projects were making a difference when it was evident that staff felt empowered to make changes for the benefit of patients and themselves and this would also signal the required cultural shift. The Board now needed to reflect on how it demonstrated the QI approaches in how it engages and speaks about QI. This would also be discussed at the Board development session. In response to a query from Stephen Collier, the CPO reported that the introduction of <i>Allocate</i> for junior doctor rostering had been delayed because a phased approach had to be taken as a result of the need for additional validation of rostering data in some areas. The CFO commented that it was important to get people to take responsibility for data and the importance of improving the organisational systems but it was equally important to get the balance right.</p> <p>The Board noted the report</p>	
<p><b>2.5 Learning from Deaths Quarterly Report</b></p> <p>The Board received and noted the quarter one report from the Mortality Monitoring Committee (MMC) on learning from deaths which had been discussed at the Quality and Safety Committee on 18 July 2019. The CMO outlined the key elements within the report including that the MMC had reviewed 94.6% (384) of deaths which was in excess of the 70% target. There was, however, an opportunity to get further triangulation and learning embedded and this was being pursued. The Trust's mortality rating was 0.3% which was significantly less than the national average of 3%. The review into deaths highlighted that the quality and quantity of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) conversations had improved but there was still more work to be done. Ann Beasley noted that 1.3% of the deaths reviewed found that there was poor care and queried the process for following this up with the relevant teams. The CMO advised that results from the review were provided to relevant teams but more work was needed on closing the loop, namely, going back and reviewing that learning has been embedded to avoid further instances. It should also be noted that when the Serious Incident Panel reviewed cases any issues of poor care were flagged immediately. The Chairman noted that the missing element seemed to be how the Trust followed up on feedback from learning from deaths with teams and that this may be closed as a result of the processes being implemented following the clinical governance review. The Board also noted that the CMO may temporarily take over chairing of the MMC when Dr Nigel Kennea steps down until a substantive replacement was found.</p> <p>The Board noted the report.</p>	

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<p><b>2.6 Safeguarding Children Annual Report</b></p> <p>The Board received and noted the Annual Safeguarding Children Report which had been discussed at the Quality and Safety Committee (QSC) on 18 July 2019. The CN outlined the key elements within the report including that a key area for improvement included staff safeguarding supervision which would be discussed at QSC in six months. The Chairman noted that the QSC had been substantially assured by this report.</p> <p>The Board noted the report.</p>	
<p><b>3.0 FINANCE</b></p>	
<p><b>3.1 Finance and Investment Committee Report</b></p> <p>Ann Beasley, Chair of the Committee, provided an update on the meeting held on 18 July 2019. The Committee had a robust discussion about the Board Assurance Framework risks for both finance and information technology and found that the new format with clearer visibility on the supporting risks and actions was helpful. The Committee recognised the fragility of the financial position despite being on plan in month. There was pressure on the pay budget and the cost improvement programme (CIPs) with further schemes to be identified. The Committee was also cognisant of the impact of having a block contract and the need to manage this effectively. The Committee received and discussed a report on procurement which had improved significantly and was helping to improve efficiency.</p> <p>The Board noted the report.</p>	
<p><b>3.2 Finance and Investment Committee (Estates) Report (FIC(E))</b></p> <p>Tim Wright, Non-Executive Director lead for estates, provided an update on the meeting held on 18 July 2019. The Committee now had a complete picture of the estates issues as a result of the new governance processes in place and were assured by the way the estates team were addressing these issues. The scale of the task and the costs implications should not be underestimated and there was still concern about the ability of the Trust to deliver at the required pace given the tight resources. The Committee would be looking at the longer-term plans and actions. Clinical teams were very aware of the water safety issues and were engaging with the Estates Team to ensure that any potential risks areas were addressed quickly. Tim Wright noted that at present focus is on meeting regulatory requirements, addressing urgent issues and developing the long term estates strategy.</p> <p>The Board noted the report.</p>	
<p><b>3.3 Month 03 Finance Report</b></p> <p>The CFO reported that at Month 3 the Trust was on plan but there were significant challenges. Income was above target and expenditure was favourable against budget but the financial position was very pressured. CIPs were currently on track with many of the schemes scheduled to deliver at the latter part of the financial year. From the high-level forecast at month three, there was an overspend on pay in some areas. The Trust was closely managing the block contract. There were emerging issues around</p>	

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<p>the national supply chain and an issue related to estates which would incur additional costs. The Trust's capital budget was on plan.</p> <p>The Board noted the report.</p>	
<p><b>4.0 Strategy</b></p>	
<p><b>4.1 Corporate Objectives (Q1) Report</b></p> <p>The CSO provided an overview of the exception report for delivering the corporate objectives at quarter one (Q1). Of the 18 objectives, eight had been rated green, seven amber, two red and one had no milestones for Q1. There were now key metrics for measuring success against objective one. In response to Ann Beasley's comments about the lack of progress on the diversity and inclusion objective, the CPO reported that progress had been hindered by capacity issues which are currently being managed with additional resources being sourced. Sarah Wilton queried the delay to the listening events which were considered a useful source of information and the CPO reported that there was already a good level of understanding about the key issues. The Chairman noted that there was a degree of anxiety around the progress being made on the workforce objectives. The CPO reported that these objectives were key priorities but there had been significant resourcing issues and he would discuss these further at the Board development session in August.</p> <p>The Board noted and approved the report.</p>	
<p><b>4.2 Corporate Support Strategies</b></p> <p>The Board received and noted the update on progress to develop the supporting strategies and that each Board Committee would receive progress reports on relevant supporting strategies.</p>	
<p><b>4.3 Outpatients Strategy</b></p> <p>The CSO reported that the outpatient strategy was a key part of the Trust's overarching strategy and it linked to the NHS Long Term Plan and national priorities to transform outpatient services. The strategy had been developed following engagement with staff, patients and other stakeholders. The implementation plans were being developed to include wider programmes of work across the South West London but there had been good progress on digitalisation. The plan for the current year focused on workforce, estates and digitalisation. The DDO-CWDT reported that key workstreams had focused on patient pathways and estates and getting the workforce model right.</p> <p>Tim Wright noted that the prominence of IT leapt out from the proposed strategy and queried whether the Trust was missing a step by not having an ICT strategy which covered the financial implications and interdependencies of long-term ICT systems. It would also be useful to understand where other digital leaders had implemented similar systems. Sarah Wilton commented that the strategy did not highlight the role of the Integrated Care System (ICS) or GPs. The strategy also had one significant weakness in that there were no significant peer analysis/comparators. Stephen Collier noted that the strategy was coherent with the exception of the information around the three supporting pillars and asked who the leads</p>	

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<p>were and about the key priorities. The CSO advised that the detailed digital strategy would be presented to Finance and Investment Committee which would provide further clarity. Whilst the outpatients' strategy spoke to the national transformation programme, the ICS did not have a system-wide solution and therefore the paper focused on addressing the Trust's outpatient challenges. The implementation plan was a separate operational document which detailed how the outpatients team would focus on getting the basics right. The CTO added that the work around planned care transformation was part of the work currently being done by the outpatients' team. The Trust was benchmarking with some global digital exemplars such as Oxford and it was noteworthy the Trust was not as far behind system leaders with good examples including the implementation of Cerner. The Trust had been very clear with commissioners that this workstream related to planned care and getting patients the right care in the right place. The Trust was working with system partners on national benchmarking and technology development. The DDO-CWDT reported that the detailed plan by speciality was being developed with the focus being on improving the patient pathway. The Chairman reflected that some of the NEDs were not sighted on the digital strategy and asked the executive team to think about how to ensure the full Board was engaged and understood the key elements before it was presented for approval. <b>The Chairman reflected that the Board needed to hear more about what underpinned the strategy and agreed to work with the CSO to develop what needed to come back to the Board.</b></p> <p>The Board agreed that it could not approve the outpatients' strategy, but did agree the underlying vision expressed.</p>	<p>Chairman/ CSO</p>
<p><b>5.0 Governance</b></p>	
<p><b>5.1 Clinical Negligence Scheme for Trusts (CNST) – Maternity Services</b></p> <p>The Board reviewed the self-assessment against the ten CNST safety standards in relation to maternity services as part of the process for applying for a rebate from NHS Resolution. The Board noted that this had been reviewed by the Quality and Safety Committee as observed earlier in the meeting. The CN advised that reference to the Trust Board receiving reports was incorrect and should instead state that the Quality and Safety Committee would receive these reports.</p> <p>The Board approved submission to NHS Resolution and gave the Chief Executive delegated authority to sign the declaration on behalf of the Board.</p>	
<p><b>5.2 Board Assurance Framework</b></p> <p>The Board conducted a detailed review of the Board Assurance Framework (BAF). The CN reported that unlike other risks areas which had been scrutinised at relevant Board Committees the workforce and organisational development risks had not yet been scrutinised by the Workforce and Education Committee (WEC) which was due to meet on 8 August 2019. The strategic risks had been aligned to the corporate risks. Work continued to strengthen the assurance ratings process and create greater consistency and structure. In reviewing the report, the Board was asked to consider whether or not it was content with the proposed assurance ratings.</p>	

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<p>The Chairman noted that the BAF report and progress had taken a big step forward but recognised there were still elements of work being undertaken and there had been very good discussions and debates about relevant risks at the Finance and Investment and Quality and Safety Committees in July. The Chairman also flagged concerns from the NEDs about SR11-15. Ann Beasley commented that the risk rating for SR12 was low at nine and the CPO advised that this would be reviewed by WEC in August. Key actions related to SR12 were being progressed at pace and WEC would consider a separate paper on diversity and inclusion which outlined the actions that would be taken to mitigate the risk. Sarah Wilton noted that the risk rating for SR11 was also too low, with other Board members concurring. Stephen Collier noted that SR14 should reflect the developing risk around headroom. The Chairman summarised that the Board had concerns about scoring, assurance rating and the text contained in strategic risks 11, 12 and 13. The CPO advised that WEC would review these risks and in relation to SR14 and the key actions around retention plans would be included in the descriptor. The CFO noted that given that risks score for SR8 and 9 in relation to capital SR12 should be rated as a score of 16. The CPO noted that he would review the risk scoring for SR14 reflecting on the interdependences with other risks.</p> <p>The CN reported that the SR5 and SR6 had been developed in conjunction with the CSO. SR6 was scored a risk rating of nine based on all the work the Trust is doing around SWL and with external partners. Sir Norman Williams expressed anxiety around this rating given the Board had limited assurance around the different moving parts in the external environment and the NHS landscape. In addition, reflecting on the contributing risks scores, the rating for SR5 should be increased to 16. The Chairman, with many Board members concurring, noted that there was a key underpinning risk not included under SR6 which related to the relationships within the system. This risk needed to be scored higher to reflect this uncertainty around where the Trust fits into an uncertain environment.</p> <p>A discussion on where the ownership for changing risks rating ensued and it was clarified that whilst the Risk Management Executive played a key role in ensuring that there was a clear structure and approach for risk management and risk rating, the responsibility for affixing the appropriate risk rating for BAF risks lay with the Board and the CN should ensure the Risk Management Strategy was updated to reflect this.</p> <p>The Chairman summarised the actions as follows:</p> <ul style="list-style-type: none"> <li>• <b>The Workforce &amp; Education Committee (WEC) would review the workforce and organisational risks to ensure they adequately articulated the key elements of risks and were appropriately rated giving consideration to the wider BAF and other interdependent risks;</b></li> <li>• <b>The Board approved the risks and ratings in relation finance and quality; and</b></li> <li>• <b>Further work would be carried out to increase the rating for strategic risk 5 and the CN and Chairman would work on the description of strategic risk 6 with the view of increasing the risk rating to 12.</b></li> </ul>	<p style="text-align: center;"><b>WEC</b></p> <p style="text-align: center;"><b>Chairman CN</b></p>
<p><b>5.3 St George's Hospital Charity Report</b></p> <p>The Board received and noted the quarter one report from the St George's</p>	

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	Hospital Charity. The CEO reported that the Trust had secured charitable funding from the Charity to develop its intranet which would provide support to staff and make a huge difference in how teams work.	
<b>5.4</b>	<p><b>Horizon Scanning Report: Emerging Policy, Regulatory, Statutory and Governance Issues (Q1)</b></p> <p>The CCAO presented the quarter one horizon scanning report, which was the first of a new series of quarterly updates on emerging political, legislative, policy and regulatory issues that have relevance to the Trust and was intended to support the Board in providing a regular and systematic review of key developments. The Board welcomed the report and noted that it was very useful to receive a report that provided a comprehensive overview of emerging issues which could impact directly or indirectly on the Trust.</p>	
<b>5.5</b>	<p><b>Workforce &amp; Education Committee Terms of Reference Review</b></p> <p>The Board approved the Workforce and Education Committee terms of reference subject to inserting an additional reference to the Committee's role in overseeing diversity and inclusion in the section on the Committee's purpose. It was also noted that now that Board Directors' job titles had been updated, these would need to be updated in the terms of reference.</p>	
<b>6.0</b>	<b>CLOSING ADMINISTRATION</b>	
<b>6.1</b>	<p><b>Questions from the public</b></p> <p>The Chairman invited questions from the public.</p> <p>Trust Governor, Mia Bayles, reflected that the Board may find it useful to introduce the flash card system mentioned in the discussions about never events. It was noted that this would indeed be given due consideration.</p> <p>The CN reported that all wards and theatre areas had white boards in response to a comment from Hazel Ingram, Patient Participation and Engagement Representative.</p>	
<b>6.2</b>	<p><b>Any other risks or issues identified</b></p> <p>There were no other risks or issues identified that were not already considered by the Board as part of the discussions in the Board Assurance Framework.</p>	
<b>6.3</b>	<p><b>Any Other Business</b></p> <p>There were no matters of any other business raised for discussion.</p>	
<b>6.4</b>	<p><b>Reflections on the meeting</b></p> <p>The Chairman invited the Sir Norman Williams to offer reflections on the meeting. Sir Norman William commented that the meeting and the quality of the discussions were good. The quality of the papers, however, was variable and needed to improve. In particular, the executive summaries needed further attention to ensure responsible Directors teased out the key points that the Board needed to consider; too often executive summaries</p>	

	<b>Action</b>	
<p>appeared to be an afterthought. The feedback from Board visits were very instructive and it was important to keep the emphasis on staff and patients. It was also important that the feedback collated was reviewed to ensure actions were taken forward. It was good to see the level of challenge in the discussions about the integrated quality and performance reports but it would be useful to have had more challenge from the executive directors. There needed to be more work on effective measurement of the impact and outcomes of transformation and QI projects. The question of how learning was embedded across the Trust needed sustained attention and further work is needed in this area. The NEDs were not assured by the outpatients' strategy given the absence of an implementation plan in the document. Whilst it was fully understood that some reports needed robust discussion by the full Board, it may be useful to utilise the Board Committees to sharpen the discussion and not repeat previous debates, for example on the CNST maternity report. The horizon scanning report was very good, and Sir Norman commented that he felt that more time should have been allocated to this and that there was not enough discussion and reflection on the key implications for the Trust.</p>		
<p><b>7.0 VALUES AWARDS, PATIENT &amp; STAFF STORIES</b></p>		
<p><b>7.1</b></p>	<p><b>Values Award</b></p> <p>The Board welcomed Karen Langley, Patient Pathway Coordinator in Gynaecology, who was nominated for a Living Our Values Award by a patient she supported. The Board thanked Karen for her contribution to the Trust, supporting the patient and demonstrating the Trust's values. The Chairman presented the award.</p>	
<p><b>7.2</b></p>	<p><b>Staff Stories: Ward and Department Manager Leadership Development Programme and Quality Improvement Projects</b></p> <p>The Board welcomed Robert Bleasdale, Deputy Chief Nurse (DCN), Donna Morgan, Senior Sister, Champneys Ward on the Renal Unit (DM) and Ma Rube Simba, Staff Nurse, Kent Ward in Neurology (MRS).</p> <p>The DCN provided an overview of the ward and department manager leadership development programme which spanned eight study days and included seven taught modules covering leading the ward, self as leader, leading at the Trust, working with others and leading the service. To complete the course participants needed to complete a quality improvement project and present the results at the end of the course, subject themselves to a 360 degree feedback review, and complete the two-day passport to management course.</p> <p>DM introduced her quality improvement project on advanced care planning for renal patients noting that the driver for the project was the established research which showed that through structured discussions with patients and their families the Trust could help people live well right to the end of their life. MRS outlined her project which resulted in the development of a protocol which described the roles and responsibilities of a Nurse in-charge/Charge Nurse when running a shift. Both MRS and DM outlined the value they both attained from completing the leadership programme and how they had used their learning to support not only their team but also other teams across the Trust and externally.</p>	

	<b>Action</b>
	The Board noted the presentation and posters and thanked MRS and DM for their passion and focus.
<b>Date of next meeting: Thursday 26 September 2019 at Room H2.6, Hunter Wing, St George's, University of London</b>	