

St George's University Hospitals Trust Board Meeting Bulletin

Date: 30 April 2020
Bulletin No: TBB-032020

Introduction

The Board of St George's University Hospitals NHS Foundation Trust met on 30 April 2020. This document outlines the key matters discussed by the Board and the key actions and decisions made.

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 is likely to continue over the coming months, subject to evolving operational pressures.

The Chairman opened the meeting by expressing the appreciation of the Board for the hard work, dedication and commitment of all staff and teams across the Trust including colleagues in Mitie. The Chairman also thanked the Executive and senior leadership teams for their work during these unprecedented times.

Part One – Public Trust Board

The matters discussed at the Public Trust Board on 30 April 2020 included:

- *Chief Executive's Report (Agenda Item 1.5)*
- *Coronavirus (Covid-19) Update (Agenda Item 2.1)*
- *Reports from the Board Committees which met on 23 April 2020 (Agenda Items 3.1, and 4.1)*
- *Integrated Quality & Performance Report and Emergency Care Update (Agenda Item 3.2)*
- *Cardiac Surgery Report (Agenda item 3.3)*
- *Month 12 Finance Report (Agenda Item 4.2)*

*The full papers from the meeting can be found on the Trust's website:
https://www.stgeorges.nhs.uk/wp-content/uploads/2020/03/Combined_Public_Board_26032020-1.pdf*

Chief Executive's Report

The Board acknowledged and praised the vast amount of work undertaken at all levels

to ensure the Trust continued to provide high quality and safe care for patients during the pandemic. In addition to the huge task of caring for significant numbers of Covid-19 related patients, the Trust continued to focus on non-Covid-19 patients and had developed an initial clinical safety dashboard to ensure that those most in need received the care they needed. A significant concern was the apparent fall in attendances at the Trust of patients with urgent non-Covid needs. For example, attendances in the Emergency Department were 57% lower at this point in 2020 than they were the same time in 2019. As a result, the Trust was working with partners in the system to ensure that people were able to and had confidence in access urgent and emergency services.

Following the public announcement on 26 March 2020, the Trust had also received a letter from NHS England and NHS Improvement which formally confirmed that NHS England and NHS Improvement had taken the Trust out of quality special measures. This was a significant step for the Trust and a testament to the hard work of staff across the organisation.

Novel Coronavirus (Covid-19) Update

The Board noted the ways in which the Trust had managed to scale up its capacity to treat and care for patients with Covid-19 by critical care beds, turning over theatres and ward space to create new ICU areas, and dedicating other wards to treat Covid-19 patients. The Trust continued to operate with more capacity for Covid-19 during the past month than demand from Covid-19 patients needing the Trust's care. The Trust was beginning to emerge from what was considered to be the first wave of Covid-19; there had been a marked reduction of Covid-19 referrals in recent weeks from a peak of demand for Covid-19 inpatient beds on 2 April and for ICU on 12 April. The Trust was forecasting that Covid-19 related demand, which had plateaued in recent weeks, would continue at this lower level in May.

The NHS was now entering the second phase of the response to the pandemic, and the Trust was now focused on working with partners to re-start a range of services across

the organisation and in particular to reinstate urgent elective services. Attendances to the Emergency Department were around 57% lower than usual at this time of year and there had been a big drop in heart attack and stroke attendances. The Trust would focus on ensuring clinical and operational frameworks were flexible to respond to future waves of Covid-19 cases whilst continuing to provide services to other patients.

The Trust had increased staff testing facilities and South West London Pathology had played a critical role in this, and had undertaken almost 15,000 Covid-19 tests. Additional support services had been put in place to support staff, for example through the provision of counselling services and, with the assistance of the St George's Charity, a number of staff health and wellbeing hubs. The Board expressed its thanks to the Charity which had provided invaluable support to the Trust in recent weeks.

The Trust enhanced its ethical decision making processes in line with the national framework but, as yet, had not needed to enact these because it had maintained sufficient capacity to care, triage and cohort Covid-19 patients. The Board heard that 90% of Covid-19 patients had a treatment escalation plan in place. The Trust also continued to work with central NHS organisations to ensure adequate provision of personal protective equipment. Use of gowns, the provision of which had been a concern in previous weeks, had reduced significantly and stock levels had improved. The Intensive Treatment Units and wards treating Covid-19 related patients have been prioritised for receiving the full specification of PPE and these were monitored daily and for non-Covid-19 areas.

Quality & Safety Committee Board Report

The Board noted the matters discussed at the Quality and Safety Committee which met on 23 April 2020 as outlined in the Committee's report.

The Committee had focused on exploring the provisions put in place for the management and care of Covid-19 patients and were

assured by the systems in place. The Committee was also pleased to note that despite the challenges during the pandemic the Trust was giving the appropriate focus to meeting its requirements in relation to the recommendations from the recent Care Quality Commission Inspection and received the comprehensive action plan. In addition the Committee noted that the Trust continued to perform well in terms of complaints and Patient Liaison Advisory services.

The Committee had noted that the Trust had exceeded the threshold for *C.Difficile* cases in 2019/20 and that all cases were subject to root cause analysis. The Board noted that the process for assessing (with local commissioners) whether or not recent clostridium difficile cases were as a result of lapses in care had been paused as a result of Covid-19 but as of month 10 only 8 out of 41 cases were identified as due to lapses in care.

The Trust had a robust process in place to assess non-Covid-19 patients waiting to receive treatment in the Trust. Each division was undergoing a process of accessing different groups of patients and the management was considering how to redeploy staff and reinstate services to ensure that the patients with the most urgent need was supported and provided with the care and treatment they need.

The Board noted that it was important that the Trust clearly communicated to patients how it was safeguarding patients from the potential of contracting Covid-19 if they were to come into the organisation for treatment.

Integrated Quality & Performance including Emergency Care Update (Month 12) Report

The Board noted the integrated quality and performance at month 12 (March 2020). The Trust's performance in a number of areas had reduced as a result of suspending services to respond to the needs of Covid-19 patients. The Trust was using its Queen Mary Hospital and independent providers to operate on urgent patients. The Trust was keeping on top of diagnostics services with standard operating protocols in place to cohort non-

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Covid-19 patients. Despite this work, the number of patients waiting over 18 and 52 weeks had increased and this would be the case for some time but the Trust was working hard to prioritise the most urgent cases. Staff sickness had decreased in month and Trust agency spend was £18.5m, within the NHS target.

The Board heard that national reporting had been suspended for all targets except for cancer, the four hour emergency standard, and six week diagnostic performance. The Trust had met three of the seven cancer standards in February 2020 and the February RTT performance was 82.3% against the Trust trajectory of 87.7%. The Trust's four hour emergency care performance in March 2020 was 79.1%, despite the reduction in attendances.

Cardiac Surgery Report

The Board received the Cardiac Surgery report which provided ongoing assurance to the Board on the safety of the service following the publication of the independent external mortality review the previous month. The Board noted that as a result of the Covid-19 pandemic, there had been no cardiac surgery operations since 17 March and London-wide protocols were in place for the management of cardiac surgery patients requiring treatment during the pandemic. Cardiac surgery inpatients had been transferred to Barts NHS Trust as part of the pan-London system working. Following the publication of the independent mortality review, the Trust had continued to engage with the families of those who had died under the care of the Trust's cardiac surgery service between April 2013 and December 2018. Although cardiac surgery was not currently being performed due to Covid-19, the improvements that had been made to the

safety, governance and culture of the service that had been reported to the Board previously remained in place and external assurance from the CQC's inspection report and through the National Institute for Cardiovascular Outcomes Research meant the Board was assured about the safety of the service. However, the failings in care identified during the review period were significant and the Board, while recognising the assurance regarding safety, resolved to continue to monitor the safe operation of the service agreeing to receive quarterly reports on cardiac surgery going forward.

Finance & Investment Committee

The Board noted the matters discussed at the meetings of the Finance and Investment Committee which had met on 23 April 2020 as outlined in the reports. The Committee reiterated its disappointment that the Trust was not able to attain the agreed control target at year-end but were pleased that the Trust had achieved its revised target, albeit that Covid-19 related spend in March had moved the deficit position beyond £12m. The Committee also considered how best to ensure that financial grip and control was maintained during this uncertain time. The Committee expressed gratitude to ICT, procurement and estates team which had worked hard to respond to the changing needs of services and to flexible working.

Finance (Month 12) Report

The Trust ended the financial year 2019/20 with a deficit of £13.3m, which included a £1.3m adjustment for Covid-19 expenditure and provisions for annual leave. Capital was at £55m in month with £1.7m additional spend related to Covid-19 and cash was on plan at £3m at year-end.