

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting  
In Public (Part One)  
Thursday, 19 December 2019, 10:00 – 13:30  
Hyde Park Room, St George's Hospital, Tooting**

Name	Title	Initials
<b>PRESENT</b>		
Gillian Norton	Chairman	Chairman
Ann Beasley	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection Prevention & Control	CN
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
Ellis Pullinger	Chief Operating Officer	COO
Andy Stephens	Director of Financial Planning	DFP
<b>SECRETARIAT</b>		
Tamara Croud	Interim Assistant Trust Secretary (Minutes)	IATS
<b>APOLOGIES</b>		
Jacqueline Totterdell	Chief Executive Officer	CEO
Andrew Grimshaw	Chief Finance Officer/Deputy Chief Executive Officer	CFO/DCEO
Stephen Collier	Non-Executive Director	NED
Sally Herne	NHSI Quality Improvement Director	NHSI-QID

**Feedback from Board Visits**

Board Members provided feedback from the visits conducted in the following areas:

- Pinckney Ward and Central Playroom – Chairman and CPO
- Emergency Department and Therapies Outpatients – Ann Beasley and COO
- Mortuary and Energy Centre – Sarah Wilton and CCAO
- Heberden Ward and McEntee – Jenny Higham, CSO and CTO
- Holdsworth and Gray Ward – CMO
- Benjamin Weir and Belgrave – Tim Wright, Parveen Kumar and CN

The dedication and hard work of teams across the Trust was evident from the areas visited. Despite the challenges facing the Trust staff remained patient-focused and continued to deliver high quality

## Feedback from Board Visits

care. It was noted that the 'outstanding' rating from the Care Quality Commission (CQC) for the services to children and young people was well deserved and had been welcomed by the team. The emergency department environment was much improved and the emergency staff demonstrated a willingness to do anything to further improve patient flow and give patients the best possible care, despite significant pressures. The Trust and the Board recognised the dedication of all staff and expressed special thanks to those who continued to deliver busy workloads in services where there were estates works or service transitions.

The Board noted the updates and agreed that the CFO/DCEO would address estates issues related to the Mortuary service, namely privacy around the ventilation areas and appropriate disabled access for family and carers. It was also agreed that the CN would write and thank staff on behalf of the Board in services where there were transitioning works. The Chairman expressed her thanks to Professor Dame Parveen Kumar, who would shortly be joining the Board as a new Non-Executive Director and Chair of the Quality and Safety Committee, for attending the Board visits.

## Values Award

The Board welcomed and thanked Joanna Hardman, Deputy Head of Children's Therapies who had been nominated to receive a staff values award. Joanna was nominated for continuing to demonstrate care and compassion for patients and her team.

		Action
<b>1.0</b>	<b>OPENING ADMINISTRATION</b>	
<b>1.1</b>	<b>Welcome, Introductions and apologies</b>  The Chairman welcomed everyone to the meeting and noted the apologies as set out above. John Hallmark, Public Governor (Wandsworth), was in attendance as an observer.	
<b>1.2</b>	<b>Declarations of Interest</b>  The Board noted the register of Board members' interests. Jenny Higham advised that she had joined the Boards of Universities and Colleges Employers Association and Universities UK. Neither of these roles gave rise to a conflict of interest with her role on the Trust Board. It was also noted that the description of Ann Beasley's Trust role would be updated.  The CCAO advised that following the implementation of the declarations of interest portal and the publication of Board members declarations on the Trust website, the Board would no longer receive the existing monthly report.	
<b>1.3</b>	<b>Minutes of the meetings held on 28 November 2019</b>  The minutes of the meeting held on 28 November 2019 were agreed as an accurate record subject to clarifying, under item 2.1 (page 4, paragraph 2), that the issue lay with completion of assessments of compliance with NICE guidance as opposed to non-compliance with such guidance.	
<b>1.4</b>	<b>Action Log and Matters Arising</b>  The Board reviewed and noted the action log and the following updates:	

	Action
<ul style="list-style-type: none"> <li>• <b>TB31.10.19/01:</b> The Board noted that the communication from NICOR had been circulated to Board members. The Board agreed that the action in relation to the comprehensiveness of the paper would be considered as part of the discussion of item 2.4 on the Board's agenda.</li> <li>• <b>TB31.10.19/02:</b> The CPO advised that steps had been taken to ensure that the Trust completed internal staff surveys each quarter. However, it had not been possible to retrospectively complete the internal staff survey for quarter two 2019/2020. With the assurance that this issue would not reoccur, the Board agreed that this action could be closed.</li> <li>• <b>TB31.10.19/03:</b> The CCAO advised that as the CEO reported at the last meeting work was underway to improve reporting to the Board and its Committees. As part of this work, steps would be taken to strengthen reporting and assurance in relation to progress in delivering and embedding corporate objectives. However, the CEO considered that monthly reporting to each Board Committee on corporate objectives would not deliver this in a proportionate way. <b>The Board agreed that plans for reporting on and providing effective assurance through Committees to the Board on corporate objectives would be picked up as part of the process for agreeing the objectives for 2020/21.</b></li> </ul> <p>The Board agreed to close those actions proposed for closure, and noted those actions not yet due.</p>	<p><b>CSO / CCAO</b></p>
<p><b>1.5 Chief Executive Officer's Update</b></p> <p>The CN presented the Chief Executive Officer's Update in the absence of the CEO. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The Critical Care Outreach Team had been launched to provide mobile support for deteriorating and acutely unwell adult patients on wards. The Trust's Emergency Department (ED) remained challenged. Factors impacting on the service included increased activity in the winter months, higher acuity of patients and the challenges in repatriating patients to the appropriate care settings outside the hospital. The Chairman commented that performance in the ED remained variable regardless of whether or not admissions are high and noted that this would be discussed further under item 2.3.</li> <li>• The Trust's haematology department had received the Myeloma UK Clinical Service Excellence Programme accreditation. The Trust was one of two London trusts to receive the accreditation and this was an example of the excellent services being provided.</li> <li>• A project on organisational culture had been launched and staff had been asked to put themselves forward to be part of the group that would support the diagnostics phase of the project.</li> <li>• The Trust had achieved 59.5% response rates to the national staff survey which was much improved from the previous year and effectively met the internally-set target response rate of 60%. In addition, 86% of staff had received the flu vaccination, which was a significant achievement. The CPO reported that the Trust was no longer required to provide daily situation reports to the NHS England with regards to a no-deal UK exit from the</li> </ul>	

	<b>Action</b>
<p>European Union, but it would continue to work closely with system partners as appropriate.</p> <ul style="list-style-type: none"> <li>The Care Quality Commission (CQC) inspection report had been published on 18 December 2019. The Trust welcomed the news that the CQC had recommended to NHSE&amp;I that the Trust be taken out of quality special measures. The CQC had found improvements in many services across the Trust, in particular, services to children and young people which had been rated outstanding. It was also encouraging to note the positive observations regarding the Trust-wide well led results. The Trust would develop responses to the two requirement notices and submit this to the CQC, as required, by 16 January 2020. A wider plan to respond to the must and should do actions would also be developed. It was noted that the report had enthused and motivated staff across the Trust. The CCAO advised that the CQC report had also commented specifically on a range of improvements in the cardiac surgery service particularly in relation to leadership and governance and this was a significant step forward since its report of December 2018.</li> </ul>	
<p><b>2.0 QUALITY AND PERFORMANCE</b></p>	
<p><b>2.1 Quality and Safety Committee Report</b></p> <p>Tim Wright, Interim Chair of the Committee, presented the report of the meeting held on 12 December 2019 which set out the key issues raised at the meeting. The Committee had welcomed the new style reporting on serious incidents and had agreed that alongside this it would receive a bi-annual thematic review focusing on how the learning had been identified, disseminated and embedded. It was also noted that, given the pressures on the ED, a review of incidents would be undertaken including consideration of patient experience. The Committee had also scrutinised a number of items that were on the agenda for the Board meeting.</p> <p>The Board noted the report.</p>	
<p><b>2.1.1 Complaints Annual Report (2018-2019)</b></p> <p>The Board received the Complaints Annual Report for 2018-2019. The CN advised that complaints performance had significantly improved, with the Trust having 100% of the 25-day response target and noted that the team was to be commended for this good progress. Given the improvements made, the CN suggested that it may be timely for the Trust to consider whether the 60- and 40-day targets for response rates were appropriate. The CN advised that the cases with the 60/40 days response rates were normally very complex and, in some cases, related to a serious incident which often required more time in order to complete a comprehensive response to the complainant. These cases were very low in number. Divisions were represented at the Patient Safety and Quality Group where the learning from complaints was shared and discussed. However, it was recognised that more work was needed to ensure that divisions were sharing and embedding learning, and this work was ongoing. There were a number of complaints related to communications or simple process issues which, if addressed, would improve services to patients and reduce the number of complaints. There are plans in place to improve procedural mechanisms to address these issues.</p>	

	<b>Action</b>
<p>The Board received the annual complaints report, were pleased to see the improvement achieved and noted that next iteration would be presented in July 2020.</p>	
<p><b>2.2 Integrated Quality and Performance Report (IQPR)</b></p> <p>The Board received and noted the IQPR at Month 8 (November 2019), which had been scrutinised at both the Finance and Investment Committee and the Quality and Safety Committee the previous week, albeit that due to the timing of Committees the full IQPR had not been available. Of note was the reduction in the percentage of emergency caesarean sections (including no labour) which was a result of a national reclassification of the data. The Trust had worked closely with the London Ambulance Service which was impacting positively on the number of inappropriate attendances at the Trust's Emergency Department. The Trust's DMO1s (diagnostics waiting times) for echocardiograms performance had deteriorated to 4.8%. The Trust had completed a forward trajectory and now planned to meet the 1% threshold for patients waiting 6 weeks by 31 March 2020. There had been nine 12-hour trolley breaches in the reporting month. These were not just a factor of the pressure on Trust beds but also related to patients waiting to be transferred to mental health services. The Quality and Safety Committee would conduct a deep dive on trolley breaches at its January 2020 meeting. In relation to workforce issues, in November 2019 the Trust's agency spend was lower than in previous months and this was a positive shift.</p> <p>The CN also provided an update on the immediate actions taken following the never event which related to two newly qualified nurses using the wrong syringe to administer insulin to a patient. The Trust had reassessed the nurses' competency for using insulin syringes, sent out an all staff communication to raise awareness of the issues, and reiterated the correct protocols. Additional training would also be given to support nurses in administering insulin to patients. Importantly, the patient was well and had no adverse reaction to the excess insulin. The Trust was also supporting these two new nurses who had been deeply distressed by the incident.</p> <p>The Board received and noted the report.</p>	
<p><b>2.3 Emergency Care Performance Report</b></p> <p>The COO presented the report on emergency care performance for November 2019 and provided a verbal update on current performance. The Trust continued to work hard on improving its performance against the four-hour operating standard but the Emergency Department (ED) remained severely challenged. A rapid assessment zone had been introduced and was now in operation. The Trust's recent non-admitted performance was 80% and fluctuated between 63-72% at the weekends. The new model was working well but there continued to be variation. Good progress was being made on reducing patients' length of stay. Long stay patients impacted on the Trust's ability to triage patients from the ED to appropriate admitted beds. There were around 329 patients with an average length of stay of over seven days compared with 359 in the previous month. The multi-agency discharge events were reaping benefits but this was not sufficient to turn around the position. The Trust was now working with partners to find other options. The Emergency Care Delivery Board (ECDB) continued to give focus to recovering the non-admitted patient's performance and the CTO and COO were attending the ED huddles.</p>	

	<b>Action</b>
<p>The Board noted that a lot of work was required to turn around the position but it was nevertheless very disappointing that the CTO and COO had needed to get involved personally in the day to day management of the ED. The Trust had refreshed the ED clinical team and the increased involvement of the executive leadership would support with the transition and ensure that the leadership team was focusing on the right issues. Other organisations were facing the same challenges with ED activity and there was a national challenge to meet the four-hour standard. However, it was important that the Trust ensured that patient safety and experience were not compromised.</p> <p>The Board noted the report.</p>	
<p><b>2.4 Cardiac Surgery Update</b></p> <p>The Board received and noted the cardiac surgery update. The CMO reported that the service was improving with significant changes having been made to strengthen clinical leadership, introduce and embed improved clinical governance frameworks and enhanced learning from incidents. These had been recognised by the Care Quality Commission (CQC).</p> <p>Board members welcomed the comprehensive report and agreed that this met the action requested at the October 2019 meeting. The Board noted that the Trust did not conduct elective cardiac surgery procedures on patients with a Euroscore (predicted mortality rate) of 5 % or more. 85% of the procedures that the Trust undertook had a Euroscore of less than 5%. The Care Group Lead and Associate Medical Director for cardiac surgery, Steve Livesey, was the only surgeon permitted to conduct surgery on patients with a higher Euroscore. The Trust would explore, with system partners, in 2020 the options and model for cardiac surgery in south London. The current position pointed to significant service improvements and developments. The CMO was keen to ensure that his report to the Board and the improvements it documented were recognised by those running the service. Even with stronger leadership and better quality governance there remained some cultural issues which need addressing and this work was ongoing. The Board noted and welcomed the recent CQC inspection report which had highlighted a number of improvements in the service. While there was undoubtedly more to do, the progress set out in the CQC report was significant and the observations regarding the effective leadership of the service that had been put in place were particularly encouraging. The National Institute for Cardiovascular Outcomes Research (NICOR) had confirmed that the risk-adjusted mortality rates following cardiac surgery at the Trust in the period April 2015 to March 2018 were within the normal range and that the Trust was no longer an outlier for mortality. This was significant but it was also important that the Trust benchmark its current performance with more recent comparative data.</p> <p><b>The Board agreed that the CMO would share the Cardiac Surgery Report with the cardiac surgery team and invite comments to ensure that the teams are aligned to the current position.</b></p> <p><b>It was also agreed that the CMO would seek other sources of comparative data to include in future reports.</b></p> <p>The Board received and noted the report.</p>	<p><b>CMO</b></p> <p><b>CMO</b></p>

	<b>Action</b>
<p><b>2.5 Clinical Governance Review</b></p> <p>The Board considered the report on the external clinical governance reviews (phase 1 and phase 2) and the progress against the recommendations. It was clarified that the Medical Examiner (ME) was an independent function with a reporting line to the CMO. The Medical Examiner Officer and Mortality Review Service, however, reported to the Nursing Directorate and acted as the clinical governance link between the ME's office and the Trust's clinical governance processes. It was agreed that action lists arising from the reviews should be developed to include timescales and other information to enable the Board to track progress. The significant investment required to deliver the improvements set out in the reviews had been considered and a level agreed by the executive team.</p> <p>The Board noted that a key area of learning from the review was ensuring that external reviewers were provided with a comprehensive list of stakeholders that needed to be part of the review's engagement and factual accuracy checking process. For example, in section 8.7 on page 120, the reviewers had not engaged with the Quality Improvement team which resulted in a number of factual inaccuracies in the section on quality improvement and learning. This lack of engagement was similarly reflected with the senior leadership team in legal services where the executive lead for the Trust's legal services function had not been consulted by the reviewers. It was noted that the lack of engagement and factual inaccuracies did not impact on the final recommendations.</p> <p><b>The Board agreed that the action plan would be further developed in the form of a Gantt chart which would be presented to the Quality &amp; Safety Committee regularly, for review and that this would include clear timescales to enable the Board to track progress.</b></p> <p>The Board noted the findings from the phase two review, the update on progress against recommendations from the reviews and the plans to strengthen the clinical governance structure in the Trust.</p>	<p><b>CMO/CN</b></p>
<p><b>2.6 Referral to Treatment (RTT) Clinical Harm Impact Review Closure Report</b></p> <p>The Board received and discussed the RTT clinical harm impact review closure report. The Trust had commissioned an independent assessment in 2016 when it had come light there was a data quality issue in relation to recording accurate RTT data. The CMO reported that of the thousands of patient cases reviewed and assessed by the Trust or local General Practitioners, four patients had died and the review had concluded that the delay in the RTT pathway may have contributed to three of those patients' death. However, it was very difficult to establish direct causation. Senior Coroner, Dr Fiona Wilcox, had asked the Trust to refer the four cases for her independent judgement. The Trust had worked hard on improving its RTT data quality and, as a result, had returned to formal reporting in 2019 at both its sites. The Trust had also invested in Cerner to improve patient pathway flow. The Trust's RTT position was monitored monthly in the IQPR at the Board, Finance and Investment (FIC), Quality and Safety (QSC) and Trust Executive (TEC) committees. The QSC also received a quarterly report on RTT to ensure there were no quality or safety issues. The closure report was shared with relevant stakeholders and local commissioners. All duty of candour arrangements had been discharged.</p>	

		Action
	The Board noted the report.	
<b>3.0</b>	<b>WORKFORCE</b>	
<b>3.1</b>	<p><b>Workforce and Education Committee Report</b></p> <p>In the absence of the Committee Chair, Sarah Wilton presented the report from the Workforce and Education Committee meeting held on 5 December 2019 which set out the key issues raised at the meeting. The reports considered by the Committee on Freedom to Speak Up and from the Guardian of Safe Working were on the Board's agenda.</p> <p><b>The Board noted the report and it was agreed that the CPO would work with the CCAO to arrange for an update on staff sickness to be provided at a future Council of Governors meeting.</b></p>	<b>CPO/CAAO</b>
<b>3.1.1</b>	<p><b>Freedom to Speak Up Guardian Report</b></p> <p>The Board discussed Freedom to Speak Up (FTSU) Guardian Report and welcomed Freedom to Speak Up Guardian (FTSUG), Karyn Richards-Wright. The FTSUG reported that there were now a number of FTSU champions across the Trust and each division had its own champion. This was helping to improve the level of staff engagement in the FTSU process. There were still some challenges and a lot of work was required to ensure that the message about FTSU was cascaded across the Trust. However, things were moving in the right direction. The FTSU process was still relatively new and focus was being given to embedding the systems and practice and it was recognised that this would take time but was critical.</p> <p>In discussion, the Board noted that the Trust had procured a new system to support the management, tracking and monitoring of FTSU concerns raised. This new system would also provide greater visibility and enable the identification of trends and hotspots. The Trust supported all FTSU champions and provided them with additional training. The champions also had a group meeting each month with the FTSUG. The FTSU policy was applicable to all staff including those from third party organisations and the Trust worked closely with its contractors to ensure that all staff felt able to raise concerns. A key challenge was the time it took to meet with relevant clinical and divisional leads with conflicting clinical priorities which then impacted on achievement of the key performance indicator targets in the standard operating procedure. Some of the key themes from the issues raised to date related to underlying pressures in the organisation and staff not feeling as if they were being treated fairly which, in turn, could impact on performance. At least 80% of the concerns raised had not been upheld which could lead to staff feeling let down by the process but the process was based on fairness to all staff members. The Trust also needed to do more work on ensuring that staff felt more comfortable in raising concerns about patient safety. The Chairman expressed reservations about the Freedom to Speak Up function being located within the HR department. The CPO explained that robust arrangements were in place to ensure that there was appropriate independence of the function. Nevertheless, the Chairman requested that arrangements for executive sponsorship of the function be reviewed.</p> <p><b>The Board thanked the FTSUG for her report and noted the Board would receive this report quarterly and that the Guardian should attend to</b></p>	<b>CPO/</b>



		<b>Action</b>
	<p><b>present the report at Board and relevant Board Committees.</b></p> <p><b>The Board agreed that the executive team would ensure that the organisation understands the need to engage with the FTSU process in a timely way and provide a method for the FTSUG to escalate non-engagement.</b></p> <p><b>The Board also agreed that arrangements for executive sponsorship of the Freedom to Speak Up function should be reviewed.</b></p>	<p><b>CCAO</b></p> <p><b>TEC</b></p> <p><b>CEO</b></p>
<b>3.1.2</b>	<p><b>Guardian of Safe Working Hours</b></p> <p>The Board noted and discussed Guardian of Safe Working Hours (GOSWH) Report and welcomed Guardian of Safe Working Hours (GOSWH), Dr Serena Haywood. The GOSWH reported that the while reporting had improved, some doctors still felt reluctant to submit working hours exception reports and were more likely to raise these issues through the Local Negotiating Committee. There were occasions where there were clusters of reports from trainees. More exception reports had been received from foundation doctors. Some of the comments referenced a culture of bullying and banter and these have been explored. Some of the key drivers related to a 10% rota gap which impacted on the hours doctors work. The Trust needed to do as much as possible to support safe working for its medical work force and also to ensure that these doctors wanted to remain at the Trust after their training had been completed. These issues were picked up through the divisions and with clinical divisional chairs. The GOSWH was supported by the CMO and issues were escalated when there was insufficient traction of responding to issues or where there were challenges with consultants.</p> <p>The Board received and noted the report.</p>	
<b>4.0</b>	<b>FINANCE</b>	
<b>4.1</b>	<p><b>Finance and Investment Committee Report</b></p> <p>Sarah Wilton, who, in the absence of Ann Beasley, chaired the Committee, provided an update on the Committee's meeting, held on 12 December 2019. The two material matters of note for the Board were the increase of the financial risk rating to the maximum score of 25 and the Committee's concern about the level of challenge to recover the financial position and deliver against the Trust's agreed control total for 2019/20.</p> <p>The Board noted the report.</p>	
<b>4.2</b>	<p><b>Finance and Investment Committee (Estates) Report (FIC(E))</b></p> <p>Tim Wright, NED Estates Lead, provided an update on the meeting held on 12 December 2019. There was a real sense that the Trust had got to grips with the estates issues it faced. Fire and water remained the areas of highest risk. A key challenge for the Trust as it progresses estates plans was the management of the relationship with its Private Finance Initiative (PFI) partners. The performance under the new soft facilities management contract with Mitie had improved but the Trust remained vigilant as activity increased during the winter months. The Trust Chairman noted concerns about the Trust's position on health and safety.</p>	

		<b>Action</b>
	<b>The Board noted the report and asked that the Health and Safety inspection report be presented to the Committee as a matter of urgency.</b>	<b>CFO/DCEO</b>
<b>4.3</b>	<b>Month 08 Finance Report</b>  The Board noted the Month 8 finance report. The DoFP reported that the Trust remained on plan at month 8 but there was building pressure on delivering the divisional plans. The weekly financial focus meetings continued. The Trust was on target for capital with a majority of capital spend scheduled for quarter four 2019/20. Ann Beasley clarified that the Trust remained on plan as a result of a number of non-recurrent actions but that the underlying position was challenged.  The Board noted the report.	
<b>5.0</b>	<b>CLOSING ADMINISTRATION</b>	
<b>5.1</b>	<b>Questions from the public</b>  There were no questions from the public.	
<b>5.2</b>	<b>Any other risks or issues identified</b>  There were no other risks or issues identified.	
<b>5.3</b>	<b>Any Other Business</b>  There were no matters of any other business raised.	
<b>5.4</b>	<b>Reflections on the meeting</b>  The Chairman invited Jenny Higham to offer reflections on the meeting. Prof. Higham expressed gratitude to the executive team for stepping up in the absence of the CEO and DCEO. The level of challenge and discussions had been balanced. Whilst recognising the many intractable issues faced by the Trust, such as estates and financial performance, it was important to note the areas of good performance such as the Care Quality Commission's recommendation to NHSE&I to take the Trust out of quality special measures, the closure of the review of clinical harm impact from the referral to treatment problems, and having a plan in place to improve clinical governance. The Trust and the Board was very hard working and this should be celebrated. It was noted that the recruitment campaign to find the new director of estates and facilities was underway and the Trust Chairman reported that the Board recognised how well the estates team were doing with the leadership and support of the CFO/DCEO. Ann Beasley noted that it felt like the Board had managed to close down some longstanding important issues, for example moving out of quality special measures and completing the clinical harm impact assessment in relation to the 2016 data quality issues.	
<b>6.0</b>	<b>PATIENT &amp; STAFF STORIES</b>	
<b>6.1</b>	<b>Patient Story: Patient Experience: Cancer Pathway</b>  The Board welcomed Mr Alan Cruchley who relayed his experience of being	

	<b>Action</b>
<p>diagnosed with cancer of the bladder and undergoing radical cystectomy at the Trust. Once it was agreed that he would need the operation the Trust moved quickly and he was offered a date for the operation within two weeks. This was the first time he had ever been an inpatient in hospital and despite being a biomedical scientist in a former life he was daunted by the prospect of the operation and being in hospital. He was medically fit and discharged home four days after the operation. Every single member of staff he encountered, surgical teams, nurses, caterers, had treated him respectfully and had provided the highest level of care and support. He was admitted to Vernon Ward which was very busy and crowded with little space for visitors and limited space in the toilets. This, however, did not impact on the level of care he received especially given staff on the ward and also in the intensive care unit were caring for very unwell patients with complex needs. He suffered no post-operative complications and the team encouraged him to get up and move around quickly which helped get him back quickly with no post-operative complications.</p> <p>The Board also welcomed, Mr Rami Issa, Urology Consultant, and Deepa Leelamany, Urology Clinical Nurse Specialist and Service Lead, who outlined the key statistics around this type of procedure using the surgical robot. Despite the procedure being high-risk for a majority of the patients the Trust had a zero-percent mortality rate for this type of operation. The service was nurse led and the minimum patient stay was four days. The service also kept a database of patients willing to provide peer support to new patients and this had been offered to Mr Cruchley. The use of the robot allowed the service to deliver more operations and reduce the pain felt by patients. The service was also multi-disciplinary and included, for example, stoma nurses and dieticians.</p> <p>The Board thanked Mr Alan Cruchley for sharing his story.</p>	
<p><b>Date of next meeting: Thursday, 30 January 2020 in the Hyde Park Room, St George's Hospital, Tooting</b></p>	