

# St George's University Hospitals Trust Board Meeting Bulletin

Date: 26 March 2020  
Bulletin No: TBB-032020

## Introduction

*The Board of St George's University Hospitals NHS Foundation met on 26 March 2020. This document outlines the key matters discussed at the Board and the key actions and decisions made by the Board.*

*In the wake of the Coronavirus (Covid-19) pandemic the Board's agenda for this month was scaled back to ensure focus was given to the material matters of business necessitating the Board's immediate attention. This will continue in the coming months.*

## Part One – Public Trust Board

*The matters discussed at the Public Trust Board on 26 March 2020 include:*

- *Cardiac Surgery (Agenda Item 2.1)*
- *Novel Coronavirus (Covid-19) Update (Agenda Item 3.1)*
- *Reports from the Board Committees which met on 19 March 2020 (Agenda Items 4.1, 5.1 and 5.2)*
- *Integrated Quality & Performance Report and Emergency Care Update (Agenda Item 4.2)*
- *Month 11 Finance Report (Agenda Item 5.3)*

*The full papers from the meeting can be found here: [https://www.stgeorges.nhs.uk/wp-content/uploads/2020/03/Combined\\_Public\\_Board\\_26032020-1.pdf](https://www.stgeorges.nhs.uk/wp-content/uploads/2020/03/Combined_Public_Board_26032020-1.pdf)*

## Cardiac Surgery

The Trust Board of Directors received the reports of the Independent Mortality Review and Independent Scrutiny Panel on cardiac surgery at St George's and accepted their recommendations in full. The Independent Mortality Review, which was carried out by an independent panel of medical and surgical experts, examined the deaths of 202 patients who died under the care of the cardiac surgery service at the Trust between 2013 and 2018. The Review, which was published on 26 March 2020, concluded that there were failings in care provided to 102 patients at St George's and that for 67 patients these care

failings either definitely, most likely or probably contributed to their deaths. The Board endorsed the Chief Executive's unreserved apology on behalf of the Trust for the serious failings in care identified by the review and acknowledged that the care provided in the past fell significantly short of the high standards the Trust's patients deserved.

The Board considered the improvements that had been made to the cardiac surgery service since May 2017 when the Trust received its first mortality alert for cardiac surgery. It also again sought up-to-date assurance that the service was safe. The Care Quality Commission had confirmed that the service was safe and had documented improvements to the service in its inspection report published in December 2019. The latest independent data from the National Institute for Cardiovascular Outcomes Research (NICOR) also demonstrated that the service was no longer a mortality outlier for cardiac surgery and was now on a par with other cardiac centres nationally. The Board welcomed these independent assurances on the safety of the service. It also noted that there were comprehensive measures in place – including a cardiac surgery safety dashboard – to monitor the safety and quality of the service which provided significant internal assurance.

The Board sought assurance that the improvements to the cardiac surgery service were sustainable, that similar issues were not present in other services, and that in the event such issues emerged in future the Trust's processes were sufficiently robust as to be able to identify and address them in a timely way. The Board noted that strengthening clinical governance across the organisation had been a key priority and that, in a response to an independent review of this in 2019, a number of steps are being taken to strengthen multi-disciplinary team meetings, mortality and morbidity meetings, and wider clinical governance processes and structures. These measures will help ensure that any emerging quality and safety issues would be identified and escalated appropriately.

The Board formally endorsed the letter from the Chief Executive to the London Regional

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Director of NHS England and NHS Improvement setting out the improvements made to the cardiac surgery service since May 2017. These included the appointment of a senior cardiac surgeon from outside the organisation to lead the service; all new cardiac surgery cases being reviewed by a multi-disciplinary team of healthcare professionals; plus the introduction of a new system to enable the Trust to monitor mortality and morbidity data in real time.

The Board formally thanked Mr Mike Lewis, Chair of the Independent Mortality Review, and his colleagues for their work. It also thanked Sir Andrew Cash, Chair of the Independent Scrutiny Panel, for his panel's work as a critical friend to the Trust in making improvements to the service. Finally, the Board reiterated its unreserved apology to the families of those who died under the care of the cardiac surgery service between 2013 and 2018 who did not receive the care that they deserved.

## **Novel Coronavirus (Covid-19) Update**

The Board noted the vast amount of work ongoing to continue to safely care for patients and staff in the midst of the Covid-19 pandemic. The Board were cognisant of the scale of the local, national and international challenge and understood that operating within a dynamic environment required a responsive approach. It was however assured by the governance processes outlined by the executive team and measures taken to safely cohort patients. The Board also noted the Trust plans to increase the number of intensive care beds by the end of the week and going forward, the level of support the Trust would provide to NHS Nightingale Hospital (Excel Centre) and how the Trust was coordinating with system partners to ensure that all other patients were being cared for safely. The Trust also had in place a number of workstreams which addressed the current operational management of the pandemic and was preparing to give consideration to what happens when the crisis passes.

The Board were also pleased to note that its affiliate university, St George's University

London clinical teams had been released to provide support to frontline clinical areas or were focusing on research around coronavirus.

The Board also addressed a question from a Public Governor about the sufficiency of the Trust's personal protection equipment (PPE). It was noted that the Trust continues to rigorously operate within the guidance and instructions set out by Public Health England and the Department of Health in relation to the use of PPE. The Trust currently had sufficient stocks of PPE and had installed a regime where staff were proactively topping up stocks in each clinical area of the Trust. It was also noted that NHS England was providing all organisations with supplies of PPE and no organisation was allowed to procure these locally.

The Board, mindful of the current challenges and the government guidance on essential travel and social distancing, also agreed to conduct short virtual monthly Board, Quality & Safety Committee and Finance & Investment Committee meetings and suspend all Council of Governor events and activities choosing to provide regular briefings. The Board also delegated authority to the Trust Chairman, Chief Executive and relevant Committee Chair to make any urgent and priority decisions which were outside the Trust's standing orders.

The Board expressed its gratitude and admiration for the staff working in the Trust to care for patients, commending their commitment in such unprecedented times.

## **Quality & Safety Committee Board Report**

The Board noted the matters discussed at the Quality & Safety Committee which met on 19 March 2020 as outlined in the Committee's report.

The Committee had flagged the need to ensure that Covid-19 was effectively reflected in the Board Assurance Framework given the immediate and long-term implications of the pandemic. The Board were reassured that the executive team had in place a system for assessing the risks of key actions and decisions being made to respond to the crisis.

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The Board recognised that the Covid-19 pandemic would indeed impact on the Trust's strategic plans and therefore whilst consideration would be given to how best to ensure the risks around Covid-19 were indeed reflected in the BAF the key was ensuring that the Trust was managing the clinical and corporate risks in the interim.

## **Integrated Quality & Performance including Emergency Care Update (Month 11) Report**

The Board noted the integrated quality and performance at month 11. The key focus for the Trust had been on managing its current patients and preparing for the peak of the Covid-19 pandemic. The Trust had followed national Government guidelines on the pathways for caring for elective and non-elective patients and would work with the independent and social care sector to ensure that patients are being cared for in the right and safest place.

## **Finance & Investment Committee (Core and Estates)**

The Board noted the matters discussed at the meetings of the Finance & Investment Committee (Core and Estates) which met on 19 March 2020 as outlined in the reports.

In the current climate it was very difficult for the Trust to accurately assess the financial risks. The Committee noted that the 2019/20 position was unlikely to change but acknowledge that planning for 2020/21 was not feasible. The Committee where, however, keen to ensure that the Trust did not lose the level of grip and control around financial management across the Trust.

The Board had established the estates sub-group to give needed focus to the significant estates issues facing the Trust. Whilst many of these challenges had not been resolved, the group were assured that there was greater transparency, governance systems, control and management of the estates issues. Accordingly, it was agreed that the Group would disband and estates matters reintegrated with core Committee work. The Committee would consider the estates performance dashboard each month. A core piece of work for the Committee would be the development of the estates strategy.

The Board commended the work of the estates team and noted it was only due to their hard work that the Board had gained sufficient transparency and headway in what was some very complex and challenging estates issues facing the Trust.

## **Finance (Month 11) Report**

In line with the month 9 reforecast the Trust was £7.5m off plan and it was expected that the Trust would end 2019/20 with the agreed £9m deficit. The Covid-19 pandemic had impacted on the Trust's business as usual consideration and financial management. There had been a significant downturn in spend in lots of areas and income generating activities had been significantly impacted by management of Covid-19 priorities. NHS Improvement/England have provided assurance that any cash spent in relation to Covid-19 would be centrally funded and it had been agreed that trusts would receive payments from block contracts in April for month one and two. There was no material risk to the Trust capital position.