

Trust Board (Public)
3 November 2016 – From 10:00
H2.8 Boardroom, 2nd Floor, Hunter Wing

Name	Title	Initials
PRESENT		
Sir David Henshaw	Non-Executive Director (Chair)	
Simon Mackenzie	Chief Executive	CEO
Ann Beasley	Non-Executive Director	NED
Stephen Collier	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Gillian Norton	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Margaret Pratt	Chief Financial Officer	CFO
Andy Rhodes	Medical Director	MD
Suzanne Banks	Chief Nurse	CN
IN ATTENDANCE		
Thomas Saltiel	Associate Non-Executive Director	NED
Karen Charman	Director of Workforce	DWOD
Mark Gordon	Chief Operating Officer	COO
Richard Hancock	Director of Estates & Facilities	DE&F
Iain Lynam	Chief Restructuring Officer	CRO
Paul Moore	Director of Quality Governance	DQG
Larry Murphy	Chief Information Officer	CIO
Alison Benincasa	Divisional Chair, CSD	DC - CSD
Lisa Pickering	Divisional Chair, MedCard	DC - MedCard
Justin Richards	Divisional Chair, CWDT	DC - CWDT
APOLOGIES		
Tunde Oduoye	Divisional Chair, Surgery	DC - SNTC
SECRETARIAT		
Fiona Barr	Interim Corporate Secretary & Head of Corporate Governance	Co Sec

PATIENT STORY

Monika Kupper joined the meeting to tell them about her experiences of giving birth at the Trust; she had given birth to two children though the second birth was difficult for a number of reasons. Her story gave the Board an insight into how her care had been provided and how that felt, as a patient, to receive. The Trust had already learned a great deal from the experience as Monika had actively supported the Trust in making a number of improvements as a result – and continued to do so. The Chairman thanked Monika on behalf of the Board.

OPENING ADMINISTRATION

1A Welcome and Apologies

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| 1.1 | The Chairman opened the meeting and welcomed everyone, in particular the two new Non-Executive Directors, Ann Beasley and Stephen Collier, who had recently joined the Board. |
| 1.2 | The apologies were as set out above. |

1B Declarations of Interest

1.3	The Chairman asked for declarations of interest. None were made.
1C Minutes of Meeting held on 06.10.16	
1.4	These were accepted as a true and accurate record of the meeting held on 06.10.16, save for a minor formatting change.
1D Matters Arising and Action Log	
1.5	The Board received the Action Log and noted that the actions were closed. There were no matters arising.
1E Chief Executive's Report	
1.6	The CEO explained that the Trust had been given an overall rating of Inadequate by the Care Quality Commission (CQC): <ul style="list-style-type: none"> i. Inadequate for being safe and well-led; ii. Requires Improvement for being effective and responsive; iii. Good for being caring.
1.7	The CQC's report, published on 01.11.16, followed an inspection of services provided by the Trust in June 2016. The Trust was also required to meet a number of requirements set out in a CQC Warning Notice relating specifically to: <ul style="list-style-type: none"> i. providing safe and fit premises at St George's Hospital; ii. obtaining consent under the Mental Capacity Act; iii. running a sound system of governance; iv. complying with the <i>Fit and Proper Person</i> requirement.
1.8	The CQC had also recommended St George's be put into special measures and the Trust had now received a letter from NHS Improvement setting out Enforcement Undertakings and an additional Licence Condition. The CEO explained that being in special measures would entitle the Trust to receive support to make the required improvements.
1.9	He also set out a number of positives in the report. The Trust's 9,000 staff were found to be caring, and doing a good job in challenging circumstances and its renal unit was praised for delivering some of the best survival rates and outcomes for patients in the country. The care provided by the maternity and neonatal teams was singled out for showing a real drive to improve the experience of families using the services and the clinical outcomes achieved by our specialist medical and surgical teams were also praised.
1.10	The CEO advised that there had been a full programme of briefings for staff and stakeholders since the announcement and the Trust had held a Quality Summit with the CQC where Stephen Russell, Executive Regional Managing Director of NHS Improvement confirmed that St George's was a safe hospital and would be happy to recommend it to friends and family for treatment.
1.11	A key area of concern for the CQC had been the hospital estate though the Director of Estates & Facilities announced that in the last week there had been 100% compliance on Legionella Flushing. He noted further work to be done on Pseudomonas.
1.12	The CEO closed by setting out the work to address the concerns raised in the CQC report and the enforcement notice from NHS Improvement and committed to keep the Board fully apprised of progress.
1.13	The Chairman thanked the CEO for his report adding that the priority was now to stabilise the Trust's performance, consolidate the improvements being made and continue to provide strong leadership.
PATIENT SAFETY, QUALITY AND PERFORMANCE	

2A Trust Quality Improvement Plan	
2.1	The DQG introduced the Quality Improvement Plan, explaining the action that had been undertaken at pace to address the identified compliance concerns (Appendix 2 of the report set out the Trust's position). The work was progressing well overall though a strong focus was needed to meet all the requirements of the Warning Notice by the end of November.
2.2	He summarised the workstreams which were delivering over 160 action, 27 (16%) of which had been completed and reported as embedded (subject to internal verification). Of the remaining active actions (137 or 84%), well over half were rated as "Green".
2.3	The Board discussed the content of the Quality Improvement Plan and the progress being made. In particular there were discussions about the need to address the shortcomings in the strategy for End of Life Care (EOLC). The Executive was encouraged to review local best practice and work with commissioners to strengthen current arrangements – though these were currently well regarded by patients' relatives.
2.4	The Board also briefly discussed the Referral to Treatment (RTT) workstream and agreed to receive a fuller briefing about RTT actions and progress at its next meeting.
ACTION TB.03.11.16/01	Brief the Board on progress with achieving the RTT actions. LEAD: RTT Programme Director
2.5	The Board was assured by the DQG that he had to see evidence of compliance before turning an assurance rating to "Green" and was happy to note the current position on the Quality Improvement Plan and the actions to address compliance concerns set out in the Warning Notice.
2B Performance & Quality Report	
2.6	The COO introduced the performance report advising that the Trust was performing positively against a number of indicators though particular challenges remained in the achievement of the Emergency Department (ED) Four Hour target, RTT and cancelled operations on the day by the hospital for non-clinical reasons. Cancer waiting time targets had been achieved in July and August and the Trust was also on target to achieve the September STF and national targets - though sustaining this would be challenging. There was still work to do to address the RTT backlog though this would be addressed by the RTT recovery programme.
2.7	There were improvements in diagnostic waits greater than six weeks for which there had been a week on week reduction. A new daily COO-led Performance Control meeting was placing focus on key issues and risks for the day, performance against key standards and activity plans and this was beginning to yield good results. In addition a new Flow Programme was being finalised to address local ED and system challenges to support performance improvement.
2.8	The Board supported the improvements in ED performance and commended the work done – including introducing internal professional standards, having specialist doctors visit ED to make decisions on patients. The Board extended its thanks to the ED teams for the steps they had taken – which had had an impact across the hospital.
2.9	Whilst the NEDs supported the improvements being made in a range of areas, they challenged the Executive to compare the Trust against the best teaching hospitals in the country and use their performance as benchmark, most particularly in relation to day case surgery rates and enhanced recovery after surgery. Sir Norman Williams agreed to provide the benefit of his experience and discuss this further with the COO.
2.10	The Chief Nurse led the Board through the quality metrics noting that: <ul style="list-style-type: none"> i. Mortality indicators remained better than expected. ii. Safety thermometer for was 95.65%, in line with the national average of 95%. iii. There had been a reduction in the number of Serious Incidents (SIs) being declared and more were being dealt with and closed down quicker.

	<ul style="list-style-type: none"> iv. There had been no falls resulting in severe harm or moderate harm in September and there had been an overall reduction in falls month on month (134 versus 166). v. There had been no grade 3 or 4 Pressure Ulcers for three consecutive months; this was a year on year reduction. vi. There were three Trust apportioned C. Difficile cases in September with a cumulative total of 12 (Trust threshold being 31 for the year). vii. An MRSA case was reported in October which was the first this year though the investigation did not suggest a lapse in care. viii. Safeguarding children level 3 compliance, conducted through a manual count, was at 89% across the Trust (exceeding the 85% target) though adult safeguarding training fell short of the target 83.2% and would be monitored through Divisional Performance Review meetings. ix. Work was being done to check that training in Deprivation of Liberty (DOLS) and Mental Capacity Act (MCA) represented practice. x. Main complaints themes were: clinical treatment, communication and appointment delay/cancellation. xi. Friends and Family Test score was 94% Trust-wide. xii. Nursing workforce fill rates were 95%.
2.11	The Chief Nurse advised that she was working on a ward level dashboard so that there would be ownership of quality performance at ward level – this was welcomed by the NEDs. She also agreed to return to the Board with benchmarked Pressure Ulcer performance per 1000 bed days. It was agreed that the Quality Committee would receive a deep dive on mortality statistics every six months.
2.12	The Board received the report.
ACTION TB.03.11.16/02	Include benchmarked Pressure Ulcer performance per 1000 bed days in January 2017 Quality Performance Report. LEAD: Chief Nurse.
ACTION TB.03.11.16/03	Undertake a deep dive into mortality statistics at the Quality Committee every six months. LEAD: Medical Director and Chief Nurse.
2C Workforce Performance Report	
2.13	The DWOD presented a redesigned workforce report which presented the Trust's position against a number of key workforce performance indicator, noting that the Workforce & Education Committee received a more detailed report at its meeting every two months.
2.14	She advised that the main points to note were that vacancy rates had fallen by 0.85% though sickness absence had risen (though was below levels for the same time last year). Bank and agency spend remained high despite increased staff in post and headcount reductions were starting to take effect though further measures were required to control pay spend.
2.15	The DWOD drew the Board's attention to the Workforce Race Equality Standard (WRES). She reminded the Board that during the summer, the Workforce department had prepared an action plan, with input from an internal WRES steering group and the Staff Network Advisory Group, which had also been presented to the Trust's commissioners and placed on the Trust website. To ensure that the Board remained apprised of progress on this key target, she agreed to return an updated WRES action plan to the Board for review in December 2016. The Board confirmed that it was satisfied that it had effective arrangements in place to implement WRES within the Trust and looked forward to receiving an update the following month.

ACTION TB.03.11.16/04	Present an updated WRES action plan to the Board in December 2016 to retain a Board focus on this key area of work. LEAD: Director of Workforce & OD
2.14	The Chairman thanked the DWOD for the update and the Board received the report.
2D Referral to Treatment (RTT) Access Policy	
2.15	The COO briefly presented the policy which had first been presented to the Board in April 2016. The Board requested to see the final version for approval once it had incorporated the revised national guidance for RTT as this was a key component of the Trust RTT recovery programme. He explained that the policy provided a set of standards for the management of referrals, waiting lists and appointments and admissions to ensure that the Trust maintained clinical priorities and met its statutory responsibilities in relation to 18 Week RTT maximum waiting time for elective patient pathways. The policy would also harmonise working practice across the hospital.
2.16	The Board approved the revised policy.
FINANCE	
3A Month 6 Finance Report – Including Update on Cost Improvement Programme	
3.1	The CFO reported that the Trust had an in-month deficit of £7.3m in September 2016 which was £6.7m worse than plan. Included in month was non-pay overspend (£3.4m), excess pay costs of £2.0m and below plan Service Level Agreement (SLA) income (£2.6m; mainly attributable to the STF (£1.5m) and RTT non-reporting penalty (£2.0m)). She advised that £1.0m of pay and £2.0m of income were costs that were unforeseen and outside of the control of the Trust. The year to date deficit was £42.2m and the forecast outturn submitted to NHS Improvement at Month 6 was £55.5m; these values being £26.4m and £38.3m worse than plan respectively.
3.2	The CFO noted that there was a lot more work to be done to improve the financial position and that each of the Divisions was working through a detailed re-forecasting of budgets to gain a clearer position of the likely outturn.
3.B Report from Finance & Performance Committee (F&PC)	
3.3	The Trust Chairman advised the Board that at the October 2016 F&PC meeting, there had been detailed discussions on the Trust's Month 6 financial position, Divisional recovery plans, the Trust recovery plan, the cash position and overall forecast at Month 6. He confirmed that discussions were underway with NHS Improvement on the Trust's financial position with a meeting planned in November following which the Board may reconvene to discuss next steps.
GOVERNANCE AND RISKS	
4A Corporate Risk Report	
4.1	The DQG presented the Corporate Risk Report which was taken as read. He focused on the Interim Risk Appetite Statement on which he sought comments and views, advising that it was necessary for the Board to have an understanding of its appetite for risk. The Board indicated that it was content to accept the Interim Risk Appetite Statement and received the Corporate Risk Report.
4B Quarterly Report on Serious Incidents 2016-17	

4.2	The DQG briefly presented the report which provided an overview, year to date, of the SIs that had been declared by the Trust, including a summary assessment of Trust-wide learning resulting from things going wrong.
4.2	The Board discussed the content of the report, in particular the use of safer surgery checklists, and broadening the learning to include human factors training. The DQG was also asked about the Trust's insurance position (including the premium for 2017-18) and overall level of litigation and clinical negligence claims. He agreed to bring a report back to a future Board meeting.
4.3	The Board received the report.
ACTION TB.03.11.16/05	Present a report to the Board on the Trust's insurance arrangements and overall level of litigation and clinical negligence claims. (January 2017) LEAD: Director of Quality Governance
ITEMS FOR INFORMATION	
5A Use of Trust Seal	
5.1	The Seal had not been used since the last meeting.
5B Questions from the Public	
5.2	<p>As the Trust had received a number of questions in response to extensive media coverage in October 2016 about potential changes to the way we look after patients from overseas who access our maternity services at St George's, he read out a statement to explain what changes were being proposed, and the steps being taken to ensure patients continue to receive the care and treatment they need. He emphasized firstly that they were proposals and had yet to be rolled out and secondly, were not designed to discriminate, as had been reported.</p> <p><i>"Like many Trusts, we treat a high number of patients from overseas who are not eligible for NHS treatment. Of course, <u>all</u> patients in need of emergency NHS are treated and prioritized accordingly, regardless of their eligibility. Our priority at all times is to provide care and treatment to patients accessing our services. However, we also have a duty to ensure we use our resources wisely.</i></p> <p><i>In fact, we have a legal duty to do so - Department of Health guidance published in 2015 requires us to identify all chargeable overseas visitors and recover the cost of treatment from them.</i></p> <p><i>The new pilot approach – which has been supported by the Department of Health and Home Office - would simply involve us following these existing guidelines more effectively. We are not doing this well enough at present.</i></p> <p><i>What we are proposing would involve every non-emergency patient accessing maternity treatment to show a form of photo ID, or proof of their right to remain in the UK. Any patient who is unable to do this would be referred to our Overseas Patient Team for specialist document screening.</i></p> <p><i>In short, what we are proposing is that by identifying patients in 'real-time', we are able to offer them advice and support, rather than the current situation whereby they are invoiced retrospectively. We have never said that women will be refused care if they are unable to provide the relevant documentation – we do, however, have an obligation to inform patients that charges may apply.</i></p> <p><i>This would be trialled as a pilot study at St George's. We hope to agree a start date for</i></p>

	<i>the pilot shortly, but only after further work is undertaken to look at the practical and logistical challenges involved.”</i>
5.3	The Lead Governor asked about the Trust’s policy on allowing smoking on its premises. The DE&F agreed to look into the matter and report back.
ACTION TB.03.11.16/06	Report on the Trust’s policy on smoking on its premises. LEAD: Director of Estates & Facilities
CLOSING ADMINISTRATION	
6A Reflection on Meeting	
6.1	The Chairman thanked the Board for their input and contribution.
6B Any Other Business	
6.2	As there were no further items of business, the Chair resolved to move to closed session and ended the meeting.

Date and Time of Next Meeting: Thursday 1 December 10:00 – 15:30