

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
In Public (Part One)
Thursday, 30 January 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	ACEO
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Prof Jenny Higham	Non-Executive Director (part)	NED
Prof Parveen Kumar	Non-Executive Director	NED
Dr Pui-Ling Li	Associate Non-Executive Director	ANED
Sarah Wilton	Non-Executive Director	NED
Tim Wright	Non-Executive Director	NED
Avey Bhatia	Chief Nurse and Director of Infection Prevention & Control	CN/DIPC
Dr Richard Jennings	Chief Medical Officer	CMO
Tom Shearer	Acting Chief Finance Officer	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
Ellis Pullinger	Chief Operating Officer	COO
SECRETARIAT		
Tamara Croud	Head of Corporate Governance/Board Secretary	HCG
APOLOGIES		
Jacqueline Totterdell	Chief Executive Officer	CEO
Sally Herne	NHSI Quality Improvement Director	NHSI-QID

Feedback from Board Visits

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

- Cardiac Investigations and Charles Pumphrey – Chairman and CTO
- Brodie Ward and Mckissock– Ann Beasley, Pui-Ling and CN/DIPC
- Thomas Young and Oncology Ambulatory Care–Prof. Parveen Kumar and CMO
- Marnham and Cavell Ward – Sarah Wilton and CCAO
- Recruitment Team and Staff Bank Team – Prof. Jenny Higham and CPO
- Rheumatology Outpatients and Acute Gynaecology Unit – Stephen Collier and CSO

Feedback from Board Visits

- Security Team and Ingredients Restaurant – Tim Wright, COO and ACFO

All visits were positive with very enthused staff brimming with ideas to drive quality improvement in their services and/or corporate departments. Staff reflected that although some of the earlier challenges in the transitional period of the new Mitie cleaning contract were abating there were still some issues, particularly in relation to cleaning at the weekends. Patients had also provided positive feedback during the visits. The responsiveness of the estates team to immediate estates and environmental issues were noted as improving, but there remained fundamental challenges with the estates infrastructure which could only be addressed through the longer term estates programme and additional capital investment. The visits to the corporate and support areas also demonstrated the breadth and range of professionals it takes to run a hospital and deliver high quality patient care. The Trust had a wide range of corporate and support teams who were dedicated to providing services which keep the hospital functioning – from administrators, security teams and those who managing the restaurant. These teams not only demonstrated passion for the Trust and the services they provide but also commitment to improvement such as income generation in the restaurant, engaging with the system to introduce staff passports for new employee checks, and improving communications and awareness to keep the Trust secure.

The Board welcomed and noted the updates. In relation to the feedback from Thomas Young, it also recognised that the Trust needed to continue to work with partners to reduce delays in social services which impact on the Trust's ability to discharge patients. The Board also noted the need to continue to deal with the remaining issues associated with the new cleaning contract. In addition, it recognised the importance of supporting echocardiogram teams to benefit from national training schemes.

Values Award

The Board welcomed and thanked Shamini Satish Nair, Registered Nurse in Outpatients' General Surgery, who had been nominated to receive a staff values award. Shamini was nominated by a patient for the calm, reassuring and patient care she provided.

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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) • Anneke de Boer, Public Governor (Merton) • Alfredo Benedicto, Stakeholder Governor (Merton Healthwatch) • Mia Bayles, Public Governor (Rest of England) <p>The Chairman reported that it was with sadness she had to inform the Board that Hazel Ingram, a patient partner at the Trust and a regular attendee at Board, had passed away over the Christmas period. Hazel's kind and gentle approach and support to the Trust had been invaluable both in her role as a volunteer and through her participation in patient experience activities across the Trust. The Chairman commented that Hazel would be much missed and the Board concurred.</p>	

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<p>The Chairman also welcomed new non-executive directors, Professor Dame Parveen Kumar and Elizabeth Bishop and associate non-executive director Dr Pui-Ling Li. Professor Kumar and Dr Li had already started their terms of office, and Elizabeth Bishop would officially start at the Trust on 1 February 2020. The Chairman noted that although not all elements of the fit and proper persons test (FPPT) checks had been completed she had conducted a thorough risk assessment and had concluded that, although it was far from ideal, on balance it was in the interests of the Board and its effective operation that the new non-executive directors commence their terms without delay.</p> <p>The Chairman asked the CPO, as a matter of urgency, to ensure that that all elements of the FPPT were completed forthwith and were in place by the time of the February Board meeting at the latest.</p> <p>In addition, the Chairman reported that the Jacqueline Totterdell, CEO, was unwell and in the interim Andrew Grimshaw had agreed to undertake the role of Acting Chief Executive until she returned, which was likely to be in March. Accordingly, Tom Shearer, Deputy Chief Financial Officer had stepped into the role of Acting Chief Financial Officer. The Chairman noted that, in accordance with the Trust's Standing Orders, the Acting CFO would exercise the full voting rights of the role of CFO as this was a formal acting-up arrangement. The Board thanked colleagues for their support and willingness to provider cover and wished Jacqueline Totterdell a full and speedy recovery.</p>	CPO
<p>1.2 Declarations of Interest</p> <p>There were no new declarations of interest reported.</p>	
<p>1.3 Minutes of the meetings held on 19 December 2019</p> <p>The minutes of the meeting held on 19 December 2019 were approved as an accurate record.</p>	
<p>1.4 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.</p>	
<p>1.5 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 six clinical commissioning groups (CCG) in South West London were progressing with their merger to form a single CCG from 1 April 2020. This was a significant step in terms of the move to system-wide working in South West London and the Trust was closely monitoring the developments and would need to work with the new body and other providers to clarify the governance structures across the area. • Finance remained a significant challenge. The Trust would not achieve the planned £3m deficit for the year and, following an extensive reforecasting process, the Trust now predicted a 2019/20 year-end deficit of £12m. The key contributing factors to this position included gaps in the savings programme particularly within the clinical divisions, activity and the broadly 	

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<p>unchanged underlying run rate. The Board noted its disappointment that the Trust would not achieve the original plan and reinforced the importance that the Trust delivered the new forecast and that there was no further deterioration. The revised year-end had been built on a robust forecasting exercise and for this reason the executive team were confident that the new plan was deliverable. The executive team also recognised that a significant amount of work was needed to change the culture of the organisation in relation to budget ownership and accountability for delivering local financial plans.</p> <ul style="list-style-type: none"> • The Trust had appointed a number of Black Asian Minority Ethnic (BAME) staff to participate in recruitment panels for senior staff members (NHS pay band 8a/b and above). In addition, the Trust was making significant progress with the programme of work to improve the culture of the Trust, with great interest from staff members wanting to support the diagnostics phase and beyond. • The Trust Executive Committee had welcomed the newly appointed divisional chairs, Nick Hyde (Surgery, Theatres, Neurosciences and Cancer) and Rafik Bedair (Children, Women, Diagnostics and Therapies). Rafik and Nick replaced Justin Richards and Tunde Odutoye, and the Board thanked the outgoing divisional chairs for their contribution and support. 	
<p>2.0 QUALITY AND PERFORMANCE</p>	
<p>2.1 Quality and Safety Committee Report</p> <p>Professor Parveen Kumar, Chair of the Committee, presented the report of the meeting held on 23 January 2020 which set out the key matters raised and discussed at the meeting. The Committee heard about the trend of increasing 12-hour trolley breaches which were largely due to wider system challenges with mental health bed capacity. The key actions taken by the Trust included improving its rapid assessment processes in the emergency department and supporting medically fit patients to access more appropriate mental health provisions in the community. The Trust had good relationships with mental health providers but it was recognised that the frequency and quality of contact needed to be improved at senior management level and the Trust was seeking to do this through many forums including the Mental Health Reference Group. The Committee was assured by the actions taken to monitor and manage the challenges with infection control, in particular methicillin sensitive staphylococcus aureus (MSSA) and methicillin resistant staphylococcus aureus (MRSA). The Committee also heard about the challenges with referral to treatment and seven day services which would be discussed later on the agenda. The Committee and the Board were frustrated by the Trust's inability to close the outstanding Care Quality Commission action related to mandatory and statutory training in relation to basic life support. Despite the additional resources, increased senior and divisional scrutiny and enhanced communication programme the Trust missed the December 2019 deadline and hence the Trust had revised its trajectory to June 2020 to achieve the target for resuscitation training.</p> <p>The Board noted the report.</p>	

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<p>2.2 Care Quality Commission (CQC) 2019 Inspection Report</p> <p>The Board received and noted the CQC Report from its inspection of the Trust during 2019, which had been published on 19 December. It was reported that, overall, the CQC had found significant progress and whilst the Trust retained its <i>'requires improvement'</i> rating the CQC had recommended to NHS England and NHS Improvement that the Trust be taken out of 'quality special measures'. The Trust had received two requirement notices, which was far lower than some other trusts with higher overall ratings and the response and actions to these had been submitted to the CQC by the deadline of 16 January 2020 and were included in the report. The Trust was in the process of developing the comprehensive action plan to respond to all the <i>'must'</i> and <i>'should'</i> do notices. Progress against implementing the action plans would be monitored through the Trust's governance forums including Patient Safety and Quality Group, Trust Executive Committee, the Quality and Safety Committee and locally at divisional management and governance meetings. The Trust was also developing a plan that looked beyond the 'must' and 'should' do actions that would help the Trust become outstanding. Notably there were significant improvements in services for example services to children and young people was now rated <i>'outstanding'</i> overall.</p> <p>The Board noted that the Trust had much to be pleased about with the progress documented in the CQC report, while there of course remained more to do. The Board also noted that the comprehensive action plan would be presented to and monitored by the Quality and Safety Committee.</p>	
<p>2.3 Integrated Quality and Performance Report (IQPR)</p> <p>The Board received and noted the IQPR at Month 9 (December 2019), which had been scrutinised at both the Finance and Investment Committee and the Quality and Safety Committee the previous week. Of note was the increase in non-elective length of stay for acute medicine patients. Elective day case activity was likely to pick up. Referral to treatment (RTT) performance had deteriorated with seven 52-week breaches against a zero target during the period. The Trust's DMO1s (diagnostics waiting times) had deteriorated further with the most significant pressure on six-week diagnostics waits. Cancer performance in quarter three was also challenged but the current trajectory suggested the Trust would be back on track to achieve the target in quarter four. The Trust continued to miss the 4-hour standard in its Emergency Department and only achieved 80% in December 2019 with a marginal improvement in month 10 at 81%. Closer scrutiny was being given to maternity performance. As a result of not fully achieving the targets against the treatment escalation plan and deprivation of liberty clinical priorities, the Trust was proposing rolling these priorities forward into 2020/21. 89.7% of staff had the flu vaccination and 60% of staff had completed the NHS staff survey which was demonstrative of the increasing engagement from the workforce and successful communications campaigns. The Trust had received a copy of the staff survey results but this was embargoed until February. The Trust's agency spend was below the cap and the lowest it had been in the past three years.</p> <p>The Board noted that there were significant challenges both across London and the wider NHS in achieving the 4-hour emergency department standard, but also noted that despite this the Trust needed to improve its own performance. The Board welcomed the performance against the agency cap and noted that this was a consequence of the significant amount of work by staff to get to this</p>	

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<p>positive position. The Trust had engaged with Public Health England about implementing plans to manage potential Coronavirus cases. The Board also flagged that further consideration must be given to how to improve engagement with staff on the appraisal process especially in relation to non-medical appraisals and it was reported that there was work underway with divisional leads. It was also noted that there was an open Board action in relation to the quality of appraisals which had been allocated to the Workforce and Education Committee.</p> <p>The Board agreed that the Workforce and Education Committee would conduct a deep dive into non-medical staff appraisals and the executive team could learn from the work carried out in the estates team to improve the department's appraisal rates.</p> <p>The Board asked that the IQPR be enhanced where possible to include more benchmarking data on key performance indicators and more information regarding estates performance, drawn from the estates dashboard.</p> <p>The Board received and noted the report.</p>	<p>WEC/CPO</p> <p>CTO</p>
<p>2.4 Cardiac Surgery Update</p> <p>The Board received and noted the cardiac surgery update. Since the Board considered its comprehensive update report in December 2019 there had been five inpatient post-operative deaths. In line with the Trust's governance processes these deaths had been considered at the Serious Incident Declaration Meeting (SDIM) and independently by an external expert from another South London trust. The independent mortality review into cardiac surgery deaths between April 2013 and December 2018 which had been commissioned by NHS England and NHS Improvement was expected to conclude shortly and a process of factual accuracy checking was underway. The Trust was awaiting the publication of the final report.</p> <p>The Board flagged that the risk register for the service remained unchanged and queried whether or not it should contain a risk in relation to team dynamics. It was reported that this had improved with the appointment of Steve Livesey as Associate Medical Director and Care Group Lead for Cardiac Surgery in December 2018. Once NHSI/E published the report the Trust would reassess the risk ratings. Significant changes had been made to the service, as set out in the December 2019 Board paper, and the service had improved as a result. The CQC inspection report had recognised these improvements, particularly in relation to leadership, and the Trust was no longer an outlier for mortality.</p> <p>The Board received and noted the report.</p>	
<p>2.5 Emergency Preparedness, Resilience and Response (EPRR): Annual Assurance Submission to NHS England (London)</p> <p>The Board considered the report on the outcome of the 2019-20 NHS England EPRR assurance process. The Trust's EPRR assessment was rated as 'substantially compliant'. The Trust also had in place an action plan with key priorities which addressed the gaps in compliance.</p> <p>The Board welcomed the substantial compliance rating for the Trust's</p>	

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	emergency preparedness, resilience and response processes for 2019/20.	
2.6	<p>Seven Day Services Implementation Update</p> <p>The Board received and discussed the report charting progress on implementing the core standards to enable the Trust to provide seven day services by April 2020. A full assessment of progress against the four core standards had been completed and the Trust would not be fully compliant by the April 2020. The area of significant challenge for the Trust related to consultants seeing more than 90% of emergency patients within 14 hours of admission at weekends (Standard 2). The action plan in the report would support the Trust in achieving compliance with the core standards.</p> <p>The Board noted the report and asked that the programme of work be integrated into the development of the annual plan for 2020-21, with the Trust Executive Committee providing oversight and scrutiny of progress.</p>	TEC/CMO
2.7	<p>Quality Improvement Academy (Q3) Report</p> <p>The Board received and noted the report on the quality improvement academy in quarter three 2019/20.</p>	
3.0	FINANCE	
3.1	<p>Finance and Investment Committee Report</p> <p>Ann Beasley, Committee Chair, provided an update on the meeting held on 23 January 2020. The Trust had made great strides in managing and mitigating its ICT risks, but there remained concerns around data quality. With plans being progressed in the coming months it was anticipated that the Trust could move this risk to partial assurance. Finance remained the highest risk and biggest area of concern. The Trust's financial performance was in line with plan at month 9 however the underlying run rate was such that the Trust would not achieve the original planned £3m deficit at year-end as discussed under agenda item 1.5 above and below under agenda item 3.3. The 2019/20 year-end position would impact on the 2020/21 financial plan and addressing the underlying run rate was key. The Trust had begun the planning process but was waiting for NHS Improvement/England to publish the planning guidance.</p> <p>The Board noted the report.</p>	
3.2	<p>Finance and Investment Committee (Estates) Report (FIC(E))</p> <p>Tim Wright, NED Estates Lead, provided an update on the meeting held on 23 January 2020. The Trust's journey to improve transparency and assurance around key estates issues was bearing fruit. There was significantly greater visibility and engagement at Board level on estates issues. Fire and water remained key areas of focus. Clearing the historic backlog of outstanding estates works remained a key challenge for the team. There had also been some improvement on the Mitie cleaning contract but as mentioned in the feedback from the Board visits there was more to do. The current risk assurance rating was limited but the group was committed to moving this to partial assurance in quarter four 2019/20. The Trust would engage an external supplier to support development of the estates strategy and good progress was being made on the capital programme.</p>	

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<p>The Board noted the report.</p>	
<p>3.3 Month 09 Finance Report</p> <p>The Board noted the Month 9 finance report. The ACFO reported that the Trust remained on plan at month 9. Capital and income were in line with the Trust's plan but as mentioned under agenda items 1.5 and 3.1 the Trust had needed to reforecast its year-end position.</p> <p>The Board noted the report.</p>	
<p>4.0 GOVERNANCE, STRATEGY & RISK</p>	
<p>4.1 Audit Committee Report</p> <p>Sarah Wilton, Committee Chair, provided an update on the meeting, held on 21 January 2020. The External Auditors had begun the planning process for the completing the audit of the 2019/20 financial and quality accounts. Good progress was being made on delivering the 2019/20 internal audit programme of work and the Committee considered several reports which attained substantial or reasonable assurance. The Committee also recognised the significant progress made on embedding the systems for managing policies and declarations of interests. The Committee had completed its effectiveness review and the results of this were positive which reflected the improvements made around governance and the control environment in recent years.</p> <p>The Board noted the report and approved the annual audit fee for the external auditors.</p>	
<p>4.2 Quality and Safety Strategy (draft)</p> <p>The Board received and discussed the draft Quality and Safety Strategy 2020-24 which had also been discussed at the December 2019 Board Seminar and January 2020 Quality & Safety Committee meeting. The strategy had been developed following a robust engagement process internally and with external stakeholders. The strategy outlined the seven priority areas:</p> <ul style="list-style-type: none"> • Minimising avoidable harm • Improving outcomes for patients • Providing patients with an excellent experience • Improving staff experience • Providing patients with equitable access and quality • Embedding a culture which embraces quality, safety and learning • Providing and developing pioneering and leading edge treatments <p>The Board noted that the strategy should be supported by practical granular actions which could be quantified and measured. It was helpful that there was priority on improving staff experience because when staff feel looked after they deliver better care to patients.</p> <p>The Board approved the Quality & Safety Strategy and noted the interdependency with other supporting strategies.</p>	

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<p>4.3 Corporate Objectives (Q3) Report</p> <p>The Board received the update to the quarter three 2019/20 corporate objectives. There had been some improvement since the quarter two report but there remained a number of areas where the Trust was not delivering the agreed commitments. The training compliance objective should be rated as 'red' given continued challenges with achieving the outstanding Care Quality Commission requirement related to mandatory and statutory training.</p> <p>The Board noted the report and reflected that many actions were rated 'amber' and asked that the executive give more focus on delivering the corporate objectives as well as, for the objectives for the next year, being clearer about the task and the expected outcome.</p>	
<p>4.4 Board Assurance Framework (Q3) Report</p> <p>The Board received and discussed the quarter three 2019/20 board assurance framework (BAF). The responsibility for the BAF would move from the CN to the CCAO from April 2020. Strategic risk three (<i>patients waiting too long for treatment</i>) had increased (previously scored 12 now 16) to reflect the deterioration in referral to treatment, DMO1s and seven day services. The highest risk remained strategic risk seven (<i>achieving financial balance</i>) with a risk score of 25. The Trust would ensure that it reflected on the comments made by the Care Quality Commission about the Board Assurance Framework especially in relation to the engagement at divisional level. With the programme of work around diversity and inclusion the Trust was assured that many of the risks in strategic risk 12 had been mitigated but the risk score would remain the same until the actions taken have been suitable embedded.</p> <p>The Board received and endorsed the Board Assurance Framework.</p>	
<p>5.0 CLOSING ADMINISTRATION</p>	
<p>5.1 Questions from the public</p> <p>There were no questions from the public.</p>	
<p>5.2 Any other risks or issues identified</p> <p>There were no other risks or issues identified.</p>	
<p>5.3 Any Other Business</p> <p>The Chairman advised that the process to elect new governors to join the Trust's Council of Governors would close later in the day and the results would be announced on 31 January 2020.</p>	
<p>5.4 Reflections on the meeting</p> <p>The Chairman invited Sarah Wilton to offer reflections on the meeting noting that this would be Sarah's last Board meeting having completed her final term of office. Sarah reflected that since joining the Trust in 2011 there had been a significant number of changes in the Board membership but was pleased to see an established team in place. There had been marked improvements in a number of areas for example more focus on quality, demonstrable change and</p>	

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<p>better quality of reporting and engagement of executive Board members, improved governance, better project management (i.e. iClip across both sites), returning to reporting for the referral to treatment pathway and the patient voice was more visible at the Board meetings. New members of the Board also commented that there was a feeling of openness at the Board which was also reflected on the Board visits.</p> <p>The Chairman, on behalf of directors and governors, thanked Sarah Wilton for her support and contribution to the Board. She had been highly effective in contributing to the Board and had been a stalwart supporter of the Trust. She had also been at the forefront of driving change and providing robust but constructive challenge. She would be very much missed by the Board.</p>	
<p>6.0 PATIENT & STAFF STORIES</p>	
<p>6.1 Patient Story: Sickle Cell Patients in the Emergency Department</p> <p>The Board welcomed Ms Sarina Vitalis who relayed her experience as a sickle cell patient attending the Trust's emergency department. During a sickle cell crisis Ms Vitalis had on a number of occasions come into the Trust's emergency department. She described the intense level of pain she feels when she presents at the emergency department and the way she had been treated. On a daily basis she manages her pain at home with high concentration of pain medication. She has a protocol on her medical records which staff should use when she attends the hospital and because of past experience she also carries a copy with her. Despite the protocol being in place she had often been treated with disdain by staff, or treated suspiciously as someone looking to obtain drugs, and she described occasions which highlighted this. In addition to being ignored and left alone scared she described the discriminatory attitude of staff. She and her family were her only advocates and only when clinical specialists were contacted was she treated in the right way.</p> <p>It was reported that the Trust recognised these issues and accepted that there needed to be significant change and the ED team was working with the clinical specialist in the haemoglobinopathies to develop standards and educate ED staff on how to support and care for sickle patients. This work was ongoing and being supported by patients with sickle cell. The Trust also had two sickle cell nurse champion in the ED and there was a standard set of protocols in place.</p> <p>The Board reflected that the treatment Ms Vitalis received was unacceptable and distressing and apologised to her for this shortfall in service.</p> <p>The Board thanked Ms Vitalis for sharing her story and agreed that a follow-up report would be presented to the Board setting out the actions that had been taken to ensure that her poor experiences would not be repeated either for herself or for others.</p>	<p>CN</p>
<p>Date of next meeting: Thursday, 27 February 2020 in the Hyde Park Room, St George's Hospital, Tooting</p>	