

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
In Public (Part One)
Thursday, 31 October 2019, 10:00 – 13:30
Barnes, Richmond, Sheen Rooms, Queen Mary's Hospital, Roehampton**

| Name | Title | Initials |
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| PRESENT | | |
| Gillian Norton | Chairman | Chairman |
| Ann Beasley | Non-Executive Director | NED |
| Stephen Collier | Non-Executive Director | NED |
| Jenny Higham | Non-Executive Director | NED |
| Sarah Wilton | Non-Executive Director | NED |
| 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 |
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| IN ATTENDANCE | | |
| Harbhajan Brar | Chief People Officer | CPO |
| James Friend | Chief Transformation Officer | CTO |
| Stephen Jones | Chief Corporate Affairs Officer | CCAO |
| Ellis Pullinger | Chief Operating Officer | COO |
| Ralph Michell | Head of Strategy (deputising for the CSO) | HoS |
| | | |
| SECRETARIAT | | |
| Tamara Croud | Interim Assistant Trust Secretary (Minutes) | IATS |
| | | |
| APOLOGIES | | |
| Suzanne Marsello | Chief Strategy Officer | CSO |
| Sally Herne | NHSI Improvement Director | NHSI-ID |

Feedback from Board Visits

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

- Outpatients and Minor Injuries Unit (MIU) – Chairman and CN
- Bryson Whyte Rehabilitation Unit and Mary Seacole Ward – Ann Beasley and CMO
- Gwynne Holford Ward and Wolfson Rehabilitation Unit – Jenny Higham, CPO and CCAO
- Douglas Bader Rehabilitation Centre – Stephen Collier and COO
- Day Case and Endoscopy and Dermatology – Tim Wright and CFO

The Board members witnessed and heard about some very positive themes during the visits including the high quality of the estates infrastructure at Queen Mary's Hospital (QMH), the dedication of QMH staff who demonstrated high levels of competence, commitment and

Feedback from Board Visits

understanding of the pathway flows between the Trust and external organisations, and the high quality of care and services provided on the site. The rehabilitation and limbs service stood out as innovative and exemplary, for example, demonstrated by the high quality of orthotics and prosthetics for children and the Dermatology service was rated as the best in London.

A number of significant issues were raised during the visits in relation to the recent deployment of iClip at QMH. The feedback was variable. Some staff had welcomed and praised the new system, but there had been challenges, notably some clinicians reporting that their productivity had been adversely affected. Additionally, patients had been arriving for outpatient clinics that did not exist. There was recognition that this needed to be addressed immediately. Conversely, staff noted that iClip had increased the visibility of the patient pathway and had supported staff in tracking patients, for example by dealing with the issue of the unsociable hours transfer between the Tooting and Roehampton sites, which had been raised on previous visits. Staff also highlighted the benefits of the new system in completing the drugs round. Other material issues raised included the single point of access for MSK which had presented challenges for the therapies staff, the perception that there was a lack of senior management visibility at QMH, and the dermatology team reporting issues with activity flows due to the joint service model adopted across both sites.

The Board noted and agreed that the COO would address the issues related to dermatology activity flows, single point of access issues for MSK, and iClip. The Trust Executive Committee would look at the issues related to senior management visibility at QMH.

Values Award

The Board welcomed Hayley Blanchett who, with colleague Caroline Van Marle, had been nominated for a Living Our Values Award for going above and beyond to ensure patients who had been referred to the Queen Mary Hospital Physiotherapy Services were booked in a timely manner despite the challenges over the last few months with the change to a new system. The Chairman presented Hayley with the award and expressed the Board's gratitude.

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| 1.0 OPENING ADMINISTRATION | |
| <p>1.1 Welcome, Introductions and apologies</p> <p>The Chairman welcomed everyone to the meeting and noted the apologies as set out above. Governors Mia Bayles, Nick de Bellaigue, Alfredo Benedicto, Anneke de Boer, John Hallmark, Sarah McDermott and Richard Mycroft were in attendance as observers.</p> <p>The Chairman advised that the following arrangements had been made in relation to the non-executive membership of Board Committees:</p> <ul style="list-style-type: none"> • <u>Quality and Safety Committee</u>: Tim Wright would Chair the Committee until the new clinical NED took up post. Sarah Wilton would become a formal member of the Committee alongside continuing her membership of the Workforce and Education Committee, Finance & Investment Committee and chairmanship of the Audit Committee; and • <u>Finance & Investment Committee</u>: Tim Wright would become a formal member of the Committee. <p>The Board approved Ann Beasley's appointment as Senior Independent Director, noting that this had also been endorsed by the Council of Governors at</p> | |

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| <p>its meeting on 22 October 2019. The Board also noted and endorsed the appointment of Stephen Collier has the NED lead for Freedom to Speak Up.</p> <p>The Board, having previously noted and endorsed the appointment of the Chairman as Chair-in-Common for the Trust and Epsom and St Helier University Hospitals NHS Trust, discussed the potential that a conflict of interest may arise and considered how this should be addressed. The Board noted that the Trust's Constitution, and the provisions of the NHS Act 2006 on which it was based, permitted directors to have conflicts of interest where these were authorised by the Board. The Board recognised that the Chairman's role as Chair-in-Common across the two Trusts did represent a potential conflict of interest, but agreed that this could exist on the basis that:</p> <ul style="list-style-type: none"> • The appointment would assist with facilitating closer collaboration between two major hospitals in South West London, with potentially significant benefit to the patients of both organisations; • The appointment was made and supported by NHS England and NHS Improvement; and • The Trust's Council of Governors, while acknowledging the challenges involved, were supportive of the Chairman fulfilling the role of Chair-in-Common and had discussed this at its October 2019 meeting. <p>In addition, the Board acknowledged that the Chairman would formally declare any explicit conflicts of interest in matters to be discussed and agreed by the Board or its Committees.</p> | |
| <p>1.2 Declarations of Interest</p> <p>The Board noted the register of Board members' interests. Ann Beasley reported that she had recently been appointed as a non-remunerated Company Director of Alzheimer's Trading Limited.</p> | |
| <p>1.3 Minutes of the meetings held on 26 September 2019</p> <p>The minutes of the meeting held on 26 September 2019 were agreed as an accurate record.</p> | |
| <p>1.4 Action Log and Matters Arising</p> <p>The Board reviewed and noted the action log. The Chairman reiterated the importance that the Board receive a more comprehensive report on cardiac surgery at its November 2019 meeting which included an update on the Trust's progress against the recommendations of the Bewick Review. The CTO clarified that in relation to action item TB.26.09.19/05, there would be no visits to Orlando Health.</p> | |
| <p>1.5 Chief Executive Officer's Update</p> <p>The CEO presented the Chief Executive Officer's Update and highlighted the following:</p> <ul style="list-style-type: none"> • The Trust currently had a 48.5% uptake among staff of the flu vaccination and 34% of staff had completed the staff survey to date. Considerable work was being undertaken to ensure that the Trust remained among the best for flu vaccination uptake and to increase the survey response rate. • The Trust celebrated Black History Month in October, which was welcomed by the staff, and held an event to celebrate Diwali. The Trust's Freedom to | |

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| <p>Speak Up Month in October had been very successful and formed part of the programme of work to encourage and support staff in feeling confident to raise concerns.</p> <ul style="list-style-type: none"> The Trust had been told it would be receiving funding for two new Magnetic Resonance Imaging (MRI) scanners and a mammography machine as part of NHS England and NHS Improvement's recent announcements on capital funding. <p>The Board welcomed celebration of different cultures but queried the breadth of engagement with the local communities. The CEO acknowledged that more needed to be done to engage with local communities and reassured the Board that there was fair access to the Trust's services. The Chairman noted that it was important for the Trust to continue engaging and supporting staff members but it was time to review the Trust's external stakeholder engagement programme and commented that it was important that the Trust more transparently considers equality impact assessments. On flu, the Board welcomed the progress with the vaccination programme but expressed concerns about the poor uptake of flu vaccination by staff in the midwifery service. It was noted that the Trust was closely monitoring uptake by staff group and targeted work was being conducted within the services where uptake was low.</p> | |
| <p>2.0 QUALITY AND PERFORMANCE</p> | |
| <p>2.1 Quality and Safety Committee Report</p> <p>Tim Wright, Interim Chair of the Committee, presented the report of the meeting held on 24 October 2019 flagging key issues raised at the meeting. The Committee welcomed the feedback from the deep dive and notably the implementation of the training programme on human factors to improve quality and communication. The good performance in relation to cancer and methicillin resistant staphylococcus aureus (MRSA) was also noteworthy. In addition, the Committee could see that while there were early challenges with the implementation of iClip, the deployment across the Trust was improving data flows and the management of patients.</p> <p>The Board queried the degree to which the Trust monitored outcomes especially in relation to Black, Asian and Ethnic Minority (BAME) women. It was noted that the maternity service did monitor outcomes based on ethnicity and experience and the Trust, as a tertiary referral hospital, did receive high risk cases. The Trust's Diversity and Inclusion Strategy included a component related to service delivery and outcomes.</p> <p>The Board noted the report.</p> | |
| <p>2.1.1 Infection, Prevention and Control Annual Report 2018-19</p> <p>The Board received the annual report on infection prevention and control for 2018-19. The report had been considered at the Quality and Safety Committee which reported its assurance to the Board in September 2019. Ann Beasley commented that it was important the Board was reminded about how the Committee gained its assurance on the matters raised both in this report and others considered by the Committee. This was particularly important where the Board received a report a month after it had been considered by the Committee. The Board noted that the Committee had reported its assurance on the contents</p> | |

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| <p>of the report the previous month via the Committee chair's report to the Board on the basis that it was not only comprehensive but also did not present any surprises which reflected that the Trust now had greater transparency and grip on infection prevention and control issues.</p> | |
| <p>2.1.2 Learning Disability Services</p> <p>The Board received and noted the annual report from the Learning Disability Services. The report had been considered at the Quality and Safety Committee in September 2019 and the Board reflected that the high quality of service, good outcomes and support provided to patients with learning disabilities was exemplary.</p> <p>The Board noted the report.</p> | |
| <p>2.1.3 Learning from Deaths Quarter Two Report</p> <p>The CMO presented the quarter two learning from deaths report reporting that the Medical Examiner's service would begin in November 2019. The Mortality Monitoring Committee was currently reviewing 93.5% of deaths and there were no deaths banded as avoidable during quarters one and two and the Trust's Summary Hospital-Level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) scores were rated 'lower than expected'. Work was underway to strengthen the Trust's clinical governance processes and multidisciplinary team meetings which would enhance the Trust's level of scrutiny and assurance. The CMO was now chairing the Mortality Monitoring Committee on a temporary basis as Dr Nigel Kennea, the former chair, had taken on the role of lead Medical Examiner for the Trust.</p> <p>The Board welcomed the inclusion of learning disabilities in the report but flagged that it was also important to reflect data on patients with mental health issues. It was noted that the report would be enhanced to reflect learning from deaths and data which help the Trust track key trends.</p> <p>The Board noted the report.</p> | |
| <p>2.2 Integrated Quality and Performance Report (IQPR)</p> <p>The CTO gave an overview of the IQPR at Month 06 (September 2019). The key challenges in the report related to 18 week referral to treatment (RTT) targets which in subsequent months would include data from the Queen Mary's Hospital site. Overall RTT performance was in line with the forecast and the Trust was in line with the 52 week waits trajectory at the end of September. Appraisals rates for non-clinical staff remained a challenge and were below target and the Trust was engaging with managers to improve performance. The Workforce and Education Committee is monitoring this closely.</p> <p>The Board noted the report.</p> | |
| <p>2.3 Emergency Care Performance Report</p> <p>The COO presented the report on emergency care performance and acknowledged that the report did not cover all the elements that the Board had asked to be addressed at the last meeting. The Board raised concerns about the level of grip on emergency department performance, the short timescales to</p> | |

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| <p>address the issues, and the lack of prioritisation for each workstream. The COO reported that the key priority was improving the processes around emergency care management. The Chairman also queried the lack of progress made on triaging patients to other areas of the organisations rather than through the emergency department. The CTO reported that whilst there were opportunities to drive productivity at the front line the key to improving performance was to reduce length of stay and ensure that patients were being cared for in the right place at the right time which required improvements in processes such as discharge. The CEO reported that all divisions were now focused on how to work together to drive improvements in the pathway as well as in the emergency department but it was important that the Trust focused on doing the right thing for the patients. In response to a query from Sarah Wilton, the CEO reported that she was now chairing a weekly meeting to oversee the improvements in emergency care performance and the Finance and Investment Committee and the Board would be able to track progress against the actions to address the ED issues by reviewing the scorecard.</p> <p>The Board noted the report and the Chairman reiterated the importance of the Board seeing tangible delivery of the actions and improvements that were needed in the ED pathway and as such would continue to review performance each month.</p> | |
| <p>2.4 Cardiac Surgery Update</p> <p>The Board received and noted the cardiac surgery update. The CMO reported that the Trust had received a communication from the National Institute of Cardiovascular Outcomes Research (NICOR) on its outcomes for the period April 2015 to March 2018. This showed that the outcomes in cardiac surgery during this period were within limits which reflected a positive movement and significant external assurance around the current safety of the unit. The Chairman reiterated that the Board would like to see a comprehensive cardiac surgery report at its meeting in November 2019 and that this should include a full update on the Trust's actions in response to the independent report by Professor Mike Bewick which the Trust had received in July 2018.</p> <p>The Board noted the report, requested a comprehensive report at the next meeting and agreed that the CMO would circulate the letter from NICOR confirming the Trust was now out of alert to the Board.</p> | <p>CMO</p> |
| <p>2.5 Transformation Quarter 2 Report</p> <p>The CTO reported that the Trust had recently received an award for being the most innovative trust in South London from the Health Improvement Network. The Trust was already delivering aspects of the vision of the NHS Long Term Plan in relation to patients admitted on a non-elective basis having been assessed, treated and cared for through ambulatory care. In response to queries from the Board about the level of patient engagement in the transformation programme, the CTO reported that patient engagement and involvement was a key element of the transformation work and, as an example, the maternity transformation programme involved a wide range of stakeholders and patients.</p> <p>The Board noted the report.</p> | |
| <p>3.0 Workforce</p> | |

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| 3.1 | <p>Workforce & Education Committee Report</p> <p>Stephen Collier, Chair of the Committee, presented the report of the meeting held on 10 October 2019. The Committee wanted to flag three matters for the Board's attention. First, the Trust was keeping up with the demand for staff and filling vacant posts as required. Second, having received the key plans and progress against the diversity and inclusion actions the Committee agreed to reduce the risk scores. Finally, while the safe working trends for junior doctors were moving in the right direction there were a couple of areas which remained challenged and the Committee asked the Guardian of Safe Working to take steps to engage early and directly with the divisional leads to address issues as they arise. The Committee also endorsed the addition of the corporate risk related to staffing following the UK's Exit from the European Union. The Board noted that it was very disappointing that the go-engage tool had not been launched as planned, which impacted on the Trust's ability to complete the internal staff survey in quarter two.</p> <p>The Board noted the report and agreed that the Trust would find another means of conducting the quarter two internal staff survey.</p> | CPO |
| 3.2 | <p>Health Workers Flu Vaccination</p> <p>The CPO presented the report which outlined the Trust's self-assessment of the staff uptake of the flu vaccination as discussed above under agenda item 1.5.</p> <p>The Board received and endorsed the self-assessment noting that the Trust would continue with its programme of work to improve staff uptake of the flu vaccination with the ambition of being among the best trusts for take up of the vaccination in London.</p> | |
| 4.0 FINANCE | | |
| 4.1 | <p>Finance and Investment Committee Report</p> <p>Ann Beasley, Chair of the Committee, provided an update on the meeting held on 24 October 2019. While the Trust's financial performance was on plan, for now, the Committee raised concerns about the lack of progress on delivering the savings targets and heard about plans to retain and enhance grip on the financial position until year-end. The Committee agreed that the overall risk rating for the financial position would remain one of limited assurance. It also welcomed the progress made on ICT, noting its assurance remained limited for quarter two.</p> <p>The Board noted the report.</p> | |
| 4.2 | <p>Finance and Investment Committee (Estates) Report (FIC(E))</p> <p>Tim Wright, NED Estates Lead, provided an update on the meeting held on 24 October 2019. It was now evident that the Trust had a grip on the estates issues. The recent audit of water safety by the Authorised Engineer had resulted in an improved assurance rating (moved from no assurance to limited assurance). While there remained some areas of challenge the Trust had made good progress with the management of the new cleaning contract with MITIE. The Trust would be inspected by the Health and Safety Executive in</p> | |

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| <p>early November 2019 and the estates team were preparing for the visit. The Committee had supported the proposal to engage additional external resources to develop the estates strategy. In response to the query about securing permanent leadership for estates and facilitates, the CEO advised that the Trust would be seeking to appoint a Director of Estates and Facilities. This role would not be a member of the Board but would report to the CFO. In response to a question related to fire safety, the CFO committed to reviewing the issues raised in the Grenfell tragedy in relation to evacuation protocols as part of the broader fire safety review providing updates to the FIC(E) as relevant.</p> <p>The Board noted the report.</p> | |
| <p>4.3 Month 06 Finance Report</p> <p>The Board noted the Month 06 finance report and the CFO reported that although the Trust remained on plan this did not adequately illustrate the underlying position which reflected that the Trust's run rate was very challenged. The most significant issues for the Trust related to delivering the agreed savings plan and maintaining grip and control against the budget. As a result, a robust regime to address grip and control was being instigated. Cash and capital was on plan but if the current level of pressure continued it would begin to impact on the expenditure position.</p> <p>The Board noted the report.</p> | |
| <p>5.0 Governance</p> | |
| <p>5.1 Audit Committee Report</p> <p>Sarah Wilton, Chair of the Committee, provided an update on the meeting held on 10 October 2019. The Committee considered and endorsed the revised internal audit plan for 2019/20. It had reviewed three internal audit reports which had a limited assurance rating (diagnostic testing, estates and facilities reactive maintenance, and ICT review of cyber security), one which had a reasonable assurance rating (safeguarding adults), and one with substantial assurance (financial reporting: Board budget setting). The Committee also heard that the CPO would progress the terms of reference for the internal audit of Diversity and Inclusion and the CPO confirmed the terms of reference had now been drafted and agreed with internal auditors. The Committee would review its effectiveness with a report to be presented at its next meeting in January 2020.</p> <p>The Board noted the report.</p> | |
| <p>5.2 Draft Research Strategy</p> <p>The Board received and discussed the draft research strategy noting the engagement programme which had been undertaken to develop the strategy. The draft strategy had been considered and endorsed at a Board seminar earlier in the month, the Trust Executive Committee, Quality and Safety Committee and had also been discussed by the Council of Governors at its meeting on 22 October 2019. A fundamental element of the strategy, which aligned the Trust and the University's research priorities, was the creation of the virtual St George's Institute for Clinical Research. The strategy would</p> | |

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| | <p>provide the infrastructure to enable the Trust to access additional funding from the National Institute for Health Research.</p> <p>The Board approved the research strategy for 2019-2024 subject to the additional funding bid going through the normal approval processes.</p> | |
| 5.3 | <p>Corporate Objectives Quarterly Report</p> <p>The Board noted the report on the corporate objectives and its disappointment that more progress had not been made against delivering the agreed actions. The CEO noted that the objectives should be directing what the organisation focused on and more work was needed to ensure that the actions were being delivered. The CFO advised that the Trust Executive Committee could focus more on the objectives as part of the monthly programme board meetings and that this should help with delivery.</p> <p>The Board agreed that:</p> <ul style="list-style-type: none"> • The CEO would speak to the CSO about how best to embed the objectives across the organisation; • The objective related to Estates Strategy would be updated to reflect the decision to engage external support to develop the strategy; and • The Board would start the process for developing the objectives for 2020-21 at a Board Seminar. | <p>CEO/CSO</p> <p>CFO/CSO</p> <p>CSO/CCAO</p> |
| 5.4 | <p>St George's Hospital Charity Quarterly Report</p> <p>The Board received and noted the quarterly report from the Charity. The Chairman added that the relationship with the Charity had improved substantially and because of this, she had agreed with the Charity's Chairman that the Board would now receive reports every six months.</p> | |
| 5.5 | <p>Board Assurance Framework Q2 report</p> <p>The Board received and discussed the Board Assurance Framework report for quarter two. The Board agreed the risks score, assurance ratings and assurance statements in relation to strategic risks five and six, which were reserved to the Board. The Board also endorsed the movements in risks and the assurance ratings for the strategic risks assigned to the Board Committees.</p> | |
| 5.6 | <p>Horizon Scanning Reports:</p> | |
| 5.6.1 | <p>Policy, Legislative and Regulatory Issues – Quarter Two</p> <p>The CCAO introduced the report and flagged the extensive new guidance that had been published since the Q1 report in July in relation to freedom to speak up, which the Workforce and Education Committee would consider. He also noted that the Board had held a seminar on preparedness for the UK's withdrawal from the European Union earlier in the month. Legislative changes that had been announced in the Queen's Speech to promote greater integration and system working were potentially significant, though would be subject to the outcome of the general election.</p> | |

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| | The Board noted the report on emerging political, legislative, policy and regulatory issues covering Q2 2019/20 developments and agreed it was a useful update. | |
| 5.6.2 | Regional and Local Updates 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. | |
| 6.0 | CLOSING ADMINISTRATION | |
| 6.1 | Questions from the public There were no questions from the public. | |
| 6.2 | Any other risks or issues identified There were no other risks or issues identified. | |
| 6.3 | Any Other Business There were no matters of any other business raised. | |
| 6.4 | Reflections on the meeting The Chairman invited Ann Beasley to offer reflections on the meeting. Ann Beasley noted that the Board's focus was predominately on assurance and to a lesser degree on risk and strategic matters. It was evident the Board was being responsive and people had come to the meeting well prepared. It was positive that the Trust celebrated the good things that were happening across the Trust. However, while there had been challenge on difficult issues such as the emergency department and financial position the Board may need to reflect on its approach and on whether or not it needed to be more directive and take a stronger stance on holding people to account. The Board's approach in this regard may be reflective of the wider culture in the organisation. Tim Wright commented that there was a greater degree of challenge and holding to account in the Board Committees which may not be as immediately apparent at the Board meeting and the CFO noted that it may be useful to highlight the challenges from the Committees in the reports to the Board. Finally, Ann Beasley suggested that it may be useful to pose one question during Board visits which related to a corporate objective or priority which Board members fed back on following the visits. Jenny Higham queried the feasibility/appropriateness of moving the timings of the Board visits. The Chairman noted that the CN had asked the Board to consider how to develop the next stage of the Board visits programme and in the coming months this would be given some focus. The CEO also suggested that NEDs would be welcome to conduct informal visits outside the formal Board visit programme and invited them to contact executive colleagues to arrange these. | |
| 7.0 | PATIENT & STAFF STORIES | |
| 7.1 | Staff Story: Physiotherapist Case Study – Learning From Patients with Complex Rehabilitation Needs | |

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| <p>The Board welcomed Arnie Puntis, Clinical Team Leader for Community Therapies, who outlined the reflection activity she had recently undertaken with the physiotherapists caring for a patient with complex rehabilitation needs. The reflection exercise had helped staff to understand and vocalise the core values and beliefs which underpinned how they had cared for the patient, including the unconscious bias about the patient's level of understanding which stemmed from issues connected with a language barrier, the drivers which impacted on the decision-making, and actions such as taking things at face value rather than assessing the patient's past in relation to previous falls, the social norms which dictated some of the behaviours of the staff, and the perceptions of therapists versus doctors. In summary, physiotherapists had a deep sense of personal responsibility and took on an advocate role for a patient's therapeutic and rehabilitation progress. This could give rise to perceived conflicts with the acute model which sought to discharge patients once they were medically fit. This could lead to disagreements in the multidisciplinary team meetings (MDTs).</p> <p>The Board thanked Arnie Puntis for relaying the patient's story and the insights gained from the reflection activity with the physiotherapists. The Board also strongly supported the proposed rotation of the MDT chair role between clinicians and therapists and suggested the team may also like to consider taking a quality improvement approach to addressing some of the issues raised.</p> | |
| <p>Date of next meeting: Thursday, 28 November 2019 in the Hyde Park Room, St George's Hospital, Tooting</p> | |