

Trust Board (Public)
9 March 2017 – From 10:00
H2.5 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
Avey Bhatia	Chief Nurse	CN
Iain Lynam	Chief Restructuring Officer & Chief Finance Officer	CRO/CFO
Andy Rhodes	Medical Director	MD
IN ATTENDANCE		
Thomas Saltiel	Associate Non-Executive Director	NED
Mark Gammage	HR Advisor to the Board	HRAB
Mark Gordon	Chief Operating Officer	COO
Richard Hancock	Director of Estates & Facilities	DE&F
Larry Murphy	Chief Information Officer	CIO
Marie-Noelle Orzel	Improvement Director	ID
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
Anna D'Alessandra	Director of Financial Planning & Performance	DFPR
Robert Flanagan	Director Financial Operations	DFO
Chris Rolfe	Associate Director of Communications	ADoC
Sharon Welby	Assistant Director – Capital Projects (on behalf of Richard Hancock)	AD-CP
APOLOGIES		
Diana Lacey	Elective Care (Data Quality) Recovery Programme Director	ECRPD
SECRETARIAT		
Fiona Barr	Interim Corporate Secretary & Head of Corporate Governance	Co Sec

STAFF STORY VIDEO

The Board was shown a video patient story in which Sara Watson, a patient with multiple conditions, explained why she had moved her care from St George's. She cited numerous problems with administration and general organisation though emphasized the quality of care she had received from staff at the Trust. The Board confirmed that the story was very disappointing though reflected that it echoed the findings of the Care Quality Commission report into the Trust's operations.

1. OPENING ADMINISTRATION

1A Welcome and Apologies

1.1	The Chair opened the meeting and welcomed everyone including Improvement Director Marie-Noelle Orzel to her first meeting of the Board. He also congratulated Gillian Norton on her appointment as Chair from 01.04.17.
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 09.02.17	
1.4	These were accepted as a true and accurate record of the meeting held on 09.02.17.
1D Matters Arising and Action Log	
1.5	The Board received the Action Log and the NEDs asked the Executive to confirm dates for agreed actions to return to the Board. NED Sir Norman Williams also noted the requirement to learn from avoidable deaths and report this through the Board. He noted that this would be done through the Quality Committee, adding that the Trust did good work in this area and the lead clinician was presenting the Trust's work at a forthcoming national conference.
2. PATIENT SAFETY, QUALITY AND PERFORMANCE	
2A Quality Improvement Plan	
2.1	Paul Linehan (Head of Governance) presented an update on the Trust's Quality Improvement Programme (QIP) reporting that four workstreams (HR, Estates, Personalised Care and Safety Culture) had been rated 'red' overall due to the number of overdue actions. The Executive Director workstream leads were aware and the QIP Board had been briefed accordingly. An explanation for the slippage against each action was covered in the report and recovery plans had been agreed.
2.2	The Medical Director advised that the QIP was currently under review to evolve it from a task based plan to one which was geared towards outcome measures related to quality of patient care and patient experience. A narrative would also be developed to better engage staff in the delivery of the QIP. The Board discussed the importance of values and culture in achieving the behavioural change needed to underpin sustainable quality improvement and agreed that it had a key role to lead the changes. It was agreed that the Board would engage in a workshop on the QIP once it had been developed by the Executive.
TB.09.03.17/17	Board to participate in an Away Day on the revised QIP. LEAD: All
2.3	The Board received the report.
2B Performance & Quality Report	
2.4	The MD introduced the revised format of the Performance & Quality Report, advising that this was still "work in progress" and encouraged input from the NEDs to improve it further, particularly as the Executive was keen to produce information and reporting on performance in line with the NEDs' requirements.
2.5	The COO led the Board through the report noting that: <ul style="list-style-type: none"> i. Year on year, activity in all areas had increased. ii. Performance against the A&E four hour target had not reached 95% consistently in January 2017 but performance had been acceptable given demand and in

	<p>comparison to other London hospitals, performance had been good.</p> <ul style="list-style-type: none"> iii. The Trust held a Perfect Week in January and continued to apply the principles and learnings to subsequent weeks. iv. Cancer data for January 2017 was still being confirmed. Whilst it was expected to be on trajectory, it was unlikely to be on target though there were plans to achieve this by the end of April. A rising level of demand for endoscopy was cited as a reason affecting performance against Cancer standards. v. Nine per cent of elective activity in January had been lost in Surgery and Outpatients; this was largely due to the non-availability of anaesthetists following the implementation of changes to additional payments. vi. The number of 52 week breaches had plateaued at four weeks though could rise through the delivery of the Elective Care (Data Quality) Recovery Programme. vii. The Trust had breached its CDiff threshold of 31 cases in 2016-17, though this had been a tough target to achieve and had been based on historically low levels of CDiff in the Trust. viii. The Trust had also reported two cases of MRSA in 2016-17 against a threshold of zero.
2.6	The NEDs considered the performance information and expressed concern about the impact of the changes to additional payments on activity and income. For the next meeting, they requested greater understanding of the implications of the changes on income, activity and patient safety, by service line. The Executive assured the NEDs that the impact of the changes was being closely monitored and in future, the resource planning informed by the Demand & Capacity Model (DCM) should ensure that the normal delivery of elective care should not require additional premium payments.
TB.09.03.17/18	Brief the Board on the implications of the changes to additional payments on income, activity and patient safety, by service line, at its next meeting. LEAD: COO
2.7	NED Stephen Collier also drew attention to the decline in GP referrals which on the current run rate of 10-12% could have a significant impact on demand and therefore income. It was agreed that this would be considered more fully in the Finance & Performance Committee. Overall the NEDs welcomed the changes in the format of the Performance & Quality Report but confirmed that they needed greater explanation and less data and to see a written interpretation of the quality and performance information as part of the overall Report. In addition, the NEDs expressed a desire to see quality, performance and finance metrics being reported together in one integrated report, setting out outturn against plan each month and also predicted year-end outcome based on current performance. This was agreed and the Executive explained that this was being developed through the roll-out of DCM.
TB.09.03.17/19A	Investigate at FPC.29.03.17 the impact of lower numbers of GP referrals. LEAD: COO and CRO/CFO
TB.09.03.17/19B	Provide a clear written narrative as a standard part of the Quality & Performance Report to explain performance. LEAD: COO and CN
TB.09.03.17/19C	Over time, produce an Integrated Performance Report which triangulates metrics on finance, quality and performance, with qualitative and quantitative analysis, and an assessment of outturn by month and year end position. LEAD: COO and CN
2C Renal Services Update - Renal Dialysis Trailer Location	
2.8	This paper was presented to update the Board on steps being taken to manage and mitigate risks associated with the location of external dialysis “trailer” at the rear of Knightsbridge wing. The concerns about this remote location had been twofold: <ul style="list-style-type: none"> i. Dialysis patients requiring emergency care.

	ii. Welfare and safety of lone workers.
2.9	The Board was advised that the dialysis trailers provided additional capacity whilst the Trust finalised joint arrangements with Epsom & St Helier Trust for the effective management of renal patients in South West London. The concerns raised about treating acutely unwell patients and lone workers had been satisfactorily addressed.
2.10	In closing, the Chair reminded the Board of the forthcoming Board to Board with Epsom and St Helier Trust which would provide an opportunity to discuss progress with the development of joint renal services in South West London. The CEO noted for the record that the notice referred to in “Background” within the report was a Section 31 not a Section 29A.
2D Smoke Free Trust Paper	
2.11	Mary Prior, General Manager – Facilities, attended to present the paper reminding the Board that the NHS had been smoke-free since 2005 and whilst both the Trust and the University did not permit smoking in its buildings, car parks, grounds or gardens, there was still smoking, and vaping, on the sites.
2.12	The Board broadly supported the proposals set out in the paper and approved the £50k investment though accepted that there were certain circumstances, for example when relatives or patients received bad news, where the enforcement of a smoking/vaping ban would have to be done with care and compassion; fines in such instances would be inappropriate. There was strong support for increasing awareness and education through better signage to “nudge” smokers and vapers into making different choices.
3. FINANCE	
3A Month 10 Finance Report	
3.1	The Trust’s month 10 financial position was reported as an in-month deficit of £6.6m against a £5.2m in-month deficit forecast. Reasons for the change between forecast and actual position included a reduction in income (there had been a nine percent reduction in elective activity which was linked to making fewer additional payments to clinicians), changes in the treatment of depreciation and lost rental income. The year to date deficit was £67.2m and against a year-end forecast outturn of £71m. It was noted that pay spend had remained stable since month 6 and capital expenditure was in line with forecast though this remained dependent on the monthly drawdown of emergency funding from NHS Improvement. The rate of capital expenditure was in large part due to a particularly proactive member of staff in the Estates Department who would be invited to a future Board meeting to explain his contribution to the delivery of the Trust’s capital programme.
3.2	In accepting the report, the NEDs requested that the Executive present the 2017-18 budget at the April 2017 Board meeting.
TB.09.03.17/20	Present the 2017-18 budget to the Board at its meeting on 06.04.17. LEAD: CRO/CFO
4. WORKFORCE	
4A Workforce Performance Report	
4.1	The HRAB led the Board through the report, advising that: <ul style="list-style-type: none"> i. The Trust had achieved its highest ever levels of mandatory and statutory training (MAST) and thanked the Divisions for the priority and focus that they had given the. ii. Whilst appraisal rates were continuing to rise, 85% compliance was still low in

	<p>comparison to other organisations.</p> <p>iii. Whilst pay spend remained stable and some progress had been made on reducing the paybill by 10%, there had been no discernible change in the staffing numbers and establishment since August 2016. This was now underway, through a review of the nursing workforce and the implementation of the DCM.</p> <p>iv. Proposals on leadership and engagement would be presented in April 2017.</p>
4.2	The Board noted the workforce performance report and actions outlined within it.
5. GOVERNANCE & RISK	
5A Significant Risk Profile	
5.1	The Board briefly considered the Corporate Risk Report though discussion focused on the Board's oversight on the major risks facing the organisation and the extent to which they were guiding the Board's agenda. The Audit Chair noted that a Risk Management Committee had been established by the Executive which reviewed risks in detail each month though there was some debate about whether this Committee should be a Board, rather than an Executive Committee. Board members concurred that the overall management and visibility of risk had improved over the last six months. However they agreed that there was more work to be done, some of which should be led by the Board and influenced by its risk appetite, to agree how the principle risks should be overseen by and reported to the Board, for example through the Board Assurance Framework. The Chair Designate, Gillian Norton, would consider this further on taking up appointment. It was agreed that there would be a Board workshop on risk to enable all members of the Board in identifying and agreeing strategic risks.
TB.09.03.17/21	Arrange Board Workshop on risks. Lead: Trust Sec
5.2	For the next meeting, the Board wished to have a deep dive on the risks around disaster recovery both of which had the CIO as the risk owner: <ul style="list-style-type: none"> i. CRR-0009 IT storage: unrecoverable IT system downtime affecting critical clinical, web and email systems. ii. CRR-0013 Vulnerability to computer virus or attack 'Ransom ware'.
TB.09.03.17/22	Undertake a deep dive on the risks around disaster recovery (CRR-0009 and CRR-0013) at the Board meeting on 06.04.17. LEAD: CIO
5.3	The Board challenged the recommendations of the report advising that it as the Executive's responsibility to set out risk treatment and mitigation and present that for assurance to the Board - not for the Board "to satisfy itself that the current level of risk exposure is tolerable or acceptable". This was agreed by the Executive.
6 CLOSING ADMINISTRATION	
6A Questions from Public	
6.1	Members of the public welcomed the work being done on the outpatients project noting that this was a vital and successful part of Trust's transformation programme.
6B Any Other Business	
6.2	Before the meeting was closed, the Chair Designate led the Board in recording a vote of thanks to Sir David Henshaw for his leadership and commitment as interim Chair. Sir David wished the Trust the very best for the future noting that huge progress had been made, which would continue under Gillian's tenure, and that there were clear signs that the Trust was making a recovery.

6.3	There were no further items of business.
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Date and Time of Next Meeting: Thursday 6 April 2017, 10:00 – 12:00