

Trust Board (Public)
5 January 2017 – From 10:00
H2.7 Boardroom, 2nd Floor, Hunter Wing

Name	Title	Abbreviation
PRESENT		
Sir David Henshaw	Non-Executive Director (Trust Chairman)	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
Suzanne Banks	Chief Nurse	CN
Margaret Pratt	Chief Financial Officer	CFO
Andy Rhodes	Medical Director	MD
IN ATTENDANCE		
Thomas Saltiel	Associate Non-Executive Director	ANED
Mark Gammage	HR Advisor to the Board	HRAB
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
Diana Lacey	Elective Care (Data Quality) Recovery Programme Director	
Alison Benincasa	Divisional Chair, CSD	DC - CSD
Tunde Odutoye	Divisional Chair, Surgery	DC - SNTC
Justin Richards	Divisional Chair, CWDT	DC - CWDT
Lisa Pickering	Divisional Chair, MedCard	DC - MedCard
SECRETARIAT		
Fiona Barr	Interim Corporate Secretary & Head of Corporate Governance	Co Sec

PATIENT STORY

The Chairman invited Mark Westcott to describe his experience of being a patient at St George's. Mr Westcott's concerns centred on a lack of sleep on the wards, very high temperatures, a lack of fresh air, concerns about infection prevention and control but particularly the food that was served during his stay which did not cater for vegan patients and which presented food choices with a high fat and sugar content. Mr Westcott explained that he had made a complaint about his experiences, which had been dealt with helpfully and professionally, though his main concern remained on the food provided in the hospital. On behalf of the Board, the Chair thanked Mr Westcott for sharing his experiences and asked him if he would help the Trust improve the food choices to patients. Mr Westcott agreed and the CN agreed to involve Mr Westcott in a taskforce to help the Trust significantly improve the food it served to its patients and also cater for different needs. Mr Westcott was very happy to accept the invitation.

TB.05.01.17/07	Chief Nurse to involve Mark Westcott in a campaign to improve hospital food and ensure that it caters for patients with different needs.
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OPENING ADMINISTRATION

Welcome and Apologies

1.1	The Chairman opened the meeting and welcomed everyone.
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1.2	The apologies were as set out above.
Declarations of Interest	
1.3	The Chairman asked for declarations of interest. None were made.
Minutes of Meeting held on 01.12.16	
1.4	These were accepted as a true and accurate record of the meeting held on 01.12.16 save for an amendment to change minute 2.4 from “first collaborative palliative care meeting” to “end of life steering group meeting”.
Matters Arising and Action Log	
1.5	The Board received the Action Log and noted that actions TB.03.11.16/02 and TB.03.11.16/05 could be closed subject to their consideration on the agenda.
Chief Executive’s Report	
1.6	The CEO confirmed that the Trust had signed contracts with commissioners and submitted its financial plans for the years 2017-19. Both the South West London CCGs’ and the NHS England Specialised Services’ contracts had been agreed on Payment by Results basis that reduce the income risk to the Trust. Richmond CCG had indicated that it would implement a prior approval process for Procedures of Limited Clinical Effectiveness from January 2017 which the Trust was planning to challenge. The Annual Plan and financial models that would form the basis for income and expenditure budgets in 2017-18 were submitted to NHS Improvement (NHSI) on 23.12.16.
1.7	The Trust received a visit from senior representatives from NHSI between Christmas and New Year who commended the Trust on progress being made since 01.11.16 when the Trust was put into Special Measures.
1.8	The CEO concluded by advising that Avey Bhatia would joining the Trust as Chief Nurse on 01.02.17 on a one year secondment from Maidstone and Tunbridge Wells NHS Trust replacing Suzanne Banks, Chief Nurse, who leaves at the end of January.
PATIENT SAFETY, QUALITY AND PERFORMANCE	
Trust Quality Improvement Programme Progress Report	
2.1	The DQG presented the Quality Improvement Progress (QIP) report which updated the Board on the Quality Improvement Plan, and provided assurance on progress and a breakdown of the anticipated benefits for each workstream. The actions which were not on track or were at risk of breaching implementation deadlines were reported as exceptions.
2.2	The Quality Improvement Plan was reported to be making good progress; most of the actions were on track or ahead of schedule. Staff on Gwynne Holford ward were praised for their efforts though overall on the QIP, challenges remained with: <ul style="list-style-type: none"> i. Deprivation of Liberty Safeguards (DOLS) compliance ii. Old beds/bed rails which required replacement iii. Duty of candour compliance iv. Apprentice programme not delivering to agreed to timescales v. Some elements of the Estates workstream, particularly fire safety wardens and evidencing the water flushing regime.
2.3	The NEDs welcomed the thoroughness of the plan but questioned if efforts would be better directed in tackling the Care Quality Commission’s “must do” actions rather than

	being so task orientated. They also queried if the delivery appeared “too green”. The NEDs were assured that the regulators’ concerns would be addressed by good practice becoming “business as usual”; the DQG confirmed that good progress was being made.
2.4	The Board thanked the DQG for the update and received the report.
Performance & Quality Report	
2.5	The COO introduced the performance report advising that early indications of the Trust's performance over Christmas was positive and the Trust had fared well, not least due to pre-planning the impact of the Christmas period back in November. There was an increase in the number of operations were cancelled on the day in November – this was attributed to the Trust being put under additional pressures as it had to cope with a local tram derailment (which was handled very expertly) and temperature and ventilation failures. All cancellations were now reviewed every week and preparations had been made for managing occupancy and increased unplanned activity for January – December involving all the Divisions.
2.6	The CN led the Board through the quality metrics noting that mortality remained within normal range though there had been a slight increase in Serious Incidents (SIs) in November. Whilst the safety thermometer metrics were in line with the national position, there was an increase in pressure ulcers in November. These were both old and new pressure ulcers and therefore included both patients who had acquired pressure ulcers whilst at the Trust as well as those admitted from a care home/their own home with a pre-existing pressure ulcer. The Board was advised how the Trust was working with the CCGs to flag these patients to ensure - from a safeguarding perspective – they were followed up. The CN confirmed that, to capture performance more accurately, she was now measuring pressure ulcers/1000 bed days (this related to action TB.03.11.16/02). For the fifth consecutive month, patients had not developed a grade 3 or 4 pressure ulcer whilst at the Trust and performance remained well below the threshold of 19 for 2016-17.
2.7	There had been a year to date reduction in the number of patient falls. Measured per 1000 bed days, the acute service performance in November was 3.69 against national benchmark of 5.6 though the community service performance was slightly above the national average of 9.16 at 8.6.
2.8	In December, a point prevalence audit of all beds and trolleys showed that a large number needed replacement. Post Meeting Note: <i>Following the Board meeting, the Executive confirmed an investment in new bed stock in response to the findings.</i>
2.9	The CN reported a rise in CDiff cases: four in December and a year to date total of 26 against an annual threshold of 31 cases. The position was being closely monitored through infection control audits though there was no evidence to suggest inappropriate antibiotic use and all but the latest case had been assessed as “unavoidable”. A flu outbreak within the Trust was also being closely monitored.
2.10	She closed by advising that she had commissioned an external review of safeguarding and following, training in Level 3 Safeguarding and Deprivation of Liberty Safeguards (DOLS), there had been an increase in DOLS requests. Complaints increased in November though there was no change in the themes.
2.11	The Board received the report.
Overseas Visitors and Migrant Cost Recovery Pilot	
2.12	The CRO introduced the paper which proposed that the Trust participated in a pilot to recover costs from overseas visitors and migrants who used NHS services but were not entitled to free NHS care. Following recent research by NHSI, a number of trusts which

	had a high number of such users had been approached to participate in a pilot scheme to recover costs in two clinical areas: maternity and an elective service. Previously these costs had been written off.
2.13	The Board was advised that St George's would be one of twenty trusts in the pilot and patient and clinical safety would remain the overriding priority throughout; as now emergency patients would continue to be treated free of charge. Planning had started in October 2016 and the pilot study aimed to provide better understanding of the scale of the issue and how best to recover costs from overseas visitors and migrants. Two forms of identification would be requested from those wishing to use the Trust's services in the pilot scheme.
2.14	The Board approved the Trust's involvement in these pilots and its wider participation in a project into overseas visitors and migrant cost recovery. It agreed to receive an evaluation report in June 2017.
TB.05.01.17/08	Board to receive an evaluation report on the pilot programme to recover costs in two clinical areas (maternity and an elective service) from overseas visitors and migrants who use NHS services but are not entitled to free care. Report to be received in June 2017. LEAD: CRO
FINANCE	
Month 8 Finance Report	
3.1	The CFO presented the Month 8 Finance Report which showed the Trust had an in-month deficit of £3.9m in November 2016 which was £4.4m worse than plan. Included in month were a non-pay overspend, excess pay costs and above plan income though some costs for pay and non pay were unforeseen and outside the control of the Trust. The YTD deficit was £51.6m and the Trust was assuming a year-end deficit forecast of £80.7m which was significantly greater than the £17.2m planned deficit.
3.2	Whilst agency costs had risen since Month 7, more controls were now in place and a change of attitude towards using agency workers was evident. The CFO advised that she would undertake a detailed review of risks and opportunities and report a more detailed position in February. The Finance & Performance Committee later in the month would examine the Trust's financial position closely.
3.3	The Board received the report and noted the current Trust financial position.
Report from Finance & Performance Committee (FPC)	
3.4	As this had been covered in the previous item, the Chair advised he had nothing further to report from the FPC.
Communications Plan to Support Trust's Long-Term Strategy	
3.5	The CEO introduced the paper, explaining that this was a communications strategy to raise awareness and seek buy-in for the Trust's long-term strategy agreed by the Board in December 2016.
3.6	The Board approved the broad approach and planned communications activity and agreed to minor changes in the Clinical Vision and Strategic Priorities, subject to replacing the word "become" with the word "be" in the Strategic Priority on Teaching and Research: <i>Teaching and Research: To <u>be</u> a high quality centre for teaching and world-class research, in partnership with St George's, University of London.</i>

WORKFORCE	
Workforce Performance Report	
4.1	The HRAB presented the Workforce Report which showed that: <ul style="list-style-type: none"> i. Staff in post had increased and vacancies reduced though there was still more to do to reduce agency usage and spend. The Trust was continuing to recruit in all areas. ii. Turnover rates remain high. iii. Appraisal and mandatory & statutory training (MAST) compliance rates were poor – including by comparison with similar Trusts.
4.2	Measures to exert a greater grip and control on payspend and overall workforce efficiency included: <ul style="list-style-type: none"> i. Recruiting substantively where possible to reduce agency expenditure. ii. Examining all requests for recruitment to explore ways in which the resource need could be managed differently (eg through business re-engineering or process re-design). iii. Understanding the overall establishment position before the approval to recruit is given as the current establishment is based on out of date information and the new establishment will be informed by the Demand and Capacity Model being developed by the COO. iv. Reviewing the end to end recruitment process to see where improvements can be made. v. Improving the bank staff system and procedures.
4.3	The Board noted the workforce performance report and actions outlined within it but agreed to meet for a half day workshop to better understand the impact on demand and capacity modelling on workforce planning (including job planning).
TB.05.01.17/09A	Organise a half day workshop before the end of January to better understand the Demand and Capacity Model and its implications, particularly on workforce planning. LEAD: Co Sec
4.4	The HRAB also confirmed that there needed to be better and more regular performance management of staff and all staff should be formally appraised at least annually. He advised that he and his team could help by simplifying the appraisal procedures and also providing appraisal training. NED Jenny Higham also asked that appraisal for clinical staff was closely linked to the University where necessary.
4.5	Regarding MAST, the HRAB advised that some of the problems associated with the low levels of compliance could be an incomplete understanding of the level and frequency of training required by different groups of staff. This would be better understood by conducting a training needs analysis to better understand the requirements and so inform the MAST programme. He also noted that there remained some problems with the electronic recording of training which also had to be addressed and resolved.
4.6	The Board received the report but requested a further update at its next meeting.
TB.05.01.17/10	Provide an update on MAST training at the February Board meeting (09.02.17). LEAD: HRAB
Leadership Development	
4.7	The Board was advised that the Trust had made insufficient investment in leadership development and capacity in recent years and this had to be addressed to drive positive change within the organisation. Recent reports by the Care Quality Commission and PwC had pointed to weaknesses in leadership and governance though the Trust had been successful in obtaining funding from Health Education England South London (HEESL) which planned to use to invest in clinical leadership.
4.8	The Board supported the approach to leadership development and use of HEESL funding and to a 'roll it forward' beyond March 2017. It also agreed to receive a further,

	more detailed report at its March 2017 meeting.
TB.05.01.17/11	Present an updated report on leadership development to the March Board meeting (09.03.17). LEAD: HRAB
GOVERNANCE AND RISK	
Information & Communications Technology (ICT) Update	
5.1	The CIO presented the paper, advising that it updated on progress made on the stabilisation of the IT infrastructure and the reduction of the risk to the Trust of catastrophic IT infrastructure failure. He noted that significant investment was required in the Trust's IT infrastructure following years of under-investment and the first priority was to ensure that the Trust had a stable IT platform after which there could be a greater focus on more strategic, long term planning for the ICT service.
5.2	The Board agreed to continue to support ICT in continuing with the current programme until completion in March 2017 though agreed that the issues with ICT should be explored at the half day away day.
TB.05.01.17/09B	Explore the current position and future plans and timescales for ICT at the half day workshop to be organised before the end of January. LEAD: Co Sec
5B Corporate Risk Report	
5.3	The DQG presented the Corporate Risk Report (CRR) noting that ICT and data quality risks featured significantly in the CRR and had the highest rating (25 – catastrophic). He also advised that a new risk had been added around the deteriorating patient.
5.4	The Board received the report.
Claims & Insurance – Briefing Paper	
5.5	The DQG presented the paper which set out the Trust's claims profile, nature of current indemnity schemes and premiums payable, and benchmarked the Trust's performance against other London acute trusts. He briefly described the review into the Trust's current insurance arrangements by an insurance expert, advising that he would provide a fuller update once this review had concluded.
5.6	The Board welcomed the paper and looked forward to a further update in March 2017.
TB.05.01.17/12	Present an update report to the March Board meeting (09.03.17) on the Trust's insurance arrangements following the review by an external insurance specialist. LEAD: DQG
6 CLOSING ADMINISTRATION	
Questions from Public	
6.1	Before inviting questions from the public, the Chair thanked Suzanne Banks for all her work as CN; she was standing down for personal reasons. Avey Bhatia would be joining the Trust on a one year secondment from Maidstone & Tunbridge Wells NHS Trust from 01.02.17.
6.2	Questions from the public included: <ul style="list-style-type: none"> i. How lessons were learned and cascaded in the organisation. ii. Concerns about the continued high use of expensive interim resources. iii. The forthcoming staff survey and morale amongst staff. iv. Having clear protocols for cost recovery from overseas visitors and migrants

	who use NHS services.
Any Other Business	
6.3	As there were no further items of business, the Chair resolved to move to closed session and end the meeting. He asked for reflections on the meeting and all concurred that the patient story had been very illuminating and generally these stories set the scene for the Board. It was requested that there also be staff stories presented and this was agreed.

Date and Time of Next Meeting: Thursday 9 February 2017, 10:00 – 15:30