

Trust Board (Public)
1 December 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
APOLOGIES		
Tunde Odutoye	Divisional Chair, Surgery	DC - SNTC
Justin Richards	Divisional Chair, CWDT	DC - CWDT
Jenny Higham	Non-Executive Director	NED
Fiona Barr	Interim Corporate Secretary & Head of Corporate Governance	Co Sec
SECRETARIAT		
Richard Coxon	Membership & Engagement Manager	

PATIENT STORY	
Karen Waterworth and her three year old son Josh joined the meeting to tell them about her experiences of PICU and CITU over the last four months. Her story gave the Board an insight into Josh's care following a virus which paralysed him. She was full of praise for the care Josh had received and provided some helpful feedback about what we can do better, much of it concerning communication between staff. The Chairman thanked Karen and Josh on behalf of the Board.	
OPENING ADMINISTRATION	
1A Welcome and Apologies	
1.1	The Chairman opened the meeting and welcomed everyone. He reported that his daughter in law had given birth at St Georges's yesterday and the maternity staff had provided great quality care. Unfortunately the heating system broke down but staff had done everything they could to make her and other patients comfortable.
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 03.11.16	
1.4	These were accepted as a true and accurate record of the meeting held on 03.11.16.
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	<p>The CEO reported that there had been two separate meetings with NHSi this week one focused on Finance and the other on Quality. He confirmed that the executive team continued to see the two as being closely linked. The income recovery work has identified a need to recruit more coders urgently to ensure we are billing for the work we undertake correctly. There have also been minor network failures recently which is the highest risk on the Trust risk register. NHSi have been kept fully informed and a formal letter is going to NHSE. There was a heating failure yesterday in the Atkinson Morley Wing (PFI building) and in St James's Wing caused by a pipe blockage. This resulted in 28 patients having operations cancelled.</p> <p>The Trusts response to the Croydon tram crash on the 9.11.16 showed the organisation at its best and the CEO would like to note the Board's thanks to all staff involved for their skills and compassion dealing with all those affected.</p>
PATIENT SAFETY, QUALITY AND PERFORMANCE	
2A Trust Quality Improvement Plan	
2.1	The DQG introduced the Quality Improvement Plan, which had been updated and expanded to address the identified compliance concerns.
2.2	The response to the Section 29A Warning Notice had been sent on the 30.11.16 and a copy of letter was circulated to Board Members immediately after submission.
2.3	There is a report being prepared into Water Safety Management including flushing to avoid legionella. This will go to Quality Committee first.
2.4	DC-CSD reported that the first collaborative end of life steering group meeting had taken place with CCG last week which would be discussed at EMT next week.
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 national standards had been met in September. STF trajectory standard was also met for the 62 day standard. The Trust is not meeting the RTT national standard, however, October backlog of patients waiting 18 weeks reduced further, totalling a reduction of 694 patients since August.
2.7	Daily COO-led Performance Control meetings are now established discussing issues and risks for the day, performance against key standards and activity plans.

2.8	<p>The Chief Nurse led the Board through the quality metrics noting that:</p> <ul style="list-style-type: none"> i. Mortality indicators remained better than expected. ii. Safety thermometer for was 96.65%, better than the national average of 95%. iii. There had been a reduction in the number of Serious Incidents (SIs) being declared Apr-Oct 2016/17: 58 compared with 90 SIs declared Apr-Oct 2015/16, this represents a 35% decrease. iv. There had been a slight increase in falls this month, attributable to a spike in Mary Seacole and Amyand. A substantial amount of work has been undertaken around policies, assessments and training/awareness. v. There had been no grade 3 or 4 Pressure Ulcers for four consecutive months. 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 training has improved at 88% for the whole Trust, based on a manual reconciliation of data, although adult safeguarding training is below target at 83%. ix. The number of complaints were down from 91 in September to 69 in October. x. Friends and Family Test score was 93% Trust-wide. Nursing workforce fill rates were 94%. xi. On 13.12.16 there will be a Trust wide bed audit to evaluate condition of all beds and bed rails and an update will be given at next meeting.
2.11	xii. The new board report is being designed and will be presented at the January 2017 Board meeting.
2.12	The Board received the report.
2C Workforce Performance Report	
2.13	DWOD presented the Workforce Performance Report. The figures for October 2016 continue to show an increase in substantive staff which is a positive move for the Trust in both quality of care and financial terms. However the figures have yet to demonstrate an accompanying reduction in temporary staffing costs particularly agency costs.
2.14	<p>Positive movements within the report:</p> <ul style="list-style-type: none"> i. Vacancy rate for substantive staff is below average for London Teaching Hospitals at 15.75%. ii. Stability at 84.1% is in line with London Teaching Hospitals. iii. Percentage of bank to agency bookings at 42% is the highest level since June. <p>Areas of concern with focused work in November:</p> <ul style="list-style-type: none"> iv. Failure to realise reduction in temporary staff usage. v. Non medical appraisal at 67% and MAST compliance at 78%.
2.15	The Board discussed the controls that are now in place to approve the booking of agency and bank staff. There was also some discussion around recruiting staff as a collaborative setting rates with other trusts. DWOD confirmed that all options were being explored.
2.16	The Board received the report.
2D Update on the Workforce Race Equality Standards (WRES) Action Plan	
2.17	DWOD presented the action plan which addresses the deficits identified by the WRES

	reporting as well as those which have arisen from the Annual Staff Survey and CQC visits.
2.18	The Board approved the Action Plan
2E Report from Workforce & Education Committee	
	Gillian Norton gave an update from the Workforce & Education Committee and supported all the work being carried out to control agency and bank spend.
2F Referral to Treatment (RTT) Briefing	
2.18	<p>The RTTPD presented a briefing on RTT. The Trust had commissioned a comprehensive review of the systems and processes in place to manage patients along the elective pathway due to a series of performance and data issues at the Trust. These reviews focused on three areas:</p> <ul style="list-style-type: none"> • Referral to Treatment pathways (RTT) • Cancer pathways and • Diagnostic pathways <p>The outcome of these reviews highlighted multiple operational process and technology issues that pointed to patients receiving a sub-standard level of care and potential clinical risk. In addition current mechanisms of reporting elective pathway performance statistics were viewed as fundamentally broken and on this basis the Board made the decision that the Trust should cease national reporting of RTT information.</p> <p>In light of these findings we have developed and are implanting a recovery programme, led by a programme director comprising of a number of core work streams necessary for us to improve both our IT systems and our operational processes of tracking patients are seen in a timely manner.</p> <p>This is a long standing problem and building blocks need to be in place to ensure accuracy of data. An elective recovery programme is taking place including a patient record validation exercise, staff training, data quality and capacity management.</p> <p>The Board were told that that the issues can be fixed but will require the whole organisation to engage. Independent external experts have approved this approach and estimate the recovery will take up to two years. The data quality issues identified raises questions about our ability to record the work we are doing – which could have significant financial implications.</p>
2.19	The Board received the report.
FINANCE	
3A Month 7 Finance Report – Including Update on Cost Improvement Programme	
3.1	
3.2	The CFO presented the month 7 Finance Report. The Trust has reported an in-month deficit of £5.4m in November which is £5.2m worse than plan. Included in-month is a Non Pay overspend (£2.8m), excess pay costs of £0.1M and below plan Income £2.0m; mainly attributable to the STF (£1.5m) and RTT non-reporting penalty (£0.3m)). £0.4m of Pay, £0.2m Non Pay and £0.3m of Income in-month is cost unforeseen and outside of the control of the Trust. . The YTD deficit is £47.7m.

	The forecast outturn is a deficit of £80.7m subject to a full reforecast exercise with NHSi in the coming weeks. The Board discussed on-going negotiations with commissioners regarding backdated unbilled work carried out and the loss of income due to not enough coders.
3.3	The Board received the report.
3.B Report from Finance & Performance Committee (F&PC)	
3.4	
3.5	All relevant issues were covered earlier.
GOVERNANCE AND RISKS	
4A Response to NHS Improvement Enforcement Undertakings	
4.1	The CEO updated the Board on the high level action plan prepared in response to the enforcement notice received by the Trust on 01.11.16 from NHS Improvement.
4.3	The Board received the report.
4.2	The Trust agreed a number of Enforcement Undertakings as a result of being placed in Special Measures. The Trust has complied with these including submitting an interim 2 year estates plan with a fuller 5 year strategy and estates recovery plan to be submitted by 31.3.17.
4.3	The Board received the report.
4B Corporate Risk Report	
4.4	DQG presented for review the Corporate Risk Report. <ul style="list-style-type: none"> The Board were asked to agree that the current level of risk exposure is tolerable or acceptable and that the risk is under sufficient control; The Board were invited to consider and advise on any further mitigating action required to achieve control; and To consider whether any modification is needed to the Board's risk appetite in light of current risk exposure and act accordingly.
	The Board agreed the report.
4C Report from the Audit Committee	
4.5	Sarah Wilton presented the Audit Committee report from the meeting held on the 10.11.16. The Board discussed the previous independent auditors recommendations which had been agreed and signed off but had not actually been implemented. The Board expressed concern about this and also whether all the lessons of the PwC report had been embedded.
5 CLOSING ADMINISTRATION	
5.1 Questions from Public	
5.2	Ms Hazel Ingram asked about an orthopaedic appointment she was supposed to have had in August 2016 which had been cancelled and rescheduled three times and was now scheduled for February 2017. Could she be reassured that it would not be cancelled again?

Action	COO to respond.
5.4 Any Other Business	
5.5	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 5 January 2017 10:00 – 15:30