

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting  
In Public (Part One)  
Thursday, 28 November 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
Sarah Wilton	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Jacqueline Totterdell	Chief Executive Officer	CEO
Andrew Grimshaw	Chief Finance Officer/Deputy Chief Executive Officer	CFO/DCEO
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
Sally Herne	NHSI Improvement Director	NHSI-ID
<b>SECRETARIAT</b>		
Tamara Croud	Interim Assistant Trust Secretary (Minutes)	IATS
<b>APOLOGIES</b>		
Stephen Collier	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED

**Feedback from Board Visits**

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

- Allingham Ward and Caesar Hawkins – Chairman, CMO and CSO
- Neuro Theatres and CTICU – Tim Wright, CCAO, COO and CTO
- Keate Ward and Florence Ward – CEO and CN
- Pharmacy and Jungle Ward – Ann Beasley, CFO/DCEO and CPO

A key observation from the visits related to the number of medically fit patients on wards. Due to system challenges and shortfalls in the social care infrastructure, the Trust had not been able to repatriate these patients to the appropriate care setting. These patients deserved the best possible care and whilst it was safe for them to remain in hospital it was not the right care setting. It was evident that staff were providing the highest level of care for these patients but as this trend continued it impacted on the Trust's ability to effectively deliver against performance standards and

## Feedback from Board Visits

improve patient pathway flows. Communication issues were raised in two areas. First, while the theatre teams were high performing, Board members heard reports of issues with theatre list planning and the impact of last minute changes requested by surgeons and how this affected the productivity of the team. Secondly, there were challenges with the cascade of information down through the organisation which needed to be addressed. Various staffing issues were noted on a number of wards, in particular high turnover and vacancy rates in some areas and doctors had flagged an issue of availability of junior doctors at the weekend to support ward rounds. The physical environment of the Trust was another key theme from the visits; staff had flagged an issue of there being too many computers on wheels in the ambulatory unit which impacted on physical space; Jungle Ward, although tidy, was severely constrained in terms of space; and cleaning was an issue on some wards.

Some positives from the visits included the staff-led quality improvement initiative which had resulted in the introduction of the 'end of shift checklist' which was very impactful with staff reviewing what had gone well, how staff were feeling and what was difficult. While cleaning was an issue in some areas two long-serving housekeepers had demonstrated an admirable level of commitment. The introduction of e-prescribing was having a positive impact on how patients were cared for and the Pharmacy team were working with the Acute Provider Collaborative around designing a national programme for rotation of pharmacy staff.

The Board noted the updates and agreed that the COO and CEO would link with system partners to address the issues related to 'super-stranded' patients. The CFO/DCEO would address the issues related to cleaning and keep under consideration the space constraints on the Jungle ward and other areas of the Trust. The Board also noted the updates on actions arising from previous Board visits across the Trust, and agreed to close those actions proposed for closure.

## Values Award

The Board welcomed Kim Richmond, Mousumi Guha and Zainab Jadawji who collected the values award on behalf of the Medicines Information Team. The team had supported the Trust in responding to a drug alert which had impacted on over 600 patients and carers. The team volunteered to support the process and had helped manage the shortage and address all patient safety issues.

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<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. Governors Mia Bayles, Nick de Bellaigue, Anneke de Boer, John Hallmark, and Val Collington were in attendance as observers.	
<b>1.2</b>	<b>Declarations of Interest</b>  The Board noted the register of Board members' interests.	
<b>1.3</b>	<b>Minutes of the meetings held on 31 October 2019</b>  The minutes of the meeting held on 31 October 2019 were agreed as an accurate record subject to the following change: Page 8, item 4.3: revise second sentence to read ' <i>The most significant issues for the Trust related to delivering the agreed savings plan and maintaining grip and control against the budget</i> '.	

	Action
<p><b>1.4 Action Log and Matters Arising</b></p> <p>The Board reviewed and noted the action log and the following updates:</p> <ul style="list-style-type: none"> <li> <p><b>TB27.06.19/02-03: The Chairman advised that the Clinical Governance Review must be presented to the December 2019 meeting given that it had been deferred on two previous occasions.</b></p> </li> <li> <p><b>TB31.10.19/01:</b> The Board noted that CMO would circulate the email received from the National Institute of Cardiovascular Outcomes Research (NICOR) on its outcomes for the period April 2015 to March 2018. It was also noted that although the Cardiac Surgery report now provided an update on the actions taken by the Trust in response to the Bewick report, it did not yet contain the additional information requested by the Board. <b>As a result, the Board agreed that this action should stay open until the December iteration of the report.</b></p> </li> <li> <p><b>TB31.10.19/04:</b> The CFO/DCEO reported that the Estates Strategy would be completed by March 2019.</p> </li> </ul>	<p>CMO</p> <p>CMO</p>
<p><b>1.4.1 Update on September Patient Story – Paediatric Patient Journey</b></p> <p>The Board noted the update contained in the report on the questions raised by the patient's mother, Mrs Susannah Stevenson. The Board noted that it was good that the Mrs Susannah Stevenson felt listened to and it is important that the Trust followed up and made sure that the learning from the story was fully embedded. While it may not be possible for the Board to be fully assured that such issues will never reoccur, the Board was assured that the team was taking the feedback seriously and was taking action to address it. The Trust would continue to reinforce the standards of care expected to be delivered to patients. It was also noted that, going forward, all patient stories should be supported by a staff representative from the service who could speak to the actions taken to address any issues of concern and reflect on how good practice or learning had been embedded not only in the service but across the Trust.</p>	
<p><b>1.5 Chief Executive Officer's Update</b></p> <p>The CEO presented the Chief Executive Officer's Update. The Trust currently had a 79.9% uptake among staff of the flu vaccination and 56.4% of staff had completed the staff survey, which was already 2% higher than the response rate the previous year. The Trust was doing some focused work in the maternity service to improve the uptake of the flu vaccination. It was hoped that the staff survey engagement would increase over the remaining days on which the survey was live and that the flu vaccine uptake would exceed 80%.</p>	
<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 21 November 2019 which set out the key issues raised at the meeting. The Committee discussed mandatory training on resuscitation and supported proposals to write to consultants who did not attend training. The Committee heard about the challenges with completing self-assessments in relation the NICE guidance compliance and challenged the robustness of the processes to</p>	

	<b>Action</b>
<p>improve performance and understand the risks associated with incomplete self-assessments. While barcode scanning of patient wrist bands and medication was taking place, this was not being completed in a uniform way and the Committee encouraged action to ensure that the system was being used routinely. The Committee also noted the forthcoming change to the way the friends and family test was being conducted which allowed trusts to take more frequent surveys of patient experience and also include a free text option but which would also impact how trusts report on performance and benchmarking both locally and nationally. The MRSA case, the first in over a year, was caused by a lapse in care and this was being investigated and would be reviewed by the Infection Prevention and Control Committee.</p> <p>The Board noted its disappointment at the lack of improvement in NICE compliance. It was reported that following a brief review of the non-compliant areas it was evident that the services were in fact compliant with the guidance and the issue related to having the paperwork in place to evidence that a self-assessment had been completed. The CN and CMO had committed to improving compliance by the end of January 2020. Ongoing compliance would be closely monitored by the Patient Safety and Quality Group.</p> <p>The Board noted the report.</p>	
<p><b>2.1.1 Medication Incident and Controlled Drugs - Review of Q1-2 2019/20</b></p> <p>The Board received the medication incident and controlled drugs report for quarters one and two 2019/20. It was reassuring that of the low levels of harm caused by medication incidents none were avoidable. Electronic prescribing was driving improvement but needed more focus to embed the practice. The Board noted, again, the issues related to barcode scanning and it was reported that there had been issues with the availability of equipment and Wi-Fi connection. New drugs trollies were being piloted and it was hoped that this would improve barcode scanning of patient wrist bands and medication. The Board reflected that while the report detailed performance it remained difficult to assess how the Trust was performing in comparison to other organisations and the national benchmark. The CFO/DCEO noted that given the challenges with equipment and connectivity, which were impacting on the Trust's ability to deliver key elements of the service, it was important that these issues were escalated to the relevant executive forums; the CMO and CN would follow this up.</p> <p><b>The CMO agreed that the next iteration of the medicine incident and controlled drugs report would include relevant benchmarking data.</b></p> <p>The Board noted the report.</p>	<p><b>CMO</b></p>
<p><b>2.1.2 Annual Research Report</b></p> <p>The Board received and noted the annual research report. The Board noted that while the Trust was conducting more clinical trials it tended to support others in their research as opposed to being the principal instigator of clinical trials.</p> <p><b>The Board noted the annual research report and agreed that the next iteration would include comparative data to demonstrate where the Trust sits in relation to other organisations.</b></p>	<p><b>CMO</b></p>

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<p><b>2.1.3 Seven Day Services – Self Assessment</b></p> <p>The CMO presented the Trust's self-assessment against the standards for delivering seven day services which the Trust must achieve by 1 April 2020. The CMO advised that since the Quality and Safety Committee meeting on 21 November it had come to light that the self-assessment provided to the Committee had made an inaccurate assessment of compliance against the measure for MRI availability at the weekend. As a result, the Board paper rated this as red whereas it had been green-rated for the Quality and Safety Committee. While there was MRI provision at the weekend it was available on an informal and <i>ad hoc</i> basis. The Board noted concerns about the change in the report since the Quality and Safety Committee had reviewed it the week before the Board meeting and queried the assurances processes that led to this error in reporting. More generally, the Chairman commented that the report was drafted in very reassuring terms, but the reality appeared to be that the Trust was not currently on track to meet the national requirements by April 2020 and that significant work was required to meet this deadline. There needed to be a clear action plan which detailed the steps that would be taken to ensure the Trust achieved the standards. The report also stated that the Trust should have a risk on its Board Assurance Framework and the requirements around this needed to be clarified and actioned as appropriate. It was important that the Trust could evidence how it was achieving weekend working standards. It was also important that the Trust monitored key performance indicators such as mortality at the weekend. Despite the wording of the report, the Chairman reflected that the Board could not be assured on compliance with the national standards for seven-day working and asked that the CMO bring a report to the Board, via the Quality and Safety Committee, in January 2020 – well in advance of the 1 April 2020 deadline – setting out a clear plan for achieving compliance.</p> <p>In this context, the Board noted and approved the self-assessment for submission to NHS Improvement by 29 November 2019 on the Trust's current position on compliance with the seven-day services standards.</p> <p>The Board agreed that:</p> <ul style="list-style-type: none"> <li>• <b>The CN would include a risk on the Board Assurance Framework related to seven day services;</b></li> <li>• <b>The CMO would present an interim report to the Board via the Quality and Safety Committee in January 2020 on the Trust's progress against each standard and the report will include an action plan; and</b></li> <li>• <b>The weekend mortality data would be included in the integrated quality and performance report each month.</b></li> </ul>	<p><b>CN</b></p> <p><b>CMO</b></p> <p><b>CTO</b></p>
<p><b>2.2 Integrated Quality and Performance Report (IQPR)</b></p> <p>The Board received and noted the IQPR at Month 7 (October 2019), which had been scrutinised at both the Finance and Investment Committee and the Quality and Safety Committee the previous week. The COO reported that the Trust was working through the DMO1s for echocardiograms and completing a forward trajectory which would enable the Trust to be back in line with the original plan by January 2020.</p> <p>The Board noted the report.</p>	

	<b>Action</b>
<p><b>2.3 Emergency Care Performance Report</b></p> <p>The COO presented the report on emergency care performance. To improve the Trust's performance against the four-hour target the Trust would focus on two priorities. The first related to patient flow and, in particular, discharge processes and access to services. There were around 140 patients with an average length of stay of 21 days and over. Social services colleagues had now joined the Trust's long length of stay review meetings which were supporting the Trust repatriate these patients. If the Trust could reduce this cohort of long staying patients by 40 it could release adult beds and improve the type 1 performance by 5%. The Trust would also conduct a perfect process week the following week which would give effect to the recommendations from ECIST to improve the escalation of patient flow. The second priority related to reducing the numbers of patients waiting in the emergency department by introducing rapid assessments and triaging patients to the ambulatory unit. Other work in this area included improving the emergency department rota. By focusing on these priorities the Trust believed it could deliver the required improvement to ensure it met the 87% trajectory in December 2019. The introduction of the Emergency Care Delivery Board (ECDB), chaired by the CEO, had given the right level of focus.</p> <p>Members of the Board flagged that there continued to be a lack of consistency in delivering against the performance trajectory and reflected that there were days when the Trust only achieved circa 70% against the emergency standard. The Board also noted that the impact of capacity changes was being picked up through the ECDB.</p> <p>The Board noted the report, the priority actions and the internal trajectory for December 2019.</p>	
<p><b>2.4 Cardiac Surgery Update</b></p> <p>The Board received and noted the cardiac surgery update which included an update against the recommendations from the Bewick Review of July 2018. The CMO reported that the National Institute for Cardiovascular Outcomes Research (NICOR) had confirmed that the Trust's risk-adjusted mortality rates following cardiac surgery in the period April 2015 to March 2018 were within the normal range and that the Trust was no longer an outlier for mortality. The CMO added that the safety of the service was closely monitored and that all of the indicators suggested that the service was safe. The Board noted that the Trust's long term succession planning would be part of the discussions with system partners about the development of networked cardiac surgery services across south west London. The Chairman requested that the next report to the Board set out more information about the current performance of the service, including quality and safety metrics.</p> <p><b>The Board noted the report and reiterated the need to have a comprehensive report at the next meeting which included performance data in line with TB31.10.19/01 discussed above.</b></p>	<b>CMO</b>
<p><b>3.0 FINANCE</b></p>	

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<b>3.1</b>	<p><b>Finance and Investment Committee Report</b></p> <p>Ann Beasley, Chair of the Committee, provided an update on the meeting held on 21 November 2019. The Committee raised robust challenge in relation to emergency care performance, theatre productivity, and finance. On finance, the Committee noted that if the Trust continued on the same trajectory it would miss its 2019/20 financial target. This was particularly disappointing given the Trust had empowered local leaders and teams to develop the Cost Improvement Plans (CIP) and to deliver against agreed budgets. The Committee had asked that an action plan be developed to deliver the financial plan. The Board reflected that this was not a comfortable position for the Trust. A key aspect of delivering the required level of financial savings would be driving productivity and the Board will need to consider this when it considered long-term sustainability. The executive team had galvanised the Trust and more focus was being given to delivering financial targets under the new grip and control framework that was recently implemented.</p> <p>The Board noted the report.</p>	
<b>3.2</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 21 November 2019. The quality of reporting and engagement on estates issues was evident from the meetings. The Trust was working on plans for the new MRI scanners which were being centrally funded as well as working with PFI partners to progress the approved plan for upgrading the cardiac catheter laboratories. The Health and Safety Executive had carried out a follow-up inspection of the Trust on 7 November 2019 and initial feedback suggested that the Trust had made progress. The Trust was now progressing the recruitment of a substantive Director of Estates and Facilities. It was recognised that the test for progressing capital projects should include considerations of measures that would help improve flow through the hospital.</p> <p>The Board noted the report and acknowledged the work of the estates and facilities team and the CFO/DCEO in giving focus and driving improvement around estates and facilities issues.</p>	
<b>3.3</b>	<p><b>Month 7 Finance Report</b></p> <p>The Board noted the Month 7 finance report. The CFO/DCEO reported that the Trust remained on plan at month 7 but as things stood would not achieve its forecast year-end position. The current position was being driven by gaps in the savings programme and the run-rate. The revised forecast was circa £9-13m adverse variance to plan. The weekly finance focus meetings continued and some progress was being made in some areas but there were still significant challenges. The cash position was also very tight and managers were focusing on cash flow planning. The Trust was also keeping NHS England and NHS Improvement updated on the Trust's financial performance and the Board would be kept abreast of developments with the recovery plan.</p> <p>It was noted that the issue with coding related to technical issues and the Trust was catching up on the backlog. While this was an ongoing issue it was not impacting on the financial position. The Board queried the plans for £5m pipeline savings schemes that were RAG-rated as green and it was reported that part of the Trust's plan was to deliver a significant part of the savings</p>	

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	<p>programme at the later date in the financial year. The Trust would now carry forward any green schemes into the recovery plan. Divisions were also reviewing budgets and savings programmes on a weekly basis and would use the quality improvement process to deliver plans where appropriate. The organisation was focused on delivering the financial target but it was challenging.</p> <p>The Board noted the report and noted the concerns around the delivering the financial plan.</p>	
<b>4.0</b>	<b>STRATEGY &amp; GOVERNANCE</b>	
<b>4.1</b>	<p><b>Draft Workforce Strategy 2019-2024</b></p> <p>The Board received and discussed the draft workforce strategy for 2019-2024. The workforce strategy focused on three key priorities: retention, supply and new roles. By focusing on these areas the Trust would be better equipped to deal with the significant workforce challenges locally and system-wide. It was noted that a key element to retention was career and professional development, especially for clinicians. The key challenge to delivering the priorities would be ensuring that the Trust got the required traction on improving culture and leadership through the organisation. The Trust also needed to do more on flexible working and ensuring managers made the shift in thinking differently about the workforce and the structuring of jobs. The Board noted the importance of the Workforce and Education Committee receiving and monitoring the detailed action plan against each of the priorities. This would not be ready for the meeting of the Committee the following week but was currently being developed. The Board also reflected on the importance of identifying the unique selling point for the Trust and marketing this as part of the strategy, including for example the co-location of the Trust with St George's University.</p> <p>The Board approved the workforce strategy for 2019-2024 and noted that the Workforce and Education Committee would oversee the action plan and delivery of the priorities.</p>	
<b>4.2</b>	<p><b>Fit and Proper Person Test</b></p> <p>The Board noted and approved the revised policy on fit and proper person test.</p>	
<b>4.3</b>	<p><b>Statement of Purpose – Care Quality Commission (CQC) Submission</b></p> <p>The Board received and approved amendment to the Statement of Purpose. The Statement had been updated to reflect that the Trust no longer provided services at HMP Wandsworth. The updated Statement of Purpose would be submitted to the CQC and the Trust's website would be updated.</p>	
<b>5.0</b>	<b>CLOSING ADMINISTRATION</b>	
<b>5.1</b>	<p><b>Questions from the public</b></p> <p>No questions from the public had been submitted. In the absence of questions from the public, the Chairman invited questions from Governors and Patient Partners. Patient partnership representative, Hazel Ingram, relayed her recent</p>	



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	<p>experience of waiting in the emergency department and the impact on waiting times when patients had to wait for blood tests. The Chairman noted that this was a known issue and the Trust would ensure that it did not lose sight of this as it progressed plans to improve the performance of the emergency department.</p>	
<b>5.2</b>	<p><b>Any other risks or issues identified</b></p> <p>There were no other risks or issues identified.</p>	
<b>5.3</b>	<p><b>Any Other Business</b></p> <p>The Trust is keeping abreast with the developments and changes to the NHS pension scheme which impacted in particular on the consultant body. The Trust was communicating developments to consultants mindful of the fact that the decisions were part of government policy and were not within the control of the Trust.</p>	
<b>5.4</b>	<p><b>Reflections on the meeting</b></p> <p>The Chairman invited the CMO to offer reflections on the meeting. The CMO reflected on the powerful messages fed back from the ward visits. It was also good that the Board followed up on the patient story. There was a clear theme around ensuring the Board received the required assurance from the reports presented to it. There had been a lot of challenge from both executive and non-executive directors and this was encouraging. The discussion about the financial position was interesting and challenging and revealed the level of focus the organisation was giving to recovering the position. The Chairman noted that getting the balance right between managing the time on the agenda and allowing sufficient time for discussion would be kept under review, but on balance felt that it was important that the timings be flexed where appropriate to allow more in depth discussion of issues where required.</p>	
<b>6.0</b>	<b>PATIENT &amp; STAFF STORIES</b>	
<b>6.1</b>	<p><b>Patient Story: Patient Experience of Juniper Continuity of Carer (COC) Team</b></p> <p>The Board welcomed new mother Gemma Legge who provided the Board with a moving overview of the care and treatment she received before and after entering the pilot for the midwife-led Juniper Continuity of Carer (COC) Team. She reflected on the level of support she had received from the COC team and how, as a new mother-to-be who was experiencing issues at the early part of her pregnancy, she was happy to be able to have a named clinician. Having the same clinicians support her before, during and after the pregnancy made a significant difference and she had grown to trust the team of people that supported her and she felt that the level of service she received was excellent. Chelone Lee-Wo, Consultant Midwife and Public Health and Maternity Transformation Co-Chair reported that the midwife-led Juniper Continuity of Carer Team was a model adopted as part of the Better Births plans in the Five Year Forward View. The COC model enabled each woman to have a named midwife leading her care, and this enabled optimal communication among all care givers, improved clinical outcomes and led to higher rates of maternal satisfaction. The model was introduced as the result of a transformation programme and the plan was to roll out this model more widely given the</p>	

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<p>evidence demonstrated that it was an effective system for supporting pregnant women.</p> <p>The Board thanked Gemma Legge for sharing her story and supported embedding the model across more widely where feasible.</p>	
<p><b>Date of next meeting: Thursday, 19 December 2019 in the Hyde Park Room, St George's Hospital, Tooting</b></p>	