

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
 In Public (Part One)
 Thursday, 25 March 2021
 Held virtually via Microsoft Teams**

Name	Title	Initials
PRESENT		
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
Robert Bleasdale	Acting Chief Nurse & Director of Infection Prevention & Control	ACN/DIPC
Andrew Grimshaw	Chief Finance Officer and Deputy Chief Executive Officer	CFO/DCEO
Dr Richard Jennings	Chief Medical Officer	CMO
IN ATTENDANCE		
Anne Brierley	Chief Operating Officer	COO
Paul Da Gama	Chief People Officer (Workforce)	CPO
James Friend	Chief Transformation Officer	CTO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Suzanne Marsello	Chief Strategy Officer	CSO
SECRETARIAT		
Tamara Croud	Head of Corporate Governance/Board Secretary	HCG

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1.0 OPENING ADMINISTRATION	
1.1 Welcome, Introductions and apologies The Chairman welcomed everyone to the meeting and noted that there were no apologies. She also congratulated Anne Brierley on her substantive appointment as Chief Operating Officer and welcomed Paul da Gama to his first meeting of the public Board	
1.2 Declarations of Interest There were no new declarations of interest to report.	

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1.3	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 28 January 2021 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Board reviewed and noted the action log.</p> <p>The Ockenden Maternity Services Review outlined the requirement that there was greater visibility at Board-level into serious incidents related to maternity services. A proposal on how to give effect to this requirement would be presented to the Quality & Safety Committee.</p>	ACN
1.5	<p>Chief Executive's Officer (CEO) Report</p> <p>The Board received the report from the CEO and the following key points were raised and noted:</p> <ul style="list-style-type: none"> The Trust, as with other NHS organisation, marked the day of reflection, one year on from the start of the Covid-19 pandemic. The Trust had responded effectively to the crisis and there was only one area outside the intensive care unit in use for patients with Covid and less than 50 Covid-19 inpatients being cared for in the Trust. <p>The Trust was now focusing on how it resumes services and work continued to increase staff uptake of Covid-19 vaccines with 73% of staff vaccinated to date.</p> <p>The Trust had vaccinated circa 30,000 people. It was offering both the Pfizer and Astra Zeneca vaccines to accommodate people who have intolerances. The Trust submits forecasts weekly to NHS England & Improvement and there were robust plans to ensure it was managing its vaccine supplies. The Trust also had effective processes to follow-up with patients and staff who were due for the second dose of the vaccine.</p> <p>The Trust was also now conducting an extensive review of how it had responded to Covid-19.</p> <ul style="list-style-type: none"> The Trust's emergency service performance against the four hour standard remained strong. Work had commenced to build the modular theatres at Queen Mary's Hospital. It was expected that work would be completed and they would be in operation by mid-late May 2021. Work was underway to evaluate the feedback from the staff survey. The Trust was not where it wanted to be however there are soft signals that the Trust was moving in the right direction. The Trust had received a grant from the Charity to use to support health and wellbeing initiatives for staff. The Trust had been working with collaborative provider partners, in particular mental health partners, to give effect to the requirements in the 	

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<p>White Paper to progress initiatives such as joint commissioning.</p> <ul style="list-style-type: none"> A significant amount of good work was being undertaken at the Trust and it was important to recognise the fantastic efforts of the executive team and the wider staff. <p>The Board noted the report.</p>	
<p>2.0 CARE</p>	
<p>2.1 Quality and Safety Committee Report</p> <p>Professor Dame Parveen Kumar, Chair of the Committee, presented the report of the meetings held in February and March 2021, which set out the key matters raised and discussed. Some of the reports discussed by the Committee also featured later on Board agenda. The key matters of note from the Committee related to:</p> <ul style="list-style-type: none"> the number of pressure ulcers had increased. This was related to Covid-19 patients who were predominately prone presenting challenges to care for these acutely ill patients; good progress had be made on understanding and managing nosocomial infections; the Trust responded to the Immediate Essential Action from the Ockenden Maternity Services review and self-certified as complaint or partially compliant against the safety improvement standards. <p>The Committee was also closely monitoring mandatory and statutory training (MAST) performance. MAST performance had been impacted Covid-19. The Trust was not being able to deliver face to face training in a socially distanced environment and with staff focused on clinical and operational priorities. The Trust had put in place additional capacity and online resources. A particular area of concern was delivery of life-saving training. Whilst the Committee was reassured by the steps to improve performance it would continue to monitor progress.</p> <p>In discussion the Board noted that it was not possible to compare nosocomial infection rates with other organisations. The Trust was, however, working with sector partners and other NHS peers to share learning and improve practice to prevent nosocomial infections. It was also noted that there were appropriate approaches being to manage potential infection control risks related to the demolition work currently underway.</p> <p>The Board noted the report.</p>	
<p>2.1.1 Learning from Deaths Quarter 3 Report</p> <p>The Board received and considered the quarter three Learning from Deaths report and considered that the Trust was effectively managing mortality. Whilst the learning from death infrastructure was being developed and embedded it was important to ensure that all areas were being covered and nothing was being missed. It was also good to see that staff were being credited for good areas of practice and care delivered.</p> <p>It was also noted that Pui-Ling Li had taken on the role of non-executive director Board lead for learning from deaths.</p>	

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2.2	<p>Integrated Quality and Performance Report (IQPR)</p> <p>The Board received and noted the IQPR at Month 11 (February 2021), which had been scrutinised at both the Finance and Investment and the Quality and Safety Committees. Beyond the matters raised in the reports from the Committees, the Board noted that:</p> <ul style="list-style-type: none"> • The Trust had reduced the number of patients waiting for diagnostics treatment especially for those waiting six weeks or more. The most significant reductions have been in cardiology and endoscopy. • As aforementioned, emergency care performance had continued to improve with the Trust achieving the four hour standard - 81.7% in January and 92% in February 2021. • The Trust was supporting effective seven day working with improved discharge process. • There have been fewer 12-hour trolley breaches and the Trust was working closely with mental health partners to ensure that mental health patients were accessing and repatriated to the right care setting. • The Trust was achieving 58% of its elective activity and met the priority two patient activity trajectory. • The Trust was conducting focused work on improving appraisals for clinical and non-clinical performance. • There had been a significant drop in employee relations cases moving from 44 to 26 cases in month which was a result of the Trust implementing the Dido Harding recommendations, improving the systems to manage these cases including the introduction of a disciplinary review panel and provision of more training for managers. <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> • The teams were evidently working very hard and effectively. • Over winter, partner organisations across South West London discussed and agreed the areas where they could mutually support each other especially around Covid-19 and elective activity. The Trust supported Epsom and St Helier and Croydon by receiving diverted patients and providing intensive care capacity. The Trust also supported Kingston Hospital when its emergency department was at full capacity. The Trust was able to deliver its activity whilst effectively supporting these partners. Conversely, there was a willingness across the sector to support the Trust achieve its 52 week waiters targets. South West London (SWL) partners had also agreed to continue with routine children surgery service. • The Trust had done very well in achieving its targets. As the Trust enters a rapid recovery phase there were some very challenging milestones, such as, the aim to be compliant with cancer service targets by April 2021, it was reviewing all the good systems and clinical practice it had put in place to respond to the Covid-19 pandemic such as the introduction of virtual 	

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<p>outpatients appointments. Key streams of work included the improvement work on the outpatient pathway transformation with SWL partners. The Trust continued to review how it managed its elective activity under the assumption that the current pressures would remain. The Trust was reviewing the patient pathway which would include some face-to-face appointments. This was work was being led by clinical teams.</p> <p>The Trust wants to ensure that staff have the opportunity to take a break before elective activity is stepped up to full capacity following the latest surge. The Trust would now focus on opening theatres in order to resume clinical services to meet elective activity targets.</p> <ul style="list-style-type: none"> • The Trust also had plans to improve its screening services and an evaluation of screening resources would be conducted. • During surge periods there was an increase in the use of interim nurses to support the delivery of operational priorities. This resulted in an increase in the use of agency costs for nurses. The Trust does closely manage and monitor the use of nurses to ensure that patients are treated safely. • The Trust had introduced a number of initiatives to ensure that staff have a break before there was a full resumption of clinical activity. <p>The Board noted the report.</p>	
<p>3.0 CULTURE</p>	
<p>3.1 Workforce & Education Committee Report</p> <p>Stephen Collier, Chair of the Committee, presented the report of the meetings held in February and March 2021, which set out the key matters raised and discussed. There was lots of work underway and whilst there was not a culture plan there were a number of independent programmes underway which supported embedding the desired cultural change.</p> <p>The Board noted the good work conducted in the diagnostics phase of the culture programme and the Trust had already begun triangulating the intelligence from the staff survey and vaccination programmes.</p> <p>The Board noted the report.</p>	
<p>3.2 National Staff Survey 2020 Report</p> <p>The Board received the report on the results of the national staff survey completed in 2020. Overall, there was a positive trajectory and the Trust had seen improvement in seven themes, remained the same in one and saw a decline in performance in three areas especially in relation to diversity and inclusion and staff safety and violence against staff. The Trust was still below the average in eight out of the ten themes. The Trust was now embarking on a new approach, the 'Big 5'. The Trust would publicise the five areas of focus and develop a communications and engagement plan to demonstrate the work the Trust had conducted in these areas to drive improvement and demonstrate that staff were being heard.</p> <p>In discussion, the following key points were raised and noted:</p>	

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<ul style="list-style-type: none"> • The Trust had commissioned a further deep dive of the comparative data for other London trusts. London was a unique environment and it would prove useful to understand any distinct themes and actions to progress to support staff. • The Trust recognised the importance of keeping staff engaged and proactively demonstrating to staff that it listened to staff feedback and effected change. • It was important to continue to listen to staff over the year therefore regular pulse checks which were a good source of feedback would be conducted. • The Trust had completed analysis of the staff survey data by care group, division and department. This information was being shared with teams so they may develop and drive key actions to address any material issues or challenges locally. <p>The Board noted the summary analysis of the staff survey and the action plan.</p>	
4.0 COLLABORATION	
<p>4.1 Audit Committee Report</p> <p>Elizabeth Bishop, Chair of the Committee, provided an update on the meeting held in March 2021. The Committee's discussions focused on the preparations for completing the year-end audit. There would be a material change in the value for money assessment process and reporting for 2021/22. This year, the value for money report would be more qualitative covering three specific areas - governance, financial sustainability and economy, efficiency and effectiveness. The report would provide some very useful information in addition to key benchmarking data, locally and nationally. The Committee also considered six internal audit reviews. One report received substantial assurance, one reasonable however three reports, bullying and harassment, estates maintenance and ICT security received a limited assurance rating and the Committee would continue to monitor these closely.</p> <p>The Board noted the report and approve the audit fee.</p>	
<p>4.2 Finance and Investment Committee Report</p> <p>Ann Beasley, Chair of the Committee, provided an update on the meetings held in February and March 2021. Having reviewed its key risks the Committee proposed that the finance risk remain at 20 to reflect that there was only certainty about the first six months of the next financial year. The Committee also conducted a deep dive into the ICT risk. Whilst the way in which the ICT team had responded to Covid-19 was commendable there were fundamental issues which needed to be addressed to secure the ICT infrastructure in the longer-term. There had been, notably, equally good work conducted by the estates team however the lack of an estates strategy represented a risk. The Board would however preview the draft estates strategy in April 2021. The Committee sensed there was a much better understanding of how the hospital works as a result of responding to Covid-19 and this had resulted in better flows across the Trust. The Trust's financial performance had remained relatively stable with the biggest impact coming from external system drivers. The Trust had also spent a significant portion of its capital budget. The</p>	

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	<p>Committee completed its effectiveness review which demonstrated that it was working effectively.</p> <p>The Board noted the report.</p>	
4.3	<p>Finance Report M11</p> <p>The Board received and noted the Trust's financial performance at month 11. There was one slight change, where the Trust was now forecasting breakeven as opposed to a £2m surplus which was in line with national guidance. Issues such as stock reconciliation and annual leave accrual payments would also impact on the Trust's gross income and expenditure position but would not materially affect the bottom-line.</p> <p>The Board noted the report.</p>	
4.4	<p>Corporate Objectives Quarterly Update</p> <p>The Board noted that this item would be discussed at the next meeting.</p>	
4.5	<p>Horizon Scanning Report:</p>	
4.5.1	<p>Emerging Policy, Regulatory, Statutory and Governance Issues</p> <p>The Board received and noted the update on emerging policy, regulatory, statutory and governance issues nationally and system-wide.</p>	
4.5.2	<p>Strategic-Local & Regional</p> <p>The Board received and noted the update on strategic local and regional system issues.</p>	
5.0	<p>CLOSING ADMINISTRATION</p>	
5.1	<p>Questions from the public and Governors</p> <p>The following comments and questions from members of the Council of Governors were raised and addressed:</p> <ul style="list-style-type: none"> • The amazing work of the organisation was noteworthy and should be commended. • It was important that the Trust carries out an assessment of the impact on patient experience in relation to moving to virtual outpatient appointments. The Trust was currently reviewing the experience of patients and the clinical impact of virtual outpatient appointments. This would be a key workstream as the Trust moves out of the second surge in Covid-19 cases. • The Trust had conducted a significant amount of work to embed the learning from death methodology in the organisation. There was a greater understanding of the key metrics. With the introduction of the Medical Examiners' Office, the Learning from Death Lead and a Board lead the visibility of learning from death information had and was improving. Further focus would be given to reviewing the quality of outcomes and how the organisation learns from any issues. 	

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<ul style="list-style-type: none"> • The recent outbreak (three patients) of <i>Klebsiella carbapenemase</i> was not on the risk register. The incident was isolated and managed effectively. The Trust would also consider what other additional measures could be put in place to improve its systems, however it should be noted the Trust had a good track record in relation to this type of infection. • The Trust was cognisant that it had more work to do to develop its internal talent and supporting staff to progress in their careers. This was a key part of the work the Trust would be conducting. <p>The Board thanked Governors for their feedback and input.</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>There were no matters of any other business raised.</p>	
<p>Date of next meeting: Thursday, 27 May 2021, Microsoft Teams meetings</p>	