

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
In Public (Part One)
Thursday, 27 May 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	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.
1.2 Declarations of Interest	
	The Board noted that Ann Beasley had been appointed as a non-executive director on the Board of Epsom and St Helier University Hospitals NHS Trust (ESTH), and would commence her term of office on 1 June 2021. She would conduct this role in addition to her continuing role as non-executive director at St George's University Hospitals NHS Foundation Trust and Chair of South

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	<p>West London and St George's Mental Health NHS Trust. The Board noted this new interest and, in line with the provisions of the Trust Constitution and NHS Foundation Trust, authorised a conflict of interest to exist. It was acknowledged that Ann Beasley would declare this in relevant matters discussed at Board and Committees.</p>	
<p>1.3</p>	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 26 March 2021 were approved as a true and accurate record.</p>	
<p>1.4</p>	<p>Action Log and Matters Arising</p> <p>The Board reviewed and noted the action log.</p>	
<p>1.5</p>	<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 was back to its normal bed base in the intensive treatment unit following the surge in Covid-19 cases during the first quarter of the calendar year. Continuing focus was being given to infection prevention and control measures and learning what could be improved upon in the event of future surges. • The Trust continued to play a key role in the national Covid-19 vaccination programme, with over 56k vaccinations having been administered by the Trust to both the public and members of staff. Similarly work continued to increase staff uptake of Covid-19 vaccines and around 84% of the Trust's workforce had been vaccinated to date. • There were numerous areas of good performance in relation to Covid-19 surge management and it was reported that the Trust would participate in any analytical review of the patient profile, length of stay and acuity in the different surges conducted nationally and was undertaking its own learning from Covid-19 review. • There was national planning for a further increase in Covid-19 cases from July 2021 and peaking in September 2021. It was however hoped that by increasing the vaccination programme this would mitigate severity of the future surges. • The Trust was working to support staff who have been affected by the significant surge in Covid-19 cases in India. More broadly, work continued to support staff with health and wellbeing in the context of the intense operational pressures of the pandemic. The Trust was taking all steps feasible to ensure that staff took annual leave. This was important so that staff had the opportunity to recover ahead of any future surges. • The Trust was currently completing 90% of its elective activity and 95% of 'outpatients' activity. • The Trust had made substantive appointments to the Divisional Director of 	

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	<p>Operations (DDO) roles for the two divisions and Anna Clough had taken on the role of Deputy Chief Operating Officer in addition to her role as DDO for the Surgery, Neuroscience, Cancer and Theatres division.</p> <ul style="list-style-type: none"> The Trust Chairman had completed a number of visits and welcomed the direct feedback from staff who were on the whole very positive. <p>The Board noted the report.</p>	
2.0	CARE	
2.1	<p>Quality and Safety Committee Report</p> <p>Professor Dame Parveen Kumar, Chair of the Committee, presented the report of the meetings held in April and May 2021, which set out the key matters raised and discussed. Some of the reports discussed by the Committee also featured later on the Board agenda.</p> <p>The key matters of note from the Committee related to:</p> <ul style="list-style-type: none"> mandatory and statutory training (MAST) performance, which remained a material issue in relation to the completion of the three levels of resuscitation training. The Committee was reassured that performance would start to improve in the coming 2-3 months and would keep progress under scrutiny; the good progress made on completing the actions to respond to the recommendations from the Care Quality Commission with 40 of the 46 actions closed. The remaining six actions would be incorporated into business as usual processes with exception reports presented to the Committee; evidence that the steps to improve serious incidents had improved to such a degree that two serious incidents which occurred over 6 and 16 years ago had been identified, investigated and learning escalated. <p>The CMO reaffirmed that the Trust's serious incidents systems and processes were much improved and stronger which enabled the Trust to effectively manage the two historic incidents when they came to light.</p> <p>The Board noted the report and endorsed the Committee's annual review and approved the proposed changes to the Terms of Reference.</p>	
2.1.1	<p>Learning from Deaths Quarter 4 Report</p> <p>The Board received and considered the quarter four 2020/21 Learning from Deaths report and considered that the Trust was managing mortality effectively. Pui-Ling Li, Board lead for learning from deaths, reported that good progress was being made to develop the learning from deaths infrastructure and the teams were working well together. All key appointments had now been made.</p> <p>There had been a significant spike in Covid-19 deaths during the first and second waves of the pandemic 2020/21. When Covid-19 deaths were excluded, the number of deaths in 2020/21 was lower than would otherwise have been expected in the absence of the pandemic. This was to be expected with lockdown measures in place which limited some of the factors that contributed to deaths, for example, in the reduced number of road traffic accidents.</p>	

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	The Board noted the report.	
2.1.2	<p>Clinical Governance Review: Phase 3</p> <p>The Board received and considered the report from the phase three clinical governance review. The report had also been reviewed at the Quality and Safety Committee. The Board noted the report and that the recommendations would enable the Trust to enhance the provisions put in place following the first and second clinical governance reviews and that the recommendations would be integrated into a single clinical governance improvement programme. Delivery of the plan would have a material effect on the level of risk the Trust faced in relation to the robustness of its clinical governance and was expected to lead to a reduction in the risk score for Strategic Risk 2 on the Board Assurance Framework.</p>	
2.1.3	<p>Cardiac Surgery Report</p> <p>The Board received and noted the report which outlined the quality and safety of the cardiac surgery in quarter four, the progress on actions taken to address the recommendations from the independent mortality review and the independent scrutiny panel published in March 2020, the arrangements put in place since the start of the Covid-19 pandemic and the lifting of the restrictions on planned operations. The Quality and Safety Committee had previously considered the contents of the report.</p> <p>The Board noted the report.</p>	
2.2	<p>Integrated Quality and Performance Report (IQPR)</p> <p>The Board received and noted the IQPR at Month 1 (April 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's emergency department performance continued to improve with the whole hospital engaged in managing pathways at times of peak activity. The Trust had worked hard to improve emergency performance to 92% despite the increase in the walk-ins (up by 16%) and the number of ambulances coming to the Trust. The Trust had also seen an increase in the number of patients coming into the emergency department in a mental health crisis and the Trust was working with mental health partner organisations especially for children. The Trust had also improved its discharge processes to ensure that it could manage flow effectively. • Diagnostic services were performing well with the 6-week waiting list now at 8.5% against the 1% trajectory. This was a significant improvement compared with October 2020 when 24% of patients were waiting 6 weeks or more. The Trust was ahead of the quarter one trajectory for the 52-week waiters standards. The Trust was compliant with the cancer 2-week standard and there were no patients waiting over 15 days without an appointment booked. • Elective activity had improved to 97% which was better than forecast. The Trust, however, needed to run at 110% of previous activity to help deal with 	

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<p>the elective backlog.</p> <ul style="list-style-type: none"> The Trust was effectively managing the increase in elective activity, use of intensive treatment unit and high demand on major trauma pathways, however these represent the areas of challenge for the Trust. <p>The following key points were raised in discussion:</p> <ul style="list-style-type: none"> The Trust was concerned about resuscitation training performance. Introduction of infection prevention control measures to manage Covid-19, in particular social distancing, had impacted on the Trust's ability to deliver in-person training sessions and the redeployment of staff to help care for Covid-19 patients in the intensive treatment unit had been significant drivers in the challenged training performance. In response to this, the Trust had introduced options for online training, increased the capacity and resources for delivering training, ensuring when new medical recruits joined the Trust they provided evidence of completion of basic life support training. The CMO and CN were also conducting weekly reviews of performance and directly contacting divisions and care groups where there were particular challenges with performance. The Trust was moving away from the traditional outpatient model but recognised the need to set a new normal in relation to patients undertaking all diagnostic interventions so that when patients attended virtual appointments the clinician had all the relevant information to start the patient on the right course of treatment. It was important for the Trust to continue with initiatives to provide an integrated approach with mental health partners to supporting children and young people who accessed the Trust's emergency services. Given the challenges facing the Trust and the wider NHS, it was gratifying to see the significant progress and areas of good performance which was due to the hard work of the staff. The estates team should be commended for the work conducted to improve the environment in the emergency department. The Trust's staff turnover rate had reduced to 10%, but significant numbers of staff continued to leave within the first year of employment. Intelligence from the freedom to speak up function suggested that some staff did not feel supported in the first year of employment at the Trust. The Trust was exploring opportunities to better support new starters to succeed, introducing a probationary period system and conducting robust exit interviews with staff so that learning could be used to improve. The discrepancy in the early warning score standard related to one patient and a documentation issued which had been addressed. <p>The Board noted the report.</p>	
3.0 CULTURE	

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<p>3.1</p>	<p>Workforce & Education Committee Report</p> <p>Stephen Collier, Chair of the Committee, presented the report of the meetings held in April and May 2021, which set out the key matters raised and discussed.</p> <p>The strengthening culture programme had been reset to deliver key actions and there was a focus on ensuring that the programme had an appropriate level of financial support. There were key programmes of work which support the change in the Trust's culture for example the significant and good work around health and wellbeing and in relation to raising concerns. It was also important to note that the Trust had experienced a year-on-year reduction in the number staff leaving. It was recognised that there needed to be clear messages about the focus on personal development and career development in order to better retain staff.</p> <p>The Board noted the report and endorsed the Committee's annual review and approved the proposed changes to the Terms of Reference.</p>	
<p>3.2</p>	<p>Gender Pay Gap</p> <p>The Board received the gender pay gap report. The Trust recognised that women doctors, on average, earned 33% less than their male medical counterparts who tended to work full-time and access a greater number of clinical excellence awards. The Trust was working with female colleagues to access these initiatives. It was recognised that given there were now four years of data, the Trust could improve the quality of analysis included in the report so that trends could be identified, and this would be completed for the next report.</p> <p>The Board noted report and endorsed the report subject to Stephen Collier and Ann Beasley agreeing the final data analysis.</p>	<p>CPO</p>
<p>3.3</p>	<p>Culture Programme</p> <p>The Board received the update on the culture programme and it was reported that a major area of focus was on delivering the diversity and inclusion plan, improving capability management, talent management and organisational development and engagement with the culture champions. In response to the 2020 Staff Survey, the Trust had put in place a new initiative called the 'Big 5' which was focusing on the key areas of feedback from staff. Other actions which would support the culture change programme related to delivery of the estate and ICT strategies which addressed a number of the issues and concerns raised by staff.</p> <p>In discussion the following key points were raised by the Board:</p> <ul style="list-style-type: none"> The Trust had surveyed its Recruitment Inclusion Specialists (RIS) and members of interview panels and used this information to improve and refine the programme, which was intended to address the under-representation of Black, Asian and Minority Ethnic staff in more senior bands. It was important to support and develop the RIS representatives and the Board noted that all interviews at Band 8a and above involved a RIS representative. 	

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<ul style="list-style-type: none"> The Trust remained focused on developing plans to address the disproportionate number of Black, Asian and Minority Ethnic staff in the lower banded staff groups. The Trust was exploring how to develop and train bands 2-5 staff so they can access more senior leadership rolls. The Trust had put in place a number of initiatives related to health and wellbeing and it was important these were included in future reports. <p>The Board noted the report.</p>	
<p>3.4 Freedom to Speak Up Quarter 4 (2020/21) Report</p> <p>The Board received and discussed the quarter 4 freedom to speak up (FTSU) report. The Board noted the following:</p> <ul style="list-style-type: none"> During 2020/21 there had been 128 concerns which had been raised by staff with the Trust's Freedom to Speak Up Guardian. This had more than doubled compared with the previous year. The majority of the concerns in quarter one 2020/21 related to Covid-19, and included issues such as the availability of personal protective equipment and conflict within teams. The highest numbers of concerns were raised by administrative and clerical staff (38% of all concerns raised). 58 of the concerns were raised by staff in the Children, Women, Diagnostics and Therapies (CWDT), 23 from Medicine and Cardiovascular (MedCard), 26 in the Surgery Neurosciences, Cancer and Theatres (SNCT) divisions and 21 in the corporate teams. A number of the concerns raised in CWDT related to the maternity service. The Board had been receiving reports about the programme of improvement in the maternity and midwifery service which had addressed many of the concerns raised. 87% of all cases in 2020/21 were closed through an informal process with the remaining 13% subject to a formal investigation process. Patient safety concerns remained a small proportion of cases reported. There were 10 safety concerns raised of which seven were part of a collective case. Work was also being carried out to support staff in raising concerns as well as support those leading investigations into concerns. The process for escalating issues to the lead executive had also improved the management of FTSU concerns. The Trust would launch a number of promotional initiatives in June as part of the Let's Talk month, which focused on raising concerns as part of the Big 5 initiative. The Trust had a long way to go but it was evident that staff had begun to feel safe to raise concerns and were starting to have greater confidence that issues would be addressed. <p>The Board noted the report.</p>	

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4.0	COLLABORATION	
4.1	<p>Audit Committee Report</p> <p>Elizabeth Bishop, Chair of the Committee, provided an update on the meetings held in April and May 2021. The Committee's discussions focused on the progress on completing the year-end audit. The Trust had commissioned an independent valuation of its land and buildings in line with standard practice. The Trust had invested heavily in the upkeep of its buildings to ensure they were suitable to treat patients safely. Accordingly given this investment and the uncertainty in the market the Trust had a £31m impairment loss against its land and buildings assets. The Committee also reviewed early drafts of the annual financial statements, annual report and quality account/report for 2020/21 and there were no material issues to draw to the Board's attention.</p> <p>The Board noted the report and endorsed the Committee's annual review and approved the proposed changes to the Terms of Reference.</p>	
4.1.1	<p>Trust Provider Licence Compliance</p> <p>The Board having reviewed the Trust's self-assessment and noting that the Council of Governors had endorsed the declaration related to training, approved the Trust self-certificating '<i>confirmed</i>' against the following foundation trust licence conditions:</p> <ul style="list-style-type: none"> – Systems for compliance with licence conditions and related obligations (Condition G6); – Availability of resources (Condition CoS7(3)); – NHS foundation trust governance arrangements (condition FT4(8)); – Training of Governors 	
4.2	<p>Finance and Investment Committee Report</p> <p>Ann Beasley, Chair of the Committee, provided an update on the meetings held in April and May 2021. The Committee had reviewed the risks related to ICT and estates exploring plans to manage these risks. At month one there were no material issues to flag on the financial performance of the Trust however the Committee was concerned about the uncertainty for the second half of the financial year.</p> <p>The Board noted the report and approved the Committee's annual review and terms of reference.</p>	
4.3	<p>Finance Report M01</p> <p>The Board received and noted the Trust's financial performance at month 1. The Trust had submitted its year-end position to NHS improvement and there were no issues raised with the Trust's income and expenditure position for 2020/21. The Trust was working with partners in the South West London (SWL) Integrated Care System (ICS) to plan the budget and manage system finance for 2021/22. A fuller report would be presented in month 2.</p> <p>The Board noted the report.</p>	
4.4	Trust Strategy Implementation Update	

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<p>The Board considered the Trust's progress against the key actions outlined in the Trust's Clinical Strategy. Good progress had been made despite the challenges presented by the need to focus on managing the operational impact of the Covid-19 pandemic.</p> <p>The Board commended the report and noted the update.</p>	
<p>4.5 Board Assurance Framework Quarter Four (2020/21) Report</p> <p>The Board considered the Board Assurance Framework (BAF) report at quarter four. The BAF had been considered by the relevant executive groups and the Board committees. Key proposed changes, sanctioned by the relevant forums included lowering the risk score for Strategic Risk 8 (culture) from 20 (4 consequence x 5 likelihood) to 16 and increasing the assurance rating from "limited" to "partial" on the basis of the improvements achieved during the year. In relation to SR4 (system working), which was reserved to the Board, the Board endorsed the proposed risk score of 12 (4 consequence x 3 likelihood) and agreed to the proposal to increase the assurance rating from "partial" to "good" on the basis of the progress achieved in-year. The Board also noted that the target risk scores, agreed by the Board in September 2021 following review by the relevant Board Committee, had been met in relation to SR8 (culture) and SR9 (workforce) but that the other target risks had not been met.</p> <p>Given the proposals to conduct a substantive review of the Trust's corporate priorities and objectives over the coming months, the Board agreed that the Trust roll over the current BAF risks into 2021/22 pending the completion of this work.</p> <p>The Board approved the proposed changes to the Board Assurance Framework and agreed that a review of the strategic risks on the BAF would be undertaken alongside the work currently in progress to review the Trust's corporate objectives.</p>	
<p>5.0 CLOSING ADMINISTRATION</p>	
<p>5.1 Questions from the public and Governors</p> <p>In response to the question from Richard Mycroft, Lead Governor, which related to the analysis of nosocomial infection, the CMO reported that while trusts and care organisations were now recording nosocomial infection data it was not effective to benchmark against other organisations. It was foreseeable that this would be the subject of national scrutiny and reporting in due course. The Chairman asked the Chief Corporate Affairs Officer to comment on a recent media article relating to Covid-19 following the submission of Freedom of Information (FOI) requests to a large number of hospitals across the UK. The CCAO clarified that the Trust had responded to the FOI providing the information that was held. It had been reported in the media that the Trust, along with a number of other providers, had refused to provide a response to the FOI but this was not the case.</p> <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>	

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5.3	Any Other Business There were no matters of any other business raised.	
Date of next meeting: Thursday, 29 July 2021, MS Teams		