

**Minutes of the St George's University Hospitals NHS Foundation Trust Board Meeting
In Public (Part One)
Thursday, 28 January 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		
Humaira Ashraf	Acting Chief People Officer (Culture)	ACPO(C)
Anne Brierley	Interim Chief Operating Officer	ICOO
James Friend	Chief Transformation Officer	CTO
Stephen Jones	Chief Corporate Affairs Officer	CCAO
Suzanne Marsello	Chief Strategy Officer	CSO
Elizabeth Nyawade	Acting Chief People Officer (Workforce)	ACPO(W)
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 Tim Wright reported that he had been appointed to the Organisation and Employers Board at the British Computer Society (BCS), the Chartered Institute for IT. The role had started on 27 January 2021.	

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1.3	<p>Minutes of the meetings held on 26 November 2020</p> <p>The minutes of the meeting held on 26 November 2020 were approved as a true and accurate record.</p>	
1.4	<p>Action Log and Matters Arising</p> <p>The Board reviewed the action log and agreed to close those actions proposed for closure and noted that the Emergency Care Improvement Support Team (ECIST) report on the Emergency Department had been uploaded to the Diligent Reading Room in relation to action TB26.11.20/01.</p>	
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 past few months had been very challenging for the Trust in managing the operational impact of the second surge in Covid-19 cases alongside expected winter pressures. While there were signs that this pressure was easing, the Trust currently had 129 intensive care unit beds open compared with the 66 ICU beds provided for within the business as usual framework. The Trust was supporting partners across South West London to care for Covid-19 patients while managing elective activity. • The Trust recognised the impact of sustained operational pressure and was focused on supporting staff, particularly in relation to their health and wellbeing. The Chairman, supported by the Board, agreed that this was important and commended the exemplary work of staff across the organisation during what had been an unprecedented time for the Trust. The Board expressed its gratitude to staff for their dedication in responding to Covid-19. • The Trust and the University had been heavily involved in research activity around Covid-19 with some significant milestones achieved. • NHS England and NHS Improvement (NHSE&I) had, in December 2020, taken the decision to remove the Trust from Financial Special Measures. This was an important milestone and a testament to the hard work of staff to improve the Trust's financial position. Combined with the Trust's exit from quality special measures in March 2020, this demonstrated the tangible improvements being made. • Strengthening the culture of the organisation remained a key priority. This work had commenced prior to the pandemic, but the Trust had pressed ahead as far as possible without overloading staff as this work was pivotal to delivering outstanding care, every time. While timescales for delivery had been impacted by the current period of intense operational pressure, the Trust had continued to make progress and the first meeting of the Culture, Diversity and Inclusion Programme Board had taken place earlier in the week. Stephen Collier reflected that given the current challenges and their cumulative impact on the staff it was appropriate to adjust the pace of the culture programme to ensure it was set up effectively to deliver for the long-term. 	

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<ul style="list-style-type: none"> • Tim Wright and Stephen Collier noted that a recent BBC media report which recorded staff in the emergency department had been very impactful and demonstrated a culture of strong team working. • The Trust was exploring a new model for developing its corporate objectives and priorities, learning from the patient first approach adopted by Western Sussex. <p>The Board noted the report.</p>	
2.0 CARE	
<p>2.1 Covid-19 Update</p> <p>The Board received and noted the report on how the Trust was responding to the second surge of Covid-19. The following key points were raised and noted in discussion:</p> <ul style="list-style-type: none"> • The Trust had learnt a lot from wave one and had addressed some key issues ahead of the second wave. Despite having a robust Covid-19, Winter and Flu Plan, the Trust had needed to respond in an agile way to differences in demand for ICU and general and acute beds. The executive team were logging key decisions and any deviation from the agreed Covid, Winter and Flu Plan so that decision-making during the pandemic response was clearly recorded. • In wave two, the Trust, like much of the NHS, had continued with some of its elective activity and its diagnostics and the operational pressures on the Trust were higher in the second wave than they had been in the first. • The workforce had needed to respond to these challenges and had adopted different ways of working. The Trust had adapted its ITU framework and, like much of the NHS, had adjusted its usual patient-to-ITU nurse ratios. • Staff had been working in a very difficult environment for almost a year. To support staff, the Trust had implemented a number of staff and health and wellbeing initiatives, including the provision of psychological support. The Trust had listened to staff about the impact of the pandemic in the first wave and had put in place training and development initiatives to ensure staff felt they had sufficient knowledge when they were redeployed in wave two. The Trust was now planning the additional measures to support staff to decompress when the second wave eased. • The Trust was one of the first 50 vaccine hubs in the country and had operationalised the hub within a short timeframe. The Trust had focused on vaccinating the over 80s and over 70s across South West London (SWL) and the wider healthcare landscape and high risk Trust staff in line with national guidance. The Trust had vaccinated over 15,000 people and over 60% of its workforce. Within the Trust and across the wider NHS, there was a disparity in the uptake of the vaccine in the lower banded NHS staff and in some BAME groups. • All trusts had seen a rise in hospital-acquired Covid infection and this was a 	

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	<p>major area of focus for the Trust, which was working with partners across South West London in responding to nosocomial infection.</p> <ul style="list-style-type: none"> • There was a rota in place for senior staff members including the executive team to be on Trust sites over the weekend. • Ann Beasley reported the immense pride she felt being part of the Trust and the fantastic response of staff to the pandemic. She also asked about the measures the Trust had put in place to support staff when mistakes were made in what had been a particularly challenging situation. It was reported that the executive team had focused on engaging with staff across the organisation and were clear that staff needed support to help them deal with the pressures of the pandemic response. The Trust's messages were supported by similar communications from professional bodies and the Trust had put in place local initiatives to support staff. In addition, senior leaders regularly visited wards and talked to staff about their experiences and what they needed in terms of support. <p>The Board noted the report.</p>	
2.2	<p>Quality and Safety Committee Report</p> <p>Professor Dame Parveen Kumar, Chair of the Committee, presented the report of the meetings held in December 2020 and January 2021, which set out the key matters raised and discussed. Many of the reports discussed by the Committee also featured later on Board agenda. The Committee, having given the reports due consideration, recommended that the Board receive, note and approve the self-assessment against the Ockenden Maternity Services Review and note the cardiac surgery report.</p> <p>The Committee noted the report.</p>	
2.2.1	<p>Ockenden Maternity Review – Trust Response</p> <p>The Board received and considered the Ockenden Review of Maternity Services: Assurance and Assessment Review Immediate Essential Actions which had previously been discussed and endorsed by the Quality and Safety Committee.</p> <p>The Board noted the immediate essential actions taken by the Trust and approved the current self-assessment and the process for future assessment.</p>	
2.2.2	<p>Cardiac Surgery Services Quarterly Report</p> <p>The Board received and noted the quarter three 2020/21 report on Cardiac Surgery which had previously been considered at the Quality and Safety Committee. It was assured by the progress being made in improving outcomes and implementing the recommendations of the independent mortality review and independent scrutiny panel. The Board would consider a comprehensive report on the improvements in cardiac surgery since the receipt of the first mortality outlier alert from the National Institute for Cardiovascular Outcomes Research (NICOR) as part of its quarter 4 update.</p>	

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2.3	<p>Integrated Quality and Performance Report (IQPR)</p> <p>The Board received and noted the IQPR at Month 9 (December 2020), 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"> • Unlike in the first Covid-19 surge the Trust had continued to treat more priority one and priority two patients. • The Trust retained all diagnostics services and theatre schedule for urgent patients. • To manage demand the Trust had implemented changes to its discharge process to support patient flow. • Patient length of stay had increased in month with 151 patients staying over 21 days. • The emergency department performance had deteriorated in December 2020, but in January 2021 performance had improved. The redesigned emergency floor entrance was supporting with managing the infection prevention and control challenges. <p>The Board noted the report.</p>	
3.0	CULTURE	
3.1	<p>Workforce & Education Committee Report</p> <p>Stephen Collier, Chair of the Committee, presented the report of the meetings held in December 2020 and January 2021, which set out the key matters raised and discussed. The Committee reviewed and endorsed the Modern Slavery Statement and recommended that the Board agree to its adoption. It had also considered progress in taking forward work to strengthen the Trust's culture and had, at its January meeting, considered some early thinking around how to frame the culture programme action plan. The Committee had also received a report from the Guardian of Safe Working and had noted the impact of the pandemic on the demands being made of junior doctors which had led to an increase in the number of exception reports, notwithstanding the fact that the number of rota gaps were being reduced.</p> <p>The Board noted the report and approved the Modern Slavery Statement.</p> <p>The Chairman proposed that Tim Wright be appointed as the Non-Executive Lead for Health and Wellbeing, a role set out in the NHS People Plan, and the Board agreed to the appointment.</p>	
4.0	COLLABORATION	
4.1	<p>Finance and Investment Committee Report</p> <p>Ann Beasley, Chair of the Committee, provided an update on the meetings held in December 2020 and January 2021. The Committee welcomed the news that the Trust had been taken out of financial special measures. The Committee</p>	

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	<p>had agreed to recommend to the Board a reduction in the score of Strategic Risk 5 on the Board Assurance Framework (financial sustainability) and had also reviewed risks in relation to ICT and operations.</p> <p>The Board noted the report.</p>	
4.2	<p>Finance Report M09</p> <p>The Board received and noted the Trust's financial performance at month 9. The Trust's current position was in line with the forecast submitted to NHSE&I, which was for a £10.8m deficit at year end excluding the £13m of non-NHS income adjustment which would put the trust's year end position at £2.2m surplus. The Trust had incurred greater expenses related to the second Covid-19 surge than had been expected. It was focused on delivery of key capital projects. The cash position was higher than in previous years.</p> <p>The Board noted the report.</p>	
4.3	<p>Board Assurance Framework (Quarter 3)</p> <p>The Board received and noted the quarter three 2020/21 Board Assurance Framework (BAF). The relevant BAF risks had been considered by the Quality and Safety Committee (Strategic Risks 1, 2 and 10), the Finance and Investment Committee (Strategic Risks 3, 5, 6 and 7) and the Workforce and Education Committee (Strategic Risks 8 and 9). Strategic Risk 4 (system working) was reserved to the Board.</p> <p>Following a verbal update from the CFO, at its December 2020 meeting the Finance and Investment Committee had agreed to recommend to the Board that the risk score for Strategic Risk 5 (financial sustainability) be reduced from 25 to 20 on the basis of the Trust's improved financial position and the system-wide financial arrangements now in place. The Workforce and Education Committee and Quality and Safety Committee had reviewed their respective risks in the weeks ahead of the Board meeting and had held the risk scores and assurance ratings at their existing levels.</p> <p>Across a number of the strategic risks, the impact of the second wave of the Covid-19 pandemic was apparent. A number of actions to address gaps in control planned for completion at this stage of the year had not yet been implemented fully. This was most apparent across SR1 (patient safety), SR2 (clinical governance), SR3 (timeliness of care), and to a lesser extent SR8 (culture). The most significant of these delays had been to the full implementation of the phase 1 and phase 2 clinical governance review recommendations, receipt and agreement of the phase 3 review, and compliance with seven day standards.</p> <p>The Trust Chairman noted that some Governors had challenged why the progress being made by the Trust was not necessarily evident in changes to the risk scores in the Board Assurance Framework. The Chairman also suggested that the BAF should be linked to the Trust's corporate objectives to assist in providing that sense of progress. She also queried whether the risks on the BAF were worded too broadly and whether they needed to be framed more narrowly in terms of specific risks. The CCAO noted that it was certainly the case that the BAF should link to the Trust's corporate objectives but observed that the current BAF had been approved in May 2020, at which point</p>	

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	<p>the Trust did not have in place agreed corporate objectives; these were agreed by the Board in September 2020. The BAF, however, did link to the strategic objectives set by the Board and the updated BAF for 2021/22 would link to the corporate objectives as these had now been defined. Progress was evident from many of the risks that fed into and supported the BAF and the CCAO suggested that the Board may benefit from periodic sight of the corporate risk register, alongside the BAF. The Trust's approach to framing its strategic risks was in line with that of most Trusts and the BAF, by definition, tended to contain broad risks to the delivery of the strategy. However, there was scope for highlighting in-year progress more overtly. The Board would hold a seminar to inform the development of the 2021/22 BAF and there was an opportunity here to discuss key priorities for the year and how these were captured in the BAF.</p> <p>In relation to Strategic Risk 4, the Chairman queried whether the current risk score of 12 remained appropriate in light of the fact that there had been a good deal of progress in system-wide collaboration during the pandemic. Ann Beasley commented that while it was undoubtedly the case that progress had been made, the pandemic had also increased the stakes in relation to cross-system working and, in light of this, the current risk score of 12 felt appropriate. The CSO agreed that a score of 12 remained appropriate. The CCAO added that while the Government's legislative reforms would help address some of the tensions between the push for system working and the current legislative framework, that tension would remain for some time and the proposals around Integrated Care Systems presented both opportunities and risks. The BAF needed to reflect both the Trust's actions in working with its partners in South West London and the inherent risks around system working which were not fully within its ability to control.</p> <p>The Board agreed to:</p> <ul style="list-style-type: none"> • Reduce the risk rating for SR5 to 20 from 25 to reflect the good progress made which resulted in the Trust being taken out of financial special measures. • Maintain the risk score for SR4 at 12, recognising the progress made in cross-system working allied to the inherent risks that remained. • Review the BAF strategic risks for 2021/22 at a Board development session and align these with the new corporate objectives. 	Board
5.0 CLOSING ADMINISTRATION		
5.1	Questions from the public and Governors	
	There were no questions raised.	
5.2	Any other risks or issues identified	
	There were no other risks or issues identified.	
5.3	Any Other Business	
	On behalf of the Board, the Trust Chairman thanked Elizabeth Nyawade and Humaira Ashraf for jointly acting up to cover the role of Chief People Officer	

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<p>since late May 2020, commenting they had both helped the Trust develop in some key areas. This was their last Board meeting ahead of Paul da Gama joining the Trust as the new substantive Chief People Officer in early February 2021.</p> <p>The Trust Chairman also thanked outgoing Governors for their support and service to the Trust.</p>	
<p>Date of next meeting: Thursday, 25 March 2021, Microsoft Teams meetings</p>	