

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting  
In Public (Part One)  
Thursday, 30 April 2020  
Room 52, 1<sup>st</sup> Floor Grosvenor Wing, St George's Hospital, Tooting & WebEx**

Name	Title	Initials
<b>PRESENT (*attendees joining the meeting via videoconferencing)</b>		
Gillian Norton*	Chairman	Chairman
Jacqueline Totterdell*	Chief Executive Officer	CEO
Ann Beasley*	Non-Executive Director	NED
Elizabeth Bishop*	Non-Executive Director	NED
Stephen Collier*	Non-Executive Director	NED
Prof Jenny Higham*	Non-Executive Director	NED
Prof Parveen Kumar*	Non-Executive Director	NED
Dr Pui-Ling Li*	Associate Non-Executive Director	ANED
Tim Wright*	Non-Executive Director	NED
Avey Bhatia	Chief Operating Officer	COO
Robert Bleasdale	Acting Chief Nurse and Director of Infection Prevention & Control	ACN/DIPC
Dr Richard Jennings	Chief Medical Officer	CMO
Tom Shearer*	Acting Chief Finance Officer	ACFO
<b>IN ATTENDANCE</b>		
Harbhajan Brar	Chief People Officer	CPO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Suzanne Marsello	Chief Strategy Officer	CSO
Humaira Ashraf*	Deputy Chief People Officer – Culture & OD	DCPO-C
Elizabeth Nyawade	Deputy Chief People Officer – Human Resources	DCPO-HR
<b>SECRETARIAT</b>		
Tamara Croud	Head of Corporate Governance/Board Secretary	HCG
<b>APOLOGIES</b>		
Andrew Grimshaw	Deputy Chief Executive Officer	DCEO
James Friend	Chief Transformation Officer	CTO

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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 recorded hers and the Board's appreciation of and support for the staff and the executive leadership	

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<p>during what was an unprecedented time for the Trust and the NHS more widely whilst the nation continued to face the Covid-19 pandemic. The demands on the Trust were evolving but were no less intense and this continued to put significant pressure on the Trust and its staff at all levels.</p>	
<p><b>1.2</b>      <b>Declarations of Interest</b></p> <p>The Board noted that Ann Beasley had been appointed as a member of the NHS Providers Board in her role as Chair of South West London &amp; St Georges Mental Health NHS Trust.</p>	
<p><b>1.3</b>      <b>Minutes of the meetings held on 26 March 2020</b></p> <p>The minutes of the meeting held on 26 March 2020 were approved as an accurate record.</p>	
<p><b>1.4</b>      <b>Action Log and Matters Arising</b></p> <p>The Board reviewed and noted the action log.</p> <p>It was noted that the CEO would circulate executive and senior leadership resilience plan related to action item TB26.03.20/01 to non-executive directors once it had been finalised.</p> <p>In relation to action TB19.12.19/08, it was reported that the Board would receive a report on the freedom to speak up guardian in May 2020 and noted that staff were still utilising the function and the Trust was ensuring that people were aware of the measures in place for staff to raise and escalate concerns and issues during the Covid-19 pandemic.</p>	
<p><b>1.5</b>      <b>Chief Executive's Report</b></p> <p>The CEO reported that it was increasingly clear that the NHS would be managing Covid-19 related issues for at least the next 12-18 months. While the Trust, and the NHS more broadly, had created the capacity to cope with the initial surge of Covid-19 cases, it was likely that the nation would experience further peaks and troughs in the numbers of people infected by the illness over a protracted period. As a result, the Trust would need to remain agile in responding to these and remain focused at all times on maintaining patient safety. Reflecting on the discussions in the media about the impact of Covid-19 on people from the Black, Asian and Minority Ethnic (BAME) backgrounds, the Trust was proactively engaging with staff to ensure that it was able to support this group of staff, which made up 48% of all staff at the Trust.</p> <p>The Board expressed its sincere condolences to the family and friends of Kenneth Lambatan, Clinical Research Nurse in Cardiology who had passed away earlier in the week with Covid-19.</p> <p>The CEO reported that the Trust continued to engage with families of patients' whose deaths under the care of the cardiac surgery service had been examined by the independent external mortality review, the report of which had been published the previous month alongside the report of the independent scrutiny panel on cardiac surgery. The Trust remained committed to making the further improvements to the service identified in the</p>	

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<p>reports, following the progress documented by the Care Quality Commission in its inspection report in December 2019.</p> <p>The Board noted the report and that the Trust had received a letter from Sir David Sloman, Regional Director for London, formally confirming that NHS England and NHS Improvement had endorsed the recommendation from the Care Quality Commission that the Trust be taken out of '<i>quality special measures</i>'. This represented a significant milestone for the Trust.</p>	
<p><b>2.0 NOVEL CORONAVIRUS (Covid-19)</b></p>	
<p><b>2.1 Update on Novel Coronavirus (Covid-19)</b></p> <p>The Board was provided with an update on the Trust's management of and response to the Covid-19 pandemic.</p> <p>The following key points were reported:</p> <ul style="list-style-type: none"> <li>• The Trust had experienced a peak of Covid-19 cases in early April 2020 with numbers steadily reducing since then. The Trust now had more capacity within the organisation than originally projected and was looking at how it could safely step services back up and it was working closely with local and national partners to encourage people to make use of hospitals for emergency and urgent services. The Trust, along with other NHS organisations, had experienced a significant decrease in emergency activity, with the a fall of almost 60% in attendances to the emergency department compared with the same period the year before. In particular, there had been a significant fall in the number of heart attack and stroke patients presenting. Going forward the Trust needed to remain flexible and agile and respond to likely future fluctuations in Covid-19 cases whilst caring for patients and retaining some of the innovative approaches that the Trust had put in place in recent weeks.</li> <li>• The Trust was getting ready to increase its testing of asymptomatic staff and patients. The Trust was already testing all symptomatic staff; a total of 999 staff had already been tested, 450 of whom had tested positive. South West London Pathology, which was based at the Trust, had processed a total of 14,619 tests. Focus was being given to ensuring there were operational procedures and mechanisms in place. Pui-Ling Li queried what measures the Trust had in place to ensure that that people did not have to come into the main site to get tested and what was being done for those who needed to rely on public transport. It was reported that the Trust had clear protocols in place for testing people outside the main hospital buildings which included the use of the St George's Pod. The Trust also had provisions in place to test key front line symptomatic staff and their families at home. NHS England and NHS Improvement had recently published guidance requiring all elective patients to be screened for Covid-19 prior to admission regardless of whether they displayed symptoms in order to limit nosocomial infection.</li> <li>• The Trust had good stocks of personal protective equipment which was being provided centrally with the exception of visors and eye protection and the Trust had found alternate sources which had been quality assured for the hospital's use. The Trust was adhering to government guidelines on the use of PPE throughout the hospital. While all staff were</li> </ul>	

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<p>supplied with the correct level of PPE the Trust needed to improve its communication with staff so they understood what level of PPE they required to deliver services outside Covid-19 areas. Stocks of PPE were delivered to wards each day. In response to a question from Elizabeth Bishop, it was reported that the Trust had weekly calls with union representatives and to date they had not raised concerns from Trust staff about PPE.</p> <ul style="list-style-type: none"> <li>• The Trust had robust ethical decision making protocols in place for patients being triaged in and out of critical care units. These processes could be used in the event that demand for ventilation outstripped capacity. Fortunately the Trust did not need to make use of these protocols. Further work was, however, being done to develop these protocols and the Clinical Ethics Committee was being engaged in the process.</li> <li>• During the early stages of Covid-19 the Trust had managed to provide training to over 1,400 redeployed staff, delivered over 1,600 nurse refresher courses and retrained 260 healthcare support workers. In addition whilst the Trust had projected a 20% staff sickness during the peak of the crisis it had only reached a maximum of 12.8% and currently the staff absence related to Covid-19 was below 5%.</li> </ul> <p>Prof. Higham noted that St. George's University of London had dedicated its laboratory-based research programme to support the national Covid-19 research priorities, with patients and volunteer staff already entered on to clinical trials.</p> <p>The Board noted the significant work the St George's Hospital Charity had undertaken to support the Trust and its staff during the Covid-19 pandemic and the successful campaign which had, to date, raised over £300,000 in its Covid-19 appeal.</p> <p>The Board noted the report.</p>	
<p><b>3.0 QUALITY AND PERFORMANCE</b></p>	
<p><b>3.1 Quality and Safety Committee Report</b></p> <p>Professor Parveen Kumar, Chair of the Committee, presented the report of the meeting held on 23 April 2020, which set out the key matters raised and discussed. In addition to receiving detailed reports on Covid-19 the Committee also endorsed the action plan to address the 'should do' recommendations from the 2019 Care Quality Commission inspection. The Committee had also received reports on serious incidents, cardiac surgery, and had considered the strategic risks on the Board Assurance Framework assigned to it by the Board.</p> <p>The bulk of the Committee's discussions had, naturally, focused on Covid-19 and the steps being taken to ensure both Covid-19 and non-Covid patients received safe care. The Trust had begun a structured process to assess the clinical impact on existing patients whose care pathway had been disrupted by the increased focus on Covid-19 and on potential patients who would have been expected to have accessed the Trust's services but had not done so. All 44 care group leads had been asked to conduct a structured review and to</p>	

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<p>list out, by diagnostic group, patients known to the Trust whose care may have been compromised by the focus of Covid-19 and to identify any patients who may potentially come to harm because they were not accessing the Trust services.</p> <p>The information from this review would inform the development of the clinical safety strategy for managing the Covid-19 pandemic in the Trust. The first priority of the strategy would focus on how the Trust supported those patients known to the Trust to receive the care they need. The second priority involved working with South West London partners to develop a communications strategy to ensure that people understood that hospital services were open and accessible to those needing care and treatment. The next phase of the work involved mapping the length of time these patients had been waiting for care and the degree of clinical harm that could be caused if the Trust did not restart or scale back up these services immediately. It also involved identifying how quickly the Trust needed to act to prevent the potential clinical harm occurring. Key considerations included possible future peaks of Covid-19 and enhanced infection prevention and control mechanisms.</p> <p>Prof. Higham and Prof. Kumar reinforced the need for clear communication to individuals about the measures the Trust had in place to safely care for non-Covid-19 patients and ensuring information about appointments include details about safety precautions taken across the estate to protect them.</p> <p>In response to a question from Ann Beasley, it was reported that of the 42 cases of <i>clostridium difficile</i> which had been analysed in conjunction with local commissioners at month 9, there were only eight cases in which lapses of care had been identified and there were no common recurring themes except in two or three cases where the Trust had inappropriately sampled patients known to be colonised with <i>c. difficile</i>. The detailed analysis of these cases would be included in the annual infection prevention and control report.</p> <p>The Board noted the report.</p>	
<p><b>3.2</b></p> <p><b>Integrated Quality and Performance Report (IQPR)</b></p> <p>The Board received and noted the IQPR at Month 12 (March 2020), which had been scrutinised at both the Finance and Investment and the Quality and Safety Committees. Outside the matters raised in the reports from the Board Committees and in the earlier update on Covid-19, the Board noted that the Trust would see an increase in mortality rates in quarter four related to Covid-19 patients. It was also noted that whilst the Trust had missed its internal agency spend target of £15m its performance was below the NHS £25m trajectory, and the Trust had ended the year with a £18.5m agency spend. The Trust would continue with the £15m target in 2020/21 subject to Covid-19 requirements.</p> <p>The Board received and noted the report.</p>	
<p><b>3.3</b></p> <p><b>Cardiac Surgery Report</b></p> <p>The Board received and noted the Cardiac Surgery report. As a result of the changes to the provision of services at the Trust due to Covid-19, there had</p>	

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<p>been no cardiac surgery operations in month and staff had been redeployed to support caring of patients with Covid-19. The Trust's cardiac surgery inpatients had been transferred to Bart's Healthcare NHS Trust. As referenced in the CEO's report, the Trust had continued with its engagement with bereaved families following the publication of the independent external mortality review in March 2020. Over forty families had contacted the Trust to date and half of those had expressed a desire to meet the Trust to discuss their family members' case. The Trust was committed to meeting any family who wished to do so. In light of the Covid-19 pandemic and the social distancing restrictions, the Trust was offering virtual meetings where families wished and for those who wanted to meet in person the Trust would do so as soon as the restrictions permitted.</p> <p>The Board noted the report and agreed that in light of the independent assurance regarding the safety of and improvements to the service set out in the report – and in particular from the Care Quality Commission and the National Institute for Cardiovascular Outcomes Research – it would receive quarterly reports on the service going forward which would provide an analysis of trends and outcomes alongside ongoing assurance regarding the safety of the service and the implementation of the recommendations of the independent reports.</p>	
<b>4.0 FINANCE</b>	
<p><b>4.1 Finance and Investment Committee Report</b></p> <p>Ann Beasley, Chair of the Committee, provided an update on the meeting held on 23 April 2020. The Committee reiterated its disappointment that the Trust had missed achieving the control total agreed with NHS England and NHS Improvement at the start of the year but was nonetheless pleased that the Trust had attained the re-forecasted year-end position and that there had been no further slippage in this. In the wake of Covid-19 the Committee considered how best to maintain the level of grip and financial control that had recently been implemented and would closely monitor this risk going forward. The Committee also noted its appreciation and thanks to the procurement, estates and ICT teams which had been very responsive during the Covid-19 crisis.</p> <p>The Board noted the report.</p>	
<p><b>4.2 Month 12 Finance Report</b></p> <p>The Board noted the Month 12 finance 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. The Trust had spent capital in line with its forecast of £55m, with £1.7m additional spend related to Covid-19. Cash was on plan at £3m at year-end.</p> <p>The Board noted the report.</p>	
<b>5.0 CLOSING ADMINISTRATION</b>	
<p><b>5.1 Questions from the public</b></p> <p>There were no questions raised by Governors or members of the public.</p>	

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<b>5.2</b>	<b>Any other risks or issues identified</b>  There were no other risks or issues identified.	
<b>5.3</b>	<b>Any Other Business</b>  The Board noted that this would be Harbhajan Brar's last meeting of the Board. The Board thanked him for his service to the Trust as Chief People Officer over the past three years and wished him well in his new role.	
<b>Date of next meeting: Thursday, 28 May 2020, Room 52 and videoconference</b>		