Council of Governors Meeting (Public)
13 October 2016 commencing at 1pm
H2.6, 2nd Floor, Hunter Wing

Item	Time	Item	Owner:	Council of Governor Action	Paper No:	
Council of Governor Business						
1.		**Welcome and Apologies**	Sir D Henshaw	Apologies received from Dagan Lonsdale and Mia Bayles		-
2.		**Declarations of Interest**	All	Board Members to declare any pecuniary or non-pecuniary interest in particular agenda items, if appropriate		-
3.		**Minutes of the meeting**	Sir D Henshaw	To consider the Minutes of the previous meeting held on 19th July 16 and check for amendments and approve	2.	
4. Holding the Board to account for the performance of the Trust						
4.1		**Chairman's Report**	Sir D Henshaw			-
4.2		**Performance & Quality Report**	S Banks	To inform the CoG about the latest performance and quality report.	3.	
4.3		**Workforce & Performance Report**	K Charman	To inform the CoG about the latest position on workforce.	4.	
4.4		**Finance & Performance Report**	M Pratt	To inform the CoG about the key issues arising from the Committee	5.	
5. Items for information and agreement						
5.1		**Quality Indicators 2016/17**	S Banks	To agree with the quality indicators for 2016/17.		-
5.2		**Estates**	R Hancock	To inform the CoG about the Estate improvement works.	6.	
6.		**Any other business**				
Date of next meeting The next scheduled meeting of the Council of Governors Board to be held in public will be 19 January 2017 in Hyde Park Room.						

MINUTES OF THE COUNCIL OF GOVERNORS (PUBLIC MEETING)
19th July 2016
Hyde Park Room, Lanesborough Wing, St George's Hospital

Present:

Kathryn Harrison (KH)	Yvonne Langley (YL)
Sue Baker (SB)	Felicity Merz (FM)
Sheila Eden (SE)	Doulla Manolas (DM)
Hilary Harland (HH)	Dr Patrick Bower (PB)
Mia Bayles (MB)	Jenni Doman (JD)
Robin Isaacs (RI)	Dr Dagan Lonsdale (DL)
Jan Poloniecki (JP)	Brain Dillon (BD)
David Flood (DF)	Will Hall (WH)
Derek McGee (DMG)	Dr Val Collington (VC)
Mike Grahn (MG)	Cllr Philip Jones (PJ)
Stuart Goodden (SG)	David Kirk (DK)
Gail Adams (GA)	Dr Frances Gibson (FG)
Cllr Sarah McDermott (SM)	

Sir David Henshaw, Chair (DH)
Luke Edwards, Board Secretary (LE)
Prof Sir Norman Williams, Non-Executive Director (NW)
Gillian Norton, Non-Executive Director (GN)
Karen Charman, Director of Workforce & OD, (KC)
Nigel Carr, Director of Finance, (NC)
Paul Moore, Director of Quality Governance, (PM)
Richard Coxon, Membership & Engagement Manager (RC)

Apologies:

Dr Tim Hodgson	Sarah Wilton
Noyola McNicolls- Washington	Sheila Eden
Anneke de Boer	Jenni Doman

1.1 DH welcomed everyone. Tim Hodgson, Noyola McNicolls-Washington, Sarah Wilton, Sheila Eden, Jenni Doman and Anneke de Boer all sent their apologies.

1.2 Declarations of Interest

NW declared that he is a special advisor to the Secretary of State for Health and GN stated that she is the health lead for the South London Partnership (Joint Committee of 5 south west London Boroughs). This currently includes being one of the STP triumvirate for the region building on work already initiated with CCGs collectively.

1.3 Minutes of the last meeting

The minutes from the previous meeting on the 26th April 2016 were approved as an accurate record subject to agreed amendments.

2.1 Chair's Report

DH reported that Simon Mackenzie was taking a well-deserved week's holiday. Overall the current position was that we provide good quality care for the majority of patients. This was borne out during the CQC inspection which identified the high level of care given. However the initial feedback from the CQC found that there were significant concerns in a number of areas including around the well led domain and the condition of the estates which was the result of long term under investment. DH and SM had met with CQC privately before the inspection and what was presented to them was subsequently confirmed during inspection process. The initial feedback from the CQC identified 2-3 pages of issues. While the final report has not yet been received we have already acted upon their initial feedback including around the issues identified in Knightsbridge Wing. When the CQC re-inspected they were pleased action had been taken so quickly.

Overall the CQC have been very helpful and supportive which is positive for a trust in our situation and is not always the case. We are continuing a dialogue with them regarding our proposals for Lanesborough Outpatients, who see 40,000 patients a month, and have met separately with the fire brigade to discuss the risks associated with our buildings. The Trust is in a good place with NHSi over with the steps we are taking over recovery of our financial position. One example of the work we are doing to improve theatre

efficiency where we send work out which could be done here and generate more income.

The CCG's have been supportive regarding the STP process and we are continuing our conversations to work more collaboratively with Epsom & St Helier. The objective here is to take costs out and mostly importantly improve patient care. Some specialist services could be shared with other trusts or moved elsewhere. There are some examples of where our core services will cost more than the funding we receive, for example, being a major trauma centre. The meeting discussed the reasons for this and some of the challenges around the tariff. The work on the strategy will all be discussed in more detail at next week's joint Board/CoG meeting.

VC asked if there had been any feedback from staff post CQC visit. DH responded that it was understood that we had lost touch with basics which we became aware of during mock inspections.

DL asked about the all staff email that had been sent out post CQC visit which he felt had singled out surgical staff wearing their scrubs and surgical gowns around the hospital. He felt this was unfair as there could be valid reasons why they had not changed. DH accepted that there could be good reasons but reiterated that the key point of the message was to get across the problem that staff, particular BAME staff, felt they could not challenge those wearing 'sterile' garments outside of the surgical environment. He agreed that we should look to improve the way in which messages are communicated. DH further added that Chris Rolfe had joined us as permanent Associate Director of Communications and was organising weekly messages to staff to update them on progress. He and Simon were also meeting with staff to get first hand feedback.

GA stated that as staff are 90% our investment, staff should be encouraged to raise issues of concern. One issue seems to be that there have been so many changes at board level filled with interim appointments that it does not give a feeling of permanence. DH was clear that one of his primary objectives was to turnaround the trust and that included ensuring there was stable leadership but that some interim arrangements had been necessary to start that process. NW agreed that to attract really good permanent executives the organisation needs to be stable and a centre of excellence. GA stated that the Governors appreciated the challenges facing the Trust and were happy to help in any way they could.

DH said that all of the challenges would be discussed next week at the joint Board/CoG meeting (28 July) and at the Board away day

next month.

2.2 Quality/Finance Reports

NC, Director of Finance was introduced and updated the meeting on the Trust's month 2 financial position which is shows a deficit of £11.9m so far this year. There are a number of factors contributing to this such as under performance in elective surgery. There were lower agency staffing costs however we are still exceeding our agreed agency cap and looking at causes working with other providers. We set our targets with the CCGs and where we exceed our bed and theatre capacity we have to send patients elsewhere so lose income. Financial situation is stabilising but we are still not performing well.

NW agreed that better utilisation of bed space and discharging patients were areas which needed further attention.

Action: It was agreed that a finance workshop would be set up for Governors. RC

2.3 Workforce Report

KC, Director of Workforce & OD was introduced and spoke of the phenomenal amount of work being done with the HR team to ensure the Trust has a workforce with the rights skills and feel supported. HR provides support through an extensive Health & Wellbeing programme which offers counselling; bullying & harassment advice and diversity support. We currently carry out a staff survey once a year which is not enough so are going to increase to quarterly. Acting up arrangements are being reviewed with no open ended arrangements allowed going forward.

DL asked about the issue of staff shifts and not enough doctor cover for night shifts. KC agreed to look into problem with DL after the meeting. She also noted that the new junior doctor's contract is available from the 3rd August 2016. It was clarified following the meeting that no doctors will move or take up the new terms and conditions until transitions commence in October.

2.4 CQC Inspection update

This had been discussed earlier in the meeting and will be picked up at the joint Board/CoG meeting on the 28 July.

3.1 Membership Strategy action plan

DM introduced the item and asked RC to take the Council through the proposals. RC introduced the action plan formulated at the

Membership & Engagement Committee chaired by DM. Governors were asked to agree the recommendations in the paper including proposal to hold a Trust Community Open Day next year. A date is yet to be agreed but would rely on staff giving up their time on the weekend. KH questioned the costs estimates for the Open Day and recommended that sponsorship should be sought The communications team are launching a new quarterly magazine for staff and members/patients in the autumn which would be available online which a number of copies printed to be picked up at the hospitals entrances. We are unable to post out due to high cost of postage.

Resolved: that the Council agreed the recommendations in principle subject to further detailed work which would be taken forward by the Membership Group.

3.2 Nomination & Remuneration Committee update

It was noted that we are now looking to recruit three Non-Executive Directors as Stella Pantelides has resigned early to take up another position. The roles are currently being advertised with the closing date of the 15 August. Gateby Sanderson will sift applications and provide a long-list of candidates for the Governors to agree during w/c 22 August. The short-list will then be provided during w/c 12 September with interviews to be scheduled over two days during w/c 26 September.

Resolved: an extraordinary CoG would be arranged following the interviews so the Governors could formally ratify appointments of the chosen candidates.

4.1 Any other Business

JP asked about vascular surgery situation. DH stated that following a review by the Royal College the elective care service was deemed unsafe and staff from Guys & St Thomas's were brought in to run the service safely. There are meetings taking place with the Medical Director to decide the future of the elective care service. NW however agreed that the Trust would continue to provide a vascular service as we have to as the major trauma centre for south west London

An update on the 7 day emergency care plan will be provided to the Board next week.

Complaints – NW stated that as Chair of the Quality and Risk Committee he was concerned about the number of complaints and

turnaround time. A workshop is planned to improve the complaints process with an action plan including learning from complaints. PM, Director of Quality Governance stated that one of the problems has been the Trust's Datix system where staff record data to help with complaints. The system has not had a software update for a long period of time. An upgrade to the latest version is taking place during August which should assist staff.

NW confirmed that the two main area for complaints are outpatients and waiting times. However we must aspire to be the best as the number of complaint are a marker of how well the Trust is performing.

4.2 Date of Next Meeting

The next meeting – provisionally scheduled for the 2nd Thursday in October to follow the Board

St George's Healthcare **NHS**

NHS Trust

Paper Title:	Quality Report to Month 5. August 2016
Sponsoring Director:	Andrew Rhodes- Medical Director Suzanne Banks Chief Nurse and Infection Prevention and Control Mark Gordon - Chief Operating Officer
Authors:	Hazel Tonge – Deputy Chief Nurse Sal Maughan – Head of Governance Peter Riley- Infection Control Lead Corporate Nursing Team Divisional Directors Nursing/ Governance Trust Safeguarding Leads Head of Performance
Purpose:	To inform Trust Board about Quality Performance for Month 5.
Action required by the board:	To note the new style report and key areas of emerging risk and mitigating actions noted.
Document previously considered by:	EMT, QRC

Executive summary

Performance is reported through the key performance indicators (KPIs) as per the Monitor Risk Assessment Framework. The trust is performing positively against a number of indicators within the framework, however existing challenges continue in particular: ED 4 hour target, RTT, Cancer waiting time targets, and cancelled operations by the hospital for non-clinical reasons.

Key Points of Note for the Board in relation to August Performance:

- All cancer national standards met in July. STF trajectory standard was also met for the 62 day standard.
- Diagnostic waiting time's standard achieved both against the national target and STF trajectory.
- Trust is not meeting the RTT national standard and has seen an increase in the number of patients waiting 52+weeks in comparison to previous month.
- Continued non-compliance against the cancelled operations at last minute target. However, actual number of cancellations has seen a reduction in the last two months,

Points for Assurance

Cancer 14 day and 62 day standards performance on track to achieve national and STF targets for August.

Diagnostic waits greater than 6 weeks are observing a week on week reduction. Plans for additional capacity have been put in place for challenged modalities, in particular MRI and Neurophysiology.

New daily Chief Operating Officer led Performance Control meetings in place focusing on key issues and risks for the day, performance against key standards and activity plans.

New Flow Programme is being finalised to address local ED and system challenges to support performance improvement.

Emerging Risks and Mitigating Actions:

Cancer performance sustainability. In particular the 62 day standard with challenges in areas of staffing, and diagnostic capacity. Proposal for staffing have been put forward for executive approval and action plans to increase diagnostic capacity for key modalities are being implemented.

ED performance falling below STF trajectory. This is being reviewed daily at performance control meetings and throughout the day, with defined escalation and exec oversight processes in place.

RTT backlog increase. This will be addressed by the RTT recovery programme.

The trust shows the quality governance score against the Monitor risk assessment framework of 2 and the Monitor imposed additional license conditions in relation to governance remain.

The report lists by exception those indicators that are being underachieved and provides data and reasons for why targets have not been met, remedial actions being taken and forecasted dates for when performance is expected to be back on target.

Key Points of Note for the Board in relation to August Quality Performance:

- Mortality indicators remain better than expected
- Continued reduction in the number of pressure ulcers
- Zero MRSA cases year to date
- Poor compliance with deadlines for Serious Incident reports within the surgical division.
- Poor compliance with complaints performance within the surgical division.
- Staff not being released to undertake MAST Safeguarding training
- Significant number of non or partial compliance with NICE guidance

Points for Assurance

Mortality is significantly better than expected at 84.3. HSMR rates for emergency admissions analysed by day of admission, patients admitted at weekend and weekdays shows mortality to be better than expected at 87.2 and 83.2 respectively. In addition, raw mortality has reduced by 20per cent from June to August.

There have been two further cases of Clostridium Difficile which are trust apportioned episodes, and subject to investigation. The Trust remains below the threshold of 31 cases per annum.

The number of grade 2 pressure ulcers is continuing to show a decreasing trend for the third month in a row (35 - 23), and there have been no grade 3 or 4 pressure ulcers for the last two months.

Falls remain static with the levels of harm continuing at low or no harm.

The Friends and Family trust response for the last two consecutive months has been positive: 95% of patients said they were extremely likely or likely to recommend the service to friends or relatives

Emerging Risks and Mitigating Actions:

Some improvement in addressing the backlog of outstanding actions for NICE guidance. 47 outstanding to determine compliance within the divisions. Fully compliant with all technology appraisal evidence.

One never event had been declared (wrong site surgery), in August and the root cause analysis is underway. The Trust takes these events extremely seriously. Directorate Management Teams are working closely with the Chief Nurse and Medical Director to minimise the risk of Never Events and other serious incidents. There has been a reduction in Serious Incidents (SIs) declared April to

August: 47 compared to 70 in July 2016. There are currently four overdue SI reports within the surgical division and a 'confirm and challenge' meeting was held with the division to determine support needed to achieve these deadlines and identify learning.

MAST safeguarding training remains below target for both adults (82%) and children's (78%). There is a discrepancy' between the data from ARIS (the HR system) and that which is collected locally through manual systems. Work is underway to validate this.

The Trust is not achieving the internal target of 85% of complaints being responded to within 25 days. Each division has developed an action plan to improve compliance against the target. Confirm and challenge meetings have been set up weekly with the DDNG and DCN. There has been an increase in number of complaints received this month (95) with common themes being clinical treatment, communication and appointment delay / cancellation. In August there was a high number of PALS concerns received, an increase of 10% compared with July 16 (306) and over 31% when compared with August 2015 (257).

In August the safe staffing fill rate improved to 95.88 % for August. Requests for bank and agency utilisation continue to be risk assessed and monitored on a daily basis in the divisions.

Risks identified:	
Complaints performance (on BAF)	
Infection Control Performance (on BAF)	
Safeguarding Children Training compliance Profile (on BAF)	
Staffing Profile (on BAF)	
Related Corporate Objective: *Reference to corporate objective that this paper refers to.*	
Related CQC Standard: *Reference to CQC standard that this paper refers to.*	
Equality Impact Assessment (EIA): Has an EIA been carried out? **If no, please explain you reasons for not undertaking and EIA.** Not applicable	

St George's University Hospitals **NHS**

NHS Foundation Trust

REPORT TO THE COUNCIL OF GOVERNORS *October 2016*

Paper Title:	**Workforce Report**
Sponsoring Director:	Karen Charman, Director of Workforce and Organisational Development
Author:	Rebecca Hurrell, Head of Workforce Information Jacqueline McCullough, Deputy Director of HR
Purpose:	*To provide a report to the board on performance against key performance indicators*
Action required by the board:	For information
Document previously considered by:	Executive Management Team Meeting

Executive summary
Key points in the report and recommendation to the board

1. Key messages

The workforce report includes:

- The workforce performance report for August 2016

The workforce performance report contains detail of workforce performance against key workforce performance indicators for August 2016   The report also includes available benchmark information.

Key points to note are:

- Vacancy and Turnover rates have both decreased
- Stability has therefore shown a 1.9% increase
- There is an unexplained increased use of bank and agency which will be addressed by greater controls particularly on Agency
- Any headcount reduction measures will take place from September onwards

Key risks identified:
Key workforce risks include:

- Failure to recruit and retain sufficient staff in relation to annual turnover rates and to safely support future increases in capacity'
- Failure to reduce the unacceptable levels of bullying and harassment reported by staff in the annual staff survey.
- Possible reductions in the overall number of junior doctors available with a possible impact on particular speciality areas.
- Failure to maintain required levels of attendance at core mandatory and statutory training (MAST)

Related Corporate Objective: *Reference to corporate objective that this paper refers to.*	**To develop a highly skilled and engaged workforce championing our values that is able to deliver the trust's vision.**
Related CQC Standard: *Reference to CQC standard that this paper refers to.*	**Are services well led?**

Commentary on performance in key workforce indicators

Workforce Stability

Vacancy rates have decreased by 0.6% since July and Turnover by 0.3%. This is a particularly strong result for the Trust , particularly in Turnover as this is the first decrease since March 2016 from where it has been steadily rising.

Workforce stability, the percentage of staff who stay more than 12 months, has seen its first increase after a steady decline of almost 12 months.

Whilst these figures are a positive change of direction we must aspire to meet the standards of Teaching Hospitals in London. Currently that would be a vacancy rate of 15.75%, which we were achieving 12 months ago, and a stability rate of at least 84%.

Temporary Staffing Costs

With Workforce stability rising it is disappointing that temporary staffing costs have seen an increase in month of 2%. and even with seasonal factors it is higher than the same time last year. This would seem to indicate a need to improve management control of workforce rostering, annual and study leave planning. We have agreed improved measures within the Executive Management Team and the Finance and Performance Committee and the controls will be implemented from 1st October. 2016.

Staff Training and Support

The decreased MAST compliance to 79% is disappointing and reflective of a seasonal cycle. It is still 11.2 percentage points higher than the same time last year and we will continue to provide the support. We are investigating the training that staff roles have been assigned in order that we priorities those for whom the training is most relevant particularly in ALS and higher levels of safeguarding.

New Workforce Report and HR Priorities

A new concise and visually impactful workforce report was outlined to the Workforce and Education committee in September 2016 and a draft is enclosed. We will be looking to use this report from November onwards. The WEC received an update on the timlines of the HR Priority action plan presented to the Board last month and there will be a "spotlight on " focus area in each of the monthly Board reports going forward. In November we will outline our progress on the improved recruitment process and targets for the future.

Karen Charman
Director of Workforce and OD
September 2016

St George's University Hospitals **NHS**

NHS Foundation Trust

Name and date of meeting: COUNCIL OF GOVERNORS [13th October 2016]	
Document Title: **Summary Finance Report- Month 05 2016/17**	
Action for the Trust Board: Note the current Trust financial position and forecast projection	

Summary:

The Trust has reported an in-month deficit of £7.5m in August which is £6.6m worse than plan. Included is a Non Pay overspend (£3.1m), excess pay costs of £1.3m and below plan SLA Income (£2.3m; mainly attributable to the STF (£1.5m) and low activity volumes). £0.7m of Pay and £0.3m of Non Pay is cost unforeseen and outside of the control of the Trust.

The Year to date deficit is £34.9m and forecast outturn is £55.5m. These values are £19.7m and £38.3m worse than plan respectively.

Author and Date: Nigel Carr, Chief Finance Officer	

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Estates CQC Report – Board of Directors Report

Area	CQC requirement	Actions planned and assurances	Progress made to Date
Water Safety Management	CQC require us to demonstrate that we are compliant in relation to water outlet flushing across the trust and that we have robust assurances in place across our systems and processes for the avoidance of Legionella.	1) Action: Flushing regime will continue under Estates control and with Assurance: Regular reporting demonstrating robust and timely effective system for testing. 2) The main water provision plant will be replaced during H2, 2016, in GW. This will provide fresh water to adjacent buildings, bypassing the water that comes via the university. This is expected to reduce the opportunities for infection within old plumbing. 3) As additional assurance, water testing and cross-party committee DIPC/IC committee have recognised improvements across the last 18 months and will continue to monitor. 4) All results of testing are held in an electronic evidence log book and are available upon request. 5) Capital funding has been requested to enable further action to be taken to systematically remove dead legs. 6) Assurance: Emergency hand-wash basins are available to use in the event that any results return an indication of infection.	1) Replacement of aged plant is underway; we have emergency funding of £1.5m to replace the GW water plant which will reduce this risk. 2) Flushing now in the hands of the Estates team and a new flushing regime is in place, as at 15/09/2016, 100% flushing was achieved. Evidence will be sent to the Trust Board and 5 days later reported to the CQC. Water testing being carried out in accordance with HTM04, L8 and HSG274. This is imposing a strain on the Estates team and an independent alternative resource is being sourced. 3) The Estates team have also taken back in house the testing of water from the existing third party supplier (Clear Water) ensuring greater control over water quality, testing and any required treatment. 4) Dead legs are being removed as and when they are

		7) Action: Estates to establish options for permanent solutions to water safety within Richmond Ward.	discovered through existing building related project works. 5) Full pasteurisation of St. James Wing water system completed and CI02 water system was also installed on the St. James Wing water system. 6) Lanesborough Wing will be pasteurised during w/e of 1-2 Oct 2016.
Renal Services (Buckland Ward, Knightsbridge Wing)	CQC require us to demonstrate that there is robust mitigation in place to ensure patients and staffs are protected from risk of harm associated with water ingress within the electrical supply. CQC require fixed wire testing for all clinical areas within Knightsbridge Wing to be compliant. To confirm that Renal patients, specifically chronic dialysis patients, outpatient services and acute beds are moved to a more suitable environment whilst giving assurance in the interim period the risk of harm to staff and patients are sufficiently mitigated.	1) Action: Plans are in progress for Inpatients to be relocated to Champneys Ward during November 2016. 2) Assurance: Knightsbridge Wing is planned to be beyond use by Christmas 2016 and demolished ASAP in Q1 2017 through the Estates Strategy and demolition programme which is responsible for reviewing whether staff need to remain on-site or can move off-site and relocating staff accordingly. 2) In response to a clinical risk posed to relocating patients, it was agreed on 14/09/2016 with executive and clinical leads that fixed wire testing will take place after the final decant of patients to Champneys Ward to avoid having to relocate patients more than once. Other reinforcements have been built into the electrical infrastructure, to lower the overall risk. 3) A mobile dialysis unit has been placed on-site for outpatients to continue receiving dialysis treatment; this will be operational from 25/10/2016.	1) Patients at harm from water ingress near electric power sockets were immediately relocated, the bays put out of use and the electrical circuits were tested. Remedial works were carried out on the roof to reduce the water seepage in the short term. 2) The CQC return to check that this work was underway on Monday, 11th July and went away satisfied. 2) A dialysis service has been moved off-site to locations in Colliers Wood and North Wandsworth on 19/08/2016. 3) Space requirements for Kidney transplant post-op outpatients have been captured to enable the decision on

		4) Action: Establish solution for relocation of kidney transplant post-op outpatients. Meeting planned for 03/10/2016.	potential solutions.
Lanesborough Wing	CQC require assurance that systems and processes are sufficiently robust for mitigating the risks associated with both the management of fire and Legionella infections.	1) Assurance: The London Fire Brigade (LFB) are pleased with the Trusts current progress and we have signed an accord with the LFB to show we are working in partnership. There is a letter from LFB assuring they are satisfied with the fire safety of the Trust. 2) Assurance: Water safety is reported and governed through the water safety committee, the infection control committee and up through to the Quality and Risk committee. 3) Action: Desktop Ward based evacuation procedures have been designed and will be carried out on an on-going basis. 4) Action: Remedial works planned to address the main service corridor on the ground floor of Lanesborough Wing to provide a fire rated corridor. 5) All other doors are being replaced with appropriate fire doors across the Estate. 6) We will continue with the upgrade of fire compartmentalisation and ensuring fire extinguishers are present across the remaining Estate. 7) Assurance: Fire alarm in LW has had fire alarm upgrade from L2 to L1 and the assurance is that it has halved false alarm call-outs to LFB. 8) Action: Upgrades from level 2 to a level 1 fire alarm system throughout the	1) Fire extinguishers have been assessed and replaced in the Lanesborough Wing. Reporting is carried out bi-monthly to the Trusts' Health and Safety Board and an annual Fire report, based on HTM05 requirements. 2) New emergency planning liaison officer in place to address single points of failure for water flushing as of 16/09/2016. 3) There is a tender out for replacing the fire doors picked up by the audit in July 2016.

		remaining Estate is underway.	
Electrical Repairs	CQC require assurance that electrical installations are safe and compliant with relevant regulations.	1) Parts of the annual routine maintenance budget, emergency funding will be targeted on replacing the most critical infrastructure starting in LW and SJW, covering generators, switch gear and transformers. This will increase our overall electrical capacity and is a key enabler for the provision of new Theatres and adequate cooling, simultaneously reducing our electrical capacity overload. 2) Action: Fixed wire testing is underway for the remainder of the estate, estimated duration to deliver this will be 12 months and this will be put under ppm. 3) Action: A campus wide six facet survey is being procured; this will identify the areas for priority repairs. The replacement of double isolation valves will be included to reduce the risk of whole site outage. 3) Assurance: Reporting for all Utilities takes place within the Trusts relevant committees, which feed into the Risk Management committee.	1) Fixed wiring assessment completed. 2) Fixed wiring certification is being tendered.
OPD moves	CQC concerns with regards to outpatients relate to overcrowding, fire safety and renal services. Fire safety and Renal services have been addressed above. To answer the question of overcrowding, a project has been initiated to reduce patient footfall by 15% in Lanesborough Wing.	Plans are currently in place to move three services to communities: Phlebotomy: There are negotiations taking place with CCG's to repatriate Phlebotomy service to GP surgeries and community. This represents circa 3500 patients making up	All plans for relocation are currently on track for their planned deadlines. Moves will be completed by end of October 2016 which will reduce the patient footfall by 15%.

		roughly 90% of the footfall. Current plans aim for end of October 2016 for a transfer of services. BPU: Plans are in place to relocate BPU out of Lanesborough Wing to communities. Current plans aim for end of October 2016 for a transfer of services. Urology: Relocation of Urology services to take place on 17/10/2016 to Queen Mary's Hospital clinics.	
Theatres	CQC concerns related to Theatres fit for purpose and unsuitable environment fit for staff, including improvement of ventilation. Action is required to address and bring back up to required standard.	1) Project initiated with funding for design phase to refurbish Theatres 3&4 2) Once design phase completed, the business case will be submitted to IDDG for investment approval.	Project to refurbish Theatres 5&6 completed.

Name and date of meeting:
TRUST BOARD MEETING **6ᵀᴴ OCTOBER 2016**

Document Title:
IT Approach

Action for the Executive Management Team:

This paper is presented to the Board for information, approval and support of the approach to:

- The stabilisation and recovery of ICT that results in a reduction of the risk exposure due to IT failure; including the plan to commence the use of cloud technology for e-mail backups
- The plan to procure a strategic business partner to support ICT in the planning and implementation of the long term ICT solution

Summary:

The paper:

- Provides a summary of the approach to the stabilisation and recovery of ICT which includes the risk exposure and a milestone plan to mitigate these risks along with a proposal to backup the Trusts e-mail using cloud storage.
    - ICT is recommending the use of Microsoft Azure cloud storage to provide the backup solution for the Trusts e-mail; this has been approved by the Trusts Caldicott Guardian, Information Governance Officer and the CIO / SIRO (Senior Information Risk Owner)
    - **N.B.** Microsoft Azure and Microsoft Azure Government comply with the Minimum Acceptable Risk Standards for Exchanges (MARS-E) for information security regulations for health-based exchanges under the Patient Protection and Affordable Care Act (ACA) of 2010. Azure has achieved approval for handling and storage of UK government data up to OFFICIAL status, including OFFICIAL SENSITIVE across a number of services. Government guidance recommends that health records are treated as OFFICIAL/OFFICIAL SENSITIVE.

- Provides an overview of the strategic direction being pursued by the ICT Department to deliver the much needed long-term ICT platform of the future. ICT is currently procuring a Strategic Business Partner to assist in the creation of a 5/10-year ICT strategy and subsequently support its delivery. This partner is expected to assist in raising the level of intelligence within the ICT Department.

Author and date:
Larry Murphy, Chief Information Officer (CIO)
29ᵗʰ September 2016

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1. ICT RECOVERY APPROACH

The approach taken to the ICT recovery is based on two parallel priorities:
1) The stabilisation of the existing technical platform (ICT infrastructure) to allow the Trust to operate on a safe and sound technical environment for the next two/three years
2) The creation and delivery of a 5/10-year ICT Strategy to ensure the long-term ICT solutions enable the Trust to achieve a paperless and digital operating environment and take advantage of future technical innovation.

1.1 ICT Stabilisation (Risk Reduction)

The approach to stabilisation is based on the reduction of risk. The initial risks, as referenced in the ICT Risk Register and summarized in the Trust Corporate Risk Register, have been assessed and the following action plan implemented:
1. Risk IT0011 – Computing capacity. Additional processing power has been purchased and being implemented. The work is scheduled to be completed by the 1st week in October. This will reduce the likelihood risk rating from 4 to 2.
2. Risk IT0037 – Storage capacity. This was approached in two phases – firstly some immediate 'life support' implemented in late September. This reduced the likelihood risk rating from 5 to 4 (brought forward by one month, originally scheduled for October). The second phase will be implemented during November in order to reduce the risk rating to 3. This does however require a detailed review by the Technical Design Authority.
3. Risks IT0025 & 38 – XP Replacement. 750 PCs have been ordered, a further 1,200 will be required. There will be a rolling programme to the end of the financial year to implement these. The risk will be progressively reduced from 5 to 1.
4. Risks IT0025 & 15 – network. New network switches and significant reconfiguration work is in progress. Initial work will reduce the risk from 5 to 4 in October and then down to 3 in January.
5. Risk IT0015 & 39 – Backup. Currently there is not 100% coverage on backups. Remedial work will reduce the risk from 5 to 3 in December and eradicate by February. Important to note that key clinical systems (Cerner & RIO) are hosted off site and are outside the scope of this risk.
6. Red 724 PCs. During the network failure in June it was found that the 724 disaster recovery systems did not work. Work continues to restore this, reducing the risk to 2 in October and removing it by November.

Figure 1 below provides a high level view of the timeline for resolution of the aforementioned risks / issues and an indication of the risk reduction.
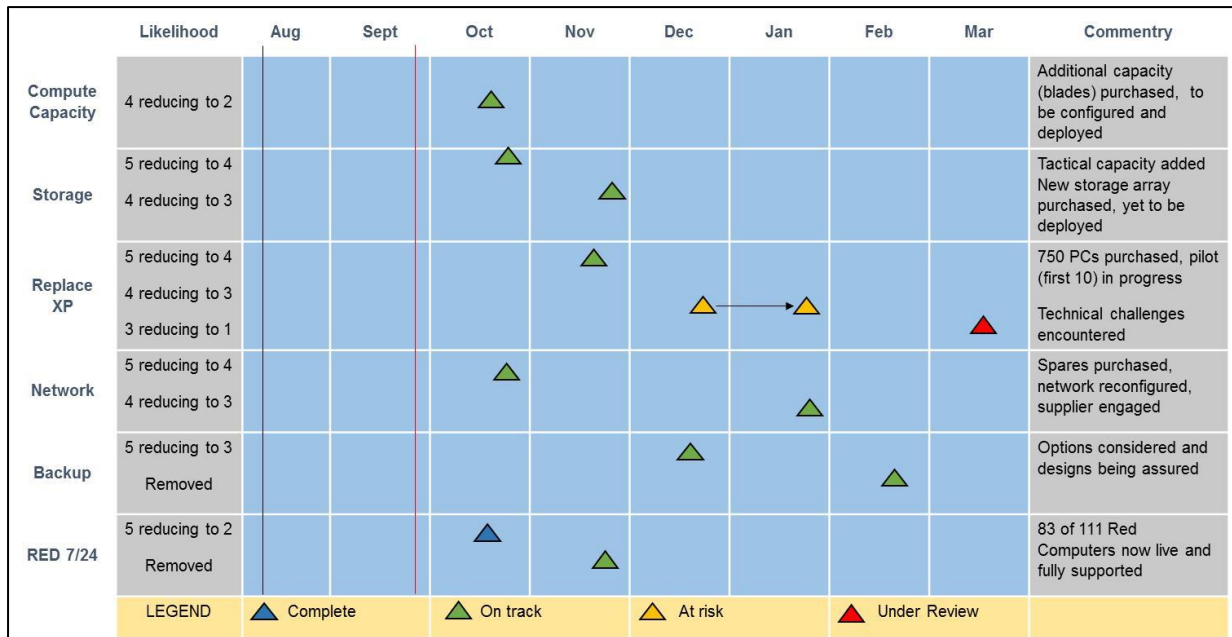
	Likelihood	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Commentary
Compute Capacity	4 reducing to 2			▲						Additional capacity (blades) purchased, to be configured and deployed
Storage	5 reducing to 4			▲						Tactical capacity added New storage array purchased, yet to be deployed
	4 reducing to 3				▲					
Replace XP	5 reducing to 4				▲					750 PCs purchased, pilot (first 10) in progress
	4 reducing to 3					▲ →	▲			
	3 reducing to 1								▲	Technical challenges encountered
Network	5 reducing to 4			▲						Spares purchased, network reconfigured, supplier engaged
	4 reducing to 3						▲			
Backup	5 reducing to 3					▲				Options considered and designs being assured
	Removed							▲		
RED 7/24	5 reducing to 2			▲						83 of 111 Red Computers now live and fully supported
	Removed				▲					
LEGEND	▲ Complete		▲ On track		▲ At risk		▲ Under Review			

Figure 1

The deployment of all clinical programmes of work has been frozen to allow the infrastructure to be stabilised and reduce clinical risk from implementing further systems on an unstable platform. In reality this freeze is formal recognition of what has already happened as the main programmes are neither properly funded or resourced, and have not been for some time. There will inevitably be some exceptions, however these will be scoped, resourced and have proper project controls implemented. A full clinical programme will be considered as part of the overall ICT Strategy, as described below.

Until recently only 1 ICT Engineer was on call outside of normal working hours. An ICT Duty Manager system has been implemented in order to provide additional support and guidance. This commenced on September 5th.

There are a number of ICT applications (EDM, e-Triage, Dictate IT and others) that are inadequately supported and acting unpredictably which results in poor user experience. With the infrastructure stabilisation work now in progress, these applications are being prioritised for detailed assessment; any issues uncovered will be planned into phase 2 of the stabilisation programme.

Business continuity: In parallel with the ICT stabilisation, the Trust will need to review and test its Business continuity arrangements. These are the plans and processes to maintain a safe clinical service in the event of a partial or total ICT failure, as well as other potential business failures.

ICT is currently reviewing its Disaster Recovery capability; initial findings indicate that it is inadequate. This is also being included in the next stage of the stabilisation programme.

1.2   Risk Reduction: Use of cloud storage

As previously reported, ICT are currently working through a series of actions to stabilise the ICT infrastructure. One of the risks relates to backup, that is; the current inability to fully backup Trust data.

<u>Risk IT0039 – Backup. Currently there is not 100% coverage on backups. Remedial work will reduce the risk from 5 to 3 in December and eradicate by February. Important to note that key clinical systems (Cerner & RIO) are hosted off site and are outside the scope of this risk.</u>

Part of the solution is to quickly implement alternate backup arrangements for Exchange Data (e-mail). Theoretically, e-mails should not contain any patient data; however, a cautious approach is being taken on the assumption that this may not be the case. The plan is to install a solution where the exchange data is securely encrypted and stored in 'The Cloud'. The purpose of this paper is to advise the Board and seek support for this approach. It is important to note that this approach is only part of the overall backup solution. There is other work ongoing to implement backup facilities for non-Exchange data and will form part of the overall backup strategy.

1.2.1 Cloud storage

Cloud storage is simply the provision of data storage at a remote location, accessed over a network. There are two types of cloud, Private and Public. In a private cloud the hardware is dedicated to the organization, while in a public cloud it is shared, requiring particular attention be given to the security boundaries between organizations. It is now common practice for data to be stored in this way; public clouds are secure, cost effective mechanisms for data storage.

Clarification: Public Cloud vs Private Cloud

Generally speaking, a public cloud consists of a service or set of services that are purchased by a business or organization and delivered via the Internet by a third-party provider. These services use storage capacity and processor power that is not owned by the business itself. Instead, this capacity (in the form of servers and datacenters) can be owned either by the primary vendor (e.g. an online storage/backup company) or by a cloud infrastructure vendor.

A private cloud is essentially an extension of an enterprise's traditional datacenter that is optimized to provide storage capacity and processor power for a variety of functions. "Private" refers more to the fact that this type of platform is a non-shared resource than to any security advantage.

The Azure cloud, provided by Microsoft is well implemented, stable and secure. It is a commercially available public cloud and therefore any given user does not have dedicated hardware, but benefits from a dedicated 'partition' of the hardware, at a reduced cost. Access to our data will be over the Internet, but it is important to note that the data placed onto the Azure cloud will be **encrypted** 'at source' – i.e., before it leaves our network. Microsoft, nor any other organization, will have the encryption key, and as such will not be able to read any data. The location of St George's data is important, and appropriate controls will be in place to ensure that our data never leaves the UK/Ireland. The fact that the data is encrypted in the cloud is a level of security over and above how it is currently stored in St. George's.

Benefits

- **Immediate** method of improving the backup solution and reducing risk
- **Secure encrypted data** held within backups – a improvement on current situation
- Flexibility for future options – particularly if not continuing on site with Exchange (e.g. NHS Mail)
- Cost effective – circa £13k for two years, hardware can also be re-used
- Opportunity to start to use and experience Cloud services
- More secure than current data center

- Increased throughput capacity on internal backup solution
- Implementation will be via a proof of concept to ensure that the solution is compliant before full implementation

Risk
- Reputation – the term 'Cloud' is often misunderstood. There is a risk that external parties do not appreciate the secure nature of this solution and conclude that St. George's are simply putting data on 'The Internet'; this however is not the case due to the security levels of the Azure solution.

1.2.2 Compliance

Microsoft Azure and Microsoft Azure Government comply with the Minimum Acceptable Risk Standards for Exchanges (MARS-E) for information security regulations for health-based exchanges under the Patient Protection and Affordable Care Act (ACA) of 2010. Azure has achieved approval for handling and storage of UK government data up to OFFICIAL status, including OFFICIAL SENSITIVE across a number of services. Government guidance recommends that health records are treated as OFFICIAL/OFFICIAL SENSITIVE.

Microsoft make the following declaration regarding ISO/IEC 27001; the international acceptance and applicability of ISO/IEC 27001 is a key reason why certification to this standard is a foundation of Microsoft's approach to information security. In 2009, the company received its first ISO/IEC 27001 certification for Microsoft Cloud Infrastructure and Operations (formerly Global Foundation Services), which provides datacenters and networking for Microsoft cloud services. Currently, Microsoft's cloud infrastructure and services are audited once a year for ISO/IEC 27001 compliance by the British Standards Institution (BSI), an accredited certification body, providing independent validation that Microsoft has implemented security controls end to end.

The proposed solution has been reviewed and approved by:
a) The Caldicott Guardian
b) CIO / SIRO
c) The Information Governance Officer.

1.2.3 Costs

The cost of this solution is £13,600 for two years. Costs for further years would be approx. £3000 per annum, if required.   It is within the £1.3M allocated for immediate ICT Stabilisation.

> **Recommendation**: It is recommended that the Board support the approach to move the Trusts Exchange Data into the secure Azure cloud in order to relieve the immediate risk of lack of data backup.

2. ICT STRATEGY

Without strategic direction the ICT Department will continue to implement short term tactical repairs that will ultimately cost more, deliver less benefit and continue to drive poor user experience. To fully address ICT recovery, St. George's must take a step back and assess the longer term vision and strategy for its ICT solutions.

At the EMT meeting of May 23, 2016 it was agreed that the general approach to the ICT Strategy would be one of 'Strategic Partnering'.

In line with this approach the ICT Department will initiate a procurement process, following Board approval, to procure a Strategic Business Partner (SBP). This SBP will be an intermediate partner to assist the Trust in creating a 10/15-year ICT Strategy. The intention is to continue this engagement following approval of the ICT Strategy into the delivery of some (or all) of the Strategic Programmes likely to result from the approval of the Strategy and subsequent business cases.

Initial engagement with the Trusts Procurement team has commenced and it is anticipated that an SBP will be in place by early December 2016. A Strategy and a supporting Strategic Outline Business Case (SOC) will be developed immediately and are expected to be approved by EMT and the Trust Board in Q4 this financial year.

Figure 2 below provides an indication of the SBP procurement and the completion of the ICT Strategy.
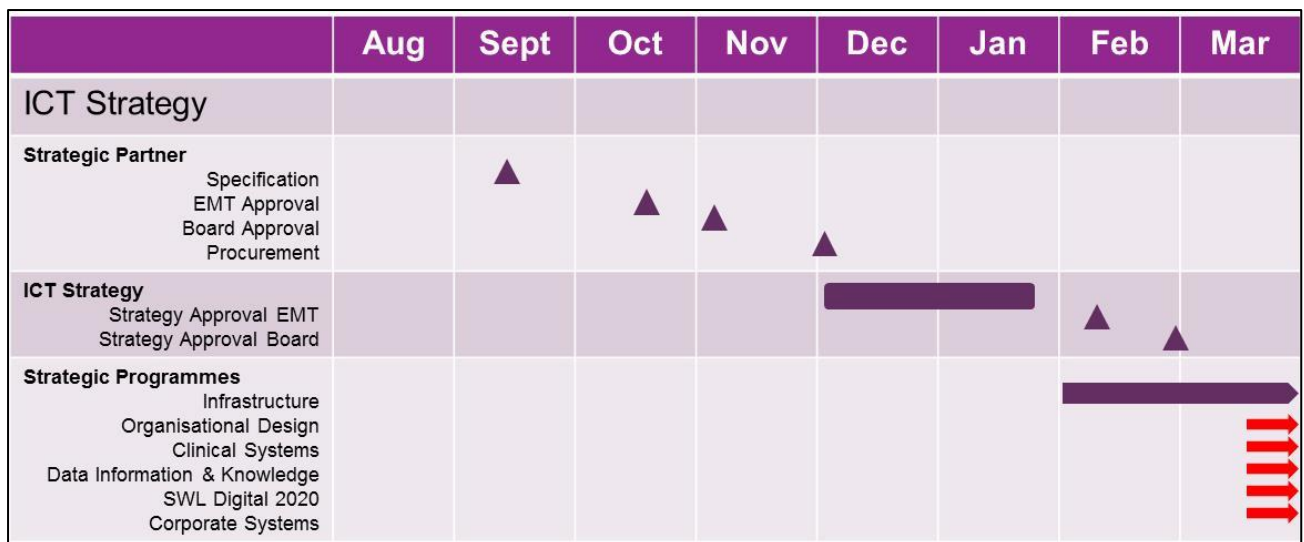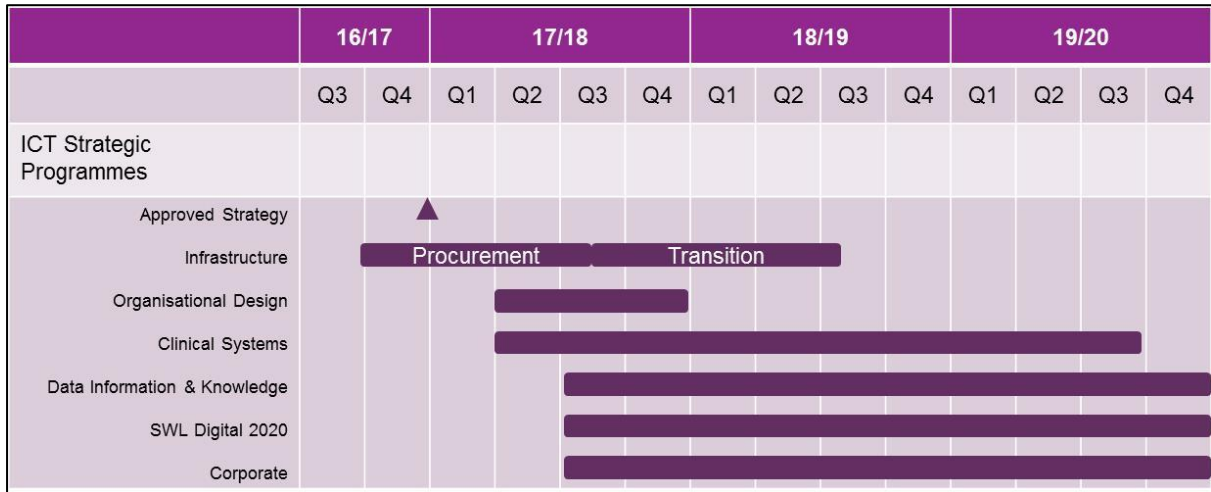

Figure 2

A modern ICT strategy, for a Trust like St. George's, typically results in the launching of several programmes of work. These programmes are likely to include:

- Infrastructure programme (all ICT hardware – network (wired, wireless and mobile), end-user-devices (desktop, laptop, tablets, telephony (mobile and fixed)), datacentre and hosting, support services, storage, compute); to improve, replace and upgrade infrastructure to a 21st century platform capable of supporting the Trust for the foreseeable future
- Organisational Design programme; address all aspects of the ICT organisation; process, operating model, organisation, structure and skills
- Clinical Systems programme (all clinical systems across the Trust – both Acute and Community); rationalisation, integration and interoperability of these applications
- Data, Information & Knowledge programme; review the Trusts data strategy and requirements; BI (Business Intelligence) needs and plan to move towards knowledge management and Big Data in the medium (3/5 years) future
- SWL (South West London / Digital 2020); this may be consumed within other programmes; a number of initiatives are already underway with local partners to meet the requirements of the NHS 2020 Digital Initiative.

- Corporate Systems programme; assess the current state of corporate / back-office systems and plan the strategic way forward over a number of years. This is likely to overlap with other programmes.

The list above is not exhaustive and other programmes may be identified as the Strategy is developed. *Figure 3* below provides an indicative timeline for the commencement of these programmes.

Figure 3

Recommendation: It is recommended that the Board support the approach being taken by the ICT Department to deliver the ICT strategy and the long-term ICT platform of the future.