



Wandsworth Health News

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What a way to run a hospital !

Letter sent to all staff at St George's hospital—telling them how they can, 'sacrifice their salary'

Dear all

Salary Sacrifice Scheme

Please spread this as far and wide as possible amongst your colleagues!

Begins 1st August 2016

The trust has teamed up with Connected Benefits to offer a great way for you to save money on your home & electronics goods.

The Salary Sacrifice Scheme allows you to save on electrical goods, tablet computers, TVs, home appliances and mobile phones. Typical savings are around 15% and allow you to pay for the items over 12 monthly instalments direct from your salary at no extra cost.

The idea behind it is quite simple. You give up part of your salary through salary sacrifice and, in return, you receive your selected goods. Once you accept a salary sacrifice, your overall pay is lower, so you pay less tax and National Insurance.

To access the Salary Sacrifice Scheme visit www.benefitsbrochure.com and type in St George's University Hospitals NHS Foundation Trust to see the current benefits available to all staff.

If you would like some more information on how the scheme works please see the [FAQs](#)

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The bazaar case of St George's acting CEO, sacked after two weeks, continues

Dr Paula Vasco Knight was appointed as St George's Interim Chief Operating Officer in September 2015 and attended her first Trust Board meeting in her new role on 8 October 2015. Previously Dr Vasco Knight had been the Chief Executive of South Devon Healthcare NHS Foundation Trust. She left that post in 2014 after a Tribunal found her guilty of nepotism, and the victimisation of two whistle blowers who had made the nepotism charge. The case caused quite a stir and was widely reported in the press.

Given her past, and St George's commitment to stamping out bullying, it is remarkable that Dr Vasco Knight should have been appointed as the hospital's interim Chief Operating Officer a year after her departure from Devon. One would think she was not a suitable person to be employed at managerial level in any NHS organisation. Her past could not have been properly investigated, and the Trust Board made Dr Vasco Knight the permanent Chief Operating

Officer by February, either this, or the Trust Board thought these qualities desirable traits for a leading board member. At this stage Miles Scott was still the CEO of the hospital. However the up and coming Dr Vasco

guessed it, none other than the still rising Vasco Knight.

Although her past actions were there for all to see by Googling her in on the internet, no one on the St George's Board appears to have done that –then all of



Knight, the Chief Operating Officer was in charge of half of the outstanding items that the Board needed to consider. Then on 22 April the newly appointed chairman, David Henshaw, announced that Miles Scott had moved to NHS Improvement, which had replaced Monitor, and that the interim chair would be, yes you've

a sudden at last the penny dropped !

She must have been the shortest lived acting CEO on record, for within less than two weeks she was gone, not only from that position, but from the hospital as well.

(Continued overleaf)

St George's Shortest Lived Acting CEO -continued from page 2

After employing her and paying her at senior level for nearly eight months the 'ever alert' St George's Trust Board must have finally twigged that given her past she was perhaps not suited to running a major hospital.

How much this whole sorry episode cost the tax payer is anybody's guess. The last, but perhaps not final twist to the Vasco Knight story is that St George's ex Chief Operating Officer, and ex Acting CEO is now to be

tried for fraud.

What does this tell us about the governing of our hospitals ?

The Board at St George's had only to conduct an internet search on the name Vasco Knight to discover her chequered past. Why didn't they do that ?

Who vetted her ? Who checked her credentials ? Above all who looked at her past record ?

Clearly nobody.

The blame for this rests squarely on the shoulders of the Trust

Board. Yet no one has owned up to this monumental failure.

It shows more than ever that we need elected hospital boards.

Hospitals have bigger budgets than many local councils. We elect our councillors, we should elect hospital governing bodies.

That way when they make mistakes we can vote them out of office.

Sustainability and Transformation Plans-still waiting !

Simon Stevens, the ex Chief Executive of the global private healthcare company UnitedHealth, and now head of NHS England has announced plans for yet another massive reorganisation of the NHS. This time without even the approval of parliament.

The health service is to be divided up into 44 areas called 'footprints'.

There is to be a South West London footprint covering all the CCGs in the area plus the local hospitals, Kingston, St George's, Croydon, Epsom and St

Helier, plus the local authorities.

The Sustainability and Transformation Plan for the area should have been published in July for consultation, but as yet there is no sign of it coming.

Similar plans that have been published for other areas envisage wide ranging cuts to health services.

From the initial soundings from Wandsworth CCG it looks like we can expect cuts of £500m in the South West London area.

As always in the now

market driven so called 'transparent' NHS, nobody knows what is happening.

The CCG, despite requests, won't tell us when the STP is to be published.

Given that Simon Stevens wants the STPs to be in place by October there will be little time for any proper patient consultation.

It will be a done deal decided on by United Health's man at the top,

without the say so of parliament and without any comment from patients and the public. 'Same old, same old.'

Another NHS service handed over to the private sector

Diabetes is a disease that affects large numbers of people in the UK-and it is a disease that is increasing. Every diabetic has an annual diabetic eye screening test. Here in Wandsworth until recently this test was carried out at St George's Hospital. That is no longer the case. The diabetic eye screening service in South West London has been handed over to a private provider-the EMIS Group of companies. EMIS is owned in part by a group of large global investment and insurance companies. Of course diabetic patients aren't told that their health provision has now been handed over to a private

contractor. They were given no choice in the matter. More important, they weren't even asked if information concerning them could be handed over to a private company. Their permission was not sought. When the letter arrives through the post offering a patient an appointment for diabetic screening', it is not headed EMIS Group of Companies. The patient letter still displays the NHS name. So most diabetic patients would be completely unaware that diabetic screening in South West London is now being provided by a private company whose main commitment is to its shareholders.

The least we can ask of the Clinical Commissioning Group is that private companies should make it perfectly clear when they have been commissioned to provide a service, and they should not hide behind the NHS logo.

Diabetic patients should also demand the right to choose an alternative NHS provider.

There is an NHS diabetic eye screening service in neighbouring St Thomas's and Guy's Hospital.

Ask your GP to refer you there. You have the right to choose.

Always choose NHS.

Wandsworth CCG– dipping into the savings to balance the books

The Wandsworth Clinical Commissioning Group were told at their July board meeting that they too were not immune from cuts. In response to a question from a member of the public it was revealed that the CCG had to take

money out of reserves in order to finish the year in balance. £8.5m was needed to stave off any deficit. With more cuts to come it can't go on. The reserves built up by the previous Primary Care

Trust are dwindling.

The long awaited Sustainability and Transformation Plan for South West London is rumoured to be demanding cuts in the area of £500m.

Very soon there won't be any reserves to dip into.

Findings of Mental Health Estates Modernisation Program issues stark warning to CCG

Wandsworth CCG need to start investing in community services and fast, according to the Mental Health Estates Modernisation Program that the CCG has drawn up. Their planned baseline of 153 adult mental health beds in the borough, is only achievable the Program states if there is sufficient, *'investment and development of community services to deliver the level of bed usage'*

To date no such developments seem to have taken place. In addition, the Program warned that any lack of beds would entail putting mental health patients in older peoples wards. Hardly a desirable situation . How have we got to this ? Mental illness is on the increase and resources to deal with it seem to be on the decrease. We have a massive resource in Springfield

Hospital with much space. Surely the new development will allow for an increase in beds for the mentally ill. It is not so long ago that Tooting Mental Health Hospital next to Tooting Common was pulled down to make way for Heritage Park. We seem to be destroying mental health facilities at an alarming rate and reducing inpatient beds.

Wandsworth CCG Board– No ringing endorsement from Wandsworth GPs

When Clinical Commissioning Groups were first established by the 2013 Health and Social Care Act it was in the teeth of opposition from doctors, who didn't want to be turned into accountants, and just wanted to be left to do the job they were trained for. This lack of enthusiasm has not waned, and a

survey of Wandsworth GPs shows their disenchantment with their own, seemingly out of touch local CCG leadership. Nearly half of GP practices in Wandsworth thought that they could have any influence on the CCG Board, 45% of practices felt that their comments were not listened to.

28% of Wandsworth practices felt that member participation in decision making was not effective. In short, it appears that many Wandsworth GPs have little confidence in being able to influence the board, or that the board will even listen to their ideas.

South West London Keep Our NHS Public

Meets second Tuesday in the month 7.30pm at Colliers Wood Community Centre, Colliers Wood High Street, SW19
4 mins from Colliers Wood tube

Since the Health and Social Care Act health inequalities on the rise

Despite the claim that the creation of CCGs would reduce inequalities in health care, research shows that this has not happened. Wandsworth CCG is committed to, “high quality services which improve outcomes and

reduce inequalities.” However, the Board admitted at its July meeting that “*health inequalities are increasing across most London boroughs*” and that there is a risk, “*that inequalities will continue or worsen.*”

The cutback in NHS expenditure is bound to increase inequality in healthcare.

Has the Board of Wandsworth CCG just realised this ?

St George’s Trust Board in turmoil

With an end of year aim of a £17m deficit, and the deficit just three months into the financial year standing at £16m, it is understandable that some members of the Trust Board might be getting the jitters.

They are probably beginning to realise that all the pep talks from the new chair and CEO are not going to work, and the stark reality is that to reach their financial targets is impossible, without a substantial input of funds from NHS England.

Without pressure from the public, patients and the Trust Board this is not going to happen.

Already many members of the Trust Board have seen the writing on the wall and have taken up posts with less distressed hospitals- although these are hard to find-the entire NHS is

underfunded and the financial problems at St George’s are replicated in every NHS hospital. Hardly a day goes by without the hospital staff being informed of yet another member of the Board leaving.

Since January there have been

- Three CEOs
- Two Finance Directors
- Two Director of Estates
- Three Chief Operating Officers

New posts have been created and some have disappeared.

The latest casualty appears to be the Chief Operating Officer, who was only at the hospital a few months.

Interesting that the Human Relations department at St George’s is constantly worried about staff turnover at all levels and the lack of continuity.

Rapid staff turnaround the

department says is a mark of dissatisfaction.

This dissatisfaction amongst the hospital’s leadership is obvious from the rapid turnover. Those at the top at St George’s are leaving because they realise the hospital is being set impossible targets that can’t be achieved.

Those at the front line of services also know these targets are impossible.

They often leave rather than put lives at risk.

What is needed is a hospital board that is honest with its staff and the public and prepared to take a stand

The Board needs to make clear it can’t make further cuts.

It needs to tell NHS England in no uncertain terms that the hospital needs more resources.