

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
In Public (Part One)
Thursday, 27 February 2020, 10:00 –13:30
Hyde Park Room, St George's Hospital, Tooting**

Name	Title	Initials
PRESENT		
Gillian Norton	Chairman	Chairman
Andrew Grimshaw	Acting Chief Executive Officer	ACEO
Ann Beasley	Non-Executive Director	NED
Elizabeth Bishop	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Prof Jenny Higham	Non-Executive Director	NED
Prof Parveen Kumar	Non-Executive Director	NED
Dr Pui-Ling Li	Associate Non-Executive Director	ANED
Tim Wright	Non-Executive Director	NED
Avey Bhatia	Acting Chief Operating Officer	ACOO
Robert Bleasdale	Acting Chief Nurse and Director of Infection Prevention & Control	ACN/DIPC
Dr Richard Jennings	Chief Medical Officer	CMO
Tom Shearer	Acting Chief Finance Officer (<i>Part</i>)	ACFO
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
SECRETARIAT		
Tamara Croud	Head of Corporate Governance/Board Secretary	HCG
APOLOGIES		
Jacqueline Totterdell	Chief Executive Officer	CEO
Ellis Pullinger	Chief Operating Officer	COO
Sally Herne	NHSI Quality Improvement Director	NHSI-QID

Feedback from Board Visits

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

- Gwillim Ward and Carmen – Chairman, Elizabeth Bishop and ACOO
- Heart Failure Unit and Charles Pumfrey – Ann Beasley and ACFO
- Procurement and IT – Prof. Parveen Kumar and ACEO
- Florence Nightingale and Vernon Ward – Pui-Ling Li and CMO
- McEntee Ward and Ruth Myles Ward – Prof. Jenny Higham, CSO and ACN/DIPC

Feedback from Board Visits

- Allingham Ambulatory and Chesleden – Stephen Collier and CPO
- Nye Bevan Unit and Surgical Admission Lounge – Tim Wright and CTO

The Board members reported on some very positive themes that had emerged during the visits. These included strong, engaged leadership, effective multi-disciplinary team (MDTs) meetings and ward rounds working well, good staff morale and high engagement with the ward accreditation process which was helping to drive quality improvement and compliance with key assessment metrics. Patients also provided positive feedback on the care they had been receiving at the Trust. Corporate teams were also supporting the Trust to deliver the best procurement models and information infrastructure so the Trust could continue to provide the highest level of care for patients.

Some of the key challenges in the areas visited related to ability recruit staff (especially band five nurses), cleaning standards, estate infrastructure and lack of space in some areas, patient flow – which was impacted by the Trust's ability to discharge patients – and length of stay. Staff also flagged increasing issues with violence and aggression; while staff felt supported, there was an emerging theme – mirrored in the staff survey – about staff sometimes feeling harassed by patients and their family and other staff members.

The Board welcomed and noted the updates and agreed that the Board would programme a review of violence and aggression against staff and consider system challenges which were leading to delayed discharge and length of stay.

Values Award

The Board welcomed and thanked Oscar Bridgeman, Electives Team Leader, who supported the Patient Pathway Co-ordinators team to source, collect and deliver notes for surgery for patients booked less than 48 hours away. Oscar had provided this support when the Patient Pathway Co-ordinator team was depleted.

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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. The following governors were also in attendance as observers:</p> <ul style="list-style-type: none"> • John Hallmark, Public Governor (Wandsworth) • Nick de Bellaigue, Public Governor (Wandsworth) • Hilary Harland, Public Governor (Merton) • Alfredo Benedicto, Stakeholder Governor (Merton Healthwatch) • Mia Bayles, Public Governor (Rest of England) • Val Collington, Stakeholder Governor (Kingston University) <p>The Chairman welcomed new non-executive director, Elizabeth Bishop to her first formal Board meeting having officially started at the Trust on 1 February 2020. The Chairman also thanked Andrew Grimshaw for acting into the role of Chief Executive Officer in the absence of Jacqueline Totterdell who was due to return to work the following week. The Board also thanked Tom Shearer for stepping up into the role of Acting Chief Financial Officer.</p> <p>The Chairman also reported that Ellis Pullinger had taken on a new role as Chief Operating Officer at another Trust and the Board wished him well and</p>	

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	<p>thanked him for his services and contribution to the Trust. The Board had asked Avey Bhatia to step into the role of Chief Operating Officer until a permanent appointment was made, and her deputy, Robert Bleasdale, had agreed to take on the role of Acting Chief Nurse/Director of Infection Prevention & Control. Accordingly, the Board and the Council of Governors had agreed a temporary amendment to the Trust's Constitution to make the COO role a voting member of the Board. A full review of the Trust's constitution would be undertaken in 2020/21.</p>	
1.2	<p>Declarations of Interest</p> <p>The Board noted that, in addition to her new role as non-executive director at St George's University Hospitals NHS Foundation Trust, Elizabeth Bishop was a non-executive director at Epsom and St Helier University Hospitals NHS Trust. The Board noted the interest and acknowledged that Elizabeth Bishop would declare this in relevant matters discussed at Board and Committees.</p>	
1.3	<p>Minutes of the meetings held on 30 January 2020</p> <p>The minutes of the meeting held on 30 January 2020 were approved as an accurate record. Ann Beasley commented that it was important that the minutes were not drafted in too high level a way and that it was important they reflected specific challenges raised by non-executives.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Board reviewed and noted the action log and agreed to close those actions proposed for closure, and noted those actions not yet due and the following updates:</p> <ul style="list-style-type: none"> • Action Item TB19.12.19/09 (Health & Safety Inspection Report): The ACEO reported that the Finance & Investment Committee (Estates) had completed a detailed review of the Health and Safety Inspection Report and actions were in hand to address the material issues in the report. • Action Item TB30.01.20/01 (New NEDs FFPT): The CPO advised that all NED fit and proper person tests had been completed with the only outstanding related to completing Parveen Kumar's qualifications check. 	
1.5	<p>Chief Executive Officer's Update</p> <p>The ACEO presented the Chief Executive Officer's Update. The following key points were noted:</p> <ul style="list-style-type: none"> • The Trust continued to adhere to Government guidance pertaining to the Coronavirus (Covid-19) and was taking a number of precautionary steps to reduce the risk of infection occurring. Staff were being provided with regular updates and information about the virus had been placed around the Trust and on the website. Robert Bleasdale was leading this work for the Trust in his new role as ACN/DIPC. In response to an issue highlighted by Tim Wright following the Board visits earlier that morning, the Board noted that it was important the Trust increased the number of times the facilities teams refilled hand sanitizers across the Trust. • The Trust was also working with its partners in South West London 	

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	<p>following the publication of Professor Mike Richards' report on Children Cancer Services the previous month. The Trust was carefully considering the findings and recommendations of the report.</p>	
2.0	QUALITY AND PERFORMANCE	
2.1	<p>Quality and Safety Committee Report</p> <p>Professor Parveen Kumar, Chair of the Committee, presented the report of the meeting held on 25 February 2020, which set out the key matters raised and discussed at the meeting. The Committee heard about the improvements made in the Trust's end of life care service which had culminated in the lifting of the warning notice previously issued by the Care Quality Commission (CQC) in 2016. A recent self-assessment of compliance against the CQC's key lines of enquiry rated the service as 'good'. The Committee were advised of two 'never events', one of which was reported in the Committee's January 2020 report to the Board and included in the month 10 integrated performance report later in the agenda. The second 'never event' had occurred in recent days and was related to 'wrong site' surgery. In response to a query from Ann Beasley it was noted that both incidents would be subject to the Trust serious incident review processes at which time the Committee would complete a deep dive into surgical safety checklists. Immediate actions taken included reinforcing the Trust's policies and practices in relation to the surgical safety list and reviewing imaging before the start of any operation. Both never events had been reported to the CQC. The Committee also received a detailed bi-annual report on infection prevention and control. While it was concerned with the year-to-date position of 46 clostridium difficile cases against the year-end trajectory of 48, the Committee was assured that only eight of these cases were attributable to direct lapses in care.</p> <p>The Board noted the report.</p>	
2.2	<p>Integrated Quality and Performance Report (IQPR)</p> <p>The Board received and noted the IQPR at Month 10 (January 2020), which had been scrutinised at both the Finance and Investment and the Quality and Safety Committees. Of note was the deterioration in cancer performance. However, the Trust expected to be able to deliver the cancer target by year-end. Emergency care attendance was 4% lower in January 2020 than it had been in January 2019. The Trust continued to use the rapid assessment system to triage patients coming into the emergency department (ED). Although the Trust was not satisfied with its performance against the four hour standard, the Trust's performance was nevertheless currently the third highest in London. The work the Trust has done with ambulance services had also taken pressure of the ED. The Trust was reviewing the outpatient shortfalls especially in relation to day cases. The number of patients waiting 12 hours or more in the ED for an inpatient bed continued to increase. There had been seven breaches in January 2020 related to patients waiting for mental health beds. This was reflective of the system-wide challenges with mental health bed capacity. The Trust continued to deliver its plan to recover diagnostics waiting times. Referral to treatment (RTT) performance had deteriorated with 10 52-week breaches in January 2020. The Trust's agency spend was below the NHS Improvement cap for the second month in a row. Sickness absence rates were also lower.</p>	

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<p>The Board noted that there were significant challenges both across London and the wider NHS in achieving the 4-hour emergency department standard. In response to a query from Ann Beasley it was noted that there was a 3% underperformance in outpatients and the Trust was exploring the underpinning issues. The Trust was also conducting demand and capacity analysis. The Trust Chairman queried the impact 2019/20 activity performance would have on next year's plan. It was reported that the Trust was also working closely with commissioners to ensure that 2019/20 performance was appropriately built into 2020/21 contract.</p> <p>The Board received and noted the report.</p>	
<p>2.3 Cardiac Surgery Update</p> <p>The Board received the cardiac surgery update and noted the sources of external and internal assurances regarding the safety of the service. Since the Board last met there had been no inpatient deaths in the service. The Board also noted the completion by the independent external mortality review panel of the Structured Judgement Review process. The panel's report was awaited. The Trust was in discussion with partners about the South London Cardiac Surgery Network to ensure that there were adequate facilities to deliver high quality care and cardiac surgery services across the south of the capital. The network was also exploring how to collate meaningful outcomes and benchmarking data.</p> <p>The Board received and noted the report.</p>	
<p>2.4 Learning from Deaths Quarter Three 2019/20 Report</p> <p>The Board received and discussed the quarter three 2019/20 learning from deaths report. The Trust's Medical Examiner's office – which would engage with families and the Coroner and escalate deaths for investigation in line with the Trust's process – would be fully in place by quarter one 2020/21. Alongside the Trust's Medical Examiner, Mr Nigel Kennea, Mr Ashar Wadoodi had been appointed as the Trust Lead for Learning from Deaths and the Trust continued to strengthen its governance around learning from deaths processes. Mr Wadoodi would provide the link with local care group leads and the wider Trust learning from deaths system. The mortality review panel reviewed 73.2% of deaths during quarter three against the 70% target. As the Trust embedded the new Medical Examiner system it was foreseeable that this performance could potentially dip during the transition phase. Of the 312 deaths reviewed by the mortality panel two were judged to be more than likely avoidable one of which was subject to a Coroners' inquest. The Trust recognised the need to do more on treatment escalation plans, which was one of its quality priorities. The Trust's overall mortality as recorded with the standard hospital-level mortality index was categorised as lower than expected at 0.83 and the Trust was one of only 14 trusts in this category.</p> <p>Tim Wright commented that there had been a higher level of deaths associated with problems in healthcare and it was noted that this would be monitored very closely to ensure there were no underlying trends.</p> <p>The Board noted the report and it was agreed that an item on the Medical Examiner system would be included in the Board development programme in the first half of 2020/21.</p>	<p>CMO/CAO</p>

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2.5	<p>Transformation (Q3) Report</p> <p>The Board received and noted the report on the transformation report programme for quarter three 2019/20.</p>	
3.0	WORKFORCE	
3.1	<p>Workforce & Education Committee Report</p> <p>Stephen Collier, Committee Chair, provided an update on the meeting held on 27 February 2020. The overall message was one of continuing progress on a number of fronts, but there were some specific challenges. While there had been a number of discernible improvements, the NHS Staff Survey for the Trust was still below the NHS average on a number of areas and pointed to parts of the Trust's workforce feeling left behind. The Trust needed to ensure that it gave focus to working on the areas of challenges outlined in survey. The Committee were grateful for the work undertaken by the HR and Finance teams to reconcile the workforce data and there was now greater transparency on the Trust's establishment.</p> <p>The Board noted the report.</p>	
3.1.1	<p>Gender Pay Gap Report</p> <p>The Board received and discussed the gender pay gap report which had been considered by the Workforce and Education Committee on 18 February 2020. The Trust had undertaken a greater level of analysis on gender pay gap than that which was legally required in order to aid understanding and address the factors behind the gap. This analysis highlighted that the Trust needed to do more to ensure that it had equal and equitable pay structures for staff irrespective of gender.</p> <p>Ann Beasley commented that the graph on page eight of the report, which depicted the mean hourly rate for each grade by gender, needed to be presented in a different way (for example as a bar chart) as such data could not be meaningfully presented as a line graph. The CPO agreed to revise this prior to publication.</p> <p>The Board agreed that subject to reflecting the aforementioned change to the chart, the report could be published on the Trust's public website.</p>	
3.1.2	<p>Ethnicity Pay Gap Report</p> <p>The Board received and discussed the ethnicity pay gap report which had been considered by the Workforce and Education Committee on 18 February 2020. The Trust was not required to complete this analysis but had done so to support work around diversity and inclusion. It was important that the Trust put in place measures to ensure no group was left behind. The report was due to be discussed by the new BAME staff network at its meeting the following week.</p> <p>The Board agreed that the report could be published on the Trust's public website but noted its concerns regarding the pay gap identified and the little movement achieved in addressing the gap over the previous year. Significant work was required to address this.</p>	

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<p>3.1.3 Medical Engagement Scale</p> <p>The Board received and discussed the 2019 Medical Engagement Scale (MES) Report which had been considered by the Workforce and Education Committee on 18 February 2020. The report highlighted the following issues:</p> <ul style="list-style-type: none"> • While medical engagement was lower than expected, there had been a definite improvement since the 2016 survey was conducted. • The level of engagement varied between staff groups within the medical body and across different care groups. • Doctors with managerial and leadership responsibilities were, on the whole, more engaged. • Doctors felt very highly engaged with their own immediate care groups, in marked contrast to the relatively low level feeling of engagement with Divisions, or with the Trust as a whole. • The Trust now needed to build on the level of engagement in care groups and seek to achieve this at divisional and trust-wide levels. • The Trust had engaged external support to help deliver a series of workshops with the medical body to co-produce the plan/programme for improving engagement. • Some groups, such as neurosciences and neurology, demonstrated higher levels of engagement and the Trust could use that learning to develop its engagement programme. <p>The Board noted that the Trust needed to do more to break down the barriers to engagement and Jenny Higham flagged the need to better utilise the links with the University to improve medical engagement. The 'new consultants' forum' would support building purposeful communities to improve engagement. It was also important to get consultants to feel a greater sense of 'ownership' in the Trust, its strategy, vision and objectives. Tim Wright flagged that the work on medical engagement would be an integral part of the culture and leadership programme of work which was a key priority for the Board in the year ahead.</p> <p>The Board noted the report and that the Workforce and Education Committee would monitor progress and the implementation of the action plan.</p>	
<p>3.2 NHS Staff Survey</p> <p>The Board received and discussed the NHS 2019 Staff Survey, following consideration by the Workforce and Education Committee on 18 February 2020. The response rates for the Trust had increased to 59.5%, which was significant, and there had been year on year improvement in scores with the Trust performing significantly better in 17 questions, worse for three and no change in 70 questions.</p> <p>Performance against the three key questions were as follows:</p> <ul style="list-style-type: none"> • Staff happy with the standard of care if a friend/relative needed treatment at the Trust had risen from 68% to 72% which was higher than the NHS average of 71%. • Staff saying they would recommend St George's as a place to work had gone up from 57% in 2018 to 61% in 2019. • Staff saying that the care of patients/service users by St George's is one of 	

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<p>our top priorities, was up from 73% in 2018 to 77% in 2019.</p> <p>There were also 1200 lines of free text which the Trust would be analysing. Once again, BAME staff had stated that they had fewer opportunities for career progression, and this was a concern which the Trust would be taking action to address.</p> <p>As noted during the Board visits earlier in the day, there had been a rise in the number of staff subject to violence and aggression from patients/their relatives or other staff members. The Board asked that the Trust do as much as feasible to support staff and adopt a zero-tolerance approach across the Trust.</p> <p>The Board noted the report and that the Workforce & Education Committee would monitor the outputs from the free text analysis and the action plan.</p>	
<p>4.0 FINANCE</p>	
<p>4.1 Finance and Investment Committee Report</p> <p>Ann Beasley, Committee Chair, provided an update on the meeting held on 20 February 2020. The Trust's financial performance was £3.4m adverse to plan at month 10, however the underlying run rate was such that the Trust would not achieve the original planned £3m deficit at year-end. Work was being undertaken for the 2020/21 a financial plan but there was a financial gap internally and across the sector that needed to be addressed. The key would be to ensure there was sufficient grip and control at all levels of the Trust. The Committee also reviewed and commended the business case related to procurement.</p> <p>The Board noted the report.</p>	
<p>4.2 Finance and Investment Committee (Estates) Report (FIC(E))</p> <p>Tim Wright, NED Estates Lead, provided an update on the meeting held on 20 February 2020. Given the magnitude of the estates challenges the Trust had made great progress. Key areas of focus remain ventilation, fire, completing the backlog of estates issues and developing the Estates Strategy. There had also been improvement in the performance of the Mitie cleaning contract.</p> <p>The Board noted the report.</p>	
<p>4.3 Month 10 Finance Report</p> <p>The Board noted the Month 10 finance report. The ACFO reported that the Trust was overall reporting a pre-Provider Sustainability Fund (PSF) deficit of £39.8m at month 10 which was £3.4m adverse to plan. The Cost Improvement Programme was adverse against the plan but consistent with forecast. Within the position, cash and income were favourable to the plan. The Trust was waiting for confirmation from regulators that it would receive PSF.</p> <p>The Board noted the report.</p>	

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5.0	GOVERNANCE, STRATEGY & RISK	
5.1	<p>Education Strategy</p> <p>The Board received and approved the Education Strategy which had been discussed at a Board Seminar session in January 2020 and reviewed and endorsed by the Workforce and Education Committee at its meeting on 18 February 2020. The Education Strategy built on key elements of the Workforce Strategy.</p> <p>The Board expressed its thanks to Sarah James, Associate Director of Workforce Education and Development who had now moved to a role outside the Trust, and to Kath Brook of the strategy team, for their contribution to the development of the strategy.</p>	
5.2	<p>Digital Strategy</p> <p>The Board received and approved the Digital Strategy. The Digital strategy was a key part of the NHS Long-Term Plan. The three priorities were to ensure a robust infrastructure was in place, new models of care for outpatients and new ways of working for staff. This would include actions such as upgrading the Trust's systems, using information technology to interact with patients and supporting clinicians to access information at the point of contact with patients. The Board noted that as the Trust develops the action plan to deliver the strategy there should be clear actions which drive efficiency and productivity. Tim Wright also flagged that the real challenge will be in the implementation and the Trust should harvest the successes from projects such as the rolling-out of iClip across the Trust. Given where the Trust was it was also important to achieve a balance between delivering the wider aspirations while taking the small steps needed to ensure that staff were supported to deliver the best care to patients.</p>	
5.3	<p>Outpatients Strategy</p> <p>The Board received the final version of the outpatient strategy that had been discussed by the Board in October 2019 and at the February 2020 Board Seminar. The outpatients' strategy was in line with the NHS Long-Term Plan which call for less face to face contact with NHS patients. Stephen Collier expressed the view, supported by others, that whilst the vision for the strategy was broadly right, there was a lack of confidence that the Trust would be able to fully delivery the ambitions set out in the strategy. It was also important to reflect that the Trust would not be able to deliver and implement plans within a one year cycle. There would need to be an element of double running as the service transitioned to the new approach and the Trust would need to invest monies into the strategy. The Chairman also noted that the Trust could not deliver the strategy in isolation and the commissioners would be integral to changing the way outpatient services are provided. The next step was for the Trust to complete the modelling and develop the business case for investment and implementing the strategy.</p> <p>The Board approved the strategy subject to a robust business case being undertaken and the Board given the opportunity to scrutinise the financial investment envelop, the key risks and next steps.</p>	COO

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5.4	Horizon Scanning Reports:	
5.4.1	<p>Policy, Legislative and Regulatory Issues – Quarter Three</p> <p>The Board noted the report on emerging political, legislative, policy and regulatory issues covering Q3 2019/20 developments and agreed it was a useful update. The CCAO commented that issues identified through horizon scanning would be incorporated, as appropriate, in the Board Assurance Framework approach for 2020/21.</p>	
5.4.2	<p>Regional and Local Updates</p> <p>The Board noted the report on local developments in south west London, based on CCG Governing Body and Health and Wellbeing Board papers, and on current and future Clinical Tender opportunities.</p>	
6.0	CLOSING ADMINISTRATION	
6.1	<p>Questions from the public</p> <p>There were no questions from the public.</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>There were no matters of any other business raised for discussion.</p>	
6.4	<p>Reflections on the meeting</p> <p>The Chairman invited the ACFO to offer reflections on the meeting. The ACFO reflected that starting the Board day with Board visits helped to set the scene for the day which kept the patients at the forefront of the Board's considerations as discussions progressed. There was also a tangible cohesiveness in the Board and the relationships between the non-executive and executive directors. There was also a good balance between the level of constructive challenge and support.</p>	
7.0	PATIENT & STAFF STORIES	
7.1	<p>Patient Story: Liz Aram – Patient and Patient Partner</p> <p>The Board welcomed Ms Liz Aram who relayed her relationship with the Trust both as a patient and in supporting the Patient Partnership and Engagement Group (PPEG) as co-chair. She commented that she could see improvement in a number of areas and wanted to thank the Trust for the quality of care she had been provided since 2013. The Board needed to be aware of issues around staff feeling harassed and the Trust needed to provide patients coming for blood work with clear information about the length of time it could take. She also asked the Board to continue the work of PPEG, asked for help in getting more clinical involvement and emphasised the importance of patient engagement and patient experience.</p>	

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The Board thanked Ms Aram for sharing her story and continued support for PPEG.	
Date of next meeting: Thursday, 26 March 2020 in the Hyde Park Room, St George's Hospital, Tooting	