

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
In Public (Part One)
Thursday, 26 September 2019, 10:00 – 13:00
Room 2.6, Hunter Wing St George's University of London**

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection Prevention & Control	CN
IN ATTENDANCE		
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
Ellis Pullinger	Chief Operating Officer	COO
APOLOGIES		
Tim Wright	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Jacqueline Totterdell	Chief Executive Officer	CEO
Andrew Grimshaw	Chief Finance Officer/Deputy Chief Executive Officer	CFO/DCEO
Dr Richard Jennings	Chief Medical Officer	CMO
Sally Herne	NHSI Improvement Director	NHSI-ID
SECRETARIAT		
Tamara Croud	Interim Assistant Trust Secretary (Minutes)	IATS

Feedback from Board Visits

Renal Dialysis Unit and Court Yard Clinic: Chairman, CSO and COO

The CSO reported that the renal dialysis unit which moved out of the Knightsbridge Wing was now located in the portacabin facilities co-located with transplant services. Although the environment was not ideal, patients were very complimentary and had written to the CEO praising the service. Staff were working hard to ensure that patients had a good experience despite the challenges with the environment. A year ago, the Court Yard Clinic had some significant challenges around temperature control but this has now been dealt with. The Chairman advised that staff in the Dialysis Unit were disappointed at being awarded bronze award following the recent ward accreditation and asked whether this rating was related to the environmental factors which were not in their control, it should be revisited?

Feedback from Board Visits

Coronary Care Unit and Cardiology Nurse Practitioners: Sarah Wilton and CTO

The CTO reported that both visits were very good and in discussions two quality improvement project ideas had been apparent. The first was the development and use of a patient experience video which explained to new patients what to expect when they attended the Coronary Care Unit and the second related to how to schedule cardiac capacity and the use of the cardiology laboratories for inpatients and possibly reduce length of stay. In both areas a material issue raised related to the cleaning contract and whilst staff were completing Datix they did not feel that they are getting feedback on individual areas. The Coronary Care Unit was cluttered with workstations on wheels and the Trust needed to think about how to manage this. On workforce, recruitment remained a challenge but headway was being made and the team wanted to focus on retention and the learning environment. Sarah Wilton advised that there was also a lot of discussion about the closure of the Charles Pumpfrey space and frustration that it is not efficient for patients or staff. The COO agreed to follow-up on the issues related to Charles Pumpfrey but advised that the Trust did have a flexible arrangement for the services especially in relation to elective activity and this is within the gift of the division to address with the current understanding being the only issue related to staffing. In addition, Sarah Wilton reemphasised the cleaning issue and requested that as part of the Trust's review of the award of the cleaning contract the delivery of against key performance indicators be considered. The Chairman noted that the CN would pick up on the issue of cleaning with the CFO/DCEO.

Therapy Outpatients and Hydrotherapy Pool: Stephen Collier and CN

Stephen Collier commended Gemma Stot, Interim Chief Therapist, as the embodiment of the St George's values who had a can-do competent approach which was very effective. Staff demonstrated good practice with the right approach to patients. The calibre of the staff was uniformly strong. The service had extensive service hours five days per week across different therapies and a passion for driving service improvement. The service demonstrated how effectively it managed vacant slots where patients 'did not attend' for appointments which meant it was running at 97% capacity. The service continued to deliver the pathway and has an adaptable approach to its interfaces with South West London Elective Orthopaedic Services (SWLEOC) and Trauma and has a strong focus on delivering care. There needed to be more focus on single point of access where channelling patients through physiotherapist before they see consultants has significantly increased the services case numbers and workload without commensurate increase in resource which has an impact on triaging patients leading to a backlog. Ceasing the Saturday clinic had impacted on the service given increase in demand. The environment was reasonable but there were two issues, firstly the hoist needed to be replaced and the showers in the hydrotherapy pools had been out of order for some time. The COO would pick up the booking issue and report back and the CN would follow-up on the estate issues.

Complaints Team, PALS and Flu Clinic: Ann Beasley and CPO

The CPO reported that the Trust was progressing with the flu vaccination programme and a report would be presented to the Board in October with the aim to hit the 90% target this year. The Complaints and PALS services were very positive, enthusiastic and the teams loved what they were doing. Consideration needed to be given to how best to address issues and complaints that arose over the weekend. A key issue was the IT system which could be erratic but staff acknowledged the responsiveness of the ICT team. The Complaints team commended the CommCell approach that had been adopted in addressing the timeliness of responding to complaints. In August 2019, responses had reached 100% for timeliness for the first time in many years.

Values Award

The Board welcomed Security Officer Errol Skeete, who, with colleagues Donovan Berry, Jit Gurung, John Teale and Peter Windus, was nominated for a Living Our Values Award by a member of staff for the professional, knowledgeable and vigilant support provided during a particularly

serious and stressful incident. The Board thanked the team for their contribution to the Trust and noted that the hospital depends on the professionalism and expertise of its staff. The Chairman presented the award.

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1.0	OPENING ADMINISTRATION	
1.1	<p>Welcome, Introductions and apologies</p> <p>The Chairman welcomed everyone to the meeting and noted the apologies as set out above.</p> <p>The Chairman reported that whilst it was unfortunate the Sir Norman Williams was called away to another meeting she wanted to formally acknowledge his contribution to the Trust and the Board given this would be his last Board meeting. Sir Norman Williams would join the private session later in the day but it was important to acknowledge publicly his support to other Non-Executive Directors and Executive colleagues. His significant expertise had been invaluable and whilst the Trust would prefer that he stayed it was understood that this was not possible alongside his new national role as Chair of the Independent Reconfiguration Panel.</p>	
1.2	<p>Declarations of Interest</p> <p>The Board noted the register of Board members' interests.</p> <p>The Chairman highlighted that among her declarations was her new role as Chairman of Epsom and St Helier University Hospitals NHS Trust, which had commenced on 1 October 2019. The Chairman observed that she had been appointed to the role by NHS England and NHS Improvement and while she would be Chair in Common of both Trusts she assured the Board that she would continue to be able to fulfil the time commitments required in her role at St George's. Robust arrangements were in place for the management of any specific interests that arose from her appointment to this role.</p>	
1.3	<p>Minutes of the meetings held on 26 July 2019</p> <p>The minutes of the meeting held on 26 July 2019 were agreed as an accurate record subject to ensuring that the action related to the CSO and the Chairman discussing what needed to come back to the Board in relation to the outpatients strategy detailed in section 4.3 on page 10 be included in the action log.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Board reviewed and noted the action log including the actions on which were not yet due.</p>	
1.5	<p>Chief Executive Officer's Update</p> <p>The CN presented the Chief Executive Officer's Update in the absence of the CEO and highlighted the following:</p> <ul style="list-style-type: none"> The Trust was pleased with the Chairman's appointment as Chairman of Epsom and St Helier University Hospital NHS Trust alongside her existing role as Chairman of St George's. This would help ensure that both 	

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<p>organisations worked more closely together which would have benefits for the patients of both organisations.</p> <ul style="list-style-type: none"> • The Trust had now returned to Referral-to-Treatment reporting at the Queen Mary's Hospital (QMH) site and iClip, the electronic patient administration system, had been successfully deployed at the site to bring it in line with the Tooting site. The staff in the ICT team had gone to great lengths to ensure the success of the project and should be commended for their work. Linked to this, it was also highlighted that the number of people waiting for treatment over 52 weeks has reduced to six patients. • The Trust was concerned about the ongoing challenges in meeting the Four Hour Operating Standard for the Emergency Department. Performance remained challenged and while the hard work of the teams involved was recognised it was clear that more work needed to be done. To this end, the CEO would be chairing a weekly ED performance group to ensure that overall performance and volatility in performance levels was addressed. • Fiona Ashworth, Divisional Director of Operations (DDO) and Lisa Pickering, Divisional Chair of the Medicines and Cardiovascular Division, were both leaving the Trust in September 2019. The Trust thanked both Fiona and Lisa for their contributions over a number of years and wished them the very best for the future. Mandy Woodley and Jane Evans had been appointed as DDO and Divisional Chair for the Division. • There were a number of significant upcoming events to which the attention of the Board was drawn. The first was the Annual Members' Meeting which would take place that evening. There was also a Health and Wellbeing Week planned for 1 October 2019. The Trust had also won a Nursing Times award for best recruitment experience the previous evening. <p>The CN, on behalf of the CEO, expressed the thanks and appreciation of the executive directors for Sir Norman Williams' support and advice during his term as non-executive director and noted that he would be much missed but nonetheless congratulated him on his new role.</p> <p>Ann Beasley reiterated gratitude and acknowledgment of the work carried out by the ICT and operations teams to implement iClip and return to referral to treatment time reporting at the QMH site. The level of planning and engagement had been a good example of effective project implementation and management.</p>	
<p>1.5.1 Trust Executive Committee Terms of Reference</p> <p>The Board received and noted the terms of reference for the Trust Executive Committee. For avoidance of doubt, the Trust Executive Committee was not strictly a committee of the Board as it was not chaired by a non-executive director. Rather, it was an executive management Committee chaired by the Chief Executive to oversee and ensure the effective implementation of Trust strategy, oversee organisational performance, make management decisions on key issues, oversee the effectiveness of operational governance and risk management, and escalate issues to the Board. Given its status, the Board was not asked to approve the terms of reference but as a matter of good practice these were presented to the Board for information and assurance that</p>	

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<p>there was a robust governance process in place at executive level.</p> <p>In response to a question from Sarah Wilton, it was reported by the CCAO that the Board would be kept abreast of the work of Trust Executive Committee as appropriate through the regular reports that are provided to each Committee as well as through the CEO's report to the Board.</p>	
<p>2.0 QUALITY AND PERFORMANCE</p>	
<p>2.1 Quality and Safety Committee Report</p> <p>On behalf of Sir Norman Williams, Chair of the Committee, Professor Jenny Higham presented the report of the meetings held on 22 August and 19 September 2019. The Trust should be very proud of the exemplar Learning and Disabilities Services which, despite increased activity, was delivering excellent support to patients with disabilities. The Committee endorsed the extension of the deadline to achieve the outstanding CQC action related to attaining the 85% target for mandatory and statutory training to December 2019 as opposed to end-September 2019. This was in recognition of the fact that there was a national issue with triangulating new nurse and junior doctors prior training records and being able to utilise these to demonstrate completion of basic training such as resuscitation training. For the first time in many years the Trust complaints response target was green and the Committee was reassured that this would remain the case in September and that focus was being given to sustainability, with more experienced staff being brought in to support the team. The Committee had noted the many areas of good performance across the Trust.</p> <p>The Committee also thanked the Sir Norman Williams for his contribution and chairmanship of the Committee, his championship of the quality agenda and respectful yet robust challenge of the issues which had contributed to the improvements in the Committee.</p> <p>The CN advised that the current complaints on-time response rate was 100% for September. The Chairman concurred with the praise of the Learning Disabilities Service noting that the level of care and attention provided by the service had met the highest standards and therefore the Board formally thanked the service.</p> <p>The Board noted the report.</p>	
<p>2.1.1 Mental Capacity Act and Deprivation of Liberty Standards (Annual Report 18-19)</p> <p>The CN presented the Mental Capacity Act and Deprivation of Liberty Standards Annual Report for 2018-19 advising that this had been considered in depth by the Quality & Safety Committee in July 2019. She reported the assurance the Committee had received and commended the Trust for attaining the 80% training target. The progress made was the result of an enormous amount of work in this area. The Chairman commented that this represented real progress and the good work done was very evident. The CTO added that it may be useful to complete annual reports against other targets such as treatment escalation plans.</p> <p>The Board agreed that it would be useful to complete annual reports for</p>	

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<p>certain other performance areas such as treatment escalation plans and that proposals on which areas would benefit from this approach would be presented to the Quality and Safety Committee for consideration.</p>	<p>CN</p>
<p>2.2 Integrated Quality and Performance Report (IQPR)</p> <p>The CTO gave an overview of the IQPR at Month 5 (August 2019). Day case and elective activity performance continued to improve. Performance was currently 5,035 which was above target and represented an increase on the 4,535 recorded for August. Similarly, the Trust continued to record increases in the number of outpatients receiving first appointments with actual performance being 15,094 which is an increase from the recorded 14,971 in August. The Trust has now managed to change its balanced scorecard rating on cancer to green as result of achieving all cancer performance standards which could be credited to the work of the COO and the operations teams. The Trust and South West London were the national leaders for cancer. 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.</p> <p>Stephen Collier queried whether theatre utilisation issues was impacted by the turnaround of beds to which the CTO advised that the Trust cancelled very few patients for beds. Non-elective stay was increasing whilst elective length of stay has reduced. Things that have impacted on beds relate to outpatient flow through and the level of booking capacity. Sarah Wilton queried the degree to which the Trust was clear about day cases and how the Trust utilised beds. The CTO advised that the report (page 16) set out the increase in the number of elective and day patients treated by day but it was recognised that the Trust could do more activity in the day surgery unit but the focus was on ensuring that the Trust placed the patients in the most appropriate environment to be treated given that day cases happened across the Trust. The COO advised at the recent Trust Executive Committee performance review meeting focus was given to day surgery performance and the divisions outlined plans to review and improve utilisation with a deadline of October 2019. In addition in relation to patient pathway management the Trust was rolling out Insight, the patient booking system, in partnership with Four Eyes which would further improve theatre utilisation.</p> <p>The COO provided a comprehensive verbal update on the Trust's emergency care performance and the Board noted the following material points:</p> <ul style="list-style-type: none"> • The Trust was working with the Wandsworth and Merton Clinical Commissioning Groups to complete a review of the Trust's emergency department (ED). This work was completed by the Emergency Care Intensive Support Team (ECIST); • The initial review by ECIST had identified the following key themes: <ul style="list-style-type: none"> – There were too many patients being streamed through the ED and the Trust needed to use its ambulatory services more effectively to appropriately divert patients who had been referred by a GP to a more relevant area across the Trust for example to ambulatory services. – There was a lack of joined-up working within the ED team and the Trust needed to build dynamics within the team which included clarity on 	

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<p>trigger points in terms of level of business and acuity in the department.</p> <ul style="list-style-type: none"> - The EDs ward processes and how it discharged patients across the organisation. There was a lack of consistency in how the department applied and utilised the red-to-green processes for assessing and planning for patients to move across the hospital. The Trust needed to re-energise the work and use of this system uniformly. - The Trust needed to significantly refresh its protocols for running the site when the ED had high demand and in escalation status. While there were some examples of good practice the Trust could learn from other trusts in this area. <ul style="list-style-type: none"> • The ECIST final report would be available mid-October 2019. • Given the performance and challenges with the ED recently the CEO would now chair a weekly meeting and this will be informed by the ECIST feedback to ensure the organisation was realigned. <p>Ann Beasley noted that the Trust had undertaken previous reviews and held discussions about ED performance and queried whether or not any of the ECIST findings were novel or surprising and the extent to which the recommendations would resolve the underlying issues in performance. The COO advised that ECIST had very hands-on expertise about what works well in other organisations across the country. ECIST had flagged that the Trust should be proud of the quality and delivery of the care it was delivering and that there were some things it was doing very well. However, there were challenges with ED leadership and team working which the Trust needed to address in addition to ensuring that all GP referred patients are triaged to the right parts of the hospital and not just into ED. The ECIST work would prompt the Trust in the right direction and would provide tangible actions which could be implemented to drive improvement in the short-term. Stephen Collier queried whether or not the team working and leadership issues related to policies and processes or culture. The COO reported that team working issues related predominately to culture and behaviours. Sarah Wilton reflected that the Trust had previously had other organisations conduct similar reviews and commented that it was therefore difficult to understand, from the verbal update, what was going to be different in terms of having a clear plan on accountability and leadership and a timetable for delivering real change. The Board needed to have sight of the action plan and the timetable in order to ensure it could track and measure success and be assured that the actions were delivering the required improvement. The COO advised the Trust had already put in place the process for streamlining GP referred patients to the appropriate part of the hospital. The Trust was under no illusions about the scale of the task and would focus on this work to ensure actions were implemented and that performance was both improved and sustained.</p> <p>The Chairman noted that the ECIST work had only been completed on 23 September 2019 and therefore appreciated the frank and open discussion with the Board and it was good to note that the CEO would chair the weekly meetings.</p> <p>The Board agreed that a clear plan would be presented at its next meeting which gave Board the sense there was sufficient grip. The plan would outline the expected percentage improvement that would be gained from streamlining the pathway to ensure that GP referred patients were triaged to other parts of the hospital, a progress report on the actions taken to</p>	

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<p>complete the quick wins such as improving the processes for discharging patients and refreshing the protocols for running the site when there was high demand in ED and the plan for addressing the cultural issues.</p> <p>The CN reported that the Trust's friends and family response rates and positive responses for inpatients had increased, while ED remained static. Outpatients' FFT response rates had improved but were still well below the threshold. The Trust would be carrying out focused work in this areas which reflected the new guidance and this would be discussed at the Quality and Safety Committee and how best to triangulate this with PALS and complaints.</p> <p>The CPO reported that funded establishment and agency spend were the material issues of concern in relation to workforce. The Chairman noted that the agency spend was a matter of concern and Stephen Collier noted that in the next two/three months the Cost Improvement Programme calls for the savings to start to be delivered . The materiality of this was stark set in the context of current capacity and demand for services and therefore the Board should not underestimate the challenge in the next three months. It was noted that the CFO/DCEO was very much sighted on this issue and the CPO reported that discussions had already begun with Divisions about the need to focus on operational delivery and the workforce implications with the view that more needed to be done to tighten up controls.</p> <p>The Chairman summarised that, the discussion had given the Board limited assurance. The planned increase in assumed CIP delivery is going to be challenging for the Trust and therefore the Board would need to monitor performance carefully.</p> <p>The Board noted the report.</p>	<p>COO</p>
<p>2.3 Cardiac Surgery Update</p> <p>In the absence of the CMO, the CTO presented an update on the steps being taken to improve the cardiac surgery service and outlined the key points of the report. The Trust continued to work with partners to develop the networked model for delivering cardiac services across South London. This work was being clinically-led. Ann Beasley flagged that there had been a change in the scoring of the risks related to the service and asked for clarity on the rationale for the movement in the scores. The CN explained that the movement in the risks were not well articulated in the report and reassured the Board that there was a risk register in place for the service which was managed robustly in line with the Trust's risk management policy. The CTO also reported that the Trust had reconciled its cardiac surgery risk register and ratings with the NHS England and NHS Improvement assessment of risks in this area. The CCAO suggested that at the appropriate time the Board should revisit progress against the action plan from the Bewick Report to ensure that the actions were being progressed and/or closed as appropriate. The last time the Board had reviewed this was in December 2018 and it may be appropriate for this to come back in a future report before the end of the calendar year.</p> <p>The Board agreed that the next iteration of the cardiac surgery report would include more information on the risks and movement in risks score and that a future report on cardiac surgery would be presented to the Board before the end of 2019 which would review the actions from the</p>	

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	Bewick Review.	CMO
2.4	<p>Quality improvement Academy Quarter 2 Update</p> <p>The CTO reported that there continued to be lots of quality improvement (QI) work taking place across the Trust. As previously agreed the Trust was developing a dashboard to track QI projects and performance. Lots of the QI work in the divisions linked with the 'get it right the first time' (GIRFT) initiative and the Trust was also progressing projects as part of the Health Improvement Network (HIN) and leading better use of technology and pathway management. The CTO added that the Trust had recently won an HIN award for the most innovative trust.</p> <p>The Chairman noted the Board's congratulations on winning the HIN award and expressed appreciation to all the teams involved. The CSO noted that QI was a key enabler to delivering the clinical strategy and QI would be a focus in scoping the strategic priorities next year. Ann Beasley noted the good working being done but queried plans to send ten key leaders to learn more about the potential of QI in Orlando Health given the financial position of the Trust and asked whether such training could be offered closer to home at lower cost. The Improvement Methodology Director (IMD), Martin Haynes, commented that the proposed visit to Orlando Health would be supported by the Charity and that Orlando Health was one of the leaders in QI. However he would revisit the proposal to consider whether there were any closer alternatives.</p> <p>Sarah Wilton enquired as to the speed and scope for training and developing staff to deliver the QI methodology which would empower them to begin to make changes in the 'St George's Way' and requested the new dashboard for tracking QI projects include measures of tangible impact and evidence of change. The Chairman echoed the latter point noting that the dashboard should track the difference made to patients and that QI became a more strategic driver of change. The IMD commented that staff were being trained in QI and that three new QI leads had been deployed across the divisions to support staff to drive QI projects. In addition, he confirmed that the new dashboard would include tangible data on impact and evidence of change.</p> <p>The Board noted the report</p>	CTO
3.0	Workforce	
3.1	<p>Workforce & Education Committee Report & Terms of Reference</p> <p>Stephen Collier, Chair of the Committee, presented the report of the meeting held on 8 August 2019. The Committee's focus had shifted to assurance in line with its terms of reference and the membership of the Committee had also changed. These changes were connected with the establishment of a new People Management Group (PMG) which would focus on the operational side of workforce issues and report to the Committee through Trust Executive Committee. This would ensure that the Workforce and Education Committee operated as an effective assurance Committee of the Board and that it would avoid getting drawn into operational and management issues. The</p>	

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<p>Committee considered the key strategic risks related to workforce and agreed that the risk on Diversity and Inclusion be increased to reflect the lack of progress on the project. Conversely, there had been real improvement on recruitment and there was a planned focused on retention. As a result, the Committee decided it was appropriate to propose reducing the risk score on recruitment and retention given the sustained performance. The Committee had approved the Freedom to Speak Up Policy and the submission to Health Education England on revalidation. The workforce metrics reflected steady progress and, when benchmarked with other trusts, the Trust performed well with the exception of sickness and appraisal rates. However, the Trust had plans in place to address these areas. Workforce spend was a key area of focus for the Committee at present. The Committee had proposed minor changes to its recently approved terms of reference to reflect the establishment of the PMG and to provide that going forward the Corporate Affairs team would provide secretariat support to the Committee, and he asked the Board to approve these amendments.</p> <p>The CPO flagged that the proposals to reduce the recruitment and retention risk from 16 to 12 in line with the Committee's discussion had been considered at the Risk Management Executive which had not been assured by the rationale for such a change and as result the risk currently remained scored at the previous level. The CN reported that while there had been real progress on recruitment, the Risk Management Executive were not assured that the risk could be reduced given that each division had high-rated risks related to junior doctors rota and therefore asked the CPO to comeback with further proposals. The Chairman noted that the Board needed to discuss where the responsibility lay for deciding the scores for a Board Assurance Framework risk (strategic risks). This discussion would take place in October when the Board considered the BAF Q2 papers. The Chairman also reflected that thought should also be given to the sequencing of management of meetings so that the Board Committees were considering the final proposals that had been fully discussed and explored by the Executive as it was unsatisfactory that an Executive forum should overrule the BAF risk score of a strategic risk which had been considered by a Board Committee or the Board itself. The Chairman asked for assurance that there were programmes of work ongoing to address the sickness and appraisal performance and the CPO advised that there were robust plans in place. Stephen Collier advised that Committee would keep these plans under close review.</p> <p>The Board noted the report and approved the revised terms of reference.</p>	
<p>3.2 Staff Engagement Plan 2019-21</p> <p>The CPO presented the Staff Engagement Plan for 2019-21 which had been discussed and endorsed by the Workforce and Education Committee (WEC) at its meeting in August 2019. The focus of the plan was getting the basics of engagement right, with six key strands of work which included:</p> <ul style="list-style-type: none"> • Listening, responding to and engaging our staff; • Developing outstanding leaders and effective teams; • Taking a zero tolerance approach to bullying and harassment; • Working to deliver our Diversity and Inclusion Strategy; • Empowering our staff to make real change; and • Refreshing and living our Trust Values. <p>The plan had been redrafted and enhanced following discussion at the</p>	

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<p>private Board meeting in June 2019. Progress on delivery would be monitored at WEC and the Board would receive quarterly reports on progress.</p> <p>The CN commented that the plan was much improved from the version considered by the board in June and enquired about the senior responsible officer (SRO) for the programme of work. It was noted that the CPO would be the SRO for the project and senior leaders in the workforce team would be responsible for driving key strands of the programme. Sarah Wilton enquired whether or not WEC would receive a detailed plan with timelines for delivery. The CPO advised that the plan was deliberately high level but reports on progress across each of the workstreams would be considered at WEC so that the Committee could provide effective assurance to the Board on progress. Sarah Wilton suggested it would be useful for WEC to receive a baseline report in October 2019. Stephen Collier advised that the plan was the important basic building block which could be developed further in the workforce strategy. The CTO noted that each workstream should include measureable outcome metrics which could easily be tracked in order to identify impact.</p> <p>The Board noted and approved the staff engagement plan and the governance framework for monitoring performance and delivery.</p>	
<p>3.3 A Framework of Quality Assurance for ROs and Revalidation – Annual Report</p> <p>The Board received and discussed the Framework for Quality Assurance for Responsible Officers and:</p> <ul style="list-style-type: none"> • Accepted the standardised annual report, which followed an annual audit submitted to NHS England and NHS Improvement in June 2019, covering the period from 1 April 2018 to 31 March 2019; • Approved the “Statement of Compliance” confirming that St George’s University Hospitals NHS Foundation Trust was compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013); and • Authorised the CEO to sign the statement of compliance for return to NHSE&I by the end of September 2019, on behalf of the Board. 	
<p>4.0 FINANCE</p>	
<p>4.1 Finance and Investment Committee Report</p> <p>Ann Beasley, Chair of the Committee, provided an update on the meetings held on 22 August and 19 September 2019. The Committee noted that the Trust’s financial performance was broadly on plan with focused discussions about the risks related to a block contract and whether or not the Trust or the commissioner held the majority of the risk. Discussions in relation to this were underway with the Clinical Commissioning Groups. The Trust’s emergency department was challenged as discussed earlier in the meeting, but there was a lot of good performance across the Trust, for example in relation to the cancer standards. The Trust’s financial performance at Month 6 would be the critical juncture for forecasting financial performance to year-end. In Month 7 there would be a step change in the expected returns from CIPs and it was</p>	

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	<p>important that the Trust was sufficiently focused on driving these programmes of work to deliver the required savings targets. Ann Beasley also commented that it should be noted that the Trust had not made progress on closing the £3m CIP gap previously identified and executive leads were focused on putting in place necessary mitigations for any gaps in the CIPs. The Committee had also conducted a review of the five year financial plan and had approved the full business case on for the refurbishment of the cardiac catheter laboratories and had recommended this to the Board.</p> <p>The Board noted the report.</p>	
4.2	<p>Finance and Investment Committee (Estates) Report (FIC(E))</p> <p>Ann Beasley, Chair of the Committee, provided an update on the meetings held on 22 August and 19 September 2019. The Trust had made significant progress on estate matters in recent months. There was greater transparency about the nature and scope of the estates challenges and the Committee had reviewed all relevant Authorised Engineer reports. The Trust was starting to develop systematic plans to address the key issues that had been identified. The recent Authorised Engineer report on water safety provided the Trust with an improved assurance rating. More focus was being given to the infrastructure. The Committee had also considered the issues around the new Mitie contract and discussed how the Trust had planned for implementation issues. The Trust was now moving past those early difficulties and Mitie's management team had stepped up. However, the Trust also needed to review the lessons learnt from this. The Committee would now focus on other health and safety issues such as fire safety.</p> <p>The Chairman commented that there had been a marked improvement in the level of focus and quality of the reporting to the Board, which now had a more thorough understanding of the scale and scope of the issues. Progress had been made but there remained much to do.</p> <p>The Board noted the report.</p>	
4.3	<p>Month 5 Finance Report</p> <p>The Board noted the Month 5 financial report and the DFP reported that there was a lot of focus on forecasting with divisions and the Trust had begun discussions with commissioners about winter planning and Quality Innovation, Productivity and Prevention plans.</p> <p>The Board noted the report.</p>	
5.0	Governance	
5.1	<p>Audit Committee Report</p> <p>Sarah Wilton, Chair of the Committee, provided an update on the meetings held on 1 August 2019. Good progress was being made against the internal audit programme for 2019/20 but the Committee was concerned about the delays in certain audits which, the Committee was told, would come to the next Committee meeting in October. Mindful of this, and its earlier request that the internal audit plan be reviewed at the mid-year point, the Committee also asked that the Trust Executive Committee consider the internal audit</p>	

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	<p>programme with the view to ensuring it was fit for purpose and addressed any key risks. The Committee reviewed and endorsed the Freedom to Speak Up (FTSU) Policy and was reassured by the level of work completed. However, it was concerned about the delay in the internal audit of Diversity and Inclusion. The CPO advised that additional resources had been brought in to lead the work on Diversity and Inclusion and therefore the internal audit could now be progressed. The Committee was assured by the progress made with ensuring Trust-wide policies were being gripped and reviewed and commended the CCAO's team for the progress made in this area. The Committee reviewed the Clinical Audit Plan and, while reassured by the programme of work, noted that this was something that required close scrutiny and monitoring by the Quality and Safety Committee. The CN advised that, with the CMO, additional support was being provided to the Clinical Audit team to ensure that their processes were robust.</p> <p>The Chairman reflected that it was good to see the FTSU posters around the Trust and that progress was being made in this important area.</p> <p>The Board noted the report.</p>	
5.1.1	<p>Use of Trust Seal 2018-09</p> <p>The Board received and noted the report on the use of the Trust's Seal in 2018-19 and the first quarter of 2019/20.</p>	
5.1.2	<p>Standing Orders, Reservation and Delegation of Powers, and Standing Financial Instructions (SOs, RDP, and SFIs)</p> <p>The Board reviewed the proposed amendments to the revised Standing Orders, Reservation and Delegation of Powers, and Standing Financial Instructions, agreed the proposed changes and noted the plans for communicating the updated SOs, RDP and SFIs across the organisation. The Board's approval was subject to the CCAO and CFO/DCEO considering whether or not there were any further changes required to the Standing Financial Instructions and Scheme of Delegation in relation to the role of the Director of Estates and Facilities (DEF) following the independent review of estates governance. Should further changes in relation to the DEF's role be required, time permitting these would be presented to the Audit Committee in October 2019, to which the Board delegated authority for approval, but otherwise the changes would be presented to the Board upon completion of the review of the SFIs and RDP against the estates governance review.</p>	CCAO/ CFO/DCEO
6.0 CLOSING ADMINISTRATION		
6.1	<p>Questions from the public</p> <p>The Chairman invited questions from the public.</p> <p>In response to a comment from Hazel Ingram, Patient Participation and Engagement Representative, the CN reported that the introduction of generic emails for Radiology results responded to issues highlighted from a thematic analysis of serious incidents. The Trust would also introduce a programme of audit to ensure that this system with the other actions from the review was having the required impact.</p>	

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	<p>The Board also noted that Mr Richard Watts had asked that the following be raised at the meeting following an incident with his patient transport:</p> <ul style="list-style-type: none"> • Change the transport company; • Train staff about what was acceptable behaviour and treatment of patients especially vulnerable patients protected by the Equalities Act 2010 and Safeguarding and Vulnerable Groups Act 2006; and • Put a system in place to ensure that the issues that had happened did not happen again to any patients. <p>The CN reported Mr Watts had raised a complaint and the matters was being addressed as part of the Trust's complaints processes and therefore it would not be appropriate to comment until that process was completed. The Trust was in regular contact with Mr Watts about his complaint.</p>	
6.2	<p>Any other risks or issues identified</p> <p>There were no other risks or issues identified.</p>	
6.3	<p>Any Other Business</p> <p>The CCAO advised that the new Trust branding would be rolled out from 30 September 2019 with the result that the papers for the next Board meeting would start to look and feel different.</p>	
6.4	<p>Reflections on the meeting</p> <p>The Chairman invited the CTO to offer reflections on the meeting. The CTO commented that Board was one of the ways that the Trust identified areas for operational and governance improvement and prioritising these was still a challenge for the Trust. It was good to see the discussions linked to the Board Assurance Framework and the conversations had informally led to prioritisation. There had been lots of humour in amongst some challenging discussions with a 'can do attitude'. The Board needed to reflect on whether it was being tough enough so that there was not a sense of repetition of key matters. Stephen Collier commented that it was important that the Board continued to be appraised of and understand the level scrutiny and discussions that happened at the Board Committee level which would enable the Board to focus on the key strategic discussions at its meetings. The Chairman concurred, noting that there was a fine line to tread in balancing scrutiny and assurance by the Board and taking full account of the challenge and assurance taken by the Board Committees. The DFO noted that the Board was tackling some significant issues and it could see that there was a joined-up approach to the discussions linking to workforce, performance and finances. The Chairman reflected that the Trust was focussing its discussion on the key areas of risk as set out in the Board Assurance Framework.</p>	
7.0 PATIENT & STAFF STORIES		
7.1	<p>Patient Stories: Paediatric Patient Journey</p> <p>The Board welcomed Mrs Susannah Stevenson who provided an overview of the care and support she received at the Trust when her four year old son got ill with a suspected perforated appendix and was transferred to the Trust's Tooting site from Ashford and St Peters NHS Foundation Trust. Rachel</p>	

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<p>Bolland, Specialist Senior Paediatric Nurse (SSPN), and Terrence Joe, Head of Patient Experience & Partnership (HPEP), also attended the meeting.</p> <p>Mrs Stevenson's relayed her experience noting the issues which occurred when her son was transferred to the Trust:</p> <ul style="list-style-type: none"> • As a result of an administration the patient was left of the list for the agreed ultrasound which did not come to light or addressed until Ms Stevenson and her husband proactively followed-up with the imaging department and the nurses; • The wrong amount of antibiotics was given to the patient because the weight was estimated which only came to light when Mrs Stevenson flagged this with clinical staff; • Many attempts were made at cannulating the patient, in the hands and feet, without success. These attempts were made by junior doctors and only with the intervention of the parents was this escalated to a senior clinician; • The discharge process appeared rushed and in part linked to bed availability and it did not always appear that the interests of the patient were at the heart of the timing of the decision to transfer the patient back to Ashford and St Peter's. <p>Mrs Stevenson reported that the above incidents caused significant distress and upset to not only the patient but also to her and her husband and queried why these issues had arisen and why it was left to her and her husband to champion the cause of their son. Accordingly, she asked the Trust to consider the following four points:</p> <ul style="list-style-type: none"> • When a patient moves from being a surgical case to a non-surgical case and as a shared-care pathway the issues with communication needed to be addressed to ensure that there was clarity and the patient was not caused any undue stress and the agreed care plan was enacted; • Where a patient needed cannulation if junior staff were not successful there should be upward escalation rather than multiple attempts by other junior staff ; • Where the case caused acute distress a follow-up should be made shortly afterwards to discuss the next steps and to provide emotional support, including to the parents and the child; and • Where a child was involved, parents should not be the ones having to wave the flag due to the feeling that their child was being overlooked. <p>Mrs Stevenson noted her gratitude to the Trust for the diagnosis which led to her son getting better. She had not wanted to make a complaint but instead wanted to raise these issues so that the Trust could improve its services and avoid repeating the experiences her family had endured.</p> <p>The Chairman thanked Ms Stevenson for sharing her story and apologised on behalf of the Trust for the experience. The SSPN apologised on behalf of the service and as the new patient engagement lead for paediatrics she would be progressing these issues and said she would like to arrange a meeting with Mrs Stevenson to share her experience with the General Manager and the team. She would take her messages back to the governance meetings and the wider multi-disciplinary meeting. There was normally good communication between teams and every child should be under a general paediatrician if they are under a surgeon and the Trust needed to ensure that this communication happened at all times, including at the weekend because a lot of the issues that arose happened at the</p>	

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<p>weekend. There should have been PLACE support and this would be investigated. The Trust would also look at how it managed the repatriation of the patients back to the referring Trust to ensure that it was not distressful. This would be shared at the ward meetings to ensure that nurses thought about their communication. For the first time, the Trust had a full complement of paediatric nursing and some of the issues that occurred should not now resurface. This would also be fed back to the bed managers responsible for arranging transport to ensure they embraced the learning and drove improvement. The HPEP noted that it was important that the Board heard this story which had a powerful impact and the Trust could use Mrs Stevenson's experience to share learning across the organisation not just in paediatrics. The CN noted that one of the key themes was the absence of nursing and compassion and the Trust would make it a priority to address this with the team. The chasing Mrs Stevenson had to do regarding the ultrasounds was unacceptable and the Trust would ensure that this was not a systemic issue. Another key point from the story was the issue of shared care models which was a fundamental part of paediatrics and the Trust was working on this actively because a lot of the children are under multiple specialities and the important of having a lead is key to the model of shared care. There was a lot of feedback from which the Trust needed to learn. Sarah Wilton asked why the Trust's specialist venous access team were not brought it to help with the cannulation of the patient. The SSPN advised that the crux of the issue may have related to the provision 7-day working where some services were not always as fully provided at the weekends. Nonetheless, there were nurse practitioners at the weekend who should have been able to assist. The CN noted that it was not acceptable that this was not escalated and repeated attempts for cannulation was clearly very distressing for the child and his parents.</p> <p>The Chairman reiterated the thanks of the Board and noted its commitment to addressing this issues raised by the story.</p> <p>It was agreed that the Board would receive a follow-up report on actions taken in relation to the patient story.</p>	<p>CN</p>
<p>Date of next meeting: Thursday, 31 October 2019 at Queen Mary's Hospital</p>	